

Health Survey for England 2014: Health, social care and lifestyles

Summary of key findings



List of contents

Introduction	Page: 3
Social care	5
Planning for future care needs	12
Alcohol consumption	16
Obesity: adults and children	21
Hearing	28
Mental health	34



About the Health Survey for England

The Health Survey for England (HSE) monitors trends in the nation's health. It estimates the proportion of people in England who have specified health conditions, and looks at risk factors that can affect these conditions. The survey also monitors progress towards meeting health targets. It has taken place each year since 1991.

HSE provides information about adults aged 16 and over, and children aged 0-15, living in private households in England. The survey consists of an interview, followed by a visit from a nurse who takes a number of measurements and samples. In 2014, 8,077 adults (aged 16 and over) and 2,003 children (aged 0-15) were interviewed. 5,491 adults and 1,249 children had a nurse visit.



About the Health Survey for England

What the survey covers

Some 'core' topics are included regularly in the HSE, while others are included only from time to time.

Core topics	Measurements and samples	Additional in 2014
General health, longstanding illness	Height and weight measurements	Hearing, including a hearing test
Social care	Waist and hip measurements	Experience and treatment of mental illness
Alcohol consumption	Blood pressure	Attitudes to mental health
Smoking	Blood sample	Planning for future care
Fruit and vegetable consumption (children only)	Urine sample (adults) Saliva sample (children)	Well-being Physical activity

More information

- Further details about the survey results, and full details about the survey design, methods and documents can be found in the main report at www.hscic.gov.uk/pubs/hse2014.
- Tables showing trends for key statistics for adults and children from 1993 to 2014 are published with a commentary at www.hscic.gov.uk/pubs/hse2014trend. These include health measures and behaviours such as smoking and alcohol consumption.

Social Care

Social care involves providing help with personal care and domestic tasks to enable people live as independently as possible. It lets people to do the everyday things that most take for granted: things like getting out of bed, getting dressed and going to work; cooking meals; seeing friends; caring for their families; and being part of the community.

It affects the daily lives of several million people in England. More than one million people received community-based services arranged by their local authority in 2013- 2014,¹ and more than a quarter of a million buy care privately.² Many who need care are older people, needing help because of problems associated with long-term physical or mental ill-health, disability or problems relating to old age.



¹ Health and Social Care Information Centre. *Community Care Statistics, Social Services Activity, England – 2013-14, Final Release*. HSCIC, Leeds, 2014.

www.hscic.gov.uk/catalogue/PUB16133/comm-care-stat-act-eng-2013-14-fin-rep.pdf

² Laing & Buisson. *Domiciliary Care UK Market Report 2013*. Laing & Buisson, London, 2013.

www.laingbuisson.co.uk/MarketReports/LatestMarketReports/tabid/570/ProductID/564/Default.aspx

Social Care

Questions on social care have been asked in the HSE since 2011. Participants aged 65 and over were asked whether they needed help with a list of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) listed below. All adults aged 16 and over were asked about providing unpaid care for others.

ADLs	IADLs
Having a bath or a shower	Doing routine housework or laundry
Using the toilet	Shopping for food
Getting up and down stairs	Getting out of the house
Getting around indoors	Doing paperwork or paying bills
Dressing or undressing	
Getting in and out of bed	
Washing face and hands	
Eating, including cutting up food	
Taking medicine	

Need for and receipt of help

- **24%** of men and **33%** of women aged 65 and over needed help with at least one ADL. **21%** of men and **34%** of women said they needed help with at least one IADL.
- Overall, **11%** of men and **13%** of women aged 65 and over had received help with at least one ADL in the last month. **14%** of men and **26%** of women had received help with at least one IADL.
- Both need for help and receipt of help increased with age. For instance, **13%** of men and **21%** of women aged 65-69 needed help with ADLs, compared with **46%** of men and **59%** of women aged 85 and over.
- There was also variation based on household income.³ There was greatest need, and the highest proportions receiving help, in the third of households with lowest incomes.



Need help with at least one ADL:
24% of men
33% of women



Need help with at least one IADL:
21% of men
34% of women

³ The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.

Need for and receipt of help

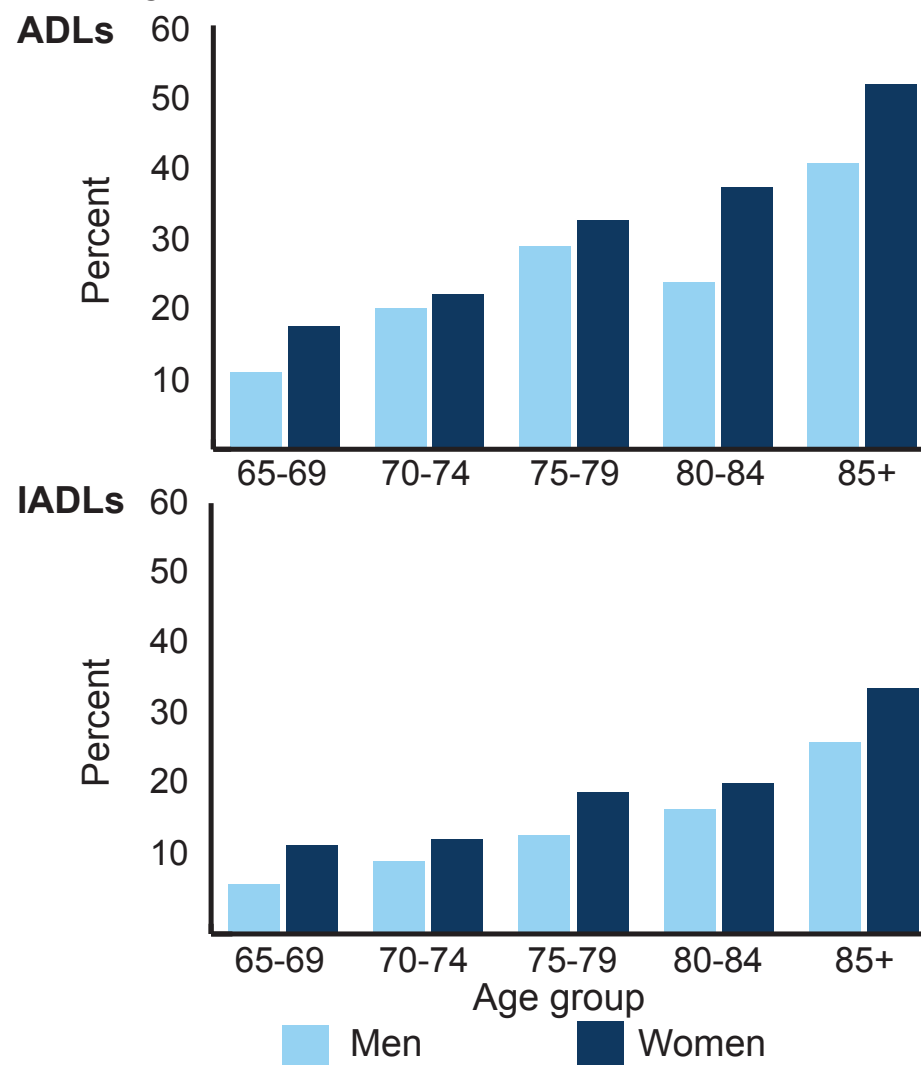
- Not all those who needed help received any, and there was more unmet need with ADLs than IADLs. **21%** of men and **29%** of women aged 65 and over had some unmet need with at least one ADL. **13%** of men and **18%** of women had some unmet need with at least one IADL.
- Levels of unmet need increased with age.
- Among people who had received help in the last month, most had received this only from unpaid helpers⁴ (**82%** of men and **75%** of women for ADLs, **80%** of men and **75%** of women for IADLs). Only a few received help only from formal helpers,⁵ or from a combination of formal and unpaid helpers.

