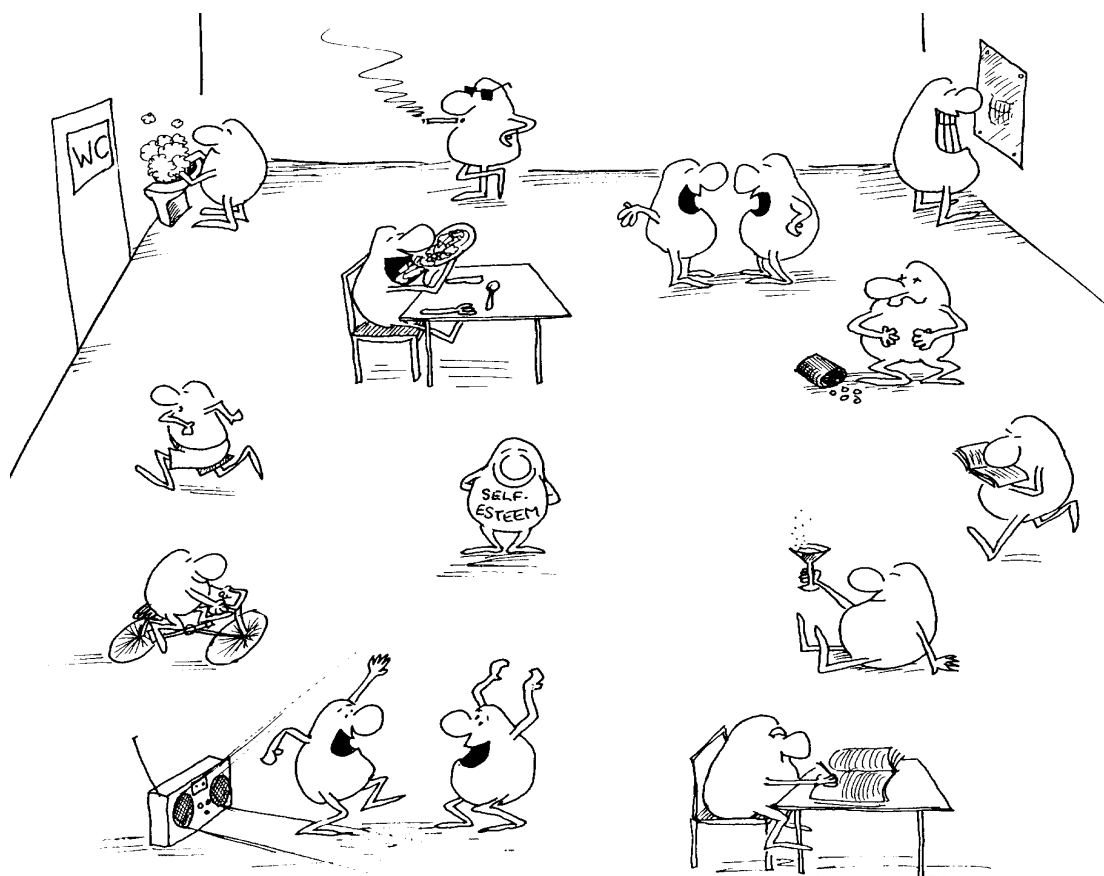




Every Child Matters in Derbyshire

Report 1	Being healthy
Report 2	Staying safe
Report 3	Enjoying and achieving
Report 4	Positive contribution
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- The proportion of pupils regarding cannabis use as 'always unsafe' increased from 48% to 54% between 2007 and 2009 in both the overall and the repeat samples..... 20
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- A suggestion in the 2007 figures that self-esteem scores were not as high in Derbyshire as in the reference sample is not supported in 2009..... 21
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- The proportions of Year 10 pupils in Derbyshire who correctly identified *Chlamydia* and gonorrhoea as treatable and curable in 2009 (54% and 35% respectively) were much higher than in the reference sample (32% and 25%); this repeats a similar positive finding in 2007..... 25
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26
- Year 10 pupils in Derbyshire showed greater confidence in the reliability of condoms as methods of preventing pregnancy (82%) and in preventing infections (76%) than did those in the reference sample (73% and 63% respectively). 26

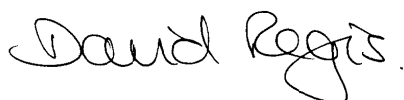
Foreword

Every Child Matters is the Government White Paper about caring for children. It describes five sets of outcomes for young people.

This report describes results from a consultation exercise with young people where, for each outcome area, they tell us what their lives are like, and how well we are looking after them.

Such a comprehensive data base provides everyone involved with young people, be they parents, professionals or volunteers, with the opportunity to reflect and consider whether service delivery is consistent with the survey findings; it offers opportunity to better engage with students because it improves the probability of relationships based on fact rather than supposition.

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



Dr. David Regis

*Research Manager
Schools Health Education Unit*

■ Acknowledgements

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

Ashgate Croft School	Ilkeston School
Belper School	Newbold Community School
Bennerley School	Parkside Community School
Chapel-en-le-Frith High School	Queen Elizabeth's Grammar School, Ashbourne
Dronfield Henry Fanshawe School	Swanwick Hall School
Highfields School	The Bolsover School
Hope Valley College	The William Allitt School

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Introduction

This report arises from a survey of young people in secondary schools in Derbyshire conducted in the Summer of 2009, following an earlier study in 2007. It was commissioned by Derbyshire County Council and led by Steve Ford (School Improvement Adviser).

This document gives a brief summary of the methods and samples; there is a fuller account given in complementary documents available from the Council.

■ The Schools Health Education Unit

SHEU is the leading provider of school-based surveys in the areas of PSHE and health education. It was established in 1977 by John Balding, and continues his vision of providing local information to enable better discussion and planning. The Unit originated and developed within the University of Exeter, where it was based until 1998.

■ Method

The questionnaire was designed by advisers in Derbyshire in collaboration with local teachers and SHEU.

Items were drawn from a number of sources including:

- SHEU *Every Child Matters* questionnaire
- SHEU *Health-Related Behaviour* questionnaire, Version 23
- customised items previously used by other SHEU clients
- new items suggested by the group

■ Quality assurance

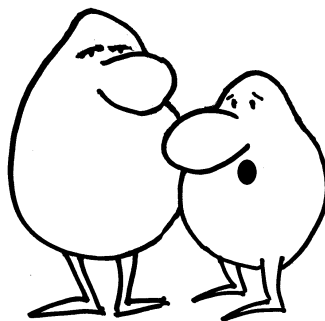
A seminar was offered to all participating schools to explain and discuss administering the survey to pupils, and representatives attended from each school. Further guidance was provided through written material supplied by e-mail and on paper with the questionnaire booklets.

