Children known to Social Services

Pupil Wellbeing Survey 2026

Gloucestershire County Council

Contents

Introduction

Most children and families thrive through their own strengths, relationships and support networks, with help from services such as health, education and community organisations when needed. Children's social care provides additional support when these resources are not enough, helping families to make positive changes and safeguarding children who may be at risk of harm.

Effective social services for children can literally change that individual's path and improve their social determinants of health for generations.

Formal interventions from child social care services may be time-limited or they may extend across a person's entire childhood. The first contact with these services may be at birth, or the child may be nearing adulthood when they are first referred.

Early intervention is a key protective factor in improving outcomes for children and young people. Yet access to preventative support is not experienced equally, contributing to significant inequalities in children's life chances. When needs are not identified and addressed early, children and families are more likely to require intensive statutory interventions. The Families First approach (a national set of reforms representing the most significant changes to Children's Services in over a decade) recognises the importance of a seamless, integrated system that brings together universal, targeted and specialist services to provide the right support at the earliest opportunity, reducing escalation and strengthening families' ability to safely meet their children's needs. This is particularly important for children and young people affected by trauma, adversity and harm in their home or community environments.

Despite this potential protective effect, research suggests that in general, children and young people who are care experienced[1] or have a social worker have worse outcomes in childhood and across the life course than their peers.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™ (OPS) is a biennial survey that has been undertaken with Gloucestershire school children since 2006. Students participate in Years 4, 5 and 6 in primary schools; Years 8 and 10 in secondary schools; and Years 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent schools, colleges and educational establishments take part, representing approximately 70.0% of students in participating year groups in 2026. The PWS asks a wide variety of questions about student's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

Limitations and caveats of the survey

Not all children and young people who are resident in Gloucestershire attend educational establishments in the county and similarly not all students attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember this analysis is based on the student population not the resident population.

Gloucestershire is a grammar authority and has a number of notable independent schools, and several mainstream schools very close to the county's boundary; these all attract students from out of county. This results in the school/college population (particularly at secondary phase) having

[1] Someone who is a Child in Care/Looked after Child or is a Care Leaver (has previously been in care)

slightly different characteristics, especially ethnicity, to the resident young people's population. 12.3% of Gloucestershire's resident population (2021 Census) were estimated to be from diverse ethnic communities; however, 23.1% of Gloucestershire's student population were from diverse ethnic communities in January 2026 and 23.4% of the PWS cohort were students from diverse ethnic communities in the 2026 survey.

Although a large proportion of the county's educational establishments took part in the survey, some only had low numbers of students completing the survey; in contrast, others had high numbers. Although this doesn't impact the overall county analysis, as demographics are represented as expected at this geography, analysis by district and education phase might only have certain demographic groups represented due to low student take-up (for example, low numbers completing the survey in Tewkesbury at post-16 phase). Where post-16 provision is situated also impacts the survey, as older students travel further to access post-16 provision.

Analysis of deprivation

Educational settings have been categorised into statistical neighbour groups which cluster settings with students of a similar socio-economic profile within the same type of setting (a similar level of deprivation, affluence or personal/family characteristics).

We use Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) to determine the relative deprivation of students. The IMD is based on the home postcode of students (collected in the School Census). This is aggregated to give an overall IMD score for the setting, reflecting the deprivation levels experienced by students. The settings are then split into quintiles based on their scores: quintile 1 is the most deprived and quintile 5 is the least deprived in Gloucestershire.

In addition:

- Grammar/selective schools are compared to other grammar/selective schools in their phase without reference to the IMD.
- Independent schools are compared to other independent schools in their phase without reference to the IMD.
- Post-16 only/Further Education (FE) colleges are compared to all other post-16 only colleges without reference to the IMD.
- Special schools are compared to all other schools of this type in the same phase without reference to the IMD.
- Vocational and alternative settings/schools are compared to other settings/schools in the same phase without reference to IMD.

Key takeaways:

Healthy living: Students known to social services/family support had poorer diet and exercise behaviours than those not known to social care.

Health harming behaviours: Students known to social services/family support were significantly more likely to report risk-taking behaviours, exploitation and self-harm.

Oral health: Students known to social services/family support were less likely to brush their teeth daily or attend a dentist regularly.

