HBSC England National Report

Health Behaviour in School-aged Children (HBSC):
World Health Organization Collaborative Cross National Study

family life health
peer relationships, friends and leisure activities
healthy behaviours
school well-being
community life

Findings from the **2014 HBSC study for England**

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Published by University of Hertfordshire, Hatfield. September 2015.

This report should be cited as: Brooks, F., Magnusson, J., Klemera, E., Chester, K., Spencer, N., and Smeeton, N. (2015) HBSC England National Report 2014. University of Hertfordshire; Hatfield, UK.

Young people's reference group
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Ellise (age 12)
Felix (age 11)
Katie (age 16)
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Pippa (age 13)
Roman (age 14)
Sam (age 15)
Tara (age 14)
Tom (age 15)
Vato (age 15)
William (age 11)

Acknowledgements
The team owe a debt of gratitude to all the schools, teachers and especially the young people who participated in this study. We are extremely grateful for the time and help they gave to this project.

Many thanks also go to our coders who worked so hard to enter all the data: Laura Hamilton, Rebecca Walker-Haynes, Lucy Burton, Joshua Scott, Holly Brooks, Julie Mace, and William Kendall.

We would like to thank our funders the Department of Health for their financial support for the study. Special thanks go to Richard Sangster, Elizabeth Kendall, Rachel Conner, Sarah Randall, Geoff Dessent and Danielle De Feo at the Department of Health, and Claire Robson at Public Health England for their continued guidance and support.

Foreword by Jane Ellison

Since 1997, the Health Behaviour in School-Aged Children study (HBSC) has provided key insights to help us better understand the health-related behaviour of our young people. The study examines a wide range of health, education, social and family measures that are determinants of young people's health and well-being.

I welcome the findings in this report and the survey results identify that many health trends for young people are going in the right direction. I am very encouraged to see decreasing levels of participation in risky behaviours including significant reductions in levels of smoking, regular alcohol consumption, and drunkenness. It is also positive to see that the proportion of 15 year olds reporting very early sexual activity has decreased significantly since 2002.

The findings relating to primary health care service use was predominantly positive with over 75% of young people saying they felt at ease with their GP. It was also encouraging to see that the proportion of young people reporting eating sweets daily has fallen since 2002 and the proportions eating breakfast on a school day and participating in family meal times with their parents have both increased since 2010.

However, this report does also highlight areas for concern.

While the majority of young people said that their physical health was either excellent or good, girls reported lower levels of life satisfaction than boys and higher symptoms of stress. The report suggests that girls feel more pressure to do well at school and to be popular but we need to look carefully at the underlying reasons and not speculate. It is of particular concern that new figures on self-harm show high rates among our young people with 32% of 15 year old girls reporting they had self-harmed. We have also yet to see widespread improvements in levels of physical activity with only 15% of girls and 22% of boys meeting the Chief Medical Officer's recommended daily amount of at least sixty minutes of activity per day. We need to look carefully across Government to consider what more we might do to address these issues so that young people feel better equipped to make the transition to adult life and to make a full contribution to society.

I am concerned to see that 22% of young people reported not having enough sleep to feel awake and concentrate on school work during the day. Lack of sleep can influence mental health and wellbeing and the report shows this is a factor. This suggests we need to build in opportunities for young people to learn techniques for managing stress and again emphasise the importance of physical activity.

We know that adolescence is a period when our approach to health and wellbeing begins to take shape and habits develop – good and bad - which will have an impact on our health in later years. There are some really positive trends in this report but the report also highlights specific areas where we need to do more to help young people to make informed, healthy choices which develop into positive, lifelong habits.

Jane Ellison
Public Health Minister

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Chapter 1 Contexts: The HBSC study, methods and demographics

This report presents the findings for England from the 2014 Health Behaviour in School-aged Children (HBSC) World Health Organization (WHO) collaborative study. It provides an up to date view of adolescent health and well-being in England, and provides an overview of trends in these areas spanning more than a decade (2002-2014).

HBSC continues to provide evidence on young people's lives and the broad determinants of their health and well-being, including their experiences of friendships, school, family, and community life. In addition, this report also presents new measures that are increasingly being seen as influential health determinants and behaviours for the current generation of young people, including sleep, self-harm, health service use, love and relationships, and spirituality.

Why adolescents?

There are 7.4 million adolescents aged 10-19 living in the UK, accounting for 12% of the population and forming part of 4.8 million UK households (Hagell, Coleman, & Brooks, 2013). Adolescence is a key period of transition within the life course, the navigation of which provides a secure basis for future adult life. The developmental tasks of adolescence are by definition those that mark profound physical, psychological and social changes (Christie & Viner, 2005). Research also indicates that brain development continues throughout adolescence and early adulthood until around 25 years of age (Giedd, 2004). During this period of cognitive development young people develop skills in weighing up risk, moral thinking, political thought and learning from their experiences (Coleman, 2011). Adolescence is also a time of emotional development in terms of identity formation, self-esteem and resilience (Coleman, 2011) and how emotional health and well-being is constructed during adolescence has important consequences for future life chances.

During this second decade of life the challenges faced by young people in England are considerable, and within the UK there are differences in health and well-being between regions, age groups and the genders that warrant further exploration (Brooks et al., 2009). Poor health in the first two decades of life, possibly more than at any time in the life course, can have a highly detrimental effect on overall life chances, impacting on educational achievement and the attainment of life goals as well as restricting social and emotional development (Currie, Nic Gabhainn, et al., 2008). Prior to 2005, indicators of young people's health had remained fairly static despite considerable improvements in health outcomes of infants and older people (Viner & Barker, 2005). However in the last decade interest in young people's health has grown, with "momentum gathering to put adolescents into the centre of global health policies" (Wessely, 2012, p. 1). The increased focus on the health of young people has been mirrored by a number of health improvements, including a reduction in teenage pregnancies, alcohol consumption and tobacco smoking (Hagell et al., 2013). While these changes are positive, Coleman and Hagell (2015) highlight that adolescent health goes beyond simply risk behaviours, and the absence of risk does not necessarily indicate positive health and well-being (Magnusson, Klemera, & Brooks, 2013).

Young people also hold their own generation-specific attitudes and definitions relating to health and well-being which greatly influence how they perceive and act in relation to health behaviours, and which can be very different from adult perspectives (Brooks & Magnusson, 2006; Wills, Appleton, Magnusson, & Brooks, 2008). Consequently, understanding how young people subjectively view their own health, health risks, and quality of life becomes a vital task if effective health promotion and health policies are to be developed.

The health and well-being of children and adolescents in England has attracted increasing attention over the past four years since the publication of the 2010 HBSC England report; notably the Chief Medical Officer dedicated the CMO's annual report 2012 to young people (Department of Health, 2013).

Note on Terminology

The terms adolescence and young people are variously defined and even contested. Merriam-Webster[1] defines adolescence as "the period of life from puberty to maturity terminating legally at the age of majority", while the World Health Organization[2] considers adolescence to occur "after childhood and before adulthood, from ages 10-19". The term 'young people' is seen to be a broader term and encompasses a social dimension as well as a biological definition and can be taken to include individuals aged from 10 to 24. This report is concerned with the experiences and views of young people in early to mid-adolescence (11-15 years) living in England.

The HBSC study

Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain new insight into, and increase our understanding of, young people's health and well-being, health behaviours, and their social context.

HBSC is the longest running international study focusing on the health behaviours and social context of young people. The study was initiated in 1982 by researchers from England, Finland and Norway, and shortly afterwards the project was adopted by the World Health Organization as a WHO collaborative study. There are now 44 participating countries and regions. England has been represented in the past four survey cycles (since 1997). Time trends in this report are based on the 2002, 2006, 2010 and 2014 data sets as these surveys represent the period in which HBSC questions

[1] http://www.merriam-webster.com/dictionary/adolescence (Accessed 04/08/15)
[2] http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/ (Accessed 04/08/15)

within the mandatory international questionnaire were standardised.

5335 young people aged 11, 13, and 15 years participated in the 2014 HBSC cycle for England (see Table 1.2).

The health of young people is a complex arena with great amounts of diversity between individual young people and their peers. By examining the broader social context of young people in England that is their family, school and community life, the HBSC study moves beyond simply monitoring prevalence of risk behaviours to offering a means to understand and respond to the social determinants of health and well-being.

The study enables identification of different risk and protective factors operating in relation to health risks among young people. It also offers policy makers and practitioners an understanding of exactly which social and developmental factors need to be addressed in any prevention/ intervention programmes. Finally the study enables lessons to be usefully drawn through comparison with other countries.

The HBSC International Research Network comprises member country Principal Investigators and their research teams. There are currently over 450 individual researchers in the network from a range of disciplines. Each member country needs to secure national funding to carry out the survey and to contribute to the management and development of the international study.

The Centre for Research in Primary and Community Care (CRIPACC) hosts the England HBSC study. CRIPACC, based at the University of Hertfordshire, is a multi-disciplinary team with over 40 staff. The Child and Adolescent Health Research Unit (CAHRU), University of St Andrews, is currently the International Coordinating Centre (ICC) of HBSC internationally.

What aspects of young people's lives does HBSC ask about?

The HBSC study consists of a mandatory set of questions that all participating countries include. In addition, groups of countries may choose to collaborate for comparative purposes on optional HBSC packages, and finally countries can include specific national questions.

Specific details of the items covered by the questionnaire are presented in the relevant subsections of the data chapters.

Core questions on the mandatory questionnaire are concerned with the *health behaviour and the social and developmental context of young people*. This includes individual and social resources, health behaviours and health outcomes:

1. Individual and social resources

- Family culture (ease of communication with mother / father /siblings, family support)
- Peers (time spent with friends after school / in the evening; communication with friends)
- School environment (liking school; perception of academic performance; school-related stress; classmate support)
- Body image (perception of body being too fat or too thin)

2. Health behaviours

- Physical activity (frequency of moderate-to-vigorous activity)
- Sedentary behaviour (frequency of watching TV; frequency of computer use)
- Eating behaviour (consumption frequency of fruit, vegetables, soft drinks, breakfast, evening meal)
- Dental health (frequency of tooth brushing)
- Weight control behaviour (dieting to control weight)
- Tobacco use (ever smoked; frequency of current smoking; age first smoked)
- Alcohol use (consumption frequency of beer, wine, spirits; age first drank alcohol; frequency of drunkenness; age first got drunk)
- Cannabis use (lifetime use; use in past year) – asked only of 15 year olds.
- Sexual behaviour (prevalence of sexual intercourse; contraception use; age of onset) – asked only of 15 year olds.
- Violence and bullying (physical fighting; being bullied; bullying others)
- Injuries (number of medically attended injuries in past year)

3. Health outcomes

- Health complaints (a 'checklist' of physical and psychological symptoms, e.g. headache, stomach-ache, feeling low, feeling nervous)
- Life satisfaction (adapted version of the Cantril ladder (Cantril, 1965))
- Self-reported health status
- Body Mass Index (BMI; height & weight)

Collaboration and England-only questions

In 2014 the England team collaborated with the Canadian HBSC team to match all the questions relating to bullying. The Canadian team also developed the questions on spirituality used in HBSC England in 2014.

The questionnaire for England also included items specific to England including measures on support from teachers, relational bullying, self-harm, sleep, views of PSHE lessons, and experiences of primary health care services.

Methodology

Prior to the commencement of the fieldwork contextual work was undertaken to identify the most appropriate method of survey delivery for the English school context (assisted by reference groups and advisory panels including school representation). This included consultation with head teachers and young people. The study is conducted according to the HBSC international protocol which determines the methodology and conduct of the study. The survey is carried out with a nationally representative sample in each country, using the class or school as the primary sampling unit. Each country sample consists of approximately 1500 respondents in each age group. This ensures a confidence interval of +/- 3% around a proportion of 50%, taking account of the complex sampling design (Currie et al., 2010; Roberts et al., 2009).

Recruitment strategy

A random sample of all secondary schools in England was drawn (state and independent schools), stratified by region and type of school to ensure representative participation. The original sample consisted of 100 schools. Sampling was done by replacement, so that if/ when one school from the original sample refused to participate, a matched school from a second list was contacted instead. If this school also refused, a second matched school was contacted. Following this procedure, 48 schools (a total of 261 classes) were recruited. All sampled schools were contacted by letter, follow-up letter and by personal phone call.

Final recruited schools were broadly representative in terms of geographical spread and type of school. The majority of classes participating were in either years 7, 9 or 11 however in a small number of schools where the survey was carried out towards the end of the school year, year 10 were used in place of 11 to ensure student ages fell within the target range (11.5, 13.5 and 15.5 years respectively).

Conduct of the survey

Questionnaires were administered in schools either by teachers or members of the research team depending on the preferred procedures determined by each school and board of governors. In order to maintain young people's confidentiality and help ensure that pupils were comfortable with answering personal questions in a reliable way within the school setting, young people were asked to fill in the questionnaire under exam type conditions i.e. at individual desks and without discussion with other pupils. On completion, each pupil individually placed the questionnaire in an envelope and sealed it. The completed questionnaires were then collected by teachers or members of the research team. In cases where schools administered the questionnaire, school teachers were given precise instructions on how to conduct the survey. Teachers in schools also completed a questionnaire detailing pupil absence, number of refusal (parental or pupil) and additional information on the school.

Ethics and consent

The study gained ethics approval via the University of Hertfordshire Ethics committee for Health and Human Sciences (HSK/SF/UH/00007). Ethical sensitivity was also enhanced through the work of reference groups with young people (see below), which informed the conduct of the study within schools. Once permission was gained from schools, consent letters were sent to all pupils in participating classes with information asking them to pass on consent letters to their parents unless they objected to taking part. Pupils were therefore able to make the initial decision over their participation. Pupils were provided with information sheets about the study prior to the survey day and again on the survey day. It was explained to the pupils that they could withdraw from the study at any point up to returning the sealed envelope after which their individual questionnaire could no longer be identified (pupils were asked not to put their name on the questionnaires or envelopes). They could also choose to not answer any specific question that they did not feel comfortable with.

Participation of young people

The active participation of young people beyond survey completion in the HBSC international study is evolving. The English team has adopted a participatory approach for the conduct of the study, with young people from local schools taking part in reference groups. Work with the reference groups remains ongoing but their contribution focuses on the following: questionnaire development (specific England only questions), ethical sensitivity, design of the delivery method of the survey, and interpretation of the analysis and dissemination, especially to young people. Commentary by young people on their meaning and interpretation of the data is included in this report alongside the statistical commentary.

Characteristics of pupils

Response rates

In total, there were 6181 eligible pupils registered in the participating classes. Of those, 5679 returned at least partially completed questionnaires resulting in a response rate of 92% at the pupil level. The reasons for non-completion are recorded in table 1.1.

Table 1.1: Reasons for non-participation

Pupil/ Parent refusals	Returned blank	Sickness	Absent for other reasons
135	25	180	162

Grade and gender

After data cleaning and removal of invalid questionnaires (i.e. spoiled or under completed), a total of 5335 pupils remained in the survey. Table 1.2 shows a breakdown by gender and age for those for whom that information is not missing.

Table 1.2: Participating pupils by age and gender

	Gender		
Age	**Boy**	**Girl**	**Total**
11 year olds	1180 (56%)	936 (44%)	2116 (100%)
13 year olds	759 (48%)	834 (52%)	1593 (100%)
15 year olds	816 (51%)	792 (49%)	1608 (100%)
Total	2755 (52%)	2592 (48%)	5317 (100%)

N.B. 18 missing responses

Ethnicity

Table 1.3 show the proportions of participating pupils by self-reported ethnicity against the population census data for 2011.The age group 8 – 14 was used from the 2011 census as the 11, 13 and 15 year olds pupils who completed the survey in 2013/14 would have fallen into this category when the census was conducted in 2011. Overall, 90% of the 2014 HBSC England sample reported being born in England.

Table 1.3: Participating pupils by age and ethnicity

	From 2011 census		From HBSC England survey	
Ethnicity	**Boy**	**Girls**	**Boy**	**Girl**
White British	76.3%	76.2%	66.6%	74.8%
Irish	0.3%	0.3%	1.3%	0.6%
Traveller of Irish heritage/ Gypsy/Roma	0.2%	0.2%	0.5%	0.3%
Any other white back ground	3.0%	3.1%	3.3%	2.9%
White and Black Caribbean	1.7%	1.8%	7.0%	2.9%
White and Black African	0.6%	0.6%	4.9%	3.4%
White and Asian	1.3%	1.3%	1.5%	1.8%
Any other mixed background	1.0%	1.0%	2.2%	1.4%
Indian	2.5%	2.5%	1.5%	1.8%
Pakistani	3.5%	3.5%	2.7%	2.2%
Bangladeshi	1.5%	1.5%	13 (0.5%)	20 (0.8%)
Any other Asian background	1.8%	1.7%	0%	0%
Black Caribbean	1.1%	1.1%	1.1%	1.7%
Black African	2.6%	2.7%	0.7%	0.7%
Any other black background	0.9%	1.0%	1.8%	1.1%
Chinese	0.4%	0.5%	2.3%	1.8%
Any other ethnic background	1.2%	1.2%	0.5%	0.7%
Don't want to say	n/a	n/a	0.6%	0.3%
Don't know	n/a	n/a	1.0%	0.7%

N.B. 253 missing responses

Free school meals

Whether or not a young person is entitled to, and receives, free school meals can be used as a proxy measure of affluence. In the UK as a whole, around 15% of secondary school pupils receive free school meals (Department for Education, 2014). In HBSC England 2014, 13% of children in state-funded schools reported receiving free school meals.

Weighting

Weighting was applied to the data to account for deviances in gender and ethnicity proportions in our sample compared to the national census.

Presentation of findings

The report is made up of 9 chapters, including the context to the study and introduction. The first chapters describe the prevalence of significant health indicators and health related behaviours. Subsequent chapters provide an overview of the multiple environments of young people in England; their family life, views on their community, experience of school and relationships with peers.

Young people's views and perspectives are also embedded into this report, as the HBSC England team has worked alongside young people to further our understanding of the meaning of health and well-being for young people, as well as expand our insights on the interpretation of the data presented in this report.

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Chapter 2 Health and Well-being

Key messages

74% of all young people reported having high life satisfaction and therefore could be **considered as *thriving*** (score of 7-10 on a scale from 0-10).

There has been a **significant decrease in the proportions of older girls** who can be said to be thriving (i.e. report high life satisfaction) since 2002.

86% said that their physical health to be either 'excellent' or 'good'.

Girls were more likely than their male peers to report lower life satisfaction and a greater level of symptoms that indicate high levels of stress.

22% of young people reported having a long term illness, disability or medical condition.

Among young people **with a disability or LTC 24%** reported that their condition or **disability impacted negatively on their participation in education**.

Over **80%** of young people reported that they had **visited their GP** in the previous year. 75% of young people agreed that at their last visit they felt at ease with their GP. 52% of young people felt that they are able to talk to their GP about personal things.

Introduction

The World Health Organization defined health as encompassing complete physical, social and mental well-being[3], however health policy for children and young people has traditionally focused more on problem and health risk behaviours than on positive aspects of health and well-being (Ben-Arieh, 2008; Casas, 2011). For adolescents in particular, the traditional risk behaviours such as substance use and risky sexual practices are still very much a policy priority (Department of Health, 2010). However, adolescent health is effected by a wide variety of health issues which can have a significant impact on day to day functioning and overall well-being. For example, in 2010 almost half of 15 year old girls in England reported multiple health complaints more than once a week (Currie et al., 2012). Further, overall life satisfaction is an important indicator of general well-being in young people (Magnusson et al., 2013), but tends to decrease from early to mid-adolescence (Brooks, Magnusson, Klemera, Spencer, & Morgan, 2011; Currie et al., 2012).

Perceived health

Self-rated health

Measure

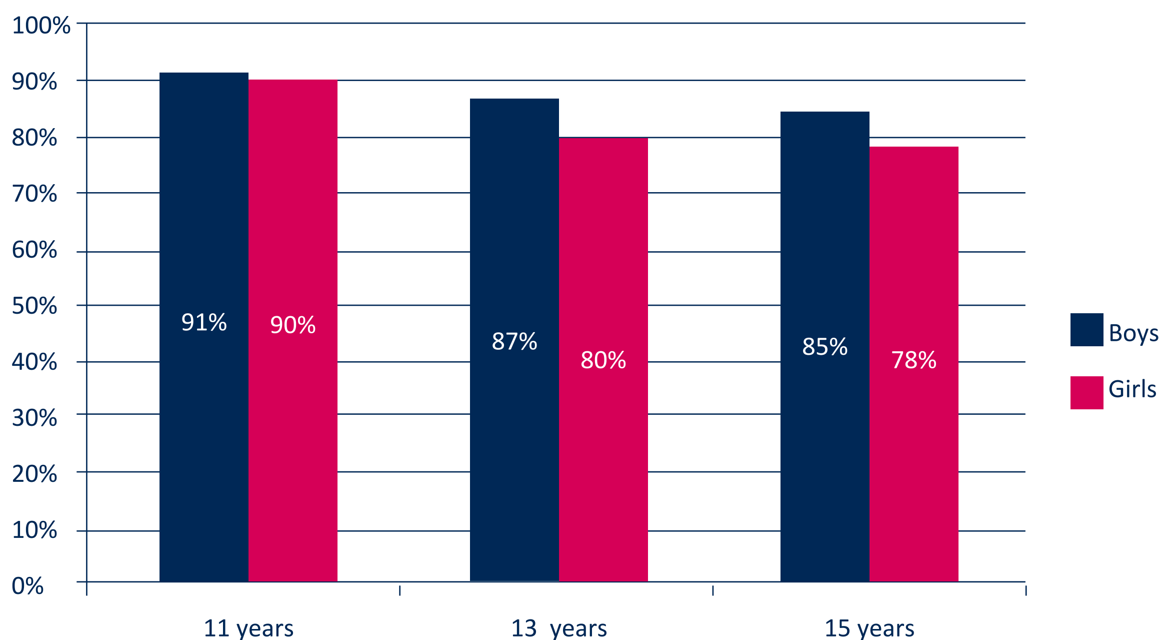
- **Would you say your health is...? (Excellent, good, fair, poor)**

Overall, 86% of young people reported their physical health to be currently 'good' or 'excellent'. Boys were more likely than girls to report their health as 'good' or 'excellent' (88% v. 83%), although the proportions decline with age for both genders (Figure 2.1).

> "I think 15 year olds are a lot less likely to rate their health as good or excellent as in general they are less physically active due to school stress and other factors."
> ***Tom, age 15***

[3] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Figure 2.1: Young people who report their physical health to be 'good' or 'excellent'



Base: All respondents in 2014

Life satisfaction

Measure

- **Life satisfaction was measured using the Cantril Ladder (Cantril, 1965), where young people are asked to pick a number from 0 ('worst possible life') to 10 ('best possible life') presented as steps on a ladder.**

In previous use of the Cantril Ladder as a measure of life satisfaction, high life satisfaction has been analysed on the basis of a score on the Cantril ladder of 6 or above. In this report the analysis has been adjusted to reflect new research concerning the measurement of life satisfaction. This new analysis is now considered to more accurately reflect how subjective life satisfaction is experienced and understood.[4] Consequently, the following cut-off points were applied to the life satisfaction data:

0 to 4 = Low life satisfaction, defined as *suffering*
5 to 6 = Medium life satisfaction, defined as potentially *struggling*
7 to 10 = High life satisfaction, defined as *thriving.*

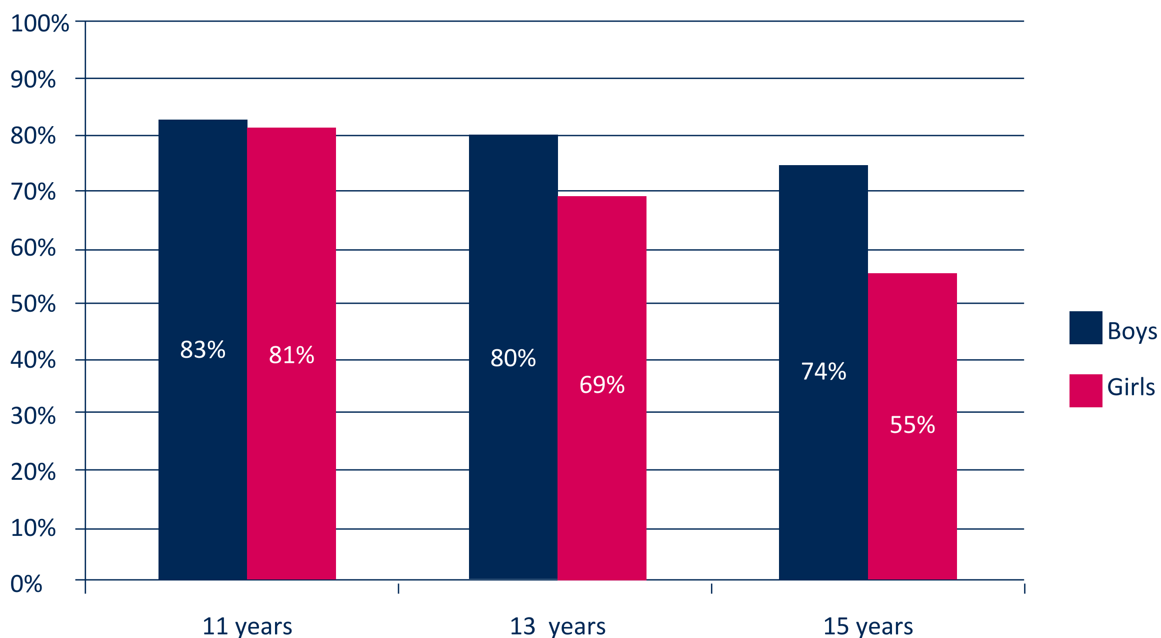
Overall, 74% of young people rated their life satisfaction between 7 and 10 (high life satisfaction and were within the *thriving* category.

Gender:
79% of boys and 69% of girls rated their life satisfaction as high. Across all ages the proportion of girls who rated their life satisfaction as 7 or above was lower than for boys and this gendered difference becomes more pronounced with age (Figure 2.2).

Age:
Younger adolescents were more likely to rate their life satisfaction as 7 and above (Figure 2.2). Generally, 15 year olds (remaining consistent with previous surveys) have the lowest life satisfaction among all groups with both boys and girls reporting a decrease since 2010 (Figure 2.3).

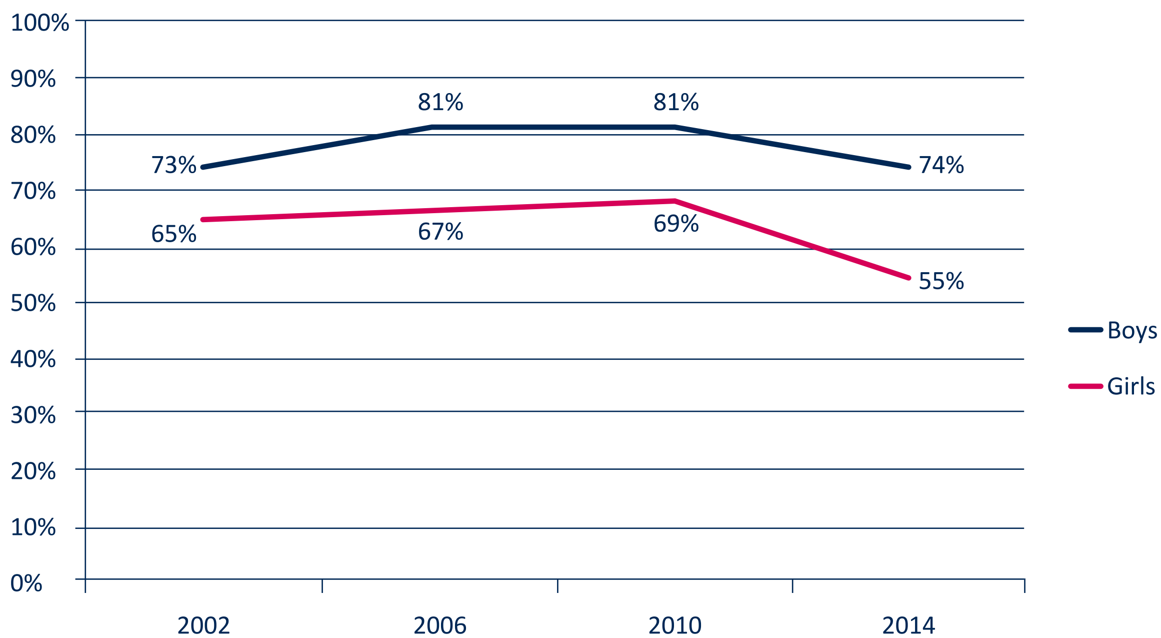
[4] http://www.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx (Accessed 04/08/2015)

Figure 2.2: ***Thriving*****: Proportions of young people rating their life satisfaction as high (score 7-10)**



Base: All respondents in 2014

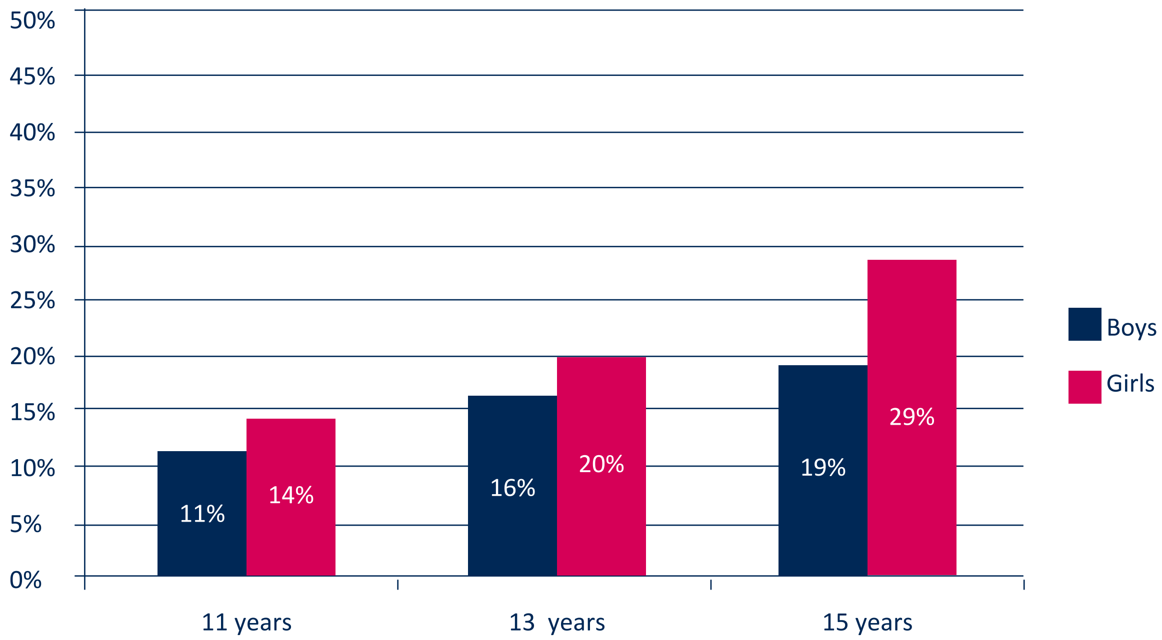
Figure 2.3: ***Thriving*** **2002-2014: 15 year olds who rate their life satisfaction as high (score 7-10)**



Base: Respondents aged 15 years in 2002, 2006, 2010 and 2014

Older young people and girls of all ages were more likely than their younger peers to rate their life satisfaction as 5 or 6 (potentially struggling (Figure 2.4)).

Figure 2.4: Potentially *struggling*: Proportions of young people who rate their life satisfaction as medium (5-6)

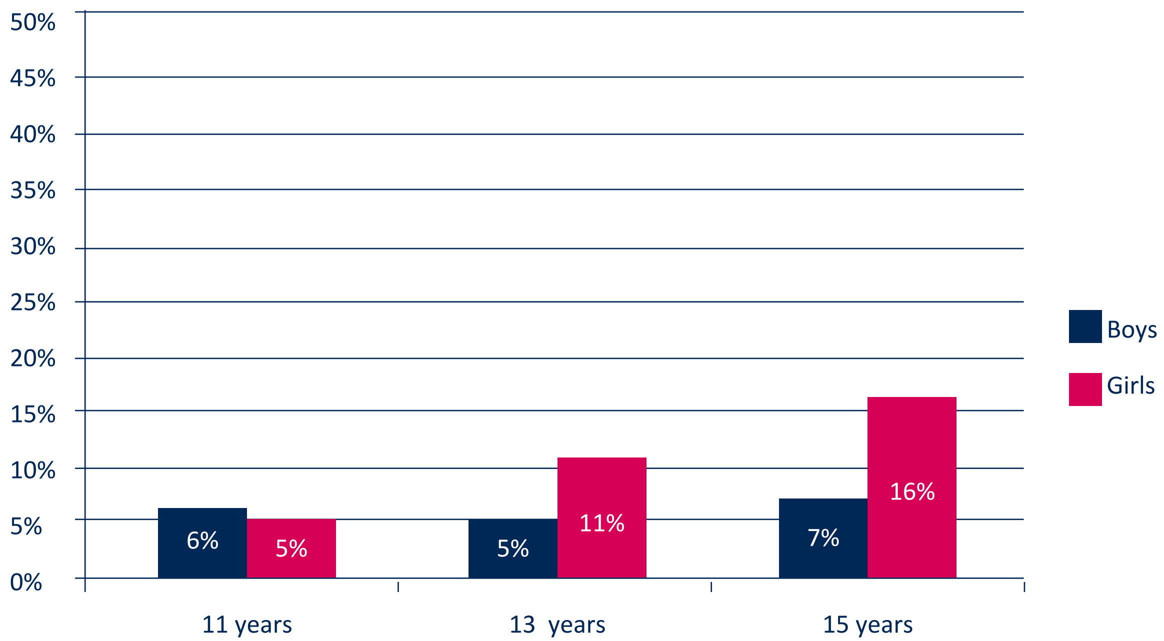


Base: All respondents in 2014

Girls were more likely than boys to rate their life satisfaction as low (0-4). This gender difference also increased with age, with 15 year olds much more likely to report low life satisfaction (between 0 and 4)

> "As you get older life seems to get more depressing. You become more aware of things in the world and have more pressure put on you. Also people start getting pressure to know about their future which can be very stressful and scary."
> ***Katie-Lou, age 16***

Figure 2.5: *suffering*: Proportions of young people rating their life satisfaction as low (score 0-4)



Base: All respondents in 2014

> The increasing commitments make many teenagers more stressed in their daily lives, as they have many things to do and think about, as well as the stress of being constantly reminded that their GCSE's should basically become their lives, as they will decide their lives further on. This leave very little free time for them, and therefore they have no chance to just relax and clear their mind.
> ***Vato, age 15***

Health complaints

Measures

- **In the last 6 months: how often have you had the following? (About every day, more than once a week, about every week, about every month, rarely or never)**
    - **Headache**
    - **Stomach ache**
    - **Back ache**
    - **Feeling low**
    - **Irritability**
    - **Feeling nervous**
    - **Sleeping difficulties**
    - **Feeling dizzy**
    - **Headache**

Overall, 65% of young people (59% of boys and 71% of girls) reported experiencing at least one health complaint on a weekly basis. Among all young people the incidence of reported health complaints tended to increase by age, and was higher among girls than boys. The increase by age was also higher among girls for all types of symptoms (Table 2.1).

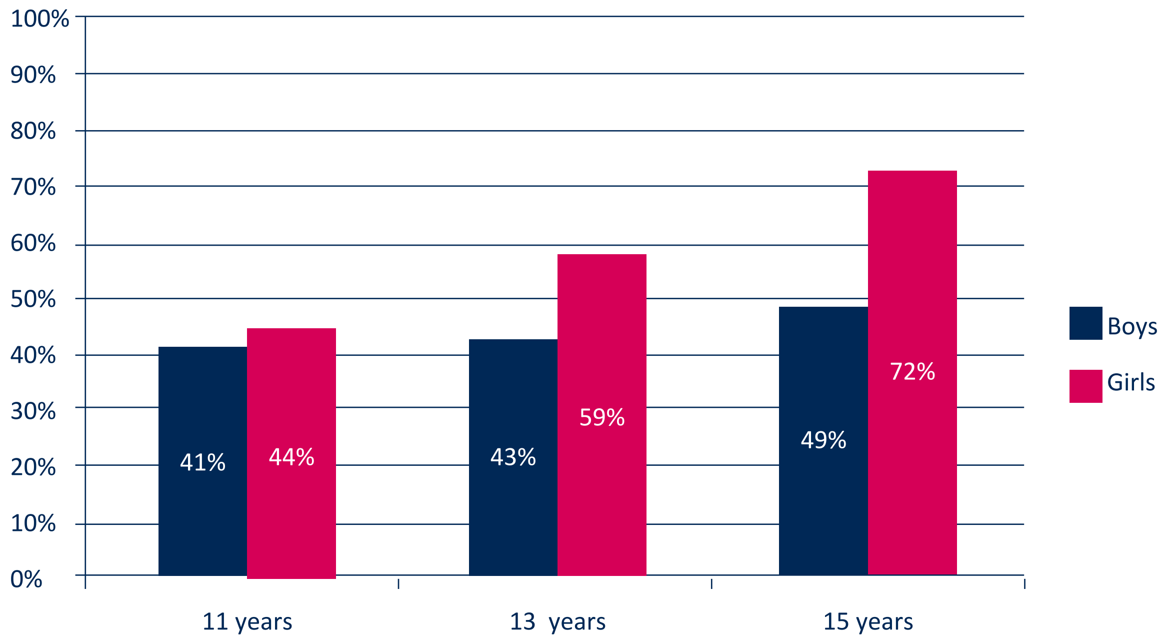
Table 2.1 Young people reporting experiencing health complaints at least once a week

	All ages			11 year olds		13 year olds		15 year olds	
Health complaint	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Headache	22%	35%	29%	19%	24%	24%	38%	24%	48%
Stomach ache	12%	23%	18%	12%	19%	11%	24%	12%	28%
Backache	15%	20%	18%	10%	11%	15%	22%	22%	30%
Feeling low	18%	34%	26%	14%	18%	15%	36%	25%	54%
Irritability	32%	38%	35%	26%	22%	32%	41%	41%	56%
Feeling nervous	25%	37%	31%	22%	26%	25%	40%	29%	47%
Sleeping difficulties	29%	39%	34%	29%	31%	28%	37%	30%	49%
Feeling dizzy	14%	22%	18%	13%	15%	13%	24%	16%	28%

Multiple health complaints

Half of all young people (50%) reported experiencing 2 or more health complaints at least once a week. Girls were more likely than boys to report multiple health complaints (57% v. 44%). The proportion of young people who reported experiencing 2 or more health complaints at least once a week increased with age among both boys and girls (Figure 2.6).

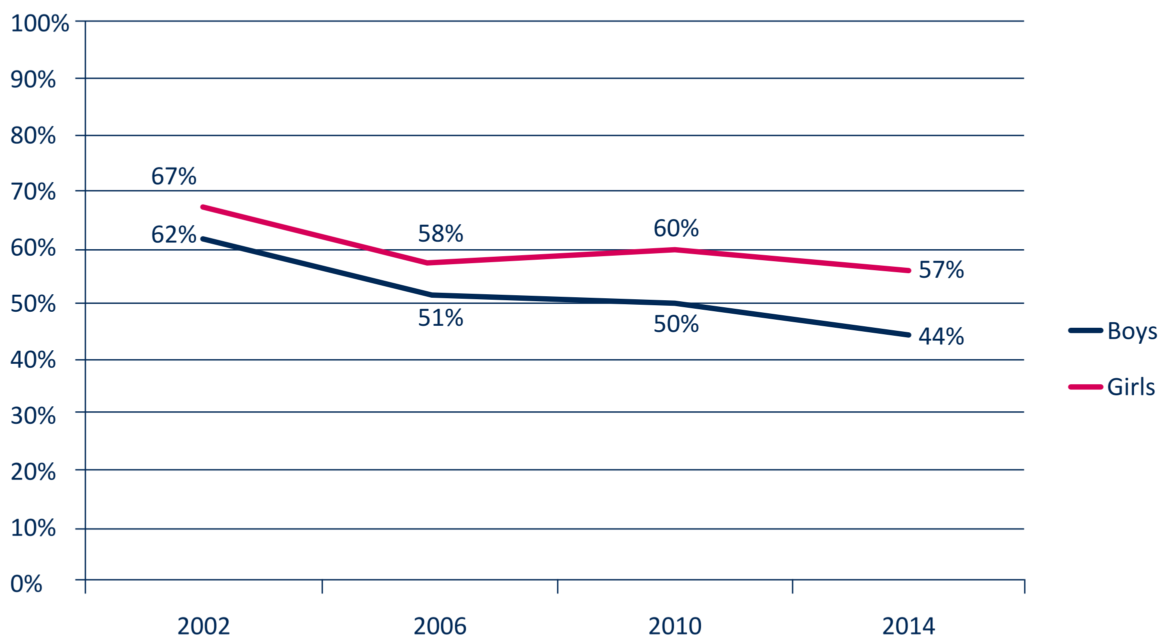
Figure 2.6: Young people who experience 2 or more health complaints at least once a week



Base: All respondents in 2014

The proportion of young people reporting 2 or more health complaints at least once a week has decreased since 2002. In all surveys girls were more likely to report multiple health complaints than boys (Figure 2.7).

