



Welsh Health Survey 2015: Health of children

29 September 2016
SB 42/2016

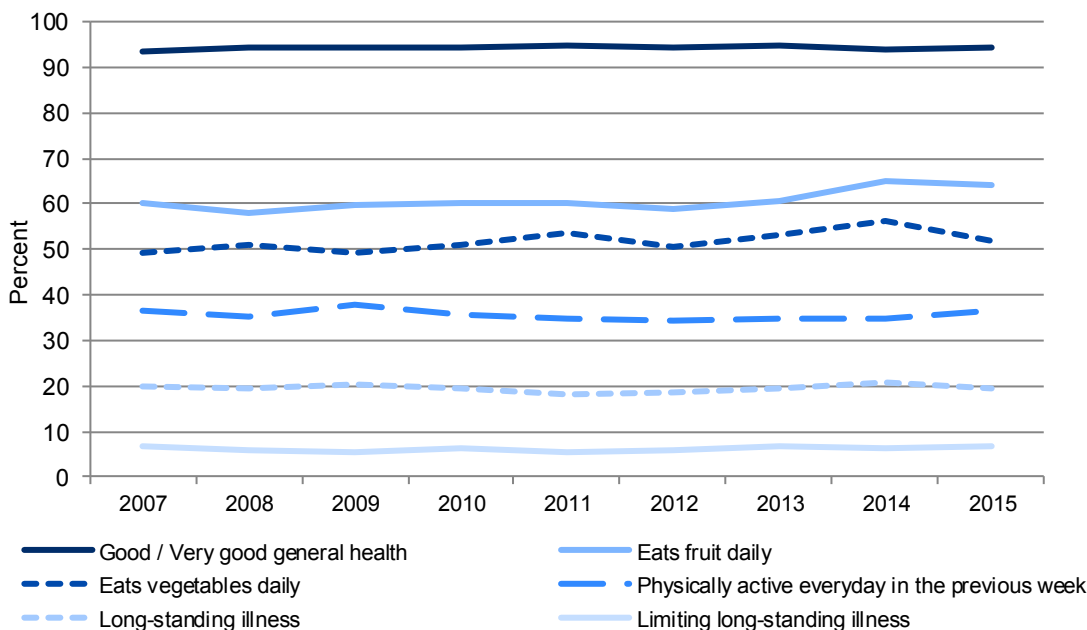
This Welsh Health Survey bulletin presents more detailed child health results from the 2015 survey, relating to data collected between January and December 2015.

Broad figures for Wales are provided along with breakdowns by sex. Due to the relatively small numbers of children in the sample, breakdowns by other measures such as age and socio-demographic factors are not shown.

Key results:

Figure 1: General health, long-standing illness and lifestyle in children, 2007-2015*

*See section 6 for definitions



- 94 per cent of children were reported to have very good or good general health.
- 19 per cent of children were reported as having a long-standing illness, including 7 per cent with a limiting long-standing illness.
- 64 per cent of children were reported as eating fruit every day, and 52 per cent were reported as eating vegetables every day.

About this bulletin

The Welsh Health Survey provides unique information about the health and health-related lifestyles of people living in Wales. It covers a range of health-related issues, including health status, lifestyle and health behaviours, and health service use. Some initial headline results from the survey were published in a statistical release in June 2016.

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Key results (continued)

- 36 per cent of children were reported as undertaking physical activity for at least an hour on every day of the previous week.
- There has been little change in children's reported health since 2007 (when the current questions were introduced).

Background

This statistical bulletin provides information from the Welsh Health Survey on children's general health, health-related lifestyle and service use. The Welsh Government aims to promote health throughout life.

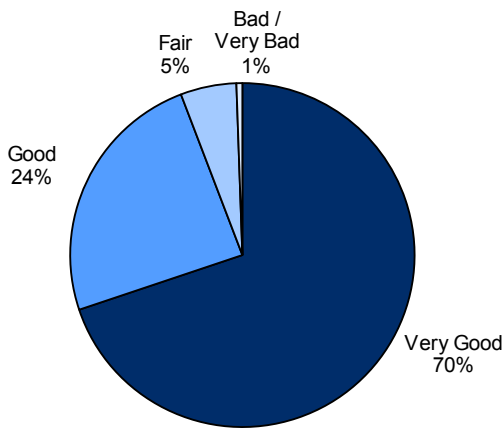
The Welsh Government's Change4Life campaign supports families to live healthier lives, aiming to encourage physical activity and healthy eating amongst children.

