



# Health harming behaviours

## in Children and Young People

Gloucestershire County Council

Pupil  
Wellbeing  
Survey  
2024

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## Introduction

Adverse behaviours and lifestyle factors, specifically smoking, alcohol and drug use, poor diet and reduced exercise, are key risk factors for non-communicable disease development. These behaviours, often initiated and entrenched in childhood and adolescence, continue into adulthood, and increase the burden of disease. It is estimated that approximately 70% of premature deaths occurring during adulthood are the result of health-related behaviours that are initiated in childhood and adolescence. Non-communicable disease such as cardiovascular disease, asthma, and certain types of cancers can all be linked to behaviours initiated in adolescence.

## 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. Children and young people participate in years 4, 5 and 6 in Primary schools; years 8 and 10 in Secondary schools; and year 12 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 57.2% of pupils in participating year groups in 2024. The PWS asks a wide variety of questions about children's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2024 PWS was undertaken between January and April 2024.

### 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 children and young people attending educational establishments in Gloucestershire are residents in the county. It is therefore important to remember this analysis is based on the pupil population not the resident population.

Gloucestershire is a grammar authority, has a number of notable independent schools and several mainstream schools very close to the county's boundary these all attract young people from out of county. This results in the school population (particularly at secondary phase) having 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 minority ethnic groups however 21.0% of Gloucestershire's school population were pupils from minority ethnic groups in January 2024 and 21.7% of the PWS cohort were pupils from minority ethnic groups in the 2024 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 numbers of pupil take up (for example low numbers completing the survey in Tewkesbury at FE level), where FE provision is situated also impacts the survey as older students travel further to access FE provision.

Many other local authorities do a version of a Pupil Survey and where possible comparisons to Gloucestershire have been given. It is important to note that not all published surveys have comparable questions, and of those that are published sometimes only certain information is given which might be difficult to compare with Gloucestershire values. Surveys are often undertaken in different years to Gloucestershire, so they have been grouped to represent pre and post covid years. Survey cohorts vary in size dramatically in each LA, unfortunately base values aren't given so significance testing isn't possible.

### Analysis of deprivation

Schools can be categorised into statistical neighbour groups which cluster schools with pupils of a similar social profile within the same type of school (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 pupils. The IMD is based on the home postcode of pupils (collected in the school census). This is aggregated to give an overall IMD score for the school, reflecting the deprivation levels experienced by pupils. The schools 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 and alternative schools are compared to all other schools of this type in the same phase without reference to the IMD.



## Direct behaviours that harm health

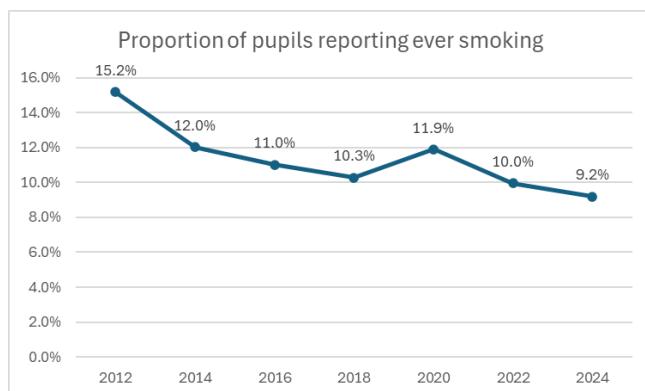
### Cigarettes

In 2024, 9 in 10 pupils said they had never smoked and 95.9% said they had *never smoked/tried once or twice*. This was significantly higher than in 2012 when only 89.0% of pupils said they had *never smoked/tried once or twice*.



The current proportion of comparable-age pupils who do not smoke (*never smoked/tried once or twice*) in Gloucestershire is lower than the latest available national figure (95.9% in Gloucestershire versus 96.9% in England)<sup>1</sup>, although it has improved since the last survey.

The proportion of pupils that had ever tried smoking has been declining over the last 10 years from 15.2% in 2012 to 9.2% in 2024 (2,264).

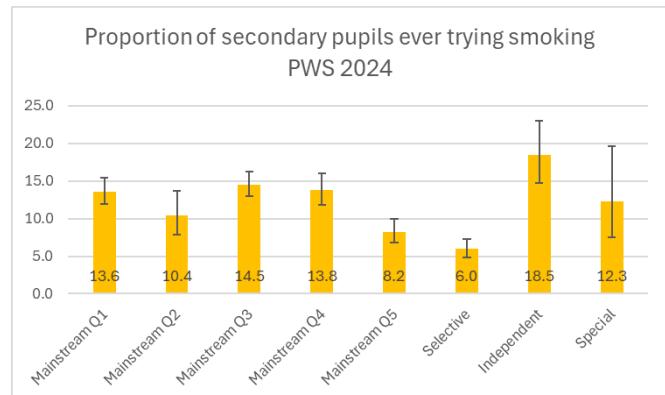


It is clear that the initiation of smoking increases as pupils age. In 2024, 96.5% of primary age pupils had never smoked (there is no significant difference between year groups) compared to; 93.1% in Y8, 82.6% in Y10 and 66.8% in Y12.

Whilst there is a visible decline in the number of pupils trying smoking, there is no significant difference in the proportion of pupils trying smoking between pupils at IMD quintiles 1-5 schools.

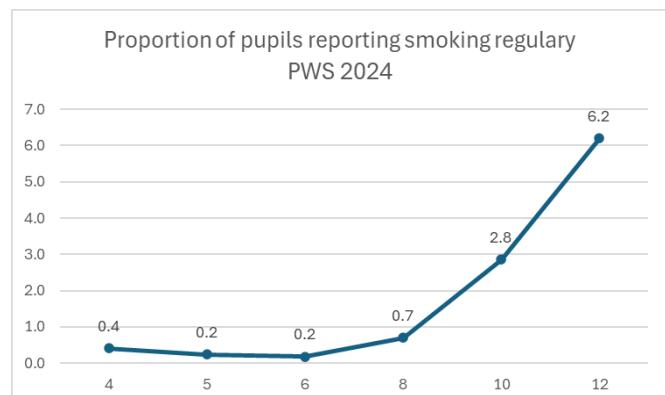
However, there is a significant difference, between

with the proportion of pupils trying smoking being significantly lower at selective schools (6.0%) compared to mainstream schools. The proportion of pupils who reported they had tried smoking was highest at Independent schools (18.5%) who are likely to be the most affluent pupils.



Thankfully, the proportion of pupils smoking regularly<sup>2</sup> has also been declining, from 4.9% of pupils in 2012 to 1.5% in 2024 (370).

Regularly smoking increases significantly during the teenage years, but particularly in Y10 and Y12. However, the proportion has decreased since 2022 from 4.2% to 2.8% in Y8 and 10.7% to 6.2% in Y12.

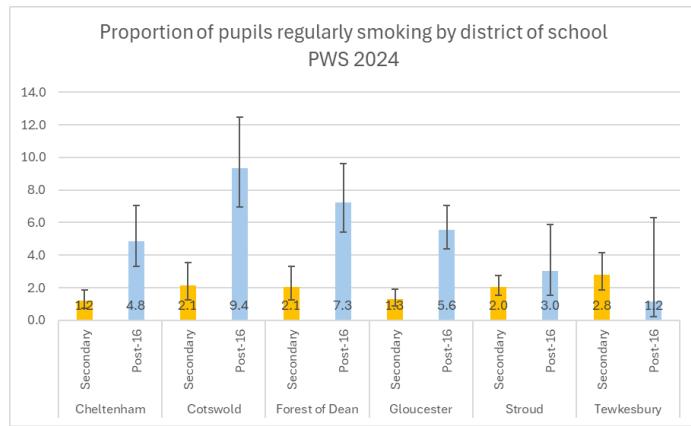


There doesn't appear to be any significant difference in the proportion of male and female pupils regularly smoking. Although slightly higher there is no significant difference in the proportion of pupils from minority ethnic groups regularly smoking to their White British peers (1.8% vs. 1.5%). There are however, some ethnic groups that do have a significantly higher proportion of pupils reporting regular smoking; Gypsy/Roma (12.6%), Traveller of Irish heritage (7.3%), Bangladeshi (3.8%) and White Eastern European (2.9%).

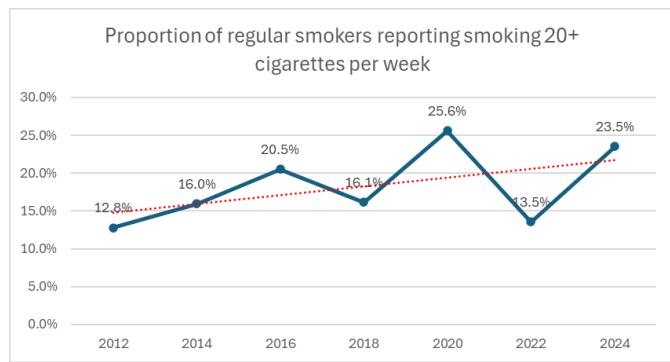
<sup>1</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>2</sup> Quite Often (Weekly)/Most days

Although there was no significant difference in the proportion of pupils reporting regularly smoking by district at the secondary phase, the rates were highest at schools in Tewkesbury. At the Post-16 phase pupils in Cotswold were the most likely to report regular smoking, with a rate that was significantly higher than pupils in all districts except Forest of Dean.



Among pupils who reported regularly smoking, 23.5% said they smoked 20+ cigarettes per week. This is a significantly higher than in 2022, but in line with the 2020 pre-covid rate.



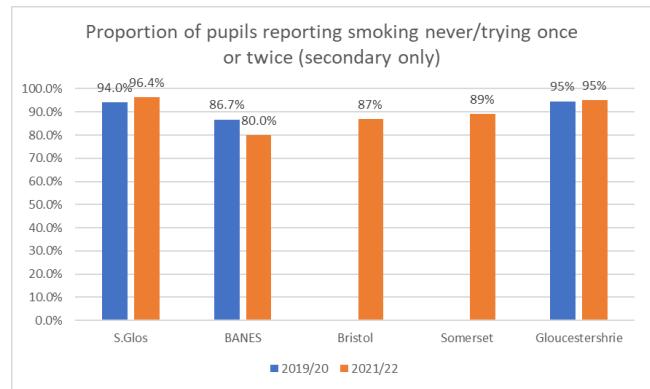
Pupils were asked how long ago they started smoking - 40.1% of regular smokers reported they had started smoking in the previous 12 months. It is interesting to note, that pupils in Y8 were more likely to say they had taken up smoking in the previous year than any other year group, this was the same in 2022 and 2020.

The proportion of regular smokers who said they wanted to stop smoking has been declining since 2018 and was significantly lower in 2024 (22.7%) than in 2022 (33.9%).

### Benchmarking smoking

It appears the proportion of pupils reporting not smoking (*Never/Tried once or twice*) in

Gloucestershire is slightly higher than in most of the available comparator authorities.



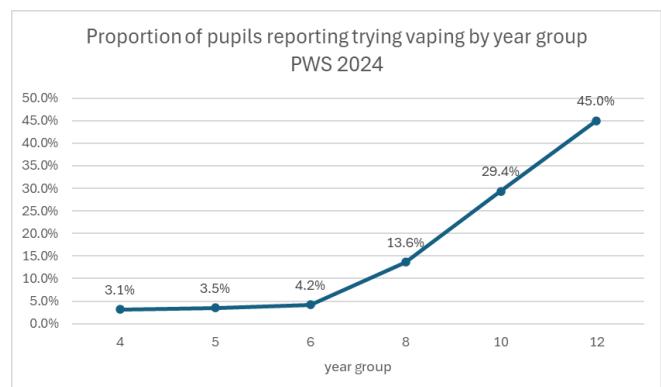
### Vaping

In 2024 84.3% of pupils reported they had never vaped (used e-cigarettes), this was a slight increase on the proportion from 2022 (82.3%). 92.4% of pupils reported they had never vaped or had only tried it once or twice. This figure was in line with 2022 (91.2%).

In 2016 (when questions about vaping were introduced) 1 in 10 pupils said they had ever vaped. By 2022 this had increased to 1 in 7 (3,589).

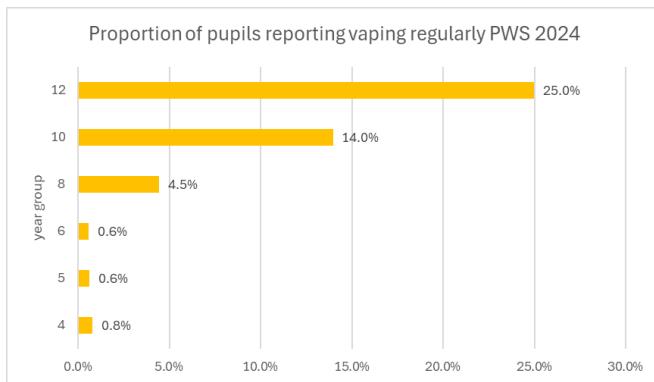
The latest national data available for comparison is from 2021 for pupils in Years 7 to 11. The proportion of comparable-age pupils who do not vape<sup>3</sup> in Gloucestershire currently is lower than the national value from 2021 (90.3% in Gloucestershire versus 91.4% in England) although it has improved since 2022.

