



Youth2000 Survey Series - Youth'12

The Health and Wellbeing
of Secondary School Students in New Zealand

Summary of data from

Ratanui High School

uniservices

Adolescent Health Research Group



**THE UNIVERSITY
OF AUCKLAND**

**FACULTY OF MEDICAL
AND HEALTH SCIENCES**



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The Adolescent Health Research Group members on the Youth'12 project are: Terryann Clark (principal investigator), Pat Bullen, Sue Crengle, Simon Denny, Ben Dyson, Theresa (Terry) Fleming, Sarah Fortune, Roshini Peiris-John, Elizabeth Robinson, Fiona Rossen, Janie Sheridan, Tasileta Teevale, and Jennifer Utter.

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Further publications by the Adolescent Health Research Group are available at <http://www.youthresearch.auckland.ac.nz>. Individual school reports are not available via the website; these are confidential to each participating school.

FOREWORD

Whaowhia te kete Matauranga

(Fill the basket of knowledge)

Since the end of last century (if not for years before) we have known that the education of adolescents could not be divorced from an understanding of the wider world of adolescence, and the more we have come to understand about the development of the adolescent brain the greater has become our need to pay heed to the general health and well-being of the adolescent population.

Consequently The National Youth Health and Wellbeing Surveys have become an integral part of the discussions taking place in secondary schools, and other organisations, that cater for the needs of adolescents. Student Health Committees, Board sub-committees and Senior Leadership teams all need to be aware of the information contained in this year's survey, Youth '12.

In schools we often struggle to allow the unadulterated student voice to be heard and this survey is one vehicle that allows the adolescent voice to come through loud and clear.

If we are to truly embrace the NZ Curriculum then the Vision, Values and Key Competencies have to be seen against the backdrop of this survey which carries with it the rigour of both academic research and academic analysis.

I urge all those that work with adolescents to consider the findings of this year's survey so that we all may continue to work together and with our young people themselves to ensure the best of all futures.

John Heyes

Principal

Mangere College



The Adolescent Health Research Group (AHRG)

The Adolescent Health Research Group (AHRG) was established in 1997 when researchers from a variety of disciplines at the University of Auckland agreed that in order to improve the health of New Zealand's young people it was necessary to develop, administer and analyse a survey to provide current national data on the health and well-being of students attending secondary schools in New Zealand.

The current members are: Terryann Clark (principal investigator), Pat Bullen, Sue Crengle, Simon Denny, Ben Dyson, Theresa (Terry) Fleming (chair), Sarah Fortune, Roshini Peiris-John, Elizabeth Robinson, Fiona Rossen, Janie Sheridan, Tasileta Teevale, and Jennifer Utter.

The Youth2000 Survey Series (Youth2000, Youth'07 and Youth'12)

The national survey of the health and wellbeing of secondary school students in New Zealand has been conducted in 2001, 2007 and 2012 by the AHRG. The results from the 2012 survey will update the findings from the previous surveys and will indicate trends in issues ranging from physical and mental health through to school connections and family relationships.

CONTENTS

FOREWORD	1
SECTION 1: INTRODUCTION AND METHODOLOGY	5
Introduction	5
Conducting the Survey.....	5
SECTION 2: RESULTS OF THE YOUTH'12 SURVEY	7
The Sample.....	7
Demographics and Ethnicity	7
Students and their Parents and Whānau	8
Student Experiences at School and Plans for the Future.....	8
Student Health and Wellbeing	10
General health and wellbeing.....	10
Access to health care and services in the last 12 months	10
Nutrition, Physical Activity, and Body Size	11
Driving behaviours.....	11
Depressive symptoms	12
Self-harm.....	12
Suicide.....	12
Substance Use	13
Sexuality and Sexual Health.....	13
Activities Outside School	13
Neighbourhoods and Communities.....	14
Violence at home and in the community.....	14
RESOURCES FOR SCHOOLS	17
General Health and Wellbeing	17
Mental Wellbeing	17
Structural.....	18
Parent Involvement in School	18
TABLES	19
REFERENCES	25



SECTION 1: INTRODUCTION AND METHODOLOGY

Introduction

This report summarises some of the information gathered from students at your school as part of the Youth'12 National Health and Wellbeing Survey of New Zealand Secondary School Students. Your school was randomly selected and invited to take part, and with your consent the survey was conducted with a sample of your students in February 2012.

The results in this report are confidential to your school and will not be released to anyone else.

Confidentiality – and the limitations this places on our reporting of results

We reassured students and their family/whānau that the information they shared with us would be anonymous and confidential. We have been very careful to maintain this anonymity. In order to fully maintain confidentiality there are limitations on how much detail we can provide you with in this report. The difficulty arises when the number of students with a particular response is either very low (or down to zero), or very high (or up to 100%).

