hscic Health & Social Care Information Centre

What About Youth (WAY) Survey 2014: Questions to gather Local Authority preferences

Outcomes Paper

Background

The Health and Social Care Information Centre (HSCIC) was commissioned by the Department of Health to run the What About YOUth? 2014 (WAY) survey in direct response to the Children and Young People's Health Outcomes Forum (see link for further information: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307011/CYPHOF_Annual_Report_201314_FORMAT_V1.5.pdf.). This Forum identified gaps in the Public Health Outcomes Framework (PHOF) and other key health behaviour measures relating to young people. HSCIC contracted Ipsos MORI to carry out the survey.

WAY? 2014 is the first survey to be conducted of its kind and it is hoped that the survey will be repeated (possibly every two years) in order to form a time series of comparable data on a range of indicators for 15 year olds across England. This is ground-breaking for local authorities as new data is to become available to better inform local policy making. To date, data has been collected on topics including general health, diet, use of free time, physical activity, smoking, drinking, emotional wellbeing, drugs and bullying. The survey completion period has now ended.

Once published, the data from this survey will allow comparisons between LAs and against the national position. Should the survey be repeated, LAs will be able to monitor their progress and changes over time. The PHOF currently includes a placeholder indicator on smoking prevalence at age 15. The data from this survey will become the source for this PHOF indicator. HSCIC plan to publish a short report covering the smoking prevalence findings in August 2015, followed by a main report in December 2015.

A range of stakeholders have been involved in the development of the project and are members of the Steering Group, including representatives from the Department of Health, Public Health England (including the former Child and Maternal Health Observatory ChiMat), the Children and Young People's Health Outcomes Forum, the Health Behaviour in School-aged Children (HBSC) research network, the Association of Directors of Children's Services (ADCS) as well as young people, charities, ethical boards and academic colleagues.

We see the key users for the outputs of this survey being local authority commissioners, analysts, researchers, policy makers, service providers, academics and third-sector organisations. We wanted to engage with this network, before we developed any outputs from the survey, to help ensure that these are fit for purpose and accessible for our users.

Between 18 February and 6 March 2015, the HSCIC ran a short survey to hear the views of potential users of WAY data on the planned outputs of the report. As part of this exercise, the questionnaire was distributed to help respondents complete the survey.

Some of the questions were designed to seek more information on how the results from the WAY survey may be used and who may use them. However, other questions were designed to gather specific requirements which will be used to inform how the survey results are disseminated. Where applicable, an action for the HSCIC is given, following a discussion on the relevant question.

This paper presents the findings from eighty five responses to the questionnaire. Not all respondents answered all the questions and the number who did answer each question is given within the paper.

We thank all respondents for their helpful comments.

Please note: Due to rounding percentages, some of the tables may not add up to 100% and all free text responses which appear in this paper are as supplied by the respondent, and any spelling or grammatical errors have not been corrected.

General

In this section we asked respondents about the What About YOUth survey outputs generally as well as some specific questions relating to the indicators we plan to produce (using the questionnaire provided to help with this).

For what purpose(s) do you think you will you use the data and information from the What About Youth (WAY) 2014 survey?

Responses 76 / 85

The responses to this question were free text but they have been summarised below to aid interpretation. A full set of responses is available at Annex A. Some respondents provided several purposes to how they intend to use the data.

Respondents provided a wide variety of purposes for which they will use the WAY data. For most of the purposes provided, there were only 1 – 3 respondents suggesting this purpose. However the four main purposes that respondents identified are:

- Commissioning of services, projects and targeting and prioritsing resources (33 out of 85)
- Making comparisons and benchmarking with other surveys and geographical areas (19 out of 85)
- Contribute to the Joint Strategic Needs Assessment (12 out of 85)
- Understanding youth behaviours (7 out of 85)

Purpose	Responses
Commissioning of services, projects and prioritising/targeting resources	33
Comparisons and benchmarking with other survey data and geographical areas	19
Contribute to the Joint Strategic Needs Assessment	12
Youth behaviours	7
Informing stakeholders	5
Health Schools engagement	4
Smoking prevalence	3
Wellbeing prevalence	3
Alcohol prevalence	2
Communication materials	2
Mental health	2
General profiling	2
Obtaining health information	2