1. General health and well-being

94 per cent of children were reported to have very good or good general health. 19 per cent of children were reported as having a long-standing illness. 7 per cent of children were reported as having a limiting long-standing illness.

General Health

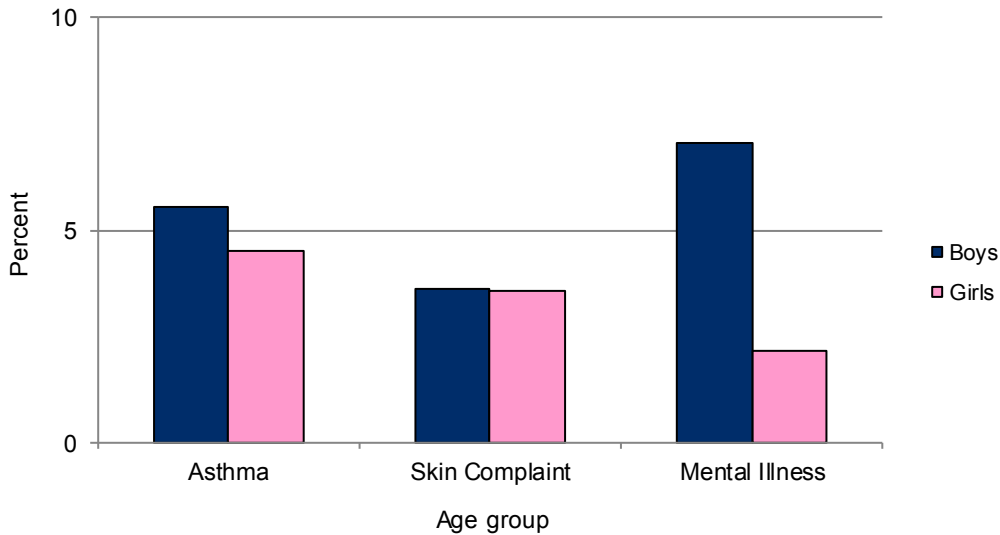
Figure 2: Reported general health status of children



- 70 per cent of children were reported to have very good general health, 24 per cent good, and 5 per cent fair.
- Fewer than 1 per cent of children were reported as having either bad or very bad health (shown as 1 per cent due to rounding).
- There has been little change in reported general health of children since 2007.

Illnesses

Figure 3: Selected long-standing illnesses of children, by gender



- 19 per cent of children were reported as having a long-standing illness. The most commonly reported long-standing illnesses were asthma (5 per cent), a mental illness (5 per cent) and a skin complaint (4 per cent).
- 7 per cent of children were reported as having a limiting long-standing illness.