As with cigarettes the proportion of pupils reporting they have tried vaping increases with age and is highest in Y12 where just under half of pupils (45.0%) said they had tried vaping. This is significantly higher than the proportion that have tried cigarettes in Y12 (32.5%).



<sup>3</sup> Have never vaped or only tried once or twice

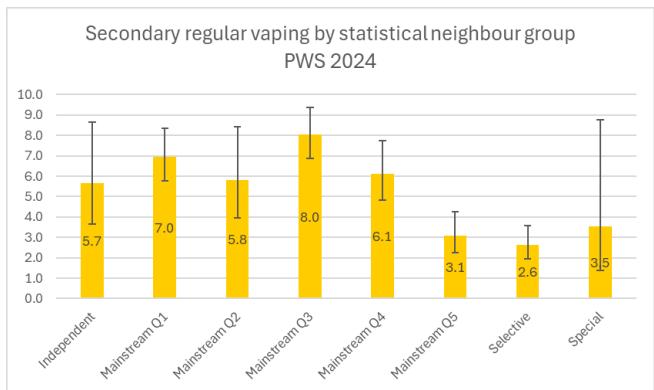
6.5% of pupils said they vaped regularly (1,593), this varied from 0.5% in Y5 and Y6 pupils to 25.0% of Y12 pupils.



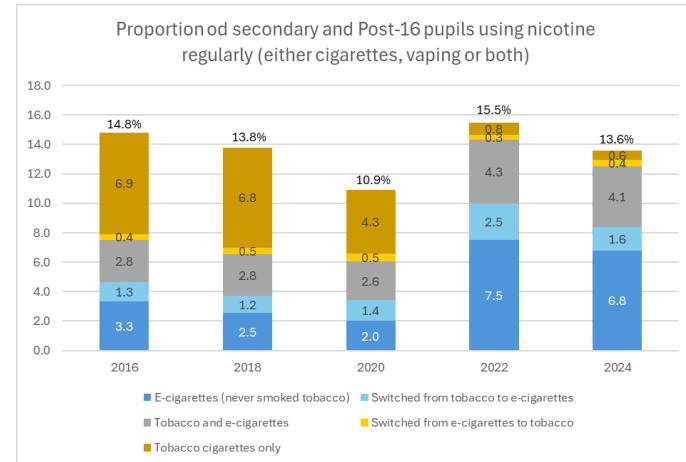
Females were significantly more likely to have ever tried vaping and to report vaping regularly (15.1% and 4.4%) than males (13.0% and 3.3%).

Understanding the association between regular vaping and deprivation is challenging, as there is no clear link, unlike with smoking.

Although, pupils in selective schools and those in quintile 5 schools (least deprived) had the lowest rate of regular vaping.



Pupils with a history of regular smoking or vaping (1,723 in 2024), were asked how these habits had developed. In 2016, 42.7% of respondents said *I only smoke tobacco-based cigarettes*; but by 2024 this had reduced significantly to only 4.8% of respondents. In contrast the proportion of respondents reporting *I vape (use e-cigarettes)* and *I have never smoked tobacco-based cigarettes* has risen from 25.2% of respondents in 2016 to 46.0% of respondents in 2024. This suggests a growing vaping culture.

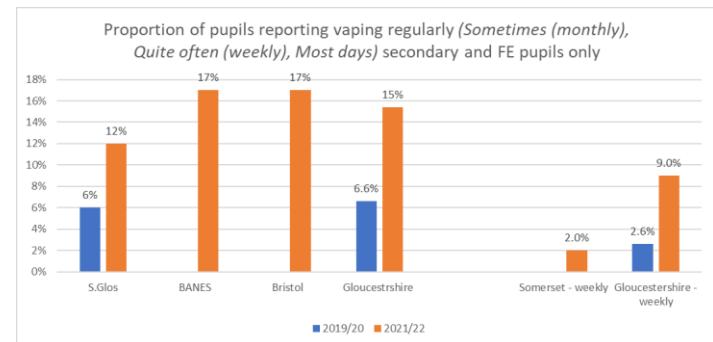


In 2024 a further 27.0% said they smoked cigarettes and vaped, which is also an increase since 2016. A small proportion of pupils (11.1%) report transitioning from smoking cigarettes to vaping. Whilst official NHS guidance<sup>4</sup> suggests the use of vaping for adults as an aid to smoking cessation, sale of vaping products to under 18-year-olds is illegal in the UK.

Education programmes supporting smoking cessation are perceived as useful, with the proportion of pupils reporting it was helpful to learn about smoking in school increasing from 69.5% in 2012 to 81.7% in 2024.

### Benchmarking Vaping

Comparator authorities also observed a significant increase in the proportion of pupils reporting vaping regularly from pre to post pandemic.



### Alcohol

Drinking alcohol at any age can lead to health problems but this is especially true in children and young people, the [NHS states](#):

*“Children and young people are advised not to drink alcohol before the age of 18.*

<sup>4</sup> <https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/>

*Alcohol use during the teenage years is related to a wide range of health and social problems...*

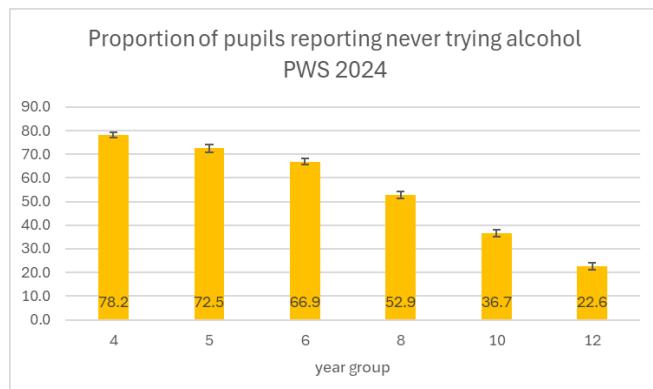
*... Drinking alcohol can damage a child's health, even if they're 15 or older. It can affect the normal development of vital organs and functions, including the brain, liver, bones and hormones.*

*Beginning to drink before age 14 is associated with increased health risks, including alcohol-related injuries, involvement in violence, and suicidal thoughts and attempts.*

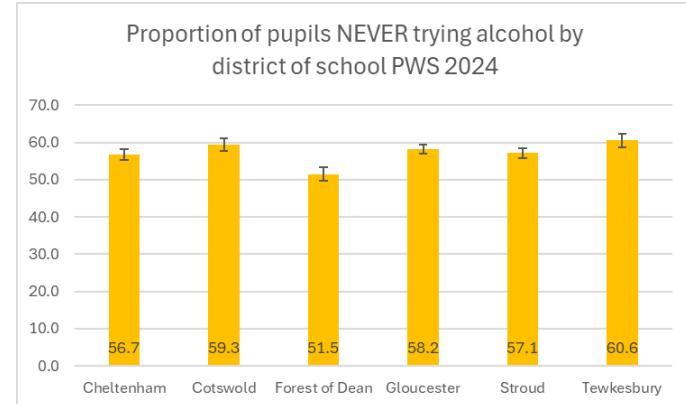
*Drinking at an early age is also associated with risky behaviour, such as violence, having more sexual partners, pregnancy, using drugs, employment problems and drink driving.”*

The proportion of pupils saying they have never had alcohol has increased from 44.8% in 2012 to 57.3% in 2024.

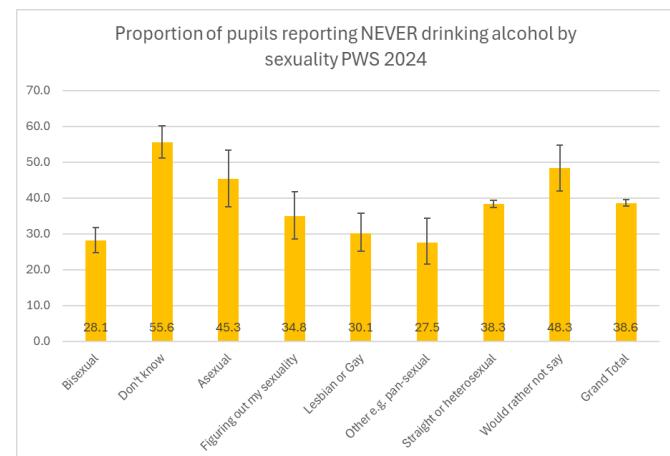
The proportion of pupils reporting they have never had alcohol reduces as pupils age, this has been observed since 2012. The increase in pupils reporting they have never had alcohol is seen across all year groups.



Pupils at schools in the Forest of Dean district were significantly less likely to say they had never had alcohol than all other districts.



In secondary and FE phases pupils are asked about their sexuality and gender identity. Pupils identifying as bisexual, lesbian/ gay and other sexuality e.g. pansexual were significantly less likely to report never drinking alcohol than heterosexual pupils, pupils reporting 'don't know' sexuality or 'rather not say' were significantly more likely to say they had never drunk alcohol than heterosexual pupils all other sexualities were in line.



There was no significant difference between pupils with different gender identities when looking at reporting never drinking alcohol.

Pupils from some vulnerable groups were less likely to say they had never drunk alcohol than their comparative less-vulnerable peers; those with a disability, those with special educational needs (SEN/EHCP), LGBTQ+ students, those with Low Mental Wellbeing (LMW)<sup>5</sup> and young carers were all less likely to say they had never drunk alcohol.

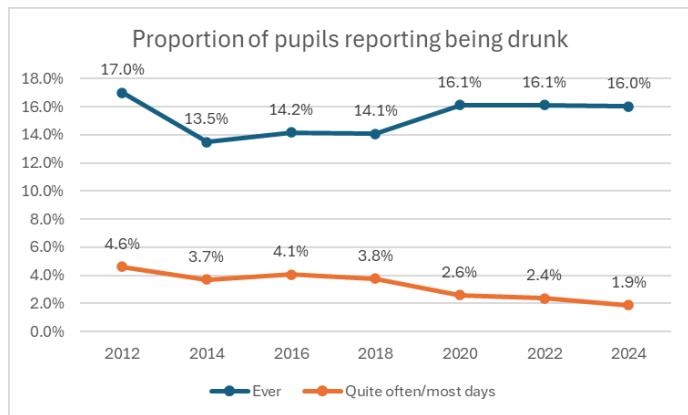
#### *Excessive alcohol consumption*

In 2024 41.9% (n=10,309) pupils said they had tried alcohol (aged 8 to 25), but this ranges from 20.2% in Y4 to 76.6% in Y12.

<sup>5</sup> As categorised using WEMWBS scores – in line with probable clinical depression

In 2024 around 1 in 6 of all pupils reported ever being drunk and 1.9% reported frequently being drunk (*Quite often (weekly)/most days*) which is likely to lead to more risk taking and potentially antisocial behaviours. There was a sustained reduction in the proportion of pupils reporting ever being drunk between 2014 and 2018 however since 2020 this has returned to levels last seen in 2012.

In contrast the proportion of pupils reporting they are drunk regularly has been reducing slowly during the period from 4.6% in 2012 to 1.9% in 2024.

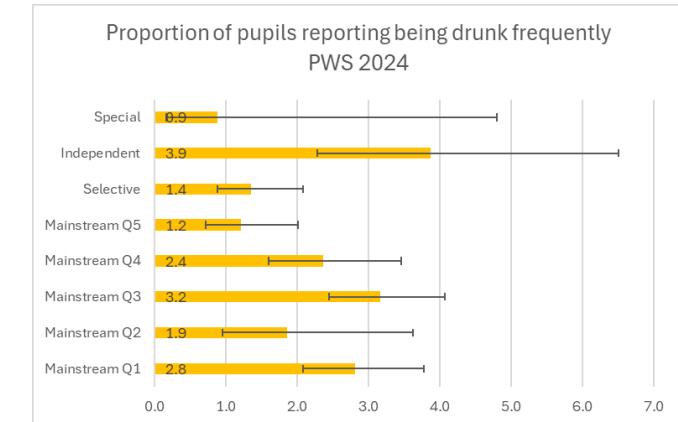


There was no difference in being frequently drunk between the sexes. The proportion of pupils reporting being drunk frequently increases with age, most notably between the ages of 14 and 17, over the age of 18 around 1 in 10 YP report being drunk frequently.



During the primary phase there is very little difference in the proportion of pupils reporting they are drunk frequently by statistical neighbour group; in the secondary phase a pattern begins to emerge.

Pupils in schools where the majority of pupils live in IMD quintile 5 (least deprived) are significantly less likely to say they are drunk regularly than pupils at schools where the majority of pupils live in quintile 1 (most deprived). It's important to note this is counter to the finding in 2022.



It is interesting to note pupils at selective (who often come from more affluent backgrounds) and IMD quintile 5 schools are significantly less likely to report being regularly drunk than those in independent schools.

