

Health and Wellbeing of 15- year-olds in England – What About YOUth? (WAY):

Survey Consultation

Outcomes Paper

Contents

Background	1
Key Findings	2
Survey Findings	3
Use of WAY information	4
Survey content	10
Reporting and Analysis	12
Future Surveys	14
Additional Comments	16
Next Steps	17
Appendix A	18
Appendix B	28
Appendix C	37
Appendix D	39

Background

What About YOUth? 2014 (WAY 2014) is a newly-established survey, commissioned by the Department of Health and designed to collect local authority level data on a range of health behaviours amongst 15 year-olds. The survey has collected data on general health, diet, use of free time, physical activity, smoking, drinking, emotional wellbeing, drugs and bullying. A [report](#) of the findings was published in December 2015.

Between 18 January and 28 February 2016, the Health and Social Care Information Centre consulted on the What About YOUth survey. The consultation was conducted in accordance with the Code of Practice for Official Statistics and full details are available via the following link:

<http://www.hscic.gov.uk/article/6914/What-About-YOUth>

This consultation was specifically aimed at finding out how useful the survey findings are, how the data are being used and any improvements that could be made. Views expressed in this consultation will help the HSCIC and the Department of Health to make decisions about any future survey.

The consultation closed on 28 February 2016. We received 193 usable responses (not all respondents answered all the questions). We thank all respondents for taking part in the survey and for their helpful comments.

NB: Due to rounding some of the tables may not add up to 100%.

[Appendix A](#) provides a copy of the consultation questionnaire.

Key Findings

- The HSCIC received a very good response to the consultation – 193 responses with over half from local authorities.
- 101 respondents (53%) had heard of the WAY survey before the consultation and 88 (47%) had not.
- 87.3% of respondents said they had used or intended to use the findings from the WAY survey. All topics included in the survey were found to be ‘useful’ but those with the highest numbers of users/potential users were wellbeing, drinking, drug use and smoking. These were also the topic areas considered to be most ‘important’.
- 80.7% of respondents said they intended to use the data for comparing local indicators with national figures. 73.1% intended to use the data to examine trends and behaviours and 67.6% to inform policy making.
- A large number of respondents (102) provided detailed information on the value of the WAY survey and how they have used (or will be using) the data – these are available in Appendix B.
- Respondents valued data at all levels (national, regional and local). Data at local level was considered essential by most respondents (53.8%).
- Amongst the 86 respondents who identified other topics that the survey should cover, sexual health was the most popular (identified by 43.5%) followed by mental health (9.4%).
- All the survey outputs were considered useful by most respondents. The main report was the most useful with 66.4% reporting it as very useful and a further 27.0% as fairly useful. More than three quarters of respondents thought the survey dataset was useful and 60.0% intend to use it.
- 26 people identified potential improvements to the survey outputs including: an increased use of infographics; a version of the report that is understandable to young people; more data made available via the Fingertips Platform; data made available at lower tier levels.
- Respondents were asked if they would find a future WAY survey useful. Almost three quarters of respondents (72.6%) would find it very useful and a further 26.7% would find it useful. 76.3% of respondents said that if the WAY survey was not run again it would have an impact on their work.
- Most wanted the survey to run frequently with 45.9% wanting an annual survey and a further 38.5% wanting the survey every two years.

Survey Findings

Respondents

In total, the HSCIC received 193 responses to the WAY survey consultation. The majority of respondents (76.2%) were from public sector organisations and over half were from local authorities (LAs).

101 respondents (53%) had heard of the WAY survey before the consultation and 88 (47%) had not. 4 people did not answer this question.

78.4% of those who had not heard of the survey before has used or planned to use the survey findings, compared to 95.0% of those who had heard of the survey.

Type of organisation

Responses: 193

Organisation	%
Public Sector – Local Authority	55.4%
Charities and or voluntary	12.4%
Public Sector – Other NHS Organisation	5.7%
Academic organisation	5.2%
Public Sector – Other	4.7%
Public Sector – Public Health England	4.2%
Public Sector – NHS England	3.6%
Public Sector – Department of Health	2.6%
Other*	6.2%
Total	100%

*Other includes private sector, media, members of the public and other organisations.

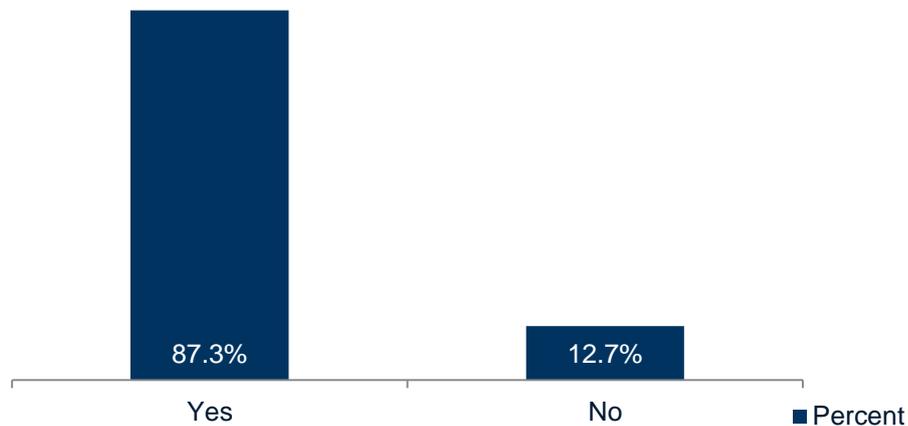
Responses included consolidated responses from the Department of Health, Public Health England and Action on Smoking and Health (ASH).

Use of WAY information

87.3% of respondents said they had used or intend to use the findings from the WAY survey. Respondents who reported they would not use the survey data or findings were asked why. 11 people responded to this citing various reasons but the most common reason given was that they had other sources of information to the survey data.

Have you used or do you think you will use and of the survey data or findings?

