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Children and Young People Wellbeing Monitor for Wales 2015

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Foreword

The Children and Young People Wellbeing Monitor for Wales was published for the first time in November 2008. A second edition was published in March 2011. This is the third edition.

The Monitor is a Government Social Research publication but it includes input from researchers, statisticians, economists and policy officials. It comprises a key resource for those working on policy and programme development and has been used by officials from several departments and divisions within the Welsh Government and the Office for National Statistics to help inform their ongoing work on measuring children and young people's wellbeing.

The aim of this publication is to provide a multi-dimensional picture of children and young people's wellbeing (aged 0 to 25) in Wales, using a variety of wellbeing indicators and other statistical and research sources. Maintaining the same thematic chapters as the 2011 Monitor, as well as an introductory section on policy developments, and a concluding section on trends and comparisons, the 2015 edition aims to provide an accessible and concise overview of relevant key information. Drawing on recently published research and statistics, it reflects the efforts that have been made to collect data on a diverse set of social indicators in Wales and identifies evidence gaps.

Producing the Monitor is also one of the initiatives that the Welsh Government has taken to fulfil its commitment to the Convention on the Rights of the Child. For this reason, the structure of the Monitor is based on themes taken from the Welsh Government's seven core aims for children and young people¹ which are underpinned by the United Nations Convention on the Rights of the Child. These themes are:

- Early years;
- Education and learning opportunities;
- Health;
- Access to play, sport, leisure and culture;
- Participation in decision-making;
- A safe home and community;
- Not disadvantaged by poverty.

While each chapter covers a specific topic, there are also some cross-cutting indicators of children's overall wellbeing based on self-reported data.

¹ All children and young people should (1) have a flying start in life; (2) have a comprehensive range of education and learning opportunities; (3) enjoy the best possible health and are free from abuse, victimisation and exploitation; (4) have access to play, leisure, sporting and cultural activities; (5) are listened to, treated with respect, and have their race and cultural identity recognised; (6) have a safe home and a community which supports physical and emotional wellbeing; and (7) are not disadvantaged by poverty.

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Chapter 1

Children and Young People in Wales: Key Policy Developments

1. Introduction

This chapter provides an overview of key policy developments relating to children and young people in Wales since the publication of the Children and Young People Wellbeing Monitor for Wales in 2011. Specifically, the chapter highlights new policies and programmes which have been taken forward by the Welsh Government with the aim of improving outcomes for children and young people. There is a particular focus on key developments in the following policy areas: early years; education; health; arts and culture; children's rights and participation in decision-making; communities and housing; and tackling poverty.

1.1 Early Years

The Welsh Government has a history of investing in the early years of a child's life, through programmes such as **Flying Start** and the **Foundation Phase**. Flying Start is the Welsh Government's flagship early years programme which aims to give children a better start in life, with an emphasis on evidence-based interventions designed to improve health, developmental and cognitive outcomes amongst children aged 0 to 3. In 2011, and as part of the new Programme for Government, there was a commitment to double the number of children and their families reached by Flying Start during the course of the Assembly Term (2011 to 2016) to 36,000. In 2014/15, over 37,200 children received Flying Start services. The programme aims not only to help to provide parents with the skills they need to support their child's development, but also to give them the opportunity to access training and support to improve their employment prospects. The free, part-time, high quality childcare offered through the programme enables parents to undertake training and development opportunities to support them to move towards accessing employment.

In 2013, the Welsh Government set out its vision for improving the outcomes of children in the early years in the **"Building a Brighter Future: Early Years and Childcare Plan"**. This presented a set of objectives (based around five key themes) to improve early years and childcare provision in Wales over the next 10 years.

Building a Brighter Future: Early Years and Childcare Plan

Key Themes

Key Outputs in 2014-15

Children's health and wellbeing

- An additional £7.6million to be invested every year in mental health services for children and young people.
- Legislation on ban on people smoking in cars carrying children agreed.
- Wellbeing of Future Generations (Wales) Act became law.

Supporting families and parents

- The introduction of the Renting Homes Bill, resulting in greater stability for children and their families.
- Promotion of family engagement and parenting engagement and support, including bilingualism within families.
- New statutory guidance to support safeguarding.

High-quality early education and childcare

- Foundation Phase Expert Group established to strengthen the curriculum for 3- to 7-years-old
- Developed bespoke business advice to the childcare sector.
- Achieved the Programme for Government commitment to reach 36,000 children through flying start by 2016, a year earlier than planned.

Effective primary education

- Publication of the independent review of assessment and the national curriculum, recommending radical changes to the current system.
- Primary categorisation system introduced.
- Pupil Deprivation Grant extended to the under-5s.

Raising standards

- Development of and consultation on a draft 10-year Early Years Workforce Plan.
- Development of the Early Years Outcomes Framework.
- Development, trialling and training of the new assessment tool for the Foundation Phase for statutory education in September 2015.

Improved Outcomes for 0- to 7-year-olds in Wales

As part of the Early Years and Childcare Plan, the Welsh Government made a commitment to develop an **Early Years Outcomes Framework**. This draws on evidence to demonstrate progress made in delivering the actions in the Plan. The data included in the Framework have been collated and presented in the Early Years and Childcare Plan Progress Report, which was published in July 2015.

A key element of the Outcomes Framework is data collected through the **Early Years Development and Assessment Framework (EYDAF)**. This aims to provide a common assessment framework which can be used by all early years services to assess children's developmental progress at appropriate points from birth through to age seven, at the end of the Foundation Phase. Part of the project is the development of the **Foundation Phase Profile (FPP)**. This is an assessment tool which can be used to record and track a child's developmental abilities throughout the Foundation Phase. Use of the FPP to undertake a baseline assessment of children as they enter Reception Year was introduced on a statutory basis in September 2015.

Developing the capacity of the early years workforce is a key Welsh Government commitment. A **10-year plan for the early years, childcare and play workforce in Wales**, covering such issues as minimum qualification levels, graduate leadership, continuing professional development (CPD) and career pathways was put out for consultation during 2014 following extensive stakeholder engagement. The final plan will be published around the end of 2015 and is due to be supported by a European Social Fund (ESF) operation, Progress for Success (PFS).

As part of the early years agenda, the Welsh Government is working with stakeholders to finalise plans for implementation of the Healthy Child Wales Programme in 2015/16. Alongside the Welsh Government's **Maternity Strategy**, the **Healthy Child Programme** aims to help all children during the early years develop sound physical and mental health in a way which is designed to be sensitive to the needs of particular groups and localities.

There is a general belief that the home learning environment is important to child outcomes and that good parenting can make a significant positive contribution to the lives of children and young people, especially in the early years. In 2014, the Welsh Government published **Parenting in Wales: Guidance on Engagement and Support**, which aims to assist those delivering parenting support services to provide a consistent and high quality service.

1.2 Education

The **Foundation Phase** is the statutory curriculum for all three- to seven-year-olds in Wales, in both maintained and non-maintained settings. The intention is to encourage children to be creative, imaginative and to make learning more enjoyable and more effective. The Foundation Phase has seven Areas of Learning which are delivered through practical activities and active learning experiences, both indoors and outdoors. The Areas of Learning are: Personal and Social Development;

Wellbeing and Cultural Diversity; Language, Literacy and Communication Skills; Mathematical Development; Welsh Language Development (in English-medium schools and settings); Knowledge and Understanding of the World; Physical Development; and Creative Development.

An expert group has been set up to develop a strategic action plan to put in place a longer-term approach to develop consistently good and effective practice across all settings and schools. This action plan will be published early in 2016, but some changes are already being made to the way in which the Foundation Phase is delivered. For example, the “Foundation Phase Framework” document has been revised and introduced revised Areas of Learning for Language, Literacy and Communication Skills and Mathematical Development in September 2015.

The expert group’s work will be integrated with other key developments in Welsh education, and will particularly respond to Professor Donaldson’s report *Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales* (2015), which is supportive of the Foundation Phase and its approaches – and will be used to inform future curriculum developments. In March 2014, Professor Graham Donaldson was asked to conduct a fundamental review of curriculum and assessment arrangements from Foundation Phase to Key Stage 4. The review identified the strengths of the education system in Wales (including the Foundation Phase and the commitment to the Welsh language and culture), but also made a series of recommendations to address a number of shortcomings, relating to how children in schools are taught and assessed. The scope and scale of the changes envisaged by *Successful Futures* are wide-ranging and will require several years to develop and deliver fully.

Since 2011, there has been a growing emphasis on improving the educational outcomes of pupils eligible for Free School Meals. Launched in June 2014, **Rewriting the Future: raising ambition and attainment in Welsh schools** is aimed at raising the academic attainment of pupils from low income households. *Rewriting the Future* provides a call to action for schools, local authorities and regional education consortia to tackle the complex factors which result in learners from low-income families achieving less well than their more affluent peers. The policy is underlined by Welsh Government commitments and significant financial investment through the Pupil Deprivation Grant and Schools Challenge Cymru programme. Schools will be supported to bring the attainment of pupils living in poverty in line with the attainment of other pupils through funding, guidance and bespoke support.

Rewriting the Future is underpinned by a number of key policies and programmes aimed at improving outcomes for pupils from low-income backgrounds, which is fundamental to the tackling child poverty agenda in Wales (see Section 1.8). The **Pupil Deprivation Grant (PDG)** is intended to improve attainment for learners aged between five and 15, who are eligible for Free School Meals or who are Looked after Children. In 2015/2016, the allocation of the PDG increased from £918 per eligible pupil, to £1,050, rising to £1,150 per pupil in 2016/2017.

The total amount of PDG awarded to schools in 2015-16 is £76.8 million. Since April 2015 the PDG has been extended to learners aged three and four, with an additional £4.6 million provided to Foundation Phase providers at the rate of £300 per eligible learner. Over £4.5 million has been made available between September 2013 and March 2016 through Communities First as match funding for the PDG, to foster stronger links between communities and schools in order to address the impact of poverty on educational achievement.

In recognition of the fact that pupils from low-income households are often already behind their peers when they begin school, the PDG has been extended to the under fives in the Foundation Phase. This grant aims to aid continuity from Flying Start into statutory education, as well as providing an early boost for disadvantaged pupils living in poverty but who are not in Flying Start areas. High expectations are reflected in the new school categorisation model which only awards the highest green category to secondary schools which support pupils eligible for Free School Meals to exceed national averages.

Alongside the PDG, the Welsh Government has also launched **Schools Challenge Cymru** and is investing up to £20 million per year, for two years, to support 40 Pathways to Success schools to achieve rapid and sustainable improvement. This national programme has the potential to influence the lives of more than 30,000 secondary pupils every year, including more than 8,000 pupils who are eligible for Free School Meals. Breaking the link between deprivation and attainment is a key focus for the programme. This programme is about recognising that some schools face unique challenges and that these schools require more intensive, additional support, above and beyond what is provided as a matter of course.

The Department for Education and Skills has also launched the **National Literacy and Numeracy Framework (LNF)**. The LNF is a key part of the Welsh Government's National Literacy and Numeracy programmes which set out the actions that will be taken by the Welsh Government and its partners over the next five years to transform standards of literacy and numeracy in Wales. It sets clear national expectations for the teaching of literacy and numeracy. The LNF became a statutory curriculum requirement from September 2013, with formal assessment against the LNF becoming a requirement from September 2014.

1.3 Young people who are not in employment, education or training (NEET)

A key priority for the Welsh Government is to reduce the number of young people who are NEET. The **Youth Engagement and Progression Framework** and Implementation Plan published in October 2013, seeks to bring together all of the elements of effective reduction in young people who are NEET in one place. The purpose of the Framework is to provide a mechanism for local authorities to identify those in need of support, to establish the support available and to track the progress of young people as they make the transition from education into

further education or employment. The Framework requires an integrated approach from all organisations involved in delivering activity for young people, focusing on the needs of the individual.

The Welsh Government has also introduced specific schemes to support young people into employment, including **Jobs Growth Wales**. This started in April 2012 and aims to create 16,000 job opportunities over four years for unemployed 16- to 24-year-olds. The Welsh Government will be investing over £144 million of Welsh Government and European funding aimed at creating over 50,000 apprenticeships in Wales over the next four years. Apprenticeships allow people to earn a wage and develop their skills with an employer while also accessing formal training from a network of approved providers. Investment will cover a range of traditional and non-traditional areas including construction, engineering, IT and retail.

The Welsh Government has introduced the **Communities for Work Programme** which has a strand to support young people and is supported by Jobcentre Plus. The project will invest £11.2 million with the aim of supporting 6,000 people aged 16–24 in Wales' most disadvantaged communities into work. Youth mentors and Jobcentre Plus specialist employment advisors based in the 52 Communities First areas will provide intensive, one-to-one guidance to help young people access education, training and employment. The project aims at supporting them to overcome the challenges they face – such as a lack of confidence, skills or experience – and help with the costs which may be a barrier to getting a job, such as the travel costs of attending an interview or buying suitable clothing.

1.4 Skills for employment

The Welsh Government's vision for the skills agenda in Wales was set out in January 2014 as part of the **Policy Statement on Skills**. A **Skills Implementation Plan** was published in July 2014. This sets out actions to be taken forward to 2016 in support of the Welsh Government's approach to develop a sustainable and competitive skills system which enables businesses in Wales to grow and flourish.

The Policy Statement and supporting Implementation Plan relate to post-19 skills and employment policy. The focus is on four areas: (a) higher levels of skills development across the workforce; (b) responding to local needs; (c) working with and supporting employers regarding the skills that they value; and (d) supporting individuals with the skills and opportunities needed to enter employment. An integral part of the Skills Implementation Plan is for the Welsh Government to ensure it can track its employment and skills position, relative to the UK, and ensure interventions are delivering the right outcomes, linked to future jobs and growth opportunities. To support this work, the Welsh Government published a series of Skills Performance Measures in September 2014 aligned to jobs and growth, financial sustainability, equality and equity and international skills

benchmarking. The intention is to use these measures to monitor the impact of the policies and programmes being taken forward in pursuit of the Policy Statement.

The *Skills for Employment* section of both the Policy Statement and supporting Implementation Plan is aligned to the tackling poverty agenda. It includes specific commitments to simplify arrangements for accessing skills and employment support, through the introduction of a **Skills Gateway**, as well as providing employment support arrangements which add value to those available via the Department of Work and Pensions. This includes the continuation of flagship programmes, such as Jobs Growth Wales and ReAct. There is also a commitment to expand the provision of Essential Skills support through the introduction of a new adult employability programme, underpinned by a standardised assessment tool for identifying literacy and numeracy needs. Delivering the Policy Statement and Implementation Plan are viewed as fundamental to tackling in-work poverty, recognising the role that increasing skills can play in supporting in-work progression.

1.5 Health

A number of key developments in Wales have been taken forward with the aim of improving the health outcomes of children and young people. The **Public Health (Wales) Bill** takes a preventative approach which seeks to intervene at points with potential for long-term benefits in the health of individuals and their communities. The forthcoming legislation is intended to make an important contribution to the tackling poverty agenda, as a number of the issues addressed can disproportionately affect the most disadvantaged individuals, families and communities.

In terms of improving health outcomes in the early years, in October 2014, Health Boards were asked to provide details of work targeted at **reducing the number of babies born with a low birth weight**. Furthermore, as part of the work of the Welsh initiative for stillbirth reduction, led by the All Wales Maternity Network, all Health Boards have agreed to adopt a standardised approach to monitoring foetal growth. This aims to help the early identification and management of babies who are small for their gestational age.

Mental health and wellbeing

Together for Mental Health is the Welsh Government strategy to improve mental health service delivery and wider wellbeing. The Welsh Government recently announced that an extra £7.6 million will be invested every year in mental health services for children and young people in Wales. The additional funding is intended to improve specialist child and adolescent mental health services' (CAMHS) ability to respond out-of-hours and at times of crisis; expand access to psychological therapies for young people; improve provision for children and young people in local primary mental health support services; and ensure services intervene early to meet the needs of young people who develop psychosis.

Recognising the links between mental health and poverty, a cross-department within Welsh Government group has been established to look at opportunities to strengthen support. The Welsh Government has committed to mapping the range of community support, incentives and interventions available, and to further consider how tackling poverty programmes can support individuals with low level mental health issues.

Addressing the Inverse Care Law

Tackling health inequalities and addressing the 'Inverse Care Law' is a key aspect of the Welsh Government's approach to tackling poverty, and a key priority in its Tackling Poverty Action Plan. The Inverse Care Law describes how the availability of good medical care tends to vary inversely with the need for it, in a given population. A range of activities are being taken forward to try to reduce inequalities in access to care, as well as to offer opportunities for good health and wellbeing. The latest **NHS Planning Guidance** obligated all integrated medium-term Health Board plans to analyse need and take appropriate action to set out local priorities and interventions in relation to tackling health inequalities. Health Boards are now developing **Primary Care Clusters** which are viewed as an important means to better identifying local need and planning services proportionately to match need.

There is also a Welsh Government commitment to **redistribute funding**, which involves changing the current direct-needs formula to reflect the latest available data on population, needs and NHS expenditure on different age groups. The work in phase one was used to inform the distribution of the majority of the recently announced £225 million funding to Local Health Boards. It was also applied in the distribution of an additional £200 million allocation issued in December 2014. The second phase of the work will involve reviewing and fine-tuning the current direct-needs formula and addressing any weaknesses in the data.

The Bevan Commission has finalised a set of **prudent healthcare** principles for Wales. These will help to ensure everyone involved in securing a healthier future for the population of Wales follows the same set of principles. These principles are: achieve health and wellbeing with the public, patients and professionals as equal partners through co-production; care for those with the greatest health need first, making the most effective use of all skills and resources; do only what is needed, no more, no less; do no harm; and reduce inappropriate variation using evidence-based practices consistently and transparently. The Welsh Government and NHS Wales are focusing on putting these principles into practice, for example through implementing the commitments in the national primary care plan and through maintaining the impetus in remodelling the relationship between the people who use health services in Wales and those who provide them.

Physical Activity

The Physical Activity Executive Group (PAEG), which includes the Minister for Communities and Tackling Poverty, the Deputy Minister for Culture, Sport and Tourism and the Deputy Minister for Health was established in June 2013 to examine opportunities to refresh the approach to increasing levels of physical activity. This work will support the delivery of a number of Programme for Government commitments including: preventing poor health and reducing health inequalities; maximising participation and widening access to sport; and working with Sport Wales and others to promote physical activity for people of all ages.

The Physical Activity Executive Group is currently developing final proposals for a **Pan-Wales Physical Activity Plan**, building on the work of Creating an Active Wales, which gained full Cabinet support in December 2014. The plan will focus on four areas of activity: supporting infrastructure; overarching policies; sector specific policies and programmes; and developing partnerships for action. The development and delivery of the plan is being supported by the new programme director (a post jointly funded by the Welsh Government, Public Health Wales and Sport Wales), who will also help co-ordinate and maximise the benefits from current activity.

UK Chief Medical Officers have updated their guidelines on physical activity for adults, which will now look at achieving 150 minutes a week, measured as 10-minute bursts, rather than 5x30 minutes. The aim is to focus on encouraging the most physically inactive to make small changes that will have an impact.

1.6 Play, sport, leisure and culture

Play

The Welsh Government places great value on play in the lives of children. Through the Children and Families (Wales) Measure 2010, Wales was the first country in the world to legislate for play and consider the sufficiency of play opportunities, as part of its tackling poverty agenda. Opportunities for children and young people to play contribute to mitigating the negative effects of poverty on children's lives, and help to build their resilience and overall wellbeing. Providing opportunities for children and young people to play in their communities can be a means of reducing inequalities between children living in families who can afford costly recreational provision and those who cannot.

The Children and Families (Wales) Measure 2010 places a duty on local authorities to assess and secure sufficient play opportunities for children in their areas, advised by Statutory Guidance (*Wales: a Play Friendly Country*). This includes securing play opportunities for children with diverse needs, including those living in poverty and disabled children.

The next Play Sufficiency Assessment, together with an Action Plan for securing sufficient play opportunities, is being completed by local authorities during 2015-2016 and will be submitted to the Welsh Government by 31st March 2016.

On 1st February 2013, the United Nations Committee on the Rights of the Child adopted a General Comment which clarifies for Governments worldwide the meaning and importance of Article 31 (the right of the child to rest, leisure, play, recreational activities, cultural life and the arts). Through General Comment 17, the Committee strongly encourages States to consider introducing legislation to ensure the rights under Article 31 for every child, together with a timetable for implementation.

Sport

Creating an Active Wales is the Welsh Government's strategic document for physical activity published in 2010. The programme has two measurable high-level targets:

- Adults – shift the average point of activity from 2.4 days to 3.4 days per week by 2020.
- Children – shift the average point of activity for 11- to 16-year-olds from 3.9 days to 4.9 days per week by 2020.

Creating an Active Wales has four strategic aims alongside seven underpinning themes to support delivery. The four aims are:

- *Active environments* – to develop and maintain a physical environment that makes it easier and safer for people to choose to be more physically active.
- *Active children and young people* – to support children and young people to live active lives, and become active adults.
- *Active adults* – to encourage more adults to be more active, more often, throughout life.
- *Sport for All* – to increase participation in sport, by all sectors of the population.

The targets are measured through the Welsh Health Survey and Health Behaviour in School-aged Children Study.

In addition, the Sport Wales **Young Ambassador Programme** was introduced in 2010. Young Ambassadors are now active in all 22 local authorities, with 2,858 Young Ambassadors actively promoting sport and active lifestyles in Wales this year (2015). Since 2010, 8,508 Young Ambassadors have taken part in the programme.

Arts and Culture

A key driver for change has been the publication of the report *Culture and Poverty* by Baroness Kay Andrews, which was launched in March 2014. This recommended ways in which cultural and heritage bodies can work more closely together and with community organisations, to broaden access to, appreciation of and participation in, culture in ways which contribute to reducing poverty. Its main focus is on bringing together arts, culture and heritage organisations to enhance their impact in disadvantaged communities, particularly Communities First clusters. It outlines how museums, libraries, archives, historic monuments and arts organisations are key resources which can inspire people to learn and gain skills. The Deputy Minister for Culture, Sport and Tourism, responded to the report in November 2014, outlining progress made to date on some of the recommendations and detailing how the Welsh Government will take forward others, under the programme *Fusion: Tackling Poverty through Culture*. Included in this response are proposals for 'pioneer areas' where national organisations will work together with local leaders in Communities First cluster areas to realise the core vision set out in the report. Six Pioneer Areas have been established in 2015-16.

The aim is to establish a solid evidence-base for the most effective cultural interventions on educational attainment, skills, health and other national priorities, primarily by assessing impact on Communities First outcomes. In the medium and longer-term, this approach could be extended to other areas.

In relation to arts in schools, the Welsh Government commissioned an independent report conducted by Professor Dai Smith which was published in September 2013¹. The report recommended greater use of the arts and creative teaching methodologies in schools, in order to help improve literacy and numeracy and to reduce the attainment gap. In response to the report, the Welsh Government published an action plan covering the period 2015-2020, to be taken forward in partnership with the Arts Council for Wales.

Children's Rights and Participation in Decision-Making

The **Rights of Children and Young Persons (Wales) Measure** contains a number of provisions aimed at strengthening the existing rights-based approach of the Welsh Government towards policy for children and young people aged up to 25, and also strengthening children and young people's position in Welsh society. From May 2012 to April 2014, the Measure placed a duty on Welsh Ministers to have due regard to the children's rights as set out in the UNCRC when formulating or reviewing policy and legislation. More recently (from May 2014), the Measure extended the duty on Ministers to have due regard to children's rights when exercising all of their functions.

¹ Smith, D. (2013) An independent report for the Welsh Government into Arts in Education in the Schools of Wales. Cardiff: Welsh Government

As a result of the full implementation of the Rights of Children and Young Persons (Wales) Measure 2011, children's and young people's views should be considered in legislation, policies and ministerial decisions across the Government to further implement children's rights. This reflects the Welsh Government's commitment to the United Nations Convention on the Rights of the Child and Article 12, which states '*children have the right to say what they think should happen, when adults are making decisions which affect them, and to have their opinions taken into account*'.

Ensuring children have an active voice and can participate in the working of government is a key theme in the new **Children and Families Delivery Grant**, which is intended to establish national mechanisms to hear the views of children and young people which will in turn influence the workings of Government. The Welsh Government is providing £1.8 million over three years to Children in Wales to create a Centre of Excellence for Children's Rights, including innovative and accessible national participation structures. The funding supports the delivery of 'Young Wales', which aims to reach hundreds of children and young people, including those who are marginalised, lacking in confidence, from disadvantaged backgrounds, excluded or in challenging circumstances. **Young Wales** works with youth groups, forums and councils to gather their collective voice to influence legislation, policies and programmes. It also has a focus on social media as a means of contacting those children and young people who do not have the confidence to speak up in public.

1.7 Housing and safe communities

Housing

There have been several recent policy initiatives aimed at improving the security and quality of housing and tackling fuel poverty. The **Housing (Wales) Act 2014** places a duty on local authorities to help people at risk of losing their home at a much earlier stage, allowing more time for a solution to be found to their problems. An additional £5.6 million has been made available to local authorities to help them to implement the new legislation.

The Welsh Government is also committed to improving the quality of housing. This includes the recent announcement of the investment of £108 million in the social housing stock. The funding is to be used by Local Authorities and Registered Social Landlords to improve people's homes and ensure they are safe, secure and meet the Welsh Housing Quality Standard (WHQS). The aim is for all social landlords to improve their housing stock to an acceptable level by 2020². **Home Improvement Loans** were launched in January 2015. This scheme provides loan finance to home owners and the private rented sector to improve sub-standard homes.

² <http://gov.wales/topics/housing-and-regeneration/housing-quality/welsh-standard/?lang=en>

The Welsh Government is continuing to deliver the **Warm Homes Nest and Warm Homes Arbed Schemes** to tackle fuel poverty and to maximise funding from the Energy Companies Obligation (ECO) into Wales.³

Community Safety: Community Safety Officers (CSOs)

Although responsibility for crime and justice matters is not devolved, making Wales a safer place is a key priority for the Welsh Government. One of the key 'Five for a Fairer Future' commitments was to introduce an additional 500 Community Support Officers (CSOs) in Wales. This commitment was met in October 2013. The intention is that the additional officers are visible and active in their communities, providing reassurance and working with vulnerable groups, children and young people.

Youth Crime Prevention Fund

The £4.9million Youth Crime Prevention Fund supports projects aimed at diverting young people away from crime and anti-social behaviour. This includes projects relating to education, training, leisure, arts, sports, restorative justice, and initiatives to combat substance misuse.

Children and Young People First was published in July 2014. This joint strategy brings together the Welsh Government and Youth Justice Board's (YJB) vision and commitment to improve services for children and young people at risk of becoming involved in, or who are in, the youth justice system. It provides the Welsh Government, the YJB and those delivering youth justice services with a coherent framework through which the prevention of offending and reoffending by children and young people can be achieved.

Fire Safety

Raising awareness of the danger of fire and fire-setting among young people is well established in the Welsh Fire and Rescue Authorities (FRAs). Their staff promote fire and home safety at each key stage of the curriculum in schools across Wales, aimed at ensuring young people have the right messages as they grow up.

The FRAs' bespoke intervention programmes such as the Phoenix and 'Crimes and Consequences' are targeted at young people with identified heightened risk-taking behaviours, which very often result in crime or anti-social behaviour. The programmes are designed to challenge existing attitudes and promote independent thinking in young people, by using fire and rescue activities to develop personal attributes such as working as a team, leadership, community safety and engagement, exploring physical and mental limits and promoting and educating young people about the role of the Fire Service.

³ <http://gov.wales/topics/environmentcountryside/energy/efficiency/warm-homes/?lang=en>

The Welsh Government provides funding to the three Fire and Rescue Authorities in Wales, specifically for their work with young people and in 2015-16 has allocated £470,000 for this purpose.

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Prevention is a key element of this Act which was enacted in April 2015. Work is continuing on a comprehensive package of education measures to support implementation of the Act. This links to the Department for Education and Skills' safeguarding in schools agenda and implementation of the Successful Future report, which made recommendations in respect of the future shape of the curriculum in Wales.

The Welsh Government commissioned Welsh Women's Aid to develop a Whole Education Approach Good Practice Guide for local authorities and schools which was published in October 2015. This is intended to inform the statutory guidance on championing the issue of gender-based violence, domestic abuse and sexual violence matters in schools and other settings, for consultation in early 2016.

The Welsh Government is developing regulations to bring into force a duty on local authorities to report annually on the action they are taking to address these issues in education settings, including schools. There will be a consultation in early 2016 regarding the policy underlying these regulations, which are scheduled to come into force in time for the 2016-17 academic year. The Welsh Government is continuing its support of Hafan Cymru's Spectrum Schools Programme. The programme offers a comprehensive schools programme educating young people on healthy relationships from the age of three to 16. The Spectrum Project aims to teach about healthy relationships, thus informing and raising the awareness of children, young people and teachers/other school staff about domestic abuse, sexual violence and violence against women. In the 2015-16 academic year, all 22 local authorities will receive the Spectrum Schools Project.

Work is also underway on a range of other commitments. These include the development of a national conference on violence against women, domestic abuse and sexual violence in education held during Autumn 2015; a review of healthy relationships teaching resources to ensure schools have high quality materials; work with Safeguarding Leads and Governors Wales to embed whole school approach practices; strengthening anti-bullying guidance; and continuing support for Welsh Women's Aid's Children Matter Project.

1.8 Tackling poverty

The legislative framework for tackling child poverty is provided by the **Children and Families (Wales) Measure 2010**. This placed a duty on Welsh Ministers, local authorities and other public bodies (such as the Arts Council of Wales and Sport Wales) to set specific objectives for tackling child poverty and to publish child

poverty strategies. Welsh Ministers fulfilled this duty in 2011, when they published a new Child Poverty Strategy for Wales. This set three new strategic objectives for tackling child poverty. These are: 1) to reduce the number of children living in workless households; 2) to increase the skills of parents and young people to enable them to secure well-paid employment; and 3) to reduce the inequalities which exist in the health, education and economic outcomes of children and families living in low-income households, by improving the outcomes of the poorest. In 2012, the Welsh Government published an all-age Tackling Poverty Action Plan, which set out actions and commitments to deliver the objectives of the Strategy. The Action Plan was refreshed in 2013 to include specific targets and milestones covering a range of different policy areas – including health outcomes in the early years; educational attainment amongst pupils eligible for Free School Meals (FSMs) in the Foundation Phase; educational attainment amongst pupils eligible for FSMs at Key Stage 4; reducing the number of young people who are NEET; reducing worklessness; tackling health inequalities; and housing and regeneration.

The **2011 Child Poverty Strategy** covered the period 2011-2014 and so in November 2014, the Welsh Government consulted on a revised **Child Poverty Strategy for Wales**. The final version was published in March 2015. This maintained the Welsh Government's ambition to eradicate child poverty by 2020. It maintained the three strategic objectives of the 2011 Strategy, but also included two new ones. These are: to use all available levers to create a strong economy and labour market which supports the tackling poverty agenda and reduces in-work poverty in Wales; and to support families living in poverty to increase household income through debt and financial advice; action to address the 'poverty premium' (where poor households pay disproportionately more for goods and services) and action to mitigate the impacts of welfare reform. Key programmes being taken forward to deliver the objectives of the Child Poverty Strategy include Flying Start, Communities First, Lift and Families First.

In July 2015, the Welsh Government issued a Written Statement in response to the UK Government's decision to step away from the 2020 target to eradicate child poverty, which underpins the UK Child Poverty Act. The Written Statement confirmed that the Welsh Government will maintain the ambition to eradicate child poverty by 2020, and will also continue to use a relative measure of income poverty (percentage of children living in households below 60% of the median income) as part of a suite of indicators which measure the outcomes of low-income households.

The approach being taken in Wales to support families living in poverty includes a mix of area-based interventions (such as Communities First) and individual-based interventions (such as Families First).

The **Communities First Programme** is a community-focused tackling poverty programme. It operates in 52 areas (Communities First clusters). The Programme has three strategic objectives: helping build Prosperous, Learning and Healthier Communities. Each Cluster produces a delivery plan, including numerous projects that attempt to directly or indirectly address the issue of child poverty.

A Common Outcomes Framework has been developed for Communities First, Families First and Flying Start. It aims to improve alignment between Flying Start, Communities First and Families First, supporting joint working and avoiding duplication. The Framework is currently being tested by a number of early adopters with plans to roll-out across all local authority areas in 2016-17.

The **Lift Programme** is specifically aimed at supporting people from workless households. It reflects the very specific commitment in the Tackling Poverty Action Plan to provide 5,000 training and employment opportunities to people from workless households by the end of 2017. An initiative that builds on the Lift Programme is the '**Communities for Work**' programme which includes a focus on the 16 to 24 age group. The Welsh Government's **Parents, Childcare and Employment (PaCE)** Programme is jointly funded through the European Social Fund and intended to help facilitate a route into employment for economically inactive parents where childcare is the main barrier. Community-based Parent Employment Advisers will offer support to those parents in identifying opportunities and also solutions to meet their childcare needs. The Advisers will work closely with local authority Families First Teams, Flying Start Teams and other organisations to identify eligible parents. It is planned that Parents, Childcare and Employment, once fully operational, will engage with almost 8,000 economically inactive parents who receive income support, Employment and Support Allowance (ESA) or no benefits. It will support lone parents, parents from workless households or to assist a second earner in a working household. The aim is that over 1,500 parents will enter sustainable employment, helping those families find a route out of poverty.

The **Families First Programme** was set up in 2010 to address the need for a more strategic and joined-up approach to the commissioning and delivery of services to meet the needs of the whole family. Families First promotes the development of effective multi-agency systems of support for families, particularly those living in poverty. The Programme places an emphasis on early intervention and prevention, and on bringing organisations together to work with the whole family to help stop problems escalating towards crisis. A key feature of the programme is that services are bespoke and tailored to individual family circumstances to maximise the effectiveness of interventions. The nature of Families First means that local authorities are able to commission services which are focused on meeting identified needs within their local area.

Finally it is important to highlight two key developments in relation to new Welsh legislation.

The **Social Services and Wellbeing (Wales) Act 2014** puts a duty on local authorities to promote wellbeing for people who need care and support, and carers who need support. A new national outcomes framework describes aspects of wellbeing which relate to all areas of an individual's life. This includes aspects such as education, training, recreation and social and economic wellbeing – which link directly to improving health outcomes and reducing poverty. It will evidence the contribution that organisations make in supporting people to achieve their wellbeing outcomes, ensuring clear accountability for delivery.

The **Wellbeing of Future Generations (Wales) Act (2015)** sets ambitious, long-term goals to reflect a vision of Wales in the future. These goals are for a prosperous, resilient, healthier, more equal Wales – with cohesive communities, a vibrant culture and thriving Welsh language. Achieving these goals will help children to reach their full potential by giving them the best start in life, and in turn leave a better legacy for our children and grandchildren. The Act is intended to ensure joint effort and better collaboration between the public, private and third sectors working together to address key challenges, including climate change, jobs and growth, skills, health inequalities and tackling poverty. The Act also puts Local Service Boards and Wellbeing Plans on a statutory basis and simplifies requirements for integrated community planning. These developments are seen as critical to delivering an outcomes-based approach to tackling poverty and child poverty at a local level.



Chapter 2

Optimal development: The right to life, survival, and development

This chapter focuses on Article 6 'Survival and Development' under the United Nations Convention on the Rights of the Child: '*Children have the right to live. Governments should ensure that children survive and develop healthily*'. It also reports on Welsh Government's Core Aim 1 for children and young people in Wales on providing a '*flying start in the early years of a child's life and the best possible basis for future growth and development*' (Welsh Government, 2004).

This chapter provides an insight into the wellbeing of children from pre-birth to seven-years-old in terms of key health and education indicators.

2.1 Early years: Health

Being healthy at birth and through the early years is one of the most important indicators of wellbeing as children grow up. Measuring the health of children in the early years can be undertaken in a number of ways and many of the key indicators reported here incorporate those used by UNICEF, including: low birth weight; infant mortality rate; and external factors impacting gestation, such as smoking and substance misuse.