⁴ Unpaid helpers include relatives and friends or neighbours.

⁵ Formal helpers include home care workers, home helps, a re-ablement team, physiotherapist, cleaner or council handyman.

Unmet need: proportion who needed help with at least one ADL or IADL and received no help in the last month, by age and sex

Base: Ages 16 and over



Providing care

- All adults aged 16 and over were asked about providing unpaid care for friends and relatives. **17%** of adults provided unpaid help or support to other people. Women (**20%**) were more likely than men (**14%**) to provide care. People in middle age groups were the most likely to be providing care.
- Around half of adults providing care were helping a parent (**49%**). Around a fifth of men (**19%**) provided help or support for a spouse or partner. Fewer women were caring for a spouse (**12%**), reflecting the fact that women are more likely to outlive their partners. Help to other categories of family members, neighbours and friends was provided by under **10%** in each case.



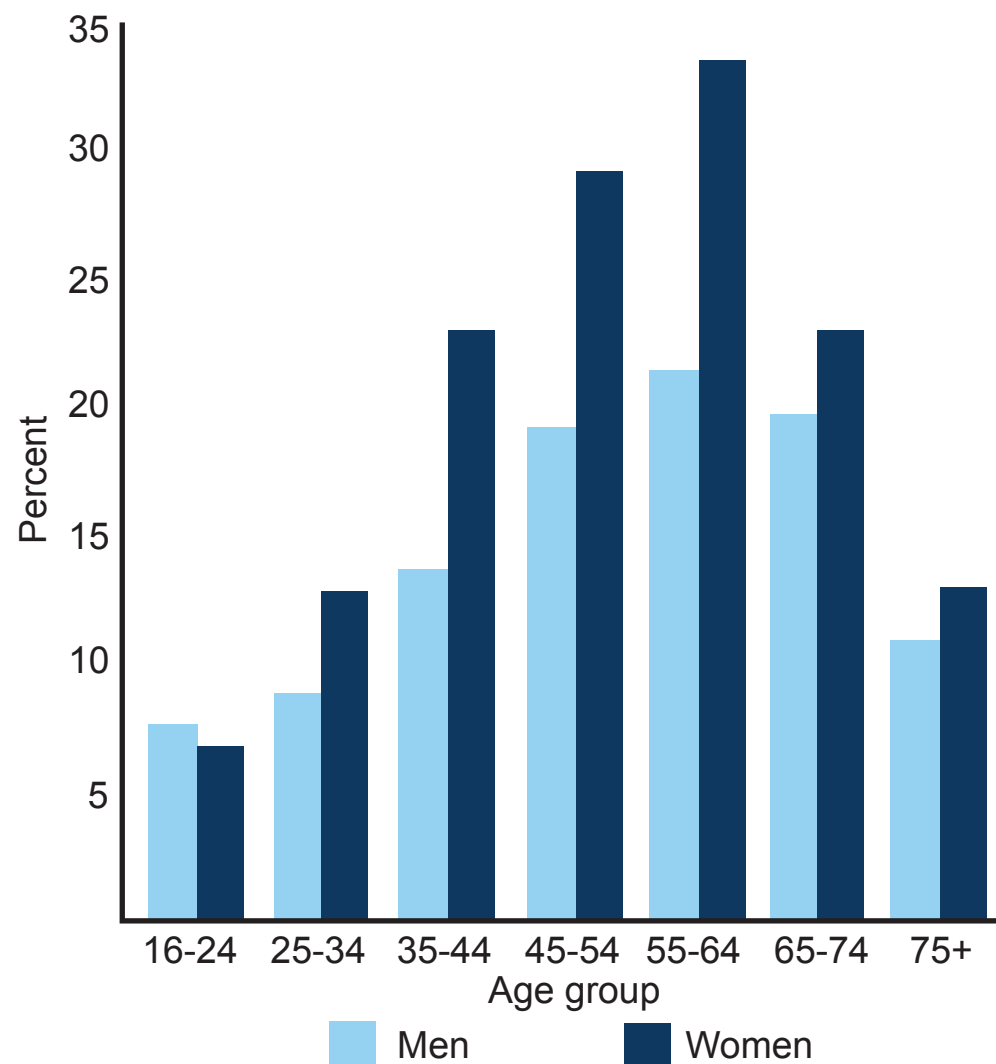
49% of adults were helping a parent

19% of men were supporting a partner

Providing care

- Most commonly, those who provided help and support said that they did so for between 1-9 hours in the last week: **48%** of adults providing care. A substantial proportion of men and women provided more care: **27%** provided 10 or more hours in the last week.
- Carers who provided at least 20 hours of care in the last week were asked about the types of activities they helped with. The most frequently mentioned were shopping for food and getting out of the house (each **76%**). Of a range of activities of daily living (ADLs), the most common was helping people take their medicine (**52%**), followed by help with bathing, dressing and eating (between **39%** and **43%**).

Provision of unpaid help in the last month, by age and sex
Base: Ages 16 and over



Providing care

- Adults who provided unpaid care were asked whether their own health had been affected in the last three months by the care they had provided. More men than women said that caring had not had any impact on their health (**59%** of men and **47%** of women). Among carers whose health was affected, the most common effects were feeling tired (**31%**), a general feeling of stress (**29%**), disturbed sleep (**22%**) or feeling short tempered (**20%**).
- Adults up to the age of 64 were asked about whether their caring had had any impact on their employment, and most reported that it had not (**81%** of men, **78%** of women). The most frequently mentioned impact was to be working fewer hours (**7%** of men and **8%** of women).

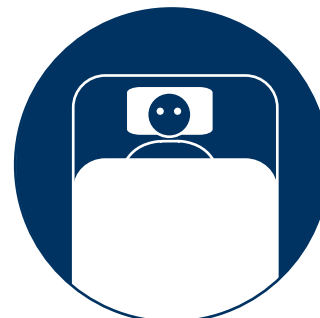
Among carers whose health was affected, the most common effects were:



**feeling
tired**



**general
stress**



**disturbed
sleep**



**feeling short
tempered**

Planning for future care

The Care Act 2014 outlines major changes to how social care is funded in England. A new cap on how much an individual will be required to pay for social care within their lifetime will be introduced, as well as increasing the threshold for receiving funding from the local authority. Questions in the HSE 2014 asked about people's awareness and understanding of how social care is funded, and whether people have taken any steps to plan for the future. The questions were asked of adults aged 30 and over.

- When shown a list of possible sources of funding for care, the majority mentioned local authority funding (**76%**), followed by private health insurance or a health plan (**54%**), an insurance policy for instance to cover illness or inability to work (**48%**), and the NHS (**46%**). Fewer mentioned charities or religious organisations. Older participants were less likely than younger ones to mention the different sources of funding.

When shown a list of possible sources of funding for care:

76% local authority funding

54% private health insurance or a health plan

48% an insurance policy

46% the NHS

Planning for future care

- The great majority believed that the local authority makes funding assessments for people based on their ability to pay, with women slightly more likely to believe this (**88%**) than men (**85%**).
- The personal sources of money people thought were most commonly used to pay for care were savings (**81%**), sale of assets such as the home (**72%**), income from work or pension (**66%**), and benefits (**56%**).
- A cap on lifetime care costs is expected to be introduced in April 2020. Around a third of adults aged 30 and over said they were aware of this (**32%**). **63%** reported that they had not heard about the future cap in care costs.