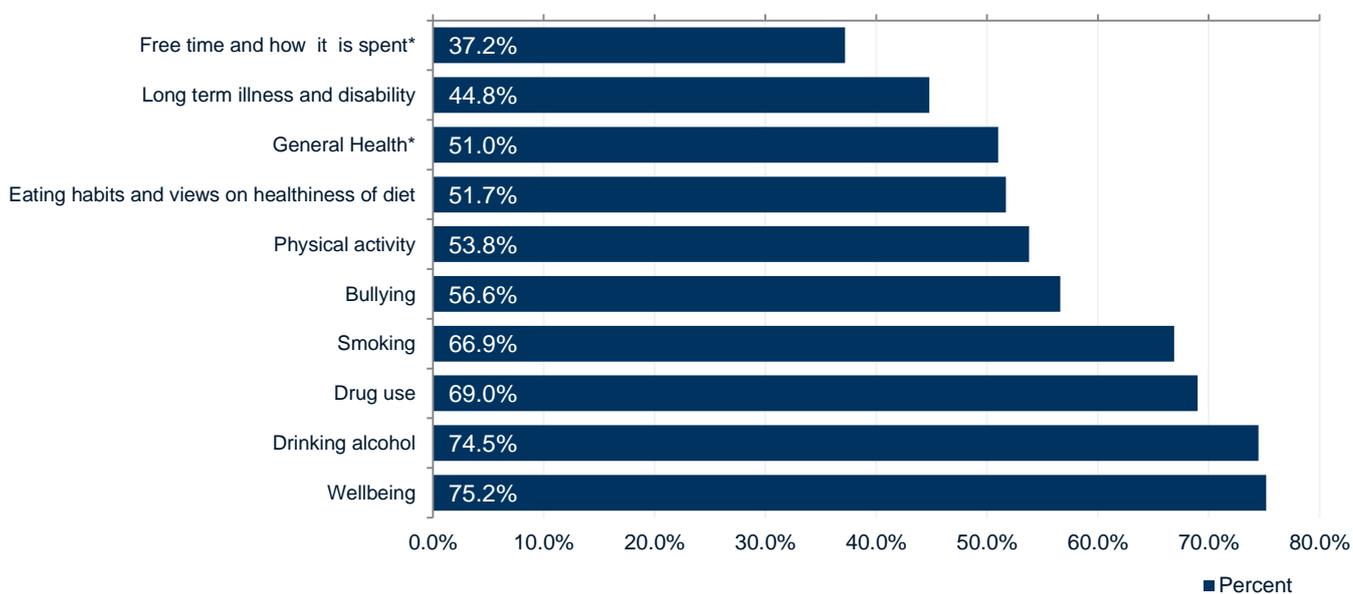
Responses: 189



The WAY survey covered a range of topics. Those who responded were asked which information they would use. All topics included in the survey were found to be useful but those with the highest numbers of users/potential users were wellbeing, drinking, drug use and smoking.

What information from the WAY survey have you used/do you think you will use?

Responses: 145



* 'Free time and how this is spent' and 'general health' were omitted from the original questionnaire and so added in 3 days after the consultation had opened. This may have impacted on the figures for these two categories. 60 responses were received before these options were added.

It is important for the Health & Social Care Information Centre to understand how the data are used.

Respondents were asked about the purpose(s) for which they intended to use the WAY data. 80.7% of respondents said they intended to use the data for comparing local indicators with national figures. 73.1% intended to use the data to examine trends and behaviours and 67.6% to inform policy making.

For what purpose(s) have you used or do you intend to use the WAY report/data?

Responses: 145

Purpose	%
Comparing local indicators with national figures	80.7%
To examine trends and behaviours	73.1%
Informing policy making	67.6%
Planning services	57.2%
To measure the Public Health Outcomes Framework desired outcomes	46.2%
Policy monitoring and evaluation	40.7%
Training or Education	39.3%
Research and analysis - other	37.9%
Personal interest	19.3%
Research and analysis - academic	17.2%
Other (please specify)*	9.7%

How users have or will use the data/findings from the WAY survey

Respondents were asked if they could provide further detailed comments on how they used or would use the findings from the WAY survey. 102 people responded providing a rich source of information on the value of the survey to users. Some of the comments are listed below, grouped by themes, but the full list of comments is available in [Appendix B](#):

Comparing local indicators with national figures

“The data will provide us with evidence to support our healthy schools programme and feed into our Joint Strategic Needs Assessment (JSNA). Benchmarking data will be particularly useful for national and other comparisons. We already undertake surveys with school children, but the WAY survey provides a richer picture, and much larger sample size.”

“...We want to identify the results where in area X we are worse off than the national picture and put in actions to address these. We want to look at results that impact on our current priorities for children and young people in area X and also look at the results to see what may be our future priorities.”

Health Promotion

“We have produced a briefing of the report for our local councillors and officers. We are using the data in the development of programmes to promote children and young people’s wellbeing.”

“It enables us to make the case with partners, such as schools, for engaging with us in Public Health work..”

Trends and behaviors

“... It is very valuable to have data about our area, with a reasonably good sample at a local level...The What about YOUth survey shows that we have a pretty low baseline, with many indicators showing our young people are worse off than average. So it helps to make the case for why services are important, and should allow us to monitor change over time...”

“We plan to use the findings to examine trends in young people in areas such as smoking, alcohol and drug use and physical activity.”

Planning & commissioning services

“As a commissioner the results will help to inform service development and the more insight we have into what youth want would be very helpful. This can be used to adapt existing services and design new (ones).”

“Part of our areas role within Public Health is to provide evidence for LA commissioners to plan services and drive policies that affect the local community. This data on young people would be used in District children’s profiles to show how the LA measure against comparators...”

“In order to be cost effective and to invest appropriately with reduced budgets we need to know where the priority areas are...”

“... The WAY survey is carried out at a critical age and the data gives an indication not only of the forward trajectory for planning but also and more importantly the previous experience of young people and therefore can guide early help and earlier interventions.”

Policy

“Although it is the SDD survey that informs the government’s drug strategy, WAY is a helpful addition, particularly because it is at LA level. It is very helpful to have the geographical breakdown, and also to compare across the health and wellbeing topics...”

“This is the first time we have had local data relating to young people. This is very useful for policy and commissioning decisions...”

Training, academia & Research

“...As part of teacher training to support PSHE education, to help schools identify priorities for Healthy Schools work. To share with young people, including local youth parliament, to help identify priorities.”

“... to inform staff training and curriculum planning...”

Data break down

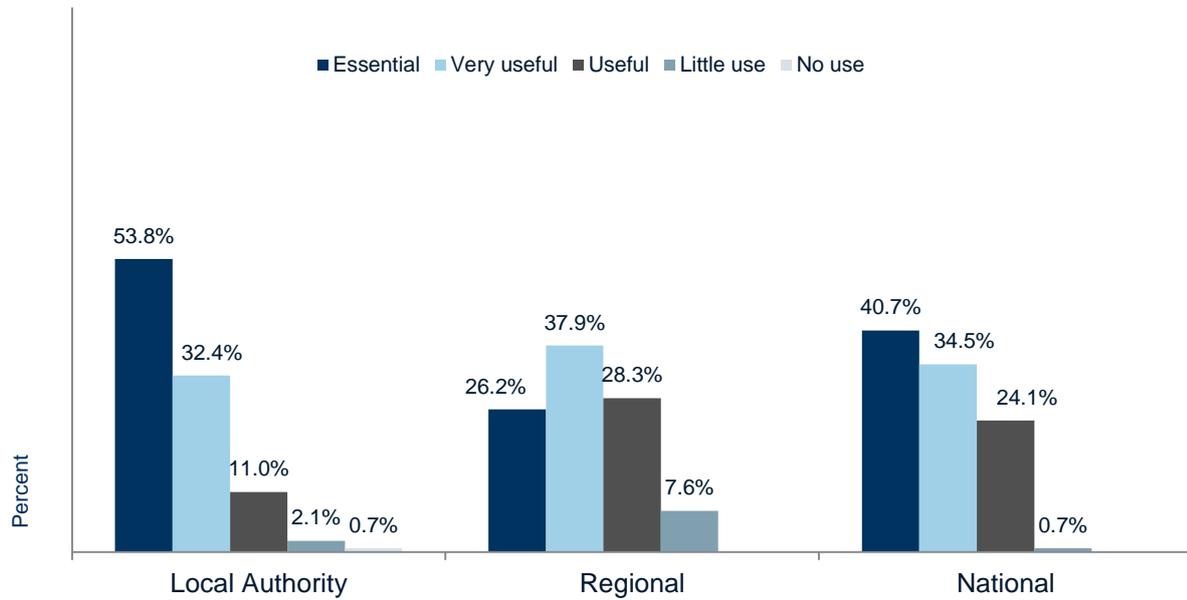
Respondents were asked how useful they thought the data were at a local, regional and national level.

