

Representation, diversity & inequalities

Pupil Wellbeing Survey 2026

Gloucestershire County Council

Contents

Introduction 3

The Pupil Wellbeing Survey 3

Limitations and caveats of the survey 3

Analysis of deprivation 4

Representation of characteristics 5

Protected characteristics 5

Age 5

Gender reassignment 5

Disability 6

Race including colour, nationality, ethnic or national origin 7

Religion or belief 8

Biological Sex 8

Sexual orientation 8

Representation of socio-economic groups 9

Inequalities 11

Healthy living 11

Healthy eating 11

Exercise 12

Mental health and wellbeing 12

The Warwick & Edinburgh Wellbeing Scale (WEMWBS) 13

Other wellbeing measures 14

Bullying 15

Self-harm 15

Health harming behaviours 16

Smoking, vaping and nicotine pouches 16

Alcohol 17

Drugs 17

Behaviour 18

Absenteeism 19

Criminal activity 19

Relationships and healthy sexual behaviour 20

Living situation 20

Sexual behaviour 20

Sexual abuse 20

ACEs 21

Accessing health services and getting help 22

Having someone to turn to 22

Accessing health services 22

Getting help for mental wellbeing 22

Preparation for adulthood 24

Conclusion 24

Representation conclusions 24

Inequalities conclusions 25

Reflections on inequalities by characteristic 27



Introduction

The Pupil Wellbeing Survey (PWS) gives students a voice by telling us what is important to them and the findings are communicated with and used by organisations across the county to inform priorities and service development and improvement. The survey results can also be used to identify cohorts who may have a different childhood experience based on their protected characteristics or other vulnerabilities.

The first part of this report aims to understand how representative of the Gloucestershire student population the survey sample is in 2026, and how different this is to the resident population.

The second part of the report looks at how students with different characteristics may have different childhood experiences and be subject to inequalities.

The Pupil Wellbeing Survey

The Pupil Wellbeing Survey (PWS) and Online Pupil Survey™ (OPS) is a biennial survey that has been undertaken with Gloucestershire students since 2006. Children and young people from the following settings participate: Years 4, 5 and 6 in primary schools; Years 8 and 10 in secondary schools; and Years 12 and 13 in post-16 settings such as sixth forms and colleges. A large proportion of mainstream, special and independent settings, colleges and educational establishments take part, representing approximately 70.0% of students in participating year groups in 2026.

The PWS asks questions about children's characteristics, behaviours and lived experience that could have an impact on their overall wellbeing. The 2026 PWS was undertaken between January and April 2026.

Limitations and caveats of the survey

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

Gloucestershire is a grammar authority and has several notable independent settings, as well as and mainstream settings very close to the county's boundary; these attract students from out of county. This means that the student population (particularly at secondary phase) has slightly different characteristics, especially ethnicity, from the resident young people's population. An estimated 12.3% of Gloucestershire's resident population (2021 Census) were from diverse ethnic communities; however, in January 2026 23.1% of Gloucestershire's student population were from diverse ethnic communities, and 23.4% of the 2026 PWS cohort were from diverse ethnic communities.

Although a large proportion of the county's educational settings took part in the survey, in some relatively few students completed the survey. Although this doesn't impact the overall county analysis, as the characteristics of the overall sample were as expected, analysis by district and education phase might only have certain demographic groups represented due to low student take-up (for example, there were low numbers completing the survey in Tewkesbury at further education (FE) level). The location of FE provision also impacts the survey, as older students travel further to access this provision.



Analysis of deprivation

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

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

In addition:

- Grammar/selective settings are compared to other grammar/selective settings in their phase without reference to the IMD.
- Independent settings are compared to other independent settings 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 settings are compared to all other schools of this type in the same phase without reference to the IMD. Vocational and alternative settings are compared to other settings in the same phase without reference to IMD.



Representation of characteristics

Key takeaways:

- Broadly representative age profile for the students at whom the survey is targeted, with an increase in 2026 of responses from post-16 students.
- 2.3% of students identify as transgender, non-binary or gender fluid.



In 2026 just over 30,000 students, from 270 education settings took part in the Pupil Wellbeing Survey (PWS).

This represents approximately 70.0% of students in participating year groups.

The current estimate suggests there are 106,872 children and young people aged 4-17 years living in Gloucestershire[1]. The January 2026 School Census recorded 91,980 students in Gloucestershire mainstream primary, secondary and special schools aged 4-17 years.

Protected characteristics

There are 9 protected characteristics identified by the UK government[2]

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

Some of these are less relevant to children & young people (e.g., being married or in a civil partnership) and as such data about these are not collected in the PWS.

Age

Students in Early Years Foundation Stage and KS1 are not included in the survey, this decision was made as the survey does not cater to the youngest students, we therefore have no representation from our youngest students or their parents.

The survey sample includes a slightly higher proportion of younger students than the Gloucestershire student population as recorded in the School Census. Among eligible year groups, around 75% of primary students completed the survey, compared with 60% of secondary and 35% of post-16 students. This means whole-survey results may understate behaviours that become more common with age, such as smoking. For this reason, these behaviours are usually analysed using secondary students only, or secondary and post-16 students combined.

Post-16 comparisons require additional caution. The School Census includes only students who remain in schools in the post-16 phase, whereas the PWS also includes students attending post-16 colleges. Mid-year population estimates for 16- and 17-year-olds are therefore used to provide a more appropriate comparison.

It is important to consider when looking at overall survey results older students are under-represented.

Gender reassignment



Since 2022, the survey has asked students more comprehensively about their gender identity. In

[1] MYE 2025 – derived estimate

[2] https://www.gov.uk/discrimination-your-rights

2026, 2.3% of students identified as transgender, non-binary or gender fluid.

In the Gloucestershire student cohort, students assigned female at birth were more likely than students assigned male at birth to identify as transgender. The reasons for this difference are unclear and cannot be determined from the survey data.

Identified gender	Biological sex		Total
	Female	Male	
Cisgender	94.3%	95.9%	94.6%
Don't know	1.2%	1.7%	1.9%
Don't think of myself as having a gender	0.5%	0.5%	0.5%
Figuring out my gender	1.0%	0.4%	0.8%
Gender fluid	0.5%	0.5%	0.5%
Non-binary	1.3%	0.5%	0.9%
Transgender	1.2%	0.5%	0.8%

It is hard to get comparable national statistics about how many young people identify as transgender or non-gender confirming, but to try and give some comparison the following three sources give us some reference.

In the 2021 Census[3] 0.5% of persons aged 16+ and 1.0% of those aged 16-24 years reported their gender identity was different to the sex they were registered at birth. National research[4] shows recording of transgender identity in medical records was only 0.03%. An IPSOS survey[5] in 2022 suggested 3.1% of people said they were transgender, non-binary, gender queer or gender fluid, Agender or another gender that was not male or female. Although this reflects people of all ages rather than just young people.

By combining PWS reported transgender, gender fluid and non-binary students it would suggest the representation in the survey of non-gender conforming students (2.3%) is broadly reflective of actual prevalence suggested in the IPSOS survey.

In the 2026 PWS a further 0.5% of students identified as Gender-fluid, and 0.9% identified as non-binary.

Disability

Key takeaways:

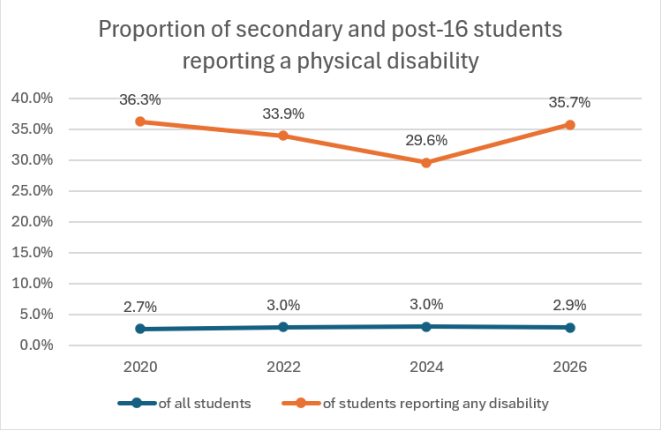
Around 1 in 14 students report having a disability.

Students with SEN appear to be under-represented in the survey.

