HBSC England National Report

Health Behaviour in School-aged Children (HBSC):

World Health Organization Collaborative Cross National Study

Findings from the 2018 HBSC study for England

cripacc
Centre for Research in Public Health and Community Care

hbsc
HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN ENGLAND

Authors

Professor Fiona Brooks
Dr Ellen Klemera
Kayleigh Chester
Dr Josefine Magnusson
Dr Neil Spencer

Address for correspondence
Centre for Research in Public Health and Community Care
University of Hertfordshire
College Lane
Hatfield
Hertfordshire
AL10 9AB
www.hbscengland.org

Published by the University of Hertfordshire, Hatfield. January 2020.

Citation: Brooks, F., Klemera, E., Chester, K., Magnusson, J. & Spencer, N. (2020). HBSC England National Report: Findings from the 2018 HBSC study for England. Hatfield, England: University of Hertfordshire.

Acknowledgements

The HBSC England team are extremely grateful to all the schools, teachers and young people who took part in the 2018 HBSC England study. We appreciate the time and support they gave to the research.
We would like to thank our coders who worked so hard to enter all the data: Kay Williams, Bennie Murganza and Maria Moss.
We would like to thank the Department of Health and Social Care and the Department for Education for their financial support for the HBSC England study. Special thanks to Mary Grinsted, Catherine Newsome and Claire Robson for their continued support.

Foreword

By Jo Churchill

The Health Behaviour in School Aged Children study has been running since 1997, collecting valuable insights into the physical and mental lives of children both in England and across the world. The survey examines a number of health-related topics such as sleep, mental health and self-harm, food and drink consumption, and physical activity. The findings in these 4-yearly reports are used by professionals and policy makers to better understand the needs of young people and tailor services to meet those needs in this fast-changing world, and to reflect national interest.

It's great to see an improvement on the already high proportion of young people reporting good or excellent physical health and high life satisfaction, especially for adolescent girls. I'm also very pleased to see that smoking and drinking among young people has decreased dramatically since 2002; I'm determined to make sure this downward trend continues.

However, of concern is the high proportion of young people that report multiple health complaints, both physical and mental, and that such medical conditions affect the education of children. To read that physical activity levels among young people are poor, with only 15% reporting being physically active for at least an hour a day is also alarming. It's clear that these issues need to be addressed, and through continued cross government working, I am confident that we should see real progress soon.

I highly recommend that professionals and staff working with young people read this important, timely, and relevant report; and I would like to thank the authors for all their work.

Jo Churchill

Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care

Executive summary

This report presents data from the 2018 Health Behaviour in School-aged Children (HBSC) study in England. HBSC is an international study conducted in collaboration with the World Health Organization (WHO). The study captures data on young people's health, health behaviours and social environment. In 2018, 3398 young people in England took part in the study. This report presents prevalence statistics and trends data spanning 2002-2018. Key findings are summarised below:

Self-rated health

Young people viewed their **physical health** positively, with 87% overall stating that their health was 'good' or 'excellent'. Boys were somewhat more likely than girls to report this, and older adolescents were less likely to do so than younger ones.

Health complaints

Overall, 77% of all young people (75% of boys and 80% of girls) reported suffering from at least one symptom such as headaches or irritability on a weekly basis. Over half (60%) of all young people reported suffering from two or more such symptoms every week. Girls were more likely than boys to report **multiple health complaints** (66% vs 55%).

Long-term illness and disability

Nearly a quarter (23%) of young people said that they had a **long-term condition or disability**; around 30% said that their condition or disability affected their school attendance and/ or participation.

Life satisfaction

Overall, 75% of young people rated their life satisfaction as 7 or higher, indicating **high life satisfaction** (or thriving). Boys and younger adolescents were more likely to rate their life satisfaction as high; 81% of 11 year old boys compared to 64% of 15 year old girls rated their life satisfaction as 7 or above.

Mental health

Over a fifth (22%) of young people reported that they had experienced a high level of emotional problems and other emotional difficulties during the last 6 months. The proportion of 15 year olds who reported **feeling low** once a week has increased since 2014 (50% vs 40%), and for the first time this increase is seen especially among boys (38% vs 25%). Overall, 25% of 15 year olds reporting ever **self-harming**, with boys reporting a higher increase since 2014 (11% vs 16%) than girls (32% vs 35%).

Primary health care service use

The majority (71%) of young people said that they **felt at ease with their GP**. However, nearly half (47%) of all young people said that they would not feel comfortable talking to their GP about personal issues.

Physical activity

Overall, just 15% of young people reported being **physically active for at least one hour per day**. Boys and younger adolescents were more likely to report meeting this target. However, 70% of young people reported participating in **vigorous physical activit**y at least 2-3 times per week, with boys (74%) more likely than girls (63%) to do so. The proportions of young people undertaking vigorous physical activity has increased somewhat from 65% in 2014.

Breakfast consumption

Around two thirds (63%) of all young people reported **eating breakfast every day**. Younger adolescents and boys were more likely to report doing so, ranging from 77% in 11 year old boys to 48% of 15 year old girls. The proportion of young people saying that they eat breakfast every day has decreased among both boys and girls since 2014 (67%).

Fruit and vegetable consumption

Less than half of young people (44%) reported meeting the government recommendations of **eating five portions of fruit and vegetables** every day. The proportions of young people who reported eating 5 a day has increased since 2014 (38%).

Energy drink consumption

Only 9% of young people said they drink **energy drinks** at least 2-4 times a week. There is a decline in terms of drinking energy drinks since 2014 from 14%. More than half of young people (63%) never consume energy drinks.

Sleep

Over a quarter (27%) of young people reported **not having enough sleep to feel awake and concentrate** on school work; this was more common among girls (32%) than boys (23%). Older adolescents were considerably more likely to report not getting enough sleep, with up to 42% of all 15 year olds reporting not having enough sleep to concentrate.

Substance use

Incidence of **regular smoking and drinking** has decreased dramatically from 2002 to 2018, with only very few young people reporting that they had smoked (3%) or drank alcohol (7%) at least 3 times during the last 30 days. Around one quarter of 15 year olds said that they had **been drunk** twice or more during their life. One fifth (21%) of 15 year olds said that they had **ever tried cannabis**, which is a substantial decrease since 2002 (41%).

Fighting and injuries

Just over a fifth (23%) of all young people reported they had **been injured** to the extent of needing treatment twice or more in the last 12 months, with boys (25%) more likely than girls (21%) to say so. Overall, 17% (24% boys vs 9% girls) of young people reported having been involved in a **physical fight** two or more times in the last 12 months.

Sexual health behaviours

One fifth (20%) of 15 year olds reported having had **sexual intercourse**. Boys (23%) were somewhat more likely than girls (18%) to say so. The proportion of 15 year olds saying they have had sexual intercourse has decreased from over 35% in 2002 to 20% in 2018. Reports of early onset (at age 12 or earlier) initiation has also decreased since 2002. Over two thirds (68%) of boys and nearly half (46%) of girls reported **using a condom** at the last time of intercourse.

Family communication

Overall, 82% of young people reported finding it easy to talk to their mother about things that bothered them, while 64% said the same about talking to their father. For both parents, boys were more likely than girls to say that they found it easy talking to them. **Ease of communication** with either parent decreased with age so that among 15 year olds only 62% of boys and 44% of girls find it easy to talk to their father, with corresponding figures for talking to mother 79% of boys and 67% of girls.

Parental support

The majority of young people reported feeling **well-supported by their parents emotionally**, however parental engagement with education appears to have declined across a range of measures since 2014: young people report less willingness of their parents to engage with schools and teachers and less active encouragement in relation to performance at school.

Young carers

Across all ages 8% of young people can be identified as **young carers** in that they reported undertaking extra work around home due to having a disabled or sick person to look after. Girls tend to report doing slightly more extra work at home compared to boys across all ages (11% girls vs 7 % boys).

Family meals

Over a third (39%) of young people reported usually **eating a meal with their family every day**, which is a decrease since 2014 (51%).

Community life

Overall, young people were **positive about their neighbourhood**; 72% of young people said that it is safe for children to play outside during the day in their area, which is a slight increase since 2002 (68%).

Perception of school

Nearly a quarter (23%) of young people said they **like school** 'a lot'. Over half of young people said they **felt safe at school** (67%) and felt like they **belong in school** (56%). The proportion of young people feeling safe and like they belong in school has decreased since 2014. Around a quarter (24%) of young people said they felt **pressured 'a lot' by school work**; girls (28%) were more likely than boys (19%) to report feeling pressured by school work. Nearly three quarters (74%) of young people said they had at least **one teacher they could go to** if they had a problem.

Personal, Social, Health and Economic (PSHE) education

Overall, 82% of young people reported attending **PSHE lessons** at school. The majority of young people said that the topics 'health and well-being' (70%), 'staying safe' (70%) and 'personal and social skills' (70%) had been well covered during PSHE. Less young people felt that 'sex and relationships' (52%) and 'economics and careers' (46%) education had been well covered.

Bullying

Just over a third (36%) of young people said that they **been bullied** in the past couple of months. The number of boys and girls who have been victimised has increased since 2010. Overall, 18% of young people had experienced **cyberbullying** in the past couple of months; cyberbullying was more common among girls (20%) than boys (15%).

Electronic media communication (EMC)

Nearly all (82%) of the young people surveyed **used electronic media to communicate** with others on a daily basis. Over a third (37%) of 15 year old girls said they contacted their close friends via EMC "almost all the time throughout the day". Problematic social media use was identified through questions which asked young people about their relationship with social media, including whether it caused them to neglect other activities or resulted in conflict with others. Overall, 12% of young people were identified as having **problematic social media use**. Having a problematic relationship with social media was more common among girls (14%) than boys (9%).

Computer gaming

Around three quarters (76%) of young people reported **gaming** at least once a week (including on smartphones, tablets, computers or games consoles). Boys (92%) were more likely than girls (60%) to play games every week. Disordered gaming was identified through questions which asked young people about their relationship with online gaming, including whether it caused them to neglect other activities or resulted in conflict with others. Overall, 14% of respondents were identified as having **disordered game use**, with boys over twice as likely (19% of boys compared with 7% of girls).

Contents

Acknowledgements 2
Foreword by Jo Churchill 3
Executive summary 4

Chapter 1: Introduction 11

Young people's health and well-being 12
The Health Behaviour in School-aged Children (HBSC) study 13
Methodology 14
The HBSC questionnaire 14
Recruitment 15
Data collection 15
Ethics and consent 15
HBSC England sample 16
Response rate 16
Sample characteristics 16
Weighting 16
Structure of report 18
References 18

Chapter 2: Health and well-being 19

Key messages 19
Introduction 20
Physical health 20
Self-rated health 20
Health complaints 21
Long-term condition or disability 23
Mental health and emotional well-being 24
Life satisfaction 24
Body image 27
Feeling low 28
Mental health 29
Self-harm 31
Primary health care service use 32
Visited GP in the last year 33
Perception of GP experience 33
Summary 35
References 36

Chapter 3: Health behaviours 37

Key messages 37
Introduction 38
Positive health behaviours 39
Physical activity 40
Breakfast consumption 41
Fruit and vegetable consumption 45
Soft drink consumption 45
Sleep 46
Dieting 47
Health risk behaviours 49
Smoking 49
Alcohol consumption 46
Cannabis use 52
Fighting 53
Injuries 54
Sexual health behaviours 55
Summary 56
References 58

Chapter 4: Family environment and community 59

Key messages 59
Introduction 60
Family structure 61
Family communication 61
Communication with fathers 61
Communication with mothers 62
Family support 63
Parental involvement and support at school 64
Young carers 66
Family meals 66
Community life 67
Feeling safe 67
Young people's view of neighbourhood 68
Summary 69
References 70

Chapter 5: School environment 71

Key messages 71
Introduction 72
Perception of school 73
Liking school 73
School pressure 73
Feeling safe at school 74
School belonging 75
Perception of the school environment 2002-2018 75
Teacher relationships 76
Peer relationships 77
Bullying 79
Traditional forms of bullying 81
Cyberbullying 82
Specific forms of bullying behaviour 83
PSHE education 84
Summary 85
References 87

Chapter 6: Friends and leisure time 87

Key messages 87
Introduction 88
Friends 89
Electronic media communication (EMC) 90
Frequency of EMC 90
Problematic social media use 93
Gaming 94
Frequency of gaming 94
Internet gaming disorder 96
Summary 97
References 98

Chapter 1: Introduction

This report outlines the findings from the 2018 Health Behaviour in School-aged Children (HBSC) study conducted in England. It provides an overview of the health and well-being, health behaviours and social context of young people in England today. HBSC is a long-standing international study conducted in collaboration with the World Health Organization (WHO). The HBSC study is repeated every four years providing trends in young people's well-being. Data for England spans over a decade (2002-2018).

Young people's health and well-being

There are 7.4 million young people aged 10-19 years living in the UK, accounting for 12% of the total population (Hagell, Shah & Coleman, 2017). The second decade of life is a crucial period of development as young people face considerable physical, psychological and behavioural changes. Young people's health and well-being is integral to the developmental tasks faced during adolescence (Patton et al., 2016). The adolescent period is also thought to play an important role in determining later health outcomes, as health and health behaviours of young people are likely to track into adulthood (Inchley et al., 2016). Furthermore, poor health and well-being can be detrimental for young people's future chances as it has been associated with lower educational attainment (Brooks, 2014). It is widely acknowledged that young people's social environment can influence their health and well-being; factors such as social support, education, living conditions and financial resources have been identified as determinants of health (Hagell et al., 2018).

Over the last decade the health of young people has attracted increasing attention as research on adolescent health has identified new insights into how crucial the second decade of life is for health and well-being across the life course. Importantly this work has also highlighted cross-national differences and different trends in young people's health that can be linked to not only socio-economic differences between countries, but also to variations in public health policies (Bendtsen et al., 2014; Minguez, 2017). As a consequence studies such as HBSC are a useful resource in aiding the development of evidence informed policies (Aleman-Diaz, 2016). On an international level, young people have been at the centre of reports such as the WHO (2015) "Health for the World's Adolescents: A Second Chance in the Second Decade" and the Every Woman Every Child (2015) "Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)". The 2016 Lancet Commission[1] on adolescent health and well-being concluded that "investing in adolescents will yield a triple benefit—today, into adulthood, and the next generation of children". In the UK, the Chief Medical Officer's 2012 report was dedicated to young people. Furthermore, policy changes include the move towards statutory health education (Department for Education, 2019) and the introduction of a designated mental health lead in schools (Department of Health & Social Care and Department for Education, 2018), while the NHS (2019) Long Term Plan commits to expanding mental health services for children and young people.

The Health Behaviour in School-aged Children (HBSC) study

HBSC is a cross-national, WHO collaborative study examining the health and well-being, health behaviours and social context of young people in Europe and North America. HBSC was initially established in 1982 by researchers from England, Finland and Norway, and is now the longest running international study focusing on young people's health and social environment.

There are currently 48 countries and regions across Europe and North America who participate in the HBSC study. Each participating country has a Principal Investigator and research team who are responsible for the coordination of the survey at a national level, which includes securing research funding, seeking ethical approval and conducting fieldwork.

[1]https://www.thelancet.com/commissions/adolescent-health-and-wellbeing

The HBSC study uses a survey methodology, collecting data through self-completed questionnaires administered during school. The surveys are completed by young people aged 11, 13 and 15 years old. These age groups represent the onset of adolescence, the time of physical and emotional changes, and the middle period of adolescence when young people begin making difficult life and career decisions (Inchley, Currie, Cosma, & Samdal, 2018). To ensure consistency and allow for international comparisons, each participating country conducts the survey in accordance with the HBSC international protocol (Inchley et al., 2018). The HBSC surveys are conducted at four year intervals, allowing for comparison both across countries and over time.

The HBSC study goes beyond simply monitoring the prevalence of health and risk behaviours among young people. HBSC considers the broader social context of young people, acknowledging the importance of the family, school and peers (Inchley et al., 2016). This provides the unique opportunity to recognise social determinants of young people's health and well-being and to identify protective and risk factors of health behaviours. As such, the evidence gathered via the HBSC study can not only be used to inform policy by acting as a benchmark to measure change, but also provides valuable evidence of key social factors and comparisons with other countries which can inform health programmes. Data from HBSC has been shown to have a positive impact upon young people's health policy and practice both nationally and internationally (Aleman-Diaz, 2016).

While England was one of the founding countries in 1982, England withdrew from the study shortly after and re-joined in 1997. England has since participated in the last 5 survey cycles of the HBSC study, with data for 2002, 2006, 2010, 2014 and 2018. The study for England is hosted by the Centre for Research in Public Health and Community Care (CRIPACC), University of Hertfordshire. Professor Fiona Brooks and Dr Ellen Klemera were the Principal Investigators for the 2018 HBSC England study. The Department of Health and Social Care and the Department for Education jointly funded the 2018 survey round.

Further information about the HBSC study, both internationally and within England, can be found at **www.hbsc.org** and **www.hbscengland.org** respectively.

Methodology

The study is conducted in accordance with the HBSC international protocol (Inchley et al., 2018) which provides scientific guidance on the survey tool, sampling frame and fieldwork; thus ensuring consistency across countries and allowing for cross-national comparisons.

The HBSC questionnaire

The HBSC England questionnaire is comprised of core, optional and country-specific questions. Core questions are decided within the HBSC international network and all participating countries include these in their questionnaire to allow for cross-country comparisons, which form the basis of the HBSC international reports (Currie et al., 2012; Inchley et al., 2016). Core questions measure young people's social context, health outcomes, health behaviours and risk behaviours.

- Social context
- School (satisfaction with school; school pressure; student support; teacher support)
- Peers (peer support)
- Family (family structure; ease of family communication; family support)
- Social inequalities (parental employment; family affluence measured via the Family Affluence Scale (Currie et al., 2008))
- Electronic media communication (intensity of electronic media communication; preference for electronic media communication; social media addiction)
- Health outcomes
- Body image
- Body Mass Index (BMI)
- Medically attended injuries (in the past year)
- Self-rated health
- Life satisfaction (as measured by the Cantril ladder (Cantril, 1965))
- Health complaints (the frequency of physical and psychological health symptoms e.g. headache, feeling dizzy and difficulties getting to sleep)
- Health behaviours
- Eating habits (breakfast consumption; frequency of eating: fruits, vegetables, sweets and carbonated soft drinks; family meals)
- Tooth brushing
- Physical activity (moderate to vigorous physical activity; vigorous physical activity)
- Risk behaviours
- Alcohol use (consumption in lifetime and last 30 days; drunkenness in lifetime and last 30 days)
- Tobacco use (in lifetime and last 30 days)
- Cannabis use (in lifetime and last 30 days)
- Sexual health (prevalence of sexual intercourse; age at first sexual intercourse; contraception use)
- Bullying (victimisation; perpetration; cyberbullying victimisation; cyberbullying perpetration)
- Fighting (frequency of physical fighting in the past year)

Groups of countries are also able to collaborate and adopt optional questions designed within the international HBSC network, in order to compare on specific topics. For example, for both the 2014 and 2018 survey the HBSC England team collaborated with a group of countries (including Canada, Scotland, Israel, Czech Republic and Poland) to include a measure of spirituality in the questionnaire. In 2018, England also collaborated with countries across the international network to examine the emerging risk of disordered video gaming among young people.

The HBSC questionnaire also has scope for country-specific questions which reflect areas of national interest. In 2018, the HBSC England questionnaire contained national questions on: sleep, mental health and self-harm, identifying young carers, energy drink consumption, young people's experiences of PSHE education and experiences of primary health care services.

Questions on sexual health, cannabis use and self-harm are asked of 15 year old respondents only.

As such, two versions of the 2018 HBSC England questionnaire were created - one questionnaire for respondents who were 11 and 13 years old, and one questionnaire for those who were 15 years old.

Recruitment

The HBSC study focuses on three age groups: 11, 13 and 15 years. In England these ages correspond roughly to school years 7, 9 and 11. The HBSC international protocol (Inchley et al., 2018) stipulates that the mean age for these three groups is 11.5, 13.5 and 15.5 years. The protocol recommends employing cluster sampling, when organisations are sampled first before sampling within the organisation; in this instance the organisation refers to schools.

A random sample of secondary schools (state and independent) in England was drawn, stratified by region and school type to ensure a nationally representative sample of different schools from across England. The original sample consisted of 100 schools. All schools were contacted initially by letter, follow-up letter and personal phone calls. Sampling was done by replacement, so that if a school declined to take part in the study, a second matched school was contacted.

In total, 33 schools (211 classes) were recruited and participated in the 2018 HBSC England study. The majority of students were in schools years 7, 9 and 11; however in a small number of schools students in school years 8 and 10 participated in the survey as their age at time of completion fell within the target age ranges.

Data collection

Data collection took place between June 2017 and July 2018. Data was collected using a paper or electronic version of the questionnaire, depending on school preference. Schools were given the option of a member of the HBSC research team or a member of their teaching staff delivering the survey. In instances where schools opted to administer the survey, teachers were provided with detailed instructions outlining how the survey was to be conducted. The questionnaire was completed during a normal school lesson. Students were asked to complete the questionnaire in exam like conditions (i.e. at individual desks without discussion) to create an environment that allowed students to answer questions honestly and ensure their answers remained confidential. Students who completed the paper questionnaires were asked to seal their questionnaire in an envelope for confidentiality. In each participating class teachers were also asked to provide additional information to establish response rates e.g. number of pupils absent and number of refusals (parent or student).

Ethics and consent

The 2018 HBSC England study received ethical approval from the University of Hertfordshire Health Sciences, Engineering and Technology Ethics Committee with Delegated Authority (HSK/SF/UH/02808). Passive consent processes were adopted in relation to parental consent; information letters were provided to parents/guardians with the option for students to be retracted from the research study. Students in participating classes were also provided with information letters at least one week prior to the survey. The voluntary nature of the research study was stressed in the student information letter, and again at the time of completing the questionnaire. Students were also informed that they did not have to answer any question they did not feel comfortable with.

HBSC England sample

Response rate

Across the 33 schools which agreed to participate in the study, 5137 students were eligible to take part in the survey. A total of 4733 questionnaires were returned, resulting in a response rate of 92% at the student level. Non-participation was primarily due to students being absent due to sickness (Table 1.1).

Table 1.1: Reasons for non-participation

Absent due to sickness	Absent for other reasons	Pupil/Parent refusal
190	175	35

Sample characteristics

Following data cleaning processes, including the categorisation of respondents into the three age categories stipulated by the HBSC international protocol (Inchley et al. 2018), invalid questionnaires were removed from the sample for the purposes of comparisons within the HBSC international network.

The final sample consists of 3398 students.

Table 1.2 displays the proportions of students by age and gender. There were fewer young people in the 15 years old age category. Overall there were slightly more boys than girls, with a higher prevalence of boys among 13 year olds in particular.

Table 1.2: Participating students by age and gender

GENDER						
AGE	Boys		Girls		Total	
11 years old	679	(52%)	628	(48%)	1307	(100%)
13 years old	691	(58%)	506	(42%)	1197	(100%)
15 years old	431	(50%)	427	(50%)	858	(100%)
Total	1801	(54%)	1561	(46%)	3362	(100%)

N.B. 36 missing responses

Table 1.3 shows the self-reported ethnicity of students participating in the 2018 HBSC England survey. The ethnicity of young people in the 2018 HBSC England study has been plotted against data from the 2011 census to illustrate the diversity of the sample. The census data is reported for young people aged 5-11 years, as the majority of respondents in the 2018 HBSC England study would have fallen into this category during the 2011 census. The census data originally included the category "Other ethnic group: Arab", in line with the 2018 HBSC England data this category was combined with "Other ethnic group: Any other ethnic group" in Table 1.3.

Free school meal eligibility can be used as an indicator of lower household income within England. In England, around 13% of secondary school students were identified as being eligible for free school meals (Department for Education, 2017). The 2018 HBSC England sample corresponded well, with 11% of respondents in state funded schools reporting that they received free school meals

Table 1.3: Participating students by ethnicity and gender

	From 2011 census		From HBSC England survey	
Ethnicity	Boys	Girls	Boys	Girls
White: British	73.6%	73.2%	65.8%	71.1%
White: Irish	0.3%	0.3%	1.5%	0.9%
White: Gypsy or Irish Traveller	0.2%	0.2%	0.6%	0.6%
White: Other	3.5%	3.5%	4.0%	4.1%
Mixed/multiple ethnic group: White and Black Caribbean	1.8%	1.8%	1.1%	1.2%
Mixed/multiple ethnic group: White and Black African	0.8%	0.8%	0.6%	1.2%
Mixed/multiple ethnic group: White and Asian	1.6%	1.6%	2.2%	2.0%
Mixed/multiple ethnic group: Other Mixed	1.2%	1.1%	1.3%	0.8%
Asian/Asian British: Indian	2.7%	2.7%	4.1%	4.0%
Asian/Asian British: Pakistani	4.0%	4.0%	3.8%	3.3%
Asian/Asian British: Bangladeshi	1.7%	1.7%	1.0%	0.5%
Asian/Asian British: Chinese	0.4%	0.4%	0.7%	0.5%
Asian/Asian British: Other Asian	1.9%	1.9%	1.7%	1.3%
Black/African/Caribbean/Black British: Caribbean	1.0%	1.0%	1.7%	1.0%
Black/African/Caribbean/Black British: African	3.0%	3.1%	5.0%	2.6%
Black/African/Caribbean/Black British: Other Black	1.1%	1.1%	0.3%	0.2%
Other ethnic group: Any other ethnic group	1.4%	1.4%	1.8%	0.9%
Don't want to say	n/a	n/a	1.1%	1.1%
Don't know	n/a	n/a	1.7%	2.7%

N.B. 170 missing responses in the 2018 HBSC England survey

Weighting

Despite careful attention to ensure a representative sample of young people across England, deviances were noted between the 2018 HBSC England sample and the 2011 national census data. For example, there was an underrepresentation of White British boys and an over presentation of White Irish boys. Consequently, weighting was applied to match national characteristics for gender and ethnicity based on results from the 2011 census.

Structure of report

This report is made up of six chapters. Chapters Two and Three both provide an overview of young people's physical health, emotional well-being and health behaviours. Chapters Four and Five illustrate the multiple social environments of young people which are known to be associated with health and well-being, these include the family, community and school.

Chapter Six presents data on young people's friendships and leisure time, with a focus on digital and social media usage. In most cases prevalence is reported by gender and age, with comparisons over time if trends data is available. The specific questions which were used to collect the data are described in each relevant chapter.

References

Aleman-Diaz, A. (2016). ***Health Behaviour in School-aged Children*** (HBSC) survey data informing policy: Country examples. Copenhagen: WHO Regional Office for Europe.

Bendtsen, P., Damsgaard, M. T., Huckle, T., Casswell, S., Kuntsche, E., Arnold, P., … Holstein, B. E. (2014). Adolescent alcohol use: a reflection of national drinking patterns and policy? Addiction, 109, 1857-1868.

Brooks, F. (2014). ***The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings***. London: Public Health England.

Cantril, H. (1965). ***The pattern of human concerns***. New Brunswich, NJ: Rutgers University Press.

Chief Medical Officer for England. (2012). ***Annual report of the Chief Medical Officer 2012: Our children deserve better.*** London: Department of Health.

Currie, C., Molcho, M., Boyce, W., Holstein, B., Torsheim, T., & Richter, M. (2008). Researching health inequalities in adolescents: The development of the Health Behaviour in School-Aged Children (HBSC) Family Affluence Scale. ***Social Science & Medicine,*** 66(6), 1429–1436.

Currie, C., Zanotti, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., … Barnekow, V. (Eds.). (2012). ***Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: International report from the 2009/2010 survey***. Copenhagen: WHO Regional Office for Europe.

Department of Health & Social Care and Department for Education. (2018). Government response to the consultation on ***"Transforming children and young people's mental health provision: a green paper" and next steps.*** London: Department of Health & Social Care and Department for Education.

Department for Education. (2017). ***Schools, pupils and their characteristics: January 2017***. London: Department for Education.

Department for Education. (2019). ***Relationships education, relationships and sex education (RSE) and health education. Draft statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers.*** London: Department for Education.

Every Woman Every Child. (2015). ***The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, Thrive, Transform.*** Retrieved from https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf.

Hagell, A., Shah, R., & Coleman, J. (2017). ***Key data on adolescence 2017***. London: Association for Young People's Health.

Hagell, A., Shah, R., Viner, R., Hargreaves, D., Varnes, L., & Heys, M. (2018). ***The social determinants of young people's health: Identifying the key issues and assessing how young people are doing in the 2010s. Health foundation working paper.*** London: Health Foundation.

Inchley, J., Currie, D., Cosma, A., & Samdal, O. (Eds.). (2018). ***Health Behaviour in School-aged Children (HBSC) Study Protocol: Background, methodology and mandatory items for the 2017/18 survey.*** St Andrews: CAHRU.

Inchley, J., Currie, D., Young, T., Samdal, O., Torsheim, T., Augustson, L., … Barnekow, V. (Eds.). (2016). Gr***owing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey***. Copenhagen: WHO Regional Office for Europe.

Minguez, A. M. (2017). The role of family policy in explaining the international variation in child subjective well-being. ***Social Indicators Research, 134***(3), 1173-1194.

NHS. (2019). ***The NHS long term plan***. Retrieved from https://www.longtermplan.nhs.uk/

Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Affi, R., Allen, N. B.,…Viner, R. M. (2016). Our future: ***A Lancet*** commission on adolescent health and wellbeing. ***The Lancet, 387***(10036), 2423-2478.

WHO. (2014). ***Health for the world's adolescents: a second chance in the second decade***. Geneva: World Health Organization

Chapter 2: Health and well-being

Key messages

- **Most young people report good health and well-being**. 87% of all young people reported that their physical health was either 'excellent' or 'good', and 75% of young people reported high life satisfaction and could be considered to be thriving.
- Importantly **there has been an improvement in the proportions of 15 year old girls who reported high life satisfaction** compared to 2014 (64% in 2018 vs 55% in 2014).
- 60% of boys and 59% of girls reported they felt their body was about the right size, which is a slight increase since 2014 (60% in 2018 vs 56% in 2014). However, only about half of 15 year old girls reported their body to be the right size.
- Overall 23% of young people reported having **a long-term illness, disability or medical condition**. Among young people with a disability or long-term condition 30% reported that their condition or disability negatively impacted their participation in education.
- The proportion of boys who reported **multiple health complaints** increased since 2014 from 44% to 55%. Although girls were still more likely than their male peers to report multiple health complaints (66% vs 55%).
- In terms of **mental health**, 22% of young people reported that they experienced high emotional problems and other difficulties during the last 6 months. There has also been a continued increase in the proportion of 15 year olds who reported feeling low once a week since 2014 (50% vs 40%), for the first time this increase is seen especially among boys (38% vs 25%).
- A change in **emotional well-being** among boys was also reflected in 25% of 15 year olds reporting ever self-harming, with boys reporting a higher increase since 2014 (11% vs 16%) than girls (32% vs 35%).
- How young people view **primary health care services** is an indicator of the level of support they feel they can access. Overall 71% of young people agreed that they felt at ease with their GP. However, less than half (47%) of all of young people felt that they were able to talk to their GP about personal things.

Introduction

Adolescents' physical and mental health and well-being is a major public health concern and an important part of young people's development (Brooks et al., 2015). The World Health Organization has defined health as encompassing complete physical, social and mental well-being (WHO, 2015). International research has indicated a strong association between adolescents' physical and emotional health and well-being and their personal and social life (Inchley et al., 2016).

In 2014 almost half of 15 year old girls in England reported multiple health complaints more than once a week (Brooks et al., 2015); and overall life satisfaction, an important indicator of general well-being in young people (Magnusson, Klemera and Brooks, 2013), tended to decrease from early to mid-adolescence (Brooks et al., 2015).

Self-harm is an important indicator of young people's emotional well-being and mental health and a coping strategy helping young people to deal with their negative emotions (Klemera et al., 2017). Recent data suggests self-harm may have increased over the last decade (Rasmussen et al., 2016), with girls three times more likely to report self-harming compared to boys (Brooks et al., 2015).

