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Executive Summary

Over 104,000 teenagers have completed the APAUSE Year 11 questionnaires between 1992 and 2006. We hope that their comments and the analysis of these data will continue to stimulate the debate on SRE and to provide evidence of some effective solutions.

Teenagers are learning a great deal about sex, and not only in the classroom! This survey shows that the majority of teenagers are getting information about a range of topics from their school SRE, including the topics they believe to be important. However, even within schools there can be quite wide variation in teenagers' perceptions of the quality of SRE.

Our research findings confirm the view that *effective* Sex and Relationships Education is:

- remembered by young people,
- useful to boys and young men as well as girls and young women,
- appreciated by them,
- able to increase their knowledge, correct myths and alert young people to risks,
- associated with changes in attitude - increasing tolerance and respect,
- linked with decreased risk taking.

Key data summary

The table on the next page summarises some key data from this year's report. This data is included elsewhere in the report in more detail in other tables.

It enables you to compare your school data with two other groups of schools (as in the rest of the report, see "The Data" chapter on page 8 for a fuller description) **Please do not draw inappropriate conclusions when comparing your school. Big differences are needed to be statistically reliable.** On the other hand differences of 3-4 % may be significant when comparing others and APAUSE groups which are much larger. See the last chapter for a fuller discussion.

Looking at the comparison of APAUSE and others it is clear that the major differences are in the top half of the following table where the data is related to SRE, while the similarities in the bottom half confirm that both groups are attending schools that are rather similar in other ways. These data yet again strongly suggest that the programme does have marked positive effects in terms of:

- increased appreciation by students of their SRE education,
- increases in their knowledge,
- a less hedonistic and more mature attitude to relationships,
- a more accurate appreciation that it is not normative to have sex before 16
- a tendency for fewer students to have experienced intercourse at a mean age of 16
- for those that have to be more likely to practice safer sex.

These findings are in spite of the fact that the APAUSE School's students are higher risk takers in other areas of health behaviour such as smoking, drugs and alcohol. Other health risk taking is closely linked to early sexual experience with the highest third of risk takers being 13 times as likely to have experienced intercourse by the age of 16.

Executive Summary Key Data Table

	Yours		Others		Apause	
	Boys	Girls	Boys	Girls	Boys	Girls
Students recall of their SRE (%)						
Had a lot or some SRE	65	59	73	70	84	84
Learnt about STIs	58	49	67	65	82	80
Learnt about Assertiveness	36	49	46	46	71	74
Learnt about Morality	58	58	58	56	67	65
Knowledge						
Contraception questions score	55	62	59	72	64	76
STI questions score	57	66	63	72	65	76
Chlamydia most common STI in UK	44	60	39	63	42	70
Students views of their SRE (%)						
It is OK as it is	63	49	68	55	78	68
Learnt a lot about relationships	58	56	54	47	61	56
Helped to discuss contraception	47	49	54	51	62	62
Helped to manage intimacy	33	34	43	38	54	50
Other school related data						
Been bullied? (any +ve)	62	72	61	65	60	67
School deals with bullying effectively	30	30	49	48	45	46
Smoking Ed was useful	54	46	65	59	63	57
Alcohol Ed was useful	63	50	59	54	62	56
Drugs Ed was useful	70	50	74	69	74	70
I'm actively trying to improve my fitness	44	30	45	34	43	35
I feel overweight	20	50	21	37	21	38
Rarely or never eat breakfast at home	22	49	24	37	21	32
Drinking water easily available in school	36	61	56	60	52	60
School toilets are OK	0	3	10	11	7	13
I hear about school council meetings	20	5	24	22	24	20
I participate in lunch time clubs	15	4	32	23	36	28
I participate in after school clubs	53	43	57	49	55	49
Non Virgins (%)	45	47	36	44	33	44
Smokers (%)	29	42	26	35	23	31
Drunk once a month or more (%)	43	43	42	46	45	52
Used cannabis	46	45	42	38	47	41

Further information about the programme and links to national and local support agencies are available on the APAUSE website, www.ex.ac.uk/sshs/apause. Local websites are identified from the map showing regional locations where APAUSE is being delivered. If you know of appropriate local sites not mentioned on our website please do let us know via the phone or email. We have also included links about a wide range of concerns for young people via the 'I-WEB' section and encourage young people to make use of this growing resource.

For further information on the content of this report or on the APAUSE programme in general please contact the Exeter APAUSE team.

John Tripp, John Rees, David Evans

Introduction

The first thing to say, as always is “**Thank you**” to all of the staff and students with whom we have worked this year. Particular thanks to the APAUSE staff and project coordinators across the regions:

Exeter:	Carol Marriott	Northampton:	Tessa Parkinson
Bradford:	Emily Parry-Harris	Powys:	Kate Heneghan
Cumbria:	Martin Herbert	Salford	Julie Chapman
Doncaster:	Julie Newsome	Sandwell:	Jackie Haden
Essex:	Tim Hull	Sunderland:	Rick Stiffer
Hartlepool:	Siobhan Farmer	Teignbridge:	Catherine Kay
Hull:	John Rees	Torbay:	André Sinclair
Isle of Wight:	Liz Phillips		

A special “**thank you**” also to Mohammed and Lynn Amooie, and Jane Lock, the Exeter APAUSE team, who work so hard to support the process. Thank you also to all our **independent** trainers who are consistently so well received.

As you are probably aware, the original APAUSE research project began in 1990 with just a few schools and colleges in Devon, and the results were compared with local and distant schools.

This year, during the Spring of 2006, over 18,000 students in around 100 schools and colleges across the country have taken part in the APAUSE Year 11 Questionnaire.

School based, behaviourally effective Sex and Relationships Education is rare but there are now approximately 130 Schools and colleges delivering APAUSE. A number of PCTs and LEAs have also completed the Year 11 Questionnaire to help audit SRE/PSHE and NHSP. We appreciate that the requirements to successfully deliver APAUSE are significant but we also remain convinced that this represents a worthwhile investment in terms of health, education and social inclusion.

In May 2004, we saw the publication of the findings of an **independent review** of the APAUSE programme conducted on behalf of the Department of Health by the National Foundation for Educational Research (NFER). The **outcomes of this review were very positive** and above all else reaffirmed that APAUSE remains the only programme in the UK to have demonstrated a positive impact on young peoples knowledge, attitudes and sexual behaviour.

One of the interesting aspects of the external evaluation of APAUSE by the NFER was the disparity of views of the programme between national experts and local practitioners. Neither group were able to identify a similarly comprehensive, carefully structured and evaluated multi-agency approach. Practitioners and peer educators enthusiastically welcome the training and flexible delivery of the programme. They refute claims that participation in APAUSE does not increase their professional skills and confidence. We hope that this positive contribution to CPD supports other aspects of PSHE and is taken elsewhere in the curriculum.

The long-term goal of APAUSE is to promote the positive aspects of relationships, both emotional and physical. More specifically this includes the following aims:

- Increasing tolerance, respect and mutual understanding.
- Enhancing knowledge of risks and counteracting myths.
- Improving effective contraceptive use by already sexually active teenagers.
- Providing effective skills to those who wish to resist unwelcome pressure.

From a Health perspective, Health Authorities (including Primary Care Trusts) are charged with meeting **national and local targets** concerning sexual health and well-being. Sex education is clearly identified by the National Strategy for Sexual Health and HIV as an essential component to improve young peoples' physical health and emotional well-being.

Even the most affluent areas in England have teenage birth rates that are high by European standards. Coercive or unprotected sex also puts young people at risk of Sexually Transmitted Infections (STIs). The increasing incidence of **Chlamydia** with its consequences for **infertility**, the potential for an increased risk of cancer and of HIV/AIDS confirms that the problem is not just one of **teenage pregnancy**. However, teenage pregnancy and the associated health outcomes can also have significant social, educational and financial consequences in terms of poorer physical and emotional well-being and **reduced life chances**.

From an Educational perspective, the vehicle for APAUSE is Sex and Relationships Education (SRE) and many schools have reported very positive comments about the experience of participating in the programme for staff and students. The programme meets the Guidance from DfES and is also commended as good practice by OfSTED. Delivery of SRE is a legal requirement for schools and forms part of the statutory and recommended requirements of the National Curriculum. It is also an integral component of Personal, Social, Health Education (PSHE) and Citizenship frameworks.

However, the pressure on schools to produce ever-improving academic results remains intense. We hope that by supporting teachers in approaches to classroom management by enhancing their range of teaching and learning styles, using multi agency approaches, and involving young people in their own learning, we can help to support whole school approaches to issues such as emotional literacy and personal development by improved interaction between staff, students and the wider community.

The Qualification Curriculum Authority identify the advantages of providing a broad and balanced Curriculum. This is not only in terms of health benefit. The new 'National Healthy Schools Programme' which now encompasses the Continued Professional Development certification processes for both teachers and community nurses also aims to enhance PSHE and personal development aspects of the curriculum to support the drive towards pupil attainment and school improvement. The APAUSE training for teachers and community nurses now makes explicit links between classroom practice, lesson observation and collecting portfolio evidence partly to enable local authorities to 'dovetail' APAUSE with other local initiatives but principally because of our long-standing commitment to enhancing teaching and learning to improve young peoples life chances.

From the Social Inclusion viewpoint, sexual behaviour, especially teenage pregnancy is a key area for **Education, Health and Social Services**. Teenage parents, especially young mothers are less likely to finish their education, less likely to find a good job, and more likely to remain single parents and bring up their children in relative poverty and with an increased risk of poor health. Increasingly close partnerships between Health, Education, Parents and young people are sought and frequently achieved to increase social inclusion and to maximise health and educational advantage.

We know from previous data that teenagers and their parents alike want SRE taught as a partnership between school and parents. **Boys are less likely to receive as much SRE from their parents** as girls and are less likely to read magazines that are informative about sexual health. Boys are less knowledgeable about human biology in general - and there are **greater incentives**, and **fewer disincentives** for them **to become sexually**

active. Their parents are less likely to place many restrictions and controls on their social activities and are perceived as being more likely to condone or approve the sexual activity of young men.

One way to tackle these issues is through *effective* SRE, as part of the PSHE Citizenship framework. The Teenage Pregnancy Report (SEU 1999), which cited APAUSE as the only secondary school example of “promising approaches” reiterated the fact that traditional approaches to SRE are failing to meet the needs of young people. The report also highlighted an imperative to meet the needs of boys and young men, who are, of course, *“half the problem and half the solution”*.

The tables, charts and comment in this report are based on the knowledge, beliefs and behaviour reported by your students and others. We hope that this will be of use to you as you plan to **monitor and revise your SRE** policy and provision within the remit of Personal Development, Social Inclusion, Academic Standards, Teenage Pregnancy and Sexual Health provision.

This year we have again revised and updated our feedback and show:

- Mean data on a “Your School”, “Others” and “APAUSE” basis. **(N.B. In order to provide the earliest possible feedback to schools we have not waited for all 2006 data before publishing.)** The “APAUSE” group of data are from students in APAUSE schools who completed and returned the Year 11 questionnaires in the previous two academic years (2004/05 and 2005/06). These are schools whose students have received the full APAUSE programme - Year 9 adult led sessions, Year 9 peer led sessions and Year 10 adult led components. The “Others” group of data are also data collected in the previous two academic years (2004/05 and 2005/06) and are for those schools whose students did not receive the APAUSE programme. In many cases APAUSE is now being taught in these schools but the Year 11 groups involved in the survey will not have received the programme. This allows you to compare “Your Schools” data with either of the other two groups.
- Mean data on a “Your School” and “Others” basis in areas (such as bullying) in which the APAUSE programme does not focus on. The “others” data in these tables include all the other schools surveyed apart from your school (control and APAUSE combined).
- Gender comparisons. Rather than report the clinically accepted ‘males’ and ‘females’ or the more long-winded ‘boys and young men’ or ‘girls and young women’, we have abbreviated this to ‘boys’ and ‘girls’.
- Some details for your school over a period of five years, if you have been involved all that time.
- Additional data that through our research we have found to be of interest to schools, such as the influence of peer pressure and other risk taking activities, and also this year more data on smoking, alcohol, bullying, healthy schools and other such areas of interest to schools.

The Data

This report contains data derived from responses to questionnaires given to students during the Spring term of 2006 in National Curriculum Year 11, when their mean age is 16 years.

This year the questionnaire is due to be administered in over 100 schools. Many of the schools that we survey are involved with the APAUSE programme. Also included are schools that ask for the survey as part of their decision making process or simply to evaluate existing SRE programmes or before the first cohort of year 9 pupils receiving APASUE reach Year 11.