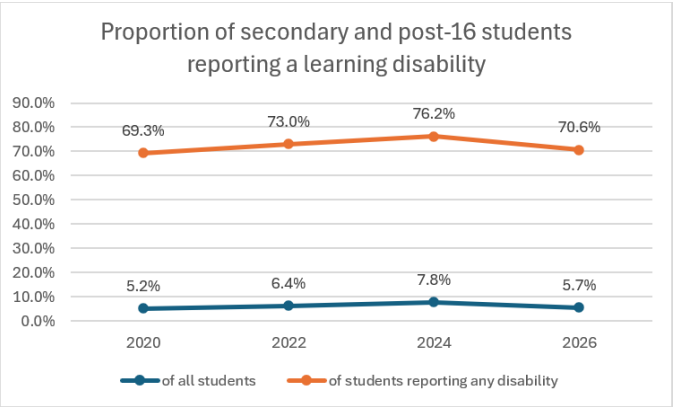
Around 1 in 5 secondary and post-16 students identified as neurodivergent.

2026 survey data reports that 7.1% of students said they had a disability (2,105 students).

Older students in secondary and post-16 settings were asked what type of disability they have. Since 2020, about 3.0% of all students have consistently reported having a physical disability.



5.7% of all secondary and post-16 students reported a learning disability in 2026, this increased during and post the pandemic period but has reduced to be in line with the 2020 figure (5.2%).



[3] https://www.gires.org.uk/information-on-prevalence-incidence-and-monitoring/https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/articles/genderidentityageandsexenglandandwalescensus2021/2023-01-25

[4] https://bmjmedicine.bmj.com/content/2/1/e000499

[5] https://www.gires.org.uk/information-on-prevalence-incidence-and-monitoring/

In the January 2026 Pupil Census 0.8% of students had a recorded[6] physical disability (including *Visual impairment* and *Hearing impairment*) as their primary need, however many children have learning disabilities that severely impact their physical health (*Profound & Multiple Learning Difficulty* and *Severe Learning Difficulty*.) When these are included, it suggests 1.3% of students are likely to have a physical disability. However, these students are unlikely to have completed the survey.



In the January 2026 Pupil Census 14.0% have a non-physical special educational need identified as their primary need (excluding *Social Emotional and Mental Health*). This is higher than those reporting a Learning disability in the 2026 PWS (5.7%).

In the 2026 survey 12.6% reported they had Special Educational Needs (SEN) or an Education, Health and Care Plan (EHCP), whereas in the January 2026 Student Census, 21.6% of students have recorded SEN support or an EHCP. This suggests students with special educational needs are under-represented in the survey. However, students with special educational needs may not have understood the question or, especially younger students, may not be aware of their special educational needs and the support they receive. Students with severe physical or learning disabilities may not be capable of completing the survey in its current form.

In 2026 students in secondary and post-16 settings were also asked if they considered themselves neurodivergent[7]; overall, 20.7% agreed. 8.0% said they had been diagnosed by a health professional, 7.4% said they had self-diagnosed and 5.4% said they were on the waiting list to be assessed.

In the January 2026 Pupil Census, 4.2% of students had a primary need that aligns with neurodivergence (Autistic Spectrum Disorder and Specific Learning Disability); however, it is important to understand that not many neurodivergent diagnoses have individual primary need categories in the census, for example ADHD.

A 2020 study[8] estimates that between one-in-five and one-in-seven (15% to 20%) of the global population is neurodivergent. This suggests that the PWS figure is in line with estimated prevalence.

Race including colour, nationality, ethnic or national origin

Key takeaways:

- The 2026 findings are highly representative of Gloucestershire's ethnic diversity.
- The survey respondent profile is broadly balanced by biological sex.
- Around one in twelve students identify as lesbian, gay or bisexual (8.7%).
- Some evidence gaps, particularly around religion and belief.

In the January 2026 Pupil Census 23.0% of students were identified as from diverse ethnic communities with 23.4% of the 2026 PWS survey respondents self-identifying as being from diverse ethnic communities. This suggests the survey is reflective of the broad ethnic groupings of students in Gloucestershire education settings.

When looking at more detailed ethnic groups, these also appear to be representative of the student population.

[6] Special needs are categorised in the School Census into 12 primary needs https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

[7] Neurodiversity applies to variation in how people's brains work. Those whose brains function differently from what is considered typical would be described as neurodivergent.

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7732033/

Ethnic group	Census 26	PWS 2026
Asian	6.9%	6.9%
Black	3.2%	3.3%
Mixed ethnicity	5.7%	5.9%
Not obtained	2.0%	4.2%
Other ethnicity	0.6%	0.5%
Other white	6.5%	6.8%
white British	75.0%	72.4%
Cohort size	*91,980*	*30,007*

Nationality is not collected in the PWS or Pupil Census, however first language is collected in the census. 11.4% of students were recorded as having a first language other than English. Language and nationality are often, but not always similar. For example, someone may have a nationality of British by birth but may have non-British parents who speak a different first language at home to them.

Religion or belief

The religion of students has not been collected in the PWS since 2012, neither is it collected in the Pupil Census. This means we cannot assess if religious populations are represented equally in the survey, and there is no way to assess if they have equal opportunities of if they face inequalities.

Biological Sex

In the January 2026 Pupil Census 51.1% of students were recorded as male and 48.9% as female; this was slightly different to the PWS cohort (where sex was given), 49.4% of whom reported as being biologically male and 50.6% as biologically female. It is important to note that16.7% of the PWS cohort didn't give their biological sex, in contrast to the Pupil Census in which all students had their biological sex recorded.

Sexual orientation

The Office for National Statistics reported from the 2021 Census 89.4% of persons aged 16+ identified as heterosexual or straight in England and Wales[9] and 90.4% of Gloucestershire's population over 16. There is no comparable national data for those under 16.

The proportion of students reporting they are *heterosexual* in 2026 was 84.3%. Between 2020 and 2022 there was a reduction in the proportion identifying as heterosexual, almost entirely driven by a decrease in females identifying as heterosexual. However, since 2022, the proportion identifying as heterosexual has risen again.



There appears to be little correlation between identifying as heterosexual and deprivation. However, students at independent schools had the highest proportion of students identifying as heterosexual.

Students at Special schools were significantly less likely to report identifying as heterosexual than any other group (67.6%).

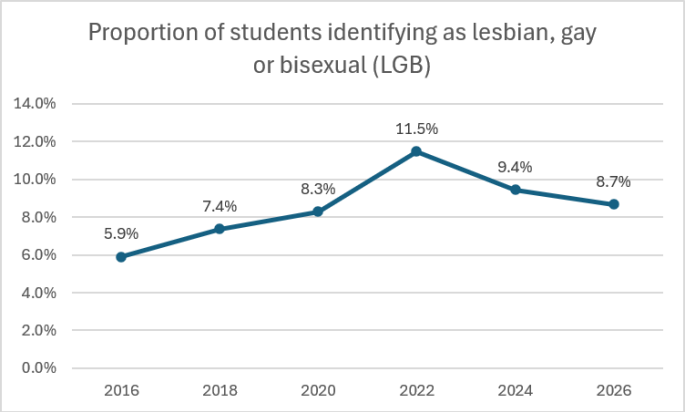
Students in quintile 5 schools were the least likely to report that they identify as heterosexual out of all students in mainstream schools.

In the 2021 Census approximately 2.8% of the England and Wales and 2.5% of the Gloucestershire population identified as Lesbian, Gay or Bisexual (LGB)[10], 8.7% of students in the survey self-identified as LGB. ONS[11] notes that younger people are more likely to identify as LGB+ than older groups, an estimated 6.9% of people aged 16 to 24 years (9.38% females and 4.50% of males).

[9]https://www.gloucestershire.gov.uk/inform/population/census-of-population/census-2021/

[10] ibid

[11] https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/articles/sexualorientationageandsexenglandandwales/census2021#:~:text=1.-,Main%20points,and%2034%20years%20(57.88%25).



Representation of socio-economic groups

Key takeaways:

- Students from a wide range of socio-economic backgrounds across Gloucestershire are represented.
- Students attending schools in more deprived areas may be slightly more represented in the survey.
- Geographical coverage is strong across the county with only small differences between districts and educational phases.

Settings can be separated into 'statistical neighbour' groups, these group together settings with students with a similar social profile (i.e., a similar level of deprivation, affluence or personal/family characteristics) in the same type of school.