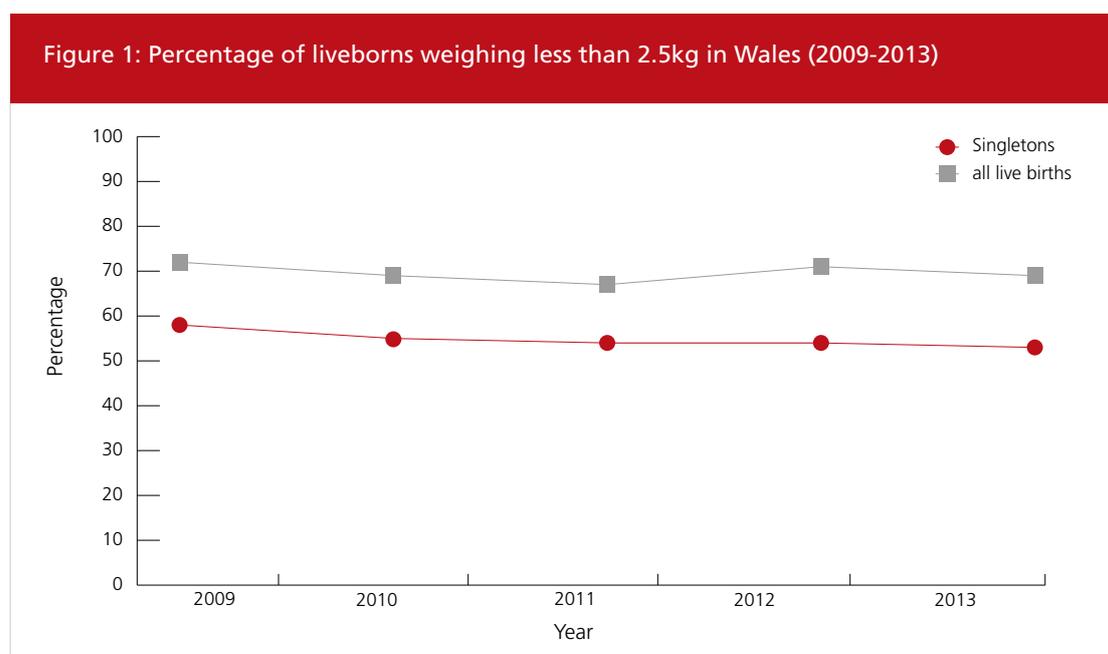
Low birth weight¹

Birth weight is an important determinant of future health. Low birth weight (LBW) is associated with adverse outcomes in terms of poor health and educational attainment (Bull, et al., 2003). Babies born weighing less than 2.5kg are at risk of deficits in growth, cognitive development, diabetes and heart disease (Barker, 1995). There is also evidence that very LBW babies (those weighing less than or equal to 1.5kg) are at an increased risk of learning difficulties later in life (De Rodrigues, 2006).

LBW, one of the known risk factors for infant deaths, can be caused by a number of factors. For example, smoking has been identified as a major risk factor. Babies born to women who smoke weigh on average 200g less than babies born to non-smokers which can cause problems during and after labour, for example they are more likely to have a problem keeping warm and are more prone to infection (NHS evidence, 2013b).

¹ Low birth weight (LBW) is defined as a birth weight of a live born infant of less than 2,500g (2.5kg) regardless of gestational age (International Statistical Classification of Diseases and Related Health Problems (ICD), 2010). LBW is caused by either a short gestation period or retarded intrauterine growth, or a combination of both. Many factors contribute to the incidence of LBW and it is commonly associated with maternal factors such as poor general health, poor education, poor nutrition, smoking and alcohol consumption, both pre-conceptually and during pregnancy (Bull, et al., 2003). Multiple births also contribute to the incidence of LBW. These have risen in recent years with the increased use of assisted conception by mothers. However, recent increases in LBW are only partially accounted for by multiple births. Maternal age is also a factor as older and younger mothers are more likely to have an LBW baby and therefore the slight increase in LBW may be influenced by the high levels of teenage pregnancy in Wales, alongside an increasing number of older mothers. There is also a strong association between LBW and deprivation.

A total of 2,345 babies born in Wales in 2013 weighed less than 2.5kg. Of these babies, 75% were singleton births and 25% were multiple births. Of all recorded live births in 2013, 6.9% were babies born with weights below 2.5kg. The rate for singleton births born below 2.5kg has decreased steadily from 2009 when it was recorded at 5.8% as shown in Figure 1. In 2012 the number of all live births born below 2.5kg rose to 7.1% from the 6.7% recorded in 2011, but decreased again to 6.9% in 2013.



Source: *Welsh Government, 2014a*

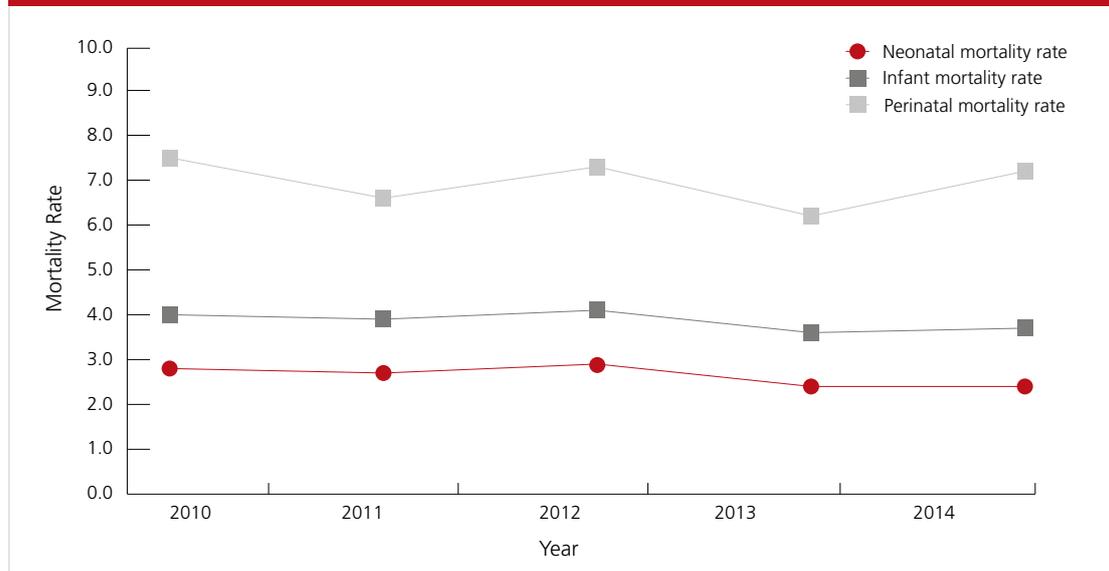
The proportion of babies born with a LBW in the most deprived fifth of areas has fallen a total of 1 percentage point from 7.7% in 2002-04 to 6.7% in 2010-12. The percentage differences between the most deprived fifth and the middle fifth and between the most and least deprived fifths have not changed significantly.

Perinatal mortality rate

The term 'perinatal' pertains to the periods before, during or after the time of birth, that is, from the 22nd week of gestation through the first seven days after delivery. The perinatal mortality rate refers to the number of recorded deaths of a foetus or new-born child within the perinatal period. The perinatal mortality figure² has fluctuated around the rate of 7 per 1,000 live and stillbirths over the past four years (2010-2014). In 2010 the rate was 7.5 per 1,000 live births and stillbirths, and was recorded as 7.2 in 2014 (see Figure 2).

² The number of stillbirths plus the number of live-born babies who die during the first seven days of life per 1,000 live births and stillbirths.

Figure 2: Perinatal, neonatal and infant mortality rate per 1,000 live births (and stillbirths for perinatal) Wales (2010-2013)



Source: ONS, 2014; 2015

Neonatal mortality rate

The neonatal mortality rate pertains to newborn infants at ages under 28 days, per 1000 live births (Office for National Statistics definition). The neonatal mortality rate in both 2013 and 2014 was 2.4 per 1,000 live births compared to 2.8 in 2010.

Birth defects, prematurity and other conditions arising during pregnancy are the principal factors contributing to neonatal mortality in developed countries (OECD, 2009).

Infant mortality rate

The infant mortality figure³ is a basic indicator for population health, signifying the quality of perinatal and infant care. Around two-thirds of the deaths that occur during the first year of life are neonatal (OECD, 2014). With an increasing number of women opting to have children later in life and the rise in multiple births linked with fertility treatments, it can be attributed to a rise in the number of pre-term births. This increases the risk of neonatal death and appears to have contributed to a levelling-off of the downward trend in infant mortality rates over the past few years. The principal causes of death in the post-neonatal period include accidents and infections, which are often preventable, and the infant mortality rate has a higher correlation with social factors than the neonatal mortality rate (Cooper, 2001; Dattani & Rowan, 2002; Singh & Kogan, 2007).

In 2014, Wales' infant mortality rate was 3.7 per 1,000 live births. This is a slight increase of 0.1 deaths per 1000 live births from the 2013 rate (3.6) but corresponds to a decrease of 0.3 deaths per 1000 live births since 2010 (4.0). The steady decline in infant mortality rates is part of a wider trend over the last 30 years where infant mortality was recorded as 12.0 in 1980; this is a difference

³ An infant pertains to the ages from birth to one year. The infant mortality rate is the number of deaths of children under one year of age in a given year, expressed per 1,000 live births.

of 8.3 deaths per 1000 live births from the reported figure of 3.7 in 2014. This decrease has been attributed to *'improved living conditions, diet and sanitation, birth control, advances in medical science and the availability of healthcare'* (Woodroffe, et al., 1993).

There is a correlation between infant mortality rates and LBW. The 2013 results for England and Wales⁴, show that for very low birth weight babies (under 1.5kg) and low birth weight babies (under 2.5kg), the infant mortality rates were 164.0 and 32.4 deaths per 1,000 live births respectively. These rates are much higher than the rate of 1.3 deaths per 1,000 live births among babies of normal birth weight (over 2.5kg) (ONS, 2014; 2015). However, the mortality rate for infants with LBW has decreased more rapidly in recent years than the overall infant mortality rate.

There is also a correlation between gestation and infant mortality. In 2012, 88% of live births were delivered full-term (between 37 and 41 weeks gestation), 7% were pre-term (between 26 and 36 weeks gestation) and 4% were post-term (over 41 weeks gestation) (ONS, 2014). In 2012, the infant mortality rate for babies born from 37 weeks gestation was 1.4 deaths per 1,000 live births for England and Wales. The rate for pre-term babies born between 24 and 36 weeks was 23.6 deaths per 1,000 live births, which is 15.7% lower than the rate for pre-term babies born in 2008 (ONS, 2014).

Breastfeeding

An extensive body of evidence supports the view that breast milk is the optimal diet for infants and that not breastfeeding or stopping breastfeeding increases the risk of illness in both mothers and infants. Formula-fed babies are more likely to develop a number of conditions including gastro-intestinal, respiratory and urinary tract infections (ONS, 2014; 2015). Blood pressure, total cholesterol and the prevalence of overweight/obesity and type-2 diabetes are lower among breastfed babies (ONS, 2015). Government policy across the UK has consistently supported breastfeeding as important in the promotion of maternal and infant health, and it is recommended that babies should be exclusively breastfed for the first six months (Mason, et al., 2013; ONS, 2014; 2015).

The Infant Feeding Survey (IFS) is published by the NHS Health and Social Care Information Centre and includes data on breastfeeding and smoking during pregnancy. The 2010 IFS (McAndrew, et al., 2012) is the most reliable and recent source of data on breastfeeding across the UK. It is a major source of information about how infants are fed and provides national figures on the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers.

According to the IFS (McAndrew, et al., 2012), the breastfeeding initiation rate⁵ for Wales in 2010 showed an increase of 4.0 percentage points from 67% to 71%. The 2005 IFS (Bolling, et al., 2005) reported that infant feeding practices varied in a consistent pattern according to certain socio-demographic characteristics of

⁴ ONS coverage is for England and Wales, see definitions: <http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcM%3A77-348326>.

⁵ This refers to all babies whose mothers put them to the breast, even if this was on one occasion only.

the mother. Younger mothers, mothers from lower socio-economic groups and mothers with lower educational levels were less likely to initiate and continue breastfeeding. In 2010, the same can be seen where the highest incidences of breastfeeding were found among mothers aged 30 or over (87%), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%). The pattern has remained consistent from 2005. In 2010, 60% of the most deprived mothers in Wales initiated breastfeeding compared with 85% of the least deprived. The 2010 IFS also showed that mothers from lower socio-economic groups were more likely to introduce solids, follow-on formula and additional drinks at an earlier age whereas older mothers were more likely to breastfeed for longer.

Maternal smoking and drinking

Maternal smoking can directly impact on the health of a child from birth into infancy. Although the incidence of LBW is twice as high among smokers as non-smokers (Shah & Bracken, 2000), there is evidence that LBW babies often showed complete catch-up growth over the first 12 months to fall in line with the development of healthy weight babies (Ong, et al., 2002)⁶. Maternal smoking during pregnancy is associated with future offspring obesity and being overweight (Ino, 2010). This study also showed an increased risk of obesity at a mean age of nine years in children whose mothers smoked during pregnancy (Ino, 2010). In addition, maternal obesity, low social status, low birth weight and not being breastfed seemed to be risk factors for obesity in children. There is evidence that passive smoking also increases the risk of LBW (Salmasi, et al., 2010). The Infant Feeding Survey (McAndrew, et al., 2012) reported around a third of mothers in Wales (33%) smoked in the 12 months before or during their pregnancy. The 2005 Infant Feeding Survey (IFS) showed that women with lower education, income and employment status and those aged under 20, were far more likely to continue to smoke during pregnancy. This remained the same in the 2010 survey.

There is consensus that heavy drinking during pregnancy has damaging effects on the central nervous system of the unborn child, leading to delayed mental development and later behavioural problems (Holmgren, 2009)⁷. Alcohol consumption during pregnancy can lead to serious damage in the form of foetal alcohol syndrome (FAS) (British Medical Association Board of Science, 2007).

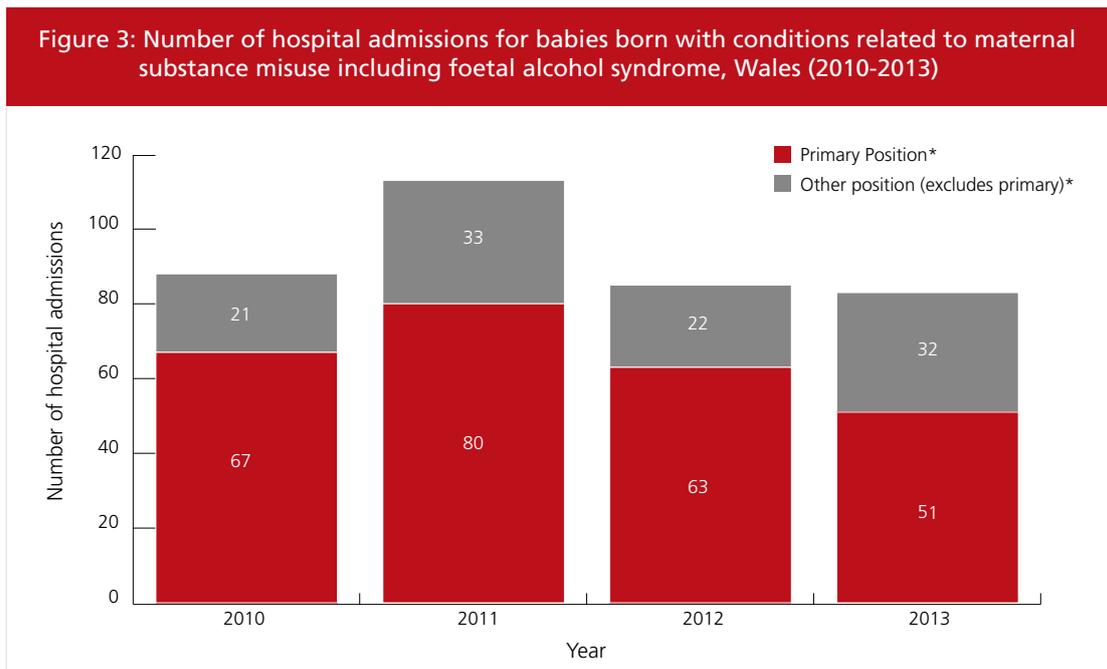
In 2010, around two in five mothers in Wales (39%) drank alcohol during pregnancy; a fall of 16 percentage points from 55% in 2005. Across the UK, older mothers were the most likely to drink during pregnancy. Data from the 2005 IFS showed that 47% of mothers under age 20 in the UK, drank alcohol during pregnancy compared to 61% of mothers aged 35 or older. In the 2010 survey, 52% of mothers aged 35 or over in the UK, were likely to drink during pregnancy;

⁶ Although LBW babies are born smaller, there is evidence to suggest that they grow up quickly enough to match the weight of healthy weight babies by 12 months old.

⁷ The damage pre-natal exposure to alcohol can cause depends on the level of consumption, the pattern of exposure and the stage of pregnancy during which it is consumed (Riley & McGee, 2005). However, the evidence on the impact of low to moderate alcohol consumption during pregnancy on children's later cognitive and socio-emotional development is unclear (Gray & Henderson, 2006).

suggesting a 9 percentage point decrease from the 2005 survey. Mothers from managerial and professional occupation groups were also more likely to drink alcohol during pregnancy than other socio-economic groups at 51% across the UK (McAndrew, et al., 2012)⁸.

The number of hospital admissions for babies born with conditions related to maternal substance misuse including FAS, has fallen gradually over the past few years although it spiked in 2011(see Figure 3)⁹.



Source: *Patient Episode Database Wales (PEDW) – NHS Wales Informatics Service 2013*

- * Primary position includes all admissions for which an alcohol specific ICD-10 code was recorded as the primary condition which led to admission.
- * Other position includes all admissions for which an alcohol specific ICD-10 code was recorded in any position, primary or secondary.

⁸ Data for Wales and not the UK as a whole on alcohol consumption and pregnancy is not currently robust enough to be included in the report.

⁹ Although it should be noted that determining the incidence of FAS across the UK is complicated by a lack of reliable and consistent data collection and reporting procedures.

Immunisation

Childhood immunisation is one of the most effective preventive health measures (Hadler, et al., 2004). Communicable diseases such as polio, measles and pertussis (whooping cough), which are preventable with immunisation, can cause death or long-term health problems. The World Health Organisation (WHO) recommends immunity levels of around 95% to prevent outbreaks of disease (NHS evidence, 2013a).

Of the children who reached their first birthday between 01/04/2013 and 31/03/2014, 97% had received all three doses of the combined '5 in 1' DTaP/IPV/Hib vaccine¹⁰; which is above the recommended immunity level set by the WHO.

Ninety seven percent of the children who reached their second birthday between 01/04/2013 and 31/03/2014 were immunised against measles, mumps and rubella (MMR). The uptake rate increased 5 percentage points from 2009-10 and has continued to increase each year from the 80% reported in 2003-04 (British Medical Association Board of Science, 2005).

The national uptake of a completed two dose course of MenC¹¹ vaccine in children reaching their first birthday between 01/04/2013 and 31/03/2014 was 97%. A similar proportion of two-year-olds (96%) who reached their second birthday between 01/04/2013 and 31/03/2014 had received the pneumococcal conjugate vaccination (PCV)¹² (British Medical Association Board of Science, 2005). For both vaccinations, Wales achieved above the recommended immunity level as set out by the WHO.

Eighty six percent of children were up-to-date with all routine immunisations by age four at the end of the 2015 reporting period¹³ (Public Health Wales, 2015b). This is a decrease of 2 percentage points from the figure recorded in 2014 (88%). There was a downward trend from 2010 with the rate decreasing from 90% in 2010 to 81% in 2012. The rate then increased 7 percentage points from 2012 to 2014 but has since decreased 2 percentage points in 2015 to 86%.

There is evidence to suggest that certain groups of children are at risk of low uptake of immunisations – for example, children in care, those with physical or learning difficulties, those with lone parents, hospitalised children, those not registered with a GP and those from minority ethnic groups (Falconer, 2008). The 2014 Public Health Wales annual COVER report (Public Health Wales, 2014) recorded differences in the percentages of children who are up-to-date with routine immunisations by four years of age, according to the quintile of

¹⁰ DTaP/IPV/Hib vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).

¹¹ Men C vaccine protects against meningitis caused by meningococcus group C infection.

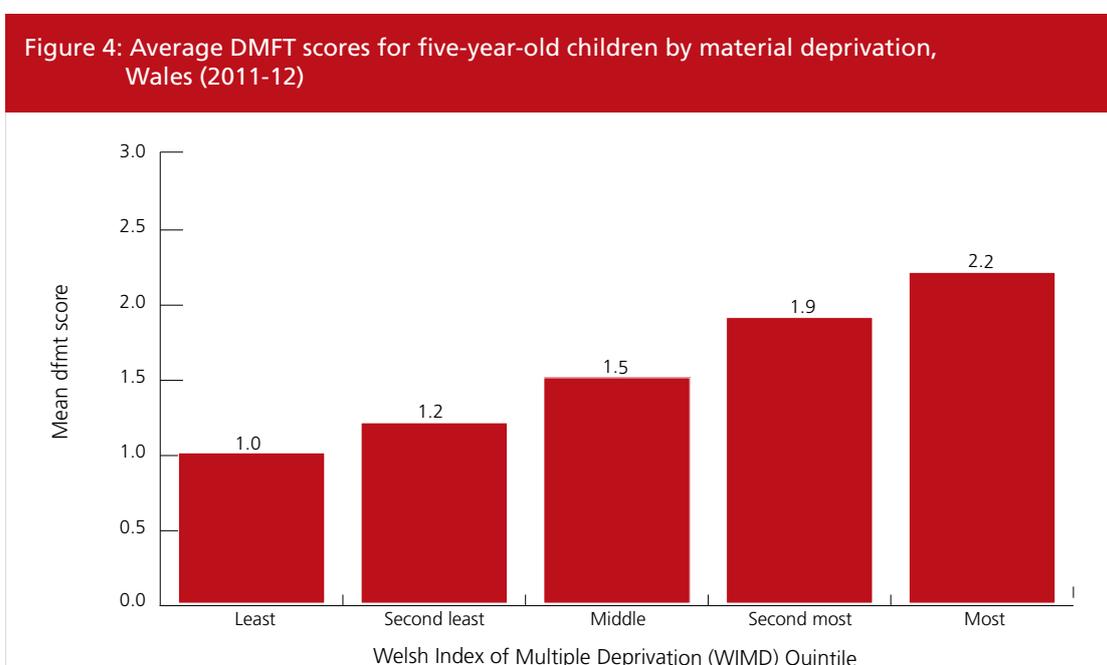
¹² PCV protects against pneumococcal meningitis, bacteraemia, pneumonia and otitis media.

¹³ Children who had their fourth birthday between 01/04/2014 and 31/03/2015.

deprivation¹⁴ of the Lower Super Output Area in which they reside¹⁵. There is a recorded difference of 5.2 percentage points from at 90.1% for the least deprived quintile and at 84.9% for the most deprived quintile in 2014.

Dental health

The decayed, missing or filled teeth (dmft/DMFT¹⁶) score is the standard measure of tooth decay. The average DMFT score for five-year-olds between 2011 and 2012 was 1.6. There is a significant difference in DMFT scores between children living in the most deprived areas of Wales (2.2) and those in the least deprived areas (1.0). Looking at inequality from a socio-economic perspective, there is still a strong relationship between mean decay levels and quintile of deprivation (see Figure 4). While decay has reduced for all quintiles, the improvement for the most deprived quintile is the greatest (Morgan, et al., 2013)¹⁷. Due to a change in survey procedures, it is not possible to present a time series of DMFT scores¹⁸.



Source: Morgan, et al., 2013

¹⁴ Within-country deprivation quintile was calculated for both original and adjusted IMD (where quintile 1 is least deprived, and quintile 5 is most deprived) to examine what proportion of areas were reclassified using the adjusted IMD score (ONS, 2012)

¹⁵ Vaccine uptake is presented for children reaching their fourth birthday between 01/04/2013 and 31/03/2014 and resident on 01/05/2014. Completed 4in1 preschool booster, the Hib/MenC booster and second MMR dose by four years of age. The calculation method for proportions of children up-to-date with routine immunisation by four years of age was revised during 2014, to remove the pneumococcal conjugate vaccine booster dose, as this is not clinically indicated after two years of age.

¹⁶ dmft/DMFT relate to deciduous and permanent teeth respectively.

¹⁷ There were changes in/improvements to the Welsh Index of Multiple Deprivation (WIMD) indicator between 2008 and 2011. The full impact of these changes to WIMD is the subject of further analysis. Given problems with applying WIMD retrospectively and potential for further changes to WIMD it is proposed that decay data will always be reported using the contemporaneous version of WIMD.

¹⁸ In 2006, new guidance was issued to the NHS requiring **positive** parental consent for dental surveys of children in primary school settings. The changed consent arrangements resulted in participation of about 55% of children compared with 85-90% in previous surveys. The low response rate for the 2007/08 survey indicates a strong non-response bias, which has impacted on the reported DMFT indices. There is now a distinction between DMFT collected before 2006 and DMFT collected after 2006 (via **positive** consent); these are two separate indicators and therefore it is not possible to undertake any trend analyses.

Childhood obesity

Being overweight or obese in childhood has consequences for health in both the short-term and the longer-term (World Health Organisation, 2013). Childhood obesity is a risk factor for a number of chronic diseases in adult life including heart disease, some cancers and osteoarthritis. Some diseases, however, can become manifest during childhood, particularly type 2 diabetes (British Medical Association Board of Science, 2005).

The majority (73%) of children in reception year (aged four to five)¹⁹ who live and attend school in Wales are of a healthy weight²⁰. Within Wales, nearly 3 in 10 children (26.5%) aged four to five are classified as overweight or obese, with higher rates of obesity found in the more deprived areas. The rate in 2013/14 was 0.3 percentage points higher than in 2012/13. A quarter (25.6%) of girls and 27.3% of boys aged between four and five were overweight or obese in 2013/14.

Diet and exercise

Healthy eating habits in the years before school are important because in later childhood they impact on growth, development and achievement (Feinstein, et al., 2008). Table 1 shows the percentage of 4- to 7-year-olds who eat selected foods daily. Fruit and vegetable consumption for 4- to 7-year-olds has increased since the 2011 figures, whilst sweet and chip consumption has remained relatively stable.

Table 1: Percentage of children aged 4-7 reported as eating the following foods daily, Wales (2007-09 combined and 2011-2013 combined)

Food type	Percentage 2007-2009 ²¹	Percentage 2011-2013
Fruit	73	77
Vegetables	57	60
Sweets	28	27
Chips	4	3

Source: *Welsh Health Survey (WHS)*

Asthma

Asthma is one of the most common conditions experienced by young children. In 2013, the Welsh Health Survey (WHS) found that 7% of children under 7-years-old were currently being treated for asthma and this figure has not changed since 2011.

¹⁹ That is 4- to 5-years old see age classification here: <https://www.gov.uk/national-curriculum/overview>

²⁰ In children, the BMI is categorised using variable thresholds that alter depending on a child's age and sex. Each child's BMI is calculated and then assessed against a reference population or growth reference derived from the measurements of a large sample of children of the same age and sex. There are a number of different growth reference scales available, but for this programme UK90 was selected. The reference scale is divided into 100 units known as centiles. Depending on where on this UK90 growth/centile chart each child is, measurements are assigned to one of the following categories:

- Underweight: less than but not including the second centile
- Healthy weight: second centile up to but not including the 85th centile
- Overweight but not obese: 85th centile up to but not including the 95th centile
- Obese: 95th centile and above. (Public Health Wales, 2015a)

²¹ 2010 not included in the combined two year rates but is available via the WHS website.

Combined data from the WHS (2011, 2012 and 2013) suggest that there is a quite complex relationship between asthma and socio-economic factors, with children living in more deprived areas having the highest occurrence of asthma (both as a longstanding illness and as an illness that is currently being treated).

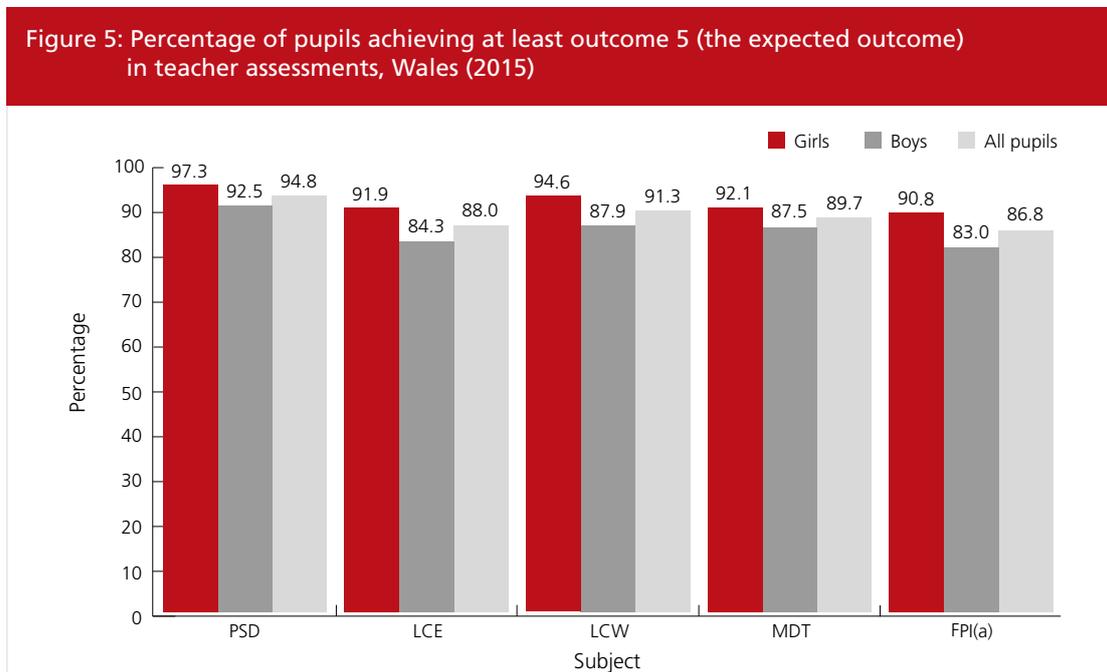
2.2 Early years: Education

Foundation Phase²²

The Foundation Phase is the statutory curriculum for all 3- to 7-year-olds in Wales. It has seven Areas of Learning²³ delivered through practical activities and active learning experiences, which are categorised into five groups:

- personal and social development, wellbeing and cultural diversity (PSD);
- language, literacy and communication skills – English (LCE);
- language, literacy and communication skills – Welsh (LCW);
- mathematical development (MDT); and
- foundation phase indicator (FPI).

In 2015, the proportion of pupils achieving at least outcome 5 (the expected outcome) in teacher assessments for the foundation phase indicator was 86.8%. This is 3.8 percentage points higher than the 2013 recorded figure of 83% (see Figure 5).



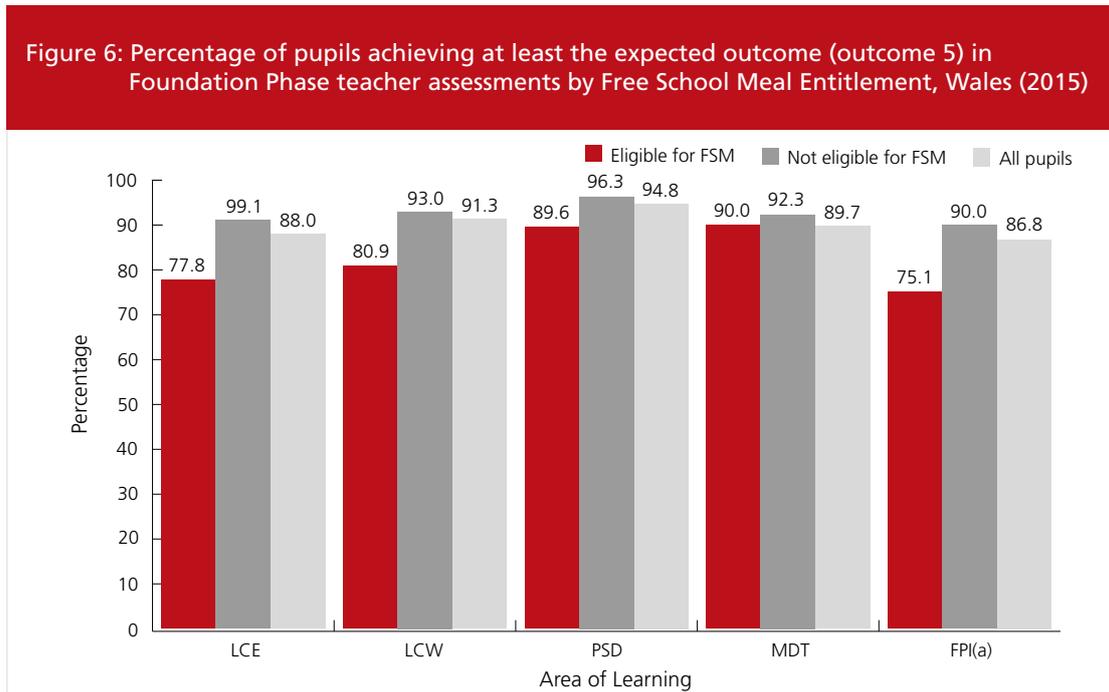
Source: Welsh Government, 2015b

²² Foundation Phase – pupils are aged 3 to 7 and in school years 1 and 2. Please note that former Key Stage 1 was phased out in Wales and has been replaced by the Foundation Phase, which is a more play based experiential curriculum.

²³ The Foundation Phase includes seven Areas of Learning, see Chapter 1, pp.13-14.

An 7.8 percentage point difference was recorded between the foundation phase indicator score for girls and boys, with girls achieving 90.8% and boys achieving 83.0%. Girls outperformed boys in all subjects recorded. The greatest differences were recorded for language, literacy and communication skills – English (LCE) at 7.2 percentage points and for language, literacy and communication skills – Welsh (LCW) at 7.5 percentage points. The smallest difference between boys and girls in 2014 was recorded as 4.6 percentage points for mathematical development (MDT) although this is a 0.7 percentage point increase from the 3.9 recorded in 2013.

In 2015, the difference for the number of pupils achieving at least outcome 5 (the expected outcome) in teacher assessments for the foundation phase indicator (FPI) between pupils eligible for Free School Meals (FSM) and those not eligible is 14.9 percentage points which is a decrease of 2.7 percentage points from 2013 (17.6%). Figure 6 highlights that the greatest difference, in a single subject, between those eligible and those not eligible for Free School Meals was recorded for language, literacy and communication skills – English (LCE) at 13.3 percentage points which is a decrease of 3.2 percentage points from 2013 (16.5%). The smallest difference was recorded for mathematical development at 2.3 percentage points.



Source: Welsh Government, 2015 (National Pupil Database)

It should be noted that whilst there is a link between FSM entitlement and performance, many other factors affect school assessment and examination results. It should also be noted that due to the movement of pupils between the Pupil Level Annual School Census (PLASC) date in January and the assessment period,

and some issues with data matching, full coverage of free school meal eligibility and attainment data are not available for all pupils. Therefore the national figures may not match those published in the End of Foundation Phase Outcomes and National Curriculum Assessments statistical release. This is because pupils who leave or join the education system in Wales between the PLASC census day and the time of the assessments (May to July) are not included. Such pupils will either be missing free school meal data or an attainment level.

Special educational needs in early years

As set out by the 1996 Education Act, 'children have special educational needs (SEN) if they have a learning difficulty which calls for special educational provision to be made for them'. Children have a learning difficulty if they have significantly greater difficulty in learning than other children of the same age, or have a disability which makes it difficult to use normal educational facilities.

In 2014, 18.1% of children aged seven or under in maintained schools in Wales were recorded as having SEN. This is very similar to the percentages for 2012 and 2013 but is 0.7 percentage points higher than the figure recorded in 2011.

Table 2 shows the percentage of pupils with SEN aged seven and under from 2011-2014 by their major need. In 2011 and 2012 the most common major need was recorded as moderate learning difficulties, followed by speech, language and communication difficulties. In 2013 and 2014 the most common major need was recorded as speech, language and communication difficulties followed by moderate learning difficulties and general learning difficulties.

The overall picture shows a recorded decrease from 7.4% to 3.2% for moderate learning difficulties from 2011 to 2014 and a recorded increase of 0.8 percentage points for speech, language and communication difficulties from 4.3% to 5.1%.

There are more boys than girls identified as having SEN and this difference is particularly pronounced for behavioural, emotional and social difficulties and speech, language and communication difficulties.