We cannot report results of 0%, i.e. where no-one ticked 'yes' (and everyone ticked 'no'), nor can we report results of 100%. Accordingly, whenever the numbers who ticked 'yes' to any question were zero or very low (fewer than 5 students) we do not give the percentage but report these results simply as 'few or none'; and whenever the numbers are very high we report these results as 'most or all'.

Conducting the Survey

Student survey

At the start of the survey students were given an anonymous log-in code. The survey was carried out using internet tablets. Students answered the questions by touching the appropriate answer on the tablets. Students could choose not to answer any question. The branching program design meant that students were not asked detailed questions about issues that were not part of their life experiences.

During the survey, students' height and weight were measured to obtain data on the physical measurements of New Zealand secondary school students. By taking height and weight measurements, we were able to determine each student's body mass index (BMI), calculated as weight (kg) divided by height in metres squared (m²). These were classified against age- and sex-specific BMI values for children and adolescents to determine the prevalence of students who were overweight or obese. The definitions of overweight and obesity used are based on pooled data from large international datasets and provide nationally and internationally comparable data. BMI is an acceptable measure of body size for populations, but may be limited for some individuals (Cole & Lobstein, 2012). These measurements were taken in private part way through the survey.

Each student was asked to allow their address to be entered into a geo-coding program for the purposes of ascertaining the census meshblock number for their usual place of residence. For students who lived in two or more homes we asked them to provide the address of the home where they spent

most of their time. When the student's address was entered, the identified meshblock number was recorded on a paper data collection form, and the address was deleted from the program. Hence only the meshblock number was recorded and not the student's address. This was to ensure the anonymity and confidentiality of participants in the Youth'12 survey.

Ethnicity classification was based on student self-report. Students were asked 'Which ethnic group do you belong to?' This question and the available response options were based on the Statistics New Zealand Census 2001 standard ethnicity question, however a greater number of response options were provided. Students were able to choose more than one response from a list of 23 options derived from level two groupings of ethnicity (Statistics New Zealand, 2005). In this report if a student selected more than one ethnic group they were assigned a single ethnicity using ethnicity data prioritisation protocols developed for the health and disability sector (Ministry of Health, 2004).

Considerations of ethics and consent

Before we started the Youth'12 project its design was checked by the University of Auckland Human Participants Ethics Committee. The responsibility of this committee is to advocate on behalf of research participants and to ensure that the way in which researchers at the University of Auckland conduct their research is of the highest ethical standard. We obtained consent to carry out the survey from the principal of each participating school. A few weeks before the survey was conducted at a school, information materials about the survey were sent to the school's contact person for distribution to parents and students. Parents and students were assured that participation in the survey was voluntary and that all information collected would be anonymous and confidential. All participating students gave their own consent to being surveyed. Parents were able to withdraw their child from participating in the survey.

Are these results representative of students at your school?

The sample of students invited to participate was drawn randomly from your Year 9-15 school roll. Biases may be present if the response rates at your school are low. How representative these results are of your school depends on how different invited students who did not participate were from invited students who did.

It is important to remember that the percentages are an estimate of the total proportion of students at your school and there is uncertainty in these estimates which corresponds to the number sampled. Caution needs to be taken in interpreting the findings when the number of students participating in the survey at your school was low which may result in imprecise estimates. Confidence intervals are used as an indication of this imprecision and can be found in the tables at the end of this report. If you have any questions about interpreting your results please do not hesitate to contact the Youth'12 project team.

You may want to compare the results for your school with national figures. The national results are expected to be available on our website from mid-2013 and will be published in a public report for general distribution. We will also send a copy of the national report to your school.

Are the results reliable?

We used a variety of approaches to enhance the reliability of the results. In particular, we reassured students participating in the surveys their responses would be anonymous and confidential so they could answer questions honestly. If you wish to look at the questions asked in the Youth'12 survey they are available on the website: www.youthresearch.auckland.ac.nz.

SECTION 2: RESULTS OF THE YOUTH'12 SURVEY

This report presents some of the key findings for Ratanui High School from the Youth'12 National Health and Wellbeing Survey of New Zealand Secondary School Students. The results are presented in percentages.

The Sample

The school roll (Year 9-15 students) at the time we prepared for the survey was 2301. A random sample of 477 students was selected from the roll and these students were invited to participate in the survey. Of these, 344 students agreed to take part in the survey, a response rate of 72 percent. It should be noted that not all students answered all questions.

Demographics and Ethnicity

Surveyed Students by Age

Age	Percent
13 and under	24.1%
14	22.1%
15	21.5%
16	20.3%
17 and over	11.9%

Surveyed Students by Gender

Gender	Percent
Female	47.2%
Male	52.8%

Surveyed Students by Ethnicity

Ethnicity	Percent
European	25.4%
Māori	32.7%
Pacific	37.7%
Asian	0.9%
Other	3.2%

Note: Ethnicity is prioritised. See introduction for details.

