



Adverse Childhood Experiences

Pupil Wellbeing
Survey 2024

Gloucestershire County Council

Introduction

It has been known for some time that adversity in childhood may have a profound effect on people. In 2015¹ the Welsh government published the first British study of Adverse Childhood Experiences (ACEs) and the effect they had on the adult population of Wales. The experiences that fall under this term include:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Physical neglect
- Emotional neglect
- A family member who is depressed or diagnosed with other mental illness
- A family member who is addicted to alcohol or another substance
- A family member who is in prison
- Witnessing/being a victim of domestic abuse
- Losing a parent to separation, divorce or death

Research into ACEs continues, and further childhood experiences are being identified for inclusion in the scope.

ACEs can lead to a higher risk of poorer outcomes across the life course, impacting on future physical and mental health. There is evidence of an increase in the risk of certain health problems in adulthood, such as cancer and heart disease, as well as increasing the risk of mental health difficulties, violence and becoming a victim of violence².

Exposure to four or more ACEs has been shown to significantly increase the prevalence of health risks such as alcoholism, drug use, depression, and suicide attempts in adulthood³.

The impact of ACEs on the future health and wellbeing of an individual is not inevitable, even for those who experience high levels of ACEs. Building

resilience by developing personal skills, positive relationships, community support and cultural connections, and access to a trusted adult in childhood, supportive friends and being engaged in community activities, all help to reduce the risks of developing mental and physical ill health.

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 and 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)

¹ <http://www.wales.nhs.uk>

² <https://mft.nhs.uk/rmch/services/camhs/young-people/adverse-childhood-experiences-aces-and-attachment/>

³ [Associations Between Adverse Childhood Experiences, High-Risk Behaviors, and Morbidity in Adulthood - ScienceDirect](https://www.sciencedirect.com/science/article/pii/S0898260319300014)

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.

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.

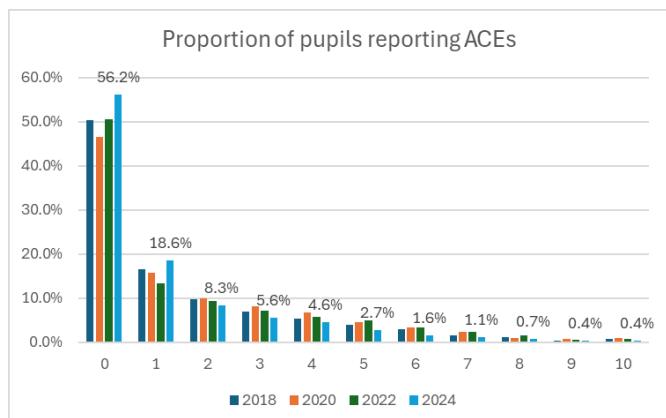
Prevalence of ACEs in Gloucestershire

The methodology for collecting information on the number of ACEs experienced by pupils changed in 2024. In the 2018, 2020 and 2022 surveys, pupils in Y12⁴ were given a list of ACEs and asked to record the number they had experienced.

In 2024, pupils in both Y12 and Y10⁵ were asked to tick which ACEs they had experienced.

This change has impacted the number of ACEs pupils have reported and has given additional insight into which specific ACEs they have experienced.

In 2024 56.2% of pupils reported they had experienced 0 ACEs; this was a slight increase on previous surveys. This may reflect the inclusion of Y10 pupils.



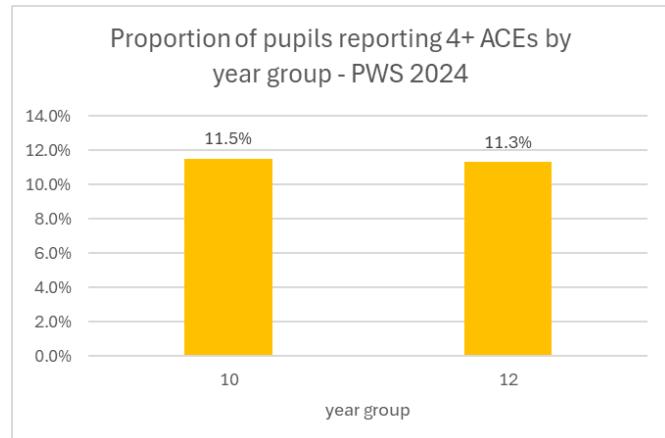
The 2015 Welsh study⁶ found that compared to people with no ACEs, those with 4 or more ACEs are more likely to:

- have been in prison
- develop heart disease
- frequently visit the GP
- develop type 2 diabetes
- committed violence in the last 12 months
- engage in health-harming behaviours (high-risk drinking, smoking, drug use).