Physical activity prevalence	2
Uncover hidden problems and / or sub-groups	2
Other	26

UK Data Service

Responses 85 / 85

Due to the size constraints on the publication, it will not be possible to report on all the data that is collected in the questionnaire. However, a full non-disclosive dataset will be made publically available via the UK Data Service. Recent consultations have highlighted that a significant amount of users are unaware of the UK Data Service. The results from this user engagement demonstrate that over 50% of respondents either currently do not use or don't know they use the UK Data Service. However, 76% said they are either highly likely or quite likely to use the UK Data Service to access the WAY 2014 dataset. Only 10% said they are unlikely to use the dataset. However, at least 27% of respondents are not in analytical roles so we would not expect those respondents to use it. The HSCIC will continue to communicate the fact that datasets from our surveys are available in the UK Data Service and take measures to increase awareness of this.

Action: HSCIC to continue with plans to place a full non-disclosive WAY dataset on the UK Data Service.

Do you currently use the UK data service?

Answer Choices	Responses
Yes	47% (40)
No	39% (33)
Don't know	14% (12)

How likely are you to use the UK data service to access the full WAY 2014 survey dataset?

Answer Choices	Responses
Highly likely	39% (33)
Quite likely	38% (32)
Quite unlikely	8% (7)
Highly unlikely	2% (2)
Don't know	13% (11)

Indicators

Which 5 indicators you would find most useful and which 5 you would find least useful?

Respondents were asked to choose the five most important and five least important indicators to inform the content of the report. They chose from a list which had been constructed based on feedback from the WAY Steering Group.

The most commonly chosen indicator as being one of the five most important was *Well-being (Q41): Warwick-Edinburgh Mental Well-being Scale (WEMWBS) mean score* which was selected by 51% of respondents. *Smoking (Q17): Smoking behaviour, e.g. ever smoked, regular smoker, occasional smoker, used to smoke, never smoked* was next with 41% and *Physical activity (Q13): Percentage meet recommendations of 60 mins or more exercise on all 7 days* was third with 39%. These indicators were also the least commonly selected as one of the five least important.

In terms of indicators most commonly selected as being one of the five least important was *Family (Q48): Two-parent / lone-parent households* which was chosen by nearly half (48%) of respondents. The next most commonly selected was *Diet (Q3-6 combined): Mean number of portions of fruit and vegetables* (36%) and then *Smoking (Q20): Use of other tobacco products e.g. shisha* (31%).

Some of the indicators commonly chosen as being one of the five least important are of interest to some of the key stakeholders. Therefore, based on the results of this engagement and further consultation with key stakeholders the following changes will be made to the list of indicators to be published in the main report:

- Not to include Drugs (Q33): Number of occasions taken cannabis;
- Not to include Drinking (Q26): Number of times drunk in the last 4 weeks but to retain Drinking (Q27): Percentage deliberately tried to get drunk in the last 4 weeks;
- In order to reduce the overall number of indicators, to merge the two diet indicators (Diet - Q3-6 combined: Percentage who eat 5 or more portions of fruit and vegetables a day and Diet - Q3-6 combined: Mean number of portions of fruit and vegetables) into one indicator table on fruit and vegetable consumption that shows the percentage of those that eat 0, 1, 2, 3, 4, 5 or more portions and also the mean number of portions eaten;
- For the indicator Family (Q48): Two-parent / lone-parent households to be used in any cross tabulations that show any interesting trends.

The percentages in this table are based on the total number of respondents who completed the user engagement questionnaire.

Action: Make changes outlined above to the final list of indicators for publication in the main report.