Mental wellbeing: Students known to social services/family support had poorer wellbeing and higher levels of low mental wellbeing, though most still reported feeling happy at least some of the time.

Mental health support: Students known to social services/family support were much more likely to access mental health support, perhaps indicating services are reaching many of those with the greatest need.

Sleep: Students known to social services/family support were less likely to get enough sleep and more likely to have sleep disrupted by worry.

Screen-time: Excessive screen use was more common among students known to social services/family support than their peers.

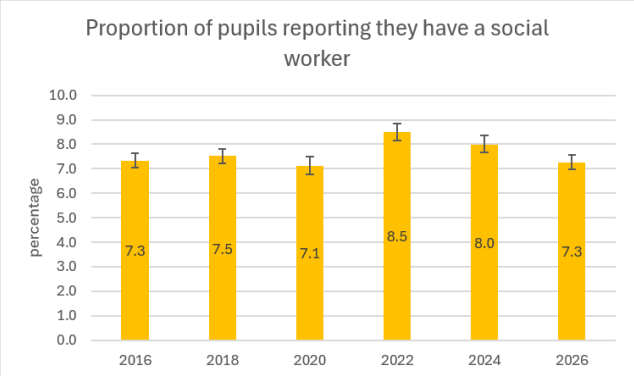
School life: Students known to social services/family support reported poorer educational experiences, including higher absence, exclusion and behavioural difficulties, although attendance has improved since the previous survey.

Relationships: Students known to social services/family support were more likely to experience difficulties in friendships and family life, but most reported having a trusted adult they could turn to.

Overall: Despite significant inequalities across most measures, most students known to social services/family support reported positive protective factors and some outcomes have improved over time.

Students known to Social Services/Family Support

Between 2016 and 2020 there was no significant increase in the proportion of students reporting they had a family social worker, in 2022 this rose significantly to 8.5%, which may be due to increased hardship during the pandemic. In 2026 the proportion of students reporting a family social worker was significantly lower (7.3%). Around 7.6% (6,572) of resident children and young people aged 7-17 were known to Children's Social Care in 2025/26, this includes all children and young people with an Open Referral[2] in the academic year. A further 8,119 children and young people had an Early Help episode[3].



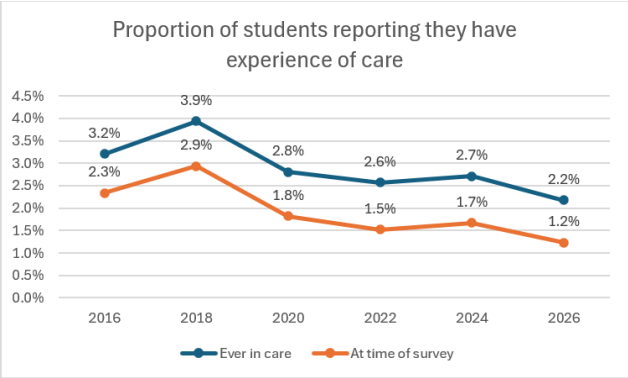
In 2026 1.2% of students said they were a Child in Care[4] (CiC) and a further 0.9% said they used to be in care (*combined as 'care experienced'*), this is in

[2] An open referral in children's social care refers to a child who has an active, allocated social worker and an ongoing case file within the local authority

[3] Early help in children's social care is the provision of support, advice, and interventions to children, young people, and their families as soon as difficulties emerge, aiming to prevent issues from escalating to a level that requires statutory social work intervention

[4] A child who has been in the care of their local authority for more than 24 hours, also known as a looked after child (LAC).

line with the known figure of 1.2% in 2025/26. After a period of stability between 2020 and 2024 the proportion of students reporting being care experienced has reduced in 2026.

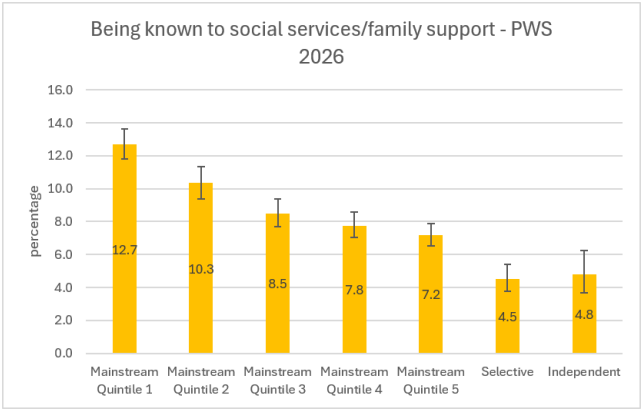


If a student reported being a CiC/used to be in care **or** having a social worker, they have been grouped as '*Known to social services/family support*'. In 2026 8.5% of students were *Known to social services/family support*. The analysis in this report uses this aggregation as well as specifying those who had a social worker, CiC and those who used to be in care separately where appropriate.