Table 2: Percentage of pupils with special educational needs (SEN) in maintained schools aged seven and under, Wales (2011-14)

	2011	2012	2013	2014
Moderate learning difficulties	7.4	5.0	4.0	3.2
General learning difficulties	.	3.3	4.0	4.4
Severe learning difficulties	0.3	0.3	0.3	0.3
Profound and multiple learning difficulties	0.1	0.1	0.2	0.2
Dyslexia	.	0.4	0.3	0.3
Dyscalculia	.	–	–	–
Dyspraxia	.	–	–	–
Attention deficit hyperactivity disorder	.	0.1	0.1	0.1
Autistic spectrum disorders	0.5	0.6	0.6	0.7
Physical and medical difficulties	0.8	0.9	0.9	0.9
Hearing impairment	0.3	0.4	0.4	0.4
Visual impairment	0.2	0.2	0.2	0.2
Multiple sensory impairment	–	–	–	–
Speech, language and communication difficulties	4.3	4.6	4.8	5.1
Behavioural, emotional and social difficulties	1.9	2.0	2.2	2.3
Specific learning difficulties	1.5	.	.	.
Total	17.4	18.0	17.9	18.1

Source: PLASC (Pupil Level Annual School Census)²⁴

(a) "." = Not applicable. Change of coding from 2012.

(b) "–" = The data item is not exactly zero but less than 0.05

The percentage of pupils with SEN achieving at least the expected outcome (level 5) in teacher assessments for the foundation phase indicator (FPI) in 2014 was 54.1%. This is an increase of 4 percentage points from 2013 (50%) and an 8.6 percentage point increase from 2012 (45.4%). An increase was recorded for all Areas of Learning from 2012 to 2014. Language, literacy and communication skills – Welsh (LCW) showed the biggest increase across the years with a 7.6 percentage point increase from 2013 to 2014 (57.1: 64.7) and a 10.3 percentage point increase from 2012 to 2014 (54.5: 64.7). Mathematical development showed the smallest increase from 2012 to 2014 with 3.3 percentage points from 60.4% to 63.7%.

²⁴ Data for all pupils available at <https://stats.wales.gov.uk/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Special-Educational-Needs/pupilsen-by-majorneed-year>

From 2012-2014, the gap between the attainments for total pupils on SEN register and all pupils reduced. For language, literacy and communication skills – Welsh (LCW), the gap reduced by 6.4 percentage points from a difference of 31.5% in 2012 to 25.1% in 2014. A difference of 5.4 percentage points was recorded for personal and social development, wellbeing and cultural diversity (PSD) from 19.7% in 2012 to 14.2% in 2014. The smallest gap was recorded for mathematical development at 1.3 percentage points from 26.4% to 25.1%.

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Chapter 3

Access to Education and Learning Opportunities

This chapter examines issues surrounding the Welsh Government's Core Aim 2 for children and young people in Wales, which sets out that children and young people should have access to *'a comprehensive range of education and learning opportunities'*. It also considers the United Nations Convention on the Rights of the Child (UNCRC) Articles 3: *'all organisations concerned with children should work toward what is best for each child'*; 28: *'children have a right to an education'*; and 29: *'Education should develop each child's personality and talents to the full'*.

The importance of the early years as a precursor to improving educational attainment is well established. The cognitive and emotional development that occurs during the early years can have far-reaching impacts on the progress that a child makes through the education system and beyond.

A review for the UK Government Department of Education found that *'children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years'* (Gutman and Vorhaus, 2012, p,3). The World Health Organization (2015) cites low educational attainment as being associated with outcomes in adult life that include poor health, more stress and lower self-confidence. This is confirmed by the Marmot Review¹ which examined existing evidence and found that *'Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. The graded relationship between socio-economic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health'* (Marmot, 2010, p.24).

This chapter examines data for the Welsh education system, relating to:

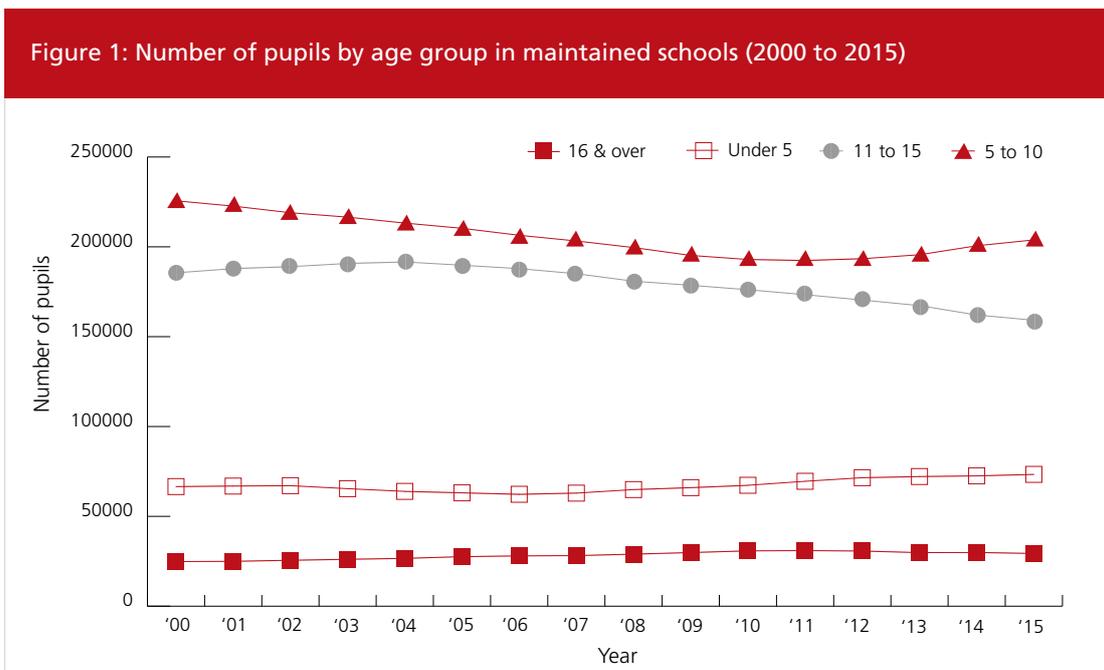
- engagement in compulsory education;
- educational attainment across Key Stage levels 2, 3 and 4;
- children's views and experiences of school; and
- engagement in post-compulsory education, training and learning including vocational learning.

¹ In November 2008, Professor Sir Michael Marmot was asked by the then UK Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

3.1 Engagement in compulsory education

In January 2015 there were 13 nursery schools, 1,330 primary schools, six middle schools, 207 secondary schools and 39 special schools in Wales, of which 435 primary, four middle and 50 secondary schools were classified as Welsh-medium² (Welsh Government, 2015a). Sixty-six schools were independent. That is 38 fewer Local Authority (LA)-maintained schools and four fewer independent schools than in 2014. There has also been a reduction in the number of Welsh-medium schools (467 primary and 56 secondary Welsh-medium schools in 2011).

The total number of pupils in LA-maintained nursery, primary, middle, secondary and special schools was 465,704; a rise of 623 pupils since January 2014. Figure 1 shows that since 2010 there has been a small increase in the number of pupils under the age of five (from 67,291 to 73,364); a larger increase in the number of pupils aged five to 10 (192,945 to 203,847); a decrease in the number of pupils aged 11 to 15 (176,137 to 159,153) and a slight decrease in the number of pupils aged 16 and over (30,768 to 29,340).



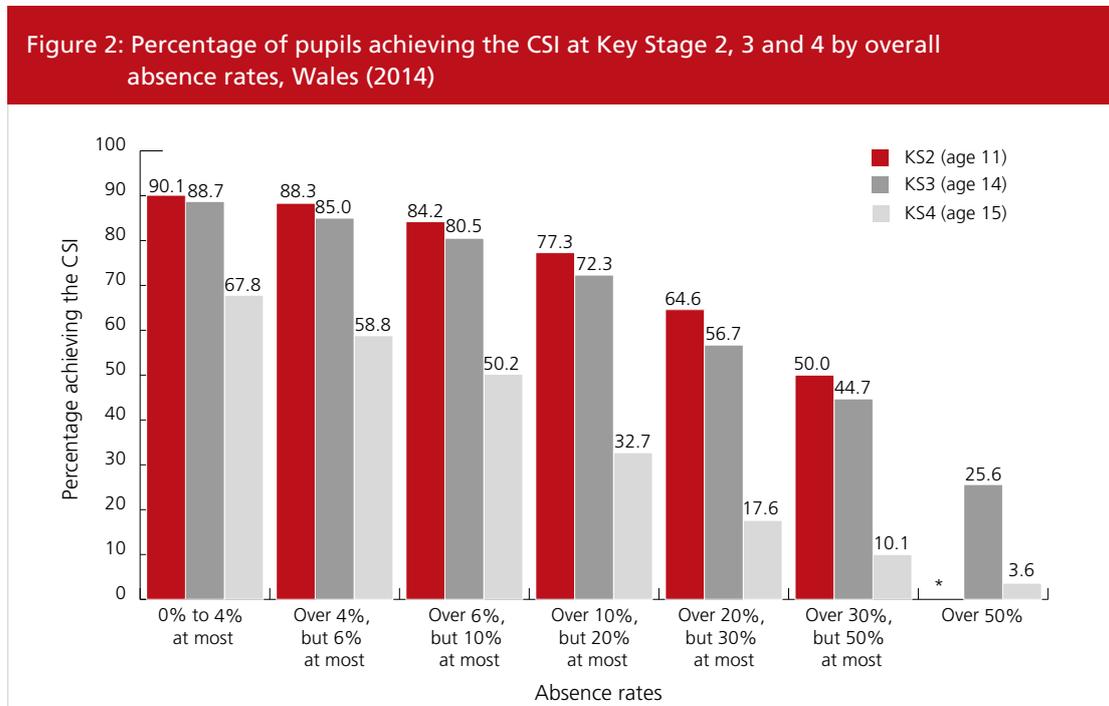
Source: Welsh Government (2015a)

The percentage of pupils known to be eligible for free school meals (eFSM) in primary, middle, secondary and special schools has fluctuated over the last decade, generally decreasing from 2004 to 2008 and then increasing each year to 2011 (Welsh Government, 2015a). There has been a decrease between 2013 and 2015. The percentage of eFSM pupils of compulsory school-age in LA-maintained schools in 2015 was 18.8%, which is marginally below the 2004 level (19.0%). This meant that in January 2015, 68,388 pupils of compulsory school-age (five to 15) were eligible for school meals.

² For primary schools this count number includes Welsh Medium, Dual Stream and Transitional schools. For secondary and middle schools this count includes Welsh Medium and Bilingual schools.

Absenteeism

Analysis of the available data for Wales suggests a relationship between absenteeism and educational attainment. In general, pupils with higher rates of absence have lower levels of attainment at all Key Stage assessment levels. This trend can be seen in Figure 2.



Source: Welsh Government (2015b)

The overall rate of absence for pupils in maintained, special and independent schools has shown a falling trend over the last decade. Between 2004/05 and 2013/14, the percentage of half-day sessions missed decreased in primary schools from 6.9% to 5.2% and in secondary schools from 9.4% to 6.4%.

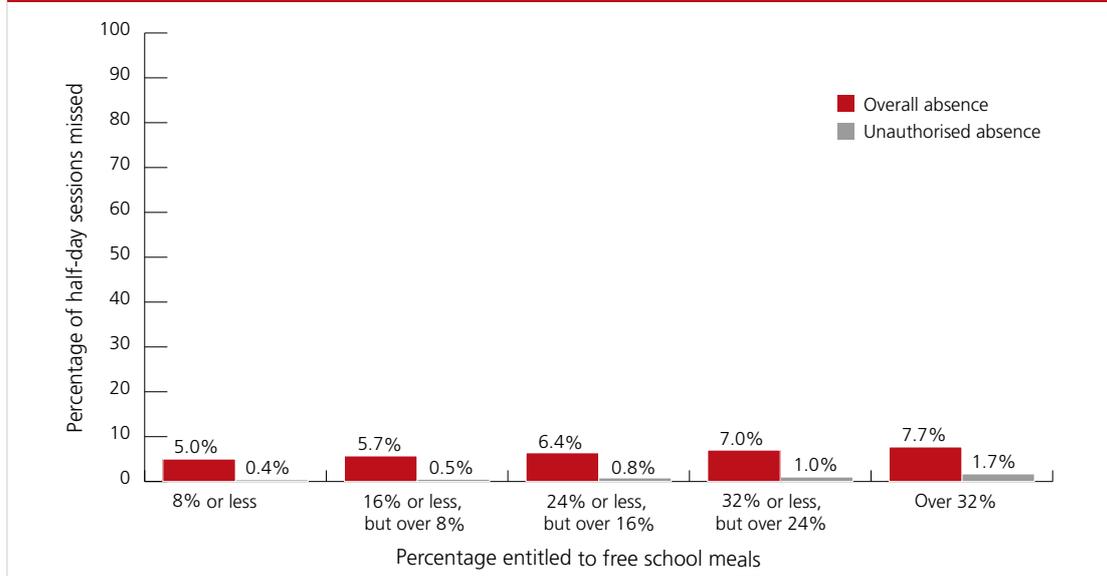
While the overall rate of absenteeism has reduced, the rate of unauthorised absence has increased at both primary and secondary schools. In primary schools, this has risen from 1.3% of sessions missed in 2011/12 to 8.0% of sessions missed in 2013/14. The rate of persistent absenteeism³ has fallen in primary schools from 3.7% in 2007/08 to 1.7% in 2013/14; and in secondary schools from 10.0% to 5.0% over the same period.

Higher levels of deprivation, as measured by the proportion of eFSM⁴ pupils, are linked to increased likelihood of absenteeism from school. Primary schools in which 8% or less pupils were eFSM, had an overall absence rate of 5.0% in 2013/14, while schools with over 32% of eFSM pupils had an overall absence rate of 7.7% (see Figure 3).

³ Defined as pupils who were absent for at least 20% of half-day sessions, for 2013/14 this means that persistent absentees missed at least 76 half-day sessions.

⁴ eFSM (eligibility for free school meals) is used as a proxy measure for deprivation

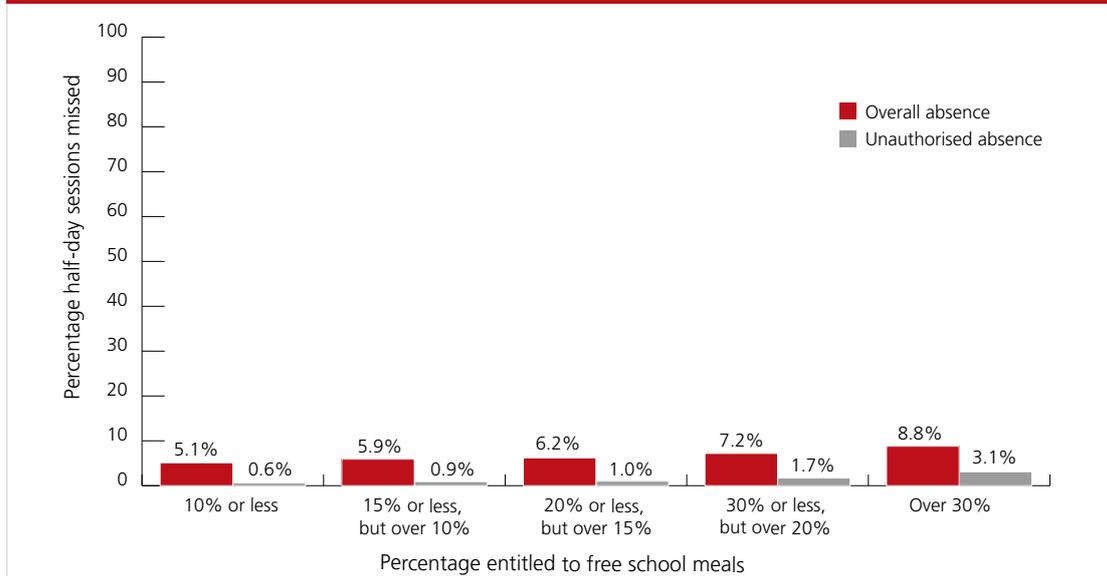
Figure 3: Absenteeism by pupils of compulsory school-age in all maintained primary schools, by proportion entitled to free school meals, 2013/14



Source: *Welsh Government (2014b)*

This pattern is also present in secondary schools (see Figure 4), where schools with 10% or less of eFSM pupils had an overall absence rate of 5.1%, while schools with over 30% of eFSM pupils had an overall absence rate of 8.8%.

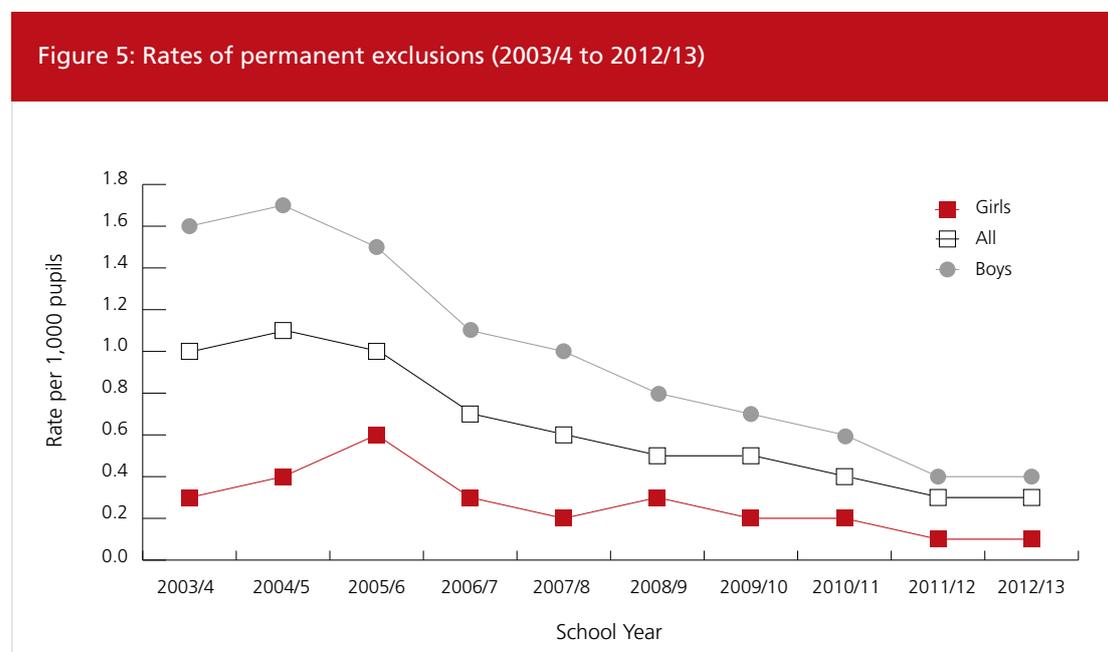
Figure 4: Absenteeism by pupils of compulsory school-age in all maintained secondary schools, by proportion entitled to free school meals, 2013/14



Source: *Welsh Government (2014c)*

Exclusions

Permanent exclusions figures have been declining in recent years with a rate of 0.3 permanent exclusions per 1,000 pupils in 2012/13. Boys are more likely to receive permanent exclusions than girls, although the gap has narrowed in recent years (see Figure 5).

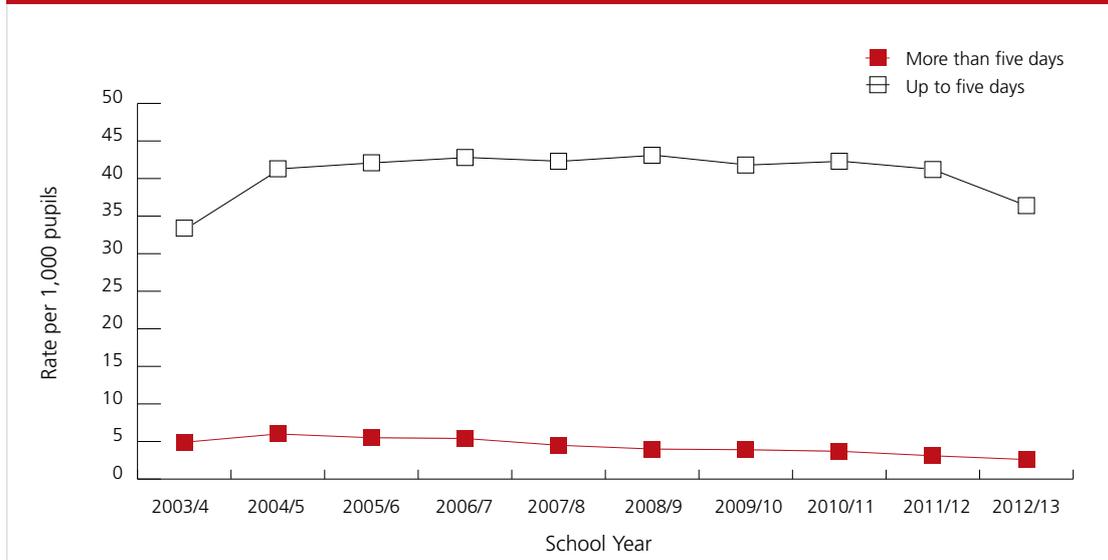


Source: *Welsh Government (2014a)*

Fixed-term exclusions are much more common than permanent exclusions. The rate of fixed-term exclusions of five days or fewer fluctuated within a fairly narrow range between 2004/5 to 2011/12 (Figure 7). The statistics for 2012/13⁵ show a drop to 36.4 fixed-term exclusions of five days or fewer per 1,000 pupils which was the lowest level since 2003/4. However, there has been an increase in fixed-term exclusions of five days or fewer at primary school from 8.3 in 2008/09 to 9.1 in 2012/13, while in secondary schools the rate per 1,000 pupils had reduced from 68.6 to 56.3 over the same period. The rate of longer-term fixed-term exclusions of six days or more has gradually decreased from 6.0 per 1,000 pupils in 2004/05 to 2.6 in 2012/13 (Figure 6). The average number of days lost from school per fixed-term exclusion (of any length of time) was 2.5 days in 2012/13.

⁵ Welsh Government (2014) <http://gov.wales/docs/statistics/2014/140305-exclusions-schools-2012-13-revised-en.pdf>

Figure 6: Rates of fixed-term exclusions (2003/4 to 2012/13)



Source: Welsh Government (2014)

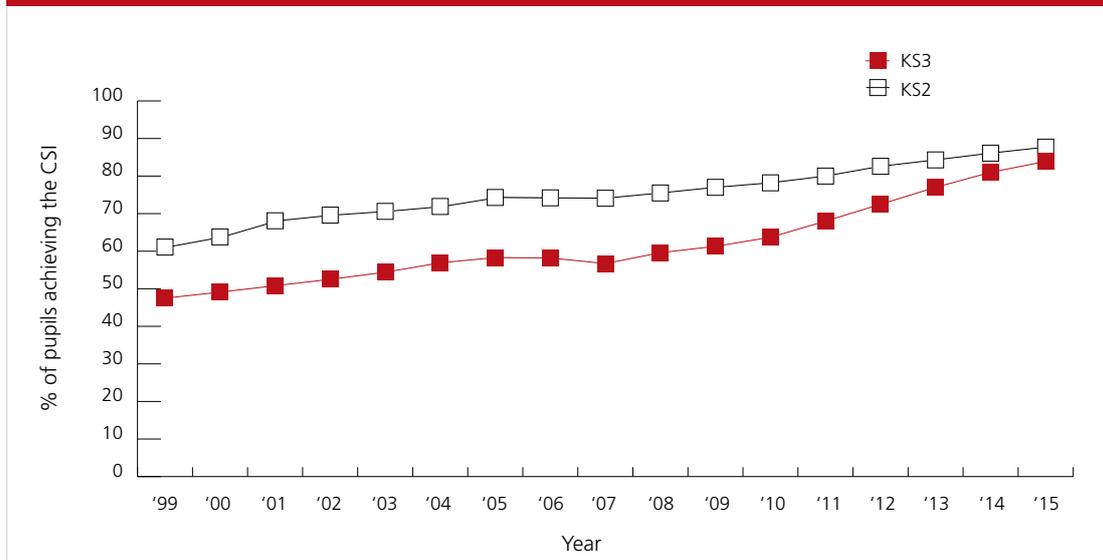
Over 60% of all exclusions related to pupils with special educational needs (SEN) in 2012/13. Since 2008/09, the numbers and rates of permanent and longer fixed-term exclusions for pupils with any SEN definition have decreased substantially. For example, between 2008/09 and 2012/13 the number of pupils with SEN who received a fixed-term exclusion of more than five days decreased from 198 to 136 for pupils with a Statement of SEN and from 661 to 479 for pupils with a School Action/School Action Plus SEN.

3.2 Educational Attainment in school from seven to 16 years of age

Key Stages 2 and 3 (seven to 14 years of age)

The 'Core Subject Indicator' (CSI) is a teacher assessment of pupil achievement and is the most appropriate summary indicator of pupil performance at the end of Key Stage 2 (KS2) and Key Stage 3 (KS3), which correspond with the ages of 11 and 14 respectively. There has been an ongoing long-term improvement in the percentage of pupils achieving the CSI at both stages (Figure 7). The percentage of pupils achieving the CSI at KS2 rose from 86.1% in 2014 to 87.7% in 2015; while the KS3 increased from 81.0% to 83.9%.

Figure 7: Percentage of pupils achieving the Core Subject Indicator at Key Stages 2 and 3 (1999 to 2015)



Source: Welsh Government (2015c)

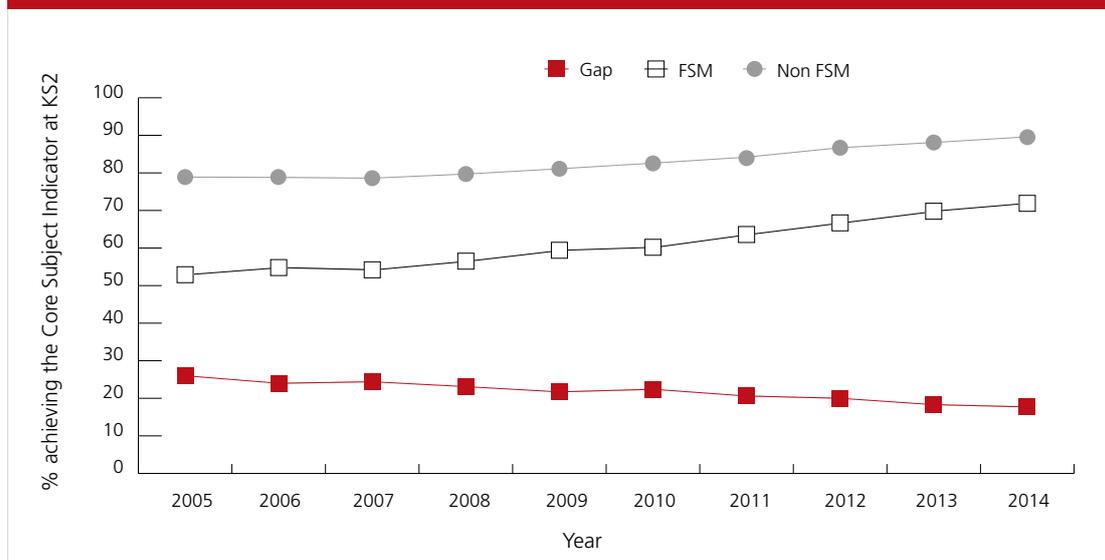
The difference in attainment between girls and boys continues to be evident in the data, with girls outperforming boys in all core and non-core subjects at each Key Stage level. For pupils achieving Core Subject Indicator at KS2 in 2015 the gap stood at 5.8 percentage points, a small decrease since 2014 (6.3 percentage points in 2014). For KS3, the gap stood at 7.4 percentage points which was the smallest gap since 1999. For KS3 Core Subject Indicator the largest gap is in Welsh Second Language and the smallest in Physical Education.

Considering attainment by eligibility for FSM, the performance of both eFSM and non-eFSM pupils at Key Stage 2 has improved since 2005, and the educational attainment gap has narrowed to some extent (see Figure 8). In 2013-14, around 72% of eFSM pupils achieved the CSI at KS2 compared to around 90% of non-eFSM pupils⁶. This gap in attainment is present in all core subjects with the widest gap being in Welsh and the narrowest in Science.

The picture is similar at KS3 where again the overall performance of both groups of pupils has improved since 2005 (Figure 9). In 2013-14, around 61% of eFSM pupils achieved the CSI at KS3 compared to around 86% of non-eFSM pupils. Again the attainment gap exists in each of the core subjects, with the widest gap being in English and the narrowest in Science.

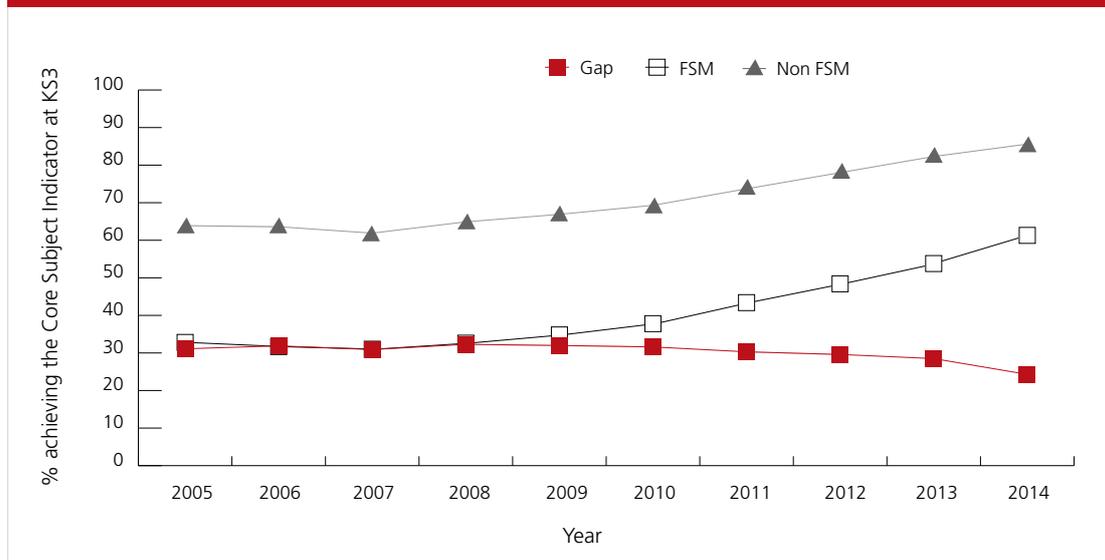
⁶ The Children in Need census collects information that measures the characteristics and attributes of children in need and their parents, submitted by local authorities. Data can be accessed at: <http://gov.wales/docs/statistics/2015/150225-wales-children-need-census-2014-en.pdf>

Figure 8: Percentage of pupils achieving the CSI at KS2, by FSM entitlement (2005 to 2014)



Source: Welsh Government (2015d)

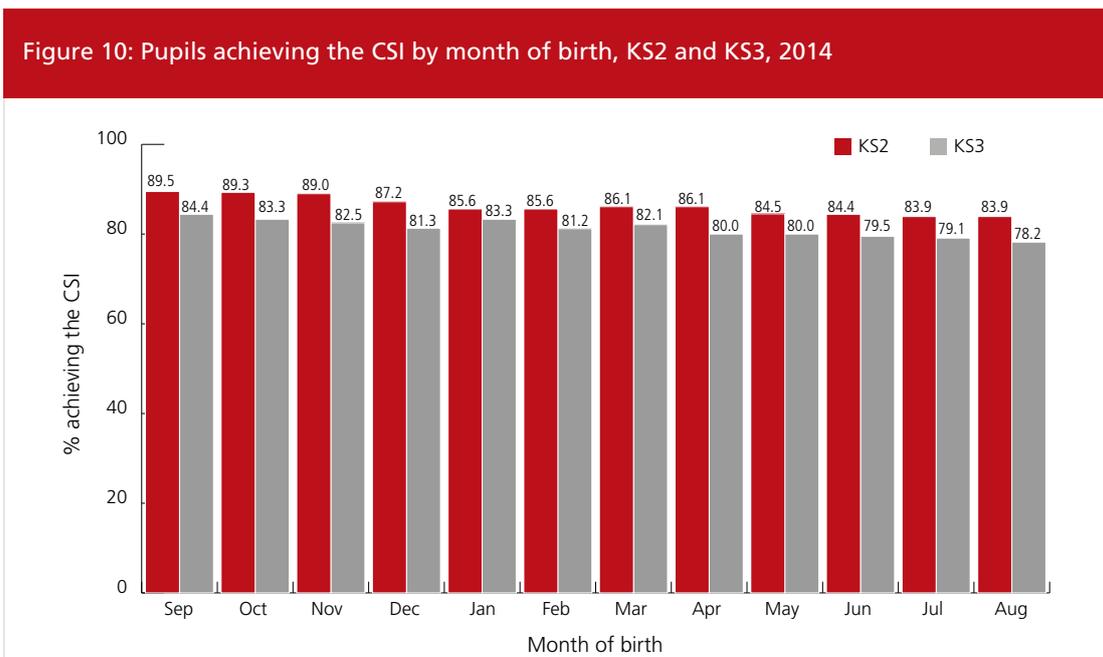
Figure 9: Percentage of pupils achieving the CSI at KS3, by FSM entitlement (2005 to 2014)



Source: Welsh Government (2015d)

Children looked after by local authorities also continue to achieve poorer academic results than other children, with the figures showing that 59% of looked-after children (LAC) achieved the CSI at KS2 and 46% achieving the CSI at KS3. The figures are similar for pupils with SEN⁷. The data for 2014 show that 58% of SEN pupils achieved the CSI at KS2 and 49% achieved the CSI at KS3.

Evidence of a ‘birthdate effect’ on educational attainment has been well documented. According to a review of international data (Sykes, Bell & Rodeiro, 2009), the youngest children in a school year group perform at a lower level than their older classmates. In the UK, summer-born pupils tend to perform worse than those born earlier in the academic year. The evidence shows that this effect is most pronounced during infant and primary school, and that its magnitude gradually and continually decreases through KS3, 4 and A-level. In 2014, pupils born in September performed better than pupils born in all other months with almost 90% achieving the CSI at KS2, compared to 84% for those born in July and August. At KS3, around 84% of pupils born in September achieved the CSI level with the figure falling to 78% of pupils born in August (Figure 10).



Source: Welsh Government (2015b)

⁷ Including Statemented and School Action pupils – though some looked after children will also have SEN – Welsh Government data shows that 32% of looked after children (LAC) have no SEN.

Key Stage 4 (14 to 16 years of age)

There are two key measures of performance for KS4: those achieving the average capped points score and those achieving at least 5 GCSEs at grade A* to C, including English or Welsh (as a first language) and Mathematics.

Overall, there has been a gradual improvement in performance, but the performance gap between boys and girls remains⁸. Provisional data⁹ for the most recent examination period show that 83.4% of pupils achieved the Level 2 threshold in 2014/15; that is a 19.7 percentage point increase from 2009/10. Provisional data also suggest that the gap between boys and girls has narrowed slightly from⁹ 10.1 percentage points in 2009/10 to 7.0 percentage points for 2014/15 (at the L2 threshold). Pupils achieving Level 2 (including English/Welsh and Maths) increased from 49.4% in 2009/10 to 57.6% in 2014/15⁹. However, the gap between boys and girls fell in 2014/15 according to the key L2 inclusive measure.

As with the results at KS2 and 3, there is some evidence of a narrowing of the gap in performance between eFSM pupils and those not eligible. The gap for pupils achieving the Level 2 threshold, dropped from 34.3 percentage points¹⁰ in 2010 to 20.1 percentage points in 2015. The gap for Level 2 including English/Welsh and Maths has remained roughly stable (34.0 and 33.8 percentage points in 2010 and 2014 respectively), with the most recent provisional figures for 2015 however suggesting a slight fall (32.4 percentage points) despite the increases in the achievement of both groups (Figure 11).

The attainment gap for LAC also remains lower than the overall rate; 48% of LAC achieved the Level 2 threshold but only 17% achieved Level 2 including English/Welsh and Maths. Achievement on the latter indicator was markedly lower for boys (11%) than for girls (23%). The percentage of pupils with SEN achieving Level 2 including English/Welsh and Maths has continued to rise each year since 2010 and in 2014 stood at almost 20%¹¹. International assessments provided through the PISA programme allow us to compare the skills of 15-year-olds in reading, maths and science across the rest of the UK and with other countries. These show that in 2012, performance in Wales was significantly below the rest of the UK and the OECD average (also see Conclusions chapter).