It is difficult to directly compare students' resident IMD quintile as the survey is anonymous and we don't ask for their individual postcodes. Instead, we use the postcodes recorded in the most aligned Pupil Census to create a school level IMD quintile.

In the 2026 survey, there appears to be an over-representation of students (in mainstream primary and secondary schools, excluding special, alternative provision and selective schools) attending schools categorised as quintile 1 (most deprived). This may be an effect of the methodology used to determine setting-level IMD in the survey.

IMD quintiles		
	PWS 2026	Census Jan 26
Quintile 1	21.6%	9.3%
Quintile 2	15.8%	11.4%
Quintile 3	17.4%	24.1%
Quintile 4	19.5%	25.5%
Quintile 5	25.7%	29.6%

12.1% of secondary students in the January 2026 Pupil Census attended selective schools; this was lower than the PWS where 17.0% of the secondary cohort attended selective schools. This suggests students at selective schools may have slightly higher representation in the PWS.



A further 3.6% of the survey cohort attended independent schools, and whilst there is no comparison in the Pupil Census, it can be estimated from independent school published POR figures that 6.9% of the Gloucestershire population aged 4-17 years attend independent schools. This suggests students attending independent schools are under-represented in the survey. Although independent schools are likely to attract students from outside Gloucestershire as well as international students, so the proportion of *resident* children and young people attending independent schools is likely to be lower than in a mainstream setting.

Education settings from across the county take part in the survey however, there were small differences in the representation of students by district of school between the survey and the Pupil Census 2026. Overall, students in Cheltenham and Forest of Dean were slightly over-represented in the survey, and those in Tewkesbury settings slightly under-represented.

Setting districts		
	PWS 2026	Census Jan 26
Cheltenham	20.9%	17.6%
Cotswold	10.9%	12.8%
Forest of Dean	13.8%	11.4%
Gloucester	23.7%	24.2%
Stroud	18.7%	19.0%
Tewkesbury	12.0%	15.0%

There are also slight differences in representation by education phase. At the primary phase Cheltenham students are slightly over-represented

and Gloucester students slightly under-represented.

Primary setting districts		
	PWS 2026	Census Jan 26
Cheltenham	21.9%	18.4%
Cotswold	12.6%	11.4%
Forest of Dean	11.0%	12.0%
Gloucester	21.3%	24.5%
Stroud	19.5%	20.1%
Tewkesbury	13.8%	13.7%

At the secondary phase Cheltenham and Stroud students are over-represented, and students in, Cotswold and Tewkesbury are underrepresented.

Secondary setting districts		
	PWS 2026	Census Jan 26
Cheltenham	20.8%	15.8%
Cotswold	8.0%	14.5%
Forest of Dean	13.0%	11.7%
Gloucester	22.7%	23.9%
Stroud	21.8%	17.3%
Tewkesbury	13.7%	16.8%



Inequalities

Whilst we hope every child has equal opportunities and positive experiences during their childhood and into adolescence, some students are more likely to experience particular challenges.

This section is separated into broad themes and looks at evidence of inequalities reported by students belonging to vulnerable or protected characteristic groups. More insights into the experiences of students with different characteristics are explored in individual deep dive reports available on: https://www.gloucestershire.gov.uk/inform/children-and-young-people/pupil-wellbeing-survey-formerly-online-pupil-survey/

Key takeaways:

- Healthy eating is strongly linked to deprivation and vulnerability.
- Girls were less likely to eat breakfast regularly than boys.
- Food insecurity affects a substantial proportion of young people - more than one in five students reporting skipping meals because there was not enough food at home.
- Sugary drink consumption shows a strong deprivation gradient.
- Female students are less active than male students.
- The largest inequalities in physical activity are seen amongst LGBTQ+ students, students with low mental wellbeing, those known to social care, and those eligible for free school meals.

Healthy living

Healthy eating

In 2026 Bangladeshi (16.0%) and Pakistani (17.9%) students were significantly less likely to report eating '5 a day' compared to their White British peers (27.3%), all other ethnic groups were in line.



Students from the following vulnerable groups were significantly less likely to report eating '5 a day' than their less vulnerable counterparts:

- Eligible for Free School Meals (FSM) (22.4% vs. 27.8%)
- Low Mental Wellbeing (LMW) (21.1% vs. 29.1%))
- 4+ ACEs (17.1% vs. 22.0%)

Generally, girls eat breakfast less frequently than boys. Overall, 12.6% of boys reported that they never, or did not often, eat breakfast, compared to 18.8% of girls.

Students eligible for Free School Meals (FSM) were significantly less likely to report eating breakfast regularly, than those not eligible 57.4% vs. 71.7%.

There is a clear link between deprivation and having healthy food available. Students at mainstream quintile 5 schools (least deprived), independent and selective settings were significantly more likely to report having healthy food at home than all other groups.

There appears to be little link to deprivation and eating unhealthy snacks, although students at independent settings were significantly less likely to report eating unhealthy snacks every day. However, the likelihood of drinking sugary drinks appears to be strongly linked to deprivation, i.e. higher rates were reported in students from quintile 1 settings and reduced as deprivation decreased.

21.9% reported they had ever skipped a meal due to a lack of food at home. This was highest in the most deprived students (25.6%) and reduced as deprivation reduced.

This suggests there is an inequality in access to healthy food for students in deprived neighbourhoods, and in eating healthy for students with LMW and those with a disability.

Exercise

Girls and young women are less likely to report doing the 6+ hours of physical activity per week than boys and young men. Girls and young women were twice as likely to say they didn't do physical activity because they were embarrassed (22.9%) than boys and young men (11.4%) and twice as likely to say they didn't do physical activity because they don't like wearing tight/clinging sportswear (16.6% vs. 7.8%). The proportion of students reporting they didn't do physical activity because of feeling embarrassed was also significantly higher in those who identified as LGBTQ+ (41.9%) and those with low mental health (35.7%).

There appears to be a link between doing 6+ hours physical activity per week and deprivation. In 2026 settings where the majority of students live in the most deprived areas (IMD quintile 1) reported significantly lower levels of physical activity. In contrast, settings where most students live in the least deprived areas (IMD quintile 5), as well as those at selective settings reported significantly higher levels of physical activity.

Reported participation levels in students with vulnerable characteristics was also lower than the overall participation levels and significantly lower in students:

- reporting a disability (43.5% vs. 48.5%)
- reporting SEN (44.5% vs. 48.8%)
- from diverse ethnic communities (43.1% vs. 49.8%)
- known to Social Care (39.8% vs. 49.2%)
- identifying as LGBTQ+ (31.9% vs. 45.5%)
- young carers (40.3% vs.48.8%)
- who are eligible for FSM (40.0% vs. 49.6%)
- who were bullied (43.6% vs. 48.5%)
- who have LMW (38.0% vs. 51.4%)
- reporting 4+ ACEs (40.1% vs. 49.3%)

Young people who identified as LGBTQ+ reported the lowest activity levels, continuing a consistent trend seen in previous survey years.

Reported exercise levels varies across different ethnic groups, with around half (50.4%) of white British students reporting they do the recommended exercise. Students from all other ethnic groups (apart from mixed ethnicity) were significantly less likely to report doing the recommended amount of exercise than their white British peers. Students who were the least likely to report doing the recommended amount of exercise identified as:

- Bangladeshi (26.0%)
- Black African (32.1%)
- Pakistani (32.2%)

Lack of affordability being given as a reason for doing little or no exercise seems to increase with age

Accessibility to appropriate clothing such as sports bras or sanitary products may also create a barrier to exercise. A significantly higher proportion of girls and young women from white western European backgrounds (26.7%) reported they didn't exercise due to difficulties relating to their period. A higher proportion of girls and young women from diverse ethnic communities also reported not going to education settings because of difficulties relating to their period (25.5% vs. 22.1%) than their White British peers.