Schools included in this report as having received the APAUSE programme are those where, as far as we know, the Year 9 adult sessions, the Year 9 peer sessions and the Year 10 adult sessions (or year 10 WISE sessions) were carried out. Some schools do not manage to implement the whole programme and this year we have decided not to include schools where less than one third of pupils recall having SRE sessions led by peers. This affects a third of schools and when analysing the data the results were significantly different and intermediate between non-Apause ('Others') and full programme ('Apause') schools. If you are an APAUSE school you can check how many of your pupils recall receiving the peer element of the programme on the final graph situated on the last page of this report.

Data in this report are presented as percentages of responses received. When data is analysed fully, on an intention to treat basis, to demonstrate programme effect, we are able to take account of the variability that is inevitable between schools and delivery. This variability, even between APAUSE schools, is seen when data is presented showing schools individually.

The Schools

The schools are not a random sample but an opportunistic one, the sample providing data from schools' and PCTs' who have invested in the programme. As a result there is naturally a clustering of sites across the country. In the last couple of years we have worked with an increasing number of schools in urban areas, though the majority of schools in the sample are from outside major cities. At present we survey more than 2% of the Year 11 students in the UK though get responses from only 1.5%. As the programme and the use of the questionnaire becomes more widespread, a larger sample of the population of Year 11 students are being embraced which results in the sample becoming a 'random' cross-section of the Year 11 community. This year all the schools involved in the survey are comprehensive except one, and the majority are mixed but a few are single sex and/or church schools. Within each school, we aim to survey the whole year group but in some cases this is not possible. It will always be difficult to find the 'best' time to conduct a whole year survey in Year 11 with all the other pressures that are on staff and students. Each school will know how representative the sample from their school was.

Data Collection

The external staff (usually health professionals) involved in collecting the data are trained in the principles of good data collection and complete written supervisors comments sheets (one for every 25-30 students) reporting on the arrangements in each school and any difficulties occurring in connection with the administration of the questionnaire. The manner and atmosphere in which the data is collected contributes to its validity and we feel that the majority of schools are committed to ensuring the best atmosphere they can through careful

preparation of students and location. Reassuring the students of the anonymity of their responses and that they are sealed and sent for processing without anyone in the school seeing them, motivates the students to give honest answers.

Question Modification

The questions we use have been developed, refined and changed every year. Modifications are made to questions as a result of careful analysis of existing data, and qualitative information on supervisors' sheets concerning difficulties experienced with questions. Sometimes schools or areas ask that a topic is included in the questionnaire and these requests will be incorporated whenever possible.

Numbers of Students

Table 1 below shows the numbers of students involved in the project over recent years, including the numbers from your school in particular. It shows a steady increase in the number of APAUSE students over the past years. 2006 numbers are incomplete at present.

Table 1: Numbers of students involved each year

		1998	1999	2000	2001	2002	2003	2004	2005	2006	Total
Yours	Boys							76		90	166
	Girls							86		76	162
Others	Boys	1684	1586	1549	3030	4062	4453	1009	1747	2197	21317
	Girls	1697	1608	1616	3315	4395	4600	1310	1670	2449	22660
Apause	Boys						1850	2265	1595	1323	7033
	Girls						1984	2429	1742	1317	7472
Total		3381	3194	3165	6345	8457	12887	7175	6754	7452	58810

It should be remembered that figures mentioned in the tables in this report, unless otherwise stated, are percentages and in some schools are a product of small numbers of pupils. As a result annual fluctuations, whilst appearing large, may not be significant. For an explanation of statistical significance in relation to the data displayed in the tables in this report please see the appendix at the end of the report.

It is important to remember these scores are raw percentages and do not take into account the differences between the schools that make up each population, in terms of size or socio-demographic differences, that will affect scores.

Ethnicity and socio-demographic information

We include here some information for schools on the ethnic grouping that students' have entered on the questionnaire. Data from the Office of National Statistics states that 91% of the UK population is White, 4.5% Asian or Asian British, 2.3% Black or Black British, about 1% mixed race and about 1% 'Other'.

Table 2: Students ethnic background

	Yours	Others	Apause
White	79.5	82.7	90.9
Black or Black British	1.7	6.0	2.0
Asian or Asian British	9.4	5.6	3.8
Mixed race	6.0	2.7	1.3
Other	2.6	1.0	.9
Prefer not to say	.9	1.9	1.0

Background information is given by pupils about a number of socio-economic variables and enables you to see how similar your school is to others surveyed.

Table 3: Socio-demographic data

	Yours	Others	Apause
Senior manager / Professional	16.6	9.0	17.3
Manager small firm/Semi-prof.	8.9	7.6	13.4
Self employed / foreman	32.0	13.7	22.9
Employee	10.7	4.0	6.6
Both parents unemployed	6.5	2.7	3.3
Not answered/Missing	32.5	69.1	47.0
One parent unemployed	17.2	6.7	8.9
Site of residence			
Countryside	.6	3.0	4.4
Village	14.2	5.6	18.4
Town	18.3	17.9	27.7
City	34.9	5.4	4.4
Not answered/Missing	32.0	68.2	45.1
Owner occupied	83.2	87.3	89.6
Number of siblings living at home (mean)	2.1	2.1	1.9
Saying they are Religious	16.2	28.8	17.7
Parents are religious	17.0	5.3	5.4
brought up with religion	28.0	42.3	36.3

Educational aspirations

We ask students about their educational aspirations and the results are shown in table 4 and for your school over time in table 5. We would be interested to hear whether these figures reflect your understanding of students expectations for example in relation to numbers of GCSEs planned or those planning further and higher education.

Table 4: Educational / occupational aspirations by gender

	Yours		Others		Apause	
	Boys	Girls	Boys	Girls	Boys	Girls
GCSEs to take (mean)	7.9	7.7	9.2	9.3	9.2	9.6
Taking less than 5 GCSEs (% students)	14.4	9.2	4.1	3.8	3.7	1.9
How many grades A to C expected (mean)	5.2	4.8	7.0	7.0	6.9	7.4
How many As or A*s expected (mean)	1.0	1.2	2.1	1.9	1.8	1.9
Non GCse exams at 16	1.2	.9	.7	.6	.5	.2
Leave for a job (% students)	45.6	15.8	25.1	8.5	25.9	9.1
Youth training scheme etc. (% students)	1.0	1.0	1.0	1.0	1.0	1.0
Any college course (% students)	45.6	73.7	67.2	83.8	68.5	85.9
Planning A Levels, Baccalaureate etc (% students)	18.9	40.8	46.0	56.7	49.0	62.7
Planning to take a degree (% students)	26.7	38.2	38.4	49.9	35.7	51.2

Table 5: Your students' educational / occupational aspirations over time

	2004	2006
Boys		
GCSEs to take (mean)	8	8
Taking less than 5 GCSEs	1	14
Leave for a job	42	46
Youth training scheme etc.	1	1
Any college course	80	46
Planning A Levels Bacc. etc	29	19
Planning to take a degree	21	27
Girls		
GCSEs to take (mean)	9	8
Taking less than 5 GCSEs	2	9
Leave for a job	27	16
Youth training scheme etc.	1	1
Any college course	81	74
Planning A Levels Bacc. etc	36	41
Planning to take a degree	27	38

Process Monitoring

We ask the people coordinating and facilitating the questionnaire sessions to complete the front and back of the envelope in which the questionnaires are provided and should be returned to us once they have been completed. It is important that this is done correctly as it enables us to monitor the efficacy of the questionnaire in order that we can continue to improve and develop the questionnaire and the administration process each year.

The following tables enable you to see when and how the questionnaire sessions were administered in your school by group (tutor group, class, year group etc) and how the information given on the envelopes in terms of numbers present at the session and timings compares to the actual questionnaires received by group. If your school or groups within your school did not fill in their envelopes correctly there will be no data for your school (or that group). Data from students who report filling in the question dishonestly is not included in the report. Fortunately this is a very small proportion of those taking part.

Table 6: Questionnaire information

	A	B	C	D	E	F	G	H	I	J	K	L	Others
Length of session (mins)*	45.0	40.0	40.0	40.0	40	50	45.0	30.0	50.0	40	40.0	40	50.0
average time taken (mins) to finish**	35.0	38.6	45.2	38.3	40	48	38.3	44.4	43.0		33.6	42	34.7
time taken by slowest to finish**	50.0	50.0	56.0	40.0	40	50	50.0	50.0	50.0		40.0	50	65.0
number in class who didn't finish**	3	0	1	7	5	4	2	4	2	7	5	7	2868
number in class who didn't reach demographics**	3	0	1	7	5	4	1	2	1	6	4	6	2329
number who report dishonesty**	0	0	0	0	0	1	0	0	0	0	0	0	127
Numbers of Students:													
boys present*	4	9	3	7	6	5	10	12	9	5	0	0	10
boys absent*	0	7	7	0	0	5	3	0	2	7	0	0	0
questionnaires from boys**	6	8	3	6	5	5	11	11	9	5	11	11	4728
girls present*	4	5	3	3	3	3	9	15	10	3	0	0	11
girls absent*	0	9	7	0	0	5	4	0	5	4	0	0	0
questionnaires from girls**	3	7	3	5	3	2	9	15	8	3	13	5	5041
total in group**	9	15	6	11	8	7	20	27	18	8	24	17	10053

Table 7: Date of questionnaire

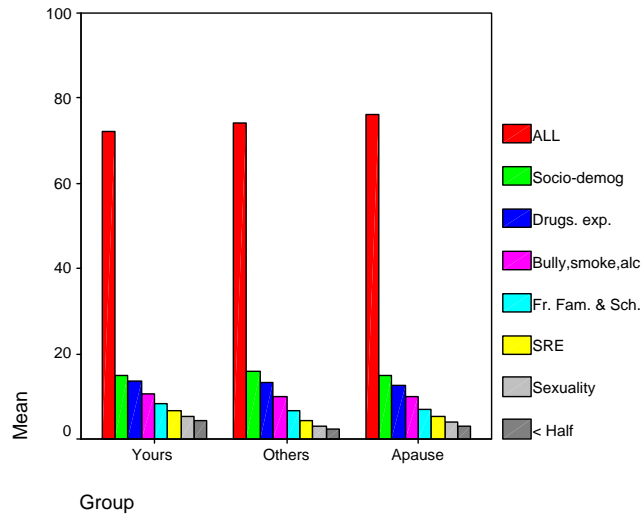
	date of questionnaire session*		
TUTOR	A	1	15/3
	B	1	15/3
	C	1	14/3
	D	1	7/3
	E	1	7/3
	F	1	14/3
	G	1	14/3
	H	1	
	I	1	8/3
	J	1	8/3
	K	1	6/3
	L	1	

*data from front of envelopes as filled in by session facilitator

**data from actual numbers of completed questionnaires returned in envelope

On average the students take around 35 minutes to complete the questionnaire and most sessions last for at least 50 minutes, which allows enough time for introduction and discussion at the end of the session. We have found that in those groups where there are more students that did not complete the questionnaire, the time between the start of the session and the time they report actually starting to fill in the questionnaire is longer than in groups where there are fewer non-finishers, suggesting that in some groups it may be taking too long to get going. The optimal time between the session starting and the students beginning the questionnaire is probably about five to seven minutes – not easy to achieve!

As you can see from the graph below, the majority of students have time to complete the whole questionnaire by the end of the session with very few students completing less than half the survey.



What students remember about their SRE lessons

Recall of Different Aspects of SRE

Students were asked how much they could recall about the content of their school Sex and Relationships Education (from "A lot" to "None") for ten topics of SRE. The following table shows students' recall of all these areas and enables you to compare your school with others.

Table 8: % responding that they had 'a lot' or 'some' education in each area, (yes / no for last five questions)

	Yours	Others	Apause
Boys			
SRE overall	65	73	84
Facts	64	72	82
STIs	58	67	82
Assertiveness	36	46	71
Morality	58	58	67
Contraception	70	75	86
Clinics	42	50	63
Condoms	66	62	52
Emergency Contraception	39	55	70
Peers	14	23	70
WISE drama *	0	1	4
Did WISE for Y10 *	0	0	1
Girls			
SRE overall	59	70	84
Facts	66	68	80
STIs	49	65	80
Assertiveness	49	46	74
Morality	58	56	65
Contraception	70	75	87
Clinics	39	53	61
Condoms	59	59	48
Emergency Contraception	39	62	76
Peers	13	26	75
WISE drama *	0	1	4
Did WISE for Y10 *	0	0	1

* WISE drama sessions were run by APAUSE this year in 6 schools. Where schools have not received this project the data has been adjusted accordingly.

Students from APAUSE schools recall having had more SRE than young people who have not participated in the programme in every area except condom demonstration (see over).

The figures in the APAUSE column show that students recall receiving "a lot" or "some" education in relation to morality (right and wrong) and assertiveness skills (how to resist unwelcome pressure). These areas are key to the APAUSE programme and as we hoped students from APAUSE schools are more likely to recall having had more education about assertiveness and morality. Morality here is defined as "what is right or wrong for me" and we believe indicates education which includes development of personal values.