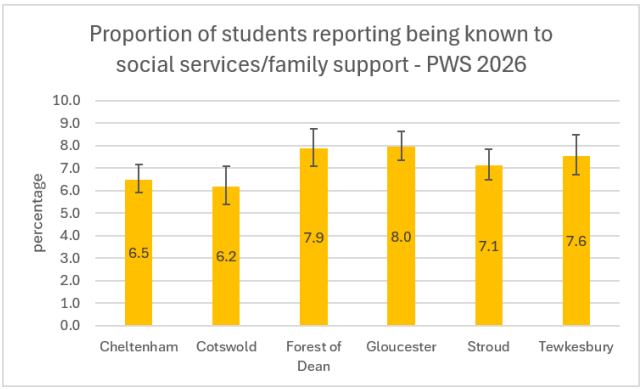
Students reporting they were care experienced were more likely to be biologically male than female, although not significantly. Students reporting they had a family social worker were slightly more likely to say they were female although, again not significantly. Students who were care experienced were most likely to be aged 11-15 years, the proportion of those with a family social worker aged 8-10 years was slightly higher than aged 11-15 years.

A higher proportion of students aged 8-10 years (9.0%) reported being *Known to social services/family support* than those aged over 11 (8.2%) although not significantly.

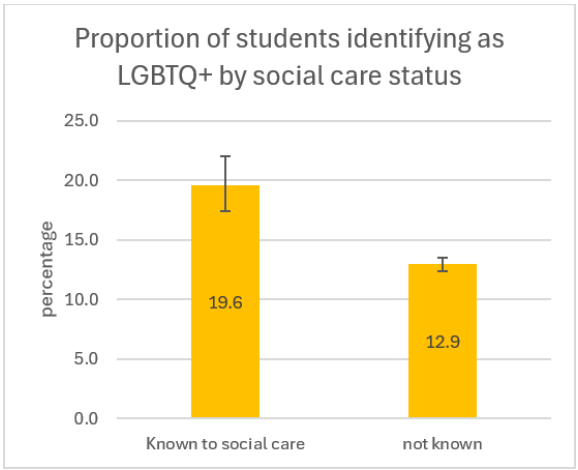
Students in special settings were the most likely to be *Known to social services/family support* (16.9%), followed by vocational and alternative settings (14.2%). Being *Known to social services/family support* appears to be linked to deprivation, students in quintile 1 settings (most deprived) were over twice as likely to be *Known to social services/family support* than those at selective and independent settings.



Students in settings in Gloucester and Forest of Dean districts were the most likely to report they were *Known to social services/family support*. This reflects known social care activity.



Students *Known to social services/family support* were significantly more likely to report being LGBTQ+ than those not known to social care.



Students from diverse ethnic communities were significantly more likely to report being known to social care/family support. This was driven particularly by students from black backgrounds (including mixed black backgrounds) and transient other white backgrounds (*Gypsy/Roma* and *Traveller of Irish background*). This matches operational data from social care.

Healthy living

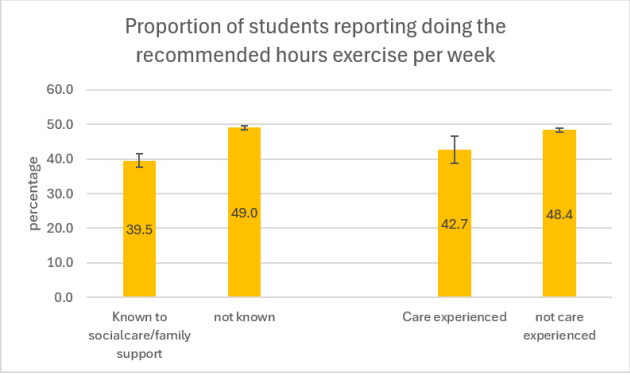
Students *Known to social services/family support* were significantly less likely than their counterparts when reporting eating '5 a day' portions of fruit and veg (25.0% vs. 27.5%).