Figure 2.7: Young people who reported experiencing 2 or more health complaints at least once a week: 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Emotional well-being

Measures

- **Thinking about the last week… (Never, Rarely, Quite often, Very often, Always)**
  - **Have you felt full of energy?**
  - **Have you felt lonely?**
  - **Have you been able to pay attention?**

Young people were asked about a number of issues relating to emotional well-being including feeling full of energy, feeling able to pay attention and feeling lonely (table 2.2). Nearly two thirds (65%) of young people reported good concentration and focus and had been able to pay attention "very often" or "always" during the last week. Overall, gender differences were small; 66% of boys compared with 63% of girls. Feeling able to pay attention was most commonly reported among younger adolescents (Table 2.2).

Around half (51%) of young people said they felt full of energy "very often" or "always" during the previous week.

Girls were less likely to report high levels of energy (feeling full of energy); 57% of boys compared with 45% of girls.

Feeling energised decreased with age among both boys and girls; however among girls the decline is steeper, with the gender difference being considerably more prominent at 15 years old (Table 2.2).

8% of young people said they had felt lonely in the last week. Feelings of loneliness increased only slightly with age among boys, whereas girls' reports of loneliness show a more dramatic increase across the three age categories (Table 2.2)

Table 2.2: Self-reported emotions and feelings (during past week)

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Felt able to pay attention	66%	63%	65%	76%	80%	65%	62%	54%	44%
Felt full of energy	57%	45%	51%	67%	63%	55%	44%	45%	23%
Felt lonely	5%	11%	8%	4%	5%	5%	11%	7%	19%

Primary health care service use

Measure

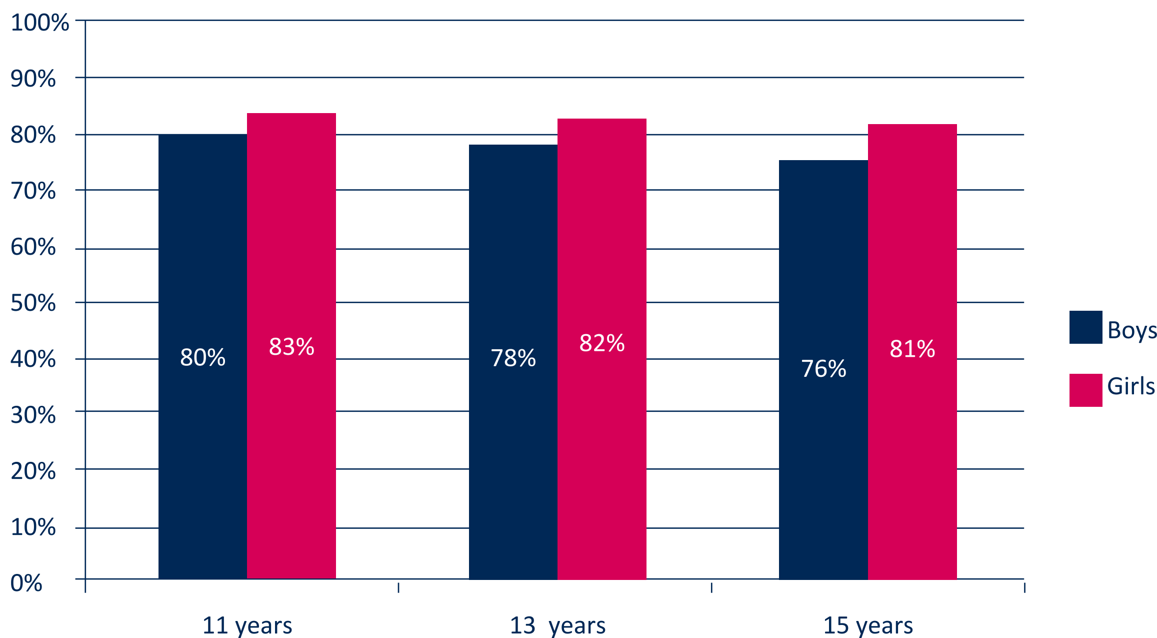
- **Have you visited your GP/doctor in the last year? (Yes/no)**
- **Here are some statements about your last visit to your GP/doctor. Please show how much you agree or disagree with each one. Please tick one box for each line**
    - **I felt at ease with my GP/doctor**
    - **My GP/doctor treated me with respect**
    - **The explanations my GP/Doctor gave me were of good quality**
- **Do you feel able to talk to your GP/doctor about personal things? (Yes/no)**

Questions on young people's experience of primary health care services were included for the first time in 2014

Visited GP last year

Overall, 80% of young people reported that they had visited their GP in the last year (78% of boys and 82% of girls) although this decreased with age indicating possibly a transition from parental accompanied visits to independent appointments. Girls were more likely than boys to have visited a GP at all ages (Figure 2.8).

Figure 2.8: Young people who have visited their GP in the last year

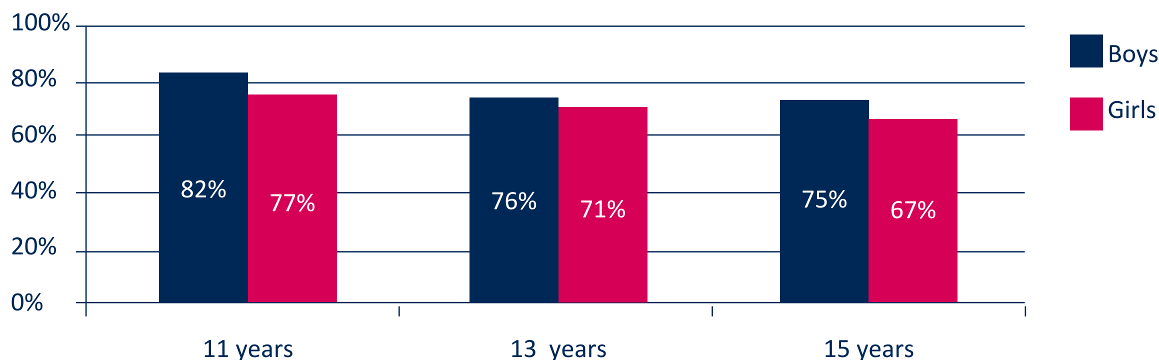


Base: All respondents in 2014

Feeling at ease with GP

Overall, the majority (75%) of young people reported feeling at ease with their GP at the last visit (78% of boys and 72% of girls). The proportion of young people who reported feeling at ease with their GP did however decrease with age, and girls were less likely to report feeling at ease with their GP than boys across all ages (Figure 2.9).

Figure 2.9: Young people who reported feeling at ease with their GP (last visit)

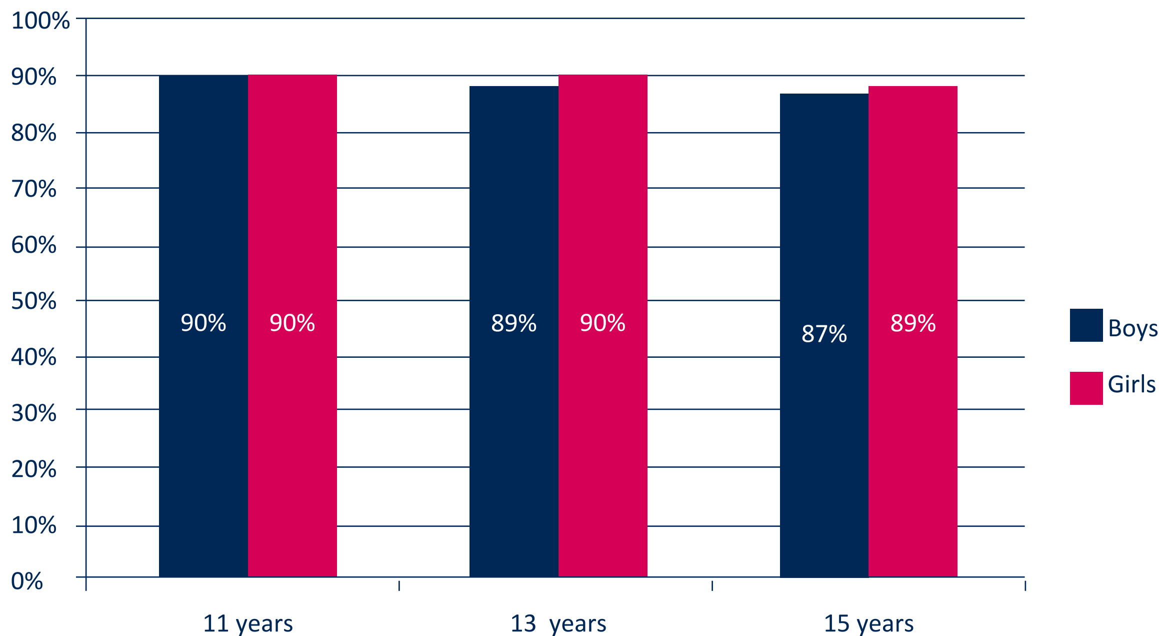


Base: All respondents in 2014

Respect from GP

Overall 89% of young people reported that they felt their GP treated them with respect at their last visit (89% of boys and 90% of girls). No age or gender differences were observed (Figure 2.10).

Figure 2.10: Young people who reported that their GP treated them with respect

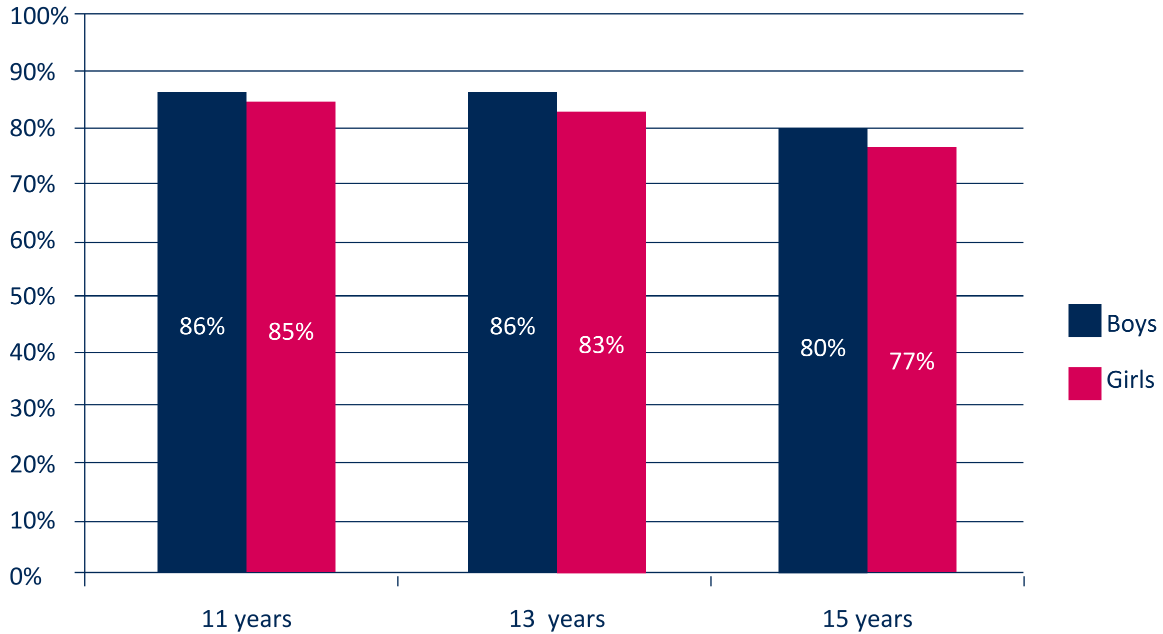


Base: All respondents in 2014

GP's explanations

Overall, 83% of young people reported they were happy with the quality of explanations provided by their GP (84% of boys and 82% of girls) although this decreased with age and was smaller among girls than boys at all ages (Figure 2.11).

Figure 2.11: Young people who reported they were happy with the quality of the GP's explanations (at last visit)

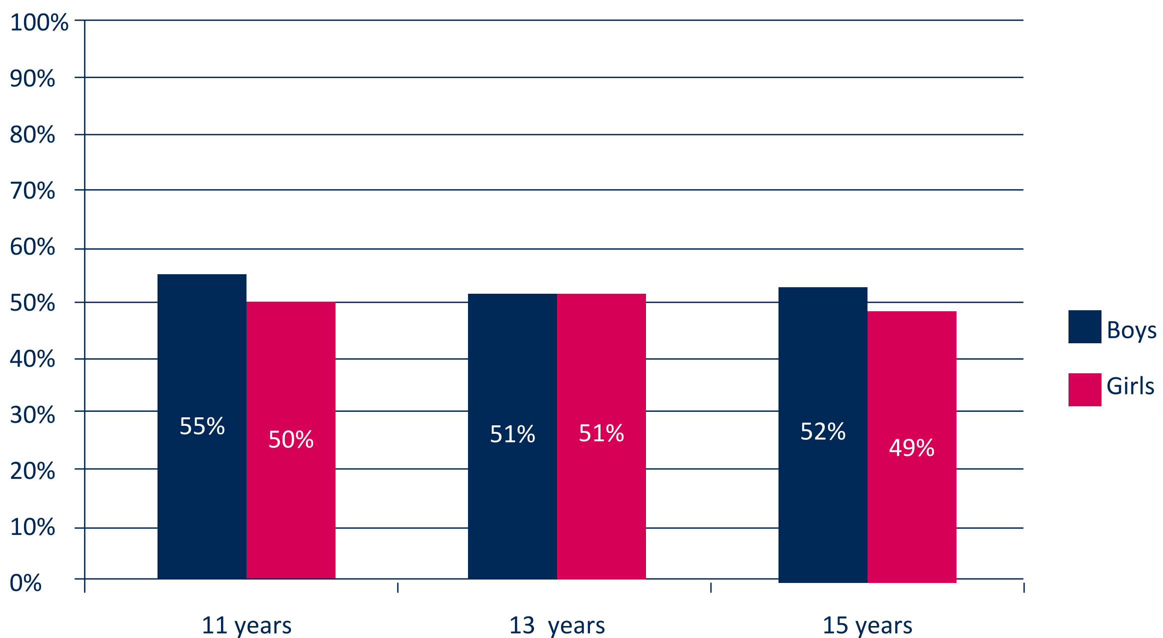


Base: All respondents in 2014

Discussing personal issues

Just over half (52%) of young people said that they are able to talk to their GP about personal issues (53% of boys and 50% of girls). (Figure 2.12).

Figure 2.12: Proportions of young people who said that they were able to talk to their GP about personal issues



Base: All respondents in 2014

Long term condition or disability

Measures

- **Do you have a long term illness, disability or medical condition that has lasted for 6 months or longer (like diabetes, asthma, arthritis, allergy or epilepsy) that has been diagnosed by a doctor? (Yes/No)**
- **If you have a long term illness, disability or medical condition, do you have any of the following..? (I do not have a long term illness, asthma, diabetes, epilepsy, ADHD/ADD, Physical disability, other...)**
- **Do you take medicine for your long-term illness, disability or medical condition? (I do not have/Yes/No)**
- **Does your long term illness, disability or medical condition affect your attendance and participation at school? (I do not have/ Yes/No)**

Overall, 23% of young people reported having long term illness or disability (23% of boys and 22% of girls).

Type of condition or disability

About half (49%) of those young people who reported that they have a long term disability or condition described their condition as Asthma (Table 2.3).

Table 2.3 Type of condition or disability

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Asthma	50%	47%	49%	49%	43%	50%	46%	52%	54%
Diabetes	2%	3%	2%	1%	1%	2%	6%	2%	2%
Epilepsy	2%	2%	2%	2%	2%	1%	2%	2%	2%
ADHD	8%	4%	6%	8%	2%	5%	7%	11%	5%
Physical disability	3%	2%	3%	1%	2%	5%	3%	4%	2%
Other disability	32%	40%	36%	31%	38%	33%	45%	33%	35%

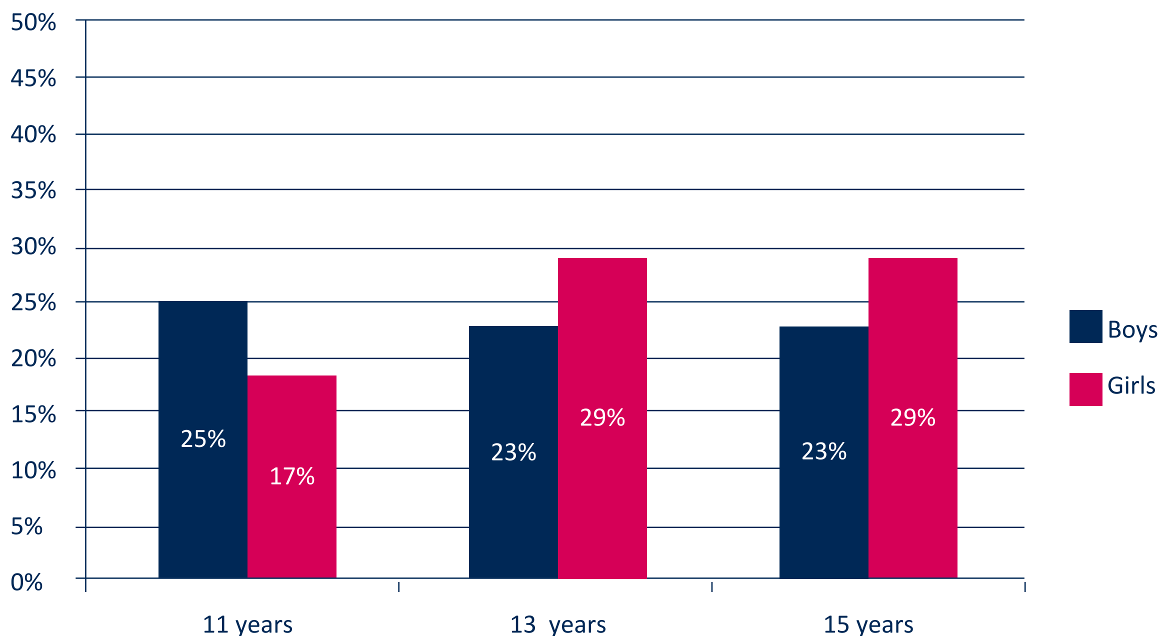
Taking medication

Of those who reported having a long term condition, 59% of young people reported taking some kind of medication (58% of boys and 60% of girls).

School attendance

Of those who reported having a long-term illness or disability, 24% said that their condition affected their ability to attend and participate in school (24% of boys v. 25% of girls). Some age and gender differences were observed; among the youngest group boys were more likely to report having a long term condition that impacted negatively on their participation in education whereas among 13 and 15 year olds girls were slightly more likely to report a negative impact on their ability to access education (Figure 2.13).

Figure 2.13: Young people reporting that their disability or longterm condition impacted negatively on school attendance/participation



Summary

The majority of young people rated their health as good or excellent, although the proportions doing so decreased with age, and among older adolescents boys were more likely than girls to rate their health as high.

The majority of 11 year olds also rated their life satisfaction as high, but again this decreased with age and particularly among girls, so that by age 15 only slightly more than half of the girls rated their life satisfaction as high.

While the proportion of boys that rated their life satisfaction in the lowest third remained similar from age 11 to 15, the proportion substantially with age among girls. The proportion of young people rating their life satisfaction in the highest third has also decreased among girls, but not boys, from 2002 to 2014.

A similar pattern was found for experience of weekly health complaints; older adolescents (and girls in particular) were more likely to report experiencing multiple health complaints. Taken together, this supports previous evidence that both physical and emotional well-being declines during the course of adolescence, and that girls are particularly affected (Currie et al., 2012). However, while girls were less likely to rate their life satisfaction as high in 2014 compared to 2002, both boys and girls showed a decrease in reports of multiple health complaints from 2002-2014. This suggests that emotional well-being may be decreasing while physical health is improving. Consequently emotional health should be of particular concern to policy makers.

A majority of the young people reported having been to see their GP in the past year, and most said they felt at ease with their GP, that they were treated with respect, and that they were given good explanations by their GPs. Only around half however felt able to discuss personal matters with their GP, suggesting that some things might not be brought up during a consultation. This could be particularly true for issues related to emotional well-being since adolescents tend to see their health care providers as being there for purely physical, rather than social or emotional, health (Booth et al., 2004).

Among those young people that reported suffering from some form of long term condition or disability, around a quarter said that their condition affected their school attendance or participation, indicating that there is a need for ensuring those young people are well supported by both the health care and school community.

Young people's thoughts and comments on health and well-being

Young people who participated in the reference groups and who discussed the findings thought that students may rate their life satisfaction lower as they got older because with age life becomes increasingly stressful; in particular because there is more pressure from school and the responsibility of making decisions that will affect you in the future. Both boys and girls thought that the reason girls report lower life satisfaction is because there is more pressure on girls to do well in school and to be popular- girls are subject to harsher judgement by their peers and in some cases teachers.

The young people who participated in the reference groups also saw stress as a reason why health complaints are more prominent among girls and increase with age, as stress could lead to headaches, trouble sleeping etc. Some of the boys felt that boys were more likely to rate their health as good because they tend to do more sports and physical activity that provided a sense of body confidence and physical fitness.

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Chapter 3 Health Behaviours

Key messages

The overall proportion of young people who report eating **breakfast everyday has increased** among both boys and girls from 2002 to 2014.

Around **13% report never eating breakfast** on school days and gender differences persist with fewer girls eating breakfast into 2014.

38% of respondents reported meeting the government recommendations of **eating five portions of fruit and vegetables every day**.

46% of 11 year olds, 35% of 13 year olds and 31% of 15 year olds reported eating five portions of fruit and vegetables a day.

22% of young people reported eating sweets every day. Older adolescents are **more likely** to report eating sweets daily.

21% of young people reported drinking squash that contains sugar at least once a day.

14% of young people aged 11-15 reported consuming energy drinks at least 2-4 times a week and 5 % of all young people reported drinking energy drinks at least daily.

Across all age groups a **higher proportion of boys** than girls reported **consuming energy drinks,** either once a day or at least 2-4 times a week.

17% of young people reported eating at a fast food restaurant at least once week.

Boys are more likely to eat in fast food outlets than girls

22% of young people reported not having enough sleep to feel awake and concentrate on school work during the day, 25% of girls compared with 19% of boys

60% of boys and 52% of girls reported they felt their body was about the right size.

Girls were more likely than boys to report engaging in weight reducing behaviour; 17% of girls compared with 11% of boys said they were doing something to lose weight. **The proportions of girls reporting they are on a diet has declined since 2002**.

Overall 19% of young people meet the recommended guidelines for physical activity, 22% of boys compared to 15% of girls. This figure for girls has remained relatively unchanged since 2002, but has decreased slightly for boys since 2010.

Introduction

A balanced diet during childhood and adolescence is important for good health and development, and can prevent both immediate and long term health problems such as obesity and heart disease. As young people move from childhood through to adolescence they begin to have more control over their own food and drink choices (Cooke et al., 2005) and the eating habits young people adopt are often carried through to adulthood (Lien, Lytle, & Klepp, 2001), so it is important healthy eating habits are established. A healthy diet should include eating breakfast regularly since breakfast eating has been associated with healthy body weight, good school performance and life satisfaction (Rampersaud, Pereira, Girard, Adams, & Metzl, 2005).

A number of studies have identified high prevalence of dieting and attempted weight loss among adolescents, even among those of normal weight and particularly among girls (Balding & Regis, 2010). The connection between body image, body confidence, and dietary patterns is an important issue for girls' health and may be associated with, for example, the low levels of breakfast consumption and the slightly higher prevalence of regular smoking among teenage girls (Austin & Gortmaker, 2001).

Being physically active has proven physical health, emotional well-being and social benefits (Brooks, Smeeton, Chester, Spencer, & Klemera, 2014). Extensive research on young people's physical activity demonstrates that an active lifestyle is associated with improved cardiovascular health, muscle and bone strength, maintenance of a healthy body weight and positive mental health (Strong et al., 2005). Adopting an active lifestyle during childhood and adolescence is important as these behaviours have been shown to track into adulthood (Telama, 2009). The World Health Organization recommends young people engage in at least one hour of moderate physical activity per day (World Health Organization, 2010). Despite the proven benefits of an active lifestyle, only a minority of young people across Europe and North America meet the recommended levels of physical activity (Currie et al., 2012). Moreover, physical activity levels are known to decline with age (Dumith, Gigante, Domingues, & Kohl, 2011) and be particularly low among adolescent girls (Hallal et al., 2012).

Lack of sleep, or poor sleep, has been associated with poorer health and well-being, including increased risk of obesity (Cappuccio et al., 2008) and reduced memory skills (Steenari et al., 2003). Research indicates sufficient sleep is also important for school performance (Perkinson-Gloor, Lemola, & Grob, 2013). Sleep duration during adolescence often decreases due to biological maturation and environmental influences such as increased autonomy (Crowley, Acebo, & Carskadon, 2007). The amount of sleep needed for optimal functioning varies by age, but a minimum of 8.5 hours per night has been recommended for teenagers[5].

[5] http://sleepfoundation.org/sleep-topics/teens-and-sleep (Accessed 04/08/15)

Diet and nutrition

Measure

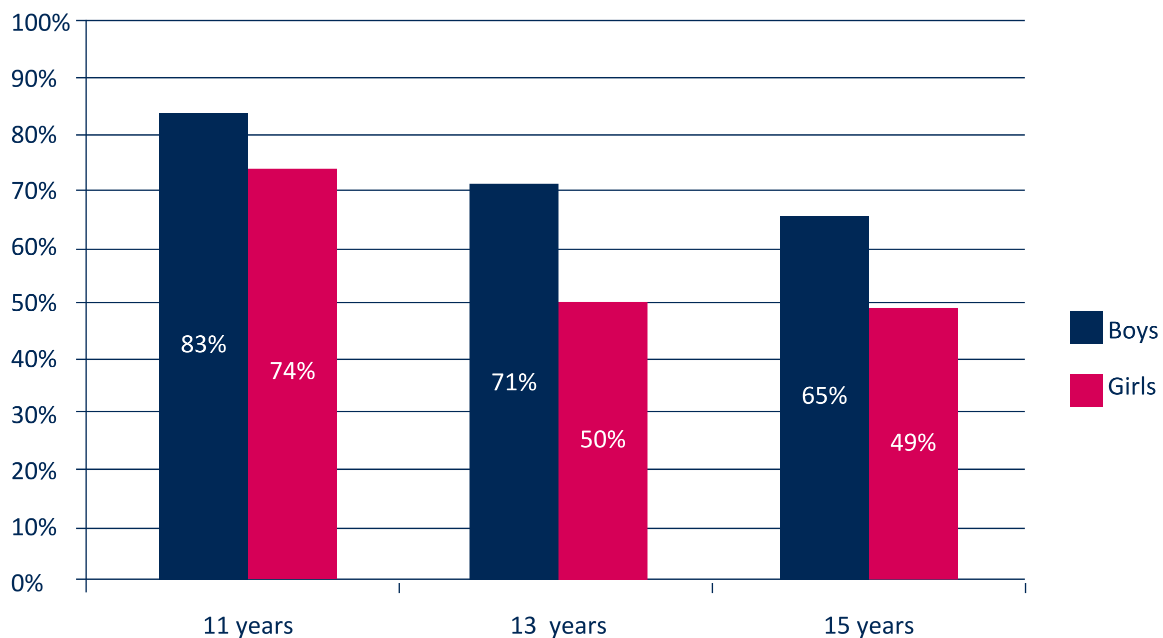
- **How often do you usually have breakfast (more than a glass of milk or fruit juice) on weekdays? (Never/1 day a week/2 days/3 days/4 days/5 days)**
- **How many times a week do you usually eat and drink: fruits, vegetables, sweets (candy or chocolate), fizzy drinks, squash, energy drinks, vegetable (Never/ less than once a week/ once a week. 2-4 days a week/ 5-6 days a week/ once a day, every day/ every day, more than once)**
- **Do you eat at least 5 portions of fruit or vegetables a day?(Yes/No)**
- **How often do you eat in a fast food restaurant? E.g. McDonalds, Burger King, Subway, KFC (Never/ less than once a month/ once a month/ 2-3 times a month/ once a week/ 2-4 days/5 or more days a week)**

> "I think that, generally, boys have fewer things to do in the morning so they have more time to eat breakfast, whereas girls will spend more time in the morning doing make up or other similar things."
> ***Sam, age 15***

Eating breakfast

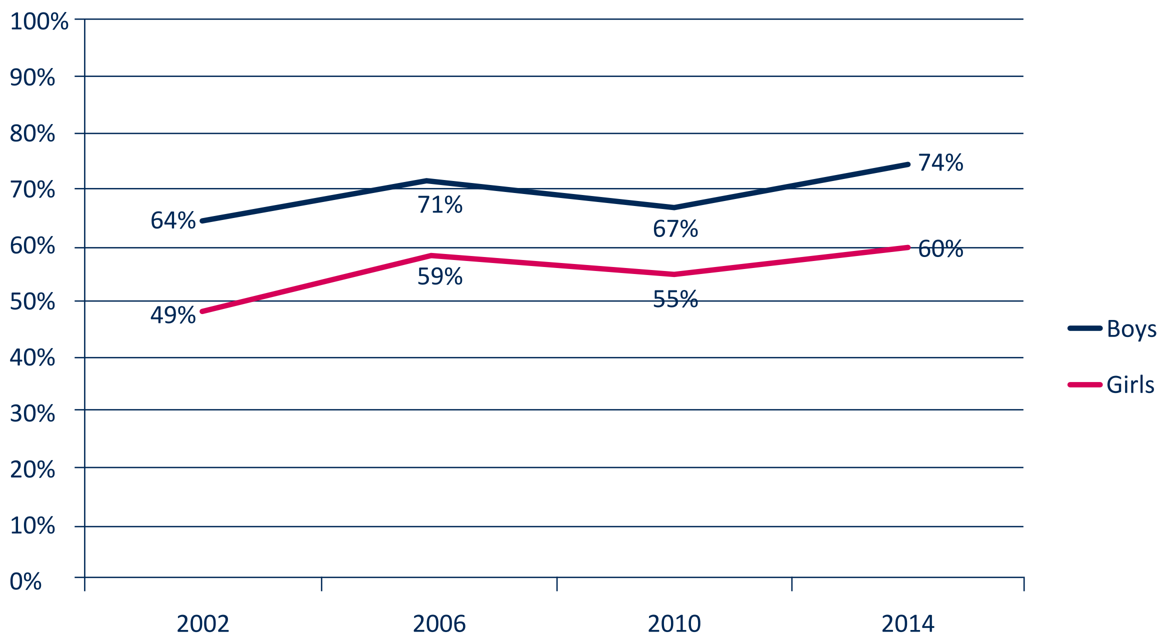
Around two thirds (67%) of young people reported eating breakfast every day during the week. Eating breakfast every day during the week was more common in younger adolescents; 78% of 11 year olds, 61% of 13 year olds and 57% of 15 year olds. Boys of all ages were more likely than girls to report eating breakfast every day during the week (74% v. 60%), but both boys and girls showed a similar pattern of decline as they get older (Figure 3.1). This gendered pattern has been consistently evident since 2002, with girls much less likely to eat breakfast every day during the week (Figure 3.2). However, the overall proportion of young people who report eating breakfast every day has increased among both boys and girls over the period 2002 to 2014 (Figure 3.2).

Figure 3.1: Young people who said they eat breakfast every day during the week



Base: All respondents in 2014

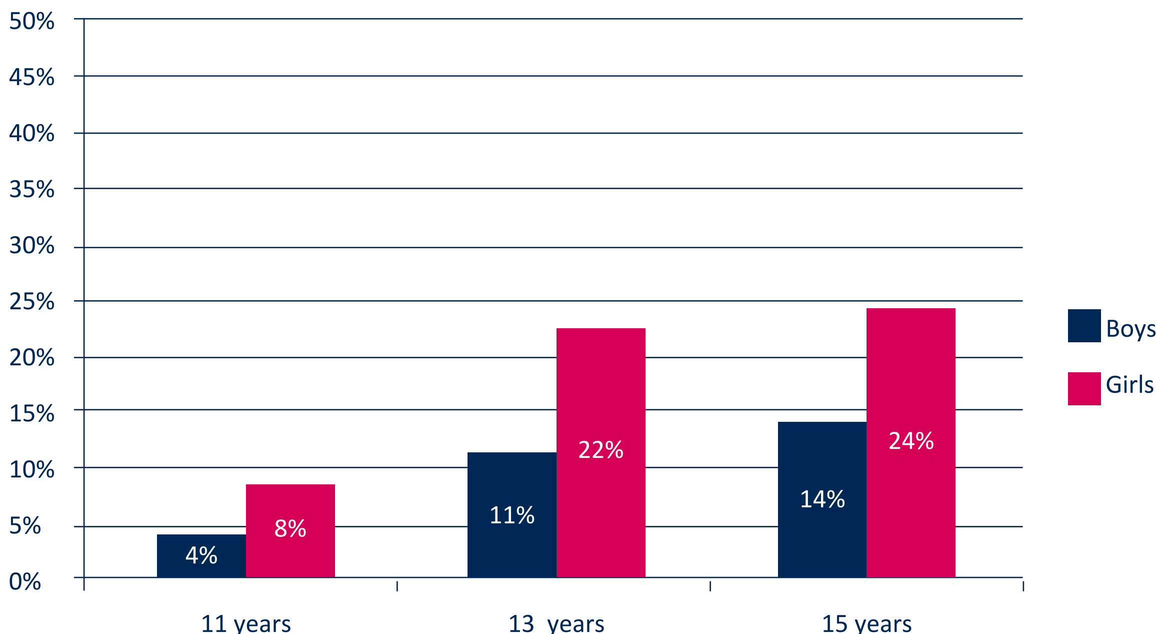
Figure 3.2: Young people who eat breakfast every day during the week 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

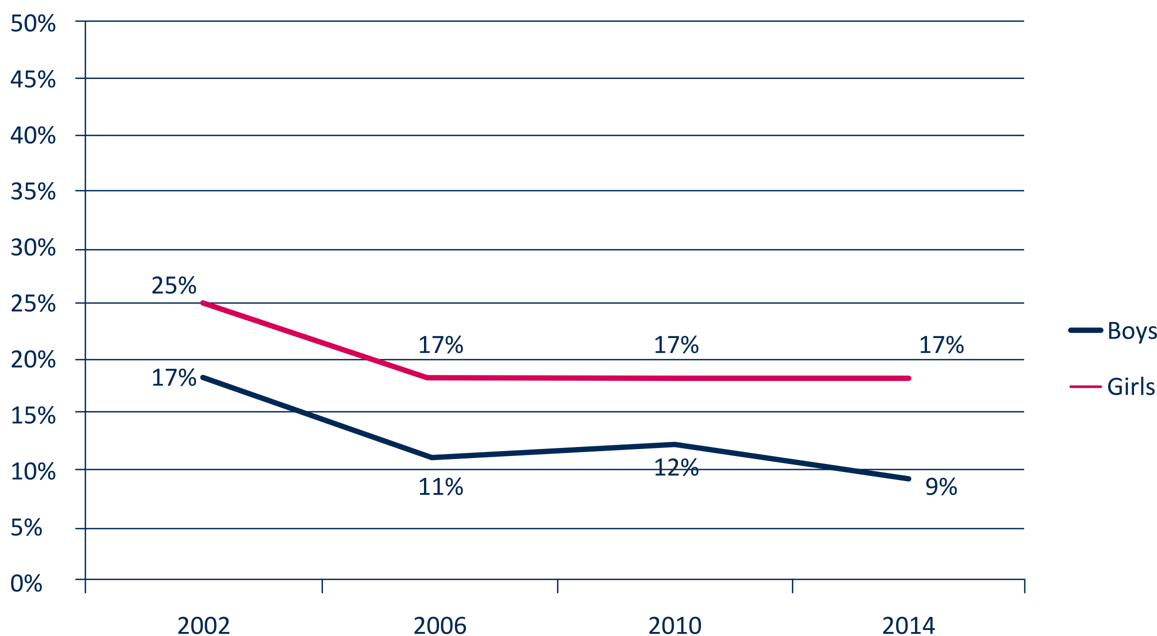
Overall 13% of young people said they never eat breakfast during the week. Never eating breakfast was more common in older adolescents; 6% of 11 year olds, 17% of 13 year olds and 19% of 15 year olds. Girls were more likely than boys to report never eating breakfast during the week (17% v. 9%). Never eating breakfast was more common among girls than boys across all three age categories, and for both genders the proportion of young people reporting they never eat breakfast increased with age (Figure 3.3). Since 2002 there appears to be a slight decreasing trend among boys saying they never eat breakfast, but girls' reporting has remained stable across the past three survey rounds (Figure 3.4).

Figure 3.3: Young people who said they never eat breakfast during the week



Base: All respondents in 2014

Figure 3.4: Young people who report never eating breakfast during the week: 2002 - 2014

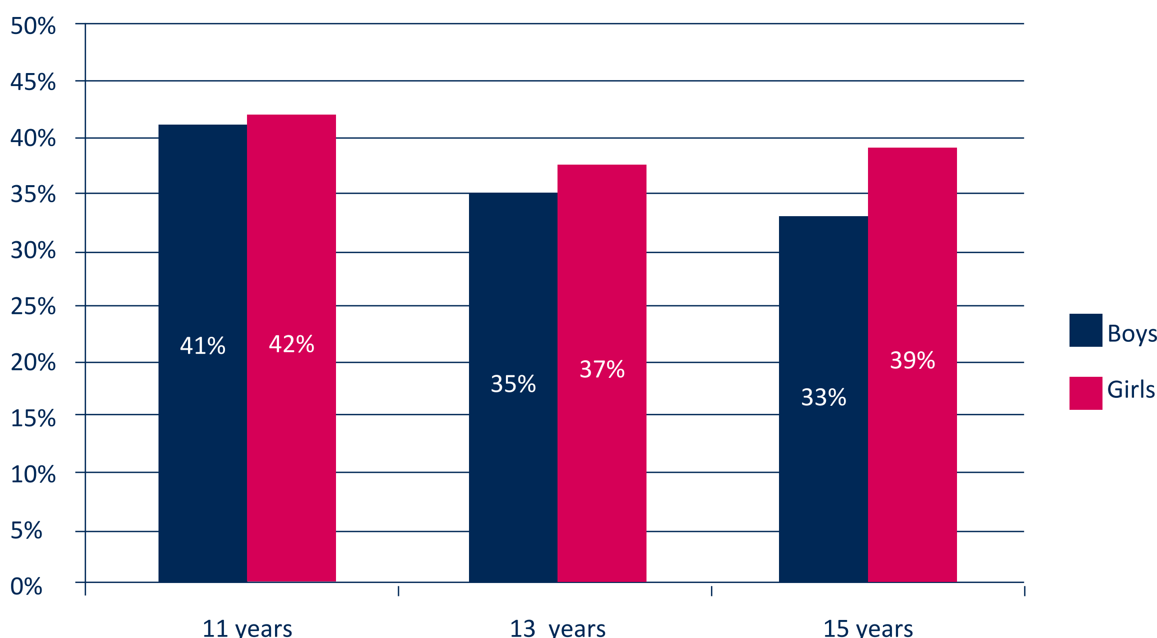


Base: All respondents in 2002, 2006, 2010 and 2014

Fruit and vegetable intake

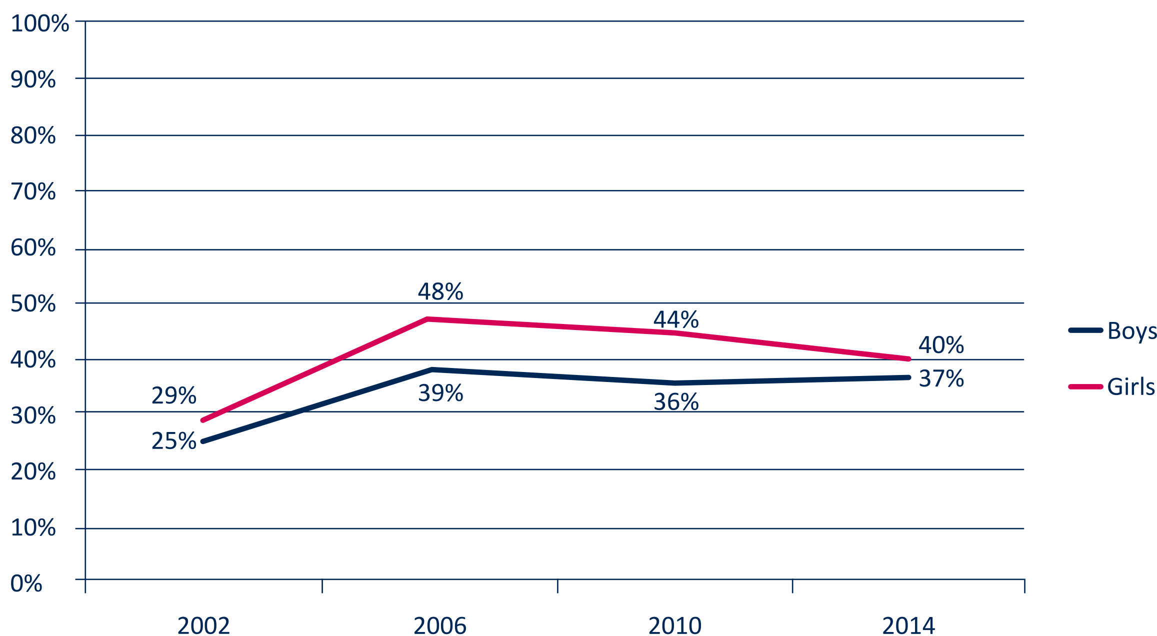
Overall, 38% of young people reported eating fruit at least once every day. There were small differences between boys and girls; 37% of boys compared to 40% of girls said they eat fruit at least once a day. 11 year olds were most likely to report eating fruit every day; 42% of 11 year olds, 36% of 13 year olds and 36% of 15 year olds. For both genders younger adolescents were most likely to report daily fruit consumption; however eating fruit at least once a day decreased consistently with age for boys only (Figure 3.5). Since 2006 there has been a gradual decline in girls' daily fruit consumption (Figure 3.6).