This trend is counter to that in Post 16 phase where pupils at schools where the majority of pupils lived in IMD quintile 4 or 5 (least deprived) were more likely to report being drunk regularly than IMD quintile 1 schools. This is likely to be associated with access to means - this group is more likely to have access to money to buy alcohol.

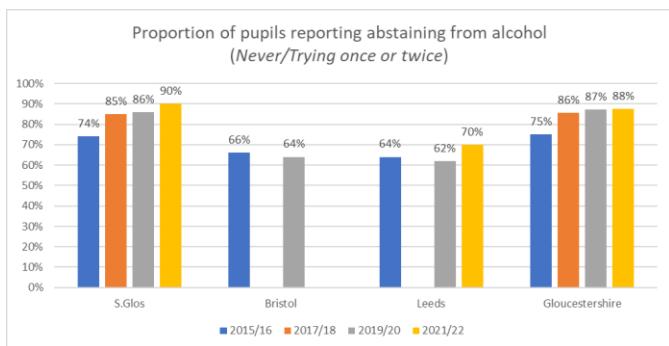
Secondary pupils at independent schools were the most likely to report accessing alcohol from a *supermarket or pub/club*, even though they are under the legal age to buy alcohol. Secondary pupils from quintile 2 schools were most likely to report they accessed alcohol from *home without their parent's permission*.

Secondary pupils at schools where the majority of pupils lived in IMD quintile 4 areas were the most likely to say the accessed alcohol *at home with their parent's permission* (72.3%) and those at independent schools were the least likely (54.1%).

At every age and statistical neighbour group pupils were most likely to report they got alcohol *from home with their parents' permission*. Pupils in Y10 are the most likely to report they get alcohol *from friends or from home without their parent's permission*.

#### *Benchmarking alcohol consumption*

In terms of abstaining from alcohol, it appears Gloucestershire is in line with the other rural authority comparator but is higher than the two urban comparator authorities.



## Drugs

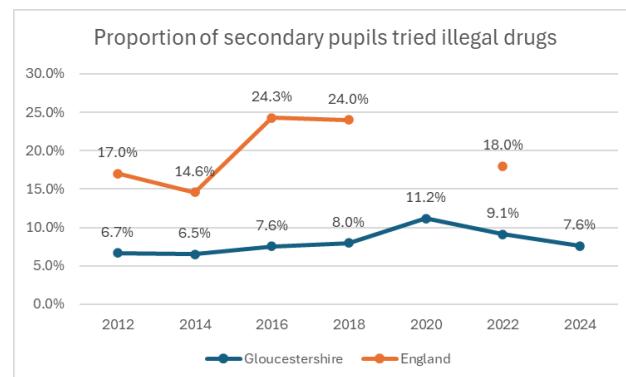
Just under a quarter (23.6%) of young people (in Y8 and above) had ever been offered drugs<sup>6</sup>. This has been reducing since 2018 when it peaked at 31.7% and is now in line with the 2012 figure. Cannabis was cited as being the drug most often offered to young people (21.5%) and had reduced in 2024 from the previous two surveys. Since 2016 the proportion of young people reporting being offered legal highs and prescription drugs (not prescribed to them e.g., Ritalin, Valium, Xanax) has been reducing steadily.

The latest published national report on young people's drug usage in England<sup>7</sup> reported

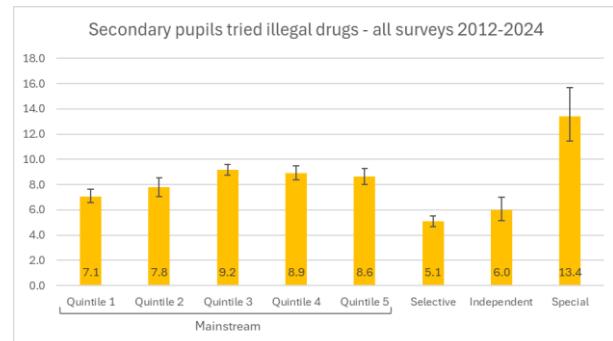
*"(There has been a) ...fall in prevalence of lifetime and recent illicit drug use. 18% of pupils reported they had ever taken drugs (24% in 2018), 12% had taken drugs in the last year (17% in 2018), and 6% in the last month (9% in 2018).".*

In Gloucestershire 12.0% of pupils reported ever trying drugs, a reduction on the previous survey; again, Cannabis was the drug they had most likely to have tried (11.6%).

In secondary pupils 7.6% of pupils reported trying illegal drugs, this (and all other recorded years) is below the corresponding England aged 11-15 proportions (from 2021) and reverses the previous increasing trend observed between 2014 and 2020.

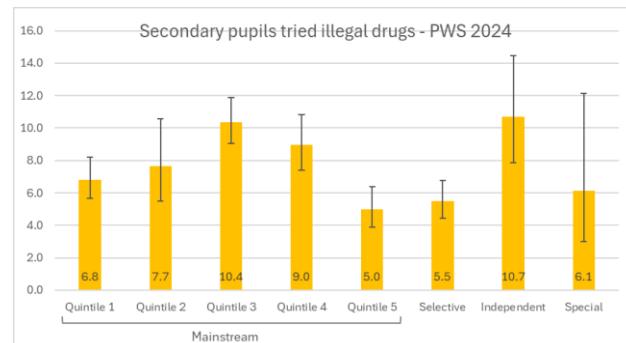


When looking across all survey years between 2012 and 2024 it is clear the proportion of young people in mainstream secondary schools reporting having tried drugs was highest in less deprived schools and lowest in more deprived schools. As with alcohol consumption this is likely to be linked to access to means, although pupils in selective and independent schools were significantly less likely to have tried drugs than all mainstream school groups.



Pupils in special schools (this includes alternative provision, hospital education and SEN special schools) were consistently the most likely to say they had tried drugs.

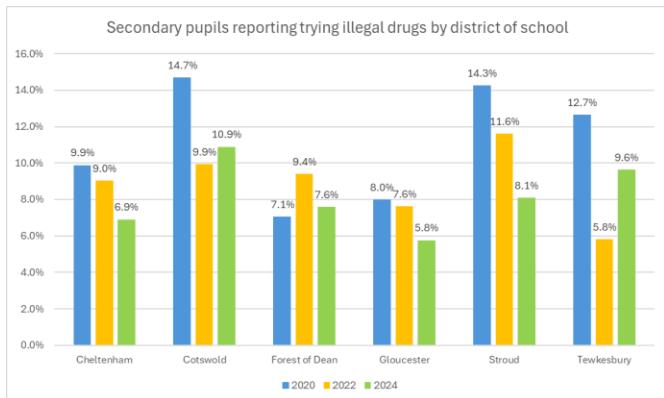
When looking at the responses from secondary pupils in the 2024 survey in isolation, a similar trend is observed between trying drugs and affluence, although it is not as clear.



<sup>6</sup> YP were asked about the following drugs in 2022: Cannabis, Legal Highs, Prescription drugs, Synthetic Cannabinoids, Ecstasy and Cocaine.

<sup>7</sup> [Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS England Digital](#)

When broken down by district; pupils at secondary schools in Cotswold district, reported the highest level of drug use in 2024. Whilst there has been a decrease since the peak in 2020 across the districts - all districts have seen an increase in drug use since 2012.



Most districts saw a decrease in trying illegal drugs between 2022 and 2024, except Cotswold and Tewkesbury districts.



The majority of pupils who had tried drugs had tried cannabis (96.4% of drug users, 11.6% of all pupils)

Reported drugs tried - pupils in secondary and FE education PWS 2024	% of drug users	% of all pupils
Cannabis	96.4%	11.6%
Synthetic cannabinoids	13.5%	1.6%
New psychoactive substances	11.0%	1.3%
Ritalin, Valium, Xanax, Amphetamines etc.	19.7%	2.4%
Cocaine	18.6%	2.2%
Ecstasy	13.2%	1.6%

Whilst the overall proportion of pupils using Synthetic cannabinoids has not changed the proportion of users taking it regularly has decreased significantly since 2022. Regular usage of cannabis has been reducing since 2014 but has been stable since 2020. The proportion of users regularly taking cocaine has halved since 2022 (5.7% vs. 10.1%).

In 2012 males were significantly more likely to have tried drugs than females (13.9% vs. 10.6%),

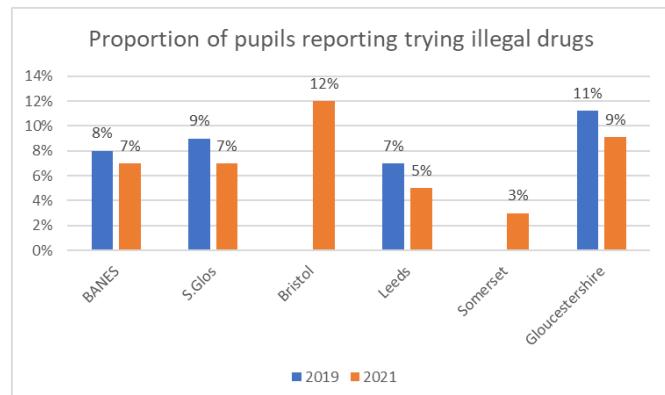
however by 2024 this had changed, females were slightly more likely to report trying drugs (male 11.8% vs. female 12.0%) although there was no significant difference between the sexes.

There was no significant difference in drug usage between white British and pupils from minority ethnic groups, however, at a more granular level pupils from a *Gypsy/Roma background*, *White and Black Caribbean mixed background* were significantly more likely to report trying drugs than white British pupils. Pupils from *Chinese*, *Black African* and *Indian* backgrounds were significantly less likely to report trying drugs than white British pupils.

Pupils from vulnerable groups were significantly more likely to have taken illegal drugs than their less vulnerable peers. Pupils known to children's social care (CSC) were the most likely to have tried drugs and were twice as likely to have tried drugs vs. those not known to CSC.

#### Benchmarking drug use

It appears the proportion of pupils reporting trying drugs in Gloucestershire is slightly higher than many of the comparator authorities (secondary pupils only shown for Gloucestershire to align with other surveys). Where given, drug use appears to have reduced across all authorities during the pandemic period.



## Antisocial behaviours that harm health

Many factors can influence a child's behaviour including:

- family relationships
- changes to family circumstances
- an event that has occurred in the community
- limited social experiences
- cultural expectations, experiences and child rearing practices
- exposure to drugs, alcohol
- the child's emotional development
- the child's neuro-development

These behaviours can indirectly impact a child's health by impacting their engagement in health promoting and health harming behaviours.

### Behaviour regulation issues

When children have difficulties with regulating behaviour, they might also have difficulties with peer rejection and social isolation which in turn can influence their mental wellbeing and engagement in other health harming behaviours. Pupils who have difficulties regulating behaviour can also have poor academic outcomes as they are often in a negative state that is not conducive to learning.

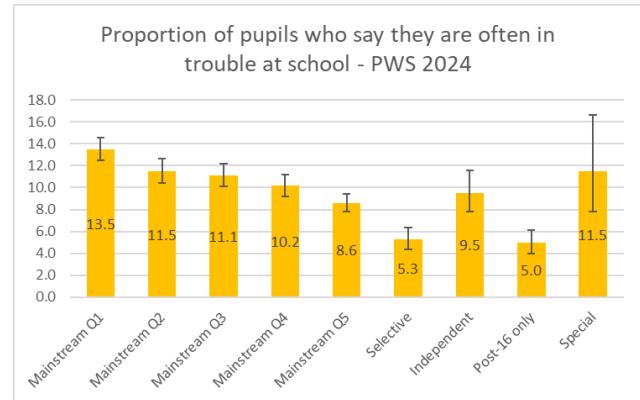
The proportion of pupils reporting they would like more support in *Anger management* in 2024 (12.6%) has increased since 2012 (11.3%). This increase is almost entirely due to an increase in primary age pupils reporting they would like more support in *Anger management* and equated to 1 in 7 pupils in this phase.

The proportion of pupils reporting they are *often in trouble* appears in line between 2014 and 2024 (10.3% to 10.0%) although there has been slight fluctuations. Pupils in Y4 and Y8 are the most likely to report often being in trouble. Pupils with low mental wellbeing (LMW) were significantly more likely to report often being in trouble (13.6%) than those with average/high mental wellbeing (A/HMW) (8.9%). In 2024 pupils from minority ethnicity backgrounds (10.9%) were significantly more likely to say they were *often in trouble* than their white British peers (9.6%), this is a change to 2022 when there was no significant difference observed.

