

Health

Measurement Framework Series

Briefing paper no. 7

Equality and Human Rights Commission

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First published Spring 2013

ISBN 978-1-84206-479-5

Equality and Human Rights Commission Research

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Contents

	page
Tables and figures	4
Acknowledgements	9
Summary	10
1. Introduction	13
1.1 Note on categories	14
2. Domain analysis	16
2.1 Limiting illness, disability and mental health	17
2.2 Health status	29
2.3 The health of infants	32
2.4 Healthy living	34
2.5 Vulnerability to accidents	68
2.6 Self-harm among people in custodial and other residential establishments	70
2.7 Healthcare for children and young people in the care of public authorities	74
2.8 The reproductive and sexual health of young people	78
2.9 Occupational health	84
3. Conclusions	86
References	88

Tables and figures

Tables	page
1 Percentage who report a longstanding illness or disability which limits their activities, adults aged 16 and over, by age, ethnicity, gender, religion and socio-economic group, England, 2010	18
2 Percentage who report a long-term illness, health problem or disability which limits their daily activities or the work they can do, adults aged 16 and over, by age, ethnicity, gender and socio-economic group, Wales, 2010	19
3 Percentage who report a long-standing physical or mental condition or disability that has troubled them for at least 12 months and that limits their activities, adults aged 16 and over, by age, gender, religion, sexual orientation and socio-economic group, Scotland, 2010	20
4 Percentage with poor mental health, adults aged 16 and over, by disability, gender and socio-economic group, England, 2010	21
5 Percentage who report poor mental health, adults aged 16 and over, by age, disability, gender and socio-economic group, Wales, 2010	22
6 Percentage who report poor mental health, adults aged 16 and over, by disability, gender, sexual orientation and socio-economic group, Scotland, 2010	23
7 Percentage who report a longstanding illness or disability which limits their activities, children and young people under 16, by age and gender, England (2009), Wales (2010) and Scotland (2010)	24
8 Percentage who report a long-standing physical or mental condition or disability that has troubled them for at least 12 months and that limits their activities, children and young people under 16, by socio-economic group, Scotland, 2010	25
9 Percentage who report poor mental health, young people aged 13-15, by gender, England and Scotland, 2010	26
10 Worry about everyday concerns, by gender, England, 2009	26
11 Children and young people under 16 with wheezing or asthma, by age and gender, England, 2010	27
12 Treatment for asthma or breathing problems, children and young people under 16, by age, disability and gender, Wales, 2010	28

Table	page
13 Children and young people under 16 who wheezed or had asthma, Scotland, by disability, 2008 and 2010	29
14 Self-reported health status, adults aged 16 and over, by age, disability, religion and socio-economic group, England, 2010	30
15 Self-reported health status, adults aged 16 and over, by age, disability and socio-economic group, Wales, 2010	31
16 Self-reported health status, adults aged 16 and over, Scotland, 2010	32
17 Live births under 2,500 grams as percentage of all live births, by age of mother, England and Wales and Scotland, 2010	33
18 Percentage of mothers breastfeeding at 6-10 weeks, by age-group and socio-economic group, England, Wales and Scotland, 2010	34
19 Current smokers, adults aged 16 and over, England, 2010	35
20 Current smokers, adults aged 16 and over, by age, gender and socio-economic group, Wales, 2010	36
21 Current smokers, adults aged 16 and over, by age, disability, gender, religion and socio-economic group, Scotland, 2010	37
22 Reported alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender, religion and socio-economic group, England, 2010	38
23 Reported alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender and socio-economic group, Wales, 2010	40
24 Reported alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender and religion, Scotland, 2010	41
25 Physical activity, adults aged 16 and over, by age, disability and gender, England, 2008	42
26 Physical activity, adults aged 16 and over, by age, disability and gender, Wales, 2010	43
27 Physical activity, adults aged 16 and over, by age, disability, gender and religion, Scotland, 2010	44
28 Fruit and vegetable consumption, adults aged 16 and over, by age, religion and socio-economic group, England, 2010	45
29 Fruit and vegetable consumption, adults aged 16 and over, by age, ethnicity and gender, Wales, 2010	46

Table	page
30 Fruit and vegetable consumption, adults aged 16 and over, by age, gender and socio-economic group, Scotland, 2010	47
31 Overweight and obesity, adults aged 16 and over, by age, disability, gender and religion, England, 2010	48
32 Overweight and obesity, adults aged 16 and over, by age, disability and gender, Wales, 2010	49
33 Overweight and obesity, adults aged 16 and over, by aged, disability, gender and religion, Scotland, 2010	50
34 Receipt of free school meals, by disability, ethnicity and religion, England, 2009	51
35 Obesity in children and young people, by age and ethnicity, England, 2010	53
36 Obesity in children and young people, by age and gender, Wales, 2010	54
37 Obesity in children and young people, by socio-economic group, Scotland, 2010	54
38 Physical activity, children and young people aged 2-15, by age, gender and socio-economic group, England, 2008	56
39 Physical activity, children and young people aged 4-15, by age and gender, Wales, 2010	57
40 Physical activity, children and young people aged 2-15, by age, disability and gender, Scotland, 2010	58
41 Consumption of fruit and vegetables, children and young people aged 5-15, by socio-economic group, England, 2010	59
42 Consumption of fruit and vegetables, children and young people aged 4-15, by age, gender and socio-economic group, Wales, 2010	60
43 Consumption of fruit and vegetables, children and young people aged 2-15, by socio-economic group, Scotland, 2010	61
44 The percentage of children and young people who are regular smokers, by age and gender, England, 2002-11	62
45 Percentage of children and young people who are regular smokers, by age- group and gender, Scotland, 2000-10	63
46 Percentage of children and young people who smoke at least once a week, by gender, England, Wales and Scotland, 2009-10	63

Table	page
47 Percentage of children and young people who drink alcohol at least once a week, by age, England, 2011	64
48 Percentage of children and young people aged 11-15 who drink alcohol at least once a week, by gender, England, 2002-11	64
49 Percentage of children and young people who usually drank alcohol once a week or more, by age-group and year, Scotland, 2000-10	65
50 Percentage of children and young people who drink alcohol at least once a week, by gender, England, Wales and Scotland, 2009-10	65
51 Percentage of children and young people aged 11 to 15 who had taken drugs within the past year, by age and gender, England, 2002-2011	66
52 Percentage of children and young people who reported having used drugs in the past year, by age-group and gender, Scotland, 2000-10	67
53 Percentage of 15-year-olds who have ever used cannabis, by gender, England, Wales and Scotland, 2009-10	67
54 Accident and Emergency attendance rates per 1,000 population, by gender, England, Wales and Scotland, 2011-12	68
55 Accident and Emergency attendance rates per 1,000 population, by age and gender, Wales, 2011-12	69
56 Children and young people under 18 killed or seriously injured in road traffic accidents (rates per 100,000), by age, England, Wales, Scotland and Great Britain, 2010	70
57 Rates (per 1,000) of self-harm among prisoners, by gender, England and Wales, 2004-11	71
58 Percentage of prisoners self-harming, by age-group, England and Wales, 2004-11	71
59 Percentage of prisoners self-harming, by ethnicity and gender, England and Wales, 2011	72
60 Percentage of prisoners self-harming, by time in current prison, England and Wales, 2004-11	73
61 Experience of self-harm among in-patients in learning disability units, by security level and provider type, England, 2007, 2009 and 2010	74

Table		page
62	Percentages of young people in Young Offender Institutions who said it was not easy to see healthcare staff, by disability, ethnicity and religion, England and Wales, 2011-12	75
63	Health care of children who had been looked after continuously for at least twelve months, by age, ethnicity and gender, England, year ending 31 March 2011	76
64	Substance misuse by looked-after children, by age, ethnicity and gender, England, year ending 31 March 2011	77
65	Percentage of looked-after children for whom SDQ score is a cause for concern, by age, ethnicity and gender, England, year ending 31 March 2011	78
66	Conception rates (per 1,000) among young women aged under 18, by age, England, Wales and Scotland, 2001-11	79
67	Numbers of maternities of young women aged under 18 at conception, and percentages of conceptions leading to maternity, by age and year of conception, England, Wales and Scotland, 2001-11	81
68	Number and rate of selected Sexually Transmitted Infections (STIs) among young people, by age and gender, England, Wales and Scotland, 2009-11	83
69	Percentage of selected Sexually Transmitted Infections (STIs) among young people aged 13-19, by ethnicity (where ethnicity was recorded), England, 2011	84
70	Weighted average prevalence of work-related illness and non-fatal work-related injury, by age, ethnicity, gender, same-sex cohabitation, and socio-economic group, Great Britain, 2008-09 to 2010-11	85

Figure

1	Percentages of primary and secondary school pupils eligible for free school meals, by ethnicity, Wales, 2010-11	52
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Acknowledgements

We are grateful for the assistance of a number of individuals and organisations who have carried out secondary analysis of survey data and administrative sources to help populate this domain.

The National Centre for Social Research carried out secondary analysis on the following surveys analysed for this briefing paper: Health Survey for England; Living in Wales; National Patient Survey; Scottish Health Survey; TellUs; and the Welsh Health Survey.

The following organisations also carried out data analysis:

Department for Education (Children and Early Years Data Unit, Data and Statistics Division)

Department for Transport (Road Safety Statistics Team, Statistics Travel and Safety Division)

Health and Social Care Information Centre

Health Protection Agency

HM Inspectorate of Prisons

NHS Scotland (Information Services Division)

NHS Wales (Informatics Service)

Office for National Statistics (Vital Statistics Outputs Branch)

Scottish Government (Health Analytical Services Division, The Quality Unit)

Welsh Government (Knowledge and Analytical Services)

Welsh Government (School and Teacher Statistics, Education and Lifelong Learning Statistics Unit)

Summary

Health

This briefing paper sets out the available information on the indicators relating to the Health domain in the EHRC's Measurement Framework. It includes new analysis of survey data for groups with characteristics that are protected under the Equality Act. Other data have been provided by government departments and public sector organisations.

The indicators in this domain are:

1. Limiting illness, disability and mental health
2. Health status
3. The health of infants
4. Healthy living
5. Vulnerability to accidents
6. Self-harm among people in custodial or other residential establishments
7. Healthcare for children and young people in the care of public authorities
8. The reproductive and sexual health of young people
9. Occupational health

Key findings

- Smoking levels among young people are higher for girls than for boys. However, where data are available, they show that smoking rates have decreased over the past ten years.
- Among adults, the percentage of men who exceed the recommended levels for alcohol consumption is higher than of women. Higher percentages of white adults exceed the recommended levels than adults of other ethnic groups.
- Despite falls in recent years in alcohol consumption among young people, between one in six and one in three 15-16 year-olds (according to different surveys across Britain) drink alcohol at least once a week.
- Drug use among young people has also decreased in recent years. In 2010, however, 25 per cent of 15/16 year-olds in England reported having taken drugs in the past year, as did 19 per cent in Scotland. Rates were higher among boys than girls.

- In 2010, more than one in three young adults aged 18-24 in England, Wales and Scotland were overweight or obese, and the percentage increased with age. Rates were higher among men than women. Among children and young people under 16, obesity levels (excluding overweight) were between 14 and 19 per cent in the three countries.
- There was a fall in the number of reported sexually transmitted diseases in England between 2009 and 2011.
- Conception rates among under-18s in England, Wales and Scotland fell between 2007 and 2010. Data from Scotland show that rates did not substantially change among girls aged 15 or under, but they decreased among those aged 16 or 17.
- Over the period 2001-10, delivery rates fell for young women aged under 14, under 16 and under 18 at conception.
- In 2010, underweight births were most common in women aged 40 and over.
- The percentage of boys who were killed or seriously injured in road traffic accidents in 2010 was twice as high as for girls. This rose to almost three times as high among 16-17 year-old boys and girls.
- Women in England, Wales and Scotland in 2010 had higher levels of poor mental health than men.
- Higher percentages of girls than boys said they often worried: in England in 2009, 93 per cent of 14-15 year-old girls did so, compared with 82 per cent of boys.
- Between 2004 and 2011, the rate of self-harm among women in prison in England and Wales was four times higher than for men: 294 per 1,000 women self-harmed in 2011, compared with 69 out of every 1,000 men. There was an increase in self-harm rates for both men and women in prison between 2004 and 2011.
- Larger percentages of non-white young people in custody in England and Wales reported problems in access to healthcare staff, as compared with white young people. Percentages were also higher for disabled as opposed to non-disabled young people.

- Among young people who were looked after by local authorities, the percentage of those aged 16 and over who had not had an annual health assessment, annual dental check or up-to-date immunisations was higher than in younger age-groups. Among children under five, 19 per cent had not received the required health assessment, 17 per cent an annual dental check and 16 per cent up-to-date immunisations.

Data implications

The data for this domain are drawn from both surveys and administrative datasets. In most instances (though not all), analysis is available by gender and age. Some of the sources allow for analysis by ethnicity, disability or socio-economic group. However, data on religion and sexual orientation are rarely collected, and there are no data in respect of gender reassignment.

Given that numbers in some groups with protected characteristics are small, pooling data across several years would help to show whether differences between the groups are statistically significant. For other data sources, questions need to be routinely included about the full range of protected characteristics.

Data collection for some measures has now been discontinued. It is important that the relevant questions are included in other surveys or data sources if we are to continue monitoring the measures identified here.

1. Introduction

The Equality and Human Rights Commission (EHRC) is developing a Measurement Framework (MF) in order to fulfil its statutory requirements. The MF, which covers England, Scotland and Wales, consists of a number of domains, indicators and measures that are based on four major research reports that were commissioned by the EHRC between 2007 and 2010. These studies focused on equality (Alkire et al., 2009), good relations (Wigfield and Turner, 2010), children (Holder et al., 2011) and human rights (Candler et al., 2011).

Each of the domains focuses on a central and valuable capability (something in life that we can do or be, and that we value, or have reason to value) that formed the basis of the equality and children's frameworks (see Vizard and Burchardt 2007 for a discussion of the capability approach to measuring inequalities; Alkire et al., 2009). This paper presents data relating to indicators for adults and children in the 'Health' domain. While we are presenting the data in this format for the purposes of the briefing papers, it is important to note that the individual frameworks were developed separately and are underpinned by different methodologies.

The EHRC is gradually populating the MF with data for some of the groups protected under the 2010 Equality Act. It is doing so through the secondary analysis of survey and administrative datasets. Where possible, data are being provided separately for Great Britain, England, Scotland and Wales. In the case of some surveys, data are available for the following five protected characteristics: age, disability, ethnicity, gender, and religion or belief. Data are less frequently available for sexual orientation and no data are available for gender reassignment. We did not seek to cover the other protected characteristics of pregnancy and maternity and marital and civil partnership status, but we have collected data on socio-economic group where possible. It should be noted that the constraints of the project in terms of time and money mean that we have not carried out any intersectional analyses of survey data (for instance, by both age and disability, or gender and ethnicity). We fully recognise the importance of such analysis and are currently exploring ways in which this might be undertaken. Survey data have only been analysed for the most recent year available. Since not all surveys are carried out each year and the same questions are not always repeated in every survey, the date of the information shown in the briefing paper varies.

In addition to the analysis carried out specifically to populate the MF, this briefing draws on other survey and administrative data, either already published or provided specially by a range of external organisations. In the case of the administrative sources, data are usually available for the protected characteristics of age and

gender. However, they are only occasionally available for ethnicity, religion or other characteristics. Intersectional analysis is sometimes available (for example, by both gender and age). In certain cases, data are available over several years.

This paper incorporates some measures drawn from the human rights framework, as well as the earlier equality frameworks. These additional measures do not always include breakdowns by groups with characteristics protected under the Equality Act. The importance of the issues concerned, though, mean that we are including them here in order to set out some overall data.

