



Lifestyles of 14 to 15 year-olds in West Sussex

2015 Report



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Acknowledgements must also go to all the schools and school staff whose engagement and support helped us to see the survey through to completion.

Finally, we would like to extend our gratitude to all the young people who meticulously completed and returned their questionnaires.

Tim Martin and Robert Whitehead



Foreword

The health and wellbeing of children and young people in West Sussex is a key priority for the County Council and central to the work of partner organisations working to improve the lives of young people. The Lifestyles Survey links in with this work and supports the Public Health Plan 2012-2017, the West Sussex Joint Health and Wellbeing Strategy 2015-2018 and the Future West Sussex Plan 2015-2019. This study, which is conducted every three years, will provide a better understanding of young people's lifestyles by identifying high-risk behaviours and wellbeing issues that matter to young people. The longitudinal design of the survey allows for opportunities to target service delivery by tracking trends and changes in behaviours and attitudes over time.

It will therefore be of interest to a wide range of partners, from individual schools to commissioners, working to deliver better outcomes for young people.

The survey would not have been possible without the participation and support of young people, parents and schools. Colleagues in Public Health and the wider council provided expert advice on the development and design of the survey. The Public Health Research Unit has produced this report so that the findings presented here can be used to inform policy, decision-making and strategy in the county with the intention of improving the health and wellbeing of its young people.



Catherine Scott
Interim Director of Public Health

1 Introduction

The health and wellbeing of children and young people is vital for the future of our society. However, relatively little information is available on their lifestyles, health and attitudes at a local level. This long-term study aims to provide a better understanding of children and young people's lifestyles and therefore helps to identify any health and wellbeing issues that may be present. The longitudinal design of this survey allows for opportunities to target service delivery by tracking trends and changes in behaviours and attitudes over time.

The survey focuses on the 14 to 15 year-old age group as this is when many behaviours can become established.

The results of the survey provide information to guide schools, organisations and policy makers in developing and commissioning appropriate health promotion interventions.

Background

The lifestyles survey of 14 to 15 year-olds originated in 2007, when the West Sussex Public Health Observatory reported on the findings of a survey of Year 10 pupils conducted in West Sussex schools in the summer term of 2006. Three years later, in 2009, the survey was repeated and reported on in the 2010 lifestyles survey report.

In 2014, the survey was undertaken for a third time and the results are detailed in this report.



Aims of the surveys

The primary aims of the surveys are:

- to establish an overview of the health and wellbeing of young people in West Sussex schools;
- to estimate the prevalence of specific behaviours;
- to make the results of the survey available to schools, local residents, governing bodies and other relevant agencies in order to better understand the attitudes of young people and the avoidable risk factors;
- to provide information to guide organisations and policy makers in commissioning appropriate health promotion interventions.

Method

All independent and public secondary schools in West Sussex were approached to take part in the survey. The third edition of the survey, reported on here, was undertaken in the spring and summer terms of 2014; previous surveys were undertaken in the summers of 2006 and 2009.

In 2014, a total of 19 schools agreed to take part, resulting in 3,597 Year 10 pupils completing questionnaires. The survey was administered in the schools under supervised conditions.

Themes covered by the surveys were:

- risk behaviours, such as alcohol, tobacco and narcotic use;
- emotional wellbeing, including stress, depression, self-esteem, loneliness and relationships with parents and teachers;
- weight, activity levels and healthy eating;
- attitudes towards school life and bullying.



Questionnaire design

The content of the questionnaire used in the 2014 survey was largely derived from the original questionnaires used in the previous two surveys. This was necessary in order to enable comparisons to be made across the years. It was realised, however, that much had changed in the intervening period, meaning that certain aspects of the survey would need to be updated to reflect current social and wellbeing issues that may be influencing young people's behaviours. Furthermore, guidance on such things as the amount of physical activity it is recommended that young people engage in had also changed.

To this end, the currency of the questions used in the survey was examined by consulting with partners in Public Health and other agencies and services which were responsible for policy and commissioning of services relating to young people. Alongside this, a consultation was undertaken with a group of 27 young people to find out about the lifestyle issues that were important to them. The questionnaire was then updated to incorporate the necessary changes.

Sample frame

A letter outlining the purpose of the survey and inviting schools to participate was sent to all West Sussex secondary schools. The 19 schools that took part were evenly distributed around the county and within all districts. It was made clear to the schools that all data would be aggregated and analysed by the West Sussex Public Health Research Unit and that no individual pupil or school would be identified in the report.

Consent

Schools notified parents about the survey in advance and they were given the option to withdraw their child from participating if they so wished.

Data collection

Pupils completed questionnaires in supervised conditions in their schools.

To give pupils confidence that their answers would not be seen by anyone other than staff at the Public Health Research Unit, a script was read out to pupils assuring them of confidentiality; this was also stated on the questionnaire. Finally, pupils were given their own envelope in which to seal their completed questionnaire. Envelopes were printed with the following statement: 'Strictly confidential. Not to be opened by anyone other than the Public Health research team.'

Data entry

Completed questionnaires were scanned electronically. Error checking and data cleaning was then undertaken. The Statistical Package for Social Sciences (SPSS) was used to organise and analyse the data.

Missing data and rounding

Respondents were free to leave blank any questions they did not wish to answer. Therefore, the figures presented in this report are 'valid percentages', so that those who did not respond were omitted from the figures used. Where this was a large number, the respondent numbers are quoted. Due to rounding numbers to one decimal place, not all percentages sum to 100.

BMI classification

When asked, self-reported weight tends to be underestimated, while height tends to be overestimated. Given that both are continuous variables with an expected normal distribution, outliers more than 2.5 standard deviations from the mean were excluded from the analysis, as were those reported values which were clearly inaccurate. Closer correspondence between the revised mean and median values provides some validation for this methodology. Unless otherwise stated, overweight BMI cut-offs were based on the 91st centile (23.1 for boys, 24.1 for girls) and obese BMI on the 98th centile (26.0 for boys and 27.1 for girls) using the Child Growth Foundation (UK 1990) reference charts at an average respondent age of 15.0 years.



Geographical analysis based on postcode

Of the 3,597 pupils who completed the questionnaire, 2,682 pupils (75%) supplied a postcode which could be confirmed as from within the county. Of these, 497 were incomplete or partial postcodes, which could only be mapped to a District or Borough, leaving 2,185 complete postcodes (61% of the total sample) which could be mapped to a local area.

The postcodes were checked against a reference list for each local electoral ward and Lower Super Output Area (LSOA), so that it could be determined which ward the child was from. By analysing the postcode locations against the 2010 Index of Multiple Deprivation ranking (IMD)¹, it was possible to ascertain whether there was a good spread of participants from both deprived and affluent areas. Each decile of the IMD ranking was represented by between 8% and 13% of the total mapped sample.

Limitations of cross-sectional surveys

The purpose of a cross-sectional survey is to provide a descriptive epidemiology of a specified population by describing the prevalence of certain behaviours, risk factors and the relationships between them. For example, it may describe the frequency of cigarette smoking as well as showing the relationship between those who smoke and those who drink alcohol. Cross-sectional studies provide information from which useful inferences can be made and from which hypotheses can be generated. However, it is seldom possible to establish causal relationships from cross-sectional data: the fact that two variables are associated does not mean that one has, or indeed has not, caused the other. Readers are encouraged to establish their own views based on the evidence provided.

¹ The Index of Multiple Deprivation is a combination of a number of other indices which generate an overall score for the relative level of deprivation experienced in every neighbourhood in England. There are 38 separate indicators, grouped into seven domains, each of which reflects a different aspect of deprivation. These domains are used to produce an overall Index of Multiple Deprivation score for each small area in England. The domains used in the Index of Multiple Deprivation are income, employment, health, education, crime, access to services and living environment.

2 Socio-demographic profile of the respondents

A total of 3,597 young people completed questionnaires for this survey.

The survey took place in the spring and summer terms of 2014. Earlier versions of the survey were only held in the summer term (of 2006 and 2009). As a result, the children in this edition were, on average, slightly younger than in the previous surveys. This produced a better balance of ages than in previous surveys.

Table 2.1 Age/sex breakdown of survey respondents

	Boys		Girls		All pupils	
	N	%	N	%	N	%
14 years	860	56.2	995	52.0	1855	53.8
15 years	671	43.8	920	48.0	1591	46.2
Total	1,531	100.0	1,915	100.0	3,446	100.0

Of these respondents, 10% of boys and 8% of girls (10% overall) reported that they considered themselves to have a disability.

Ethnicity

Pupils were asked to indicate to which ethnic group they belonged using a question based on census categories.

Table 2.2 shows the reported ethnicities of respondents over the current and previous editions of the survey. Although there have been changes in the proportions of ethnic groups, there has been an overall rise in the proportion of young people coming from minority ethnic groups across the county. Minority ethnic groups now account for 16% of all respondents to the survey. Minority ethnic groups in West Sussex state-funded secondary schools account for 14% of all pupils¹.

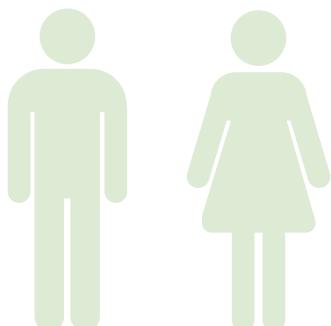


Table 2.2 Ethnicity of survey respondents from 2006, 2009 and 2014

	2006 (N = 4,424)	2009 (N = 3,388)	2014 (N = 3,383)
	Percentage (%)		
White British	87.3	89.9	84.2
White Irish	0.7	0.7	0.7
Gypsy or Traveller	N/A	N/A	0.8
Other White	2.5	2.0	3.3
Indian	1.5	0.8	1.0
Bangladeshi	0.6	0.4	0.8
Pakistani	1.1	0.3	0.8
Chinese	0.7	0.8	0.5
Arab	N/A	N/A	0.2
Other Asian	0.8	0.6	1.6
Black African	1.1	0.7	1.1
Black Caribbean	0.3	0.4	0.4
Other Black	0.3	0.1	0.4
Other Mixed	2.4	2.4	3.1
Other Ethnicity	0.7	0.9	1.0
Total	100.0	100.0	100.0

Religion

Previous editions of this survey have found a correlation between religious affiliation and various aspects of lifestyle behaviour. In this edition, 62% of young people said that they had no religious affiliation, which rose from the initial figure of 43% recorded in 2006 (Table 2.3). Much of this rise could be due to the drop in respondents identifying themselves as 'Church of England' (16% in 2014 compared with 36% in 2006). Meanwhile, shifts in the proportions of respondents identifying themselves with other religions have not been as marked.

Table 2.3 Religious affiliation of survey respondents from 2006, 2009 and 2014

	2006 (N = 5,007)	2009 (N = 3,484)	2014 (N = 3,422)
	Percentage (%)		
No Religion	42.7	51.6	62.0
Church of England	35.8	32.3	16.4
Roman Catholic	6.4	4.9	9.5
Other Christian	7.0	5.9	5.0
Islam	2.0	1.2	2.3
Hinduism	0.7	0.8	0.7
Judaism	1.4	0.8	0.3
Sikhism	0.4	0.2	0.2
Buddhism	0.4	0.3	1.3
Other	3.1	2.1	2.4
Total	100.0	100.0	100.0

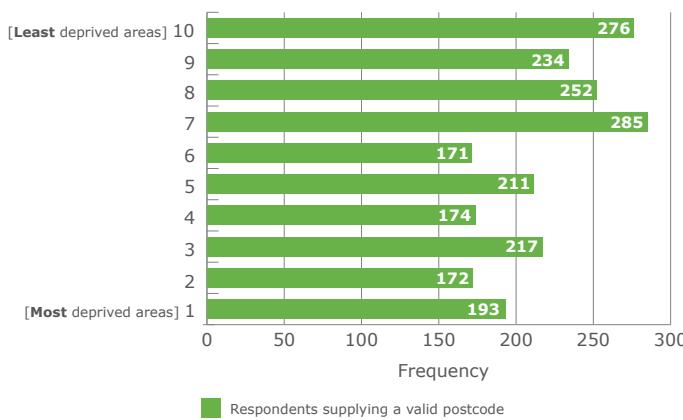


It should be noted that the sample, though countywide, can be affected by the particular schools agreeing to participate in the survey. In religious schools, on average, 34% of young people said they had no religious affiliation, which rose to 70% for those enrolled in non-religious schools. For this reason, the proportion of the total sample attending religious schools may vary from one edition of the survey to another.

Mapping deprivation

Lower Super Output Areas (LSOAs) are a geography developed by the Office for National Statistics for the collection and publication of small area statistics. Each LSOA contains approximately 200-400 houses and can be ranked in order of deprivation using the 2010 Index of Multiple Deprivation (IMD). By ranking all the areas of the county by deprivation we can see how many of the respondents came from particularly poor or affluent areas of West Sussex. Figure 2.1 shows that there was a roughly even spread of postcodes supplied from survey respondents, with 193 coming from the poorest areas of the county and 276 coming from the wealthiest areas of the county.

Figure 2.1 Responses by deprivation (LSOAs ranked by IMD deciles)



Family structure

Previous editions of this survey revealed associations between family structure and various lifestyle behaviours. The family structure distribution of young people who took part in the 2014 survey (Table 2.4) is similar to previous editions, with around two in three children living

with both birth parents. Nearly one in five lived in a one-parent household.

Table 2.4 Family structure

	(N = 3,473) Percentage (%)
Birth mother and father	63.6
One parent	18.3
Parent and partner	7.2
Parent and step-parent	8.7
Adopted	0.7
Foster care	0.4
Care home	0.1
Other	0.4
Total	100.0

Young people from the most deprived areas of the county are less likely to live with both their birth parents than those from the most affluent areas (57% compared with 71%).

Housing

The type and quality of housing people reside in is a determinant of their health and wellbeing. Most young people reported living in semi-detached (43%) or detached (34%) housing.

Figure 2.2 Type of housing

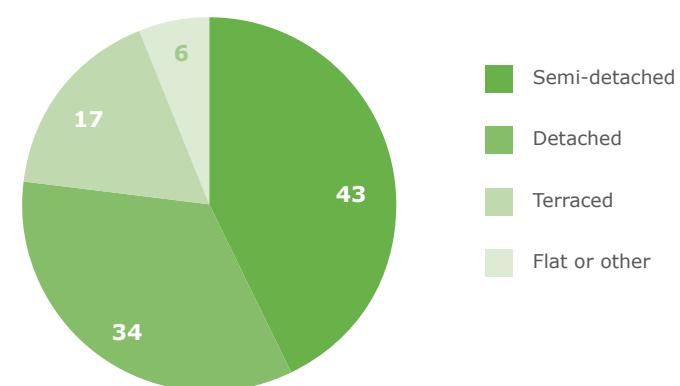


Table 2.5 shows that there are differences in the type of housing that respondents live in between those from the most deprived and the least deprived areas of West Sussex (ranked by decile). Those from the most deprived areas were less likely to live in a detached house (11% compared with 53%) and more likely to live in a terraced house (30% compared with 7%).

I find it hard to lead a healthy lifestyle/diet when my parents don't lead a healthy lifestyle/diet themselves.

Eight respondents reported living in bedsit accommodation, but none of these supplied a valid West Sussex postcode and so could not be included in this table.

Table 2.5 Housing and relative deprivation

	Most deprived LSOAs (N = 356)	Least deprived LSOAs (N = 505)
	Percentage (%)	
Detached	10.7	52.9
Semi-detached	51.4	37.6
Terraced	29.8	6.5
Flat	7.6	2.2
Other	0.6	0.8
Total	100.0	100.0

Car ownership

The respondents were asked how many cars were kept at their household. Four percent did not have a car at home, 32% had one car and 64% had two or more cars. The number of cars owned by each household increased with the general affluence of the area with 9% of those from the most deprived areas not owning a car compared with 1% of those from the least deprived areas. This is illustrated in Table 2.6.

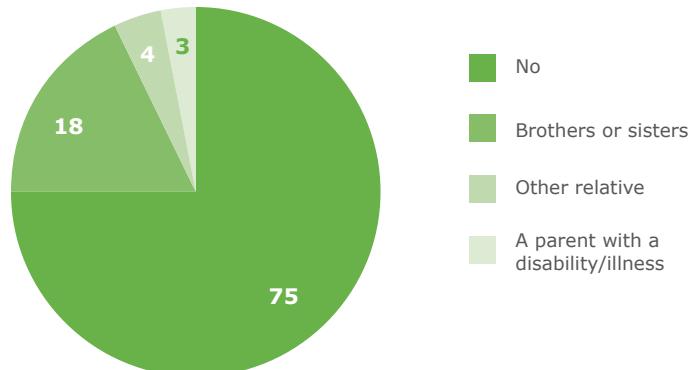
Table 2.6 Car ownership by relative deprivation

How many cars does your household have?	Most deprived LSOAs (N = 363)	Least deprived LSOAs (N = 508)
	Percentage (%)	
None	8.8	1.4
One	42.7	26.4
Two or more	48.5	72.2
Total	100.0	100.0

Young carers

Respondents were asked if they spend time at home caring for a parent with a disability or illness, a sibling, or another relative (Figure 2.3). The majority (75%) did not provide care for someone at home. Of the 25% who did, most cared for their siblings. Sixteen percent of boys and 20% of girls who cared for someone at home said that it was having a negative effect on their wellbeing and/or their school work.

Figure 2.3 Spending time caring for someone at home

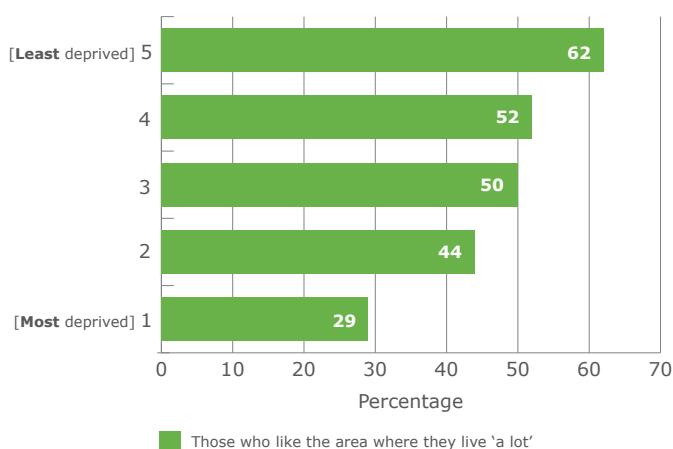


Where you live

Young people were asked how much they liked the area in which they lived. Of those who answered, 6% said 'not at all' and 12% said 'not much', whilst 36% said they liked the area 'a little' and 47% said they liked it 'a lot'. The responses were similar for both boys and girls.

Where a valid postcode was supplied, twice as many of those from more affluent areas as from less affluent areas said they liked the area in which they live 'a lot' (Figure 2.4).

Figure 2.4 Like the area where they live 'a lot'
(LSOAs ranked by IMD quintiles)

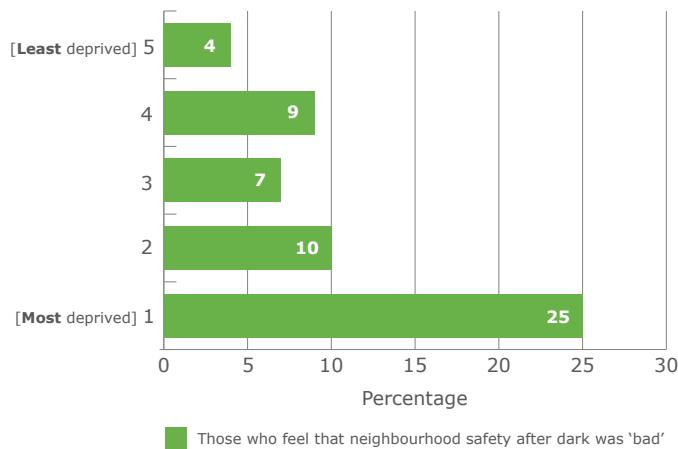


Respondents were also asked how they rated the safety of the area in which they lived, both during the day and after dark. During the day, 80% said the safety was 'good', 19% said it was 'average' and 2% said it was 'bad'. After dark, however,

I wish I felt safe going out late into town, I always have a fear that I am being watched when I am alone. , ,

only 47% said they thought the safety was 'good', 42% said it was 'average' and 11% said it was 'bad'. This was broadly similar for both boys and girls, though only 43% of girls thought the safety was good after dark compared with 52% of boys. There was a large difference in responses when considering deprivation (Figure 2.5), with 25% of those from more deprived areas (IMD quintiles) thinking that their local neighbourhoods were unsafe after dark compared with just 4% of those from less deprived areas.

Figure 2.5 Felt that the safety of the local area after dark was 'bad'
(LSOAs ranked by IMD quintiles)



General health

Young people were asked to rate their general health over the past year. Fifty-four percent of respondents said their health was 'good', 40% said it was 'fairly good' and 7% said it was 'not good'. Answers to this question have remained relatively consistent across each of the lifestyles surveys.

Comments

1. The demographic makeup of the sample was roughly equivalent to that of the county.
2. Around one in ten respondents said they considered themselves to have a disability.
3. Two in three respondents lived with both their birth parents and around one in five lived with one birth parent.
4. One in four respondents said that they spent time caring for someone at home; most spent time caring for siblings.
5. The proportion of respondents saying they had no religious affiliation has increased across the three surveys from four in ten in 2006 to six in ten in 2014.
6. Those from the more deprived areas of the county were less likely to report that they liked the local area where they lived and more likely to report that the safety of their local area was 'bad' after dark, when compared to those from more affluent areas.
7. The self-perceived general health of young people has remained consistent since 2006.

¹ Department for Education. (2014). Schools, Pupils and their Characteristics: January 2014. London: DfE.

3 Smoking

Smoking is the greatest avoidable cause of illness in the UK. In response to this, a number of changes have been made to the legislation surrounding smoking. In 2007 smoking was banned in enclosed and substantially closed public places and workspaces. More recently, cigarette vending machines and prominent tobacco displays in shops have been banned. It is illegal to sell cigarettes to anyone under the age of 18 and from 1st October 2015 buying cigarettes for a person under the age of 18 will also be illegal. Furthermore, in May 2016 plain packaging will be introduced in the UK.

