

# The mental health of young people looked after by local authorities in Wales

The summary report  
of a survey carried out  
in 2002/2003 by the  
Office for National  
Statistics on behalf of  
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Government

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Howard Meltzer  
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## 1

## Focus of the survey

### Background

The survey of the mental health of children and young people looked after by local authorities in Wales is the second, major, national survey focusing on the development and well-being of young people to be carried out by ONS.

The first survey, carried out in 1999, obtained information about the mental health of over 500 young people living in private households in Wales. (Meltzer *et al*, 2000). Both surveys were commissioned by the Welsh Assembly Government.

The rationale for a national survey of the mental health of young people looked after by local authorities in Wales was exactly the same as that for the private household population. In order to plan mental health services effectively, it is necessary to know how many children looked after by local authorities have mental disorders, what their diagnoses are, and how far their needs for treatment are being met.

Therefore, it was hoped that this first national survey of the mental health of children looked after by local authorities in Wales would be invaluable in taking forward a number of key policy initiatives:

- Strategic service planning with health agencies.
- Understanding the stresses on placements.
- Training and support requirements of carers with a view to improve placement stability.
- Work on health inequality targets.

- Improving the health outcomes of looked after children.

### Aims of the survey

#### Prevalence

The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders (and their comorbidity), based on ICD-10 (International Classification of Diseases, tenth revision) and DSM-IV (Diagnostic and Statistical Manual, fourth revision) criteria.

#### Impact and burden

The second aim of the survey was to determine the *impact* and *burden* of children's mental health problems in terms of social impairment and adverse consequences for others. Social impairment is measured by the extent to which each particular mental problem interferes with relations with others, forming and keeping friendships, participation in leisure activities, and scholastic achievement. More broadly, impact reflects distress to the child or disruption to others as well as social impairment.

#### Service use

The third main purpose of the survey was to examine service utilisation. The examination of service use requires the measurement of contextual factors (lifestyle behaviours and risk factors).

## Coverage of disorders

### Age

The survey focused on the prevalence of mental health problems among young people aged 5–17. Although young people aged 16 and 17 were included in the previous adult surveys (Meltzer *et al*, 1995; Meltzer *et al*, 1996; Gill *et al*, 1996; Foster *et al*, 1996; Singleton *et al*, 2001), those looked after by local authorities were excluded from the previous surveys. These young adults are of particular interest in respect of the transition between the use of child and adult mental health services.

Children under the age of 5 were excluded primarily because the assessment instruments for these children are different and not so well developed as those for older children.

### Childhood psychopathology

The survey concentrated on the three common groups of childhood mental disorders: emotional disorders such as anxiety, depression and obsessions; hyperactivity disorders involving inattention and overactivity; and conduct disorders characterised by awkward, troublesome, aggressive and antisocial behaviours. Some questions were included in the survey to look at the less common mental disorders: tics and twitches, pervasive developmental disorders such as those in the autistic spectrum, and eating disorders.

### Placement (Type of accommodation)

The sampling design for the survey (see Chapter 2) involved taking a random sample of all children

looked after by each local authority stratified by sex, age and type of placement. Therefore, the results show prevalence of disorders and service use by whether the child is in foster care, in some sort of residential care facility – residential care home or school or placed with parents or family members.

### Region

The surveyed population comprised children and young people looked after by local authorities in Wales. Children looked after by local authorities in Wales but placed outside the local authority were included in the survey – a few cases placed in England. Corresponding surveys took place in England in 2002 (Meltzer *et al*, 2003) and in Scotland in 2002/2003 (Meltzer *et al*, 2004).

## Assessment of mental disorders

The survey was designed to gather data from carers, young people (aged 5–17) and teachers.

The measures designed for the present study were intended to combine some of the best features of structured and semi-structured measures. When health problems were identified by the structured questions, interviewers used open-ended questions and supplementary prompts to get parents to describe the problems in their own words.