Key data are shown in the tables and figures in the briefing; the detailed statistical data from which these are drawn are presented on Excel spreadsheets on the EHRC's website. Sample size, geographical coverage and response rates for the surveys used are set out on those spreadsheets. A Technical Appendix provides details of most of the surveys that were analysed and explains the approach we have adopted in the survey analysis with regard to standard errors, sample sizes etc. Sufficient syntax and other relevant information are also being provided to enable more complex survey analysis to be conducted both by the EHRC and by other researchers in the future as more recent data become available. The accompanying documents are available at <http://www.equalityhumanrights.com/key-projects/our-measurement-framework/-briefing-papers-and-data/>.

1.1 Note on categories

Data are collected and analysed in different ways in the surveys covered in this briefing paper. Where possible, the following sub-groups (all of which were self-defined by respondents to the surveys) have been used in the analysis. The category in bold was used as the reference group for the purpose of significance testing of differences between groups:

Age: 16-17; **18-24**; 25-34; 35-44; 45-54; 55-64; 65-74; 75+.

Disability: **Non-disabled**; disabled.

Ethnicity: **White**; Mixed; Asian or Asian British; Black or Black British; Chinese/Other.

Gender: **Male**; female.

Religion: **No religion**; Christian; Buddhist; Hindu; Jewish; Muslim; Sikh; Other; Refused; Don't know.

Sexual orientation: **Heterosexual or straight**; gay or lesbian; bisexual; other; don't know; don't wish to answer.

Socio-economic group: **Large employer and higher managerial and professional occupations**; Lower professional and higher technical occupations; intermediate occupations; small employers and own account workers; lower supervisory and technical occupations; semi-routine occupations; routine occupations; never worked.

Proxy for socio-economic group for children and young people: **Does not receive free school meals**; receives free school meals.

2. Domain analysis

The 'Health' domain covers a range of aspects of health and use of healthcare services. This briefing sets out the available data on groups with protected characteristics under the Equality Act 2010 and highlights inequalities when they occur. Where health is poorer for some groups than others, the data may indicate a need for policy or practice to address such inequalities and to ensure that all groups can enjoy similar levels of health and healthcare.

Being healthy

This includes being able to:

- attain the highest possible standard of physical and mental health, including sexual and reproductive health;
- have access to timely and impartial information about health and healthcare options, including contraception;
- have access to healthcare without discrimination and in a culturally sensitive way;
- be treated medically, or subject to experiment, only with informed consent;
- be assured of patient confidentiality and be free from the stigmatisation associated with some health conditions;
- maintain a healthy lifestyle, including exercise, sleep and nutrition;
- live in a healthy and safe environment, including clean air, clean water and freedom from pollution and other hazards.

The indicators used in this briefing are:

1. Limiting illness, disability and mental health
2. Health status
3. The health of infants
4. Healthy living
5. Vulnerability to accidents
6. Self-harm among people in custodial or other residential establishments
7. Healthcare for children and young people in the care of public authorities
8. The reproductive and sexual health of young people
9. Occupational health

The specific measures that we draw on here are designed to reflect key aspects of these indicators and have been selected following consultation with a range of stakeholders.

Data on dignity and respect in healthcare will be included in a forthcoming briefing paper on Identity, Expression and Self-Respect.

Each of the following sub-sections begins with an overview of the key data, followed by detailed data for each country where data are available.

2.1 Limiting illness, disability and mental health

The MF includes measures relating to limiting illness, disability and mental health. For children, the measures also cover the prevalence of specific illnesses, such as asthma and diabetes, as well as worry. The data for these measures are gathered from Health Surveys in England, Scotland and Wales. Additional data are derived from administrative sources, which are referenced in the text.

Limiting illness, disability and mental health (adults)

The three surveys asked slightly different questions about the prevalence of limiting long-standing illness or disability. Nevertheless, the data from all three show that older people, people of White ethnicity, women (older as a group than men), and people from non-managerial or non-professional socio-economic groups are all more likely to be disabled.¹ The English and Scottish data show that a higher percentage of those who are affiliated to a religion (a group that is known to be older - see Lee, 2012, p.179) have a limiting health problem or disability, as compared to those with no religion. In addition, the Scottish data show that a higher percentage of people who are gay, lesbian or bisexual have a limiting health problem or disability, as compared to those who are heterosexual / straight.

The analysis of the 2010 Health Survey for England shows that 24 per cent of adults reported having a limiting health problem or disability. This was more common in older age-groups: it was the case for 52 per cent of those aged 75 and over. A higher percentage of people of White ethnicity was disabled (25 per cent), as compared with other ethnic groups. The percentage of women who were disabled (26 per cent) was higher than that of men (22 per cent). Disability was more common among those who affiliated with a religion (25 per cent) than those who did not (20 per cent). It was also more common in non-managerial and non-professional socio-economic groups, as compared with those in the higher managerial and professional group.

¹ The three health surveys ask about current or past paid employment and self-employment.

Table 1 Percentage who report a longstanding illness or disability which limits their activities, adults aged 16 and over, by age, ethnicity, gender, religion and socio-economic group, England, 2010

	Limiting longstanding illness (%)	Unweighted base
16-17	6	223
18-24	10	630
25-44	15**	2651
45-64	28**	2863
65-74	36**	1084
75+	52**	962
White	25	7590
Black and Black British	14**	219
Indian	14**	177
Pakistani / Bangladeshi	23	148
Mixed	18	89
Chinese / Other	15*	169
Male	22	3699
Female	26**	4717
No religion	20	1972
Religious affiliation	25**	6418
Higher managerial and professional	17	925
Lower managerial and professional	20	1908
Intermediate	25**	1077
Small employers and own account workers	24**	705
Lower supervisory and technical	29**	659
Semi-routine	26**	1536
Routine	31**	1083
Never worked and long-term unemployed	36**	150
Other	6**	224
All	24	8416

Source: Health Survey for England (2010). See data table EB1.1(E).

** significant at 99% level * significant at 95% level

In Wales in 2010, 27 per cent of those aged 16 and over had a long-standing health problem or disability. Here, too, there were differences by age, ethnicity, gender and socio-economic group. More people who were aged 75 and over were disabled (64 per cent), as compared with other age-groups; also, more White people were disabled (27 per cent) than Pakistani or Bangladeshi people (11 per cent) or those who were of Chinese or Other ethnic groups (10 per cent). Twenty-eight per cent of women reported a long-standing health problem or disability, compared with 26 per cent of men. The percentage of those from the higher managerial or professional

socio-economic group who reported a health problem or disability was lower than in other groups.

Table 2 Percentage who report a long-term illness, health problem or disability which limits their daily activities or the work they can do, adults aged 16 and over, by age, ethnicity, gender and socio-economic group, Wales, 2010

	Limiting disability (%)	Unweighted base
16-17	5	435
18-24	8	1346
25-44	13**	4267
45-64	31**	5579
65-74	48**	2266
75+	64**	1755
White	27	14953
Black and Black British	20	55
Indian	5*	54
Pakistani / Bangladeshi	11**	59
Mixed	23	69
Chinese / Other	10**	154
Male	26	7259
Female	28*	8389
Higher managerial and professional	19	1703
Lower managerial and professional	24**	3747
Intermediate	30**	1118
Small employers and own account workers	27**	1981
Lower supervisory and technical	30**	2096
Semi-routine	29**	2243
Routine	37**	1865
Never worked and long-term unemployed	34**	381
All	27	15648

Source: Welsh Health Survey (2010). See data table EB1.1(W).

** significant at 99% level * significant at 95% level

In Scotland in 2010, 28 per cent of adults reported having a limiting long-term health condition or disability. Fifty-two per cent of people aged 75 and over were disabled, as were 30 per cent of women (compared with 25 per cent of men), and 32 per cent of those who affiliated with a religion (compared with 22 per cent of those who did not). Among people who were gay, lesbian or bisexual, 34 per cent were disabled, compared with 27 per cent of those who were heterosexual / straight. Those in socio-economic groups other than higher managerial or professional were more likely to report being disabled.

Table 3 Percentage who report a long-standing physical or mental condition or disability that has troubled them for at least 12 months and that limits their activities, adults aged 16 and over, by age, gender, religion, sexual orientation and socio-economic group, Scotland, 2010

	Limiting longstanding illness (%)	Unweighted base
16-17	6*	147
18-24	14	499
25-44	19*	2147
45-64	32**	2585
65-74	43**	1062
75+	52**	801
Male	25	3112
Female	30**	4129
No religion	22	2754
Religious affiliation	32**	4462
Heterosexual/straight	27	6215
Gay, lesbian, bisexual or other	34*	218
Higher managerial and professional	16	556
Lower managerial and professional	23*	1559
Intermediate	26**	863
Small employers and own account workers	28**	496
Lower supervisory and technical	29**	642
Semi-routine	29**	1475
Routine	39**	1243
All	28	7241

Source: Scottish Health Survey (2010). See data table EB1.1(S).

** significant at 99% level * significant at 95% level

The second issue examined under the 'Limiting illness, disability and mental health' indicator concerns mental health and well-being. Although the three health surveys used two different ways of measuring mental health, they all found higher rates of poor mental health among women. Each found some correlation with socio-economic group, though to differing degrees. The Scottish survey, which asks a specific question about sexual orientation, found that gay, lesbian or bisexual people reported higher rates of poor mental health. That mental ill-health is higher among disabled people may be linked to a degree of overlap between the two definitions.

In the Health Survey for England, mental health is measured using the 12-item General Health Questionnaire (GHQ12)²; in this, poor mental health is defined by a GHQ12 score of four or more. Using this measure, 15 per cent of adults in 2010 had had poor mental health over the previous few weeks. This percentage was higher for disabled people (21 per cent). A higher percentage of women was identified as having poor mental health, as compared with men (16 and 14 per cent respectively). Those in routine occupations or who were unemployed had poorer mental health: this was the case for 24 per cent of those who had never worked or were long-term unemployed.

Table 4 Percentage with poor mental health, adults aged 16 and over, by disability, gender and socio-economic group, England, 2010

	GHQ12 score = 4+ (%)	Unweighted base
Not disabled	10	4117
Disabled	21**	3354
Male	14	3279
Female	16*	4193
Higher managerial and professional	12	858
Lower managerial and professional	14	1754
Intermediate	14	981
Small employers and own account workers	12	619
Lower supervisory and technical	14	583
Semi-routine	17**	1368
Routine	17**	917
Never worked and long-term unemployed	24**	93
Other	14	198
All	15	7472

Source: Health Survey for England (2010). See data table EB1.2(E).

** significant at 99% level * significant at 95% level

The Welsh Health Survey uses the SF-36 Mental Component Score, in which a score of 45 or less indicates poor mental health. Using this approach, 24 per cent of adults aged 16 or over in 2010 were defined as having poor mental health over the previous four weeks. Poor mental health increased with age, to 32 per cent of those aged 75 and over. There were also higher rates among disabled people (47 per cent) as compared with non-disabled people (16 per cent). Twenty-eight per cent of women had scores indicating poor mental health, compared with 21 per cent of men. People in socio-economic groups other than higher managerial and professional were more likely to be defined as having poor mental health.

² The GHQ is a screening device for identifying minor psychiatric disorders.

Table 5 Percentage who report poor mental health, adults aged 16 and over, by age, disability, gender and socio-economic group, Wales, 2010

	SF-36 MCS <=45 (%)	Unweighted base
16-17	15*	419
18-24	20	1294
25-44	24**	4132
45-64	25**	5307
65-74	25**	2046
75+	32**	1456
Not disabled	16	10534
Disabled	47**	4005
Male	21	6857
Female	28**	7797
Higher managerial and professional	15	1658
Lower managerial and professional	20**	3601
Intermediate	25**	1075
Small employers and own account workers	21**	1859
Lower supervisory and technical	27**	1955
Semi-routine	30**	2037
Routine	32**	1643
Never worked and long term unemployed	42**	335
All	24	14654

Source: Welsh Health Survey (2010). See data table EB1.2(W).

** significant at 99% level * significant at 95% level

The Scottish Health Survey also measured mental health using the 12-item General Health Questionnaire (GHQ12), with poor mental health defined by a GHQ12 score of four or more. Using this measure, 15 per cent of adults in Scotland were in poor mental health in 2010. Here, too, a larger percentage of disabled people had poor mental health, as compared with non-disabled people (23 and 10 per cent respectively; and the percentage of women with poor mental health was higher than that of men (17 and 13 per cent respectively). Of people who were gay, lesbian or bisexual, 22 per cent had poor mental health, compared with 15 per cent of heterosexual / straight people. Those in routine, semi-routine or intermediate occupational groups were also more likely to have poor mental health than those in the higher managerial and professional group.

Table 6 Percentage who report poor mental health, adults aged 16 and over, by disability, gender, sexual orientation and socio-economic group, Scotland, 2010

	GHQ12 score = 4+ (%)	Unweighted base
Not disabled	10	3520
Disabled	23**	3150
Male	13	2849
Female	17**	3823
Heterosexual/straight	15	6136
Gay, lesbian, bisexual or other	22**	213
Higher managerial and professional	11	532
Lower managerial and professional	13	1470
Intermediate	15*	810
Small employers and own account workers	11	456
Lower supervisory and technical	13	590
Semi-routine	17**	1359
Routine	20**	1102
All	15	6672

Source: Scottish Health Survey (2010). See data table EB1.2(S).

** significant at 99% level * significant at 95% level

Disability and mental health among children and young people

Despite different question wording in the three surveys, data from all three show that the overall prevalence of limiting long-term health conditions or disability among children and young people was similar in England, Wales and Scotland. In England and Wales, larger percentages of older children had a limiting long-term condition or were disabled. In Scotland, percentages varied by socio-economic group.

A disability question is not included each year in the modules for children and young people in the Health Survey for England: the latest year for which data are available is 2009. In that year, seven per cent of children aged 0-15 in England had a limiting long-standing illness or disability. The existence of such illness or disability increased with age, to 10 or 11 per cent in the age-groups between 10 and 15. There were no significant differences in relation to other protected characteristics.

In Wales, too, seven per cent of children aged 0-15 years in 2010 had a long-standing health problem or disability. This percentage varied by age and gender. Larger percentages of those in older age-groups had a long-standing health problem

or disability: nine per cent among those aged 14-15. Eight per cent of boys were disabled, compared with five per cent of girls.

In Scotland, eight per cent of young people aged 0-15 had a long-term health problem or disability in 2010.

Table 7 Percentage who report a long-standing illness or disability which limits their activities, children and young people under 16, by age and gender, England (2009), Wales (2010) and Scotland (2010)

	Limiting longstanding illness (%)			Unweighted base		
	England	Wales	Scotland	England	Wales	Scotland
0-1	3**	3**	4*	145	398	257
2-3	4**	3**	5*	569	355	266
4-5	5**	6	9	561	383	220
6-7	7	5	10	485	341	223
8-9	6*	9	10	564	384	188
10-11	10	9	9	537	404	229
12-13	11	8	9	567	380	207
14-15	10	9	11	529	406	201
Male	7	8	9	2048	1542	960
Female	6	5**	7	1909	1509	831
All	7	7	8	3957	3051	1791

Sources: Health Survey for England (2009), Welsh Health Survey (2010) and Scottish Health Survey (2010). See data table CB1.1.

** significant at 99% level * significant at 95% level

In Scotland, the percentage of children who had a long-standing physical or mental condition or disability varied mainly by socio-economic group. Children of parents in the higher managerial and professional socio-economic group were less likely to experience a long-term health problem or disability than those whose parents were small employers or own account workers, in lower supervisory and technical, semi-routine and routine occupations.

Table 8 Percentage who report a long-standing physical or mental condition or disability that has troubled them for at least 12 months and that limits their activities, children and young people under 16, by socio-economic group, Scotland, 2010

	Limiting long-standing illness (%)	Unweighted base
Higher managerial and professional	3	248
Lower managerial and professional	7	444
Intermediate	6	140
Small employers and own account workers	9*	150
Lower supervisory and technical	10*	193
Semi-routine	10*	316
Routine	9*	229

Source: Scottish Health Survey (2010). See data table CB1.1(S).

