



Health and Wellbeing of 15 year olds in England: Findings from the What About YOUth? Survey 2014

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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

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Version:	V1.0
Date of publication:	8 December 2015

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Executive Summary

General health

- Around one in three young people said their health was 'Excellent' (29%), over half said their health was 'Good' (56%), whilst a smaller proportion said their health was 'Fair' (13%) or 'Poor' (1%).
- Around one in seven young people stated that they had a long-term illness, disability or medical condition that has been diagnosed by a doctor (14%).
- Boys were more likely than girls to report that their health was 'Excellent' (35% compared with 23%). In contrast, girls were more likely than boys to claim that their health was 'Good' (60% compared with 53%) or 'Fair' (16% compared with 11%). Boys and girls were equally likely to report that their health was 'Poor' (1%).
- Young people living in the most deprived areas were least likely to rate their health as 'Excellent' (25% compared with 34% of those living in the least deprived areas). Those living in the most deprived areas were significantly more likely to state that their health was 'Fair or Poor' (18% compared with 11%). There was little variation in the rates of diagnosed long-term illnesses, disabilities or medical conditions by deprivation level of the area.
- There was little variation by ethnicity across self-reported health status. However, young people from an Asian background were less likely than those from a White or Mixed background to report they had a diagnosed long-term illness, disability or medical condition (10% compared with 15% and 16% respectively).

Wellbeing

- The mean overall Warwick-Edinburgh Mental Well-being (WEMWBS) score for young people was 48 (out of a highest possible score of 70 and a lowest possible score of 14).
- 22 per cent of young people had very high life satisfaction scores, 44 per cent had high life satisfaction scores, 21 per cent had medium life satisfaction scores and 14 per cent had low life satisfaction.
- Half (52%) of all young people thought their body was 'about the right size'. 12 per cent thought they were 'a bit too thin', and 2 per cent thought they were 'much too thin'. Just over a quarter (28%) thought their body was 'a bit too fat' and 6 per cent thought they were 'much too fat'.
- Boys had a higher overall mean WEMWBS score than girls (50 compared to 45). Boys were also more likely than girls to have very high levels of life satisfaction (27% compared to 16% respectively), and girls were more likely than boys to have low levels of life satisfaction (19% compared to 9% respectively). As for body image, boys were more likely than girls to think they were 'too thin', and girls were more likely than boys to think they were 'too fat'. 18 per cent of boys thought they were 'too thin', compared to 8 per cent of girls, and 46 per cent of girls thought they were 'too fat', compared to 23 per cent of boys.
- Young people who perceived their body as 'about the right size' had higher mean WEMWBS scores than those who perceived their body was 'too thin' or 'too fat' (50 compared with 47 and 44 respectively).
- Those with high/very high life satisfaction scores also had higher mean WEMWBS scores than those with low life satisfaction scores (52 compared to 35 respectively). They were also more likely to think they were 'about the right size'. 28 per cent of those with low life satisfaction thought they were 'about the right size', compared to 42 per cent with medium life satisfaction and 61 per cent with high or very high life satisfaction scores.

- Participants who rated their general health as 'Excellent' had higher mean WEMWBS scores than those who rated their general health as 'Poor' (52 compared to 37 respectively). They were also the least likely to report low levels of life satisfaction (6%) compared to over half of those who rated their health as 'Poor' (53%).
- The North East and West Midlands were the regions with the highest proportion of young people reporting very high life satisfaction (24%). London was the region with the highest proportion of young people reporting low life satisfaction (15%). There was little variation in perception of own body-weight and mean WEBWMS scores by region.
- 16 per cent of those from a BME background reported low life satisfaction compared with 13 per cent of those from a White background.
- Participants living in the least deprived areas had higher mean WEMWBS scores than those living in the most deprived areas (48 compared to 47). Young people living in more deprived areas were more likely to report lower life satisfaction than those living in less deprived areas. 16 per cent of those living in the most deprived areas reported low satisfaction compared to 11 per cent of those living in the least deprived areas. Young people living in the least deprived areas were more likely to say that their bodies were 'about the right size', compared to those living in the most deprived areas (54% compared to 51% respectively).

Physical activity and free time

- 14 per cent of young people said that they participated in at least one hour of moderate/vigorous physical activity per day on all seven days of the last week.
- 5 per cent of young people said that they were not active for at least an hour on any day in the last week.
- Young people reported at least an hour of moderate/vigorous physical activity on an average 3.8 days in the last week.
- Girls were typically active on fewer days per week than boys: on average, girls said they undertook at least an hour of moderate/vigorous physical activity on 3.3 days, compared with 4.1 days among boys.
- Young people from BME backgrounds were less likely than those from White backgrounds to meet the recommended levels of physical activity (11% compared with 14%).
- Young people from the most deprived areas were more likely to say they did not complete at least one hour of moderate/vigorous on any day in the last week compared with young people from less deprived areas (6% compared with 3%).
- Seven in ten young people said that they usually spent seven hours or more per day undertaking the five sedentary activities covered by the questionnaire on weekdays when not at school (although it should be noted that young people may engage in more than one sedentary activity at a time, so this figure may overestimate sedentary time).
- The total time spent undertaking sedentary activities was strongly related to ethnicity, with young people from Asian backgrounds least likely to say that they undertook sedentary activities for 10 hours or more per weekday (35%) when compared with young people from White (41%) and Black (54%) backgrounds.
- Young people from the most deprived areas were more likely than those from less deprived areas to report spending 10 or more hours on sedentary activities on both weekdays (49% and 34% respectively) and weekend days (73% and 63% respectively).
- Young people in the North East had the greatest levels of sedentary behaviour. By contrast, young people from the South West were least likely to be sedentary.
- Patterns of sedentary behaviour varied by gender; on average boys said they spent more time playing computer games than girls, and girls said they spent more time using a smartphone than boys.

Diet

- Just over half of young people had consumed 5 or more portions of fruit and vegetables the previous day (52%).
- There were no significant differences between boys and girls (52% of boys and 53% of girls had consumed 5 or more portions the previous day).
- Young people living in the most deprived areas were least likely to have consumed 5 or more portions the previous day (48%) and those living in the least deprived areas were most likely to have done (58%).
- Young people from a BME background were significantly more likely to consume 5 or more portions per day compared with young people from a White background (57% and 51% respectively).
- There was regional variation in the consumption of fruit and vegetables. In the North East and the North West 47 per cent and 49 per cent of young people respectively had consumed 5 or more portions the previous day. This is in contrast to the South West and London where 57 per cent and 56 per cent respectively had consumed 5 or more portions.

Drinking

- Just over three in five young people reported that they had previously had a whole alcoholic drink (not just a sip) (62%).
- Most of those who had ever had an alcoholic drink reported that they had their first one between the ages of 13 and 15. 10 per cent of young people had their first alcoholic drink under the age of 12.
- 6 per cent of all young people were classed as regular drinkers (drinking alcohol at least once a week). 8 per cent of young people drink alcohol about once a fortnight, 11 per cent drink about once a month, and 32 per cent drink only a few times a year.
- There was an association between age of first drinking and frequency of drinking. Among those who had first had a drink at less than 10 years, 28 per cent were regular drinkers, while among those who had their first drink at age 15 or 16, 3 per cent were regular drinkers.
- 15 per cent of all young people said they had been drunk at least once within the last 4 weeks. When just considering those who had ever had an alcoholic drink, 23 per cent reported they had been drunk within the last four weeks.
- Girls were more likely than boys to report having had an alcoholic drink (65% and 60% respectively) and to report having been drunk in the last four weeks (27% of girls and 19% of boys among those who had ever had an alcoholic drink). However, 6 per cent of girls were regular drinkers compared with 7 per cent of boys.
- Young people from a White background were more likely to have ever had an alcoholic drink than those from a BME background (72% and 27% respectively) and to be classed as regular drinkers (7% compared with 1%). Among those who had ever had an alcoholic drink, young people from White and Mixed ethnic backgrounds were more likely than those from other backgrounds to report having been drunk in the last 4 weeks (24% of White and 25% of Mixed background compared with 15% of those from an Asian background and 16% of those from a Black background).
- Rates of drinking also varied by deprivation, with young people in the least deprived areas being more likely to have ever drunk alcohol than those in the most deprived areas (70% and 50% respectively).

Smoking

- 24 per cent of young people had ever smoked.
- 8 per cent of young people were current smokers, which comprised 5 per cent who were regular smokers and 3 per cent who smoked occasionally.
- Girls were more likely than boys to have ever smoked (28% and 21% respectively).
- Over a quarter of young people in the most deprived areas had ever smoked (27%), compared to just over a fifth of young people in the least deprived areas (21%).
- Young people from a BME background were less likely to say they had ever smoked than young people from a White background (17% and 26% respectively).
- The region with the lowest prevalence of ever smoking was London where 21 per cent of young people had ever smoked compared with 28 per cent in the North East.
- 18 per cent of young people had ever used e-cigarettes. There was no significant difference between boys and girls in the percentage that had ever used e-cigarettes (19% and 18% respectively).
- 15 per cent of young people had ever used other tobacco products.

Drugs

Cannabis use

- 26 per cent of young people said they had ever been offered cannabis. 11 per cent of young people said they had ever tried cannabis, including trying cannabis once. Looking at young people overall, 5 per cent had taken cannabis in the last month, 9 per cent had taken it in the last year, and 2 per cent had taken it more than a year ago. 'In the last year' includes 'in the last month'.
- There was little variation by gender, with 27 per cent of boys and 25 per cent of girls claiming to have ever been offered cannabis. In terms of trying cannabis, there was no difference between boys and girls.
- The proportion of young people from a Mixed ethnic background who had ever been offered cannabis was higher than the proportion of all other ethnicities that had ever been offered it. For example, around 36 per cent of young people from a Mixed ethnic background had ever been offered cannabis, compared with 11 per cent of young people from an Asian background. Young people from a Mixed ethnic background were more likely than young people from all other ethnicities to have last used cannabis in the last month, last year, or more than a year ago (7%, 14%, and 3% respectively compared with 5%, 9% and 2% overall). Participants from an Asian background were the least likely to have ever tried cannabis (97% have not used it at all compared with 89% overall).
- Young people in the South West were most likely to have ever been offered cannabis and to have tried it (30% and 13% respectively), and those in the West Midlands were least likely to have ever been offered it or to have tried it (22% and 8% respectively).
- At a Local Authority level, 24.2 per cent of young people in Brighton and Hove had tried cannabis, followed by 18.6 per cent in Richmond upon Thames. Usage was lowest in Slough where 4.9 per cent had ever tried cannabis. Cannabis usage in the last month was highest in Brighton and Hove (14.4%) followed by Bristol (8.9%) and Bath and North East Somerset (8.7%).
- There was a small difference in the proportion of cannabis use across different levels of deprivation.

- Those who reported their general health as 'Poor' were more likely to have ever tried cannabis (23%) than those who rated their general health as 'Fair' (17%), 'Good' (11%) or 'Excellent' (7%). They were also more likely to have taken or used cannabis more recently (12% in the last month and 19% in the last year) than those who rated their general health as 'Excellent' (2% in the last month and 6% in the last year).

Other drug use

- The majority (87%) had never been offered any other drugs, with over one in ten saying they had been (13%). 98 per cent of young people had not tried other drugs.
- The proportion of young people from a White or Mixed ethnic background who had ever tried other drugs was higher than the proportion of other ethnicities who had ever tried it (3% from a White or Mixed ethnic background compared with 1% from an Asian or Black ethnic background).
- Boys and girls were equally likely to have last tried other drugs in the last month, last year, or more than a year ago.
- Those who reported their general health as 'Poor' (7%) were more likely to have ever tried other drugs than those who rated their general health as 'Fair' (5%), 'Good' (2%) or 'Excellent' (1%).
- At a Local Authority level, 8.0 per cent of young people in Brighton and Hove had tried drugs other than cannabis, followed by 6.7 per cent in Torbay, and 5.9 per cent in both Bromley and Bristol. Usage was lowest in Staffordshire and Newham where 0.8 per cent and 0.9 per cent had ever tried other drugs respectively.

Bullying

- Over half of young people in England said that they had been bullied in some form in the past couple of months (55%). 15 per cent had experienced cyber-bullying within the past couple of months. 26 per cent of participants had bullied another person or people at some point in the past, and three-quarters of participants reported that they had never bullied another person (74%).
- Girls were more likely than boys to have experienced bullying within the past couple of months (63% and 48% respectively). More girls also reported that they had been a victim of cyber-bullying than boys (19% and 10% respectively). However, boys were more likely than girls to report having bullied someone else (31% and 20% respectively).
- Young people from a White background were more likely to report having been bullied within the past couple of months than those from a BME background (56% and 49% respectively). Young people from a White ethnic background were also more likely to have experienced cyber-bullying than those from BME backgrounds (16% and 10% respectively). However, young people from BME groups were more likely to report having ever bullied others compared to those from White ethnic groups (28% and 25% respectively).
- There were no significant differences in the proportion of participants experiencing bullying or cyber-bullying by level of deprivation. Those from the most deprived areas were more likely to report they had bullied others than those from the least deprived areas (27% compared to 24%).
- More young people in the South West reported experiencing bullying within the past couple of months (58%) than any other region. London had the lowest reported experience of bullying (50%). There was a similar pattern for cyber-bullying (South West 17% and London 12%).

- London, the East of England, the South East and the South West all had the same highest proportion of young people who had ever bullied others (27%). Young people in the North West and North East were the least likely to report ever having bullied others (22% and 23% respectively).

Multiple behaviours

- Six per cent of young people did not engage in any risky behaviour, 16 per cent of young people engaged in three or more risky behaviours while 5 per cent engaged in four or more risky behaviours.
- 26 per cent of young people engaged in behaviours that were both illegal and unhealthy, 65 per cent in unhealthy behaviours only, three per cent in illegal behaviours only, and 6 per cent in neither.
- Girls were less likely to not engage in any risky behaviours (4% of girls, compared with 8% of boys), and more likely to engage in three or more (18% of girls, compared with 14% of boys).
- Young people from BME ethnic backgrounds were less likely to have engaged in risky behaviours, including illegal behaviours, when compared with those from a White background. More specifically, participants from Black and Asian backgrounds engaged in the fewest risky behaviours, with 6 per cent and 3 per cent respectively having three or more risk factors. By contrast, 18 per cent of young people from a White background and 15 per cent of those from a Mixed ethnic background engaged in three or more risky behaviours.
- The proportion of young people who displayed illegal and unhealthy behaviours was highest in the least deprived areas (30% of those from the least deprived areas compared to 20% of young people from the most deprived areas).

1 Introduction

1.1 Background

The Children and Young People's Outcome Forum¹ identified gaps relating to teenagers in the Public Health Outcomes Framework (PHOF). As part of a direct response to this, the Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health (DH) to develop the What About YOUTH 2014 (WAY 2014) survey.

This large-scale survey would provide valuable information on the health and wellbeing of teenagers, and the findings would help a range of agencies and professionals who work with young people to better understand their needs. The large sample size planned would allow robust results to be produced at a Local Authority (LA) level.

HSCIC contracted Ipsos MORI to undertake a trial study in order to assess the viability of conducting a large-scale health and wellbeing survey of 15 year olds in England. Ipsos MORI was assisted by the National Children's Bureau (NCB) in the development work for the study.

The trial study was undertaken and was completed in early 2014. This provided guidance in the design and implementation for a survey of 15 year olds on a much larger scale to be carried out later that year. Ipsos MORI was again contracted by HSCIC to conduct the main study.

Some of the questions used in the *What About YOUTH?* survey were sourced from established surveys where they had already been proven to work well with young people. These include the Health Behaviour in School-aged Children (HBSC)², the Health Survey for England (HSE)³, the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)⁴ and the 'Survey of Smoking, Drinking and Drug Use Among Young People' (SDD)⁵. Using similar questions also enables a level of comparison between the different studies. Other additional questions were created specifically for the study to research new areas of interest.

A Steering Group was set up to provide direction and recommendations on the development of the survey. Membership included representatives from a range of stakeholders including representatives from the Ipsos MORI, HSCIC, Department of Health (DH), Public Health England (including the former Child and Maternal Health Observatory ChiMat), the Health Behaviour in School-aged Children (HBSC) research network and the Association of Directors of Children's Services (ADCS). The project teams at HSCIC and Ipsos MORI also formed part of the Steering Group. Advice was also sought from the Children and Young People's Health Outcomes Forum as well as young people, charities, ethical boards and academic colleagues during the development of the survey.

1.2 Policy context

1.2.1 General Health and Wellbeing

The Department of Health (DH) published their White Paper 'Healthy Lives, Healthy People: our strategy for public health in England' in November 2010, which acknowledged ways in which healthy behaviour could be encouraged among young children and school pupils⁶.

This White Paper was a response to the 2010 Marmot Review 'Fair Society Healthy Lives', which emphasised the importance of reducing health inequalities in England⁷. The Marmot Review was carried out in order to address the wide variation between individuals and their health, with background, economic status and the area people live in having a significant impact on their general level of health.

A 'Measuring National Wellbeing programme' was launched by the Office for National Statistics (ONS) in 2010 and the work of this programme goes beyond considering individual wellbeing to considering community and national wellbeing⁸. In this framework, individual wellbeing includes how people feel about individual aspects of their lives such as health, relationships, education and skills as well as wider society.

A person's health is a complex topic as there are many different determinants of health status, such as lifestyle factors and long-term or chronic conditions. Poor health in childhood and adolescence can have a significant impact on overall life chances⁹, with certain unhealthy behaviours having medium to long-term impacts on health¹⁰. Studies have shown that the health of young people has remained moderately stable over time, despite the health of infants and older people improving¹¹. Given the wide-ranging influences on health, there are a number of policy areas that have been developed to try and improve the health of young people, some of which are discussed below.

1.2.2 Alcohol

In order to tackle the problems of excessive drinking the government published their Alcohol Strategy¹² in 2012. This set out proposals aimed at tackling the 'binge drinking' culture and its associated impacts, as well as to reduce the number of people who drink to damaging levels. The Department of Health subsequently published a policy paper outlining plans to reduce alcohol misuse between 2010 and 2015¹³. This paper laid out a number of plans to reduce excessive alcohol consumption and minimise the damage alcohol misuse causes to individuals and society.

1.2.3 Smoking

The Department of Health's policy 'Healthy Lives, Healthy People: a tobacco control plan for England' in March 2011, set out government plans for reducing tobacco use over 2011 to 2015¹⁴. Smoking and tobacco use continues to be a key public health challenge in England. Although smoking prevalence among adults has declined over recent decades, it has almost plateaued, reducing very little since 2007¹⁵. Smoking is an addiction that is largely developed in childhood and adolescence, and young people in particular can quickly develop a dependence on nicotine¹⁶. Therefore, the coalition government focused efforts on reducing and preventing smoking among teenagers. By the end of 2015, they were aiming to reduce regular smoking rates to 12 per cent or less for 15 year olds in England, compared to 15 per cent in 2009¹⁷.

1.2.4 Drug Misuse

Illegal drug use, particularly by young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government. There have been several strategic initiatives in this area in recent years. The Department of Health's policy 'Healthy Lives, Healthy People: our strategy for public health in England' in November 2010, also included drug misuse as a key public health priority, and acknowledged ways in which healthy behaviour could be encouraged among young children and school pupils¹⁸.

The use of drugs by young people is associated with risks to their health, including mental health problems¹⁹. In December 2010, the coalition government focused efforts on reducing and preventing drug use among young people, and treating those with problems²⁰. This strategy also enabled schools to have a stronger role in detecting and disciplining drug-related problems and behaviour, and delivering quality drug education²¹.

1.2.5 Diet and Physical Activity

In 2007, the Foresight report 'Tackling Obesities: Future choices' was published, highlighting the extent of the obesity problem in the UK. This informed the government's White Paper 'Healthy

Lives, Healthy People: A call to action on obesity in England, published in 2011. As part of the response to this, the government encourages good eating and drinking habits as a preventative health strategy, through campaigns such as 5 A DAY²², the Eatwell plate²³, Change 4 Life, which takes a more holistic approach to child and parent health²⁴, improving labelling on food and drink, and encouraging high street businesses to include calorie information on their menus. All of these initiatives aim to create an environment which makes it easier for people to make healthier choices.

Regular moderate-to-vigorous physical activity (MVPA) has significant benefits to health: It is associated with increased musculoskeletal and cardiovascular health and has also been linked with psychological benefits, such as reduced anxiety and depression among children and adolescents²⁵. Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood, and the World Health Organisation (WHO) guidelines on physical activity advise children to undertake at least an hour of MVPA daily²⁶.

The evidence suggests, however, that a significant proportion of adolescents do not meet this minimum standard²⁷. In fact, young people who spend more time sedentary (i.e. activity with very low energy expenditure, undertaken primarily sitting or lying down) have greater fat mass, higher BMI and an increased risk of being overweight or obese, irrespective of their levels of physical activity when not sedentary²⁸. Therefore it is important to track levels of sedentary behaviour as well as physical activity.

1.2.6 Bullying

Previous research on bullying within schools by the Department for Education (DfE) has identified young people of secondary school age as being at risk of bullying, particularly in the 14–16 year old age range²⁹. Previous surveys commissioned by DfE found that in 2010–2011, the percentage of children who were the subject of bullying in schools could be as high as 28.8 per cent³⁰.

Research suggests that it is a problem for many young people, particularly within schools³¹. Several pieces of legislation mean that by law, every school must have measures in place to prevent all forms of bullying³². Several initiatives are in place to prevent and reduce bullying particularly among young people³³. Bullying can take several forms, including forms of physical bullying and psychological/emotional bullying, and also bullying using technology such as social media websites and text messages (i.e. cyber-bullying). The Home Office, in collaboration with the National Society for the Prevention of Cruelty to Children (NSPCC), and other organisations, including Sussex Police and the National Union of Students, have recently launched an initiative to combat cyber-bullying³⁴.

1.2.7 Summary

Given the policy interest in these areas, the risky behaviours of alcohol consumption, drug use, and smoking, are investigated in the WAY 2014 survey and the results will be used to inform policy development. WAY 2014 survey data will also contribute to the policy development in bullying, diet, physical activity, and wellbeing in young people through providing local level information on these topics. Current policies are discussed in more detail in the relevant chapters.

The commitment from the coalition government included adding a smoking prevalence indicator to the Public Health Outcomes Framework (PHOF)^{35,36} in order to monitor performance against the target of reducing regular smoking rates to 12 per cent or less for 15 year olds in England by the end of 2015, compared to 15 per cent in 2009³⁷. The questions on smoking behaviour in the WAY 2014 survey provide data for LAs to monitor smoking prevalence among young people, and inform local policy making. The data from this survey will become the source for this PHOF indicator.

1.3 Topics covered

The Children and Young People's Health Outcome Forum made a number of recommendations which they felt were necessary to improve outcomes for children and young people. The chief concerns for young people were the gaps in the PHOF concerning key health behaviour measures such as physical activity and substance misuse.

It was decided not to include some variables such as the young person's weight, as this was a self-completion survey and self-reported weight measurements are known to be unreliable. In addition, teenage pregnancy data and data on sexually transmitted infections (STIs) were already available to provide outcomes on sexual health. However, the What About Youth? survey did include some general questions about mental and emotional wellbeing.

The final topics chosen for use in the trial and main What About Youth? surveys were:

- Diet;
- Free time;
- Physical activity;
- Smoking;
- E-cigarettes;
- Drinking;
- Cannabis;
- Other drugs;
- Emotional and mental wellbeing; and
- Bullying.

Demographic questions were also included in the survey in order to aid analysis of the data. Demographic topics covered by the survey included family/household situation, gender, ethnicity, sexuality and socio-economic status. The ultimate aim of these questions was to allow health professionals within LAs to target health services in a more effective and specific way.

The topics and questions were chosen with potential future surveys in mind. Including the same topics in any future iterations of the WAY survey will allow LAs to detect changes in the health of young people.

The WAY 2014 survey also asks about the use of electronic cigarettes (e-cigarettes). These are not subject to the same regulation as tobacco products. There is a lack of information about whether they are safe or effective, and as a result, the Medicines and Healthcare Products Regulatory Agency (MHRA) is carrying out research into e-cigarettes, providing evidence for any regulation that may be needed for these products³⁸. In August 2015 Public Health England (PHE) published an expert independent review concluding that e-cigarettes are at least 95 per cent safer than traditional cigarettes³⁹. The data from WAY 2014 will provide information about the use of e-cigarettes among young people.

The use of other tobacco products⁴⁰ is also of concern. These products carry health risks and tobacco legislation applies to them too. There are a number of initiatives that have been carried out to raise awareness of these health risks and the legislation which also applies to these products⁴¹. WAY 2014 also collected data on the use of these other tobacco products.

1.4 Ethical approval

The National Research Ethics Service (NRES) confirmed that ethical approval would not be required in order for the trial study to go ahead. However, it was decided that it was still desirable for an ethical review of the approach to be conducted. Doing so would ensure that due consideration was being given to any potential ethical issues. The National Children's Bureau

(NCB) carried out this review with Ipsos MORI, as they have extensive experience of research with the age group in question. There was also a full ethics review, prior to the main survey, looking at issues such as:

- the small number of vulnerable children included in the sample,
- accessibility to the survey and materials,
- stressing confidentiality and anonymity,
- making clear that participation in all or some of the survey is voluntary,
- ensuring multiple opt-out methods were available,
- arrangements for dealing with disclosures of harm.

Following this, ethical approval was granted for the main survey.

1.5 Methodological overview

Participants for WAY 2014 were sampled from the Department for Education's National Pupil Database (NPD). The NPD is a near full population database (with the exception that independent schools are not included). Targets were set by LA for the level of response required to the survey, in order to achieve a ± 3 percentage point margin of error at the 95 per cent confidence interval (CI). In other words, users could be 95 per cent confident that the true population value would lie within 3 percentage points of the survey estimate.

The selected sample was split by gender and then proportionately stratified by LA, and then stratified within each LA based on background variables on the sample frame so that all 15 year olds of each gender within an LA had an equal chance of being selected. Parents or carers of the selected sample were sent a separate pre-notification letter at the same time as the selected respondents, giving them the opportunity to opt their child out of the survey. After this mailout, the questionnaire, a covering letter and a study leaflet were sent to young people who had not opted out, inviting them to take part. Progress against the targets was reviewed throughout fieldwork and used as a basis for making decisions about the need for the targeting of reminders. Please see the appendices for further details.

At the end of fieldwork a total of 103 (out of 150) LAs were at or below the ± 3 per cent target. Of the 47 LAs where the target was not achieved⁴² the vast majority of these only missed the target level of response by a small margin. For 41 of these LAs the CIs achieved were less than ± 4 per cent. Only 6 LAs had a CI in excess of ± 4 per cent with the highest being ± 7.0 per cent for Kensington and Chelsea, which is a relatively small LA. The CI for the whole of England was ± 0.3 per cent⁴³.

The original sample for the first mailout was 298,080, of which 2,835 were undeliverable or had opted-out before the questionnaire mailing. Questionnaire packs were subsequently sent to 295,245 young people and 120,115 of these responded with usable data, giving an unadjusted response rate of 40 per cent (based on the issued sample) and an adjusted response rate of 41 per cent (this excludes any undeliverable surveys and opt-outs from the issued sample). Please see section A.3 in the appendix for further information. Young people could complete the paper questionnaire or complete it online.

All respondents in WAY 2014 were asked the questions about smoking, drinking, drugs and bullying apart from those who completed the online questionnaire and responded 'yes' to a question which asked whether they were receiving help with completing the questionnaire - approximately 600 participants were helped (0.5% of all returned questionnaires). These participants were not asked these questions in order to minimise any under-reporting associated with them being observed while completing the questionnaire. Young people who received help when answering the paper questionnaire were asked these questions as it was not feasible to route those being observed around these questions.

1.6 Potential Impact of Methodology

When asking questions in a survey about smoking, drinking and drugs there is potential for the methodology to have an impact on how people answer. In particular there has been some evidence published previously which shows that young people appear less willing to admit to smoking or taking drugs when answering questions at home, particularly in comparison with school-based surveys.

Similarly some of the other questions in this survey are more difficult for young people to answer accurately when completing the questionnaire alone such as the number or portions of fruit and vegetables consumed. If the survey was being conducted via a face-to-face interview with a trained interviewer then it would be possible to give the young person more guidance on what constitutes a portion for the different types of fruit and vegetables.

Further information is available in section A.7 in the appendix.

1.7 Definitions and Notes on Tables

Definitions used within this report are detailed in section A.4 of the appendix and a full set of notes on the tables is given in section A.9.

A set of Excel tables accompany this report which includes all the data tables related to this report as well as those presented here. Table numbers in this pdf document have the same number as their excel equivalent. Therefore the table numbering is not sequential in this pdf document as not all the Excel tables are presented here.

Unless otherwise stated, changes and differences mentioned in the text are statistically significant at the 5 per cent significance level.

The results for the main indicators in the report are also available in a purpose built data visualisation tool which can be found at:

<http://fingertips.phe.org.uk/profile/what-about-youth>

Endnotes

¹ <https://www.gov.uk/government/groups/children-and-young-peoples-health-outcomes-forum>

² <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>

³ Health Survey for England 2013. <http://www.hscic.gov.uk/catalogue/PUB16076>

⁴ The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), NHS National Services Scotland, 2014. <http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/>.

⁵ Smoking, drinking and drug use among young people in England in 2014, HSCIC, 2015
<http://www.hscic.gov.uk/pubs/sdd14>.

⁶ Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England.
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⁷ Marmot Review (2010). Fair Society Healthy Lives.
<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

⁸ http://www.ons.gov.uk/ons/dcp171766_371427.pdf

⁹ Currie, Candace, S Nic Gabhainn, Emmanuelle Godeau, C Roberts, R Smith, Dorothy Currie, Will Pickett, M Richter, A Morgan and V Barnekow. 2008. "Inequalities in young people's health HBSC International report from the 2005/06 survey." ed. WHO, Europe. Copenhagen.

¹⁰ Office for National Statistics (2014) Measuring National Wellbeing – Exploring the Wellbeing of Children in the UK.
http://www.ons.gov.uk/ons/dcp171776_379712.pdf

¹¹ Viner, R and M Barker. 2005. "Young people's health: the need for action." BMJ 330:901-903.

¹² <https://www.gov.uk/government/publications/alcohol-strategy>

- ¹³ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking>
- ¹⁴ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ¹⁵ Statistics on smoking in England, 2015. HSCIC <http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf>
- ¹⁶ Gervais, A. et al. (2006). "Milestones in the natural course of onset of cigarette use among adolescents" in *Canadian Medical Association Journal*, 175(3), pp.255–261. Cited in <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ¹⁷ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ¹⁸ Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf
- ¹⁹ Patton G et al (2002) Cannabis use and mental health in young people: cohort study. *BMJ*. 2002 November 23; 325(7374): 1195–1198. <http://www.bmj.com/content/325/7374/1195.1.full.pdf>
- ²⁰ Home Office (2010) Drug strategy 2010 reducing demand, restricting supply, building recovery: supporting people to live a drug-free life. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118336/drug-strategy-2010.pdf
- ²¹ Department for Education and the Association of Chief Police Officers (2012) DfE and ACPO drug advice for schools. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf
- ²² <http://www.nhs.uk/Livewell/5ADAY/Pages/Why5ADAY.aspx>
- ²³ Eatwell plate guidance. <http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx>
- ²⁴ Change4 Life information. <http://www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx>
- ²⁵ http://www.who.int/topics/physical_activity/en/
- ²⁶ http://www.who.int/dietphysicalactivity/factsheet_young_people/en/
- ²⁷ <http://apps.who.int/gho/data/view.main.2482ADO?lang=en>
- ²⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213745/dh_128225.pdf
- ²⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182409/DFE-RR001.pdf
- ³⁰ <https://www.gov.uk/government/publications/bullying/bullying>
- ³¹ <https://www.gov.uk/government/publications/school-strategies-for-preventing-and-tackling-bullying>
- ³² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409061/preventing_and_tackling_bullying_october2014.pdf
- ³³ <https://www.gov.uk/government/publications/school-strategies-for-preventing-and-tackling-bullying>
- ³⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414118/NSPCC_online_abuse_and_bullying_prevention_guide_3.pdf
- ³⁵ Public Health Outcomes Framework information website <http://www.phoutcomes.info/>
- ³⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382115/PHOF_Part_2_Technical_Specifications_Autumn_2014_refresh_02.12.2014_FINAL.pdf
- ³⁷ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ³⁸ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ³⁹ <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>
- ⁴⁰ The examples given in the questionnaire were shisha pipe, hookah, hubble-bubble, water pipe but the wording was intended to indicate to participants that these products are not limited to these examples.
- ⁴¹ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ⁴² It should be noted that for 30 of these 47 LAs it was known from the outset that there would not be enough 15 year olds in the LA or the response rate would not be high enough to achieve a +/- 3 percentage point margin of error at the 95 per cent CI.
- ⁴³ This is a maximum value for an estimate of 50 per cent and all other estimates, where based on all respondents, will have a smaller confidence interval than those stated here.

2 What about general health?

2.1 Summary of key findings

- Around one in three young people said their health was 'Excellent' (29%), over half said their health was 'Good' (56%), whilst a smaller proportion said their health was 'Fair' (13%) or 'Poor' (1%).
- Around one in seven young people stated that they had a long-term illness, disability or medical condition that has been diagnosed by a doctor (14%).
- Boys were more likely than girls to report that their health was 'Excellent' (35% compared with 23%). In contrast, girls were more likely than boys to claim that their health was 'Good' (60% compared with 53%) or 'Fair' (16% compared with 11%). Boys and girls were equally likely to report that their health was 'Poor' (1%).
- Young people living in the most deprived areas were least likely to rate their health as 'Excellent' (25% compared with 34% of those living in the least deprived areas). Those living in the most deprived areas were significantly more likely to state that their health was 'Fair' or 'Poor' (18% compared with 11%). There was little variation in the rates of diagnosed long-term illnesses, disabilities or medical conditions by deprivation level of the area.
- There was little variation by ethnicity across self-reported health status. However, young people from an Asian background were less likely than those from a White or Mixed background to report they had a diagnosed long-term illness, disability or medical condition (10% compared with 15% and 16% respectively).

2.2 Introduction

2.2.1 Background and policy context

The health of young people is a complex topic as there are many different determinants of health status, such as lifestyle factors and long-term or chronic conditions. Poor health in childhood and adolescence can have a significant impact on overall life chances¹, with certain unhealthy behaviours having medium to long-term impacts on health².

Studies have shown that the health of young people has remained moderately stable over time, despite the health of infants and older people improving³. Young people's general health has therefore been an area of concern for the government over a number of years.

The Department of Health (DH) developed and published their policy 'Healthy lives, healthy people: our strategy for public health in England' in November 2010, which acknowledged ways in which healthy behaviour could be encouraged among young children and school pupils⁴. Self-rated health is seen to be related to behaviours, outcomes and other social conditions such as life-satisfaction. There is also a wide variation between individuals and their health, with background, economic status and the area people live in having a significant impact on their general level of health. In order to address this, the 2010 Marmot Review 'Fair Society Healthy Lives' emphasised the importance of reducing health inequalities in England⁵.

The 'General Health' section of the WAY 2014 survey consisted of two questions. These help to provide data for LAs to monitor young people's self-reported health status, and the percentage of those with a long-term illness, disability or medical condition diagnosed by a doctor. The data allow comparisons between LAs and against the national position, and if the survey is repeated, it will allow progress to be tracked over time.

2.2.2 Definitions and methodological issues

All participants were asked questions about their general health in the WAY 2014 survey. Definitions used within this chapter on general health are taken from a question which read, 'How is your health in general?' and offered participants options of 'Excellent', 'Good', 'Fair' or 'Poor' to describe their health. This question was sourced from The Health Behaviour in School-aged Children (HBSC) 2014 survey⁶.

All participants were also asked if they had a long-term illness, disability or medical condition that had been diagnosed by a doctor. They were given examples such as diabetes, arthritis, an allergy or cerebral palsy. Those who answered 'yes' to this question were then routed to answer a follow-up question asking them in which areas their long-term illness, disability or medical condition affected them. These questions dealt exclusively with young people's physical health. Mental health and wellbeing were covered in other questions in the WAY 2014 survey.

2.2.3 Other sources of data on general health among young people

Data on young people's health has been gathered in other surveys, and can therefore act as a point of reference and comparison. The Health Survey for England (HSE)⁷ is a national household based survey providing data on the nation's health, which was conducted using computer assisted personal interviewing (CAPI).

The HBSC 2014 study looks at young people's health and wellbeing, as well as their health behaviours. It includes the same question as in the WAY 2014 survey, enabling us to compare data. However, it should be noted that the HBSC 2014 survey was completed at school in exam conditions without the involvement of parents or teachers.

2.3 Health in general

All participants were asked how they would rate their health in general. While this is a self-reported measure of health, and is therefore subjective, it is a widely used measure to assess the general health of the population.

Overall, around one in three young people said their health was 'Excellent' (29%), over half said their health was 'Good' (56%), whilst a smaller proportion said their health was 'Fair' (13%) or 'Poor' (1%).

Boys were more likely than girls to report that their health was 'Excellent' (35% compared with 23%). In contrast, girls were more likely than boys to claim that their health was 'Good' (60% compared with 53%) or 'Fair' (16% compared with 11%). Boys and girls were equally likely to report that their health was 'Poor' (1%).

(Table 2.1)

Table 2.1: General health by gender, 2014

Base: All

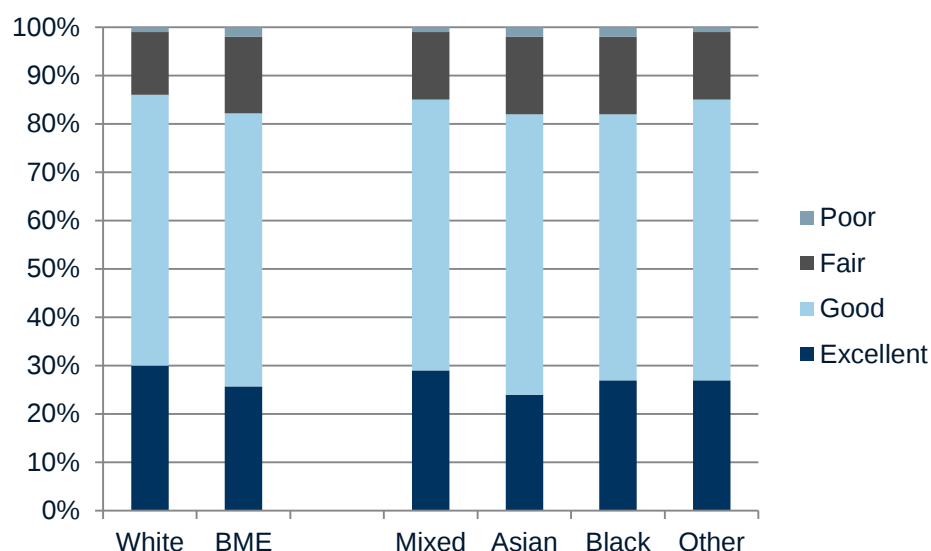
General Health	Per cent		
	Boys	Girls	Total
Excellent	35	23	29
Good	53	60	56
Fair	11	16	13
Poor	1	1	1
Bases			
Unweighted	56,704	60,357	118,247
Weighted	281,944	268,370	556,068

As shown in Figure 2.1, there was little variation by ethnicity across self-reported health status. The only significant difference being that young people from a White background were more likely than those from an Asian background to report that their general health was 'Excellent' (30% compared with 24%).

(Figure 2.1 and Table 2.2)

Figure 2.1: General health by ethnicity, 2014

Base: All



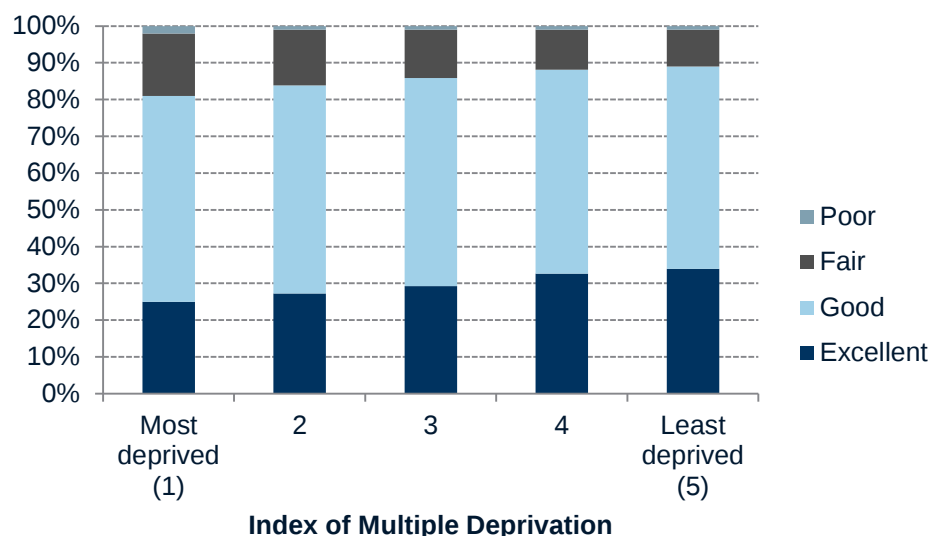
Bases: Unweighted: White 90,437, BME 22,509, Mixed 4,535, Asian 11,378, Black 5,510, Other 1,086.
 Weighted: White 428,523, BME 102,375, Mixed 21,535, Asian 52,448, Black 23,537, Other 4,855.

There was, however, an association between levels of deprivation⁸ and general health, with self-reported health status tending to worsen as levels of deprivation increase. For example, young people living in the most deprived areas were least likely to rate their health as 'Excellent', and those living in the least deprived areas were most likely to have done so (25% compared with 34%). Also, those in the most deprived areas were significantly more likely than those from the least deprived areas to state that their health was 'Fair' or 'Poor' (18% compared with 11%).

(Figure 2.2 and Table 2.3)

Figure 2.2: General health by Index of Multiple Deprivation Quintiles, 2014

Base: All



Bases: Unweighted: IMD1 27,419, IMD2 23,922, IMD3 21,962, IMD4 21,654, IMD5 23,290.
Weighted: IMD1 127,157, IMD2 113,867, IMD3 99,353, IMD4 101,559, IMD5 114,131.

There was also an association between reported levels of life satisfaction⁹ and general health, with self-reported health status tending to worsen as levels of life satisfaction decrease. Those who had low life satisfaction ratings were more likely than those who had medium or high/very high life satisfaction ratings to state their health as 'Fair' or 'Poor' (33% compared with 20% and 9% respectively). 91 per cent of those with a high/very high life satisfaction rating rated their health as 'Excellent or Good', compared with 80 per cent of those with a medium satisfaction rating, and 67 per cent of those with a low satisfaction rating.

(Table 2.5)

There is evidence to suggest that living a healthy lifestyle is associated with positive ratings of health. For example, those who reported eating 5 or more portions of fruit and vegetables per day were more likely than those who had 0-4 portions, to rate their health as 'Excellent' (34% compared with 24%). They were also, as a result, less likely to state their health as 'Fair' or 'Poor' (11% compared with 19%).

(Table 2.6)

Those who had been physically active for a total of at least 60 minutes per day for 7 days a week were also more likely to rate their health as 'Excellent' than those who did so for 6 days or less (46% compared with 27%).

(Table 2.7)

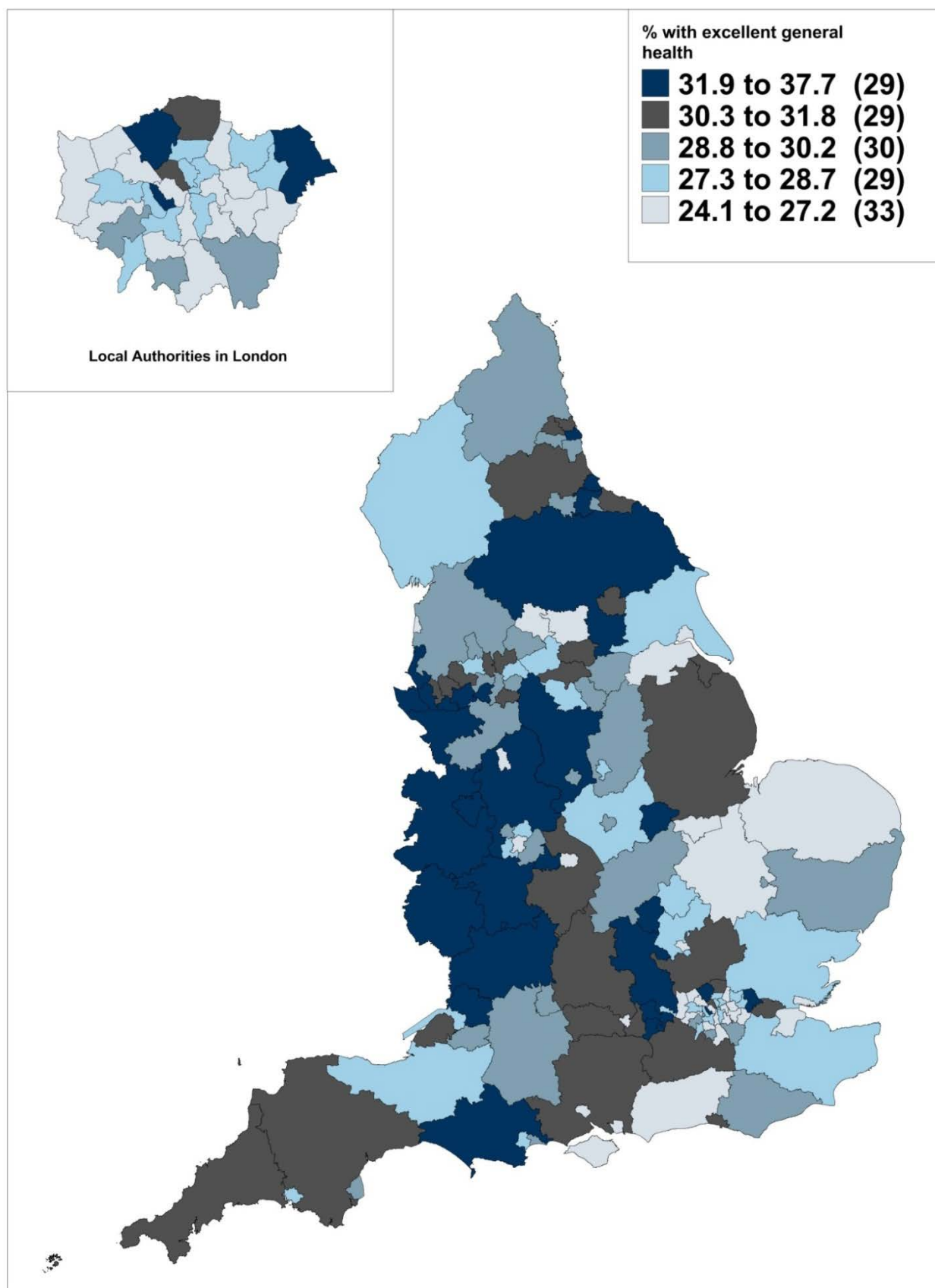
There was minimal regional variation in young people's self-reported health. At an LA level, nearly four in ten young people in Shropshire (37.7%) and Rutland (37.4%) reported their health as 'Excellent'; the LAs with the highest ratings of general health. These were followed by Warrington, Gloucestershire, Wirral and Bracknell Forest (34.7%, 34.7%, 34.6% and 34.5% respectively). Croydon, Peterborough, and Luton had the lowest percentage of young people claiming their general health to be 'Excellent', with around a quarter in each LA doing so (24.1%, 24.2% and 24.4% respectively).

The highest proportion of young people claiming to have 'Poor' health was reported in Middlesbrough, Camden, Bradford and Isle of Wight (3.2%, 2.8%, 2.6% and 2.6% respectively).

(Figure 2.3, Tables 2.8 and 2.9)

Figure 2.3: Percentage of young people with Excellent General Health by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data in this map are shown in Table 2.9.

2.3.1 Comparisons with other sources

Looking at the data from the HBSC 2014 study, 85 per cent of 15 year old boys and 78 per cent of 15 year old girls said that their health was 'Good' or 'Excellent'⁶.

In HSE 2011, 91 per cent of 15 year olds boys claimed to have Good/Very good health, and 90 per cent of 15 year olds girls claimed to have Good/Very good health¹⁰.

When combining the results from the WAY 2014 survey, 89 per cent of boys and 83 per cent of girls stated that they had 'Excellent' or 'Good' health. 12 per cent of boys and 17 per cent of girls in the WAY 2014 survey claimed that their health was 'Fair' or 'Poor'. These are similar results to those from HSE 2011.

2.4 Long-term illness, disability or medical condition

Around one in seven young people stated that they had a long-term illness, disability or medical condition that has been diagnosed by a doctor (14%). As shown in the following table, there were an equal proportion of boys and girls who said they had a long-term illness, disability or medical condition (14%).

(Table 2.10)

Table 2.10: Long-term illness, disability or medical condition by gender, 2014

Base: All

Long-term illness, disability or medical condition	Gender		Per cent
	Boys	Girls	Total
Yes	14	14	14
No	86	86	86
Bases			
Unweighted	56,250	60,161	117,531
Weighted	279,591	267,472	552,527

Young people from an Asian background were less likely than those from a White background or Mixed background to report that they had a diagnosed long-term illness, disability or medical condition (10% compared with 15% and 16% respectively).

(Table 2.11)

There was little variation by deprivation level of the area. 14 per cent of young people from the most deprived areas (by IMD) reported they had a long-term illness, disability or medical condition, compared with 13 per cent from the least deprived areas.

(Table 2.12)

Those who had a low life satisfaction score were more likely than those who had a high satisfaction score to report that they had a long-term illness, disability or medical condition (20% compared with 12%).

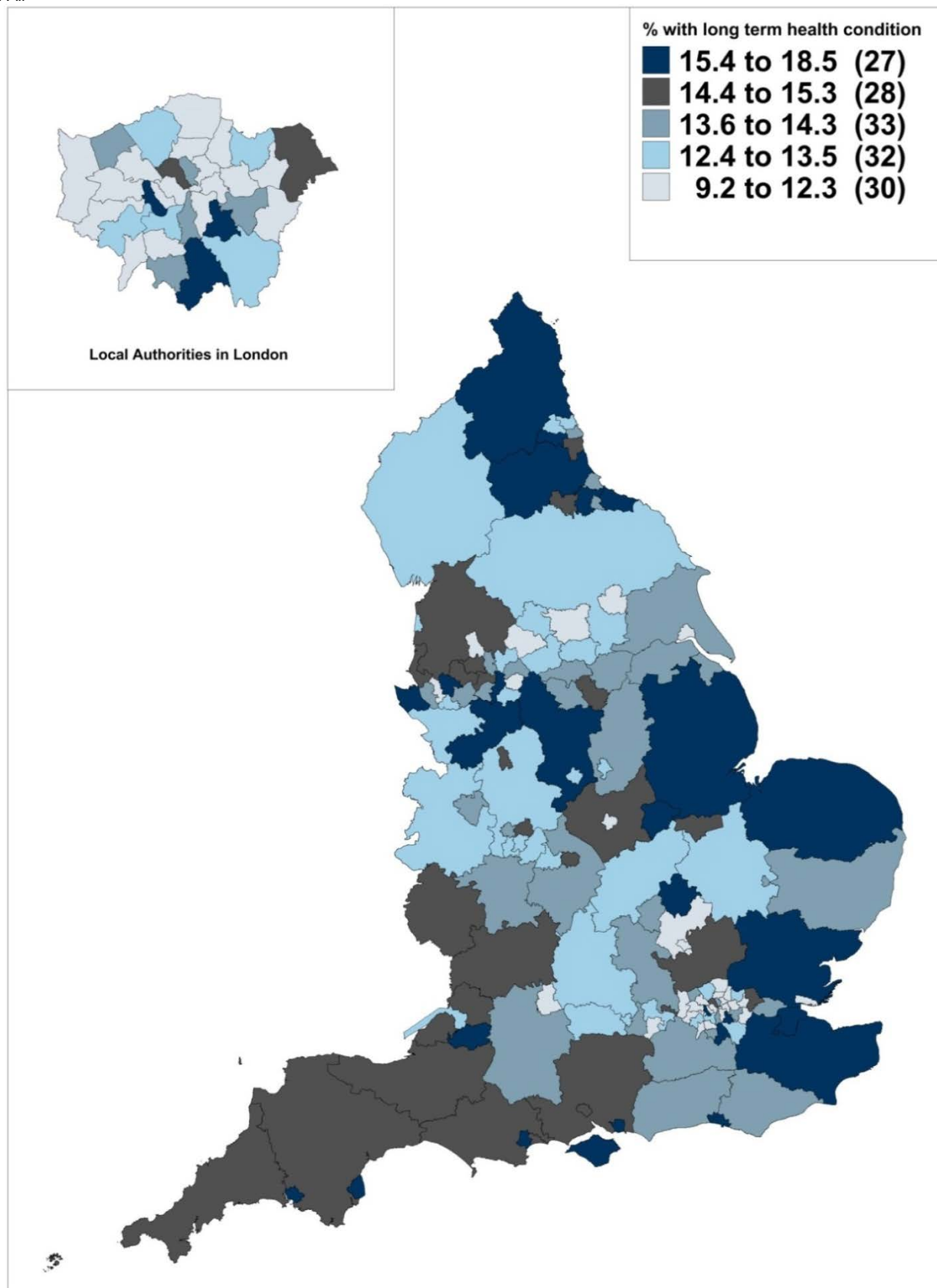
(Table 2.13)

There was little regional variation. At an LA level, young people in Rutland were the most likely to report that they had a diagnosed long-term illness, disability or medical condition (18.5%), followed by Kent (18.3%). Young people in Brent were the least likely to report that they had a diagnosed long-term illness, disability or medical condition (9.2%).

(Figure 2.4, Tables 2.14 and 2.15)

Figure 2.4: Percentage of young people who have a long term illness, disability or medical condition diagnosed by a doctor by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

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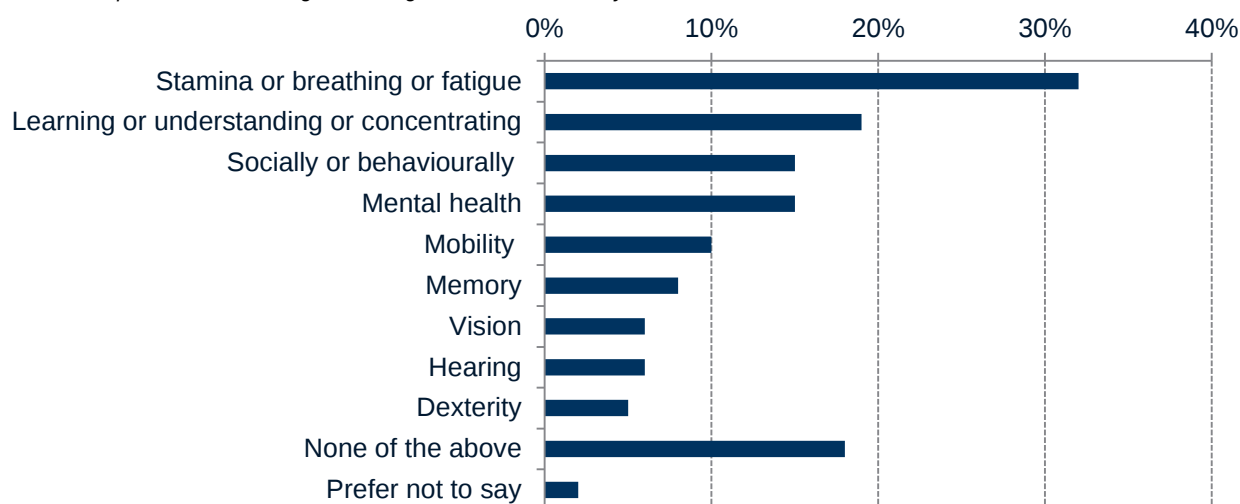
The data for this map are shown in Table 2.15.