Respondents valued data at all levels with very few reporting that data at national, regional or local level was not useful. Data at local level though was considered essential by most respondents (53.8%).

62.4% of the local authority respondents said the data were essential at an LA level.

How useful are the data at national, regional and local level?

Responses: 145



Survey content

The survey covered several topics and respondents were asked to rate the importance of each topic. Drinking alcohol was considered the most important with 81.7% saying it was very important. Smoking and wellbeing were also considered very important by more than three quarters of respondents. The least important topic area was free time and how it was spent.

Importance of topics covered by WAY

Responses: 142

Behaviour	Importance %					n
	Very important	Fairly important	Not particularly important	Not important	Don't Know	
Drinking alcohol	81.7%	14.8%	1.4%	0.0%	2.1%	100% (142)
Smoking (including e-cigarettes)	76.1%	19.0%	2.1%	0.0%	2.8%	100% (142)
Wellbeing	78.2%	19.0%	1.4%	0.0%	1.4%	100% (142)
Drug use	73.9%	21.8%	2.1%	0.0%	2.1%	100% (142)
Bullying	66.9%	24.7%	4.2%	0.0%	4.2%	100% (142)
Eating habits and views on healthiness of diet	65.5%	26.8%	4.2%	0.0%	3.5%	100% (142)
General Health*	62.1%	31.9%	5.2%	0.0%	0.9%	100% (116)
Physical activity	62.0%	31.0%	3.5%	0.0%	3.5%	100% (142)
Free time and how it is spent*	37.1%	42.2%	13.8%	3.5%	3.5%	100% (116)

Table 1

*'Free time and how this is spent ' and 'general health' were omitted from the original questionnaire and so added in 3 days after the consultation had opened. Total numbers are therefore lower and there may be some impact on percentages for these two categories. 60 responses were received before these options were added.

Other topics

The consultation asked respondents if there were additional topics they thought the survey should cover. In total 86 respondents thought that other topics should be covered in future WAY surveys.

Respondents' views on other topics that should be covered by the survey

Responses: 86

Other topics	%
Sexual health	43.5%
Mental health	9.4%
Self-harm	7.1%
Sexual orientation	4.7%
Emotional wellbeing	4.7%
Legal highs	4.7%
Shisha/Smoking Pipe	4.7%
Sexual exploitation	3.5%
Technology	3.5%
Violence	3.5%
Weight/Eating disorders	2.4%

The inclusion of sexual health questions was the most popular (43.5%), followed by mental health (9.4%). Two of the comments made around sexual information are shown below:

“There is a growing knowledge base that indicates young people want to have information about relationships, the links to their emotional wellbeing and access to sexual health advice and information. Good quality relationship and sex education is paramount in this and currently there is nothing in the WAY survey which indicates any data around sexual health, accessing services, relationships and emotional health etc.”

“I think it is crucial that questions about relationships and sexual health are included, to include healthy relationships, sexual health knowledge and access to services (whether sexually active or not), knowledge and understanding of consent, sexual activity, use of protection and contraception if relevant. Also ... gender identity and sexual orientation.”

Reporting and Analysis

The results of the WAY survey were published in the [Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014](#) report. In addition to the main PDF report there were a number of other survey outputs. All the survey outputs were considered useful by most respondents. The main report was most useful with 66.4% reporting it as very useful and a further 27.0% as fairly useful.

More than three quarters of respondents thought the survey dataset was useful and 60.0% intend to use it. The question was worded in a way in which respondents could indicate future use as the survey dataset in the UK data archive only became available after the consultation ended. However, around 80% of respondents still said they would find the dataset very or fairly useful.

How useful were each of the survey products?

Responses: 137

Output	Importance %					n
	Very useful	Fairly useful	Not particularly useful	Not at all useful	Not used/will not use	
WAY Survey PDF Report	66.4%	27.0%	3.7%	0.0%	2.9%	100% (137)
Smoking prevalence results for the Public Health Outcomes Framework	57.7%	26.3%	8.8%	2.2%	5.1%	100% (137)
Excel tables	54.0%	35.0%	5.8%	0.0%	5.1%	100% (137)
The Fingertips Data tool*	52.3%	36.9%	4.5%	0.0%	6.3%	100% (111)
The survey dataset in the UK Data Service catalogue	35.8%	43.8%	10.2%	0.0%	10.2%	100% (137)

*The Fingertips Data tool was omitted from the original questionnaire and so added in 3 days after the consultation had opened. Total numbers are therefore lower and there may be some impact on percentages. 60 responses were received before these were added.

Respondents were asked if there was any other information/analyses that should be included in the report. In total, 37 respondents identified other information, with 10 saying that some discussion of sexual health, relationships and/or access to sexual health services would have been useful. Note that these are all topics that are not currently covered by the survey.

Four people would have liked information on gender and sexual identity within the main report.

Four respondents, three from local authorities, would have liked the data broken down to ward level, "...as there can be huge differences even within an LA" although they may not have realised that the sample size was insufficient to provide robust analysis at this level and the small number of 15 year olds in a ward could make the data identifiable.

Some respondents also reported that they would have liked the inequalities data, which were presented at a national level, to also be presented at a local or regional level. Again, however, they may not have realised that presenting the results by ethnicity within an LA for example may also have made the data identifiable

Do you think the survey products could be improved in any way?

26 people (19.0%) thought the survey outputs could be improved. The main improvements identified are listed below:

- An increased use of infographics;
- A version of the report that is understandable to young people;
- More data made available via the Fingertips Platform;
- Data made available at lower tier levels.

The full list can be seen in [Appendix C](#).

Future Surveys

Respondents were asked if they would find a future WAY survey useful. Almost three quarters of respondents (72.6%) would find it very useful and a further 26.7% would find it useful.

Of the 98 people who said they would find a future WAY survey “very useful”, 61.2% were from LAs.

If another WAY survey was run in the future how useful would you find this?

Responses: 135

Response	%
Very useful	72.6%
Useful	26.7%
Little use	0.7%
No use	0.0%
Total	100.0%

76.3% of respondents said that if the WAY survey was not run again it would have an impact on their work. Most of these respondents were from local authorities. Some of the comments made by respondents are shown below:

“WAY provides useful data that is probably more valid and reliable than other sources. Most importantly it includes vulnerable groups. It provides the best local level data, whereas most data is national or regional. While these are both useful, LA based data is the most important in terms of responding to need.”

“...The survey is important because the sample size increases the reliability of the data and is therefore useful for monitoring changes in behaviour at local level. HSCIC surveys are essential for the monitoring of lifestyle behaviour and for the development of policy...”

“Despite running our own surveys with school children every two years, we have never achieved the large sample size for 15 year olds that has been achieved by the WAY survey. In addition, the WAY survey offers benchmarking that we cannot replicate.”