Mental health and wellbeing

Key takeaways:

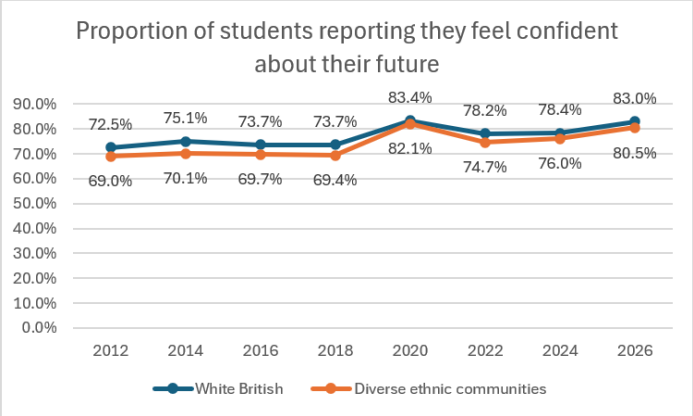
- Overall mental wellbeing improved in 2026; however, inequalities remain substantial.
- Young carers and students with SEND/EHCPs, have seen wellbeing worsen since 2024.
- LGBTQ+ students experience the poorest mental health outcomes across multiple indicators.
- Girls remain less confident about their future than boys.
- Social connectedness is a major challenge for neurodivergent students and those with SEN or disabilities.

All vulnerable groups[12] consistently report lower happiness levels, however students who are young carers, those with a disability and LGBTQ+ students had the lowest levels of happiness. Since 2016,

[12] Children and young people who are; young carers, known to social care, eligible for FSM, bullied, disabled, have EHCP/SEN support, identify as LGBTQ+

students who reported being seriously bullied have experienced the most consistent decline in happiness levels, falling from 53.2% to 39.2%. Students eligible for FSM have seen a sharp and persistent decline in happiness levels since 2020.

In 2012, the proportion of females reporting they felt confident in their future was the same as males (72%), however since then the gap has been widening between the sexes reaching a peak of 8% in 2022. In 2026 the gap had reduced slightly to 7.9 percentage points. Students from diverse ethnic communities have historically felt less confident about their future than their White British peers and this persists.



The proportion of students from diverse ethnic communities reporting feeling proud of their achievements is consistently below their white British peers. Although the gap narrowed in 2024 to 0.8 percentage points, by 2026 it had returned to the previous gap of around 2 percentage points (91.9% vs 90.0%).



Neuro-diverse children such as those with Autistic Spectrum Disorder (ASD) and those with other learning and physical disabilities can find it particularly hard to make and keep friends. In 2026, a new question was introduced asking students if they felt they were neurodivergent. Only 35.3% of students who reported being neuro-divergent find it easy to make and keep friends (vs 56.2%). 42.0% of students with Special Educational Needs (SEN) support or an Education Health and Care Plan (EHCP) said they found it easy to make and keep friends, significantly lower than those with no SEN (56.3%). The difference between students with a disability and peers without a disability was equally stark; in 2026, 40.1% reporting finding it easy to make and keep friends vs. 55.4%.

The Warwick & Edinburgh Wellbeing Scale (WEMWBS)

The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible. The scale has been widely used nationally and internationally for monitoring, evaluating projects and programmes and investigating the determinants of mental wellbeing.[13]

Between 2011 and 2019 the England mean WEMWBS scores for adults were fairly stable, between 50.1 and 52.6 among men and between 49.6 and 52.3 among women[14]. This is an internationally used measure that has been benchmarked against well-validated measures of clinical mental health disorders. A score of 41 or less has been shown to be an accurate indication of probable clinical depression and or anxiety, a score between 41 and 43 is indicative of possible/mild depression and or anxiety. In the survey analysis we use categorisation bounds as ratified by Warwick University, to split the cohort into those with low, average or high mental wellbeing. The bound for low mental wellbeing (LMW) is a score of 42 or below, suggesting that those categorised with low mental wellbeing are

[13] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

[14] https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/ethnicity-and-health-2011-2019-experimental-statistics/wellbeing-copy

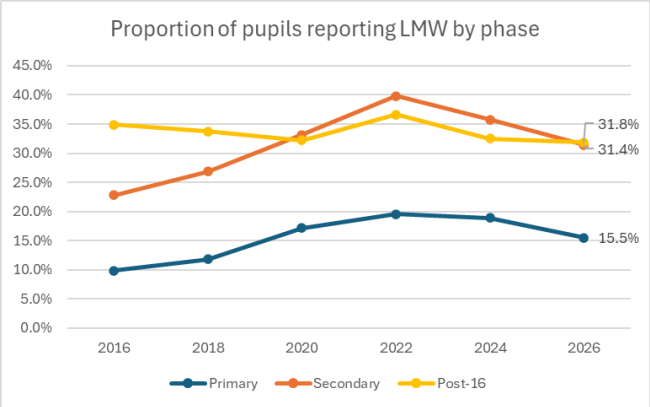
likely to be experiencing clinical anxiety or depression.

The mean WEMWBS score of among students in Gloucestershire is 49.6. This represents an improvement since 2024. There is a distinct difference between the mean scores of males and females and by year group as students age. The mean WEMWBS score of young people identifying as LGBTQ+ was the lowest of all vulnerable groups (41.8) in 2026 suggesting this group is experiencing very poor mental wellbeing.

There appears to be some link between lower deprivation and higher wellbeing scores in females, and to a lesser extent in males.

In 2026, 1 in 4 (23.1%) of all students reported LMW, which is statistically significantly lower than in 2024 and below the 2020 pre-pandemic level.

This reduction appears to be influenced mainly by the proportion of secondary students reporting LMW. There is a more consistent trend in the proportion of post-16 students reporting LMW with the only marked increase during the pandemic.



The wellbeing of students from many vulnerable groups in Gloucestershire has historically been lower than that of the general cohort of students. Between 2022 and 2026, most vulnerable groups experienced a reduction in reported LMW similar to the general student population. However, between 2024 and 2026, students with SEND, an EHCP, and young carers saw an increase in reported LMW.

LGBTQ+ students were almost three times as likely (OR 2.7 in 2026) to report LMW than their heterosexual/cisgender peers.

There is no significant difference between reported LMW in students between white British and diverse ethnic communities (22.7% vs. 24.8% in 2026), with the trend following a similar pattern since 2016.

Students from Gypsy/Roma, White & Black African mixed ethnicities, white eastern European and Other white backgrounds were the only detailed ethnic groups to be significantly more likely to report LMW than their white British peers. Indian students were significantly less likely to report LMW.



Other wellbeing measures

Key takeaways:

- Bullying remains one of the strongest drivers of poor wellbeing such as school-related worry and unhappiness.
- Identity-based bullying continues to affect many young people, particularly LGBTQ+ students, disabled students and students from diverse ethnic communities.
- Self-harm rates have improved since pandemic peaks, especially among older students. However, progress has been slower in younger students and students from more deprived areas.
- The groups at greatest risk of self-harm are students with multiple adverse childhood experiences, LGBTQ+ students, bullied students, neurodivergent students and young carers.

In 2026, female students were significantly more likely to report feeling worried about going to school than males (just under 1 in 3 vs. 1 in 6).

Students with almost all vulnerable characteristics were significantly more likely to say they felt worried about going to school than their non-vulnerable peers. Students who were seriously bullied (53.6%), and students with low mental wellbeing (51.1%) were the most likely to say the felt worried about going to school.

Bullying



Younger students are most likely to report being regularly bullied with the proportion reducing as they get older. In 2026, students in Year 4 were the most likely to report regular bullying.

Since 2016, there has been a reduction in reported regular bulling in all phases. The highest proportion of students reporting regular bullying was seen in the settings with students living in the most deprived areas. As deprivation levels reduced, so did the proportion of students who reported being bullied on a regular basis. Students at selective settings were significantly less likely to report regular bullying than almost all other groups.

In 2026, females were significantly more likely to say they were victims of isolating bullying[15] than males. Males were significantly more likely to report being a victim of physical bullying.

Whilst around 1 in 10 secondary and post-16 students perceived that they experienced homophobic bullying, almost half (42.5%) of bullied LGBTQ+ students and 12.3% of all LGBTQ+ students reported experiencing bullying due to homophobia.