81%

thought savings were most commonly used to pay for care



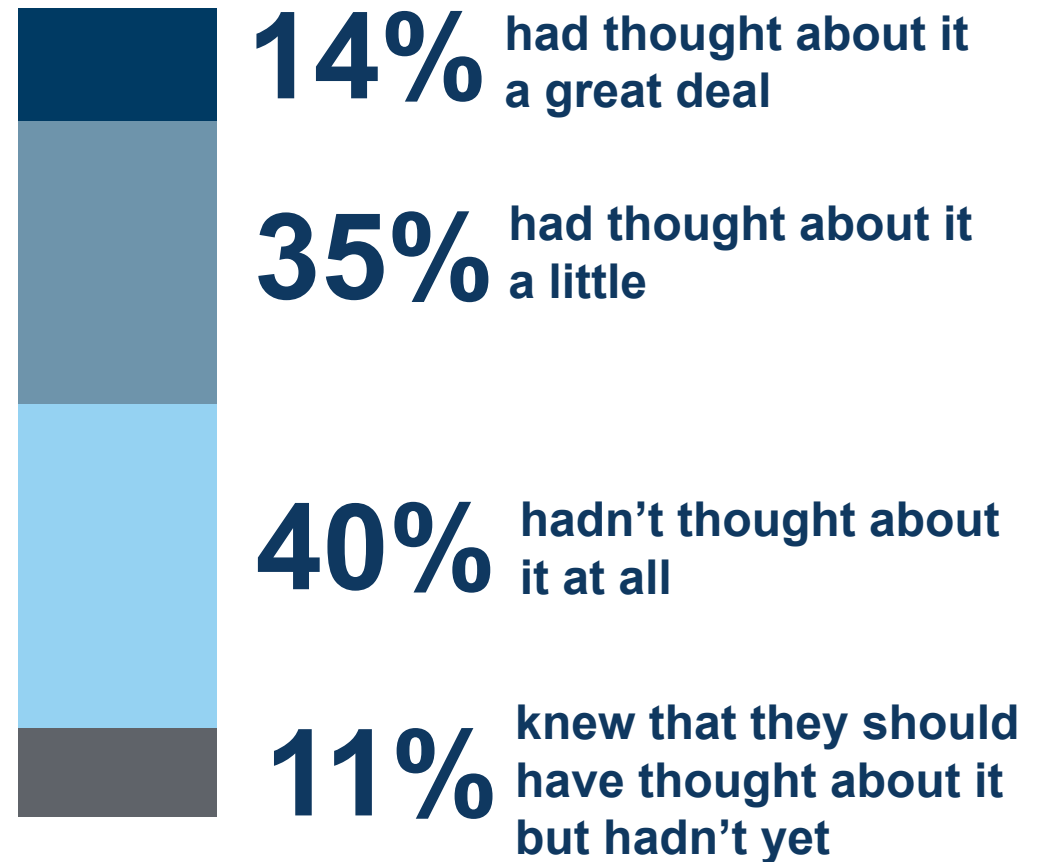
63%

had not heard about the future cap in care costs

Planning for future care

- People were asked whether they had thought about how they will pay for care when they are older. **14%** said that they had thought about it a great deal, **35%** had thought about it a little, **40%** said that they hadn't thought about it at all, and **11%** said they knew that they should have thought about it but hadn't yet.
- Older people were more likely to have thought about this issue a great deal (**23%** aged 75 and over, compared with **9%** aged 30-44).

How people will pay for care when they are older:

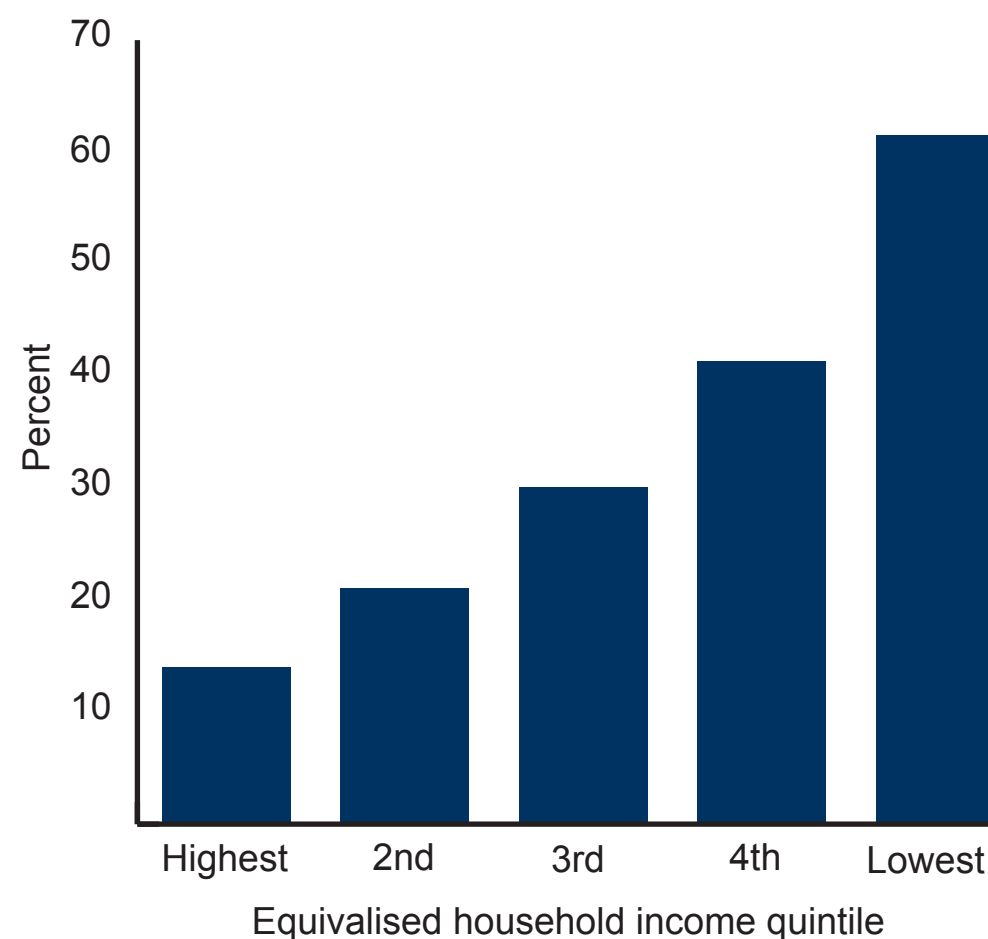


Planning for future care

- People were asked what actions (from a list) they had taken that might contribute to paying for future care. Joining a company pension scheme was the most frequently mentioned action (**43%**). Smaller proportions mentioned other actions including buying property, joining a private pension scheme or starting to save for older age (**13-22%**). Men were more likely than women to have taken each action listed, apart from buying property where proportions of men and women were similar.
- **36%** of adults aged 30 and over had not taken any actions towards funding their future care needs. A higher proportion of women (**41%**) than men (**30%**) had said they had not taken any action.
- The proportion who had not taken any actions that might contribute to funding future care needs varied by household income, from **14%** in the fifth with the highest incomes to **62%** in the lowest fifth.

Proportion who had taken no actions towards provision for future care, by equivalised household income

Base: Aged 30 years and over



The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.