Whilst there is no significant difference in reporting eating *snacks such as sweets, chocolate, biscuits and crisps* daily between students known to social care/family support and those not known to social care; care experienced students in isolation were significantly less likely to eat *snacks such as sweets, chocolate, biscuits and crisps* daily (46.8% vs. 51.8%) than those not known to social care.

Students *Known to social services/family support* were significantly more likely to report drinking *sugary drinks e.g. full sugar fizzy drinks, milkshakes, hot chocolate* daily than those not known to social care (21.6% vs. 14.6%).

1 in 13 care experienced students (7.5%) reported drinking energy drinks daily, higher than all students *Known to social services/family support* (6.5%) and significantly higher than those not known to social care (2.8%). Although this was an improvement on the previous survey when 1 in 8 care experienced students reporting drinking energy drinks daily.

Exercise participation levels in students *Known to social services/family support* is significantly lower than those not known to social care, 39.5% vs. 49.0%.



Health harming behaviours

Students *Known to social services/family support* were significantly more likely to report direct health harming behaviours than those not known to social care:

- 2 times more likely to smoke cigarettes regularly (weekly/daily) (*OR 2.3*)
- 2 times more likely to regularly vape (*OR 2.1*)
- 2 times more likely to use snus/nicotine pouches regularly (*OR 2.1*)
- Almost 2 times more likely to tried illegal drugs (*OR 1.7*)

Students *Known to social services/family support* were over 4 times as likely to report being in a gang than those not known to social care (*OR 4.4*).

Students *Known to social services/family support* were over 4 times more likely to say they had been in serious trouble with the Police (*OR 4.6*).

Students *Known to social services/family support* were almost 3 times as likely to report carrying a weapon (*OR 2.8*) and those who said they were care experienced were 3 times (*OR 3.2*) more likely than those not known to social care.

8.9% of students *Known to social services/family support* said they had *been encouraged, coerced or threatened to carry out crime for the benefit of others*. This was significantly higher than those not known (3.8%) and students *Known to social services/family support* were two and a half times more likely to report child criminal exploitation (*OR 2.4*). Students who were care leavers (16.7%) were the most likely to report they had *been encouraged, coerced or threatened to carry out crime for the benefit of others*.

1 in 10 students *Known to social care/family support* reported *an adult had ever taken advantage of an imbalance of power to coerce, manipulate or deceive them into sexual activity, online or in person*. The likelihood of a student *Known to social care/family support* experiencing child sexual exploitation was three times that of those not known (*OR 2.9*). Again, care leavers were the most likely to report child sexual exploitation (13.3%).

1 in 18 students said they regularly stayed out after 9pm without their parents knowing where they were. Students *Known to social care/family support* (11.2%) were significantly more likely to report staying out after 9pm without their parents knowing where they were.

1 in 3 (33.9%) students *Known to social services/family support* reported self-harm, significantly higher than those not known to social care (19.2%). Students who reported they used to be in care were more likely to report self-harm than those who were currently CiC (36.0% vs. 21.0%).

Students *Known to social services/family support* were more likely to report unhealthy sexual behaviour. They were significantly more likely to say they had Early Sexual Debut (ESD) (72.5% vs. 50.7%).

Where students had had sex, students *Known to social services/family support* were more likely to report they had not used protection the last time they had sex, compared to those not known to social care (19.6% vs. 16.7%) although not significantly. This was a reduction from the previous survey.

Accessing oral health services

Students *Known to social services/family support* were significantly less likely to brush their teeth daily (90.6% vs. 96.3%) than those not known to social care.

Those who used to be in care (88.1%) were the least likely to report doing their teeth at least daily. CiC were not significantly less likely to report doing their teeth daily than those not known to social care.

Students *Known to social services/family support* were significantly less likely to say they had been to the dentist in the last year than those not known to social care (70.1% vs. 77.0%). Students reporting they used to be in care were the least likely to have been to the dentist in the previous 12 months (65.3%).

Mental wellbeing

Significantly fewer students *Known to social services/family support* reported they were happy *Quite often/most days* (52.6%) compared to those not known to social care (67.3%).