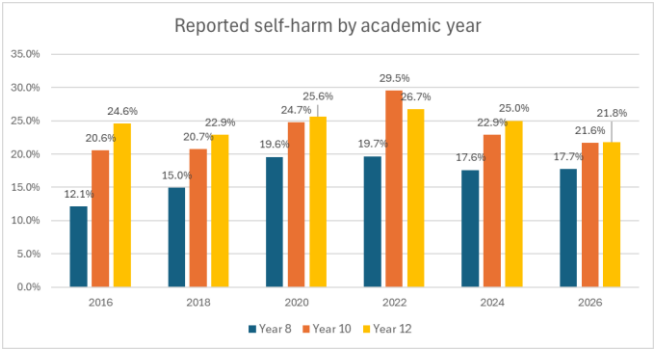
A quarter (27.7%) of students from diverse ethnic communities who were bullied reported experiencing racist bullying, which is a slight increase on 2024, and equates to 6.0% of all students from diverse ethnic communities.

A quarter of students with a disability who were bullied and 1 in 13 of all students with a disability perceived it was due to their disability.

In the survey the proportion of students reporting being a victim of hate speech/crime[16] has significantly reduced since 2024.

Self-harm

Between 2016 and 2022, the greatest increase in the number of students reporting self-harming behaviour was among year 10 students (+8.9 percentage points). Between 2022 and 2026, year 10 students also had the largest reduction in self-harm reporting (-7.9 percentage points). Between 2016 and 2022, the number of Year 8 students who reported self-harming also saw a substantial increase. However, between 2024-2026, in contrast with the older age groups there has been a stabilisation rather than a reduction in rates.



When looking self-harm trends between socio-economic statistical neighbours, most groups saw a peak in reported self-harm in 2022 during the pandemic period. Exceptions to this were mainstream quintile 1 settings who appear to have peaked in 2020, just before the pandemic and independent settings who appear to have peaked in 2024 after the pandemic period. In less deprived groups the level of reported self-harm now appears to be similar to 2018 levels. However, in more deprived groups (mainstream quintiles 1-3), whilst recovering, levels have not yet returned to 2018 levels.

In 2026, Asian and Black students were significantly less likely to report self-harm or overdose than White British young people, whilst all other broad ethnic groups were in line with White British students.

Students from other diverse ethnic communities such as Indian, Bangladeshi, Black African and Other Asian background had significantly lower reported self-harm than white British students.

[15]Isolating or excluding a student - repeatedly and deliberately ignoring or leaving out

[16] Experiencing regular serious bullying perceived to be; homophobic, racist, religious, gender identity, disablist or sexist. Secondary and FE pupils only.

Whilst students from any other Mixed background and Other White backgrounds were significantly more likely to report self-harm.

Students with vulnerable characteristics were more likely to report self-harm than their peers:

- Students with 4+ ACEs[17] - *OR 7.3*
- LGBTQ+ students - *OR 5.1*
- Seriously bullied students - *OR 3.7*
- Students reporting neurodivergence - *OR 3.0*
- Young carers - *OR 2.8*
- Students with a disability - *OR 2.2*
- Students with SEND/EHCP - *OR 2.1*

Health harming behaviours

Key takeaways:

- Smoking continues to decline overall, while students in independent and vocational/alternative provision settings were more likely to smoke.
- Female students were more likely than male students to have tried vaping and to vape regularly.
- Higher rates of smoking and nicotine pouch use were seen among some ethnic groups, such as Gypsy/Roma, Traveller of Irish Heritage, White Irish and White European students.
- Students with disabilities, neurodivergent students, LGBTQ+ students and those with low mental wellbeing are less likely to report never drinking alcohol.
- Males were more likely than females to report being frequently drunk.
- Patterns of alcohol use varied by age and deprivation.
- Drug use appeared lowest in the least deprived and selective settings, but no consistent relationship between deprivation and drug use.
- Vulnerability was a stronger predictor of drug use than deprivation.
- Neurodivergent students and students known to children's social care had the highest likelihood of reporting drug use.

Smoking, vaping and nicotine pouches

Whilst there is a visible decline in the number of students trying smoking, there is no significant difference in the proportion of students trying smoking between students in IMD quintile 1 (most deprived) and other mainstream settings in IMD quintiles 3 and 4. There is a significant difference between the proportion of students trying smoking in quintile 2 (higher) and all other mainstream settings and quintile 5 (lower) and all other mainstream settings. Students at selective settings reported a significantly lower proportion trying cigarettes (2.6%). The proportion of students who reported they had tried smoking was highest at independent settings (8.2%) and vocational & alternative settings (8.1%).

There doesn't appear to be any significant difference in the proportion of male and female students regularly smoking; a trend observed consistently over the years. Although slightly higher there is no significant difference in the proportion of students from diverse ethnic communities regularly smoking to their white British peers (1.4% vs. 1.3%). There are however, some ethnic groups that do have a significantly higher proportion of students reporting regular smoking; Gypsy/Roma (6.4%), white Irish (3.1%), white Western European (2.9%) and white Eastern European (2.6%).



Females were significantly more likely to have ever tried vaping and to report vaping regularly (10.7% and 4.6%) than males (8.8% and 3.2%).

Males were significantly more likely to report they had tried nicotine pouches (9.2%) compared to females (4.6%).

Students from Gypsy or Roma (20.4%), Traveller of Irish heritage (23.1%) and white western European

[17] ACEs questions are only asked to pupils in Year 10, Year 12 and Year 13

(12.1%) backgrounds were significantly more likely to have tried snus/nicotine pouches than white British students.

Alcohol

In secondary and post-16 phases students are asked about their sexuality and gender identity. Overall LGBTQ+ students (33.3%) were significantly less likely to report they had never had alcohol than heterosexual students (41.3%). Students identifying as bisexual/pansexual or lesbian/ gay were significantly less likely to report never drinking alcohol than heterosexual students.



The proportion of students who reported never drinking alcohol did not differ significantly by gender identity.

Students from some vulnerable groups were less likely to say they had never drunk alcohol than their comparative less-vulnerable peers; those with a disability, neurodivergent students, LGBTQ+ students and those with Low Mental Wellbeing (LMW) were all less likely to say they had never drunk alcohol. In contrast students eligible for FSM and those from diverse ethnic communities were significantly more likely to report they had never had alcohol.

Students with LMW (*OR 1.9*), SEN (*OR 1.6*) and neurodivergent students (*OR 1.6*) were more likely to drink alcohol regularly.

In the secondary phase, students at mainstream more deprived settings were more likely to report drinking regularly than those in less deprived settings. However, students at independent settings were the most likely to report drinking regularly.

In post-16 settings students in quintile 1 (most deprived) settings (11.0%) were the least likely to report regular drinking and those in independent settings the most likely (26.5%).

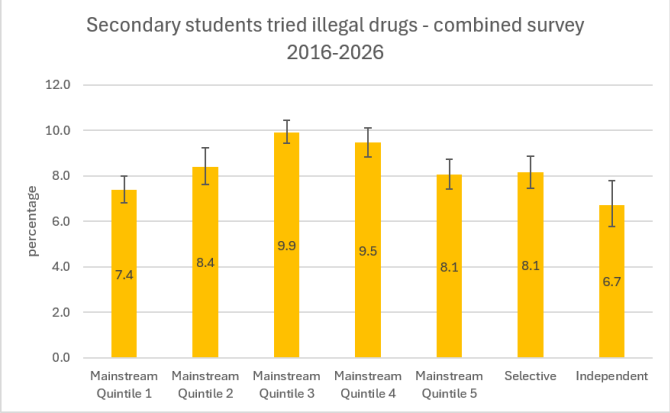
Males (5.5%) were significantly more likely to report they were frequently drunk than females (4.1%).

Of those who have tried alcohol, in the primary and secondary phases the proportion of students reporting they were regularly drunk decreased as deprivation decreased. However, in the post-16 phase being drunk regularly increases as deprivation decreases between quintile 1 settings (most deprived) and quintile 4 settings. Students in quintile 5 (least deprived), selective and independent settings were less likely to report being drunk regularly.

Students from mixed ethnic backgrounds were significantly less likely to report being drunk regularly than white British students, whilst similar levels were observed in all other broad ethnic groups. Whilst numbers are small, students from Bangladeshi, Pakistani and Traveller of Irish heritage backgrounds were significantly more likely to report being drunk regularly than white British students.

Drugs

When combining responses across all survey years between 2016 and 2026 there is no clear link with deprivation and drug taking.



When looking at the responses from secondary students in the 2026 survey in isolation, there is a no trend is observed between trying drugs and deprivation, although drug taking appears lowest in quintile 5 (least deprived) and selective settings.