Alcohol consumption

Most adults in Britain drink alcohol, at least occasionally, and alcohol has an established place in British social life and culture. In recent years, changes in the patterns of consumption and increasing awareness of the associated risks have given rise to concern about the impact of alcohol consumption among policy makers, health professionals and the general public. Alcohol is a causal factor in many medical conditions, including cancers, cirrhosis of the liver, high blood pressure and depression. Additionally, alcohol increases the risk of accidents, violence and injuries.

The HSE has monitored alcohol consumption each year, and trend tables showing change over time for adults and children can be found at www.hscic.gov.uk/pubs/hse2014trend. This report focuses on results for adults in 2014.



cancers



**cirrhosis
of the liver**



**high blood
pressure**



depression

Alcohol consumption

Frequency of drinking

- In 2014, a minority of adults, 18% (**15%** of men and **21%** of women) did not drink alcohol.
- The proportions of men and women who had not drunk alcohol in the last year were higher in lower income households (**27%** of men and **30%** of women in the fifth of households with the lowest income, decreasing to **5%** of men and **12%** of women in the highest fifth).
- The proportions of men who drank alcohol on five or more days in the last week increased from **5%** of those aged 16-24, to **29%** of those aged 65-74. Among women, **2%** aged 16-24 drank on five or more days in the last week, increasing to **14%** of those aged 55-74.



18%
of adults did not drink
alcohol in 2014

Alcohol consumption

Weekly alcohol consumption

- The majority, **63%** of men and **62%** of women, drank at levels considered to be at lower risk of alcohol-related harm: that is 21 units or less per week for men and 14 units or less for women. **22%** of men and **16%** of women drank more than this, including **17%** of men and **12%** of women drank at increasing risk levels, and **5%** of men and **4%** of women who drank at higher risk levels, defined as more than 50 units a week for men, more than 35 units for women.
- The proportions of men who drank above 21 units and women who drank above 14 units a week varied with household income. Drinking at this level varied from **27%** of men and **23%** of women in the fifth of households with the highest incomes to **17%** of men and **10%** of women in the lowest.

Men



Higher risk levels

5% of men drank more than 50 units a week

Women



4% of women drank more than 35 units a week

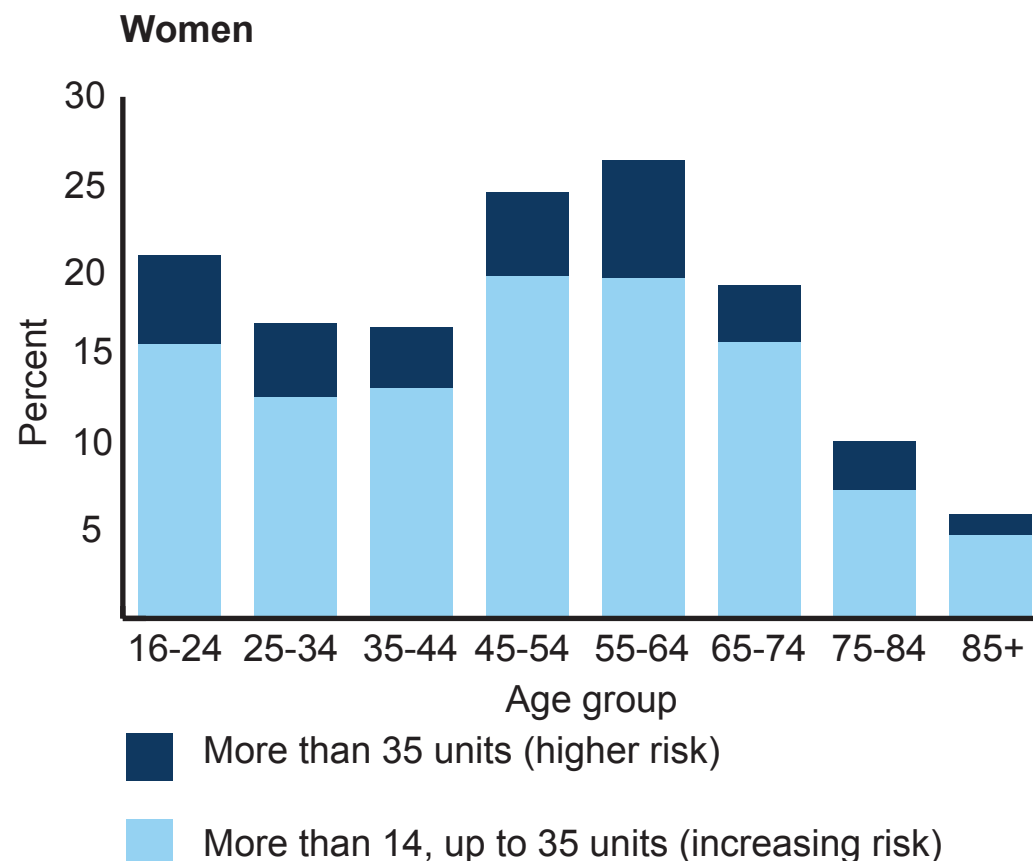
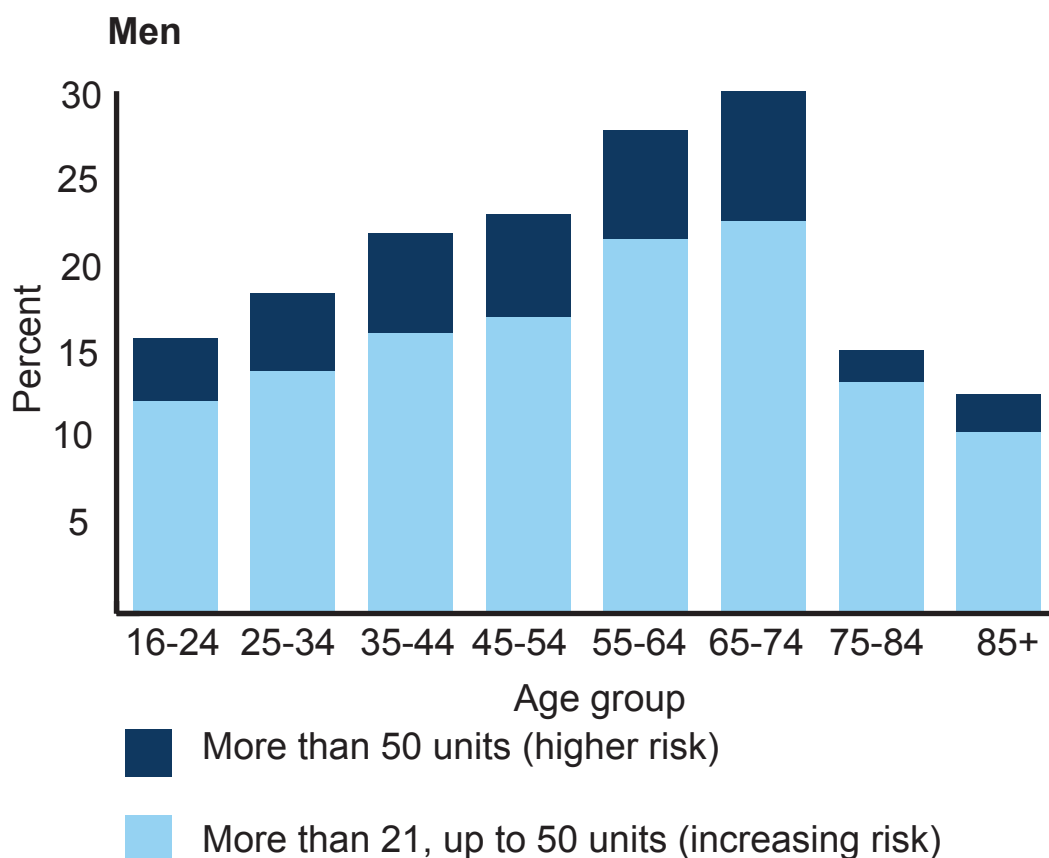
The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.