■ Reporting and analysis

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

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

- The commissioners have a set of detailed tables based on the composite data set for the district, and supplementary tables and analysis.
- Each school has a similar set of tables, and a 'school report', a summary of their own data next to a summary of the whole Derbyshire data, together with a supporting text.



Samples

Each school was asked to provide at least 100 pupils per year group (about 4 classes) who are a representative cross-section of their school population.

This means that the survey would be representative of pupils of similar ages across the county. This does not take into account absentees¹.

The Derbyshire sample 2009

The completed sample size (excluding blank returns and scripts with inappropriate answers) was:

	Year 8	Year 10	All
Male	845	849	1694
Female	831	836	1667

Comparing Derbyshire figures in 2008 and 2009

The overall samples from 2009 can be compared with figures from 2007.

		Year 8	Year 10	All
2007	Male	485	449	934
	Female	466	462	928
2009	Male	845	849	1694
	Female	831	836	1667

Schools taking part in 2007 and 2009

To ensure that we had the opportunity to compare like with like, we identified 4 schools which also conducted the survey exercise in 2007 and 2009.

The 'repeat' sample

The combined sample of 'repeat schools' was:

Repeaters	Year 8	Year 10	All
2007	666	627	1293
2009	593	590	1183

- These schools have had a chance to review and respond to their results, and so changes in these schools may not be seen in the whole Derbyshire samples (and vice versa).

Reference samples

It is often interesting to compare local figures with results from elsewhere in the country. In this report, the Derbyshire sample has been compared with the SHEU aggregate sample from 2008.

	Year 8	Year 10	All
Male	14211	14079	28290
Female	15133	14810	29943
	29344	28889	58233



¹ Absent pupils will include those who are ill and any that habitually miss school. Therefore, some of the data recorded in the surveys may be biased. This will be a feature of any school-based survey. However, staff may already be more familiar with the characteristics of this absentee group than those of the section of the school population that complete the questionnaire. Moreover, we should not assume that the absentees are all poorly behaved; our work on bullying suggests that a number of shy, well-behaved pupils may be missing school and therefore biasing the results in the other direction.

■ National context

In 2003, the Government published a Green Paper called *Every Child Matters* alongside the formal response to the report into the death of Victoria Climbié. After a thorough consultation process, the Children Act 2004 became law. This legislation is the legal underpinning for *Every Child Matters*, which sets out the Government's approach to the well-being of children and young people from birth to age 19.

The aim of the *Every Child Matters* programme is to give all children the support they need to:

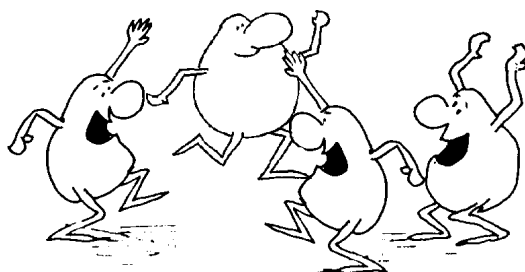
- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution, and
- achieve economic well-being.

The *Every Child Matters* agenda has been further developed through publication of the *Children's Plan: Building Brighter Futures* in December 2007. The *Children's Plan* is a ten-year strategy to make England the best place in the world for children and young people to grow up. It places families at the heart of Government policy, taking into account the fact that young people spend only one-fifth of their childhood at school. Because young people learn best when their families support and encourage them, and when they are taking part in positive activities outside of the school day, the *Children's Plan* is based around a series of ambitions which cover all areas of children's lives.

The goals set out in the *Children's Plan* include:

- Enhance well being, particularly at transition points.
- Every child ready for success in school.
- Every child ready for Secondary School.
- Every young person with the skills for adult life and further study.
- Parents satisfied with the information and support they receive.
- Employers satisfied with young people's readiness for work.
- Child health improved.
- Child poverty eradicated by 2020.
- Significantly reduce number of young offenders

<http://www.dcsf.gov.uk/everychildmatters/about/>



■ Local context

The Derbyshire Service Plan 2009-2014 identifies how the Children and Younger Adults Department will continue its delivery of high quality services by contributing to the vision and priorities identified within both the Sustainable Community Strategy for Derbyshire and the Council Plan. The Plan is structured around the council's planning framework, which sets out an overarching priority for 2009-2014 **to tackle inequalities** and twenty two other thematic priorities.

In planning for the future, the council has identified a number of challenges that the authority and partners will need to address and has set a number of specific priorities to concentrate its effort on achieving in 2009/10.

Derbyshire County Council, Children and Younger Adults Department Service Plan, 2009-2014

Being Healthy

Principles and Priorities

Our aim is to ensure all children and young people have good physical and mental health and link it with a healthy lifestyle. **The key principles are:** -

- Services, agencies and partners will work together to improve the health of all children and young people, including those who may find it hard to get a service, with services provided as close to children and young people's homes as possible, so that they can lead and enjoy healthy lifestyles.
- We want children and young people to know and understand about the things that are good for them and those that are dangerous to their health.
- Services will work together to prevent severe illness in children and young people and to provide access to the best services, locally for those with a serious illness or disability.
- We will work together to help children and young people feel good about themselves and provide services for those who have any form of emotional or mental health difficulty.

Our key priorities are: -

- (1) Reducing obesity by promoting healthy eating and physical activity
- (2) Reducing the number of teenage pregnancies
- (3) Increasing the amount of breast feeding
1. (4) Providing help to stop excess drinking

Our secondary priorities are: -

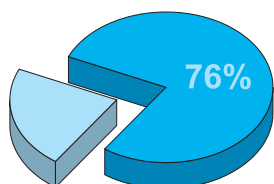
- (1) Improving support for children and young people suffering from emotional or mental health problems
- (2) Developing parenting skills programmes in order to improve emotional well-being and life chances
- (3) Maintaining high levels of vaccination and immunisation
- (4) Addressing health inequalities including infant mortality and low birth weight
- (5) Providing improved health advice and support to young people within schools and other local settings
- (6) Continuing to tackle problematic drug use

BEING HEALTHY

Pupils were offered a number of statements under this heading about the provision by the school. They answered as follows:

	Agree/ Strongly agree	Not sure	Disagree/ Strongly disagree
The school encourages me to be physically active	67%	19%	12%
People in school are helpful when I am unwell	42%	27%	29%
I get the chance to do at least two hours of physical activity each week	74%	12%	12%
The school has helped me understand more about growing up and body changes	65%	21%	13%
The school encourages me to eat healthily and drink water regularly	51%	25%	22%
The school encourages me to walk or cycle to school	33%	26%	39%

Three statements attract assent from 2/3 or more of pupils: *The school encourages me to be physically active*, *I get the chance to do at least two hours of physical activity each week* and *The school has helped me understand more about growing up and body changes*. The remaining items are less strongly agreed with and the last – *The school encourages me to walk or cycle to school* – is disagreed with by more pupils than agree.