To help reduce adolescent smoking prevalence, West Sussex has delivered school-based smoking prevention programmes like ASSIST and trains school staff to deliver advice on smoking to students. Local trading standards officers also act on local intelligence to seize illicit tobacco and carry out test purchases to enforce the law around the sale of tobacco to under-18s.

National figures show that there has been a year-on-year fall in the proportion of young people (11 to 15 years of age) who have tried or regularly used cigarettes¹. Over a ten year period, the percentage of young people who have tried cigarettes has nearly halved to 22% in 2013. In 2013, 4% of young people in England aged 14 and 8% of those aged 15 say that they had smoked at least one cigarette in the past week. It is a Public Health England ambition that smoking rates are reduced to 12% of 15 year-olds by the end of 2015. The smoking rates of young people in England compare well to other countries: on average 15 year-olds in England are less likely to have smoked in the past week than those in other countries².

Other research has suggested that socioeconomic disadvantage is associated with higher rates of smoking initiation and escalation^{2, 3}. It is also likely that that there is an association between parental smoking and smoking among their children⁴.

This year, for the first time, a question was added to the lifestyles survey about the use of e-cigarettes. The increasing use of e-cigarettes raises the question of whether their availability might encourage people to smoke who had not previously been smokers. Early research in the US suggests that the vast majority of young people who use e-cigarettes are current smokers of regular tobacco products. Fewer than 1% of young people who used e-cigarettes had not smoked before⁵. Similarly low proportions of young people in the UK who had never smoked report having used e-cigarettes⁶. Other US figures show that while the proportion of teenage e-cigarette users has increased significantly, this has been offset by a fall in the use of regular tobacco products by this age group⁷.

Smoking prevalence by sex

Young people taking part in the survey were asked to describe their current level of smoking, by indicating whether they had never smoked, used to smoke, smoke occasionally or smoke regularly. Overall, 5% of respondents (n=186) said that they were regular smokers; 9% were occasional smokers (n=307); 5% had given up smoking and 81% said they had never smoked. The percentages of boys and girls who have never smoked have been steadily increasing since 2006 (Table 3.1) reflecting national trends. Meanwhile, regular smoking has decreased the furthest for girls. In 2006 15% of girls smoked tobacco regularly decreasing to 5% in 2014.

Table 3.1 Smoking experience by sex from 2006, 2009 and 2014

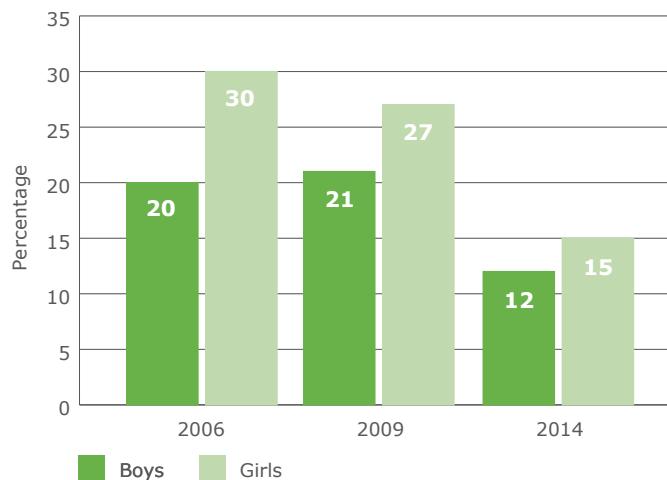
	2006		2009		2014	
	Boys	Girls	Boys	Girls	Boys	Girls
Percentage (%)						
Never	71.0	59.0	73.1	65.5	83.1	80.3
Used to	8.5	11.1	6.2	7.6	5.0	4.6
Occasionally	12.5	15.3	12.9	16.8	7.0	9.8
Regularly	7.9	14.6	7.8	10.1	5.0	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0

Figure 3.1 shows the percentages of current smokers for boys and girls, where 'current' is defined as both regular and occasional smokers. There has been a fall in the percentage of both

I only smoke about once a week. , ,

boys and girls who are current smokers. The percentage of girls who are current smokers has halved from 30% in 2006 to 15% in 2014.

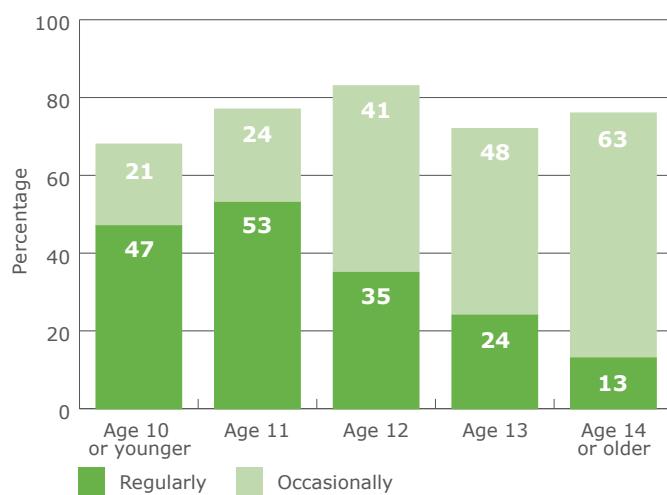
Figure 3.1 Current smokers from 2006, 2009 and 2014 by gender



Age of first cigarette

The age at which respondents had first tried smoking had no correlation with whether or not they still smoked at the time of the survey (Figure 3.2). Between 68% and 77% of young people who had tried smoking at some stage were still current smokers, regardless of the age of their first cigarette. There was a substantial difference in how much the respondent smoked, however, with far more of those who first smoked at a younger age reporting to be a regular smoker than those starting when they were older.

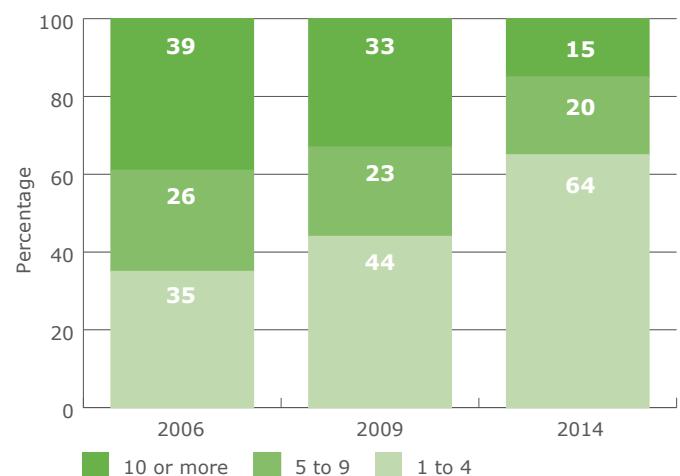
Figure 3.2 Current smoking behaviours of those who have smoked by age of first cigarette



Number of cigarettes smoked per day

The respondents who identified themselves as current smokers were asked how many cigarettes they smoked a day. As with other areas of smoking, this also saw a steady decrease over time, with the percentage of those smoking ten or more cigarettes a day in 2014 less than half of what it was in 2006 (Figure 3.3). Sixty-four percent of current smokers only smoked one to four cigarettes a day.

Figure 3.3 Number of cigarettes smoked per day for 2006, 2009 and 2014

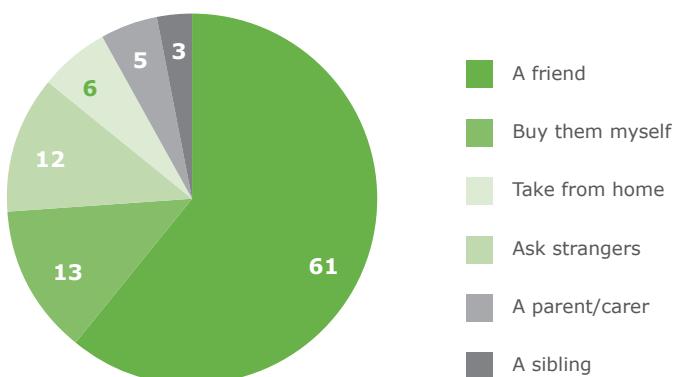


As it is illegal to sell cigarettes to under 18s, it is helpful to know how young people who are under this age obtain them. Current smokers were asked where they usually obtained cigarettes and were directed to pick just one answer from a list of options (Figure 3.4). Only 13% of current smokers bought their own cigarettes, whereas over 60% got them from a friend or asked a friend to buy them. Twelve percent said they usually obtained cigarettes from strangers (by asking strangers for cigarettes or asking strangers to buy them).

There was little difference between the genders in this except that boys were more than twice as likely to say that they bought the cigarettes themselves (20%) when compared with girls (9%). This difference was counter-balanced by a similar sized difference for those who asked their friends (55% of boys said this compared with 66% of girls).

I don't always smoke, only when with friends or my brother.

Figure 3.4 How young people usually get cigarettes



Smoking and deprivation

Both national research and earlier lifestyles surveys have found an association between smoking and deprivation. Those who supplied a postcode from the most deprived tenth of the county were more likely to be regular smokers (4%) than those from the least deprived tenth of the county (1%). However, the association is more apparent for those who did not supply a postcode (so could not be designated to a West Sussex LSOA). Those who did not supply a West Sussex postcode were more likely to be current smokers (19%) than those who did (11%); also more than the 15% of those from the most deprived decile of the county.

Table 3.2 Smoking experience in deprived and affluent areas (highest and lowest county deciles)

	Least deprived 10%	Most deprived 10%	Postcode not supplied
Percentage (%)			
Have never smoked	86.9	79.6	74.6
Occasional smokers	9.5	10.5	11.0
Given up	2.5	5.8	6.7
Regular smokers	1.1	4.2	7.7
Total	100.0	100.0	100.0

Electronic cigarettes/e-cigarettes and 'vaping'

Young people who said that they smoked were asked whether they usually used e-cigarettes or regular cigarettes/tobacco. Boys were more likely to use e-cigarettes (14%) than girls (5%) with 9% overall saying that they would usually use these devices, rather than smoking traditional cigarettes.

Smoking and health

As found in previous years, more of those who were regular smokers reported having poor health over the past year than those who had never smoked (Table 3.3). Only 5% of those who had never smoked reported to have been in bad health over the past year compared with 20% of those who were regular smokers. Smoking was also associated with other health-risk behaviours, such as alcohol or drug use, which is discussed in later chapters.

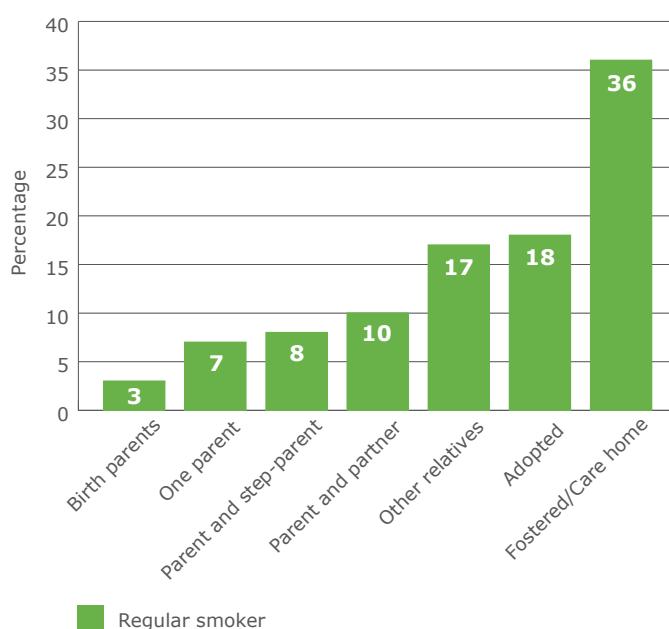
Table 3.3 Smoking experience and general health over the past year

	Have never smoked	Occasional smokers	Given up	Regular smokers
Percentage (%)				
Good health	57.9	43.3	38.8	28.8
Fairly good health	37.3	46.8	48.5	51.4
Not good health	4.8	9.9	12.7	19.8
Total	100.0	100.0	100.0	100.0

Smoking and the family

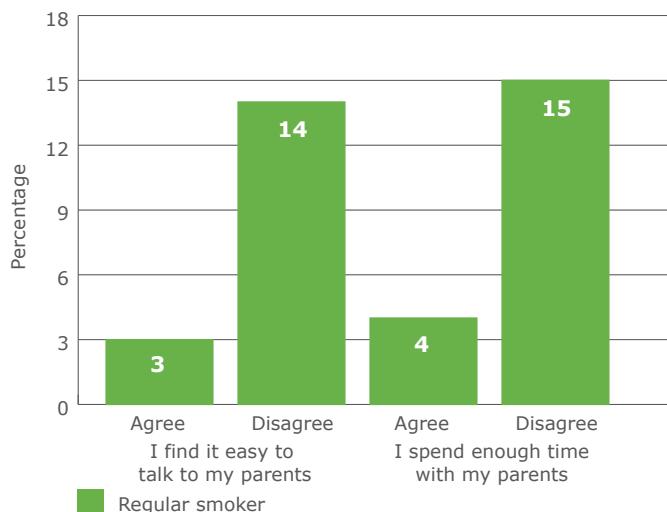
In previous years, an association was seen between smoking levels and family structure. Young people who were fostered, adopted or living with 'other relatives' were more likely to be regular smokers than those living with at least one birth parent (Figure 3.5). Those living with both birth parents were the least likely to be regular smokers.

Figure 3.5 Regular smokers by family structure



Relationships with parents were also found to be associated with higher levels of smoking in respondents. Three percent of those who could easily talk to their parents were regular smokers compared with 14% of those who could not easily talk to their parents. Similarly, 4% of those who felt they spent enough time with their parents were regular smokers compared with 15% of those who felt they did not spend enough time with their parents (three times higher than the 5% of regular smokers across the whole sample, illustrated in Table 3.1).

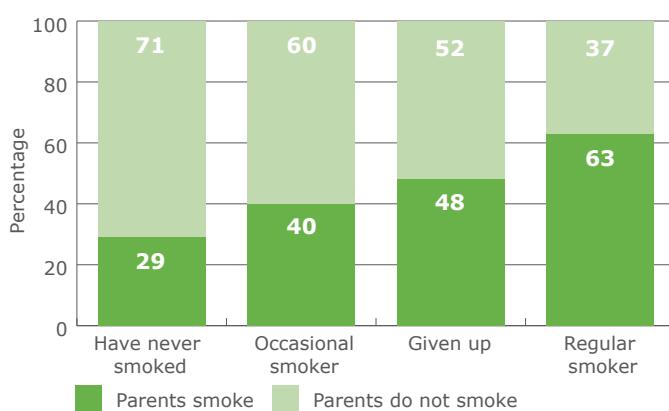
Figure 3.6 Smoking experience by relationship with parents



Parental smoking

To help achieve targets set by Public Health England to reduce smoking in young people, parents who smoke are also likely to be targeted to quit.

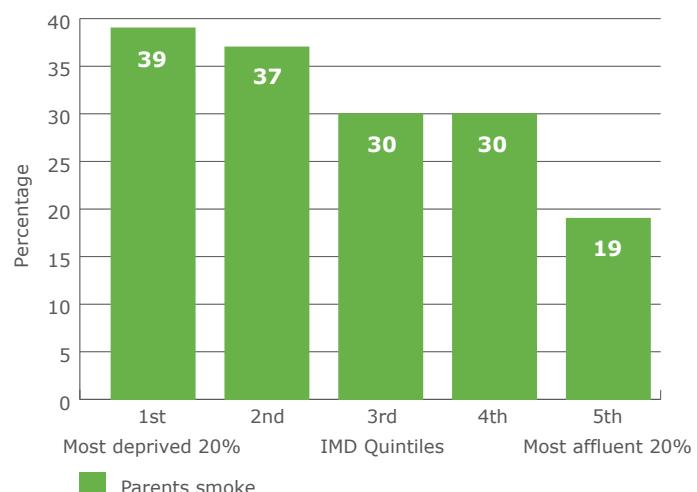
Figure 3.7 Parental smoking by respondents' smoking experience



Overall, 33% of young people said that they had at least one parent who smoked ($n=1,110$). Further to family relationships being associated with smoking, the respondents' smoking experience was linked to that of their parents. Sixty-three percent of those who smoked regularly had parents who smoked, compared with just 29% of those who had never smoked (Figure 3.7).

More of those living in the 20% most deprived areas of the county (as ranked by the IMD, 2010) said that they had a parent who smoked (39%) than those from the 20% most affluent areas of the county (19%), as shown in Figure 3.8. Rates of parental smoking also varied between the local authorities of West Sussex (see Appendix 1).

Figure 3.8 Parents smoking by deprivation (LSOA quintiles, ranked according to the IMD)



Comments

1. The proportion of regular smokers is considerably lower than in previous years, with only 5% of respondents reporting that they were regular smokers (9% in 2009). Overall, more than four in five respondents said they have never smoked.
2. The age at which a young person first smokes has little correlation with them either continuing to smoke or quitting. It does correlate, however, with whether or

“People pretend to care (teachers) but when you try to tell them something they judge you. People judge you for... smoking etc. no help!”

not they will be a regular smoker or an occasional smoker.

3. Those who do smoke are smoking less than in previous years. Less than half the proportion of smokers (15%) said they smoke ten or more a day than in 2009 (33%).
4. Boys were more likely to use e-cigarettes than girls (14% to 5%) and roughly 9% overall said they would use these instead of smoking traditional tobacco.
5. Only 13% of smokers said that they buy the products themselves; most (61%) said that they ask a friend to buy cigarettes for them.
6. Smoking was associated with health-risk activities such as alcohol and drug use. Additionally, regular smokers were more likely to report poor health than either non-smokers or occasional smokers.
7. Family structure was linked to smoking behaviour, with those who lived with both birth parents being the least likely to smoke (3%), followed by those with one parent (7%). Furthermore, young people's relationship with parents was also associated with smoking.
8. The link between parental smoking and child smoking is well established as is the link between deprivation and parental smoking. In the least affluent 20% of the county, 39% of respondents had a parent who smoked. This dropped to 19% in the most affluent 20% of the county.



¹ Fuller, E. and Hawkins, V. (2014). Smoking, Drinking and Drug Use in Young People in England in 2013. London: HSCIC.

² Currie, C. et al., eds. (2012). Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-aged Children (HBSC) Study: international report from the 2009/2010 survey. Copenhagen: WHO Regional Office for Europe.

³ Green, M., Leyland, A., Sweeting, H. and Benzeval, M. (2014). Socioeconomic position and early adolescent smoking development: evidence from the British Youth Panel Survey (1994-2008). Tobacco Control, published online November 2014.

⁴ McAloney, K., Graham, C., Law, L., Platt, H. and Wardle, H. (2014). Inter-generational concordance of smoking status between mothers and young people aged 10-15 in the UK. Public Health, 128, 831-833.

⁵ Corey, C. et al. (2013). Notes from the field: electronic cigarette use among middle and high school students — United States, 2011–2012. Morbidity and Mortality Weekly Report, 62 (35), 729-730.

⁶ ASH. (2015). Use of Electronic Cigarettes among Children in Great Britain. ASH Factsheet 34.

⁷ Arrazola, R. et al. (2015). Tobacco use among middle and high school students — United States, 2011–2014. Morbidity and Mortality Weekly Report, 64 (14), 381-385.

4 Alcohol

Excessive alcohol consumption is an issue that the Government wants to tackle. It can have a range of impacts on the individual and society in general. It is widely recognised as the third most important issue affecting people's long-term health after smoking and obesity. Research has indicated that those who start drinking during their early teens are likely to experience negative effects on their health and wellbeing¹. The Chief Medical Officer for England states that the safest option is for an alcohol-free childhood and if children do drink it should not be until at least the age of fifteen². In response to these factors, one of the desired outcomes set out in the Government's Alcohol Strategy 2012 is a 'sustained reduction in both the numbers of 11 to 15 year-olds drinking alcohol and the amounts consumed' (p.5)³. However, research suggests that the proportion of young people in this age group who have ever tried alcohol has already fallen year-on-year since 2003⁴.

Experience with alcohol

Young people were asked to describe their experience with alcohol by indicating how often they drank (Table 4.1). Alcohol use has decreased among both boys and girls since the previous surveys. In 2006 14% of respondents said that they regularly drank alcohol compared with 10% in 2009 and 4% in 2014. Sixty percent of young people reported that they never or rarely drink alcohol.

Table 4.1 Experience with alcohol by sex

	Boys		Girls		All Pupils	
	N	(%)	N	(%)	N	(%)
Never/rarely	920	59.4	1,167	60.5	2,087	60.0
Occasionally	586	37.8	675	35.0	1,261	36.3
Regularly	44	2.8	86	4.5	130	3.7
Total	1,550	100.0	1,928	100.0	3,478	100.0

Types of alcohol

The types of alcohol young people usually drink has changed over the years (Figures 4.1a and 4.1b). Beer is still the most commonly consumed alcoholic drink for boys, although this has decreased between 2006 and 2014 (59% to 50%). The preference for all other types of alcohol has also decreased, except for ciders, which have increased, from 7% to 25%.

Spirits have now replaced alcopops as the most popular alcoholic drink among girls. In 2006 alcopops were the most commonly consumed drink among girls with 51% reporting this as their preference. By 2014 alcopops' popularity had fallen considerably with 27% of girls stating this as their favoured drink. However, the declining popularity of alcopops among girls was not found for other drink types. In fact, all other types of alcoholic drinks saw a rise in popularity. Meanwhile, the largest rise in alcohol commonly consumed by girls was for cider, which rose from 2% stating this as their preference in 2006 to 16% in 2014.