Figure 3.5: Young people who report eating fruit every day



Base: All respondents in 2014

Figure 3.6: Eating fruit every day 2002 - 2014

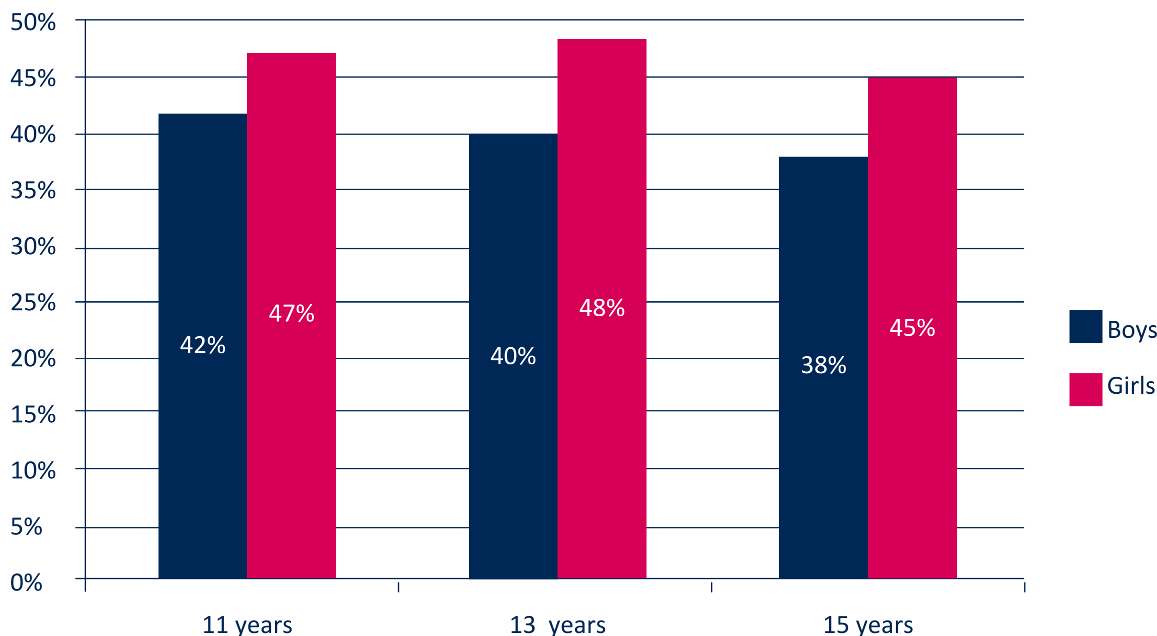


Base: All respondents in 2002, 2006, 2010 and 2014

Overall 43% of young people said they eat vegetables at least once every day. Similarly to fruit, girls were more likely than boys to report eating vegetables daily (46% v. 40%). There were minimal differences across the three ages, however older adolescents were somewhat less likely to eat vegetables every day; 44% of 11 year olds, 44% of 13 year olds and 41% of 15 year olds. Across all three age categories girls were more likely than boys to report daily vegetable consumption (Figure 3.7). There were no consistent trends in vegetable consumption between 2002 and 2014, however across the four time points girls were consistently more likely than boys to eat vegetables at least once a day (Figure 3.8).

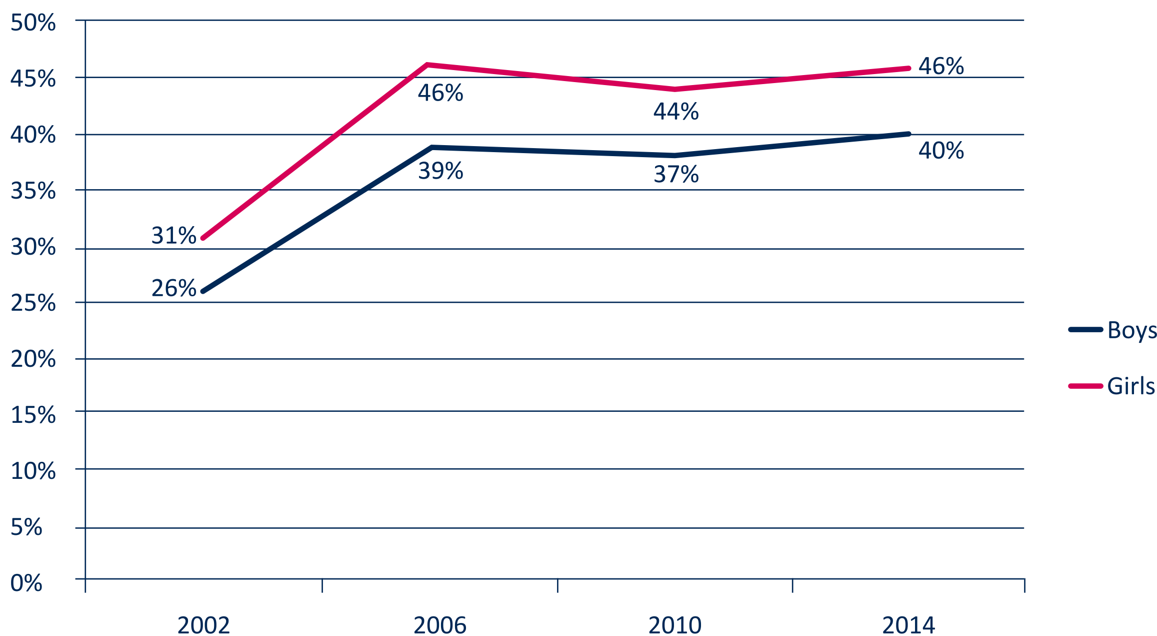
> “[11-year olds] are more likely to eat with their parents and listen to them than 15 year olds. They are also a lot less independent so won’t go to the shops to get food or make their own tea or lunch meaning that they have to eat what their parents give them which is likely to be more healthy.”
> ***Tom, age 15***

Figure 3.7: Young people who report eating vegetables every day



Base: All respondents in 2014

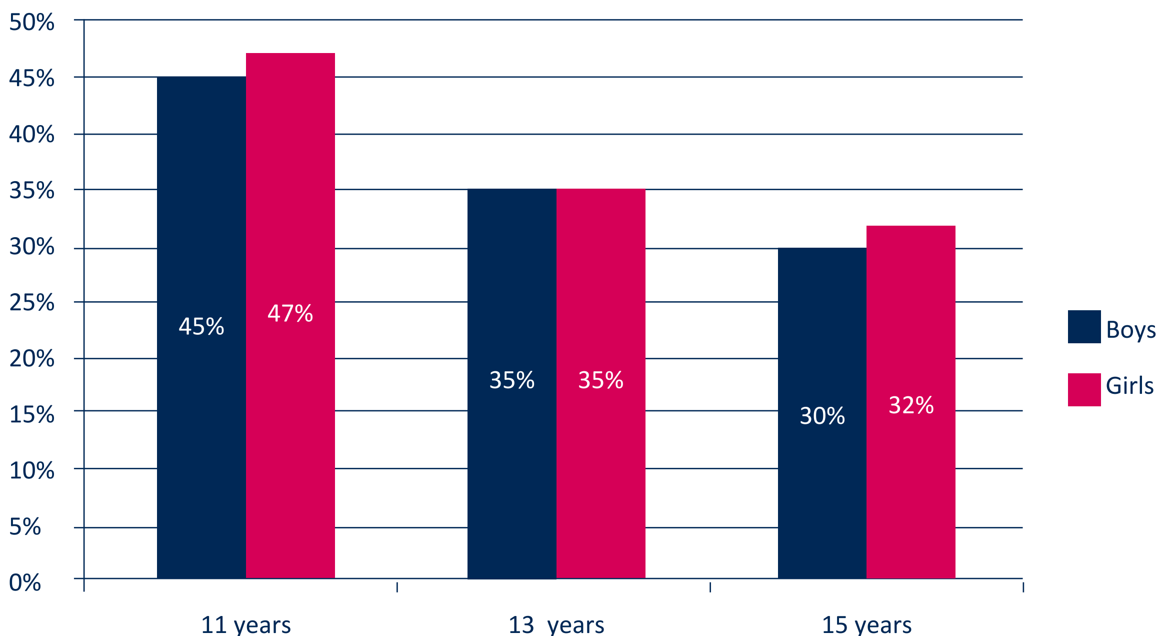
Figure 3.8: Eating vegetables every day 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

38% of respondents reported meeting the government recommendations of eating five portions of fruit and vegetables every day. There were minimal gender differences; 38% of boys and 39% of girls reported meeting the government recommendation. 11 year olds were considerably more likely to report eating five portions of fruit and vegetables a day; overall 46% of 11 year olds, 35% of 13 year olds and 31% of 15 year olds. The age difference was evident for both genders; likelihood of meeting the government recommendation decreased with age (Figure 3.9).

Figure 3.9: Young people who report eating 5 portions of fruit /vegetables a day

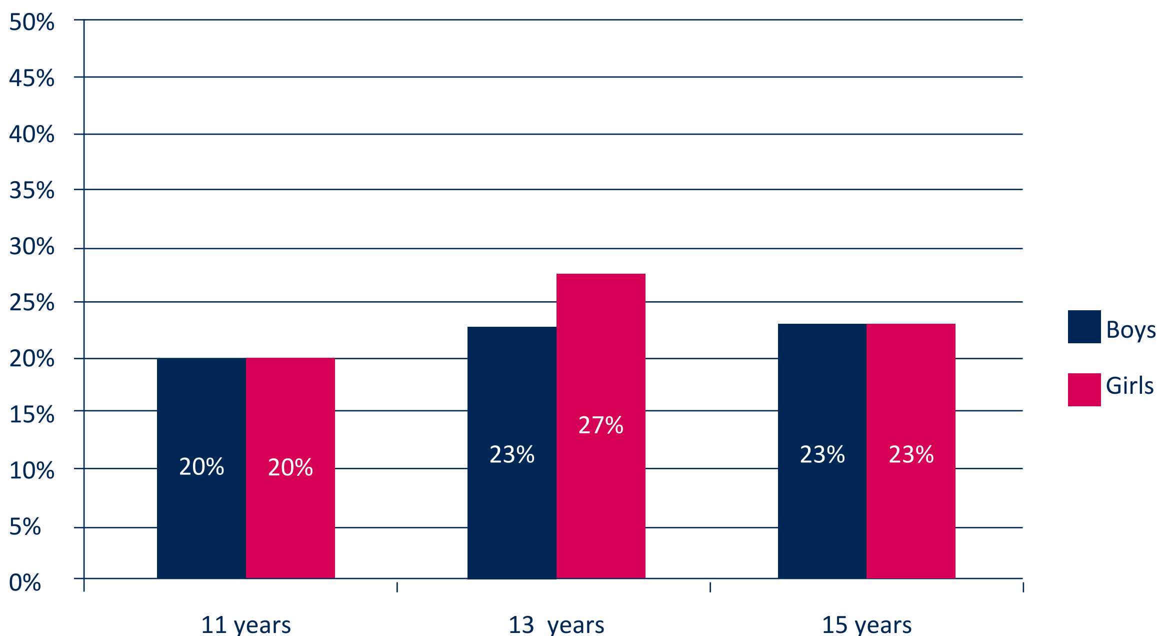


Base: All respondents in 2014

Consumption of sweets, sugary drinks and fast food

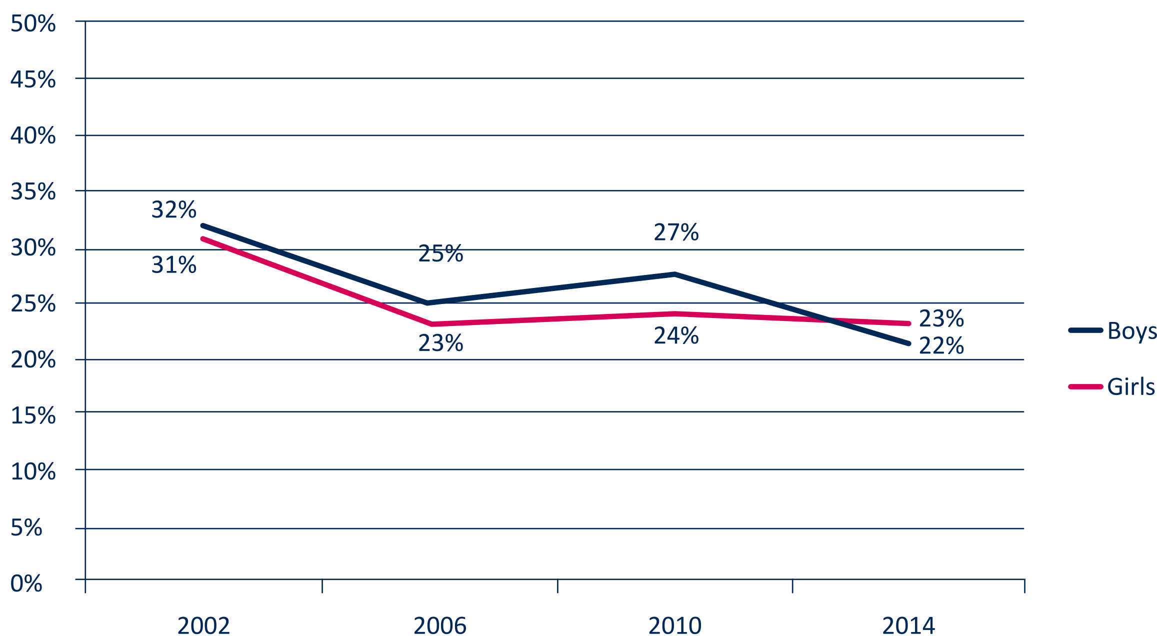
About one fifth (22%) of young people reported eating sweets every day. Younger adolescents were least likely to report eating sweets daily; 20% of 11 year olds, 25% of 13 year olds and 23% of 15 year olds. Overall there were minimal differences between boys and girls (22% of boys v. 23% of girls); however at age 13 girls were somewhat more likely than boys to report daily sweet consumption (Figure 3.10). Daily sweet consumption has decreased in both boys and girls from 2002 to 2014 (Figure 3.11).

Figure 3.10: Young people who eat sweets every day



Base: All respondents in 2014

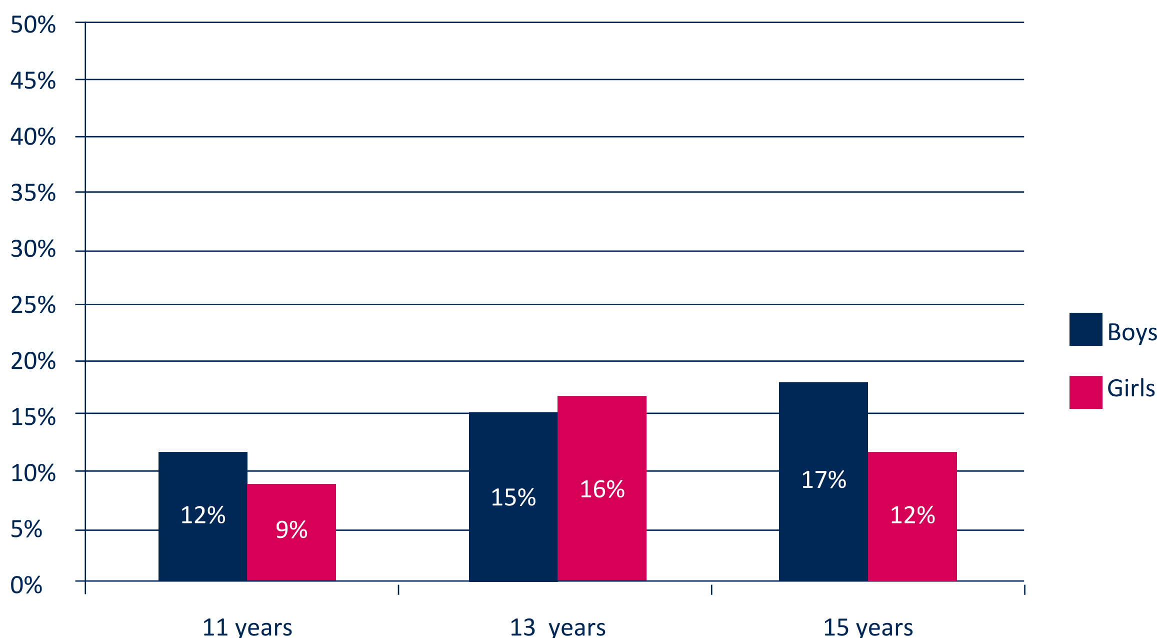
Figure 3.11: Eating sweets daily 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

13% of young people reported daily consumption of sugary carbonated drinks (e.g. Cola or Lemonade). Overall there were small gender differences; 14% of boys compared with 12% of girls reported drinking sugary carbonated drinks at least once a day. Younger adolescents were less likely to drink sugary carbonated drinks every day; 11% of 11 year olds, 16% of 13 year olds and 15% of 15 year olds (Figure 3.12).

Figure 3.12: Young people who drink sugary carbonated drinks daily

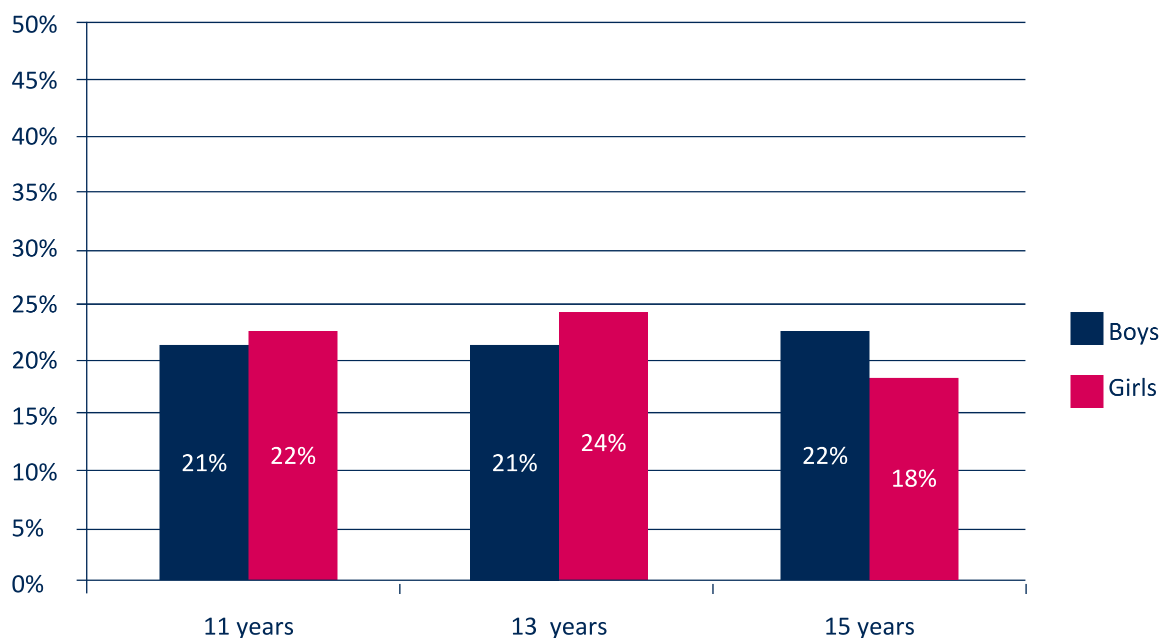


Base: All respondents in 2014

21% of young people reported drinking squash that contains sugar at least once a day. There were no overall differences between boys and girls reporting drinking squash daily.

There were minimal overall differences across the age groups; 21% of 11 year olds, 22% of 13 year olds and 20% of 15 year olds (Figure 3.13).

Figure 3.13: Young people who consume squash that contains sugar daily



Base: All respondents in 2014

In terms of consumption of drinks collectively known as energy drinks (Red Bull, Monster etc), 14% of young people aged 11-15 reported consuming energy drinks at least 2-4 times a week and 5% of all young people reported drinking energy drinks at least daily. Just over half (53%) reported that they never consumed energy drinks.

Boys were more likely to consume energy drinks every day than girls, and girls were more likely to report they never consumed energy drinks. Across all age groups a higher proportion of boys than girls reported consuming energy drinks, either once a day or at least 2-4 times a week (table 3.1).

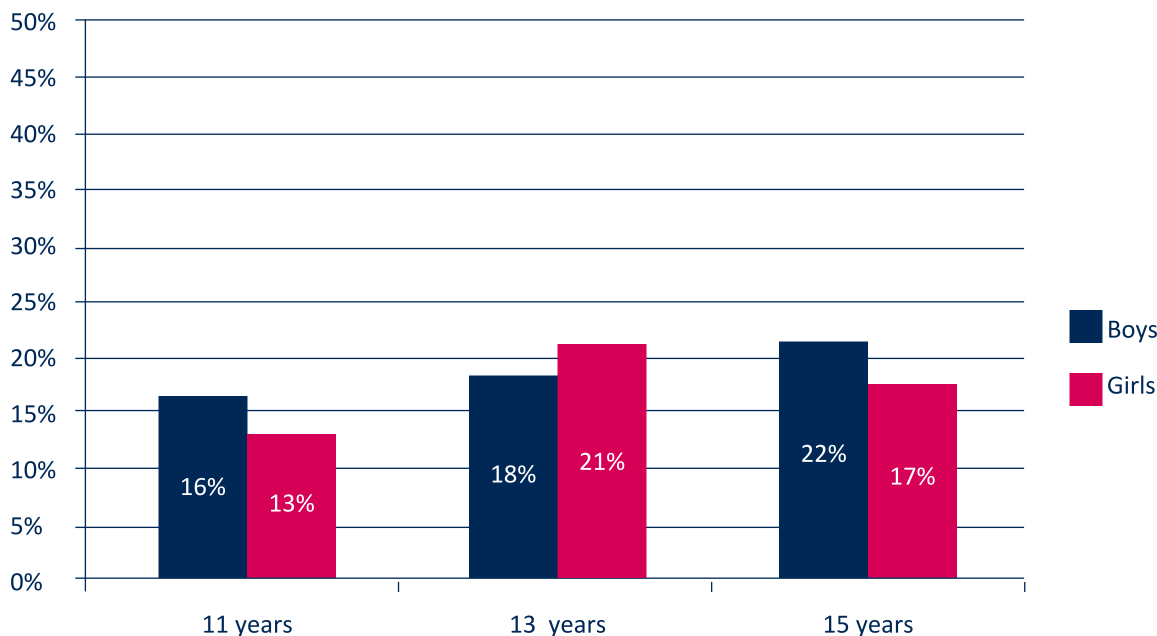
Table 3.1 Energy drink consumption patterns by age and gender

	All ages			**11 year olds**		**13 year olds**		**15 year olds**	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Never	44%	62%	53%	54%	70%	42%	59%	35%	55%
At least 2 – 4 days a week	18%	10%	14%	15%	7%	20%	12%	19%	12%
At least once a day	5%	3%	5%	5%	2%	5%	5%	6%	4%

17% of young people reported eating at a fast food outlet at least once week. Overall, boys were slightly more likely than girls to report eating at a fast food restaurant weekly (18% v. 16%). For both genders younger adolescents were less likely to report eating in a fast food restaurant; 14% of 11 year olds, 19% of 13 year olds and 19% of 15 year olds.

For boys the likelihood of weekly dining at a fast food outlet increases with age, whereas reports of eating at a fast food restaurant weekly peak at 13 years old in girls (Figure 3.14). 4% of young people reported eating at a fast food outlet at least twice a week, with minimal overall gender differences (5% of boys v. 4% of girls).

Figure 3.14: Young people who eat in a fast food outlet at least once a week



Base: All respondents in 2014

Sleep

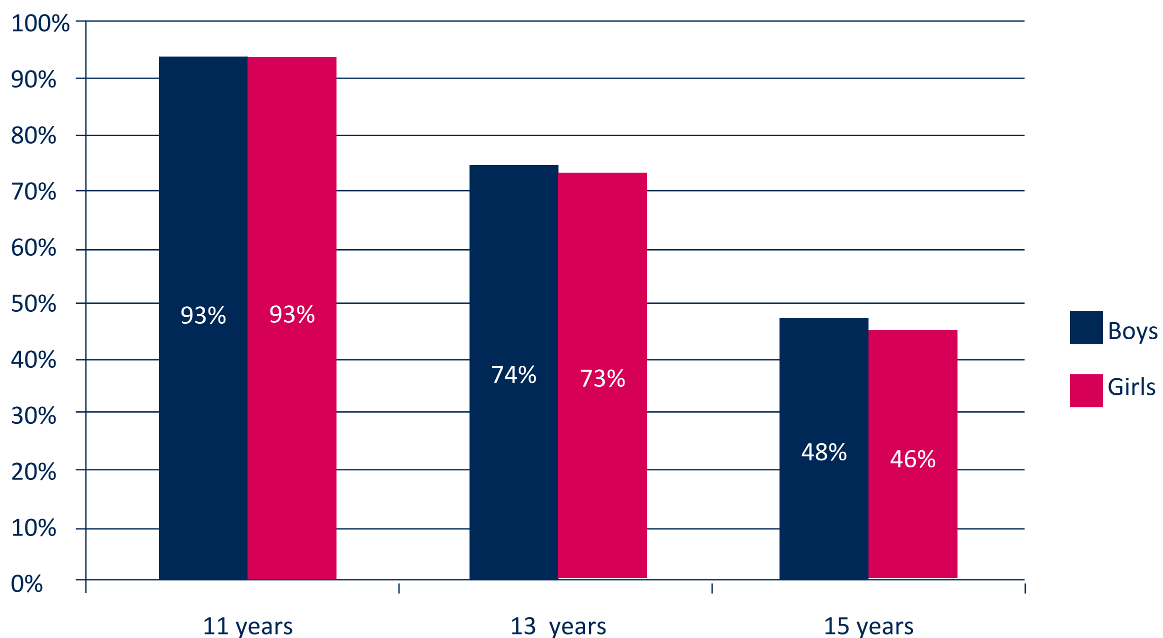
Measure

- **What time do you usually go to sleep on a school night? (open ended)**
- **What time do you usually wake up on a school day? (open ended)**
- **Is the amount of sleep you normally get enough for you to feel awake and concentrate on your school work? (Yes/No)**

> "Loss of sleep affects your concentration levels and motivation in class, you will know if you can't focus right."
> ***Tara, age 14***

Nearly three quarters (73%) of young people reported having at least 8.5 hours sleep on school nights. There were minimal gender differences; 74% of boys compared with 72% of girls. However there were considerable age differences; with 11 year olds nearly twice as likely as 15 year olds to sleep for 8.5 hours on school nights. Reports of sleeping for 8.5 hours decreased with age for both genders (Figure 3.15).

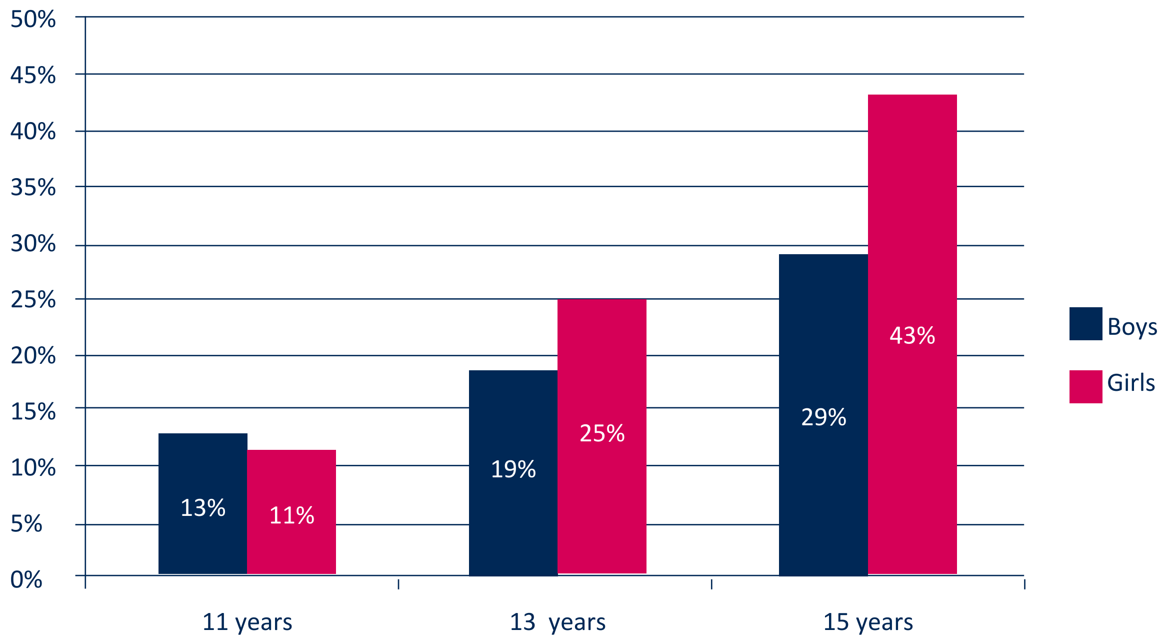
Figure 3.15: Young people who have at least 8.5 hours sleep on school nights



Base: All respondents in 2014

Around one fifth (22%) of young people reported not having enough sleep to feel awake and concentrate on their school work during the day. Overall, girls were more likely to report not having enough sleep (25% of girls v. 19% of boys). Younger adolescents were least likely to say they do not have enough sleep to feel awake and concentrate on their school work; 12% of 11 year olds, 22% of 13 year olds and 36% of 15 year olds. Reports of not having enough sleep increased with age for both genders, however girls demonstrated the largest increase (Figure 3.16).

Figure 3.16: Young people who do not have enough sleep to be able to concentrate on school work



Base: All respondents in 2014

> “15 year olds are most likely to say they don’t have enough sleep because they worry and stress about their future, and mainly exams. However, some parents allow their children phones and other electronic devices upstairs, and this is what also keeps them up.”
> ***Pippa, age 13***

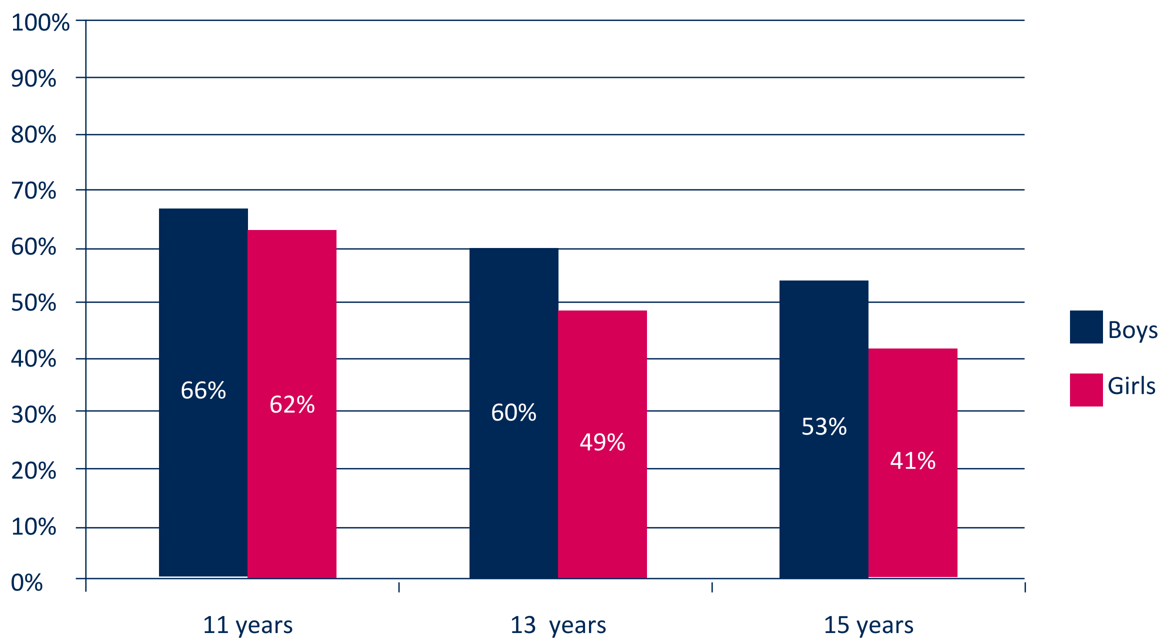
Body image

Measure

- **Do you think your body is…? (much too thin/a bit too thin/ about the right size/a bit too fat/ much too fat)**
- **At present are you on a diet of doing something else to lose weight? (No, my weight is fine/No, but I should lost some weight/No, because I need to put on weight/Yes)**

Just over half (56%) of young people reported their body weight was "about the right size". Overall, boys were more likely to report their body being "about the right size" (60% of boys v. 52% of girls). Younger adolescents were more likely to say their body weight was "about the right size"; 64% of 11 year olds, 55% of 13 year olds and 47% of 15 year olds. This age difference was present for both boys and girls – the likelihood of believing your body is the "right size" decreased with age in both boys and girls, and across all three age groups girls were less likely to report their body to be the right size (Figure 3.17).

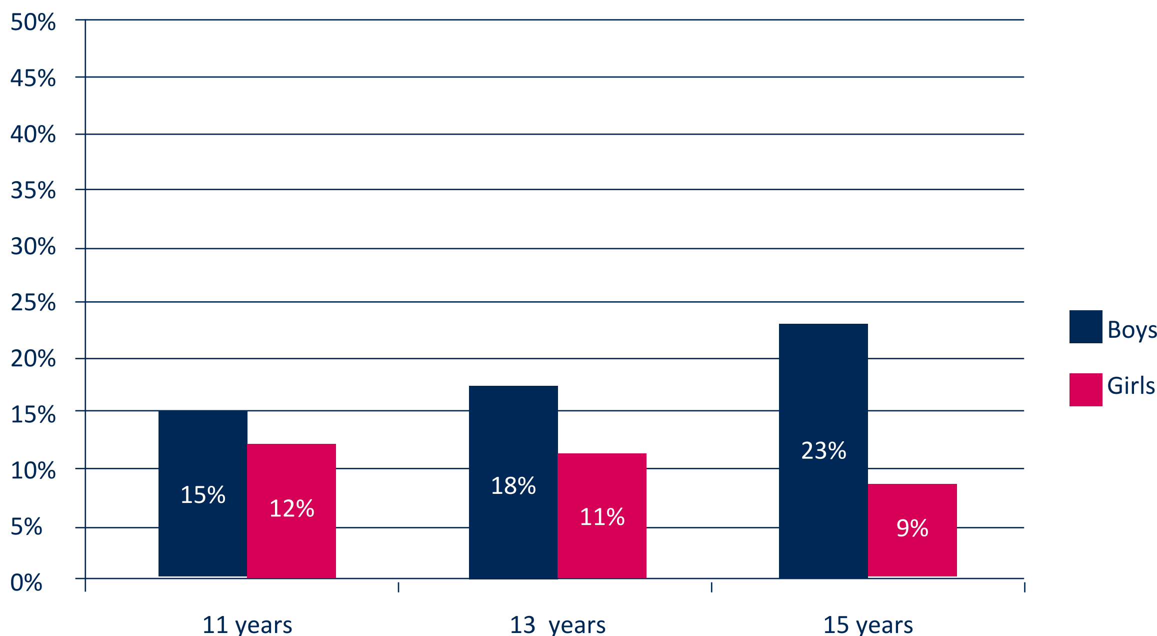
Figure 3.17: Young people who feel their body is "about the right size"



Base: All respondents in 2014

Around 15% of all young people reported their body was "too thin". Overall, boys were more likely than girls to say they thought their body was "too thin" (18% of boys v. 11% of girls). Boys and girls show different patterns across the three age groups; for boys the likelihood of reporting their body was "too thin" increased with age, but for girls it decreased with age (Figure 3.18).

Figure 3.18: Young people who feel their body is "too thin"

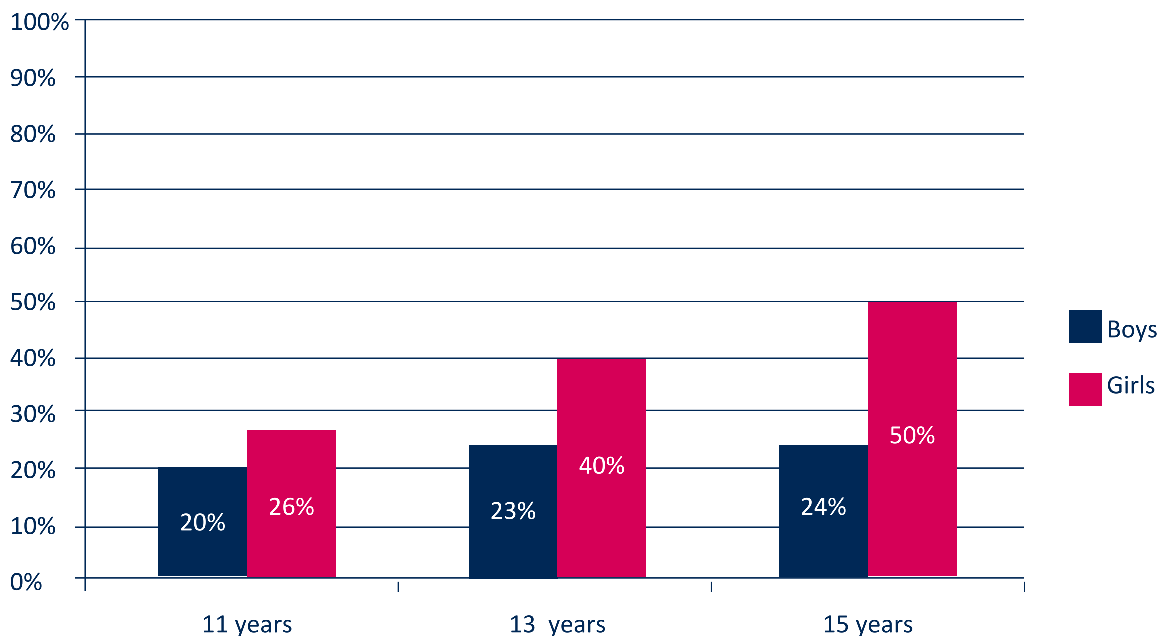


Base: All respondents in 2014

30% of young people reported their body was "too fat". Overall, girls were more likely to report their body shape as being "too fat"; 38% of girls compared with 22% of boys.

Perceiving current body shape as "too fat" increased with age for both boys and girls, but the increase among girls was more dramatic (Figure 3.19).

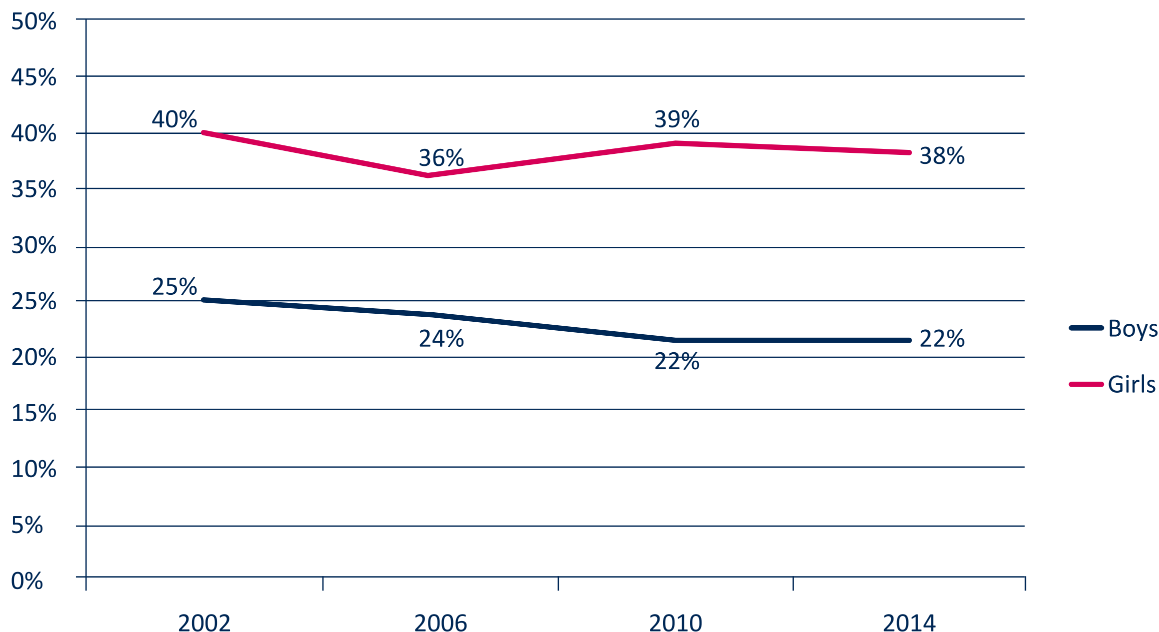
Figure 3.19: Young people who feel their body is "too fat"



Base: All respondents in 2014

Since 2002, the proportion of boys and girls who report that their body is “too fat” has remained relatively stable; across all four time periods girls were more likely to report their body as being “too fat” (Figure 3.20).