A case vignette approach was used to assess the clinical significance of these descriptions. This involved clinician ratings based on a review of all the information of each subject, not only the questionnaires and structured interviews but also any additional comments made by the

interviewers, and the transcripts of informants' comments to open-ended questions particularly those which ask about the child's significant problems.

## Interpretation of results

The findings described in this summary report focus on the prevalence of mental disorders among 5- to 17-year-olds looked after by local authorities and on the associations between the presence of a mental disorder and biographic, socio-demographic, socio-economic and social functioning characteristics of the child and the carers. The main survey report includes tables showing data for children with and without mental disorders, but there were no statistically significant differences for any of the topics.

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## Sample design

### Sample selection

Local authorities make annual returns to the Welsh Assembly Government giving anonymised details of all looked after children. The sample for the survey has been drawn using this database to select a sample of children (identified on the database by a serial number only – known as the ‘child identifier’) from each local authority taking part in the survey. A total sample of 308 children was drawn, (approximately 1 in 8 of all children and young people who are looked after in Wales).

All directors of Local Authority Social Services Departments in Wales were contacted, informing them of the survey and asking for their participation.

A letter was sent to the nominated contact in the Children’s Department in each LA asking for details of each selected child eligible for the survey, i.e. aged between 5 and 17.

In each local authority, the contact person (usually the person responsible for the ‘looked after children’ section within Social Services) was sent all the ‘Child Summary forms’ for that local authority giving the children’s serial numbers from the sampled database. The contact then distributed the forms to the social workers responsible for the children concerned and asked them to complete the forms, having obtained whatever consents they felt were necessary (eg consent from the foster parent, residential care home, birth parent) and then to return them to the Office for National Statistics.

The Child Summary forms returned by the Local Authorities included a number of cases where no interview could be carried out:

- cases where the child was no longer ‘looked after’ by the local authority and where the social worker was no longer in touch with the family;
- cases where the family and child had moved away and no forwarding address was available;
- cases where the child had been adopted or was in the middle of adoption proceedings;
- cases where the child’s social worker felt it was not an appropriate time for an interview, eg the child and foster family were going through a bad patch; and
- cases where the current carer did not give consent to an interview.

Interviewers were also provided with photocopies of the Child Summary Form which gave them additional information:

- the name of the local authority ‘looking after’ the child;
- the name of the person completing the form;
- whether the child is still ‘looked after’;
- whether the local authority has ‘parental responsibility’ for the child;
- what consents have been obtained by the social worker for the interview to be carried out;

- what type of placement the child is in;
- information about the best time to call; and
- any other relevant information eg whether the child is likely to move in the near future.

### Response from local authorities

All but one of the 22 local authorities in Wales co-operated to some extent in the survey.

308 Child Summary Forms were sent out to the 22 local authorities. After six months 263 (85%) were returned. These forms were scrutinised to check that all relevant information was properly recorded (eg the appropriate consent had been given, addresses were complete with postcode etc.)

Of the 263 returned forms, 165 (63%) were eligible. Reasons for ineligibility included: child going through adoption procedures (10%), the local authority refused access (9%), carer refusal (7%), young person no longer cared for (7%), carer felt it was an inappropriate time (3%).