Figure 4.1a Most common alcohol consumed by boys in 2006, 2009 and 2014

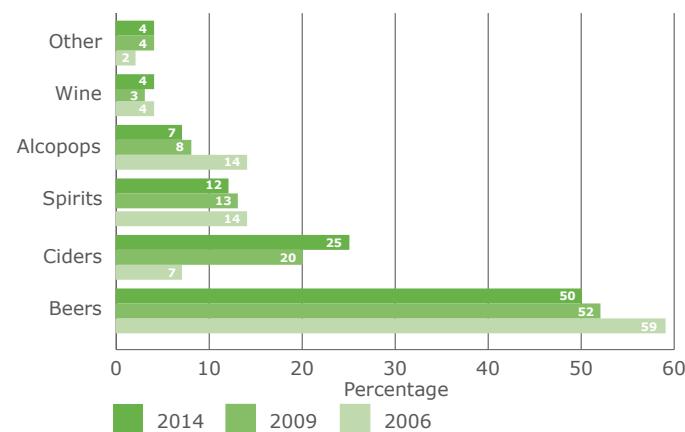
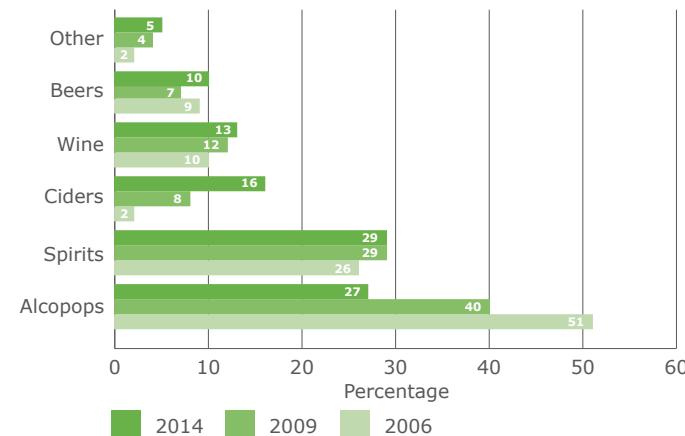


Figure 4.1b Most common alcohol consumed by girls in 2006, 2009 and 2014



Frequency of drinking alcohol

Of respondents who reported drinking alcohol either occasionally or regularly (40%), 89% drank once a week or less, 9% drank two to three times a week and 2% drank on four days or more a week.

‘Although I drink, it’s only on family occasions like Christmas and I’m only allowed one glass of wine or something.’

Incidence of binge drinking

Although alcohol consumption is decreasing it is important to understand the behaviours of those who do drink alcohol and explore if they are engaging in high-risk behaviours. To estimate the frequency of binge drinking, pupils who occasionally or regularly drank alcohol were asked: “How often do you drink with the intention of getting drunk?”

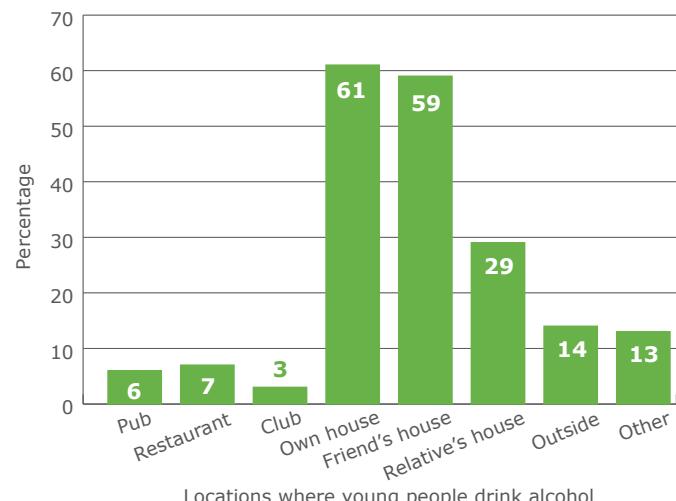
Table 4.2 shows that regular binge drinking behaviour has decreased slightly for those who drink alcohol. Since 2009 there has been a 7% rise in those who drank alcohol but never with the intention of getting drunk, for both boys and girls (9% since 2006).

Place of drinking and respective binge drinking prevalence

Young people who occasionally or regularly drank alcohol were asked to identify all the places they usually drank by choosing from a list of locations (Figure 4.2). The popularity of drinking locations remains largely consistent with previous years, except for a noticeable drop in the proportion of those who drank alcohol outside (31% in 2009 to 14% in 2014). Meanwhile, the proportion drinking alcohol in their own homes increased from 47% in 2009 to 61% in 2014.

Of the respondents who said that they usually drank alcohol outside, 31% said they regularly drank to get drunk. Although the exact ‘outside’ location of this regular binge drinking cannot be determined, this can be compared with those who usually drank alcohol in their own homes, of whom only 11% were also regular binge drinkers. Of those who might drink alcohol at a relative’s only, 12% were also regular binge drinkers, which rose to 18% for those who might drink alcohol at a friend’s house.

Figure 4.2 Percentage of respondents who drink alcohol in each location



This suggests that alcohol drinking behaviours are not equivalent for all young people who drink and that some environments can be connected to a higher likelihood of binge drinking behaviour.

Regular effects of alcohol on high-risk drinkers

Young people who drank alcohol were asked how often they experienced a range of effects as a result of drinking. Of those who regularly drank to get drunk, 28% said they had experienced headaches, 20% had suffered memory loss, 15% had vomited, 39% reported falling over and 5% said that they had attended hospital due an injury resulting from drinking.

Alcohol and smoking

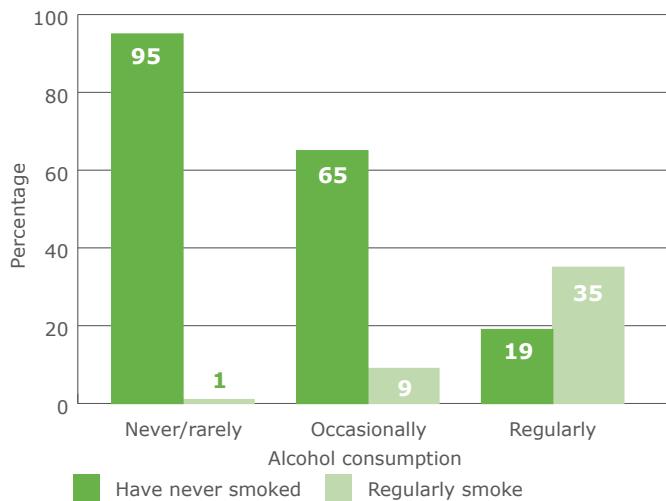
Further analysis revealed that drinking alcohol was associated with smoking, as shown in Figure 4.3. Those who never or rarely drank alcohol were far more likely to have never smoked than regular drinkers (95% compared with 19%). Only 1% of those who rarely drank alcohol were regular smokers, which rose to 35% for regular alcohol drinkers.

Table 4.2 Drinking with the intention of getting drunk over the years of those who drink alcohol

	Boys			Girls			All pupils		
	2006 (N = 1,896)	2009 (N = 1,211)	2014 (N = 740)	2006 (N = 1,927)	2009 (N = 1,212)	2014 (N = 872)	2006 (N = 3,823)	2009 (N = 2,423)	2014 (N = 1,612)
	Percentage %								
Never	38.7	41.9	49.1	31.7	32.9	40.7	35.2	37.4	44.5
Occasionally	46.1	43.1	41.6	51.5	50.9	45.8	48.8	47.0	43.9
Regularly	15.1	15.0	9.3	16.8	16.2	13.5	16.0	15.6	11.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

‘My health is fairly good, however I do like to have a good time which means I do enjoy smoking cannabis and drinking alcohol.’

Figure 4.3 Smoking experience by regularity of alcohol consumption



Binge drinking by family structure

Unlike the 2009 survey, there was no clear association between family structure and high risk drinking (Table 4.3). Even so, young people who lived in 'other arrangements', namely those who were fostered, adopted or living with other relatives, were much more likely to be binge drinkers (61%) than those who lived with at least one parent.

Table 4.3 Regular drinking with the intention of getting drunk by family structure

	Mother and father	Parent and partner	One parent	Parent and step-parent	Other arrangement	Percentage (%)
Regular binge drinking	13.1	10.3	14.3	7.5	60.8	

Alcohol and health

Further analysis found that alcohol consumption was associated with young people's health. Of those who never or rarely drank alcohol, 60% considered themselves to be in good health, which dropped to 27% for those who said they regularly drank alcohol. Similarly, only 4% of those who rarely or never drank said their health was not good compared with 17% of regular drinkers. This is illustrated in Table 4.4.

Table 4.4 Self-perceived health and regularity of alcohol consumption

Self-perceived health	Alcohol consumption			
	Rarely/never (N = 2,063)	Occasionally (N = 1,244)	Regularly (N = 132)	All pupils (N = 3,439)
Good	59.6	47.1	27.3	53.9
Fairly good	36.1	43.9	56.1	39.7
Not good	4.3	9.0	16.7	6.5
Total	100.0	100.0	100.0	100.0

Comments

1. Fewer than 4% of respondents drank alcohol on a regular basis and 60% never or rarely drank alcohol.
2. In 2009, one in three respondents who drank alcohol did so outside. This has now decreased to only 14%. Alcohol drinking at home or at friends' houses has increased concordantly.
3. Ciders have become more popular in recent years, although beers are still the most popular drink for boys and spirits and alcopops the most popular for girls.
4. Of those who said they drank alcohol, 12% said they did this with the intention of getting drunk.
5. Alcohol consumption was found to be associated with smoking, with drinkers being much more likely to be smokers than non-drinkers.
6. Respondents' health was associated with how often they drank alcohol. Only 27% of regular drinkers reported being in good health compared with 60% reporting good health among those who never or rarely drank.

1. Newbury-Birch, D. et al. (2008). Impact of Alcohol Consumption on Young People: a review of reviews. Newcastle: Newcastle University for the Department for Children, Schools and Families.

2. Donaldson, L. (2009). Guidance on the Consumption of Alcohol by Children and Young People. London: Department of Health.

3. Home Office. (2012). The Government's Alcohol Strategy 2012. London: The Stationery Office.

4. Fuller, E. and Hawkins, V. (2014). Smoking, Drinking and Drug Use in Young People in England in 2013. London: HSCIC.



The Government's policy on drugs consists of three themes: reducing demand, restricting supply and building recovery in communities. For young people the focus is on prevention. This is to be achieved through good education and information about the harms of drugs, by tackling problem behaviours in schools and by working with the police and local organisations to prevent drugs misuse¹.

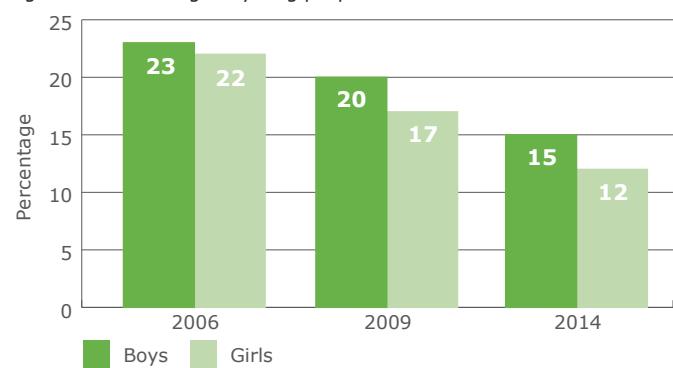
Meanwhile, the proportion of young people who have tried drugs has fallen in recent years. In 2003, 30% of 11 to 15 year-olds reported having ever tried drugs compared with 16% in 2013². Whether young people have ever used drugs rises sharply with age. At the age of 13, 11% say they have ever tried drugs compared with 18% at 14 years of age and 30% at 15.

Cannabis is by far the most commonly used illegal drug with 7% of adults aged 16 to 59 using it in the past year³. National research suggests that this is higher still among young people with 8% of 14 year-olds and 19% of 15 year-olds reporting that they had used cannabis in the past year⁴. Other research suggests that young people living in England are more likely, on average, to have ever used cannabis than those in other countries⁵.

Cannabis use

Since the 2006 survey, reported cannabis use has been falling among young people. Figure 5.1 shows the downward trend, with a consistently lower proportion of girls than boys reporting that they have ever tried cannabis. Currently, 15% of boys and 12% of girls have tried cannabis before, giving a total of 14% overall.

Figure 5.1 Percentage of young people who have tried cannabis before



When asked how many times they had tried cannabis, 41% of respondents said they had tried it once or twice, 15% had tried it three to five times and 44% had tried it more than five times. This was roughly similar for boys and girls, although boys were more likely than girls to have tried cannabis more than five times (49% compared with 38%).

Continued cannabis use

Respondents who said that they had tried cannabis were asked to indicate their current use of the substance. Table 5.1 shows the percentage whom no longer use it, use it occasionally or use it regularly and how this has remained relatively constant over the years. Over half of those who have tried cannabis continue to use it occasionally or regularly.

Table 5.1 Cannabis use among those who have tried it before

	2006 (N = 1,046)	2009 (N = 596)	2014 (N = 435)
	Percentage (%)		
Used to	42.1	37.8	43.4
Occasionally	43.2	50.2	39.8
Regularly	14.7	12.1	16.8
Total	100.0	100.0	100.0

The age at which respondents first tried cannabis was linked to their current levels of use. Of those who were aged 11 when they first tried the substance, 70% used it regularly at the time of the survey; this falls to 35% for those aged 12 at first use, 19% for those aged 13 and 5% for those aged 14 (n=64).

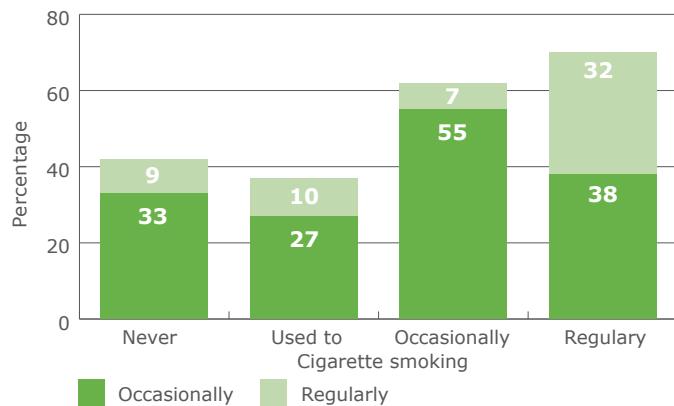
Cannabis, alcohol and smoking

In previous lifestyle surveys an association was found between the use of substances which pose a health risk, namely tobacco, alcohol and cannabis. This same pattern has been identified here, also.

As the level or regularity of smoking increases, so does the regularity of cannabis use. This is illustrated in Figure 5.2. Particularly interesting is that, although the total percentage of current cannabis users is similar for both occasional and regular smokers (62% and 70%), it is the regularity of the use of cannabis that shifts.

Children need more information on drugs of all kind.

Figure 5.2 Regularity of cannabis use by cigarette smoking



The direction of the association can also be viewed from the other side. An increased regularity in the smoking of cannabis also saw an increase in the regularity of smoking cigarettes and binge drinking (in those who drink alcohol). This is shown in figures 5.3a and 5.3b, where 66% of those who regularly use cannabis also regularly smoke cigarettes and (of those who drink alcohol) 54% of regular cannabis users regularly drink with the intention of getting drunk.

Figure 5.3a Regularity of cigarette smoking by cannabis use

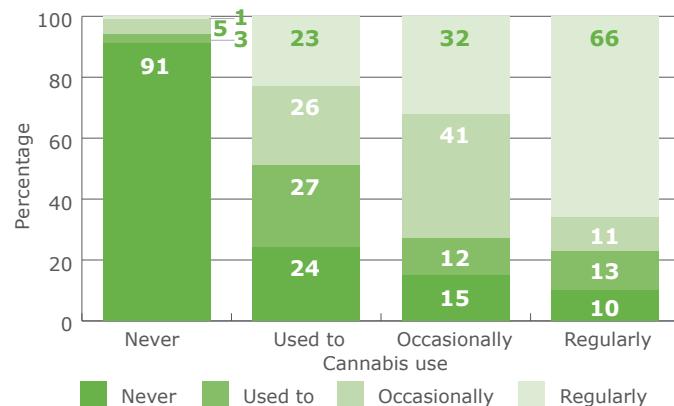
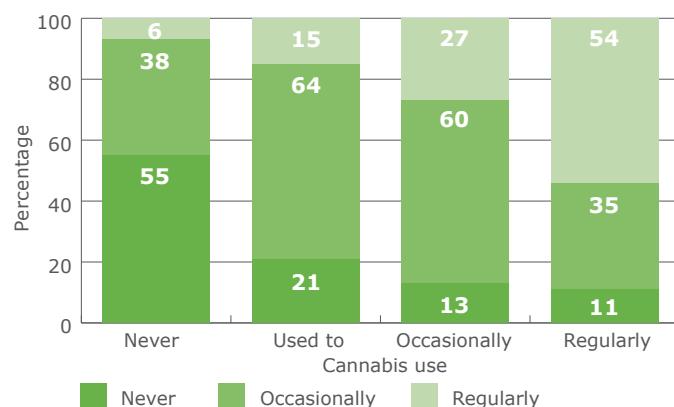


Figure 5.3b Regularity of binge drinking by cannabis use



Perceived harmfulness of cannabis

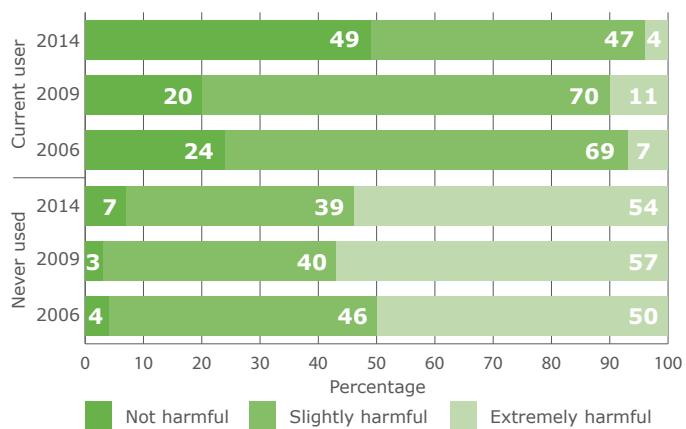
Young people were asked the extent to which they felt cannabis is harmful. Opinions on this were mixed, with nearly one in six boys and one in ten girls believing cannabis was 'not harmful', whereas roughly half of all those who answered believed it was 'extremely harmful' (Table 5.2).

Table 5.2 The perceived harmfulness of cannabis

	Boys (N = 1,463)	Girls (N = 1,844)
	Percentage (%)	
Not harmful	14.7	8.9
Slightly harmful	41.9	40.4
Extremely harmful	43.3	50.7
Total	100.0	100.0

Figure 5.4 shows the differences in the perceptions of the harmfulness of cannabis between those who have never tried it and those who use it either occasionally or regularly. The figure also shows that these views were roughly similar in 2006 and 2009, but between then and the 2014 survey attitudes towards the drug have changed. Roughly twice as many in both groups now believe that the drug is not at all harmful (49% for current users and 7% for those who have never tried it).

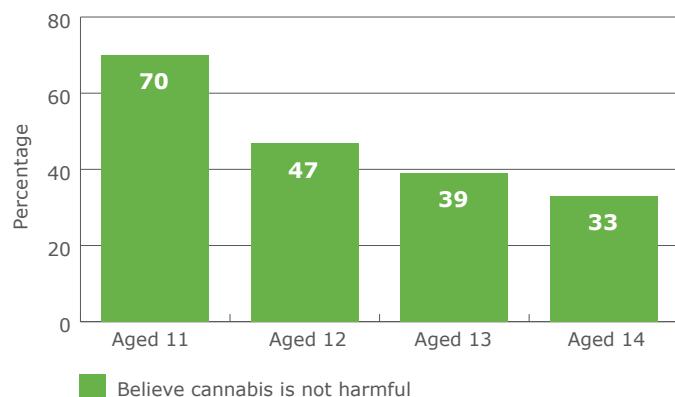
Figure 5.4 Perceptions of the harmfulness of cannabis over the years by current user or never used



A similar pattern was found between the age of first use and the perceptions of the harmfulness of the substance (Figure 5.5).

I am very sporty so I do not associate myself with drugs, smoking and alcohol. I don't see the point in the three.

Figure 5.5 Perceived harmfulness of cannabis of those who have tried it by the age of first use



Other substances

The respondents were asked to indicate their experience of a range of controlled and uncontrolled substances. Fewer than 2% of respondents reported having ever tried ecstasy/MDMA, cocaine, magic mushrooms, other class A substances, ketamine, mephedrone, amphetamines, amyl nitrate (poppers) or had used solvents as a drug. Additionally, 3% reported having tried steroids and 5% reported having tried 'legal highs'. There was little difference in reported use between boys and girls.

The most commonly used substance on the list was diet pills: 2% of boys and 7% of girls said they had used them at some point. Four percent of female respondents said they still use diet pills, either occasionally or regularly.

Cannabis use and health

A higher percentage of those who said that they had never tried cannabis considered themselves to be in good health (56%) than those who had tried it before (41%) and a lower proportion said that their health had been 'not good' in the past 12 months (5%) than those who had tried the drug (13%). This association was seen most clearly when looking at the regularity of use by those who had tried it. Of those who no longer used the drug, 12% said that their health was 'not good', and similarly so for those who only used it occasionally (11%). However, this rose to 21% of those who said they used cannabis regularly (Table 5.3).

Table 5.3 Self-reported health by experience with cannabis

	Never tried cannabis (N = 2,993)	No longer use (N = 185)	Occasionally use (N = 166)	Regularly use (N = 68)
	Percentage (%)			
Good health	56.1	39.5	48.2	26.5
Fairly good health	38.6	48.6	40.4	52.9
Not in good health	5.4	11.9	11.4	20.6
Total	100.0	100.0	100.0	100.0

Mapping cannabis use

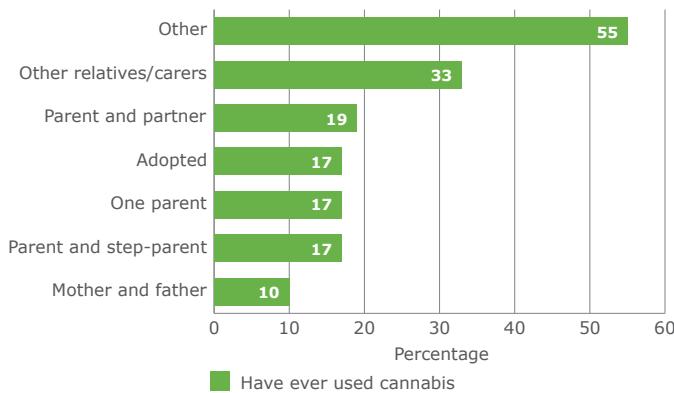
There was no indication that cannabis use was particularly higher in urban areas (11%), rural town and fringe (13%), or rural villages or conurbations (9%). There was also little difference between those living in the 10% most deprived neighbourhoods in the county (13%) and those living in the 10% most affluent neighbourhoods in the county (8%). However, there was a higher percentage of those ever having tried cannabis where a valid postcode was not supplied (20%).

