Office for National Statistics

Statistical bulletin

Integrated Household Survey (Experimental statistics): January to December 2013

Sexual identity, smoking prevalence and perceived general health using data from the Integrated Household Survey.

Table of contents

1. Correction

Following the release of the "Integrated Household Survey, January to December 2013" statistical bulletin, an error was found in the section for "Perceived General Health by Occupation". This error related to the following paragraph:

"Adults in Routine and Manual Occupations (12.6%) were more likely to consider themselves 'not in good health' compared with adults in Intermediate (17.8%) or Managerial and Professional (21.7%) Occupations (Figure 7)."

This paragraph should have read:

"Adults in Routine and Manual Occupations (21.7%) were more likely to consider themselves 'not in good health' compared with adults in Intermediate (17.8%) or Managerial and Professional (12.6%) Occupations (Figure 7)."

This error only affected the text in the bulletin. Figure 7 and the underlying data in the bulletin remain unchanged.

ONS apologises for any inconvenience this may have caused.

2. Main findings

- In 2013, 1.6% of UK adults identified their sexual identity as gay, lesbian or bisexual

- London had the highest percentage of adults identifying themselves as gay, lesbian or bisexual at 3.2%

- Twice as many males (1.6%) as females (0.8%) were likely to state their sexual identity as gay or lesbian

- Smoking prevalence in the UK fell from 19.8% in 2012 to 18.7% in 2013

- Smoking prevalence was substantially lower in females (16.5%) than in males (21.1%). A similar pattern emerged for every age group

- More males perceived their general health as good (77.1%) than females (74.8%). A similar pattern emerged for every age group

3. Introduction

This bulletin provides information from the January to December 2013 Integrated Household Survey (IHS).

The IHS is the largest social survey collected by the Office for National Statistics (ONS). It provides estimates from approximately 340,000 individual respondents - the biggest pool of UK social survey data aside from the census.

The IHS has been developed by ONS to be a cost-effective way of obtaining a large dataset with a number of topics. It also enables analysis at lower level geographies that cannot typically be obtained with other social surveys. The IHS is used by academics, government departments, and other stakeholders to provide evidence for planning, policy and monitoring purposes. It specifically provides data on sexual identity, smoking prevalence and perceived general health to meet users' needs.

This large sample size is achieved by asking a core suite of questions on two ONS household surveys: the Annual Population Survey (APS) and the Living Costs and Food Survey (LCF). More detailed information on the survey, and how to carry out your own analyses, can be found in the background notes.

Following a statistical products consultation in 2014, the LCF will no longer form part of the IHS from 2014. This means this will be the last release of the IHS based on cases from the APS and LCF. Future releases will be based solely on the APS.

At present, IHS statistics are designated as experimental. Information on what this means can be found in the background notes.

This release provides estimates from data collected in the UK between January and December 2013. Readers interested in previous IHS releases can find these on the IHS release page.

4. Sexual identity

The Integrated Household Survey (IHS) asks a question on self perceived sexual identity of adults in the UK. This question was developed as part of the ONS Sexual Identity Project, which developed, tested and implemented the question to satisfy the increasing demand for data on sexual orientation to meet 2010 Equality Act [1]. ONS focussed on one component of sexual orientation, sexual identity, as this is the most relevant dimension of sexual orientation to investigate given its relation to experiences of disadvantage and discrimination.

In 2013, the Integrated Household Survey found 1.6% of adults identified themselves as either gay, lesbian or bisexual[2]. This comprised of:

- 1.2% of adults identified themselves as gay or lesbian

- 0.5% of adults identified themselves as bisexual

This compares with 1.5% of adults who identified themselves as gay, lesbian or bisexual in 2012, which represents a small increase in 2013. This difference was not, however, statistically significant [3].

Sexual Identity by Gender

Males were twice as likely as females to consider themselves gay or lesbian:

- 1.6% of adult males identified themselves as gay or lesbian compared to 0.8% of adult females

- Adult females were more likely to identify themselves as bisexual (0.6%) compared to adult males (0.4%)

Table 1 summarises the distribution between sexual identity and gender in 2013.

Table 1: Sexual Identity: by Gender, UK, January to December 2013

			%
Gender		2013	
	Men	Women	Total
Heterosexual / Straight	92.3	93.1	92.7

Gay / Lesbian	1.6	0.8	1.2
Bisexual	0.4	0.6	0.5
Other	0.3	0.3	0.3
Don't know / Refusal	3.9	3.9	3.9
No response[2]	1.6	1.4	1.5

Source: Integrated Household Survey - Office for National Statistics

Notes:

1. In 2013 there were 178,820 eligible respondents (aged 16 and over) to the sexual identity question. Of these, 169,102 provided a valid response. The question was not asked by proxy.

2. ONS defines 'no response' as no data provided to the question by an eligible responder. A background note explains the sources of non-response to this question, the impact this has on the estimates, and ways to account for it.

