



Health Behaviour Group
 Child Health Building, Church Lane,
 Heavitree, Exeter EX2 5SQ
 T: +44 (0) 1392 403 146 E: apause@ex.ac.uk
 F: +44 (0) 1392 403 158 W: www.ex.ac.uk/apause



Apause Year 11 Report

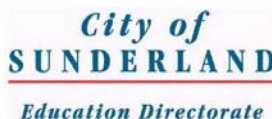
for

An Example School

Questionnaires conducted in academic year
 2006 - 2006



positive steps from behaviour to health



Airedale PCT
 Basildon PCT
 Bradford and Airdale Teaching PCT
 Chelmsford PCT
 Colchester PCT
 Epping Forest PCT
 Harlow PCT

Hartlepool PCT
 Hull TPU
 Isle of Wight PCT
 Maldon & South Chelmsford PCT
 North Bradford PCT
 Northampton PCT
 Powys Health Board

Salford PCT
 South & West Bradford PCT
 Sunderland PCT
 Teignbridge PCT
 Tendring PCT
 Torbay PCG
 Uttlesford PCT
 Witham, Braintree & Halstead PCT



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A school report from an anonymous school's data.

The purpose of this report

We have prepared this report for you hoping that you will be able to use it in two different ways.

Firstly, at the top of each page are some general comments comparing Apause and no Apause schools. If you are an Apause school this will demonstrate the value of the programme to your school as the results for Apause schools generally include more desired outcomes than in schools without Apause. In contrast if you are not in an Apause school or if you are in the early stages of Apause and your Year 11s did not receive questionnaires, this will provide encouragement to continue or begin participation in Apause. It will also provide reassurance to school managers, boards of governors, local authorities and PCTs, etc to whom you may turn for financial support.

Secondly, for your own use internally at the bottom of the pages there are automated outputs comparing your school with both Apause and non Apause schools. Again, in an Apause school you are likely to see that you have more encouraging responses than those in non Apause schools. When comparing with your own group, i.e, an Apause school comparing with Apause or a non Apause school comparing with another non Apause school, we would expect to see significant variations up and down from the mean of all schools, as clearly you would not expect to be at the average for everything. Generally higher responses than your comparison group will clearly be encouraging that you are doing better than most other schools in the same group.

We hope you find your report useful and we would very much value feedback of how it could be improved.

In addition to this summary report, schools that are interested can ask for full summary tables of their data produced as in the traditional Apause report which has a significant amount of text and about 40 tables and figures of fairly dense data spread over 40 pages.

With agreement we are happy to give you access to all your raw data together with pooled data from other schools. You may want to use this for your own analysis and it would include answers to all questions.

Understanding the data

You may have some difficulty understanding the report but to help with this we have included the explanation below.

Explanation of figures

We hope that these figures are graphically intuitive so that you will be able to interpret them relatively easily, but it is worth just spending a few minutes looking at how they are constructed so that you will be able to make the most of the information. All the figures are in one of two formats.

'Raw' data, ie, the actual percentage of respondents in various categories who answer in particular ways is in the figure on the right with horizontal bars representing three sets of data for males and female students: at the top: data from your own school, in the middle: from Apause schools and at the bottom: from no Apause schools.

In the figures on the left with vertical bars the data is presented differently to facilitate interpretation. Data in this figure shows the **centile** scores for particular groups or your own school as compared with the population as a whole.

For the statistically minded we have assumed a normal distribution of responses and therefore a bell-shaped curve that many of you will be familiar with. From the data a standard deviation is calculated and using this standard deviation we are able to calculate centiles. When data is normally distributed **the 50th centile represents the average** for the whole population thus the 25th centile marks the point at which 25% of the values will be below that level and the 75th centile, the level at which 75% of the values will be below that level, ie, **a school performing above the 75th centile level would be in the top 25% of all schools.** In order for the software to make a comment about a difference between your school and Apause or No Apause schools we have arbitrarily set a criterion of a greater than 20 percentile points difference.

From carrying out proper statistical analysis we know that in the case of comparisons between Apause and no Apause schools differences of around 3%-6% (depending on the variance) are statistically significant with only a 1 in 20 probability of that particular finding arising by chance. We are of course looking at more than 20 variables (or findings) so that this is going to include some that appear to be statistically significant, but 1 in 20 of these 'significant' findings are likely to have arisen by chance. In interpreting all the data we need to apply some intelligent logic so that if all those we predicted should be different are different our data is confirmatory. We have not used Bayesian statistics which include logic in the analysis.

The results are based on the mean (average) for each school and we have not weighted them by school size since what schools are interested in are the results of their school versus others and a school is either an Apause school or not.

When it comes to comparing an individual school with the rest of the data the likelihood of differences arising by chance is very much greater particularly when you are dividing them by gender. In many schools we might have only 120 responses from 60 or so girls and 60 or so boys. In this situation a difference of more than 10% is necessary to achieve the 1 in 20 probability mentioned above of it being likely to be significant.

In order for the software to make a comment about difference between your school and another school we have set criteria to be a more than 10% difference, while for differences between genders comparing Apause and other schools we have set the criterion at 5%

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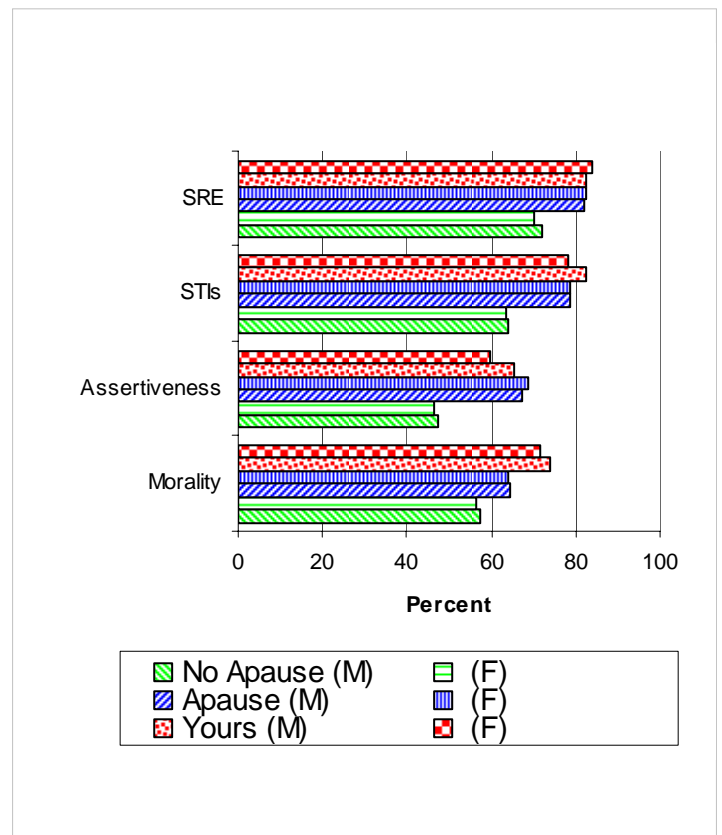
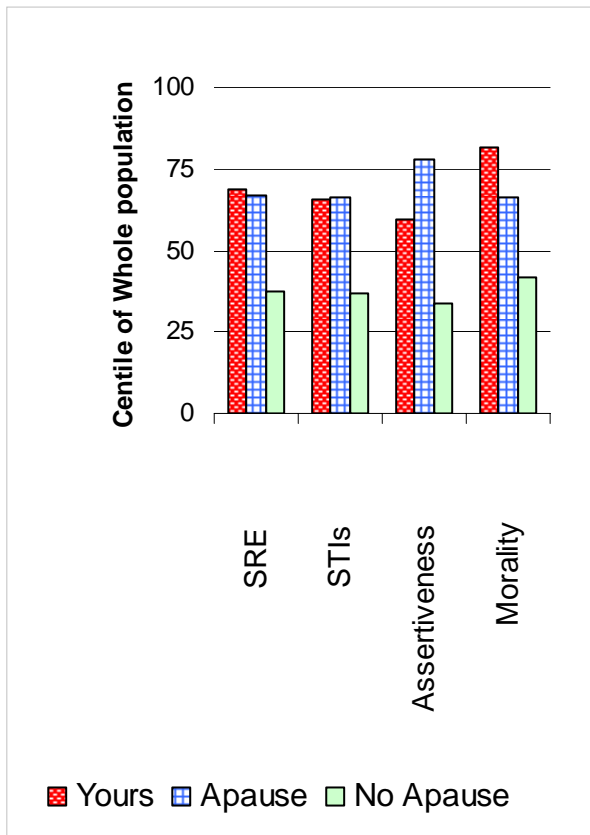
Students' memory of how much information they had received in SRE and what was covered.