Physical health

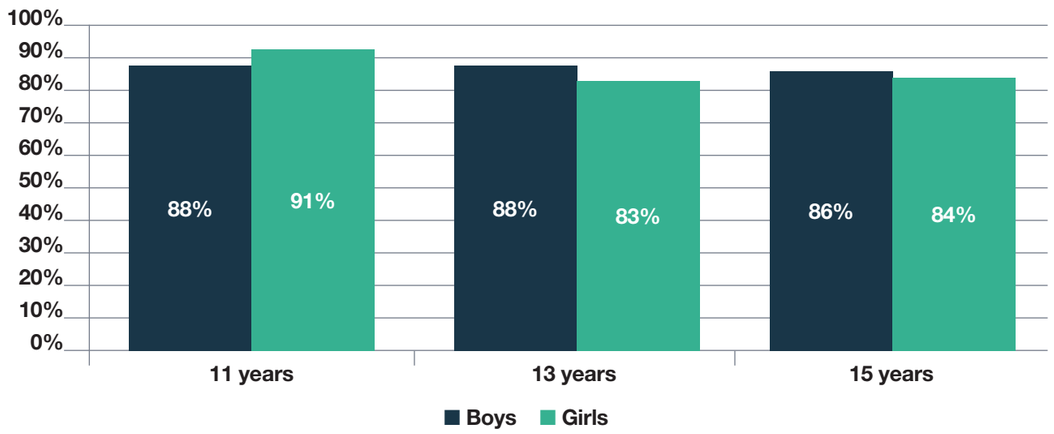
Self-rated health

Measure:

- Would you say your health is…? (Excellent/ good/ fair/ poor)

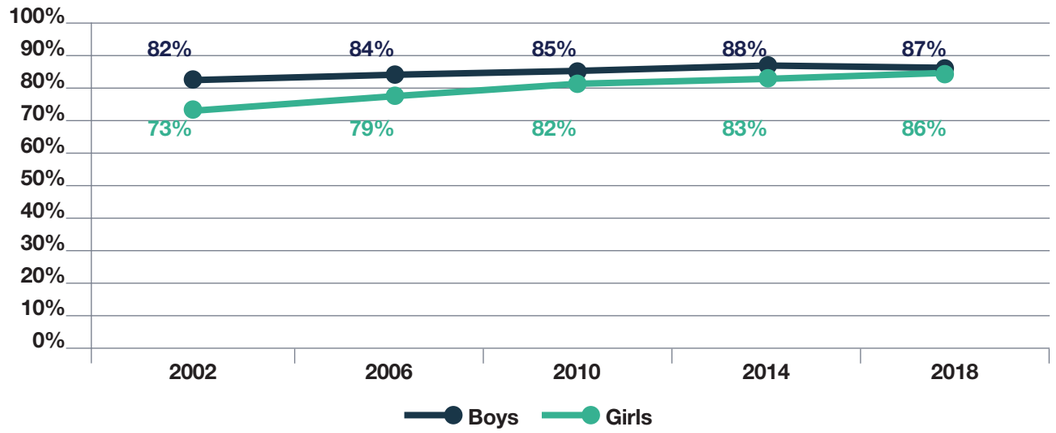
Overall, 87% of young people reported their physical health to be currently 'good' or 'excellent'. The proportions decline with age more for girls than for boys (Figure 2.1).

Figure 2.1: Young people who reported their physical health as 'good' or 'excellent'



The proportions of young people reporting good or excellent health increased since 2002. In all surveys girls were more likely to report lower self-rated health than boys, however this gendered gap has gradually decreased over the decade with girls reporting improved health over the decade (Figure 2.2).

Figure 2.2: Young people reporting good or excellent health, 2002-2018



Health complaints

Measure:

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

Overall, 77% of young people (75% of boys and 80% of girls) reported experiencing at least one health complaint on a weekly basis. Across the board, incidence of weekly health complaints tended to increase by age and was higher among girls than boys. The increase by age was also more dramatic among girls for all types of symptoms (Table 2.1).

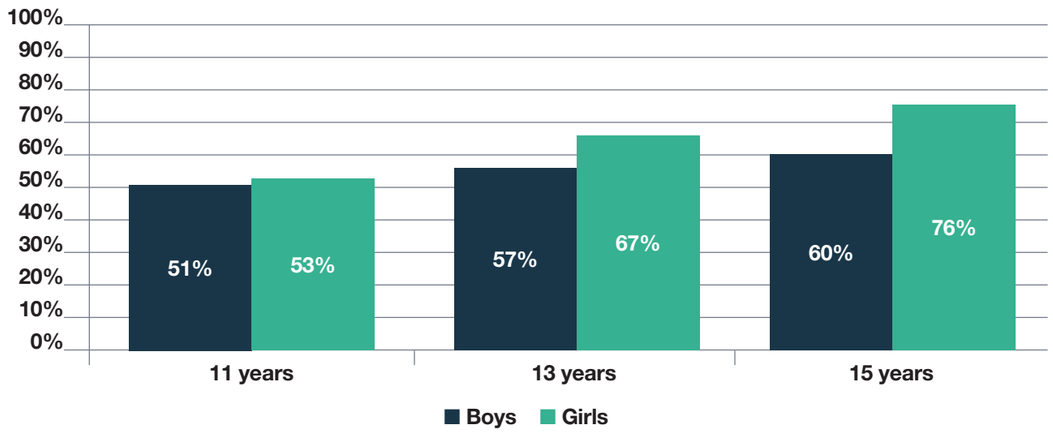
Table 2.1: Young people reporting experiencing health complaints at least once a week

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
HEALTH COMPLAINT	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Headache	19%	25%	25%	41%	29%	49%	23%	37%	30%
Stomach ache	16%	23%	15%	24%	14%	27%	15%	24%	20%
Backache	14%	14%	15%	21%	22%	29%	16%	21%	18%
Feeling low	26%	30%	32%	52%	38%	62%	31%	46%	38%
Irritability	37%	34%	45%	57%	49%	58%	43%	48%	45%
Feeling nervous	33%	37%	39%	57%	54%	65%	38%	51%	44%
Sleeping difficulties	39%	38%	42%	54%	43%	52%	41%	47%	44%
Feeling dizzy	14%	16%	17%	27%	19%	32%	16%	24%	20%

Multiple health complaints

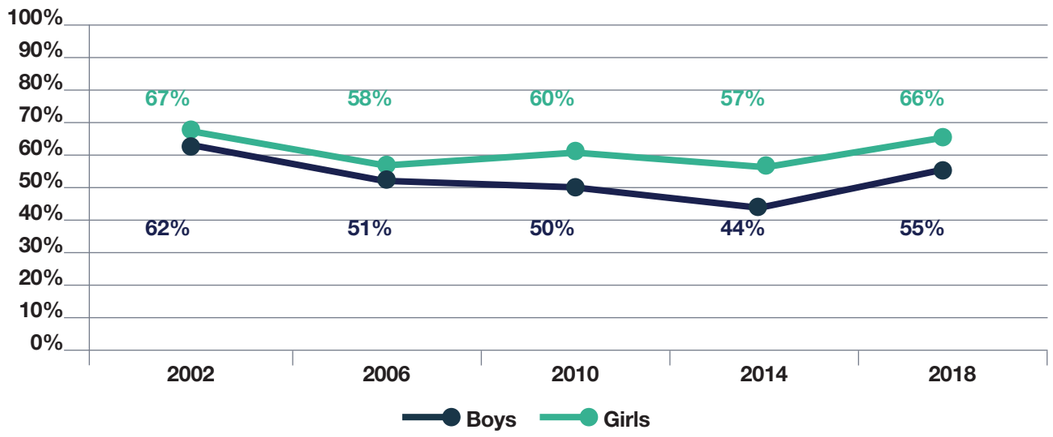
Over half of all young people (60%) reported having 2 or more health complaints at least once a week. Girls were more likely than boys to report having multiple health complaints (66% vs 55%). The proportion of young people who reported having 2 or more health complaints at least once a week increased with age among both boys and girls (Figure 2.3).

Figure 2.3: Young people who experience 2 or more health complaints at least once a week



The proportion of young people reporting 2 or more health complaints at least once a week has increased since 2014 (Figure 2.4). Across all years girls were more likely to report multiple health complaints than boys.

Figure 2.4: Young people who reported having 2 or more health complaints at least once a week, 2002-2018



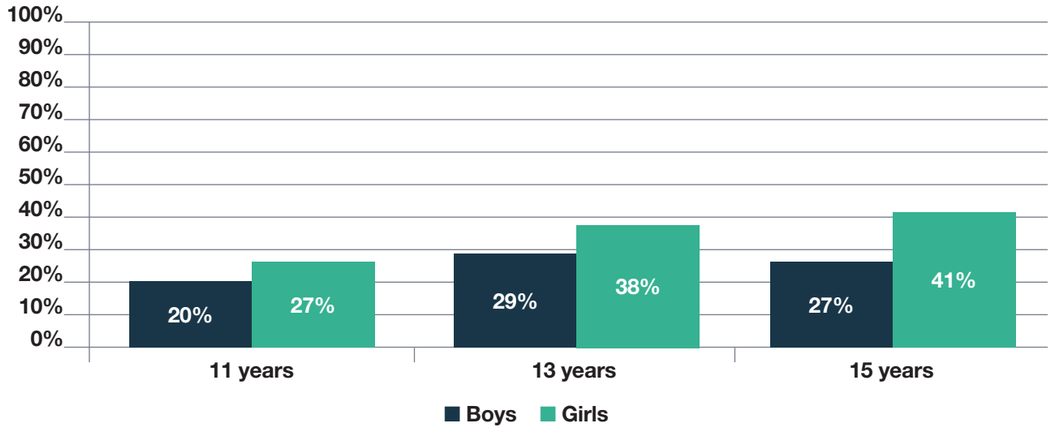
Long-term condition or disability

Measures:

- Do you have a long-term illness, disability or medical condition that has lasted for 6 months or longer (like diabetes, asthma, arthritis, allergy or epilepsy) that has been diagnosed by a doctor? (Yes/No)
- Does your long-term illness, disability or medical condition affect your attendance and participation at school?(I do not have/Yes/No)

Overall, 23% of young people reported having a long-term illness or disability (24% of boys and 22% of girls). Of those who reported having a long-term illness or disability, 30% said that their condition affected their school attendance and/or participation. This figure has remained fairly consistent since the measure was introduced to the survey in 2010 (30% in 2010 and 24% in 2014). Girls were more likely than boys to report that their disability or long-term condition impacted negatively on school attendance/participation (25% of boys vs 35% of girls). The proportion of young people who reported that their disability or long-term condition impacted negatively on school attendance/participation increased with age among both boys and girls (Figure 2.5).

Figure 2.5: Young people reporting that their disability or long-term condition impacted negatively on school attendance /participation



Mental health and emotional well-being

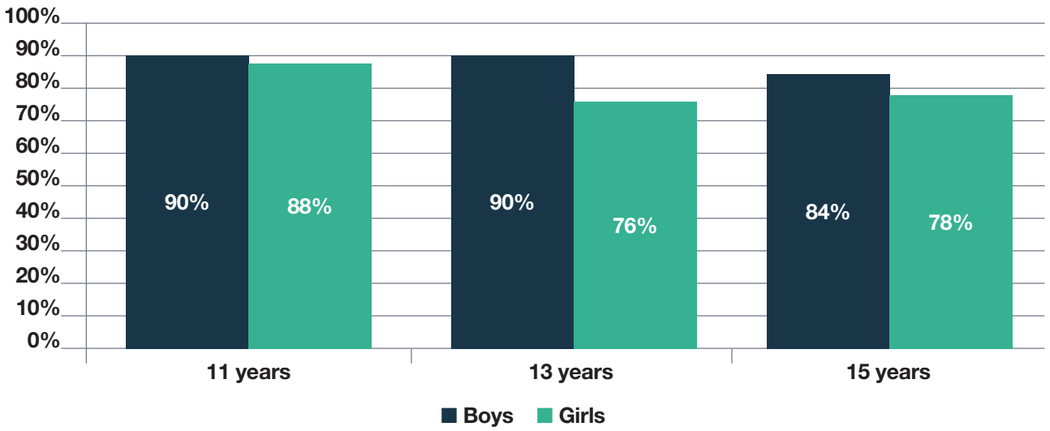
Life satisfaction

Measure:

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

For international comparisons within the HBSC study, a score of 6 and above is considered high life satisfaction (Inchley et al. 2016). Overall, 85% of young people indicated their life satisfaction was positive by scoring 6 or above. Boys were more likely than girls to report positive life satisfaction (88% vs 82%) and gender differences became more pronounced with age (Figure 2.6).

Figure 2.6: Young people who score their life satisfaction as 6 and above



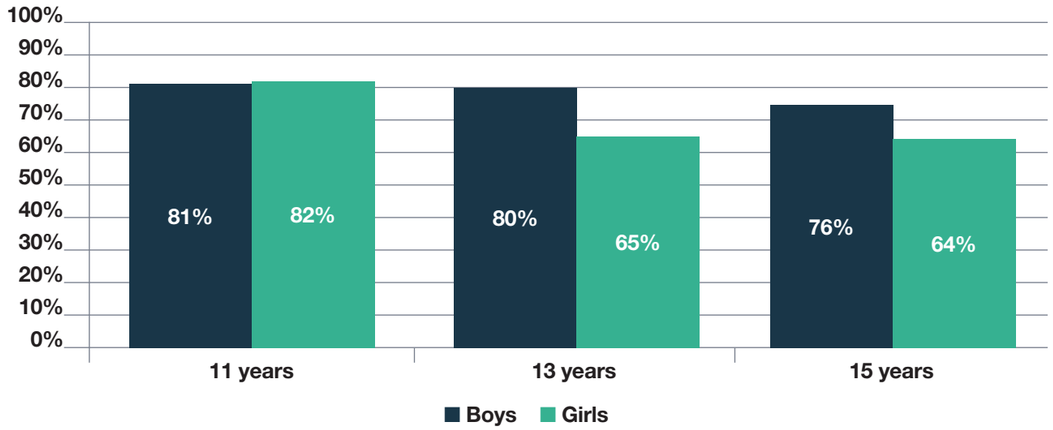
On a national level life satisfaction was analysed further using the following cut-off points which are considered to more accurately reflect how subjective life satisfaction is experienced and understood, based on a reformulation of the scale by Gallup[2] researchers:

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

Overall, 75% of young people rated their life satisfaction to be between 7 and 10 (within the thriving category) - 79% boys and 72% girls. Younger adolescents were more likely to rate their life satisfaction as 7 or above. In older adolescents, the proportion of girls who rated their life satisfaction as 7 or above was lower than for boys (Figure 2.7).

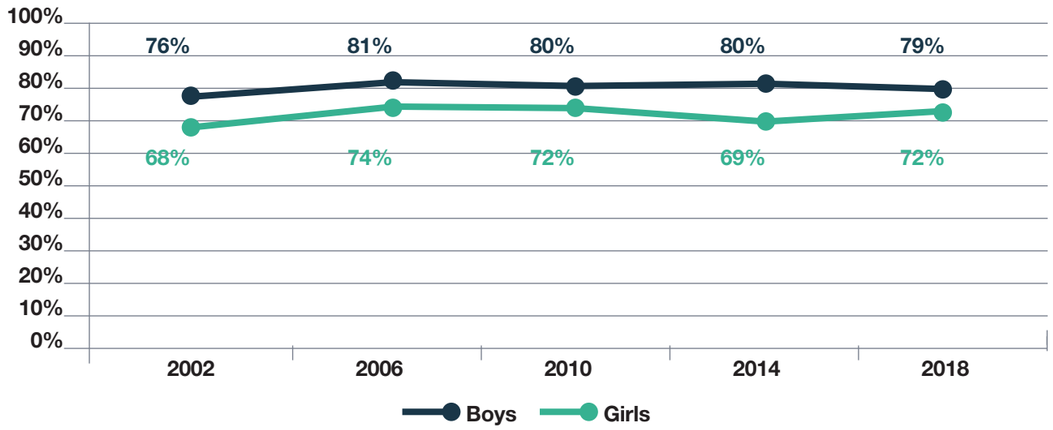
[2] *https://news.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx*

Figure 2.7: "Thriving" - Proportions of young people rating their life satisfaction between 7 and 10



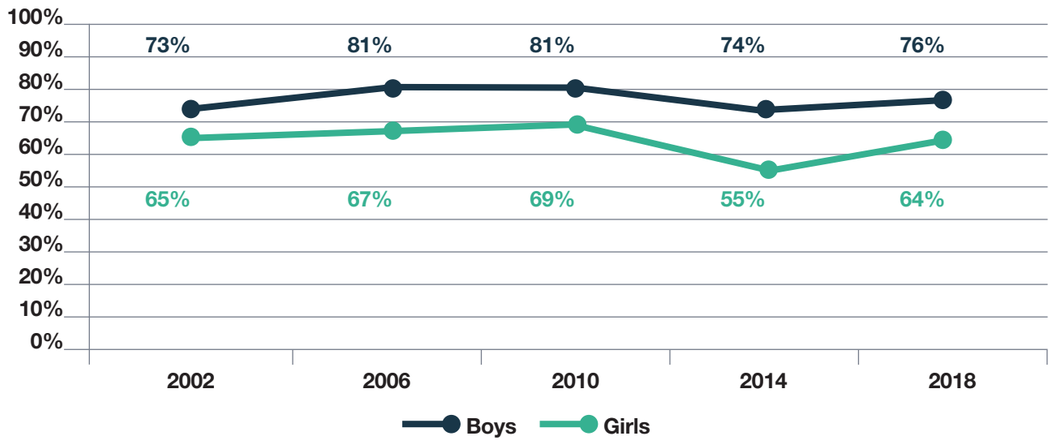
The proportion of young people who reported their life satisfaction as 7 and above has slightly increased since 2002, for both boys and girls (Figure 2.8).

Figure 2.8: Young people rating their life satisfaction between 7 and 10, 2002-2018



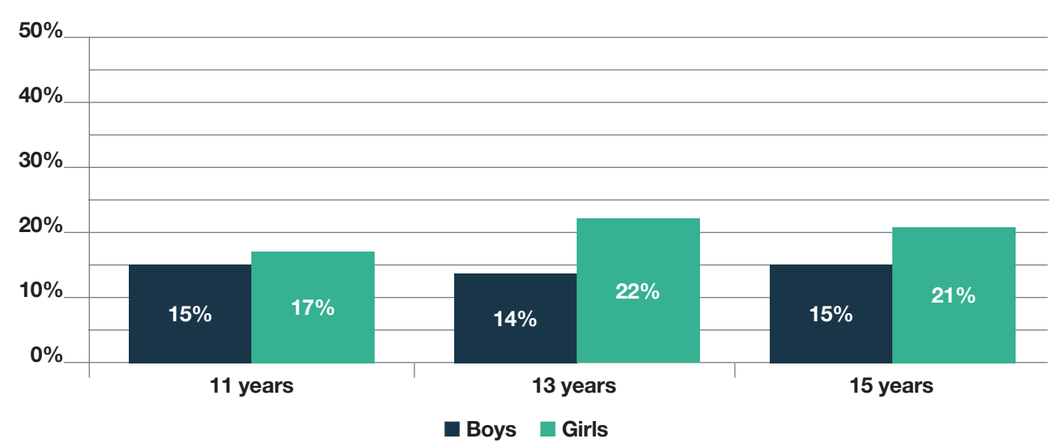
The proportion of 15 year old boys who reported a score of 7 and above and could be considered thriving has increased slightly since 2002. However, importantly there has been an improvement in the proportions of 15 year old girls who reported high life satisfaction compared to 2014 - 64% in 2018 vs 55% in 2014 (Figure 2.9).

Figure 2.9: 15 year olds rating their life satisfaction between 7 and 10, 2002-2018



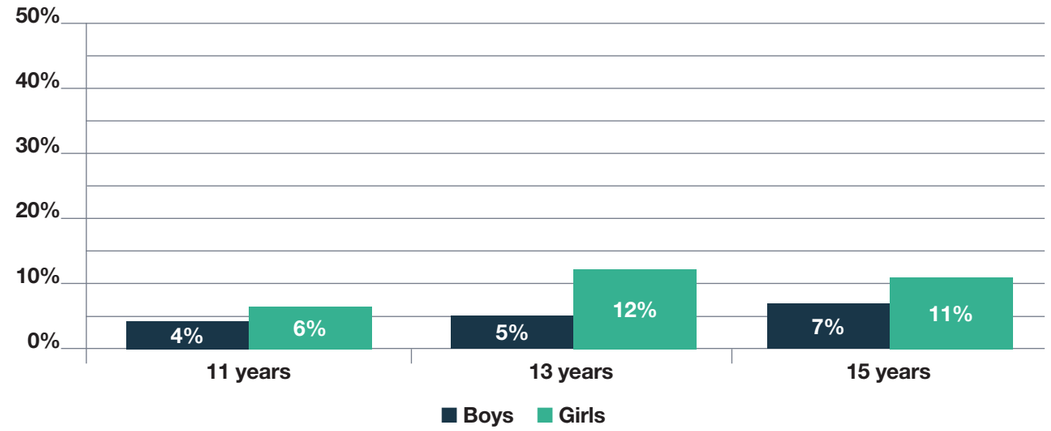
Overall, 18% of young people (16% boys vs 20% girls) reported their life satisfaction as 5 or 6 (potentially struggling). Girls were more likely than boys to rate their life satisfaction as struggling. Age differences were more pronounced among girls than among boys (Figure 2.10).

Figure 2.10: "Potentially struggling" - Proportions of young people who rate their life satisfaction as medium (5-6)



Around 7% of young people (5% boys vs 8% girls) reported their life satisfaction as low (0-4), and could be considered as potentially suffering. Older adolescents and girls of all ages were more likely than their younger peers and boys to rate their life satisfaction as low (0-4) (Figure 2.11).

Figure 2.11: "Suffering" - Proportions of young people rating their life satisfaction as low (score 0-4)



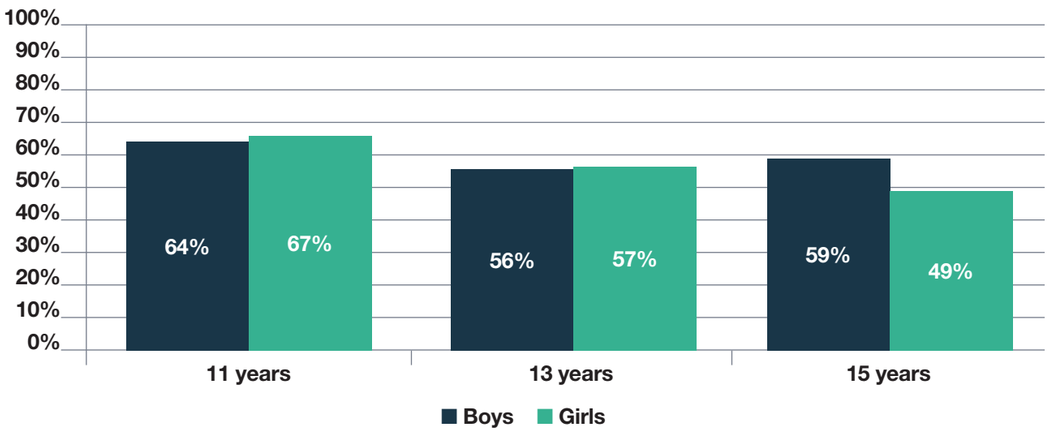
Body image

Measure:

- Do you think your body is…? (much too thin/a bit too thin/ about the right size/a bit too fat/ much too fat)

More than half (60%) of young people reported their body was "about the right size". Younger adolescents were more likely to say their body was "about the right size"; 66% of 11 year olds, 65% of 13 year olds and 55% of 15 year olds. This age difference was present more for girls – the likelihood of believing your body is the "right size" decreased with age in girls, and across all age groups 15 year old girls were less likely to report their body to be the right size (Figure 2.12). However overall there has been an increase in young people reporting that their body is "about the right size" since 2014 (60% in 2018 vs 56% in 2014).

Figure 2.12: Young people who report their body is "about the right size"



Feeling low

The proportions of girls and boys who reported feeling low at least once a week increased since previous surveys (Figure 2.13). For boys the increase is more pronounced among 15 year olds (Figure 2.14). Feeling low as an indicator of emotional well-being also features in the health complaints section (see Table 2.1).

Figure 2.13: Young people who report feeling low at least once a week, 2002-2018

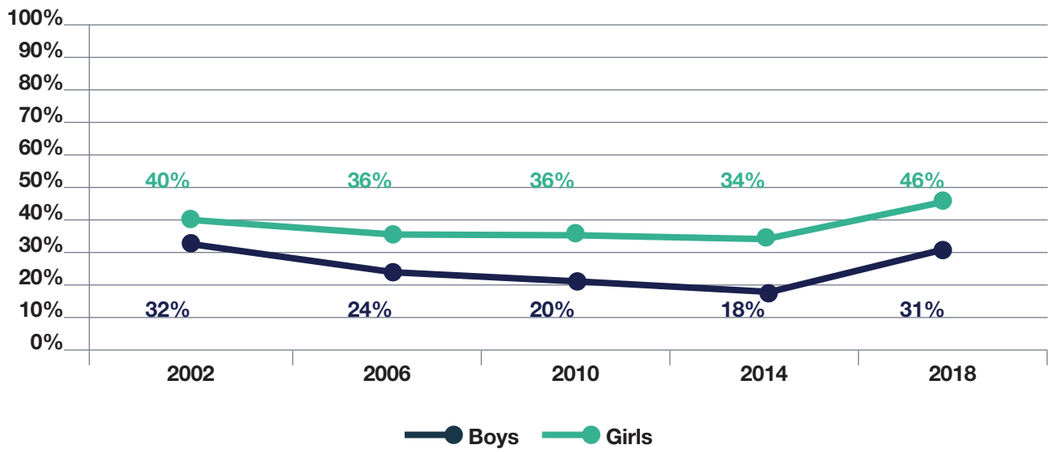
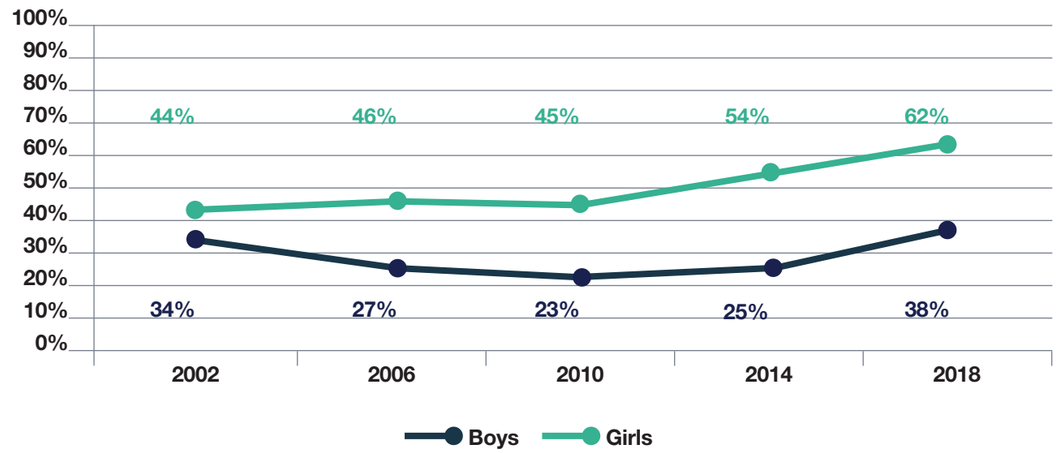


Figure 2.14: 15 year olds who reported feeling low at least once a week, 2002-2018



Mental health

Measure:

- Mental health was measured via the Strength and Difficulties Questionnaire (SDQ), which is an emotional and behavioural screening questionnaire for children and young people (Goodman & Goodman, 2009).

The SDQ comprises 25 items spread equally across 5 subscales; emotional symptoms (feeling unhappy, having lots of worries), conduct problems (aggressive or destructive behaviour), hyperactivity/inattention, peer problems (communication problems with peers), and pro-social behaviour (positive as opposed to anti-social behaviour). Each item gives a statement regarding a negative or positive behaviour (e.g. "I worry a lot") which can be scored on a three point Likert scale ("not true", "somewhat true" or "certainly true"). Results can be reported for each of the 5 scales, with a score ranging from 0 to 10. A total difficulties score can also be computed, ranging from 0–40, by summing the scores from the emotional symptoms, conduct problems, hyperactivity/inattention and peer problems subscales. Higher scores indicated elevated problems on the total difficulties score and all subscales, except for the pro-social behaviour subscale where higher scores indicated higher levels of positive pro-social behaviour.

Scores from the SDQ can be categorised into one of four categories to describe the level of difficulties experienced by young people (Goodman & Goodman, 2009): 'Close to average', 'Slightly raised' ('slightly lowered' in the case of the prosocial scale), 'High' ('Low' for the prosocial scale) and 'Very high' ('Very low' for the prosocial scale).

Please refer to www.sdqinfo.org for further information regarding scoring of the SDQ.

Total difficulties

Overall 22% of young people reported that they experienced high or very high difficulties in the last 6 months. Girls were more likely to report having high or very high emotional difficulties compared to boys (25% vs 18%) and this increases from early to mid-adolescence for girls in particular age 15 (Table 2.3).

On each scale:

Table 2.3 displays the proportions of young people identified as having high or very high difficulties on the SDQ subscales: emotional symptoms, conduct problems, hyperactivity/inattention and peer problems.

The results indicate that 24% of all young people reported experiencing high and very high emotional problems during last 6 months. This includes young people that feel unhappy, down–hearted or tearful and have a lot of worries (Goodman & Goodman, 2009). Girls were more likely to report their emotional problems compared to boys (36% vs 14%). Emotional problems increased with age for girls but not for boys (Table 2.3).

Around 14% of all young people can be interpreted as having high or very high conduct problems (aggressive or destructive behaviours, fighting etc.). Within specific categories of conduct problems 21% reported experiencing high hyperactivity (i.e. fidgeting or squirming as a result of nervousness, attention deficit) and 22% reported that they have problems with their peers (i.e. being bullied). These problems slightly increased with age, however no noticeable gender differences were detected.

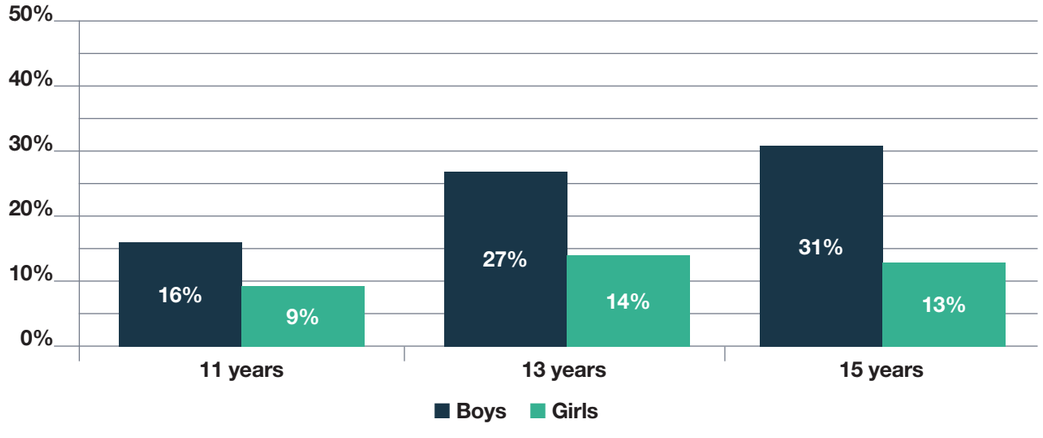
Table 2.3: Young people experiencing high emotional and other problems from the SDQ results

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Emotional problems	14%	22%	13%	39%	15%	46%	14%	36%	24%
Conduct problems	14%	9%	13%	12%	16%	13%	15%	13%	14%
Hyperactivity	21%	15%	21%	23%	23%	19%	22%	19%	21%
Peer problems	21%	18%	20%	22%	22%	26%	21%	22%	22%
Total difficulties score	19%	16%	17%	28%	18%	30%	18%	25%	22%

Prosocial behaviour (positive as opposed to anti-social behaviour)

Around 19% of young people could be identified as having low and very low prosocial behaviour (i.e. being kind to younger children, being helpful, having friends). Overall boys were more likely to exhibit low prosocial behaviour than girls (25% vs 12%). The proportions of young people who were found to have low prosocial behaviours increased with age, for boys in particular (Figure 2.15).