Cannabis and family structure

In order to explore which other factors may influence a young person's use of cannabis, its use was analysed by family structure at home (Figure 5.6). Those living with both their birth mother and father were least likely to have tried cannabis (10%). This then rose to a consistent 17% to 19% where the respondent lived with one birth parent only or one birth parent and a partner or step-parent. A similar percentage was found for those who were adopted. 'Other' in Figure 5.6 refers to those living with foster parents; in a care home; in a children's home or 'somewhere else', which were combined due to small sample numbers. Those in this group were most likely to have tried cannabis followed by those living with relatives/carers other than their parents.

I do weed to relieve stress because of GCSEs.

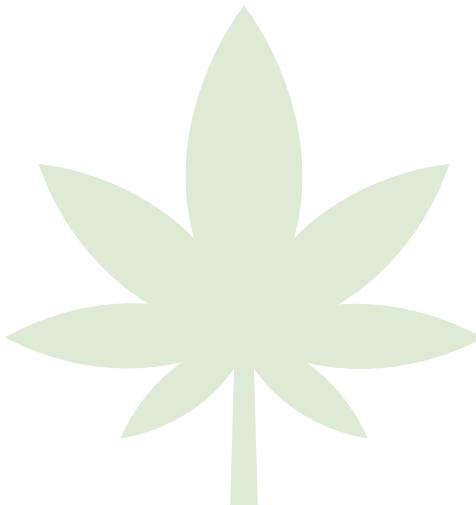
Figure 5.6 Cannabis use by family structure at home



Comments

1. Self-reported cannabis use has continued to fall since 2006, although 14% of young people still reported having tried it at some stage.
2. Of those who had tried cannabis, 49% of boys and 38% of girls had used it at least five times or more.
3. There was a strong link between the regularity of cannabis use and both alcohol consumption and smoking.
4. The younger the respondent was when they first tried cannabis, the more likely they were to be a regular user at the time of the survey and also to think that cannabis is not at all harmful.

5. Half of all respondents said that they thought cannabis was extremely harmful, which is roughly consistent with previous surveys. Of current cannabis users, however, 49% thought it was not at all harmful, over twice that of previous surveys.
6. There was little difference in cannabis use between affluent and deprived areas and between rural and urban areas of the county.
7. Like smoking and alcohol consumption, there was a clear association between cannabis use and family structure, with 10% of those living with both birth parents having ever tried it, rising to 17% of those living with just one parent.



1. Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life. HM Government.
2. Fuller, E. and Hawkins, V. (2014). Smoking, Drinking and Drug Use in Young People in England in 2013. London: HSCIC.
3. Home Office. (2014). Drug Misuse: findings from the 2013/14 Crime Survey for England and Wales. London: Home Office.
4. Fuller, E. and Hawkins, V. (2014). Smoking, Drinking and Drug Use in Young People in England in 2013. London: HSCIC.
5. Currie, C. et al., eds. (2012). Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-aged Children (HBSC) Study: international report from the 2009/2010 survey. Copenhagen: WHO Regional Office for Europe.

6 Diet and weight

More than a third of young teenagers in the UK are overweight or obese¹. Obesity has a number of health and wellbeing implications for young people including Type-2 diabetes, musculoskeletal difficulties, asthma, obstructive sleep apnoea, and a higher level of cardiovascular risk factors and mental health problems^{2, 3}.

Overweight and obese children are more likely to become obese adults and suffer from associated health problems⁴.

Meanwhile, research suggests that 62% of 14 to 15 year-old females and 27% of males would like to lose weight⁵. Whilst weight is a concern for many young people, eating a healthy diet seems to be difficult for some, especially in the context of the availability of fast foods. Not only is consuming fast food associated with higher levels of obesity in teenagers, it is also likely to decrease the consumption of fruit and vegetables⁶. Indeed, despite recommendations to eat five portions of fruit and vegetables a day, few young people manage this. Additionally, as children and young people get older the amount of fruit and vegetables consumed falls.

Other research indicates that 17% of secondary school-aged children eat fast foods daily and this is associated with poorer physical and mental health⁷.

Girls are more likely to suffer from an eating disorder than boys. The peak age of diagnosis in boys is 10 to 14 and for girls 15 to 19. The prevalence rate for girls aged 15 to 19 is 0.2%⁸.

Chapter 7 of this report describes national research which indicates that girls aged 13 to 15 are less likely to undertake physical activity than boys⁹. Furthermore, girls in this age range are more likely to be obese than boys (22% compared with 18%). The same survey found that a low level of household income is associated with both lower levels of engagement in physical activity and higher levels of obesity.

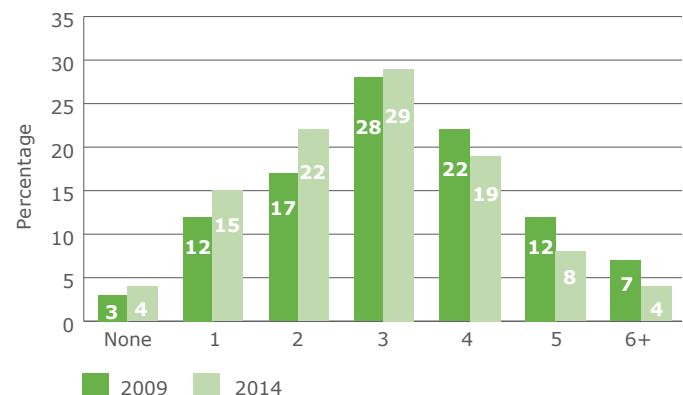
A healthy diet

Three-quarters of young people (77%) considered their diet to be either healthy or very healthy, 21% said it was unhealthy and 2% said it was very unhealthy. This was broadly similar for both boys and girls and has not changed considerably since the 2006 survey. Seven percent of girls and 3% of boys said that they were either vegetarian or vegan. There were no major differences between vegetarians, vegans or those who were neither, to how healthy they considered their diet to be.

When asked if they usually eat breakfast, 25% of boys and 39% of girls said that they did not.

Fewer respondents were found to be eating the recommended five-a-day portions of fruit and vegetables than in previous surveys. Figure 6.1 shows that in 2014 only 12% consumed five or more fruit and vegetables a day and this has decreased since 2009 when it was 19%.

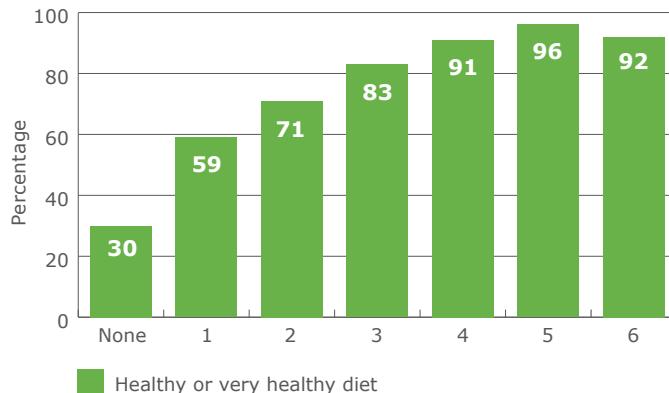
Figure 6.1 Portions of fruit and vegetables eaten per day in 2009 and 2014



There is a well-established link between eating fruit and vegetables and having a healthy diet; food packaging commonly displays if the produce contributes towards the five-a-day target. This understanding was shown in Figure 6.2 where, as the portions of fruit and vegetables eaten each day goes up, the respondents were more likely to report that they felt they had a healthy or very healthy diet. That being said, 30% of those who eat no fruit or vegetables at all still believe their diet is healthy. Interestingly, only 22% of those who considered themselves to be a vegetarian said that they eat five or more portions a day.

I believe very strongly that there is no real help for us kids to lose weight. ↗

Figure 6.2 Percentage of those who believe they have a healthy diet by the amount of fruit and vegetables per day



Meanwhile, 66% of respondents who did not usually eat breakfast believed they had a healthy diet compared with 83% of those who did eat breakfast.

When comparing rural and urban or deprived and affluent areas, little difference was found between the respondents' dietary behaviours.

A healthy weight

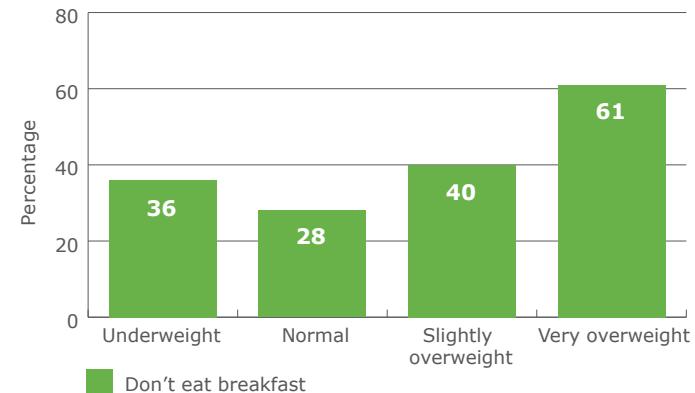
When asked to consider their own weight and how they would view themselves, 10% of boys and 6% of girls thought that they were underweight and 20% of boys and 30% of girls thought they were slightly or very overweight. Only two in three respondents believed they were at a normal 'healthy' weight (Table 6.1).

Table 6.1 Self-perception of own weight

	Boys	Girls	All pupils
	Percentage (%)		
Underweight	10.3	6.0	7.9
Normal weight	69.6	64.4	66.7
Slightly overweight	17.6	25.2	21.8
Very overweight	2.5	4.5	3.6
Total	100.0	100.0	100.0

Young people who felt they were of a normal weight were more likely to eat breakfast than those who felt they were over or underweight (Figure 6.3). Sixty-one percent of those who thought they were very overweight did not usually eat breakfast, compared with 28% of those who felt their weight was normal.

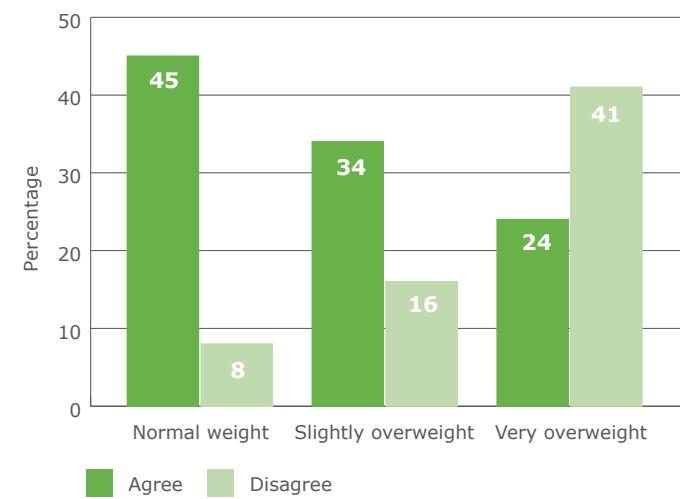
Figure 6.3 Those who don't usually eat breakfast by how they perceive their own weight



Young people who view themselves as overweight may not have as good a relationship with their parents as those who view themselves to be of a normal weight (Figures 6.4a & 6.4b).

Those who felt they were a normal weight were more likely to agree that they could easily talk to their parents (45%) than those who felt they were very overweight (24%).

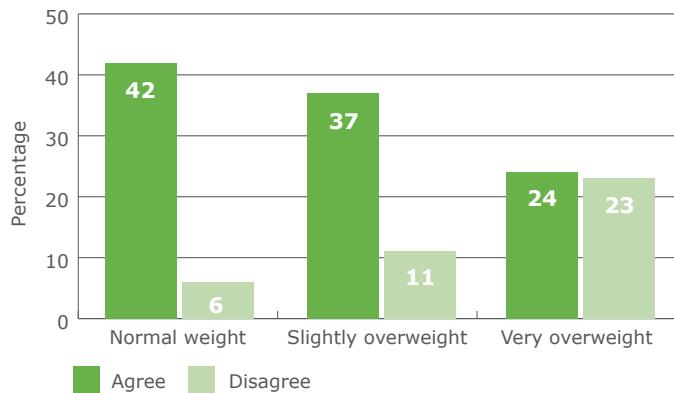
Figure 6.4a Agree or disagree: "I find it easy to talk to my parents", by self-perception of weight



Additionally, 42% of those who felt they were of a normal weight agreed that they spend enough time with their parents compared with 37% of those who felt they were slightly overweight and just 24% of those who felt they were very overweight.

I have been trying to lose weight which sometimes can effect my school work.

Figure 6.4b Agree or disagree: "I spend enough time with my parents", by self-perception of weight

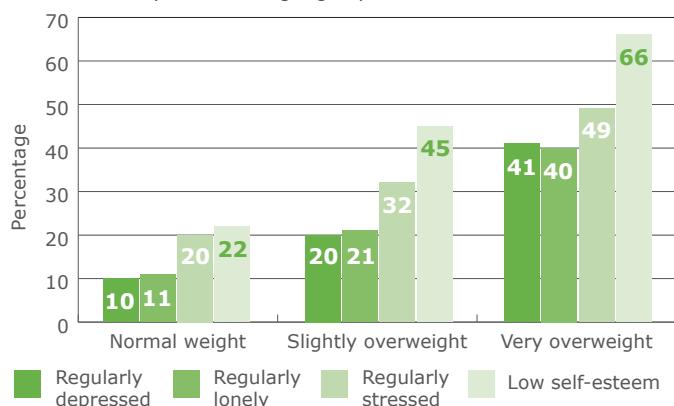


Self-perceived weight and emotional wellbeing

Unsurprisingly, respondents' perception of their own weight was found to be closely associated with their emotional wellbeing. Respondents were more likely to regularly suffer from depression, loneliness, stress and low self-esteem if they perceived themselves as 'overweight' than 'normal weight'. For example, 41% of those who considered themselves to be very overweight said they were regularly depressed compared with 10% of those who thought of themselves as being a normal weight. This is illustrated in Figure 6.5.

Similarly, those who considered themselves to be 'underweight' were also found to have lower levels of wellbeing, with 20% regularly feeling depressed, 29% regularly being stressed, 19% regularly feeling lonely and 26% reporting low self-esteem.

Figure 6.5 The percentage of respondents reporting poor wellbeing within each self-perceived weight group



Population BMI

A person's Body Mass Index indicates whether they are likely to be overweight, obese, underweight, or of a normal healthy weight by using their weight and height. The boundaries for these categories can be placed at different points, depending on how you are using the measure. Population studies, looking at samples of people to paint a picture of the health of the population at large, would say that 'overweight' begins at the 85th percentile of a normal population and 'obese' begins at the 95th percentile. Therefore, those with BMIs the same or more than the top 5% of an 'expected healthy population' would always be classified as obese, even if more than 5% of the actual measured population fit into this range.

Clinical BMI

To avoid falsely identifying a person as overweight or obese, a different set of boundaries were developed for use on individuals. These are known as the 'clinical boundaries' and are measured at the 91st and 98th percentiles of a 'normal population'. Underweight remains as those with a BMI less than the 2nd percentile.

Using this method (Table 6.2), general levels of overweight and obesity can be estimated in the young people who responded. This has increased since 2009.

Table 6.2 BMI as measured by clinical cut-offs of 2nd, 91st and 98th percentiles

	2006		2009		2014	
	Boys	Girls	Boys	Girls	Boys	Girls
BMI range					Percentage (%)	
Underweight	84.3	84.2	91.5	89.8	10.5	10.6
Normal					69.6	76.4
Overweight	9.3	11.5	5.9	7.2	11.0	7.6
Obese	6.4	4.2	2.6	3.0	9.0	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Underweight and normal weight were a combined category in 2006 and 2009.

I am quite active and eat well but I can't seem to lose weight. I am very self-conscious and hate the way I look.

Comments

1. Roughly a quarter of respondents considered themselves to have an unhealthy diet. This is largely unchanged from previous years. Vegetarians and vegans did not necessarily consider themselves to have healthier diets than those who were neither.
2. The amount of fruit and vegetables a young person eats each day centred around three portions a day (see Figure 6.1). Around 12% of all respondents ate five portions a day while only 22% of vegetarians ate five a day.
3. Around a third of respondents considered themselves to be either over or underweight. Of those who considered themselves to be a 'normal weight', 28% did not usually eat breakfast compared with 61% of those who thought they were 'very overweight'.
4. Self-perception of weight was found to be associated with respondents' relationships with their parents. Those who viewed themselves as very overweight were less likely than others to be able to talk to their parents or feel like they spent enough time with their parents.

5. Perceptions of weight were also associated with emotional wellbeing. Those who thought they were overweight were more likely to suffer regularly from depression, loneliness, stress and low self-esteem than others who thought they were a normal weight.
6. When examining individual BMI scores (clinical levels), more respondents appeared to be overweight or obese than in 2009.



1. van Jaarsveld, C. and Gulliford, M. (2015). Childhood Obesity Trends from Primary Care Electronic Health Records in England between 1994 and 2013: population-based cohort study. *Archives of Disease in Childhood*. 100(3), 214-19.
2. Public Health England. (2013). Health Risks of Childhood Obesity. Available from: http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child
3. Reilly, J. and Kelly, J. (2011). Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. *International Journal of Obesity*. 35(7), 891-8.
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5. Schools and Students Health Education Unit. (2014). Young People into 2014. Available at: <http://sheu.org.uk/content/page/young-people-2014>
6. Fraser, L., Edwards, K., Cade, J. and Clarke, G. (2011). Fast food, other food choices and body mass index in teenagers in the United Kingdom (ALSPAC): a structural equation modelling approach. *International Journal of Obesity*. 35(10), 1325-1330.
7. Zahra, J., Ford, T. and Jodrell, D. (2014). Cross-sectional survey of daily junk food consumption, irregular eating, mental and physical health and parenting style of British secondary school children. *Child Care Health Development*. 40(4), 481-91.
8. Micali, N., Hagberg, K., Petersen, I. and Treasure, J. (2013). The incidence of eating disorders in the UK in 2000-2009: findings from the General Practice Research Database. *BMJ Open* doi: 10.1136/bmjopen-2013-002646.
9. HSCIC. (2013). Health Survey for England 2012. Available from: <http://www.hscic.gov.uk/catalogue/PUB13218>

7 Physical activity

Physical activity has a range of health and wellbeing benefits for young people¹. Establishing the habit of taking part in physical activities when young can lead to a continuation in adulthood².

Research suggests that the greater the levels of physical activity in young people, the greater the health benefits³. Current daily recommendations for the amount of activity that children and young people should engage in is 60 minutes of moderate to vigorous physical activity every day of the week. However, very few achieve these recommendations. Nationally, only 8% of girls and 14% of boys aged 13 to 15 manage to undertake this level of physical activity on all days of the week⁴. Furthermore, there appears to have been a fall over time in the proportion of this age group meeting the recommended levels of activity. Even so, other research suggests that young people in England are slightly more likely to have undertaken 60 minutes of physical activity on more days of the week, on average, than those in other countries⁵.

Exercise and activity

Young people were asked how active they considered themselves to be (Table 7.1). As with previous years, girls were less likely to say they were 'very active' than boys. Meanwhile, 13% of boys and 22% of girls thought they were 'not that active'.

Table 7.1 Self-perceived activity level

	Boys	Girls	All pupils
	Percentage (%)		
Very active	39.1	20.7	28.9
Moderately active	47.8	57.4	53.1
Not active	13.1	21.9	18.0
Total	100.0	100.0	100.0

The perceptions of activity appeared to match the quantified amounts done. Young people were asked on how many days in an average week they took part in physical activities that made them out of breath. Respondents were asked to consider responses for 30 minutes or more a day (reflecting older guidelines) and for 60 minutes or more (reflecting current guidelines). A lower proportion of young people undertook 30 minutes

of physical activity on five or more days in 2014 than in 2009 (22% compared with 30%).

In general, girls undertake less physical activity than boys, with half the number being active on five days or more (Figures 7.1a and 7.1b). Twelve percent of girls and 9% of boys reported being physically active for 30 minutes or more on, at the most, one day a week. This rose to 27% of girls and 17% of boys when considering physical activity for 60 minutes or more.

Figure 7.1a Number of days of physical activity for 30 minutes or more

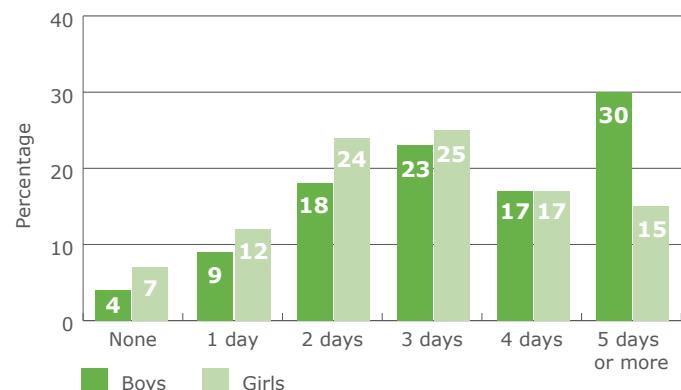
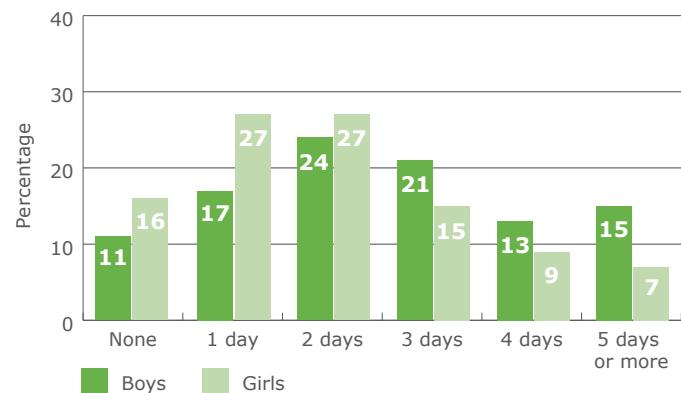


Figure 7.1b Number of days of physical activity for 60 minutes or more



Activity and health

Regular physical activity was associated with general health perceptions. More of those who were not active at all during an average week said that their health had been 'not good' than those who were active for just one day (Figure 7.2).

There was a noticeable association between activity levels and behaviours, such as substance

Although I don't do lots of 30min/60min exercise extra, I do walk to school every day. ,,

misuse and smoking (Figure 7.3). Those who felt they were not at all active were more likely to also be regular smokers (8%), drinkers (5%) and to regularly use cannabis, when taken as a percentage of those who have tried the drug before (23%).