Those who reported that they have a long-term illness, disability or medical condition were then asked if any of their conditions or illnesses affected them in specific areas, such as vision, hearing or mobility¹¹. Around a third of 15 year olds who had a long-term illness, disability or medical condition reported that their stamina or breathing or fatigue was affected (32%), followed by around one in five who said their learning or understanding or concentrating was affected (19%). 15 per cent said they were impacted socially or behaviourally or their mental health was affected, followed by one in ten who said that their mobility was affected (10%).

(Figure 2.5 and Table 2.16)

Figure 2.5: Areas affected by long-term illness, disability or medical condition, 2014

Base: All respondents with a diagnosed long term illness, disability or medical condition



Boys who had a long-term illness, disability or medical condition were more likely than girls who had one to say that their learning or understanding or concentration was affected (24% compared with 15%), or that they were affected socially or behaviourally as a result (24% compared with 7%).

In contrast, girls with a long-term illness, disability or medical condition were more likely than boys to state that their illness, disability or medical condition affected their mental health (19% compared with 10%).

(Table 2.16)

Endnotes

¹ Currie, Candace, S Nic Gabhainn, Emmanuelle Godeau, C Roberts, R Smith, Dorothy Currie, Will Picket, M Richter, A Morgan and V Barnekow. 2008. "Inequalities in young people's health HBSC International report from the 2005/06 survey." ed. WHO, Europe. Copenhagen.

² Office for National Statistics (2014) Measuring National Wellbeing – Exploring the Wellbeing of Children in the UK. http://www.ons.gov.uk/ons/dcp171776_379712.pdf

³ Viner, R and M Barker. 2005. "Young people's health: the need for action." BMJ 330:901-903.

⁴ Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf

⁵ Marmot Review (2010). Fair Society Healthy Lives. <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

⁶ Health Behaviour in School-aged Children (HBSC) England National Report (2015) <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>

⁷ Health Survey for England 2013. <http://www.hscic.gov.uk/catalogue/PUB16076>

⁸ Based on Index of Multiple Deprivation Quintiles

⁹ Ratings of life satisfaction are taken from the ONS measure for young people. Participants were asked 'How satisfied are you with your life nowadays where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?' Those who ticked 0-4 out of ten were defined as having a 'low' life satisfaction rating, 5-6 were defined as having a 'medium' life satisfaction rating, 7-8 defined as having a 'high' life satisfaction rating, and 9-10 defined as 'very high' life satisfaction rating.

¹⁰ Health Survey for England – 2011: Children trend tables

<http://www.hscic.gov.uk/catalogue/PUB09302>

¹¹ Participants were asked to think about whether their conditions or illnesses affected them in the following areas: vision, mobility, hearing, dexterity, learning or understanding or concentrating, memory, mental health, stamina or breathing or fatigue, socially or behaviourally, or in another way.

3 What about how you feel?

3.1 Summary of key findings

- The mean overall Warwick-Edinburgh Mental Well-being (WEMWBS) score for young people was 48 (out of a highest possible score of 70 and a lowest possible score of 14).
- 22 per cent of young people had very high life satisfaction scores, 44 per cent had high life satisfaction scores, 21 per cent had medium life satisfaction scores and 14 per cent had low life satisfaction.
- Half (52%) of all young people thought their body was 'about the right size'. 12 per cent thought they were 'a bit too thin', and 2 per cent thought they were 'much too thin'. Just over a quarter (28%) thought their body was 'a bit too fat' and 6 per cent thought they were 'much too fat'.
- Boys had a higher overall mean WEMWBS score than girls (50 compared to 45). Boys were also more likely than girls to have very high levels of life satisfaction (27% compared to 16% respectively), and girls were more likely than boys to have low levels of life satisfaction (19% compared to 9% respectively). As for body image, boys were more likely than girls to think they were 'too thin', and girls were more likely than boys to think they were 'too fat'. 18 per cent of boys thought they were 'too thin', compared to 8 per cent of girls, and 46 per cent of girls thought they were 'too fat', compared to 23 per cent of boys.
- Young people who perceived their body as 'about the right size' had higher mean WEMWBS scores than those who perceived their body as 'too thin' or 'too fat' (50 compared with 47 and 44 respectively).
- Those with high/very high life satisfaction scores also had higher mean WEMWBS scores than those with low life satisfaction scores (52 compared to 35 respectively). They were also more likely to think they were 'about the right size'. 28 per cent of those with low life satisfaction thought they were 'about the right size', compared to 42 per cent with medium life satisfaction and 61 per cent with high or very high life satisfaction scores.
- Participants who rated their general health as 'Excellent' had higher mean WEMWBS scores than those who rated their general health as 'Poor' (52 compared to 37 respectively). They were also the least likely to report low levels of life satisfaction (6%) compared to over half of those who rated their health as 'Poor' (53%).
- The North East and West Midlands were the regions with the highest proportion of young people reporting very high life satisfaction (24%). London was the region with the highest proportion of young people reporting low life satisfaction (15%). There was little variation in perception of own body-weight and mean WEBWMS scores by region.
- 16 per cent of those from a BME background reported low life satisfaction compared with 13 per cent of those from a White background.
- Participants living in the least deprived areas had higher mean WEMWBS scores than those living in the most deprived areas (48 compared to 47). Young people living in more deprived areas were more likely to report lower life satisfaction than those living in less deprived areas. 16 per cent of those living in the most deprived areas reported low satisfaction compared to 11 per cent of those living in the least deprived areas. Young people living in the least deprived areas were more likely to say that their bodies were 'about the right size', compared to those living in the most deprived areas (54% compared to 51% respectively).

3.2 Introduction

3.2.1 Background and policy context

The World Health Organization (WHO) defines health as ‘a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity’; thus wellbeing is important when describing health¹. Wellbeing is at the heart of Public Health England’s work², and is included in their statement of purpose. However, wellbeing is a notoriously difficult concept to define³. Definitions of wellbeing include having good mental health⁴, related to feeling meaningful, competent and autonomous, as well as having vitality and showing resilience in difficult situations⁵. In 2010 a ‘Measuring National Wellbeing programme’ was launched at the Office for National Statistics (ONS). The work of this programme goes beyond considering individual wellbeing to considering community and national wellbeing⁶. In this framework, individual wellbeing includes how people feel about individual aspects of their lives such as health, relationships, education and skills as well as wider society.

The government has previously published documents emphasising the importance of wellbeing among children and young people specifically. A Public Health England publication in 2013 examined the relationships between wellbeing and other health-related factors⁷. A more recent publication from Public Health England emphasises how the emotional health and wellbeing of young people can influence their cognitive development and learning, as well as their physical and social health⁸. This document contained advice for schools and colleges in relation to wellbeing among pupils. A third Public Health England publication lays out guidelines for improving the wellbeing of young people through a holistic and integrated approach to young people’s health⁹.

Questions about wellbeing were included in WAY 2014. These questions covered three key areas related to wellbeing, comprising the ‘What about how you feel?’ section of WAY 2014. Firstly, the survey asked about young people’s perceptions of their body image since body confidence is a known factor influencing wellbeing¹⁰. Secondly, a set of questions were asked which formed the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)¹¹, a tested scale measure of mental wellbeing used in surveys such as the Scottish Health Survey¹². Thirdly, the survey included wellbeing questions developed by ONS, which asked about participants’ feelings on four aspects of their life. The survey allows comparisons on these measures of wellbeing at an LA level.

3.3 Definitions and methodological issues

All the questions within the ‘What about how you feel?’ section of the survey were asked to all participants. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is formed of 14 statements covering a range of feelings and attitudes towards life¹³. Participants were asked to rate how often they felt like each of the 14 statements, ranging from ‘None of the time’ to ‘All of the time’, which are scored from 1 to 5. Each participant is given a single score based on their responses to the 14 statements which ranges from 14 – 70 (a sum of their scores to the individual statements). 70 is the highest possible score of wellbeing, while 14 is the lowest. If participants had missed four or more questions in the series no WEMWBS score was calculated. Where answers for between one and three statements were missing for a participant, a WEMWBS score was imputed by using the participant’s mean score on the statements they did give answers for to replace any missing values. This was suggested in the WEMWBS User Guide¹⁴ and has increased the number of participants who can be included in the analysis¹⁵ (the impact of imputing the scores for those who answered 11 – 13 questions is discussed in section 7.3 of the technical report). For WAY 2014, average (mean) WEMWBS scores are reported for groups of young people (for example, mean scores by gender or ethnicity).

The 14 statements in the WEMWBS used in WAY 2014 were as follows:

1. I’ve been feeling optimistic about the future
2. I’ve been feeling useful
3. I’ve been feeling relaxed
4. I’ve been feeling interested in other people

5. I've had energy to spare
6. I've been dealing with problems well
7. I've been thinking clearly
8. I've been feeling good about myself
9. I've been feeling close to other people
10. I've been feeling confident
11. I've been able to make up my own mind about things
12. I've been feeling loved
13. I've been interested in new things
14. I've been feeling cheerful

WAY 2014 also included the four ONS wellbeing questions which asked young people about how they feel about their lives. These questions covered the following issues:

- How satisfied participants felt with their lives nowadays (life satisfaction) which is used in this report.
- Whether participants felt that the things they did in their lives were worthwhile
- How happy participants felt yesterday
- How anxious participants felt yesterday

Each of these questions had a scale ranging from 0 ('Not at all') to 10 ('Completely'). The analysis in this report has focussed on the life satisfaction score. This life satisfaction score has been grouped into the following bands for analysis: low (0-4), medium (5-6), high (7-8), very high (9-10).

Participants were also asked to rate how they feel about their bodies by choosing one of the following options: 'much too thin', 'a bit too thin', 'about the right size', 'a bit too fat' and 'much too fat'.

3.4 Other sources of data on wellbeing among young people

The Health Behaviour in School-Aged Children (HBSC) study is a multi-national survey from the World Health Organisation aiming to improve the health and wellbeing of young people¹⁶. This survey covers several aspects of young people's health and wellbeing in a similar fashion to WAY 2014. The 2014 HBSC survey included a question on body image using the same measure as WAY 2014 ranging from 'much too thin' to 'much too fat'. This school-based survey was conducted across a range of European countries with 11, 13 and 15 year olds.

The Office for National Statistics (ONS) has reports on the wellbeing of children¹⁷ and young people¹⁸ in the UK. These reports use data from the UK Household Longitudinal Study (Understanding Society), an annual study about social and economic circumstances. The Children's Society uses these ONS measures in their annual reports on the wellbeing of children¹⁹. These studies used the same measure for life satisfaction as WAY 2014. ONS also reports on children's and young people's satisfaction with their physical appearance, although the measures used are not comparable to the measure of body image used in WAY 2014. These publications report on a wider range of ages than WAY 2014, with the report on the wellbeing of children covering ages 10–15 and the report on the wellbeing of young people covering ages 16–24.

The Health Survey for England (HSE) is designed to monitor the nation's health, and in addition to survey questions also includes health measures such as blood pressure, height and weight, and analysis of blood and saliva samples. The HSE 2013 included the WEMWBS scale for participants aged 16 and above²⁰. WEMWBS results are available from the HSE for adults in the 16–24 age group.

Methodological differences between HBSC, ONS, HSE and WAY 2014 mean that comparisons should be made with caution.

3.5 Warwick-Edinburgh Mental Wellbeing (WEMWBS) scores

The mean overall WEMWBS score for those who answered at least 11 of the statements, with imputation was 48 (see section.7.3 of the technical report for more detail on the imputation). 117,842 participants answered at least 11 of the statements. Of these, 102,580 participants answered all 14 statements.

Boys had a higher overall mean WEMWBS score than girls (50 compared to 45).

(Table 3.1)

Table 3.1 (Warwick-Edinburgh Mental Wellbeing (WEMWBS) scores, by gender: 2014

Base: Those who responded to at least 11 statements, with imputation

Mean WEMWBS score	Per cent		
	Boys	Girls	Total
Mean WEMWBS score	50	45	48
<i>Bases</i>			
<i>Unweighted</i>	56,352	60,360	117,842
<i>Weighted</i>	280,116	268,478	554,108

There was little variation in mean WEMWBS score by ethnicity, with scores ranging between 47 and 48 across young people from different ethnic backgrounds.

(Table 3.2)

Participants living in the least deprived areas had higher mean WEMWBS scores than those living in the most deprived areas (48 compared to 47).

(Table 3.3)

Young people who perceived their body-image as 'about the right size' had higher mean WEMWBS scores than those who perceived their body-image was 'too thin' or 'too fat' (50 compared with 47 and 44 respectively). In addition, those with high/very high life satisfaction scores also had higher mean WEMWBS scores than those with low or medium life satisfaction scores (52 compared to 35 and 43 respectively).

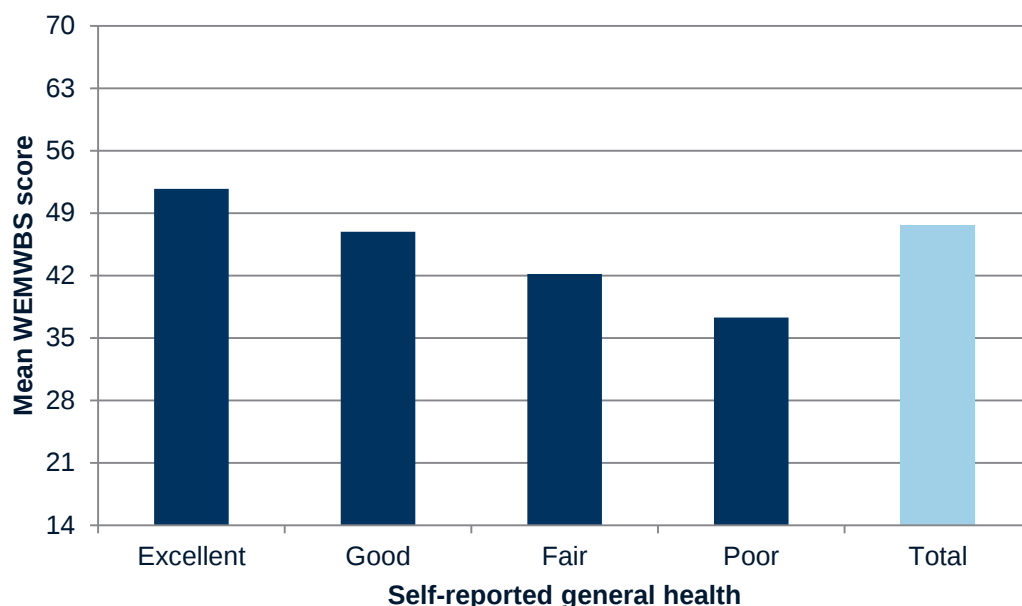
(Tables 3.5 and 3.6)

Mean WEMWBS scores also varied by self-reported general health. Participants who rated their general health as 'Excellent' had a mean WEMWBS score of 52, in comparison to those who rated their general health as 'Poor', who had a mean WEMWBS score of 37. Young people who consumed 5 or more portions of fruits and/or vegetables the day before completing the WAY 2014 survey had higher mean WEMWBS scores than those who ate fewer portions than this (49 in comparison to 46). Young people who exercised for 60 minutes or more 7 days a week, as per government guidelines, also had a higher mean WEMWBS score than those who exercised less than this (50 compared to 47 for those who exercised 6 days a week or less).

(Tables 3.7, 3.8 and 3.9, Figure 3.1)

Figure 3.1: Mean WEMWBS score by self-reported general health, 2014

Base: Those who responded to at least 11 statements, with imputation



Bases: Unweighted: Excellent 34,476, Good 65,471, Fair 15,490, Poor 1,409, Total 117,842.
Weighted: Excellent 161,688, Good 308,102, Fair 72,992, Poor 6,716, Total 554,108.

Participants who had been bullied in the past couple of months had lower mean WEMWBS scores than those who had not experienced bullying over this period (45 compared to 50). Young people who had bullied others over the past couple of months also had a slightly lower mean WEMWBS score than young people who had not bullied others (46 compared with 48).

(Tables 3.10 and 3.11)

Young people who had a learning disability or long term illness, disability or medical condition had lower mean WEMWBS scores than those without (46 for those with a learning disability compared with 48 for those without, 46 for those with a long term illness, disability or condition compared with 48 for those without).

(Tables 3.12 and 3.13)

There was little variation in the mean WEMWBS score among participants from different regions. London was the region with the highest mean WEMWBS score, at 48. The region with the lowest average WEMWBS score was the East of England, with a score of 47. The LAs with the highest mean WEMWBS scores were Hackney, Windsor and Maidenhead, Barnet, Leicester and Kensington and Chelsea (all 49). The LA with the lowest score was Blackpool (45).

(Tables 3.14 and 3.15)

3.6 Comparison with other sources

HSE surveys from 2011 to 2013 published data on WEMWBS scores for adults (participants aged 16 and above)²¹. HSE 2013 reported a mean WEMWBS score of 52 for those aged 16–24. This compares with a mean score of 51 reported in 2010, 52 in 2011, and 52 in the 2012 HSE surveys. These scores are slightly higher than the scores reported in WAY 2014, with the mean WEMWBS score for 15 year olds being 48. One HSE 2013 finding consistent with WAY 2014 was that men had a higher average WEMWBS score than women (52 compared to 51 respectively).

Comparisons between HSE 2013 and WAY 2014 WEMWBS scores should be made with caution however, due to differing methodologies between these two surveys. The HSE 2013 survey was

conducted face-to-face with interviewers in participant's households, whereas WAY 2014 was a postal and online survey. There is also a clear distinction between the age groups of the surveys, with HSE 2013 only collecting WEMWBS scores of adults; even the youngest age group (16–24) is too different to be truly comparable to WAY 2014, which only surveyed 15-16 year olds.

3.7 Life satisfaction

Participants were asked how satisfied they were with their life nowadays, where '0' is 'not at all satisfied' and '10' is 'completely satisfied'. The answers have been grouped into the following bands for analysis: low (0-4), medium (5-6), high (7–8), very high (9-10).

Around one in five young people said they had very high life satisfaction and just over four in ten had high life satisfaction (22% and 44% respectively). Another one in five had medium life satisfaction (21%), while 14 per cent had low life satisfaction.

Boys were more likely than girls to report very high levels of life satisfaction (27% compared to 16% for girls). Girls were more likely than boys to have low life satisfaction (19% compared with 9%).

(Table 3.16)

Table 3.16: Life satisfaction, by gender, 2014

Base: All

Life satisfaction	Per cent		
	Boys	Girls	Total
Low	9	19	14
Medium	16	25	21
High	48	39	44
Very high	27	16	22
<i>Bases</i>			
<i>Unweighted</i>	56,285	60,139	117,542
<i>Weighted</i>	279,741	267,407	552,615

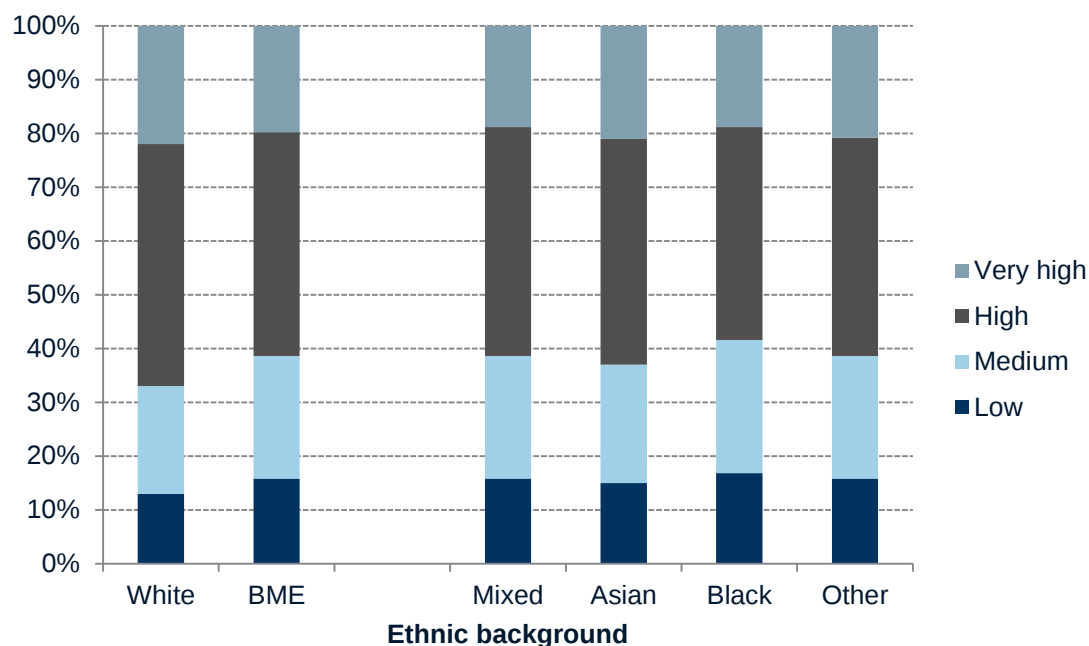
Young people from a BME background tended to be less satisfied with life than those from a White background (16% of those from a BME background reported low life satisfaction compared with 13% of those from a White background). Breaking this down further, participants from a Black background were the most likely to state that they had low life satisfaction (17%), followed by participants from an 'other' or Mixed ethnic background (both 16%), and those from an Asian background (15%).

Young people from a White background were also the most likely to report they had very high life satisfaction (22%), whilst those from a Mixed ethnic background or a Black background were the least likely to report they had very high life satisfaction (both 19%).

(Table 3.17 and Figure 3.2)

Figure 3.2: Life satisfaction by ethnicity, 2014

Base: All



Bases: Unweighted: White 89,962, BME 22,369, Mixed 4,496, Asian 11,317, Black 5,472, Other 1,084.
Weighted: White 426,290, BME 101,700, Mixed 21,333, Asian 52,169, Black 23,361, Other 4,837.

There was also variation by level of deprivation, such that young people living in more deprived areas were more likely to report lower life satisfaction than those living in less deprived areas. 16 per cent of those living in the most deprived areas reported low satisfaction, compared with 11 per cent in the least deprived areas. The opposite was true for very high life satisfaction scores; among those living in the most deprived areas, 21 per cent reported very high satisfaction with life, compared with 23 per cent in the least deprived areas.

(Table 3.18)

Life satisfaction also varied by self-reported general health. Young people who rated their general health as 'Excellent' were the least likely to report low levels of life satisfaction (6%). In contrast, over half of those rating their health as 'Poor' reported low satisfaction (53%). Those who rated their health as 'Excellent' were most likely to report very high satisfaction with life (37%). In contrast, 6 per cent of young people who rated their health as 'Poor' reported very high satisfaction with life.

(Table 3.20)

Participants that had experienced being bullied in the past couple of months were more likely to report low satisfaction with life than those who had not experienced bullying over this period (19% for those who had been bullied, compared with 7% for those who had not been bullied). Conversely, those young people who had not been bullied were more likely to report very high life satisfaction than those who had been bullied (31% compared with 14% respectively). Young people who had bullied others were less likely to report very high life satisfaction than those who had not bullied others (14% and 22% respectively).

(Tables 3.21 and 3.22)

London was the region with the highest proportion of young people reporting low satisfaction with life (15%) and the lowest proportion reporting very high satisfaction (19%). The North East and West Midlands had the highest proportion of young people reporting very high life satisfaction (24%).

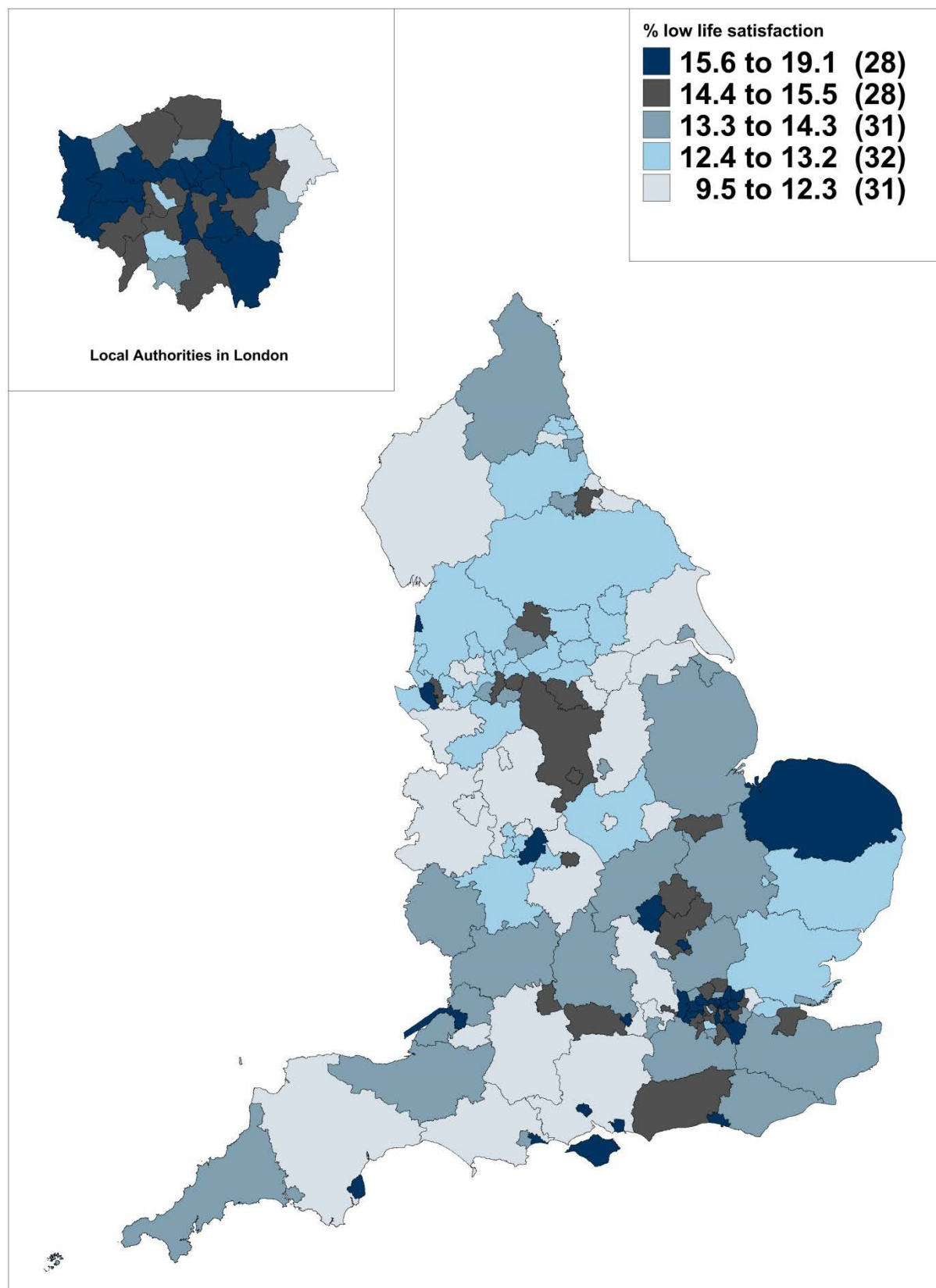
(Table 3.23)

At LA level, Lewisham had the highest proportion of young people reporting low satisfaction with life (19.1%) while North Lincolnshire and Rutland had the lowest percentage reporting low life satisfaction (9.9% and 9.5% respectively). The LAs with the highest proportion reporting very high life satisfaction were Sunderland (29.5%) followed by Halton (27.0%). The LAs with the lowest percentage reporting very high life satisfaction were Waltham Forest (16.0%), Lewisham (16.2%), Hammersmith and Fulham (16.3%) and Croydon (16.3%).

(Table 3.24 and Figure 3.3)

Figure 3.3: Percentage of young people with low life satisfaction by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

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The data in this map are shown in Table 3.24.

3.8 Comparison with other sources

The Children's Society report on the wellbeing of young people includes data for 10–17 year-olds, using data from the ONS life satisfaction question which was also used in WAY 2014. Combined data from Waves 11 to 14 (2013–2015) of the Children's Society's surveys²² shows that boys reported higher satisfaction with life than girls, which is in line with the finding in WAY 2014. The findings also showed that around 6 per cent of young people overall had low life satisfaction. Data published in the Children's Society report suggests that life satisfaction varies by age (specifically a downwards trend in life satisfaction from the age of 10 to the early teens), and so the findings for 10–17 year olds are not directly comparable with 15 year olds.

The HBSC 2014²³ survey used a measure of life satisfaction among young people (the 'Cantril Ladder'). Measured in this way, life satisfaction was lower for girls than for boys at all ages (74% of 15 year old boys rated their life satisfaction as high, compared with 55% of 15 year old girls), which is in line with the finding of WAY 2014. However, the scope for comparison of WAY 2014 results on life satisfaction to HBSC 2014 is limited since the latter used a different measure of life satisfaction to WAY 2014.

3.9 Perception of own body-image

Half (52%) of all young people thought their body was 'about the right size'. 12 per cent thought they were 'a bit too thin', and 2 per cent thought they were 'much too thin'. Just over a quarter (28%) thought their body was 'a bit too fat' and 6 per cent thought they were 'much too fat'.

In the remainder of this report 'too thin' combines 'much too thin' and 'a bit too thin', and 'too fat' combines 'much too fat' and 'a bit too fat'.

Perception of body-image varied greatly by gender, with boys being more likely than girls to think they were 'too thin', and girls being more likely than boys to think they were 'too fat'. 18 per cent of boys thought they were 'too thin', compared with 8 per cent of girls. In contrast, 46 per cent of girls thought they were 'too fat', compared with 23 per cent of boys.

(Table 3.25)

Table 3.25: Perception of own body-image, by gender, 2014

Base: All

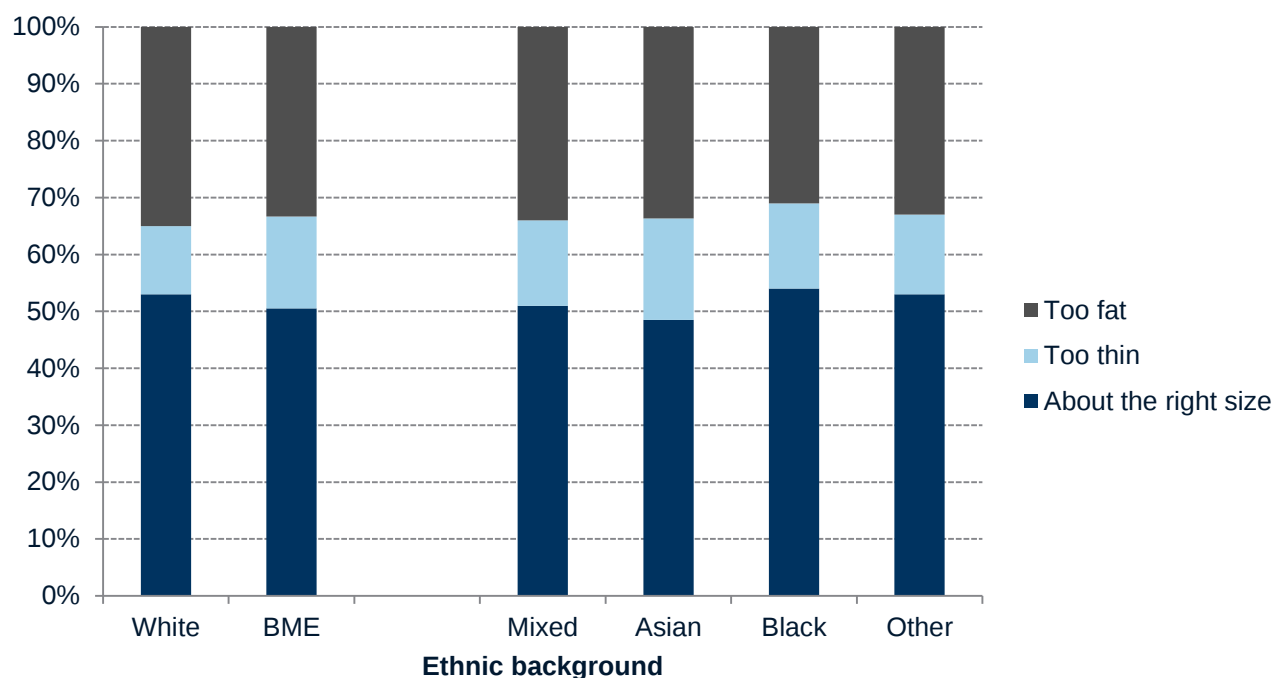
Perception of own body-image	Per cent		
	Gender Boys	Girls	Total
Much too thin	2	1	2
A bit too thin	16	7	12
About the right size	59	46	52
A bit too fat	21	37	28
Much too fat	3	10	6
Too thin	18	8	13
Too fat	23	46	34
<i>Bases</i>			
<i>Unweighted</i>	56,584	60,383	118,114
<i>Weighted</i>	281,375	268,577	555,559

Differences in perceptions of body-image were less pronounced by ethnicity than they were by gender, although there were some differences by ethnic group. 16 per cent of participants from a BME background thought they were 'too thin', compared with 12 per cent of participants from a White ethnic background. More specifically, 18 per cent of young people from an Asian background thought they were 'too thin' – the highest proportion in any ethnic group. Participants from a White background were slightly more likely than those from a BME background to have thought they were 'too fat' (35% compared with 33% respectively).

(Table 3.26 and Figure 3.4)

Figure 3.4: Perception of body-image^a by ethnicity, 2014

Base: All



Bases: Unweighted: White 90,420, BME 22,452, Mixed 4,531, Asian 11,344, Black 5,488, Other 1,089.

Weighted: White 428,567, BME 102,207, Mixed 21,583, Asian 52,311, Black 23,438, Other 4,874.

^a The code 'too thin' combines 'much too thin' and 'a bit too thin', and the code 'too fat' combines 'much too fat' and 'a bit too fat'.

Young people living in the least deprived areas²⁴ were more likely to say that their bodies were 'about the right size', compared with those living in the most deprived areas (54% compared with 51% respectively). There were no significant differences by deprivation level in the percentage saying that their bodies were 'too thin' or 'too fat'.

(Table 3.27)

Perception of body-image varied by life satisfaction: 28 per cent of those with low life satisfaction thought they were 'about the right size', compared to 42 per cent with medium life satisfaction and 61 per cent with high or very high life satisfaction scores. Those with low life satisfaction scores were more likely to say they were 'too fat' than those with high or very high scores (58% and 27% respectively). There was less variation by life satisfaction scores in the percentage thinking they were 'too thin', with 14 per cent of those with low life satisfaction scores, 15 per cent with medium life satisfaction scores, and 13 per cent with high or very high life satisfaction scores thinking this (only the difference between medium and high or very high was statistically significant).

(Table 3.29)

The mean WEMWBS score for those who thought they were 'about the right size' was higher at 50 than the mean score for those who thought they were either 'too thin' (47) or 'too fat' (44).

(Table 3.30)

Perception of body image also varied greatly by self-reported general health. 70 per cent of those who reported their health as 'Excellent' said they were 'about the right size' in comparison to 16 per cent of those who rated their health as 'Poor'. Physical activity level was also related; 64 per cent of those who exercised for at least 60 minutes per day 7 days a week thought that they were 'about the right size' compared with 50 per cent of those who did not meet the government recommended minimum standard. 22 per cent of those who did exercise for at least 60 minutes every day thought they were 'too fat', compared with 36 per cent of those who did not exercise every day a week for 60 minutes or more.

(Tables 3.31 and 3.32)

Perceptions of own body-image varied by experience of bullying; those who had been bullied within the last couple of months were less likely to say they were 'about the right size' than those who had not been bullied (44% compared to 63%). 42 per cent who had been bullied thought they were 'too fat' in comparison with 25 per cent of those who had not been bullied.

(Table 3.33)

There was little variation in perception of own body-image by region; either 52 per cent or 53 per cent stated that they were 'about the right size' across all regions. Young people living in London were more likely to say that they were 'too thin' than young people living in other areas, such as the North East and the South West (15% in London compared with 12% and 12% respectively). The North East was the area with the highest proportion of young people who thought they were 'too fat', compared with London, the area with the lowest proportion (36% and 33% respectively).

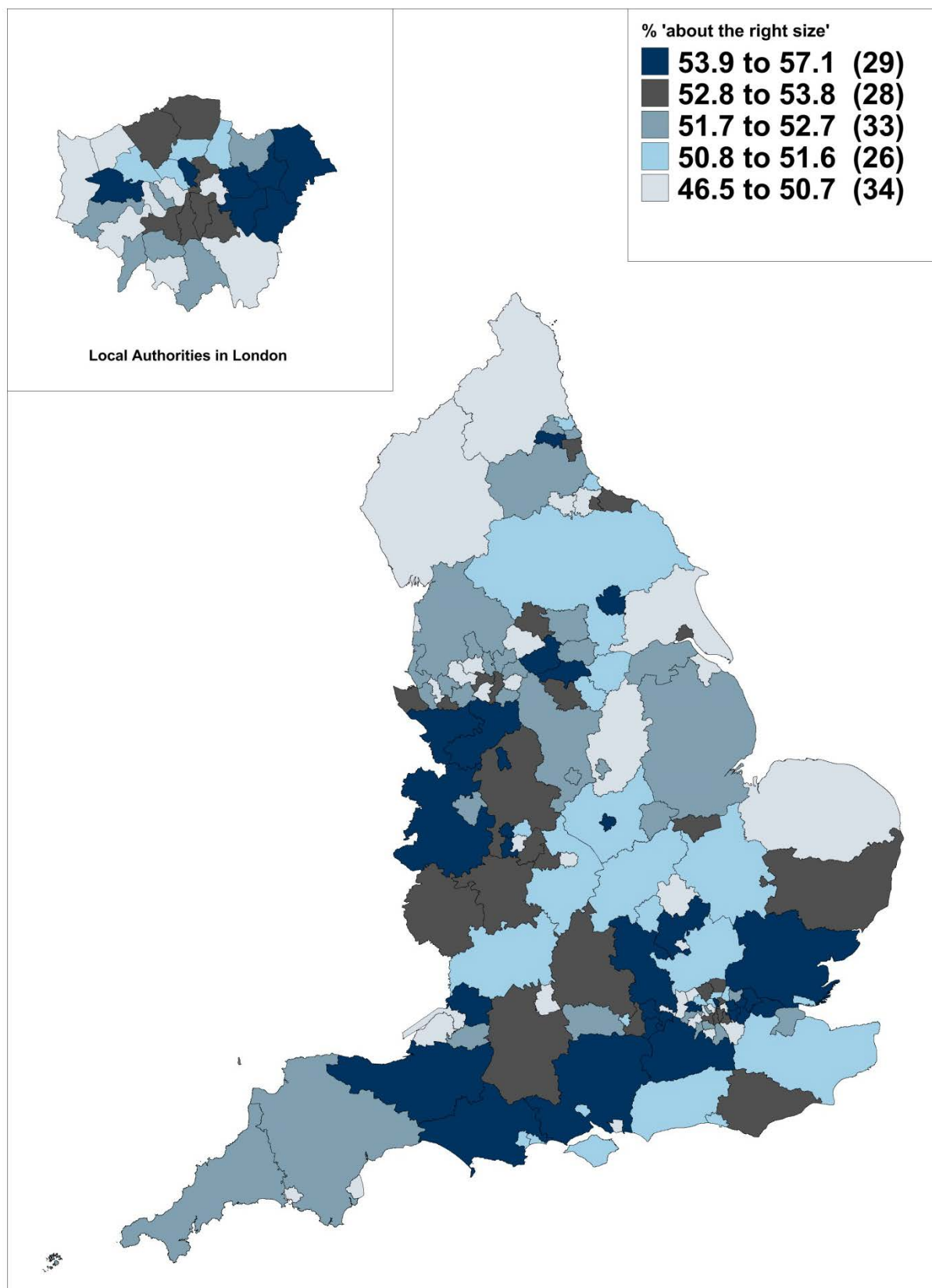
(Table 3.34)

Havering was the LA with the highest percentage of young people who thought their body was 'about the right size' (57.1%). The LAs where this proportion was lowest were Blackpool (46.5%), Hammersmith and Fulham (46.8%), Bromley (46.8%), Tower Hamlets (47.0%), Portsmouth (47.1%) and Bristol (47.3%). The LA where the highest proportion described their body as 'too fat' was Blackpool (40.1%), and the LA where the lowest proportion said this was Newham (27.5%). The LA where the highest proportion described their body as 'too thin' was Tower Hamlets (18.5%), compared to Kingston upon Hull, the LA with the lowest proportion that said this (10.2%).

(Table 3.35 and Figure 3.5)

Figure 3.5: Percentage of young people who think they are 'about the right size' (self-reported body image) by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 3.35.

3.10 Comparison with other sources

Results on perception of body-image can be compared (with caution) to those from HBSC 2014²³, which used an identical measure of perception of body-image ranging from 'much too fat' to 'much too thin'. One finding from the HBSC survey that is supported by WAY 2014 figures is that girls are significantly more likely than boys to think they are 'too fat'. For HBSC 2014, 50 per cent of girls and 24 per cent of boys in England said that they thought they were 'too fat' – similar figures to WAY 2014 (46% of girls and 23% of boys said this). The HBSC survey found that this was a common trend across all countries, and that the gap between girls and boys believing they were 'too fat' increased with age.

Endnotes

¹ http://www.who.int/features/factfiles/mental_health/en/

²

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175658/Health_and_wellbeing_webpage_v_Final27Mar.pdf

³ http://people.bath.ac.uk/ecsscw/But_what_is_Wellbeing.pdf

⁴ http://www.who.int/features/factfiles/mental_health/en/

⁵ <http://www.nationalaccountsofWellbeing.org/learn/what-is-wellbeing.html>

⁶ http://www.ons.gov.uk/ons/dcp171766_371427.pdf

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/232978/Smart_Restart_280813_web.pdf

⁸

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP_3.pdf

¹⁰ <https://www.gov.uk/government/publications/body-confidence-a-rapid-evidence-assessment-of-the-literature>

¹¹ The Warwick-Edinburgh Mental Wellbeing Scale was funded by the Scottish Executive National Programme for improving mental health and wellbeing, and commissioned by NHS Health Scotland. It was developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

¹² <http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx>

¹³ <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

¹⁴ <http://www.healthscotland.com/uploads/documents/7551-WEMWBS%20User%20Guide%20Version%201%20June%202008.pdf>

¹⁵ <http://www.healthscotland.com/uploads/documents/7551-WEMWBS%20User%20Guide%20Version%201%20June%202008.pdf>

¹⁶ http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-wellbeing-among-young-people.pdf?ua=1

¹⁷ <http://www.ons.gov.uk/ons/rel/Wellbeing/measuring-national-wellbeing/exploring-the-wellbeing-of-children-in-the-uk--2014/rpt-measuring-national-Wellbeing-children-uk-2014.html>

¹⁸ <http://www.ons.gov.uk/ons/rel/Wellbeing/measuring-national-wellbeing/exploring-the-wellbeing-of-young-people-in-the-uk--2014/index.html>

¹⁹ <https://www.childrenssociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf>

²⁰ <http://www.hscic.gov.uk/catalogue/PUB16077>

²¹ <http://www.hscic.gov.uk/article/2021/Website->

<Search?productid=16571&q=health+survey+for+england&sort=Relevance&size=10&page=1&area=both#top>

²² <http://www.ons.gov.uk/ons/rel/Wellbeing/measuring-national-wellbeing/exploring-the-wellbeing-of-children-in-the-uk--2014/rpt-measuring-national-Wellbeing-children-uk-2014.html>

²³ <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>

²⁴ Based on Index of Multiple Deprivation.

4 What about physical activity and free time?

4.1 Summary

- 14 per cent of young people said that they participated in at least one hour of moderate/vigorous physical activity per day on all seven days of the last week.
- 5 per cent of young people said that they were not active for at least an hour on any day in the last week.
- Young people reported at least an hour of moderate/vigorous physical activity on an average 3.8 days in the last week.
- Girls were typically active on fewer days per week than boys: on average, girls said they undertook at least an hour of moderate/vigorous physical activity on 3.3 days, compared with 4.1 days among boys.
- Young people from BME backgrounds were less likely than those from White backgrounds to meet the recommended levels of physical activity (11% compared with 14%).
- Young people from the most deprived areas were more likely to say they did not complete at least one hour of moderate/vigorous on any day in the last week compared with young people from less deprived areas (6% compared with 3%).
- Seven in ten young people said that they usually spent seven hours or more per day undertaking the five sedentary activities covered by the questionnaire on weekdays when not at school (although it should be noted that young people may engage in more than one sedentary activity at a time, so this figure may overestimate sedentary time).
- The total time spent undertaking sedentary activities was strongly related to ethnicity, with young people from Asian backgrounds least likely to say that they undertook sedentary activities for 10 hours or more per weekday (35%) when compared with young people from White (41%) and Black (54%) backgrounds.
- Young people from the most deprived areas were more likely than those from less deprived areas to report spending 10 or more hours on sedentary activities on both weekdays (49% and 34% respectively) and weekend days (73% and 63% respectively).
- Young people in the North East had the greatest levels of sedentary behaviour. By contrast, young people from the South West were least likely to be sedentary.
- Patterns of sedentary behaviour varied by gender; on average boys said they spent more time playing computer games than girls, and girls said they spent more time using a smartphone than boys.

4.2 Introduction

4.2.1 Background and policy context

Regular moderate-to-vigorous physical activity (MVPA) has significant benefits to health: it is associated with increased musculoskeletal and cardiovascular health and has also been linked with psychological benefits, such as reduced anxiety and depression among children and adolescents¹.

Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood, while lower levels of activity are associated with obesity², a serious public health issue in Europe and North America.

World Health Organisation (WHO) guidelines on physical activity advise children to undertake at least an hour of MVPA daily³ - this is echoed by advice from the Chief Medical Officer⁴ suggesting that all children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. The evidence suggests, however, that a significant proportion of adolescents do not meet this minimum standard⁵.

However, physical activity is only one part of the picture. Young people who spend more time sedentary (i.e. activity with very low energy expenditure, undertaken primarily sitting or lying down) have greater fat mass, higher Body Mass Index (BMI) and an increased risk of being overweight or obese, irrespective of their levels of physical activity when not sedentary⁶. Therefore it is important to track levels of sedentary behaviour as well as physical activity. WHO does not track sedentary behaviour, and so WAY has sought to explore this topic in greater detail.

4.3 Definitions and methodological issues

All participants in What About YOUTh? (WAY) 2014 were asked questions about their physical activity and their sedentary behaviour during free time.

Definitions used within this chapter on physical activity are taken from a question which read, 'Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?' and offered options from 0-7 to describe their behaviour. This question was preceded by a definition advising young people that 'Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.' In addition there were two questions which asked about how often they usually exercised in their free time (outside school) and how many hours a week they did so.

The questions in WAY 2014 were designed to provide data to measure the percentage of those who report at least one hour of MVPA daily: this is defined by the number of days on which people meet this standard.

The WAY 2014 questionnaire also asked a series of questions about what participants do in their free time. Participants were asked to provide the number of hours per day they spend doing each of five sedentary activities on weekdays and on weekend days:

- watching television programmes or films;
- playing games on a computer or games console;
- using a computer for chatting on-line, internet, emailing, homework, etc, in free time;
- using a smartphone for messaging, chatting, social networking, internet, emailing and playing games; and,
- sitting down reading books, magazines or newspapers.

This chapter reports on sedentary hours for each of the different behaviours. It also provides a figure for total sedentary time calculated for weekdays and weekend days separately, which was created by combining the number of hours spent on each sedentary behaviour. It should be noted that this combined figure is an approximation of overall sedentary time. Firstly, it includes only time spent on the five specific sedentary behaviours covered in the questionnaire. Secondly, it does not account for any overlap in behaviour where young people undertake more than one sedentary activity at a time (for example, using a smartphone while watching television). For this reason, when discussing total sedentary time, mean times are not reported as they are likely to be misleading. This is explained in greater depth in section A.4 of the appendices.

A figure for mean sedentary time across the entire week is not provided. This is because the patterns of behaviour are not comparable between weekend and weekdays. Issues such as double counting would also present problems if creating a combined variable across the whole week.

4.4 Other sources of data on physical activity and sedentary behaviour amongst children

There are a number of national and international surveys which collect data on physical activity and sedentary behaviour. Health Behaviour in School Aged children (HBSC)⁷ is a cross national survey looking at a variety of health related behaviours among young people aged 11,13 and 15 years. The latest HBSC data for England is from the HBSC 2014 study⁸. HBSC is a school-based survey with data collected through self-completion questionnaires administered in exam conditions in the classroom. These questions were also included in the Health Survey for England (HSE)⁹, which provides data for young people aged 5 to 15. Comparisons are made with HBSC and HSE in this chapter.

4.5 Number of days physically active over the last seven days

In WAY 2014, 14 per cent of young people said that they participated in at least an hour of MVPA per day on all seven days of the last week. By contrast, 5 per cent of young people said that they were not active for at least an hour on any day in the last week. Overall, young people reported at least an hour of MVPA on an average 3.8 days in the last week (Table 4.1).

Levels of physical activity were strongly related to gender. Girls were typically active on fewer days per week than boys: on average, girls said they undertook at least an hour of MVPA on 3.3 days, compared with 4.1 days among boys. Boys were twice as likely as girls to say they had undertaken at least one hour of MVPA on all seven days in the previous week, with 18 per cent saying they did so, compared with 9 per cent of girls. Girls were also more likely to have been completely inactive in the last week, with 6 per cent saying they were not active for at least an hour on any day in the previous week and a further 13 per cent saying they were active on one day: by contrast 3 per cent of boys said they were not active on any day and 7 per cent said they were active on one day.

(Table 4.1)

Table 4.1: Number of days met MVPA guidelines in last week by gender: 2014

Base: All

Number of days met MVPA guidelines in last week	Gender		Per cent
	Boys	Girls	Total
None	3	6	5
1	7	13	10
2	13	20	16
3	15	19	17
4	16	14	15
5	17	13	15
6	10	7	8
7	18	9	14
Mean days	4.1	3.3	3.8
Bases			
Unweighted	55,126	59,335	115,569
Weighted	274,125	263,906	543,370

The frequency with which young people undertook at least one hour of MVPA also varied among ethnicities. Overall, young people from BME backgrounds were less likely than those from White backgrounds to meet the recommended levels of physical activity (11% compared with 14%). Young people from an Asian background typically showed lower levels of physical activity, and

were least likely of all ethnic groups to say that they participated in physical activity on seven days in the last week (9%, compared with 14% of all participants).

(Table 4.2)

Young people from the most deprived areas¹⁰ were more likely to say they did not complete at least one hour of MVPA on any day in the last week compared with young people from less deprived areas (6% of those in the most deprived areas said this, compared with 3% of young people in the least deprived areas). There was also a small difference in the proportion meeting the recommended level of physical activity on seven days in the last week with 15 per cent of those in the least deprived areas doing so, compared to 13 per cent in the most deprived areas.

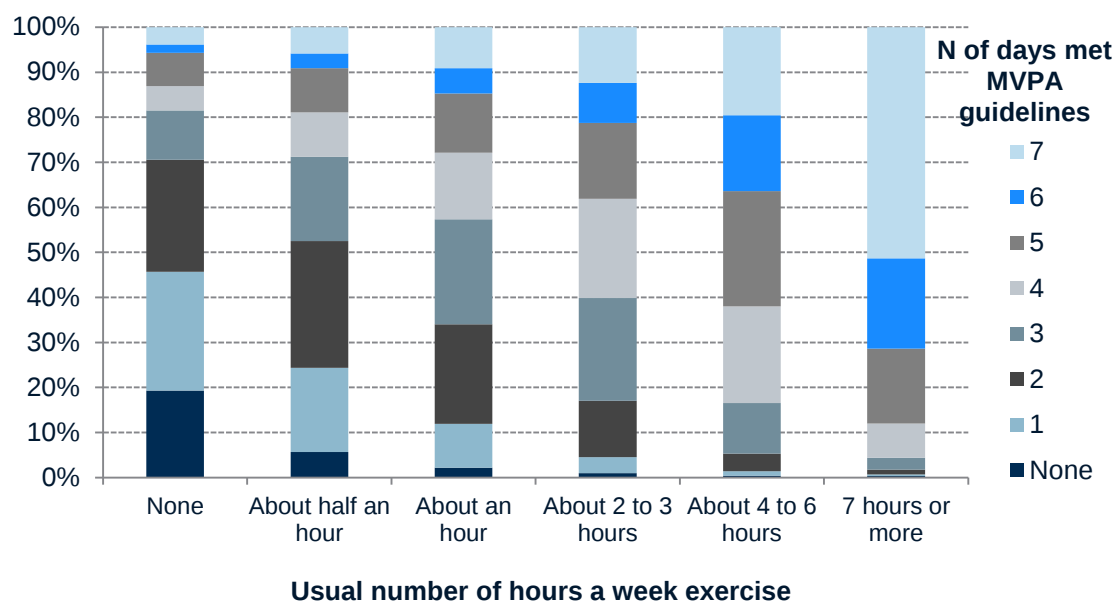
(Table 4.3)

Comparing activity in the last week with “usual” levels of activity shows that there is an association between the two. Half of young people who said they usually exercise for seven hours or more per week (51%) said that they undertook at least an hour of MVPA on all seven days in the last week¹¹. In contrast, one in five young people who said they typically exercised for 4-6 hours per week and one in ten who said they typically exercised for 2-3 hours per week reported undertaking at least an hour of MVPA on all seven days in the last week (20% and 12% respectively).

(Table 4.5 and Figure 4.1)

Figure 4.1: Number of days met MVPA guidelines in last week by usual number of hours MVPA per week, 2014

Base: All



Bases: Unweighted: None 18,056, About half an hour 16,967, About an hour 23,541, About 2 to 3 hours 29,057, About 4 to 6 hours 17,250, 7 hours or more 9,883.