Notes:

¹ Proxy data have been used for socio-economic group. This is the socio-economic group of the Household Reference Person (HRP). The HRP is the householder with the highest income within the household.

** significant at 99% level * significant at 95% level

Of the three surveys, only those in England and Scotland attempted to assess the mental health of young people aged 13-15: the question used in Wales was more limited in scope. The data from England and Scotland, though, show clearly that, even in this young age-group, larger percentages of girls than boys reported symptoms of poor mental health. In both countries, this was the case for one in seven girls. But it was also the case for at least one in twenty boys.

The Health Survey for England included a booklet for young people aged 13-15 with the 12-item General Health Questionnaire in a section entitled 'general health'. Using these data, 10 per cent of young people aged 13-15 reported poor mental health in 2010. This percentage varied by gender: the percentage of girls who reported poor mental health was three times higher (16 per cent) than boys (5 per cent).

Young people aged 13-15 in Scotland were also asked to complete a booklet containing the General Health Questionnaire. Using the GHQ scores, 11 per cent of them had poor mental health in 2010. The percentage varied by gender, with twice the percentage of girls reporting poor mental health (15 per cent), as compared with boys (seven per cent).

Table 9 Percentage who report poor mental health, young people aged 13-15, by gender, England and Scotland, 2010

	GHQ12 score = 4+ (%)		Unweighted base	
	England	Scotland	England	Scotland
Male	5	7	366	147
Female	16**	15*	391	134
All	10	11	757	281

Sources: Health Survey for England (2010) and Scottish Health Survey (2010). See data table CB1.2.

** significant at 99% level * significant at 95% level

One aspect of emotional health concerns the extent to which people worry. In England, pupils who took part in the 2009 TellUs survey were asked whether they often worried about a range of concerns (including being bullied, school work and exams, friendships, and parents and family). The survey was completed by pupils in Years 6, 8 and 10 (covering the school years in which pupils had their 11th, 13th and 15th birthdays). The number of issues covered was wider for those in Years 8 and 10.

The percentage of those who said they often worried about one or more concerns increased with age, from 84 per cent of students in Year 6 to 88 per cent in Year 10. The main differences within the three age-groups related to disability and gender. In all groups, larger percentages of disabled young people said they worried, compared with non-disabled young people (90 and 88 per cent respectively in Year 10). In addition, larger percentages of girls said they worried, as compared with boys: 93 and 82 per cent respectively in Year 10.

Table 10 Worry about everyday concerns, by disability and gender, England, 2009

	Percentage who often worry about an everyday concern		
	Year 6	Year 8	Year 10
Not disabled	84	86	88
Disabled	88**	89**	90**
Male	80	81	82
Female	88**	91**	93**
All	84	86	88
Unweighted bases	95,301	86,200	69,743

Source: TellUs Survey (2009). See data table CB1.3(E).

** significant at 99% level * significant at 95% level

For both girls and boys in each year, the issue which they reported as causing them the greatest worry was 'school work and exams'.³ However, the greatest percentage differences between girls and boys in Years 8 and 10 was in relation to 'the way I look'; the percentages of girls saying that they often worried about this were 46 and 51 per cent, in Years 8 and 10 respectively.

Data are included below on two further measures relating to the health of children and young people.

The first of these concerns the prevalence of asthma and other respiratory diseases. Despite differences in question wording, the surveys in England and Wales found that wheezing or a diagnosis of asthma were more common among boys than girls, and among older children. The Scottish survey found that the percentage of disabled children who wheezed or had asthma was higher than that of non-disabled children.

In England, 22 per cent of young people aged 0-15 in 2010 had asthma or another respiratory disease (based on experience of wheezing in the last 12 months, or a diagnosis of asthma). This percentage varied by age, with larger percentages of older children having such a condition. The percentage of boys was higher than that of girls (25 and 19 per cent respectively). The data reflect prevalence in the year before the survey was completed: they do not mean that individuals would necessarily experience this condition throughout childhood.

Table 11 Children and young people under 16 with wheezing or asthma, by age and gender, England, 2010

	Wheezing or asthma (%)	Unweighted base
0-1	21*	282
2-3	20**	893
4-5	20**	807
6-7	20**	751
8-9	18**	715
10-11	21**	803
12-13	27	698
14-15	28	741
Male	25	2925
Female	19**	2765
All	22	5690

Source: Health Survey for England (2010). See data table CB1.6(E).

** significant at 99% level * significant at 95% level

³ See data table CB1.3(E).

In the 2010 Welsh Health Survey, questions were asked about receiving treatment for asthma or breathing problems (including wheezing), thus the results are not comparable with those for England. Ten per cent of young people under 16 in Wales were receiving treatment for a respiratory problem. This percentage varied by age, disability and gender. The percentage of children who were receiving such treatment was: lower for those aged under 6 than for 14-15 year-olds; higher for disabled as compared with non-disabled children (35 and three per cent respectively); and higher for boys than for girls (11 and nine per cent respectively).

Table 12 Treatment for asthma or breathing problems, children and young people under 16, by age, disability and gender, Wales, 2010

	Respiratory problem (%)	Unweighted base
0-1	4**	393
2-3	9	355
4-5	8*	380
6-7	11	339
8-9	11	379
10-11	11	401
12-13	14	375
14-15	13	392
Not disabled	3	2433
Disabled	35**	175
Male	11	1527
Female	9*	1487
All	10	3014

Source: Welsh Health Survey (2010). See data table CB1.6(W).

** significant at 99% level * significant at 95% level

Analysis of the Scottish Health Survey was based on the questions 'wheezed in the last 12 months' and 'doctor diagnosed asthma' (as in England); it also combined data for the two years 2008 and 2010. Using this measure, 19 per cent of young people aged 0-15 in Scotland in those two years had wheezing or asthma. This was more common among those who were disabled (47 per cent) than those who were not (13 per cent).

Table 13 Children and young people under 16 who wheezed or had asthma, Scotland, by disability, 2008 and 2010

	Wheezing or asthma (%)	Unweighted base
Not disabled	13	1574
Disabled	47**	303
All	19	1877

Source: Scottish Health Survey (2008 and 2010 combined dataset). See data table CB1.6(S).

** significant at 99% level * significant at 95% level

A question on diabetes among children and young people in England was last included in the 2007 health survey. This found that less than 0.5 per cent of young people aged 0-15 had been diagnosed with diabetes.⁴ This percentage varied by ethnicity, with a diagnosis of diabetes being more common among those from Black and Mixed ethnic groups.

In the analysis of the 2010 Wales data, the prevalence of diabetes was derived from the question about long-standing illness or disability, with an open-ended question about its nature. Here, too, less than 0.5 per cent of children and young people were reported as having diabetes. There were, however, no differences within groups with protected characteristics.

Specific questions on diabetes are not asked of respondents aged under 16 in the Scottish Health Survey.

2.2 Health status

In all three countries, adults were asked to rate their state of health. As with other measures, there were differences in the questions used in the three health surveys.

As may be expected, self-reported poor health increased with age. Higher percentages of disabled people also reported this (between 16 and 20 per cent in the three countries). In addition, poor health was more common among people in non-managerial and non-professional groups. The English and Scottish surveys, which ask about religion, noted that religious affiliation is linked to worse health - but it is known that such affiliation is more widespread in older age-groups (Lee, 2012). The Scottish Health Survey asks about sexual orientation and found that a higher percentage of gay, lesbian or bisexual people reported bad or very bad health, as compared with heterosexual / straight people.

⁴ See data table CB1.7.

In England, seven per cent of adults reported being in bad or very bad health in 2010. This percentage increased with age: 15 per cent of people aged 75 and over rated their health as bad or very bad. It was also higher for disabled people, of whom around one in six (16 per cent) rated their health as bad or very bad, compared with one per cent of non-disabled people. People in non-managerial and non-professional socio-economic groups were more likely to report being in bad or very bad health than those in the higher managerial and professional group: among those who had never worked or were long-term unemployed, the rate was 14 per cent.

Table 14 Self-reported health status, adults aged 16 and over, by age, disability, religion and socio-economic group, England, 2010

	Bad or very bad health (%)	Unweighted base
16-17	1	224
18-24	1	630
25-44	4**	2651
45-64	9**	2862
65-74	10**	1084
75+	15**	962
Not disabled	1	4600
Disabled	16**	3815
No religion	6	1972
Religious affiliation	7*	6418
Higher managerial and professional	3	925
Lower managerial and professional	4	1908
Intermediate	6*	1077
Small employers and own account workers	7**	705
Lower supervisory and technical	9**	658
Semi-routine	8**	1536
Routine	12**	1083
Never worked and long-term unemployed	14**	150
Other	1*	224
All	7	8416

Source: Health Survey for England (2010). See data table EB2.1(E).

** significant at 99% level * significant at 95% level

In Wales, where the survey used slightly different question wording, six per cent of adults reported being in poor health in 2010. Poor health was more common in older age-groups: this was the case for 14 per cent of people aged 75 and over. One fifth

(20 per cent) of disabled people reported poor health, compared with one per cent of non-disabled people. While the rate was low for people in the higher managerial and professional group (three per cent), it was 11 per cent for those in routine occupations.

Table 15 Self-reported health status, adults aged 16 and over, by age, disability and socio-economic group, Wales, 2010

	Poor health (%)	Unweighted base
16-17	...	438
18-24	1	1348
25-44	3**	4289
45-64	7**	5642
65-74	10**	2319
75+	14**	1803
Not disabled	1	11023
Disabled	20**	4513
Higher managerial and professional	3	1712
Lower managerial and professional	4*	3765
Intermediate	5**	1134
Small employers and own account workers	5**	1989
Lower supervisory and technical	6**	2127
Semi-routine	8**	2284
Routine	11**	1918
Never worked and long-term unemployed	10**	393
All	6	15839

Source: Welsh Health Survey (2010). See data table EB2.1(W).

Notes:

... : less than 0.5 per cent

** significant at 99% level * significant at 95% level

Seven per cent of adults in Scotland in 2010 reported that their health was bad or very bad. This percentage increased with age: 13 per cent of people aged 75 and over reported bad or very bad health. One in six disabled people (17 per cent) did so, compared with less than 0.5 per cent of non-disabled people. The percentage was higher among those who affiliated with a religion (nine per cent), as compared with those who did not (five per cent). It was higher among people who were gay, lesbian or bisexual (12 per cent), compared with those who were heterosexual / straight (seven per cent). There were also differences by socio-economic group: while two per cent of people in the higher managerial and professional group reported being in poor health, 13 per cent of those in routine occupations did so.

Table 16 Self-reported health status, adults aged 16 and over, Scotland, 2010

	Bad or very bad health (%)	Unweighted base
16-17	2	147
18-24	3	500
25-44	5	2145
45-64	10**	2585
65-74	11**	1063
75+	13**	800
Not disabled	...	3783
Disabled	17**	3455
No religion	5	2755
Religious affiliation	9**	4460
Heterosexual/straight	7	6214
Gay, lesbian, bisexual or other	12**	218
Higher managerial and professional	2	556
Lower managerial and professional	4	1557
Intermediate	5**	863
Small employers and own account workers	6**	497
Lower supervisory and technical	8**	643
Semi-routine	9**	1475
Routine	13**	1243
All	7	7240

Source: Scottish Health Survey (2010). See data table EB2.1(S).

... : less than 0.5 per cent

** significant at 99% level * significant at 95% level

2.3 The health of infants

Data are included in this section on underweight births and breastfeeding.

Low birthweight increases the likelihood of infant death and is associated with a range of health problems.⁵ The World Health Organisation defines low birthweight as less than 2,500 grams.⁶ It further defines the incidence of low birthweight as the number of live births as a percentage of all live births. Data on low birthweight are derived from birth registrations.

⁵ The Marmot Review (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010. www.ucl.ac.uk/marmotreview

⁶ WHO and Unicef (2004). Low Birthweight: Country, Regional and Global Estimates

Data from England and Wales and from Scotland show that, in 2010, low birthweights accounted for 6.9 per cent of all live births in England and Wales and 6.7 per cent in Scotland. Rates were highest among mothers aged 40 and over: 9.2 in England and Wales and 8.0 in Scotland.

Table 17 Live births under 2,500 grams as percentage of all live births, by age of mother, England and Wales and Scotland, 2010

	England and Wales	Scotland
Mother's age		
Under 20	7.7	6.5
20–24	7.0	7.0
25–29	6.6	6.7
30–34	6.6	6.0
35–39	7.4	7.2
40 and over	9.2	8.0
All	6.9	6.7

Sources: ONS. Child mortality statistics. Data on births in Scotland provided by ISD Scotland, July 2012. See data table CB1.5.

Breastfeeding is associated with babies' healthy development and can protect them from infection and disease. Data on breastfeeding are collected as part of the wider Infant Feeding Survey, which is carried out every five years.

In England, Wales and Scotland, the percentage of mothers breastfeeding at 6-10 weeks increased between 2005 and 2010: from 78 to 83 per cent in England, 67 to 71 per cent in Wales, and 70 to 74 per cent in Scotland.⁷ The percentage also increased with maternal age, being highest for mothers aged 30 and over: 89, 81 and 82 per cent in England, Wales and Scotland respectively in 2010.

Breastfeeding was most common among mothers in managerial and professional socio-economic groups, and least common amongst those who had never worked: 91 and 74 per cent respectively in England in 2010, 85 and 47 per cent in Wales, and 86 and 56 per cent in Scotland. Rates in most groups increased from 2005 to 2010.

⁷ See data table CB4.1

Table 18 Percentage of mothers breastfeeding at 6-10 weeks, by age-group and socio-economic group, England, Wales and Scotland, 2010

	England	Wales	Scotland
Age			
Under 20	61	50	39
20-24	70	57	61
25-29	85	73	76
30+	89	81	82
All	83	71	74
Socio-economic group			
Managerial & professional	91	85	86
Intermediate occupations	81	73	72
Routine & manual	76	63	65
Never worked	74	47	56

Source: Information Centre for Health and Social Care. See data table CB4.1.

In 2005 and 2010, the percentage of mothers of Black or Black British ethnicity in Great Britain who were breastfeeding at six weeks was higher (at 87 and 85 per cent respectively) than for other ethnic groups.⁸

2.4 Healthy living

This indicator examines the percentages of adults and children who engage in unhealthy behaviour in relation to: smoking, alcohol consumption, lack of physical activity, and not eating the levels of fruit and vegetables that are considered necessary to maintain good health. It also includes data on being overweight and obesity. Additional measures refer to the receipt of free school meals and drug use among children and young people.

Healthy living - adults

A key aspect of healthy living relates to whether people smoke or not, given that smoking is associated with a range of health problems and can lead to early death.

Overall, smoking rates among adults were higher in Scotland than in England or Wales. Rates were highest for those in the 18-24 and 25-44 age-groups. In England and Wales, smoking was more common among men than women, but there was no significant difference between the genders in Scotland. The percentage of disabled people in Scotland who were current smokers was higher than that of non-

⁸ See data table CB4.1.

disabled people. Smoking rates were lowest among those in the higher managerial and professional group, and also among those with a religious affiliation (known to be older).

Data from the 2010 Health Survey for England show that 20 per cent of adults were current smokers. Rates were particularly high among people aged 18-24 (28 per cent) and 25-44 (26 per cent), Twenty-two per cent of men were current smokers, compared with 18 per cent of women. Smoking was more common among those who did not affiliate to a religion (26 per cent) than among those who did (18 per cent). People who were employed but not in managerial, professional or intermediate occupations were more likely to be current smokers than those in the higher managerial and professional group.

Table 19 Current smokers, adults aged 16 and over, England, 2010

	Current smoker (%)	Unweighted base
16-17	14**	136
18-24	28	360
25-44	26	1712
45-64	19**	1991
65-74	12**	755
75+	7**	631
Male	22	2397
Female	18**	3190
No religion	26	1317
All religions	18**	4268
Higher managerial and professional	12	639
Lower managerial and professional	14	1310
Intermediate	16	731
Small employers and own account workers	24**	454
Lower supervisory and technical	28**	443
Semi-routine	24**	1012
Routine	32**	707
Never worked and long-term unemployed	14	81
Other	13	131
All	20	5587

Source: Health Survey for England (2010). See data table EB4.1(E).