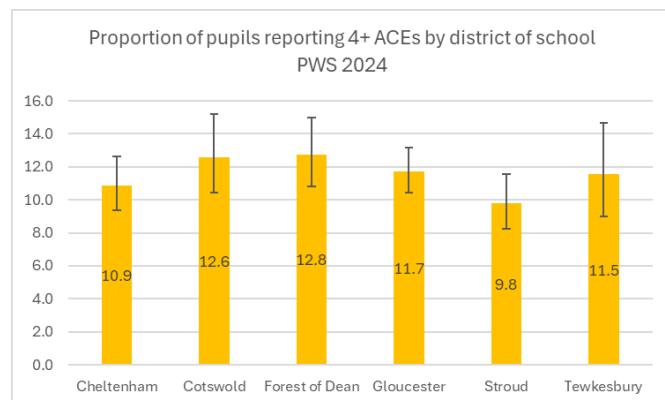
It is therefore important to recognise experiencing multiple ACEs as a significant factor in behaviours

and lifestyle choices that contribute to non-communicable diseases.

In 2024 around 1 in 10 (11.4%) of pupils across both year groups reported they had experienced 4 or more ACEs. This was significantly lower than in the previous surveys when a fifth reported 4 or more ACEs. This is most likely due to the change in methodology and is more in line with national adult estimates⁷ (8.4% - 12.6%).



In 2024 there was no significant difference between the proportion of pupils reporting 4+ ACEs across the districts (see chart below). Although the proportion was highest in Forest of Dean. When looking at prevalence of ACEs by year group in each district, 2 districts (Stroud and Cotswold) had higher proportions of Y10 pupils reporting 4+ ACEs, in other districts the proportion was either in line or lower in Y10.



⁴ N=2,652 in 2022 and 11,364 in the aggregate of all 3 survey years (2018, 2020 and 2022)

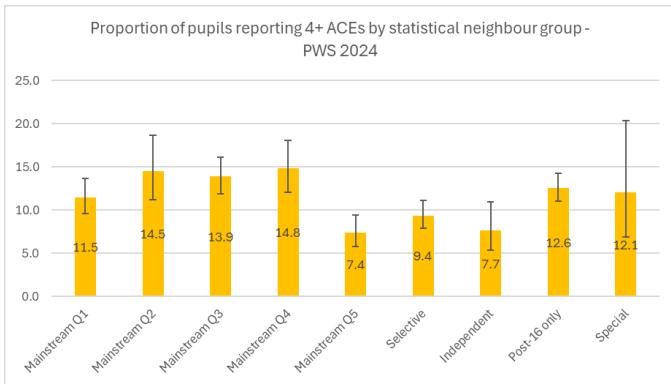
⁵ 2024 Y12 N=3,113 and Y10 N=3,895

⁶ <http://www.wales.nhs.uk>

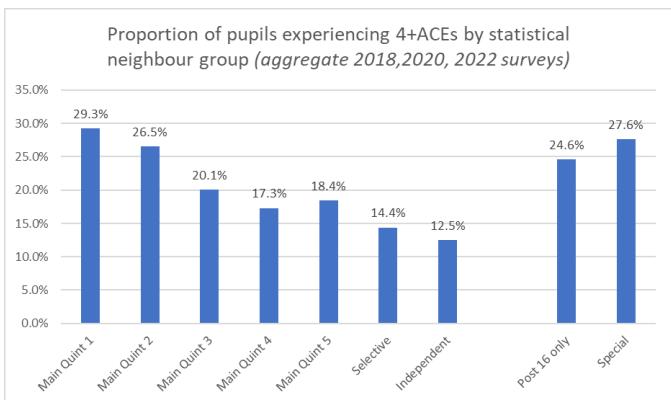
⁷ <https://bmjopen.bmjjournals.com/content/10/6/e036374>



Responses in 2024 shows whilst not a linear association, the 3 neighbour groups likely to have the least deprived pupils have significantly lower proportion of pupils reporting 4+ ACEs than their more deprived peers.