Recall of Condom Demonstration

One of the questions we ask is whether or not students recalled seeing a demonstration of condoms. Condom demonstrations are not included as part of the standard APAUSE programme, but are included by some teachers and/or health professionals in the school's own programme and in WISE. We ask this question because a demonstration of condom use is something that:

- a) is likely to be identified within a schools' SRE curriculum
- b) did (or did not) happen and
- c) is likely to be remembered by students if it did happen.

The data suggests that there are many schools within which different students have received different teaching. Schools with 80% or more of students recalling a condom demonstration are clearly likely to have had this, but in many schools anything from 40-60% of students did or did not remember having been shown how to use condoms correctly. This raises some questions about equality of entitlement and access to the curriculum.

Table 9: % responding that they had been shown how to use condoms

	Yours	Others	Apause
Boys	66	62	52
Girls	59	59	48

Other possible sources of SRE information

Local (and even national) media ads will vary across the country and are frequently short-lived. Helplines are available and in many areas young people are encouraged to be aware of and to access help or information from these sources. Girls are much more aware of helplines, websites and media adverts about sex and relationships than boys.

There are a number of websites which give young people accurate, appropriate and useful information. The proportion of students who access information about relationships via helplines or the internet is low, but awareness is on the increase which is encouraging.

Table 10: % responding that they were aware of and had accessed health services

		Yours	Others	Apause
Boys	I have seen/heard media ads about S&R for teenagers	67	55	50
	I have heard of the Sexwise helpline	36	26	33
	I have heard of the ruthinking.co.uk website	20	17	17
	I have called Sexwise or a helpline	4	5	6
	I have used a website for S&R info	13	10	11
Girls	I have seen/heard media ads about S&R for teenagers	75	68	66
	I have heard of the Sexwise helpline	58	42	47
	I have heard of the ruthinking.co.uk website	29	32	31
	I have called Sexwise or a helpline	13	7	8
	I have used a website for S&R info	13	14	13

Recent figures released from 'Childline' suggest that one in every four calls made to their 24-hour helpline is about bullying. The question in our survey specifically asks whether the student had called a helpline about relationships and this should be remembered when looking at the figures in table 10.

Factual knowledge

Although APAUSE is not primarily a knowledge-based intervention, we do try to increase the knowledge of students, especially concerning contraception and Sexually Transmitted Infections (STIs). We believe students need to have sound knowledge to make informed decisions but also need to have the opportunity to raise their self efficacy in relation to protecting themselves or seeking help if necessary. This is done through role-plays in Year 10 and results below suggest students in APAUSE schools have a greater understanding of these issues. Questions of a "factual" nature were asked with "True", "False", and "Don't know", responses. A summary of these and the percentage of correct answers are shown in the following tables.

Knowledge of Sexually Transmitted Infections (STIs)

Table 11: Student's knowledge of STI's (% correct unless stated)

	Yours	Others	Apause
Boys			
STI Qs Score	57	63	65
HIV is the most common STI in UK (% incorrectly agreeing)	40	43	36
Chlamydia is most common STI in the UK	44	39	42
STIs may cause infertility	61	74	74
STIs may cause cervical cancer	13	20	19
STIs may cause testicular cancer	33	10	13
You can catch an STI during oral sex	51	60	62
Someone with an STI might not know about it	69	76	80
If friend was worried about STI, I'd know where to take them	43	63	68
STIs: knowing when at risk more important than symptoms	82	82	78
Girls			
STI Qs Score	66	72	76
HIV is the most common STI in UK (% incorrectly agreeing)	36	26	20
Chlamydia is most common STI in the UK	60	63	70
STIs may cause infertility	73	84	88
STIs may cause cervical cancer	29	25	27
STIs may cause testicular cancer	20	7	10
You can catch an STI during oral sex	55	66	69
Someone with an STI might not know about it	80	84	91
If friend was worried about STI, I'd know where to take them	56	75	79
STIs: knowing when at risk more important than symptoms	82	73	71

- Girls are considerably more knowledgeable about STIs than boys.
- Although awareness of STIs other than HIV/AIDS has increased, just under half of all boys still incorrectly think that HIV/AIDS is the most common STI.
- Encouragingly more students than ever before are aware of chlamydia, although more work still needs to be done around this issue with boys.

Knowledge of Contraception

Table 12: Student's knowledge of Contraception (% correct)

		Yours	Others	Apause
Boys				
	Contraception Questions, overall score	55	59	64
	Pregnancy and 1st intercourse	84	89	93
	A girl can't get pregnant during her period	43	45	51
	EC would probably work on 3rd day after sex	23	26	31
	Teenagers <16 can get free condoms from FP	76	74	78
	I know how to get free & confidential EC advice	52	62	67
Girls				
	Contraception Questions, overall score	62	72	76
	Pregnancy and 1st intercourse	85	94	95
	A girl can't get pregnant during her period	51	72	76
	EC would probably work on 3rd day after sex	27	38	46
	Teenagers <16 can get free condoms from FP	84	82	83
	I know how to get free & confidential EC advice	65	75	78

- Girls demonstrate a higher level of knowledge about all aspects of contraception.
- APAUSE students have better knowledge in the area of contraception than students from non-APAUSE schools.
- Awareness that pregnancy can result from the first episode of sexual intercourse is high for both genders.
- However, knowledge of some of the long-term consequences of sexual intercourse is poor. Over a third of all students have an incorrect understanding of the (not very) "safe" period. Around 60% of students (and more than half of all girls) are unaware that emergency contraception would probably work on the third day after sex.

Changes Over Time in Knowledge Scores

The changes in "factual" knowledge over time, is shown for your school in the following table. For schools with only one year's data, this shows the overall scores for your school in 2005. It is normal to see fluctuations from year to year.

Table 13: % correct answers over time, your school

	Boys		Girls	
	2004	2006	2004	2006
STI Qs Score	60	57	66	66
Contraception Qs Score	60	55	71	62

Does Sexual Activity Affect Knowledge Scores?

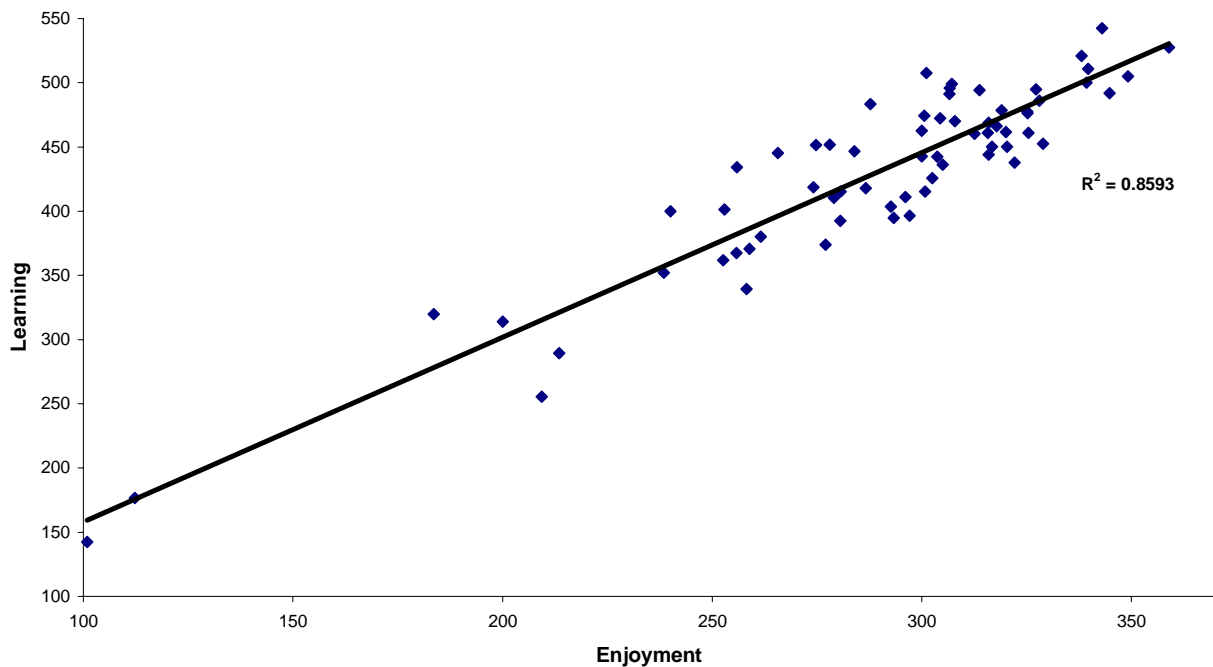
When we look at whether having had sex is reflected in differences in knowledge scores, non-virgins, especially girls, have higher levels of knowledge of STIs. Unsurprisingly, both genders display improved knowledge of contraception once they have had sex. The difference is more marked in 'other' schools which might suggest that information is being gained through experience rather than SRE. In APAUSE schools, non-virgins have better baseline knowledge than non-virgins in 'other' schools and consequently the knowledge differences in APAUSE schools between those who are sexually active and those who are not, is not as great.

Sadly, a fact that is very apparent is that good information and accurate knowledge alone is insufficient to enable all teenagers to behave safely.

What students think of their SRE

Although in education we are not yet (quite!) in the business of "Customer Satisfaction", it is clearly important for students to not only remember and learn from their SRE, but to enjoy it as well. Figure 1 below shows that there is a strong positive relationship between enjoyment and learning, i.e. the more students reported that they enjoyed their SRE, the more positively they reported on their learning experiences. We would also argue that if SRE is to be effective it should also encourage teaching and learning styles that engage with the students and is suitably flexible to meet their needs.

Figure 1: Relationship between enjoyment and learning



Young people are not a homogeneous group and within any class there will be a diversity of personal, social and educational needs, as well as experience and maturity. Differentiation for students of different ability, different family, cultural, faith and social background is achieved by the teachers and health professionals responding to the needs of individuals but remaining within the framework of the APAUSE sessions.

Class 'A' will differ from class 'B' – even in comprehensive schools with mixed ability teaching groups. Teachers will also be very aware that a class will behave differently on a cold, windy morning than a hot afternoon and that a particular individual's attendance (or absence) can significantly alter the mood and dynamics of a group.

For those schools engaged in the full APAUSE programme, process monitoring is provided as 'quality control' for both the Year 9 adult-led and peer-led work and this is reported back to schools separately. The outcome of this is based, to a large extent, on the relationship that the facilitators establish with the group and by the empathic responses that they make to each other and to the students.

What students feel about their SRE

There are some gender differences between students' views of their SRE (table 11). Similar numbers of boys and girls respond that their SRE lessons were interesting and that they enjoyed the sessions, although girls are significantly less satisfied with their SRE than boys. More boys report having learnt a lot about relationships and having learnt a lot of facts. Encouragingly, the overall scores in the area of learning are significantly higher in APAUSE schools than in the cohort of students from other schools, including learning in the area of negotiation, a key objective of the APAUSE programme.

We ask the students their views about peer educators forming part of their SRE. The peer sessions in Year 9 are an integral part of the APAUSE programme and are well received by students. The percentages of students in the table reporting that they enjoyed the Peer sessions are calculated as a percentage of those who had peer educators in the classroom. The proportion reporting having had peers is of course much lower in "others" (around 25%) than in APAUSE schools (about 70%) (see table 8) and this should be noted when considering the results in the table below.

We also asked students their views on the WISE drama sessions. These sessions are drama sessions delivered (usually) by Year 11 students to Year 10 students and are only currently delivered in a few schools. As such, the data has been filtered to only include responses from those schools in which the WISE drama sessions formed part of the SRE programme.

Interestingly fewer students enjoy the more challenging WISE sessions and this is more apparent in APAUSE schools. From "pre" and "post" session WISE data collected in Year 10 we know that although "enjoyment" is lower, "usefulness" is rated at 80%. APAUSE students may compare WISE with the more relaxed sessions of Year 9 APAUSE.

Table 14: How did you feel about your sex education, by gender

	Yours	Others	Apause
Boys			
OK as it is	63	68	78
Interesting	57	69	74
Enjoyed it	43	62	63
Enjoyed peer sessions*	59	68	72
Enjoyed WISE drama sessions**		56	61
Learnt lots of facts	61	71	77
Learnt lots on rels	58	54	61
Learnt about negotiation	56	50	64
Others spoil it	51	47	44
Girls			
OK as it is	49	55	68
Interesting	47	60	68
Enjoyed it	38	55	60
Enjoyed peer sessions*	81	74	72
Enjoyed WISE drama sessions**		54	49
Learnt lots of facts	51	62	72
Learnt lots on rels	56	47	56
Learnt about negotiation	46	48	64
Others spoil it	66	53	52

*As a percentage of those who have reported having had peers in the classroom.