** significant at 99% level * significant at 95% level

In Wales, 23 per cent of adults in 2010 were current smokers. The percentage was highest among those aged between 18 and 44: 30 per cent of those aged 25-44. Twenty-five per cent of men were current smokers, compared with 22 per cent of

women. Rates were higher among those who were not in the higher managerial or professional socio-economic group than those in that group. People in long-term unemployment or who had never worked were almost four times as likely as those in the higher managerial or professional group to be current smokers (42 and 11 per cent respectively).

Table 20 Current smokers, adults aged 16 and over, by age, gender and socio-economic group, Wales, 2010

	Current smoker (%)	Unweighted base
16-17	16**	430
18-24	29	1346
25-44	30	4275
45-64	23**	5640
65-74	16**	2312
75+	9**	1795
Male	25	7324
Female	22**	8474
Higher managerial and professional	11	1711
Lower managerial and professional	15**	3768
Intermediate	23**	1128
Small employers and own account workers	20**	1983
Lower supervisory and technical	25**	2113
Semi-routine	31**	2275
Routine	33**	1906
Never worked and long-term unemployed	42**	396
All	23	15798

Source: Welsh Health Survey (2010). See data table EB4.1(W).

** significant at 99% level * significant at 95% level

One quarter (25 per cent) of adults aged 16 or over in Scotland were current smokers. This percentage varied by age, with smoking being more common among those aged 18-64 than in younger or older age-groups (31 per cent of those aged 18-24). There was no significant difference between men and women. The percentage of disabled people who were current smokers (28 per cent) was higher than non-disabled people (24 per cent). Smoking was less common among people in the higher managerial and professional group (11 per cent) than in other socio-economic groups. It was less common among people with a religious affiliation than those with no religion (23 and 29 per cent respectively).

Table 21 Current smokers, adults aged 16 and over, by age, disability, gender, religion and socio-economic group, Scotland, 2010

	Current smoker (%)	Unweighted base
16-17	15**	125
18-24	31	492
25-44	30	2142
45-64	27	2581
65-74	16**	1063
75+	11**	798
Not disabled	24	3751
Disabled	28**	3447
Male	26	3092
Female	25	4109
No religion	29	2736
Religious affiliation	23**	4454
Higher managerial and professional	11	557
Lower managerial and professional	17**	1555
Intermediate	20**	862
Small employers and own account workers	21**	497
Lower supervisory and technical	32**	640
Semi-routine	32**	1467
Routine	39**	1241
All	25	7201

Source: Scottish Health Survey (2010). See data table EB4.1(S).

** significant at 99% level * significant at 95% level

Like smoking, excessive alcohol consumption is associated with health problems. Overall, the groups that exceeded the recommended alcohol limits were broadly similar in England, Wales and Scotland: younger adults, males, White people and those without a religious affiliation. In England and Wales, the socio-economic groups most likely to exceed the recommended alcohol limits included those in managerial or professional occupations.

In England in 2010, 34 per cent of adults reported that they exceeded the recommended level for alcohol consumption on at least one day in the previous week. Adults aged 18-64 had the highest rates, including 42 per cent of those aged 18-24. Non-disabled people had a higher rate (38 per cent) than disabled people (29 per cent), while White people and those of Mixed ethnicity had higher rates (37 and 30 per cent) than people from other ethnic groups. Forty-one per cent of men exceeded the recommended limit, compared with 28 per cent of women. Those who did not affiliate with a religion had a higher rate (43 per cent) than those who did (32

per cent). People in managerial or professional occupations and small employers had higher rates (between 37 and 41 per cent) than those in other socio-economic groups.

Table 22 Alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender, religion and socio-economic group, England, 2010

	Exceeded recommendations (>4 units men, >3 units women) (%)	Unweighted base
16-17	22**	180
18-24	42	604
25-44	39	2641
45-64	38	2860
65-74	24**	1083
75+	10**	961
Not disabled	38	4530
Disabled	29**	3799
White	37	7524
Black and Black British	16**	218
Indian	16**	175
Pakistani / Bangladeshi	... **	146
Mixed	30	88
Chinese / Other	8**	169
Male	41	3663
Female	28**	4669
No religion	43	1952
Religious affiliation	32**	6366
Higher managerial and professional	41	923
Lower managerial and professional	40	1903
Intermediate	31**	1073
Small employers and own account workers	37	704
Lower supervisory and technical	35*	657
Semi-routine	30**	1517
Routine	32**	1076
Never worked and long-term unemployed	18**	146
Other	18**	195
All	34	8332

Source: Health Survey for England (2010). See data table EB4.1(E).

...: less than 0.5 per cent.

** significant at 99% level * significant at 95% level

In Wales in 2010, 44 per cent of adults aged 16 and over exceeded the recommended level for alcohol consumption on at least one day in the previous week. Those aged between 18 and 64 had higher rates (50 or 51 per cent in the different sub-groups) than younger or older people. Forty-nine per cent of non-disabled people exceeded the limit, compared with 32 per cent of disabled people. Rates were higher for White people (45 per cent) and those of Mixed race (37 per cent) than for other ethnic groups. Fifty-one per cent of men exceeded the recommended limit, compared with 37 per cent of women. People in the higher managerial and professional group were more likely than those in non-managerial and non-professional groups to exceed the weekly recommendation.

Table 23 Alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender and socio-economic group, Wales, 2010

	Exceeded recommendations (>4 units men, >3 units women) (%)	Unweighted base
16-17	23**	414
18-24	51	1320
25-44	50	4208
45-64	51	5500
65-74	34**	2216
75+	16**	1710
Not disabled	49	10776
Disabled	32**	4373
White	45	14701
Black and Black British	20**	54
Pakistani / Bangladeshi	1**	54
Mixed	37	68
Chinese / other	12**	150
Male	51	7152
Female	37**	8216
Higher managerial and professional	52	1679
Lower managerial and professional	49	3699
Intermediate	42**	1100
Small employers and own account workers	42**	1939
Lower supervisory and technical	46**	2042
Semi-routine	41**	2201
Routine	33**	1825
Never worked and long-term unemployed	24**	371
All	44	15368

Source: Welsh Health Survey (2010). See data table EB4.1(W).

** significant at 99% level * significant at 95% level

In Scotland, 38 per cent of those aged 16 and over exceeded the weekly recommended alcohol limit in 2010. Those aged between 18 and 24 had the highest rate (48 per cent), while the percentage of non-disabled people who exceeded the limit was higher than that of disabled people. Of ethnic groups, White people had the highest rate (38 per cent). Forty-three per cent of men exceeded the limit, but 33 per cent of women also did so. Exceeding the limit was more common among those who did not affiliate to a religion than among those who did (43 and 34 per cent respectively).

Table 24 Alcohol consumption, adults aged 16 and over, by age, disability, ethnicity, gender and religion, Scotland, 2010

	Exceeded recommendations (>4 units men, >3 units women) (%)	Unweighted base
16-17	16**	101
18-24	48	476
25-44	45	2139
45-64	41*	2574
65-74	23**	1062
75+	9**	797
Not disabled	42	3716
Disabled	32**	3430
White	38	6936
Black and Black British	16*	36
Indian	21*	32
Pakistani / Bangladeshi	6**	39
Chinese / Other	5**	53
Male	43	3066
Female	33**	4083
No religion	43	2708
Religious affiliation	34**	4431
All	38	7149

Source: Scottish Health Survey (2010). See data table EB4.1(S).

** significant at 99% level * significant at 95% level

The third aspect of healthy living that is examined here concerns physical activity. As with smoking and alcohol, the data relate to the percentages of people who did not carry out the recommended levels of activity. Recommended levels depend on an individual's age and the type of activity undertaken.⁹ In this analysis, the recommended levels are defined as 30 minutes of moderate-intensity activity five or more times per week.

Overall, lower percentages of older people, women and disabled people in each country met the recommended levels for physical activity. Data from Scotland show that people who affiliated with a religion (known to be older) also did not meet the recommended levels.

⁹ NHS Choices. Physical Activity Guidelines for Adults.
<http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx>

In 2008 (the most recent year for which these data are available), 64 per cent of adults in England did not meet the recommended levels. The percentage increased for those in older age-groups, though even in the 18-24 age-group, 51 per cent did not do so. Seventy-four per cent of disabled people and 57 per cent of non-disabled people did not meet the recommended levels. Sixty-nine per cent of women did not do so, compared with 58 per cent of men.

Table 25 Physical activity, adults aged 16 and over, by age, disability and gender, England, 2008

	Did not meet recommendations (moderate-intensity activity for 30 minutes, 5 times a week) (%)	Unweighted base
16-17	55	439
18-24	51	1248
25-44	56**	4893
45-64	65**	5005
65-74	81**	1870
75+	93**	1584
Not disabled	57	8233
Disabled	74**	6812
Male	58	6736
Female	69**	8313
All	64	15049

Source: Health Survey for England (2008). See data table EB4.1(E).

** significant at 99% level * significant at 95% level

In Wales, 70 per cent of people aged 16 or over did not meet the weekly recommendation. Again, the percentage of older people who did not do so was higher, but 63 per cent of 18-24-year-olds also did not meet the recommendation. Eighty-six per cent of disabled people and 64 per cent of non-disabled people did not reach the recommended level. The percentage of women who did not do so was higher than that of men (76 and 63 per cent respectively).

Table 26 Physical activity, adults aged 16 and over, by age, disability and gender, Wales, 2010

	Did not meet recommendations (moderate-intensity activity for 30 minutes, 5 times a week) (%)	Unweighted base
16-17	60	425
18-24	63	1328
25-44	65	4247
45-64	69**	5589
65-74	78**	2299
75+	90**	1765
Not disabled	64	10965
Disabled	86**	4456
Male	63	7254
Female	76**	8399
All	70	15653

Source: Welsh Health Survey (2010). See data table EB4.1(W).

** significant at 99% level * significant at 95% level

In Scotland in 2010, 61 per cent of those aged 16 or over did not meet the recommended level of physical activity. Older age-groups did not do so, as was also the case with 48 per cent of those aged 18-24. Seventy-three per cent of disabled people did not reach the recommended level, and 52 per cent of non-disabled people did not do so. Women were less likely than men to reach this level (67 and 55 per cent respectively). Of those who affiliated with a religion, 65 per cent did not do so, as compared with 54 per cent of those with no religion.

Table 27 Physical activity, adults aged 16 and over, by age, disability, gender and religion, Scotland, 2010

	Did not meet recommendations (moderate-intensity activity for 30 minutes, 5 times a week) (%)	Unweighted base
16-17	49	147
18-24	48	500
25-44	50	2144
45-64	61**	2581
65-74	81**	1061
75+	92**	801
Not disabled	52	3780
Disabled	73**	3451
Male	55	3112
Female	67**	4122
No religion	54	2753
Religious affiliation	65**	4460
All	61	7234

Source: Scottish Health Survey (2010). See data table EB4.1(S).

** significant at 99% level * significant at 95% level

As is well established, a healthy diet also contributes to health, and much publicity has been given to the beneficial effects of the regular consumption of fruit and vegetables.

In all three countries, a failure to meet the recommended level of fruit and vegetable consumption was more common among young people aged 18-24 than in the 45-64 and 65-74 age-groups. Even in the 65-74 age-group, though, which had the lowest rates for not meeting the recommended level, the percentages were still high (between 60 and 75 per cent in the three countries).

In 2010, 74 per cent of adults in England did not meet the recommended level of five portions of fruit and vegetables per day. This was most common among those in younger age-groups: for instance, 84 per cent of those aged 16-17 did not do so. The percentage who did not meet the recommended level was higher among those who did not affiliate with a religion (77 per cent) than among those who did (73 per cent). People in socio-economic groups other than higher managerial and professional were more likely not to do so.

Table 28 Fruit and vegetable consumption, adults aged 16 and over, by age, religion and socio-economic group, England, 2010

	Didn't meet recommendations (five portions of fruit and vegetables eaten on previous day) (%)	Unweighted base
16-17	84	224
18-24	79	630
25-44	75	2651
45-64	71**	2864
65-74	70**	1084
75+	74	963
No religion	77	1972
Religious affiliation	73**	6421
Higher managerial and professional	64	925
Lower managerial and professional	69*	1908
Intermediate	73**	1077
Small employers and own account workers	72**	706
Lower supervisory and technical	79**	660
Semi-routine	78**	1536
Routine	82**	1083
Never worked and long-term unemployed	74*	150
Other	80**	224
All	74	8419

Source: Health Survey for England (2010). See data table EB4.1(E).

** significant at 99% level * significant at 95% level

In Wales, 65 per cent of adults did not meet the weekly recommendation for fruit and vegetable consumption in 2010. A lower percentage of those in the 16-17 age-group (16-17) failed to meet the recommendation (73 per cent), than those aged 18-24 (67 per cent). Not meeting the recommendation was more common among white people (at 66 per cent) than those of other ethnic groups. A higher percentage of men (67 per cent) failed to do so, compared with women (64 per cent).

Table 29 Fruit and vegetable consumption, adults aged 16 and over, by age, ethnicity and gender, Wales, 2010

	Didn't meet recommendations (five portions of fruit and vegetables eaten on previous day) (%)	Unweighted base
16-17	73*	423
18-24	67	1321
25-44	67	4227
45-64	63*	5529
65-74	60**	2249
75+	69	1735
White	66	14823
Black and Black British	39**	54
Indian	28**	49
Pakistani / Bangladeshi	49*	59
Mixed	51*	68
Chinese / Other	45**	152
Male	67	7170
Female	64**	8314
All	65	15484

Source: Welsh Health Survey (2010). See data table EB4.1(W).

** significant at 99% level * significant at 95% level

Seventy-eight per cent of adults in Scotland did not meet the daily recommendation for fruit and vegetable consumption in 2010. The highest rate was again among young people aged 16-17 (85 per cent). A higher percentage of men than women failed to meet the recommendation (80 and 77 per cent respectively). People in socio-economic groups other than managerial and professional were more likely not to meet the recommended level than those in the higher managerial and professional group.

Table 30 Fruit and vegetable consumption, adults aged 16 and over, by age, gender and socio-economic group, Scotland, 2010

	Didn't meet recommendations (five portions of fruit and vegetables eaten on previous day) (%)	Unweighted base
16-17	85	147
18-24	83	500
25-44	78	2145
45-64	77*	2584
65-74	75**	1063
75+	81	800
Male	80	3112
Female	77*	4127
Higher managerial and professional	68	557
Lower managerial and professional	71	1558
Intermediate	81*	863
Small employers and own account workers	79*	497
Lower supervisory and technical	80*	643
Semi-routine	83*	1474
Routine	85*	1242
All	78	7239

Source: Scottish Health Survey (2010). See data table EB4.1(S).

** significant at 99% level * significant at 95% level

The final aspect of healthy living relating to adults concerns overweight and obesity: again, a key contributor to developing health problems and premature death.

Overall percentages of adults who were overweight or obese were between 57 and 65 per cent in England, Wales and Scotland. Levels were higher in older age-groups, among men, those affiliated with a religion (known to be older) and disabled people. What is striking from these figures, is that over one in three young people in each country were already overweight or obese at the age of 18-24 - and the percentage increased with age. As has been noted elsewhere, this is a health issue that will have major implications in the years to come.

In 2010, almost two-thirds (63 per cent) of adults in England were overweight or obese. The figure was lowest among those aged 16-17 (18 per cent) and highest among people aged 65-74 (78 per cent). The percentage of disabled people who were overweight or obese (72 per cent) was higher than that of non-disabled people (57 per cent). Overweight or obesity were more common among men (68 per cent)

than women (58 per cent). Those who affiliated with a religion had a higher rate of overweight or obesity than those who did not (65 and 56 per cent respectively).