Figure 3.20: Young people who feel they are “too fat” 2002 - 2014

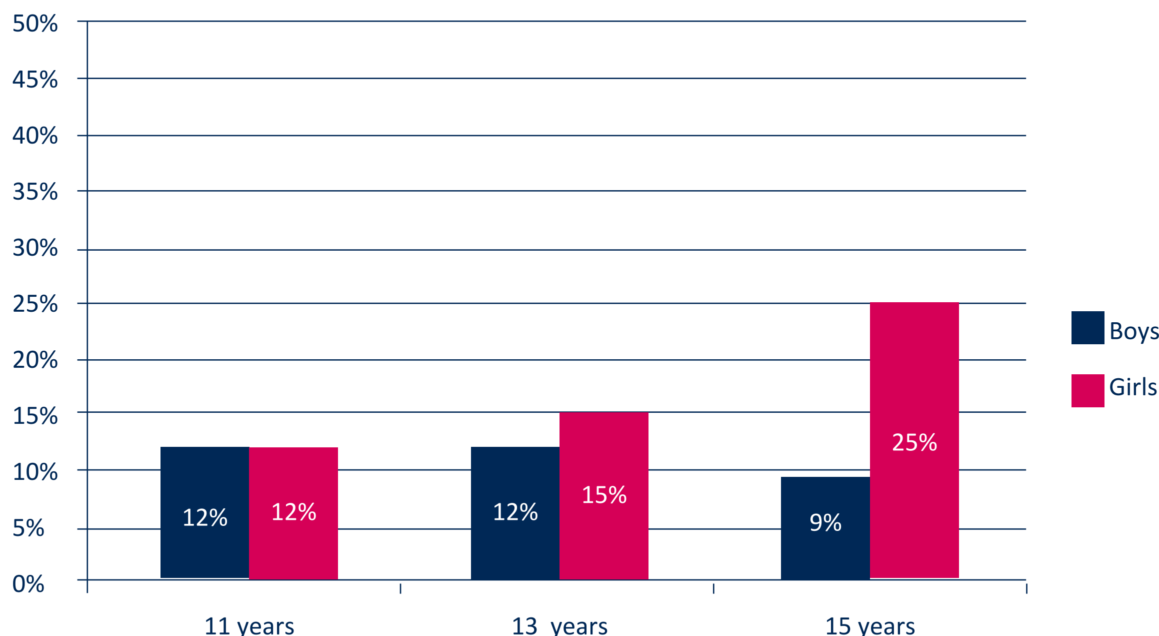


Base: All respondents in 2002, 2006, 2010 and 2014

Overall, 14% of young people reported that they were currently on a diet or doing something to lose weight. Girls were more likely than boys to report engaging in weight reducing behaviour (17% of girls v. 11% of boys). The proportion of girls who reported being on a diet or doing something to lose weight increased with age, and the gender difference is most pronounced at the age of 15 years (Figure 3.21).

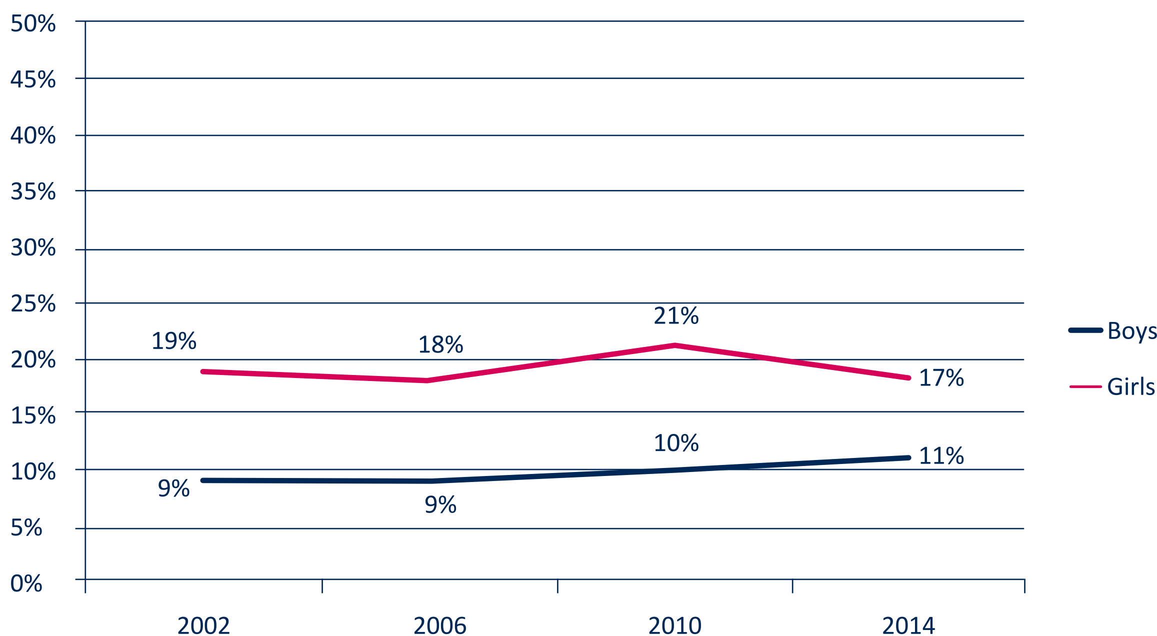
Since 2002 girls have been up to twice as likely as boys to report currently being on a diet or engaging in weight reducing behaviour, however girls’ dieting reports in 2014 are the lowest they have been since 2002 (Figure 3.22). Interestingly, this decrease in girls reporting that they are on a diet or doing something to lose weight was not mirrored by a decrease in girls who think their body is “too fat” (Figure 3.20).

Figure 3.21: Young people currently on a diet or doing something to lose weight



Base: All respondents in 2014

Figure 3.22: Young people on a diet or doing something to lose weight 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

> “There is so much pressure on teenage girls to look perfect especially from the media and other girls. Magazines show you how to look and try to “improve” your image constantly, and are mostly, if not always aimed at girls.”
> ***Katie-Lou, age 16***

Physical activity

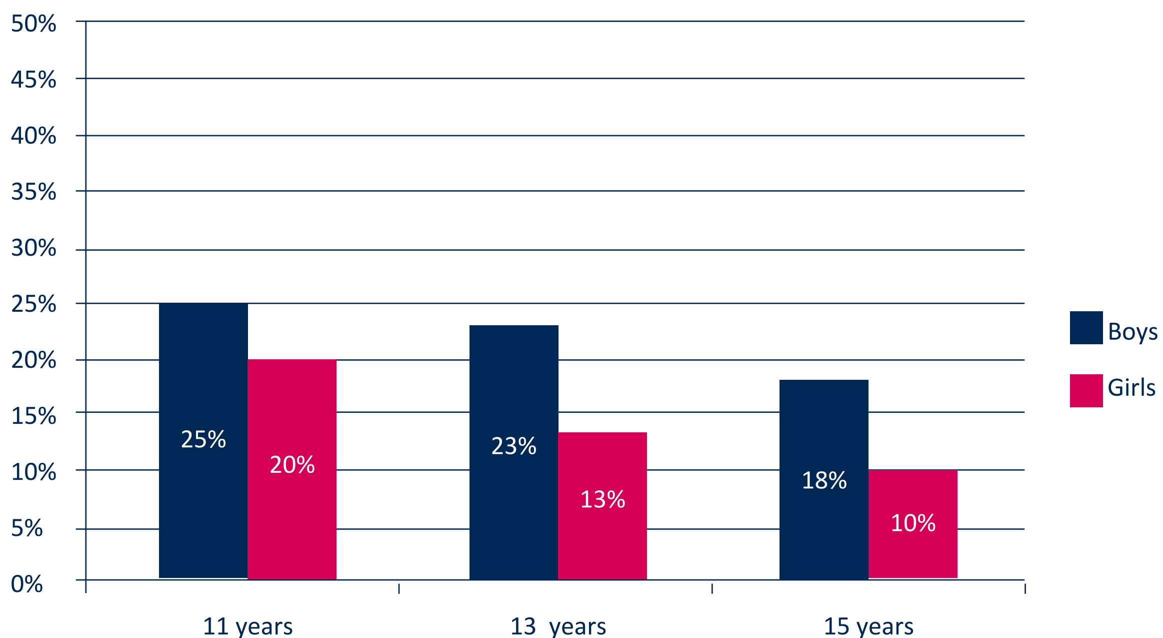
Measures

- **Over the past 7 days, on how many days were you physically active for a total of at least 1 hour (60 minutes) per day? (0/1/2/3/4/5/6/7**
- **How often do you usually exercise in your free time so much that you get out of breath or sweat? (Every day/ 4-6 times/ 2- 3 times/ once a week/ once a month/ less than once a month/ never)**

> "To encourage girls to do more physical activities you could show them the benefits of doing exercise."
> ***Ellise, age 12***

Young people are recommended to do at least one hour of moderate physical activity per day. Overall 19% of young people meet this guideline for physical activity. Boys were more likely to report being physically active for at least an hour every day of the week (22% of boys v. 15% of girls). Younger adolescents were more likely to meet the recommended levels of physical activity; 23% of 11 year olds, 18% of 13 year olds and 14% of 15 year olds. The likelihood of meeting the guidelines declined with age for both boys and girls, and across all age groups boys were more likely to be physically active for at least one hour every day (Figure 3.23). The proportion of girls being physically active for at least an hour every day of the week has remained relatively stable since 2002, however boys physical activity levels have fluctuated with a decline between 2010 and 2014 (Figure 3.24).

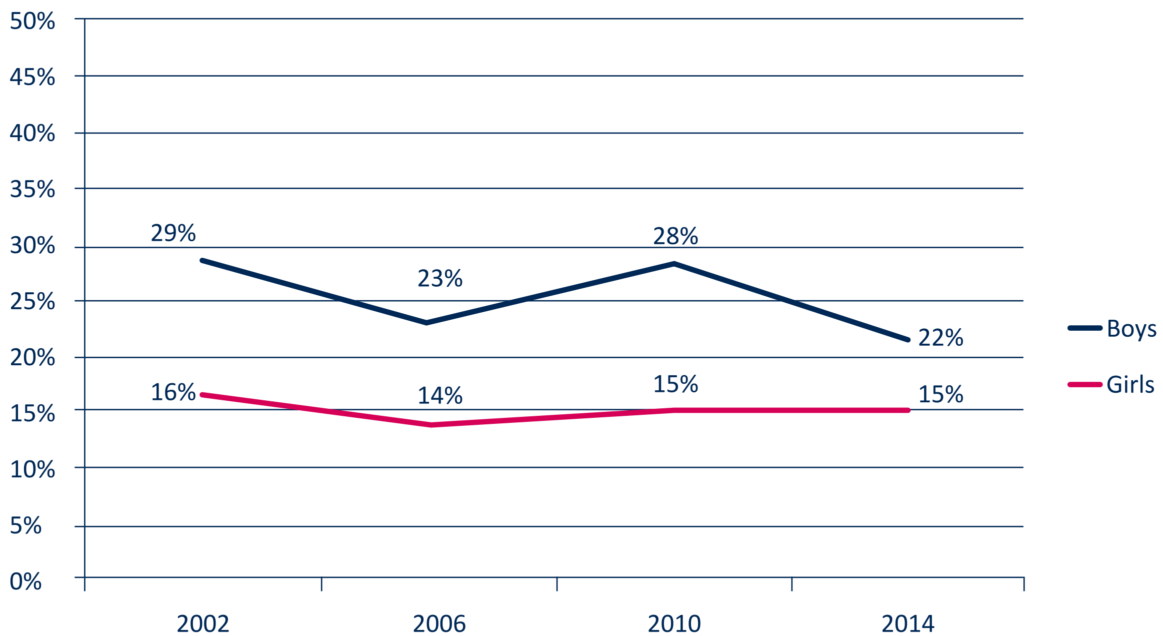
Figure 3.23: Young people who meet the recommended level of physical activity



Base: All respondents in 2014

> "For young people, I don't think enough are doing 1 hour of physical activity per day. I think it is a good recommendation, but somehow not very realistic, as school, then homework takes priority for most young children."
> ***Pippa, age 13***

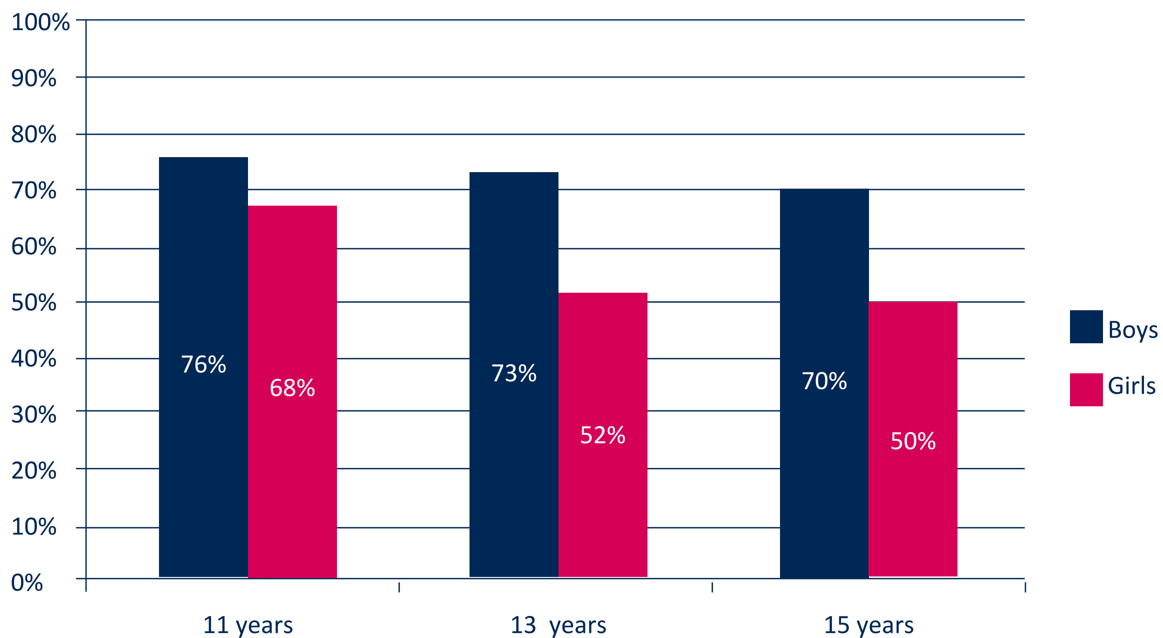
Figure 3.24: Young people meeting recommendations for physical activity 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

65% of young people reported vigorous physical activity at least 2 – 3 times a week. Overall, boys were more likely than girls to take part in this type of activity 2 – 3 times a week or more often; 73% of boys compared with 57% of girls. Reporting vigorous activity at least 2 – 3 times a week declined with age for both boys and girls, although the drop among girls was more dramatic than among boys (Figure 3.25).

Figure 3.25: Young people vigorously active at least 2 -3 times a week



Base: All respondents in 2014

Summary

The majority of young people eat breakfast every day during the week, however regular breakfast eating was more common among boys than girls. Nearly a quarter of 15 year old girls report never eating breakfast during the week, which is of concern considering the positive benefits regular breakfast eating has been proven to have on physical health, emotional well-being and school performance (Rampersaud et al., 2005). While girls are less likely to eat breakfast than boys, they are more likely to eat fruit and vegetables every day.

Only a minority of young people reported consuming sweets and sugary soft drinks on a daily basis. Younger adolescents appear to be the least likely to eat sugary foods every day – consumption of sugary foods may increase with age as parental control decreases and they begin to make their own decisions about what to eat (Cooke et al., 2005).

The potential impact on health and well-being of energy drink consumption requires more research, especially in terms of consumption by children and younger adolescents. However a recent Canadian study identified associations between energy drink consumption and other health risk behaviours during adolescence including substance misuse and increased depression, suggesting that they may be *'a marker for other activities that may negatively affect adolescent development, health and well-being'* (Sunday, Langillec et al. 2014)'. Other studies have suggested increased links with higher levels of alcohol consumption in young people (Patrick and Maggs 2014) and regular (weekly consumption) by young adults is also associated with being overweight (Karina, Lyng et al. 2014). The soft drinks industry in the UK currently operates a voluntary code which requires a warning on labels that energy drinks are not suitable for children and should not be promoted or marketed to those under 16. The findings presented here indicate that energy drinks are consumed by some young people in this age group, notably boys, and this increases with age.

Only a fifth of young people reported being physically active for at least one hour every day. Both boys and girls activity levels decrease between the ages of 11 and 15 years, however girls show a sharper decline suggesting more girls are opting out of physical activity. This finding is reinforced by research which suggests boys are more likely to spend their leisure time playing sports, whereas girls prefer to hang out and talk (Brooks & Magnusson, 2007).

How young people perceive their body image is important for emotional well-being (Brooks et al., 2011), and worryingly only just over half of young people are happy with their body size and report it being "about right". Younger adolescents and boys are least likely to have concerns about their body image. 15 year old girls are most likely to perceive their body negatively; with only 41% saying their body is "about right" and half reporting they are "too fat".

Just over a fifth of young people reported that they do not get adequate sleep to be alert and concentrate on school work during the day. In line with research by the Schools Health Education Unit (Balding & Regis, 2012) concerns surrounding sleep vary greatly by age and gender, 15 year olds are three times more likely than 11 year olds to say they are not getting enough sleep to feel awake during the day.

Young people's thoughts on health behaviours

The young people in the reference groups recognised the benefits of many of the positive health behaviours, and especially the importance of getting adequate sleep and eating breakfast every morning for being able to concentrate in classes during the day. When asked about barriers to engaging in such health behaviours, most of the young people mentioned technology (internet/ social media) and homework as reasons for adolescents not getting enough sleep. The girls felt that one reason girls were less likely to eat breakfast than boys was because they were more worried about being fat, and so might skip breakfast in order to get thin. Both boys and girls seemed to see boys as naturally more sporty and active than girls suggesting that gender stereotyping in relation to physical prowess and activity remains pervasive. The young people also felt that there were fewer opportunities for girls, and fewer clubs providing the types of sports and activities that might support girls in terms of increasing their physical activity levels. With regards to why many of the health behaviours decline as adolescents get older, all of the young people thought this would be largely to do with older adolescents being busier with school work, and therefore having less time to exercise or eat breakfast in the morning. They also thought that increased school pressure could be why older adolescents get less sleep; both because they would be busy with homework, but also because they may be unable to sleep properly because of stress and worrying.

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Chapter 4 Substance Use

Key messages

Smoking:
3% of young people reported smoking at least once a week (2% of boys and 3% of girls).

Smoking prevalence is highest among 15 year old girls (8%).

Smoking rates show a steady **decline since 2002**.

For the first time in the HBSC England survey weekly smoking rates were reported as **zero among 11 year olds**.

Alcohol:
weekly alcohol consumption decreased across all ages from 2002 to 2014, with reported rates in 2014 being less than a quarter of those in 2002 among 15 year olds.

A third of 15 year olds said that they had been drunk twice or more in their life.

Among the 15 year olds who consume alcohol regularly (9% of girls and 12% of boys), 83% of boys and 57% of girls reported being drunk more than 10 times during the last 30 days.

Cannabis:
Reported cannabis use decreased between 2002 and 2014 from 43% for boys and 38% for girls in 2002 to 21% for boys and 20% for girls.

Introduction

Substance use is a major public health concern for adolescent health, and rates of both smoking and drinking alcohol has decreased among young people over the last decade (Brooks et al., 2011). England still has a relatively high incidence of regular drinking, drunkenness and cannabis use among 15 year olds compared to other European countries (Currie et al., 2012). Among adults, smoking is "the primary cause of preventable morbidity and premature death" in England (Department of Health, 2011, p. 15) and while major health consequences such as lung cancer do not usually present until later in life, adolescents who smoke tobacco have be found to be less physically fit, have more respiratory problems and experience more coughing and wheezing that their non-smoking peers (U.S. Department of Health and Human Services, 2004). Further, onset of tobacco smoking occurs during adolescence in the majority of cases (World Health Organization, 2005).

Similarly to tobacco use, onset of drinking alcohol often occurs first during adolescence, and while to some extent a normative aspect of adolescent development, drinking and drunkenness during this time period (and particularly early initiation) has been associated with increased risk of injury (Hingson, Assailly, & Williams, 2004), unplanned and unprotected sex (Hingson, Heeren, Winter, & Wechsler, 2003), and alcohol disorders and dependency (DeWit, Adlaf, Offord, & Ogborne, 2000). Work from HBSC England suggested that drinking sub-cultures may also be a determinant for some young people, for example "sporty" physically active boys were found to be more likely to have drunk alcohol to excess (Brooks et al., 2014).

Cannabis use during adolescence has been associated with decreased performance on learning and memory tasks (Solowij et al., 2011), lower academic attainment and completion, other illicit drug dependency, and suicide attempts (Silins et al., 2014). For these reasons, a reduction in such risk behaviours has been suggested as indicators of increased well-being in the population (Department of Health, 2010).

Smoking

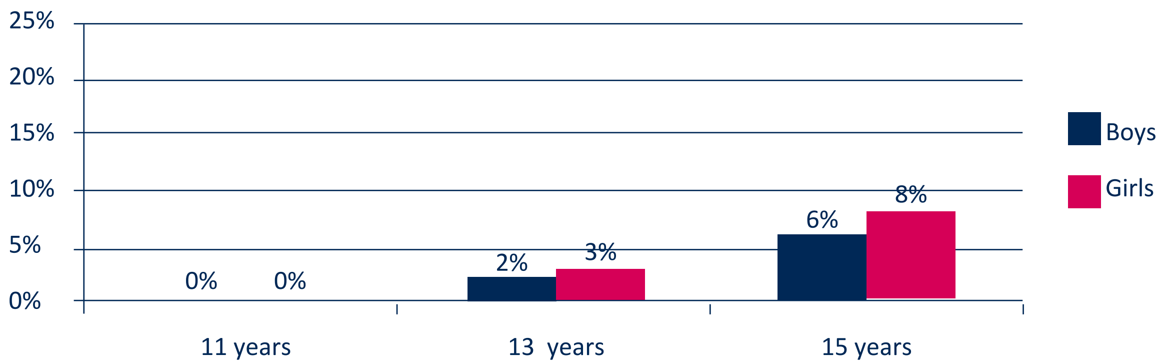
Measure

- **How often do you smoke tobacco at present? (every day, at least once a week, less than once a week, I do not smoke).**

Weekly smoking by age and gender

Across all age groups, 3% of young people reported smoking at least once a week, (2% of boys and 3% of girls). Weekly smoking increased with age and was higher among girls than boys (Figure 4.1). For the first time in the HBSC England survey weekly smoking rates were reported as zero among 11 year olds.

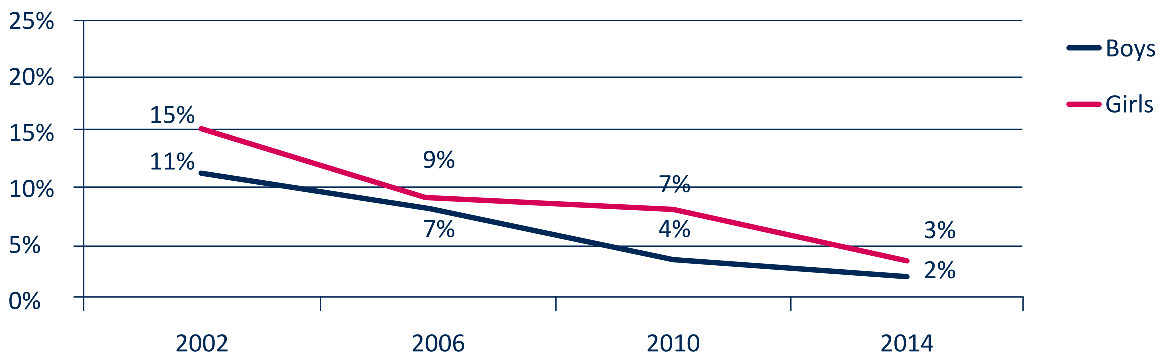
Figure 4.1: Young people who smoke weekly



Base: All respondents in 2014

The proportion of regular smokers decreased during the period from 2002 to 2014, with girls more likely to report smoking regularly than boys across all time points (Figure 4.2).

Figure 4.2: Young people who smoke at least once a week, by gender 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Age of first cigarette for 15 year olds (only those who reported smoking at least once a week) - by gender

Measures

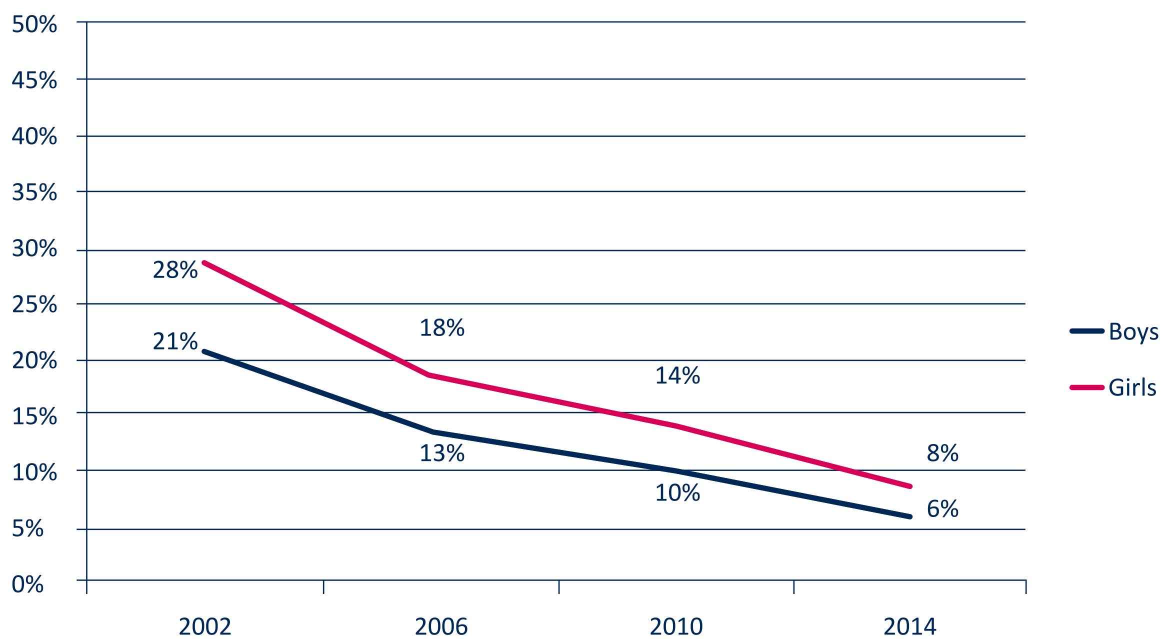
- **At what age did you first smoke a cigarette? (Never, 11 years old or younger, 12 years old, 13 years old, 14 years old, 15 years old, 16 years old or older)**

Among 15 year olds who reported smoking at least once a week, 66% reported that they started to smoke at age 13 or younger.

Trends of weekly smoking among 15 year olds

The proportion of 15 year olds who reported smoking at least once a week decreased from 2002 to 2014. Girls were more likely than boys to report regular smoking across all time points, although the gender gap appears to be closing (Figure 4.3).

Figure 4.3: 15 year old young people who smoke weekly, by gender 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Weekly alcohol consumption, by age and gender

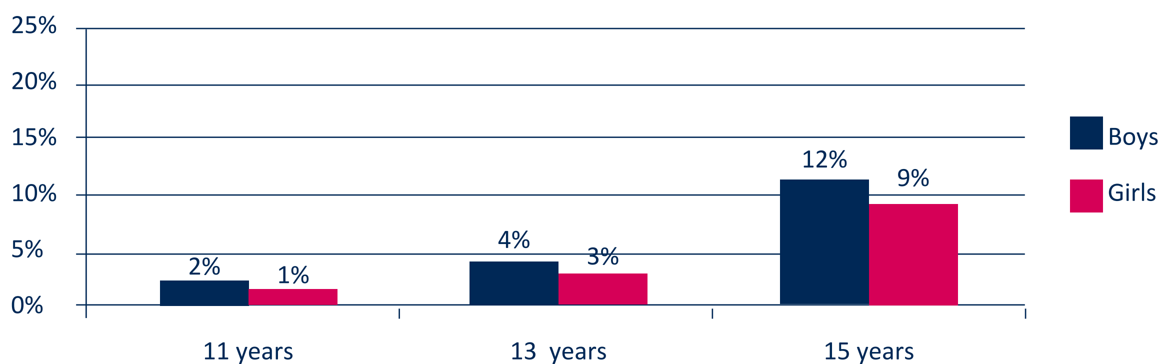
Measures

- **At present, how often do you drink anything alcoholic, such as beer, wine, or spirits like vodka, gin or rum? (Every day, every week, every month, rarely, never)**

> Boys generally drink beer as a more social thing whereas girls drink to get drunk.
> ***Katie, age 16***

Overall, 5% of young people reported that they drink alcohol on a weekly basis (6% of boys and 4% of girls). The proportion of those who consume alcohol regularly (weekly) increased with age with boys having slightly higher proportions at all ages (Figure 4.4).

Figure 4.4: Young people who drink alcohol weekly

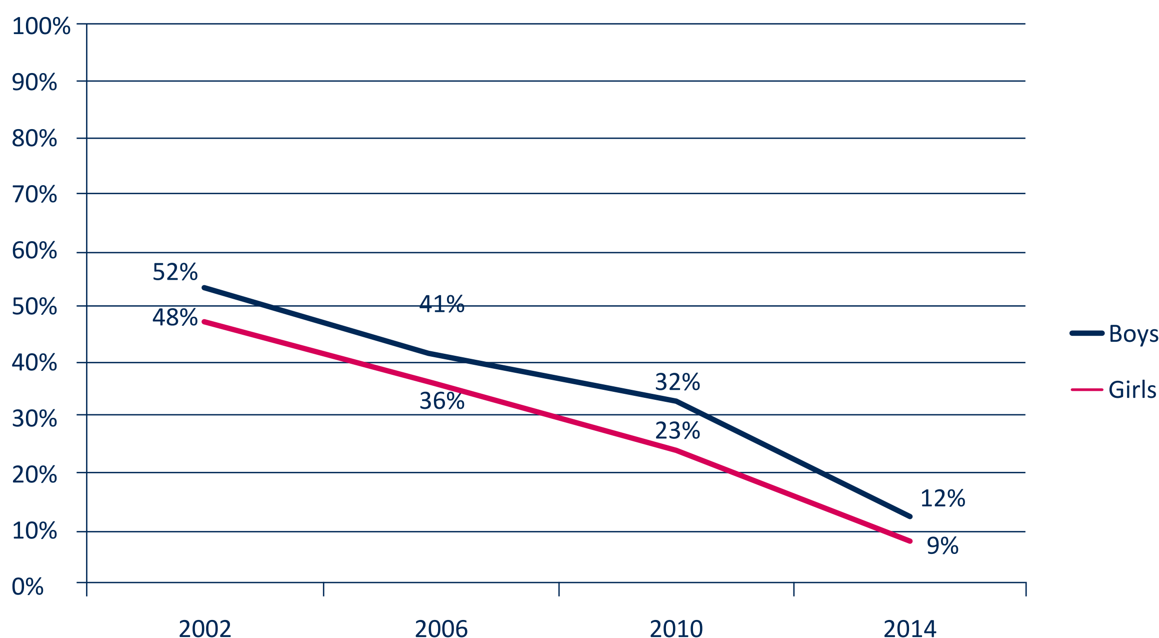


Base: All respondents in 2014

Trends for weekly alcohol consumption from 2002 - 2014.

The prevalence of weekly drinking has decreased across all ages from 2002 to 2014, with reported rates in 2014 being less than a quarter of those in 2002 among 15 year olds (Figure 4.5).

Figure 4.5: 15 year olds who drink alcohol at least weekly 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Drinking to Excess

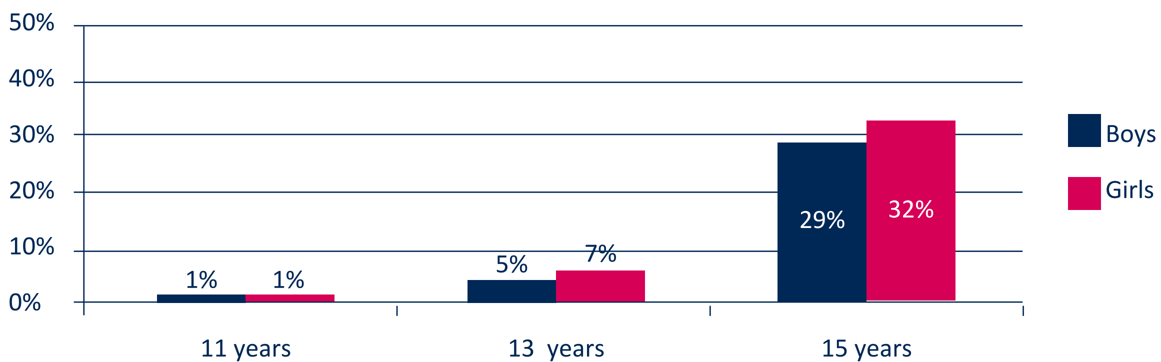
Measures

- **Have you ever had so much alcohol that you were really drunk? (never, once, 2-3 times, 4-10 times, more than 10 times)**

> I think another reason [adolescents drink a lot less compared with 2002] is that adolescents have more to do now due to new technology so don't have to result to drinking for entertainment.
> ***Tom, age 15***

Across all age groups, 11% of young people (11% of boys and 12% of girls) reported that they had ever been drunk two or more times. The prevalence of drinking to excess increased with age; very few 11 year olds reported having ever been drunk, but almost a third of all 15 year olds said that they had been drunk twice or more (Figure 4.6). Among 15 year olds who report drinking regularly (weekly), 83% of boys and 57% of girls reported being drunk more than 10 times during last 30 days.

Figure 4.6: Young people who have been drunk two or more times (consumed alcohol to excess)

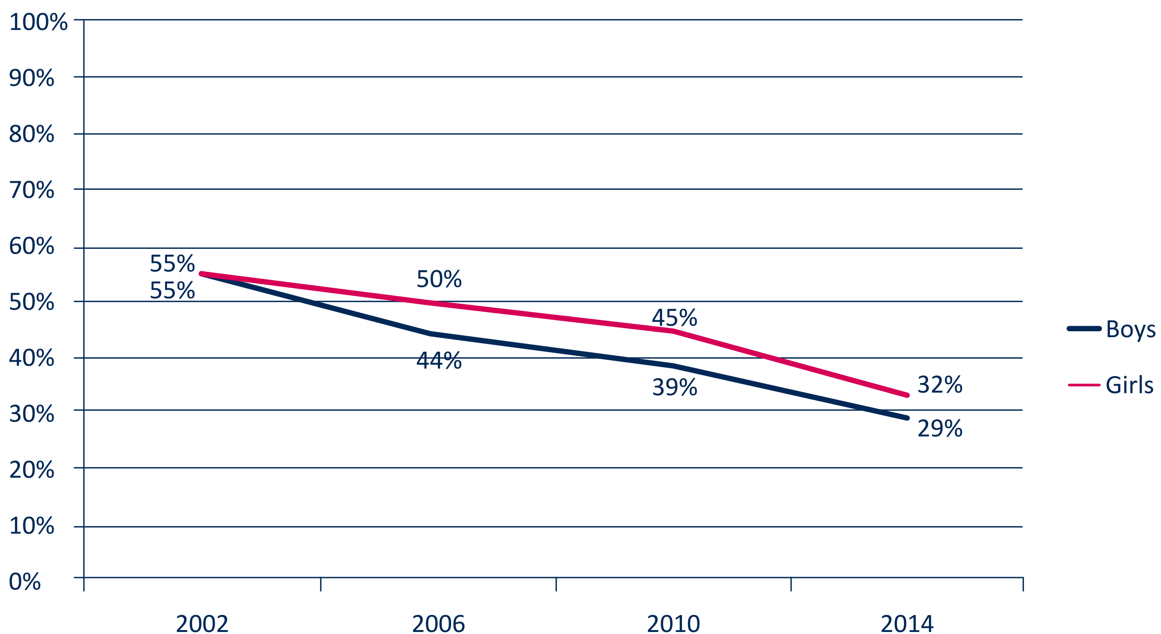


Base: All respondents in 2014

Trends for drinking to excess

The proportion of 15 year olds that reported having been drunk two or more times has decreased substantially from 2002 to 2014 (Figure 4.7).

Figure 4.7: 15 year old young people who have been drunk two or more times by gender 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Age of first drunkenness (15 year olds only by gender)

Measures

- **At what age did you first drink alcohol (more than a small amount)? (Never, 11 years old or younger, 12 years old, 13 years old, 14 years old, 15 years old, 16 years old or older)**

Boys reported a slightly lower age of onset than girls for their first time being drunk; around 34% of boys and 28% of girls were 13 years old or younger when they were first drunk.

Cannabis Use

Lifetime cannabis use

Measure

- **Have you ever taken cannabis in your life time? (never, once or twice, 3-5 times, 6-9 times, 10-19 times, 20-39 times, 40 times and more)**

The question about cannabis use was asked only of the eldest age group. For both boys and girls, 20% said that they had tried cannabis at least once in their life. Of those that had tried it, 41% reported that they had used it only once or twice. Boys were more likely than girls to report higher frequency of cannabis use; among those that had ever used, 22% of boys compared to 12% of girls reported having used cannabis 40 times or more in their life.

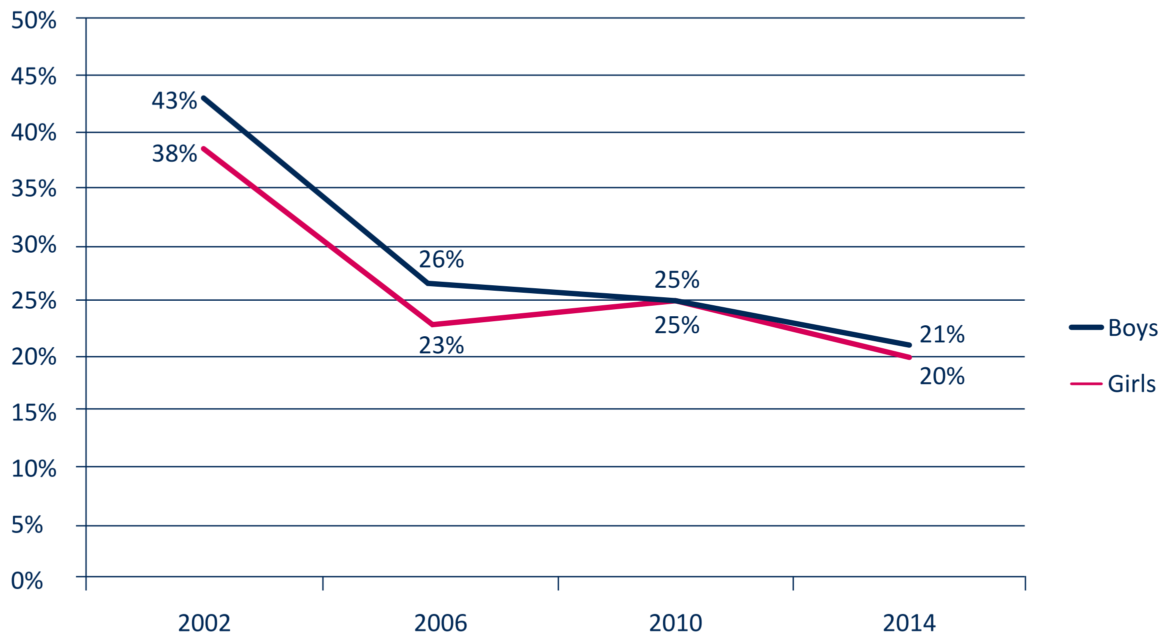
Cannabis use in last 30 days

Measure
- **Have you ever taken cannabis in last 30 days? (never, once or twice, 3-5 times, 6-9 times, 10-19 times, 20-39 times, 40 times and more)**

Of those that had ever used cannabis, 45% of boys and 42% of girls reported having used it at least once in the last 30 days.