Ranked by most useful

Indicator	Most useful	Least useful
Well-being (Q41): Warwick-Edinburgh Mental Well-being Scale (WEMWBS) mean score	51% (43)	7% (6)
Smoking (Q17): Smoking behaviour, e.g. ever smoked, regular smoker, occasional smoker, used to smoke, never smoked	41% (35)	5% (4)
Physical activity (Q13): Percentage meet recommendations of 60 mins or more exercise on all 7 days	39% (33)	11% (9)
Diet (Q3-6 combined): Percentage who eat 5 or more portions of fruit and vegetables a day	34% (29)	19% (16)
Drinking (Q24): Drinking frequency	31% (26)	12% (10)
Free time (Q8-12 combined): Mean daily sedentary time in the last week (hours)	22% (19)	21% (18)
General Health (Q1): Percentage with excellent/good/fair/poor health (self-reported)	22% (19)	28% (24)
Other health (Q66): Percentage with a long-term illness, disability or medical condition	20% (17)	25% (21)
Bullying (Q46): Percentage bullied in the last couple of months	19% (16)	12% (10)
Well-being (Q42): Life satisfaction score	19% (16)	19% (16)
Diet (Q3-6 combined): Mean number of portions of fruit and vegetables	16% (14)	36% (31)
Smoking (Q19): Use of e-cigarettes	15% (13)	16% (14)
Appearance (Q40): How feels about body size	15% (13)	16% (14)
Drugs (Q37): Drug use (excluding cannabis)	14% (12)	12% (10)
Smoking (Q21): Attitudes towards smoking (proportion of smokers/non-smokers agreeing/disagreeing with statements about smoking	14% (12)	29% (25)
Drinking (Q26): Number of times drunk in the last 4 weeks	13% (11)	6% (5)
Smoking (Q20): Use of other tobacco products e.g. shisha	13% (11)	31% (26)
Drugs (Q32): Cannabis Use	12% (10)	9% (8)
Drinking (Q22): Percentage who have ever had an alcoholic drink	11% (9)	25% (21)
Drinking (Q27): Percentage deliberately tried to get drunk in the last 4 weeks	7% (6)	16% (14)
Drugs (Q30): Percentage ever taken cannabis	5% (4)	8% (7)
Bullying (Q46): Percentage cyber bullied in the last couple of months	4% (3)	11% (9)
Drugs (Q33): Number of occasions taken cannabis	4% (3)	19% (16)
Family (Q48): Two-parent / lone-parent households	1% (1)	48% (41)

Are there any indicators from the questionnaire that you think should be covered in the report that are not currently proposed?

Responses 24 / 85

The following list shows that the most commonly suggested area for inclusion was around sexual activity or abuse which is not currently included in the WAY questionnaire so it is not possible to include this in the report. Such suggestions for indicators based on information not currently collected will be considered for inclusion if there are future runs of the WAY survey. These additional areas cover:

- Sexual activity, behaviour and relationships and understanding contraception (5 respondents)
- Sexual abuse / pressure (4 respondents)
- Use of porn and attitudes to porn (3 respondents)

There were very few suggestions which related to existing questions so there are no plans to extend the list of indicators covered in the table from the previous section.

Action: HSCIC to use these suggestions for additional indicators to inform questionnaire development of any future WAY surveys.

Are there any topics areas in the questionnaire that have not been covered that you need information on?

Responses 75/85

The majority of respondents to this question (52%) feel that the topics covered in the WAY questionnaire will meet their data requirements. However, a large volume of respondents (48%) feel there are other topics that need to be covered.

A variety of topics were suggested and some respondents provided suggestions for more than one topic. There was some replication of responses with those to the previous question on additional indicators with demand for topics around *sexual health (11 respondents), activity (6) and abuse (3)*.

Also four respondents felt self-harm should be included as a topic area and four respondents felt exposure to drugs / drinking / smoking in family networks should be included.

There was a wide range of other topics suggested and the full list is available in Annex B.

Action: HSCIC to use suggestions for additional topic areas to inform questionnaire content of any future WAY surveys.

Answer Choices	Responses
No, the questionnaire meets my data requirements	52% (39)
Yes (please specify which topics in the comment box below)	48% (36)

Well-Being (Q41-45)

Information was requested on how the questions on well-being should be presented.

We currently plan to present some data analysis of Question 41 and Question 42. This would cover a mean score of all the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) statements and analysis of one of the four ONS well-being questions on life satisfaction. Further information on WEMWBS can be found via this link: http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx

Does this meet your needs?

Responses 73/85

Overall, 62% of respondents to this question feel that the planned WEMWBS data analysis will meet their requirements. 27% of respondents don't know whether it will meet their requirements but we expect that once analysed, it will meet them.

Only 11% feel it will not meet their requirements with the main reason being dependent on how the data will be presented. We will ensure that the feedback received here is considered when addressing the presentation of this section in the survey report, where possible.

Action: HSCIC to use feedback on presentation of results from well-being questions to inform content of survey report.