The students were asked a group of questions under the heading 'How much information do you feel you have received about the following in this school'? Four of the questions are reported in this graph.

They were given four choices of answer: 'a lot', 'some', 'a little' or 'none'.

The numbers who described 'a lot' or 'some' are shown in these figures.

You will see that around 70-80% recall having 'a lot' or 'some' SRE, including teaching on STIs, but slightly fewer on morality in non Apause schools and many fewer on assertiveness. Interestingly, although there is not a great deal of time is spent on factual information, for example, about STIs, students from Apause schools do feel they have received more information about this than students in schools not receiving Apause.



Students in this school appear :

More likely than students in No Apause schools to remember receiving a lot or some information on SRE; STIs; Assertiveness; Morality;

There are no major gender differences

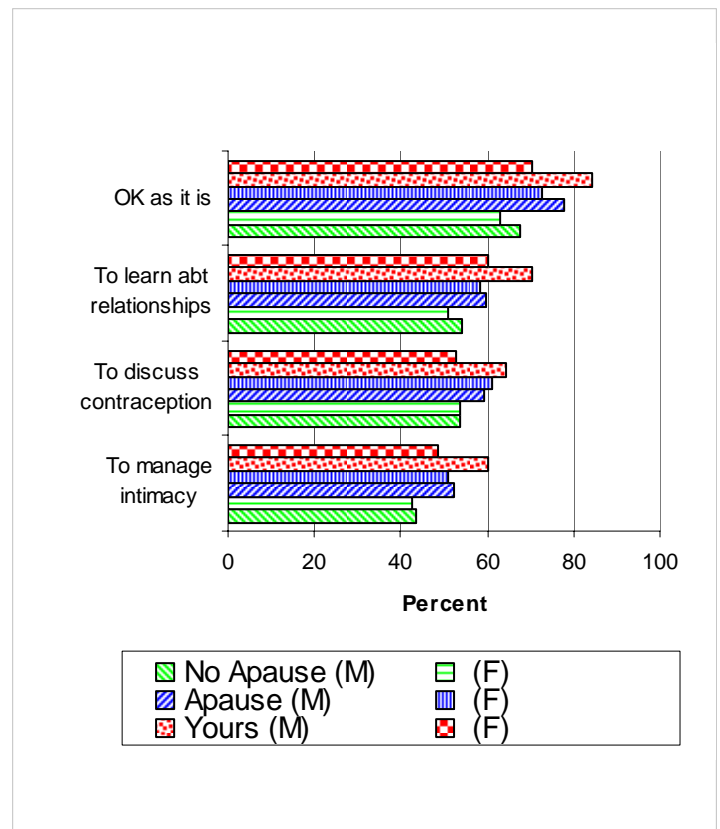
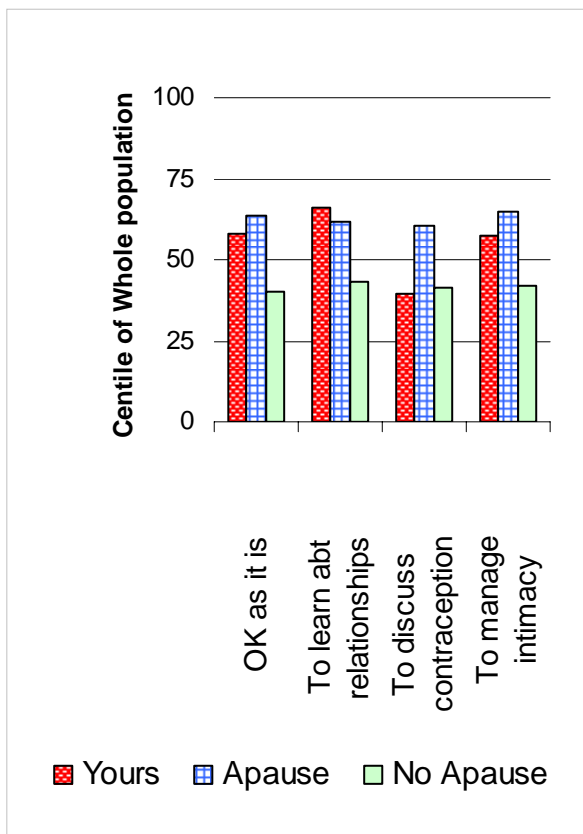
Students' assessment of the value of their Sex and Relationships Education.

Another important aspect of SRE is how useful students feel that it is in their lives and this is examined with a group of questions under the heading 'How do you feel about the sex education in your school?'

The possible answers are: 'strongly agree', 'agree', 'disagree', 'strongly disagree'.

In these figures those who are either 'agreeing' or 'strongly agreeing' with the statement are included as positive.

The left hand graph clearly shows that pupils in Apause schools rate the usefulness of their SRE higher than in schools without Apause. On the graph on the right, comparing genders there are few significant differences.



Students in this school appear :

Less likely than students in other Apause schools to remember receiving a lot or some information on To discuss contraception;

More likely than students in No Apause schools to remember receiving a lot or some information on To learn abt relationships;

There are no major gender differences

When compared to the differences between boys and girls in the rest of the schools:

Girls in your school scored were more than 10% more likely than boys to :to say that they plan to: To discuss contraception; To manage intimacy;

Our assessment of students' knowledge in relation to contraception and STIs.

This data gives further information about knowledge rather than about students' memory of the amount of information they had received.