Life time cannabis use 2002-2014
Overall, the proportion of young people who reported having ever used cannabis in their lifetime decreased between 2002 and 2014 from 43% for boys and 38% for girls in 2002 to 21% for boys and 20% for girls (Figure 4.8).

Figure 4.8: Young people who have ever used cannabis during their life time by gender 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

Age of first cannabis, by gender

Measure
- **At what age did you first use cannabis? (never, 11 years old or younger, 12 years old, 13 years old, 14 years old, 15 years old, 16 years old or older)**

Of those that reported having ever used cannabis, 20% said they had first tried it aged 13 or younger. The largest proportion (45%) said they had first tried it at age 15.

Summary

Fewer than 10% of all young people reported smoking tobacco on a regular basis, and the incidence of regular smoking has decreased consistently and substantially since 2002. Very few of the 11 and 13-year olds reported regular weekly smoking, and the same was true for weekly drinking alcohol. Also similarly to tobacco smoking, weekly alcohol drinking shows a steady decline from 2002-2014. Close to a third of 15 year olds report having consumed alcohol to excess (drunkenness) at least twice in their life, but again this is a considerable decrease compared to 2002. Girls are somewhat more likely than boys to report both regular smoking and drunkenness twice or more, but boys were more likely to report high frequency cannabis use. Cannabis use in general is lower in 2014 compared to 2002, but only minor changes have been observed since 2006.

Young people's thoughts on substance use

The young people thought there might be some differences in boys' and girls' reasons for drinking alcohol. The girls perceived boys as drinking more socially, something to do when they got together with their friends, whereas they thought girls were more likely to drink just to get drunk, suggesting that targeting gendered attitudes to alcohol consumption are likely to be important for further reducing the prevalence of consuming alcohol to excess. Some of the boys on the other hand thought boys drank to be seen as 'cool' and impress their friends. With regards to the reasons for why drinking has decreased among adolescents over the last decade, some of the boys thought there had been increased awareness campaigns about the dangers of drinking and that it was now more difficult for young people to obtain alcohol than it used to be (notably enforcing of age checks on purchase). More frequent drinking was thought to lead to increased amounts of alcohol because of a desensitising effect; if you drink frequently it is not such a big deal and therefore you can drink more.

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Chapter 5 Sexual Health and Well-being

Key messages

21% of 15 year olds respondents reported having had sexual intercourse, (19% of boys and 24% of girls).

Young people reporting having had sexual intercourse has decreased for both boys and girls from 2002 – 2014.

59% of young people reported that they had been in love. **More boys than girls said they had been in love**; 64% of boys compared with 54% of girls.

5% of respondents reported that they had been in love with a member of the same sex or both sexes.

Early reported initiation (12 years or younger) of sexual intercourse has **decreased among boys and girls** from 2002 (17% for boys and 9% for girls) in 2014 the figures are 11% for boys and 4% for girls.

Introduction

The emergence of romantic relationships is an important aspect of adolescent development, and many people have their first sexual experience at this time. Sexual and reproductive health form an integral part of the Millenium Development Goals (United Nations, 2014) and improving sexual health outcomes is a policy focus of the Department of Health in England (Department of Health, 2013). English adolescents have reported relatively high levels of sexual intercourse experience, and relatively low levels of condom use, compared to other European countries (Currie et al., 2012). The incidence of teenage pregnancy has fallen substantially in England over the last couple of decades, but is still one of the highest in Europe[6]. Further, young people (aged 15-24) are the group most likely to be diagnosed with a sexually transmitted infection (Public Health England, 2014), and very early sexual initiation is associated with increased risk for engaging in risk and problem behaviour (Madkour, Farhat, Halpern, Godeau, & Gabhainn, 2010). Awareness of, and access to, adequate contraceptive services is paramount to enable sexually active young people to protect themselves from STIs and unwanted pregnancy, however young people themselves have reported a lack of information in this area as well as a lack of discussion of sex in the context of relationships, particularly in relation to same-sex relationships (Blake, Emmerson, Hayman, & Lees, 2014).

Questions relating to love and sex were asked only of the fifteen year old respondents.

[6] http://www.ons.gov.uk/ons/rel/vsob1/births-by-area-of-usual-residence-of-mother--england-and-wales/2012/sty-international-comparisons-of-teenage-pregnancy.html (Accessed 04/08/15)

Love

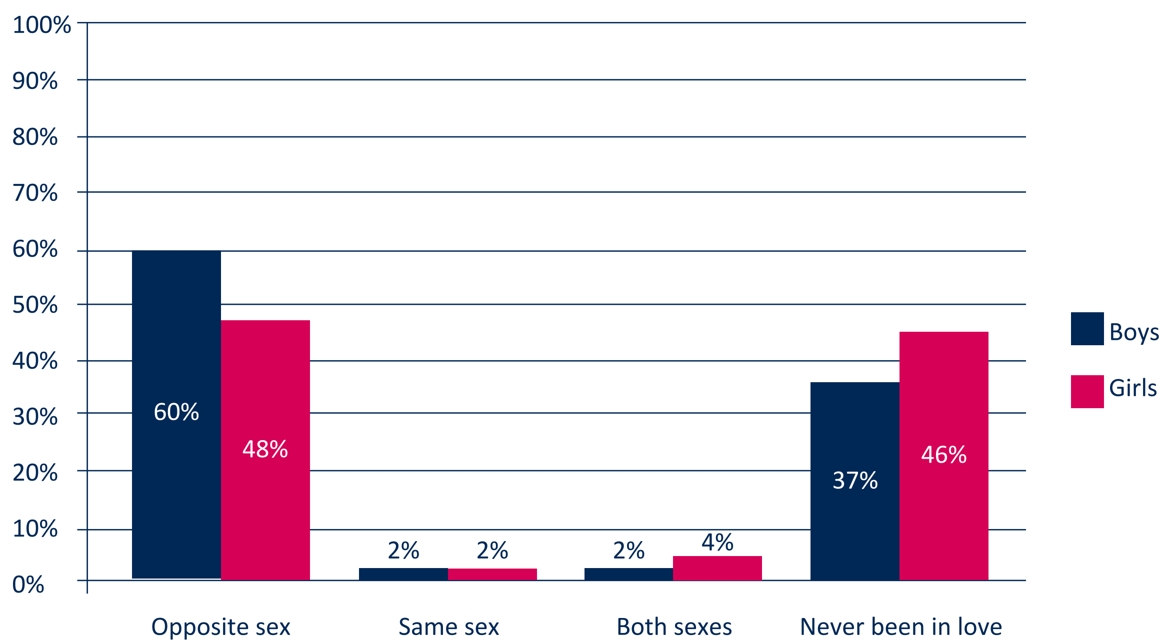
Measures

- **Have you ever been in love with someone? (Yes, with a girl or girls/ Yes, with a boy or boys/ Yes, with girls and boys/ No, never)**
- **Have you ever had a relationship with someone (sometimes called going out with or seeing someone)? (Yes, with a girls or girls/ Yes, with a boy or boys/ Yes, with girls and boys/ No, never)**

Being in love was asked for the first time in this round of HBSC as it is indicative of emotional development, as well as being a proxy measure of sexual orientation. Moreover, by considering emotional states sexual behaviour is able to be located in the context of broader peer relationships for young people.

Overall, 59% of young people reported that they had been in love. More boys than girls said they had been in love; 64% of boys compared with 54% of girls. The majority of young people reported being in love with the opposite sex; 60% of boys and 48% of girls (Figure 5.1). Overall, approximately 5% of respondents reported that they had been in love with a member of the same sex or both sexes.

Figure 5.1: Reports of being in love

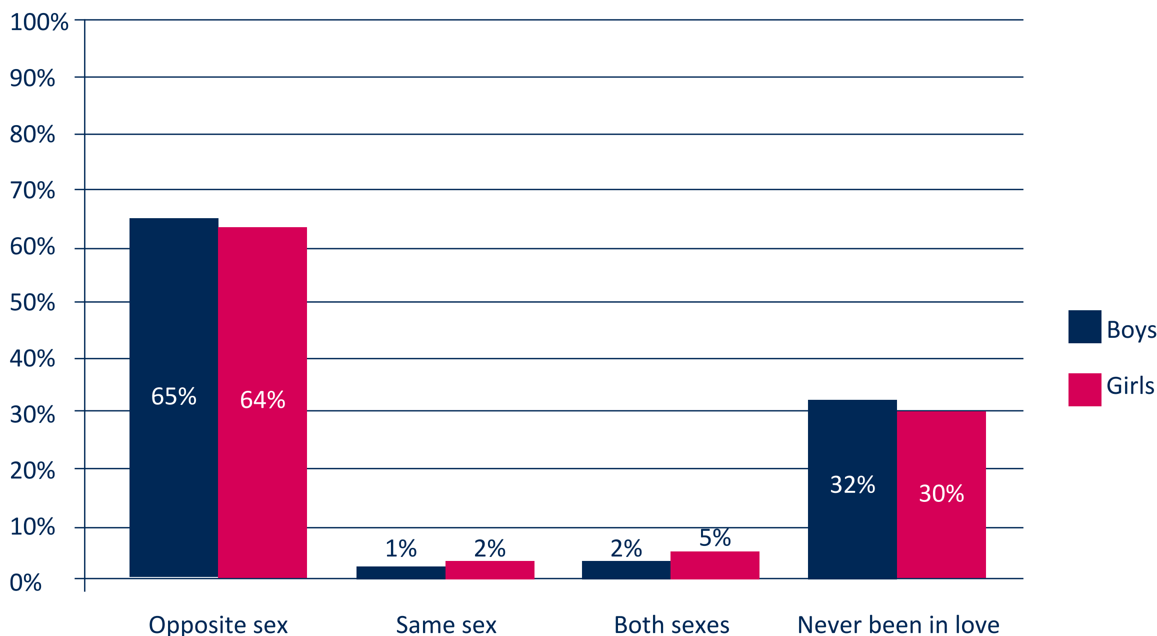


Base: Respondents aged 15 years in 2014

More young people reported having had a relationship than having been in love; over two thirds (69%) of young people said they had been in a relationship with someone. The difference between boys and girls was small; 68% of boys reported being in a relationship compared with 70% of girls.

The majority of young people reported they had been in an opposite sex relationship (Figure 5.2). As with reports of being in love, around 5% of respondents saying they had a same sex relationship or relationships with both sexes.

Figure 5.2: Reports of being in a relationship



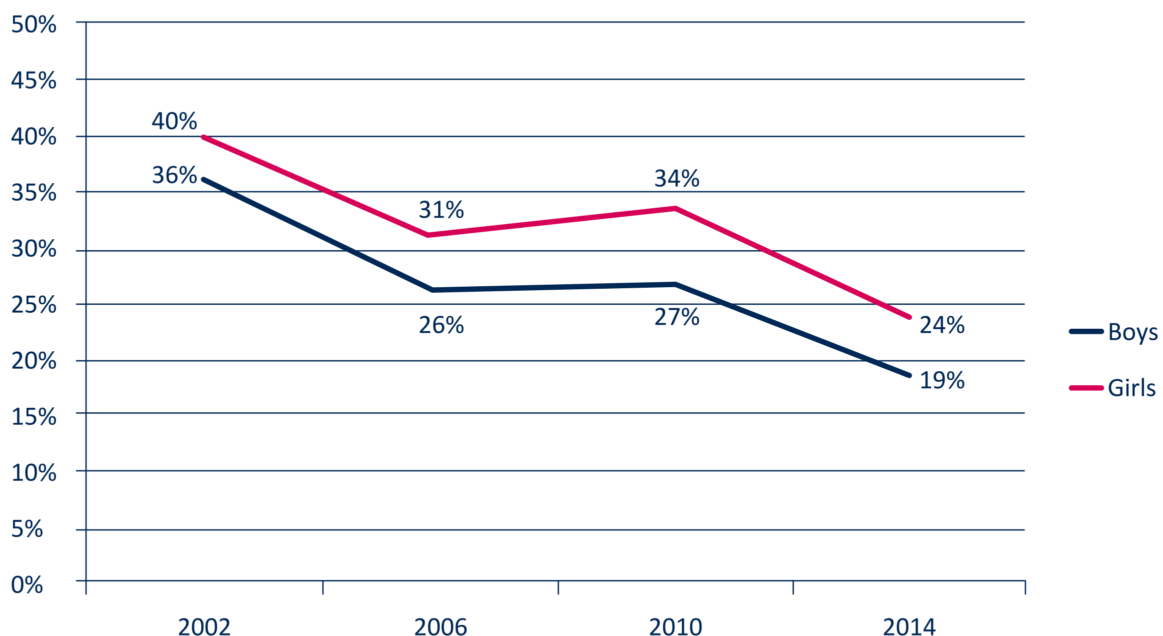
Base: All respondents aged 15 years in 2014

Measures

- **Have you ever had sexual intercourse (sometimes this is called 'making love', 'having sex' or 'going all the way')? (Yes/No)**
- **The last time you had sexual intercourse; did you or your partner use a condom? (Yes/ No/ Don't know)**
- **The last time you had sexual intercourse, did you or your partner use birth control pills? (Yes/ No/ Don't know)**
- **The last time you had sexual intercourse, did you or your partner use the morning after pill? (Yes/ No/ Don't know)**
- **The last time you has sexual intercourse, did you or your partner use any other method(s)? (Yes/ No/ Don't know)**
- **How old were you when you had sexual intercourse for the first time? (11 years old or younger/ 12 years old/ 13 years old/ 14 years old/ 15 years old/16 years old/ 17 years old or older)**

Overall, 21% of 15 year old respondents reported having had sexual intercourse; 19% of boys and 24% of girls. Young people reporting having had sexual intercourse has decreased for both boys and girls from 2002 – 2014, although gender differences are apparent across all four time periods (Figure 5.3).

Figure 5.3: Sexual intercourse 2002 - 2014

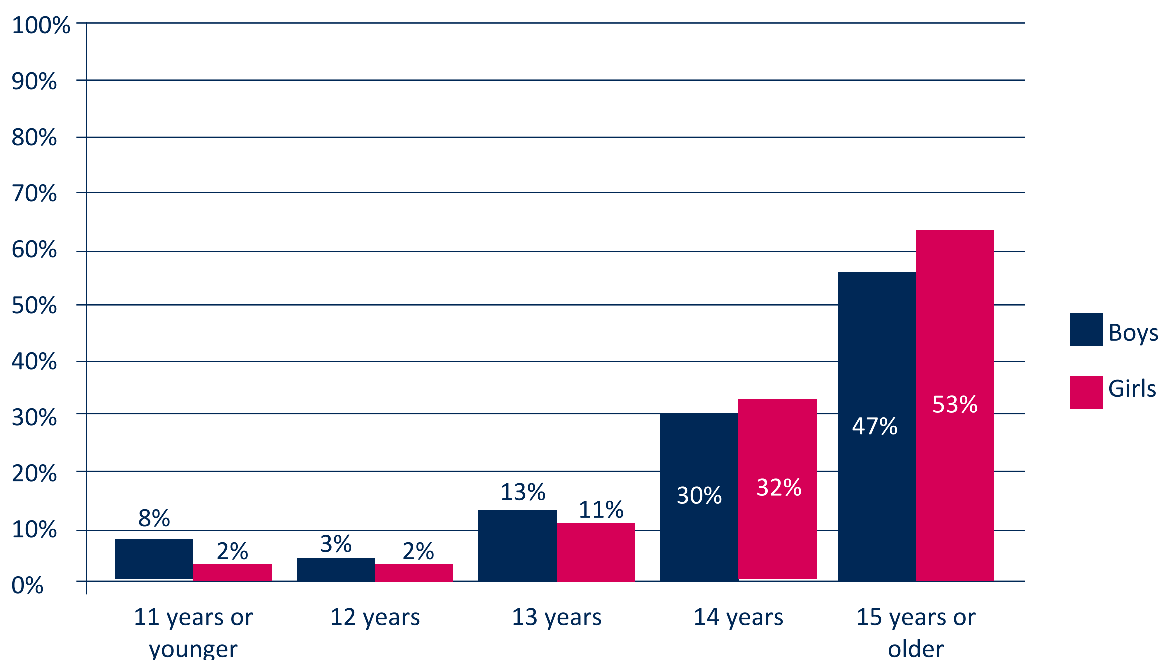


Base: All respondents aged 15 years in 2002, 2006, 2010 and 2014

Only the young people who reported having had sexual intercourse are included in subsequent analysis.

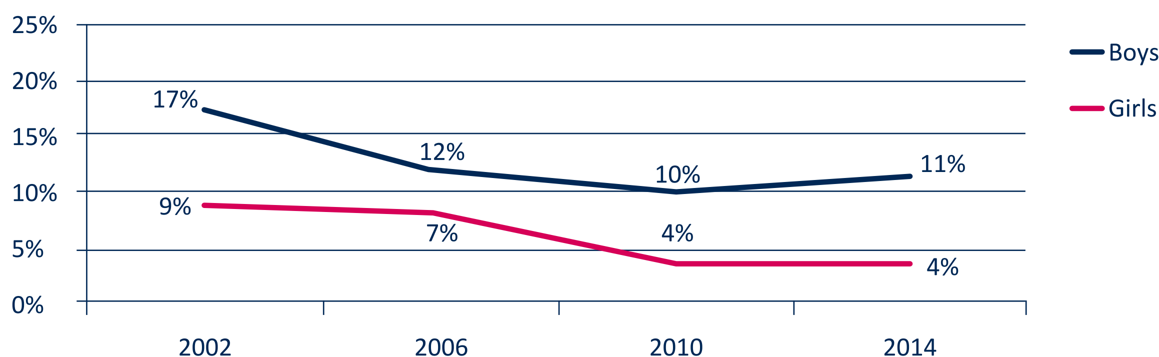
Of those 15 year olds who have ever had sexual intercourse, 81% of young people say they first had sexual intercourse at age 14 or older. Boys are more likely to report early onset of sexual activity; 11% of boys compared with 4% of girls reported their first sexual experience was at 12 years or younger (Figure 5.4). Reports of early onset initiation (12 years or younger) has decreased among boys and girls from 2002 (Figure 5.5).

Figure 5.4: Age of onset for sexual intercourse among sexually active 15 year olds



Base: All respondents aged 15 years in 2014 who had sexual intercourse

Figure 5.5: Early sexual initiation 2002 - 2014

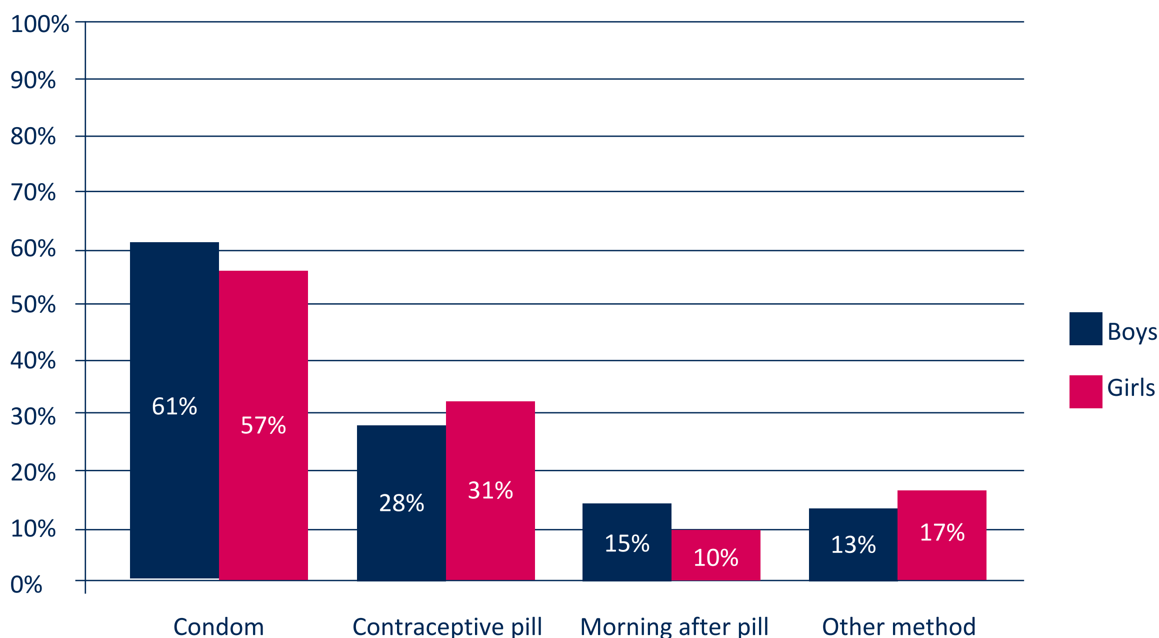


Base: All respondents aged 15 years in 2002, 2006, 2010 and 2014 who had sexual intercourse

Of those who said they have had intercourse, the majority of young people (84%) reported using some form of contraception at the last time of sexual intercourse. There were small gender differences; 84% of boys reported using contraception at last intercourse compared with 82% of girls.

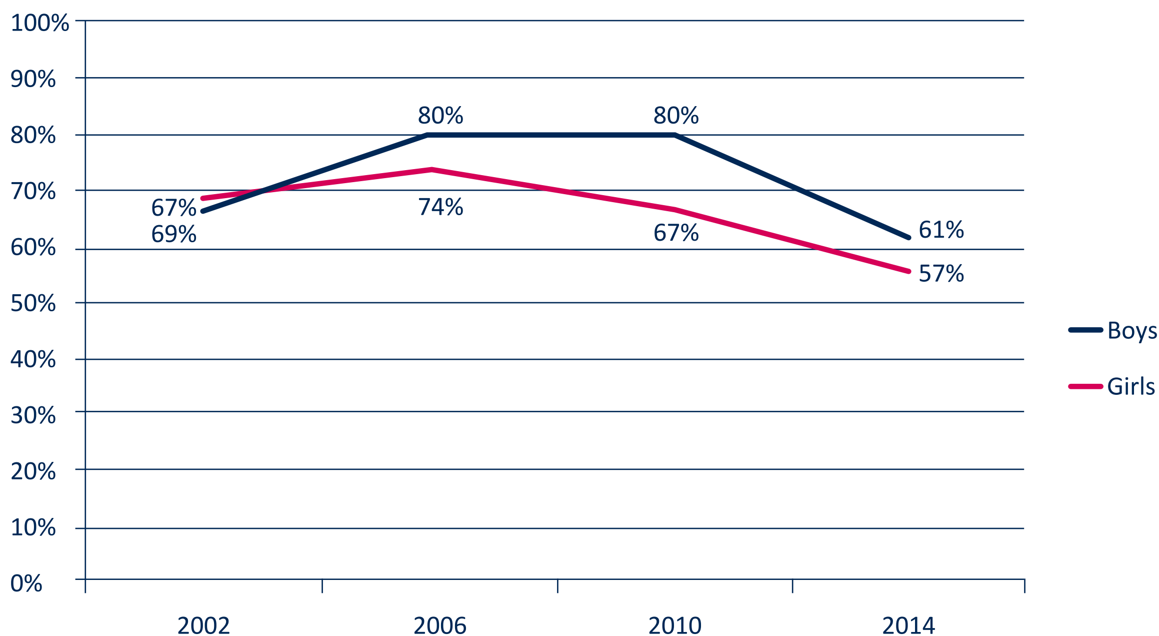
Overall, 27% of young people reported using more than one form of contraception. Using a condom at last intercourse was the most common form of contraception reported for both boys and girls, with 61% of boys and 57% of girls reporting a condom was used (Figure 5.6).

Figure 5.6: Contraceptive method used at last intercourse



Base: All respondents aged 15 years in 2014 who had sexual intercourse

Figure 5.7: 15 year olds using condom at last intercourse 2002-2014



Base: 15 year old respondents in 2002, 2006, 2010 and 2014

Summary

More young people reported having been in a relationship than said they had been in love, suggesting that 'being in love' is not necessarily a pre-requisite for entering into relationships for these adolescents. A small but notable proportion of 15 year olds said that they had been in love with a person of the same sex.

A fifth of all 15 year olds said that they had had sexual intercourse, with a slightly higher proportion of girls reporting so. The number of young people who say that they have had sexual intercourse has decreased substantially since 2002 among both boys and girls, although across all surveys during this time period girls have had a higher incidence than boys. Similarly, the proportion of young people who report very early onset of sexual intercourse (age 12 or younger) has decreased since 2002.

The majority of young people who reported having had sexual intercourse also said that they had used some method of contraception last time they had intercourse, with condoms being the most popular choice. Around 40% of young people did not use a condom at last intercourse, and although some of those young people will be adequately protected against pregnancy through use of other methods, a notable minority of sexually active adolescents are at risk for STIs, unplanned pregnancy, or both.

Young people's thoughts on sex and relationships

The young people felt that there was a need for sex education to focus less on the issues of pregnancy and STIs – which they already knew about – and more on relationships and issues to do with consent. In particular, they felt that there needed to be more discussions with young people about technology and social media, and about the potential consequences of sharing pictures within relationships and online. Other issues they felt were not addressed were sexuality and gender identity, which were seen to be important to young people's lives but an area where information was lacking. Straightforward and honest advice and information was seen as desirable, and the older girls cited websites as the best place to get this.

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Chapter 6 Injuries and Physical Fighting

Key messages

21% of young people reported they had been injured two or more times in the last 12 months and had to be treated by a doctor or nurse.

In 2002 29% of boys and 20% of girls reported two or more injuries; in 2014 these figures were similar with prevalence of 26% for boys and 17% for girls.

17% of young people reported having been involved in a physical fight two or more times in the last 12 months, which represents a continuing downward trend since 2002.

Just over one fifth **(22%) of 15 year olds reported that they had ever self-harmed**.

Nearly **three times as many girls as boys reported that they had self-harmed**, 11% of boys said they had self-harmed compared with 32% of 15 year girls.

Introduction

Injuries present a serious public health concern globally, and represent a significant health risk to young people. Mortality rates among children and young people beyond infancy are highest between 15 and 19 years. In the UK in 2012 there were 340 deaths per 100 000 from all causes among young people aged 10-14 years compared with 959 deaths per 100 000 among young people aged 15-19 years (Wolfe, Macfarlane, Donkin, Marmot, & Viner, 2014). This increase with age is due primarily to preventable deaths such as injury, self-poisoning and road traffic accidents. Injuries contribute to overall rates of death progressively from the age of one year until adulthood (Peden et al., 2008). During 2012, 25% of deaths among young people aged 10 – 14 years were attributed to external causes and risk behaviours such as injuries, poisoning and traffic accidents; however at age 15-19 the number more than doubles to 55% of deaths (Wolfe et al., 2014). The majority of injuries are non-fatal (Lescohier & Scavo-Gallagher, 1996) but they still carry with them health and well-being consequences as well as imposing demands on health services. Injuries often occur as a result of multiple risk taking behaviour (Chiolero & Schmid, 2002) and is associated with the most vulnerable and poorest young people (Pickett et al., 2005; Simpson, Janssen, Craig, & Pickett, 2005). Moreover evidence indicates that the issue of injury is gender-driven, with greater levels of morbidity and mortality among teenage boys (Scheidt et al., 1995).

Media reports abound with concerns relating to young people as a risk to others. However, in reality young people are as likely to be victims of violence as the perpetrators of harm to others. The 2013/14 Crime Survey for England and Wales identified young people aged 16-24 were twice as likely as any other age group to be a victim of violent crime (Office for National Statistics, 2015). Moreover, it was estimated 6.5% of children aged 10 – 15 years had been a victim of crime in the 12 months prior to the survey[7]. However, physical violence between peers during adolescence has been recognized as a major cause of injury among young people, especially among young males (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Physical fighting is the most common manifestation of interpersonal violence in adolescence and has been chosen by expert consensus as one of the highest-priority behaviours associated with youth violence and intentional injury (Krug et al., 2002). In line with trends in other risk behaviours, HBSC international findings reveal that the prevalence of violence and physical fighting among young people has declined in the last decade across the majority of European and North American countries Pickett et al., 2013). Self-harm is an intentional injury, and is defined as the harming of one's own body resulting in tissue damage (Fliege, Lee, Grimm, & Klapp, 2009). Self-harm can include actions such as cutting, burning, biting or ingesting toxic substances. The behaviour is predominantly carried out during adolescence, and is more common among girls than boys (Hawton, Saunders, & O'Connor, 2012). Self-harm is reported to be primarily a coping strategy which helps young people deal with negative emotions (Hagell, 2013).

[7] http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/rpt-chapter-1.html#tab-Extent-of-violent-crime (Accessed 04/08/15)

Injuries

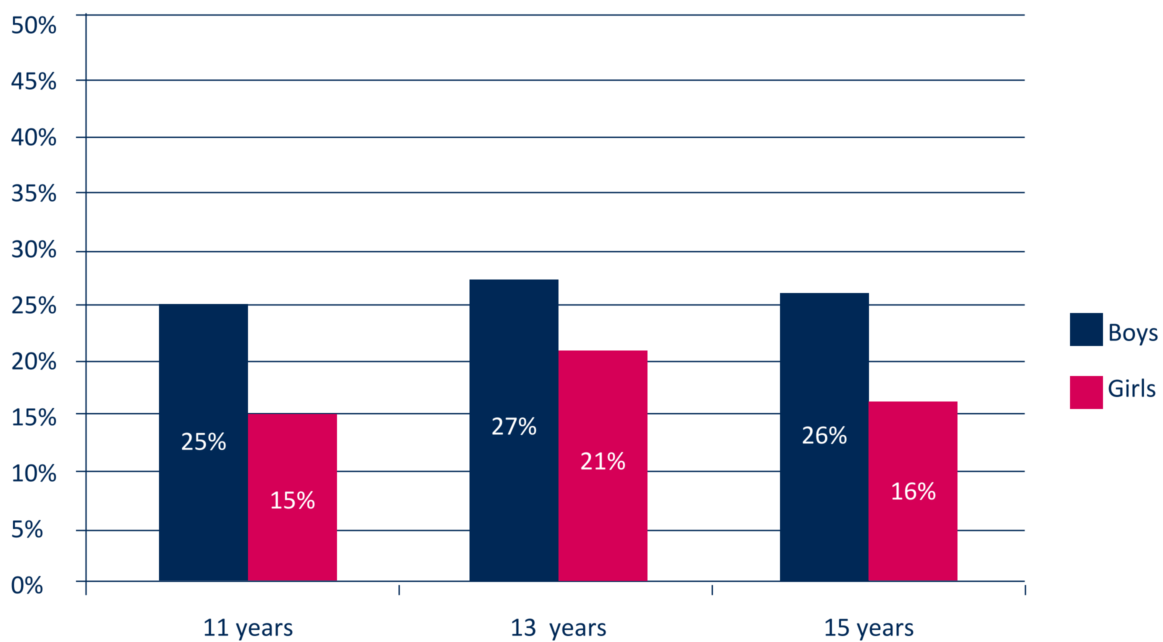
Measures

- **During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse? (I was not injured in the past 12 months/ 1 time/ 2 times/ 3 times/ 4 times or more)**

Overall 21% of young people reported they had been injured two or more times in the last 12 months and had to be treated by a doctor or nurse. Boys were more likely to report at least two injuries in the past year (26% of boys v. 17% of girls). Boys were more likely than girls to report being injured across all three age groups (Figure 6.1).

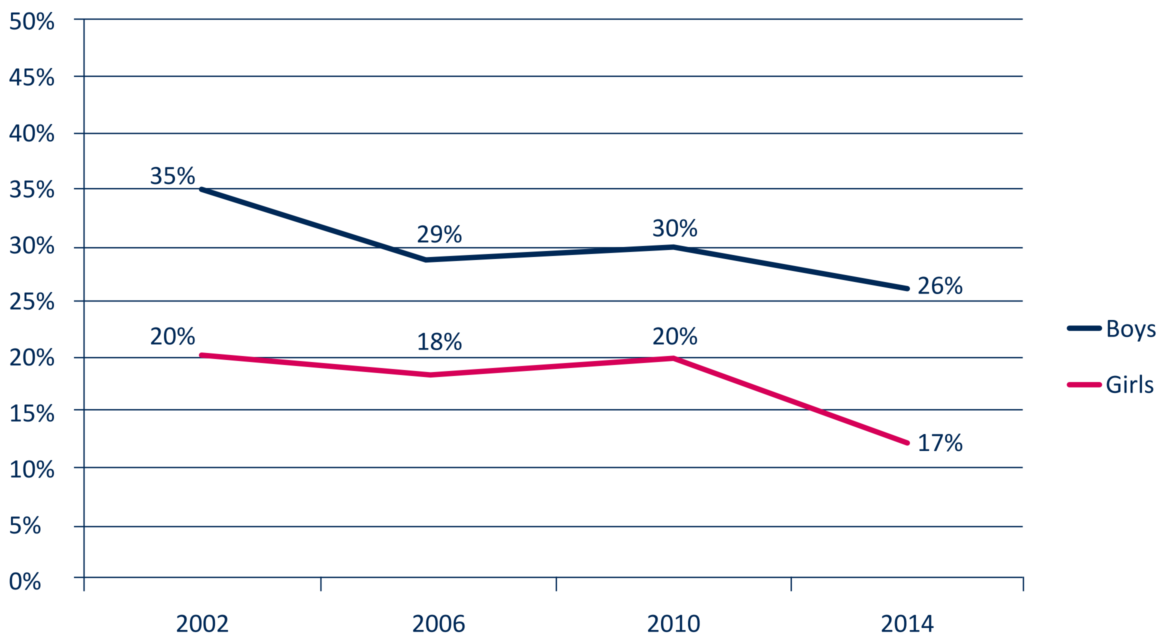
The proportions of young people reporting at least two injuries in the last twelve months has decreased among boys but remained relatively stable among girls since 2002 (Figure 6.2).

Figure 6.1: Injured at least twice in the last 12 months



Base: All respondents in 2014

Figure 6.2: Reports of two or more injuries in last 12 months, 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

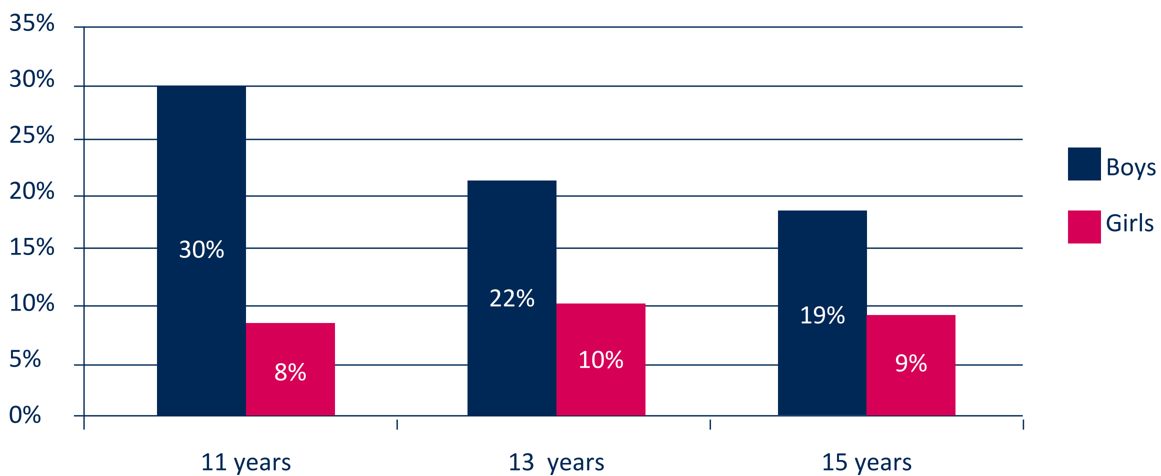
Fighting

Measure

- **During the past 12 months, how many times were you in a physical fight? (I have not been in a physical fight in the last 12 months/ 1 time/ 2 times/ 3 times/ 4 times or more)**

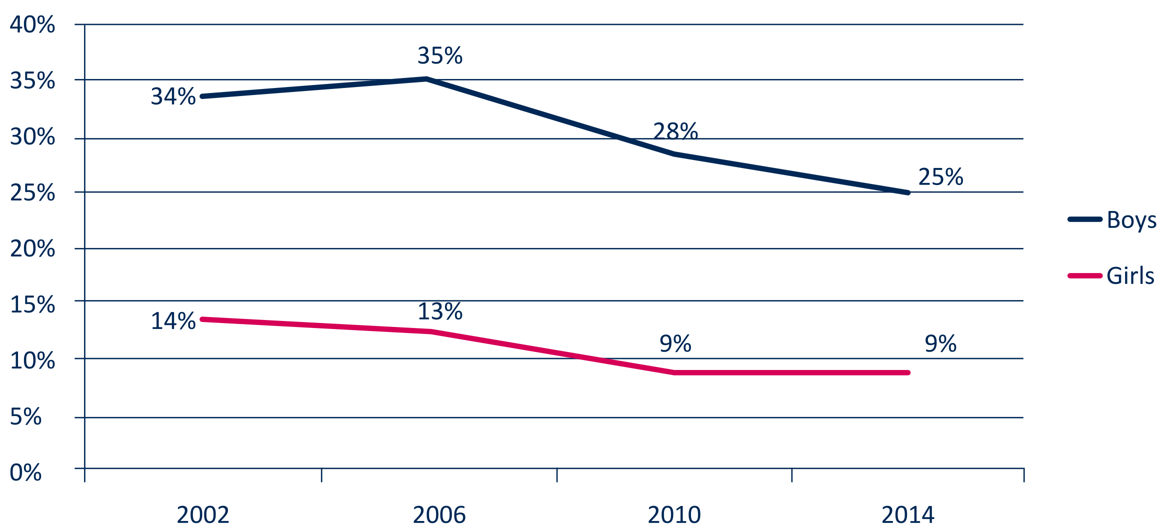
Overall 17% of young people reported having been involved in a physical fight two or more times in the last 12 months. Boys were considerably more likely to report being involved in a fight (25% of boys v. 9% of girls). Involvement in physical fighting decreased with age for boys, but remained relatively stable across the age categories for girls (Figure 6.3). Between 2002 and 2014 the proportion of boys and girls who reported being involved in a physical fight two or more times in the past twelve months has decreased, with a larger decrease evident among boys (Figure 6.4).

Figure 6.3: Young people involved in a physical fight at least twice over the last 12 months



Base: All respondents in 2014

Figure 6.4: Young people involved in a physical fight at least twice over last 12 months 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

Self-harm

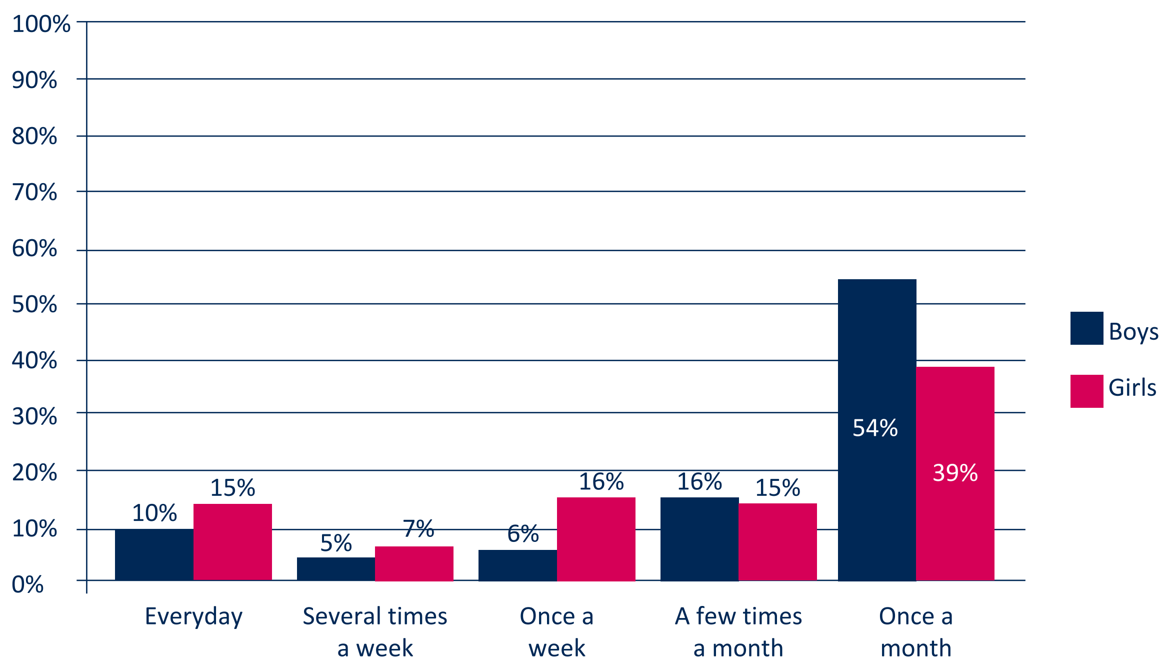
Measures

- **Have you were deliberately hurt yourself in some way, such as cut or hit yourself on purpose or take an overdose? (Yes/ No)**
- **How often do you self-harm? (Every day/ Several times a week/ Once a week/ A few times a month/ Once a month/ Several times a year)**

Questions relating to self-harm were asked only of the fifteen year old respondents. Just over one fifth (22%) of this age group reported that they had ever self-harmed. Nearly three times as many girls as boys reported that they had self-harmed; 11% of boys compared to 32% of girls.