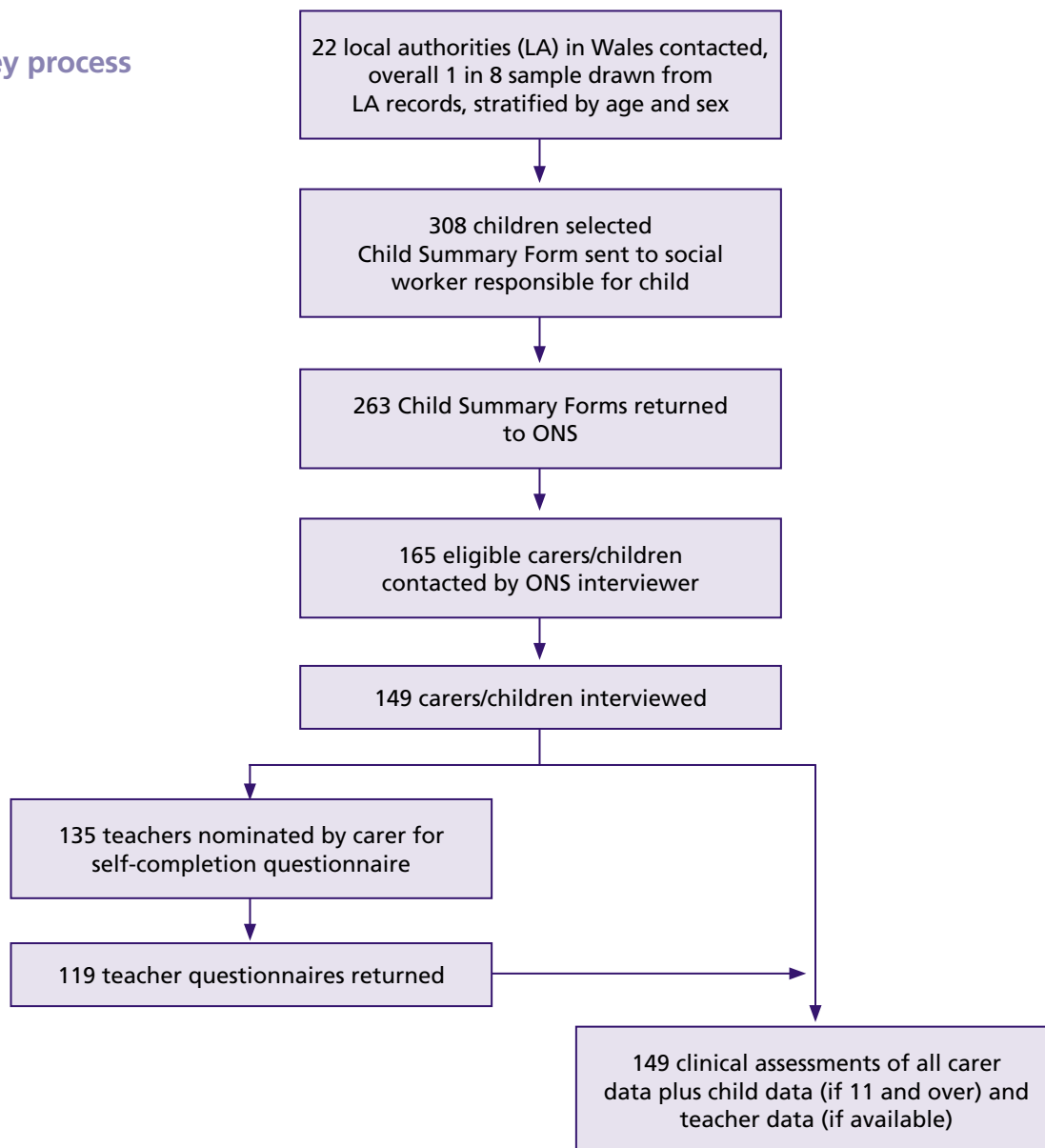
### Survey response rates

Information was collected on 149 of the 165 children eligible for interview (90%) from up to three sources. Almost all the carers and most of the 11- to 17-year-olds took part.

Of the 149 children in the survey, 14 were not at school either because they had finished their secondary education or had been permanently excluded. The number of teacher questionnaires returned was 119 representing – after an initial mail out and two reminder letters – a response rate of 88%.