Alcohol consumption

- Alcohol consumption varied with age. Among men, the prevalence of drinking more than 21 units a week increased with age and was most common among men aged 65-74, **30%** of whom drank at this level. Among women, the proportion who drank more than 14 units a week declined between the ages of 25 and 44, and was highest among women aged 55-64 (**22%**).

Estimated weekly alcohol consumption: increasing and higher risk drinking, by age and sex

Base: Aged 16 and over



Alcohol consumption

Variations by ethnic group, based on data from 2012-2014

- Data from 2012, 2013 and 2014 were combined to give robust sample sizes for minority ethnic groups. The proportion of adults who did not drink alcohol varied between ethnic groups. **55%** of Asian men and **41%** of Black men did not drink alcohol, compared with **9%** of White men. Similarly, **74%** of Asian women and **38%** of Black women did not drink alcohol, compared with **15%** of White women.
- The proportion of White men who drank more than 21 units a week was higher than the proportions of men in other groups; **25%**, compared with **6%** of Black men and **6%** of Asian men. The same was true for women who drank more than 14 units a week; **18%** of White women, compared with **6%** of Black women and **2%** of Asian women.



Proportion of adults who did not drink alcohol by ethnic group

55%
of Asian men

74%
of Asian women

41%
of Black men

38%
of Black women

9%
of White men

15%
of White women

Obesity and overweight among adults

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Obesity is associated with an increased risk for a number of common causes of disease and death including diabetes, cardiovascular diseases and some cancers. For individuals classified as obese, the risk of poor health increases sharply with increasing BMI.

Successive governments have introduced a number of initiatives to tackle obesity in England. The current government has renewed their commitment to reduce the level of excess weight by working with a range of partners on prevention and treatment.

The prevalence of overweight and obesity is indicated by body mass index (BMI) as a measure of general obesity, and/or waist circumference as a measure of abdominal obesity. BMI, defined as weight in kilograms divided by the square of the height in metres (kg/m^2) was calculated in order to group people into the following categories:

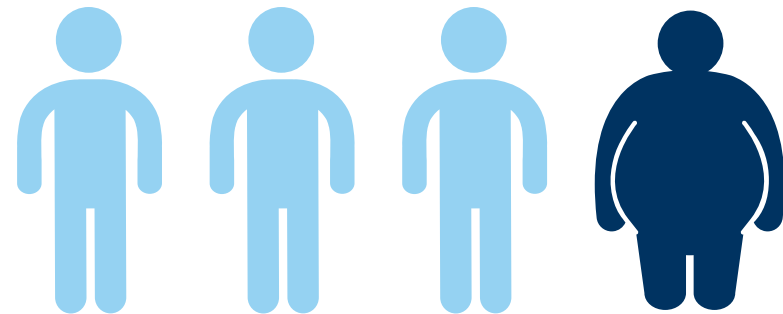
BMI (kg/m^2)	Description
Less than 18.5	Underweight
18.5 to less than 25	Normal
25 to less than 30	Overweight
30 or more	Obese

Obesity and overweight among adults

Mean BMI, obesity and overweight

- In 2014, mean BMI was 27.2kg/m² among both men and women. This is in the overweight range.
- Around a quarter of adults (**24%** of men and **27%** of women) were obese. The prevalence of obesity generally increased with age.
- Being overweight was more common than being obese, with **41%** of men and **31%** of women being overweight but not obese.
- Overall in 2014, **65%** of men and **58%** of women were either overweight or obese.
- Rates of obesity and overweight were similar in 2014 to recent years . Obesity prevalence increased steeply between 1993 and 2000, and the rate of increase was less between 2000 and 2006. The prevalence of obesity has remained at a similar level since then.

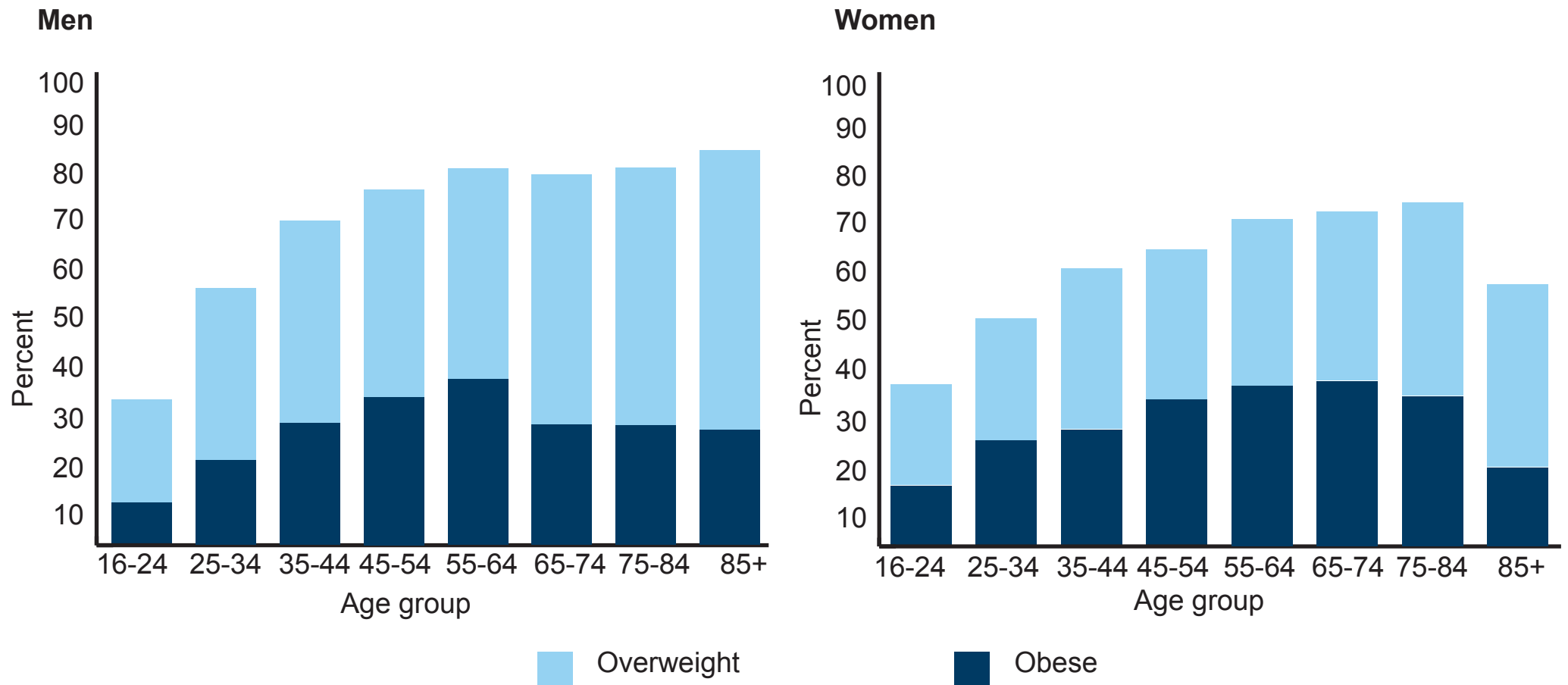
Around a quarter of adults were obese



Obesity and overweight among adults

Prevalence of obesity and overweight, by age and sex

Base: Aged 16 and over with valid height and weight measurements



Obesity and overweight among adults

Waist circumference

- For men, a high waist circumference is defined as 94–102cm, and very high as greater than 102cm. For women, a high waist circumference is 80–88cm and very high is greater than 88cm.
- More women than men had a high or very high waist circumference (**66%** of women and **54%** of men). For both sexes, the prevalence of a high or very waist circumference generally increased with age.