Survey participants complete the Warwick and Edinburgh Mental Well-being scale (WEMWBS) an internationally used and respected measure of wellbeing. From this wellbeing can be categorised into low, average and high. Low Mental Wellbeing (LMW) has been aligned to NHS probable clinical depression diagnosis. Students *Known to social services/family support* were significantly more likely to report LMW than those not known to social care (35.8% vs. 22.1%). Those who used to be in care were the most likely to report LMW (40.0%).

Students *Known to social services/family support* were significantly less likely to report they had a trusted adult to turn to if they were worried about something than those not known to social care (87.7% vs. 93.1%). Students who reported they used to be in care were the least likely to report they had someone to turn to if they were worried (85.7%).

Accessing mental health support

Students *Known to social services/family support* were more than three times as likely to be receiving support from a professional at the time of the survey than those not known to social care (20.8% vs. 6.4%), and twice as likely to say they had ever had mental health support (42.1% vs. 20.9%).

Where they hadn't had support a quarter (25.4%) of students *Known to social services/family support*

said they felt they needed support. Students *Known to social services/family support* were more likely to say they didn't receive professional mental health support because; *Didn't know who to ask, Didn't want teachers/school to know, Still on waiting list, My appointment was cancelled*.

Sleep

Sleep is strongly correlated to mental wellbeing, the more sleep a student got the less likely they were to have LMW, plateauing around the recommended sleep mark. Less than half of students *Known to social services/family support* had the recommended hours sleep (46.0%), significantly lower than those not known to social care (56.4%). Students *Known to social services/family support* (12.0%) were significantly more likely *to* report they often woke up in the night because they were worried compared to those not known to social care (7.0%).

Screen-time

In the UK, the average media/screen usage of a teenager is estimated to be 6-7 hours per day[5]. The mean screentime in PWS 2026 was 4-6 hours for students at both secondary and post-16 phases and between 0-3 hours for primary phase students. Excessive media/screen time has been classified in the survey for students who report having 7+ hours of media/screen time per day.

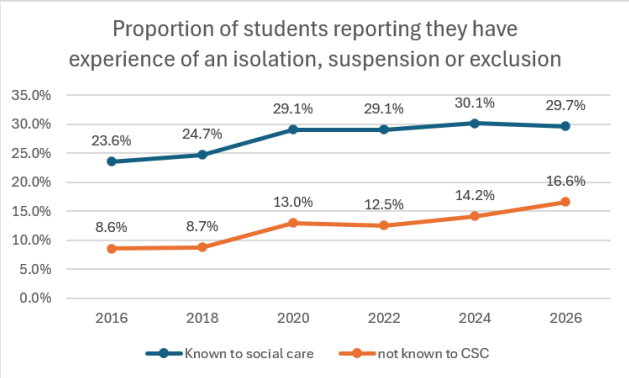
Excessive media/screen time is strongly correlated to sleep, wellbeing and self-harm behaviours. Students *Known to social services/family support* were significantly more likely to report excessive screentime than their peers who were not known to social care (37.4% vs. 25.2%).

Students *Known to social services/family support* were significantly more likely to report one of their top 3 online activities was *Posting my own social media* and *Gambling* than those not known to social care.

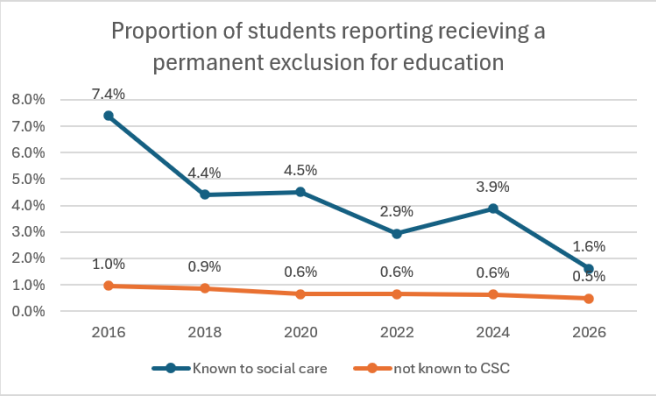
Research[6] suggests that heavy social media use and posting regret are associated with lower self-esteem among adolescents, and that younger teenage students could be more vulnerable than their older counterparts.