Table 31 Overweight and obesity, adults aged 16 and over, by age, disability, gender and religion, England, 2010

	Overweight or obese (BMI 25+) (%)	Unweighted base
16-17	18**	195
18-24	39	526
25-44	60**	2236
45-64	73**	2448
65-74	78**	906
75+	70**	675
Not disabled	57	3896
Disabled	72**	3089
Male	68	3144
Female	58**	3843
No religion	56	1662
Religious affiliation	65**	5319
All	63	6987

Source: Health Survey for England (2010). See data table EB4.1(E).

** significant at 99% level * significant at 95% level

In Wales, 57 per cent of adults were overweight or obese in 2010. The lowest rate was among those aged 16-17 (18 per cent) and highest in the 45-64 age-group (67 per cent). It was higher for disabled people than non-disabled people (65 and 54 per cent respectively) and for men as compared with women (63 and 52 per cent respectively).

Table 32 Overweight and obesity, adults aged 16 and over, by age, disability and gender, Wales, 2010

	Overweight or obese (BMI 25+) (%)	Unweighted base
16-17	18**	375
18-24	35	1224
25-44	58**	3952
45-64	67**	5392
65-74	65**	2220
75+	51**	1677
Not disabled	54	10374
Disabled	65**	4246
Male	63	6981
Female	52**	7859
All	57	14840

Source: Welsh Health Survey (2010). See data table EB4.1(W).

** significant at 99% level * significant at 95% level

Sixty-five per cent of adults in Scotland were overweight or obese in 2010. Those aged 16-17 had the lowest rate (23 per cent); the highest rate (75 per cent) was among those aged 45-64. The percentage of disabled people who were overweight or obese (70 per cent) was higher than that of non-disabled people (61 per cent), and men had a higher rate (68 per cent) than women (62 per cent). Sixty-nine per cent of people who affiliated to a religion were overweight or obese, as compared with 60 per cent of those who did not.

Table 33 Overweight and obesity, adults aged 16 and over, by aged, disability, gender and religion, Scotland, 2010

	Overweight or obese (BMI 25+) (%)	Unweighted base
16-17	23**	126
18-24	37	436
25-44	64**	1824
45-64	75**	2187
65-74	74**	884
75+	72**	544
Not disabled	61	3247
Disabled	70**	2752
Male	68	2674
Female	62**	3327
No religion	60	2354
Religious affiliation	69**	3643
All	65	6001

Source: Scottish Health Survey (2010). See data table EB4.1(S).

** significant at 99% level * significant at 95% level

Healthy living - children and young people

Data are available on the above five measures for children, though with some different approaches in the three countries. In addition, the MF includes further measures relating more specifically to children's health, starting with eligibility for and receipt of free school meals.

Free school meals are intended to enable children who live below the poverty line to eat a nutritious meal at school. In practice, there are problems in achieving uptake, including stigma and insufficient credit on cashless payment systems.¹⁰

This briefing provides some initial data on free school meal receipt in England and eligibility for free school meals in Wales. Administrative data systems do not currently combine free school meal eligibility and receipt.

TellUs data on free school meals receipt in England in 2009 show that 21 per cent of pupils in Year 6 said they received free school meals - a percentage which declined to 17 per cent in Year 8 and 14 per cent in Year 10. In all year-groups, larger

¹⁰ E.g. Farthing R (2012) *Going Hungry? Young people's experiences of Free School Meals*. British Youth Council and Child Poverty Action Group.

percentages of disabled pupils than non-disabled pupils said they received free school meals (25 and 14 per cent respectively in Year 10). White children were less likely than others to receive free meals: 12 per cent of White children in Year 10 did so, compared with 29 per cent of Black / Black British children.

Table 34 Receipt of free school meals, by disability, ethnicity and religion, England, 2009

	Percentage who receive free school meals		
	Year 6	Year 8	Year 10
Not disabled	20	17	14
Disabled	31**	29**	25**
White	18	15	12
Black/Black British	37**	32**	29**
Asian/ Asian British	27**	22**	20**
Mixed	28**	25**	21**
Chinese & Other	28**	22**	23**
All	21	17	14
Unweighted bases	91398	85354	84377

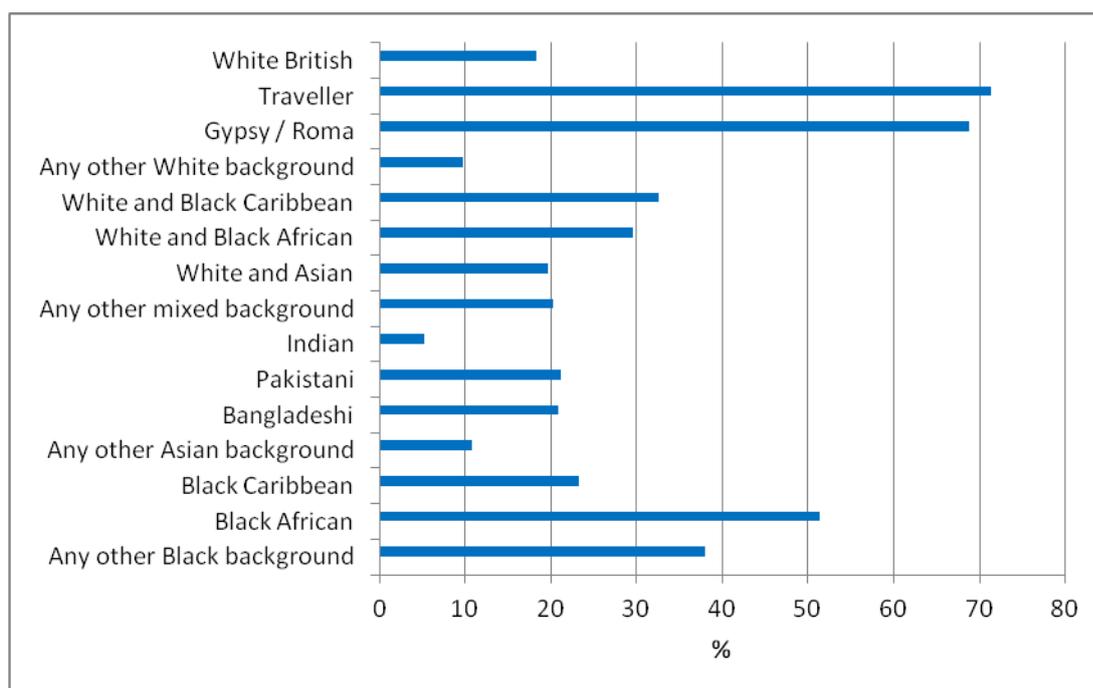
Source: TellUs Survey (2009). See data table CB4.2(E).

** significant at 99% level * significant at 95% level

In Wales, administrative data show that 18 per cent of pupils were eligible for free school meals in 2010-11.¹¹ The percentages of eligible pupils of Black and Mixed ethnicity were higher (at 47 and 24 per cent respectively) than those of other broad ethnic groups. Detailed breakdown, though, shows that Traveller and Gypsy/Roma children had the highest eligibility rates for free school meals (around 70 per cent), followed by Black African children (51 per cent).

¹¹ See data table CB4.2.

Figure 1 Percentages of primary and secondary school pupils eligible for free school meals, by ethnicity, Wales, 2010-11



Source: Data provided by the Welsh Government, June 2012. Base: 72,737. See data table CB4.2.

In addition, Welsh data from an annual census show that, of the pupils present on that day, the percentage who received free school meals was 15 per cent: this included 16 per cent of primary school and 12 per cent of secondary school pupils.¹²

Data on obesity, physical activity and healthy eating are drawn, as in the case of adults, from the three health surveys in England, Wales and Scotland. Unlike the measure for adults, which considers both overweight and obesity, the MF children's measure focuses on obesity alone.

Overall levels of obesity among children and young people stood at between 14 and 19 per cent in 2010 (with the highest rate in Wales) and give considerable cause for concern. There were some differences in individual countries between children of different ages, ethnicity, gender or socio-economic group. However, there were no consistent differences across countries within the selected groups.

In 2010, 16 per cent of young people in England aged between two and 15 were obese. Rates were higher in older age-groups: for instance, 18 per cent of 14-15 year-olds were obese. Obesity was also higher in the Black / Black British and the

¹² See data table CB4.2.

Chinese / Other groups than in the White group (28, 39 and 15 per cent respectively).

Table 35 Obesity in children and young people, by age and ethnicity, England, 2010

	Obese (BMI 30+) (%)	Unweighted base
2-3	12**	640
4-5	12**	687
6-7	18	643
8-9	16	620
10-11	18	699
12-13	19	593
14-15	18	641
White	15	3733
Black / Black British	28**	167
Asian / Asian British	18	371
Mixed	16	198
Chinese / Other	39**	53
All	16	4523

Source: Health Survey for England (2010). See data table CB4.3(E).

** significant at 99% level * significant at 95% level

Data on obesity in children in England in the reception year (age 4-5) and year 6 (age 10-11) are also available from the National Child Measurement Programme (NCMP). This found the rates of obesity in 2011-12 to be nine per cent (age 4-5) and 19 per cent (age 10-11).¹³ Gender breakdowns show significant differences (at the 95 per cent level) between girls and boys, with obesity more common among boys than girls in both age-groups: 9.9 and 9.0 per cent respectively at age 4-5, and 20.7 and 17.7 per cent respectively at age 10-11.

The Welsh Health Survey data show that, in 2010, 19 per cent of children aged 2-15 in Wales were obese. The age-group with the highest rate was those aged 8-9, at 28 per cent. Again, obesity was more common among boys than girls (23 and 16 per cent respectively).

¹³ See data table CB4.3.

Table 36 Obesity in children and young people, by age and gender, Wales, 2010

	Obese (BMI 30+) (%)	Unweighted base
2-3	12	234
4-5	11*	302
6-7	15	279
8-9	28**	295
10-11	24	303
12-13	26*	281
14-15	18	277
Male	23	999
Female	16**	972
All	19	1971

Source: Welsh Health Survey (2010). See data table CB4.3(W).

** significant at 99% level * significant at 95% level

In Scotland, 14 per cent of children and young people aged 2-15 were obese. The rate of obesity for children with parents in the higher managerial and professional group was lower (at eight per cent) than in the intermediate and routine socio-economic groups.

Table 37 Obesity in children and young people, by socio-economic group, Scotland, 2010

	Obese (BMI 30+) (%)	Unweighted base
Higher managerial and professional	8	168
Lower managerial and professional	14	311
Intermediate	20*	86
Small employers and own account workers	12	101
Lower supervisory and technical	14	141
Semi-routine	14	208
Routine	18*	147
All	14	1199

Source: Scottish Health Survey (2010). See data table CB4.3(S).

** significant at 99% level * significant at 95% level

Both physical activity and healthy eating are key means of preventing obesity. The recommended levels of physical activity for children and young people vary by age: for those aged 5-18, the recommended level is 60 minutes a day; for those aged

under 5 it is 180 minutes a day.¹⁴ For the purposes of this analysis, a single level of 60 minutes a day is used.¹⁵

The age-groups of children in the surveys were different in Wales from those in England and Scotland, so not all the results can be directly compared. Age-related figures nevertheless show that the percentages of children and young people in England and Wales who did not meet the recommended level of physical activity were considerably higher than in Scotland. Within each country, higher percentages of 14-15 year-olds failed to meet the recommendations, as compared with younger children, and the percentage of girls who failed to do so was higher than that of boys.

The 2008 Health Survey for England (the latest for which these data are available) found that 72 per cent of children and young people aged 2-15 did not meet the weekly recommendation for physical activity. This percentage increased for older children, reaching 77 per cent of 14-15 year-olds. It was higher for girls (76 per cent) than boys (68 per cent). It was also higher for those with parents in managerial, professional or intermediate socio-economic groups (76 per cent of those with parents in the higher managerial and professional group).

¹⁴ NHS Choices. 10 Ways to Get Active With Your Kids. <http://www.nhs.uk/Livewell/childhealth6-15/Pages/Getactivewithyourkids.aspx>

¹⁵ This follows the approach used by the Health and Social Care Information Centre in their analysis of the HSE survey: <http://www.ic.nhs.uk/pubs/hse08physicalactivity>.

Table 38 Physical activity, children and young people aged 2-15, by age, gender and socio-economic group¹, England, 2008

	Does not meet recommendations (high activity for 60 minutes, 7 days a week) (%)	Unweighted base
2-3	63**	1007
4-5	70**	940
6-7	68**	974
8-9	72*	958
10-11	74	1096
12-13	76	1045
14-15	77	1018
Male	68	3493
Female	76**	3545
Higher managerial and professional	76	1140
Lower managerial and professional	73	1723
Intermediate	72	625
Small employers and own account workers	71*	789
Lower supervisory and technical	67**	623
Semi-routine	69**	1003
Routine	71*	829
Never worked and long-term unemployed	69*	254
All	72	7038

Source: Health Survey for England (2008). See data table CB4.4(E).

Notes:

¹ Proxy data have been used for socio-economic group. This is the socio-economic group of the Household Reference Person (HRP). The HRP is the householder with the highest income within the household

** significant at 99% level * significant at 95% level

In Wales, 64 per cent of children and young people aged 4-15 did not meet the weekly recommendation for physical activity.¹⁶ The rate was higher for older children (80 per cent of 14-15 year-olds did not meet the recommended level). The percentage of girls who did not meet this level was higher than that of boys: 69 and 60 per cent respectively.

¹⁶ Questions on physical activity were not asked of the parents of children under 4.

Table 39 Physical activity, children and young people aged 4-15, by age and gender, Wales, 2010

	Does not meet recommendations (high activity for 60 minutes, 7 days a week) (%)	Unweighted base
4-5	53**	382
6-7	55**	339
8-9	59**	377
10-11	61**	399
12-13	74	374
14-15	80	401
Male	60	1146
Female	69**	1126
All	64	2272

Source: Welsh Health Survey (2010). See data table CB4.4(W).

** significant at 99% level * significant at 95% level

It is notable that, when compared with England and Wales, the percentage of children and young people aged 2-15 in Scotland who did not meet the daily recommended level for physical activity was considerably lower, at 35 per cent.¹⁷ The highest rates were among older children (52 per cent of 14-15 year-olds), disabled children (44 per cent, as compared with 33 per cent of non-disabled children) and girls (38 per cent, compared with 32 per cent of boys).

¹⁷ These results replicate separate analysis by the Scottish Government.
<http://scotland.gov.uk/Publications/2011/09/27084018/45>.

Table 40 Physical activity, children and young people aged 2-15, by age, disability and gender, Scotland, 2010

	Does not meet recommendations (high activity for 60 minutes, 7 days a week) (%)	Unweighted base
2-3	31**	260
4-5	35**	218
6-7	34**	217
8-9	23**	186
10-11	28**	225
12-13	43	204
14-15	52	195
Not disabled	33	1255
Disabled	44**	250
Male	32	811
Female	38*	694
All	35	1505

Source: Scottish Health Survey (2010). See data table CB4.4(S).

** significant at 99% level * significant at 95% level

Different question wording in respect of fruit and vegetable consumption means that the results for England, Wales and Scotland are not directly comparable. Within individual countries, there were few differences within groups.

Although the 'five a day' message in respect of fruit and vegetables is now widely known, the data show that 80 per cent of young people aged between 5-15 in England did not meet this recommendation in 2010 (based on what they had eaten the previous day). The main variations were by socio-economic group: those with parents in routine or semi-routine occupations were least likely to meet the recommended levels (85 and 87 per cent respectively).

Table 41 Consumption of fruit and vegetables, children and young people aged 5-15, by socio-economic group¹, England, 2010

	Didn't meet recommendations (five portions of fruit and vegetables eaten on previous day) (%)	Unweighted base
Higher managerial and professional	74	712
Lower managerial and professional	79	988
Intermediate	82*	295
Small employers and own account workers	76	462
Lower supervisory and technical	81*	323
Semi-routine	87**	638
Routine	85**	495
Never worked and long term unemployed	83	130
All	80	4079

Source: Health Survey for England (2010). See data table CB4.5(E).

