

# Gloucestershire Pupil Wellbeing Survey 2025

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## Gloucestershire Pupil Wellbeing Survey 2024 Acknowledgements

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# Foreword

We are pleased to be sharing with you the findings of the 2024 Gloucestershire Pupil Wellbeing Survey (PWS). The survey has been conducted every other year since 2006 and has provided a unique and invaluable insight into the experiences and lives of the children and young people who attend the schools and colleges in our county.

The voices of 24,631 pupils and students were captured across 258 schools and colleges in the county. The survey covers a range of factors that influence health and wellbeing, including healthy eating, relationships, and experiences of school. The survey helps us to understand children and young people's perspectives on many areas of their lives, including whether they enjoy school, whether they feel safe, and their mental health and wellbeing.

The PWS provides an opportunity to explore the impact of emerging issues on our young people as well as helping us to understand how young people's experiences have changed over time. For this report, we have added new sections to reflect the growing understanding of the importance of these issues: vaping, oral health, online activity, SEND pupils, and representation and inclusion.

A number of positive findings were identified, for example, there has been a continuing downward trend in pupils engaging in harmful behaviours. The proportion of secondary pupils reporting that they had never smoked or had only tried it once or twice has continued to increase and is now 96%. Similarly, the proportion of pupils saying they have never had alcohol has increased from 44.8% in 2012 to 57.3% in 2024. After a spike in 2020, the proportion of pupils who have tried illegal drugs has now reduced to pre-pandemic levels.

Positively, 83.6% of pupils stated that the food provided at home enables them to eat healthily most of the time. However, children from lower income areas were less likely to have healthy food in the home compared to their peers in less deprived areas. Initiatives such as Feeding Gloucestershire and the Holiday Activities and Food (HAF) Programme have been successful in supporting

children and families. We must continue to work together to ensure all children have the best start in life.

The pandemic had a significant impact on mental wellbeing across the board but there are signs that wellbeing is starting to improve again. Most year groups have seen an increase in happiness and feeling confident about their future. There has also been a reduction in pupils reporting Low Mental Wellbeing. Although, it is important to note that some groups, such as young carers, LGBTQ+ pupils, pupils with special educational needs and disabilities, are not experiencing these improvements. A focus on equity and inclusion is imperative to ensure that all our young people are able to fulfil their potential and lead happy, healthy lives.

The 2024 results have already been shared with schools and colleges to help them identify areas for improvement and action. Our colleagues in the council and our partners are using the findings to inform our work with children and young people. More detailed, 'deep dive', reports on specific subject areas are available to view on Inform Gloucestershire – if you are interested in finding out more, please click [here](#).

**We hope you enjoy this report and find its content insightful and useful. It is a unique opportunity to hear from Gloucestershire's young people and we'd like to thank all the participants for sharing their experiences with us.**



**Siobhan Farmer**  
Director of Public Health



**Kirsten Harrison**  
Director of Education

# Introduction

Gloucestershire Pupil Wellbeing Survey (PWS), formerly the Online Pupil Survey (OPS), has taken place every two years since 2006. The latest survey was conducted in the Spring Term of 2024.

The PWS is commissioned by Gloucestershire County Council (GCC) and run by an independent research company.

The purpose of the PWS is to provide information on the health and wellbeing of children and young people attending schools and colleges in Gloucestershire with the aim of informing work, both in and outside of school, to improve the lives and outcomes of the county's young people. The results are used to give pupils a voice in schools and to inform commissioning decisions and strategic planning. It is also used to help monitor the progress of public health initiatives and programmes, and to identify new areas to prioritise.

The PWS uses age-appropriate questionnaires and is carried out in specific year groups in primary (years 4, 5 and 6), secondary (years 8 and 10) and year 12 in Further Education (FE). The questionnaire process is adapted for children and young people attending a special school. The survey is completed during the school day and is anonymous.

The questionnaire covers a range of topics, including young people's health influences and behaviours, emotional wellbeing, relationships, school experience

and safety. The questions are tailored for primary, secondary and FE pupils to be age-appropriate, for example, only secondary and FE pupils are asked about their sexual orientation, drug use or sexual health.

The survey also asks pupils about their demographic characteristics meaning that the report can look at evidence of health inequalities reported by pupils belonging to vulnerable or protected characteristic groups, including pupils who experience deprivation. Ministry of Housing, Communities and Local Government (MHCLG) Indices of Multiple Deprivation (IMD) is used to determine the relative deprivation of pupils. The IMD is based on the home postcode of pupils (collected in the school census, not the Pupil Wellbeing Survey). This is aggregated to give an overall IMD score for the school, reflecting the deprivation levels experienced by pupils.

The survey has grown over time and participation by educational settings and individual pupils remains voluntary. Gloucestershire's Further Education colleges (FE) took part for the first time in 2012 and independent schools joined in 2014. The survey questions are reviewed regularly which means the time trend data is only available from when each question was introduced.



## Snapshot of the 2024 survey sample

# 24,631

children and young people participated aged between 8 and 18 years.

This is an increase on the 2022 response rate and is equivalent to

# 57.2%

of young people in the selected year groups.

The students came from a total of

# 258

schools, colleges and other educational establishments across the county; representing:

**84.5%** of the county's primary schools

**68.8%** of secondary schools (including independent)

**75%** of Gloucestershire's FE colleges

**82.6%** of special schools

**80%** of 'Alternative Provision' Schools\*

## Of the sample of 24,631 young people:

**48.7%** were male and **47.6%** were female

**74%** of students gave their ethnicity as 'white British' and **25.5%** identified themselves as being from another ethnic group. \*

**55%** were attending primary school (Years 4, 5 and 6)

**32%** were attending secondary school (Years 8 and 10)

**13%** were in post 16 education (Year 12/FE colleges)

**8.5%** of participants self-identified as having a disability

**11.1%** self-identified as having Special Educational Needs (SEN)

**12%** of secondary and FE pupils identified as LGBTQ+.

*These percentages have not significantly changed over time.*



\* Alternative Provision educational establishments are places that provide education for children who are unable to attend mainstream school.

\* The remainder didn't give/refused to give an ethnicity

## Headline findings from the 2022 PWS

**Many indicators observed a marked shift in 2022 as a result of the pandemic but most have restabilised in this survey.**

**The proportion of pupils reporting eating '5 a day' (22.5%) has increased significantly since 2012, with a slight dip from its peak in 2022. 8 out of 10 (83.6%) of pupils stated that the food provided at home enables them to eat healthily most of the time. This figure has remained stable since 2012 across all age groups. Around a fifth of pupils (19.0%) have three or more unhealthy snacks a day; this is a significant reduction from 2014 (31.4%). Primary aged boys eat more unhealthy snacks than girls.**

**It is recommended that young people do at least 7 hours of physical activity a week. 70.5% of pupils are doing at least four hours a week, but only 47.8% of pupils are doing 6 hours or more.**

**96% of all pupils have never smoked or only tried it once or twice. The percentage who smoke regularly has been reducing steadily over the past 10 years.**

**1 in 7 pupils said they had tried vaping. 4.1% of pupils regularly vape, which has increased since the pre-pandemic period.<sup>1</sup>**

**90.9% of secondary pupils have never tried illegal drugs, similar to previous years.**

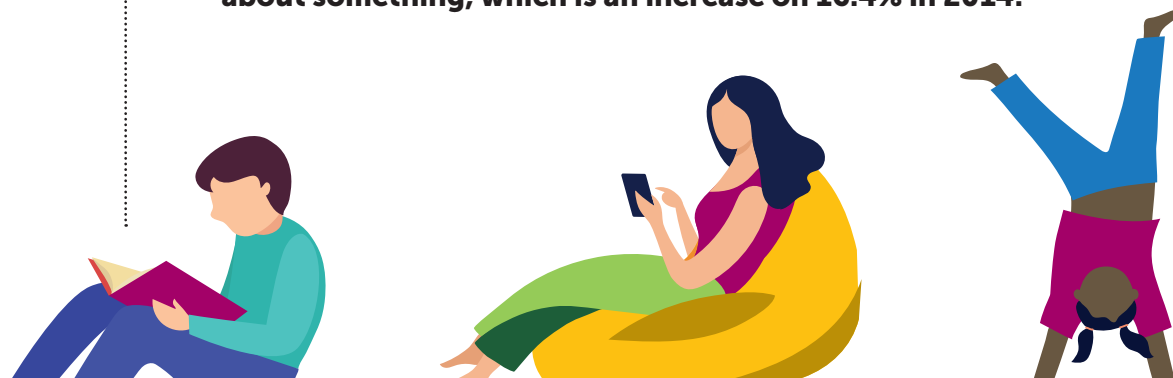
**The proportion of primary aged pupils reporting they brush their teeth at least twice a day was 77.4%, an increase on 2022.**

**Over half of pupils (61.7%) reported feeling happy in the last week, which is in line with the proportion in 2012 (61.8%). Two thirds of pupils were satisfied or quite satisfied with their lives, in line with 2012. Overall, wellbeing has increased significantly since 2022 across many areas for most children. Although some vulnerable groups have not seen this improvement.**

**The majority of pupils feel safe at home (90.4%, in line with previous years) and at school (73.3%, in line with previous years). Although a total of 2.1% of pupils said they felt unsafe at home, and 7.1% reported feeling unsafe at school.**

**Overall, 63.7% of pupils reported that they enjoyed school/college. This has increased since 2022 and since 2012 when it was 57.4%. 66.2% of pupils felt that school gave them useful skills and knowledge.**

**Stress due to schoolwork increases as pupils get older and girls are more likely to feel stressed than boys. 1 in 5 pupils (20.8%) frequently woke or couldn't sleep because they were worried about something, which is an increase on 16.4% in 2014.**



# What is Gloucestershire Healthy Living and Learning (GHLL)?

GHLL was launched in 2012 to support and promote health and wellbeing in schools and colleges across Gloucestershire, with the aim of helping children and young people to achieve their full potential and lead healthy and happy lives.