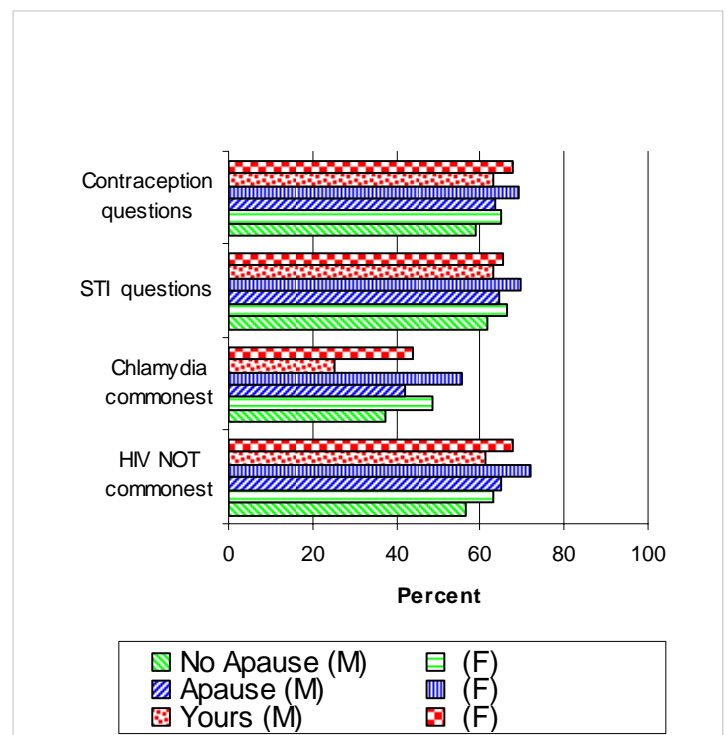
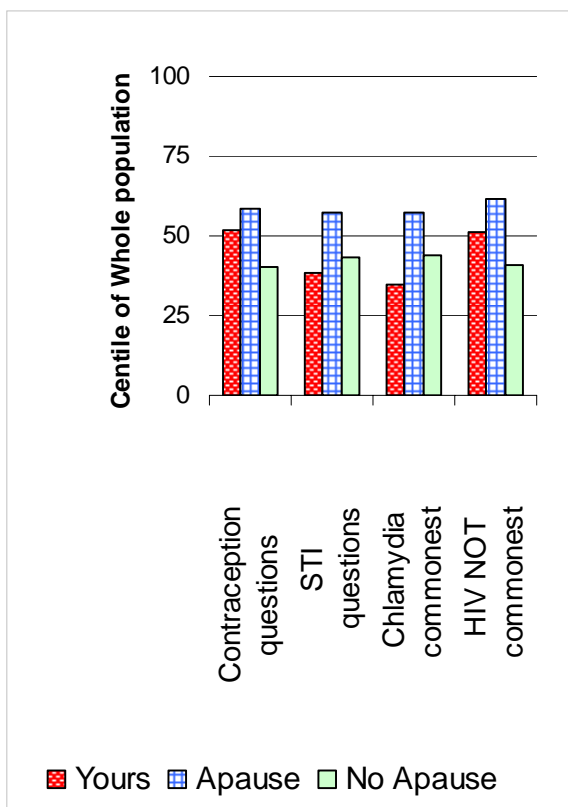
Options for answers include: 'true', 'false' and 'don't know', some items being true and some false. They are marked for correct answers with no score for don't know.

In designing the Apause programme we did not feel that knowing a long list of the names of STIs was important, but we did feel that it was important that they knew that HIV was not the commonest STI.

We published a paper in the 90s showing that nearly all young people believed that HIV was the commonest STI. If few people know anybody with HIV, or even anybody that knows anybody who has it and yet believe it is the commonest STI, then STIs are unlikely to be a major concern for you!

In No Apause schools 40% of young people believe it is not the commonest and though this is lower (>60%) in Apause schools it remains a worry.

The data confirm that girls have more correct knowledge in this area than boys.



Students in this school appear :

Less likely than students in other Apause schools to have correct knowledge about items: Gays are bullied;

More likely than students in No Apause schools to have correct knowledge about items: I've been bullied; School deals with bullying; Gays are bullied; School helped.me;

In the average of all schools

Girls scored more than 5% higher than boys for items: Contraception questions; Chlamydia commonest; HIV NOT commonest;

Students' belief about age of first intercourse and sexual behaviours.

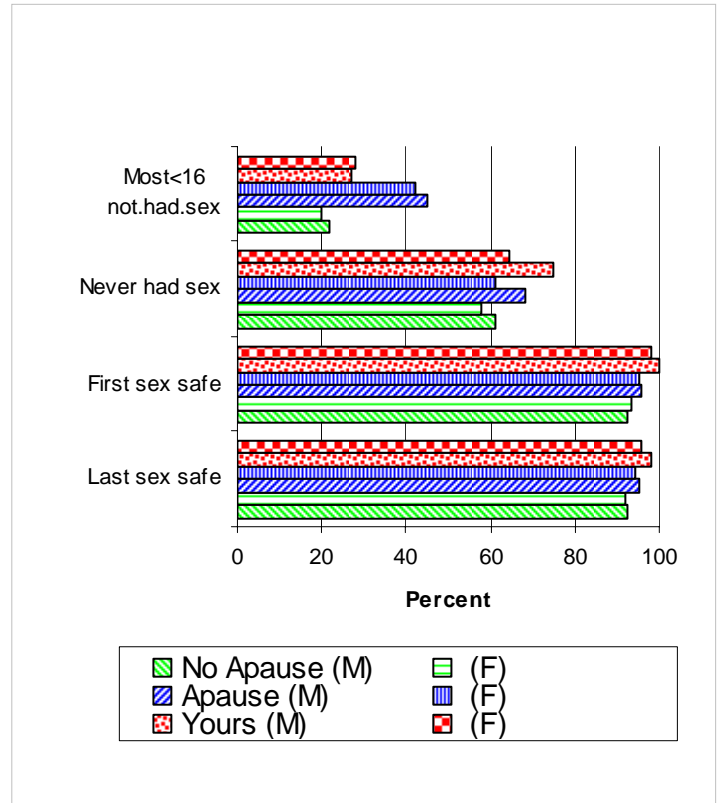
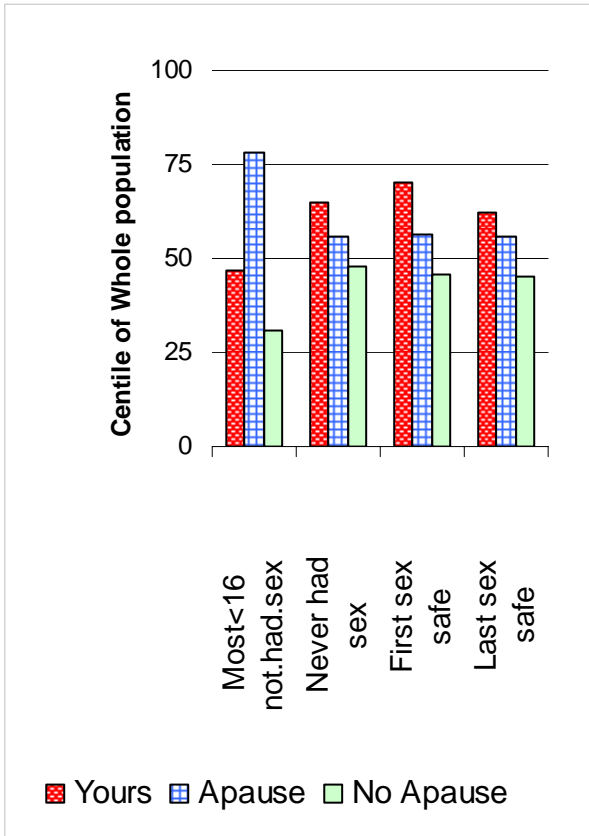
A second very critical belief which we have good evidence to show will effect student expectations and behaviours and is consistent with norm's theory is that our understanding of what young people believe to be normal in relation to age of first intercourse will impact on the likelihood of them having intercourse earlier or later depending on their belief.