Three-quarters of pupils agree that *The school encourages me to be physically active*



Some of these items directly bear upon the national performance indicator **NI057** cited in the *Derbyshire Service Plan 2009-2014: Children and young people's participation in high quality PE and sport*.

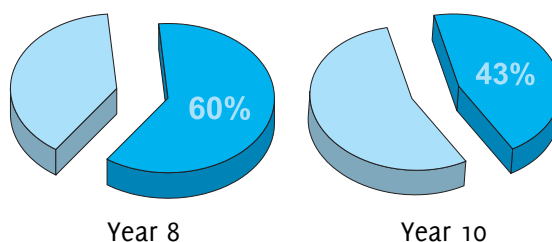
- A minority of pupils think that people at school are helpful in case of being unwell, a finding that also appeared in the 2007 study.

Only 33% of pupils agreed that their school encourages them to walk or cycle to school.

Agree/ Strongly agree	Year 8	Year 10
The school encourages me to be physically active	73	61
People in school are helpful when I am unwell	48	36
I get a chance do at least 2 hours of physical activity each week	80	69
The school has helped me understand more about growing up and body changes (puberty)	69	60
The school encourages me to eat healthily and to drink water regularly	60	43
The school encourages me to walk or cycle to school	39	27

- Year 10 students are much less likely to agree with each of the statements about Being Healthy than are Year 8 pupils. This is particularly true of *The school encourages me to eat healthily and to drink water regularly*, where we see a drop from 60% in Year 8 to 43% in Year 10.

Percentage of pupils in Year 8 and 10 agreeing that *The school encourages me to eat healthily and to drink water regularly*

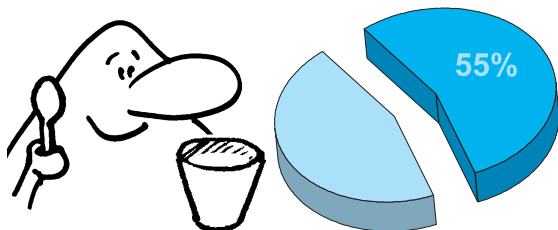


- Several of the statements are more likely to be agreed with by Year 8 pupils in 2009 than the same age pupils from 2007, including *The school encourages me to be physically active*

Healthy Eating

12% of the pupils in this survey 'never' consider their health when choosing what to eat.

55% say that they 'quite often', 'very often' or 'always' consider their health when choosing what to eat.



Q32. Percentage answering they never consider their health when eating.

All Derbyshire		
	Yr 8	Yr 10
Males	13	21
Females	5	9

Q32. Percentage answering they 'quite often', 'very often' or 'always' consider their health when eating.

All Derbyshire		
	Yr 8	Yr 10
Males	51	44
Females	64	60

Foods

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

Q33. Food eaten most often.

Males			Females		
1	Any dairy produce (e.g. cheese)	62	1	Any dairy produce (e.g. cheese)	66
2	Vegetables	46	2	Vegetables	56
3	Any meat	44	3	Fresh fruit	52
4	Fresh fruit	41	4	Any meat	38
5	Sweets, chocolate, choc bars	35	5	Sweets, chocolate, choc bars	34
6	Crisps	30	6	Salads	30
7	Fizzy drinks	27	7	Wholemeal bread	30
8	Wholemeal bread	27	8	Crisps	28
9	Low-calorie drinks	22	9	Low-calorie drinks	24
10	Rice or pasta	22	10	Rice or pasta	23

- The figures for *crisps* and *fizzy drinks on most days* among boys in the repeat sample in 2009 are rather higher than they were in 2007.

The top ten foods on the list with the highest percentages saying they eat the foods 'rarely or never' are:

Q33. Food eaten least often.

Males			Females		
1	Vegetarian main meal (e.g. tofu)	59	1	Vegetarian main meal (e.g. tofu)	55
2	High-fibre cereals or muesli	41	2	Sugar-coated cereals	49
3	Sugar-coated cereals	35	3	High-fibre cereals or muesli	45
4	Low-calorie drinks	24	4	Any fish	30
5	Salads	23	5	Fizzy drinks	28
6	Wholemeal bread	21	6	Low-calorie drinks	24
7	Any fish	20	7	Wholemeal bread	21
8	Fizzy drinks	15	8	Salads	13
9	Crisps	11	9	Crisps	13
10	Rice or pasta	8	10	Any meat	8

- The figures for eating *High-fibre cereals or muesli rarely or never* among boys in the repeat sample in 2009 are rather higher than they were in 2007.

■ DRUGS

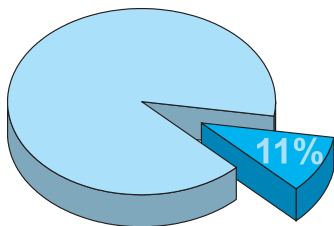
■ Smoking

35% say they have tried smoking in the past or smoke now.



- The figures for smoking experience from Derbyshire in 2009 are lower than those from 2007 in both the overall and the repeat samples.

11% in the survey smoked at least one cigarette during the last 7 days.



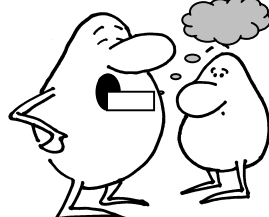
Boy/girl differences are usually apparent in these data, with older females showing the highest rates of smoking (20%).

12% say they smoke 'regularly' or 'occasionally'; this figure is sometimes lower than those who report smoking cigarettes last week. It may be that some people smoke (perhaps lightly) without seeing themselves as really being 'smokers'.

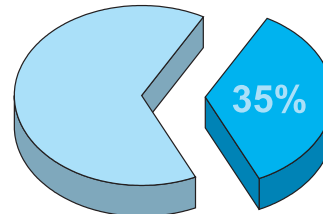
39% say that they have at least one person who regularly smokes at home

We do not know from these data if they do so in the same room as the pupil.

- It seems that over a third of pupils in Derbyshire may be exposed to cigarette smoke at home (39%); though this seems less than in the reference sample (45%). This is similar to the findings in 2007.