“This has been the first opportunity to assess electronic cigarette and other tobacco use among 15 year olds at a local authority level and it would be very difficult to understand the progress and develop plans to support young people if there is not a second wave of the survey to compare with.”

“Make it more difficult to assess how the local authority is performing compared to other areas in promoting young people's health. Make it harder to prioritise which activities to deliver in the local area to promote young people's health. Increase potential costs in finding other ways to find this data, e.g. having to fund local surveys.”

“Our understanding of the problems facing teenagers would fall and we would not be able to direct projects to help in the right way. Only by shining a light on problems do people care enough to make a difference.”

“I think we do need to have a national picture for the views of children and young people and in particular if this can be also delivered regionally and locally”

“There is no alternative data source. We would not have information on a key age group.”

“This is the first time we have had LA level data for youth smoking prevalence and it is a useful tool to engage with schools and an aid to measure the impact of local services. “

Survey Frequency

Respondents were asked how often they would like the WAY survey to be run.

Most wanted the survey run frequently with 45.9% wanting an annual survey and a further 38.5% wanting the survey every two years.

Additional Comments

Respondents were asked if they had other comments or feedback about the survey. Twenty people responded to this with a wide range of comments. The most common theme to emerge was around the need/want for data at a lower geographical tier and, related to this, increasing the sample size/response which would increase analysis potential:

“... we would be interested in helping to promote the survey locally to improve the sample for our area. I'd have thought there are other local authorities that also feel the same. Getting a sample that means we could see the data by lower tier local authority district would be very valuable indeed for us, but I realise that's a big ask....”

“It would be very useful if results were available at lower-tier local authority level, providing the sample size is adequate to give useful results. ..., if a two yearly survey of a larger sample could yield useful district-level results, I think that would be a benefit over an annual survey only presenting county level data...”

“The survey would be of greatest use where participation in the survey is high therefore there should be a strategy for getting as many young people to complete the survey as possible by engaging schools in this”

One respondent expressed disappointment at the reporting of data on lesbian, gay and bisexual young people:

“I am delighted this survey has taken place but extremely disappointed that the data regarding LGB young people was hidden away in the Data Visualisation Tool. One very positive outcome is that as a result of the WAY survey, X (local authority) are now going to include sexual orientation in their annual health survey of young people”

“It is a useful method of gathering information on a rapidly changing cohort of young people. Also the process has the effect of raising issues on young people's agendas and showing that their opinions are valued”

“This data has been very important to my work on risk behaviour among vulnerable young people. I would be extremely disappointed if it stopped. I believe that it will inform better commissioning, and better support for young people and will help to improve health in the future”

Another respondent reported that they would:

“...like to see WAY extended to younger age groups, particularly children under the age of 8 if possible.”

The full list can be seen in [Appendix D](#).

Next Steps

The HSCIC thanks everyone who replied to the consultation. We are committed to ensuring that any future What About YOUth? Survey meets the needs of users and your feedback is essential in helping us to do this.

The HSCIC:

- Have fed back the findings from the consultation to the Department of Health (DH) which commissioned the survey for 2014.
- Will use the findings from the consultation to inform the content and development of any future WAY survey, although there may be some constraining factors (e.g. survey methodology, length of questionnaire, available funding)

The Department of Health are currently considering whether to run a future What About YOUth? Survey and will take account of the consultation findings as part of the decision making process.

Further comments can be submitted at any time to the HSCIC using the feedback form that accompanies the publication or alternatively via email to: enquiries@hscic.gov.uk

Appendix A

What About Youth Consultation

User feedback questionnaire

Personal Details

Please complete the following details:

1. Full name:

2. Type of respondent or organisation: *please click the appropriate box*

Academic

Charity or voluntary organisation

Media

Member of the public

Private sector

Public sector - Department of Health

Public sector - Public Health England

Public sector - NHS England

Public sector - Other NHS organisation

Public sector - Local Authority

Public sector - other

Other

If other please specify and explain in the organisation name section below:

3. Organisation Name:

Your use of WAY information

4. Had you heard of the WAY survey before this consultation?

Yes

No

5. Have you used or do you think you will use any of the survey data or findings?

Yes

No

If no

**Please say why you think you won't use any of the survey data or findings?
Then skip to question 23**

[Click here to enter text.](#)

6. What information from the WAY survey have you used/do you think you will use? Tick all boxes that apply

Information on smoking

Information on drinking

Information on drug use

Eating habits and views

General health

How free time is spent

Long term illness & disability

Physical activity

Wellbeing

Bullying

7. For what purpose(s) have you used or do you intend to use the WAY report/data etc.?

Tick all that apply

- Informing policy making
- Policy monitoring and evaluation
- To measure the Public Health Outcomes Framework desired outcomes
- Comparing local indicators with national figures
- Planning services
- To examine trends and behaviours
- Personal interest
- Research and analysis – academic
- Research and analysis – other
- Training / Education
- Other(s) (please specify)

8. It is very important for the HSCIC to understand the benefits of the WAY survey to users. Please use the space below to provide us with more detailed information about how you have or will use the data/findings from the WAY survey.

[Click here to enter text.](#)

9. The WAY report and tables provide information and data at a **Local Authority** level. How useful are these data to you?

- Essential
- Very useful
- Useful
- Little Use
- No use

10. The WAY report and tables provide information and data at a **Regional** level. How useful are these data to you?

- Essential
- Very useful
- Useful
- Little Use
- No use

11. The WAY report and tables provide information and data at a **National** level. How useful are these data to you?

- Essential
- Very useful
- Useful
- Little Use
- No use

Survey Content

12. The WAY survey covers different topic areas as shown in the grid below. Please indicate how important you think each topic area is:

Topic within the questionnaire	Very important	Fairly important	Not particularly important	Not important	Don't Know
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating habits and views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Time & how it is spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking (including e-cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Are there any other questions or topic areas that you think should be covered by the survey if there is another one in the future?

Yes, please specify

No

[Click here to enter text.](#)

Reporting and Analysis

14. Not all the information collected in the questionnaire could be reported on in the main PDF report but more data are made available in the UK Data Service catalogue for users to undertake their own analyses. NB: The survey data are expected to become available from early March.

Do you intend to use the WAY survey data when it becomes available in the UK Data Service catalogue?

Yes

No

Don't Know

15. Is there any other information or analyses that aren't currently included in the main WAY PDF report that you think should be included?

No

Yes

If Yes, please say what other information/analyses you think should be included and why?

[Click here to enter text.](#)

16. Please rate how useful you think each of the survey products below are or will be to you:

	Very Useful	Fairly useful	Not particularly useful	Not at all useful	Not used / will not used
WAY Survey PDF Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking prevalence results for the Public Health Outcomes Framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Fingertips tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The survey dataset in the UK Data Service catalogue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you think the survey products could be improved in any way?

- Yes
- No
- Don't Know

If Yes, please say how:

[Click here to enter text.](#)

18. Below is a list of other potential ways of disseminating the results of the survey. Please specify your 1st and 2nd preference.