Health risk from obesity

- Both BMI and waist circumference contribute to the National Institute for Health and Care Excellence calculation of health risk caused by being overweight or obese. Overall, more than half of men (**51%**) and women (**56%**) were in the increased, high or very high risk categories. **34%** of men and **43%** of women were in the high or very high risk categories.

High or very high risk

34% of men

43% of women

Obesity among children

BMI, obesity and overweight

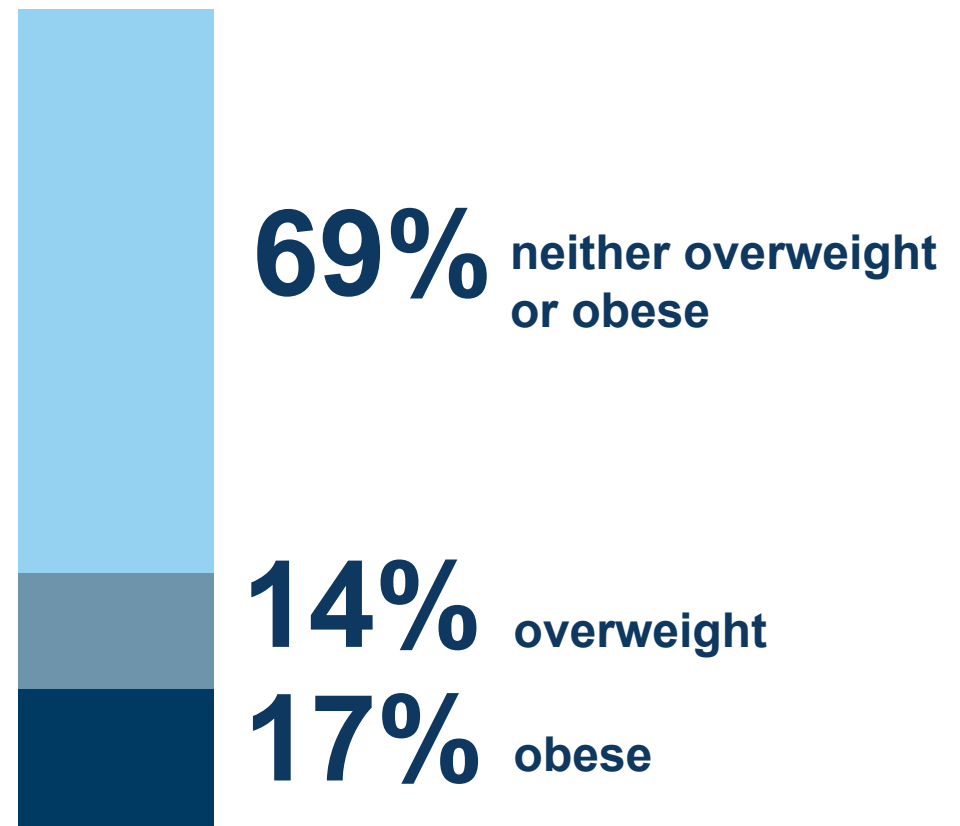
There is considerable evidence that childhood overweight and obesity can be linked with numerous long-term and immediate health risks. Childhood and adolescent obesity can persist into adulthood, where the direct health risks of obesity are severe and well established. Being overweight or obese in childhood and adolescence has been linked directly to middle-age mortality and ill-health. In addition to the increased risk for health problems in later life, children face immediate health consequences of obesity, including increased risks for an abnormal lipids (fats in blood) profile and elevated blood pressure.



Obesity among children

- In 2014, **17%** of children aged 2-15 were obese, and an additional **14%** were overweight . The proportions were similar for boys and girls.
- The prevalence of obesity has increased since 1995, when **11%** of boys and **12%** of girls aged 2-15 were obese. There was a steady increase up to around 2004 and 2005, where obesity peaked. Levels have been slightly lower than this peak in the last few years. In 2014, obesity among boys aged 2-15 reached the peak level of **19%** again, while for girls obesity was at a lower level, **16%**.

Obesity among children aged 2-15



Obesity among children

Children trying to change weight

- Among children aged 8-15, **22%** of boys and **28%** of girls said they were trying to lose weight. Most of these children were overweight or obese (**69%**), but nearly a third of those trying to lose weight were neither overweight nor obese (**31%**).
- Most children aged 8-15 were not trying to change their weight (**71%** of boys, **68%** of girls).

Of the children trying to lose weight



69% were overweight or obese

31% neither overweight or obese

Hearing

- In 2015, the World Health Organization (WHO) estimated that 360 million people worldwide (more than **5%** of the global population) have disabling hearing loss.
- Before the HSE 2014 covered this topic, there has been relatively little up to date information about hearing loss in the UK. The HSE included questions about self-reported hearing difficulties.
- An objective test of hearing loss was also carried out on adults aged 16 and over. The device used for the test produces a series of three sounds at high frequency and three at mid-frequency, which have been identified as being the most useful frequencies for screening for hearing loss that would benefit from a hearing aid.



Hearing

Self-reported hearing loss

- **19%** of men and **17%** of women reported hearing difficulties. This included **6%** of men and **5%** of women reporting current hearing aid use. Prevalence of self-reported hearing difficulties increased with age, reaching **71%** of men and **59%** of women aged 85 and over.
- People were asked about whether they had any hearing difficulties in three specific circumstances:
 - having a conversation with a single person in a quiet room: **3%** had moderate or great difficulty
 - having a conversation with several people in a group: **8%** had moderate or great difficulty
 - following television programmes at a volume others find acceptable: **7%** had moderate or great difficulty.