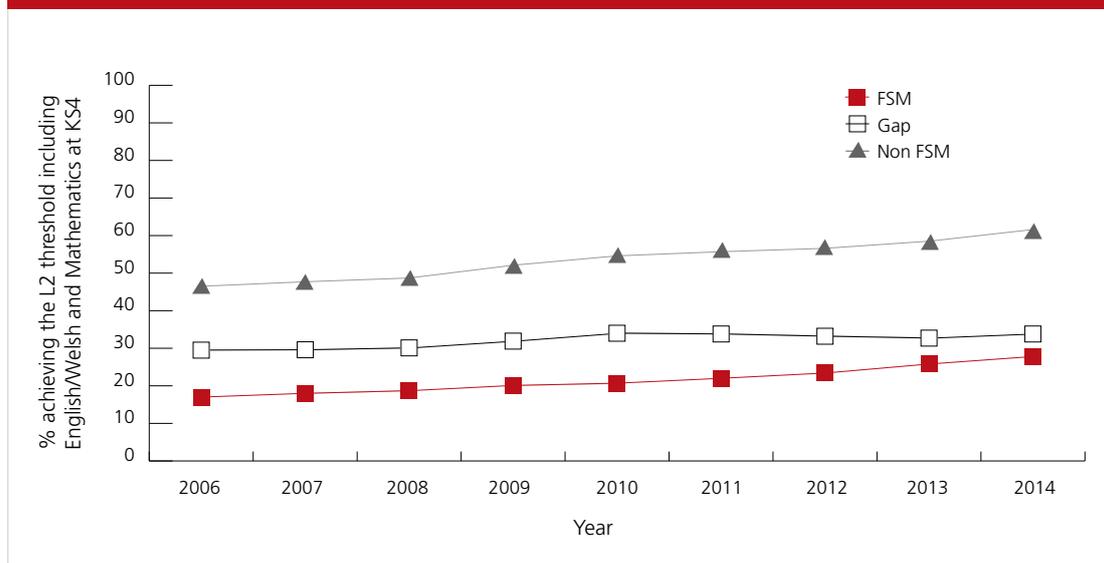
⁸ Data can be accessed at: <https://stats.wales.gov.uk/Catalogue/Education-and-Skills/Schools-and-Teachers/Examinations-and-Assessments/Key-Stage-4/ExaminationAchievementsOfPupilsAged15-by-LocalAuthority>

⁹ Final 2015 data is available (published 2nd December 2015) at <http://gov.wales/statistics-and-research/examination-results/?lang=en>

¹⁰ Data can be accessed at: <http://gov.wales/docs/statistics/2015/150128-academic-achievement-free-school-meals-2014-en.pdf>

¹¹ Data available at: <http://gov.wales/statistics-and-research/academic-achievement-pupil-characteristics/?lang=en>

Figure 11: Percentage of 15-year-old pupils achieving the L2 inclusive threshold at KS4, by FSM entitlement, 2006-2014



Source: Welsh Government (2015d)

3.3 Children's views and experiences about school

Two sources of information on children's views and experiences about school are the international PISA¹² and HBSC¹³ studies. The PISA study 2012/13 includes questions about pupils' views of school and attitudes to learning. The national report for Wales found that pupils reported a 'high sense of belonging and satisfaction with school' (Wheater et al., 2013 p.38). Table 1 shows the results for pupils' views of school (first nine items) and attitudes to learning (last four items). Pupils were also asked about their attitude specifically to mathematics. Results show 'Pupils did not report a particularly high level of intrinsic motivation to learn mathematics and there is little difference between the proportions of pupils in Wales and the OECD¹⁴ average, apart from a greater proportion of pupils in Wales reporting that they look forward to their mathematics lessons (47 per cent compared with the OECD average of 36 per cent)' (Wheater, et al., 2013: page 39).

The most recent Health Behaviour in School-aged Children (HBSC) study undertaken in 2013/14 showed that 73% of pupils in years 7 to 11 (ages 11 to 16) reported they liked school either 'a bit' or 'a lot' (Ipsos MORI, 2015). Around, 60% of pupils agreed with the statement that their fellow pupils were kind and helpful and 68% agreed with the statement that their fellow pupils accepted them.

¹² PISA (Programme for International Student Assessment) is a triennial international survey which tests the skills and knowledge of 15-year-olds worldwide. More information can be found at: <http://www.oecd.org/pisa/aboutpisa/>

¹³ The HBSC survey is an international survey of children in secondary school (aged 10-15). In Wales it has a sample size of 9,055. More information at: <http://www.hbsc.org/>

¹⁴ Organisation for Economic Co-operation and Development, please visit: <http://www.oecd.org/>

Table 1 Pupils' 15-years-old views of school and attitudes to learning (2012/13)

Thinking about your school, to what extent do you agree with the following statements?		
	Wales	OECD average
	Agree/Strongly agree	
I make friends easily at school.	88%	87%
I feel like I belong at school.	78%	81%
Other students seem to like me.	92%	89%
I feel happy at school.	84%	80%
Things are ideal in my school.	73%	61%
I am satisfied with my school.	84%	78%
Trying hard at school will help me get a good job.	97%	91%
Trying hard at school will help me get into a good university.	97%	94%
I enjoy receiving good marks.	98%	95%
Trying hard at school is important.	98%	93%
	Disagree/Strongly disagree	
I feel like an outsider (or left out of things) at school.	89%	89%
I feel awkward and out of place in my school.	87%	88%
I feel lonely at school.	93%	91%

Source: PISA (Wheater et al., 2013)

3.4 Post-compulsory education

Participation of young people aged 16 to 18 in education and the labour market

The latest data for 2014¹⁵ show that 80% of 16- to 18-year-olds are engaged in some kind of education or training (a one percentage point decrease from 2013), with 9% in full- or part-time employment but not in education or training compared to 8% in 2013. Eleven percent (10.9% or 12,200) of 16- to 18-year-olds were not in education, employment or training.

¹⁵ Data available at: <http://wales.gov.uk/statistics-and-research/participation-young-people-education-labour-market/?lang=en>.

Information for Key Stage 4 leavers in 2011/12 indicated that 58% progressed to a Level 3 programme at a school sixth form, further education (FE) institution or work-based learning (WBL) provider. A further 34% remained in some form of education or training. Forty-seven percent of Key stage 4 leavers with a matched education destination were at school sixth forms and 45% were at FE institutions.

Qualifications gained at age 17 (post-compulsory education)

The measure of attainment at 17 years, for school pupils only, is the Level 3 threshold on the National Qualification Framework (NQF) which is equivalent to two A-levels at grade A-E. Age 17 denotes the age of pupils at the start of the academic year, in which learners will study for either A-levels or their equivalents on the NQF. In 2013/14, the percentage achieving this was 97.1% of those entering for this threshold. This was 0.6 percentage points higher than in 2012/13 and 2.3 percentage points higher than 2010.

Educational attainment of young people by age 19

The most recent figures for Wales (2010/11) show that 95% of 19-year-olds had attained the Level 1 threshold¹⁶, 78% had achieved Level 2 and 53% had achieved Level 3. Most of Level 1 and 2 attainment by age 15 was through academic qualifications, while for post-16 it was vocational. Most of Level 3 attainment by age 19 was through Level 3 general qualifications.

Higher Education

The number of Welsh-domiciled enrolments to higher education institutions (HEIs) throughout the UK for those aged under 25 has continued to increase; in 2008/09 the figure stood at 54,985 and by 2013/14 the figure had increased to 58,840¹⁷. The gender gap for Welsh-domiciled students has remained as females continue to outnumber males in enrolling to HEIs by 55.4% to 44.6% meaning the gap has closed by just 0.4 percentage points since 2008/09.

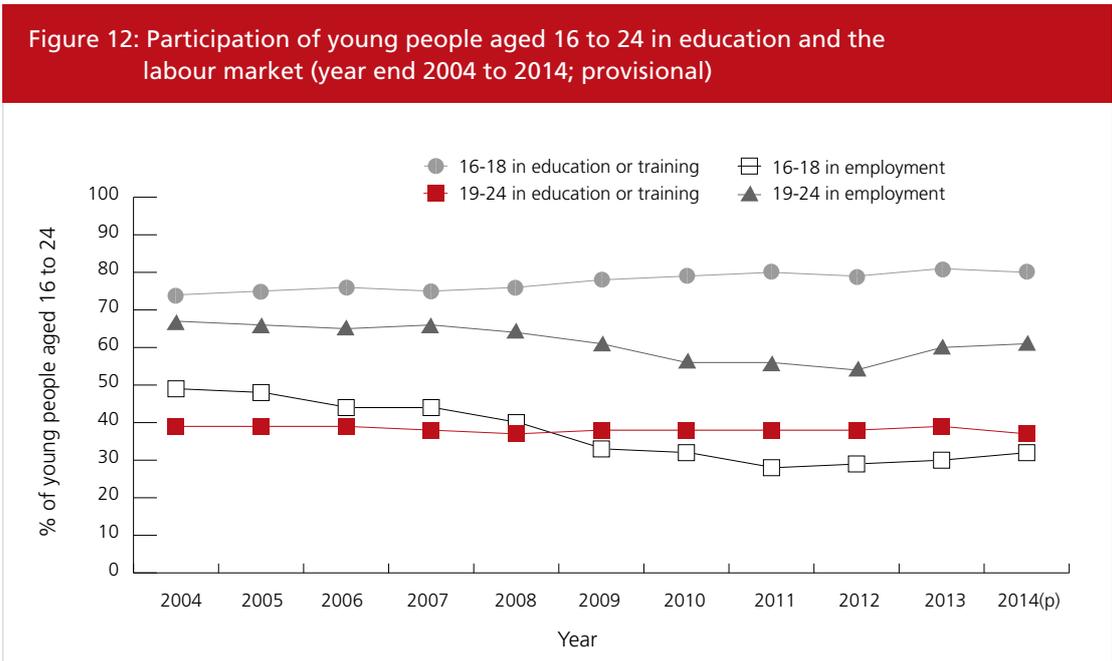
Young people not in education, employment or training (NEET)

The proportion of 16- to 18-year-old who are NEET has remained steady in recent years. There was a very slight fall in the proportion of 19- to 24-year-olds being NEET from 20.7% at the end of 2014 compared to 21.1% at the end of 2013. While there had been a reduction in the number of male NEET in both age groups, the proportion of females increased for both age groups. In 2013, 9.3% of 16- to 18-year-old females were NEET rising to 10.0% in 2014 (Welsh Government, 2015d). For the 19- to 24-year-old age group, 22.8% were NEET in 2013, a figure that rose to 23.2% in 2014, this continues a trend for females evident since 2004 (Welsh Government, 2015d).

¹⁶ A volume of qualification at Level 1 equivalent to the volume of 5 GCSEs at grade D-G

¹⁷ Data can be accessed at: <https://statswales.wales.gov.uk/Catalogue/Education-and-Skills/Post-16-Education-and-Training/Higher-Education/Students/Welsh-Domicile-Enrolments-at-UK-HEIs/heenrolmentsatukheis-by-level-mode-gender-age>

Figure 12 shows the trend of participation of young people in education and the labour market since 2004¹⁸. For 19- to 24-year-olds, 26% were in full-time education in 2014 with a higher proportion being females (33,900) than males (32,200). This translates to 27% of all 19- to 24-year-old females in full-time education compared to 24% of all males in the same age group. For 19- to 24-year-olds, 17,200 were involved in training (both work-based learning courses and job-related training) with participation higher for males than females with 7% of the total compared to 6% of females. Figure 12 also shows that the proportion of 19- to 24-year-olds in education or training has remained broadly unchanged at around 37% to 39%. In contrast, the proportion in employment decreased after the start of the 2008 recession to 2010 but has increased to 61% in 2014.



Source: Welsh Government (2015e)

¹⁸ Please note that young people can be in both education or training and employment.

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Wheater R., Ager, R., Burge, B. and Sizmur, J. (2013) *Achievement of 15-year-olds in Wales: PISA 2012 National Report*. Slough: NFER.

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Chapter 4

Health

This chapter presents a brief overview of the physical, mental and emotional health of children and young people in Wales, including data across a range of indicators known to impact on current and future health. It should be noted that the focus of the chapter is on those aged eight to 25 years (see Chapter 2 for children up to the age of seven-years-old). It is also important to recognise that a variety of determinants of young people's health and wellbeing are captured in other chapters, including participation in leisure activities, the role of the school environment and relationships with family and friends.

In 2013, Public Health Wales published *Health of Children and Young People in Wales*¹; a comprehensive report on the health of those aged 0 to 24 years, presented at local level where possible. Rather than attempt to replicate this report, this chapter updates the health-related content included in the previous Children and Young People's wellbeing monitor (Welsh Government, 2011), focusing on where new data have become available, notably 2013/14 data for Wales from the Health Behaviour in School-aged Children (HBSC) study (Welsh Government, 2015).

4.1 Health

Children and young people's health is considered under the following headings: long-standing illness; dental health; sexual health; immunisation; self-reported health; and mental health.

Long-standing illness

According to the 2014 Welsh Health Survey (WHS)², almost one in four (23%) children age eight to 15 were reported as having a long-standing illness. The most commonly reported long-standing illnesses were asthma (9%), mental illness (5%) and skin complaints (4%).

Limiting long-standing illness (LLSI) is widely used as a measure of health status and has been shown to be an accurate predictor of early age mortality, psychological health and use of hospital services. According to the 2014 WHS, 8% of those aged eight to 15 were reported as having a LLSI. These WHS estimates have changed little in recent years.

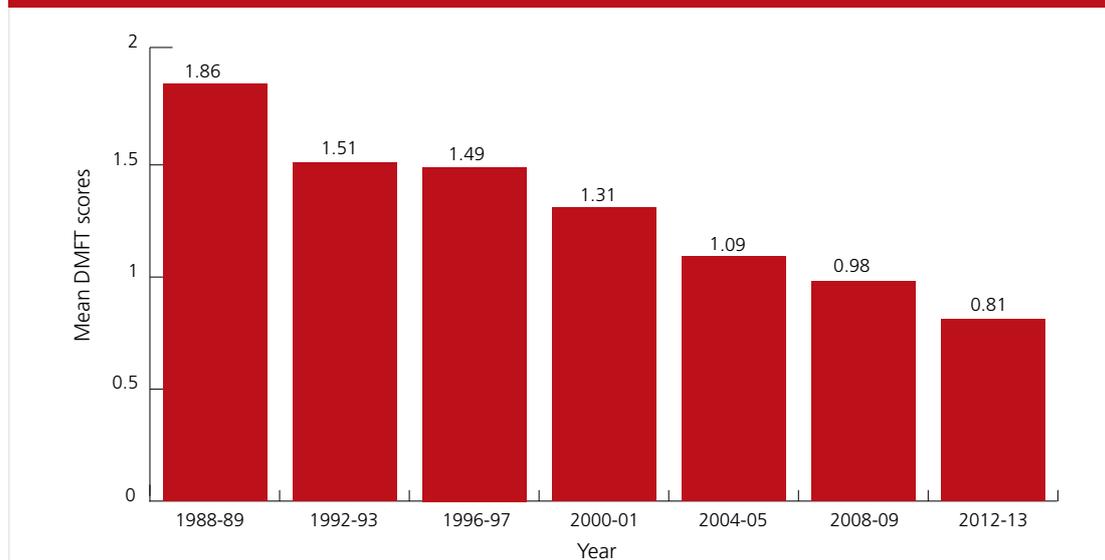
¹ Public Health Wales NHS Trust (2013). *Health of Children and Young People in Wales*. Carmarthen: Public Health Wales NHS Trust.

² The Welsh Health Survey collects information on the health and health-related lifestyle of people living in Wales. The sample size for 2014 was 14,170. Data can be accessed at <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>.

Dental health

The dental health of 11- and 12-year-olds has continued to improve in recent years. A key measure of tooth decay, the mean DMFT score (i.e. Decayed, Missing, Filled teeth)³, has declined over the period 1988-89 to 2012-13 (Figure 1).

Figure 1: Mean DMFT scores⁴ of 12-year-olds, Wales, 1988-89 to 2012-13



Source: British Association for the Study of Community Dentistry (BASCD) (1988-2013)

While this overall decline is to be welcomed, it is important to note that a decline can also be seen among those in the most deprived fifth of the population, from 1.4 in 2004-05 to 1.1 in 2012-13, with the proportion with a DMFT of more than zero falling from 53.8% to 43.9% over the same period. However, in 2012-13, the equivalent figures for those in the least deprived fifth of the population remained significantly lower at 0.5 (mean DMFT) and 27.8% (proportion with a DMFT more than zero). Inequality in dental health clearly persists despite improvements across social groups and a narrowing of the gap (Morgan and Monaghan, 2014).

Data are also available from the decennial Children's Dental Health Survey (CDHS), which took place in 2013. While the sample size for Wales is reasonably small⁵, the CDHS provides information relating to various aspects of children's oral health (Porter, et al., 2015). For example, in 2013 obvious decay experience was found in 52% of 12-year-olds and 63% of 15-year-olds. These proportions were similar

³ dmft/DMFT relate to deciduous and permanent teeth respectively. <http://www.dentalcare.com/en-US/dental-education/continuing-education/ce368/ce368.aspx?ModuleName=coursecontent&PartID=4&SectionID=-1>

⁴ The DMFT index expresses the number of affected teeth in the primary dentition, with scores ranging from 0 to 20 for children; see <http://www.dentalcare.com/en-US/dental-education/continuing-education/ce368/ce368.aspx?ModuleName=coursecontent&PartID=4&SectionID=-1>.

⁵ Sample size for Wales is approximately 2,000 pupils but varies according to data being presented given non-response.

to those found in 2003 (54% and 65% of 12- and 15-year-olds, respectively). The CDHS suggests that around three in four 12- and 15-year-olds brush their teeth twice or more a day, lower among boys and those eligible for free school meals. Similar proportions of 12-year-olds (69%) and 15-year-olds (70%) rated their dental health as good or very good.

The 2013/14 HBSC study⁶ also provides data on tooth brushing, with similar findings to the CDHS. Among those in school year 7 (aged 11 to 12), 67% of boys and 79% of girls reported brushing their teeth twice or more a day, while the equivalent figures for those in year 11 (15- to 16-year olds) were 67% and 86% for boys and girls, respectively. The proportions reporting brushing their teeth twice or more a day have risen significantly since data were first collected in 1985/86. For example, among those in year 11 (15- to 16-years-old), the proportions reporting cleaning their teeth this often in 1985/86 were 53% and 79% of boys and girls, respectively.

The HBSC study uses the Family Affluence Scale (FAS) to measure socio-economic inequality, with respondents being grouped into low, medium and high affluence groups (Currie, et al., 2008)⁷. For boys and girls, those in the most affluent households were more likely to brush their teeth regularly (70% low FAS and 78% high FAS for all 11- to 16-year-olds), this social patterning is similar to the analysis of DMFT and tooth brushing noted above.

Sexual health

Sexual activity

The 2013/14 HBSC study found that among those in school year 11 (aged 15 to 16), 23% of boys and 32% of girls reported having had sexual intercourse. These proportions are lower than those found in previous years (for example 30% of boys and 41% of girls in 2005/06). Those from the least affluent households were more likely to report sexual intercourse (31% compared to 26% among their more affluent counterparts).

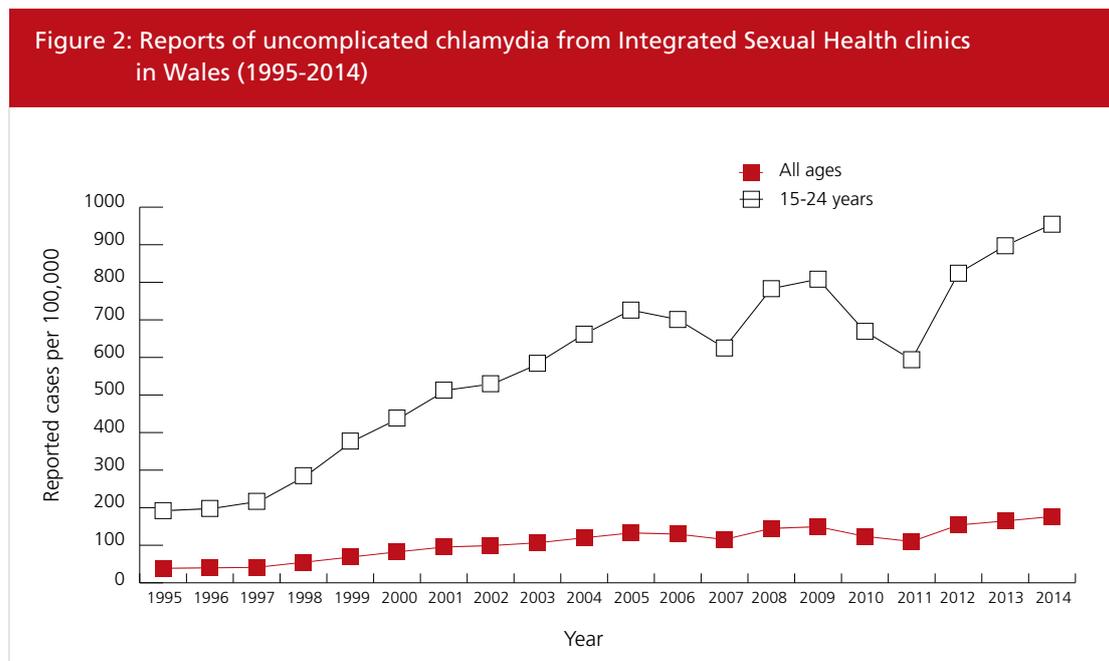
Sexually Transmitted Infections (STIs)

Whilst there are known limitations with STI data, it is clear that there has been an increase in numbers being tested and in reported cases and that these have continued to rise since the last monitor was published. The data presented below are based on the number of STIs treated at Integrated Sexual Health clinics across Wales.

⁶ The HBSC study is an international survey of children in secondary school (aged 10-15). In Wales it has a sample size of 9055. More information at: <http://www.hbsc.org/>

⁷ Note that a revised version of FAS is being worked on and will be used in future analyses. See for example Hartley J.E.K., Levin K., Currie C. (2015). A new version of the HBSC Family Affluence Scale – FAS III: Scottish Qualitative Findings from the International FAS development Study. Child Indicators Research. DOI 10.1007/s12187-015-9325-3.

Chlamydia is the most commonly diagnosed bacterial STI in the UK and has important implications for future reproductive health⁸. Between 1995 and 2014, the number of reported cases amongst 15- to 24-year-olds increased from 192 to 954 per 100,000 population (see Figure 2). This rate of increase far outweighs that of other age groups. It should be noted that increased awareness and diagnostic techniques may well have contributed to this increase in reporting over recent years.



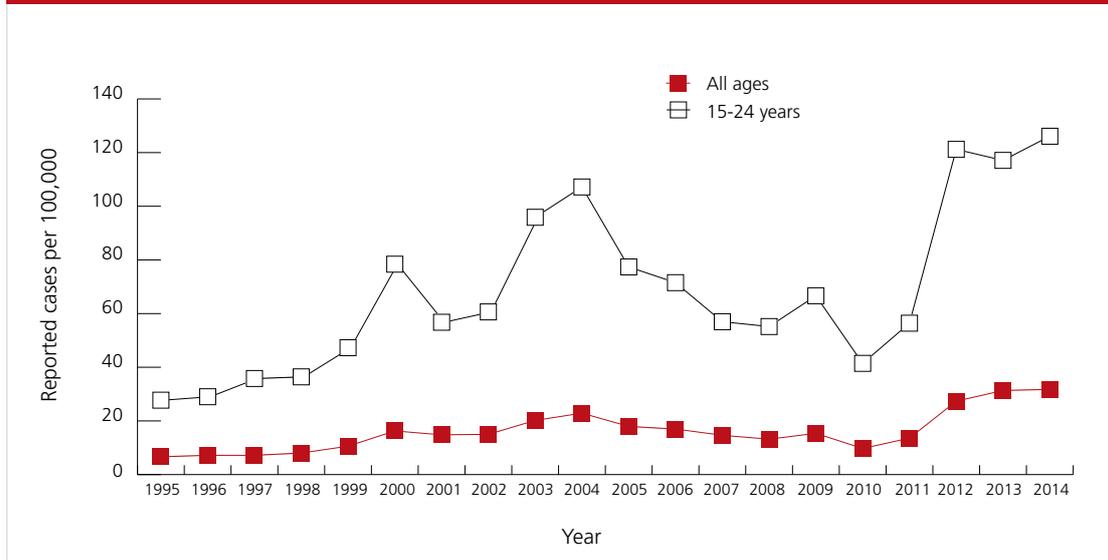
Source: *Public Health Wales (1995-2014)*

After chlamydia, gonorrhoea is the second most common bacterial STI in the UK. The highest rates of gonorrhoea are seen in women aged 16-19 and in men aged 20 to 24 years. It should be noted that in 2011 the new dual nucleic acid amplification tests (NAAT)⁹ for chlamydia and gonorrhoea were introduced in Integrated Sexual Health clinics, which allows for an easier and more sensitive testing of gonorrhoea compared to the original culture assay (see Figure 3).

⁸ See for example www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx

⁹ See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343630/070814_DT_survey_report_CT_DM_DM.pdf

Figure 3: Reports of uncomplicated gonorrhoea from Integrated Sexual Health clinics in Wales (1995-2014)



Source: Public Health Wales (1995-2014)

Condom use

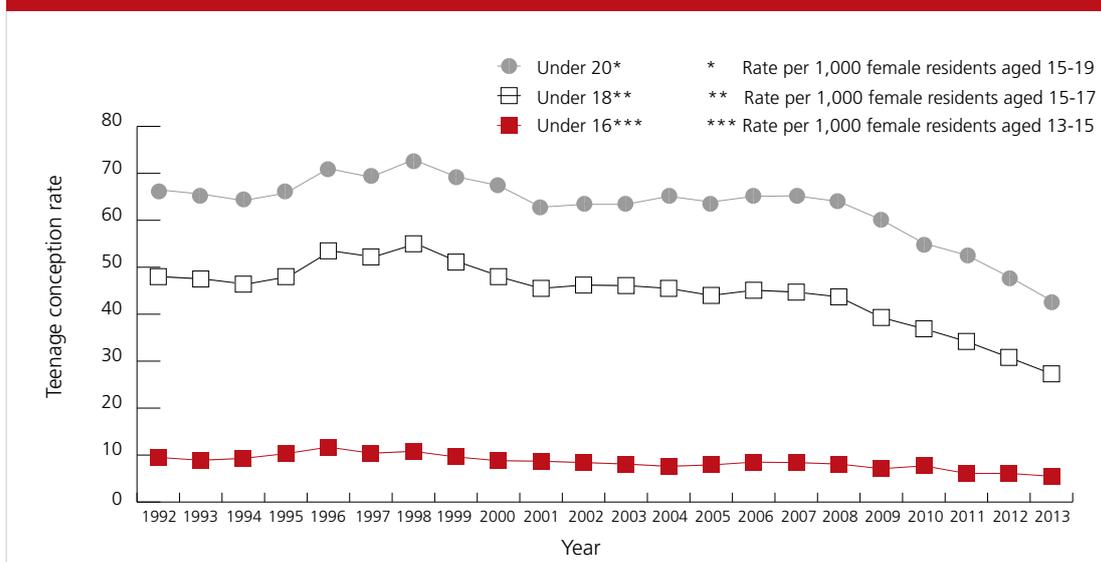
Condom use can reduce the risk of unintended pregnancy and contracting an STI. The 2013/14 HBSC study found that of sexually active 15-year-olds, 68% of boys and 57% of girls reported using a condom the last time they had sexual intercourse.

Teenage pregnancy

Teenage pregnancy has implications for the physical, emotional and socio-economic wellbeing of young mothers and their children (Avery and Lazdane, 2008). While some young people can find parenting to be a rewarding experience, it is also associated with poor health and social outcomes. Children born to young parents are less likely to be breastfed, more likely to live in poverty and to become a young parent themselves, although disentangling the precise impact of early parenthood from other social factors is problematic.

In recent years, the UK has had one of the highest levels of teenage pregnancy in Western Europe. However, recent data show that conception rates for those aged 15 to 19 (under 20), 15 to 17 (under 18) and 13 to 15 (under 16) have fallen fairly sharply since the late 2000s (Figure 4). This trend is in line with the decline in reports of sexual intercourse found in the HBSC study.

Figure 4: Teenage conception rates by age group, Wales (1992-2013)



Source: Office for National Statistics (1992-2013)¹⁰

Immunisation

During 2014/15, 82.0% of 16-year-olds had received the 3 in 1 teenage booster, which protects against tetanus, diphtheria and polio into adulthood and is usually administered between 13 and 16 years of age (Public Health Wales Vaccine Preventable Disease Programme, 2015). This coverage is higher than reported in the previous monitor, where the equivalent figure for 2009/10 was 61.1%. Coverage of a complete two-dose course of MMR2 vaccine, which protects against measles, mumps and rubella in this age group, was 90.1% (up from 84.2% in 2009/10). Coverage of a complete three-dose course of HPV vaccine in 14-year-old girls during 2013/14 was 83.5%, similar to the 2009/10 proportion reported in the last monitor (85.3%). HPV vaccine protects against cervical cancer associated with the Human Papilloma Virus types 16 and 18 and is usually administered to girls during school year 8 (aged 12 to 13).

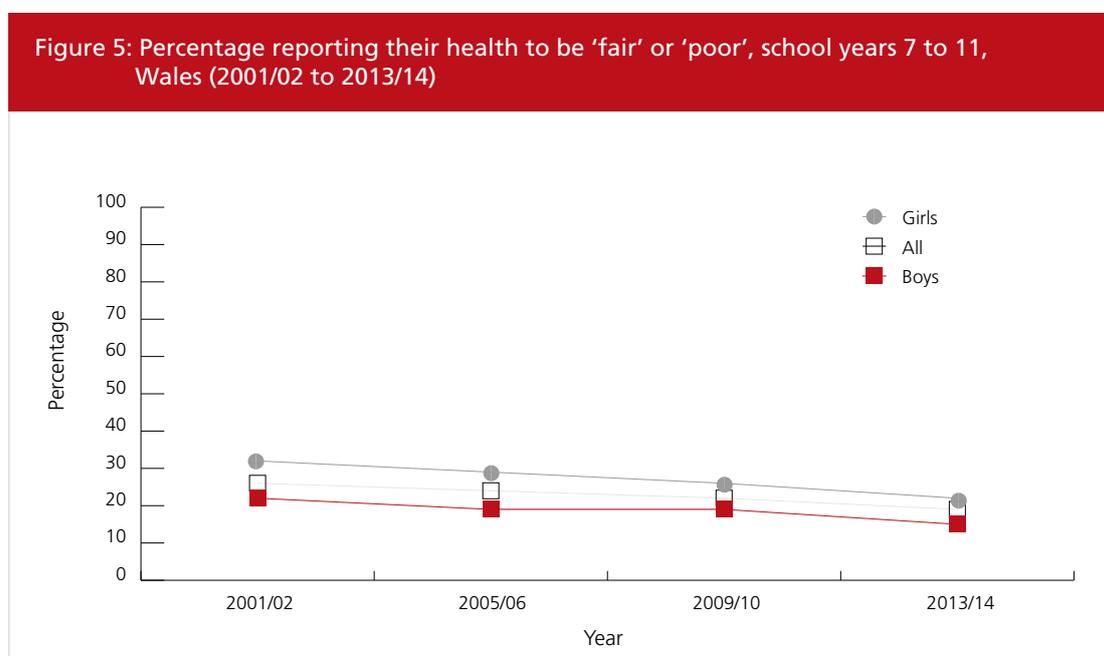
Self-reported health

As in previous years, data on the self-reported health status of young people in Wales are available from two well established sources. The first is the WHS, which includes questions on self-rated health for children and adults, albeit with slightly different scales ('excellent', 'very good', 'good', 'fair' or 'poor' for 16- to 24-year-olds and 'very good', 'good', 'fair', 'bad' or 'very bad' for 8- to 15-year-olds). The proportions reporting their health to be at least good in 2014 was 94% for 8- to 15-year-olds and 93% for men and women aged 16 to 24.

¹⁰ Data can be accessed at <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/index.html>.

These figures are similar to those previously reported (94% for both age groups in 2009). Among the 16- to 24-year-olds, men were more likely than women to report their health as 'excellent' with 39% and 27% respectively, responding this way (again very similar to 2009 figures of 37% and 25%).

Similar data are also available from the HBSC study, although they are not strictly comparable with those noted above, with respondents asked to choose one of 'excellent', 'good', 'fair' or 'poor'. As Figure 5 shows, the proportions reporting their health as 'fair' or 'poor' has declined since 2001/002, the period for which comparable data are available. As well as showing that girls are more likely than boys to report their health as 'fair' or 'poor', 2013/14 data show that those in school years 10 and 11 (aged 14 to 16) are also more likely to do so. Combining 2013/14 data across the age and gender groups shows that those from the least affluent backgrounds are more likely to report 'fair' or 'poor' health (28% compared with 16%).



Source: HBSC (2001-2014)

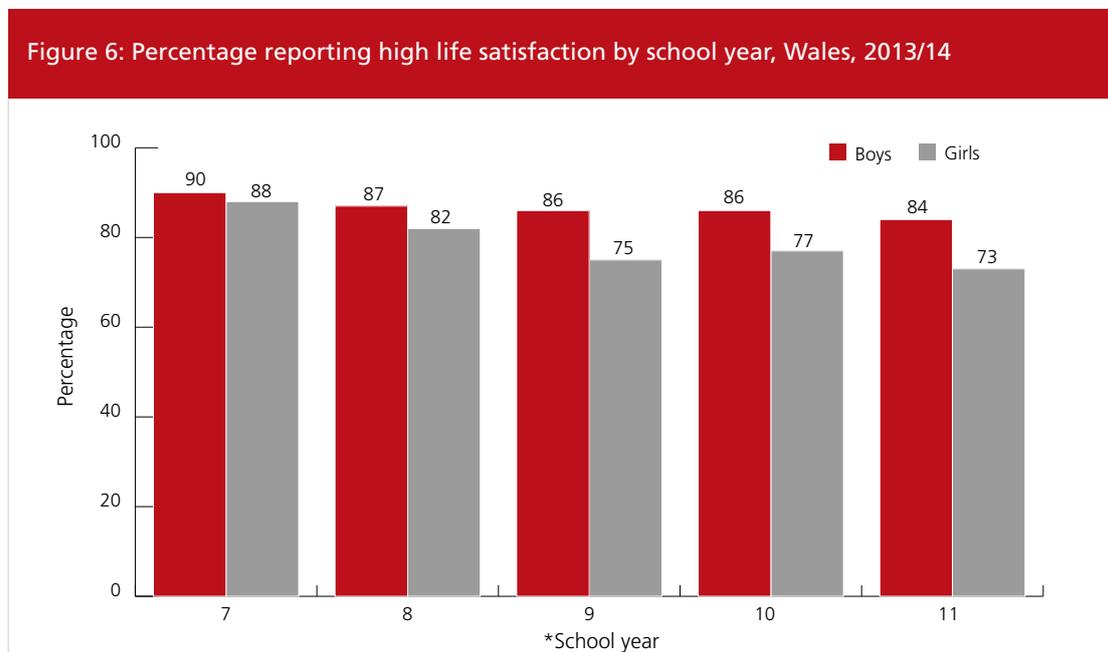
As in previous years, the 2013/14 HBSC study included questions on how often pupils had reported any of the following eight symptoms in the previous six months: headache; stomachache; backache; feeling low; irritability or bad temper; feeling nervous; difficulties in getting to sleep; and feeling dizzy.

The proportions reporting two or more symptoms at least weekly was fairly constant across age groups for boys but increased sharply with age for girls. By school year 11 (aged 15 to 16), 28% of boys and 48% of girls reported experiencing symptoms frequently (compared with 22% of boys and 27% of girls in school year 7 (aged 11 to 12)). Combining boys and girls and all school years, the most commonly reported symptoms were difficulties in sleeping (26%), irritability or bad temper (22%) and headache or feeling nervous (both 18%).

Mental health and wellbeing

Mental wellbeing is strongly associated with quality of life. Young people who are happy are more likely to enjoy good quality of life into adulthood. Good mental health and wellbeing can influence many facets of life, including self-esteem, school attendance, educational performance and risk taking behaviours. Mental illness is an important factor linked to suicide and self-harm, while the link between poverty and mental wellbeing should also be recognised.