**As a % of those reporting having had WISE (applicable to 4 APAUSE and 2 control schools).

In the past we have noted that sexually active teenagers are less likely to answer that their SRE had been *“OK as it is”* or that they *“learnt a lot”*. These differences are smaller in APAUSE schools, who report higher levels of satisfaction all round.

Much SRE teaching outside APAUSE is appreciated and valued, and we emphasise that our programme is only part of the schools’ SRE provision, and a small part of PSHE and Citizenship.

APAUSE is clearly not regarded as *“preachy”*, in spite of the emphasis on moral and personal issues. We are pleased to note again that the APAUSE schools whose scores have improved the most this year are those whose students are the first cohort to complete the programme.

Table 15 below shows what the students in your school have felt about their SRE, over the last three years, if you have been involved for that length of time. If you are not an APAUSE school but have received Year 11 reports in previous years, you may notice differences over time as you have modified your own SRE programme, or general annual fluctuations, the causes of which you may be aware.

Table 15: Your school: How did you feel about your sex education

	Boys		Girls	
	2004	2006	2004	2006
Its OK as it is	65	63	61	49
Boring		51		44
Learnt a lot	92	70	94	67
Enjoyed it	68	43	72	38

In some schools, scores sometimes go down over time and it is unclear why students report less satisfaction with their SRE in some years. Anecdotally, some teachers have reported that in schools where APAUSE has been delivered for a number of years, the programme is no longer considered *‘new’* and *‘different’*. It has become part of the normal school curriculum and this may contribute to slightly reduced scores in students’ satisfaction.

How helpful was your Sex and Relationships Education?

Enabling young people to develop skills of negotiation and the ability to communicate effectively in sometimes difficult and embarrassing situations is fundamental to the ethos of APAUSE. It is welcoming therefore that students from APAUSE schools report their SRE as being more helpful in these areas and all other aspects compared to students from other schools.

Despite the more positive impact of APAUSE, less than half of all students feel that their SRE will help them to negotiate intimacy or sex with their partner or help them talk to a health professional. It is interesting to note the gender differences in topics such as *‘dealing with relationships’* and *‘discussing with partners’*. Again where there are differences, boys report more positively than girls.

All of these findings are consistent, first with our awareness that girls are much more likely

to receive sex education and discuss issues with parents, and second, that girls are more likely to have good sources of information in teenage magazines. These findings emphasise the important role of schools in the provision of SRE, especially for boys, and for both boys and girls who are less likely to be appropriately educated by parents.

Table 16: Do you think your sex education helped or will help you to ...

	Yours	Others	Apause
Boys			
deal with relationships	46	49	58
discuss or negotiate sex with partner	37	43	53
talk to a health professional	38	45	55
obtain contraception	53	59	67
talk about or negotiate using contraception	47	54	62
manage or negotiate intimacy	33	43	54
Girls			
deal with relationships	45	44	52
discuss or negotiate sex with partner	30	37	49
talk to a health professional	38	44	53
obtain contraception	55	58	68
talk about or negotiate using contraception	49	51	62
manage or negotiate intimacy	34	38	50

We know from previous years data that students welcome the use of health professionals and 'outsiders' in delivering SRE. The majority of students feel that older students (peer educators) should be involved in teaching sex education. More girls than boys are in favour of single sex lessons, but overall fewer APAUSE students feel that single sex lessons are desirable, we hope because they have had a positive experience of mixed gender classes.

Relationships and Sexual Activity

Experience of relationships

The rates of “steady” (around 2-3 months) and “serious relationships” have remained constant over the last few years with only minor annual fluctuations. When asked about their most “serious” relationship more boys than girls describe it as “not serious” or “steady”. More girls describe their relationships as “very serious”.

Boys tend to go out with similar aged or slightly younger girls. Girls, however, tend to go out with slightly older boys, with around 10% of girls saying they go out with boys who are 3 or more years older than them. In this analysis, for girls, ‘significantly older partners’ are taken to be 3 or more years older, for boys, ‘significantly older partners’ are taken to be 2 or more years older.

Table 17: Age difference of partner

			Yours	Others	Apause
Boys	Age difference of partner	Partner younger	32	28	27
		Partner same age	47	52	54
		Partner slightly older	14	13	13
		Partner signif. older	7	6	6
Girls	Age difference of partner	Partner younger	22	19	18
		Partner same age	31	30	36
		Partner slightly older	43	40	36
		Partner signif. older	5	11	10

There are variations within schools and between different year cohorts, within the same school. This is to be expected, if more students are having relationships they are more likely to stimulate their peers to find relationships. It also creates a social norm for that particular cohort of young people. This places additional demands on SRE and suggests that delivery of a completely “standard” package each year will not be adequate. In particular if students in one year are experienced in relationships before Year 9 they may well be introducing myths, incorrect knowledge and inappropriate norms to younger students in Year 8 and earlier. Some schools are looking at, or have made the decision to conduct the Year 9 sessions in Year 8, and we would be interested to hear views on this.

How far do teenagers go?

Most 16 year olds have experienced physical intimacy in their relationships. This is the fifth year that we have asked students to describe how far they have gone. There has been very little research on teenagers’ physical relationships apart from determining if they are sexually active (i.e. have had sexual intercourse), but in the light of evidence that STIs can be passed on through oral sex, it is important to determine whether teenagers are at risk. SRE needs to enable teenagers to make informed decisions with a capacity for anticipating those situations where they may need to negotiate levels of intimacy. Moreover, SRE should enhance teenagers vocabularies and language of negotiation (both verbal and non-verbal), such that they can agree on ‘stopping places’ or methods of mutual protection.

Table 18 looks at students’ experience of physical intimacy within their relationships showing the percentage of teenagers who say they have experienced the different levels of intimacy. We can see that students that have been through the APAUSE programme are less likely to have had full sex by age 16.

Table 18: Teenagers experiences of physical intimacy

	Yours	Others	Apause
Boys			
Kissing	94	92	92
Kissing with tongues	88	82	83
Hands below waist	74	76	74
Oral Sex	40	41	39
Orgasm	55	53	53
Intercourse	45	36	32
None of these	4	5	5
Not answered	6	3	3
Girls			
Kissing	89	91	93
Kissing with tongues	81	85	86
Hands below waist	77	74	75
Oral Sex	40	44	48
Orgasm	43	45	46
Intercourse	47	44	43
None of these	9	7	5
Not answered	1	3	3

Sexual Activity

The effects of the APAUSE programme are rigorously evaluated each year. Although behavioural outcomes are difficult to achieve, one outcome of APAUSE is to demonstrate a postponement in age of first sexual intercourse, and so, a reduction in rates of sexual activity. We believe that this is related to a reduction in the (incorrect) belief that sexual activity in the under 16s is the “norm”. We also wish to see an increase in the use of barrier and hormonal contraception for those who do chose to become sexually active.

Teenagers are under considerable pressure to become sexually active and are continually exposed through the media to images of young people and other role models, in sexual relationships. Most young people believe that the majority of teenagers have already started sexual relationships before they are 16. This belief is influenced by the media and peer pressure, as we will discuss later in this report. However, no large survey in Britain has found that most people are sexually active before they are 16. The actual figures range from 20% to about 40%. We consider, from our results that 30-40% is probably correct.

Data collected in the USA and elsewhere by direct questioning suggests that, at 16, boys are more likely to be sexually active than girls. It is interesting to note that our research continues to contradict these findings and sits more comfortably with most people’s belief that girls of 16 are more likely to be sexually active than boys of the same age.

Social Learning and associated theories, the theoretical basis of APAUSE, suggest that behaviour is influenced by normative values i.e. what we believe other people are doing. It is difficult for adults to convince teenagers of young people’s social norms. One key item that we wanted to influence was to correct the commonly held, erroneous belief that most under 16s are sexually active. We have found that this is most effectively achieved in the Year 9 sessions delivered by peer educators. We ask the students directly whether they feel that it is true or false that most teenagers are sexually active by 16. After receiving the APAUSE peer-led sessions in Year 9, three-quarters have a correct understanding that the

majority of 16 year olds have not had sex. However, by Year 11, as the following two tables show, this has fallen to around 50%.

Table 19 demonstrates the normative belief held by both virgin and non-virgin students.

Table 19: % students believing most under 16s are virgins

		Yours	Others	Apause
Boys	Sexually active	17	18	34
	Virgins	30	30	51
	All	23	25	46
Girls	Sexually active	14	18	35
	Virgins	13	23	46
	All	13	21	41

The figures given are simply percentages of those students answering the relevant question. In order to understand the significance of this data when one is talking about achieving a behavioural outcome from the APAUSE programme, the data needs to be evaluated, taking the variation between the schools, and their size into account. For example, the programme is now taught in some inner city areas, with high rates of sexual activity in students under 16, and high rates of teenage pregnancy. As these schools have gone through the programme and their first cohort of students complete the questionnaire as full APAUSE students, we have seen a drop in the percentage of students in these schools, who report having had sex. However, these figures are still high by rural levels, and as a result inflate the figures in the APAUSE column.

When the data was subjected to stringent analysis, where the size of the school and between and within school differences taken into account we found a significant effect¹ of the APAUSE programme on reducing the percentage of students who report having sex by about 8% of those having sex.

Teenage sexual activity is dependent on a variety of factors. Teenagers who live in urban areas are more likely to have had sex than those living in the countryside as are those with older siblings. Educational aspirations are relevant, fewer students who are planning to continue in Further Education are sexually active. Students are less likely to be sexually active if they agree with the statement *"I am a religious person"*, or say their parents are religious (around 20% of teenagers in these groups are sexually active). Parenting styles are a significant factor: students who describe their parents style as authoritative (firm but attentive) are less likely to have had early sex and those in the group who describe their parents as having fewer rules and less involvement are the group most likely to have early sex.

Table 20 shows the change in sexual activity rates in your school (in the Spring term of Year 11) over the last five years.

Table 20: % of students who are sexually active, over the last 5 years

		2002	2003	2004	2005	2006
Boys	Yours			50		45
	Others	28	32	36	34	37
	APAUSE		27	33	31	34
Girls	Yours			53		47
	Others	38	44	40	49	40
	APAUSE		39	41	44	43

¹ Statistically significant at the (p<0.05) level.

Age of first intercourse

Table 21 shows the age at which young people in your and other schools said that they had first had intercourse. In any one school the numbers are small and therefore percentages are unreliable and fluctuate. The small number of students who had had intercourse before they were 13 (approximately 5% of students) would have been sexually active before they had the APAUSE programme. Some of these responses will be spurious and the legitimate responses will almost certainly be abusive sexual intercourse.

The apparently low numbers who report first intercourse after 16 is, at first, surprising. If we remember that half the students are still 15 when the questionnaire is completed in the Spring term, and those who are 16 have been so for between 0 and 6 months, we need to multiply the age 16 figure by 8 to match the rest. Then we find that the number experiencing first intercourse per month is about twice as high for those over 16 as those 15-16.

Table 21: Age of first intercourse

			Yours		Others		Apause	
			N	%	N	%	N	%
Boys	Age at First Intercourse (grouped)	Never have	45	50	**	57	**	60
		<12			82	2	53	2
		12	3	3	53	1	26	1
		13	1	1	176	4	81	3
		14	10	11	298	8	181	6
		15	14	16	602	15	416	14
		16	5	6	137	3	141	5
		Not answered	12	13	337	9	274	9
Girls	Age at First Intercourse (grouped)	Never have	36	47	**	51	**	51
		<12	4	5	32	1	9	0
		12	3	4	58	1	27	1
		13	4	5	220	5	129	4
		14	9	12	524	13	356	12
		15	13	17	753	18	594	19
		16	2	3	153	4	167	5
		Not answered	5	7	291	7	210	7

Age difference of partner at first intercourse:

Table 22: Age difference of first sexual partner

			Yours	Others	Apause
Boys	Age diff. of partner at First interc. (boy - girl)	Partner > 3y younger	0	1	1
		Partner 2-3y younger	0	3	4
		Partner 1y younger	11	10	13
		Partner same age	49	51	51
		Partner 1y older	20	20	19
		Partner 2-3 y older	11	10	9
		Partner > 3 y older	9	5	4
Girls	Age diff. of partner at First interc. (boy - girl)	Partner > 3y younger	0	0	0
		Partner 2-3y younger	0	1	1
		Partner 1y younger	6	3	4
		Partner same age	27	23	26
		Partner 1y older	18	26	25
		Partner 2-3 y older	24	35	32
		Partner > 3 y older	24	13	12

Table 22 shows again the age difference in relationships between boys and girls at first sexual intercourse. In the past 2 years 24 boys and 5 girls have claimed to be 11 years or less with a partner of 21 or more. If genuine answers these relationships are likely to have been abusive. If a young person is aged under 16 and reports a sexual relationship with a partner over 18 (or under 13 with a person over 16) this is an offence under the current sexual offences bill 2003.