Figure 2.15: Young people reported having a low level of prosocial behaviour



Self-harm

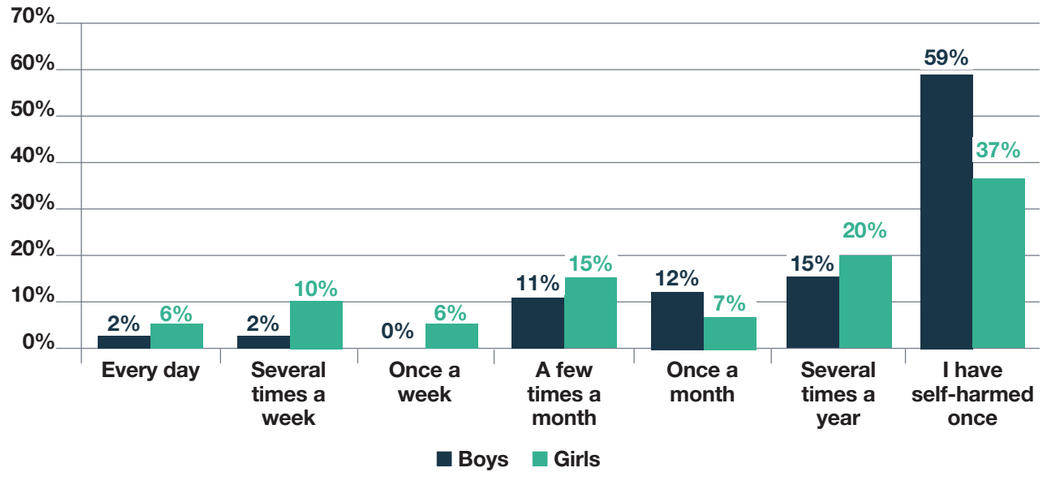
Measures:

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

Questions relating to deliberate self-harm (DSH) were asked only of the 15 year old respondents and were included in both the 2014 and 2018 survey. A quarter (25%) of this age group reported that they had ever self-harmed; this was a slight increase from 22% in the 2014 survey. Twice as many girls as boys reported that they had undertaken DSH; 16% of boys compared to 35% of girls. Reporting self-harming has however increased among boys (rising from 11% in 2014 to 16% in 2018); a smaller increase was noted among girls (increasing from 32% to 35%).

Among those young people who reported they had self-harmed, the majority (48%) said they had deliberately self-harmed once (Figure 2.16). Fewer young people reported self-harming every day compared to the previous 2014 survey (4% vs 13%).

Figure 2.16: Frequency of self-harm



Primary health care service use

Measures:

- Have you visited your GP/doctor in the last year? (Never/Once or twice/3-5 times/6 times or more)
- Here are some statements about your last visit to your GP/doctor. Please show how much you agree or disagree with each one.

☐ I felt ease with my GP/doctor ☐ My GP/doctor treated me with respect
☐ The explanations my GP/doctor gave me were of good quality

- Do you feel able to talk to your GP/doctor about personal things? (Yes/no)

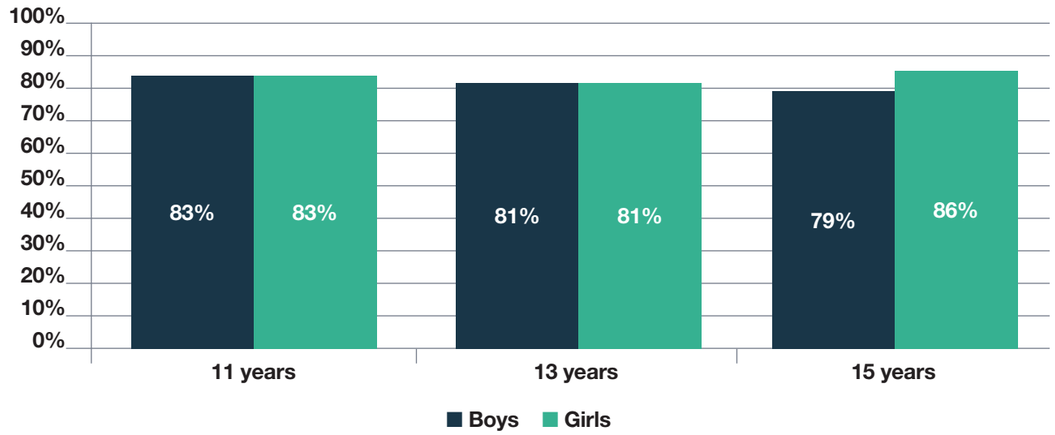
Visited GP in the last year

Overall, 82% of young people reported that they had visited their GP in the last year (81% of boys and 83% of girls). No considerable age differences were detected (Figure 2.17). However, 15 year old girls seem to visit their GP more often compared to their male peers (Table 2.4).

Table 2.4: Young people who reported visiting their GP in the last year by age and gender

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Never	18%	18%	19%	18%	21%	14%	19%	17%	18%
Once or twice	52%	53%	54%	50%	59%	53%	55%	52%	53%
3-5 times	23%	24%	21%	24%	15%	22%	20%	23%	22%
6 times or more	7%	7%	6%	8%	5%	11%	6%	9%	7%

Figure 2.17: Young people who visited their GP during last year

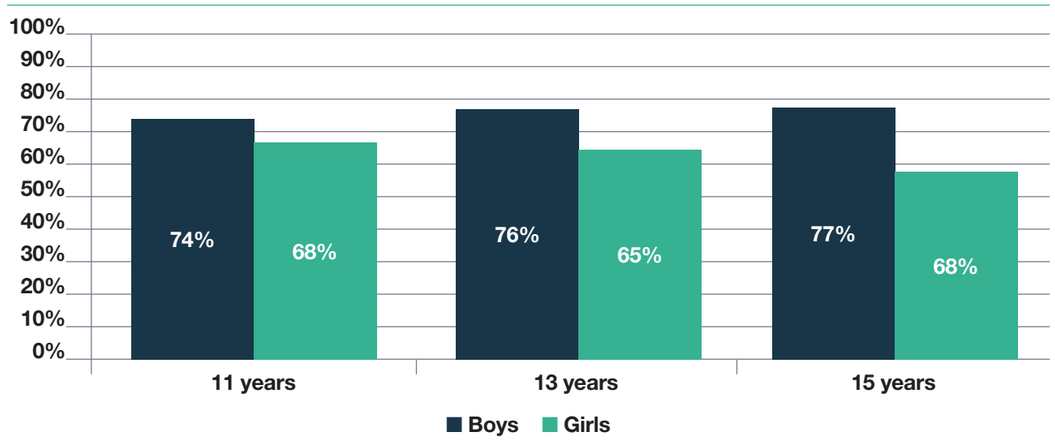


Perception of GP experience

Feeling at ease with GP

Overall, the majority (71%) of young people reported feeling at ease with their GP at the last visit (75% of boys and 67% of girls). Girls were less likely to report feeling at ease with their GP than boys across all ages (Figure 2.18).

Figure 2.18: Young people who reported feeling at ease with their GP

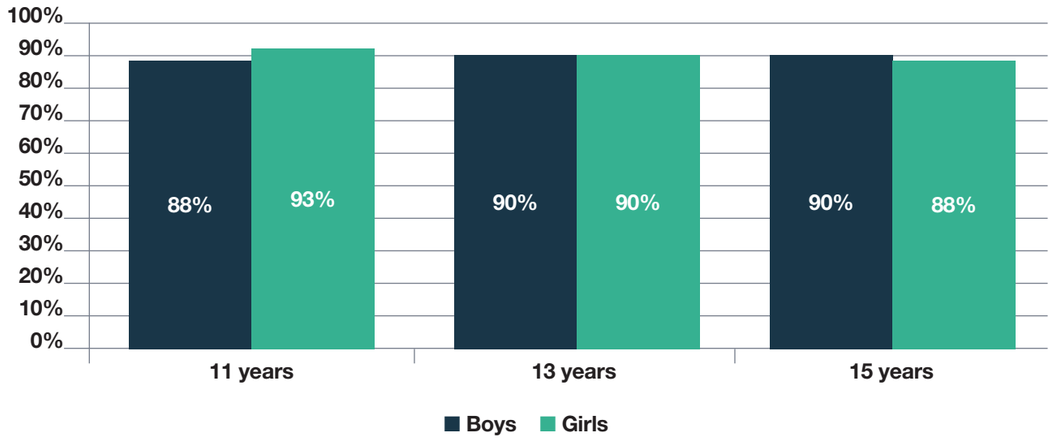


The proportion of young people who reported feeling at ease with their GP has also decreased since 2014 from 77% (78% boys and 75% girls) to 71% (75% boys and 67% girls).

Respect from GP

Overall 90% of young people reported that they felt their GP treated them with respect at their last visit (89% of boys and 91% of girls). No strong age or gender differences were observed (Figure 2.19).

Figure 2.19: Young people who reported that their GP treats them with respect

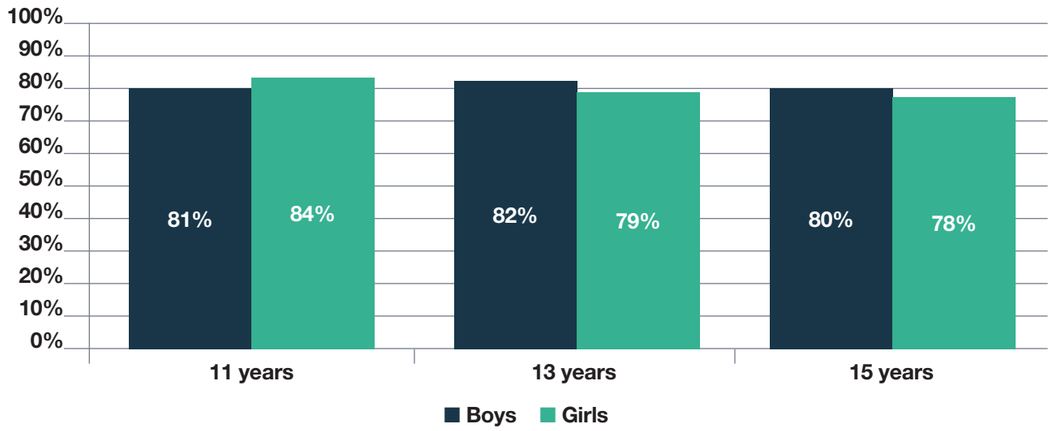


The proportion of young people who reported that their GP treats them with respect has remained stable since 2014 (90% vs 89%).

Being happy with the explanations given by the GP

Overall, 81% of young people reported being happy with the explanations their GP gave them (81% of boys and 81% of girls). The proportion of young people who reported being happy with their GPs explanations decreased with age among girls (Figure 2.20).

Figure 2.20: Young people who reported that their GP's explanations are of good quality and that they are happy with them

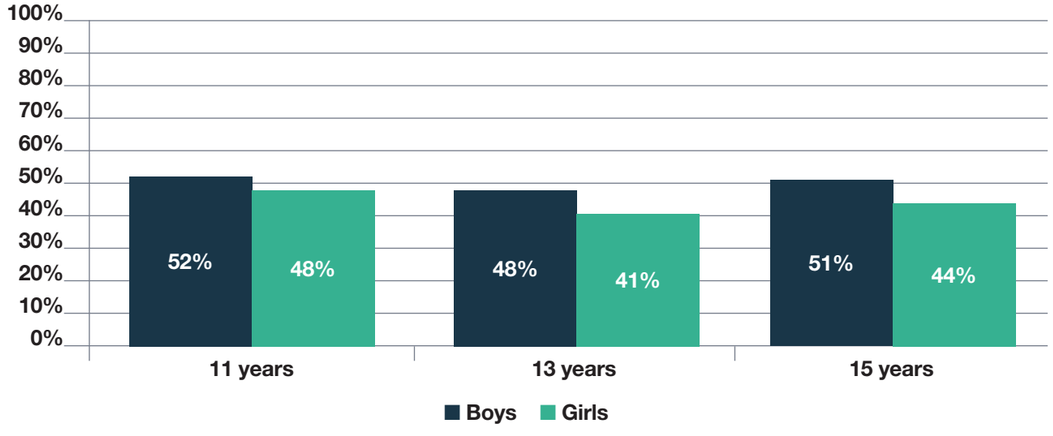


The proportion of young people who reported that they are happy with the quality of explanations their GP gave them has decreased slightly since 2014 (81% vs 83%).

Talk about personal things

47% of young people felt that they are able to talk to their GP about personal things (50% of boys and 45% of girls) (Figure 2.21).

Figure 2.21: Young people who reported that they are able to talk to their GP about personal things



The proportion of young people who reported that they are able to talk to their GP about personal issues has decreased since 2014 from 52% (53% boys vs 50% girls) to 47% (50% boys vs 45% girls).

Summary

Physical health

The majority of young people rated their physical health as good or excellent and the proportions of young people reporting good or excellent health increased since 2002. In all 5 HBSC England surveys (2002, 2006, 2010, 2014 and 2018) girls were more likely to report lower self-rated health than boys; however, in 2018 girls reported the highest ever (for girls) self-rated health across all surveys. The opposite was found for experience of weekly health complaints: the proportion of young people reporting 2 or more health complaints at least once a week has increased since 2014.

The proportions of young people reported having a long-term illness, disability or medical condition remained unchanged since the last survey 2014, however, young people were more likely to report that their condition or disability impacted negatively on their participation in education. These findings indicate that there is a need for ensuring those young people are well supported by both the health care and school community.

Mental health and emotional well-being

Overall life satisfaction (a score of 7-10 categorised as "thriving") has slightly increased since 2002; especially, 15 year old girls reported a considerable increase in thriving since 2014. However there has been a considerable increase in the proportions of 15 year olds who reported feeling low once a week since 2002, especially among girls.

Overall around one fifth of young people reported that they experienced intense (high) difficulties (emotional, conduct, hyperactivity, difficulties with their peers) in the last 6 months (as measured by the Strength and Difficulties Questionnaire). Girls were more likely to report having difficulties compared to boys and the proportion of girls reporting having difficulties increased with age.

Overall more young people reported being happy with their body compared to 2014. How young people perceive their body image is important for emotional well-being (Brooks et al., 2015) and worryingly only just under half of 15 year old girls are happy with their body size and report it being "about right".

Self-harm increased since the previous survey in 2014, with a bigger increase noted among boys than girls. However, girls were still more likely to report self-harming compared to boys. Fewer young people reported self-harming every day compared to the previous 2014 survey.

The majority of young people saw their GP in the last year. However, the proportions of young people who reported feeling at ease with their GP, feeling happy with the explanations received from their GP and being able to talk about personal issues with them decreased since the last survey in 2014.

Our findings support previous evidence that both physical and emotional well-being declines during the course of adolescence, and that girls are particularly affected (Inchley et al., 2016). However, our current findings suggest that emotional well-being may be deteriorating, which supports other studies and general concern by practitioners, educators and policy makers over young people's mental health. In addition, the changes in boys' emotional well-being warrant further analysis to fully understand the demographics and the determinants of this shift. Only future survey rounds will be able to determine if a longer terms shift in mental health and emotional well-being is taking place.

References

Brooks, F., Magnusson, J., Klemera, E., Chester, K., Spencer, N., & Smeeton, N. (2015). HBSC England national report: ***Findings from the 2014 HBSC study for England***. Hatfield: University of Hertfordshire.

Brooks, F., Chester, K., Klemera, E., & Magnusson, J. (2017). Intentional self-harm in adolescence: ***An analysis of data from the Health Behaviour in School-aged Children (HBSC) survey for England, 2014***. London: Public Health England.

Cantril, H. (1965). T***he pattern of human concerns***. New Brunswich, NJ: Rutgers University Press

Goodman, A. & Goodman, R. (2009). Strengths and Difficulties Questionnaire as a dimensional measure of child mental health. ***Journal of the American Academy of Child & Adolescent Psychiatry, 48***(4), 400-403.

Inchley, J., Currie, D., Young, T., Samdal, O., Torsheim, T., Augustson, L., … Barnekow, V. (Eds.). (2016). ***Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey***. Copenhagen: WHO Regional Office for Europe.

Klemera, E., Brooks, F. M., Chester, K. L., Magnusson, J., & Spencer, N. (2017). Self-harm in adolescence: Protective health assets in the family, school and community. ***International Journal of Public Health***, 62(6), 631-638.

Magnusson, J., Klemera, E., & Brooks, F. (2013). Life satisfaction in children and young people: Meaning and measures. ***The Child and Family Clinical Psychology Review***, 1, 118-126.

Rasmussen, S., Hawton, K., Philpott-Morgan, S., & O'Connor, R. C. (2016). Why do adolescents self-harm? Crisis: ***The Journal of Crisis Intervention and Suicide Prevention, 37***(3), 176-183.

World Health Organization. (2015). ***World report on ageing and health***. World Health Organization
Geneva: World Health Organization

Chapter 3: Health behaviours

Key messages

Healthy Behaviours:

- The proportions of young people who reported adhering to the **recommended guidelines for physical activity** has decreased since 2002 for both boys and girls to only 15% (19% of boys vs 12% of girls). However, the majority (70%) of young people reported undertaking vigorous physical activity at least 2 – 3 times a week, and the proportions of young people undertaking vigorous physical activity has increased from 65% in 2014.
- The overall proportion of young people who report **eating breakfast** every day has decreased among both boys and girls since 2014 (63% in 2018 vs 67% in 2014) and gendered inequalities persist with fewer girls eating breakfast.
- Considerably more respondents, compared to the last survey in 2014 reported **meeting the government recommendations** of eating five portions of fruit and vegetables every day: 44% in 2018 vs 38% in 2014.
- The proportion of young people reporting consuming **energy drinks** at least 2-4 times a week declined since the last survey in 2014 from 14% to 9%. More than half of young people (63%) never consume energy drinks.
- The proportions of young people who reported not having **enough sleep** have increased from 22% in 2014 to 27% in 2018, with up to 42% of all 15 year olds reporting not having enough sleep to concentrate. Approximately one third of girls reported not having enough sleep to feel awake and concentrate on school work during the day.

Health risk behaviours

- A steady decline since 2002 has been detected in **regular smoking and drinking**, with only very few proportions of young people reporting that they had smoked (3%) or drank alcohol (7%) at least 3 times during last 30 days; however more than one quarter of 15 year olds reported that they had been drunk twice or more during their life.
- Overall, the proportion of young people who reported having ever used **cannabis** has decreased between 2002 and 2018 from 43% for boys and 38% for girls in 2002 to 25% for boys and 17% for girls in the current survey.
- 23% of young people (25% boys vs 21% girls) reported they had been **injured** two or more times in the last 12 months and had to be treated by a doctor or nurse.
- Overall 17% (24% boys vs 9% girls) of young people reported having been involved in a **physical fight** two or more times in the last 12 months, which represents a continuing downward trend for incidences of physical fighting and violence among young people.

Sexual health behaviours

- One fifth (20%) of 15 year old respondents reported having had **sexual intercourse** (23% of boys and 18% of girls) which is a considerable decrease since 2002. Reports of early onset (at age 12 or earlier) initiation has also decreased since 2002.

Introduction

Being physically active, consuming fruits and vegetables on a regular basis, eating breakfast every day and having enough sleep, have proven physical health, emotional well-being and social benefits for young people (Brooks et al., 2014). In contrast, negative health behaviours, or risk behaviours, such as substance use and smoking, having early or not safe sex, impact negatively on adolescent development and their health (Brooks et al., 2012).

The World Health Organization (2010) recommends young people engage in at least one hour of moderate physical activity per day. Only a minority of young people across Europe and North America meet the recommended levels of physical activity and physical activity levels are known to decline with age, being particularly low among adolescent girls (Inchley et al., 2016).

The positive effect of having sufficient sleep on young people's health and well-being have been increasingly recognised (Owens et al., 2017). Poor sleep has been associated with depression, obesity, anxiety, substance abuse and poor academic achievement (Kelly et al., 2016; Roberts & Duong, 2017). The amount of sleep needed for optimal functioning varies by age, but a minimum of 8.5 hours per night has been recommended for teenagers (National Sleep Foundation, 2006).

A balanced diet during childhood and adolescence, including eating breakfast and enough fruits and vegetables is important for good health and development, and has been associated with a healthy body weight, good school performance and higher life satisfaction (Rampersaud et al., 2005). Recent research detected the association between consumption of energy drinks and increased substance misuse and depression (Azagba, Langille & Asbridge, 2014; Patrick & Maggs, 2014; Seifert, et al., 2011; Friis, et al., 2014).

Rates of both smoking and drinking alcohol have decreased among young people over the last decade (Brooks et al., 2015) and such reductions are considered indicators of increased well-being in the population (Department of Health, 2010); however substance use still remains an important public health concern for adolescent health.

English adolescents have in the past been identified as having relatively high levels of sexual intercourse experience, and relatively low levels of condom use, compared to other European countries (Inchley et al,. 2016).

Injuries present a serious public health concern globally, and represent a significant health risk to young people. HBSC international findings reveal that the prevalence of violence and physical fighting among young people has declined in the last decade across the majority of European and North American countries (Pickett et al., 2013).

Positive health behaviours

Physical activity

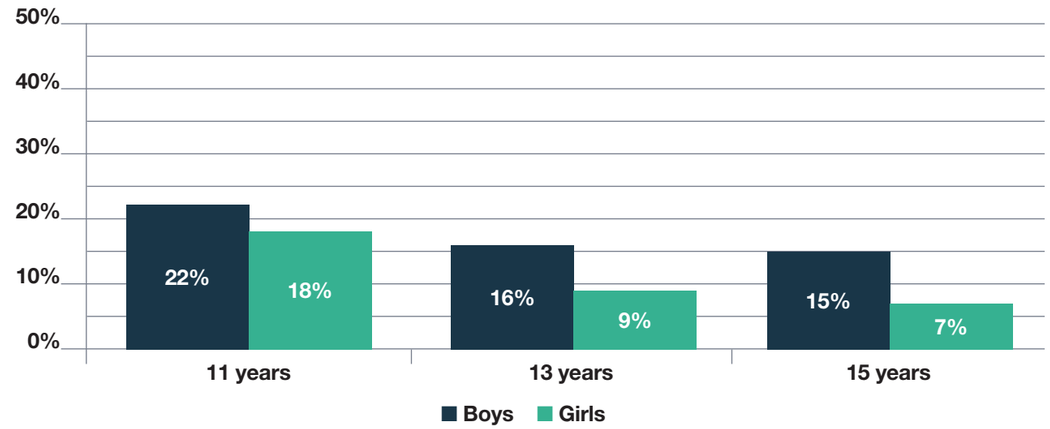
Measures:

- Over the past 7 days, on how many days were you physically active for a total of at least 1 hour (60 minutes) per day? (0/1/2/3/4/5/6/7)
- How often do you usually exercise in your free time so much that you get out of breath or sweat? (Every day/ 4-6 times/ 2- 3 times/ once a week/ once a month/ less than once a month/ never)
- Here is a list of the reasons that some young people give for taking part in physical activity in their free time. For each reason please tick how important it is for you. (Very important/ fairly important/ not important)

☐ To have fun ☐ To be good at sport ☐ To win ☐ To make new friends
☐ To improve my health ☐ To see my friends ☐ To get in good shape ☐ To look good
☐ I enjoy the feeling of using my body ☐ To please my parents ☐ To be cool
☐ To control my weight ☐ Because it is exciting

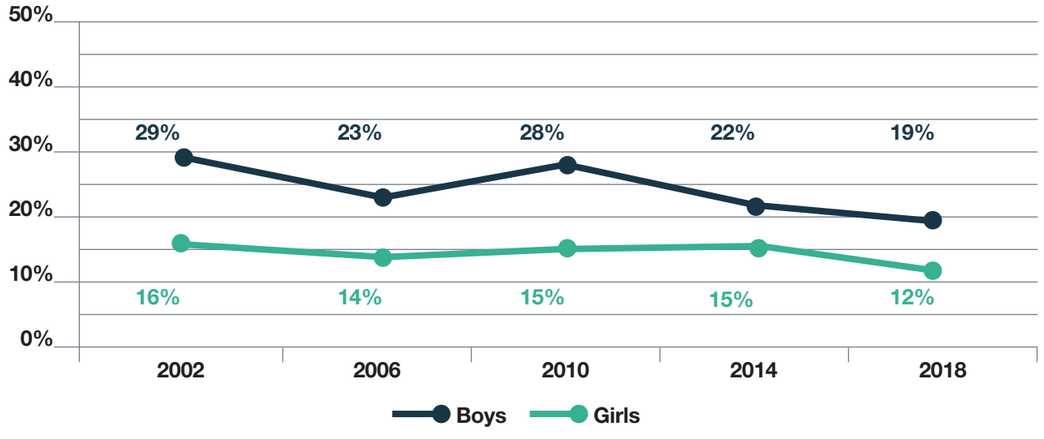
It is recommended that young people engage in at least one hour of moderate physical activity per day (World Health Organization, 2010). Overall 15% of young people meet this guideline for physical activity: 19% of boys vs 12% of girls. Younger adolescents were more likely to meet the recommended levels of physical activity: 20% of 11 year olds, 14% of 13 year olds and 11% of 15 year olds reported being physically active every day. The likelihood of meeting the guidelines declined with age for both boys and girls, and across all age groups boys were more likely to be physically active for at least one hour every day (Figure 3.1).

Figure 3.1: Young people who meet the recommended level of physical activity



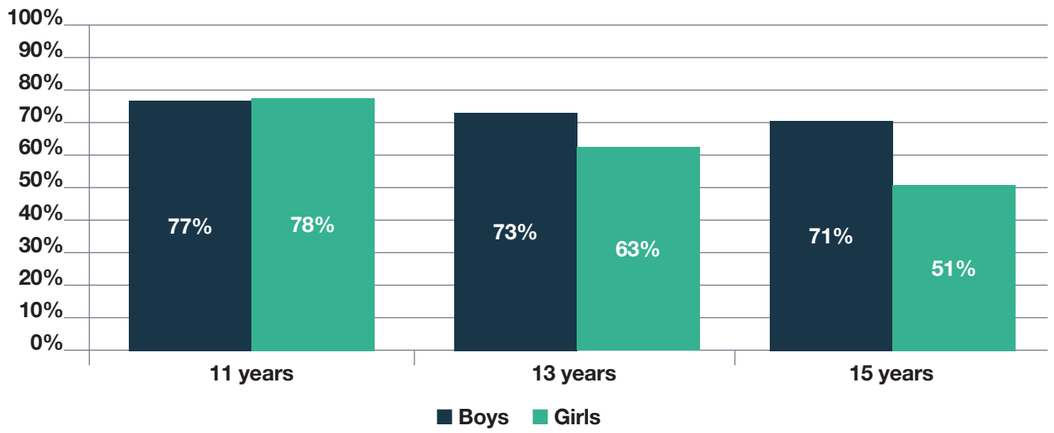
The proportion of young people being physically active for at least an hour every day of the week has decreased since 2002 (Figure 3.2).

Figure 3.2: Young people meeting recommendations for physical activity, 2002-2018



However the majority (70%) of young people reported undertaking vigorous physical activity at least two–three times a week and the proportion has increased since 2014 (70% vs 65%). Overall, boys were more likely than girls to take part in this type of activity on a regular basis (at least 2 – 3 times a week): 74% of boys compared with 63% of girls. Participating in vigorous activity at least 2 – 3 times a week declined with age for both boys and girls, although the decline among girls was more pronounced than among boys (Figure 3.3).

Figure 3.3: Young people vigorously active at least 2 -3 times a week



The most popular reasons for undertaking physical activity for both girls and boys seems to be 'having fun' (98% of both girls and boys), to 'improve health' (97% of both girls and boys) and 'have a good shape' (95% boys vs 92% girls). The least popular reasons for doing physical activity for both girls and boys are 'to be cool' (39% boys vs 28% girls), 'to win' (66% boys vs 45% girls) and 'to please parents' (67% boys vs 56% girls). There was not any noticeable age or gender differences detected in terms of popular/unpopular reasons for doing physical activity.

Breakfast consumption

Measure:

- How often do you usually have breakfast (more than a glass of milk or fruit juice) on weekdays? (Never/1 day a week/2 days/3 days/4 days/5 days)

Around two thirds (63%) of young people reported eating breakfast every day during the week. Eating breakfast every day during the week was more common in younger adolescents; 72% of 11 year olds, 58% of 13 year olds and 54% of 15 year olds. Boys of all ages were more likely than girls to report eating breakfast every day during the week (69% vs 56%), but both boys and girls showed a similar pattern of decline as they get older (Figure 3.4). This gendered pattern has been consistent since 2002, with girls much less likely to eat breakfast every day during the week than their male peers (Figure 3.5). However along with the gender pattern, the overall proportion of young people who report eating breakfast every day has decreased among both boys and girls from 2014.

Figure 3.4: Young people who said they eat breakfast every day during the week

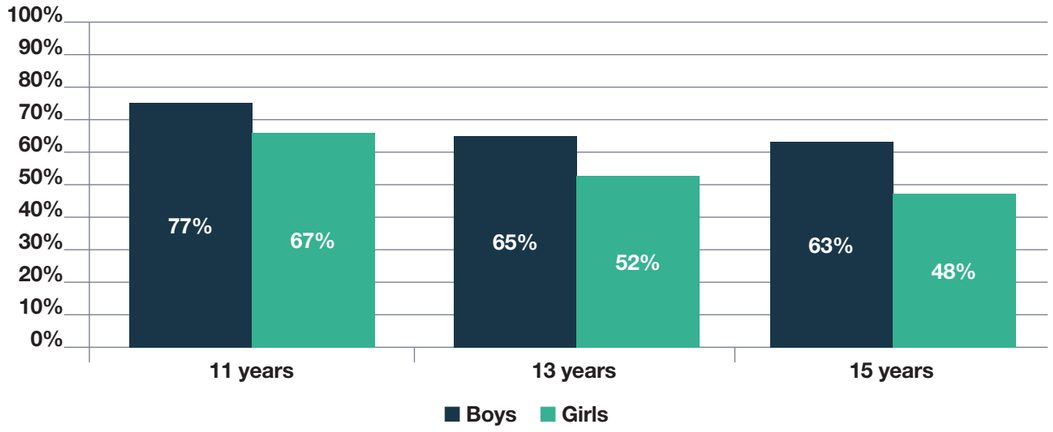
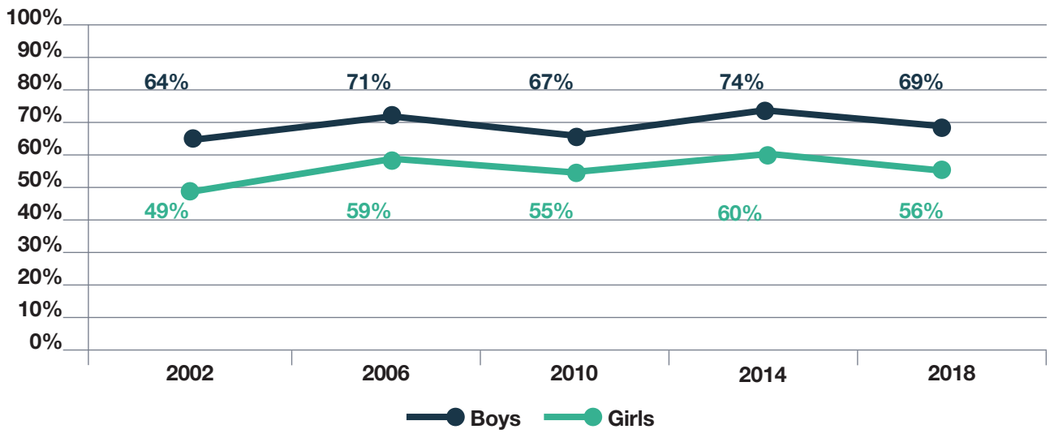


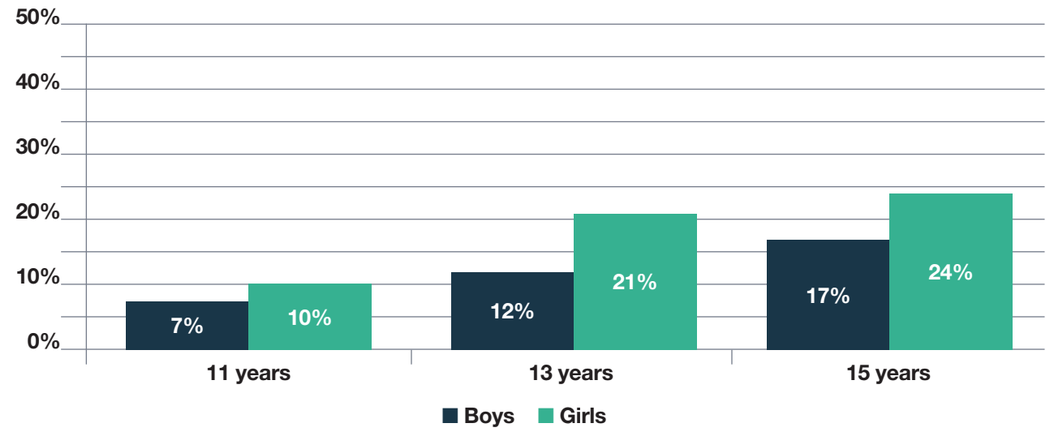
Figure 3.5: Young people who eat breakfast every day during the week, 2002 - 2018



Overall 14% of young people reported that they never eat breakfast during the week. Never eating breakfast was more common in older adolescents; 8% of 11 year olds, 16% of 13 year olds and 20% of 15 year olds.