*Figure 2.1*

Figure 2.1

**The survey process**

## 3

## Child's personal characteristics

Among young people, aged 5–17 years, looked after by local authorities, 49% were assessed as having a mental disorder: 42% had clinically significant conduct disorders; 10% were assessed as having emotional disorders – anxiety and depression – and 12% were rated as hyperactive. As their name suggests, the less common disorders (pervasive developmental disorders, tics and eating disorders) were attributed to three per cent of the sampled population. The overall rate of 49% includes some children who had more than one type of disorder.

These rates are based on the diagnostic criteria for research using the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causes distress to the child or has a considerable impact on the child's day to day life.

Figures 3.1 and 3.2 illustrate how the prevalence of mental disorders differ between the survey of children looked after by local authorities and the 1999 survey of those living in private households.

Concentrating first on the 5- to 10-year-olds, those looked after by local authorities were about eight times more likely to have a mental disorder; 49% compared with 6%. For each type of disorder the rates for looked after children compared with private household children were:

- Emotional disorders: 6% compared with 2%.
- Conduct disorders: 46% compared with 5%.
- Hyperkinetic disorders: 12% compared with 2%.

The 11- to 15-year-olds looked after by local authorities were three and a half times more likely to have a mental disorder: 40% compared with 12%, and the rates for each broad category of disorder were:

- Emotional disorders: 11% compared with 8%.
- Conduct disorders: 32% compared with 6%.
- Hyperkinetic disorders: 7% compared with less than 1%.

Therefore, conduct disorders seem to contribute to the largest difference in childhood psychopathology between the local authority and private household populations.

*(Figures 3.1 and 3.2)*

As the 16- to 17-year-olds were not covered in the private household survey of children and adolescents, comparisons can not be made.

### Age

Although there appear to be some differences in the distribution of mental disorders by age (for example, children aged 5- to 10-years old being more likely than older children to have conduct disorders) none of the differences are statistically significant. Because of the large sampling errors around proportions based on small samples, apparently large differences often fail to reach statistical significance.

Figure 3.1

**Prevalence of mental disorders among 5- to 10-year olds: looked after and private household children**

Percentage

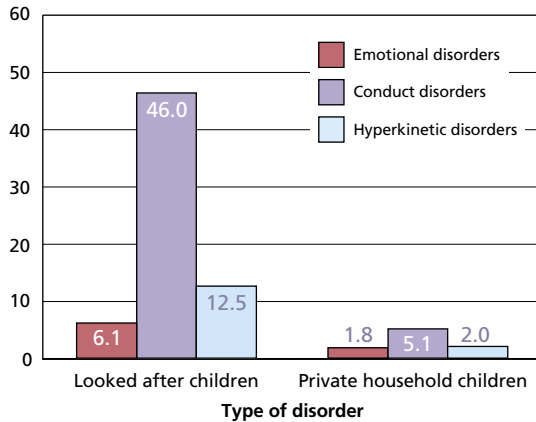
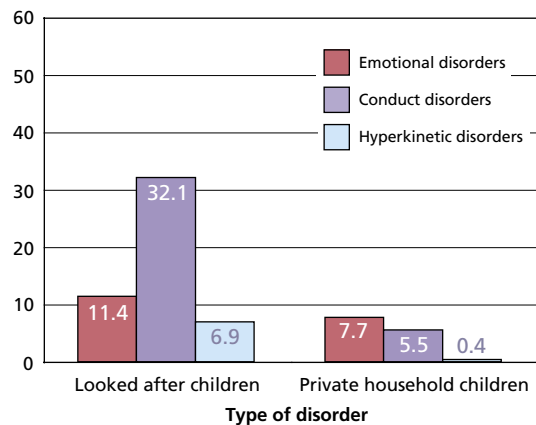


Figure 3.2

**Prevalence of mental disorders among 11- to 15-year-olds: looked after and private household children**

Percentage



# 4

## Placement characteristics

### Type of placement

Children looked after by local authorities were initially categorised into four types of placement:

- With foster carers.
- With their birth parents.
- In residential care.
- Living independently.