Experience of first intercourse

Students are asked about the timing of their first sexual intercourse. We know from other research that young people may regret their first experience, and our data supports this. Girls show more regret than boys which may be attributed in part to the effect of peer pressure on young women. More than half of all girls that are susceptible to peer pressure are sexually active before 16, which is significantly higher than boys who are pressured (table 23). Also for some young women virginity is traditionally a more precious thing than it is for boys and so losing it is more significant for a girl. For many young men their sexual debut is traditionally a rite of passage to manhood and losing ones virginity is perceived to be a positive thing. The data suggests that girls tend to have older partners who may also be more experienced at applying pressure.

Table 23: Timing of first intercourse

		Yours	Others	Apause
Boys	Regret	26	26	25
	Happened about the right time for me	74	74	75
Girls	Regret	45	42	38
	Happened about the right time for me	55	58	62

We also ask about young people's reasons for first intercourse and offer a number of options of which they can choose as many as they like. Reasons offered are categorised in table 24 below as:

- reasons to do with their relationship (to show love/affection, expression of care, next step for us);

- reasons to do with pressure (partner pressure, friends pressure);
- reasons to do with opportunity (got the chance, find out how it felt);
- because of the influence of alcohol or drugs.

Overall we are pleased to see that students who have participated in APAUSE are more likely to report that their reasons for first intercourse were to do with their relationship and less likely to be because of pressure. Girls are significantly more likely to state reasons to do with their relationships than boys and by contrast boys are more likely to state opportunity amongst their reasons for first intercourse. There are similar findings in relation to reasons for intercourse in young people's most important relationship where reasons associated with the relationship are given by about 90% of girls and 85% of boys.

Table 24: Contributory reasons for First Intercourse

		Yours	Others	Apause
Boys	For relationship	60	70	72
	Pressure	3	7	5
	Opportunity	66	49	48
	Drink/drugs	17	29	30
	Boredom	14	15	13
Girls	For relationship	82	87	88
	Pressure		8	7
	Opportunity	24	31	26
	Drink/drugs	27	28	29
	Boredom	6	7	6

Use of contraception

We ask students what method of contraception they have used, or plan to use in the future. The methods of contraception shown in the tables below are divided, to identify the use of

- condoms,
- the pill (termed 'hormonal'),
- either of these methods (termed 'effective'),
- the 'Double Dutch method', using both the pill and a condom,
- emergency contraception , or
- no contraception.

Those students who are not sexually active (i.e. the majority), are asked about the method of contraception they plan to use in the future. Nearly all young people report that they intend to use effective contraception. In APAUSE schools it was more often recognised as a joint responsibility.

Table 25 looks at the percentage of students who say they used contraception at their first experience of sexual intercourse. The use of effective contraception is higher in APAUSE schools compared with non-APAUSE students. However, this remains an area in which we must continue to strive to ensure that young people receive adequate education as the data show that around 20% of young teenagers who do have sex still do not use effective contraception. The rate of 'non-response' should be noted as this reduces the percentage of students who say they are 'effective' contraception users.

Table 25: Contraception at first intercourse

		Yours	Others	Apause
Boys	Condom	58	77	75
	Hormonal	8	14	13
	Effective	58	79	78
	Double Dutch	8	11	10
	Emergency	0	1	1
	None	26	14	14
	No response	16	6	8
	Girls	Condom	60	77
Hormonal		11	17	17
Effective		69	80	82
Double Dutch		3	13	13
Emergency		6	3	4
None		26	14	11
No response		0	3	3

The percentage of students who say they have used contraception at most recent intercourse is also high in most schools (table 26). It is interesting to note the shift from the use of condoms at first intercourse to an increased use of hormonal contraception at most recent intercourse. This is consistent with the observation that young people in longer term relationships tend to use hormonal contraception as it is more reliable. However, whilst it is factually correct that hormonal methods are more reliable in terms of contraception, they have no value in the prevention of STIs. This message seems to get lost on young people who know about STIs and the risks of catching STIs, but still do not adequately protect against them. This is clearly another area in which we must ensure that teenagers are appropriately educated to use both hormonal and barrier contraception until certain that there is no risk of STI and only then to rely on hormonal contraception.

Table 26: Contraception at most recent intercourse

		Yours	Others	Apause
Boys	Condom	55	68	66
	Hormonal	5	19	21
	Effective	55	77	76
	Double Dutch	5	10	11
	Emergency	3	1	1
	None	24	14	14
	No response	18	8	9
	Girls	Condom	54	58
Hormonal		40	32	36
Effective		80	76	78
Double Dutch		14	14	16
Emergency		3	2	2
None		14	16	13
No response		3	6	7

Risk Taking

As part of the APAUSE programme we promote abstinence or postponement of sexual intercourse as an appropriate behaviour for young people, whilst encouraging safer sexual behaviour for those who are already or liable to become sexually active. This is being complemented at present by additional lessons being developed for Year 10 students looking at negotiation within relationships (WISE). Young teenagers know that having sex under 16 is against the law, although they are equally aware that prosecution is very rare and declining. What is of concern is the degree of sexual risk-taking that is prevalent amongst young teenagers. About a half of sexually active teenagers have had unprotected sex on at least one occasion and around a half say they have had sex on a 'one night stand'. These are potentially damaging and risky behaviours which we would clearly like to see reduced.

Beliefs about sex and relationships

Sex and relationships are sensitive areas for discussion. Part of the discussions during the peer-led sessions in APAUSE schools concerns promoting the emotional and caring aspects of relationships and reinforcing and celebrating the positive aspects. APAUSE aims to improve tolerance and respect for each other and to foster positive personal beliefs and values. An important area for discussion is developing an understanding that teenage relationships without intercourse can be rewarding.

We ask students a number of questions about their attitudes to and beliefs about relationships and sex and the results are shown below in table 27.

Table 27: Students attitudes towards sex in teenage relationships.

	Yours	Others	Apause
Boys			
Relationship doesn't have to include sex	62	78	80
Don't have to have sex to keep partner	42	48	54
First sex should be both special and planned	74	71	73
I'll only have sex in a long term serious relationship	38	36	38
I'll postpone sex until I meet someone I will live with	34	26	25
Sex is only way to be satisfied in relationship	34	24	20
I'll probably have sex on a one night stand	52	53	49
Fancying someone is a good enough reason for sex	52	43	40
Girls			
Relationship doesn't have to include sex	78	89	89
Don't have to have sex to keep partner	55	68	72
First sex should be both special and planned	68	79	79
I'll only have sex in a long term serious relationship	58	63	61
I'll postpone sex until I meet someone I will live with	40	34	31
Sex is only way to be satisfied in relationship	12	10	8
I'll probably have sex on a one night stand	33	25	27
Fancying someone is a good enough reason for sex	17	16	15

Encouragingly the majority of teenagers believe that a relationship can be sustained without having to have sexual intercourse. Students from APAUSE schools are more likely to agree that you don't have to have sex to keep your partner and overall are less likely to say they would have opportunistic sex than students from other schools.

Three quarters of all students are of the opinion that first sexual intercourse should be both special and planned, yet only slightly more than a third of boys say that they will only have sex in a long-term serious relationship (whereas significantly more girls hold this view). Girls generally, and perhaps unsurprisingly, display more responsible and mature attitudes towards sex in relationships.

We asked questions again this year (table 28) to explore aspects where we expected major gender differences and our expectations, sadly, were fulfilled. We asked for students opinions as to who should be more responsible for contraception. As expected, significantly more boys say that girls should take greater responsibility, but interestingly one in five girls also agreed that girls should be more responsible than their partners for contraception. Girls

are much more likely to agree that gays and lesbians should be treated with respect.

A third of boys agree that if their partner says no to sex at first, they would just keep on trying, whereas girls are three times less likely to hold this view. We discuss further on in this report that the group of teenagers who are most likely to have early sexual intercourse are girls who are susceptible to peer pressure. Changing boys attitudes to prevent this pressure arising is an area in which SRE could potentially help.

Table 28: % students agreeing with the following statements

	Yours	Others	Apause
Boys			
I will treat gays and lesbians with respect	61	62	64
Girls should be more responsible than boys for contraception	36	36	32
If your partner won't have sex at first, just keep trying	58	42	36
Having sex shows your friends you're grown up	20	19	14
Girls			
I will treat gays and lesbians with respect	77	81	85
Girls should be more responsible than boys for contraception	19	21	17
If your partner won't have sex at first, just keep trying	38	18	15
Having sex shows your friends you're grown up	7	5	3

Communication and Assertiveness Skills

APAUSE is also concerned with helping students develop their communication skills in intimate relationships. Good communication is part of any good relationship and APAUSE students develop and rehearse various role-play exercises to help them develop these skills, and help create a social norm that relationships can successfully be negotiated and discussed.

We ask students' opinions on communication within relationships and how easy they find it to talk about how far to go in a relationship, or discuss planning sexual intercourse and using contraception.

Nearly all young people see talking as an appropriate prelude to intimacy and around 95 percent of teenagers feel that they will be able to say no effectively and develop relationships without feeling pressured. Only the minority feel that talking and planning is "too difficult". Gender differences are marked, with boys significantly more likely to admit that communication and negotiation can be difficult, particularly when it comes to deciding on levels of intimacy. In APAUSE schools talking is more likely to be seen as appropriate and negotiation less likely to be seen as difficult. We are currently developing new material for Year 10 students, the WISE project, which specifically focuses on the area of negotiation. This material is successfully being used in a few schools already and further details can be obtained from the Exeter APAUSE office.

Interestingly, almost all young people do not see any difficulty in talking to their partners about using a condom, whereas anecdotal evidence, and other evidence on actual contraception use highlighted earlier in this report, suggests that teenagers do in fact find it embarrassing and far from easy to talk about using condoms. People's self-efficacy beliefs appear to be inflated in the area of negotiating intimacy in particular, and evidence from the WISE project has actually shown that when teenagers become exposed to situations where they may need to negotiate intimacy, through accurate role-play scenarios, their self-efficacy beliefs actually fall, as they begin to see how difficult these situations can be in real life.

Table 29: Students views on communication within relationships

	Yours	Others	Apause
Boys			
If you want intimacy but not sex, its better to talk first	69	73	77
I'll be able to say no if being pressure sexually	77	87	87
I'll be able to develop relationships without feeling pressured	93	93	94
It can be difficult to...			
talk or negotiate about sex beforehand	24	26	21
decide about level of intimacy	41	39	36
negotiate how far you want to go	34	28	25
suggest using a condom	8	8	8
Girls			
If you want intimacy but not sex, its better to talk first	77	82	83
I'll be able to say no if being pressure sexually	96	94	96
I'll be able to develop relationships without feeling pressured	91	95	96
It can be difficult to...			
talk or negotiate about sex beforehand	28	16	14
decide about level of intimacy	27	16	13
negotiate how far you want to go	33	21	16
suggest using a condom	14	7	5

Linked to the ability to discuss sexual issues with a partner is the ability to say no to doing something that you may not want to do. During the peer-led APAUSE sessions, students are shown and practice a number of techniques for resisting pressure, with a view to developing individual skills but also, and more importantly, a cultural acceptance that this is possible, acceptable and desirable. It is pleasing to see that the majority of students feel they would be able to resist pressure – to say 'no' if they needed to.

Peer Pressure

The direct influence of peer pressure on behaviour can be seen in the influences it has on risk taking behaviour, for example, whether the students have had sex under 16 and whether they use contraception if they are sexually active. Peer pressure can also be seen to have an indirect influence on behaviour if the students believe that most people they know engage in a certain activity. This activity is then thought of as the norm for this group of young people.

One of the key items APAUSE wanted to influence is the commonly held, erroneous belief that most under 16s are sexually active. Table 30 demonstrates an association between young people who report high levels of peer pressure and these risk taking activities. Where we mention 'smoking' or 'drinking', we are referring to whether the students report that they do currently smoke or drink. Questions relating to peer pressure were asked about and have been combined to form a peer pressure scale, with those agreeing with the statements falling into a 'pressured' category and those not agreeing, into a 'not pressured' category.

Table 30: The influence of peer pressure on risk taking activities and normative belief

	Boys		Girls	
	Pressured	Not pressured	Pressured	Not pressured
Most under 16s are virgins	35	46	31	41
sexually active	46	25	55	33
no contraception	10	3	9	3
Smokers	41	13	52	21
Been drunk in the last month	52	25	56	26

As can be seen, a significantly higher proportion of both males and females who report experiencing higher levels of peer pressure are sexually active, report not using contraception at last intercourse and feel that sexual activity is the norm for under 16s.