Out of those young people who reported they had self-harmed, the majority (43%) said they self-harmed once a month. Girls were more likely than boys to report self-harming on a more frequent basis (Figure 6.5).

Figure 6.5: Frequency of self-harming



Base: All respondents aged 15 years in 2014 who reported ever self-harming

Summary

Around a fifth of young people reported having an injury at least twice over the last 12 months that required some form of medical attention – that could have involved health care professionals such as GP's, nurses or A&E staff. In line with existing research (Currie et al., 2012), boys were more likely to report being injured than girls. Encouragingly, young people's reports of injuries are the lowest they have been since 2002.

Physical fighting is a predominantly male behaviour, with nearly three times as many boys as girls reporting they had been in a physical fight two or more times in the past twelve months. The number of young people who say they have been in a physical fight at least twice in the last twelve months has been decreasing since 2002.

Just over a fifth of 15 year olds reported that they had ever self-harmed, in line with other recent research (Kidger, Heron, Lewis, Evans, & Gunnell, 2012). Although temporal trends in self-harm cannot be established from the HBSC England data, comparison with an earlier study suggests rates of self-harm may have increased (Hawton et al., 2012). Girls were three times more likely to report self-harming than boys, replicating results from a recent school based survey conducted in Scotland (O'Connor, Rasmussen, Miles, & Hawton, 2009).

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Chapter 7 Family Life and Community Life

Key messages

64% of young people reported living with both parents in their main home. This has decreased since both 2006 (70%) and 2010 (67%).

90% have at least one parent who is employed.

Young people of both genders, are more likely to report it is **easier to talk to their mothers (83%) than fathers (66%)**.

Fewer than half of 15 year old girls (48%) find it easy to talk to their fathers.

The **majority** of young people (across a range of measures) report feeling **well-supported emotionally by their families** (60-70-%)

The **majority** of young people (around 90%) report that they **feel well supported by their parents in relation to school and education**.

96% of young people appear to have been given an age appropriate level of autonomy in terms of how they spend their free time.

6% of young people never eat an evening meal with their family

Introduction

There is an extensive body of research that highlights the significance of family life for adolescent health outcomes. The recent UNICEF report on the most disadvantaged children in OECD (Organisation for Economic Co-operation and Development) countries identified weak parental support as a key dimension of child poverty and as a major determinant of young people's health and well-being (UNICEF, 2010). In England over the last 30 years there has been a major social change in the composition and structure of family households that have significant implications for the adolescent population. For example, in 2010 21% of all families with dependent children in the UK were headed by a lone parent compared to only 8% in 1971 (Coleman & Brooks, 2009; Hagell et al., 2013). Stress and conflict within families and the experience of family break up can have highly negative impacts on young people's well-being (Rees, Pople, & Goswami, 2011). However the quality of relationships within the family unit and particularly how a family communicates may be as important an influence on young people's well-being as family structure (Pedersen, Granado-Alcón, & Moreno-Rodriguez, 2004). Central to the developmental tasks of adolescence is the navigation of health related behaviours and health risks that form part of the adult world. Parental support and a strong family bond are associated with reduced levels of health-risk behaviours (Bell, Forthun, & Sun, 2015) and improved mental health and emotional well-being (Moreno et al., 2009). Parental communication also functions as a protective health asset, supporting young people to maintain high life satisfaction and a positive body image even during late adolescence (Fenton, Brooks, Spencer, & Morgan, 2010). Family support in terms of the provision of emotional support has been correlated with depression, anxiety, and resilience (Tabak & Radiukiewicz, 2009)

The quality of parent-child communication represents a key indicator of family functioning (Sweeting & West, 1995). The ease with which young people feel that they can discuss issues that really matter to them with their parents is a marker of both the level of parental support and overall family connectedness (Laursen, 1995).

Factors that facilitate ease of communication with parents have been linked to a mutually interactive communication style, where both the mother and child feel free to raise issues, effective nonjudgmental listening by the parent and the parent proving to be trustworthy from the perspective of the young person (Afifi, Joseph, & Aldeis, 2008)
Parental monitoring is also a core element of the familial environment, how and to what extent parents set boundaries and are able to enforce, negotiate and agree those with their adolescent children has been related to the development of self-control, decision-making skills and autonomy on the part of the young person (Kerr & Stattin, 2000).

Parental employment and family structure

Measure

- **Do your parents have a job? (Yes, no, don't know)**
- **Tick the people who live in a home where you live all or most of the time (Mother, father, stepmother, and stepfather).**

Parental employment
Overall, 67% of young people reported having both parents employed; 86% of young people reported having an employed father and 77% of young people said that their mothers have a job.

Family structure
Overall, 64% of young people reported living with both parents in their main home. Up to 25% of all young people reported living in a household headed by a lone mother and 3% reported living in a household with a lone father. 8% of all young people reported that they live with a step parent (Table 7.1).

The proportions of young people who live with both parents has decreased since both 2006 (70%) and 2010 (67%), while the proportion of young people who live with lone parents increased from 16% in 2006 and 20% in 2010 to 27% in 2014.

Table 7.1 Family Structure

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Both parents	66%	62%	64%	64%	63%	70%	65%	64%	59%
Only father	3%	3%	3%	2%	2%	3%	3%	3%	3%
Only mother	22%	28%	25%	20%	26%	21%	27%	25%	32%
Step-family	9%	7%	8%	14%	9%	6%	5%	8%	6%

Feeling safe in my community

Measure

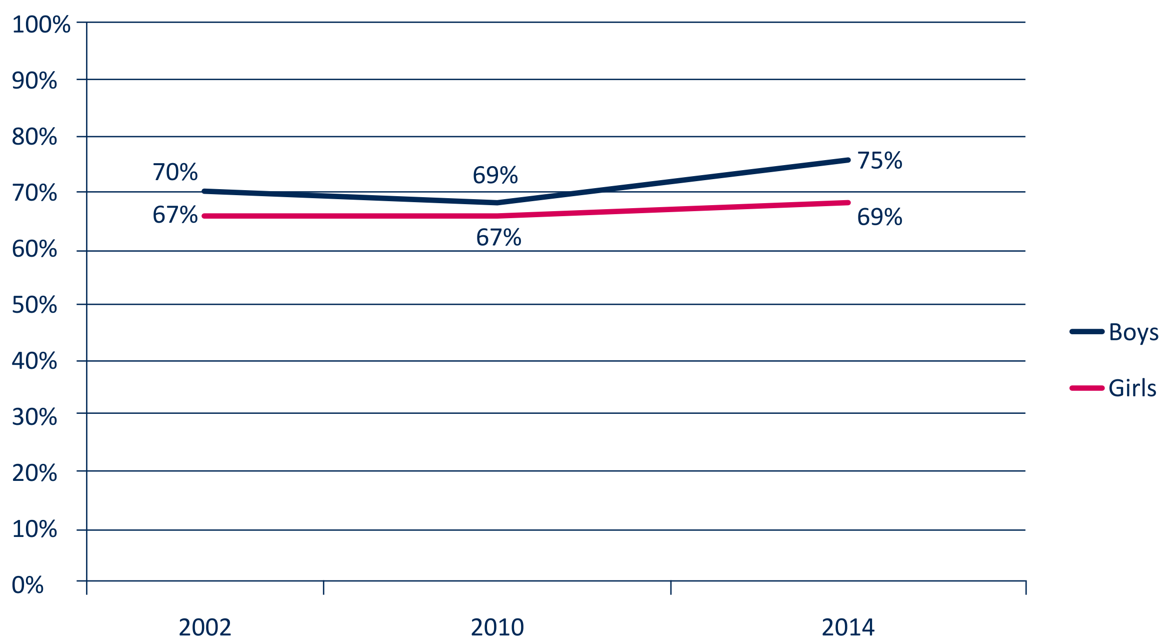
- **Community safety (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
- **I feel safe in the area where I live**
- **It is safe for younger children to play outside during the day**

The proportions of young people who feel safe in the area where they live increased from 70% in 2010 to 77% in 2014. Boys were more likely than girls to report feeling safe (79% v. 74%). Young people were more likely to feel safe during early adolescence: 84% of boys v. 81% of girls at age 11; 78% of boys v.73% of girls at age 13; and 75% of boys v. 66% of girls at age 15 reported that they feel safe in the area where they live.

Overall, 72% of young people agreed that it is safe for children to play outside during the day in the area where they live. Boys were more likely than girls to report that it is safe for children to play outside (75% v. 69%). Younger adolescents were more likely than their older peers to report that it is safe for children to play outside during the day: 76% of boys v. 71% of girls in 11 year olds, 76% of boys v. 69% of girls in 13 year olds and 72% of boys v. 66% of girls in 15 year olds.

The proportion of young people who reported that it is safe to play outside has increased from 2002 to 2014. A consistent gender difference is evident, with girls less likely to report that it is safe for younger children to play outside (Figure 7.1)

Figure 7.1: Young people who said it is safe for younger children to play outside in their area, 2002-2014



Base: All respondents in 2002, 2010 and 2014

Note: Question not asked in 2006.

Young people's view of neighbourhood

Measure

Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

- **People say hello and stop to talk in the street**
- **You can trust people around here**
- **I could ask for a help or a favour from neighbours**
- **People around here would take advantage of you if they got the chance**

Young people were asked about the area where they live. Overall the majority of young people were positive about their neighbourhood. 11 year olds were most likely to be positive about the area where they live, and gender differences can be seen across the different age groups (Table 7. 2).

Table 7.2: Young people who agree with the following statements concerning the area they live

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
People say hello and stop and talk in the street	59%	62%	60%	65%	69%	58%	61%	52%	54%
You can trust people around here	59%	54%	57%	64%	61%	58%	54%	55%	46%
I could ask for a favour from neighbours	70%	71%	71%	75%	76%	69%	69%	66%	67%
People around here would take advantage of you if they got the chance	19%	17%	18%	20%	17%	18%	16%	18%	18%

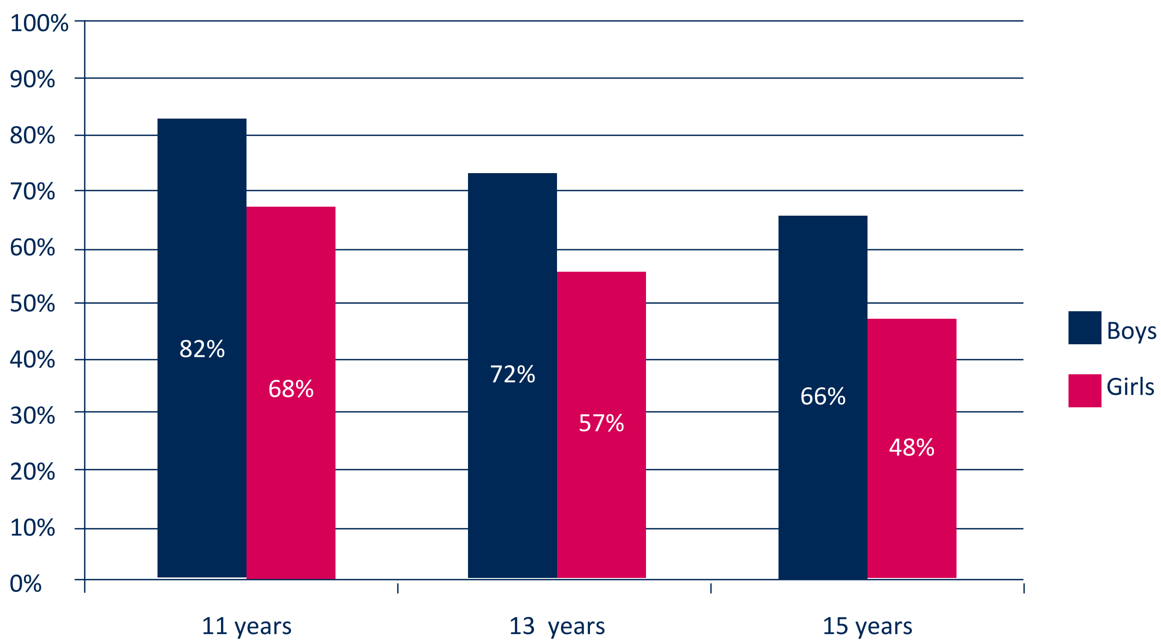
Measure

- **How easy is it for you to talk to mother/father about things that really bother you? (Very easy, easy, difficult, very difficult)**
- **In my family:**
- **I think the important things are talked about (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
- **When I speak someone listens to what I say (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**

Talking to father

Overall, 66% of young people reported that they find it easy to talk to their father about the things that really bothered them. Boys were more likely to find it easy to talk to their fathers than girls (74% v. 59%). Younger adolescents (both boys and girls) reported that they find it easier than their older peers to talk to their father (Figure 7.2).

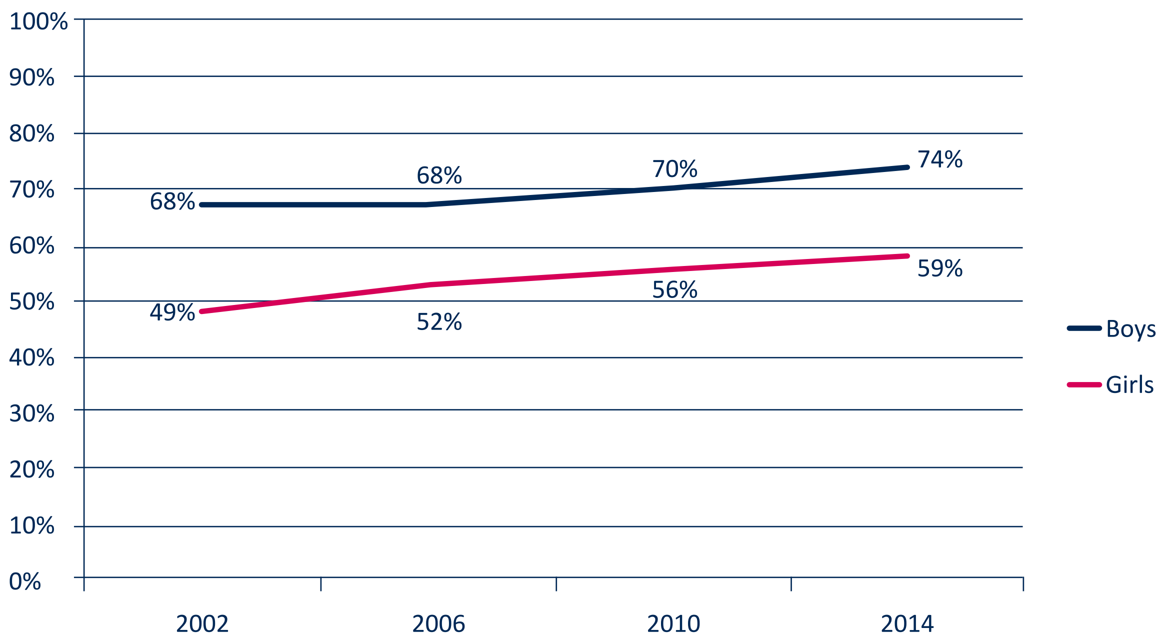
Figure 7.2: Young people who say talking to their father is easy or very easy



Base: All respondents in 2014

Across all age groups, the proportion of young people who report finding it easy to talk to their father has increased among both boys and girls from 2002 to 2014. However a consistent gender difference is evident since 2002, with girls less likely to find it easy to talk to their father (Figure 7.3)

Figure 7.3: Young people who find it easy to talk to their father by gender 2002-2014

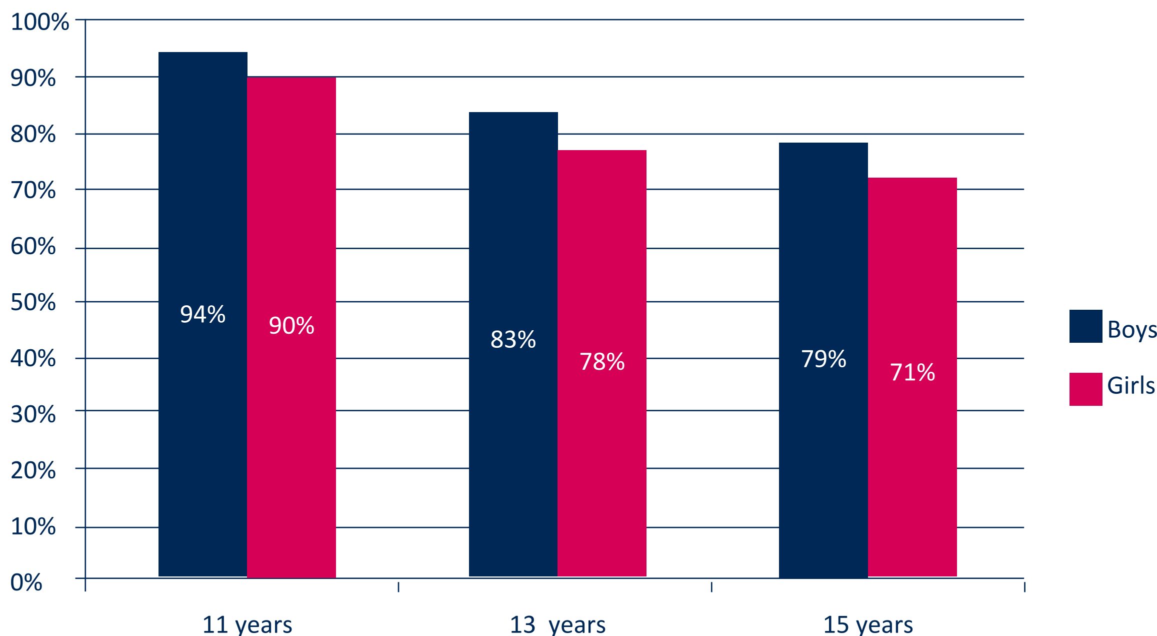


Base: All respondents in 2002, 2006, 2010 and 2014

Talking to mother

The majority of young people (83%) said that they find it easy or very easy to talk to their mothers regarding the things that really bother them. Boys were more likely than girls to find it easy to talk to their mothers (86% v. 81%). The proportion of young people who found it easy to communicate with their mothers decreased with age with the girls having lower proportions across all ages compared to boys (Figure 7.4).

Figure 7.4: Young people who say talking to their mother is easy or very easy



Base: All respondents in 2014

Measures

In 2014 a scale considering the quality of family support and interaction was also included as part of the mandatory questionnaire as a means of trying to gain a more sophisticated measure of family communication and interaction primarily as a means to assess how different dimensions of family life contribute to adolescents well-being and the development of coping skills and resilience.
In my family:

- **I think the important things are talked about (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
- **When I speak someone listens to what I say (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**

To measure how young people feel about a family help and an emotional support, we have used the 7 point scale where the point 1 indicated 'a very strongly disagree' and the point 7 indicated 'a very strongly agree' with the following statements

- **My family really tries to help me**
- **I get the emotional support from my family**

Overall, 77% of young people agreed that the important things are talked about in their families and when they talk someone always listens to them. However, boys were more likely than girls to agree that the important things are talked about in their families and seemed to feel listened to more than girls (81% v. 74%). Younger adolescents were more likely than their older peers to report that the important things are talked about in their families and that someone listens to them (Table 7.3).

Overall, more than 68% of young people reported that their families really try to help them. Boys reported a slightly higher proportion than girls (70% v. 65%). Around 59% of all young people reported having an emotional support from their families (60% boys v. 58% girls). However the proportion of students who reported feeling that their family really tries to help them decreased with age; young people feel less supported emotionally by their parents as they get older (Table 7.3).

Table 7.3 Parental support

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
My family really tries to help me	69%	65%	67%	78%	75%	69%	63%	61%	56%
I get emotional support from my family	60%	58%	59%	71%	70%	58%	58%	50%	45%
Important things are talked about in my family	80%	74%	77%	87%	84%	81%	71%	72%	64%
My family listen when I speak	81%	74%	77%	85%	81%	81%	71%	77%	67%

Parental involvement and support for education and school

Measure

Please show how much you agree or disagree with following statements (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

- **My parents are willing to come to school to talk to teachers**
- **If I have a problem at school, my parents are ready to help me**
- **My parents encourage me to do well at school**
- **My parents are interested what happens to me at school**

The majority of young people reported that their parents (89%) were happy to come to school and to talk to teachers. 90% of young people (91% boys v. 88% girls) reported that if they had problems at school, their parents would be ready to help them. Overall 96% of young people (both boys and girls) reported that their parents encourage them to do well at school. 90% of young people reported that their parents are interested in what happens to them at school. Boys were somewhat more likely than girls to report that their parents are interested in what happens with them at school (92% v. 88%). Younger adolescents were more likely to rate higher levels of parental support and educational involvement than their older peers. 15 year old girls had the lowest proportion rating positive parental support in school across all age and gender groups (Table 7.4).

Table 7.4 Parental support in school

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
My parents are willing to come to school to talk to teachers	89%	89%	89%	91%	92%	89%	88%	88%	85%
If I have problems at school my parents are ready to help	91%	88%	90%	93%	93%	91%	90%	88%	81%
My parents encourage me to do well at school	96%	96%	96%	98%	97%	96%	97%	95%	93%
My parents are interested what happens to me at school	92%	88%	90%	96%	93%	91%	91%	89%	80%

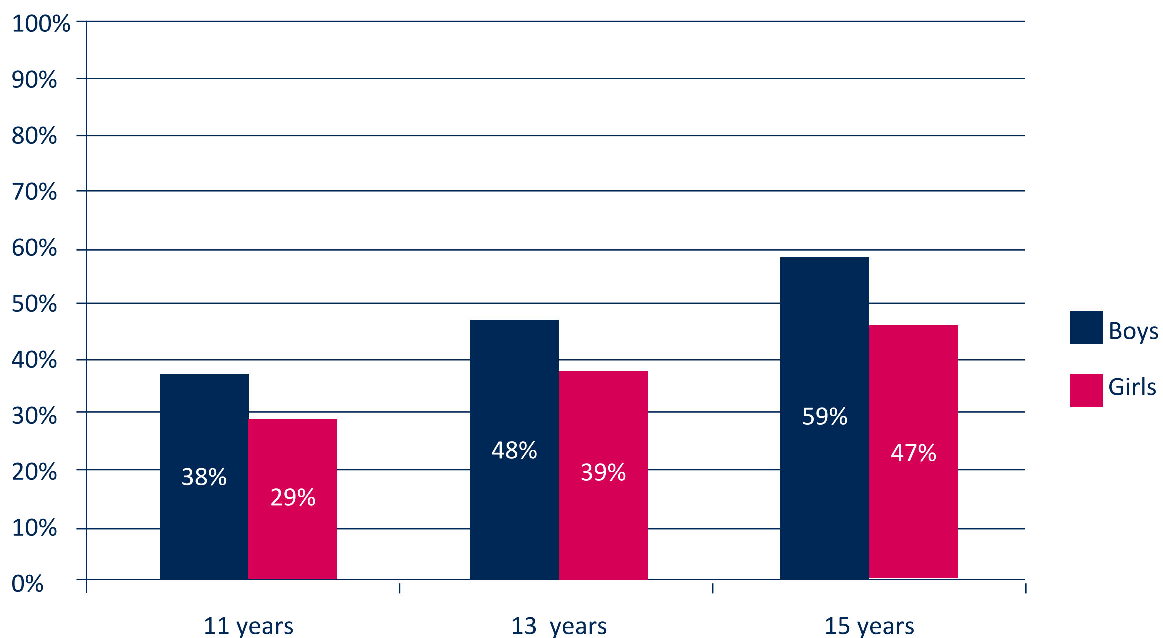
Parental monitoring and levels of young people's autonomy

Measure

- **How much say do you have when you and your parents are deciding how you should spend your free time outside the school? (I decide, both decide, my parents decide)**

43% of young people reported that they usually decide, independently from their parents, how to spend their free time. Overall, boys were more likely than girls to report that they usually make decisions about how to spend their free time (48% v. 38%). The proportion of young people who make independent decisions increased with age, with lower proportions of girls exercising high level of autonomy than boys in all age groups (Figure 7.5).

Figure 7.5: Young people say they decide how to spend their free time outside school

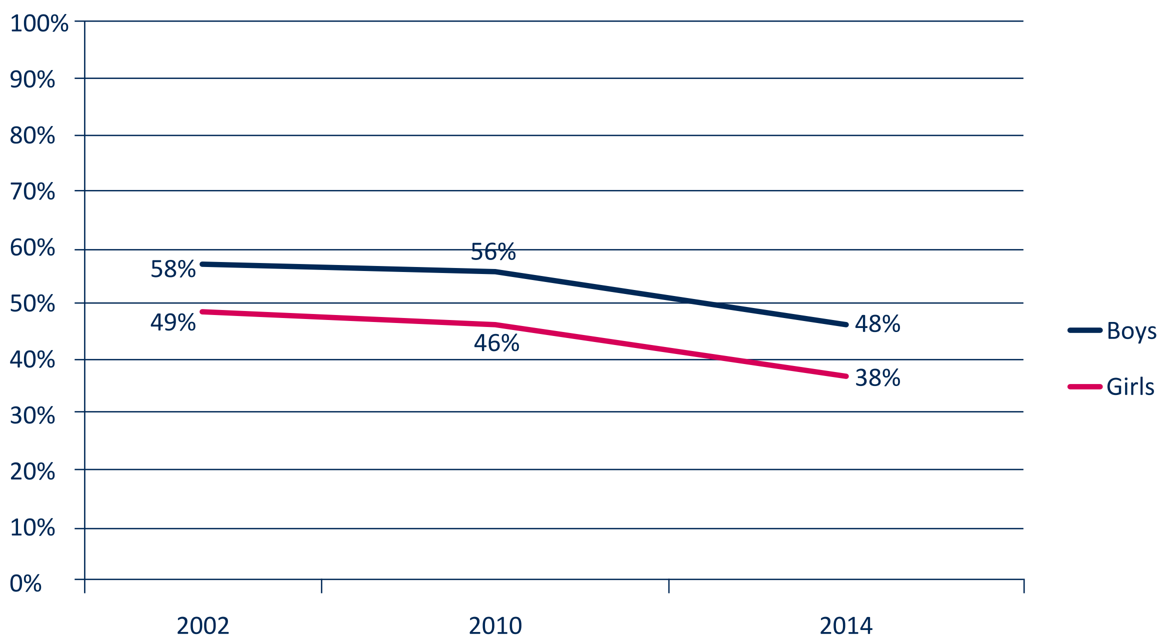


Base: All respondents in 2014

The proportion of young people who reported that they usually decide how to spend their free time has decreased from 2002 to 2014. A consistent gender difference is evident, with girls less likely to make independent decisions compared to boys (Figure 7.6).

> "Teenagers tend to want to be more independent as they grow older, they want to be able to rely on themselves and sort things out without help from their parents."
> ***Vato, age 15***

Figure 7.6: Young people who make decisions about their free time by themselves, by gender 2002-2014



Base: all respondents in 2002, 2010 and 2014

Note: Question not asked in 2006.

Overall, only 4% of young people (both boys and girls) reported that their parents usually make decisions about how they should spend their free time.

More than half of all young people (53 %) reported that they make a decision together with their parents. Girls were more likely to make a joint decision with their parents than boys (58% v. 49%).

The proportion of young people who reported that they decide together with their parents how to spend their free time has increased from 2002 to 2014 from 43% to 53%. A gender difference is consistent, with girls reporting higher proportions than boys in 2002 (48% v. 39 %) as well as in the 2014 survey.

Measure

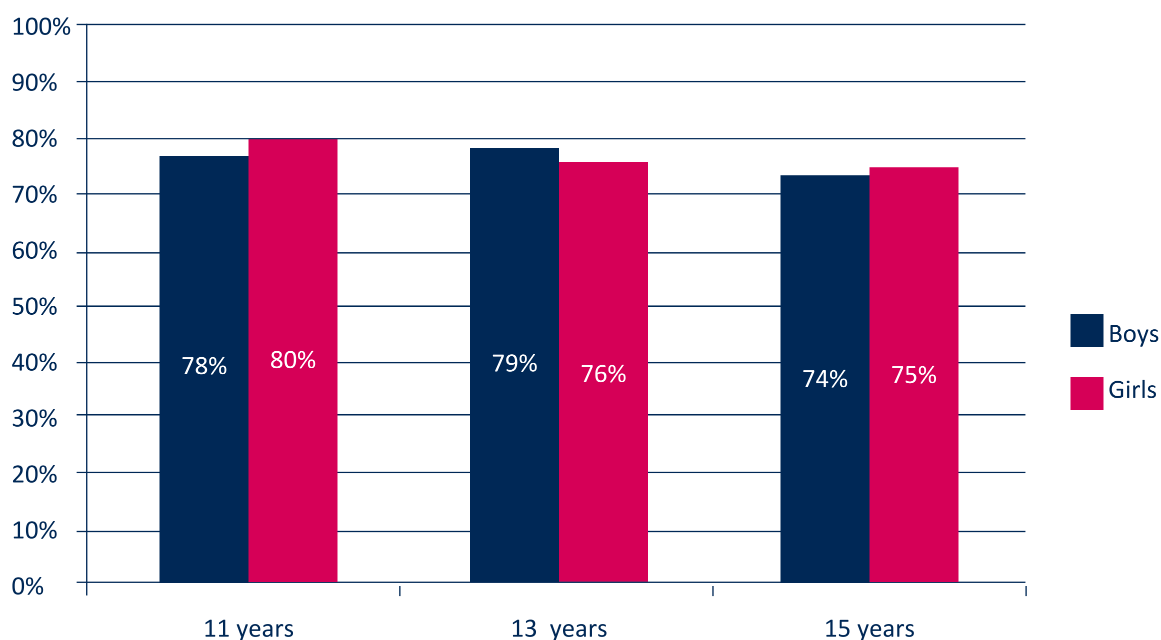
- **How often do you eat an evening meal together with your mum or dad? (Never, less than once a week, 1-2 days a week, 3-4 days a week, 5-6 days a week, every day, don't have or don't see this person).**

How often do you and your family usually do each of these things all together (every day, most days, about once a week, less often, never)
- **Play computer games**
- **Play sports together and exercise**

Family evening meal

A very minor proportion of young people (6%) reported never eating an evening meal with their family. Overall, around half of all young people (49%) eat an evening meal with their family every day. Just over three quarters (77%) of young people reported that they usually have a family meal at least 3-4 times during the week. The proportion of young people who reported having a family meal at least 3-4 times a week decreased with age (Figure 7.7).

Figure 7.7: Young people who eat an evening meal at least 3-4 times per week with their families

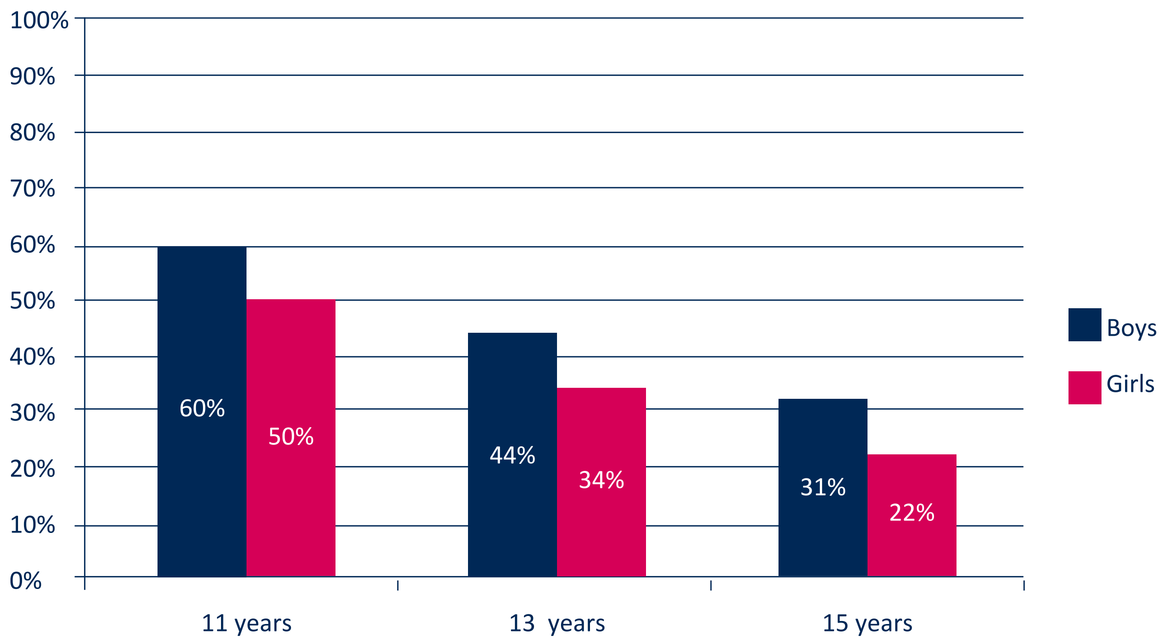


Base: All respondents in 2014

Sports and exercise

Overall, 41% of young people reported that they undertake physical activity as a family, at least once a week. Boys and younger adolescents were more likely than girls to report doing sporting activities with their families (46% v. 37%; Figure 7.8).

Figure 7.8: Young people who do family sports activities at least once a week

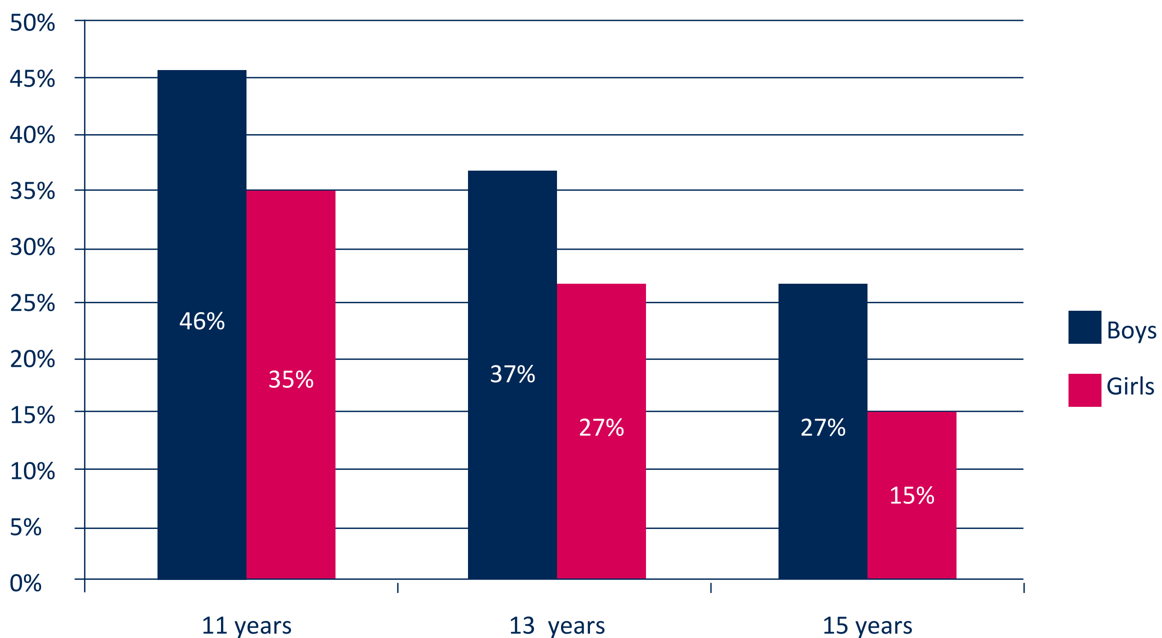


Base: All respondents in 2014

Computer games

Overall, 32% of young people reported that they play computer games with their families at least once a week. Boys were more likely than girls to report playing computer games with their families weekly (37% v. 27%). Younger adolescents were more likely to be engaged in computer game activities with their families than their older peers (Figure 7.9).

Figure 7.9: Young people playing computer games with their family at least once a week



Base: All the respondents in 2014

Summary

HBSC findings provide a snapshot of family life in England in 2014 and explores various dimensions from family structure and affluence to the character of family interaction.

While there is a rich body of evidence relating to parenting in early years, young people's own experience of being parented during adolescence has been given relatively less attention and HBSC remains the only international studying considering family life from the perspective of the adolescent and with measures that allow for trends analysis.

The majority of young people report that they are well supported by their parents especially in relation to their school life and studies and their families really try to help and give them emotional support as well. However, the latter varies by age and gender and overall, boys are more likely than girls to report that they have been given appropriate help and emotional support from their families. Likewise, younger adolescents of both genders reported this more than older adolescents. Young people also report that they are jointly involved with their parents in making decisions about their use of free time and the majority appear to be given age appropriate level of autonomy by their parents in relation to use of their time outside of school.

The ability of young people to talk to their parents about the things that really matter to them varies considerably according age and gender. Communication with mothers appears to be relatively easy for young people, and especially for boys. However communication with fathers appears to be less easy for many young people, and girls in particular.

Until this survey round, the proportion of young people who felt they experienced good quality and easy communication with their parents had showed a steady upward trend, especially in relation to quality of communication with fathers, a pattern that was also found across Europe and North America (Brooks et al 2015). It will be important to identify if this is a changed trend possibly due to the altered economic position and/or unique to England.

Sharing meal times has been associated with positive well-being for young people as well as improved nutrition. Families in many instances appear to be sharing meal times, and engaging in other activities together, although this declines with age probably as young people become increasingly autonomous.

Young people's thoughts on family life

The young people felt that parents and family was an important source of support for adolescents, but that it would become more difficult to discuss things with parents as you became older. This was partly because some things were felt to be more personal as you got older, but young people also spoke a lot about wanting to feel independent and therefore discussing problems with parents less in order to feel autonomous. This desire for autonomy was also seen as an important reason for adolescents doing fewer activities with their families, including eating meals together with them, as they got older. Some thought the reason girls are less likely to find it easy to discuss personal things with parents was because girls were more likely to feel embarrassed and worried about being judged whereas boys were more confident.

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Chapter 8 School Life

Key messages

Around 33% of young people reported that they 'like school a lot'.

The proportion of boys who reported that they like a school a lot increased from 25% to 32% since 2010, but remained unchanged among girls.

A substantial proportion of young people reported feeling high levels of pressure at school - **nearly half of 15 year old girls (41%) reported feeling pressured 'a lot'**.

The proportion of young people who feel safe at school increased since 2010 from 60% to 82%.

80% reported that they have at least one teacher to whom they can go in case of any problem.

83% of young people said that they have attended PSHE lessons at school.

70% of young people think that PSHE lessons improved their skills and abilities in relation to health and well-being.

Over **50% said that personal and social issues**, as well as issues of health & well-being, and 'staying safe' **had been well covered** by PSHE classes.

Just **under 50% thought that sexual health issues are well covered**.

Introduction

Outside of the home, school is arguably the most important context for young people's lives. It is where they spend a majority of their time, where friendships are often formed, and where they learn the skills needed to prepare for employment and adult life.

School and homework can also be a source of stress, and many young people may be concerned about their academic performance relative to their peers if the school environment is strongly focused on achievements and targets. Conversely, good perceived academic performance may be indicative of confidence and self-esteem.

The relationship between students and teachers forms an important basis for young people to learn how to relate to adults outside of the family, and supportive relationships with teachers have a positive impact on young people's well-being and self-esteem. School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals (Blum & Libbey, 2004). School connectedness in relation to liking school, and feeling safe in school appears to function as a protective asset for sustaining life satisfaction and high self-efficacy. When facilitated by teachers, feeling connected to school has been shown to have direct positive outcomes in terms of the reduction of violence, substance use and teenage pregnancy rates, and has been suggested to be more cost effective than targeted interventions (Blum, 2005; Blum & Libbey, 2004). Having a teacher you can connect with on a personal level and who cares about you as a person is also a key protective health asset which has been demonstrated nationally and internationally to be a protective health factor for young people's well-being (Garcia-Moya, Brooks, Morgan, & Moreno, 2014). Moreover teacher connectedness also appears to function in a compensatory way to protect health and well-being even when young people lack parental support (Brooks, Magnusson, Spencer, & Morgan, 2012). Consequently the HBSC survey included a number of questions that set out to explore school connectedness.

Academic achievement as measured by qualifications attained has improved considerably in England over the past two decades, with the numbers of students attaining 5 or more GCSEs grades A*-C more than doubling since the early 1990's (Hagell et al., 2013). A young person's subjective sense of their academic achievement or academic self-efficacy is associated with final education outcomes and a predictor of future life chances (Currie, Nic Gabhainn, et al., 2008). HBSC asks young people a number of questions about how they perceive their academic performance and how they are perceived by their teachers.