Students from Other white ethnic backgrounds were significantly more likely to report trying drugs. At a more granular level students from *Other White background* (18.3%) and *White Irish background* (20.8%) were significantly more likely to report trying drugs than white British students (12.5%).

Students from *Any other Asian background* (6.3%), *Black African* (6.5%) and *Indian* (5.3%) backgrounds were significantly less likely to report trying drugs than white British students.

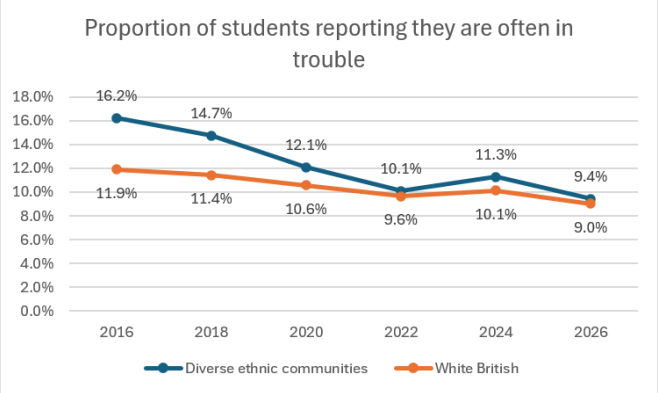
A significantly higher proportion of students from all vulnerable groups (except those who were seriously bullied) reported taking illegal drugs compared with their less vulnerable peers. Neurodivergent students (*OR 1.8*) and students known to children's social care (*OR 1.7*) had the highest likelihood of trying drugs compared to their less vulnerable peers.

Behaviour

Key takeaways:

- The proportion of students reporting they are often in trouble at school has fallen steadily since 2016.
- Students with LMW were more likely to report often being in trouble.
- Being often in trouble and experiences of isolation, suspension or exclusion are strongly associated with deprivation; rates reducing as deprivation decreased.
- Students within vulnerable groups were more likely to report an isolation, suspension or exclusion, to be in trouble with the police and more likely to report gang involvement.
- Black African students were significantly less likely to report high levels of absence.
- Gang membership was uncommon (1.3%) but was more frequently reported by males than females.
- Students known to social care and neurodivergent students were more likely to report having run away from home.

The proportion of students reporting they are *often in trouble* at school appears to have been reducing fairly consistently since 2016. Students in Year 8 are the most likely to report often being in trouble. Students with low mental wellbeing (LMW) were significantly more likely to report often being in trouble (13.5%) than those with average/high mental wellbeing (A/HMW) (7.1%). In 2026 students from diverse ethnic communities (9.4%) were no more likely to say they were *often in trouble* than their white British peers (9.0%). The gap between students from diverse communities and white British students reporting they were often in trouble has been closing since 2016, although there was a slight widening in 2024.



Students from a *Gypsy/Roma* background were the most likely to report being *often in trouble* (24.5%), followed by *Traveller of Irish heritage* (21.1%), *Mixed – white & Black Caribbean* (17.5%) and *Black Caribbean* (16.3%), students. *Indian* students were the least likely to report being often in trouble (4.9%).

Students in special settings were the most likely to report being *often in trouble* (12.9%) and those in selective schools were the least likely (4.3%). Being in trouble appears to be linked to deprivation, with the proportion reducing as deprivation decreases.

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

In mainstream settings students in quintile 1 (most deprived) were the most likely to have had an isolation, suspension or exclusion.

The likelihood of students from the following groups reported receiving an isolation, suspension or exclusion was twice that of their less vulnerable peers:

- Those bullied regularly (*OR 2.1*)
- Those known to social care (*OR 2.3*)
- Those with a disability (*OR 2.2*)
- Those receiving support for special educational needs (*OR 2.3*)
- Those eligible for FSM (*OR 2.1*)

- Those with low mental wellbeing[18] (*OR 2.0*)
- Those experiencing +4 ACEs (*OR 2.2*)

Absenteeism

There was no difference in the proportion of students from diverse ethnic communities reporting being absent from education for 10% or more of days compared to their white British peers, however students from a number of ethnic communities were significantly more likely to report being absent for more than 5 days.

Conversely pupils from *Black African (8.5%)* backgrounds were significantly less likely to report being absent from education for 10% or more of sessions and those from *Any other Asian background* (17.6%), *Any other black background* (14.3%) and *Indian background* (17.7%) were also less likely but not significantly.



Criminal activity

1.3% of students reported joining a gang, and males were significantly more likely to report being in a gang (1.6%) than females (0.8%).

Students known to social care and neurodivergent students were over 4 times as likely to report being in a gang than their less vulnerable peers. Young carers and those who were seriously bullied were three times more likely to report being in a gang.

There was little difference in the proportion of students reporting gang membership by socio-economic school group although students at selective grammar schools were less likely to report membership. Males[19] were more likely to report carrying a weapon than females. Students from diverse ethnic communities were significantly more likely to report carrying a weapon than their *white British* peers. However, this was most influenced by *Other white* students. Students from *Pakistani (5.6%)* heritage were also significantly more likely to report carrying a weapon. Overall, students from *Black*, *Asian*, and *Mixed backgrounds* weren't significantly more likely to report carrying a weapon than *white British* students.

Males were more than twice as likely to report being in serious trouble with the Police than females (2.5% vs. 1.0%). Students aged 13-15 were the most likely to report being in serious trouble with the Police. This has been the case over the last 10 years.

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

- Those known to social care (*OR 4.6*)
- Those reporting 4+ adverse childhood experiences (ACEs) (*OR 4.1*)
- Neurodivergent students (*OR 3.2*)
- Those who were young carers (*OR 2.9*)
- Those with a disability (*OR 2.8*)
- Those regularly bullied (*OR 2.8*)
- Those eligible for FSM (*OR 2.8*)
- Those with low mental wellbeing (*OR 2.7*)
- Those with SEND (*OR 2.7*)

Students from Traveller of Irish heritage (9.7%), Black Caribbean (8.0%) and White Irish (6.0%) ethnicities were more likely to report running away from home. Students known to social care were 5 times more likely to say they had run away from home in the past 6 months than those not known to social care. Neurodivergent students were 4 times more likely to have run away from home in the past 6 months.

[18] Mental wellbeing is measured in the survey using the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

[19] Students 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.

Relationships and healthy sexual behaviour

Key takeaways:

- Students from diverse ethnic communities were more likely than white British students to report living somewhere other than with their parents.
- Students within vulnerable groups were less likely to feel safe at home and more likely to experience multiple ACEs and sexual exploitation.
- Students in the most deprived settings significantly more likely to report regularly witnessing domestic abuse than those in the least deprived settings.
- Female students were twice as likely as male students to report being victims of domestic abuse or teen relationship violence, with higher rates in students with 4+ ACEs.
- Students from Bangladeshi, White Irish and Black African backgrounds were less likely to report understanding consent.
- Around 1 in 20 secondary and post-16 students reported being coerced, manipulated or deceived by an adult into sexual activity.

Living situation

Students from diverse ethnic communities were significantly more likely to report living somewhere other than with parents than their white British peers although the gap has narrowed since 2024 (4.1% and 3.4% respectively).

Students with vulnerable characteristics such as those identifying as LGBTQ+, students with a disability, those with SEND/EHCP, neurodiverse students, young carers, those known to social care, those eligible for Free School Meals (FSM), those seriously bullied and those from diverse ethnic communities were all significantly less likely to say they felt safe at home than their less vulnerable counterpart peers.

There appears to be a slight correlation between the proportion of students reporting regularly witnessing domestic abuse by statistical neighbour group (based on deprivation of students). The proportion reporting regularly witnessing domestic abuse in mainstream quintile 1 settings (most deprived) (4.2%) was significantly higher than those in mainstream quintile 5 settings (least deprived) (2.4%).

Female students were twice as likely to report being the victim of domestic abuse or teen relationship violence regularly than male students (OR 2.0). Vulnerable students were also significantly more likely to report being a victim of domestic abuse or teen relationship abuse than their less-vulnerable peers. Students reporting 4+ ACEs were the most likely to be a victim of domestic abuse or teen relationship abuse (OR 12.3).

Sexual behaviour

Understanding consent in 2026 was similar across mainstream settings but was significantly higher in students from selective schools and significantly lower in special schools (82.1%).