3. The 'no response' category includes respondents who were aged 15 in their wave 1 of the LFS/APS but are now aged 16 in the January to December 2013 field period.
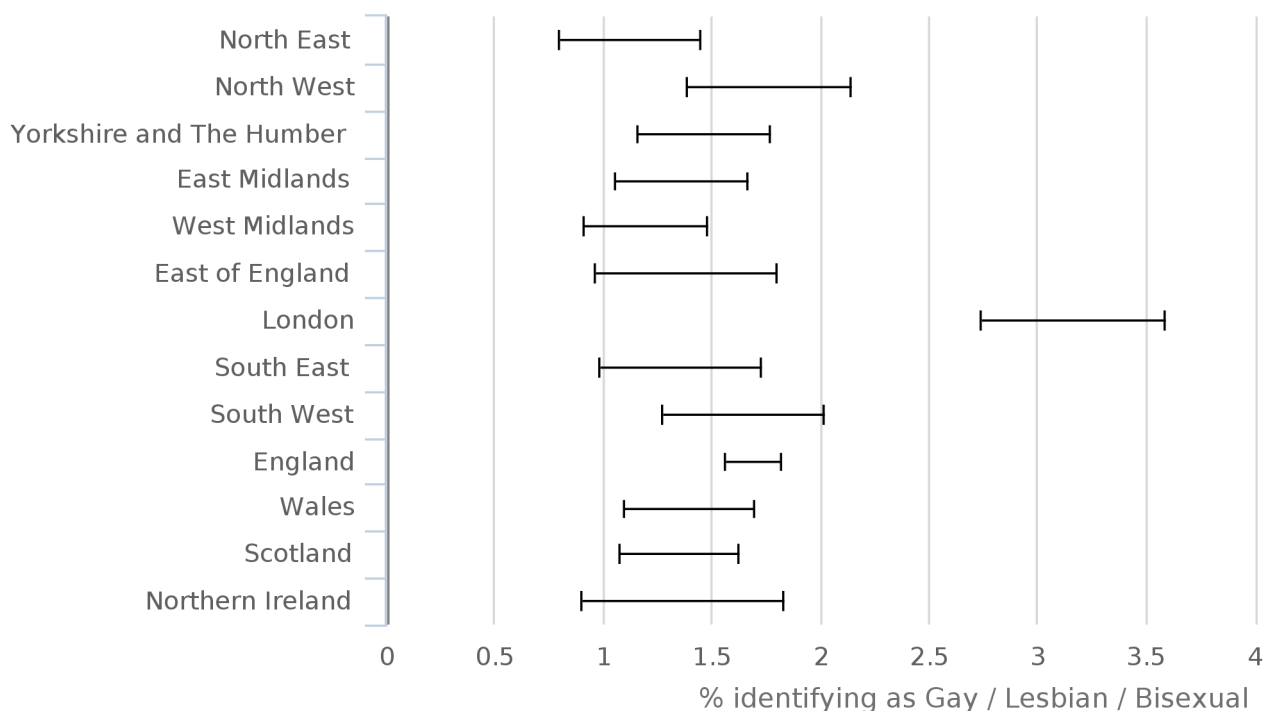
4. Percentages might not add to 100 per cent due to rounding.

5. Confidence intervals for the latest estimates in the above table can be found in the Excel download table. Information on what confidence intervals are is in the background notes.

Sexual Identity by Region

In 2013, London had the highest proportion of adults who said they were gay, lesbian or bisexual (3.2%). The proportions of adults identifying themselves as gay, lesbian or bisexual within other regions ranged from 1.1% in the North East to 1.8% in the North West. Differences between these other regions were not, however, statistically significant (as shown by the confidence intervals displayed in Figure 1).

Figure 1: Sexual Identity: by UK Region, January to December 2013

Notes:

1. In 2013 there were 178,820 eligible respondents (aged 16 and over) to the sexual identity question. Of these 169,102 provided a valid response. The question was not asked by proxy.

2. The whisker bar represents the confidence intervals for each estimate. Information on what confidence intervals are can be found in the background notes.

3. The 'no response' category includes respondents who were aged 15 in wave 1 of the LFS/APS but are now aged 16 in the January to December 2013 field period. Information on a change affecting the processing of these cases can be found in the background notes.

4. The whisker bar represents the confidence intervals for each estimate. Information on what confidence intervals are can be found in the background notes.

Sexual Identity by Age Group

The proportion of adults identifying themselves as gay, lesbian or bisexual in 2013 reduced through the age groups. This ranged from 2.7% of adults aged 16 to 24 who identified themselves as gay, lesbian or bisexual, to 0.5% of those aged 65 and over (Table 2). A similar pattern was found in 2012.

Table 2: Sexual Identity: by Age Group, UK, January to December 2013

						%
Age groups	16-24	25-34	35-49	50-64	65+	Total
Heterosexual / Straight	89.3	91.6	92.4	94.2	94.6	92.7
Gay / Lesbian	1.6	1.8	1.5	0.9	0.3	1.2
Bisexual	1.1	0.6	0.4	0.3	0.2	0.5
Other	0.2	0.2	0.2	0.3	0.3	0.3
Don't know / Refusal	4.4	4.1	3.9	3.2	4.1	3.9
No response[2]	3.4	1.7	1.5	1.1	0.4	1.5