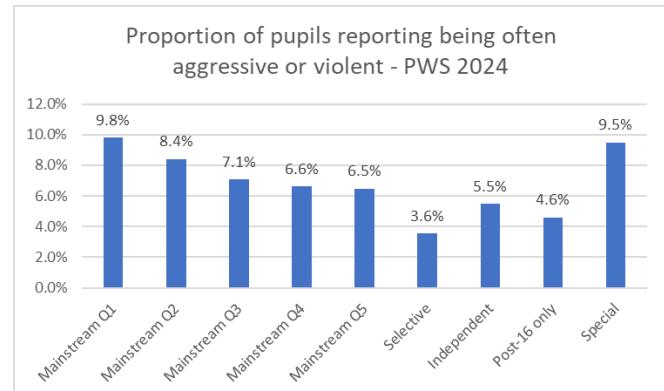
Pupils from a Gypsy/Roma background were the most likely to report being *often in trouble* (21.1%),

followed by Black Caribbean (19.8%), Mixed – white & Black Caribbean (16.6%) and Black African (13.1%) pupils. Chinese pupils were the least likely to report being often in trouble (4.7%).

Pupils in special schools were the most likely to report being *often in trouble* (11.5%) and those in selective schools were the least likely (5.3%). Being in trouble appears to be linked to deprivation, with the proportion reducing as deprivation decreases.

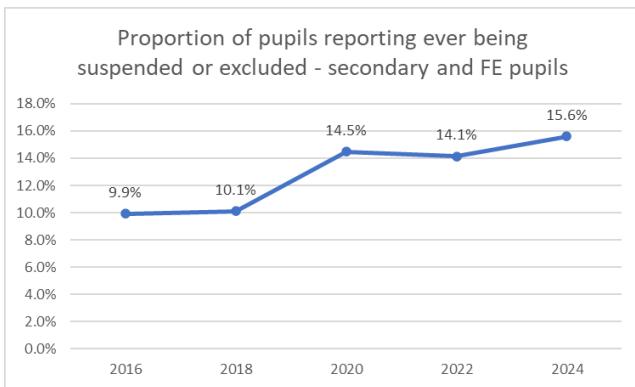


The proportion of pupils reporting they are *often aggressive or violent* has also been reducing since the question was first asked in 2016 from 10.1% to 7.1%. This reduction is mainly influenced by a reduction in older pupils reporting they are *often aggressive or violent*, in Y10 and Y12 the proportion halved in the period. Again, being *often aggressive or violent* appears to be linked to deprivation with the highest levels in mainstream schools in IMD quintile 1 (9.8%) and the lowest levels in pupils at selective schools (3.6%). Pupils with LMW were almost twice as likely to report being *often aggressive or violent* (10.6%) than those with A/HMW (6.0%).



### Exclusion and non-attendance

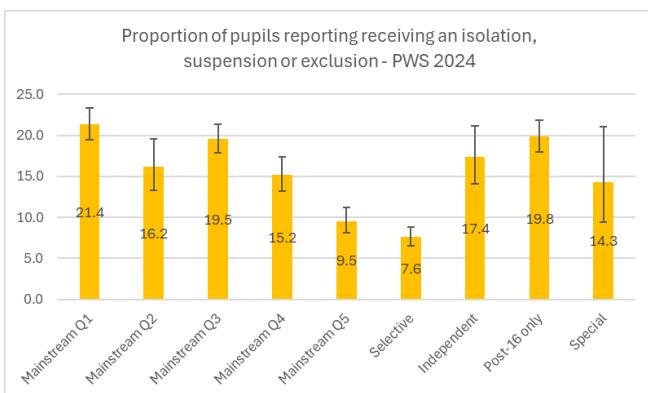
In 2024 15.6% of pupils reported having at least one internal isolation, suspension or exclusion, this has been increasing since 2016.



By separating pupils into the most serious reported sanction, it shows 9.5% of all pupils had received no higher than a period of isolation in school, 5.1% had received no higher than a suspension and 0.9% had experienced a permanent exclusion.

Male pupils (19.2%) were overall significantly more likely to report receiving an isolation, suspension or exclusion than female pupils (11.2%). They were also almost twice as likely to report receiving an isolation (12.0% vs. 6.8%), or suspension (6.1% vs. 3.7%). There was no significant difference between the sexes however in terms of the proportion reporting receiving a permanent exclusion (1.1% vs. 0.6%) although numbers are small.

Experience of an isolation, suspension or exclusion appears to be linked to deprivation. In mainstream schools isolation, suspension or exclusion appears to reduce as deprivation decreases with pupils in quintile 5 schools and selective schools having the lowest reported level of isolation, suspension or exclusion.



Pupils in quintile 1 schools (most deprived) were the most likely to have had an isolation, suspension or exclusion. This pattern was observed regardless of the level of sanction; isolation, suspension or exclusion.

A significantly higher proportion of pupils from the following groups reported receiving an isolation, suspension or exclusion:

- Those bullied regularly (27.8%)
- Those known to social care (30.1%)
- Those with a disability (24.5%)
- Those receiving SEN support (23.8%)
- Young carers (24.9%)
- Those eligible for free school meals (FSM) (25.4%)
- Those with low mental wellbeing (19.5%)

Compared to pupils with no isolation, suspension or exclusion history pupils who had received an isolation, suspension or exclusion are:

#### More likely to engage in risky behaviours

- 9.5 times more likely to be in trouble with the police
- 1.2 times more likely to have early sexual debut (under 16 yrs)
- 1.7 times more likely to self-harm
- 4.2 times more likely to perpetrate violence

#### More likely to engage in health harming behaviours

- 2.5 times more likely to drink alcohol regularly
- 4.5 times more likely to smoke cigarettes regularly
- 3.4 times more likely to use drugs

#### More likely to disengage from education

- 1.7 times more likely to have frequent school absence (authorised or unauthorised)
- 1.8 times more likely to report not achieving

50.1% of pupils who had received an isolation, suspension or exclusion said they were not listened to in the process and did not have a say in what happened afterwards.

1 in 6 pupils who had received an isolation, suspension or exclusion said if there is an incident or issue at school pupils weren't listened to or involved in making it right compared to 1 in 4 children who had no isolation, suspension or exclusion history. There was no significant different between those who received an isolation (16.1%), suspension (15.0%) or exclusion (24.8%).

When pupils had received an isolation, suspension or exclusion, they were less likely to have someone to go to for help if they were worried than those who had no isolation, suspension or exclusion history (67.2% vs. 79.3%). There was no significant

difference between those who received an isolation (68.4%), suspension (66.2%) or exclusion (59.4%).

Pupils who had received an isolation, suspension or exclusion were less likely to say the food available where they lived allowed them to eat healthily (82.8% vs. 88.5%); more likely to say they spent an above average time on screens (1 in 2 vs. 1 in 3); less likely to say they felt safe at home or the place where they lived (81.2% vs. 90.8%) than those with no isolation, suspension or exclusion history.

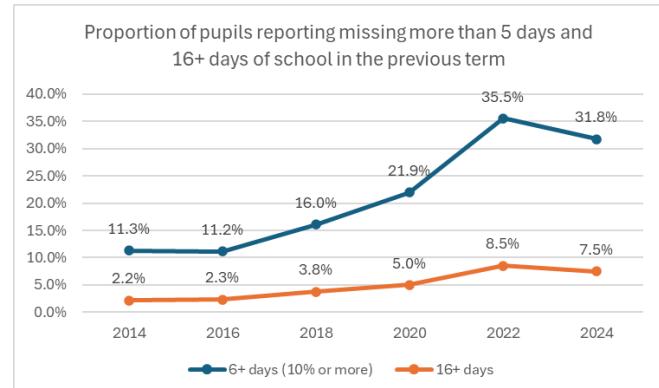
### Absence from school/college

Pupils were asked how many school days (each school day includes 2 sessions) they had missed in the previous term (in the 2024 survey this would have been Autumn term 2023). Pupils may miss school due to both authorised and un-authorised reasons.

Persistent absence is a measure used by the Department of Education to track when a pupil's overall unauthorised absence equates to 10% or more of their possible sessions. In the survey it isn't possible to determine if pupil reported absence is authorised or unauthorised and so a comparison to nationally published figures isn't appropriate. The most recent nationally published data shows 20% of Gloucestershire pupils were persistently absent in 2022/23<sup>8</sup>.

In the 2024 survey just under 1 in 3 pupils (31.8%) reported being absent from school for 10% or more of sessions in the previous term (authorised and unauthorised), compared to over 1 in 3 pupils (35.5%) in the 2022 survey (Autumn term 2021).

7.5% of pupils reported missing more than 16 days of school in the previous term (missing 25% or more days of schooling) this was a decrease on the 2022 figure (8.5%).



For the first time there was no difference in the proportion of pupils from minority ethnic group backgrounds reporting being absent from school for 10% or more of sessions compared to their White British peers, however pupils from *Gypsy/Roma* (62.1%), *Traveller of Irish heritage* (48.4%), *Black Caribbean* (41.6%) and *Mixed – white and Black Caribbean* (42.2%) backgrounds were significantly more likely to report being persistently absent. Conversely pupils from *Chinese* (20.0%), *Black African* (17.1%) and *Indian* (26.9%) backgrounds were least likely to report being absent from school for 10% or more of sessions.

Reported absence from school for 10% or more of sessions was highest in schools within Forest of Dean and Stroud districts and lowest in Cheltenham schools. Young people between the ages of 13 and 15 are most likely to report being absent from school for 10% or more of sessions. In a change to the covid period where there was no significant difference in being absent from school for 10% or more of sessions in different statistical neighbour groups, in 2024 reported absence from school for 10% or more of sessions reduced as deprivation did and was significantly lower in quintile 5, selective and independent schools than schools in quintiles 1 to 4.

When asked why they had missed school, illness was the most cited reason (83.4% in 2024) for all pupils (missing school due to illness would be an authorised absence). Pupils who reported being absent from school for 10% or more of sessions were 4.2 times more likely than those who had missed less than 5 days in the previous term to say they missed school due to *Truancy* and 3.7 times

<sup>8</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence->

more likely to say they missed school due to *not having enough period products*.

## Criminal activity

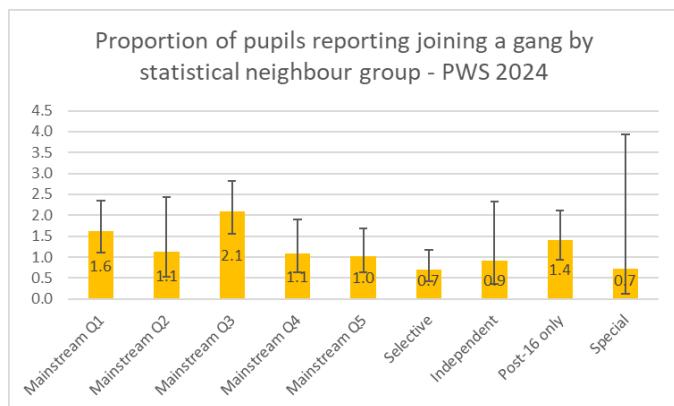
### Joining a gang

1.3% of pupils reported joining a gang, males were significantly more likely to report being in a gang (1.7%) than females (0.7%).

Pupils known to social care were over 4 times as likely to report being in a gang than those not known to social care.

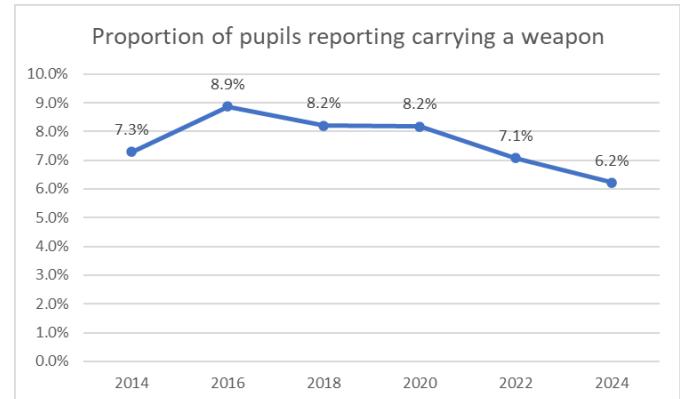
Gang membership was highest in pupils attending schools in Tewkesbury district and lowest in pupils attending schools in Cheltenham district, although there was no significant difference between the districts.

There was little difference in the proportion of pupils reporting gang membership by socio-economic school group although pupils at selective grammar schools and special schools were less likely to report gang membership.

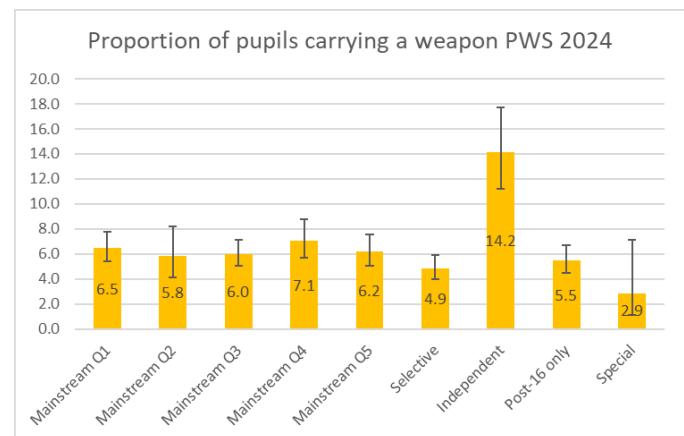


### Carrying a weapon

6.2% of pupils reported carrying a weapon, this is a reduction from 2022 and appears to be following the historical trend.