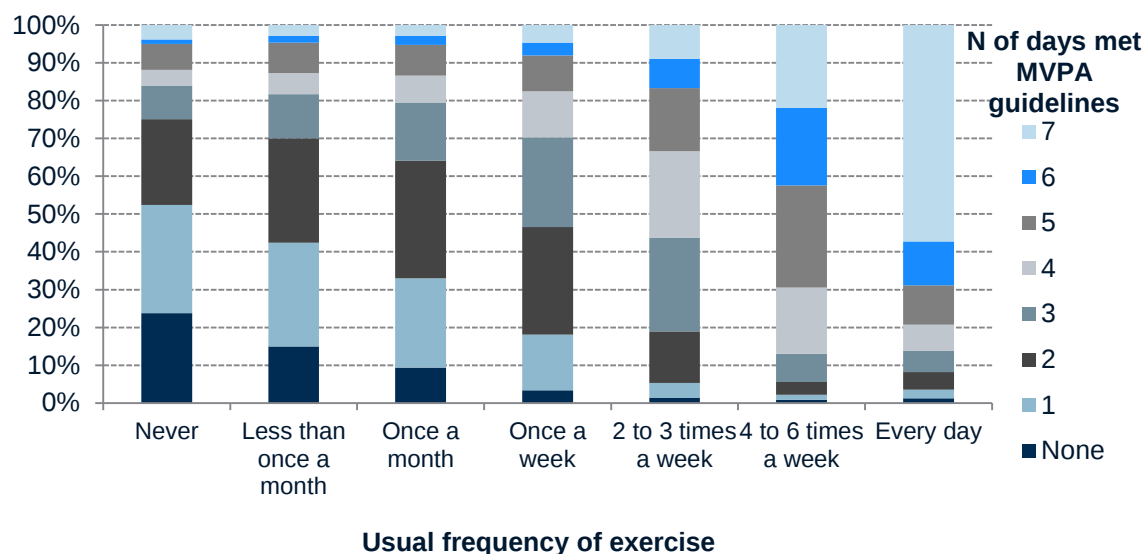
Weighted: None 83,935, About half an hour 79,445, About an hour 109,999, About 2 to 3 hours 137,253, About 4 to 6 hours 81,948, 7 hours or more 46,954.

Similarly, young people who said they usually exercised every day were more likely to have met physical activity guidelines in the last week, compared with those who usually exercise 4-6 times per week (57% and 22% respectively)¹². This link was also found for inactive young people: young people who said that they usually exercised less than once a month or never were more likely to have said that they did not meet physical activity guidelines on any days in the last week (15% and 24% respectively).

(Table 4.6 and Figure 4.2)

Figure 4.2: Number of days met MVPA guidelines in last week by usual frequency of MVPA, 2014

Base: All



Bases: Unweighted: Never 8,780, Less than once a month 6,447, Once a month 7,401, Once a week 23,074, 2 to 3 times a week 36,572, 4 to 6 times a week 21,982, Every day 10,142.

Weighted: Never 41,064, Less than once a month 29,490, Once a month 34,251, Once a week 106,896, 2 to 3 times a week 172,385, 4 to 6 times a week 104,655, Every day 49,115.

Levels of physical activity were also strongly related to the area in which young people live. Young people from the South West were most likely to meet the recommended amount of physical activity (16%), while those from London were least likely to do so (12%).

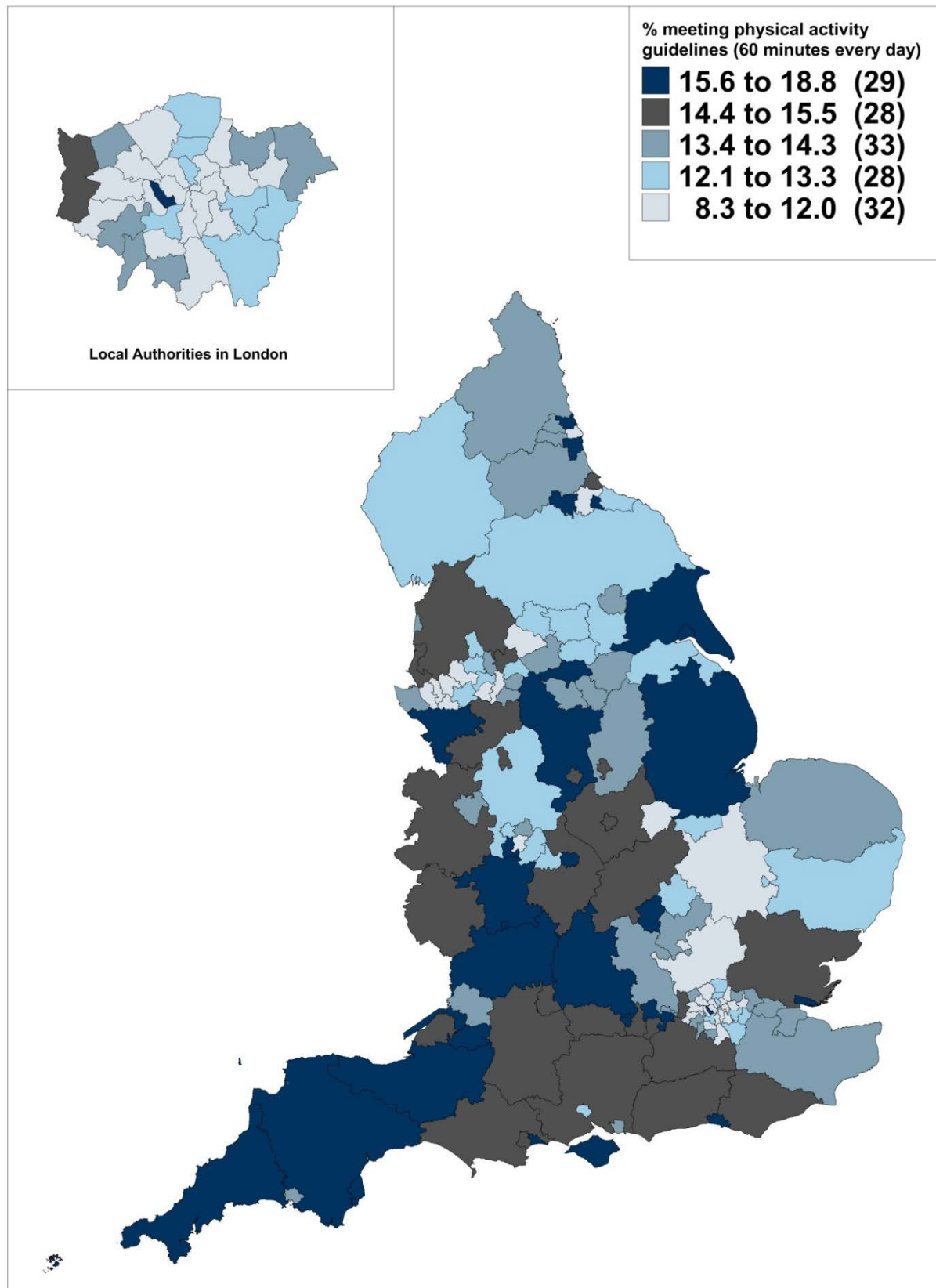
(Table 4.7)

London Boroughs accounted for 17 of the 20 LAs with the lowest mean number of days in the last week on which young people completed at least one hour of MVPA. Young people living in City of Westminster had the lowest levels of physical activity – 11.7 per cent said they did not do an hour of exercise on any day in the last week, while only 8.3 per cent said they were active on all seven days (mean 2.9 days). Young people in Lambeth, Camden, Brent and Tower Hamlets also reported low levels of physical activity, being active for an average of 3.2 days in the last week. By contrast, young people resident in LAs in the South West were among the most active. Young people in Bath and North East Somerset said they did an hour of exercise on an average of 4.2 days in the last week, with only 3.5 per cent not exercising on any days, and 18.8 per cent active on all seven days.

(Table 4.8 and Figure 4.3)

Figure 4.3: Percentage of young people who report at least an hour of physical activity on 7 days a week (meeting CMO guidelines), 2014

Base: All



Source: What About Youth Survey 2014

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4.6 Comparisons with other sources

Levels of physical activity reported in WAY 2014 were similar to those of the HSE 2013 among 13-15 year-olds, which found that 14 per cent of boys and 8 per cent of girls met the recommended target of at least one hour of physical activity each day.

HBSC 2014 found higher levels of activity among 15-year-olds in England, with 10 per cent of girls and 18 per cent of boys reporting at least one hour of MVPA daily.

4.7 Sedentary time

4.7.1 Overall sedentary behaviour

Seven in ten young people said that they usually spent seven hours or more per day undertaking the five sedentary activities covered by the questionnaire¹³ on weekdays when not at school¹⁴ (29% 7-9 hours per day, 42% 10 or more hours per day). The level of inactivity was higher at weekends, when young people were likely to have more free time: 20 per cent of young people said they spent 7-9 hours per day on these sedentary activities on weekend days, and 68 per cent said they spent 10 or more hours per day on them.

Gender had little influence on total time spent on the sedentary activities, with only minor differences between boys and girls on either weekdays or weekends at an overall level. As discussed in this chapter however, there was wide variation in patterns of specific sedentary behaviours by gender.

Table 4.9: Sedentary time per day during weekdays and at weekends, by gender, 2014

Base: All

Age	Weekday - Per cent			Weekend - Per cent		
	Gender		Total	Gender		Total
	Boys	Girls		Boys	Girls	
Up to 1 hour	0	0	0	0	0	0
2 - 3 hours a day	6	5	5	2	2	2
4 - 6 hours a day	26	23	24	10	9	10
7 - 9 hours a day	29	28	29	21	20	20
10 or more hours a day	39	44	42	67	68	68
Bases						
Unweighted	54,625	58,812	114,512	53,986	58,488	113,539
Weighted	271,667	261,487	538,347	268,442	260,028	533,612

The total time spent undertaking sedentary activities was strongly related to ethnicity. Young people from Asian backgrounds were least likely to say that they undertook sedentary activities for 10 hours or more per weekday (35%) when compared with young people from White (41%) and Black (54%) backgrounds. This pattern was also true of weekends, with 66 per cent of young people from Asian backgrounds spending 10 hours or more on sedentary activities, compared with 67 per cent of young people from White backgrounds, and 80 per cent of those from Black backgrounds.

(Table 4.10)

Levels of sedentary behaviour increased with deprivation levels. Young people from the most deprived areas were more likely than those from less deprived areas to report spending 10 or more hours on the sedentary activities on both weekdays (49% and 34% respectively) and weekend days (73% and 63% respectively).

(Table 4.11)

Young people who reported being in worse health typically said that they spent longer on the sedentary activities on weekdays and weekend days than those in better health. A third of young people who described their health as 'Excellent' reported engaging in the sedentary behaviours for 10 hours or more per weekday (34%), compared with 60 per cent of those who described their health as 'Poor'. This was consistently the case across all sedentary behaviours.

(Table 4.13)

Reflecting their lower levels of physical activity, young people in London and the North East had the greatest levels of sedentary behaviour on weekends, with 71 per cent in each region saying they spent 10 or more hours on these activities. Young people from the North East also had the highest levels of sedentary behaviour on weekdays, with 49 per cent engaging in sedentary behaviours for 10 or more hours on weekdays.

By contrast, young people from the South West were least likely to be sedentary for long periods on weekdays or weekends, with 37 per cent saying they spent 10 or more hours on the sedentary behaviours on weekdays and 63 per cent doing so on weekend days.

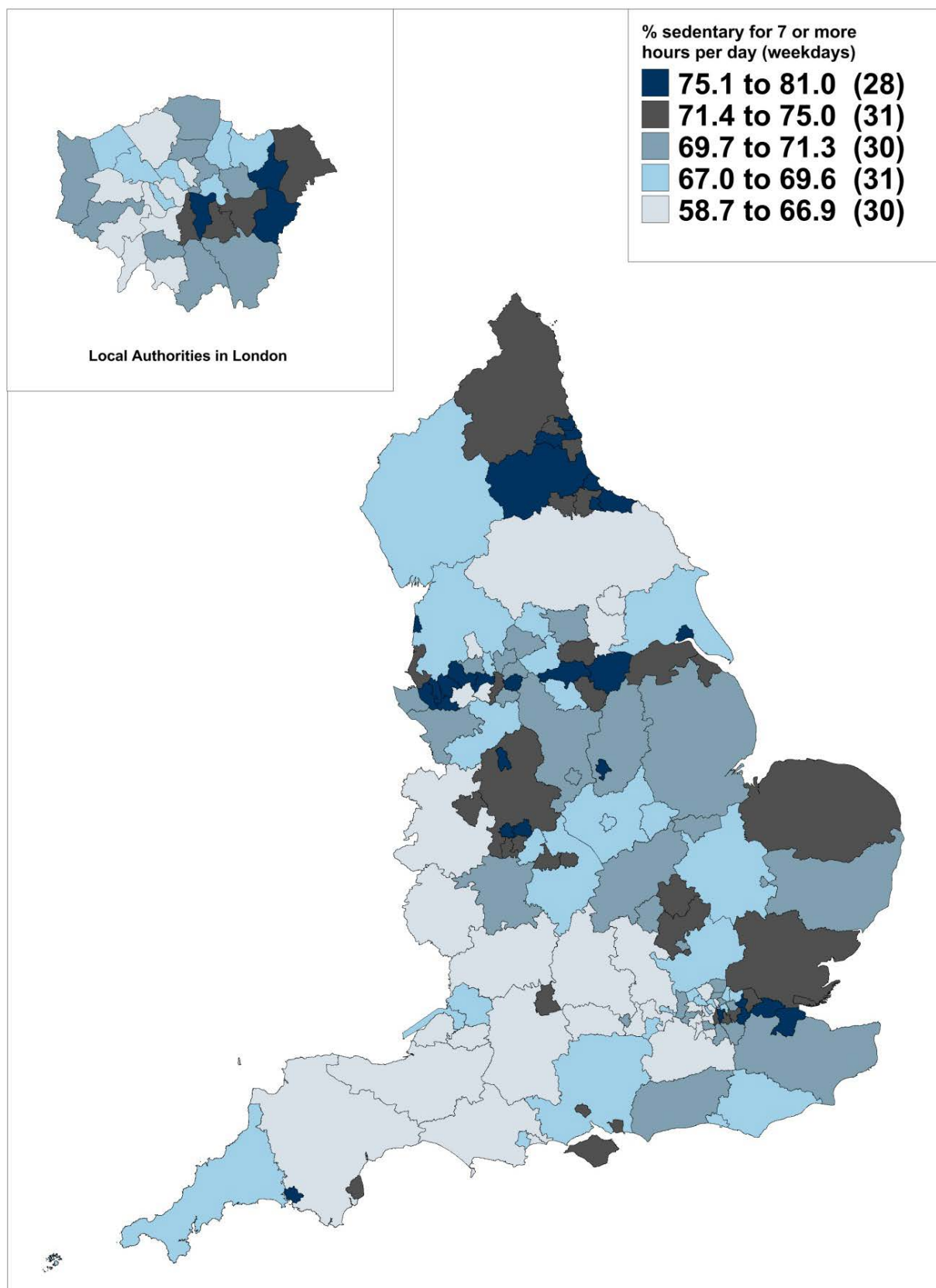
(Table 4.14)

Young people in Blackpool had the highest levels of sedentary behaviour across all LAs, with 78.5 per cent engaging in sedentary behaviours for 10 or more hours on weekend days and 56.2 per cent doing so on weekdays. By contrast, young people in Windsor and Maidenhead, and Richmond upon Thames had lowest levels of sedentary behaviour with 56.7 per cent and 57.1 per cent of young people respectively in each LA saying they spent 10 or more hours in sedentary behaviours on weekend days, and 28.6 per cent of those in Windsor and 29.7 per cent of those in Richmond upon Thames doing so on weekdays.

(Table 4.15 and Figure 4.4)

Figure 4.4: Percentage of young people who spend 7 or more hours more per day in sedentary activities on weekdays by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

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4.8 Specific sedentary behaviours

While overall sedentary time did not differ greatly by gender, the patterns of behaviour did vary. Boys said they played computer games for an average of 1.8 hours per day on weekdays and 3.0 hours per day at the weekend, compared with 0.3 hours on weekdays and 0.6 hours on weekend days for girls. Girls, meanwhile, were more likely to say they spent time using a smartphone (mean 3.5 hours weekdays, 4.2 hours on weekend days compared with 2.3 hours and 2.8 hours respectively for boys).

(Tables 4.20 and 4.28)

The amount of time spent chatting online was related to ethnicity, with young people from Black backgrounds reporting more time spent doing so compared with young people from other ethnic groups. On average, young people from a Black ethnic backgrounds said that they spent 2.2 hours on weekdays and 2.7 hours on weekend days chatting online. Young people from White backgrounds spent the least time on this behaviour, averaging 1.7 hours on weekdays and 2.1 hours on weekend days.

(Table 4.25)

Ethnicity was also related to the amount of time spent using a smartphone, with young people from Black backgrounds again reporting the greatest amount of time spent on this activity (3.4 hours on weekdays and 4.1 hours on weekend days, compared with 2.9 hours and 3.5 hours among all young people).

(Table 4.29)

Endnotes

¹ http://www.who.int/topics/physical_activity/en/

² http://www.who.int/dietphysicalactivity/childhood_why/en/

³ http://www.who.int/dietphysicalactivity/factsheet_young_people/en/

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213739/dh_128144.pdf

⁵ <http://apps.who.int/gho/data/view.main.2482ADO?lang=en>

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213745/dh_128225.pdf

⁷ <http://www.hbsc.org/>

⁸ <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>

⁹ <http://www.hscic.gov.uk/catalogue/PUB13218>

¹⁰ Index of Multiple Deprivation Quintiles.

¹¹ It should be noted that the two questions are not directly comparable. The question about activity in the last week referred to activity both at school and outside school and asked for the number of days on which the recommended guidelines were met. By contrast, the question about usual activity referred only to exercise outside school and asked for the total number of hours of exercise across the week.

¹² It should be noted that the two questions are not directly comparable. The question about activity in the last week referred to activity both at school and outside school and asked for the number of days on which the recommended guidelines were met. By contrast, the question about usual activity referred only to exercise outside school and asked for the usual frequency with which young people usually do any exercise (regardless whether guideline of one hour in a day is met).

¹³ The details of the activities covered and how the combined variables were created are provided in the methodological section of the report.

¹⁴ Total sedentary hours were calculated based on the combined number of hours for each sedentary activity. This is likely to overstate the true figure, since young people may undertake more than one sedentary activity at a time.

5 What about food?

5.1 Summary

- Just over half of young people had consumed 5 or more portions of fruit and vegetables the previous day (52%).
- There were no significant differences between boys and girls (52% of boys and 53% of girls had consumed 5 or more portions the previous day).
- Young people living in the most deprived areas were least likely to have consumed 5 or more portions the previous day (48%) and those living in the least deprived areas were most likely to have done (58%).
- Young people from a BME background were significantly more likely to consume 5 or more portions per day compared with young people from a White background (57% and 51% respectively).
- There was regional variation in the consumption of fruit and vegetables. In the North East and the North West 47 per cent and 49 per cent of young people respectively had consumed 5 or more portions the previous day. This is in contrast to the South West and London where 57 per cent and 56 per cent respectively had consumed 5 or more portions.

5.2 Introduction

5.2.1 Background and policy context

Diet and nutrition are important for health and poor diet is a major risk factor for ill-health and premature death¹. 'Diseases of lifestyle' in which smoking, diet, alcohol and sedentary behaviours are contributory factors are the main causes of premature death in England among adults². Eating habits are established in childhood and adolescence^{3,4} and therefore the diet and eating habits of young people are of concern to policy makers. Diet is one of the elements covered by Personal, Social and Health Education (PSHE) in secondary schools. The government also encourages good eating habits as a preventative health strategy, through campaigns such as 5 A DAY⁵ and the Eatwell plate⁶. Change 4 Life is another campaign which takes a more holistic approach to child and parent health and includes diet as a major element⁷.

Most of the analysis in this chapter is based on the current 5 A DAY guidelines which recommended that at least 5 portions of fruit and vegetables are consumed daily. In 2013 an academic paper was published which highlighted additional benefits of consuming 7 or more portions of fruit and vegetables a day rather than just 5 a day (based on Health Survey for England data and subsequent mortality)⁸. The chapter therefore includes a brief presentation of data on the percentage consuming 7 portions a day or more.

5.3 Definitions and methodological issues

All participants in WAY 2014 were asked six questions about diet. This included four questions about consumption of fruit and vegetables yesterday, broken down into beans or pulses, vegetables (including salad), fruit juice, and fruit (including fresh, dried, tinned and frozen). Participants were given information about what a portion was and that they should exclude potatoes (since potatoes are not counted as a vegetable in 5 a day guidelines). They recorded the number for each question in a space which allowed for a 2 digit answer. For this chapter a total number of portions of fruit and vegetables has been calculated by adding up the individual numbers of portions of fruit and vegetables consumed. Pulses and fruit juice were each counted as one portion (even if more than one portion had been consumed⁹). The total portions of fruit and

vegetables were each capped at 20 so the maximum total portions was 42 (20 each of fruit and vegetables, one of pulses and one of juice). If the data for all four questions about fruit and vegetable consumption were missing then the derived total portion variable was set to missing. If there was valid data in at least one question about fruit and vegetable consumption the total consumption variable was created treating the missing value as 0. From this total it is possible to calculate the mean number of portions consumed and also to create categories showing the proportion of young people who consumed less than the recommended amount as well as those who consumed 5 or more portions. This approach is in line with that taken in HSE.

Young people completing the WAY 2014 questionnaire were also asked about how often in the last seven days they had eaten take-away food and eaten breakfast.

5.4 Other sources of data on diet among young people and discussion of comparability

There are a number of other surveys which collect data on diet among young people. The Health behaviour in School Aged Children (HBSC) is a cross national survey looking at a variety of health related behaviours among young people aged 11,13 and 15 years. The survey is administered in schools by researchers or teachers using a paper questionnaire completed under exam conditions and placed in an envelope for confidentiality. The most recent data for England are available for 2014¹⁰. This survey included questions about fruit and vegetable consumption and about how often the young person usually ate breakfast on weekdays and at weekends.

The Health Survey for England (HSE) is a national household based survey conducted using computer assisted personal interviewing (CAPI). Since 2001 all participants aged 5 and over have been asked about fruit and vegetable consumption in the CAPI (in alternate years since 2011). The questions are designed to assess fruit and vegetable consumption against the '5 a day' guidelines and include questions about fruit, vegetables, fruit juice and pulses. As this chapter shows, the level of fruit and vegetable consumption reported by 15 year olds in HSE 2013¹¹ is much lower than that reported in WAY 2014 (in terms of percentage meeting government guidelines for 5 a day and the mean number of portions). There are a number of potential explanations for this. These include, the impact of data collection mode, the presence of checks during the HSE interview which were not possible in WAY 2014 using paper questionnaires, and the different level of detail in the questions asked. In addition, in WAY 2014 young people were asked to report on number of portions (which may be over-estimated), whereas in HSE they were asked about measures of consumption specific to the type of fruit or vegetables (e.g. number of large fruit, spoonfuls of vegetables etc). These are discussed in the methodological section (Appendix A.7) of this report.

The National Diet and Nutrition Survey (NDNS)¹² is a survey designed to collect information on nutritional intake from the population aged 18 months and over living in private households in the UK. It involves a CAPI interview, a food diary and a nurse visit. Data on fruit and vegetable consumption are collected by a four day food diary which is kept by participants aged 15 themselves. This survey also shows a lower level of fruit and vegetable consumption than WAY 2014, using a very detailed diary methodology (which would usually be regarded as a gold standard for collecting data).

5.5 Portions of fruit and vegetables eaten the previous day

In WAY 2014 young people were asked how many portions of different types of fruit and vegetables they ate yesterday. They were asked separately about pulses, vegetables, fruit juice and fruit. These have been combined (with a maximum one portion of pulses and one portion of fruit juice counted in the total). Just over half of young people had consumed 5 or more portions of fruit and vegetables the previous day (52%). There were no significant differences in the proportion

of boys and girls who had consumed 5 or more portions the previous day (52% of boys and 53% of girls). For both boys and girls just 4 per cent had consumed no fruit or vegetables the previous day.

The mean number of portions consumed was 5.21. Although differences between the genders were statistically significant, with boys consuming a higher mean number of portions than girls (5.26 for boys and 5.16 for girls), the differences are small.

(Table 5.1)

Table 5.1: Daily fruit and vegetable consumption by gender, 2014

Base: All

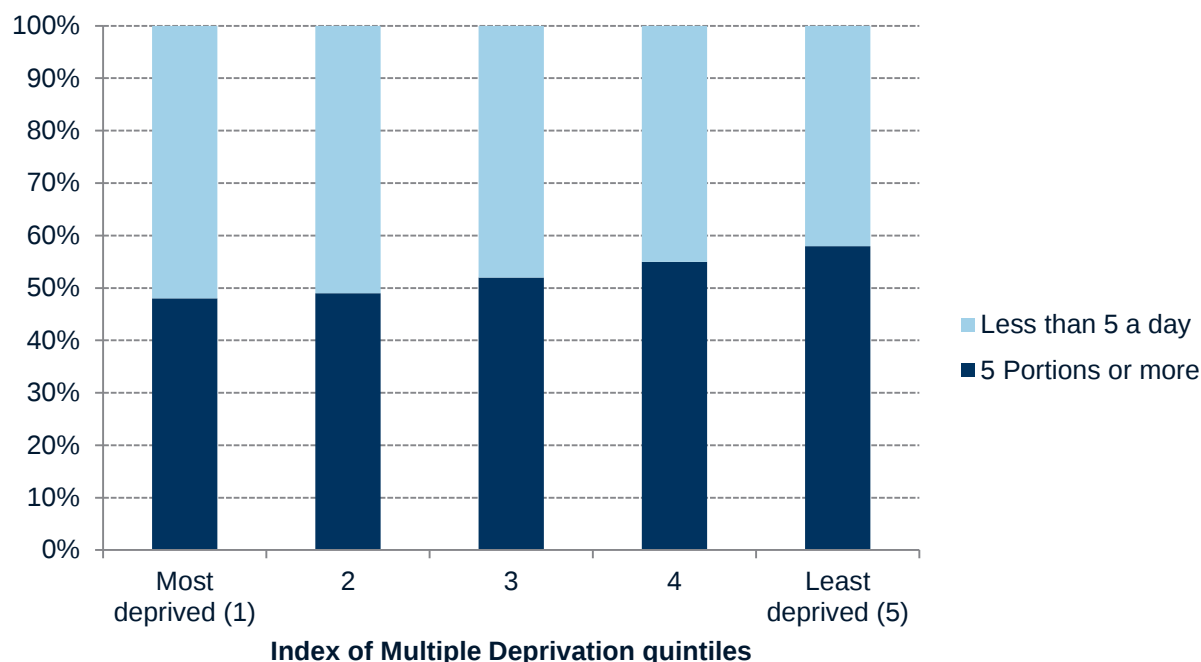
Daily consumption	Per cent		
	Gender Boys	Girls	Total
None	4	4	4
1 Portion	8	8	8
2 Portions	10	10	10
3 Portions	12	12	12
4 Portions	13	14	14
5 or more portions	52	53	52
Less than 5 a day	48	47	48
Mean number of portions	5.26	5.16	5.21
Median number of portions	5.00	5.00	5.00
Base			
Unweighted	56,662	60,464	118,314
Weighted	281,557	268,782	556,098

There was an association between the Index of Multiple Deprivation and consumption of fruit and vegetables. Young people living in the s were least likely to have consumed five or more portions the previous day (48% and 49% in the two most deprived areas) and those living in the least deprived areas were most likely to have done (55% and 58% in the two least deprived areas). Those living in the two most deprived areas had the lowest mean level of consumption the previous day (5.12 portions in the most deprived areas and 5.06 portions in the second most deprived). Those in the least deprived areas consumed the highest mean number of fruit and vegetables (5.42 portions).

(Table 5.2 and Figure 5.1)

Figure 5.1: Daily fruit and vegetable consumption by Index of Multiple Deprivation

Base: All



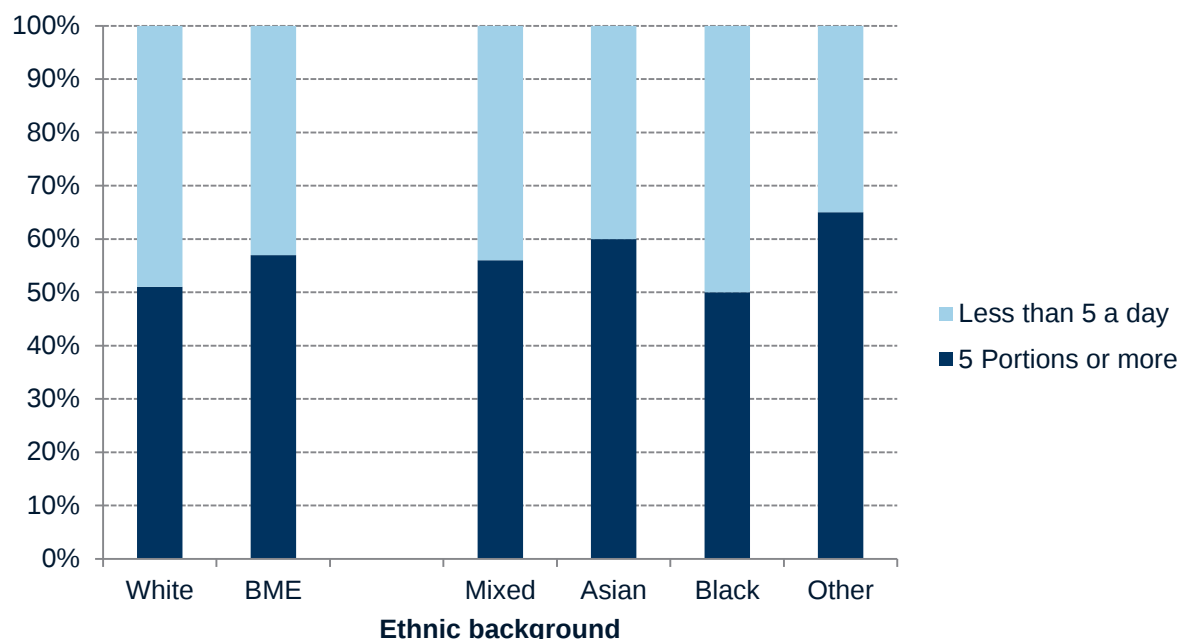
Bases: Unweighted: IMD1 27,330, IMD2 23,879, IMD3 22,011, IMD4 21,707, IMD5 23,387.
Weighted: IMD1 126,627, IMD2 113,578, IMD3 99,523, IMD4 101,791, IMD5 114,578.

There were differences in fruit and vegetable consumption by ethnicity. Young people from a BME background were significantly more likely to consume 5 or more portions per day compared with young people from a White background (57% and 51% respectively). The mean number of portions consumed was 5.01 for young people from a White background and 5.84 for young people from a BME background. Among young people from a BME background, fruit and vegetable consumption was highest among those from other backgrounds with 65 per cent consuming 5 or more portions per day and a mean consumption of 6.70 portions. Fruit and vegetable consumption was also high among the Asian group (which includes Chinese); 60 per cent of young people from an Asian background consumed 5 or more portions per day and the mean number of portions consumed was 6.04. Young people from a Black background were not significantly different from young people from a White background in terms of the percentage consuming 5 or more portions (50% for Black and 51% for White) but the mean number of portions consumed was significantly higher (5.50 for Black and 5.01 for White).

(Table 5.4 and Figure 5.2)

Figure 5.2: Daily fruit and vegetable consumption by ethnicity, 2014

Base: All



Bases: Unweighted: White 90,626, BME 22,435, Mixed 4,535, Asian 11,344, Black 5,468, Other 1,088.
Weighted: White 429,248, BME 101,980, Mixed 21,556, Asian 52,236, Black 23,338, Other 4,851.

There was an association between physical activity and fruit and vegetable consumption. Among those who had done 60 minutes or more of physical activity on the last 7 days (the government recommended level¹³), 61 per cent had consumed 5 or more portions the previous day compared with 51 per cent of those who did not meet the government recommendations for physical activity. There was also a significant difference in the mean number of portions consumed from 5.98 among those who met the physical activity recommendations to 5.09 portions among those who did not.

(Table 5.5)

There was also an association between fruit and vegetable consumption and self-reported general health. Those who reported their health as 'Excellent' were most likely to report having consumed 5 or more portions the previous day (60%) and those who reported their health as 'Poor' were least likely to have done so (32%). There were also differences in the mean number of portions consumed from 5.87 among those who rated their health as 'Excellent' to 3.86 among those who rated their health as 'Poor'.

(Table 5.6)

The data also show an association between the young person's body image and fruit and vegetable consumption. Among those who felt their body was 'about the right size', 55 per cent had consumed 5 or more portions the previous day compared with 48 per cent of those who felt they were 'too thin' and 50 per cent of those who felt they were 'too fat'. The mean number of portions consumed was 5.40 among those who felt their body was 'about the right size', 4.94 among those who felt they were 'too thin' and 5.02 among those who felt they were 'too fat'.

(Table 5.7)

There was regional variation in the consumption of fruit and vegetables. In the North East and the North West 47 per cent and 49 per cent of young people respectively had consumed 5 or more portions the previous day. This is in contrast to the South West and London where 57 per cent and 56 per cent respectively had consumed 5 or more portions. A similar pattern was found in mean number of portions consumed which ranged from 4.80 in the North East and 4.94 in the North West to 5.39 in the South West and 5.73 in London. Overall consumption was highest in the southern regions and lowest in the northern regions.

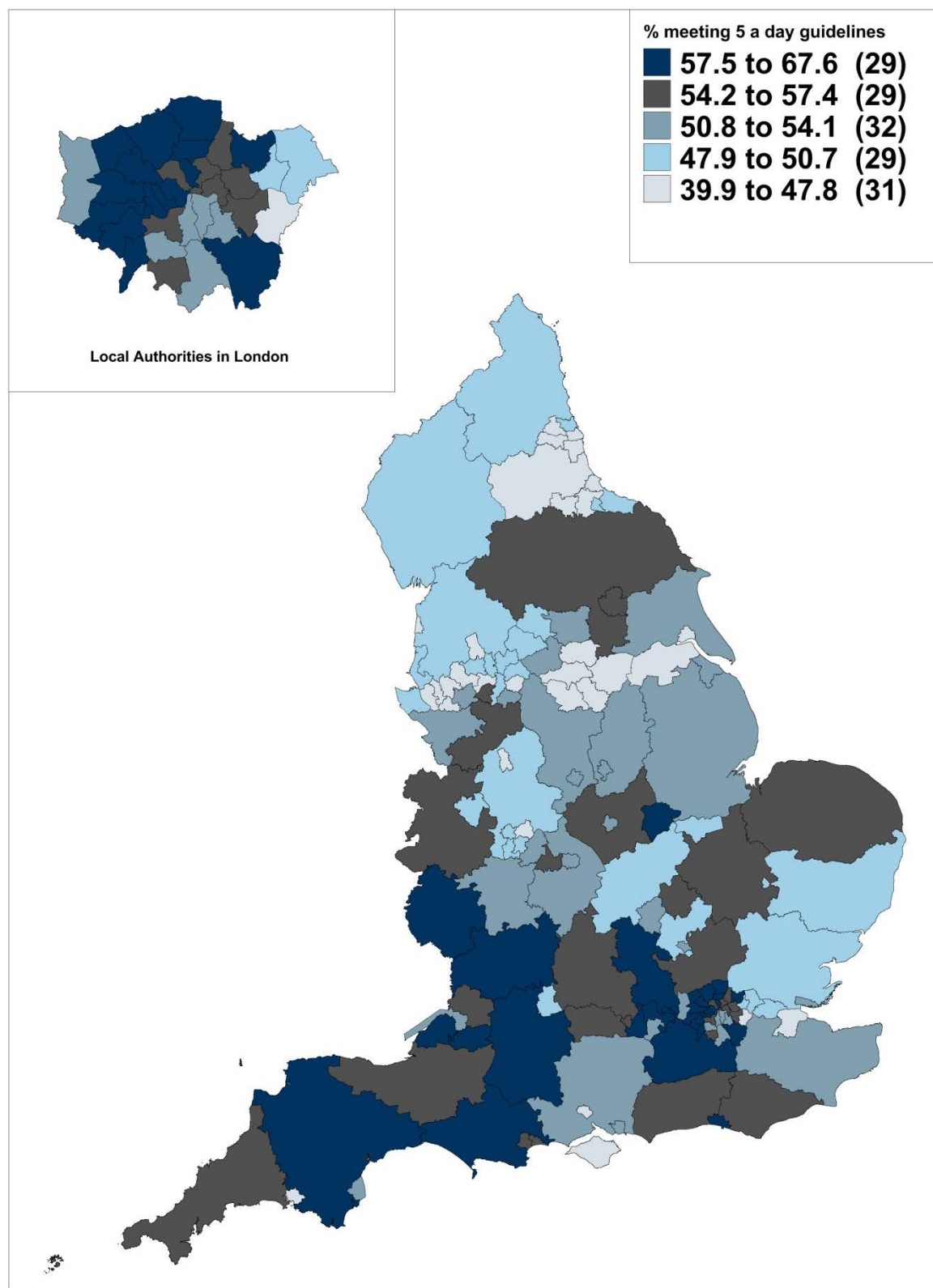
(Table 5.8)

The three LA areas with the lowest percentage consuming 5 or more portions a day were Halton (39.9% meeting 5 a day guidelines), Knowsley (40.4%) and St Helens (41.0%). These were also the areas with the lowest mean consumption (4.40 portions or less a day). The areas with the highest consumption of fruit and vegetables were Kensington and Chelsea (67.6%) and Brighton and Hove (65.7%). The highest mean consumption the previous day was found in Kensington and Chelsea (6.79 portions) and Harrow (6.42 portions).

(Table 5.9)

Figure 5.3: Percentage of young people who consumed 5 or more portions a day by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 5.9.

Comparisons with other sources

The findings from WAY 2014 contrast with those from other studies. The findings from the HBSC in 2014¹⁴ are nearest to WAY 2014 with 31 per cent of 15 year olds consuming 5 or more portions of fruit and vegetables a day. However this is still quite a large difference from WAY 2014 where 52 per cent of young people reported meeting the government guidelines.

In HSE 2013, among 13-15 year olds 15 per cent of boys and 19 per cent of girls reported consuming 5 or more portions of fruit and vegetable per day (a much lower percentage than that reported in WAY 2014 where 52 per cent of boys and 53 per cent of girls had done so). HSE 2013 found a difference between boys and girls, with girls being more likely to consume 5 or more portions and the mean consumption being 2.6 for boys and 3.1 for girls. In contrast WAY 2014 found higher mean levels of consumption among boys than girls (5.26 for boys and 5.16 for girls). The median level of consumption was also higher in WAY 2014 (5.00 for both boys and girls) compared with a median of 2.0 for boys aged 13-15 years and 2.7 for girls aged 13-15 years in HSE 2013 which suggests it is not just high outliers increasing the mean.

The National Diet and Nutrition Survey (NDNS) combined data from four years of the survey covering the periods 2008-9 and 2011-12. Findings from this report¹⁵ show that 10 per cent of boys and 7 per cent girls (aged 11-18 years) met the 5 a day guideline and mean daily portions (averaged from a four day food diary) of fruit and vegetables was 3.0 for boys and 2.7 for girls.

Although the level of consumption reported in WAY 2014 is higher than in other surveys and the gender differences are inconsistent, there are some consistent findings. In all four surveys there is an association between affluence and fruit and vegetable consumption with higher levels of consumption among young people from households with a higher income or those living in more affluent areas. For example, in HSE 2013 the mean number of portions consumed by boys was 3.1 in the least deprived areas and 2.5 in the most deprived, with the figures for girls being 3.4 and 3.2 respectively.

These comparisons suggest WAY could overestimate the proportion consuming 5 or more portions of fruit and vegetables a day. This is likely to be due to the methodology employed to conduct the survey as it is difficult to provide guidance on portion size via a postal survey. Please see appendix section A.8 for more detail regarding this.

5.6 7 portions a day

As mentioned in the introduction, evidence has been published of the additional benefits of consuming 7 or more portions of fruit and vegetables (beyond the advantages from 5 portions)¹⁶. The data from WAY 2014 showed that 28 per cent of both boys and girls reported consuming 7 or more portions of fruit and vegetables during the previous day. However, given the fact WAY gives higher estimates for those consuming 5 or more portions than other surveys, it is recommended that caution is exercised in using these figures.

(Table 5.10)

5.7 Eating breakfast

Young people were asked about their consumption of breakfast over the last seven days. Overall 56 per cent of young people reported having eaten breakfast every day in the last week, 16 per cent on most days, 17 per cent on some days and 11 per cent not in the past seven days. The results were different for boys and girls with 64 per cent of boys reporting that they had eaten breakfast every day compared with 48 per cent of girls. Girls were also more likely than boys not to have eaten breakfast in the last seven days (14% of girls and 8% of boys).

(Table 5.11)

The data were also derived into an indicator which brings together information on fruit and vegetable consumption and breakfast eating. This showed that 41 per cent of young people ate 5 or more portions of fruit and vegetables the previous day and had eaten breakfast most or all days in the last week. This varied from 44 per cent of boys to 38 per cent of girls.

(Table 5.12)

Comparisons with other sources

HBSC 2014 also asked about breakfast consumption, finding that 65 per cent of boys and 49 per cent of girls aged 15 reported eating breakfast every weekday¹⁷. These findings are in line with those from WAY 2014.

Endnotes

¹ <http://www.hscic.gov.uk/catalogue/PUB16988/obes-phys-acti-diet-eng-2015.pdf>

² [Healthy Lives, Healthy People \(2010\).](#)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

³ Jackson, C., Henderson, M., Grank, J.W., Haw, S.J. (2012) 'An overview of prevention of multiple risk behaviour in adolescence and young adulthood.' Journal of Public Health, Vol 34: S1, i31-i41.

http://pubhealth.oxfordjournals.org/content/34/suppl_1/i31.full.pdf+html

⁴ Neumark-Sztainer, D., Wall, M., Larson, N.I., Eisenberg, M.E., Loth, K. (2011) 'Dieting and disordered eating behaviors from adolescence to young adulthood; findings from a 10 year longitudinal study' J Am Diet Assoc. Vol 111:7: 1004-1011. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140795/pdf/nihms-308060.pdf>

⁵ <http://www.nhs.uk/Livewell/5ADAY/Pages/Why5ADAY.aspx>

⁶ [Eatwell plate guidance. http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx](http://www.nhs.uk/Livewell/Goodfood/Pages/eatwell-plate.aspx)

⁷ [Change4 Life information. http://www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx](http://www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx)

⁸ [J Epidemiol Community Health doi:10.1136/jech-2013-203500](http://jech.bmj.com/content/early/2014/03/03/jech-2013-203500)

<http://jech.bmj.com/content/early/2014/03/03/jech-2013-203500>

⁹ The method for calculating total fruit and vegetable consumption was designed to measure whether people are meeting the government guidelines (in which potatoes are not included as a vegetable and a maximum of one portion of fruit juice can be counted per day). <http://www.nhs.uk/Livewell/5ADAY/Pages/Whatcounts.aspx>. This approach is also in line with the method used on the Health Survey for England (HSE).

¹⁰ [HBSC 2014 Report: http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf](http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf)

¹¹ [Health Survey for England 2013 report. http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch7-fru-veg-com.pdf](http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch7-fru-veg-com.pdf)

¹² [NDNS data from 2008-9 and 2011-12. https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012](https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012)

¹³ <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-young-people.aspx>

¹⁴ [HBSC 2014 Report: http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf](http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf)

¹⁵ [NDNS Report from years 1 to 4.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310995/NDNS_Y1_to_4_UK_report.pdf)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310995/NDNS_Y1_to_4_UK_report.pdf

¹⁶ <http://www.nhs.uk/news/2014/04april/pages/five-a-day-should-be-upped-to-seven-a-day.aspx>

¹⁷ [HBSC 2014 Report: http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf](http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf)

6 What about drinking?

6.1 Summary of key findings

- Just over three in five young people reported that they had previously had a whole alcoholic drink (not just a sip) (62%).
- Most of those who had ever had an alcoholic drink reported that they had their first one between the ages of 13 and 15. 10 per cent of young people had their first alcoholic drink under the age of 12.
- 6 per cent of all young people were classed as regular drinkers (drinking alcohol at least once a week). 8 per cent of young people drink alcohol about once a fortnight, 11 per cent drink about once a month, and 32 per cent drink only a few times a year.
- There was an association between age of first drinking and frequency of drinking. Among those who had first had a drink at less than 10 years, 28 per cent were regular drinkers, while among those who had their first drink at age 15 or 16, 3 per cent were regular drinkers.
- 15 per cent of all young people said they had been drunk at least once within the last 4 weeks. When just considering those who had ever had an alcoholic drink, 23 per cent reported they had been drunk within the last four weeks.
- Girls were more likely than boys to report having had an alcoholic drink (65% and 60% respectively) and to report having been drunk in the last four weeks (27% of girls and 19% of boys among those who had ever had an alcoholic drink). However, 6 per cent of girls were regular drinkers compared with 7 per cent of boys.
- Young people from a White background were more likely to have ever had an alcoholic drink than those from a BME background (72% and 27% respectively) and to be classed as regular drinkers (7% compared with 1%). Among those who had ever had an alcoholic drink, young people from White and Mixed ethnic backgrounds were more likely than those from other backgrounds to report having been drunk in the last 4 weeks (24% of White and 25% of Mixed background compared with 15% of those from an Asian background and 16% of those from a Black background).
- Rates of drinking also varied by deprivation, with young people in the least deprived areas being more likely to have ever drunk alcohol than those in the most deprived areas (70% and 50% respectively).

6.2 Introduction

6.2.1 Background and policy context

Excessive alcohol consumption is a major health concern in England. Over-consumption of alcohol can have adverse effects on the body, contributing to disease and death¹. Government reports on harmful drinking indicate that binge drinking accounts for half of all alcohol consumed in the UK².

In order to tackle the problems of excessive drinking the government published their Alcohol Strategy³ in 2012. The strategy set out proposals aimed at tackling the 'binge drinking' culture and its associated impacts, as well as to reduce the number of people who drink to damaging levels. The Department of Health subsequently published a policy paper outlining plans to reduce alcohol misuse between 2010 and 2015⁴. This paper laid out a number of plans to reduce excessive alcohol consumption and minimise the damage alcohol misuse causes to individuals and society. Previous research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood⁵. In 2009 The Chief Medical Officer for England issued guidance that young people under 15 should not drink alcohol at all⁶.

The 'What About Drinking?' section of the WAY 2014 survey consisted of seven questions concerning alcohol consumption. These questions asked about prevalence and frequency of drinking alcohol, age of first alcoholic drink, prevalence and frequency of drunkenness, and consequences of drinking.

6.3 Definitions and methodological issues

Due to the sensitive nature of the questions on drinking alcohol, participants who completed the questionnaire online while being observed were routed around these questions about alcohol. However, in the postal version of the survey there was no way to route those being observed around these questions. All those who were not observed in the online version and all those who answered the paper questionnaire were asked whether they had ever had an alcoholic drink.

Questions regarding age of first drink, frequency of drinking and whether the participant had been drunk in the last 4 weeks were not asked of participants who said that they had never had an alcoholic drink. Questions about frequency of drunkenness were not intended to be answered by participants who had not been drunk in the last four weeks. This rule was the same for both the online and paper format of the survey. However, while the routing was pre-programmed in the online survey – and therefore followed by all online participants – a small number (less than 1%) of those who completed the survey on paper gave inconsistent answers to some of the drinking questions. Where this is the case their answers to subsequent irrelevant questions were set to missing. For example, if the participant said they had never drunk in answer to the question "Have you ever had a drink" then the questionnaire instructed them not to answer the question on frequency of drinking. If they did answer this question then their answer was set to missing.

Definitions used in this chapter:

- 'Drinking prevalence' and 'ever having an alcoholic drink' were defined as having had a whole drink, not just a sip.
- 'Drinking frequency' breaks down into these sub-categories:
 - o 'Regular drinkers' were defined as those who drink alcohol at least once a week. This was derived from three answer codes; 'Every day or almost every day', 'About twice a week', and 'About once a week'.
 - o 'Non-drinkers' were defined as those who never drink alcohol now or who have never had a whole alcoholic drink.
 - o Current drinkers were defined as those who reported drinking alcohol at least a few times a year.

Full definitions for all questions in this chapter can be found within the report appendices (Section A.4).

6.4 Other sources of data on alcohol consumption among children

Data on the drinking experiences of young people aged 15 has been collected in other surveys and can act as a point of reference and comparison. The Smoking Drinking and Drug Use survey⁷ (SDD) is a survey of young people administered at school aged 11–15 which was completed using a paper questionnaire in exam conditions. Some of the questions in SDD regarding drinking prevalence and drinking frequency are comparable to WAY 2014.

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)⁸ is a similar survey to SDD carried out in Scotland and is also administered at school in exam conditions. This questionnaire similarly contained questions regarding the prevalence and frequency of drinking alcohol among 15 year olds. One major difference between SALSUS 2013 and WAY 2014 is the way in which drunkenness is measured, with SALSUS 2013 asking whether participants had ever been drunk, while WAY 2014 asks about drunkenness within the last month specifically.

In 2015, Ipsos MORI published a report for Drinkaware on drinking behaviour and attitudes among those aged 10-17 in the UK⁹. 754 young people completed an online survey, which contained questions on consumption patterns, motivations for drinking and drunkenness. Some of the questions were similar to the questions asked in WAY 2014, although again there are methodological differences and the small sample size and sampling methodology means it may not be representative. The Drinkaware survey was solely completed online, unlike the WAY survey which has a mixed methodology, and crucially the 10–17 year olds surveyed were recruited via their parents, who had completed an adult's survey on alcohol consumption.

As mentioned elsewhere in this report, methodological differences between these surveys limit the ability to compare results. Due to a larger sample size than comparable surveys, WAY 2014 is able to provide estimates of alcohol consumption behaviour at LA level, unlike school-based surveys.

6.5 Prevalence and frequency of drinking

Participants were asked whether they had ever had an alcoholic drink. If participants stated that they had ever had an alcoholic drink, they were asked how frequently they drank alcohol (there was also a code for 'I never drink alcohol now'). The percentages presented in this section regarding drinking frequency have been rebased so as to report on frequency of drinking across all young people (i.e. the base includes non-drinkers who were routed around this question as well as those who were asked the question).

The majority of young people had drunk an alcoholic drink at some point in their lives. Just over three in five young people reported that they had previously had a whole alcoholic drink (not just a sip) (62%); while 38 per cent said they had never had an alcoholic drink. Girls were more likely than boys to report having ever had an alcoholic drink (65% and 60% respectively).

(Table 6.1)

Table 6.1: Ever had an alcoholic drink, by gender, 2014

Base: All who were not observed

Ever had an alcoholic drink	Gender		Per cent
	Boys	Girls	Total
Yes	60	65	62
No	40	35	38
Bases			
Unweighted	56,457	60,440	118,063
Weighted	280,480	268,759	554,898

Over half of young people reported currently drinking alcohol¹⁰ (57%). 43 per cent of all young people were non-drinkers, meaning that they either have never had an alcoholic drink or they no longer drink alcohol. 5 per cent of young people have had an alcoholic drink in the past but do not drink now.

(Table 6.2)

Girls were more likely than boys to report that they currently drink alcohol (60% and 55% respectively). Girls and boys were equally likely to say that they had drunk alcohol in the past, but they don't drink now (5%).

6 per cent of all young people were classed as regular drinkers (drinking alcohol at least once a week). 8 per cent of young people drink alcohol about once a fortnight, 11 per cent drink about once a month, and 32 per cent drink only a few times a year. Boys were slightly more likely than girls to be regular drinkers (7% and 6% respectively). Girls were more likely than boys to drink about once a fortnight (8% of girls compared to 7% of boys), about once a month (13% of girls compared to 10% of boys) or only a few times a year (33% of girls compared to 31% of boys).

(Table 6.2)

Table 6.2: Drinking behaviour, by gender, 2014

Base: All who were not observed

Frequency of drinking	Gender		Per cent
	Boys	Girls	Total
At least once a week (Regular)	7	6	6
Once a fortnight	7	8	8
Once a month	10	13	11
Only a few times a year	31	33	32
Doesn't drink now	5	5	5
Currently drinks	55	60	57
Non-drinker	45	40	43
Bases			
Unweighted	56,267	60,202	117,631
Weighted	279,502	267,763	552,906

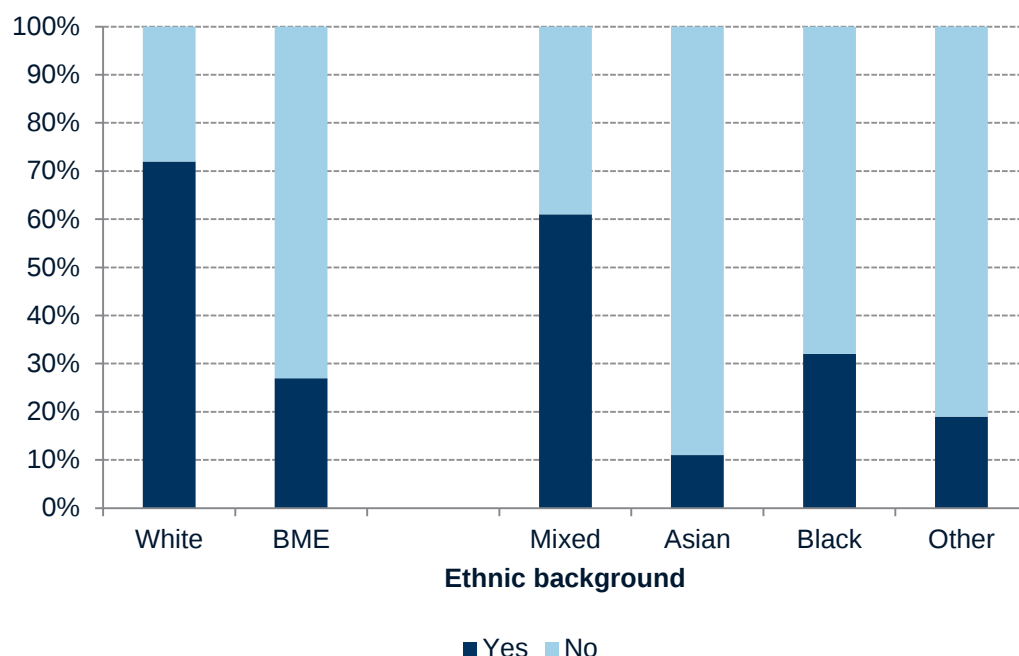
The prevalence of alcohol consumption varied considerably among different groups of young people. For example, young people from a White background were more likely to have ever had an alcoholic drink than those from a BME background (72% and 27% respectively). Among those from

a BME background, young people from a Mixed ethnic background (61%) were most likely to have ever had an alcoholic drink, while those from an Asian background were least likely to have ever had an alcoholic drink (11%).

(Table 6.3 and Figure 6.1)

Figure 6.1: Ever had an alcoholic drink by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 90,368, BME 22,394, Mixed 4,522, Asian 11,311, Black 5,485, Other 1,076.
Weighted: White 427,929, BME 101,869, Mixed 21,518, Asian 52,127, Black 23,413, Other 4,811.

Reported rates of current alcohol consumption by young people vary considerably by ethnic background. A greater proportion of young people from a White ethnic background reported that they currently drink alcohol (67%) compared with those from a BME background (22%). More specifically, 8 per cent of participants from an Asian background and 24 per cent of participants from a Black background said they currently drink alcohol. This compares with 54 per cent of those from a Mixed ethnic background.