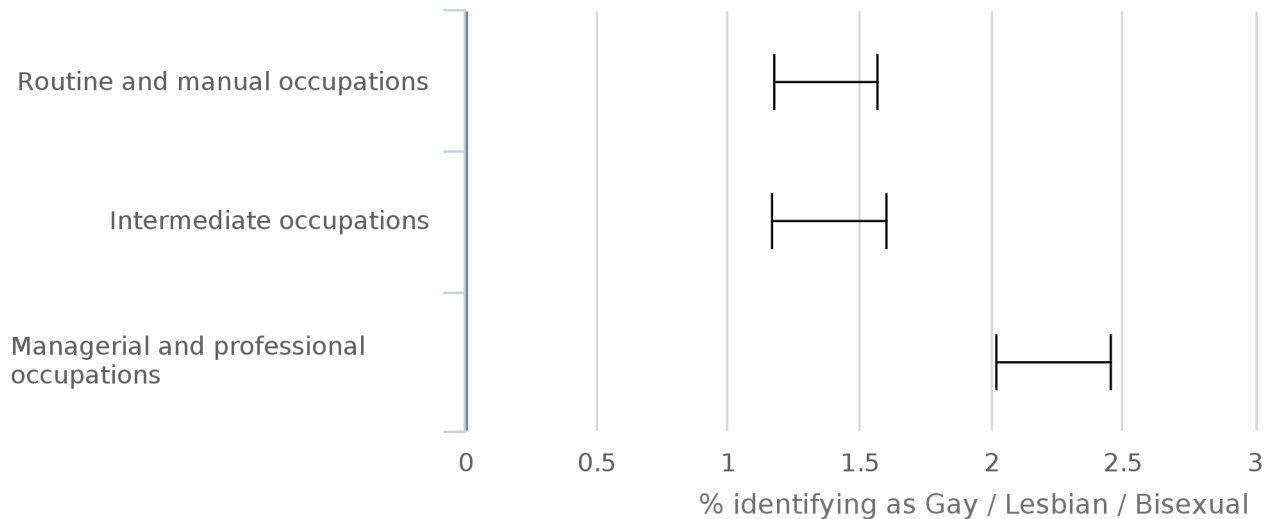Source: Integrated Household Survey - Office for National Statistics

Notes:

1. In 2013 there were 178,820 eligible respondents (aged 16 and over) to the sexual identity question. Of these 169,102 provided a valid response. The question was not asked by proxy.

2. ONS defines 'no response' as no data provided to the question by an eligible responder. A background note explains the sources of non-response to this question, the impact this has on the estimates, and ways to account for it.

3. The 'no response' category includes respondents who were aged 15 in wave 1 of the LFS/APS but are now aged 16 in the January to December 2013 field period.

4. Percentages might not add to 100 per cent due to rounding.

5. Confidence intervals for the latest estimates in the above table can be found in the Excel download table. Information on what confidence intervals are can be found in the background notes.

Sexual Identity by Occupation

Adults in Managerial and Professional Occupations were more likely to identify themselves as gay, lesbian or bisexual (2.2%) compared with those in either Intermediate Occupations or Routine and Manual Occupations (1.4% for both).

Figure 2: Sexual Identity: by Occupation, UK, January to December 2013

Source: Figure 2: Sexual Identity: by Occupation, UK, January to December 2013

Notes:

1. In 2013 there were 119,049 eligible respondents (aged 16 and over) to the sexual identity and occupation questions. Of these 112,604 provided a valid response. The question was not asked by proxy.

2. Confidence intervals for the latest estimates in the above table can be found in the Excel download table.

3. The whisker bar represents the confidence intervals for each estimate. Information on what confidence intervals are can be found in the background notes.

Notes for sexual identity

1. Although the 2010 Equalities Act referred to sexual orientation, the ONS project's question development focussed on sexual identity i.e. how people see themselves at the time the interview takes place

2. This is not the sum of the two component parts due to rounding

3. Information on the term 'statistically significant' is in the background notes
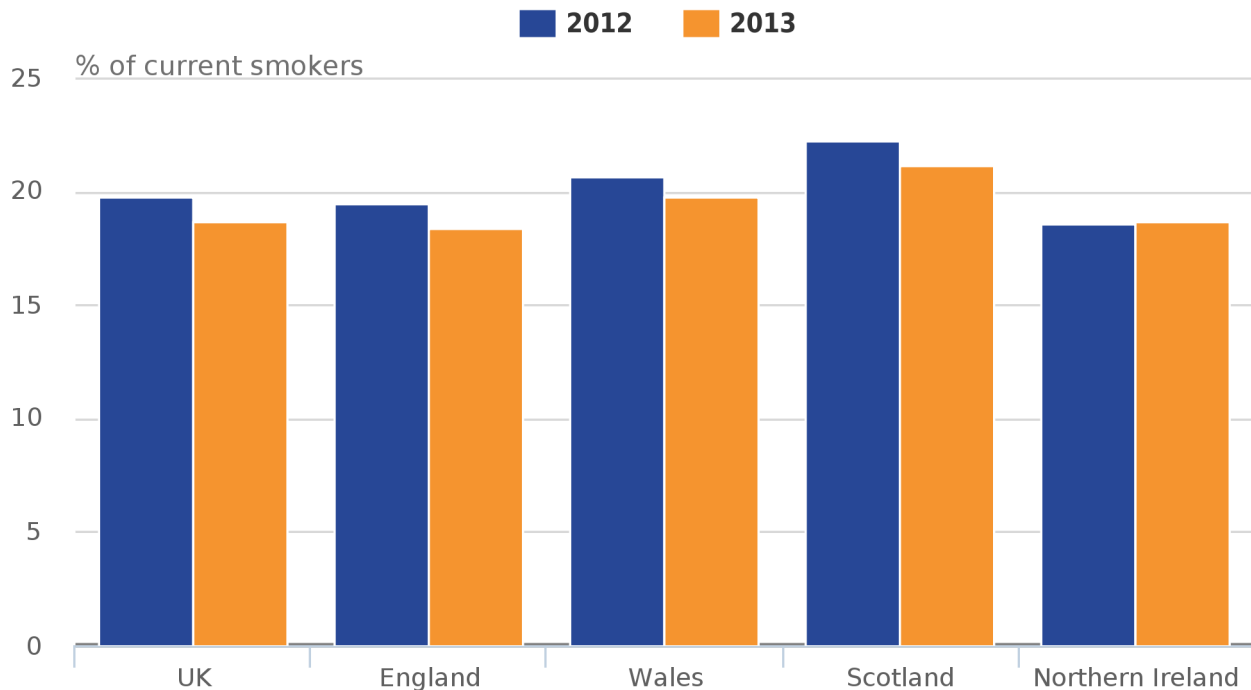
5. Smoking Prevalence