School life

The proportion of students *Known to social services/Family support* saying they had at least one isolation, suspension or exclusion was significantly higher than those not known to social care (22.5% vs. 11.4%). Reported isolation, suspension or exclusion rates rose for all students between 2018 and 2020 and have remained high.



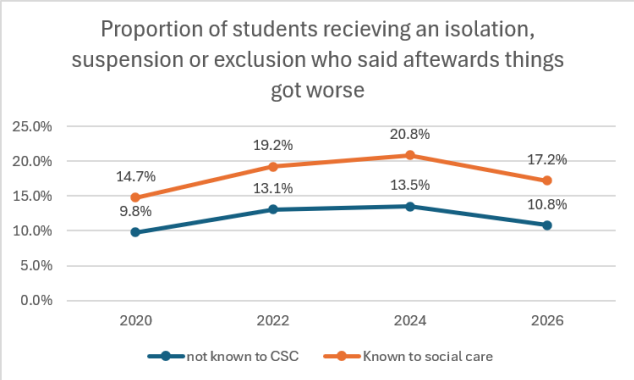
A third of CiC and those who used to be in care reported at least one isolation, suspension or exclusion (37.8%). Students *Known to social services/family support* were 3 times more likely to have a permanent exclusion than those not known to social care (1.6% vs. 0.5%) (*OR 3.4*).



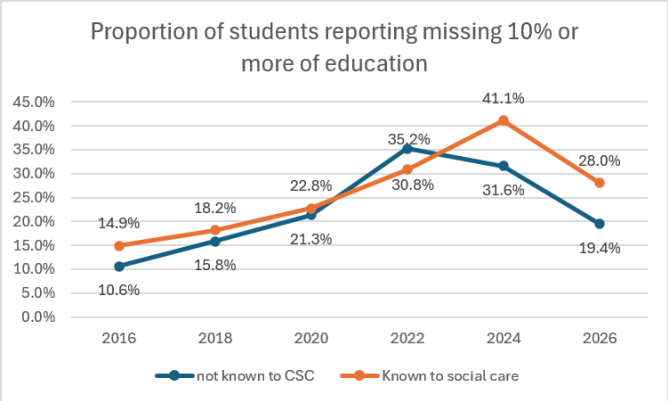
1 in 6 students *Known to social services/family support* who had at least one isolation, suspension or exclusion, reported *things got worse* after the isolation, suspension or exclusion; significantly higher than those not known to social care (10.8%).

[5] https://www.ofcom.org.uk/__data/assets/pdf_file/0025/217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf

[6] Heavy social media use and posting regret are associated with lower self-esteem among middle and high school students - PubMed (nih.gov)



Whilst overall students *Known to social services/family support* were significantly more likely to report being absent from education for more than 10% of expected days than their peers not known to social care (28.0% vs. 19.4%). There had been a continuous upwards trend in being absent from education for more than 10% of expected sessions in students *Known to social services/family support* between 2016 and 2024. Between 2024 and 2026 the proportion of students reporting missing 10% or more of education has reduced for all students regardless of social care experience.



Students *Known to social services/family support* were significantly less likely to say they got the help they needed from school than those not known to social care (76.4% vs. 81.5%). This was driven by those with care experience.

Students *Known to social services/family support* were significantly less likely to say; they enjoyed school (50.8% vs. 62.9%), they achieved top grades (36.6% vs. 47.1%); twice as likely to report being aggressive at school (12.0% vs. 4.9%) and twice as likely to say they were often in trouble (18.0% vs. 8.4%) than those not known to social care.

Relationships

Students *Known to social services/family support* were significantly more likely to say they found it difficult/very difficult to make and keep friends than those not known to social care.

Half of Students who were *Known to social services/Family support* said they lived with both parents (48.6%), significantly lower than those not known to social care (74.3%). Research[7] suggests living with a step-parent is a factor associated with a higher risk of child abuse. Although there is some emerging research[8] that suggests this may be linked to relative age of step-parents rather than lack of biological connection. Twice as many students *Known to social services/Family support* reported they lived with one parent than those not known to social care (23.2% vs. 11.2%).