The GHLL programme, developed by Gloucestershire County Council, provides all schools and colleges with resources and training to help teachers to support their students on issues relating to their physical, emotional and mental wellbeing. GHLL's work is informed by the findings of the PWS, amongst other things.

Schools and colleges are supported to work toward the GHLL 'Healthy School' or 'Healthy FE' award which requires them to demonstrate that they have made a measurable difference to the health and wellbeing of their students. 55% of schools/colleges in the county currently hold the award, which is valid for three years, and 67.8% are working towards it.

The Mental Health Champions Award builds on the Healthy School/FE Award and celebrates the schools and colleges that go above and beyond for the wellbeing of their pupils and staff, adopting a whole school approach. 67 schools/colleges currently hold the Mental Health Champions Award and 74% of schools/colleges are being supported to work toward this high standard. The award, which launched in 2016, was created to acknowledge the commitment and resources that Gloucestershire schools/colleges have invested in supporting the mental health and wellbeing of their community. This award gives schools/colleges the opportunity to showcase good practice and identify areas for further development.

Both of these accreditations are informed by the 'whole school approach'. GHLL worked with Educational Psychologists to produce the [Nurturing Schools and Colleges: Whole School Approaches to Supporting Mental Health and Emotional Wellbeing resource](#). A whole school approach is the best way to bring about changes to policy and practice to ensure everyone is fully on board, from governors to classroom assistants. The research tells us that a whole school commitment and ethos, rather than piecemeal approaches, are key to making a difference.

GHLL works with a large range of partners on initiatives to support the health and wellbeing of pupils such as the daily mile, asthma friendly schools, the Lumi Nova app, myHappyMind, Getting Court, and e-Bug.



# Healthy lifestyles and behaviours

## Healthy Eating.

Research shows that children who are active and eat healthily tend to be healthier, better able to learn and carry out daily activities, and more self-confident. They're also less likely to have health problems now and in later life.<sup>2</sup>

### What do the survey results tell us?

The proportion of pupils reporting eating '5 a day' (22.5%) has increased significantly since 2012, with a slight dip from its peak in 2022. Between 2012 and 2020 (prior to the pandemic) the proportion of pupils reporting eating '5 a day' increased significantly from 21.4% to 25.2%. The surveys in 2022 and 2024 both saw slight reductions since the peak in 2020, though the percentage in 2024 (22.5%) is still higher than it was in 2012. The reduction since before the pandemic is statistically significant and may be related to the cost-of-living crisis. Proportionately larger reductions have been seen in children from the most deprived areas and Black African children.

Research suggests that children who eat breakfast tend to eat more healthily overall. 69.4% of pupils reported eating breakfast regularly, i.e. every or most mornings. The number has remained reasonably constant since the 2012 survey. However, as pupils get older, they are less likely to eat breakfast regularly. Generally, girls eat breakfast less frequently than boys. Overall, 12% of boys reported that they never, or did not often, eat breakfast, compared to 19.1% of girls.

It is recommended that children limit their intake of sugary or high fat snacks and fizzy drinks, which tend to be high in calories and lower in nutritional

value. In 2024, 59.2% of pupils reported having snacks every day (for example sweets, chocolate, biscuits and crisps). This is a significant reduction on previous years. In most year groups, boys reported eating more unhealthy snacks than girls, the exceptions to this being year 8 and year 12.

One fifth (19.5%) of pupils consumed fizzy drinks at least once a day. This appears to be static through primary to secondary school but increases sharply in year 12 to 1 in 4. Boys consume more fizzy drinks than girls across all age groups. The trend for consumption of fizzy drinks has declined since 2014 when over a third of pupils reported drinking sugary drinks daily.

Positively, 83.6% of pupils stated that the food provided at home enables them to eat healthily most of the time. This figure has remained stable since 2012 across all age groups. The availability of healthy food in the home is associated with deprivation; children from lower income areas were less likely to have healthy food in the home compared to their peers in more affluent areas.

When asked about any support they might need from school, 16.6% of pupils felt they needed more support and knowledge about healthy eating and 29.1% wanted more cooking skills





## What are we doing?

Schools play an important role in contributing to the quality of children's diet, whilst reducing inequalities in childhood diet and health. Good food starts with what is provided in school and continues with the school's effort to encourage a positive eating culture and education around food.

Food provision at school goes beyond lunchtime, with many schools offering food at breakfast, midmorning breaks and afterschool clubs. Regardless of the time of day, all food provided on school ground must align with the Department for Education endorsed [School Food Standards](#). Schools in Gloucestershire are supported to make sure that providing the healthy option is the easy option through staff training, tailored teaching resources and healthy eating sessions for children, young people and parents.

Whilst supporting schools to reflect food policy in practice, Gloucestershire Healthy Living and Learning (GHLL) offer the opportunity for schools to develop healthy eating initiatives as part of their [Healthy School/FE Award](#). Examples of school initiatives include interactive cooking, tasting and sensory sessions for children and young people, with a focus on fruit and vegetable consumption, healthy lunchboxes and healthy snacks.

Where we live, learn, work and play shapes our opportunities for good food and health, and we know that families nationally and locally do not have equal opportunities to enjoy good food. In response, Gloucestershire is home to a vibrant community food scene which supports families experiencing financial insecurity to access affordable, fresh and nutritious food. At county level, the Holiday Activities and Food (HAF) Programme is a shining example of an initiative that put food on the plate of 17,275 unique participants throughout 2023-24. With each district tailoring community food support to the needs of their local people, [Feeding Gloucestershire](#) is working across the county to ensure Gloucestershire is a place where everyone enjoys good food, and nobody goes hungry.

To promote healthier lifestyles in children, young people and families, [Beezee by Maximus](#) offer fun and free healthy lifestyle programmes for children aged 4-17 (or up to 25 years with SEND). Beezee offer a range of community-based face-to-face or online support that is tailored to meet individual family needs. Families across the county can expect to engage with interactive healthier lifestyle sessions which are grounded in behaviour change theory and promote healthy relationships with food, activity and self.



## Did you know?

The availability of healthy food at home is linked to deprivation: those from the most deprived areas were less likely to have healthy food available at home than those in less deprived areas.



**69.4%  
of pupils**

reported eating breakfast regularly i.e. every or most mornings



**83.6%  
of pupils**

state the food at home enables them to eat healthily

When asked about any support they might need from school



**16.6%  
of pupils**

felt they needed more support and knowledge about healthy eating



**29.1%**

wanted more cooking skills

## Physical Activity.

The government recommends that 5-18 year olds undertake at least one hour of physical activity every day for their health and wellbeing. Research shows that physical activity can boost self-esteem, mood, sleep quality and energy, as well as reducing the risk of stress.<sup>3</sup>

### What do the survey results tell us?

In the 2024 survey, almost half (47.8%) of pupils reported doing at least 6 hours a week. Broken down by gender, 54.4% of boys reported doing at least 6 hours of physical activity a week, compared to only 42.8% of girls. The proportion of pupils reporting doing at least 6 hours exercise a week had been increasing steadily since 2018. However, this fell slightly between 2022 and 2024. This can mainly be attributed to a decrease in the exercise levels of females and pupils in years 10 and 12.

While around half of pupils aren't meeting the recommended levels of physical activity, 70.5% of pupils did report doing at least 4 hours of physical activity, including active play, each week. This is in line with the 2012 level of 71% but is well above the lowest level in 2016 of 64%.

Overall, 66.3% of pupils felt they did enough exercise to keep themselves healthy (62% of girls and 71.2% of boys). Of the pupils who said they were active for only two hours or less a week, 43.3% felt this was enough to keep themselves healthy. Only 21.5% recognised that they did not do enough. Girls (who were less active overall) were more aware than boys that they were not active enough to keep themselves healthy.

The most frequent reasons that pupils gave for their decision to be more physically active were getting fit, enjoyment and improving performance/ getting better. Since 2016 when these questions were introduced, most of the reasons for exercising have remained the same. Pupils who were less active cited lack of ability, disliking getting too hot and sweaty, not enjoying exercise and having no time to do exercise or play sport.



**54.4% of boys**  
reported doing at least  
**6 hours**  
of physical activity a week



**42.8% of girls**  
reported doing at least  
**6 hours**  
of physical activity a week

## What are we doing?

Active Gloucestershire is leading several initiatives to improve the experiences of children and young people in Gloucestershire, particularly in addressing the growing gap between how girls view physical activity and how they engage with movement.

One such initiative is the Yoga Wellbeing Ambassador Programme, delivered in collaboration with Shift Yoga, which has trained over 120 teachers across the county and is expanding with new groups in 2024/25. This programme empowers schools to integrate mindfulness and physical activity into daily routines, promoting the vital link between wellbeing, mental health, and physical confidence.

In partnership with Gloucestershire Integrated Care Board, Young Minds Matter, local schools, and 40 activity providers across the county, Active Gloucestershire facilitates a thriving referral programme for young people with mild to moderate mental health challenges. Over the past year, this programme supported more than 200 young people, helping them access local, community-led activity programmes that encourage movement, connection, and improved mental health.