As before, the bases were too small for any of the apparent differences in prevalence rates to reach statistical significance.

### Time in current placement

Analysis of prevalence data by time in current placement excludes the two children living independently. One would expect time in current placement to have an effect, with children in relatively stable placements to show less psychopathology. However, this trend is not evident from the data. This may be due to small base numbers where huge differences are needed for statistical significance or the fact that children move placement so frequently that their current placement is a poor indicator of their placement history.

## Physical health and service use

### 5.1 Physical complaints

This section looks at the extent to which general health, in particular physical complaints, co-occur with mental disorders among children and young people looked after by local authorities. In the survey, data were collected on several aspects of the health of children. All information on the child's health came from the interview with the carer.

The topics covered were:

- General health.
- Presence or absence of specified physical complaints.
- Medication.
- Life-threatening illnesses.
- Accidents and injuries.

#### General health

The child's general health was rated by carers on a five point scale: very good, good, fair, bad or very bad. The overall percentage of children with a fair, bad or very bad rating was 12%.

#### Physical complaints

This section looks in more detail at the characteristics of children with specific physical complaints and in particular the relationship between children's physical and mental health.

Specifically, the following question was addressed: to what extent are physical complaints more commonly found in children with mental disorders?

Two-thirds of all children looked after by local authorities were reported to have at least one physical complaint. The most commonly reported physical complaints among the sample were: eye and/or sight problems (18%), asthma (14%), speech or language problems (13%), bed wetting (12%), and difficulty with co-ordination (12%) and eczema (12%).

#### Medication

Only six per cent of the children (9 cases) surveyed were reported to be taking any of 14 listed forms of medication usually prescribed for childhood mental disorders.

#### Life-threatening illness

Carers were asked if the child had ever been so ill that they thought s/he may die. Because many of the carers had no access to information about the child's history, they were given the option of answering that they didn't know.

Seven per cent of the carers reported that the child had ever been so ill that they thought they may die, although none of these were in the last year.

## Accidents and injuries

The general health section of the questionnaire asked carers to say whether the child had ever had four types of accident or injury.

- Head injury with loss of consciousness.
- Accident causing broken bone (excluding head injury).
- Burn requiring hospitalisation.
- Accidental poisoning requiring hospital admission.

Not unexpectedly, a broken bone was the most frequently mentioned accident, reported for 10% of children. Seven per cent of children had suffered a head injury causing loss of consciousness at some time in their lives, six per cent of children had ever received a burn requiring hospital admission and four per cent of children had been accidentally poisoned to the extent that they required hospitalisation in their lives.

## 5.2 Service use

This section examines the use of health, social, educational, voluntary and juvenile justice services by children looked after by local authorities in Wales. The first part of the section covers general health services that the child has recently used, for example visits to the doctor, while the second part of the section concentrates on services contacted within the last 12 months that are more specifically related to childhood mental disorders. The first set of questions were asked of all carers

while the second set of questions were asked only of those carers who indicated that the child had a significant mental health problem.

### General health care services

The child's recent contact with general health care providers was examined in relation to four services:

- GPs (excluding consultations for immunisation, child surveillance or development tests).
- Accident and Emergency departments.
- In-patient departments.
- Out-patient or day patient services.

### GP contacts

Overall, 15% of children had visited a GP *in the past two weeks*. Twelve per cent had seen their doctor once and 3% had seen the doctor two or more times.

### Accident and Emergency departments

Ten per cent of all the children had visited an Accident and Emergency department *in the past three months*.

### Inpatient stays

Carers were asked whether the child had had any inpatient stays in hospital, overnight or longer, *in the past three months*. Only 4% of the young people been in hospital in this time.

### Outpatient and day patient visits

Carers were asked whether the child had been to a hospital or clinic at all for treatment or

check-ups *in the past three months*, i.e. excluding any contact with their GP, visits to casualty departments or inpatient stays. Sixteen per cent of the children had attended an outpatient department or been a day patient in the past three months.