Clearly any work that schools and communities can do to reduce young people's susceptibility to peer pressure or improve their assertiveness skills is important to their health and well-being.

Other Areas of PSHE

In response to requests from schools across the country, this year we included questions to assist schools in assessing their provision of areas of PSHE, other than just their SRE. The next part of this report concentrates on your student's education, knowledge, attitudes and behaviours in relation to areas such as bullying, smoking, alcohol, drugs, healthy eating, healthy living, participation and other areas identified as being of interest to schools.

Table 31 shows how much education in various areas your students recall receiving.

Table 31: % responding that they had 'a lot' or 'some' education in each area

		Yours	Others	Apausa
Boys				
	Alcohol	78	78	80
	Smoking	82	82	81
	Drugs	80	81	82
	Bullying	75	80	78
	Healthy Eating	68	70	64
	Personal Safety	67	67	66
	Physical Activity	75	74	74
Girls				
	Alcohol	80	78	80
	Smoking	81	82	82
	Drugs	76	81	82
	Bullying	85	82	80
	Healthy Eating	69	67	59
	Personal Safety	53	65	61
	Physical Activity	58	67	65

Bullying

Our data show that bullying and unhealthy behaviours such as early sexual activity are related. Both boys and girls who admit to bullying others are 40 percent more likely to be sexually active while boys who are bullied are slightly less likely to be sexually active.

As table 32 below shows, more than two thirds of students believe that there is a significant amount of bullying in their schools although only around a quarter say that they have experienced being bullied 'a lot' or 'some' (a further third of students say they have been bullied 'not much' or 'almost none'). Just over half of those who say they have been bullied say that it has been worse for them since Year 9 suggesting that there is a real and observed problem with bullying in high schools. A slightly larger number than those bullied admit to bullying though these are often not the same individuals and the rate of active bullying among those bullied is only marginally greater. Boys are more likely than girls to admit to bullying and being bullied.

Less than half of students think that their school deals effectively with bullying. Some schools have suggested that their active anti-bullying and anti-discriminatory work has heightened student's awareness of antisocial behaviour in school.

Table 32: Students recall of bullying

	Yours	Others	Apause
Boys			
Is there any?(a lot/some)	88	71	74
Gays are bullied	54	44	44
Been bullied?(a lot/some)	24	27	26
Been bullied? (any +ve)	62	61	60
Worst year for me, post year 8	78	49	51
Have you bullied anyone in this school? (any +ve)	46	50	51
School deals with bullying effectively	30	49	45
Girls			
Is there any?(a lot/some)	93	76	78
Gays are bullied	34	35	33
Been bullied?(a lot/some)	39	35	35
Been bullied? (any +ve)	72	65	67
Worst year for me, post year 8	75	53	52
Have you bullied anyone in this school? (any +ve)	39	33	34
School deals with bullying effectively	30	48	46

Table 33 shows where young people feel most at risk of bullying. Just over half of all students say that they don't feel at risk of bullying and just under a fifth didn't answer this question. Girls report feeling more at risk of bullying than boys and the most common time when students feel at risk is at break times. A surprisingly high number of students report feeling at risk of bullying in lessons. You will be able to tell from your schools data if there are any areas which need to be addressed in your anti-bullying policies or practice.

Table 33: Where or when do you feel most at risk of bullying?

	Yours	Others	Apause
Boys			
In lessons	10	8	9
In corridors	16	11	11
In changing room	9	7	8
Lunch/break time	11	18	16
Before/coming to school	9	5	5
After school/going home	20	10	9
In the toilets	18	3	5
Don't feel at risk	40	55	54
No response	0	10	7
Girls			
In lessons	21	16	15
In corridors	26	15	16
In changing room	9	6	6
Lunch/break time	24	22	20
Before/coming to school	8	7	7
After school/going home	21	13	13
In the toilets	16	3	7
Don't feel at risk	37	52	53
No response	0	8	4

We also ask students why they feel they have been bullied and the results are shown in table 34. Again you will be able to note any particular areas for concern from your schools data as compared with other schools.

Table 34: Has anyone done any of these to you at this school (any positive)?

	Yours	Others	Apause
Boys			
Made fun because of religion?	25	19	17
Made fun because of the way look/speak?	52	52	51
Made fun because thought gay?	17	19	19
Hit/slapped/Pushed?	67	62	61
Spread lies/rumours?	59	62	59
Girls			
Made fun because of religion?	25	14	11
Made fun because of the way look/speak?	53	53	52
Made fun because thought gay?	12	11	11
Hit/slapped/Pushed?	51	42	41
Spread lies/rumours?	75	67	68

This year we have asked students who they would turn to for help if they were experiencing bullying. Worryingly, a proportion (10-15%) of students do not report the problem to anyone and this may be something schools need to look at, in terms of how this information is dealt with if reported to the school, either directly by the student or from a parent.

Table 35: Who would/have you turned to if you were bullied?

	Yours	Others	Apause
Boys			
No one (keep it secret)	9	7	11
Adult at school	19	9	14
School nurse	2	1	1
Friend	32	15	25
Brother/sister	10	6	10
Parent	28	13	22
No response	0	51	19
Girls			
No one (keep it secret)	11	4	7
Adult at school	29	11	18
School nurse	1	1	2
Friend	34	20	41
Brother/sister	20	8	17
Parent	47	17	35
No response	0	57	17

Table 36 suggests that bullying is considered a problem by about half the students surveyed and of these students around half feel the school tries to help to some extent. This suggest however that around a quarter of secondary school students have experienced some sort of bullying and do not feel the school has helped to sort it out which may explain why such a high proportion of calls to 'childline' are about this issue.

Table 36: Did school help to sort bullying out?

	Yours	Others	Apause
Bullying never problem	27	31	33
Never reported it	7	9	9
Yes, a lot of help	8	10	8
Some help	19	14	12
A little help	16	13	15
No help	24	24	22

High Risk Behaviours

We ask questions about the risk taking behaviours of smoking, alcohol and drug use. The results are shown in table 37 and are broadly similar to those found in other surveys of 16 year olds at school. We define smokers as those students that answer *Yes* to the direct question "Are you a smoker", and/or who say that they smoked one or more cigarettes in the past week.

Table 37: Other risk behaviours by gender: % agreeing

	Yours	Others	Apause
Boys			
Smokers	29	26	23
Most of my friends smoke	30	9	10
Most people in my year smoke	59	12	15
Alcohol in past week	66	71	74
Been drunk in the last month	43	42	45
Most of my friends often get drunk	56	14	17
Most people in my year often get drunk	54	16	20
Canabis ever	28	30	33
Offered other drugs	27	29	31
Offered and taken other drugs	11	14	15
Girls			
Smokers	42	35	31
Most of my friends smoke	55	11	11
Most people in my year smoke	74	14	17
Alcohol in past week	66	65	67
Been drunk in the last month	43	46	52
Most of my friends often get drunk	53	15	18
Most people in my year often get drunk	64	18	22
Canabis ever	30	29	32
Offered other drugs	36	28	30
Offered and taken other drugs	20	13	14

Table 38 shows how your students compare to students from other schools in their reported weekly consumption of alcohol and cigarettes.

Table 38: % at different levels of smoking and drinking in the previous week

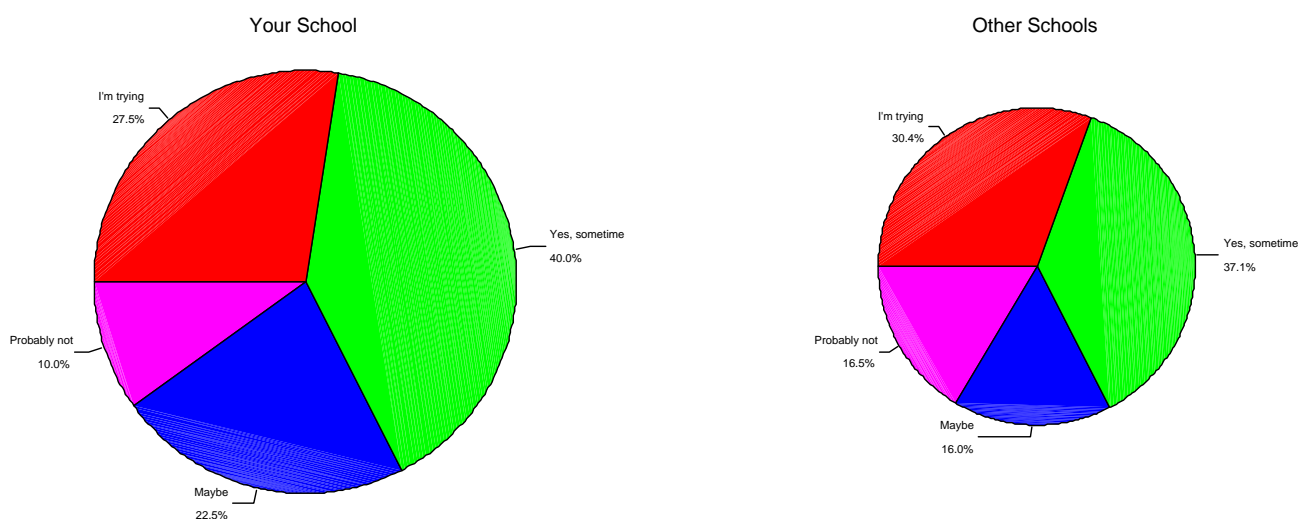
			Yours	Others	Apause
Boys	alcohol	none	34	29	26
		low	16	26	25
		medium	31	30	34
		high	19	15	15
	smoking	none	71	74	77
		low	10	7	5
		medium	6	7	7
		high	13	11	11
Girls	alcohol	none	34	35	33
		low	26	29	27
		medium	28	28	30
		high	12	8	10
	smoking	none	58	65	69
		low	6	9	7
		medium	13	10	9
		high	23	16	15

Low = 1-4 units of alcohol, 1-19 cigarettes
 Medium = 5-14 units of alcohol, 20-49 cigarettes
 High = 15 or more units of alcohol, or 50 or more cigarettes a week.

Tobacco

This year we asked students who are smokers whether they would try to give up smoking and those that are non-smokers if they will ever take it up, the charts in figure 2 and figure 3 below show how your students compare with others.

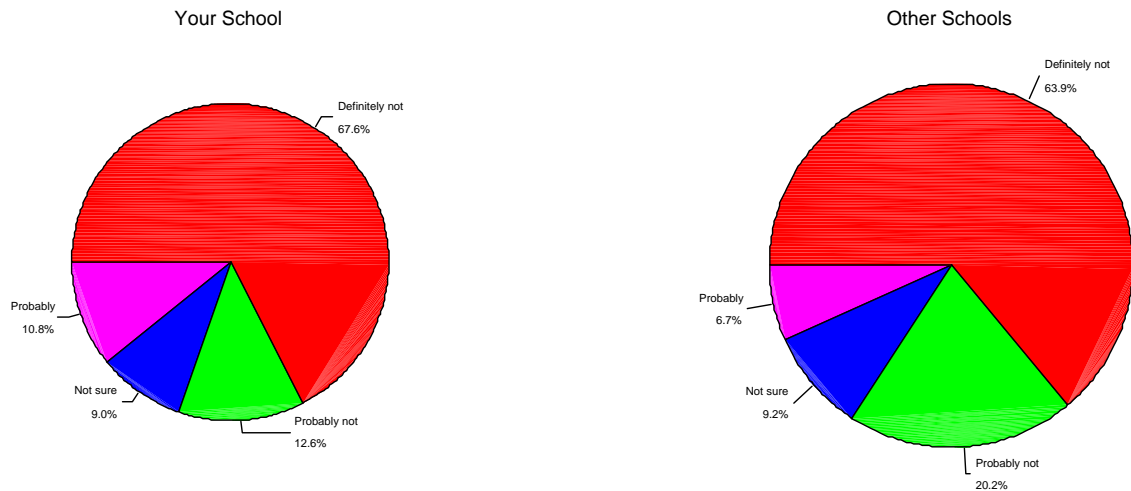
Figure 2: Smokers – Will you try to give up smoking



On average nearly two thirds of smokers say that they will try to quit smoking and of these about 30% say they are trying at the moment. A further 25% of young smokers say that perhaps they will try to quit, with around 12% saying that they don't plan to. This suggests that the majority of teenagers that do smoke are at least aware of the health risks and show

some desire to quit smoking. This also suggests that although a difficult area of health promotion work with young people, there is a need for smoking cessation work, possibly support groups run in school by the school nurse. Schools may need to be pro-active in this area and supportive, both in terms of providing assistance to school nurses to set these up and encouragement to students to attend.