The IHS collects information on smoking prevalence rates in the UK, focussing on use of tobacco-based cigarettes by adults aged 18 and over[1]. This information is a key measure for monitoring tobacco use in the UK, with various initiatives in England, Wales, Scotland and Northern Ireland launched since 2011 aimed at reducing tobacco use.

The smoking prevalence rate in the UK was 18.7% in 2013. This represents a significant drop from 19.8% in 2012. Figure 3 shows the changes in smoking prevalence in all the constituent countries of the UK. The only statistically significant change came in England with the rate falling from 19.5% in 2012 to 18.4% in 2013.

ONS also collects smoking data on the Opinions and Lifestyle Survey, which has published smoking trends across Great Britain since the turn of the century. The next release of smoking data from the Opinions and Lifestyle Survey is November 2014.

Figure 3: Smoking Prevalence: by Country

January to December 2013

Source: Integrated Household Survey - Office for National Statistics

Notes:

1. The total number of eligible responders to the question was 268,102 in 2013 and 264,416 in 2012. The question was asked to respondents aged 18 and over.

2. Percentages may not add to 100 per cent due to rounding.

3. Confidence intervals for the latest estimates in the above table are in the Excel download table. Information on what confidence intervals are is in the background notes.

Smoking Prevalence by Region

Regional differences in rates of smoking prevalence were found in 2013 (Table 3):

- of the constituent countries of the UK, Scotland reported the highest proportion of current smokers (21.1%). England had the lowest proportion of current smokers (18.4%)[2]

- at the regional level there appeared to be a North/South divide. Smoking prevalence in London, the South East and the South West was significantly lower than the North East, the North West and Yorkshire and The Humber

Table 3: Smoking Prevalence: by UK Region, January to December 2013

| | | | % |
	Current Smoker	Ex- Smoker	Never Smoked
England	18.4	33.4	48.1
North East	22.3	33.0	44.8
North West	20.1	32.4	47.5
Yorkshire and The Humber	20.3	33.7	45.9
East Midlands	19.1	32.4	48.5
West Midlands	17.8	30.0	52.2
East of England	17.5	35.9	46.6
London	17.3	28.9	53.7
South East	17.2	36.5	46.3
South West	17.3	38.2	44.5
Wales	19.8	33.8	46.3
Scotland	21.1	32.4	46.5
Northern Ireland	18.7	21.3	60.0
UK	18.7	33.0	48.2

Source: Integrated Household Survey - Office for National Statistics
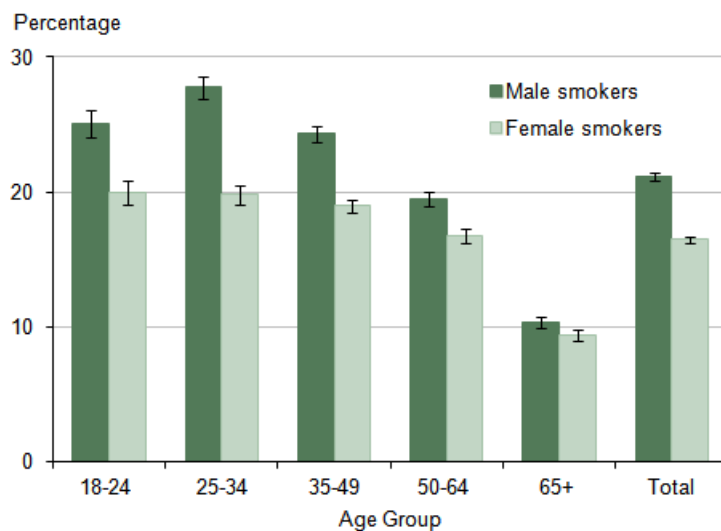
Notes:

1. The total number of eligible responders to the question was 268,102. The question was asked to respondents aged 18 and over.

2. Percentages may not add to 100 per cent due to rounding.

3. Confidence intervals for the latest estimates in the above table can be found in the excel download table. Information on what confidence intervals are can be found in the background notes.