Q36. Percentage answering they have smoked in the past or smoke now.



Rates of smoking in Derbyshire are similar to those seen in the reference sample.

Q34. Percentage answering they smoked at least one cigarette during the last 7 days.

All Derbyshire		
	Yr 8	Yr 10
Males	4	14
Females	5	20

The most common sources for cigarettes were friends (6%) and a shop (3%).

Q36. Percentage answering they smoke 'occasionally' or 'regularly'.

All Derbyshire		
	Yr 8	Yr 10
Males	5	13
Females	5	24

- Smoking at home is reported a little less often in the 2009 samples than in the 2007 samples.

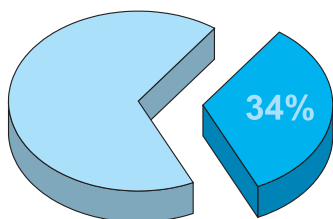
Q37. Percentage answering at least one person smokes regularly at home.

All Derbyshire		
	Yr 8	Yr 10
Males	37	37
Females	41	42

Alcohol

74% of pupils have ever had an alcoholic drink (60% of Year 8 pupils and 86% of Year 10 pupils).

34% had at least one alcoholic drink in the last week.



- Drinking in the last week is reported a little more often in the overall and the repeat 2009 samples than in the equivalent 2007 samples.

- Drinking during the last week is reported more often by Year 8 and Year 10 pupils in Derbyshire (20% and 47%) than by those of the same ages in the reference sample (9% and 28%).

Q43. Percentage answering they have drunk some alcohol in the last week.

	All Derbyshire	
	Yr 8	Yr 10
Males	19	45
Females	21	49

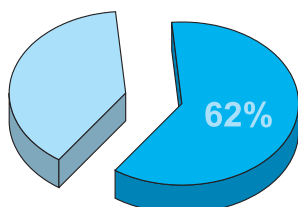


The following table gives the percentage who claim to have obtained alcohol from each of the places.

Q47. Where alcohol was obtained.

Males				Females			
1	I was given it by parents or other adults	18	1	I was given it by parents or other adults	20		
2	I was given it by friends or other young people	13	2	I was given it by friends or other young people	17		
3	Someone bought alcohol for me from a shop	9	3	Someone bought alcohol for me from a shop	11		
4	I took it from home	7	4	I took it from home	7		

The most common sources of alcohol, as we might expect, are friends and family.



10% of pupils report that alcohol was bought for them from a shop.

[This is a new question, for which we have no reference figures.]

The following table gives the percentage who claim to have bought alcohol in each of the places.

Q48. Where alcohol was purchased.

Males				Females			
1	From a friend	6	1	From a friend	7		
2	Off-licence	5	2	Off-licence	4		
3	From a young person who sells it to make money	4	3	Supermarket	3		
4	Supermarket	3	4	Disco or club	3		

The following table gives the percentage who claim to have drunk alcohol in each of the places.

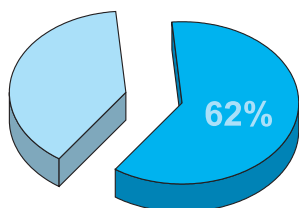
Q46. Where alcohol was consumed.

Males				Females			
1	At home	21	1	At home	23		
2	At a friend's or relation's	16	2	At a friend's or relation's	20		
3	Outside in a public place	14	3	Outside in a public place	14		
4	At a disco, club or party	10	4	At a disco, club or party	12		
5	At a pub or bar	7	5	At a pub or bar	6		

- SHEU data from across the country show that the home is generally the most common source and site of drinking alcohol up to the age of 16, and this is also true in Derbyshire.

Parents and drinking at home

If drinking was ever done at home, 62% of the pupils say it always took place with their parents' knowledge.



Q49. Percentage of those who drink at home whose parents always know.

All Derbyshire		
	Yr 8	Yr 10
Males	75	58
Females	72	51

Clearly many parents locally are allowing their children to drink and may encourage them to do so. Often it is commented by parents that it is necessary to teach their children to drink sensibly at home for their own protection because the pressures on them can be so great. If we accept this, we are still left with the questions, at what age and how often should this take place? The Chief Medical Officer has recently recommended that no child under 15 be allowed alcohol (<http://news.bbc.co.uk/1/hi/health/7856595.stm>), although other commentators have seen this as unrealistic.

Alcohol attitudes

Concern about drinking in Derbyshire, arising in part from interpretations of the Tellus3 survey results, led to the development of some additional questions, for which local and national comparison data are not available.

39: If you have never had more than a taste of alcohol, why is this? (top 6)

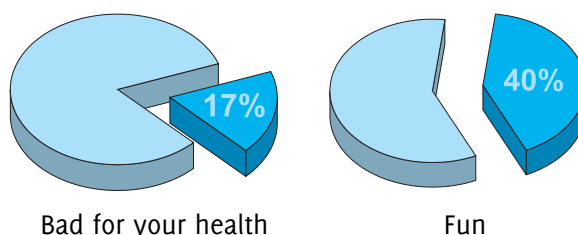
	Year 8		Year 10		All
	Male	Female	Male	Female	
It's bad for your health	20%	26%	7%	8%	15%
I want to stay in control	20%	26%	7%	8%	15%
I don't want to affect my schoolwork	18%	22%	7%	7%	14%
I don't like the taste	16%	20%	7%	7%	13%
I don't want to get a hang over	16%	22%	7%	7%	13%
I don't want to make a fool of myself	18%	21%	7%	7%	13%

We asked, *If you have never had more than a taste of alcohol, why is this?* The common rationales for not drinking given by abstaining pupils (40% of Year 8 pupils, 14% of Year 10 pupils) are spread among half a dozen reasons, with no single explanation standing out. [Among the 'other' responses, the most commonly volunteered was 'Friends being ill after drinking', a topic that was asked about directly in a following question.]

We asked abstainers *Does it bother you if your friends get drunk when you're with them?*, and 26% of pupils who answered the question said that it bothered them *usually* or *always*. The proportion of abstainers was lower among Year 10 pupils, but the abstainers were no less bothered by drunkenness in their friends.

Similarly, we asked pupils *If you drink alcohol, why do you do it?* In this case, there were two reasons which stood out as being chosen most often: *I like the taste* (chosen by 58% of pupils) and *It's fun* (40%). Among year 10 pupils, *Makes me confident* (49%) and *I like the feeling of being drunk* (40%) were also common choices. Nearly all of the other 10 reasons from the list were chosen by 10%-30% of the sample, and so the particular combination of motivations for an individual might be both complex and unusual.

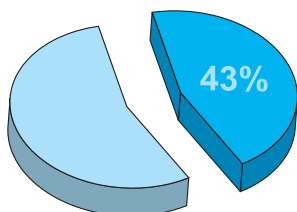
Percentage of pupils who think that alcohol is...



■ Illegal Drugs

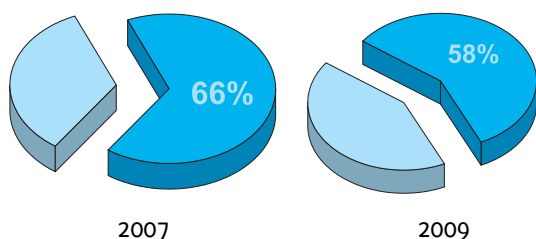
Know users

43% reported they were 'fairly sure' or 'certain' that they knew someone who used drugs that were not medicines.



This figure has not changed greatly since 2007; the figure for Year 10 females in the repeat sample in 2009 was 66% while in 2007 it was 58%.

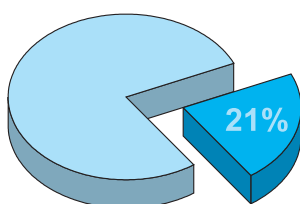
Percentage of pupils who were 'fairly sure' or 'certain' that they knew someone who used drugs



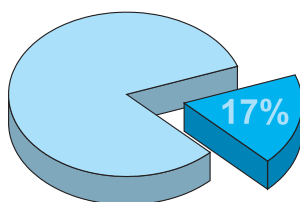
Data from the secondary school version of the Health Related Behaviour Questionnaire, as published in 'Young People into 2009', reveals that in year 10 over 55% of pupils are fairly sure or certain that they know someone who takes at least one of the drugs listed in the question, which is similar to the finding in Derbyshire.

Offered drugs

21% of pupils have been offered cannabis, a figure that is very similar to the 2007 result.



17% of pupils have been offered other drugs.



The percentages may not reflect the actual number of current known drug users, but may represent a large number of people knowing the same person.

This question is nonetheless important in providing an indication of how close the young people may be to sources of drugs.

Q51. Percentage answering they were 'fairly sure' or 'certain' they knew someone who uses drugs.

All Derbyshire		
	Yr 8	Yr 10
Males	24	56
Females	27	63



Q52. Percentage answering they have been offered cannabis.

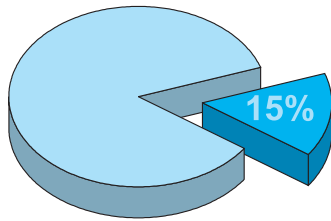
All Derbyshire		
	Yr 8	Yr 10
Males	11	32
Females	7	32

Q53. Percentage answering they have been offered other drugs.

All Derbyshire		
	Yr 8	Yr 10
Males	10	23
Females	7	28

Use of drugs

15% say they have taken some form of illegal drug themselves.



- It is important to note that reports of offers of illegal drugs exceed reports of experimentation. This suggests that many if not most pupils in Derbyshire are quite

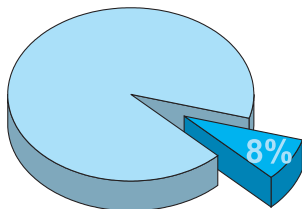
capable of refusing an unwelcome offer of a drug.

Q54. Percentage answering they have taken at least one of the drugs in the list.

All Derbyshire		
	Yr 8	Yr 10
Males	7	24
Females	4	23

This is the only question about a clearly illegal activity. The results are similar to those seen in the reference sample.

8% say they have taken some form of illegal drug within the last month.



This is lower than we saw in 2007, but the figures in the repeat sample are constant between 2007

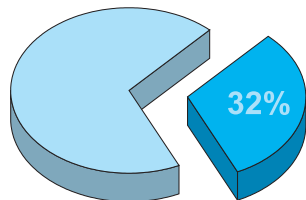
and 2009, so the difference may arise from pre-existing differences between the overall sample of schools in 2007 and 2009.

Q54. Percentage answering they have taken an illegal drug within the last month.

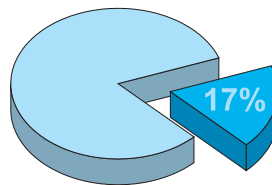
All Derbyshire		
	Yr 8	Yr 10
Males	4	13
Females	2	13

32% of Year 10 pupils report that have been offered cannabis, 17% say they have ever used cannabis, and 9% have used cannabis in the last month.

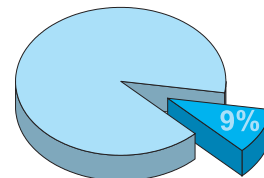
Percentage of Year 10 pupils who in relation to cannabis...



offered cannabis



ever used cannabis



used cannabis in the last month

For those who have taken drugs at some time, the average age when they tried drugs for the first time is as follows:



Q55. The mean age when first used drugs

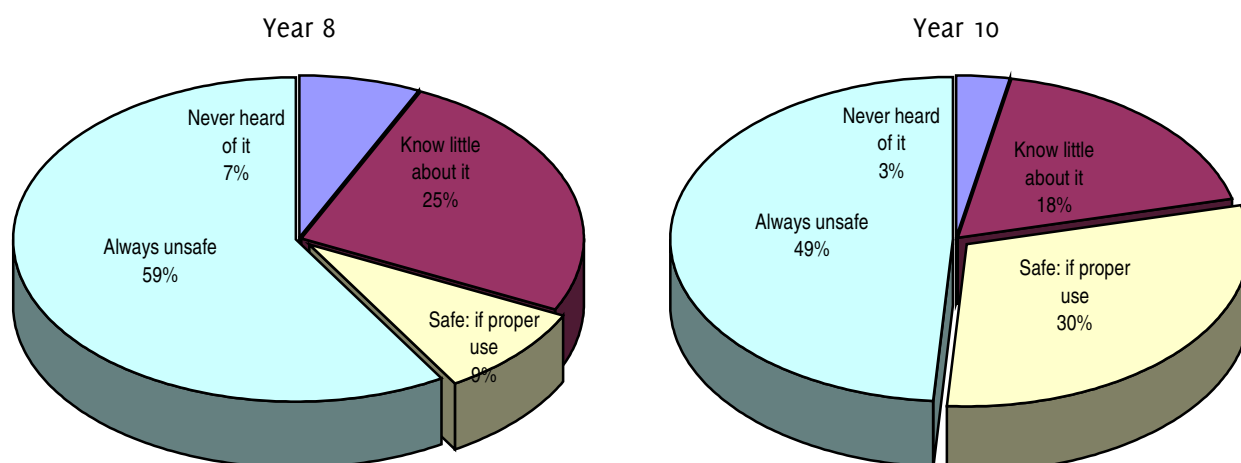
All Derbyshire		
	Yr 8	Yr 10
Males	11	13
Females	11	13

A summary for the six most common illegal drugs.

These drugs have been chosen because they are the six most common in most surveys. The numbers in the following table(s) are percentages.

Year 8	Know nothing about them	Believe safe if used properly	Have used in last month	Have used
Amphetamines	26	4	0	1
Cannabis (any form)	23	9	1	3
Poppers	22	4	0	1
Ecstasy	24	4	0	1
Synthetic hallucinogens	16	3	0	1
Solvents	20	11	0	1
Year 10	Know nothing about them	Believe safe if used properly	Have used in last month	Have used
Amphetamines	45	7	1	2
Cannabis (any form)	17	28	9	17
Poppers	31	16	2	6
Ecstasy	25	11	1	2
Synthetic hallucinogens	27	7	1	1
Solvents	24	16	2	4

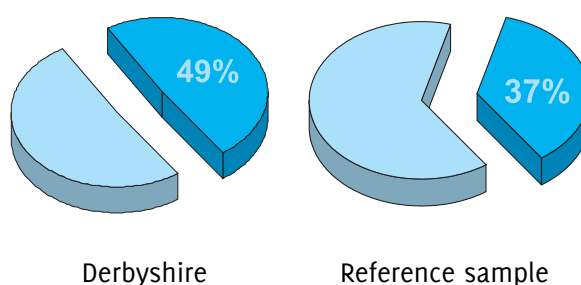
It is interesting to track changes between Year 8 and Year 10 in the attitudes of pupils towards the most commonly used illegal drug, cannabis.



Typically, Year 10 pupils are both more aware of the names of different types of drugs and more aware of the dangers, but for cannabis, Year 10 pupils are more sanguine about the risks of using cannabis than are Year 8 pupils.

- The proportion of pupils regarding cannabis use as 'always unsafe' increased from 48% to 54% between 2007 and 2009 in both the overall and the repeat samples.
- Results for the drug questions in Derbyshire in 2009 were similar to the reference sample; one of the few significant differences is that more Year 10 pupils in Derbyshire believe that cannabis is *always unsafe* (49%) than do Year 10 pupils in the reference sample (37%), and we might expect that this would translate into a lower propensity to use cannabis. As similar finding occurred in 2007.

Percentage of Year 10 pupils who believe that cannabis is always unsafe



■ Emotional health and well-being

Self-esteem

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

Data from the 'Young People in...' series reveal more females than males found at the lower end of the scale and more males than females at the higher end.

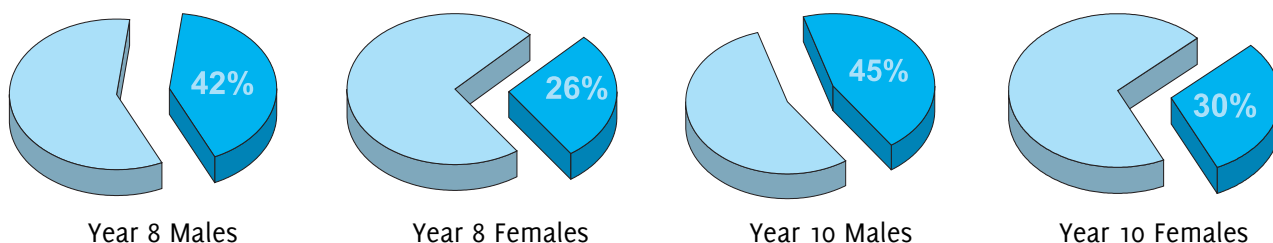
Q30. Percentage with self-esteem score of 15 or more (high).

All Derbyshire		
	Yr 8	Yr 10
Males	42	45
Females	26	30

Q30. Percentage with self-esteem score of 9 or less (med-low).

All Derbyshire		
	Yr 8	Yr 10
Males	23	22
Females	36	26

Percentage of Derbyshire pupils who score in the highest bracket of self esteem



Some of these items directly bear upon the national performance indicator **NI050** cited in the *Derbyshire Service Plan 2009-2014: Emotional health of children*

The proportion of males scoring in the higher bracket of self-esteem scores in Derbyshire in 2009 is higher than in 2007 for the overall sample but not in the repeat sample; this suggests a difference between schools rather than over time.

- A suggestion in the 2007 figures that self-esteem scores were not as high in Derbyshire as in the reference sample is not supported in 2009.



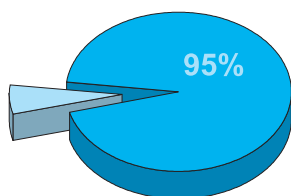
The responses in this survey to the individual items are also of interest:

Q30. (Individual self-esteem items) Percentage in each group giving high esteem response

	Year 8		Year 10		Total
	Males	Females	Males	Females	
Pupils who feel happy talking to other pupils	78%	77%	79%	79%	78%
Pupils who do not want to change lots of things about themselves	35%	17%	33%	17%	25%
Pupils who are not uneasy saying things in front of teachers	41%	27%	43%	33%	36%
Pupils who do not fall out with other pupils often	51%	45%	57%	61%	54%
Pupils who do not feel lonely often	69%	65%	74%	72%	70%
Pupils who do not think that other pupils often say nasty things about them often	50%	39%	53%	43%	47%
Pupils who do not feel shy when they want to tell a teacher something	59%	37%	61%	46%	51%
Pupils who do not often have to find new friends	69%	62%	74%	75%	70%
Pupils who do not usually feel foolish when they talk to their parents	67%	60%	65%	66%	65%
Pupils whose parents like to hear their ideas	58%	57%	50%	55%	55%
Pupils who think teachers listen to them at school	42%	35%	33%	34%	36%

Control over health

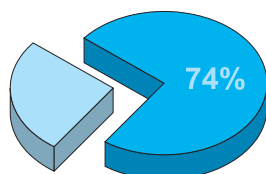
96% agreed with at least one statement about being in control of their health (Q67a&c).



Q67. Percentage agreeing with statements Q67a and/or Q67c.

	All Derbyshire	
	Yr 8	Yr 10
Males	96	96
Females	96	97

74% agreed with at least one statement saying that they weren't in control of their health.