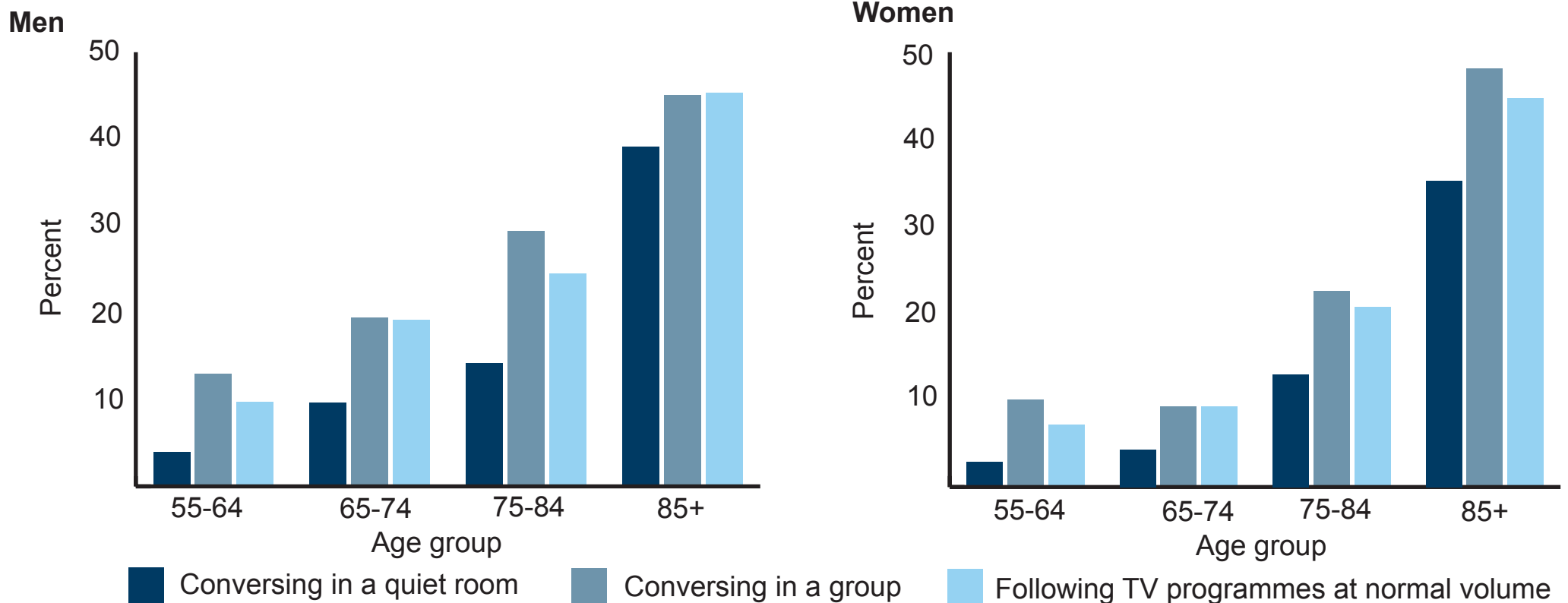
18%
of adults reported
hearing difficulties

Hearing

- Few below the age of 55 had any difficulties with these situations, but among older people these difficulties increased with age, as shown in graph below.
- **53%** of men and women aged 55 and over with reported great difficulty in hearing were moderately or severely annoyed with their hearing difficulty.

Prevalence of moderate or worse specific hearing difficulties, by age and sex

Base: Aged 55 and over



Hearing

Objective hearing loss

- Hearing Loss is described using decibel Hearing Level (dB HL). This equates to the number of decibels by which a sound must be amplified for a person to be able to hear it reliably at least half the time.
- Hearing is considered 'normal' at a level of 25 dB HL or lower. Speech recognition requires good high frequency hearing.
- **14%** of adults had objective hearing loss at the mid-frequency sound (1 kHz): **10%** of adults were unable to hear a 1 kHz sound at a level of 20 dB HL, and **4%** had at least a moderate problem (unable to hear a 1 kHz sound at a level of 35 dB HL).
- **13%** had objective hearing loss at the 3 kHz high-frequency sound (moderate or worse loss).



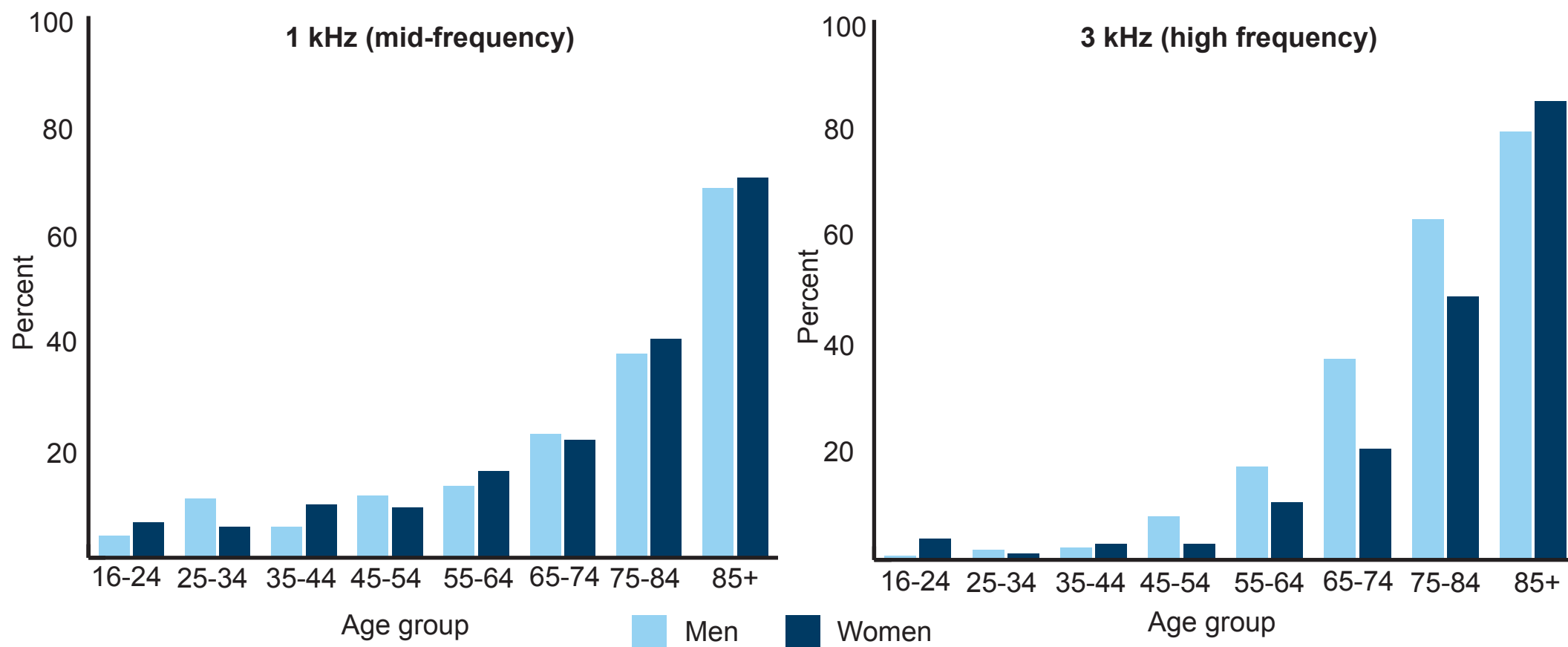
14% of adults had objective hearing loss at 1 kHz

13% of adults had objective hearing loss at 3 kHz

Hearing

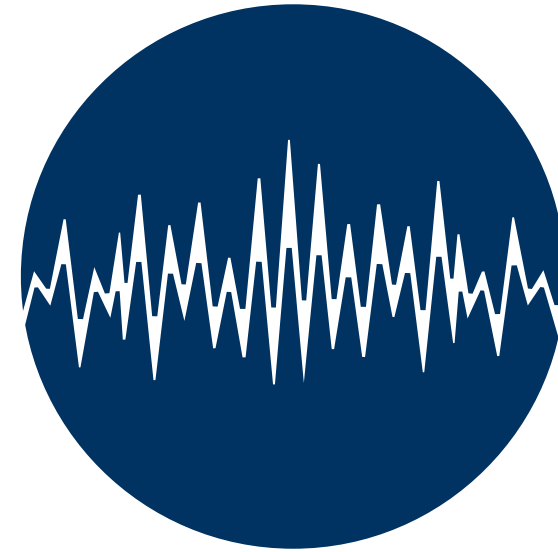
- Objective hearing loss increased sharply with age. The burden of objective hearing loss at 3 kHz was higher for men than for women at ages 65-84, but was similar between the sexes at other ages.