Notes:

¹ Proxy data have been used for socio-economic group. This is the socio-economic group of the Household Reference Person (HRP). The HRP is the householder with the highest income within the household.

** significant at 99% level * significant at 95% level

The Welsh Health Survey asks about the number of days a week the child usually eats fruit or vegetables, but does not measure the number of portions of fruit and vegetables that young people eat. It found that, in 2010, 33 per cent of children aged 4-15 in Wales did not eat fruit or vegetables every day. The percentage was higher among those aged 14-15 (47 per cent) than among children under 12. The percentage of boys who did so was lower than that of girls (36 and 30 per cent respectively). There were some differences by socio-economic group: lower percentages of those whose parents were in managerial or professional occupations or who were small employers did not eat fruit and vegetables once a day (though, even in managerial or professional groups, 22-25 per cent did not do so).

Table 42 Consumption of fruit and vegetables, children and young people aged 4-15, by age, gender and socio-economic group¹, Wales, 2010

	Doesn't eat fruit or vegetables once a day (%)	Unweighted base
4-5	17**	380
6-7	21**	338
8-9	26**	379
10-11	35**	404
12-13	47	374
14-15	47	398
Male	36	1146
Female	30*	1127
Higher managerial and professional	22	264
Lower managerial and professional	25	532
Intermediate	42**	153
Small employers and own account workers	25	288
Lower supervisory and technical	35**	300
Semi-routine	42**	357
Routine	44**	213
Never worked and long-term unemployed	42**	85
All	33	2273

Source: Welsh Survey (2010). See data table CB4.5(W).

Notes:

¹ Proxy data have been used for socio-economic group. This is the socio-economic group of the Household Reference Person (HRP). The HRP is the householder with the highest income within the household.

** significant at 99% level * significant at 95% level

In Scotland, 88 per cent of young people aged 2-15 did not meet the recommended level for fruit and vegetable consumption. This percentage only varied slightly between socio-economic groups: those with parents in intermediate or routine occupations were more likely not to meet the recommended level (93 and 94 per cent respectively).

Table 43 Consumption of fruit and vegetables, children and young people aged 2-15, by socio-economic group¹, Scotland, 2010

	None/less than 5 portions of fruit or vegetables eaten on previous day (%)	Unweighted base
Higher managerial and professional	81	209
Lower managerial and professional	88	394
Intermediate	93**	117
Small employers and own account workers	84	125
Lower supervisory and technical	86	164
Semi-routine	88	269
Routine	94**	195
All	88	1529

Source: Scottish Health Survey (2010). See data table CB4.5(S).

Notes:

¹ Proxy data have been used for socio-economic group. This is the socio-economic group of the Household Reference Person (HRP). The HRP is the householder with the highest income within the household.

** significant at 99% level * significant at 95% level

Data on smoking, alcohol consumption and drug use by children and young people are drawn from three surveys:

- the Smoking, Drinking and Drug Use Among Young People in England Survey, which covers Years 7-11 (ages 11/12 to 15/16);
- the Scottish Schools Adolescent Lifestyle and Substance Use Survey of pupils in years two and four of secondary school - S2 and S4 - equivalent to Years 9 and 11 in England and Wales, with pupils aged 13/14 and 15/16;
- the international Health Behaviour in School-aged Children Survey is a Europe-wide survey, with samples in England, Wales and Scotland. It is given to 11/12, 13/14 and 15/16-year-old pupils (years 7, 9 and 11 in England and Wales; P7, S2 and S4 in Scotland).

The three data sources show that, in each of the three countries and in most age-groups, larger percentages of girls than boys were regular smokers. Among 15/16-year-olds, the percentages in 2009/10 and in 2010 itself ranged from nine to 14 per cent of boys, and 14 to 16 per cent of girls. The England and Scotland data show a decrease over the past ten years.

In 2011, the percentage of young people in England aged 11/12 to 15/16 who were regular smokers (smoking at least once a week) rose from zero among those aged 11/12 and 12/13, to 11 per cent of 15/16-year-olds. Slightly higher percentages of girls aged 13/14 and 14/15 were regular smokers, as compared with boys, but there was no gender difference among 15/16-year-olds.

Data over the period 2002-2011 show an overall decrease in the percentage of 11/12-15/16-year-olds who were regular smokers, from ten per cent in 2002 to five per cent in 2011. There was a similar decrease for both boys and girls over this period. Despite fluctuations, the percentages of boys and girls of specific ages also decreased.

Table 44 The percentage of children and young people who are regular smokers, by age and gender, England, 2002-11

age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Boys										
11/12	1	1	1	0	0	1	0	0	0	0
12/13	3	1	1	2	1	1	1	1	0	0
13/14	5	5	5	5	3	3	3	3	3	2
14/15	13	9	11	10	10	7	6	5	5	5
15/16	20	18	16	16	16	12	11	14	10	11
Total	9	7	7	7	7	5	5	5	4	4
Girls										
11/12	1	0	1	1	1	1	0	0	-	-
12/13	2	3	2	1	1	1	1	1	0	0
13/14	8	8	6	6	7	4	6	4	4	3
14/15	18	16	14	14	16	12	11	10	8	8
15/16	26	26	26	25	24	19	17	16	14	11
Total	11	11	10	10	10	8	8	7	6	5
Boys and Girls										
11/12	1	1	1	1	1	1	0	0	0	0
12/13	2	2	2	2	1	1	1	1	0	0
13/14	6	6	6	5	5	3	5	3	3	2
14/15	16	13	12	12	13	9	9	8	6	7
15/16	23	22	21	20	20	15	14	15	12	11
Total	10	9	9	9	9	6	6	6	5	5
Unweighted base	9277	9796	10260	9618	9092	8152	7738	7750	7612	7254

Source: Information Centre for Health and Social Care (2012). See data table CB4.6.

Note: Regular smokers are defined as those who smoke at least once a week.

In Scotland in 2010, the percentages of regular smokers (defined as usually smoking at least one cigarette a week) were three per cent of both boys and girls aged 13/14, and 11 per cent of boys and 14 per cent of girls aged 15/16. The percentage of girls who were regular smokers fell between 2000 and 2010; there was also a decrease for boys, though with fluctuations over the 10-year period.

Table 45 Percentage of children and young people who are regular smokers, by age- group and gender, Scotland, 2000-10

	2000	2002	2004	2006	2008	2010	2010 Base: all pupils
age							
Boys							
13/14	5	6	5	3	3	3	9,610
15/16	15	16	14	12	14	11	9,016
Girls							
13/14	10	9	7	5	4	3	9,394
15/16	24	24	24	18	16	14	8,685

Source: NHS National Services Scotland (2011). See data table CB4.6.

Further analysis shows that, among 13/14-year-olds who were regular smokers in 2010, 17 per cent were disabled; this decreased to 12 per cent of 15/16-year-olds. Twenty-seven per cent of regular smokers aged 13/14 received free school meals, decreasing to 18 per cent of pupils aged 15/16.¹⁸

The 2009-10 report of the Health Behaviour in School-aged Children Survey provides data on the percentages of children and young people in England, Wales and Scotland who smoke at least once a week. The percentages of girls aged 13 and 15 doing so were higher than those of boys, though there was no clear pattern across countries.

Table 46 Percentage of children and young people who smoke at least once a week, by gender, England, Wales and Scotland, 2009-10

	11-year-olds		13-year-olds		15-year-olds	
	Girls	Boys	Girls	Boys	Girls	Boys
England	1	1	5	3	14	9
Wales	0	0	6	3	16	11
Scotland	0	0	5	4	15	14

Source: Currie C et al. (eds). See data table CB4.6.

In relation to alcohol consumption, the data for all three countries show that consumption was higher among boys than girls. Nevertheless, data from England and Scotland show that consumption rates had fallen in recent years.

England data for 2011 show that the percentage of children and young people who drank alcohol at least once a week rose from one per cent of 12/13-year-olds to 17 per cent of 15/16-year-olds.

¹⁸ See data table CB4.6.

Table 47 Percentage of children and young people who drink alcohol at least once a week, by age, England, 2011

	11/12 years	12/13 years	13/14 years	14/15 years	15/16 years	Total
Boys	1	2	4	9	19	8
Girls	0	1	3	9	15	6
Total	0	1	3	9	17	7
Unweighted bases						
Boys	501	670	603	621	762	3157
Girls	526	651	685	632	776	3270
Total	1027	1321	1288	1253	1538	6427

Source: Information Centre for Health and Social Care (2012). See data table CB4.7.

However, the percentage of 11-15 year-olds who drank alcohol at least once a week fell over the ten years 2002-2011, from a high of 19 per cent in 2003 to seven per cent in 2011. In most years, rates were slightly higher for boys than for girls.

Table 48 Percentage of children and young people aged 11-15 who drink alcohol at least once a week, by gender, England, 2002-11

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Boys	19	20	17	17	16	15	14	14	8	8
Girls	16	17	16	16	15	14	13	10	8	6
Total	18	19	17	17	15	15	13	12	8	7
Unweighted bases										
Boys	4988	5198	4950	4612	3845	4005	3811	3814	3539	3157
Girls	4690	5085	4612	4461	4028	3709	3687	3778	3493	3270
Total	9678	10283	9562	9073	7873	7714	7498	7592	7032	6427

Source: Information Centre for Health and Social Care (2012). See data table CB4.7.

In Scotland in 2010, six per cent of pupils aged 13/14 usually drank alcohol once a week or more; this rose to 20 per cent of 15/16-year-olds. However, both percentages had fallen since 2000: from 13 per cent of 13/14-year-olds and from 30 per cent of 15/16-year-olds.

Table 49 Percentage of children and young people who usually drank alcohol once a week or more, by age-group and year, Scotland, 2000-10

	2000	2002	2004	2006	2008	2010
13/14 year-olds	13	17	13	11	9	6
15/16 year-olds	30	38	35	30	26	20

Bases:

13/14 year-olds	12,241	3,530	11,709	5,286	19,255	19,235
15/16 year-olds	10,513	3,404	11,140	4,611	17,864	17,874

Source: NHS National Services Scotland (2011). See data table CB4.7.

2010 data on receipt of free school meals in Scotland show that 20 per cent of pupils aged 13/14 who received free school meals had drunk alcohol in the last week, compared with 12 per cent of those not on free school meals; these percentages rose to 36 and 33 per cent respectively of pupils aged 15/16.¹⁹

The report from the 2009-10 Health Behaviour in School-aged Children Survey provides data on the percentages of children and young people in England, Wales and Scotland who drank alcohol at least once a week. Percentages varied by age-group, and higher percentages of boys did so at age 15 than girls. The highest percentages overall were among 15-year-olds in Wales (35 per cent of boys and 29 per cent of girls).

Table 50 Percentage of children and young people who drink alcohol at least once a week, by gender, England, Wales and Scotland, 2009-10

	11-year-olds		13-year-olds		15-year-olds	
	Girls	Boys	Girls	Boys	Girls	Boys
England	1	5	10	10	22	31
Wales	2	5	14	14	29	35
Scotland	2	4	9	10	25	29

Source: Currie C et al. (eds). See data table CB4.7.

In the case of drugs, the past ten years have seen a reduction in reported drug use in both England and Scotland (comparable data are not available for Wales). The percentages of boys who have ever used drugs have been slightly higher than those for girls. In 2010, 27 per cent of 15-16 year-old boys and 24 per cent of 15-16 year-old girls in England reported such use, compared with 21 and 16 per cent respectively in Scotland.

Data from the Smoking, Drinking and Drug Use Among Young People in England Survey show that the percentage of 11-15 year-olds who had taken drugs in the past

¹⁹ See data table CB4.7.

year decreased from a high of 21 per cent in 2003 to 12 per cent in 2011. In most years, percentages were slightly higher for boys than girls (13 and 11 per cent respectively in 2011). Percentages increased with age, to 26 per cent of 15/16-year-old boys and 21 per cent of 15/16-year-old girls in 2011.

Table 51 Percentage of children and young people aged 11 to 15 who had taken drugs within the past year, by age and gender, England, 2002-2011

age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Boys										
11/12	7	8	6	7	7	8	5	5	4	2
12/13	10	11	8	11	8	8	6	7	4	3
13/14	17	19	16	15	13	11	14	10	9	10
14/15	29	27	27	26	23	24	19	19	16	16
15/16	39	39	33	34	28	32	30	32	27	26
Total	21	22	18	19	17	18	16	16	13	13
Girls										
11/12	6	7	4	6	5	4	2	4	5	3
12/13	6	9	8	8	6	7	5	6	5	4
13/14	16	17	13	14	12	14	13	10	8	9
14/15	25	29	23	27	23	24	18	18	13	13
15/16	34	36	32	34	30	30	28	27	24	21
Total	18	20	17	19	16	17	14	14	12	11
Boys and Girls										
11/12	6	8	5	6	6	6	4	5	5	3
12/13	8	10	8	9	7	8	5	7	4	3
13/14	16	18	14	15	12	12	13	10	8	9
14/15	27	28	25	26	23	24	19	19	14	14
15/16	37	38	32	34	29	31	29	30	25	23
Total	20	21	18	19	17	17	15	15	12	12
Unweighted bases										
Boys (total)	4706	4876	4683	4253	3681	3697	3659	3520	3401	2922
Girls (total)	4497	4845	4443	4223	3888	3489	3626	3580	3424	3106

Source: Information Centre for Health and Social Care (2012) See data table CB4.7.

In Scotland in 2010, four per cent of both boys and girls aged 13/14 had taken drugs in the past year; this rose to 21 per cent of boys and 16 per cent of girls aged 15/16. The data show that drug use decreased for both boys and girls in both age-groups over the period 2000-10: the percentages of 15/16-year-olds reporting drug use in

the past year decreased from 32 to 21 per cent of boys and from 27 to 16 per cent of girls.

Table 52 Percentage of children and young people who reported having used drugs in the past year, by age-group and gender, Scotland, 2000-10

age	2000	2002	2004	2006	2008	2010
Boys						
13/14	12	13	12	7	5	4
15/16	32	35	31	23	22	21
Girls						
13/14	10	10	10	6	5	4
15/16	27	32	31	21	19	16
All						
13/14	11	11	11	7	5	4
15/16	30	33	31	23	20	19

Source: NHS National Services Scotland (2011) See data table CB4.7.

Data on receipt of free school meals in Scotland show that nine per cent of pupils aged 13/14 who received free school meals had used drugs at some time, compared with four per cent of those who did not receive free school meals; these percentages rose to 29 and 20 per cent respectively of those aged 15/16.²⁰

The report from the 2009-10 Health Behaviour in School-aged Children Survey provides data on the percentages of 15-year-olds in England, Wales and Scotland who had ever used cannabis. Higher percentages of girls had done so in England, as compared with boys (24 and 22 per cent respectively). The reverse was the case in Wales (20 and 22 per cent) and Scotland (15 and 22 per cent).

Table 53 Percentage of 15-year-olds who have ever used cannabis, by gender, England, Wales and Scotland, 2009-10

	Girls	Boys
England	24	22
Wales	20	22
Scotland	15	22

Source: Currie C et al. (eds). See data table CB4.7.

²⁰ See data table CB4.7.

2.5 Vulnerability to accidents

Accidents can result in injury and sometimes death; their impact on people's health and indeed their lives can be considerable. In this section, we set out some data on numbers of attendances in Accident and Emergency departments, emergency hospital admissions of children and young people due to injuries, and deaths or serious injuries among children and young people resulting from road traffic accidents. The data are drawn from hospital and police records.

Data on attendances in Accident and Emergency departments in England, Scotland and Wales in 2011-12 show that attendance rates were higher for males than for females.²¹

Table 54 Accident and Emergency attendance rates per 1,000 population, by gender, England, Wales and Scotland, 2011-12

	England	Wales	Scotland
Males	341	318	293
Females	317	282	254
All ¹	332	300	311

Sources: Health and Social Care Information Centre; further data provided by NHS Wales Informatics Service, July 2012, and ISD Scotland, March 2013. See data table EB5.1.