	1 st Preference	2 nd Preference
Presentations at seminars	<input type="checkbox"/>	<input type="checkbox"/>
Webinars	<input type="checkbox"/>	<input type="checkbox"/>
Infographics	<input type="checkbox"/>	<input type="checkbox"/>
Videos	<input type="checkbox"/>	<input type="checkbox"/>
Interactive online analysis tools	<input type="checkbox"/>	<input type="checkbox"/>
Interactive quizzes using the survey findings	<input type="checkbox"/>	<input type="checkbox"/>
Lesson packs for use in schools	<input type="checkbox"/>	<input type="checkbox"/>

Future Surveys

19. If another WAY survey was run in the future how useful would you find this?

- Very useful
- Useful
- Little use
- No use

20. How often do you think the WAY survey should be run?

- Every year
- Every two years
- Every three years
- Every four years
- Every five years
- Every ten years
- No requirement for another survey
- Other (please specify)

[Click here to enter text.](#)

21. Please use the space below if you would like to provide more information about your response to question 20 (above).

[Click here to enter text.](#)

22. If the WAY was not run again, would this have an impact on your work?

- Yes
- No

If Yes, please describe what the impact would be?

[Click here to enter text.](#)

23. If you have other comments or feedback about the WAY survey or if you would like to expand on any of the answers you have provided please use the space below.

[Click here to enter text.](#)

24. Email address:

25. Telephone number:

26. Would you be happy for us to contact you to discuss your responses if we need clarification or to answer any questions you may have asked?

Yes (please check you have entered your email address and / or phone no.)

No

27. How did you hear about this consultation?

HSCIC website

HSCIC tweet

HSCIC Health Surveys E-Bulletin

Contacted directly by HSCIC

Other (please specify)

[Click here to enter text.](#)

Thank you for completing this survey.

If you have any queries, please email: <mailto:enquiries@hscic.gov.uk>

Appendix B

<p>We have produced a briefing of the report for our local councillors and officers. We are using the data in the development of programmes to promote children and young people’s wellbeing.</p>
<p>To monitor use of e-cigarettes among young people and compare the data with other surveys such as those commissioned by ASH</p>
<p>We formulate policy, set standards, teach & train, inform government about service needs so this data will be useful</p>
<p>Public Health budgets have been cut, and Stop Smoking Services are particularly vulnerable. It is therefore crucial to have accurate information on local smoking trends, and because most people stop smoking before the age of 18, the WAY figures are particularly useful.</p>
<p>For drugs policy analysis have used information about the characteristics of young people misusing substances. For young people’s mental health / wellbeing analysis we think using the data on bullying (experiencing bullying) and cross-comparison between experiencing bullying and having mental health problems will be particularly useful. Overall, data on any young people’s mental health and wellbeing is valuable as a contribution to understanding of the topic. We will also be looking to using the data to perform additional analysis on links between young people’s health and well-being, and on well-being and health behaviours, particularly multiple behaviours, to inform policy-making. We are also planning to look at how the ONS wellbeing measures and the WEMWBS correlate. For nutrition, the number of portions of fruit and vegetables eaten per day and the 5 a day information is likely to be used.</p>
<p>The data will provide us with evidence to support our healthy schools programme and feed into our Joint Strategic Needs Assessment (JSNA). Benchmarking data will be particularly useful for national and other comparisons. We already undertake surveys with school children, but the WAY survey provides a richer picture, and much larger sample size.</p>
<p>At this current time, the WAY survey findings have informed our thinking. However, in future we may refer to them in our reports, briefings, and to identify areas we need to focus on.</p>
<p>Although it is the SDD survey that informs the government’s drug strategy, WAY is a helpful addition, particularly because it is at LA level. It is very helpful to have the geographical breakdown, and also to compare across the health and wellbeing topics. Smoking data has been used in the Public Health Outcomes Framework, and e-cigarettes and use of other tobacco products in the Local Tobacco Control Profiles. If sexual health indicators were included LA level data would be of value for service planning, identification of unmet need and evaluation of interventions at a local level. PHE will be creating a presentation on main findings for PHE Centres and Local Authorities in the near future, and will be using the wider release of data through the UK Data Service to perform some detailed analytical work to dig down into inequalities and associations between factors and behaviours.</p>
<p>Important to have national benchmarks for comparisons with our own local data and to</p>

<p>have some idea of local and national indicators that we don't routinely collect locally.</p>
<p>We have developed some of our questions in our annual Lifestyle Survey to read similar to the questions in your survey, to enable us to be able to do some clear comparison. We want to show whether our local results match up to the national picture. We want to promote to the young people in area X, where results are better than the national picture. We want to identify the results were in area X we are worse off than the national picture and put in actions to address these. We want to look at results that impact on our current priorities for children and young people in area X and also look at the results to see what may be our future priorities</p>
<p>It will be particularly useful to supplement the data from the Smoking, drinking and drug use of young people surveys that are undertaken by HSCIC that I use to inform training that I deliver for frontline workers</p>
<p>Currently this is our main source of data and intelligence on lifestyle, wellbeing and behaviours for this age group. It is crucial to help plan future services.</p>
<p>I have been aware of the specific needs of LGBT young people for many years and have campaigned for their needs to be recognised, to reduce their vulnerabilities and for services to be able to meet their specific needs. I am also aware that similar surveys to the WAY have been conducted in the USA for many years leading to a better understanding of the needs of young people and, for my interest, the needs of LGBT youth. Such surveys are able to show how health inequalities affect minority groups, encourage further research into these areas and challenge services and policies to take on board the specific needs of minority groups - both locally and nationally.</p>
<p>Used information for training and briefing notes</p>
<p>We plan to use the findings to examine trends in young people in areas such as smoking, alcohol and drug use and physical activity. These findings will help inform the policy we advise on. In particular, we plan to examine variations between the indicators in different regions - this will contribute to our analysis on inequalities in health amongst youth. We are aware the Public Health Minister is concerned with regional variation in health inequalities and this survey is a useful mechanism to measure this.</p>
<p>Data compared to the health related behaviour survey which we are carrying out with Year 10 students every 2 years. The data is used within the Healthy School Plus programme to help schools set measurable outcomes for identified public health outcomes Data used to inform planning of tobacco interventions, used in in service training for schools and is disseminated to those working with young people in schools</p>
<p>This is the first time we have had local data relating to young people. This is very useful for policy and commissioning decisions. We are always asked by our partners about local data relating to young people and this is very useful!!!!!!!</p>
<p>As a commissioner the results will help to inform service development and the more insight we have into what youth want would be very helpful. This can be used to adapt existing services and design new.</p>
<p>Wellbeing is on the survey but not specifically mental health. As this is a major concern for Government and local authorities and young people, their peers, friends, parents and families, should it not have its own question category? Young people on the forum are given opportunities to discuss summary reports to say if they wish to take up any issues with decision makers.</p>