(Table 6.4)

Young people from a White ethnic background, as well as being more likely to currently drink alcohol, were also more likely than those from a BME background to do so on a regular basis. 7 per cent of young people from a White background were classed as regular drinkers, compared with 1 per cent of young people from a BME background. Young people from a White background were also more likely to drink about once a fortnight or once a month than other ethnic groups (9% of young people from a White background drank alcohol about once a fortnight and 13% drank about once a month compared to 2% and 4% of young people respectively from BME backgrounds).

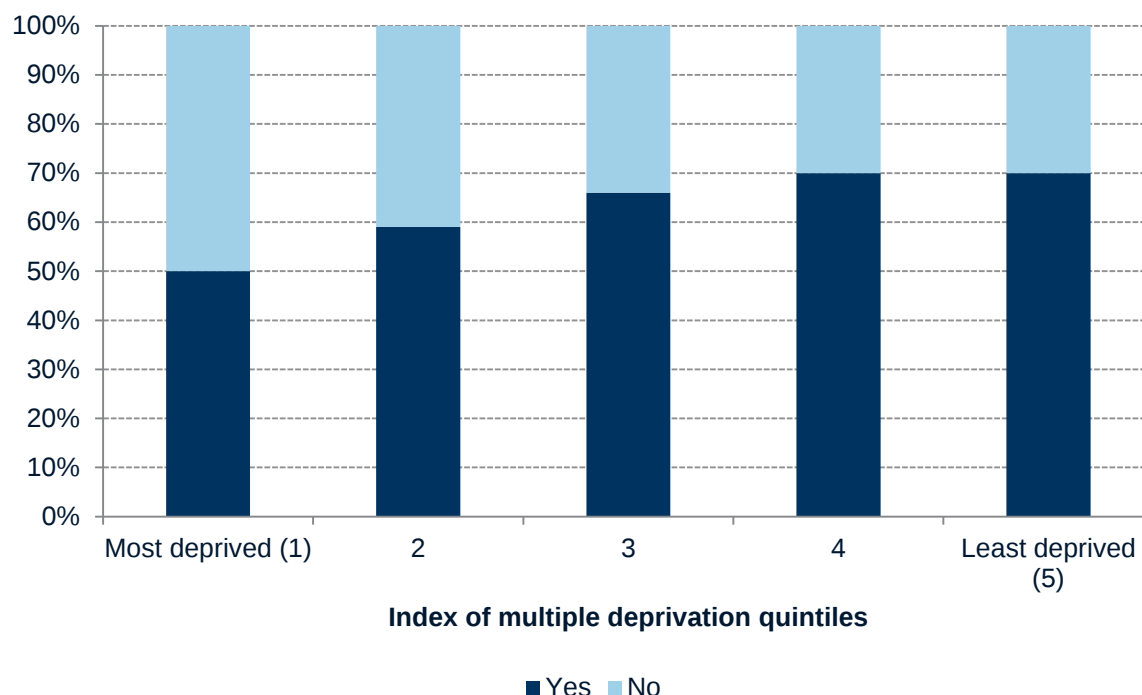
(Table 6.4)

Rates of drinking also varied by deprivation, with young people in the least deprived areas¹¹ being more likely to have ever drunk alcohol than those in the most deprived areas (70% and 50% respectively).

(Table 6.5 and Figure 6.2)

Figure 6.2: Ever had an alcoholic drink by IMD quintile, 2014

Base: All who were not observed



Bases: Unweighted: IMD1 27,310, IMD2 23,847, IMD3 21,940, IMD4 21,642, IMD5 23,324.
Weighted: IMD1 126,626, IMD2 113,478, IMD3 99,255, IMD4 101,365, IMD5 114,173.

Young people living in the most deprived areas were less likely to report that they currently drink alcohol than young people from the least deprived areas (44% compared with 66% respectively). Young people from the least deprived areas were also likely to drink more frequently. 8 per cent of young people who live in the least deprived areas were classed as regular drinkers. This compares with 4 per cent of young people who live in the most deprived areas who were regular drinkers. 56 per cent of young people who lived in the most deprived areas were non-drinkers compared with 35 per cent in the least deprived areas.

(Table 6.6)

Young people who had been bullied were more likely to be regular drinkers than young people who had not experienced bullying (7% and 5% respectively). Young people who had bullied others were also more likely to be regular drinkers (11%) compared to those who had not bullied other people (6%).

(Tables 6.9 and 6.10)

Young people in the South West were the most likely to have ever had an alcoholic drink (72%), compared with 41 per cent in London – the region with the lowest proportion of young people who have ever had an alcoholic drink. However, it must be noted that any regional differences are likely to at least in part reflect variation in the demography and deprivation levels of the different regions.

(Table 6.11)

Fewer young people in London reported that they currently drink alcohol than young people in other regions of England. 65 per cent of young people in London were non-drinkers, compared to 43 per cent overall. The area with the highest proportion who reported currently drinking alcohol was the South West (67%).

(Table 6.12)

Young people in London tended to drink less frequently than those in other regions of England. 3 per cent of young people in London were regular drinkers, compared to 9 per cent in the North East, the region with the highest proportion of regular drinkers. The low drinking frequency in London compared to other parts of the country may be influenced by the high proportions of young people from a BME background living in the region, who – as explained earlier – were significantly less likely to have had an alcoholic drink.

(Table 6.12)

The LA with the highest proportion who have ever had an alcoholic drink was Barnsley District (77.6%), followed by Devon (76.9%) and Cornwall (76.6%). LAs in London had the lowest proportions of young people who have had an alcoholic drink, with the lowest being the Borough of Tower Hamlets (14.6%), followed by Newham (20.0%) and then Brent (24.5%).

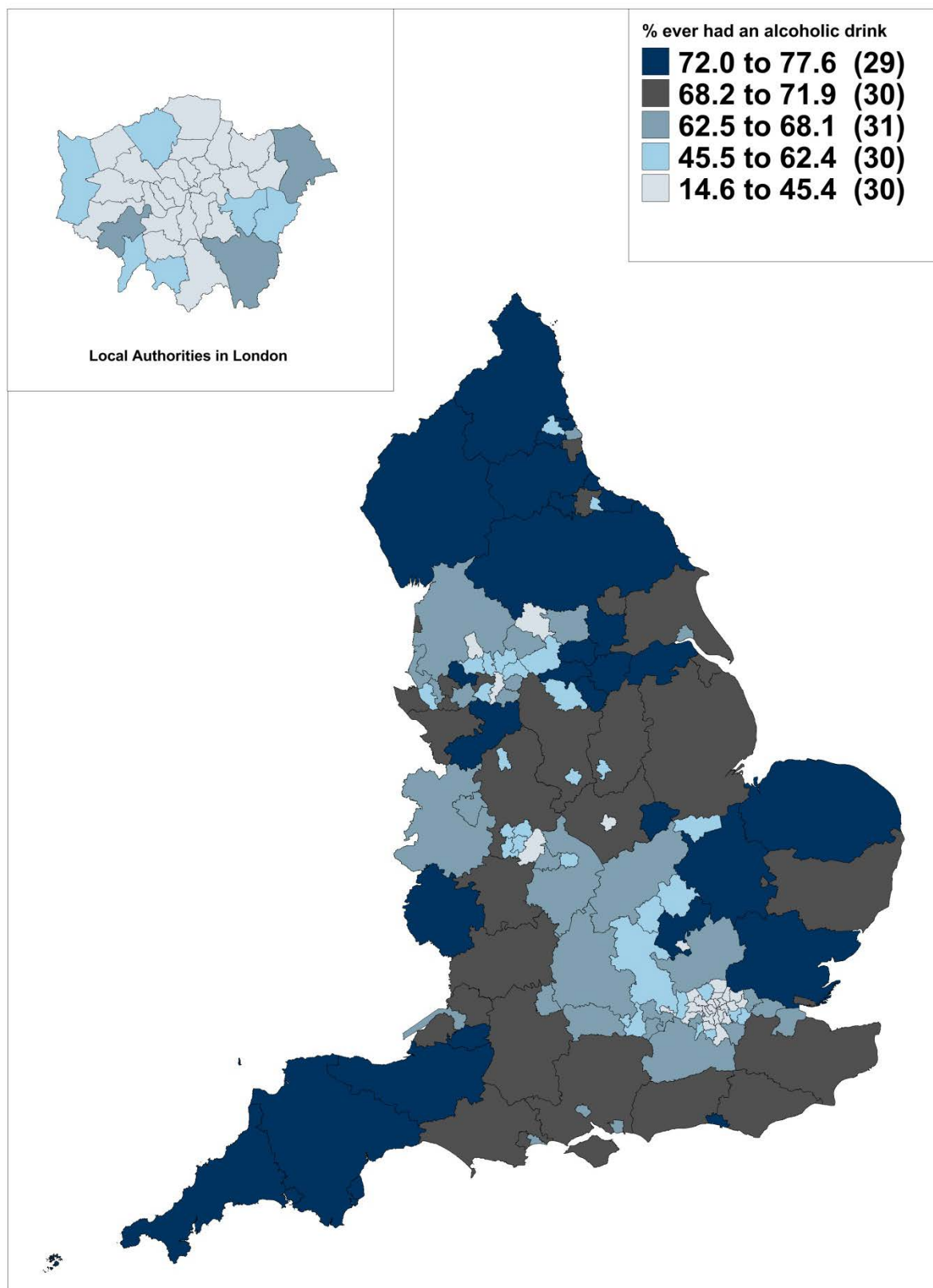
(Table 6.13 and Figure 6.3)

Darlington and Central Bedfordshire were the LAs with the highest proportion of regular drinkers, with 12.3 per cent and 11.5 per cent respectively drinking at least once a week. The London boroughs of Tower Hamlets, Newham and Redbridge and the City of Leicester had the lowest proportion of regular drinkers (all at 1.0%).

(Table 6.14 and Figure 6.4)

Figure 6.3: Percentage of young people who have ever had an alcoholic drink by Local Authority in England, 2014

Base: All who were not observed



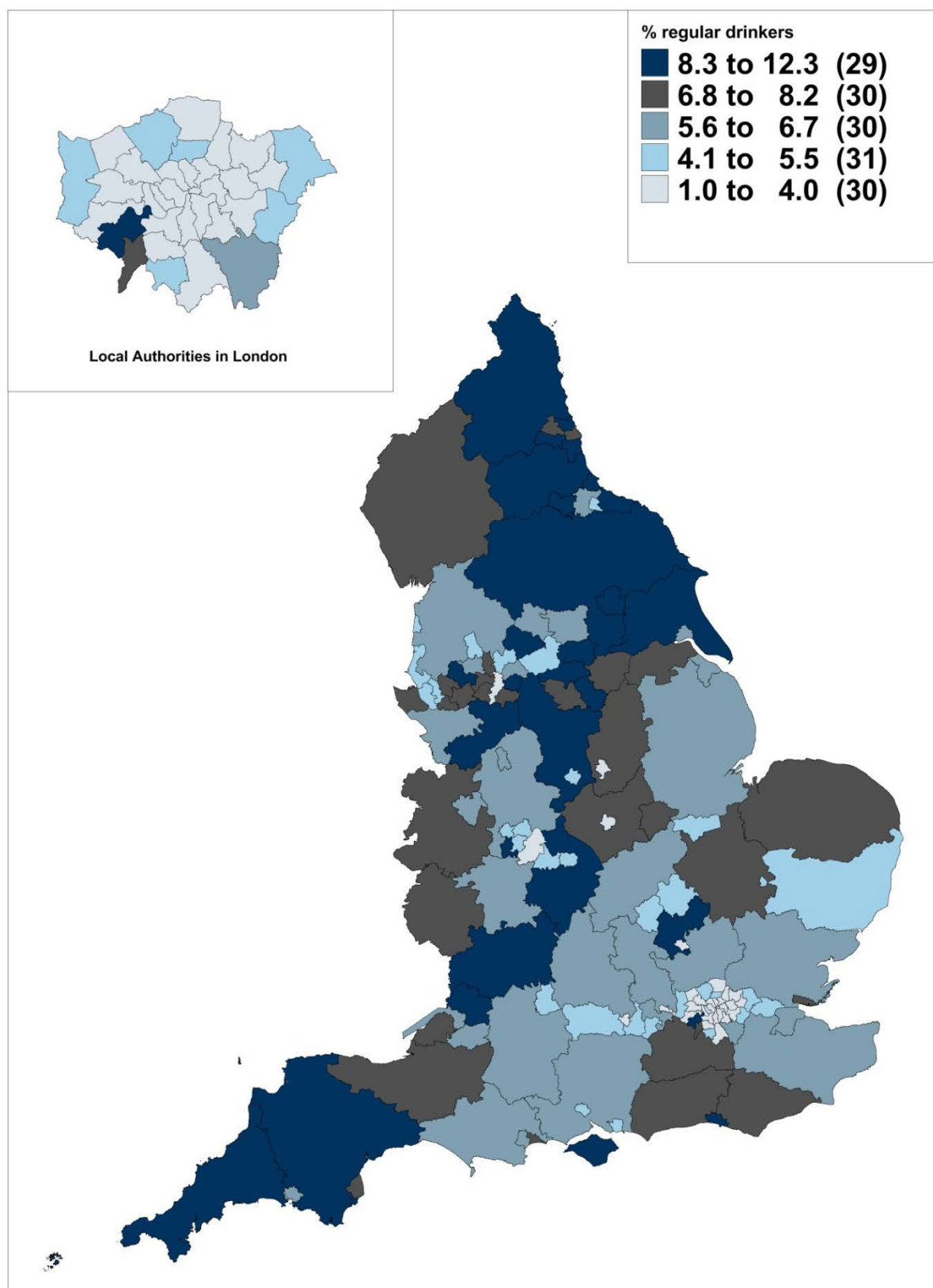
Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 6.13.

Figure 6.4: Percentage of young people who were regular drinkers by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 6.14.

6.6 Comparisons with other sources

Results from WAY 2014 on drinking prevalence are lower than results from the SDD 2014 survey¹², which reported that 69 per cent of 15 year olds had ever tried alcohol. SDD 2014 is consistent with WAY 2014 in finding that slightly higher proportions of girls than boys had ever had an alcoholic drink. The SALSUS 2013 survey¹³ in Scotland obtained similar findings to the SDD, with 70 per cent of 15 year olds having had an alcoholic drink. Ipsos MORI's online survey for Drinkaware¹⁴ found that 58 per cent of 15 year olds had ever had an alcoholic drink, a similar figure to WAY 2014.

Results regarding drinking regularly are also lower than results from the SDD 2014, which found that 18 per cent of pupils aged 15 had drunk alcohol within the last week. Among 15 year olds, 10 per cent of both boys and girls reported drinking alcohol once a week or more in SDD 2014, compared to 7 per cent of boys and 6 per cent of girls saying that they drank 'at least once a week' in WAY 2014. The SALSUS 2013 reported similar figures to SDD, with 19 per cent of 15 year old pupils reporting having drunk at least once within the last week. In addition, 15 per cent of 15 year olds who were in the SALSUS cohort said that they drank 'about once a fortnight', and 16 per cent said they usually drank 'once a week or more'. This compares with 8 per cent of young people who said that they drank 'about once a fortnight' in WAY 2014 and 6 per cent who said that they drank 'at least once a week'. Ipsos MORI's survey for Drinkaware found that 19 per cent of young people drank alcohol at least once a week – however, this was conducted with those aged 10–17 in an online survey. These differences are likely to reflect the differing methodologies of the surveys.

6.7 Age of first alcoholic drink

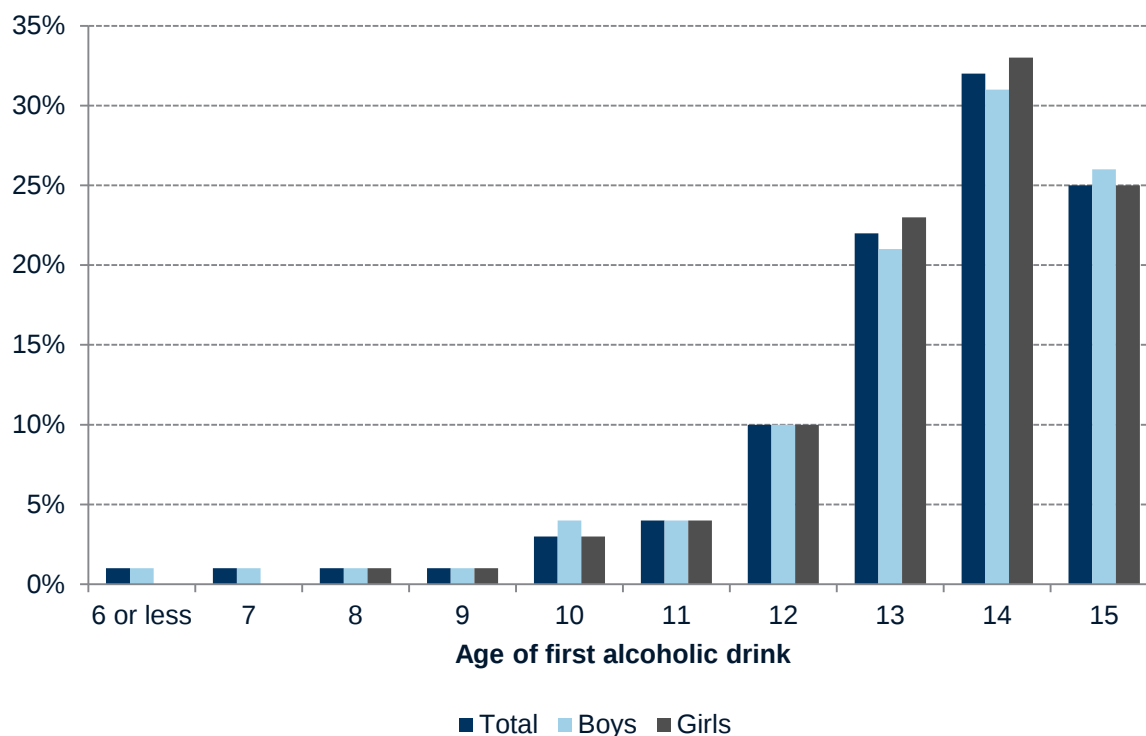
Those who had ever had an alcoholic drink were asked at what age they had their first drink¹⁵.

Most of these participants reported having their first alcoholic drink between the ages of 13 and 15. 3 per cent of young people had their first alcoholic drink under the age of 10, and 10 per cent of young people had their first alcoholic drink under the age of 12. 22 per cent had their first drink at age 13, 32 per cent at age 14 and 25 per cent at age 15. The mean age at which young people had their first alcoholic drink was 13 years (13.40); this was similar for both boys (13.35) and girls (13.44).

(Table 6.15 and Figure 6.5)

Figure 6.5: Age^a of first alcoholic drink by gender, 2014

Base: All who were not observed



Bases: Unweighted: Total 70,284, Boys 32,136, Girls 37,454.

Weighted: Total 332,544, Boys 160,681, Girls 168,491.

^a Those who reported age of first drinking at 16 years are not shown. All the children surveyed were 15 at the start of the school year in September. Therefore only a few children were 16 by the time they completed the questionnaire which makes the numbers who started drinking at 16 misleading.

There was an association between age of first drinking and frequency of drinking. Among those who had first had a drink at less than 10 years, 28 per cent were regular drinkers, while among those who had their first drink at age 15 or 16, 3 per cent were regular drinkers.

(Table 6.16)

6.8 Comparisons with other sources

Results from WAY 2014 on the age that young people first have a whole alcoholic drink are comparable to other surveys. For example, the Ipsos MORI survey for Drinkaware about young people's and their parents' drinking behaviour and attitudes found that among those who have had an alcoholic drink, the mean age at which young people had their first alcoholic drink was 13.23, similar to results from WAY 2014 (13.40). Comparison of these results should be treated with caution due to the methodological differences between these two surveys.

6.9 Drunkenness

6.9.1 Incidence of drunkenness among all young people

Participants who had previously had an alcoholic drink were asked whether they had been drunk in the last four weeks. If they answered 'yes' to this question, they were also asked how many times they had been drunk in that 4 week period.

It is of interest to look at rates of drunkenness overall (not just among those who had ever had alcohol). Looking at young people overall (whether or not they had ever drunk alcohol¹⁶) 15 per cent said they had been drunk at least once within the 4 week period prior to them completing the questionnaire. 12 per cent of boys and 18 per cent of girls had been drunk in the last 4 weeks (as a percentage of all). Of all young people, 9 per cent reported being drunk just once within the 4 weeks, 4 per cent said they were drunk 2–3 times, 1 per cent between 4 and 10 times, and less than 1 per cent were drunk more than 10 times.

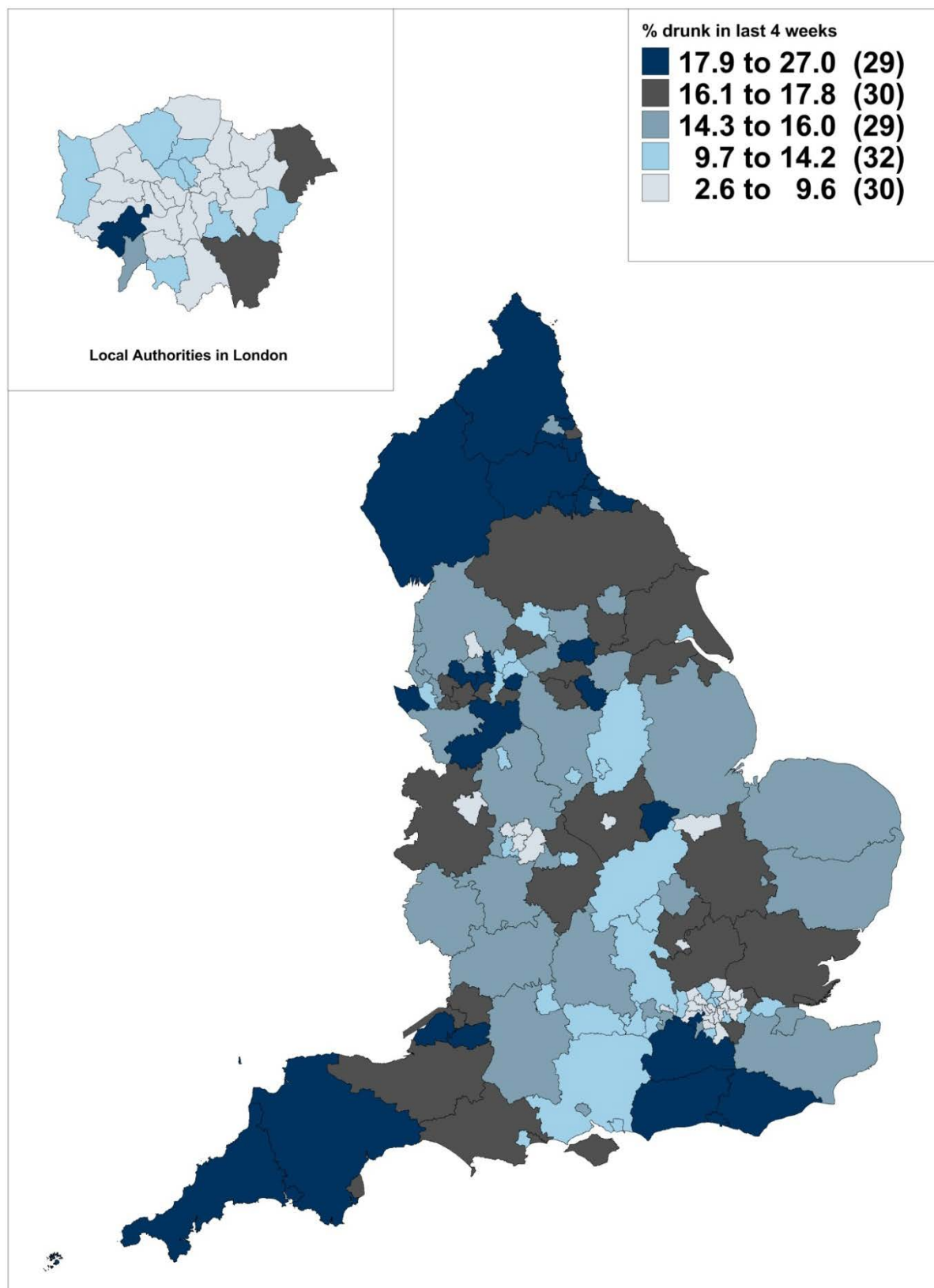
(Tables 6.17 and 6.18)

The lowest incidence of having been drunk was found in Tower Hamlets and Newham, where 2.6 per cent and 3.1 per cent respectively of all young people reported having been drunk in the last four weeks. Brighton and Hove, North Tyneside and Richmond upon Thames were the LAs with the highest percentage of young people who had been drunk in the last four weeks (27.0%, 24.6% and 24.5% respectively, of all young people).

(Table 6.36 and Figure 6.6)

Figure 6.6: Percentage of young people who were drunk in the last four weeks by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

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The data for this map are in Table 6.36

6.10 Frequency of drunkenness and intention to get drunk among those who had been drunk in the last four weeks

Among those young people who had been drunk within the last four weeks, the majority (60%) were only drunk once in that time. However, almost a third of these young people had been drunk 2–3 times (32%), 8 per cent had been drunk between 4 and 10 times and less than one per cent had been drunk more than 10 times.

(Table 6.19)

Boys who had been drunk within the last four weeks tended to have been drunk less often than girls. 63 per cent of boys who had been drunk within the last 4 weeks reported being drunk only once, compared with 58 per cent of girls.

(Table 6.19)

Of those who had been drunk within the last 4 weeks, 62 per cent had got drunk intentionally, and 38 per cent had got drunk unintentionally. This was the same for both genders.

(Table 6.20)

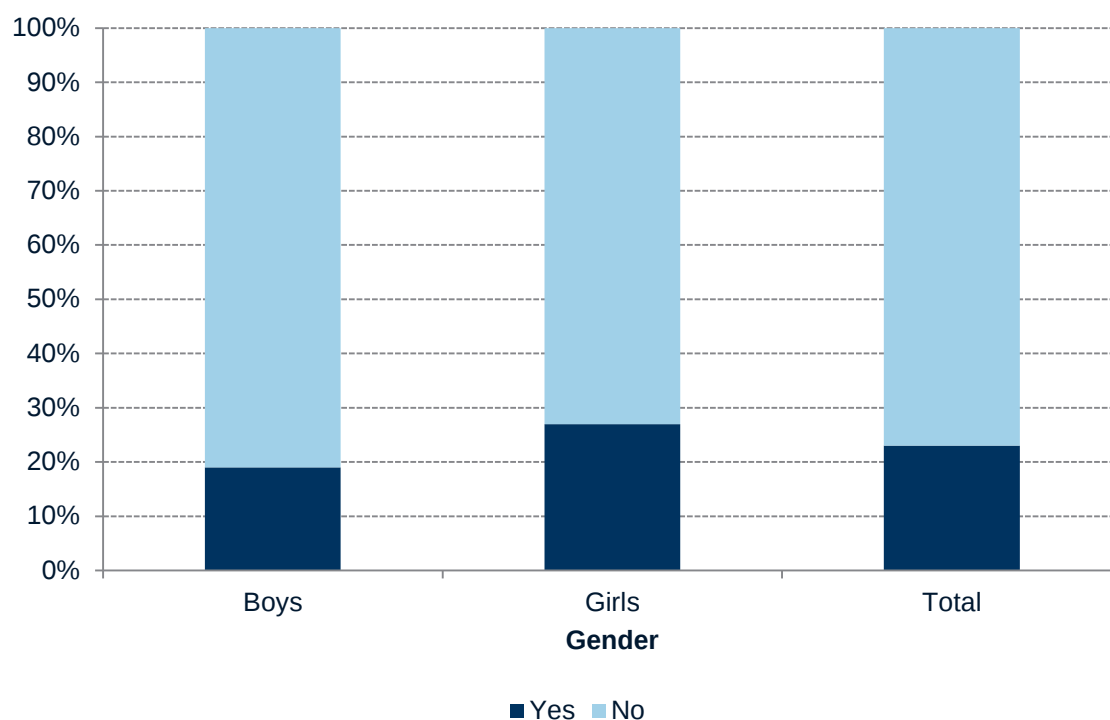
6.11 Incidence of drunkenness among those who have had an alcoholic drink

The rest of this section reports only on those who have ever drunk alcohol, and so were asked the question about whether they had been drunk. Around a quarter of young people who have ever had an alcoholic drink reported that they had been drunk within the last four weeks (23%). Girls were significantly more likely than boys to report having been drunk in the last four weeks (27% of girls and 19% of boys), among those who had ever drunk alcohol.

(Table 6.21 and Figure 6.7)

Figure 6.7: Whether been drunk in the last 4 weeks by gender (those who had ever drunk alcohol), 2014

Base: All who had an alcoholic drink



Bases: Unweighted: Total 72,763, Boys 33,289, Girls 38,745.
 Weighted: Total 344,236, Boys 166,400, Girls 174,282.

Among those who had ever had an alcoholic drink, 77 per cent had not been drunk in the last four weeks. However, 14 per cent were drunk once, 7 per cent were drunk 2–3 times, 2 per cent were drunk between 4 and 10 times and less than 1 per cent were drunk more than 10 times.

(Table 6.22)

Table 6.22: Frequency of drunkenness over the last 4 weeks by gender (those who have had an alcoholic drink), 2014

Base: All who had an alcoholic drink

	Per cent		
	Gender		
Frequency of drunkenness over the last 4 weeks	Boys	Girls	Total
None	81	73	77
Once	12	16	14
2-3 times	5	9	7
4-10 times	1	2	2
More than 10 times	0	0	0
Bases^b			
Unweighted	33,037	38,477	72,230
Weighted	165,141	173,063	341,699

Young people from White and Mixed ethnic backgrounds were more likely than young people from other backgrounds to report having been drunk in the 4 week time period (among those who had ever had an alcoholic drink). For example, 24 per cent of young people from a White background and 25 per cent of those from a Mixed background reported being drunk in the last 4 weeks, compared with 16 per cent of young people from a Black ethnic background and 15 per cent of those from an Asian ethnic background.

(Table 6.23)

Differences by ethnicity in the number of times young people had been drunk in the last 4 weeks were less clear and reflected the differences in the percentage who had been drunk at all rather than any differences in frequency. 14 per cent of young people from a White ethnic background had been drunk once in the last 4 weeks, compared with 12 per cent of young people from a BME background. 9 per cent of those from a White background had been drunk twice or more in the last four weeks compared with 8 per cent of those from a BME background.

(Table 6.24)

Among those who had ever had an alcoholic drink, young people who live in the least deprived areas were the most likely to have been drunk in the last four weeks (24% compared to 22% from the most deprived areas). There was little difference in the number of times young people had been drunk in the past 4 weeks by deprivation.

(Tables 6.25 and 6.26)

Those who rated their general health as 'Poor' were also more likely than those who reported their general health as 'Excellent' or 'Good' to report being drunk in the last 4 weeks, and to be drunk on more occasions. Among those who had ever had an alcoholic drink, a third (32%) of participants who rated their health as 'Poor' reported being drunk within the 4 week period, compared to 19 per cent who rated their health as 'Excellent'. 5 per cent of young people who rated their health as 'Poor' reported that they had been drunk 4–10 times within the 4 week period, compared with 1 per cent who rated their health as 'Excellent'.

(Tables 6.28 and 6.29)

Rates of drunkenness also vary depending on whether young people had taken part in or been a victim of bullying. Among those who had ever had an alcoholic drink, 26 per cent of those who had been bullied said they had been drunk within the past 4 weeks compared to 20 per cent of those that had not been bullied. 32 per cent of those who had bullied others said they were drunk in the 4 week time period compared to 22 per cent of those who had not bullied other people.

(Tables 6.30 and 6.31)

Young people in the North East were the most likely to have reported that they were drunk in the past 4 weeks (28%). 21 per cent of young people in the West Midlands and East Midlands were drunk within the last 4 weeks, making these the regions with the lowest rate of drunkenness, closely followed by London (22%). Data are also available for frequency of drunkenness.

(Tables 6.33 and 6.35)

The London borough of Richmond upon Thames was the LA with the highest percentage of young people who had been drunk within the last 4 weeks out of those who had an alcoholic drink (37.5%). The City of Brighton and Hove (35.7%) had the second highest percentage, followed by the North Tyneside District (33.5%). The LAs with the lowest percentage of young people who had been drunk were the London boroughs of Barking and Dagenham (13.5%), Lambeth (13.6%) and Hammersmith and Fulham (13.8%). Data are also available for frequency of drunkenness.

(Tables 6.37 and 6.38)

6.12 Comparisons with other sources

Direct comparison of these results with similar surveys is not possible as the question wording for other surveys is different to that used in WAY 2014. For example, the SALSUS 2013 survey reported that 70 per cent of 15 year olds had ever been drunk – however, the WAY 2014 survey asks only about drunkenness within the last 4 weeks. As such it is not possible to make a direct comparison of the results across these surveys.

6.13 Association between drinking frequency and drunkenness

There was an association between frequency of drinking and frequency of reporting being drunk, with those who drink more often being drunk more often. Among those who drink at least once a week, 60 per cent had not been drunk at least once in the last four weeks compared with 34 per cent of those who drink once a month. Among those who reported drinking at least once a week, 28 per cent reported being drunk 2-3 times in the last four weeks, 14 per cent reported 4-10 times and 1 per cent more than 10 times.

(Table 6.32)

Endnotes

¹ <https://www.drinkaware.co.uk/check-the-facts/health-effects-of-alcohol>

² <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking>

³ <https://www.gov.uk/government/publications/alcohol-strategy>

⁴ <https://www.gov.uk/government/publications/2010-to-2015-government-policy-harmful-drinking/2010-to-2015-government-policy-harmful-drinking>

⁵ <http://www.biomedcentral.com/1471-2458/9/380/>

⁶ <http://www.cph.org.uk/wp-content/uploads/2013/09/Guidance-on-the-consumption-of-alcohol-by-children-and-young-people.pdf>

⁷ <http://www.hscic.gov.uk/article/3743/Smoking-Drinking-and-Drug-Use-among-Young-People-in-England>

⁸ <http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>

⁹ <https://www.ipsos-mori.com/Assets/Docs/Publications/sri-drinkaware-young-people-report-july-2015.pdf>

¹⁰ Currently drink alcohol is defined as those who drink at least a few times a year.

¹¹ By Index of Multiple Deprivation (IMD) quintiles

¹² <http://www.hscic.gov.uk/catalogue/PUB17879>

¹³ <http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/>

¹⁴ <https://www.ipsos-mori.com/Assets/Docs/Publications/sri-drinkaware-young-people-report-july-2015.pdf>

¹⁵ It should be noted that the figures presented here for age at having the first alcoholic drink are only for those who had already had a drink by the time of the survey (by age 15 or just 16). 38 per cent of participants had not yet had an alcoholic drink, so the mean of first drink for this cohort will eventually be higher than the figures presented here.

¹⁶ A derived variable was created to combine the data for those who had never drunk alcohol with the data for those who had drunk alcohol and answered the questions about drunkenness. Note that there were participants who reported being drunk in the last 4 weeks who did not report how often they had been drunk and there were also those who had drunk alcohol who did not report on whether they had been drunk in the last 4 weeks.

7 What about smoking?

7.1 Summary

- 24 per cent of young people had ever smoked.
- 8 per cent of young people were current smokers, which comprised 5 per cent who were regular smokers and 3 per cent who smoked occasionally.
- Girls were more likely than boys to have ever smoked (28% and 21% respectively).
- Over a quarter of young people in the most deprived areas had ever smoked (27%), compared to just over a fifth of young people in the least deprived areas (21%).
- Young people from a BME background were less likely to say they had ever smoked than young people from a White background (17% and 26% respectively).
- The region with the lowest prevalence of ever smoking was London where 21 per cent of young people had ever smoked compared with 28 per cent in the North East.
- 18 per cent of young people had ever used e-cigarettes. There was no significant difference between boys and girls in the percentage that had ever used e-cigarettes (19% and 18% respectively).
- 15 per cent of young people had ever used other tobacco products.

7.2 Introduction

7.2.1 Background and policy context

Smoking and tobacco use continues to be one of the most significant public health challenges in England. Although smoking prevalence among adults has declined over recent decades, it has almost plateaued, reducing very little since 2007¹. Smoking is the main cause of early death and preventable morbidity in England, and smoking rates are much higher in certain social groups, such as those with the lowest incomes. Smoking has continued to decline among young people in recent years². In 2007, the legal age for the purchase of tobacco in England and Wales was raised from 16 to 18 years. Legislation which banned the sale of cigarettes from vending machines in 2011, the display of tobacco products in supermarkets in 2012 and in smaller shops in 2015, was also intended to deter young people from buying cigarettes³. The minimum age to smoke in public is 16 years and cigarettes can be confiscated from those under 16 caught smoking in public.

The Department of Health developed and published their policy 'Healthy Lives, Healthy People: a tobacco control plan for England' in March 2011, which set out government plans for reducing tobacco use over 2011 to 2015⁴. This was a wide-ranging approach which identified how healthy behaviour can be promoted. Smoking is an addiction that is largely developed in childhood and adolescence, and young people in particular can quickly develop a dependence on nicotine⁵. The younger the age of uptake of smoking, the greater the harm because of the association of early uptake with heavier smoking and higher levels of addiction⁶. Therefore, the coalition government focused efforts on reducing and preventing smoking among teenagers. By the end of 2015, they were aiming to reduce regular smoking rates to 12 per cent or less for 15 year olds in England, compared to 15 per cent in 2009⁷.

The commitment from the coalition government included adding a smoking prevalence indicator (split into three sub-indicators) to the Public Health Outcomes Framework (PHOF)^{8,9} in order to monitor performance against this target. These sub-indicators are the percentage of 15 year olds who are regular, occasional and current smokers (current is regular and occasional combined).

7.3 Definitions and methodological issues

The questions on smoking behaviour in the What About YOUTh 2014 (WAY 2014) survey provide data for LAs to monitor smoking prevalence among young people, and inform local policy making. The data from this survey will become the source for this PHOF indicator. The data will allow comparisons between LAs and against the national position. If the survey is repeated, it will allow trends to be tracked over time.

The WAY 2014 survey also asks about the use of electronic cigarettes (e-cigarettes). These are not subject to the same regulation as tobacco products. In 2015 PHE published an expert independent review which concluded that e-cigarettes were around 95 per cent less harmful than tobacco and had the potential to help smokers quit smoking¹⁰. The data from WAY 2014 will provide information about the use of e-cigarettes among young people.

The use of other tobacco products¹¹ is also of concern. These products also carry health risks and tobacco legislation applies to them too. There are a number of initiatives that have been carried out to raise awareness of these health risks and the legislation which also applies to these products¹².

Figure 7.1: Questionnaire categories and analysis categories

Questionnaire categories	PHOF Indicators	Other report categories	Further report categories
I usually smoke more than six cigarettes a week	Regular smoker	Current smoker	Ever
I usually smoke between one and six cigarettes a week			
I sometimes smoke cigarettes now but I don't smoke as many as one a week	Occasional Smoker		
I used to smoke sometimes but I never smoke cigarettes now		Used to	
I have only ever tried smoking once		Tried once/twice	
I have never smoked		Never	Never

As well as providing data on smoking prevalence, there are also data on smoking attitudes, the use of e-cigarettes and the use of other tobacco products. E-cigarettes are designed to mimic the sensation of smoking, and are thought to be less harmful, though there is currently a lack of evidence on this. Examples of 'other tobacco products' given in the question were "shisha pipe, hookah, hubble-bubble, water pipe, etc.". These were presented as examples with an "etc." at the end of the question so it is possible that young people included other products when answering this question. The categories for both e-cigarettes and other tobacco products follow a similar breakdown to that used for cigarette smoking (see Appendix A.4 for full details).

7.4 Other sources of data on smoking behaviour among children

Up until the release of WAY 2014 data, the data used to develop the PHOF target¹³ and inform policy has come from the Health and Social Care Information Centre's 'Survey of Smoking, Drinking and Drug Use Among Young People' (SDD)¹⁴. This school-based survey collected data from young people aged 11 to 15, and covers a wide range of topics on smoking behaviour, influences on smoking, attitudes and beliefs about smoking, and other issues that may be associated with cigarette smoking. Other survey data sources include the Health Behaviour in School-aged Children (HBSC)¹⁵, the Health Survey for England (HSE)¹⁶ and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)¹⁷.

Even though the questions on smoking behaviour in these other surveys are either identical or very similar to those used in WAY 2014, the fact that the surveys are carried out differently impacts on the comparability of the results. Crucially, the majority of children completing the WAY 2014 survey probably did so at home, since it was sent to their home address.

There has been some evidence published previously which shows that people appear less willing to admit to smoking when answering questions at home and more information is available in section A.7 in the appendix. However, the results from WAY 2014 are particularly useful for identifying differences between local areas as well as the characteristics of young people who are most likely to engage in smoking, even though young people may be less likely to report risky behaviours at home than they are in a school based survey. Due to its much larger sample size, WAY 2014 is able to provide robust estimates at LA level, which are not available from current school based and interviewer led surveys, which have smaller sample sizes. This will allow resources to be targeted in a more effective way to help those most in need.

Any future waves of WAY will also allow these differences to be monitored more closely over time, than would be possible with data from other surveys, which sometimes need a few years' worth of data to be sure that differences seen over time are real and not statistical quirks due to small sample sizes.

7.5 Prevalence of smoking and smoking behaviour

The majority of young people in England said they did not currently smoke (92%). 8 per cent said they currently smoked, which comprised 5 per cent who were regular smokers and 3 per cent who smoked occasionally. Just over three-quarters of young people said they had never smoked (76%), and a further 12 per cent had only tried smoking once.

(Table 7.1)

Girls were more likely to report current smoking than boys (10% compared with 7%) and they were more likely than boys to have ever tried smoking (28% compared with 21%).

Table 7.1: Smoking behaviour by gender, 2014

Base: All who were not observed

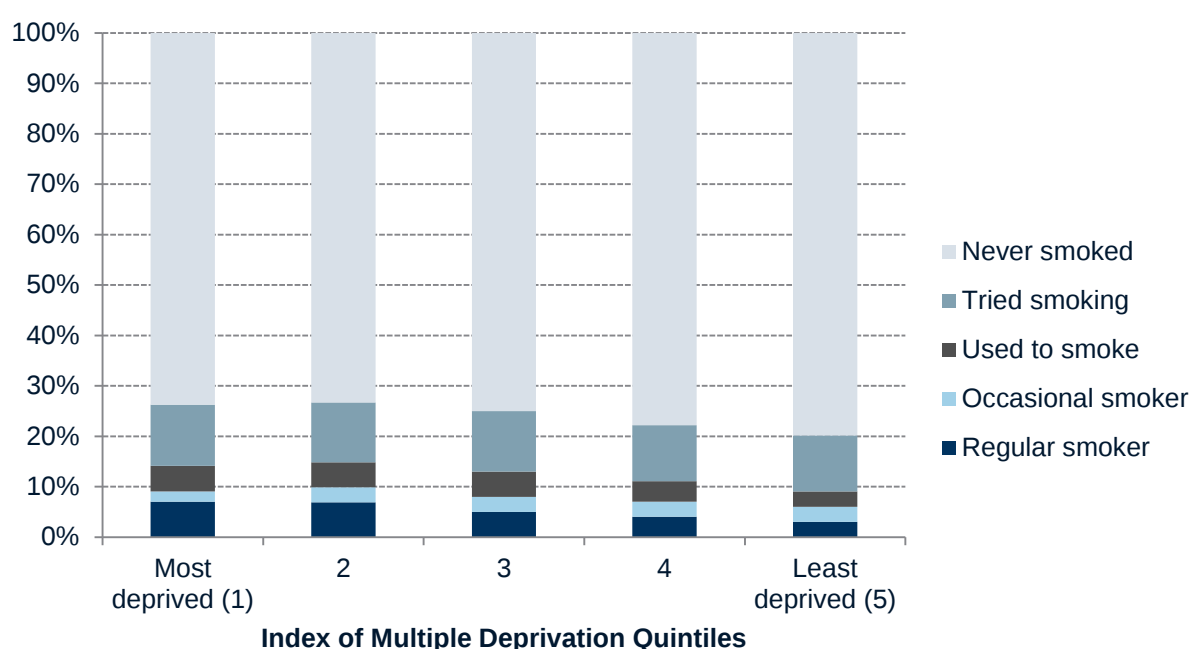
Smoking behaviour	Per cent		
	Boys	Girls	Total
Regular smoker	5	6	5
Occasional smoker	2	4	3
Current smoker	7	10	8
Used to smoke	4	5	4
Tried smoking	11	13	12
Ever smoked	21	28	24
Never smoked	79	72	76
<i>Bases</i>			
Unweighted	55,711	59,801	116,646
Weighted	276,838	265,956	548,282

In addition to this, the prevalence of smoking varied considerably among different groups of young people. Young people from the most deprived areas¹⁸ were more likely to be regular smokers than those from the least deprived areas (7% and 3% respectively). Over a quarter of young people in the most deprived areas had 'ever smoked', compared to just over a fifth of young people in the least deprived areas (27% and 21% respectively).

(Tables 7.2 and Figure 7.2)

Figure 7.2: Smoking behaviour by Index of Multiple Deprivation Quintiles, 2014

Base: All who were not observed



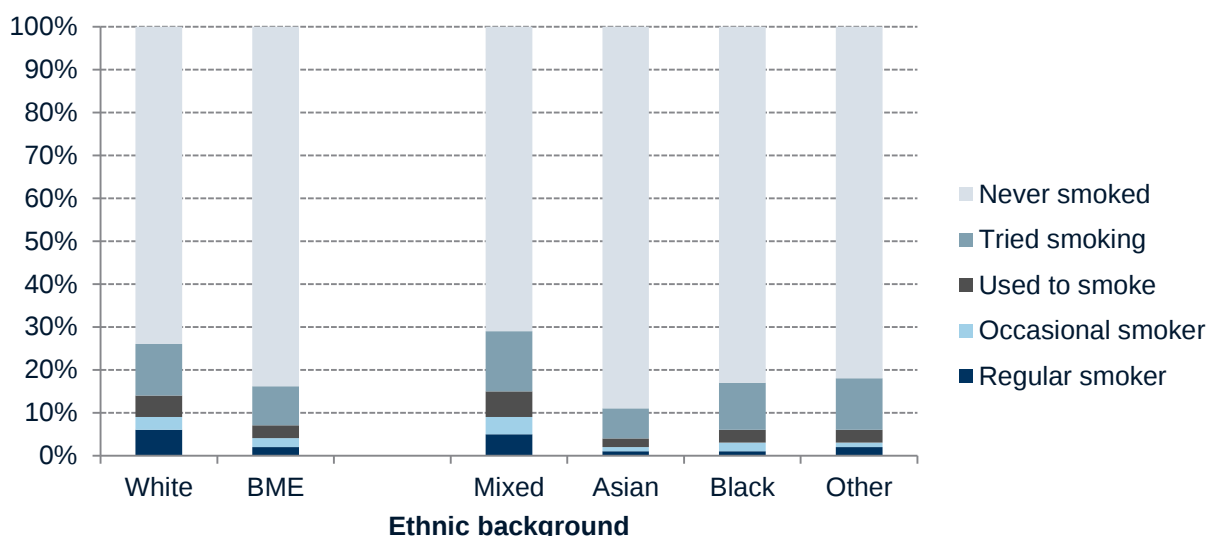
Bases: Unweighted: IMD1 26,911, IMD2 23,526, IMD3 21,723, IMD4 21,431, IMD5 23,055.
 Weighted: IMD1 124,739, IMD2 111,903, IMD3 98,285, IMD4 100,412, IMD5 112,943.

Young people from a BME background were less likely to say they had ever tried smoking than young people from a White background (17% compared with 26%). Young people from a White background were more likely than those from a BME background to be regular smokers (6% and 2% respectively) and the same applies to current smoking (9% from a White background and 4% from a BME background).

(Table 7.4 and Figure 7.3)

Figure 7.3: Smoking behaviour by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 89,337, BME 22,128, Mixed 4,462, Asian 11,207, Black 5,399, Other 1,060.
Weighted: White 423,082, BME 100,708, Mixed 21,207, Asian 51,696, Black 23,091, Other 4,715.

Those who reported their general health as 'Poor' were most likely to be regular smokers, compared with all young people and those who rated their general health as 'Excellent' (14% compared with 5% and 2% respectively).

(Table 7.5)

Smoking prevalence was higher among young people who had been bullied as well as those who had bullied others in the last couple of months, compared with those who had not been involved in bullying. Young people who had bullied others were more likely to be regular smokers (13%) than those who had not bullied others (5%). Those who had been bullied were nearly twice as likely to be a regular smoker (7%), compared with those who had not been bullied (4%).

(Tables 7.6 and 7.7)

More young people in the North East reported being regular smokers (8%) than in any other region. Young people in this region also reported the highest level of having ever smoked (28%). London had the lowest prevalence of regular smoking, with 3 per cent of young people reporting being regular smokers.

(Table 7.8)

By LA the highest percentage who had ever smoked were in Richmond upon Thames and Brighton and Hove (36.3% and 35.5% had ever smoked respectively). Around a third of young people had ever smoked in Hartlepool (32.4%), Torbay (32.0%), Bristol (31.8%), Blackpool (31.6%) and Sunderland (31.5%). The lowest percentage who had ever smoked was found in Redbridge (13.1%), Slough (14.5%) and Enfield (also 14.5%).

The LAs with the highest percentage who currently smoke were Brighton and Hove (14.9%), Richmond upon Thames (14.3%), Torbay (13.6%), Blackpool (13.4%) and East Sussex (12.8%). Redbridge and Enfield were the LAs with the lowest percentage of current smokers (3.4% and 3.5% respectively).

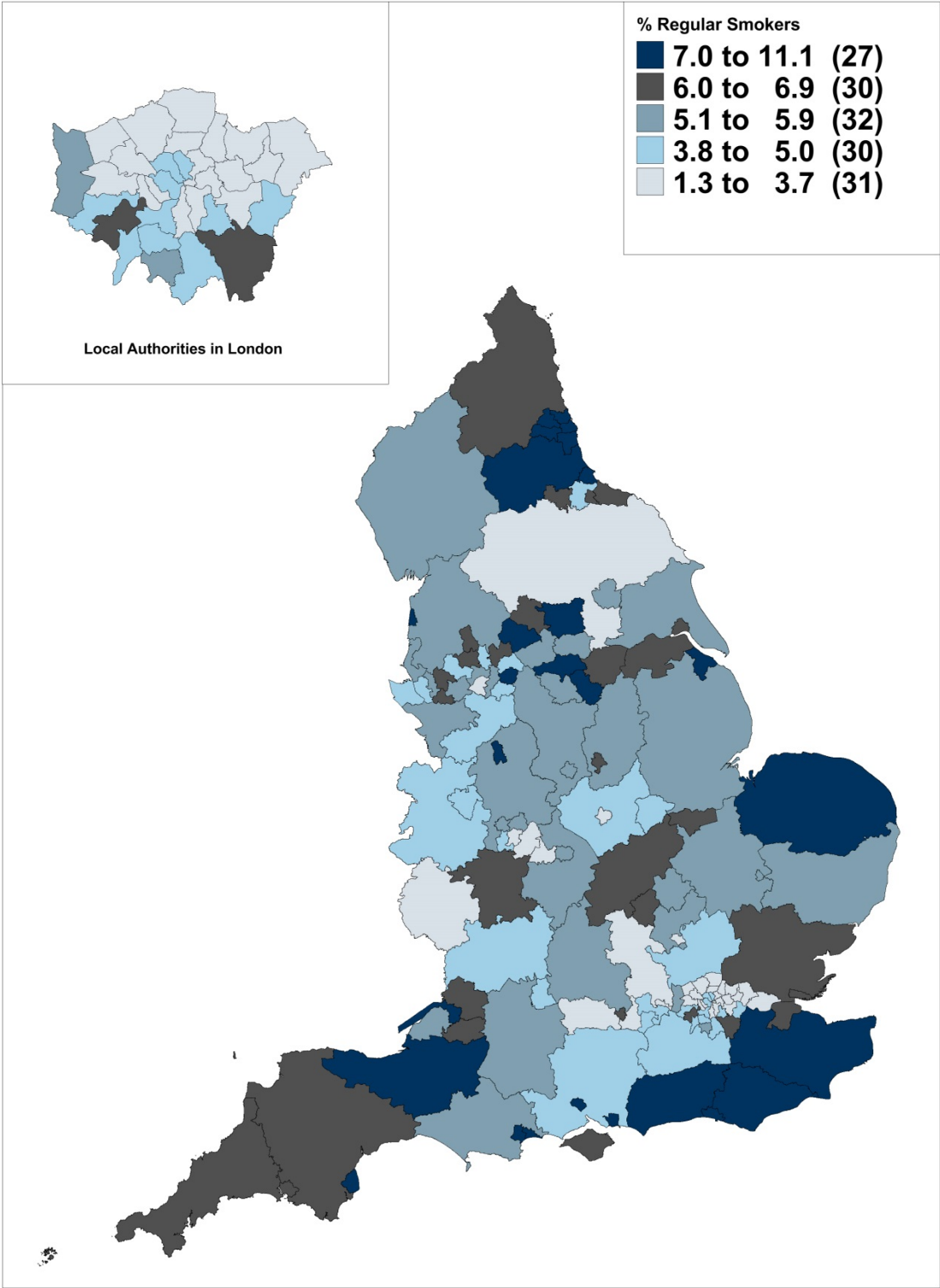
Data have also been analysed for regular and occasional smoking behaviour. Of the eight LAs where 2.5 per cent or less of young people reported being regular smokers, all but one (Wokingham) were London Boroughs. The LA with the highest percentage of young people who regularly smoke was Blackpool (11.1%) followed by Torbay and Stoke-on-Trent (both 10.4%). Richmond upon Thames had the highest proportion of young people who occasionally smoke (7.6%).

For the definition of regular/occasional and current smoking please see Figure 7.1.