The top set of data on the right hand graph show that in no A pause schools only around 20% of pupils correctly believe that most people have **not** had intercourse by the age of 16. The data in the second set of rows shows that even at a mean age of 16 (when ½ the year are over 16) 60% have never had sexual intercourse and this is slightly higher in A pause schools. We believe the ability of the peer educators to influence their belief and normative expectations, shown quite dramatically in the top set of rows and on the left hand graph in the left hand set of columns, illustrates this well.

People are often surprised at the high rate of protected sex, both at first sex and last sex. This is of course only one episode and asking young people whether they have ever had unsafe sex reveals much higher percentages than the 5-10% shown in the data on the bottom two sets of rows on the right.

We note that if you are having intercourse with somebody with an STI you are much more likely to catch the STI than it is likely that the girl will become pregnant (only approximately 1 in 30 episodes of unprotected intercourse result in a pregnancy). This may explain why nationally STI rates are climbing steeply with increase sexual activity in young people, where as teenage pregnancies, many of which are prevented by emergency contraception, are approximately stable.

It is clear from the data on the data below that students in Apause schools have less expectation that early sexual activity is normal, are less likely to be sexual active and are more likely to use appropriate precautions both at first intercourse and at their last episode of intercourse. It is known that people in stable relationships are less likely to use contraception particularly barrier contraception.



Students in this school appear :

Less likely than students in other Apause schools to make 'desired' responses to items: Gays are bullied;

More likely than students in No Apause schools to make 'desired' responses to items: I've been bullied; School deals with bullying; Gays are bullied; School helped.me;

There are no major gender differences

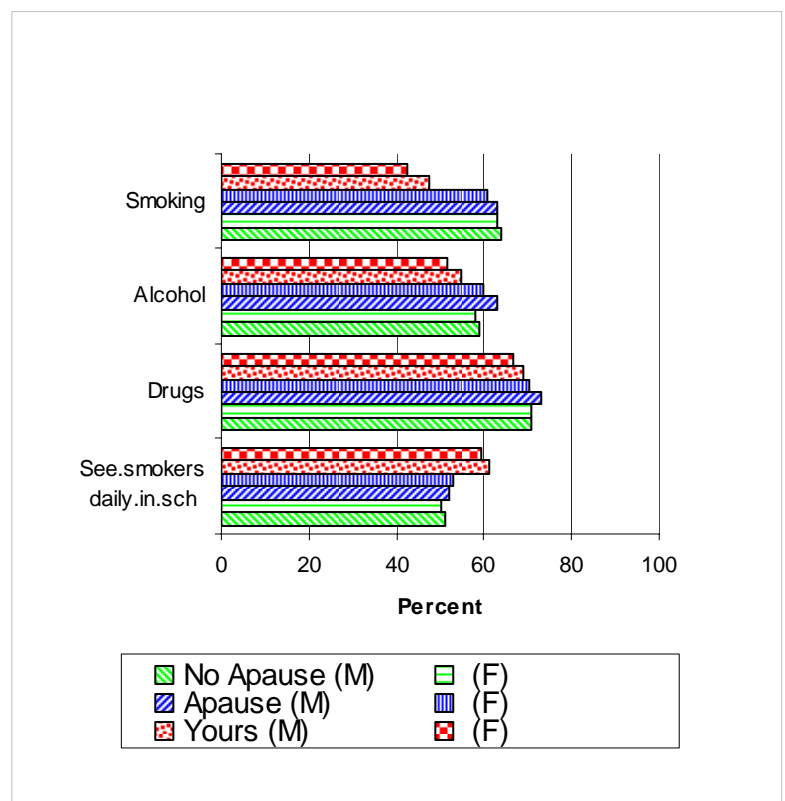
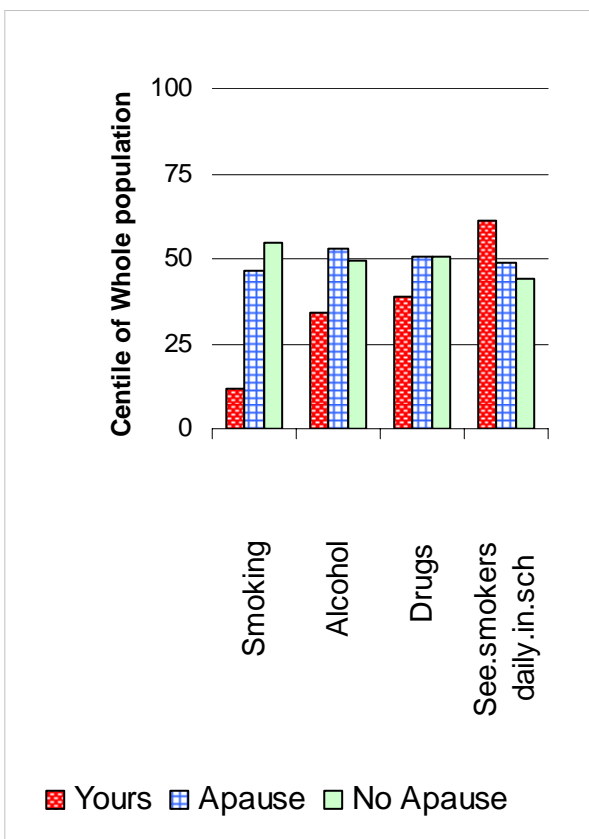
Students' memory of how much teaching in other PSHE Health and behaviour areas of curriculum.

These data were collected in the same way as the data in relation to SRE in the first set of graphs from the perspective of understanding whether Aopause is working, we believe that these are important 'negative' data.

If Aopause was working because the schools in which it was being used were already schools that were doing very good SRE, we would expect to see this reflected in these data as well.

What we see is that in relation to smoking, alcohol and drugs, there is very little between Aopause and no Aopause schools in relation to students perception of how much information they had been given.

The last item, right hand and bottom on the left and right graphs respectively, asks how often they see smokers in school with the highest option being 'every day' which is the data reported here. It does not ask whether the smokers are children or adults.