The highest reported level of carrying a weapon was in independent schools (14.2%), weapon carrying in mainstream schools was in line but lowest in selective schools (4.9%). Pupils at special schools were the least likely to report carrying a weapon (2.9%).



There was no significant difference between pupils of different districts reporting carrying a weapon, pupils attending schools in Tewkesbury district (7.7%) were the most likely to report carrying a weapon and those in Gloucester (5.2%) the least likely.

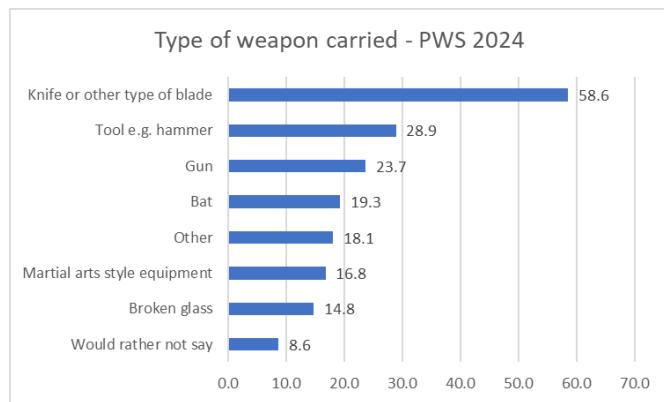
Males<sup>9</sup> were more than twice as likely to report carrying a weapon than females. Pupils from minority ethnic groups were not significantly more likely to report carrying a weapon than their white British peers. However, pupils from *Gypsy/Roma* (16.4%), *Traveller of Irish heritage* (27.6) and *white Irish* (12.2%) ethnic groups were significantly more likely to report carrying a weapon. Pupils from Black, Asian, and Mixed backgrounds weren't significantly more likely to report carrying a weapon than white British pupils.

The most common weapon carried by pupils was a knife or bladed object (58.6%). Worryingly a fifth of

<sup>9</sup> Pupils are asked to enter the biological sex they were born; they are subsequently asked if their gender aligns

with this. Unless stated 'male' and 'female' refers to those reporting it is their biological sex.

pupils who reported carrying a weapon said they had carried a gun (23.7%).



1.0% of exclusions in 2023/24 were for use or threat of a weapon.

### Trouble with police

2.7% of pupils said they had been in serious trouble with the Police, males were more than twice as likely to report being in serious trouble with the Police than females (3.7% vs. 1.6%). In a change to the previous trend where older pupils aged 15-18 were the most likely to report being in trouble with the Police, pupils aged 13-15 were the most likely to report being in serious trouble with the Police.

Pupils from the following groups were more likely to say they had been in serious trouble with the Police:

- Those known to social care
- Those with low mental wellbeing
- Those who were young carers
- Those identifying as LGBTQ+
- Those eligible for FSM
- Those reporting 4+ adverse childhood experiences (ACEs)

There was no significant difference in the proportion of pupils reporting being in serious trouble with the Police by district of school, although, the proportion was highest in Forest of Dean district and lowest in Cheltenham district.

### Personal safety

When a child feels safe, they feel able to make friendships and relationships, to explore, and try new things. Pupils who feel safe tend to have better emotional health and are less likely to engage in risky behaviours. That sense of safety contributes

to an overall feeling of connection, in contrast pupils who feel insecure, play and explore less, and have more difficulty with peer relationships.

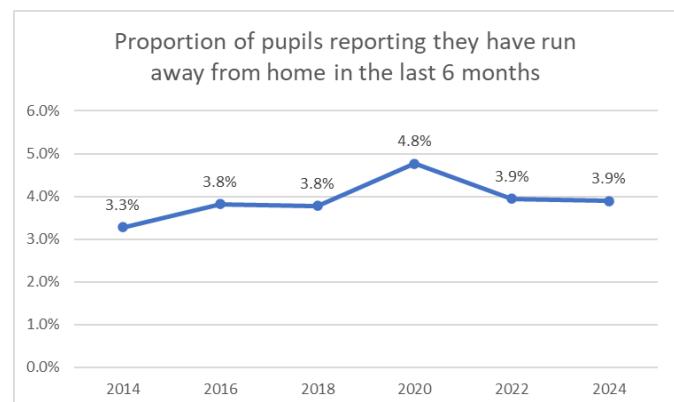
### Feeling safe

The proportion of pupils saying they felt safe at school was significantly lower in 2024 (73.3%) than it was in 2012 (75.2%) and has been declining steadily since 2014. Pupils tend to feel less safe in the secondary phase, with pupils in Y8 and Y10 having the lowest proportion of pupils who say they feel safe in school (60.7%). Females were significantly less likely to report feeling safe at school than males (72.8% vs 75.3%)

The proportion of pupils saying they feel safe at home has been increasing since 2012 and is now 9 in 10 pupils (90.4%). Females were significantly less likely to report feeling safe at home than males (90.3% vs 91.6%)

### Running away

In 2024 3.9% of pupils said they had run away from home in the last 6 months, this is in line with the proportion in 2016, 2018 and 2022.

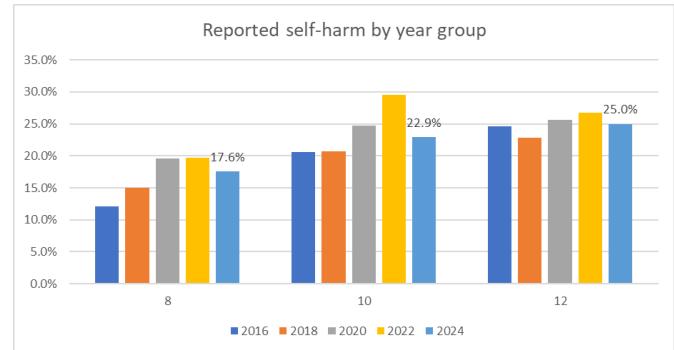


Of those who had run away the majority (55.2%) returned home by themselves, 11.5% were returned home by the Police.

Pupils from Traveller of Irish heritage (10.9%) and Gypsy/Roma (12.6%) ethnicities were more likely to report running away from home. Pupils known to social care<sup>10</sup> were 4 times more likely to say they had run away from home in the past 6 months than those not known to social care.

Pupils of schools in the Forest of Dean district were slightly more likely to report running away from home (4.7%), but all districts were in line in 2024.

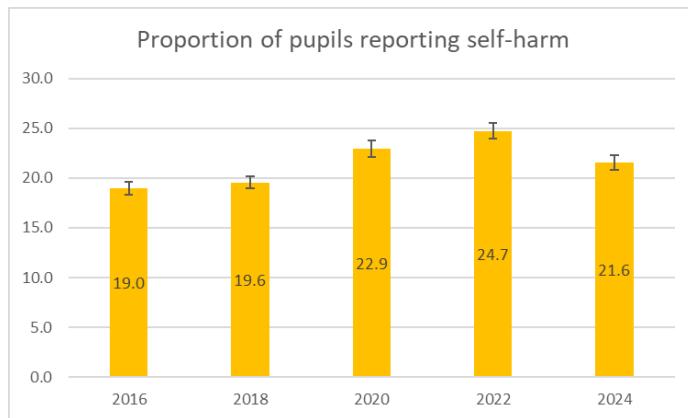
<sup>10</sup> Those reporting being a CiC, a care leaver or having a family social worker



More detail around self-harm is included in the *Mental Health and Wellbeing in Children & Young People report*.

## Self-harm

Questions relating to self-harm are asked to young people in years 8, 10 and 12. Reported self-harm increased significantly between 2018 and 2020 and between 2020 and 2022 where it had previously been in line between 2016 and 2018. In 2024 reported levels of self-harm has reduced significantly and around 1 in 5 young people reported they had ever self-harmed in 2024.



Following increases in reported self-harm particularly in pupils in Y8 and Y10, there has been a marked reduction in the proportion of pupils reporting self-harming in these year groups. Y10 pupils saw the biggest increase specifically during the pandemic period but has also seen the biggest reduction between 2022 and 2024.

# Early Sexual Debut and unsafe sex

## Consent and unhealthy sexual relationships

In the PWS 2024 6.4% of pupils (in Y8 and above) report not understanding consent in a healthy relationship. This is significantly lower than in 2020 (8.8%), although this is attributable to an increase in pupils declining to answer rather than an increase in those saying they understood consent. There was also a significant reduction in the proportion of pupils reporting they understood consent between 2020 and 2024 (88.4% vs. 83.5%).

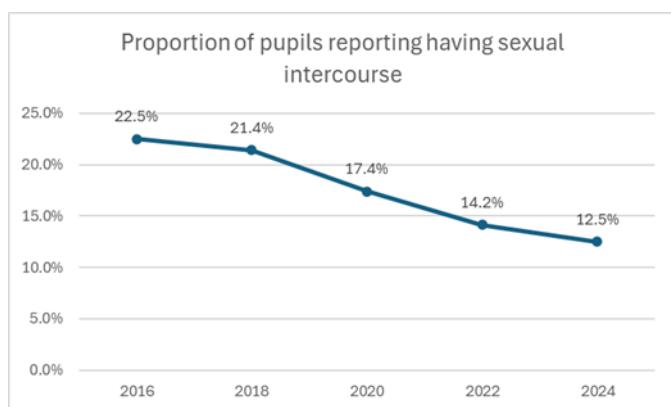
The proportion reporting understanding consent increases as pupils age (probably due in part to when this is taught in the PSHE curriculum); however, males are less likely to report understanding consent than females at all ages.

Understanding consent appears to be higher in pupils from the least deprived backgrounds, at 97.1% in pupils from selective schools and 95.1% in pupils living in Q5 neighbourhoods.

Pupils from Black backgrounds (Black Caribbean, Black African, Black other) were significantly less likely to say they understood consent than their White British peers. This was also the case with pupils from Gypsy/Roma backgrounds.

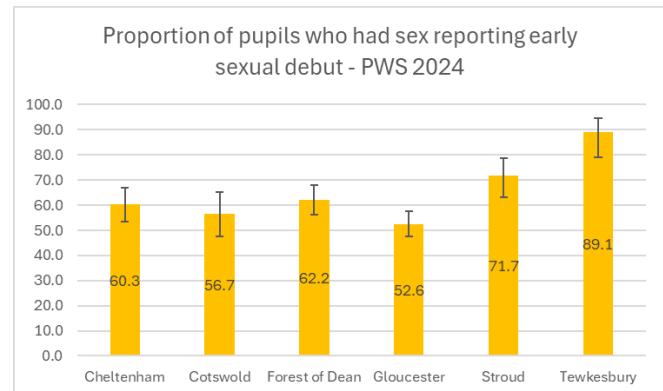
## Early sexual debut

The chart below shows the proportion of pupils reporting having sex has been decreasing steadily since 2018.



Over half (60.8%) of pupils who had intercourse had Early Sexual Debut (ESD) - intercourse under the legal age of consent. This has been increasing slowly since 2016. There was no difference in likelihood of reporting ESD between the sexes. There was also no significant difference between different ethnic groups and levels of ESD.

Pupils in Tewkesbury schools were significantly more likely to report ESD than pupils in schools in all other Gloucestershire districts; pupils in Gloucester schools were significantly less likely to report ESD than pupils in all other districts except Cotswold.

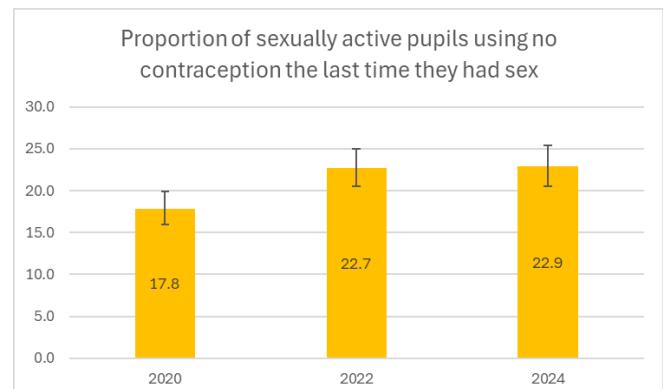


## Unsafe sex

The majority of pupils who had intercourse protected themselves by using a condom the last time they had intercourse, this was higher in males than females (59.9% vs. 50.2%). A third of pupils said they had used the contraceptive pill the last time they had sex; this was higher in females than males (40.2% vs. 25.3%).

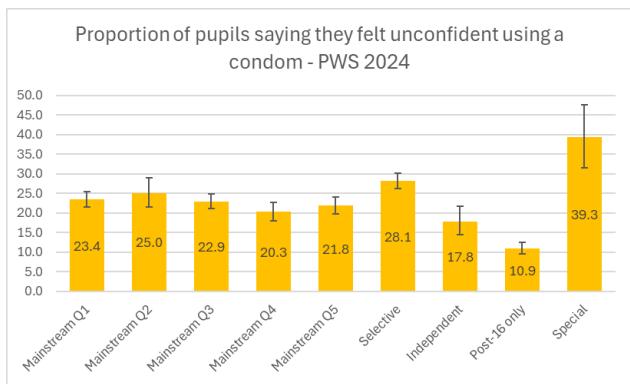


In 2024 22.9% of pupils who had intercourse reported using no protection the last time they had intercourse and a further 2.6% reported using emergency contraception after the last time they had intercourse.