(Table 7.9 and Figure 7.4 – Figure 7.6)

Figure 7.4: Percentage of young people who were regular smokers by Local Authority in England, 2014

Base: All who were not observed



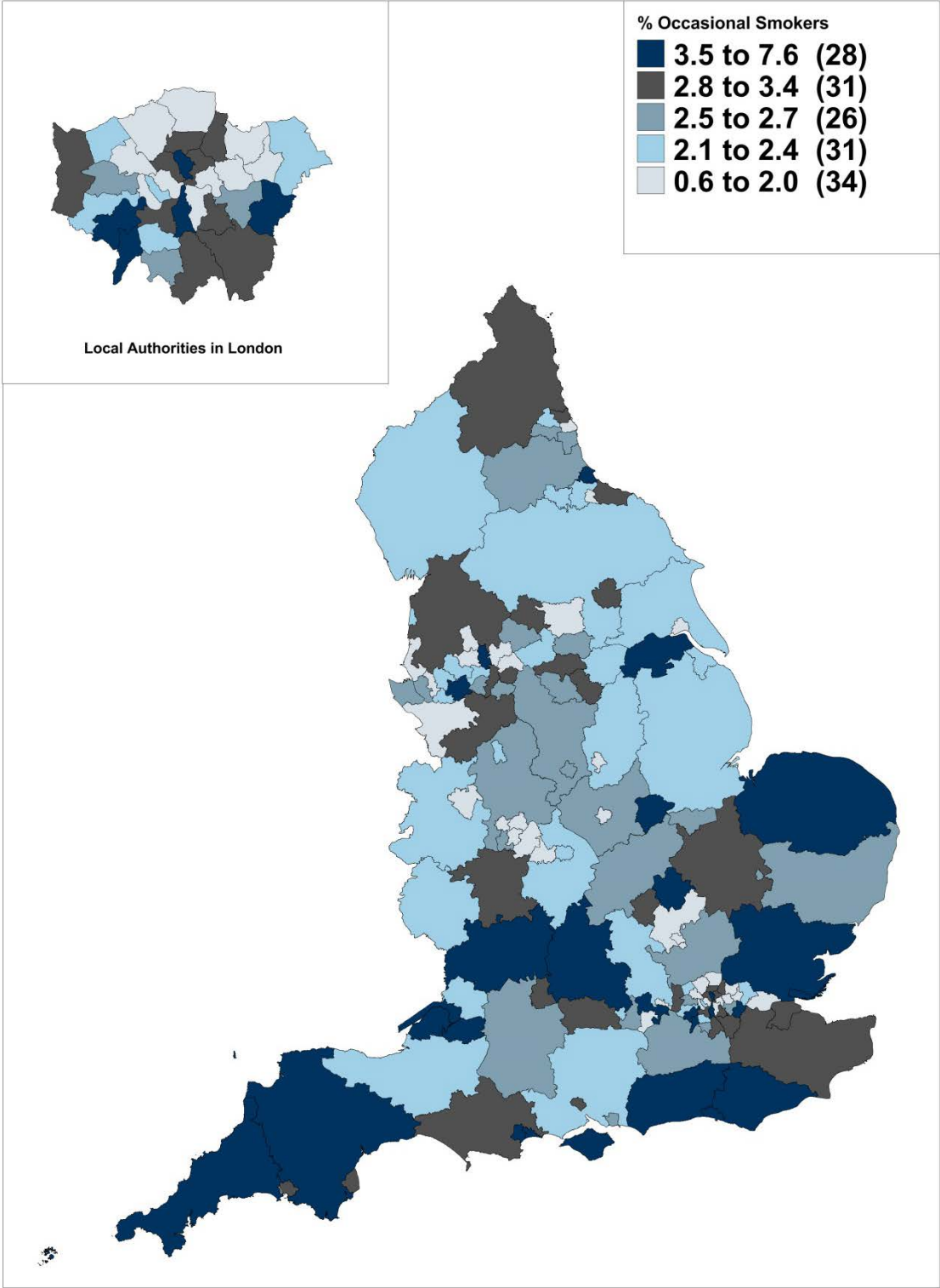
Source: What About Youth Survey 2014

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The data for this map are shown in Table 7.9

Figure 7.5: Percentage of young people who were occasional smokers by Local Authority in England, 2014

Base: All who were not observed



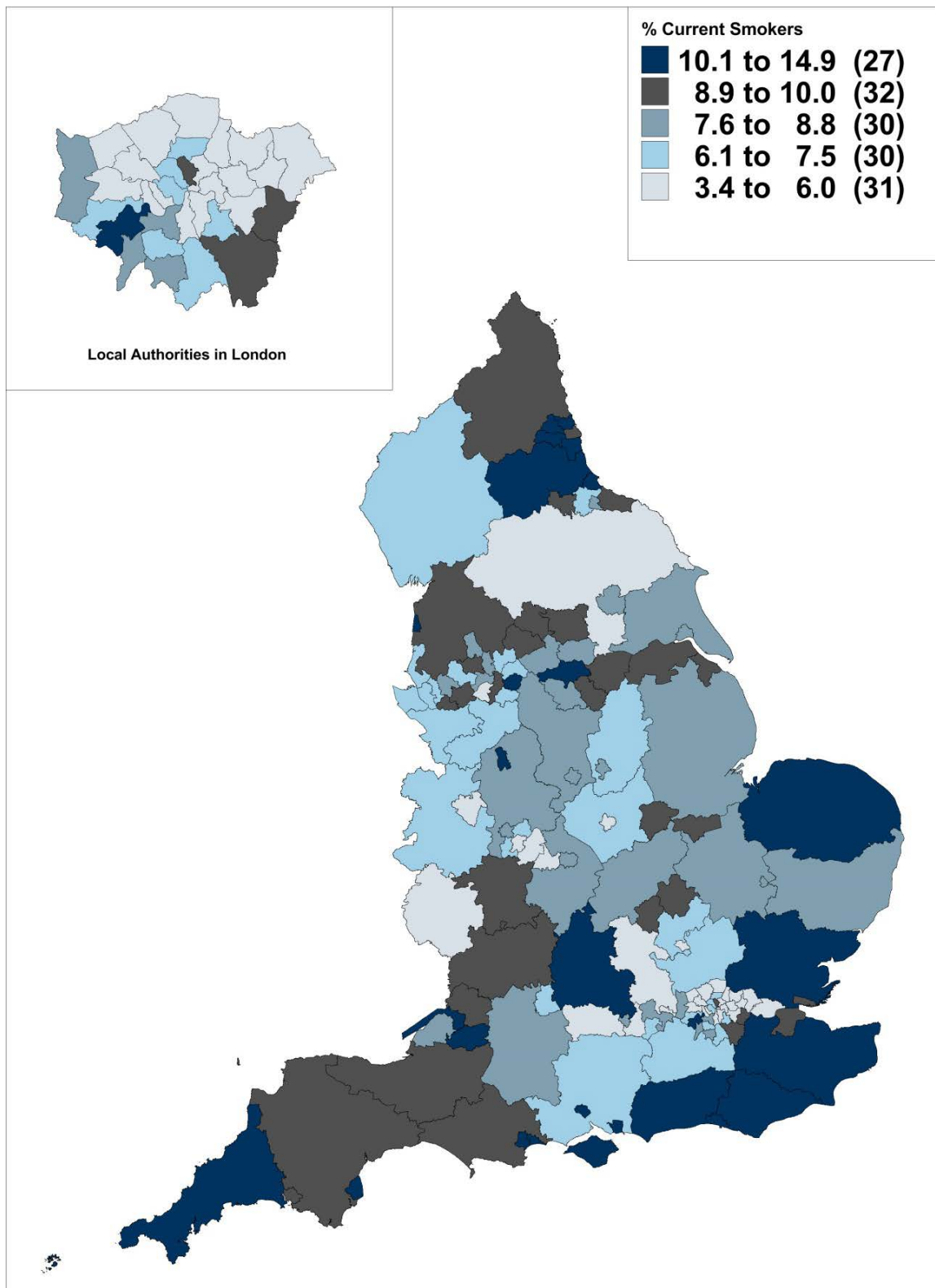
Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 7.9

Figure 7.6: Percentage of young people who were current smokers by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 7.9

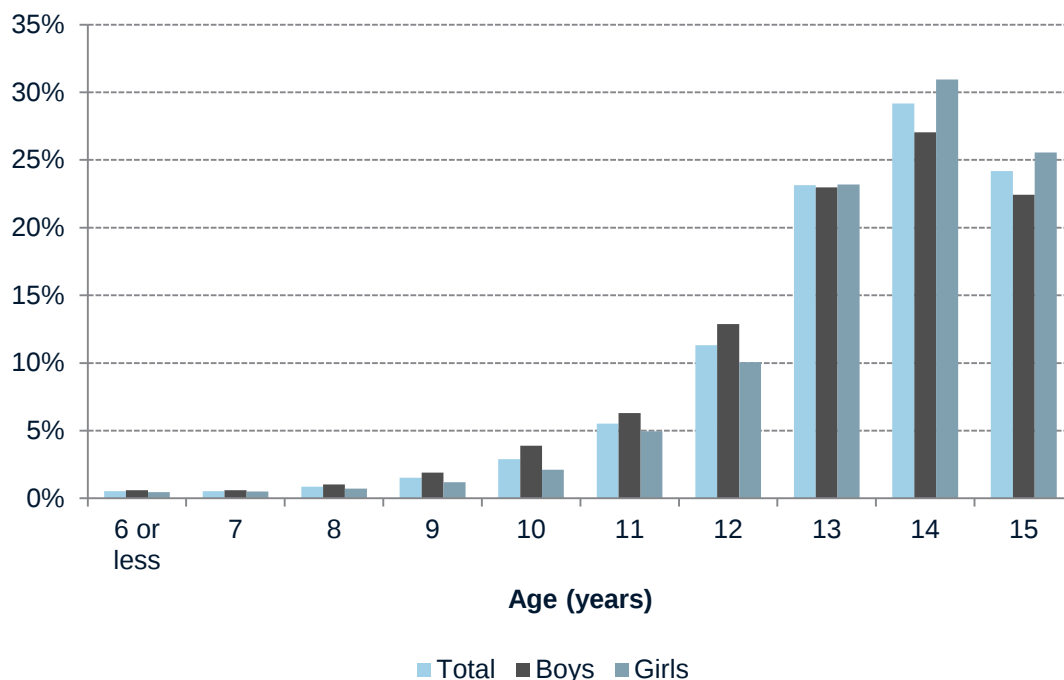
7.6 Age of first smoking

The mean age of first trying a cigarette was just over 13 years of age and the modal age was 14 years. Of those who had tried smoking, just over three-quarters had first tried it at age 13 or older (77%¹⁹). Boys were more likely to have tried smoking before they reached the age of 12 than girls were (14% and 10% respectively).

(Figure 7.7 and Table 7.10)

Figure 7.7: Age^a first tried smoking by gender, 2014

Base: All who had ever smoked



^a: The bar for those who reported age of first smoking as 16 years is not shown. All those surveyed were 15 at the start of the school year in September and therefore, only a few were 16 by the time they completed the questionnaire which makes the numbers who started smoking at 16 misleading. Those who said they started smoking before the age of 4 or at an age older than their current age are also excluded.

7.7 Comparisons with other sources

As mentioned before, the WAY 2014 survey follows a number of other surveys which ask questions about smoking, with each survey having a different methodology, sampling strategy or target audience. Although the WAY 2014 data indicates a lower prevalence of smoking compared with many of the other studies, the trends and overall pattern tend to be the same, as discussed below.

The Smoking, Drinking and Drug Use Among Young People in England in 2014²⁰ (SDD) survey is a key source of data for the development of the Government's strategy. Both surveys found that girls are more likely than boys to have ever tried smoking (37% of girls and 32% of boys aged 15 in the SDD survey had ever smoked compared with 28% of girls and 21% of boys in the WAY 2014 survey). In SDD 2014, 6 per cent of boys and 9 per cent of girls were regular smokers (the corresponding figures from WAY 2014 were 5% and 6% respectively). The higher prevalence reported in the SDD 2014 data reflects the survey methodology as discussed previously. Furthermore, SDD includes a check question for those who reported that they had never smoked. Those who reported that they did once have a puff or two were recorded as ever smoked and there was also a category to report

that 'I do sometimes smoke cigarettes'. The responses to this question are used to create a derived smoking status variable in SDD. This check question was not included in WAY 2014 and could contribute to the lower prevalence of ever having smoked in WAY 2014 compared with SDD 2014. However, this impact was investigated and was noted to be very small.

Another survey also shows a similar pattern. The international study Health Behaviour in School-Aged Children (HBSC) collects information on smoking prevalence. The most recent publically available data is from 2014²¹. HBSC data shows that more girls than boys aged 15 years were regular smokers (8% and 6% respectively) and these figures have shown a steady decline since 2002²².

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) collected data on smoking behaviour among 13 and 15 year olds in Scotland in 2013. This found that 9 per cent of 15 year olds were regular smokers and 87 per cent reported themselves to be non-smokers²³. However, it also found that there was no significant difference in 'regular' smoking prevalence between boys and girls (8% and 9% respectively), which is different from the other surveys mentioned. SALSUS also found that smoking prevalence increases with age. The trend data shows that regular smoking is at its lowest level since the survey began in 1982 (13% in 2010 down to 9% in 2013).

The SALSUS 2013 survey found that the mean age for young people first smoking was 13 years old, which is the same as the WAY 2014 data. However it should be noted that the SALSUS figure is the mean age for those asked at age 13, 14 and 15, whereas WAY 2014 was only asked of 15 year olds.

7.8 Use of e-cigarettes

3 per cent of young people said they currently used e-cigarettes.

18 per cent of young people had ever used e-cigarettes which included 13 per cent who had only tried them once or twice. There was no significant difference between boys and girls in the percentage who had used e-cigarettes (19% and 18% respectively).

(Table 7.11)

Table 7.11: Use of e-cigarettes by gender, 2014

Base: All who were not observed

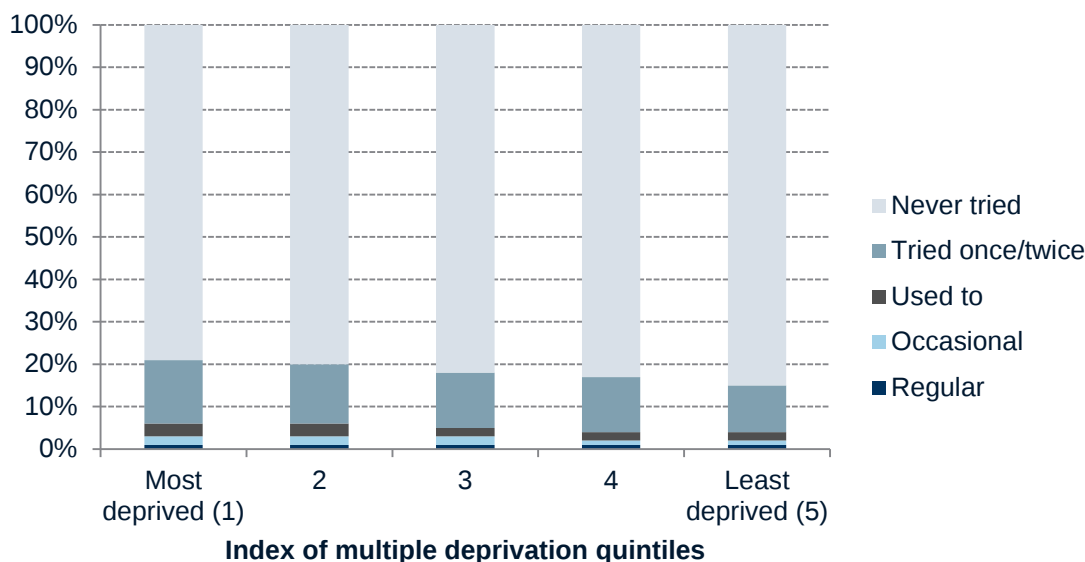
Use of e-cigarettes	Per cent		
	Gender Boys	Girls	Total
Regular	1	1	1
Occasional	2	2	2
Currently	3	2	3
Used to	3	2	3
Tried once/twice	13	13	13
Ever	19	18	18
Never tried	81	82	82
<i>Bases</i>			
<i>Unweighted</i>	56,206	60,219	117,577
<i>Weighted</i>	279,199	267,732	552,517

Young people living in the most deprived areas²⁴ were more likely to have ever used e-cigarettes, compared to those in the least deprived areas (21% and 15% respectively).

(Tables 7.12 and Figure 7.8)

Figure 7.8: Use of e-cigarettes by Index of Multiple Deprivation Quintiles: 2014

Base: All who were not observed



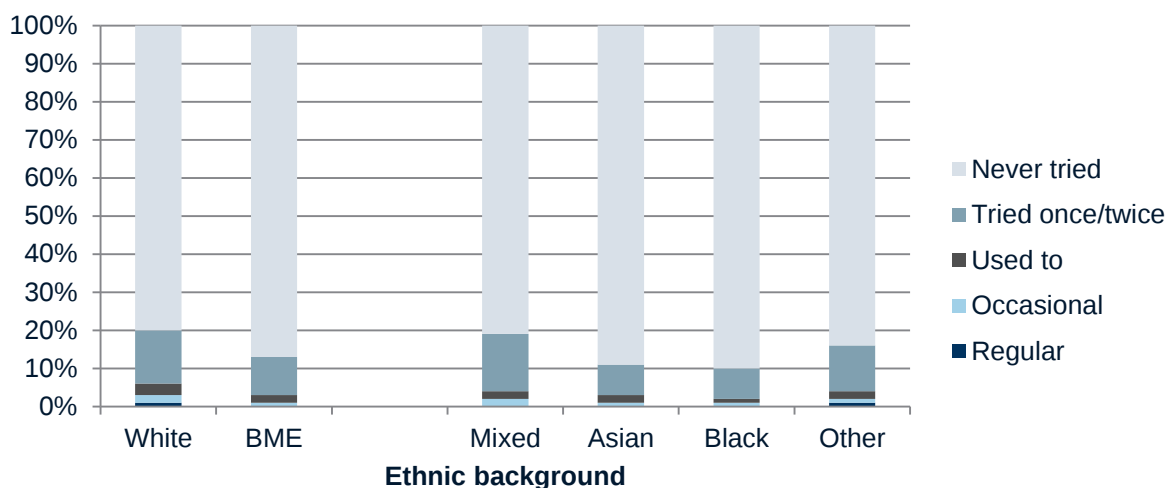
Bases: Unweighted: IMD1 27,188, IMD2 23,753, IMD3 21,866, IMD4 21,564, IMD5 23,206.
Weighted: IMD1 126,026, IMD2 113,065, IMD3 98,825, IMD4 101,031, IMD5 113,571.

Young people from a White background were more likely to say they had ever used e-cigarettes compared with young people from a BME background (20% and 13% respectively). Among those from a BME background, young people from a Mixed ethnic background were most likely to have ever used e-cigarettes (19%) and those from Asian and Black backgrounds were least like to have ever used them (11% and 10% respectively).

(Table 7.14 and Figure 7.9)

Figure 7.9: Use of e-cigarettes by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 90,022, BME 22,328, Mixed 4,501, Asian 11,279, Black 5,474, Other 1,074.
Weighted: White 426,127, BME 101,580, Mixed 21,415, Asian 52,010, Black 23,367, Other 4,788.

Young people who were current smokers or regular smokers were much more likely than non-smokers to have ever used e-cigarettes (76%, 84% and 13% respectively). This pattern was found for both girls and boys: among boys 87 per cent of regular smokers had ever used e-cigarettes compared with 14 per cent among non-smokers. Among girls, 82 per cent of regular smokers and 12 per cent of non-smokers had ever used e-cigarettes. 1 per cent of non-smokers currently used e-cigarettes (among both boys and girls) but among regular smokers, 29 per cent of boys and 21 per cent of girls currently used e-cigarettes.

(Table 7.15²⁵)

Table 7.15: Use of e-cigarettes by smoking behaviour, 2014

Base: All who were not observed

Use of e-cigarettes	Smoking behaviour			Per cent
	Regular smokers	Current smokers	Non-smokers	Total
Regular	10	8	0	1
Occasional	15	13	1	2
Currently	24	21	1	3
Used to	20	16	1	3
Tried once/twice	39	39	11	13
Ever	84	76	13	18
Never tried	16	24	87	82
<i>Bases</i>				
<i>Unweighted</i>	6,018	9,237	106,401	117,577
<i>Weighted</i>	29,673	44,624	498,800	552,517

The North West and Yorkshire and the Humber had the highest prevalence of young people who had ever used e-cigarettes (25% and 23% respectively). The lowest prevalence was in London where 12 per cent had ever used e-cigarettes.

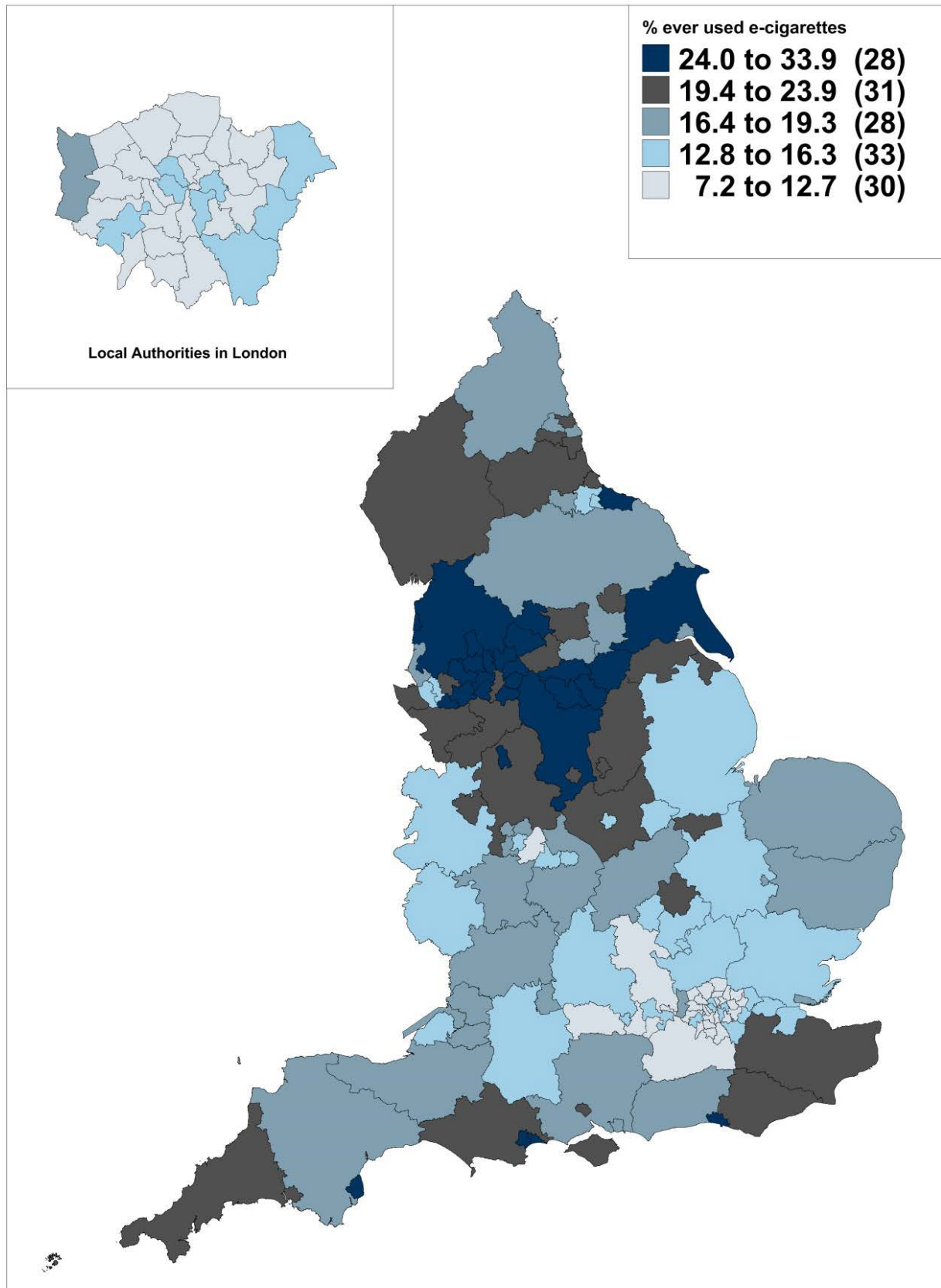
(Table 7.16)

The three LAs with the highest percentage of young people who had ever used e-cigarettes were Blackpool (33.9%), Blackburn with Darwen (32.2%) and Tameside (31.7%). Blackpool and Tameside were also the LAs with the highest percentage of current users (7.4% and 7.1% respectively). Oldham also had 6.6 per cent who were current users. The four LAs with the lowest percentage who had ever used e-cigarettes were Redbridge (7.2%), Wokingham (9.0%), Kensington and Chelsea (9.3%) and Barnet (9.5%). In Lewisham, Haringey, Kensington and Chelsea and Islington, small numbers of young people reported being current users of e-cigarettes (0.3% in Lewisham and Haringey and 0.4% in Kensington and Chelsea and Islington). In Rutland, no young people reported being current users of e-cigarettes.

(Table 7.17 and Figure 7.10)

Figure 7.10: Percentage of young people who had ever used e-cigarettes by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

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The data for this map are shown in Table 7.17.

7.9 Comparisons with other sources

The SDD 2014 report²⁶ showed that 36 per cent of boys and 33 per cent of girls aged 15 years reported that they had ever used e-cigarettes. This is higher than in WAY 2014. In SDD 2014, 2 per cent of boys and 3 per cent of girls aged 15 years reported being regular users of e-cigarettes which is similar to the findings in WAY 2014. The SDD 2014 report shows that among young people of all ages (11-15 years), 89 per cent of regular smokers had ever used e-cigarettes and 17 per cent of regular smokers were regular users of e-cigarettes. SDD 2014 also shows that among those who had never smoked, 11 per cent had ever used e-cigarettes and less than 0.5 per cent were regular users of e-cigarettes. These findings are broadly in line with those from WAY 2014.

The 2014 SALSUS study covering young people in Scotland found that 17 per cent of 15 year olds had used e-cigarettes²⁷. 14 per cent had used e-cigarettes only once or a few times. Unlike WAY 2014, no difference was found between boys and girls in the percentage using e-cigarettes.

7.10 Use of other tobacco products

Participants were asked about use of other tobacco products. The examples given included shisha pipe, hookah, hubble-bubble and water pipe. The majority of young people had never used other tobacco products (85%). However, girls were more likely than boys to report having ever used them (17% and 14% respectively).

(Table 7.18)

Table 7.18: Use of other tobacco product by gender, 2014

Base: All who were not observed

Use of other tobacco products	Gender		Per cent
	Boys	Girls	Total
Regular	1	0	0
Occasional	2	2	2
Currently	2	3	3
Used to	2	2	2
Tried once/twice	10	12	11
Ever	14	17	15
Never tried	86	83	85
<i>Bases</i>			
<i>Unweighted</i>	56,180	60,179	117,515
<i>Weighted</i>	279,049	267,539	552,176

There were no clear differences in other tobacco use by the deprivation level of the area. Young people who received free school meals were slightly more likely than those who did not, to have ever used other tobacco products (18% and 15% respectively).

(Tables 7.19 and 7.20)

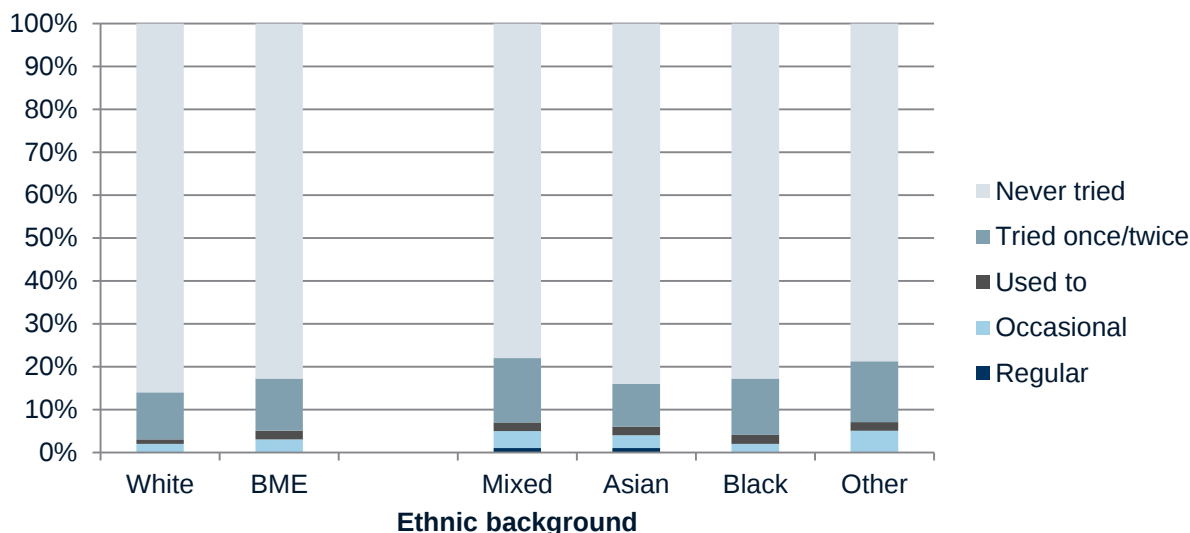
Young people from a BME background were more likely than young people from a White background to have ever used other tobacco products (18% and 14% respectively). Use of

these products was highest among those from Mixed ethnic backgrounds and other ethnic backgrounds (both 22%). This may reflect the wider use of other tobacco products in these communities, including other types of tobacco which were not given as examples (e.g. chewing tobacco).

(Table 7.21 and Figure 7.11)

Figure 7.11: Use of other tobacco products by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 89,983, BME 22,310, Mixed 4,494, Asian 11,280, Black 5,467, Other 1,069.
Weighted: White 425,941, BME 101,501, Mixed 21,352, Asian 52,038, Black 23,347, Other 4,764.

Almost three in five of those who currently smoked had also ever used other tobacco products (59%), with nearly a third having used them only once or twice (32%), 8 per cent having used them in the past and 19 per cent currently using them. This compares with 11 per cent of non-smokers having ever used other tobacco products and 1 per cent currently using other tobacco products. Three in five of regular smokers had ever used other tobacco products (60%). Around a fifth of regular smokers currently used other tobacco products (21%).

Boys who smoked were more likely to currently use these products than girls, regardless of whether they were a regular smoker (among regular smokers 24% of boys and 18% of girls currently used other tobacco products) or current smoker (among current smokers 22% of boys and 16% of girls currently used other tobacco products). Among non-smokers, boys and girls were equally unlikely to be a current user of other tobacco products (1%) but girls were slightly more likely than boys to have ever used them (12% and 10% respectively).

(Table 7.22)

By region, London had the highest percentage of young people who had ever used other tobacco products (21%), compared to about half that in the North West (11%).

(Table 7.23)

Richmond upon Thames and Tower Hamlets were the LAs with the highest percentage who had ever used other tobacco products (28.8% and 24.6% respectively). The LAs with the lowest percentage who had ever used other tobacco products were Kingston upon Hull (5.5%) and Cumbria (6.8%).

(Table 7.24)

7.11 Comparisons with other sources

The SDD 2014 questionnaire asked young people about water pipe tobacco smoking. The findings show that 19 per cent of boys and 16 per cent of girls aged 15 had ever smoked water pipe tobacco and 1 per cent of boys and girls were regular smokers of water pipe tobacco. This contrasts with WAY 2014 where girls were more likely than boys to report ever using other tobacco products. However, it should be noted that the SDD questionnaire asked specifically about water pipe tobacco, whereas the WAY 2014 question asked about other tobacco products which included other examples and so was not restricted to water pipes.

7.12 Attitudes towards smoking

Participants were asked whether they agreed or disagreed with a range of statements covering health and social issues related to smoking. Overall, participants demonstrated a good understanding of the impacts smoking can have.

There was a high level of agreement about the health risks of smoking. 11 per cent agreed that smoking is not really dangerous and that it only harms those who smoke a lot. The statements which attracted the highest levels of agreement were that smoking can cause lung cancer (98%), smoking when pregnant harms the unborn baby (95%), other people's smoking can harm the health of non-smokers (91%) and smoking can cause heart disease (88%).

Statements related to health effects which drew the lowest levels of agreement were smokers get more coughs and colds (71%) and smoking makes people worse at sports (76%).

In terms of the practical or social impacts of smoking there was widespread agreement that smoking makes your clothes smell (95%). Over half of young people said that smoking helps people relax if they feel nervous (53%). The statement with the lowest level of agreement was that smokers are more fun than non-smokers (2%).

Young people who smoked tended to hold different views from those who did not smoke. Those with the largest differences were:

- Smoking helps people relax if they feel nervous (84% of smokers agreed with this compared to 51% of non-smokers);
- Smoking helps people cope better with life (40% of smokers agreed with this compared to 12% of non-smokers);
- Smoking is not really dangerous – it only harms those who smoke a lot (25% of smokers agreed and 10% of non-smokers);
- Smokers are more fun than non-smokers (10% of smokers agreed and 1% of non-smokers)
- Smokers stay slimmer than non-smokers (25% of smokers agreed and 16% of non-smokers).

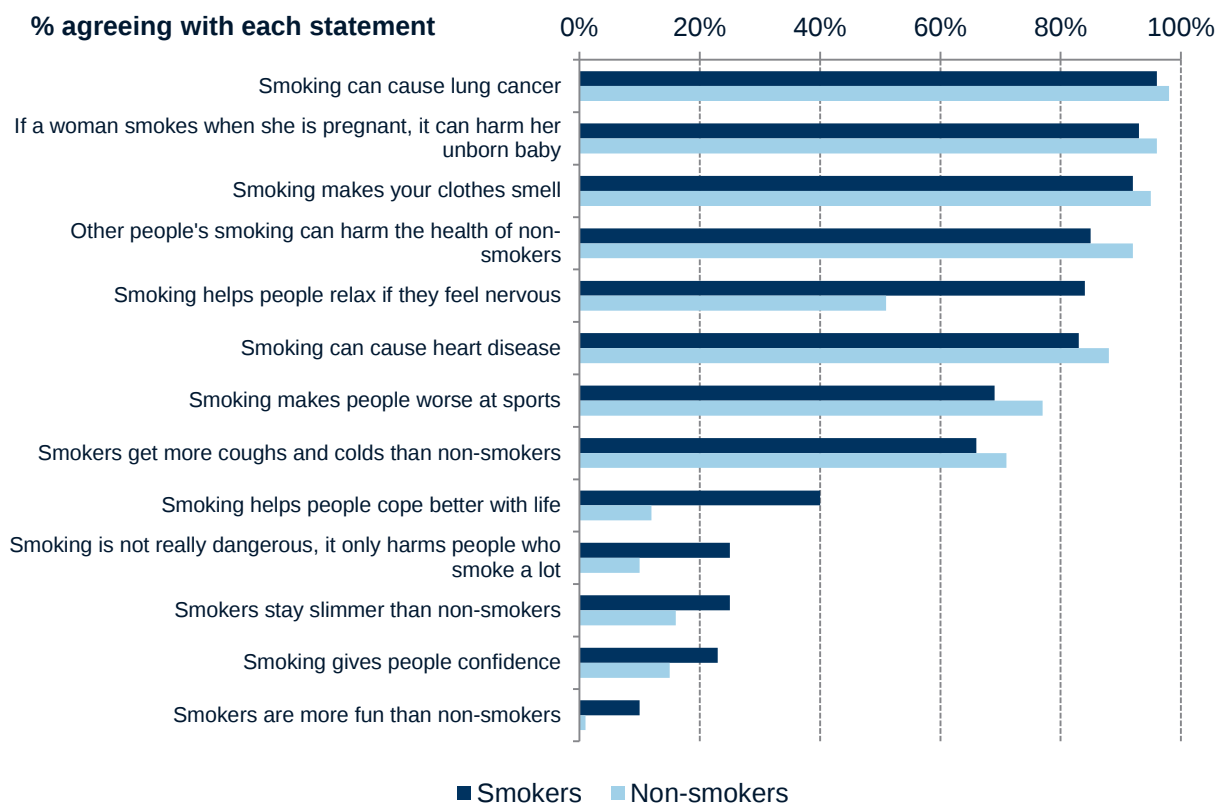
There were much smaller differences in levels of agreement to the following statements:

- Smoking can cause lung cancer (96% smokers agreed and 98% of non-smokers);
- If a woman smokes when she is pregnant it can harm her unborn baby (93% of smokers agreed and 96% of non-smokers);
- Smoking makes your clothes smell (92% of smokers and 95% of non-smokers).

(Table 7.25 and Figure 7.12)

Figure 7.12: Attitudes to smoking by smoking behaviour, 2014

Base: All



Bases for "Smoking gives people confidence" as an example:

Smokers unweighted 9,882 and weighted 47,603; non-smokers unweighted 105,899 and weighted 496,355.

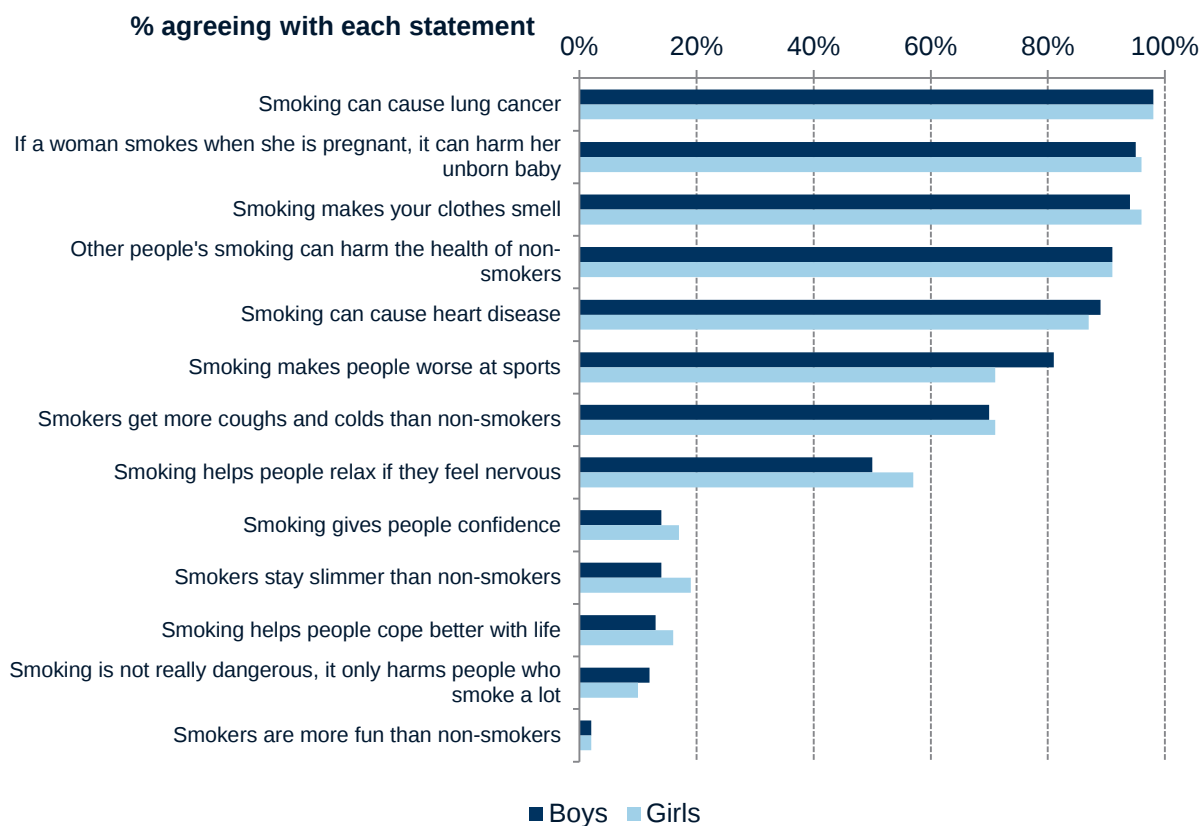
There were small differences between boys and girls in attitudes to smoking. The main findings were that:

- Boys were more likely than girls to believe that smoking makes people worse at sports (81% and 71% respectively);
- Girls were more likely than boys to think that smoking helps people relax if they feel nervous (57% and 50% respectively);
- Girls were more likely than boys to think that smokers stay slimmer than non-smokers (19% and 14% respectively);
- Girls and boys were consistent in their understanding of the serious health effects of smoking (lung cancer, harm to unborn babies, and heart disease).

(Table 7.26 and Figure 7.13)

Figure 7.13: Attitudes to smoking by gender, 2014

Base: All



Bases for "Smoking gives people confidence" as an example:

Bases: Boys unweighted 56,122 and weighted 278,906; Girls unweighted 60,129 and weighted 267,348.

Generally, the differences between smokers and non-smokers were similar for boys and girls. The biggest difference between boys and girls in views by smoking status was for the effects of smoking on sporting ability. Among boys, 81 per cent of non-smokers thought smoking makes people worse at sport compared to 68 per cent of smokers. For girls there was little difference in views between non-smokers and smokers (71% and 69% respectively).

(Tables 7.27 and 7.28)

For attitudes to smoking by region **(Table 7.29)** and by LA **(Table 7.30)**, please refer to the Excel tables that accompany this report.

Endnotes

- ¹ Statistics on smoking in England, 2015. HSCIC <http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf>
- ² Smoking, Drinking and Drug Use among young people in England in 2013. HSCIC <http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf>
- ³ Young People and Smoking. ASH Fact Sheet 2014 http://ash.org.uk/files/documents/ASH_108.pdf.
- ⁴ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ⁵ Gervais, A. et al. (2006). "Milestones in the natural course of onset of cigarette use among adolescents" in *Canadian Medical Association Journal*, 175(3), pp.255–261. Cited in <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ⁶ Young People and Smoking. ASH Fact Sheet 2014 http://ash.org.uk/files/documents/ASH_108.pdf
- ⁷ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ⁸ Public Health Outcomes Framework information website <http://www.phoutcomes.info/>
- ⁹ [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382115/PHOF Part 2 Technical Specifications Autumn 2014_refresh_02.12.2014_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382115/PHOF_Part_2_Technical_Specifications_Autumn_2014_refresh_02.12.2014_FINAL.pdf)
- ¹⁰ <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>
- ¹¹ The examples given in the questionnaire were shisha pipe, hookah, hubble-bubble, water pipe but the wording was intended to indicate to participants that these products are not limited to these examples.
- ¹² <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
- ¹³ Target linked to PHOF indicator: percentage of 15 year olds who are regular smokers to be <12% by 2015
- ¹⁴ Smoking, drinking and drug use among young people in England in 2014, HSCIC, 2015 <http://www.hscic.gov.uk/pubs/sdd14>.
- ¹⁵ HBSC 2014 Report: <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>
- ¹⁶ Health Survey for England 2013. <http://www.hscic.gov.uk/catalogue/PUB16076>
- ¹⁷ The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), NHS National Services Scotland, 2014. <http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/>.
- ¹⁸ Based on Index of Multiple Deprivation (IMD) quintiles
- ¹⁹ Total for 13 years and over is 77%, though figures in excel add to 76% owing to rounding
- ²⁰ Smoking, drinking and drug use among young people in England in 2014, HSCIC, 2015 <http://www.hscic.gov.uk/pubs/sdd14>.
- ²¹ HBSC 2014 Report: <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>.
- ²² HBSC 2014 Report: <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>. This survey was carried out in schools with pupils completing questionnaires (paper self-completion) under exam conditions with responses placed in an envelope so that the teacher or researcher administering the questionnaire could not see what had been written.
- ²³ The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), NHS National Services Scotland, 2014. <http://www.isdscotland.org/Health-Topics/Public-Health/SALSUS/Latest-Report/>. This survey was administered by teachers during a lesson but under exam conditions with completed questionnaires placed in un-named sealed envelopes by the pupils.
- ²⁴ Index of Multiple Deprivation Quintiles
- ²⁵ Note that Table 7.15 in the excel tables includes additional detail by gender as well as smoking behaviour.
- ²⁶ Smoking, drinking and drug use among young people in England in 2014, HSCIC, 2015 <http://www.hscic.gov.uk/pubs/sdd14>.
- ²⁷ The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), NHS National Services Scotland, 2014 [http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS 2013 National Overview.pdf](http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2014-11-25/SALSUS_2013_National_Overview.pdf)

8 What about drugs?

8.1 Summary of key findings

8.1.1 Cannabis use

- 26 per cent of young people said they had ever been offered cannabis. 11 per cent of young people said they had ever tried cannabis, including trying cannabis once. Looking at young people overall, 5 per cent had taken cannabis in the last month, 9 per cent had taken it in the last year, and 2 per cent had taken it more than a year ago. 'In the last year' includes 'in the last month'.
- There was little variation by gender, with 27 per cent of boys and 25 per cent of girls claiming to have ever been offered cannabis. In terms of trying cannabis, there was no difference between boys and girls.
- The proportion of young people from a Mixed ethnic background who had ever been offered cannabis was higher than the proportion of all other ethnicities that had ever been offered it. For example, around 36 per cent of young people from a Mixed ethnic background had ever been offered cannabis, compared with 11 per cent of young people from an Asian background. Young people from a Mixed ethnic background were more likely than young people from all other ethnicities to have last used cannabis in the last month, last year, or more than a year ago (7%, 14%, and 3% respectively compared with 5%, 9% and 2% overall). Participants from an Asian background were the least likely to have ever tried cannabis (97% have not used it at all compared with 89% overall).
- Young people in the South West were most likely to have ever been offered cannabis and to have tried it (30% and 13% respectively), and those in the West Midlands were least likely to have ever been offered it or to have tried it (22% and 8% respectively).
- At a Local Authority level, 24.2 per cent of young people in Brighton and Hove had tried cannabis, followed by 18.6 per cent in Richmond upon Thames. Usage was lowest in Slough where 4.9 per cent had ever tried cannabis. Cannabis usage in the last month was highest in Brighton and Hove (14.4%) followed by Bristol (8.9%) and Bath and North East Somerset (8.7%).
- There was a small difference in the proportion of cannabis use across different levels of deprivation.
- Those who reported their general health as 'Poor' were more likely to have ever tried cannabis (23%) than those who rated their general health as 'Fair' (17%), 'Good' (11%) or 'Excellent' (7%). They were also more likely to have taken or used cannabis more recently (12% in the last month and 19% in the last year) than those who rated their general health as 'Excellent' (2% in the last month and 6% in the last year).

8.1.2 Other drug use

- The majority (87%) had never been offered any other drugs, with over one in ten saying they had been (13%). 98 per cent of young people had not tried other drugs.
- The proportion of young people from a White or Mixed ethnic background who had ever tried other drugs was higher than the proportion of other ethnicities who had ever tried it (3% from a White or Mixed ethnic background compared with 1% from an Asian or Black ethnic background).
- Boys and girls were equally likely to have last tried other drugs in the last month, last year, or more than a year ago.

- Those who reported their general health as 'Poor' (7%) were more likely to have ever tried other drugs than those who rated their general health as 'Fair' (5%), 'Good' (2%) or 'Excellent' (1%).
- At a Local Authority level, 8.0 per cent of young people in Brighton and Hove had tried drugs other than cannabis, followed by 6.7 per cent in Torbay, and 5.9 per cent in both Bromley and Bristol. Usage was lowest in Staffordshire and Newham where 0.8 per cent and 0.9 per cent had ever tried other drugs respectively.

8.2 Introduction

8.2.1 Background and policy context

Illicit drug use, particularly by young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government. There have been several strategic initiatives in this area in recent years.

The Department of Health developed and published their policy 'Healthy lives, healthy people: our strategy for public health in England' in November 2010, which included drug misuse as a key public health priority, and also acknowledged ways in which healthy behaviour could be encouraged among young children and school pupils¹.

The use of drugs by young people is associated with risks to their health, including mental health problems². In December 2010, the coalition government focused efforts on reducing and preventing drug use among young people, and treating those with problems³. This strategy also enabled schools to have a stronger role in detecting and disciplining drug-related problems and behaviour, and delivering quality drug education⁴.

8.3 Definitions and methodological issues

The 'What About Drugs?' section of the WAY 2014 survey consisted of eleven questions about drug use. These provide the data for LAs to monitor the proportion of young people who have ever taken cannabis, frequency of taking cannabis, and frequency of taking other drugs, to inform local policy making. Another question was asked about young people's attitudes towards drug use.

Due to the sensitive nature of the questions on drug use, participants who completed the questionnaire online while being observed were routed around them. However, these questions were still kept in the postal version of the survey as there was no way to route those who were observed around them.

The question regarding age of first trying cannabis was only asked of those who said they had ever tried cannabis. Similarly, the questions asking when they last used cannabis and how many occasions they had ever used cannabis, were not asked of participants who said that they had never tried cannabis. This was the same for both the online and paper versions of the survey.

Similarly, questions regarding age of first trying drugs other than cannabis, when they had last used drugs other than cannabis, and on how many occasions, were only asked of those who had tried drugs other than cannabis.

When looking at frequency of drug use and comparing sub-groups, this report looks at the total population, rather than those who have tried drugs to avoid misleading comparisons.

Most of the questions on drugs were taken from the SDD 2011 survey.

Question 39, regarding young people's attitudes towards taking drugs was sourced from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) 2010⁵.

8.3.1 Other sources of data on drug usage among young people

Data on young people's experiences of drugs have been gathered in previous surveys, and can therefore act as a point of reference and comparison. Comparable measures of drug use among young people are available in surveys such as 'Smoking, Drinking and Drug Use among Young People in England' (SDD)⁶ and 'Health Behaviour in School-aged Children' (HBSC)⁷. SDD is a survey of young people administered at school (between years 7 and 11) which in 2014 was completed using a paper questionnaire. It should be noted that the SDD 2014 survey was completed at school in exam conditions, that is without the involvement of parents or teachers. This could affect comparability with WAY 2014 which was completed at home. The SALSUS is a similar survey which is carried out in Scotland and is also administered at school in exam conditions without parental involvement.

8.4 Cannabis Use

Around a quarter of young people said they had ever been offered cannabis (26%), with around three quarters claiming never to have been offered it (74%). There was a small difference in the proportion of boys and girls who had ever been offered cannabis, with 27 per cent of boys claiming to have ever been offered cannabis, compared to a quarter of girls (25%).

(Table 8.1)

Table 8.1: Ever been offered cannabis by gender, 2014

Base: All who were not observed

Ever been offered cannabis	Gender		Per cent
	Boys	Girls	Total
Yes	27	25	26
No	73	75	74
Bases			
Unweighted	56,466	60,462	118,097
Weighted	280,616	268,906	555,195

The proportion of young people from a Mixed ethnic background who had ever been offered cannabis was higher than the proportion of all other ethnicities that had ever been offered it. For example, around 36 per cent of young people from a Mixed ethnic background had ever been offered cannabis, compared with 11 per cent of young people from an Asian background.

(Table 8.2)

There was a small difference across deprivation levels in the proportion of young people who had been offered cannabis. Around a quarter of young people (27%) in the second and third most deprived areas had ever been offered cannabis, compared with a quarter of young people from the most deprived areas (25%).

(Table 8.3)

Those who reported their general health as 'Poor' were more likely to have ever been offered cannabis (39%) than those who rated their general health as 'Fair' (33%), 'Good' (26%) or 'Excellent' (22%).

(Table 8.4)

Young people in the South West were most likely to have ever been offered cannabis (30%), and those in the West Midlands were least likely to have ever been offered it (22%).

(Table 8.5)

Overall, around one in ten young people said they had ever tried cannabis, including trying cannabis once (11%). There was no difference between boys and girls.

(Table 8.6)

Table 8.6: Ever tried cannabis by gender, 2014

Base: All who were not observed

Cannabis use	Per cent		
	Boys	Girls	Total
Yes	11	11	11
No	89	89	89
Bases			
Unweighted	56,279	60,247	117,677
Weighted	279,704	267,932	553,229

Those who had been bullied were more likely to say they had ever tried cannabis than those who hadn't (13% vs 8%). Similarly, those who had bullied others were more likely to report having tried cannabis than those who hadn't (23% vs 9% respectively).

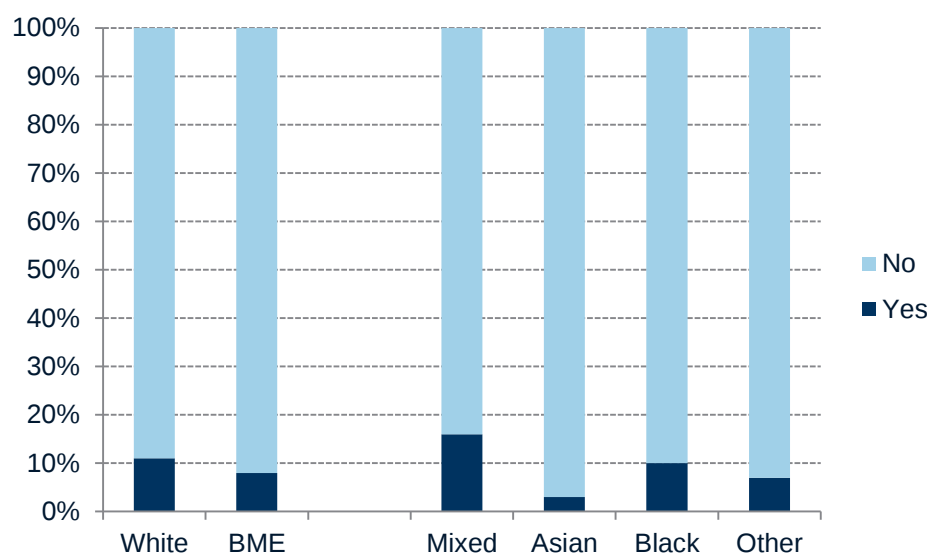
(Tables 8.7 and 8.8)

Cannabis use varied by ethnicity. The proportion of young people from a Mixed ethnic background who had ever tried cannabis was higher than the proportion of all other ethnicities who had ever tried it. While around one in six young people from a Mixed ethnic background had ever tried cannabis (16%), 3 per cent of young people from an Asian background had ever tried it.

(Table 8.9 and Figure 8.1)

Figure 8.1: Ever tried cannabis, by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 90,106, BME 22,316, Mixed 4,508, Asian 11,268, Black 5,465, Other 1,075.
Weighted: White 426,758, BME 101,532, Mixed 21,465, Asian 51,924, Black 23,348, Other 4,795.

There was a small difference in the proportion of cannabis use across different levels of deprivation⁸. For example, 11 per cent of young people living in the most deprived areas had ever tried cannabis compared with 9 per cent of those living in the least deprived areas.

(Table 8.10)

There was, however, an association between levels of self-reported general health and cannabis use. For example, those who reported their general health as 'Poor' (23%) were more likely to have ever tried cannabis than those who rated their general health as 'Fair' (17%), 'Good' (11%) or 'Excellent' (7%).

(Table 8.11)

Young people in the South West were the most likely to have ever tried cannabis (13%), compared to 11 per cent overall. Those in the West Midlands were the least likely to have ever tried cannabis (8%).