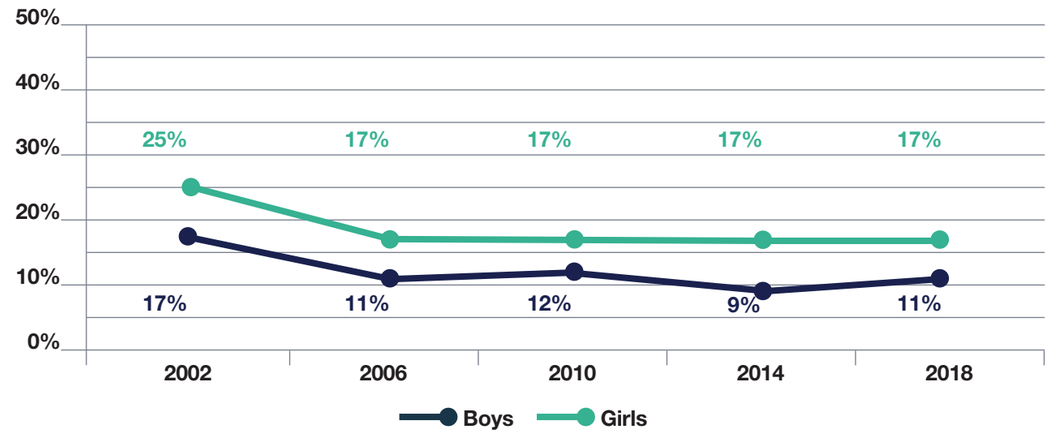
Girls were more likely than boys to report never eating breakfast during the week (17% vs 11%), and for both genders the proportion of young people reporting that they 'never eat breakfast' increased with age (Figure 3.6).

Figure 3.6: Young people who said they never eat breakfast during the week



Since 2002 there appears to be a slight decreasing trend among boys saying they never eat breakfast, but girls' reporting has remained stable across the past four survey rounds (Figure 3.7).

Figure 3.7: Never eating breakfast during the week, 2002 - 2018



Fruit and vegetable consumption

Measures:

- How many times a week do you usually eat vegetables (Never/ less than once a week/ once a week/ 2-4 days a week/ 5-6 days a week/ once a day, every day/ every day, more than once)
- Do you eat at least 5 portions of fruit or vegetables a day? (Yes/No)

Overall 43% of young people said they eat vegetables at least once every day. Girls were more likely than boys to report eating vegetables daily (49% vs 39%). There were no considerable age differences (44% of 11 year olds, 44% of 13 year olds and 42% of 15 year olds), however, across all three age categories girls were more likely than boys to report daily vegetable consumption (Figure 3.8). Since 2002 there appears to be an increase in vegetable consumption in both girls and boys, and across the five time points girls were consistently more likely than boys to eat vegetables at least once a day (Figure 3.9).

Figure 3.8: Young people who report eating vegetables every day

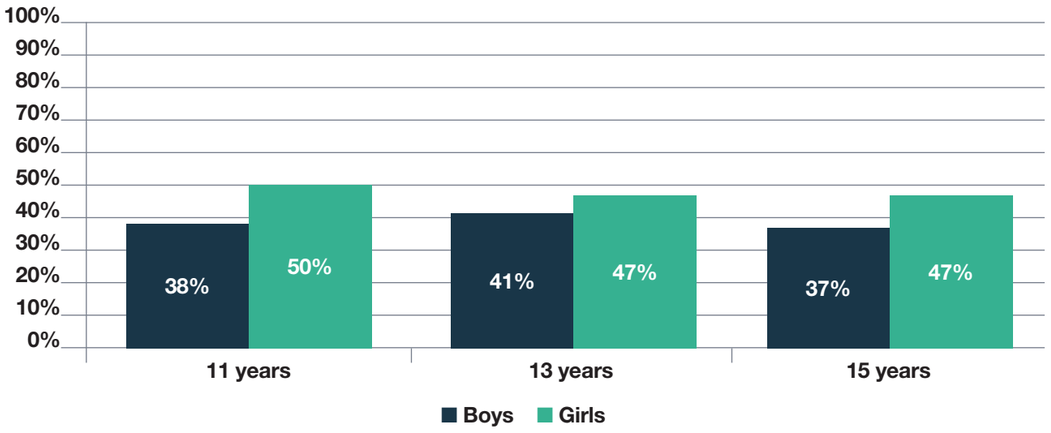
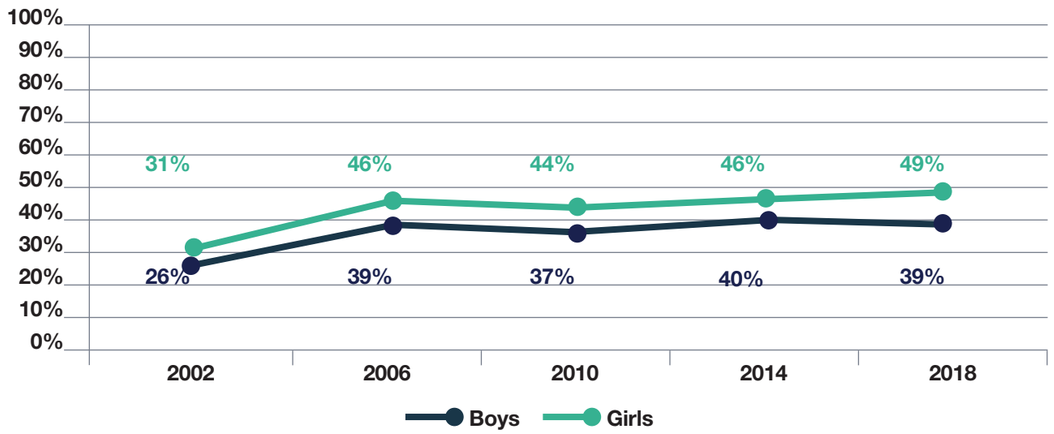
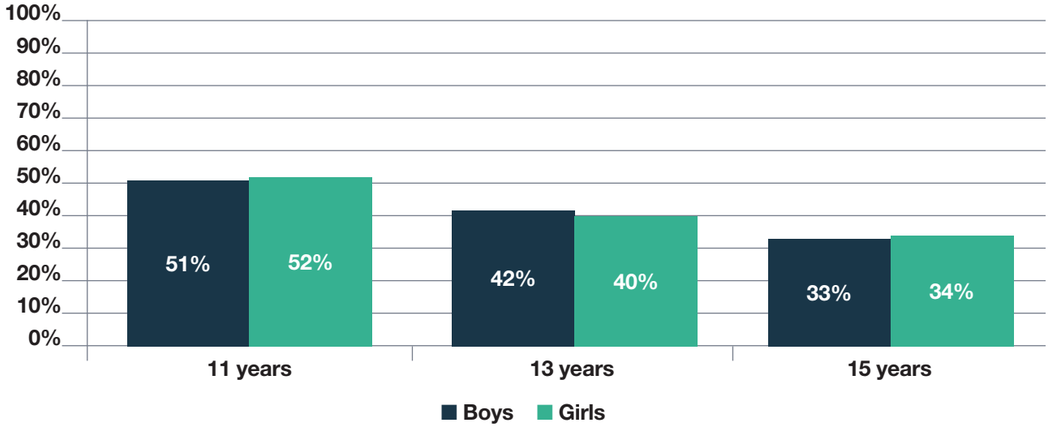


Figure 3.9: Eating vegetables every day, 2002 - 2018



44% of respondents reported meeting the government recommendations of eating five portions of fruit and vegetables every day. There were minimal gender differences; 43% of boys and 44% of girls reported meeting the government recommendation. 11 year olds were considerably more likely to report eating five portions of fruit and vegetables a day; overall 51% of 11 year olds, 41% of 13 year olds and 34% of 15 year olds (Figure 3.10).

Figure 3.10: Young people who eat 5 portions of fruit or vegetables a day



Proportions of young people who reported eating 5 portions of fruits and vegetables per day have increased since 2014 from 38% (38% boys vs 39% girls) to 44% (43% boys vs 44% girls).

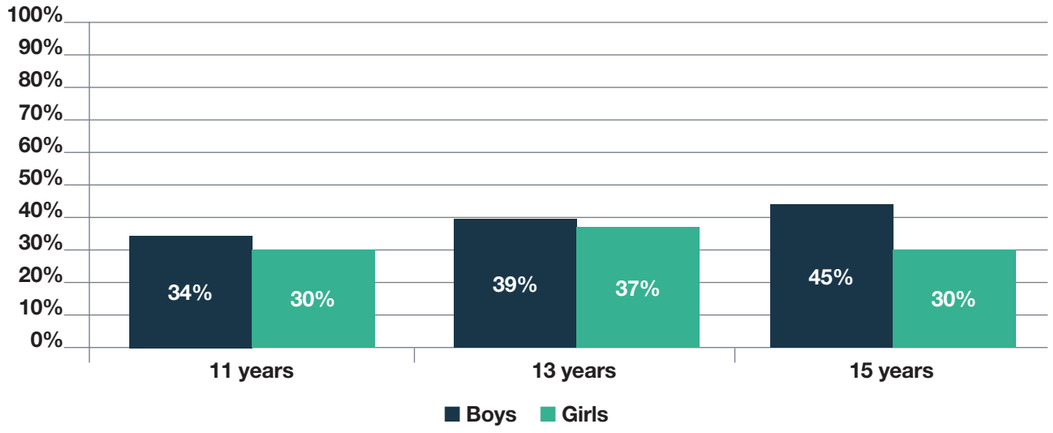
Soft drink consumption

Measure:

- How many times a week do you usually drink….? (Never/ less than once a week/ once a week/ 2-4 days a week/ 5-6 days a week/ once a day, every day/ every day, more than once)
  - Coke or other fizzy drinks that contain sugar
  - Diet soft drinks
  - Energy drinks

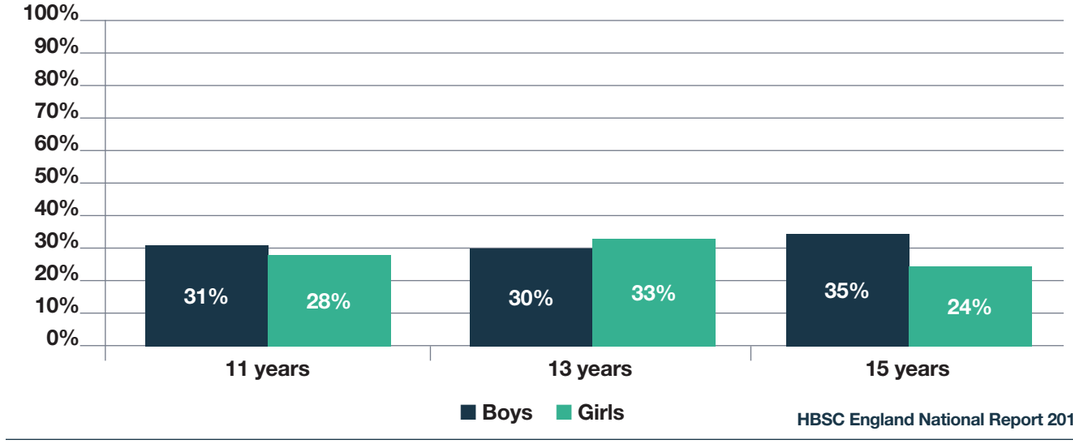
Overall up to 10% of all young people reported consuming carbonated sugary drinks every day, which is a slight decrease since 2014: 10% vs 13%. There were no gender or age differences detected. Overall 36% of all young people reported consuming carbonated sugary drinks at least 2-4 times a week (39% boys vs 32% girls). 15 year old boys reported the highest carbonated sugary drink consumption (Figure 3.11).

Figure 3.11: Young people consuming carbonated sugary drinks at least 2-4 times a week



Overall 30% of young people reported that they consume diet coke or other diet soft drink at least 2-4 times a week (32% boys vs 29% girls). 15 year old boys reported the highest diet soft drink consumption, while 15 year old girls reported the lowest among all age and gender groups (Figure 3.12).

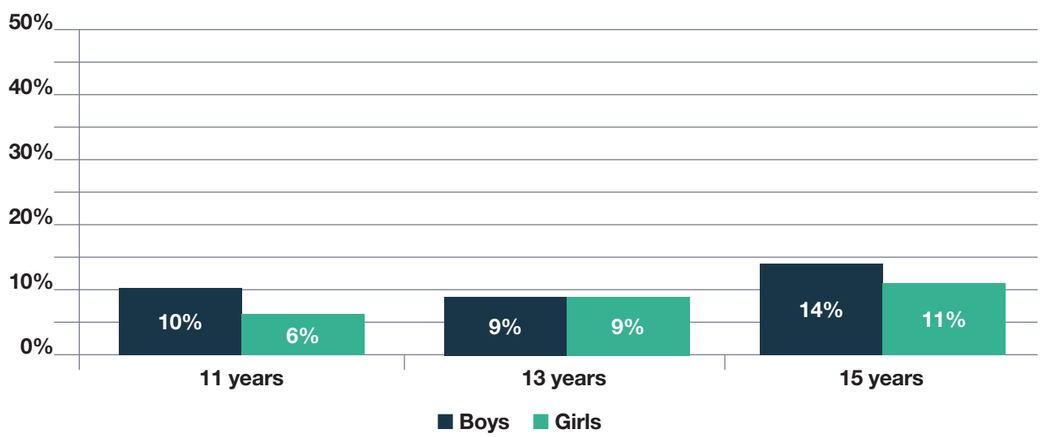
Figure 3.12: Young people consuming diet soft drinks at least 2-4 times a week



In terms of consumption of drinks collectively known as energy drinks (Red Bull, Monster etc.), 9% of young people aged 11-15 years reported consuming energy drinks at least 2-4 times a week and 3% of all young people reported drinking energy drinks at least daily.

More than half (63%) reported that they never consumed energy drinks. Girls were more likely to report they never consumed energy drinks. Across all age groups a higher proportion of boys than girls reported consuming energy drinks at least 2-4 times a week (Figure 3.13).

Figure 3.13: Energy drink consumption at least 2-4 times a week



The proportion of young people who reported energy drink consumption at least 2-4 times a week declined since 2014 from 14% (18% boys vs 10% girls) to only 9% (11% boys vs 8% girls).

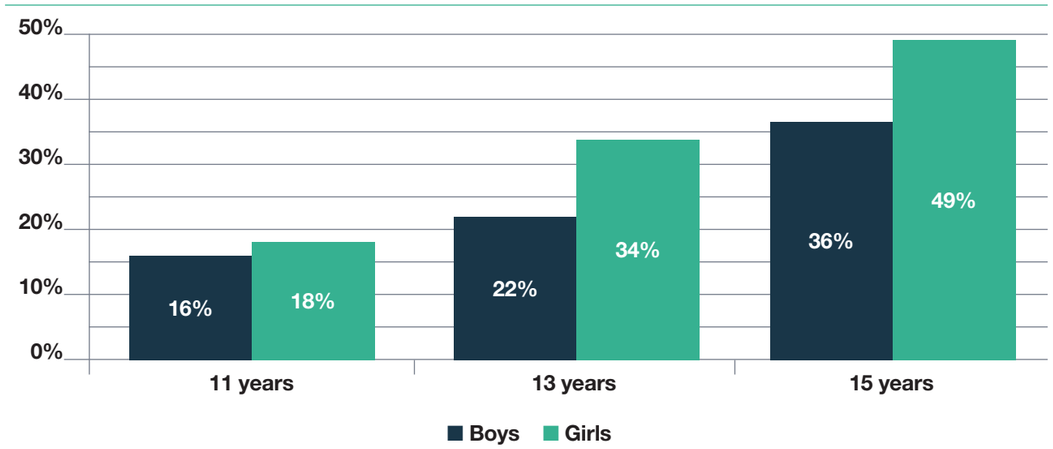
Sleep

Measure:

- Is the amount of sleep you normally get enough for you to feel awake and concentrate on your school work? (Yes/No)

Over a quarter (27%) of young people reported not having enough sleep to feel awake and concentrate on their school work during the day. Girls were more likely than boys to report not having enough sleep (32% of girls vs 23% of boys). Younger adolescents were least likely to say they do not have enough sleep to feel awake and concentrate on their school work; 17% of 11 year olds, 28% of 13 year olds and 42% of 15 year olds. Reporting insufficient sleep increased with age for both genders, with girls demonstrating the largest increase (Figure 3.14).

Figure 3.14: Young people who report not having enough sleep to be able to concentrate on school work



The proportions of young people who reported not having enough sleep to be able to concentrate on their school work considerably increased since 2014 from 22% (19% boys vs 25% girls) to 27% (23% boys vs 32% girls).

Dieting

Measure:

- At present are you on a diet or doing something else to lose weight? (No, my weight is fine/ No, but I should lose some weight/ No, because I need to put on weight/Yes)

Overall, 16% of young people reported that they were currently on a diet or doing something to lose weight. Girls were more likely than boys to report engaging in weight reducing behaviour (20% of girls vs 13% of boys). The proportion of girls who reported being on a diet or doing something to lose weight increased with age, and the gender difference is most pronounced at the age of 15 years (Figure 3.15). Since 2002 girls have been up to twice as likely as boys to report currently being on a diet or engaging in weight reducing behaviour (Figure 3.16).

Figure 3.15: Young people currently on a diet or doing something to lose weight

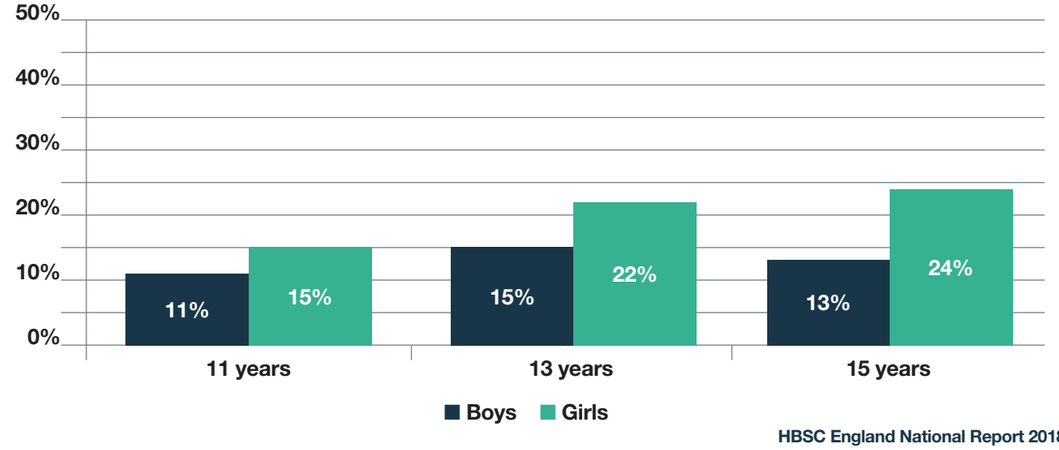
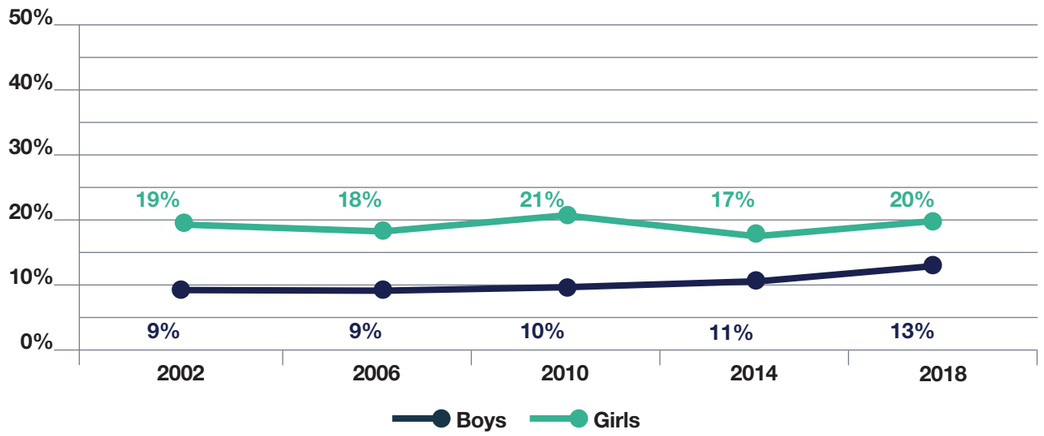


Figure 3.16: Young people on a diet or doing something to lose weight, 2002 - 2018



Methods of weight control

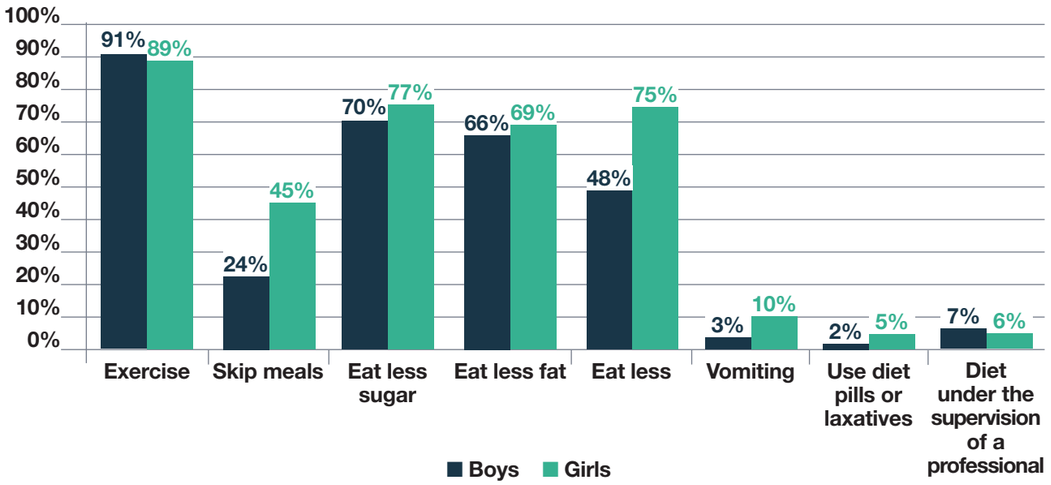
Measure:

- Which of the following things did you do to control your weight during the last 12 months? (only 15 year olds were asked)

☐ Exercise ☐ Skip meals ☐ Eat less sugar ☐ Eat less fat ☐ Eat less ☐ Vomiting
☐ Use diet pills or laxatives ☐ Diet under the supervision of a professional

Over half (56%) of 15 year olds (66% of girls and 46% of boys) said they had engaged in weight control behaviour over the last 12 months. Of those, most of the young people reported controlling their weight during the last 12 months by doing exercise, eating less sugar, eating less fat or generally eating less. Girls were more likely than boys to skip meals as a method of controlling their weight (Figure 3.17).

Figure 3.17: Methods of weight control reported by 15 year olds



Health risk behaviours

Smoking

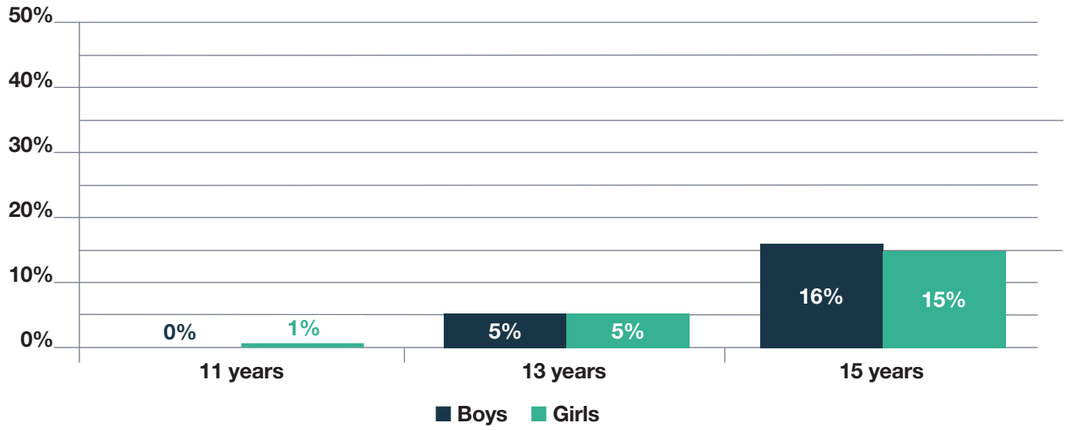
Measure:

- On how many days have you smoked cigarettes…? (Never/1-2 days/ 3-5 days/6-9 days/ 10-19 days/ 20-29 days/ 30 days)

☐ In your lifetime ☐ In the last 30 days

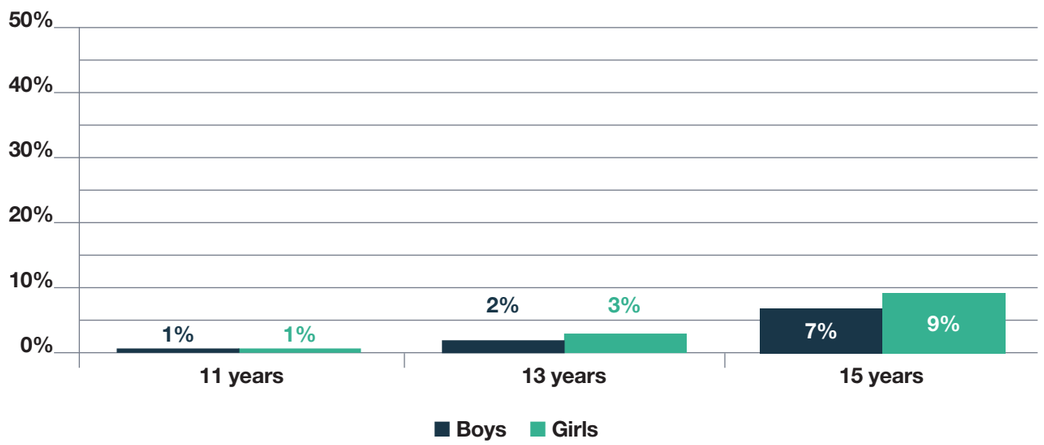
Overall only 6% of young people, both boys and girls, reported smoking at least 3 times in their life. The proportion of young people who reported smoking at least 3 times during their life increased with age (Figure 3.18), however there were no considerable gender differences detected.

Figure 3.18: Young people reported smoking at least 3 times during their life



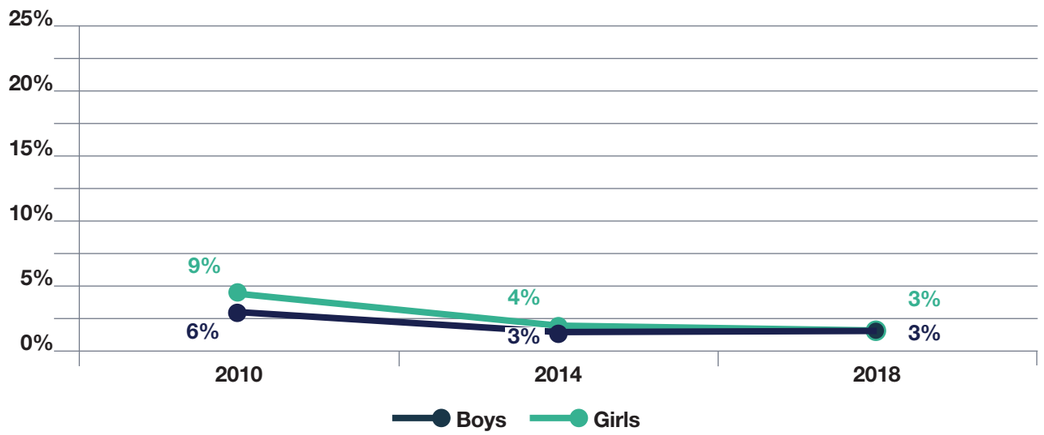
Even less (3%) young people reported smoking at least 3 times during the last 30 days. Older adolescents reported slightly higher proportions of smoking during the last 30 days compared to younger ones, however no considerable gender differences were found (Figure 3.19).

Figure 3.19: Young people reported smoking at least 3 times during last 30 days



The proportions of young people who reported smoking at least 3 times during the last 30 days decreased since 2010 (Figure 3.20).

Figure 3.20: Young people who reported smoking at least 3 times during the last 30 days, 2010-2018



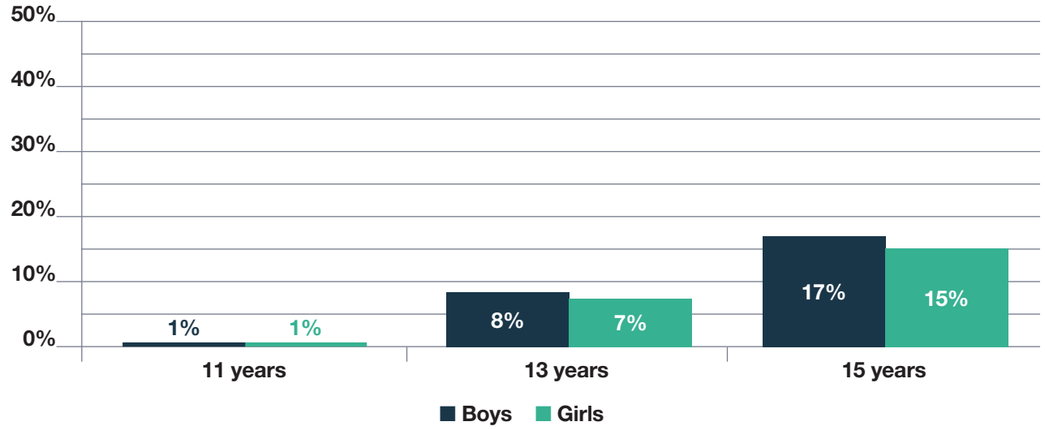
Alcohol consumption

Measure:

- On how many days have you drunk alcohol in the last 30 days? (Never/ 1-2 days/ 3-5 days/ 6-9 days/ 10-19 days/ 20-29 days/ 30 days)

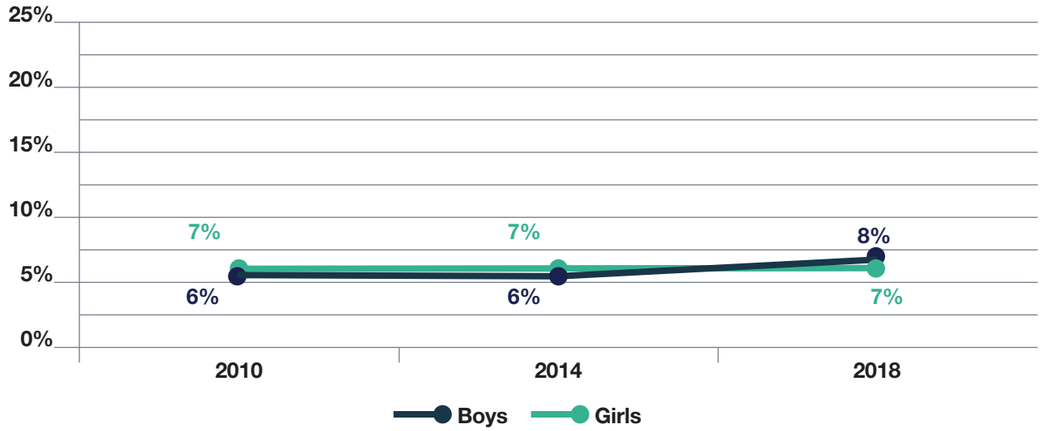
Overall, only 7% of young people reported using alcohol at least 3 times during last 30 days - 8% of boys and 7% of girls. The proportion of young people using alcohol at least 3 times in the last 30 days increased with age (Figure 3.21).