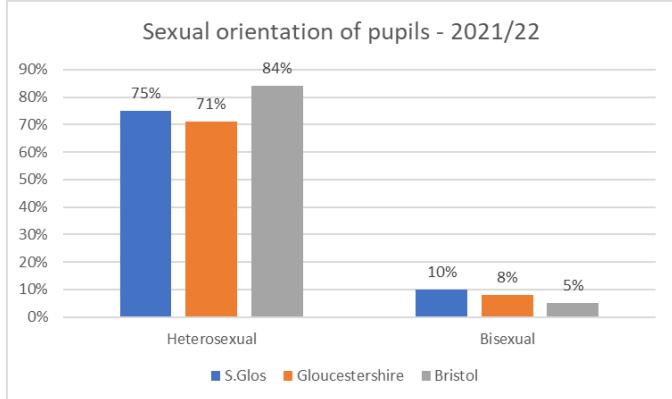
In 2022 54.1% of pupils said they felt confident using a condom, this was a significant reduction on

2020 (59.4%). Almost two thirds of males said they felt confident using a condom compared to 54.1% of females. Feeling unconfident using a condom generally decreased as deprivation decreased, the highest proportion of pupils saying they were unconfident using a condom in mainstream schools were in selective schools (28.1%), this may be due to most selective schools being single sex so pupils at these schools may have had less opportunity to try this practically and therefore be less confident.

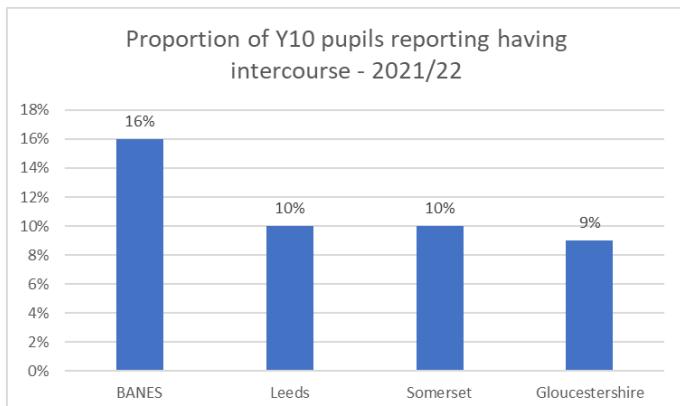


### Benchmarking sexuality and sexual activity

It appears where given sexual orientation in Gloucestershire is similar to the only other comparator authorities available.



It appears the proportion of pupils in Y10 in Gloucestershire who have had intercourse is in line with most available comparator authorities.

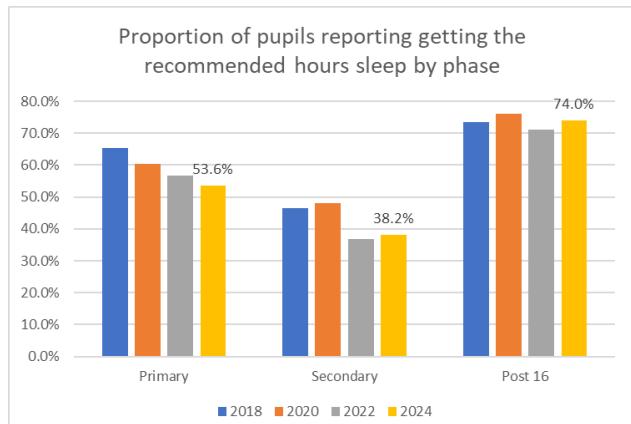


### Unhealthy sleep patterns

Sleeping for an adequate number of hours per night appears to have a positive effect on both physical and mental health. While there is no hard and fast rule for how much sleep a child needs, the general guide is; seven-12 years olds – 10-11 hours, teenagers – around eight to nine hours, and the adult recommended hours sleep is 7+ hours. In the survey we report sleeping for the recommended hours if a pupil has had 10 or more hours sleep in primary phase, 9 or more hours sleep in secondary phase and 7 or more hours sleep in the post 16 phase.

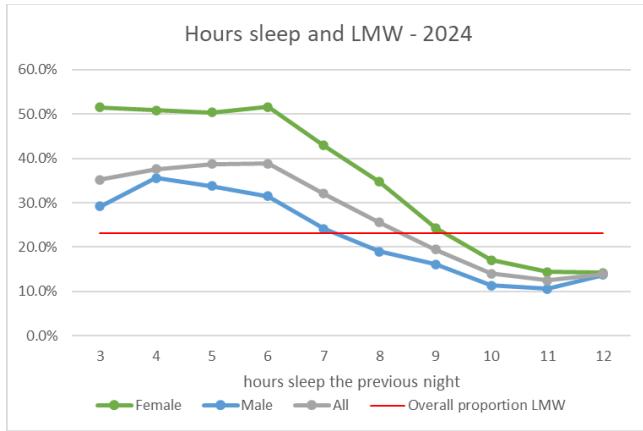


In 2018 60.7% of all pupils reported getting the recommended hours sleep, in 2024 this had fallen significantly to 51.2%. The proportion of pupils getting the recommended hours sleep is lowest in the secondary phase with only a third (38.2%) reporting sleeping the recommended amount in 2024. Older pupils in Y12 were the most likely to say they got the recommended hours sleep (74.0%). There has been an increase in pupils getting the recommended sleep in both secondary and post-16 phases between 2022 and 2024, however the declining trend in primary school pupils continues in 2024.



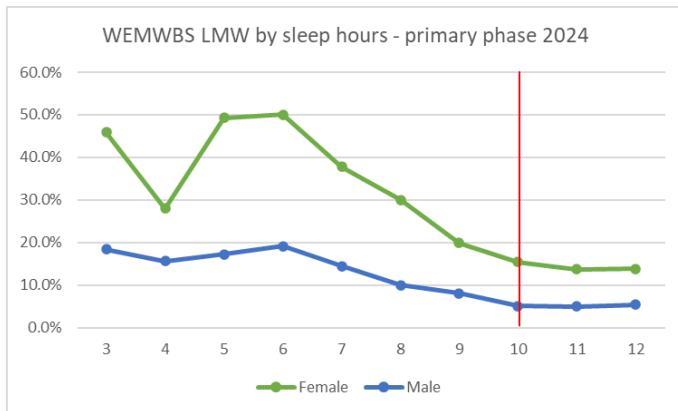
The chart below shows the clear correlation between sleep and wellbeing, the less sleep a pupil

gets the more likely they are to report LMW, however there appears to be a difference between the sexes. A male reaches the average LMW value if they are getting 7+ hours sleep per night, however females don't reach this until they sleep 9+ hours sleep per night. This suggests lack of sleep has more of an impact on female wellbeing.



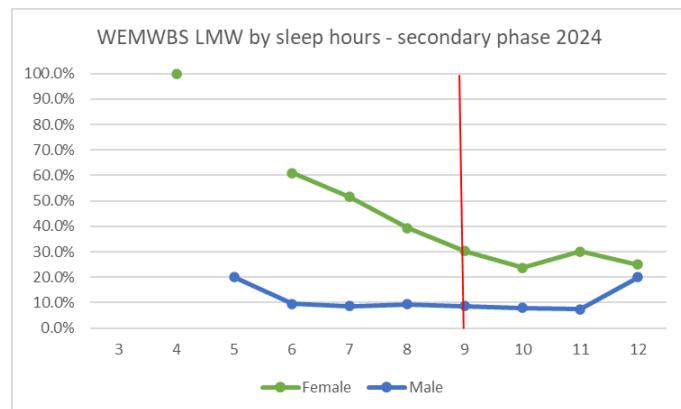
The effect of sleep on wellbeing appears to plateau for both sexes (at around 10 hours). The beneficial effect of sleep on wellbeing for females is further highlighted by the difference in wellbeing between those who get very little sleep (3 hours) and those who get 10 hours – there is a 34.5 percentage point difference in the proportion reporting LMW, in contrast the effect in males is smaller with a 17.8 percentage point difference.

In the primary phase the effect of sleep on wellbeing plateaus after the recommended hours sleep is reached for both males and females.

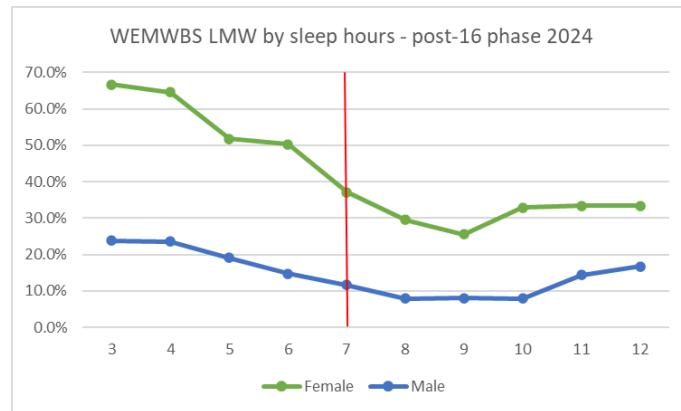


In the secondary phase the effect of sleep on wellbeing plateaus after 6 hours sleep is reached for males, but for females it continues up to 10 hours sleep. For both sexes there is an uptick in

LMW after this is reached (although numbers are small).



In the post 16 phase the effect of sleep on wellbeing continues after the recommended hours sleep is reached for both sexes. Again, there appears to be an uptick in LMW after a certain amount of sleep is reached.



Pupils who get the recommended sleep are less likely to report eating unhealthy food, sugary drinks and energy drinks regularly.

## Unhealthy Internet use

### Media/screen usage

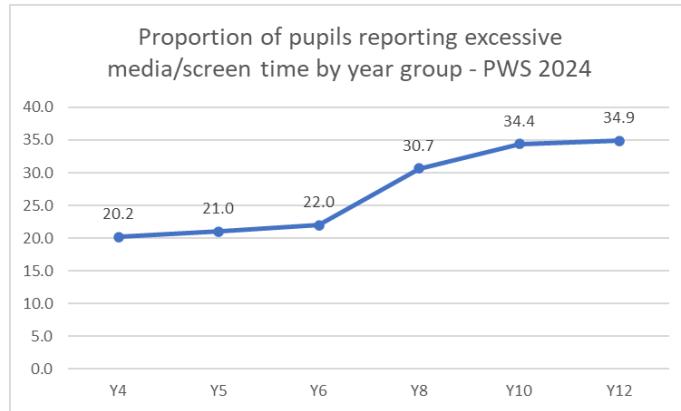
In the UK, the average media/screen usage of a teenager is estimated to be 6-7 hours per day<sup>11</sup>. The mean screentime in PWS 2024 was 4-6 hours for pupils at both secondary and Post 16 phases and between 0-3 hours for primary phase pupils. Excessive media/screen time has been classified in the survey for pupils who report having 7+ hours of media/screen time per day.

In 2024 1 in 4 (26.5%) pupils reported excessive media/screen time. This was significantly lower

<sup>11</sup>[https://www.ofcom.org.uk/\\_data/assets/pdf\\_file/002/5217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf](https://www.ofcom.org.uk/_data/assets/pdf_file/002/5217825/children-and-parents-media-use-and-attitudes-report-2020-21.pdf)

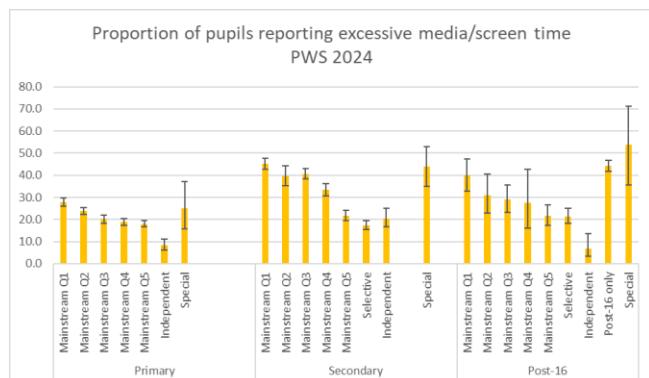
than in 2022 (28.3%) but still above the 2020 figure (22.4%).

For the first time males were significantly more likely to report excessive screentime. There was no significant difference between pupils from minority ethnic groups and white British pupils reporting excessive media/screen time, however pupils from Black backgrounds were significantly more likely to report excessive screentime than white British pupils. Age is clearly a factor in screentime.



In the primary phase there is no significant difference in the proportion of pupils reporting excessive media/screen time between years, however it rises considerably in the transition to secondary school and significantly between Y8 and Y10. There is no significant increase between Y10 and Y12.