Figure 7.2 Pupils reporting that their health has been 'not good', by the number of days they are involved in physical activity

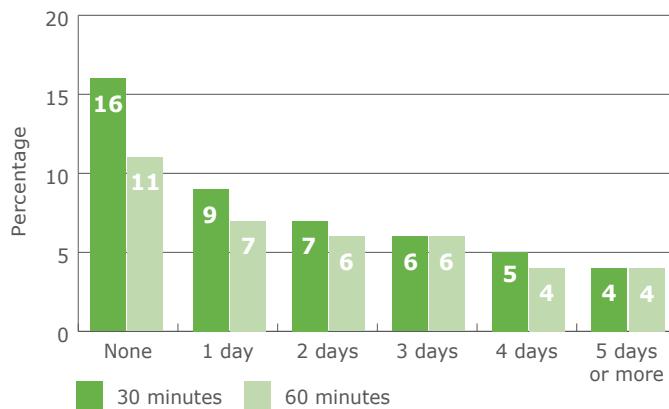
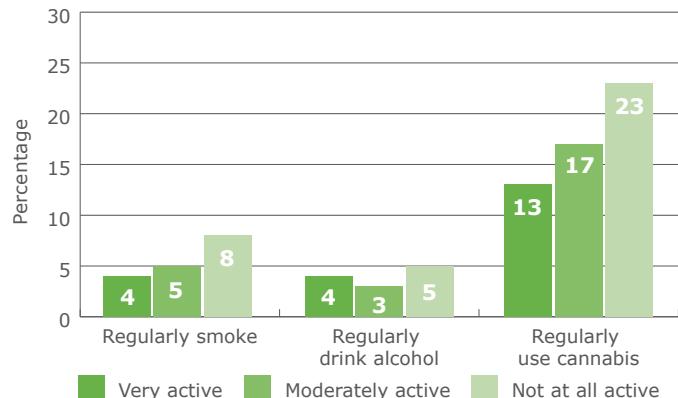


Figure 7.3 Those who regularly take part in high-risk behaviours, within each self-reported activity level



As with previous editions of the survey, an association was found between activity levels and wellbeing indicators, shown in Table 7.2. An increase in activity levels was found to be associated with an increase in self-reported wellbeing, such as never feeling depressed, stressed or lonely, or having high self-esteem. Boys were less likely than girls to report feeling depressed, stressed or lonely or have poor self-esteem than girls at all levels.

Table 7.2 Self-perceived activity levels by indicator of emotional wellbeing

	Never/hardly ever depressed		Never/hardly ever stressed		Never lonely		High self-esteem	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Very	67.4	45.7	47.4	19.8	61.8	32.7	38.8	11.6
Moderately	58.4	32.1	41.3	14.0	53.7	28.2	20.5	5.9
Not at all	46.6	28.2	28.3	10.0	45.8	18.7	11.8	5.3

Comments

- Nearly one in five respondents said they were not at all active in their daily lives. More boys (39%) than girls (21%) considered themselves to be 'very active'.
- Activity levels were associated with self-perceived health. A higher proportion of those who never undertook any physical activities during the week considered

themselves to be in poor health than others who undertook at least 30 minutes of physical activities once during the week.

- Low levels of physical activity were associated with regular tobacco, alcohol and cannabis use.
- Young people who were more active were considerably less likely to be stressed, depressed, lonely or have low self-esteem.

1. HSCIC. (2013). Health Survey for England 2012. Available from: <http://www.hscic.gov.uk/catalogue/PUB13218>

2. Telama, R. (2009). Tracking of physical activity from childhood to adulthood: a review. *Obesity Facts*. 2(3), 187–195.

3. Janssen, I. and LeBlanc, A.G. (2010). Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *International Journal of Behavioral Nutrition and Physical Activity*. 7(40).

4. HSCIC. (2013). Health Survey for England 2012. Available from: <http://www.hscic.gov.uk/catalogue/PUB13218>

5. Currie, C. et al., eds. (2012). Social Determinants of Health and Well-being Among Young People. *Health Behaviour in School-aged Children (HBSC) Study: international report from the 2009/2010 survey*. Copenhagen: WHO Regional Office for Europe.

8 Emotional wellbeing

The teenage years are a time of great change for young people. Inevitably this has an impact on their emotional health and wellbeing. However, there is a shortage of good, up-to-date national data on young people's emotional and mental health to give a picture of current prevalence rates and to help understand the issues involved¹. What is known, however, is that a half of all lifelong psychiatric disorders start by the age of 14 and three-quarters by the age of 24². What is also known is that children's mental health and wellbeing is an influencing factor in their cognitive development and learning³.

Other research suggests that 13% of girls and 10% of boys have some kind of mental health disorder⁴. For the age group 14 to 15, girls are also more likely to suffer from low self-esteem than boys and overall levels of self-esteem have fallen in recent years⁵.

One of the themes of the Children and Young People's Mental Health and Wellbeing Taskforce is to promote resilience, prevention and early intervention to support children and young people's mental health and wellbeing⁶. A focus for this support should be schools. The National Institute for Health and Care Excellence (NICE) recommends that schools should be supported to adopt a whole school approach to promote the social and emotional wellbeing of children and young people.

The lifestyles survey included a range of questions designed to assess the emotional wellbeing of young people. Young people were asked how often they felt stressed or depressed and how they would describe their self-esteem. In other words, self-perceived emotional wellbeing was measured and not clinical depression.

Wellbeing indicators

Girls were around three times more likely to report regularly feeling stressed, depressed or lonely than boys, reflecting the results of previous lifestyles surveys (Figures 8.1a and 8.1b).

Depression, stress and loneliness were common features in young people's lives. For girls, only 15% said that they were not at least occasionally stressed; 27% said they were not at least occasionally lonely and 34% said they were not at least occasionally depressed. Meanwhile, 60% of boys said they never or rarely felt depressed; 42% never or rarely felt stressed and 56% never felt lonely.

Figure 8.1a Boys' self-reported feelings of depression, stress, and loneliness

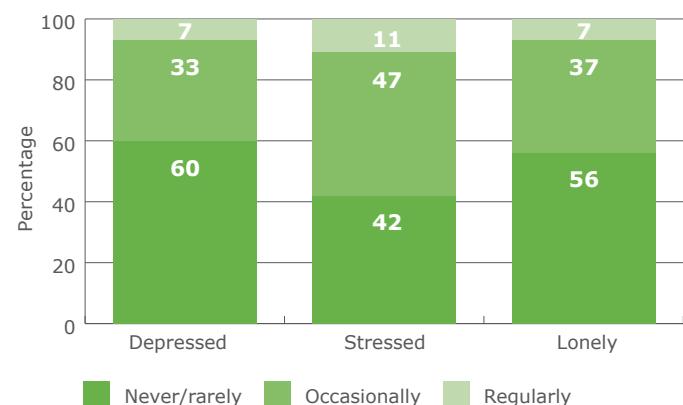
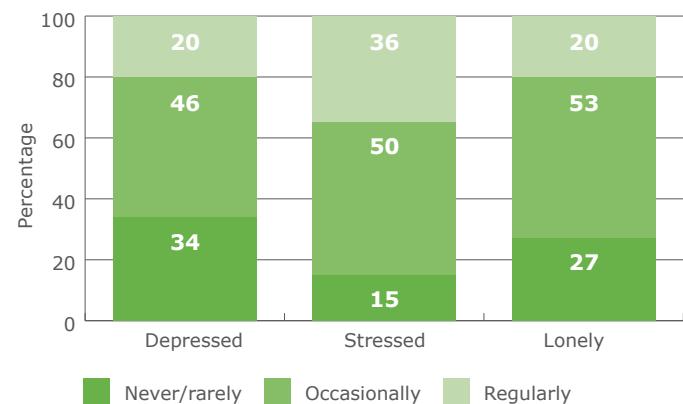


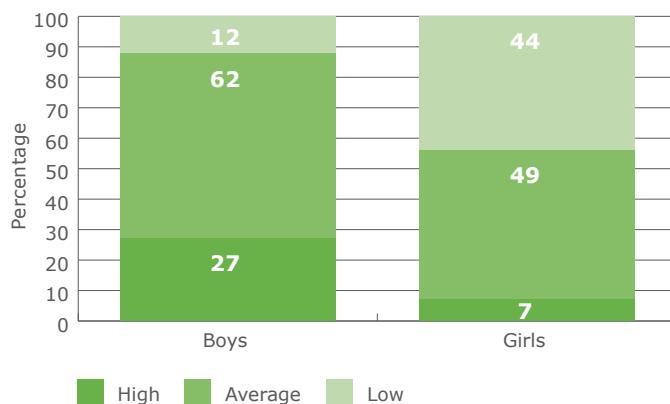
Figure 8.1b Girls' self-reported feelings of depression, stress, and loneliness



When asked to describe their self-esteem, around four times as many boys (27%) than girls (7%) said that they had high self-esteem (Figure 8.2). Inversely, 44% of girls said they had low self-esteem compared with 12% of boys.

I feel as though there isn't enough support for teens with mental health disabilities.

Figure 8.2 Levels of self-esteem reported by boys and girls



Multiple wellbeing issues

Further analysis was undertaken to determine the percentage of respondents reporting low levels of wellbeing on more than one of four indicators (stress, depression, loneliness and low self-esteem). This is illustrated in Table 8.1. A lower proportion of respondents reported low wellbeing on two or more indicators than one. However, the percentage reporting low levels of wellbeing on two, three or four indicators was similar, albeit somewhat lower, than for those reporting just one. This suggests that a small proportion of young people live with multiple wellbeing issues.

Girls were more likely to suffer from multiple wellbeing issues than boys. Between four and six times as many girls as boys reported having low wellbeing on more than one indicator. In particular, 24% of girls said they were both regularly stressed and had low self-esteem. One in ten girls reported low levels of wellbeing on all four indicators.

Table 8.1 Respondents with multiple wellbeing issues

	Boys	Girls
	Percentage (%)	
Regularly depressed and stressed	4.1	15.8
Regularly depressed and lonely	3.7	12.2
Regularly depressed and low self-esteem	4.1	16.3
Regularly stressed and lonely	3.5	14.2
Regularly stressed and low self-esteem	4.1	24.4
Regularly lonely and low self-esteem	3.5	15.5

Counselling and school-based support

Respondents were asked if they had ever visited a counsellor or if they had ever sought support or advice from a member of school staff.

When asked if they had ever visited a counsellor, 4% of boys and 14% of girls said that they had, either occasionally or regularly (Table 8.2). A larger proportion of respondents would seek out personal advice or support from members of staff at school, as shown in Table 8.3.

Table 8.2 Do you ever visit a counsellor?

	Boys	Girls
	Percentage (%)	
Never/rarely	95.5	86.4
Occasionally	3.5	9.0
Regularly	1.0	4.6
Total	100.0	100.0

Table 8.3 Do you ever go to a member of school staff for personal support/advice?

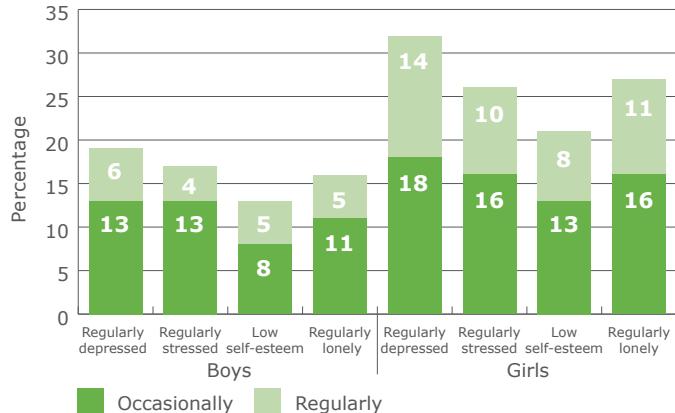
	Boys	Girls
	Percentage (%)	
Never/rarely	86.0	80.8
Occasionally	12.4	15.6
Regularly	1.6	3.6
Total	100.0	100.0

Although the numbers were small, some respondents would regularly visit a counsellor but never seek advice from a staff member and vice versa. This shows that percentages in Tables 8.2 and 8.3 do not show the same respondents in the same categories, but describe young people using different means to speak with adults about their wellbeing.

Figure 8.3 illustrates that only a small proportion of those who reported low emotional wellbeing visited a counsellor. Thirty-two percent of girls who said that they were regularly or occasionally depressed accessed a counsellor at some point compared with 19% of boys.

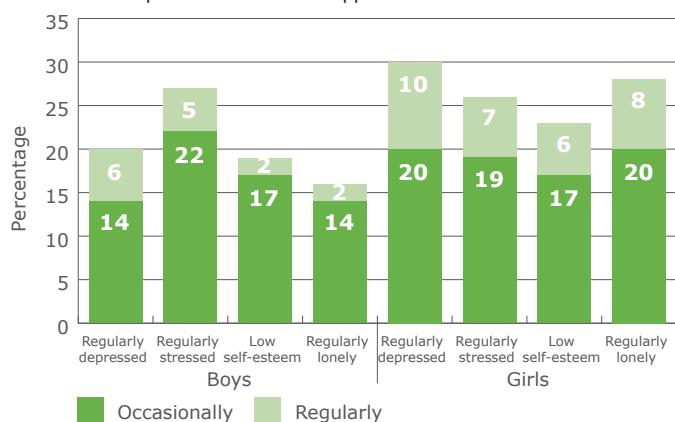
I feel like I am always expected to be something that I am not and to be a certain way from social media, magazines etc. I compare myself to nearly everyone and it regularly makes me upset.

Figure 8.3 How often those with low wellbeing visit a counsellor



As noted earlier in this chapter, a more common avenue for support was to seek out a member of school staff (Figure 8.4). Here, 27% of boys who were regularly stressed sought out a staff member for personal advice or support either occasionally or regularly, compared with 26% of girls. There were, however, still many young people who would not go to a staff member if they had poor emotional wellbeing. For example, 72% of respondents would not seek advice or support from a member of staff at school if they were regularly depressed.

Figure 8.4 How often those with low wellbeing seek out a member of school staff for personal advice or support



Family relationships

To explore young people's relationships with their parents they were asked to what extent they agreed or disagreed with three statements: I find it easy to talk to my parents; my parents are strict; I spend enough time with my parents (Tables 8.4a, 8.4b and 8.4c).

Boys were typically more comfortable talking to their parents than girls. For boys, 81% said they

agreed or mostly agreed that it was easy to talk to their parents compared with 70% of girls.

Table 8.4a I find it easy to talk to my parents

	Boys	Girls
	Percentage (%)	
Agree	47.3	36.1
Mostly agree	33.8	34.3
Mostly disagree	11.8	15.3
Disagree	7.2	14.3
Total	100.0	100.0

Perceptions of parents' strictness were similar for boys and girls with roughly equal proportions believing that their parents were strict or not strict.

Table 8.4b My parents are strict

	Boys	Girls
	Percentage (%)	
Agree	11.0	12.5
Mostly agree	36.5	36.4
Mostly disagree	37.1	36.6
Disagree	15.4	14.5
Total	100.0	100.0

Although most young people believed that they spent enough time with their parents, nearly a quarter (21% of boys and 25% of girls) felt that this was not the case.

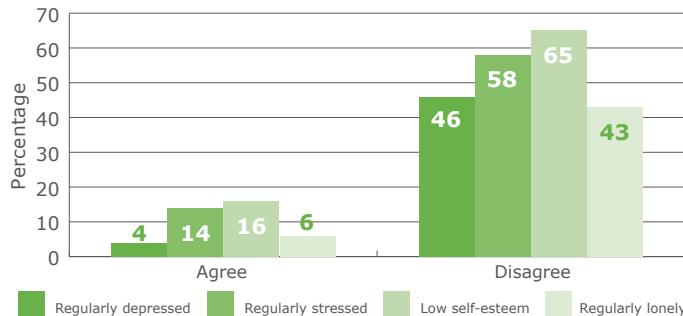
Table 8.4c I spend enough time with my parents

	Boys	Girls
	Percentage (%)	
Agree	39.1	40.4
Mostly agree	40.0	34.9
Mostly disagree	14.7	16.0
Disagree	6.2	8.7
Total	100.0	100.0

Young people who believed they could not easily talk to their parents were far more likely to report poor emotional wellbeing than others (Figure 8.5). For example, of those who agreed that they could easily talk to their parents, only 4% were also regularly depressed, which rose to 46% of those who could not easily talk to their parents. Those who could not easily talk to their parents were also four times more likely to be stressed or suffer from low self-esteem and were seven times more likely to report being lonely.

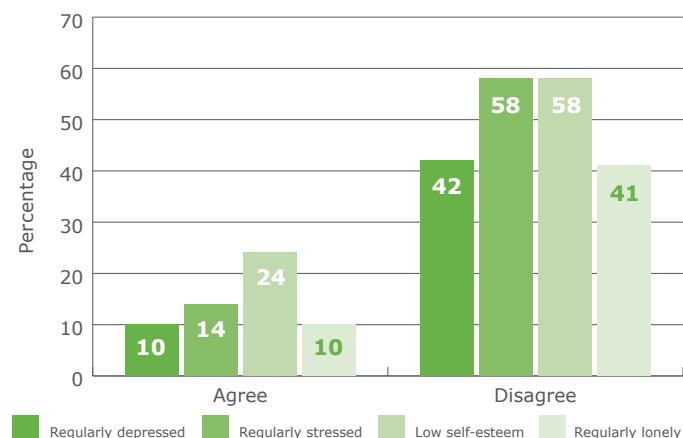
I get worried that none of my friends actually like me, and they will leave me, and are always talking about me behind my back.

Figure 8.5 Those who reported low wellbeing by whether or not they agree that they can easily talk to their parents



These differences were also seen when considering whether respondents felt they spent enough time, on the whole, with their parents (Figure 8.6). Four times as many respondents reported being regularly depressed or stressed if they felt they did not spend enough time with their parents.

Figure 8.6 Those who reported low wellbeing by whether or not they agree that they spend enough time with their parents



Emotional wellbeing and physical health

As was seen in the 2009 survey, physical health and emotional wellbeing were linked to one another at a range of levels. For example, 25% of respondents who were regularly depressed said their health had been good over the last year, compared to 69% of those who were never or rarely depressed.

Comments

1. As seen in previous years, girls were more likely than boys to report low levels of emotional wellbeing. Girls were roughly three times more likely than boys to say they were regularly stressed, depressed or lonely and four times more likely to report low self-esteem.
2. Ten percent of girls said they had poor emotional wellbeing on all four of the indicators surveyed (stress, depression, loneliness and self-esteem).
3. Most respondents who had poor emotional wellbeing did not access support from adults in schools. However, around a quarter of boys and a similar proportion of girls would seek help or advice from a member of school staff if they were regularly depressed. Meanwhile, one in three girls and one in five boys who said they were depressed would visit a counsellor.
4. One in three girls and one in five boys did not feel they could talk to their parents. Additionally, one in five young people did not feel they spent enough time with their parents.
5. Relationships with parents were found to be closely linked to emotional wellbeing, with those not feeling they could talk to or spend enough time with their parents reporting lower wellbeing than others.

1. Hagell, A., Coleman, J. and Brooks, F. (2013). Key Data on Adolescence 2013. London: Association for Young People's Health.
2. Kessler, R. et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*, 62, 593-602.
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7. NICE. (2009). Social and Emotional Wellbeing in Secondary Education. London: National Institute for Health and Care Excellence.

9 School, bullying and truancy

Young people with better health and wellbeing are more likely to achieve academically¹. The same briefing cites research which indicates that a positive attitude towards school among 14 year-olds is associated with higher academic achievement at the age of 16². However, international research suggests that 15 year-olds in England are less likely, on average, to say that they like school 'a lot' than other countries. Additionally, 15 year-olds in England are more likely than those in other countries to feel pressured by school work. As many as 67% of girls and 50% of boys in England report being pressured by school work compared with 46% for girls and 37% for boys in other countries³.

Fifteen year-olds in England are also less likely to find their classmates kind and helpful, on average, than other countries³. Meanwhile, bullying is an issue for a number of young people. It is thought that around four in ten young people have been bullied at some point and this accounts for 12% of contacts with ChildLine by young teenagers^{4, 5, 6}. It is also known that bullying in childhood is associated with anxiety, depression and self-harm in adulthood⁷.

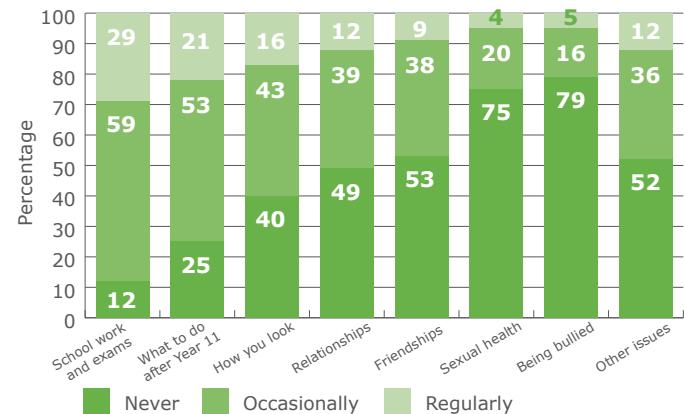
There has been a year-on-year fall in the overall rate of absenteeism and persistent absenteeism in secondary schools to around 5% over the past five years⁸. However, the rates tend to be higher for older pupils than younger ones. In the academic year 2013 to 2014, pupils in Year 11 had an overall absence rate that was approximately 1.5 times higher than the rate for pupils in Year 7 (6% compared with 4%). Additionally, rates of absence tend to be higher for pupils from the most deprived areas than those from the least deprived areas, particularly for persistent absentees.

Issues young people worry about

Young people were given a list of issues relating to their education and social wellbeing and asked to say how frequently they worried about them.

As expected, boys and girls worried about different issues to different degrees. Figure 9.1a shows the boys' responses and Figure 9.1b shows the girls' responses.