<p>To understand local issues by combining the quantitative data from this survey with the other information we collect, such as feedback from local residents, so that we may better influence service providers and commissioners.</p>
<p>We will use the data/findings from the WAY survey to find out about the smoking behaviour of 15 year olds.</p>
<p>Alcohol - using the data to show need for a school based project to reduce the age at which young people start to drink. Will also use to demonstrate to parents the role they can play in reducing their children's alcohol consumption. Smoking - using the data to report to high level boards on yp smoking rates as little data available elsewhere to make the case for taking action. Generally data is very important to us for establishing trends in young people's health behaviours so that services can be planned and impact of services evaluated. It enables us to make the case with partners, such as schools, for engaging with us in Public Health work.</p>
<p>It is always interesting to see how each area compares with other areas and especially towards national figures. This is useful when we are planning activities with young people to reduce their behaviours.</p>
<p>In order to be cost effective and to invest appropriately with reduced budgets we need to know where the priority areas are. The PH outcomes framework is a good starting point but we also need to be very aware of both local and national trends so that future impact on health and wellbeing is meaningful. The WAY survey is carried out at a critical age and the data gives an indication not only of the forward trajectory for planning but also and more importantly the previous experience of young people and therefore can guide early help and earlier interventions.</p>
<p>We would be interested in looking at trends, as well as comparing to local surveys</p>
<p>In supporting funding applications In academic research</p>
<p>the main use for me is around comparators with our locally sourced data</p>
<p>Information about drugs, drug use and drug education will inform the charity and keep us up to date in our aim to properly inform people about the true dangers of cannabis (Now overwhelmingly skunk!) and to bring back prevention rather than harm reduction education.</p>
<p>As we work with Marginalised Boys, the more information from and about them we have the better. However this is a limited picture not taking in all aspects of Y/P lives no mention of relationships, Mental health (distinct from Wellbeing) Or sexual health, awareness or knowledge. We will therefore find this useful but limited which is a shame as it could be so much more informative.</p>
<p>To compare with local pupil survey data, to measure trends as part of Public Health work. As part of teacher training to support PSHE education, to help schools identify priorities for Healthy Schools work. To share with young people, including local youth parliament, to help identify priorities.</p>
<p>To understand behaviours and attitudes to inform local policy and programme development</p>
<p>As a sexual health commissioner it would be invaluable to help plan local sexual health services and education.</p>
<p>Recently we presented to our secondary heads meeting, aiming to encourage them all</p>

<p>to adopt a whole school approach to reduce the effect of substance use on young people. We were able to use our local data with the WAY data in our presentation to show comparators - our local data shows a slight downward trend but the WAY data showed that our position was above national figures. Really helped. We have a Public Health Schools Programme where we have a health agreement with 54 primary schools and 10 secondary schools. Each school gets a schools profile report which shows local data and we are now looking at how we can match this with the WAY data. This will inform commissioning of services, our code livery plans and the direction of travel we will go with partnership working - helps prioritise.</p>
<p>I am member of a number of charities and political groups , it's good to have some facts when debating issues ,</p>
<p>It would be useful to have some indicators relating to sexual health and relationships</p>
<p>From what I can see there is a significant omission here in terms of data around relationships and sex education</p>
<p>Gives us an external set of information, totally independent from our service, that gives us local data but also data from other areas. This is then used to demonstrate service effectiveness and for planning of delivery of our services.</p>
<p>It is very valuable to have data about our area, with a reasonably good sample at a local level. We are now responsible for commissioning the Healthy Child Programme and in addition to the performance data from our provider we will be using data such as this to monitor the wider outcomes for children and young people. We hope to demonstrate that the services are having a positive impact on children's lives (in order to make the case for continued funding among other things). The What about YOUth survey shows that we have a pretty low baseline, with many indicators showing our young people are worse off than average. So it helps to make the case for why services are important, and should allow us to monitor change over time. This is also why the survey gets repeated at regular intervals (every 2 years would probably be enough). We have also commissioned a survey locally to get more detail (especially at school level) and it has been useful to compare results of this survey with the WAY. If we had not done a survey locally then there would be no other way for us to say locally about the prevalence of issues such as physical activity, healthy eating, smoking, drinking, drug use and mental health indicators like WEMWBS. The presentation of the WAY result in the PHE fingertips tools is especially useful as this is a really easy way of comparing us to other areas and national average. It's also really useful to see the data broken down by inequalities.</p>
<p>It is helpful to compare national data with local information when considering health related behaviours of young people and how they use services. This can help us plan our engagement and activity such as roadshows, You're Welcome accreditation of services and inter-generational projects to be more responsive to the needs and issues arising for young people in our local communities.</p>
<p>I am a Health Improvement Advanced Specialist and one of my roles is to inspect (along with trained young verifiers) health service settings in x NHS Trust against the NHS 'You're Welcome' quality criteria for making health services young people friendly. I will be forwarding the report and consultation link to my colleagues in our Specialist Health Improvement Service, School Nursing, CAMHS and substance misuse services.</p>
<p>We have used the data to compare local trends and also compared it against our own health related behaviour questionnaire which is offered to all our schools every 2 years.</p>

The data is helpful in looking at key behaviour issues such as substance use and emotional wellbeing
I have used the survey with my youth council to examine their understanding of the issues raised and see where they think x compares. It made them think about issues they wouldn't otherwise have thought about.
INDICATOR OF YOUTH SMOKING FOR OUR TOBACCO CONTROL ALLIANCE
My main role is commissioning substance misuse services. Thus the main value of the findings will be to set the national context for our assessment of local information relating to drug and alcohol use. It will be valuable this context for needs assessments, service monitoring and targeting and strategy development.
On fingertips tool, to take out to our stakeholders, showing the issues locally. Stakeholders may use this for their policies and evidence for commissioning services
Use for comparison with local survey on general health behaviours of youth
This data will be invaluable for addressing fundamental unanswered questions about technology use among young people in the United Kingdom. In particular, addressing outstanding questions regarding health and well-being which up until this point have vexed researchers and policy makers in this area.
Building the local evidence base on which services are planned, targeted and commissioned, and delivered. Data used for Public Health surveillance. Trended data enables us to monitor change. Regional and national data provide benchmarks
We would use data on smoking, drinking and drug use amongst young people to inform our work programme and to monitor outcomes.
The data from the national what about youth survey will be used to compare against our Lifestyle Survey that is held annually with young people at schools in Y7 and Y10. We did review some of the questions in the What About Youth survey and tailored some of our questions to be similar to enable comparison to take place. It is essential we look at national data, but it is essential we can look at WAY data by local authority.
Useful information on young people's habits and trends so that we can plan for prevention/ service activity
THIS IS VERY USEFUL DATA THAT COULD SHAPE FUTURE SERVICE PROVISION AND INTERVENTIONS ACROSS THE TIERS
Decide on where and how to use resources
I feed back to schools as part of training/staff meeting (daily or more) about the results of the survey. I have also developed a guessing game for young people about our data and where it fits within the bigger picture. This acts as a social norms activity but also feeds back the results to them.
Will only provide a strategic overview for area X and benchmarking as a whole for the County
It's really important in public health to have as much information on the views and behaviours of our local population, particularly in these times of austerity when the funding for locally commissioned surveys are under threat
I have recently used the WAY survey to compare against the findings of a local children and young people's survey. This allowed me to compare the two area X level findings