There appears to be a correlation between media/screen usage and deprivation at every phase. Pupils in the most deprived quintile were significantly more likely to have excessive media/screen usage than those in the least deprived areas.



For both those with average screen time and those with excessive screen time the online activity they said they spent most time on was *Watching videos on social media (TikTok, Instagram, YouTube etc.)* (26.0% and 30.3% respectively)

Pupils with excessive screen time were significantly more likely than those with average screen time to say one of the following were in their top 3 activities online:

- Gaming online with others
- Watching videos on social media (TikTok, Instagram, YouTube etc.)
- Posting my own social media
- Gambling



Pupils with average screen time were significantly more likely than those with excessive screen time to say one of their top three online activities were:

- Keeping up with current affairs/news
- Learning a new skill e.g. a language
- Watching TV – either on demand or live

Children who spend too much time using online media can be at risk of:

- **Not enough sleep.** Media use can interfere with sleep.
- **Obesity.** Teens who watch more than 5 hours of TV per day are 5 times more likely to be overweight than teens who watch 0 to 2 hours.
- **Delays in learning & social skills.** This could be because they don't interact as much with their parents and family members.
- **Negative effect on school performance.** Children and teens often use entertainment media at the same time that they're doing other things, such as homework.
- **Behaviour problems.** Violent content on TV and screens can contribute to behaviour problems in children, either because they are scared and confused by what they see, or they try to mimic on-screen characters.
- **Problematic internet use.** Children who spend too much time using online media

can be at risk for a type of additive behaviour called problematic internet use.

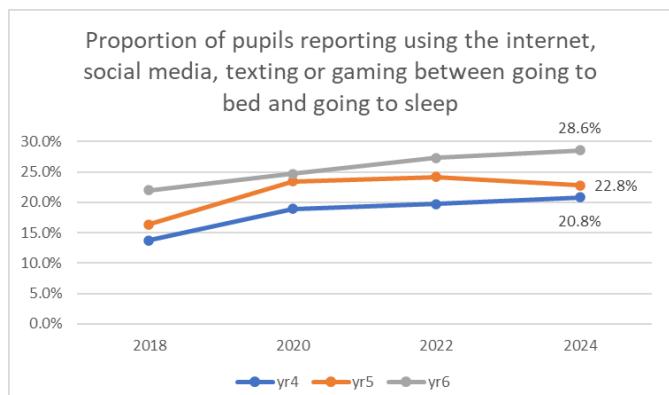
- **Risky behaviours.** Teens' displays on social media often show risky behaviours, such as substance use, sexual behaviours, self-injury, or eating disorders. This can influence others and lower the age of initiation.
- **Sexting, loss of privacy & predators.** Teens need to know that once content is shared with others, they may not be able to delete it completely.
- **Cyberbullying.** Cyberbullying can lead to short- and long-term negative social, academic, and health issues for both the bully and target.

## Behaviours linked to excessive online usage

### Media interfering with sleep

In 2024 1 in 4 pupils said they *Watched tv in my bedroom* between going to bed and going to sleep, this was an increase on 2012 when 1 in 5 reported this. A third (32.7%) of pupils reported they *used the Internet/gaming/social network/texting* between going to bed and going to sleep, this was also an increase on 2014 when 1 in 4 reported this. These two activities linked to the internet were the only activities that saw an increase in pupils doing between going to bed and going to sleep between 2014 and 2024. There was a reduction in pupils saying they *Read/read to, Listened to music, Thought, Relaxed, Played* between going to bed and going to sleep.

In primary aged pupils there was a more significant increase in pupils reporting they *used the Internet/gaming/social network/texting* between going to bed and going to sleep than in secondary age pupils.



The biggest increase between 2018 and 2024 was seen in Y5 pupils.

Almost half of pupils in Y12 (47.9%) said they *used the Internet/gaming/social network/texting* between going to bed and going to sleep in 2024. The figure was similar in Y10 (45.3%), whilst just over a third of pupils in Y8 (37.1%) said they *used the Internet/gaming/social network/texting* between going to bed and going to sleep.

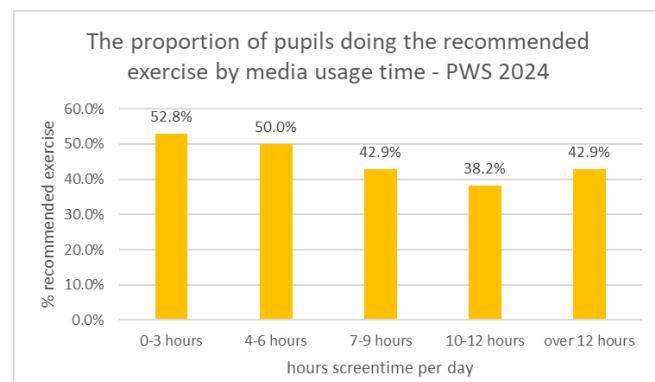
In 2024 6.8% of those who reported they woke in the night reported this was because they woke *To check or send messages or play games on phone/tablet/computer*. This has been similar since 2018.



### Reduction in exercise

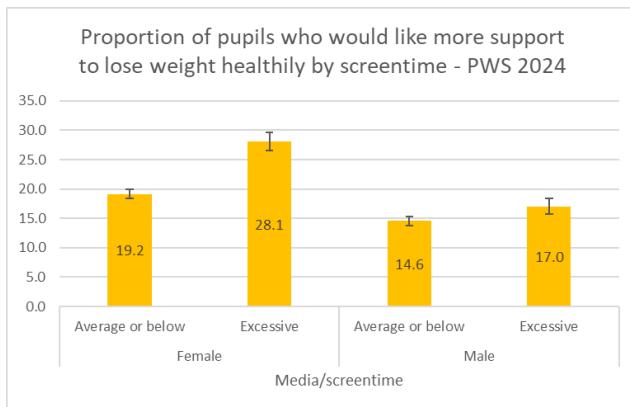
Pupils who had excessive media/screen time were significantly less likely to say they did the recommended hours exercise per week than those who had below average screentime.

As screentime increases the likelihood of doing the recommended exercise reduces.



### Wanting support on weight loss

Pupils with excessive media/screen time were more likely to say they wanted more help with losing weight. This may indicate body dysmorphia prompted by unhealthy body standards promoted on line, or that those with excessive internet usage are more inactive.



Pupils with excessive media/screen time were also significantly more likely to say they eat snacks such as sweets, chocolate, biscuits and crisps at least daily.

### *Making and keeping friends*

Pupils with excessive media/screen time were significantly less likely to say they found it *Easy/Very easy* to make and keep friends (48.8%) than those with average or below screentime (56.7%). The difficulty in making and keeping friends appears to be affected by excessive media/screen time in all three phases in 2024 and the percentage point difference between those with average/below average screentime and excessive screentime increases as pupils age.

### *Achievement*

Excessive media/screen time also appears to affect achievement in pupils. 32.0% of pupils with excessive media/screen time said they *usually achieved top grades* compared to 46.4% of those with average or below media/screen time.

### *Often being in trouble*

Pupils with excessive media/screen time were twice as likely to report *Often being in trouble* (14.5%) than those with average or below screentime (7.6%)

There is a significant difference in the proportion of pupils across all phases of education reporting they are *Often in trouble* between those with excessive media/screen time and those with average or below screentime. The proportion of primary and secondary pupils with excessive media/screen time reporting they are *Often in trouble* (17.0% and 17.3% respectively) are in line but are nearly three times as high as those in the Post 16 phase (6.3%).

In 2023/24 0.7% of excluded/suspended pupils had a reason for the exclusion/suspension given as *Inappropriate use-social media/tech*. This was in

line with the previous year when it accounted for 1.0% of exclusions.

### *Self-harm*

In 2024 1 in 3 pupils who had excessive media/screen time reported ever self-harming compared to 1 in 6 of those with average or below media/screen time. This trend is seen in both sexes although is much more stark in females where almost half (44.1%) who report excessive media/screen time also report self-harm (vs. 26.2% with average or below media/screen time). This may be a bi-directional relationship.

### *Substance mis-use*

Pupils with excessive media/screen time were almost twice as likely to say they had tried drugs (16.8%) than those with average or below media/screen time (9.4%).

### *Sexting*

Around 1 in 5 pupils said they had received a message or picture of a sexual nature in 2024, this was below the proportion in 2020 and 2022 (1 in 4). Females were more likely to have received a message or picture of a sexual nature than males (23.4% vs. 15.2%).

1 in 10 pupils reported they had sent a message or picture of a sexual nature in 2024 this was similar to 2022. Again, females were more likely to have sent a message or picture of a sexual nature in 2024. 6.7% of pupils said they had sent images of themselves (7.4% of females and 5.9% of males) this was a slight reduction on the 2022 figure. Pupils with low mental wellbeing were twice as likely to report sending a message or picture of a sexual nature than those with average or high mental wellbeing.

4.4% of pupils said *Someone tried to blackmail me over the internet* e.g. *tried to force me to send money or naked pictures* however, this was higher in females than males (5.8% vs. 3.0%). The proportion of pupils saying *Someone tried to blackmail me over the internet* e.g. *tried to force me to send money or naked pictures* has returned to pre-pandemic levels (4.5% in 2020) after a sharp increase in the pandemic period.

Around 1 in 30 pupils said they would like more advice about *Sexting/Sextortion*, this was higher in females than males, although not significantly.

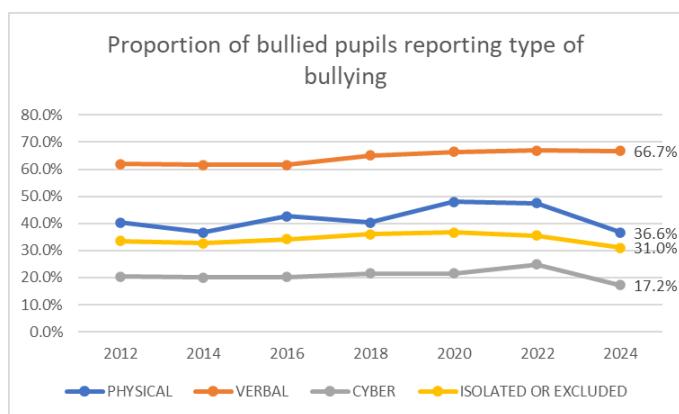


### Cyber bullying

Less than a fifth (17.2%) of pupils who said they were bullied regularly in the last year were Cyber bullied this was a significant reduction on 2022. The proportion of pupils reporting cyber bullying is relatively low in comparison with physical (36.6%) or verbal (66.7%) in person bullying.

The proportion of pupils reporting being a victim of isolation

, verbal and cyber bullying are all significantly lower in 2024 than in 2012.



Pupils were asked where bullying happened, 14.2% said it happened on the internet.

### Eating disorders and body dysmorphia

Improving pupils' perception of their body may have a significant impact on overall wellbeing.

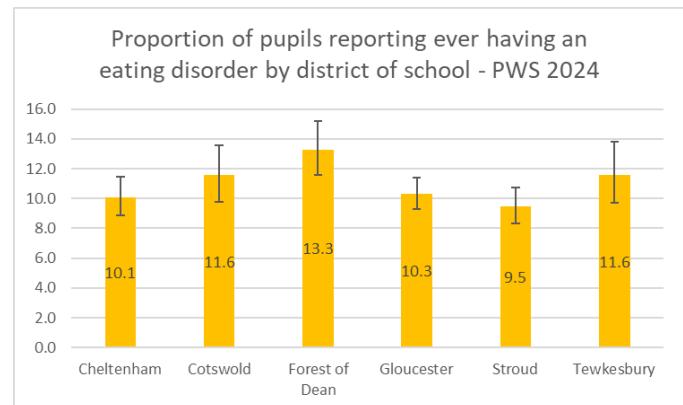
In 2024 a new question about eating disorders was included in the survey.

1 in 10 pupils reported they had ever had an eating disorder, although this was very different between females (16.7%) and males (5.3%).

Whilst it is expected the proportion of pupils reporting ever having an eating disorder would increase with age there was no significant difference between pupils in Y10 and Y12 reporting

ever having an eating disorder suggesting this peaked in Y10.

Pupils attending schools in the Forest of Dean were significantly more likely to report an eating disorder than pupils in Cheltenham, Gloucester and Stroud schools.



There was no significant difference between pupils from different statistical neighbour groups reporting an eating disorder, although this was lowest in the least deprived schools quintile 5 (7.8%), independent schools (8.0%) and selective schools (9.7%).