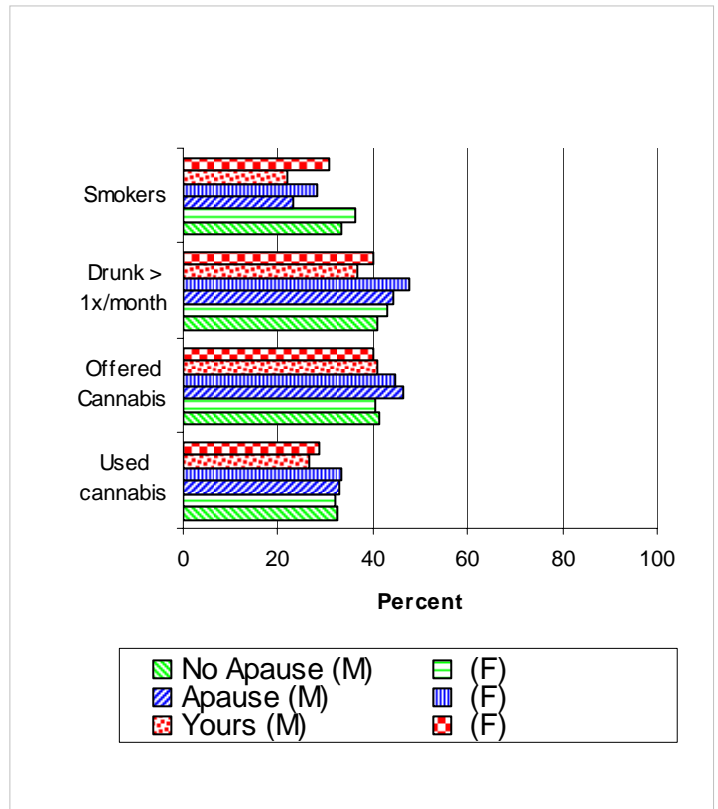
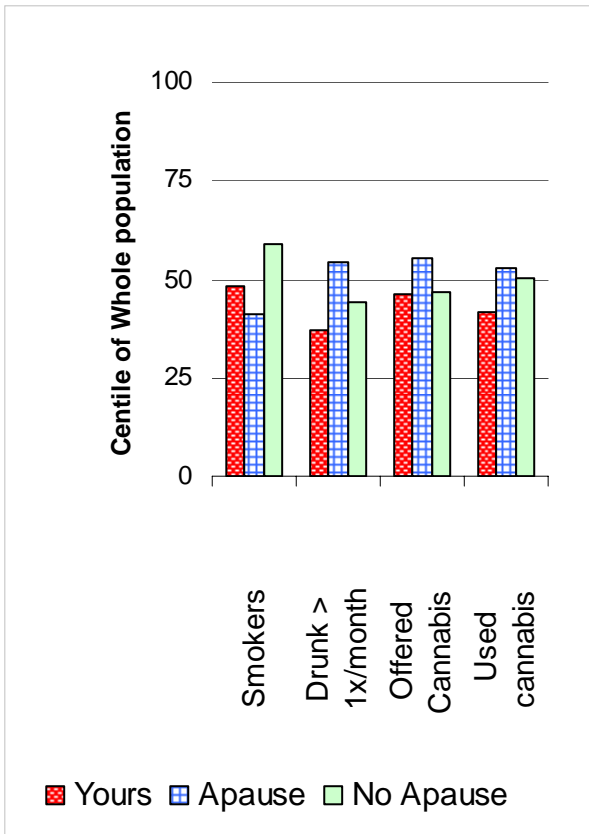
Students in this school appear :

Less likely than students in other Aopause schools to remember receiving a lot or some information on Smoking;

There are no major gender differences

Smoking, alcohol and soft drugs (cannabis)

As well as providing education about sex and relationships, schools are interested in other adverse health factors in behaviour. These results report those who are regular smokers (around 25-35% and higher in non Apause schools), the number who describe themselves as being drunk (out of control) more than once a month slightly higher in Apause schools, the number who have been offered cannabis, again slightly higher in Apause schools while the number who have used cannabis is near identical.



No significant differences were identified in comparisons with other groups.

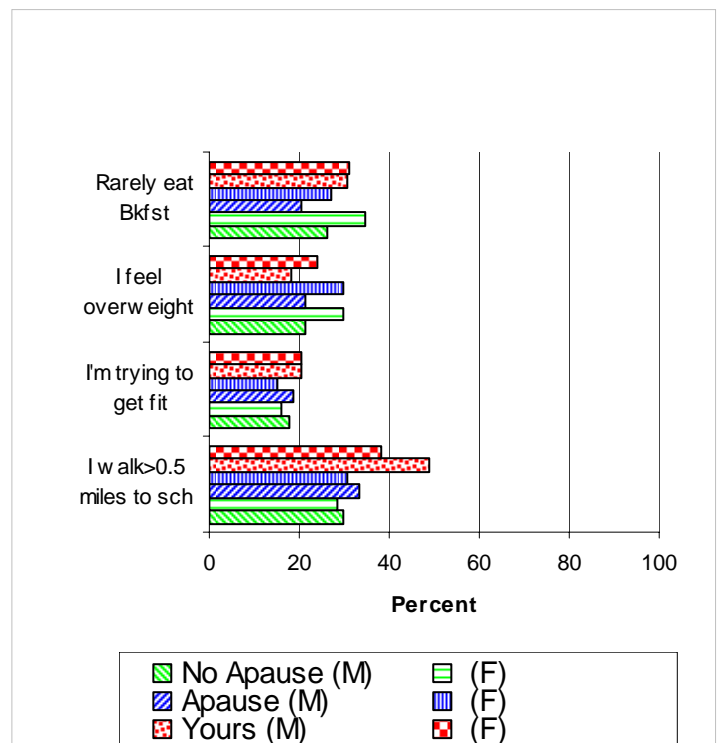
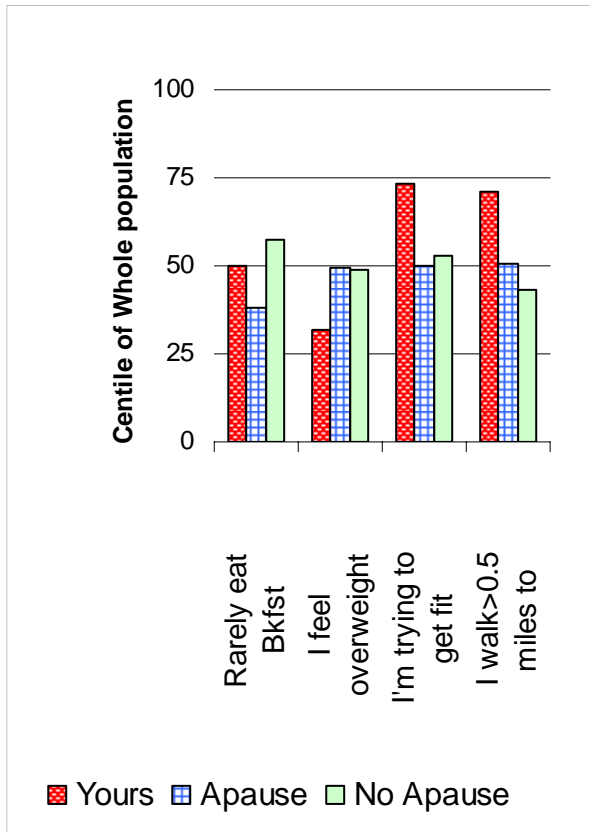
There are no major gender differences

Student statements about breakfast, their weight, trying to improve fitness and walking to school

Diet, obesity and exercise are increasingly discussed topics in health education.

The most striking findings are in relation to gender differences where perhaps unsurprisingly all girls are likely to report they don't eat breakfast and are feeling overweight, though fewer of them are trying to get fit and fewer of them walk more than ½ a mile on the way to school. All of these differences are of significant.

Why children in Apause schools should be more likely to eat breakfast is a conundrum!