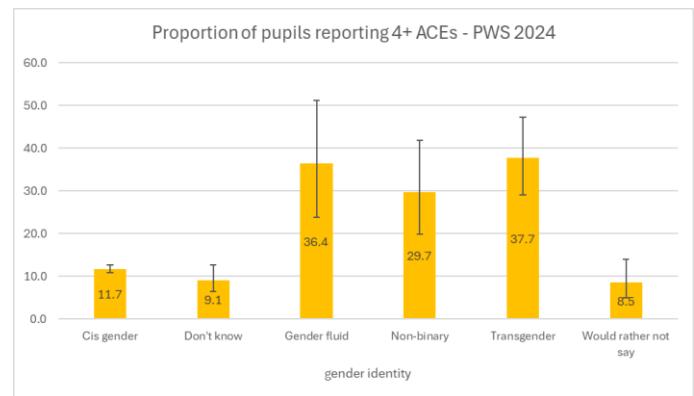
Due to the methodology change, 2024 responses could not be added to the data from previous surveys. However, the aggregate of previous surveys results indicates experiencing 4+ ACEs does appear to have a linear link to deprivation, pupils in IMD quintile 1 schools were around two and a half times as likely to report 4+ ACEs than those at independent schools.



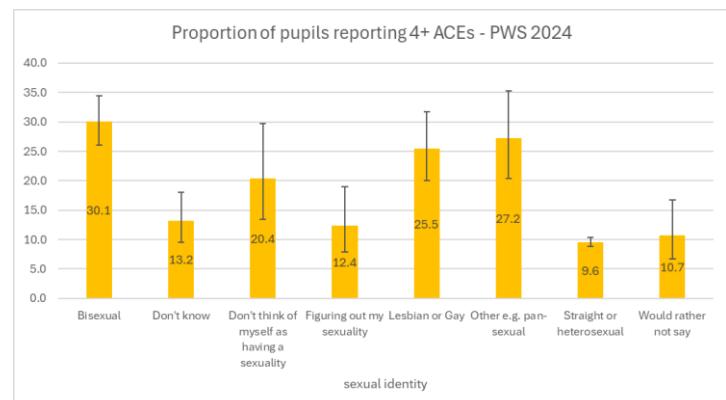
Although, recent global shocks are likely to have had impacts across socioeconomic groups so this could reflect an increase in experiencing ACEs by less deprived pupils.

Characteristics of pupils with 4+ ACEs

Females⁸ were significantly more likely to report 4+ACEs than males. In 2024 17.2% of females reported experiencing 4+ACEs compared to 7.2% of males. Cis gendered pupils were significantly less likely to report they had experienced 4+ ACEs than those who are Transgender, gender fluid or non-binary.



Pupils identifying as LGB were significantly more likely to report 4+ ACEs than heterosexual pupils.



Overall, there was no significant difference in reporting 4+ ACEs between pupils from minority ethnic backgrounds and their white British peers. However, looking at more granular ethnicities, pupils who reported a white Eastern European background were significantly more likely to report 4+ ACEs than

⁸ Where given as biological sex

their white British peers, all other ethnicities were in line.

Pupils with Low mental wellbeing⁹ (LMW) were significantly more likely to report 4+ ACEs than those with average/high mental wellbeing (A/HMW) although this is likely to be bi-directional (21.1% vs. 6.4% respectively).

The proportion of pupils with a disability, known to social care, young carers, seriously bullied, eligible for FSM reporting 4+ ACEs was significantly higher than their less vulnerable peers.



Behaviours of pupils with 4+ ACEs

Pupils experiencing 4+ ACEs were much more likely to engage in health harming behaviours.

Pupils reporting 4+ ACEs were:

- twice as likely to report having at least one **isolation, suspension or exclusion** (29.8% vs. 15.1%)
- around three time as likely to have been in **trouble with the Police** (8.4% vs. 2.7%)
- more than twice as likely to say they were **regular¹⁰ cigarette smokers** (10.2% vs. 3.6%)
- more than twice as likely to **vape regularly** (41.8% vs. 24.4%)
- more than twice as likely to report being **drunk regularly** (10.5% vs. 4.9%)
- significantly more likely to report **trying illegal drugs** (35.8% vs. 14.9%)

- significantly less likely to report eating '5 a day' (10.7% vs. 16.5%)
- significantly less likely to report doing the recommended hours exercise per week¹¹ (38.2% vs. 47.6%)
- significantly less likely to report getting the recommended hours sleep¹² the previous night (35.3% vs. 50.2%)

These were also observed in the aggregate of previous surveys 2018, 2020 and 2022.