One measure of life satisfaction among young people is available from the HBSC study, using a scale (Cantril ladder¹¹) where zero represents the worst possible life and 10 the best possible life. As seen in Figure 6, life satisfaction declines slightly with age for girls, remaining fairly constant for boys, where a score of six or more is used to represent being reasonably satisfied with life. The proportions reporting this level of life satisfaction has remained constant across the years since comparable data were first collected in 2001/02.



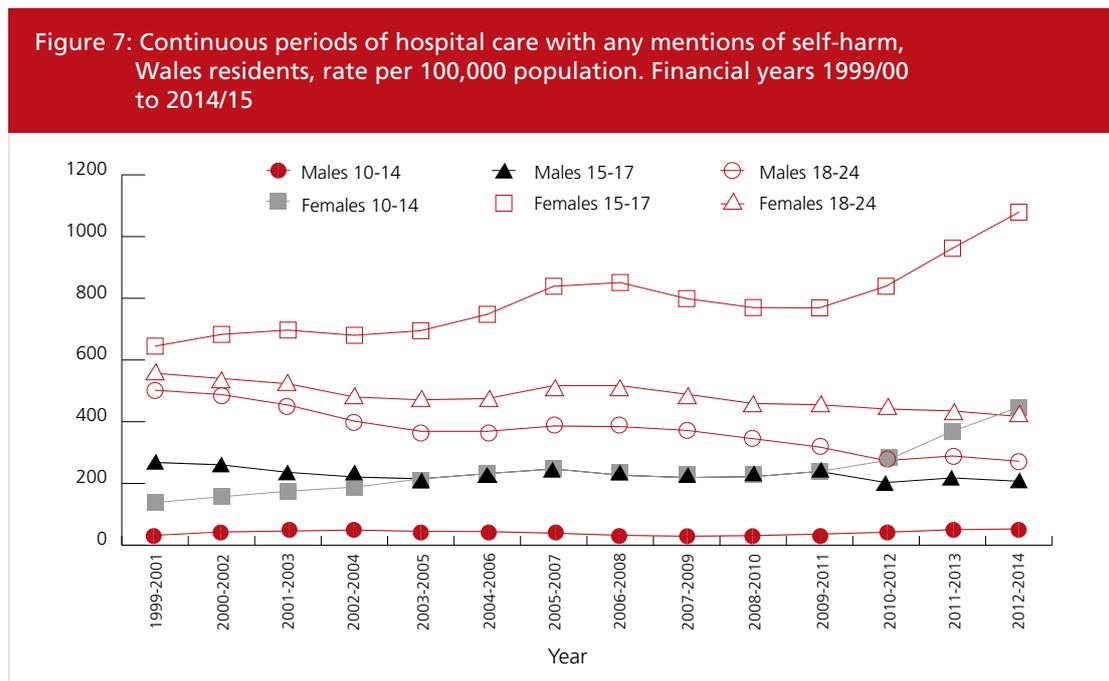
Source: *HSBC (2013/14)*

* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

¹¹ Cantril H. (1965). *The pattern of human concern*. New Brunswick, NJ: Rutgers University Press.

Self-harm

Self-harm is more common among adolescents and typically takes the form of cutting, severe scratching, burning or hitting, with those self-harming often using more than one method. As noted in the previous monitor, there are various reasons for self-harming (e.g. alleviating negative emotions, expressing anger and seeking help) and while predictive of future suicide attempts, most do not go on to commit suicide (Quilgars, et al., 2007; Klonsky, et al., 2007). Rates of hospital admissions for self-harm appear to be higher for females and have increased in recent years for females aged 10 to 17, while remaining stable for males and older females (see Figure 7).



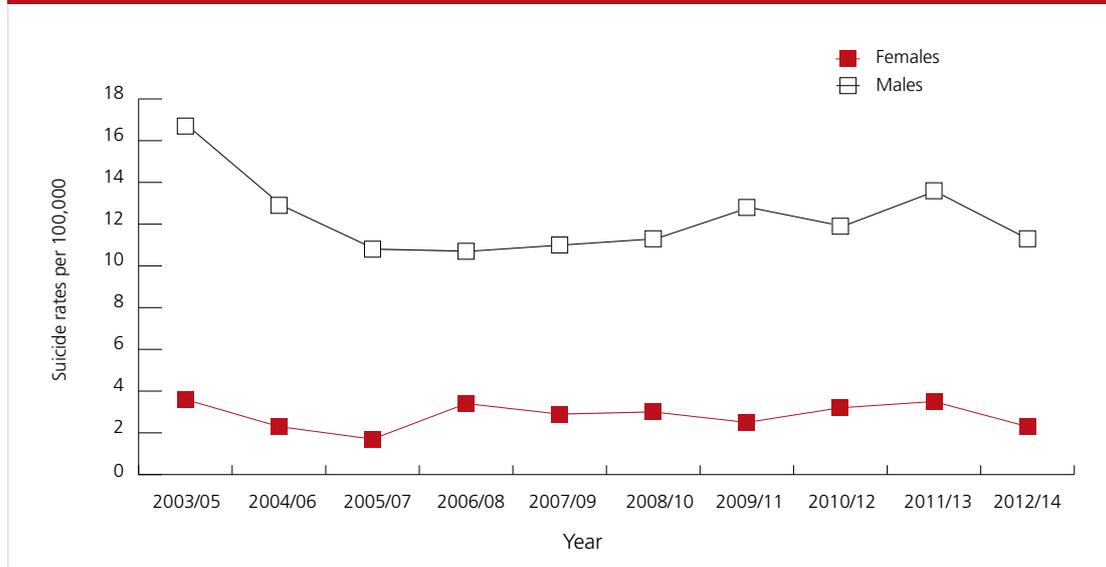
Source: Public Health Wales Observatory, using PEDW (NWIS) and MYE (ONS)

Suicide

While the factors behind each case of suicide are complex, certain risk factors have been identified, including mental illness, self-harming behaviour, substance use, unemployment and poverty/deprivation (McLean, et al., 2008).

As can be seen in Figure 8, data covering the last decade for 15- to 24-year-olds show that young males are more likely to commit suicide than females, with rates of 11.3 and 2.3 per 100,000 population respectively in 2012-14. There is evidence that this rate has declined since 2011, although any assessment of trends must be undertaken with some caution given the small number of suicides each year.

Figure 8: Suicide rates per 100,000 population for 15- to 24-year-olds, Wales, 2003/05 to 2012/14



Source: Public Health Wales Observatory, using PHM and MYE (ONS)¹²

4.2 Lifestyle

Weight

Overweight and obesity continues to present a serious public health challenge, with past estimates suggesting that as many as one in five children and adolescents in the European Union are overweight or obese. This has significant implications for health-related quality of life during adolescence and the future burden of disease. Previously published international comparisons using self-reported HBSC height and weight data have shown that rates of overweight and obesity among adolescents are higher in a small group of countries, including Wales than in other countries (Currie, et al., 2012). For example, focusing on 15-year-olds in 2009/10, it can be seen that the highest rates of overweight and obesity were found in the United States (34% of boys and 27% of girls), the Welsh proportions being 22% and 15%, respectively. In contrast, the lowest rates were found in the Netherlands (11% of boys and 5% of girls).

Data on obesity among young children is reported in Chapter 2. For older children information is available from the Millennium Cohort Study (MCS)¹³, which suggests that at age 11, two in five young people were overweight, or obese (17% overweight and 23% obese). Analysis of UK MCS data showed that weight status was associated with parental qualifications and natural mother's weight status (Connelly and Chatzitheochari, 2014).

¹² Suicides are comprised of intentional self-harm (X60-X84) and events of undetermined intent (Y10-Y34). Y339 excluded from 2001-2006.

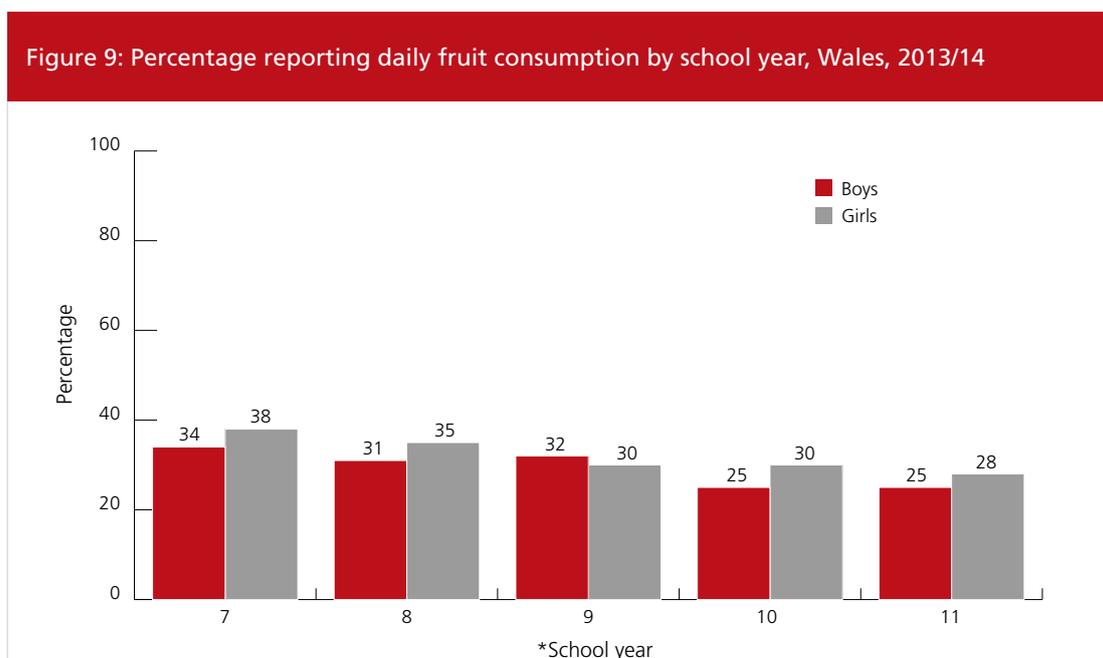
¹³ The Millennium Cohort Study is a longitudinal study which tracks the development of children born in 2000. It has sample size of 2,799 for Wales. For more information on the study see <http://www.cls.ioe.ac.uk/page.aspx?sitesectionid=851> For data retrieval visit: <http://discover.ukdataservice.ac.uk/series/?sn=2000031>

Whilst not comparable with these measures, self-reported height and weight is available for young adults from the WHS and in 2014, 33% of men and 30% of women aged 16 to 24 were overweight or obese, with 11% of men and 10% of women being obese¹⁴. Further analysis of WHS data confirms the social patterning noted previously and the MCS findings above; with the lowest proportion of obese individuals being in households with people working in managerial and professional occupations and that are in less deprived areas.

Diet

A healthy diet during adolescence is crucial in avoiding immediate health problems, such as obesity and type 2 diabetes or problems associated with being underweight, such as anaemia and fatigue. As with other health behaviours, those developing healthy eating habits early in life are more likely to continue them in adulthood (Centres for Disease Control and Prevention, 1997; Lytle and Kubik, 2003).

The 2013/14 HBSC study found that around one in three young people in school years 7 to 11 (ages 11 to 16) report eating fruit and/or vegetables on a daily basis, with girls and those in younger age groups being slightly more likely to do so (Figures 9 and 10). In addition, fruit and vegetable consumption tends to increase with affluence. For example, among those young people in the highest affluence group, 33% reported eating fruit daily and 36% reported eating vegetables daily. This compares with 26% and 23% for fruit and vegetables respectively, in the lowest affluence group. Whilst not strictly comparable with the WHS data covering the early years, it is clear that fruit and vegetable consumption drops substantially from the early years into adolescence.

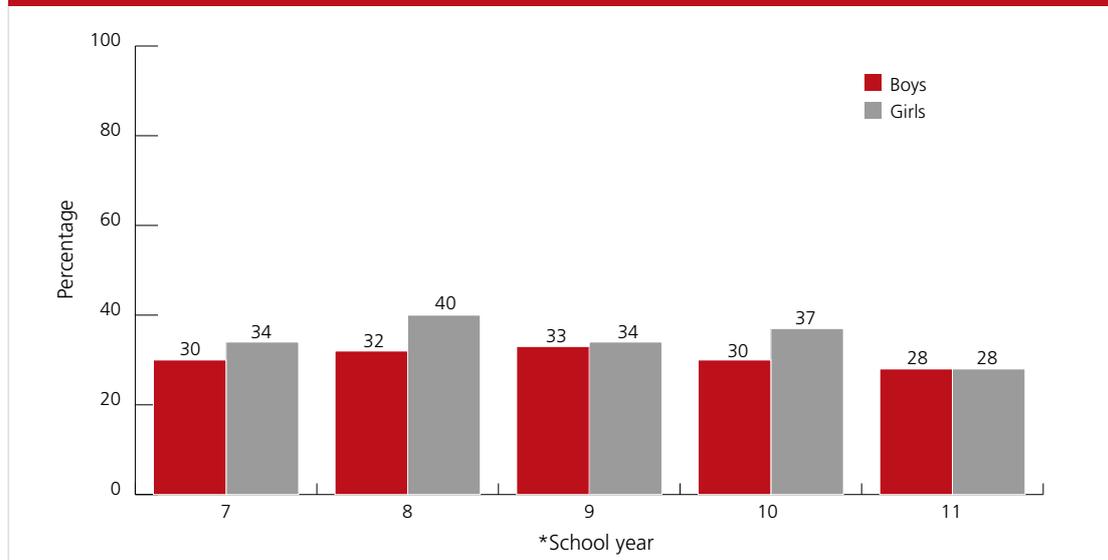


Source: HBSC (2013/14)

* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

¹⁴ These are the smaller proportions defined as obese, rather than overweight or obese.

Figure 10: Percentage reporting daily vegetable consumption by school year, Wales, 2013/14



Source: HBSC (2013/14)

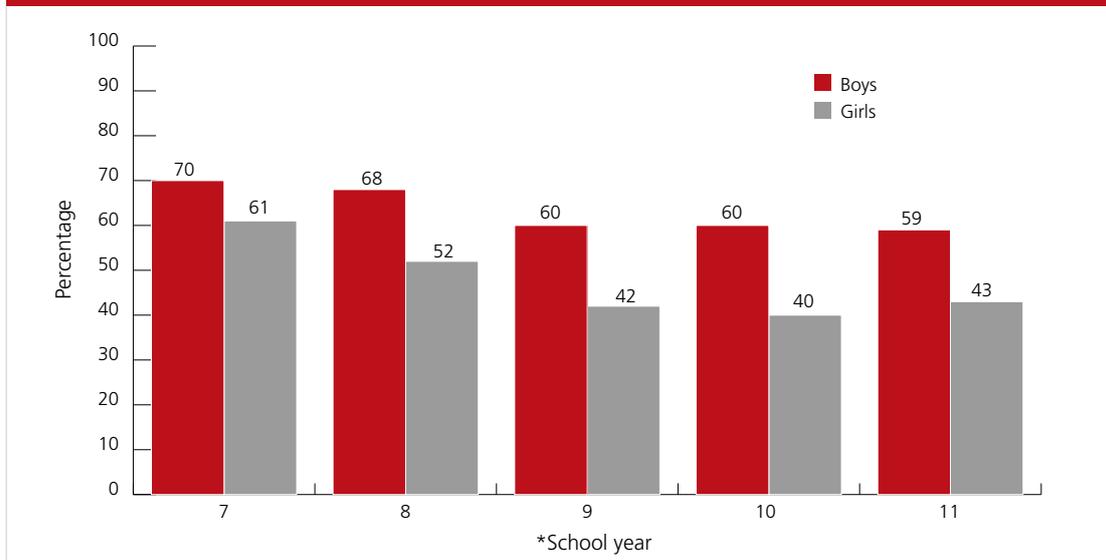
* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

WHS data for young adults are also available for fruit and vegetable consumption during the previous day, showing that just under three in 10 (27% of men and 29% of women) met government guidelines of eating five or more portions of fruit and/or vegetables daily in 2014.

Breakfast consumption is another important aspect of diet, with evidence suggesting that it can aid concentration and reduce snacking during the day (Pollitt and Matthews, 1988; Resnicow, 1991), while previous HBSC research has shown an association between higher obesity levels and breakfast skipping (Elgar, et al., 2005). More recently, research linking breakfast consumption (collected as part of the evaluation of the Welsh Government's Primary School Free Breakfast Initiative) with educational attainment has shown a positive impact of eating breakfast (Littlecott, et al., 2015).

HBSC data for 2013/14 show that older pupils and girls in particular, remain far more likely to skip breakfast on weekdays (Figure 11). It should also be noted that daily breakfast consumption is more common in higher affluence families (59%) compared with those in the low (49%) and middle (50%) affluence groups. These findings are similar to those reported for previous years.

Figure 11: Percentage reporting daily breakfast consumption during weekdays by school year, Wales, 2013/14



Source: HBSC (2013/14)

* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

Data from the National Diet and Nutrition Survey (NDNS)¹⁵ became available for Wales for the first time in 2015, combining four years of data collection (Bates, et al., 2015). While a huge amount of detailed dietary information is available, it is notable that among 11- to 18-year-olds, nine in 10 (93%) did not meet government guidelines on 5-a-day for fruit and vegetables, with average consumption in this age group being 2.9 items daily. This is reflected across the UK as a whole, with this age group reported as having a low intake of some vitamins and minerals.

Smoking

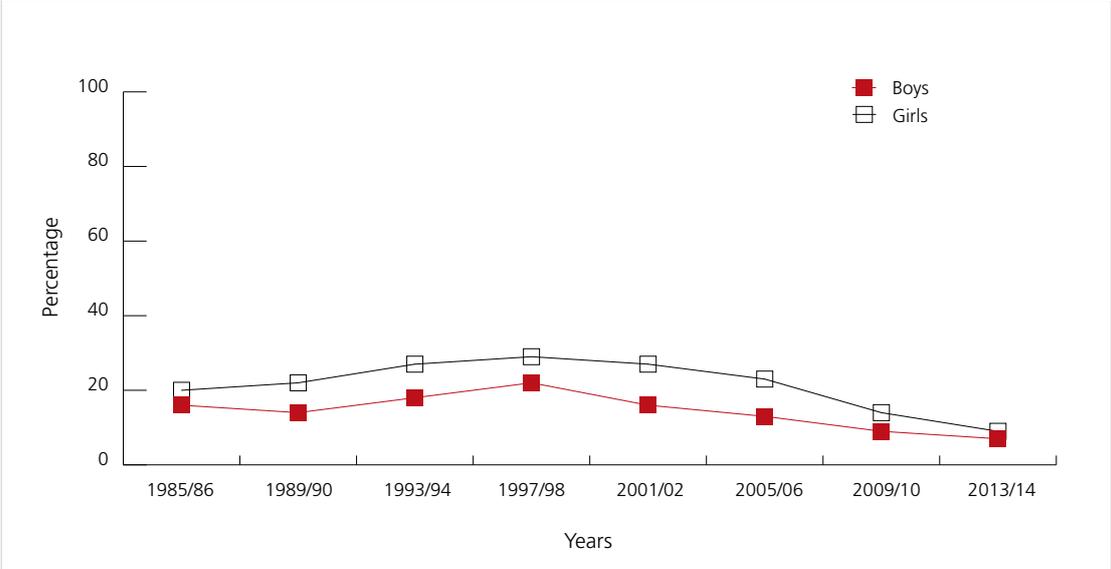
Smoking remains the single biggest cause of preventable death and ill-health, also bringing a range of immediate health problems for young people, notably respiratory problems and decreased fitness (Centers for Disease Control, 1994). Smoking behaviour is largely established during adolescence and HBSC data for 2013/14 show that among year 11 pupils (aged 15 to 16) who reported having ever smoked, two in five (43% of boys and 40% of girls) did so by the age of 13.

Data for the period 1985/86 to 2013/14 are presented for year 11 pupils (aged 15 to 16) in Figure 12, showing that regular (weekly) smoking has declined since its peak in the late 1990s among both sexes, as has the gap between boys and girls. This trend can also be seen for year 9 pupils, while very few below this age group report regular smoking. The 2013/14 HBSC data also indicate that the proportion

¹⁵ The National Diet and Nutrition Survey gathers information on the dietary habits and nutritional status of adults and children in the UK. Data can be accessed at: <http://discover.ukdataservice.ac.uk/catalogue?sn=6533>.

of children exposed to smoking in a car has fallen since 2009/10 (from 19% to 13% looking across age groups), although exposure remains far more likely among those from lower affluence households. Young people were also asked about e-cigarette use for the first time in 2013/14 with 11% of pupils across school years 7 to 11 (aged 11 to 16) reporting having used them on a few occasions and 2% regularly (i.e. 13% had ever used an e-cigarette).

Figure 12: Percentage reporting weekly smoking, year 11 pupils, Wales, 1985/86 to 2013/14



Source: HBSC (1985-2014)

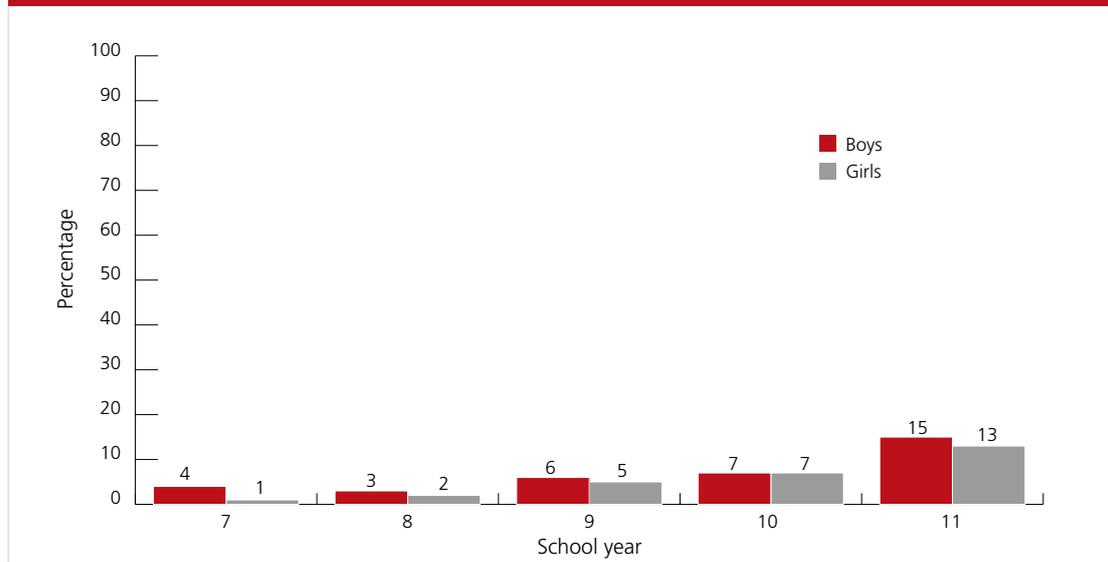
While smoking rates in the young adult population continue to fall gradually, according to the most recent WHS data for 16- to 24-year-olds, just over one in five (25% of men and 18% of women) report smoking, with around one in six (17% of men and 13% of women) smoking on a daily basis.

Alcohol

Excessive drinking is associated with a number of health risks, ranging from immediate harm to self (e.g. alcohol overdose or alcohol-associated injury) or to others (e.g. through drink driving) and a range of longer-term problems linked to early drinking onset (Foxcroft, et al., 2003).

Weekly drinking can be used as an indicator of regular alcohol consumption and HBSC data show that significant numbers report drinking this frequently, the proportions being fairly similar for boys and girls, rising with age group (Figure 13). The proportions drinking weekly have declined substantially in recent years, after peaking in the late 1990s and early 2000s. Taking the example of year 11 pupils (aged 15 to 16), 57% of boys and 45% of girls reported drinking weekly in 1998, the proportions falling to 14% of boys and 12% of girls by 2013/14.

Figure 13: Percentage reporting weekly drinking by school year, Wales, 2013/14



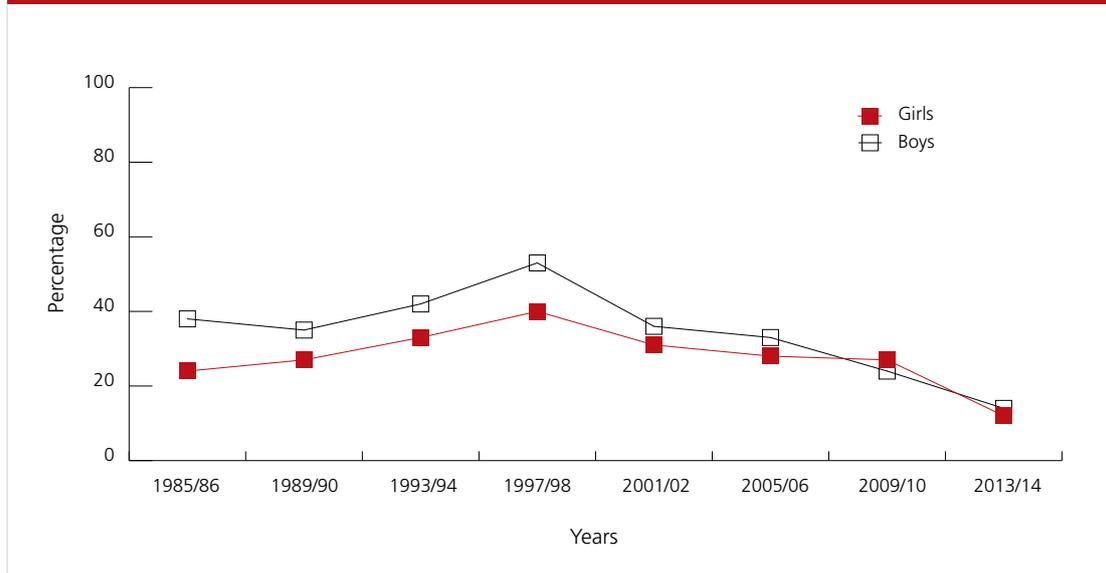
Source: HBSC (2013/14)

An attempt to assess the volume of alcohol consumed was introduced to the 2013/14 HBSC study, providing young people with a definition of a single drink¹⁶. The resulting data show that almost one in five (17%) pupils in school years 7 to 11 (aged 11 to 16) report consuming at least five drinks on a typical day when they drink.

It is also possible to use drunkenness as a proxy measure for large amounts being consumed on a single occasion. As seen in Figure 14, the proportions reporting drunkenness among year 11 pupils (aged 15 to 16) have also fallen in recent years, to their lowest point since data collection began. Further analysis shows that among year 11 pupils (aged 15 to 16) who had been drunk at least once in their lifetime, 22% of boys and 18% of girls reported first being drunk at age 13 or younger. This is particularly important considering that the initiation of alcohol use in early adolescence has been related to an increased risk of adult alcohol dependence (see for example Grant and Dawson, 1997; Guttmanova et al. 2011; Maimaris and McCambridge, 2014).

¹⁶ Respondents were provided with images of drinks, with the following definitions of a standard drink: 330ml beer – small can; 140ml wine – slightly larger than a small glass of wine; 80ml sherry/liqueur – small sherry glass; and 40ml spirits – shot glass.

Figure 14: Percentage reporting drunkenness four or more times in their life time, year 11 pupils, Wales, 1985/86 to 2013/14



Source: HBSC (1985-2014)

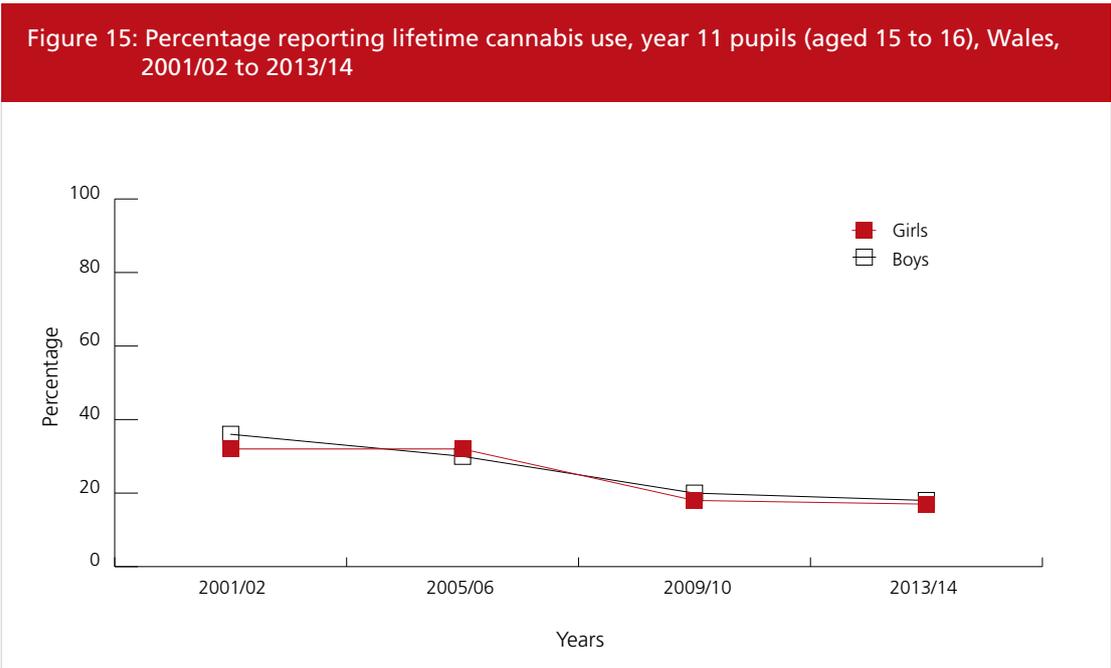
In contrast to other risk behaviours, most recent data still show that young people from more affluent backgrounds are more likely to report drunkenness four or more times in their lifetime. They are also more likely to report weekly drinking. Among 16- to 24-year-olds, WHS data show that two in five young men (39%) and three in 10 young women (29%) report drinking at least weekly, with similar proportions (38% of men and 34% of women) reporting that they had drunk above recommended daily guidelines on at least one day in the last week.

Referrals to treatment for substance misuse are recorded on the Welsh National Database for Substance Misuse (WNDSM: Smith and Emmerson, 2014). The number of referrals to substance misuse treatment services for alcohol misuse by under-20s has continued the decline highlighted in previous years. Over the last five years (2009/10 to 2013/14), alcohol referrals in this age group have fallen by 63% (from 1,399 to 516 referrals). Hospital admissions with an alcohol specific primary diagnosis have continued to fall among young women aged 0- to 24-years-old (0-14, 15-19 and 20-24 age groups) since 2011/12, although this is more varied for young men, with evidence of an upturn in 2013/14 after a fall in recent years.

Drug use

The HBSC study has included questions on drug use for a number of years. In 2013/14, the most commonly used drug among those in school years 7 to 11 (aged 11 to 16) was cannabis (7%), followed by glue, gas, aerosols or solvents, cocaine, mephedrone, magic mushrooms and poppers (1% for each). The proportions reporting cannabis use in their lifetime ranged from less than 0.5% among pupils in school year seven to 17% among those in school year 11 (aged 15 to 16).

Adolescent cannabis use has been linked to short and long-term psychological problems and the potential for dependence in adulthood. In common with tobacco and alcohol use, HBSC data show the proportions reporting cannabis use have fallen over the last decade (Figure 15). Referrals to treatment services among the under-20s for cannabis use have increased by 16% since 2009/10 to 1,089 referrals in 2013/14. Referrals for cannabis are far higher than for any other substance. This is consistent with hospital admissions data. There has also been a slight increase in referrals for mephedrone, a decline in heroin referrals and little change for cocaine (Smith and Emmerson, 2014).



Source: HBSC (2001-2014)

4.3 Health of children in need

According to the most recent data available through the Children in Need (CiN) census¹⁷, there were 20,145 children in need in Wales in 2014; 2,415 on the Child Protection Register (CPR), 5,675 looked after children (including 240 also on the CPR) and 12,055 other children in need (i.e. children in need not looked after or on the CPR). These numbers include only those children whose case had been open for three months or more at the census date of 31st March 2014. The most common reasons for being defined as in need were abuse or neglect (51%), a child’s disability or illness (17%) and family dysfunction (14%).

The information collected for each child covered mental health, substance misuse, health surveillance, dental checks and immunisation. Data are summarised below, with a focus on 10- to 20-year-olds given the coverage of younger age groups elsewhere.

¹⁷ The Children in Need census collects information that measures the characteristics and attributes of children in need and their parents, submitted by local authorities. Data can be accessed at: <http://gov.wales/statistics-and-research/wales-children-need-census/?lang=en>.

Approximately one in 10 (11%) children in this age group had mental health problems, while one in 12 (8%) had a substance use problem. Further analysis of children in all age groups showed that for 29% of those children with a mental health problem, a parental mental health issue was also recorded, while parental substance/alcohol use or domestic abuse was recorded for 21% of these children. A parental substance/alcohol use problem was also recorded for 38% of children with a substance use problem. At least one of the parents was associated with mental health issues for 28% of these children. Similarly, domestic abuse problems were recorded for at least one of the parents for 26% of these children.

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Chapter 5

Access to play, sport, leisure and culture

This chapter focuses on Core Aim 4 of the Welsh Government's aims for children and young people in Wales. This states *'that all children should have access to play, leisure, sporting and cultural activities'*. So this chapter reports on each of these four aspects:

- Play
- Leisure
- Sport
- Culture

5.1 Play

The Welsh Government defines play as: *'children's behaviour which is freely chosen personally directed and intrinsically motivated. It is performed for no external goal or reward, and is a fundamental and integral part of healthy development – not only for individual children, but also for the society in which they live'* (Welsh Assembly Government, 2002).

The definition above suggests that play is any activity that is undertaken for the sole reason of enjoyment, and that it is an important part of children's development. There are many reported physical, psychological and social benefits of play for the child in early years development (Goldstein, 2012), and in adolescence (Przybylski, 2014). Also, for play to have the maximum developmental benefit, a wide range of play choices need to be made available (Goldstein, 2012).

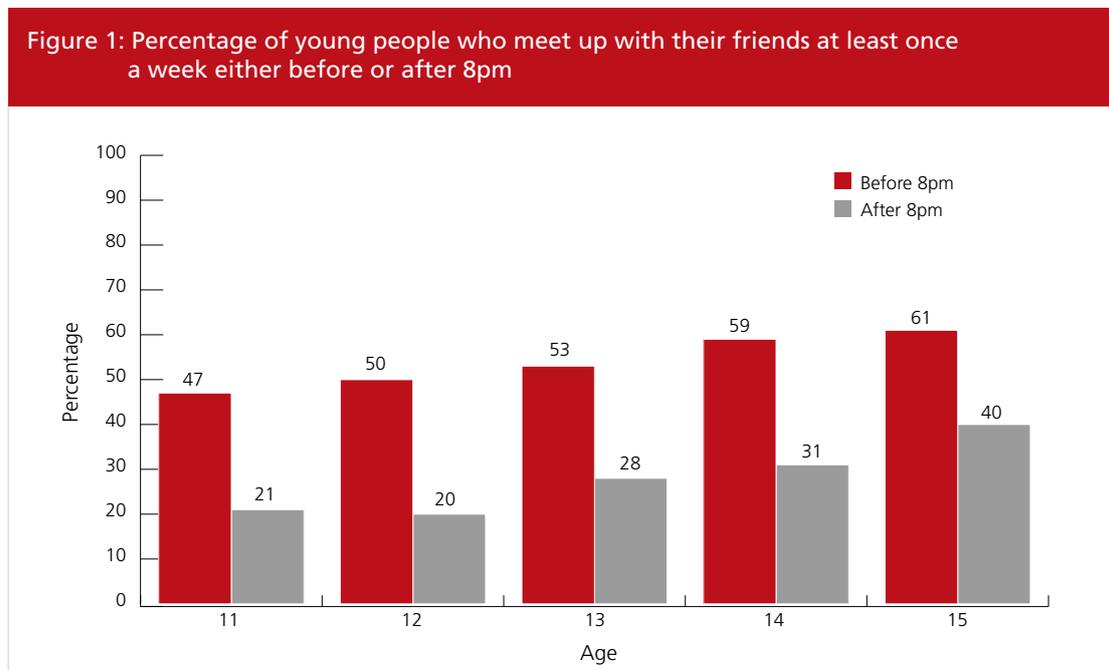
The impact that age makes on play choices is clearly visible, as the play activities undertaken by young children are very different to those of adolescents or young adults. In early years, play is more controlled by those around the child (e.g. parents), and is focused towards exploration. However, as the child gets older they are able to make their own play choices and can start to control their own environment, e.g. through the building or changing of what is found in their surroundings.