Note:

¹ Includes attendances where age and/or gender are unknown.

Age-breakdowns in the available data were different in each country, but rates in all three were highest among young children, young adults and people aged 75 / 80 and over.²² In Wales, for instance, the attendance rate for infants under the age of one in 2011-12 was 416 per 1,000 population, falling to 261 for 5-9 year-olds before rising for young people in their teens, up to 404 for 20-24 year-olds, falling through middle age, and rising again from 65-69, up to 598 for those aged 85 and over. Attendance rates in Wales were higher for males than for females in all age-groups.

²¹ The rates relate to the number of attendances per 1,000 population, not the number of patients who attended.

²² See data table EB5.1.

Table 55 Accident and Emergency attendance rates per 1,000 population, by age and gender, Wales, 2011-12

	Males	Females	All
Under 1	437	393	416
1-4	440	360	401
5-9	280	241	261
10-14	395	302	350
15-19	390	363	377
20-24	423	383	404
25-29	383	326	355
30-34	328	276	302
35-39	300	247	273
40-44	273	228	250
45-49	252	221	237
50-54	234	210	222
55-59	216	199	207
60-64	209	184	196
65-69	230	209	219
70-74	272	241	256
75-79	330	312	320
80-84	436	411	421
85+	630	583	598
All	318	282	300

Source: Data provided by the NHS Wales Informatics Service, January 2013. See data table EB5.1.

The second set of data presented here relates to emergency hospital admissions of children and young people due to injuries. This is not the same as the numbers of patients who have such admissions: some people may have more than one admission in a year. In addition, the data are classified according to whether both admission and discharge take place within a single financial year: episodes are not coded until discharge has taken place, but overall numbers of in-year finished episodes are likely to be only slightly different from the numbers of admissions within a year.

In 2010-11, the rate of such admissions was higher for boys aged under 18 than for girls.²³ In England, there were 14 admissions per 1,000 boys and 11 admissions per 1,000 girls. The equivalent figures for Wales were 18 and 14 respectively, and 14 and 10 in Scotland. Note, however, that the definitions used for extracting the data were different in Scotland from England and Wales, and the data for the three countries cannot be directly compared. The age-groups with the highest

²³ See data table CB5.2a.

percentages were 15-17 year-olds in England and Scotland (16 and 14 respectively per 1,000 population), and under-ones in Wales (21 per 1,000).

The third set of data relates to road traffic accidents among children and young people. In Great Britain in 2010, 3,757 children and young people under the age of 18 were killed or seriously injured in road traffic accidents (a rate of 30 for every 100,000 young people).²⁴ The rate generally increased with age, reaching 85 per 100,000 for young people aged 16-17. The proportion of boys was around twice as high as that of girls (39 and 19 per 100,000 respectively). In the 16-17 age-group, though, almost three times as many young men were killed or seriously injured, as compared with young women (123 and 44 per 100,000 respectively).

Table 56 Children and young people under 18 killed or seriously injured in road traffic accidents (rates per 100,000), by age, England, Wales, Scotland and Great Britain, 2010

	Age	0-4	5-7	8-10	11-12	13-15	16-17	All under 18
England	Male	11	22	30	52	46	128	40
	Female	6	13	16	32	27	43	19
	Total	9	18	23	42	37	86	30
Wales	Male	4	28	26	39	46	121	37
	Female	8	8	15	32	15	48	18
	Total	6	19	21	36	31	86	28
Scotland	Male	13	33	43	39	58	78	39
	Female	5	11	24	29	18	54	20
	Total	9	23	34	34	39	66	30
Great Britain	Male	11	23	31	50	47	123	39
	Female	6	13	17	31	25	44	19
	Total	9	18	24	41	36	85	30

Source: Data provided by the Department for Transport, June 2012. See data table CB5.1.

2.6 Self-harm among people in custodial and other residential establishments

This section includes data on incidents of self-harm among people in the care of public authorities: in prison and in learning disability units.

Ministry of Justice statistics on self-harm in prison in 2011 in England and Wales show that the self-harm rate was four times higher for females than for males (294 and 69 per 1,000 respectively). In addition, there has been a rise in self-harm rates over time, most noticeably for males (from 57 per 1,000 in 2004 to 69 per 1,000 in

²⁴ See data table CB5.1.

2011). The rate for females increased from 279 in 2004 to 315 in 2008, before falling to 294 in 2010 and 2011.

Table 57 Rates (per 1,000) of self-harm among prisoners, by gender, England and Wales, 2004-11

	2004	2005	2006	2007	2008	2009	2010	2011
Males	57	59	61	63	63	65	67	69
Females	279	301	296	306	315	310	294	294
All	70	73	75	76	77	77	78	80

Source: Ministry of Justice. Safety in Custody Statistics. See data table H57.1.

The highest percentage of individuals self-harming was in the 30-39 age-group (23 per cent of all individuals self-harming in 2011). This age-group also had the highest percentage of the prison population (27 per cent in 2011).²⁵

Table 58 Percentage of prisoners self-harming, by age-group, England and Wales, 2004-11

	2004	2005	2006	2007	2008	2009	2010	2011
Age								
15-17	6	7	7	6	7	7	5	5
18-20	18	18	19	18	18	19	19	18
21-24	20	19	19	20	19	20	21	21
25-29	20	18	19	19	19	18	19	19
30-39	27	26	25	25	24	23	22	23
40-49	8	9	10	9	11	11	11	11
50-59	2	2	2	2	2	2	2	2
60 and over	...	...	...	1	...	...	1	1

Source: Ministry of Justice. See data table H57.1.

Note: ...: less than 0.5 per cent.

In 2011, self-harm incidents involving white women accounted for 92 per cent of the total for women, while white women constituted 76 per cent of the prison population (the equivalent percentages for white men were 81 per cent and 72 per cent respectively). The numbers of incidents for both white women and men were thus higher than their respective proportions of the prison population.

²⁵ See data table H57.1.

Table 59 Percentage of self-harm incidents, by ethnicity and gender, England and Wales, 2011

	Males		Females		Males and Females	
	Number	%	Number	%	Number	%
Self-harm incidents						
White	12,897	81	8,109	92	21,006	85
Asian	532	3	88	1	620	3
Black	515	3	194	2	709	3
Mixed	355	2	127	1	482	2
Other	108	1	14	...	122	...
Not stated	20	...	0	0	20	...
Unknown	1,410	9	279	3	1,689	7
All Ethnicities	15,837	100	8,811	100	24,648	100
Prison population						
White	58,702	72	3,197	76	61,899	73
Asian or Asian British	6,038	7	155	4	6,193	7
Black or Black British	10,591	13	535	13	11,126	13
Mixed	2,949	4	165	4	3,114	4
Chinese or Other ethnic group	857	1	67	2	924	1
All Ethnicities	81,189	100	4,185	100	85,374	100

Source: Ministry of Justice. See data table H57.1.

Note: ...: less than 0.5 per cent.

There was an increase in the overall number of self-harm incidents over the period 2004-11, from 19,702 to 24,648. Data on incidents by the length of time people who self-harmed had spent in prison show that there was a drop over the eight-year period in both the numbers and percentages of incidents that took place within the first three months in custody (from 66 to 40 per cent of all incidents: from 68 to 38 per cent of those involving males and 64 to 43 per cent of those involving females).²⁶ There were increases in the numbers and percentages of people self-harming who had been in prison for six months or more (from 18 to 45 per cent of all incidents: from 18 to 48 per cent of those involving males, 18 to 38 per cent of those involving females).

²⁶ See data table H57.1 for numbers.

Table 60 Percentage of self-harm incidents, by time in current prison and gender, England and Wales, 2004-11

	2004	2005	2006	2007	2008	2009	2010	2011
Males								
On day of arrival	16	14	13	13	12	12	9	8
1st or 2nd full day	5	4	4	4	4	3	2	2
3 days to 7 days	8	8	7	6	6	5	4	4
8 days to 30 days	18	17	18	16	16	14	10	10
31 days to 3 months	22	20	23	21	21	19	16	15
3 to 6 months	13	13	14	14	15	14	14	14
6 months to 1 year	9	11	10	11	11	13	15	15
Over 1 year	9	11	11	14	15	20	28	33
Unknown	...	...	...	...	...	...	2	...
Females								
On day of arrival	10	6	4	5	4	7	3	3
1st or 2nd full day	2	2	3	3	2	3	2	2
3 days to 7 days	6	5	5	6	5	6	5	5
8 days to 30 days	20	18	19	16	17	16	15	13
31 days to 3 months	26	27	27	26	26	23	27	20
3 to 6 months	17	18	18	20	20	17	19	18
6 months to 1 year	9	13	13	11	11	11	10	16
Over 1 year	9	11	10	13	15	16	17	22
Unknown	...	...	...	...	...	...	1	...
Males and Females								
On day of arrival	13	10	9	9	8	10	6	6
1st or 2nd full day	4	3	3	3	3	3	2	2
3 days to 7 days	7	7	6	6	6	6	4	5
8 days to 30 days	19	17	19	16	16	15	12	11
31 days to 3 months	24	24	25	23	23	21	22	17
3 to 6 months	15	16	16	17	18	16	16	15
6 months to 1 year	9	12	12	11	11	12	12	15
Over 1 year	9	11	10	13	15	18	23	29
Unknown	...	...	...	...	...	...	1	...

Source: Ministry of Justice. See data table H57.1.

Note: ...: less than 0.5 per cent.

A report for the Learning Disability Observatory has analysed a range of adverse patient experiences, including self-harm, in in-patient units for people with learning disabilities, using data from the Count Me In census.²⁷ It found that, over the three years 2007, 2009 and 2010, 27 per cent of patients had self-harmed during the previous three months. Five per cent had done so on five to nine occasions, and

²⁷ Glover G and Olson V (2012).

seven per cent on 10 or more occasions. The analysis noted a relationship between the frequency of self-harm and the security level of the establishment: 10 per cent of patients in non-secure units had self-harmed on 10 or more occasions, compared with five and six per cent in medium- or low-security units respectively. There was also a relationship between the frequency of self-harm and organisational sector: the percentage of patients who self-harmed in the independent sector was higher (at 34 per cent) than in NHS care (22 per cent).

Table 61 Experience of self-harm among in-patients in learning disability units, by security level and provider type, England, 2007, 2009 and 2010

	Frequency of occurrence					Total
	0	1	2 to 4	5 to 9	10 or more	
Percentage (and number)						
All	73% (3,241)	8% (336)	7% (329)	5% (201)	7% (318)	4,425
Security level						
Non-secure	73% (1,349)	7% (132)	6% (118)	4% (81)	10% (177)	1,857
Low security	73% (1,313)	8% (143)	8% (150)	5% (91)	6% (101)	1,798
Medium security	75% (579)	8% (61)	8% (61)	4% (29)	5% (40)	770
Provider type						
Independent	66% (1,152)	9% (151)	11% (190)	6% (108)	9% (157)	1,758
NHS	78% (2,089)	7% (185)	5% (139)	3% (93)	6% (161)	2,667

Source: Glover G and Olson V (2012). See data table H57.1.

2.7 Healthcare for children and young people in the care of public authorities

This section sets out some data on access to healthcare for children and young people in custody or who are looked after.

Data on healthcare in Young Offender Institutions are available from the Children and Young People in Custody Survey. Questions relating to healthcare include whether it is easy to see a doctor, nurse, dentist, optician or pharmacist. In 2011-12, higher percentages of young people of non-white ethnicity said it was not easy to see healthcare staff, as compared with those who were white (for instance, 37 and 28 per cent respectively said it was not easy to see a doctor). Larger percentages of Muslims and Christians said it was not easy to see healthcare staff, as compared with those with no religion (38, 37 and 23 per cent respectively in the case of seeing a doctor). Similarly, a larger percentage of those who said they were disabled stated

that it was not easy to see healthcare staff, as compared with non-disabled young people: 39 per cent of those who were disabled said it was not easy to see a doctor, compared with 32 per cent of those who were not disabled.

Table 62 Percentages of young people in Young Offender Institutions who said it was not easy to see healthcare staff, by disability, ethnicity and religion, England and Wales, 2011-12

	Not easy to see a:				
	doctor	nurse	dentist	optician	pharmacist
Disabled	39	19	53	51	37
Not disabled	32	17	46	37	32
White	28	15	44	35	29
Black and Minority Ethnic	37	19	48	42	36
No religion	23	15	40	29	26
Christian	37	17	49	41	34
Muslim	38	17	48	46	39

Source: Data provided by HM Inspectorate of Prisons, September 2012. See data table CB5.4.

The term 'looked-after children and young people' refers to those who are looked after by the state. It includes children and young people who are subject to a care order or who are looked after at the request of, or with the agreement of, their parents. Official guidance states that health assessments of looked-after children are to be carried out at least once a year, except for children under five, for whom they should take place at least once every six months.²⁸ Immunisations need to be up-to-date, and dental checks should be carried out annually. Information on looked-after children in England is derived from data provided by local authorities.

The data show that, of children who had been looked after for 12 months or more at 31 March 2011, 16 per cent did not receive an annual health assessment in the previous year, 18 per cent did not have a dental check, and 21 per cent did not have up-to-date immunisations.

On each of the three health measures, the percentage of children aged 16 and over who had not received the relevant healthcare was higher than for younger children: 24 per cent did not receive an annual health assessment; 27 per cent did not have a dental check; and 30 per cent did not have up-to-date immunisations. Among

²⁸ Department for Children, Schools and Families (DCSF) Statistics. Guidance Notes for the completion of SSSDA903 records. Children looked after by Local Authorities in England. 1 April 2009 to 31 March 2010. Children Act (Miscellaneous Amendments) (England) Regulations 2002. New guidance on promoting the health of looked after children. Local Authority Circular (2002) 16.

children aged under five, 19 per cent of children did not receive the required health assessments. In addition, 17 per cent of under-fives did not have a dental check in the previous year, and 16 per cent did not have up-to-date immunisations.

The percentages of children who had not received a health assessment or a dental check in the previous year were higher for White and Asian children than for Black children: 16, 16 and 12 per cent respectively had not received a health assessment and 18, 17 and 16 per cent had not received dental checks. Thirty per cent of Asian children had not had up-to-date immunisations, compared with 20 and 24 per cent of White and Black children respectively.

Table 63 Health care of children who had been looked after continuously for at least twelve months, by age, ethnicity and gender, England, year ending 31 March 2011

	Percentage who had not had their annual health assessment			Percentage who did not have their teeth checked by a dentist			Percentage whose immunisations were not up-to-date		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Under 5 years	19	20	19	16	17	17	16	17	16
5 to 9 years	10	9	9	14	13	14	16	16	16
10 to 15 years	12	12	12	15	14	15	20	20	20
16 years and over	25	23	24	27	26	27	30	31	30
White	16	16	16	18	18	18	19	21	20
Mixed	14	13	14	17	16	17	17	18	18
Asian	19	10	16	17	16	17	33	26	30
Black	13	11	12	16	15	16	24	25	24
Chinese / Other	25	15	24	23	15	22	42	30	39
All	16	15	16	18	17	18	21	21	21

Source: Data provided by the Department for Education, July 2012. See data table CB5.5.

Among children who had been looked after for 12 months or more, four per cent were identified as having a substance misuse problem. The percentage of older children aged 16-17 who had such a problem was higher (at 12 per cent) than among younger children. Of the four per cent, 43 per cent did not receive an intervention for the problem: this included 41 per cent of 13-15 year-olds with such a problem and 44 per cent of 16-17 year-olds. In these two age-groups, 32 and 37 per cent respectively were offered an intervention but refused it. Higher percentages of children of Mixed or Asian ethnicity did not receive an intervention, as compared with White children: 52, 50 and 42 per cent respectively.