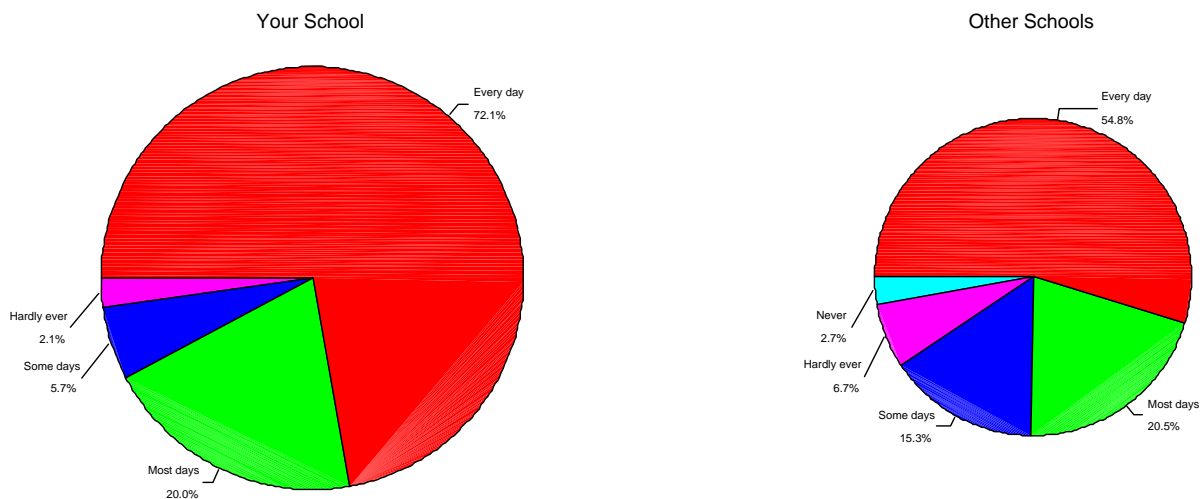
Figure 3: Non-Smokers - Will you ever take up smoking?



On average nearly two thirds of non-smokers in year 11 say that they will definitely not ever take up smoking whilst less than 3% say that they probably will start smoking in the future. This is somewhat consistent with other data which shows that the age at which young people take up smoking peaks at age 13 and 14 (year 9) and then declines. This suggests that schools need to concentrate their smoking prevention message in the early years of secondary school but continue to re-enforce this as students progress through the school.

Figure 4: When do you see people smoking in school

Other research we have carried out looking at young people and smoking supports published work suggesting that visibility of smoking plays a part in the decision to start smoking when young people move to high school, and to continue once they have started. Students are asked if they see smoking at school and more than half report it is visible every day.



Smoking is clearly a health problem amongst teenagers and this year we asked questions designed to target the factors which may influence teenagers smoking habits. We asked where they got their cigarettes from if they smoked, and also about the smoking behaviours of the adults and youngsters close to them and the results can be seen in tables 39 and 40 below.

**Table 39: Teenage smokers:
Where do they get their cigarettes from?**

	Yours		Others		A pause	
	N	%	N	%	N	%
Corner/local shop	28	78	1033	80	812	78
Supermarket	7	19	404	31	355	34
Garage	5	14	431	33	374	36
Off-licence	24	67	545	42	475	46
Other shop	6	17	194	15	174	17
Vending machine	1	3	87	7	89	9
Parents	7	19	229	18	149	14
Brother/Sister	2	6	165	13	93	9
Other relative	1	3	123	10	73	7
Friends	19	53	600	46	415	40
Other students	10	28	275	21	210	20

As expected most teenage smokers say they have got cigarettes from their local shop, but it seems that young people have numerous sources of supply. Local differences will be apparent, for example if your school is near a supermarket, it is likely that more of your students will get their cigarettes there. More concerning perhaps than the ease with which teenagers can buy cigarettes is the fact that about one in six teenagers say that they have got their cigarettes from their parents!

Table 40: Influence of close adults and peers who smoke on a teenagers smoking behaviour

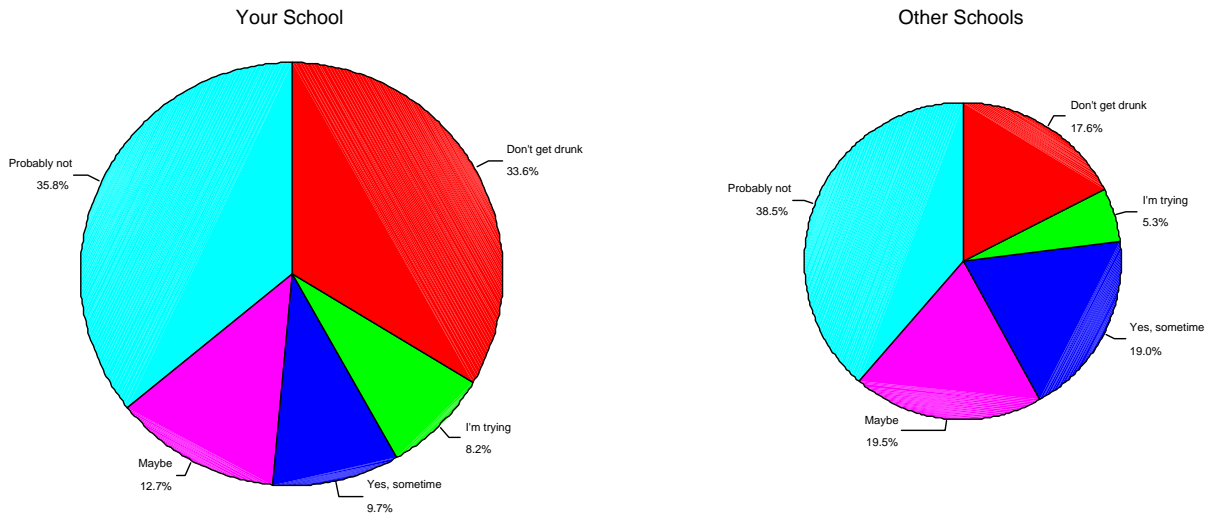
	Do you smoke?	
	Yes	No
People I'm close to that smoke...		
Father	45	27
Mother	45	24
Brother	29	12
Sister	27	10
Other person at home	15	6
Other close relative	57	39
Close friend	74	35
None of these	5	28

Table 40 shows that if any of the influential figures in a young persons life is a smoker, then they are much more likely to be a smoker themselves. We know that if a teenager is friends with a risk taker, then they are more likely to be a risk taker and the data here bears this out. Around 40% of smokers report that one or both of their parents smoke, and more than twice as many smokers than non-smokers have siblings who smoke.

Alcohol

We asked students about their drinking behaviours. If they had been drunk in the last month, we asked if they would try to give up getting drunk as often as they do and the results for your school and others are in figure 5 below.

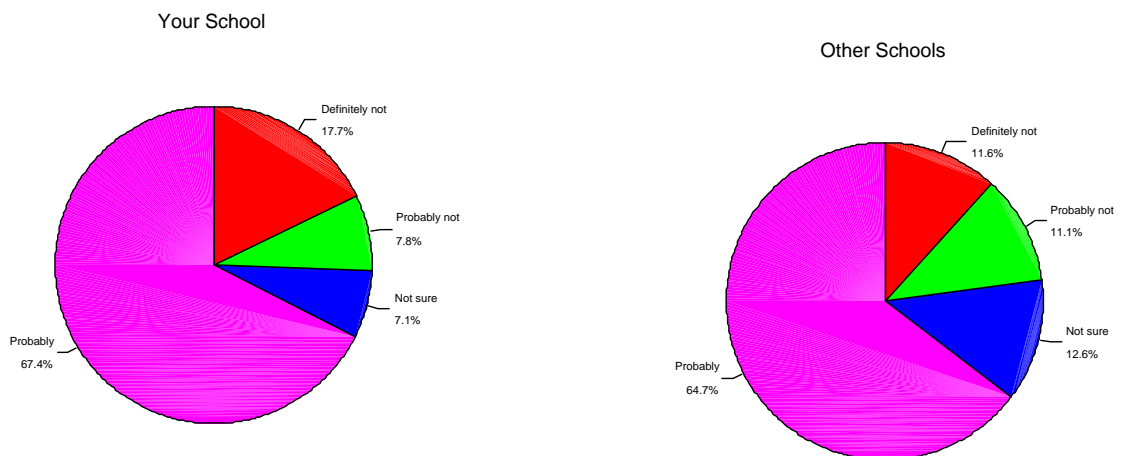
Figure 5: Drinkers – Will you try to give up getting drunk as often as you do?



Around 60% of young people who have been drunk in the last month say that they don't plan to or probably will not give up getting drunk as often as they do, which supports anecdotal evidence that the majority of teenagers do not see getting drunk as a problem, in terms of their health or socially. This is in contrast to smoking where as we saw above, most teenagers who smoke show some desire to quit.

For those young people who say they have not been drunk in the last month, we wanted to find out whether they intended to get drunk in the following year. The results can be seen in figure 6 below.

Figure 6: Non-drinkers – Will you get drunk this year?



Year 11 students who have not been drunk recently are far more likely to say that they probably will get drunk in the near future. Only around 13% say that they will definitely not get drunk, which is extremely concerning. Again this fits with other data which suggests that as young adults get older they are more likely to start drinking, and anecdotally we know that teenagers are permitted more freedom by their parents at age 16, go to more parties, look older and therefore can get served at pubs and clubs more easily, and indeed turn 16 which nowadays usually involves a few celebratory drinks!

This year we asked those students that say that they have been drunk recently where they have got drunk and the results are shown in table 41. The most common places for teenagers to get drunk are at parties or at a friend's house. Half of all students say that they have got drunk in a pub and girls are significantly more likely than boys to get drunk in pubs and clubs, which is perhaps consistent with the fact that girls tend to have relationships with boys who are older than themselves as alluded to earlier in this report.

Table 41: Places where teenagers have got drunk

		Yours	Others	Apause
Boys	Parties	72	78	80
	Outside	46	47	43
	Pub	44	46	43
	Club	37	32	29
	Relatives home	43	49	46
	Friends home	67	64	67
	My home	59	56	57
Girls	Parties	76	83	85
	Outside	51	48	49
	Pub	59	48	48
	Club	31	35	30
	Relatives home	53	49	51
	Friends home	78	71	79
	My home	75	60	60

Smoking, Alcohol and Drugs Education

This year we asked students for their opinions on the smoking, alcohol and drugs education they received in their school and the results are in table 42 below which allows you to compare your school with others. Most students report finding the education they received in these areas as useful, although girls do not find the lessons as useful as boys. More than half of all students say that the materials used in these lessons were useless.

Education in the area of drugs seems to be well appreciated. More than three quarters of students say that the education they received on drugs would help them not start or quit, whereas in the area of smoking only around a half of students reported the same. Students report positively in the area of the factual information they get from their alcohol and drugs education.

We hope this information, along with that shown in the previous pages, will help schools evaluate and develop their smoking, alcohol and drugs education.

Table 42: How did you feel about your smoking, drinking and drugs education, by gender

	Yours		Others		A pause	
	Boys	Girls	Boys	Girls	Boys	Girls
Smoking Education						
Useful	54	46	66	60	59	57
Boring	62	71	62	60	68	64
Enjoyed lessons	31	13	37	34	30	29
Materials were useless	68	62	59	57	62	58
Lessons help quit/not start smoking	56	39	57	50	54	44
Alcohol Education						
Useful	63	50	59	55	59	53
Boring	58	73	59	54	62	56
Enjoyed lessons	48	18	42	40	40	38
Materials were useless	57	63	59	56	60	56
Helped me understand effects of alc on my body	75	77	77	78	77	76
Would help me help someone who is drunk	57	46	57	55	57	53
Other Drugs Education						
Useful	70	50	74	70	71	71
Boring	56	61	48	45	51	44
Enjoyed lessons	49	29	55	51	54	51
Materials were useless	59	58	55	52	57	50
Helped me understand effects of drugs on my body	85	72	80	80	80	81
Lessons help quit/not start taking drugs	61	63	71	69	68	71

Healthy Schools

In response to requests from many schools and the current topical issues in education, this year we asked more questions related to the “Healthy Schools” initiative. The following tables enable you to see how your students responded to questions based around the “Healthy Schools” criteria, and enable you also to compare your school with others surveyed. These data may also be useful for schools to provide evidence for OFSTED’s ‘Self Evaluation’.

We wanted to find out what students thought about their weight and their level of fitness and their levels of exercise. Table 43 shows the results.

Table 43: How do you feel about your weight and fitness?