Answer Choices	Responses
Yes	62% (45)
No (please state why in the comment box below)	11% (8)
Don't know	27% (20)

If you had to choose between analysis of Question 41 over analysis of all of Questions 42-45, which would you prefer?

Responses 73/85

51% of respondents were not sure of their preference of analysis between question 41 and all of the questions 42-45, but of those who had a preference, the majority said they would prefer question 41. This fits in with our plans for analysis of this section as covered in the previous question.

Action: HSCIC to continue with plans for the analysis to cover a mean score of all the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) statements and analysis of one of the four ONS well-being questions on life satisfaction.

Answer Choices	Responses
Q41	36% (26)
Q42-45	14% (10)
Don't know/Not sure	51% (37)

Other Health (Q70)

This was an open text general question in the WAY survey which asked young people about health services and what they think needs improvement in their area.

We received a wide range of responses to this question with it being a free text response. Therefore, we requested the views from users on how best to group/categorise the responses to this question for the full survey dataset.

Would breaking this information down by a) different health services (e.g. dental, GP, pharmacy etc.) and b) general comments around cleanliness/access to services/facilities into an "other" category suffice?

Responses 66/85

77% of respondents to this question agreed that breaking this information down by *different health services and general comments* will suffice. 23% of respondents said this breakdown would not suffice with the main reason given by four respondents that there is a requirement for more categories to help identify specific improvement areas.

Action: HSCIC to publish answers to question on improvements to health services by the different health services but also have a separate category for cleanliness and for access to services. Anything else will form an 'Other' category.

Answer Choices	Responses
Yes	77% (51)
No (please state why in the comment box below)	23% (15)

Data Tools

We are proposing to publish the indicators on the HSCIC website and also on the Public Health England website via the Fingertips online data tool. See link for further information: http://fingertips.phe.org.uk/

Fingertips is currently used to publish indicators from the Public Health Outcomes Framework and publish Public Health Profiles.

Fingertips

Responses 71/85

Feedback was sought on whether to use Fingertips to present the WAY survey results. 49% of respondents to the question are already using Fingertips for obtaining LA level data. Although 37% are not currently using it, 55% feel it would be a good tool for LAs to access the WAY 2014 survey data. 42% of respondents were not sure about the use of Fingertips because they hadn't used it but only 3% (2 responses) felt it was not a good tool to use.

Action: HSCIC to publish the WAY indicators on Fingertips as well as on the HSCIC website.

Do you currently use Fingertips for obtaining any LA level data?

Answer Choices	Responses
Yes	49% (35)
No	37% (26)
Don't know	14% (10)

Do you think Fingertips is a good data tool for LAs to access the WAY 2014 survey data?

Answer Choices	Responses
Yes	55% (39)
No	3% (2)
Don't know as I've never used Fingertips	42% (30)

Feedback

Is there anything else you would like to tell us around any requirements for the outputs of this survey?

Responses 22/85

Respondents provided a range of requirements for the outputs of the survey and these can be seen in full in Annex C. The most common requirements identified were to offer cross tabulation on indicators and to have results available below LA level.

Action: HSCIC to consider using cross tabulations in the survey report and to investigate whether any data can be made available below LA level whilst still keeping the data file non-disclosive.

Besides your own organisation's data, from which other sources do you obtain your data on health and social care from?

Responses 42/85

Please see the table below, some respondents provided several sources from where they obtain their data.

Source	Responses
Office for National Statistics	19
Public Health England	19
Health and Social Care Information Centre	16
Clinical Commissioning Groups	7
Public Health Outcomes Framework	6
Child and Maternal Health Observatory (CHIMAT)	6
NHS England	5
Commission Support Unit	4
Census	4
National drug treatment monitoring system	4
Action on Smoking and Health (ASH)	3
Department of Education	3
Hospital Episode Statistics	3
Local Hospitals / NHS Trust	3
National Child Measurement programme	3
National Health Service	3
UK Data Service	3
Department of Health	2
Fingertips	2
Health Related Behaviour Survey (School Health Education Unit) Oral Health data	2
Joint Strategic Needs Assessment	2
Local surveys	2
NICE return on investment tool	2
Quality and Outcomes Framework	2
Voluntary & Community Services	2