Prevalence of objective hearing loss at 1 kHz mid-frequency and 3 kHz high frequency, by age and sex
Base: Aged 16 and over with HSE hearing test



Hearing

- The proportion of participants aged 55 and over who reported having had a hearing test in the last 12 months increased with the degree of objective hearing loss. However, only **26%** with moderate or worse loss (at least 35 dB HL) at 3 kHz reported having had a hearing test in the last 12 months.
- Hearing loss of at least 35 dB HL at high frequency (3 kHz) is the accepted threshold for benefiting from a hearing aid. Of those aged 55 and over with this degree of hearing loss only **31%** were currently using a hearing aid and **60%** had never used one



60%

**of adults aged 55 and over
with hearing loss who could
benefit from a hearing aid
had never used one**

Mental health problems

Mental illness impacts on people's lives and mental ill health presents a complex public health problem. Mental health has been a priority area for policymakers to tackle for many years. In 2013, the Chief Medical Officer's Annual Report focused on mental health, summarising the public health evidence and making recommendations to improve the mental health of the nation.

In 2014, the HSE included questions about the prevalence of mental illness in the population, including lifetime experience, recent treatment and experience.



Mental health problems

- 26% of adults reported having ever been diagnosed with at least one mental illness.
- Women were more likely than men to report ever having been diagnosed with a mental illness (33% compared with 19%).
- 19% of adults reported that they had ever been diagnosed with depression, including post-natal depression. This was the most frequently reported diagnosis.
- 8% of adults reported ever being diagnosed with panic attacks.
- 6% of adults reported ever being diagnosed with generalised anxiety disorder.
- Lifetime prevalence of other conditions was very low, at 3% or less.



**Ever been diagnosed with a
mental illness**

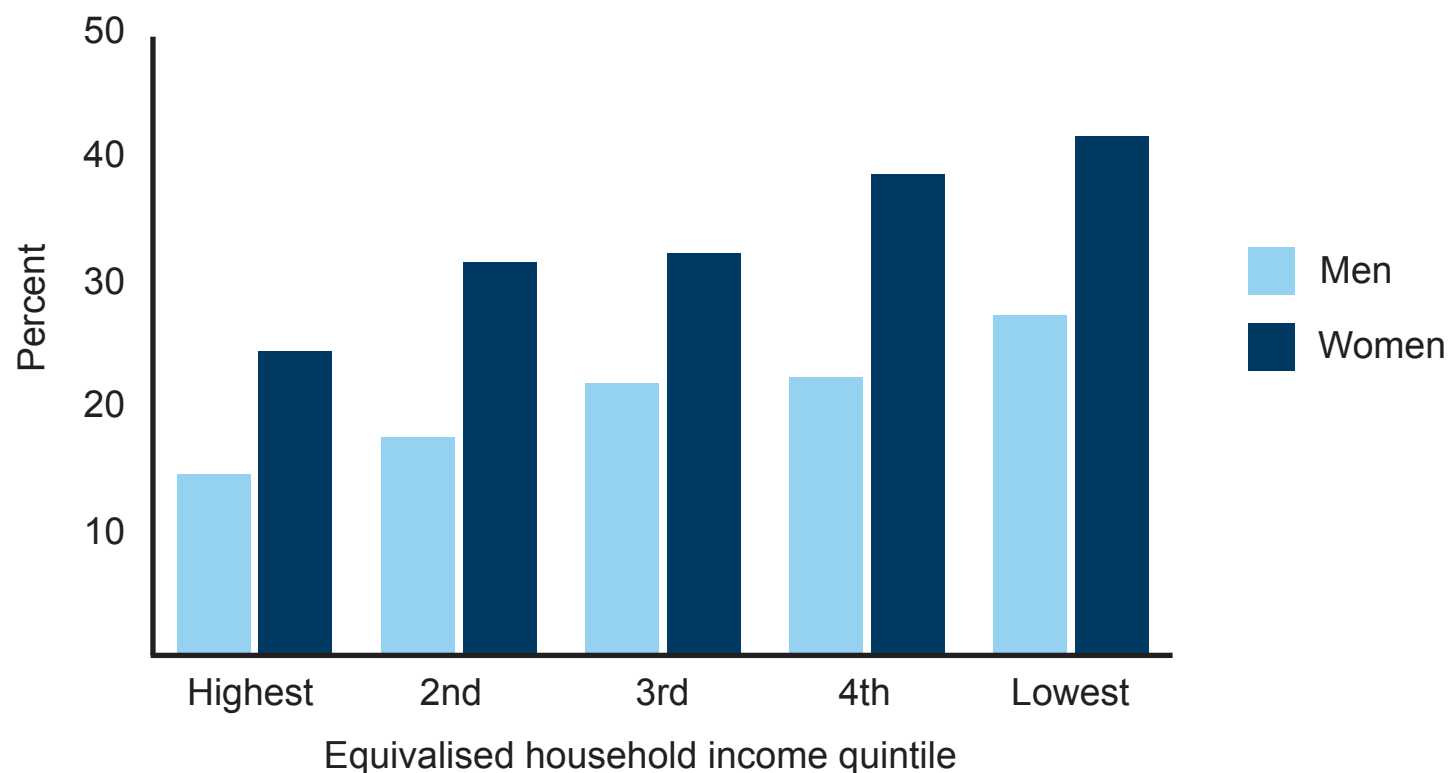
33% of women

19% of men

Mental health problems

- Men and women living in lower income households were more likely to have ever been diagnosed with a mental illness than those living in higher income households: 27% of men and 42% of women in the lowest income quintile compared with 15% of men and 25% of women in the highest.

**Prevalence of any mental illness ever diagnosed,
by equivalised household income**



The HSE uses 'equivalised household income', a measure that takes into account the number of people living in the household.

Mental health problems

- Adults were also asked if they had ever self-harmed or attempted suicide. Overall 3% of men and 5% of women reported they had self-harmed, and 4% of men and 7% of women reported suicide attempts.
- People who had ever been diagnosed with a mental illness were much more likely to have self-harmed, or to have made a suicide attempt, than those who had never been diagnosed.



People who had ever been diagnosed with a mental illness were much more likely to have made a suicide attempt

Attitudes to mental health

HSE 2014 explored attitudes among adults aged 16 and over towards mental illness measured by the Community Attitudes toward the Mentally Ill (CAMI) scale. The CAMI measures attitudes to two factors: prejudice and exclusion; and tolerance and support for community care.

Attitudes towards the two factors were scored, and a mean score was calculated for each factor ranging from 0-100, with higher scores representing more positive attitudes (that is, less prejudiced/more tolerant).

- Overall, views were more positive in relation to prejudice and exclusion (score of 76) than to tolerance and support for community care (score of 71).
- Women had less prejudiced and more tolerant views than men. Women's mean score on prejudice and exclusion was 78, compared with 73 for men. Women's score on tolerance and support for community care was 72 compared with 69 for men.

References and more data

This booklet is a summary of the findings from the 2014 Health Survey for England: Craig R, Fuller E, Mindell J (eds). *Health Survey for England 2014: Health, social care and lifestyles*. This booklet and the full report are available at www.hscic.gov.uk/pubs/hse2014.

Reports on surveys from 2004 onwards are available at www.hscic.gov.uk/searchcatalogue

Copies of the anonymised datasets for each survey since 1993 are available through the UK Data Service at <https://www.ukdataservice.ac.uk/>. These cover all the questions asked, not just those covered in the reports, and full documentation including a list of all the variables and derived variables. The Health Survey for England series is available at <http://discover.ukdataservice.ac.uk/series/?sn=2000021>

The HSE is commissioned by the Health and Social Care Information Centre. It has been carried out since 1994 by NatCen Social Research and UCL.

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