Students in this school appear :

More likely than students in other Apause schools to state that : I'm trying to get fit; I walk > 0.5 miles to sch;

More likely than students in No Apause schools to state that : I'm trying to get fit; I walk > 0.5 miles to sch;

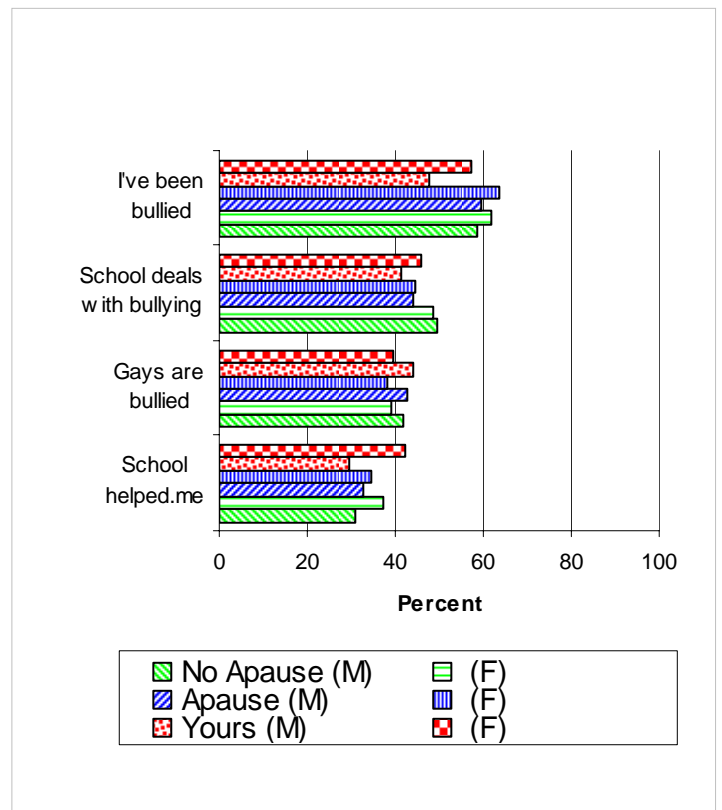
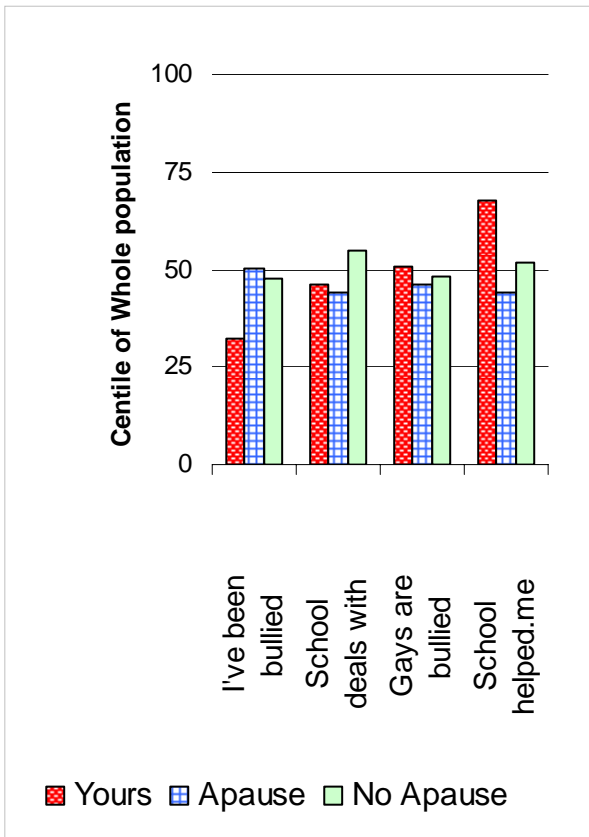
In the average of all schools

Girls scored more than 5% higher than boys for items: Rarely eat Bkfst; I feel overweight;

Bullying

Bullying is another area to which schools pay a great deal of attention and results to four questions are reported here. Around ½ the population report having been bullied. Slightly less believe that the school has an effective policy to deal with bullying. 40% of pupils believe that people are bullied because they are thought to be gay and only about 30% of those who have been bullied report that the school was helpful in sorting it out.

Apauses schools are slightly less likely to be reported as dealing with this effectively or being helpful in sorting it out.



Students in this school appear :

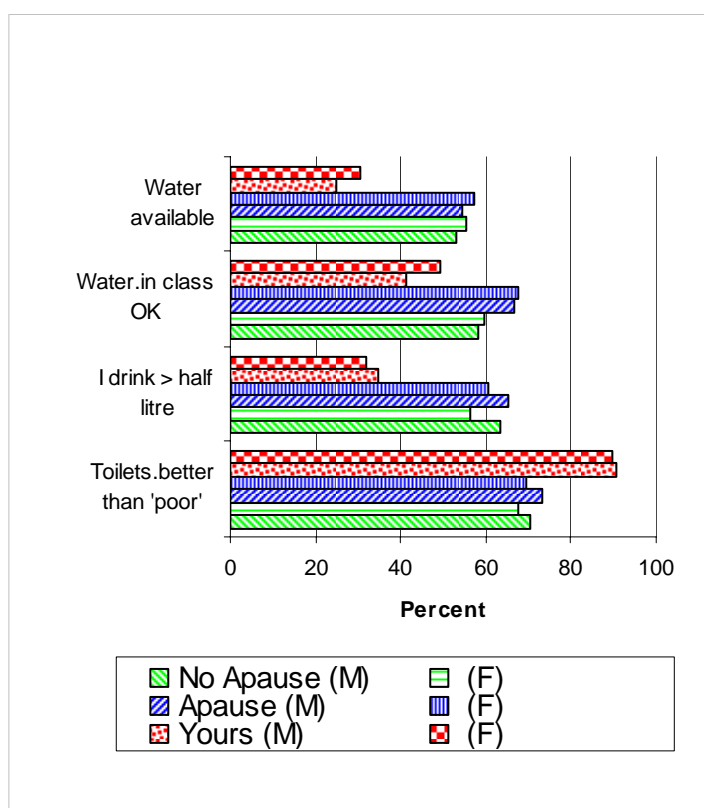
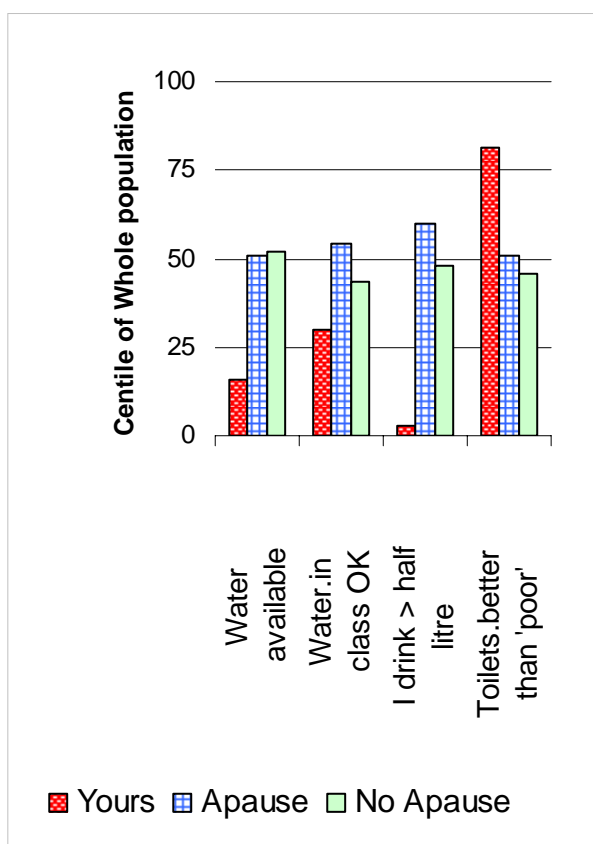
More likely than students in other Apause schools to 'desired' responses to items: School helped me;

There are no major gender differences

Responses to questions about availability and use of water and how students feel about the school toilets.

We included this data in the questionnaire because students told us that provision of and use of drinking water in school was often problematic.