Smoking Prevalence by Gender

Figure 4 shows that males were more likely to be current smokers than females across every age group. This difference between males and females was more noticeable in adults aged 18-49 years old, with the gap narrowing for adults aged 50 and older. The greatest difference was in the 25-34 age group, where 27.8% of males smoked compared to 19.8% of females.
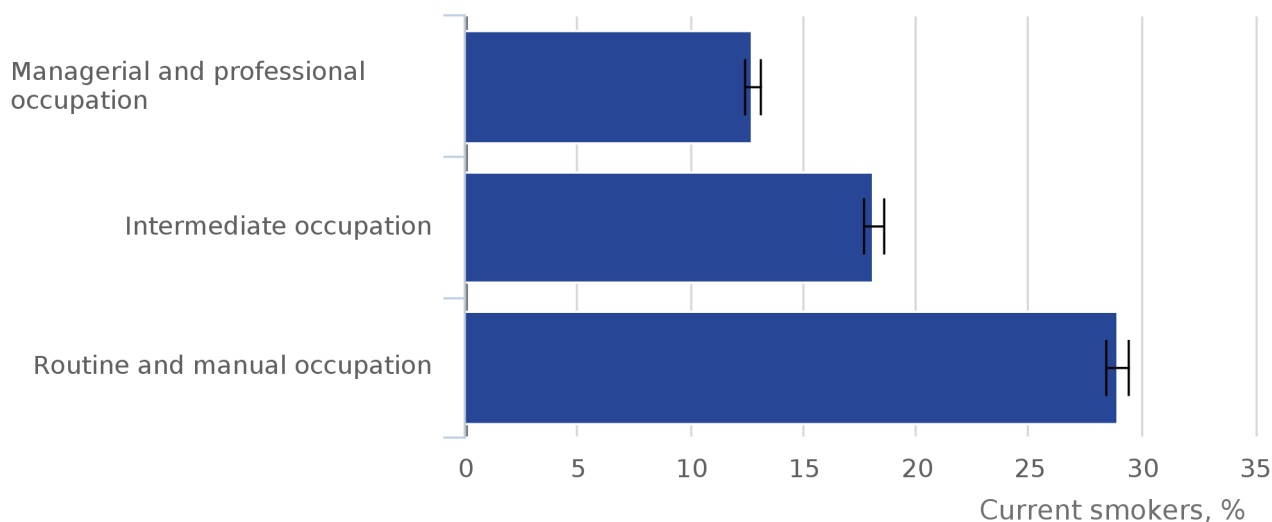
Figure 4: Current Smoking Prevalence: by Age and Gender, UK, January to December 2013

Smoking Prevalence by Occupation[3]

Smoking prevalence rates also differed by occupation. Figure 5 shows 28.9% of adults in Routine and Manual Occupations were current smokers. This compared to 12.7% of adults in Managerial and Professional Occupations.

Figure 5: Current Smoking Prevalence: by Occupation, UK, January to December 2013

Source: Integrated Household Survey - Office for National Statistics

Notes:

1. The total number of eligible responders to the smoking and occupation questions was 172,138. The smoking question was asked to respondents aged 18 and over.

2. Confidence intervals for the latest estimates in the above table can be found in the Excel download table.

3. The whisker bar represents the confidence intervals for each estimate. Information on what confidence intervals are can be found in the background notes.

Notes for smoking prevalence

1. The IHS does not collect information on e-cigarettes.

2. This was not significantly different to Northern Ireland who had a smoking rate of 18.7%.

3. ONS has done further work looking into how differing levels of deprivation link to smoking prevalence.

6. Perceived General Health

ONS collects information on perceived general health to identify the number of adults who perceive themselves as in good health. Perceived General Health is a good predictor of demands for health services and is used in the construction of health expectancy metrics such as Healthy Life Expectancy. This provides a valuable picture of people's perception of their general health by region, age, sex and other components.

Across the UK 75.9% of the adult population stated that they were 'in good general health' in 2013. This is similar to 2012 (76.1%).
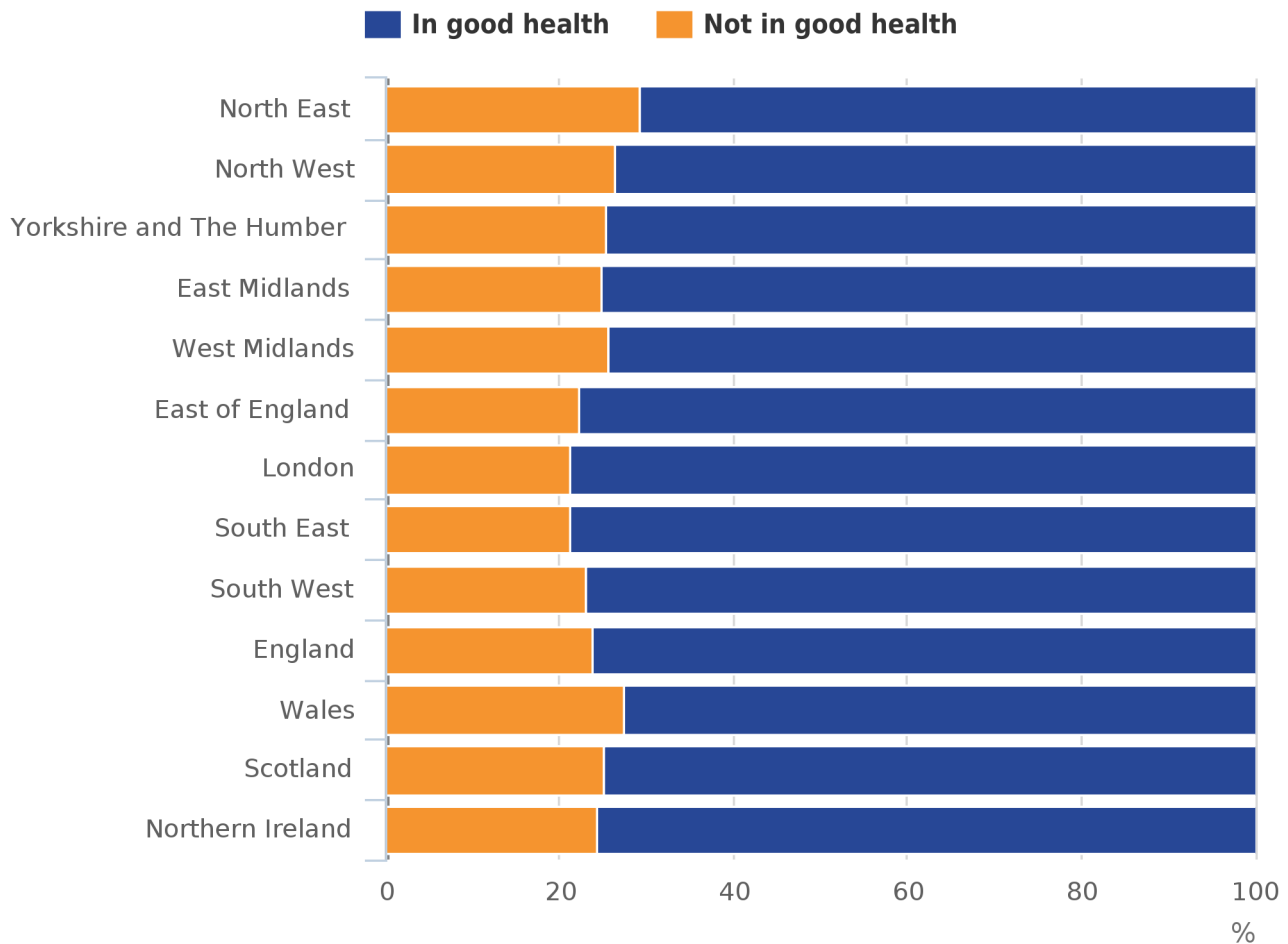
Perceived General Health by Region