Impact of experiencing 4+ ACEs

Pupils experiencing 4+ ACEs were significantly more likely to report LMW than those with less than 4 ACEs (61.5% vs. 28.0%), they were also more than twice as likely to report self-harm (63.7% vs. 18.7%).

Pupils who report 4+ ACEs appear to have less academic achievement and future aspirations.

Pupils reporting 4+ ACEs were significantly less likely to report they *Often achieved top grades* (27.1% vs. 36.2%), and significantly more likely to report it was likely they would be *unemployed and not in education* in the future (11.9% vs. 6.0%).

In a change to previous surveys pupils with 4+ ACEs were no less likely to apply to university than those with less than 4 ACEs but were significantly less likely to say they felt confident about their future (52.8% vs. 59.1%).

Specific ACEs experienced

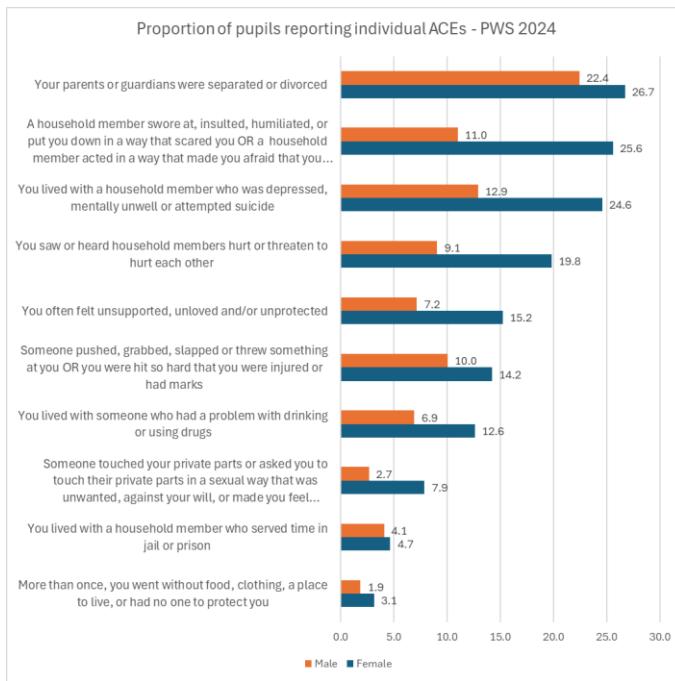
In 2024 pupils were asked to indicate specific ACEs they had experienced. The most frequently reported ACE across all pupils was *Your parents or guardians were separated or divorced* reported by 23.0% of pupils. This was the same for both sexes and both year groups.

⁹ As measured using WEMWEBS – LMW aligns with NHS probable clinical depression

¹⁰ Defined as - *Quite often (e.g. weekly)/Most days*

¹¹ NHS recommends 1 hour per day = 7+hrs per week

¹² NHS recommends 7+ hours per night for adults



Most ACEs were experienced by a significantly higher proportion of females than males (except living with a household member who had been in prison).

Where pupils reported experiencing more than 4 ACEs the most commonly reported ACE was *A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt*.

The most commonly reported ACE by statistical neighbour group was *Your parents or guardians were separated or divorced* for all groups except pupils at Independent or Selective grammar schools, where the most commonly reported ACE was *A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt*.

The second and third most commonly experienced ACEs also show an interesting picture; in all statistical neighbour groups *You lived with a household member who was depressed, mentally unwell or attempted suicide* was either the second or third most common ACE reported and ranged from 1 in 7 in quintile 5 pupils to 1 in 4 in quintile 4 pupils. This suggests parental mental wellbeing has a significant

impact on young people across all socio-economic groups.

Pupils from quintile 1 schools had higher odds of *living with a household member who served time in jail or prison* than all other groups (OR 1.8). Pupils from quintile 2 schools had higher odds of reporting *Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable* than all other groups (OR 1.7). Pupils from quintile 3 schools had higher odds of *living with someone who had a problem with drinking or using drugs* than all other groups (OR 1.6).

Over three quarters of pupils who had experienced 4+ ACEs had experienced being humiliated or afraid they would be physically hurt; seen domestic abuse; have a person in their house with mental illness.