In addition to the role of age, gender can also influence play choices. It is often noted that boys tend to have higher levels of physical activity in their play choices, and are more likely to be drawn to objects which involve movement (e.g. vehicles), whereas girls are more likely to adopt more social activities (Goldstein, 2012). The suggested causes for this gender difference include both socialisation and innate preferences (Goldstein, 2012).

Lastly, there is a recognised need for sufficient play choices, and that the range of play choices can have an impact on the child's development. For example, the Children and Families (Wales) Measure 2010 states that *'a local authority must secure sufficient play opportunities in its area for children, so far as reasonably practicable'*.

Results from the National Survey for Wales¹ (NSW) (2014/15) suggest that less than half of parents are satisfied with the available play spaces in their local area. Parents with children aged 11 or under reported a lack of suitable outdoor public places (82% of parents), while parents with children aged 11 to 15 also reported a lack of indoor spaces (78%) and clubs/organised activities (64%)².

The majority of young people report that they spend some of their free time with friends, either just 'hanging out' or doing specific activities. Data from the 2012 wave of the Millennium Cohort Study (MCS, 2012)³ suggests that 87% of 11-year-olds spend time with their friends outside of school at least once a week. Data from the Health Behaviours of School-aged Children (HBSC)⁴ suggests that as young people move through secondary school they are more likely to meet up with their friends after school, especially late in the evenings. The HBSC (2013/14) indicates that, 15-year-olds are twice as likely as 11-year-olds to meet up with their friends after 8pm at least once a week (see Figure 1).



Source: HBSC (2013/14)

The MCS (2012) study provides data on the numbers of 11-year-old children who play with their parents; 42% play active games with their parents at least once a week, and 53% play indoor games.

¹ The National Survey for Wales is a continuous survey of adults in Wales aged 16 and over. It has a nationally representative sample of 14,500 each year. Data accessible at: <https://statswales.wales.gov.uk/Catalogue/National-Survey-for-Wales>.

² Data accessed via: <https://statswales.wales.gov.uk/Download/File?fileId=475>.

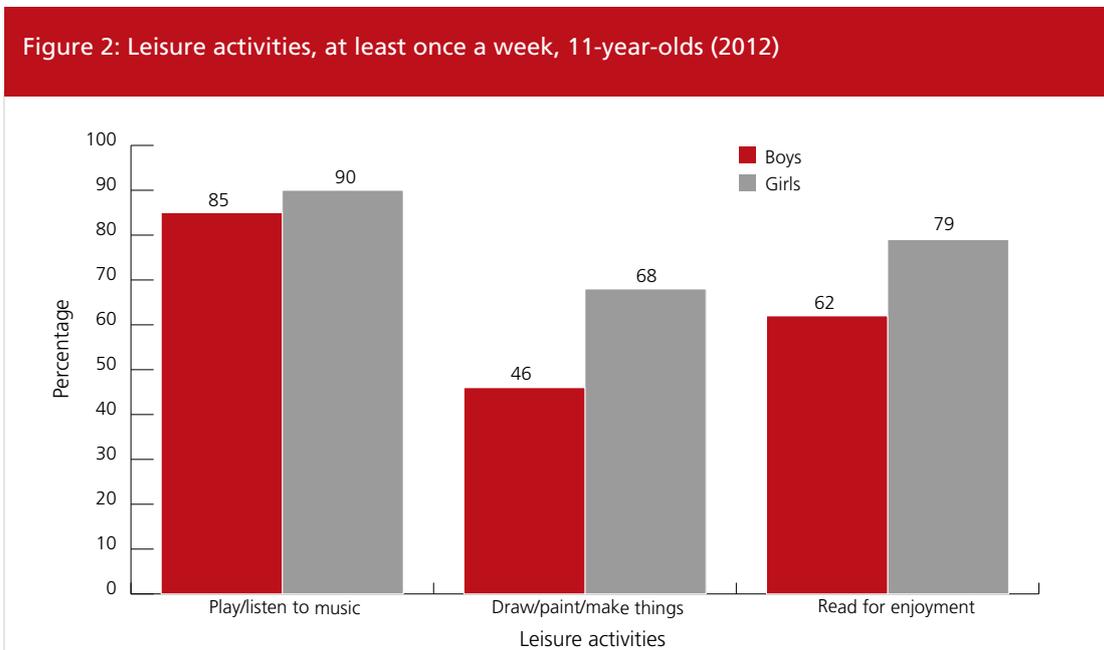
³ The Millennium Cohort Study is a longitudinal study which tracks the development of children born in 2000. It has a Welsh sample size of 2,799. For more information on the study please see <http://www.cls.ioe.ac.uk/page.aspx?sitesectionid=851> For data retrieval please visit <http://discover.ukdataservice.ac.uk/series/?sn=2000031>.

⁴ The HBSC study is an international survey of children in secondary school (aged 10 to 15). In Wales it has a sample size of 9,055. Data for this report is taken from the 2013/14 survey. More information at: <http://www.hbsc.org/>.

5.2 Leisure

For the purpose of this report, leisure-time activities are defined as time spent not working⁵, and where enjoyable activities are pursued. However, this is distinct from play, as these activities may not necessarily be freely chosen, intrinsically motivated or performed with no reward or goal in mind. For example, social media has become a large part of adolescents' free time use, but can be determined by social pressures and young people may have a specific goal in mind when engaging in social media.

The MCS (2012) data suggests that of those 11-year-olds surveyed, most will listen to or play music most days (62%), over a third read for enjoyment (39%) and just over a quarter will draw, paint or make things (25%). Of these two latter activities, there is a considerable gender gap, with the data suggesting that females undertake higher levels of both activities than males (see Figure 2).



Source: MCS (2012)

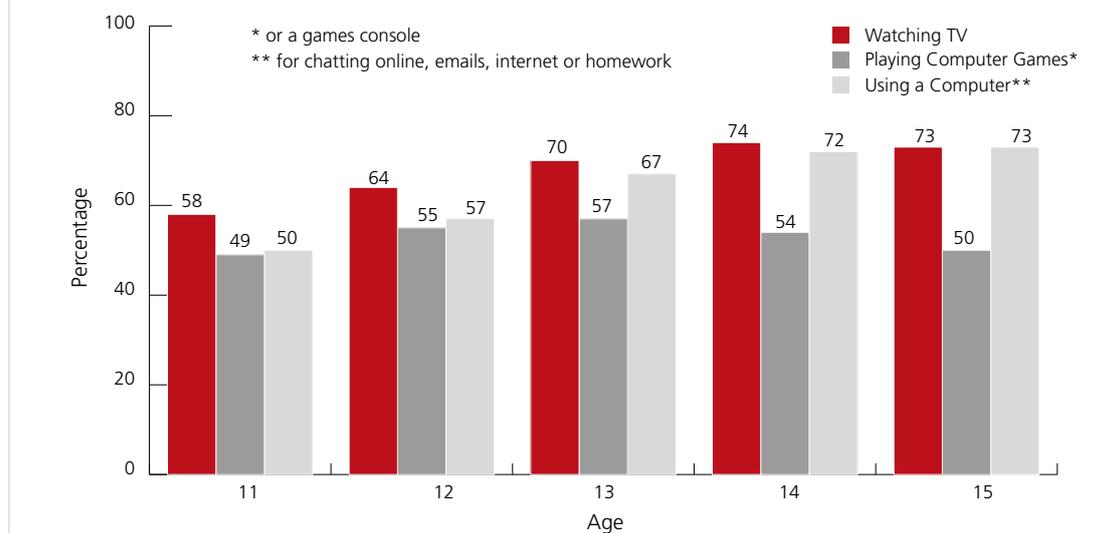
⁵ To clarify, 'time not working' when applied to children would refer to primarily schoolwork; housework; or some paid work.

Electronic Media Use

The HBSC (2013/14) suggests that 4% of 11- to 16-year-olds will not watch TV or use a computer daily after school, with 14- to 16-year-olds being more likely to watch TV and/or use a computer than 11- to 12-year-olds. Levels of young people playing computer games and using a computer for at least two hours each weekday evening have increased for ages 11 to 16 since 2009/10 by 8 percentage points, while levels of watching TV have remained relatively stable.

As shown in Figure 3, the proportion of children frequently watching TV and using a computer increases between the ages of 11 and 15; while the proportion of children frequently playing computer games appears to peak at around 13 years of age and then decrease a little at the ages of 14 and 15.

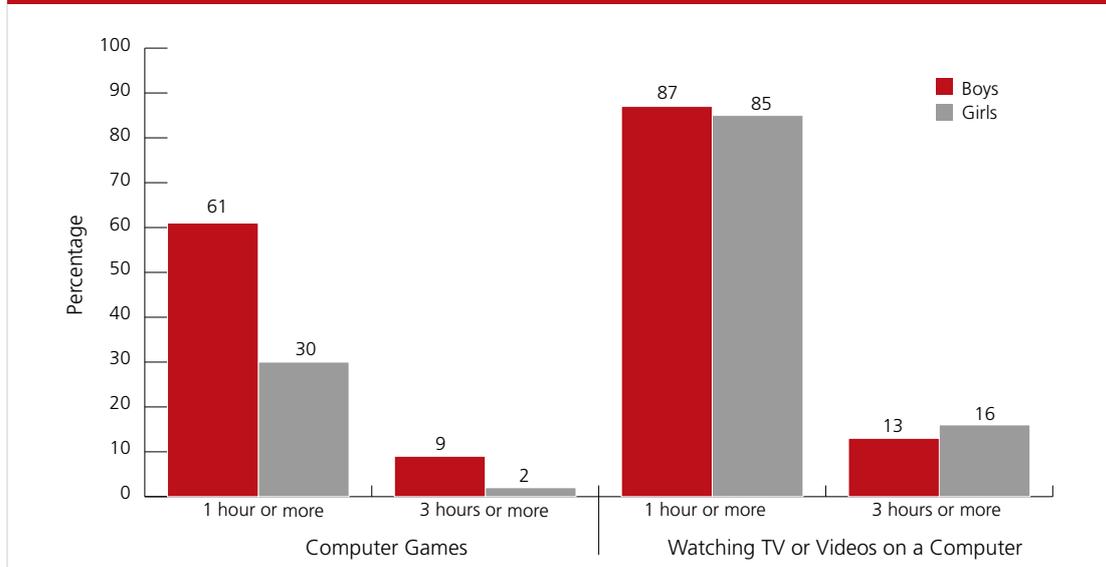
Figure 3: Percentage of young people spending at least two hours watching TV, playing computer games or using a computer on weekdays outside of school, Wales



Source: HBSC (2013/14)

The MCS (2012) data suggests that nearly two-thirds (57%) of 11-year-olds surveyed will play computer games most days, and nearly half (45%) of parents report their child will play computer games for one or more hours a day. There is a considerable gender difference in the average amount of time spent on computer games daily, as 61% of males spend more than an hour on computer games, whilst 30% of females will do the same (see Figure 4).

Figure 4: Percentage of 11-year-olds playing computer games, watching TV or videos on a computer (2012), based on parental reports



Source: MCS (2012)

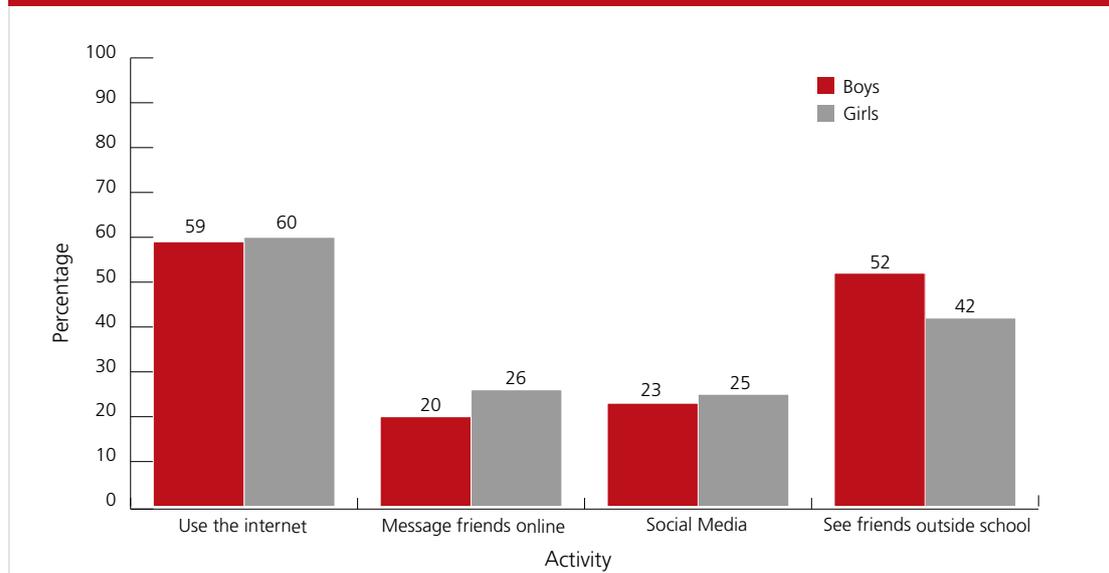
This gender difference is not found when considering other electronic device use, such as watching TV. In fact, the HBSC (2013/14) data suggests only a small gender difference in TV watching; 83% of females and 87% of males reporting at least one hour each weekday evening.

Internet Use and Communication

Data from the MCS (2012) suggests that the majority of 11-year-old children use the internet for any purpose most days (59%), and over a third will use social media (24%)⁶ or message friends (23%). Figure 5 shows how males and females vary, so that males were more likely to see friends outside of school, and females had slightly higher levels of using the internet specifically for socialising through online messaging and social media.

⁶ Facebook, the most popular social media website, has an age restriction of 13, and Twitter is restricted to those 16 or older.

Figure 5: Percentage of 12-year-olds who reported the following activities



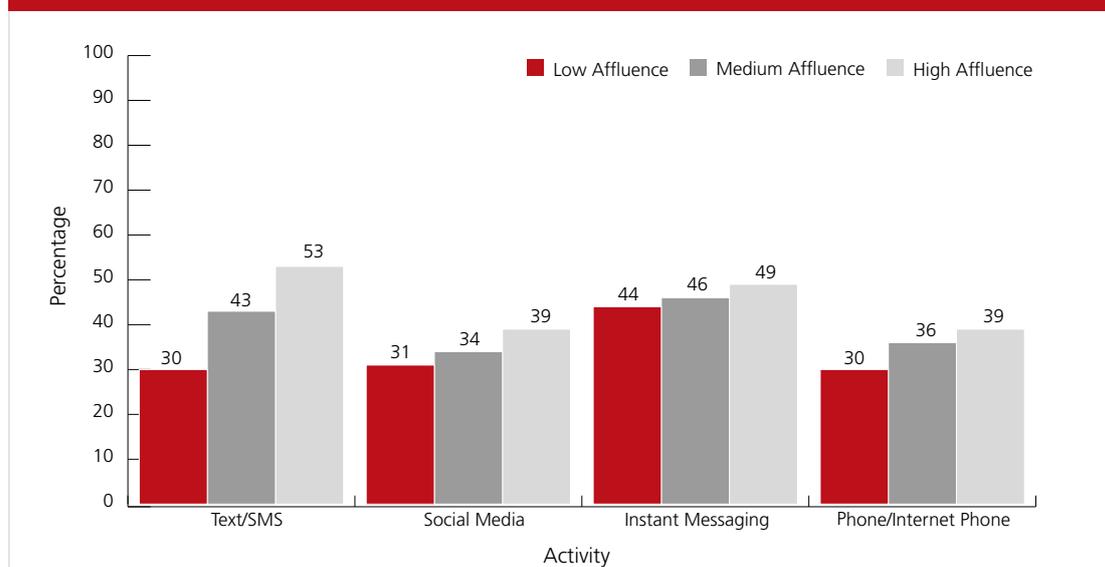
Source: MCS (2012)

The MCS (2012) also found that two-thirds of those who message their friends over the internet most days will also spend time with their friends after school most days (66%). In fact, children who message their friends online more are also more likely than those who don't use online messaging to see their friends outside of school, suggesting that social interaction for this group of children is not restricted to a single medium. However, long periods of time spent on social media websites has been associated with increased emotional difficulties, with children who spend three or more hours a day on social media reporting significantly more difficulties than those who spent less time on them (ONS, 2015).

The HBSC (2013/14) data suggest that, for children aged 11 to 16, the most common methods for communicating with friends are instant messaging and text/SMS, with 48% making use of them daily. However, the use of these communication methods is related to family affluence⁷, with those in more deprived families making less use of text and social media (see Figure 6).

⁷ Family affluence in the HBSC data is derived from a number of variables found to be highly correlated with family affluence. See Currie, et al. (2008) for more information.

Figure 6: Percentage of 11- to 16-year-olds who make use of communication methods daily by family affluence⁷ (2013/14)



Source: HBSC (2013/14)

The NSW (2013/14)⁸ found that 98% of those aged 16 to 24 made personal use of the internet, and that of these 94% made use of the internet at home. The most common devices used for internet access are mobile devices, such as smartphones or laptops, with usage being 79% and 71% respectively.

Outdoor Activities

The Welsh Outdoor Recreation Survey⁹ (2014), reports on all activity undertaken by people in outdoor settings. The data from this survey suggests that for young people aged 16 to 24 the most common activities include walking (95%), running (62%) and sightseeing (67%). Young people reported more visits in a year than older adults, with an average of over 18 visits in the year¹⁰.

The locations for these activities are most likely to be woodland (57%), hills or mountains (57%), roadside pavements or tracks (51%) or local open space (48%). Young people aged 16 to 24 are less likely to travel further distances to reach these locations but stay longer than other adults.

Young people aged 16 to 24 engaging in outdoor activities are more likely to perform activities which raise their breathing rate or make them out of breath (i.e. moderate and vigorous physical activity) than older adults. The most common reported reason for visiting the outdoors is for pleasure and enjoyment (20%), with the next most common reasons being for health and exercise (18%) and exercising their dog (12%).

⁸ Data accessed via <https://stats.wales.gov.uk/Download/File?fileId=401>

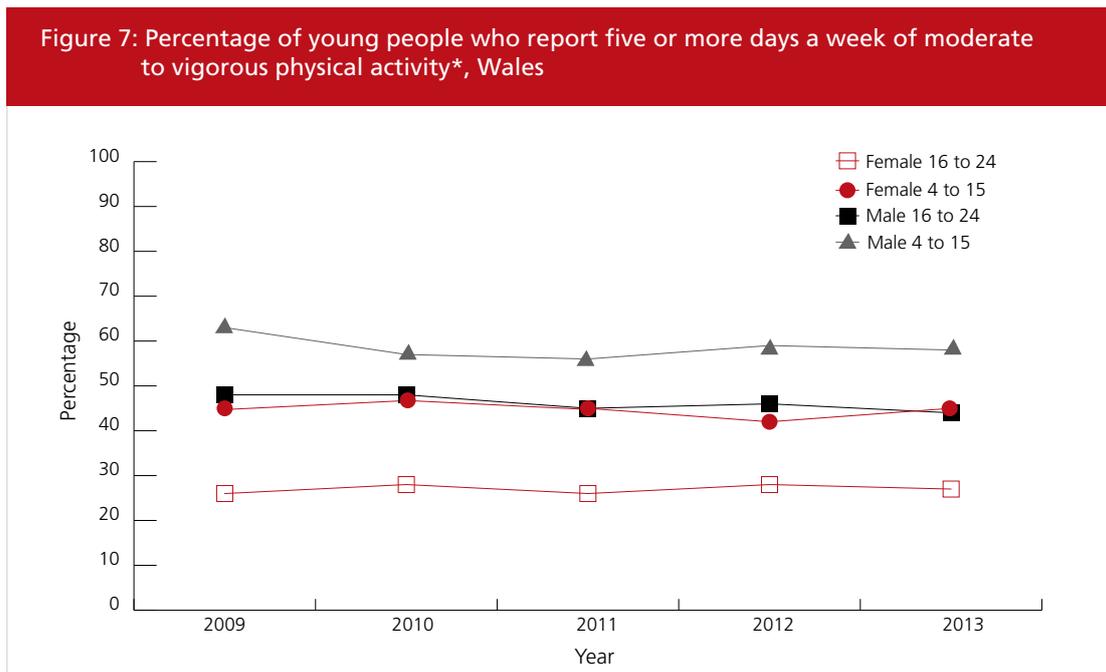
⁹ The Welsh Outdoor Recreation Survey measures participation in outdoor activities in Welsh adults aged 16 and over. It has a sample size of 5,995, of which 254 were aged 16 to 24. There is currently no data collection specifically for outdoor recreation in children under the age of 16. Data accessed at: <https://naturalresources.wales/our-evidence-and-reports/welsh-outdoor-recreation-survey/?lang=en>.

¹⁰ This result only included those who had visited the outdoors some time in the last four weeks.

The majority of young people visited the outdoors with other people, rather than alone, with only 30% reporting their last outdoor visit was alone, and 61% reporting being with either friends or family. They are also more likely than older adults to visit the outdoors in larger groups, with the average group size being over seven individuals, and with most groups having one or more children (under the age of 16) included.

5.3 Sport and other physical activity

Current guidelines for children aged five to 18 are that they should engage in at least an hour of moderate physical activity every day. It has also been reported that engaging in exercise at least once a week during free time is likely to result in higher levels of children’s subjective wellbeing (Konu, et al., 2002). The Welsh Health Survey (2013)¹¹ results suggest that only 35% of children aged four to 15 are achieving the recommended levels, with physical activity levels higher for males than females. Figure 7 shows how the levels of physical activity for young people appear to have been relatively stable over the last five years, with younger children and males consistently reporting higher levels of physical activity.



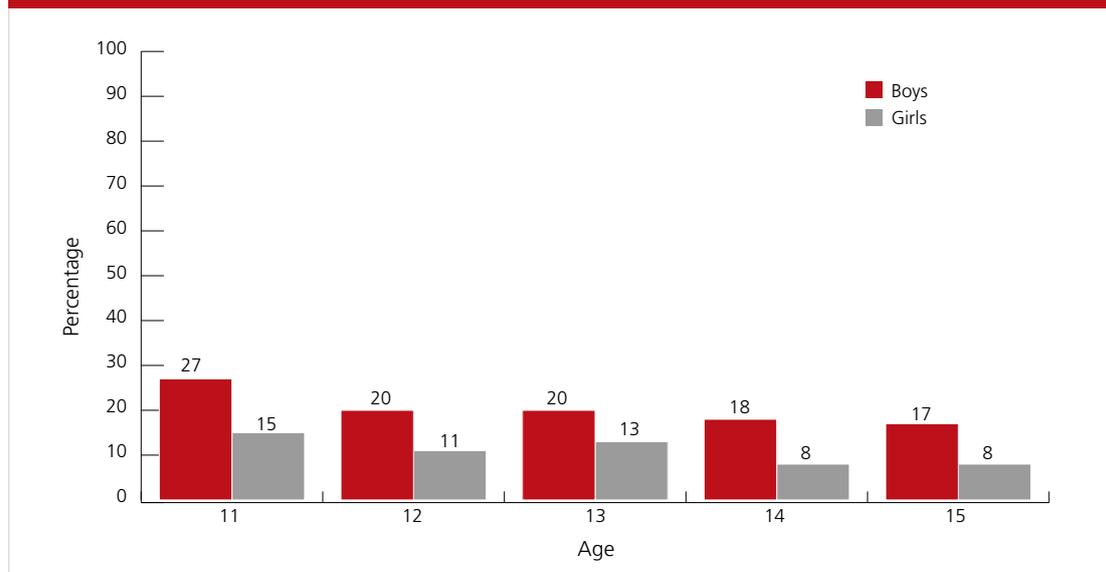
Source: *Welsh Health Survey (2009-13)*

* The data for those aged four to 15 is based on at least an hour of physical activity on five or more days but the data for those aged 16-24 is based on them completing at least half an hour on five or more days as per recommendations for adults

¹¹ Data accessed at: <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>.

During the course of secondary school (age 11 to 16), physical activity levels appear to steadily decrease. The Health Behaviour of School-aged Children (HBSC) 2013/14 reported that on average 21% of 11-year-olds will engage in at least 60 minutes of physical activity everyday, but by the age of 16 this has dropped to only 12% (see Figure 8). Levels of physical activity were higher among boys than girls at all ages between 11 and 15.

Figure 8: Percentage of young people who report at least one hour of moderate to vigorous physical activity daily, Wales



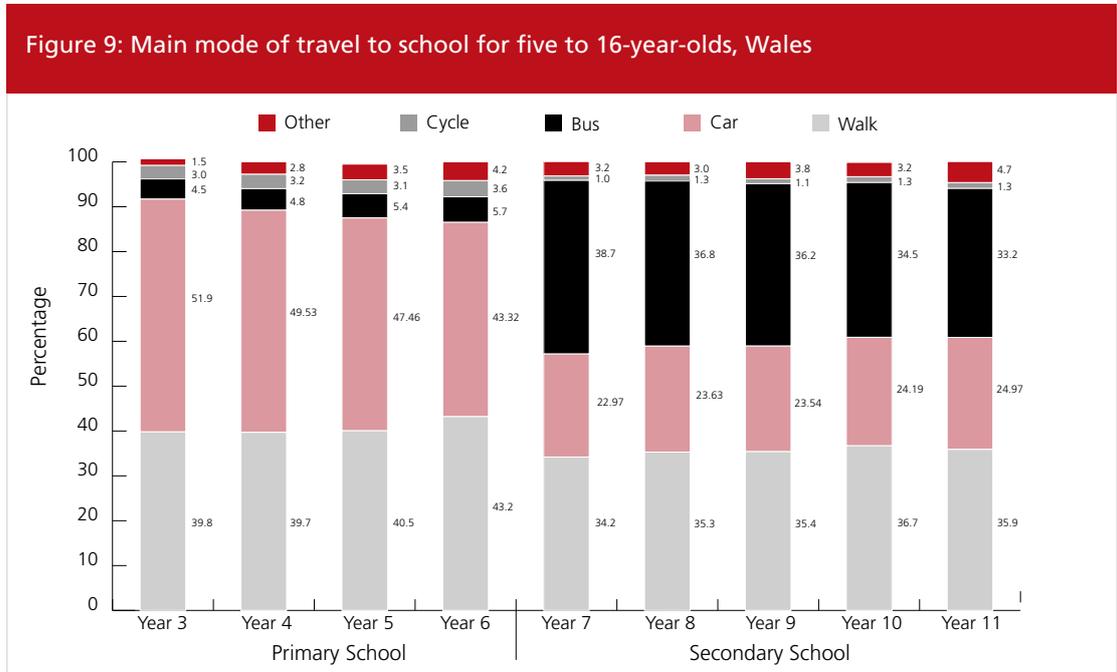
Source: HBSC (2013/14)

Travel to and from school

Another part of a child's physical activity is the mode of transport used to get to school. The National Travel Survey (2011/12)¹² reports that nearly half of children (aged five to 16) walk to school. There are also some gender differences, with females more likely to walk than males, and males more likely to use a bicycle than females (Department for Transport, 2012).

¹² Data accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270425/nts2012-all-files.zip

The School Sports Survey (2013)¹³ reported that the method used for travelling to school changes between primary and secondary school. In primary school roughly 41% of children walk to school, 48% go by car and only 5% take the bus. However, for secondary school-aged children, 36% walk, 24% go by car and 36% take the bus (see Figure 9).

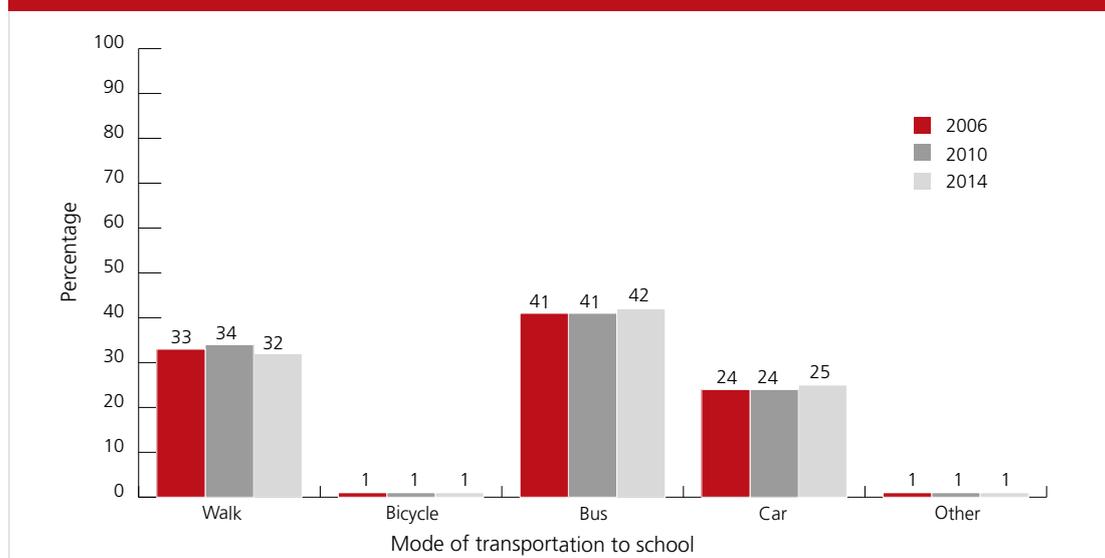


Source: School Sports Survey (2013)

These results are supported by the HBSC (2013/14) findings for Wales with roughly a third of secondary school-aged children either walking or cycling to school (32%) or from (39%) school. Levels of active travel are higher for children who come from disadvantaged families, with 48% of those coming from disadvantaged families reporting they will walk or cycle to school. Figure 10 shows that the levels of active travel have remained relatively constant over the last eight years.

¹³ Data accessed at: <http://www.sport.wales/research--policy/surveys-and-statistics/statistics.aspx>

Figure 10: Travel to school, 11-year-olds, Wales



Source: HBSC (2006-2014)

Sporting Participation

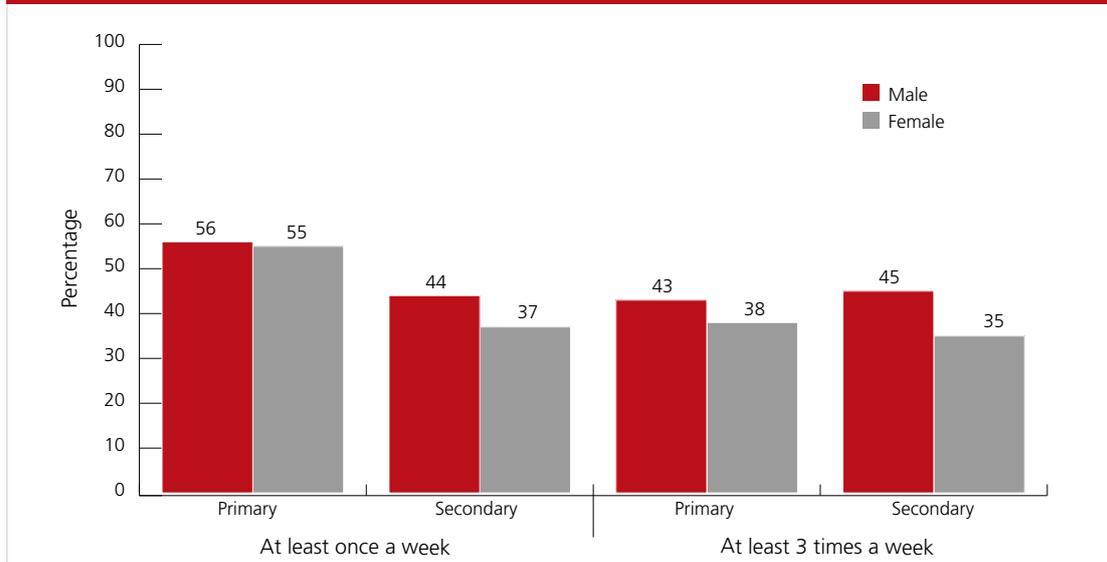
Sport also plays a large part of a child's physical activity levels and the Department for Culture, Media and Sport (DCMS) Taking Part survey¹⁴ (2012) reports that individuals who participate in sport are more likely to have higher levels of subjective happiness. The School Sports Survey¹⁵ (2013) found over half of primary school children report participating in some extracurricular sport at least once a week. However, on average only around 40% of secondary school children participate in weekly extracurricular sports.

There also appears to be a gender difference in sporting participation, which is greater for secondary school children. In 2013, 49% of males and 45% of females aged five to 16 participated in extracurricular sports at least once a week. However, for secondary school-aged children this difference increases to 44% and 37% for males and females respectively (see Figure 11). The gender gap may be explained by the priorities placed on sport in leisure time. The School Sports Survey (2013) found that males place a higher priority on sport than females, with over 40% of boys choosing sport over other leisure activities, compared to 15% of girls reporting the same.

¹⁴ The Taking Part survey collects data on many aspects of leisure, culture and sport in England, as well as an in-depth range of socio-demographic information on respondents. The sample for those aged 11 to 15 was roughly 1,800.

¹⁵ The School Sports Survey collects data on school sport, wellbeing and young people's participation in sport. The total sample is almost 110,000 children aged seven to 16, i.e. school years 3 to 11.

Figure 11: Percentage of primary and secondary school-aged children participating in extracurricular sporting activities



Source: School Sports Survey (2013)

The Sport Wales survey also provides data on the difference in sport participation according to levels of deprivation. It was found that children in schools where more children were eligible for free school meals, were less likely to regularly participate in sport (at least three times a week), and had less access to swimming pools and leisure centres. A similar pattern is found for children with a disability, or who come from an ethnic minority background.

The Millennium Cohort Study (2012) data suggests that when outside school approximately, 60% of 11-year-olds will participate in some form of sport or active games most days. However, when asked to be more specific, only 8% of the 11-year-olds reported participating in sport or exercise on five or more days a week, 47% reported participating at least twice a week and 29% reported never engaging in any sport or exercise outside of school.

A Sport Wales study was undertaken to explore the factors which may influence a young person's participation in sport (Brightpurpose, 2012):

The report identified several barriers for participating in sport. It concluded that many of the same factors affect both males and females, but that the change in social habits (e.g. females avoiding activities that may make them sweaty) that occurs when moving from primary to secondary school is greater for females.

"Once they got interested in hair and makeup, they didn't want to play netball at lunchtime any more. They didn't want to mess up their hair and go back to class red in the face and sweaty"
(female, 17-21)

"I started smoking and it hit my fitness. My coach went mad with me, so I stomped off the pitch. That was it. I had a teenage strop and never went back"

(female, 17-21)

The study also found that outside influences, such as having the time, or lack of fitness, can prevent young people from participating in sport.

"In PE it's not like we're playing in a cup match but some people take it so seriously and are so competitive – it really takes any fun out of it"

(male, 14-16)

"I used to play for the school badminton team but I couldn't find a club to join after I left school"

(male, 17-21)

"We have to travel over an hour for a home match, because there's no decent pitch nearby. There's nowhere you can play on a proper pitch"

(female, 17-21)

"After I've finished college, I work as a waitress. It keeps me fit, on my feet all night, but there isn't time for anything else"

(female, 17-21)

"I really wish I could get back into it. I tried running with a friend, but I was so out of breath that I couldn't do it. I'm not fit enough anymore, so I don't feel that I could do it again"

(female, 17-21)

The reasons for participating in sport were also explored. The main factors found by the study, which encourage participation and keep young people engaged in sport, appear to be the positive influence of parents, fun, socialisation and variety:

"I look up to my dad because he used to play... he comes to all my matches and I love it when he sees me playing"

(male, 14-16)

"It was my parents that got me trying different sports – they've always been in to sports"

(female, 14-16)

"None of my family are sporty. They just weren't interested. But it was all I wanted to do. I did two paper rounds to pay for my kit and club fees. I had to walk everywhere. I had to be so determined"

(female, 17-21)

"When you've had a really tough training session and you're really feeling it, you know you've worked hard and it just makes you feel good"

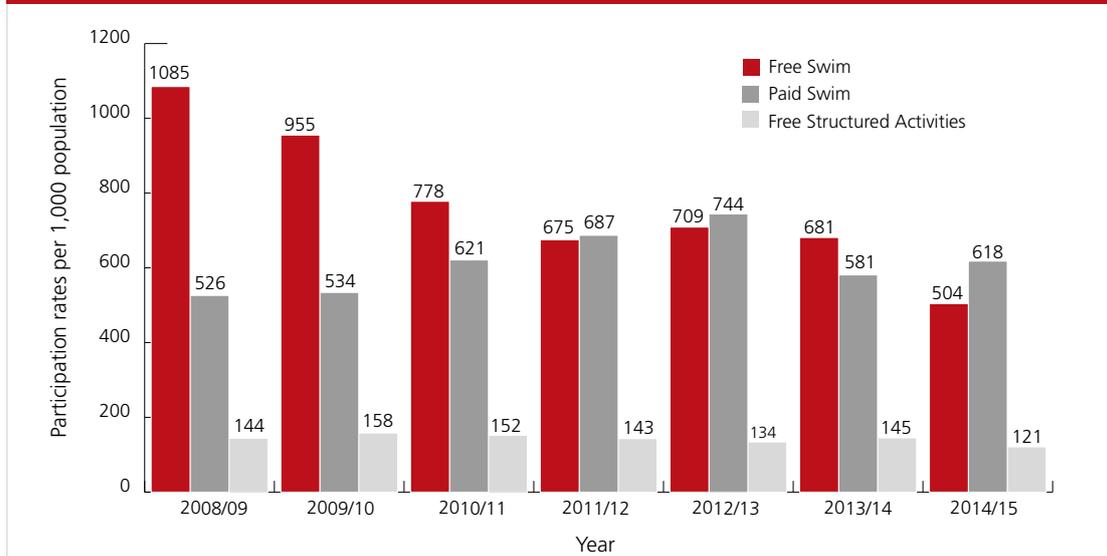
(male, 14-16)

Data from the Active Adults survey (2012)¹⁶ found that 56% of 15- to 24-year-olds had participated at least three times a week in some kind of sporting activity (formal and informal) and nearly 87% had participated in sport or some kind of active recreation in the last four weeks. This is higher than was found in the equivalent question in the 2008/09 survey, where only 73% reported having participated in sport or active recreation in the last four weeks.