Additionally, Active Gloucestershire supports a wide network of providers committed to championing child-first coaching approaches, creating spaces where young people can be active and have positive experiences. Active Gloucestershire also supports Move More who are working with over 20 schools in the Cheltenham district as part of the Creating Active Schools initiative. This pilot project focuses on building trust with schools and encouraging them to adopt a more active approach across all aspects of school life. From active travel to active playtimes and active lessons, efforts are focused on helping schools create environments that foster movement throughout the day. Supporting schools to embed physical activity into their daily routines, lays the groundwork for long-term changes that make physical activity a natural and consistent part of young people's lives.

### Did you know?

More than 200 young people with mild to moderate mental health challenges have been supported over the past year



In 2024

**70.5% of pupils**

reported doing at least

**4 hours**

of exercise a week



## Smoking and vaping.

Smoking of tobacco in children and young people is a serious risk to health. The earlier individuals become regular smokers the more they are likely to go on to smoke as adults, the harder it is for them to quit, and the greater the risk of disease (such as respiratory problems, cancer and heart disease) and death.

Vaping (use of e-cigarettes) is not risk free but is currently thought to be less harmful than smoking. As e-cigarettes are relatively new products, their long-term effects are not known, and further research is needed. E-cigarettes allow inhalation of nicotine, a chemical that causes addiction, without production of other harmful chemicals found in cigarette smoke such as carbon monoxide and tar. For those who smoke, switching to use of regulated e-cigarettes is much safer. However, for those who have never smoked, it is safer not to vape.

### What do the survey results tell us?

In 2024, 9 in 10 pupils in primary, secondary and further education said they had never smoked. Between 2012 and 2024 the proportion of students reporting they smoke sometimes, quite often or most days has significantly reduced from 10.3% to 4%.

National research from 2023 indicated the proportion of secondary school pupils in England who had ever smoked was 11%. In comparison, the current proportion of secondary school pupils who had ever smoked (including tried once or twice) from the 2024 PWS results in Gloucestershire is similar at 11.6%.

The proportion of pupils smoking regularly (Quite Often (Weekly)/Most days) has also been declining, from 4.9% of pupils in 2012 to 1.5% in 2024 (370 pupils). Regular smoking increases significantly as children get older, particularly in years 10 and 12, where 1 in 10 pupils said they smoked regularly. Concerningly, young people who regularly smoke are significantly less likely to say they want to stop than they were in the previous survey (22.7% in 2024 compared to 33.6% in 2022).

The survey responses on vaping in 2024 showed that 84.3% of pupils reported they had never vaped, which has increased from 82.3% since the previous survey in 2022. 92% of pupils reported they had never vaped/tried once or twice. Vaping use has increased since pupils were first asked about vaping in 2016 but this has stabilised since a peak in 2020.

As with cigarettes the proportion of pupils reporting they have tried vaping increases with age and is highest in year 12 where just under half of pupils (45%) said they had tried vaping. This is significantly higher than the proportion that have tried cigarettes in year 12 (32.5%). 4.1% of pupils (1,007) said they vaped regularly, but this varied from 0.3% in year 5 to 32.3% of year 12. Overall, females were significantly more likely to report vaping regularly (4.4%) than males (3.3%).

The survey results indicate that there is an increasing trend of pupils taking up vaping who have never smoked. Pupils who reported smoking or vaping were asked further questions about their nicotine use. Among these pupils, the proportion of reporting I vape (use e-cigarettes) and I have never smoked tobacco-based cigarettes had risen from 25.2% of respondents in 2016 to 46% of respondents in 2024. This was, however, a slight reduction compared with 2022.

## What are we doing?

Gloucestershire Healthy Lifestyles Service provides bespoke 1:1 stop smoking support for anyone over the age of 12, including in-person and virtual behavioural support. Harm reduction support is also provided for those under 18s who have developed a nicotine dependence through the use of vapes. Initial discussions are underway regarding the development of a youth pathway into the Healthy Lifestyles Service. This pathway will be for young people under the age of 18 who vape and will aim to increase their engagement with the community service.

The Healthy Lifestyles Schools program (Thinking about Life - risk taking behaviours), offered to all secondary schools across Gloucestershire, provides learners engaged on the program with age-relevant information relating to the risk behaviours and their associated impacts on the young person in both the short and long term. The program aims to educate young people across a range of considered risk behaviours including smoking, alcohol, other addictive substances as well as the potential impacts and repercussions of peer pressures and social media using both face-to-face

specialist and supported teacher-led delivery. The face-to-face sessions delivered within the school setting provide young people with a safe space to discuss and explore these subjects whilst ensuring they understand how and who to go to seek help and support.

A webpage on adolescent vaping has been launched on the NHS Gloucestershire website. The page has been developed in response to the rise in adolescent vaping that has been seen both nationally and within Gloucestershire, as highlighted in previous PWS results, and is part of Gloucestershire's strategy to support people to stop smoking. The page has been designed for Gloucestershire's young people, parents, carers and professionals, and aims to serve as a central resource on the risks of adolescent vaping. The website also provides signposting to support available for children and young people that vape, as well as professionals, and parents and carers on how they can support young people that vape. Information on how to report illegal sales of vapes to Trading Standards is also included. The page can be accessed [here](#).



**95%**  
**of pupils**

have never tried smoking



**92%**  
**of pupils**

have never tried vaping.  
Reduced from **96%** in 2020



## Drugs and alcohol.

It is important that young people have the knowledge and resilience to make informed decisions about alcohol and drugs. Alcohol and drug use during the teenage years is related to a wide range of health and social problems. It can lead to young people taking risks and putting themselves in harmful situations.

### What do the survey results tell us?

Between the surveys carried out in 2012 and 2024, fewer young people in Gloucestershire are drinking alcohol. The proportion of secondary pupils reporting that they have never/not often tried alcohol has risen from 65.2% to 78.5%.

For the minority of secondary pupils who drink alcohol regularly, frequency of alcohol consumption has reduced since 2012. 16.3% drank alcohol monthly in 2024 (vs. 17.9% in 2012) and 4.7% (vs. 9.1% in 2012) drank weekly or daily in 2024. The most commonly reported source of alcohol for pupils who drink in Years 8 and 10 continues to be 'home with their parents' permission'.

Around a quarter of secondary and FE pupils reported ever being offered drugs in 2024, this is similar to the figure in 2012 but there has been a steady decline since a peak in 2018 when it hit 31.7%.

The proportion of secondary school pupils reporting that they have never tried illegal drugs, has remained similar from 90.2% in 2022 to 90.9% in 2024. The number of pupils in secondary and FE pupils who have tried illegal drugs is similar over the last 10 years, 12.1% in 2012 to 12% in 2024. However, this masks a rise and fall in the intervening years peaking in 2020 when 17.2% of secondary and FE pupils said they had tried drugs. The proportion using drugs regularly remains low at around 3%. 18.4% of those who had ever tried drugs are regular users.



When looking across survey years 2012 to 2024, it is clear the proportion of young people in mainstream secondary schools reporting having tried drugs was highest in schools where the majority of pupils lived in the least deprived areas and lowest in schools where the majority of pupils lived in most deprived areas.



Pupils who have  
**tried  
illegal drugs**  
has fallen from  
**17.2%** in 2020 to  
**12%** in 2024



## What are we doing?

The survey results indicate that the majority of the county's students are not taking drugs or drinking alcohol. Gloucestershire Healthy Living and Learning (GHLL) produce a range of teaching resources to support teachers to talk to students about alcohol and drugs, covering issues such as the risks and harms to their health and safety, tackling peer pressure, and the link with emotional wellbeing.

One of these resources includes 'Alcohol: who would risk it?' which includes lesson plans and activities. GHLL also work closely with the Alcohol Education Trust to deliver training for teachers around alcohol and cannabis.

The Gloucestershire Safeguarding Children's Board also provides training for schools and other professionals to help them identify young people who may be engaged in substance misuse and put them in touch with local sources of support. When schools are concerned about students using substances, they can commission partner organisations, such as Young Gloucestershire, to deliver

tailored workbook interventions, which often lead to better school engagement overall. Schools monitor outcomes from these interventions as part of their pupil wellbeing responsibilities and can analyse how they are doing through GHLL and the Pupil Wellbeing Survey.

Our Young People's Substance Misuse Treatment Service is part of Gloucestershire's Youth Support, where psychosocial interventions are delivered to referred young people by a multiprofessional health team following NICE clinical guidance. Youth Support works restoratively with young people who are the most at risk of not making a successful transition into adulthood, including young offenders and those arrested for drugs offences.



The proportion of secondary school pupils reporting that they have

**never tried alcohol,**

has risen from

**65.2%** in 2012 to  
**78.5%** in 2024

### Did you know?

Pupils with low mental wellbeing (LMW) were significantly more likely to have tried drugs than those with average and high mental wellbeing.



## Oral health.

Good oral health is essential to achieving good general health. Oral health is multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain or discomfort. Everyone deserves the opportunity to enjoy good oral health, and the early adoption of good oral hygiene and healthy lifestyle practices in childhood is a key predictor of good oral health in later life.

### What do the survey results tell us?

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

Pupils from less deprived backgrounds were more likely to report they brushed their teeth twice a day or more. Pupils at special schools were significantly less likely to report brushing their teeth twice a day or more.

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

Pupils from South Asian (55%) and Black (49%) backgrounds were significantly less likely to report visiting a dentist in the previous 12 months than their White British peers (67%).

The likelihood of visiting a dentist also reduced as deprivation increased; only 57.1% of pupils at schools in the most deprived areas reported visiting a dentist compared to 73.6% of pupils in independent schools. Older pupils were more likely to report visiting the dentist than those in younger years.



**77.4%**  
of primary aged pupils  
**brush  
their  
teeth  
twice a day**



## What are we doing?

Gloucestershire is home to two nationally recognised oral health initiatives targeted at children aged 0-5 years: First Dental Steps and the Supervised Toothbrushing Programme. Laying the foundations for good oral health in the early years is the most effective way of preventing oral health problems in school-aged children and young people.