Feeling pressured by schoolwork relates to school adjustment and is akin to job strain in the workplace. However feeling pressured by school work is not simply a reflection of individual characteristics; the level of school related stress is also a characteristic of the wider context of the school and classroom culture. However a reasonable amount of pressure can be positive in terms of developing coping strategies to manage exams and workload (Torsheim & Wold, 2001).

One way of promoting health and well-being in children in England is through personal, social, health and economic (PSHE) education. PSHE is a "planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and of social and economic communities"[8] It is a non-statutory subject in English schools, although most schools chose to provide it (Ofsted, 2013). PSHE includes learning about health and well-being (e.g. healthy lifestyles), sex and relationships, staying safe (e.g. road safety, substance use), economic well-being and careers education, and personal and social skills, end enables young people to better understand themselves and their role in, and contribution towards, wider society (McWhirter, 2009).

Health education has been shown to have a positive impact on young people's health behaviours (Langford et al., 2014), but it has been argued that PSHE is an undervalued subject (Hayward, 2012) that doesn't receive the same status and level of assessment as other subjects (Ofsted, 2013).

Perception of school

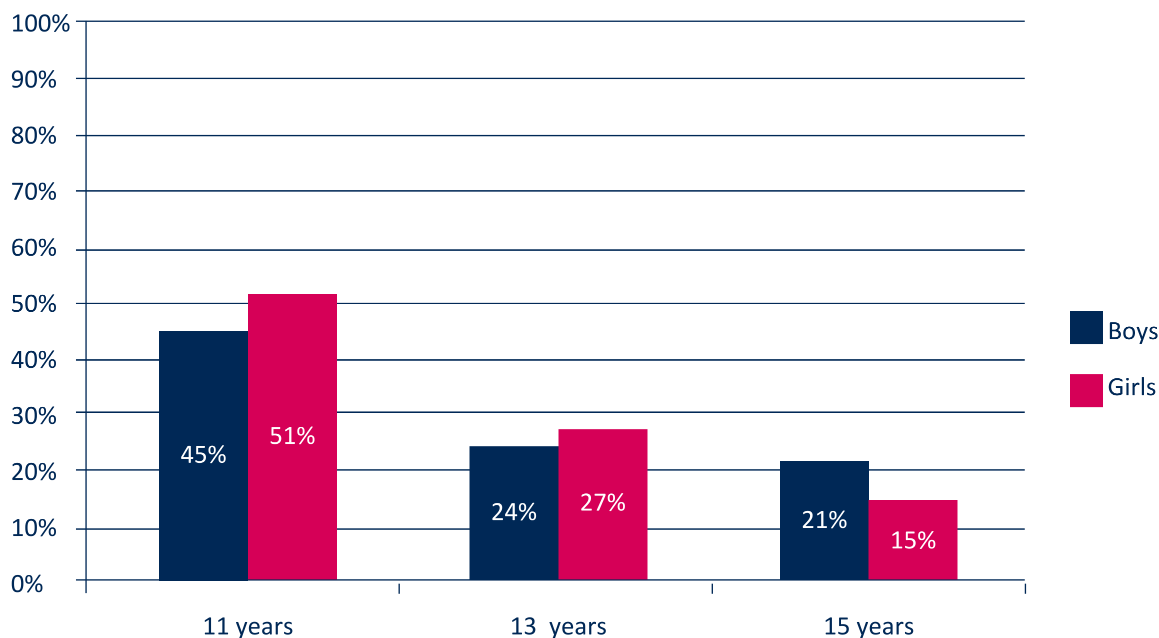
Measure

- **How do you feel about school at present? (like it a lot, like it a bit, don't like it very much, don't like it at all)**

Liking school

Overall, 32% of young people reported that they like school 'a lot '(32% of boys and 33% of girls). 48% of young people said that they like school a 'bit'. Girls were more likely than boys to report liking school a lot during early adolescence, however boys were more likely than girls to report the same at older ages Liking school 'a lot' decreased with age among both boys and girls (Figure 8.1).

Figure 8.1: Young people who like school 'a lot'



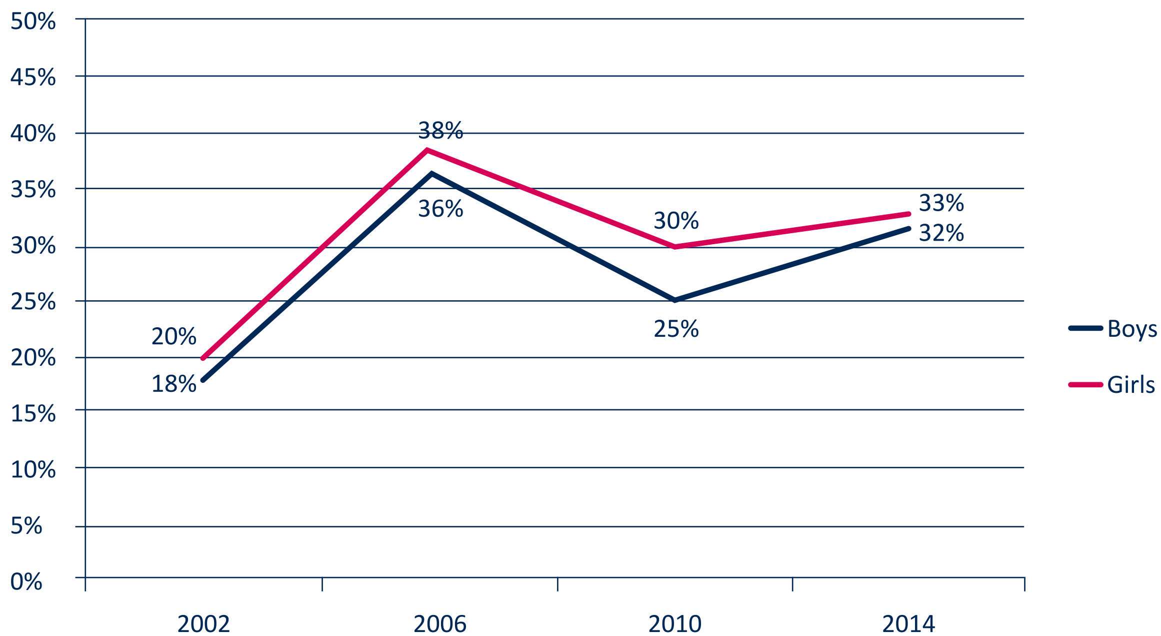
Base: All respondents in 2014

[8] http://www.pshe-association.org.uk (Accessed 04/08/15)

Across all age groups, the proportion of young people who report liking school a lot has increased since 2002.

A consistent gender difference is evident, with girls more likely than boys to report liking school 'a lot' (Figure 8.2).

Figure 8.2: Young people who like a school 'a lot', by gender 2002- 2014



Base: All respondents in 2002, 2006, 2010 and 2014

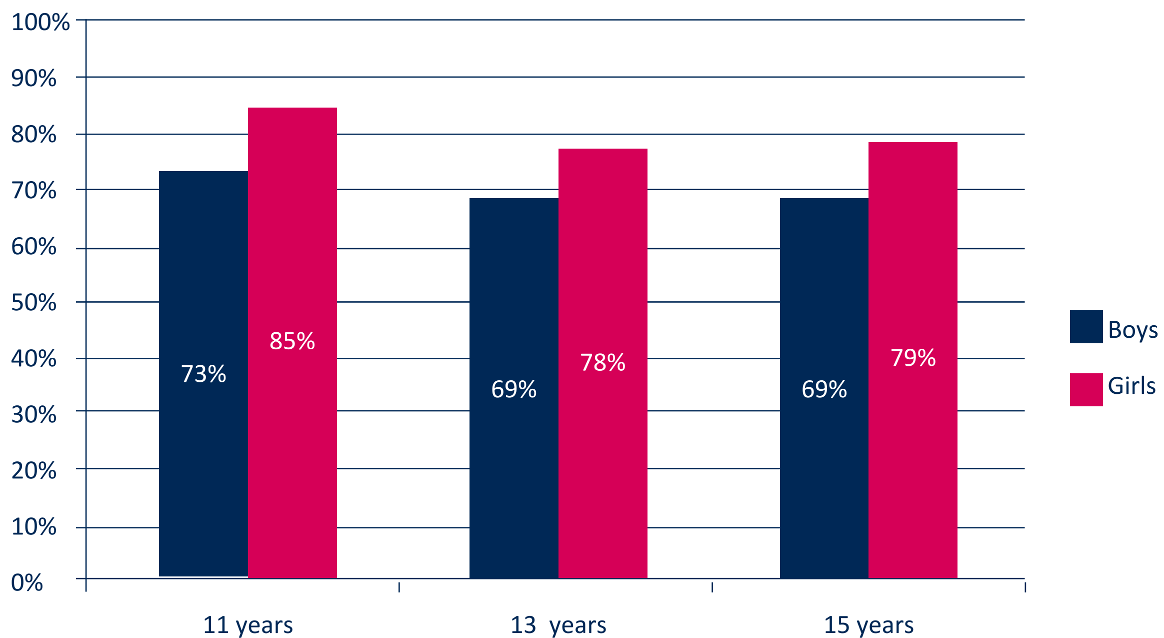
Academic achievement

Measure

- **In your opinion, what does your class teacher(s) think of your school performance compared to your classmates? (Very good, good, average, below average)**

Overall, 76% of students of all ages rated their academic achievement in school as 'good 'or 'very good'. More girls than boys rated their academic achievement as good (81% v.71%), and younger adolescents rate their academic achievements higher than their older peers (Figure 8.3).

Figure 8.3: Young people who rated their academic achievement as good or very good



Base: All respondents in 2014

Feeling pressured by school work

Measure

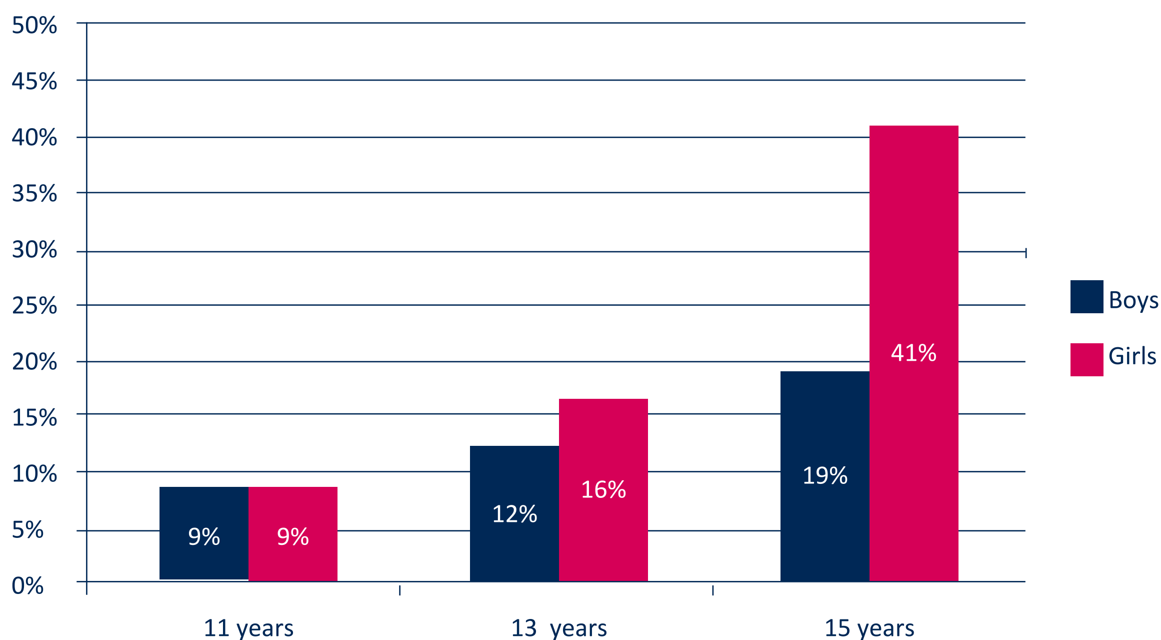
- **How pressured do you feel by the schoolwork you have to do? (Not at all, a little, some, a lot)**

> Secondary school can be much "harsher" than primary school.
> ***Roman, age 14***

Overall, 17% of young people reported feeling pressured 'a lot' by schoolwork. Girls were more likely than boys to report feeling pressured (21% v.13%), and both boys and girls reported feeling more pressured by school work the older they got (Figure 8. 4).

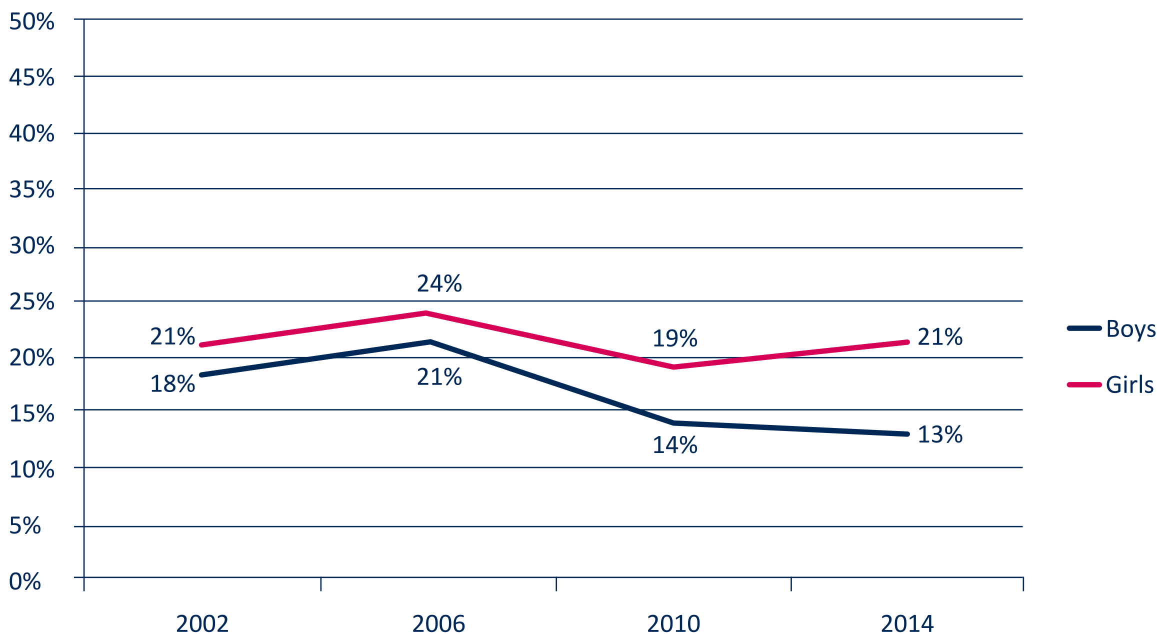
The proportion of boys who reported feeling pressured by schoolwork decreased from 2002 to 2014, while among girls it remained unchanged. There is a consistent gender difference across time points, which appears to be widening (Figure 8.5).

Figure 8.4: Young people pressured 'a lot' by school work



Base: All respondents in 2014

Figure 8.5: Young people who said that they are pressured by schoolwork 'a lot', by gender 2002-2014



Base: All respondents in 2002, 2006, 2010 and 2014

> "Since 2010 the tests have been made more difficult and because of the removal of AS levels they are even more important for trying to get a position in a university or an apprenticeship. Because of this young people will feel more stressed by their GCSE exams."
> ***Sam, age 15***

Feeling safe at school

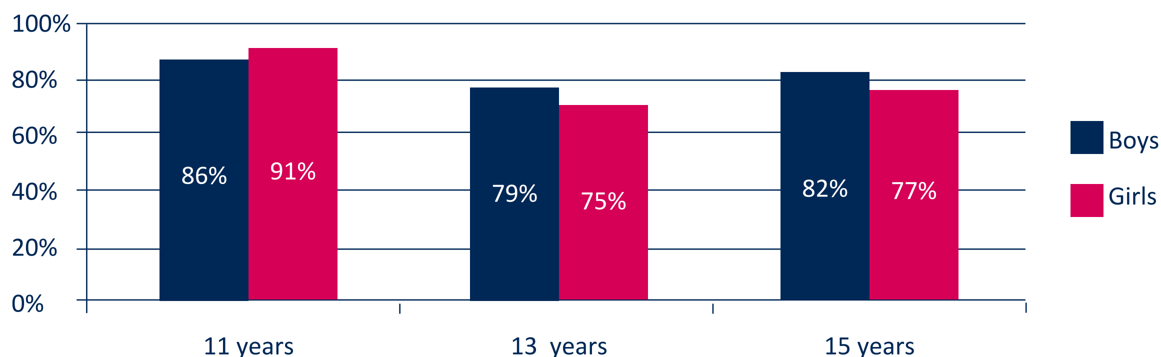
Measure

- **Here are some statements about your school and the students and teachers in your school. Please show how much you agree or disagree with each one (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
- **I feel safe in this school**

Feeling safe at school

Overall, 82% of young of young people (83% of boys and 82% of girls) reported that they feel safe at school. There were slight age differences with 11 year olds generally feeling safer than 13 or 15 year olds. 11 year old girls felt safer at their school than the same age boys (91% of girls v. 86% of boys); this changes in older groups with 13 and 15 year old boys feeling safer than girls (Figure 8.6).

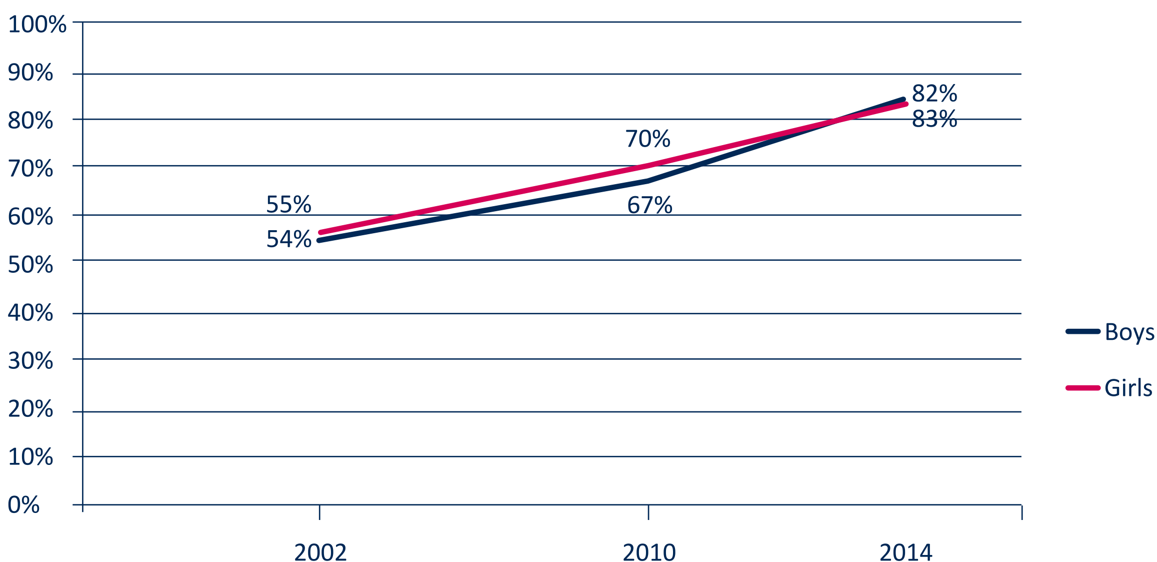
Figure 8.6: Young people who feel safe at their school



Base: All respondents in 2014

The proportion of young people who reported that they feel safe at school has increased since 2002 (Figure 8.7)

Figure 8.7: Young people who feel safe at their school, by gender 2002-2014



Base: All respondents in 2002, 2010 and 2014

Note: Question not asked in 2006

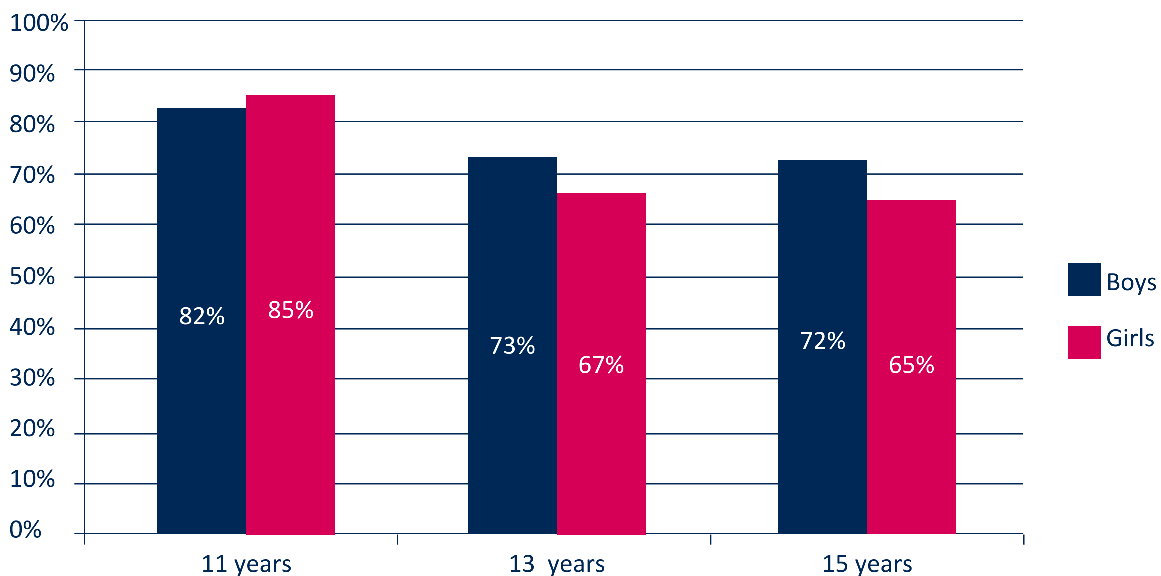
School belonging

Measure

- **Here are some statements about your school and the students and teachers in your school. Please show how much you agree or disagree with each one (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
    - **I feel like belong in this school**

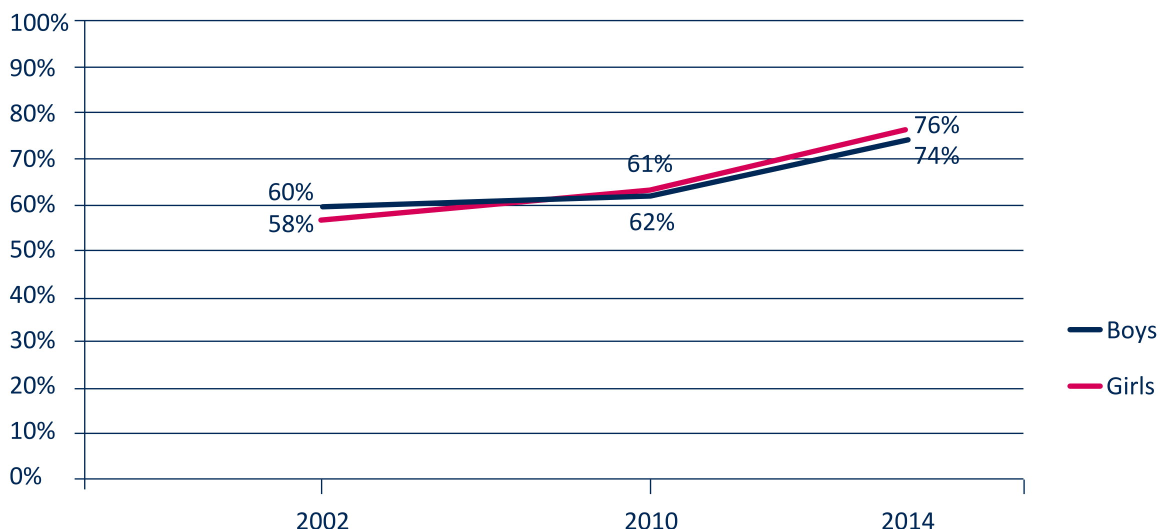
Overall, 75% of young people (76% of boys and 74% of girls) reported that they felt like they belong in their school. Younger adolescents were more likely than their older peers to say so, with some gender difference noted across all age groups (Figure 8.8). The proportion of young people who said that they feel like they belong in their school increased from 2002-2014 (Figure 8.9).

Figure 8.8: Young people who feel that they belong in their school



Base: All respondents in 2014

Figure 8.9 : Young people who feel that they belong in their school 2002-2014



Base: All respondents in 2002, 2010 and 2014

Note: Question not asked in 2006

Peer and teacher relationship

Measure

- **Here are some statements about your school and the students and teachers in your school. Please show how much you agree or disagree with each one (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**
    - **Students like being together**
    - **Other students are kind and helpful**
    - **Teachers care about me as a person**
    - **There is at least one teacher I can go to if I have a problem**

Students like being together

Overall, the majority of young people were positive regarding the atmosphere between students at school, in terms of feeling liked, supported and accepted. 70% of students agreed or strongly agreed that the students in their school 'like being together'. Boys were more likely than girls to report that students like being together (74% v. 66%) The proportion of students that responded 'agree' or 'strongly agree' that students 'like to be together' decreased with age from 79% at age 11 to 64% at age 15, and the gender differences increased with age (Table 8.1).

Other students are kind and helpful

Overall, 68% of young people, both boys and girls, agreed or strongly agreed that 'other students are kind and helpful'. Younger adolescents were more likely to report that other students are kind and helpful in their school than their older peers, but no gender differences were found (Table 8.1).

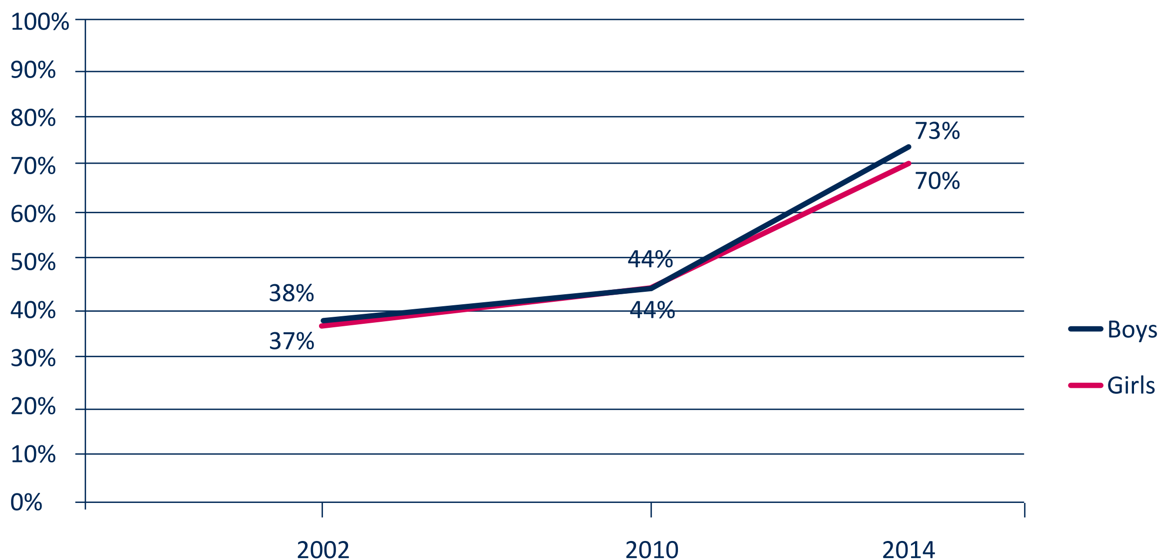
Teachers care about me as a person

In general, young people reported that they are well supported and connected to their teachers; 71% of students agreed or strongly agreed that their teachers care about them as a person. Overall, boys were slightly more likely to report that their teachers care about them than girls (73% v.70%); this gender difference increased with age. Overall, younger adolescents were more likely than their older peers to report that their teachers care about them as a person (Table 8.1). The proportion of young people reporting that teachers care about them as a person has increased substantially from 2002-2014 (Figure 8.10).

Table 8.1 School relationships

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Students like being together	74%	66%	70%	80%	77%	70%	61%	69%	58%
Other students are kind and helpful	68%	68%	68%	79%	81%	61%	61%	61%	59%
Teachers care about me as a person	73%	70%	71%	84%	87%	63%	60%	68%	57%

Figure 8.10 : Young people who agree their teacher cares about them as a person



Base: All respondents in 2002, 2010 and 2014

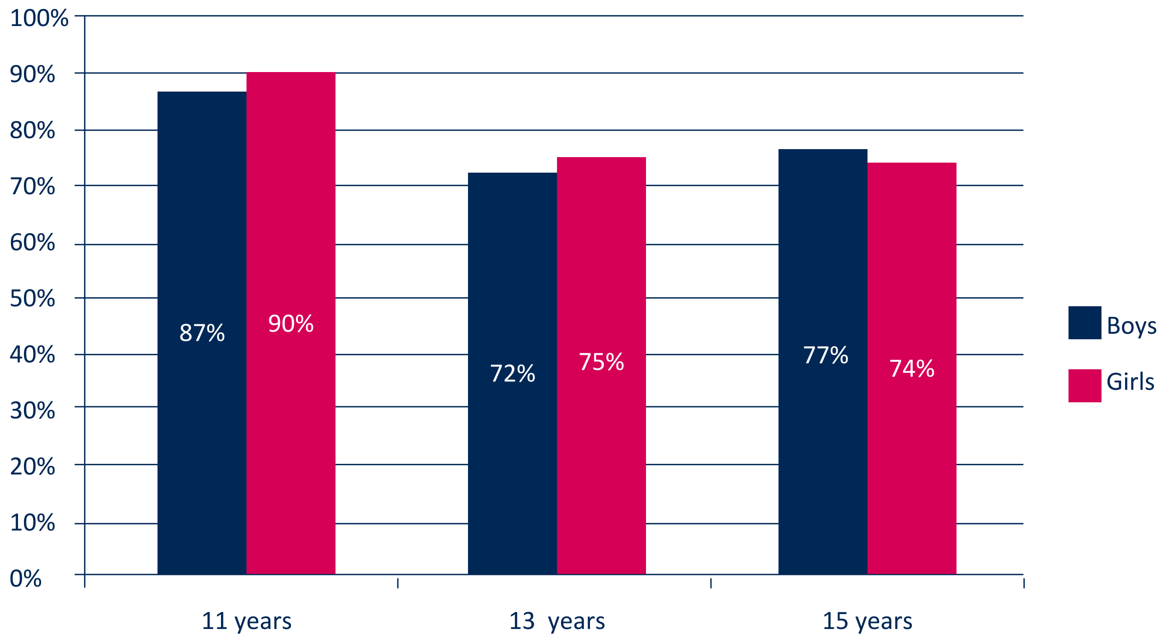
Note: Question not asked in 2006

Having a teacher to talk to

Overall, 80% of young people (79% of boys and 81% of girls) reported that they have at least one teacher they can go to if they have a problem. Younger adolescents were more likely than their older peers to report that they have at least one teacher they can go to, and girls were slightly more likely to say so than boys with the exception of 15 year old boys (Figure 8.11).

> "It is important that there is someone you can talk to in case you have some problems such as being stressed or bullying/friendship problems."
> ***Felix, age 11***

Figure 8.11: Young people who have at least one teacher they can go to in case of problem



Base: All respondents are in 2014

> "At school we have a nurse who comes in, so if you feel like you can't talk to anyone you know you can talk to this lady."
> ***Amelia, age 12***

Measures

- Have you attended school health education (PSHE) classes in school?
- How strongly do you agree or disagree with the following (range from strongly agree to strongly disagree)
    - PSHE lessons improved their skills and abilities to care for other people's health
    - PSHE classes improved their skills and abilities to consider the importance of their own health
- How well have the following subjects been covered in PSHE? (From very well covered to very poorly covered, N/A).
    - Health and well-being (e.g. learning about diet, physical activity, alcohol, tobacco and drugs)
    - Sex and relationships (including puberty, pregnancy and contraception)
    - Staying safe (e.g. road safety, personal safety, and internet safety).
    - Economics and careers education (e.g. saving and looking after money, understanding different types of jobs)
    - Personal and social skills (e.g. rights and responsibilities, respect and bullying)

"I think [PSHE] should cover: mental health, sexual identity, consent, sexuality, gender identity and dealing with stress."
Katie-Lou, age 16

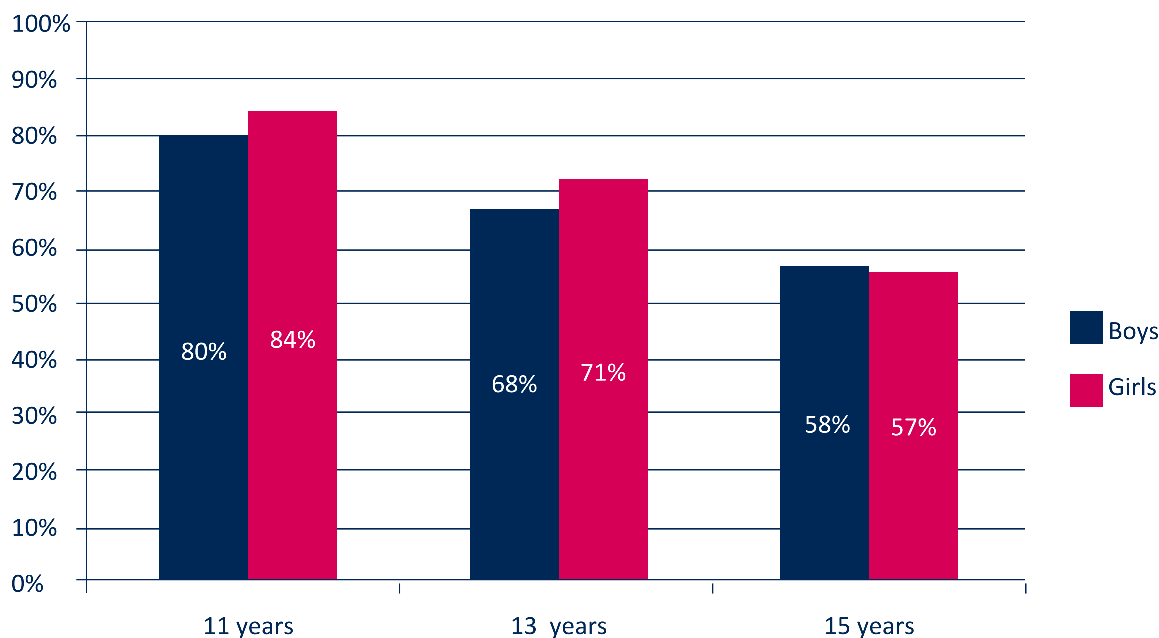
Attending PSHE

Overall, 83% of young people (82% of boys and 84% of girls) said that they had attended PSHE lessons at school.

PSHE lessons improving skills and abilities to care for other people's health

Among those who had attended PSHE lessons, the majority of young people (70%) agreed or strongly agreed that PSHE lessons had improved their skills and abilities to care for other people's health. Younger adolescents were more likely to report that PSHE lessons improved their skills to care for other people's health (Figure 8.12)

Figure 8.12: Young people whose skills and abilities to care for other people's health had improved due to PSHE classes

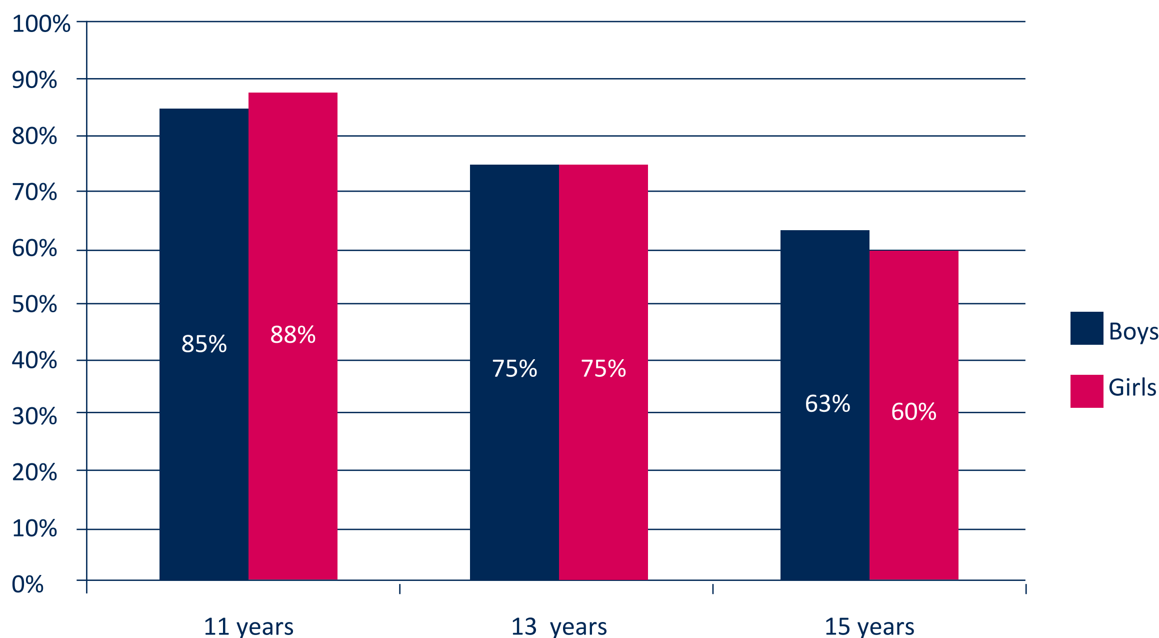


Base: All respondents in 2014

PSHE classes improving skills and abilities to consider the importance of own health

The majority of young people who attended PSHE lessons, both boys and girls (74%) felt that PSHE classes helped them to look after their own health and improved their skills and abilities to consider the importance of their own health. However, this decreased with age (Figure 8.13).

Figure 8.13: Young people who say that PSHE classes had improved their skills to look after their own health



Base: All respondents in 2014

Among those who had attended PSHE lessons, 57% of young people said that the issues of health and well-being were very well covered. Overall, boys were more likely to report that health and well-being issues were well covered than girls (60% v. 55%). The gender difference increased among 15 year olds, with girls being the least likely to agree among all groups (Table 8.2).

Overall, 56% of young people (56% of boys and 57% of girls) who had attended PSHE lessons reported that 'staying safe' issues had been well covered by PSHE classes. Younger adolescents were more likely to report that staying safe issues had been well covered than their older peers (Table 8.2).

48% of young people who had attended PSHE lessons felt that sex and relationship issues had been well covered. Older adolescents were more likely to report that sex had been well covered than their younger peers (Table 8.2).

Overall, 47% of young people (47% of boys and 46% of girls) who had attended PSHE lessons reported that economic and careers issues were well covered. Younger girls were more likely to say so than their older peers. Gender differences were noted among the 13 year olds in particular (Table 8.2). Slightly higher proportions of young people (64%) reported that personal and social issues had been well covered by PSHE classes, this decreased by age (Table 8.2).

Table 8.2 Young people who say that the following subjects have been well covered in PSHE

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	Girls	Total	Boys	Girls	Boys	Girls	Boys	Girls
Health and well being	60%	55%	57%	56%	54%	69%	70%	58%	50%
Staying safe	56%	57%	56%	66%	64%	58%	58%	43%	45%
Sex and relationships	49%	46%	48%	41%	40%	52%	48%	57%	50%
Personal and social issues	65%	63%	64%	73%	75%	68%	66%	55%	50%
Economics and careers	47%	46%	47%	47%	50%	54%	45%	42%	43%

Summary

The proportion of young people who liked school 'a lot' increased since 2010. Consistent with previous surveys, reports of liking school decreased by age for both boys and girls.

Perceived pressure from school work still remains high, especially among 15 year old girls. Again, consistent with the survey 2010, older young people felt more pressure from school work than their younger peers. The proportion of boys who reported being pressurised by schoolwork has decreased from 2002 to 2014, while the proportion of girls affected remained unchanged. The proportion of young people who feel safe at school considerably increased since previous surveys.

Peer relationships were perceived more favourably by younger adolescents than the older ones. Younger adolescents feel more like they belong to their school, like to be together and find other students kind and more helpful than their older peers.

Consistent with previous surveys, overall reported feelings of connectedness to school and teachers was positive with younger adolescents, who felt more connected to their school than their older friends. However, the majority of young people of all ages agree that teachers do care for them as a person and reported that they have at least one teacher to whom they can go in case of any problem. The majority of young people believe that their teachers would rate their academic achievement as good or very good. Girls rate their academic achievements higher than boys, and younger adolescents rate their academic achievement higher than their older peers.

The majority of young people reported a favourable view of school PSHE lessons. Consistent with the survey in 2010, PSHE lessons seem to have a positive impact on young people's knowledge of health –related issues and on their personal values in relation to caring for others. The vast majority of young people who attend PSHE lessons thought that they help them to improve their skills and to look after their own health. Over half of young people thought that personal and social issues, as well as issues of health, well-being, and 'staying safe' had been well covered in PSHE classes. However, consistent with the previous survey, a decrease in satisfaction with PSHE lessons was found as students get older and with sexual health lessons. As was noted in the previous report in 2010 (Brooks et al., 2011) this might indicate that the topics covered do not adapt according to the changing needs of young people over time and the specific topics on the curriculum for the older young people are needed.