Asian pupils (6.6%) were significantly less likely to report an eating disorder than their white British peers (10.7%), in contrast White Other pupils were significantly more likely (15.3%)

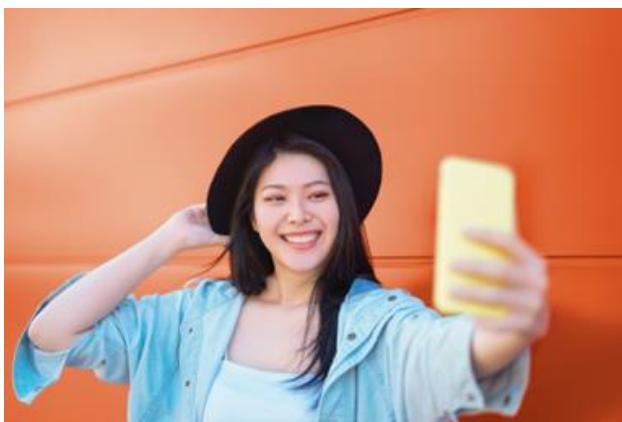
Pupils who identified as LGB (25.7%) and Trans/non-binary (27.8%) were significantly more likely to report an eating disorder than their heterosexual (9.1%) and Cis (10.6%) peers.

Around 1 in 6 pupils who did over 8 hours of exercise a week say they want more help to lose weight, this suggests an unhealthy relationship with food and weight. This has been a similar proportion between 2012 (16.6%) and 2024.

17.1% of secondary and post 16 pupils in 2024 said they wanted more help with feeling positive about their appearance. This was higher in females (26.1%) than males (10.8%).

Body image appears to be particularly problematic in year 10 pupils of both sexes. Over 1 in 4 pupils with low mental wellbeing said they wanted more help with feeling positive about their appearance, compared to 1 in 6 of those with average mental wellbeing and 1 in 20 of those with high mental wellbeing, suggesting body image and body

dysmorphia may have a significant impact on mental wellbeing.



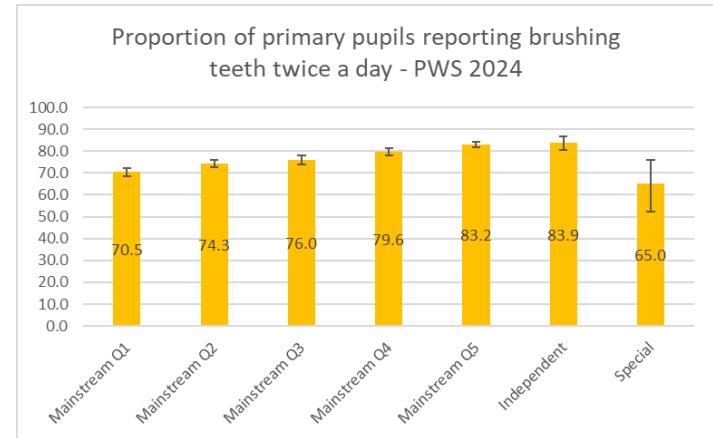
In 2024 6.2% of pupils said they wanted more advice about the *Effect that the media, pornography and internet has on the way I feel about my appearance*. This was higher in females compared to males. Females who wanted more advice about the *Effect that the media, pornography and internet has on the way I feel about my appearance* were almost twice as likely to report LMW (50.8%) than males seeking the same advice (28.7%). This suggests the harmful impact of unrealistic and altered bodies and air-brushed images of people on the internet is much more damaging to young females than young males.

## Accessing health services

### Oral health

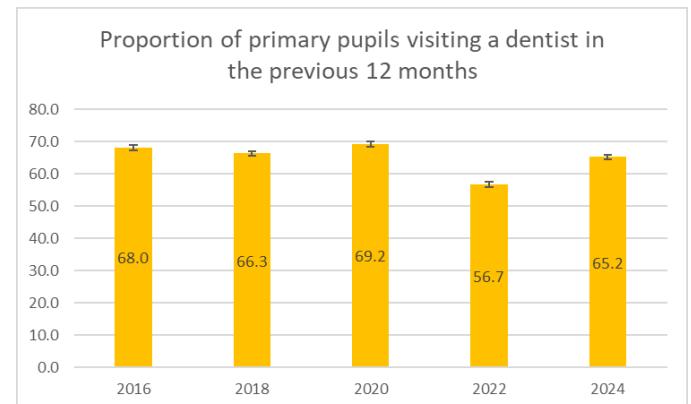
Poor dental health impacts not just on the individual's health but also their wellbeing and that of their family. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, sleeping and socialising.

The proportion of primary aged pupils reporting they brush their teeth twice a day or more had been reducing steadily from 81.2% in 2016 to 76.5% in 2022, however, in 2024 there had been a slight increase to 77.4%. Pupils from less deprived backgrounds were more likely to report they brushed their teeth twice a day or more.



Pupils at special schools were significantly less likely to report brushing their teeth twice a day or more, than almost all the other statistical neighbour groups.

Visiting the dentist regularly also helps maintain oral health. The proportion of pupils reporting they had visited the dentist in the previous 12 months reduced significantly in the covid period there has been a slight recovery in 2024, but the proportion is still significantly below pre-covid levels.



Pupils from south Asian (55.0%) and black (49.0%) backgrounds were significantly less likely to report visiting a dentist in the previous 12 months than their white British peers (67.0%).

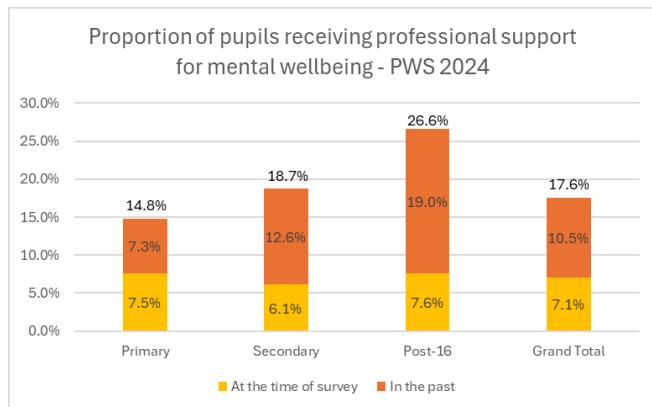
The likelihood of visiting a dentist also reduced as deprivation increased; only 57.1% of pupils at IMD quintile 1 schools reported visiting a dentist compared to 73.6% of pupils in independent schools.

Older pupils were more likely to report visiting the dentist than those in younger years.

Year group	Yes I have visited the dentist in the last 12 months
4	57.4%
5	65.2%
6	72.4%

## Support for mental wellbeing

Overall, around 1 in 6 pupils said they had ever received professional support for their mental wellbeing. This rose to 1 in 4 of those reporting LMW at the time of the survey.



1 in 14 pupils (7.1%) reported receiving support for their mental wellbeing at the time of the survey (1 in 10 of those with LMW). This was similar in primary and post-16 pupils but was significantly lower in secondary phase pupils. The proportion of pupils reporting they have received support in the past increases with age as expected, and by the post-16 phase around 1 in 5 pupils have had professional support in the past.

The proportion of pupils reporting receiving support from a professional was highest in Y4, reducing by year to Y8 before rising again in Y8 and Y12.

2,154 (16.4%) pupils who were not receiving professional mental health support reported they felt they would have benefitted from it. This increased as pupils aged, 1 in 5 post-16 pupils who had not received support felt they would have benefitted from it.

In 2024 the most common reasons cited for not accessing support, by a third of pupils were that the pupil didn't want their parents to know (36.2%), didn't know who to ask (35.8%) and Other (31.4%). 4.6% of pupils said they hadn't accessed support because they were still on the waiting list, this was similar to 2020 and 2022.

## What prevented you from accessing mental health support? % of those who felt they needed support.

Still on waiting list	4.6
Didn't know who to ask	35.8
Didn't want parents to know	36.2
Didn't want other young people to know	16.8
Didn't want teachers/school to know	17.6
Didn't like to talk to strangers	22.6
I tried but adults didn't take me seriously or understand	10.1
My appointment was cancelled	1.0
It was too difficult to get to my appointment	2.7
Other	31.4

1 in 10 pupils who hadn't accessed support said it was because adults didn't take them seriously, this was an increase from 2022.

Pupils with SEN/EHCP were more likely to say they didn't receive professional mental health support because; *Still on waiting list*, *Didn't know who to ask* and were twice as likely to say *It was too difficult to get to my appointment*.

Pupils from ethnic minority groups were more likely to say they didn't receive professional mental health support because; *Didn't know who to ask*, than their white British peers.

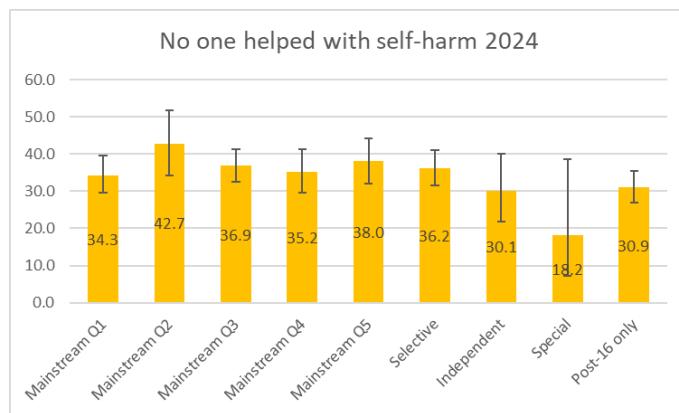
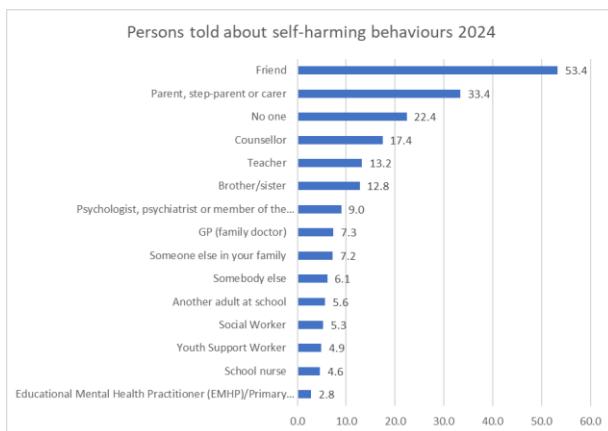
Pupils known to social care were more likely to say they didn't receive professional mental health support because; *Still on the waiting list*, *my appointment was cancelled* or *Another reason prevented them accessing support*.

Of all the vulnerable groups, pupils from the LGBTQ+ community were significantly more likely to report *I tried but adults didn't take me seriously or understand* (14.0%) compared to their less-vulnerable counterparts (Cis-gendered/heterosexual pupils).

## Support for self-harm

The proportion of people who reported self-harm saying they didn't receive help had been increasing year on year from around a quarter in 2016 (27.6%) to over a third in 2022 (39.8%). In 2024 this has reduced slightly to 35.1%.

Over half of CYP who self-harmed told a friend about it followed by Parents/carers.

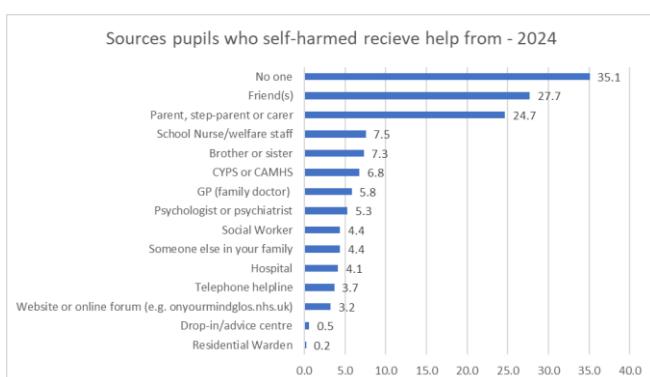


Who pupils told about self-harm follows a very similar trend from that observed in 2020 and 2022.

Around a fifth of pupils who reported self-harming behaviour said they had not told anyone about it.

In terms of receiving help, 4 in 10 pupils who self-harmed said they received help from no-one.

Friends and parents/carers were again the most likely to provide help around self-harm.



50.5% of pupils who self-harmed and received help said the help was helpful enough, a significant reduction on 2022, 73.6%.

Pupils who reported self-harm were significantly more likely to have received support from a health professional for their mental health and emotional wellbeing (45.0% vs. 14.7%) than those with no reported self-harm history. Although they were also more likely to report they found accessing support *difficult/very difficult* than those with no reported self-harm history (28.7% vs. 11.7%).

There was no significant difference in the proportion of people who reported self-harm saying they had received no help by statistical neighbour group, although the proportion was highest for pupils in IMD quintile 2 schools.

### Contraception and sexual health advice/support

Adolescence is a time of sexual risk-taking and experimentation but also vulnerability. This can have far reaching consequences, such as unintended pregnancy or sexually transmitted infections (STIs). Those aged 15–24 years continue to be the main group affected by STIs.

In 2022 3.5% of secondary and Post-16 pupils reported they had no one to *help and advice about contraception/emergency contraception/not getting pregnant or preventing STIs*.

There was no significant difference in pupils reporting they had no one to support them in sexual health between pupils from minority ethnic groups and white British pupils, or between pupils from different statistical neighbour groups. Pupils in Independent schools (1.4%) were the least likely to say they had no one to *help and advice about contraception/emergency contraception/not getting pregnant or preventing STIs*.