Sources mentioned by only one respondent • Active People survey • British Heart Foundation • Care Quality Commission • Central Government • Charities • Chartered Institute of Personnel and Development • Data collected by Fresh and Balance- Exeter University • Department for Work and Pensions • District Council • Drinks industry • Foundation Trust • Health Survey for England • Health Trusts • Intelligence networks • King's Fund • Lincolnshire Research Observatory • Local Authority • LA level profiles • Local teams • Mosaic Public Sector Segmentation • National Cancer Intelligence Network • NHS Comparators • NOMIS • Open Exeter • Partner organisations • Police • Primary care • Primary Care Mortality Data extracts • Projecting Adult Needs and Service Information System • Projecting Older People Population Information System • Provider services • Public	1

• Pupil reported health and wellbeing questionnaires • Reports and analysis by third party commentators • Research • Secondary Uses Services • Systm One • Think Educate Share (TES) • Twitter • UK Active Google Scholar • World Health Organisation - survey of attitudes and behaviours of young people	

About the respondents

The table below is a breakdown of the types of organisations the respondents work in. Not all respondents answered this question.

Responses 47/85

Local Government	33
Central Government	4
Academics	5
Charity	3
Commercial	2

Are you based at a local authority?

Responses 60/85

Of the respondents who completed this question, almost three quarters (72%) were based at a local authority.

Answer Choices	Responses
Yes	72% (43)
No	28% (17)

Does your role within your organisation mainly cover analysis work?

Responses 59/85

The majority of respondents (61%) who completed this question work in an analysis role within their organisation. 26% of the 39% who are not in an analysis role work in commissioning roles, with the rest in a wide variety of roles.

Answer Choices	Responses
Yes	61% (36)
No (please describe your role in the comment box below)	39% (23)

Annex A

1. Commissioning Informing focus of commissioned activities, baseline for commissioned activity, directing Public Health preventive programmes. 2. Health information 3. Feed into JSNAs, inform local health profiles - wards, schools etc.
1. Healthy Schools Haringey Network 2. Young People's and Families Network, Haringey 3. JSNA 4. Data quotes in young people's health and wellbeing promotion materials and campaigns 5. Healthy Schools website
To help inform commissioning intentions and programmes. To also help influence and support schools to do the same and to prioritise their own budgets on health and wellbeing.
The data will be used to guide the work that we do with schools, public health school nurses and other community partners. It will be compared to the local data that we have collected through school based surveys, public health data and the Health Related Behaviour Survey (Years 4, 6, 8 & 10).
It will compliment the children and young people's needs assessment we have completed in our authority and help in the prioritisation of issues.
1. To inform delivery and shape pilot projects 2. To look at levels of smoking and vaping
We will use the information for planning and commissioning services. It will provide information so that we can target resources effectively.
1. Comparison with existing national data and analyses. 2. Comparison with local health related behaviour questionnaire Feed into joint strategic needs assessment.
To inform commissioning services for young people in the local authority and CCG.
We would use data within our JSNA to understand levels of participation in various activities and lifestyle choices within the younger population. It will enable us to compare perception of health issues against prevalence data. Data will help support commissioning of services and identify potential for promotional activities. We will benchmark elements of the survey against national and nearest neighbour authorities to identify where we may be an outlier requiring further investigation.
1. Commissioning smoking cessation services and prevention interventions
2. General profiling. Possible production of a youth profile for the borough.

To support development of local strategies (including health and wellbeing strategy) and service transformation plans to inform commissioning of new/revised services needs analysis - contribution to JSNA support performance review and benchmarking with stat neighbours/region/national.
1. Help in identifying priorities for public health intervention 2. To inform schools and other stakeholders 3. To assess effectiveness of current interventions. 4. To uncover hidden problems and/or subgroups.
I would like localised information to support the direction on the development of lines of work around localised issues. i.e. emotional health
1. To design/commission services 2. To inform business cases
Advocacy; supporting practitioners etc.
Our health intelligence team is likely to use the information. It will also aid service managers scope new service specs when recommissioning.
1. Review trends and behaviours of Youth. 2. Inform development of services for Youth.
To inform understand health and wellbeing need and behaviours (including access to information, advice and other services) among young people in order to inform future commissioning.
Targeting, prioritisation, resource allocation
For information
The information will be useful to map trends in Health and identify priorities for action. However for those of us who operate in a large two tier authority with large inequalities, unless the cohort size is large enough to generate lower tier authority findings the value is limited.
1. Assess public health priorities. Uncover 'hidden' issues and subgroups 2. Assess effectiveness of current interventions 3. Inform local stakeholders.
For planning and research purposes.
Monitoring health needs of young people.
1. Meeting CYP health needs, planning, commissioning and providing services. 2. Understanding what young people want, how they behave, what they feel like. 3. To triangulate with our own local health survey.