Q67. Percentage agreeing with statements Q67b and/or Q67d.

	All Derbyshire	
	Yr 8	Yr 10
Males	72	72
Females	75	77

For an overall 'control' score SHEU add together the scores for the two 'controlling' items (a+c) and take away the score for the two 'chance' items (b+d). This gives a score, in the jargon, of 'health locus of control', whether a person sees themselves as being generally in control of their health or not. If not then this fatalism may make health warnings irrelevant.

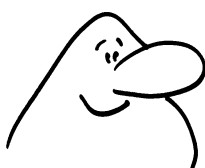
68% of the pupils in this survey had a net positive score for the items in question 67, suggesting that they feel generally in control of their health.

Q67. Percentage having a positive health locus of control score.

	All Derbyshire	
	Yr 8	Yr 10
Males	68	70
Females	68	66

SHEU know from other studies that such scores are related to higher levels of participation in health-promoting behaviour, and lower levels of health-risky behaviour.

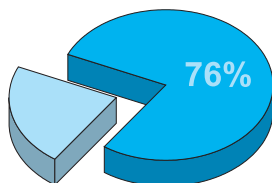
These results are similar to those found in 2007 in the overall and the 'repeat' samples, and are similar to those seen in the reference sample.



Relationships

Adults

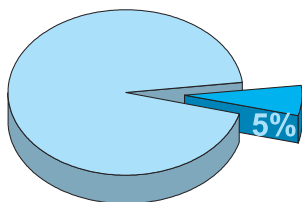
76% in the survey think they can trust 3 or more adults.



Q58. Percentage answering there are 3 or more adults they can trust.

	All Derbyshire	
	Yr 8	Yr 10
Males	84	78
Females	77	66

5% in the survey think there are no adults they can trust.

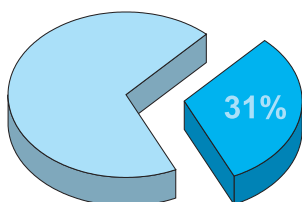


Q58. Percentage answering there are no adults they can trust.

	All Derbyshire	
	Yr 8	Yr 10
Males	4	6
Females	3	7

Confidence

31% are usually 'at ease' meeting people of their own age.



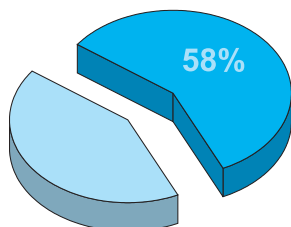
Q59. Percentage answering usually feel at ease when meeting people their own age.

	All Derbyshire	
	Yr 8	Yr 10
Males	38	37
Females	24	25

- The figure for being 'at ease' meeting people of their own age is higher in 2009 than in 2007 in both the overall and repeat samples.

Social pressure

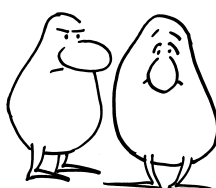
58% of the pupils said 'When a friend wants me to do something I don't want to do... I can usually or always say no'.



- The figure for being able 'usually or always say no' when a friend wants me to do something I don't want to do is higher in 2009 (58%) than in 2007 (54%) (this is seen in both the overall and repeat samples).

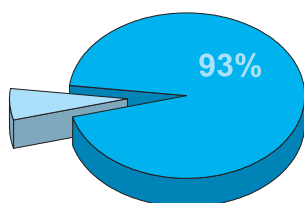
Q63. Percentage answering they can usually or always say no.

	All Derbyshire	
	Yr 8	Yr 10
Males	58	58
Females	55	62



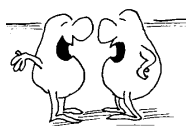
Friendships

93% of the pupils have at least one close friend



- 1% of the pupils say that they don't have any real friends.

These figures are very similar to those found in 2007.



Q60. Percentage answering they have at least one close friend.

All Derbyshire		
	Yr 8	Yr 10
Males	92	92
Females	94	94

Q60. Percentage answering they don't have any real friends.

All Derbyshire		
	Yr 8	Yr 10
Males	1	1
Females	1	0

Attitudes to relationships

The most important things in a relationship with a friend were:

MALES			FEMALES	
1	Have fun together	86	Can be honest with each other	93
2	Can be honest with each other	82	Have fun together	93
3	Good company	81	Support and encouragement	91
4	Support and encouragement	80	Good company	89
5	Can talk about feelings together	67	Can talk about feelings together	89
6	Interests in common	66	Interests in common	64

Males and females share a view about the two most important features of a friendship: 'have fun together' and 'can be honest with each other'. Females rated much more highly than did males the item 'can talk about feelings together', which 89% of females gave as important.

This pattern of results was also found in 2007.



The most important things in a relationship with a boyfriend/girlfriend were:

MALES			FEMALES	
1	Can be honest with each other	83	Can be honest with each other	91
2	Have fun together	83	Have fun together	91
3	Good company	82	Support and encouragement	88
4	Comfortable with each other physically	81	Can talk about feelings together	88
5	Support and encouragement	81	Good company	87
6	Can talk about feelings together	81	Comfortable with each other physically	87
7	Interests in common	72	Interests in common	74

When thinking about relationships with boy- or girl-friends, honesty and fun were seen as the most important dimensions of dating relationships by both males and females.

Males saw talking about feelings as more important in a dating relationship than in a friendship.



These topics directly bear upon the national performance indicator **N1050** cited in the *Derbyshire Service Plan 2009-2014*: **Emotional health of children**

Sexually transmitted infections

In Q64 the pupils were asked about their knowledge of sexually transmitted infections. They were offered four options for each infection: “Never heard of it”; “Know nothing about it”; “Can be treated but not cured”; “Can be treated and cured”. The correct answers are that Genital herpes, Genital warts and HIV/AIDS can be treated but not cured whereas Gonorrhoea, *Chlamydia* and Pubic lice can be cured. The percentages in the table are for those correctly answering whether the condition could be cured or not.:

Q64. Knowledge of sexually transmitted diseases

	Yr 8 males		Yr 8 females	
1	HIV/AIDS	38	HIV/AIDS	42
2	Pubic lice (crabs)	33	Pubic lice (crabs)	29
3	<i>Chlamydia</i>	16	<i>Chlamydia</i>	18
4	Gonorrhoea	12	Gonorrhoea	9
5	Genital herpes	7	Genital warts	7
6	Genital warts	5	Genital herpes	5