These data show some difference between Apause and No Apause schools with Apause schools slightly more likely to allow water in the classroom and children are then more likely to drink more than ½ a litre a day. Looking at individual schools, it is clear that those where water is unavailable and not allowed in class, the amount drunk is very small. The health significance of this is uncertain, but it is generally believed that drinking water is good for your health and attention span. Toilets are also very problematic in some schools and we were startled to find that only around 30% of pupils report that their school toilets are either 'not too bad' or 'good'. About 10-15% of students reported that they felt unsafe in the toilets. Toilets are not seen to be better in Apause schools.



Students in this school appear :

More likely than students in other Apause schools to Answer the following items positively :Toilets.better than 'poor';

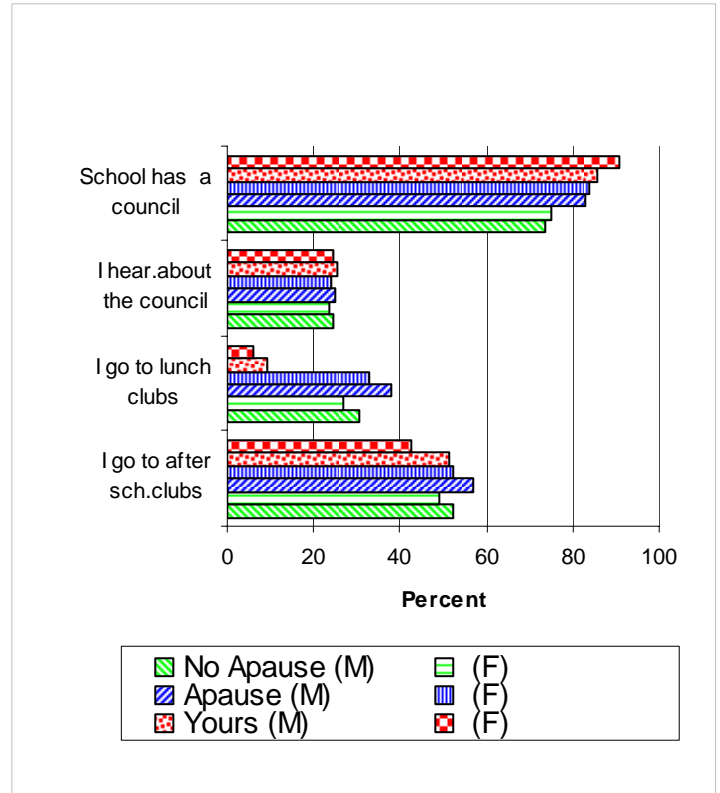
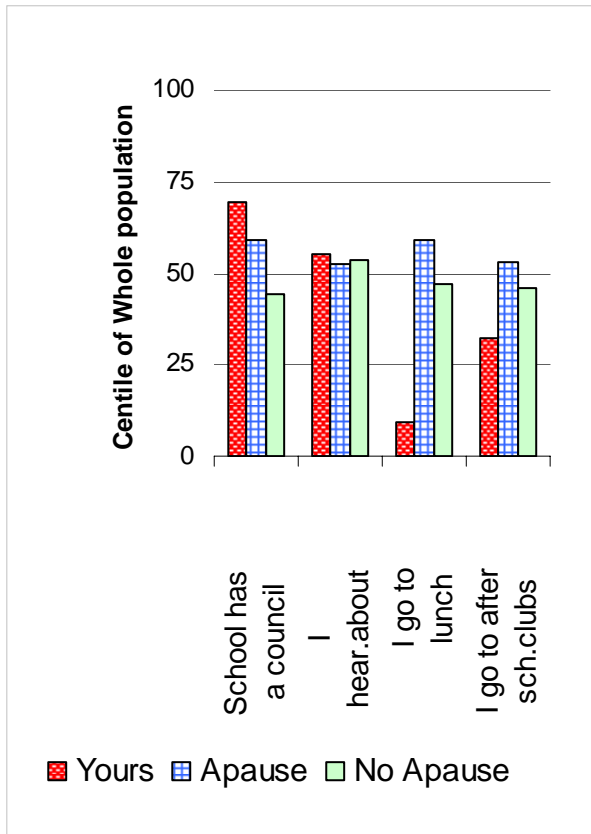
Less likely than students in other Apause schools to Answer the following items positively :Water available; Water.in class OK; I drink > half litre;

More likely than students in No Apause schools to Answer the following items positively :Toilets.better than 'poor';

School Council and Clubs

Many schools are interested in how many children participate and are involved in school council or school clubs.

More pupils in Apause schools are aware that there is a school council, but the same number (a rather low number of about 25%) report that they hear about what happens at the school council. Slightly more young people in Apause schools are likely to go to both lunch clubs.



Students in this school appear :

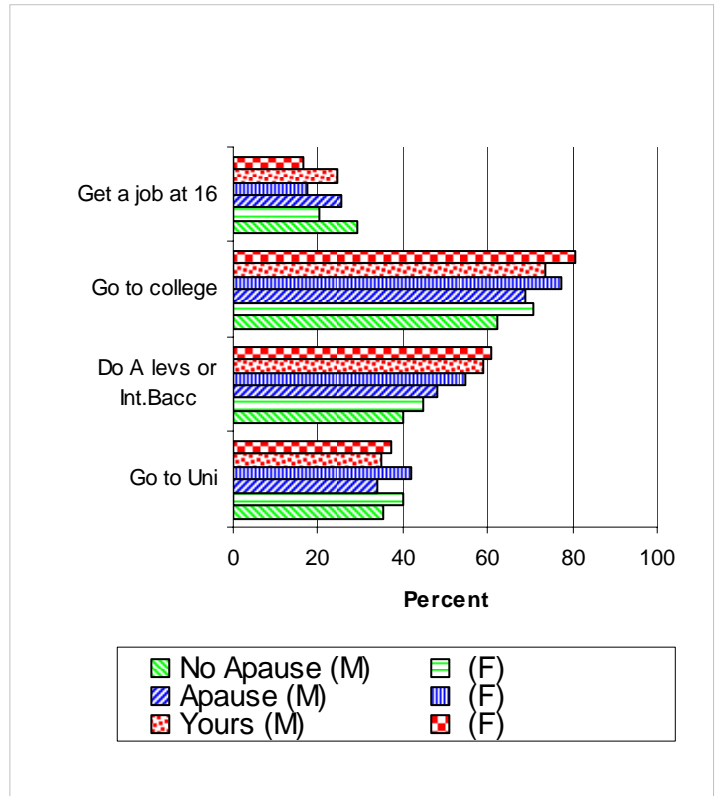
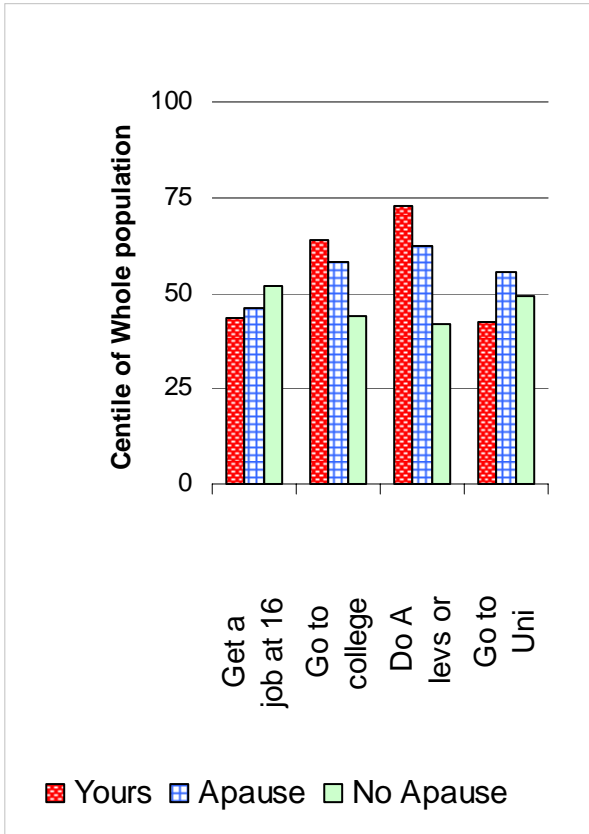
Less likely than students in other Apause schools to to know about, or participate in, items: I go to lunch clubs; I go to after sch.clubs;

More likely than students in No Apause schools to to know about, or participate in, items: School has a council;

There are no major gender differences

Academic and career aspirations

It is in these graphs that we see the biggest differences between Apause and control schools in areas we evaluated other than in SRE where differences are greater. Although only slightly more are planning to go to university, higher numbers are planning to go to college and do A levels.