	Yours		Others		A pause	
	Boys	Girls	Boys	Girls	Boys	Girls
My weight is about right	64	41	62	57	66	55
I feel overweight	20	50	22	34	18	36
I feel underweight	16	9	16	8	15	8
I won't attempt weight change this year (incl only if + or -)	9	9	25	10	27	12
I feel unfit	19	46	21	34	18	35
I feel as fit as most people	29	38	32	40	33	40
I feel fitter than most	52	16	47	25	48	24
I'm actively trying to improve my fitness	44	30	45	33	42	34
I won't attempt to improve my fitness this year	22	9	17	13	19	12
Usually exercise on way to school	100	100	100	100	100	100
Exercise every day of the week	36	9	20	5	25	7
Exercise at least 5 days of the week	53	16	48	20	53	27

Unsurprisingly girls are almost twice as likely to report feeling overweight than boys with only around half of girls feeling their weight is about right. We can again point to the fact that girls are largely influenced by what they read or see in the media. Interestingly around one in six boys feel underweight, which again may be influenced by media ideology. About three quarters of girls compared with around a half of boys say that they are thinking about or trying to change their weight.

Boys generally report feeling fitter than girls with over a third of girls claiming to be unfit compared to one in five boys. Boys are also more likely to say they are actively trying to improve their fitness than girls.

Healthy Schools recommends that young people should exercise for at least 20 minutes a day every day of the week, but our data shows that only around a quarter of boys and less than one in ten girls say that they exercise (to the point where they have to breathe harder and faster) daily. More than half of boys say they exercise at least five times a week, compared with around a quarter of girls. By considering how far a student lives from school and their means of transport, we calculated that around 40% of boys and 35% of girls “exercise” on their way to school. If a student walks more than half a mile or cycles more than a mile, then they are classed as having exercised.

Another increasingly important area of interest for schools and for young people is healthy eating, and we asked questions this year to find out students eating and drinking habits,

and the results are reported in table 44.

Table 44: Healthy eating and living

	Yours		Others		A pause	
	Boys	Girls	Boys	Girls	Boys	Girls
Eat breakfast at home every day or most days	67	46	66	52	70	56
Rarely or never eat breakfast at home	22	49	25	38	22	33
I typically have nothing for breakfast	20	33	17	28	18	24
How many pieces of fruit/veg do you eat a day?	2	2	2	2	3	3
I drink more than half a litre of water a day	51	37	58	46	54	49
Drinking water is easily available in my school	36	61	51	56	57	68
Allowed to take drinking water into class	87	89	65	66	76	85
Brush teeth at least twice a day	67	80	64	79	63	82
Visit the dentist regularly	79	80	85	87	90	92

It has been postulated that if youngsters do not eat breakfast at home before going to school, then they tend to not eat breakfast at all, and our data supports this. Around a quarter of boys and more than a third of girls say they rarely or never eat breakfast at home. When asked about what they eat for breakfast on a typical school day, around a quarter of girls say that they don't have anything for breakfast, significantly more than boys. Of those that do eat breakfast around half say that they have a drink and a half say that they eat cereals or porridge, with a third saying that they eat toast. Encouragingly less than 5% of young people say they eat crisps, chocolate or sweets for breakfast.

Again more boys demonstrate healthier behaviour with regards their water drinking. Around three in five boys drink the recommended half a litre a day or more, compared with only half of girls. The provision of drinking water in schools may be an issue which needs looking at, with only 50% of students saying that drinking water is easily available in their school. Schools should also be encouraged to allow students to take drinking water into class where possible.

Work clearly needs to be done to encourage students, especially girls, to have a healthy breakfast at home before coming to school and to drink enough water during the day.

We also asked students what they thought about their school toilets and the results are in table 45 where you will be able to compare your school with others. Overall, the majority of students feel that their toilets are poor with one in ten girls and one in five boys feeling they are unsafe and only around one in ten of all students saying their school toilets are ok. Less than 10% of students say that they are allowed to go to the toilet whenever they want to.

Table 45: How do you feel about your school toilets?

	Yours		Others		A pause	
	Boys	Girls	Boys	Girls	Boys	Girls
They're OK		3	11	11	10	15
They're not too bad	3	11	20	24	22	25
They're poor	71	76	58	61	56	55
I don't feel safe	36	21	16	10	18	10
Allowed to go whenever want to	4		5	5	6	5

Table 46 looks at students' knowledge of and participation in their school council or clubs. You will know if your school has a council or lunchtime and after school clubs, and therefore be able to see how informed and participatory your students are.

Boys are more likely than girls to participate in schools based extra curricular activities. Although three quarters of students are aware that a school council exists only around one in six say that they hear about what goes on in their school council. Much higher proportions participate in lunch time and after school clubs where they are available.

Table 46: Participation in extra curricular activities

	Yours		Others		A pause	
	Boys	Girls	Boys	Girls	Boys	Girls
Have a school council	82	77	83	84	82	82
Don't know if have a school council or not	15	20	11	12	13	16
I've been a member of the school council	20	16	20	18	17	16
Hear about school council meetings	20	5	26	24	22	20
There are lunch time clubs	55	50	70	70	74	75
Unaware of lunch time clubs	30	35	19	22	16	20
I participate in lunch time clubs	15	4	33	26	37	31
There are after school clubs	80	77	84	87	88	91
Unaware of after school clubs	18	23	10	10	9	7
I participate in after school clubs	53	43	55	50	58	53

We asked students how much truancy they thought there was on average in their class last term. From the responses we formed an overall picture of the average level of truancy in your school which is shown in the figure 7 below and compared to others in table 47. For the purposes of this analysis "low" implies none or less than one person per day playing truant in my class, "moderate": one or two people per day, "high": three to five people per day and "very high": more than five people per day.

Figure 7: Truancy Levels in Your School

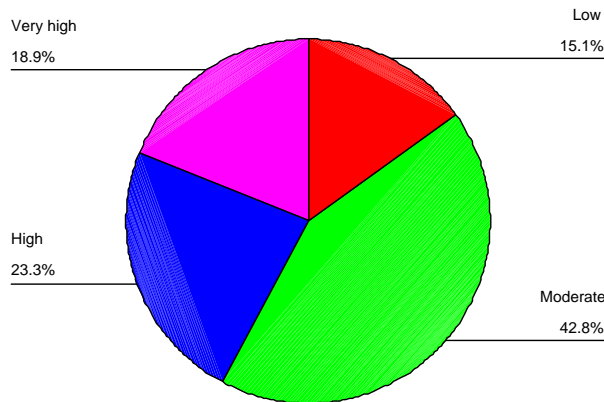


Table 47: Students perception of truancy levels in your school

	Yours	Others	A pause
Low	15	30	29
Moderate	43	38	39
High	23	20	20
Very high	19	11	11

Internal validity checks

Self reported Honesty

Students are asked how honest they have been in answering the questions in the Year 11 questionnaire. This year, 91% of male students and 96% of female students report being "very" or "completely" honest in answering the questions. Less than 2% of students report not being honest and 11% did not answer.

Error checking and missing data

We are very grateful for the help all the schools give in organising the administration of the annual questionnaire, and appreciate this can be a difficult task. Many schools report how useful they find this audit of PSHE and the analysis of the beliefs and behaviour of their students. If we are to maintain the very high quality of data collection and feedback we do rely on the co-operation of schools.

Before the responses obtained from the Year 11 questionnaire are analysed to produce this report for you, the data has to be checked thoroughly. This is the third year that we have used 'optically read' questionnaires. It is only possible to scan questionnaires that have been filled in clearly, with a dark pen, and not been tampered with. A few questionnaires are answered in such a way that the responses cannot be used – some were completed using pale or fluorescent pens that would not scan, a few are left blank, some have the same response ticked throughout. This year approximately 2.5% of the responses have not been coded for these reasons. The correct way to complete the questionnaire is emphasised during training for those involved in collecting data through the Year 11 questionnaire. The first page of questions, not only help to settle the students but allows them to see how the questionnaire needs to be completed and gives the opportunity to ask questions if they do not understand the instructions. However, 19% of questionnaires did not have this page (labelled 'practice questions') completed, and these were more likely to present problems with scanning. For this year's (2003/04) and subsequent questionnaires we have removed the label "practice questions" from the first page. We do ask for your help with ensuring that the introductory questions on the first page are completed.

We try to ensure that the questionnaire is administered in a way that will yield valid responses. The students need to be reassured that no other student or adult can see their answers. Young people do have concerns about confidentiality, especially when their own teachers are involved with the administration. **May we remind all staff that it is important that a teacher remain in the room when the Year 11 questionnaire is being completed, but that they are not 'invigilators'. Schools, as we do, must respect the confidentiality of individual students in this sensitive questionnaire.**

We have also found that sitting the students in very large groups, for example in the hall, yields a larger number of questionnaires that cannot be used. The questionnaire must be filled in by all students at the same time, if at all possible. Occasionally, schools timetable the questionnaire in 2 back-to-back sessions, and this is fine. Sessions either side of break, at different times in the day, or on different days tends to produce contaminated data which may be inaccurate and not actually reflect the student's own views.

This report is not exclusively an evaluation of APAUSE but serves as an audit tool for the school. The quality of data and feedback relies on the co-operation and good will of the schools, their staff and students **and the health professionals who administer the questionnaire** and we are grateful for your continued support.

Confidentiality

No school is identifiable to anyone other than themselves. These Reports contain much unpublished material and raise discussion points that we would wish to remain private between your school and ourselves. Please do not discuss it with others outside your school, and in particular not with other academics while it is unpublished.

We take responsibility for any errors in this document, though not for any publication or open presentation without our agreement. We would be grateful if, after circulation within your school, one of the reports could be returned with your questions, comments and suggestions.

Thanks again for your help!

Statistical significance

Figures mentioned in the tables in this report, unless otherwise stated, are percentages and in some schools are a product of small numbers of pupils. As a result annual fluctuations, whilst appearing large, may not be significant.

To help you determine how significant these figures are for your school, you need to compare your pupils with the total number of 'other pupils'. The first table below shows the rate or score that is in the 'others', or the 'APAUSE' column of the tables and allows you calculate the importance of the percentage difference between your score and the other scores, to see if this difference is significant.

In order to say that your score is significantly different from the rest of the population we have surveyed, the difference between your score and the score stated for 'Others' or 'APAUSE', needs to be greater than the figures shown in the table below. Firstly, look up the size of the population in question, i.e. the 'Others' or 'APAUSE' shown in table 1. Then check the number of students who have contributed data from your school (also shown in table 1, either boys or girls as most tables are shown for each gender). We have marked the relevant column for you. When looking at any of the other tables, look at the rate in the 'Others' or 'APAUSE' column of interest. If the difference between this figure and the figure in the same row for 'Your school' is greater than that shown below, the difference is statistically different.– it is unlikely to have occurred by chance.

Your School Versus Others

Rate in 'Others' or 'APAUSE'				
	~ 10 or 90	~ 20 or 80	~ 30 or 70	+/- 40 or 60
Your population N	Figures show the % difference which is significant			
40	+/- 11	+/- 13	+/- 15	+/- 15
50	+/-10	+/-12	+/-14	+/-14
80	+/- 8	+/- 10	+/- 12	+/- 12
100	+/-6	+/-8	+/-10	+/-10
150	+/- 6	+/- 7	+/- 8	+/- 8
200	+/-5	+/-6	+/-7	+/-7
300	+/- 4	+/- 5	+/- 6	+/- 6

The following table has the same format but in this case allows comparisons within the tables – between girls and boys, or between years if you have supplied data for a number of years. If you wished to compare your boys with your girls, the first few rows of the table below will show the sample size (if there is a discrepancy between girls and boys, take the lowest figure). You again look at the figure of interest in any of the tables in this report and if the difference between girls and boys scores is greater than that shown in the relevant column below, it is statistically different. When comparing over time, look again for the lowest rate and check this against the column with the whole school population in. For example, if your school has 200 pupils, 100 girls and 100 boys, look in the 100 row. If for example, rates of sexual activity were at their lowest, 27% in boys between 1998 & 2002, the +/- 30% is the nearest column, this states that a difference of 14% points between the years is necessary for rates to be statistically significant.

Internal comparisons, eg Boys versus girls, or year to year

Rate in Lowest of figures being compared					
		~ 10	~ 20	~ 30	≥ 40
	Each population	Figures show the % difference which is significant			
Eg boys vs girls	40	+/- 20	+/- 20	+/- 26	+/- 28
	50	+/- 18	+/- 18	+/- 20	+/- 20
	80	+/- 14	+/- 15	+/- 16	+/- 16
Eg whole school year vs year	100	+/-11	+/-13	+/-14	+/-14
	150	+/- 9	+/- 10	+/- 10	+/- 10
	300	+/- 5	+/- 5	+/- 5	+/- 6
	500	+/- 5	+/- 5	+/- 5	+/- 6

If you want to look at the differences between APAUSE and Others, the populations are larger than for individual schools and in this case a difference of around '+ or - 3-4%' is statistically significant.