Figure 3.21: Alcohol consumption at least 3 times during the last 30 days



The proportion of boys reported having alcohol at least 3 times during the last 30 days has slightly increased since 2010, however proportions of girls remain the same across all three time points (Figure 3.22).

Figure 3.22: Alcohol consumption at least 3 times during the last 30 days, 2010-2018



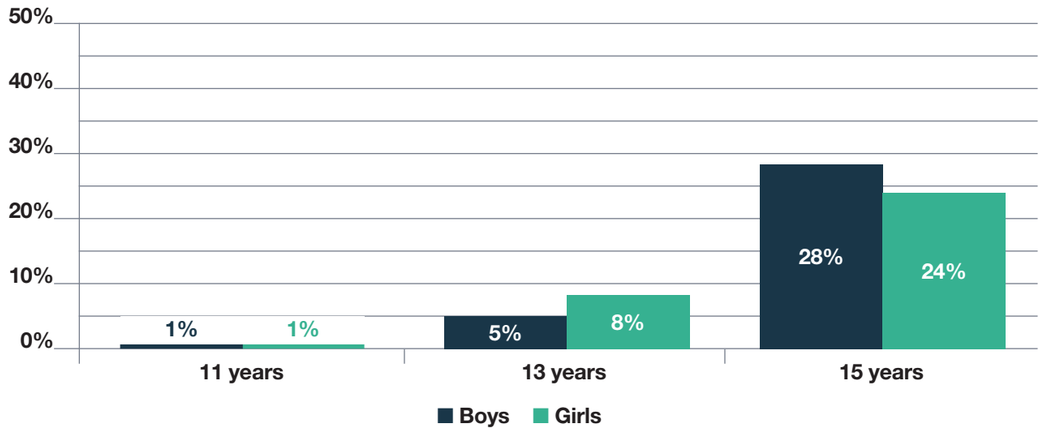
Drinking alcohol to excess

Measure:

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

Overall only 9% of young people reported that they had ever drunk alcohol to excess (been drunk) 2 or more times, both girls and boys. The prevalence of drinking to excess increased with age, with more than one quarter of 15 year olds reporting that they had been drunk twice or more during their life (Figure 3.23). However, the proportion of 15 year old girls who reported that they had been drunk has considerably decreased since 2014 from 32% to 24%.

Figure 3.23: Young people who reported ever having been drunk two or more times



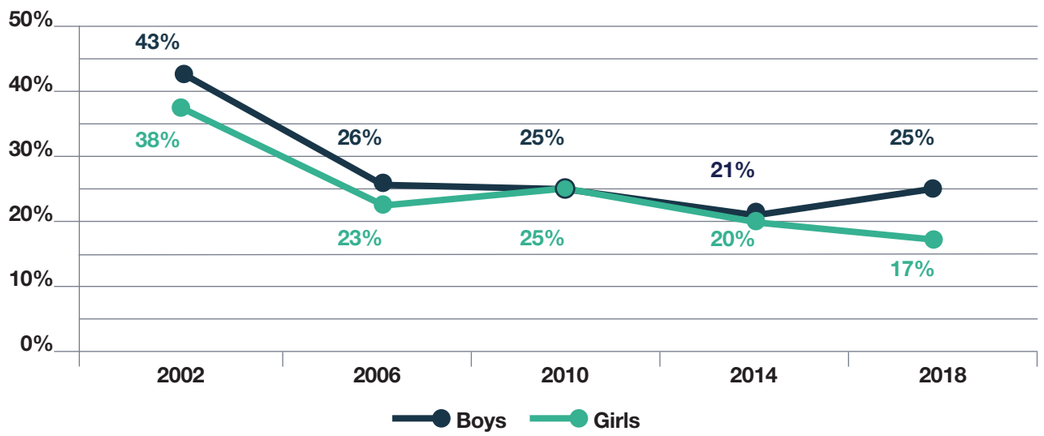
Cannabis use

Measure:

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

Overall, the proportion of young people who reported having ever used cannabis in their lifetime decreased since 2002 from 41% to 21% (Figure 3.24); however, since 2014 the proportions of boys increased slightly.

Figure 3.24: Young people who have ever used cannabis during their life time, 2002-2018



Fighting

Measure:

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

Overall 17% of young people reported having been involved in a physical fight two or more times in the last 12 months. Boys were considerably more likely to report being involved in a fight (24% of boys vs 9% of girls). Involvement in physical fighting decreased with age for boys but slightly increased across the age categories for girls (Figure 3.25).

Between 2002 and 2018 the proportion of boys and girls who reported being involved in a physical fight two or more times in the past twelve months has decreased, with a larger decrease evident among boys (Figure 3.26).

Figure 3.25: Young people involved in a physical fight at least twice over the last 12 months

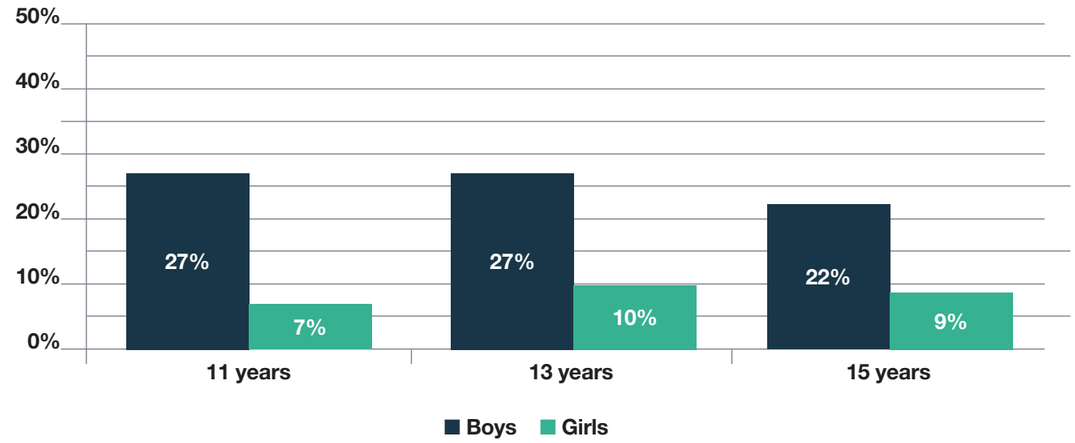
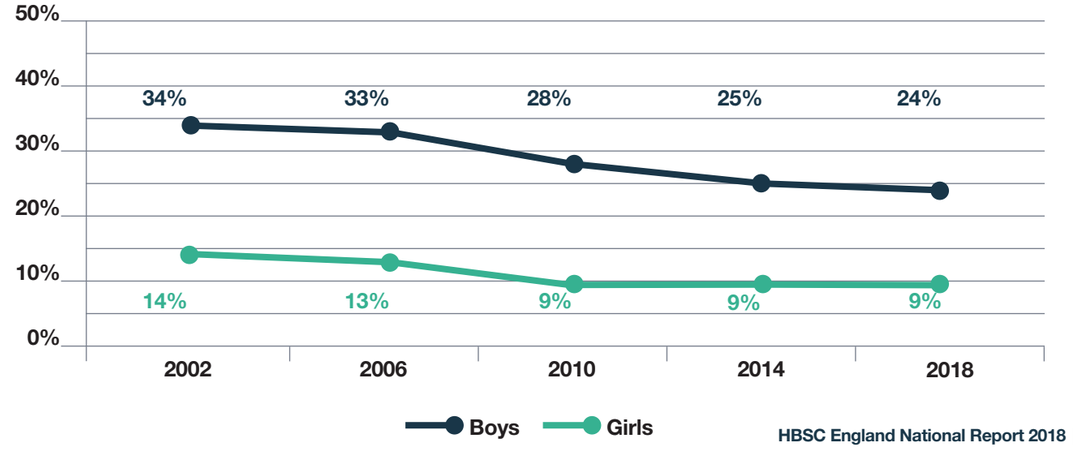


Figure 3.26: Young people involved in a physical fight at least twice over the last 12 months, 2002 - 2018



Injuries

Measure:

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

Overall 23% of young people reported injuries two or more times in the last 12 months that were of significant seriousness that the injury warranted treatment by a doctor or nurse. Boys were more likely to report at least two injuries in the past year (25% of boys vs 21% of girls). Boys were more likely than girls to report being injured across all three age groups (Figure 3.27). The proportions of young people reporting at least two injuries in the last twelve months has decreased among boys (Figure 3.28).

Figure 3.27: Young people injured at least twice in the last 12 months

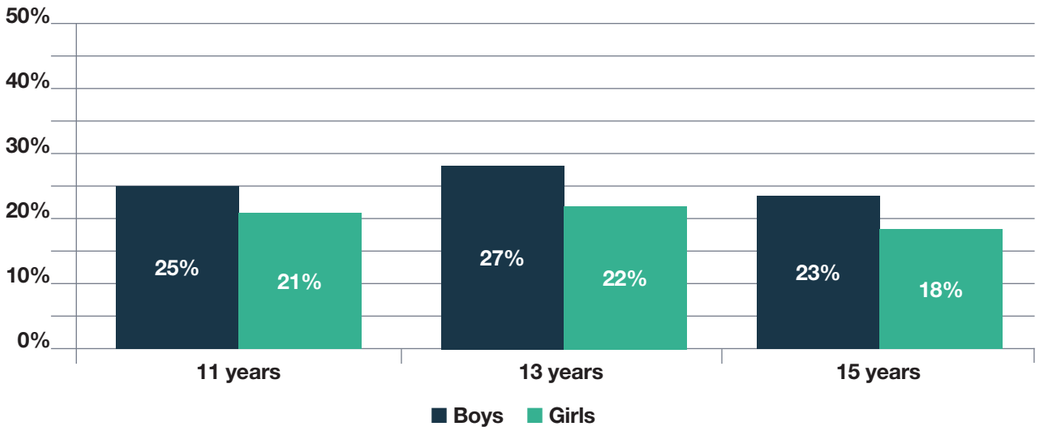
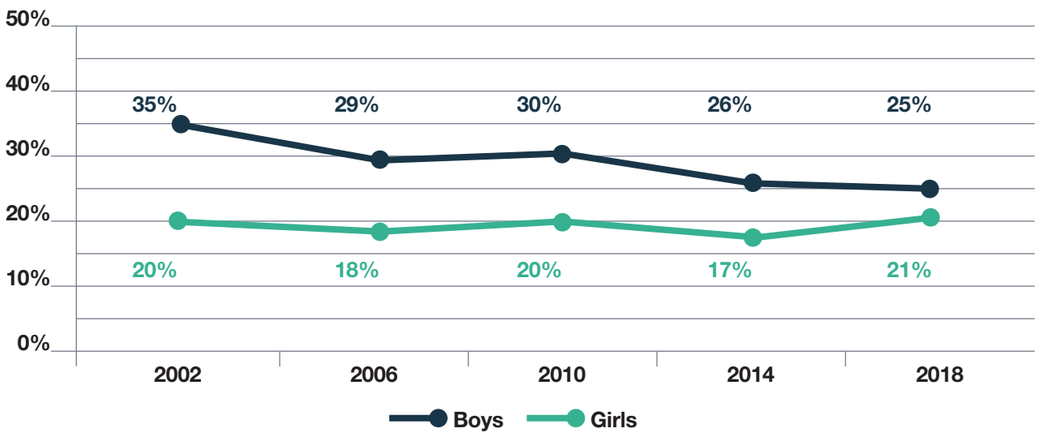


Figure 3.28: Reports of two or more injuries in last 12 months, 2002 - 2018



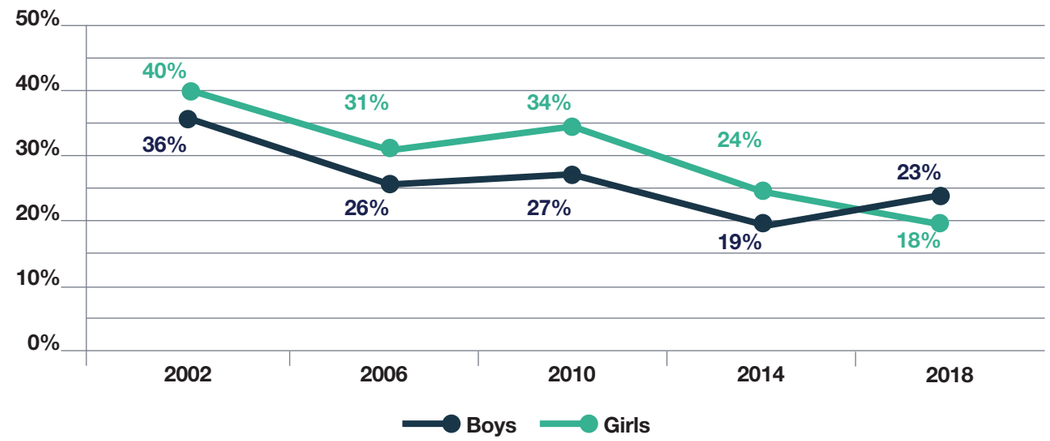
Sexual health behaviours

Measures:

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

Overall, 20% of 15 year old respondents reported having had sexual intercourse; 23% of boys and 18% of girls. Young people reporting having had sexual intercourse has decreased for girls from 2002 – 2018, however has increased for boys since 2014 (Figure 3.29).

Figure 3.29: Sexual intercourse 2002 - 2018



Only the young people who reported having had sexual intercourse are included in subsequent analysis (N=722).

Of those 15 year olds who reported having had sexual intercourse, 85% of young people say they first had sexual intercourse at age 14 or older. Boys are more likely to report early onset of sexual activity (12 years or younger); 6% of boys compared with 2% of girls reported their first sexual experience was at 12 years or younger (Figure 3.30). Reports of early onset initiation has decreased among boys and girls from 2002 (Figure 3.31).

Figure 3.30: Age of onset for sexual intercourse among sexually active 15 year olds

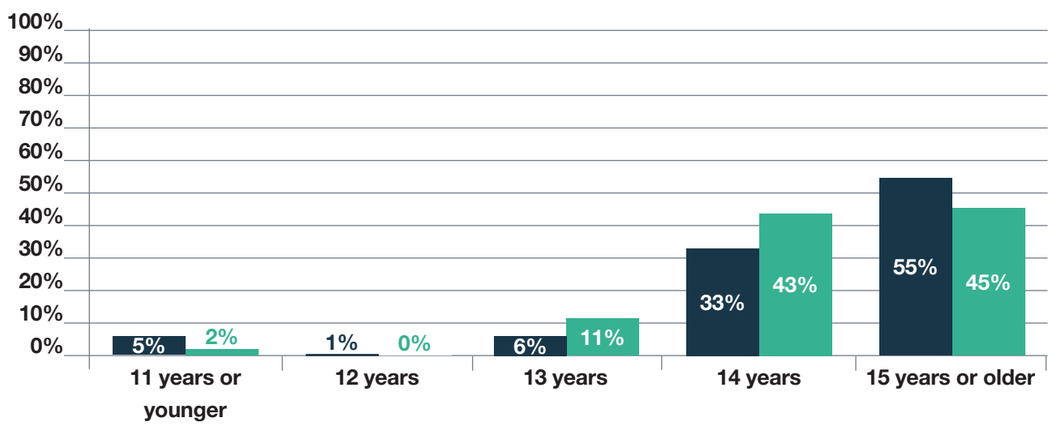
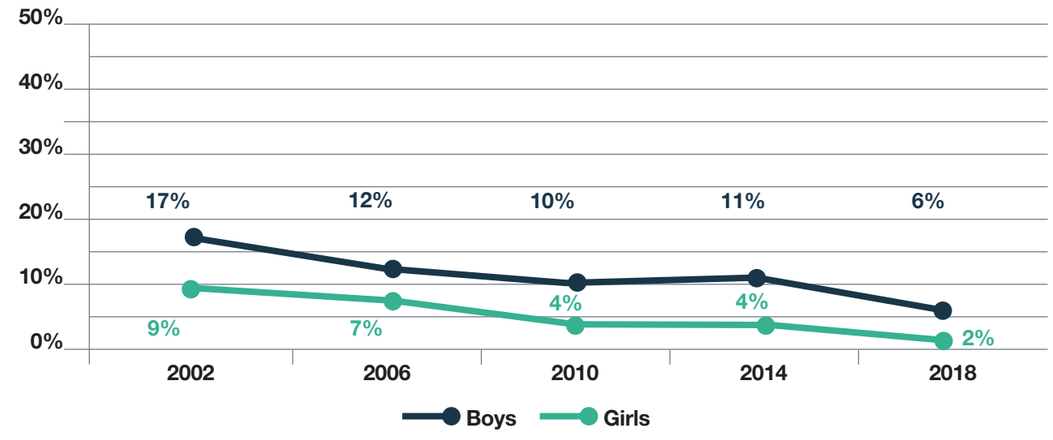
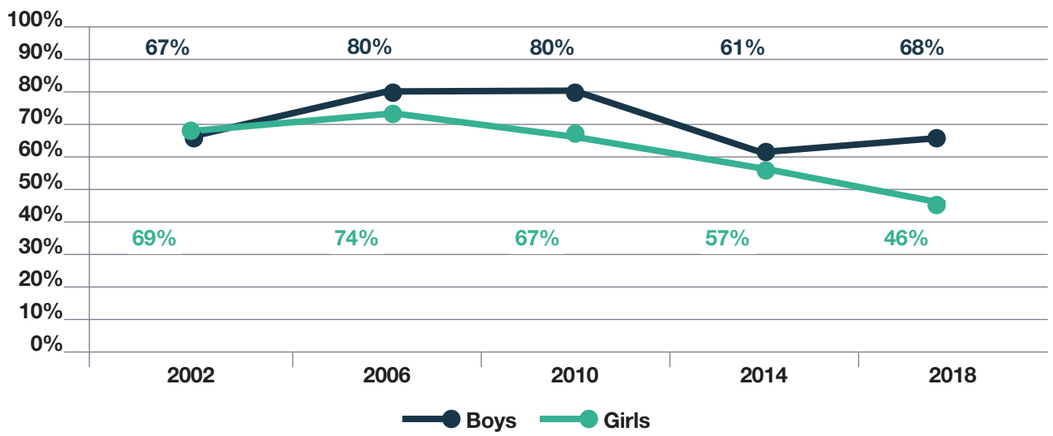


Figure 3.31: Early sexual initiation 2002 - 2018



Using a condom at the last time of sexual intercourse was the most common form of contraception reported for both boys and girls, with 68% of boys and 46% of girls reporting that a condom was used. Using a condom at the last time of sexual intercourse increased among boys and decreased among girls since 2014 (Figure 3.32). 30% (26% boys vs. 35% girls) of young people reported using contraceptive birth-control pills.

Figure 3.32: 15 year olds using condom at last intercourse 2002-2018



Summary

The proportions of boys' and girls' who meet the physical activity guidelines of one hour a day has decreased since 2002. However the majority of young people do undertake some form of activity during the week and the level of participation in vigorous physical activity (such as generated through sports participation for example) has increased for both genders, compared to the last survey in 2014.

Fewer young people reported eating breakfast on school days (every day during the week) compared to the 2014 survey, however considerably more respondents reported meeting the government recommendations of eating five portions of fruit and vegetables every day; though, this declines with age as independent food choices increase. Consistently across the decade regular breakfast eating was more common among boys than girls, however there were no noticeable gender differences in terms of fruit and vegetable consumption.

Compared to 2014 fewer young people reported consuming energy drinks, with more than half of young people reporting that they never consume energy drinks. The reduction in energy drink consumption among adolescents may be considered a positive response to the voluntary code, operated by the soft drinks industry in the UK, stating that energy drinks should not be promoted to children under the age of 16.

Over a quarter of all young people and nearly half of 15 year olds reported that they do not have adequate sleep to be alert and concentrate on school work during the day.

A steady decline since 2002 has been found in regular smoking and drinking, however more than one quarter of 15 year olds admitted being drunk a few times during their life. Fewer young people had ever used cannabis in their lifetime compared to the 2002 survey.

The number of young people who say that they have had sexual intercourse has decreased substantially since 2002 among both boys and girls. Similarly, the proportion of young people who report very early onset of sexual intercourse (age 12 years or younger) has decreased since 2002.

In line with existing research (Inchley et al., 2016) boys were more likely to report being injured than girls, however girls reported slightly higher rates of injuries compared to 2014. In terms of physical fighting there is a continuing downward trend for incidence of physical fighting and violence since 2002.

References

Azagba, S., Langille, D., & Asbridge, M. (2014). An emerging adolescent health risk: Caffeinated energy drink consumption patterns among high school students. ***Preventive Medicine, 62***(May), 54-59.

Brooks, F. M., Smeeton, N. C., Chester, K., Spencer, N., & Klemera, E. (2014). Associations between physical activity in adolescence and health behaviours, well-being, family and social relations. ***International Journal of Health Promotion and Education, 52***(5), 271–282.

Brooks, F., Magnusson, J., Klemera, E., Chester, K., Spencer, N., & Smeeton, N. (2015). ***HBSC England national report: Findings from the 2014 HBSC study for England***. Hatfield: University of Hertfordshire.

Brooks, F. M., Magnusson, J., Spencer, N., & Morgan, A. (2012). Adolescent multiple risk behaviour: an asset approach to the role of family, school and community. ***Journal of Public Health, 34***(suppl_1), i48-i56.

Department of Health. (2011). Healthy lives, healthy people: ***A tobacco control plan for England***. London: Department of Health.

Friis, K.,Lyngg, J. I., Lasgaard, M., & Larsen, F. B. (2014). Energy drink consumption and the relation to socio-demographic factors and health behaviour among young adults in Denmark. A population-based study. ***European Journal of Public Health, 24***(5), 840-844.

Inchley, J., Currie, D., Young, T., Samdal, O., Torsheim, T., Augustson, L., … Barnekow, V. (Eds.). (2016). ***Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey***. Copenhagen: WHO Regional Office for Europe.

Kelly, Y., Patalay, P., Montgomery, S., & Sacker, A. (2016). BMI development and early adolescent psychosocial well-being: UK Millennium Cohort Study. ***Pediatrics, 138***(6), e20160967.

National Sleep Foundation. (2006). Sleep in America poll. Washington DC: National Sleep Foundation

Owens, J. A., Dearth-Wesley, T., Herman, A. N., Oakes, J. M., & Whitaker, R. C. (2017). A quasi-experimental study of the impact of school start time changes on adolescent sleep. ***Sleep Health, 3***(6), 437-443.

Patrick, M. E. & Maggs, J. L. (2014). Energy drinks and alcohol: Links to alcohol behaviors and consequences across 56 days. ***Journal of Adolescent Health, 54***(4), 454–459.

Pickett, W., Molcho, M., Elgar, F. J., Brooks, F., de Looze, M., Rathmann, K., … Currie, C. (2013). Trends and socioeconomic correlates of adolescent physical fighting in 30 countries. ***Pediatrics, 131***(1), e18–e26.

Rampersaud, G. C., Pereira, M. A., Girard, B. L., Adams, J., & Metzl, J. D. (2005). Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. ***Journal of the American Dietetic Association, 105***(5), 743–760.

Roberts, R. E., & Duong, H. T. (2017). Is there an association between short sleep duration and adolescent anxiety disorders? ***Sleep Medicine, 30***, 82-87.

Seifert, S. M., Schaechter, J. L., Hershorin, E. R., & Lipshultz, S. E. (2011). Health effects of energy drinks on children, adolescents, and young adults. ***Pediatrics, 127***(3), 511-528.

World Health Organization. (2010). ***Global recommendations on physical activity for health***. Geneva: World Health Organization.

Chapter 4:

Family environment and community

Key messages

- **68% of young people reported living with both parents in their main home**.
- More young people find it **easy to talk to their fathers** since 2002 (64% vs 58%), while the proportions of young people finding easy to talk to their mothers remains relatively unchanged (82% vs 83%). Fewer than half of 15 year old girls (44%) find it easy to talk to their fathers.
- The majority of young people (across a range of measures) report feeling **well-supported by their parents emotionally**.
- **Parental engagement with education** appears to have declined across a range of measures: young people report less willingness to engage with schools and teachers and less active encouragement in relation to performance at school.
- 8% of young people can be identified as **young carers** in that they reported undertaking extra work around home due to having a disabled or sick person to look after. Girls were more likely to report caring responsibilities compared to boys (11% vs 7%).
- Only 39% of young people usually **eat a meal with their family** every day, which is a decrease since 2014 (52%).
- Young people find it safer to play outside during the day in their area, compared to 2002 (72% vs 68%).
- Overall, young people were positive about their **neighbourhood**, however, they feel less likely to ask for help or a favour from their neighbours compared to the 2014 survey (62% vs 71%).

Introduction

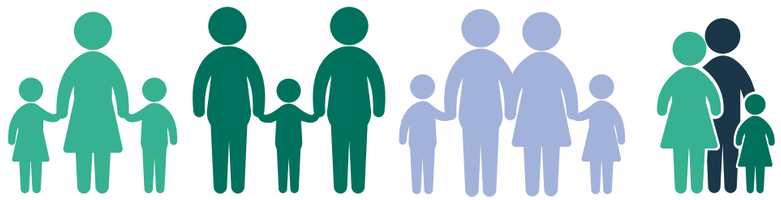
There is an extensive body of research that highlights the significance of family life and family relationships for adolescents' health and well-being (Boniel-Nissim et al., 2015; Brooks et al., 2015a; Klemera et al., 2017). The family connection, including positive interactions grounded in open communication and support between adolescents and parents, is an important factor in protecting against poor health outcomes in adolescence (Brooks et al., 2015a; Brooks et al., 2017; Klemera et al., 2017; Chester et al., 2019). The time parents spend with adolescents is crucial for their communication; many authors have emphasised the connection between the parental time invested in young people and adolescent well-being (Brooks et al., 2015a).

Existing studies on adolescent–parent communication (Boniel-Nissim et al., 2015; Brooks et al., 2015a; Inchley et al., 2016) have identified that notable differences remain between countries in terms of the proportion of young people reporting easy communication with their parents. In 2014, English 11 year old adolescents were the most likely to report easy adolescent-parent communication among 43 European countries (Inchley et al, 2016), however a significant decline was found between the ages of 11 and 15.

In England over the last 45 years there has been a major social change in the composition and structure of family households that have significant implications for the adolescent population. For example, in 2016 23% of all families with dependent children in the UK were headed by a lone parent compared to only 8% in 1971 (Hagell, Shah & Coleman, 2017; Coleman & Schofield, 2007).

Central to the developmental tasks of adolescence is the navigation of health-related behaviours and health risks that form part of the adult world. Parental support and a strong family bond are associated with reduced levels of health-risk and improved mental health and emotional well-being (Bell, Forthun, & Sun, 2015; Inchley et al., 2016; Brooks et al., 2015a). Parental communication functions as a protective health asset, protecting young people from self-harming behaviour (Brooks et al., 2017; Klemera et al., 2017). Family support in terms of the provision of emotional support has been correlated with depression, anxiety, and resilience (Tabak & Radiukiewicz, 2009). The quality of parent-child communication represents a key indicator of family functioning (Sweeting & West, 1995). The ease with which young people feel that they can discuss issues that really matter to them with their parents is a marker of both the level of parental support and overall family connectedness (Laursen, 1995).

The local community where young people live has also been associated with their health and well-being (Klemera et al., 2017). Recent findings highlight the significance of belonging and connectedness to the area where adolescents live as important constituent elements of protective health assets for young people (Brooks et al., 2017).



Family structure

Measure:

- Tick the people who live in a home where you live all or most of the time. (Mother, father, stepmother, stepfather, foster home).

Overall, 68% of young people reported living with both parents in their main home which is an increase since the 2014 survey (64%). 21% of all young people reported living in a household headed by a lone mother and 2% reported living in a household with a lone father. Overall 10% of all young people reported that they live with a step family or foster parent (Table 4.1).

Table 4.1: Family structure

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Both parents	69%	69%	72%	63%	64%	68%	69%	67%	68%
Only father	2%	2%	2%	2%	5%	2%	3%	2%	2%
Only mother	20%	20%	17%	25%	22%	20%	19%	22%	21%
Step-family	9%	9%	9%	11%	9%	10%	9%	10%	10%

Family communication

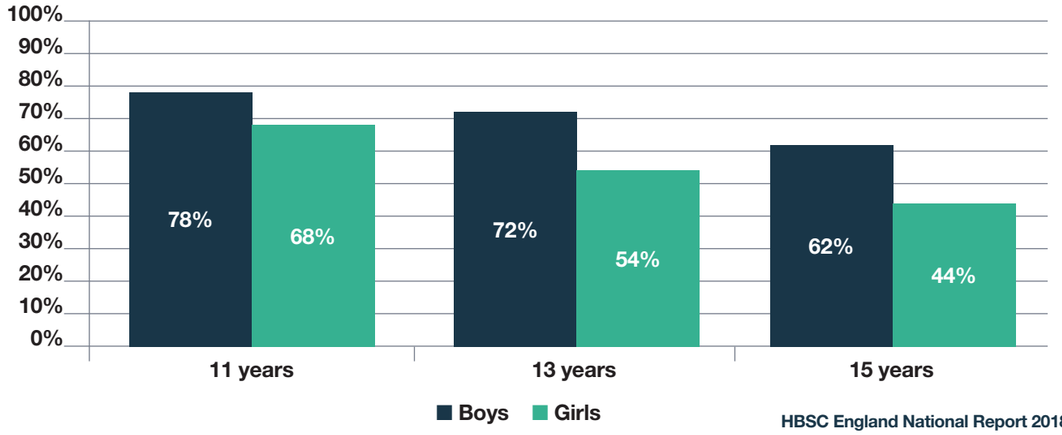
Measure:

- How easy is it for you to talk to mother/father about things that really bother you? (Very easy/ easy/ difficult/ very difficult)

Communication with fathers

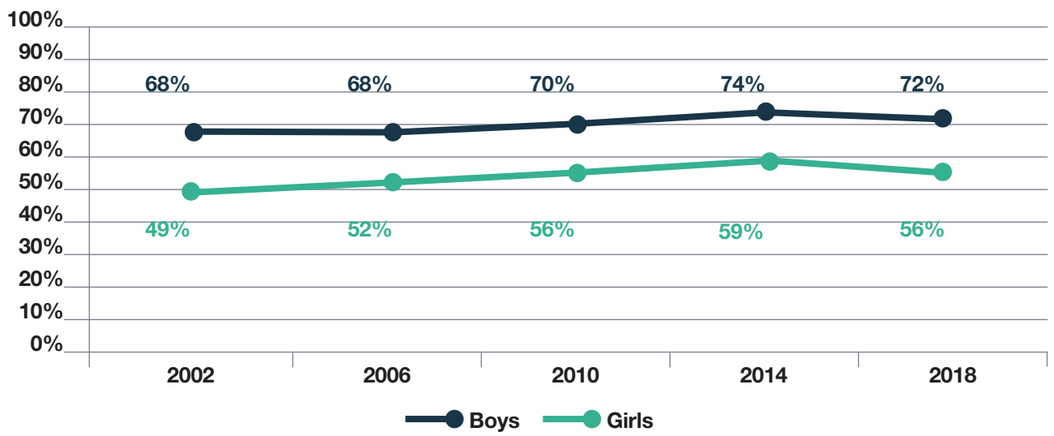
Overall, 64% of young people reported that they find it easy to talk to their father about the things that really bothered them. Boys were more likely to find it easy to talk to their fathers than girls (72% vs 56%). Younger adolescents (both boys and girls) reported that they find it easier than their older peers to talk to their father (Figure 4.1).