Students and their Parents and Whānau

Students who feel their parents care about them and to spend quality time with them are more likely to do well at school (Spera, 2005; Steinberg, Lamborn, Dornbusch, & Darling, 1992; Urdan, Solek, & Schoenfelder, 2007) and to have better health and social outcomes (Resnick et al., 1997).

Of the students surveyed at your school:

- 91% think that at least one of their parents cares about them a lot
- 51% think that they mostly get enough time with at least one of their parents

Family financial resources

Parents/caregivers who have paid employment are more likely to have an adequate income that contributes to better outcomes for students' education. Where there are fewer financial resources the stress placed on families and communities is often associated with poorer outcomes for students (Bowen, Bowen, & Ware, 2002; Leventhal & Brooks-Gunn, 2003). Those who have fewer financial resources are also more likely to worry about inadequate food, live in over-crowded homes and are also more likely to move homes more frequently (Utter et al., 2012).

Of the students surveyed at your school:

- 93% have at least one parent in paid employment
- 39% report that their families worry about not having enough money to buy food at least some of the time
- 15% live in a home with more than 2 people per bedroom
- 30% live in two or more homes
- 12% do not have a computer at home

Student Experiences at School and Plans for the Future

Schools that create positive school climates where students feel they are part of the school, help students to achieve better outcomes in both education and health (Freiberg, 1999). How students perceive teachers' attitudes towards them is an important aspect of the school climate. Students who believe that their teachers care about them are less likely to be involved in violence, use drugs and alcohol or take sexual risks (McNealy & Falci, 2004). They are more likely to be motivated to learn and to achieve higher marks if schools have high expectations and create safe environments (Bond et al., 2007; Klem & Connell, 2004)

Of the students surveyed at your school:

- 32% report that people at school (like teachers, coaches or other adults) care about them a lot
- 56% report that teachers treat students fairly most of the time
- 92% report that people at school expect them to do well

What students enjoy at school

Students who are engaged in learning or are involved in other pro-social activities are more likely to experience positive academic, emotional and social outcomes (McNealy & Falci, 2004).

Of the students surveyed at your school:

- 94% enjoy hanging out with friends
- 66% enjoy sports
- 40% enjoy doing schoolwork
- 22% enjoy kapa haka or cultural activities
- 40% enjoy other arts or music
- 27% enjoy being away from home
- Few or none do not enjoy school at all

Students' perceptions of school safety

Students who attend schools where they feel physically and emotionally safe are more likely to achieve academically and to experience positive emotional and social wellbeing (Klem & Connell, 2004).

Of the students surveyed at your school:

- 89% feel safe at school all or most of the time
- 38% were afraid that someone would hurt or bother them at school at least once during this school year
- 4% reported that they had been bullied at school weekly or more frequently during this school year
- 4% did not go to school at least once in the previous month because of bullying

Family involvement in school

Family involvement in education is associated with increased school success (Hill et al., 2004).

When asked about anyone in their family being involved at school the students surveyed at your school reported that during this year:

- 51% had a family member who went to a parent teacher meeting
- 17% had a family member help out at their school
- 82% had a family member ask them about their homework
- 62% had a family member help them with their homework
- 44% had a family member who went to a school event
- Most or all reported that their parents think it is important or very important that they go to school every day

Students' plans for the future

Having plans for the future are important in helping young people determine their career and education aspirations (Hill, et al., 2004).

Students surveyed at your school have plans for when they leave secondary school.

- 54% plan to get more training or education
- 38% plan to start work or look for a job
- 2% have other plans (i.e. to start a family or go back to their country of birth)
- 6% have no specific plans (i.e. plan to do nothing, have no plans, or do not know)

Student Health and Wellbeing

Young people require good health and wellbeing (physical, emotional, spiritual) and good whānau and social connections to fully engage in their education and broader society (Greenberg et al., 2003). Risk-taking is a normal part of the transition to adulthood (Baumrind, 1987). However, for some young people the risks inherent in experimenting with motor vehicles, alcohol, drugs and unprotected sexual activity can lead to negative outcomes. Identifying the health issues for young people in schools and addressing them can help reduce preventable injury, distress and potentially preventable deaths.

General health and wellbeing

Of the students surveyed at your school:

- 90% report that their health is good, very good, or excellent
- 55% are very happy or satisfied with their life
- 79% have good mental wellbeing as measured using the WHO-5 Wellbeing Scale (World Health Organization, 1998)

Access to health care and services in the last 12 months

The students surveyed at your school used a variety of different places for healthcare in the last 12 months:

- 69% used a family doctor, GP clinic, or medical centre
- 18% used a school health clinic
- 16% used an after-hours or 24 hour accident and medical centre or hospital emergency department
- 18% used a pharmacy or chemist

Note: Some students may have used more than one of these places for healthcare, so the percentages may add up to more than 100%.

Nutrition, Physical Activity, and Body Size

Healthy eating and physical activity are important for maintaining an appropriate body weight and preventing chronic diseases later in life (World Health Organization & Food and Agriculture Organization, 2002). Good nutrition ensures that young people have lots of energy, optimise their sports performance and do well in school (World Health Organization & Food and Agriculture Organization, 2002).