Free Swimming

Children and young people aged 16 or under are eligible for free swimming at their local swimming pool as part of the Welsh Government's Free Swimming Initiative¹⁷. During school holidays, those aged 16 and under are allowed free access to any publicly-owned swimming pools. Use of this initiative has declined in the last few years, and the number of free swims is now roughly the same as the number of paid swims¹⁸. The total number of free swims dropped from 650,000 in 2008/09 to 297,000 in 2014/15¹⁹, but the number of paid swims (during school holidays) has not dropped at the same level, suggesting uptake of the initiative has decreased at a higher rate relative to the overall demand for swimming (see Figure 12).

Figure 12: Number of visits recorded for free public swims, structured activities and paid swims (per thousand of population) for ages 16 and under



Source: *Sports Wales (2008-14)*

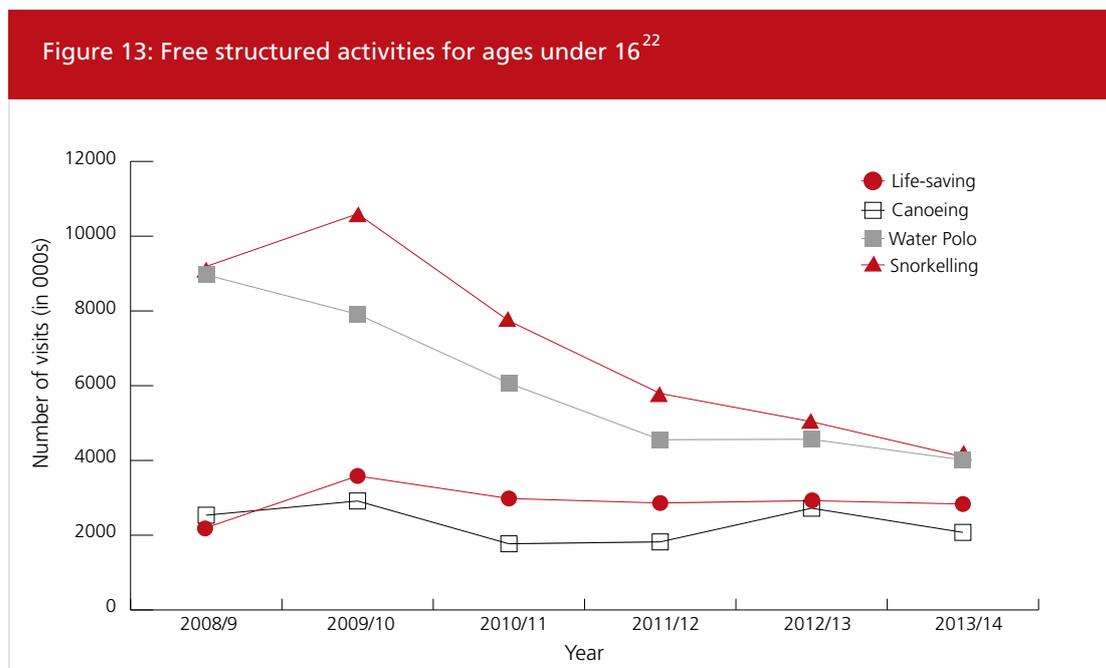
¹⁶ The Active Adults survey collects information on sports participation, club membership and volunteering in sport for individuals aged 16 and over. The sample for 2012 was roughly 13,000. Data accessed at: <http://www.sport.wales/research--policy/surveys-and-statistics/statistics.aspx>.

¹⁷ See <http://gov.wales/topics/cultureandsport/sportandactiverecreation/freeswimming/?lang=en>

¹⁸ Paid swims are the number of young people up to the age of 16 who paid for their swim, rather than making use of the free swimming initiative. The reasons for not using initiative are unknown. See <http://www.dataunitwales.gov.uk/SharedFiles/Download.aspx?pageid=79&mid=459&fileid=1054> for more information.

¹⁹ These are the absolute numbers. The graph in Figure 12 shows number per 1,000 population.

There has also been a steady decline in the levels of other structured swimming activities²⁰. Within the Free Swimming Initiative, activities such as snorkelling, water polo, canoeing and life-saving lessons are also available. Figure 13 shows that between 2008/09 and 2013/14, levels of these activities declined by 19% for canoeing and 55% for water polo and snorkelling. However, life-saving participation²¹ has remained steady at around 2,900 since 2010/11.



Source: *Sports Wales (2008-14)*

The data on free and paid swimming is collected in order to monitor the Free Swimming Initiative, and so those over the age of 16 are not included in this data collection. However, the Sport Wales surveys provide some statistics of participation in swimming. The School Sports Survey (2013) found that 42.5% of young people up to the age of 16 reported participating in swimming outside of school in the last year. However, the Active Adults (2012) results found that 15.7% of adults reported swimming in the last four weeks and 11.0% of 15- to 24-year-olds are members of a swimming club.

²⁰ Structured swimming activities are any activity which is included in the Free Swimming Initiative, and is a specific activity, such as swimming lessons, snorkelling and water polo.

²¹ The Free Swimming Initiative includes participation in life-saving training as part of the structured activities on offer.

²² Free swimming and activities are available only to those up to the age of 16.

5.4 Culture

Cultural activities can play an important role in children's upbringing, and can be a valuable leisure time activity. In fact, it has been found that participating in arts and cultural activities can have a range of positive effects on young people, including improved self-confidence, healthy behaviours and increased levels of physical activity (Bungay & Vella-Burrows, 2013). Also, DCMS report that young people aged 16 to 24 have higher levels of subjective happiness if they have any engagement in cultural activities (Department for Culture, Media & Sport, 2012).

In this section we consider evidence on arts attendance at a range of cultural activities and also participation in artistic and cultural activities.

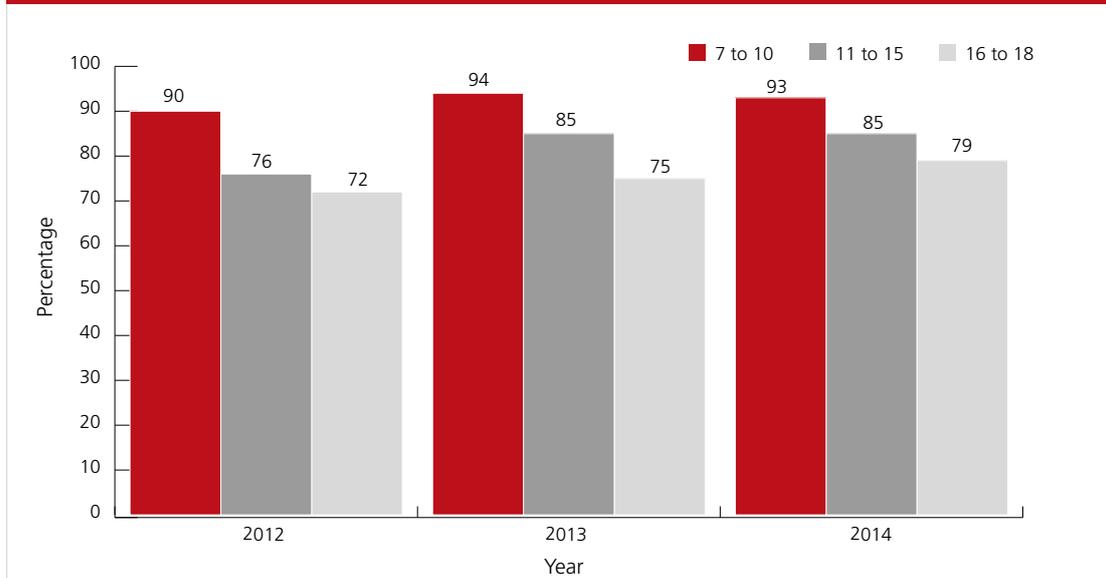
Arts attendance

The Arts Council of Wales describes nine art forms which constitute the range of cultural activities available for children and young people to attend. These are:

- Plays
- Musicals
- Opera
- Classical Music
- Other Live Music
- Dance Performances
- Art or Craft Gallery or Exhibition
- Readings, Storytelling and other Literary Events
- Carnivals and Street Arts

According to the Children's Omnibus survey (Arts Council of Wales, 2015), 86% of children aged seven to 18 reported attending at least one of these arts events in the previous year. Younger children are more likely than older children to attend arts events, with 93% of 7- to 10-year-olds and 79% of 16- to 18-year-olds attending (see Figure 14). The majority of these attendances (73%) were organised in children's own time, rather than in school time.

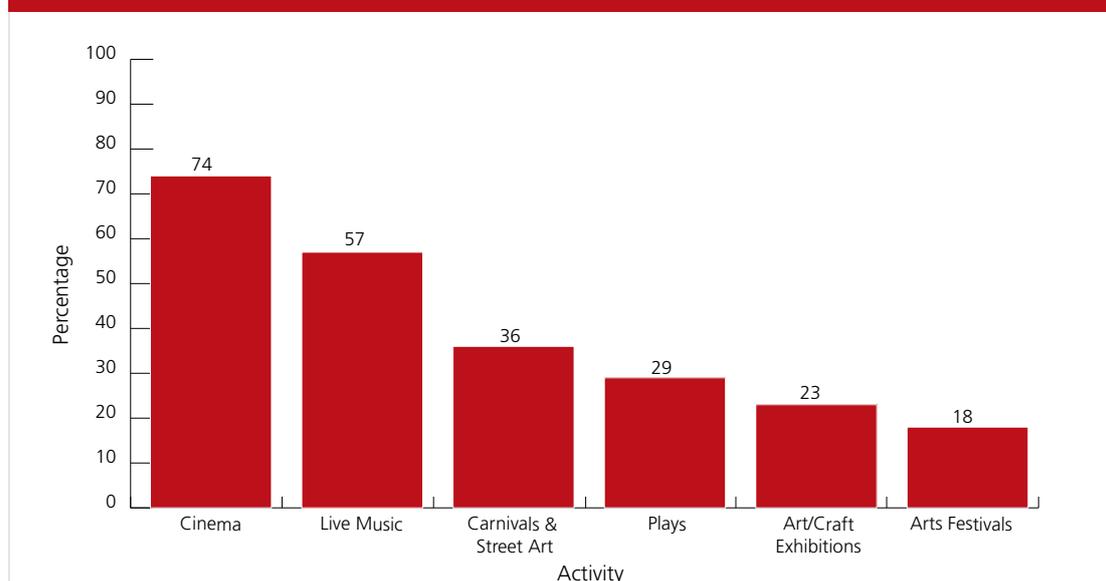
Figure 14: Percentage of children aged seven to 18 attending arts events



Source: *Children's Omnibus Survey (2012/14)*

The range of activities reported on by the Arts Council of Wales, for 16- to 24-year-olds, is greater than that of 7- to 18-year-olds, with activities such as cinema and arts festivals included. The Wales Omnibus survey 2014 (Arts Council of Wales, 2015) found 86.7% of 16- to 24-year-olds attended at least one artistic activity in 2014, which is slightly lower than 2013, where 87.2% attended at least once. Figure 15 shows that the main arts activities attended by young adults (aged 16 to 24) are the cinema, live music and carnivals. Attendance levels for these activities are higher than for older adults, and overall arts attendance is higher for young people, with 87% of 16- to 24-year-olds attending at least once in 2014, while the adult average is 80%.

Figure 15: Percentage of young people aged 16 to 24 attending cultural events/activities (2014)



Source: *Wales Omnibus survey (2014)*

The Welsh Language Use Survey (2013-15) reported that 63% of young people aged three to 15 who are fluent in Welsh attended a social or cultural event, not organised by the school, that was held in Welsh (Welsh Government and Welsh Language Commissioner 2015). Fluent Welsh speakers are much more likely to attend a social or cultural event in Welsh not organised by the school than non-fluent Welsh speakers; with 22% of non-fluent Welsh speakers attending a social or cultural event in Welsh not organised by the school. The level of Welsh-medium cultural activity attendance appears to be lower when young people leave school, as 54% of 16- to 29-year-old fluent Welsh speakers reported attendance at Welsh-medium social or cultural events (Welsh Language Use Survey, 2013-15). There has been an increase in the participation of National Eisteddfod workshops and activities over the last three years, with a nearly 100% increase between 2012/13 and 2013/14, which was maintained in 2014/15²³ (Welsh Government, 2015).

Arts participation

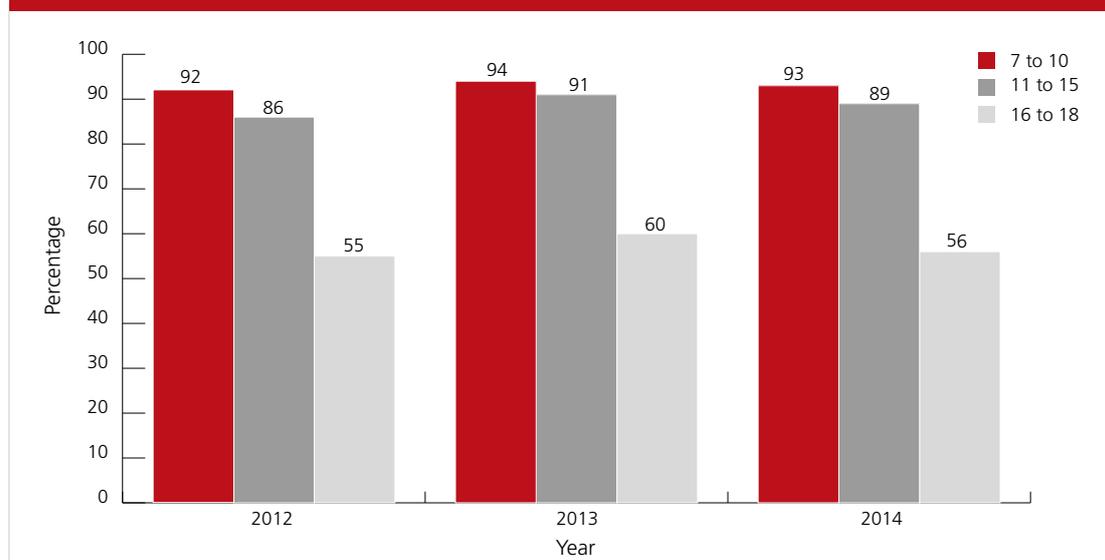
There are also a range of activities in which children can be active participants. The Arts Council of Wales describes seven such activities:

- Music activities
- Drama or theatrical activity
- Dance activity
- Film and video-making or photography
- Visual arts and crafts
- Digital arts
- Creative writing

Levels of arts participation are roughly similar to those for arts attendance, but it appears the difference between younger children and adolescents is more noticeable. In 2014, 93% of children aged seven to 10 participated in an arts activity at least once (Arts Council of Wales, 2015). However, only 56% of those aged 16 to 18 reported the same (see Figure 16). These age differences appear to be predominantly driven by those who are aged 16 or over and are not at school; participation rates are 87% for those still in school, but only 45% for those who are not. This is supported by the fact that the majority of arts participation (71%) is organised by the school, within school times, whereas only 44% of arts participation is organised in children's own time.

²³ This means the number of young people taking part in workshops and activities under the heading 'National Eisteddfod' as used as an indicator in the 2014-15 Welsh Language Strategy Annual Report.

Figure 16: Percentage of children aged seven to 18 participating in arts events



Source: *Children's Omnibus Survey (2012-14)*

Arts participation is reported to be lower for 16- to 24-year-olds than for 7- to 16-year-olds. The Wales Omnibus survey (2014) found that 44.2% of 16- to 24-year-olds participated in any artistic activity in 2014. This is higher than 2013, where 39.4% had participated at least once. In general, the most common activities are digital arts, film/video/photography and creative writing, with 15.1%, 12.3% and 11.2%, respectively, participating in 2014.

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Chapter 6

Participation in decision-making and expression of identity

The Welsh Government's Core Aim 5 of aims for children and young people in Wales states 'all children and young people should be listened to, treated with respect and have their race and cultural identity recognised'. This is supported by Article 12 of the United Nations Convention on the Rights of the Child¹ (UNCRC):

'...Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. This means children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account'.

Related to the ability to make decisions about what happens to themselves, the UNCRC states how children should also be able to express their own cultural and individual identity. Article 14 refers to the rights for freedom of thought and states *'...Parties shall respect the right of the child to freedom of thought, conscience and religion.'* This also includes the right to be free from religious discrimination.

The focus of this chapter is on children and young people's ability to make decisions for themselves in regard to their own futures, their education, their local community and involvement in national decision-making. Also, in reference to Article 14 of the UNCRC there are also sections on young people's expression of their individual identity, including religion, and their use of the Welsh language, which is considered to be part of a Welsh cultural identity.

6.1 Personal Decision-Making

The Children's Society (2014) explored activities which may have a significant impact on children's subjective wellbeing. One of the four activities² found to be important in explaining the variation in children's wellbeing is their ability to talk to their parents about their problems and the things that matter to them.

'I think it's important to tell your parents stuff as well as your friends. Like if it were anything really serious or if it involved them I'd let them know. Like with school if anything were to happen like bullying or anything then I'd talk to my parents and they could help'

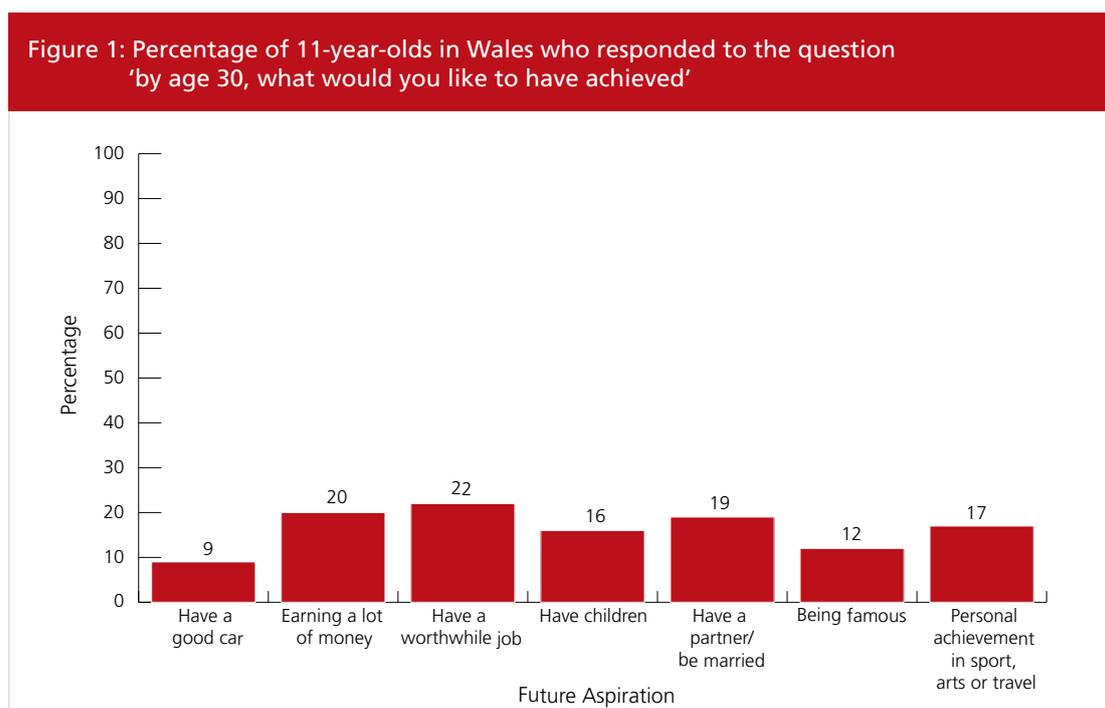
The Children's Society (2014, p. 26)

¹ See http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf for more information.

² The other activities were 'noticing and enjoying one's surroundings', 'reading for fun' and 'teaching yourself new things'.

According to the Health Behaviour of School-aged Children³ (HBSC) (2013/14) data, 72.3% of secondary-school-aged children report their family is willing to help them make decisions, and 64.2% reported they are able to go to their family with their problems. However, this result is lower for children from less affluent backgrounds, with 65.6% reporting their families are willing to help them make decisions and 59.4% reporting they can go to their families with their problems. As an alternative to family, some children may go to their friends with their problems. This appears to be more likely in girls, with 67.9% reporting they can go to their friends with their problems, compared to 59.6% of boys who report the same.

A large part of a young person's personal decision-making is in regard to their future and what they aspire to achieve. The Millennium Cohort Study⁴ (MCS) (2012) asked 11-year-old children to report what they would like to have achieved by the age of 30. Figure 1 shows the most common response was to 'have a worthwhile job' (22%), followed closely by 'earning a lot of money' (20%) and to 'have a partner/be married' (19%).



Source: MCS (2012)

³ The HBSC survey is an international survey of children in secondary school (aged 10 to 15). In Wales it has a sample size of 9,055. Data for this report is taken from the 2013/14 survey. See <http://www.hbsc.org/> for more information.

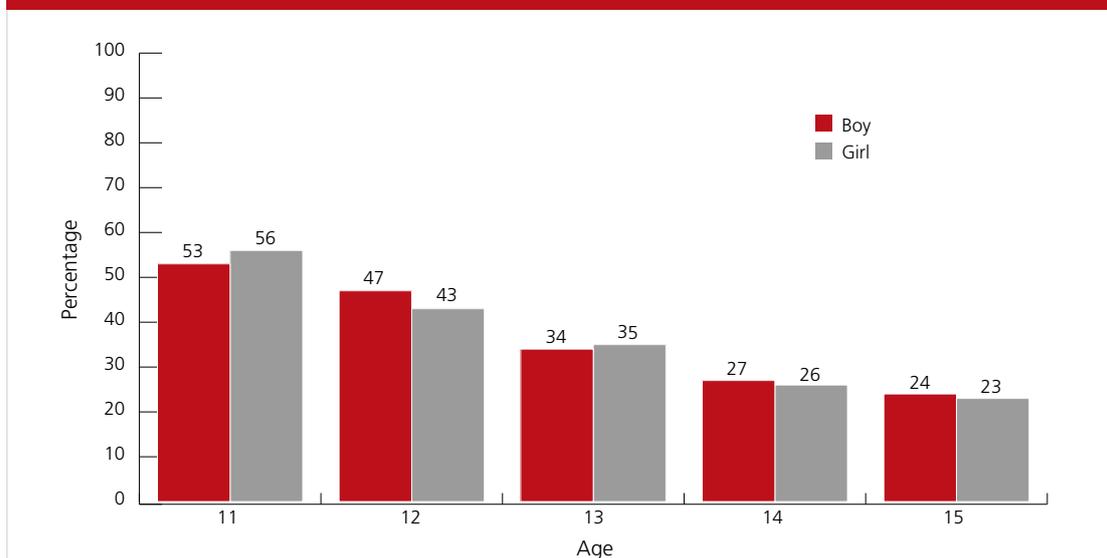
⁴ The Millennium Cohort Study is a longitudinal study which tracks the development of children born in 2000. It has a Welsh sample size of 2,799. For more information on the study please see <http://www.cls.ioe.ac.uk/page.aspx?sitectionid=851> For data retrieval please visit <http://discover.ukdataservice.ac.uk/series/?sn=2000031>.

6.2 Decision-making about education

Being able to actively participate in school decisions, being able to express opinions, having a role in the organisation of school events and being able to help decide school rules can have a positive effect on children's life satisfaction, academic achievement and general happiness (de Róiste et al., 2012).

HBSC data (2013/14) indicates that only around a third (36.3%) of pupils aged 11 to 15 feel they get to participate in deciding class rules, and there is a steady decline in feeling able to participate in school rules as children get older, with 54% pupils aged 11 feeling able to participate compared to 23% of 15-year-olds (see Figure 2).

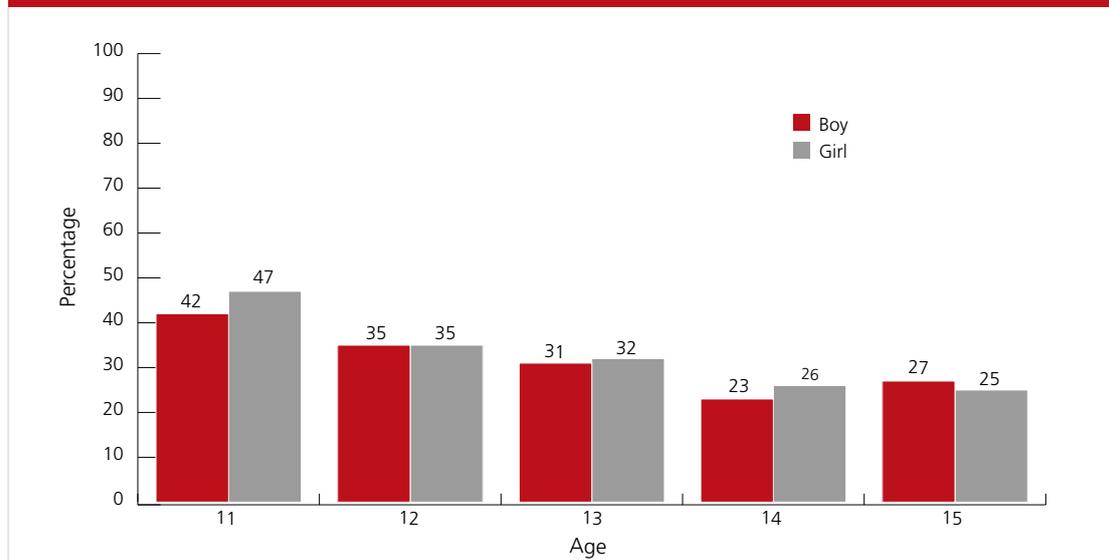
Figure 2: The percentage of young people aged 11 to 15 agreeing that pupils in their classes get to participate in deciding class rules



Source: HBSC (2013/14)

HBSC data (2013/14) also suggest that the minority (32.2%) of secondary school children aged 11 to 15 feel that they have control over the tasks they work on whilst in school (see Figure 3). Younger pupils had a higher level of agreement that they do have some control over which tasks to work on, with 45% of 11-year-olds agreeing compared to 26% in 15-year-old pupils.

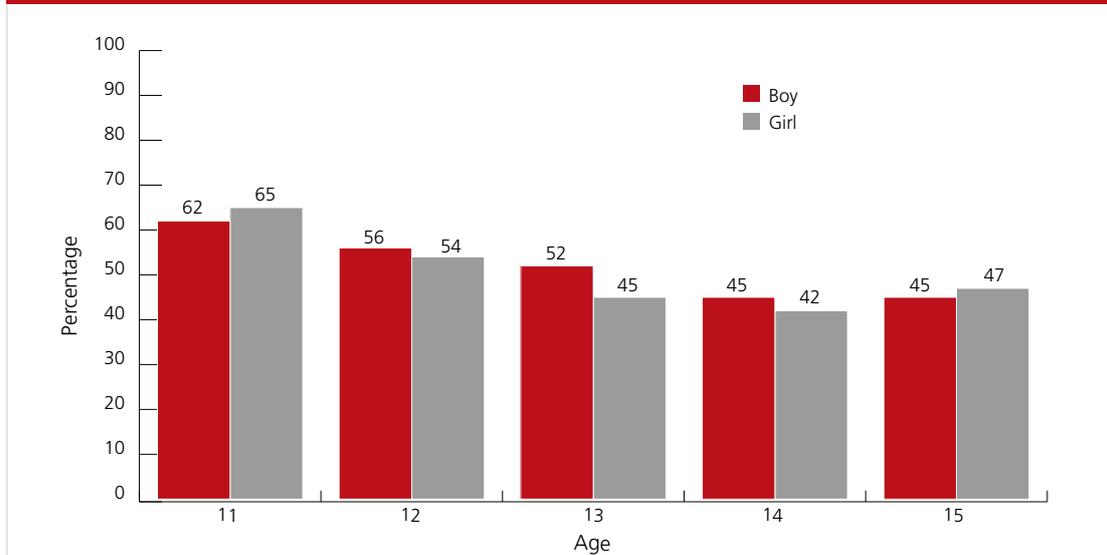
Figure 3: The percentage of young people aged 11 to 15 agreeing that pupils in their classes have some control over which tasks to work on



Source: HBSC (2013/14)

According to HBSC results (2013/14), roughly half of secondary school children aged 11 to 15 feel they play an active role in the decision-making in their education. This includes having a say in the planning and organising of school activities and events, having chances to help decide and plan school projects and that their ideas are taken seriously. In general it appears that as children move through secondary school, their perceived role in the school's decision-making declines. HBSC (2013/14) figures suggest that 69.9% of year seven students (aged 11 to 12) feel their ideas are taken seriously in their school. However, by year 11 (aged 15 to 16) this has dropped to 39.5%. In addition to this, roughly half (51.0%) of young people feel they have a say in organising school activities and events (see Figure 4). These results suggest that as pupils get older, the less control they feel they have over the tasks they complete and in the decision-making of their school.

Figure 4: Percentage of young people aged 11 to 15 who report that pupils in their school have a say in organising activities and events



Source: HBSC (2013/14)

The MCS asked 11-year-old children if they wanted to stay in education past the age of 16; 57.4% suggested they would want to stay in school, 36.4% did not know and 5.7% would want to leave school at 16.

The Learner Voice survey⁵ is conducted by the Welsh Government in order to gain an understanding of the factors that affect young people in further education institutions. The survey was designed in consultation with young people, and aims to give them a means of providing information in regards to the issues they felt were important to them. Results from the 2013 survey suggest that many young people feel decision-making and being treated fairly and with respect, are important in their education. This is shown in their responses to what is best about their school or college⁶:

'I like that everyone is treated equally and given the same learning opportunities. Within the college there are courses to suit everyone, and at open days for example you are provided with enough information to make a decision on what you want to do.'

–female, under 19

'Being given the responsibility to make decisions for myself.'

–female, under 19

⁵ The Learner Voice survey is undertaken by the Welsh Government to gather the views of learners in post-16 education. The data used in this chapter is from the 2014 survey. There were 66,899 responses for the 2014 core survey. Please see <http://gov.wales/statistics-and-research/learner-voice-survey/?lang=en>

⁶ These responses were included due to their relevance to the chapter topic. The responses were included on their ability to represent common themes, but there has been no analysis of how representative these comments are for the student population as a whole.

'The thing I like best about this college is that I am treated like an adult and feel that, although my course tutors help me, they allow me to make my own decisions concerning work, trips, projects etc.'

–female, under 19

'The tutors are very helpful. When I need help I can ask them a question or, if I have any doubts, they would be there to listen and advise me in what decisions to make'.

–female, 19 to 24

'I think my lecturers make me enjoy college. They explain to me the opportunities I have and what I can do in the future, I'm always treated with respect, I enjoy talking about what I have in mind for my future to them'.

–male, under 19

This desire for respect and fair treatment is also shown when respondents were asked about the things they would like improved in their further education institution:

'The tutors need to respect the students' decisions and provide more support where they can.'

–male, 19 to 24

'Being treated more like an adult, allowing us to make independent decisions on when we wish to revise for exams, and trust our own judgment sometimes on our own learning.'

–female, under 19

6.3 Community Decision-Making

A part of young people's decision-making is being able to have a say in their local area and their community, and being a part of that community can have an influence in a young person's decisions and identity.

There is no available data on this topic for children under the age of 16. However the National Survey for Wales⁷ (NSW) contains some information for young people aged 16 to 24. The 2014-15 figures indicate that the majority (78%) of young people from that age group have a feeling of belonging to their local area. However, the same survey suggests that only 23% of young people aged 16 to 24 agree that they have some influence in affecting their local area.

⁷ The National Survey for Wales is a continuous survey of adults in Wales aged 16 and over. It has a nationally representative sample of over 14,000 each year. Data accessible at: <http://gov.wales/statistics-and-research/national-survey/?lang=en>

In addition to not feeling able to influence the local community, the NSW (2014-15) reports that most young people aged 16 to 24 also feel they have no influence over decisions which affect their local health services, with only 14% agreeing that they can influence decisions and 39% reporting that they are kept informed about local health services' performance.

One possible way for young people to feel they could have an influence in the local area is if they had more information about the local authority. The NSW (2013-14) asked respondents if they would like more information about the performance of the local authority or health service. Roughly half of the young people aged 16 to 24 who responded, agreed that they would like more information (51% for both local authority and for local health services).

6.4 Voting

Voting can be a useful way for people to make a difference to their community, to get involved and make decisions over how they want the country to be governed. Over the last year, there has been a debate in the National Assembly for Wales about whether the voting age for Assembly elections should be lowered to 16 years of age. The recent National Assembly for Wales (2015) consultation of young people suggests mixed views regarding the proposal to lower the voting age to 16. Young people aged 11 to 25 gave their views on the proposal, 53% agreed that the voting age should be lowered and 58% said that they would vote if they were eligible to do so, but 54% of those who responded felt that 16-year-olds are not mature enough to vote. The most common reasons stated for wanting to vote included 'to make a difference on things that affect me/my community', 'to have my say' and 'because it is important/every vote counts'. However, 24% of respondents reported not knowing or understanding enough to be able to vote.

The consultation also gives a variety of statements provided by Welsh young people who would like to vote. These include:

'Young people are the future of this country and should be able to vote'

'I have a duty as a British citizen to vote in a democratic election as this affects me and my life'

'If you are old enough to leave home, work, pay taxes, or have a child, you should be able to have a say in how the country is run'

'I am a 16-year-old boy who is training for the army. I believe if I am old and mature enough to serve my country, I am old and mature enough to have a say on how it is run'

However, those who did not want to vote stated:

'Because the information concerning each political party does not portray itself to the younger population'

'People need to be educated before they are expected to vote'

'I don't know enough about political parties and what they stand for. However, if I knew enough to make the right decision then I would vote.'

The majority of respondents to the consultation agreed that having more information about the voting process, the political parties and how politics affects young people's day-to-day lives would help encourage them to vote in elections.

According to the Electoral Commission (2014) data, young people aged 18 to 24 are less likely to be registered to vote than older adults. The total percentage of adults registered to vote in Wales is 80%. However, when just considering 18- to 24-year-olds, this figure drops to 69%⁸.

6.5 Volunteering

In addition to voting, volunteering can be a way for children and young people to make a direct and observable difference to their community and local area. Spending time helping others is a choice many young people make, and it can help reflect the degree to which young people are choosing to spend their time to the benefit of their community. It has been suggested that through volunteering, young people can help to promote and stabilise connections with others from outside their normal circles and can help to form social networks within their community (Flanagan & Levine, 2010).

Many people can experience a positive benefit from volunteering and charitable giving, suggesting that donating time and money to others can improve the wellbeing of those who make these donations. A review of 136 different countries found that the majority of individuals reported increased happiness from giving money to charity (Aknin et al., 2013), and this can even be greater than the happiness derived from spending the same amount on themselves. Similarly, volunteering appears to have favourable effects on depression, life satisfaction and subjective wellbeing (Jenkinson et al., 2013).