First Dental Steps is an evidence-based intervention, embedded in the Healthy Child Programme that aims to improve oral health for children aged 0-2 years, reduce oral health inequalities and increase the uptake of local dental services by children deemed to be at greatest risk of dental decay.

It involves:

- Oral health champion training for the Health Visiting team to support parents with oral health information and advice.
- Distributing dental packs to every baby at the 9-12-month review.
- Establishing a direct referral pathway from the Health Visiting team to the local Community Dental Service for children deemed to be at high risk of decay.

The Supervised Toothbrushing Programme is an evidence-based initiative for nursery and reception age children (0-6 years) which involves children brushing their teeth with fluoride toothpaste under supervision, complementing (not replacing) home brushing routines. The aim is to integrate tooth brushing into daily activities, ensuring children learn proper techniques and the importance of oral hygiene. The ultimate goal is to establish good life-long oral health habits of toothbrushing with a fluoride toothpaste to prevent tooth decay and improve quality of life.

At Home Dental delivers this scheme across early years settings in Gloucestershire, and trains school staff to become Oral Health Champions to make brushing fun, interactive and accessible inside the classroom.

These initiatives remain an important response to the oral health inequalities experienced by children. Equally, it is important to understand the prevalence and severity of dental decay so that future efforts can be resourced and planned accordingly. Dental surveys, formally known as the National Dental Epidemiological Programme (NDEP), support this by collecting such data on 3- and 5-year-old children, as well as children in year 6 on a rolling basis.

### Did you know?

Laying the foundations for good oral health in the early years is the most effective way of preventing oral health problems in school-aged children and young people.

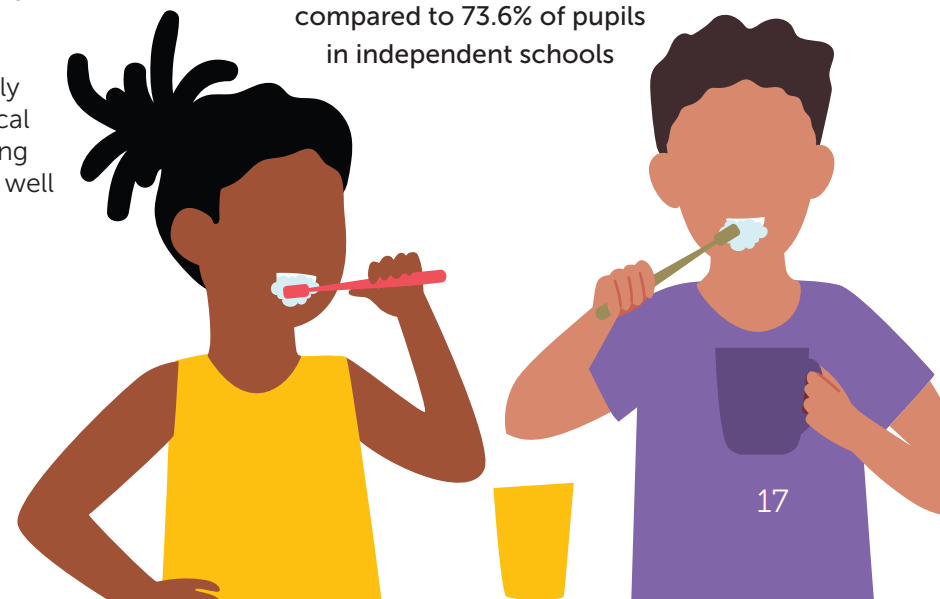


# 57.1%

of pupils at schools in the most deprived areas report

## visiting a dentist

compared to 73.6% of pupils in independent schools





# Emotional wellbeing and relationships

## Wellbeing and mental health.

A young person's emotional health and wellbeing has an impact across all other aspects of their life, including educational attainment, their ability to make friends, sleep, eat healthily and keep active. It can also impact on their emotional health and wellbeing as an adult and their opportunities later in life.

### What do the survey results tell us?

In 2024, 61.7% of pupils reported feeling happy in the last week, this is in line with the proportion in 2012 (61.8%), and 2022 (61.7%). Over the last 12 years the proportion of pupils reporting feeling happy in the last week has remained fairly stable. The survey results indicate that self-reported happiness tends to decrease as young people get older, and this is most noticeable in girls. 72.5% of boys in year 4 reported that they were happy, compared to 66.9% of boys in year 10. For girls, 68.0% in year 4 were happy, compared to only 45.3% in year 10.

Historically, pupils from minority ethnic groups consistently reported lower levels of happiness than their White British peers. Since the pandemic, the gap between these two groups has narrowed to less than one percent.

The proportion of pupils saying they are basically satisfied with their life does not appear to have fluctuated much in the previous 12 years (65% in 2012 vs. 66.3% in 2024). Although girls were less likely to be satisfied than boys (64.0% vs. 72.9%), and their satisfaction has been declining since 2012. In contrast, boys have seen an increasing trend in satisfaction since 2012. Notably, 3 in 10 pupils in the 2024 survey (30%) said that they found it 'pretty tough to be me' often or all the time. This has been an increase since 2016.

The survey also asks pupils to score themselves using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). WEMWBS is a validated tool, used nationally, which can provide an insight into emotional wellbeing. Mean WEMWBS scores can give an indication of overall wellbeing. In 2024, the mean score for Gloucestershire pupils was 49.4 which is an increase on 2022 (48.7). An increase in mean WEMWBS scores indicates an increase in the mental wellbeing in the pupil population. The mean WEMWBS score of all pupils had been reducing between 2016 and 2022, however has increased significantly in 2024 suggesting a reversal in the downwards trend.

Another way to look at WEMWBS results is to categorize the results into low, average and high mental wellbeing. Low Mental Wellbeing (LMW) aligns to probable clinical depression and anxiety, so this is a useful measure to assess need. In 2024, 1 in 4 (23.1%) of all pupils reported LMW. This was a statistically significant reduction compared to 2022. The reduction in pupils reporting LMW is mainly attributable to females, particularly those in years 8 and 10. Pupils identifying as LGBTQ+, those known to social care and those who are bullied had the highest levels of LMW.

Some young people use self-harm as a coping mechanism for emotional distress. The survey asks secondary and FE students whether they have ever self-harmed. The proportion of pupils reporting they have ever self-harmed has been increasing steadily from 1 in 5 in 2016 to 1 in 4 pupils in 2024.

## Did you know?

61.7% of of pupils reported feeling happy in the last week

Initiation of self-harming behaviour appears to have been getting younger since 2016. In 2024, initiation was most common at age 12.

Of those who have ever self-harmed, 23.2% reported self-harming regularly (Quite often(weekly)/Most days) and this was highest among those aged 13. The age young people were most likely to self-harm regularly has been reducing steadily since 2016 when it was 18 years old.

In 2024, 10.7% of secondary and FE students reported that they had ever had an eating disorder. Females (16.7%) were significantly more likely to report having an eating disorder than males (5.3%).

## What are we doing?

There are a range of initiatives in place both in and outside of schools to support young people with their emotional health and wellbeing.

GHLL provide resources and training to enable school staff to have a wider understanding of mental health issues affecting children and young people. Courses include Mental Health First Aid England Youth 2-day course and Mental Health First Aid lite half day which helps teachers to spot signs of mental health distress to support their pupils; as well as courses on self-harm. Resources are also provided to help teachers support pupils to understand their feelings and improve their resilience. The Mental Health Champions Award acknowledges the commitment and resources that Gloucestershire schools have invested to support the mental health and wellbeing of their school community.

An online resource for children and young people's mental health called [On Your Mind Glos](#) contains information on different mental health conditions, how to self-manage, a list of services and an online support finder, which after filling in a few questions, will give a list of suggested support services that children and young people can access.

These services include the **Talk Well (formerly TIC+) Chat service**. This is an anonymous, safe, confidential, 1-2-1, support service for young people aged 9-25 living in Gloucestershire. The council have invested in providing this support for young people to ensure they are able to receive support for their emotional wellbeing at the earliest stage, without need for referral or appointment. Individuals can chat to trained staff about anything that is troubling them, during the hours of 5pm-9pm, Sunday-Thursday. Talk Well (formerly TIC+) are also able to link individuals into their own counselling provision, or the Children and Adolescent Mental Health Service (CAMHS), if this is appropriate.

**Young Minds Matter** teams support children and young people in over 130 schools across the county, offering low level Cognitive Behavioural Therapy (CBT) interventions to children aged 5-18 years, support to school staff and whole school approaches to wellbeing.

Gloucestershire County Council have commissioned an **interactive, youth-presented TV show 'On the Level'**, broadcast directly to schools to years 7 to 13 online. Pupils interact with the show via their digital devices in the classroom, receiving real-time feedback and connection with peers. As part of the project, two young people from Gloucestershire participated in the filming and creation of a bespoke module for the programme promoting On Your Mind Glos.

During the pilot 23 schools and colleges participated

- 10,084 participants joined across the 8 days
- 84,925 votes were cast using Slido as the students interacted live with the show

Participants are equipped with effective strategies to reduce anxiety and manage stress and are signposted to local resources including [On Your Mind Glos](#). School staff are given a resource pack through GHLL. The supporting materials for teachers and parents can be used in PSHE lessons.



## Sleep.

A good night's sleep is important for a child's physical and mental wellbeing and development. It is recommended that teenagers get around nine hours sleep a night; increasing to 10 hours for children aged 8 to 10 years. Anxiety and 'screen time' before bed can impact on how well people sleep, and the NHS recommend that people stop using screens an hour before bedtime.