Nutrition

Students surveyed at your school had eaten at these places at least once in the previous week:

- 45% at a fast food chain (e.g. McDonalds, KFC, Burger King, Subway, Pizza Hut)
- 56% at another takeaway or fast food outlet (e.g. Chinese, Fish 'n' Chips)
- 52% at a dairy or petrol station

Of the students surveyed at your school:

- 38% ate two or more servings of fruit and three or more servings of vegetables every day in the previous week
- 62% had eaten a meal with their family five or more times in the previous week

Physical activity

Of the students surveyed at your school:

- 57% report that physical activity, sport or exercise is an important part of their life
- 11% report being physically active for 60 minutes or more every day in the previous week i.e. they meet the 2007 Ministry of Health guidelines for physical activity (SPARC, 2007)

Body size

Of the students surveyed at your school:

- Few or none were underweight
- 47% were of healthy weight
- 30% were overweight
- 22% were obese

Driving behaviours

Motor vehicle crashes are the leading cause of death among New Zealand teenagers (Kypri, Chalmers, & Langley, 2002). Health education curricula are important in helping young people develop safer and more responsible driving behaviours.

Of the students surveyed at your school:

- 72% always wear a seat belt when driving or being driven
- 21% report being driven by someone at least once in the last month who had been drinking alcohol
- 20% report being driven dangerously (speeding, racing, burnouts) by someone during the last month
- 6% reported that at least once in the previous month they had driven a car after drinking 2 or more glasses of alcohol in the two preceding hours
- 10% reported that at least once in the previous month they had driven dangerously
- 4% reported that they had been involved in a road traffic crash in the last 12 months causing injury that required treatment

Depressive symptoms

Depressive symptoms were measured using the Reynolds Adolescent Depression Scale (Reynolds, 2002). Young people who score over the cut off on this scale are likely to have clinically significant symptoms of depression, which are likely to affect the way that they function, including the way they learn at school and relate to others.

Using this scale, of the students surveyed at your school:

- 13% reported significant depressive symptoms

Self-harm

Individuals who deliberately hurt themselves are generally aiming to feel better, not end their life. However, self-harm should be taken seriously. Helping young people in schools to access help and identify and build on their strengths are important steps in helping them to develop healthy strategies to deal with life's stressors.

Of the students surveyed at your school:

- 26% reported that they had deliberately hurt themselves or did something they knew might hurt them but not kill them

Suicide

Suicide is the second leading cause of death among young people in New Zealand (Beautrais, Collings, Ehrhardt, & Henare, 2005). Schools can play an important role in identifying vulnerable youth and support their access to appropriate services.

Of the students surveyed at your school:

- 16% had seriously thought about killing themselves (attempting suicide) in the previous 12 months
- 7% had attempted to kill themselves in the previous 12 months

Substance Use

Substance use can have significant impact on education, particularly on school attendance and truancy (Engberg & Morral, 2006). Schools can play an important role in reinforcing healthy lifestyles.

Of the students surveyed at your school:

- 5% smoke cigarettes daily
- 7% drink alcohol at least once a week
- 23% reported binge drinking (5 or more alcoholic drinks within 4 hours) at least once in the previous 4 weeks
- 5% smoke marijuana at least once a week
- 2% have tried stimulants, hallucinogens, narcotics, cocaine, 'P' or injected drugs

Sexuality and Sexual Health

Developing intimate relationships and sexual identity are normal developmental tasks of adolescence (this may or may not include sexual behaviour). Schools can provide important information and education to ensure young people are well informed and prepared for adulthood (Kirby, 2008).

Of the students surveyed at your school:

- 6% are same-sex attracted, attracted to both sexes, or identify as transgender
- 19% report being currently sexually active (i.e. had sexual intercourse within the last 3 months)
- Of students who are currently sexually active
 - 39% always use condoms to prevent sexually transmitted infections
 - 49% always use contraception to prevent pregnancy

Activities Outside School

Studies suggest that students who are involved in positive leisure activities are less likely to be depressed, to be delinquent, or to leave school early (Eccles, Barber, Stone, & Hunt, 2003).

The students surveyed at your school engaged in the following activities for 1 hour or more each day:

- 37% did homework
- 26% read for pleasure
- 39% did music, arts, dance or drama
- 54% did chores or helped in the family

The students surveyed at your school engaged in the following activities for 3 hours or more each day:

- 36% hung out with friends
- 36% text messaged
- 36% watched TV

- 29% played computer or electronic games
- 35% used the internet

Student employment while at school

Many students have part-time jobs while still at school. The positive outcomes of part-time work may include lower school drop-out rates and increased employment and earnings after leaving school. However, working for more than 20 hours a week may compromise school performance (Staff, Schulenberg, & Bachman, 2010).