<p>against each other and against the national data.</p>
<p>Comparing local data to national data, identifying trends and relating these to service provision and planning in programmes such as the Young People's Tobacco Control Programme and the Healthy Schools Programme.</p>
<p>Particularly for our smoking data, PHOF data are modelled estimates so are not particularly helpful. WAY data is far superior giving us an accurate understanding of smoking in young people in our locality and is a measure we can also use to evidence our progress towards reducing smoking prevalence in young people. Will also use the info to understand the needs of young people in relation to service provision.</p>
<p>Is a good starting point but as a two-tier local authority we could do with lower level data to target interventions more effectively.</p>
<p>I run a network of voluntary and community organisations that work with children and young people. The Children and Young People's Provide Network (CYPPN) has over 100 organisations all providing services in x City. The range of services is vast and covers all the areas which the WAY survey has asked young people about. My work as the networks officer means that I am involved in LA, CCG, Police and Crime Commissioners work at an operational and strategic level and can use this data to challenge / inform and help us to make the right decisions about service provision for young people. Each member of the network received a link to the study - it is my role to ensure that the sector are informed and where there are resources / surveys / research materials that can help support our work.</p>
<p>We need long term trends in youth drinking and substance use - particularly in a time of austerity which is hopefully passing, so we need to look at changes in light of external circumstances to distinguish internal and ecological drivers. We also need to understand the emergence NPS in relation to alcohol and classified drug use.</p>
<p>Have used previous national surveys</p>
<p>It will inform our JSNA locally. We will be using it to influence our work with school nursing around health improvement activities. We already have a pilot programme with selected schools and this will help provide contextual information about key indicators of great importance that can't be easily measured locally.</p>
<p>Part of our areas role within Public Health is to provide evidence for LA commissioners to plan services and drive policies that affect the local community. This data on young people would be used in District children's profiles to show how the LA measure against comparators - will link into providing commissioners and LA planners with detailed information about the population and will therefore influence any decisions they are currently making with regards to services offered by the local authority and in truth the CCG because we link into their planning as well</p>
<p>We will use it in the statutory Joint Strategic Needs Assessment in order to help staff understand the behaviours and needs of young people in our area. There is a lack of local data around the behaviours of young people, so this resource is crucial. Because the resource is national, we can benchmark ourselves. Public Health Consultants and Commissioners in our organisation and Clinical Commissioning Group will use the data to inform strategies and service planning.</p>
<p>The findings of this survey will help to identify risky drinking results and/or other drinking behaviours which can be incorporated into evidential statistics for licensing case files.</p>

<p>As the Risk and resilience lead for early Help in area X it is really useful to understand the substance use trends of young people in the City and inform the way we deliver our Drug and alcohol service</p>
<p>To inform me where our young people are at with drug use to inform staff training and curriculum planning.</p>
<p>A Commissioner of the Stop Smoking Service I need to be aware of trends so that targets in this area can be set.</p>
<p>I've already used this data to help articulate policy proposals and service developments for my local area when there is insufficient time and/or resource to conduct a local needs assessment or engagement exercises - we have been able to extrapolate this data to give an indication of what young people report across a range of indicators.</p>
<p>Trend data for inclusion in our partnership strategic assessment which has a priority work area around substance misuse</p>
<p>Very useful as a comparison between area X and England/other regions e.g. North East. It has a good and reliable sample size.</p>
<p>To inform research and practice around FASD.</p>
<p>The information has been used as background material for my lectures to HR students taking the PgDip in HRM/CIPD qualification.</p>
<p>I work in Health Improvement, mainly in tobacco control. The data from the WAY survey can help us understand the next generation of smokers. Seeing that most smokers start before they reach adulthood it is important to know their prevalence, what draws them to smoking to begin with, what their perceptions are in general to such behaviours etc.? In order to target initiatives that could help us achieve a tobacco free generation. This is true to other aspects of health improvement such as obesity.</p>
<p>Example: when constructing local questionnaires looking at national trends and comparing local results with national picture.</p>
<p>The information generated by the survey provides us with unique insight into the drinking patterns of 15 year olds. The data has been used by ourselves and local partners to help shape key messaging and debates around alcohol related policy at the local and national level. The North East suffers from some of the highest levels of alcohol related harm in the country for both adults and children. The WAY survey enables us to benchmark LAs against wider geographical areas to establish with greater accuracy the level of alcohol related harm in an age group that is relatively pivotal when it comes to the uptake of drinking alcohol.</p>
<p>It will be used to complement any work we do with children and young people particularly in the ways highlighted above</p>
<p>The data is used to provide intelligence to service leads about current levels of health related behaviours in our District compared to others. If the survey is continued it will prove to be even more useful as we will be able to use the data to demonstrate improvements in certain areas. We also run a local health related behaviour survey with school children - so the WAY survey ties in nicely with this and provides an element on sense-checking our local results.</p>
<p>To help develop JSNA and HWB strategy by the local council, As co-chair of Local Healthwatch I am a member of HWBBoard. Also to influence commissioning decisions</p>

by the Council and CCG and to monitor the services provided to the community
I am a member of the Health and Wellbeing Board and a local hospital governor. This information enables me to make informed contributions to debate.
The smoking prevalence data for 15 year olds gives us the opportunity to see how we are doing on this Public Health Outcome Indicator and how we compare regionally and nationally. This is the first survey that has ever enabled us to do this.
Monitoring the health and well-being of our young people. Without knowing the scale of these issues, it is impossible to create policy to conquer them. It would become guesswork due to lack of data on people under 16 from any other data source.
This survey provides trend data, comparison with the rest of the country and areas of similar demography and is a resource that doesn't have to be paid for at a local level. We can place more budget towards young people if we have the evidence that intervention is needed, it highlights problem areas and it is a reflection of how things have changed as a result of focused interventions previously used i.e. evaluation purposes.
To ensure that commissioning of services cover the information revealed by the survey
Filling the gaps into insight on health and wellbeing data for older children, at a local authority level. Even if it is only for one age group - 15 year olds - it's useful for analysis into an area normally dominated by adults or primary school age children.
The WAY survey provides additional contextual data to supplement the ONS measures of children's well-being.
Essential local information on prevalence of risky behaviours in young people. This information is crucial to a number of Joint Strategic Needs Assessments and informs strategic planning of services for young people and allocation of resources. Being able to track trends over time to highlight new areas of concern and evaluate current programs, projects and interventions is also of great importance. If there wasn't a national program gathering this data it would cost a lot to gather this locally and it would not be possible to benchmark ourselves against other areas.
Health and wellbeing curriculum in Key stage 3 and above
It is very useful as the only survey to include e-cigarettes and also a survey in which the sample allows for meaningful comparison of local authorities.
Commissioning services for young people in the borough. Comparing with national and regional data - useful for benchmarking.
Data on youth behaviour is used to triangulate with adult behaviour and understand trends.
We will use the WAY survey to compare ourselves nationally and then in comparison with our local annual survey.
I've no idea until I await the findings
I have put together a document on Housing and well-being, will post you a copy.
To obtain the most up to date info on local drug and alcohol use to inform appropriate service delivery
I have used a lot of the WAY data in a drug and alcohol needs assessment that I am

currently writing. I will also be writing a smoking needs assessment I will use the data to compare to performance data when carrying out performance monitoring I will use the data for local documents like JSNA I will support local agencies to use the data as evidence in bids etc. I will use the data in public health training for the local children and young people's workforce

As a School Nurse the main findings can be used as evidence in policy and guidelines development and proposals for service development. Having local data then provides comparative evidence to further support this.