Figure 4.1: Young people who say talking to their father is easy or very easy



Across all age groups, the proportion of young people who report finding it easy to talk to their father has increased among both boys and girls from 2002 to 2018. A consistent gender difference is evident since 2002, with girls less likely to find it easy to talk to their father (Figure 4.2)

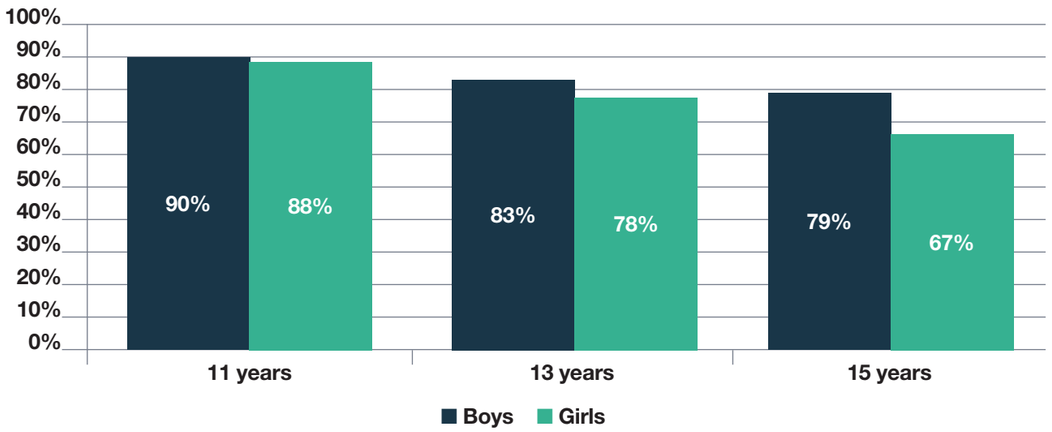
Figure 4.2: Young people who find it easy to talk to their father, 2002-2018



Communication with mothers

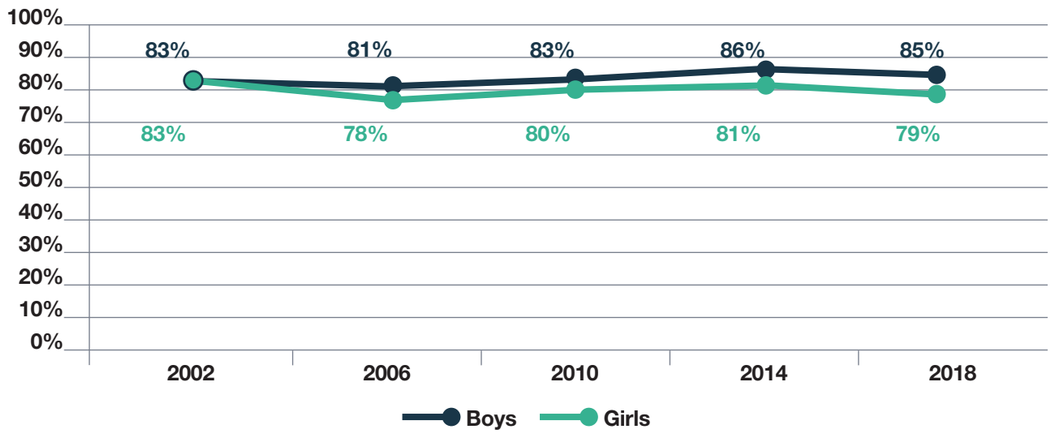
The majority of young people (82%) said that they find it easy or very easy to talk to their mothers regarding the things that really bother them. Boys were more likely than girls to find it easy to talk to their mothers (85% vs 79%). The proportion of young people who found it easy to communicate with their mothers decreased with age, with girls having lower proportions across all ages compared to boys (Figure 4.3).

Figure 4.3: Young people who say talking to their mother is easy or very easy



Across all age groups, the proportion of young people who report finding it easy to talk to their mother remains unchanged (around 80%) among both boys and girls from 2002. A consistent gender difference is evident since 2006, with girls less likely to find it easy to talk to their mother (Figure 4.4).

Figure 4.4: Young people who find it easy to talk to their mother, 2002-2018



Family support

Measures:

- We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one: (Ranked on a 7 point scale where 1 indicated 'very strongly disagree' and 7 indicated 'very strongly agree')
  - My family really tries to help me
  - I get the emotional support from my family
  - I can talk about problems with my family
  - My family is willing to help me make decisions

Overall, there has been a decrease since 2014 in terms of how young people feel about the forms of family support they receive. Considerably lower proportions of young people reported that they can talk about their problems with their families compared to 2014 (60% vs 70%). Around two thirds (65%) of young people reported that their parents help them to make decisions, compared to 77% in 2014. Young people feel less supported by their parents as they get older. Across all age groups girls report less parental support compared to boys, with only half of 15 year old girls receiving emotional support or being able to talk about their problems with their parents (Table 4.2).

Table 4.2: Parental support

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
My family really tries to help me	74%	69%	68%	61%	68%	63%	70%	63%	67%
I get the emotional support from my family	67%	63%	62%	55%	57%	52%	63%	58%	60%
Talking about problems	69%	62%	60%	52%	60%	50%	63%	56%	60%
Helping to make decisions	72%	67%	65%	60%	66%	58%	68%	62%	65%

Parental involvement and support at school

Measures:

- Please show how much you agree or disagree with following statements: (Strongly agree/ agree/ neither agree nor disagree/disagree/ strongly disagree)
  - My parents are willing to come to school to talk to teachers
  - If I have a problem at school, my parents are ready to help me
  - My parents encourage me to do well at school
  - My parents are interested what happens to me at school
  - My parents are willing to help me with my homework

The majority (85%) of young people reported that their parents were happy to come to school to talk to teachers. 86% of young people (88% boys vs 84% girls) reported that their parents would be ready to help them if they had problems at school. Overall 94% of young people (both boys and girls) reported that their parents encourage them to do well at school. 88% of young people reported that their parents are interested in what happens to them at school. Boys were somewhat more likely than girls to report that their parents are interested in what happens with them at school (90% vs 86%). Younger adolescents were more likely to rate higher levels of parental support and educational involvement than their older peers. 15 year old girls had the lowest proportion rating positive parental support in school across all age and gender groups (Table 4.3).

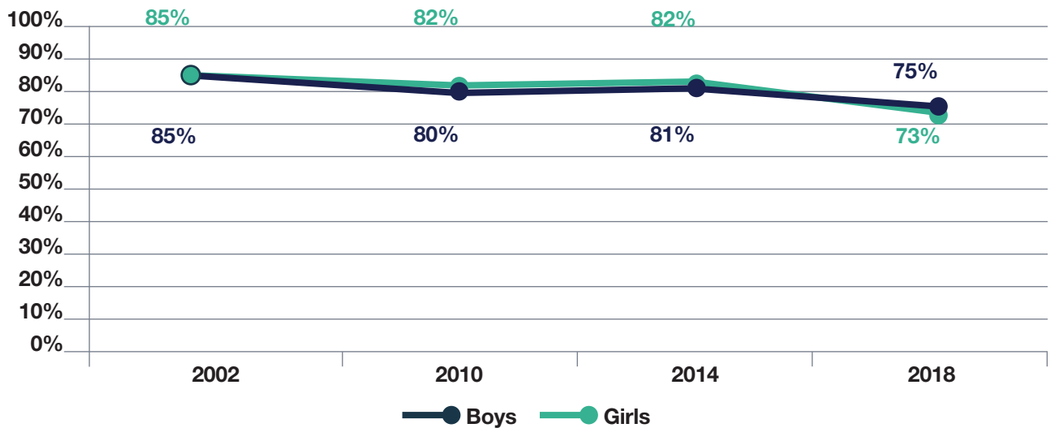
Table 4.3: Parental support in school

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
My parents are willing to come to school to talk to teachers	86%	86%	82%	85%	83%	84%	84%	85%	85%
If I have problems at school my parents are ready to help	90%	88%	88%	83%	85%	79%	88%	84%	86%
My parents encourage me to do well at school	96%	95%	93%	92%	94%	94%	94%	93%	94%
My parents are interested what happens to me at school	92%	92%	89%	84%	87%	80%	90%	86%	88%
My parents are willing to help me with my homework	83%	84%	70%	68%	69%	63%	75%	73%	74%

Overall, the levels of young people reporting high parental support and engagement with schools has decreased since the 2010 and 2014 surveys. Fewer young people also reported that their parents encourage them to do well at school compared to the 2010 and 2014 surveys. This includes the proportions of young people who reported that their parents are ready to help if they have problems at school (Figure 4.5) and willing to help with homework (Figure 4.6).

Figure 4.5: Young people who feel that their parents are ready to help if they have problems at school, 2002-2018

Figure 4.6: Young people who reported having help from their parents with their homework, 2002-2018



NB. No data for 2006.

Young carers

Measures:

- Is there anyone in your family who is seriously affected by … you can select more than one
  - ☐ Disability or long-term illness ☐ Depression or mental illness
  - ☐ Using alcohol or other drugs ☐ None of these
- Do you do extra work around your home because someone is disabled or sick or 'can't do things'? (yes/ no)

8% of young people reported that they do extra work around home because someone is disabled or sick or can't do things. Older adolescents tend to report doing slightly more extra work compared to younger ones (7% of 11 year olds, 9% of 13 year olds and 11% of 15 year olds). Girls also tend to report doing slightly more extra work at home compared to boys across all ages (11% girls vs 7 % boys).

From all young people who reported doing extra work at home, 76% (79% boys vs 74% girls) reported doing extra work because their family member was affected by disability or long-term illness, 43% (25% boys vs 55% girls) reported doing extra work as family member was affected by depression or mental illness, and only 17% (13% boys vs 19% girls) reported that they have a family member using alcohol and drugs.

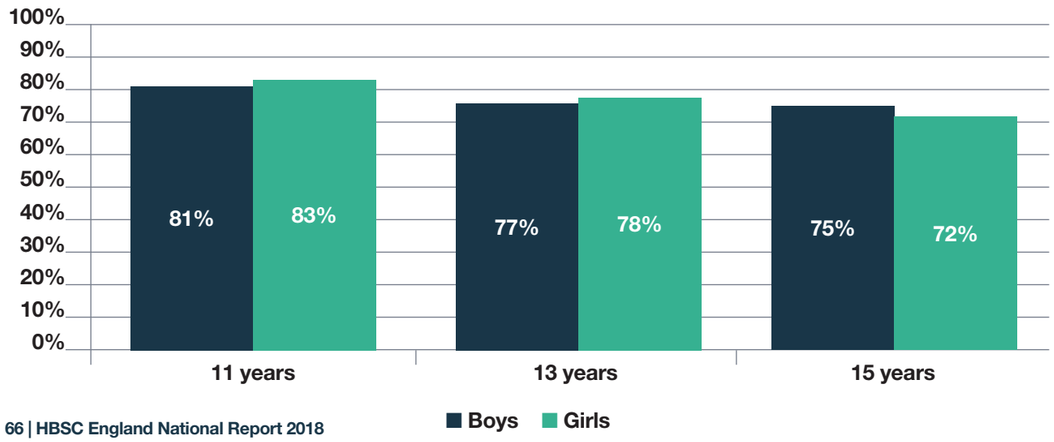
Family meals

Measure:

- How often do you and your family usually have meals together?(Every day/ most days/ about once a week/ less often/ never)

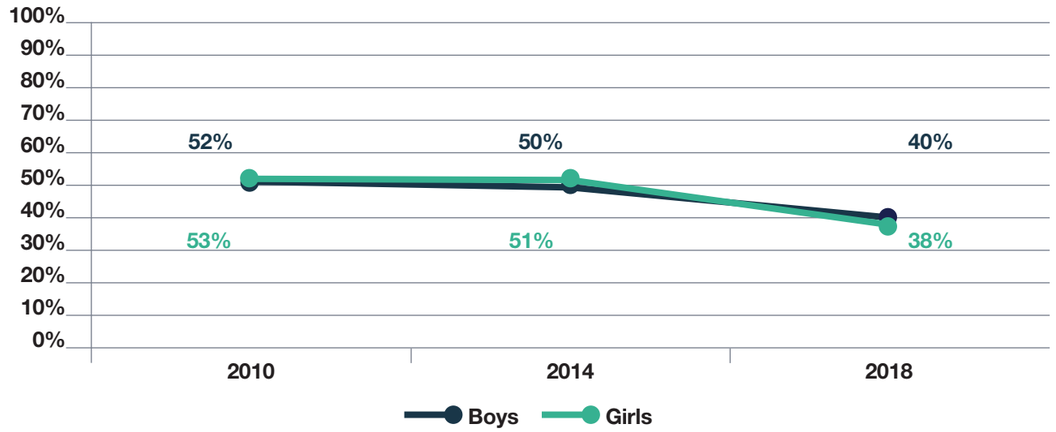
A very minor proportion of young people (3%) reported never eating meals together with their family. Overall, 39% of young people usually eat a meal together with their families every day. Around three quarters (78%) of young people reported that they usually have a family meal 'most days', however the proportion of young people who reported having family meals most days of the week decreased with age (Figure 4.7).

Figure 4.7: Young people eating meals together with their families on most days



Proportions of young people who reported having family meals every day considerably decreased since the 2010 and 2014 surveys (Figure 4.8).

Figure 4.8: Young people who reported having family meals every day 2010-2018



Community life

Feeling safe

Measures:

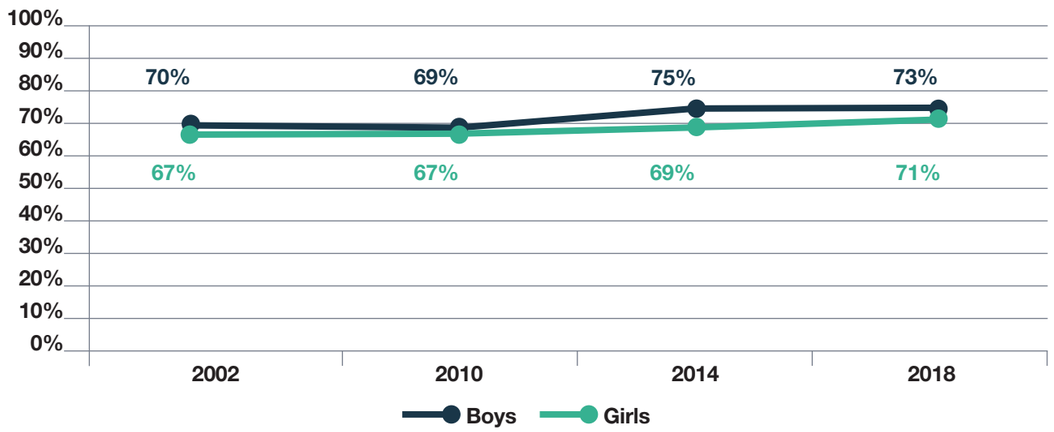
- Please say how you feel about these statements about the area where you live. (Strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)
  - ☐ I feel safe in the area where I live
  - ☐ It is safe for younger children to play outside during the day

The proportions of young people who feel safe in the area where they live remained unchanged since 2014 (77% in 2018). Boys were more likely than girls to report feeling safe at all ages. Young people were more likely to feel safe during early adolescence: 81% of boys vs 84% of girls at age 11; 73% of boys vs72% of girls at age 13; and 77% of boys vs 71% of girls at age 15 reported that they feel safe in the area where they live.

Overall, 72% of young people, the same as in 2014, agreed that it is safe for children to play outside during the day in the area where they live. Boys were more likely than girls to report that it is safe for children to play outside, with the exception of 13 year old boys, who showed the lowest proportions among all age and gender groups: 75% of boys vs 70% of girls in 11 year olds, 67% of boys vs 72% of girls in 13 year olds and 78% of boys vs 72% of girls in 15 year olds.

The proportion of young people who reported that it is safe to play outside has increased since 2002. A consistent gender difference is evident, with girls less likely to report that it is safe for younger children to play outside (Figure 4.9).

Figure 4.9: Young people who feel that it is safe for young people to play outside during the day time, 2002-2018



N.B: No data for 2006.

Young people's view of neighbourhood

Measures:

- Please say how you feel about these statements about the area where you live. (Strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)
  - People say hello and stop to talk in the street
  - You can trust people around here
  - I could ask for a help or a favour from neighbours
  - People around here would take advantage of you if they got the chance

Young people were asked about the area where they live. Overall the majority of young people report feeling positive about their neighbourhood, however in relation to the measure of community connectedness and cohesion fewer young people than in 2014 report feeling they can ask for help or a favour from their neighbours (from 71% in 2014 to 62% in 2018). Girls were overall slightly more positive compared to boys, with 11 year olds being most likely to be positive about the area where they live (Table 4.4).

Table 4.4: Young people who agree with the following statements concerning the area they live

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
People say hello and stop and talk in the street	60%	69%	52%	65%	56%	60%	56%	65%	61%
You can trust people around here	61%	62%	51%	53%	59%	58%	57%	58%	57%
I could ask for a favour from neighbours	65%	70%	59%	58%	61%	58%	62%	63%	62%
People around here would take advantage of you if they got the chance	20%	18%	17%	14%	20%	14%	19%	15%	17%

Summary

As in previous surveys (Brooks et al., 2015b), communication with mothers appears to be relatively easy for young people, compared to communication with fathers. However, communication with fathers seems to have improved since 2002 for both genders. The ability of young people to talk to their parents about the things that really matter to them varies considerably according age and gender. Overall boys find it easier than girls to talk to both parents. Girls particularly experience difficulties in communicating with their fathers: less than half of 15 year old girls find it easy to talk to their fathers about the things that really matter to them.

The majority of young people report that they receive emotional support from their parents. However, a decrease was noticeable across some of the measures of school related support since 2002, especially in terms of parents helping young people with their homework. Overall, boys were more likely than girls to report that they have been given appropriate help and emotional support from their families. Likewise, younger adolescents of both genders reported having more support than older adolescents.

Sharing meal times has been associated with positive well-being for young people as well as improved nutrition (Utter et al., 2013). Families in many instances appear to be sharing meal times, most of the young people reported that they have family meals on most days of the week, however the proportions of young people having family meals every day decreased since the 2014 survey.

A new measure was introduced to explore the existence of young carers in families; it appears that girls are more likely to do extra work at their home because someone is disabled, sick or can't do things, than boys.

The majority of young people feel the area they live in is safe and are positive about their neighbourhood.

References

Bell, N. J., Forthun, L. F., & Sun, S.-W. (2015). Attachment, adolescent competencies, and substance use: developmental considerations in the study of risk behaviors. ***Substance Use & Misuse,*** 35(9), 1177–1206.

Boniel-Nissim, M., Tabak, I., Mazur, J., Borraccino, A., Brooks, F., Gommans, R., … Finne, E. (2015). Supportive communication with parents moderates the negative effects of electronic media use on life satisfaction during adolescence. ***International Journal of Public Health***, 60(2), 189–198.

Brooks, F., Chester, K., Klemera, E., & Magnusson, J. (2017). ***Intentional self-harm in adolescence: An analysis of data from the Health Behaviour in School-aged Children (HBSC) survey for England, 2014***. London: Public Health England.

Brooks, F., Zaborskis, A., Tabak, I., del Carmen Granado-Alcón, M., Zemaitiene, N., de Roos, S., & Klemera, E. (2015a). Trends in adolescents' perceived parental communication across 32 countries in Europe and North America from 2002 to 2010. ***European Journal of Public Health, 25***(Suppl 2), 46–50.

Brooks, F., Magnusson, J., Klemera, E., Chester, K., Spencer, N., & Smeeton, N. (2015b). ***HBSC England national report: Findings from the 2014 HBSC study for England***. Hatfield: University of Hertfordshire.

Chester, K. L., Magnusson, J., Klemera, E., Spencer, N. H., & Brooks, F. M. (2019). The mitigating role of ecological health assets in adolescent cyberbullying victimization. ***Youth & Society, 51***(3), 291-317.

Coleman, J. & Schofield, J. (2007). ***Key data on adolescence 2007***. Brighton: The Trust for the Study of Adolescence

Hagell, A., Shah, R., & Coleman, J. (2017). ***Key data on adolescence 2017***. London: Association for Young People's Health.

Inchley, J., Currie, D., Young, T., Samdal, O., Torsheim, T., Augustson, L., … Barnekow, V. (Eds.). (2016). ***Growing up unequal: Gender and socioeconomic differences in young people's health and well-being. Health behaviour in school-aged children (HBSC) study: International report from the 2013/2014 survey***. Copenhagen: WHO Regional Office for Europe.

Klemera, E., Brooks, F. M., Chester, K. L., Magnusson, J., & Spencer, N. (2017). Self-harm in adolescence: Protective health assets in the family, school and community. International Journal of ***Public Health, 62***(6), 631-638.

Laursen, B. (1995). Conflict and social interaction in adolescent relationships. ***Journal of Research on Adolescence, 5***(1), 55–70.

Sweeting, H. & West, P. (1995). Family life and health in adolescence: A role for culture in the health inequalities debate. ***Social Science & Medicine, 4***0(2), 163–175.

Tabak, I. & Radiukiewicz, K. (2009). ***Polska rodzina oczami nastolatków i ich rodziców. Adaptacja skali Family Dynamics Measure II (FDM II)***. Warszawa: Instytut Matki i Dziecka.

Utter, J., Denny, S., Robinson, E., Fleming, T., Ameratunga, S., & Grant, S. (2013). Family meals and the well-being of adolescents. ***Journal of paediatrics and child health, 49(***11), 906-911

Chapter 5: School environment

Key messages

- The proportion of young people who said they felt like they **belong in school** and **feel safe in school** has decreased since 2014.
- **Pressure from school work** is a concern from many young people – half of 15 year old girls reported feeling "a lot" of pressure from school work.
- Around three quarters (74%) of young people said they had at least one teacher they could go to if they had a problem.
- The majority (70%) of young people felt that health and well-being issues has been well covered in **Personal, Social, Health and Economic (PSHE) classes**.
- The proportion of young people who said they had been **bullied** in the past two months has increased since 2010.
- A quarter of all 15 year olds reported experiencing **sexual bullying** in the past two months, and around a fifth (22%) of 15 year old boys said they had experienced homophobic name calling in the last two months.

Introduction

Young people spend a large proportion of their time at school, and a positive experience of the school environment can promote young people's health and well-being, and improve their future life chances. School connectedness, including student's attitudes to the school, their relationship with the school and others in the school, has been identified as an important factor (Marraccini & Brier, 2017). Feeling a sense of belonging to school has been associated with improved well-being (Kia-Keating, Dowdy, Morgan, & Noam, 2011), reduced reports of self-harm (Klemera et al., 2017) and cyberbullying (Chester et al., 2019). Student-teacher relationships are particularly key for young people. Research has demonstrated the influential role of teachers on young people's well-being (Garcia-Moya, Brooks, Morgan, & Moreno, 2014), academic achievement (Niehaus, Rudasill, & Rakes, 2012) and engagement with risk behaviours (McNeely & Falci, 2004). Furthermore, research has demonstrated that student-teacher relationships can play a compensatory role in young people's health and well-being when family support is low (Brooks et al., 2012).

Peer relationships are also an integral aspect of school life. Positive relationships with peers at school has been linked to well-being (Torsheim & Wold, 2001) and reduced engagement in risk behaviours (Hargreaves, 2012). Bullying among peers is a fairly common occurrence in schools worldwide (Chester et al., 2015; Richardson & Fen Hiu, 2018). Bullying describes harmful behaviours which are carried out intentionally and repeatedly, against an individual who is unable to defend themselves (Olweus, 1993). Bullying behaviours can take many forms. The more traditional forms of bullying are often described as physical (e.g. hitting, kicking), verbal (e.g. name-calling) and relational (e.g. social exclusion, rumour spreading). Cyberbullying has since emerged, following an increase in access to technology. Cyberbullying describes bullying which is conducted through electronic media including text message and social media (Brooks et al., 2017). Bullying has been shown to have detrimental and long-lasting consequences for both the victim and perpetrator. It has been associated with poorer health and well-being (Chester, Spencer, Whiting, & Brooks, 2017; Wolke & Lereya, 2015), engagement with risk behaviours (Moore et al., 2017) and poorer future outcomes (Brimblecombe et al., 2018; Busch et al., 2014).

Considering the amount of time young people spend in education, the school has been identified as an ideal environment for health education (Langford et al., 2014). Health education is thought to play a positive role in the lives of young people. It has been associated with an increase in healthy behaviours, a decrease in risk behaviours, improved emotional well-being and social skills (Chester et al., 2019; Langford et al., 2014; Sklad, Diekstra, De Ritter, & Ben, 2012). In England, Personal, Social, Health and Economic (PSHE) education has been identified as a route for health promotion in schools. PSHE education is a broad form of health education with the aim to prepare young people "for life and work in this changing world, helping to keep pupils safe, healthy and boosting their life chances" (PSHE Association, 2017, p. 3). Up until recently PSHE education was a non-statutory subject in schools in England, however, as of 2020 it will be compulsory for schools to teach relationships education in primary, relationships and sex education in secondary and health education in all schools (Department for Education, 2019).

Perception of school

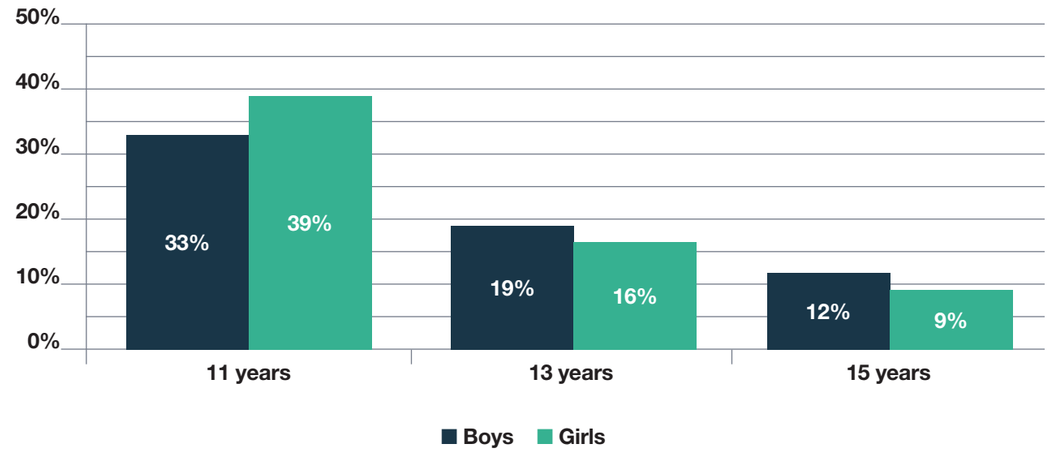
Measures:

- How do you feel about school at present? (like it a lot/ like it a bit/ don't like it very much/ don't like it at all)
- How pressured do you feel by the schoolwork you have to do? (Not at all/ a little/ some/ a lot)
- I feel safe in this school (strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)
- I feel like I belong in this school (strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)

Liking school

Overall, 23% of young people reported that they liked school "a lot" and 47% said that they liked school "a bit". At age 11 girls were slightly more likely than boys to report liking school "a lot", but gender differences lessened with age (Figure 5.1). Liking school "a lot" decreased with age among both boys and girls (Figure 5.1).

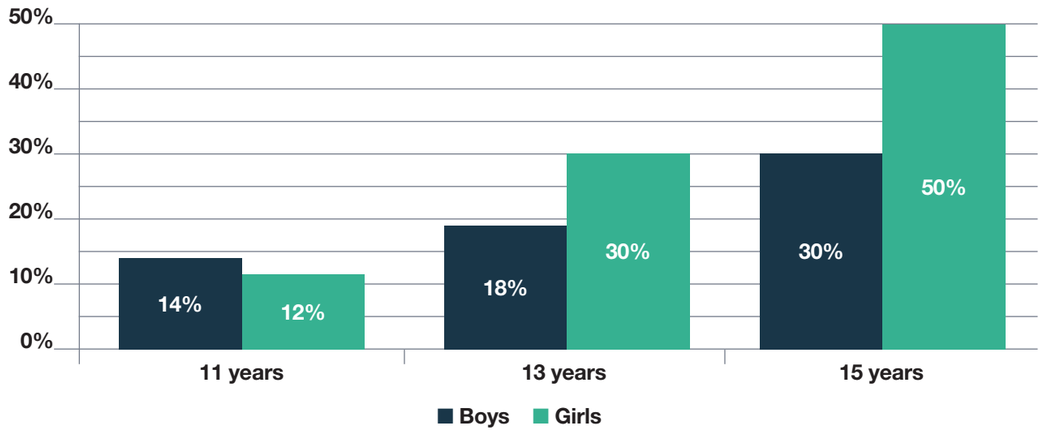
Figure 5.1: Young people who like school "a lot"



School pressure

Nearly a quarter (24%) of young people reported feeling "a lot" of pressure because of school work. Girls were more likely than boys to say they had a lot of pressure from school work (28% vs 19%). Feeling a lot of pressure from school work increased with age for both boys and girls (Figure 5.2).

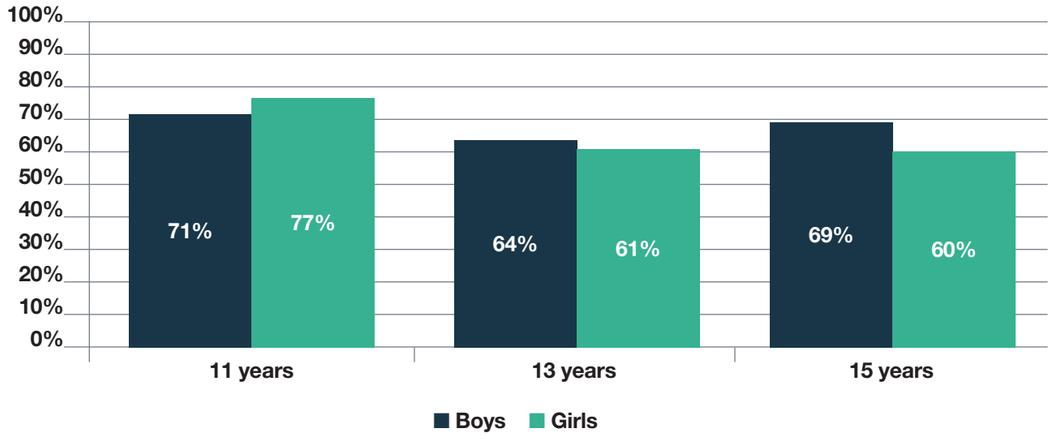
Figure 5.2: Young people who said they felt “a lot” of pressure from school work



Feeling safe at school

Overall, 67% of young people reported feeling safe at school. There were no notable gender differences (68% of boys vs 67% of girls). However, younger adolescents were more likely to agree with the statement “I feel safe in this school” – 74% of 11 year olds, 62% of 13 year olds and 65% of 15 year olds.

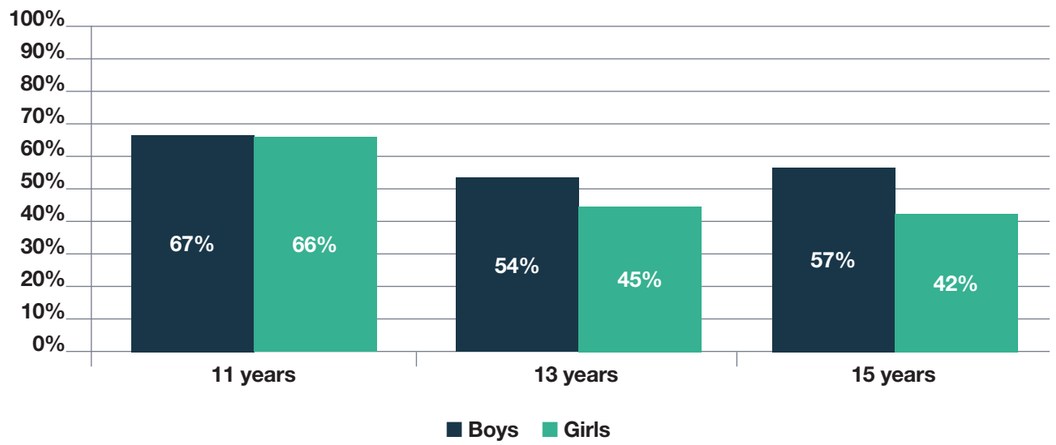
Figure 5.3: Young people who felt safe at school



School belonging

Over half (56%) of young people said they felt like they belong in their school. Boys were slightly more likely than girls to report a sense of belonging to their school (60% vs 52%). Younger adolescents were most likely to report feeling like they belong in their school (Figure 5.4).