Students from Bangladeshi (89.2%), White Irish (91.5%) and Black African (92.2%) backgrounds were significantly less likely to say they understood consent than their white British peers (96.5%).



Students from diverse ethnic communities (4.3%) were significantly more likely to say they had no one to turn to for help and advice about sexual health than white British students (3.3%).

Sexual abuse

Females were more likely to have received a message or picture of a sexual nature than males (20.2% vs. 14.7%).

Around 1 in 20 (4.7%) of secondary and post-16 students said they had been taken advantage by an adult to coerce, manipulate or deceive them into sexual activity. Students from vulnerable groups were significantly more likely to report being taken advantage of by an adult.

Sexual abuse by an adult	
Vulnerable group	Increased liklihood (odds ratio)
Females	3.3
Disability	2.0
SEN	2.2
Neurodiverse	2.6
Known to social care	2.9
LGBTQ+	3.1
Young Carer	3.6
Bullied	3.3
Eligible for FSM	2.0
4+ ACEs	6.2

ACEs

When combining survey data from 2024 and 2026 any link with deprivation remains largely confined to the least deprived students being significantly less likely to report 4+ ACEs. There were no significant differences in the prevalence of 4+ ACEs among students living in deprivation quintiles 1 to 4.

Females[20] were significantly more likely to report 4+ACEs than males. In 2026 14.9% of females reported experiencing 4+ACEs compared to 7.4% of males. Cis gendered students were significantly less likely to report they had experienced 4+ ACEs than those who are Transgender or gender fluid.

Students identifying as LGB were significantly more likely to report 4+ ACEs than heterosexual students.

Overall, there was no significant difference in reporting 4+ ACEs between students from diverse ethnic communities and their white British peers. However, students from mixed and other ethnic backgrounds were significantly more likely to report 4+ ACEs than their white British peers, whilst similar levels were observed in all other ethnicities.

Students with low mental wellbeing[21] (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 (23.4% vs. 6.9% respectively) i.e. Having multiple ACEs may increase the risk of poor mental wellbeing. It can also be said that poor mental wellbeing may also affect how people perceive, recall, or report their childhood experiences.

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

Vulnerable characteristic	Odds ratio of 4+ ACEs
Low Mental Wellbeing	4.1
Disability	1.7
SEN/EHCP	1.5
Neurodivergent	2.2
Known to CSC	4.1
Young Carer	3.3
Bullied	2.5
Eligible for FSM	3.8



[20] Where given as biological sex

[21] As measured using WEMWEBS – LMW aligns with NHS probable clinical depression

Accessing health services and getting help

Key takeaways:

- Students with LMW and students who identify transgender, non-binary or gender fluid were substantially less likely to report having someone to turn to for help.
- Brushing teeth twice a day and visiting a dentist showed a clear deprivation gradient, with rates increasing as deprivation decreased.
- All vulnerable groups reported lower rates of twice daily toothbrushing.
- One in four students wanted more support with coping with feelings and stress management.
- Female students were considerably more likely than males to want additional support relating to appearance and stress management.
- Students from all vulnerable groups and female students were more likely to received professional mental health support.
- Students from diverse ethnic communities were less likely to report accessing professional mental health support.
- Students from vulnerable groups were more likely to report barriers to service access.

Having someone to turn to

Students with LMW were significantly less likely to report having someone to turn to for help than those with AMW and HMW (76.2% LMW vs. 95.6% HMW). There was no difference between biological sex, however, students who reported identifying as gender fluid (83.6%), non-binary (72.8%) or transgender (71.0%) were significantly less likely to have someone to turn to for help than cis gendered students (91.4%).

Accessing health services

The likelihood of students brushing their teeth twice a day or more increased as deprivation decreased.

Students from any other black background (66.3%), Black African (69.8%) and Indian (73.6%) Other white (76.6%) ethnic groups were significantly less likely to say they brushed their teeth twice a day than their White British peers (80.5%).

Students from all vulnerable groups were significantly less likely to report brushing their teeth twice a day than their less vulnerable peers, especially those eligible for FSM (69.4%).

Females (83.0%) were significantly more likely to say they brushed their teeth twice a day than males (75.9%).

Visiting the dentist was also linked to deprivation and in mainstream settings was lowest amongst students in quintile 1 settings where two thirds had visited the dentist (67.6%) compared to students at selective settings where almost 9 in 10 (88.9%) of students had been to the dentist. Likelihood of visiting the dentist was also low in students at special schools; 65.0% had visited in the previous 12 months.

Students from diverse ethnic communities (72.6%) were significantly less likely to report they had visited the dentist in the previous 12 months than their white British peers (78.5%). Specifically, students from Black African (54.7%), Any other Black background (58.5%), Bangladeshi (62.4%), Pakistani (68.2%), and Indian (71.4%) backgrounds were the least likely to report visiting the dentist in the previous 12 months.

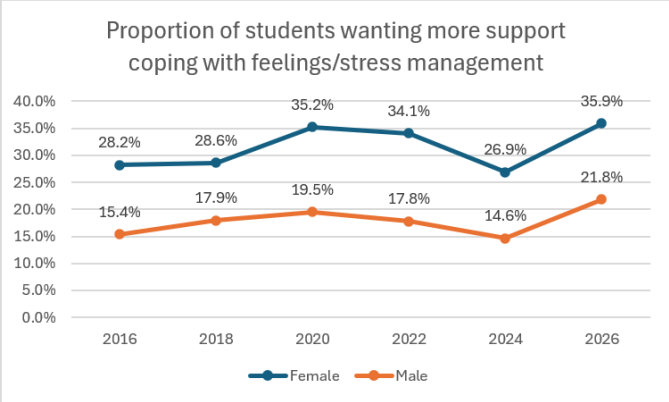


Again, students eligible for FSM (68.8%) and those known to social care (70.1%) were significantly less likely to have visited a dentist than their less vulnerable peers.

Getting help for mental wellbeing

In 2026, one in four secondary and post-16 students said they wanted more help with feeling positive about their appearance. This was higher in females (33.5%) than males (15.6%).

In 2026, 1 in 4 students said they would like more information about coping with feelings/stress management, which has remained stable since 2012. Females (35.9%) were more likely to want more information about Coping with feelings/Stress management than males (21.8%).



Female students were significantly more likely to report ever receiving support from a professional (26.1%) than male students (18.7%), and significantly more likely to report having professional support at the time of the survey (8.6% vs. 6.4%).

Students from all vulnerable groups were significantly more likely to have received mental health support from a professional than their less vulnerable peers. Students reporting 4+ ACEs had the highest likelihood of ever having mental health support (OR 4.2) followed by those who reported being neurodivergent (OR 3.9). Those known to Children's Social Care were the most likely to be receiving mental health support from a professional at the time of the survey (20.8%).

Overall, students from diverse ethnic communities were significantly less likely to have received support from a professional than their White British peers. This was mainly driven by students with a south Asian background (Bangladeshi, Indian or Pakistani) who had significantly lower proportions of students reporting accessing professional mental health support.

In 2026, we observed a higher number of students living in the more deprived quintiles who have ever received professional mental health support. This is in contrast to 2024 when there was no clear trend by socio-economic statistical neighbour group. Pupils with SEND/EHCP were more likely to say they didn't receive professional mental health support because; *Still on waiting list* and *It was too difficult to get an appointment* which prevented them from accessing support.

Students with neurodivergence were more likely to say they didn't receive professional mental health support due to '*still being on the waiting list'* (*OR 2.1*), '*I tried but adults didn't take me seriously or understand'* (*OR 2.3*), *and/or 'it was too difficult to get to my appointment'* (*OR 2.1*).

LGBTQ+ students (*OR 3.0*), those with a disability (*OR 3.9*), and those with SEN (*OR 2.3*) were more likely to say they didn't receive professional mental health support because '*my appointment was cancelled'*.

Students who were young carers were more likely to say they didn't receive professional mental health support because they were *still on the waiting list* (*OR 2.7*) or *I tried but adults didn't take me seriously or understand* (*OR 2.3*).



Preparation for adulthood

Key takeaways:

- Female students were significantly less likely than male students to feel optimistic and confident about the future.
- Students in less deprived communities are generally more optimistic and confident about their futures.
- Vulnerable groups and some diverse ethnic communities report lower confidence and lower aspirations to attend university.
- Students in more deprived mainstream settings, students known to social care and students eligible for FSM were more likely to plan to undertake an apprenticeship.
- School type plays an important role in the consideration of future plans.