Young people's thoughts about school life

The young people in the reference group discussions felt that the reason adolescents like schools less as they get older is because of the increasing pressures generated by exams and pressures on academic performance. They thought that girls were particularly affected by this partly because they care more than boys about doing well at school, and partly because girls were seen (by both genders) as internalising emotions more easily. Boys were described as more laid back and caring less about what others thought of them.

Most of the young people thought that family members would be the most important source of social support for young people, they also felt that it would be good to have at least one teacher you could go to at school if you were worried about things like bullying or school-related problems.

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Chapter 9 Peer relationships, friends and leisure activities

Key messages

The majority of young people report **screen time of more than two hours** of per day.

Boys are more likely to **play computer games** and **girls** are more likely to **use the computer** for two hours or more every day during the week.

16% reported meeting up with friends weekly after 8pm.

Older adolescents are less likely to say there are good places to spend their free time.

32% had been bullied at least once in the past couple of months at school.

The proportions of young people experiencing **bullying has increased since 2010**.

18% reported experiencing cyber bullying in the previous two months - cyber bullying increases with age.

Introduction

Peers and friendships play a crucial role in young people's development, especially in helping a young person define their own identity. Peers and friendship groups offer an arena in which new ideas and opinions can be discussed openly and new identities can be tried out (Smith, Cowie, & Blades, 2003). Peers can also act as role models and provide feedback which can guide young people's identity formation (Heaven, 1994). As young people move from childhood through to adolescence, friendships become more affective and provide emotional support. Young people's social lives and quality of friendships has been associated with emotional well-being (Vieno, Santinello, Pastore, & Perkins, 2007).

"Screen time" is a somewhat contested concept with popular concerns approaching a moral panic relating to fears about young people's excessive use of computers and new communication technologies as well as television viewing. Recent research has indicated screen time use should not be polarised as either negative or positive; for instance, young people's health and social outcomes have been shown to vary depending upon degree of video game playing (Brooks, Chester, Smeeton, & Spencer, 2015; Przybylski, 2014). The American Academy of Pediatrics recommend young people's screen time is limited to no more than two hours per day (Council on Communications and Media, 2009, 2013). Hence it is important that HBSC explore the changing nature of how young people use their leisure time.

Bullying is a relatively common behaviour in young people across Europe and North America (Chester et al., 2015). Bullying describes intentional harmful behaviours repeated over time, against a weaker individual who is unable to defend themselves (Olweus, 1993). It can be carried out in a number of ways including physical (hitting, kicking, theft), verbal (name-calling, threats), relational (social exclusion) and cyber (text messages, websites). Research indicates bullying is associated with long-lasting negative outcomes, including a detrimental impact on the victims physical health and emotional well-being (Due et al., 2005), as well as school achievement (Busch et al., 2014). Being a bully is also associated with poorer health and an increase in risk behaviours such as smoking tobacco and drinking alcohol (Alikasifoglu, Erginoz, Ercan, Uysal, & Albayrak-Kaymak, 2007; Kaltiala-Heino, Rimpelä, Rantanen, & Rimpelä, 2000).

Measures

- **We are interested in how you feel about the following statements:**
  - **My friends really try to help me**
  - **I can count on my friends when things go wrong**
  - **I can talk about my problems with my friends**
  - **1 (very strongly disagree) through to 7 (very strongly agree)**
- **How often do you meet your friends outside of school time after 8 o'clock in the evening? (Hardly ever or never/ less than weekly/ weekly/ daily)**

"Yes it is [important that you can talk to your friends] as if there is something you can't tell anyone at home, then tell your friends if you can trust them. You should be able to trust your friends enough, to tell them what is wrong."
Amelia, age 12

The majority of young people said their friends supported them. Just over half (54%) of respondents reported that their friends were there to help them and they could count on their friends when things go wrong. Overall, 56% of young people reported they can talk about their problems with their friends. Girls appeared to be more positive about the support they received from their friends; however for both boys and girls reports of peer support were highest among younger adolescents (Table 9.1).

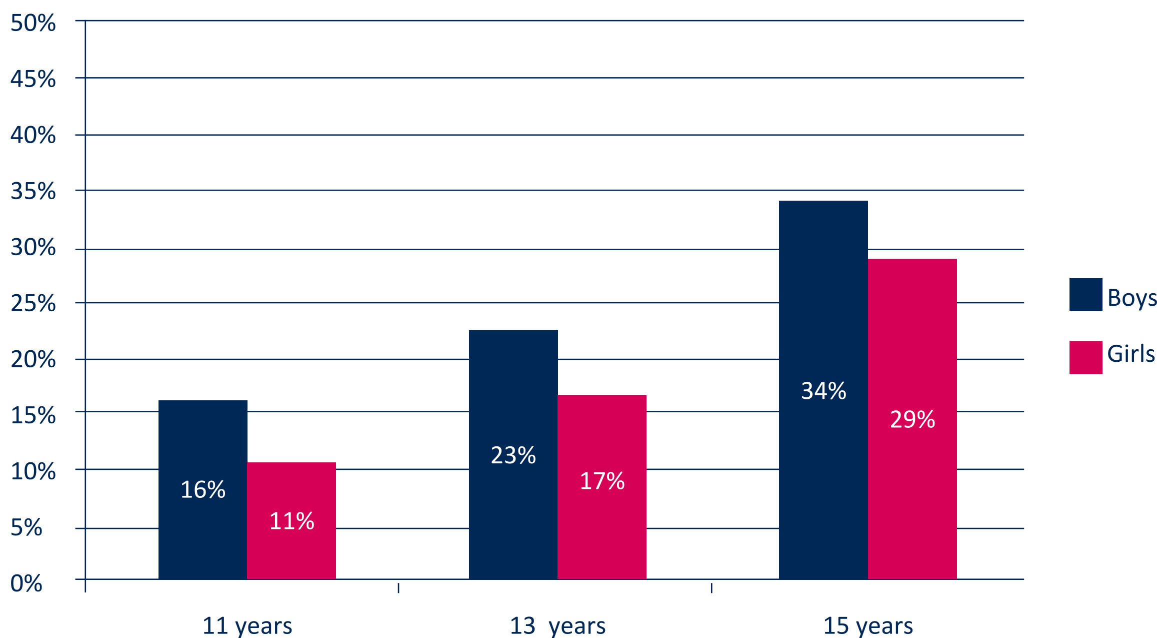
Table 9.1 Friend support

	All ages			11 year olds		13 year olds		15 year olds	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
My friends really try to help me	49%	60%	54%	57%	68%	46%	59%	42%	51%
I can count on my friends when things go wrong	49%	59%	54%	55%	65%	46%	58%	45%	51%
I can talk about my problems with my friends	49%	62%	56%	51%	64%	48%	65%	47%	57%

"It's considered more acceptable for girls to talk about emotional related issues whilst a lot of boys feel they will be considered weak – although that should most definitely not be the case."
Anna, age 16

Overall only 5% of young people reported meeting their friends every day after 8pm. The likelihood of meeting up with friends every day increased with age (3% of 11 year olds, 4% of 13 year olds and 7% of 15 year olds). Boys were twice as likely as girls to meet up with their friends daily after 8pm (6% of boys compared with 3% of girls).
21% of young people said they meet up with friends weekly after 8pm. Boys were more likely than girls to meet up with friends after 8pm (23% of boys v.18% of girls). Overall, older adolescents were more likely to meet up with their friends after 8pm on weekday; 13% of 11 year olds, 20% of 13 year olds and 31% of 15 year olds. Meeting with friends regularly after 8pm increased with age for both boys and girls, although gender differences are present across all three age categories (Figure 9.1).

Figure 9.1: young people who meet up with friends at least weekly after 8pm



Base: All respondents in 2014

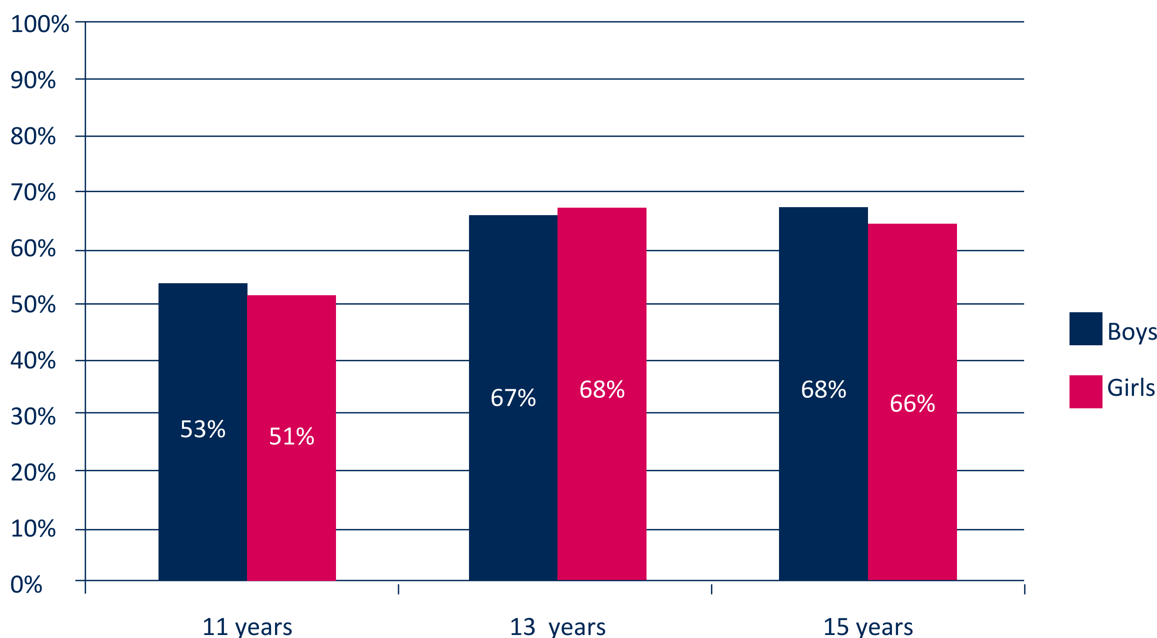
Measures

- How many hours a day do you usually spend time watching TV, videos (including YouTube or similar services), DVDs and other entertainment on screen on weekdays? (None at all/ half an hour/ 1 hour a day/ 2 hours a day/ 3 hours a day/ 4 hours a day/ 5 hours a day/ 6 hours a day/ 7 or more hours a day)
- How many hours a day do you usually spend time playing games on a computer, games console, tablet (like iPad), smartphone or other electronic device (not including moving or fitness games such as Wii Fitness, Dance central, or Sports Champions on Wii, Xbox , or Playstation Moves) on weekdays? (None at all/ half an hour/ 1 hour a day/ 2 hours a day/ 3 hours a day/ 4 hours a day/ 5 hours a day/ 6 hours a day/ 7 or more hours a day)
- How many hours a day do you usually spend time using electronic devices such as computers, tablets (like iPad) or smart phones for other purposes, for example, homework, emailing, tweeting, Facebook, chatting, surfing the internet on weekdays? (None at all/ half an hour/ 1 hour a day/ 2 hours a day/ 3 hours a day/ 4 hours a day/ 5 hours a day/ 6 hours a day/ 7 or more hours a day)
- Please say how you feel about these statements about the area where you live:
  - There are good places to spend your free time (e.g. leisure centres, parks, shops) (Strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)

“Most games appeal to boys because they are either sport games or games that involve killing. These will appeal more to boys than girls because sports and fighting are normally things that boys enjoy more than girls.”
Sam, age 15

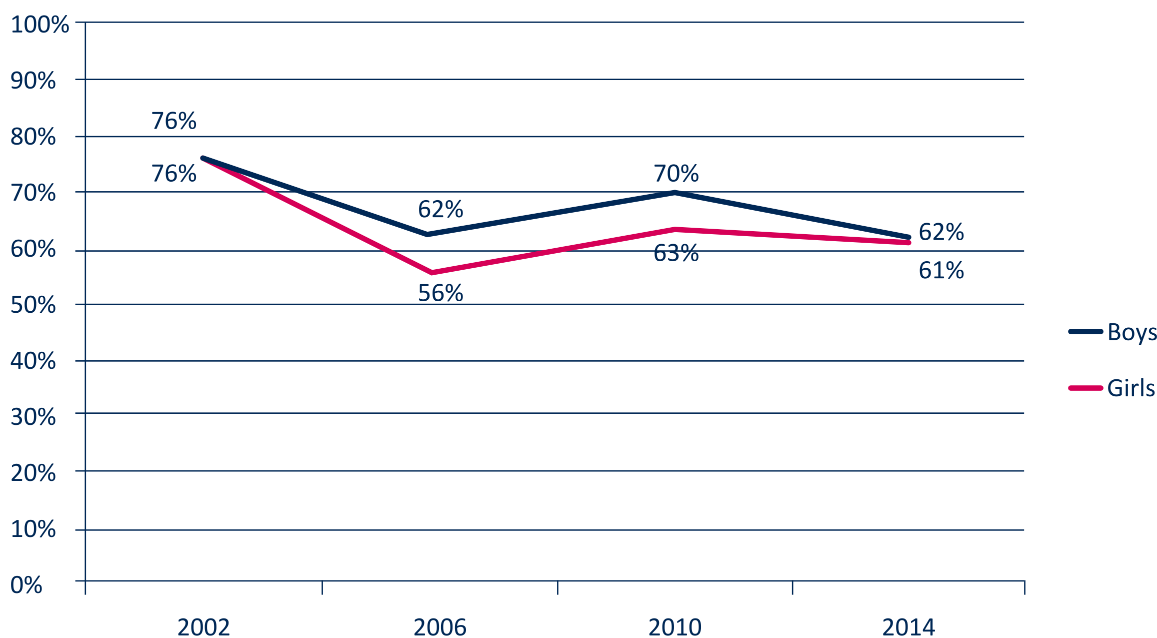
Overall, 62% of young people reported watching TV or other screen based entertainment (e.g. YouTube or DVD) daily for 2 hours or more during the week. Girls were as likely to watch TV as their male peers. For both boys and girls, younger adolescents were less likely to watch TV every day for 2 or more hours during the week (Figure 9.2). Overall there has been a general downward trend in the proportions of young people watching TV for two or more hours a night since 2002 (Figure 9.3). A small but noteworthy portion (11%) of young people report watching TV or other screen based entertainment for 5 hours or more per day during the week. Excessive TV viewing of 5 or more hours daily does not vary by gender but does show small increases with age; 9% of 11 year olds, 12% of 13 year olds and 13% of 15 year olds.

Figure 9.2: Proportion of young people who watch TV/DVD for 2 hours or more on weekdays



Base: All respondents in 2014

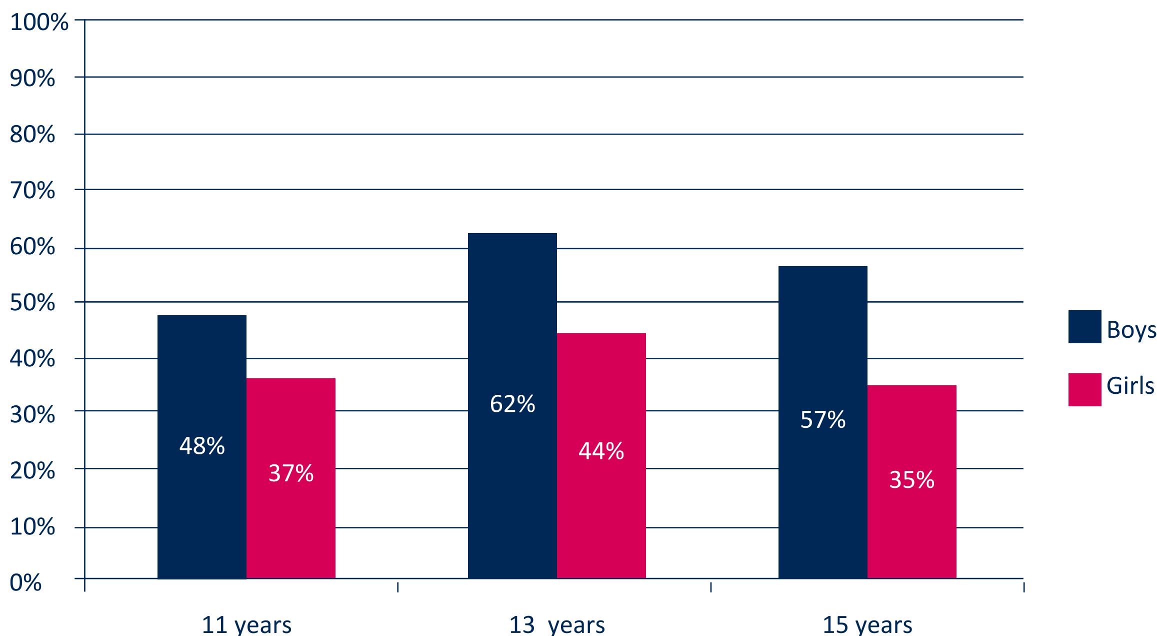
Figure 9.3: Young people who report watching 2+ hours of TV on weekdays 2002 - 2014



Base: All respondents in 2002, 2006, 2010 and 2014

Compared with TV viewing, fewer young people (47%) reported playing computer games daily for 2 or more hours on weekdays. Boys were more likely than girls to report playing on weekdays for 2 or more hours (55% of boys v. 39% of girls). For both boys and girls, playing computer games for at least two hours a day peaks at the age of 13 years (Figure 9.4). Compared to 2010, computer game play of two or more hours has remained the same among boys but has increased in girls; 20% of girls in 2010 rising to 39% in 2014. Overall, 12% of young people reported playing computer games daily for 5 or more hours. At this higher level of video game play there are no differences between boys and girls, but younger adolescents are least likely to report playing for 5 or more hours daily; 9% of 11 year olds, 14% of 13 year olds and 14% of 15 year olds.

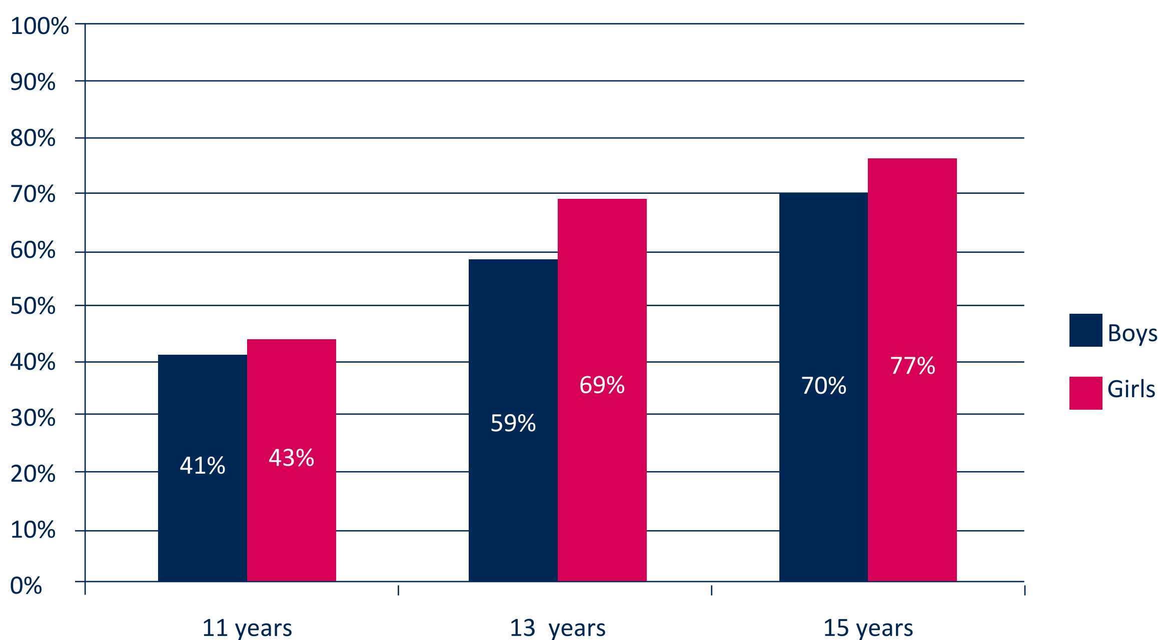
Figure 9.4: Young people who play computer games 2 hours or more on weekdays



Base: All respondents in 2014

59% of young people reported using a computer or electronic device (e.g. used for emailing, tweeting, Facebook, chatting, surfing the internet e.g. tablet) for 2 hours or more every day during the week. Girls were more likely than boys to report using the computer daily for 2 hours or more during the week; 62% of girls compared with 56% of boys. The likelihood of using computers for over 2 hours a day increased with age in both boys and girls, but across all three age groups girls were more likely to report using computers for 2 hours or more (Figure 9.5). Nearly a fifth (19%) of young people said they used a computer or electronic device daily for 5 or more hours. Gender differences were still evident at this higher level of computer use; 16% of boys compared with 21% of girls. Younger adolescents were considerably less likely to report using a computer for five or more hours every day; 10% of 11 year olds, 21% of 13 year olds and 27% of 15 year olds.

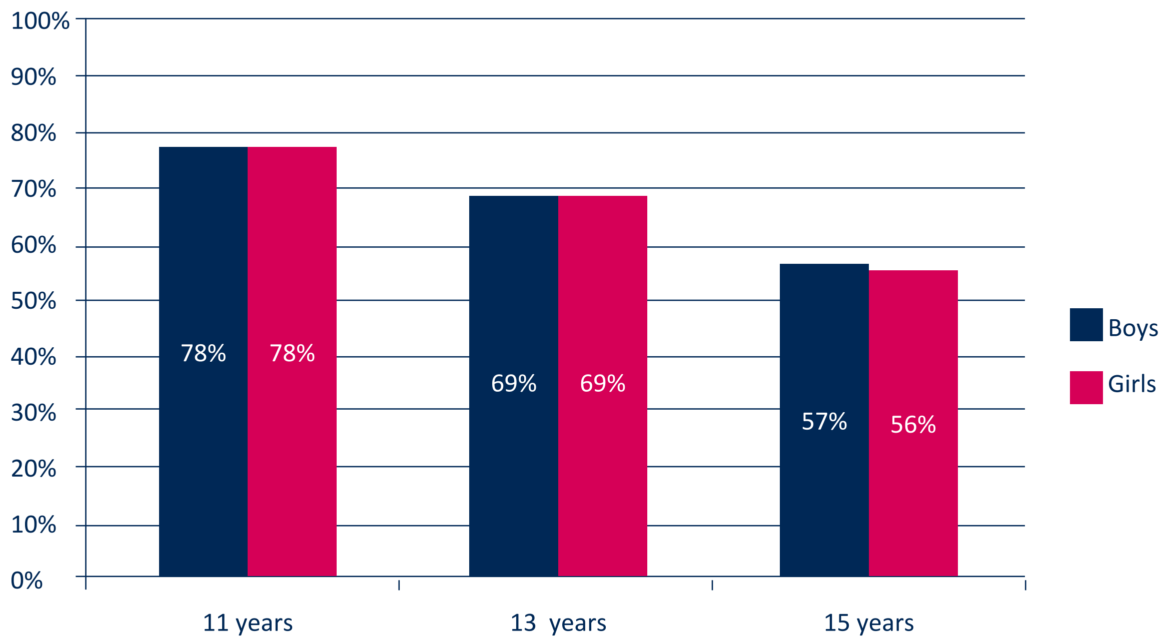
Figure 9.5: Young people who use computers for 2 hours or more on weekdays



Base: All respondents in 2014

Just over two thirds (68%) of respondents reported that in the area they live there are good places for them to go to spend their free time. There were minimal gender differences, but agreeing there are good places to go during free time decreased with age for both boys and girls (Figure 9.6).

Figure 9.6: Young people who agree there are good places to go to during their free time



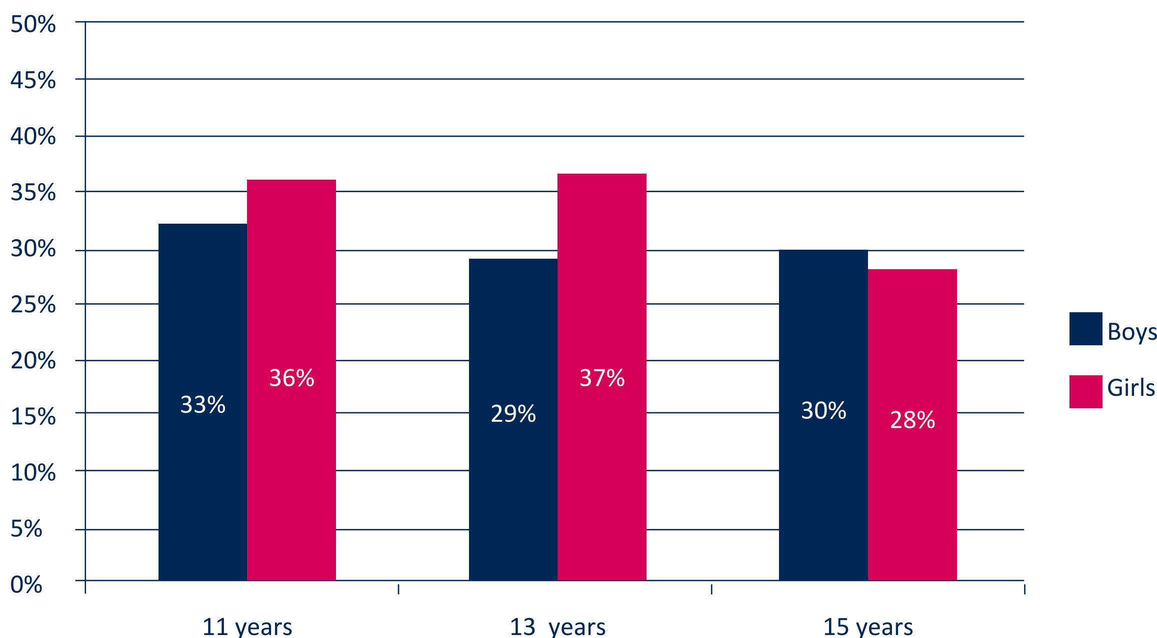
Base: All respondents in 2014

Measures

- **How often have you taken part in bullying another student(s) at school in the past couple of months? (I have not bullied another student in the past couple of months/ It has happened once or twice/ 2 or 3 times a month/ About once a week/ Several times a week)**
- **How often have you been bullied at school in the past couple of months? (I have not been bullied at school in the past couple of months/ It has happened once or twice/ 2 or 3 times a month/ About once a week/ Several times a week)**
- **How often have you been bullied at school in the following ways:**
  - **Someone sent mean instant messages, wall posting, emails and text messages or created a website that made fun of me**
  - **Someone took unflattering or inappropriate pictures of me without permission and posted them online (I have not been bullied in this way in the past couple of months/ Once or twice/ 2 or 3 times a month/ about once a week/ several times a week)**

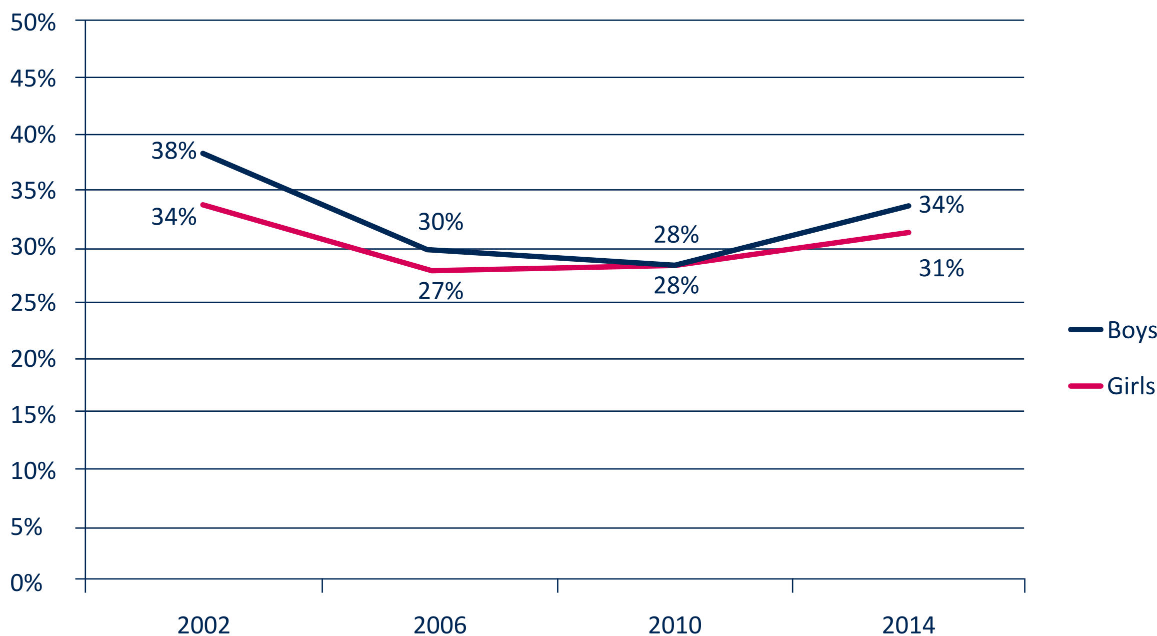
Nearly a third (32%) of young people reported they had been bullied at school in the past couple of months. Slightly more girls than boys reported being bullied (34% of girls v.31% of boys). Girls were more likely to report being bullied across all three age categories, and for both boys and girls there was a decrease at age 15 years (Figure 9.7). Since 2002 there has been no consistent trends in young people saying they have experienced bullying in the past two months; however since the 2010 survey young people reporting bullying appears to be on the increase (Figure 9.8). The number of girls who say they experienced bullying has reached a high of 34%, which was last observed in 2002.

Figure 9.7 Young people who report being bullied in the past two months



Base: All respondents in 2014

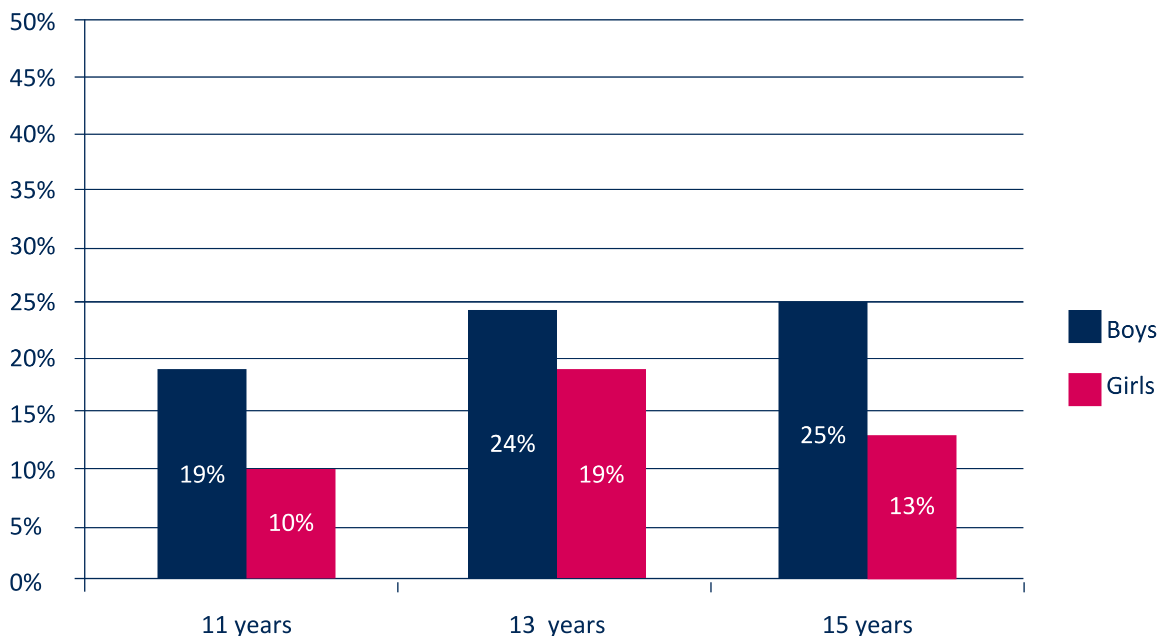
Figure 9.8: Young people who report being bullied 2002 -2014



Base: All respondents in 2002, 2006, 2010 and 2014

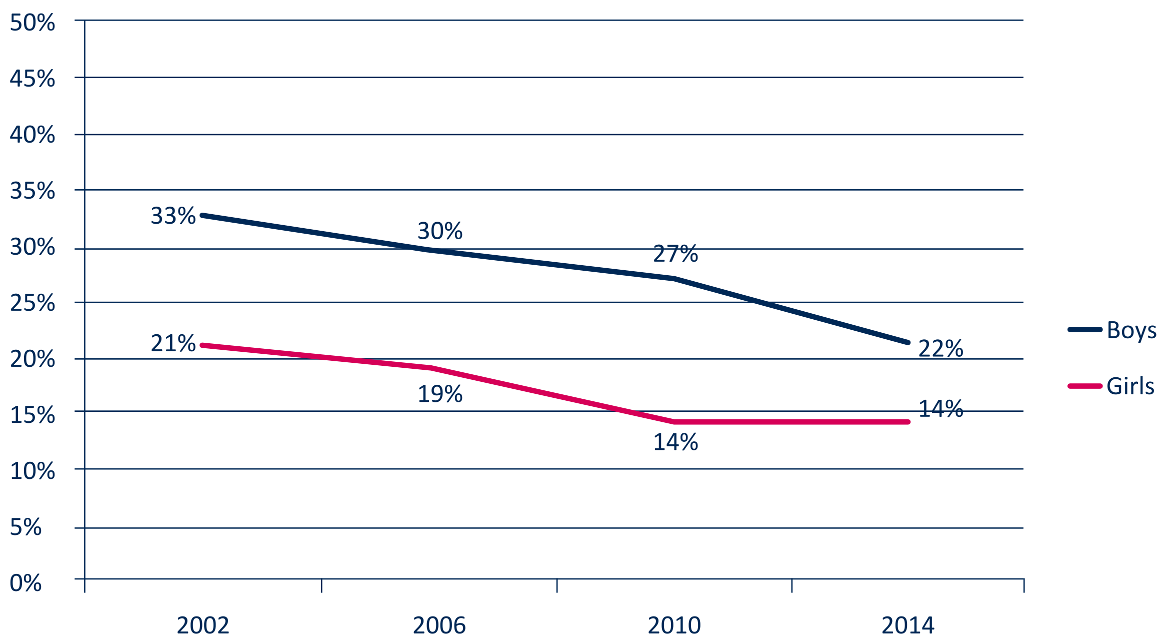
In contrast, 18% of young people said they had bullied another student at school in the past couple of months. Boys were more likely to report bullying another student than girls (22% of boys v. 14% of girls). Boys across all three age categories were more likely to report bullying another student, and the likelihood of bullying another student increased with age for boys (Figure 9.9). Since 2002, the number of young people that say they have bullied another student in the previous two months has decreased (Figure 9.10). Across all years girls are less likely than boys to report bullying someone, although the gap between boys and girls appears to be narrowing.

Figure 9.9: Young people who bullied another student in the past couple of months



Base: All respondents in 2014

Figure 9.10: Young people who bullied others 2002 - 2014

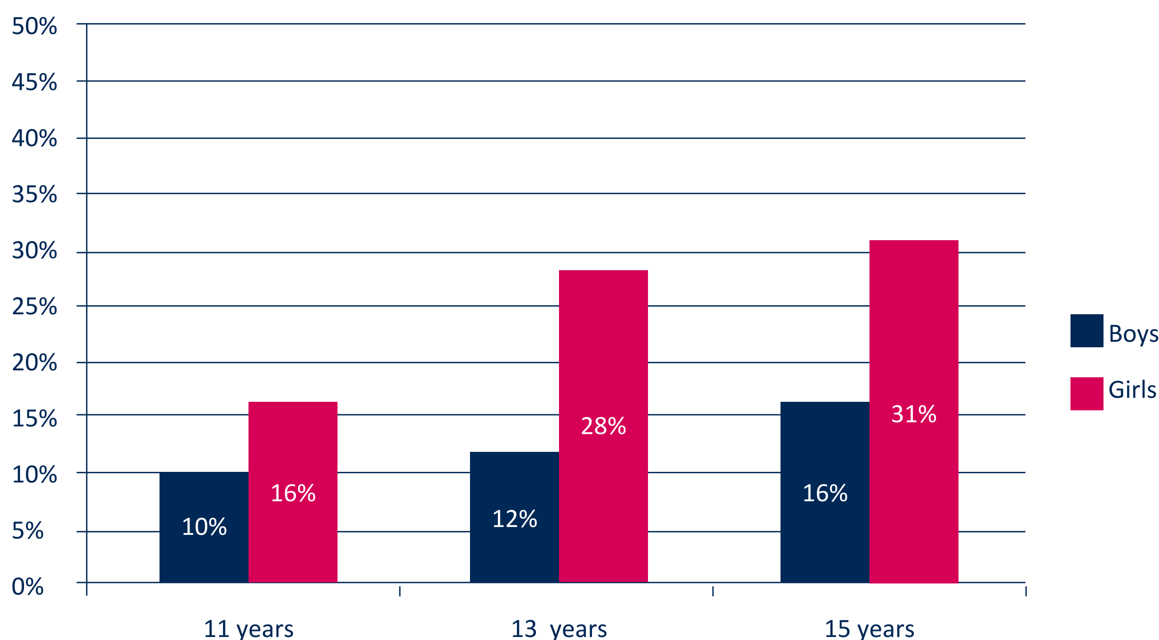


Base: All respondents in 2002, 2006, 2010 and 2014

Cyberbullying was measured by two questions – one referring to cyberbullying via messages and the second referring to cyberbullying via photographs and pictures. The following data combines respondents' answers to both of these questions.

Overall, 18% of young people reported experiencing cyberbullying in the previous two months. 24% of girls reported being cyberbullied compared with 12% of boys. Girls were more likely to experience cyberbullying across all three age groups, and the risk of experiencing cyberbullying increases with age for both boys and girls (Figure 9.11). The likelihood of being cyber bullied appears to increase with age, whereas the more traditional forms of bullying decrease with age (Figure 9.7).

Figure 9.11: Young people who have been cyberbullied in the past two months



Base: All respondents in 2014

Young people were also asked about frequency of experiencing certain specific types of bullying. All students were asked if they had experienced bullying based on their ethnicity or an illness/disability; and fifteen year olds only were additionally asked about experiencing sexual and homophobic bullying. Table 9.2 presents the proportions of young people who reported experiencing these specific bullying behaviours, by age and gender. Experiences of bullying because of an illness or disability are reported only of those young people who said they had a long term condition. Over a fifth (21%) of 15 year old girls said they had experienced sexual comments and gestures in the previous two months.

Table 9.2 Young people who said they had experienced specific bullying at least "once or twice" in the past two months

	All ages			**11 year olds**		**13 year olds**		**15 year olds**	
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Ethnicity	12%	10%	11%	10%	10%	13%	13%	12%	8%
Illness/disability	14%	14%	14%	10%	11%	12%	15%	14%	10%
Homophobic			15%					15%	14%
Sexual			17%					13%	21%

"[Cyberbullying becomes more common as you get older] because you use more social media and know how to use it e.g. anonymous messages."
Katie, age 16

Summary

The majority of young people reported having supportive friends; most young people reported their friends were there to help them and that they could talk to their friends about their problems. Girls appeared to be somewhat more positive about the support they receive from their friends. The majority of young people report watching television daily for 2 or more hours on weekdays. Boys and girls report similar levels of television viewing, however boys are more likely to play computer games daily for 2+ hours and girls are more likely to use the computer for homework, surfing the internet and using social networking sites for 2 or more hours a day. Of concern, over half of boys report exceeding the recommended levels of video gaming outline by the Children and Young People's Health Outcomes Forum (2012).

Nearly a third of all young people reported that they had been bullied in the last two months, while 18% of young people reported they had been cyberbullied in the last two months. Younger adolescents were most likely to report being bullied, however cyberbullying was more common among older adolescents. The increase in cyber bullying with age may reflect young people's increased access to and use of social media as they mature (Ofcom, 2013). Girls were twice as likely to experience cyberbullying, supported by findings which indicate girls are more likely to use electronic media for communicating with others (Brooks et al., 2011).

Young people's thoughts on peer relationships

The young people saw their friends as being there for you to tell your problems to, and felt that they could sometimes relate more than parents and other adults because they were the same age. Girls were seen to be more supportive and, consequently, more likely to talk to their friends about their problems – it is acceptable for girls to talk things through, whereas boys will make fun of each other of they try to discuss things they are worried about. At the same time, the young people described girls as 'bitchier' towards each other, and thought girls were more likely to become victims of cyberbullying because they would judge each other on looks and social media was a way to do this publicly. However, they also felt that boys would be expected to handle more teasing than girls and therefore may be less likely to report bullying than girls would be. The greater access to, and use of, social media by older as compared to younger adolescents were consider possible reasons as to why cyber bullying became more common as you got older.

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sexual health

relationships family life

school substance use

well-being community life