Of the students surveyed at your school

- 49% had paid employment or worked in a family business without pay in the last 12 months
- 15% worked in the previous week
- Few or none worked for more than 20 hours in the last week

Neighbourhoods and Communities

Neighbourhoods where students feel safe and supported by adults and peers they trust are important protective factors. In addition, organised community activities can lead to a number of positive benefits in both health and education (Widome, Sieving, Harpin, & Hearst, 2008).

Neighbourhood and technology safety

Of the students surveyed at your school:

- 55% feel safe in their neighbourhood all of the time
- 23% were sent nasty or threatening messages by cell phone, internet, letter or note
- 12% were sent unwanted sexual stuff (including pornographic pictures, videos or words)

Violence at home and in the community

Young people who are exposed to violence, either as witnesses to family violence, or who experience violence themselves are more likely to have depression, anxiety, suicidal thoughts (Singer, Anglin, Song, & Lunghofer, 1995) and in general experience more difficulties in their lives both at home and at school (O'Keefe, 1997).

In the previous 12 months, of the students surveyed at your school:

- 34% were deliberately hit or physically harmed
- 14% were hit or physically harmed by an adult at home
- 21% witnessed adults or other children being hit by an adult at home, not including themselves
- 27% deliberately hit or physically harmed someone else



Of the students surveyed at your school

- 11% report that they have touched in a sexual way or being made to do sexual things that they did not want

Adult and peer support

Of the students surveyed at your school:

- 56% have an adult outside of their family that they can talk to if they have a serious problem
- 93% have a friend they can talk to about anything

Spiritual beliefs

Of the students surveyed at your school:

- 40% have spiritual beliefs that are very important to them



RESOURCES FOR SCHOOLS

Resources you may find helpful:

General Health and Wellbeing

Health information for young people	http://youthline.co.nz/
'Urge' – a youth-friendly health information website	http://www.urge.co.nz/
Sport & Recreation NZ (SPARC)	http://www.sportnz.org.nz
SPARC for teachers	http://www.sportnz.org.nz/en-nz/Information-For/Educators/
Heart Foundation – School Food Programme	http://www.nhf.org.nz/index.asp?pageID=2145820280
ERO Review of Sexuality Education	http://www.ero.govt.nz/National-Reports/The-Teaching-of-Sexuality-Education-in-Years-7-13-June-2007/Introduction
Sexuality Education Family Planning – training for teachers	http://www.fpanz.org.nz/EducationTraining/TrainingforTeachersandCommunityWorkers/tabid/201/Default.aspx
Youth2000 – for results from Youth2000 surveys & general information	www.youthresearch.auckland.ac.nz

Mental Wellbeing

Mental Health Foundation	http://www.mentalhealth.org.nz/
Education Packages for Schools	http://www.mentalhealth.org.nz/page/27-Welcome
Coping with depression	http://www.depression.org.nz/HelpMe/?SubGroupName=ResourcesHelpMe
Suicide Prevention	http://www.spinz.org.nz/ http://www.moh.govt.nz/suicideprevention
Internet Safety in Schools	http://www.cybersafety.org.nz/kit/
Drug Education	http://www.nzdf.org.nz/
NZ Drug Foundation	http://www.nzdf.org.nz/drug-information

Alcohol – ALAC	http://www.alcohol.org.nz
Alcohol & young people	http://www.alcohol.org.nz/InfoForYouth.aspx
Coping with grief	http://www.skylight.org.nz/young+people
Advocacy for Gay, Lesbian, Bisexual, Transgender, Takataapui and Fa'afafine young people and their families/whānau.	http://www.rainbowyouth.org.nz/

Structural

Ministry of Youth Development – Youth development & youth participation	http://www.myd.govt.nz/
Strengthening Youth Development in Schools	http://www.myd.govt.nz/about-myd/publications/index.html
Māori Student Achievement (Te Kotahitanga)	http://www.educationcounts.govt.nz/publications/Māori_education/9977
Ka Hikitia	http://www.minedu.govt.nz/theMinistry/PolicyAndStrategy.aspx
Youth Law	http://www.youthlaw.co.nz/
STA Health & Safety in Schools	http://www.nzsta.org.nz/
Making Schools Safe for People of Every Sexuality – PPTA Guidelines	http://www.ppta.org.nz/

Parent Involvement in School

Team Up (Secondary)	http://www.teamup.co.nz/secondary/default.htm
Bullying (Secondary)	http://www.teamup.co.nz/search.htm?query=bullying&filter=s

TABLES

The tables below report percentages and confidence intervals for each item from the survey. It is important to remember that the percentages are an estimate of the total proportion of students at your school for each item and there is uncertainty in these estimates depending on the number of students sampled. The confidence intervals describe this uncertainty. Confidence intervals indicate the precision of the estimated proportion at your school by providing an interval in which we are relatively sure (95% confident) that the true proportion lies. Where the confidence intervals are wide there is greater uncertainty and therefore caution needs to be taken in interpreting the estimate for your school.

Where a small number of students (less than 5) did or did not give a particular response (either yes or no) we are unable to report exact numbers or percentages due to confidentiality concerns. This is indicated in the tables below by the words 'few or none' or 'most or all'. In these situations confidence intervals are not reported (nr).

Students and their Parents and Whānau

Item	Percent	95% CI
At least one parent cares about them a lot	91%	87.7% - 93.9%
Mostly spend enough time with at least one parent	51%	45.6% - 56.2%
At least one parent in paid employment	93%	90.4% - 95.9%
Families worry about not having enough money to buy food at least some of the time ¹	39%	34.1% - 44.9%
Live in a home with more than 2 people per bedroom	15%	11.1% - 18.6%
Live in two or more homes	30%	25.1% - 34.8%
Do not have a computer at home	12%	8.1% - 14.9%

Note: 1. Does not include students who report they do not know.

Student Experiences at School and Plans for the Future

Item	Percent	95% CI
People at school care about students a lot (like teachers, coaches or other adults)	32%	27.0% - 36.9%
Teachers treat students fairly most of the time	56%	50.2% - 60.8%
People at school expect students to do well	92%	89.6% - 95.2%
What Students Enjoy at School		
Hanging out with friends	94%	91.7% - 96.7%
Sports	66%	61.3% - 71.3%
Schoolwork	40%	34.3% - 44.7%
Kapa haka or cultural activities	22%	18.0% - 26.8%
Other arts or music	40%	34.6% - 45.0%
Being away from home	27%	22.6% - 32.1%
Do not enjoy school at all	Few or none	nr

Item	Percent	95% CI
Students' Perceptions of School Safety		
Feel safe at school all or most of the time	89%	85.3% - 92.0%
Were afraid that someone would hurt or bother them at school at least once during this school year	38%	33.2% - 43.5%
Bullied at school weekly or more frequently during this school year	4%	1.6% - 5.5%
Did not go to school at least once in the previous month because of bullying	4%	2.0% - 6.2%
Family Involvement at School This Year		
Family member went to a parent teacher meeting	51%	45.7% - 56.3%
Family member helped out at their school	17%	13.5% - 21.5%
Family member asked them about their homework	82%	77.8% - 86.0%
Family member helped them with their homework	62%	56.9% - 67.3%
Family member went to a school event	44%	38.7% - 49.3%
Their parents think it is important or very important that they go to school every day	Most or all	nr
Plans for the Future		
More training or education	54%	48.8% - 59.4%
Start work or look for a job	38%	32.8% - 43.2%
Other plans i.e. start a family, go back to their country of birth	2%	0.4% - 3.2%
No specific plans ¹	6%	3.6% - 8.7%

Note: 1. No specific plans includes plan to do nothing, have no plans, and don't know

Student Health and Wellbeing

Item	Percent	95% CI
General Health and Wellbeing		
Health is good, very good, or excellent	90%	86.8% - 93.2%
Very happy or satisfied with their life	55%	49.2% - 59.9%
Have good mental wellbeing ¹	79%	74.2% - 83.0%
Access to Healthcare and Services in the Last 12 Months²		
Used a family doctor, GP clinic, or medical centre	69%	63.6% - 73.5%
Used a school health clinic	18%	13.4% - 21.6%
Used an after-hours or 24 hour accident and medical centre or hospital emergency department	16%	12.1% - 20.0%
Used a pharmacy or chemist	18%	13.7% - 21.9%
Nutrition in the Previous Week		
Ate at a fast food chain at least once	45%	39.9% - 50.7%
Ate at another takeaway or fast food outlet at least once	56%	50.8% - 61.6%
Ate at a dairy or petrol station at least once	52%	46.9% - 57.7%

Item	Percent	95% CI
Nutrition in the Previous Week		
Ate two or more servings of fruit and three or more servings of vegetables every day	38%	32.5% - 43.0%
Ate a meal with their family five or more times	62%	56.4% - 66.9%
Physical Activity		
Physical activity, sport or exercise is an important part of their life	57%	51.2% - 61.8%
Were physically active for 60 minutes or more every day in the previous week	11%	7.5% - 14.2%
Body Size		
Underweight	Few or none	nr
Healthy weight	47%	41.7% - 52.4%
Overweight	30%	25.3% - 35.1%
Obese	22%	17.5% - 26.3%
Driving		
Always wear a seat belt when driving or being driven	72%	66.7% - 76.3%
Were driven by someone in the past month who had been drinking alcohol	21%	16.3% - 24.9%
Were driven dangerously (speeding, racing, burnouts) by someone during the last month	20%	15.5% - 24.0%
Had driven a car after drinking alcohol (2 or more glasses of in the two preceding hours) in the last month ³	6%	2.3% - 9.2%
Had driven dangerously in the last month ³	10%	5.8% - 14.9%
Were involved in a road traffic crash in the last 12 months causing injury that required treatment	4%	1.8% - 6.0%
Depressive Symptoms, Self Harm, Suicide		
Significant depressive symptoms ⁴	13%	8.9% - 16.1%
<i>Male students</i>	7%	3.1% - 10.8%
<i>Female students</i>	18%	12.1% - 24.3%
Deliberately harmed themselves in the previous 12 months	26%	21.6% - 31.1%
<i>Male students</i>	18%	12.3% - 23.6%
<i>Female students</i>	35%	27.8% - 42.7%
Seriously thought about killing themselves (attempting suicide) in the previous 12 months	16%	11.9% - 19.8%
<i>Male students</i>	6%	2.7% - 9.9%
<i>Female students</i>	26%	19.1% - 32.8%
Attempted to kill themselves in the previous 12 months	7%	3.9% - 9.3%

Item	Percent	95% CI
Substance Use		
Smoke cigarettes daily	5%	2.5% - 7.2%
Drink alcohol at least once a week	7%	4.0% - 9.4%
Binge drinking (5 or more alcoholic drinks within 4 hours) at least once in the previous 4 weeks	23%	18.0% - 27.1%
<i>Male students</i>	20%	13.9% - 25.9%
<i>Female students</i>	25%	18.2% - 31.8%
Smoke marijuana at least once a week	5%	2.3% - 6.9%
Have tried stimulants, hallucinogens, narcotics, cocaine, 'P' or injected drugs (at least one)	2%	0.6% - 3.8%
Sexuality and Sexual Health		
Same-sex attracted, attracted to both sexes, or identify as transgender	6%	3.0% - 8.0%
Currently sexually active ⁵	19%	15.0% - 23.5%
Always use condoms to prevent sexually transmitted infections ⁶	39%	26.2% - 51.2%
Always use contraception to prevent pregnancy ⁶	49%	36.0% - 62.3%

Note: 1. Measured using the WHO-5 Wellbeing Scale (World Health Organization, 1998). 2: Students may have used more than one service. 3. Of students who had ever driven on a public road. 4. Measured using the Reynolds Adolescent Depression Scale (Milfont et al., 2008). 5. Had sexual intercourse in the last 3 months. 6. Of students who are currently sexually active.

Activities Outside School

Item	Percent	95% CI
Activities for 1 Hour or More Each Day		
Homework	37%	31.8% - 42.3%
Read for pleasure	26%	21.4% - 31.1%
Music, arts, dance or drama	39%	33.3% - 43.9%
Chores or helping in the family	54%	48.9% - 59.8%
Activities for 3 Hours or More Each Day		
Hang out with friends	36%	30.9% - 41.4%
Text message	36%	30.6% - 41.1%
Watch TV	36%	30.6% - 41.1%
Play computer or electronic games	29%	23.8% - 33.7%
Use the internet	35%	30.0% - 40.4%
Student Employment		
Paid work or worked in a family business without pay in the last 12 months	49%	43.9% - 54.9%
Worked in the previous week ¹	15%	11.1% - 18.9%
Worked for more than 20 hours in the previous week ¹	Few or none	nr

Note: 1. Either in paid work or worked in a family business without pay.

Neighbourhoods and Communities

Item	Percent	95% CI
Neighbourhood and Technology Safety		
Feel safe in their neighbourhood all of the time	55%	49.9% - 60.9%
Were sent nasty or threatening messages by cell phone, internet, letter or note	23%	18.1% - 27.4%
Were sent unwanted sexual stuff (including pornographic pictures, videos or words)	12%	8.7% - 16.0%
Violence at home and in the community		
Were deliberately hit or physically harmed ¹	34%	29.1% - 39.3%
Were hit or physically harmed by an adult at home ¹	14%	10.5% - 18.2%
Witnessed adults or other children being hit by an adult at home, not including themselves ¹	21%	16.6% - 25.7%
Deliberately hit or physically harmed <u>someone else</u> ¹	27%	22.4% - 32.1%
Were touched in a sexual way or being made to do sexual things that they did not want ²	11%	7.6% - 14.7%
Adult and Peer Support		
Have an adult outside of their family that they can talk to if they have a serious problem	56%	50.8% - 61.7%
Have a friend they can talk to about anything	93%	90.6% - 96.0%
Spiritual Beliefs		
Have spiritual beliefs that are very important to them	40%	34.8% - 45.7%

Note: 1. In the last 12 months. 2. Ever



REFERENCES

- Baumrind, D. (1987). A developmental perspective on adolescent risk taking in contemporary America. *New Directions for Child and Adolescent Development*, 1987(37), 93-125.
- Beautrais, A., Collings, S. C. D., Ehrhardt, P., & Henare, K. (2005). *Suicide Prevention: A review of evidence of risk and protective factors, and points of effective intervention*. Wellington: Ministry of Health.
- Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., et al. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of Adolescent Health*, 40(4), 357.
- Bowen, N. K., Bowen, G. L., & Ware, W. B. (2002). Neighborhood social disorganization, families, and the educational behavior of adolescents. [Article]. *Journal of Adolescent Research*, 17(5), 468-490.
- Cole, T. J., & Lobstein, T. (2012). Extended international (IOTF) body mass index cut-offs for thinness, overweight and obesity. *Pediatric obesity*, 7(4), 284-294.
- Eccles, J. S., Barber, B. L., Stone, M., & Hunt, J. (2003). Extracurricular Activities and Adolescent Development. *Journal of Social Issues*, 59(4), 865-889.
- Engberg, J., & Morral, A. R. (2006). Reducing substance use improves adolescents' school attendance. *Addiction*, 101(12), 1741-1751.
- Freiberg, H. J. (1999). *School climate: Measuring, improving and sustaining healthy learning environments*. Philadelphia: Falmer Press.
- Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., et al. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58(6-7), 466-474.
- Hill, N. E., Castellino, D. R., Lansford, J. E., Nowlin, P., Dodge, K. A., Bates, J. E., et al. (2004). Parent Academic Involvement as Related to School Behavior, Achievement, and Aspirations: Demographic Variations Across Adolescence. *Child Development*, 75(5), 1491-1509.
- Kirby, D. (2008). The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior Sexuality. *Research and Social Policy*, 5(3), 6-17.
- Klem, A. M., & Connell, J. P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health*, 74(7), 262-273.
- Kypri, K., Chalmers, D. J., & Langley, J. D. (2002). Adolescent injury mortality in New Zealand and opportunities for prevention. *Int J Adolesc Med Health*, 14(1), 27-41.
- Leventhal, T., & Brooks-Gunn, J. (2003). Children and Youth in Neighborhood Contexts. *Current Directions in Psychological Science*, 12(1), 27-31.
- McNealy, C., & Falci, C. (2004). School connectedness and 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.

- Ministry of Health. (2004). *Ethnicity Data Protocols for the Health and Disability Sector*. Wellington: Ministry of Health.
- O'Keefe, M. A. (1997). Adolescents' exposure to community and school violence: prevalence and behavioral correlates. *J Adolesc Health, 20*(5), 368-376.
- Resnick, M., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Jama, 278*(10), 823-832.
- Reynolds, W. M. (2002). *Reynolds Adolescent Depression Scale, 2nd Ed (RADS-2): Professional Manual*. Lutz: Psychological Assessment Resources.
- Singer, M., Anglin, T., Song, L., & Lunghofer, L. (1995). Adolescents exposure to violence and associated symptoms of psychological trauma. *JAMA: The Journal of the American Medical Association, 273*(6), 477-482.
- SPARC. (2007). New Zealand physical activity guidelines for children and young people (5-18 YEARS). from <http://www.sparc.org.nz/getting-active/activity-guidelines>
- Spera, C. (2005). A Review of the Relationship Among Parenting Practices, Parenting Styles, and Adolescent School Achievement. *Educational Psychology Review, 17*(2), 125-146.
- Staff, J., Schulenberg, J. E., & Bachman, J. G. (2010). Adolescent Work Intensity, School Performance, and Academic Engagement. *Sociology of Education, 83*(3), 183-200.
- Statistics New Zealand. (2005). *Statistical standard for ethnicity*. Retrieved from <http://www2.stats.govt.nz/domino/external/web/carsweb.nsf/55d63ae38ba3a25e4c2567e6007f6686/35d9b7e17a1d6151cc25701100031353?OpenDocument>.
- Steinberg, L., Lamborn, S. D., Dornbusch, S. M., & Darling, N. (1992). Impact of Parenting Practices on Adolescent Achievement: Authoritative Parenting, School Involvement, and Encouragement to Succeed. *Child Development, 63*(5), 1266-1281.
- Urduan, T., Solek, M., & Schoenfelder, E. (2007). Students' perceptions of family influences on their academic motivation: A qualitative analysis. [Article]. *European Journal of Psychology of Education - EJPE (Instituto Superior de Psicologia Aplicada), 22*(1), 7-21.
- Utter, J., Denny, S., Robinson, E., Teevale, T., Crengle, S., Ameratunga, S., et al. (2012). Food security concerns among young people: Impact on eating behaviours and weight status. *Journal of Hunger and Environmental Nutrition, 7*(1-11).
- Widome, R., Sieving, R. E., Harpin, S. A., & Hearst, M. O. (2008). Measuring Neighborhood Connection and the Association with Violence in Young Adolescents. *Journal of Adolescent Health, 43*(5), 482-489.
- World Health Organization. (1998). WHO (Five) Well-Being Index (1998 Version). from <http://www.who-5.org>
- World Health Organization, & Food and Agriculture Organization. (2002). Diet, nutrition and the prevention of chronic diseases. from http://whqlibdoc.who.int/trs/who_trs_916.pdf