Figure 5.4: Young people who feel that they belong in their school



Perception of the school environment 2002-2018

Figure 5.5 and Figure 5.6 illustrate trends in young people’s perception of the school environment for boys and girls respectively. The number of young people who said they like school “a lot” has shown decreases in both genders. Since 2002 there has been minimal changes in school pressure among boys (Figure 5.5), but an overall increase among girls reporting feeling “a lot” of pressure (Figure 5.6). The percentage of boys and girls who reported feelings of safety and belonging at school have decreased to similar proportions reported in 2010.

Figure 5.5: Boys’ perception of the school environment, 2002-2018

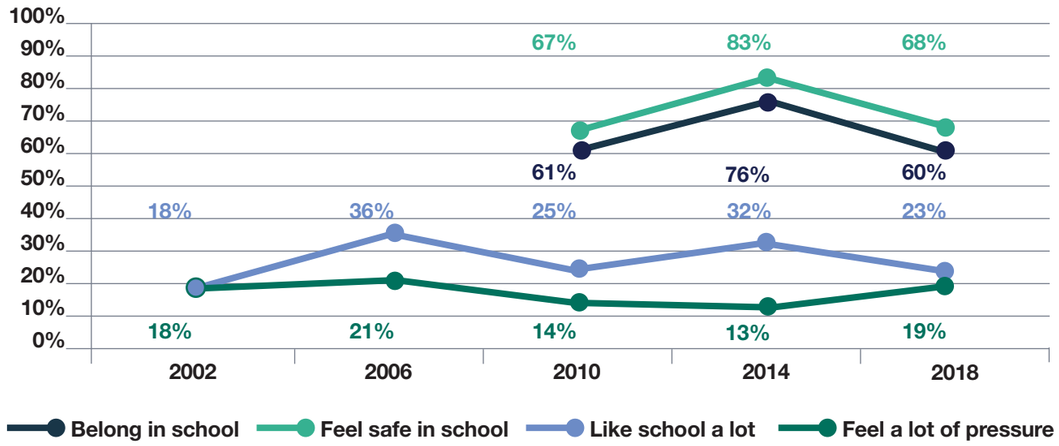
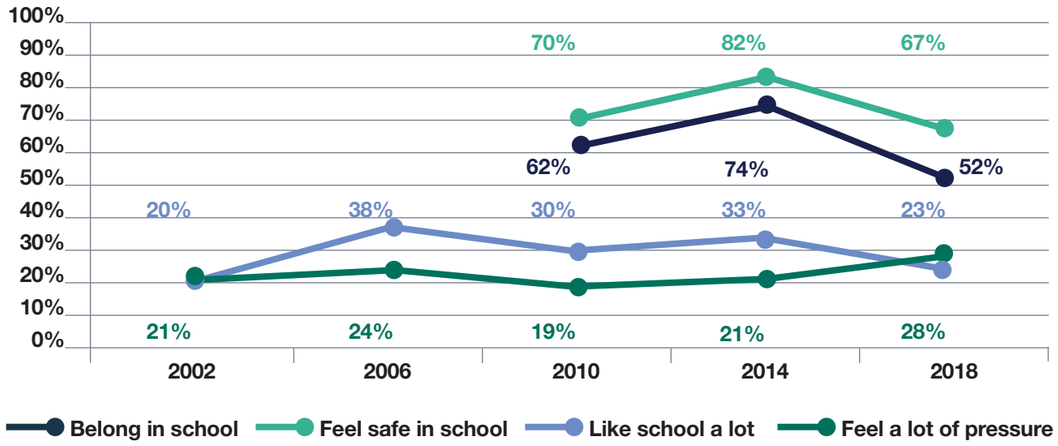


Figure 5.6: Girls' perception of the school environment, 2002-2018



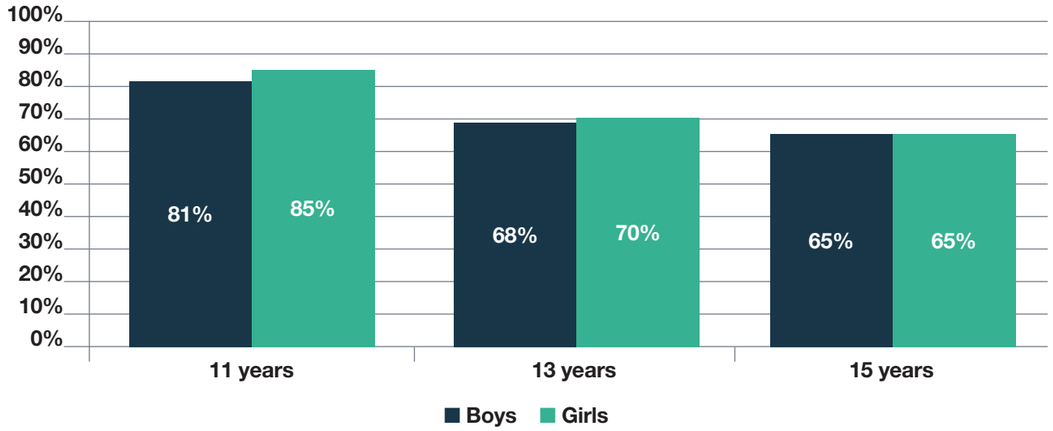
Teacher relationships

Measures:

- There is at least one teacher I can go to if I have a problem (strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)
- Teachers care about me as a person (strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)

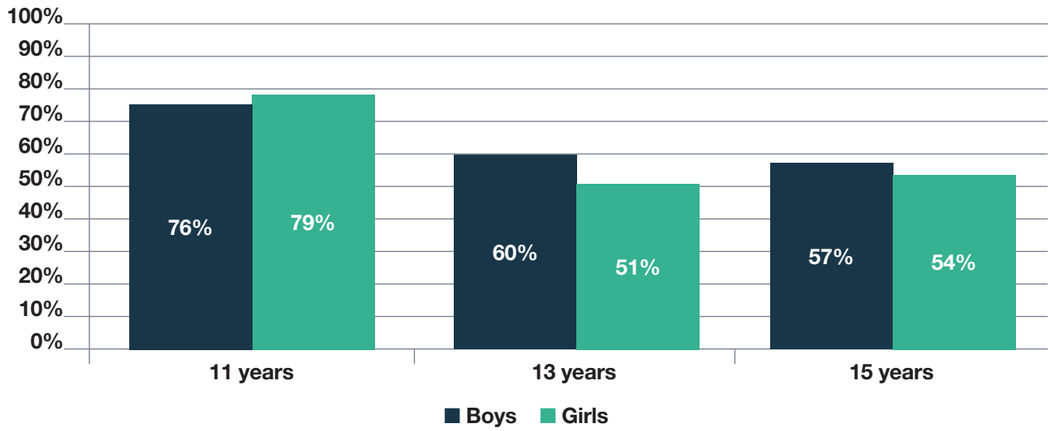
Nearly three quarters (74%) of young people said that they felt they had at least one teacher they could go to if they had a problem. There were minimal gender differences (73% of boys compared with 75% of girls). However, younger adolescents were more likely to agree they had at least one teacher they can go to (Figure 5.7). The proportions of young people who felt they had at least one teacher they could go to if they had a problem has declined from 80% in 2014 to 74% in 2018.

Figure 5.7: Young people who agree they have at least one teacher to go to



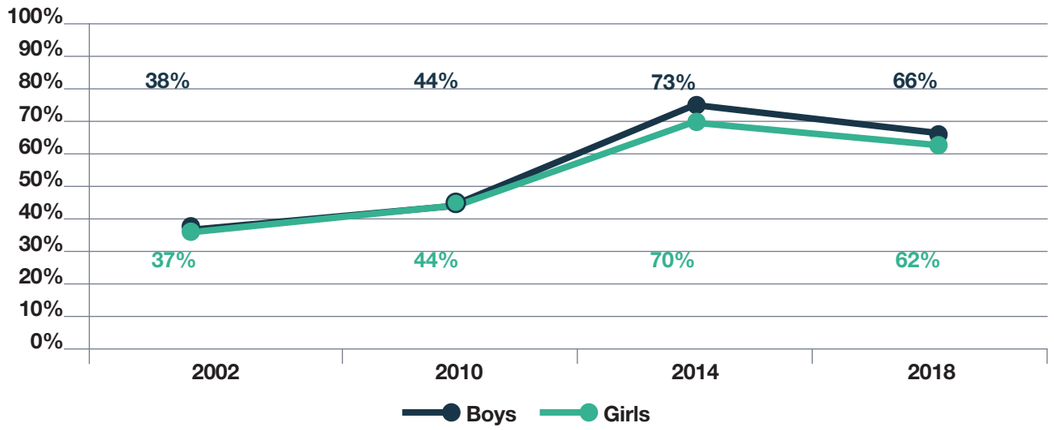
Overall, 64% of young people felt that their teacher cared for them as a person. Boys were slightly more likely than girls to agree with the statement "teachers care about me as a person" (66% of boys vs 62% of girls). Older adolescents were least likely to say their teacher was interested in them as a person (Figure 5.8).

Figure 5.8: Young people who agree their teacher cares about them as a person



The proportion of young people who feel that their teacher cares for them as a person has increased since 2002, however a decline has been noted between 2014 and 2018 (Figure 5.9). Gender differences are minimal across all time points.

Figure 5.9: Young people who agree their teacher cares about them as a person, 2002- 2018



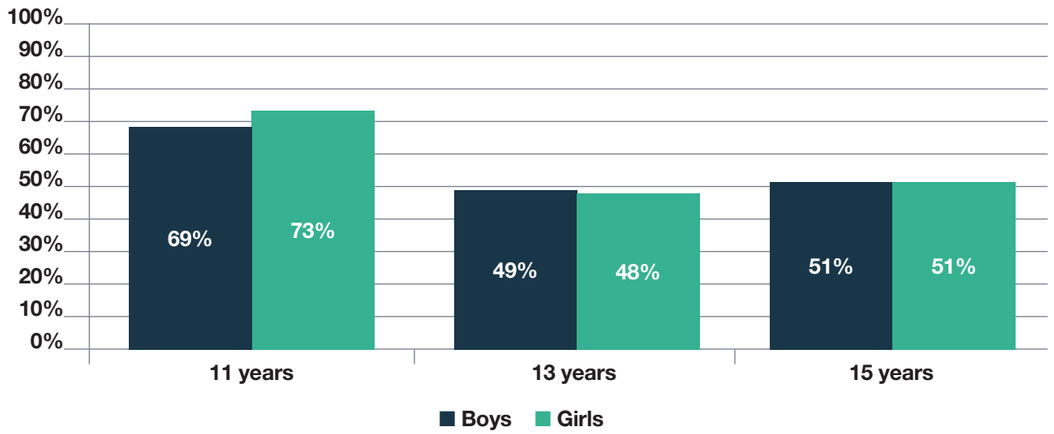
Peer relationships

Measure:

- Most of the students in my classes are kind and helpful (strongly agree/ agree/ neither agree nor disagree/ disagree/ strongly disagree)

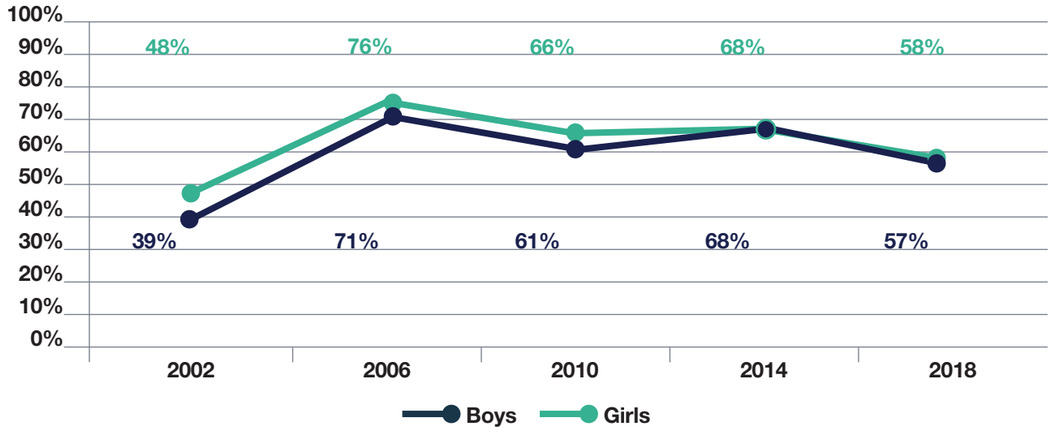
Over half of young people (58%) agreed that other students in their class were kind and helpful. There were minimal gender differences (57% of boys vs 58% of girls). For both genders, younger adolescents were more likely than their older peers to say that students were kind and helpful (Figure 5.10).

Figure 5.10: Young people who agree students are kind and helpful



Since the survey began in 2002 the proportion of young people who report that students in their classes are kind and helpful has increased (Figure 5.11). However, we have seen a decline between 2014 and 2018 in the number of young people who agree “most of the students in my classes are kind and helpful”.

Figure 5.11: Young people who agree students are kind and helpful



Bullying

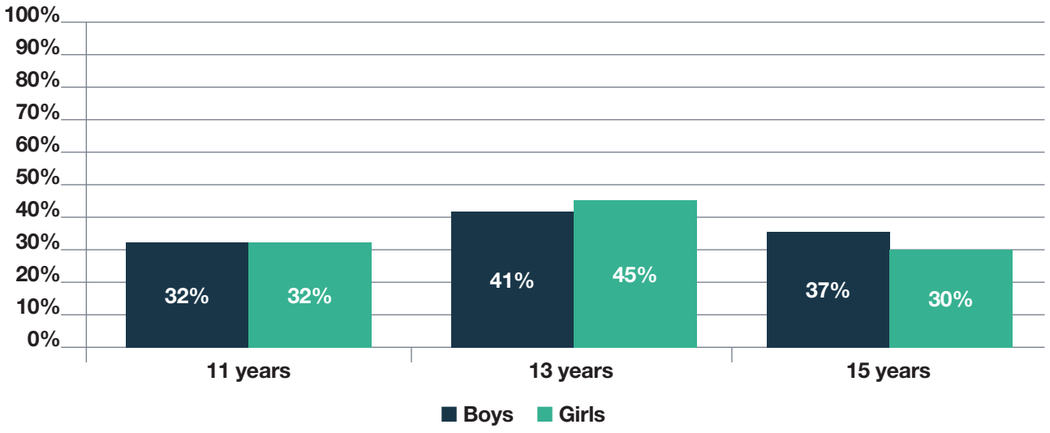
Measures:

- How often have you taken part in bullying another person(s) at school in the past couple of months? (I have not bullied another person in the past couple of months/ it has happened once or twice/ 2 or 3 times a month/ about once a week/ several times a week)
- How often have you been bullied at school in the past couple of months? (I have not been bullied at school in the past couple of months / it has happened once or twice/ 2 or 3 times a month/ about once a week/ several times a week)
- In the past couple of months how often have you taken part in cyberbullying (e.g. sent mean instant messages, email or text messages; wall postings; created a website making fun of someone; posted unflattering or inappropriate pictures online without permission or shared them with others)? (I have not cyberbullied another person in the past couple of months/ it has happened once or twice/ 2 or 3 times a month/ about once a week/ several times a week)
- In the past couple of months how often have you been cyberbullied (e.g. sent mean instant messages, email or text messages; wall postings; created a website making fun of someone; posted unflattering or inappropriate pictures online without permission or shared them with others)? (I have not been cyberbullied in the past couple of months/ it has happened once or twice/ 2 or 3 times a month/ about once a week/ several times a week)
- All data on bullying is reported using the cut off of “once or twice in the past couple of months”.

Traditional forms of bullying

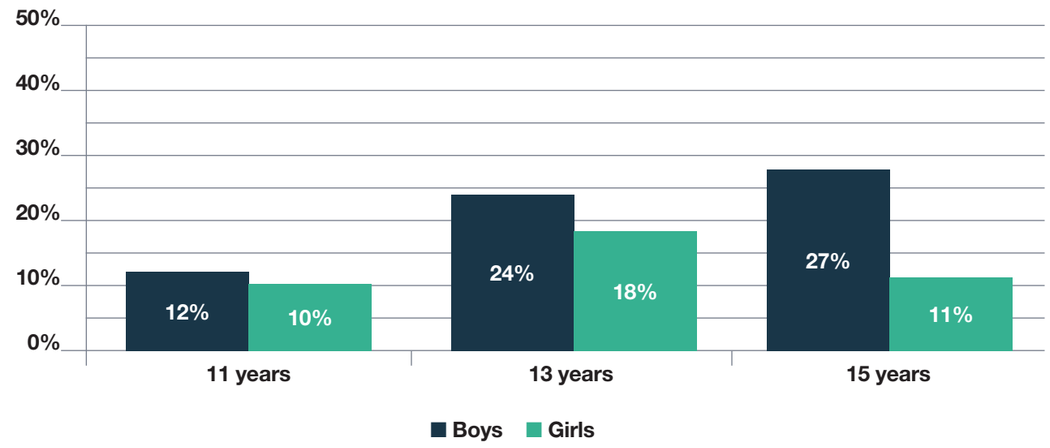
Over one third (36%) of young people reported that they had been bullied at school in the past couple of months. There was no overall gender difference. However, 13 year old girls were most likely to report being bullied in the past couple of months (Figure 5.12).

Figure 5.12: Young people who report being bullied in the past two months



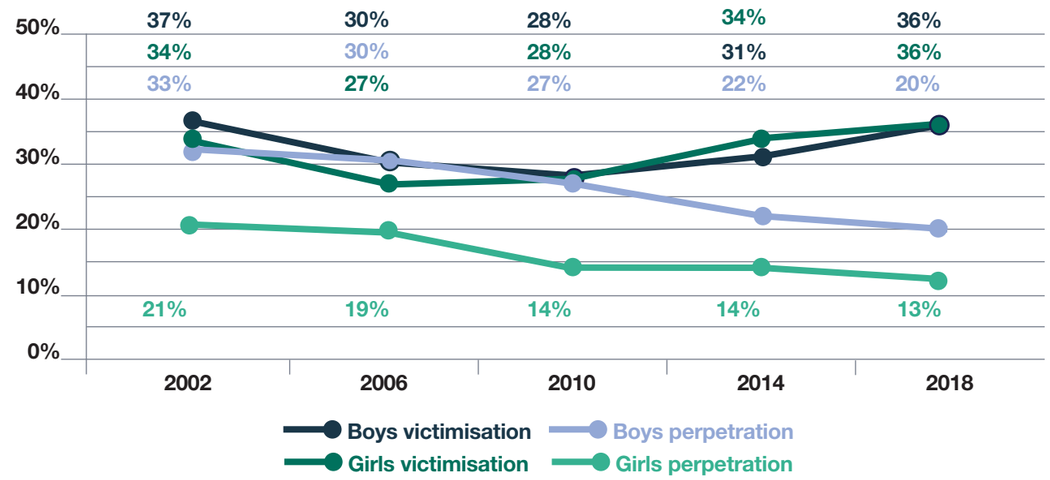
In contrast, less young people reported perpetrating bullying at school. Overall, 17% of young people said they had bullied another person at school in the past couple of months. Boys were more likely to say they had bullied others (20% of boys vs 13% of girls). The probability of bullying another student increased with age for boys, but peaked at 13 years old among girls (Figure 5.13).

Figure 5.13: Young people who reported bullying another person in the past couple of months



Since 2010, the proportion of young people who have reported being a victim of bullying has been increasing (Figure 5.14). For 2018, the proportions of boys and girls saying they have experienced bullying in the past couple of months has reached highs lasted noted in 2002. In contrast, the number of young people to report bullying another person in the past two months has decreased since 2002 (Figure 5.14). Across all years bullying perpetration has been more common among boys, although the difference between boys and girls appears to be declining.

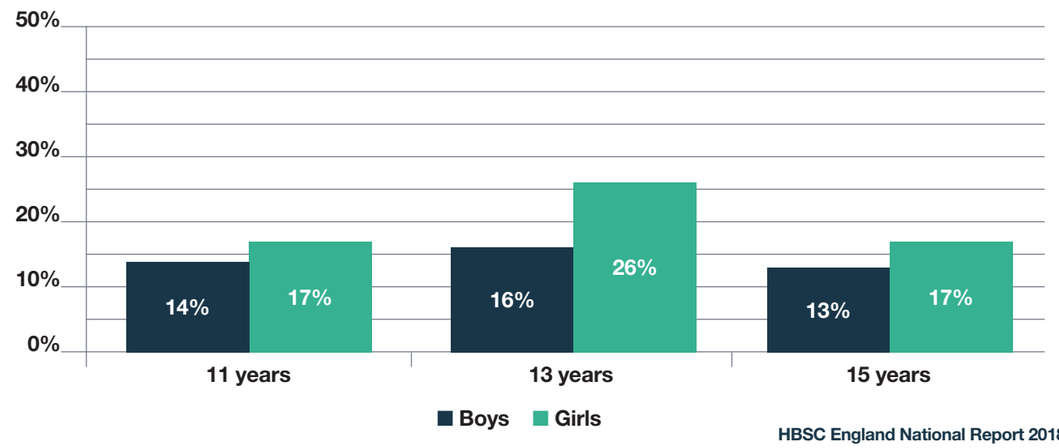
Figure 5.14: Trends in bullying involvement, 2002-2018



Cyberbullying

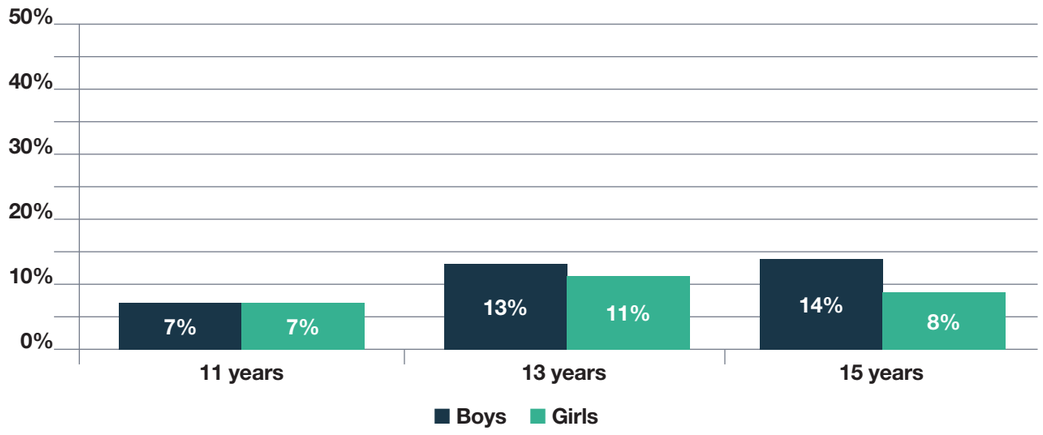
Overall, 18% of respondents reported experiencing cyberbullying in the last two months. Girls were more likely than boys to report being a victim of cyberbullying (15% of boys vs 20% of girls). Cyberbullying peaked at the age of 13 years, particularly among girls (Figure 5.15).

Figure 5.15: Young people who reported being cyberbullied in the past couple of months



Similar to the more traditional forms of bullying, fewer young people report cyberbullying perpetration compared with victimisation. Overall, 10% of young people reported cyberbullying others in the past two months. Boys were slightly more likely to say they had cyberbullied others compared with girls (11% of boys vs 9% of girls). Younger adolescents were less likely to say they had cyberbullied others (Figure 5.16).

Figure 5.16: Young people who reported cyberbullying others in the past couple of months



Specific forms of bullying behaviour

Young people were also asked how often they had experienced specific forms of bullying behaviours including bullying based on ethnicity and disability, as well as homophobic and sexual bullying. Table 5.1 presents the proportions of young people who reported experiencing these forms of bullying.

Overall, 14% of young people reported being bullied based on their ethnicity. Boys were slightly more likely to say they had experienced this form of bullying (15% of boys vs 12% of girls). Experiencing ethnicity based bullying was most common among 13 year olds, with a notable increase among boys specifically (Table 5.1). There has been a slight increase in these types of bullying behaviours, rising from 11% in 2014 to 14% in 2018.

Of those young people who reported having a disability or long-term condition, 17% (20% of girls vs 15% of boys) said they had experienced bullying because of their disability. Experiencing bullying based on a disability was more likely among older adolescents (Table 5.1).

Questions on homophobic and sexual bullying behaviours were asked of 15 year old respondents only. Overall, 17% reported experiencing homophobic bullying and 25% said they had experienced sexual bullying. Gender differences were noted for homophobic bullying behaviours only (Table 5.1). The proportion of boys reporting sexual bullying has doubled since the previous survey; rising from 13% in 2014 to 26% in 2018.

Table 5.1: Young people who said they had experienced specific bullying behaviours

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Ethnicity	11%	11%	20%	14%	15%	10%	15%	12%	14%
Illness/disability*	12%	14%	19%	22%	18%	26%	15%	20%	17%
Homophobic	-	-	-	-	22%	12%	22%	12%	17%
Sexual	-	-	-	-	26%	24%	26%	24%	25%

**Of those young people who said they had a long-term condition or disability*

PSHE education

Measure:

- Have you had PSHE (personal, social, health and economic) classes in school? (yes/no)
- How well have the following subjects been covered in PSHE? (Very well covered (1) – Very poorly covered (5) or N/A)
- Health and well-being (e.g. learning about diet, physical activity, alcohol, tobacco and drugs)
- Sex and relationships (including puberty, pregnancy and contraception)
- Staying safe (e.g. road safety, personal safety and internet safety)
- Economics and careers education (e.g. saving and looking after money, understanding different types of jobs)
- Personal and social skills (e.g. rights and responsibilities, respect and bullying)

Attending PSHE

Overall, 82% of young people (81% of boys and 83% of girls) reported attending PSHE classes at school. Older adolescents were more likely to say they had received PSHE lessons at school – 77% of 11 year olds compared with 85% of both 13 and 15 year olds.

Provision of specific subject areas in PSHE

Those who said they had received PSHE education provided information on how well they thought the following subjects had been covered during PSHE: health and well-being, sex and relationships, staying safe, economics and careers education, personal and social skills (Table 5.2).

Overall, 70% of young people who attended PSHE lessons thought the issues relating to health and well-being had been well covered. There were no overall gender differences, however 13 year olds were slightly more likely than 11 and 15 year olds to be more positive about the subject (Table 5.2). The number of young people who reported health and well-being issues were well covered has increased from 57% in 2014 to 70% in 2018.

The majority (70%) of those who had received PSHE classes at school said the topic "staying safe" had been well covered. Boys were slightly more likely to say this topic has been well covered (71% of boys vs 68% of girls). Young people's views on "staying safe" varied by age, with younger adolescents much more likely to rate this subject positively (Table 5.2). There has been an increase in young people saying this topic was well covered, rising from 56% in 2014 to 70% in 2018.

Just over half (52%) of young people reported that sex and relationship education was well covered. Girls were less likely than boys to say this topic has been covered well during PSHE lessons (55% of boys vs 49% of girls). Large age differences were also apparent, with 15 years old most likely to say sex and relationship issues had been well covered (Table 5.2).

Among young people who had attended PSHE classes at school, 70% said that personal and social skills has been well covered (72% of boys and 68% of girls). The proportion of young people reporting that personal and social skills had been well covered decreased with age, however the decrease was more pronounced among girls (Table 5.2).

Under half (46%) of those who received PSHE classes at school said that issues related to economics and careers education were covered well. Young people's opinion of economics and careers coverage at school did not vary greatly by gender (45% of boys and 46% of girls) or age (Table 5.2). However, 11 year old girls were most likely to say the topic has been covered well during PSHE classes.

Table 5.2: Young people who reported the following subjects were well covered in PSHE classes

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Health and well-being	68%	70%	75%	74%	68%	66%	70%	70%	70%
Staying safe	78%	80%	72%	66%	61%	54%	71%	68%	70%
Sex and relationships	45%	38%	55%	52%	67%	59%	55%	49%	52%
Personal and social skills	79%	79%	72%	69%	62%	52%	72%	68%	70%
Economics and careers	44%	51%	45%	42%	45%	45%	45%	46%	46%

Summary

Nearly a quarter of young people said they liked school "a lot", while around half of respondents reported liking school "a bit". The amount of young people who said they liked school decreased with age for boys and girls. In line with previous reports (Brooks et al., 2015; 2011) pressure from school work was a common concern, particularly among girls. Since 2014 there has been an increase in both boys and girls feeling pressured by school work.

Around two thirds of young people said they felt safe at school, and over half felt like they belong in school. However, the proportion of young people perceiving the school environment favourably has decreased since 2014.

Overall, young people felt that their teachers cared for them as a person and they reported having at least one teacher they felt they could turn to if they had problems. Young people were less positive about their peers, with just over half reporting peers to be kind and helpful. In line with previous findings (Brooks et al., 2015), younger adolescents were much more likely to report positive relationships with their teachers and peers. Similar to the questions about school environment, the proportions of young people who rated teacher and peer relationships positively has declined since 2014.

The HBSC England survey offers a comprehensive measure of bullying, including both traditional bullying behaviours and cyberbullying. Young people were more likely to report experiencing traditional bullying (physical, verbal and relational bullying behaviours) compared with cyberbullying. Of concern, the proportion of young people who reported being a victim of bullying in the past couple of months has increased between 2010 and 2018.

The majority of young people were positive about the subjects which had been covered in PSHE classes. As noted in the 2014 national report (Brooks et al., 2015), the provision of economics and careers education was most likely to be rated poorly across all ages. Since 2014, there have been increases in the numbers of young people who feel issues concerning health and well-being and staying safe have been well covered during PSHE classes. This may reflect an increased focus on PSHE education within schools following a move towards making certain PSHE topics statutory as of 2020 (Department for Education, 2019).

References

Brimblecombe, N., Evans-Lacko, S., Knapp, M., King, D., Takizawa, R., Maughan, B., & Arseneault, L. (2018). Long term economic impact associated with childhood bullying victimisation. ***Social Science and Medicine, 208***, 134–141.

Brooks, F., Chester, K., Klemera, E., & Magnusson, J. (2017). C***yberbullying: An analysis of data from the Health Behaviour in School-aged Children (HBSC) survey for England, 2014***. London: Public Health England.

Brooks, F., Magnusson, J., Klemera, E., Chester, K., Spencer, N., & Smeeton, N. (2015). ***HBSC England national report: Findings from the 2014 HBSC study for England***. Hatfield: University of Hertfordshire.

Brooks, F., Magnusson, J., Klemera, E., Spencer, N., & Morgan, A. (2011). ***HBSC England national report: Findings from the 2010 HBSC study for England***. Hatfield: University of Hertfordshire

Brooks, F., Magnusson, J., Spencer, N., & Morgan, A. (2012). Adolescent multiple risk behaviour: An asset approach to the role of family, school and community. ***Journal of Public Health, 34***(S1), 48–56.

Busch, V., Loyen, A., Lodder, M., Schrijvers, A. J. P., van Yperen, T. A., & de Leeuw, J. R. J. (2014). The effects of adolescent health-related behavior on academic performance: A systematic review of the longitudinal evidence. ***Review of Educational Research, 84(2)***, 245–274.

Chester, K. L., Callaghan, M., Cosma, A., Donnelly, P., Craig, W., Walsh, S., & Molcho, M. (2015). Cross-national time trends in bullying victimization in 33 countries among children aged 11, 13 and 15 from 2002 to 2010. ***European Journal of Public Health, 25***(suppl 2), 61–64.

Chester, K. L., Klemera, E., Magnusson, J., Spencer, N. H., & Brooks, F. M. (2019). The role of school-based health education in adolescent spiritual moral, social and cultural development. ***Health Education Journal***. https://doi.org/10.1177/0017896919832341

Chester, K. L., Magnusson, J., Klemera, E., Spencer, N. H., & Brooks, F. M. (2019). The mitigating role of ecological health assets in adolescent cyberbullying victimization. ***Youth & Society, 51***(3), 291-317.

Chester, K. L., Spencer, N. H., Whiting, L., & Brooks, F. M. (2017). Association between experiencing relational bullying and adolescent health-related quality of life. ***Journal of School Health, 87***(11), 865–872.