Table 64 Substance misuse by looked-after children, by age, ethnicity and gender, England, year ending 31 March 2011

	Percentage of looked-after children identified as having a substance misuse problem			Percentage who did not receive an intervention for their substance misuse problem			Percentage who were offered an intervention but who refused it		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Under 10 years	0	x	0	x	x	60	x	x	40
10 to 12 years	0	0	0	29	x	39	x	x	x
13 to 15 years	5	5	5	42	39	41	32	31	32
16 to 17 years	13	11	12	45	43	44	38	34	37
White	5	4	4	42	41	42	34	33	35
Mixed	6	4	5	54	63	52	38	50	48
Asian	3	3	3	60	0	50	20	0	33
Black	4	4	4	43	40	42	43	20	33
Chinese/ Other	3	0	2	100	0	100	50	0	50
All	5	4	4	44	42	43	36	34	35

Source: Data provided by the Department for Education, September 2012. See data table CB5.5.

Note:

x: percentage where the numerator is less than or equal to 5 or the denominator is less than or equal to 10.

Local authorities also provide information on the mental health of looked-after children. Data are based on the Strengths and Difficulties Questionnaire (SDQ), which examines emotional and behavioural difficulties in children and young people aged 4 to 16. The official guidance states that an SDQ score is required for children in that age-group who had been looked after continuously for at least twelve months at 31 March.²⁹

Poor mental health, as indicated by high SDQ scores, was evident in 37 per cent of those looked-after children for whom scores were available at 31 March 2011. Even among four-year-olds, over a quarter (27 per cent) of the looked-after children for whom scores were available, had high scores.

A cause for concern, as evidenced by high SDQ scores, was more common among White children (39 per cent) and children of Mixed identity (35 per cent) than among Black (30 per cent) or Asian children (19 per cent). Whereas 33 per cent of the

²⁹ Department for Children, Schools and Families (DCSF) Statistics. Guidance Notes for the completion of SSDA903 records. Children looked after by Local Authorities in England. 1 April 2009 to 31 March 2010.

looked-after girls for whom SDQ scores were available had scores that gave cause for concern, the percentage increased to 40 per cent among boys.

Table 65 Percentage of looked-after children for whom SDQ score is a cause for concern, by age, ethnicity and gender, England, year ending 31 March 2011

	Boys	Girls	Total
4 years	28	25	27
5 years	32	25	29
6 years	37	29	33
7 years	42	30	36
8 years	43	32	38
9 years	45	33	40
10 years	44	33	39
11 years	44	34	39
12 years	45	32	40
13 years	44	32	39
14 years	41	34	38
15 years	37	34	36
16 years	32	36	34
White	42	34	39
Mixed	39	29	35
Asian	18	20	19
Black	31	29	30
Chinese / Other	17	20	20
All	40	33	37

Source: Data provided by the Department for Education, July 2012. See data table CB5.6.

2.8 The reproductive and sexual health of young people

Data relating to the reproductive and sexual health of young people include conception rates, numbers of births to teenage mothers, and the prevalence of sexually transmitted infections.

In 2010, conception rates among girls and young women under 18 were 34 per 1,000 young women under 18 in England, 37 in Wales, and 36 in Scotland. As expected, teenage conception rates increase with age, from around one per 1,000 of

girls under 14 (both in England and Wales and in Scotland) to around 50 per 1,000 (or five per cent) of 17 year-olds.

Rates fell in England, Wales and Scotland between 2007 and 2010, and the available data show a continued fall in England and Wales in 2011. In Scotland, conception rates fell for young women aged 16 and 17 between 2001 to 2010. However, they remained at much the same level for girls under 16.

Table 66 Conception rates (per 1,000) among young women aged under 18, by age, England, Wales and Scotland, 2001-11

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
England	All under 18	43	43	42	42	41	41	41	40	37	34	31
Wales	All under 18	46	46	46	46	44	45	45	44	39	37	34
England and Wales	under 14	1	1	1	1	1	1	1	1	1	1	1
	14	6	6	6	5	5	5	6	5	5	5	4
	15	17	17	17	17	17	17	17	17	15	15	13
	16	40	42	40	40	40	39	39	37	35	31	29
	17	64	64	64	63	61	62	62	59	55	51	45
Scotland	under 14	1	1	1	1	1	1	1	1	1	1	
	14	4	5	4	6	5	5	5	5	5	4	
	15	15	16	16	15	15	18	17	17	15	16	
	16	40	38	39	40	42	40	42	39	37	31	
	17	60	59	60	60	60	60	62	59	53	54	
	All under 18	39	40	40	41	41	41	42	40	37	36	

Sources: ONS: Conception Statistics; and ISD Scotland: Teenage Pregnancy. See data table CB2.2.

Data on deliveries and abortions for women under 18 at the time of conception in 2010 show that delivery rates were 50 per cent in England, 55 per cent in Scotland and 56 per cent in Wales. Rates in all three countries fell between 2001 and 2010, though with fluctuations during this period. The total numbers of deliveries for mothers aged under 18 at conception in 2010 were around 16,180 in England, 1,779 in Scotland, and around 1,160 in Wales.

For girls aged under 16 at conception in 2010, the percentage of conceptions leading to maternity fell to 38 per cent in England and Wales (a decrease of 15 per cent since 2001) and to 43 per cent in Scotland (a decrease of 14 per cent). The

numbers of births to girls aged under 16 at conception were 2,500 in England and Wales, and 267 in Scotland.

Among girls in England and Wales aged under 14 at the time of conception in 2010, 97 (or 32 per cent of those who conceived) went on to give birth.

Table 67 Numbers of maternities of young women aged under 18 at conception, and percentages of conceptions leading to maternity, by age and year of conception, England, Wales and Scotland, 2001-11

		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Under 14												
England and Wales	Number of maternities	179	149	128	128	132	109	136	110	133	97	109
	% of conceptions	44.7	38.2	38.3	38.0	40.4	36.9	36.9	33.8	42.1	31.8	35.5
Under 16												
England and Wales	Number of maternities	3,492	3,497	3,415	3,263	3,404	3,148	3,156	2,917	2,878	2,500	2,382
	% of conceptions	44.2	44.4	42.6	42.8	42.9	40.2	38.5	38.5	40.2	37.5	39.8
Scotland	Number of maternities	308	331	288	311	284	315	309	295	257	267	
	% of conceptions	50.3	48.9	44.9	45.5	42.7	41.6	42.3	41.6	40.7	43.3	
Under 18												
England	Approximate number of maternities	20,730	21,328	21,319	21,380	21,176	20,055	19,981	19,508	18,307	16,178	14,787
	% of conceptions	53.9	54.2	53.9	54.0	53.2	51.2	49.5	50.3	50.9	49.7	50.7
Wales	Approximate number of maternities	1,515	1,597	1,578	1,602	1,548	1,491	1,531	1,441	1,261	1,155	1,093
	% of conceptions	59.9	61.4	60.5	61.5	61.4	57.4	58.4	55.9	55.0	55.5	58.0
England and Wales	Number of maternities	22,250	22,942	22,909	22,967	22,709	21,532	21,503	20,937	19,573	17,337	15,898
	% of conceptions	54.3	54.7	54.3	54.4	53.7	51.6	50.0	50.6	51.2	50.1	51.2
Scotland	Number of maternities	2,215	2,304	2,197	2,216	2,178	2,147	2,201	2,102	1,933	1,779	
	% of conceptions	59.9	60.8	57.6	57.3	55.8	55.4	54.8	54.7	55.3	54.6	

Sources: ONS: Conception Statistics; and ISD Scotland: Teenage Pregnancy. See data table CB2.3.

Over the three years 2009-2011, the number of selected sexually transmitted infections (STIs)³⁰ among young people in England aged under 20 fell by eight per cent to 86,545 in 2011.³¹ Of these, 471 were among young people aged under 15 (eight per cent boys, 92 per cent girls). Of all those under 20, 27 per cent were males and 73 per cent females. Ninety-two per cent of the STIs in men for whom sexual orientation was recorded were in heterosexuals; eight per cent were in men who had sex with men.

In Wales, 2,663 episodes of STIs in young people aged under 20 were reported in 2009.³² Of these, 17 were in young people aged under 15. There were around twice as many STIs among young women as among young men (69 and 31 per cent of the total). Among young people under 16, there were eight STIs in boys and 100 in girls.

In Scotland, 2,694 STIs were diagnosed in young people under 20 in 2009. Of these, 54 per cent were in men, 46 per cent in women.³³

³⁰ Data in this section are based on five STIs: Chlamydia, Gonorrhoea, Syphilis, Herpes and Warts.

³¹ Health Protection Agency: STI Annual Data Tables.

³² Public Health Wales: HIV and STI Trends in Wales.

³³ ISD Scotland. Sexual Health.

Table 68 Number and rate of selected¹ Sexually Transmitted Infections (STIs) among young people, by age and gender, England, Wales and Scotland, 2009-11

		Number		
		2009	2010	2011
England				
Male*	Under 15	35	34	37
	15-19	24,500	24,849	23,446
	All under 20	24,535	24,883	23,483
*of which heterosexual	Under 15	26	26	33
	15-19	10,325	10,459	11,062
	All under 20	10,351	10,485	11,095
*of which MSM	Under 15	0	1	2
	15-19	589	727	963
	All under 20	589	728	965
Female	Under 15	470	418	434
	15-19	68,310	66,371	62,460
	All under 20	68,780	66,789	62,894
All	Under 15	505	452	471
	15-19	93,324	91,434	86,074
	All under 20	93,829	91,886	86,545
Wales				
Male	Under 15	2		
	15	6		
	16-19	811		
	All under 20	819		
Female	Under 15	15		
	15	85		
	16-19	1,744		
	All under 20	1,844		
All	Under 15	17		
	15	91		
	16-19	2,555		
	All under 20	2,663		
Scotland				
Male	Under 20	1,459		
Female	Under 20	1,235		
All	Under 20	2,694		

Sources: Health Protection Agency, Public Health Wales, ISD Scotland. See data table CB2.4.

Note:

¹ Chlamydia, Gonorrhoea, Syphilis, Herpes, Warts

In England, ethnicity was recorded for less than half of all STIs. Of these, in 2011, 83 per cent related to White young people, nine per cent to Black or Black British, and five per cent to Mixed ethnicity.

Table 69 Percentage of selected Sexually Transmitted Infections (STIs) among young people aged 13-19, by ethnicity (where ethnicity was recorded), England, 2011

	%
White	83
Black or Black British	9
Asian or Asian British	1
Mixed	5
Other ethnic groups	1

Source: Health Protection Agency. See data table CB2.4.

2.9 Occupational health

Information about work-related illness and non-fatal workplace injury is available from questionnaire modules attached to the national Labour Force Survey and sponsored by the Health and Safety Executive (HSE). The data cover employment in the previous 12 months and average prevalence is adjusted by occupation.

The data show that, over the three years 2008-09 to 2010-11, 34 out of every 1,000 people in employment reported work-related illness, and nine per 1,000 reported a work-related non-fatal injury. Work-related illness was more common for people aged 25-44 and 45-64; however, injury was more common in the younger (18-24) and older age-groups (65-74). There was no difference in illness rates between men and women, but injuries were more prevalent among men (10 per 1,000, compared with eight per 1,000 for women).

Work-related illness was more prevalent among Black / Black British workers (35 per 1,000) and least prevalent among those of Pakistani / Bangladeshi ethnicity (32 per 1,000). However, work-related injury rates were highest among Pakistani / Bangladeshi workers (10 per 1,000). While illness rates were highest among small employers and own account workers (38 per 1,000), the highest injury rates were among those in routine occupations (14 per 1,000).

Table 70 Weighted average prevalence of work-related illness and non-fatal work-related injury, by age, ethnicity, gender, same-sex cohabitation, and socio-economic group, Great Britain, 2008-09 to 2010-11

	Work-related illness per 1,000 employed	Non-fatal work-related injury per 1,000 employed
18-24	31.2	9.1
25-44	34.3	8.9
45-64	34.1	9.0
65-74	32.9	9.1
White	33.7	9.0
Black and Black British	34.9	9.2
Indian	32.6	8.2
Pakistani/ Bangladeshi	32.0	9.6
Mixed	33.6	8.1
Chinese/ Other	33.9	8.8
Male	33.5	10.2
Female	33.9	7.7
Not same-sex cohabitation	33.7	9.0
Same-sex cohabitation	34.4	7.0
Higher managerial and professional	31.7	3.3
Lower managerial and professional	35.2	4.9
Intermediate	32.4	7.7
Small employers and own account workers	37.6	12.9
Lower supervisory and technical	35.2	13.4
Semi-routine	27.7	9.7
Routine	32.5	13.6
All	33.7	9.0

Source: Commissioned analysis of Health and Safety Executive statistics and Labour Force Survey. See data table H59.2.

3. Conclusions

This briefing sets out data for groups with characteristics that are protected under the Equality Act. It includes new survey analysis, and several government departments and other public sector organisations have provided additional data. The resulting analysis offers a snapshot of key aspects of health and healthcare across England, Scotland and Wales. Analysis is generally available by gender and age, but less by other protected characteristics. In a number of cases, differences within groups are only apparent in the data for individual countries. Some of the issues, though, are common across all three.

The focus in this briefing is on differences in relation to particular characteristics. It highlights, for instance, high levels of poor mental health among women and among girls aged 13-15. One in six girls of that age in England and Scotland reported a level of mental ill-health that is potentially of concern: although this was significantly higher than among boys, it was also an issue for one in twenty boys. Levels of worry were also higher among girls: 93 per cent of 14/15-year-old girls in England said they often worried about an everyday concern, but so did 82 per cent of boys.

Gender differences among young people were also apparent in relation to smoking levels (higher among girls), alcohol consumption (higher for boys) and drug use (also higher for boys). However, rates for all three issues had decreased in recent years.

Differences by ethnicity varied according to the issue. Levels of obesity, for instance, were higher for Black children and those of Chinese or Other ethnicity in England. Alcohol consumption, on the other hand, was higher among White adults.

Disabled young people in England reported higher levels of worry than their non-disabled peers: this was the case across the three age-groups from 10-11 to 14-15. Poor health was more common among disabled than non-disabled adults. While this partially reflects an overlap with the definition of disability (which includes long-term health conditions), at least four-fifths of disabled people in each country did not report poor health.

Age differences included: higher smoking levels among adults aged 18-44; higher alcohol consumption among 18-64 year-olds; and higher accident and emergency department attendance rates among young children, young adults, and people aged 75 / 80 and over.

Although few sources allow for analysis by sexual orientation, data from Scotland show that lesbian, gay and bisexual people reported both poorer health generally and poorer mental health in particular.

Being affiliated to a religion was correlated with lower smoking levels and lower alcohol consumption, but also with less physical activity and higher levels of obesity. It is known, though, that religious affiliation is greater among older age-groups.

Socio-economic group accounts for some differences. Adults in managerial or professional occupations generally reported better health and lower levels of mental ill-health. Percentages of current smokers were lower in those groups, but alcohol consumption was generally higher.

3.1 Data implications

The data in this domain are drawn from both surveys and administrative sources. In addition to gender and age, some of the sources allow for analysis by ethnicity, disability or socio-economic group. However, data on religion and sexual orientation are rarely collected, and there are no data in respect of gender reassignment. For some groups, the numbers are small: pooling data across several years would help to show whether differences between groups are statistically significant. For other data sources, questions need to be routinely included about the full range of protected characteristics.

Two of the sources used here, the Citizenship and TellUs surveys, have now been discontinued. If we are to continue monitoring the issues in full, it is important that other surveys should include the relevant questions: for instance, on levels of worry among children and young people.

This paper presents a starting point for a statistical analysis of this domain. It is hoped that, in future, other researchers will take forward this work through a more comprehensive analysis, perhaps through examining pooled data, assessing trends over time, or carrying out intersectional analysis, something we have been unable to do in this paper for resource reasons. This will enable us to develop a much greater understanding of this domain in Britain than is currently possible.

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