Regional differences were seen in UK adults' perceptions of their general health (Figure 6):

- of the constituent countries of the UK, Wales reported the lowest rate of perceived good health in 2013 (72.5%). England had the highest (76.2%)

- at the regional level the North East reported the lowest rate of perceived good health (70.9%). The South East reported the highest rate of perceived good heath (78.8%) although this is not statistically significant

Figure 6: Health: by UK Region

January to December 2013

Source: Source: Integrated Household Survey - Office for National Statistics

Notes:

1. The total number of eligible responders to the question was 276,522.The question was asked to respondents aged 16 and over.

2. The health categories were split using the approach applied by Eurostat. 'In good health' contains the 'very good' and 'good' perceived health categories, and 'Not in good health' contains the categories 'fair', 'bad' and 'very bad'.

3. Percentages may not add to 100 per cent due to rounding.

4. Confidence intervals for the latest estimates in the above chart are in the Excel download table. Information on what confidence intervals are is in the background notes.

Perceived General Health by Age and Gender

A higher proportion of men reported themselves to be 'in good health' compared to women. This was the case for every age group, with the biggest difference being 2.1%[1] for the 35-49 years old age group.

The proportion of adults who reported themselves as 'not in good health' increased with age:

- one in ten (10.0%) of those aged 16 to 24 considered themselves as 'not in good health'

- more than four in ten (42.4%) of those aged 65 and over considered themselves as 'not in good health' (Table 4)

Table 4: Health: by Age Group by Gender, UK, January to December 2013

%

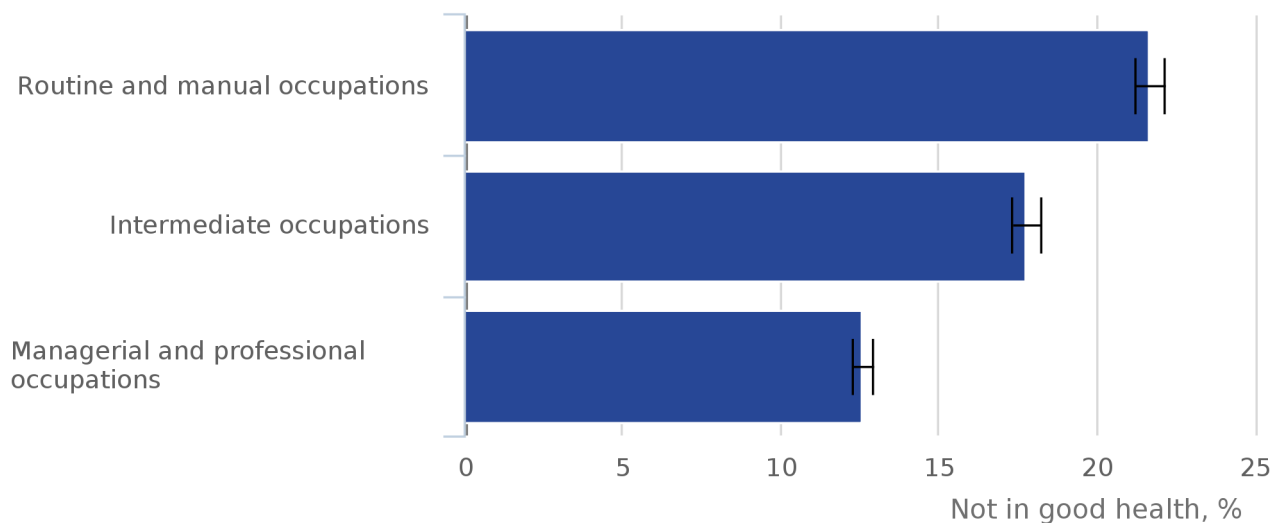|	In good health			Not in good health		
	Male	Female	Total	Male	Female	Total
16-24	92.3	90.1	91.2	7.7	9.9	8.8
25-34	89.3	87.7	88.5	10.7	12.3	11.5
35-49	82.4	80.1	81.3	17.6	19.9	18.7
50-64	70.3	70.2	70.3	29.7	29.8	29.7
65+	57.3	55.8	56.5	42.7	44.2	43.5
Total	77.7	75.3	76.5	22.3	24.7	23.5

Source: Office for National Statistics

Notes:

1. The total number of eligible responders to the question was 281,795 of which 281,694 provided a valid response. The question was asked to respondents aged 16 and over.