Profiling diet and exercise patterns against overweight & obesity rates.
Understanding the smoking prevalence of 15 year olds
1. To inform the work of the Local Authority Public Health department. 2. To understand the local prevalence of smoking, alcohol, drugs, nutrition, physical activity and wellbeing. 3. Compare to the local survey we complete every two years in Years 8 and 10
Benchmarking/ comparing locally collected survey data on children & young people Reporting in JSNA borough level stats from what about youth
To improve local Children and Young People's health improvement strategic plans and service improvement. To support development of Healthy Schools initiatives. To support local needs assessment and commissioning planning processes
Assessing levels of need for certain services within the borough, comparing this with a national bench mark. Highlight areas of good practice within the borough and be able to share those regionally.
To inform the development of preventative public health programmes and interventions
We would be able to compare the national information with our local information, collated in our yearly Lifestyle Survey, although our yearly lifestyle survey is carried out with young people in Y7 & Y10 school age. In 2014 we captured the views of 4123 young people We would share the information on key topics, with key partners to find out what actions they will take as a result of the findings, to ensure the results led to an impact/improvement for young people we would use it to compare results to our own internal survey that we do on an annual basis for your 7 and year 10 young people in our schools.
For inclusion in JSNA for development of service level agreements/contracts for services commissioned by PH for supporting our Health & Wellbeing Strategy refresh and priority setting for guiding our educational settings around public health priorities for supporting our commissioned services in focussing their activity at those who would benefit most
1. To inform our Joint Strategic Needs Assessment (JSNA). 2. To help assess need for commissioned services.
• Benchmarking our area against others. • Setting a baseline to evaluate progress against Assisting in profiling the area.
Ideally to assess local prevalence estimates from small area synthetic estimation of drinking, smoking, etc against the WAY survey data but even at the LA level the WAY sample will likely be insufficient and SASE will still be needed eg to weight the data.
Don't know / depends to what geographical level the data will be reported.
Shape future services and used to inform providers.
Input to needs assessments (e.g. JSNA) - inform young people's strategies - evidence to inform commissioning decisions - use in tailoring communication materials with young

people for health campaigns - use in discussions with schools around healthy lifestyle promotion
Lifestyle survey data is very useful for needs assessments and needs profiles, giving commissioners an idea about what the population looks like to help plan services and identify priorities.
As part of Public Health Surveillance, preferably in our local population
As part of the evidence base for the JSNA
To understand the key issues for children and young people in our area / make comparisons with other areas.
The Joint Strategic Needs Assessment and related pieces of analysis
To inform health inequality & deprivation analysis for children
For the Children's JSNA and for informing Locality Forums in the area. All of this will lead into commissioning services to improve outcomes in the county.
We will share the key findings with schools in training sessions run on PSHE and healthy schools/healthy school plus. They will be used to inform Healthy School Plus (enhancement) action plans and priorities. They will be compared to the large data set held locally from the Health Related Behaviour Survey which is conducted with Years 4, 6,8,10 where questions are the same. To some extent it depends on the numbers participating and whether the data set is analysed and presented for local areas and not just regionally.
1. To study factors associated with likely take-up of educational offerings, and in particular STEM subjects. 2. To study rural-urban differences in indicators of well-being and behaviour. 3. To compare responses in local authority areas which interest me with those from other areas I am not interested in summary data, only in the anonymized raw data which I will analyse for myself.
Obesity, mental health, and happiness.
Investigation of the impacts of local area characteristics (e.g. physical and social environment) on young people's health and health-related behaviours.
To understand the population better; to ascertain gaps in provision of service and areas to target.
Understanding variations and attempting to estimate the size of relevant groups with different characteristics.
Assessing self reported wellbeing and its associated risk and protective factors.
I aim to analyse it to examine how electronic and online recreational activities relate to young person health and functioning. I am still not sure exactly how these were assessed in the survey. I would be keen on knowing however as it is my preference to pre-register my analytic plan before knowing the specific values of the variables. This minimises