Department for Education. (2019). Relationships education, relationships and sex education, and health education in England. Government consultation response. London: Department for Education.

Garcia-Moya, I., Brooks, F., Morgan, A., & Moreno, C. (2014). Subjective well-being in adolescence and teacher connectedness: A health asset analysis. ***Health Education Journal, 74(6)***, 641–654.

Hargreaves, D. S. (2012). Country level correlations between school experience and health behaviour: The Health Behaviour in School-aged Children Survey 2005-6. ***Archives of Disease in Childhood, 97***(Suppl 1), A63–A64.

Kia-Keating, M., Dowdy, E., Morgan, M. L., & Noam, G. G. (2011). Protecting and promoting: An integrative conceptual model for healthy development of adolescents. ***Journal of Adolescent Health, 48***(3), 220–228.

Klemera, E., Brooks, F. M., Chester, K. L., Magnusson, J., & Spencer, N. (2017). Self-harm in adolescence: protective health assets in the family, school and community. ***International Journal of Public Health, 62***(6), 631-638.

Langford, R., Bonell, C. P., Jones, H. E., Pouliou, T., Murphy, S. M., Waters, E., … Campbell, R. (2014). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. ***Cochrane Database of Systematic Reviews, 4***, CD008958.

Marraccini, M., & Brier, Z. (2017). School connectedness and suicidal thoughts and behaviors. ***School Psychology Quarterly, 32***(1), 5–21.

McNeely, C., & Falci, C. (2004). School Connectedness and the Transition Into and Out of Health-Risk Behavior Among Adolescents: A Comparison of Social Belonging and Teacher Support. ***Journal of School Health, 74***(7), 284–292.

Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. ***World Journal of Psychiatry, 7(***1), 60-76.

Niehaus, K., Rudasill, K. M., & Rakes, C. R. (2012). A longitudinal study of school connectedness and academic outcomes across sixth grade. ***Journal of School Psychology, 50***(4), 443–460.

Olweus, D. (1993). ***Bullying at School: What We Know and What Can We Do***. Oxford, UK: Blackwell Publishers.

PSHE Association. (2017). A curriculum for life: ***The case for statutory Personal, Social, Health and Economic (PSHE) education***. Retrieved from https://www.pshe-association.org.uk/system/files/Curriculum for life December 2017 12.06 19 Dec.pdf

Richardson, D., & Fen Hiu, C. (2018). D***eveloping a Global Indicator on Bullying of School-aged Children***. UNICEF Office of Research. Retrieved from https://www.unicef-irc.org/publications/pdf/WP 2018-11.pdf

Sklad, M., Diekstra, R., De Ritter, M., & Ben, J. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? ***Psychology in the Schools, 49***(9), 892–909.

Torsheim, T., & Wold, B. (2001). School-related stress, school support, and somatic complaints: A general population study. ***Journal of Adolescent Research,*** 16(3), 293–303.

Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. ***Archives of Disease in Childhood, 100***(9), 879–885.

Chapter 6:

Friends and leisure time

Key messages

- The majority (93%) of young people used **electronic media communication** (EMC) of some form at least weekly, and 82% said they used EMC on a daily basis.
- Over a third (37%) of 15 year old girls said they contacted their close friends via EMC "almost all the time".
- Overall, 12% of respondents were identified as having **problematic social media use**.
- Around three quarters (76%) of young people reported **playing games** at least weekly, and of those around half (51%) played for at least two hours a day.
- In total, 14% of respondents were identified as having **disordered game use**.
- Boys were nearly three times as likely as girls to be identified as having a **disordered relationship with gaming** - 19% of boys compared with 7% of girls.

Introduction

Research has highlighted that in adolescence young people often begin spending less time with family and an increasing amount of time with their friends (Nickerson & Nagle, 2005). Positive relationships with friends have been linked to fewer psychological complaints (Moreno et al., 2009), increased self-esteem (Wilkinson, 2004) and academic motivation (Vitoroulis et al., 2012). Furthermore, friendships can be particularly influential in helping young people define their own identity. They can offer a judgement free arena in which an individual can work out who they are, with friends functioning as both role models and moderators to guide and inform behaviours (Smith et al., 2003). However, there is a body of research which identifies the potential negative influence of friends including increased engagement with risk behaviours such as drinking alcohol and taking drugs (Wolff & Crockett, 2011).

Young people are living in an increasingly digitalised world, often with unmonitored access to multiple platforms and sources of entertainment and information. The latest Ofcom (2019) report established 83% of 12-15 year olds own a smartphone. Young people's screen time has been widely discussed in the media, research and policy due to concerns over the negative consequences of screen time on young people's health and well-being.

Young people frequently facilitate and maintain their relationships using electronic media communication (EMC), and young people's use of social media in particular has been subject of much scrutiny. Ofcom (2019) identified 69% of 12-15 year olds had at least one profile on a social media platform. Social media use has been associated with lower self-esteem, depression and poorer body image (Kelly et al., 2018; Frost & Rickwood, 2017), but has also been shown to foster close friendships and feelings of connectedness through self-disclosure (Valkenburg & Peter, 2007; Valkenburg & Peter, 2009). A recent review concluded that there is currently insufficient evidence to demonstrate a causal relationship between social media and poorer mental health (Frith, 2017). Moreover, external factors such as parental support have been shown to mediate the association between EMC and well-being (Boniel-Nissim et al., 2015).

As with social media, gaming is another aspect of adolescent screen time which has been heavily contested. The online capacities of gaming has allowed for EMC to also be incorporated, with 58% of 12-15 year olds using a chat feature whilst playing online games (Ofcom, 2019). Similar to the findings on social media, research suggests that gaming should not be considered wholly negative or positive. Moderate levels of gaming were linked to increased life satisfaction and prosocial behaviours, while higher levels of gaming were associated with increased externalising and internalising problems (Brooks et al., 2015; Przybylski, 2014).

In 2018, the 11th edition of the International Classification of Disease (ICD-11) recognised "gaming disorder" as an extension of addictive behaviours (World Health Organization 2018). The idea that screen time may result in compulsive and disordered use is an ongoing debate (Kardefelt-Winther, 2017). Researchers have examined disordered use of games (Schneider et al., 2017; Lemmens et al., 2015) and social media (Andreassen et al., 2016), often characterised by preoccupation, difficulty reducing time spent on the activity and emotional distress when not engaging in the activity.

Research on screen time is still a growing area, and effects of screen time are likely to vary across the type and frequency of activity, as well as an individual's social context (Kardefelt-Winther, 2017). A recent report for the Department of Health and Social Care concluded causal links between screen time and well-being are still unfounded (Dickson et al., 2018). However the Chief Medical Officers' report suggested a cautionary response, with a particular focus on ensuring screen time does not interfere with other healthy behaviours such as sleep and physical activity (Davies et al., 2019).

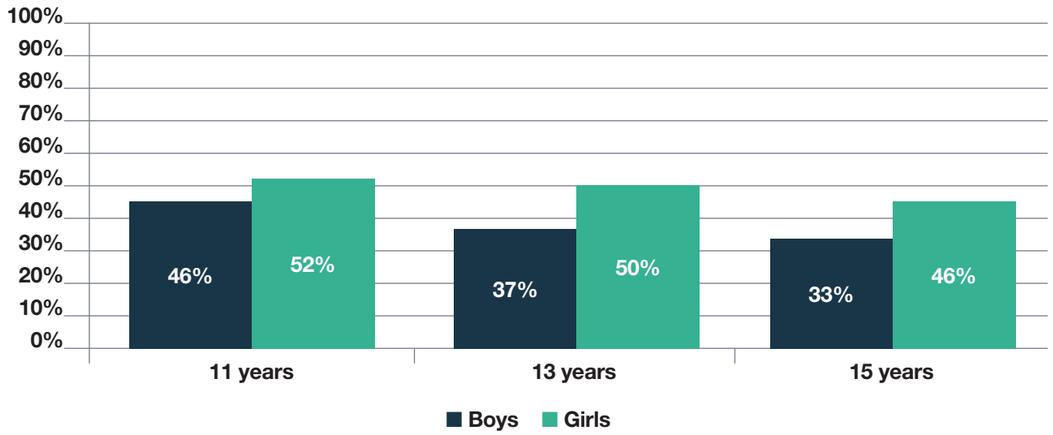
Friends

Measures:

- My friends really try to help me (Very strongly disagree (1) – Very strongly agree (7))
- I can talk about my problems with my friends (Very strongly disagree (1) – Very strongly agree (7))

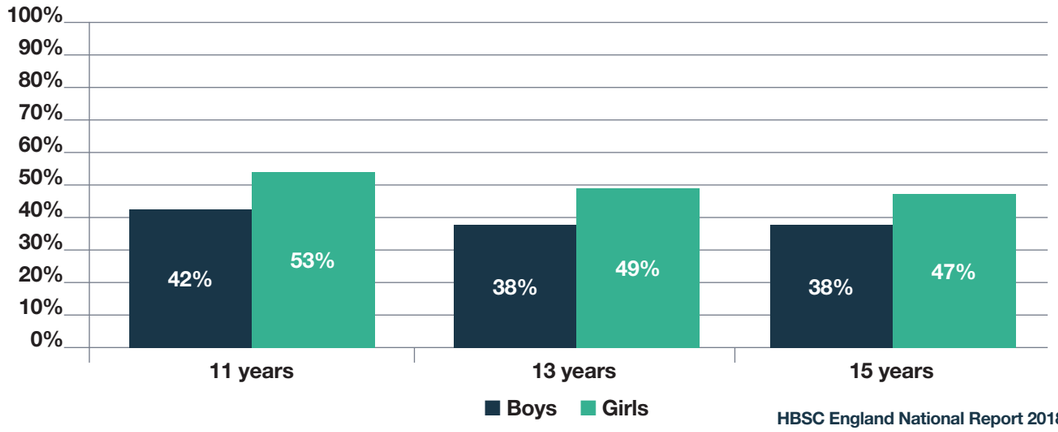
Overall, 44% of young people agreed with the statement "my friends really try to help me". Girls were more likely than boys to say that their friends were there to help them (50% of girls vs 39% of boys). The proportion of young people who thought their friends were there to help them decreased with age, with the sharpest decrease noted among boys (Figure 6.1). The number of young people who said their friends really tried to help them has declined since 2014, from 54% to 44%.

Figure 6.1: Young people who agree their friends really try to help them



Just under half (45%) of young people agreed with the statement "I can talk about my problems with my friends". Boys were less likely to say they could talk to their friends (39% of boys vs 50% of girls). Age differences were minimal, but younger adolescents were slightly more likely than their older peers to agree that they could talk to friends about problems (Figure 6.2). The number of young people who said they could talk about problems with their friends has declined since 2014, from 56% to 45%.

Figure 6.2: Young people who agree they can talk about problems with friends



Electronic media communication (EMC)

Measures:

- How often do you have online contact with the following people? (don't know or doesn't apply/ never or almost never/ at least every week/ daily or almost daily/ several times each day/ almost all the time throughout the day)
  - Close friend(s)
  - Friends from a larger friend group
  - Friends that you got to know through the internet but didn't know before
  - Other people than friends (e.g. parents, brothers/ sisters, classmates, teachers)
- During the past year, have you….(no/yes)
  - ...regularly found that you can't think of anything else but the moment that you will be able to use social media again?
  - …regularly felt dissatisfied because you wanted to spend more time on social media?
  - ...often felt bad when you could not use social media?
  - ...tried to spend less time on social media, but failed?
  - ...regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media?
  - ...regularly had arguments with others because of your social media use?
  - ...regularly lied to your parents or friends about the amount of time you spend on social media?
  - ...often used social media to escape from negative feelings?
  - …had serious conflict with your parents, brother(s) or sister(s) because of your social media use?

Frequency of EMC

Young people were asked how often they used electronic media to communicate with four different groups of people: close friends, friends from a larger friendship group, friends they got to know through the internet and other people (including parents and siblings).

Table 6.1 displays the frequency at which young people used EMC to communicate with their close friends. Overall, 89% of young people said they contacted friends using EMC at least weekly (92% of girls vs 86% of boys), with 74% of young people reporting daily use (80% of girls vs 68% of boys). Younger girls were more likely than boys to report a higher frequency of EMC use with friends; gender differences were less pronounced among 15 year olds (Table 6.1). Around a third of 15 year olds reported that they use EMC to contact close friends "almost all the time".

Table 6.1: Frequency of EMC contact with close friends

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
N/A	10%	6%	6%	2%	2%	1%	7%	3%	5%
Never/almost never	9%	4%	7%	4%	3%	6%	7%	5%	6%
Every week	25%	17%	17%	10%	9%	9%	18%	12%	15%
Daily	25%	31%	27%	22%	27%	21%	26%	25%	26%
Several times daily	13%	19%	20%	28%	27%	27%	19%	24%	22%
Almost all the time throughout the day	18%	23%	23%	34%	32%	37%	23%	31%	27%

Table 6.2 illustrates how often young people said they used EMC to communicate with friends from a larger friendship group. Overall, 70% of respondents reported weekly contact with friends from a larger friendship via EMC. There were minimal gender differences: 69% of boys compared with 71% of girls. Less than half (46%) of young people used EMC on a daily basis to contact friends from a larger friendship group (44% of boys compared with 48% of girls).

Table 6.2: Frequency of EMC contact with friends from a larger friendship group

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
N/A	19%	12%	11%	7%	5%	4%	12%	9%	11%
Never/almost never	22%	22%	18%	19%	14%	21%	19%	21%	20%
Every week	24%	25%	27%	23%	24%	20%	25%	23%	24%
Daily	15%	18%	21%	22%	26%	24%	20%	21%	21%
Several times daily	10%	13%	13%	20%	20%	18%	13%	17%	15%
Almost all the time throughout the day	10%	10%	10%	9%	12%	13%	11%	10%	10%

Table 6.3 shows the frequency of young people using EMC to communicate with friends that they made through the internet. Under a third (29%) of young people used EMC on a weekly basis to communicate with others they had met online. Boys were slightly more likely than girls to use EMC every week to contact online friends; 32% of boys compared with 27% of girls. Overall, only 16% of young people said they used EMC on a daily basis to communicate with friends they had made on the internet (18% of boys compared with 15% of girls).

Table 6.3: Frequency of EMC contact with friends made online

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
N/A	44%	58%	34%	33%	23%	32%	35%	42%	39%
Never/almost never	33%	29%	34%	32%	34%	29%	34%	30%	32%
Every week	11%	6%	15%	17%	17%	15%	14%	12%	13%
Daily	6%	3%	6%	8%	11%	11%	7%	7%	7%
Several times daily	3%	2%	5%	5%	11%	8%	6%	4%	5%
Almost all the time throughout the day	3%	2%	6%	4%	5%	5%	5%	4%	4%

Table 6.4 displays the proportion of young people who used EMC to contact "other" people (for example, parents and siblings). Nearly three quarters (72%) of young people used EMC at least every week to communicate with "others" (67% of boys compared with 78% of girls). Just under half (49%) of respondents contacted "others" with EMC on a daily basis (43% of boys compared with 54% of girls).

Table 6.4: Frequency of EMC contact with others (including parents and siblings

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
N/A	19%	12%	14%	8%	5%	8%	13%	9%	11%
Never/almost never	18%	13%	21%	13%	20%	14%	19%	13%	16%
Every week	21%	22%	24%	25%	28%	24%	24%	24%	24%
Daily	18%	25%	18%	26%	19%	26%	18%	25%	22%
Several times daily	11%	17%	9%	16%	17%	14%	12%	16%	14%
Almost all the time throughout the day	14%	12%	14%	13%	11%	13%	13%	12%	13%

Overall young people were most likely to report using EMC to communicate with their close friends, and were least likely to use it to contact friends they had made online. The highest intensity of EMC use was noted among 15 year old girls when communicating with their close friends; 37% of 15 year old girls said they contacted their close friends via EMC "almost all the time". Gender differences were most notable when looking at the use of EMC with close friends (Table 6.1) and others (Table 6.4), for which girls were more likely than boys to report higher levels of contact via EMC.

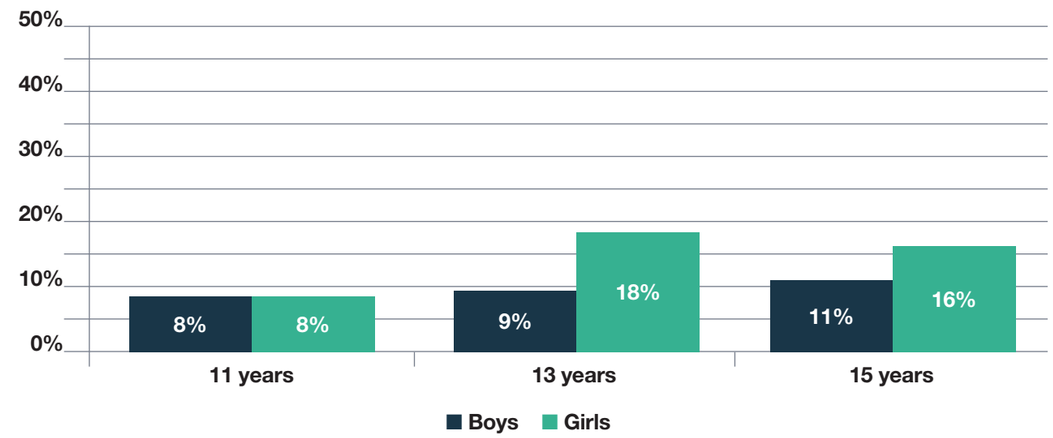
Combining responses to each of the four questions assessing EMC use (with close friends, friends from a larger friendship groups, friends they go to know through the internet and "other" people) provides an overall picture of EMC usage among young people. The vast majority (93%) of young people reported using EMC in some form at least once a week (i.e. young people who ticked either every week, daily, several times daily or almost all the time). A small gender difference was noted; 96% of girls compared with 91% of boys used EMC at least every week. Furthermore, 82% of young people reported using EMC for communication purposes on a daily basis (i.e. young people who ticked daily, several times daily and almost all the time). Girls were slightly more likely than boys to use EMC every day (78% of boys compared with 86% of girls).

Problematic social media use

Young people were asked a set of questions about their relationship with social media to identify normative and problematic social media use. Their answers were scored, and an overall score of 5 or more (including reporting at least once of the following: neglected other activities, had arguments with others or had serious conflict with parents or siblings) indicated a disordered use of social media.

Focusing on those who reported using EMC at least once a week (including those who ticked every week, daily, several times daily or almost all the time), 12% of respondents were identified as having a problematic relationship with social media. Girls were more likely than boys to report problematic social media use (9% of boys vs 14% of girls), and it was most common among 13 and 15 year old girls (Figure 6.3).

Figure 6.3: Social media users with a score of 5 or more, indicating problematic social media use



Gaming

Measures:

- How often do you play games? (Almost never/ less than one day a week/ 1 day a week/ 2 or 3 days a week/ 4 or 5 days a week/ almost every day)
- On a day that you play games, about how much time do you spend gaming? (1 to 2 hours/ 2 to 4 hours/ 4 to 6 hours/ 6 to 8 hours/ 8 hours or more)
- During the last year… (no/yes)
  - ...have there been periods when all you could think of was the moment that you could play a game?
  - ...have you felt unsatisfied because you wanted to play more?
  - ...have you been feeling miserable when you were unable to play a game?
  - …were you unable to reduce your time playing games, after others had repeatedly told you to play less?
  - …have you played games so that you would not have to think about annoying things?
  - ...have you had arguments with others about the consequences of your gaming behaviour?
  - …have you hidden the time you spend on games from others?
  - …have you lost interest in hobbies or other activities because gaming is all you wanted to do?
  - …have you experienced serious conflicts with family or friends because of gaming?

Frequency of gaming

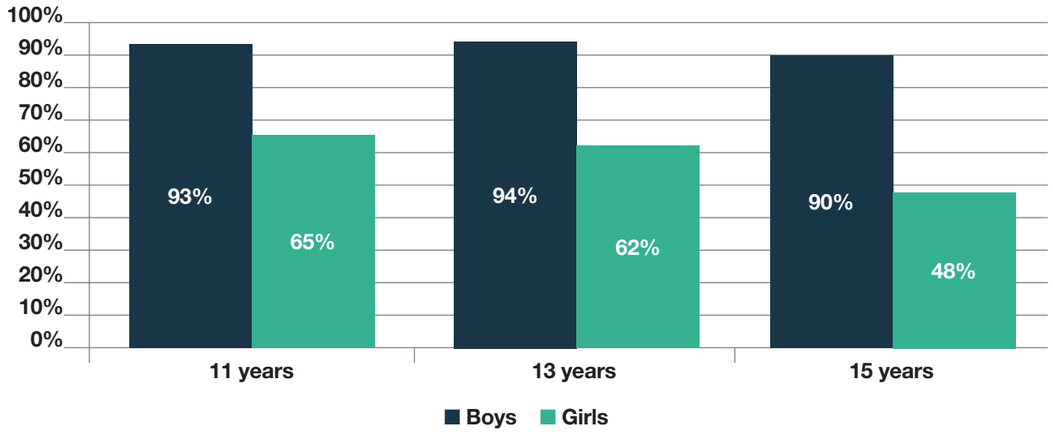
Young people were asked how often they played games each week. Table 6.5 provides a detailed breakdown of gaming frequency, by age and gender. Girls were more likely to be in the lower frequency categories for weekly gaming compared with boys. Across the three age groups, approximately half of boys reported gaming almost every day of the week

Table 6.5: Number of days each week young people report playing games

	11 YEAR OLDS		13 YEAR OLDS		15 YEAR OLDS		ALL AGES		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Almost never	3%	17%	3%	22%	6%	37%	4%	24%	14%
Less than one day a week	5%	14%	4%	17%	5%	16%	4%	16%	10%
One day a week	5%	12%	4%	11%	6%	10%	5%	11%	8%
2-3 days a week	22%	22%	18%	18%	20%	16%	20%	19%	19%
4-5 days a week	17%	10%	17%	9%	16%	5%	17%	9%	13%
Almost every day	49%	24%	55%	24%	48%	17%	51%	22%	36%

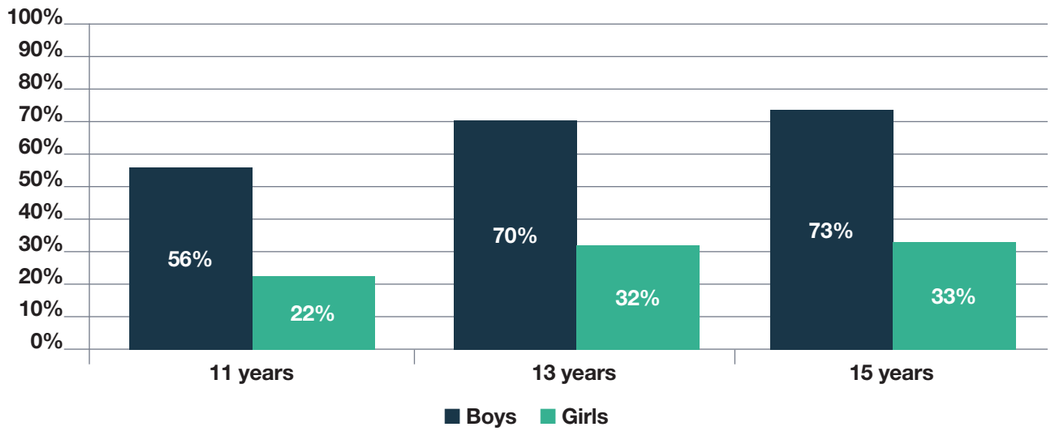
Overall, 76% of young people could be categorised as playing games at least once a week (including those who ticked one day a week, 2-3 days a week, 4-5 days a week and almost every day). The vast majority of boys (92%) and over half of girls (60%) said they played games at least once a week. Gaming at least once a week declined with age among girls (Figure 6.4).

Figure 6.4: Young people who report gaming at least once a week



Focusing on those young people who reported playing games at least once a week, around half (51%) said they played games for more than 2 hours a day. This varied greatly by gender, with 65% of boys compared with 28% of girls playing computer games for at least two hours at a time. Among weekly gamers, the time spent playing games increased with age for boys and girls (Figure 6.5).

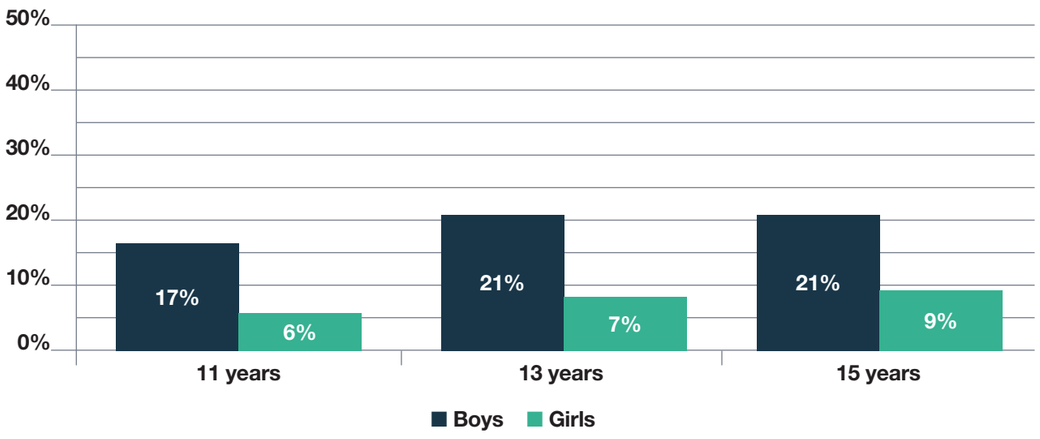
Figure 6.5: Young people who report playing games for at least 2 hours a day



Internet gaming disorder

Young people were asked a set of questions about their relationship with gaming to identify normative and disordered game playing. Their answers were scored, and an overall score of 5 or more (including reporting at least one of the following: neglected other activities, had arguments with others or had serious conflict with parents or siblings) indicated disordered game use. Focusing on those who reported gaming at least once a week (i.e . those who ticked one day a week, 2-3 days a week, 4-5 days a week and almost every day), 14% of respondents were identified as having disordered game use. Boys were more likely than girls to report disordered game use (19% of boys vs 7% of girls). Across all ages boys were more likely to be identified as engaging in non-normative game usage (Figure 6.6).

Figure 6.6: Proportion of gamers with a score of 5 or more, indicating disordered game use



Summary

Just under half of all young people reported that they had supportive friendships. Girls were slightly more likely than boys to report that they could talk to their friends about their problems and their friends were there to help them.

Using EMC to communicate with others was very common; 82% reported using it on a daily basis. Young people were most likely to use EMC to communicate with their friends. Overall, girls were slightly more likely than boys to use EMC.

Around three quarters (76%) of respondents played games at least once a week, of which around half (51%) played for two or more hours a day. The likelihood of playing for two or more hours a day increased with age. Unlike EMC, gender differences for gaming were large. Compared with girls, boys were more likely to report playing games on a weekly basis and more likely to engage in higher levels of play.

While many young people reported high levels of EMC and gaming, much fewer young people were identified as having disordered use. Overall, 12% of respondents were categorised as having problematic social media use and 14% of respondents were identified as engaging in disordered gaming. This corroborates existing work which suggests that the amount of use is not the only indicator of disordered or compulsive use (Lemmens et al., 2015). Gender differences were particularly prominent among compulsive gaming, with boys nearly three times as likely as girls to be classified as having disordered game use.

References

Andreassen, C. S., Billieux, J., Griffiths, M. D., Kuss, D. J., Demetrovics, Z., Mazzoni, E., & Pallensen, S. (2016). The relationship between addictive use of social media and video games and symptoms of psychiatric disorders: A large-scale cross-sectional study. ***Psychology of Addictive Behaviors, 30***(2), 252–262.

Bokhorst, C. L., Sumter, S. R., & Westenberg, P. M. (2010). Social support from parents, friends, classmates, and teachers in children and adolescents aged 9 to 18 years: Who is perceived as most supportive? ***Social Development, 19***(2), 417–426.

Boniel-Nissim, M., Tabak, I., Mazur, J., Borraccino, A., Brooks, F., Gommans, R., … Finne, E. (2015). Supportive communication with parents moderates the negative effects of electronic media use on life satisfaction during adolescence. ***International Journal of Public Health, 60***(2), 189–198.

Brooks, F. M., Chester, K. L., Smeeton, N. C., & Spencer, N. H. (2016). Video gaming in adolescence: factors associated with leisure time use. ***Journal of Youth Studies, 19(***1), 36-54.

Davies, S. C., Atherton, F., Calderwood, C., & McBride, M. (2019). ***United Kingdom Chief Medical Officers' commentary on "Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews"***. Department of Health and Social Care.

de Goede, I. H. A., Branje, S. J. T., Delsing, M. J. M. H., & Meeus, W. H. J. (2009). Linkages over time between adolescents' relationships with parents and friends. ***Journal of Youth and Adolescence, 38***(10), 1304–1315.

Dickson, K., Richardson, M., Kwan, I., MacDowall, W., Burchett, H., Stansfield, C., … Thomas, J. (2018). ***Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews***. London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London.

Frith, E. (2017). Social media and children's mental health: ***A review of the evidence.*** Education Policy Institute.

Frost, R. L. & Rickwood, D. J. (2017). A systematic review of the mental health outcomes associated with Facebook use. ***Computers in Human Behavior, 76***, 576–600.

Kardefelt-Winther, D. (2017). ***How does the time children spend using digital technology impact their mental well-being, social relationships and physical activity? An evidence-focused literature review***. Innocenti Discussion Paper. Florence: UNICEF Office of Research - Innocenti.

Kelly, Y., Zilanawala, A., Booker, C., & Sacker, A. (2018). Social media use and adolescent mental health: Findings from the UK millennium cohort study. ***EClinicalMedicine, 6***, 59–68.

Lemmens, J. S., Valkenburg, P. M., & Gentile, D. A. (2015). The internet gaming disorder scale. ***Psychological Assessment, 27***(2), 567–582.

Moreno, C., Sánchez-Queija, I., Muñoz-Tinoco, V., de Matos, M. G., Dallago, L., Bogt, T. Ter, … Rivera, F. (2009). Cross-national associations between parent and peer communication and psychological complaints. ***International Journal of Public Health, 54***(Suppl 2), 235–542.

Nickerson, A. B., & Nagle, R. J. (2005). Parent and peer attachment in late childhood and early adolescence. ***Journal of Early Adolescence, 25***(2), 223–249.

Ofcom. (2019). Children and parents: ***Media use and attitudes report 2018***. Retrieved from https://www.ofcom.org.uk/__data/assets/pdf_file/0024/134907/Children-and-Parents-Media-Use-and-Attitudes-2018.pdf

Przybylski, A. K. (2014). Electronic gaming and psychosocial adjustment. ***Pediatrics, 134***(3), e716-e722

Schneider, L. A., King, D. L., & Delfabbro, P. H. (2017). Family factors in adolescent problematic Internet gaming: A systematic review. ***Journal of Behavioral Addictions, 6***(3), 321–333.

Smith, P. K., Cowie, H., & Blades, M. (2003). ***Understanding children's development*** (4th ed.). Oxford, UK: Blackwell Publishing.

Valkenburg, P. M. & Peter, J. (2007). Preadolescents' and adolescents' online communication and their closeness to friends. ***Developmental Psychology, 43***(2), 267–277.

Valkenburg, P. M. & Peter, J. (2009). Social consequences of the Internet for adolescents: A decade of research. ***Current Directions in Psychological Science, 18***(1), 1-5.

Vitoroulis, I., Schneider, B. H., Vasquez, C. C., del de Toro, M. P. S., & Gonzáles, Y. S. (2012). Perceived parental and peer support in relation to Canadian, Cuban, and Spanish adolescents' valuing of academics and intrinsic academic motivation. ***Journal of Cross-Cultural Psychology, 43***(5), 704–722.

Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. ***Journal of Youth and Adolescence, 33***(6), 479–493.

Wolff, J. M. & Crockett, L. J. (2011). The role of deliberative decision making, parenting, and friends in adolescent risk behaviors. ***Journal of Youth and Adolescence, 40***(12), 1607–1622.

World Health Organization. (2018). ***International classification of diseases for mortality and morbidity statistics*** (11th revision). Retrieved from https://icd.who.int/browse11/l-m/en

MCC0544/DS/01-20