2. The health categories were dichotomised using the approach applied by Eurostat. The category 'In good health' comprises the 'very good' and 'good' percieved health categories; the category 'Not in good health' comprises the categories 'fair', 'bad' and 'very bad'.

3. Percentages may not add to 100 per cent due to rounding.

4. Confidence intervals for the latest estimates in the above table can be found in the excel download table.

Perceived General Health by Occupation

Adults in Routine and Manual Occupations (21.7%) were more likely to consider themselves 'not in good health' compared with adults in Intermediate (17.8%) or Managerial and Professional (12.6%) Occupations (Figure 7).

Figure 7: Not in Good Health: by Occupation, UK, January to December 2013

Source: Integrated Household Survey - Office for National Statistics

Notes:

1. The total number of eligible responders to the health and occupation questions was 172,561. The question was asked to respondents aged 16 and over.

2. The health categories were split using the approach applied by Eurostat. 'In good health' contains the 'very good' and 'good' perceived health categories, and 'Not in good health' contains the categories 'fair', 'bad' and 'very bad'.

3. Confidence intervals for the latest estimates in the above chart can be found in the Excel download table.

4. The whisker bar represents the confidence intervals for each estimate. Information on what confidence intervals are can be found in the background notes.

Notes for perceived general health

1. This difference is based on unrounded estimates and maybe different to Table 4.

7. Perceived General Health and Smoking Prevalence

When comparing smoking prevalence and general health, current smokers were less likely to report themselves to be in good health compared to those who have never smoked (Table 5).

The age of adults appeared to have an impact on the perceived general health of current smokers and non-smokers. For adults aged 18-24 years old, 81.8% of current smokers considered themselves to be in good health. This is compared with 91.9% who had never smoked; a difference of 10.2%[1].

For adults aged 50-64 years old, the difference was larger. Of current smokers, 56.7% considered themselves in good health. This compared with 75.9% of adults who had never smoked; a difference of 19.2%.

This suggests a relationship between the effect of smoking on perceived general health as age increased.

Table 5: Smoking Prevalence: by Age Group by Health, UK, January to December 2013

%

Age group	In good health		Not in good health	
	Current Smoker	Never Smoked	Current Smoker	Never Smoked
18-24	81.8	91.9	18.2	8.1
25-34	79.7	89.7	20.3	10.3
35-49	68.7	84.8	31.3	15.2
50-64	56.7	75.9	43.3	24.1
65+	47.8	60.6	52.2	39.4

Source: Integrated Household Survey - Office for National Statistics

Notes:

1. The total number of eligible responders to the question was 268,102. The question was asked to respondents aged 18 and over.

2. The health categories were split using the approach applied by Eurostat. 'In good health' contains the 'very good' and 'good' perceived health categories, and 'Not in good health' contains the categories 'fair', 'bad' and 'very bad'.

3. Percentages may not add to 100 per cent due to rounding.

4. Confidence intervals for the latest estimates in the above table are in the Excel download table. Information on what confidence intervals are is in the background notes.

Notes for perceived general health and smoking prevalence

1. This difference is based on unrounded estimates and maybe different to Table 5.

8. Background notes

1. **Integrated Household Survey**

   The Integrated Household Survey ([IHS](#)) is formed from 'core' questions asked by two ONS Household Surveys.

   Data for this bulletin were obtained from the Living Costs and Food Survey (LCF) and the Annual Population Survey (APS) for the survey months January to December 2013. Further information on the IHS can be found on the ONS website.

   1.1. Consultations

   ONS has conducted a series of consultations with users about key decisions relating to the IHS. The outcome of each consultation can be found in the attached links:

   - [Proposal to reduce the number of datasets produced using the IHS](#)

   - [Proposal to rotate the Sexual Identity questions on the IHS](#)

   - [Proposal to stop IHS core questions in the Living Costs and Food Survey](#)

2. **Notes on the themes**

2.1 Sexual identity

The Integrated Household Survey (IHS) asks a question on self perceived sexual identity of adults in the UK. This question was developed as part of the ONS Sexual Identity Project, which developed, tested and implemented the question to satisfy the increasing demand for data on sexual orientation to meet the 2010 Equality Act.

While the Equality Act 2010, and relevant legislation in the past, referred to sexual orientation, ONS has focused on collecting data on sexual identity. The sexual identity question measures how people see themselves and not how others see them.

The question on sexual identity was developed and tested on a number of surveys in 2008 and was added to the IHS in 2009. The data have been collected to provide accurate statistics to underpin the equality monitoring responsibilities of public sector organisations and to assess the disadvantage or relative discrimination experienced by the lesbian, gay and bisexual population.

The sexual identity question was asked of respondents aged 16 years and over; it was not asked by proxy. Proxy interviews are defined as those where answers are supplied by a third party, who is a member of the respondent's household.