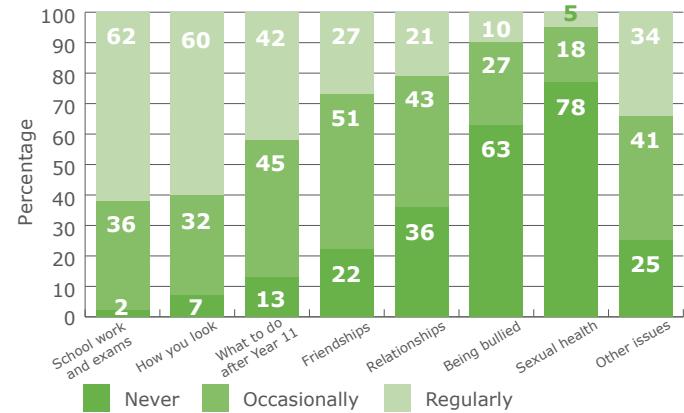
Figure 9.1a Issues that young people worry about (Boys)



With the exception of issues relating to sexual health, a higher percentage of girls than boys were occasionally or regularly worried about all the issues listed. The most common issue for the respondents to worry about was school work and their exams (88% of boys and 98% of girls). The next most common issue was, depending on gender, 'what to do after Year 11' (75% of boys; 87% of girls) or 'the way you look' (60% of boys; 93% of girls). Sixty percent of girls said they regularly worry about the way they look. Fewer boys than girls worried about relationships, although it was still more common for boys to worry about relationships than friendships, which was not the case with girls.

Thirty-four percent of girls and 12% of boys regularly worry about 'other issues', which were not defined here.

Figure 9.1b Issues that young people worry about (Girls)



I don't think that teachers can deal with bullying and most just ignore it, teachers should be allowed a stricter range of sanctions.

Bullying

Twenty-three percent of boys and 28% of girls said that they had been bullied in the past year. This is higher than in the 2006 and 2009 surveys (Table 9.1). Combined, this amounts to 26% of the whole sample ($n=904$). Whether or not young people experienced bullying was associated with deprivation. Thirty-five percent of those from the 10% most deprived LSOAs in the county said they had been bullied compared with 19% of those in the 10% least deprived areas.

Table 9.1 Have you been bullied in the past year?

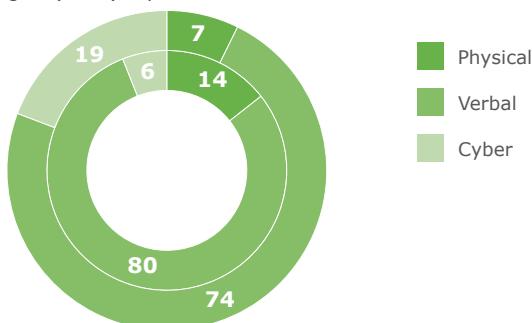
	2006		2009		2014	
	Boys	Girls	Boys	Girls	Boys	Girls
Percentage (%)						
Yes	19.4	22.3	19.4	18.1	23.1	28.2
No	80.6	77.7	80.6	81.9	76.9	71.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Of those who had experienced bullying, 26% said it happened 'most days'; 29% said it was 'about once a week' and the remaining 45% said it was 'about once a month'. This was similar for both boys and girls. Of all young people completing questionnaires, 7% reported that they were bullied 'most days' in the past year and this would equate to around two children in every class of thirty.

The main form of bullying reported was verbal, rather than physical or cyber bullying. In 2009, 81% of bullying was verbal, which has now lowered to 76% in place of an increase in cyber bullying, now 13%, up from 5% in 2009.

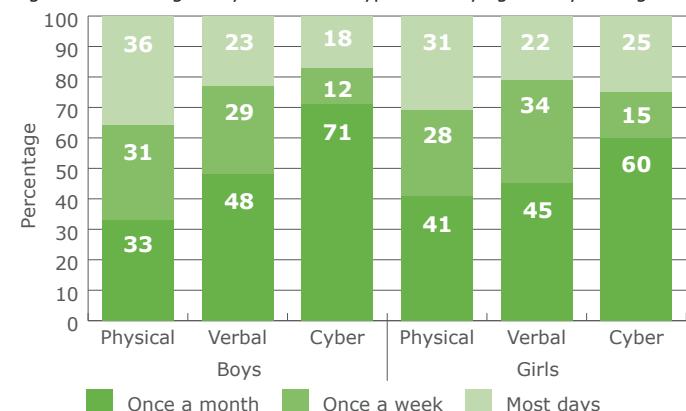
Girls experienced more cyber bullying than boys (19% compared with 6%) and boys experienced more physical bullying than girls (14% compared with 7%).

Figure 9.2 The main form of bullying that boys (inner) and girls (outer) experience



Those who said that they mainly experienced physical bullying were more likely to be bullied most days than the other two forms of bullying (Figure 9.3). Overall, cyber bullying was the least likely to occur daily, although 18% of boys and 25% of girls who were mainly victims of cyber bullying still said that it happened on most days.

Figure 9.3 The regularity of different types of bullying for boys and girls



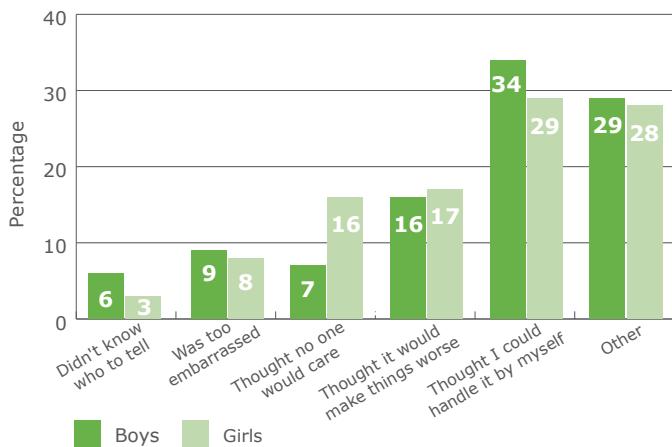
When asked where the bullying mainly took place, 85% said that it was at school; 3% said it was on the way to or from school; 5% said it was near home or at home and 7% said it was somewhere else.

Only 39% of those bullied reported it to someone at school, equal for both boys and girls. More of those respondents who had been bullied most days reported the bullying (53%) than those who were bullied roughly once a week (40%) or once a month (32%).

Young people were asked (if relevant) to indicate why they did not report the bullying to someone at school (Figure 9.4). Only 6% of boys and 3% of girls did not report being bullied because they did not know who to tell. More common reasons were that they were too embarrassed (9% overall); thought that no one would care (12%); thought it would only make things worse (16%); or, to a larger degree, thought that they could handle it by themselves (31%). Twenty-eight percent said that there was another (unspecified) reason for not telling someone.

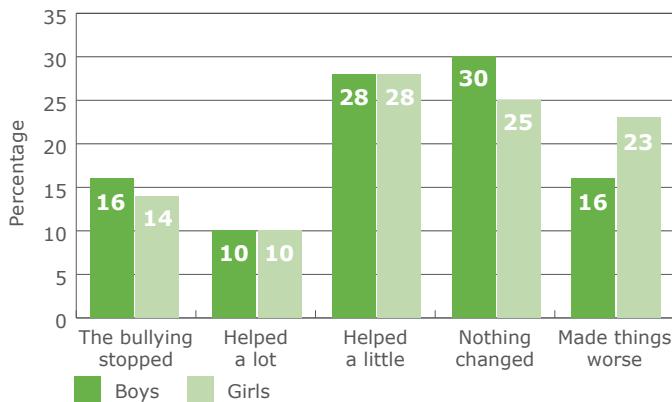
School has been a key factor in my low self-esteem. We are not being prepared for adult life, only how to pass an exam that won't help me in the future. I feel depressed and totally unprepared.

Figure 9.4 Reasons given as to why young people did not report being bullied to someone at school



Only 15% of those who reported the bullying said that reporting it caused the bullying to stop. A high proportion felt that reporting the bullying had either made things worse or had no effect (see Figure 9.5).

Figure 9.5 The effect of reporting the bullying to someone at school



Bullying others

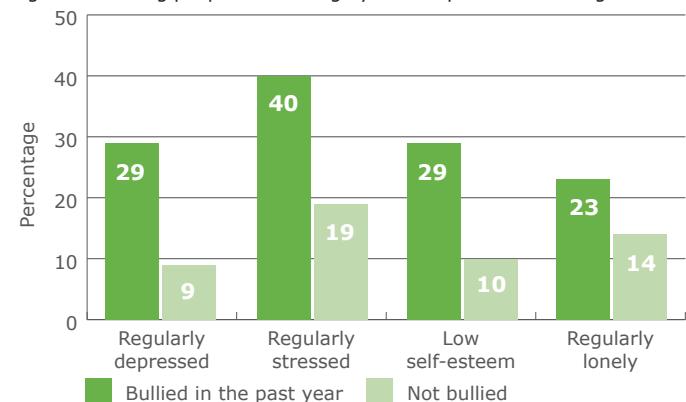
Thirteen percent of boys and 7% of girls said that they had bullied someone else in the past year. Eighteen percent of those who were bullied in the past year had also bullied someone else compared with 7% of those who had not been bullied. Inversely, 49% of those who had bullied someone else had themselves been bullied compared with 24% of those who had not bullied someone else.

Bullying and wellbeing

Measures of wellbeing (depression, stress, self-esteem and loneliness) were examined in relation to bullying to uncover common associations. Young people who reported being bullied were more likely

to be regularly depressed, stressed, lonely and have low self-esteem (Figure 9.6). Three times as many respondents who had been bullied reported being regularly depressed than those who had not been bullied; twice as many were regularly stressed; nearly twice as many were regularly lonely and three times as many had low self-esteem.

Figure 9.6 Young people's wellbeing by their experience of being bullied



Those who had bullied others also had poorer wellbeing than those who had not, although, as mentioned earlier, roughly half of those who bullied others had themselves been bullied at some point in the last year. Additionally, more of those who were victims of cyber bullying reported poorer wellbeing on all four indicators than those who were victims of verbal or physical bullying. However, as shown in Figure 9.2, girls were more likely to be victims of cyber bullying than boys and this difference may explain some of the difference in wellbeing.

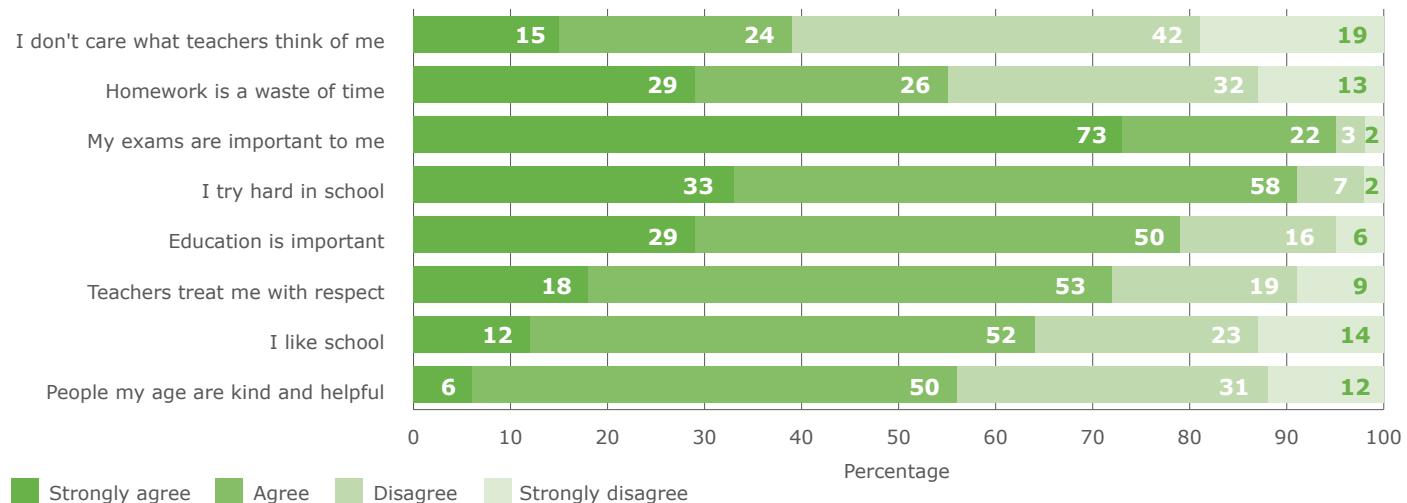
The more frequent the bullying, the poorer the victim's emotional wellbeing tended to be. Furthermore, girls were likely to fare worse than boys in this respect: 47% of girls who were bullied on most days said they were regularly depressed compared with 17% of boys; 46% said they were regularly lonely compared with 27% of boys; 65% said they had low self-esteem compared with 30% of boys and 46% of girls reported regularly feeling stressed compared with 32% of boys.

Views on school life

To gain an impression of how young people view various aspects of school life they were presented with a series of statements, some positive and some negative, and asked to indicate to

I am really unhappy with my current situation but I don't feel my teachers help. ↳

Figure 9.7 Young people's views on school life



what extent they agreed or disagreed with the statements (Figure 9.7). The results were roughly similar for both boys and girls.

Forty-three percent of young people said that they did not think other people their age were kind and helpful and 28% felt as though they were not treated with respect by teachers at school. Fifty-five percent said that they felt homework was a waste of time. However, 91% said that they try hard in school and 95% said that their exams results were important to them.

Truancy

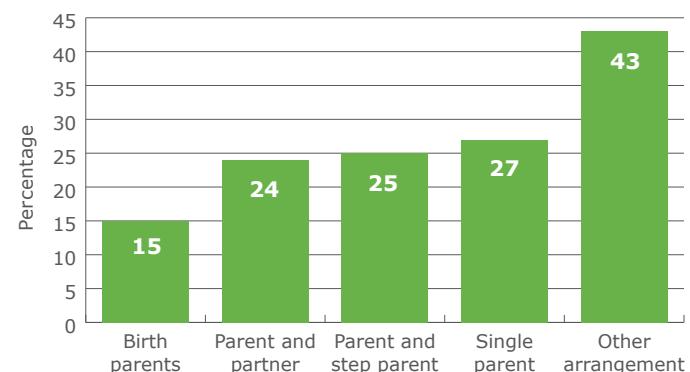
Twenty percent of boys and 19% of girls said that they had not attended school when they were supposed to, or 'played truant', at some point over the past year. As expected, those with poorer views of school life were more likely to have played truant. Forty-four percent of those who strongly disagreed that their teachers treated them with respect said they had played truant in the past year compared with 10% of those who strongly agreed.

Similarly, young people living in the most deprived areas in the county were more likely to have played truant than those from lesser

deprived areas. Twenty-six percent of those from the 10% most deprived areas of the county (as ranked by the IMD) reported playing truant in the past year compared with 10% of those who were from the 10% least deprived areas.

Figure 9.8 illustrates that young people who lived with their birth parents were the least likely to have truanted in the past year (15%). Meanwhile, those living in 'other arrangements' (namely foster care, adoption, with other relatives or in any other arrangement) were nearly three times as likely to have truanted (43%).

Figure 9.8 Truant in the last year by family structure

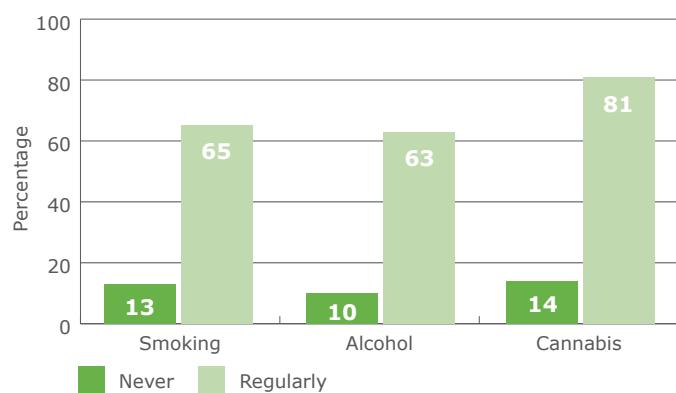


I hate school so much! The teachers treat you like you're in a jail.

Truancy, high risk behaviours and emotional wellbeing

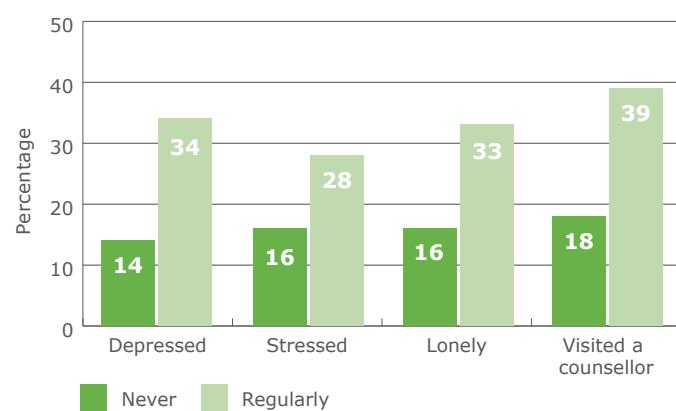
There was a clear association between high risk behaviours and truancy, with those who engaged in these behaviours regularly being much more likely to have played truant than those who had not. For example, regular alcohol users were six times as likely to have truanted than those who had never used it (Figure 9.9).

Figure 9.9 Truant in the last year by regularity of risk behaviours



There was also an association between emotional wellbeing indicators and truancy. On average, young people who had poorer emotional wellbeing were roughly twice as likely as others to have truanted in the past year. This is shown in figure 9.10.

Figure 9.10 Truant in the last year by wellbeing indicators

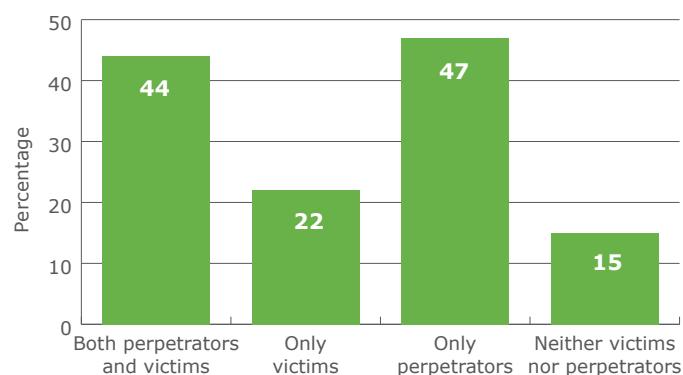


Truancy and bullying

Both victims and perpetrators of bullying were more likely than others to have played truant in the past year (Figure 9.11). Perpetrators of bullying were more than twice as likely as victims to have truanted (47% compared with 22%).

Further analysis revealed that those who were bullied less often (i.e. once a month) were less likely to have played truant in the last year (21%) than those who were bullied most days (34%).

Figure 9.11 Truant in the last year by experience of bullying

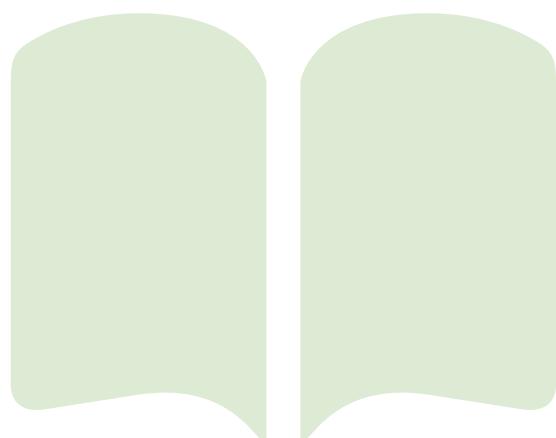




**I feel pressured by school
and it makes me depressed. ”**

Comments

1. The things young people most commonly worried about were school work or exams, how they looked and what to do after Year 11.
2. Boys and girls tended to worry about different things to different degrees. In general, girls were more likely to regularly worry about things than boys, particularly how they looked and school work and exams.
3. One in four young people said they had been bullied in the past year; more than in previous surveys. This was higher for those from more deprived areas, where one in three was bullied.
4. In all, 7% of young people reported that they were bullied 'most days' in the past year which, on average, equates to two children in every class of thirty.
5. Most bullying was verbal (76%).
6. Despite 85% of bullying taking place at school, only 39% of those being bullied reported it to someone at school. Only 15% of those being bullied said that reporting it to someone at school stopped it.
7. One in five respondents admitted to truancy during the past year. Truancy was shown to be connected to a range of factors, including the respect they felt they received from teachers, emotional wellbeing, bullying, family structure and experience with substance use.



1. Brooks, F. (2014). The Link between Pupil Health and Wellbeing and Attainment. PHE briefing, 2014. London: Public Health England.
2. Meschi, E. and Vignoles, A. (2010). The Determinants of Non-Cognitive and Cognitive Schooling Outcomes. London: DCSF.
3. Currie, C. et al., eds. (2012). Social Determinants of Health and Well-being Among Young People. Health Behaviour in School-aged Children (HBSC) Study: international report from the 2009/2010 survey. Copenhagen: WHO Regional Office for Europe.
4. Chamberlain, T. et al. (2010). Tellus National Report (DCSF Research Report 218). London: DCSF.
5. Ditch the Label. (2015). Annual Bullying Survey 2015. Available from: <http://www.ditchthelabel.org/annual-bullying-survey-2015/>
6. NSPCC. (2014). What's Affecting Children in 2013. ChildLine review of 2012/13.
7. Copeland, W., Wolke, D., Angold, A. and Costello, E. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA Psychiatry*. 70(4), 419-426.
8. Department for Education. (2015). Pupil Absence in Schools in England: 2013 to 2014. London: Department for Education.

The rise of new technologies and the availability of mobile Internet and social media have changed the way both adults and children communicate, shop and access information and entertainment. This has had an impact on how young people spend their free time. National figures suggest that young people aged between 12 and 15 are spending increasing amounts of time accessing the Internet and playing computer games in recent years¹. Even so, this has begun to level off in a similar way to the amount of time spent watching television. It is therefore likely that there has been a proportional shift from a more active to a more sedentary use of leisure time as the consumption of web-based media and gaming increases.

Meanwhile, research suggests that the 14 to 15 age group has the highest level of technological knowledge and confidence of all ages². The same research also shows that the majority of teenagers own a mobile phone and most now use this to access the Internet. Smartphones are the most used devices after televisions in the week. Alongside this, there has been a big increase in the use of computer tablets, which are now becoming the 'must-have' device for young people¹.

This raises questions about the impact these changes have had on young people's health and wellbeing beyond encouraging a sedentary lifestyle. A recent review of social media and adolescence suggests that it can be both beneficial and harmful. On the one hand, it can widen young people's support networks, although, online communication is considered a less satisfactory form of interaction and support than face-to-face support. On the other hand, the more time spent online, the higher the likelihood of being exposed to harm in the form of cyber bullying³.

Use of time

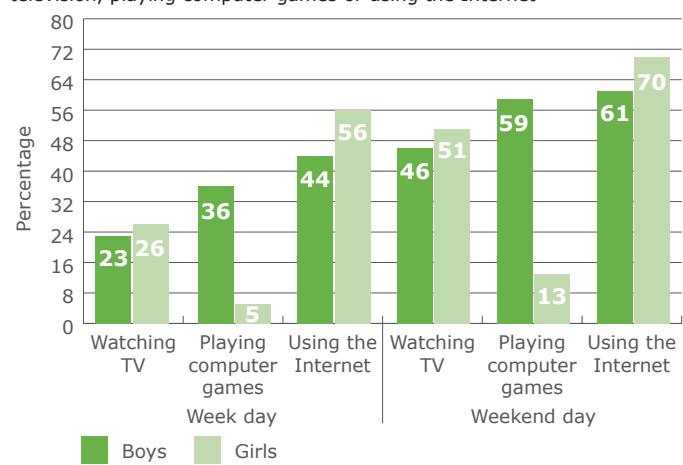
More young people are spending three hours or more a day watching television than in the 2009 survey. On an average weekday in 2009, 15% of boys and 17% of girls would watch more than

three hours of television, which has risen to 23% of boys and 26% of girls in this survey. In 2009, 30% of boys and 30% of girls were watching more than three hours a day at the weekends, which has now risen to 46% for boys and 51% of girls. Seventy-nine per cent of boys and 59% of girls had a television in their bedrooms, which was found in 2009 (and repeated here) to increase the average amount of time a young person might spend watching TV.

The use of computer games has also increased. In 2009, 13% of boys and 3% of girls played computer games for three hours or more on a weekday, which is now 36% for boys and 5% for girls. At weekends, 25% of boys and 5% of girls were playing computer games for more than three hours a day, which has now risen to 59% of boys and 13% of girls.

It is possible that some of this increase is due to the survey being taken slightly earlier in the year, where the weather outside may not be as welcoming for outdoor activities.

Figure 10.1 Pupils who spend more than three hours each day watching television, playing computer games or using the Internet



When looking at the average time boys and girls report using these media (Tables 10.1a and 10.1b), girls clearly spend less time using computer games than boys during the week (31 mins compared with 2 hrs 11 mins for boys) and at the weekend (54 mins to 3 hrs 49 mins for boys). This is met by a slight increase in using the Internet and a sizable increase in

This generation is judged for its use of technology yet it's hard not to when there is nothing better for us to do and whose fault is that?

watching television, particularly during the week, where girls will watch, on average, two hours of television to boys' one hour and ten minutes.

Table 10.1a Average time boys spent using electronic media

	Watching TV (Hours and minutes)	Playing computer games (Hours and minutes)	Using the Internet (Hours and minutes)
Week day	1 hr 10 mins	2 hrs 11 mins	2 hrs 56 mins
Weekend day	2 hrs 51 mins	3 hrs 49 mins	4 hrs 28 mins

Table 10.1b Average time girls spent using electronic media

	Watching TV (Hours and minutes)	Playing computer games (Hours and minutes)	Using the Internet (Hours and minutes)
Week day	2 hrs 1 min	31 mins	3 hrs 16 mins
Weekend day	3 hrs 7 mins	54 mins	4 hrs 57 mins

Use of the Internet

Overall use of the Internet has increased over the years. Eighty-five per cent of respondents spent at least an hour a day using the Internet during the week (88% at the weekends).

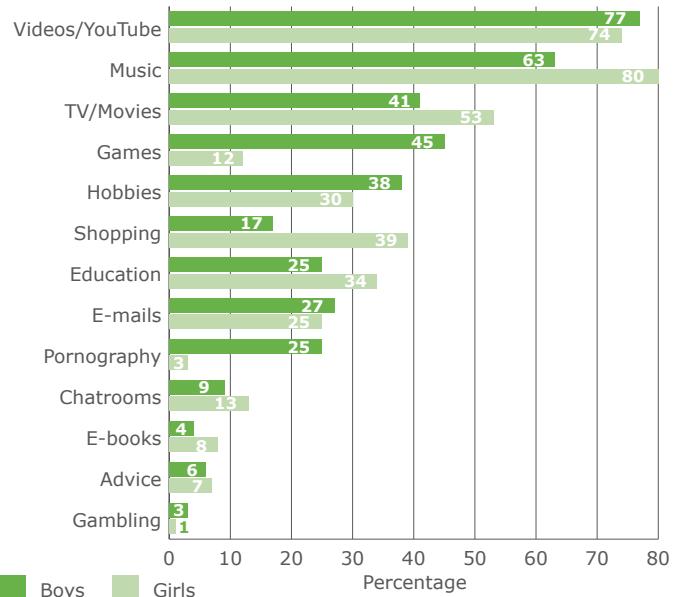
Ninety-one percent of respondents said that they owned their own laptop and 98% said they owned their own mobile phone. Eighty-seven per cent said that they regularly use social networking sites, such as 'Facebook' or 'Twitter' (81% in 2009), and 77% regularly use an instant messaging tool, such as 'Facebook chat' or 'Yahoo! Messenger' (82% in 2009). Specific use of instant messaging tools may be lower due to the integrated technology now used in modern mobile phones, with touch-screen interfaces.

The respondents were asked about what they accessed on the Internet and how regularly they accessed it (Figure 10.2). Internet use was fairly consistent between boys and girls, with the majority accessing videos/YouTube, music, television and movies most frequently. Eighty percent of girls regularly accessed music on the Internet.

There were some noticeable differences in use of the Internet between boys and girls, with 45% of boys regularly accessing games

compared with 12% of girls. Meanwhile, 39% of girls regularly used the internet for shopping compared with 17% of boys. Twenty-five per cent of boys reported that they regularly accessed pornography compared with 3% of girls.

Figure 10.2 What young people regularly access on the Internet



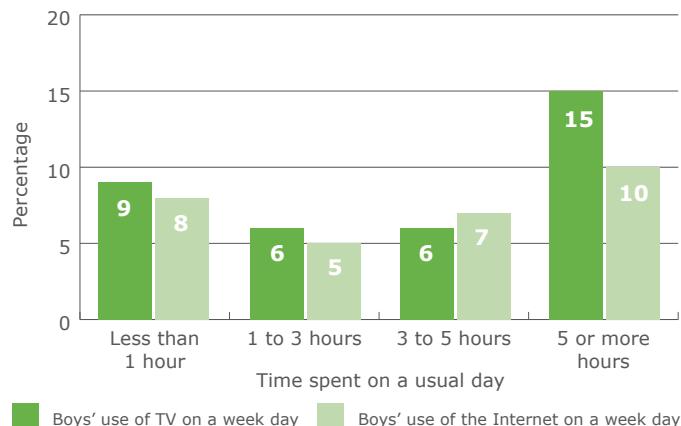
Use of leisure time and loneliness

To explore the relationship between the use of young people's spare time and their emotional wellbeing, the amount of time they spent using the Internet or watching television was analysed by how often they said they felt lonely. An association was identified where, as the amount of time spent on these activities increased, so did the percentage of respondents reporting being regularly lonely. However, more of those who used these electronic media for less than an hour were regularly lonely than those who used it more frequently (1 to 3 hours).

For example, Figure 10.3 shows that, amongst boys, the least lonely were those who used the Internet or watched TV for one to three hours a day. However, use of five hours or more was associated with a sharp rise in self-reported loneliness. A similar pattern was also found amongst girls and for those who play computer games.

More things to do outside, like I can walk in the park and go shopping but that's it.

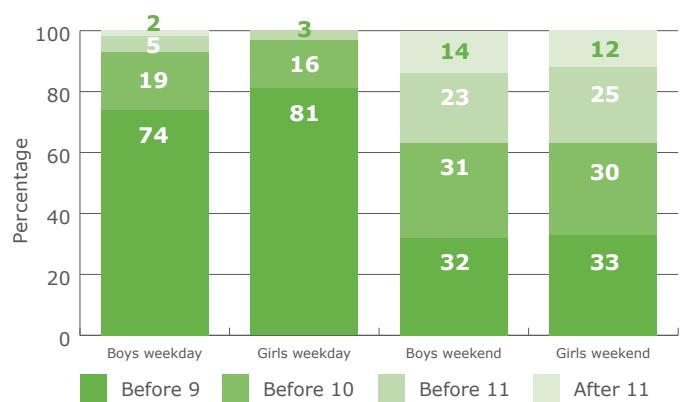
Figure 10.3 Percentage of boys regularly feeling lonely, within the amount of time spent watching television or using the Internet during on a typical week day



Time expected to be home at night

When young people were asked when they were expected to be home, during the week and at weekends, boys and girls gave similar responses (Figure 10.4). Ninety-three per cent of boys and 97% of girls were usually expected home before ten o'clock on a weekday. At the weekend, 14% of boys and 12% of girls were not expected home until after 11 o'clock.

Figure 10.4 Curfew times for boys and girls during the week and at the weekend

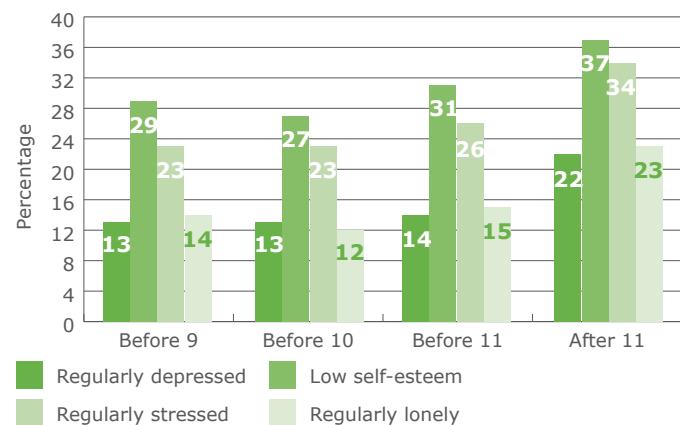


To see if there was any connection between staying out late and wellbeing, four wellbeing indicators, namely depression, stress, self-esteem and loneliness, were analysed by the time young people were usually expected home.

Those who stayed out beyond 11 o'clock at the weekends were more likely to be regularly depressed (22%), stressed (34%), lonely (23%)

or have low self-esteem (37%) than those who had to be at home before ten (13%, 23%, 12% and 27% respectively). It should be noted that, as discussed in previous chapters, girls reported generally lower levels of wellbeing than boys.

Figure 10.5 The percentage of those who have low wellbeing within each curfew time range at the weekend



In 2009, a clear link was established between risk behaviours, such as binge drinking, smoking and the use of cannabis, and how late respondents were usually expected home at night. It was found that those who stayed out later were more likely to regularly drink, smoke, or use cannabis. This association was also found in the 2014 survey.

Volunteering

To explore young people's interest in volunteering in the community a question was introduced which asked "Do you take part in any formal volunteering, i.e. giving unpaid help through groups, clubs or organisations?" Table 10.2 shows the responses.

Table 10.2 Volunteering by boys and girls

	Boys	Girls	All pupils
	Percentage (%)		
Regularly	13.2	17.8	15.8
Occasionally	24.2	25.3	24.8
Never	43.2	26.1	33.6
No, but would like to	19.3	30.8	25.7
Total	100.0	100.0	100.0

Sixteen percent of respondents said that they were involved in giving their time regularly and a further 25% said they do so occasionally. Girls

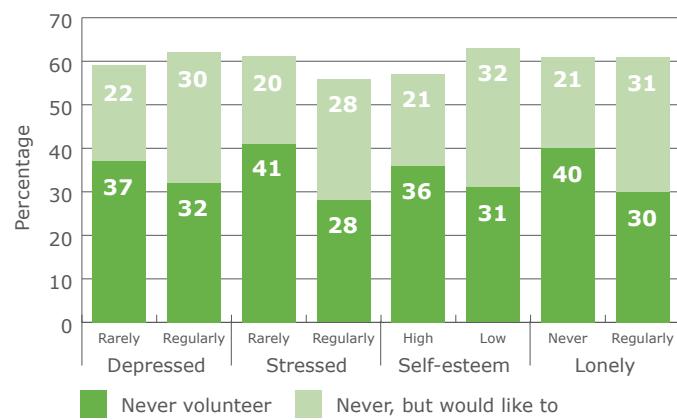
who did not volunteer were more likely than boys to say that they would like to (31% compared with 19%). No further questions were asked to explore what barriers might exist to prevent them from volunteering and further work in this area could potentially open up this resource in the community.

Wellbeing and the desire to volunteer

Although the respondents were not asked why they didn't volunteer if they would like to, we were able to explore the link between volunteering and wellbeing. As seen in Figure 10.6, there was a difference in attitudes to volunteering for those with different levels of wellbeing. For instance, more of those who were regularly depressed said that they would like to volunteer (30%) than those who were rarely depressed (22%); of those who were regularly lonely 31% said they do not volunteer, but would like to, which dropped to 21% of those who were never lonely. This was roughly similar for both boys and girls.

The percentages of respondents who regularly or occasionally volunteered did not differ greatly or consistently in the same way.

Figure 10.6 Volunteering activity for those within each wellbeing indicator grouping



Comments

1. Use of television, computer games and Internet access has increased since the previous survey. As the survey was taken earlier in the year, it is not known how much of this is due to weather conditions being less welcoming to outdoor activities.
2. Ninety-one percent of respondents said that they owned their own laptop and 98% said they owned their own mobile phone.
3. Associations between the use of technology and loneliness were explored. An increased proportion of those using technology for five hours or more a day said that they were regularly lonely.
4. There was little difference in emotional wellbeing when analysed by weekend curfew times, except for those who usually stayed out until after 11pm, who reported worse wellbeing than the other respondents.
5. Roughly a third of girls and a fifth of boys said they do not currently volunteer in their local area, but would like the opportunity to do so. More of those who were regularly lonely or depressed said they would like the opportunity to volunteer their time.



1. Ofcom. (2013). Children and Parents: media use and attitudes report. London: Ofcom.

2. Ofcom. (2014). The Communications Market Report. London: Ofcom.

3. Best, P., Manktelow, R. and Taylor, B. (2014). Online communication, social media and adolescent wellbeing: a systematic narrative review. Children and Youth Services Review. 41, 27-36.

Appendix 1 Numbers

	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Ethnicity										
White British	1,249	1,591	131	536	113	242	459	401	316	
White Irish	12	12	0	3	0	5	4	6	2	
Gypsy or Traveller	17	9	1	6	2	3	2	0	0	
Other White	51	60	5	16	5	14	16	16	6	
Indian	12	21	0	5	1	8	2	6	2	
Bangladeshi	13	15	2	7	0	2	4	1	6	
Pakistani	18	9	0	2	0	18	0	1	3	
Chinese	10	6	0	1	0	2	3	2	2	
Arab	4	3	0	2	0	0	2	0	1	
Other Asian	27	28	0	5	4	7	12	15	5	
Black African	18	19	1	2	0	11	2	3	5	
Black Caribbean	8	3	0	1	0	6	0	2	1	
Other Black	8	5	0	3	0	7	1	0	0	
Other Mixed	42	62	2	13	6	17	16	17	14	
Other Ethnicity	19	16	0	3	1	8	1	2	2	
Total	1,508	1,859	142	605	132	350	524	472	365	
Religion										
None	959	1,151	103	396	88	149	354	276	239	
C of E	224	336	19	104	19	70	88	76	81	
Roman Catholic	145	180	4	38	16	61	40	81	14	
Other Christian	67	102	6	33	6	26	31	22	15	
Islam	33	45	5	8	2	27	5	4	12	
Hinduism	9	16	0	3	1	8	2	4	1	
Judaism	4	5	0	1	0	1	0	2	1	
Sikhism	4	1	0	2	0	0	0	0	0	
Buddhism	26	18	2	9	2	4	2	2	3	
Other	42	38	3	17	2	10	3	12	4	
Total	1,513	1,892	142	611	136	356	525	479	370	
Smoking										
Never	1,287	1,544	121	494	116	299	463	416	306	
Occasionally	108	189	12	60	8	23	33	45	29	
Given up	77	88	5	33	4	19	18	14	15	
Regularly	77	102	5	33	3	18	13	16	20	
Total	1,549	1,923	143	620	131	359	527	491	370	
Parental smoking										
Yes	467	620	57	211	46	107	130	108	117	
No	997	1,253	83	386	83	232	384	354	241	
Total	1,464	1,873	140	597	129	339	514	462	358	
Alcohol										
Never/rarely	920	1,167	90	366	82	220	355	309	227	
Occasionally	586	675	49	230	45	132	164	166	134	
Regularly	44	86	4	23	6	10	11	12	14	
Total	1,550	1,928	143	619	133	362	530	487	375	
Binge drinking										
Never	363	355	24	107	32	82	120	104	73	
Occasionally	308	399	27	141	22	83	68	87	73	
Regularly	69	118	8	38	8	8	10	22	22	
Total	740	872	59	286	62	173	198	213	168	



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Ever used cannabis										
No	1,325	1,706	124	536	124	321	490	437	328	
Yes	234	233	19	85	12	44	39	54	48	
Total	1,559	1,939	143	621	136	365	529	491	376	
Current cannabis use										
Stopped	105	80	4	36	3	23	22	18	12	
Current	115	123	15	41	10	17	13	31	32	
Total	220	203	19	77	13	40	35	49	44	
Harm of cannabis										
Not harmful	212	165	10	79	13	35	33	42	33	
Slightly harmful	612	745	68	239	54	132	184	173	162	
Extremely harmful	639	934	59	273	65	175	294	244	157	
Total	1,463	1,844	137	591	132	342	511	459	352	
Vegetarian										
Vegetarian	30	115	5	24	6	25	15	20	26	
Vegan	19	15	0	10	1	4	1	7	3	
Neither	1,519	1,814	139	589	129	336	517	466	347	
Total	1,568	1,944	144	623	136	365	533	493	376	
Usually eat breakfast										
Yes	1,184	1,189	95	400	98	241	387	366	249	
No	389	752	48	226	39	125	143	128	123	
Total	1,573	1,941	143	626	137	366	530	494	372	
Portions of fruit and veg per day										
None	81	65	4	28	3	39	10	11	6	
1	227	293	15	102	14	68	67	53	61	
2	348	409	29	148	31	81	91	95	92	
3	448	569	58	164	55	100	159	150	100	
4	288	363	23	117	20	51	133	117	65	
5	108	159	8	35	11	16	47	48	38	
6+	59	61	7	19	2	8	23	16	13	
Total	1,559	1,919	144	613	136	363	530	490	375	
How active are you?										
Very active	611	401	35	194	28	115	138	153	98	
Moderately active	748	1,112	78	332	75	195	291	281	193	
Not at all active	205	425	30	95	31	54	104	58	82	
Total	1,564	1,938	143	621	134	364	533	492	373	
Physical activity for 60 mins, days in a week										
None	161	306	16	72	29	48	68	33	50	
1 day	262	515	32	107	38	113	163	95	58	
2 days	372	514	30	175	31	79	108	146	122	
3 days	315	283	27	129	16	46	94	87	70	
4 days	200	173	15	53	11	33	62	77	40	
5 days or more	228	127	21	74	11	43	32	46	32	
Total	1,538	1,918	141	610	136	362	527	484	372	



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Weight perception										
Underweight	160	113	8	52	5	33	42	38	24	
Normal	1,085	1,221	87	401	91	241	358	334	247	
Slightly overweight	274	478	38	130	37	73	112	101	85	
Very overweight	39	85	6	33	3	9	17	11	13	
Total	1,558	1,897	139	616	136	356	529	484	369	
Own a computer, laptop or tablet										
Yes	1,443	1,759	135	559	121	319	487	460	333	
No	129	181	9	66	16	45	44	33	43	
Total	1,572	1,940	144	625	137	364	531	493	376	
Own a mobile phone/smartphone										
Yes	1,508	1,916	142	611	131	351	516	481	369	
No	59	30	2	15	6	12	15	9	8	
Total	1,567	1,946	144	626	137	363	531	490	377	
Use a social networking site										
Yes	1,256	1,771	130	557	112	319	438	435	322	
No	304	169	11	68	25	46	91	53	54	
Total	1,560	1,940	141	625	137	365	529	488	376	
Home time during the week										
Before 9	1,084	1,500	109	464	105	280	412	364	290	
Before 10	275	298	25	107	13	51	76	81	57	
Before 11	73	48	4	12	3	10	16	17	11	
Later than 11	29	14	0	11	4	5	4	3	2	
Total	1,461	1,860	138	594	125	346	508	465	360	
Home time on weekends										
Before 9	465	597	109	464	105	280	412	364	290	
Before 10	446	554	25	107	13	51	76	81	57	
Before 11	330	454	4	12	3	10	16	17	11	
Later than 11	200	226	0	11	4	5	4	3	2	
Total	1,441	1,831	138	594	125	346	508	465	360	
Feel depressed										
Never/rarely	946	656	68	287	53	148	236	249	174	
Occasionally	512	883	50	228	69	166	221	193	150	
Regularly	107	379	26	103	13	47	71	49	50	
Total	1,565	1,918	144	618	135	361	528	491	374	
Feel stressed										
Never/rarely	657	280	35	158	24	88	131	170	86	
Occasionally	734	964	62	295	65	188	264	230	190	
Regularly	176	692	47	168	46	86	136	93	101	
Total	1,567	1,936	144	621	135	362	531	493	377	
Your self-esteem										
High	414	132	23	104	16	45	82	92	36	
Average	961	943	78	305	68	210	290	294	223	
Low	187	842	42	206	48	104	157	106	116	
Total	1,562	1,917	143	615	132	359	529	492	375	
Feel lonely										
Never	869	524	54	257	50	138	189	217	137	
Occasionally	574	1,014	63	265	69	171	265	222	179	
Regularly	115	390	26	95	15	53	72	50	61	
Total	1,558	1,928	143	617	134	362	526	489	377	



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Regularly visit a counsellor										
Yes	15	88	20	75	15	28	42	42	32	
No	1,545	1,837	122	543	120	334	487	451	344	
Total	1,560	1,925	142	618	135	362	529	493	376	
Advice from staff										
Never	1,301	1,552	114	495	106	286	431	415	308	
Occasionally	188	299	18	88	28	65	81	57	50	
Regularly	24	70	7	27	1	6	15	10	11	
Total	1,513	1,921	139	610	135	357	527	482	369	
Victim of bullying in the past year										
Yes	361	543	39	174	35	103	115	114	89	
No	1,205	1,384	102	450	101	263	410	375	286	
Total	1,566	1,927	141	624	136	366	525	489	375	
Types of bullying occurring										
Physical	53	34	2	19	4	9	9	7	2	
Verbal	294	344	26	112	26	80	93	88	63	
Cyber	22	90	4	28	7	7	9	11	12	
Total	369	468	32	159	37	96	111	106	77	
Report bullying to school										
Yes	148	217	17	84	14	36	50	44	41	
No	240	335	23	96	22	72	71	76	48	
Total	388	552	40	180	36	108	121	120	89	
Bullied others in the past year										
Yes	193	121	15	74	9	42	28	32	30	
No	1,311	1,750	125	529	122	308	496	445	334	
Total	1,504	1,871	140	603	131	350	524	477	364	
Played truant in the past year										
Yes	302	359	31	116	21	72	58	70	80	
No	1,193	1,514	111	483	110	278	462	408	281	
Total	1,495	1,873	142	599	131	350	520	478	361	
I like the area where I live										
Not at all	89	119	8	31	7	21	30	23	21	
Not much	181	219	17	62	15	50	52	47	53	
A little	532	708	63	233	40	153	149	158	146	
A lot	737	877	55	289	75	137	297	250	156	
Total	1,539	1,923	143	615	137	361	528	478	376	
Safety of your area after dark										
Good	795	823	73	282	80	117	302	257	132	
Average	580	872	58	261	47	174	186	190	191	
Bad	155	226	12	69	8	69	40	32	48	
Total	1,530	1,921	143	612	135	360	528	479	371	
Formal volunteering										
Regularly	202	343	24	88	18	35	124	103	45	
Occasionally	370	486	38	149	36	81	142	144	95	
Never	659	501	44	212	47	117	135	117	131	
Would like to	295	592	35	166	35	123	122	115	103	
Total	1,526	1,922	141	615	136	356	523	479	374	

Appendix 2 Percentages

	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Ethnicity										
White British	83	86	92	89	86	69	88	85	87	
White Irish	1	1	0	0	0	1	1	1	1	
Gypsy or Traveller	1	0	1	1	2	1	0	0	0	
Other White	3	3	4	3	4	4	3	3	2	
Indian	1	1	0	1	1	2	0	1	1	
Bangladeshi	1	1	1	1	0	1	1	0	2	
Pakistani	1	0	0	0	0	5	0	0	1	
Chinese	1	0	0	0	0	1	1	0	1	
Arab	0	0	0	0	0	0	0	0	0	
Other Asian	2	2	0	1	3	2	2	3	1	
Black African	1	1	1	0	0	3	0	1	1	
Black Caribbean	1	0	0	0	0	2	0	0	0	
Other Black	1	0	0	0	0	2	0	0	0	
Other Mixed	3	3	1	2	5	5	3	4	4	
Other Ethnicity	1	1	0	0	1	2	0	0	1	
Total	100	100	100	100	100	100	100	100	100	100
Religion										
None	63	61	73	65	65	42	67	58	65	
C of E	15	18	13	17	14	20	17	16	22	
Roman Catholic	10	10	3	6	12	17	8	17	4	
Other Christian	4	5	4	5	4	7	6	5	4	
Islam	2	2	4	1	1	8	1	1	3	
Hinduism	1	1	0	0	1	2	0	1	0	
Judaism	0	0	0	0	0	0	0	0	0	
Sikhism	0	0	0	0	0	0	0	0	0	
Buddhism	2	1	1	1	1	1	0	0	1	
Other	3	2	2	3	1	3	1	3	1	
Total	100	100	100	100	100	100	100	100	100	100
Smoking										
Never	83	80	85	80	89	83	88	85	83	
Occasionally	7	10	8	10	6	6	6	9	8	
Given up	5	5	3	5	3	5	3	3	4	
Regularly	5	5	3	5	2	5	2	3	5	
Total	100	100	100	100	100	100	100	100	100	100
Parental smoking										
Yes	32	33	41	35	36	32	25	23	33	
No	68	67	59	65	64	68	75	77	67	
Total	100	100	100	100	100	100	100	100	100	100
Alcohol										
Never/rarely	59	61	63	59	62	61	67	63	61	
Occasionally	38	35	34	37	34	36	31	34	36	
Regularly	3	4	3	4	5	3	2	2	4	
Total	100	100	100	100	100	100	100	100	100	100
Binge drinking										
Never	49	41	41	37	52	47	61	49	43	
Occasionally	42	46	46	49	35	48	34	41	43	
Regularly	9	14	14	13	13	5	5	10	13	
Total	100	100	100	100	100	100	100	100	100	100



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Ever used cannabis										
No	85	88	87	86	91	88	93	89	87	
Yes	15	12	13	14	9	12	7	11	13	
Total	100	100	100	100	100	100	100	100	100	100
Current cannabis use										
Stopped	48	39	21	47	23	58	63	37	27	
Current	52	61	79	53	77	43	37	63	73	
Total	100	100	100	100	100	100	100	100	100	100
Harm of cannabis										
Not harmful	14	9	7	13	10	10	6	9	9	
Slightly harmful	42	40	50	40	41	39	36	38	46	
Extremely harmful	44	51	43	46	49	51	58	53	45	
Total	100	100	100	100	100	100	100	100	100	100
Vegetarian										
Vegetarian	2	6	3	4	4	7	3	4	7	
Vegan	1	1	0	2	1	1	0	1	1	
Neither	97	93	97	95	95	92	97	95	92	
Total	100	100	100	100	100	100	100	100	100	100
Usually eat breakfast										
Yes	75	61	66	64	72	66	73	74	67	
No	25	39	34	36	28	34	27	26	33	
Total	100	100	100	100	100	100	100	100	100	100
Portions of fruit and veg per day										
None	5	3	3	5	2	11	2	2	2	
1	15	15	10	17	10	19	13	11	16	
2	22	21	20	24	23	22	17	19	25	
3	29	30	40	27	40	28	30	31	27	
4	18	19	16	19	15	14	25	24	17	
5	7	8	6	6	8	4	9	10	10	
6+	4	3	5	3	1	2	4	3	3	
Total	100	100	100	100	100	100	100	100	100	100
How active are you?										
Very active	39	21	24	31	21	32	26	31	26	
Moderately active	48	57	55	53	56	54	55	57	52	
Not at all active	13	22	21	15	23	15	20	12	22	
Total	100	100	100	100	100	100	100	100	100	100
Physical activity for 60 mins, days in a week										
None	10	16	11	12	21	13	13	7	13	
1 day	17	27	23	18	28	31	31	20	16	
2 days	24	27	21	29	23	22	20	30	33	
3 days	20	15	19	21	12	13	18	18	19	
4 days	13	9	11	9	8	9	12	16	11	
5 days or more	15	7	15	12	8	12	6	10	9	
Total	100	100	100	100	100	100	100	100	100	100



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Weight perception										
Underweight	10	6	6	8	4	9	8	8	7	
Normal	70	64	63	65	67	68	68	69	67	
Slightly overweight	18	25	27	21	27	21	21	21	23	
Very overweight	3	4	4	5	2	3	3	2	4	
Total	100	100	100	100	100	100	100	100	100	100
Own a computer, laptop or tablet										
Yes	92	91	94	89	88	88	92	93	89	
No	8	9	6	11	12	12	8	7	11	
Total	100	100	100	100	100	100	100	100	100	100
Own a mobile phone/smartphone										
Yes	96	98	99	98	96	97	97	98	98	
No	4	2	1	2	4	3	3	2	2	
Total	100	100	100	100	100	100	100	100	100	100
Use a social networking site										
Yes	81	91	92	89	82	87	83	89	86	
No	19	9	8	11	18	13	17	11	14	
Total	100	100	100	100	100	100	100	100	100	100
Home time during the week										
Before 9	74	81	79	78	84	81	81	78	81	
Before 10	19	16	18	18	10	15	15	17	16	
Before 11	5	3	3	2	2	3	3	4	3	
Later than 11	2	1	0	2	3	1	1	1	1	
Total	100	100	100	100	100	100	100	100	100	100
Home time on weekends										
Before 9	32	33	49	30	33	35	35	31	33	
Before 10	31	30	22	34	31	32	31	30	34	
Before 11	23	25	23	25	22	21	26	23	20	
Later than 11	14	12	7	11	14	11	9	16	12	
Total	100	100	100	100	100	100	100	100	100	100
Feel depressed										
Never/rarely	60	34	47	46	39	41	45	51	47	
Occasionally	33	46	35	37	51	46	42	39	40	
Regularly	7	20	18	17	10	13	13	10	13	
Total	100	100	100	100	100	100	100	100	100	100
Feel stressed										
Never/rarely	42	14	24	25	18	24	25	34	23	
Occasionally	47	50	43	48	48	52	50	47	50	
Regularly	11	36	33	27	34	24	26	19	27	
Total	100	100	100	100	100	100	100	100	100	100
Your self-esteem										
High	27	7	16	17	12	13	16	19	10	
Average	62	49	55	50	52	58	55	60	59	
Low	12	44	29	33	36	29	30	22	31	
Total	100	100	100	100	100	100	100	100	100	100
Feel lonely										
Never	56	27	38	42	37	38	36	44	36	
Occasionally	37	53	44	43	51	47	50	45	47	
Regularly	7	20	18	15	11	15	14	10	16	
Total	100	100	100	100	100	100	100	100	100	100



	Sex		Local Authority Area							
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	
Regularly visit a counsellor										
Yes	1	5	14	12	11	8	8	9	9	
No	99	95	86	88	89	92	92	91	91	
Total	100	100	100	100	100	100	100	100	100	100
Advice from staff										
Never	86	81	82	81	79	80	82	86	83	
Occasionally	12	16	13	14	21	18	15	12	14	
Regularly	2	4	5	4	1	2	3	2	3	
Total	100	100	100	100	100	100	100	100	100	100
Victim of bullying in the past year										
Yes	23	28	28	28	26	28	22	23	24	
No	77	72	72	72	74	72	78	77	76	
Total	100	100	100	100	100	100	100	100	100	100
Types of bullying occurring										
Physical	14	7	6	12	11	9	8	7	3	
Verbal	80	74	81	70	70	83	84	83	82	
Cyber	6	19	13	18	19	7	8	10	16	
Total	100	100	100	100	100	100	100	100	100	100
Report bullying to school										
Yes	38	39	43	47	39	33	41	37	46	
No	62	61	58	53	61	67	59	63	54	
Total	100	100	100	100	100	100	100	100	100	100
Bullied others in the past year										
Yes	23	28	11	12	7	12	5	7	8	
No	77	72	89	88	93	88	95	93	92	
Total	100	100	100	100	100	100	100	100	100	100
Played truant in the past year										
Yes	20	19	22	19	16	21	11	15	22	
No	80	81	78	81	84	79	89	85	78	
Total	100	100	100	100	100	100	100	100	100	100
I like the area where I live										
Not at all	6	6	6	5	5	6	6	5	6	
Not much	12	11	12	10	11	14	10	10	14	
A little	35	37	44	38	29	42	28	33	39	
A lot	48	46	38	47	55	38	56	52	41	
Total	100	100	100	100	100	100	100	100	100	100
Safety of your area after dark										
Good	52	43	51	46	59	33	57	54	36	
Average	38	45	41	43	35	48	35	40	51	
Bad	10	12	8	11	6	19	8	7	13	
Total	100	100	100	100	100	100	100	100	100	100
Formal volunteering										
Regularly	13	18	17	14	13	10	24	22	12	
Occasionally	24	25	27	24	26	23	27	30	25	
Never	43	26	31	34	35	33	26	24	35	
Would like to	19	31	25	27	26	35	23	24	28	
Total	100	100	100	100	100	100	100	100	100	100

Appendix 3 Questionnaire

LIFESTYLES OF 14 TO 15 YEAR OLDS IN WEST SUSSEX SURVEY

This questionnaire is about your lifestyle and how it might affect your health. The information you provide will be used to help young people lead healthier lifestyles.

Please read every question and answer as honestly as you can. If you do not want to answer any particular question, just leave it blank. The answers you give are guaranteed confidential and will only be seen by the West Sussex County Council Public Health research team.

Diet and exercise

1. Are you a vegetarian or vegan?

- Vegetarian
- Vegan
- Neither

2. On an average day how many portions of fruit and vegetables do you eat?

One portion = 1 apple / a handful of grapes / 3 tablespoons of peas / small glass of fruit juice

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

3. In general, how healthy is your diet?

- Very healthy
- Healthy
- Unhealthy
- Very unhealthy

4. Do you usually eat breakfast?

- Yes
- No

5. In an average week, on how many days do you take part in physical activity for 30 minutes or more so that you are out of breath?

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days or more

6. In an average week, on how many days do you take part in physical activity for 60 minutes or more so that you are out of breath?

- None
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days or more

7. How active do you consider yourself to be?

- Very active
- Moderately active
- Not that active

8. At the present time do you consider yourself to be....

- Underweight
- Normal weight
- Slightly overweight
- Very overweight



Smoking (cigarettes and tobacco)

9. Which sentence best describes you?

- I have never smoked (go to question 14)
- I smoke occasionally
- I used to smoke but have now given up
- I smoke regularly

10. If you have smoked, at what age did you smoke your first cigarette?

years

11. If you do smoke, how many cigarettes a day do you smoke?

- 1 to 4
- 5 to 9
- 10 or more

12. If you do smoke, where do you usually get cigarettes from? Tick one

- I buy them myself
- A friend buys them for/gives them to me
- A sibling buys them for/gives them to me
- A parent/carer buys them for/gives them to me
- I take them from home
- I ask strangers for them/to buy them for me

13. Which type of cigarettes do you usually smoke? Tick one

- Regular cigarettes/tobacco
- e-cigarettes

14. Do either of your parents/carers smoke?

- Yes
- No

Alcohol

15. Which statement best describes your experience with alcohol?

- I never or rarely drink alcohol (go to question 21)
- I occasionally drink alcohol
- I regularly drink alcohol

16. In an average week on how many days do you drink alcohol?

- 1 day a week or less
- 2–3 days a week
- 4 or more days a week

17. How often do you drink with the intention of getting drunk?

- Never
- Occasionally
- Regularly

18. What type of alcohol do you mainly drink? Tick one

- Spirits (e.g. whiskey, vodka)
- Beer/lager/bitter
- Cider
- Alcopops (e.g. WKD, Smirnoff Ice)
- Wine
- Other

19. Where do you usually drink alcohol? Tick all that apply

- Pub
- Restaurant
- Club
- Your house
- A friend's house
- A relative's house
- Outside (e.g. park)
- Other

20. How often do you have the following effects from drinking alcohol?

	Never	Occasionally	Regularly
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falling over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury resulting in attending hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Drugs

21. Have you ever tried cannabis?

- No (go to question 25)
 Yes

22. If yes, how many times have you used cannabis?

- Once or twice
 3–5 times
 More than 5 times

23. Which statement best describes your current experience with cannabis?

- I used to use cannabis but have now stopped
 I occasionally use cannabis
 I regularly use cannabis

24. How old were you when you first tried cannabis?

years

25. Do you think smoking cannabis is...

- Not harmful
 Slightly harmful
 Extremely harmful

26. During your lifetime, have you ever used these drugs?

	Never	Occasionally	Regularly	Have tried, but no longer use
Ecstasy / MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Class A (Crack, Heroin, LSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone (meow meow)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal highs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrous Oxide (laughing gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leisure time

27. Do you have a television in your room?

- Yes No

28. Do you have your own computer, laptop or tablet (e.g. iPad)?

- Yes No

29. Do you own a mobile phone / smartphone?

- Yes No

30. On an average day, how much time do you spend watching TV?

On a school day

hours minutes

On a weekend day

hours minutes

31. On an average day, how much time do you spend playing computer games?

On a school day

hours minutes

On a weekend day

hours minutes

32. On an average day, how much time do you spend using the internet?

On a school day

hours minutes

On a weekend day

hours minutes

33. Do you regularly use a social networking site? For example, Facebook or Twitter

- Yes No

34. Do you regularly use an instant messaging tool? For example, Facebook chat or Yahoo! Messenger, etc.?

- Yes No

Continued on page 4



35. How frequently do you access the following on the internet?

	Never	Occasionally	Regularly
Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e-books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chat rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies/other interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV, movies, iPlayer, Netflix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video/YouTube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. What time do you usually have to be home?

	On a school night	On a weekend night
Before 9pm	<input type="checkbox"/>	<input type="checkbox"/>
Before 10pm	<input type="checkbox"/>	<input type="checkbox"/>
Before 11pm	<input type="checkbox"/>	<input type="checkbox"/>
Later than 11pm	<input type="checkbox"/>	<input type="checkbox"/>

Your mood

37. Which statement best describes your mood?

- I never or hardly ever feel depressed
- I occasionally feel depressed
- I regularly feel depressed

38. How often do you suffer with stress? (e.g. feeling that you cannot cope)

- I never or hardly ever feel stressed
- I occasionally feel stressed
- I regularly feel stressed

39. How would you describe your self-esteem? (i.e. how you feel about yourself)

- High
- Average
- Low

40. Do you ever feel lonely?

- Never
- Occasionally
- Regularly

41. Do you ever visit a counsellor?

- Never
- Occasionally
- Regularly

42. Do you ever go to a member of school staff for personal support/advice?

- Never
- Occasionally
- Regularly

Continued on page 5

**43. Do you ever worry about any of the following issues?**

	Never	Occasionally	Regularly
School work and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do after Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way you look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Over the past year have you been bullied?

- Yes
 No (If no, go to question 51)

45. If yes, how often have you been bullied in the past year?

- About once a month
 About once a week
 Most days

46. Where has the bullying mainly taken place? Tick one.

- At school
 On the way to/from school
 Near my home
 At home
 Other

47. How would you describe the main form of bullying? Tick one.

- Physical
 Verbal
 Cyber (e.g. text or internet)

48. Did you report this bullying to a member of staff at school?

- Yes
 No (go to question 50)

49. If yes, what effect did telling someone have on the bullying?

- Made things worse
 Nothing changed
 Helped a little
 Helped a lot
 The bullying stopped

50. If no, why didn't you report it?

- Didn't know who to go to
 Thought that no one would care
 Thought it would only make things worse
 Was too embarrassed
 Thought you could handle it by yourself
 Other

51. Over the past year, have you bullied anyone at school?

- Yes No

52. Over the past year have you ever played truant or 'bunked off' from school?

- Yes No

Views on school life

Look at these statements and mark whether you agree or disagree by putting a number in the box

(1 = Strongly agree, 2 = Agree, 3 = Disagree, 4 = Strongly disagree)

53. I try hard in school
54. In general I find people my age to be kind and helpful
55. I think homework is a waste of time
56. In general I like school
57. I don't care what teachers think of me
58. It is worth putting up with things I don't like because education is important
59. I feel like my teachers treat me with respect
60. My exams and subsequent results are important to me

Your home life

61. Do you spend time at home caring for someone else?

- No (If no, go to question 63)
- Parent with a disability/illness
- Brothers or sisters
- Other relatives

62. If you spend time caring for someone else, does this have a negative effect on your wellbeing/school work?

- Yes
- No

63. Which of the following best describes your family?

- I live with my birth mother and father
- I live with one parent (mum or dad)
- I live with one birth parent and their partner
- I live with my birth mum/ dad and step mum/step dad
- I live with other relatives/carers
- I live with my adoptive parent(s)
- I live with my foster parent(s)/carer(s)
- I live in a care home
- I live in a children's home
- I live somewhere else

64. Look at these statements and say whether you agree or disagree by putting a number in the box.

(1 = Agree, 2 = Mostly agree, 3 = Mostly disagree, 4 = Disagree)

- I find it easy to talk to my parents/carers when I need to
- My parents/carers are strict
- I spend enough time with my parents/carers

65. How many cars does your household have?

- None
- One
- Two or more

66. Which of these best describes your home?

- Detached (stands alone)
- Semi-detached (shares a wall on one side)
- Terraced (part of a row of houses)
- Flat
- Bedsit
- Other

67. How well do you like the area where you live?

- Not at all
- Not much
- A little
- A lot

68. How would you rate the safety of the area where you live?

- After dark?
- Good
 - Average
 - Bad
- In the day?
- Good
 - Average
 - Bad

69. Over the past 12 months would you say your health has been?

- Good
- Fairly good
- Not good

70. Do you take part in any formal volunteering? (i.e. giving unpaid help through groups, clubs or organisations) Tick one.

- Regularly
- Occasionally
- Never
- No, but would like to

Personal details

71. How old are you?

years

72. Are you...

- Male
 Female

73. What is your postcode?

74. What is your height (without your shoes on) in either feet and inches or centimetres?

Feet inches

OR centimetres

75. What is your weight in either stones and pounds or kilograms?

Stone pounds

OR kilograms

76. What is your ethnic group?

- White British
 White Irish
 Gypsy or Irish traveller
 Other White background
 Indian
 Bangladeshi
 Pakistani
 Chinese
 Arab
 Other Asian background
 Black African
 Black Caribbean
 Other Black background
 Other mixed background
 Other ethnic group

77. What is your religion?

- None
 Church of England
 Roman Catholic
 Other Christian
 Islam
 Hinduism
 Judaism
 Sikhism
 Buddhism
 Other

78. Do you consider yourself to have a disability?

- Yes
 No

If you would like to make any other comments about your health and wellbeing, please comment in this box.

Thank you for completing this questionnaire.
Please put it into the envelope and seal it.
Your questionnaire will only be seen by the
West Sussex Public Health research team





Public Health in West Sussex

The Directorate of Public Health, Health and Social Care Commissioning is a progressive multi-disciplinary department committed to improving health and tackling inequalities in West Sussex. The Directorate's key role is to protect and improve health and wellbeing of everyone in West Sussex, by commissioning evidence-based services and empowering people to make healthier choices. The Directorate also works closely with local agencies and partnerships to ensure the widest possible participation in the health and health care agenda.

The Directorate's aim is to make a significant and positive impact on the health and social care system through:

- Enhancing social capital;
- Prevention and early intervention;
- Promoting independence;
- Integration and market shaping;
- Improving outcomes for children and young people.



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