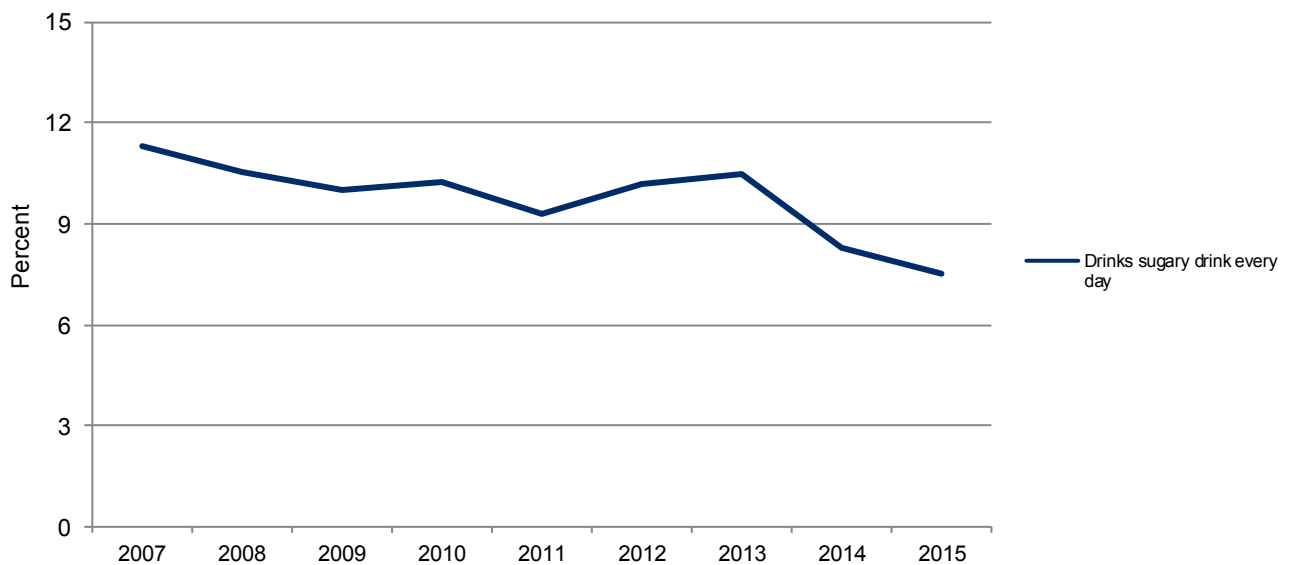
- Boys tended to fare worse for long-standing illnesses, with 22 per cent of boys reported as having a long-standing illness compared with 17 per cent of girls.
- Among children who were reported as currently being treated for an illness or condition, the most common were a skin complaint (11 per cent), eye complaint (10 per cent - includes wearing glasses), and asthma (7 per cent).
- Note that different estimates are obtained depending on whether the question asks about long-standing illness (which may or may not be being treated) or about illnesses currently being treated (which may or may not be long-standing). More information is provided in section 6 (methods and definitions).
- There has been little change for those who suffer from a long-standing illness or a limiting long-standing illness since 2007 when questions were introduced.

Tables 1, 5 figures 2, 3

2. Eating habits

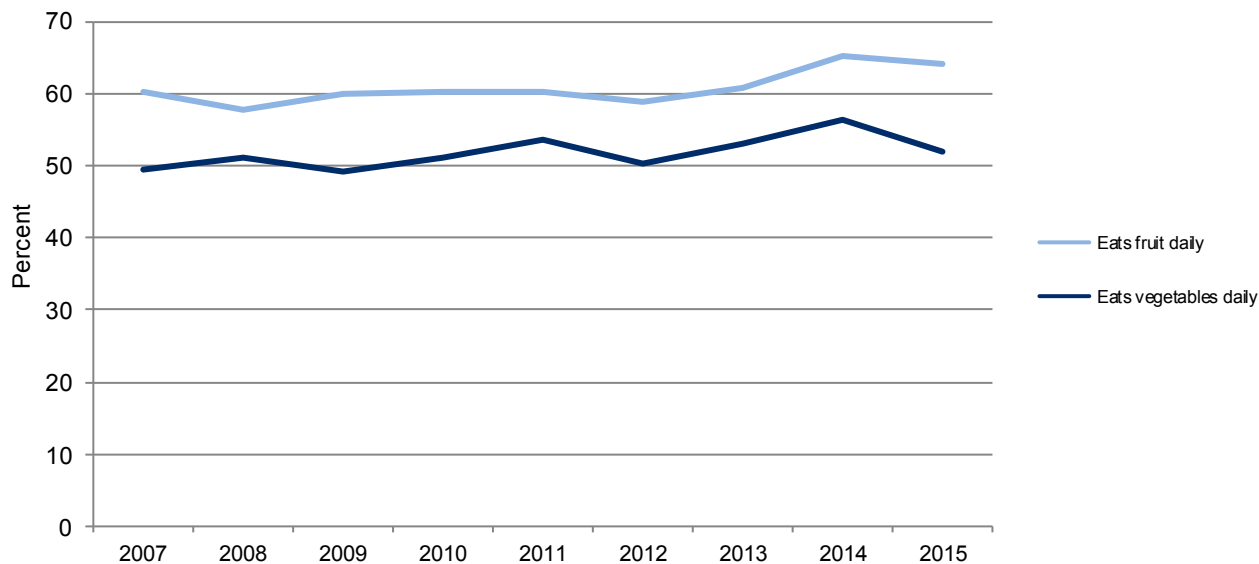
64 per cent of children were reported as eating fruit every day, and 52 per cent of children were reported as eating vegetables every day. There has been a slight decrease in reported consumption of soft drinks containing sugar daily since 2007.

Figure 4: Reported consumption of sugary drinks by children, 2007-2015.



- In 2015, 8 per cent of children were reported as drinking soft drinks containing sugar every day, 14 per cent low sugar soft drinks, and 74 per cent water.
- There has been a slight decrease in the reported levels of children drinking soft drinks containing sugar daily since 2007

Figure 5: Reported fruit and vegetable consumption of children, 2007-2015.



- 64 per cent of children were reported as eating fruit every day, and 52 per cent vegetables.
- 32 per cent of children were reported as eating sweets every day, and 18 per cent crisps.
- There has been little change in the reported levels of children eating fruit every day and children eating vegetables every day since 2007. Following some signs of a slight increase to 2014 the figures for 2015 have dropped slightly (although the change was not statistically significant).

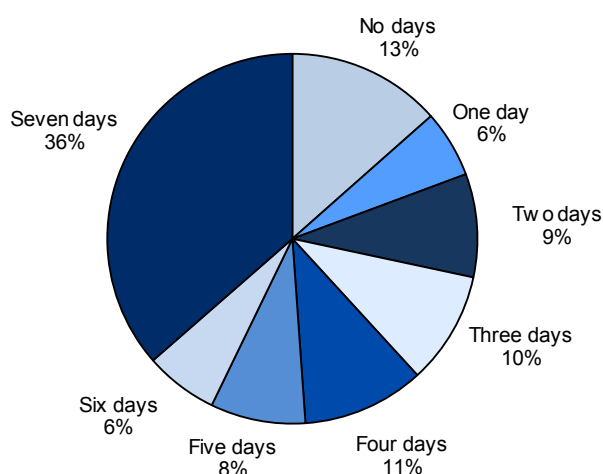
Tables 2, 5 figure 4

3. Physical Activity

36 per cent of children were reported as undertaking physical activity for at least an hour on every day of the previous week, more common amongst boys than girls. There has been little change since questions were introduced.

Figure 5: Reported number of days children were physically active* in the previous week

*undertaking physical activity for at least an hour



- 51 per cent of children were reported as undertaking physical activity for at least an hour on five or more days of the previous week, including 36 per cent who did so every day.
- A higher proportion of boys than girls were reported to undertake these levels of physical activity.
- There has been little change in reported physical activity since the questions were introduced.

Tables 3, 5 figure 5

4. Health Service use

For 12 per cent of children it was reported that a GP had been consulted about their health in the past two weeks. Three quarters (79 per cent) of children were reported to have used a dentist in the past twelve months, and around a third (34 per cent) were reported to have used an optician in the past twelve months.

- For 12 per cent of children, it was reported that a GP had been consulted about their health in the past two weeks.
- 7 per cent of children were reported as having an accident, injury or poisoning needing a visit to hospital in the past three months.
- 20 per cent of children were reported to have attended an Accident and Emergency (casualty) department of a hospital in the past twelve months, and 22 per cent were reported to have attended an outpatient department.
- 79 per cent of children were reported to have used a dentist in the past twelve months, and 34 per cent an optician.

Table 4

5. Tables

Table 1: Reported health status and illnesses of children, by sex (a)

Per cent

	Boys	Girls	Children
General health status			
Very Good	69	71	70
Good	25	24	24
Fair	6	5	5
Bad	0	0	0
Very bad	0	0	0
Illnesses			
Long-standing illness	22	17	19
Limiting long-standing illness	8	6	7
Selected long-standing illnesses			
Asthma	6	4	5
Skin complaint	4	4	4
Mental illness	7	2	5
Illnesses or conditions currently being treated			
Asthma	9	6	7
Another respiratory condition	3	2	3
Skin complaint	10	11	11
Ear complaint	4	3	4
Eye complaint	8	12	10
Musculoskeletal problems	4	3	4
Any mental illness	2	2	2
<i>Unweighted base (b)</i>	1,343	1,265	2,608

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Bases vary: those shown are for the whole sample of children aged under 16.

Table 2: Reported eating habits of children, by sex (a)(b)*Per cent*

	Boys	Girls	Children
Eat daily			
Fruit	63	65	64
Vegetables	52	52	52
Sweets	31	32	32
Chips	6	6	6
Potato crisps	18	18	18
Skimmed or semi-skimmed milk	59	65	62
Full fat milk	29	22	26
Low sugar soft drinks	14	13	14
Soft drinks	7	8	8
Water	73	76	74
Eat less than once a week			
Fruit	8	5	7
Vegetables	6	5	6
Sweets	6	5	5
Chips	21	20	20
Potato crisps	18	16	17
Skimmed or semi-skimmed milk	27	21	24
Full fat milk	64	69	66
Low sugar soft drinks	56	54	55
Soft drinks	67	67	67
Water	8	6	7
<i>Unweighted base (c)</i>	1,027	933	1,960

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Children aged 4-15.

(c) Bases vary: those shown are for the whole sample of children aged 4-15.

Table 3: Reported physical activity of children, by sex (a) (b)*Per cent*

	Boys	Girls	Children
Number of days with at least one hour of exercise in past week			
None	14	13	13
One	4	8	6
Two	8	10	9
Three	9	11	10
Four	9	13	11
Five	8	9	8
Six	7	6	6
Seven	42	31	36
Five or more	57	45	51
<i>Unweighted base (c)</i>	1,027	933	1,960

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Children aged 4-15.

(c) Bases vary: those shown are for the whole sample of children aged 4-15.

Table 4: Reported health service use of children, by sex (a)*Per cent*

	Boys	Girls	Children
Family doctor (GP) in the past two weeks	12	12	12
Accident needing hospital treatment in the past three months (b)	8	6	7
In the past twelve months:			
Accident & Emergency (casualty)	21	18	20
Outpatient	24	19	22
Day patient	6	5	5
Inpatient	5	5	5
Dentist (c)	79	79	79
Health visitor, district nurse or other community nurse	26	24	25
Practice nurse	24	28	26
Optician	32	36	34
Speech therapist	8	3	6
GP out of hours	15	15	15
NHS Direct helpline	11	10	11
Pharmacist	45	47	46
<i>Unweighted base (d)</i>	1,343	1,265	2,608

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Accident, injury or poisoning needing hospital treatment or a visit to casualty.

(c) Family, local, community, school or other dentist.

(d) Bases vary: those shown are for the whole sample of children aged under 16.

Table 5: General health, long-standing illness and lifestyle in children, 2007-2015 (a)

Per cent

	Good / Very good general health	Long- standing illness (b)	Limiting long- standing illness (c)	Eats fruit daily (d)	Eats vegetables daily (d)	Drinks soft drinks containing sugar daily (d)	Physically active everyday in the previous week (d)	Unweighted base (e)	Unweighted base 4-15 year olds (e)
Boys aged under 16:									
2007	93	21	7	57	48	12	42	1,352	1,012
2008	94	21	7	55	47	12	41	1,424	1,071
2009	94	22	6	59	47	9	47	1,624	1,212
2010	94	23	8	57	50	10	40	1,557	1,170
2011	94	20	7	58	52	10	39	1,657	1,247
2012	95	20	7	55	48	10	41	1,537	1,134
2013	95	20	8	60	52	11	39	1,580	1,182
2014	93	23	7	64	56	9	40	1,409	1,052
2015	94	22	8	63	52	7	42	1,343	1,027
Girls aged under 16:									
2007	94	18	6	63	51	11	30	1,316	991
2008	94	17	5	61	55	9	30	1,229	949
2009	95	19	5	61	52	11	29	1,599	1,198
2010	95	16	5	63	52	11	31	1,520	1,150
2011	95	15	4	63	55	8	30	1,510	1,142
2012	94	17	4	63	53	10	28	1,406	1,056
2013	95	19	6	61	54	10	30	1,416	1,060
2014	95	19	5	66	56	8	29	1,391	1,051
2015	95	17	6	65	52	8	31	1,265	933
Children aged under 16:									
2007	94	20	7	60	49	11	37	2,668	2,003
2008	94	19	6	58	51	11	35	2,653	2,020
2009	94	20	6	60	49	10	38	3,223	2,410
2010	95	20	6	60	51	10	36	3,077	2,320
2011	95	18	5	60	53	9	35	3,167	2,389
2012	95	19	6	59	50	10	34	2,943	2,190
2013	95	19	7	61	53	10	35	2,996	2,242
2014	94	21	6	65	56	8	35	2,800	2,103
2015	94	19	7	64	52	8	36	2,608	1,960

Welsh Health Survey 2015

(a) See definitions at section 6 of the Health of children statistical bulletin or the definitions sheet at the front of the workbook.

(b) Has long-standing illness, disability or health problem.

(c) Has long-standing illness, disability or health problem which limits daily activities.

(d) Based on children aged 4-15 years old.

(e) Bases vary: those shown are for the whole sample.

6. Definitions

Self- assessed general health

The Welsh Health Survey children's questionnaires ask about self-assessed general health. General health was classified using the following scale: very good, good, fair, bad or very bad.

Illnesses and other health problems

The survey asked details of any illness, disability or health problem children had had for some time and whether any of these limited their daily activities. Those with a long-standing illness were asked to record the nature of the problem (up to six different health problems could be recorded). Those reporting a limiting long-standing illness were also asked to record details of the problem (up to three health problems). Long-standing illnesses and limiting long-standing illnesses were coded into categories according to the International Classification of Diseases (ICD10).

The survey also asked whether children were currently being treated for various illnesses and conditions. These included asthma, other breathing problems, skin complaints, ear complaints, eye complaints (including wearing glasses or contact lenses to correct vision), problems with bones, joints, muscles and anxiety, depression or mental illness.

Eating habits

Eating habits were assessed through a question asking about a range of foods. The survey asked how many times a week children aged 4-15 usually ate certain foods.

Physical activity

The survey asked how much exercise children aged 4-15 had undertaken on each day in the last week. In the question, "exercise" referred to physical activity that left the child feeling warm or slightly out of breath. Respondents were asked to include exercise done at school and outside of school. The new physical activity guidelines published by the Department for Health in 2011 recommend that children do at least 60 minutes of moderate-intensity physical activity every day¹.

Body Mass Index

Information on child obesity is now collected through the Child Measurement Programme for Wales².

¹ Department of Health: New physical activity guidelines (2011)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931

² Child Measurement Programme for Wales

<http://www.wales.nhs.uk/sitesplus/888/page/67795>

Health service use

The survey asked about children's use of a range of health services; these included GP services, hospital services and other selected community and family health services.

Respondents were asked whether someone had talked to a GP (family doctor) about the child's health in the past two weeks (either in person or by telephone), and whether they had received a prescription.

Respondents were asked whether children had used a range of hospital and other selected community and family health services in the past twelve months. They were also asked whether children had had any accident, injury or poisoning in the past three months needing hospital treatment or a visit to casualty.

7. Notes

Overview of survey design

WHS was established in 2003 and runs all year round. During the 2015 survey, around 13,700 adults and 2,600 children participated in the survey.

The survey was based on a representative sample of people living in private households in Wales. A random sample of addresses from the Postcode Address File (PAF) was selected. By surveying the general population, WHS is able to measure the health and lifestyle of a cross-section of the population, not just those who are in ill health or have regular contact with health services.

WHS 2015 was carried out by NatCen Social Research on behalf of the Welsh Government. Interviewers conducted a short interview with a responsible adult in the household, covering basic socio-demographic information about the household. Self-completion questionnaires were then left for completion by all adults in the household (aged 16+) for later collection by the interviewer. In households with children, a maximum of two children were randomly selected for inclusion in the survey. For children aged 0-12 years, parents or legal guardians were asked to complete the questionnaire on behalf of their child (with slightly different questions for children aged 0-3 and those aged 4-12). Young people aged 13-15 years were asked to complete the questionnaire themselves.

Further details of WHS methodology, definitions and questions are given in statistical bulletins and technical reports, available on the Statistics for Wales website³.

Differences in methodology and questions mean that, in general, results from WHS are not comparable with health surveys in the other UK countries. The results for children are also not comparable with those from other school-based surveys because of differences in the approach used (whether conducted at school or at home), in the precise questions asked, and in the age of children included.

³ <http://gov.wales/statistics-and-research/?lang=en>

Uses of WHS results

The information collected through WHS meets a range of important needs and is used in many ways, including to:

provide national estimates of health and health-related lifestyle.

examine differences between population sub-groups (e.g. age, sex, social class) and local areas (health boards and local authorities).

provide evidence to inform and monitor targets, indicators and policies for promoting better health, such as *Our Healthy Future* and *Together for Health*.

provide local authority level information for development of joint local health, social care and wellbeing strategies / single integrated plans.

It is used by a wide range of users, including those working in national and local government, NHS organisations, research and academic settings. It is also useful to a wider general audience, particularly those in Wales.