### Did you know?

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

### What do the survey results tell us?

In 2018, 60.7% of all pupils reported getting the recommended hours sleep, in 2024 this had fallen significantly to 51.2%. The proportion of pupils getting the recommended hours sleep is lowest in secondary schools with only a third (38.2%) reporting sleeping the recommended amount in 2024.

The survey results show a clear correlation between sleep and wellbeing. The less sleep a pupil gets the more likely they are to report Low Mental Wellbeing (LMW). Pupils who get the recommended sleep are less likely to report eating unhealthy food, sugary drinks and energy drinks regularly.

Overall, 20.8% of young people reported that they frequently woke or couldn't sleep because they were worried about something. This was more

common among girls at all ages and highest for girls in year 4 and year 10; just under a third of whom (27.6% and 29.2% respectively) frequently were woken or couldn't sleep due to worrying.

56.9% of secondary school pupils and 60.6% of primary school pupils reported taking an hour or longer to fall asleep. In 2024, 1 in 4 pupils said they Watched tv in my bedroom between going to bed and going to sleep. This was an increase on 2012 when 1 in 5 reported this. A third of pupils reported they used the Internet/gaming/social network/texting between going to bed and going to sleep, this was also an increase on 2012 when 1 in 4 reported this. These two activities linked to screens and the internet were the only activities that saw an increase between 2012 and 2024. There was a reduction in pupils saying they Read/were read to, Listened to music, Thought, Relaxed, Played between going to bed and going to sleep.



## What are we doing?

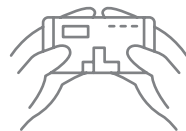
GHLL has an online resource, [Counting Sleep](#), designed to offer advice about sleep to pupils. This downloadable resource pack includes a range of lessons for teachers to deliver. The resource is designed to enable children and young people to establish positive sleep habits, and includes a range of activities, hints and tips to help pupils achieve good sleep hygiene. The resource also includes visualisations and guidance for parents.

A number of schools have used the activities in Counting Sleep as an intervention for their Healthy Schools Award after having identified a need for learning around the importance of sleep. For example, pupils may be arriving at school and displaying signs of poor sleep (speaking about going to bed very late at night; using screens in bed and late into the evening; falling asleep in class; arriving late at school having overslept). This resource helps maintain good attendance and punctuality, whilst also inviting parent/carer involvement and support. In addition, GHLL works closely with the Young Minds Matter team which includes support for a good night's sleep for children and young people.



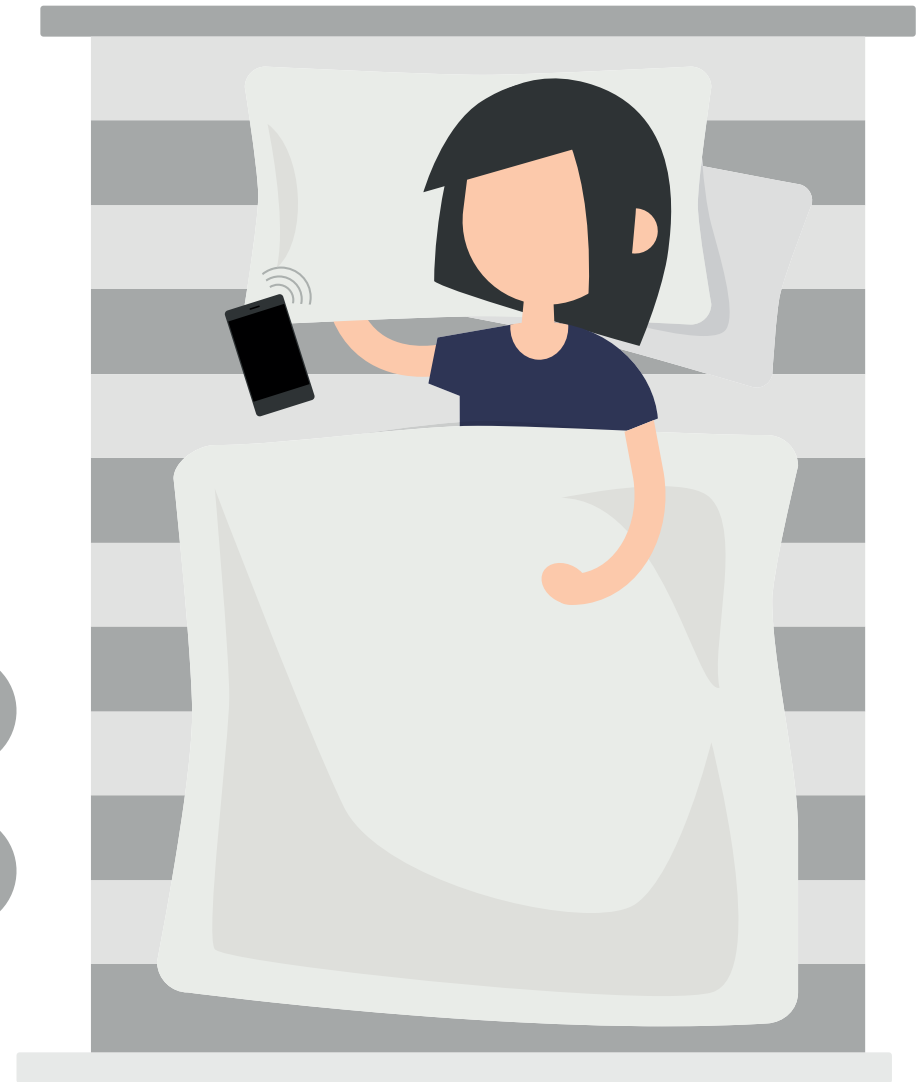
**20.8%**

said they found it hard to sleep because they were worried about something



**1/3rd**

of pupils reported they used the internet/gaming/social network/texting before going to bed and falling asleep



## Relationships and sex.

It is important that young people have the understanding and emotional skills they need to form healthy and safe relationships and make informed decisions about sex when the time is right. Lack of knowledge and information about sex and relationships may mean that young people find themselves in harmful situations. It can also lead to unplanned pregnancies and sexually transmitted infections (STIs). The following questions on relationships and sex in the survey were only asked to secondary and FE pupils.



### What do the survey results tell us?

In 2012, 67.5% of pupils said the relationships sex, and health education (RSHE) they had received was helpful. Positively, this had increased significantly in 2024 to 82.9% of pupils. 14.1% of pupils wanted more support with and knowledge about safer sex. This has reduced since 2012, suggesting RSHE education is becoming more effective.

There appears to be a slight correlation between learning about puberty and deprivation, with pupils living in the most deprived areas being the most likely to say they have been taught Quite a lot/a great deal about puberty at school.

In 2024, 12% of pupils (in year 8 and above) reported engaging in sexual activity. This has been declining and has almost halved since 2016 (22.5%). Though over half (60.8%) of pupils who had intercourse had Early Sexual Debut (intercourse under the legal age of consent). This proportion has been increasing since 2016.

83.5% of pupils said they understood consent in 2024, this is a significant reduction since 2020 (88.4%). At all ages boys were less likely to understand

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

1 in 10 pupils who had engaged in sexual activity felt that they couldn't say no to partaking in sexual activity. Males were more likely to say they couldn't say no to partaking in sexual activity than females. Pupils from the most deprived areas were the most likely to say they didn't feel they could say no to sexual activity (1 in 6).

Only 1 in 5 (20.4%) pupils reported they had never experienced any form of sexual harassment/abuse, in line with 2022. In many forms of sexual harassment/abuse females were twice as likely to report experiencing it regularly (Quite often (e.g. weekly)/Most days) than males.

In 2024, 54.1% of pupils said they felt confident using a condom, this was a slight reduction on 2022 (57.5%). The majority of pupils who had intercourse protected themselves by using a condom the last time they had intercourse. However, in 2024 22.2% of pupils who had intercourse reported using no protection and a further 2.5% reported using emergency contraception.



## What are we doing?

GHLL continues to support all schools to deliver effective relationships, sex and health education (RSHE) by delivering training for teachers and providing up-to-date resources to accompany lessons. Within secondary schools, RSHE has been a statutory requirement since 2020. RSHE is learning about the emotional, social and physical aspects of growing up and is part of the wider PSHE curriculum. It should equip children and young people with the information, skills and values to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and wellbeing.

Topics covered through the GHLL training programme include healthy relationships, and consent, which are supported by resources such as 'Teenage Domestic Abuse', and 'Give and Get' and 'Keep Breathing'. Equalities and transgender awareness training through GHLL explores particular steps that could be considered when supporting a young person who is questioning or looking for support with thoughts around their gender.

GHLL has developed resources to support primary settings in Gloucestershire to deliver the statutory Relationships and Health Curriculum, including working with The Office of the Police and Crime Commissioner (OPCC) and Aardman Animation to produce a short film for primary schools on staying safe and restorative conversations.

There is well established sexual health provision within all Gloucestershire districts including services based at GP practices and Community Pharmacies. 'Additional

Sexual Health Clinics' which are held at various GP practice locations across the county, are open to anyone registered with a Gloucestershire GP and are scheduled after 3pm to ensure attendance is convenient for young people.

There are also specialist services available including the Specialist Sexual Health Service, based at Hope House, and a Teenage Pregnancy Specialist Midwife service based at Gloucestershire Hospitals NHS Foundation Trust.

Gloucestershire's school nurses are qualified public health nurses who work with children and young people aged 5 to 19 years, and their families, both in and outside of school. The school nurse team can offer support and advice on a range of health issues, including relationships and sexual health, emotional wellbeing, anxiety, bullying, and healthy lifestyles.