### Use of services for significant mental health problems

Carers who reported that the child had a significant mental health problem were shown a list of people that they or the child might come into contact with in order to get help. They were asked to say who they had sought help from *in the past year*.

For descriptive purposes, the sources of help were subsumed under three headings: specialist services (for example, mental health experts and special education services); front line services (including GPs and social workers); informal sources of help (such as self-help groups or the internet).

Although this question was asked of every carer who indicated the child had a significant mental health problem, not all of these children were subsequently found to have a mental disorder after clinical review. Similarly, not all the children assessed as having a mental disorder after clinical review were asked the question if the carer did not regard the child as having a significant mental health problem.

The majority of the children with a significant mental health problem had been in contact with at least one of the services during the past year (85%). Front line services were by far the most common source of help with 70% of children having been in contact with a social worker in the past year and 46% having seen a teacher. A sixth (15%) of children had also received advice or treatment from a GP or family doctor.

Specialist services were also commonly used: a quarter of children looked after by local authorities (26%) had been in touch with a specialist in child mental health, and 20% had had some contact with special education services (eg Special Educational Needs Co-ordinators and Education Welfare Officers).

Other than talking to a family member or friend, which 22% of carers reported doing, informal services were very rarely used.

### In trouble with the police

Overall, 16% of children had been in trouble with the police in the past 12 months.

Carers who had indicated that the child had a significant problem were additionally asked if the child had been seen by a youth justice worker. Overall, 8% of the children had seen a youth justice worker.

## 6

## Education, social participation and lifestyle behaviours

### 6.1 Education

The aim of this section is to describe the educational profile of children looked after by local authorities and to examine the relationship between mental disorders and scholastic achievement. The data presented here mainly come from the postal questionnaire returned by the child's teacher and focus on 5- to 15-year olds.

The topics covered in this section are:

- Teachers' assessments of the child's reading, spelling and mathematical abilities.
- Whether the child is behind for his/her age, and if so, how far behind.
- Whether the child has special educational needs (SEN).
- Absenteeism from school.
- Truancy.

#### Reading, mathematics and spelling

Teachers were asked to rate each child in terms of whether they were above average, average, had some difficulty or experienced marked difficulty with reading mathematics and spelling. Between 62% and 64% of all children looked after by local authorities in Wales had some degree of difficulty with at least one of these three abilities.

#### Overall scholastic ability

Teachers were asked to estimate at what age the child was at in terms of his/her scholastic and intellectual ability. For analytical purposes the child's age was subtracted from his/her functioning age. Overall, 68% of all children were reported to be at least one year behind in their intellectual development. This comprised 47% of children who were one or two years behind and 21% who were three or more years below the level expected for their age.

#### Special educational needs

Teachers were asked whether the child had any officially recognised special needs, and if so, to rate the level of special needs according to the five recognised stages in use at the time of the survey.

- Stage 1 – Class teacher or form/year tutor has overall responsibility.
- Stage 2 – SEN co-ordinator takes the lead in co-ordinating provision and drawing up individual educational plans.
- Stage 3 – External specialist support enlisted.
- Stage 4 – Statutory assessment by Local Education Authority (LEA).
- Stage 5 – SEN Statement issued by LEA.

About two-thirds of children had officially recognised special educational needs, and a quarter, 24%, had a statement issued by the local education authority.

### Absenteeism from school

Teachers were asked how many days the child had been absent during the last term. Overall, 63% of all children had been absent from school for a day or more during the previous term. Forty-four per cent had been away from school for up to a week and 19% had been away for more than a week.

### Truancy

All three types of respondent (young person, carer and teacher) were asked about truanting. However, because of differences in question wording, type of administration and routing it is difficult to directly compare the information which was collected from the three sources.