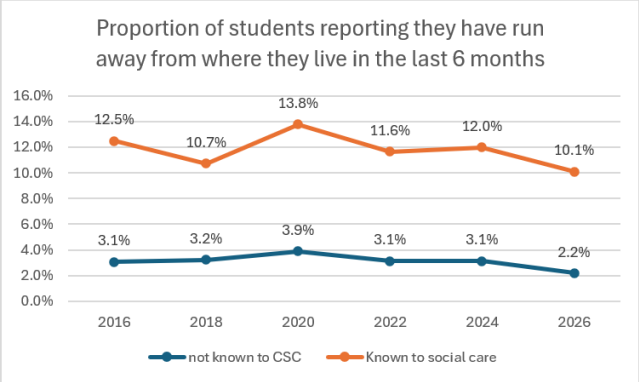
Students living in some residential settings were much more likely to report being *Known to social services/family support,* these included living in a residential special school and living with a resident who was not their parent (kinship care).

Residential setting	% known to CSC
I live with foster carers/ in a foster home	94.7%
I live with a relative who is not my parent	51.1%
I live with friends	45.5%
I live in a residential special school	35.3%
I live in a children's home	24.6%
I live somewhere else	20.2%
I live with one of my parents	16.1%

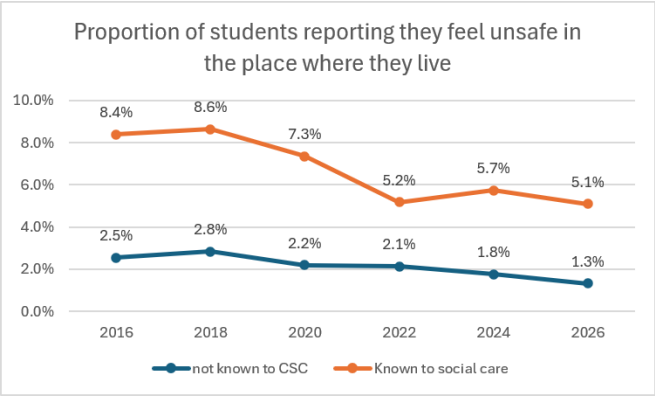
[7] https://pubmed.ncbi.nlm.nih.gov/19657136/

[8] https://www.uea.ac.uk/about/news/article/stepfathers-cinderella-effect-challenged-by-new-study

Students *Known to social services/family support* were almost 5 times more likely to say they had run away from home in the past 6 months than those not known to social care.



The proportion of students *Known to social services/family support* reporting they feel unsafe/very unsafe at home or the place where they live had been reducing since 2016 but rose between 2022 and 2024. Students who used to be in care were the most likely to report they felt unsafe at home or the place where they live (8.1%).



Just under half of students *Known to social services/family support* reported they had witnessed domestic abuse (42.3%) vs. 1 in 5 of those not known to social care. 1 in 3 pupils *Known to social services/Family support* reported ever being a victim of domestic abuse compared to 1 in 7 of those not known to social care.

Conclusion

Overall, the 2026 Pupil Wellbeing Survey continues to show that students *Known to social services/family support* experience poorer outcomes across a wide range of health, wellbeing, school and relationship measures than their peers who are not known to social care. Although there have been some improvements since previous surveys, including reductions in the proportion reporting daily energy drink consumption and high levels of absence, inequalities remain consistent and in many areas are substantial. The findings suggest that social care involvement is strongly associated with wider disadvantage and exposure to risk, rather than being linked to a single domain of wellbeing.

The trend data indicates a mixed picture. Some measures have improved from earlier survey waves, particularly where the 2026 findings show reductions following increases during or after the pandemic period. However, this improvement has not removed the gap between students known to social care/family support and those not known. In areas such as mental wellbeing, self-harm, sleep, health harming behaviours, school exclusion, absence from education, and feeling safe at home, students known to social care/family support remain significantly more likely to report poorer outcomes. This suggests that, even where overall indicators move in a positive direction, progress may not be distributed equally across all groups of children and young people.

The inequalities identified in this analysis are particularly important because they mirror wider patterns of deprivation and vulnerability. Students in the most deprived setting quintile, special settings, vocational and alternative settings, and some geographic areas were more likely to be known to social care/family support. Students from some diverse ethnic communities and those identifying as LGBTQ+ were also significantly more likely to report social care involvement. These patterns reinforce the need to understand social care involvement within the broader context of social determinants of health, structural inequalities and access to early support. The findings highlight the importance of preventative,

trauma-informed and joined-up approaches which address not only presenting needs, but also the wider conditions that shape children and young people's health, safety, education and relationships.