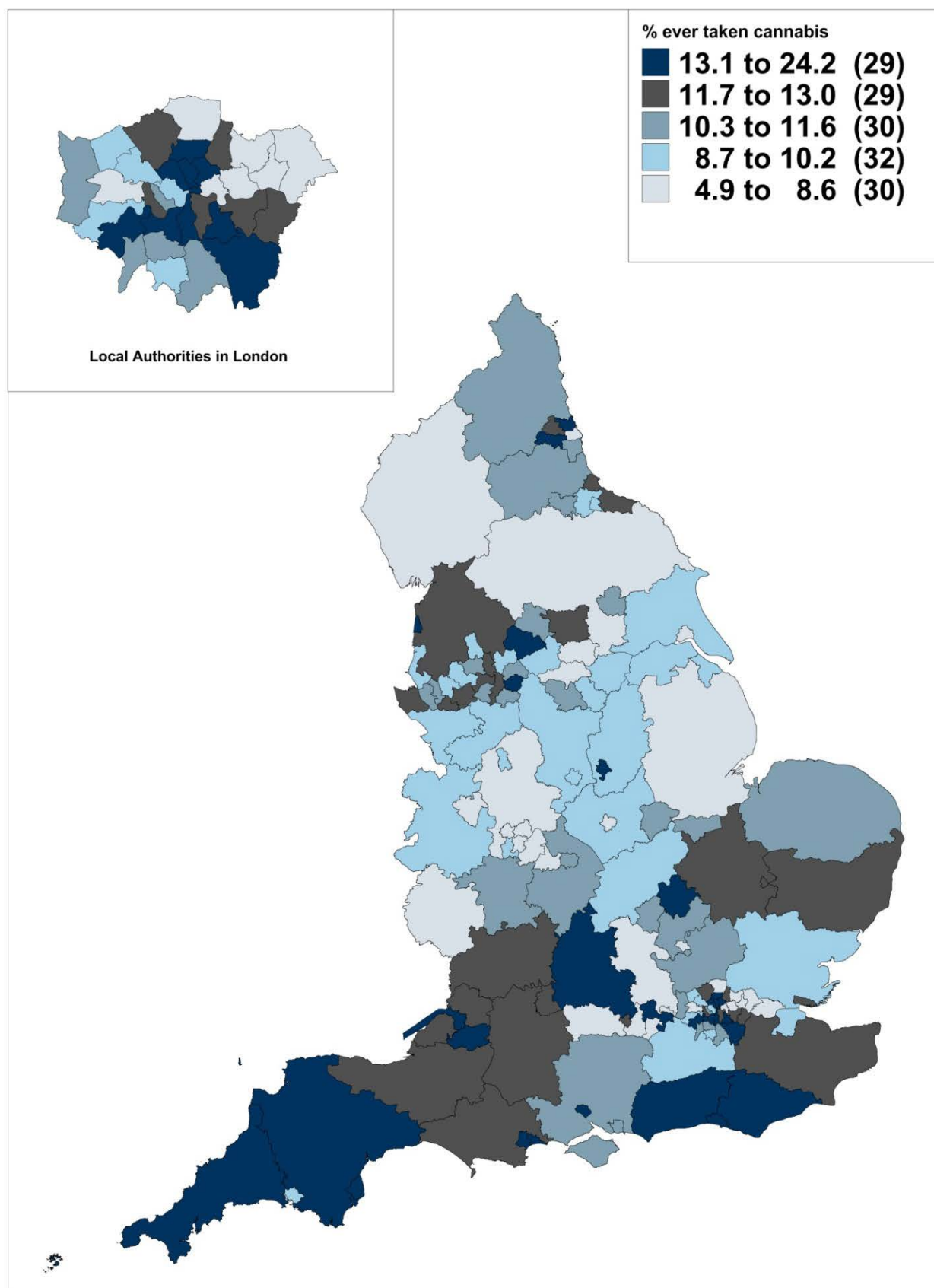
(Table 8.13)

At a LA level, 24.2 per cent of young people in Brighton and Hove had ever tried cannabis, followed by 18.6 per cent in Richmond upon Thames. By comparison, 4.9 per cent in Slough had ever tried cannabis.

(Figure 8.2 and Table 8.14)

Figure 8.2: Percentage of young people who have ever tried cannabis by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data in this map are shown in Table 8.14.

The mean age of first trying cannabis was 14 years old. Around four in five young people had first tried cannabis at age 14 or 15 while 2 per cent had first tried cannabis before they were 12 years old.

(Table 8.15)

8.4.1 Comparisons with other sources

Compared to the SALSUS 2013 survey, 17 per cent of 15 year olds in Scotland reported ever using cannabis, with 15 year olds boys more likely than 15 year old girls to report ever using cannabis (18% compared to 15% respectively). 16 per cent of 15 year olds reported having used cannabis within the last year in the SDD 2014 survey. This is compared to 11 per cent of 15 year olds in England from the WAY 2014 survey. Further detail about methodological differences can be found in the Appendix (section A.8).

8.4.2 Frequency of cannabis use

Those young people who had ever tried cannabis were then asked when they had last used or taken cannabis. Among those who had ever used cannabis, around four in ten said they had done so in the last month (43%), and around eight in ten said they had done so in the last year (83%). A lower proportion had taken it less recently, with around one in six 15 year olds who had ever tried cannabis saying they had last used it more than a year ago (17%).

(Table 8.16)

Table 8.16: Frequency of cannabis use among those who had ever tried cannabis, by gender, 2014

Base: Those who had ever tried cannabis

Frequency of cannabis use	Per cent		
	Gender		Total
	Boys	Girls	
In the last month	44	42	43
In the last year ^a	82	84	83
More than a year ago	18	16	17
Bases			
Unweighted	5,896	6,472	12,546
Weighted	29,583	28,704	59,168

^a 'In the last year' includes 'In the last month'

However, it is important to note that the majority of young people had not used cannabis at all (89%). Therefore when comparing between sub-groups, this report looks at the overall data among all participants and not just those who have ever tried cannabis. Looking at young people overall, 5 per cent had taken it in the last month, 9 per cent had taken it in the last year, and 2 per cent had taken it more than a year ago. There was no difference between girls and boys.

(Table 8.17)

Table 8.17: Frequency of cannabis use among the total population, by gender, 2014

Base: All who were not observed

Frequency of cannabis use	Gender			Per cent
	Boys	Girls	Total	
In the last month	5	5	5	
In the last year ^a	9	9	9	
More than a year ago	2	2	2	
Not used at all	89	89	89	
Bases				
Unweighted	56,249	60,221	117,621	
Weighted	279,536	267,805	552,934	

^a 'In the last year' includes 'In the last month'

Young people from a Mixed ethnic background were more likely than young people from all other ethnicities to have last used cannabis in the last month, last year, or more than a year ago (7%, 14%, and 3% respectively compared with 5%, 9% and 2% overall). Participants from an Asian background were the least likely to have ever tried cannabis (97% have not used it at all compared with 89% overall).

(Table 8.18)

There was a small difference in the frequency of cannabis use in the last year across different levels of deprivation. For example, 9 per cent of those living in the most deprived areas had used cannabis in the last year, compared with 8 per cent of those living in the least deprived areas.

(Table 8.19)

Those who reported their general health as 'Poor' were more likely to have taken or used cannabis more recently (12% in the last month and 19% in the last year) than those who rated their general health as 'Excellent' (2% in the last month and 6% in the last year).

(Table 8.20)

There were some regional differences in when young people had last used cannabis, which ranged from 3 per cent of young people using cannabis in the last month in the West Midlands to 6 per cent in the South West.

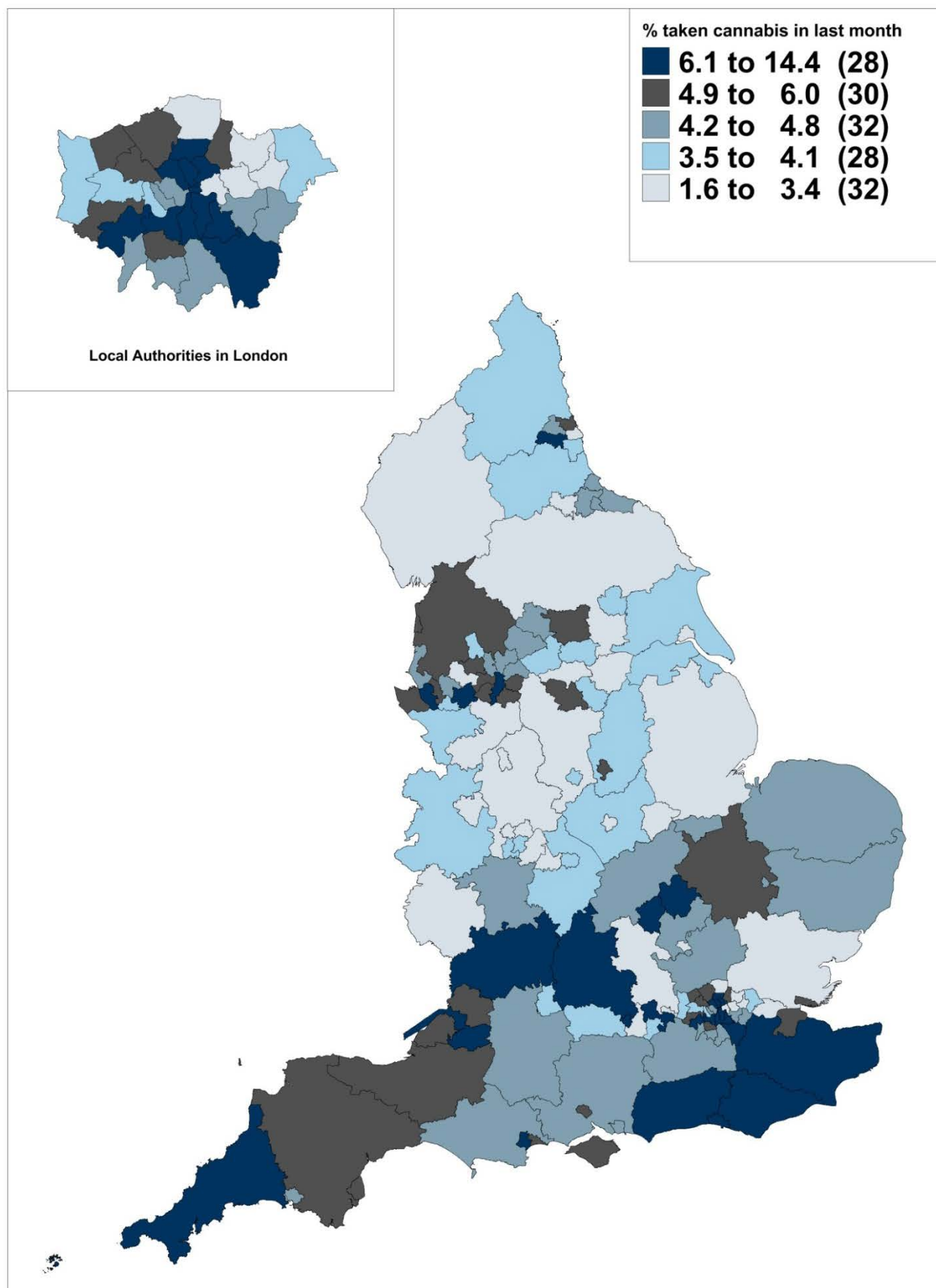
(Table 8.22)

At a LA level, cannabis usage in the last month among young people overall was highest in Brighton and Hove (14.4%) followed by Bristol (8.9%), Bath and North East Somerset (8.7%) and Richmond upon Thames (8.5%). Usage in the last month was lowest in Leicester (1.6%), Slough (1.7%), Tower Hamlets (1.8%), and Telford and Wrekin (1.8%).

(Table 8.23 and Figure 8.3)

Figure 8.3: Percentage of young people who have taken cannabis in the last month by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data in this map are shown in Table 8.23.

Cannabis usage among young people in the last year was highest in Brighton and Hove (21.9%), followed by Richmond Upon Thames (16.8%).

(Table 8.23)

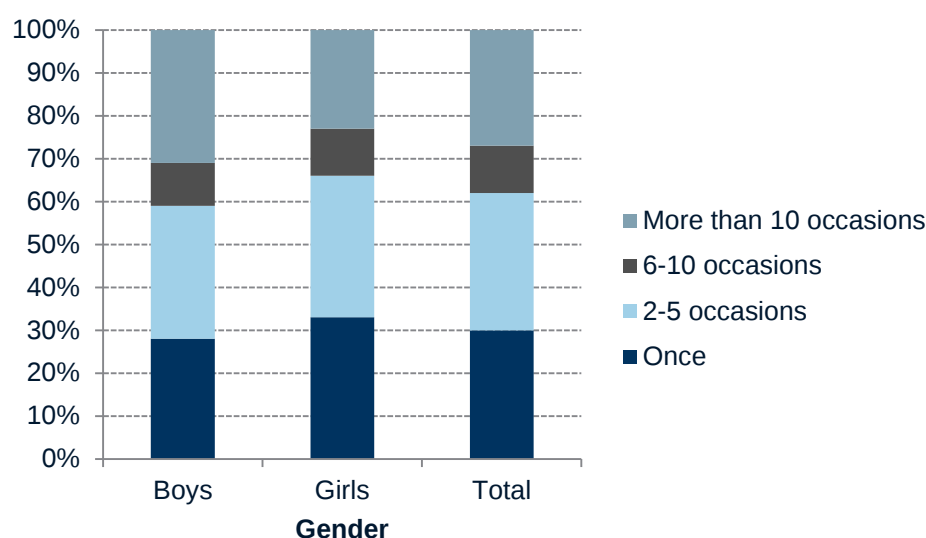
Young people who had ever tried cannabis were also asked on how many occasions they had used or taken cannabis.

Among young people who had ever tried cannabis, three in ten had used cannabis once (30%), and around a third had used it on 2-5 occasions (32%). While 11 per cent had used it on 6-10 occasions, a quarter had used it on more than ten occasions (27%).

(Table 8.24 and Figure 8.4)

Figure 8.4: Number of occasions of cannabis use among those who have ever tried cannabis, by gender, 2014

Base: Those who had ever tried cannabis



Bases: Unweighted: Boys 5,860, Girls 6,428, Total 12,458
Weighted: Boys 29,422, Girls 28,504, Total 58,768

However, since most young people had not tried cannabis, the percentage overall who had tried it once was 3 per cent, another 3 per cent had taken it on 2-5 occasions, 1 per cent had taken it on 6-10 occasions, and 3 per cent had taken it on more than 10 occasions. There was a small difference in the frequency of cannabis usage among boys and girls.

(Table 8.25)

Table 8.25: Number of occasions of cannabis use among the total population, by gender, 2014

Base: All who were not observed

Number of occasions of cannabis use	Gender		Per cent
	Boys	Girls	Total
Once	3	4	3
2-5 occasions	3	4	3
6-10 occasions	1	1	1
More than 10 occasions	3	2	3
Not used at all	89	89	89
<i>Bases</i>			
<i>Unweighted</i>	56,213	60,177	117,533
<i>Weighted</i>	279,375	267,605	552,534

Frequency of cannabis usage was similar among most ethnic groups. However, young people from an Asian background were less likely than those from other ethnic backgrounds to have tried cannabis at all (97% had never tried cannabis compared to 89% overall).

(Tables 8.26)

Those who reported their general health as 'Poor' were more likely to have taken cannabis on more than 10 occasions than those who reported 'Excellent' health status (8% compared with 1%).

(Table 8.27)

Those who had low life satisfaction were more likely to have taken cannabis on more than ten occasions, than those who were highly satisfied (6% compared with 2%).

(Table 8.28)

There was little difference in frequency of cannabis by deprivation. Likewise, there were few regional differences.

(Tables 8.29 and 8.30)

Comparisons with other sources

Looking at the data from the SDD 2014 survey, 16 per cent of 15 year olds had taken cannabis in the last year, with 17 per cent of boys and 15 per cent of girls doing so. This question in the SDD survey was asked of all pupils. When comparing to the overall data in the WAY 2014 survey, 9 per cent of 15 year olds had taken cannabis in the last year, which was the same for boys and girls. Further detail about methodological differences can be found in the section A.7 in the appendix.

8.5 Frequency of use of drugs other than cannabis

Participants were then asked if they had ever been offered any drugs other than cannabis⁹. The majority (87%) had never been offered any other drugs, with over one in ten saying they had been (13%).

(Table 8.31)

Likewise, most young people who answered this question had not tried any other drugs (98%), with 2 per cent reporting that they had. There was a small difference between boys and girls (98% and 97% respectively).

(Table 8.32)

Table 8.32: Ever tried any other drugs by gender, 2014

Base: All who were not observed

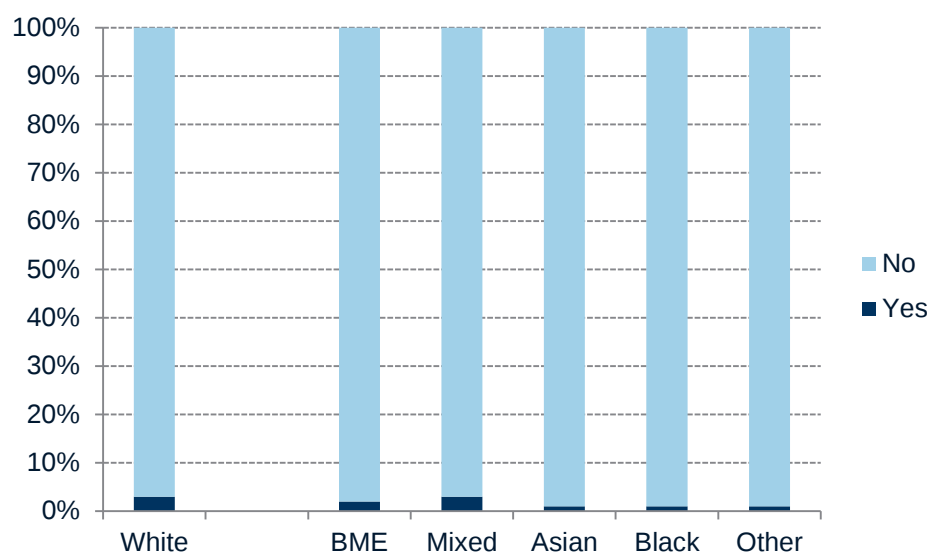
Other drug use	Per cent		
	Boys	Girls	Total
Yes	2	3	2
No	98	97	98
Bases			
Unweighted	55,594	59,568	116,277
Weighted	276,349	264,902	546,694

Usage of other drugs varied by ethnicity. The proportion of young people from a White or Mixed ethnic background who had ever tried other drugs was higher than the proportion of other ethnicities who had ever tried it. While 3 per cent of young people from both a White and a Mixed ethnic background had ever tried other drugs, 1 per cent of young people from an Asian or Black ethnic background had ever tried them.

(Figure 8.5 and Table 8.33)

Figure 8.5: Ever tried other drugs by ethnicity, 2014

Base: All who were not observed



Bases: Unweighted: White 89,156, BME 22,025, Mixed 4,467, Asian 11,155, Black 5,350, Other 1,053.
 Weighted: White 422,273, BME 100,216, Mixed 21,242, Asian 51,449, Black 22,827, Other 4,697.

There was a small difference in the proportion of other drug use across different levels of deprivation¹⁰. For example, 3 per cent of young people living in the second and third most deprived areas had ever tried other drugs compared with 2 per cent of those living in the most and least deprived areas.

(Table 8.34)

There was, however, an association between levels of self-reported general health and other drug use. For example, those who reported their general health as 'Poor' were more likely to have ever tried other drugs (7%) than those who rated their general health as 'Fair' (5%), 'Good' (2%) or 'Excellent' (1%).

(Table 8.35)

Young people in the South West were the most likely to have ever tried other drugs (4%), compared to 2 per cent overall.

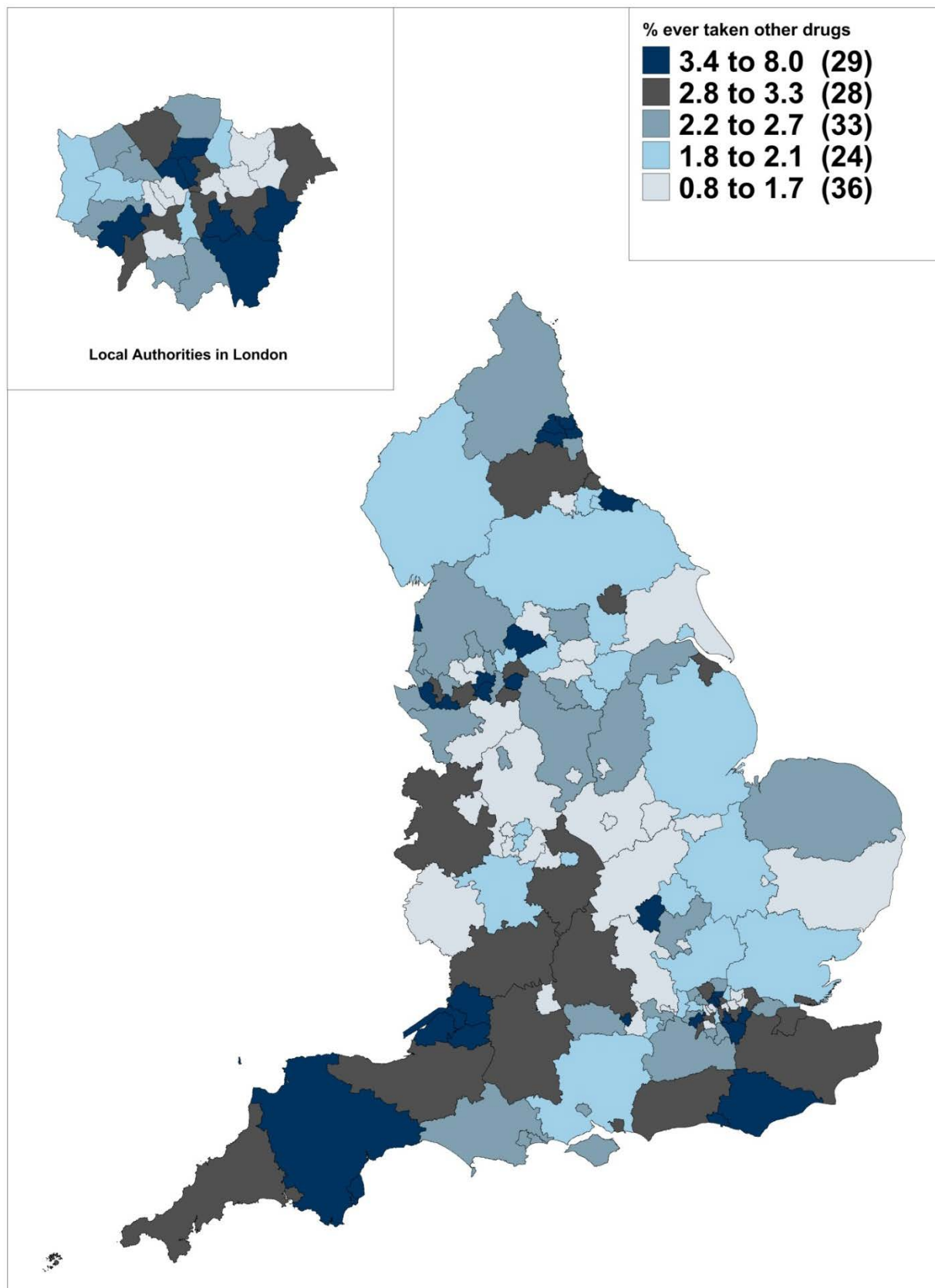
(Table 8.36)

At a LA level, 8.0 per cent of young people in Brighton and Hove had tried drugs other than cannabis, followed by 6.7 per cent in Torbay, and 5.9 per cent in both Bromley and Bristol. By comparison, usage was lowest in Staffordshire and Newham where 0.8 per cent and 0.9 per cent had ever tried other drugs respectively.

(Table 8.37 and Figure 8.6)

Figure 8.6: Percentage of young people who have ever tried other drugs by Local Authority in England, 2014

Base: All who were not observed



Source: What About Youth Survey 2014

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The data in this map are shown in Table 8.37.

Those young people who had ever tried any drugs other than cannabis were then asked when they had last used or taken these. Over a third said they had done so in the last month (36%), and around eight in ten said they had done so in the last year (82%). Nearly one in five had taken it less recently, saying they had last used it more than a year ago (18%).

(Table 8.38)

However, as the majority of young people had not tried other drugs at all (98%), it is important to look at the overall data among all participants when comparing sub-groups, not just those who had ever tried other drugs. Looking at young people overall, boys and girls were equally likely to have last tried other drugs in the last month, last year, or more than a year ago. Additionally, there was little variation among participants from different ethnic backgrounds, levels of deprivation, or regions.

(Tables 8.40, 8.42 and 8.43)

8.5.1 Attitudes towards drug use

Participants were asked whether they agreed or disagreed with a range of statements covering health and social issues related to drug use. The statements which attracted the highest level of agreement were more negative about drug taking, such as 'people my age who take drugs need help and advice' (80% agreed), and 'all people who sell drugs should be punished' (66%). Around six in ten young people agreed with the statement 'people who take drugs are stupid' (60%). 10 per cent agreed that 'taking drugs is exciting'.

(Table 8.45)

Endnotes

¹ Department of Health (2010) Healthy lives, healthy people: our strategy for public health in England.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127424.pdf

² Patton G et al (2002) Cannabis use and mental health in young people: cohort study. BMJ. 2002 November 23; 325(7374): 1195–1198. <http://www.bmj.com/content/325/7374/1195.1.full.pdf>

³ Home Office (2010) Drug strategy 2010 reducing demand, restricting supply, building recovery: supporting people to live a drug-free life. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118336/drug-strategy-2010.pdf

⁴ Department for Education and the Association of Chief Police Officers (2012) DfE and ACPO drug advice for schools. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

⁵ <http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS>

⁶ <http://www.hscic.gov.uk/article/3743/Smoking-Drinking-and-Drug-Use-among-Young-People-in-England>

⁷ Health Behaviour in School-aged Children (HBSC) England National Report (2015)

<http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>

⁸ Based on Index of Multiple Deprivation (IMD) Quintiles

⁹ Participants were asked to think about drugs such as Cocaine, Ecstasy, Poppers, Magic Mushrooms, and Ketamine when answering this set of questions. They were asked to consider all types of drugs including glue, gas, solvents, aerosols and steroids.

¹⁰ Based on Index of Multiple Deprivation (IMD) Quintiles

9 What about bullying?

9.1 Summary of key findings

- Over half of young people in England said that they had been bullied in some form in the past couple of months (55%). 15 per cent had experienced cyber-bullying within the past couple of months. 26 per cent of participants had bullied another person or people at some point in the past, and three-quarters of participants reported that they had never bullied another person (74%).
- Girls were more likely than boys to have experienced bullying within the past couple of months (63% and 48% respectively). More girls also reported that they had been a victim of cyber-bullying than boys (19% and 10% respectively). However, boys were more likely than girls to report having bullied someone else (31% and 20% respectively).
- Young people from a White background were more likely to report having been bullied within the past couple of months than those from a BME background (56% and 49% respectively). Young people from a White ethnic background were also more likely to have experienced cyber-bullying than those from BME backgrounds (16% and 10% respectively). However, young people from BME groups were more likely to report having ever bullied others compared to those from White ethnic groups (28% and 25% respectively).
- There were no significant differences in the proportion of participants experiencing bullying or cyber-bullying by level of deprivation. Those from the most deprived areas were more likely to report they had bullied others than those from the least deprived areas (27% compared to 24%).
- More young people in the South West reported experiencing bullying within the past couple of months (58%) than any other region. London had the lowest reported experience of bullying (50%). There was a similar pattern for cyber-bullying (South West 17% and London 12%).
- London, the East of England, the South East and the South West all had the same highest proportion of young people who had ever bullied others (27%). Young people in the North West and North East were the least likely to report ever having bullied others (22% and 23% respectively).

9.2 Introduction

9.2.1 Background and policy context

Bullying is detrimental to physical and mental health and research suggests that it is a problem for many young people, particularly within schools¹. Legislation means that by law, every school must have measures in place to prevent all forms of bullying². The government acknowledges that bullying in schools can negatively impact both health and educational attainment and can pose a suicide risk³. A number of initiatives are in place to prevent and reduce bullying particularly among young people⁴. Bullying can take several forms, including physical bullying and psychological/emotional bullying. Bullying can also take place virtually using technology such as social media websites and text messages; this type of bullying is known as cyber-bullying. The Home Office, in collaboration with the National Society for the Prevention of Cruelty to Children (NSPCC)⁵, and other organisations have recently launched an initiative to combat cyber-bullying⁶.

Previous research on bullying within schools by the Department for Education (DfE) has identified young people of secondary school age as being at risk of bullying, particularly in the 14–16 year old age range⁷.

Questions about bullying were included in WAY 2014. The survey asked young people about experiences of eight types of bullying. The questions allow analysis of experiences of bullying of any kind, emotional-psychological bullying, physical bullying and cyber-bullying. Additionally, WAY 2014 provides self-reported data on the proportion of young people who bully others.

Data from WAY 2014 will allow comparisons between LAs and, if repeated, the survey will allow the prevalence of being bullied and bullying others to be tracked over time.

9.3 Definitions and methodological issues

All participants in WAY 2014 were asked questions about their experiences of being bullied. Due to the sensitive nature of the questions on bullying others, participants who completed the questionnaire online while being observed were routed around these questions about bullying others. However, in the postal version of the survey there was no way to route those being observed around these questions. All those who were not observed in the online version and all those who answered the paper questionnaire were asked whether they had ever bullied others.

In order to clarify the term 'bullying' to participants, a definition was included within the question text, which read: 'We say a person is being bullied when another person, or a group of people, say or do nasty and unpleasant things to him or her. It is also bullying when a person is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. Bullying may happen over the internet or by text or phone messages. It is not bullying when a person is teased in a friendly and playful way.'

Participants were asked to report on experiences 'in the last couple of months'. The 8 forms of bullying which participants were asked about can be grouped into three main categories:

Figure 9.1: Questionnaire categories and analysis categories

Questionnaire Categories	Report Categories
'I was called mean names, was made fun of, or teased in a hurtful way' 'Other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me' 'Other people told lies or spread false rumours about me and tried to make others dislike me' 'Other people made fun of me because of my body weight' 'Other people made sexual jokes, comments, or gestures to me'	Psychological/emotional bullying
'I was hit, kicked, pushed, shoved around, or locked indoors'	Physical bullying
'Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me' 'Someone took unflattering or inappropriate pictures of me'	Cyber-bullying

Participants were also asked about whether they had bullied others. This made it possible to look at the prevalence of ever having bullied someone else as well as having done so in the last couple of months.

9.4 Other sources of data on bullying behaviour among young people

The Health Behaviour in School-Aged Children (HBSC) study is a multi-national survey from the World Health Organisation aiming to improve the health and wellbeing of young people⁸. This is a survey covering several aspects of young people's health and wellbeing in a similar fashion to WAY 2014. The most recently published data from HBSC comes from the 2014 survey for England⁹.

One of the sections on the HBSC survey is about bullying, and asks how many times participants have been bullied within the past couple of months, and how many times participants have bullied others within the past couple of months. Data is available for the 15 year old age group, which matches WAY 2014. However, it is important to note that the HBSC was a school-based survey, and asked questions about bullying in schools specifically. WAY 2014 asked participants about experiences of bullying in general, not just at school, and the survey was posted to participants' home addresses as opposed to being completed at school in exam conditions. These important methodological differences between WAY 2014 and the HBSC 2014 will impact on the comparability of results. These methodological references are explained in Appendix A.7.

Understanding Society (UK Household Longitudinal Survey) has also collected data on bullying behaviour among children¹⁰. Participants were asked how often they were bullied at school both physically and mentally. This survey also asks questions about wellbeing¹¹ which allows us to make comparisons between the surveys in terms of the relationship between bullying and wellbeing among young people. Again, it is important to note some methodological differences between these two surveys which will affect comparisons. In particular, Understanding Society asks the questions about bullying in a different format to WAY 2014, and asks specifically about experiences within schools. These methodological references are explained in Appendix A.7.

9.5 Experience of being bullied

'Experienced bullying' is a combination of any response indicating that participants were bullied at least once in the past couple of months to any of the 8 types of bullying asked in the questionnaire.

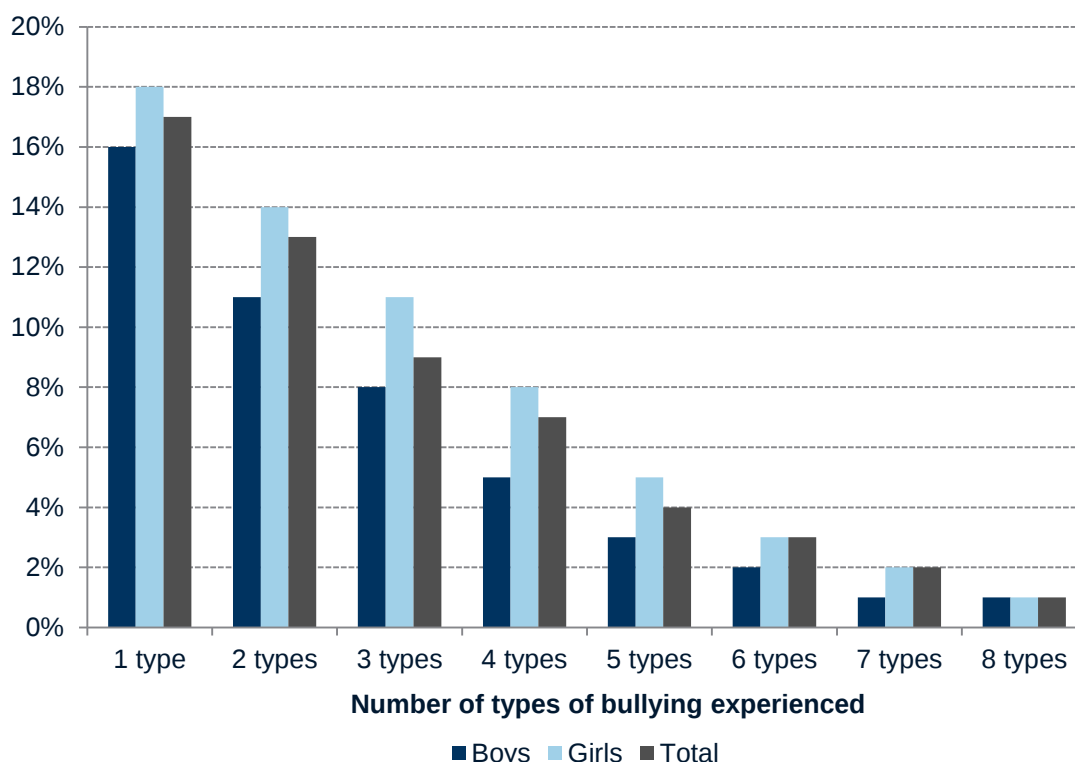
WAY 2014 showed that over half of young people in England said that they had been bullied in some form within the past couple of months (55%). More specifically, 17 per cent experienced only one type of bullying, 13 per cent experienced two types of bullying, 9 per cent three types, 7 per cent four types, and 10 per cent five or more types.

Girls were more likely than boys to have experienced bullying at least once within the past couple of months (63% and 48% respectively).

(Table 9.1 and Figure 9.2)

Figure 9.2: Number of types of bullying experienced by gender, 2014

Base: All



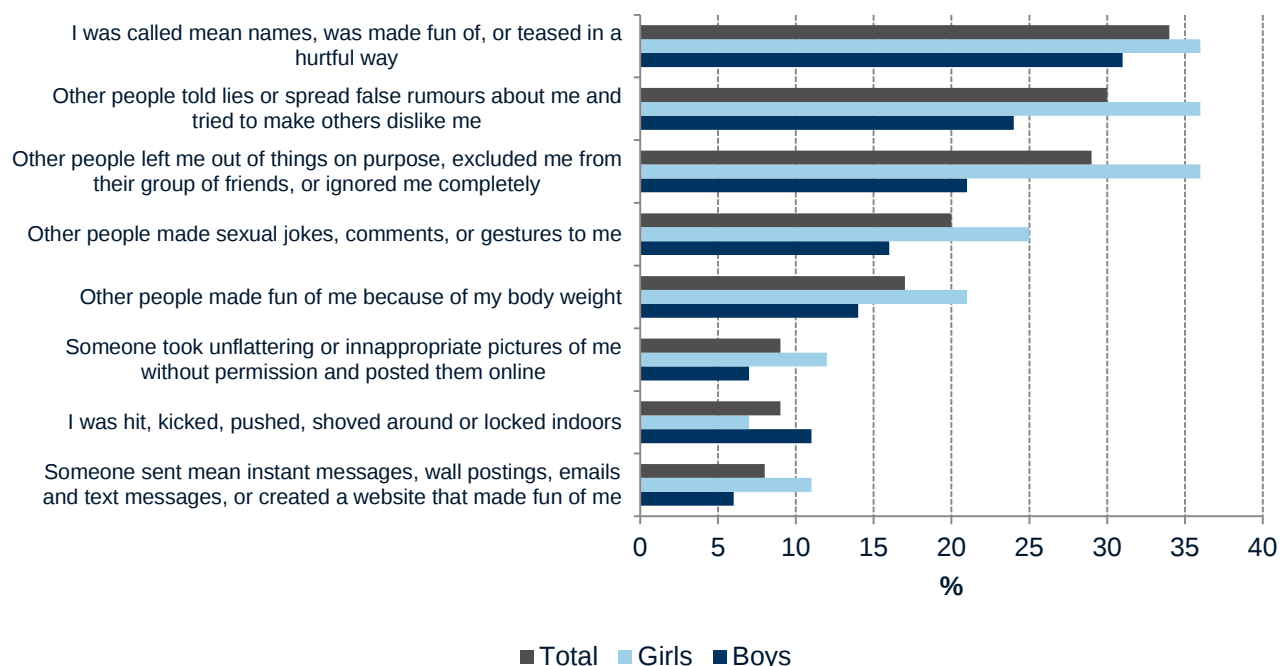
Bases (All): Unweighted: Boys: 52,850, Girls: 56,955, Total: 110,788
Weighted: Boys: 262,550, Girls: 252,844, Total: 520,221

Forms of psychological/emotional bullying were more common than physical bullying or cyber-bullying. The most common form of bullying participants reported experiencing within the past couple of months was 'I was called mean names, was made fun of, or teased in a hurtful way'. A third of participants had been bullied this way at least once in this time period (34%). Similarly, just under a third of young people had experienced other people telling lies or spreading false rumours about them and trying to make others dislike them (30%). The least common form of bullying experienced by participants other than cyber-bullying (which is explored separately in this chapter) was physical bullying; 'I was hit, kicked, pushed, shoved around, or locked indoors', with 9 per cent having experienced this at least once.

(Table 9.2 and Figure 9.3)

Figure 9.3: Types of bullying experienced by gender, 2014

Base: All



Bases for first statement (All): Unweighted: Boys: 55,594, Girls: 59,685, Total: 116,371
Weighted: Boys: 276,364, Girls: 265,278, Total: 546,952

Experiences of bullying varied considerably among different groups of young people. For example, young people from a White background were more likely to report having being bullied within the past couple of months than those from a BME background (56% and 49% respectively).

(Table 9.3)

There were no significant differences in the total proportions of participants experiencing bullying by level of deprivation¹².

(Table 9.4)

There were significant differences in experience of bullying when broken down by wellbeing (Warwick-Edinburgh Mental Wellbeing Scale, WEMWBS¹³) scores and life satisfaction scores. Those who had not experienced bullying within the past couple of months had a higher average WEMWBS score (50) than those who had experienced bullying (45; with 70 being the highest possible level of wellbeing). In addition, those with lower life satisfaction scores more commonly reported having been bullied within the past couple of months. Life satisfaction was measured using an 11-point scale with a question asking about how satisfied participants feel¹⁴. 78 per cent of those with a low life satisfaction score had been a victim of bullying, compared to 67 per cent with a medium life satisfaction score and 47 per cent with a high or very high life satisfaction score. These results suggest that being bullied is related to life-satisfaction and wellbeing for young people.

(Tables 9.5 and 9.6)

There was significant variation in self-reported experiences of bullying by general health. Almost three-quarters of those who reported their general health as being 'Poor' also reported that they had been bullied within the past two months (73%). In contrast, under half of those who rated their general health as 'Excellent' said they were bullied over the same period (45%).

(Table 9.7)

Those who reported having learning disabilities had been bullied more than those without learning disabilities (64% compared with 53%). Those with a long-term illness, disability or medical condition were bullied more than those without (64% compared with 54%).

(Tables 9.8 and 9.9)

Young people who reported that their body image was 'too thin' or 'too fat' were more likely to report they had been bullied than those who thought their body was 'about the right size' (58%, 68% and 46% respectively). There were gender patterns in this. In all three body image groups girls were more likely to report having been bullied than boys. The two groups most likely to have experienced bullying were girls who felt they were 'too fat' (71%) and girls who felt they were 'too thin' (70%). This contrasts with 61 per cent of boys who thought they were 'too fat' and 53 per cent of boys who felt they were 'too thin' having been bullied. The group least likely to have been bullied were boys who felt they were 'about the right size' (40%). Among girls who felt they were 'about the right size' 53 per cent reported having been bullied.

(Table 9.10)

This was particularly the case for bullying which was specifically related to weight: 'Other people made fun of me because of my weight'. 19 per cent of those who felt that they were 'too thin' were bullied at least once in this way, and 34 per cent of those who felt that they were 'too fat' were bullied in this way, compared to 6 per cent of those who said their body was 'about the right size'.

(Table 9.10)

Young people who had bullied others were more likely to say they had been bullied themselves. Three-quarters of young people who reported having bullied others in the past couple of months also reported being a victim of bullying (75%), compared to around half of those who had not bullied others (53%).

(Table 9.11)

More young people in the South West experienced bullying within the past couple of months (58%) than any other region. London had the lowest reported experience of bullying with half of participants having been bullied within the past couple of months (50%).

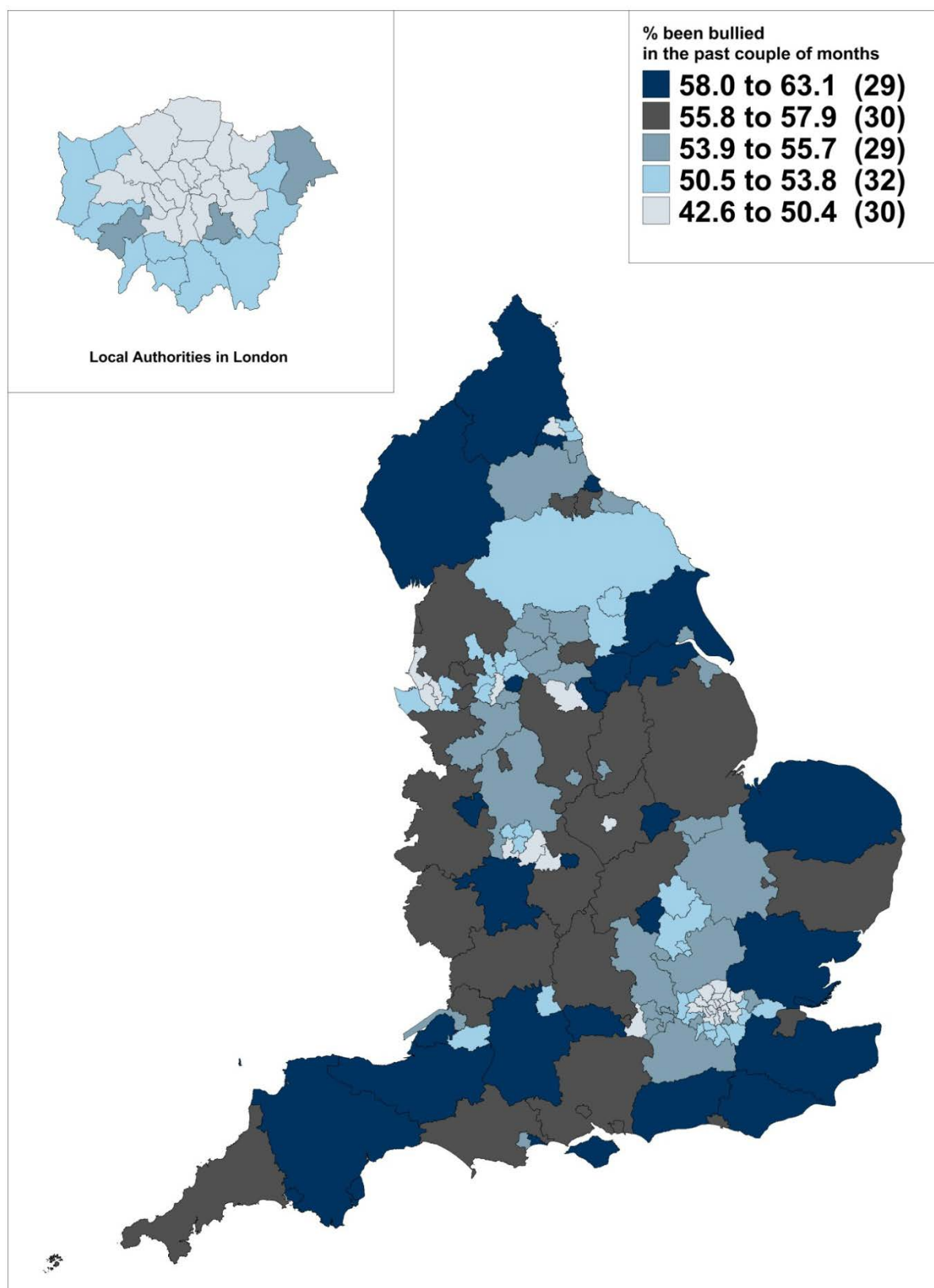
(Table 9.12)

Analysing the prevalence of bullying by LA, the Isle of Wight had the highest proportion of young people who experienced bullying in the last couple of months (63.1%). This was followed by Hartlepool (62.3%), West Berkshire (61.9%) and North Somerset (61.6%). Camden had the lowest proportion of young people who had been bullied (42.6%). Knowsley had the second lowest percentage who had been bullied (42.9%). Nine of the ten LAs with the lowest percentage who had been bullied were in London. The relatively low proportions who experienced bullying in these areas may be related to the high proportions of young people from BME backgrounds in these LAs, since the prevalence of being bullied was lower among young people from BME backgrounds.

(Table 9.13 and Figure 9.4)

Figure 9.4: Percentage of young people who have been bullied in the past couple of months by Local Authority in England, 2014

Base: All



Source: What About Youth Survey 2014

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The data for this map are shown in Table 9.13

9.6 Comparisons with other sources

Results about experiences of bullying from WAY 2014 can be compared with caution to HBSC 2014⁹, which asked participants how often they had been bullied within the past couple of months. In the HBSC study for England, the data showed that 28 per cent of 15 year old girls and 30 per cent of 15 year old boys stated that they had been bullied in the past couple of months. These figures are lower than those from the WAY 2014 study which recorded frequency by specific type and found that 38 per cent of young people had experienced at least two types of bullying in the last couple of months.

The differences between the HBSC 2014 study and WAY 2014 could be due to the methodological differences between these two surveys⁹. HBSC is a school-based survey, which asked about levels of bullying within schools specifically and was completed in schools; in addition participants were not presented with different statements around different forms of bullying, instead being asked a single more general question.

A survey commissioned by the DfE (Tellus 4) found that in 2009–2010, the percentage of children who were the subject of bullying in schools could be as high as 28.8 per cent¹⁵.

The results from WAY 2014 around the relationships between bullying and wellbeing are in line with those from Understanding Society. Participants in both surveys who reported being bullied more often also tended to report lower wellbeing scores. Understanding Society found that over two-thirds of the children who reported relatively high life satisfaction in 2011–12 reported that they had never been bullied (68%) in contrast with less than one-third of those reporting relatively low life satisfaction (28%)¹⁶. Again, there are significant methodological differences between these surveys, meaning comparisons should be made with caution. Understanding Society is a household based interviewer survey which framed questions about bullying in a more general manner.

9.7 Experience of cyber-bullying

Cyber-bullying is a broad term, generally meaning bullying people through the use of technology such as mobile phones and the internet, including via social media¹⁷. 'Experience of cyber-bullying' in this survey includes anyone who reported being bullied at least once over the past couple of months in either/both of these ways: 'Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me' and/or 'Someone took unflattering or inappropriate pictures of me'

Among young people in WAY 2014, 15 per cent had experienced cyber-bullying within the past couple of months. Patterns in the data around cyber-bullying tended to follow those of bullying generally, with more girls reporting they had been a victim of cyber-bullying than boys (19% and 10% respectively).

(Table 9.14)

Table 9.14: Experience of being cyber-bullied by gender

Base: All

Experience of being cyber-bullied	Gender	Per cent	
		Girls	Total
	Boys	Girls	Total
Experienced cyber-bullying	10	19	15
Did not experience cyber-bullying	90	81	85
<i>Bases</i>			
<i>Unweighted</i>	55,186	59,314	115,577
<i>Weighted</i>	274,236	263,621	543,130

8 per cent of young people said that they had experienced someone sending mean instant messages, wall postings, emails and text messages, or creating a website that made fun of them, while 9 per cent of young people had experienced someone taking unflattering or inappropriate pictures of them. These forms of bullying were less common than some types of psychological or emotional bullying. Among those who had experienced cyber-bullying, 58 per cent had experienced mean messages or websites and 64 per cent had experienced photo related bullying.

(Tables 9.2 and 9.15)

Young people from a White ethnic background were more likely to have experienced cyber-bullying than those from BME backgrounds (16% and 10% respectively). Among young people from a BME background those from a Mixed background were most likely to have experienced cyber-bullying and those from an Asian background were least likely to have done so (14% and 9% respectively).

(Table 9.16)

There were no significant differences in the percentage who had experienced cyber-bullying by level of deprivation in the area.

(Table 9.17)

Other patterns in the data for cyber-bullying were also consistent with those for bullying generally:

- Participants with 'Poor' self-perceived general health reported being cyber-bullied more than those who said they had 'Excellent' general health (28% compared with 11%).

(Table 9.18)

- 18 per cent of those who have a learning disability reported being cyber-bullied, compared to 14 per cent of those without a learning disability.

(Table 9.19)

- 18 per cent of those with long-term illnesses, disabilities or medical conditions reported being cyber-bullied compared to 14 per cent of those without.

(Table 9.20)

- Young people who think of themselves as 'too thin' or 'too fat' reported being cyber-bullied more than those who think their body was 'about the right size' (15% and 20% respectively were cyber-bullied compared to 11% of those whose body was 'about the right size'). In each of the body image group, girls were more likely than boys to report having been cyber-bullied (22% of girls who were 'too thin' and 23% of girls who were 'too fat' compared with 12% and 14% of boys respectively). Among those who thought they were 'about the right size' 14 per cent of girls and 8 per cent of boys had been cyber-bullied

(Table 9.21)

- Those who reported being a victim of cyber-bullying had lower mean WEMWBS scores than those who had not (43 and 48 respectively, with 70 being the highest possible level of wellbeing).

(Table 9.22)

- Younger people with lower life satisfaction scores were more likely to report being a victim of cyber-bullying. 28 per cent of those with 'low' life satisfaction scores had experienced cyber-bullying within the last couple of months, compared to 10 per cent with 'high or very high' scores.

(Table 9.23)

- Experience of cyber-bullying was more common among young people who had bullied others than among those who had not (26% and 13% respectively).

(Table 9.24)

As with experiences of bullying overall, the prevalence of cyber-bullying varied by region. The South West was the area with the highest prevalence of this kind of bullying (17%), whilst London had the lowest reported levels of cyber-bullying (12%).

(Table 9.25)

Analysis of cyber-bullying by LA showed that Hartlepool had the highest proportion of young people who have been cyber-bullied (20.9%) followed by the Isle of Wight (20.7%), North Somerset (19.8%), Bournemouth (18.8%) and Torbay (18.6%). The City of Westminster and Tower Hamlets had the lowest proportion of young people who had been victims of cyber-bullying (7.6% and 8.2% respectively), followed by Ealing (8.8%).

(Table 9.26)

9.8 Taking part in bullying others

26 per cent of participants had bullied another person or people at some point in the past, and three-quarters of participants reported they had never bullied another person (74%). 16 per cent had bullied someone but not within the past couple of months. Around one in ten young people had bullied someone in the last couple of months. More specifically, 8 per cent had bullied other people 'once or twice', 1 per cent had done so 'two or three times a month', while 1 per cent of all participants had bullied others once a week or more often.

(Table 9.27)

Significantly more girls than boys reported they 'have never bullied another person' (80% and 69% respectively) which means that 31 per cent of boys and 20 percent of girls reported that they had bullied someone else.

(Table 9.27)

Table 9.27: Taken part in bullying others, by gender

Base: All those not observed

Taken part in bullying	Per cent		
	Boys	Girls	Total
I have never bullied another person	69	80	74
I have not bullied another person/other people in the past couple of months	18	13	16
It has happened once or twice	10	6	8
2 or 3 times a month	2	1	1
Once a week or more ^a	1	0	1
Has not bullied another person/people (never or not in the past couple of months)	87	93	90
Has bullied another person/people in the past couple of months	13	7	10
Ever bullied	31	20	26
<i>Bases</i>			
<i>Unweighted</i>	56,005	60,205	117,329
<i>Weighted</i>	278,162	267,664	551,267

^a 'Once a week or more' is an amalgamation of the categories 'About once a week' and 'Several times a week'.

Young people from BME groups were more likely to report having bullied others within the past couple of months (12%) than young people from White backgrounds (9%). Young people from BME groups were also more likely to report having ever bullied others compared to those from the White ethnic group (28% and 25% respectively).

(Table 9.28)

Those from the most deprived areas were more likely to report they had bullied others than young people from less deprived areas, and to have done so more recently. 27 per cent of participants in the most deprived areas reported having ever bullied another person/people compared to 24 per cent of people from the least deprived areas. 12 per cent of those in the most deprived areas reported bullying others within the past couple of months, in comparison to 8 per cent of those in the least deprived areas.

(Table 9.29)

Participants with lower self-rated general health were more likely to have taken part in bullying others. 21 per cent of those who rated their general health as 'Excellent' had ever bullied others, compared to 34 per cent of those who rated their general health as 'Poor'. 8 per cent of those with 'Excellent' general health reported having bullied another person or people within the past couple of months, compared with 17 per cent of those rating their health as 'Poor'.

(Table 9.30)

Young people who had been bullied themselves were more likely to bully others. A third (33%) of participants who had been bullied, reported ever bullying another person/people, compared to 17 per cent of those who had not been bullied. 14 per cent of those who had been bullied themselves reported bullying others within the last couple of months, compared to 5 per cent who had not bullied others.

(Table 9.31)

Regionally, London, the East of England, the South East and the South West all had the highest proportion of young people that had ever bullied others (27%). Young people in the North West and North East were the least likely to report ever having bullied others (22% and 23% respectively). Young people living in the South West, South East and London also had the highest proportion of young people who had bullied others within the past couple of months (all at 11%), compared to the North West and North East, which were the areas with the lowest proportion of young people bullying others within the last couple of months (both at 9%).

(Table 9.32)

Analysing these results by LA, Bournemouth had the highest proportion of young people saying that they had ever bullied others (33.1%). Peterborough had the second highest proportion (31.7%) followed by Waltham Forest (31.6%) and Richmond upon Thames (31.4%). In contrast, the LA with the lowest proportion of young people who said that they have ever bullied others was Knowsley (14.0%). This was followed by Middlesbrough (16.8%) and Wigan (17.5%). Peterborough had the highest proportion of young people who had bullied others within the past couple of months, followed by Newham (14.1% and 14.0% respectively). Knowsley and Wigan had the lowest proportion who had bullied others within the last couple of months (5.5% and 5.6% respectively).

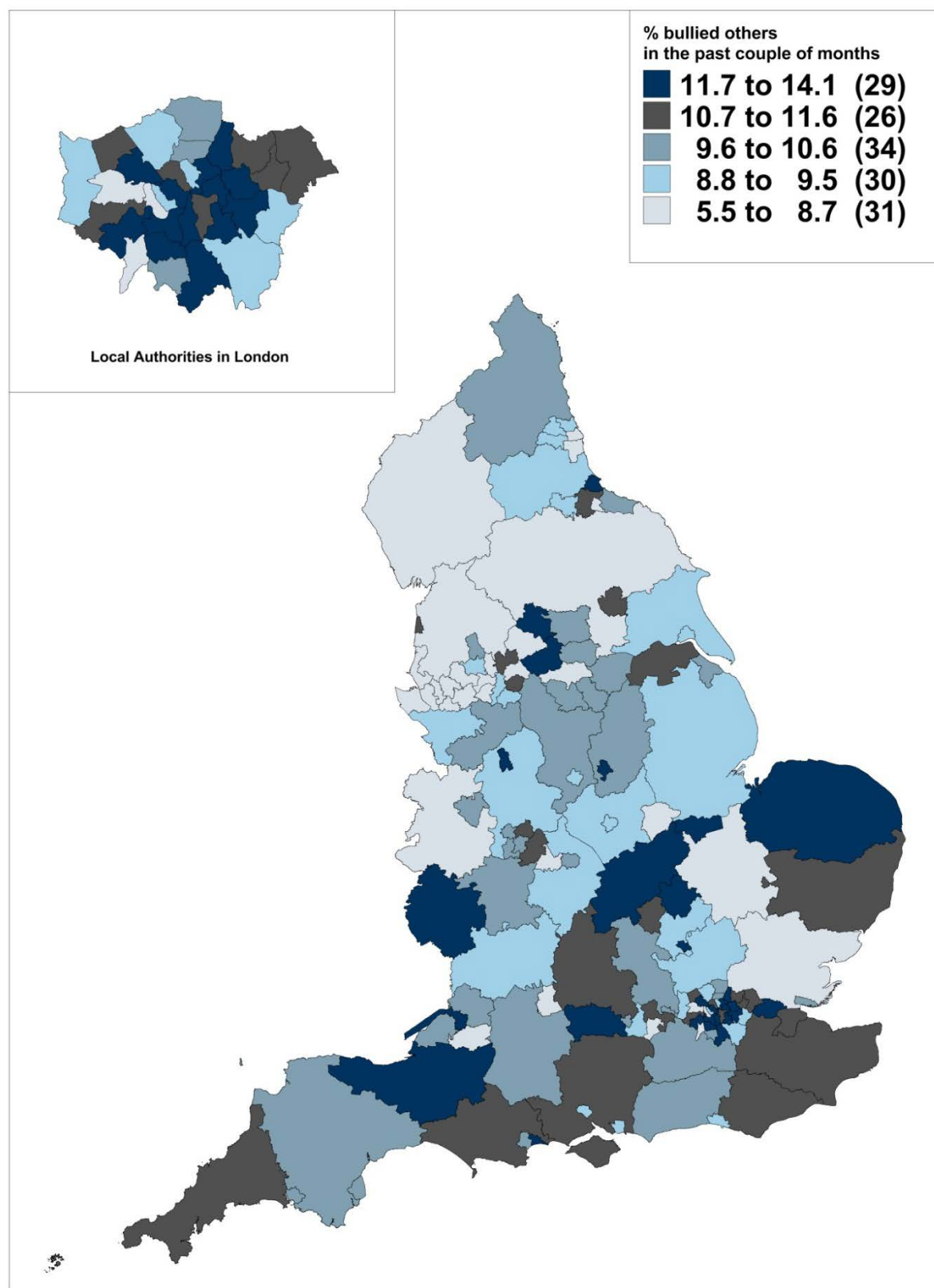
(Table 9.33 and Figure 9.5)

9.9 Comparisons with other sources

The HBSC 2014 survey has similar questions to WAY 2014 for proportions of 15 year olds who have bullied others⁹. In the HBSC survey, 25 per cent of boys and 13 per cent of girls aged 15 had bullied others within the past couple of months. This is a higher proportion than found in WAY 2014, which found that 13 per cent of boys and 7 per cent of girls had bullied others at least once in the past couple of months. As previously mentioned, there are methodological differences between these two surveys that make direct comparisons difficult.

Figure 9.5: Percentage of young people who have bullied other people in the past couple of months by Local Authority in England, 2014

Base: All those not observed



Source: What About Youth Survey 2014

Contains OS data © Crown copyright [and database right] (2015)

The data for this map are shown in Table 9.33

Endnotes

- ¹ <https://www.gov.uk/government/publications/school-strategies-for-preventing-and-tackling-bullying>
- ² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409061/preventing_and_tackling_bullying_october2014.pdf
- ³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182409/DFE-RR001.pdf
- ⁴ <https://www.gov.uk/government/publications/school-strategies-for-preventing-and-tackling-bullying>
- ⁵ <http://www.nspcc.org.uk>
- ⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414118/NSPCC_online_abuse_and_bullying_prevention_guide_3.pdf
- ⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182409/DFE-RR001.pdf
- ⁸ <http://www.hbsc.org/>
- ⁹ <http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf>
- ¹⁰ <https://www.understandingsociety.ac.uk/research/publications/519649>
- ¹¹ http://www.ons.gov.uk/ons/dcp171776_379712.pdf
- ¹² By Index of Multiple Deprivation quintiles
- ¹³ <http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx>
- ¹⁴ Scores of 0-4 = low, 5-6= medium and 7-10= high or very high
- ¹⁵ <https://www.gov.uk/government/publications/bullying/>
- ¹⁶ http://www.ons.gov.uk/ons/dcp171776_379712.pdf
- ¹⁷ <http://www.nhs.uk/Livewell/Bullying/Pages/Cyberbullying.aspx>: For more detail on the definition of cyber-bullying in WAY 2014, please see the section 'Definitions and methodological issues' earlier in this chapter.

10 What about multiple risk behaviours?

10.1 Summary of key findings

- Six per cent of young people did not engage in any risky behaviour, 16 per cent of young people engaged in three or more risky behaviours while 5 per cent engaged in four or more risky behaviours,.
- 26 per cent of young people engaged in behaviours that were both illegal and unhealthy, 65 per cent in unhealthy behaviours only, three per cent in illegal behaviours only, and 6 per cent in neither.
- Girls were less likely to not engage in any risky behaviours (4% of girls, compared with 8% of boys), and more likely to engage in three or more (18% of girls, compared with 14% of boys).
- Young people from BME ethnic backgrounds were less likely to have engaged in risky behaviours, including illegal behaviours, when compared with those from a White background. More specifically, participants from Black and Asian backgrounds engaged in the fewest risky behaviours, with 6 per cent and 3 per cent respectively having three or more risk factors. By contrast, 18 per cent of young people from a White background and 15 per cent of those from a Mixed ethnic background engaged in three or more risky behaviours.
- The proportion of young people who displayed illegal and unhealthy behaviours was highest in the least deprived areas (30% of those from the least deprived areas compared to 20% of young people from the most deprived areas).

10.2 Introduction

10.2.1 Background and policy context

Individual lifestyle behaviours, such as diet, exercise and smoking can have a significant impact on health and mortality. Little is known, however, about the interaction of multiple lifestyle behaviours (a thirty-year cohort study of men aged 35-64 found that men who both smoked and drank 15 or more units a week had the highest all-cause mortality¹) and investigations into the prevention of multiple risk factors have necessarily focussed on each individual factor². Given the lack of existing data, there is no widely agreed terminology to describe these behaviours. For the purposes of this report, the term 'risky behaviours' has been used. This term covers behaviours that are unhealthy as well as behaviours that are also illegal.

Previous analysis by the King's Fund³ used data from the Health Survey for England to investigate the changing prevalence of multiple unhealthy behaviours, focusing on smoking, drinking, consumption of fruit and vegetables, and physical activity among adults. This found that the overall proportion of the population that engaged in three or four of these unhealthy behaviours had declined significantly, from around 33 per cent of the population in 2003 to around 25 per cent by 2008. However, this analysis also found wide inequalities, with people in lower socio-economic and educational groups more than five times as likely as those with a higher education qualification to engage in all four unhealthy behaviours in 2008. The analysis within this chapter is not directly comparable with the King's Fund work, since it defines risk in line with guidelines for 15-year-olds, which are different from the guidelines for adults, but this report follows a similar approach looking at numbers and combinations of risky behaviours.

10.3 Definitions and methodological issues

Participants in WAY 2014 were asked a series of questions about illegal and unhealthy behaviours, including smoking, drinking, drug use (cannabis and other drugs), diet, and physical exercise. On the basis of their answers to these questions, participants were assigned a risk index from zero to six according to how many lifestyle risk factors they exhibited. As far as was possible given the constraints of the questionnaire, risk was defined in line with government recommendations for young people. These government recommendations are; no alcohol consumption, no smoking or illicit drug taking, eating five portions of fruit and vegetables daily, and undertaking moderate to vigorous physical activity for at least 60 minutes every day of the week. More specific detail on each of these recommendations can be found in the relevant chapters of this report. Within this chapter, risk is defined as follows:

- Smoking: Currently smoke;
- Drinking: Usually have an alcoholic drink once a month or more frequently;
- Cannabis: Have used cannabis in the last month;
- Other drugs: Have used drugs other than cannabis in the last month;
- Diet: Consumed fewer than five portions of fruit and veg yesterday; and,
- Physical activity: Not active for 60 minutes or more on seven days in the last week.

This chapter reports on the proportion of young people who engaged in no risky behaviours and also the proportion who engaged in three or more risky behaviours. Looking at the prevalence of no risky behaviours on its own suggests a lower level of variability in the extent to which young people engage in risky behaviours. When examining risky behaviour at LA level for example, there was less variation between LAs in the proportion that have not engaged in any risky behaviours than there was in the proportion of those who had engaged in three or more risky behaviours. This is because certain risky behaviours (specifically not meeting physical activity guidelines and not eating 5 portions of fruit/vegetables a day) were common across all LAs, thus reducing the level of variation in the proportion of those that did not take part in any risky behaviours. Therefore, looking at the proportion engaging in three or more risky behaviours alongside this provides a more complete view of the behaviour of young people.

It is also important to consider the differences between these risky behaviours when analysing these results. Some of these behaviours can be considered more risky than others. Not eating 5 portions of fruit and vegetables a day for instance is probably less of a health risk than taking certain drugs. In order to analyse these behaviours by risk level, the different behaviours would need to be scored and ranked by their perceived risk levels. This chapter focuses on different combinations of risky behaviours without differentiating between how risky they are.

10.4 Prevalence of multiple risk behaviours

The majority of participants in WAY 2014 engaged in at least one risky behaviour, with only 6 per cent of young people not engaging in any risky behaviours. This was largely due to the high number of young people not meeting physical activity guidelines, which was the most common risky behaviour undertaken by young people (37% of young people who did not meet this government recommendation did not engage in any other risky behaviours). 16 per cent of young people engaged in three or more risky behaviours while 5 per cent engaged in four or more risky behaviours.

(Table 10.1 and 10.9)

The number of risky behaviours was linked to gender with girls less likely to engage in none (4% of girls, compared with 8% of boys), and more likely to engage in three or more (18% of girls, compared with 14% of boys). This was driven largely by lower levels of physical activity, with 91 per cent of girls not meeting government targets compared with 82 per cent of boys.

(Table 10.1)

Table 10.1: Number of risky behaviours by gender, 2014

Base: All

No. of risky behaviours	Gender		Per cent
	Boys	Girls	Total
None	8	4	6
1	38	37	38
2	40	41	41
3	10	12	11
4	2	4	3
5	1	1	1
6	0	0	0
3 or more risky behaviours	14	18	16
Mean risky behaviours	1.7	1.8	1.7
<i>Bases^b</i>			
<i>Unweighted</i>	51,975	56,349	109,299
<i>Weighted</i>	258,256	250,622	513,581

Differences also emerged between ethnic groups. Participants from Asian and Black backgrounds engaged in the fewest risky behaviours, with 3 per cent and 6 per cent respectively having three or more risk factors. By contrast, 18 per cent of young people from a White background and 15 per cent of those from a Mixed ethnic background engaged in three or more risky behaviours.

(Table 10.2)

Deprivation does not have a significant impact on the number of risky behaviours. Instead, it seems to have a greater impact on the type of risky behaviours young people engage in, as discussed in the remainder of this chapter.

(Table 10.3)

The number of risky behaviours reported by young people was also linked to their life satisfaction, with young people who expressed the greatest satisfaction with their lives displaying fewer risky behaviours. 10 per cent of young people with very high life satisfaction scores did not display any risky behaviours compared with 3 per cent of those with low life satisfaction. 9 per cent of those with very high life satisfaction displayed three or more risky behaviours compared with 26 per cent of those with low life satisfaction.

(Table 10.4)

8 per cent of young people who said that their body was 'about the right size' did not display any risky behaviours, compared with 6 per cent of those who said they are 'too thin', and 3 per cent of those who said they were 'too fat'. Furthermore, 13 per cent of participants who viewed their body as 'about the right size' displayed three or more risky behaviours, compared with 17 per cent and 20 per cent respectively of those who viewed their bodies as 'too thin' or 'too fat'.

(Table 10.5)

The level of risk taking behaviours reported by participants was also linked to mental wellbeing. Participants' mean score across the Warwick-Edinburgh Mental Wellbeing Scale⁴ questions was lower among those with a higher number of risky behaviours (ranging from 52 among young people who did not engage in any risky behaviours to 40 among those who engaged in all six risky behaviours).

(Table 10.6)

There were strong regional differences in the number of risky behaviours reported by participants. While there was little difference between regions in the proportion of young people with no risky behaviours (highest 7% in the South West, lowest 5% in the East of England, North East, North West and Yorkshire and the Humber), the proportion exhibiting three or more risky behaviours did vary. Young people in London were least likely to display three or more risky behaviours (10%), followed by the West Midlands (13%), while those in the North East, South West and Yorkshire and the Humber were most likely to display three or more risky behaviours (21%, 18% and 18% respectively).

(Table 10.7)

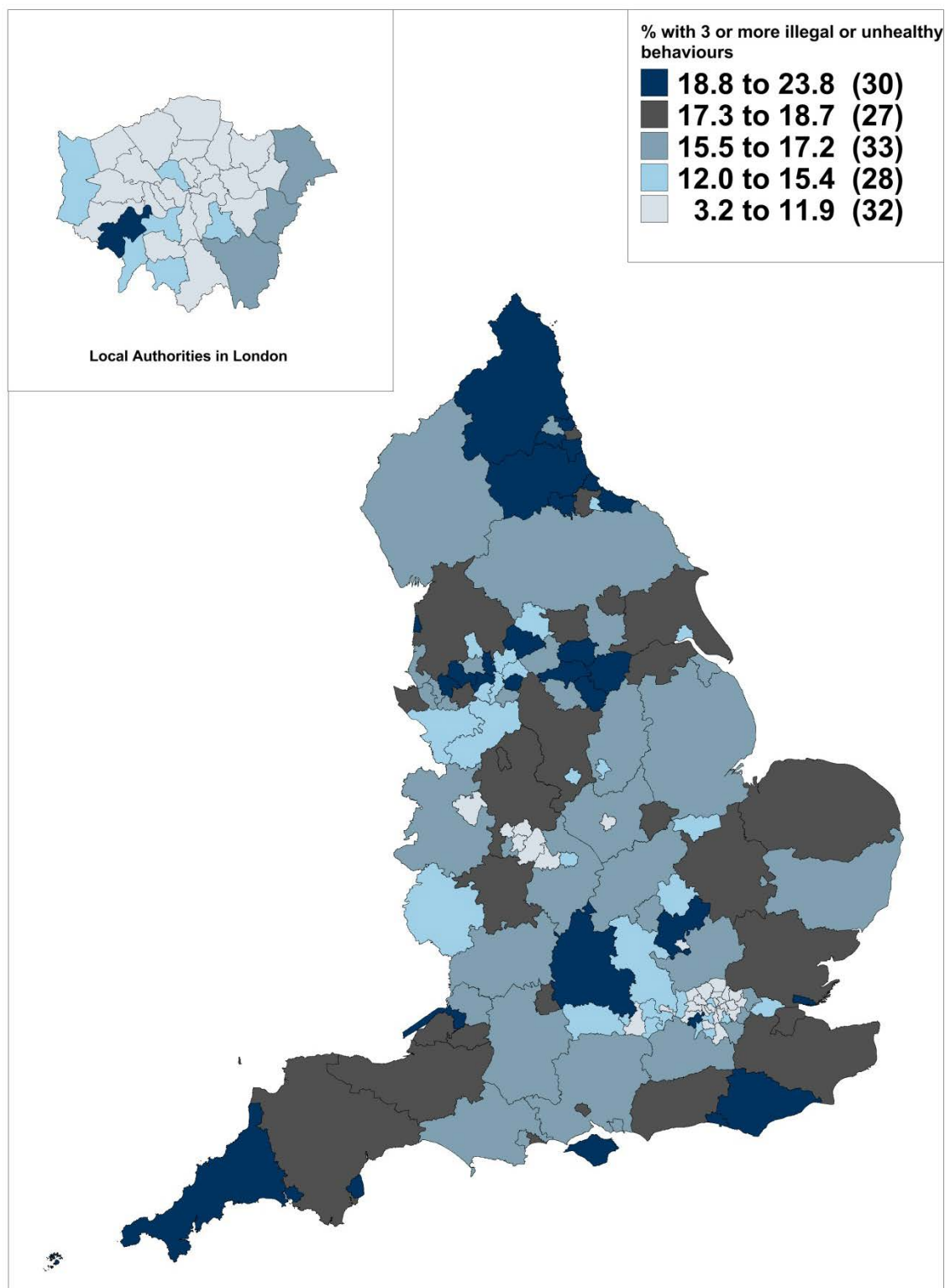
Reflecting these regional trends, many of the LAs with the lowest proportion of young people engaging in three or more risky behaviours were in London (sixteen of the twenty LAs with the lowest incidence). This includes Tower Hamlets and Newham, where 3.2 per cent and 4.7 per cent of young people respectively engaged in three or more risky behaviours. The highest incidence of multiple risk taking behaviour was observed in Gateshead, North Tyneside and Brighton and Hove (where 23.8%, 23.7% and 23.75 respectively engaged in three or more risky behaviours). LAs in the North East and Yorkshire and the Humber made up seven of the ten LAs with the highest rates of multiple risk taking behaviour.

(Figure 10.1 and Table 10.8)

Given the difference in the incidence of risky behaviours between ethnic groups, geographic differences will be to some extent driven by the ethnic makeup of the area. However, other factors not measured with WAY 2014 may also drive regional variation, including such things as access to sports and leisure facilities.

Figure 10.1: Percentage who report 3 or more risky behaviours (smoking, drinking, drugs, physical activity or diet) in England, 2014

Base: All



Source: What About Youth Survey 2014

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Data for this map are in Table 10.8

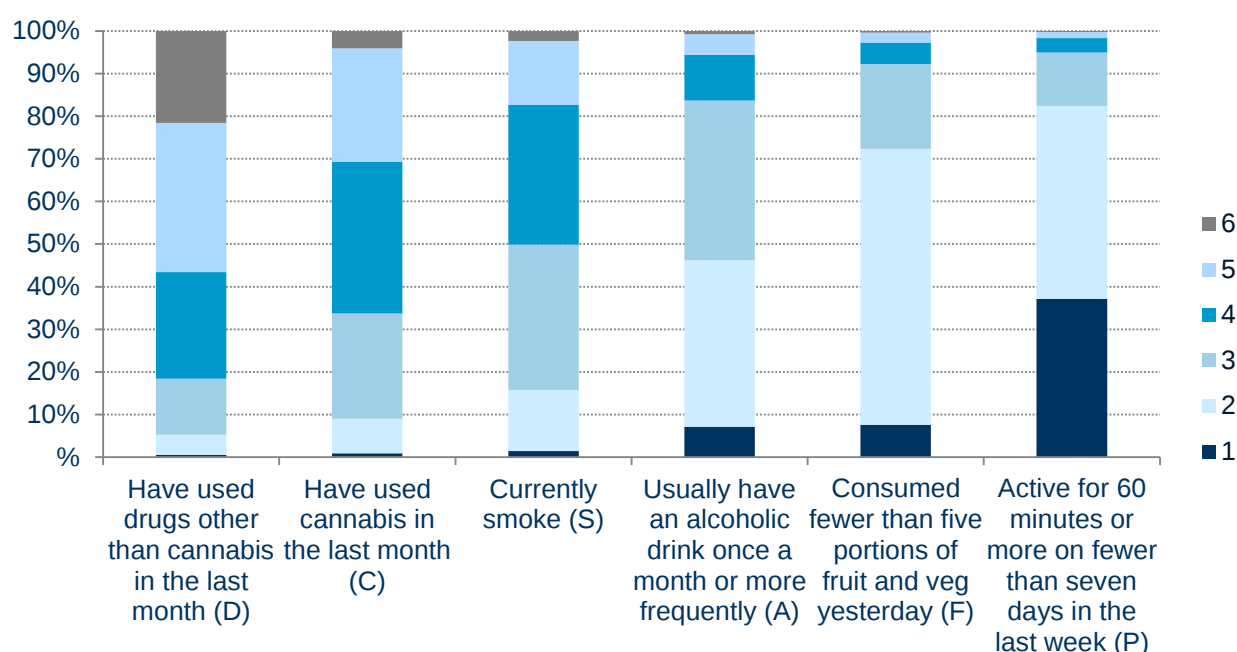
10.5 Prevalence of risky behaviours by individual behaviours

Looking at the number of risky behaviours displayed by participants who engaged in any one risky behaviour suggests that less common behaviours typically occur in conjunction with other behaviours. Whereas 37 per cent of young people who did not meet the government's physical activity guidelines did not have any other risky behaviours, only one per cent of young people who said they had taken drugs other than cannabis in the last month displayed no other behaviours. Drug taking behaviours are therefore likely to be indicative of more widespread risk-taking.

(Figure 10.2 and Table 10.9)

Figure 10.2: Number of risky behaviours by individual risky behaviour, 2014

Base: All



Bases: Unweighted: D - drug risk 1,010; C - cannabis risk 5,027; S - smoking risk 8,622; A - alcohol risk 27,841; F - diet risk 51,673; P - Physical activity risk 94,635

Weighted: D - drug risk 4,487; C - cannabis risk 23,713; S - smoking risk 41,672; A - alcohol risk 130,811; F - diet risk 243,665; P - Physical activity risk 442,772

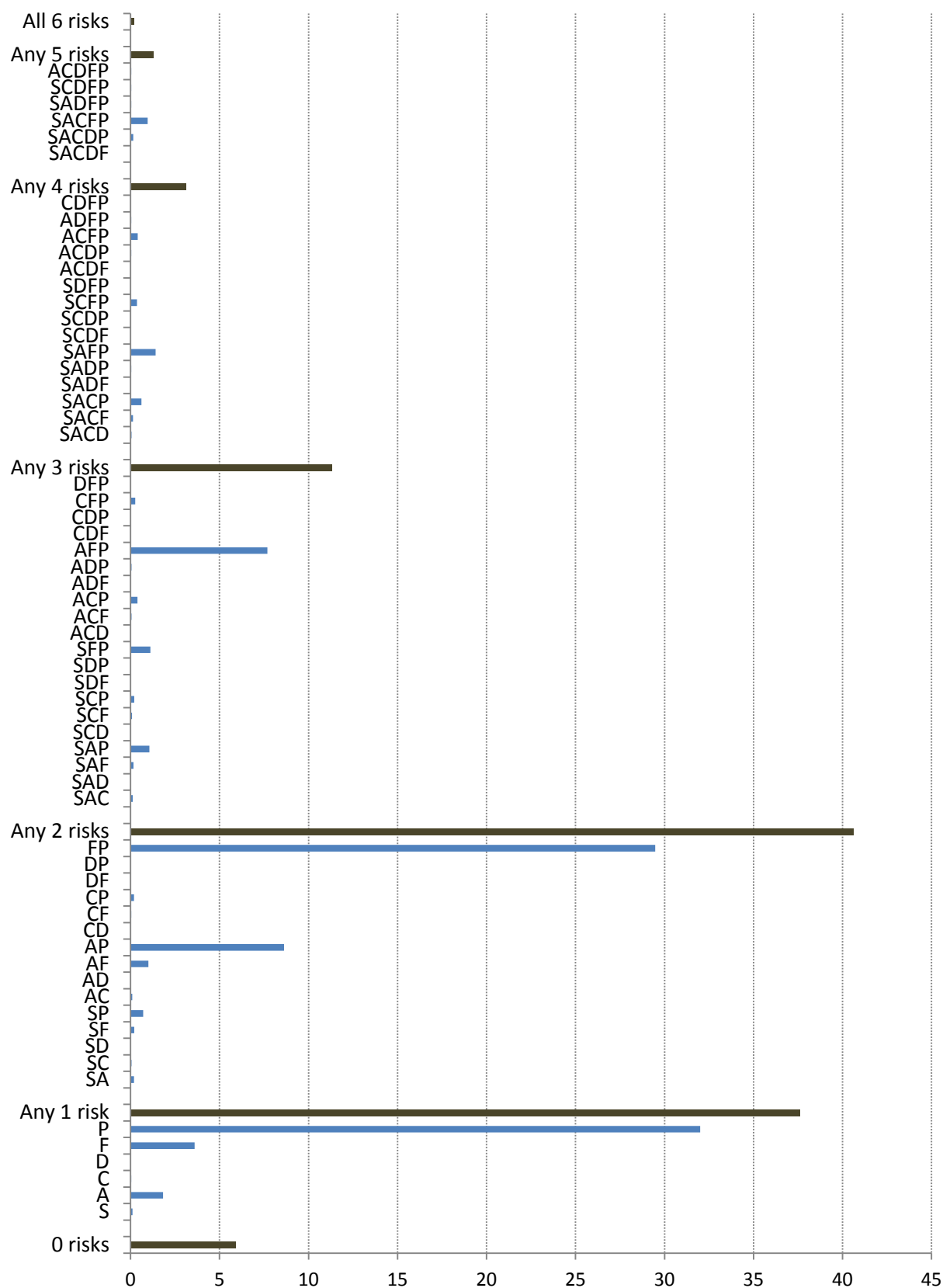
10.6 Combinations of risky behaviours

In light of the pattern of behaviours described above, the most common combinations of risky behaviours reflect the overall prevalence of the individual behaviours – i.e. the most common combination of any two behaviours is the two most prevalent behaviours and the most common combination of any three behaviours then adds the third most prevalent behaviour and so on. The taking of drugs other than cannabis, while still uncommon overall, therefore became relatively more common as young people engaged in more risky behaviours.

(Figure 10.3 and Table 10.10)

Figure 10.3: Prevalence of combinations of risky behaviours, 2014

Base: All



Notes: S, smoking risk; A, alcohol risk; C, cannabis risk; D, drug risk; F, diet risk; P, Physical activity risk

10.7 Comparison of illegal and unhealthy behaviours

The risky behaviours analysed in this chapter group into those behaviours which are unhealthy and those that are also illegal⁵. 26 per cent of young people engaged in behaviours that were both illegal and unhealthy, 65 per cent in unhealthy behaviours only, 3 per cent in illegal behaviours only, and 6 percent in neither. Different patterns of behaviour emerged between subgroups with different types of risky behaviours associated with gender, ethnicity and deprivation.

Girls were more likely than boys to have engaged in illegal and health-related risk behaviour (29% compared to 24% respectively). Boys were slightly more likely than girls to have engaged in illegal behaviour but no health-related risk behaviours (3% compared to 2% respectively), and both boys and girls were equally likely to have engaged in unhealthy behaviours only (65%). 8 per cent of boys did not engage in either unhealthy or illegal behaviours, compared with 4 per cent of girls.

(Table 10.11)

Young people from BME ethnic backgrounds were less likely to have engaged in illegal behaviours (mainly due to their lower incidence of smoking and drinking) when compared with those from a White backgrounds. Four per cent of young people from an Asian background, and nine per cent of those from a Black background had engaged in both unhealthy and illegal behaviours. This compared with 31 per cent and 26 per cent of young people from White and Mixed backgrounds respectively who had done so. Young people from BME backgrounds were more likely to have engaged in unhealthy but no illegal behaviours (89% of young people from an Asian background and 79% from a Black background) when compared with young people from White and Mixed ethnic backgrounds (61% and 66% respectively).

(Table 10.12)

Patterns of risk-taking behaviour also varied by levels of deprivation. The proportion of young people who displayed illegal and unhealthy behaviours increased as deprivation fell (20% of young people from the most deprived areas, through to 30% of those from the least deprived areas).

(Table 10.13)

Patterns of behaviour by ethnicity also emerge when analysing by combinations of activities that are specifically illegal (smoking, drinking and using drugs). Young people from White ethnic backgrounds were more likely than those from any other ethnic group to have smoked and drank alcohol (3.3% compared to 2.5% of participants from a Mixed background, 0.2% of those from an Asian background, 0.7% of those from a Black background and 0.2% from other ethnic backgrounds). Participants from a Mixed ethnic background were most likely to have smoked, drank alcohol and taken drugs, followed by participants from a White ethnic background (2.9% from a Mixed ethnic background compared to 2.6% from a White background, 0.4% from an Asian background, 0.7% from a Black background and 1.2% from other ethnic backgrounds).

(Table 10.14)

Table 10.14: Combinations of illegal activities (SDD behaviours) by ethnicity: 2014

Base: All

Multiple SDD behaviours	Ethnicity					Per cent
	White	Mixed	Asian	Black	Other	Total
Smoked only	2.3	2.5	1.2	0.7	1.3	2.1
Drank alcohol only	22.8	15.6	1.5	4.2	3.3	19.4
Took drugs only	0.5	1.5	0.5	2.1	1.2	0.6
Smoked and drank alcohol	3.3	2.5	0.2	0.7	0.2	2.9
Smoked and took drugs	0.8	1.1	0.6	0.4	0.9	0.8
Drank alcohol and took drugs	1.2	1.8	0.3	1.3	0.2	1.1
Smoked, drank alcohol and took drugs	2.6	2.9	0.4	0.7	1.2	2.3
None of these	66.5	72.1	95.3	89.9	91.7	70.8
<i>Bases</i>						
<i>Unweighted</i>	8,670	4,305	10,826	5,112	1,018	107,981
<i>Weighted</i>	410,597	20,466	49,913	21,857	4,533	507,367

Endnotes

¹ <http://www.biomedcentral.com/1471-2458/10/789>

² http://jpubhealth.oxfordjournals.org/content/34/suppl_1/i31.full.pdf+html

³ http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/clustering-of-unhealthy-behaviours-over-time-aug-2012.pdf

⁴ "The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh."

⁵ Unhealthy behaviours include lack of physical activity and poor diet, while illegal behaviours include smoking, drinking, cannabis use and use of other drugs.

Appendix A

This appendix contains brief details on:

- The development of the survey;
- Sample design;
- Fieldwork procedures, sample size and response rates;
- Survey definitions;
- Confidence intervals;
- Weighting;
- Comparisons with other sources;
- Notes on tables and figures;
- A copy of the questionnaire;
- How the data will be used and by whom;
- Data quality statement.

Further details and explanations on some of these topics can be found in the technical report.

A.1 Development of the survey

The trial study involved a significant amount of development work in order to refine all aspects of the survey. A steering group was set up which was chaired by the HSCIC and included representatives from

- Ipsos MORI;
- Department of Health;
- Public Health England;
- Children and Young People's Health Outcomes Forum;
- Health Behaviour in School-aged Children (HBSC) research network;
- Association of Directors of Children's Services (ADCS);

As well as the steering group, young people, charities, ethical boards and academic colleagues were also involved in the development of the questionnaire, the pilot study (involving sending out questionnaires to 250 young people to cognitively test the questions) and the trial survey. A small group of young people were asked about their thoughts on development, particularly around the survey branding and materials.

As part of the preparation for this study, the National Research Ethics Service (NRES) was approached to discuss whether or not ethical approval would be required. While NRES confirmed that ethical approval would not be required in order for the trial study to go ahead, it was decided that it was desirable for an ethical review of the approach to be conducted. Doing so would ensure that due consideration was being given to any potential ethical issues. The National Children's Bureau (NCB) was deemed to be best placed to do this, based on their experience of research with the age group in question.

Therefore, during preparations for the trial survey, the NCB Ethics Board worked closely with the Ipsos MORI research team to conduct an ethics review of the trial which was approved. The Ethics Board also carried out a full review, prior to the main survey, whereby ethical approval was granted.

A.2 Sample design

The sampling approach undertaken was informed by the WAY 2014 trial survey (conducted in 2013/14). The results of the trial indicated that the response rate achieved varied by gender, ACORN category¹ and region. These variables were used to calculate projected response rates (by gender) for each LA individually². It was therefore possible to calculate the starting sample needed during the main stage to achieve a given number of responses in an LA. Target sample sizes for each LA were set at the levels necessary to be able to achieve a ± 3 ³ percentage point margin of error at the 95 per cent Confidence Interval (CI). The total sample size needed came to approximately 300,000.

This resulted in three different scenarios:

- **Scenario 1** – LAs where the total number of 15 year olds for both genders in the eligible population was greater than the target number of achieved interviews required;
- **Scenario 2** – LAs where the total number of 15 year olds for one of the genders was greater than the target number of achieved interviews required, and equal to or less than the target number of achieved interviews for the other gender;
- **Scenario 3** – LAs where the total number of 15 year olds for both genders was equal to or less than the target number of achieved interviews.

As a result, the process for selecting the sample also varied across LAs (and within LAs by gender) as outlined in the following table.

Scenario	Gender 1	Gender 2	Number of LAs ^a
1	1 in n sample selected	1 in n sample selected	103
2	1 in n sample selected	Census	36
3	Census	Census	11

^a Owing to small sample sizes the City of London was merged with Hackney and the Isles of Scilly was merged with Cornwall.

The selected sample was proportionately stratified by LA, and then stratified within each LA based on background variables on the sample frame and postcode. In LAs where it was possible⁴, the starting sample was based on the estimated response rate for gender within LA, as the trial showed that response rates were much lower for boys in most LAs.

A random sample of all those pupils who turned 15 in academic year 2013/14, whose dates of birth ranged between 01/09/1998 and 31/08/1999, was selected. At the start of the trial survey, two potential sample frames were available from which to draw a sample of 15 year olds in England. These were MIDAS⁵ and the National Pupil Database (NPD)⁶. As permission to use MIDAS for the main stage survey was not granted, the sample was drawn from NPD, specifically the 2014 Spring School and Alternative Provision Censuses. Even though it excluded pupils in independent schools, the NPD was used as a sampling frame as it contains a broader range of matched background variables that could be used in the stratification of the sample. The decision to use NPD, without the inclusion of independent schools (just under 7% of the total number of school children in England), was taken after concluding that the estimates produced by the survey, would not be significantly impacted as a result of these schools not being included in the sample frame.

A sample of 298,080 young people was drawn from the NPD.

A.3 Fieldwork procedures, sample size and response rates

Parents/carers of the selected young people were sent a pre-notification letter giving them the opportunity to opt their child out of the survey on 1st September 2014. A pre-notification letter and leaflet was also sent to the selected young person on the same date. The total number of opt-outs prior to questionnaire mailout was 2,835 (out of 298,080). Where young people were opted out of the survey, they were removed from the sample and received no further contact about the survey. Young people for whom the initial letter was undeliverable were also removed from the sample as and when the returned mail was received by Ipsos MORI.

The remaining young people were then sent a covering letter and questionnaire inviting them to take part in the survey. Fieldwork for the main survey took place between 22nd September 2014 and 9th January 2015. The timings and mailings for the survey were as follows:

- Advance mailing to full sample (pre-notification mailing) was sent 8th September 2014 to a total of 298,080 young people) of which 2,835 were undeliverable or opted-out before the questionnaire mailing;
- full questionnaire mailing to eligible sample (mailing 1 – sent 23rd-26th September 2014 to a total of 295,245 young people);
- postcard reminder to eligible sample (sent 1st October 2014 to a total of 294,768 young people – there were a further 256 opt-outs);
- reminder (including questionnaire) to eligible sample (mailing 2 – sent w/c 13th October 2014); and
- second reminder (including questionnaire) to some non-responders (mailing 3) sent 14th October 2014 – this was targeted to specific genders within specific LAs. In total reminders were sent to 168,945 young people, broken down by:
 - o males in 148 LAs
 - o females in 74 LAs.
- additional reminder (including questionnaire) to some non-responders (mailing 4) sent on 12th December 2014 – again this was targeted to specific genders within specific LAs. In total reminders were sent to 105,847 young people, broken down by:
 - o males in 115 LAs
 - o females in 51 LAs.

Ipsos MORI assigned each sample case a unique 8 digit reference number. This reference number was attached to any materials that were posted out to participants. A 9th digit was added to the mailed questionnaires, with this final digit indicating which mailout the questionnaire had been sent in. Any response without a 9th digit was an online response.

As noted, target sample sizes for each LA were set at the levels necessary to be able to achieve a +/-3 percentage point margin of error at the 95 per cent CI. Two reminders were targeted to specific genders within specific LAs as detailed above in order to maximise response rates and meet the 3 percentage point CI predicted target for all young people in each LA. Reminders were not sent to specific genders within LAs where the targets had been met.

Participants were also given the option to complete the survey online instead of by post. All participants were supplied with a username to access their unique survey link. A website was created for the survey (www.whataboutyouth.com) on which young people could access the online version of the questionnaire; this could also be accessed via a QR code printed on the questionnaire. The website also contained information about the research for young people, parents and teachers.

The questionnaire contained 72 questions, with an estimated completion time of around 15 minutes. Questions in the online and paper versions were identical, although those who had

assistance with completing the online version were not asked questions relating to smoking, drinking, drugs and bullying. These questions were felt to be sensitive and that participants completing the survey with assistance – potentially from a parent – may not answer them honestly in such a situation. This was done in an effort to reduce under reporting of activities. These questions were asked in the paper version regardless of whether participants were receiving help, as it would not have been possible to route those receiving help around these questions. This is discussed further in the following section.

The issued sample was 298,080, of which 2,835 were undeliverable or opted-out before the questionnaire mailing. The full questionnaire mailing to eligible sample was sent to a total of 295,245 young people of whom 120,115 responded. The overall unadjusted response rate for the survey was 40 per cent (based on the issued sample) while the adjusted response rate for those sent the questionnaire was 41 per cent (this excludes any undeliverables and opt-outs from the issued sample). Owing to data cleaning and de-duplication, the final sample for analysis was 120,115. Of these, 19,265 responded online and 100,850 on paper.

Response rates varied by gender with adjusted response rates of 35 per cent for boys and 49 per cent for girls. Response rates also varied across LAs, with the lowest adjusted rates recorded in the London Boroughs of Kensington and Chelsea and Hammersmith and Fulham (both 27.8%). The highest response rates were recorded in Devon (49.6%), Wiltshire (49.7%), Poole (49.7%) and Somerset (50.1%).

(Table A.7 in Appendix A.7 of the technical report)

A £5 shopping voucher was used as the token of appreciation, which was conditional on completing the questionnaire. Participants were sent the voucher in monthly batches following receipt of their questionnaire (online or postal). An experiment was conducted as part of the trial study which tested the impact on response rates of using different values. As a result of the experiment in the trial, it was decided that the main study would use a conditional £5 shopping voucher as the most cost-effective means of increasing response rates.

A.4 Survey definitions

General:

Young people: This refers to the young people in the sample. They were in Year 11 at school and the majority would have been 15 years old they took part the survey. A small minority who were older within their school year would have turned age 16 by the time they completed their questionnaire.

Help received in completing the questionnaire: At the start of the online version of the questionnaire, participants were asked whether they were receiving any help (for example from a friend or parent) in completing the questions. If they selected 'yes', then the questions that covered sensitive material (smoking, drinking, drugs and bullying) were routed out. This is indicated in the base description using the phrase 'All who were not observed'.

Diet:

5-A-DAY (Q3-Q6): Four questions were asked about the consumption of fruit and vegetables yesterday, broken down into beans or pulses, vegetables (including salad), fruit juice, and fruit (including fresh, dried, tinned and frozen). The total number of portions of fruit and vegetables has been calculated by adding up the individual numbers of portions of fruit and vegetables consumed. Pulses and fruit juice were each counted as one portion (even if more than one portion had been consumed⁷). The total portions of fruit and vegetables were each capped at 20 so the maximum

total portions was 42 (20 each of fruit and vegetables, one of pulses and one of juice). If the data for all four questions about fruit and vegetable consumption were missing then the derived total portion variable was set to missing. If there was valid data in at least one question about fruit and vegetable consumption the total consumption variable was created treating the missing value as 0. From this total it is possible to calculate the mean number of portions consumed and also to create categories showing the proportion of young people who consumed less than the recommended amount as well as those who consumed 5 or more portions.

Physical activity and free time:

The overall sedentary time is calculated as a combination of time spent:

- Watching television programmes or films;
- Playing games on a computer or games console;
- Using a computer for chatting on-line, internet, emailing, homework, etc, in free time;
- Using a smartphone for messaging, chatting, social networking, internet, emailing and playing games; and,
- Sitting down reading books, magazines or newspapers.

It should be noted that the combined figure will represent an approximate upper limit for sedentary behaviour across the five categories, since there will be overlap between the different activities (e.g. time spent using a smartphone while watching television). Where a young person reported spending 7 hours or more on an individual activity this was treated as 7 hours in adding the activities up to create the total. It was also treated as 7 hours in calculating the mean hours for each type of activity. It should also be noted that young people may engage in other sedentary behaviours that were not asked within the questionnaire.

Normal rounding rules applied when banding the total time spent on sedentary activities which was calculated by adding the time spent on the individual activities. So for example, a young person with a mean of 6.5 hours would be included in the 7-9 hours group.

Smoking:

Prevalence of smoking: There are three sub-indicators reported on for the Public Health Outcomes Framework (PHOF) indicator for smoking prevalence of 15 year olds, and another four sub-indicators used to report on young people who do not currently smoke:

Smoking key indicators (Q17): The PHOF sub-indicators on smoking prevalence of 15 year olds (regular, occasional and current smokers) have been derived from the question 'Now read the following statements carefully, and tick the box next to the one which best describes you'. The question offered six categories to describe smoking behaviour. The data presented in the chapter have been grouped in a variety of ways based on the six categories in the question as follows:

- 'Regular smoker': this is a combination of young people who said 'I usually smoke more than six cigarettes a week' or 'I usually smoke between one and six cigarettes a week' (two of the questionnaire answer options) (this is a PHOF indicator);
- 'Occasional smoker': young people who said 'I sometimes smoke cigarettes now but I don't smoke as many as one a week' fall into this category (this is a PHOF indicator);
- 'Currently smoke' is a combined (or derived) category which includes regular smoker and occasional smoker and is based on three answer options from the questionnaire (this is a PHOF indicator);
- 'Used to smoke' is from the statement 'I used to smoke sometimes but I never smoke cigarettes now';
- 'Tried smoking' are those who said 'I have only ever tried smoking once';
- 'Ever smoked' is a combination of all the above statements; and
- 'Never smoked' are young people who said 'I have never smoked'.

E-cigarette use (Q19): Young people were asked how often they used e-cigarettes. The categories follow a similar breakdown to that used for cigarette smoking:

- 'Regularly use e-cigarettes': this is young people who said 'I use electronic cigarettes regularly, once a week or more';
- 'Occasionally use e-cigarettes': young people who said 'I sometimes use electronic cigarettes, but don't use them every week' fall into this category;
- 'Currently use e-cigarettes' includes regular and occasional users of e-cigarettes (a derived category);
- 'Used to use e-cigarettes' is from the statement 'I used to use electronic cigarettes but I don't now';
- 'Tried using e-cigarettes' are those who said 'I have used electronic cigarettes only once or twice';
- 'Ever used e-cigarettes' is a combination of all the above statements; and
- 'Never used e-cigarettes' are young people who said 'I have never tried electronic cigarettes'.

Other tobacco products (Q20): Examples of 'other tobacco products' given in the question were "shisha pipe, hookah, hubble-bubble, water pipe, etc.". The categories follow the same breakdown as that used for electronic cigarettes:

- 'Regularly use other tobacco products': this is young people who said 'I use other tobacco products regularly, once a week or more';
- 'Occasionally use other tobacco products': young people who said 'I sometimes use other tobacco products, but don't use them every week' fall into this category;
- 'Currently use other tobacco products' includes regular and occasional users of other tobacco products (a derived category);
- 'Used to use other tobacco products' is from the statement 'I used to use other tobacco products but I don't now';
- 'Tried using other tobacco products' are those who said 'I have used other tobacco products only once or twice';
- 'Ever used other tobacco products' is a combination of all the above statements; and
- 'Never used other tobacco products' are young people who said 'I have never tried other tobacco products'.

Drinking:

Prevalence of drinking (Q22): 'Drinking prevalence' and 'ever having an alcoholic drink' were defined as having had a whole drink, not just a sip.

Drinking frequency (Q24): This breaks down into these sub-categories:

- 'Regular drinkers' were defined as those who drink alcohol at least once a week. This was derived from three answer codes; 'Every day or almost every day', 'About twice a week', and 'About once a week'.
- 'Non-drinkers' were defined as those who never drink alcohol now or who have never had a whole alcoholic drink.
- Current drinkers were defined as those who reported drinking alcohol at least a few times a year.

Drugs:

Ever tried cannabis (Q30): Young people were asked whether they had ever tried cannabis or other drugs:

- 'Ever tried cannabis': this is young people who said 'yes' to 'Have you ever tried Cannabis (even if only once)?';

Use of cannabis (Q32): The categories were broken down into sub-categories:

- 'Used in the last month': young people who answered the question 'When did you last use or take Cannabis?' with the statement 'In the last month' fall into this category;
- 'Used in the last year' includes anyone who said 'In the last month' as well as 'In the last year';
- 'Used more than a year ago' is simply this statement from the question.

Drug use (excluding cannabis) (Q37): The categories follow the same breakdown as that used for cannabis:

- 'Used in the last month': young people who answered the question 'When did you last use or take any drugs other than Cannabis?' with the statement 'In the last month';
- 'Used in the last year' includes anyone who said 'In the last month' as well as 'In the last year';
- 'Used more than a year ago' is simply this statement from the question.

Wellbeing:

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Q41): This is formed of 14 statements covering a range of feelings and attitudes towards life⁸. Participants were asked to rate how often they felt like each of the 14 statements, ranging from 'None of the time' to 'All of the time', which are scored from 1 to 5. Each participant is given a single score based on their responses to the 14 statements which ranges from 14–70 (a sum of their scores to the individual statements). The highest possible score of wellbeing is 70, while 14 is the lowest. If participants had missed four or more questions in the series no WEMWBS score was calculated. Where answers for between one and three statements were missing for a participant, a WEMWBS score was calculated by using the participant's mean score on the statements they did give answers for to replace any missing values. This has increased the number of participants who can be included in the WEMWBS analysis⁹ as suggested in the WEMWBS user guide. For WAY 2014, average (mean) WEMWBS scores are reported for groups of young people (for example, mean scores by gender or ethnicity).

ONS wellbeing questions (Q42-Q45): The four ONS wellbeing questions which asked young people about how they feel about their lives. Each of these questions had a scale ranging from 0 ('Not at all') to 10 ('Completely'). The analysis in this report has focussed on the life satisfaction score. This life satisfaction score has been grouped into the following bands for analysis: low (0-4), medium (5-6), high (7–8), very high (9-10).

Bullying:

Bullying (Q46): Participants were asked to report on experiences 'in the last couple of months'. The 8 forms of bullying which participants were asked about were grouped into three main categories for analysis:

- Psychological/emotional bullying included:
 - o 'I was called mean names, was made fun of, or teased in a hurtful way';
 - o 'Other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me';
 - o 'Other people told lies or spread false rumours about me and tried to make others dislike me';
 - o 'Other people made fun of me because of my body weight'; and
 - o 'Other people made sexual jokes, comments, or gestures to me';

- Physical bullying was 'I was hit, kicked, pushed, shoved around, or locked indoors';
- Cyber-bullying contains the statements:
 - o 'Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me'; and
 - o 'Someone took unflattering or inappropriate pictures of me'.

Multiple risk behaviours:

Participants in WAY 2014 were asked a series of questions about illegal and unhealthy behaviours, including smoking, drinking, drug use (cannabis and other drugs), diet, and physical exercise. On the basis of their answers to these questions, participants were assigned a risk index from zero to six according to how many lifestyle risk factors they exhibited. As far as was possible given the constraints of the questionnaire, risk was defined in line with government recommendations.

Definitions of risk for each health behaviour were:

- Smoking: Currently smoke;
- Drinking: Usually have an alcoholic drink once a month or more frequently;
- Cannabis: Have used cannabis in the last month;
- Other drugs: Have used drugs other than cannabis in the last month;
- Diet: Consumed less than five portions of fruit and veg yesterday;
- Physical activity: Active for 60 minutes or more on fewer than seven days in the last week.

A.5 Confidence intervals

As mentioned previously, targets were set by LA for the level of response required to the survey, in order to achieve a ± 3 ¹⁰ percentage point margin of error at the 95 per cent CI. Progress against the targets was reviewed throughout fieldwork and used as a basis for making decisions about the need for targeting of reminders.

At the end of fieldwork a total of 103 (out of 150) LAs were at or below the ± 3 per cent target. Of the 47 LAs where the target was not achieved¹¹ the vast majority of these only missed the target level of response by a small margin. For 41 of these LAs the CIs achieved were less than ± 4 per cent. Only 6 LAs had a CI in excess of ± 4 per cent with the highest being ± 7.0 per cent for Kensington and Chelsea, which is a relatively small LA. The CI for the whole of England was ± 0.3 per cent¹².

Some 95 per cent CIs are given for some of the key findings from the survey at national and LA level in tables A.5.1 to A.5.22.

A.6 Weighting

The data presented in this report have been weighted to be representative of the total population, at LA and England level by gender.

As noted, the sampling approach for the main stage used the differential response rates from the trial for males and females within each LA to select a disproportionate sample for each gender. This has helped to achieve a more representative sample for the main stage.

However, sampling in this way meant that different members of the population had a different chance of being selected in the sample. To correct for this, a design weight was needed. The design weight evens out the selection probabilities so that each selected member of the sample

had the correct importance, relative to the size of the sub-group of the population from which they come. The weights applied took account of gender within LAs.

In order to ensure that data can be analysed at an LA level, non-response weights were also applied to correct for any differences in the levels of non-response by different groups of the population. Non-response weights were calculated using ethnicity, free school meal eligibility and IMD quintile, and weighted to the population totals.

A.7 Comparisons with other sources

Questions from other surveys were used or adapted to develop the WAY 2014 questionnaire. This report also compares the WAY 2014 results to the data from those surveys where relevant:

Survey of Smoking, Drinking and Drug Use Among Young People (SDD): This school-based survey from the Health and Social Care Information Centre, collects data (using a paper self-completion questionnaire) from young people aged 11 to 15, and covers a wide range of topics on drinking prevalence, drinking frequency, smoking behaviour, influences on smoking, smoking attitudes and beliefs, and other issues that may be associated with cigarette smoking, drug use and drug frequency.

Health Behaviour in School-aged Children (HBSC): This is a World Health Organisation collaborative cross national study of children aged 11 – 15. Questionnaires were administered in schools by teachers or members of the research team, in exam conditions. The study looks at young people's health and wellbeing, health behaviours and their social context. The 2014 HBSC survey included a question on body image using the same measure as WAY 2014 ranging from 'much too thin' to 'much too fat'. This survey also included the same questions on physical activity and sedentary behaviour as were used in WAY 2014. The survey asked how many times a week the young person ate fruits and how many times a week they ate vegetables and whether they met government guidelines for consumption. The most recent data for England are available for 2014¹³. This survey also included a question about how often the young person usually ate breakfast on weekdays and at weekends. In terms of smoking, it asked whether they had ever smoked tobacco, how often, age first smoked, and on how many occasions in the last 30 days they had smoked. One of the sections on the HBSC survey is about bullying, and asks how many times participants have been bullied within the past couple of months, and how many times participants have bullied others within the past couple of months. Data is available for the 15 year old age group making this survey comparable to WAY 2014, though there are important methodological differences that impact on the comparability (i.e. HBSC is school-based, where children feel able to answer questions on topics such as smoking more honestly, compared to WAY 2014 where the questionnaire is posted to the home address and therefore probably completed in the home setting).

The Office for National Statistics (ONS) reports: The ONS has several reports on the wellbeing of children¹⁴ and young people¹⁵ in the UK. These reports use data from the UK Household Longitudinal Study (Understanding Society), an annual study about social and economic circumstances. The Children's Society uses these ONS measures in their annual reports on the wellbeing of children¹⁶. These studies used the same measure for life satisfaction as WAY 2014. ONS also reports on children's and young people's satisfaction with their physical appearance, although the measures used are not comparable to the measure of body image used in WAY 2014. These publications report on a wider range of ages than WAY 2014, with the report on the wellbeing of children covering ages 10–15 and the report on the wellbeing of young people covering ages 16–24. Methodological differences between HBSC, ONS studies and WAY 2014 (e.g. HBSC is carried out in schools, the ONS surveys are sampled differently, have varying

sample sizes, and incentives are administered in different ways while WAY 2014 is completed at home) mean that comparisons should be made with caution.

Health Survey for England (HSE): The 2013 Health Survey for England asked questions about physical activity and sedentary behaviour and comparisons with WAY 2014 have been made in this report. Since 2001 all participants aged 5 and over have been asked about fruit and vegetable consumption (in alternate years since 2011). The questions are designed to assess fruit and vegetable consumption against the '5 a day' guidelines and include questions about fruit, vegetables, fruit juice and pulses. The HSE report also compared the prevalence of regular smoking among children with those from the 2013 SDD survey. HSE is carried out in a home setting although the smoking module is administered by self-completion questionnaire. A saliva sample is also taken which is examined for evidence of cotinine at a level above 12ng/ml which is considered to be evidence of recent smoking.

The National Diet and Nutrition Survey (NDNS)¹⁷ is a survey designed to collect information on nutritional intake from the population aged 18 months and over living in private households in the UK. It involves a CAPI interview, a food diary and a nurse visit. Data on fruit and vegetable consumption are collected by a four day food diary which is kept by participants aged 15 themselves. This survey also shows a lower level of fruit and vegetable consumption than WAY 2014, using a very detailed diary methodology (which would usually be regarded as a gold standard for collecting data).

Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): This study looks at substance use among young people aged 13 and 15 in Scotland, with the data used to help monitor progress towards achieving Scottish Government targets. All LA and independently-funded schools were eligible, except for schools with special educational needs. The survey is conducted in schools, with pupils completing a self-completion questionnaire. This questionnaire contained questions regarding the prevalence and frequency of drinking alcohol among 15 year olds. One major difference between SALSUS 2013 and WAY 2014 is the way in which drunkenness is measured, with SALSUS 2013 asking whether participants had ever been drunk, while WAY 2014 asks about drunkenness within the last month specifically. Smoking prevalence and drug taking prevalence are measured in a similar way to that used in the WAY 2014 survey.

Drinkaware: Ipsos MORI published a report for Drinkaware in 2015 on drinking behaviour and attitudes among those aged 10-17 in the UK¹⁸. Over 750 young people completed an online survey, which contained questions on consumption patterns, motivations for drinking and drunkenness. Some of the questions were similar to the questions asked in WAY 2014, although there are methodological differences and the small sample size and sampling methodology means it may not be representative. The Drinkaware survey was solely completed online, unlike WAY 2014's mixed methodology, and crucially the 10–17 year olds surveyed were recruited via their parents, who had completed an adult's survey on alcohol consumption.

Understanding Society (UK Household Longitudinal Survey) has also collected data (in-home, using paper self-completion questionnaires) on bullying behaviour among children¹⁹. Participants were asked how often they were bullied at school both physically and mentally. This survey also asks questions about wellbeing²⁰ which allows us to make comparisons between the surveys in terms of the relationship between bullying and wellbeing among young people. Again, it is important to note some methodological differences between these two surveys which make comparisons difficult – in particular, Understanding Society asks the questions about bullying in a different format to WAY 2014, and asks specifically about experiences within schools.

A.8 Potential Impact of Methodology

It is important to note that even though many of the questions in these other surveys are either identical or very similar to those used in WAY 2014, the fact that the surveys are carried out differently impacts on the comparability of the results. Crucially, the majority of children completing the WAY 2014 survey probably did so at home, since it was sent to their home address. There have been some previously published comparisons of carrying out surveys in home and school settings.

For example, the 2013 Health Survey for England report²¹ compared the prevalence of regular smoking among children with those from the 2013 SDD survey. HSE is carried out in a home setting although the smoking module is administered by self-completion questionnaire, whereas the SDD questionnaire is administered in schools under exam conditions, without any involvement from parents, and in circumstances in which teachers cannot see the answers given. Also in HSE, a saliva sample is taken which is examined for evidence of cotinine at a level above 12ng/ml which is considered to be evidence of recent smoking. Combining data across 2011 to 2013 for HSE showed regular smoking prevalence rates of 1 per cent for both boys and girls when using only their answers to the self-reported questions. However, when the evidence from the saliva tests was added, the prevalence rate rose to 4 per cent for both boys and girls, which was comparable to the 3 per cent for boys and 4 per cent for girls from SDD in 2013.

SDD also included saliva tests for around half of the sample up until 1998. The 1999 SDD report summarised the findings from these tests in previous years and reported that in general, the findings from the saliva tests matched those from the self-reported SDD questions on smoking behaviour²².

The Home Office published a report in 2006²³ which looked at various methodological issues around measuring drug use. One particular comparison looked at the drug taking prevalence rates from SDD in 2003 with those from the Offending, Crime and Justice Survey (OCJS) which was administered at home. It found much higher prevalence rates from SDD: the prevalence rate for ever tried cannabis was roughly twice as high from SDD when compared to OCJS. There is also evidence in the literature of large by-stander effects in this age group²⁴.

To summarise, it appears that children feel able to answer questions on risky behaviours more honestly when asked away from the home setting and therefore estimates of the number of young people engaging in these behaviours from WAY 2014 are expected to be lower than those from SDD.

Similarly some of the other questions in this survey are more difficult for young people to answer accurately when completing the questionnaire alone such as the number or portions of fruit and vegetables consumed. The questions on fruit and vegetable consumption in the Health Survey for England (HSE) and WAY 2014 are designed to be comparable and are both based on collecting details of number of portions of all types of fruit and vegetables consumed the previous day. However differences in the way the surveys are administered may affect the comparability of results. An outline of the HSE methodology follows with a discussion on why this may lead to differences in data between the two surveys. The reported levels of fruit and vegetable consumption on WAY 2014 are higher than on HSE.

In HSE participants are asked about whether they have consumed each type of fruit or vegetable and those who say yes are asked about number of portions. There are nine separate yes/no questions from which portion questions follow. A description is provided of what an 80g portion would represent in terms of tablespoons of vegetables, bowls of salad or numbers of fruit and there is a showcard which shows participants how a tablespoon compares with a dessert spoon and a teaspoon. In calculating total portions consumed the previous day, portions of fruit juice and pulses are capped and each only count as one portion, however many have been consumed.

Tablespoons of some types of fruit and vegetable are counted and divided by three to derive portions. HSE also specifies that participants should consider a 24 hour period.

WAY 2014 may potentially over-report consumption since on the paper questionnaire there are no soft checks to remove high values and participants may confuse a tablespoon with a dessert spoon. Furthermore participants may not divide number of tablespoons by three to get a portion (in WAY 2014 participants have to perform calculations to derive portions from conventional measures themselves). Without an interviewer to assist participants may misjudge portion size. In 2007 the HSE asked young people about their knowledge of fruit and vegetable consumption. This survey found that about two in three boys and three in four girls aged 11-15 reported that five portions should be consumed per day but only 22 per cent of boys and 21 per cent of girls could correctly identify what a portion was (based on being able to correctly identify an apple as a portion and not selecting any one of 5 incorrect options)²⁵. It is possible that this has had an impact on young people's ability to report on their consumption in WAY 2014.

Reports of fruit and vegetable consumption are subject to social desirability bias since the target of 5 portions per day is well known through '5 a day'. The HSE 2007 report cites evidence of social desirability bias in reports of fruit and vegetable consumption which could lead to overestimates of consumption²⁶. Other research suggests that people tend to under-report consumption of unhealthy foods and over-report healthy foods, even when participants are asked to weigh food²⁷. This could inflate the number of portions reported in any survey of young people. However, since the HSE interview is a CAPI interview as part of a household survey, the potential for social desirability in answers is greater in HSE than WAY 2014 (although the greater detail obtained from participants in HSE and in built checks in the CAPI may mitigate the effects of social desirability in that survey). HSE allows a range with a maximum 50 portions for each type of fruit or vegetables in the CAPI (though they are capped in the edit at 20) so that is also not a reason for the differences.

However, using school based samples or conducting the survey via face-to-face interviewers in the homes of young people was not feasible for WAY 2014 for several reasons. Firstly, a survey of this size would have placed too great a burden on schools and a face-to-face interviewer led survey would have been too expensive for such a large sample size. Furthermore, given the importance of providing LA estimates, a school based survey would have been difficult to use for estimates by LA of residence. The results from WAY 2014 are particularly useful for identifying differences between local areas as well as the characteristics of young people who are most likely to engage in smoking, even though young people may be less likely to report risky behaviours at home than they are in a school based survey. Due to its much larger sample size, WAY 2014 is able to provide robust estimates at LA level, which are not available from current school based and interviewer led surveys, which have smaller sample sizes. This will allow resources to be targeted in a more effective way to help those most in need.

Any future waves of WAY will also allow these differences to be monitored more closely over time, than would be possible with data from other surveys, which sometimes need a few years' worth of data to be sure that differences seen over time are real and not statistical quirks due to small sample sizes.

A.9 Notes on tables and figures

Statistical significance

Unless otherwise stated, changes and differences mentioned in the text are statistically significant at the 5 per cent significance level.

All Tables

A set of Excel tables accompany this report which includes all the data tables related to this report as well as those presented here. Table numbers in this pdf document have the same number as their excel equivalent. Therefore the table numbering is not sequential in this pdf document as not all the Excel tables are presented here.

- Figures may not add to 100 per cent due to rounding.
- Base numbers are shown in italics. Weighted and unweighted bases are shown.
- Weighted bases are scaled to the population and so are higher than the unweighted bases. Unweighted bases should be used as a guide to how many young people actually responded.
- Total column includes those for whom there is no cross-break data. So the base is larger than the total of the bases for each break category, e.g. the figures for males plus females will be slightly lower than the total as there were a small number of participants with unknown gender.
- The conventions used in the tables are as follows:
 - No cases
 - 0 Percentage less than 0.5 per cent
- Percentages are shown to 1 decimal place apart from those for LAs which are presented to one decimal place. As an example, a figure for an LA of 14.48 per cent would be rounded to 14.5 per cent.

All bar charts by ethnicity

These figures have a gap after the BME bar to indicate that the subsequent categories are sub-groups of BME.

All maps

The categories for each map are based on quintiles. Owing to rounding the precise number of LAs in each quintile varies slightly. The number of LAs in each category is shown in brackets after the category description.

All data (and presentations of data)

Owing to small sample sizes the data for City of London has been merged with the data for Hackney and the data for the Isle of Scilly has been merged with the data for Cornwall.

What about general health?

Table 2.1, Figures 2.1 – 2.3:

- Base includes all participants who answered the question on general health (excluding those who did not give a valid answer).

Table 2.10, Figures 2.4 – 2.5:

- Base includes all participants who answered the question about long-term illness, disability or medical condition diagnosed by a doctor (excluding those who did not give a valid answer).

What about how you feel?

Table 3.1, Figure 3.1:

- Base includes all participants who answered at least 11 of the 14 statements in the Warwick-Edinburgh Mental Wellbeing Scale.

Table 3.16, Figures 3.2 – 3.3:

- Base includes all participants who answered questions about life satisfaction (excluding those who did not give a valid answer).
- The life satisfaction score has been grouped into the following bands for analysis: low (0-4), medium (5-6), high (7-8), very high (9-10).

Table 3.25, Figures 3.4 – 3.5:

- Base includes all participants who answered the question about how they perceive their own body (excluding those who did not give a valid answer).

What about physical activity and free time?

Tables 4.1, Figures 4.1 – 4.3:

- Base includes all participants who answered the questions on frequency of physical activity (excluding those who did not give a valid answer).

Tables 4.9, Figures 4.4:

- Base includes all participants who answered the questions on sedentary behaviour on weekdays and at the weekend (excluding those who did not give a valid answer).

What about food?

Table 5.1, Figures 5.1 – 5.3

- Base includes all participants who answered the questions on diet (excluding those who did not give a valid answer).

What about drinking?

Table 6.1, Figures 6.1 – 6.3:

- Base includes all participants who answered the question on whether they had ever had a whole alcoholic drink (excluding those who were observed when completing a web questionnaire).

Table 6.2, Figure 6.4:

- Base includes all respondents, excluding those who were observed when completing a web questionnaire and those who did not give a valid answer. The base also does not include those who said they have had an alcoholic drink at a previous question but did not answer a question on how often they drank alcohol. This explains why the bases for 'Drinking behaviour' tables are slightly lower than the bases for 'Ever had an alcoholic drink' tables.
- 'At least once a week (Regular)' is made up of the codes 'Every day, or almost every day', 'About twice a week' and 'About once a week'.

- Base includes all respondents, excluding those who were observed when completing a web questionnaire and those who did not give a valid answer. The base also does not include those who said they have had an alcoholic drink at a previous question but did not answer a question on how often they drank alcohol. This explains why the bases for 'Drinking behaviour' tables are slightly lower than the bases for 'Ever had an alcoholic drink' tables.
- 'Currently drinks' is a combination of 'At least once a week (Regular)', 'Once a fortnight', 'Once a month' and 'Only a few times a year'. 'Non-drinker' is a combination of 'Doesn't drink now' and those that have never had an alcoholic drink.

Figure 6.5:

- Base includes all participants who answered the question on having a whole alcoholic drink, excluding those who did not give a valid answer. The bar for those who reported age of first drinking at 16 years is not shown but they are in the base. All the children surveyed were 15 at the start of the school year in September. Therefore only a few children were 16 by the time they completed the questionnaire which makes the numbers who started drinking at 16 misleading.

Figure 6.6, Figure 6.7:

- Base includes all participants who answered 'Yes' to the question on whether they had ever had a whole alcoholic drink, and those who answered the question on whether they had been drunk within the last 4 weeks (excluding those under observation completing the questionnaire online and those who did not give valid answers).

Table 6.22:

- Base includes all participants who answered 'Yes' to the question on whether they had ever had a whole alcoholic drink, and those who answered the question on how often they had been drunk within the last 4 weeks (excluding those under observation completing the questionnaire online and those who did not give valid answers).

What about smoking?

Table 7.1, Figures 7.2 – 7.6:

- Base includes all participants who answered the question on frequency of smoking (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).
- Regular smokers were those who reported smoking at least one cigarette a week, occasional smokers reported smoking less than one cigarette a week. Current smokers are a combination of regular and occasional smokers. Ever smoked is a combination of currently smoke, used to smoke and tried smoking. Tried smoking is those who only tried smoking once.

Figure 7.7:

- Base includes all participants who answered the question on the age they first tried smoking. This includes all those who reported ever smoking at the previous question but excludes those who did not give a valid answer to this question. The base also excludes those who reported first smoking before the age of 4 or at an age older than their current age. The bar for those who reported age of first smoking as 16 years is not shown but they are in the base. All the children surveyed were 15 at the start of the school year in September. Therefore only a few children were 16 by the time they completed the questionnaire which makes the numbers who started smoking at 16 misleading.

Tables 7.11 and 7.15, Figures 7.8 – 7.10:

- Base includes all participants who answered the question on frequency of using e-cigarettes (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).
- Regular were those who reported using e-cigarettes at least once a week, occasional reported using e-cigarettes less than once a week. Currently is a combination of regular and occasional e-cigarette users. Ever is a combination of currently, used to and tried e-cigarettes. Tried are those who only tried using e-cigarettes once or twice.

Table 7.18, Figure 7.11:

- Base includes all participants who answered the question on frequency of using other tobacco products (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).
- Regular were those who reported using other tobacco products at least once a week, occasional reported using other tobacco products less than once a week. Current is a combination of regular and occasional other tobacco product users. Ever is a combination of currently, used to use and tried other tobacco products. Tried are those who only tried using other tobacco products once or twice.

Figures 7.12, 7.13:

- Base includes all those who answered the questions on attitudes towards smoking (excluding those that did not give a valid answer).

What about drugs?

Table 8.1:

- Base includes all participants who answered the question on being offered cannabis (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).

Tables 8.6 and Figures 8.1, 8.2:

- Base includes all participants who answered the question on ever tried cannabis (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).

Figure 8.4:

- Base includes all participants who have tried cannabis who answered the question on the number of occasions they have taken cannabis (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).

Table 8.16:

- Base includes all participants who had ever tried cannabis and answered a question on frequency of use of cannabis (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).
- 'In the last year' includes 'In the last month'.

Table 8.17, 8.25 and Figure 8.3:

- Base includes all participants (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer)

Table 8.32 and Figure 8.5:

- Base includes all participants who answered question on ever trying drugs other than cannabis, (excluding those who were observed when completing a web questionnaire and those who did not give a valid answer).

What about bullying?

Figures 9.2 – 9.4

- Base includes all participants who answered the questions on experience of being bullied (excluding those who did not give a valid answer).
- 'Experienced bullying' is a combination of any response indicating that participants were bullied at least once in the past couple of months, to any of the 8 types of bullying (including cyber-bullying).

Table 9.14

- Base includes all participants who answered the questions on experience of being cyber-bullied (excluding those who did not give a valid answer).

Table 9.27, Figure 9.5:

- 'Once a week or more' is an amalgamation of the categories 'About once a week' and 'Several times a week'.
- Base includes all respondents who answered the questions on bullying others (excluding those who were observed while completing an online questionnaire).

What about multiple risk behaviours?

Table 10.1, Figures 10.1 – 10.3:

- Base includes all participants who answered all questions on risky behaviours (excluding those who did not give a valid answer).

Table 10.14:

- Base includes all participants who answered all questions on risky SDD behaviours (on smoking, drinking and drug use).

A.10 Copy of the questionnaire



WHAT ABOUT YOUTH



If you would like to complete this questionnaire online, please go to www.whataboutyouth.com and enter your online username found on the back of this questionnaire. You can also go directly to the questionnaire on a smart phone by scanning the QR code to the left.

Instructions

1. Most of the questions can be answered by putting a tick ☒ in the box next to the answer that you want to give. Please use black or blue pen and make sure that your tick is inside the box.
2. If you make a mistake, fill in the box that was wrong ☐ and tick the box for the right answer.
3. The box you tick may instruct you to miss out a few questions. If there is no instruction, please continue to the next question.
4. Note that you may be asked to tick more than one box (as many boxes as are needed). Some of the questions will ask you to tick one box only.

Examples

QA

Have you ever been to a live sports event, such as a football or tennis match?

PLEASE TICK ONE BOX ONLY.

Yes ☒ **GO TO QB**

No ☐ **GO TO QC**

Sometimes you will be asked to write a number into boxes, like this.

QB

How old were you when you first went to a live sports event?

PLEASE WRITE THE NUMBERS IN THE BOXES IN NUMBERS NOT WORDS.

PLEASE WRITE CLEARLY AND AVOID GOING OVER THE BORDERS. IF YOU WERE YOUNGER THAN 10, PLEASE PUT A ZERO IN THE FIRST BOX.

Age (in years)

Some of the questions will ask you to tick one box for each statement, like this.

QC

How much do you agree or disagree with the following statements?

PLEASE TICK ONE BOX ON EACH LINE.

	<i>Strongly agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly disagree</i>
I enjoy watching live sport events	☐	☒	☐	☐
I watch live sports events regularly	☐	☐	☐	☒
My family enjoy watching live sports events	☒	☐	☐	☐

Please answer truthfully, and remember that anything you say will be completely confidential. You will not get into trouble, whatever answers you give to these questions. All answers will be mixed together and your name will not be included in the results. Where you are asked to write any comments, please only do so within the comment boxes provided. Any other comments that you write outside these boxes will not be seen.

What about you and what you eat?

Q1 How is your health in general? Would you say it was ...

PLEASE TICK ONE BOX ONLY.

- Excellent ☐
- Good ☐
- Fair ☐
- Poor ☐

Q2 Overall, in your opinion, would you say that what you usually eat at home, at school and out with friends is...

PLEASE TICK ONE BOX FOR HOME, ONE BOX FOR SCHOOL AND ONE BOX FOR WITH FRIENDS.

	At home	At school	Out with friends
Very healthy	☐	☐	☐
Fairly healthy	☐	☐	☐
Neither healthy nor unhealthy.....	☐	☐	☐
Fairly unhealthy	☐	☐	☐
Very unhealthy	☐	☐	☐
It varies too much to say.....	☐	☐	☐

Q3 Thinking just about YESTERDAY can you tell me how many portions of beans or pulses (baked beans, haricot beans, kidney beans, cannellini beans, butter beans, lentils or chickpeas) you ate?

NOTE: A PORTION IS 3 HEAPED TABLESPOONS AND CAN INCLUDE FRESH, FROZEN, TINNED OR DRIED BEANS OR PULSES.

PLEASE WRITE THE NUMBER IN THE BOXES, IN NUMBERS NOT WORDS.

Number of portions.....

Q4 Thinking just about YESTERDAY can you tell me how many portions of vegetables – including salad, fresh, frozen or tinned vegetables you ate?

NOTE: A PORTION IS 3 HEAPED TABLESPOONS OF VEGETABLES OR A HANDFUL OF CHERRY TOMATOES OR A SMALL BOWL OF SALAD. IT DOES NOT INCLUDE POTATOES.

PLEASE WRITE THE NUMBER IN THE BOXES, IN NUMBERS NOT WORDS.

Number of portions.....

Q5

Thinking just about YESTERDAY can you tell me how many portions of fruit juice (pure juice / 100% freshly squeezed / fruit smoothies / juice from concentrate BUT NOT juice based drinks such as squash) you had?

NOTE: A PORTION IS A MEDIUM SIZED GLASS.

PLEASE WRITE THE NUMBER IN THE BOXES, IN NUMBERS NOT WORDS.

Number of portions.

Q6

Thinking just about YESTERDAY can you tell me how many portions of fruit - fresh, frozen, tinned or dried you ate?

NOTE: A PORTION IS A MEDIUM SIZED PIECE OF FRUIT SUCH AS AN APPLE OR A BANANA, OR TWO SMALL PIECES OF FRUIT SUCH AS SATSUMAS OR PLUMS, A HANDFUL OF GRAPES, 1 TABLESPOON OF DRIED FRUIT.

PLEASE WRITE THE NUMBER IN THE BOXES, IN NUMBERS NOT WORDS.

Number of portions.

Q7

Over the past 7 days, how often did you eat take-away food, eat breakfast and sleep for 8 hours or more?

PLEASE TICK ONE BOX FOR EAT TAKE-AWAY FOOD, ONE BOX FOR EAT BREAKFAST AND ONE BOX FOR SLEEP FOR 8+ HOURS.

	<i>Eat take-away food</i>	<i>Eat breakfast</i>	<i>Sleep for 8 hours or more a night</i>
Everyday.	☐	☐	☐
Most days.	☐	☐	☐
Some days.	☐	☐	☐
Not in the past 7 days.	☐	☐	☐



What about free time?

Q8

About how many hours a day do you usually spend watching television programmes or films (including DVDs) in your free time? This includes time spent watching TV on a computer, laptop, iPad or smartphone as well as other electronic devices.

PLEASE TICK ONE BOX FOR WEEKDAYS AND ONE BOX FOR WEEKENDS.

Weekdays

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Weekend

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Q9

About how many hours a day do you usually play games on a computer or games console (PlayStation, Xbox, Nintendo Wii, etc.) in your free time? Please do not include time spent playing games on your phone.

PLEASE TICK ONE BOX FOR WEEKDAYS AND ONE BOX FOR WEEKENDS.

Weekdays

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Weekend

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Q10

About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework, etc. in your free time? Please do not include time spent on your phone.

PLEASE TICK ONE BOX FOR WEEKDAYS AND ONE BOX FOR WEEKENDS.

Weekdays

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Weekend

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Q11

About how many hours a day do you usually use a smartphone for messaging, chatting, social networking, internet, emailing and playing games, etc. in your free time?

PLEASE TICK ONE BOX FOR WEEKDAYS AND ONE BOX FOR WEEKENDS.

Weekdays

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Weekend

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Q12

About how many hours a day do you usually spend sitting down reading books, magazines or newspapers (including e-readers, online newspapers and magazines) and studying when you are **not** at school?

PLEASE TICK ONE BOX FOR WEEKDAYS AND ONE BOX FOR WEEKENDS.

Weekdays

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

Weekend

- None at all ☐
- About half an hour a day ☐
- About 1 hour a day ☐
- About 2 hours a day ☐
- About 3 hours a day ☐
- About 4 hours a day ☐
- About 5 hours a day ☐
- About 6 hours a day ☐
- About 7 or more hours a day ... ☐

What about physical activity?

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, football, basketball & surfing.

For this next question, add up all the time you spent in physical activity each day.

Q13

Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

PLEASE TICK ONE BOX ONLY.

- 0 1 2 3 4 5 6 7
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Q14

Outside school hours: How often do you usually exercise in your free time so much that you get out of breath or sweat?

PLEASE TICK ONE BOX ONLY.

- | | | | |
|---------------------------|--------------------------|------------------------------|--------------------------|
| Every day. | ☐ | Once a month | ☐ |
| 4 to 6 times a week | ☐ | Less than once a month | ☐ |
| 2 to 3 times a week | ☐ | Never | ☐ |
| Once a week | ☐ | | |

Q15

Outside school hours: How many hours a week do you usually exercise in your free time so much that you get out of breath or sweat?

PLEASE TICK ONE BOX ONLY.

- None ☐
- About half an hour ☐
- About an hour ☐
- About 2 to 3 hours ☐
- About 4 to 6 hours ☐
- About 7 hours or more ☐

What about smoking?

Please answer truthfully, and remember that all your answers will be completely confidential.

Q16

Do you smoke cigarettes at all?

PLEASE TICK ONE BOX ONLY.

- Yes ☐
- No ☐

Q17

Now read the following statements carefully, and tick the box next to the one which best describes you.

PLEASE TICK ONE BOX ONLY.

- I have never smoked ☐
- I have only ever tried smoking once ☐
- I used to smoke sometimes but I never smoke cigarettes now ☐
- I sometimes smoke cigarettes now but I don't smoke as many as one a week ☐
- I usually smoke between one and six cigarettes a week ☐
- I usually smoke more than six cigarettes a week ☐

GO TO Q19

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER SMOKED

Q18

How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

PLEASE WRITE YOUR AGE IN THE BOXES, IN NUMBERS NOT WORDS.

I was years old

EVERYONE SHOULD ANSWER THIS QUESTION

Q19 Have you ever used / tried electronic cigarettes (e-cigarettes)?

PLEASE TICK ONE BOX ONLY.

- I have never tried electronic cigarettes ☐
- I have used electronic cigarettes only once or twice. ☐
- I used to use electronic cigarettes but I don't now ☐
- I sometimes use electronic cigarettes, but don't use them every week ☐
- I use electronic cigarettes regularly, once a week or more ☐

Q20 Have you ever used / tried other tobacco products (i.e. shisha pipe, hookah, hubble-bubble, waterpipe, etc.)?

PLEASE TICK ONE BOX ONLY.

- I have never tried other tobacco products. ☐
- I have used other tobacco products only once or twice ☐
- I used to use other tobacco products but I don't now ☐
- I sometimes use other tobacco products, but don't use them every week ☐
- I use other tobacco products regularly, once a week or more ☐

Q21 Please read the following statements about smoking and say if you agree or disagree with each one.

PLEASE TICK ONE BOX ON EACH LINE.

	Agree	Disagree	Don't know
Smoking gives people confidence.	☐	☐	☐
Smoking makes people worse at sports	☐	☐	☐
Smokers stay slimmer than non-smokers.	☐	☐	☐
If a woman smokes when she is pregnant, it can harm her unborn baby.	☐	☐	☐
Smoking helps people relax if they feel nervous.	☐	☐	☐
Smoking can cause heart disease.	☐	☐	☐
Smoking is not really dangerous, it only harms people who smoke a lot	☐	☐	☐
Smokers get more coughs and colds than non-smokers.	☐	☐	☐
Other people's smoking can harm the health of non-smokers.	☐	☐	☐
Smoking helps people cope better with life.	☐	☐	☐



	Agree	Disagree	Don't know
Smoking makes your clothes smell	☐	☐	☐
Smokers are more fun than non-smokers	☐	☐	☐
Smoking can cause lung cancer	☐	☐	☐

What about drinking?

Please answer truthfully, and remember that all your answers will be completely confidential.

Q22 Have you ever had an alcoholic drink – a whole drink, not just a sip?

PLEASE TICK ONE BOX ONLY.

Yes ☐ **GO TO Q23**

No ☐ **GO TO Q29**

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER HAD AN ALCOHOLIC DRINK

Q23 How old were you when you had your first alcoholic drink?

PLEASE WRITE YOUR AGE IN THE BOXES, IN NUMBERS NOT WORDS.

I was years old

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER HAD AN ALCOHOLIC DRINK

Q24 How often do you usually have an alcoholic drink?

PLEASE TICK ONE BOX ONLY.

Every day, or almost every day ☐

About twice a week ☐

About once a week ☐

About once a fortnight ☐

About once a month ☐

Only a few times a year ☐

I never drink alcohol now ☐

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER HAD AN ALCOHOLIC DRINK

Q25 Have you been drunk in the last 4 weeks?

PLEASE TICK ONE BOX ONLY.

Yes ☐ **GO TO Q26**

No ☐ **GO TO Q29**



YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE BEEN DRUNK IN THE LAST 4 WEEKS

Q26 How many times have you been drunk in the last 4 weeks?

PLEASE WRITE THE NUMBER IN THE BOXES, IN NUMBERS NOT WORDS.

Number of times

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE BEEN DRUNK IN THE LAST 4 WEEKS

Q27 Have you deliberately tried to get drunk in the last 4 weeks?

PLEASE TICK ONE BOX ONLY.

Yes ☐

No ☐

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE BEEN DRUNK IN THE LAST 4 WEEKS

Q28 Did any of the following happen to you when you drank alcohol in the last 4 weeks?

PLEASE TICK AS MANY BOXES AS NEEDED.

- I got into an argument ☐
- I got into a fight ☐
- I felt ill or sick at the time I was drinking ☐
- I felt ill or sick the next day ☐
- I vomited at the time I was drinking ☐
- I vomited the next day ☐
- I had to go to hospital ☐
- I lost some money or other items ☐
- My clothes or other items got damaged ☐
- I got into trouble with the police ☐
- I stayed off school ☐
- I was attacked / assaulted ☐
- I did something I later regretted. ☐
- I hurt myself ☐
- None of these things happened to me ☐

What about drugs?

Please answer truthfully, and remember all your answers will be completely confidential.

The next questions are about Cannabis, also called Marijuana, Hashish, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy.

Q29 Have you ever been offered Cannabis? Please include any times that someone has tried to sell you Cannabis and any times when someone has offered to share Cannabis with you.

PLEASE TICK ONE BOX ONLY.

Yes ☐

No ☐

Q30 Have you ever tried Cannabis (even if only once)?

PLEASE TICK ONE BOX ONLY.

Yes ☐ **GO TO Q31**

No ☐ **GO TO Q34**

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED CANNABIS

Q31 How old were you when you first tried Cannabis?

PLEASE WRITE YOUR AGE IN THE BOXES, IN NUMBERS NOT WORDS.

I was years old

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED CANNABIS

Q32 When did you last use or take Cannabis?

PLEASE TICK ONE BOX ONLY.

In the last month ☐

In the last year ☐

More than a year ago ☐

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED CANNABIS

Q33 On how many occasions have you used or taken Cannabis?

PLEASE TICK ONE BOX ONLY.

- Once. ☐
- 2-5 occasions. ☐
- 6-10 occasions. ☐
- More than 10 occasions. ☐

EVERYONE SHOULD ANSWER THIS QUESTION

The next questions are about other drugs, such as Cocaine, Ecstasy, Poppers, Magic Mushrooms, Ketamine, etc. Please think about all types of drugs when answering these questions including glue, gas, aerosols, steroids or solvents.

Q34 Have you ever been offered any drugs other than Cannabis? Please include any times that someone has tried to sell you drugs and any times when someone has offered to share drugs with you.

PLEASE TICK ONE BOX ONLY.

- Yes ☐
- No ☐

Q35 Have you ever tried any drugs other than Cannabis (even if only once)?

PLEASE TICK ONE BOX ONLY.

- Yes ☐ **GO TO Q36**
- No ☐ **GO TO Q39**

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED ANY DRUGS OTHER THAN CANNABIS

Q36 How old were you when you first tried any drugs other than Cannabis?

PLEASE WRITE YOUR AGE IN THE BOXES, IN NUMBERS NOT WORDS.

I was years old

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED ANY DRUGS OTHER THAN CANNABIS

Q37 When did you last use or take any drugs other than Cannabis?

PLEASE TICK ONE BOX ONLY.

- In the last month. ☐
- In the last year ☐
- More than a year ago ☐

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE EVER TRIED ANY DRUGS OTHER THAN CANNABIS

Q38 On how many occasions have you used or taken any drugs other than Cannabis?

PLEASE TICK ONE BOX ONLY.

- Once. ☐
- 2-5 occasions. ☐
- 6-10 occasions. ☐
- More than 10 occasions. ☐

EVERYONE SHOULD ANSWER THIS QUESTION

Q39 Please read the following statements about drugs and say if you agree or disagree.

PLEASE TICK ONE BOX ON EACH LINE.

	Agree	Disagree	Don't know
Taking drugs is exciting	☐	☐	☐
People my age who take drugs need help and advice	☐	☐	☐
People who take drugs are stupid	☐	☐	☐
All people who sell drugs should be punished	☐	☐	☐

What about how you feel?

Q40 Do you think your body is ...?

PLEASE TICK ONE BOX ONLY.

- Much too thin ☐
- A bit too thin ☐
- About the right size ☐
- A bit too fat ☐
- Much too fat ☐

Q41

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

PLEASE TICK ONE BOX ON EACH LINE.

	<i>None of the time</i>	<i>Rarely</i>	<i>Some of the time</i>	<i>Often</i>	<i>All of the time</i>
	1	2	3	4	5
I've been feeling optimistic about the future . .	☐	☐	☐	☐	☐
I've been feeling useful	☐	☐	☐	☐	☐
I've been feeling relaxed	☐	☐	☐	☐	☐
I've been feeling interested in other people. . .	☐	☐	☐	☐	☐
I've had energy to spare	☐	☐	☐	☐	☐
I've been dealing with problems well.	☐	☐	☐	☐	☐
I've been thinking clearly	☐	☐	☐	☐	☐
I've been feeling good about myself	☐	☐	☐	☐	☐
I've been feeling close to other people	☐	☐	☐	☐	☐
I've been feeling confident.	☐	☐	☐	☐	☐
I've been able to make up my own mind about things	☐	☐	☐	☐	☐
I've been feeling loved	☐	☐	☐	☐	☐
I've been interested in new things	☐	☐	☐	☐	☐
I've been feeling cheerful.	☐	☐	☐	☐	☐

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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Here are four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'.

Q42 Overall, how satisfied are you with your life nowadays, where 0 is 'not at all satisfied' and 10 is 'completely satisfied'?

PLEASE TICK ONE BOX ONLY.

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q43 Overall, to what extent do you feel that the things you do in your life are worthwhile, where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'?

PLEASE TICK ONE BOX ONLY.

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q44 Overall, how happy did you feel yesterday, where 0 is 'not at all happy' and 10 is 'completely happy'?

PLEASE TICK ONE BOX ONLY.

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q45 On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

PLEASE TICK ONE BOX ONLY.

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What about bullying?

Here are some questions about bullying. We say a person is being bullied when another person, or a group of people, say or do nasty and unpleasant things to him or her.

It is also bullying when a person is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. Bullying may happen over the internet or by text or phone messages. It is not bullying when a person is teased in a friendly and playful way.

Q46

How often have you been bullied in the past couple of months in the ways listed below?

PLEASE TICK ONE BOX ON EACH LINE.

	<i>I haven't been bullied in this way in the past couple of months</i>	<i>It has happened once or twice</i>	<i>2 or 3 times a month</i>	<i>2 or 3 times a week</i>	<i>Several times a week</i>
I was called mean names, was made fun of, or teased in a hurtful way	☐	☐	☐	☐	☐
Other people left me out of things on purpose, excluded me from their group of friends, or completely ignored me	☐	☐	☐	☐	☐
I was hit, kicked, pushed, shoved around, or locked indoors	☐	☐	☐	☐	☐
Other people told lies or spread false rumours about me and tried to make others dislike me.	☐	☐	☐	☐	☐
Other people made fun of me because of my body weight.	☐	☐	☐	☐	☐
Other people made sexual jokes, comments, or gestures to me.	☐	☐	☐	☐	☐
Someone sent mean instant messages, wall postings, emails and text messages, or created a website that made fun of me	☐	☐	☐	☐	☐
Someone took unflattering or inappropriate pictures of me without permission and posted them online.	☐	☐	☐	☐	☐

Q47

How often have you taken part in bullying another person (or other people) in the past couple of months?

PLEASE TICK ONE BOX ONLY.

- I have never bullied another person. ☐
- I have not bullied another person / other people 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 ☐

What about family?

Sometimes people live in two different homes; this may be because their parents live in different places, and they spend time in both homes. If this applies to you please answer for the home you live in most of the time.

Q48

Who lives in your home?

PLEASE TICK AS MANY BOXES AS NEEDED.

- Mother ☐
- Father ☐
- Father's partner ☐
- Mother's partner ☐
- Grandmother ☐
- Grandfather ☐
- Foster mother ☐
- Foster father ☐
- Brother(s) (include half / step / foster) ☐
- Sister(s) (include half / step / foster) ☐
- I live in a care home ☐
- Someone or somewhere else, please tick box
and write in below ☐

Q49

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

USING THE BOXES PROVIDED, PLEASE WRITE IN THE NUMBER. IF THERE ARE NONE PLEASE WRITE 0.

Number of brothers Number of sisters

What about how you live?

The next few questions are about your life and where you live. These questions will help us see how experiences vary between different groups of young people.

Sometimes people live in two different homes; this may be because their parents live in different places, and they spend time in both homes. If this applies to you please answer for the home you live in most of the time.

Q50 Does your family own a car, van or truck?

PLEASE TICK ONE BOX ONLY.

Yes, one ☐

Yes, two or more ☐

No ☐

Q51 Do you have your own bedroom for yourself?

PLEASE TICK ONE BOX ONLY.

Yes ☐

No ☐

Q52 How many computers (PC, laptop, MAC, iPad or tablet) does your family own?

PLEASE TICK ONE BOX ONLY.

None ☐

One ☐

Two ☐

More than two ☐

Q53 Do you have a computer (PC, laptop, MAC, iPad or tablet) that is only for your personal use (i.e. you don't have to share it with anyone else in your family)?

PLEASE TICK ONE BOX ONLY.

Yes ☐

No ☐

Q54 How many bathrooms (room with a bath / shower or both) are in your home?

PLEASE TICK ONE BOX ONLY.

None ☐

One ☐

Two ☐

More than two ☐

Q55

Does your family have a dishwasher at home?

PLEASE TICK ONE BOX ONLY.

Yes ☐No ☐

Q56

How many times did you and members of your family travel out of the UK for a holiday, vacation or to visit family last year?

PLEASE TICK ONE BOX ONLY.

None ☐One ☐Twice ☐More than twice ☐**What about you?**

Q57

Are you a boy or a girl?

PLEASE TICK ONE BOX ONLY.

Boy ☐Girl ☐

Q58

What month were you born in?

PLEASE TICK ONE BOX ONLY.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q59

What year were you born in?

PLEASE TICK ONE BOX ONLY.

1998 ☐1999 ☐

Q60

Were you born in the UK?

PLEASE TICK ONE BOX ONLY.

Yes ☐No ☐

Q61

Please can you confirm to us what your postcode is?

PLEASE WRITE IN THE BOXES BELOW.

--	--	--	--	--	--	--	--

Q62

How would you describe your ethnic origin?

OUR ETHNIC BACKGROUND DESCRIBES HOW WE THINK OF OURSELVES. THIS MAY BE BASED ON MANY THINGS, INCLUDING FOR EXAMPLE, OUR SKIN COLOUR, LANGUAGE, CULTURE, ANCESTRY OR FAMILY HISTORY. ETHNIC BACKGROUND IS NOT THE SAME AS NATIONALITY OR COUNTRY OF BIRTH.

CHOOSE ONE SECTION FROM A TO E, THEN TICK ONE BOX TO BEST DESCRIBE YOUR ETHNIC GROUP OR BACKGROUND.

A – White

English / Welsh / Scottish / Northern Irish / British ☐

Irish ☐

Traveller of Irish Heritage ☐

Gypsy / Roma ☐

Any other White background, please tick box and write in below ☐

B - Mixed / multiple ethnic groups

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed / multiple ethnic background, please tick box and write in below ☐

C - Asian / Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Chinese ☐

Any other Asian background, please tick box and write in below ☐

D - Black / African / Caribbean / Black British

African ☐

Caribbean ☐

Any other Black / African / Caribbean background, please tick box and write in below ☐

E - Other ethnic group

Arab ☐

Any other ethnic group, please tick box and write in below ☐

Q63

Which of the following options best describes how you think of yourself?

PLEASE TICK ONE BOX ONLY.

- Heterosexual or Straight ☐
- Gay or Lesbian ☐
- Bisexual ☐
- Other ☐
- Prefer not to say. ☐

Q64

What is your religion?

PLEASE TICK ONE BOX ONLY.

- No religion ☐
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations). ☐
- Buddhist. ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh. ☐
- Any other religion, please tick box and write in below. ☐
-

Q65

Do you have a learning disability?

A LEARNING DISABILITY (OR IMPAIRMENT) AFFECTS THE WAY A PERSON LEARNS NEW THINGS IN ANY AREA OF LIFE, NOT JUST AT SCHOOL. IT MEANS THEY COULD HAVE DIFFICULTY UNDERSTANDING NEW OR COMPLEX INFORMATION, LEARNING NEW SKILLS OR COPING INDEPENDENTLY.

PLEASE TICK ONE BOX ONLY.

- Yes ☐
- No ☐
- Don't know ☐

Q66

Do you have a long-term illness, disability or medical condition (like diabetes, arthritis, allergy or cerebral palsy) that has been diagnosed by a doctor?

PLEASE TICK ONE BOX ONLY.

- Yes ☐ **GO TO Q67**
- No ☐ **GO TO Q70**

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE A LONG-TERM ILLNESS, DISABILITY OR MEDICAL CONDITION

Q67

Do any of these conditions or illnesses affect you in any of the following areas?

PLEASE TICK AS MANY BOXES AS NEEDED.

- Vision (for example blindness or partial sight).
This does not include having to wear glasses ☐
- Hearing (for example, deafness or partial hearing) ☐
- Mobility (for example, walking short distances or climbing stairs) ☐
- Dexterity (for example, lifting and carrying objects, using a keyboard) ☐
- Learning or understanding or concentrating ☐
- Memory ☐
- Mental health ☐
- Stamina or breathing or fatigue ☐
- Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome) ☐
- None of the above ☐
- Prefer not to say ☐
- Other, please tick box and write in below ☐
-

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE A LONG-TERM ILLNESS, DISABILITY OR MEDICAL CONDITION

Q68

Do you take medicine for your long term illness, disability or medical condition?

PLEASE TICK ONE BOX ONLY.

- Yes ☐
- No ☐

YOU ONLY NEED TO ANSWER THIS QUESTION IF YOU HAVE A LONG-TERM ILLNESS, DISABILITY OR MEDICAL CONDITION

Q69

Does your long-term illness, disability or medical condition affect your attendance and participation at school?

PLEASE TICK ONE BOX ONLY.

- Yes ☐
- No ☐

Q70

Now thinking about health services, what would you say needs improvement in your local area?

PLEASE WRITE CLEARLY IN THE BOX BELOW.

Q71

Did you have help from any of the following people when completing this questionnaire?

PLEASE TICK AS MANY BOXES AS NEEDED.

Parent or guardian	☐
Brother or sister (including half, step or foster brothers and sisters)	☐
Another member of my family	☐
Teacher or another member of staff at school	☐
Friend	☐
I had no help completing this questionnaire	☐
Other, please tick box and write in below	☐

Q72

The Health and Social Care Information Centre may want to carry out some further research over the next 12 months with people who have taken part in this study. Would you be happy to be contacted again as part of this research?

PLEASE TICK ONE BOX ONLY.

Yes	☐
No	☐

What do I do now?

Now that you have completed the questionnaire, please send it back in the freepost envelope provided. If you have misplaced the envelope, please send the questionnaire back to **Freepost RTEY-ASHA-CRAA, What About Youth?, TNT, 120 Fifty Pitches Road, Glasgow, G51 4EB**. Remember, you don't need a stamp.

If you have any other questions about the survey, you can get in touch with the Ipsos MORI team using the details below:

Email: whataboutyouth@ipsos.com

Telephone: 0800 2600526

Study website: www.whataboutyouth.com

Thank you for taking part in the study

Ref:

Online username:

We hope you enjoyed taking part in the study. But if you are worried, upset or have any questions about anything in the study or anything else in your life, then we suggest the first person to talk to is your parent or carer. If you can't or don't want to speak to your parent or carer, then perhaps you can talk to an older brother or sister, teacher or any other adult you trust.

If you want to find out more about the effects of smoking, alcohol, drugs, diet and exercise or bullying please take a look at the *What About YOUth?* website www.whataboutyouth.com where we provide contact details for a number of organisations that can tell you more.

You can also contact **ChildLine** about anything. No problem is too big or too small. This is a special helpline for children and young people to ring if they want to talk about something or need help. You can phone them on **0800 1111**.

WHAT ABOUT
YOUTH 

A.11 How are the statistics used?

Users and uses of the report

From our engagement with customers, we know there will be many users of the data from this survey. There will also be many users of these statistics who will access them from the HSCIC website who we will not know about. We are continually aiming to improve our understanding of who our users are in order to enhance our knowledge on what the uses of these data are via consultations and feedback forms available online. Listed below is our current understanding of the known users and uses of these statistics. Also included are the methods we use to attempt to engage with the current unknown users.

There is a public consultation planned to find out more about how the data from this survey will be used. This will take place early in 2016 and will appear at:

<http://www.hscic.gov.uk/consultations>

Known Users and Uses

Department of Health (DH)

The WAY survey will inform the Government of young people's health and risky behaviour patterns at a Local Authority level.

Public Health England (PHE)

PHE are responsible for the Public Health Outcomes Framework (PHOF) which sets out the desired outcomes for public health and how these will be measured. The data from this survey are used to populate indicators on smoking in PHOF. These data along with all the other PHOF indicators can be found at:

<http://www.phoutcomes.info>.

In addition, a purpose built data visualisation tool showing data from key indicators from WAY can be found at:

<http://fingertips.phe.org.uk/profile/what-about-youth>

Local Authorities

LAs will be able to use these statistics to benchmark themselves against other LAs. They will also be able to use the record level data to better understand the behaviours of subgroups of young people in their area. Should the survey be repeated, LAs will be able to monitor their progress and changes over time.

Academia and Researchers

A non-identifiable version of the dataset will be deposited in the UK Data Archive. This is free to access and is expected to be used primarily by academics and researchers.

Media

WAY data will be used to underpin articles in newspapers, journals, etc. As an example, the following media articles appeared when the data from the smoking questions were published on 4th August 2015.

- **The Guardian** - <http://www.theguardian.com/society/2015/aug/04/e-cigarette-tobacco-white-black-teenagers-england>
- **The Mirror** - <http://www.mirror.co.uk/news/uk-news/children-who-been-bullied-admit-6193257>

- **Wigan Today** - <http://www.wigantoday.net/news/local/quarter-of-teens-light-up-1-7400907>

Public

The aggregated data published in this report is accessible for general public use. The public can also access the record level file on the UK data archive.

Ad-hoc requests

The statistics will be used to answer Parliamentary Questions (PQs), Freedom of Information (FOI) requests and ad-hoc queries. Ad-hoc requests are received from health professionals, research companies, public sector organisations, and members of the public, showing the statistics are widely used.

Unknown Users

This publication is free to access via the HSCIC website. Consequently a lot of users will access the report without being known to the HSCIC. Therefore, it is important to put mechanisms in place to try to understand how these additional users are using the statistics and also to gain feedback on how we can make these data more useful to them. On the webpage where the publication appears there is a link on the right-hand side to a feedback form which the HSCIC uses to capture feedback for all its reports. The specific questions asked on the form are:

- How useful did you find the content in this publication?
- How did you find out about this publication?
- What type of organisation do you work for?
- What did you use the report for?
- What information was the most useful?
- Were you happy with the data quality?
- To help us improve our publications, what changes would you like to see (for instance content or timing)?
- Would you like to take part in future consultations on our publications?

Any responses via this form are passed to the team responsible for the report to consider.

Feedback can also be sent by emailing enquiries@hscic.gov.uk and quoting "What About Youth Survey" in the subject heading.

We also capture information on the number of web hits the reports receive, although we are unable to capture who the users are from this.

A.12 Data Quality Statement

Relevance, the degree to which the statistical product meets the user needs in both Coverage and Content

The Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health to run the What About YOUTH? 2014 (WAY) survey in direct response to the Children and Young People's Health Outcomes Forum. This Forum identified gaps in the Public Health Outcomes Framework (PHOF) and other key health behaviour measures relating to young people. Data from this survey has been used to populate smoking indicators within PHOF.

WAY 2014 is the first survey to be conducted of its kind and it is hoped that the survey will be repeated in order to form a time series of comparable data on a range of indicators for 15 year olds

across England. This is ground-breaking for Local Authorities (LAs) as new data has become available to better inform local policy making. Data has been collected on topics including general health, diet, use of free time, physical activity, smoking, drinking, emotional wellbeing, drugs and bullying. Should the survey be repeated, LAs will be able to monitor their progress and changes over time.

Accuracy

Targets were set by LA for the level of response to the survey required in order to achieve a +/-3 percentage point margin of error at the 95 per cent confidence interval (CI). Progress against these targets was reviewed throughout the fieldwork and used as a basis for making decisions about the need for further targeted reminders. The majority of LAs achieved a +/-3 percentage point margin of error for a statistic of 50 per cent at the 95 per cent confidence interval.

The number of LAs meeting this target can be seen in appendix A.7 of the technical report.

Some 95 per cent CIs are given for some of the key findings from the survey at national and LA level in tables A.5.1 to A.5.22

Validation

As the survey was a self-completion questionnaire, it was decided that very little editing of young people's responses to the survey would be carried out to ensure the true responses were included.

A data edit specification is included in appendix A.6 of the technical report.

Coherence and Comparability

WAY 2014 is the first survey to be conducted of its kind and it is hoped that the survey will be repeated in order to form a time series of comparable data on a range of indicators for 15 year olds across England.

Questions from other surveys were adapted to develop the WAY 2014 questionnaire (see table 2.1 of the technical report). In each chapter, this report also compares the WAY 2014 results to the data from those surveys where relevant.

When asking questions in a survey about smoking, drinking and drugs there is potential for the methodology to have an impact on how people answer. In particular there has been some evidence published previously which shows that young people appear less willing to admit to smoking or taking drugs when answering questions at home, particularly in comparison with school-based surveys.

Similarly some of the other questions in this survey are more difficult for young people to answer accurately when completing the questionnaire alone such as the number or portions of fruit and vegetables consumed. If the survey was being conducted via a face-to-face interview with a trained interviewer then it would be possible to give the young person much more guidance on what constitutes a portion for the different types of fruit and vegetables.

It should also be noted that the combined figure for total sedentary time is an approximation as it only looks at the five activities mentioned in the questionnaire, and does not allow for double counting where a young person undertook more than one sedentary activity at the same time.

These issues are discussed in more detail in section A.8 in the annex of the main report.

Timeliness and Punctuality

This is a newly established survey and publication designed to collect robust LA level data on a range of health behaviours amongst 15 year olds. The majority of the fieldwork took place between

September and December 2014. Results from the smoking questions only were published on 4 August 2015 and this report of all the survey findings is being published on 8 December 2015.

Accessibility and Clarity

The report is published on the HSCIC website and is available free of charge alongside all of the data tables which are published in excel format. A non-identifiable record level file will also be made available on the UK data archive early in 2016 which will also be free to access.

The data from the smoking questions used in the Public Health Outcomes Framework (PHOF) can be found along with all the other PHOF indicators at:

<http://www.phoutcomes.info>.

In addition, a purpose built data visualisation tool showing data from key indicators from WAY can be found at:

<http://fingertips.phe.org.uk/profile/what-about-youth>

Confidentiality

No personal/individual level information is received by the Health and Social Care Information Centre or contained in the report.

The record level data which will be placed on the UK data archive has been made non-identifiable in accordance with the NHS anonymisation standard. This has been achieved by altering some data items and removing others. More information is available in the documentation which accompanies the file on the archive.

Assessment of user Needs and Perceptions

User feedback on the format and content of this report is invited; a web form to submit comments is available at:

<http://www.hscic.gov.uk/haveyoursay>

Feedback can also be sent to enquiries@hscic.gov.uk quoting "What About Youth Survey" in the subject heading.

Performance, Cost and Respondent Burden

Fieldwork for the main survey took place between 22nd September 2014 and 9th January 2015. Data were collected from respondents using a home postal self-completion paper questionnaire with an option to complete the questionnaire online. Either way, the questionnaire took approximately 15 minutes to complete.

Confidentiality, Transparency and Security

The data contained in this publication are official statistics. The code of practice for official statistics is adhered to from collecting the data to publishing. The code of practice for official statistics can be accessed at: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

The HSCIC publications calendar web page, available at www.hscic.gov.uk/pubs/calendar, provides links to relevant HSCIC policies and other related documents including:

- Statistical Governance Policy
- Small Numbers Procedure
- Statement of Compliance with Pre-Release Order.

Endnotes

- ¹ Acorn is a segmentation tool which categorises the United Kingdom's population into demographic types
- ² This was achieved by calculating a predicted response rate for every ACORN category in the population and then applying these response rates across the ACORN categories present in each of the LAs.
- ³ This is for a 50 per cent estimate and other estimates will have a smaller CI.
- ⁴ i.e. all LAs where a census was not being drawn.
- ⁵ The Medical Research Information Service Integrated Database and Administration System (MIDAS) based on health records and controlled by HSCIC.
- ⁶ The National Pupil Database based on data for pupils attending schools and colleges in England, and controlled by the Department for Education.
- ⁷ The method for calculating total fruit and vegetable consumption was designed to measure whether people are meeting the government guidelines (in which potatoes are not included as a vegetable and a maximum of one portion of fruit juice can be counted per day). <http://www.nhs.uk/Livewell/5ADAY/Pages/Whatcounts.aspx>. This approach is also in line with the method used on the Health Survey for England (HSE).
- ⁸ <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>
- ⁹ <http://www.healthscotland.com/uploads/documents/7551-WEMWBS%20User%20Guide%20Version%201%20June%202008.pdf>
- ¹⁰ [This is for a 50% estimates and other estimates will have a smaller CI.](http://www.healthscotland.com/uploads/documents/7551-WEMWBS%20User%20Guide%20Version%201%20June%202008.pdf)
- ¹¹ It should be noted that for 30 of these 47 LAs it was known from the outset that there would not be enough 15 year olds in the LA or the response rate would not be high enough to achieve a +/- 3 percentage point margin of error at the 95 per cent CI.
- ¹² This is a maximum value for an estimate of 50 per cent and all other estimates, where based on all respondents, will have a smaller confidence interval than those stated here.
- ¹³ [HBSC 2014 Report: http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf](http://www.hbscengland.com/wp-content/uploads/2015/10/National-Report-2015.pdf)
- ¹⁴ <http://www.ons.gov.uk/ons/rel/Well-being/measuring-national-well-being/exploring-the-well-being-of-children-in-the-uk--2014/rpt-measuring-national-Well-being-children-uk-2014.html>
- ¹⁵ <http://www.ons.gov.uk/ons/rel/Well-being/measuring-national-well-being/exploring-the-well-being-of-young-people-in-the-uk--2014/index.html>
- ¹⁶ <https://www.childrengsociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf>
- ¹⁷ [NDNS data from 2008-9 and 2011-12. https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012](https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012)
- ¹⁸ <https://www.ipsos-mori.com/Assets/Docs/Publications/sri-drinkaware-young-people-report-july-2015.pdf>
- ¹⁹ http://www.ons.gov.uk/ons/dcp171776_379712.pdf
- ²⁰ http://www.ons.gov.uk/ons/dcp171776_379712.pdf
- ²¹ [Health Survey for England 2013: Chapter 9 Children's smoking and exposure to others' smoke http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch9-chi-smok-exp.pdf.](http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Ch9-chi-smok-exp.pdf)
- ²² Goddard, E. and Higgins, V. (2000) Drug use, smoking and drinking among young people in 1999.
- ²³ [Measuring different aspects of problem drug use: methodological developments. Home Office Online report 16/06 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116642/hoor1606.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116642/hoor1606.pdf)
- ²⁴ Aquilino, W.S., Wright, D.L., Supple, A.J. (2000) 'Response Effects Due to Bystander Presence in CASI and Paper-and-Pencil Surveys of Drug Use and Alcohol Use' Substance Use and Misuse. 35 (608): 845-867.
- ²⁵ [Health Survey for England 2007 report. http://www.hscic.gov.uk/catalogue/PUB00415/heal-surv-life-know-atti-beha-eng-2007-rep-v2.pdf](http://www.hscic.gov.uk/catalogue/PUB00415/heal-surv-life-know-atti-beha-eng-2007-rep-v2.pdf)
- ²⁶ Herbert JR, Clemow I, Pbert L et al. *Social desirability bias in dietary self report may compromise the validity of dietary intake measures*. Int J Epidemiol. 1995; 24:389-398. Cited in HSE 2007 report <http://www.hscic.gov.uk/catalogue/PUB00415/heal-surv-life-know-atti-beha-eng-2007-rep-v2.pdf>
- ²⁷ http://www.noo.org.uk/uploads/doc/vid_10414_Assessment%20Tools%20160311%20FINAL%20MG.pdf

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Paul Niblett, Section Head

ISBN 978-1-78386-568-0

**This publication may be requested in large print or
other formats.**

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