Key quality information

a) There are no planned revisions to the statistics in this release, but if revisions were made, they would be in accordance with the Revisions, Errors and Postponements Policy for Statistics for Wales⁴.

b) The small proportion of people not covered by the PAF, including those living in institutions, was not covered by the survey. It should be noted that people in institutions are likely to be, on average, in poorer health than those in private households – this should be kept in mind when considering the results from the survey.

c) Interpretation of the results should take account of the questionnaire design, as the mode of collection (self-reporting on paper) and the questions themselves affect the information collected. The survey relies on a self-completion questionnaire. The results, therefore, reflect people's own understanding of their health rather than a clinical assessment of their medical condition and their own interpretation of the health services they have used.

d) Survey results are weighted to take account of unequal selection probabilities, and for differential non-response, i.e. to ensure that the age and sex distribution of the responding sample matches that of the Welsh population.

e) This release is based on data collected by the WHS between January and December 2014. During this period, a household interview was obtained with 76% of eligible households in the sample. Self-completion questionnaires were obtained for 77% of adults and 73% of selected children in participating households. Local Authority/ Local Health Board information was calculated from data collected between January 2014 and December 2015.

⁴ <http://gov.wales/statistics-and-research/about/statement-of-compliance/revisions-errors-postponements/>

f) Missing answers occur for several reasons, including refusal or inability to answer a particular question, and cases where the question is not applicable to the informant. Missing answers have been omitted from all tables and analyses.

g) Base numbers (sample sizes) of respondents replying to individual questions vary slightly. The tables provide an indication of overall base numbers - that is, all those taking part in the survey, although a small number may not have answered particular questions. It should be noted that the design of the survey means that the effective sample sizes will be somewhat smaller than the sample sizes, so these should be interpreted as a guide to precision only.

h) A confidence interval can be calculated around a survey estimate and gives a range within which the true value is likely to fall. There is a 95% chance that the 95% confidence intervals include the true value. In general, the smaller the sample size the wider the confidence interval. As a rough guide to interpretation, when comparing two years, if the confidence intervals around the estimates overlap, it can be assumed that the estimates are not statistically significantly different – this approach is not as rigorous as doing a formal statistical test, but is straightforward, widely used and reasonably robust. Confidence intervals for a selection of key variables are published in some WHS outputs and NatCen's technical report.

i) From 2007, fieldwork has run on a calendar year basis (January – December) and includes more detailed data for children than previously. Prior to that, fieldwork covered the twelve month periods October 2003 - September 2004 (2003/04), October 2004 - September 2005 (2004/05) and November 2005 – October 2006 (2005/06).

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

The WHS bulletin on health-related lifestyle includes the national indicator percentage of adults who have fewer than two healthy lifestyle behaviours and 5 contextual indicators, namely not smoking, not drinking above guidelines, eating five fruit or vegetables a day, meeting physical activity guidelines and maintaining a healthy weight, which were referenced in the technical document in the previous link.

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Availability of unpublished data

Some additional summaries may be produced on request, subject to the availability of resources, data quality and robustness, and provided the confidentiality of respondents is preserved. For further details, contact stats.healthinfo@wales.gsi.gov.uk.

An anonymised version of the main dataset, together with supporting documentation, is deposited with the UK Data Archive each year (some information is removed to ensure confidentiality is preserved). These datasets may be accessed by registered users for specific research projects. Some examples of uses made of the data by researchers are shown on the website. The UK Data Archive can be accessed via the UK Data Service⁵ website.

From time to time, researchers may wish to analyse more detailed data than is available from the Data Archive. Requests for such data will be considered on a case by case basis. For further details, contact stats.healthinfo@wales.gsi.gov.uk.

⁵ UK Data Service
<http://ukdataservice.ac.uk/get-data/key-data.aspx#/tab-uk-surveys>

Future of WHS

It has been decided to replace existing surveys, including WHS, with a new survey of adults starting during 2016-17 which will include health-related questions. WHS ceased in its current form at the end of 2015, the results for 2015 will therefore be the final set of WHS results. Future health-related information will be available from the National Survey for Wales.

Acknowledgements

We would like to thank all those involved in the survey, in particular colleagues at NatCen, the interviewers working on the survey, and all members of the public who gave their time and co-operation in responding to the survey.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

Next update

No longer updated

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.health@wales.gsi.gov.uk.

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