Proportion of pupils reporting individual ACEs by number of ACEs reported in total (1-3 ACEs and 4+ ACEs)	4+ ACEs	1-3 ACEs
A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt	83.8	39.2
You saw or heard household members hurt or threaten to hurt each other	77.8	31.0
You lived with a household member who was depressed, mentally unwell or attempted suicide	76.4	40.0
Your parents or guardians were separated or divorced	70.7	52.5
Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks	58.0	25.9
	57.7	24.1
You often felt unsupported, unloved and/or unprotected	50.3	20.9
You lived with someone who had a problem with drinking or using drugs	23.6	11.3
Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable	19.6	9.3
More than once, you went without food, clothing, a place to live, or had no one to protect you	17.9	5.3

This suggests these are most often seen together, and that where domestic abuse is in a household that abuse extends to all family members, highlighting the importance of providing support to young people experiencing domestic abuse either directly or indirectly.

Resilience and coping with experience of ACEs

Experiencing ACEs clearly has a wide-ranging effect on young people and their outcomes, arguably most profoundly on their mental wellbeing. There are a small proportion (3.2%) of pupils experiencing 4+ ACEs who have high mental wellbeing.

Reducing the effects of significant adversity on children's healthy development is essential to the progress and prosperity of any society. Some children develop resilience, or the ability to overcome serious hardship, while others do not. Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential.

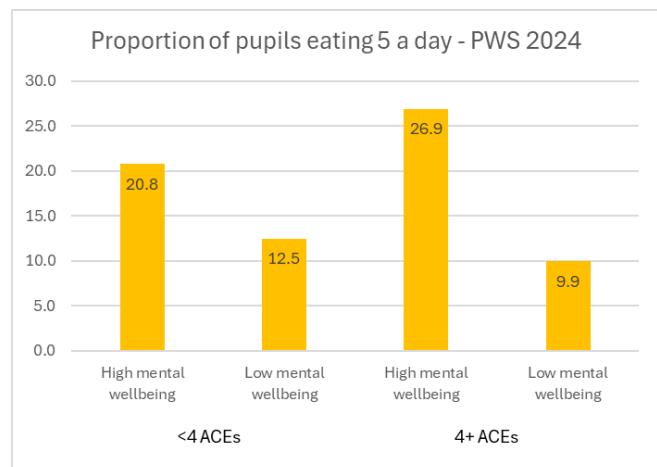
A systematic review¹³ identified a number of features that contributed to resilience, especially in those who had experienced trauma and/or hardship. These included;

- emotional self-regulation
- self-esteem
- positive outlook
- trusted adult
- feeling loved and cared for
- academic engagement
- supportive school community
- high community social cohesion
- religiosity of family/spirituality

Some research¹⁴ suggests the most effective factor to promote resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.

Those children who had experienced 4+ ACEs who had HMW were significantly more likely to say they had a trusted adult to go to when they were worried about something than those with LMW (84.6% vs. 59.0%). Whilst this is also the case with those who experience <4 ACEs the gap is much smaller between those with HMW and LMW.

Good nutrition and exercise also contribute to resilience after experiencing ACEs. Pupils with high mental wellbeing (HMW) have significantly higher rates eating 5 a day than those with low mental wellbeing (LMW) no matter how many ACEs they experience. However, the gap in eating 5 a day between those with HMW and LMW is twice as big where pupils have experienced 4+ ACEs (17.0 percentage points vs. 8.3 percentage points).



Pupils with HMW who had experienced 4+ ACEs were also significantly more likely to report doing the recommended exercise, and the gap in doing the recommended exercise between those with HMW and LMW was one and a half times as big (28.5 percentage points vs. 18.9 percentage points).

More investigations could be undertaken to establish if there is a clear rank of resilience features that leads to higher mental wellbeing/better outcomes in pupils who have experienced ACEs.

Other adverse childhood experiences

Poverty and economic disadvantage can also have a significant impact on childhood experiences and is often observed alongside other ACEs. A separate report *Experience of Free School Meal Eligible pupils* explores this in more detail and is available at: <https://www.glos.ac.uk/inform/children-and-young-people/pupil-wellbeing-survey-formerly-online-pupil-survey/>

¹³ <https://bmjopen.bmjjournals.org/content/9/4/e024870>

¹⁴ <https://developingchild.harvard.edu/science/key-concepts/resilience/>