against Hypothesising After Results Knowing (aka HARK-ing).
Establish baseline understanding of health to inform assessments on behalf of local authority clients e.g. for SAs, health impact or equality impact assessments, or neighbourhood planning.
I shall use the information in my lectures to HR professionals and when working with charities.
1. Prioritise interventions to quit smoking in high prevalence areas 2. Celebrate the good news where we discover that most young people are healthy and well and feel supported. To achieve this I would hope to see most questions positively phrased and maybe using the Warwick Edinburgh wellbeing scale I would also hope to see the 16 year cohort reviewed next year, 17 year after to get a trend for this cohort over time.
Understand the issues for young people around potential use of mental health and community services provision.
Benchmark against our own survey data
Comparison and reference purposes to complement any work we may carry out
To support the findings of our own children and young people's survey.
Update on YPs knowledge / health behaviours but will need to use it carefully - will people think that 'exercise' means structured physical activity (Q14 and 15)? and the questions about IT don't seem to account for that YP will use more than 1 device at the same time,
I am a young person's substance misuse prevention officer, my job is to promote effective drugs, alcohol and tobacco education in all schools, including PRU'S and alternate education providers in my local authority. I work closely with the PSHE leads in schools, so this data is invaluable. It will help me know what is going on in my local area and help inform planning. It will also help strategic managers and school improvement partners know more about the lives of young people in their authority.
Comparative data around drug and alcohol use among the age group.
The data can help organisations develop services.
Alcohol and youth analysis.
Informing activity building evidence base Strategy and planning Media response. Briefings to other organisations. Public affairs work.
To enhance existing data and in order to target resources in areas of high need.
Practice improvement and clinical effectiveness.

Annex B

An assessment as to whether the young person feels that they are provided with sufficient high quality education and advice from their school about a range of risk behaviours.
1. Understand or define their expectation of 'healthy happy relationships ' 2. Understand and negotiate change/improvements in their relationships.
Sexual health and relationships.
Sexual health, sexual bullying, gender related violence.
Information about personal relationships and condom use.
Sexual health and relationships Crime – victim / offending Active travel.
The TELLUS Survey included a question about activity outside school with an adult who was not a parent. This is quite useful for local authorities and can be seen to contribute to obesity and emotional health agenda.
The drugs questions do not enable us to understand what drugs other than cannabis are being used by young people in our area. Neither is there any insight into why they choose to use drugs. Self harm is an important issue and questions to help understand issues relating to this would be useful.
Sexual Health.
What about sexual health? Or where young people get health information from?
Consumption of sugar-sweetened drinks participation in active travel use of parks / open space information on sexual health information on where they would go if they needed health / wellbeing information, advice or support.
Children's mental health problems.
I would like to see the inclusion of childhood trauma - ACE as these are not systematically reported at the moment and there are international validated questionnaires. I am unsure why the smoking and substance misuse questions are being asked when the modelled prevalence data for smoking at 15 has just been reported and substance misuse has been historically collected through the national pupil survey - unless that is now not occurring.
Sexual health.
Gaps - sexual health; Safeguarding - domestic and partner violence Internet safety - meeting people they have met on-line parents/other adults in their home that smoke Types of drugs they use.
Sexual health.
Sexual Health CSE & Safety Internet Safety.
Parent / sibling use of cigarettes / alcohol / drugs.
Missing the opportunity to probe further on actual engagement with NHS and also on teen