Females (44.5%) were significantly less likely to say they felt optimistic about the future than males (53.9%). Feeling optimistic about the future also appears to be linked to deprivation, as optimism increases as deprivation decreases.

Females (78.6%) were significantly less likely to feel confident about their future than males (86.5%). In mainstream settings the proportion of students reporting they feel confident about their future increases as deprivation decreases from 72.4% in quintile 1 (most deprived) to 80.6% in quintile 5 (least deprived).



Students from diverse ethnic communities (80.5%) were significantly less likely to report they felt confident about their future than white British students (83.0%). This was particularly influenced by Mixed white and Black African students (77.1%) and white students who were not white British, particularly Gypsy Roma (72.0%) and white eastern European (78.2%).

Students in mainstream settings were more likely than students in selective, independent and special settings to say they planned to do an apprenticeship, and this was also highest in the most deprived settings. Students at special settings were the most likely to say they planned to do nothing after Year 11.

Students at independent settings were the most likely to say they planned to go to university. Students in post-16 colleges were the most likely to say they planned to go into paid work. All of post-16 students in special settings said they didn't know what they were going to do next, although numbers were very small and half of students in special settings chose not to answer the question.

Students from white British backgrounds were the least likely to say they planned to go to university, and the most likely to say they planned to go into paid work after post-16 education. White British students were also the most likely to say they didn't know what they were going to do next.

Students from vulnerable groups were overall less likely to say they planned to go to university apart from LGBTQ+ students. Planning to go to university was lowest in students

- With a disability (39.9%)
- Known to social care (41.4%)
- Who are eligible for Free School Meals (FSM) (42.2%)
- Who report being bullied (42.9%)

Students known to social care (22.1% vs. 15.4% of those not known) and those eligible for FSM (18.5% vs. 15.7%) were significantly more likely to say they planned to go into an apprenticeship than their less vulnerable peers.

Conclusion

Representation conclusions

The 2026 Pupil Wellbeing Survey provides a large and broadly representative view of the experiences of children and young people attending education settings in Gloucestershire. Overall, the survey appears well aligned with the School Census for broad ethnic groupings and the combined secondary/post-16 cohort, but there are important caveats. Students with SEND or an EHCP are under-represented compared with the School

Census, some children with severe physical or learning disabilities may be unable to complete the survey in its current form, and the youngest children are not included. There are also differences by setting type and geography, including over-representation of selective schools and some variation by district and phase. These factors should be considered when interpreting the findings, particularly where experiences are strongly shaped by age, disability, setting type or socio-economic context.

Inequalities conclusions

The analysis shows that inequalities are not confined to one area of wellbeing, but are evident across healthy living, mental health, bullying, self-harm, health-harming behaviours, school engagement, safety, access to support and preparation for adulthood.

Some inequalities follow a clear socio-economic gradient: students in the most deprived mainstream settings were less likely to report healthy food availability, regular exercise, dental access, optimism about the future and confidence in their future, and were more likely to report food insecurity, bullying, exclusions or suspensions and some adverse experiences. This indicates that deprivation remains a key structural driver of inequalities in childhood experiences in Gloucestershire.

Inequalities are also strongly patterned by protected characteristics and other vulnerability markers. Girls and young women reported poorer outcomes than boys in several areas, including lower confidence and optimism, higher anxiety about school, lower exercise participation and greater likelihood of reporting some adverse experiences. Students who identified as LGBTQ+, (particularly students who are transgender, non-binary or gender fluid), and students with low mental wellbeing reported some of the poorest outcomes, particularly in relation to wellbeing, having someone to turn to, bullying, self-harm and access to support. Students with disabilities, SEND/EHCP and neurodivergent students also consistently reported poorer experiences across friendship, mental wellbeing, school engagement, exclusion, self-harm, safety at home and barriers to getting help.

Ethnicity presents a mixed picture. At broad group level, students from diverse ethnic communities were well represented in the survey and often reported outcomes in line with white British peers. However, the more detailed analysis identifies important differences for specific ethnic groups, including lower reported healthy eating and exercise among some South Asian students, lower dental access among several diverse ethnic communities, higher reported racist bullying among bullied students from diverse ethnic communities, and differences in confidence about the future and some health-harming behaviours. These findings underline the importance of continuing to analyse detailed ethnic groups, rather than relying only on broad categories which can mask specific experiences.

The findings suggest that all vulnerable groups were likely to experience multiple and overlapping inequalities and that vulnerability is cumulative.

Overlapping vulnerabilities are particularly important because they can compound the impact of disadvantage. A student may not experience one vulnerability in isolation; for example, a young carer may also be eligible for FSM, have SEND, experience bullying or live in a more deprived area. Similarly, students who identify as LGBTQ+, disabled students, students known to social care and students with 4+ ACEs may face multiple inequalities at the same time. This overlap can increase the likelihood of poorer mental wellbeing, a lower likelihood of seeking help and support, a reduced sense of belonging and greater exposure to health-harming behaviours.

This means that support should be designed around the whole child rather than around single categories of need, with schools and services paying particular attention to students who sit at the intersection of several forms of vulnerability.

This compounding effect is particularly important for direct health-harming behaviours. The evidence shows that smoking, vaping, alcohol use and drug-taking are not evenly distributed across the student population: FSM-eligible students, students who identify as LGBTQ+, young carers, students with a disability and students with SEN/EHCP are all more likely to report health-related risky behaviours than their less vulnerable peers.

Where these characteristics overlap, risk may be amplified; for example, a young carer who is also eligible for FSM and has low mental wellbeing may face multiple drivers of vaping, smoking or drug

use. This reinforces the need to consider health-related risk behaviours within a wider inequalities' framework, rather than treating them as isolated lifestyle choices.

These patterns reinforce the need for whole-system approaches that recognise intersectionality, focus on prevention and early help, and ensure support is accessible, trusted and culturally appropriate.

Progress should not be judged only by improvements in the overall average, but by whether the gap between more vulnerable students and their peers is narrowing.

The consistent message across the deep-dive reports is that targeted, joined-up support is required, with particular attention to belonging in school, early identification of need, trusted adults, access to mental health support, prevention of identity-based harm and trauma-informed responses for students experiencing multiple forms of disadvantage.

Reflections on inequalities by characteristic

Group	Key inequalities highlighted in the deep-dive evidence
Biological sex	Females report much higher self-harm rates than males, also lower confidence and optimism, higher anxiety about school, lower exercise participation and greater likelihood of reporting some adverse experiences. While males are more likely to report some antisocial and risk-taking behaviours such as carrying a weapon.
Ethnicity	Students from diverse ethnic communities report some distinct inequalities, including higher reports of racist bullying among those bullied and lower likelihood of seeking help from parents. Also, lower reported healthy eating and exercise among some South Asian students and lower dental access among several diverse ethnic communities
Deprivation	Students in settings with higher levels of deprivation are more likely to report regular bullying and other risk-related behaviours. Students in the most deprived mainstream settings were less likely to report healthy food availability, regular exercise, dental access, optimism about the future and confidence in their future, and were more likely to report food insecurity, exclusions or suspensions and some adverse experiences.
Known to social care	Students known to Children's Social Care are repeatedly identified as having poorer outcomes across safety, relationships, support and exposure to wider harms.
FSM eligibility	FSM-eligible students are more likely to overlap with other vulnerable groups and report poorer school, home, mental health and future-facing experiences.
LGBTQ+	LGBTQ+ students report poorer school experience, lower safety and belonging, higher mental health need and more barriers to accessing support.
Young carers	Young carers are more likely to experience disadvantage and overlap with FSM eligibility, suggesting wider pressures at home and increased vulnerability.
Disability	Students with a disability are more likely to report bullying linked to disability and poorer experience across relationships, education and support.
SEND	Students with SEND or an EHCP are repeatedly identified as having poorer outcomes across belonging, school experience and wider wellbeing.
Bullied students	Students regularly bullied are substantially more likely to report low mental wellbeing than those who are not bullied.
4+ ACEs	Students with four or more ACEs are around four times more likely to have low mental wellbeing and experience multiple overlapping harms.