Influencing Commissioners Shaping provision Helping other stakeholders understand and using in partnership Shaping our own associations work Keeping young people and families informed and challenging social norms Funding bids

To support professional guidance

Appendix C

Fingertips tool to have an area profile pdf download, not just data. Variation by deprivation (inequalities) for local areas, or at least for regions to be included in fingertips tool, at the moment national variation is in the main report but highlighting the importance for local areas is vital.
In a format that is understandable by young people and families themselves
Info graphics
More tartan rug type/ pictorial comparisons
More info graphic information
Ensure versions are young people friendly and where possible apply normative messages.
There could be a fuller set of tables including those that cover things not featured in the report – for example tables that use the other 3 ONS well-being questions in addition to life satisfaction (happiness, anxiety, worthwhile).
We would find it useful if more data was made available through the Fingertips tools. It's not clear at this stage if the future release will only be made available through the UK Data Service catalogue.
Could be easier to apply to our own presentations, a briefing through the LGA with each cycle, or at least data/infographics designed for elected members.
Ensuring trends and inequalities are explored and explained. Would be interesting to look at indicators from WAY alongside equivalent indicators from HSE, etc. for each area particularly re implications for family based interventions and/or life course approach to health improvement.
Make most use of data tool and data through excel tables. These are essential. Make less use of survey report. Critical to understand methodology.
By ensuring health inequalities are given a higher priority: including comparisons between different groups (i.e. LGBT, Disabled, BME, Economically Disadvantaged) and the national findings. To include questions on trans status.
I would like to see data for smaller area geographies, but understand that there might be issues of validity and sample sizes at that level.
More focus on Relationships
Addition of questions on sex and relationships issues
Really I'd be most interested in seeing the results for our Local Authority - will this be available from the UK data service? Or will data on location not be included.
include LGBT issues
More timely results
Have the data at lower tier local authority level

Alcohol use data
Can the sample be boosted to measure at lower tier local authority level? County level does not reflect the local differences in the population.
Only by going down to LSOA
Perhaps one Excel workbook containing all Local Authority results, perhaps with a front sheet with drop down menus giving the ability to quickly drill down and display data.
Maintenance of fingertips site is essential to the easy dissemination of local authority level data: http://fingertips.phe.org.uk/profile/what-about-youth

Appendix D

<p>What About YOUth? has been generally well received by all and the local data is a massive plus after multiple national surveys, and to gain trends for some of the indicators included would be very useful so a follow up would be welcomed. Having the multiple topic areas on one survey is a positive. It would be great if we could start linking some of the data across other risk factors, and start to think about new issues such as novel psychoactive substances and energy drinks etc. From a tobacco standpoint it would be useful to know the outcomes of the new Tobacco Control Strategy and see indicators to support this. One of the big omissions from the survey seems to be questions around sexual health behaviours. Teenagers are at highest risk of unplanned pregnancy and non-volitional sex and under 25's have some of the highest rates of STI's, and while these outcomes are measured elsewhere the behaviours that influence them are not. Having these data within the same dataset as the other variables would be particularly valuable to allow investigation of links with other behaviours. As well as an additional question set on sexual behaviours (whether or not had sex, consent or regret, contraception, whether information and advice met their needs, whether discussed with parents, school, health professionals) there are existing questions where sex could be more explicitly stated (Q28 on consequences of drinking, Q46 on bullying (sexual coercion), and Q57 and wider body image questions that do not consider trans communities).</p>
<p>I am delighted this survey has taken place but extremely disappointed that the data regarding LGB young people was hidden away in the Data Visualisation Tool. One very positive outcome is that as a result of the WAY survey, X are now going to include sexual orientation in their annual health survey of young people (as X already does). Perhaps it will encourage other local authorities to conduct similar surveys on a local level which can then be used to compare with national data. It could be there are some lessons to be learnt from the similar surveys in the USA which have been conducted in some areas for about twenty years.</p>
<p>I think the sampling process needs to be looked at to ensure it is more randomised. It was undertaken in some schools which students attended, but also done at home by those opting to undertake the survey. Does this mean that it was a fully representative sample, as those doing the survey self selected to do so. Did it miss the most vulnerable? Why was sexual health not included in the survey- a key area especially at age 15 years.</p> <p><i>NB: Those invited to take part in the survey were chosen at random and questionnaires were posted to home addresses. No questionnaires were sent out through schools.</i></p>
<p>Have young people's views been sought during this consultation? Have they had an opportunity to influence the content of the survey to reflect what is important to them?</p>
<p>The survey would be of greatest use where participation in the survey is high therefore there should be a strategy for getting as many young people to complete the survey as possible by engaging schools in this.</p>
<p>I have only taken up my current post in X since November 2015 and was not aware of WAY until very recently and only in connection with data on teenage substance use. I am, therefore, not very familiar with the survey or what use may be made of it in the future. However, as I am based in Scotland, there will always be some limit to my overall interest in this survey.</p>
<p>We found it unusual that the timing of this consultation coincided with release of the</p>

<p>first instalment of data, and the full release won't be available until after the consultation has closed.</p>
<p>It would be very useful if results were available at lower-tier local authority level, providing the sample size is adequate to give useful results. We often use smoking prevalence estimates for adults from the Integrated Household Survey which are available at district level but these are often highly variable with broad confidence intervals due to a small sample. Related to my earlier comment on frequency and sample size, if a two yearly survey of a larger sample could yield useful district-level results, I think that would be a benefit over an annual survey only presenting county level data. The WAY survey is very useful to have. The technical documentation is very good.</p>
<p>Are there plans to make the sample size larger?</p>
<p>How does this survey fit in with other large scale surveys? Has this replace the smoking, drinking, drug use survey? Also, we would be interested in helping to promote the survey locally to improve the sample for our area, I'd have thought there are other local authorities that also feel the same. Getting a sample that means we could see the data by lower tier local authority district would be very valuable indeed for us, but I realise that's a big ask (and one of the reasons we decided to do our own survey as well).</p>
<p>This is an amazing project that has the potential to allow us to understand health among young people in this country in a way we have only been able to speculate about.</p>
<p>It is a useful method of gathering information on a rapidly changing cohort of young people. Also the process has the effect of raising issues on young people's agendas and showing that their opinions are valued</p>
<p>We need the data at district level to compare across localities as we have a diverse population with some of the most disadvantaged (X) and affluent (X) so just offering us one figure for the whole county is pretty useless for us.</p>
<p>An under assessed issue is around ethnicity, deprivation and mental health/aspiration/resilience. Large scale work in these areas under-researched.</p>
<p>Regarding q12 this information is very important but only if schools, local authorities public health etc. take relevant and timely action</p>
<p>I have said 'yes' to using the UK Data Survey Catalogue but I'm not really sure what this is but sounds good so would probably use it.</p>
<p>As mentioned in Q21, I would like to see WAY extended to younger age groups, particularly children under the age of 8 if possible.</p>
<p>Great survey and Fingertips site is a great way to disseminate results along with main report and tables.</p>
<p>This data has been very important to my work on risk behaviour among vulnerable young people. I would be extremely disappointed if it stopped. I believe that it will inform better commissioning, and better support for young people and will help to improve health in the future</p>