sexual activity.
It might be interesting to examine personal relationships for some of the older ages - maybe an extension of bullying looking at domestic violence / abusive behaviour in relationships, or attitudes statements towards relationships.
A question on family health relating to whether the child has to give any unpaid care.
Use of legal highs.
The survey does not cover sexual health, behaviour and relationships which would have enhanced it. Questions about the source of toabcco products and alcohol woudl have been useful Smoking behaviour within the home would help too
Please see my comments above. I would be interested in particular in their attitudes to studying STEM subjects and Mathematics, and their knowledge of the importance of such elements of their education.
Time spent doing physical activity outdoors (travel to/from school, free time spent outdoors etc.).
Mood and feelings / psychological distress /Common mental health problems.
Relationships: family (relationship with mother and father eg are able to talk to them about things which matter) and friends and other children at school How they view their neighbourhood with regard to such things as like where they live, they have places to play, they feel safe.
Within the family section there ought to be a 'carer' question around whether anyone in the home needs care and do you (the 15 yr old) provide any and for how many hours. This could then be followed up by the impact it has on school and social life Also whilst you investigate, smoking, drugs, alcohol, bullying thoroughly there was no mention of Self Harm which we have found often goes along with negative wellbeing and many of the aforementioned aspects of life.
As specified in Q5 above, more info around exposure to drug use in family or social networks could be useful.
Alcohol and access, alcohol and acceptance, alcohol and sex.
If they have ever heard anything about the harms of alcohol (if so what).
If possible it would be helpful to have understanding on sexual health.

Annex C

How the young people found out about the survey - this would give us some clues to the young person's ward and school.
Require full dataset to allow local analysis of responses and also comparison to others for questions which don't form part of the indicator set. Cross-tabulations of different questions. Deprivation measures included in records. Record level data for my local authority.
There is a tension between asking the questions in a way young people happy to answer and information in format planners would like. The more detailed the information available the easier it is to use the data.
In order to get maximum benefit from this data source we would need access to all questions and answer options for all local authorities. For example Q7 we would want to know what percentage of young people eat take away food every day for our and all other LAs.
Re fingertips - I always find it hard to find on the website, that's why I don't use it.
More direct linkage of responses, by which I mean analysis of the inter relationships between lifestyle choices & mental wellbeing.
What is really useful is to be able to cross tabulate questions. For example of those that smoke are they more or less likely to have used cannabis. relating lifestyle factors to self-esteem/WEMWEBS etc.
If the data is released at local level, will we be able to filter responses by school/locality? Different schools way require different targeted response. Also the ability to cross tab eg for low mental wellbeing and behaviour with alcohol - will allow us to focus on upstream interventions.
It would be beneficial to see local data. Our Lifestyle Survey provides us with a borough wide picture, but then also individual school information. I would like to see the impact that the survey has - how do organisation shape their services after receiving the results of the survey. How is the information used by local authorities, health, schools and other key partners?
Please make easy to red and manipulate excel/csv data sheets easily available.
When you say data will be published at 'local authority level' it would be helpful if you could be clear if this is upper tier or lower tier, as the term gets used for both.
The key for us is providing a breakdown to local authority level (ideally upper and lower tier), with confidence intervals to enable meaningful comparisons. If it were possible to provide socio-demographic breakdowns this would also be very useful.
I am really interested in how experiences when young affect one's life-long chances. Some health and lifestyle choices may have such an effect. However, one hopes that education might do so as well. It would be desirable to combine the two sets of independent variables.
Capacity to consider young people's local area to a higher resolution than local authority would be fantastically useful to be able to consider impacts on health and wellbeing of different environment conditions (food environments, physical environments, socio-

economic, demographic etc.). For example, LSOA of residence could potentially be provided under special licence or secure access conditions at UK Data Service, in a similar way to other large social survey data, without presenting significant confidentiality/data protection risks.
Please notify the respondents to this survey when the datasets will be available for secondary analysis at individual level.
As a Public Governor for a mental health and community services NHS Foundation Trust, the mental health information is very useful along with the drug/alcohol data. In my role as a Trustee for a rural charity, we look at the assistance we can give to NEETs some of whom have health and welfare issues so your information will assist me.
Will this questionnaire follow this cohort over time?
In Q2 there is an assumption that everyone knows what constitutes healthy eating. Unfortunately this is not always the case especially in more deprived areas where 'convenience foods' are more the norm. Perhaps a 'don't know' option would have been useful. Also linked to Q40 you could perhaps have asked there actual height and weight as a lot of YP (especially girls) have poor body image and may feel they are fat even though all indicators (and peers) show otherwise.
I would like some idea of how the responses to these questions relate to objectively measurements.
As a Drug and Alcohol Commissioning Team, anything that provides more sense of prevalence of substance use would be extremely useful.
If possible please could you provide data tables, and for surveys published after this (if it is intended to be annual) please could you keep in trend information on those tables