Support is offered face to face through school based 'drop-ins', in groups or one to one, and digitally via a video platform. The confidential text messaging service called ChatHealth is available to 11-19 year olds to seek support and advice on a range of health and wellbeing issues.

School Nurses are trained to educate young people and enable them to make healthy choices to suit their individual needs. Young people can seek advice from school nurses about relationships and sexual health including safer sex and use of condoms, contraception and pregnancy, sexually transmitted infections, sexual identity and gender identity.



**54.1%**

of pupils said they felt confident using a condom



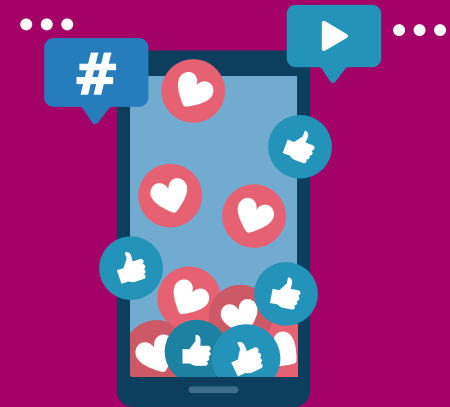
**82.9%**

of pupils said the Healthy relationships and sex education (RSE) they had received was helpful



## Online Activity.

While the internet and social media have introduced new opportunities for young people, they also come with new risks.



### What do the survey results tell us?

The mean screentime given in 2024 was 4-6 hours for pupils in secondary and FE, and between 0-3 hours for primary pupils. Based on this average, excessive social media/screen time has been classified in the survey as having 7+ hours of social media/screen time per day. In 2024, 1 in 4 (26.5%) pupils reported excessive social media/screen time. This was significantly lower than in 2022 (28.3%) but still above the 2020 figure (22.4%).

For both those with average screen time and those with excessive screen time the online activity they said they spent most time on was Watching videos on social media.

Pupils in the most deprived areas were significantly more likely to have excessive media/screen usage than those in the least deprived areas. For the first time males were significantly more likely to report excessive screentime. There was no significant difference between pupils from minority ethnic groups and White British pupils reporting excessive media/screen time, however pupils from Black backgrounds were significantly more likely to report excessive screentime than White British pupils.

Pupils who had excessive media/screen time were significantly less likely than those who had below average screentime to say they:

- did the recommended hours exercise per week
- found it Easy/Very easy to make and keep friends
- usually achieved top grades

Pupils who had excessive media/screen time were significantly more likely than those who had below average screentime to say they:

- had ever self-harmed
- were often in trouble
- had tried drugs

12.3% of pupils reported that they had met a stranger in the real world that they had first got to know online. Of these, almost a third (30%) said that they went on to meet the stranger on their own. In the vast majority of cases the stranger was about the same age, but in a small number of cases (2.2%) the stranger was an adult.

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



## What are we doing?

As part of Gloucestershire County Council's 'Levelling Up our Communities' initiative, Young Gloucestershire has been funded to pilot one-to-one support for young people identified as being high risk due to experiencing online harms such as bullying, grooming, harassment and exploitation.

GHLL work closely with Gloucestershire Safeguarding Children Partnership and use theatre productions in schools and colleges such as Chelsea's Story, Calling it Out, Breaking the Chain and Behind Closed Doors. Resources and lessons to support these topics are also available through GHLL. Chelsea's Story, covering Child Sexual Exploitation (CSE), is used in conjunction with the safeguarding curriculum for secondary schools. 'In the Net' is a resource used in primary schools on safe internet use.

Gloucestershire County Council has partnered with the University of Bristol to fund a research project testing the concept of therapeutic journalling to support young people experiencing poor mental health as a result of online harms. The toolkit will be trialled by the School Nursing Service, with the Cotswold district team using it in their consultations in secondary schools.

A webpage, '[Keep Your Child Safe Online](#)', has also been set up which is designed to give parents and carers basic information about different aspects of online harms and provide links to reputable sources of support and further information. The webpage also contains links to sources of information and support relating to wider health and wellbeing, recognising the broad range of impacts that using digital devices and online spaces can have for children and young people. This was launched in March and posters with a QR code link will be distributed to community locations across Gloucestershire.

### Did you know?

Pupils who have excessive media/screen time are significantly more likely to have self-harmed, often be in trouble or have tried drugs.



The mean screentime for secondary school pupils was

**4-6 hours**



Pupils in the most deprived areas were

**significantly more likely**

to have excessive media/screen usage than those in the least deprived areas



## Feeling safe and staying safe

Feeling unsafe has a significant impact on a child's wellbeing, with knock on effects for their mental and physical health in the short and long term. Pupils who feel safe tend to have better emotional health and are less likely to engage in risky behaviours.



### What do the survey results tell us?

The proportion of pupils saying they feel safe where they live has been increasing from 86% in 2012 to 90.4% in 2024. The majority of pupils in Gloucestershire feel safe at school (73.3%).

Unfortunately, this is not true for all our young people. A total of 2.1% of pupils said they felt unsafe at home and 7.1% reported feeling unsafe at school. Females and vulnerable pupils such as those identifying as LGBTQ+, pupils with a disability, young carers, those known to social care, those eligible for Free School Meals (FSM), those seriously bullied and those from minority ethnic group backgrounds were all significantly less likely to say they felt safe at home than their less vulnerable counterpart peers.

6.2% of pupils reported carrying a weapon, this is a reduction from 2022 and appears to be following the historical trend. Males were more than twice as likely to report carrying a weapon than females.

Nationally, 1 in 5 children have lived with an adult perpetrating domestic abuse. The survey results indicate that in Gloucestershire just under a third of pupils reported ever witnessing domestic abuse, coercive control or teen relationship abuse in 2024 which was in line with the values in both 2020 and 2022. If this is extrapolated to the current pupil population this equates to

around 26,200 pupils across Gloucestershire. 1 in 23 pupils reported regularly (Quite often(weekly) /Most days) witnessing domestic abuse.<sup>4</sup>

Pupils who were persistently absent were more likely to witness domestic abuse than those who had not missed school (34.3% vs. 22.1%). Pupils who had at least one exclusion were almost twice as likely (41.0%) to have witnessed domestic abuse than those with no exclusion (25.7%).

Around 1 in 7 pupils in 2024 reported ever personally being a victim of teen relationship abuse or domestic abuse. This is a reduction since the peak in 2020. If this is extrapolated to the pupil population this equates to just over 14,000 pupils across Gloucestershire. In 2024, 2.7% of pupils reported being regularly a victim of domestic abuse. Again, this is a reduction compared to 2022 and continues a downward trend from 2018 but could still equate to around 2,500 pupils in the county. Around half of pupils who had been a victim of domestic abuse said they had not accessed support because they didn't want their parents to know.



**90.4%**

said they felt safe where they live

## What are we doing?

Keeping children and young people safe is a core part of the curriculum. All schools and colleges in Gloucestershire are required to carry out an annual audit of their safeguarding policies and procedures which is submitted to Gloucestershire's Safeguarding Children's Board (GSCB). The audit asks schools about their engagement with their pupils on issues such as healthy relationships, domestic abuse and grooming.

GHLL also work closely with the Gloucestershire Safeguarding Children Partnership (GSCP) and professionals working in domestic abuse. GHLL and partners have created two new training resources for secondary schools focused on teenage relationship abuse and understanding consent ('Give and Get'), and 'Keep Breathing', a film accompanied with lesson plans.

'Getting Court', co-ordinated by the previous High Sheriff, Mark Heywood, has been delivered in Gloucestershire since 2012. This resource is designed for use in secondary schools or colleges and is a series of lessons explaining the workings of the Crown Court system of England and Wales, alongside some innovative lessons to challenge pupils, e.g. to question if they would speak up for justice, no matter what the risk, as well as a host of other related learning opportunities. The project fits into the existing PSHE & Citizenship part of the national curriculum.

'Keeping myself safe' is a GHLL school-based resource designed to teach children and young people that they have the right to be safe at all times, and how to recognise and manage unsafe situations. Bullying, name-calling and playground squabbles may be perceived by some adults and parents as trivial problems, but how children deal with them is the learning material that will form their attitudes towards conflict in later life.

### Did you know?

Pupils who feel safe tend to have better emotional health and are less likely to engage in risky behaviours.

It is designed to teach primary aged children:

- that they all have the right to be safe all the time
- how to recognise situations where they do not feel safe
- how to manage unsafe situations
- how to recognise their network of support

### STREET (Safe Teenage Relationship Education and Empowerment Team)

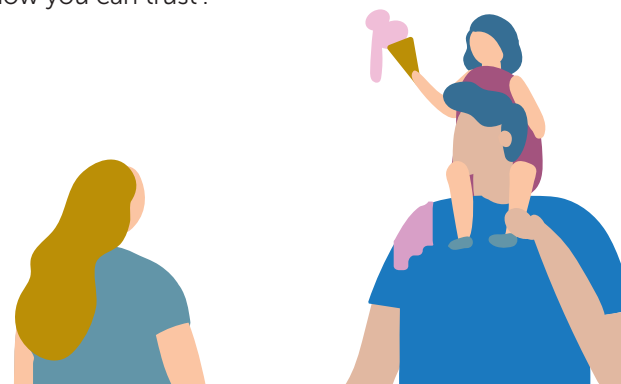
provides targeted healthy relationship interventions and support to young people aged 13-19 years old across Gloucestershire. STREET supports young people who are experiencing abuse in their own (intimate) relationships or witnessing domestic abuse in their home. It is also aimed at young people who may be demonstrating harmful behaviour in their own close relationships with partners, parents, siblings, or other family members.

### In addition to this, GDASS (Gloucestershire Domestic Abuse Support Service)

provides direct support to young people aged 16+ via their Young Persons Independent Domestic Violence Advisor and provides indirect support to under 16s through support to their parent/carer.

**STREET** and **GDASS** work closely together to deliver prevention activity including awareness raising and training on domestic abuse and healthy relationships for young people and professionals within schools and other educational and youth settings.

**School nurses** play a vital role in supporting pupil's health and wellbeing and also work closely with partner agencies to keep children and young people safe from harm and exploitation. School nurses aim to provide a service that is visible, accessible and confidential. One young person described the school nurse as 'someone you know you can trust'.



# Adverse Childhood Experiences

## What are ACEs and why are they important?

Adverse Childhood Experiences (ACEs)\* are traumatic events that occur before the age of 18. Different people find different things traumatic, but there are some things that almost everyone will find distressing if they happen to them. FE students have been asked questions about ACEs in the Pupil Wellbeing Survey since 2018. In 2024, ACEs questions were also asked to young people in year 10. The way the question is asked was also updated which means the 2024 results cannot be compared to previous years.

## What do the survey results tell us?

In 2024, around 1 in 10 (11.4%) pupils across both year groups reported they had experienced 4 or more ACEs. The 2024 results indicate that, whilst not a linear association, the schools and colleges likely to have the least deprived pupils have a significantly lower proportion of pupils reporting 4+ ACEs than their more deprived peers.

In 2024, there was no significant difference between the proportion of pupils reporting 4+ ACEs across the districts. In 2024, 17.2% of females reported experiencing 4+ ACEs compared to 7.2% of males. Cisgendered pupils were significantly less likely to report they had experienced 4+ ACEs than those who are transgender, gender fluid or non-binary.

Pupils experiencing 4 or more ACEs were much more likely to engage in health harming behaviours such as smoking, trying illegal drugs and getting less than the recommended hours of sleep. However, the impact of ACEs on a person is not set in stone and developing resilience can be a significant mitigating factor.

Around 3% of young people with 4 or more ACEs recorded high mental wellbeing scores. Despite the adversity these young people report experiencing, their current level of emotional wellbeing is strong, which is likely to suggest that they have supportive factors in their lives.

### Did you know?

Pupils experiencing 4+ ACEs were much more likely to engage in health harming behaviours such as smoking, trying illegal drugs and getting less than the recommended hours of sleep.

## What are we doing?

The first phase of the ACEs programme has seen positive shifts across the county as organisations have become ACEs aware. Schools in the county have now become 'trauma-informed' educational settings, with staff receiving training on trauma, ACEs, and relational and restorative practice. Training such as 'Attachment, trauma and recovery' can enable schools to realise the importance of teaching and supporting positive self-regulation in the school community.

The next phase for ACEs will expand our focus to look at how we support people beyond their time in education who have experienced trauma across the course of their lives and for those who are experiencing multiple disadvantages. We want to build resilient communities and organisations that are trauma informed and can take action to prevent the potential lifelong impacts of ACEs and reduce severe and multiple disadvantages in adulthood.

Stakeholders have been meeting to discuss how the ACEs programme can evolve further which has included discussions around the development of a trauma informed approach, building on the learning from previous work.

The county was successful in its application to join the [Making Every Adult Matter \(MEAM\) Approach Network](#) to become one of the fifty areas across the country working to improve services and systems for people experiencing

multiple disadvantage and committed to sharing their learning along the way. The MEAM Approach focuses on creating long-term, sustainable change to the way that complex problems and systems are approached and understood which will contribute to the evolution of the ACEs programme.

As we review our approach to the ACEs and trauma informed agenda, our short-term priorities include:

- Developing a MEAM systems change learning network, open both to practitioners involved in the MEAM network and those involved in related work, including ACEs ambassadors.
- Establishing a lived experience co-production working group which will inform all elements of the systems change work.
- Developing proposals for the next phase of the ACEs programme, which will incorporate the MEAM Approach to inform our priorities for the next 5 years.

GHLL support schools to embed restorative and trauma informed methods as part of their whole school approach. Their Trusted Emotionally Available Adult (TEAA) resource promotes the conditions for resilience and is outlined in the next section.



Around

**1 in 10**

or pupils across both year groups reported they had experienced 4 or more ACEs.



Around

**3%**

of young people with 4 or more ACEs recorded high mental wellbeing scores



## School and College Life

The survey includes questions about pupils' school/college experience. Wellbeing, experiences of school and educational attainment are all interlinked.



### What do the survey results tell us?

Overall, 63.7% of pupils reported that they enjoyed school/college, this has increased since 2012 (57.4%). The proportion of pupils enjoying school/college was highest in year 4 pupils (69.2%) and lowest amongst year 8 pupils, in which just under half of pupils (41.2%) reported that they enjoyed school.

Bullying has a significant impact on children's emotional wellbeing and their engagement with school. In the 2024 survey, 7.5% of pupils reported being 'seriously bullied' on a regular basis (weekly or daily) in the past year; this has declined since 2012 when it was 9.9%.

The proportion of pupils reporting that they had been seriously bullied decreased as pupils got older. While 9.4% of pupils at primary level reported being bullied, this reduced to 2.6% of students in year 12.

Verbal bullying remains the most common form of bullying. Bullying on the internet saw the biggest percentage increase since 2014 (up 9.5%), followed by bullying in the classroom (up 9.3%) and bullying in the school toilets (up 7.1%).

All pupils were also asked how well their school dealt with bullying. Between the 2012 and 2024 surveys there was a decrease from 53% to 45.6% in the proportion of pupils who felt their school dealt with bullying well.

The proportion of pupils reporting they feel stressed by schoolwork in 2024 was 43.3%. This has reduced since 2022, reversing a previous increasing trend between 2014 and 2022. Pupils in different phases report differing levels of stress related to schoolwork. Stress levels generally increase as children age. In primary schools, around a third (35.2%) of pupils say they feel stressed by schoolwork, compared to over half of secondary pupils (53.7%). Girls were notably more likely to feel stressed from schoolwork than boys (67.5% vs. 40.7% at secondary phase).

Overall, 66.2% of pupils felt that school/college gave them useful skills and knowledge. This was a reduction since 2022 and has continued to reduce since 2020, when it was 73.3%.

Schools play a role in helping students feel confident about their futures. Overall, just over three quarters of pupils (77.9%) reported feeling confident or extremely confident about their

future; this is higher than in 2012 when it was 72%. Girls were significantly less likely to feel confident about their future than boys. This gap had been widening since 2012 but has narrowed between 2022 and 2024. Confidence in the future declines between primary and secondary/FE pupils. Just over two thirds of secondary (68.3%) and year 12 pupils (70.2%) felt confident about their future, compared to 85.1% of primary school pupils. Confidence in the future increased in primary and FE pupils between 2022 and 2024 but remained in line for secondary pupils.

### Did you know?

The proportion of pupils reporting being a victim of physical, verbal and cyber bullying are all significantly lower in 2024 than in 2012.



## What are we doing?

GHLL is working closely with the BOOST project, which is all about peer support and self-leadership. The programme is designed primarily for young people aged between 9 and 18. Older students (group leaders) deliver the programme to younger students, facilitating the profoundness that frequently occurs during peer-to-peer coaching. When Boost group leaders directly see the positive impact of their work on the younger students, they are extremely motivated and often this can become a game-changer in their lives.

Aims of the Intervention are

- to cultivate a culture of self-leadership among young people
- to establish peer-to-peer coaching of younger pupils by older students
- to guide the younger students on a journey of self-leadership and self-discovery in equal measure
- to build confidence and resilience in all those involved
- to support students to be able to better cope with the challenges of teenage years

The Boost approach unites peers through positive constructive action. It increases young people's sense of self-leadership, self-sufficiency, wellbeing, social-emotional competency and pro-social behaviour through an evidence-based programme that incorporates both face-to-face delivery and online resources. Boost equips young people with the tools and skills they need to lead from within, giving them the power to overcome daily challenges now and in the future.

GHLL's Trusted Emotionally Available Adult (TEAA) programme provides opportunities for young people to be heard, to relax and to thrive in a learning environment. For many children, the person supporting these activities will be the teaching and pastoral staff.

This universal programme aims to support staff in becoming more aware and assured of what they might experience when supporting someone. Children need to have trusted adults in their lives in order to feel safe; if children feel safe, they thrive. For those who do not have a TEAA outside of school, the impact on their wellbeing, confidence, academic success, and resilience as a result of having a TEAA within school is hugely significant. Class teachers cannot always be emotionally available for their pupils, so having structures in place in schools where children can speak to an adult they trust, and potentially go on to engage in a short series of sessions in a particular area they may need support in managing (such as coping with change, building resilience, maintaining friendships, etc.) can have a huge impact on the child's happiness and success in life. Continuing to have that person available within school, who understands that anger or sadness or withdrawal might be about something deeper that is worrying them, is so important. Listening and empathising, helping them find the language to express difficult emotions, and tooling them up with strategies to manage those emotions, will enable children and young people to navigate challenges in life and help prevent mental health difficulties in the future.

The resource provides opportunities to share both practical and therapeutic practices which practitioners can draw upon with the view

of exploring a student's individual needs and improving their overall school experience, including a GHLL toolkit for educational staff to use. The GHLL team of Lead Teachers has trained 276 members of staff in 85 of our county's settings to use this resource to support the children and young people they work with. GHLL have also made a film with the Virtual School on the TEAA resource involving headteachers, staff and children.



**63.7%**

of pupils reported  
they enjoyed school



Overall

**66.2%**

of pupils felt that school  
gave them useful skills  
and knowledge



# Representation and Inclusion

The survey results can be used to identify cohorts that may have a different childhood experience based on their protected characteristics, that we can hope to influence by responding to any inequalities.

## What do the survey results tell us?

The proportion of secondary and FE pupils reporting they are heterosexual in 2024 has reduced since 2020 although not significantly from 77.9% to 71.5%. This has been almost entirely driven by a decrease in females identifying as heterosexual.

In 2024, we asked secondary and FE pupils about their gender identity, 1.1% reported they identified as transgender (1.6% of biological females and 0.9% of biological males) a further 0.6% of pupils identified as gender-fluid, and 0.9% identified as non-binary. 3% of pupils wanted more knowledge about or support with sexual identity.

Pupils in schools where most pupils lived in deprived neighbourhoods were significantly more likely to report identifying as heterosexual than those in schools where the majority of pupils lived in the least deprived areas. However, pupils at independent schools, who are likely to have the most affluent backgrounds, have a similar proportion of pupils reporting they are heterosexual as those living in the most deprived areas.

Pupils who identify as LGBTQ+ face significant challenges; they are more likely to report Low Mental Wellbeing, more likely to self-harm, more likely to be bullied and more likely to engage in health harming behaviours. Just over half (56.3%) of LGBTQ+ pupils said they would go to their parents for help, significantly lower than heterosexual/cis pupils (76%). Young people who identified as non-heterosexual or transgender reported the lowest physical activity levels (32.2%), significantly lower not just than the average but than all other vulnerable groups.

In the January 2024 pupil census, 21% of pupils were identified as from minority ethnic groups. 21.7% of the survey respondents self-identified as being from minority ethnic groups. This suggests the survey is reflective of the broad ethnic groupings of pupils in Gloucestershire schools. 10.1% of pupils were recorded as having a first language other than English.

Some key differences in survey responses by minority ethnic groups have been highlighted throughout the report.

Further differences include:

- Children and young people were significantly less likely to report doing the recommended amount of exercise if they identify as South Asian, Other Asian background, Black African.
- Pupils from Eastern European and White Irish backgrounds were significantly more likely to report Low Mental Wellbeing than their White British peers.
- A significantly higher proportion of girls and young women from Gypsy/Roma (16.7%) and White & Black Caribbean (9.1%) backgrounds reported not going to school because they didn't have sanitary products available.
- The proportion of pupils from ethnic minority groups reporting feeling proud of their achievements is consistently below their White British peers.
- Black African (17.3%) and Pakistani (12.1%) pupils were significantly less likely to report eating '5 a day' compared to their White British peers (22.6%).
- A quarter (25.9%) of minority ethnicity pupils who were bullied reported experiencing racist bullying. This represents 6.9% of all minority ethnicity pupils.



## What are we doing?

Gloucestershire County Council is a Stonewall Education Champion and wishes to promote equal rights and inclusive opportunities for all children and young people in the county, no matter what their sexual orientation or gender identity. Stonewall's education professionals create the resources and guidance schools need to start, develop and embed LGBTQ+ inclusive practice.

Their extensive bank of free resources includes:

- Best practice guidance
- Policy templates
- Posters
- Assemblies
- Lesson packs
- Glossary of terms.



**71.5%**  
of pupils identified  
as heterosexual



Proportion of pupils from  
ethnic minority groups reporting

**feeling  
proud of their  
achievements**  
consistently below their white peers

GHLL promote a range of resources to education settings on their website and in regular newsletters to schools and colleges. This includes Black Lives Matter assembly plans and lesson resources adapted for different age groups. Also, a factsheet developed by the Centre for Mental Health with some of the key evidence surrounding the mental health of young people from racialised communities. It explains how young people from racialised communities are exposed to more of the risk factors related to poor mental health, such as racism, school exclusion, poverty, and being in care.

Gloucestershire County Council is working with the Gloucestershire Research School to address a research finding that disadvantaged pupils in the area have low writing outcomes. 39 schools (35 primary schools, 3 secondary schools & 1 special school) will be supported to improve writing across KS2 and KS3 for disadvantaged pupils.

The partnership will build local cross-phase networks in Cheltenham, the Forest of Dean and Stroud and support participating schools with training and monitoring so that they can improve the teaching of writing through three evidence informed approaches: modelling, scaffolding and deconstructing writing. The impact evidence and wider findings will be shared with the local education system through the Gloucestershire Education Forum.



## Special Educational Needs and Disabilities (SEND)

The survey asks if pupils have a special educational need or disability (SEND). Having a special educational need or a disability can affect a child's experience of education.

### What do the survey results tell us?

In the survey, 11.1% reported they had Special Educational Needs (SEN) or an Education, Health and Care Plan (EHCP). In the pupil census, 18.9% of pupils have recorded SEN support or an EHCP. This suggests pupils with special educational needs are under-represented in the survey, although some pupils, especially younger pupils, may not be aware of their special educational needs and the support they receive. 1.7% (425) of survey responses in 2024 were from pupils at special schools, alternative provision and hospital education.

Just over half of all pupils (56.9%) report they enjoy school; however, a lower proportion of those with a disability (49.5%) and those with SEN/EHCP (53.2%) reported they enjoyed school. In comparison, those at special schools were significantly more likely to say they enjoyed school (64.7%).

A significantly higher proportion of pupils with a disability (38.9%) and those with SEN/EHCP (36.3%) reported being absent from school for 10% or more of sessions in the previous term. There was no significant difference for pupils in special schools (28.7%).

Neuro-divergent children such as those with Autistic Spectrum Disorder and those with other learning and physical disabilities can find it particularly hard to make and keep friends. Only 39.7% of pupils with SEN support or an EHCP said they found it easy to make and keep friends, significantly lower than those with no SEN (54.6%).

In 2024, pupils with a disability (29.4%) and those with SEN/EHCP (25.7%) were significantly more likely to report Low Mental Wellbeing than those with no disability (22.5%), and those with no SEN (22.7%). Pupils with SEN/

EHCP (29.4%) and disability (29.0%) were more likely to say they had received support for mental health but were also more likely to say they found it difficult/very difficult to access help.

Pupils at special schools, those with a disability and those with SEN/EHCP were all significantly less likely to report the food available at home allowed them to eat healthily compared to their less vulnerable peers. Four times as many pupils with a disability (12.5%) and over 4 times as many with SEN/EHCP (14.7%) reported eating no fruit or vegetables in a day than those without.

Pupils at special schools and those with a disability were significantly more likely to have tried vaping and significantly more likely to vape regularly than their less vulnerable peers. There was no significant difference in those with SEN/EHCP though.

Pupils at special schools (35.5%) and those with SEN/EHCP (37.2%) were significantly less likely to report trying alcohol than their less vulnerable peers (42% and 42.4% respectively). In contrast pupils with a disability (44.6%) were significantly more likely to report trying alcohol than their less vulnerable peers (41.6%).

### Did you know?

Neuro-divergent children such as those with Autistic Spectrum Disorder and those with other learning and physical disabilities can find it particularly hard to make and keep friends.

## What are we doing?

The Local Area Partnership provides and commissions a number of educational, therapeutic and wellbeing services for children and young people with SEND.

- The Complex Care Team delivers homebased specialist care and support to children and young people who have complex needs needing a health input to their care.
- The Learning disabilities Child & Adolescent Mental Health Services (CAMHS) supports children with a range of learning disabilities including autism and/or ADHD who attend specific special schools.
- Services to Children in Care include assessment, placements, and support services across health, social care and education for children in care and care leavers.
- The Children's Speech and Language Therapy Service are qualified professionals with an in-depth knowledge of difficulties with communication and eating, drinking and swallowing difficulties (dysphagia).
- Community Paediatrics provide medical assessment and care for children and young people with disabilities and complex or chronic health needs.
- The Children's Occupational Therapy service aims to address the needs of children and young people who have difficulties managing their activities of daily living and developing functional skills such as bathing, showering, toileting, dressing, eating etc.
- The Gloucestershire Community Children and Young People's Physiotherapy Service aims to support children and young people with a range of conditions by providing them and their families with support, advice and physical intervention.
- Settings such as nurseries, pre-schools, primary and secondary schools and sixth form colleges play a key role in identifying developmental delay and emerging learning difficulties and give a wide range of support daily to children and young people with a wide variety of needs.
- Gloucestershire Educational Psychology Service offer a comprehensive psychology service for children, young people and their families.
- The Advisory Teaching Service provides specialist support for children and young people with SEN, disabilities and additional needs; it also provides training and support for professionals who support these children and young people.
- Special Educational Needs and Disability Information, Advice and Support Service gives advice on a range of topics, predominantly on children and young people with a diagnosis of autism and/or ADHD, and children and young people with a primary need of social, emotional, or mental health.
- Active Impact provides training and support to organisations to become more inclusive.



## What happens to the results?

This report presents a summary of some of the main findings from the PWS. We have carried out a range of 'deep dive' analyses on subject areas including healthy eating, mental health and wellbeing, anti-social behaviour, LGBTQ+ pupils, and experiences of young carers. The 'deep dive' reviews can be viewed [online here](#).

The 2024 results have already been shared with participating schools and colleges across the county. Schools and colleges are able to use the findings to help them identify areas for improvement and action and work toward their 'Healthy School' or 'Healthy FE' award or Mental Health Champion Award through GHLL.

The findings are also used by the county council and its partners to inform their wider work with children and young people.

This has included;

- identifying schools to be part of the rollout of free breakfast clubs.
- informing the analysis of the picture of Children and Young People aged 0 to 24 who have special educational needs or disabilities (SEND), alongside the current provision in Gloucestershire in 2024.
- informed actions by the county's vaping task and finish group to address and prevent rising levels of vaping among children and young people.
- investigating inequalities in access to services for pupils by characteristic such as gender, ethnicity, and sexual orientation.







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