Students in this school appear :

More likely than students in No Apause schools to to say that they plan to: Do A levels or Int.Bacc;

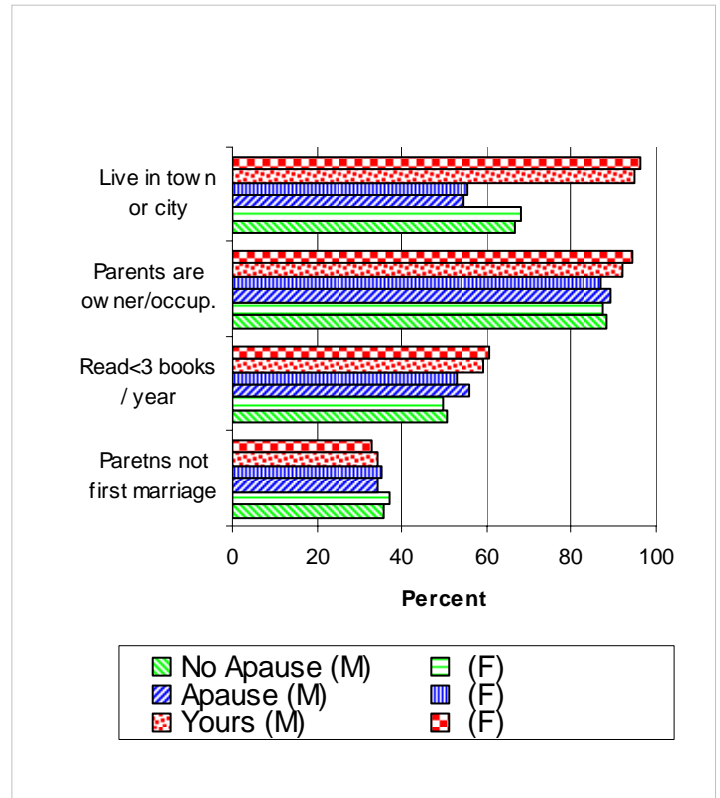
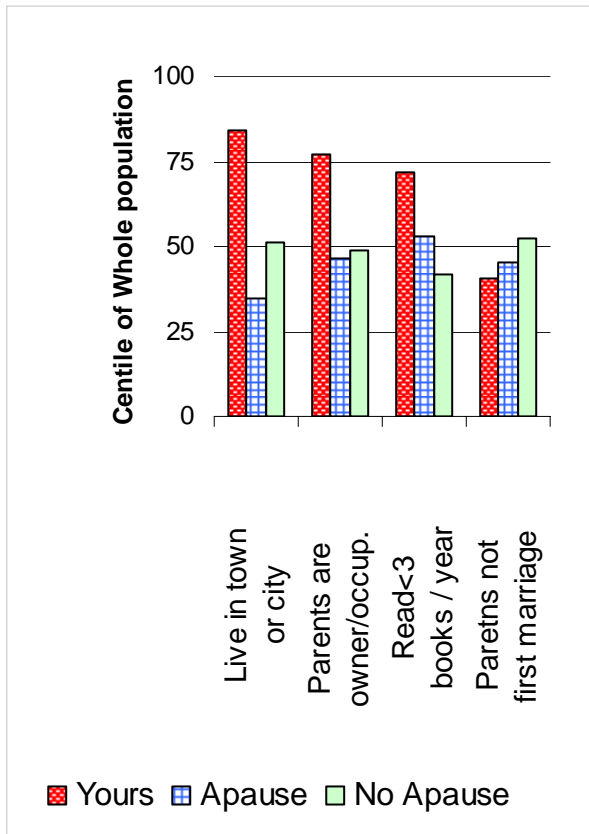
In the average of all schools

Girls were more than 5% more likely than boys to say they plan: Go to college; Do A levels or Int.Bacc; Go to Uni;

Boys were more than 5% more likely than girls for items: Get a job at 16;

Some family socio-demographics

Home circumstances and socio-demographics clearly have an influence on children's behaviours and in this data we see that children in Apause schools are less likely to live in a city, are more likely to read 3 or more books a year, more likely to be in re-ordered families and with roughly the same proportion of owner occupying parents.



Students in this school appear :

More likely than students in other Apause schools to be in a family where: Live in town or city;
Parents are owner/occup.;

More likely than students in No Apause schools to be in a family where: Live in town or city;
Parents are owner/occup.; Read < 3 books / year;

There are no major gender differences

Conclusions.

We have not drawn overall conclusions about your school for two reasons. The simplest is that summarising the data automatically is difficult but more importantly and second we do not know enough about your school circumstance to make sensible conclusions!

We believe we can draw some conclusions from the analysis of the data from Apause and No Apause schools as differences are merged and less specific.

Briefly this analysis suggests that in the areas where we hoped to see some positive outcomes for Apause schools they are demonstrated by the data.

These are shown in figures such as those shown on the first pages of figures headed

- Students' memory of how much information they had received in SRE and what was covered.
- Students' assessment of the value of their Sex and Relationships Education.
- Our assessment of students' knowledge in relation to contraception and STIs.
- Students' belief about age of first intercourse and sexual behaviours.

In contrast for the data where we would not expect Apause to have had any specific effects on their perception of the PHSE curriculum or behaviours such as the figures on pages headed:

- Students' memory of how much teaching in other PSHE health and behaviour areas of curriculum.
- Smoking, alcohol and soft drugs (cannabis)
- Student statements about breakfast, their weight, trying to improve fitness and walking to school

We do not see large differences suggesting that it is the SRE element of PSHE that is regarded differently in Apause schools, the result we hoped for!

The school environment, physical and social will clearly have an impact on student evaluation of any curriculum area, perhaps especially PHSE. Again we do not see marked differences between Apause and No Apause schools if the figures on pages headed :

- Bullying
- Responses to questions about availability and use of water and how students feel about the school toilets.
- School Council and Clubs

Student academic aspirations are known to result in healthier behaviours including Sexual behaviours and they probably also affect student appreciation of the curriculum so the higher aspirations of students in Apause schools must be considered as a possible reason for their more 'desired' outcomes. This factor would not explain the fact that results for SRE were better than other areas of the curriculum. Similar points apply to the finding that Apause schools are more likely to have students living in rural areas, more of whom say that they read three or more books per annum.

- Academic and career aspirations
- Some family socio-demographics