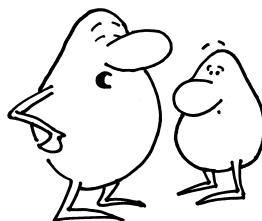
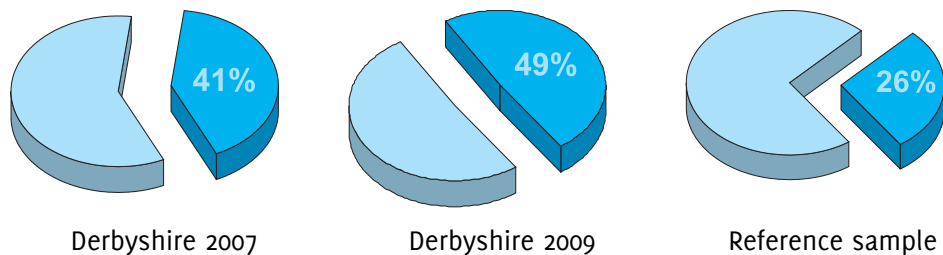
	Yr 10 males		Yr 10 females	
1	HIV/AIDS	66	HIV/AIDS	76
2	Pubic lice (crabs)	64	Pubic lice (crabs)	69
3	<i>Chlamydia</i>	49	<i>Chlamydia</i>	59
4	Gonorrhoea	34	Gonorrhoea	36
5	Genital herpes	16	Genital herpes	17
6	Genital warts	14	Genital warts	12

The awareness of Year 10 pupils about sexually transmitted infections is quite good, and best of all for HIV/AIDS. However, while HIV is very important it is a less common infection in the UK than all the others mentioned in the question.

The awareness of Year 8 pupils about sexually transmitted infections is much less than that of the Year 10 pupils; it might fairly be observed that they have no need to know at that age.

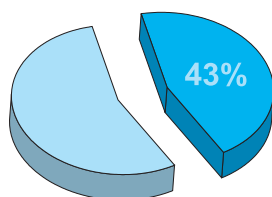
- The proportion of Year 10 pupils in Derbyshire who correctly identified *Chlamydia* and gonorrhoea as treatable and curable in 2009 was markedly higher than in 2007 in both the overall and repeat samples.
- The proportions of Year 10 pupils in Derbyshire who correctly identified *Chlamydia* and gonorrhoea as treatable and curable in 2009 (54% and 35% respectively) were much higher than in the reference sample (32% and 25%); this repeats a similar positive finding in 2007.

Percentage of Year 10 males who correctly identified Chlamydia as treatable and curable



■ Contraception and local services

43% believe there is a special contraception and advice service for young people available locally.



- The proportion of Year 8 pupils in Derbyshire in 2009 who reported awareness of a local sexual health service for young people was markedly higher than in 2007 in both the overall and repeat samples.

- Compared with the reference sample (43%), the proportion of Year 10 pupils in Derbyshire in 2009 who reported awareness of a local sexual health service for young people was markedly higher (58%).

Q65. Percentage answering they believe there is a special contraception and advice service available locally.

	All Derbyshire	
	Yr 8	Yr 10
Males	27	55
Females	27	61

You will be able to interpret these figures in the light of your local knowledge.

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

Q66a. Knowledge of contraception methods

Year 8

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy	Reliable to stop infections like HIV/AIDS
Condoms	2	5	11	69	53
Diaphragm (Cap)	40	24	8	14	5
Pill	12	15	14	45	8
Femidom	21	18	11	35	22
Morning after pill	18	18	16	33	4
Safe period/Rhythm method	32	23	19	12	1
Sex without penetration ('outercourse')	31	21	17	16	8

Year 10

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy	Reliable to stop infections like HIV/AIDS
Condoms	2	1	9	82	76
Diaphragm (Cap)	17	26	14	36	9
Pill	2	3	14	74	5
Femidom	5	14	19	55	34
Morning after pill	2	4	23	63	3
Safe period/Rhythm method	18	24	39	11	1
Sex without penetration ('outercourse')	12	19	33	29	10

Condoms were widely seen by Year 10 pupils as reliable to stop pregnancy and (to a lesser extent) to stop infections; this was also found in 2007.

- Year 8 pupils in 2009 were aware of a greater number of contraceptive methods than those in 2007 in both the overall and repeat samples; they were also more confident about the prophylactic use of condoms.
- Year 10 pupils in Derbyshire showed greater confidence in the reliability of condoms as methods of preventing pregnancy (82%) and in preventing infections (76%) than did those in the reference sample (73% and 63% respectively).

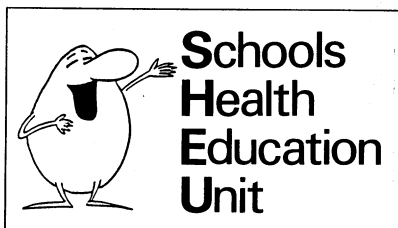


These data are relevant to the national performance indicator **NI112** cited in the *Derbyshire Service Plan 2009-2014: Under 18 conception rate*

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<i>Q33. Food eaten least often.</i>	14
<i>Q36. Percentage answering they have smoked in the past or smoke now</i>	15
<i>Q34. Percentage answering they smoked at least one cigarette during the last 7 days.</i>	15
<i>Q36. Percentage answering they smoke 'occasionally' or 'regularly'</i>	15
<i>Q37. Percentage answering at least one person smokes regularly at home.</i>	15
<i>Q43. Percentage answering they have drunk some alcohol in the last week.</i>	16
<i>Q47. Where alcohol was obtained.</i>	16
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<i>Q49. Percentage of those who drink at home whose parents always know</i>	17
<i>Q51. Percentage answering they were 'fairly sure' or 'certain' they knew someone who uses drugs.</i>	18
<i>Q52. Percentage answering they have been offered cannabis</i>	18
<i>Q53. Percentage answering they have been offered other drugs</i>	18
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<i>Q55. The mean age when first used drugs</i>	19
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<i>Q30. Percentage with self-esteem score of 15 or more (high)</i>	21
<i>Q30. Percentage with self-esteem score of 9 or less (med-low)</i>	21
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<i>Q58. Percentage answering there are 3 or more adults they can trust</i>	23
<i>Q58. Percentage answering there are no adults they can trust</i>	23
<i>Q59. Percentage answering usually feel at ease when meeting people their own age</i>	23
<i>Q63. Percentage answering they can usually or always say no.</i>	23
<i>Q60. Percentage answering they have at least one close friend.</i>	24
<i>Q60. Percentage answering they don't have any real friends</i>	24
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<i>Percentage of Year 10 males who correctly identified Chlamydia as treatable and curable</i>	25
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