The question directed at carers was: (In the past 12 months) Has s/he often played truant ('bunked off') from school? This was only asked of carers of children who were more troublesome than average. According to carers, 12% of the children had 'definitely' and 2% had 'perhaps' often played truant in the past year.

The wording of the truancy question for the 11- to 15-year-olds was the same as that asked of carers. Twenty four per cent of the young people reported that they had 'definitely' and 9% had

'perhaps' played truant in the past year. Whereas carers may have been unsure whether their children were playing truant, the young people themselves must have known. Therefore, those in the 'perhaps' category were probably in the 'definitely' category but were concerned about admitting it.

The question on truancy presented to teachers was different to those addressed to parents and children because teachers did not have a face-to-face interview but were sent a postal questionnaire. The questionnaire included the statement: '*plays truant*' and the teacher was asked to respond by ticking one of three boxes labelled, not true, partly true or certainly true. According to the teachers, 9% of children played truant.

## 6.2 Social participation and lifestyle behaviours

This section focuses on several aspects of the social life of children: their friendships, help-seeking behaviour and lifestyle. The term, lifestyle behaviour, is used here to cover smoking, drinking, drug use and sexual activity.

### Friendships

Virtually all young people reported that they had some friends, and 85% of the children had a 'best' friend. Around a half of the children (56%) reported that they could definitely confide in their friends but 13% overall said they could not confide in their friends at all.

### Help-seeking behaviour

All 11- to 17-year-olds were asked if they had ever felt so unhappy or worried that they had asked someone for help. Around a third of all children, 31%, had sought help because they had felt unhappy or worried.

The majority of children who had sought help wanted a chance to talk things over, however the percentages cannot be shown due to the low number of young people in Wales who had sought help.

### Smoking, drinking and drug use

Questions on smoking, drinking and drug use were included in the survey so that the use of these substances among looked after children could be examined. The questions on these lifestyle behaviours were included in the self-completion part of the interview and were asked of all 11- to 17- year-olds. The numbers were too low to look at the two age groups (11- to 15-year-olds and 16- and 17-year-olds) separately.

#### *Smoking*

Children were categorised into four groups according to their smoking behaviour: current smokers, ex smokers, children who had tried it once and those who had never smoked. Children were classed as current smokers if they said 'yes' to the question; 'Do you smoke at all these days?'.  
  
Overall, 34% of the 11- to 17-year-olds were current smokers and 35% had never tried smoking.

#### *Drinking*

Children were placed into six groups in terms of their alcohol consumption: almost every day, once or twice a week, once or twice a month, a few times a year, does not drink alcohol now and never had an alcoholic drink: 41% of 11- to 17-year-olds had never had an alcoholic drink and a third (32%) drank at least once a month.

#### *Drug-taking*

Children in the survey were asked a series of questions about ten different drugs they might have taken. The questions they were asked were:

- Had they heard of the drug?
- Had they ever been offered the drug?
- Had they ever used the drug?
- If they had used the drug, was this over a year ago, in the past year or in the past month?

The drug most frequently used was cannabis which 27% of all children had used at some point in their lives. Of these children two-thirds, 16%, had used it in the past month.

The next most commonly reported drugs were glue, gas or solvents and ecstasy.

#### *Sexual activity*

Young people aged 11–17 were asked about two aspects of their sexual behaviour:

- their awareness of HIV/AIDS (including whether it had been taught in school and whether they discussed it with carers or other relatives); and

- their own sexual activity and use of contraception.

Over half, 57%, of the young people said that they had discussed HIV or AIDS with their carers or other adults.

Nearly a third of all the young people (29%) reported that they had had sexual intercourse. Young people who had experienced sexual abuse or rape were excluded from the analyses as it is not possible to ascertain whether they were talking about this experience or separate sexual activity and as a result the level of sexual activity reported in the survey could be falsely high. Almost two-fifths, 38%, of the young people had experienced some sexual abuse or rape.

Further information about the survey can be obtained from:

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