The sexual identity question was asked in both face-to-face and telephone interviews, at first personal contact. During the face to face interviews, adults were asked; 'Which of the options on this show card best describes how you think of yourself?' For telephone interviews, a slightly different way of collecting the information was used: 'I will now read out a list of terms that people use to describe how they think of themselves'. The list was read out to respondents twice. On the second reading, the respondent had to say 'stop' when an appropriate term they identified with was read out. In both modes, the order in which the terms appeared, or were read out, was unique for each household's respondent to ensure confidentiality.

The 'Other' option on the question was included to address the fact that not all people will consider they fall in the first three categories i.e. heterosexual/straight, gay/lesbian or bisexual.

Processing of sexual identity data

A small change was applied to the processing of sexual identity responses from the Annual Population Survey in January to December 2012. A change was applied to the rotation of previous responses to the sexual identity question for 2012. This has led to a small increase in the numbers of non-responses recorded in the Annual Population Survey compared to previous survey estimates.

Non-response and sexual identity

The voluntary nature of the survey means that people who do not wish to take part in the survey can refuse to do so. Although every effort is made to minimise the impact of non-response to the IHS component surveys, non-response can appear in several stages of the survey:

- Household non-response: Where our interviewers are unable to obtain an interview with anyone in the household.

- Unit non-response: Where one or member of a household is not available to take part in our interview.

- Item non-response: Where an individual who has agreed to take part in our survey does not provide an answer to one or more question (but takes part in the majority of the survey).

For the sexual identity question, there are two main sources of non-response which are reported in our estimates:

- Non-responders: These are adults who are part of an eligible household who were not present when the sexual identity question was asked, and therefore are classed as non-responders.

- Don't know/Refusals: These are adults who have taken part in our survey who have declined to provide a valid response to the sexual identity question.

Indicative analysis conducted by ONS has suggested the characteristics of responders and non-responders to the sexual identity are similar. Therefore the non-response to this question should not lead to a bias in our estimates (with the distribution of the key characteristics of non-responders broadly following the distribution of our known population). To provide a transparent set of results however, non-responders are included as a category in our results.

2.2 Smoking prevalence

The Opinions and Lifestyle Survey report on Smoking Habits Amongst Adults, 2012 presents additional smoking prevalence information for 2012. A report for 2013 data is being released in November 2014.

3. **Personal Well-Being**

As part of the Measuring National Well-being programme, ONS in April 2011 added what are termed 'personal well-being' questions to the constituent surveys of the IHS. Personal Well-being concerns a person's self-reported assessment of their own well-being. Survey questions of this nature aim to capture a person's well-being by measuring how people think and feel, for example, asking about life satisfaction, meaning and purpose, and day-to-day emotions. Used alongside more objective statistics, they provide a fuller assessment of National Well-being.

In September 2014, ONS produced a third statistical bulletin measuring National Well-being in the UK, the largest constituent survey of the IHS.

4. **Other sources of data**

Information on some of the topics covered in this bulletin can also be found from other sources. These sources include:

- Scotland: Scottish Health Survey and the Scottish Household Survey

- Wales: Welsh Health Survey and the StatsWales website

- Northern Ireland: Health Survey Northern Ireland

- England: Health Survey for England and the Local Tobacco Control Profiles website

5. **Access to the data**

IHS data are made available through the End User Licence at the UK Data Service. The End User Licence is an agreement between the user and the University of Essex to provide users with the right to use the data held at the Data Service. The End User Licence dataset can be accessed through the UK Data Service (UKDS) website.

A more detailed file can be accessed if Approved Researcher Status is sought and agreed. More information on the UK Data Service and the Approved Researcher process can be found on the UK Data Service website.

Pre-release access to the IHS bulletin

The phrase 'Pre-release Access' refers to the practice whereby Official Statistics in their final form, and any accompanying written commentary, are made available to an eligible person in advance of their publication. The rules and principles which govern pre-release access are featured within the Pre-release Access to Official Statistics Order 2008.

A list of the people who have pre-release access to this bulletin is available on the ONS website.

6. **Experimental statistics**

Experimental Statistics are those which are in the testing phase, are not yet fully developed and have not been submitted for assessment to the UK Statistics Authority. They are published in order to involve customers and stakeholders in their development, and as a means to build in quality at an early stage. The IHS is designated as Experimental Statistics.

Further information on Experimental Statistics can be found on the ONS website.

7. **Quality**

Detailed information relating to quality components of the IHS (including sampling variability, confidence intervals, and detailed methodological information) is in the following documents:

- Quality and Methodology Information

- IHS User guidance

These documents are on the IHS web page.

8. **Confidence Intervals and Statistical Significance**

Confidence Intervals

The IHS publishes information on confidence intervals to give an indication of the range in which the true population value is likely to fall.

For the IHS, confidence intervals are calculated at the 95% level. This means that 19 times out of 20, IHS estimates would fall within the upper and lower boundaries. For example, a confidence interval of ±0.2% means that an estimate of 93.9% would range between 93.7% and 94.1% (19 times out of 20).

Information on confidence intervals can be found in some figures in this report, and in the associated tables available to download.

Statistical Significance

Throughout this report, the changes reported are deemed statistically significant. This means that we are confident that 19 times out of 20, differences will be down to real changes in our population, rather than a result of sampling variability.

In instances where changes between estimates are not statistically significant, these have been highlighted in the bulletin text, or not commented on in this release.

9. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk