

# **Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey**



Y RHWYDWAITH YMCHWIL  
IECHYD MEWN YSGOLION

SCHOOL HEALTH  
RESEARCH NETWORK



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## **Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey**

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March 2021

**Citation:** Page N., Hewitt G., Young H., Moore G., Murphy S. (2021) Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. Cardiff University, Cardiff, UK



## **Contents**

Tables and figures .....	iii
Ministerial foreword .....	vi
Young people's foreword .....	viii
Acknowledgements .....	ix
1. Introduction .....	1
2. Methods .....	4
3. Mental health and wellbeing .....	9
4. School life .....	35
5. Physical activity and diet .....	65
6. Family and social life .....	87
7. Relationships .....	107
8. Substance use and gambling .....	120
Appendix .....	152
References .....	167

## Tables and figures

### Tables (Methods)

2.1	Sample and student response rate by year group	6
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### Figures and Tables (Findings)

#### Chapter 3: Mental health and wellbeing

##### Figures

3.1-3.4	Life satisfaction	12-13
3.5-3.8	Wellbeing (SWEMWBS scores)	14-15
3.9-3.12	Loneliness (UCLA loneliness scale)	16-17
3.13-3.16	Loneliness during the last summer holidays	18-19
3.17-3.20	Mental health (SDQ total scale score)	20-21
3.21-3.24	Mental health (SDQ emotional problems subscale)	22-23
3.25-3.28	Mental health (SDQ conduct problems subscale)	24-25
3.29-3.32	Mental health (SDQ hyperactivity subscale)	26-27
3.33-3.36	Mental health (SDQ peer problems subscale)	28-29
3.37-3.40	Mental health (SDQ prosocial behaviour subscale)	30-31

##### Tables

3.1	Measures by ethnic group	32
3.2	Measures by local health board	33
3.3	Measures by regional education consortium	34

#### Chapter 4: School life

##### Figures

4.1-4.4	Liking school	38-39
4.5-4.8	School pressure	40-41
4.9-4.12	Feel accepted by teachers	42-43
4.13-4.16	Feel teachers care	44-45
4.17-4.20	Member of staff to confide in	46-47
4.21-4.24	Participation in planning school events	48-49
4.25-4.28	Opportunities to decide and plan school projects	50-51
4.29-4.32	Students' ideas treated seriously at school	52-53
4.33-4.36	Own ideas treated seriously at school	54-55
4.37-4.40	Bullying - perpetration	56-57
4.41-4.44	Bullying – victimisation	58-59
4.45-4.48	Mental health support at school	60-61

##### Tables

4.1	Measures by ethnic group	62
4.2	Measures by local health board	63
4.3	Measures by regional education consortium	64

## **Chapter 5: Physical activity and diet**

<b>Figures</b>		
5.1-5.4	Physical activity	68-69
5.5-5.8	Active travel to school	70-71
5.9-5.12	Time spent sitting	72-73
5.13-5.16	Weekday breakfast consumption	74-75
5.17-5.20	Fruit consumption	76-77
5.21-5.24	Vegetable consumption	78-79
5.25-5.28	Sugary soft drink consumption	80-81
5.29-5.32	Energy drink consumption	82-83
<b>Tables</b>		
5.1	Measures by ethnic group	84
5.2	Measures by local health board	85
5.3	Measures by regional education consortium	86

## **Chapter 6: Family and social life**

<b>Figures</b>		
6.1-6.4	Help and emotional support from family	90-91
6.5-6.8	Able to count on friends	92-93
6.9-6.12	Cyberbullying - perpetration	94-95
6.13-6.16	Cyberbullying - victimisation	96-97
6.17-6.20	Weeknight bedtime	98-99
6.21-6.24	Late night screen use	100-101
6.25-6.28	Problematic social media use	102-103
<b>Tables</b>		
6.1	Measures by ethnic group	104
6.2	Measures by local health board	105
6.3	Measures by regional education consortium	106

## **Chapter 7: Relationships**

<b>Figures</b>		
7.1-7.4	Sexting	109-110
7.5-7.7	Sexual intercourse	111-112
7.8-7.10	Age at first sexual intercourse	113-114
7.11-7.13	Contraception	115-116
<b>Tables</b>		
7.1	Measures by ethnic group	117
7.2	Measures by local health board	118
7.3	Measures by regional education consortium	119

## **Chapter 8: Substance use and gambling**

### **Figures**

8.1-8.4	Current tobacco smoking	123-124
8.5-8.7	Age first smoked a cigarette	125-126
8.8-8.11	Exposure to tobacco smoke in cars	127-128
8.12-8.15	E-cigarette experimentation	129-130
8.16-8.19	Current e-cigarette use	131-132
8.20-8.23	Alcohol consumption (frequency)	133-134
8.24-8.27	Alcohol consumption (quantity)	135-136
8.28-8.30	Age first got drunk	137-138
8.31-8.34	Offered cannabis	139-140
8.35-8.38	Lifetime cannabis use	141-142
8.39-8.41	Age first used cannabis	143-144
8.42-8.45	Illicit drug use	145-146
8.46-8.49	Gambling in the past seven days	147-148

### **Tables**

8.1	Measures by ethnic group	149
8.2	Measures by local health board	150
8.3	Measures by regional education consortium	151

### **Tables (Appendix)**

A.1	Survey routes	152-153
A.2	Sample characteristics	154
A.3	Social Media Disorder Scale – 2017/18 data comparison	156
A.4	Gender in 2017 and 2019	157
A.5	Gender non-response by year group in 2017 and 2019	158
A.6	Gender identity by sex at birth	158
A.7-A.12	95% confidence intervals for Figures in the report based on less than 1,000 respondents	159-161

## **Ministerial foreword**

Good physical and mental health is fundamental for our current and future generations to develop and thrive. Our Well-Being of Future Generations Act goals of a prosperous, healthier and more equal Wales underpins how we are supporting the health and wellbeing of our children and young people. A key part of our Act is based around collaboration and involvement. We want to ensure that government delivers for children and young people by listening and understanding some of the opportunities and challenges which they face. This depends on us having access to high quality information on health and wellbeing that allows us to identify what the issues are and regularly monitor how they are changing.

The School Health Research Network infrastructure has been developed since 2013. This enables information to be collected from secondary school aged children in Wales every two years via the Student Health and Wellbeing Survey, with around 70% of them responding in 2019. This means that we can really understand the health and wellbeing behaviours of different groups of students. It also means that we can understand and develop our responses to what the data is telling us at all levels of the system – from the national level covered in this report down to individual schools. In addition, every four years, we are able to make comparisons with around 50 other countries through the survey's links to the cross-national Health Behaviour in School-aged Children Study. This ensures that we can learn from other practice taking place across the world.

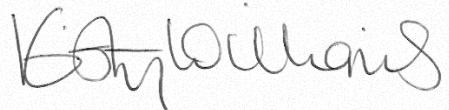
The value of this information cannot be overestimated. The new curriculum being introduced from 2022, and in particular the Health and Well-Being Area of Learning, will ensure that a pupil's mental health is prioritised equally with their physical health, and that pupil wellbeing is considered as important as their academic attainment. Building on this, we are working in partnership with schools, local authorities, parents and others to embed and evaluate a whole school approach to mental health and emotional wellbeing across Wales. The 2019 survey asked students a wide range of questions relevant to health and wellbeing. We know from teachers and practitioners that the individual reports provided to participating schools has resulted in data led practice and improvements. It will also enable us in government to monitor how things are changing across Wales as this work progresses.

To give one other example of how we are using the survey, in 2019 we launched Healthy Weight: Healthy Wales, an ambitious new plan to prevent and reduce obesity in Wales. The survey provides a range of important information to track changes in behaviour and attitudes as we implement the strategy. The strategy is and will continue to be shaped through the information which children and young people are telling us.

Information on health and wellbeing has never been more important than it is today. The COVID-19 pandemic has caused unparalleled disruption to the lifestyles of children and young people. The combination of school closures and lockdowns, as well as economic and health impacts on families, are likely to have far-reaching consequences for mental and physical health and wellbeing. We know that these disruptions have not affected everyone equally.

The 2019 Student Health and Wellbeing Survey provides a unique national assessment of the health and wellbeing of students before the pandemic. It is anticipated that there will be another wave of data collection in 2021, which will help us understand the ongoing, longer-term impacts on, for example, mental wellbeing, personal and social development,

loneliness, physical activity and diet. Working in partnership with others such as the newly created Wolfson Centre for Young People's Mental Health, this understanding will be crucial as we plan our responses to these impacts over the years to come.

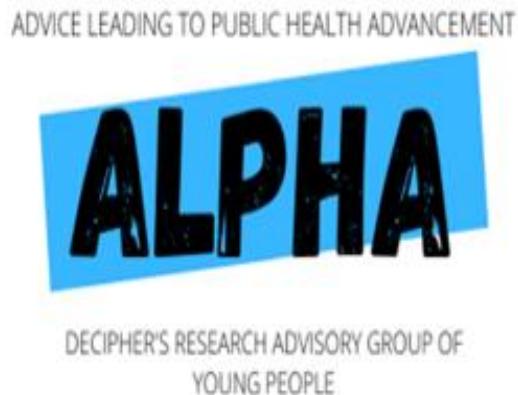


**Kirsty Williams**  
**Minister for Education**



**Eluned Morgan**  
**Minister for Mental Health, Well-being and  
the Welsh Language**

## Young people's foreword



We are a group of young people aged 14-25 who advise researchers by discussing and debating our views on public health topics and the research they plan to carry out. The group formed in DECIPHer (The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement) at Cardiff University in 2010 with the aim of bringing together young people with a range of experiences and opinions, to help make sure research reflects what is important to us. Ultimately, this helps to improve ours and other young people's health.

We have been involved with the School Health Research Network (SHRN) since its inception in 2013, helping to shape survey questions and disseminate findings. The work undertaken with SHRN is innovative and ground-breaking.

Many public health conditions show their first signs in childhood and can potentially develop into conditions which may require regular care throughout adulthood. It is therefore vital for us to be given an opportunity to have our say in matters that directly affect us, and to be provided with the knowledge and guidance that can help us to shape our lives. Given the current climate, it is essential to obtain our views to help to address future uncertainties within youth public health. A recent priority for us has been youth mental health and we have been working with projects and networks focusing on this key issue. This has resulted in us collaborating with other bodies, such as the TRIUMPH network and the new Wolfson Centre for Young People's Mental Health, who both work closely with SHRN, and who aim to help improve the mental health and wellbeing of young people.

SHRN is an enormously valuable tool for providing health and wellbeing data to schools and other stakeholders. It helps schools and students, like us, to understand health research evidence and gives us the means to implement projects and programmes that help to improve areas of public health that need improving. Without SHRN, knowledge and understanding of youth public health in Wales would not be where they are today. We must continue to strive to recognise areas of public health which have a direct effect on young people and we, as young people, must be involved at every step. Our generation has a lot to give and we cannot afford for our voices not to be heard.

## Acknowledgements

We extend our thanks to the thousands of young people who took part in the 2019/20 Student Health and Wellbeing Survey and to the many members of school staff who administered the survey and who continue to support the School Health Research Network (SHRN).

We are also grateful to ALPHA, DECIPHer's young people's advisory group, for the advice they have given to SHRN since its inception and for writing a foreword to this report.

We thank the Minister for Education, the Minister and Deputy Minister for Health and Social Services, and the Minister for Mental Health, Wellbeing and Welsh Language, Dr Chris Roberts, Richard Thurston MBE (Welsh Government) and Dr Julie Bishop (Public Health Wales) for their ongoing support of SHRN.

Finally, we extend our thanks to the team at Ipsos MORI (Holly Kitson, Sarah McHugh, Georgina Wilkinson and Yota Bratsa) and to colleagues in the SHRN team at Cardiff University (Joan Roberts, Matt Davies, Amy Edwards, Danielle Couturiaux, Peter Gee, Rebecca Anthony, and Emily Lowthian).

SHRN is a partnership between The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) at Cardiff University, Wales Institute of Social & Economic Research, Data & Methods (WISERD), Welsh Government, Public Health Wales and Cancer Research UK. It is funded by Health and Care Research Wales, the Health & Social Services and Education & Public Services departments, Welsh Government and by Public Health Wales. Prior to April 2020, Welsh Government funding was via the National Centre for Population Health and Wellbeing Research. The Network's early development was supported by a Medical Research Council partnership grant (MR/L002787/1). The survey was undertaken with the support of DECIPHer, a UKCRC Public Health Research Centre of Excellence. Joint funding (MR/KO232331/1) from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust, under the auspices of the UK Clinical Research Collaboration, is gratefully acknowledged.

Queries relating to this report should be addressed to [shrn@cardiff.ac.uk](mailto:shrn@cardiff.ac.uk).

Picture credits: St. Joseph's RC High School, Newport and Howell's School, Cardiff.

## 1. Introduction

This report presents findings of the School Health Research Network's (SHRN) 2019/20 Student Health and Wellbeing Survey in Wales. Undertaken every two years, the survey provides a regular snapshot of 11 to 16 year olds' health behaviours. This enables ongoing assessment of young people's health in Wales, both nationally and regionally, and opportunities for international comparisons of trends in adolescent health and wellbeing. Many health and wellbeing issues emerge in childhood and early intervention is therefore needed. However, adolescence is an important period of rapid physical and emotional development, as well as a time of changing social influences on health, and socio-economic inequalities in physical, mental and emotional health emerging from early childhood widen during adolescence before tracking into adulthood<sup>1</sup>.

### Health and wellbeing of secondary school aged children in Wales

In the two years since the last [Student Health and Wellbeing Survey](#), there have been significant developments in the health and education sectors in Wales that have sought to positively impact the health and wellbeing of children and young people.

Following acceptance of the recommendations proposed in '*Successful Futures*', an independent and comprehensive review of the school curriculum in Wales in 2015<sup>2</sup>, **Health and Well-being** became one of six Areas of Learning and Experience (AOLE) in the new Curriculum for Wales. A defining feature of this new approach is that schools must now develop their own curriculum, rather than delivering a prescribed national programme, one of the 4 core purposes of which must be to support students in becoming healthy and confident individuals<sup>3</sup>. Draft guidance for schools was published in April 2019 and finalised in January 2020<sup>2</sup>, providing support for secondary schools to start designing their curricula for all year groups by 2022, with implementation for year 7 students in September 2022.

The mental and emotional health of children and young people has risen rapidly up the global health agenda and schools have been identified as key organisations for mental health protection and improvement<sup>4-6</sup>. In Wales, a joint ministerial (Education and Health and Social Services) task force has developed a whole school approach to mental health and emotional wellbeing<sup>7</sup>. The approach aligns with the World Health Organization's (WHO) Health Promoting Schools Framework and is intended to support the Health and Wellbeing AOLE and ensure school environments, policies and practices are supportive of students' mental health needs.

A further development to promote mental health in Wales is a new national strategy to tackle loneliness and social isolation, which includes a commitment to developing and disseminating best practice guidance about whole school approaches to wellbeing<sup>8</sup>. Wales has also secured significant research investment in mental health with the creation of the Wolfson Centre for Young People's Mental Health at Cardiff University, which will undertake interdisciplinary research into anxiety and depression in young people.

'*Healthy Weight, Healthy Wales*' is Welsh Government's long term strategy to prevent and reduce levels of obesity in Wales<sup>9</sup>. Launched in 2019, the strategy addresses a wide range of obesity-related factors, many of which will impact on young people, including active travel, food and physical activity at school, food advertising, and hot food takeaways near schools.

Young people continue to face many health challenges and recent international findings indicate that issues persist across a range of health behaviours, including fruit and vegetable

consumption, physical activity, alcohol consumption and contraceptive use<sup>10</sup>, whilst other behaviours, such as social media use, present new challenges<sup>11</sup>. Similar findings were recently echoed in Wales<sup>12, 13</sup>. In addition, young people currently face the health, wellbeing and educational impacts of the global coronavirus (COVID-19) pandemic. School closures in Wales during parts of 2020 and early 2021 have led to students missing weeks of face-to-face teaching and school-based support for their health and wellbeing<sup>14</sup>. Lockdown and social distancing measures during this time also meant that alternative sources of support, such as family and friendship networks, were disrupted, increasing the risk of young people feeling lonely or isolated. Concomitantly, risk of exposure to domestic violence in abusive households increased<sup>15</sup>. Critically, the impacts of the pandemic have not been equally distributed and young people from disadvantaged backgrounds are more likely to have experienced bereavement and to have been disproportionately affected by school closures in terms of food security and loneliness<sup>16-18</sup>. Furthermore, the unequal financial impact of the pandemic on low income households means the risk of it widening social and health inequalities is significant<sup>19</sup>.

Due to their near universal coverage of children and young people, schools are often viewed as key settings through which to deliver interventions to improve children and young people's health and wellbeing and there is some evidence to support this approach. Evidence indicates that schools that adopt the WHO's Health Promoting Schools Framework can effectively improve their students' health and wellbeing and that schools that prioritise health do not do so at the expense of educational attainment<sup>20-22</sup>. It is crucial to recognise, however, that much policy with potential to impact child and adolescent health occurs outside of the education sector. A wide range of statutory and third sector agencies have remits that explicitly include, or have potential to influence, the health and wellbeing of children and young people. Using data to inform and evaluate policies and interventions that operate outside of schools is therefore important. National data and research evidence generated by SHRN (described in the next section) has influenced several of the developments in Wales outlined above<sup>3, 7, 8</sup>, and has the potential to be used to evaluate the effectiveness of policies and interventions within and beyond the school setting<sup>23</sup>. National data from SHRN therefore has the potential to evaluate the impact on young people's health of policies, including COVID-19 recovery strategies, for example, which include but go beyond education and schools. Importantly, the data presented in this report was collected pre COVID-19 (between September and December 2019), and will therefore provide a baseline for short and longer-term monitoring of the effects of the pandemic, and recovery strategies, on young people's health and wellbeing in Wales.

## The School Health Research Network

SHRN was established in 2013 with funding from the Medical Research Council as a partnership between Welsh Government, Public Health Wales/Welsh Network of Healthy Schools Schemes (WNHSS), Cancer Research UK, the Wales Institute of Social and Economic Research, Data and Methods (WISERD) and Cardiff University<sup>24</sup>. It is now supported by Welsh Government and school membership continues to include all maintained secondary and middle schools in Wales, which in 2019/20 was 210 schools. The Network is led by the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) at Cardiff University (<https://decipher.uk.net/>).

The Network aims to improve young people's health and wellbeing by:

- Providing robust health and wellbeing data for local, regional and national stakeholders
- Working with policy-makers and practitioners from health, education and social care to co-produce high quality school based health and wellbeing research for Wales
- Facilitating the translation of school health and wellbeing research evidence into practice
- Building capacity for evidence informed practice within the school health community

The **Student Health and Wellbeing Survey** underpins the Network's first aim and takes place every two years. In the same school year, Network schools also complete a School Environment Questionnaire to provide data on school health policies and practices – the findings of which are published in a separate report. The content of both surveys reflects current policy, practice and research data needs.

Together, the two surveys form an efficient and cost-effective health and wellbeing data infrastructure for Wales, which provides data at multiple levels and for a variety of purposes<sup>25</sup>. At the local level, a Student Health and Wellbeing Report is provided to all schools that take part in the student survey and these reports have been used for curriculum planning and teaching, student and parent engagement in school health, and for health action planning and local evaluation. Regional reports are also produced for Local Authorities and data is provided to national partners for health surveillance<sup>12</sup>, policy monitoring and evaluation<sup>8, 26</sup>.

The SHRN data infrastructure is also used for research into young people's health. Recent examples include gambling behaviours, smoking and cannabis use, wellbeing across transition from primary to secondary school, and dating and relationship violence<sup>27-30</sup>. Findings from this research are fed back to schools and to the wider school health system via Research Briefs and webinars.

SHRN has also become the vehicle through which Wales takes part in the WHO's collaborative, cross-national **Health Behaviour in School-aged Children (HBSC) study**. Every four years 50 participating countries undertake a nationally representative survey of young people aged 11, 13 and 15 years, with questions covering health and wellbeing, social environments and health behaviours. Wales has taken part in every round of the HBSC since 1985 and the resultant data has been a key source of information on child and adolescent health, providing national, international and local data to a wide range of stakeholders. The 2013/14 HBSC Survey in Wales was instrumental to the establishment of SHRN and the most recent HBSC survey (2017/18) was, for the first time, fully embedded within the Student Health and Wellbeing Survey. National and international findings from the 2017/18 HBSC survey are freely available<sup>10, 12</sup>. It is anticipated that the next HBSC survey will be undertaken in 2021 and will provide invaluable opportunities to explore cross-national variations in youth health behaviours in the context of the COVID-19 pandemic.

Further information about the Network and the HBSC study can be found on their websites: [www.shrn.org.uk](http://www.shrn.org.uk) and [www.hbsc.org](http://www.hbsc.org).

## **2. Methods**

The biennial Student Health and Wellbeing Survey generates health and wellbeing data for schools, local authorities, Welsh Government and other national stakeholders. All SHRN member schools are invited to take part in the survey and since 2017 membership has included all maintained, mainstream secondary and middle schools in Wales.

### **2019/20 Student Health and Wellbeing Survey**

This report provides an overview of the data from the 2019/20 Student Health and Wellbeing Survey. The main objectives of the 2019/20 survey were:

- To provide an in-depth understanding of young people's health and wellbeing, both physical and mental, and the social determinants of health among the whole population and among subgroups, such as care experienced young people
- To establish a longitudinal cohort to facilitate research into young people's mental health;
- To inform policy and practice to improve young people's lives
- To disseminate findings to various groups, for example Welsh Government policy makers, local government, the NHS, schools and researchers
- To undertake national and international research on health and wellbeing and the social context of health among young people

The survey collected self-reported data from students in school years 7 to 11 in all participating schools. Schools that had students in years 12 and 13 could include them within data collection if they so wished. However, data included within this report includes students in years 7 to 11 only. This decision was made to ensure a representative sample as some schools opted not to include students from years 12 and 13, while many 17 and 18 year olds attend colleges rather than schools. All data were collected in the classroom setting, with school staff instructed to provide students with privacy as they completed the survey, due to the sensitive nature of some questions.

### **Questionnaire design**

The questionnaire evolves at each iteration of the Student Health and Wellbeing Survey, with core items retained and others removed or reinstated in line with policy needs and research interests. In 2019/20, student demographic characteristics and a core set of questions that are fed back to schools in their Student Health and Wellbeing Reports were retained and all other questions reviewed for their policy, practice and research relevance. A number of items were then added to meet policy and research data requirements in Wales.

A key policy priority for Welsh Government was the development and evaluation of a whole school approach to mental and emotional health and wellbeing<sup>7</sup>, so the short version of the Mood and Feelings Questionnaire<sup>31</sup> and the Strengths and Difficulties Questionnaire<sup>32</sup> were included (the former was included in a subsample of schools to assess its suitability for national monitoring and so only the results of the latter are presented in this report). To support monitoring of Connected Communities<sup>8</sup>, Welsh Government's strategy to address loneliness and isolation, the young people's version of the UCLA 3-item loneliness scale<sup>33-35</sup> was also included.

Following feedback from schools, the question on gender was amended to provide a response option for young people who identify as neither a boy nor a girl, while a question on sex at birth was also added (an overview of the responses to these questions is included in the Appendix). In short, young people who identified as neither a boy nor a girl represented 1% (n=1,191) of students sampled from years 7 to 11. Base sizes for estimates obtained for these students are therefore notably lower than those underpinning estimates for males and females.

Questionnaire items on sexual behaviour were included for all students in years 11, 12 and 13, but schools could also choose to include them for years 9 and/or 10 as well. This report includes results pertaining to year 11 students only to ensure a nationally representative sample.

To further increase capacity and allow for a greater number of questions to be included, four survey routes were designed with each school sampled to a particular route (see next section). Some questions were included in all routes, e.g. student demographics and items included in schools' Student Health and Wellbeing Reports, whilst others were included in only one, two or three of the routes. The routes are referred to as SHRN1, SHRN2, SHRN3 and SHRN4, and enable the establishment of conceptually coherent cohorts (see next section and Table A1).

Collection of identifiable data from students was successfully piloted in 2017/18 to enable the creation of longitudinal cohorts within the SHRN data infrastructure. In 2019/20, all participating students were asked to provide their name, date of birth and postcode. This information was requested after the main part of the questionnaire.

When registering for the survey, schools indicated whether they would be willing to take part in data linkage research. One hundred and thirty-six schools (representing 69% of participating schools) consented to this and went on to take part in the survey. Further details regarding the data linkage element of the survey are not reported here, but findings relating to the pilot study undertaken in 2017/18 have been peer-reviewed and published<sup>36</sup>.

## Longitudinal sampling design and procedures

Two cohorts were created for the 2019/20 Student Health and Wellbeing Survey:

- A **mental health cohort**, in which all students followed questionnaire routes containing the short Mood and Feelings Questionnaire
- A **HBSC cohort**, in which students will follow a questionnaire route containing mandatory items for the international HBSC survey when it is integrated into the Student Health and Wellbeing Survey every four years

Within each cohort, schools were divided into two groups, with each group following a different questionnaire route.

Sampling of schools was carried out by the survey contractor in two stages. First, the sample of 210 SHRN member schools was stratified by survey registration status<sup>1</sup>, local health board (LHB)<sup>2</sup> and the percentage of students that were entitled to a free school meal. Schools were then allocated in equal number to the two cohorts.

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<sup>1</sup> All schools were allocated to a cohort, including three who did not register to take part in the survey.

<sup>2</sup> There are seven local health boards in Wales, covering populations of 132,000 – 699,000 people.

The second stage of sampling assigned the schools within each cohort to a specific questionnaire route. Within each cohort the sample was again stratified by survey registration status, local health board and the percentage of students eligible for free school meals. Within each cohort, schools were then allocated to a specific survey route: SHRN1 and SHRN3 in the mental health cohort and SHRN2 and SHRN4 in the HBSC cohort.

Schools were encouraged to include all students in year groups 7 to 11 and asked to survey mixed ability classes.

Final sample sizes for the four questionnaire routes are given in the next section.

### **Response rates**

Two hundred and ten schools were invited to participate in the survey (205 maintained schools and five independent schools). In total, 198 (94%) schools participated, from which 119,388 11-16 year olds provided responses (a 77% response rate). This is an overall response rate of 72%. Student participation and response rates by year group showed similar response rates from years 7 to 9 followed by a notable drop thereafter (Table 2.1). Samples sizes across the four survey routes were: SHRN1 32,617 (27.3%), SHRN2 26,950 (22.6%), SHRN3 28,304 (23.7%) and SHRN4 31,517 (26.4%). Sample characteristics with respect to gender, family affluence, ethnicity, and LHB are given in the Appendix.

Table 2.1 Sample and student response rate by year group

	Year 7	Year 8	Year 9	Year 10	Year 11	Total
Sample size	26 786	25 808	24 375	22 210	20 209	119 388
Response rate	81%	82%	79%	73%	71%	77%

Note: 329 students were withdrawn by their parents

### **Weighting**

No weights were applied to survey estimates. SHRN membership includes all maintained secondary schools in Wales, of which 94% of schools consented to data collection in 2019. The demography of the survey sample therefore closely matched the equivalent population of Wales.

### **Administration of survey in schools**

The survey was completed by students online, in one sitting within each school and its administration was managed by the school, using their own IT equipment. Schools were sent an electronic pack of information about the survey in September 2019. This included detailed instructions for the school's survey lead, additional briefings for classroom teachers who would be overseeing the survey and the school IT manager and a form on which to record parent withdrawals. Shortly afterwards, they were sent an electronic link to the survey that was unique to their school.

Schools had the whole of the autumn term (September to December) to complete the survey and were asked to include all of their students in years 7 to 11. If schools had students in years 12 and 13, they could also be included if the school wished and their data were fed back to schools in the Student Health and Wellbeing Reports, but they are not reported here.

Schools were asked to organise classrooms to ensure privacy for students. Supervising staff were asked to remain at the front of the classroom unless a student asked for help.

If a whole class was interrupted whilst taking the survey, e.g. because of a fire alarm or IT failure, schools were asked not to let the class re-start, but to contact the research team for advice. If the interruption happened early in the lesson and it was possible to identify the interrupted class's data in the data file, schools were asked to re-survey the class and the incomplete surveys were removed during data cleaning. If not, schools were asked not to let the class repeat the survey and the data was retained and cleaned following the agreed protocol (see next section).

## **Data cleaning**

Data were cleaned by the survey contractor to remove cases where schools had experienced specific technical issues, to amend inconsistent responses and to resolve cases where schools had more data than students in their school. Participants who had not proceeded beyond a specified question, which was approximately one-fifth of the way through the questionnaire, were also removed. All other partially completed questionnaires were retained. In total, 5,347 cases were removed during data cleaning.

## **Ethics, recruitment and consent**

Cardiff University School of Social Sciences Research Ethics Committee granted ethical approval for the survey.

A comprehensive briefing about the survey was given to school staff representatives at SHRN events in June 2019. Staff from 120 schools attended one of three regional events. Survey information and registration packs were then circulated to all SHRN member schools in July 2019 and schools were asked to register for the survey before the end of the term.

In September 2019, all registered schools were sent an additional pack that included the finalised questionnaire content and letters for parents notifying them of the survey (both hard and electronic copies). Schools were instructed to use at least two methods to contact parents in case one method failed. One method could be a text message to tell parents that they should have received a letter about the survey by email or via their child and to contact the school if they had not. Parents could view the questionnaire by contacting their child's school. Parents had opt-out consent, i.e. their child was invited to take part in the survey unless withdrawn by their parents. Schools kept a record of the gender and year group of children who were withdrawn by their parents.

Schools that were taking part in data linkage research (see 'Questionnaire design' section) were provided with a compulsory information video to show to students at least one week before they completed the survey. Schools not taking part in data linkage research were also provided with a video, but could opt to use slides about the survey (also provided) if they preferred. All necessary information was reiterated at the start of the questionnaire, before students reached the first question. The first question asked for their consent to take part and if they declined, the survey automatically closed.

The main part of the questionnaire had a 'forced answer' structure, meaning that students had to respond to all questions on a page before they could move on to the next page. An additional response option, 'I do not want to answer', was included with every question except the consent and year group questions.

The final part of the questionnaire, where students were asked for identifiable information, was not forced answer and students could move past it without completing the fields if they did not want their survey responses used for longitudinal research. It was made clear to students that if they left these fields blank, all their survey responses would still be used anonymously.

## Presentation of findings

This report presents findings on a wide range of variables that were included in the questionnaire. The questions pertaining to these variables are listed in the Appendix. Variables that are not reported here may be included in future short briefing reports.

For most variables, responses to the questionnaire item are presented and then a binary indicator is defined. For each indicator, results are presented by: gender, school year, family affluence, ethnicity, local health board, and regional education consortia<sup>3</sup>. The HBSC Family Affluence Scale (FAS) has been employed to estimate young people's socio-economic status, based on a set of questions which measure the material conditions of the household in which young people live<sup>37, 38</sup>. FAS 1 indicates low affluence families, FAS 2 medium affluence, and FAS 3 high affluence families (see note on FAS in the Appendix).

Base sizes are presented with each chart. Wide variation in base sizes is due to questions being on one, two, three or four of the questionnaire routes. Small base sizes for some ethnic groups mean that results are not presented by ethnicity where data are reported for year 11 students only. In instances where base sizes fall below 50 students, estimates are not reported.

Results for students who responded 'I do not want answer' to the gender question are not shown in figures reporting a gender breakdown, but these students' responses are included in all other figures. Readers comparing this report with the 2017/18 report should be aware of the change in the gender question (see 'Questionnaire design' section and Appendix).

Students who selected the 'I do not want to answer' response to the ethnicity question are included in tables presenting data by ethnicity as the 'Prefer not to say' group. Non-response to this item was similar to the 2017/18 survey (3%).

Given the large sample size, it is likely that observed differences will be statistically significant<sup>4</sup>, and therefore no statistical testing has been undertaken on the results presented in this report. Where results are reported for groups of fewer than 1,000 respondents, 95% confidence intervals are provided, either within results tables or, for charts, in the Appendix.

For presentational purposes, the scale of each figure's axis is variable and relative to the data being presented. Care should therefore be taken when reading the figures, to ensure that small differences are not over-interpreted due to scaling. Readers should also be aware that rounding errors may lead to small discrepancies in reported percentages.

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<sup>3</sup> There are four regional education consortia whose purpose is to provide school improvement services. Neath Port Talbot local authority left the West Wales (ERW) consortia in March 2020, but were members at the time of data collection and are therefore included within regional figures.

<sup>4</sup> Possible exceptions are questions asked in single survey routes and those asked to year 11 students only

### **3. Mental health and wellbeing**

#### **Introduction**

Young people's mental health and wellbeing is a key policy priority in Wales<sup>7</sup>. Around half of all mental health conditions present by age 14<sup>39</sup>, meaning adolescence is a period of heightened risk for experiencing poorer mental health outcomes. Diagnosis of a mental health condition during adolescence is also associated with a higher risk of experiencing mental health problems in adulthood<sup>40</sup>. While mental health is often considered from an illness-defined perspective as requiring prevention, mental wellbeing is more closely aligned with health promotion efforts and has been described as 'a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community'<sup>5</sup>. Loneliness has also been linked with adverse health and educational outcomes including anxiety and depression<sup>41</sup>, and lower academic attainment<sup>42</sup>.

This section presents data on young people's mental health and wellbeing in Wales based on the following measures: **life satisfaction**, the **Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**, the **UCLA 3-item loneliness scale**, **loneliness during last summer holidays**, and the **Strengths and Difficulties Questionnaire (SDQ)**.

The methods used to derive the three composite measures are described below.

#### **Short Warwick-Edinburgh Mental Wellbeing Scale**

SWEMWBS is comprised of seven items that ask about the following experiences over the last 2 weeks: i) I've been feeling optimistic about the future, ii) I've been feeling useful, iii) I've been feeling relaxed, iv) I've been dealing with problems well, v) I've been thinking clearly, vi) I've been feeling close to other people, vii) I've been able to make up my own mind about things (response options: 'none of the time', 'rarely', 'some of the time', 'often', 'all of the time'). Item responses are assigned a numerical score from 0 to 4, with an overall score derived based on the summation of these individual scores. A higher overall SWEMWBS score is indicative of more positive mental wellbeing.

#### **UCLA 3-item loneliness scale**

The UCLA 3-item loneliness scale asks: i) how often do you feel that you have no one to talk to?, ii) how often do you feel left out?, iii) how often do you feel alone? (response options: 'hardly ever or never', 'some of the time', 'often'). Item responses are assigned a numerical score from 1 to 3, with an overall score derived by summing individual item scores. Scores on the UCLA loneliness scale therefore range between 3 and 9, with a higher score indicating more frequent loneliness. There is no standard accepted cut-off where a person scoring above/below a particular value would be considered lonely.

#### **Strengths and Difficulties Questionnaire**

SDQ is a screening instrument for measuring psychological problems and strengths. It is comprised of 25 items that can be divided into five distinct scales: i) emotional problems, ii) conduct problems, iii) hyperactivity/inattention, iv) peer relationship problems, and v)

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<sup>5</sup> <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

prosocial behaviour. Items in each scale ask about experiences over the last 6 months, with response options ‘not true’, ‘somewhat true’ and ‘certainly true’. Item responses are assigned a numerical score and both an overall and scale-specific score are derived based on the summation of individual item scores. A higher overall SDQ score indicates poorer mental health. For ease of interpretation, scores are commonly categorised into four classes: ‘close to average’, ‘slightly raised’, ‘high’, and ‘very high’. Cut-points are based on a large UK community sample and selected so that these classes are populated by 80%, 10%, 5% and 5% of the population, respectively. The prosocial scale, which is not included in the overall SDQ score, is categorised as follows: ‘close to average’ (80%), ‘slightly lowered’ (10%), ‘low’ (10%), and ‘very low’ (5%). Further information about the questionnaire and its content can be viewed on the SDQ website: <https://www.sdqinfo.org/>.

## **Summary of main findings**

### **Life satisfaction**

When asked how satisfied with their life they were on a scale from 0 (worst possible life) to 10 (best possible life), the most common response given by young people was 8 (22%), with 4 in 5 scoring 6 or higher (Figure 3.1). Boys were more likely than girls to be satisfied with their life (defined as a score of 6 or higher), with the lowest life satisfaction reported by young people who identified as neither a boy nor a girl (Figure 3.2). Life satisfaction decreased steadily with age, with 87% of students rating their life satisfaction as 6 or above in year 7, falling to 75% by year 11. There was also a graded relationship between family affluence and life satisfaction. Young people from less affluent families were less likely to report being satisfied with their lives than young people from more affluent families (Figure 3.3). The age-related decline in life satisfaction was most evident for girls, with only a small difference between boys and girls in year 7 (89% vs 86%) growing to a much larger gap by year 11 (81% vs 71%) (Figure 3.4).

### **Mental wellbeing**

Mental wellbeing scores on SWEMWBS were approximately normally distributed, with 25 the most common score (Figure 3.5), but a mean score of 24. On average, girls reported lower mental wellbeing than boys, while scores were lowest among young people who identified as neither a boy nor a girl (Figure 3.6). Similar to life satisfaction, mental wellbeing declined with age but increased with family affluence (Figure 3.7). The age-related decline in mental wellbeing was more evident for girls than for boys (Figure 3.8).

### **Loneliness**

On the UCLA loneliness scale, responses were highly skewed, with 3 the most common score but a mean score of 5 (Figure 3.9). Girls reported more frequent loneliness than boys, while young people who identified as neither a boy nor a girl were most likely to report feeling lonely (Figure 3.10). Loneliness differed little with age, but was more frequent among young people from less affluent families (Figure 3.11). There was a clearer age-related increase in loneliness for girls than for boys (Figure 3.12).

While most young people reported feeling lonely during the recent summer holidays ‘none of the time’ or ‘rarely’, almost a third reported feeling lonely at least some of the time (Figure 3.13). Girls were more likely than boys to have felt lonely (38% vs. 24%), but less likely than young people who identified as neither a boy nor girl (61%) (Figure 3.14). Loneliness during

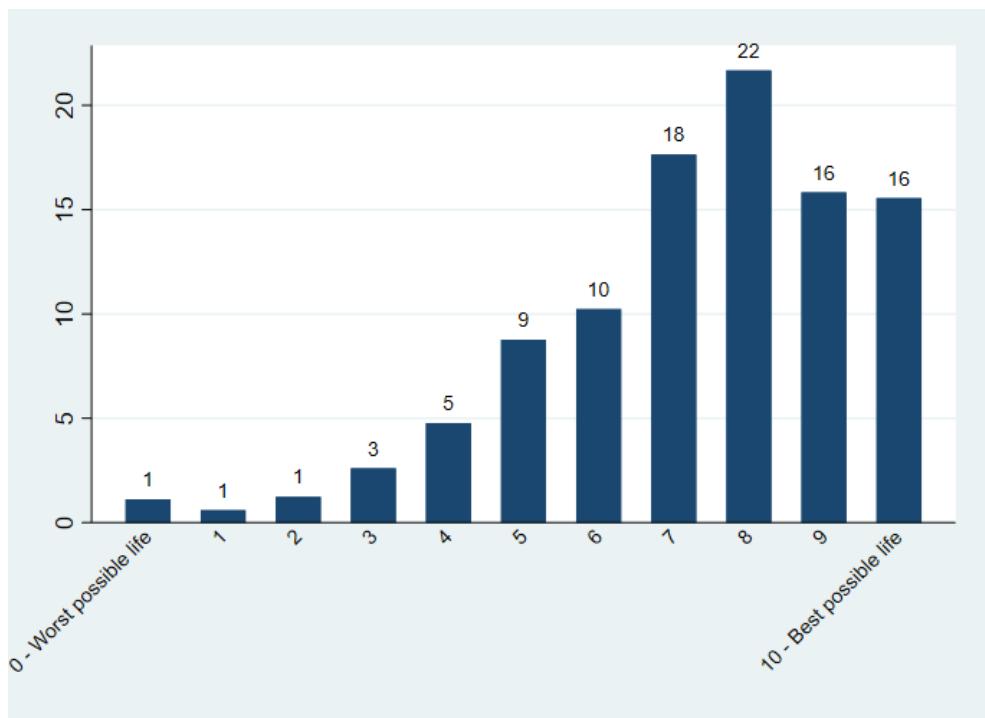
the summer holidays increased with age, while young people from less affluent families were more likely than those from more affluent families to report feeling lonely ([Figure 3.15](#)). The age-related increase in summer holiday loneliness was greater for girls (from 27% in year 7 to 48% in year 11) than for boys (20% to 31%) and those who identified as neither a boy nor a girl (58% to 65%) ([Figure 3.16](#)).

### **Mental health**

Almost 2 in 5 (39%) young people reported mental health symptoms classed as at least slightly raised on the SDQ total difficulties score, with almost 1 in 5 (19%) reporting ‘very high’ mental health symptoms ([Figure 3.17](#)). Girls were more likely than boys to report elevated mental health symptoms, while a majority (54%) of young people who identified as neither a boy nor a girl reported mental health symptoms in the ‘very high’ range ([Figure 3.18](#)). Mental health symptoms increased with age; 12% of students in year 7 reported a very high level of symptoms, rising to 22% in year 11. Young people from less affluent families were also substantially more likely to report elevated mental health symptoms ([Figure 3.19](#)). While mental health symptoms increased for both boys and girls with age, this was clearest for girls, with little gender difference in year 7, but a substantial gender difference evident by years 10 and 11. In all year groups, young people who identified as neither a boy nor a girl were most likely to report elevated symptoms ([Figure 3.20](#)). Data according to SDQ subscales are reported in Figures 3.21-3.40.

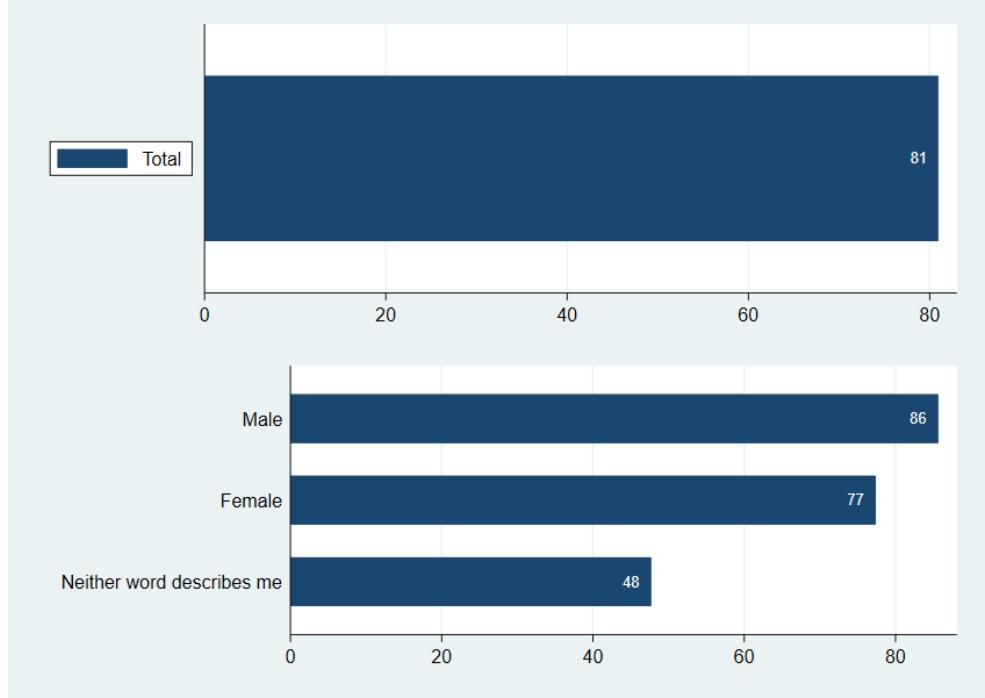
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see [Tables 3.1-3.3](#).

**Figure 3.1 Life satisfaction scale (%)**



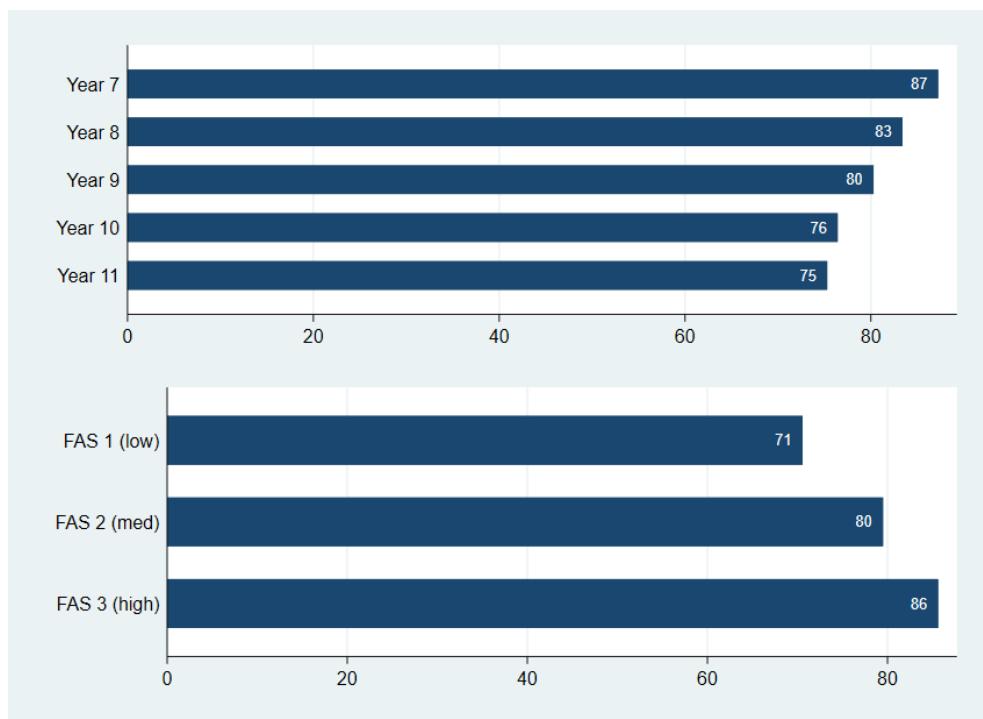
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=115,846$ )

**Figure 3.2 Percentage who rated their life satisfaction as 6 or above, overall and by gender**



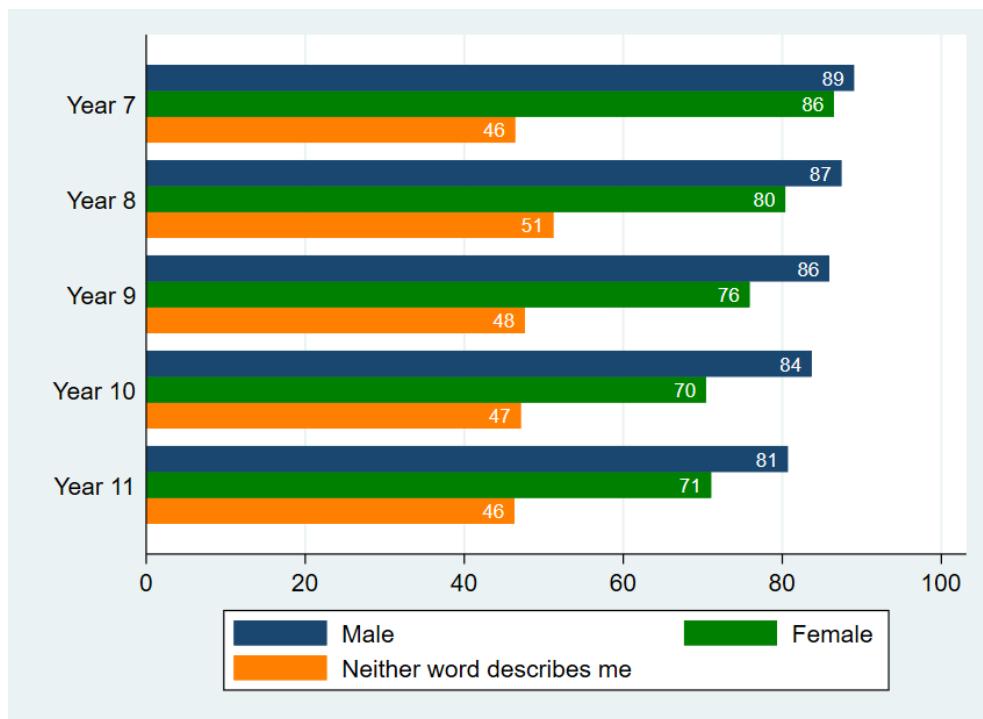
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=115,846$ ; by gender,  $n=114,948$  – excludes 898 gender non-response)

**Figure 3.3 Percentage who rated their life satisfaction as 6 or above by year group and family affluence**



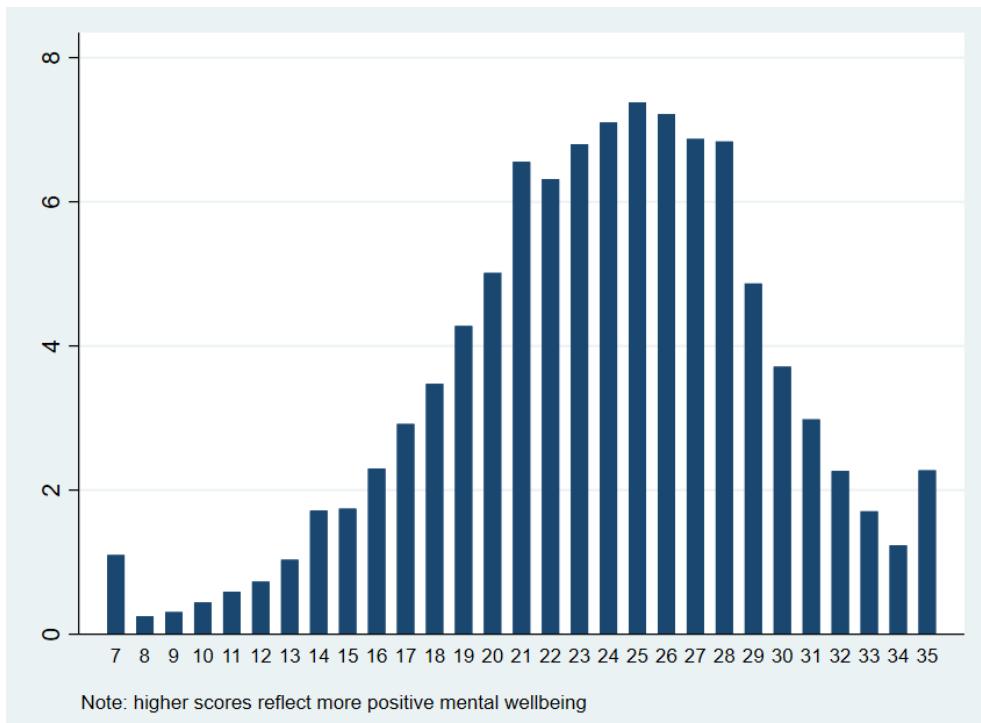
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=115,846; by FAS, n=109,612)

**Figure 3.4 Percentage who rated their life satisfaction as 6 or above by year group and gender**



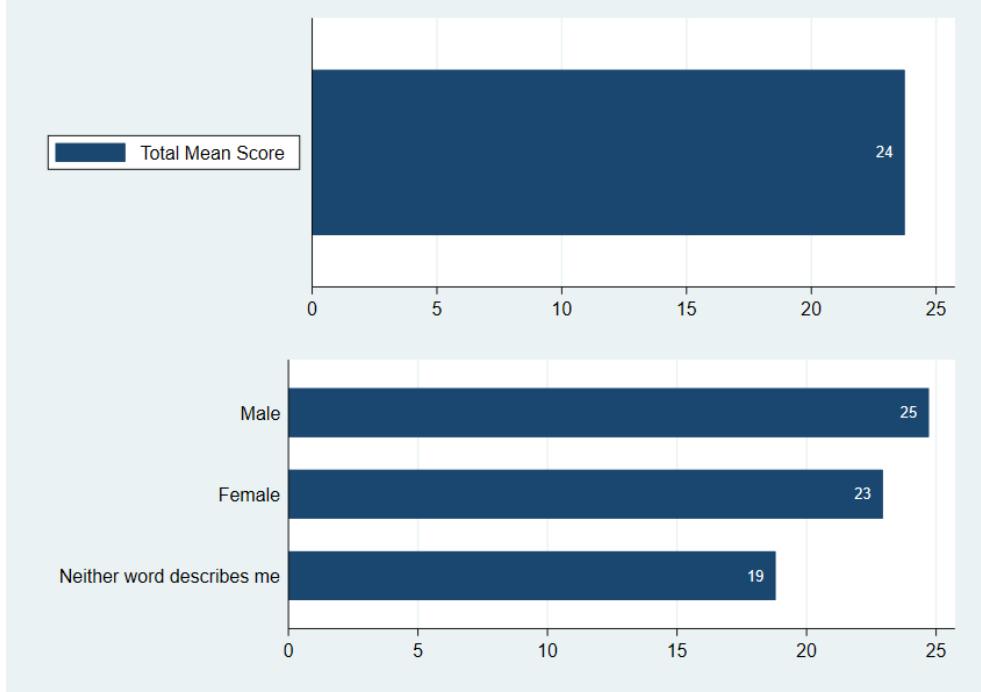
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=114,948). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.5 SWEMWBS Scores (%)**



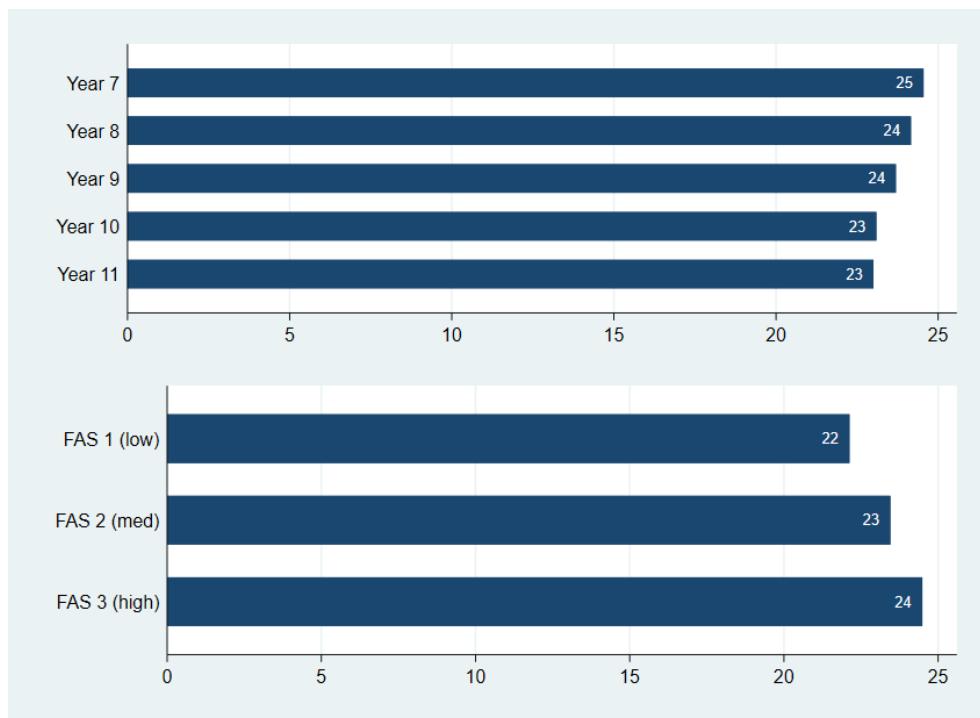
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=107,263$ )

**Figure 3.6 Mean SWEMWBS score, overall and by gender**



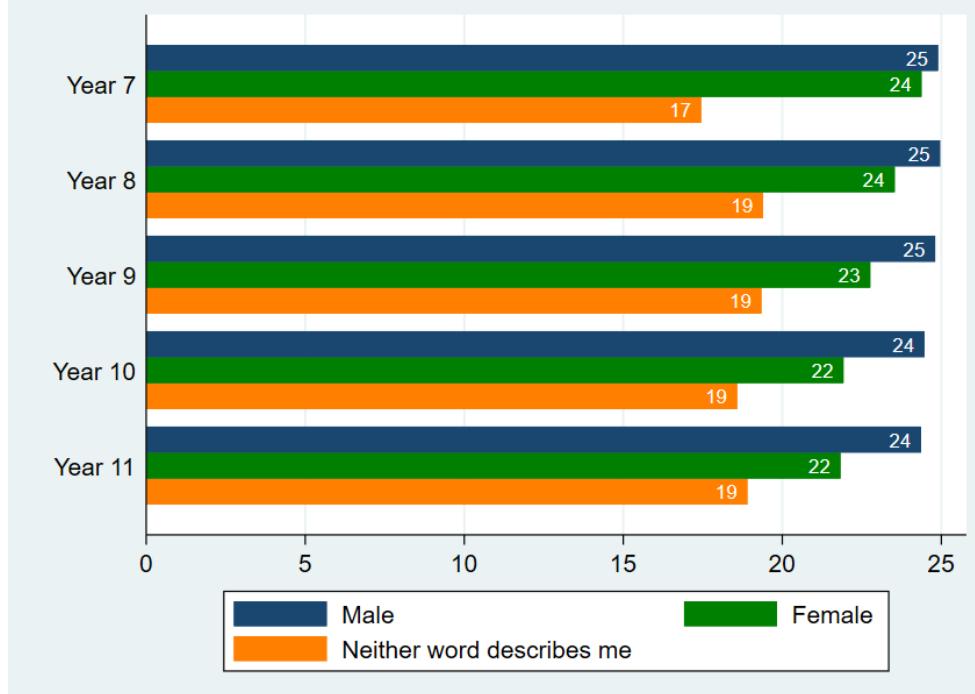
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=107,263$ ; by gender,  $n=106,561$  – excludes 702 gender non-response)

**Figure 3.7 Mean SWEMWBS score by year group and family affluence**



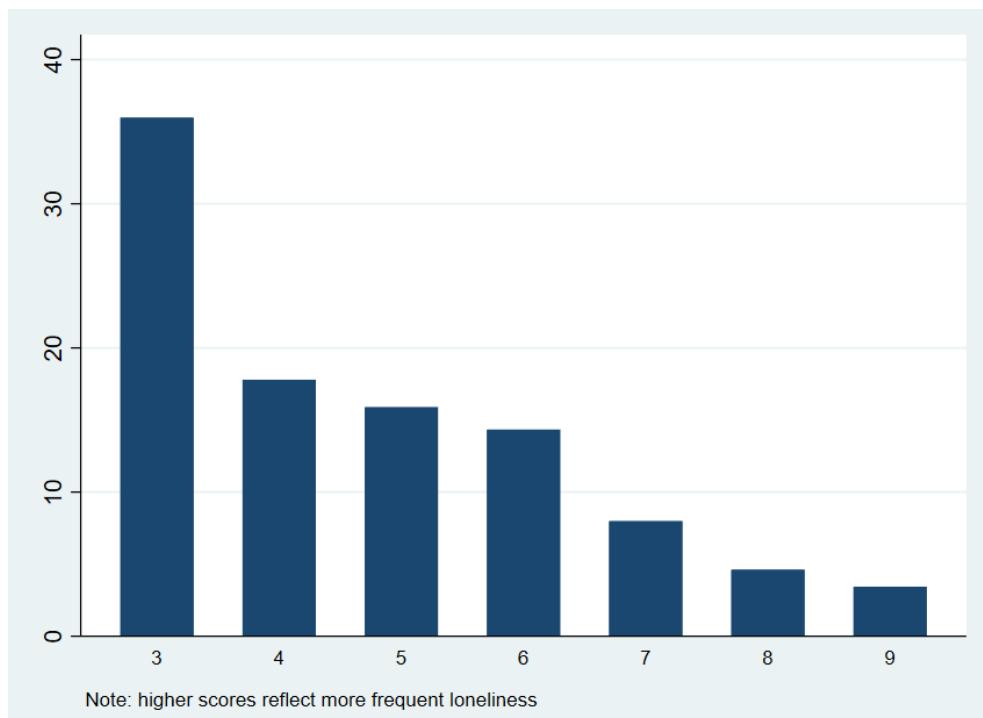
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=107,263; by FAS, n=102,771)

**Figure 3.8 Mean SWEMWBS score by year group and gender**



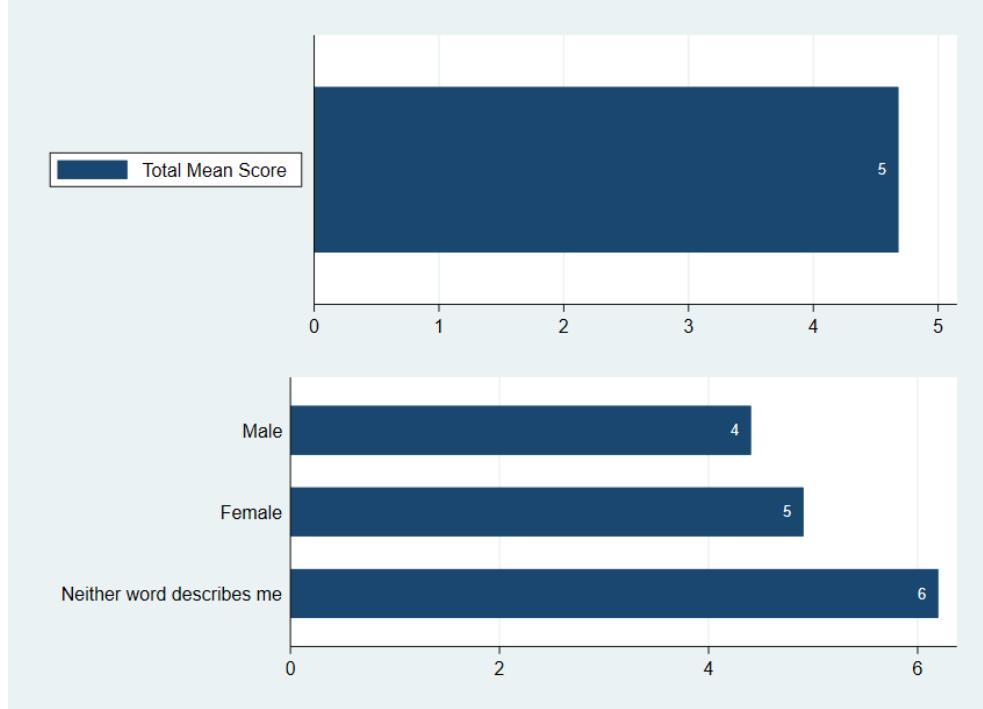
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=106,561). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.9 UCLA loneliness scale (%)**



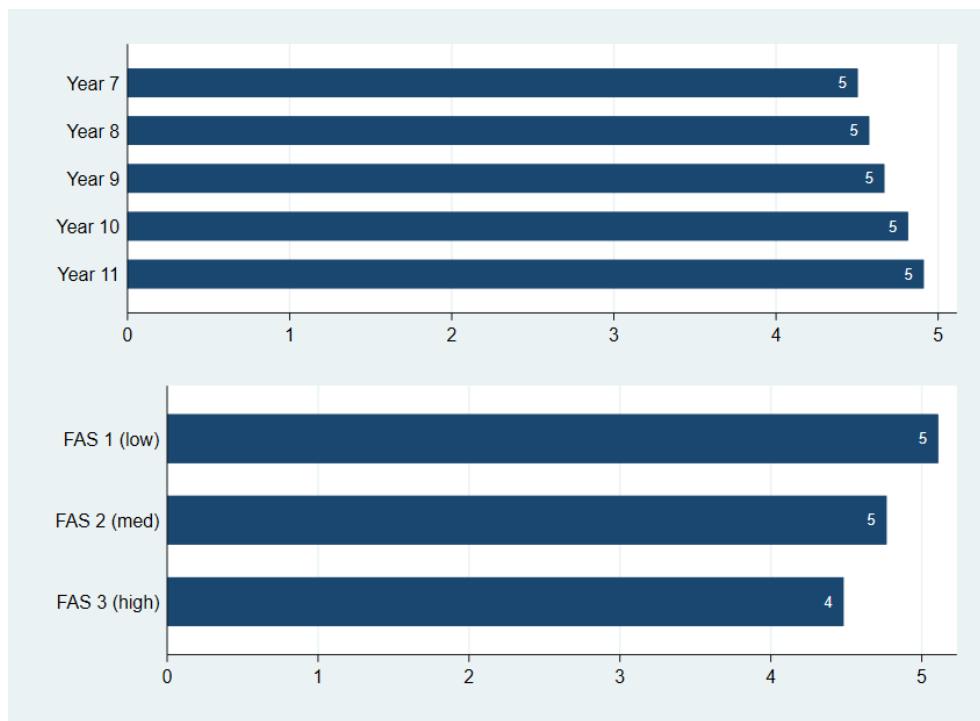
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=111,978)

**Figure 3.10 Mean UCLA loneliness scale score, overall and by gender**



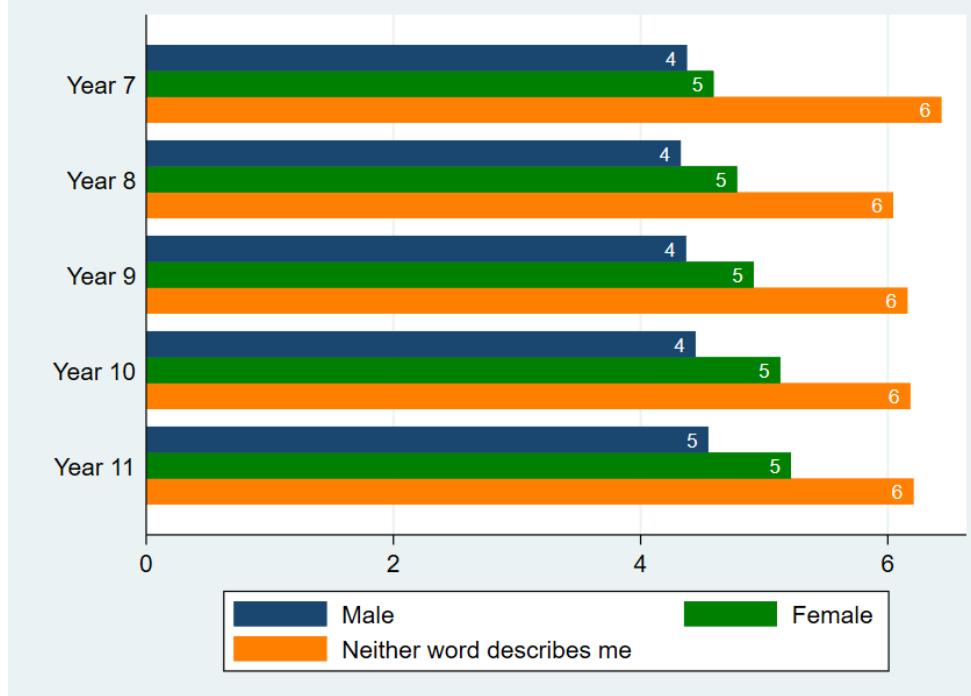
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=111,978; by gender, n=111,212 – excludes 766 gender non-response)

**Figure 3.11 Mean UCLA loneliness scale score by year group and family affluence**



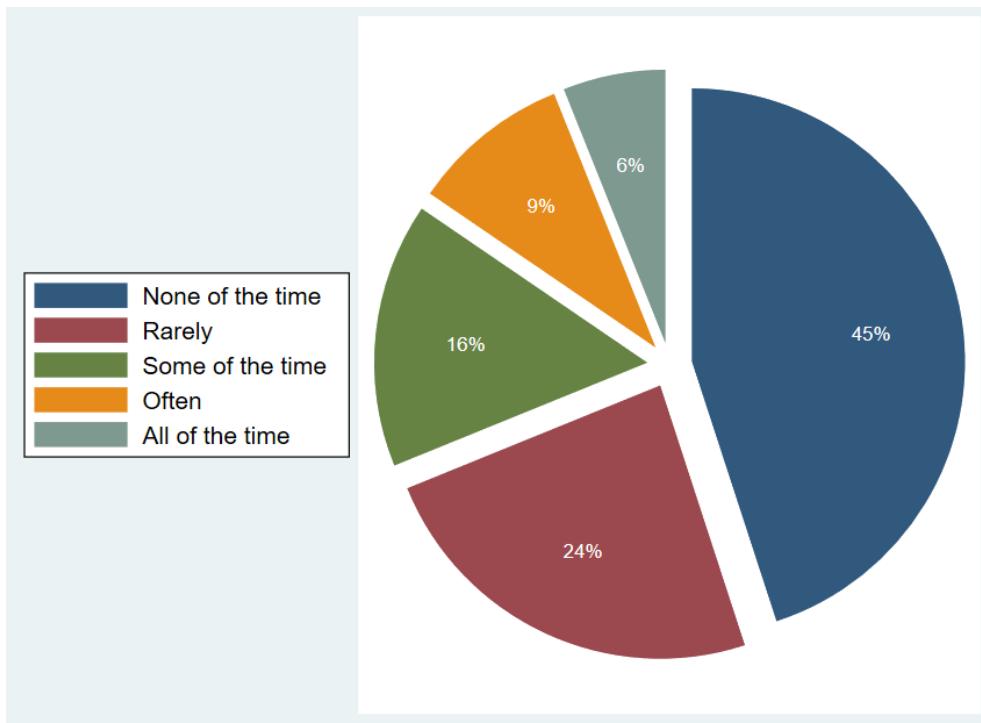
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=111,978; by FAS, n=106,600)

**Figure 3.12 Mean UCLA loneliness scale score by year group and gender**



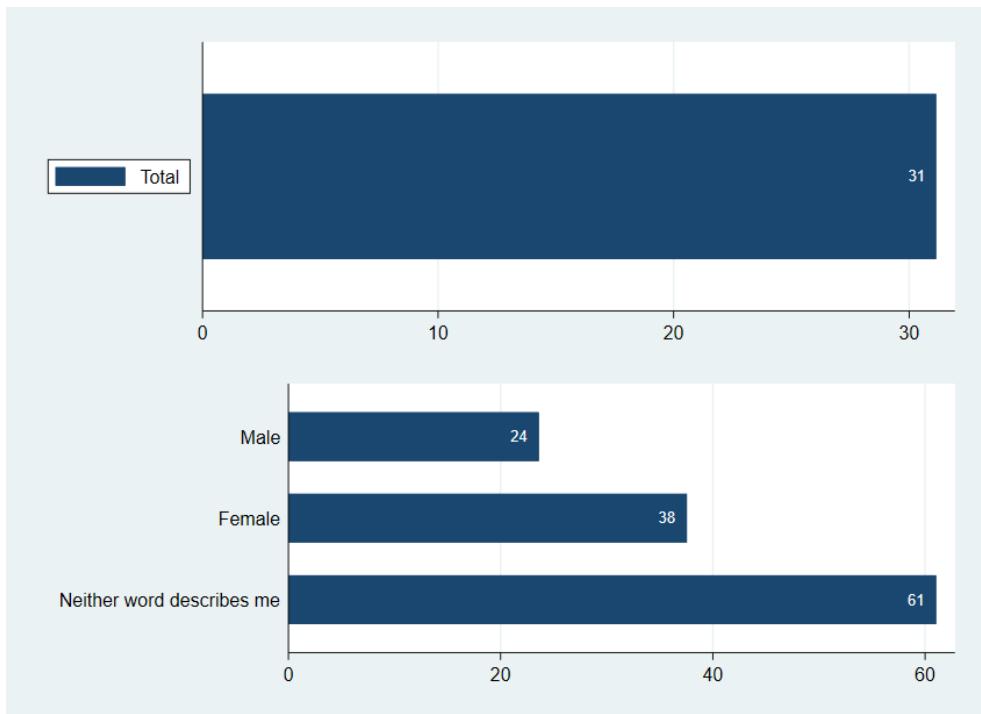
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=111,212). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.13 Frequency of loneliness during last summer holidays (%)**



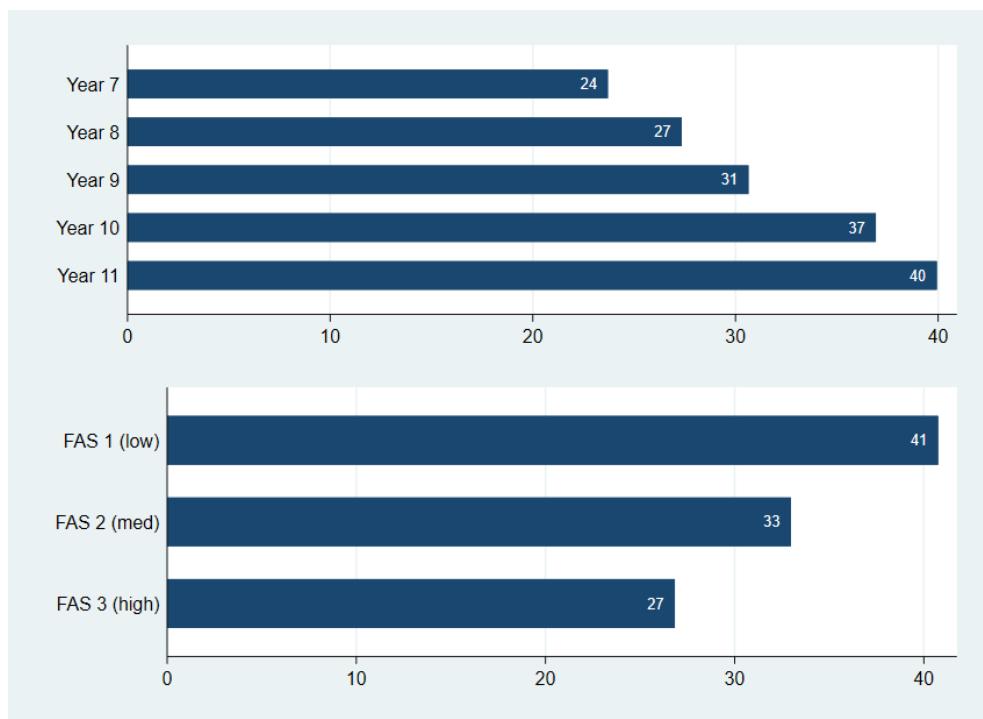
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=113,301$ )

**Figure 3.14 Percentage who felt lonely at least some of the time during last summer holidays, overall and by gender<sup>1</sup>**



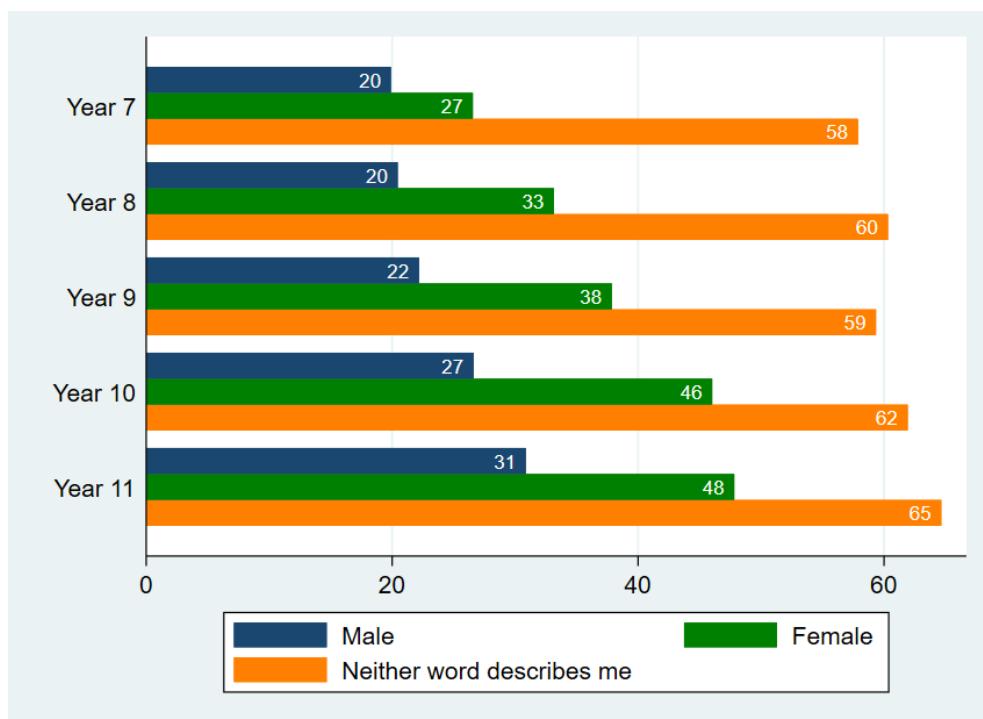
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=113,301$ ; by gender,  $n=112,436$  – excludes 865 gender non-response); <sup>1</sup>Please note this variable was positively coded in 2017/18 (i.e. % never or rarely felt lonely)

**Figure 3.15 Percentage who felt lonely at least some of the time during last summer holidays by year group and family affluence**



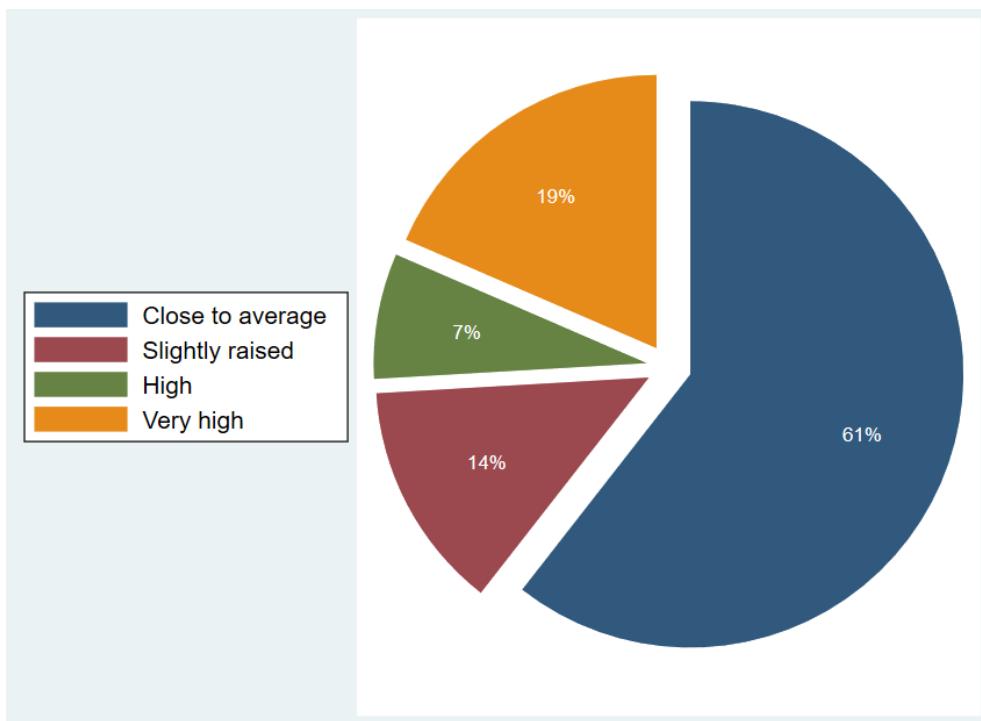
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=113,301; by FAS, n=107,289)

**Figure 3.16 Percentage who felt lonely at least some of the time during last summer holidays by year group and gender**



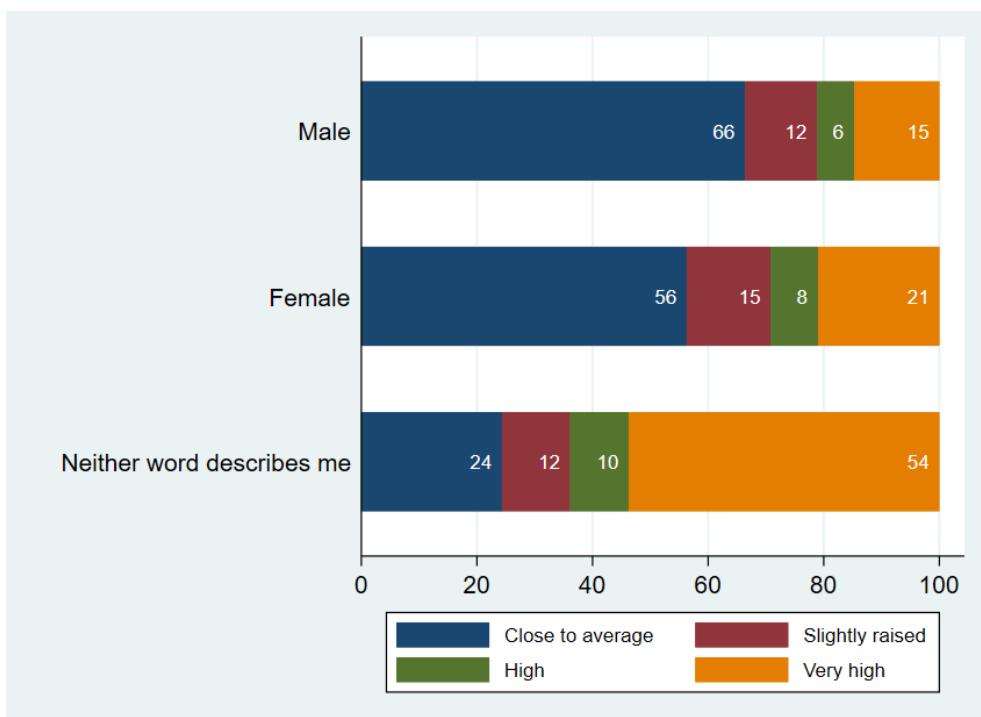
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=112,436). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.17 SDQ total scale score (%)**



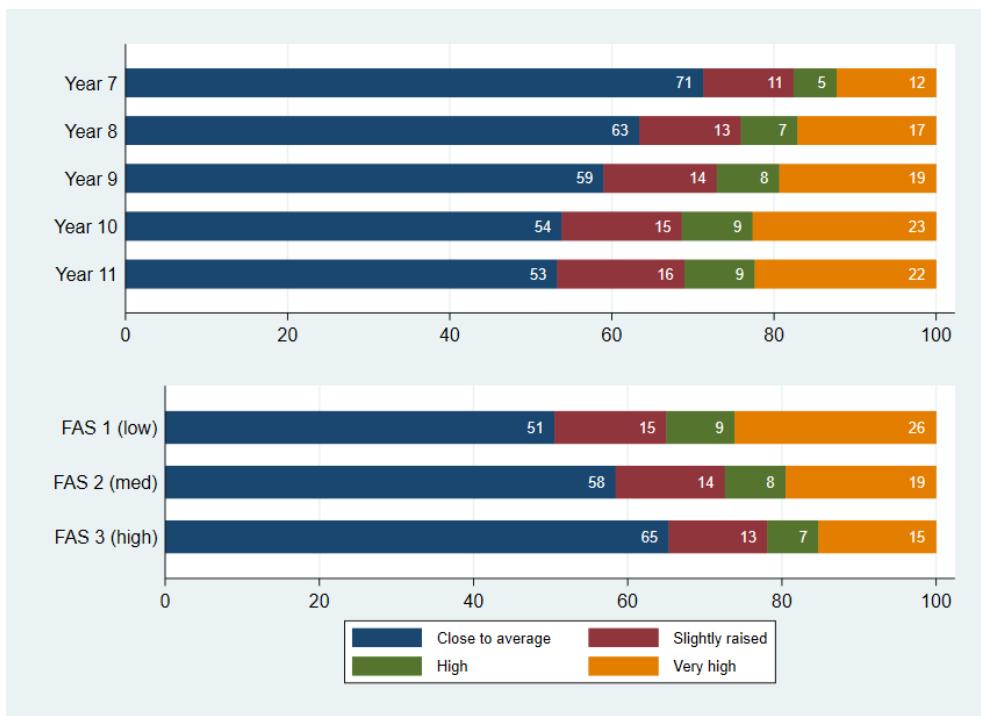
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,575)

**Figure 3.18 SDQ total scale score by gender (%)**



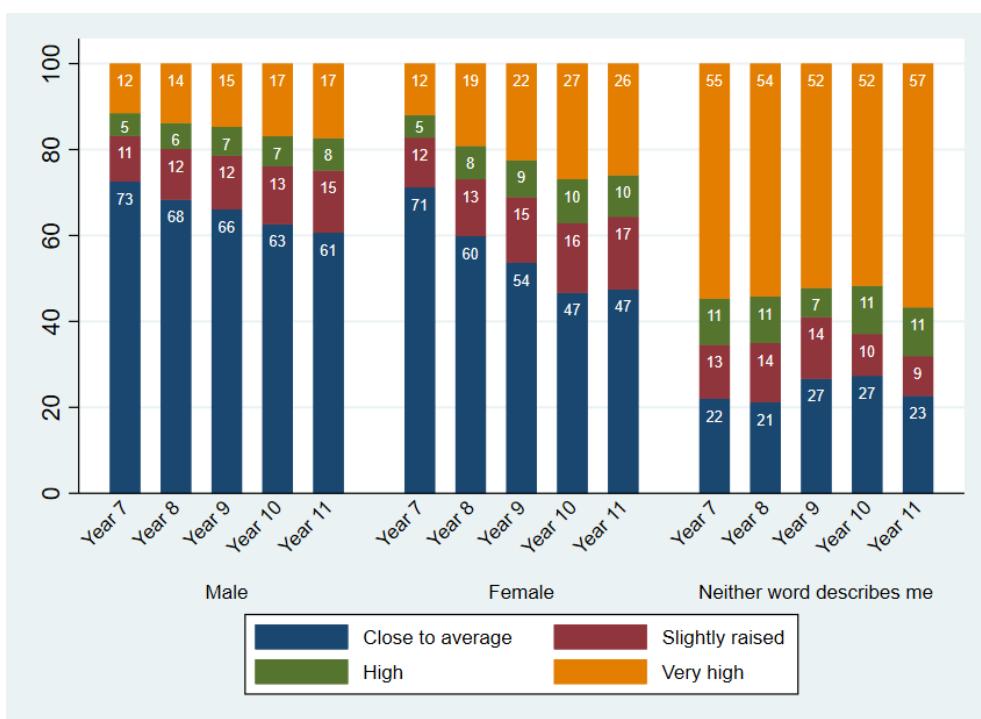
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=100,870 – excludes 705 gender non-response)

**Figure 3.19 SDQ total scale score by year group and family affluence (%)**



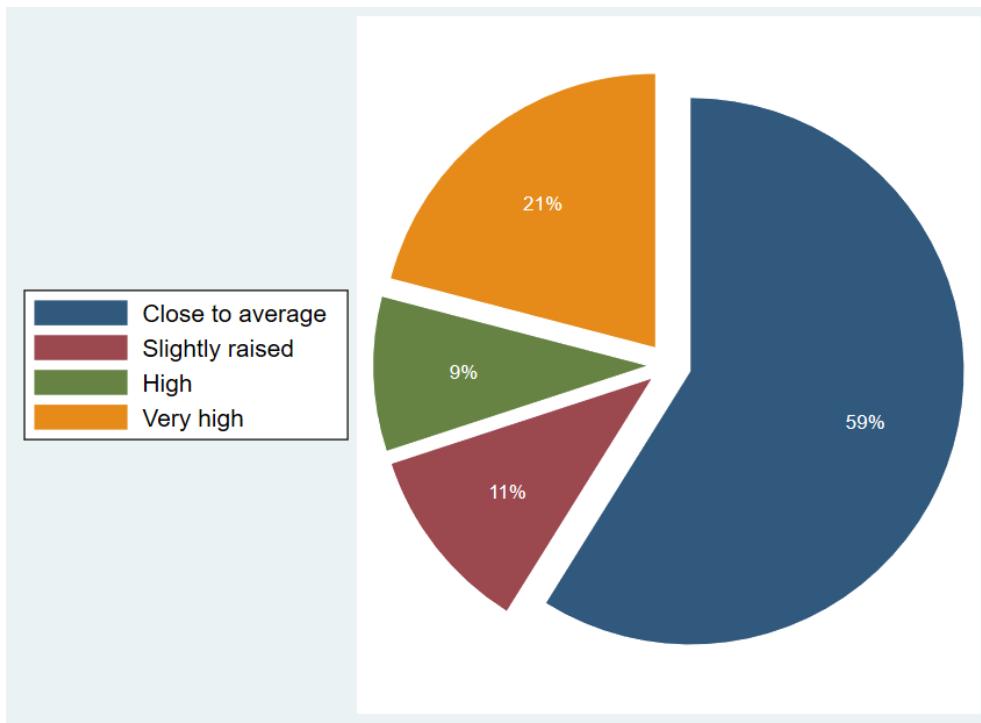
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=101,575; by FAS, n=96,761)

**Figure 3.20 SDQ total scale score by gender and year group (%)**



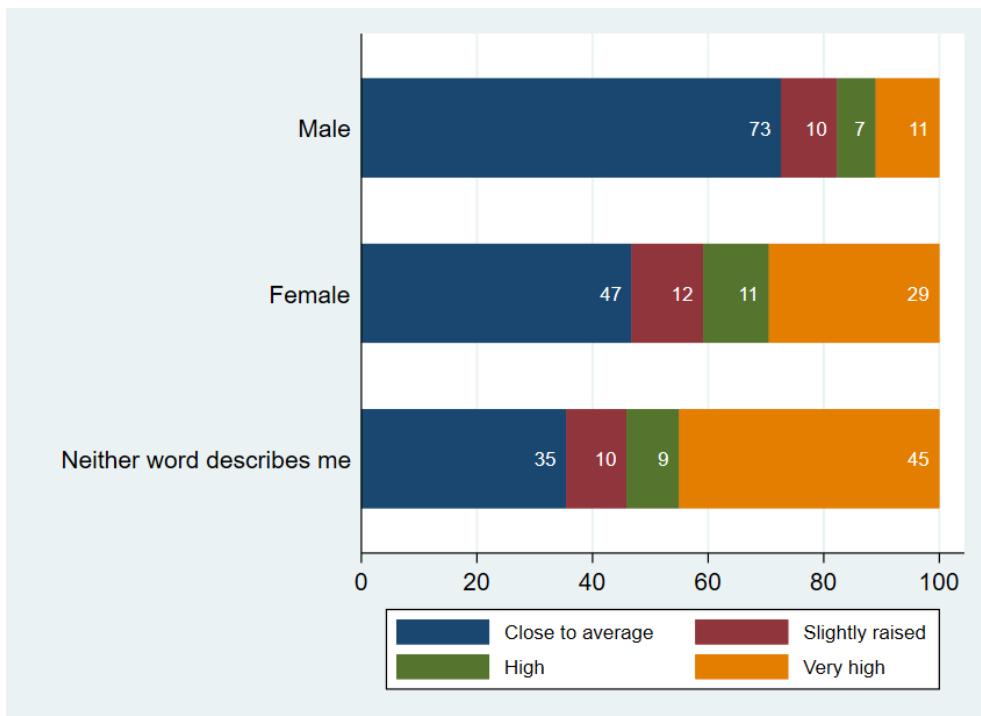
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=100,870). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.21 SDQ emotional problems scale score (%)**



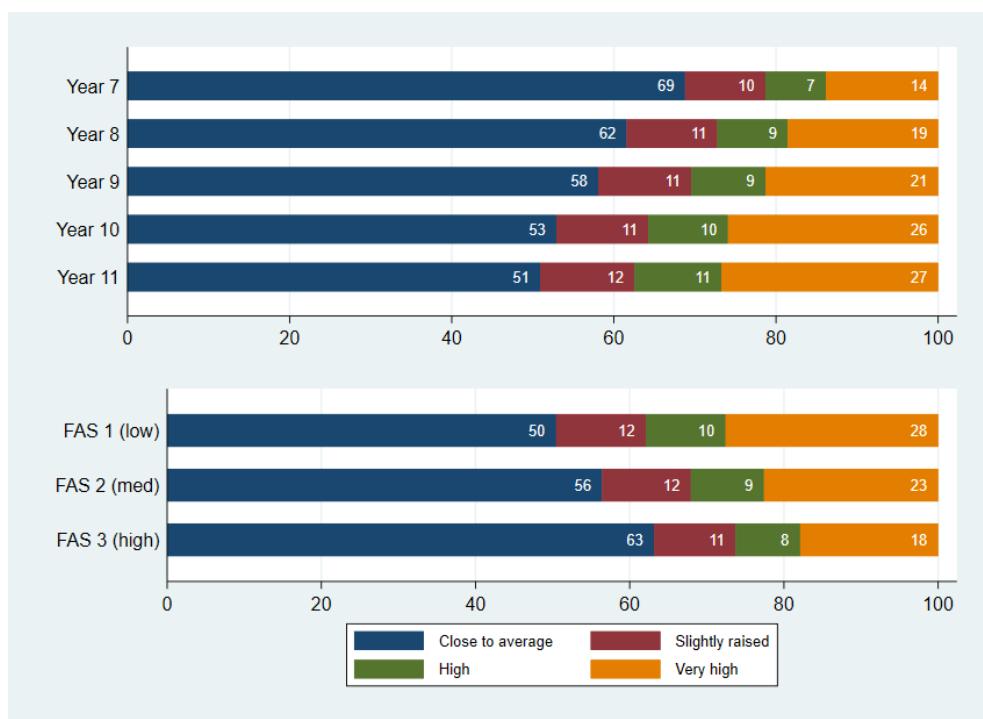
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,420)

**Figure 3.22 SDQ emotional problems scale score by gender (%)**



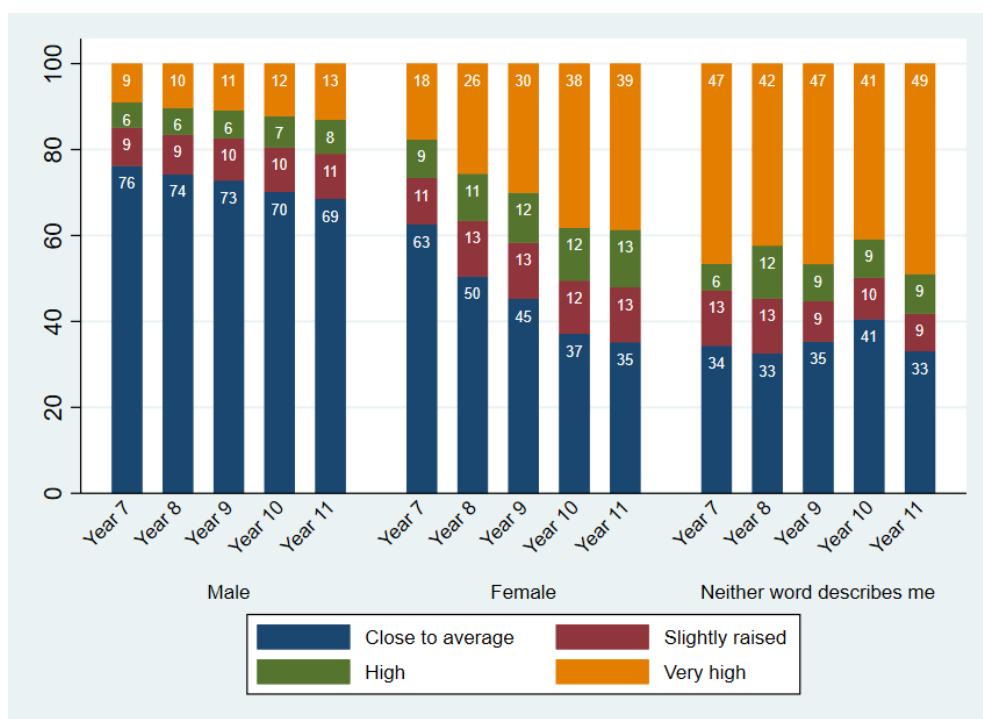
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,420 – excludes 726 gender non-response)

**Figure 3.23 SDQ emotional problems scale score by year group and family affluence (%)**



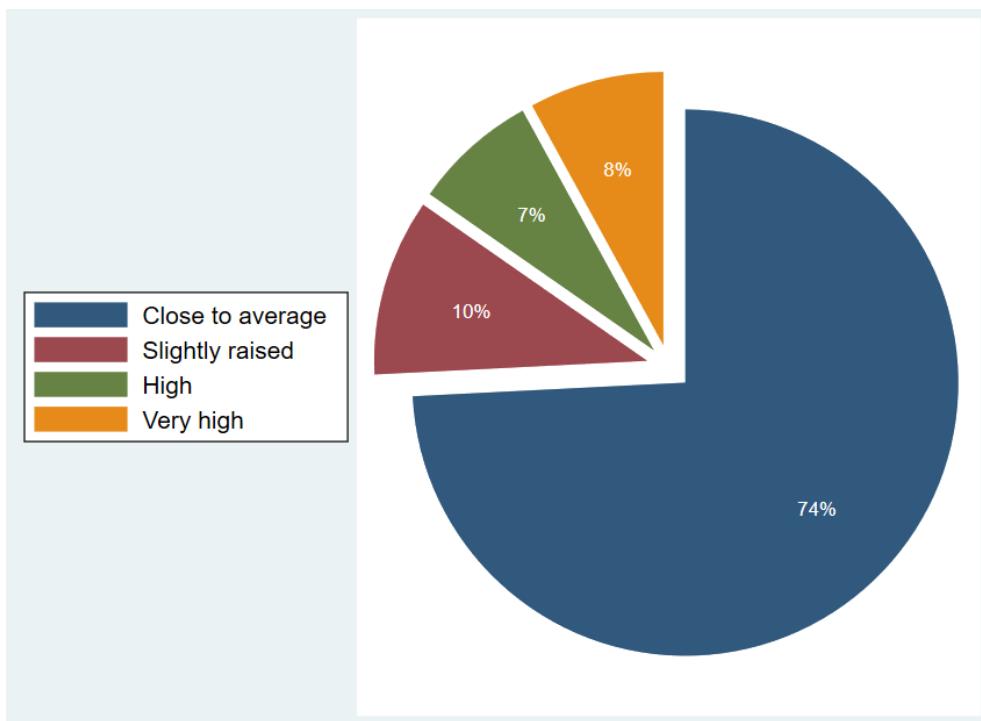
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,420; by FAS, n=97,401)

**Figure 3.24 SDQ emotional problems scale score by gender and year group (%)**



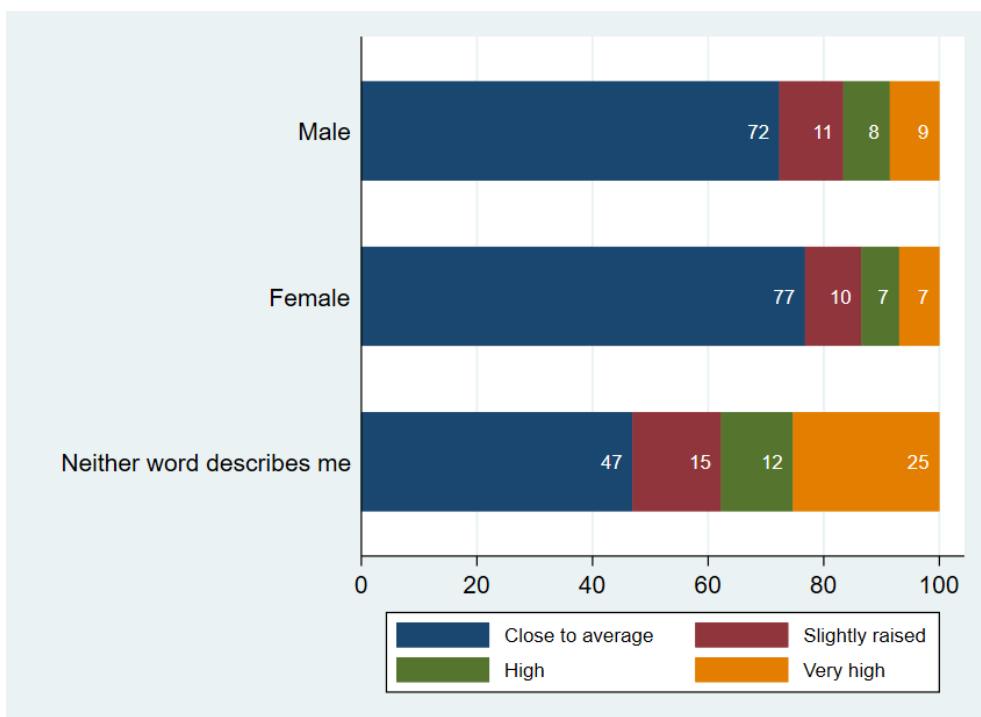
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,694). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.25 SDQ conduct problems scale score (%)**



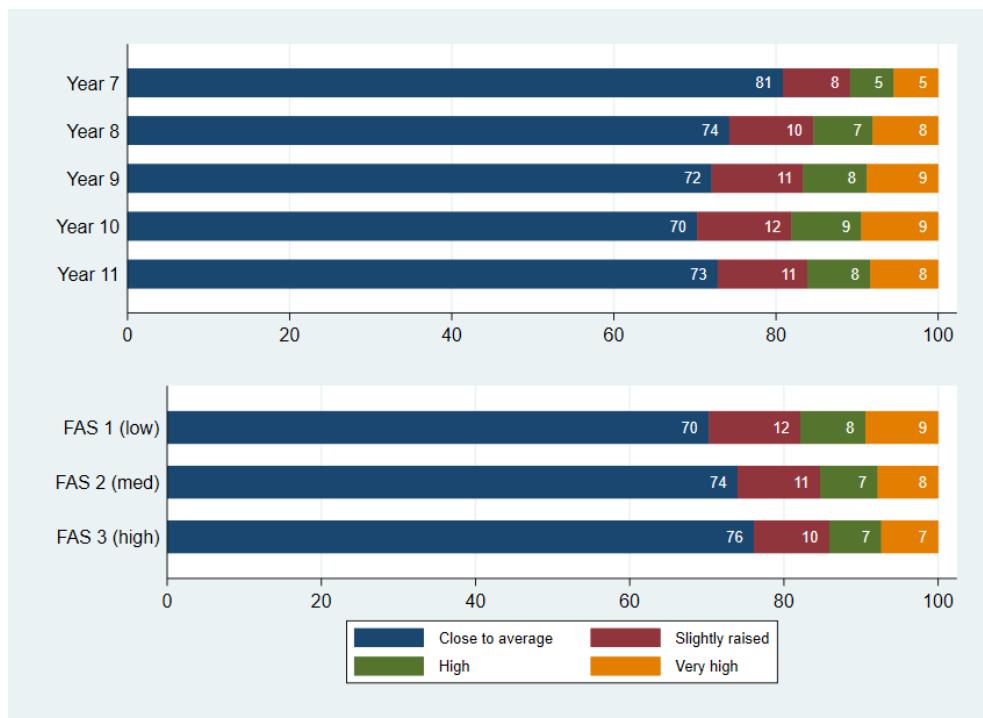
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,420)

**Figure 3.26 SDQ conduct problems scale score by gender (%)**



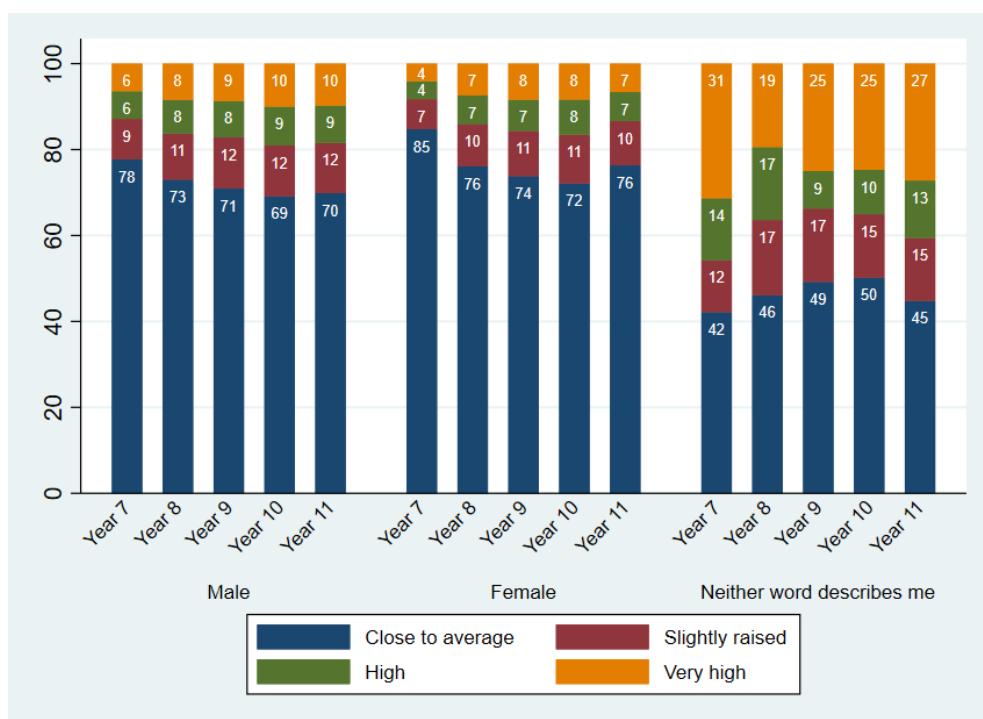
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,859 – excludes 727 gender non-response)

**Figure 3.27 SDQ conduct problems scale score by year group and family affluence (%)**



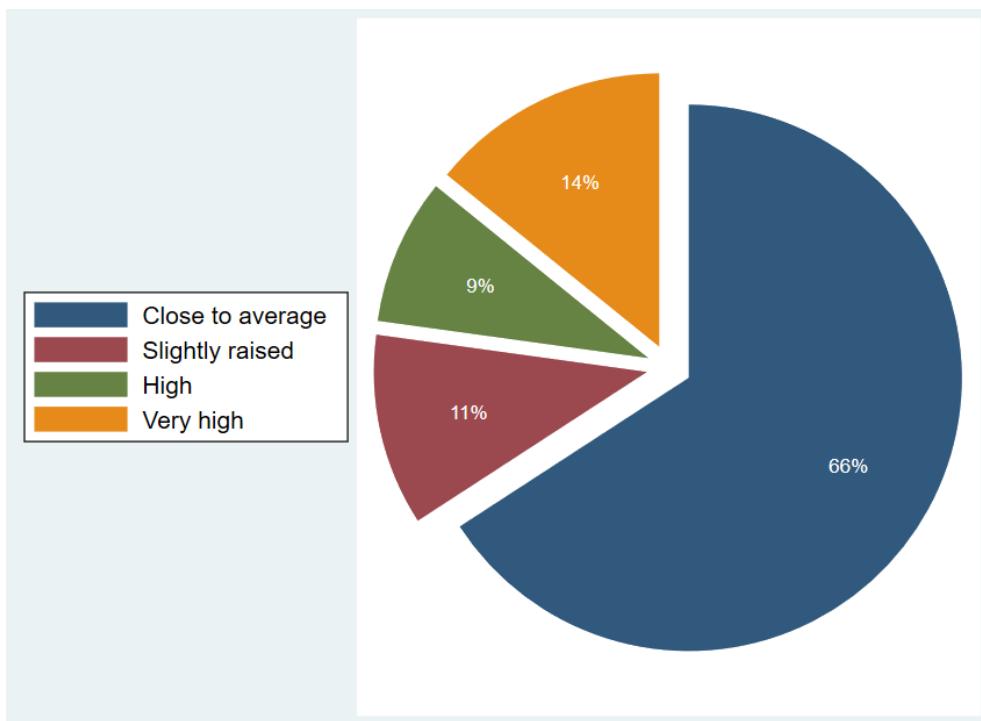
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,586; by FAS, n=97,529)

**Figure 3.28 SDQ conduct problems scale score by gender and year group (%)**



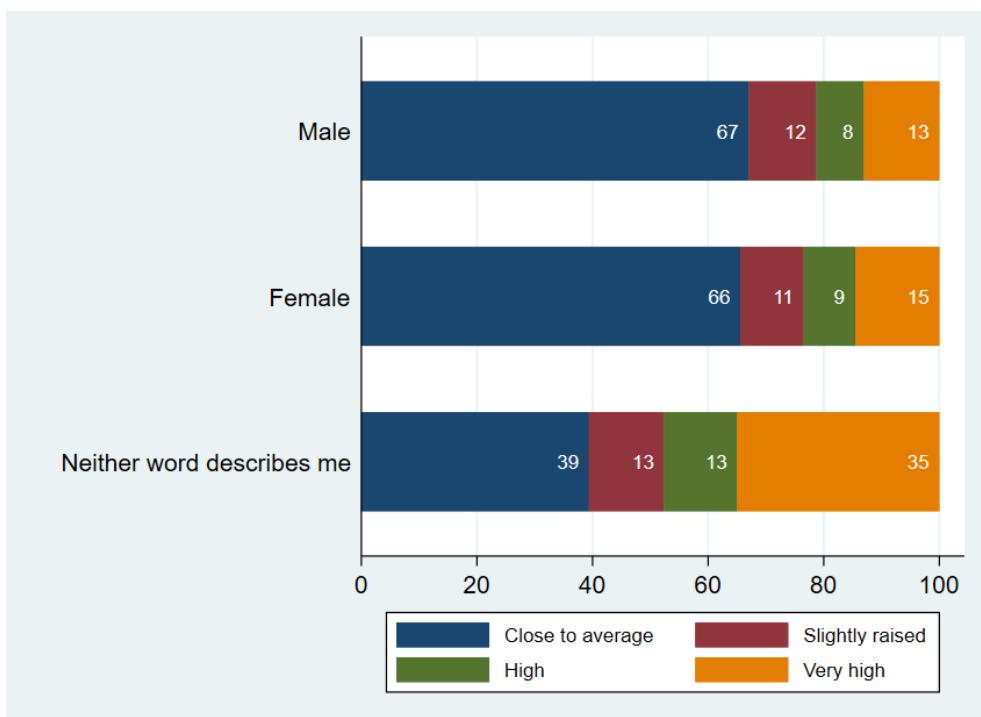
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,859). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.29 SDQ hyperactivity scale score (%)**



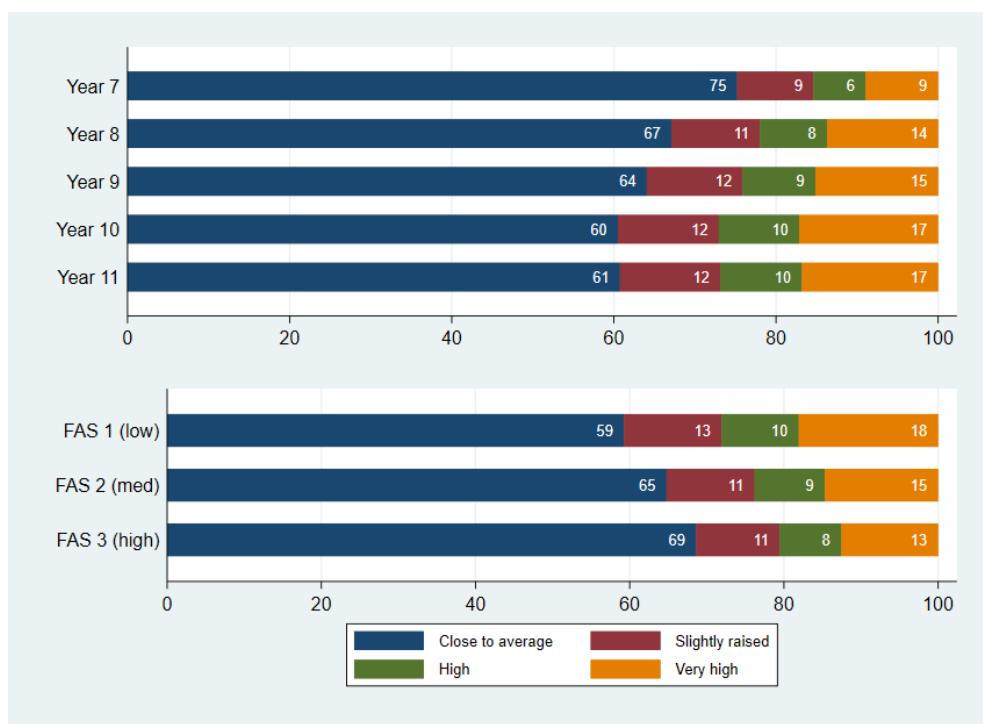
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,244)

**Figure 3.30 SDQ hyperactivity scale score by gender (%)**



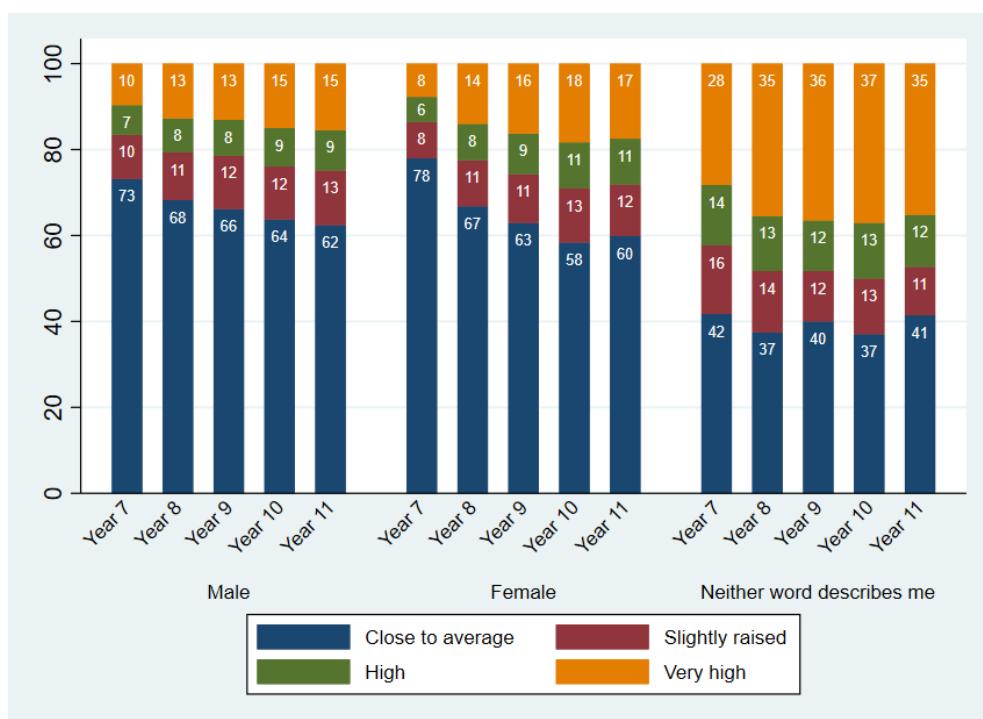
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,521 – excludes 723 gender non-response)

**Figure 3.31 SDQ hyperactivity scale score by year group and family affluence (%)**



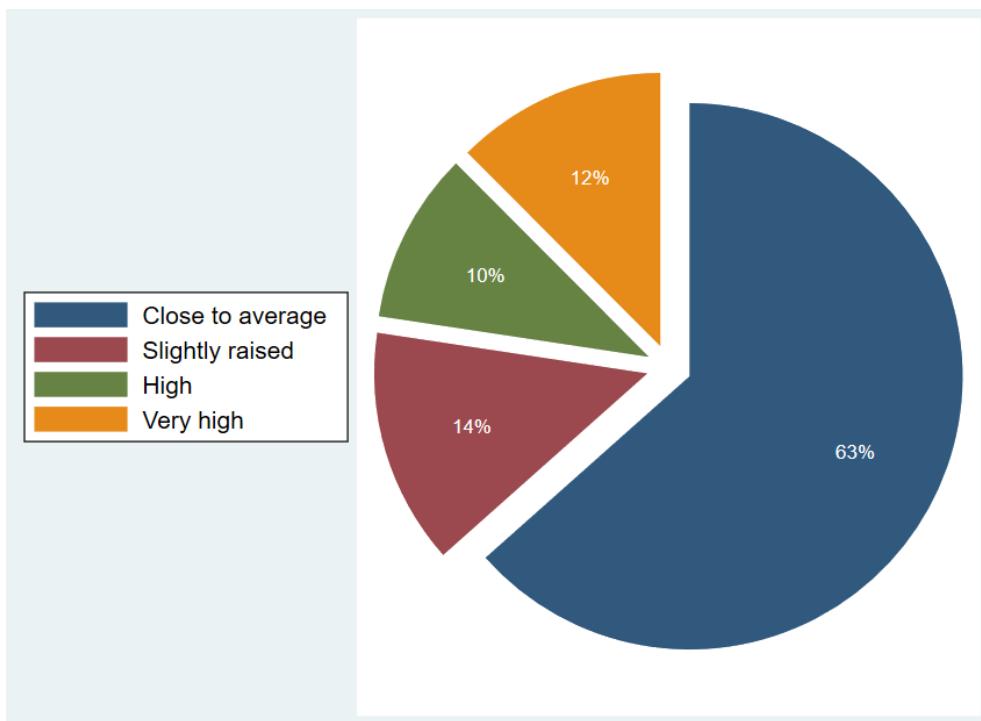
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,244; by FAS, n=97,267)

**Figure 3.32 SDQ hyperactivity scale score by gender and year group (%)**



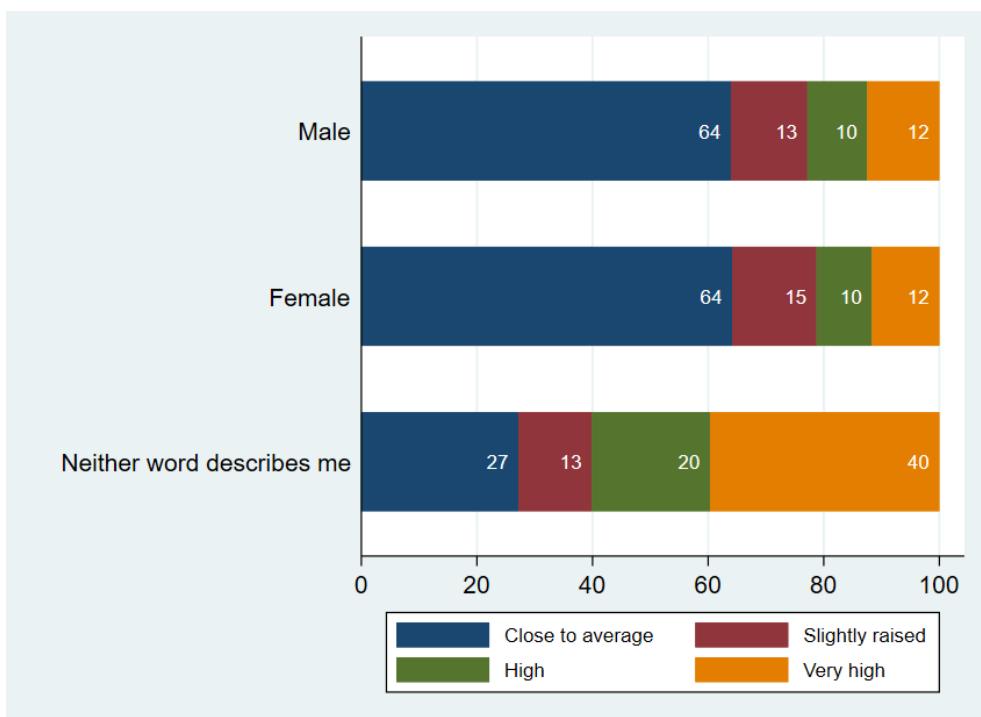
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,521). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.33 SDQ peer problems scale score (%)**



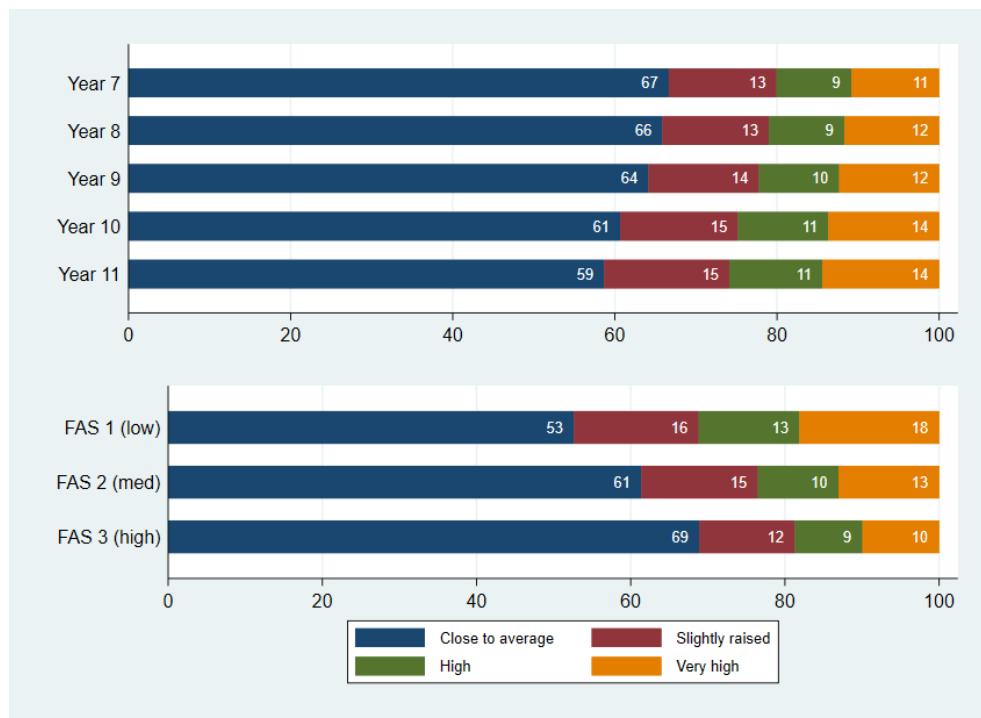
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,385)

**Figure 3.34 SDQ peer problems scale score by gender (%)**



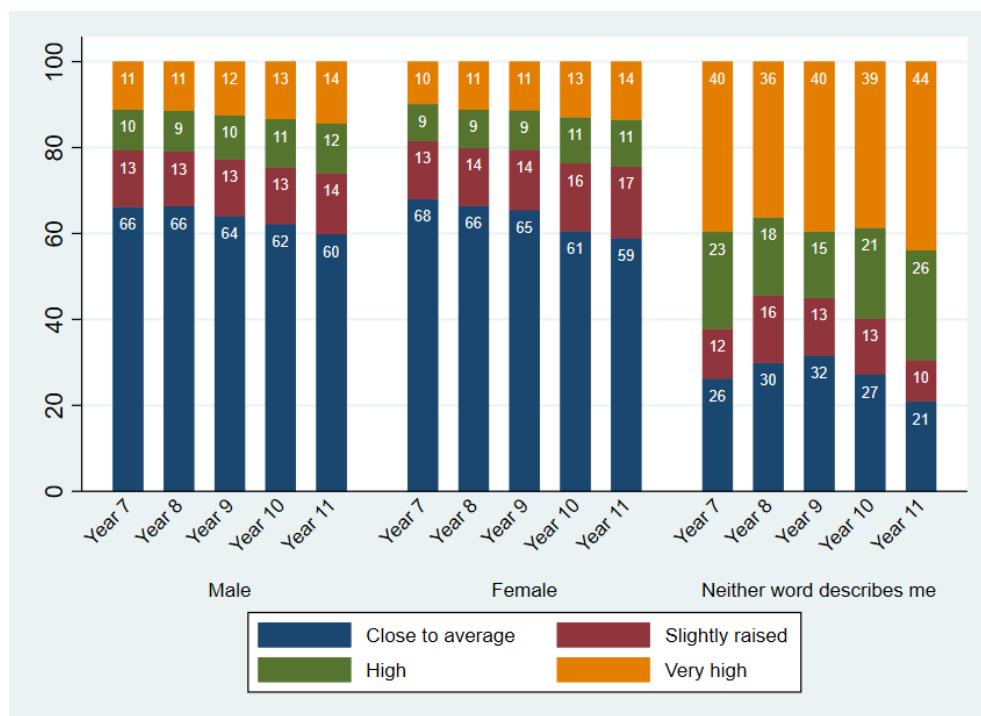
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,666 – excludes 719 gender non-response)

**Figure 3.35 SDQ peer problems scale score by year group and family affluence (%)**



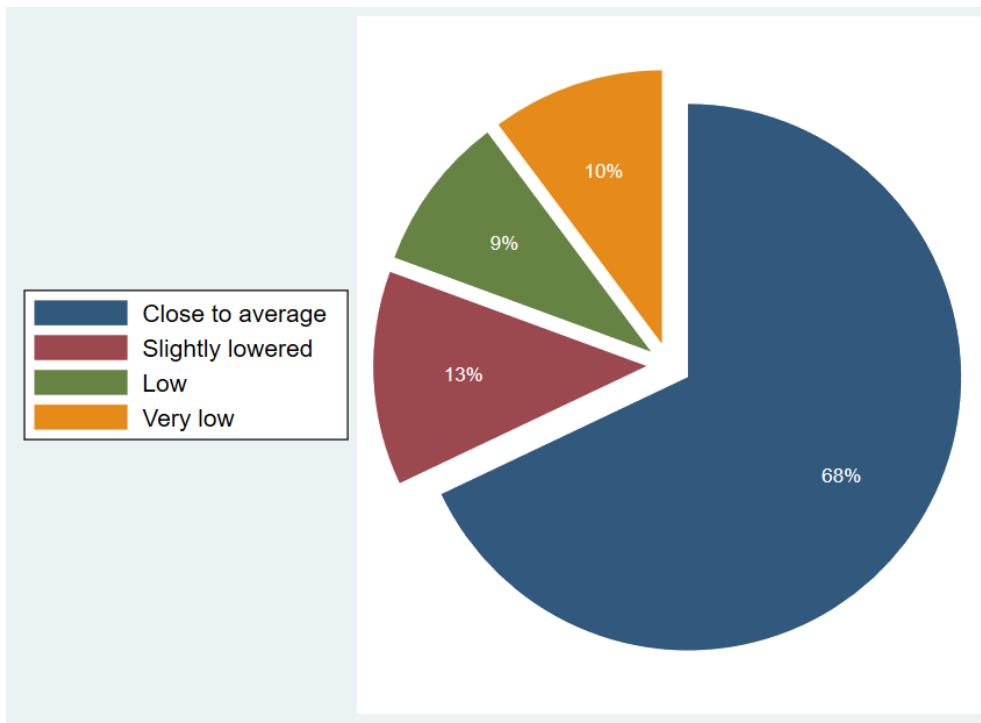
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,385; by FAS, n=97,377)

**Figure 3.36 SDQ peer problems scale score by gender and year group (%)**



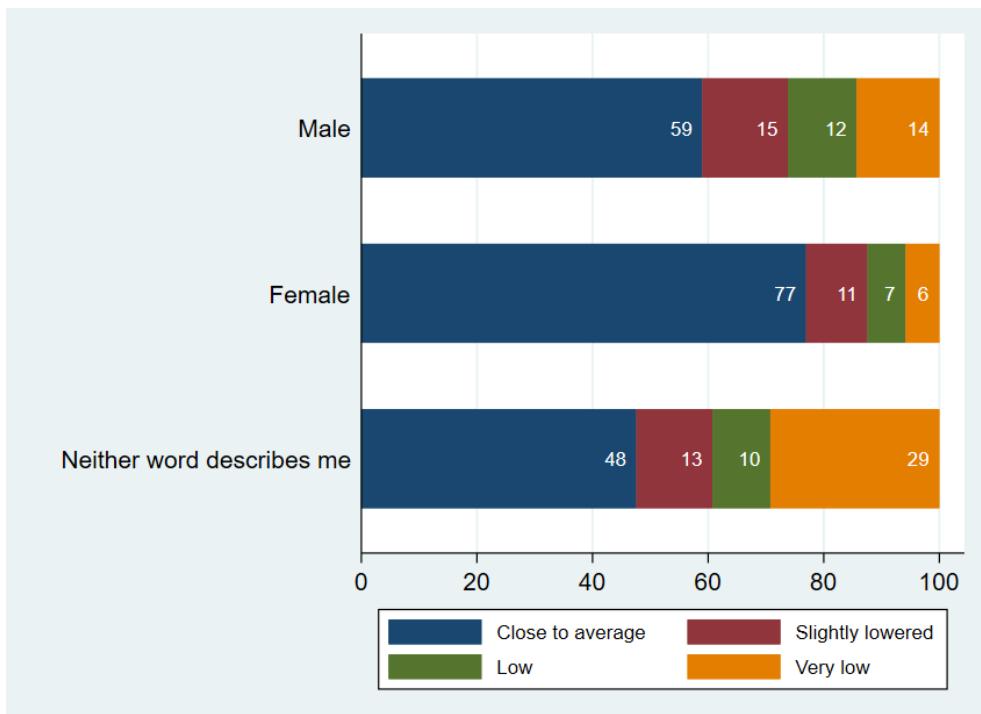
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=101,666). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 3.37 SDQ prosocial behaviour scale score (%)**



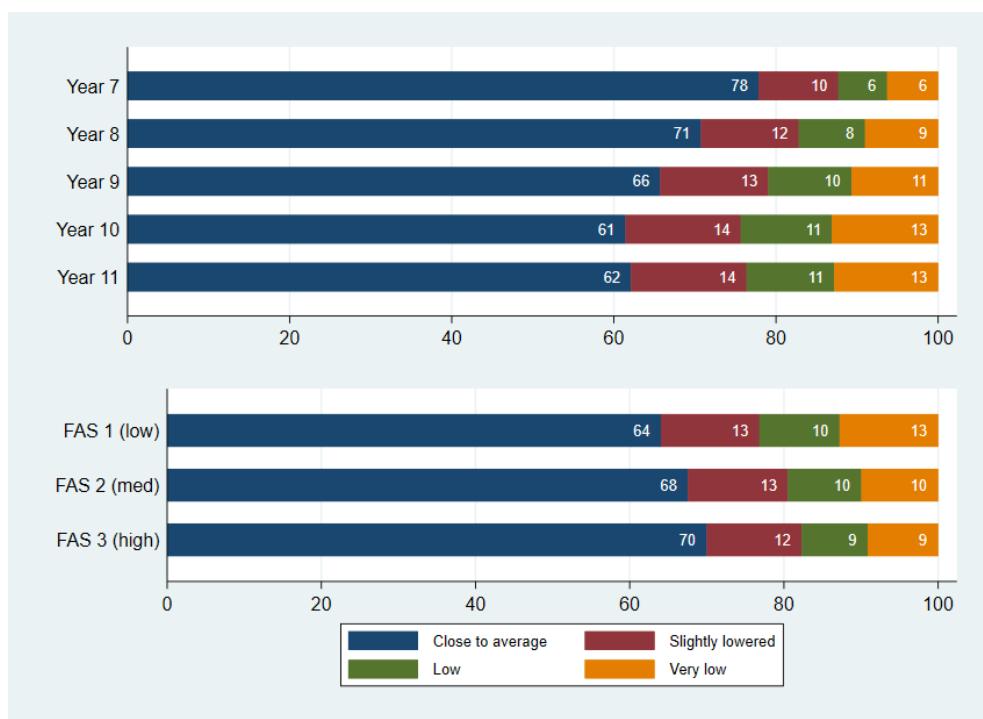
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,782)

**Figure 3.38 SDQ prosocial behaviour scale score by gender (%)**



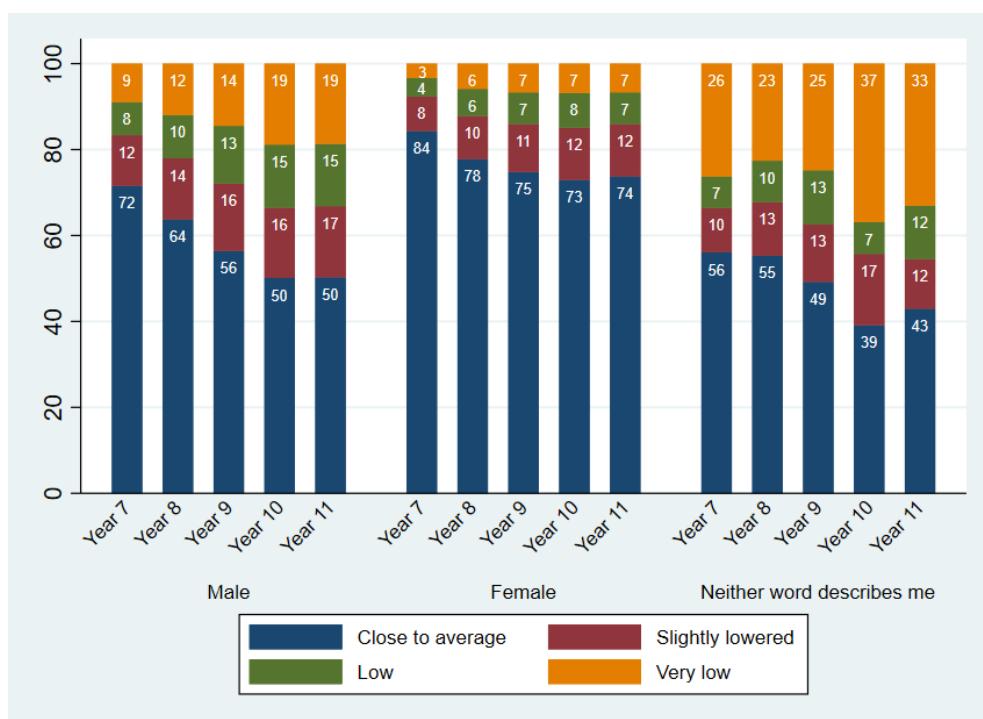
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,049 – excludes 733 gender non-response)

**Figure 3.39 SDQ prosocial behaviour scale score by year group and family affluence (%)**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,782; by FAS, n=97,698)

**Figure 3.40 SDQ prosocial behaviour scale score by gender and year group (%)**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,049). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Table 3.1 Measures by ethnic group<sup>1</sup>**

	% who rated their life satisfaction as 6 or above	Mean SWEMWBS score	% who felt lonely at least some of the time during last summer holidays	Mean loneliness score <sup>2</sup>	SDQ total score			
					% close to average	% slightly raised	% high	% very high
White British	82	24	70	5	61	14	7	18
White Irish	71 [68,74]	23 [22,23]	60 [56,63]	5 [5,5]	44 [41,48]	15 [13,18]	10 [8,12]	31 [27,34]
White – Gypsy/traveller	68 [64,71]	21 [21,22]	65 [61,68]	5 [5,5]	39 [35,43]	14 [12,18]	8 [6,11]	38 [34,42]
White Other	77	23	62	5	56	14	8	21
Mixed or multiple ethnic group	76	24	65	5	56	15	9	21
Pakistani	77	24 [23,24]	72	5	66 [63,69]	12 [10,14]	7 [6,9]	15 [13,17]
Indian	82 [79,85]	25 [24,25]	73 [70,76]	5 [5,5]	73 [69,76]	12 [10,15]	5 [4,7]	10 [8,12]
Bangladeshi	75	24 [23,24]	71 [68,74]	5 [5,5]	68 [65,72]	11 [9,14]	6 [4,7]	15 [12,17]
Chinese	75 [71,78]	23 [22,23]	63 [59,67]	5 [5,5]	68 [63,72]	13 [11,17]	5 [3,7]	14 [11,17]
African	78	24 [24,25]	72 [69,74]	5 [4,5]	65 [62,69]	12 [10,14]	7 [5,9]	16 [13,18]
Caribbean or Black	76 [72,79]	23 [23,24]	67 [63,71]	5 [5,5]	56 [52,61]	15 [12,19]	7 [5,9]	22 [18,26]
Arab	75 [72,77]	24 [23,24]	71 [67,74]	5 [5,5]	65 [61,69]	10 [8,13]	9 [7,11]	16 [13,19]
Other	78	23	67	5	63	12	7	18
Prefer not to say	72	22	63	5	55	13	9	23

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

**Table 3.2 Measures by local health board<sup>1</sup>**

	% who rated their life satisfaction as 6 or above	Mean SWEMWBS score <sup>2</sup>	% who felt lonely at least some of the time during last summer holidays	Mean loneliness score <sup>3</sup>	SDQ total score			
					% close to average	% slightly raised	% high	% very high
Aneurin Bevan	80	24	68	5	60	14	7	19
	Male	25	76	4	66	13	6	15
	Female	23	61	5	55	15	8	22
	Neither word describes me	44 [38,50]	19 [18,20]	41 [35,47]	6 [6,7]	20 [15,25]	11 [8,16]	8 [5,12]
Betsi Cadwaladr	80	24	69	5	60	13	8	19
	Male	24	76	4	66	12	7	15
	Female	23	62	5	55	14	9	22
	Neither word describes me	49 [44,55]	19 [18,20]	43 [38,49]	6 [6,6]	25 [20,30]	12 [8,16]	12 [8,16]
Cardiff & Vale	82	24	71	5	65	13	7	15
	Male	25	79	4	71	12	6	12
	Female	23	65	5	62	14	7	17
	Neither word describes me	47 [40,55]	19 [18,20]	36 [29,44]	6 [6,7]	25 [18,33]	11 [6,18]	9 [5,15]
Cwm Taf Morgannwg	81	24	70	5	59	14	8	20
	Male	25	76	4	64	13	7	16
	Female	23	64	5	55	15	9	22
	Neither word describes me	50 [42,57]	19 [18,20]	34 [27,41]	6 [6,6]	22 [16,30]	12 [7,18]	12 [7,18]
Hywel Dda	81	24	69	5	61	14	7	18
	Male	25	76	4	65	13	7	15
	Female	23	63	5	58	15	8	20
	Neither word describes me	51 [42,60]	19 [18,20]	44 [35,53]	6 [6,7]	29 [21,38]	15 [9,23]	13 [7,20]
Powys	81	24	67	5	60	12	8	20
	Male	25	75	4	67	11	7	15
	Female	23	59	5	55	14	9	23
	Neither word describes me	44 [30,59]	-	-	-	-	-	-
Swansea Bay	82	24	69	5	60	14	7	19
	Male	25	76	4	66	13	6	15
	Female	23	62	5	56	15	8	21
	Neither word describes me	48 [40,55]	19 [17,20]	33 [26,41]	7 [6,7]	27 [21,35]	11 [7,17]	9 [5,14]
								53 [45,61]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>SWEMWBS scores range from a low of 7 to a high of 35, where higher scores reflect more positive mental wellbeing; <sup>3</sup>UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

**Table 3.3 Measures by regional education consortia<sup>1</sup>**

	% who rated their life satisfaction as 6 or above	Mean SWEMWBS score <sup>2</sup>	% who felt lonely at least some of the time during last summer holidays	Mean loneliness score <sup>3</sup>	SDQ total score			
					% close to average	% slightly raised	% high	% very high
Central South	81	24	70	5	62	13	7	18
	86	25	77	4	67	12	6	14
	78	23	65	5	58	14	8	20
	Neither word describes me	48 [43,54]	19 [18,20]	35 [30,40]	6 [6,6]	23 [19,29]	12 [8,16]	10 [7,15]
South East	80	24	68	5	60	14	7	19
	85	25	76	4	66	13	6	15
	77	23	61	5	55	15	8	22
	Neither word describes me	44 [38,50]	19 [18,20]	41 [35,47]	6 [6,7]	19 [15,25]	11 [8,16]	8 [5,12]
West	82	24	68	5	60	14	7	18
	86	25	76	4	66	13	7	15
	78	23	62	5	56	15	8	21
	Neither word describes me	48 [43,54]	19 [18,20]	38 [33,43]	6 [6,7]	28 [24,34]	13 [9,17]	10 [7,14]
North	80	24	69	5	60	13	8	19
	85	24	76	4	66	12	7	15
	76	23	62	5	55	14	9	22
	Neither word describes me	49 [44,55]	19 [18,20]	43 [38,49]	6 [6,6]	25 [20,30]	12 [8,16]	12 [8,16]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>SWEMWBS scores range from 7 to 35, where higher scores reflect more positive mental wellbeing; <sup>3</sup>UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

## **4. School life**

### **Introduction**

The WHO's Health Promoting Schools framework targets health promotion at the whole school environment based on evidence that healthier, more engaged children achieve better educational outcomes. Aspects of school life conducive to health promotion include the quality of student-teacher relationships, which has been associated with a number of health outcomes including substance use, fruit and vegetable intake, self-rated health, and subjective wellbeing<sup>43</sup>. More so, positive student-staff relationships and feeling happy at school are themselves important indicators of school connectedness – with low levels of school connectedness linked to greater risk of self-harm, suicidal ideation, and dating and relationship violence<sup>44-46</sup>. School-based bullying victimisation can also lead to a heightened risk of experiencing psychological distress and mental health problems such as anxiety and depression, which can persist into adulthood.<sup>47, 48</sup>

This section presents data on young people's school life in Wales based on the following measures: **liking school**, **school pressure**, **feel accepted by teachers**, **feel teachers care**, **member of staff to confide in**, **participation in planning school events**, **opportunities to decide and plan school projects**, **student ideas treated seriously at school**, **own ideas treated seriously at school**, **bullying perpetration**, **bullying victimisation**, and **mental health support at school**.

### **Summary of main findings**

#### **Feelings about school**

Around 3 in 5 (61%) young people reported liking school, with nearly 1 in 5 (18%) liking school a lot (**Figure 4.1**). A similar proportion of boys and girls liked school a lot (18% vs. 17%), while young people who identified as neither a boy nor a girl were less likely to report liking school a lot (12%) (**Figure 4.2**). Liking school declined considerably with age; students in year 7 were almost four times more likely than year 11 students to report liking a school a lot (35% vs. 9%). Liking school was socioeconomically patterned, with young people from more affluent families more likely than those from poorer families to report liking school a lot (**Figure 4.3**). Girls were less likely than boys to report liking school a lot from year 8 onwards, and less likely than students who identified as neither a boy nor a girl from year 9 onwards (**Figure 4.4**).

Overall, 1 in 2 young people reported feeling at least some pressure from their school work (**Figure 4.5**). Girls felt pressure from school work more than boys, while more than two thirds (69%) of young people who identified as neither a boy nor a girl reported feeling pressure (**Figure 4.6**). The likelihood of feeling pressure from school work increased with age; students in year 11 were more than twice as likely than students in year 7 to report feeling pressure regarding their school work (70% vs. 32%). Feeling pressure from school work differed little by level of family affluence (**Figure 4.7**). The age-related effects were greatest among girls, with 31% of girls in year 7 feeling pressure regarding their school work, rising to 80% of girls by year 11 (**Figure 4.8**).

## **Relationships with school staff**

In total, 3 in 4 (74%) young people agreed that they feel accepted by their teachers (Figure 4.9), with boys (77%) more likely than girls (72%) and those who identified as neither a boy nor a girl (44%) to agree (Figure 4.10). The likelihood of feeling accepted by teachers declined with age and increased with level of family affluence (Figure 4.11). In contrast to the decline with age in boys and girls, there was an increase with age in feeling accepted by teachers among young people who identified as neither a boy nor a girl (Figure 4.12).

More than 1 in 2 (56%) young people agreed that they feel their teachers care about them as a person (Figure 4.13), with boys (59%) more likely than girls (54%) and those who identified as neither a boy nor a girl (32%) to agree (Figure 4.14). The proportion of young people who agreed that teachers care about them as a person decreased from 75% in year 7 to 50% by year 11, while there was little evidence of a socioeconomic gradient (Figure 4.15). An age-related decrease was seen in all gender categories (Figure 4.16).

Almost 3 in 4 (71%) young people agreed that there is a member of staff they can confide in (Figure 4.17), with girls (72%) more likely than boys (70%) and those who identified as neither a boy nor a girl (50%) to agree (Figure 4.18). The likelihood of agreeing that there is a member of staff to confide in declined with age, while a slightly lower proportion of young people from less affluent families agreed (69%), compared with students from more affluent families (72%) (Figure 4.19). In all year groups, young people who identified as neither a boy nor a girl were least likely to agree that there is a staff member at their school that they can confide in (Figure 4.20).

## **Participation in school life**

Around 1 in 2 young people agreed that students have a say in planning and organising school activities and events (Figure 4.21), with boys (52%) more likely than girls (47%) and those who identified as neither a boy nor a girl (37%) to agree (Figure 4.22). Younger-aged students were more likely to agree that students have a say in planning and organising school activities and events; 70% of students in year 7 agreed compared to only 34% of students in year 11. There was little evidence of a socioeconomic gradient (Figure 4.23). An age-related decrease was seen in all gender categories (Figure 4.24).

Almost half of young people agreed that students have a lot of chances to help decide and plan school projects (Figure 4.25), with boys (50%) more likely than girls (45%) and those who identified as neither a boy nor a girl (37%) to agree (Figure 4.26). There was a clear decrease with age, with 69% of students in year 7 agreeing, falling to 32% by year 11. Similar to planning and organising school activities, the proportion of young people who agreed that students have a lot of chances to help decide and plan school projects differed little by family affluence (Figure 4.27). Trends by age and gender were similar, although with a greater age-related decline observed among girls (Figure 4.28).

Nearly 1 in 2 (48%) young people agreed that students' ideas are treated seriously at school (Figure 4.29), with boys (50%) more likely than girls (46%) and those who identified as neither a boy nor a girl (33%) to agree (Figure 4.30). The likelihood of agreeing that students' ideas are treated seriously at school declined with age; around 7 in 10 students in year 7 agreed, falling to 3 in 10 by year 11. There was no evidence of a socioeconomic gradient (Figure 4.31). An age-related decrease was seen in all gender categories (Figure 4.32).

Almost 2 in 5 (38%) young people agreed that their ideas are taken seriously at school (Figure 4.33), with boys (39%) more likely than girls (36%) and those who identified as neither a boy nor a girl (27%) to agree (Figure 4.34). Younger-aged students and students from more affluent families were more likely to agree that their ideas are taken seriously at school (Figure 4.35). While there was a decline with age in the proportion who agreed their ideas are taken seriously in all gender categories, the decline was greatest among girls (Figure 4.36).

### Bullying

Most young people reported that they had not bullied another person at school in the past couple of months, while 15% reported bullying at least once or twice (Figure 4.37). Boys were more likely than girls to report having bullied others (18% vs. 11%), but less likely than those who identified as neither a boy nor a girl (33%) (Figure 4.38). The likelihood of bullying others increased marginally with age; 12% of students in year 7 reported bullying others, rising to 15% by year 11. There was little evidence of a socioeconomic gradient in bullying others (Figure 4.39). Rates of bullying by girls peaked in year 9, while rates among boys increased linearly between years 7 and 11. In all year groups, young people who identified as neither a boy nor a girl were most likely to report bullying perpetration (Figure 4.40).

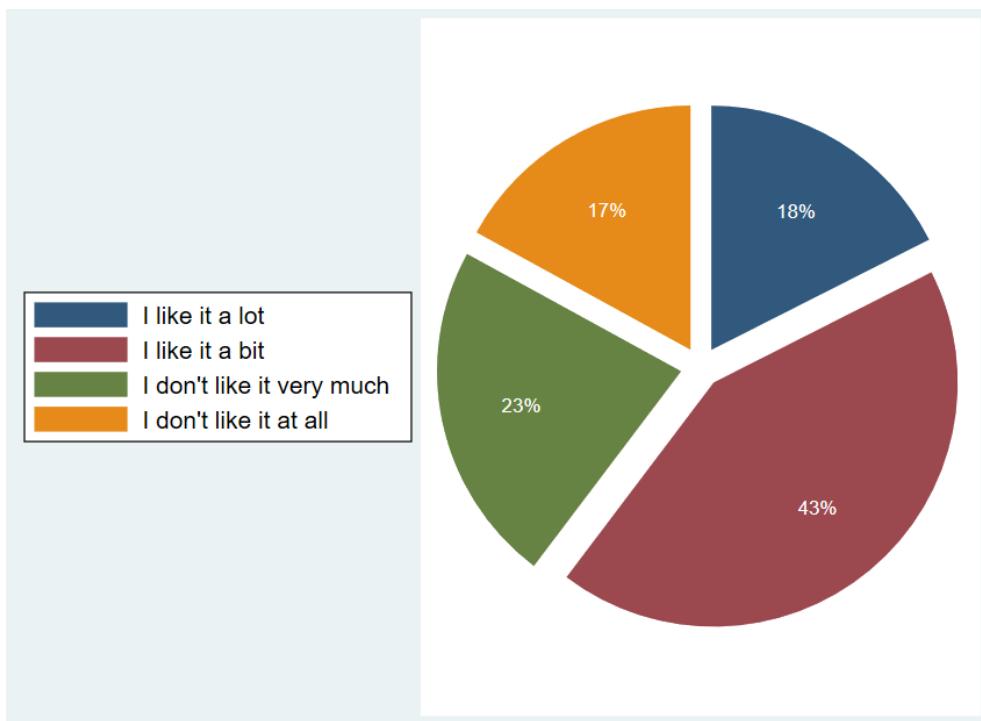
Compared to bullying perpetration, a greater proportion of young people reported being a victim of bullying, with 33% bullied at least once or twice in the past couple of months (Figure 4.41). Girls were more likely than boys to have been bullied (35% vs. 30%), but less likely than those who identified as neither a boy nor a girl, of whom over 3 in 5 had been bullied in the past couple of months (Figure 4.42). Bullying victimisation differed marginally by age, peaking in year 8 (37%) before falling thereafter. Young people from less affluent families were more likely than those from more affluent families to report having been bullied in the past couple of months (Figure 4.43). In all year groups, rates of bullying victimisation were highest among those who identified as neither a boy nor a girl (Figure 4.44).

### Mental health support at school

Most young people (67%) agreed that there is support at their school for students who feel unhappy, worried or unable to cope (Figure 4.45). Boys were more likely than girls to agree that support is available, while young people who identified as neither a boy nor a girl were least likely to agree (41%) (Figure 4.46). Students in year 11 were much less likely than those in year 7 to agree that support is available (54% vs. 83%), while a lower proportion of young people from less affluent families agreed compared to those from more affluent families (64% vs. 68%) (Figure 4.47). In all year groups, young people who identified as neither a boy nor a girl were least likely to agree that support is available at their school for students who feel unhappy, worried or unable to cope (Figure 4.48).

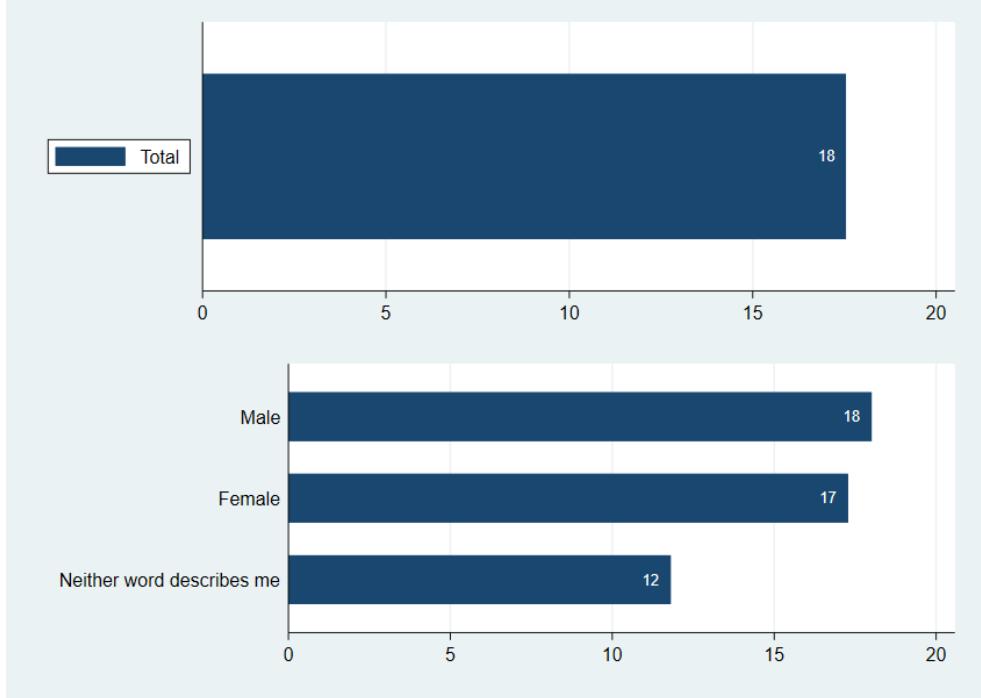
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see Tables 4.1-4.3.

**Figure 4.1 Feelings about school (%)**



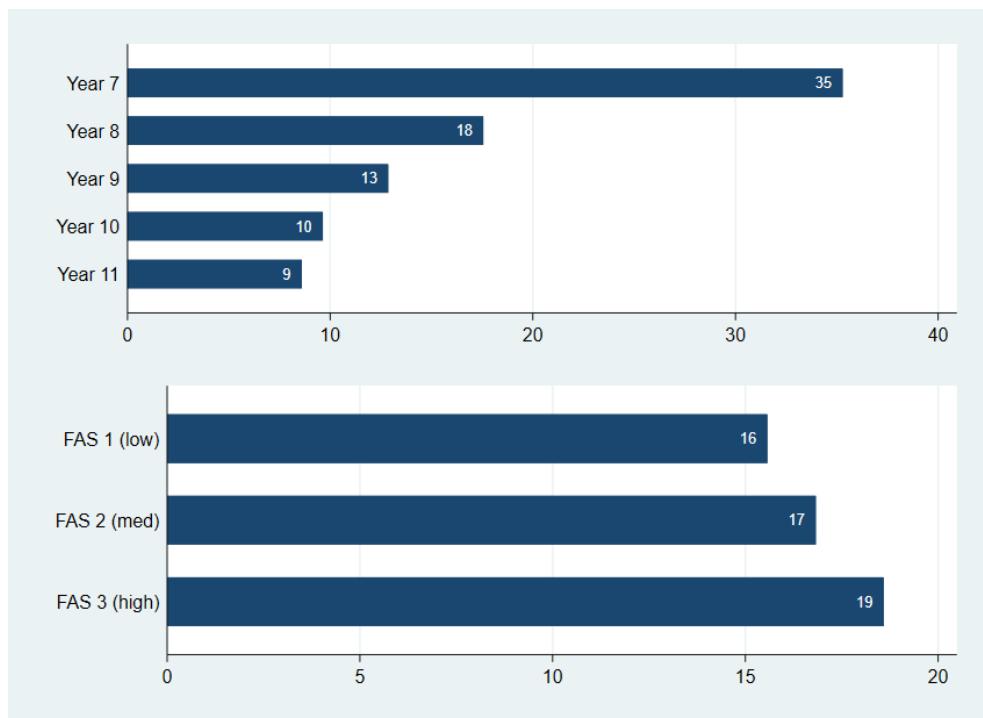
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=26,429)

**Figure 4.2 Percentage who like school a lot, overall and by gender**



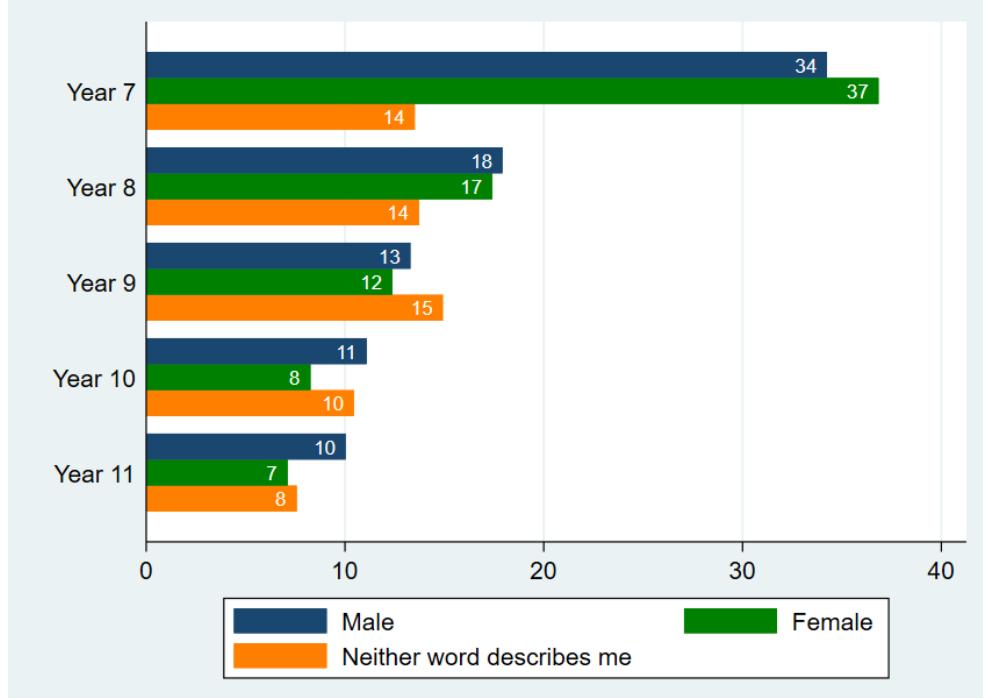
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=26,429; by gender, n=26,219 – excludes 210 gender non-response)

**Figure 4.3 Percentage who like school a lot by year group and family affluence**



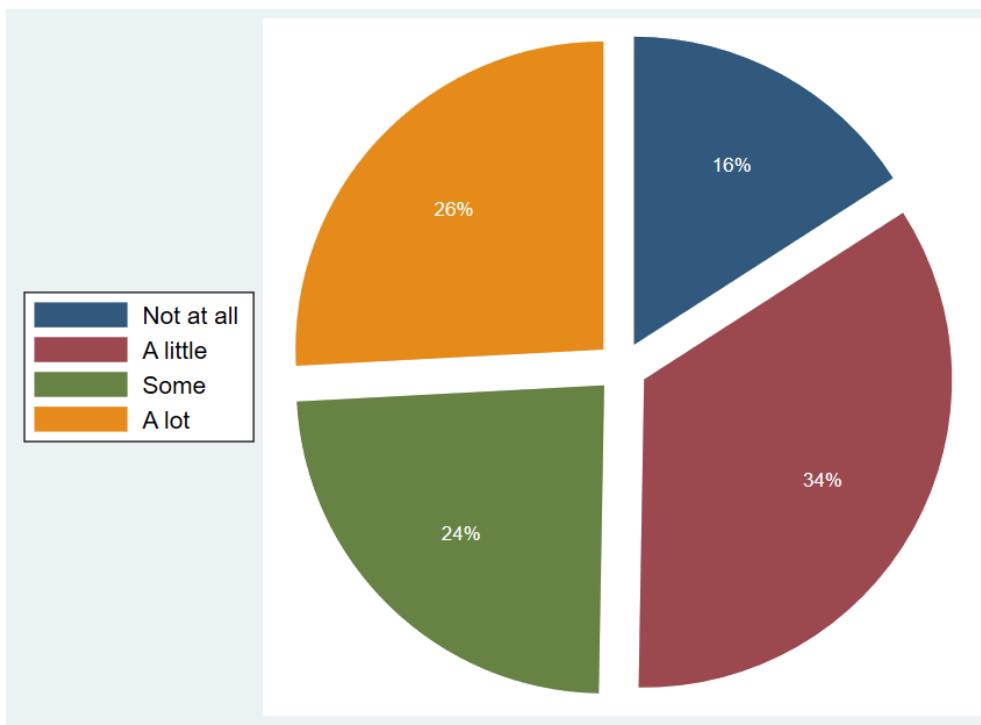
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=26,429; by FAS, n=24,994)

**Figure 4.4 Percentage who like school a lot by year group and gender**



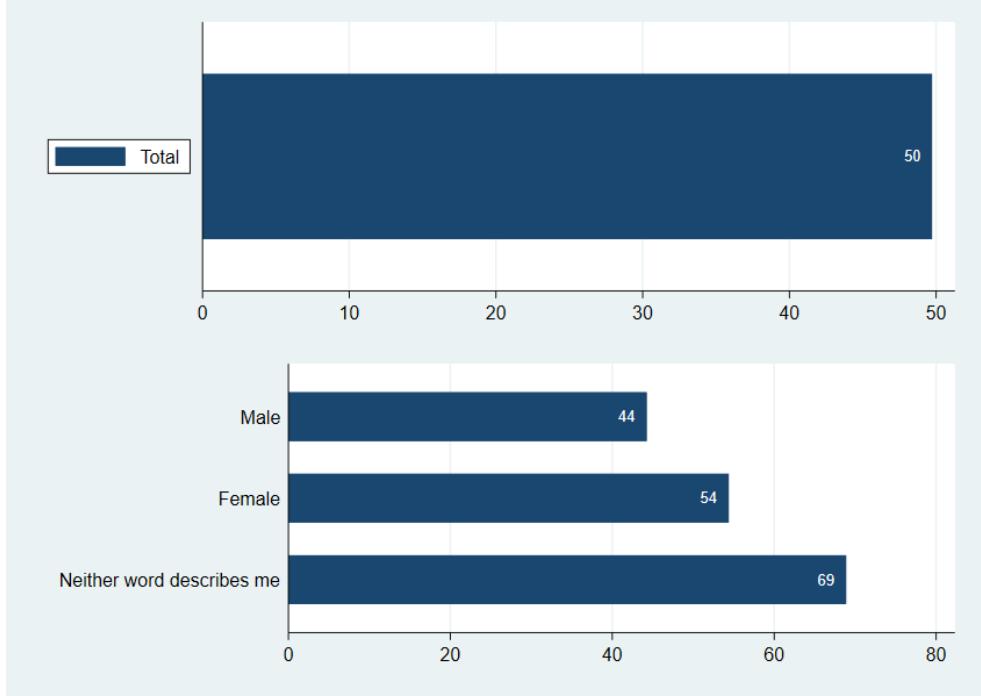
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=26,219). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.5 Pressure felt from school work (%)**



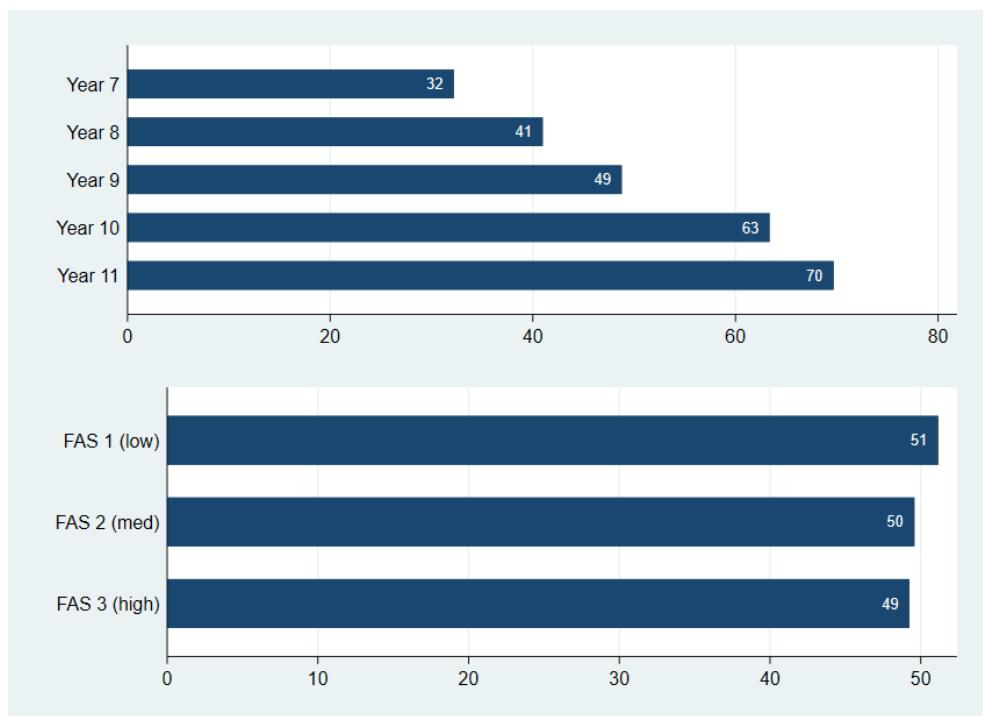
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=111,994)

**Figure 4.6 Percentage who feel ‘a lot’ or ‘some’ school pressure, overall and by gender**



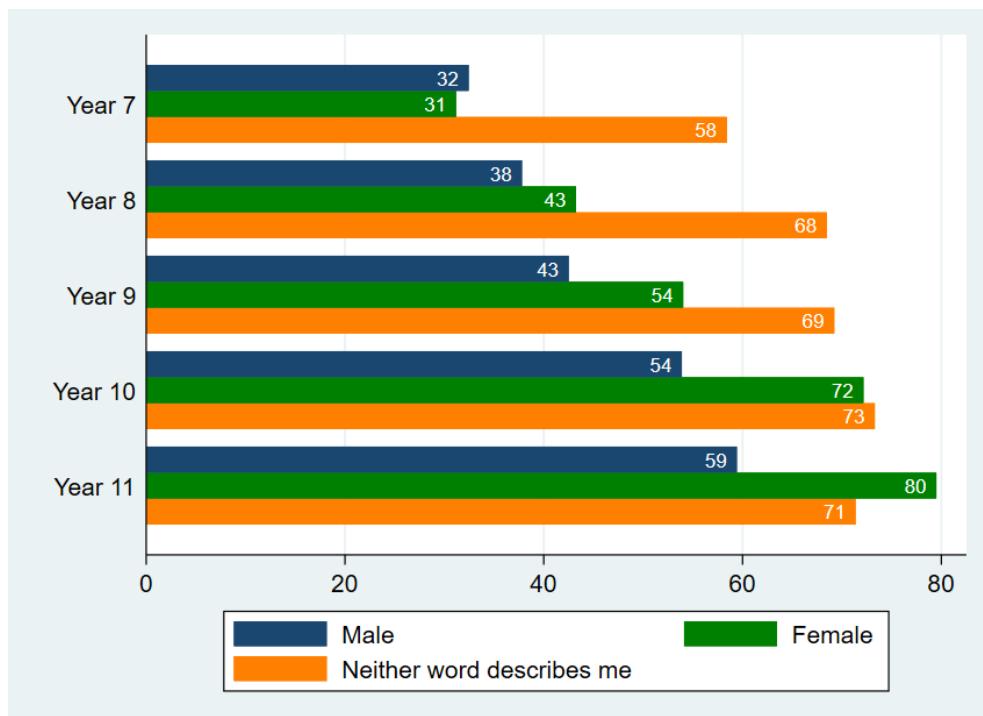
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=111,994; by gender, n=111,098 – excludes 896 gender non-response)

**Figure 4.7 Percentage who feel ‘a lot’ or ‘some’ school pressure by year group and family affluence**



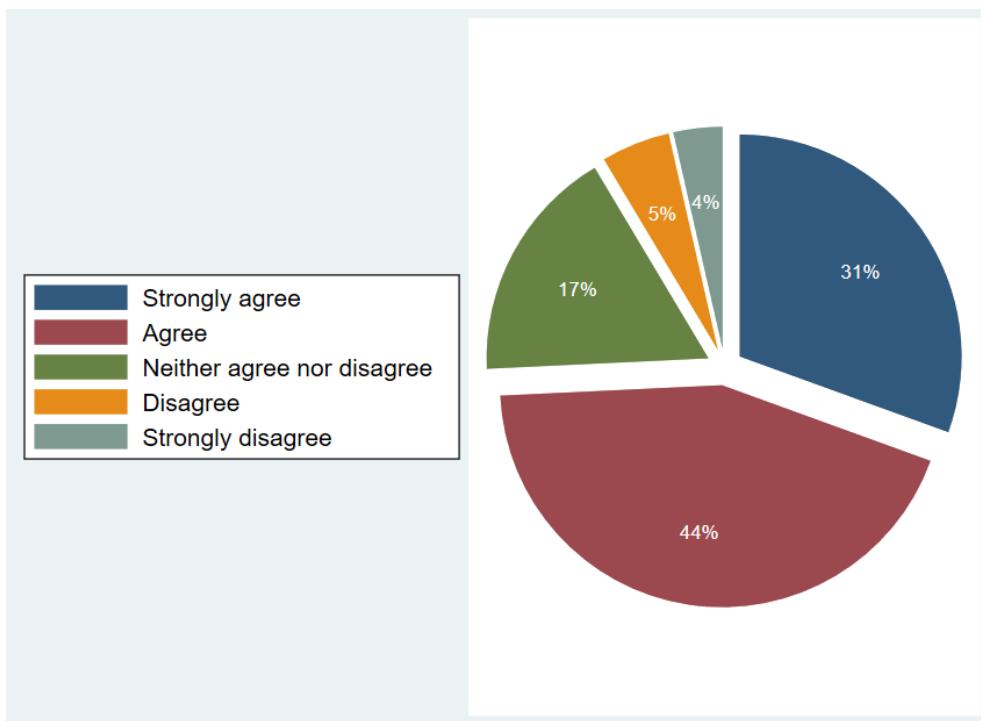
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=111,994; by FAS, n=105,892)

**Figure 4.8 Percentage who feel ‘a lot’ or ‘some’ school pressure by year group and gender**



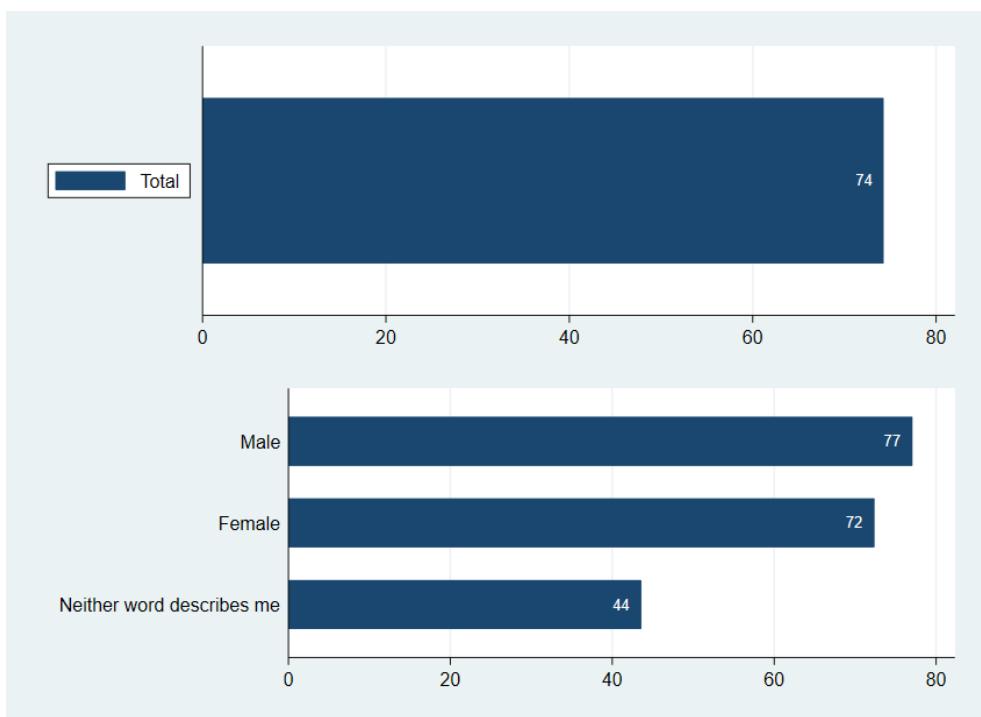
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=111,098). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.9 Feel accepted by teachers (%)**



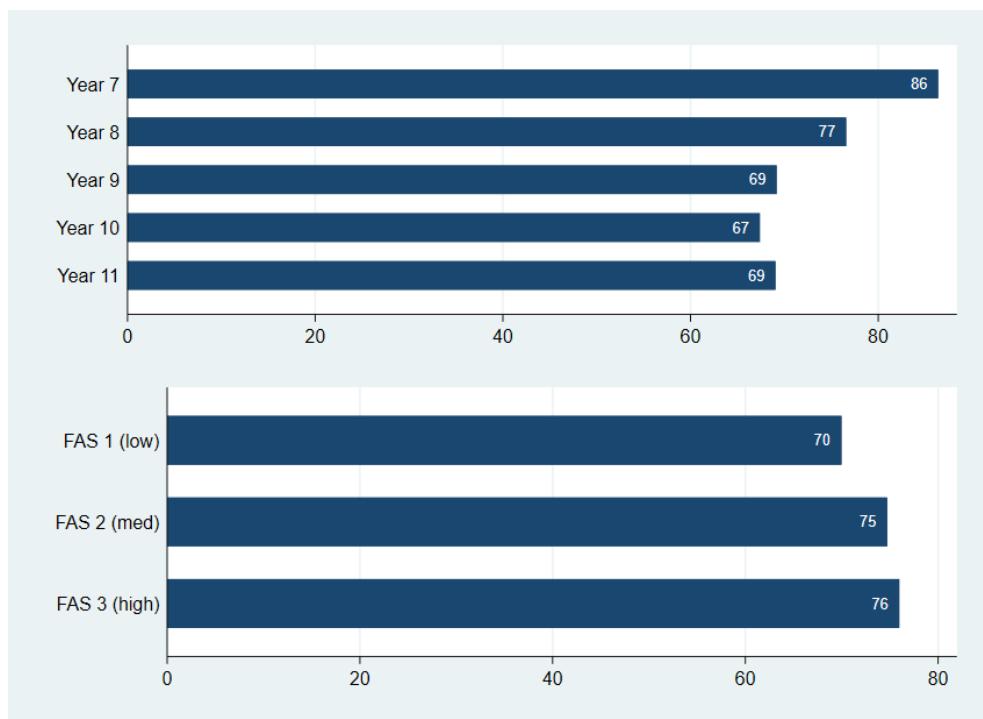
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=25,927)

**Figure 4.10 Percentage who agree their teachers accept them, overall and by gender**



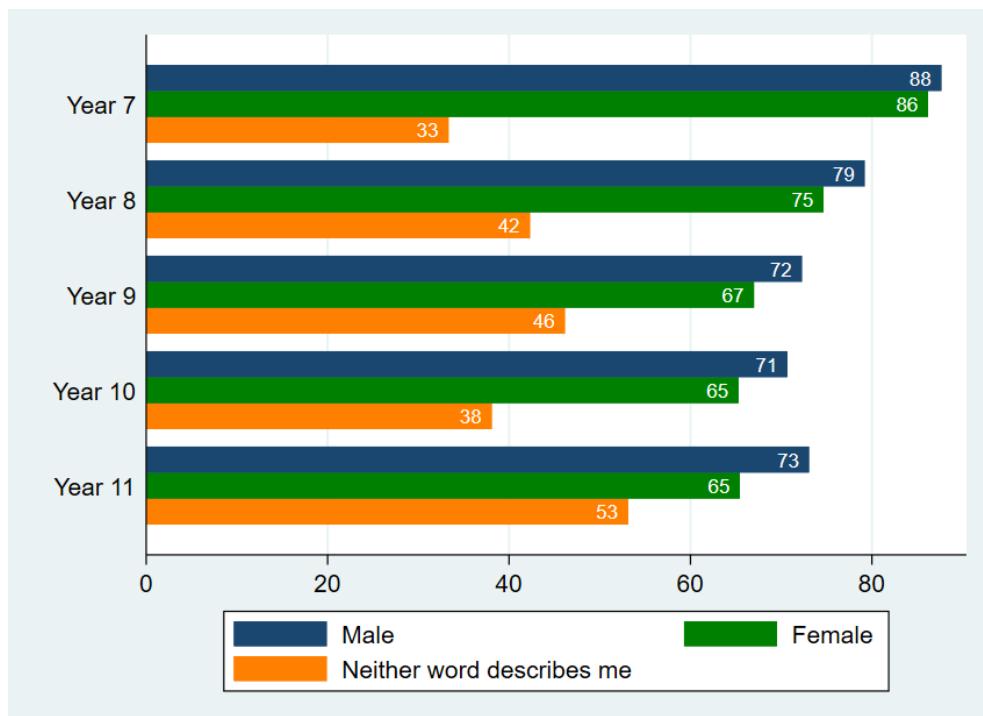
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=25,927; by gender, n=25,739 – excludes 188 gender non-response)

**Figure 4.11 Percentage who agree their teachers accept them by year group and family affluence**



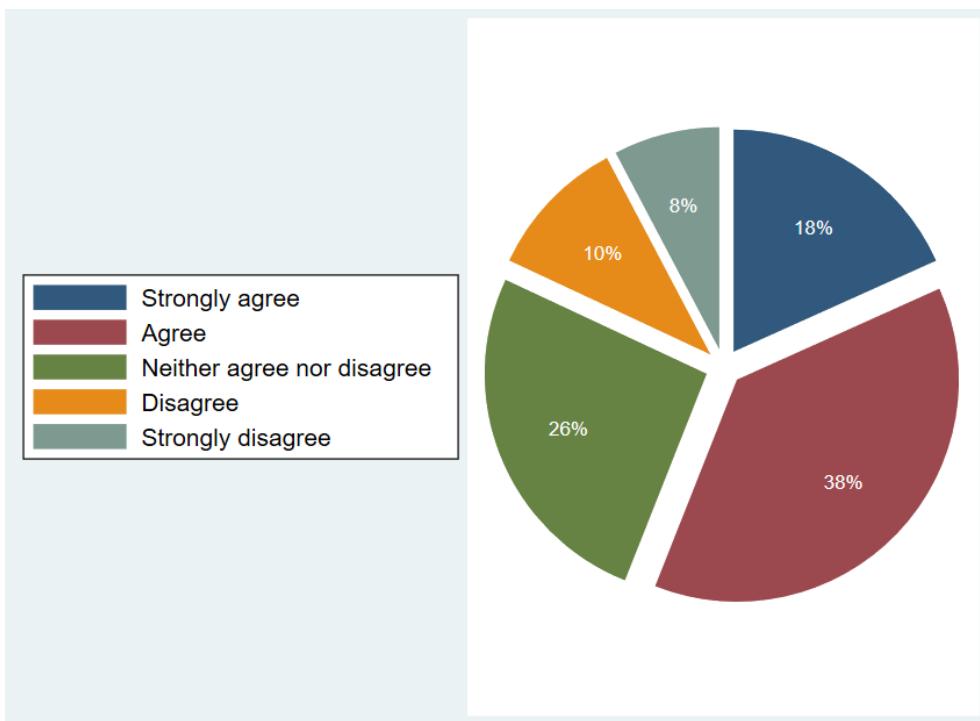
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=25,927; by FAS, n=24,577)

**Figure 4.12 Percentage who agree their teachers accept them by year group and gender**



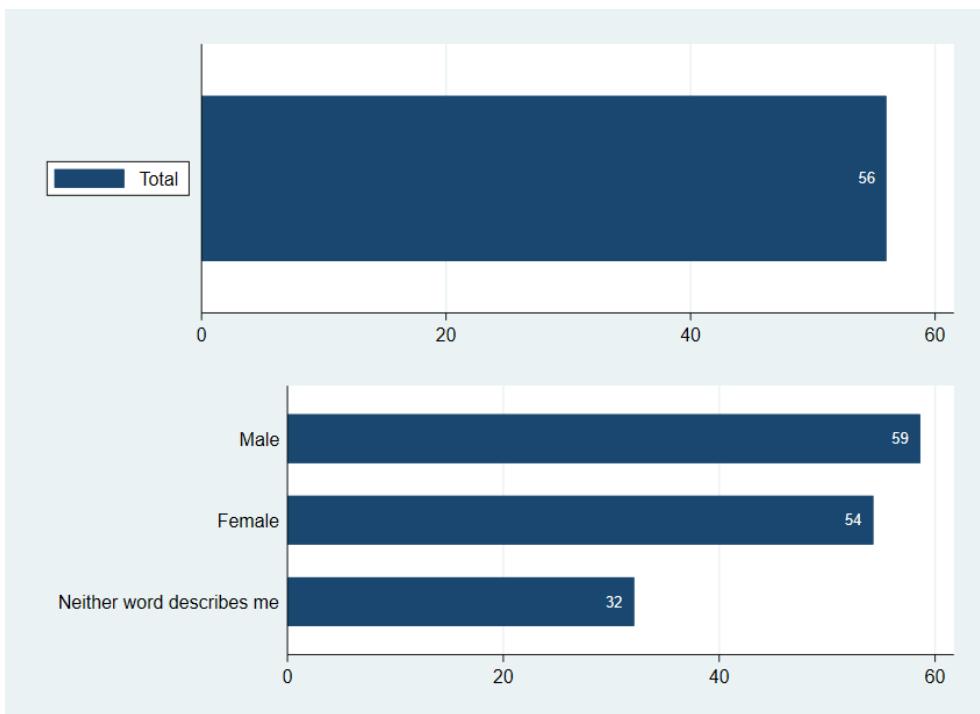
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=25,739). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.13 Feel that teachers care about them as a person (%)**



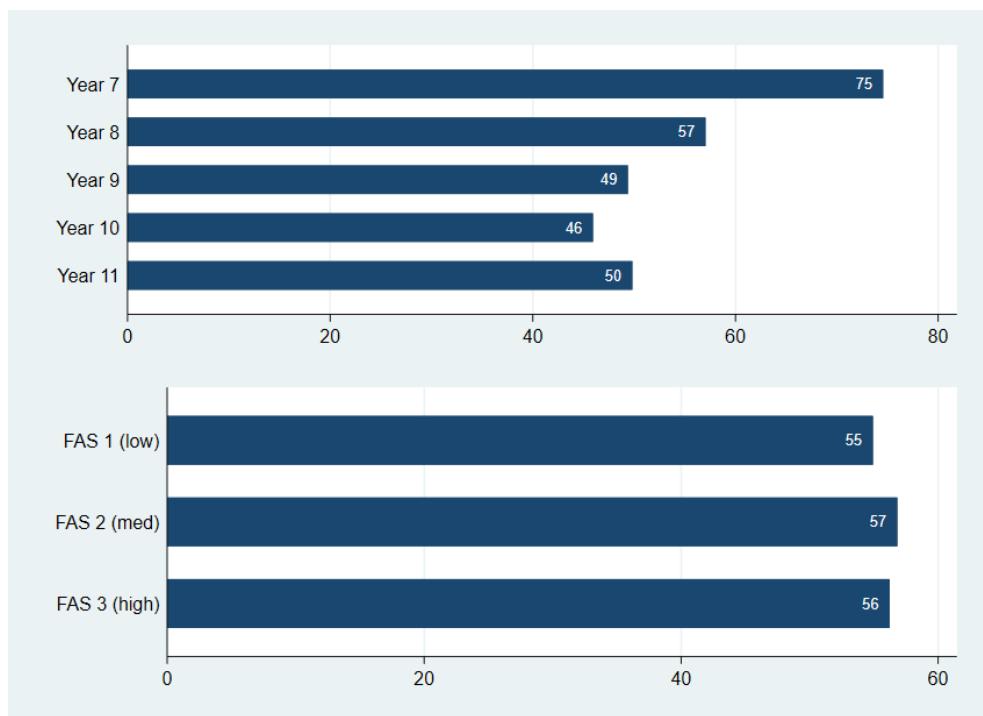
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,792)

**Figure 4.14 Percentage who agree that their teachers care about them as a person, overall and by gender**



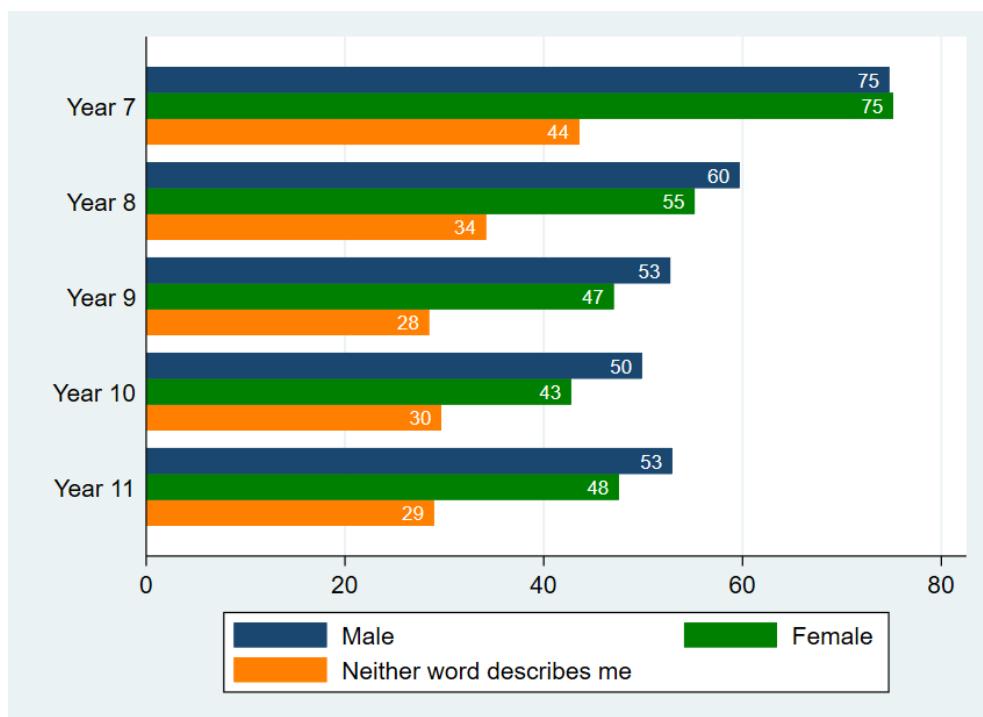
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=109,792; by gender, n=1,236 – excludes 844 gender non-response)

**Figure 4.15 Percentage who agree that their teachers care about them as a person by year group and family affluence**



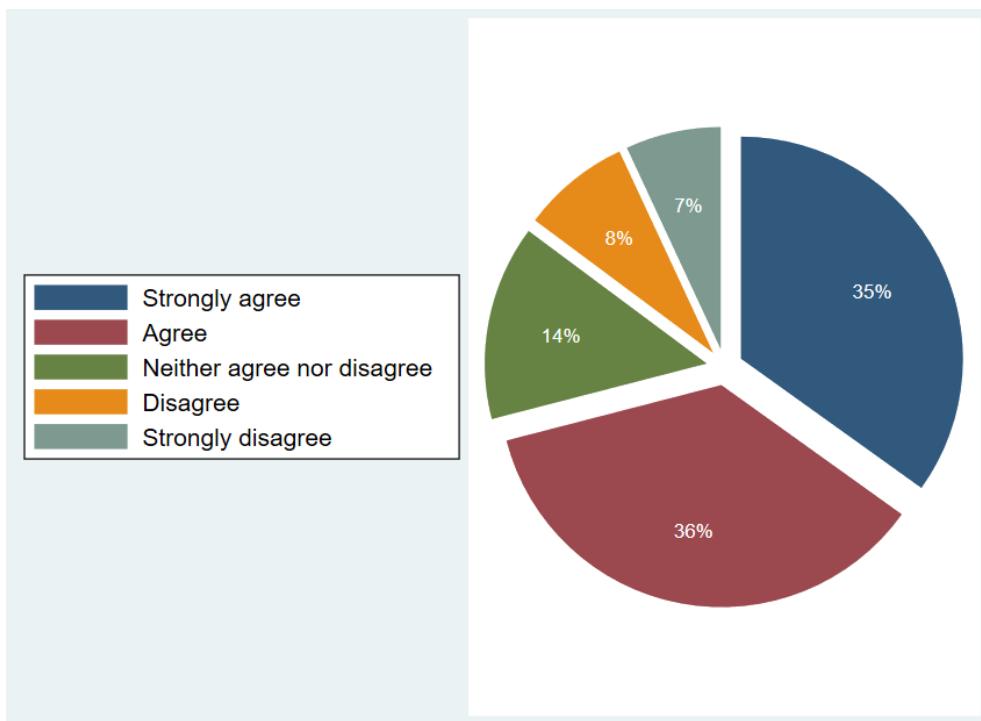
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=109,792; by FAS, n=104,049)

**Figure 4.16 Percentage who agree that their teachers care about them as a person by year group and gender**



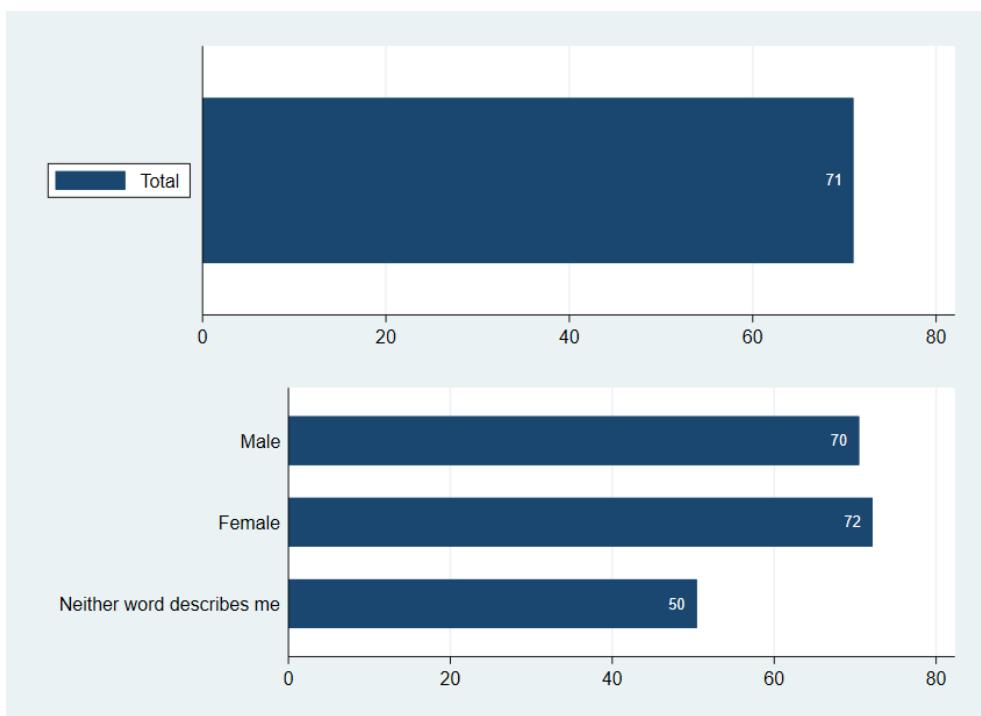
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=108,948). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.17 Member of staff to confide in (%)**



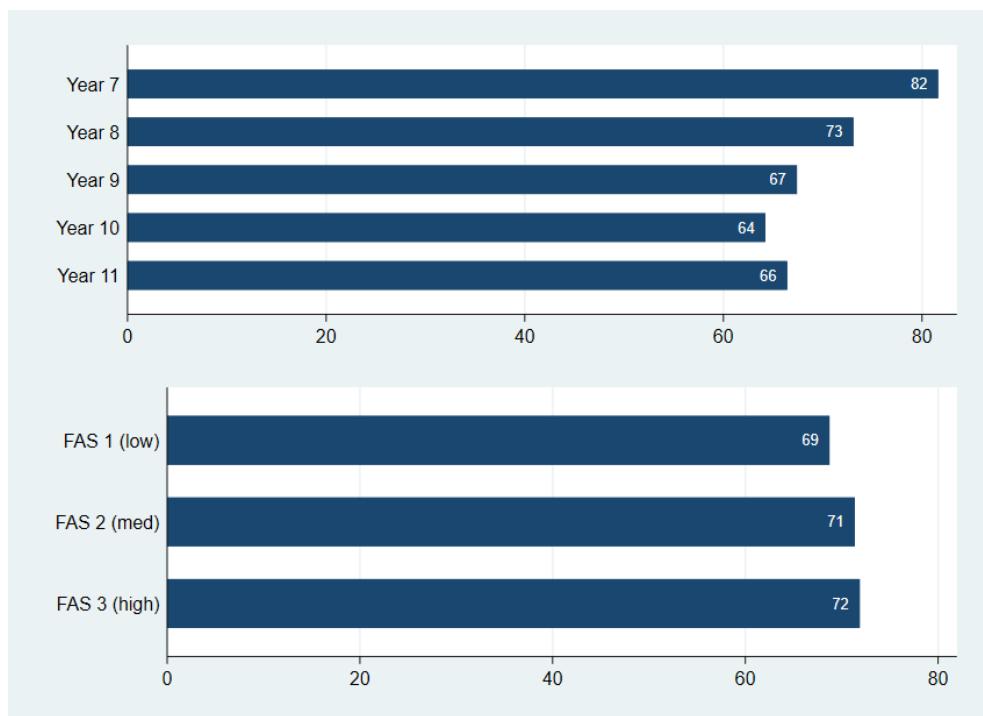
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,433)

**Figure 4.18 Percentage who agree that there is a member of staff they can confide in, overall and by gender**



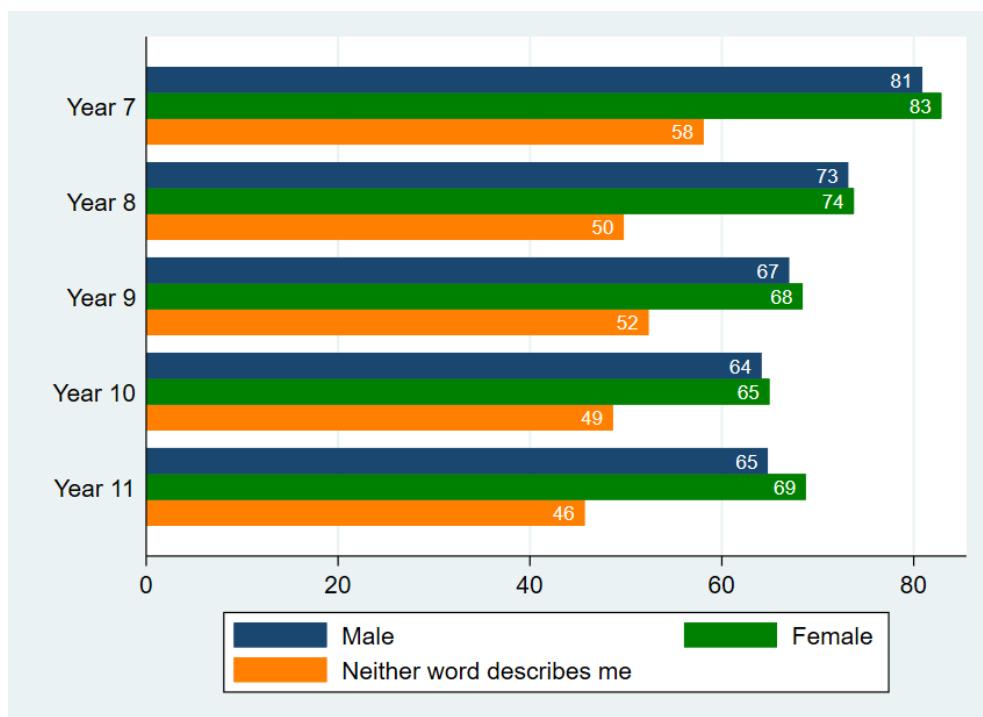
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=109,433; by gender, n=108,604 – excludes 829 gender non-response)

**Figure 4.19 Percentage who agree that there is a member of staff they can confide in by year group and family affluence**



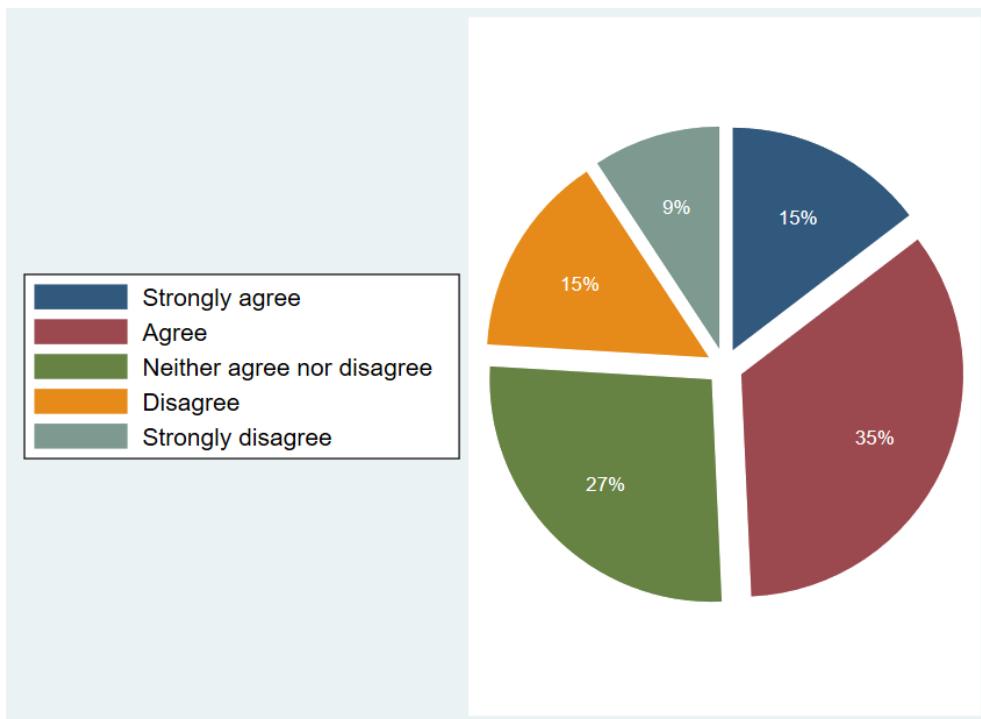
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=109,433; by FAS, n=103,782)

**Figure 8.20 Percentage who agree that there is a member of staff they can confide in by year group and gender**



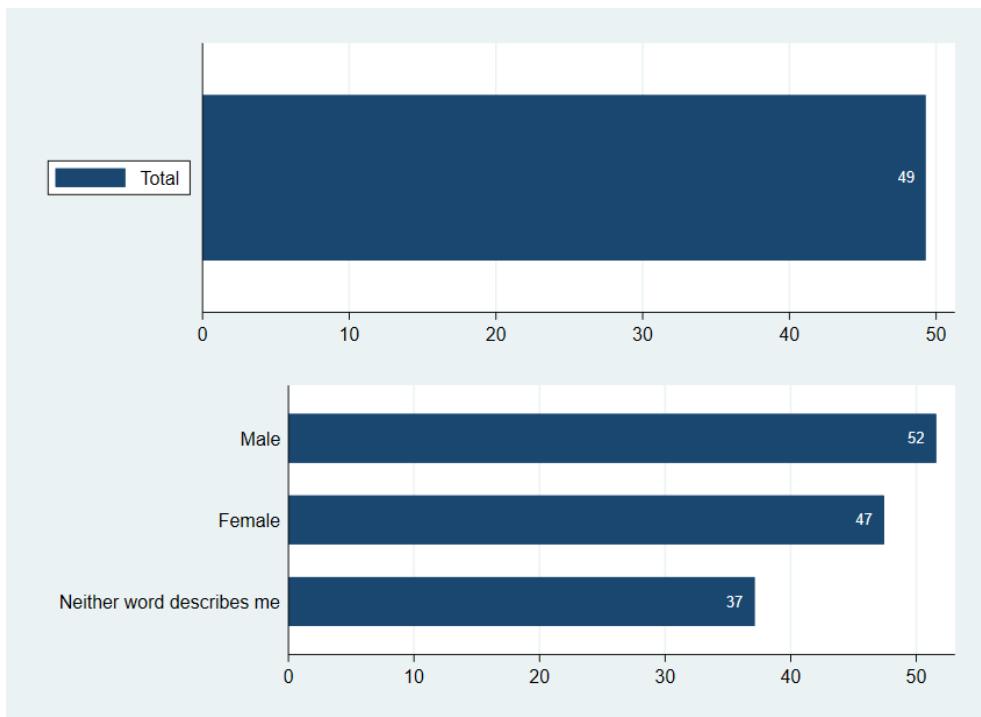
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=108,604). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.21 Students have a say in planning and organising school activities and events (%)**



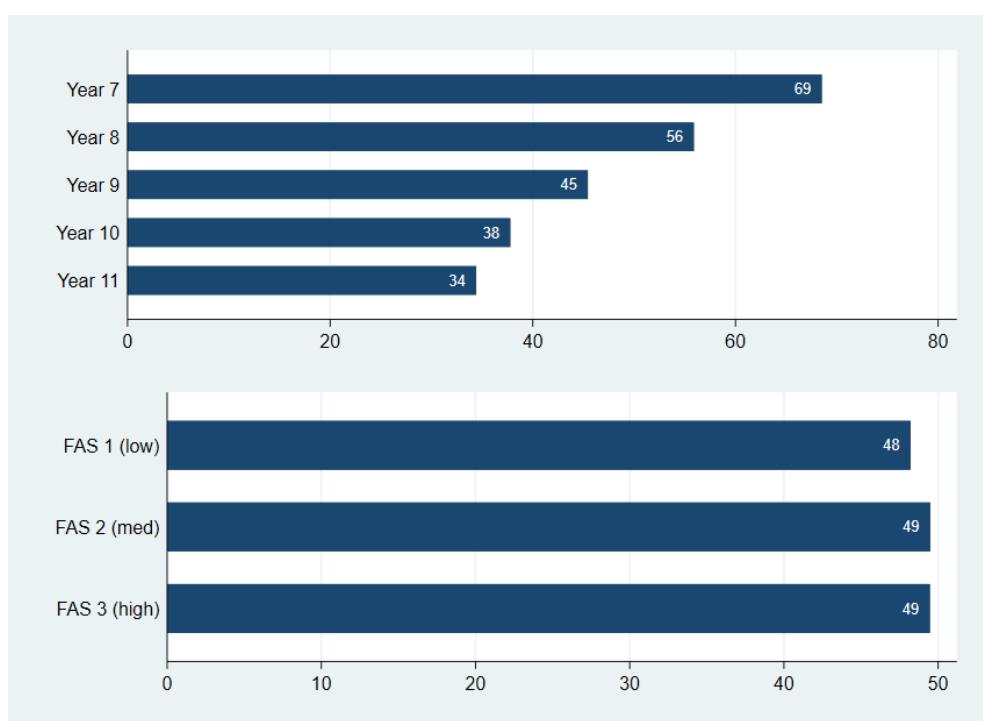
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=106,446)

**Figure 4.22 Percentage who agree that students have a say in planning and organising school activities and events, overall and by gender**



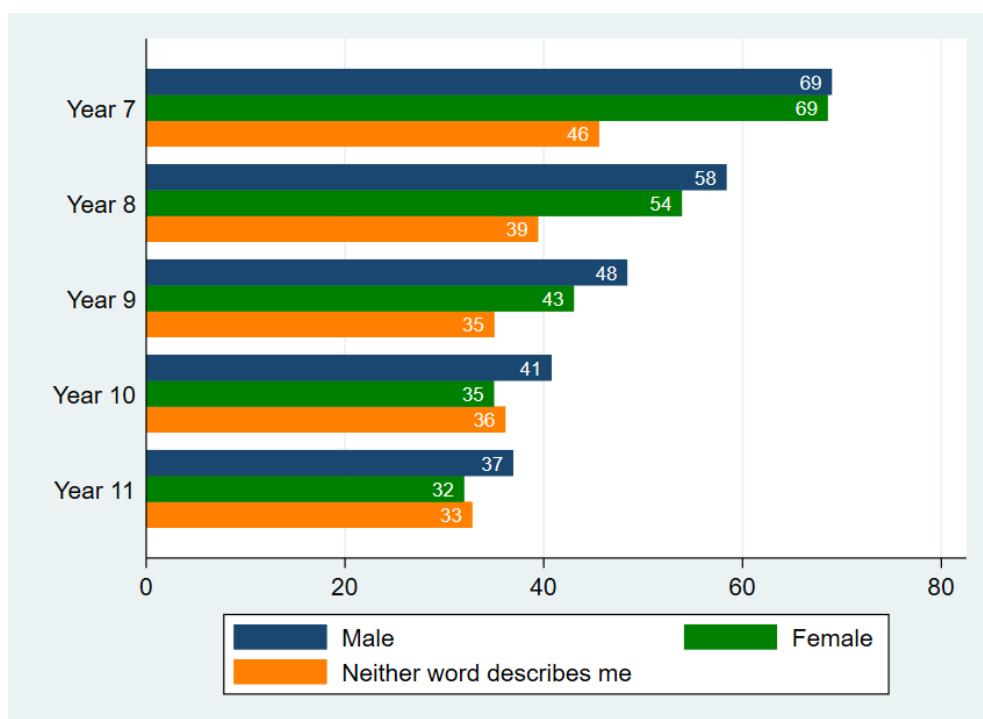
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=106,446; by gender, n=105,697 – excludes 749 gender non-response)

**Figure 4.23 Percentage who agree that students have a say in planning and organising school activities and events by year group and family affluence**



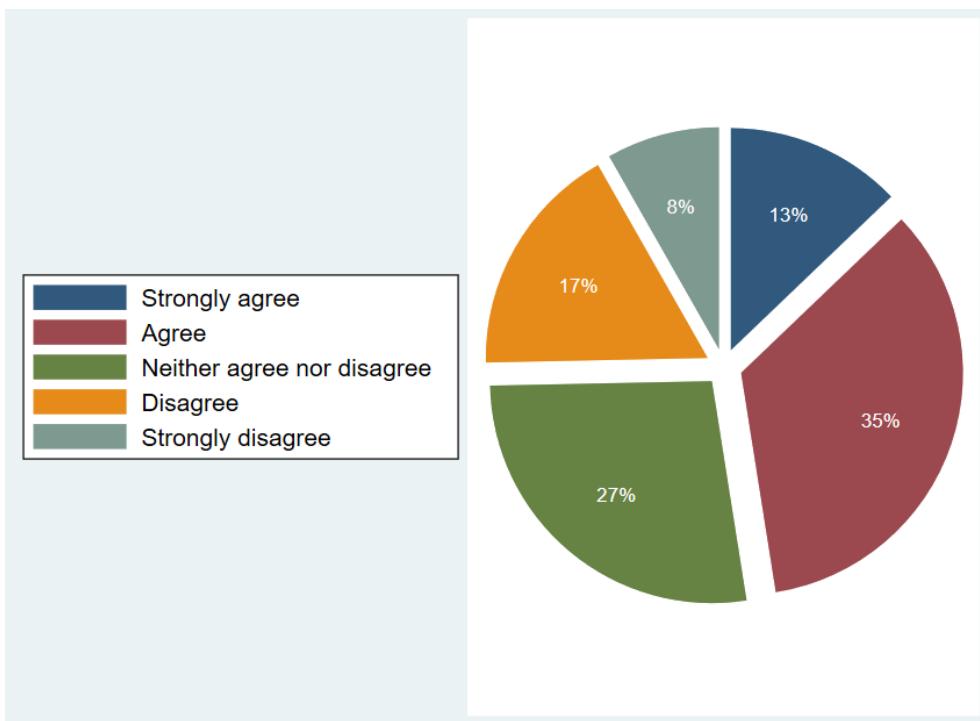
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=106,446; by FAS, n=101,383)

**Figure 4.24 Percentage who agree that students have a say in planning and organising school activities and events by year group and gender**



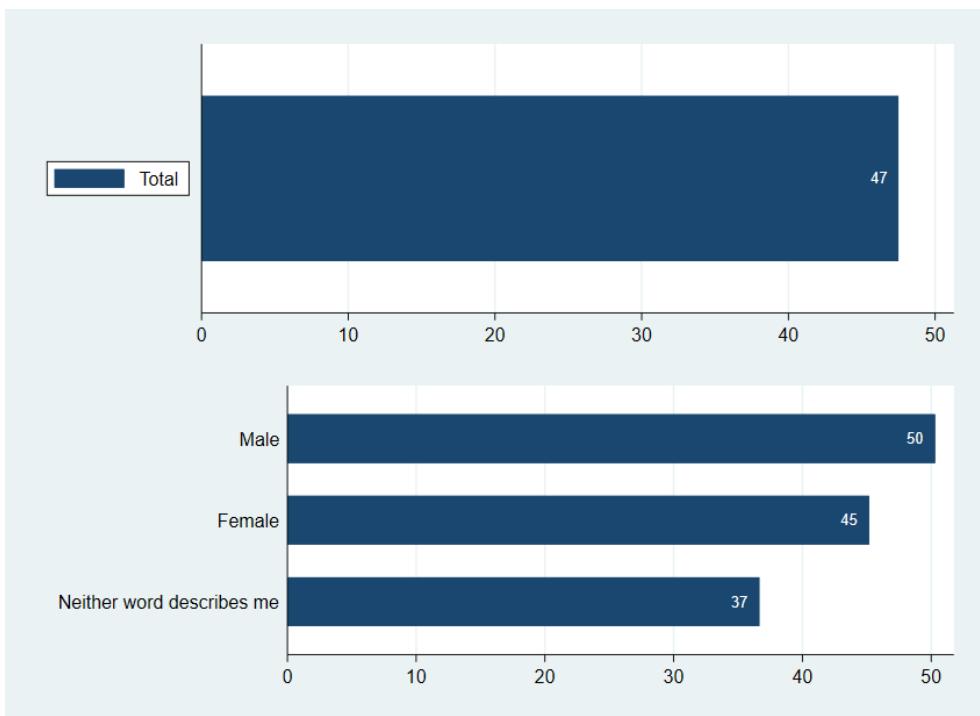
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=105,697). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.25 Students have a lot of chances to help decide and plan school projects (%)**



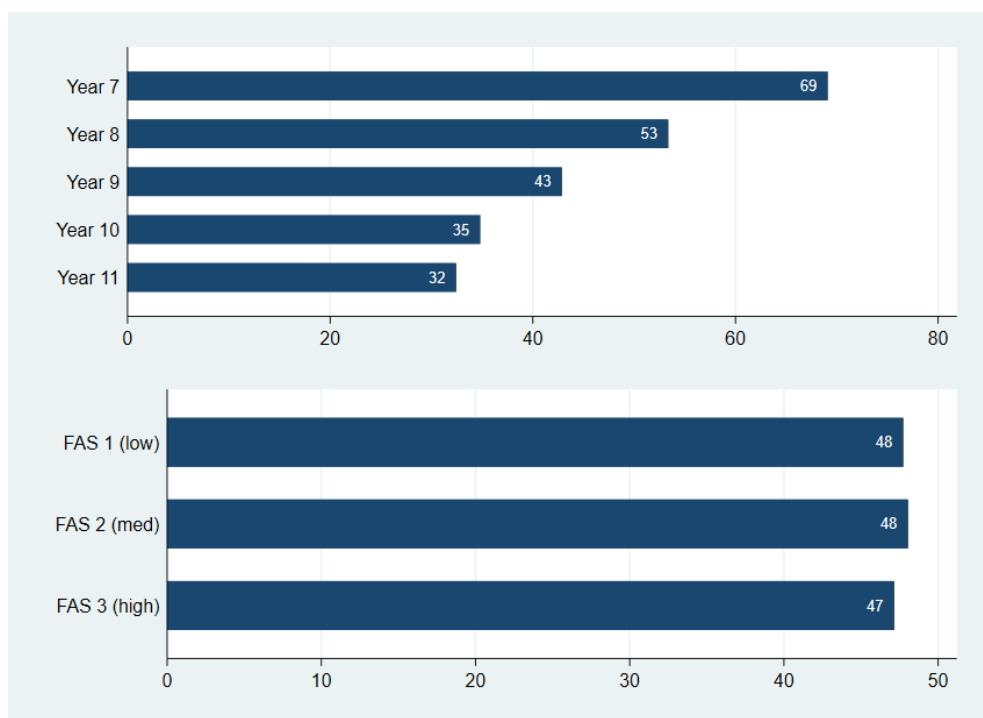
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=107,550)

**Figure 4.26 Percentage who agree that students have a lot of chances to help decide and plan school projects, overall and by gender**



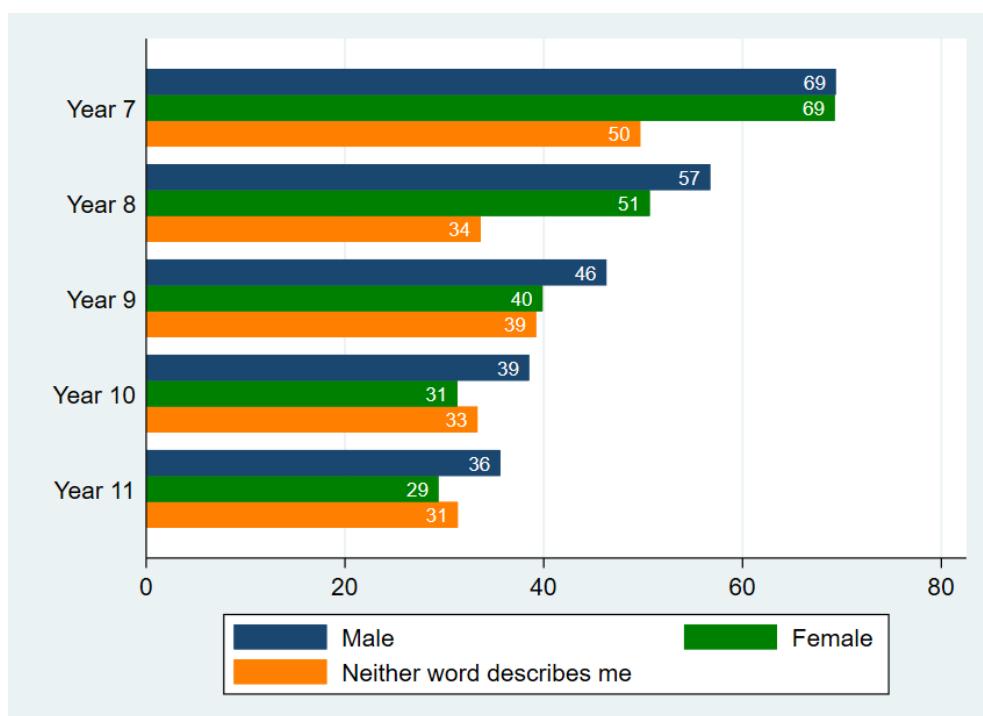
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=107,550; by gender, n=106,784 – excludes 766 gender non-response)

**Figure 4.27 Percentage who agree that students have a lot of chances to help decide and plan school projects by year group and family affluence**



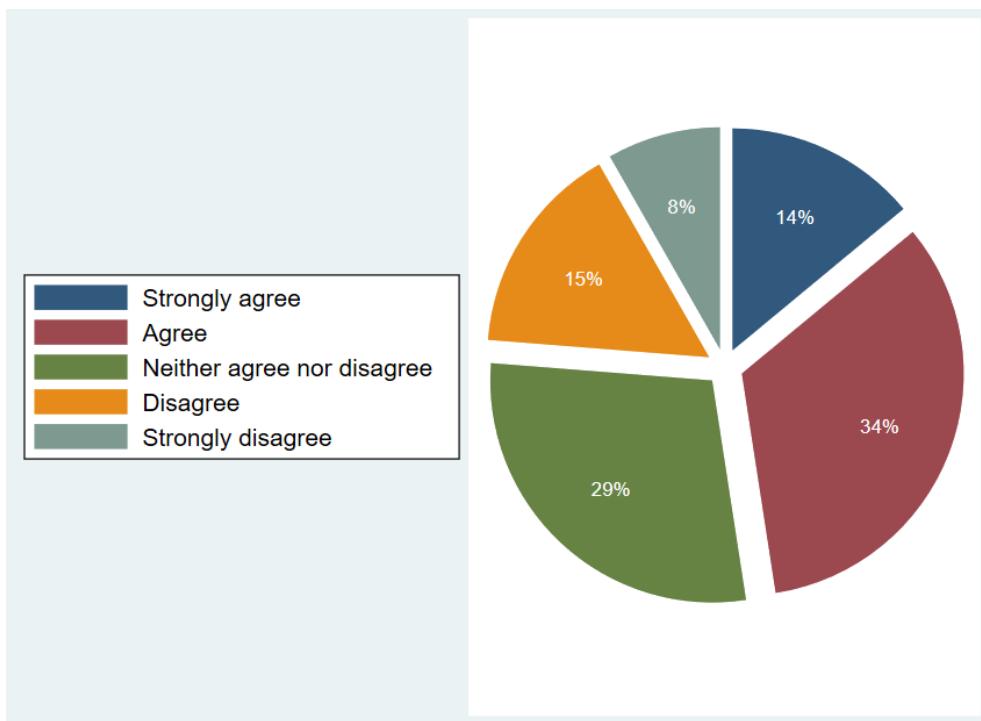
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=107,550; by FAS, n=102,312)

**Figure 4.28 Percentage who agree that students have a lot of chances to help decide and plan school projects by year group and gender**



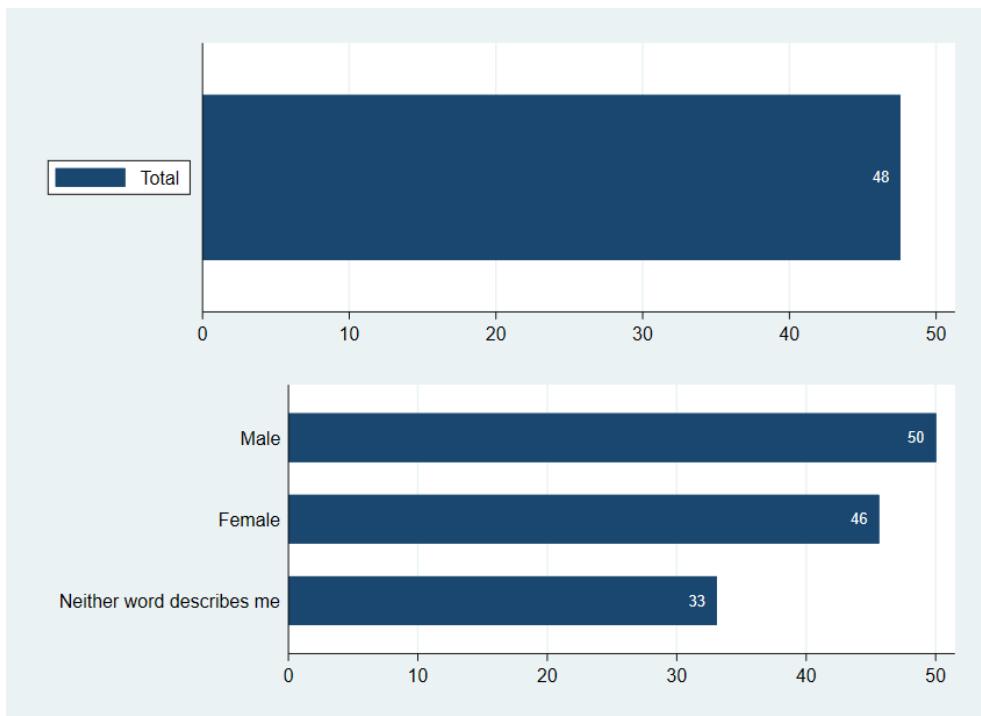
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=106,784). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.29 Students' ideas are treated seriously at school (%)**



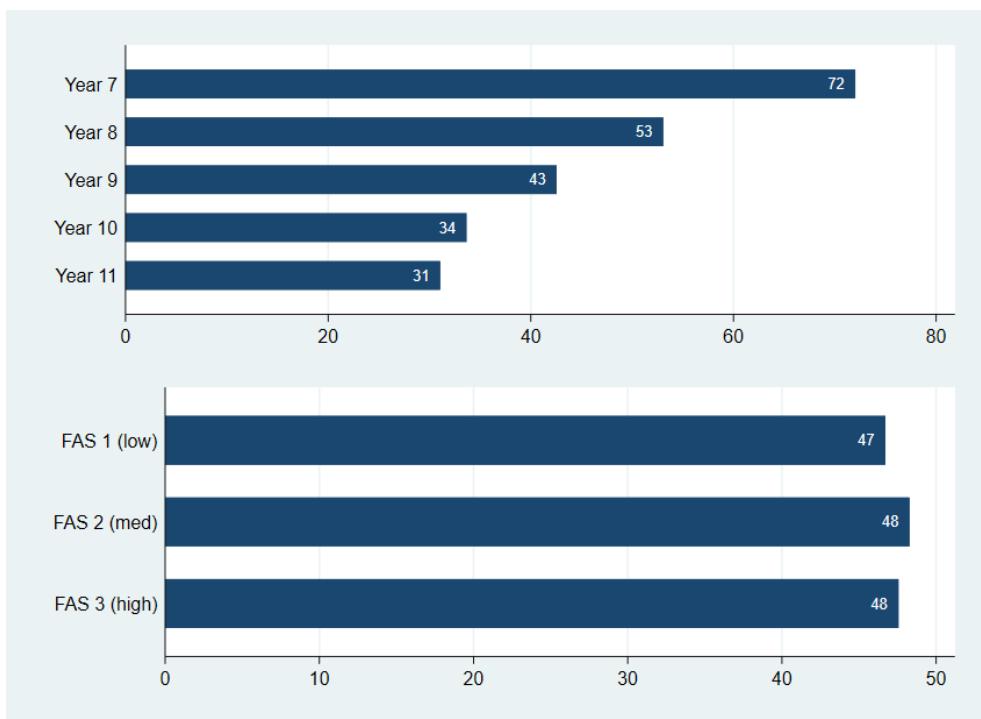
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=107,799$ )

**Figure 4.30 Percentage who agree that students' ideas are treated seriously at school, overall and by gender**



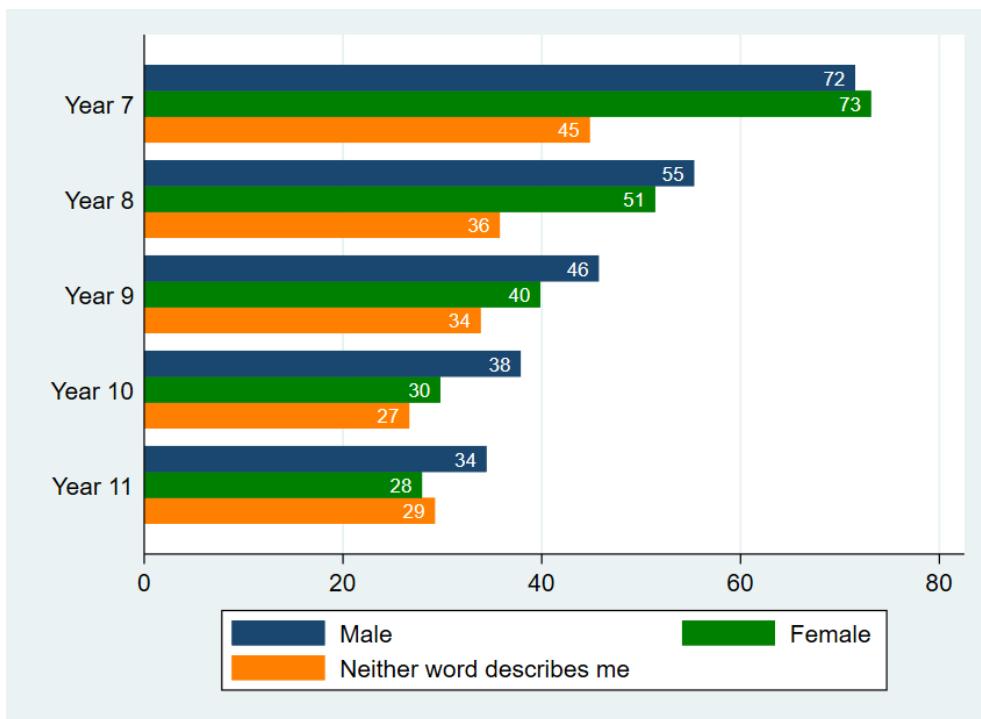
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=107,799$ ; by gender,  $n=107,019$  – excludes 780 gender non-response)

**Figure 4.31 Percentage who agree that students' ideas are treated seriously at school by year group and family affluence**



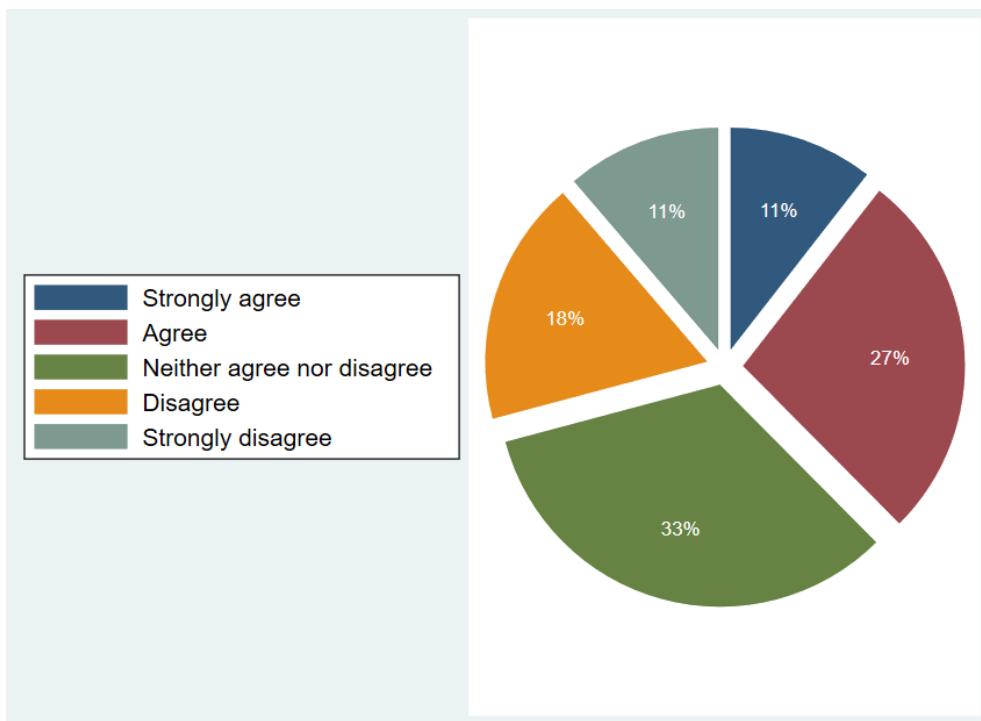
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=107,799; by FAS, n=102,499)

**Figure 4.32 Percentage who agree that students' ideas are treated seriously at school by year group and gender**



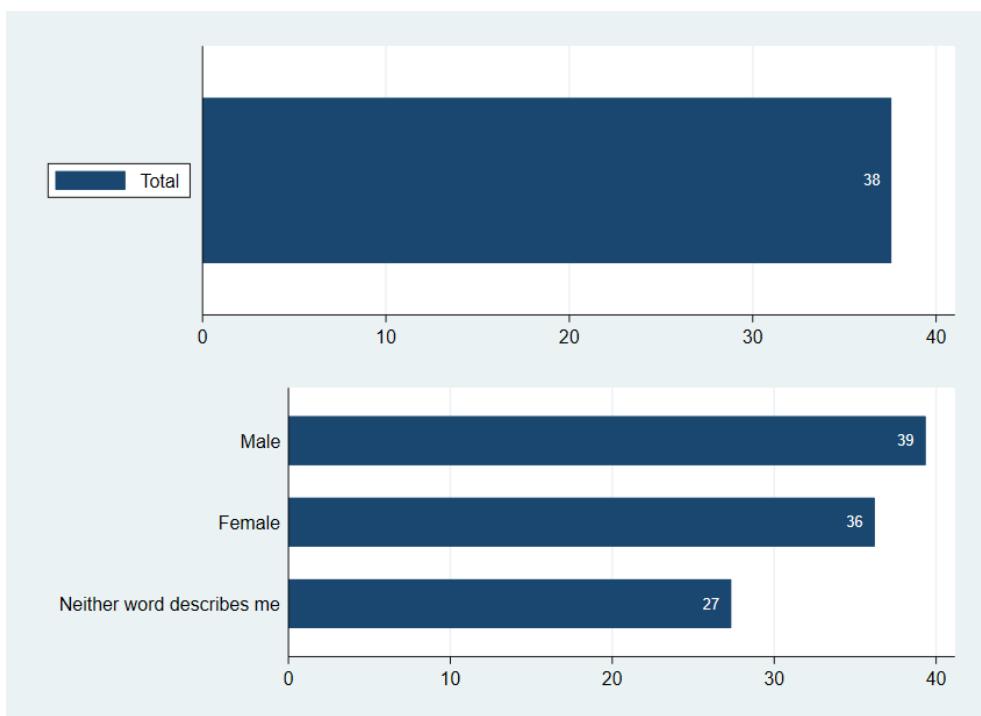
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=107,019). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.33 Own ideas are taken seriously at school (%)**



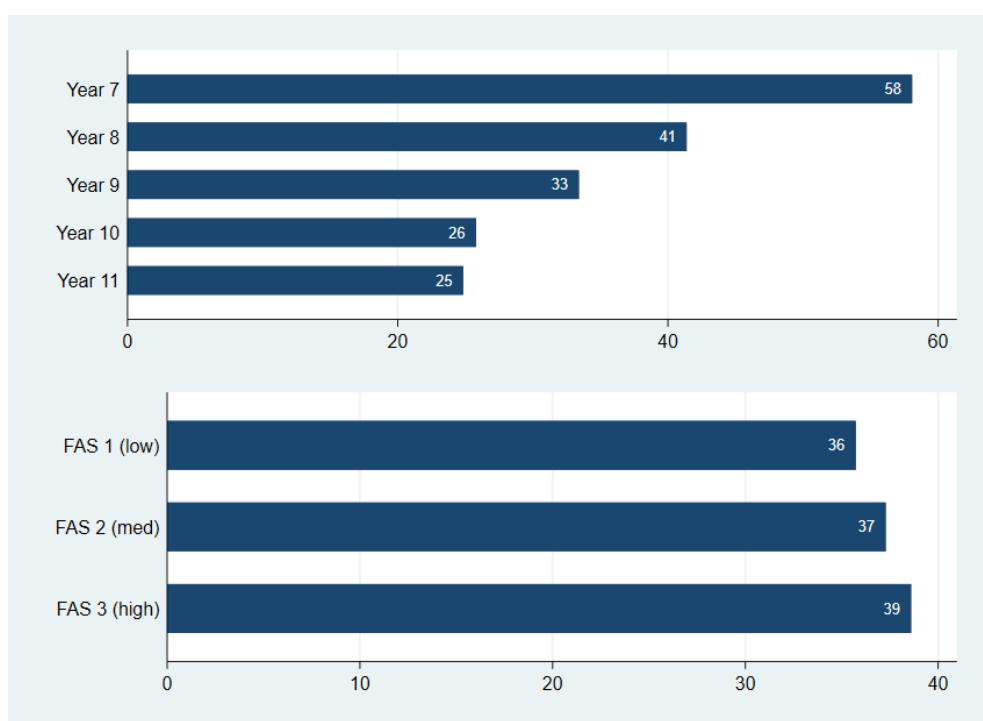
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=106,996$ )

**Figure 4.34 Percentage who agree that their own ideas are taken seriously at school, overall and by gender**



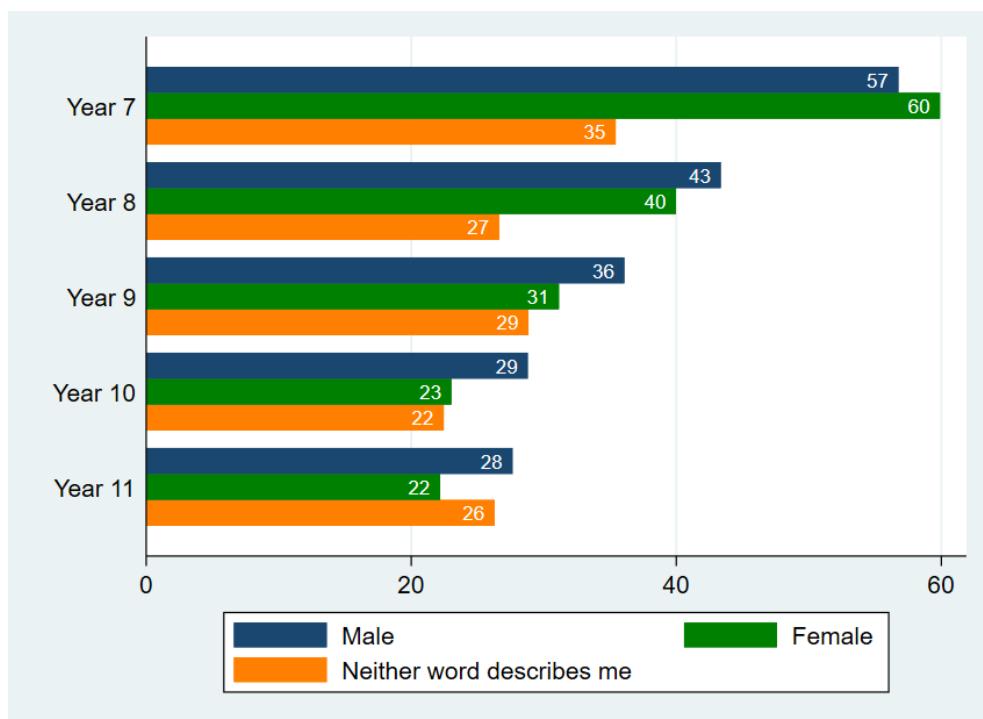
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=106,996$ ; by gender,  $n=106,230$  – excludes 766 gender non-response)

**Figure 4.35 Percentage who agree that their own ideas are taken seriously at school by year group and family affluence**



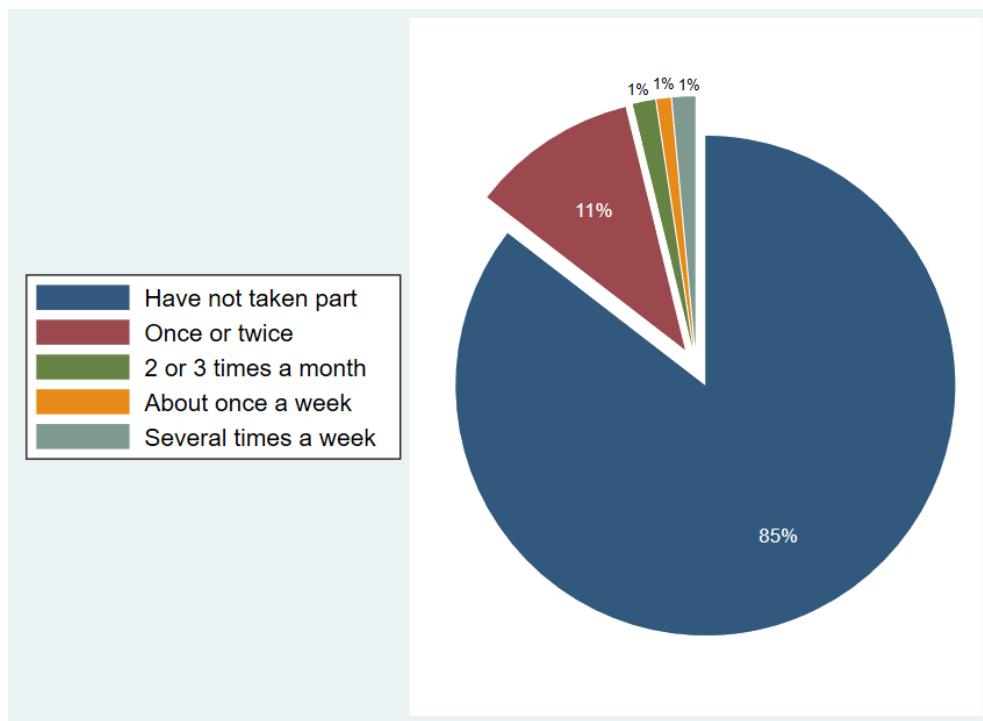
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=106,996; by FAS, n=101,822)

**Figure 4.36 Percentage who agree that their own ideas are taken seriously at school by year group and gender**



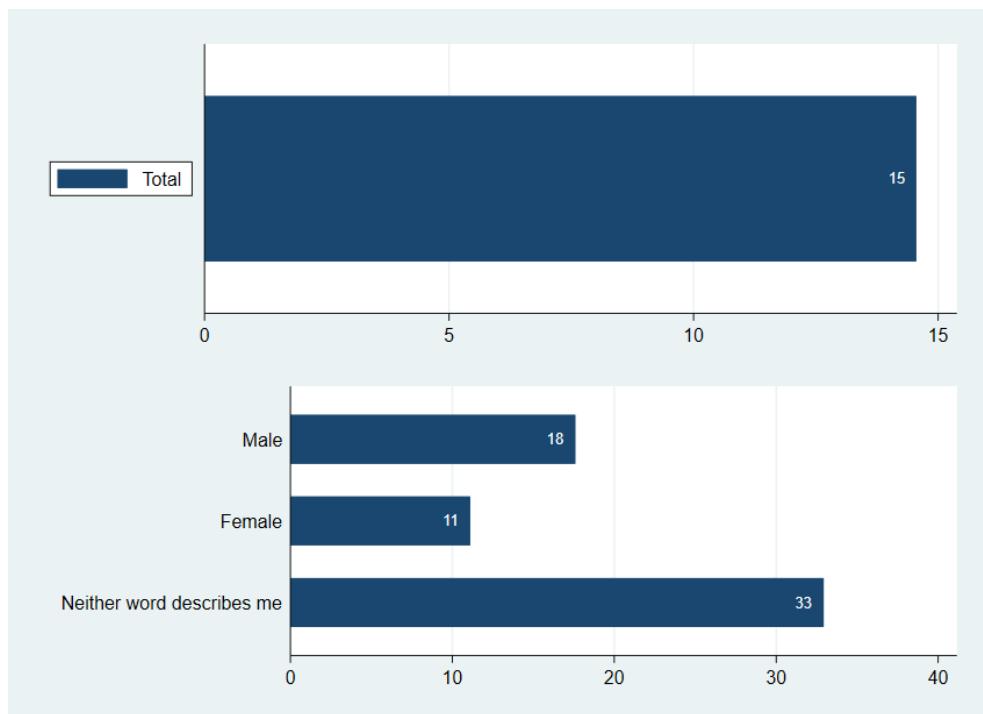
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=106,230). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.37 Bullied another person at school in the past couple of months (%)**



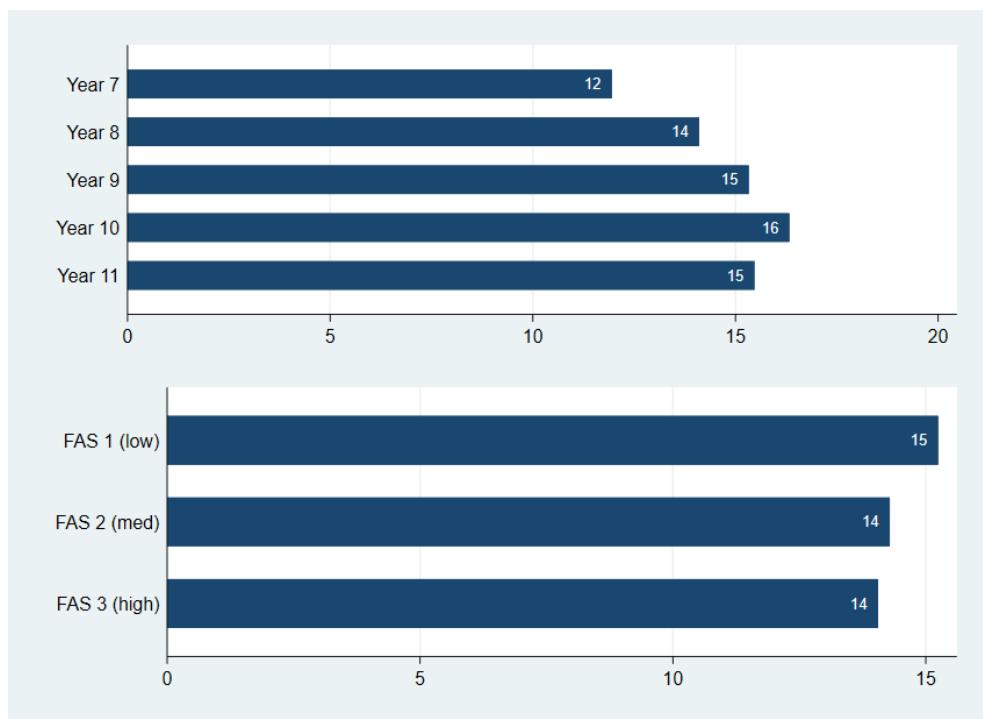
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,997)

**Figure 4.38 Percentage who have bullied another person at school in the past couple of months, overall and by gender**



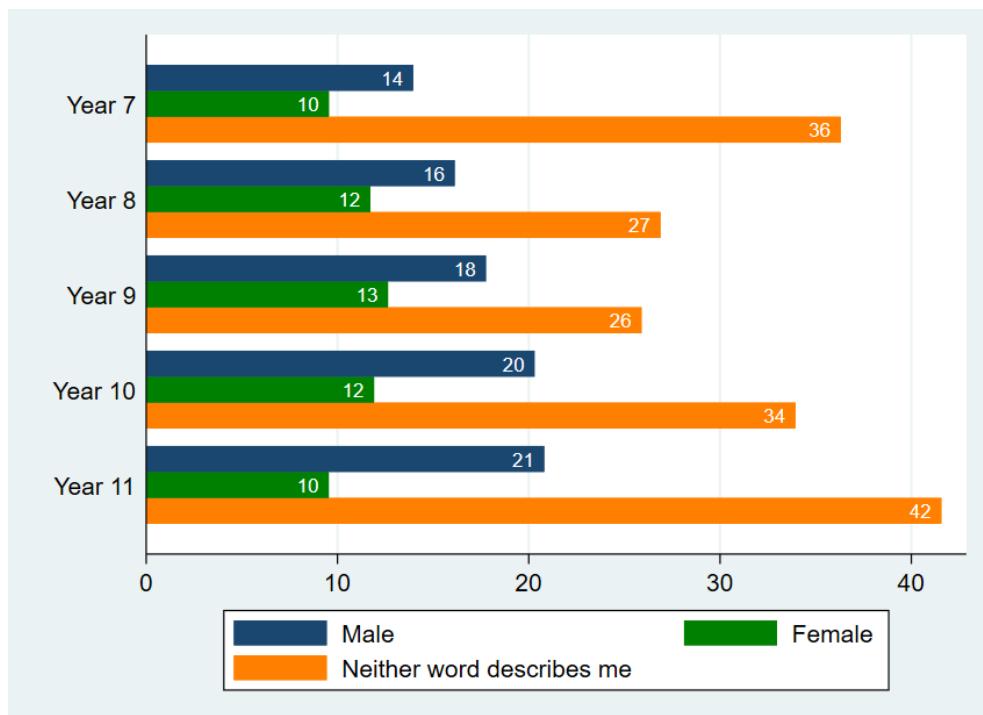
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=102,997; by gender, n=102,262 – excludes 735 gender non-response)

**Figure 4.39 Percentage who have bullied another person at school in the past couple of months by year group and family affluence**



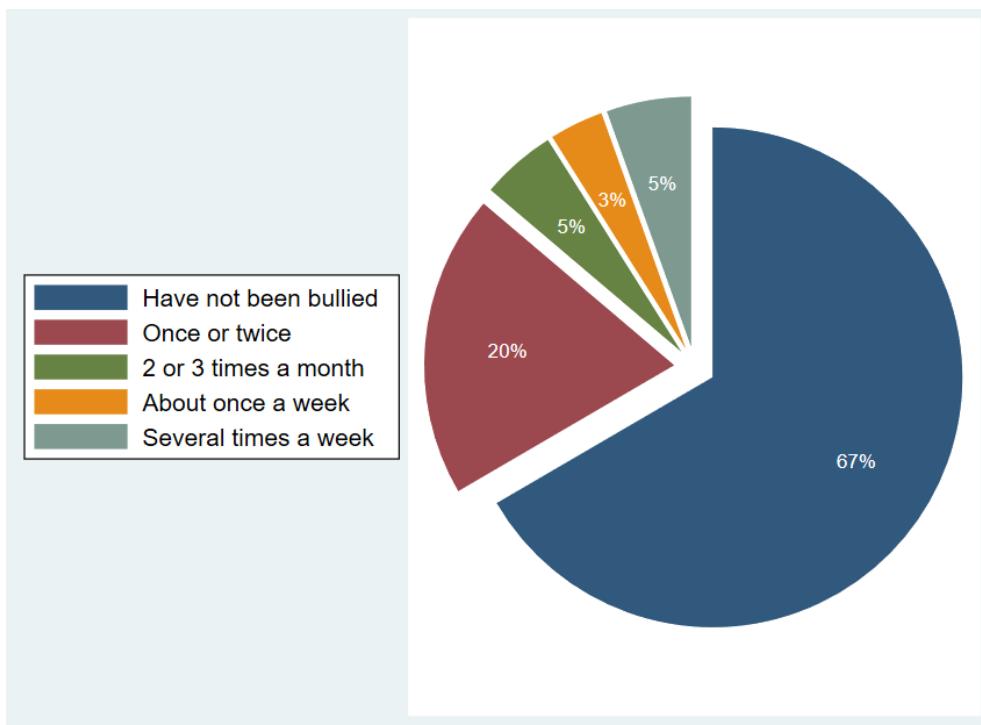
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=102,997; by FAS, n=98,113)

**Figure 4.40 Percentage who have bullied another person at school in the past couple of months by year group and gender**



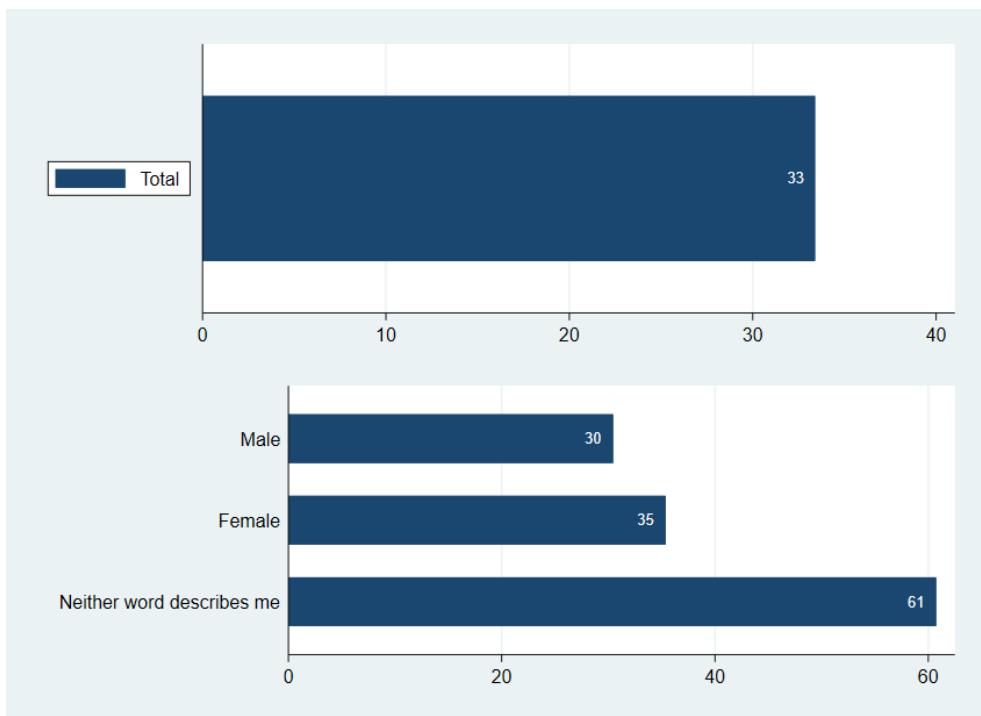
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,262). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.41 Been bullied at school in the past couple of months (%)**



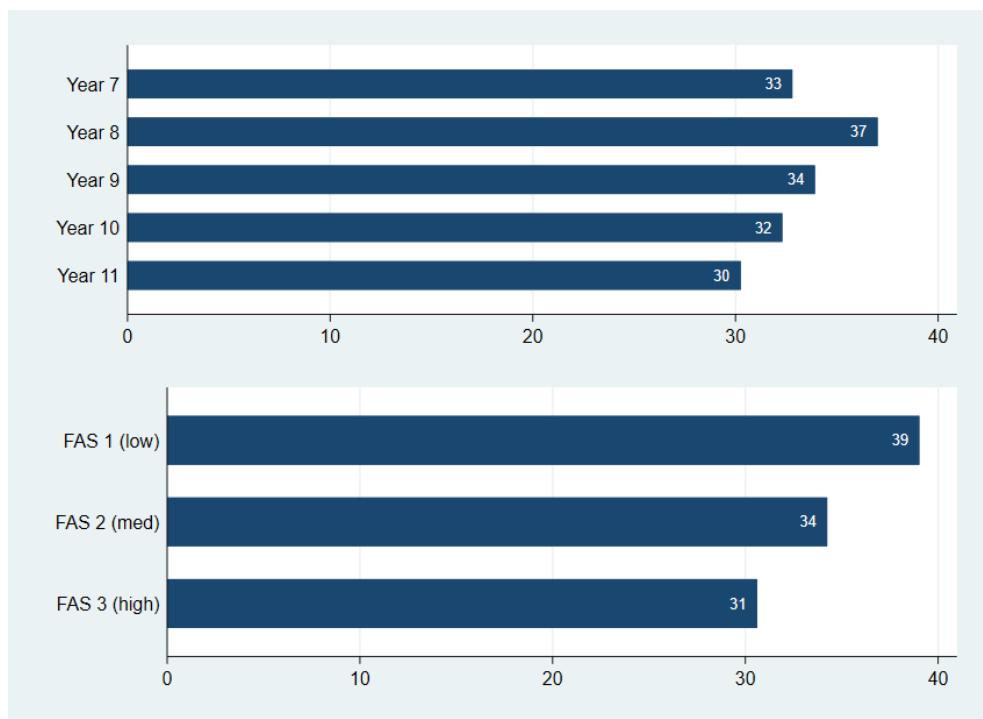
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=104,170)

**Figure 4.42 Percentage who have been bullied at school in the past couple of months, overall and by gender**



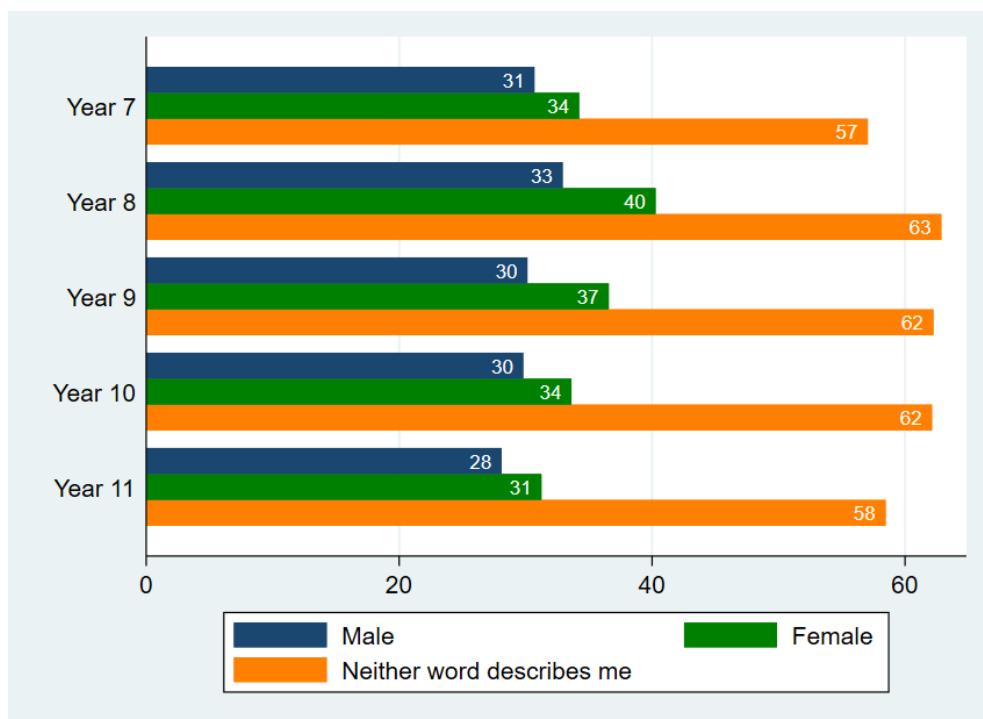
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=104,170; by gender, n=103,423 – excludes 747 gender non-response)

**Figure 4.43 Percentage who have been bullied at school in the past couple of months by year group and family affluence**



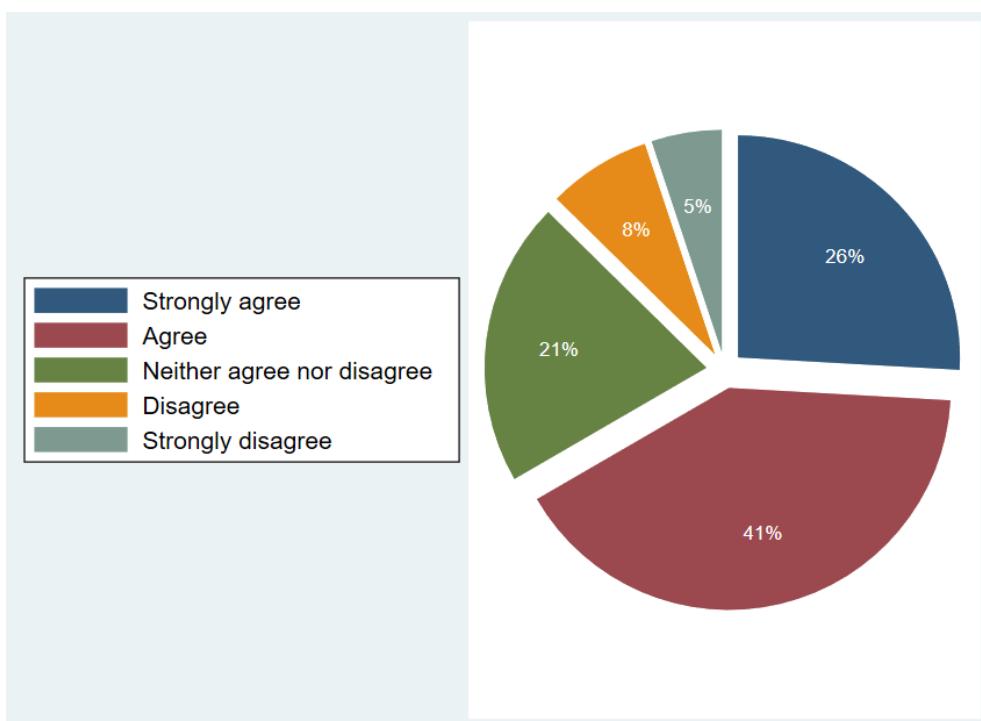
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=104,170; by FAS, n=99,140)

**Figure 4.44 Percentage who have been bullied at school in the past couple of months by year group and gender**



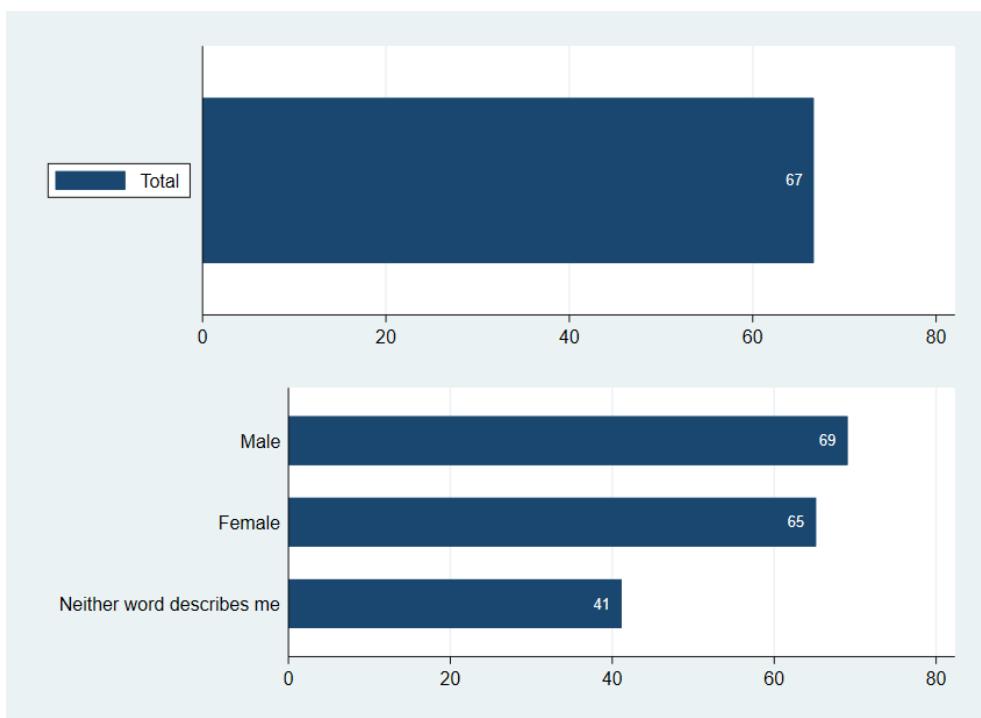
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=103,423). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 4.45 Support at school for students who feel unhappy, worried or unable to cope (%)**



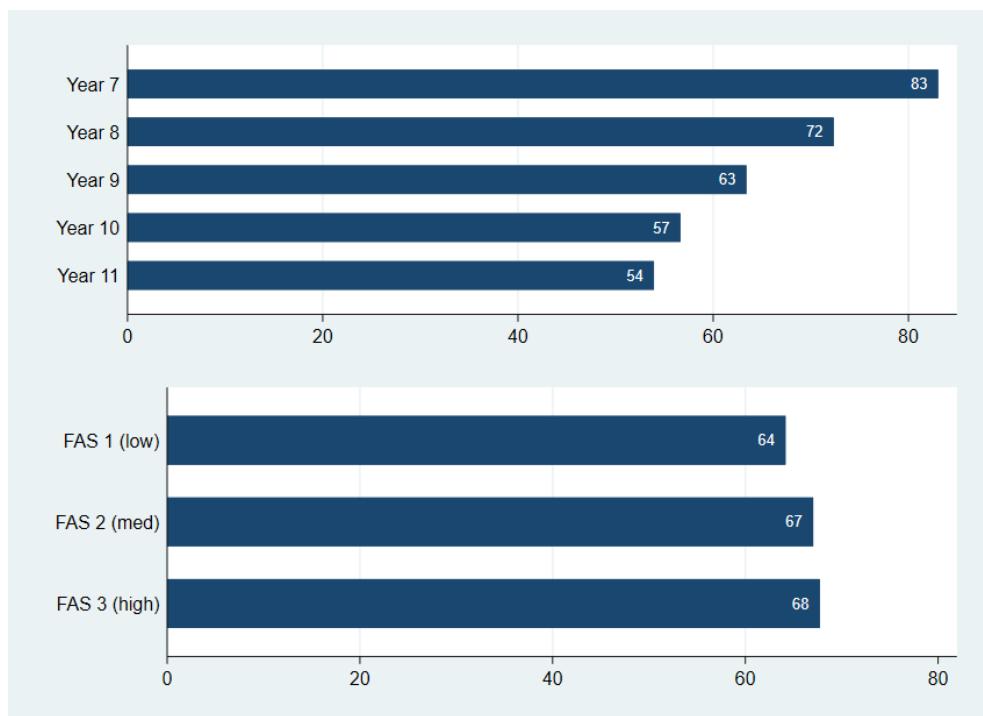
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=107,040)

**Figure 4.46 Percentage who agree that there is support at their school for students who feel unhappy, worried or unable to cope, overall and by gender**



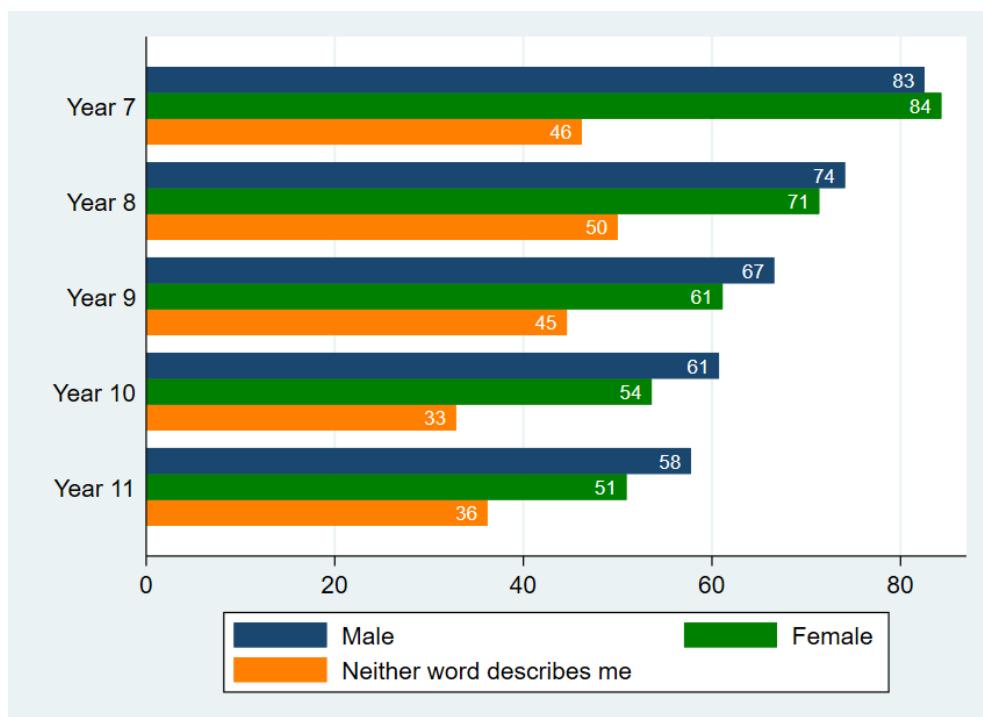
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=107,040; by gender, n=106,268 – excludes 772 gender non-response)

**Figure 4.47 Percentage who agree that there is support at their school for students who feel unhappy, worried or unable to cope by year group and family affluence**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=107,040; by FAS, n=101,768)

**Figure 4.48 Percentage who agree that there is support at their school for students who feel unhappy, worried or unable to cope by year group and gender**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=106,268). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Table 4.1 Measures by ethnic group**

	% who like school a lot	% who feel 'a lot' or 'some' school pressure	% who feel their teachers accept them	% who agree that their teachers care about them as a person	% who agree that there is a member of staff they can confide in	% who agree that students have a say in planning & organising school activities & events	% who agree that students have a lot of chances to help decide & plan school projects	% who agree that students' ideas are treated seriously at school	% who agree that their own ideas are taken seriously at school	% who have bullied another person at school in the past couple of months	% who have been bullied at school in the past couple of months	% who agree that there is support at their school for students who feel unhappy, worried or unable to cope
White British	17	50	75	57	72	49	48	48	38	14	33	68
White Irish	14 [9,20]	59 [55,62]	63 [55,70]	45 [42,49]	66 [63,69]	46 [43,49]	44 [40,47]	44 [40,47]	33 [30,37]	22 [20,26]	44 [40,47]	57 [54,60]
White – Gypsy/traveller	12 [8,17]	55 [52,59]	55 [48,62]	37 [34,41]	58 [54,62]	43 [40,47]	43 [39,46]	39 [35,43]	33 [29,37]	35 [32,39]	44 [40,48]	50 [46,53]
White Other	18 [15,21]	52	70 [67,73]	53	66	46	45	46	33	19	41	61
Mixed or multiple ethnic group	17 [14,19]	54	68 [64,71]	49	64	45	43	41	32	16	33	60
Pakistani	22 [16,28]	51	70 [63,77]	54	61 [57,64]	50 [47,53]	48 [45,51]	45 [42,48]	37 [34,40]	25 [22,28]	32 [29,35]	60 [56,63]
Indian	29 [23,36]	45 [41,48]	83 [77,89]	66 [63,70]	71 [67,74]	56 [52,60]	55 [51,58]	58 [54,61]	48 [44,51]	17 [14,20]	30 [27,34]	69 [65,72]
Bangladeshi	18 [13,24]	49 [46,52]	77 [70,84]	56 [53,60]	62 [58,65]	53 [50,56]	49 [46,52]	45 [42,48]	35 [32,38]	19 [17,22]	26 [23,29]	64 [60,67]
Chinese	19 [13,28]	53 [48,57]	72 [62,80]	55 [51,60]	52 [48,57]	46 [42,51]	42 [37,46]	41 [36,45]	31 [27,35]	18 [15,22]	33 [29,37]	57 [53,62]
African	19 [14,25]	47 [43,50]	61 [54,68]	49 [45,52]	58 [55,61]	50 [47,53]	47 [44,50]	41 [38,44]	35 [32,38]	22 [19,25]	27 [24,30]	59 [55,62]
Caribbean or Black	14 [8,22]	52 [47,56]	61 [51,70]	43 [39,48]	62 [58,67]	48 [44,53]	44 [40,49]	40 [36,45]	36 [32,40]	23 [20,28]	33 [28,37]	54 [49,58]
Arab	21 [15,28]	54 [50,57]	64 [56,72]	52 [48,55]	60 [56,63]	53 [49,56]	52 [48,55]	48 [45,52]	40 [37,44]	27 [24,30]	34 [30,38]	59 [55,62]
Other	24 [21,27]	48	75 [71,78]	58	66	54	52	50	38	17	35	65
Prefer not to say	22 [19,25]	48	67 [63,71]	55	68	50	50	47	36	19	44	63

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 4.2 Measures by local health board<sup>1</sup>**

	% who like school a lot	% who feel 'a lot' or 'some' school pressure	% who feel their teachers accept them	% who agree that their teachers care about them as a person	% who agree that there is a member of staff they can confide in	% who agree that students have a say in planning & organising school activities & events	% who agree that students have a lot of chances to help decide & plan school projects	% who agree that students' ideas are treated seriously at school	% who agree that their own ideas are taken seriously at school	% who have bullied another person at school in the past couple of months	% who have been bullied at school in the past couple of months	% who agree that there is support at their school for students who feel unhappy, worried or unable to cope
Aneurin Bevan	17	50	76	57	71	48	46	47	37	15	34	65
Male	17	44	78	60	72	52	49	50	40	18	31	69
Female	17	55	74	55	72	45	43	44	35	11	36	63
Neither word describes me	5 [1,14]	72 [66,77]	42 [29,57]	33 [27,39]	47 [41,53]	41 [35,47]	34 [29,41]	33 [27,39]	29 [23,35]	33 [27,39]	63 [56,69]	41 [35,48]
Betsi Cadwaladr	18	49	74	53	71	49	47	46	36	16	35	66
Male	18	44	77	56	70	51	50	48	38	19	33	68
Female	17	53	71	51	72	47	44	45	35	12	37	64
Neither word describes me	14 [8,24]	67 [62,72]	45 [34,56]	32 [26,37]	51 [46,57]	40 [34,46]	38 [32,44]	35 [30,41]	27 [22,33]	32 [26,38]	59 [53,65]	42 [36,48]
Cardiff & Vale	17	52	72	57	68	49	49	50	41	14	30	68
Male	18	44	74	60	68	51	52	53	43	17	27	71
Female	16	58	70	54	69	48	47	48	39	10	31	67
Neither word describes me	-	64 [56,72]	-	33 [25,41]	48 [40,56]	31 [24,40]	40 [32,48]	27 [20,35]	24 [17,32]	36 [28,44]	62 [53,70]	41 [32,49]
Cwm Taf Morgannwg	17	48	75	56	71	49	47	47	36	14	33	68
Male	18	44	77	57	70	51	49	49	38	16	29	70
Female	17	52	74	55	73	48	46	45	35	12	37	67
Neither word describes me	-	73 [65,79]	-	27 [20,34]	45 [37,53]	33 [26,41]	33 [26,40]	31 [24,39]	26 [20,33]	24 [18,31]	60 [52,68]	43 [35,51]
Hywel Dda	18	49	74	56	72	49	48	47	36	14	33	66
Male	19	44	77	58	71	50	50	49	38	18	31	68
Female	17	54	71	55	74	47	46	45	35	10	35	65
Neither word describes me	-	67 [58,75]	-	31 [23,40]	52 [43,61]	36 [27,45]	36 [28,46]	36 [27,45]	25 [18,34]	37 [28,47]	53 [43,62]	36 [27,45]
Powys	16	52	72	53	70	44	41	44	34	15	36	67
Male	17	46	78	55	72	49	46	48	37	19	32	69
Female	15	58	67	51	69	41	36	40	31	11	39	65
Neither word describes me	-	-	-	-	-	-	-	-	-	-	-	-
Swansea Bay	19	49	76	60	73	53	51	51	40	14	33	68
Male	20	44	78	62	72	55	53	53	41	17	30	70
Female	18	54	75	58	74	52	50	49	40	11	35	67
Neither word describes me	-	70 [63,77]	-	36 [29,44]	61 [54,69]	39 [31,47]	39 [32,47]	35 [28,43]	31 [24,38]	36 [29,44]	64 [56,71]	44 [36,51]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 4.3 Measures by regional education consortia<sup>1</sup>**

	% who like school a lot	% who feel 'a lot' or 'some' school pressure	% who feel their teachers accept them	% who agree that their teachers care about them as a person	% who agree that there is a member of staff they can confide in	% who agree that students have a say in planning & organising school activities & events	% who agree that students have a lot of chances to help decide & plan school projects	% who agree that students' ideas are treated seriously at school	% who agree that their own ideas are taken seriously at school	% who have bullied another person at school in the past couple of months	% who have been bullied at school in the past couple of months	% who agree that there is support at their school for students who feel unhappy, worried or unable to cope
Central South												
Male	17	50	73	56	70	49	48	48	39	14	32	68
Female	18	44	76	59	69	51	50	51	40	16	28	70
Neither word describes me	16	55	72	55	71	48	46	47	37	11	34	67
	10 [4,21]	69 [63,74]	41 [29,55]	30 [25,35]	46 [41,52]	32 [27,38]	36 [31,42]	29 [24,35]	25 [20,31]	29 [24,35]	61 [55,67]	42 [36,48]
South East												
Male	17	50	76	57	71	48	46	47	37	15	34	65
Female	17	44	78	60	72	52	49	50	40	18	31	69
Neither word describes me	5 [1,14]	72 [66,77]	42 [29,57]	33 [27,39]	47 [41,53]	41 [35,47]	34 [29,41]	33 [27,39]	29 [23,35]	33 [27,39]	63 [56,69]	41 [35,48]
West												
Male	18	50	75	57	72	50	49	48	38	14	33	67
Female	19	44	78	59	71	52	51	50	39	17	30	69
Neither word describes me	17	54	73	56	74	49	47	46	37	10	35	66
	15 [8,24]	68 [63,73]	45 [34,56]	34 [29,40]	56 [51,61]	36 [31,42]	38 [33,43]	35 [30,40]	28 [23,33]	37 [32,43]	60 [55,66]	40 [35,46]
North												
Male	18	49	74	53	71	49	47	46	36	16	35	66
Female	18	44	77	56	70	51	50	48	38	19	33	68
Neither word describes me	18	53	71	51	72	47	44	45	35	12	37	64
	14 [8,24]	67 [62,72]	45 [34,56]	32 [26,37]	51 [46,57]	40 [34,46]	38 [32,44]	35 [30,41]	27 [22,33]	32 [26,38]	59 [53,65]	42 [36,48]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

## 5. Physical activity and diet

### Introduction

Being both physically active and having a nutritious diet is essential to maintaining a healthy lifestyle. For children and adolescents, daily physical activity, particularly of moderate-to-vigorous intensity, is associated with numerous health benefits, including lower risk of obesity, depression, and high blood pressure<sup>49</sup>. Poor dietary patterns, such as skipping breakfast, insufficient intake of fruits and vegetables, and frequent consumption of food or drinks with high sugar content, can persist into adulthood and have been associated with a wide range of illnesses such as cardiovascular diseases, cancer, osteoporosis, iron-deficiency anaemia and a lower resistance to infections<sup>50</sup>.

This section presents data on young people's physical activity levels, sedentary behaviour, and diet quality in Wales based on the following measures: **weekly physical activity**, **active travel to school**, **time spent sitting**, **weekday breakfast consumption**, **fruit consumption**, **vegetable consumption**, **sugary soft drink consumption**, and **energy drink consumption**.

In the questionnaire, physical activity was defined as 'any activity that increases your heart rate and makes you get out of breath some of the time'. Young people were informed that this could include physical activity done in sports, school activities, playing with friends, or walking to school.

### Summary of main findings

#### Physical activity

Almost 1 in 5 (17%) young people met the recommended physical activity guidelines of at least 60 minutes per day (**Figure 5.1**). Boys were more likely than girls to meet the daily recommended guidelines (21% vs. 13%), as were young people who identified as neither a boy nor a girl (22%) (**Figure 5.2**). Physical activity declined with age; 23% of students reported undertaking at least 60 minutes of physical activity per day in year 7, falling to 11% by year 11. Around 1 in 10 (13%) young people from less affluent families met the recommended daily physical activity guidelines, compared to 1 in 5 from more affluent families (**Figure 5.3**). Physical activity declined with age for boys and girls, although the decline was greater for girls. In contrast, levels of physical activity among young people who identified as neither a boy nor a girl were relatively consistent across year groups (**Figure 5.2**).

#### Active travel to school

Public transport (e.g. bus, train, etc.) was the most common mode of travel to school reported by young people (36%), closely followed by walking (33%) (**Figure 5.5**). Engaging in active travel (e.g. travelling to school by walking or cycling) was reported by 35% of students, with boys more likely than girls (37% vs. 33%) and young people who identified as neither a boy nor a girl (35%) to walk or cycle to school (**Figure 5.6**). While there was little variation in walking or cycling to school by year group, young people from more affluent families were more likely than those from less affluent families to walk or cycle to school (42% vs. 32%) (**Figure 5.7**). With the exception of students in year 8, boys reported the highest level of active travel in all year groups (**Figure 5.8**).

### **Sedentary behaviour (weekday)**

The amount of time young people reported spending sitting during their free time on weekdays ranged from none (1%) to 7 or more hours a day (16%), with over half (52%) sitting for at least 4 hours a day (Figure 5.9). Boys were more likely than girls to be sedentary for 7 or more hours per day (17% vs. 14%), but less likely than those who identified as neither a boy nor a girl (36%) (Figure 5.10). Time spent sedentary increased with age and declined with family affluence (Figure 5.11). In all year groups, young people who identified as neither a boy nor a girl had the highest rates of sedentary behaviour; in year 7, over 2 in 5 (42%) students reported sitting for 7 or more hours in their free time on weekdays (Figure 5.12).

### **Breakfast consumption (weekday)**

1 in 2 young people reported eating breakfast every weekday, while around 1 in 4 (24%) reported never eating breakfast on weekdays (Figure 5.13). Weekday consumption of breakfast was more common among boys (57%) than girls (42%), and least common among young people who identified as neither a boy nor a girl (35%) (Figure 5.14). There was a clear age-related decline in weekday breakfast consumption; 60% of year 7 students ate breakfast every weekday, falling to 43% by year 11. Breakfast consumption was socioeconomically patterned, with young people from less affluent families least likely to report eating breakfast every weekday (Figure 5.15). The age-related decline in weekday breakfast consumption was greater among girls than boys, and was not evident at all in those who identified as neither a boy nor a girl (Figure 5.16).

### **Fruit and vegetable intake**

Frequency of fruit consumption ranged from ‘never’ (5%) to ‘more than once daily’ (21%), with 36% of young people eating fruit at least daily (Figure 5.17). At least daily consumption of fruit was more common among girls than boys (38% vs. 35%), and least common among young people who identified as neither a boy nor a girl (30%) (Figure 5.18). Fruit consumption declined with age and increased with level of family affluence (Figure 5.19). While the age-related decline in young people reporting at least daily consumption of fruit was similar among boys and girls, levels of consumption among young people who identified as neither a boy nor a girl remained relatively stable across year groups (Figure 5.20).

Similar to fruit, 6% of young people reported never eating vegetables, while 37% ate vegetables at least daily (Figure 5.21). At least daily vegetable consumption was more common among girls (40%) than both boys (34%) and those who identified as neither a boy nor a girl (34%) (Figure 5.22). Frequency of vegetable consumption varied little by age but increased with level of family affluence (Figure 5.23). While the overall proportion of young people eating vegetables at least daily differed little by age, this was not true for young people who identified as neither a boy nor a girl; 27% reported at least weekly consumption of vegetables in year 7, rising to 38% by year 11 (Figure 5.24).

### **Sugary soft drinks**

Eight percent of young people reported never drinking sugary soft drinks, while 17% drank sugary soft drinks at least daily (Figure 5.25). Boys were more likely than girls to report at least daily consumption of sugary soft drinks (18% vs. 15%), but less likely than young

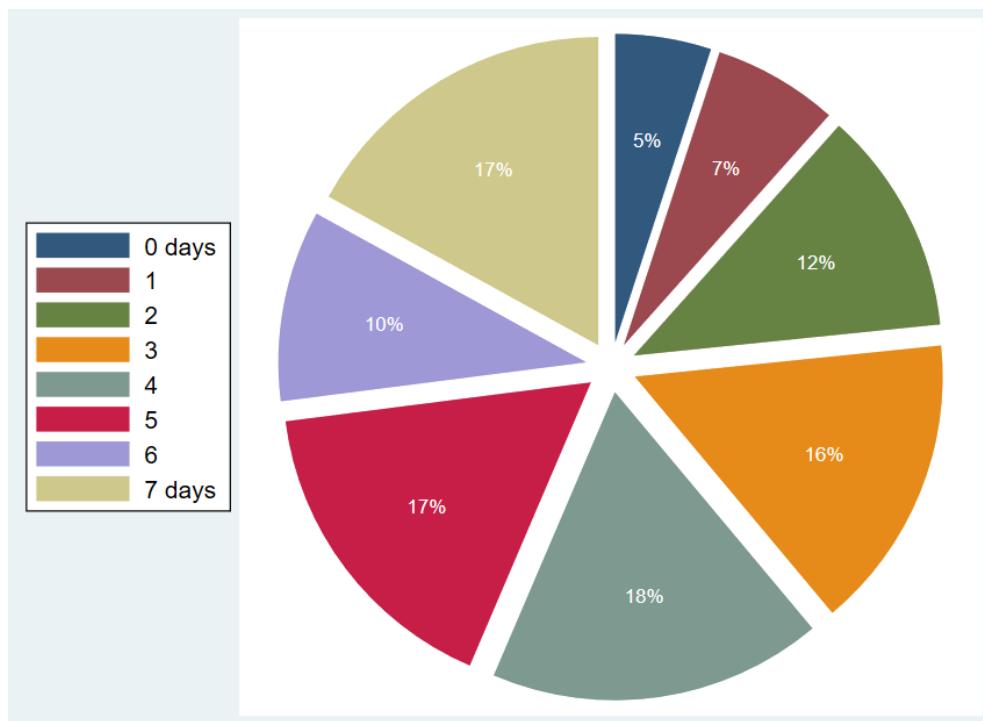
people who identified as neither a boy nor a girl (28%) ([Figure 5.26](#)). At least daily consumption of sugary soft drinks increased marginally with age and declined with family affluence; 1 in 5 students from less affluent families reported at least daily consumption of sugary soft drinks ([Figure 5.27](#)). Young people who identified as neither a boy nor a girl reported the highest rates of sugary drink consumption in all year groups ([Figure 5.28](#)).

### **Energy drinks**

Over 3 in 5 (65%) young people reported having never drank an energy drink, while 4% drank energy drinks at least daily ([Figure 5.29](#)). Boys were more likely than girls to report at least daily consumption of energy drinks (5% vs. 3%) but much less likely than those who identified as neither a boy nor a girl, who were almost four times more likely to report at least daily consumption (18%) ([Figure 5.30](#)). Consumption of energy drinks increased with age and declined with family affluence ([Figure 5.31](#)). In all year groups, young people who identified as neither a boy nor a girl reported the highest rates of energy drink use ([Figure 5.32](#)).

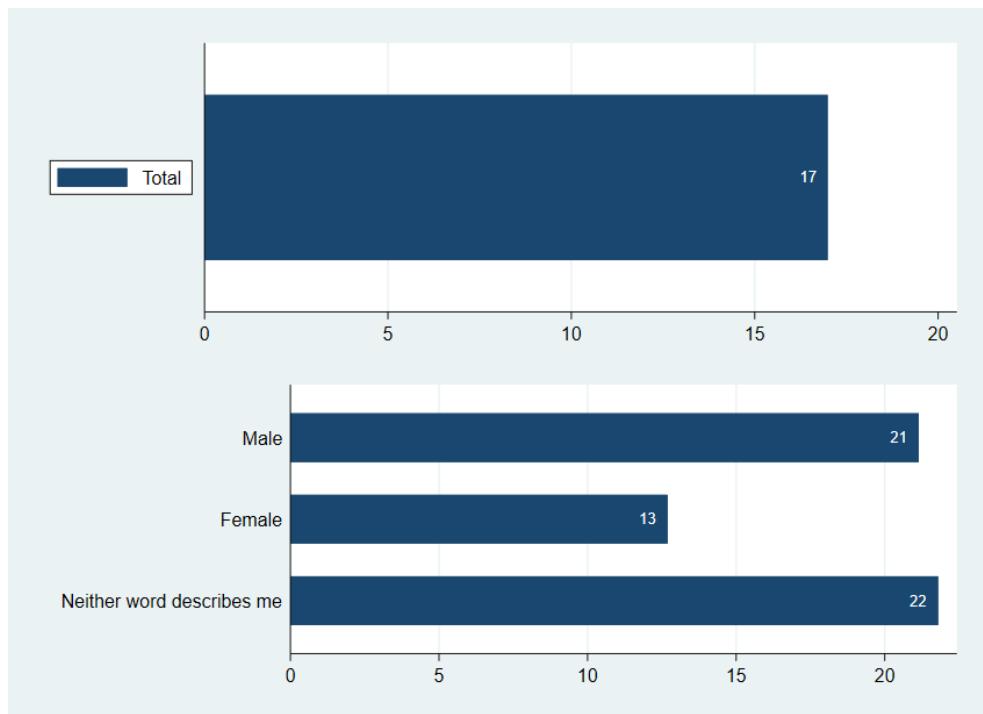
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see [Tables 5.1-5.3](#).

**Figure 5.1 Number of days physically active for at least 60 minutes in past 7 days (%)**



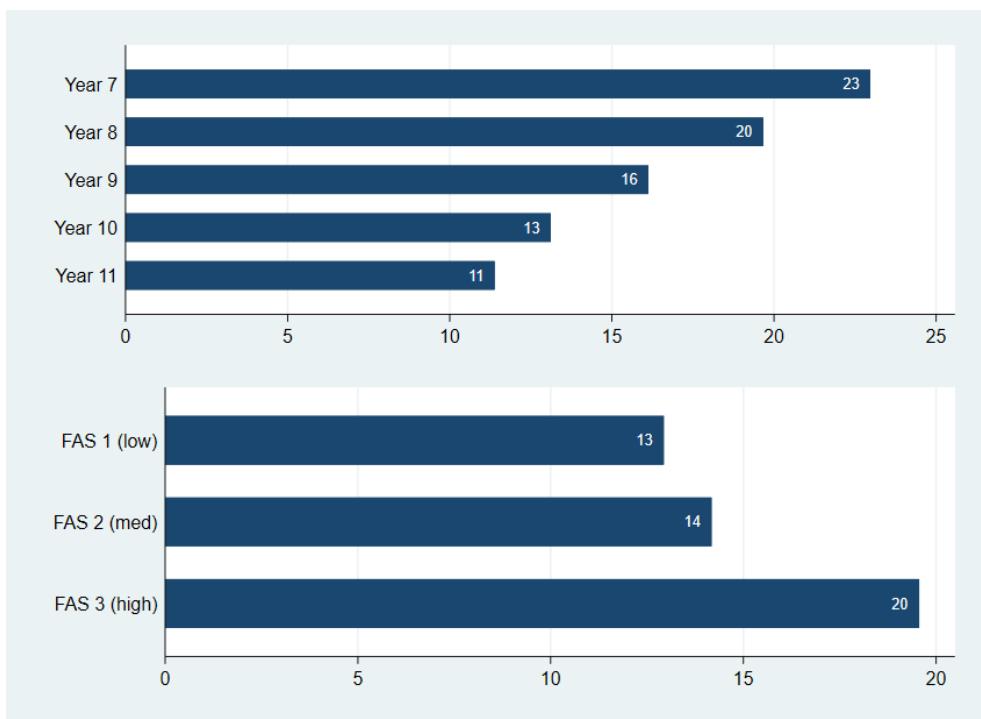
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,000)

**Figure 5.2 Percentage who are physically active for at least 60 minutes per day, overall and by gender**



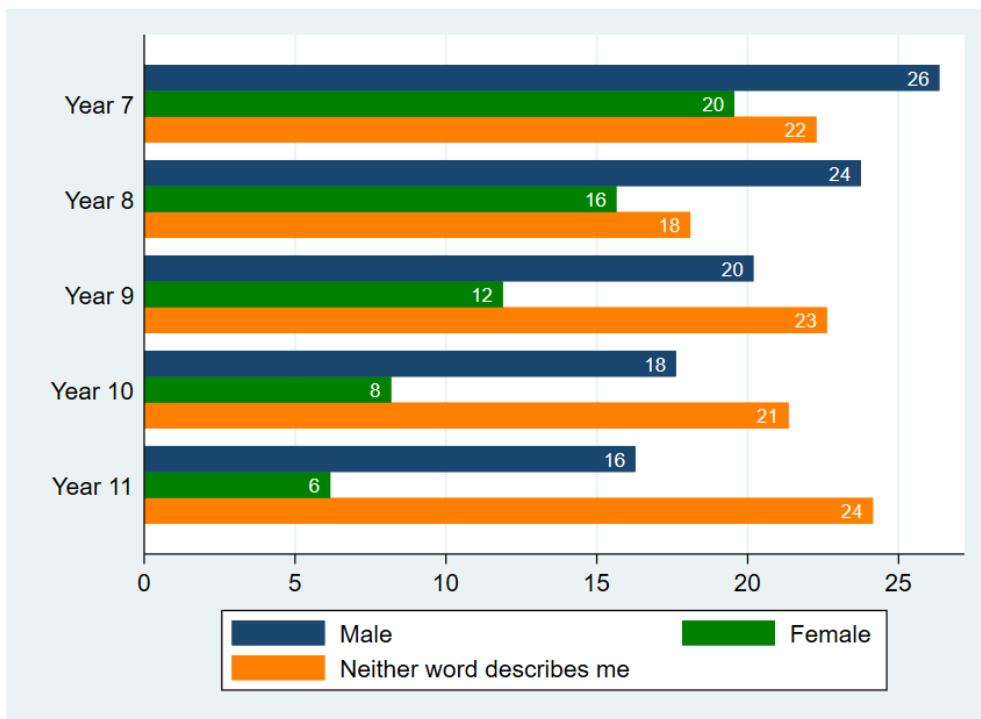
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=110,100; by gender, n=109,222 – excludes 778 gender non-response)

**Figure 5.3 Percentage who are physically active for at least 60 minutes per day by year group and family affluence**



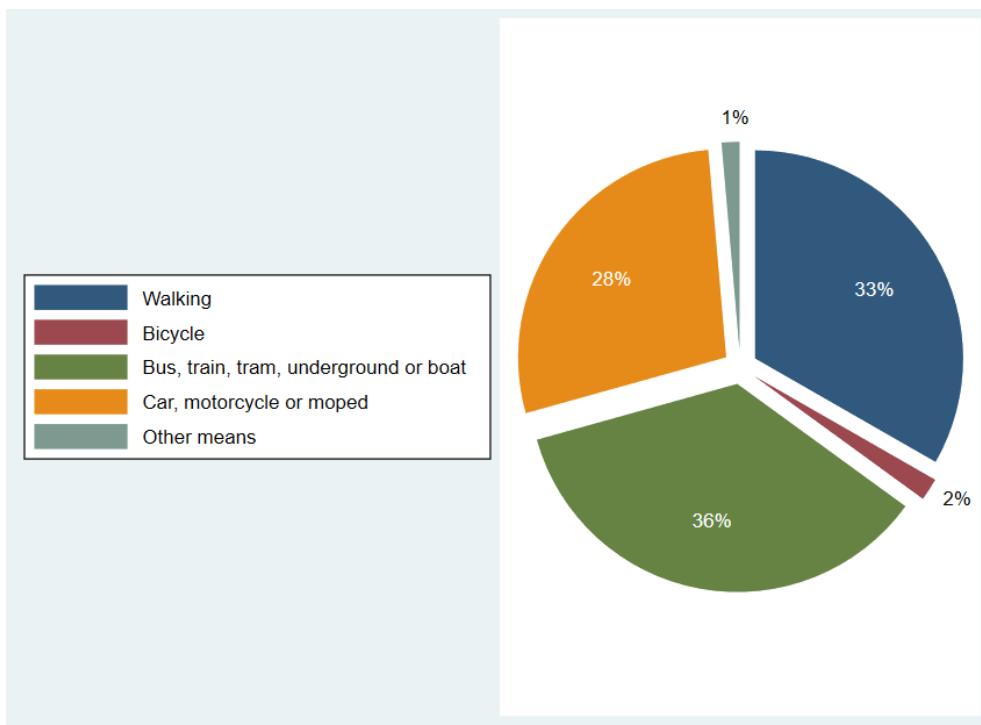
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=110,000; by FAS, n=104,851)

**Figure 5.4 Percentage who are physically active for at least 60 minutes per day by year group and gender**



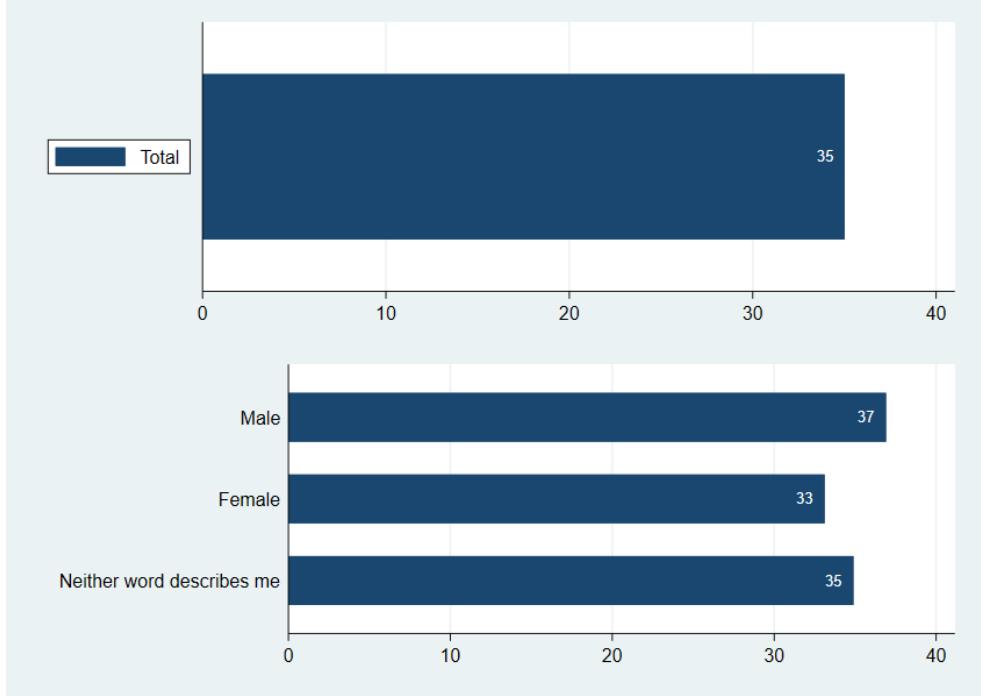
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,222). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.5 Typical mode of travel to school (%)**



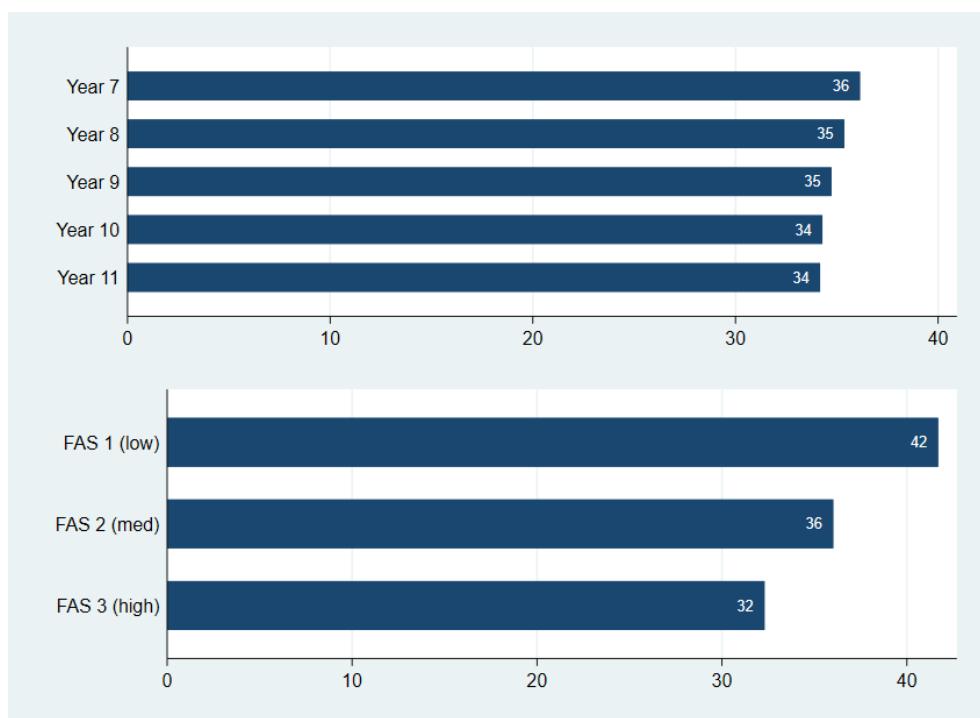
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=115,944)

**Figure 5.6 Percentage who travel to school by walking or cycling, overall and by gender**



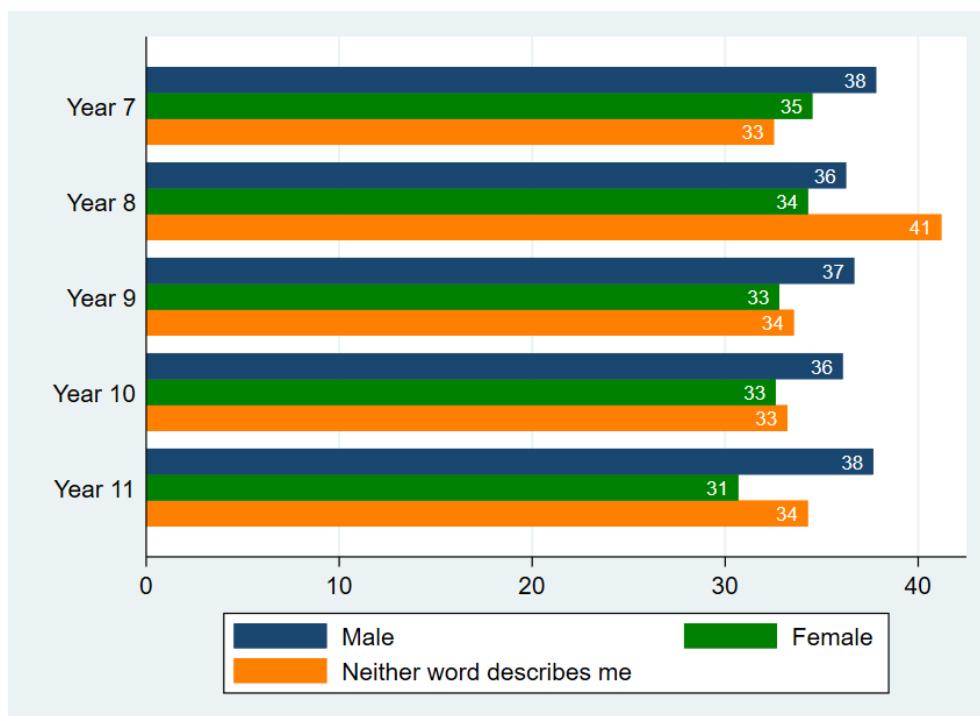
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=115,944; by gender, n=115,027 – excludes 917 gender non-response)

**Figure 5.7 Percentage who travel to school by walking or cycling by year group and family affluence**



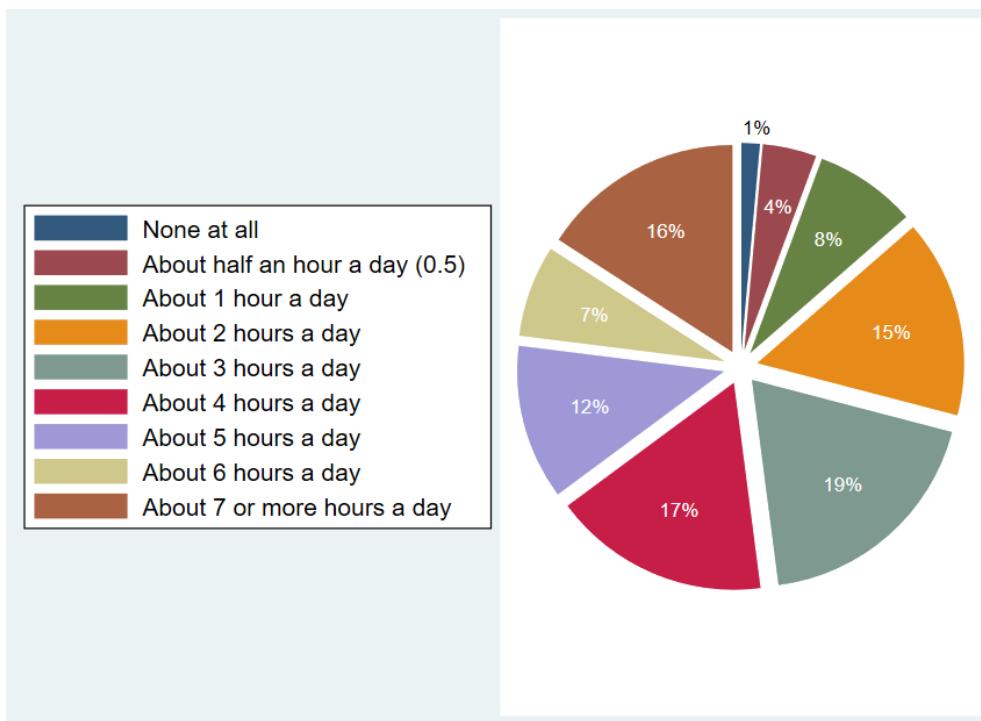
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=115,944; by FAS, n=109,535)

**Figure 5.8 Percentage who travel to school by walking or cycling by year group and gender**



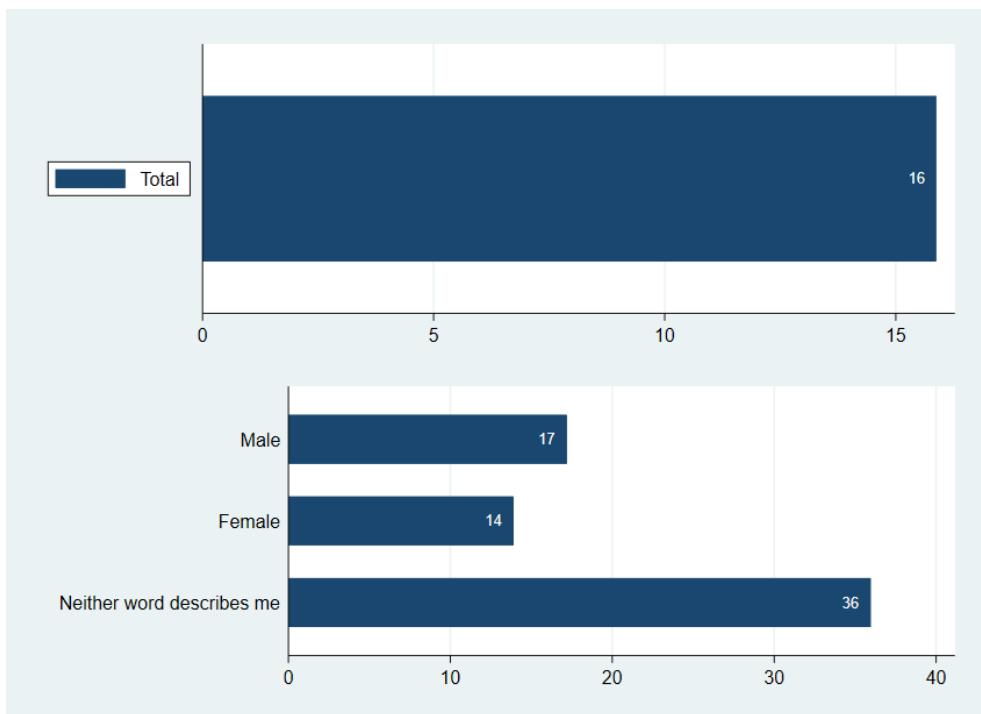
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=115,027). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.9 Time spent sitting in free time on weekdays (%)**



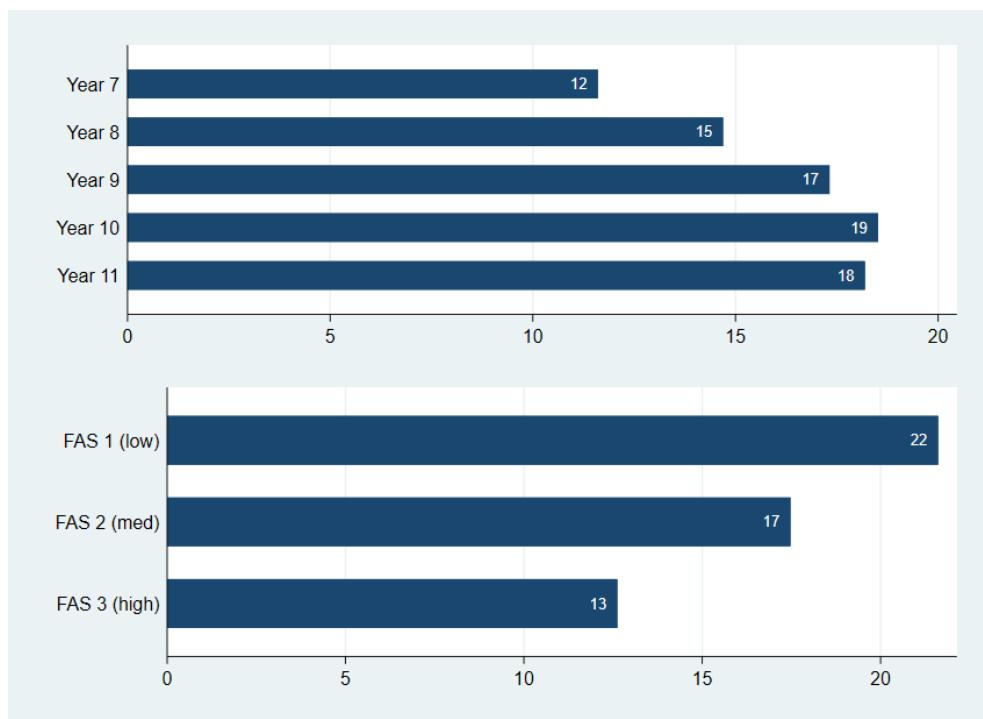
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,877)

**Figure 5.10 Percentage who sit for 7 hours or more per day in their free time on weekdays, overall and by gender**



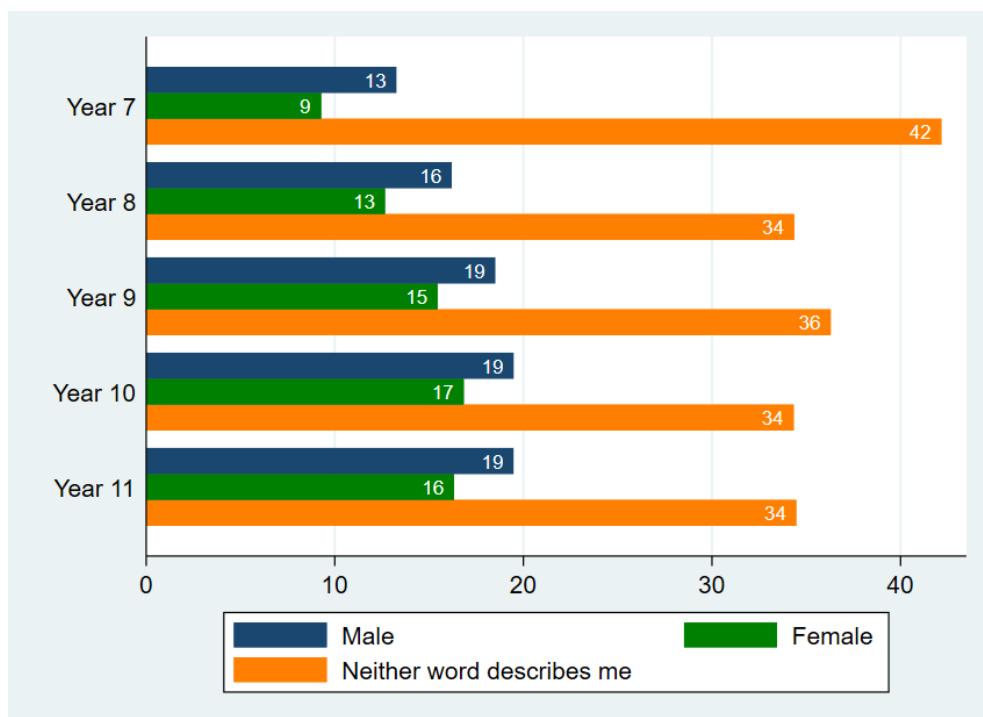
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=110,877; by gender, n=110,074 – excludes 803 gender non-response)

**Figure 5.11 Percentage who sit for 7 hours or more per day in their free time on weekdays by year group and family affluence**



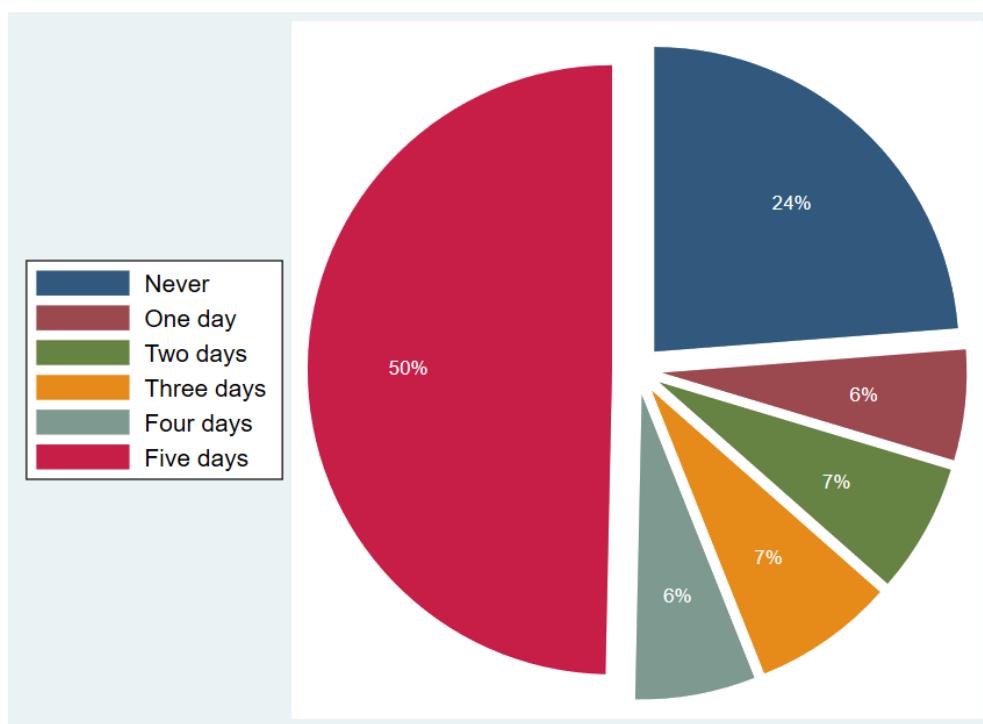
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=110,877; by FAS, n=105,511)

**Figure 5.12 Percentage who sit for 7 hours or more per day in their free time on weekdays by year group and gender**



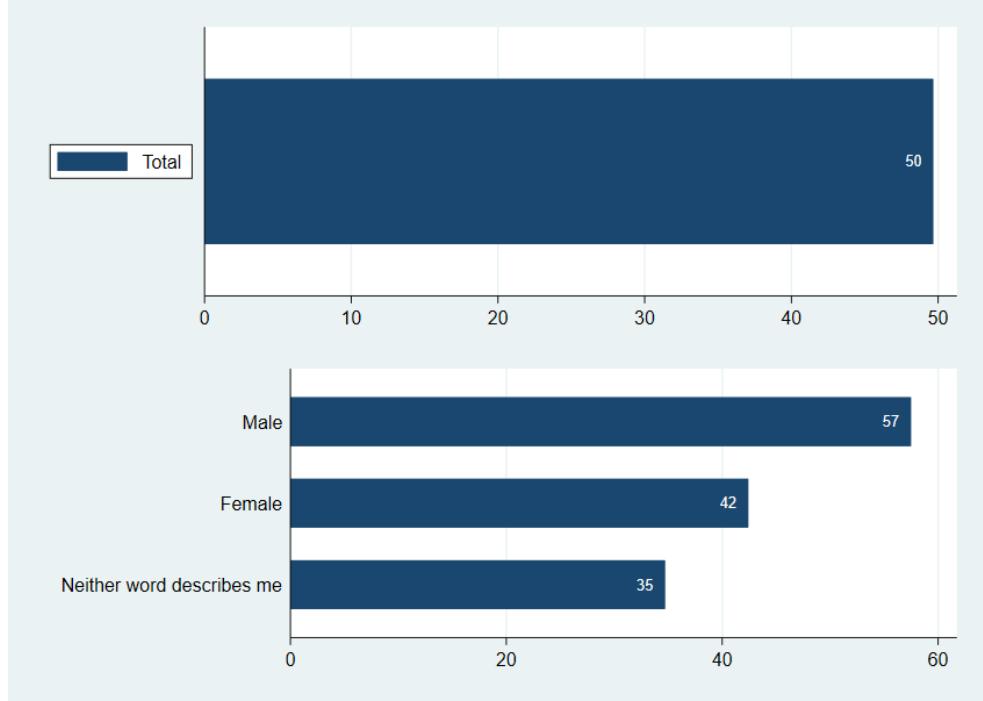
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,074). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.13 Breakfast consumption on weekdays (%)**



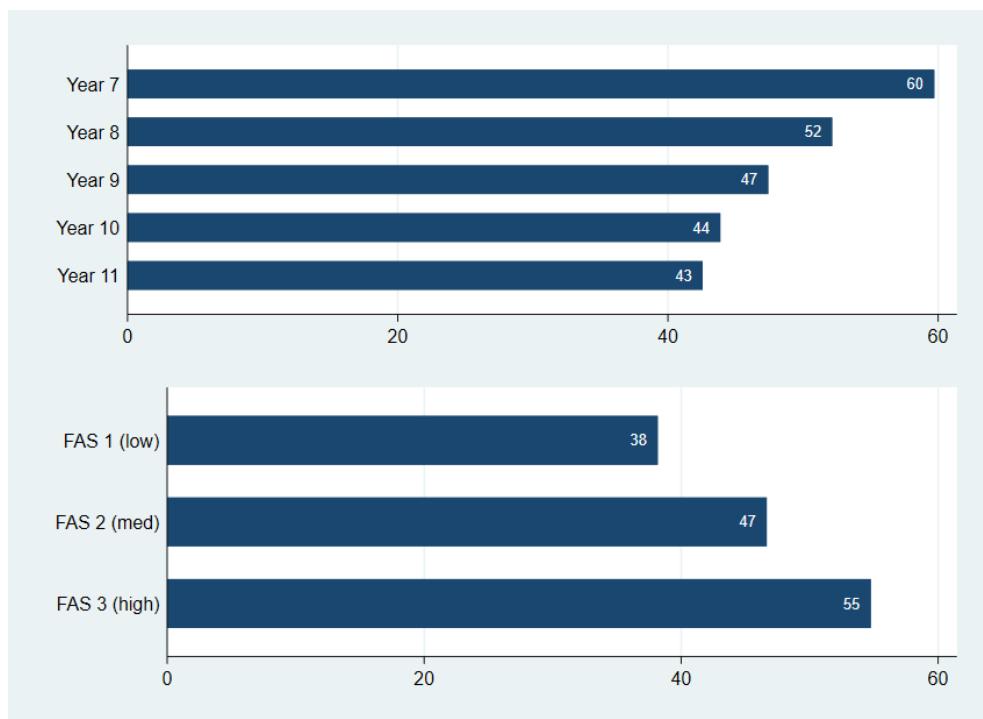
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=113,584)

**Figure 5.14 Percentage who eat breakfast every weekday, overall and by gender**



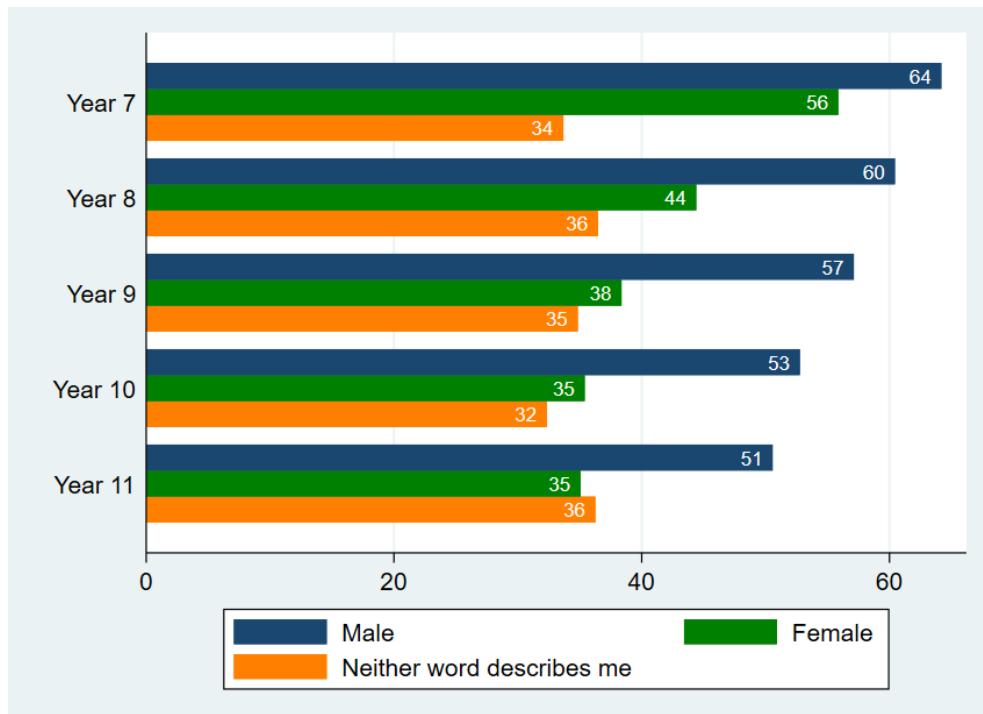
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=113,584; by gender, n=112,721 – excludes 863 gender non-response)

**Figure 5.15 Percentage who eat breakfast every weekday by year group and family affluence**



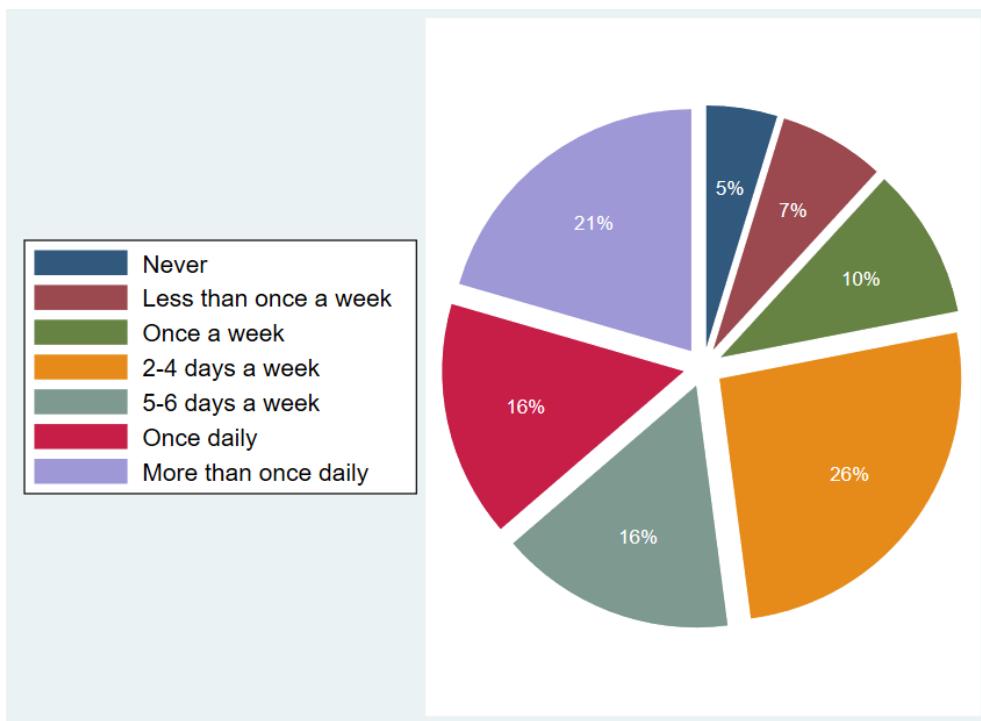
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=113,584; by FAS, n=107,789)

**Figure 5.16 Percentage who eat breakfast every weekday by year group and gender**



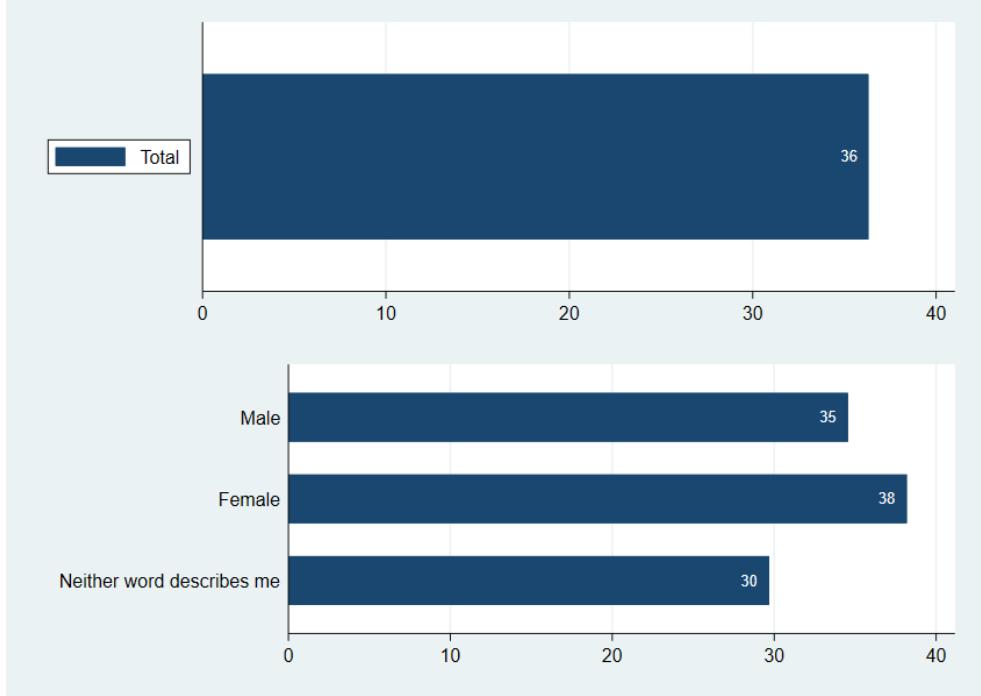
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=112,721). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.17 Frequency of fruit consumption (%)**



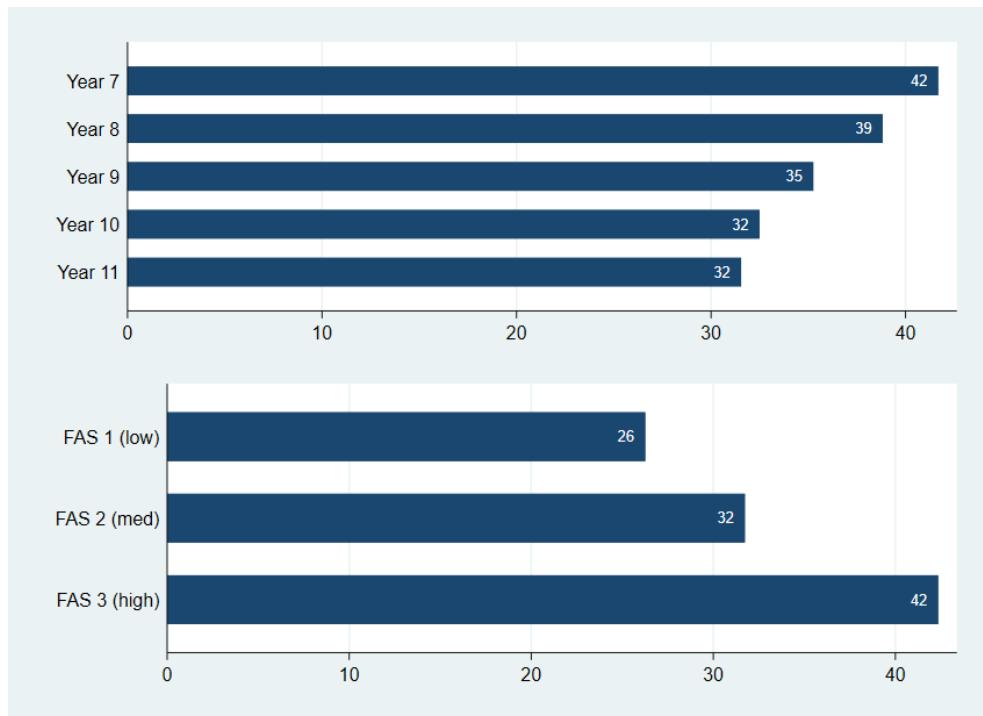
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=114,701)

**Figure 5.18 Percentage who eat fruit at least daily, overall and by gender**



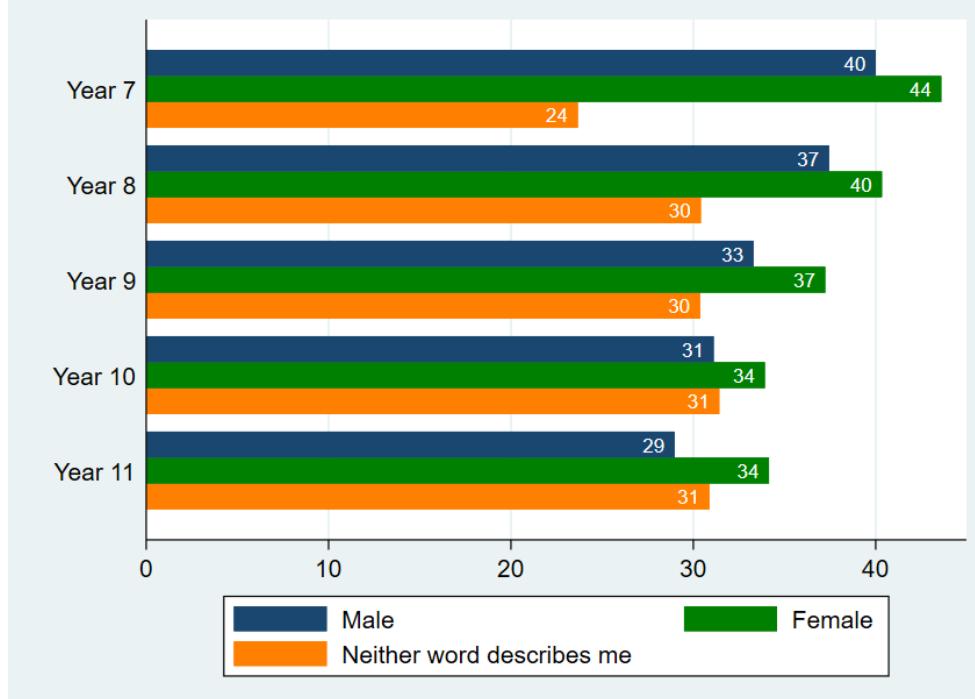
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=114,701; by gender, n=113,790 – excludes 911 gender non-response)

**Figure 5.19 Percentage who eat fruit at least daily by year group and family affluence**



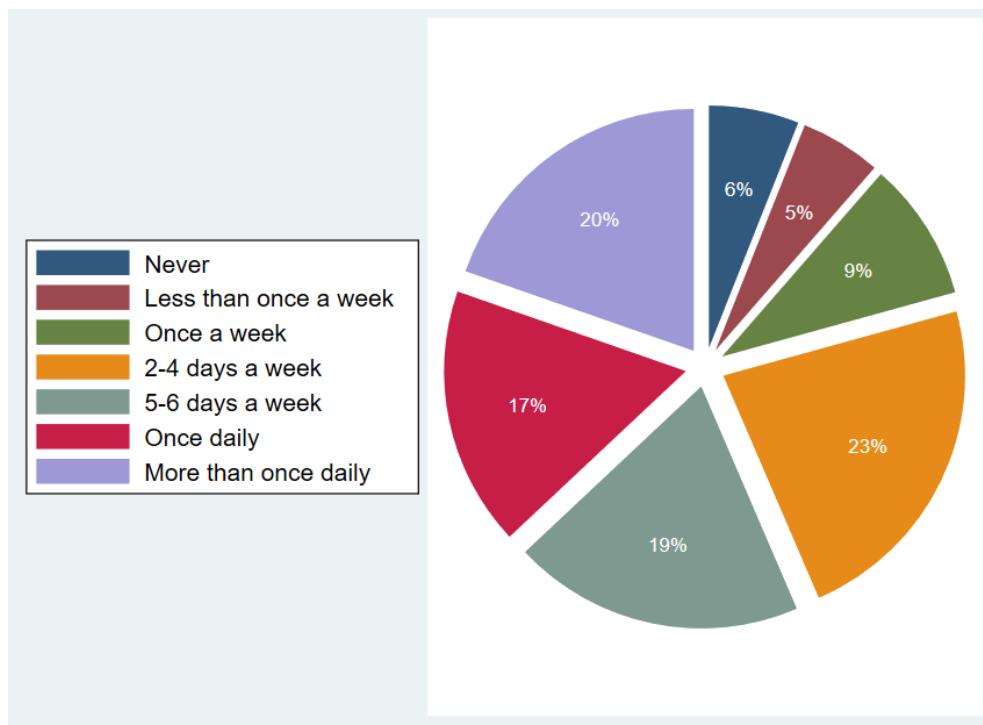
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=114,701; by FAS, n=108,502)

**Figure 5.20 Percentage who eat fruit at least daily by year group and gender**



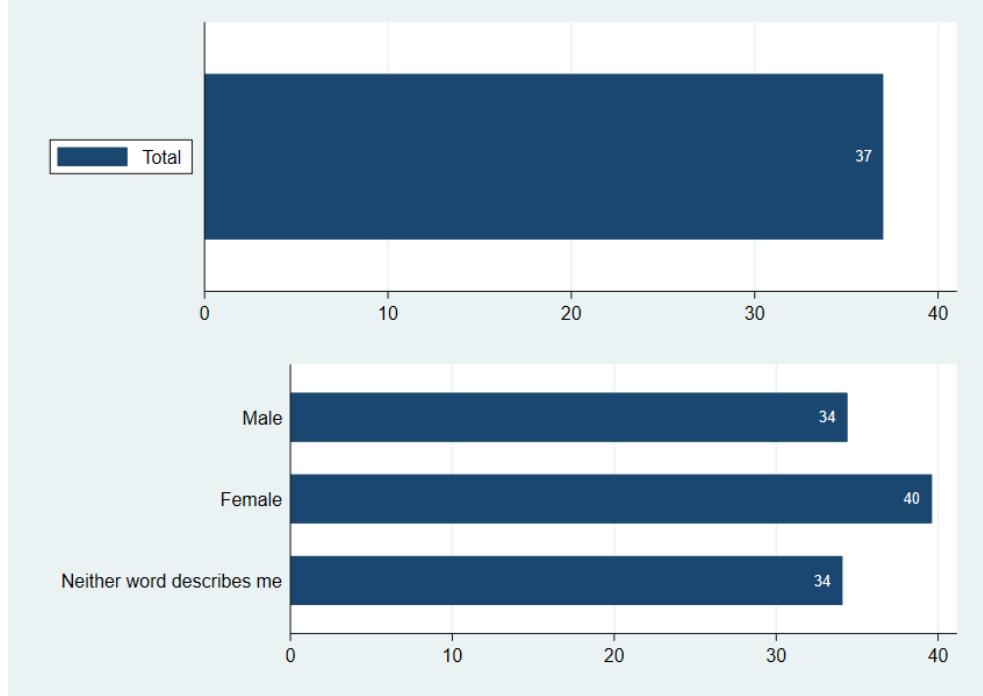
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=113,790). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.21 Frequency of vegetable consumption (%)**



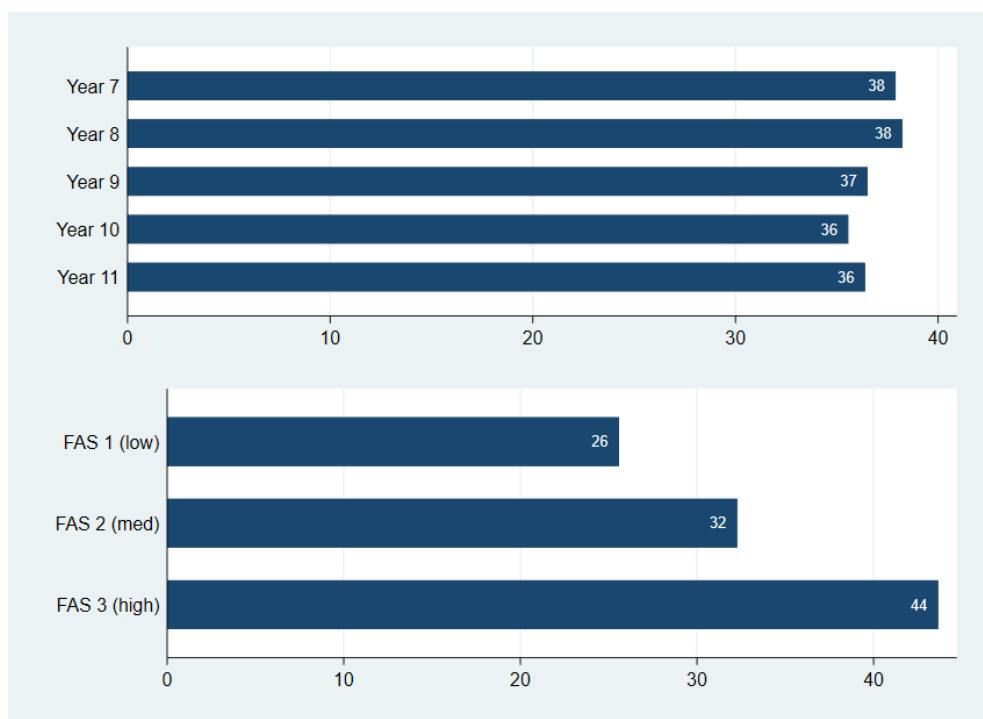
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=114,663)

**Figure 5.22 Percentage who eat vegetables at least daily, overall and by gender**



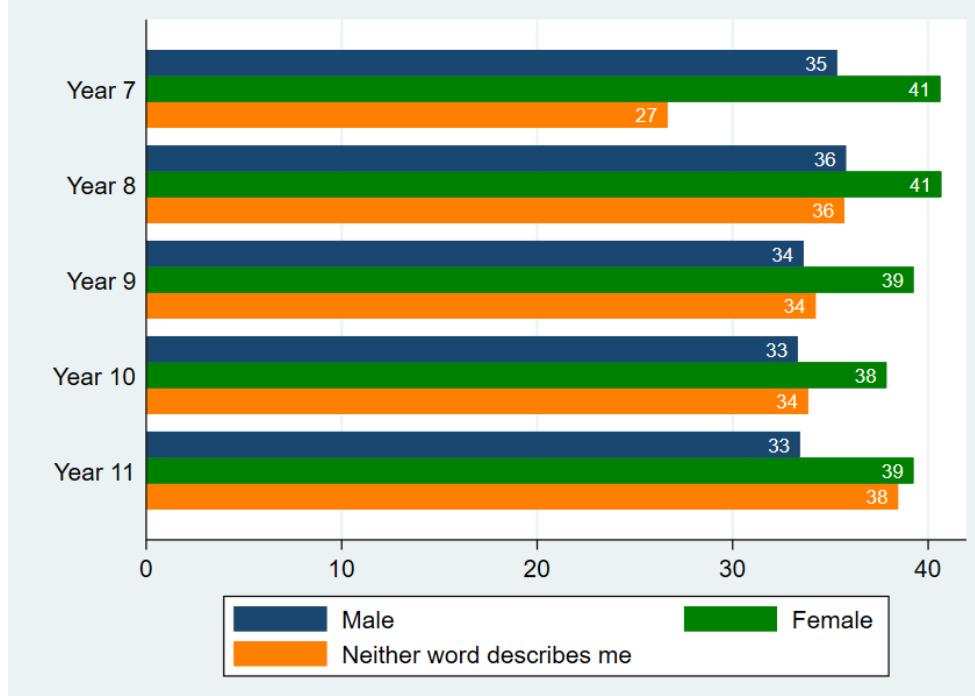
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=114,663; by gender, n=113,757 – excludes 906 gender non-response)

**Figure 5.23 Percentage who eat vegetables at least daily by year group and family affluence**



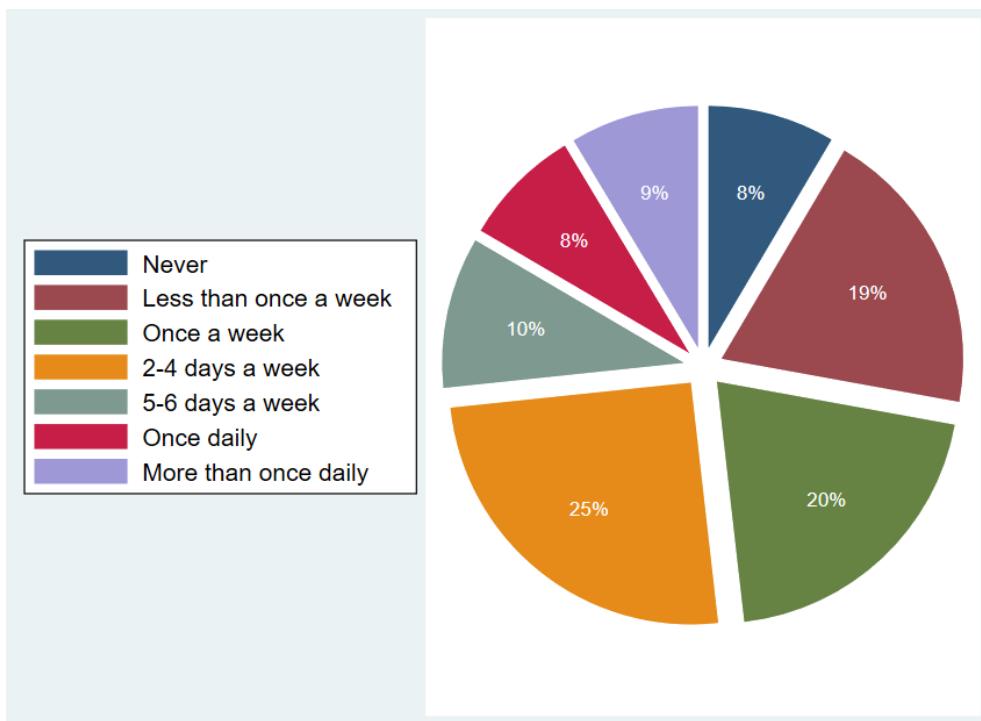
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=114,663; by FAS, n=108,467)

**Figure 5.24 Percentage who eat vegetables at least daily by year group and gender**



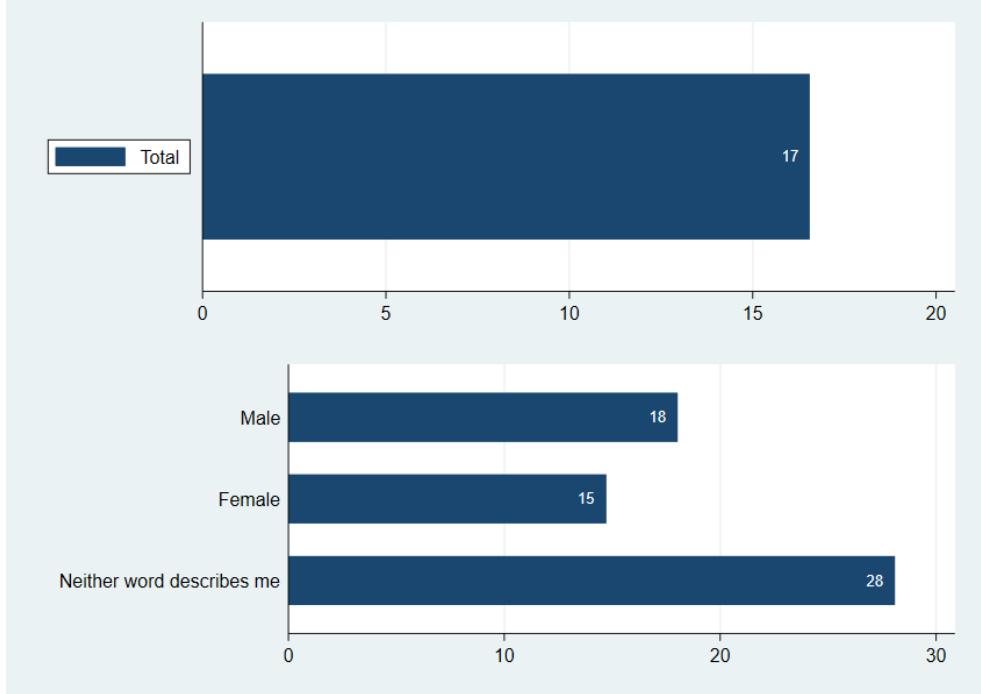
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=113,757). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.25 Frequency of sugary soft drinks consumption (%)**



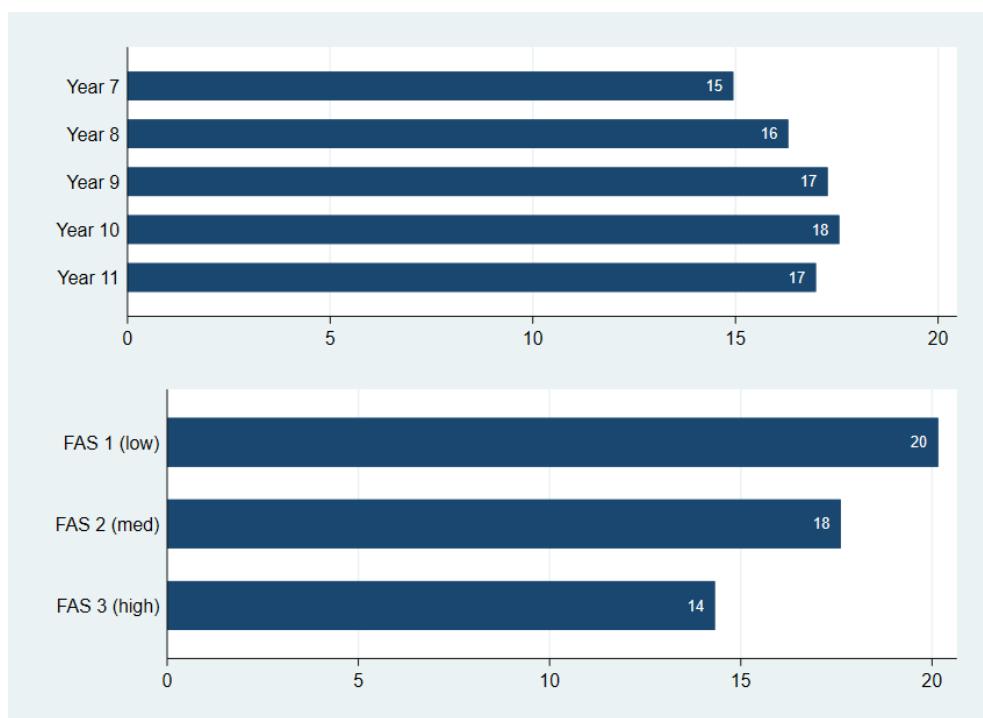
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=114,693)

**Figure 5.26 Percentage who drink sugary soft drinks at least daily, overall and by gender**



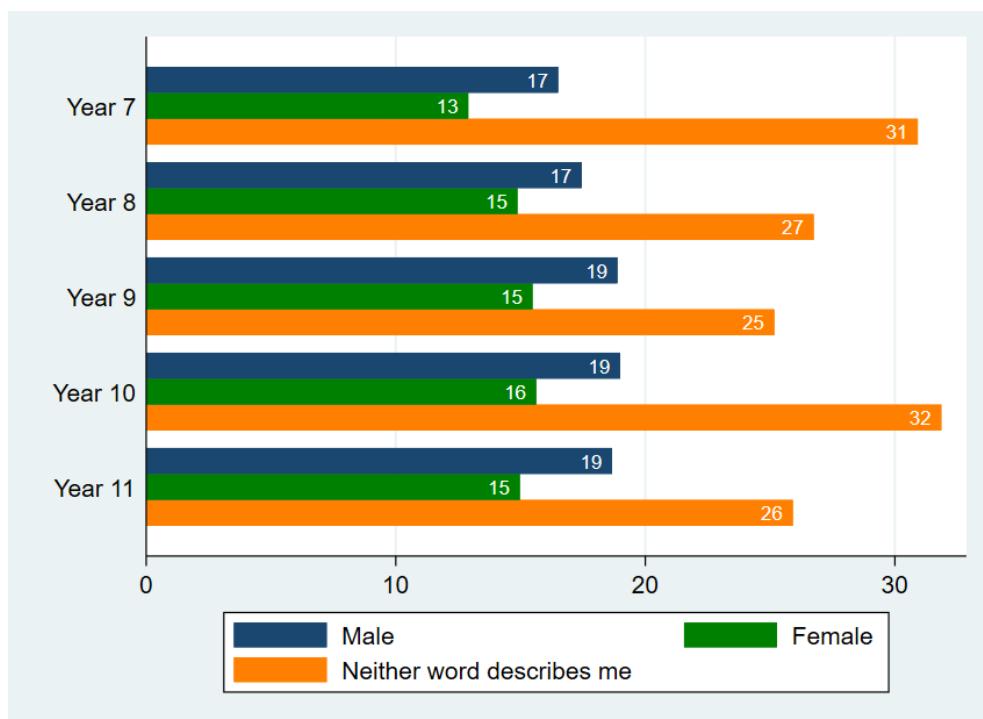
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=114,693; by gender, n=113,787 – excludes 906 gender non-response)

**Figure 5.27 Percentage who drink sugary soft drinks at least daily by year group and family affluence**



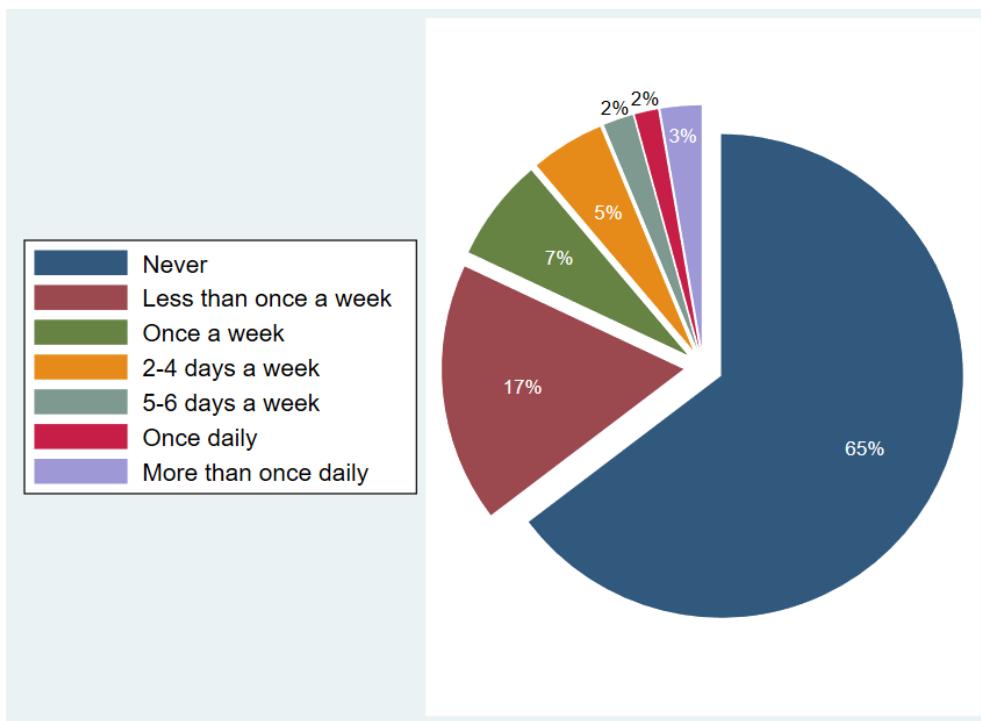
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=114,693; by FAS, n=108,503)

**Figure 5.28 Percentage who drink sugary soft drinks at least daily by year group and gender**



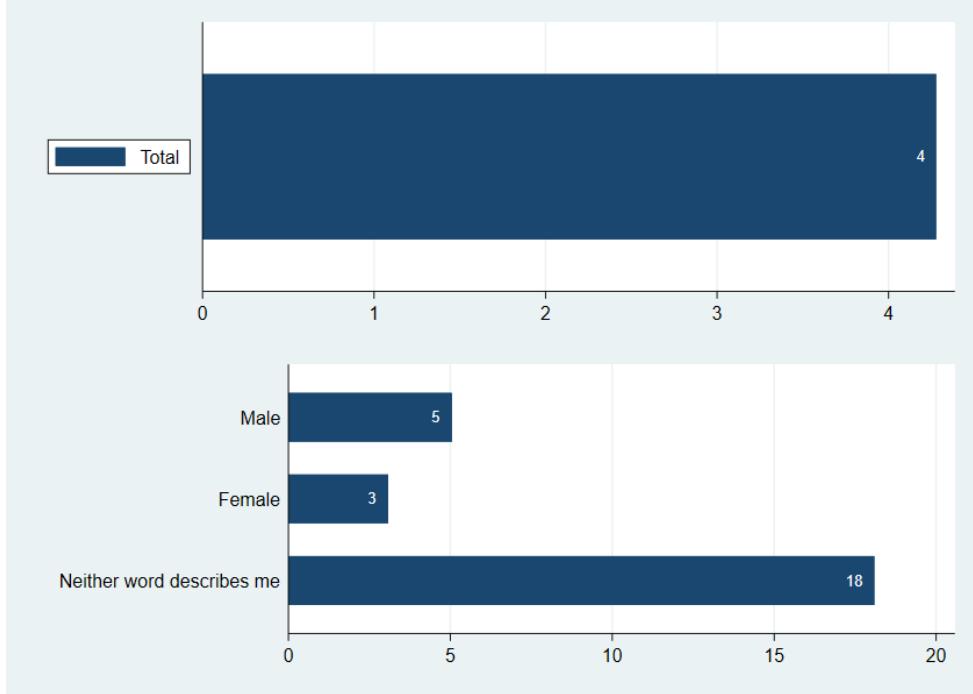
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=113,787). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 5.29 Frequency of energy drink consumption (%)**



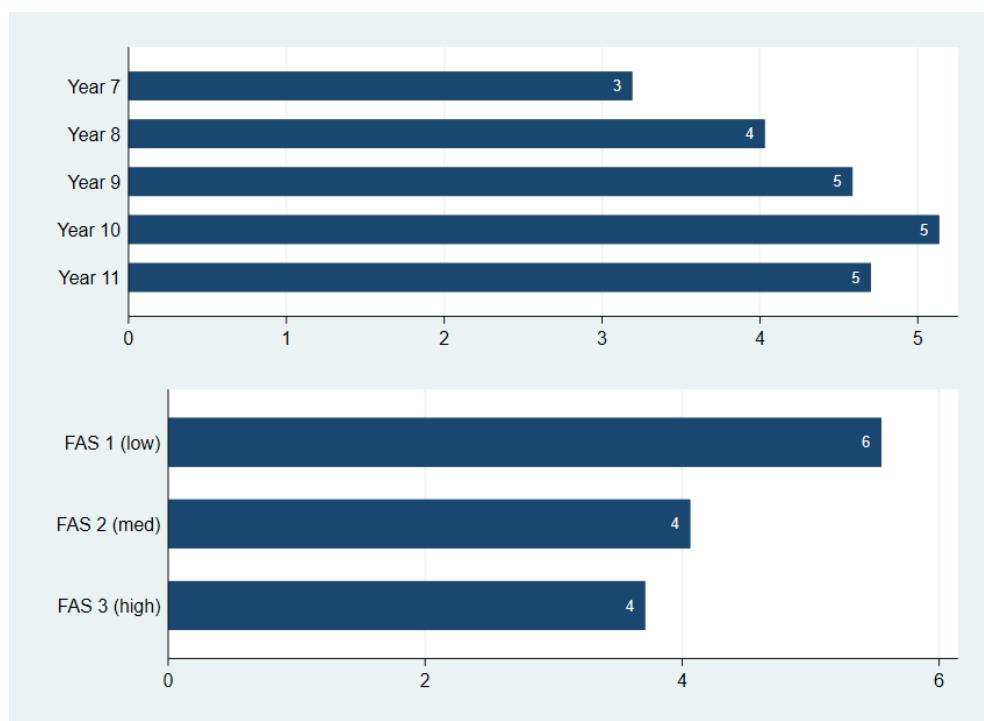
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=114,769)

**Figure 5.30 Percentage who drink energy drinks at least daily, overall and by gender**



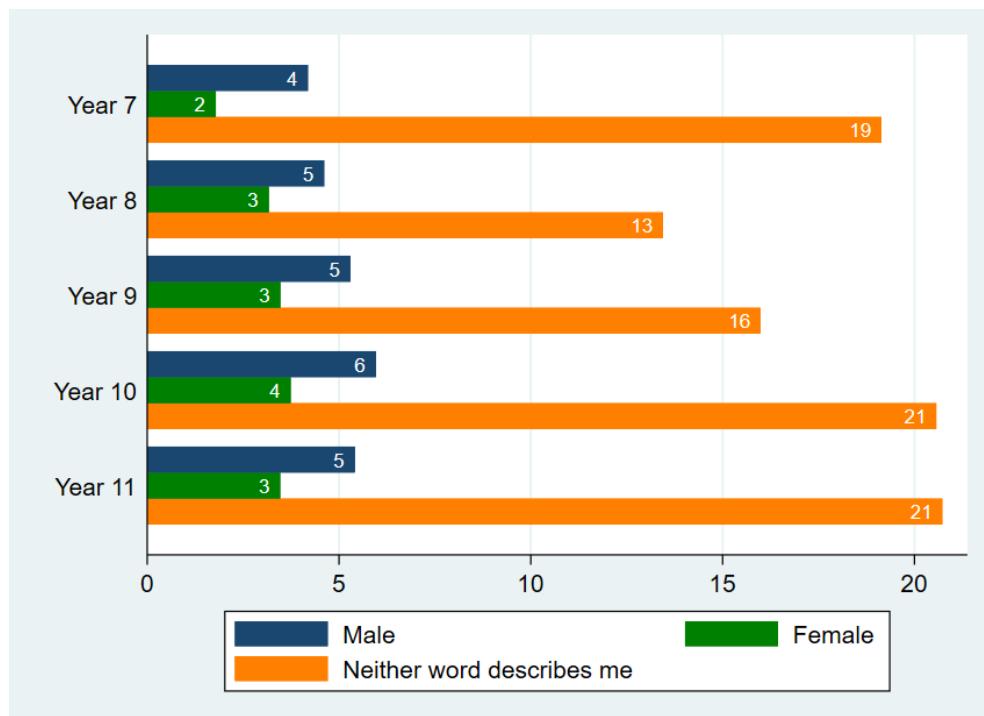
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=; by gender, n=113,855 – excludes 914 gender non-response)

**Figure 5.31 Percentage who drink energy drinks at least daily by year group and family affluence**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=114,769; by FAS, n=108,509)

**Figure 5.32 Percentage who drink energy drinks at least daily by year group and gender**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=113,855). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Table 5.1 Measures by ethnic group<sup>1</sup>**

	% who are physically active for at least 60 minutes per day	% who travel to school by walking or cycling	% who sit for 7 hours or more per day in their free time on weekdays	% who eat breakfast every weekday	% who eat fruit at least daily	% who eat vegetables at least daily	% who drink sugary soft drinks at least daily	% who drink energy drinks at least daily
White British	17	35	15	50	36	37	16	4
White Irish	25 [22, 28]	37 [34, 41]	19 [16, 21]	48 [45, 51]	39 [35, 42]	42 [39, 45]	21 [18, 23]	10 [8, 12]
White – Gypsy/traveller	28 [24, 31]	32 [29, 35]	27 [23, 30]	41 [37, 44]	34 [31, 37]	33 [30, 36]	34 [31, 38]	24 [21, 27]
White Other	17	41	18	50	39	39	15	4
Mixed or multiple ethnic group	18	38	17	46	40	42	14	4
Pakistani	19	31	16	51 [48, 54]	38	27	18	9
Indian	14 [11, 16]	29 [26, 32]	13 [11, 16]	65 [61, 68]	45 [42, 49]	50 [46, 53]	10 [8, 13]	4 [3, 6]
Bangladeshi	14	34	16 [14, 18]	44 [41, 47]	32	29	16	8
Chinese	15 [12, 18]	39 [36, 42]	22 [18, 25]	62 [57, 66]	42 [38, 46]	53 [49, 58]	12 [9, 15]	7 [5, 9]
African	22 [20, 25]	39 [36, 42]	19 [17, 22]	47 [44, 50]	37 [34, 41]	33 [30, 36]	18 [16, 21]	7 [6, 9]
Caribbean or Black	24 [20, 27]	36 [32, 40]	26 [22, 29]	41 [37, 45]	35 [31, 39]	35 [31, 39]	23 [20, 27]	12 [9, 15]
Arab	18 [15, 21]	37 [34, 41]	22 [19, 25]	48 [44, 52]	44 [40, 47]	41 [38, 45]	19 [17, 22]	9 [7, 11]
Other	18	37	19	54	40	39	15	5
Prefer not to say	22	37	22	51	40	36	20	6

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 5.2 Measures by local health board<sup>1</sup>**

	% who are physically active for at least 60 minutes per day	% who travel to school by walking or cycling	% who sit for 7 hours or more per day in their free time on weekdays	% who eat breakfast every weekday	% who eat fruit at least daily	% who eat vegetables at least daily	% who drink sugary soft drinks at least daily	% who drink energy drinks at least daily
Aneurin Bevan	16	37	17	48	34	34	19	5
Male	20	39	19	56	33	31	21	5
Female	12	35	15	41	36	36	17	3
Neither word describes me	19 [14, 24]	36 [31, 42]	40 [34, 46]	32 [27, 38]	26 [21, 32]	31 [26, 37]	27 [22, 33]	15 [11, 20]
Betsi Cadwaladr	17	36	16	50	35	37	17	5
Male	21	37	18	57	34	35	18	5
Female	13	34	14	43	37	40	15	3
Neither word describes me	25 [20, 30]	37 [32, 42]	37 [30, 40]	34 [29, 39]	30 [26, 36]	34 [29, 40]	27 [23, 33]	17 [13, 21]
Cardiff & Vale	18	45	14	53	42	43	14	4
Male	22	47	15	61	40	40	15	4
Female	14	42	12	47	44	45	12	2
Neither word describes me	22 [16, 29]	44 [37, 52]	37 [29, 45]	39 [31, 47]	36 [29, 44]	38 [31, 45]	31 [24, 38]	22 [16, 29]
Cwm Taf Morgannwg	17	31	17	48	33	31	20	5
Male	21	33	18	56	31	29	21	6
Female	12	29	15	40	35	34	19	4
Neither word describes me	20 [14, 26]	29 [23, 36]	33 [25, 40]	39 [32, 47]	27 [21, 35]	28 [22, 36]	26 [20, 33]	19 [14, 26]
Hywel Dda	17	24	14	51	38	41	12	3
Male	22	25	15	58	35	38	14	4
Female	12	23	12	45	40	44	11	2
Neither word describes me	24 [17, 33]	28 [21, 37]	36 [27, 45]	36 [28, 45]	27 [20, 35]	39 [30, 47]	24 [17, 33]	17 [11, 24]
Powys	18	36	12	52	40	44	12	4
Male	24	39	14	62	39	41	15	5
Female	12	33	10	43 [41, 45]	42	48	9	2
Neither word describes me	21 [10, 35]	31 [18, 47]	32 [20, 47]	38 [24, 53]	31 [19, 46]	37 [23, 52]	31 [18, 45]	22 [12, 37]
Swansea Bay	17	33	17	48	35	35	17	4
Male	21	35	18	56	34	33	18	5
Female	12	31	15	40	36	37	15	3
Neither word describes me	22 [16, 28]	31 [25, 38]	36 [29, 43]	30 [24, 38]	31 [25, 39]	36 [29, 44]	32 [25, 40]	20 [15, 27]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 5.3 Measures by regional education consortia<sup>1</sup>**

	% who are physically active for at least 60 minutes per day	% who travel to school by walking or cycling	% who sit for 7 hours or more per day in their free time on weekdays	% who eat breakfast every weekday	% who eat fruit at least daily	% who eat vegetables at least daily	% who drink sugary soft drinks at least daily	% who drink energy drinks at least daily
Central South Wales	17	38	15	51	38	37	17	4
Male	21	40	17	59	36	34	18	5
Female	13	36	14	44	40	40	15	3
Neither word describes me	21 [17, 26]	37 [32, 42]	35 [29, 40]	39 [34, 45]	32 [27, 37]	33 [28, 38]	28 [24, 33]	21 [16, 25]
South East Wales	16	37	17	48	34	34	19	5
Male	20	39	19	56	33	31	21	5
Female	12	35	15	41	36	36	17	3
Neither word describes me	19 [14, 24]	36 [31, 42]	40 [34, 46]	32 [27, 38]	26 [21, 32]	31 [26, 37]	27 [22, 33]	15 [11, 20]
West Wales	17	30	15	50	37	39	14	4
Male	22	32	16	58	35	36	16	5
Female	12	28	13	42	39	41	13	3
Neither word describes me	22 [18, 27]	30 [25, 35]	35 [30, 41]	34 [29, 39]	30 [25, 35]	37 [32, 42]	29 [25, 34]	19 [15, 24]
North Wales	17	36	16	50	35	37	17	5
Male	21	37	18	57	34	35	18	5
Female	13	34	14	43	37	40	15	3
Neither word describes me	25 [20, 30]	37 [32, 42]	35 [30, 40]	34 [29, 39]	30 [26, 36]	34 [29, 40]	27 [23, 33]	17 [13, 21]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

## **6. Family and social life**

### **Introduction**

Adolescence is a period of social and emotional change in which adolescents commonly seek greater independence from parents or carers amid growing peer influence. Family and peer level influences on adolescent health and wellbeing are well acknowledged; parenting skills and capacity are predictive of adolescent health risk behaviours<sup>51</sup>, as is the strength of peer relationships<sup>52</sup>, although more complex relationships between friendships and adolescent health are apparent. For example, stronger peer relationships during adolescence have been associated with improved subjective wellbeing and mental health, but greater substance use<sup>53</sup>. More so, following rapid advancements in communication technologies such as smartphones and social networking sites, adolescents' social worlds have grown exponentially in both size and scope, bringing new potential risks to their health and wellbeing, including exposure to social media and cyberbullying. Problematic social media use has been associated with lower adolescent wellbeing across countries<sup>11</sup>, as well as greater risk of both cyber-bullying victimisation and perpetration<sup>54</sup>.

This section presents data on young people's family and social life in Wales based on the following measures: [help and emotional support from family](#), [able to count on friends](#), [cyberbullying perpetration](#), [cyberbullying victimisation](#), [bedtime \(school night\)](#), [late night screen use](#), and [problematic social media use](#).

The Social Media Disorder Scale (SMDS) was used to capture problematic social media use. The method used to derive this scale score is described below.

### **Social Media Disorder Scale**

The SMDS is comprised of nine items that ask about the following experiences over the past year: [During the past year have you...] i) regularly found that you can't think of anything else but the moment that you will be able to use social media again, ii) regularly felt dissatisfied because you wanted to spend more time on social media, iii) often felt bad when you could not use social media, iv) tried to spend less time on social media, but failed, v) regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media, vi) regularly had arguments with others because of your social media use, vii) regularly lied to your parents or friends about the amount of time you spend on social media, viii) often used social media to escape from negative feelings, ix) had serious conflict with your parents, brother(s) or sister(s) because of your social media use (response options: 'yes', 'no'). Item responses are assigned a numerical score (yes=1; no=0) and summed to derive an overall score. An overall scale score of 6 or higher is indicative of problematic social media use.

### **Summary of main findings**

#### **Family support**

Overall, 7 in 10 young people agreed that they get the help and emotional support they need from their family, although this was closer to 2 in 5 (42%) among those who identified as neither a boy nor a girl ([Figures 6.1-6.2](#)). The proportion of young people who agreed that they get the help and emotional support they need from their family declined with age and was lower for those in less affluent families ([Figure 6.3](#)). Young people who identified as

neither a boy nor a girl reported the lowest rates of familial help and emotional support in all year groups (Figure 6.4).

### Peer relationships

Most young people (66%) agreed that they can count on their friends when things go wrong, with 34% agreeing ‘very strongly’ (Figure 6.5). While similar proportions of boys and girls agreed with this statement, less than 1 in 2 (48%) young people who identified as neither a boy nor a girl agreed that they could count on their friends in this way (Figure 6.6). Similar to trends in familial help and emotional support, the proportion of young people who agreed that they can count on their friends when things go wrong declined with age and decreasing family affluence (Figure 6.7). There was a more marked decline among boys between years 7 and 11 compared to girls; the percentage who agreed that they can count on their friends fell by 7 and 3 percentage points among boys and girls respectively (Figure 6.8).

### Cyberbullying

Around 1 in 10 (9%) young people reported having cyber-bullied others in the past couple of months, with 3% engaging in cyber-bullying at least 2 or 3 times a month (Figure 6.9). Boys were more likely than girls to have cyber-bullied others (10% vs. 7%), but less likely than young people who identified as neither a boy nor a girl (27%) (Figure 6.10). The likelihood of cyberbullying increased with age, rising from 7% in year 7 to 10% by year 11, while there was little evidence of a socioeconomic gradient (Figure 6.11). Rates of cyberbullying remained relatively stable among girls across the year groups but increased linearly among boys – from 8% in year 7 to 14% by year 11 (Figure 6.12). In all year groups, young people who identified as neither a boy nor a girl were most likely to report cyberbullying others (Figure 6.12).

Compared to cyberbullying others, more young people reported being a victim of cyberbullying – with 18% cyberbullied at least once or twice in the past couple of months (Figures 6.13). Girls were more likely than boys to have been cyberbullied (21% vs. 15%), but less likely than those who identified as neither a boy nor a girl, of whom over 2 in 5 (42%) reported having been cyberbullied in the past couple of months (Figure 6.14). Being a victim of cyberbullying differed little by age but was greater among young people from less affluent families (Figure 6.15). As with cyberbullying perpetration, in all year groups rates of cyberbullying victimisation were highest among young people who identified as neither a boy nor a girl (Figure 6.16).

### Sleep behaviours

Most young people reported going to bed before 11pm on a school night, with the most common bedtime being 10.30pm (Figure 6.17). Twenty-nine percent of young people reported going to bed after 11pm on a school night, with little variation between boys and girls (Figure 6.18). Among young people who identified as neither a boy nor a girl, over 1 in 2 (54%) reported going to bed after 11pm on a school night (Figure 6.18). As would likely be expected, the likelihood of going to bed after 11pm on a school night increased with age, rising from 11% in year 7 to 46% by year 11 (Figure 6.19). Young people from less affluent families were more likely than those from more affluent families to report a school night bedtime later than 11pm (33% vs. 27%) (Figure 6.19). Among young people who identified as neither a boy nor a girl, more than 2 in 5 (45%) reported going to bed after 11pm on a school night in year 7, rising to more than 3 in 5 (62%) by year 11 (Figure 6.20).

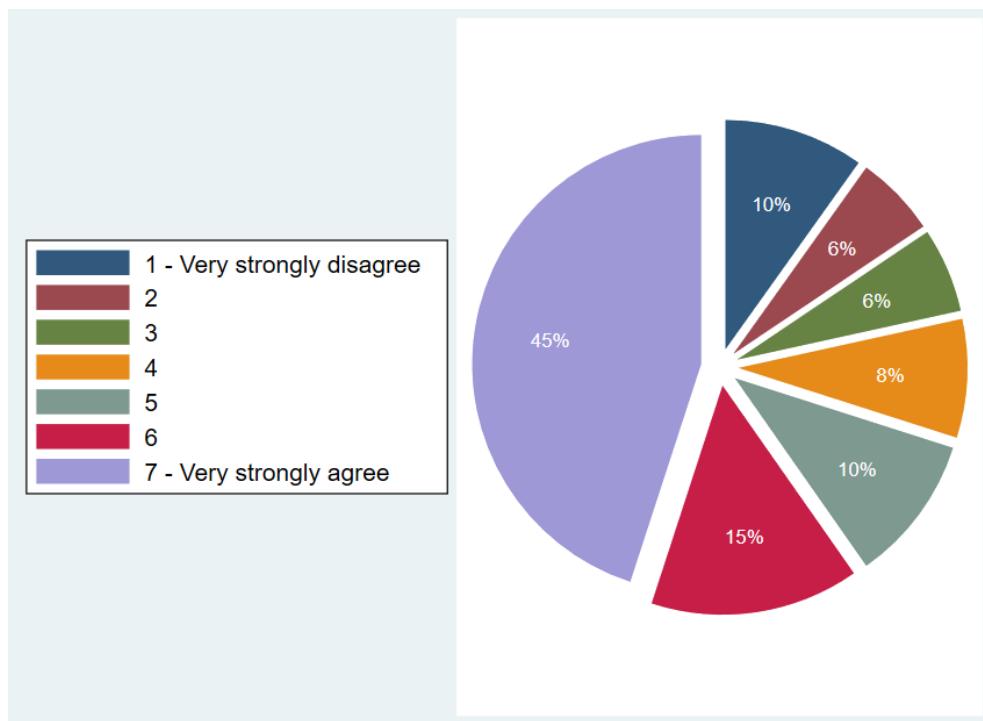
When asked the latest time that they usually look at an electronic screen before going to sleep on a school night, the most commonly chosen response by young people was 'no later than 9pm' (Figure 6.21). However, around one third (32%) of young people reported last looking at an electronic screen after 11pm, with boys more likely to do so than girls (33% vs. 30%), but less likely than those who identified as neither a boy nor a girl (55%) (Figure 6.22). The likelihood of reporting screen use after 11pm on a school night increased with age and declining family affluence (Figure 6.23). In all year groups, the highest rates of late night screen use were observed among young people who identified as neither a boy nor a girl (Figure 6.24).

### Social Media Disorder Scale

Scores on the SMDS were right skewed, with zero being the most common score (Figure 6.25). Overall, 1 in 10 young people were classified as a problematic user of social media, having scored 6 or higher on the SMDS, with girls more likely than boys to be classified as a problematic user (12% vs. 8%). Around 1 in 5 (23%) young people who identified as neither a boy nor a girl were classified as a problematic social media user (Figure 6.26). Problematic social media use increased linearly with age up until year 10, before falling in year 11, while there was little socioeconomic variation (Figure 6.27). Trends by age were driven predominantly by girls, with rates of problematic social media use among boys increasing marginally between years 7 and 11 (Figure 6.28).

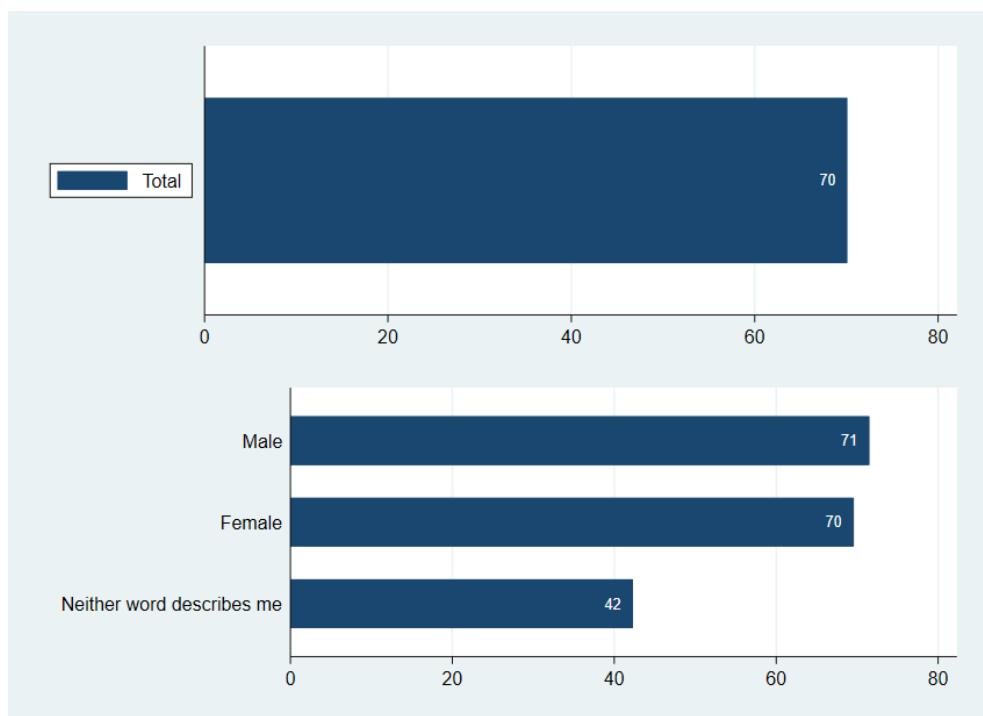
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see Tables 6.1-6.3.

**Figure 6.1 Get the help and emotional support they need from family (%)**



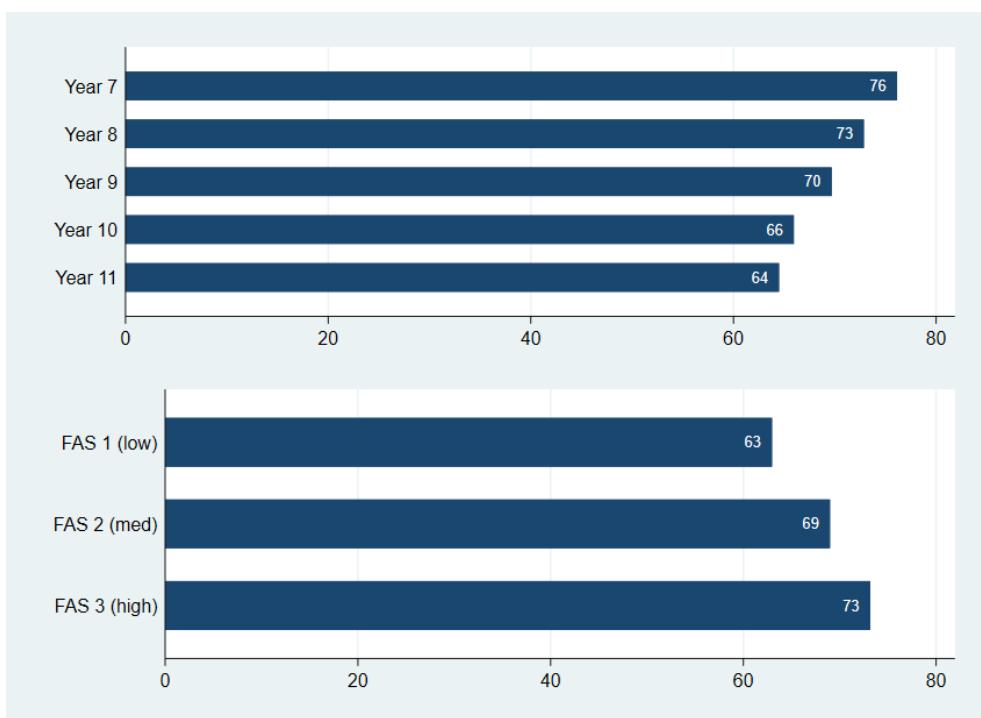
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=98,243)

**Figure 6.2 Percentage who agree that they get the help and emotional support they need from their family, overall and by gender**



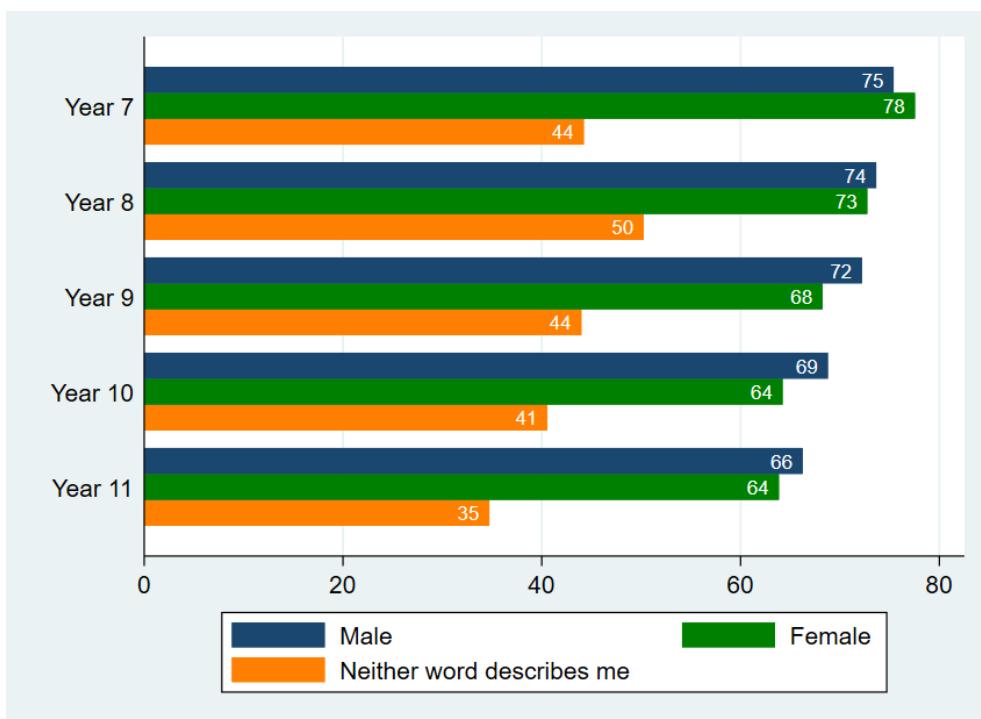
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=98,243; by gender, n=97,560 – excludes 683 gender non-response)

**Figure 6.3 Percentage who agree that they get the help and emotional support they need from their family by year group and family affluence**



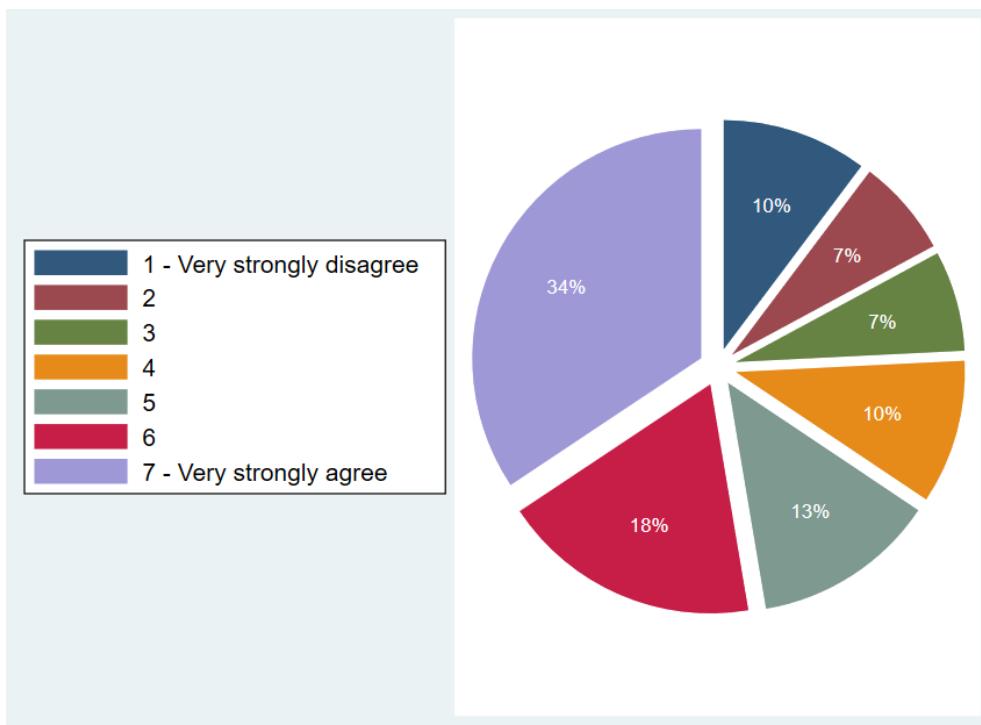
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=98,243; by FAS, n=93,623)

**Figure 6.4 Percentage who agree that they get the help and emotional support they need from their family by year group and gender**



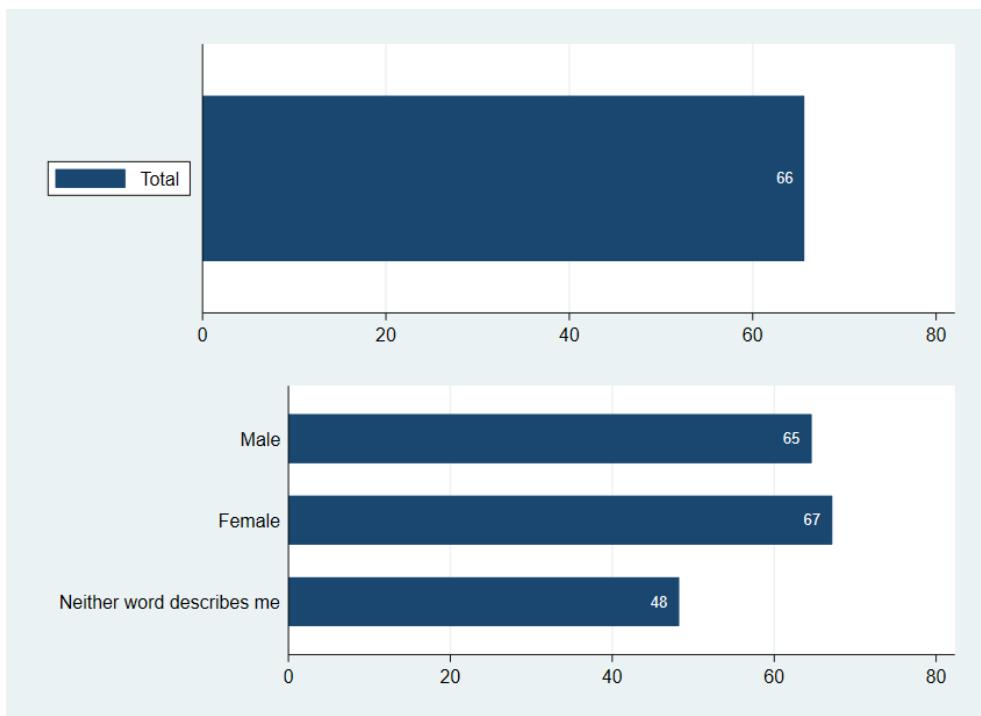
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=97,560). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.5 Can count on friends when things go wrong (%)**



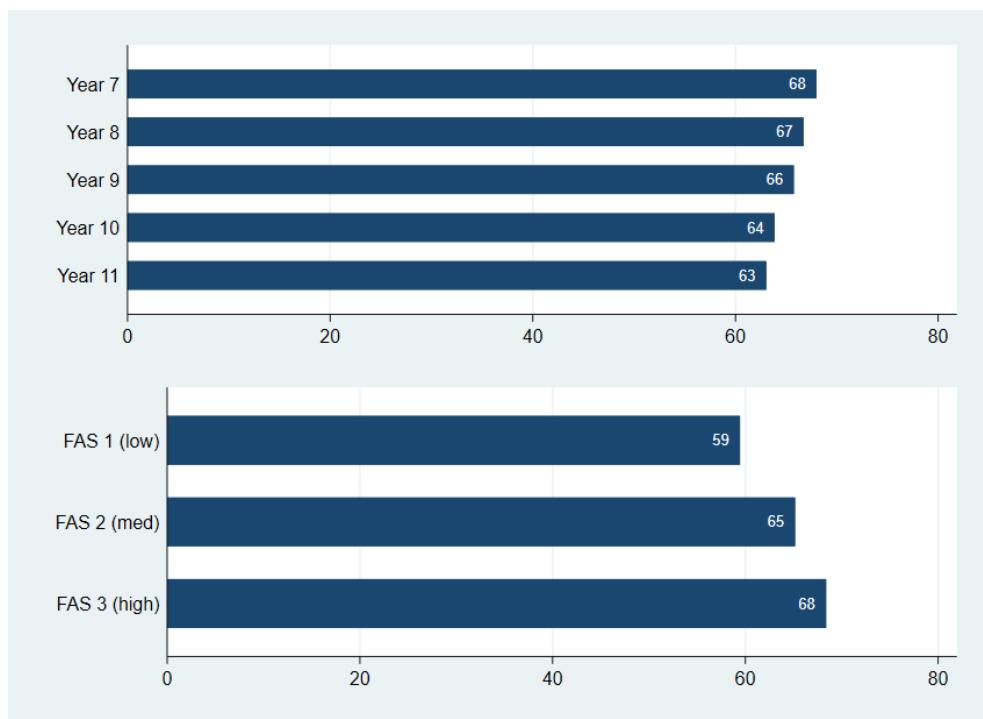
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=105,469)

**Figure 6.6 Percentage who agree that they can count on their friends when things go wrong, overall and by gender**



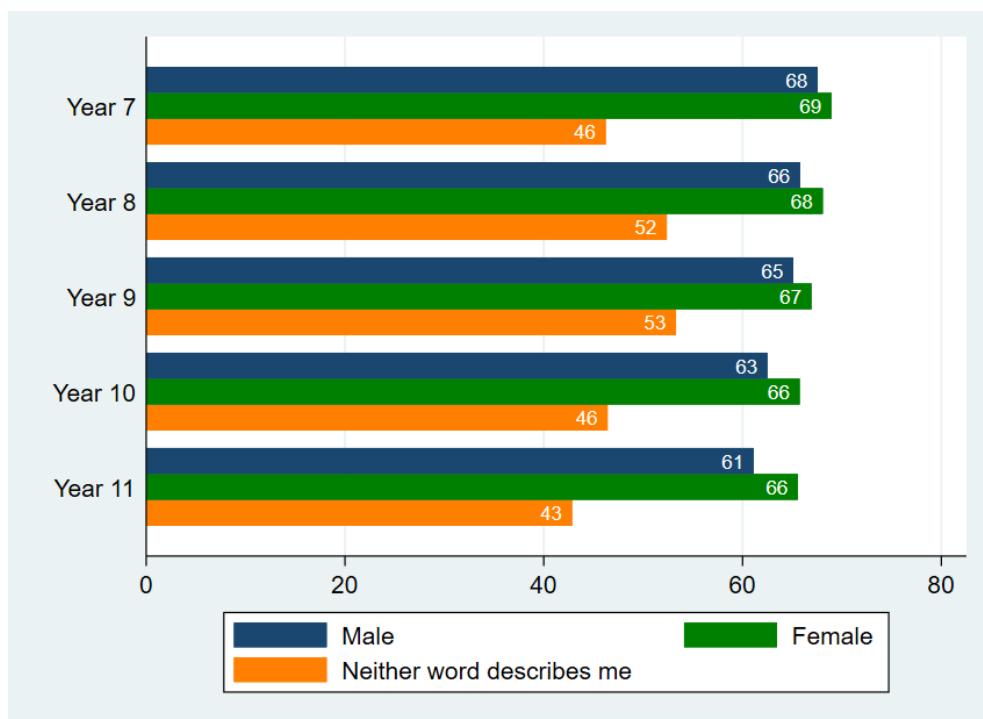
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=105,469; by gender, n=104,694 – excludes 775 gender non-response)

**Figure 6.7 Percentage who agree that they can count on their friends when things go wrong by year group and family affluence**



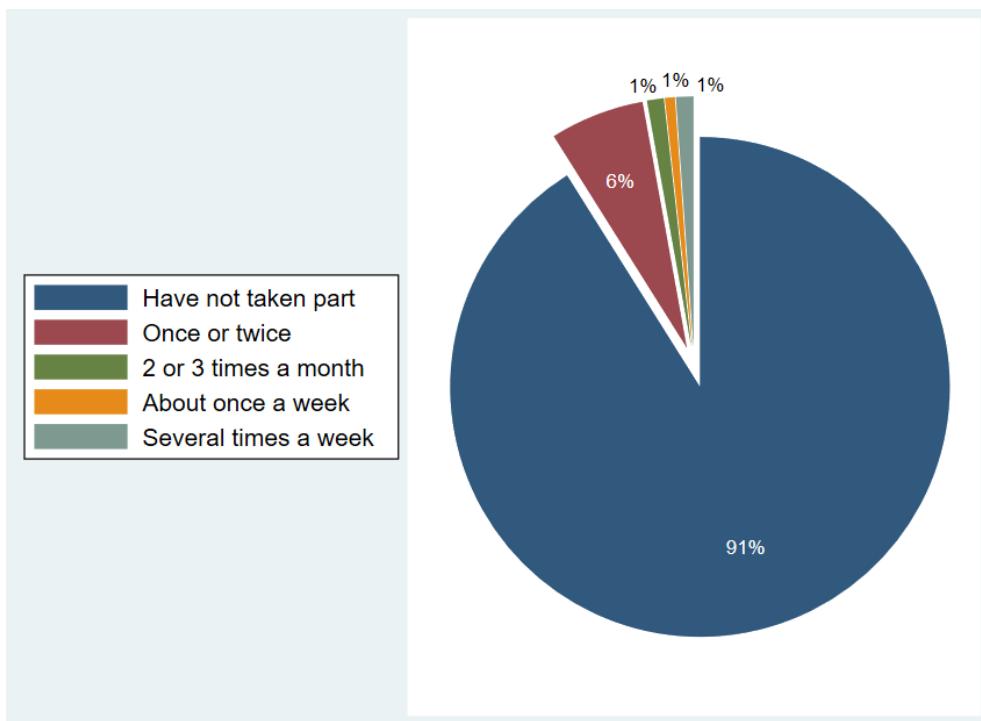
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=105,469; by FAS, n=100,155)

**Figure 6.8 Percentage who agree that they can count on their friends when things go wrong by year group and gender**



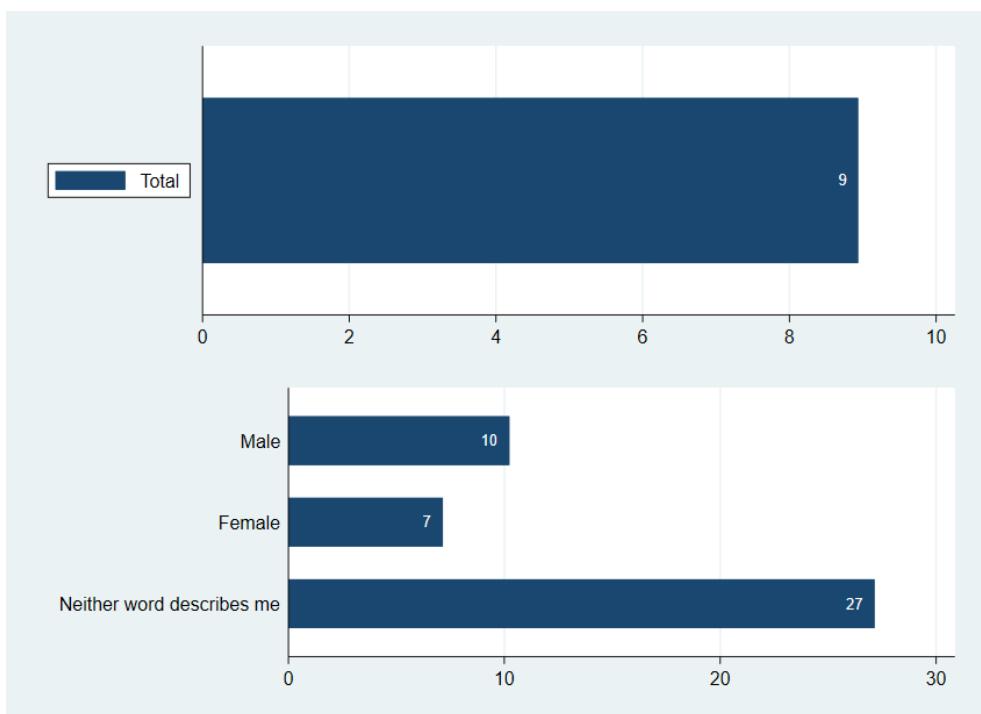
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=104,694). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.9 Cyber-bullied others in the past couple of months (%)**



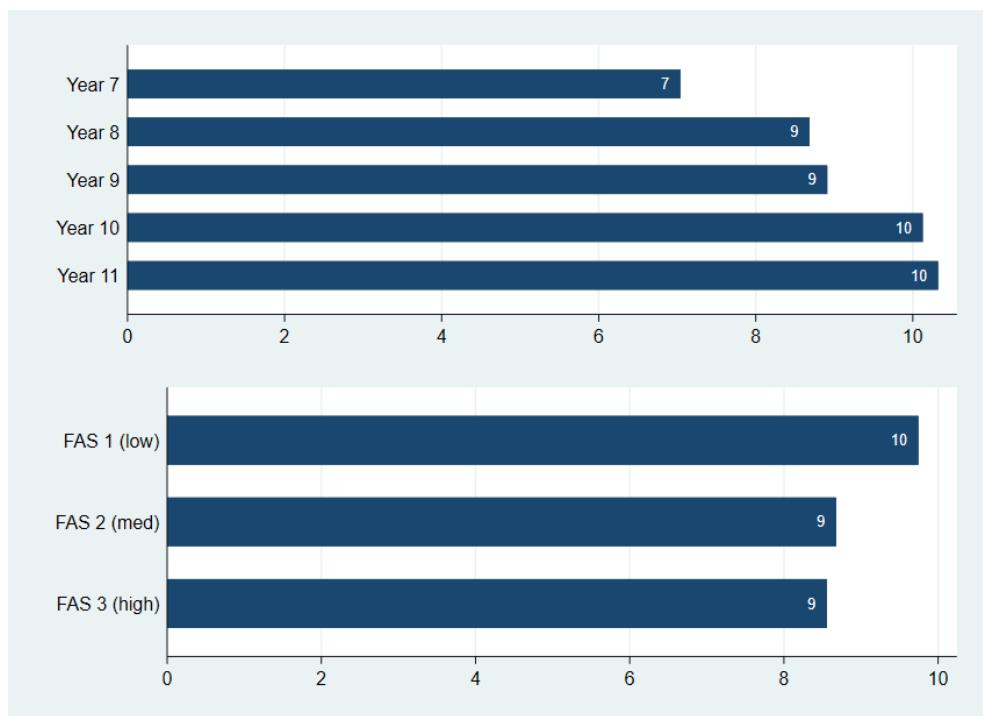
*Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019  
(n=52,281)*

**Figure 6.10 Percentage who have cyber-bullied others in the past couple of months, overall and by gender**



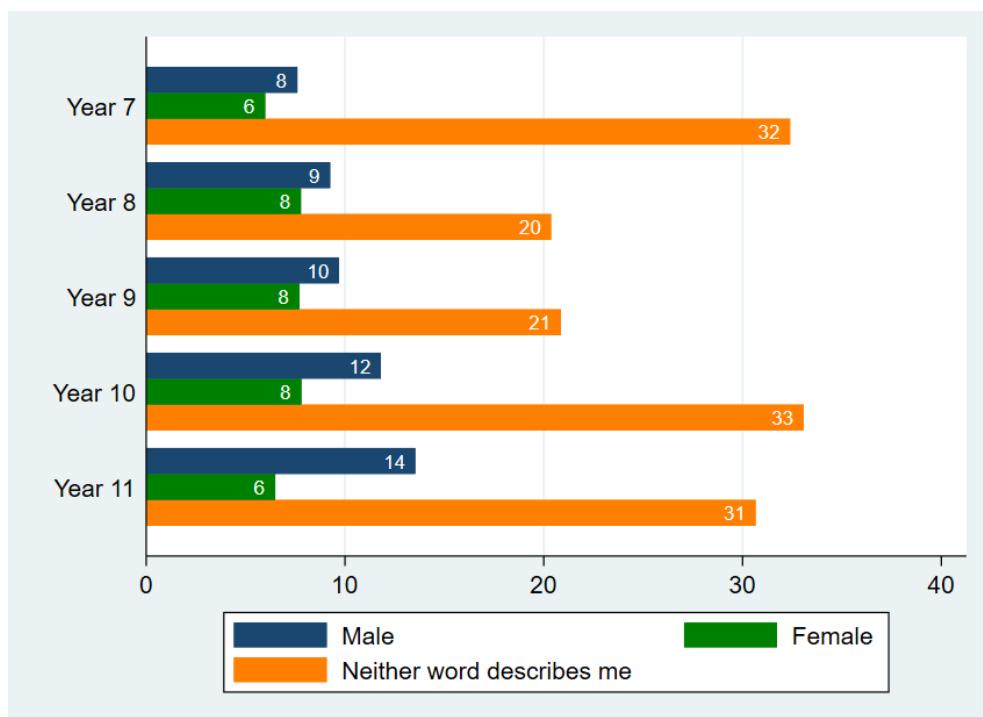
*Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=52,281; by gender, n=51,898 – excludes 383 gender non-response)*

**Figure 6.11 Percentage who have cyber-bullied others in the past couple of months by year group and family affluence**



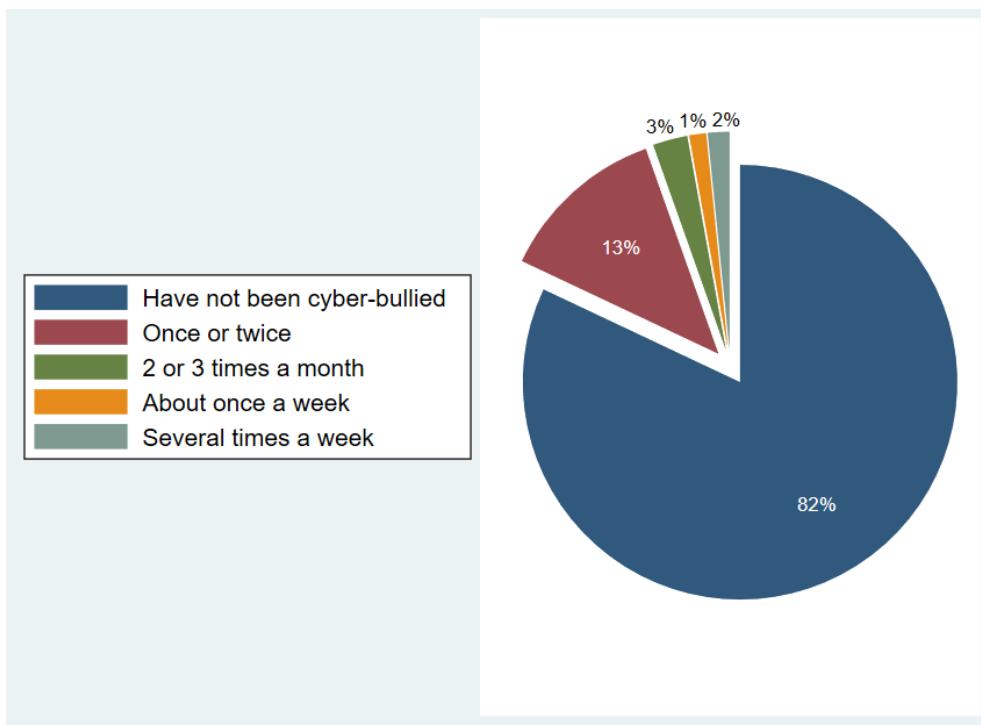
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=52,281; by FAS, n=49,765)

**Figure 6.12 Percentage who have cyber-bulled others in the past couple of months by year group and gender**



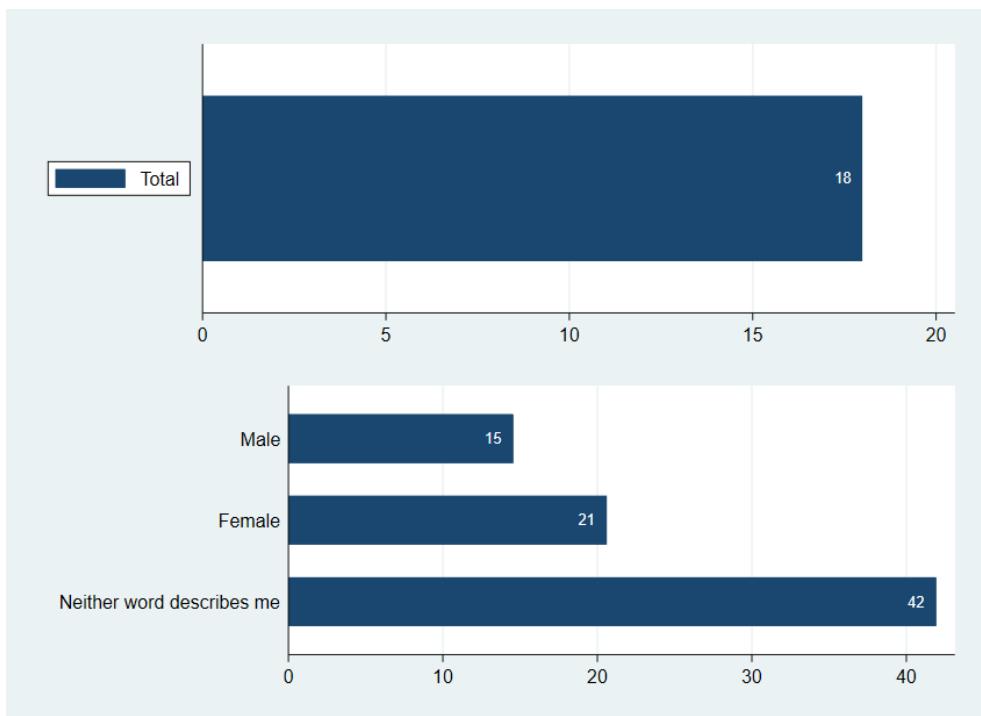
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=51,898). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.13 Cyber-bullied in the past couple of months (%)**



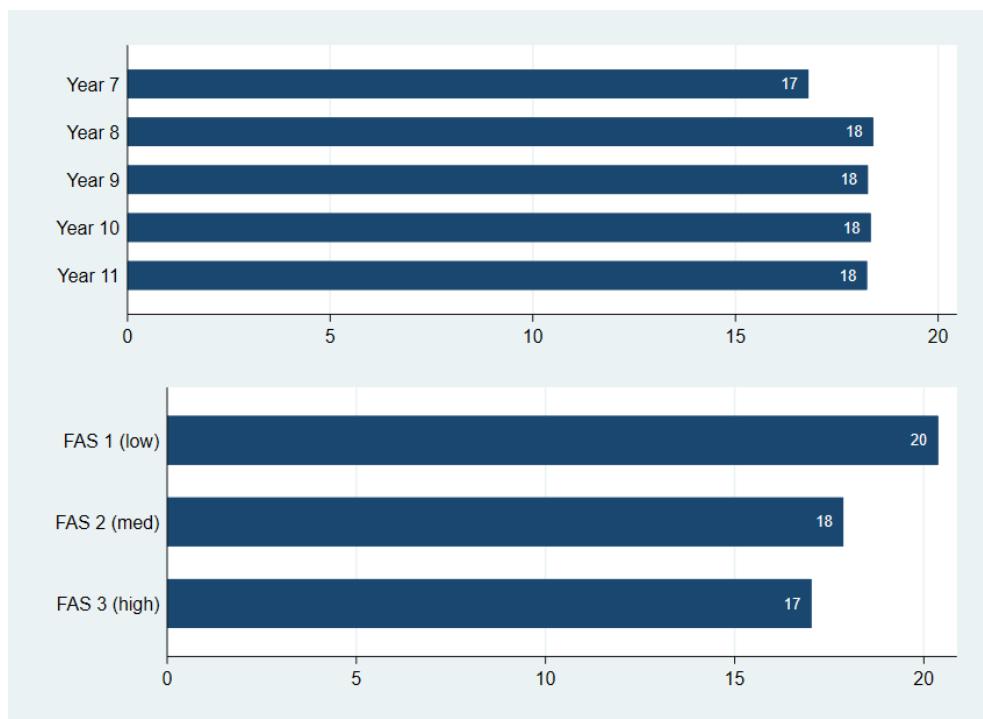
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=103,617)

**Figure 6.14 Percentage who have been cyber-bullied in the past couple of months, overall and by gender**



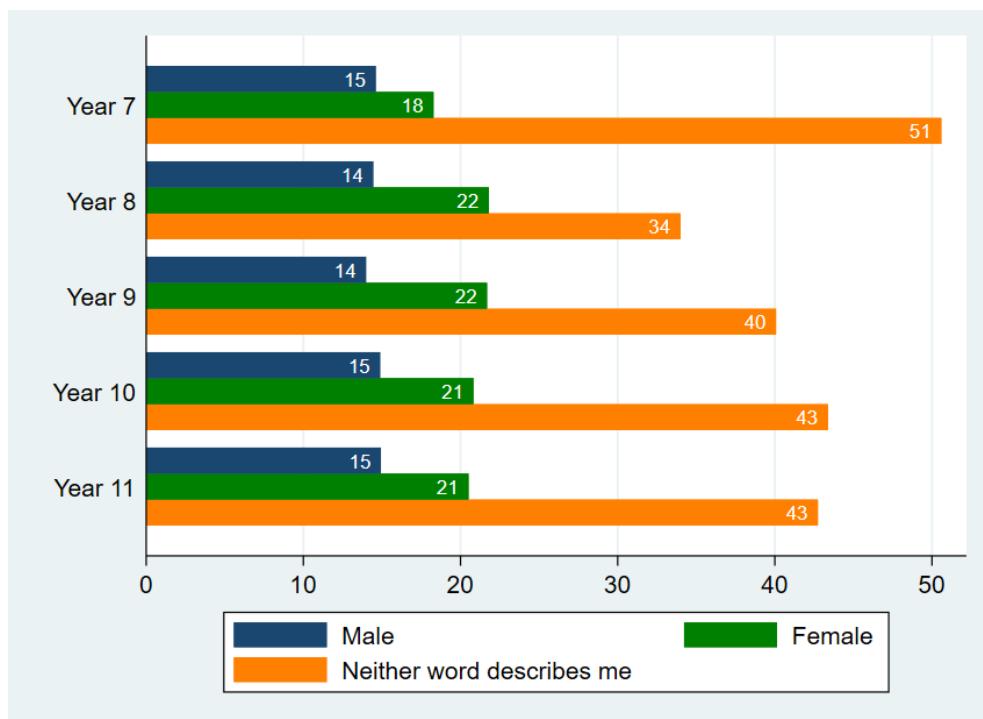
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=103,617; by gender, n=102,903 – excludes 714 gender non-response)

**Figure 6.15 Percentage who have been cyber-bullied in the past couple of months by year group and family affluence**



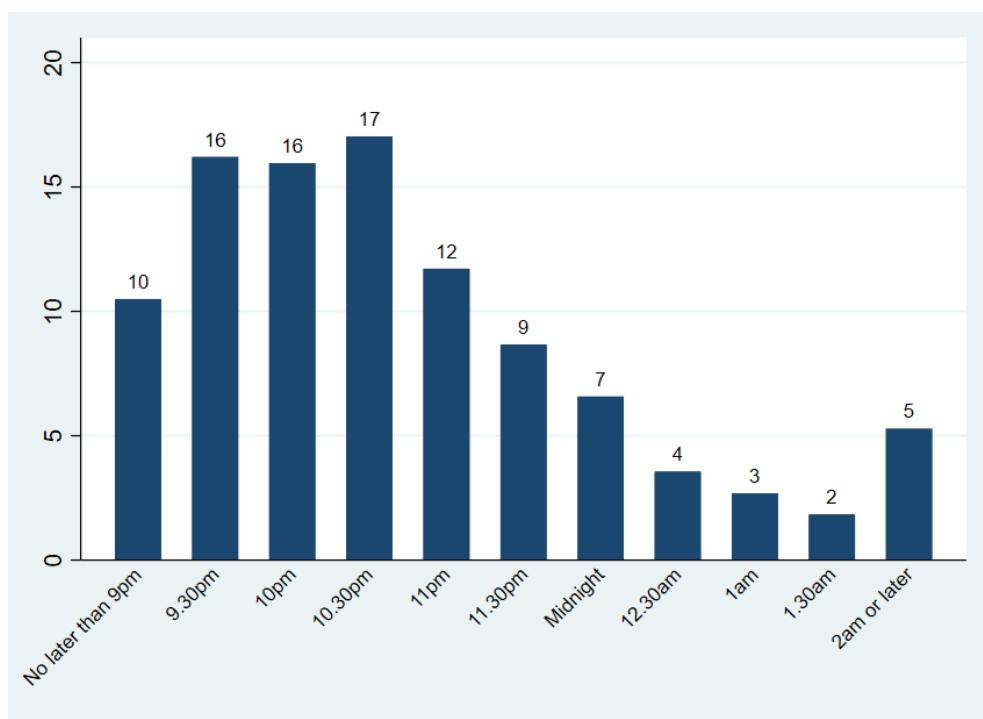
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=103,617; by FAS, n=98,669)

**Figure 6.16 Percentage who have been cyber-bullied in the past couple of months by year group and gender**



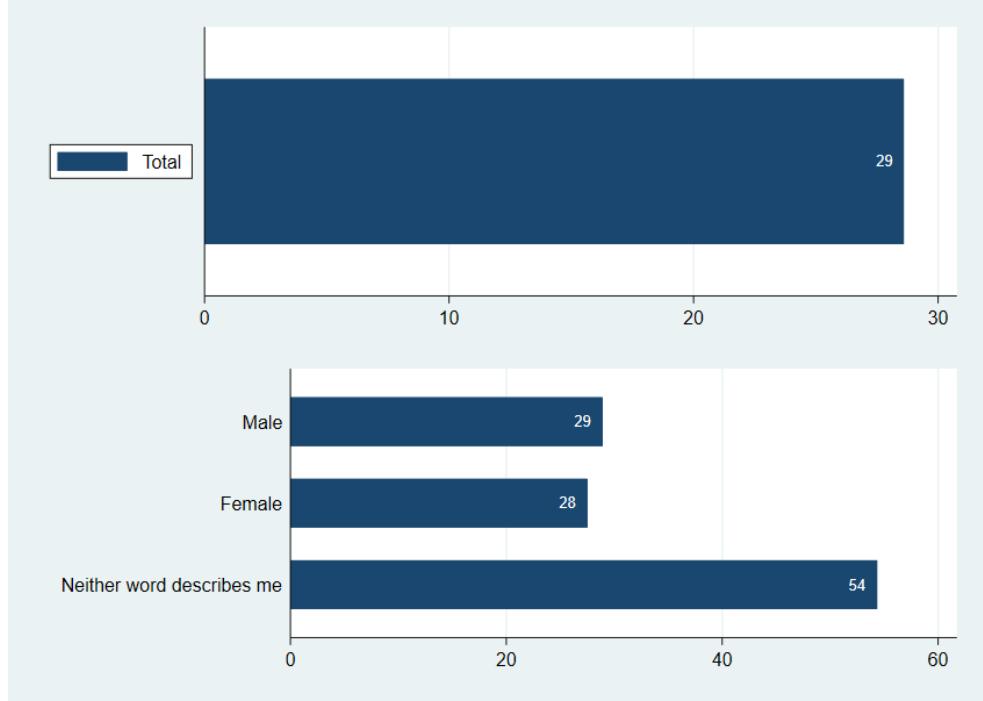
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=102,903). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.17 Usual bedtime on a school night (%)**



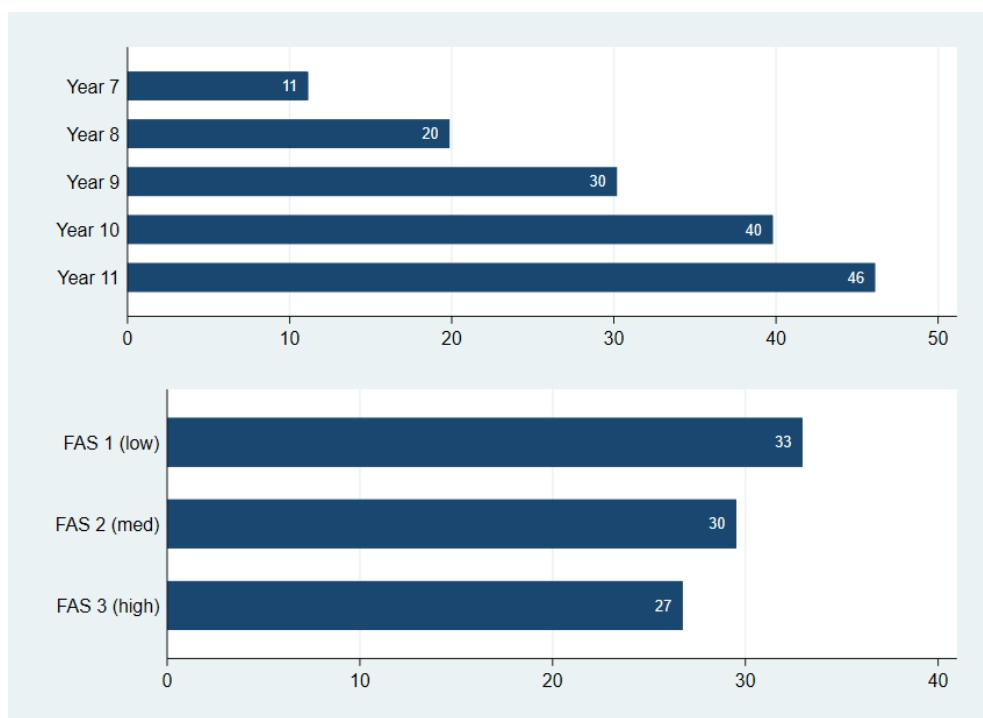
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=100,533$ )

**Figure 6.18 Percentage who go to bed after 11pm on a school night, overall and by gender**



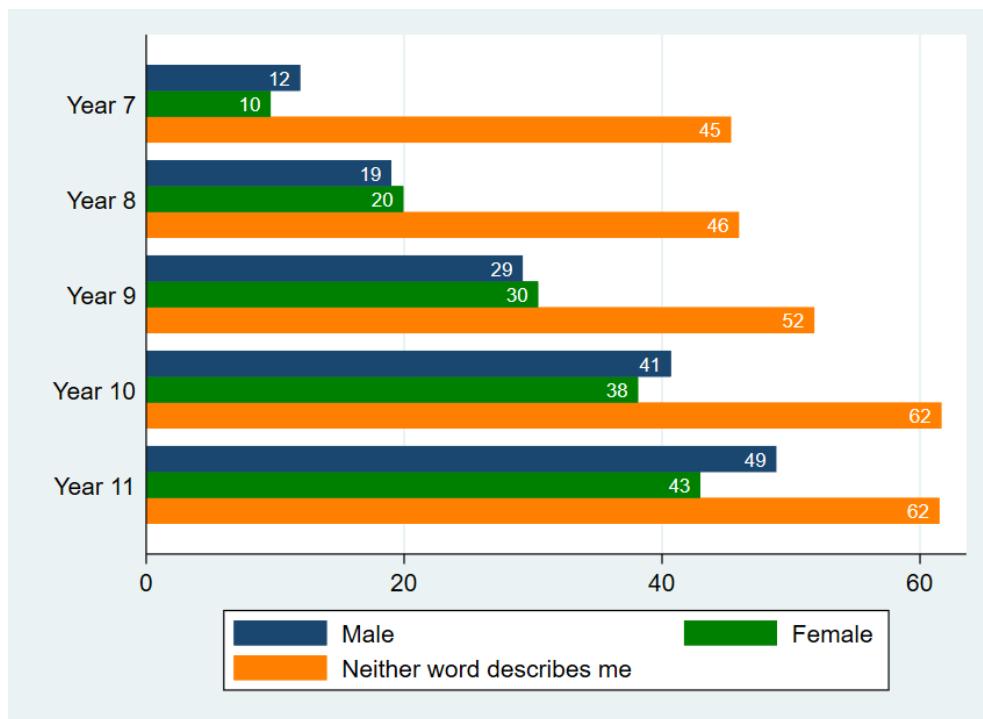
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=100,533$ ; by gender,  $n=99,749$  – excludes 784 gender non-response)

**Figure 6.19 Percentage who go to bed after 11pm on a school night by year group and family affluence**



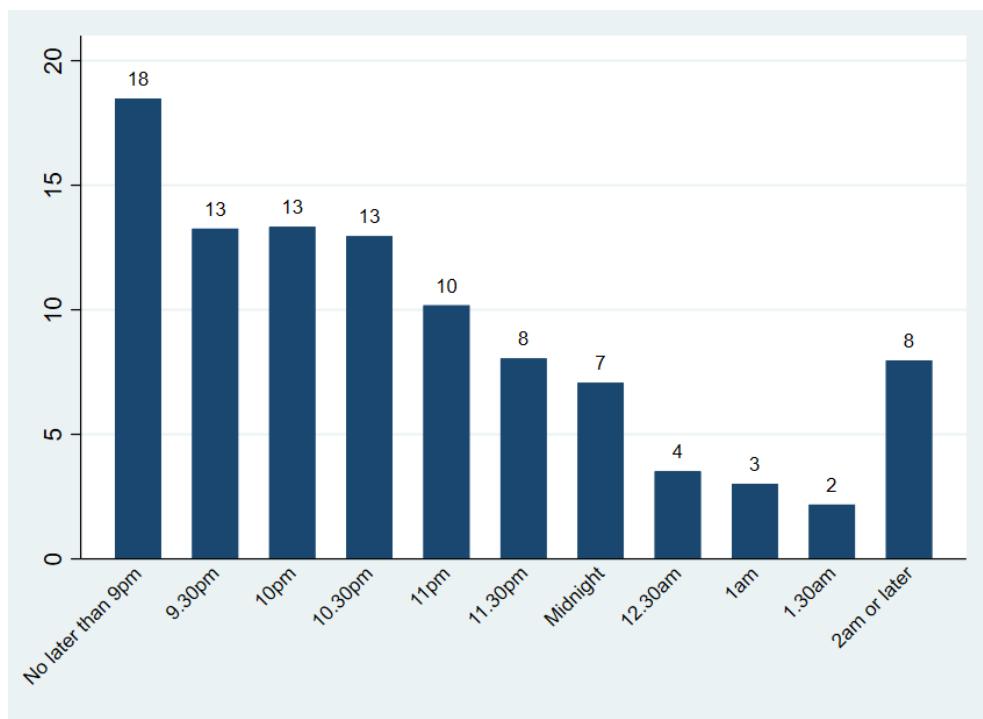
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=100,533; by FAS, n=95,419)

**Figure 6.20 Percentage who go to bed after 11pm on a school night by year group and gender**



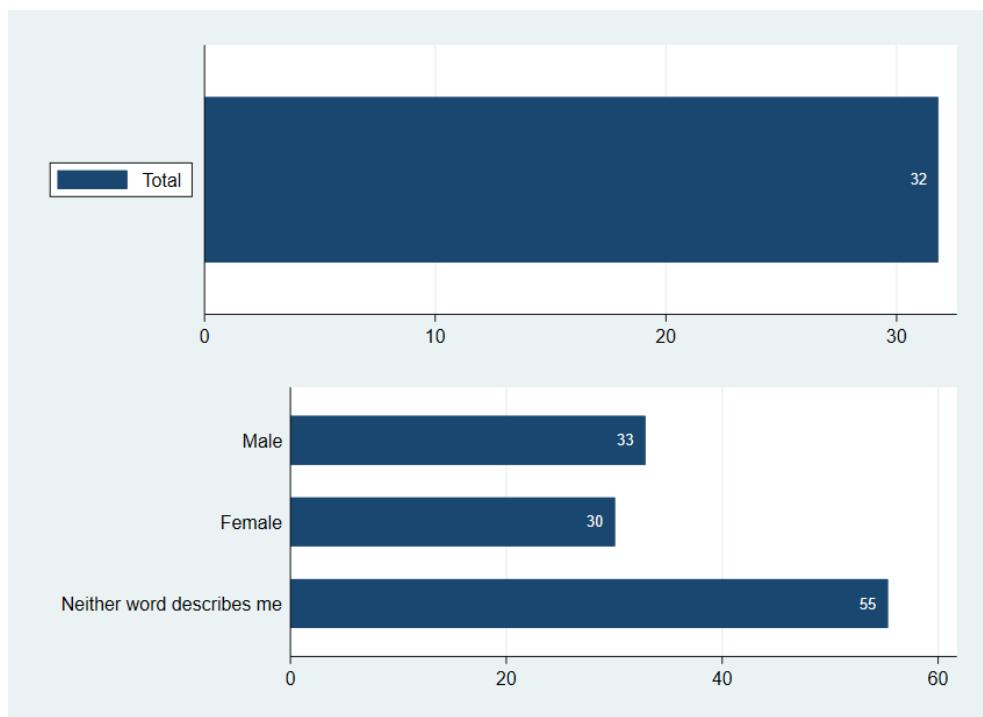
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=99,749). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.21 The latest time adolescents usually look at an electronic screen before going to sleep on a school night (%)**



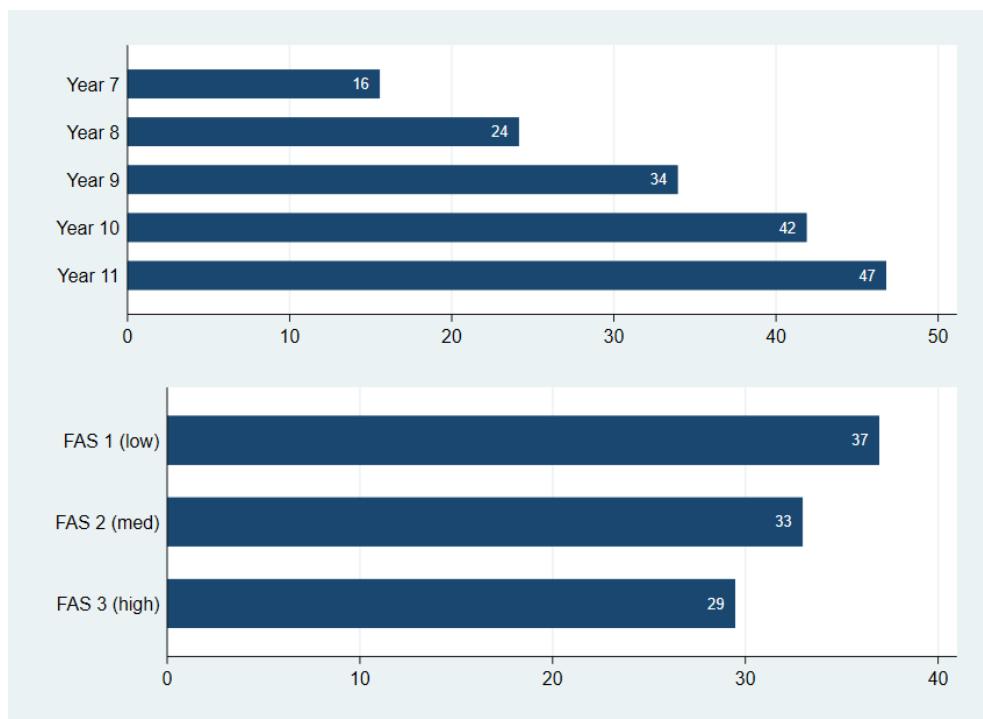
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=99,540$ )

**Figure 6.22 Percentage who last look at an electronic screen after 11pm on a school night, overall and by gender**



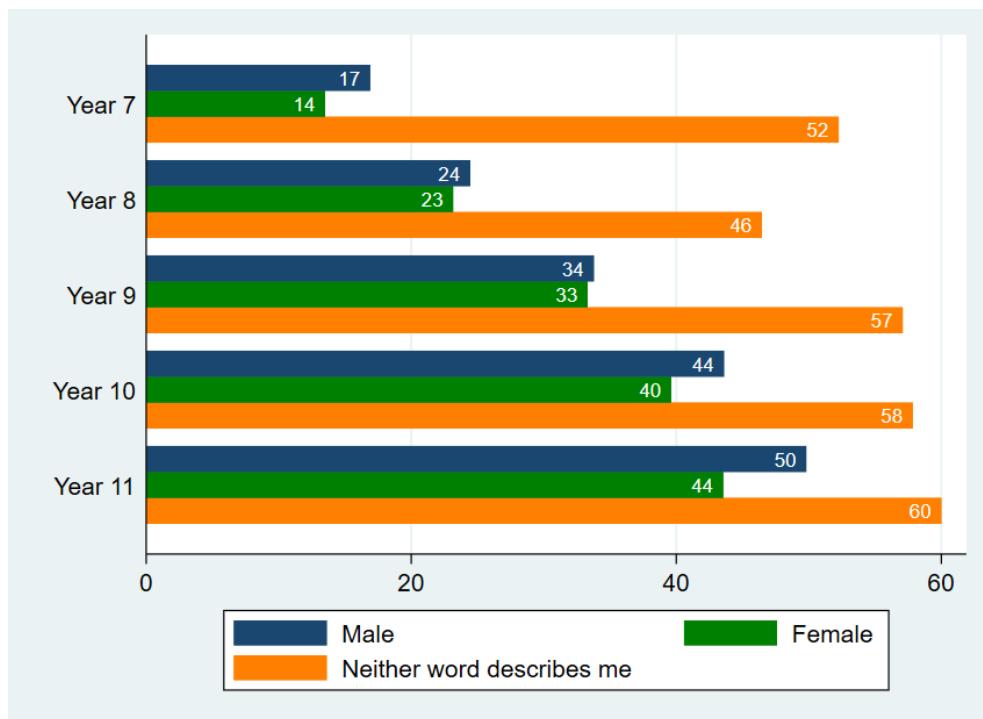
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=99,540$ ; by gender,  $n=98,779$  – excludes 761 gender non-response)

**Figure 6.23 Percentage who last look at an electronic screen after 11pm on a school night by year group and family affluence**



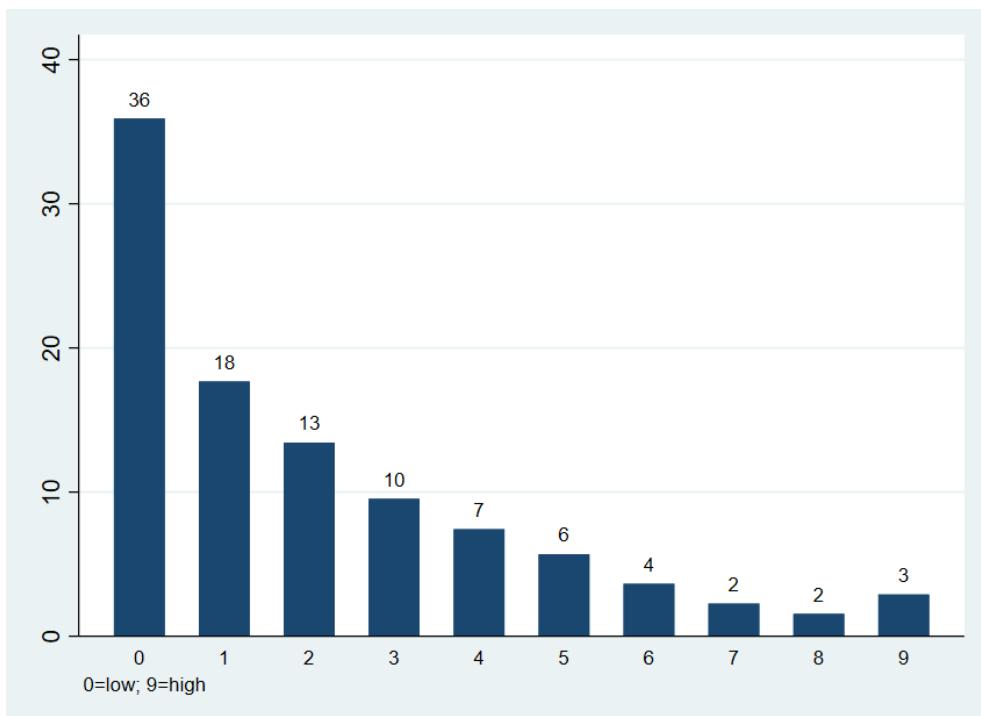
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=99,540; by FAS, n=94,669)

**Figure 6.24 Percentage who last look at an electronic screen after 11pm on a school night by year group and gender**



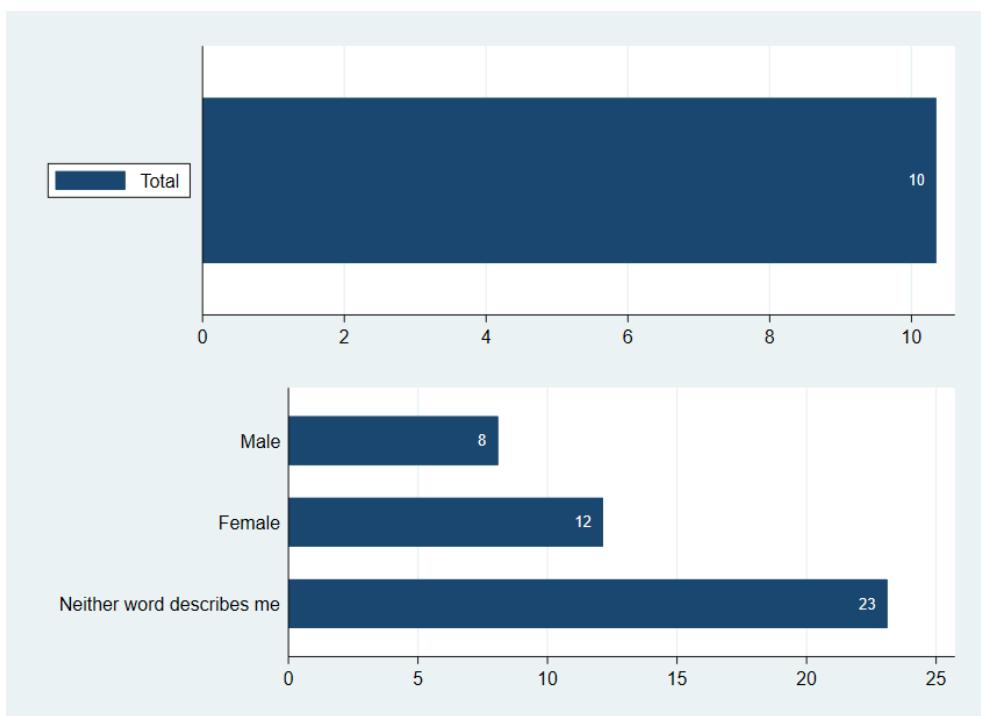
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=98,779). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 6.25 Social Media Disorder Scale scores (%)**



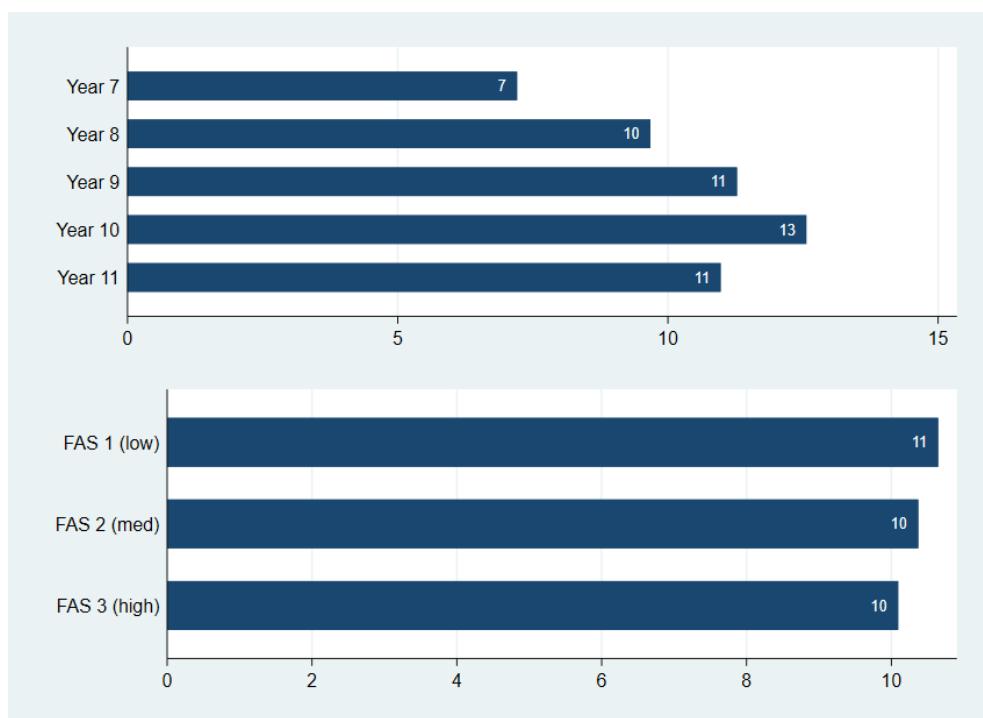
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=41,225)

**Figure 6.26 Percentage who are classified as a problematic user of social media (scoring 6+), overall and by gender**



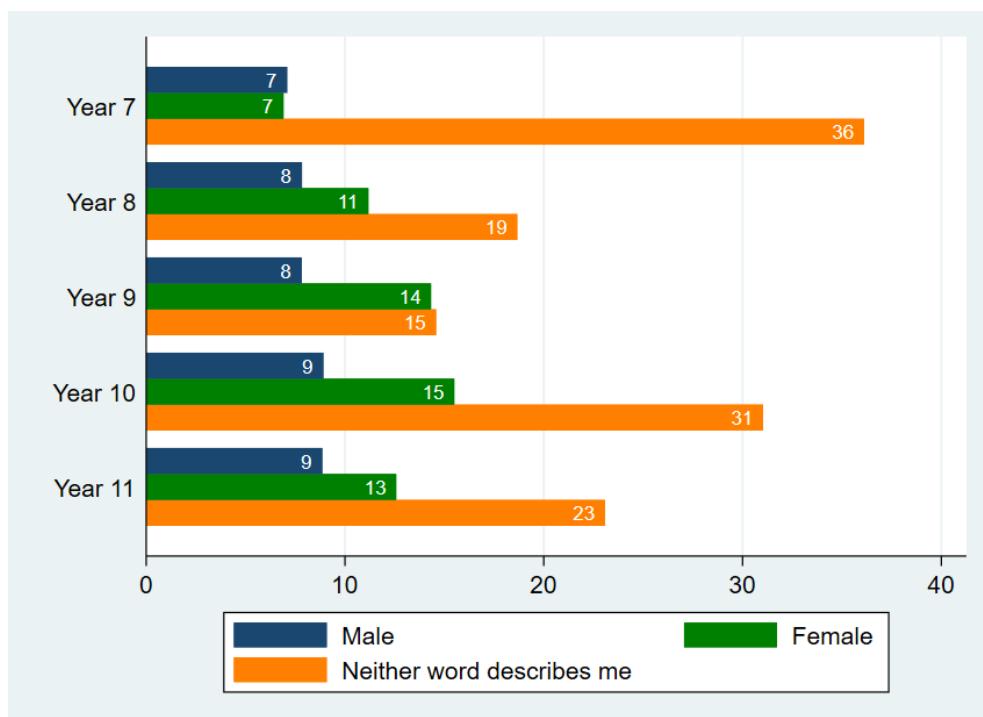
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=41,225; by gender, n=41,013 – excludes 212 gender non-response)

**Figure 6.27 Percentage who are classified as a problematic user of social media (scoring 6+) by year group and family affluence**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=41,225; by FAS, n=39,896)

**Figure 6.28 Percentage who are classified as a problematic user of social media (scoring 6+) by year group and gender**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=41,013). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Table 6.1 Measures by ethnic group<sup>1</sup>**

	% who agree that they get the help & emotional support they need from their family	% who can count on their friends when things go wrong	% who have cyber-bullied others in the past couple of months	% who have been cyber-bullied in the past couple of months	% who go to bed after 11pm on a school night	% who last look at an electronic screen after 11pm on a school night	% who are classified as a problematic user of social media (scoring 6+)
White British	71	67	8	18	28	31	10
White Irish	61 [58,65]	57 [53,60]	16 [13,20]	26 [23,29]	36 [33,40]	37 [33,40]	12 [9,17]
White – Gypsy/traveller	55 [51,59]	55 [51,59]	31 [26,37]	32 [29,36]	52 [48,55]	55 [51,59]	30 [23,37]
White Other	65	62	11	22	32	35	11
Mixed or multiple ethnic group	66	64	11	19	34	38	12
Pakistani	60 [57,64]	61 [57,64]	14 [11,17]	18 [15,20]	37 [34,40]	39 [36,42]	14 [11,18]
Indian	68 [64,71]	63 [60,67]	9 [6,12]	14 [11,16]	20 [18,24]	25 [22,28]	10 [7,14]
Bangladeshi	62 [59,66]	64 [61,67]	11 [8,14]	17 [14,19]	36 [33,39]	36 [32,39]	10 [7,14]
Chinese	57 [52,61]	60 [55,64]	19 [14,25]	21 [17,25]	33 [29,38]	41 [36,45]	12 [7,18]
African	62 [58,65]	60 [57,64]	13 [10,16]	13 [11,16]	31 [28,34]	37 [33,40]	13 [9,17]
Caribbean or Black	63 [58,67]	60 [55,64]	22 [16,28]	20 [16,24]	40 [35,44]	46 [41,50]	13 [8,19]
Arab	66 [62,70]	58 [54,62]	18 [14,22]	20 [17,23]	39 [35,43]	41 [37,45]	15 [11,21]
Other	65	61	12	19	28	33	11 [9,13]
Prefer not to say	66	59	10	21	26	30	10 [8,13]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 6.2 Measures by local health board<sup>1</sup>**

	% who agree that they get the help & emotional support they need from their family	% who can count on their friends when things go wrong	% who have cyber-bullied others in the past couple of months	% who have been cyber-bullied in the past couple of months	% who go to bed after 11pm on a school night	% who last look at an electronic screen after 11pm on a school night	% who are classified as a problematic user of social media (scoring 6+)
Aneurin Bevan	69	64	10	18	29	32	11
Male	71	64	12	15	30	34	8
Female	68	65	7	21	27	30	13
Neither word describes me	42 [36,49]	41 [35,47]	24 [16,33]	42 [35,48]	50 [43,57]	49	26 [17,37]
Betsi Cadwaladr	70	65	9	19	30	34	11
Male	71	64	10	15	30	35	9
Female	69	67	8	21	29	32	13
Neither word describes me	40 [34,47]	48 [43,54]	31 [24,39]	38 [32,44]	56 [50,62]	57 [51,63]	25 [17,35]
Cardiff & Vale	71	66	8	16	25	27	8
Male	72	65	9	14	25	28	7
Female	70	67	7	18	24	26	10
Neither word describes me	46 [37,56]	53 [45,62]	36 [24,48]	44 [36,53]	51 [43,60]	55 [46,64]	-
Cwm Taf Morgannwg	70	65	9	19	29	33	11
Male	71	64	10	14	29	33	8
Female	71	67	7	22	29	31	13
Neither word describes me	43 [35,52]	51 [43,59]	19 [11,28]	38 [31,46]	54 [45,62]	59 [51,67]	15 [8,26]
Hywel Dda	71	67	8	17	27	30	9
Male	72	66	10	14	27	31	8
Female	70	68	6	20	26	29	10
Neither word describes me	48 [39,58]	49 [40,58]	27 [18,38]	43 [34,52]	52 [43,61]	53 [44,62]	24 [13,38]
Powys	70	67	8	19	27	30	9
Male	72	66	9	14	27	30	6
Female	68	69	7	23	27	29	11
Neither word describes me	-	54 [37,69]	-	53 [36,68]	59 [43,73]	61 [45,76]	-
Swansea Bay	71	67	9	18	31	34	10
Male	73	65	10	14	31	34	9
Female	70	70	7	21	30	32	12
Neither word describes me	40 [33,48]	50 [42,58]	28 [17,40]	47 [40,55]	60 [53,68]	57 [49,65]	-

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 6.3 Measures by regional education consortia<sup>1</sup>**

	% who agree that they get the help & emotional support they need from their family	% who can count on their friends when things go wrong	% who have cyber-bullied others in the past couple of months	% who have been cyber-bullied in the past couple of months	% who go to bed after 11pm on a school night	% who last look at an electronic screen after 11pm on a school night	% who are classified as a problematic user of social media (scoring 6+)
Central South	71	65	8	17	27	30	10
Male	72	64	9	14	27	30	7
Female	70	67	7	20	26	28	11
Neither word describes me	45 [39,51]	52 [46,58]	26 [19,33]	41 [36,47]	53 [47,58]	58 [52,63]	18 [11,26]
South East	69	64	10	18	29	32	11
Male	71	64	12	15	30	34	8
Female	68	65	7	21	27	30	13
Neither word describes me	42 [36,49]	41 [35,47]	24 [16,33]	42 [35,48]	50 [43,57]	49 [43,56]	26 [17,37]
West	71	67	9	18	29	32	10
Male	72	65	10	14	29	33	8
Female	70	69	7	21	28	30	11
Neither word describes me	42 [36,47]	50 [45,56]	27 [20,35]	46 [41,52]	57 [52,63]	56 [51,62]	25 [17,34]
North	70	65	9	19	30	34	11
Male	71	64	10	15	30	35	9
Female	69	67	8	21	29	32	13
Neither word describes me	40 [34,47]	48 [43,54]	31 [24,39]	38 [32,44]	56 [50,62]	57 [51,63]	25 [17,35]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

## 7. Relationships

### Introduction

Adolescence is an important time for sexual health development; it is when young people establish norms around sexual activity, form attitudes towards sex and sexuality, and may experience sexual behaviours for the first time<sup>55</sup>. Among adolescents, sexual risk behaviours, such as early sexual initiation, tend to cluster with other health risk behaviours, including early initiation of smoking, drinking alcohol, and illicit drug use<sup>56</sup>, while ‘sexting’ (i.e. the exchange of sexually explicit images) is associated with being sexually active<sup>57, 58</sup>. In contrast, early sexual initiation has been inversely associated with school attachment; a concept which includes liking school, being treated fairly, and feeling a sense of school belonging<sup>59</sup>. Furthermore, early sexual initiation and inconsistent condom use are recognised risk factors for sexually transmitted infection (STI) transmission and unplanned pregnancy<sup>60</sup>.

This section presents data on young people’s sexual risk-taking behaviours in Wales based on the following measures: **sexting**, **sexual intercourse**, **age at first sexual intercourse**, and **condom use**.

### Summary of main findings

#### Sending a sexually explicit image (sexting)

Overall, 1 in 10 young people reported sending someone a sexually explicit image of themselves ([Figure 7.1](#)). While boys and girls were equally likely to have sexted, sexting was around 3 times more likely among young people who identified as neither a boy nor a girl ([Figure 7.2](#)). The likelihood of sexting also increased with age; 2% of students in year 7 had sent someone a sexually explicit image of themselves, rising to 23% by year 11. Young people from less affluent families were equally likely as those from more affluent families to have ever sexted ([Figure 7.3](#)). Young people who identified as neither a boy nor a girl reported the highest rates of sexting in all year groups ([Figure 7.4](#)).

#### Sexual intercourse (year 11 only)

Among year 11 students, 1 in 4 reported that they have had sexual intercourse ([Figure 7.5](#)). This was consistent among both boys and girls, but was closer to 1 in 2 among students who identified as neither a boy nor a girl ([Figure 7.6](#)). The likelihood of having had sexual intercourse varied little by family affluence ([Figure 7.7](#)).

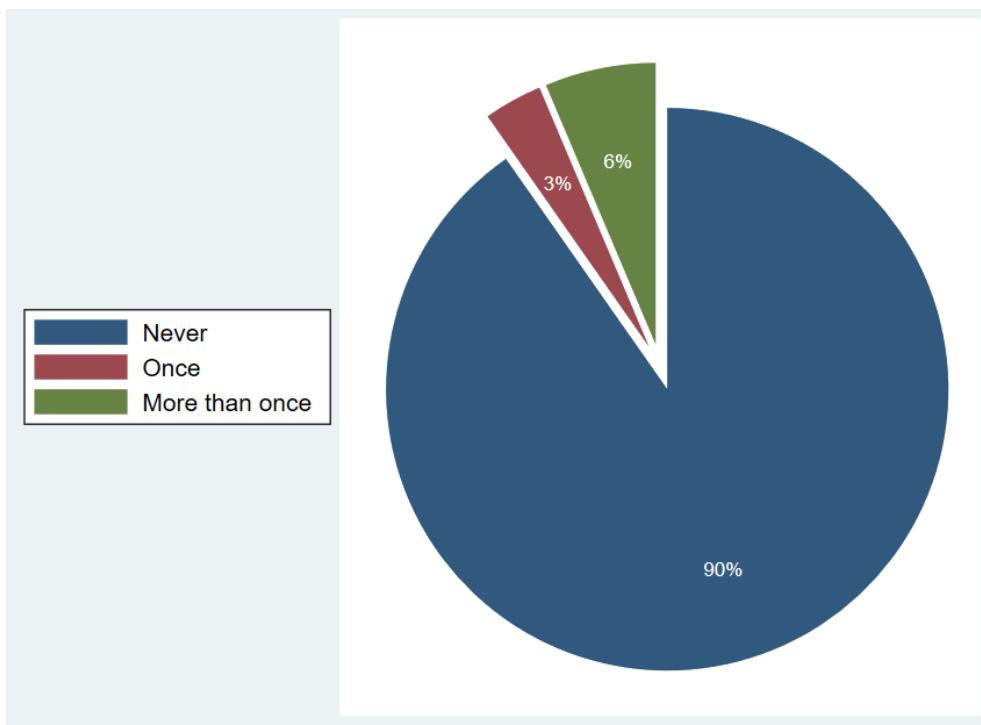
The most common age at which year 11 students first reported having had sexual intercourse was 15 years, although 1 in 5 reported having had sex before age 14 ([Figure 7.8](#)). Boys (24%) were more likely than girls (15%) to have had sex before age 14, but less likely than those who identified as neither a boy nor a girl, of whom more than 3 in 5 (62%) reported having had sex before age 14 ([Figure 7.9](#)). The likelihood of having had sex before age 14 was inversely related with family affluence, with 1 in 4 young people from less affluent families having had sex by age 14, compared to almost 1 in 5 from more affluent families ([Figure 7.10](#)).

### **Contraception (year 11 only)**

More than 2 in 5 (45%) students in year 11 reported using a condom during their last sexual intercourse ([Figure 7.11](#)). Boys were more likely than girls to report having used a condom, while young people who identified as neither a boy nor a girl reported much lower levels of condom use (28%) ([Figure 7.12](#)). Young people from less affluent families were less likely than those from more affluent families to have reported using a condom during their last sexual intercourse (38% vs. 48%) ([Figure 7.13](#)).

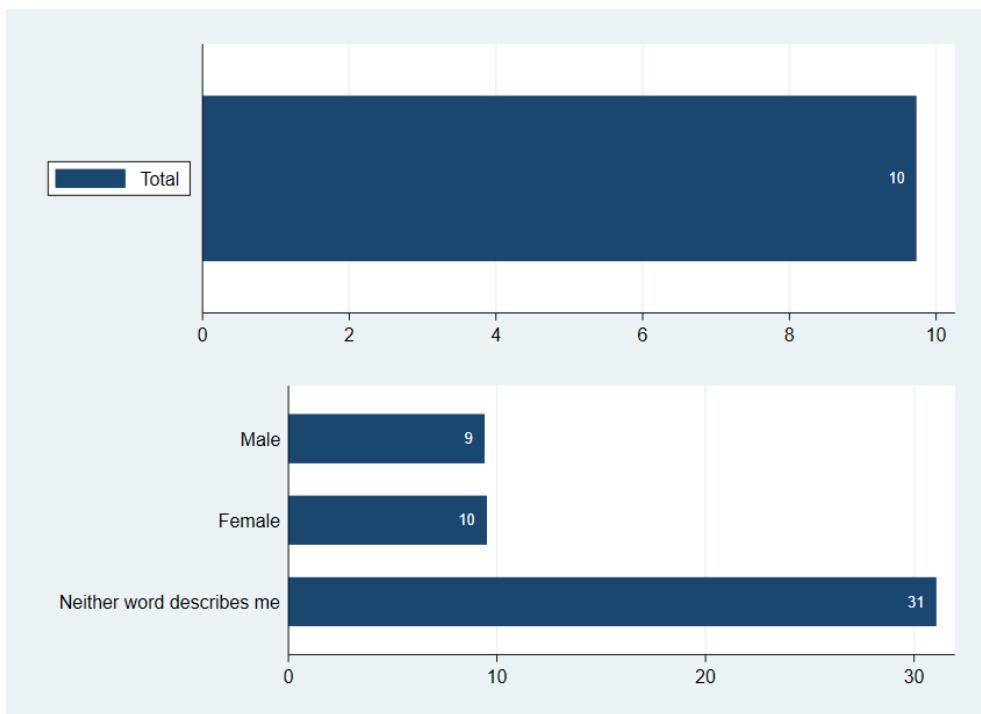
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see [Tables 7.1-7.3](#).

**Figure 7.1 Sent a sexually explicit image of themselves (%)**



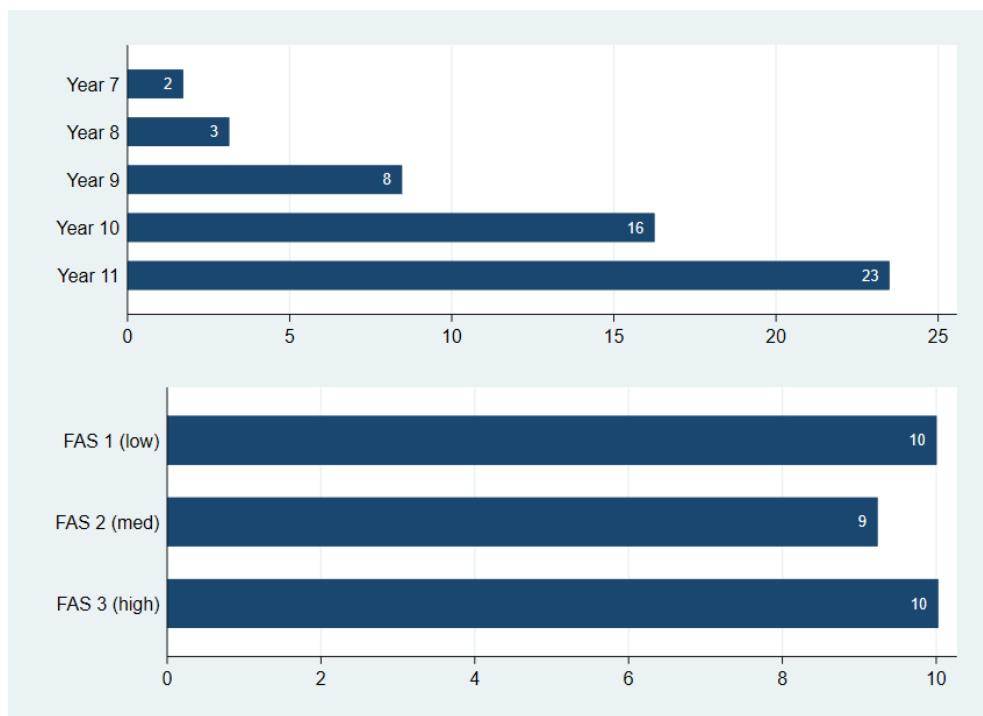
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=104,909)

**Figure 7.2 Percentage who have ever sent a sexually explicit image of themselves, overall and by gender**



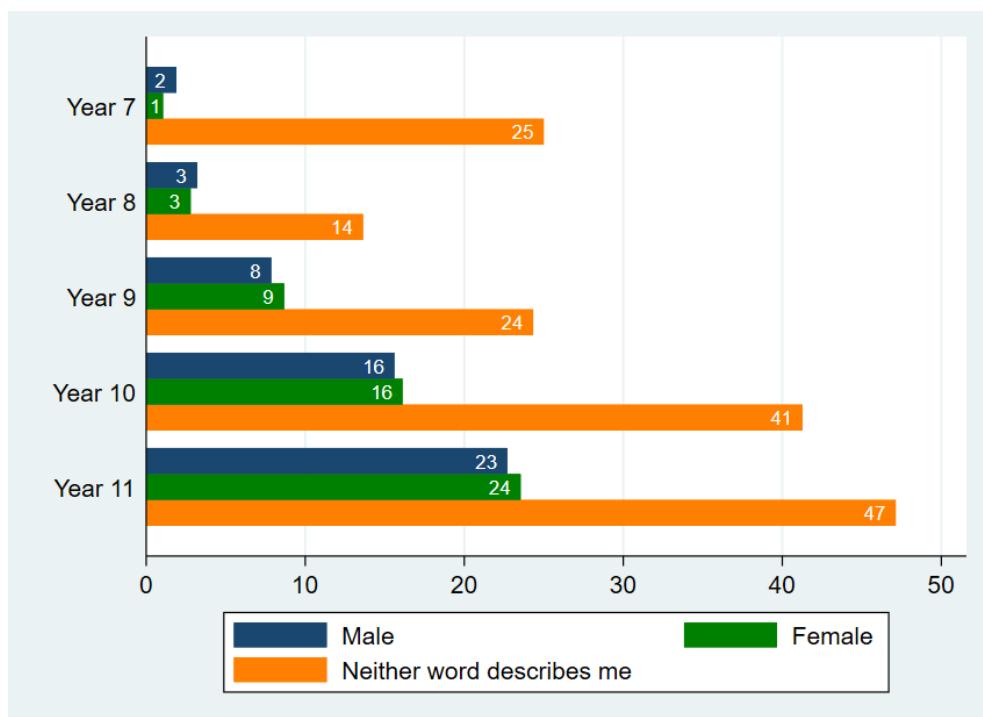
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=104,909; by gender, n=104,096 – excludes 813 gender non-response)

**Figure 7.3 Percentage who have ever sent a sexually explicit image of themselves by year group and family affluence**



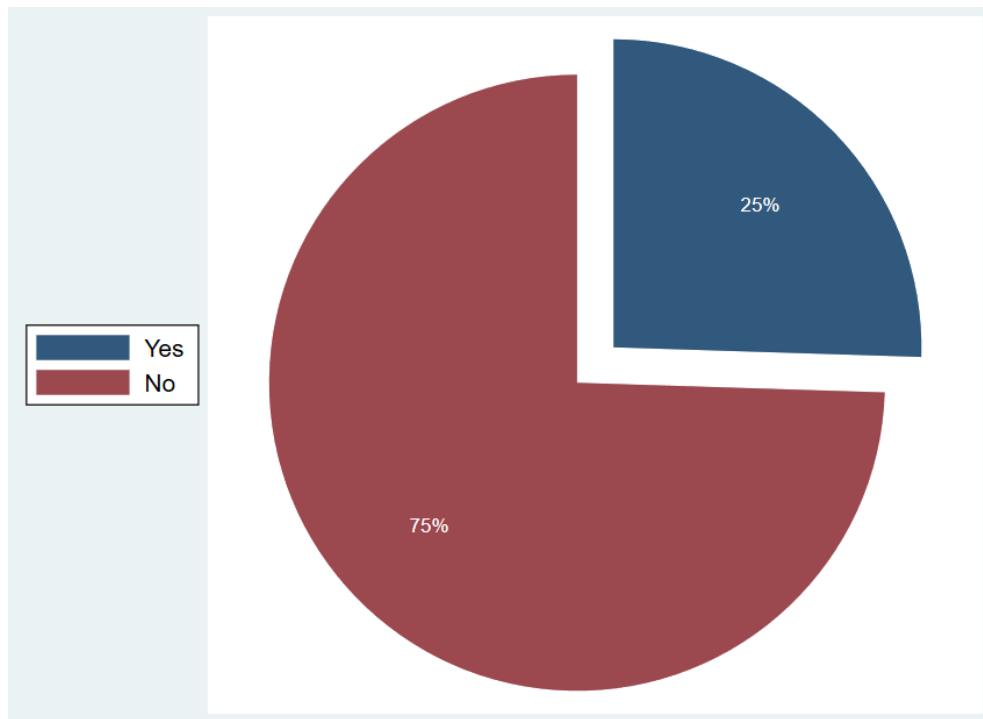
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=104,909; by FAS, n=99,305)

**Figure 7.4 Percentage who have ever sent a sexually explicit image of themselves by year group and gender**



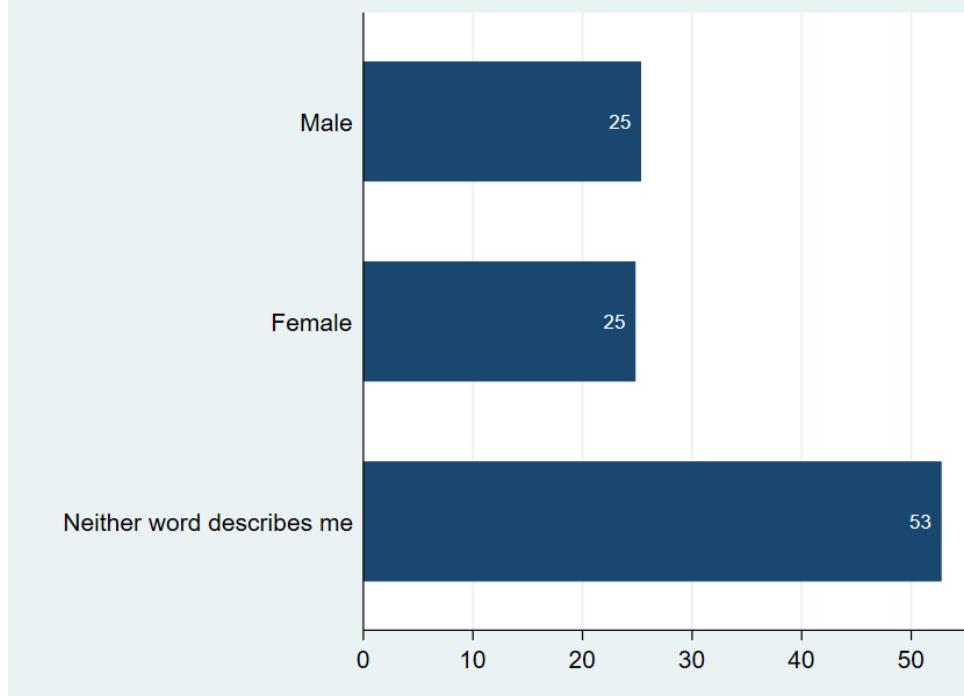
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=104,096). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 7.5 Percentage who have ever had sexual intercourse (year 11 only)**



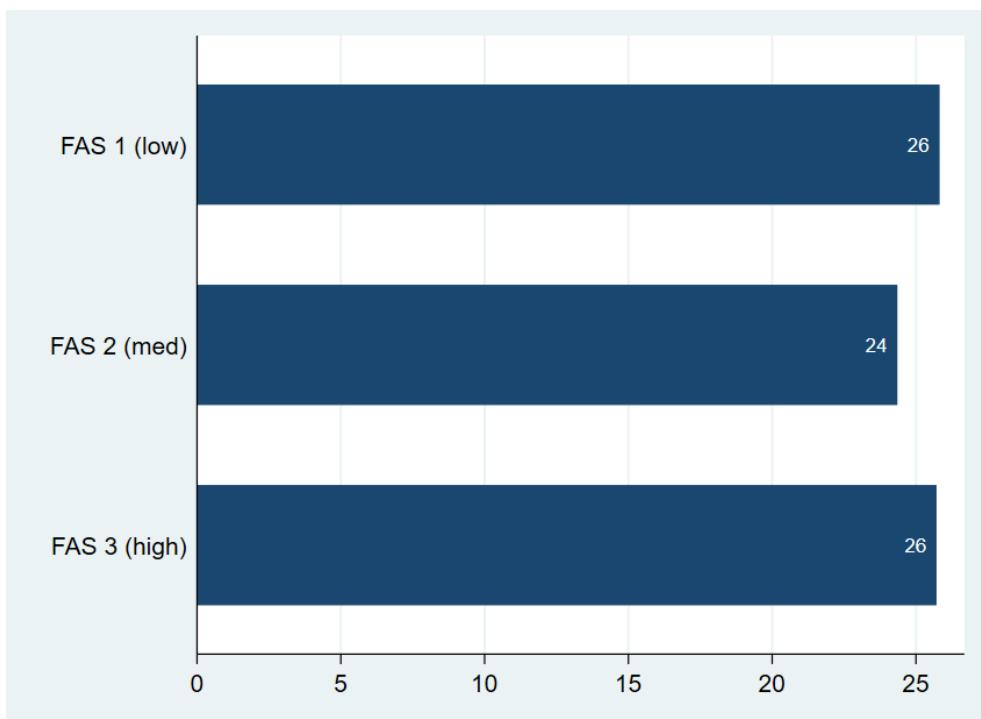
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=17,001)

**Figure 7.6 Percentage who have ever had sexual intercourse by gender (year 11 only)**



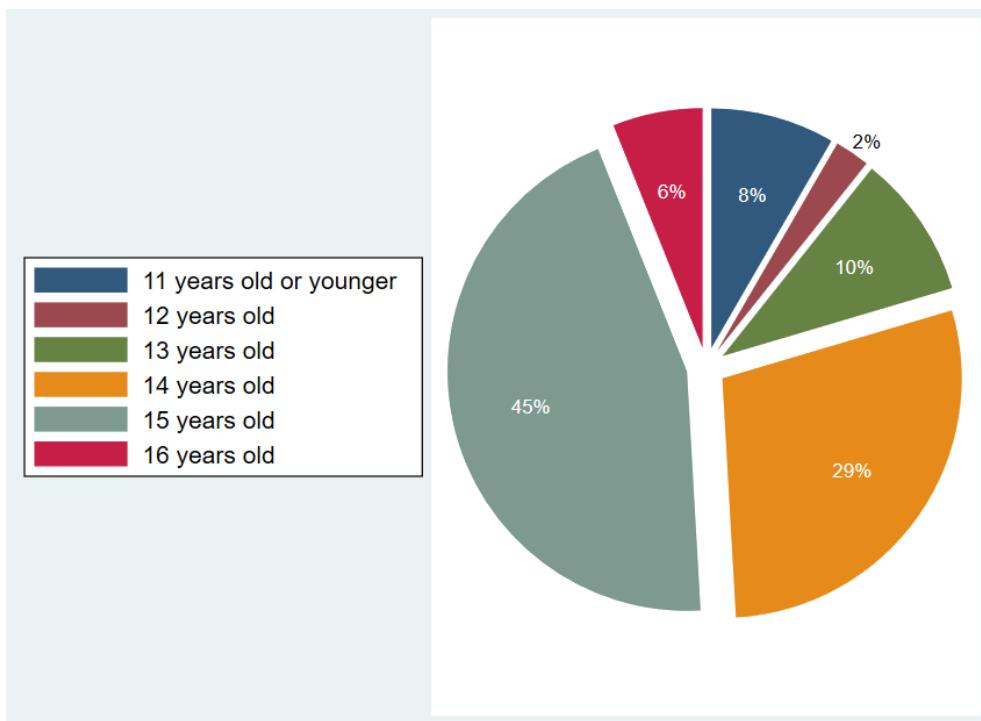
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=16,906 – excludes 95 gender non-response)

**Figure 7.7 Percentage who have ever had sexual intercourse by family affluence  
(year 11 only)**



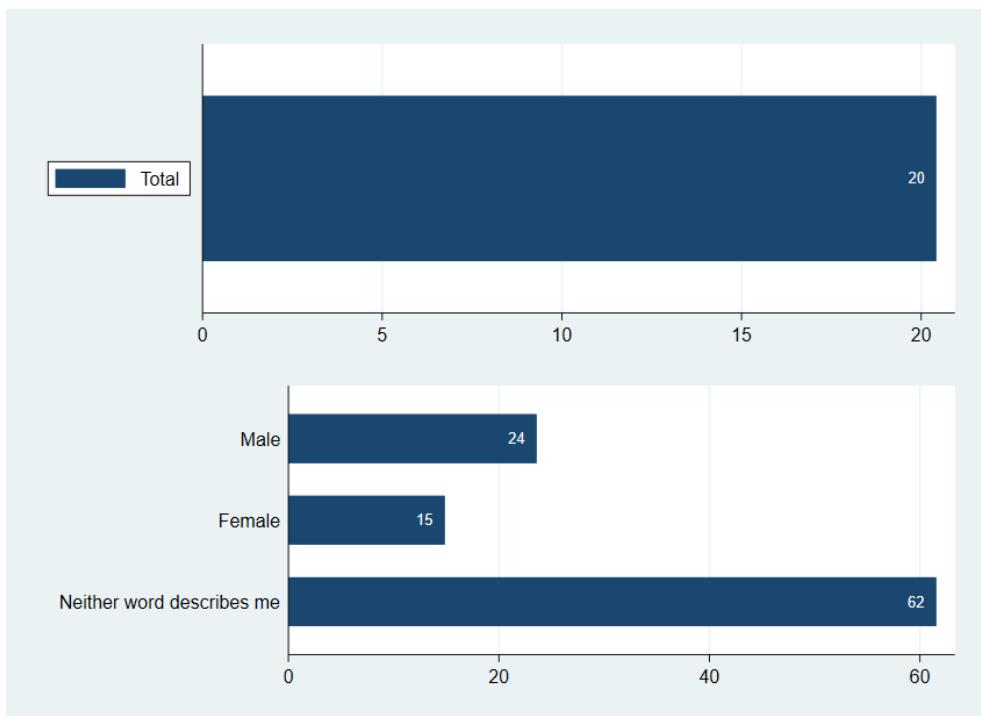
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=16,447)

**Figure 7.8 Age at first sexual intercourse (year 11 only) (%)**



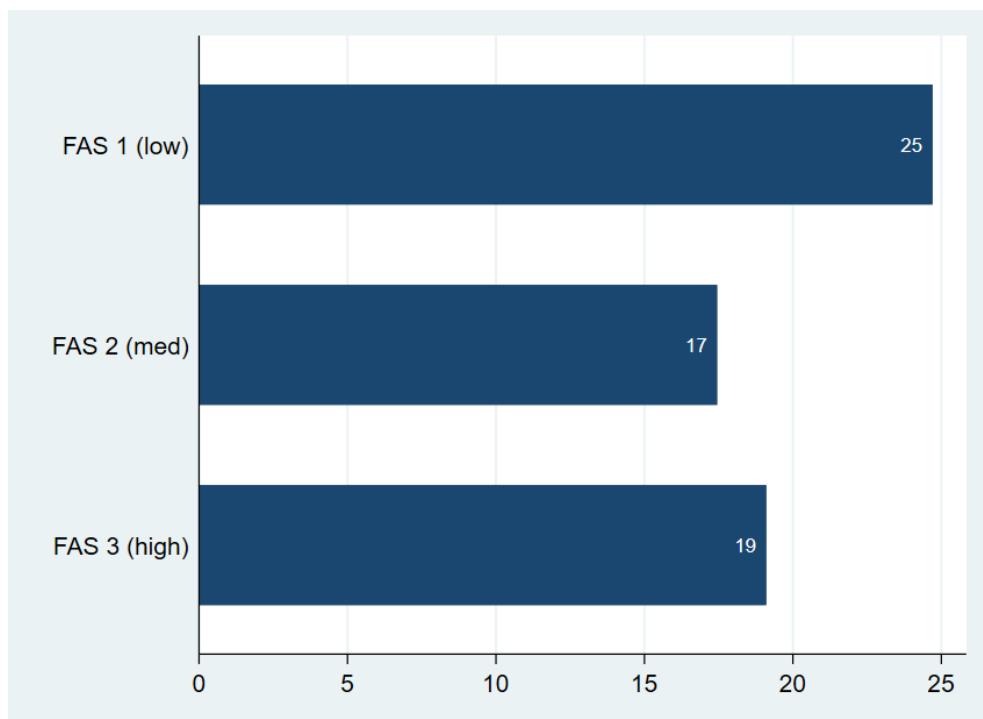
*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (n=4,090)*

**Figure 7.9 Percentage who had their first sexual intercourse at age 13 years or younger, overall and by gender (year 11 only)**



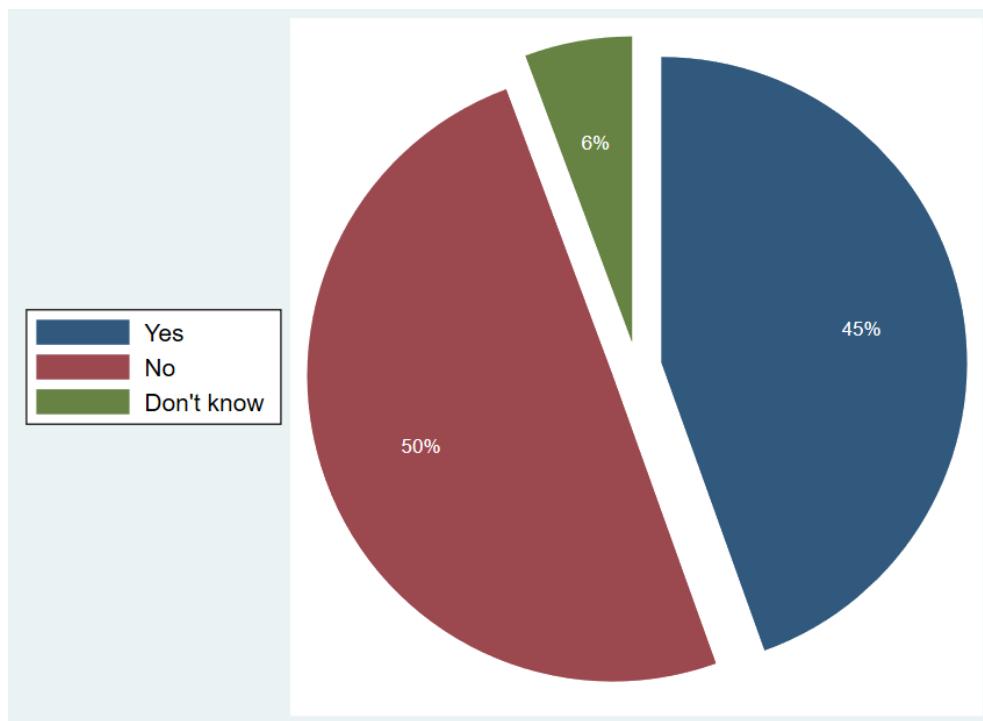
*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (total, n=4,090; by gender, n=4,061 – excludes 29 gender non-response)*

**Figure 7.10 Percentage who had their first sexual intercourse at age 13 years or younger by family affluence (year 11 only)**



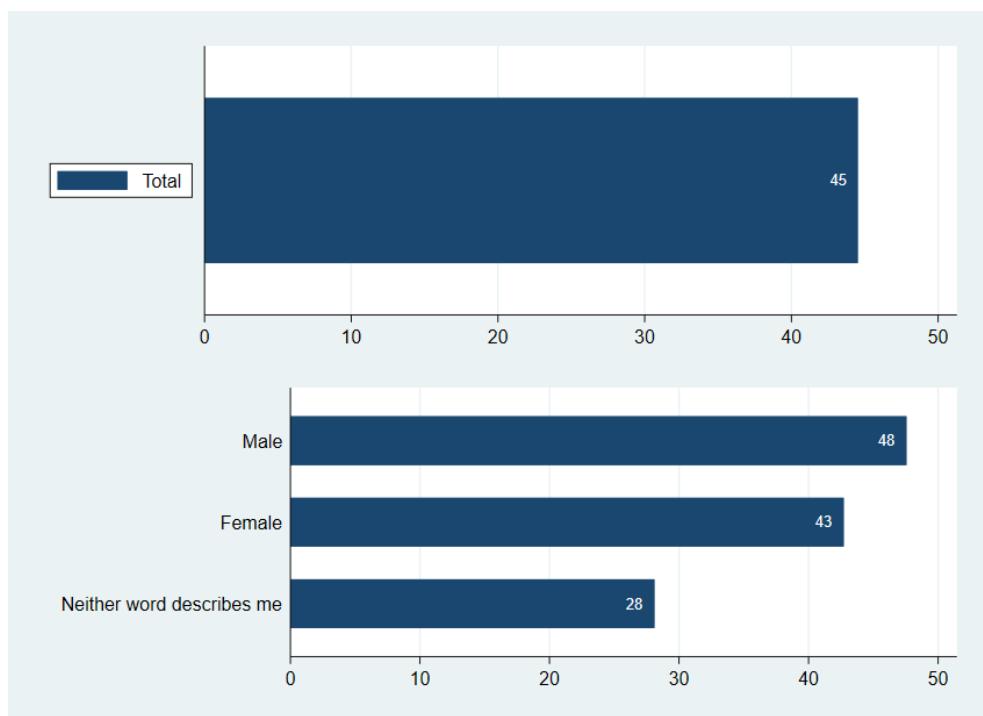
*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (n=3,919)*

**Figure 7.11 Condom use during last sexual intercourse (year 11 only) (%)**



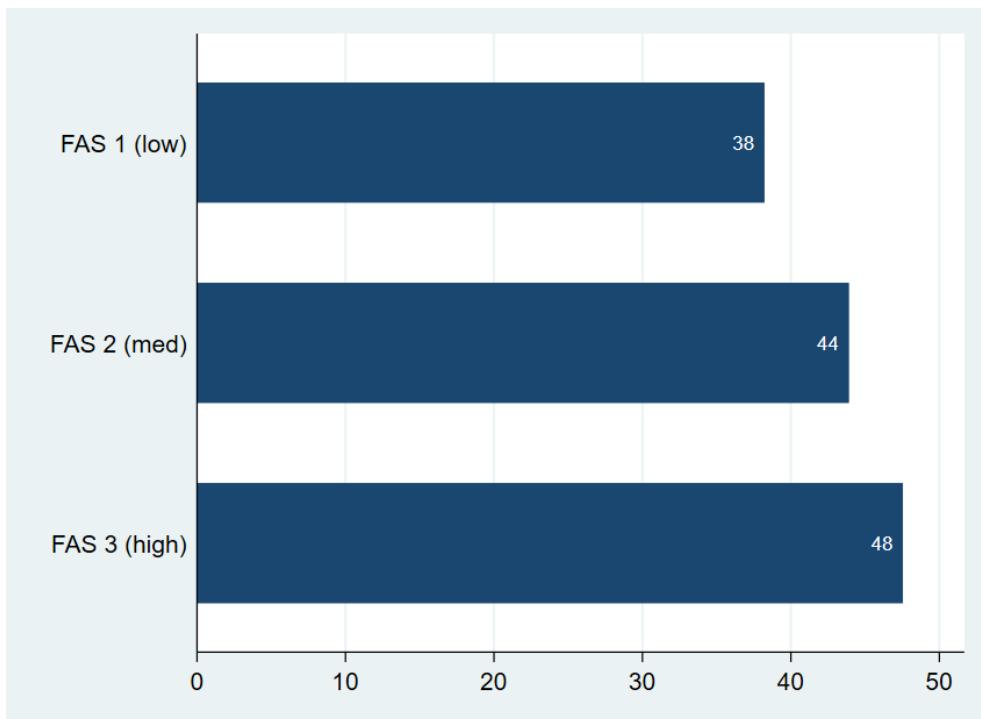
*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (n=4,106)*

**Figure 7.12 Percentage who used a condom during their last sexual intercourse, overall and by gender (year 11 only)**



*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (total, n=4,106; by gender, n=4,078 – excludes 28 gender non-response)*

**Figure 7.13 Percentage who used a condom during their last sexual intercourse by family affluence (year 11 only)**



*Base: All respondents in year 11 who gave an answer and reported ever having had sexual intercourse, surveyed between September and December 2019 (n=3,934)*

**Table 7.1 Measures by ethnic group<sup>1</sup>**

	% who have ever sent a sexually explicit image of themselves	% who have ever had sexual intercourse (year 11 only)	% who had their first sexual intercourse at age 13 years or younger (year 11 only)	% who used a condom during last sexual intercourse (year 11 only)
White British	9	25	17 [16, 18]	46
White Irish	14 [12, 17]	29 [21, 38]	-	-
White – Gypsy/traveller	34 [31, 38]	67 [58, 75]	62 [51, 72]	31 [21, 41]
White Other	10	26 [22, 30]	25 [17, 33]	44 [35, 54]
Mixed or multiple ethnic group	13	30 [26, 34]	18 [12, 26]	40 [31, 49]
Pakistani	14 [12, 16]	26 [20, 33]	-	-
Indian	7 [6, 10]	17 [10, 25]	-	-
Bangladeshi	9 [7, 11]	19 [14, 26]	-	-
Chinese	13 [10, 16]	26 [18, 37]	-	-
African	14 [12, 16]	26 [19, 34]	-	-
Caribbean or Black	19 [16, 23]	49 [38, 61]	-	-
Arab	15 [12, 18]	24 [18, 32]	-	-
Other	6	17 [12, 22]	-	-
Prefer not to say	5	21 [15, 28]	-	-

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 7.2 Measures by local health board<sup>1</sup>**

	% who have ever sent a sexually explicit image of themselves	% who have ever had sexual intercourse (year 11 only)	% who had their first sexual intercourse at age 13 years or younger (year 11 only)	% who used a condom during last sexual intercourse (year 11 only)
Aneurin Bevan	10	28	20 [17, 23]	43 [40, 47]
Male	9	27	23 [19, 28]	46 [41, 51]
Female	11	28	14 [11, 17]	41 [37, 46]
Neither word describes me	34 [28, 40]	58 [44, 72]	-	-
Betsi Cadwaladr	9	27	20 [17, 23]	44 [41, 48]
Male	9	26	21 [17, 25]	48 [43, 53]
Female	8	27	16 [13, 20]	42 [37, 46]
Neither word describes me	30 [25, 36]	52 [38, 66]	-	-
Cardiff & Vale	7	17	23 [19, 27]	47 [42, 53]
Male	7	21	27 [21, 34]	48 [41, 55]
Female	6	14	14 [9, 20]	49 [41, 57]
Neither word describes me	33 [25, 41]	-	-	-
Cwm Taf Morgannwg	11	30	22 [19, 25]	41 [37, 45]
Male	11	30	26 [21, 32]	46 [40, 52]
Female	11	30	17 [13, 21]	38 [33, 44]
Neither word describes me	24 [18, 31]	-	-	-
Hywel Dda	9	23	20 [16, 24]	47 [42, 52]
Male	9	21	27 [21, 34]	45 [39, 52]
Female	8	23	11 [7, 16]	50 [43, 56]
Neither word describes me	36 [27, 45]	-	-	-
Powys	11	27 [23, 30]	19 [13, 26]	60 [52, 67]
Male	10	25 [21, 31]	21 [12, 32]	67 [54, 77]
Female	11	28 [23, 33]	16 [9, 25]	55 [44, 65]
Neither word describes me	-	-	-	-
Swansea Bay	12	26	19 [16, 23]	42 [38, 46]
Male	11	26	21 [17, 27]	47 [42, 53]
Female	12	26	15 [11, 19]	39 [33, 44]
Neither word describes me	33 [26, 41]	-	-	-

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

**Table 7.3 Measures by regional education consortia<sup>1</sup>**

	% who have ever sent a sexually explicit image of themselves	% who have ever had sexual intercourse (year 11 only)	% who had their first sexual intercourse at age 13 years or younger (year 11 only)	% who used a condom during last sexual intercourse (year 11 only)
Central South	9	23	22	44
Male	9	26	27 [23, 31]	47 [42, 51]
Female	9	21	16 [13, 19]	42 [37, 46]
Neither word describes me	28 [23, 34]	44 [32, 57]	-	-
South East	10	28	20 [17, 23]	43 [40, 47]
Male	9	27	23 [19, 28]	46 [41, 51]
Female	11	28	14 [11, 17]	41 [37, 46]
Neither word describes me	34 [28, 40]	58 [44, 72]	-	-
West	11	25	20	46
Male	10	24	23 [20, 27]	49 [45, 53]
Female	10	25	14 [11, 16]	45 [41, 49]
Neither word describes me	33 [28, 38]	58 [45, 70]	-	-
North	9	27	20 [17, 23]	44 [41, 48]
Male	9	26	21 [17, 25]	48 [43, 53]
Female	8	27	16 [13, 20]	42 [37, 46]
Neither word describes me	30 [25, 36]	52 [38, 66]	-	-

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents

## **8. Substance use and gambling**

### **Introduction**

Substance use can cause significant harm to the individual, their family, and wider society. Individual harms from the misuse of substances such as alcohol and cannabis include negative impacts on both physical and mental health, while societal impacts can include crime and anti-social behaviour<sup>61</sup>. Most people first experiment with and become users of substances including alcohol, tobacco and illicit drugs during adolescence, making it an important period of the lifecourse in which to address substance misuse.

Gambling in adolescence has been linked to a number of health risk behaviours, including substance misuse<sup>62</sup>, as well as poorer physical and mental health outcomes<sup>63-65</sup>. Recent evidence from Wales shows that 41% of 11-16 year olds reported past year gambling, 16% of whom felt bad as a result of their gambling<sup>66</sup>. Young people who initiate gambling during adolescence are at greater risk of becoming problem gamblers (defined as ‘gambling behaviour leading to clinically significant impairment or distress’<sup>67</sup>) in adulthood<sup>68</sup>, which has been linked to a heightened risk of addiction, delinquency, and suicide<sup>69</sup>.

This section presents data on young people’s substance use and gambling in Wales based on the following measures: **current tobacco smoking**, **age at first cigarette**, **exposure to tobacco smoke in cars**, **e-cigarette experimentation**, **current e-cigarette use**, **frequency of alcohol consumption**, **quantity of alcohol consumption**, **age first got drunk**, **offered cannabis**, **lifetime cannabis use**, **age first cannabis use**, **illicit drug use**, and **gambling in the past 7 days**.

### **Summary of main findings**

#### **Tobacco smoking**

Current (at least weekly) tobacco smoking was reported by 4% of young people (**Figure 8.1**). There was little observed difference in rates of current smoking between boys and girls (4% vs. 3%), while young people who identified as neither a boy nor a girl were around seven times more likely to report current smoking (27%) (**Figure 8.2**). There was a clear age effect; 1% of students in year 7 reported current smoking, rising to 9% by year 11. Socioeconomic inequalities were evident, with students from less affluent families twice as likely as those from more affluent families to report current smoking (6% vs. 3%) (**Figure 8.3**). In all year groups, young people who identified as neither a boy nor a girl had the highest rates of current smoking; by year 11, 2 in 5 (40%) were current smokers (**Figure 8.4**).

Of those who had ever smoked a cigarette, almost 2 in 5 (39%) reported having done so before 14 years of age (**Figure 8.5**). Initiating smoking before age 14 was more common among boys than girls, while almost 4 in 5 (77%) young people who identified as neither a boy nor a girl reported initiating smoking before age 14 (**Figure 8.6**). Over half (51%) of young people from less affluent families reported smoking their first cigarette before age 14 (**Figure 8.7**).

Less than 1 in 10 (8%) young people reported being exposed to tobacco smoke during their most recent car journey (**Figure 8.8**), although this was closer to 1 in 5 (21%) among those who identified as neither a boy nor a girl (**Figure 8.9**). Young people from less affluent families were almost three times more likely than those from more affluent families to report

being exposed to tobacco smoke during their most recent car journey (16% vs. 6%) ([Figure 8.10](#)).

### E-cigarette use

More than 1 in 5 (22%) young people reported having ever tried an e-cigarette ([Figure 8.12](#)). Boys were slightly more likely than girls to have ever tried an e-cigarette (23% vs. 21%), but much less likely than those who identified as neither a boy nor a girl, of whom more than 2 in 5 (43%) reported having ever used an e-cigarette ([Figure 8.13](#)). Ever use of e-cigarettes increased considerably with age; 6% of students in year 7 reported having tried e-cigarettes, rising to 43% by year 11. Similar to tobacco smoking, socioeconomic inequalities were evident with young people from less affluent families more likely than those from more affluent families to report having ever tried an e-cigarette ([Figure 8.14](#)).

Current use of e-cigarettes was rare with only 3% of young people reporting at least weekly use ([Figure 8.16](#)). Demographic trends in current e-cigarette use closely mirrored those reported for ever use, with usage increasing with age and highest among young people who identified as neither a boy nor a girl ([Figures 8.17-8.19](#)).

### Alcohol consumption

Over half (54%) of young people reported that they never drink alcohol, while nearly 1 in 10 (8%) drink alcohol at least weekly ([Figure 8.20](#)). Boys were more likely than girls to drink alcohol at least weekly (9% vs. 6%), but considerably less likely than young people who identified as neither a boy nor a girl (38%) ([Figure 8.21](#)). The likelihood of drinking alcohol at least weekly increased with age and was higher among young people from more affluent families ([Figure 8.22](#)).

Among young people who drink alcohol, over half (55%) reported typically consuming more than one alcohol drink per drinking occasion, with around 1 in 5 (21%) consuming 5 drinks or more ([Figure 8.24](#)). Girls were more likely than boys to drink more than one alcoholic drink per drinking occasion (59% vs 51%), but less likely than those who identified as neither a boy nor a girl (69%) ([Figure 8.25](#)). The likelihood of consuming more than one alcoholic drink per drinking occasion increased with age, while there was little evidence of a socioeconomic gradient ([Figure 8.26](#)). Girls were more likely than boys to drink more than one alcohol drink per drinking occasion in all years except year 7 ([Figure 8.27](#)).

Among year 11 students, more than 1 in 5 (23%) reported first getting drunk before age 14 ([Figure 8.28](#)). Boys were more likely than girls to have first got drunk before age 14 (24% vs. 20%), but less likely than those who identified as neither a boy nor a girl, of whom more than 1 in 2 (54%) reported first getting drunk before 14 years of age ([Figure 8.29](#)). While young people from more affluent families reported more frequent alcohol consumption ([Figure 8.22](#)), those from less affluent families were more likely to report having first got drunk before age 14 ([Figure 8.30](#)).

### Cannabis use

Nearly 1 in 5 (18%) young people reported that they have been offered cannabis in the last 12 months ([Figure 8.31](#)). Boys were more likely than girls to have been offered cannabis, but were considerably less likely than those who identified as neither a boy nor a girl (44%) ([Figure 8.32](#)). The likelihood of being offered cannabis increased with age, while there was no clear pattern by family affluence ([Figure 8.33](#)).

Almost 1 in 10 (8%) young people reported having ever used cannabis in their lifetime ([Figure 8.35](#)). A similar proportion of boys and girls have ever used cannabis (8% vs. 7%), while prevalence was much higher among those who identified as neither a boy nor a girl (28%) ([Figure 8.36](#)). The likelihood of having ever used cannabis increased with age and was higher among young people from less affluent families ([Figure 8.37](#)). In all year groups, rates of ever use were consistently highest among young people who identified as neither a boy nor a girl ([Figure 8.38](#)).

Among year 11 students, more than 1 in 5 (23%) reported first using cannabis before 14 years of age ([Figure 8.39](#)). Boys were more likely than girls to have first used cannabis before age 14, while among those who identified as neither a boy nor a girl, 7 in 10 had begun using cannabis by this time ([Figure 8.40](#)). The likelihood of first using cannabis before age 14 was higher among young people from less affluent families ([Figure 8.41](#)).

### **Other illicit drug use**

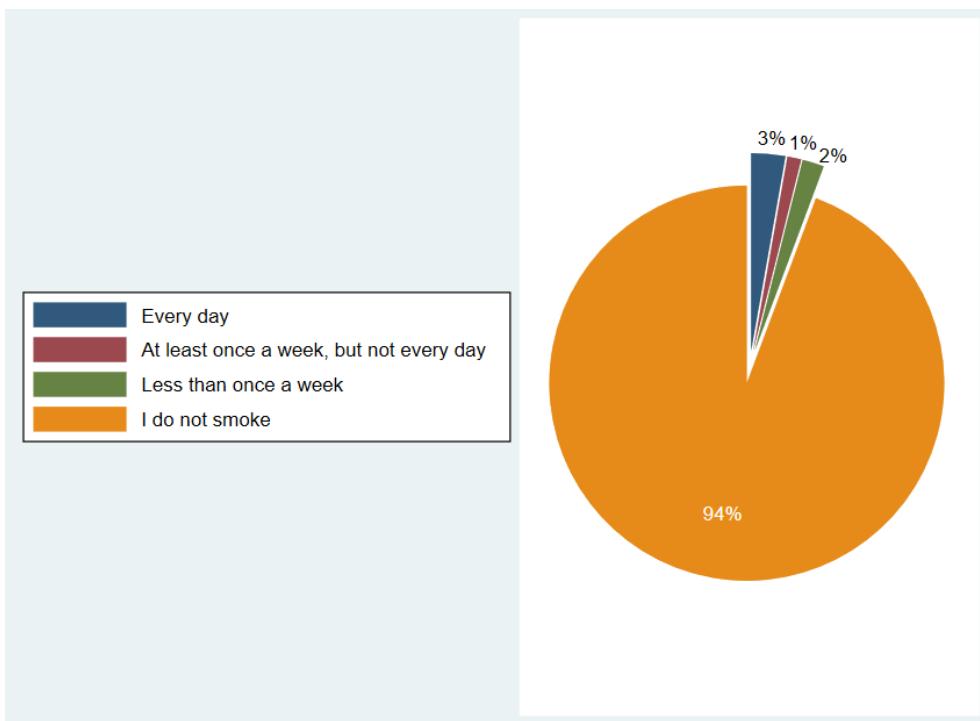
Fifteen percent of young people reported having ever used drugs in their lifetime with laughing gas and cannabis the most commonly used drugs ([Figures 8.42-8.43](#)). Boys were more likely than girls to have ever used drugs (16% vs. 13%), but less likely than young people who identified as neither a boy nor a girl, of which almost 2 in 5 (37%) reported having used drugs in their lifetime ([Figure 8.43](#)). Ever use of drugs increased with age, while there was little evidence of a socioeconomic gradient ([Figure 8.44](#)). In all year groups, young people who identified as neither a boy nor a girl were most likely to report having ever used illicit drugs, with nearly 1 in 2 (47%) having done so by year 11 ([Figure 8.45](#)).

### **Gambling**

One in 10 young people reported having spent their own money on gambling activities in the past 7 days, with ‘fruit machines’ and ‘playing cards for money with friends’ the most common gambling activities reported ([Figures 8.46-8.47](#)). Boys were almost twice as likely than girls to report having spent their own money on gambling activities in the past 7 days (13% vs. 7%), while the likelihood of gambling increased with both age and family affluence ([Figure 8.48](#)). In all year groups, young people who identified as neither a boy nor a girl were most likely to report gambling in the past 7 days, with more than 2 in 5 (42%) reporting gambling by year 11 ([Figure 8.49](#)).

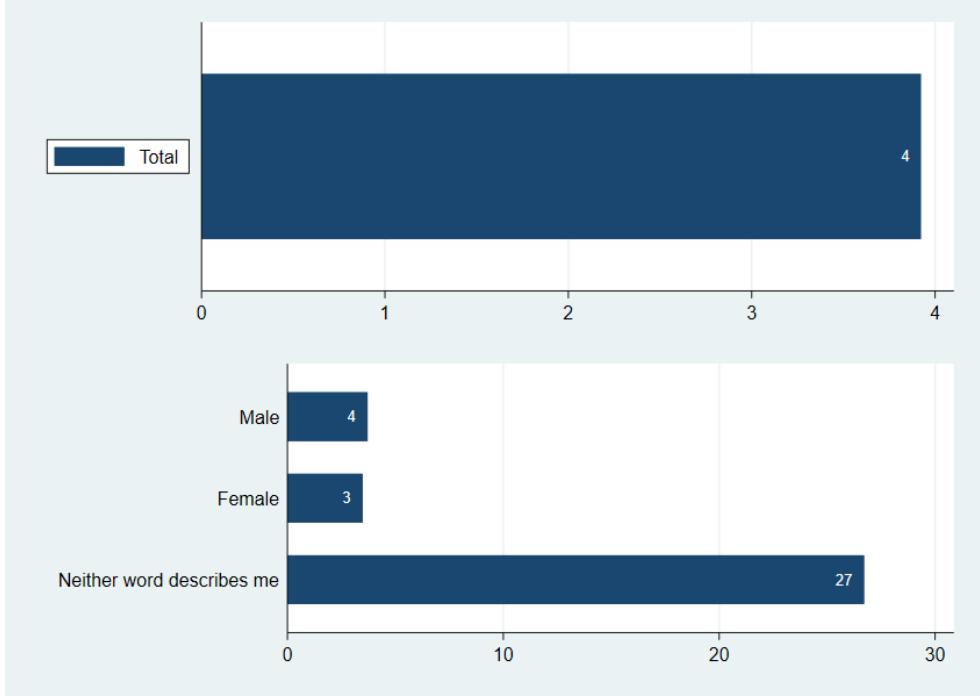
For breakdowns of each measure by ethnicity, local health board, and regional education consortia, see [Tables 8.1-8.3](#).

**Figure 8.1 Current tobacco smoking (%)**



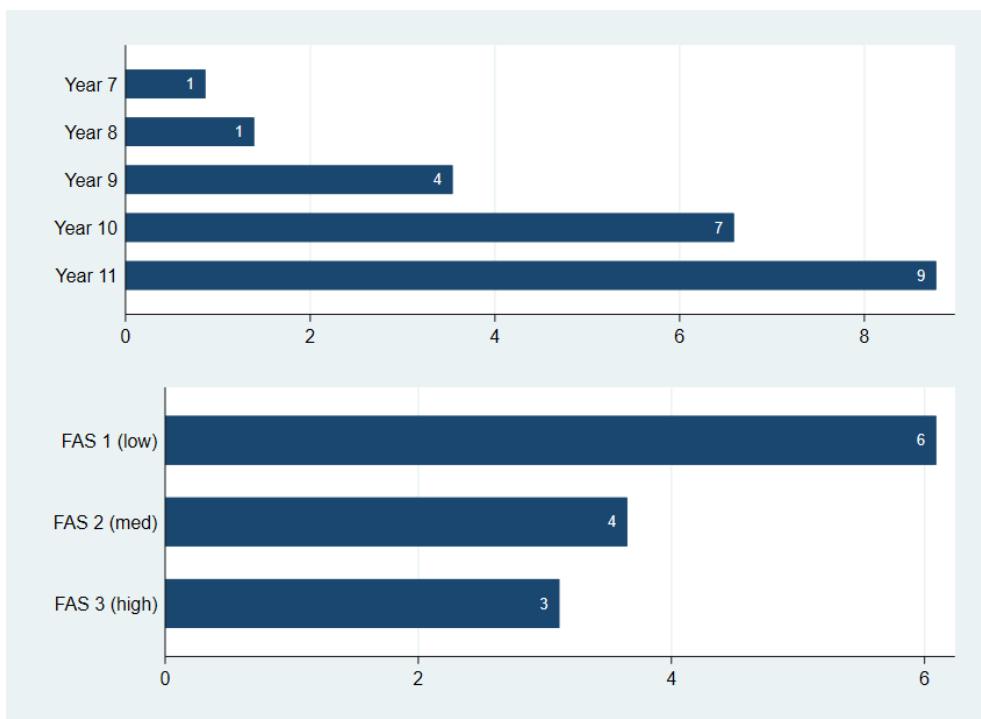
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=112,217)

**Figure 8.2 Percentage who currently smoke tobacco at least weekly, overall and by gender**



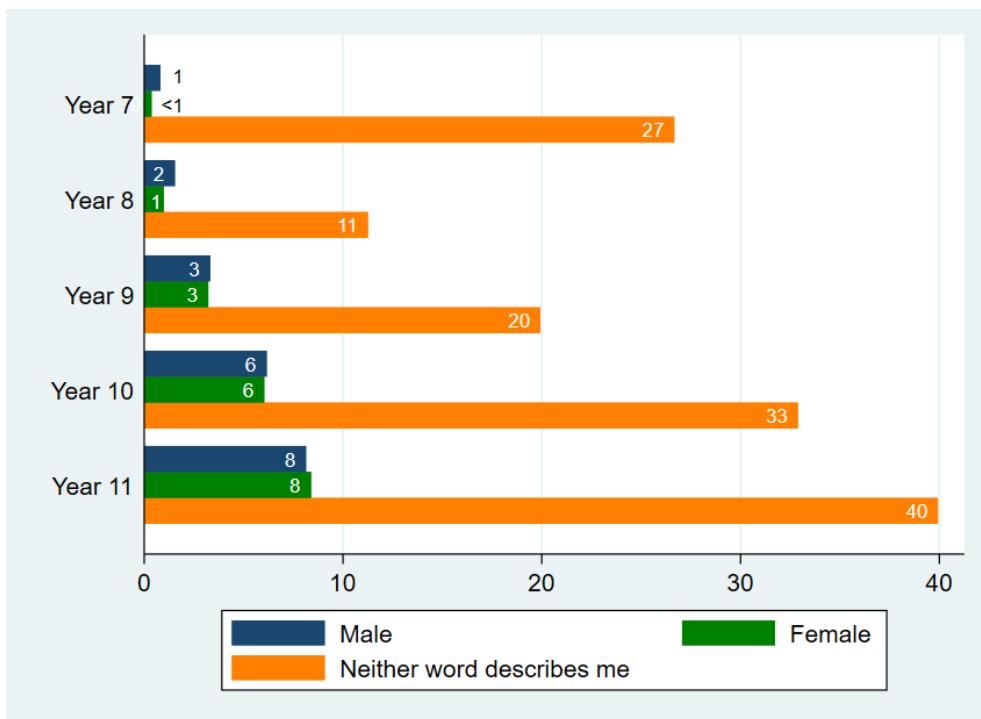
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=112,217; by gender, n=111,311 – excludes 906 gender non-response)

**Figure 8.3 Percentage who currently smoke tobacco at least weekly by year group and family affluence**



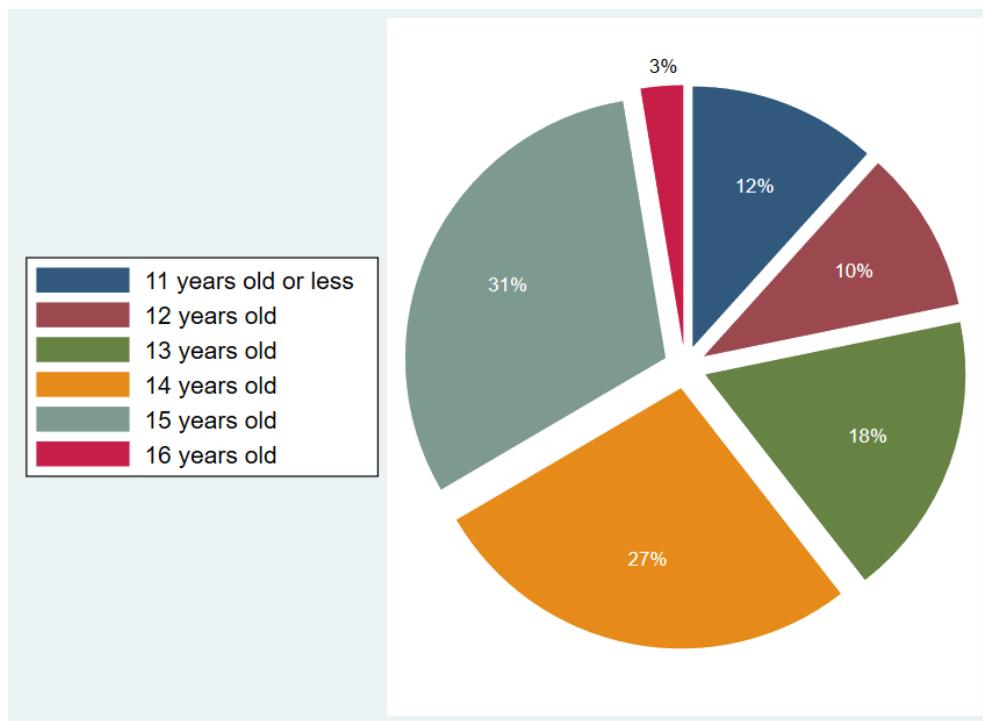
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=112,217; by FAS, n=105,946)

**Figure 8.4 Percentage who currently smoke tobacco at least weekly by year group and gender**



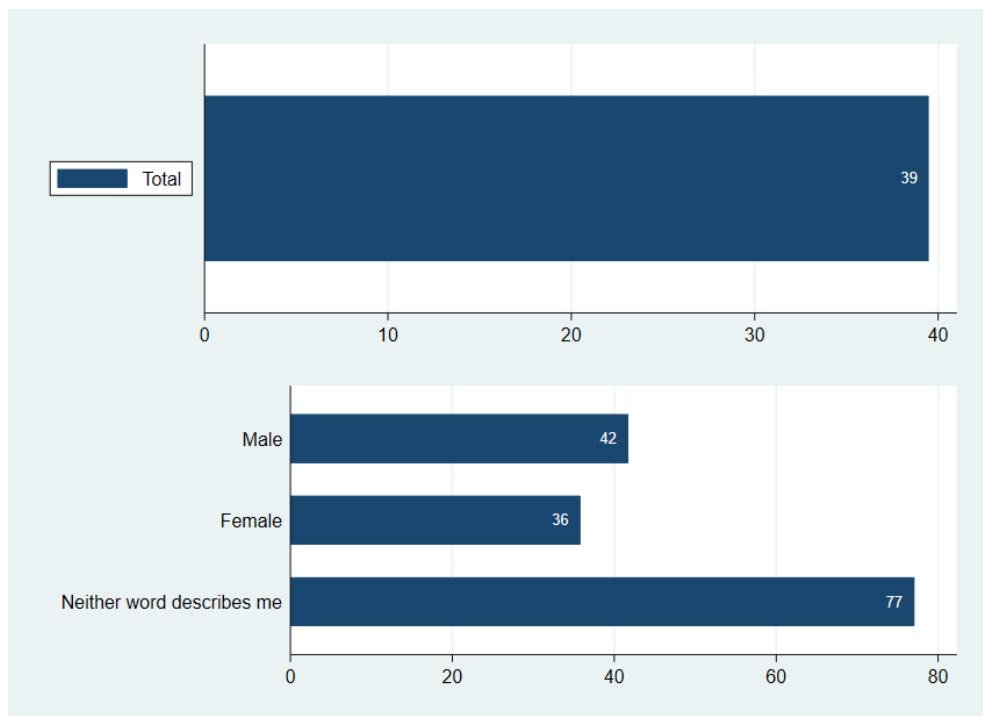
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=111,311). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.5 Age first smoked a cigarette (year 11 only) (%)**



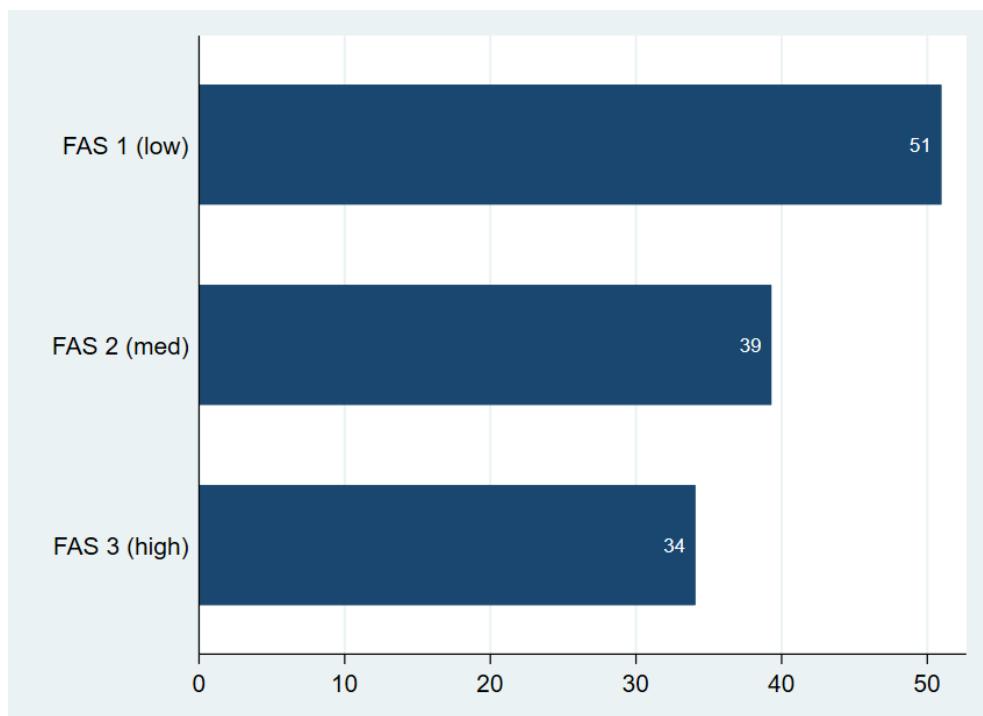
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=4,689)

**Figure 8.6 Percentage who smoked their first cigarette at age 13 years or younger, overall and by gender (year 11 only)**



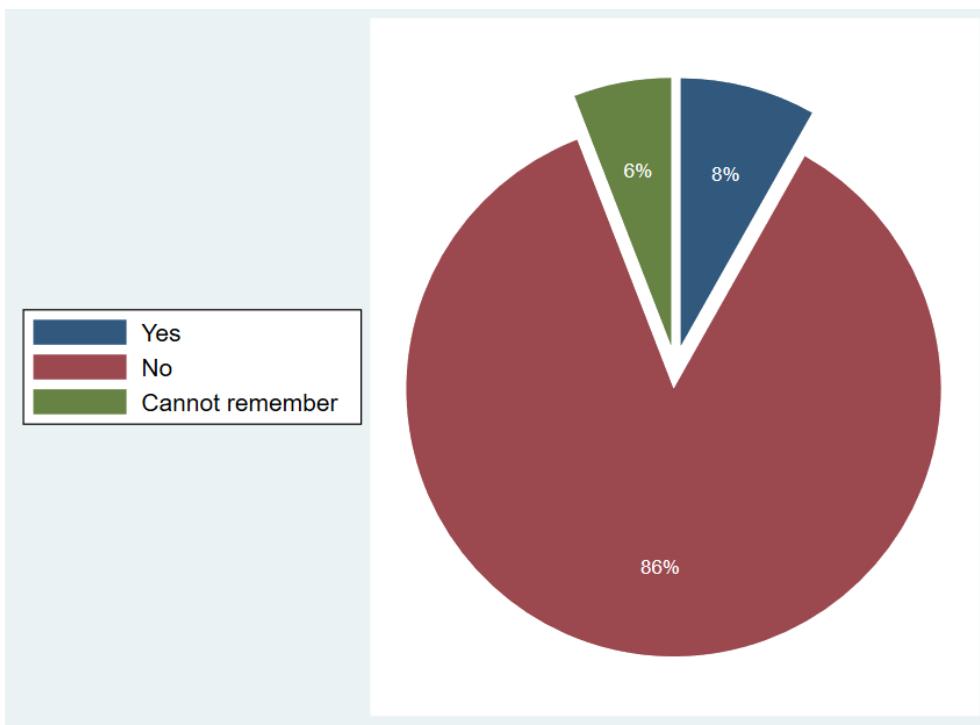
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(total, n=4,689; by gender, n=4,655 – excludes 34 gender non-response)

**Figure 8.7 Percentage who smoked their first cigarette at age 13 years or younger by family affluence (year 11 only)**



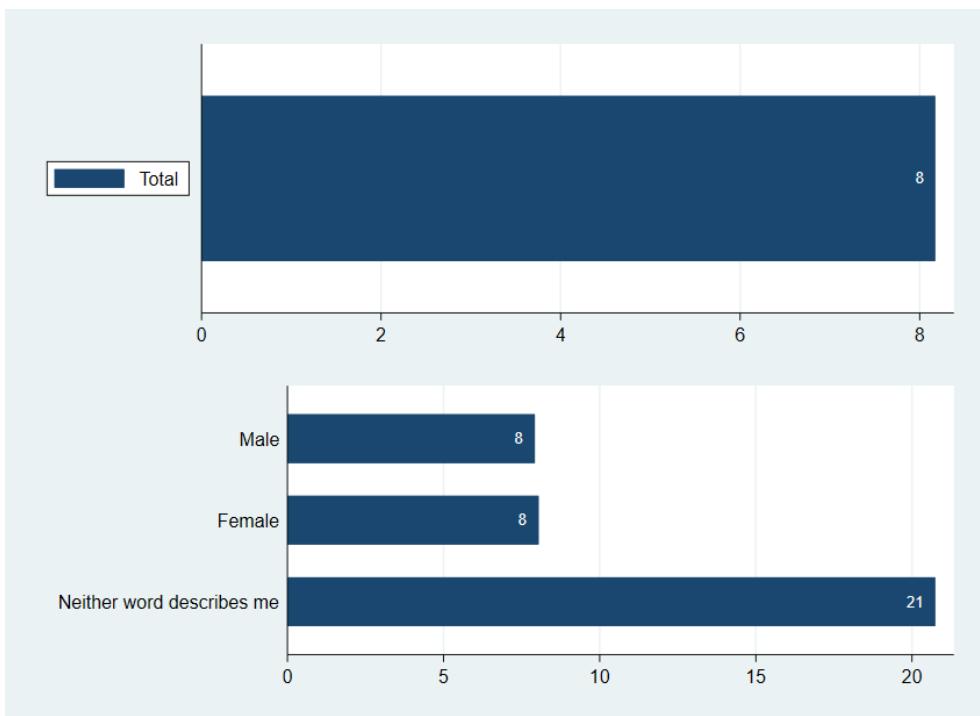
*Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(by FAS, n=4,493)*

**Figure 8.8 Exposed to tobacco smoke during most recent car journey (%)**



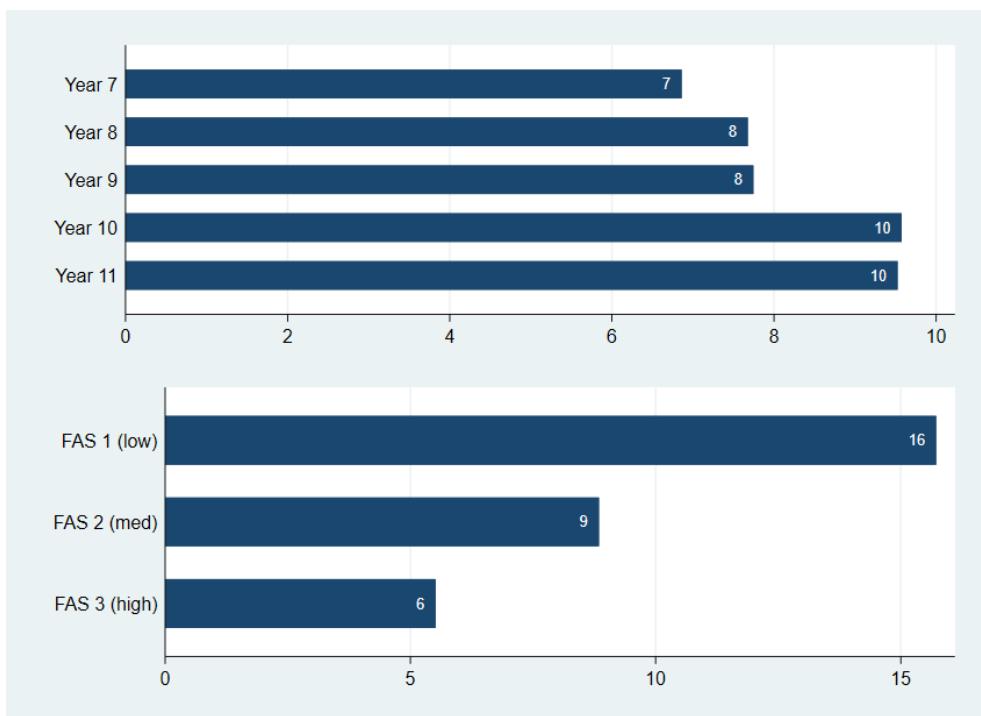
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=25,770)

**Figure 8.9 Percentage who were exposed to tobacco smoke during their most recent car journey, overall and by gender**



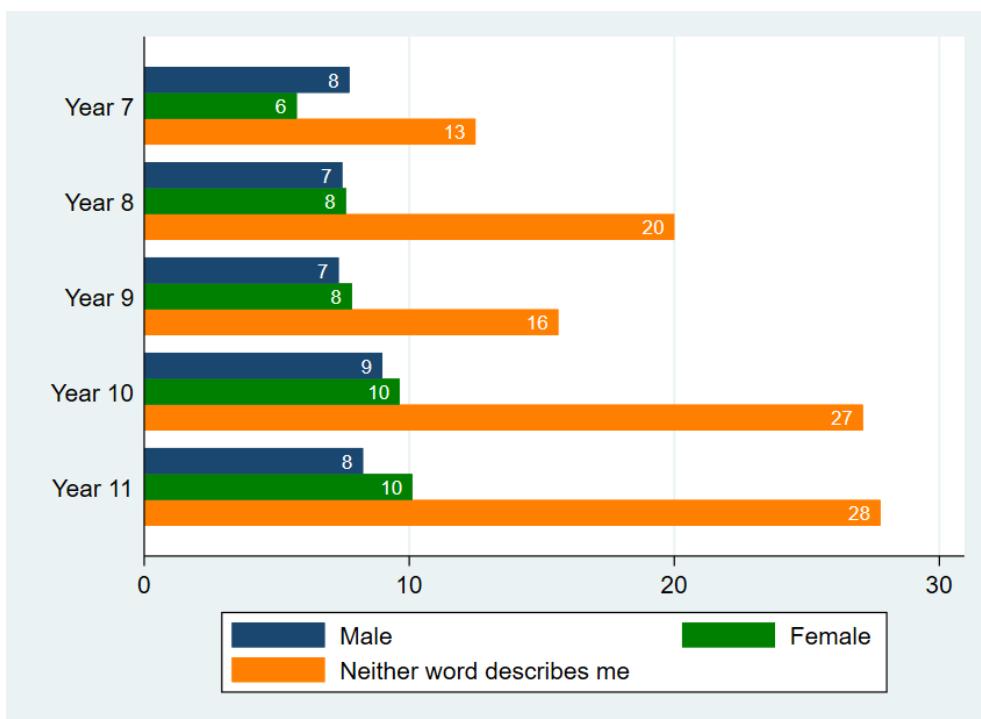
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=25,770; by gender, n=25,557 – excludes 213 gender non-response)

**Figure 8.10 Percentage who were exposed to tobacco smoke during their most recent car journey by year group and family affluence**



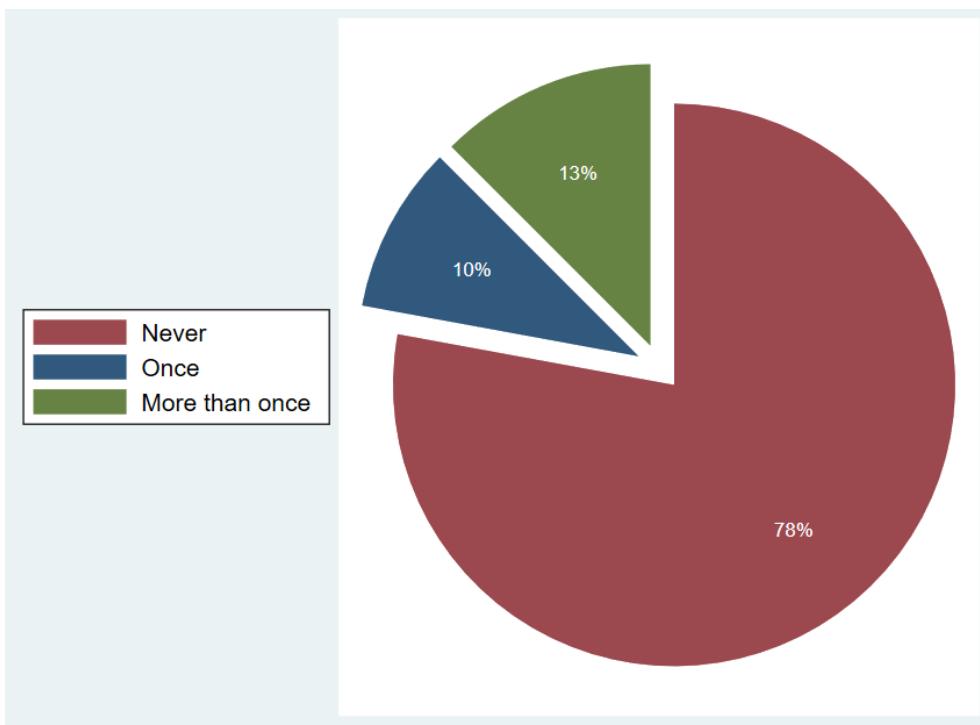
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=25,770; by FAS, n=24,347)

**Figure 8.11 Percentage who were exposed to tobacco smoke during their most recent car journey by year group and gender**



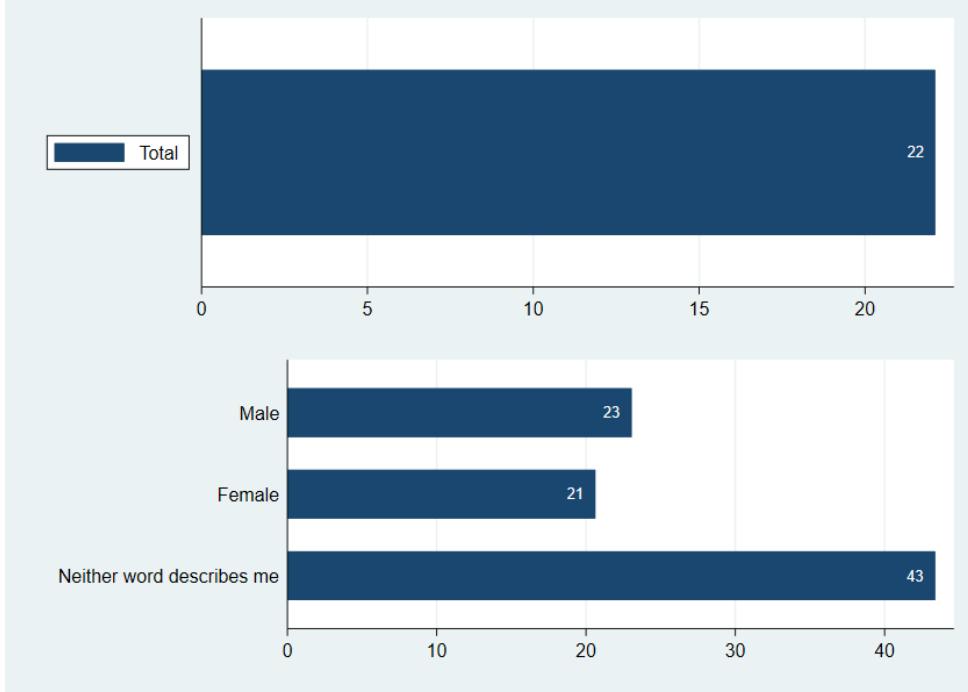
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=25,557). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.12 Tried e-cigarettes (%)**



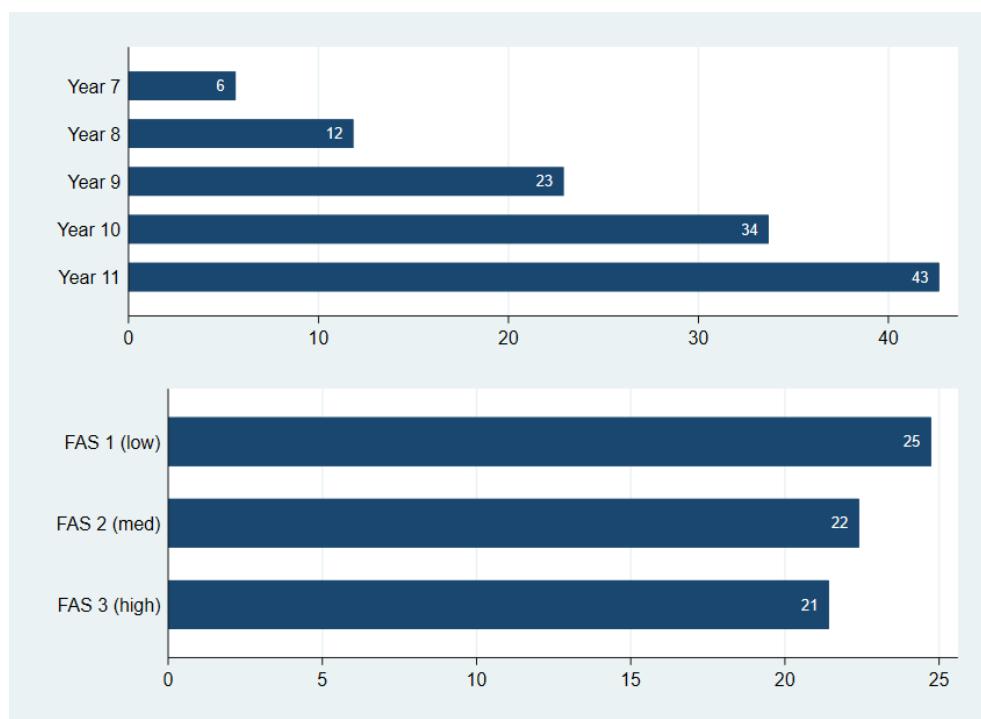
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,010)

**Figure 8.13 Percentage who have ever tried e-cigarettes, overall and by gender**



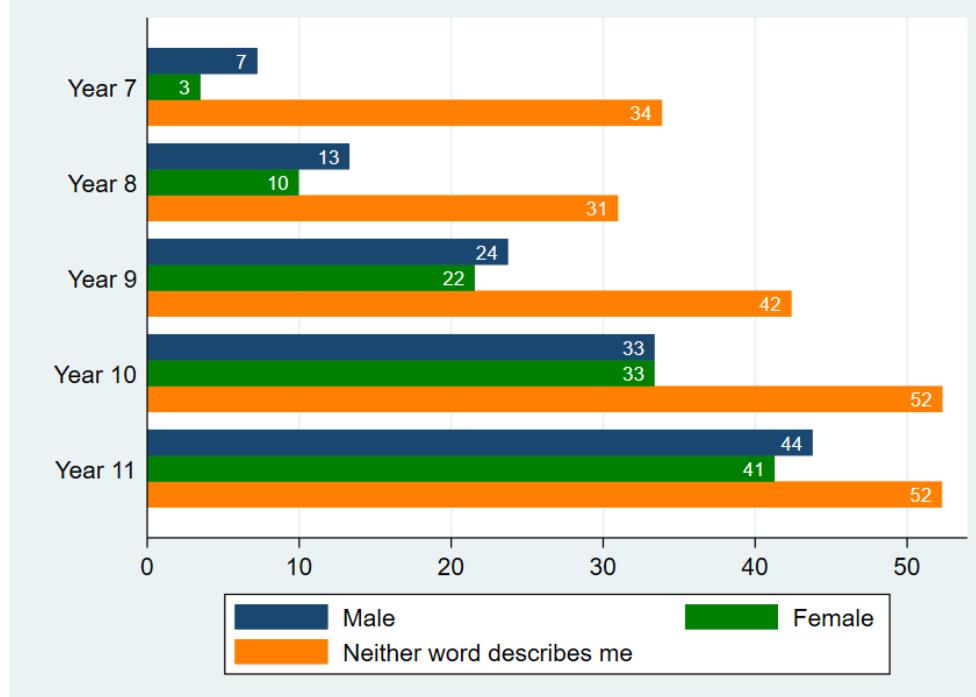
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=110,010; by gender, n=109,172 – excludes 838 gender non-response)

**Figure 8.14 Percentage who have ever tried e-cigarettes by year group and family affluence**



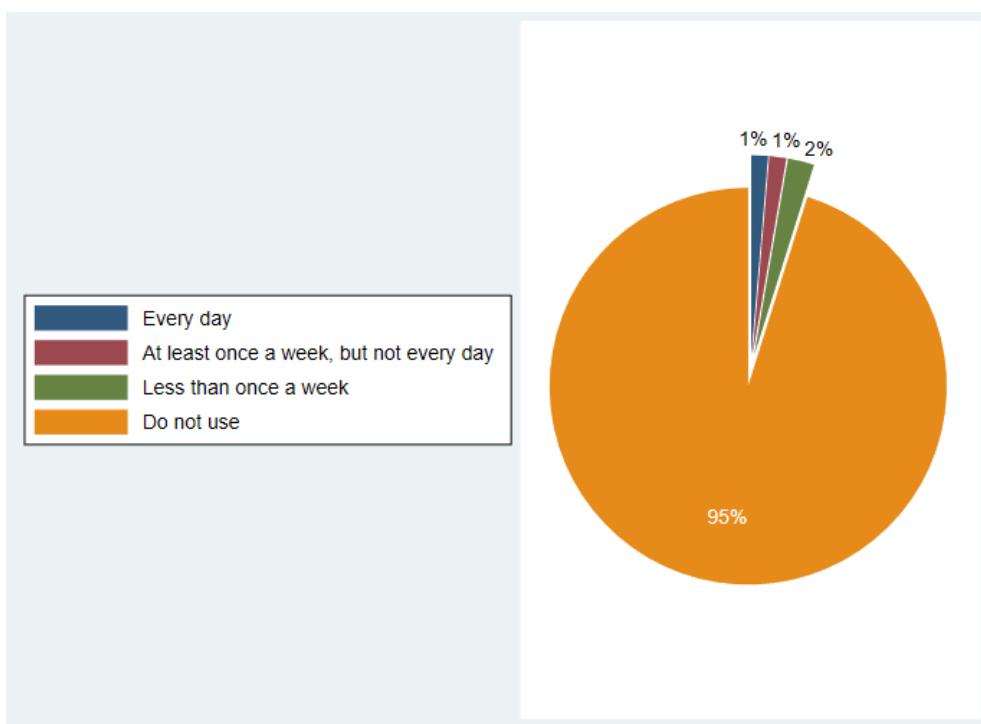
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=110,010; by FAS, n=104,279)

**Figure 8.15 Percentage who have ever tried e-cigarettes by year group and gender**



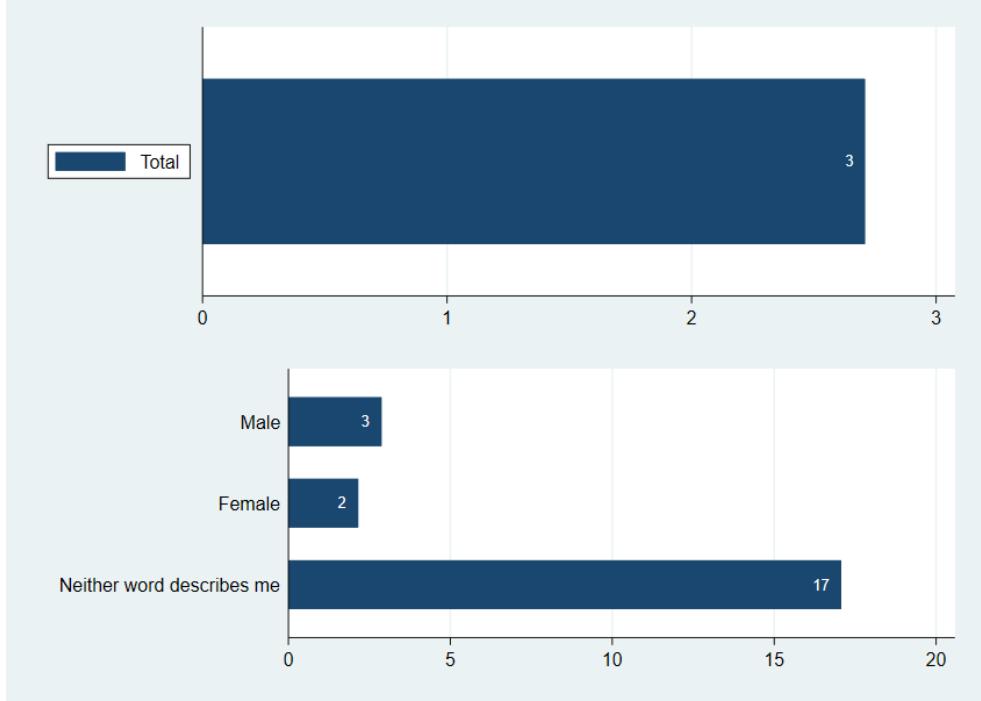
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,172). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.16 Current e-cigarette usage (%)**



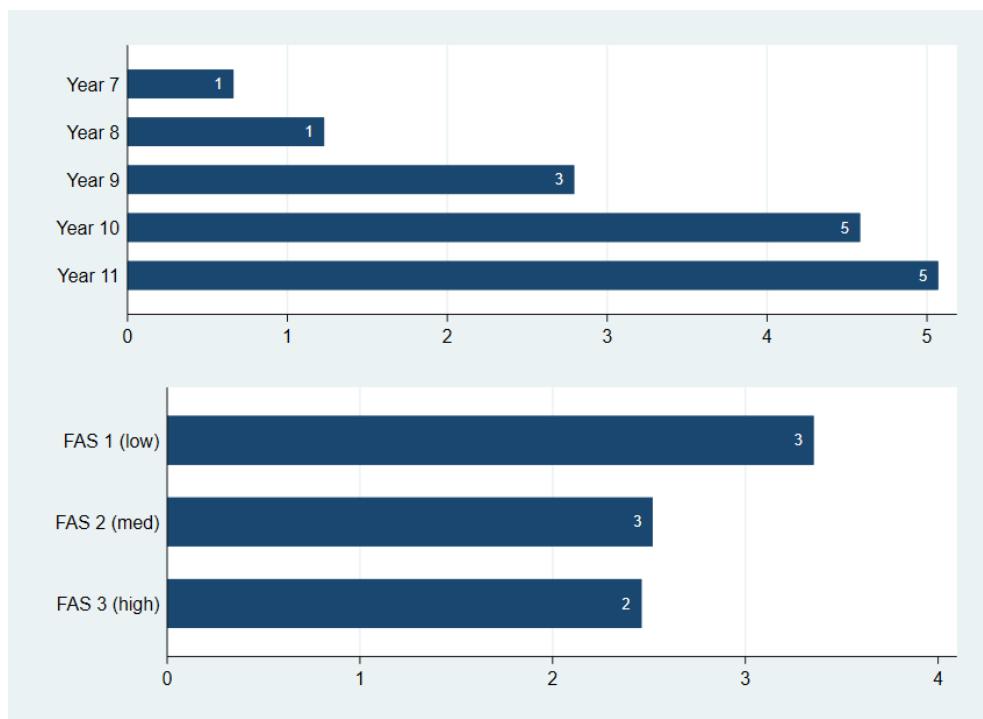
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,457)

**Figure 8.17 Percentage who use e-cigarettes at least weekly, overall and by gender**



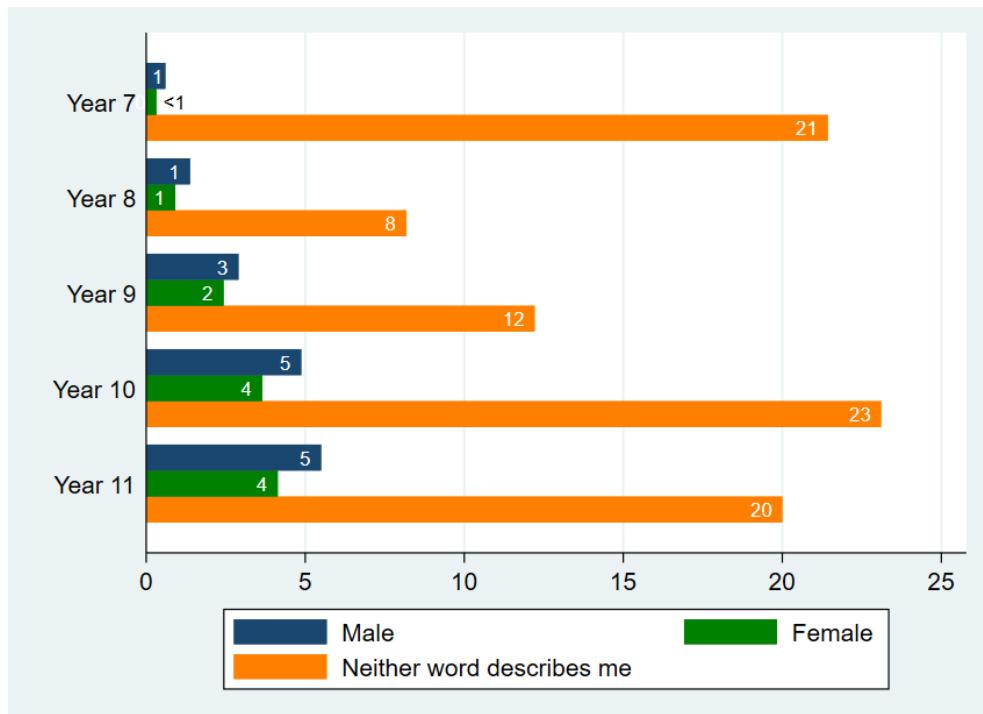
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=109,457; by gender, n=108,631 – excludes 826 gender non-response)

**Figure 8.18 Percentage who use e-cigarettes at least weekly by year group and family affluence**



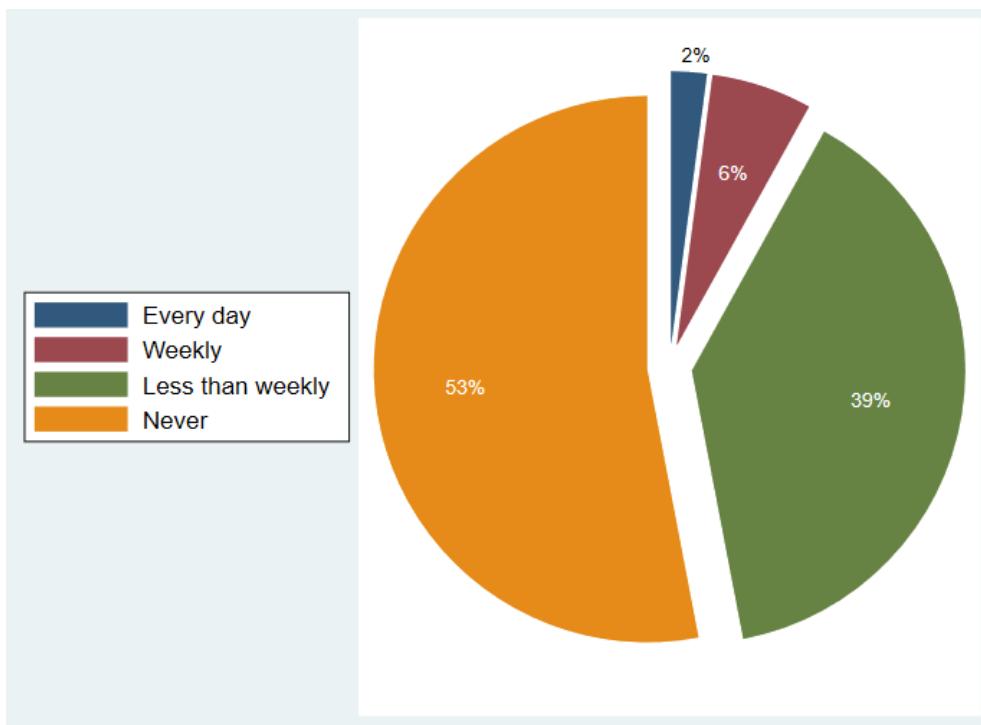
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=109,457; by FAS, n=103,787)

**Figure 8.19 Percentage who use e-cigarettes at least weekly by year group and gender**



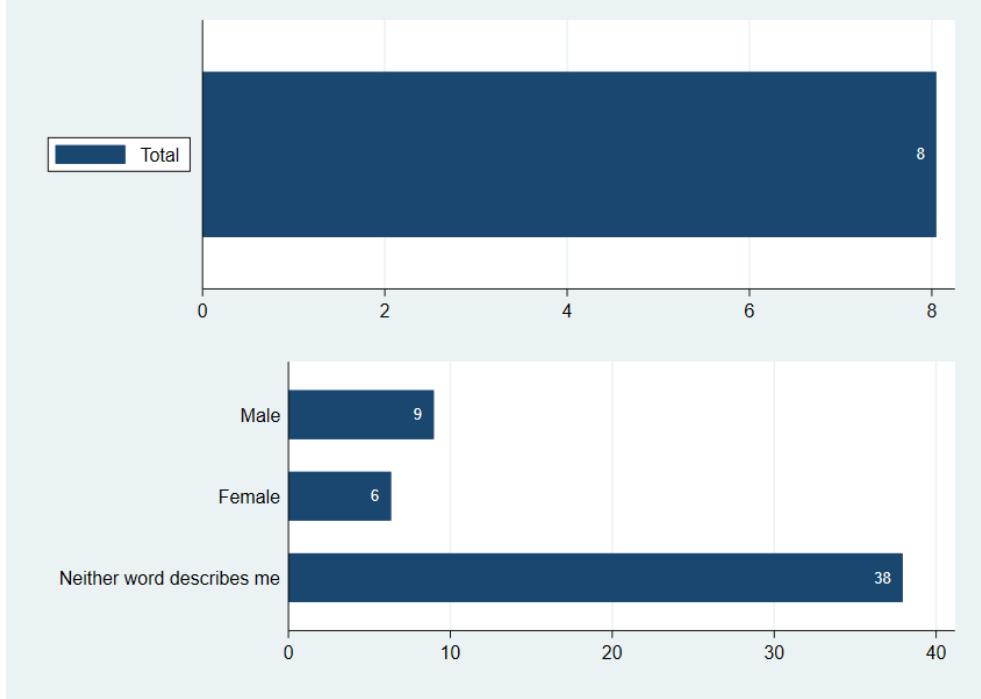
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=108,631). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.20 Current frequency of drinking anything alcoholic (%)**



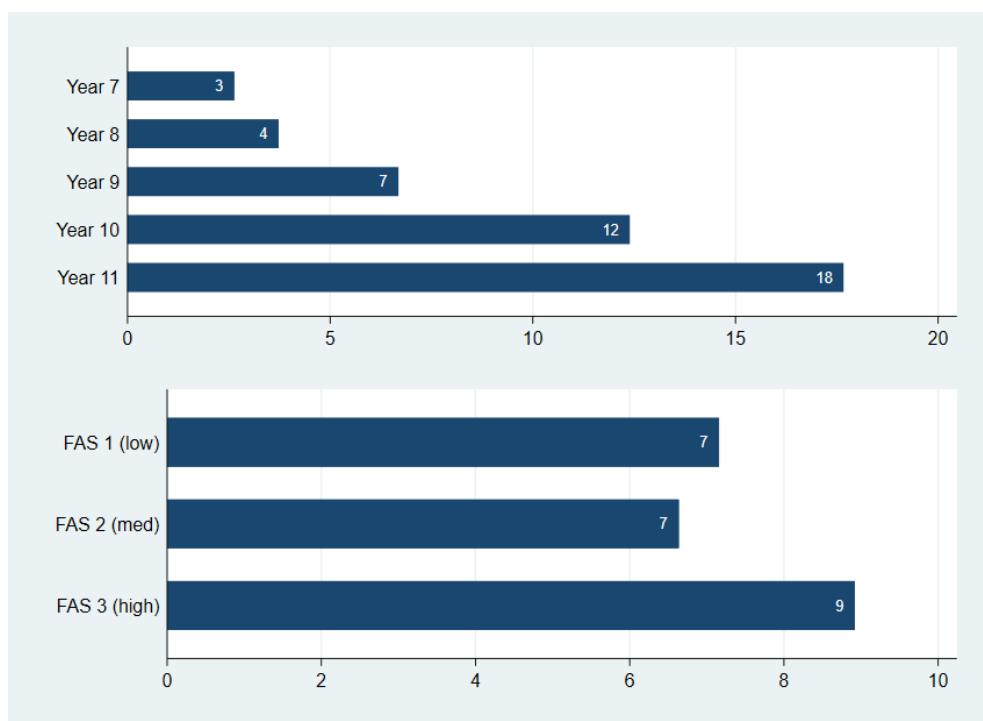
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=30,631)

**Figure 8.21 Percentage who drink anything alcoholic at least weekly, overall and by gender**



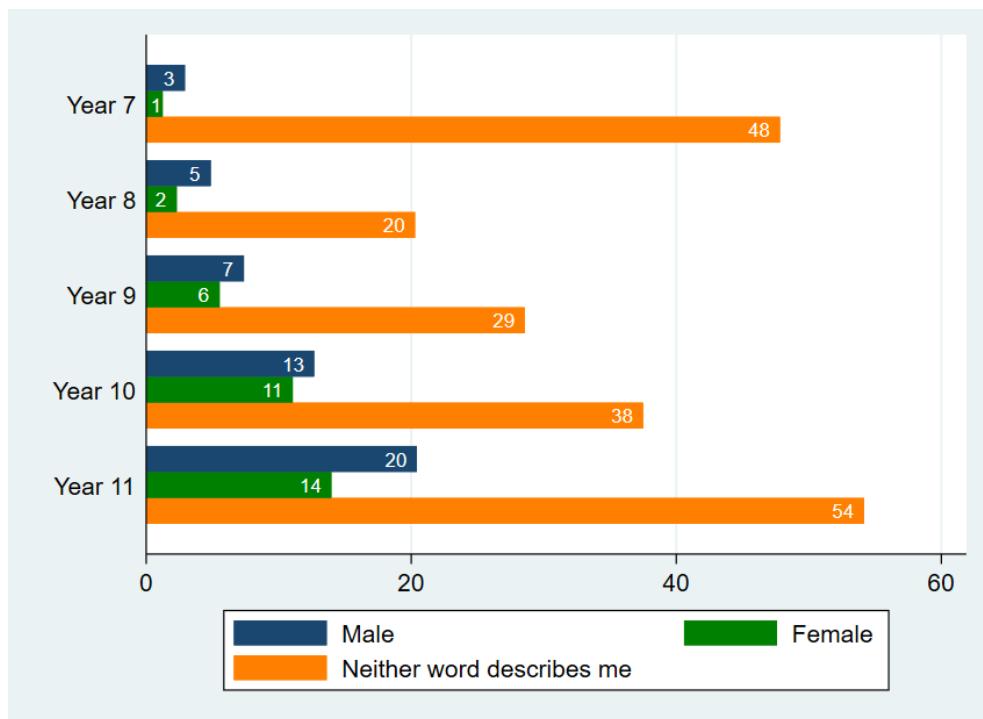
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=30,631; by gender, n=30,394 – excludes 377 gender non-response)

**Figure 8.22 Percentage who drink anything alcoholic at least weekly by year group and family affluence**



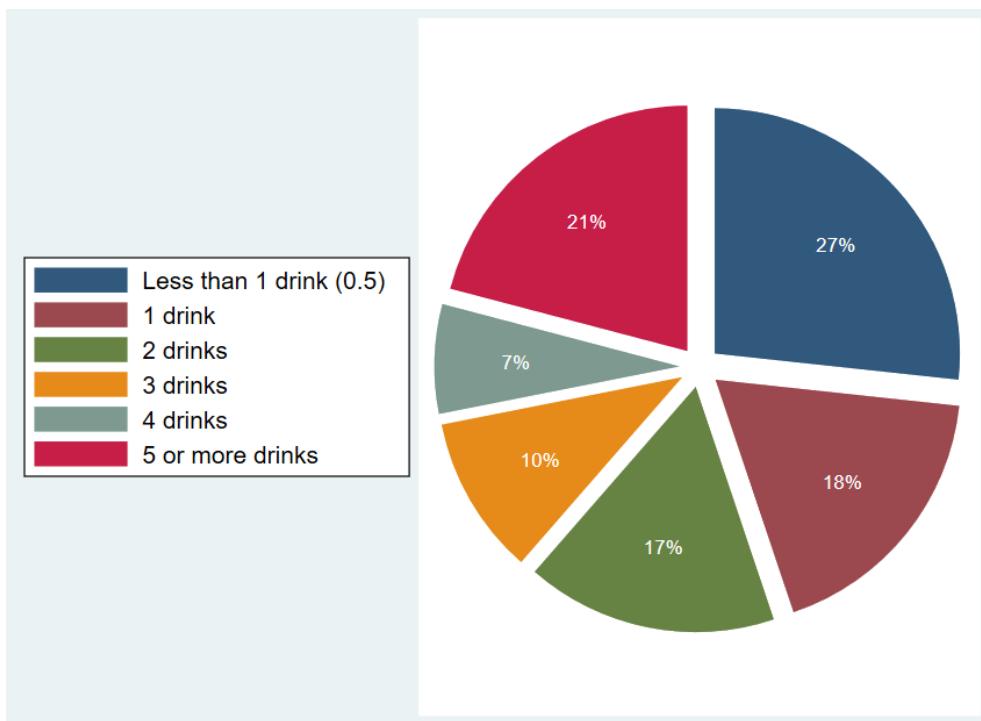
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=30,631; by FAS, n=28,919)

**Figure 8.23 Percentage who drink anything alcoholic at least weekly by year group and gender**



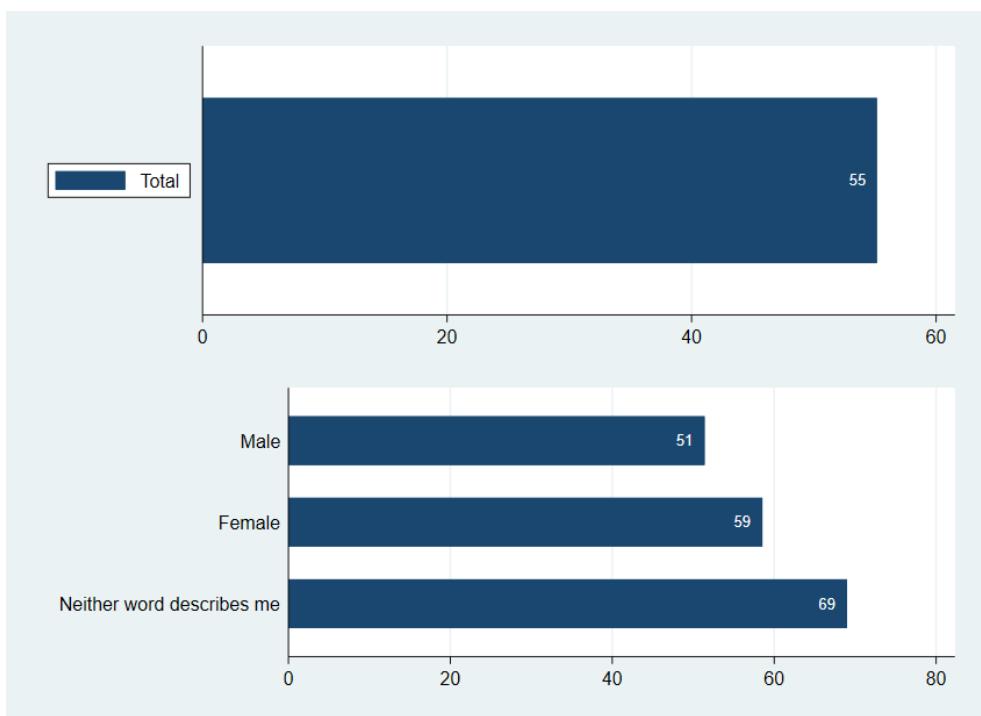
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=30,394). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.24 Number of alcoholic drinks consumed per drinking occasion (%)**



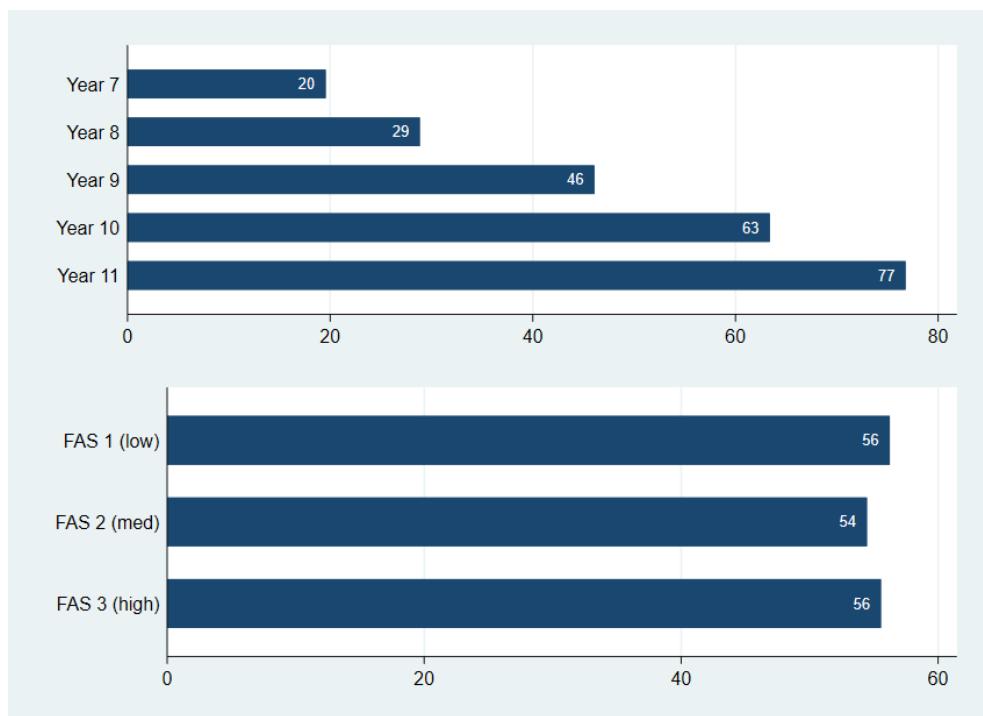
*Base: All respondents in years 7 to 11 who drink alcohol and gave an answer, surveyed between September and December 2019 (n=44,075)*

**Figure 8.25 Percentage who typically consume more than one alcoholic drink per drinking occasion, overall and by gender**



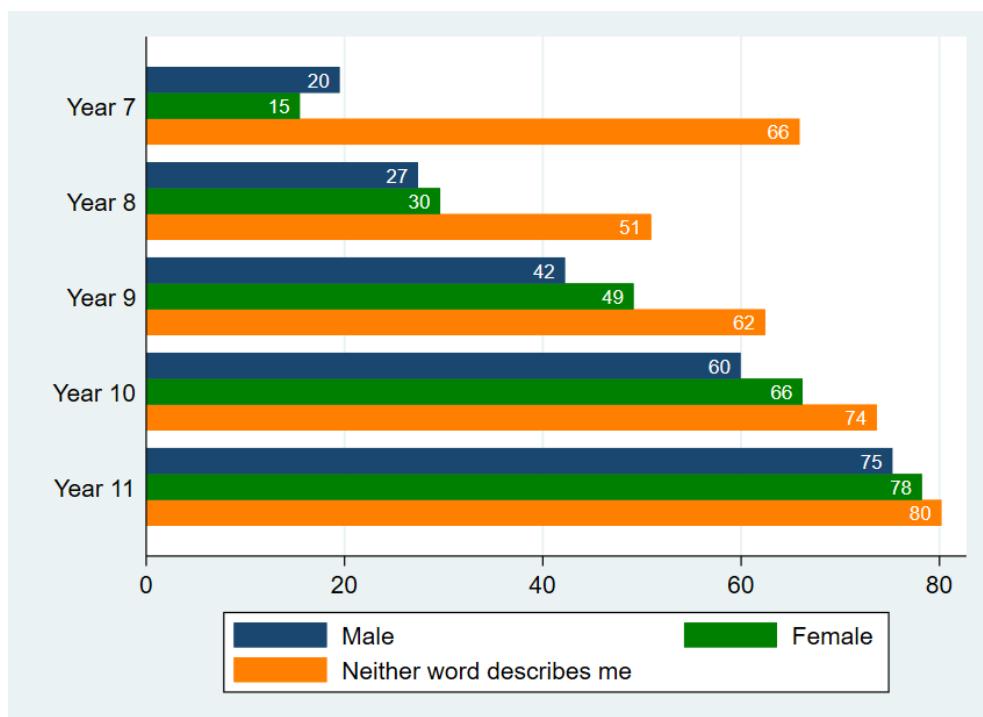
*Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=44,075; by gender, n=43,704 – excludes 371 gender non-response)*

**Figure 8.26 Percentage who typically consume more than one alcoholic drink per drinking occasion by year group and family affluence**



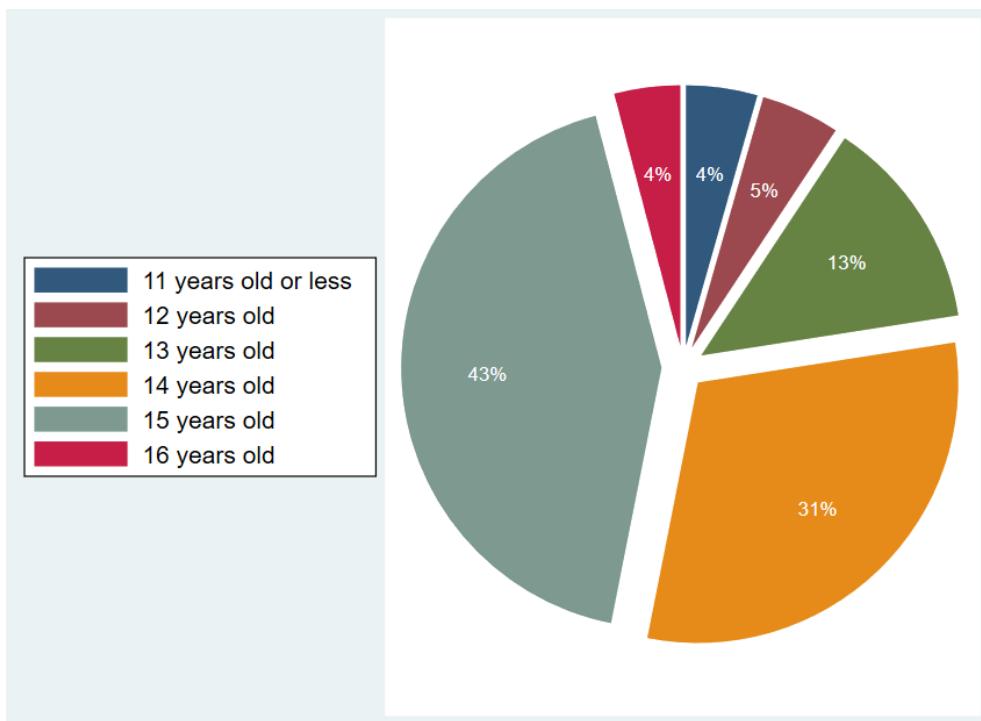
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=44,075; by FAS, n=42,215)

**Figure 8.27 Percentage who typically consume more than one alcoholic drink per drinking occasion by year group and gender**



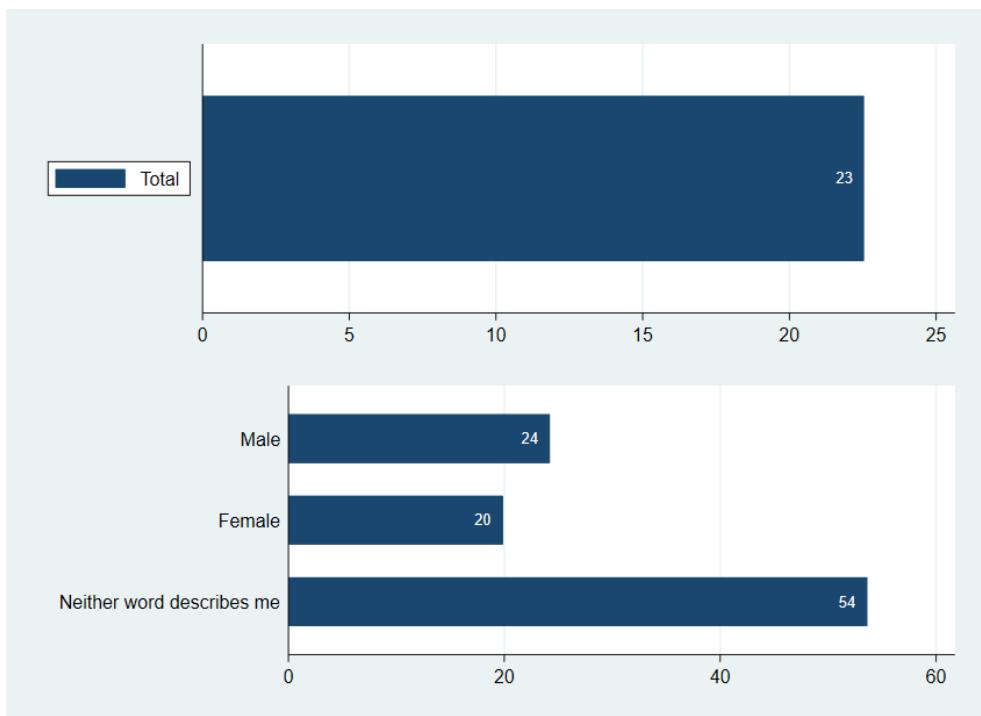
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=43,704). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.28 Age first got drunk (year 11 only) (%)**



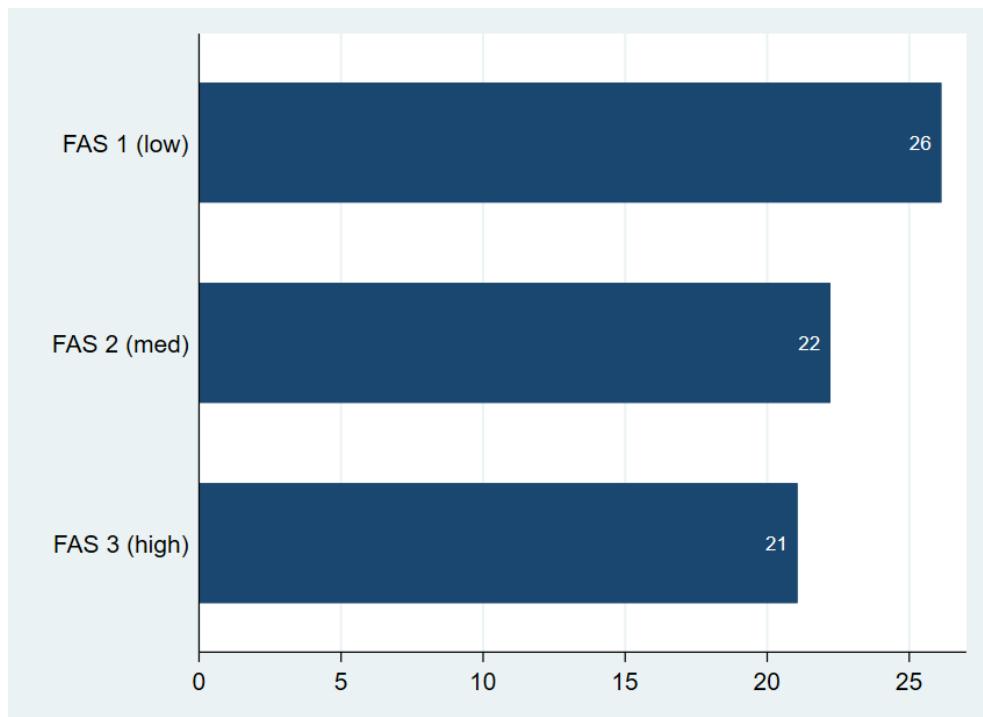
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=9,749)

**Figure 8.29 Percentage who first got drunk at age 13 years or younger, overall and by gender (year 11 only)**



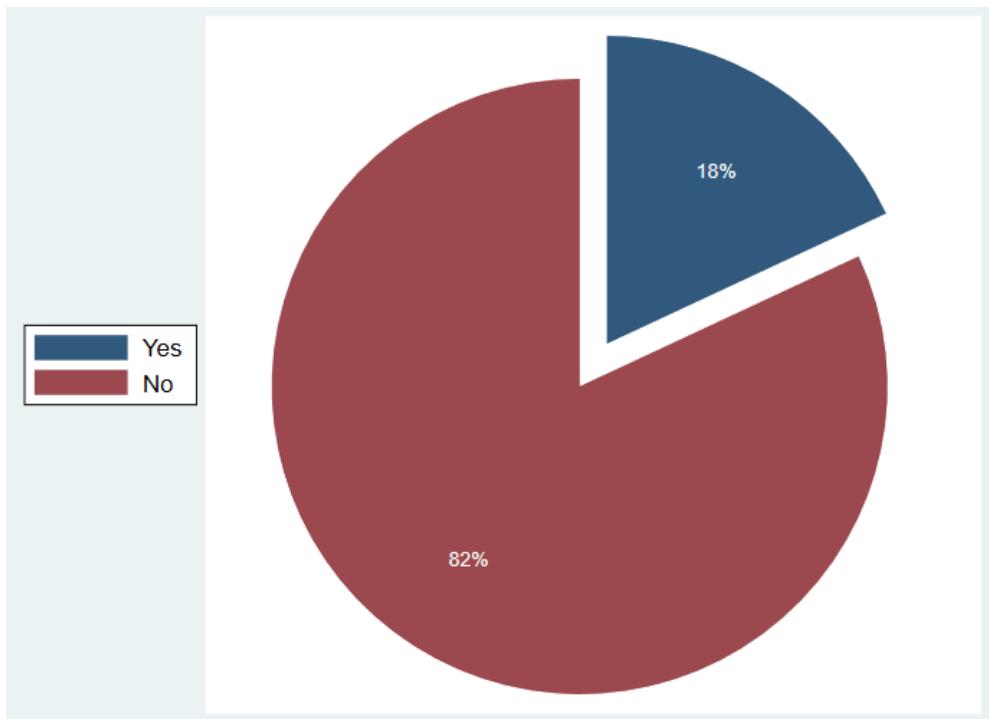
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(total, n=9,749; by gender, n=9,693 – excludes 56 gender non-response)

**Figure 8.30 Percentage who first got drunk at age 13 years or younger by family affluence (year 11 only)**



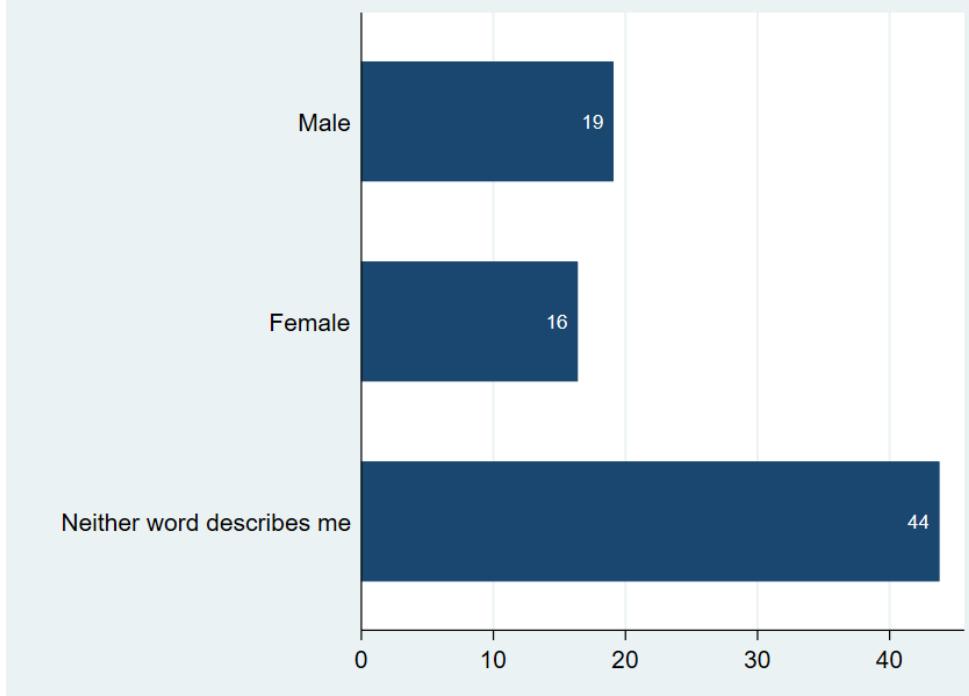
*Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(by FAS, n=9,453)*

**Figure 8.31 Percentage who have been offered cannabis in last 12 months**



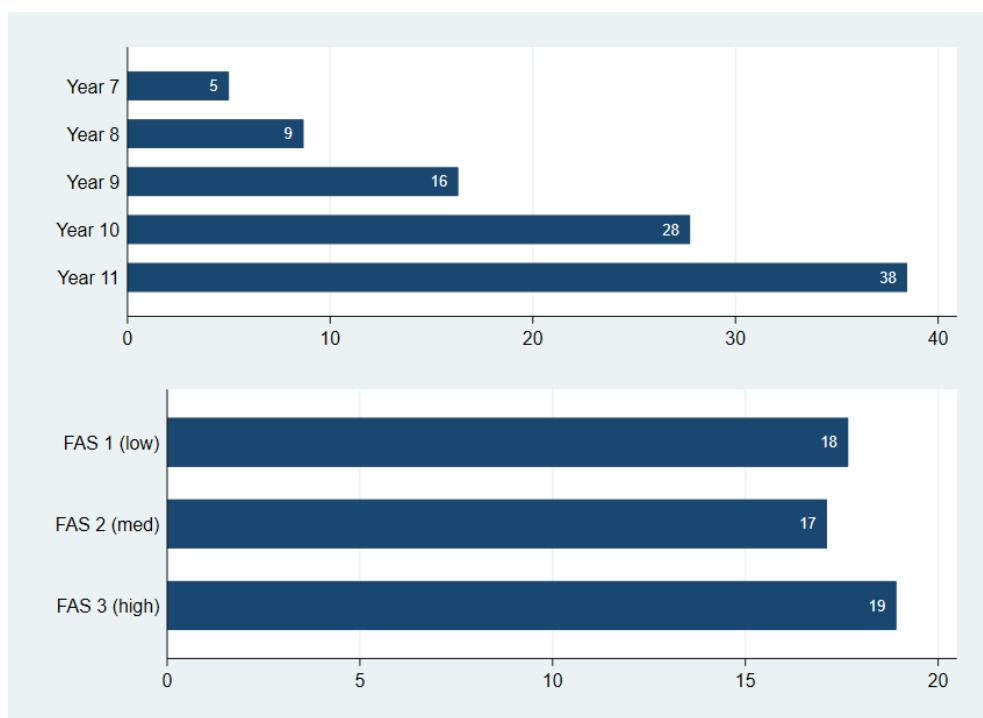
*Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,731)*

**Figure 8.32 Percentage who have been offered cannabis in the last 12 months by gender**



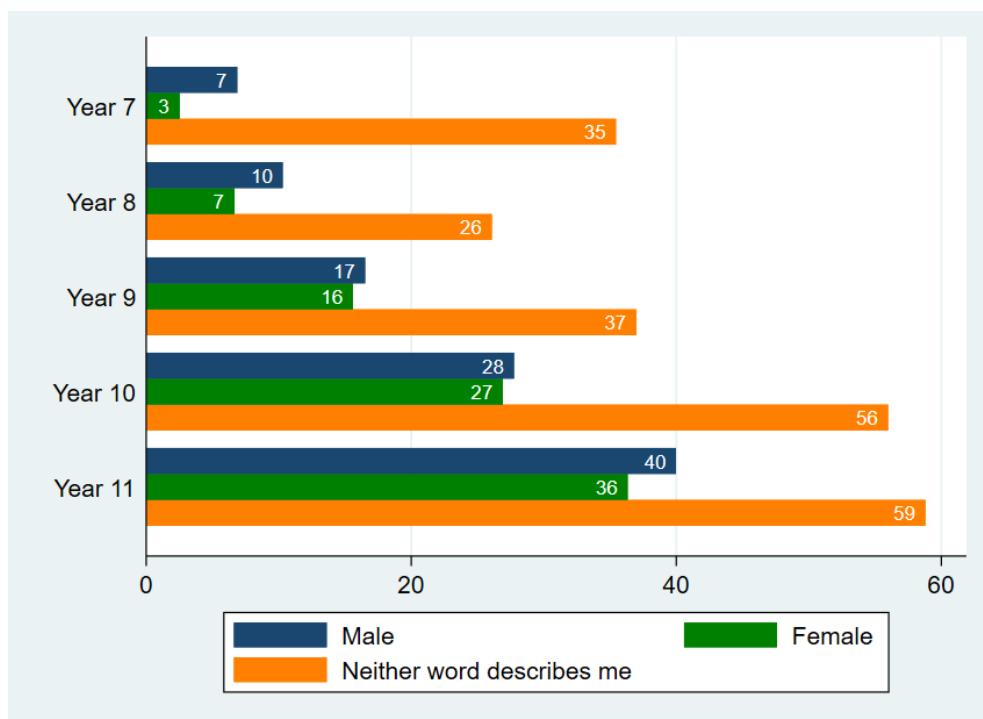
*Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by gender, n=109,880 – excludes 851 gender non-response)*

**Figure 8.33 Percentage who have been offered cannabis in the last 12 months by year group and family affluence**



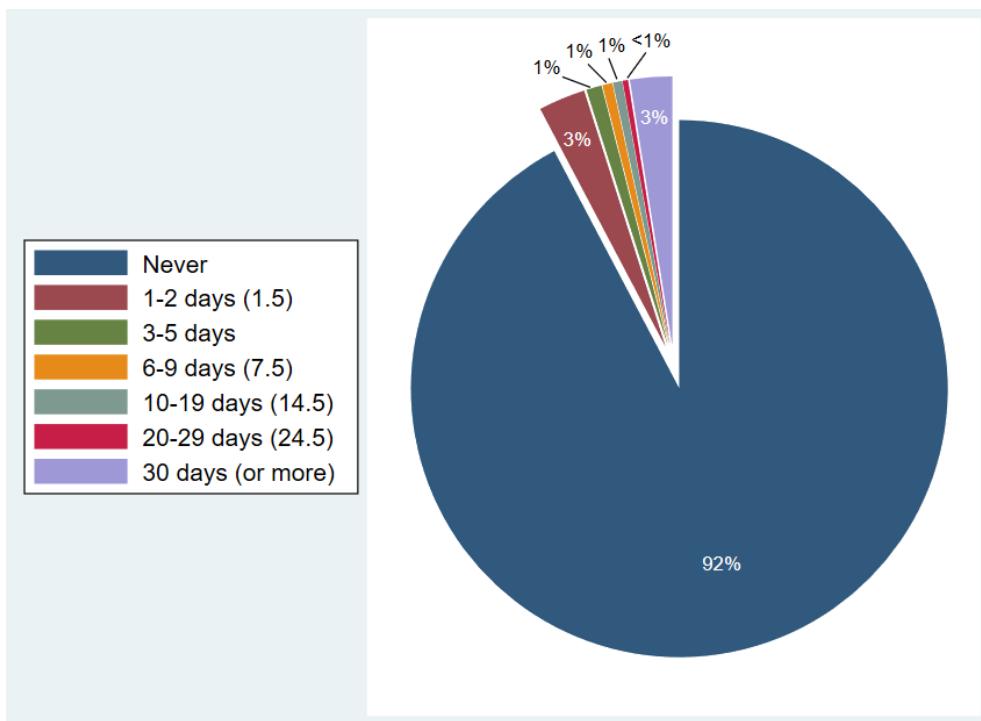
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=110,731; by FAS, n=104,744)

**Figure 8.34 Percentage who have been offered cannabis in the last 12 months by year group and gender**



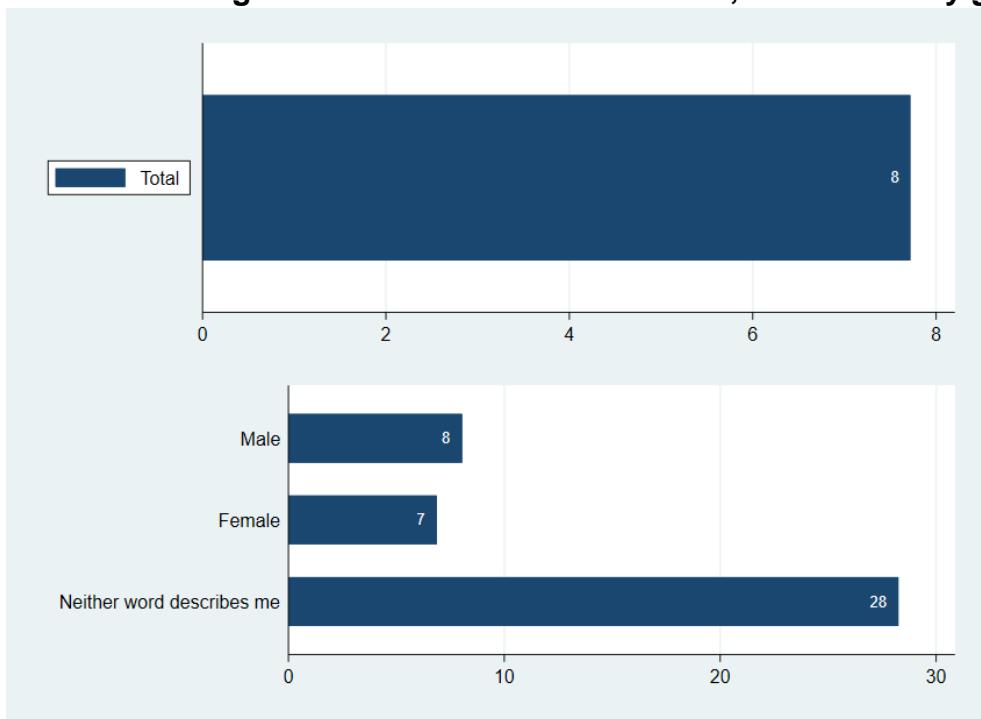
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=109,880). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.35 Number of days used cannabis in lifetime (%)**



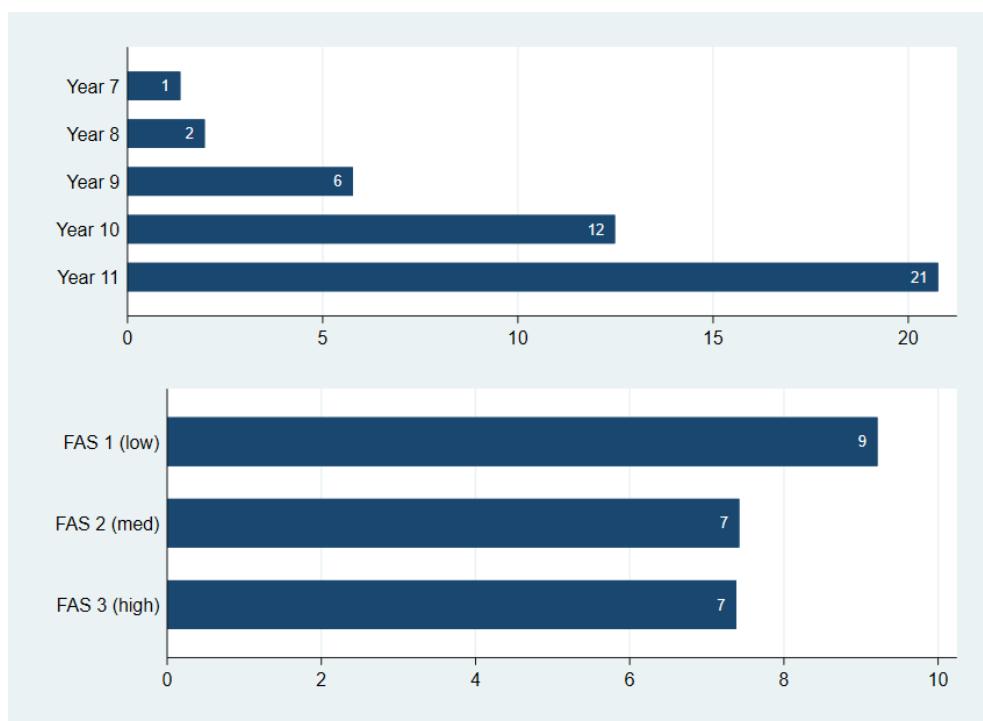
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 ( $n=111,092$ )

**Figure 8.36 Percentage who have ever used cannabis, overall and by gender**



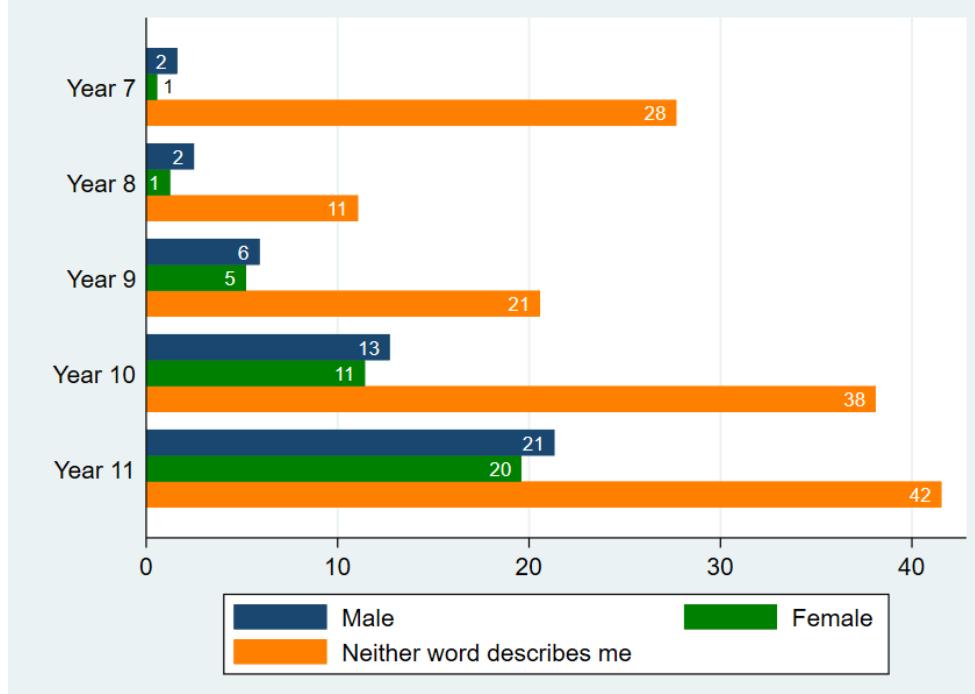
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total,  $n=111,092$ ; by gender,  $n=110,210$  – excludes 882 gender non-response)

**Figure 8.37 Percentage who have ever used cannabis by year group and family affluence**



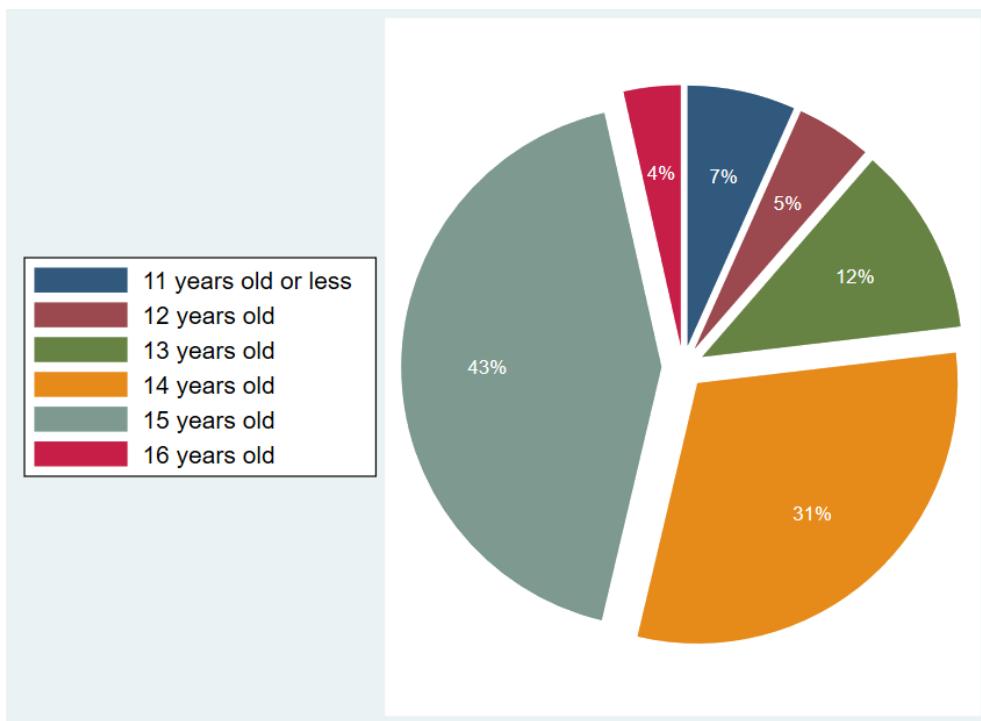
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=111,092; by FAS, n=104,949)

**Figure 8.38 Percentage who have ever used cannabis by year group and gender**



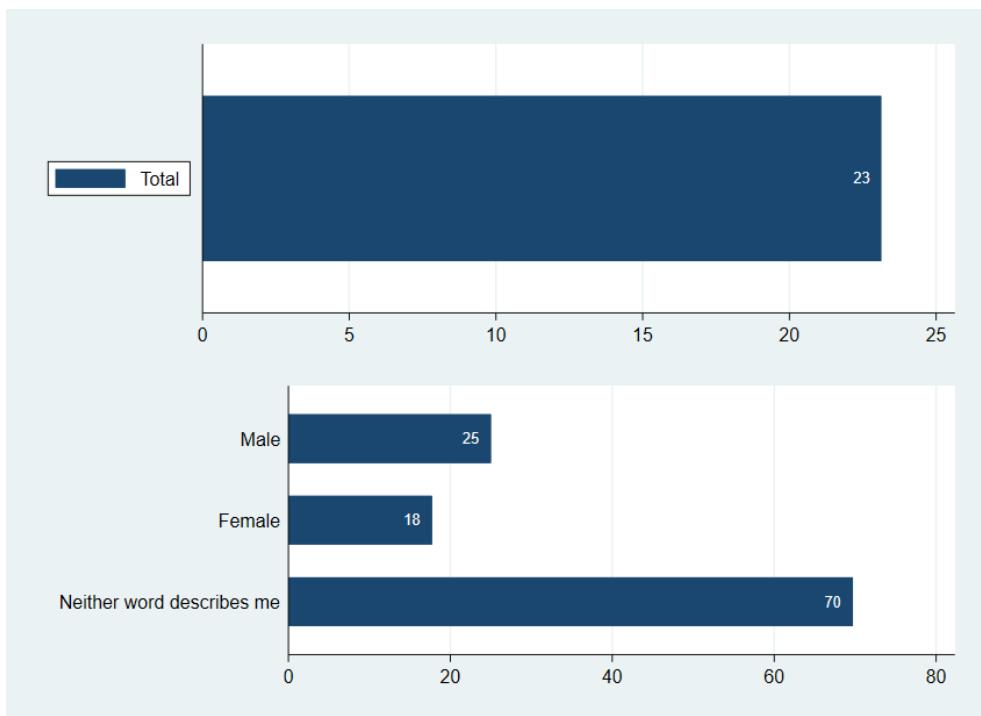
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=110,210). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.39 Age first used cannabis (year 11 only) (%)**



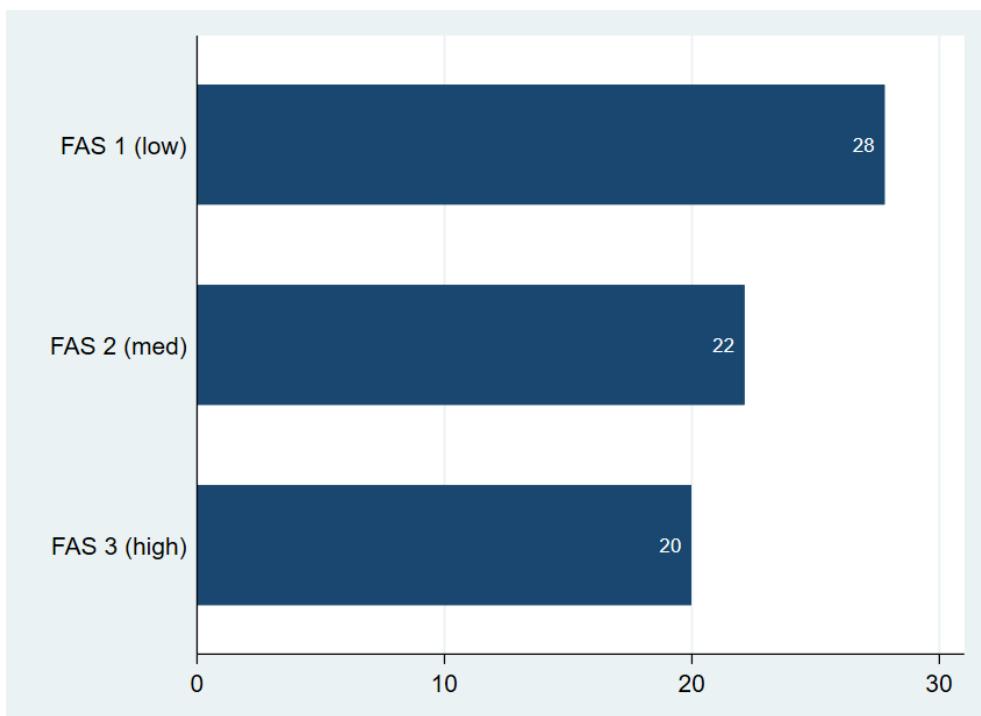
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(n=3,939)

**Figure 8.40 Percentage who first used cannabis at age 13 years or younger, overall and by gender (year 11 only)**



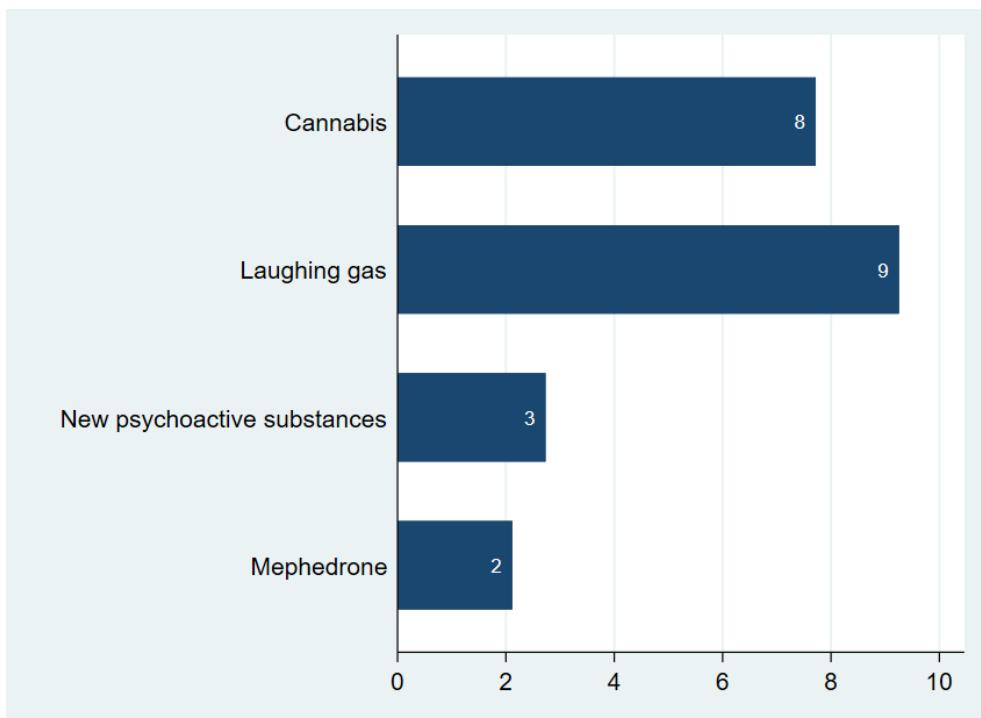
Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(total, n=3,939; by gender, n=3,909 – excludes 30 gender non-response)

**Figure 8.41 Percentage who first used cannabis at age 13 years or younger by family affluence (year 11 only)**



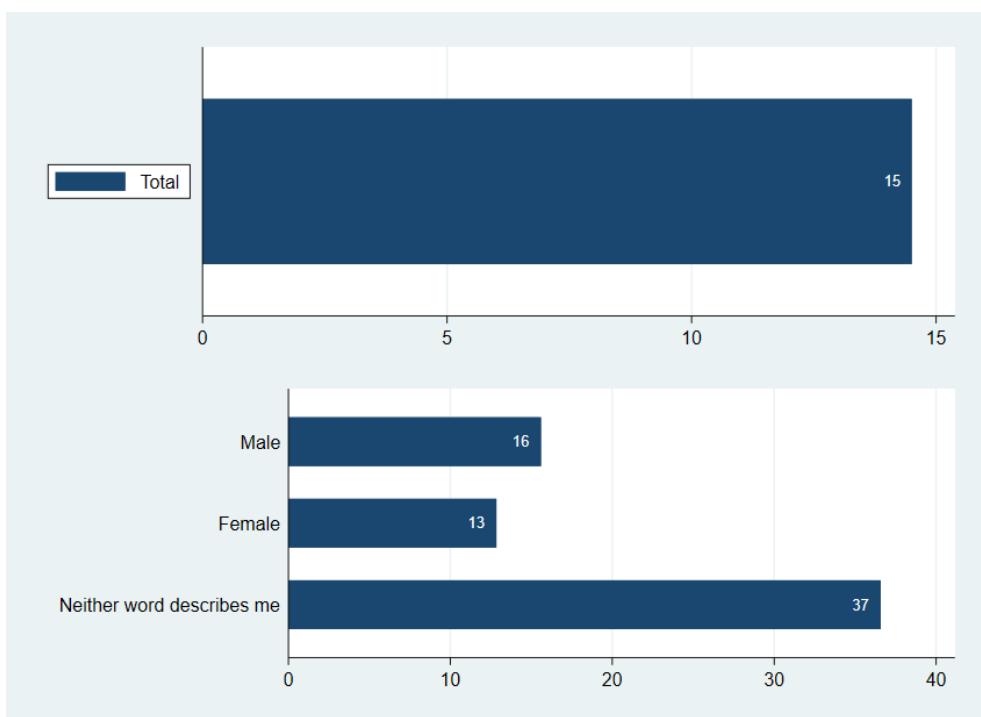
*Base: All respondents in year 11 who gave an answer, surveyed between September and December 2019  
(by FAS, n=3,760)*

**Figure 8.42 Drug use in lifetime (%)**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (variable base sizes: cannabis, n=110,092; laughing gas, n=110,680; new psychoactive substances, n=110,267; mephedrone, n=110,359)

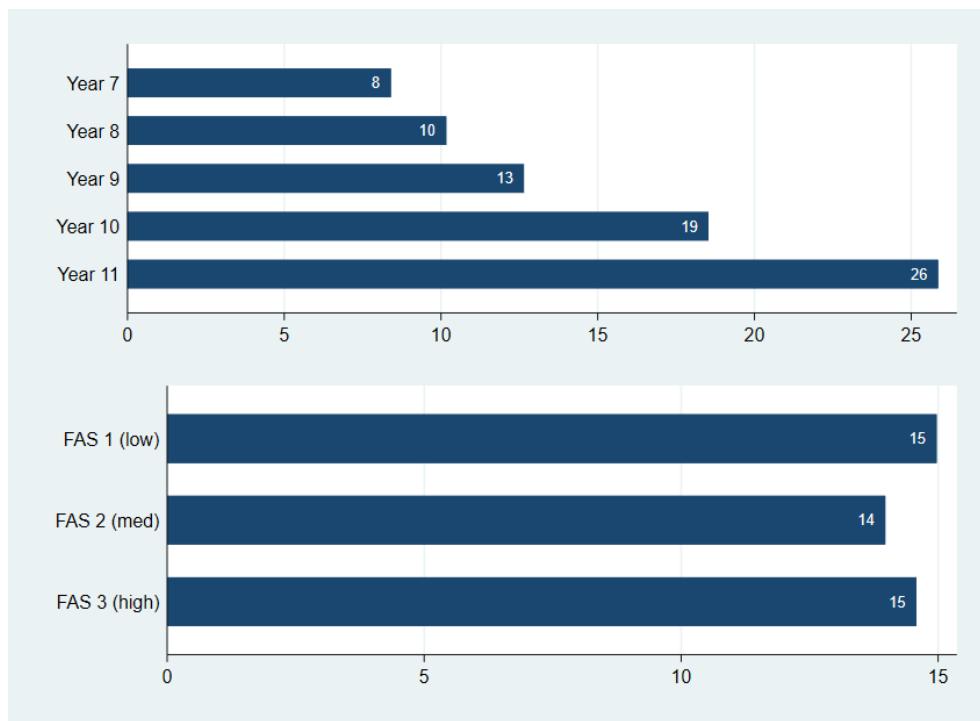
**Figure 8.43 Percentage who have ever used drugs, overall and by gender<sup>6</sup>**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=113,115; by gender, n=112,186 – excludes 929 gender non-response)

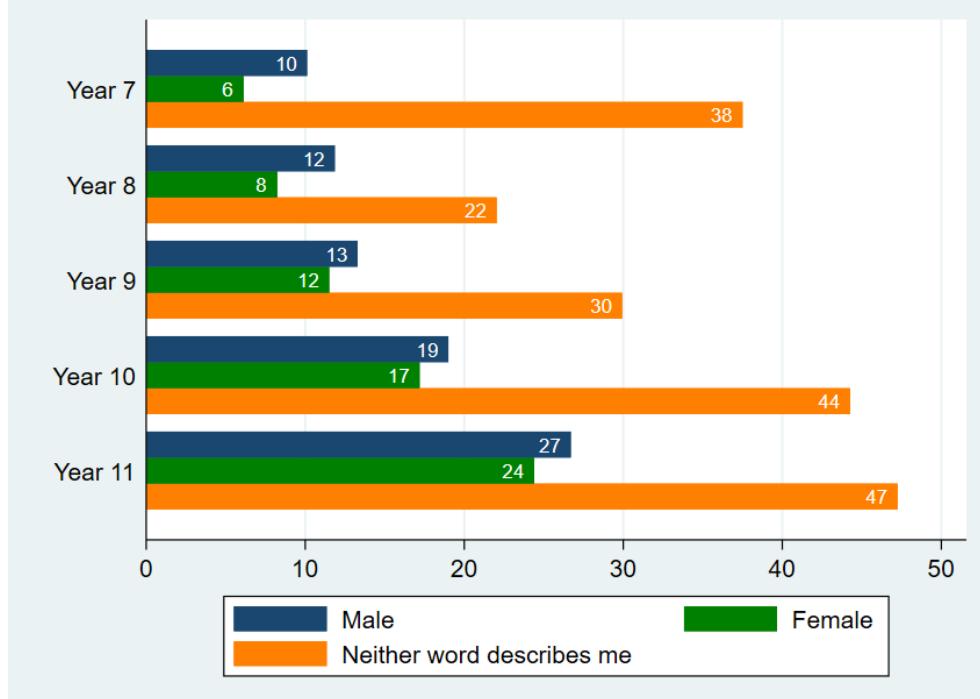
<sup>6</sup> Includes use of cannabis, mephedrone, new psychoactive substances (previously called ‘legal highs’, such as pep stoned, BZP, black mamba spice) and/or laughing gas

**Figure 8.44 Percentage who have ever used drugs by year group and family affluence**



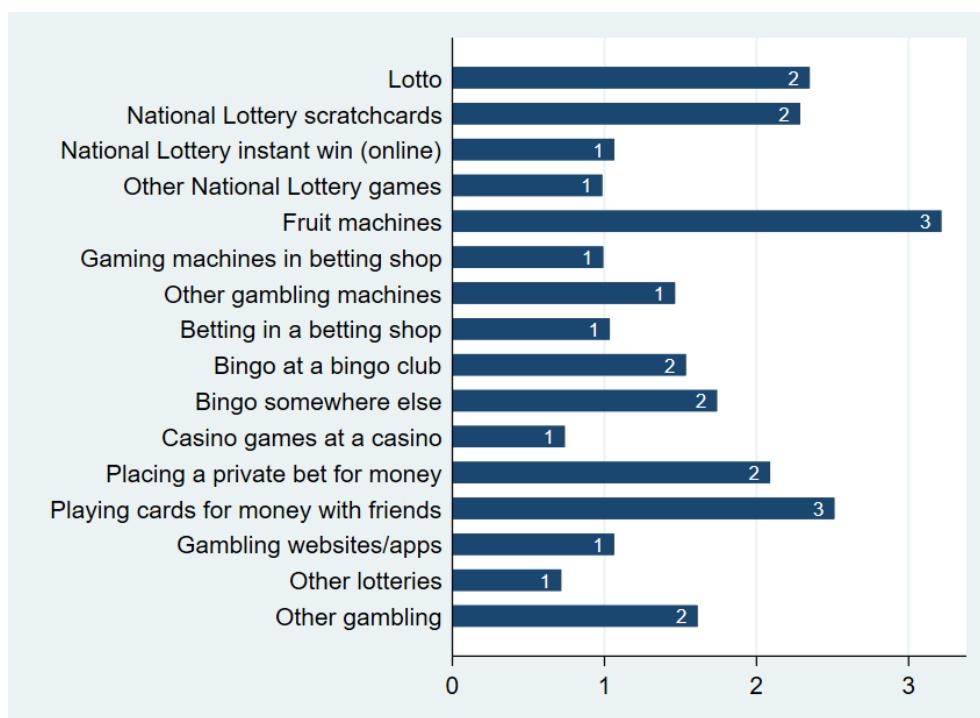
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=113,115; by FAS, n=106,743)

**Figure 8.45 Percentage who have ever used drugs by year group and gender**



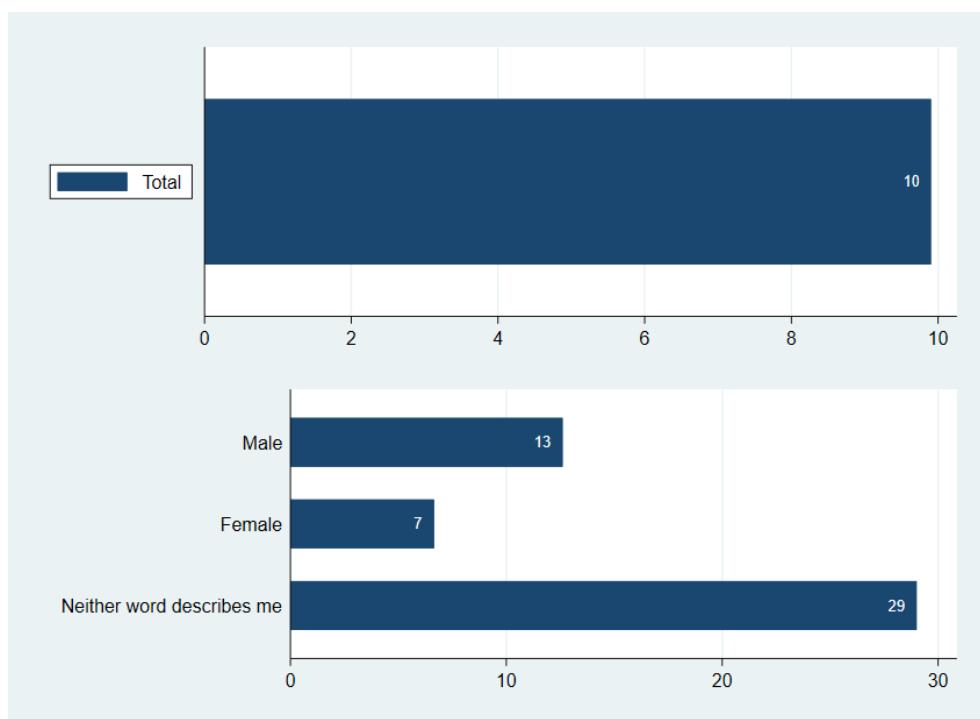
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=112,186). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Figure 8.46 Percentage who spent their own money on gambling activities in the past 7 days (%)**



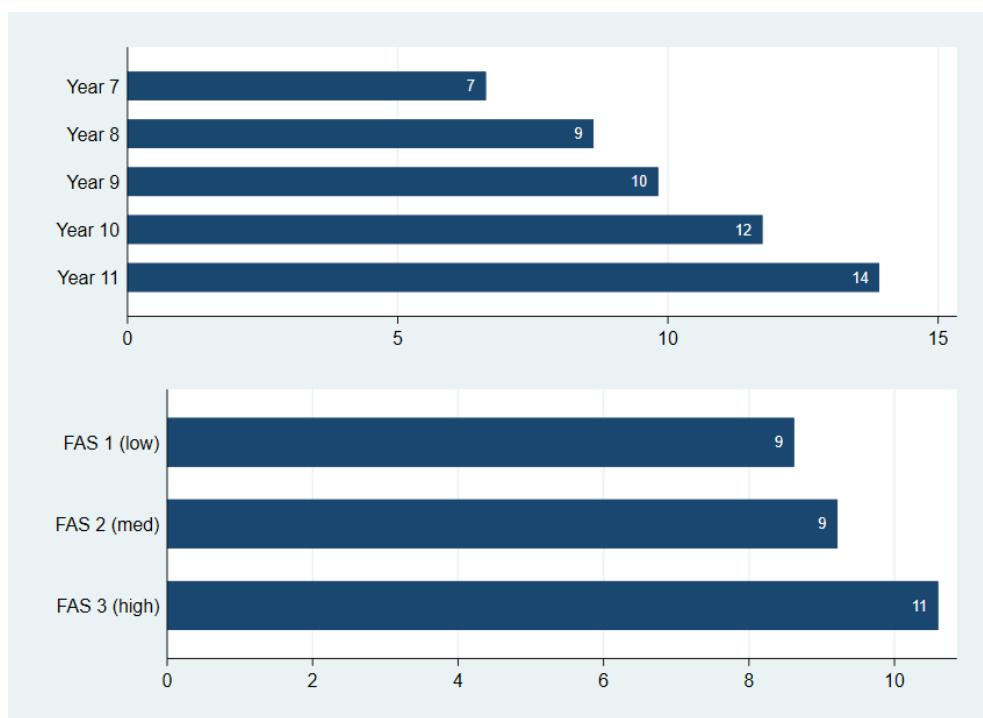
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (see Appendices for individual base numbers)

**Figure 8.47 Percentage who spent their own money on gambling activities in the past 7 days, overall and by gender**



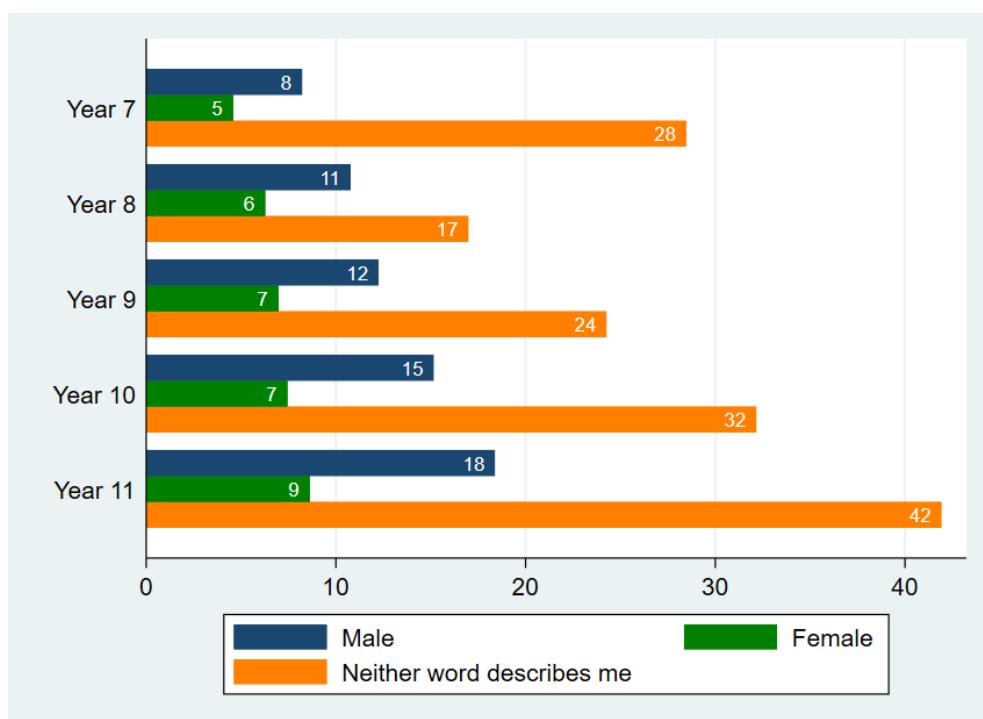
Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (total, n=64,134; by gender, n=63,493 – excludes 641 gender non-response)

**Figure 8.48 Percentage who spent their own money on gambling activities in the past 7 days by year group and family affluence**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (by year group, n=64,134; by FAS, n=60,113)

**Figure 8.49 Percentage who spent their own money on gambling activities in the past 7 days by year group and gender**



Base: All respondents in years 7 to 11 who gave an answer, surveyed between September and December 2019 (n=63,493). 95% confidence intervals for categories with <1,000 respondents available in Appendix

**Table 8.1 Measures by ethnic group<sup>1</sup>**

	% who currently smoke tobacco at least weekly	% who were exposed to tobacco smoke during their most recent car journey	% who have ever tried e-cigarettes	% who use e-cigarettes at least weekly	% who drink anything alcoholic at least weekly	% who typically consume more than one alcoholic drink per drinking occasion	% who have been offered cannabis in last 12 months	% who have ever used cannabis	% who have ever used drugs <sup>2</sup>	% who have spent their own money on gambling activities in the past 7 days
White British	3	8	22	2	8	55	18	7	14	9
White Irish	8 [6, 10]	12 [7, 18]	29 [26, 32]	5 [3, 6]	15 [11, 20]	56 [51, 61]	28 [25, 32]	16 [13, 18]	25 [22, 28]	18 [15, 22]
White – Gypsy/traveller	32 [29, 36]	26 [19, 33]	55 [51, 59]	21 [18, 24]	39 [33, 46]	76 [72 ,80]	54 [51, 58]	35 [32, 39]	45 [41, 48]	30 [26, 35]
White Other	4	10 [8, 13]	24	2	7	46	19	9	15	11
Mixed or multiple ethnic group	5	13 [11, 16]	25	3	7 [5, 9]	57	25	11	18	10
Pakistani	13	18 [12, 25]	27	9 [7, 11]	16 [12, 21]	83 [77, 88]	25	15	25	14 [11, 16]
Indian	4 [3, 6]	9 [5, 16]	10 [8, 12]	2 [1, 3]	7 [4, 11]	50 [43, 58]	11 [9, 14]	6 [4, 8]	14 [12, 17]	10 [8, 13]
Bangladeshi	8 [7, 10]	13 [9, 19]	23 [20, 26]	6 [4, 8]	11 [8, 15]	80 [72, 87]	17 [15, 20]	10 [9, 13]	18 [15, 20]	10 [8, 12]
Chinese	8 [6, 11]	12 [7, 18]	21 [18, 25]	7 [5, 9]	10 [6, 16]	57 [50, 64]	18 [15, 21]	12 [9, 15]	18 [15, 22]	14 [10, 18]
African	8 [6, 9]	6 [3, 11]	22 [19, 24]	5 [3, 6]	13 [10, 18]	63 [57, 70]	22 [19, 24]	12 [10, 14]	20 [18, 23]	12 [9, 15]
Caribbean or Black	14 [11, 17]	11 [6, 18]	34 [30, 38]	9 [7, 12]	18 [12, 25]	60 [54, 67]	33 [29, 38]	18 [15, 22]	28 [24, 32]	20 [16, 24]
Arab	13 [11, 16]	15 [10, 22]	27 [24, 30]	8 [7, 11]	19 [14, 25]	78 [72, 84]	25 [22, 28]	17 [14, 19]	24 [21, 27]	15 [12, 18]
Other	3	10 [8, 13]	17	2	6 [5, 8]	47 [43, 50]	12	5	13	10
Prefer not to say	3	8 [6, 10]	13	2	5 [4, 7]	45 [42, 49]	10	5	12	7

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>Includes use of cannabis, mephedrone, new psychoactive substances (previously called ‘legal highs’, such as pep stoned, BZP, black mamba spice) and/or laughing gas

**Table 8.2 Measures by local health board<sup>1</sup>**

	% who currently smoke tobacco at least weekly	% who smoked their first cigarette at age 13 years or younger (year 11 only)	% who were exposed to tobacco smoke during their most recent car journey	% who have ever tried e-cigarettes	% who use e-cigarettes at least weekly	% who drink anything alcoholic at least weekly	% who typically consume more than one alcoholic drink per drinking occasion	% who first got drunk at age 13 years or younger (year 11 only)	% who have been offered cannabis in last 12 months	% who have ever used cannabis	% who first used cannabis at age 13 years or younger (year 11 only)	% who have ever used drugs <sup>2</sup>	% who spent their own money on gambling activities in the past 7 days
Aneurin Bevan	4	41	9	24	3	8	55	23	20	8	25 [22, 28]	15	10
Male	4	46 [41, 51]	9	25	3	8	51	23 [20, 26]	21	8	28 [24, 33]	16	13
Female	4	35 [31, 39]	9	23	2	7	58	22 [19, 25]	18	7	18 [15, 23]	13	7
NWDM <sup>3</sup>	-	20 [11, 31]	42 [36, 48]	17 [13, 23]	42 [30, 53]	74 [66, 80]	-	44 [38, 51]	28 [23, 34]	-	38 [32, 44]	27	[20, 34]
Betsi Cadwaladr	5	43	8	24	4	8	54	24	18	8	26 [24, 29]	15	11
Male	4	44 [39, 49]	8	25	4	9	50	26 [23, 29]	18	8	29 [25, 34]	16	14
Female	4	40 [36, 44]	8	22	3	7	57	20 [18, 23]	16	7	19 [16, 23]	13	7
NWDM	28 [23, 33]	-	21 [11, 33]	46 [40, 52]	20 [16, 25]	39 [29, 50]	70 [63, 76]	-	45 [40, 51]	29 [24, 34]	-	39 [34, 45]	32 [26, 39]
Cardiff & Vale	2	41 [36, 46]	8	17	2	6	51	16	15	6	15 [12, 19]	13	8
Male	2	44 [36, 53]	8	18	2	8	47	16 [13, 20]	17	7	17 [12, 23]	14	10
Female	2	36 [29, 43]	8	16	1	4	54	15 [12, 18]	13	5	8 [5, 13]	11	5
NWDM	29 [22, 37]	-	-	48 [40, 56]	19 [13, 27]	-	69 [59, 78]	-	44 [36, 52]	36 [29, 45]	-	43 [35, 51]	28 [20, 37]
Cwm Taf Morgannwg	4	40 [36, 44]	8	24	3	9	59	23	19	8	22 [19, 26]	15	11
Male	4	44 [37, 50]	8	26	3	10	55	26 [22, 30]	20	8	23 [18, 29]	16	15
Female	4	36 [31, 42]	8	23	2	7	63	20 [17, 23]	16	8	18 [13, 24]	13	8
NWDM	20 [15, 27]	-	-	34 [26, 41]	11 [6, 16]	-	54 [43, 64]	-	40 [32, 48]	18 [12, 24]	-	23 [17, 30]	24 [17, 32]
Hywel Dda	4	35 [32, 39]	7	18	1	8	55	21	16	7	25 [21, 29]	14	10
Male	3	39 [33, 45]	7	18	2	10	51	23 [20, 27]	17	7	29 [23, 35]	15	12
Female	3	31 [26, 36]	6	16	1	6	58	17 [14, 20]	15	7	19 [14, 25]	13	7
NWDM	27 [20, 35]	-	-	39 [31, 48]	14 [8, 21]	-	78 [67, 87]	-	44 [35, 53]	28 [21, 37]	-	36 [28, 45]	30 [21, 41]
Powys	5	32 [26, 38]	8	21	2	11	56	29 [25, 33]	17	8	22 [16, 30]	15	10
Male	5	33 [24, 43]	7 [5, 9]	22	3	14	52 [49, 55]	34 [28, 41]	17	9	25 [16, 36]	16	12
Female	3	29 [22, 38]	9 [7, 12]	19	1	6	59 [56, 62]	23 [18, 29]	16	7	17 [9, 27]	14	7
NWDM	-	-	-	-	-	-	-	38 [25, 53]	-	-	-	-	-
Swansea Bay	4	37 [33, 41]	8	23	3	8	57	24	20	9	21 [18, 24]	15	10
Male	4	35 [29, 40]	8	23	3	8	54	25 [21, 28]	21	9	20 [15, 24]	16	13
Female	4	37 [32, 42]	7	22	2	8	61	22 [19, 25]	19	8	20 [16, 25]	14	7
NWDM	28 [21, 35]	-	-	49 [41, 57]	18 [13, 25]	34 [23, 47]	68 [59, 76]	-	45 [38, 53]	31 [24, 38]	-	38 [30, 45]	32 [23, 42]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>Includes use of cannabis, mephedrone, new psychoactive substances

(previously called 'legal highs', such as pep stoned, BZP, black mamba spice) and/or laughing gas; <sup>3</sup>NWDM = Neither word describes me

**Table 8.3 Measures by regional education consortia<sup>1</sup>**

	% who currently smoke tobacco at least weekly	% who smoked their first cigarette at age 13 years or younger (year 11 only)	% who were exposed to tobacco smoke during their most recent car journey	% who have ever tried e-cigarettes	% who use e-cigarettes at least weekly	% who drink anything alcoholic at least weekly	% who typically consume more than one alcoholic drink per drinking occasion	% who first got drunk at age 13 years or younger (year 11 only)	% who have been offered cannabis in last 12 months	% who have ever used cannabis	% who first used cannabis at age 13 years or younger (year 11 only)	% who have ever used drugs <sup>2</sup>	% who spent their own money on gambling activities in the past 7 days
Central South	3 3 3 25 [20, 30]	41 [37, 44] 44 [39, 49] 36 [32, 40] -	8 8 8 24 [15, 36]	21 22 19 40 [35, 46]	2 3 2 15 [11, 19]	7 9 5 35 [25, 46]	55 52 59 61 [54, 68]	20 22 17 -	17 19 15 42 [36, 47]	7 8 6 26 [22, 31]	19 [17, 22] 20 [17, 24] 13 [10, 17] -	14 15 12 32 [27, 38]	9 12 6 26 [20, 32]
South East	4 4 4 26 [21, 32]	41 46 [41, 51] 35 [31, 39] -	9 9 9 20 [11, 31]	24 25 23 42 [36, 48]	3 3 2 17 [13, 23]	8 8 7 42 [30, 53]	55 51 58 74 [66, 80]	23 23 [20, 26] 22 -	20 21 18 44 [38, 51]	8 8 7 28 [23, 34]	25 [22, 28] 28 [24, 33] 18 [15, 23] -	15 16 13 38 [32, 44]	10 13 7 27 [20, 34]
West	4 4 4 28 [24, 33]	36 36 [33, 40] 33 [30, 37] -	7 7 7 19 [10, 30]	21 21 19 45 [40, 50]	2 2 2 16 [13, 21]	9 10 7 37 [28, 46]	56 52 60 71 [65, 77]	23 25 20 -	18 19 17 44 [38, 49]	8 8 7 30 [25, 35]	23 23 [20, 27] 19 [16, 23] -	15 15 13 37 [32, 42]	10 13 7 32 [25, 38]
North	5 4 4 28 [23, 33]	43 44 [39, 49] 40 [36, 44] -	8 8 8 21 [11, 33]	24 25 22 46 [40, 52]	4 4 3 20 [16, 25]	8 9 7 39 [29, 50]	54 50 57 70 [63, 76]	24 26 [23, 29] 20 -	18 18 16 45 [40, 51]	8 8 7 29 [24, 34]	26 [24, 29] 29 [25, 34] 19 [16, 23] -	15 16 13 39 [34, 45]	11 14 7 32 [26, 39]

<sup>1</sup>95% confidence interval provided (in parenthesis) for categories with fewer than 1,000 respondents; <sup>2</sup>Includes use of cannabis, mephedrone, new psychoactive substances (previously called 'legal highs', such as pep stoned, BZP, black mamba spice) and/or laughing gas; <sup>3</sup>NWDM = Neither word describes me

## Appendix

### Survey routes

Table A1. Survey routes

	Mental health cohort		HBSC cohort	
	SHRN1	SHRN3	SHRN2	SHRN4
Demographic characteristics	✓	✓	✓	✓
Family Affluence	✓	✓	✓	✓
Primary school attended	✓	✓	✓	✓
Life satisfaction	✓	✓	✓	✓
Loneliness	✓	✓	✓	✓
Wellbeing	✓	✓	✓	✓
Body image	✓	✓	✓	✓
Short MFQ	✓	✓		
Physical activity and active travel	✓	✓	✓	✓
Breakfast	✓	✓	✓	✓
Food and beverage consumption	✓	✓	✓	✓
Volunteering			✓	
Summer holiday behaviours	✓	✓	✓	✓
Flavoured cigarettes			✓	
Current tobacco smoking	✓	✓	✓	✓
Tobacco smoking history			✓	
Tobacco purchasing	✓	✓	✓	✓
Parent reactions to smoking and e-cigarette use			✓	
Exposure to smoke in cars			✓	
E-cigarette experimentation and use	✓	✓	✓	✓
E-cigarette use history			✓	
E-cigarette knowledge			✓	
Alcohol consumption frequency	✓			
Alcohol consumption quantity	✓	✓	✓	✓
Alcohol acquisition	✓			
Drug use	✓	✓	✓	✓
Age substances first used	✓	✓	✓	✓
Feelings about school		✓		
School pressure	✓	✓	✓	✓
Student relationships		✓		
Student participation at school	✓	✓	✓	✓
Acceptance and trust in teachers		✓		
Teacher relationships	✓	✓	✓	✓
School handling of VAWDASV	✓	✓	✓	✓

	Mental health cohort		HBSC cohort	
	SHRN1	SHRN3	SHRN2	SHRN4
Mental health support at school	✓	✓	✓	✓
Sexually inappropriate behaviour at school	✓		✓	✓
Truancy and exclusions	✓	✓	✓	✓
Bullying and cyber-bullying	✓	✓	✓	✓
Cyber-bullying perpetration		✓		✓
Sexting – sent a sext	✓	✓	✓	✓
Sexting – sent without permission	✓		✓	✓
Friendships		✓		✓
Friendships – reliable friends	✓	✓	✓	✓
SDQ	✓	✓	✓	✓
Dating and relationship violence	✓		✓	✓
Frequency of online communication	✓	✓	✓	✓
Problematic social media use		✓		✓
Sexual behaviour	✓	✓	✓	✓
Family relationships	✓	✓	✓	✓
Gambling	✓			✓
Bed time and late night screen use	✓	✓	✓	✓

VAWDASV – Violence against women, domestic abuse and sexual violence

## Sample characteristics

Table A2. Sample characteristics

<b>Characteristic</b>	<b>N</b>	<b>%</b>	<b>Characteristic</b>	<b>N</b>	<b>%</b>
Gender			Regional education consortia		
Male	58 115	49	Central South Wales (CSC)	33 310	28
Female	58 610	49	South East Wales (EAS)	23 730	20
Neither word describes me	1 472	1	West Wales (ERW)	34 547	29
Prefer not to say	1 191	1	North Wales (GwE)	27 801	23
Year group			Ethnicity		
Year 7	26 786	22	White British	97 465	82
Year 8	25 808	22	White Irish	920	1
Year 9	24 375	20	White Gypsy/Traveller	845	1
Year 10	22 210	19	White Other	3 853	3
Year 11	20 209	17	Mixed or multiple ethnic group	3 135	3
Family affluence scale			Pakistani	1 152	1
FAS1 (low)	14 342	12	Indian	810	1
FAS2 (medium)	40 953	34	Bangladeshi	1 057	1
FAS3 (high)	56 650	47	Chinese	578	<0.5
Incomplete responses	7 443	6	African	1 062	1
Local Health Board			Caribbean or Black	593	1
Aneurin Bevan	23 730	20	Arab	922	1
Betsi Cadwaladr	27 801	23	Other	3 237	3
Cardiff & Vale	17 434	15	Prefer not to say	3 759	3
Cwm Taf Morgannwg	15 876	13			
Hywel Dda	13 838	12			
Powys	4 114	3			
Swansea Bay	16 595	14			

## **Family Affluence Scale**

A total family affluence scale (FAS) score was calculated for each student who answered all six FAS questions by summing the responses to the following:

Does your family own a car, van or truck?

(No (=0) / Yes, one (=1) / Yes, two or more (=2))

Do you have your own bedroom for yourself?

(No (=0) / Yes (=1))

How many computers does your family own (including PCs, Macs, laptops and tablets, not including game consoles and smartphones)?

(None (=0) / One (=1) / Two (=2) / More than two (=3))

How many times did you and your family travel out of Wales for a holiday/vacation last year?

(Not at all (=0) / Once (=1) / Twice (=2) / More than twice (=3))

How many bathrooms (room with a bath/shower or both) are in your home?

(None (=0) / One (=1) / Two (=2) / More than two (=3))

Does your family have a dishwasher at home?

(No (=0) / Yes (=1))

Students were assigned low, medium or high FAS classification where FAS 1 (score = 0-6) indicates low affluence; FAS 2 (score = 7-9) indicates middle affluence; and FAS 3 (score = 10-13) indicates high affluence (in accordance with the international HBSC survey protocol<sup>70</sup>).

Students who did not respond to all six questions (6% of the sample) are not included in the figures showing breakdowns by FAS classification.

## Social Media Disorder Scale

The short (9-item) version of the Social Media Disorder Scale was included in both the 2017/18 and the 2019/20 Student Health and Wellbeing Surveys in order to measure the prevalence of problematic social media use<sup>71</sup>. In the report of the 2017/18 survey<sup>12</sup>, problematic social media use was defined as a score of at least five or more (out of nine), including at least one of three particular problem areas ('displacement', 'conflict' or 'problems'). Following further analysis of international data from the 2017/18 HBSC survey, the Electronic Media Communication group of the HBSC study has recommended that the cut-off be raised to a score of six, with no requirement for particular problem areas to be included<sup>11</sup>.

The results for problematic social media use in chapter 6 of this report therefore use a cut-off of six. For readers wishing to compare problematic social media use between 2017 and 2019, the results for 2017 using the new cut-off of six are presented in Table A3.

Table A3. Social media disorder scale – 2017/18 data comparison

	% classified as a problematic user of social media (2017/18)	
	New cut-off: 6+ criteria	Old cut-off: 5+ criteria (with additional requirement)
Total	12	18
Male	11	15
Female	14	20
Year 7	8	12
Year 8	12	17
Year 9	14	20
Year 10	15	22
Year 11	13	19
FAS 1 (low)	12	18
FAS 2 (med)	12	18
FAS 3 (high)	13	18
Abertawe Bro Morgannwg	12	18
Aneurin Bevan	14	19
Betsi Cadwaladr	13	19
Cardiff & Vale	11	16
Cwm Taf	14	20
Hywel Dda	11	16
Powys	10	15

Note: 5+ criteria (with additional requirement) comparable to figures in 2017/18 report<sup>2</sup>

## Gender and sex at birth

The gender question in the 2017/18 Student Health and Wellbeing Survey came from the mandatory part of the Health Behaviour in School-aged Children Survey. It asked ‘Are you a boy or a girl?’, with response options of ‘Boy’, ‘Girl’ and ‘I do not want to answer’.

Feedback from teachers and young people indicated that this question was not considered inclusive for those who identify as neither a boy nor a girl. It also prohibited measurement of the proportion of young people whose gender identity was different to the sex they were assigned at birth and subsequent investigation of the health and wellbeing of this group, including via data linkage research, which relies on sex at birth for record matching.

A two-step approach was therefore adopted for the first time in the current survey and students were asked to provide both their gender and their sex at birth, using the following questions:

- Our first two questions are about how you describe yourself today and how you were described when you were born, e.g. on your birth certificate.  
Are you male or female?
  - Male (a boy)
  - Female (a girl)
  - Neither word describes me
  - I do not want to answer
- Were you described as male or female at birth?
  - Male (a boy)
  - Female (a girl)
  - I do not want to answer

The questions were shown on the same page of the electronic survey, so that students could see them together.

Table A4 shows the numbers (and proportions) of students who opted not to answer the gender question in the 2017 and 2019 rounds of the survey and those who identified as neither a boy nor a girl in 2019. Provision of this additional response option in 2019 is associated with a lower rate of gender non-response.

Table A4. Gender in 2017 and 2019

2017/18		2019/20	
Response	n (%)	Response	n (%)
Boy	50,452 (49)	Male (a boy)	58,115 (49)
Girl	51,458 (49)	Female (a girl)	58,610 (49)
		Neither word describes me	1,472 (1)
I do not want to answer	2,061 (2)	I do not want to answer	1,191 (1)

In 2017, the proportion of students stating ‘I do not want to answer’ increased with age. In 2019, there was no trend with age for ‘I do not want to answer’ responses, but an increase

with age was seen for 'Neither word describes me' (Table A5). Caution should be exercised when interpreting year group breakdowns for the 'neither word describes me' category due to the small numbers within each year group.

Table A5. Gender non-response by year group in 2017 and 2019

	Year group (%)				
	7	8	9	10	11
I do not want to answer (2017)	1.4	1.7	2.4	2.6	1.9
I do not want to answer (2019)	1.0	1.1	1.0	1.1	0.7
Neither word describes me (2019)	0.9	1.0	1.3	1.6	1.5

Table A6 cross-compares student gender with their reported sex at birth. Among those students who identified as neither a boy nor a girl in 2019, around 3 in 5 (61.2%) were born female.

Table A6. Gender identity by sex at birth

Gender	Sex at birth (%)	
	Male	Female
Male	99.4	0.6
Female	0.3	99.7
Neither word describes me	38.8	61.2

## Confidence intervals

Tables A7-A12. 95% confidence intervals for Figures in the report based on less than 1,000 respondents. Percentages based on base sizes of less than 50 respondents are not reported (-). A blank cell indicates that no confidence interval was needed (i.e. estimate based on at least 1,000 respondents).

Table A7. Chapter 3: Mental health and wellbeing

Variable	Sex = 'Neither word describes me'					
	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% rated their life satisfaction as 6 or above	[40,53]	[45,58]	[42,53]	[41,53]	[40,52]	
Mean SWEMWBS score	[16,19]	[19,20]	[18,20]	[18,19]	[18,20]	
% never or rarely felt lonely during last summer holidays	[35,49]	[33,46]	[35,47]	[33,44]	[30,41]	
Mean loneliness score	[6,7]	[6,6]	[6,6]	[6,6]	[6,6]	
SDQ total: Close to average	[16,29]	[16,27]	[21,33]	[22,33]	[18,29]	
SDQ total: Slightly raised	[8,19]	[9,19]	[10,19]	[6,14]	[6,14]	
SDQ total: High	[6,17]	[7,16]	[4,11]	[8,16]	[8,16]	
SDQ total: Very high	[47,63]	[47,61]	[46,59]	[46,58]	[50,63]	
SDQ emotional problems: Close to average	[27,42]	[26,39]	[29,42]	[35,47]	[27,39]	
SDQ emotion problems: Slightly raised	[8,19]	[9,18]	[6,14]	[6,14]	[6,13]	
SDQ emotional problems: High	[3,11]	[8,18]	[5,13]	[6,13]	[6,14]	
SDQ emotional problems: Very high	[39,55]	[35,49]	[40,53]	[35,47]	[42,55]	
SDQ conduct problems: Close to average	[35,50]	[39,53]	[43,56]	[44,56]	[38,51]	
SDQ conduct problems: Slightly raised	[8,18]	[13,23]	[13,22]	[11,20]	[10,20]	
SDQ conduct problems: High	[9,21]	[12,23]	[6,13]	[7,15]	[9,18]	
SDQ conduct problems: Very high	[24,39]	[14,25]	[20,31]	[20,30]	[22,33]	
SDQ hyperactivity: Close to average	[34,50]	[31,44]	[34,46]	[31,43]	[35,48]	
SDQ hyperactivity: Slightly raised	[11,22]	[10,20]	[8,16]	[9,18]	[8,16]	
SDQ hyperactivity: High	[9,20]	[9,18]	[8,16]	[9,18]	[8,17]	
SDQ hyperactivity: Very high	[21,36]	[29,42]	[31,43]	[31,43]	[29,42]	
SDQ peer problems: Close to average	[20,34]	[24,37]	[26,38]	[22,33]	[16,27]	
SDQ peer problems: Slightly raised	[7,17]	[11,21]	[9,18]	[9,18]	[6,14]	
SDQ peer problems: High	[16,30]	[13,24]	[11,20]	[16,27]	[20,32]	
SDQ peer problems: Very high	[32,48]	[30,43]	[33,46]	[33,45]	[38,50]	
SDQ prosocial: Close to average	[48,64]	[48,62]	[43,56]	[33,45]	[37,50]	
SDQ prosocial: Slightly lowered	[6,16]	[8,18]	[9,18]	[12,22]	[8,16]	
SDQ prosocial: Low	[4,12]	[6,14]	[9,17]	[5,11]	[9,17]	
SDQ prosocial: Very low	[20,34]	[17,29]	[20,31]	[31,43]	[27,39]	

Table A8. Chapter 4: School life

Variable	Sex = 'Neither word describes me'					
	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% like school a lot	-	[6,26]	[7,26]	[4,20]	[3,17]	[8,16]
% feel a lot or some school pressure	[51,66]	[62,74]	[64,75]	[68,78]	[66,77]	
% feel their teachers accept them	-	[29,57]	[34,59]	[26,51]	[40,66]	[38,50]
% agree their teachers care about them	[36,51]	[28,41]	[23,34]	[25,35]	[24,35]	
% agree there is a member of staff they can confide in	[51,65]	[43,56]	[46,58]	[43,55]	[39,52]	
% agree students have say planning & organising school activities & events	[38,53]	[33,46]	[29,41]	[31,42]	[27,39]	
% agree students have chance to decide & plan school projects	[42,57]	[27,40]	[33,45]	[28,39]	[26,37]	
% agree students' ideas treated seriously at school	[37,53]	[29,43]	[28,40]	[22,32]	[24,35]	
% agree their ideas are taken seriously at school	[28,43]	[21,33]	[23,35]	[18,28]	[21,32]	
% bullied another person at school in past couple of months	[29,44]	[21,33]	[21,32]	[28,40]	[35,48]	
% been bullied at school in past couple of months	[49,65]	[56,70]	[56,68]	[56,68]	[52,65]	
% agree there is school support for students feeling unhappy, worried or unable to cope	[39,54]	[43,57]	[38,51]	[27,39]	[30,42]	

Table A9. Chapter 5: Physical activity and diet

Variable	Sex = 'Neither word describes me'					
	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% eating breakfast every weekday	[27,41]	[30,43]	[29,41]	[27,38]	[31,42]	
% eating fruit at least daily	[18,30]	[25,37]	[25,36]	[26,37]	[25,37]	
% eating vegetables at least daily	[21,33]	[30,42]	[29,40]	[29,39]	[33,45]	
% drinking soft drinks at least daily	[25,38]	[21,33]	[20,31]	[27,37]	[21,32]	
% drinking energy drinks at least daily	[14,25]	[9,18]	[12,21]	[16,25]	[16,26]	
% physically active for at least 60 mins p/wk	[17,29]	[13,24]	[18,28]	[17,26]	[19,30]	
% travelling to school by walking or cycling	[26,39]	[35,48]	[28,39]	[28,39]	[29,40]	
% sitting for 7 or more hrs p/day	[35,50]	[28,41]	[31,42]	[29,40]	[29,41]	

Table A10. Chapter 6: Family and social life

	Sex = 'Neither word describes me'					
Variable	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% agree they got help & emotional support from family	[36,52]	[43,58]	[38,50]	[34,47]	[29,41]	
% can count on their friends	[39,54]	[45,59]	[47,60]	[40,52]	[37,49]	
% cyber-bullied others in past couple of months	[22,45]	[13,29]	[14,29]	[25,42]	[32,39]	[24,31]
% been cyber-bullied in past couple of months	[43,58]	[27,41]	[34,46]	[37,50]	[37,49]	
% going to bed after 11pm on a school night	[37,53]	[39,53]	[45,58]	[56,68]	[55,68]	
% last looking at an electronic screen after 11pm on a school night	[44,60]	[39,54]	[51,63]	[52,64]	[54,66]	
% classified as a problematic user of social media	-	[11,29]	[8,23]	[22,42]	[15,33]	[19,28]

Table A11. Chapter 7: Relationships

	Sex = 'Neither word describes me'					
Variable	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% ever sent sexually explicit image of themselves	[19,32]	[9,19]	[19,30]	[35,47]	[41,54]	

Table A12. Chapter 8: Substance use and gambling

	Sex = 'Neither word describes me'					
Variable	Year 7	Year 8	Year 9	Year 10	Year 11	Total
% currently smoke tobacco at least weekly	[21,33]	[7,16]	[15,25]	[28,39]	[34,46]	
% exposed to tobacco smoke during last car journey	-	-	[8,27]	[16,40]	[16,42]	[16,26]
% ever tried e-cigarettes	[27,41]	[25,37]	[36,49]	[46,58]	[46,58]	
% using e-cigarettes at least weekly	[16,28]	[5,13]	[9,17]	[18,29]	[15,25]	
% drinking anything alcoholic at least weekly	[36,60]	[12,32]	[18,41]	[28,48]	[42,66]	[33,43]
% typically drink > 1 alcoholic drink per drinking occasion	[55,76]	[41,61]	[55,70]	[67,80]	[74,85]	[66,72]
% offered cannabis in last 12 months	[29,43]	[21,32]	[31,43]	[50,62]	[53,65]	
% ever used cannabis	[22,35]	[7,16]	[16,26]	[32,44]	[35,48]	
% ever used drugs	[31,45]	[17,28]	[25,36]	[39,50]	[41,53]	
% gambling in the past 7 days	[21,37]	[11,24]	[18,31]	[26,39]	[34,50]	[26,32]

## **Questionnaire items**

Questions included in the report are listed below under their relevant chapter headings. All questions had an additional response option of 'I do not want to answer'.

### **Chapter 3: Mental health and wellbeing**

#### **LIFE SATISFACTION**

Students were shown a picture of a ladder and given the following description and question: Here is a picture of a ladder – the top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life. In general, where on the ladder do you feel you stand at the moment? In this adapted version of the Cantril Ladder, a score of six or more was defined as high life satisfaction.

#### **MENTAL WELLBEING**

(The Short Warwick-Edinburgh Mental Wellbeing Scale) Below are some statements about feelings and thoughts. Please select the option that best describes your experience of each over the last 2 weeks. I've been feeling optimistic about the future / I've been feeling useful / I've been feeling relaxed / I've been dealing with problems well / I've been thinking clearly / I've been feeling close to other people / I've been able to make up my own mind about things. (*None of the time / Rarely / Some of the time / Often / All of the time*)

#### **LONELINESS**

During the most recent summer holidays, how often did you feel lonely? (*None of the time / Rarely / Some of the time / Often / All of the time*)

(UCLA Loneliness Scale) The next questions are about relationships with others. For each one, please say how often you feel... You have no one to talk to / Left out / Alone. (*Hardly ever or never / Some of the time / Often*)

#### **MENTAL HEALTH**

The Strength and Difficulties Questionnaire asks respondents the degree to which they think 25 different traits apply to themselves. Information about the questionnaire and its content can be viewed on the SDQ website: <https://www.sdqinfo.org/>. The Student Health and Wellbeing Survey included the self-rated SDQ for 11 to 17 year olds.

### **Chapter 4: School life**

#### **FEELINGS ABOUT SCHOOL**

How do you feel about school at present? (*I like it a lot / I like it a bit / I don't like it very much / I don't like it at all*)

How pressured do you feel by the schoolwork you have to do? (*Not at all / A little / Some / A lot*)

#### **RELATIONSHIPS WITH SCHOOL STAFF**

Here are some statements about your teachers. Please show how much you agree or disagree with each one. I feel that my teachers accept me as I am / I feel that my teachers care about me as a person / There is at least one teacher or other member of staff at this school who I can talk to about things that worry me. (*Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree*)

## PARTICIPATION IN SCHOOL LIFE

Here are some statements about the pupils in your school. Please show how much you agree or disagree with each one. At our school, pupils have a say in planning and organising school activities and school events (project weeks or days, sport weeks or days, excursions, field trips etc.) / At our school, pupils have a lot of chances to help decide and plan school projects / At our school, pupils' ideas are treated seriously / At our school my ideas are taken seriously. (*Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree*)

## BULLYING

Here are some questions about bullying. We say a person is BEING BULLIED when another person or a group of people repeatedly say or do unwanted nasty and unpleasant things to him or her. It is also bullying when a person is teased in a way he or she does not like or when he or she is left out of things on purpose. The person that bullies has more power than the person being bullied and wants to cause harm to him or her. It is NOT BULLYING when two people of about the same strength or power argue or fight. How often have you taken part in bullying another person(s) at school in the past couple of months? (*I have not bullied another person(s) at school in the past couple of months / It has happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

How often have you been bullied at school in the past couple of months? (*I have not been bullied at school in the past couple of months / It has happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

## MENTAL HEALTH SUPPORT AT SCHOOL

How much do you agree with the following statement? There is support at my school for pupils who feel unhappy, worried or unable to cope. (*Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree*)

## Chapter 5: Physical activity and diet

### PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, netball, basketball, football, and rugby. For this next question add up all the time you spend doing physical activity each day. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (*0 days / 1 / 2 / 3 / 4 / 5 / 6 / 7 days*)

On a typical day, is the main part of your journey TO school made by.... ? (*Walking / Bicycle / Bus, train, tram, underground or boat / Car, motorcycle or moped / Other means*)

Outside school hours: How many hours a day do you usually spend time sitting in your free time (for example, watching TV, using a computer or mobile phone, travelling in a car or by bus, sitting and talking, eating, studying)? Please be aware that if activities take place at the same time, these only count once. Weekdays. (*None at all / About half an hour a day / About 1 hour a day / About 2 hours a day / About 3 hours a day / About 4 hours a day / About 5 hours a day / About 6 hours a day / About 7 or more hours a day*)

## **EATING AND DRINKING PATTERNS**

How often do you usually have breakfast (more than a glass of milk or fruit juice)?

*(I never have breakfast during the week / One day / Two days / Three days / Four days / Five days)*

How many times a week do you usually eat or drink...? Fruits / Vegetables / Coke or other soft drinks that contain sugar / Energy drinks (such as Red Bull, Monster, Rockstar). (*Never / Less than once a week / Once a week / 2-4 days a week / 5-6 days a week / Once a day, every day / Every day, more than once*)

## **Chapter 6: Family and social life**

### **FAMILY SUPPORT**

We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one. I get the emotional help and support I need from my family. (*1 Very strongly disagree / 2 / 3 / 4 / 5 / 6 / 7 Very strongly agree*)

### **PEER RELATIONSHIPS**

We are interested in how you feel about the following statement(s). Please show how much you agree or disagree. I can count on my friends when things go wrong. (*1 Very strongly disagree / 2 / 3 / 4 / 5 / 6 / 7 Very strongly agree*)

### **CYBERBULLYING**

In the past couple of months, how often have you taken part in cyberbullying (e.g. sent mean instant messages, email or text messages, wall postings, created a website making fun of someone, posted unflattering or inappropriate pictures online without permission or shared them with others)? (*I have not cyberbullied another person in the past couple of months / It has happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

In the past couple of months, how often have you been cyberbullied (e.g. someone sent mean instant messages, email or text messages about you, wall postings, created a website making fun of you, posted unflattering or inappropriate pictures of you online without permission and or shared them with others)? (*I have not been cyberbullied in the past couple of months / It has happened once or twice / 2 or 3 times a month / About once a week / Several times a week*)

### **SLEEP BEHAVIOURS**

When do you usually go to bed if you have to go to school the next morning? (*No later than 9pm / 9.30pm / 10pm / 10.30pm / 11pm / 11.30pm / Midnight / 12.30 am / 1am / 1.30am / 2am or later*)

What is the latest time you usually look at an electronic screen (TV computer, tablet or phone) before you go to sleep on a school night? (*No later than 9pm / 9.30pm / 10pm / 10.30pm / 11pm / 11.30pm / Midnight / 12.30 am / 1am / 1.30am / 2am or later*)

### **SOCIAL MEDIA DISORDER SCALE**

We are interested in your experiences of social media. The term social media refers to social network sites (e.g. Facebook) and instant messengers (e.g. WhatsApp, Snapchat, Facebook messenger). During the past year have you... Regularly found that you can't think of anything else but the moment that you will be able to use social media again / Regularly felt dissatisfied because you wanted to spend more time on social media / Often felt bad when

you could not use social media / Tried to spend less time on social media, but failed / Regularly neglected other activities (e.g. hobbies, sport) because you wanted to use social media / Regularly had arguments with others because of your social media use / Regularly lied to your parents or friends about the amount of time you spend on social media / Often used social media to escape from negative feelings / Had serious conflict with your parents, brother(s) or sister(s) because of your social media use. (No / Yes)

## Chapter 7: Relationships

### SENDING A SEXUALLY EXPLICIT IMAGE (SEXTING)

Have you ever sent someone a sexually explicit image of yourself? (Never / Once / More than once)

### SEXUAL INTERCOURSE

Have you ever had sexual intercourse (sometimes this is called "making love," "having sex", or "going all the way"? (Yes / No)

How old were you when you had sexual intercourse for the first time? (11 years old or younger / 12 years old / 13 years old / 14 years old / 15 years old / 16 years old)

### CONTRACEPTION

The last time you had sexual intercourse, did you or your partner use a condom? (Yes / No / Don't know)

## Chapter 8: Substance use and gambling

### TOBACCO SMOKING

How often do you smoke tobacco at present? (Every day / At least once a week, but not every day / Less than once a week / I do not smoke)

At what age did you first do the following things? If there is something that you have not done, choose the 'never' category. Smoke a cigarette (more than a puff). (Never / 11 years old or less / 12 years old / 13 years old / 14 years old / 15 years old / 16 years old)

Thinking about the last time you were in a car, was anybody in the car smoking? (Yes / No / Can't remember)

### E-CIGARETTE USE

The next question is about electronic cigarettes. An electronic cigarette is any device that a person uses to breath in a vapour. This is sometimes called 'vaping'. The vapour often contains nicotine or is flavoured. Electronic cigarettes can be called e-cigarettes, e-cigs, e-pens, e-fags, vapes, e-shisha or hookah pens. They may look like a conventional cigarette with a glowing tip or they may look like a pen or a small bottle (a 'tank'). Have you ever tried electronic cigarettes (sometimes called an 'e-cigarette')? (I have never tried e-cigarettes / I have tried e-cigarettes once / I have tried e-cigarettes more than once)

How often do you use e-cigarettes at present? (Every day / at least once a week, but not every day / Less than once a week / I do not use e-cigarettes at present)

### ALCOHOL CONSUMPTION

At present how often do you drink anything alcoholic such as beer, wine, cider, alcopops or spirits? Try to include even those times when you only drink a small amount. Beer (including lager) / Wine / Spirits (e.g. Whisky, Vodka etc.) / Alcopops (e.g. Bacardi Breezer, Red

Square, Smirnoff Ice, WKD etc) / Cider / Any other drink that contains alcohol. (*Every day / Every week / Every month / Rarely / Never*)

On days when you drink alcohol, how many drinks (e.g. cans of cider, cups of wine) do you usually have? (*I never drink alcohol / Less than 1 drink / 1 drink / 2 drinks / 3 drinks / 4 drinks / 5 or more drinks*)

At what age did you first do the following things? If there is something that you have not done, choose the 'never' category. Get drunk. (*Never / 11 years old or less / 12 years old / 13 years old / 14 years old / 15 years old / 16 years old*)

### **CANNABIS USE**

Have you been offered cannabis (Weed, marijuana, dope, pot, hash, grass, bud, skunk, spliff/joints) in the last 12 months? (*Yes / No*)

This question is asking about the drug Cannabis again. Please answer the question honestly: nobody you know will see your answers. Have you ever taken Cannabis (Weed, Marijuana, Dope, Pot, Hash, Grass, Bud, Skunk, Spliff/ Joints)? In your life. (*Never / 1 – 2 days / 3 – 5 days / 6 – 9 days / 10 – 19 days / 20 – 29 days / 30 days or more*)

At what age did you first do the following things? If there is something that you have not done, choose the 'never' category. Use cannabis. (*Never / 11 years old or less / 12 years old / 13 years old / 14 years old / 15 years old / 16 years old*)

### **OTHER ILLICIT DRUG USE**

When was the last time you ever tried, used or took any of the following? Inhalng laughing gas (nitrous oxide, nos, whippets; DO NOT include breathing in helium from party balloons or nitrous oxide from your doctor or dentist) / Mephedrone (M-Cat, Meow, Bubble, Charge, Drone, 4MMC) / New psychoactive substances (previously called 'Legal highs', such as pep stoned, BZP, black mamba spice). (*In the last month / In the last 12 months / More than 12 months ago / Never*)

### **GAMBLING**

Have you spent any of YOUR money on any of the following in the past 7 days? We want to know about games you played yourself. (*Lotto (the main National Lottery draw) / National Lottery Scratchcards which you bought in a shop (not free Scratchcards) / National Lottery instant win games on the internet (e.g. National Lottery Gamestore) / Any other National Lottery games (e.g. EuroMillions, Thunderball, Hotpicks) / Fruit machines (e.g. at an arcade, pub or club) / Personally visiting a betting shop to play gaming machines / Playing other gambling machines / Personally placing a bet at a betting shop (e.g. on football or horse racing) / Bingo at a bingo club / Bingo somewhere other than a bingo club (e.g. social club, holiday park, etc.) / Personally visiting a casino to play casino games / Placing a private bet for money (e.g. with friends) / Playing cards for money with friends / Gambling websites/apps where you can win real money (e.g. poker, casinos, bingo, betting on sport or racing) / Other Lotteries (e.g. The Health Lottery, People's Postcode Lottery or other smaller lotteries available in shops) / Any other gambling / No, none of the above*)

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