'It's like if you go to a shop and put your change in the charity box it makes you feel good cos you've helped'

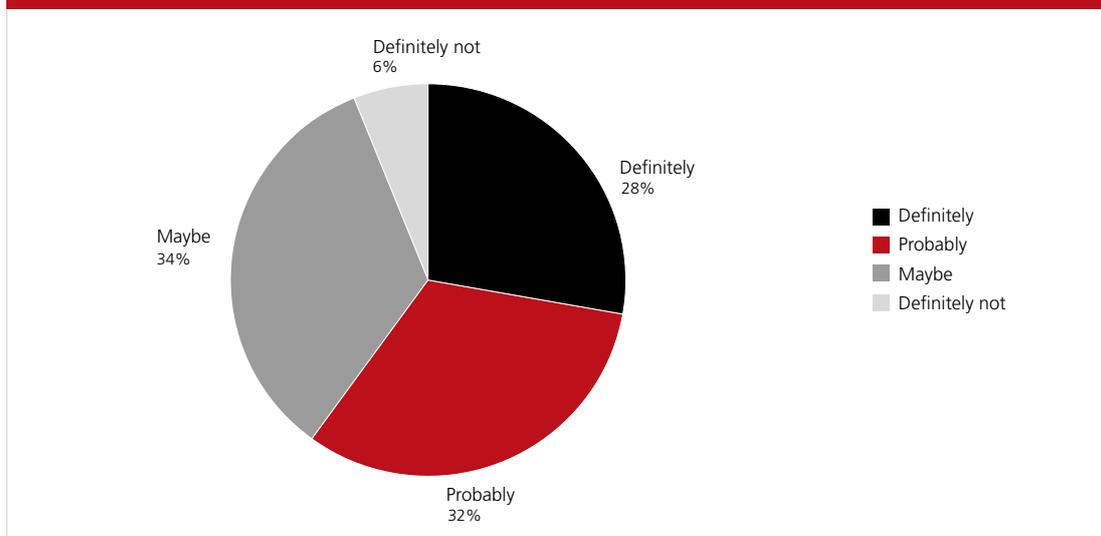
– Children's Society (2014, p. 31)

The Wales Institute of Social & Economic Research (WISERD) surveyed 10- to 15-year-old pupils in a total of 30 primary and secondary schools in Wales (2013)⁹. The WISERD survey (Sharp et al. 2013b) reported that 44.0% of pupils aged 12 to 13 never participate in voluntary work, and 21.4% report that they volunteer at least once a week. However, the majority of the pupils felt that it was likely they would get involved in voluntary work helping others at some point when they were adults. Figure 5 shows only 6% of 12- to 13-year-old pupils would definitely not be willing to be involved within some voluntary work when they are adults.

⁸ This percentage is for both England and Wales. England has a slightly higher percentage of the total population registered to vote, at 84%.

⁹ The total sample for this survey was 1,130. Of these, 345 were aged 10 to 11, 412 were aged 12 to 13 and 373 were aged 14 to 15.

Figure 5: Percentage of Welsh 12- to 13-year-old pupils who think they will volunteer some time to help others when they are adults



Source: WISERD (Sharp et al. 2013b)

6.6 Expression of identity

The Human Rights Act 1998 states that *'everyone has the right to freedom of thought, conscience and religion...'* and *'everyone has the right to freedom of opinion and expression...'* (The National Archives, 1998; p. 19). According to the 2011 Census¹⁰, roughly 57% of all children and young people up to the age of 25 in Wales, belong to a religion. Of those who did report belonging to a religion, Christianity was the majority, with 46% of young people up to the age of 25 indicating this.

The Human Rights Act 1998 also states that *'the enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.'* (The National Archives, 1998, p. 19). The British Social Attitudes Survey¹¹ (BSAS) 2013 asked adults in Britain to report on the level of racial prejudice they perceive. The results indicated that 61% of respondents felt there was more racial prejudice now than there was five years ago. While these results are from adults, it helps to illustrate that the environment young people grow up in may not be free from discrimination, and that the conditions for their freedom of expression may actually be deteriorating.

¹⁰ Data accessed at: http://www.nomisweb.co.uk/census/2011/data_finder

¹¹ Data accessible at: <http://nesstar.ukdataservice.ac.uk/webview/>

Discrimination and prejudice can have a significant negative impact on young people's wellbeing, and experiencing discrimination in childhood and adolescence can lead to a variety of mental health effects, such as depression and anxiety (Priest et al., 2013). According to National Survey for Wales (2013/14), 10% of young people aged 16 to 25 have had a personal experience of discrimination, harassment or abuse¹²; 4 percentage points less than the previous year (14% of 16- to 24-year-olds reported a personal experience of discrimination, harassment or abuse in 2012/13).

As well as discrimination on the basis of race and ethnicity, many young people experience discrimination in relation to their sexuality. Guasp (2012) reported that more than half (55%) of lesbian, gay and bisexual young people in Britain experience homophobic verbal bullying, and 16% had been physically abused. This discrimination is observed by teachers, with 86% of secondary and 45% of primary school teachers reporting observing homophobic bullying (Guasp, et al., 2014). However, the level of homophobic bullying appears to be decreasing, with nearly half the number of teachers reporting pupils are often or very often the victims of homophobic bullying when compared to 2009 (Guasp, et al., 2014).

'I was bullied for a year by a boy in my class. The teachers never told him off for touching me and calling me rude names until I pointed it out three times to my head of year.'

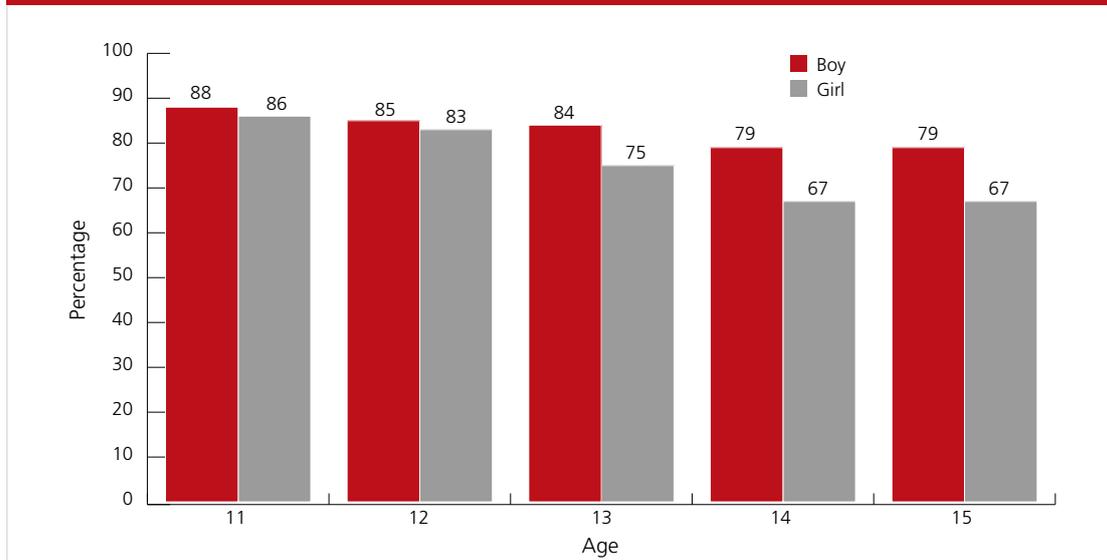
Male, age 16 (Guasp, 2012, p. 12)

An important part of a young person's expression of identity is that they feel listened to when they speak and that they feel accepted. Data from the HBSC (2013/14) suggests that the majority of Welsh secondary-school-aged children feel listened to by their family, with 79% agreeing that they feel listened to. However, it appears that younger children and boys feel more listened to than older children and girls (see Figure 6). Also, children from more affluent backgrounds feel more listened to, with 81% of those from more affluent backgrounds feel listened to, compared to 75% of those from less affluent backgrounds. In addition to this, three-quarters (74%) of young people included in the HBSC (2013/14) felt that teachers in their school accept them as they are¹³.

¹² Data accessible at: <https://statswales.wales.gov.uk/Download/File?fileId=390>

¹³ This question is open to the respondents' interpretation, and so a feeling of acceptance by teachers may vary between individuals.

Figure 6: Percentage of young people aged 11 to 15 agreeing that someone in their family listens to what they say



Source: HBSC (2013/14)

As well as not feeling listened to, young people may struggle to talk to parents in the first place. Being able to talk to parents has been shown to be related to a child's emotional difficulties, with those talking to fathers about things that matter at least once a week predicting significantly lower difficulties than those who do not talk at least once a week (ONS, 2015). The HBSC (2013/14) asked young people aged 11 to 15 to report how easy they find it to talk to their parents. The responses suggest that few young people have difficulty talking to their mother or father, with 15% and 27% reporting difficulty talking to their mother and father respectively, (see Table 1). However, the ease with which young people can talk to their parents declines between the ages of 11 and 15. It also appears that girls consistently have more difficulty talking to their parents than boys, and that young people find talking to their biological parents easier than their step-parents.

Table 1 Percentage of young people aged 11 to 15 who find it difficult to talk to their parents

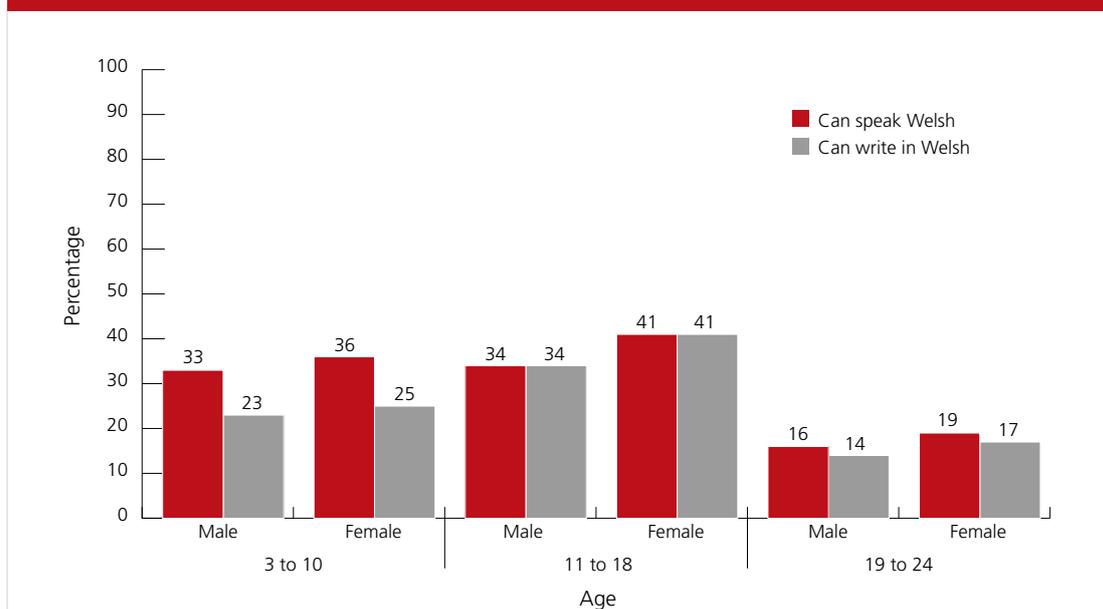
		Father	Stepfather	Mother	Stepmother
Age 11	Boy	13.4	27.2	7.4	37.7
	Girl	22.1	35.9	8.0	35.9
Age 12	Boy	17.2	29.8	10.9	32.0
	Girl	25.5	39.9	11.6	38.2
Age 13	Boy	19.0	37.3	12.2	43.6
	Girl	34.6	55.1	19.5	53.6
Age 14	Boy	21.9	35.7	14.6	43.5
	Girl	39.2	65.5	22.3	42.1
Age 15	Boy	21.3	37.4	17.3	45.3
	Girl	41.5	53.5	26.1	48.4

Source: HBSC (2013/14)

6.7 Welsh Language

Part of a young person's cultural upbringing in Wales is their use of the Welsh language. The 2011 Census found that Welsh language abilities are higher for school-aged young people than those who are no longer in school. Also, females have a slightly higher level of Welsh language ability than males; with females ages 16 to 24 being 2 percentage points higher than males (see Figure 7). This was supported by the NSW (2014/15) which reported 76% of 16- to 24-year-olds can't speak Welsh; of those that can speak Welsh, 45% are fluent, 17% can say a fair amount and 28% can say a little, 46% speak Welsh daily and 10% never speak Welsh. These results are different to the previous year; the proportion of those who report being able to speak Welsh being 5 percentage points lower, but the proportion of those who speak Welsh daily is 15 percentage points higher.

Figure 7: Percentage of young people's skills in Welsh (2011)



Source: ONS Census (2011)

The Welsh Language Use survey (2013/14)¹⁴ found that, among children and young people aged three to 15 who speak Welsh fluently, 32% almost always or mainly speak Welsh at home, 19% use Welsh and English equally while nearly half (49%) mainly or always use English. While nearly a third of young people favour the Welsh language at home, adults are more likely to make use of Welsh if they are fluent, with 36% of 16- to 29-year-olds and 52% of 30- to 44-year-olds mainly or always using Welsh at home.

It is also important for people to be able to access key services in their preferred language. Of those who reported being a Welsh speaker in the National Survey (2014/15), 9% of young people aged 16 to 24 would prefer to communicate with health and social care staff in Welsh, and 16% would have no preference between Welsh and English. In fact, 16% of these young Welsh speakers were able to communicate with staff in Welsh, and nearly three-quarters (72.7%) of those who prefer to use Welsh actually communicated with staff in Welsh, suggesting the majority of Welsh speakers are able to communicate in their preferred language¹⁵.

The Welsh Language Use Survey (2013/14) asked young people, aged three to 15, what language they use when communicating with their friends. Of those that are fluent in Welsh, over a third (36%) mainly or always speak to their friend in Welsh, 17% mainly use Welsh for texts, and 16% for email. By comparison, 26% mainly use English when speaking to friends, and 65% and 73% mainly use English for text and email respectively. The WISERD school survey⁹ (Sharp et al. 2013a)

¹⁴ The Welsh Language Use survey was conducted by asking Welsh speaking individuals who had taken part in the National Survey for Wales to complete an additional questionnaire. A total of 3,848 completed this additional questionnaire.

¹⁵ Data accessible at: <https://statswales.wales.gov.uk/Download/File?fileId=470>.

reported on who Welsh-speaking 10- to 11-year-olds mostly speak Welsh with: teachers were the most common response (81%), then family (37%) and friends (20%)¹⁶. However, only 14% reported that they do not speak Welsh with anyone.

The WISERD school survey (Sharp et al. 2013b) reported that the majority of 12- to 13-year-olds value the Welsh language. The report suggests that 70% think it is important to learn Welsh, 65% think it is important to speak Welsh and 77% think it is important that Welsh remains a living language. In addition to this, the WISERD report found that over half (52%) of 10- to 11-year-olds take part in a Welsh language event (Urdd or Eisteddfodd).

¹⁶ Respondents were able to select multiple options.

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Chapter 7

A safe home and community

This chapter focuses on Core Aim 6 of the Welsh Government's aims for children and young people in Wales: that *'all children and young people should have a safe home and community which supports physical and emotional wellbeing'* (Welsh Government, 2009).

It has long been recognised how important it is to protect children and young adults from the physical and psychological harm that can be caused by other people (for example through crime or bullying) or by their immediate environments (for example through poor housing). The purpose of this chapter is to show how children and young people in Wales are faring in respect of safety and security. How successful is Welsh society in providing these pre-conditions for a happy childhood and adolescence and a flourishing adult life?

More specifically, this chapter reports on children's safety in their homes, in their neighbourhoods and in the environment in general. It also investigates children's experiences of issues that relate to their safety across different environments, such as bullying, maltreatment (abuse and neglect) and crime.

7.1 Home

Quality of housing

Overcrowded housing can significantly affect children's quality of life. There is evidence of links with child ill-health (Baker et al., 1998; Shelter, 2006) and with health in later life (Brittan et al, 1987, Marsh et al, 1999).

Overcrowded accommodation is determined by the bedroom standard¹. This is calculated in relation to the number of bedrooms, the number of household members and their relationship to each other. One bedroom is allocated to each married or cohabiting couple, any other person over 21, each pair aged 10 to 20 of the same sex and each pair of children under 10. When a separate bedroom is not available for those stated then a home fails the bedroom standard.

In Wales in 2011, just over 50,000 children aged 0 to 15 (9%) lived in a home that failed the bedroom standard and therefore lived in what are classed as overcrowded conditions. These children made up 31% of those that lived in overcrowded conditions as recorded by the 2011 census (ONS, 2015a).

¹ As defined in the UK Housing (Overcrowding) Act 2003.

In addition to overcrowding, a range of issues relating to quality of housing may have an impact on children including cold, damp and noise. Living in damp and mouldy conditions has been linked to coughing and wheezing (Peat et al, 1998; Strachan, 1991) and additional issues for children such as sleep loss and absence from school.

The quality of housing is examined in the Millennium Cohort Study². The most recent survey was in 2012 when the children were 11-years-old. Parents were asked how much of a problem they had with damp or condensation. The majority (82.7%) did not experience any damp, the remainder had experienced damp but only 2.91% had experienced major problems with damp.

Homelessness and temporary accommodation

The Housing (Wales) Act 2014 brought in new laws pertaining to the help and support provided to those at risk of homelessness. The main objective of the Act is to ensure help is received as early as possible. The legislation places a duty on local authorities to work with people who are at risk of losing their home within 56 days, to help find a solution to their accommodation problems. As part of this, the Act aims to provide greater protection for children in such households as well as additional help for children leaving care.

In 2014-15, those aged 16 to 24 accounted for 4,180 (30%) of the applicants to local authorities for assistance under homelessness legislation on which decisions had been taken (see Table 1). Welsh Government statistics also suggest that the presence of dependent children was the most commonly stated 'priority need' category in 2014-15, accounting for 36% of those accepted as homeless and in priority need in that year (Welsh Government, 2015a).

² The Millennium Cohort Study is a longitudinal study which tracks the development of children born in 2000. For more information on the study see <http://www.cls.ioe.ac.uk/page.aspx?sitesectionid=851> For data retrieval please visit <http://discover.ukdataservice.ac.uk/series/?sn=2000031>

Table 1 Statutory Homelessness decisions taken by age and gender in Wales 2014-2015 (Under Part VII of the Housing Act 1996)

	Ineligible household	Eligible but not homeless	Eligible homeless but not in priority need	Eligible homeless and in priority need but intentionally so	Eligible unintentionally homeless and in priority need	Total decisions
Male						
16 to 17	*	70	*	10	95	180
18 to 24	10	580	540	85	455	1,670
25 and over	85	1,935	1,520	190	1,455	5,175
Female						
16 to 17	*	70	*	5	125	205
18 to 24	15	865	240	65	945	2,125
25 and over	65	2,070	430	155	1,945	4,665
Persons						
16 to 17	5	140	*	15	225	385
18 to 24	25	1,445	775	150	1,400	3,795
25 and over	150	4,005	1,950	350	3,390	9,840
All ages	180	5,650	2,745	515	5,070	14,160

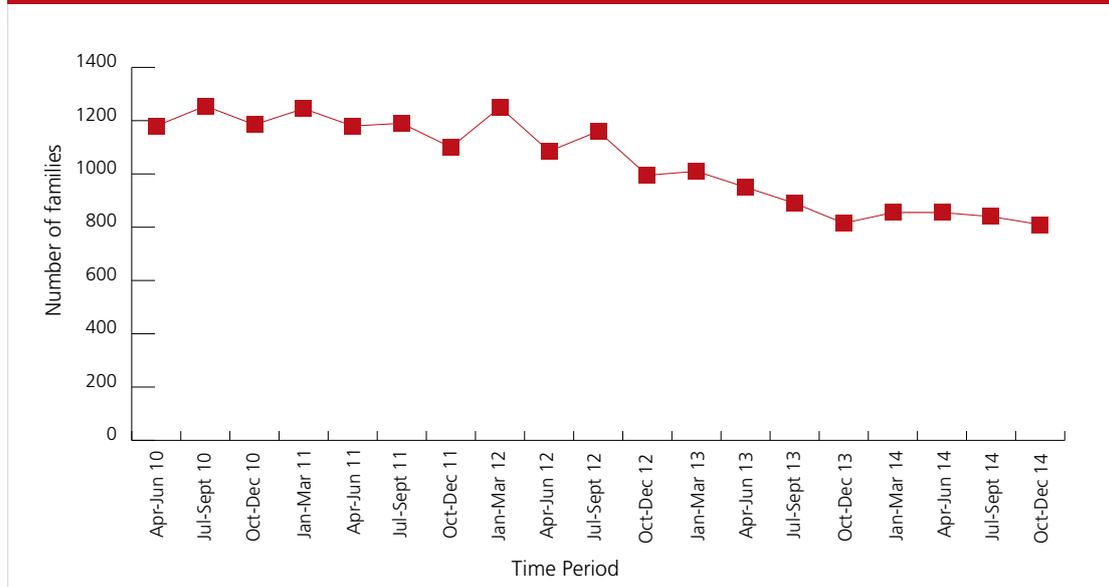
Source: Welsh Government (2015a)

- a) This data covers the age and sex of the applicant, not the age and sex of every person in the household.
- b) The data excludes those cases where the age or gender of the applicant was not known or not recorded.
- c) All the figures are rounded independently to the nearest 5 to protect the identity of individuals. As a result, there may be a difference between the sum of the constituent items and the total. An asterisk is shown when the data item is disclosive or not sufficiently robust for publication.

If suitable accommodation cannot be provided for families with children who approach their local authority for help in securing accommodation, a source of temporary³ accommodation can be offered. The number of families with children in temporary accommodation in Wales decreased from 1,180 in the quarter April to June 2010 to 810 in October to December 2014 (see Figure 1).

³ Temporary means that families have not been found suitable accommodation in a settled home. The accommodation can still be in a self-contained dwelling (for example with a private landlord, or in registered social landlord or local authority owned properties) as well as in non-self contained accommodation (for example hostels, refuges and bed and breakfast).

Figure 1: Number of families with children in all types of temporary accommodation at the end of the quarter in Wales (a)

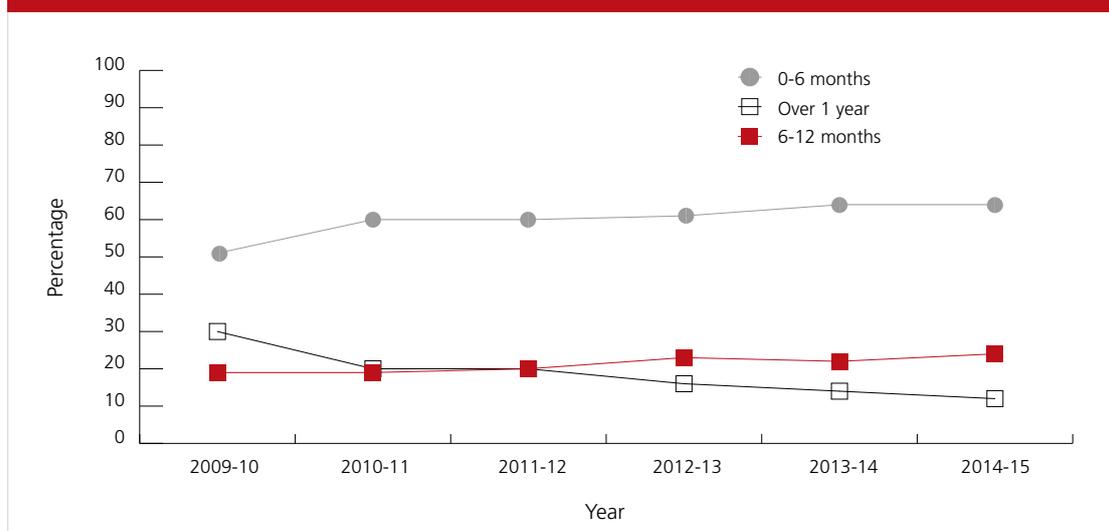


Source: Welsh Government (2015a)

(a) All the figures are rounded independently to the nearest 5 to protect the identity of individuals. As a result, there may be a difference between the sum of the constituent items and the total.

Since 2009-10, the length of time that families with children spend in temporary accommodation has also decreased. Among the families living in temporary accommodation the proportion living in it for over a year decreased from 30% in 2009-10 to 12% in 2014-15. This is reflected in the increased proportion of families spending less than six months in temporary accommodation (see Figure 2).

Figure 2: Percentage of time spent in temporary accommodation in Wales by families with children from 2009-10 to 2014-15



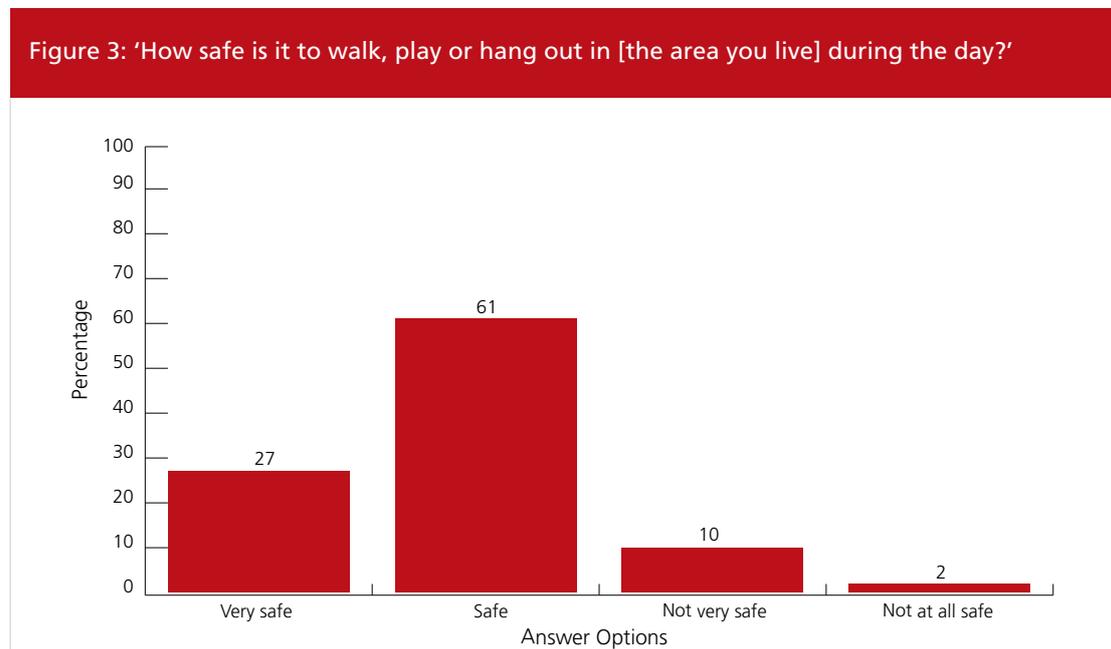
Source: Welsh Government (2015a)

7.2 Neighbourhood

Feelings of safety in the neighbourhood

A general perception of how safe an area feels, by both parents and children, is likely to have strong bearing on how and where children and young people play and interact. This has been corroborated by research from the USA among 11- to 16-year-olds (Tappe et al., 2013).

The Millennium Cohort Study (2012) asked 11-year-old children how safe they felt in the area they live in. In Wales, the majority (88%) said they felt safe or very safe playing or 'hanging out' in their local area during the day but a significant minority (10%) said they felt 'not very safe' and 2% felt 'not at all safe' (see Figure 3).



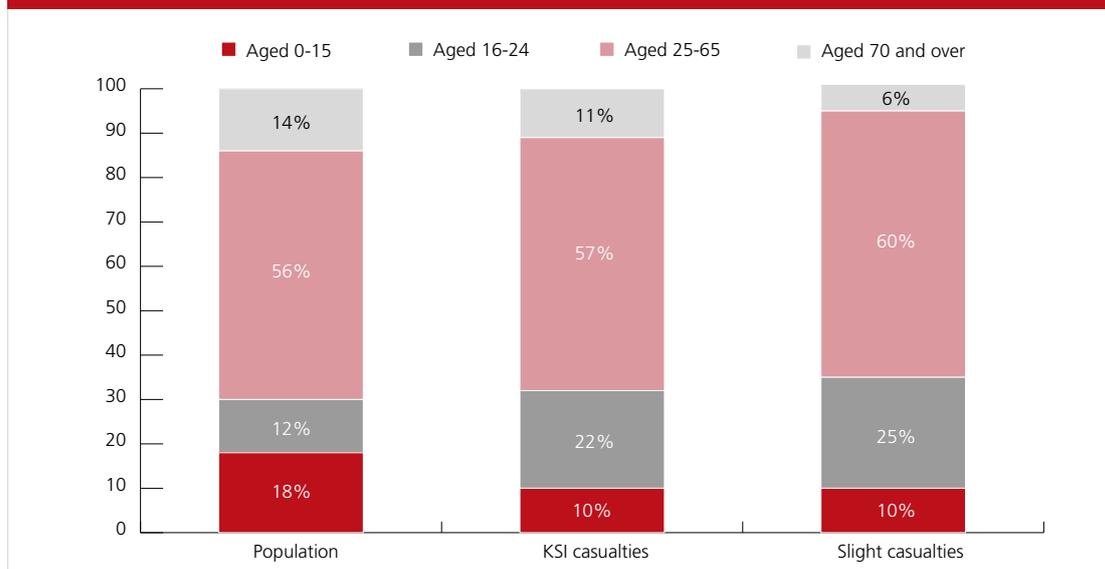
Source: *Millennium Cohort Study (2012)*
Wales only, Base; 1,754 (2012)

Road traffic casualties

In 2014, the number of road traffic casualties amongst young people (16- to 24-years-old) in Wales was 272; an increase of 8% over the previous year. Despite this recent increase, this represents a fall of around 30% against the 2004-08 average.

Young people aged 16 to 24 are much more likely to become a road casualty than older people and children (Welsh Government, 2015b). While young people aged 16 to 24 made up 12% of the population in 2014, they made up 22% of the KSI casualties (Figure 4).

Figure 4: Share of 2014 population, by 2014 KSI and slight casualties, by broad age group⁴

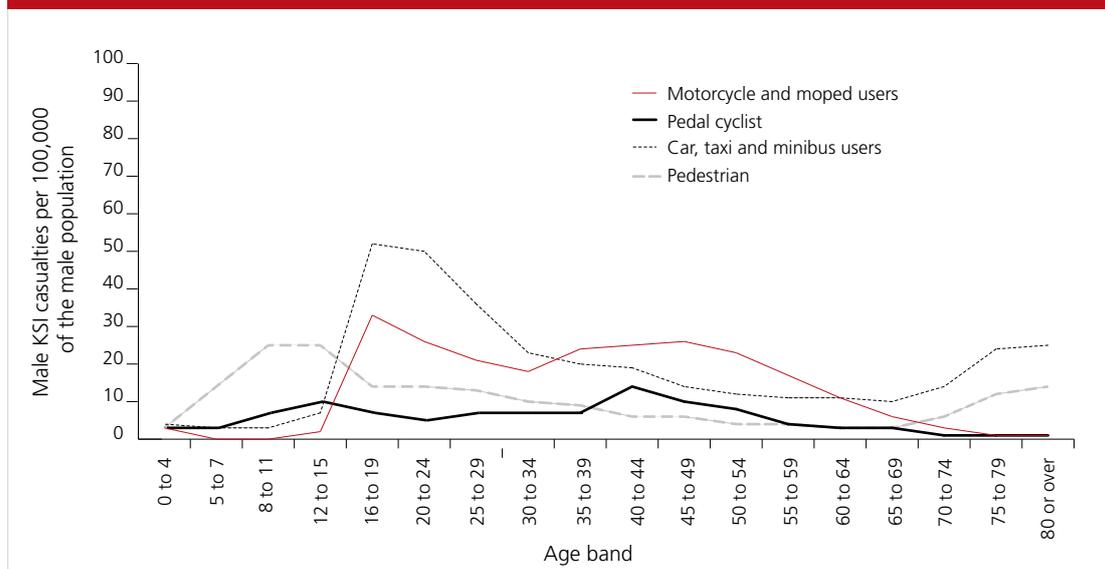


Source: Welsh Government (2015b)

As Figures 5 and 6 shows the road casualty rates both for males and females is highest for those in younger age bands. Casualty rates peak for males amongst 16- to 19-year-old car, taxi and minibus users, and (though at a much lower level) for females amongst slightly older (20- to 24-year-old) car, taxi and minibus users. Figures 5 and 6 also indicates that children (and older people) are more likely to become killed or seriously injured as pedestrians; while men aged 16 to 19 are far more likely than their female counterparts to be killed or seriously injured as a motorcyclist.

Men

Figure 5: Rate of KSI casualties (per 100,000 population) by age band, type of casualty and gender, 2010-2014 average

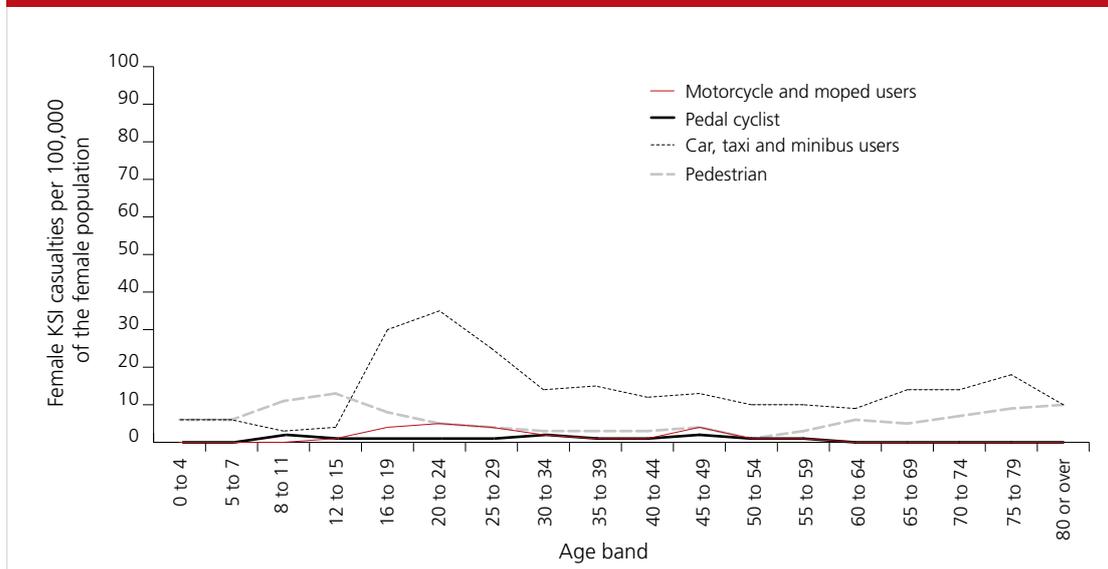


Source: Welsh Government (2015b)

⁴ Figure 4 is showing the relationship between the share of each group within the population of Wales and their share of road casualties. The numbers are recorded by police as reported road casualties in Wales and the statistics are referring to casualties resulting from personal injury accidents on public roads reported to the police and forwarded to the Welsh Government. For more information follow link: <http://gov.wales/docs/statistics/2015/150820-young-people-road-casualties-2014-en.pdf>

Women

Figure 6: Rate of KSI casualties (per 100,000 population) by age band, type of casualty and gender, 2010-2014 average



7.3 The environment

Pollution

The prime environmental pollutants can be classed as those inside and outside the home. There is strong evidence for the adverse effects of air pollution on children's health (World Health Organization, 2005). The specific vulnerability of children to air pollution is related to the ongoing development of their lungs, metabolic and immune systems, respiratory infection and their patterns of activity, particularly outdoors.

Whilst these general associations, and their underlying causal mechanisms, are well established, there is relatively little hard data specific to the exposure of children and young people in Wales to environmental pollutants. However, regular monitoring of air and water quality shows steady improvements over recent decades. But this generally positive picture is tempered by evidence that air quality and noise pollution tend to be worse in more deprived areas because of their greater proximity to major roads and industrial sites, as well as to higher concentrations of domestic emissions in urban areas (DEFRA 2006).

Although there is no specific evidence concerning the amount of harm caused by air pollution to the children and young people of Wales, one indicator of the harm which is probably caused to some is the number of children and young people living in Air Quality Management Areas (AQMAs)⁵. There are currently 33 AQMAs in Wales (where the main pollutant is Nitrogen Dioxide), for 17 of these the primary source of the pollutant is road traffic, which is also responsible

⁵ These are areas where atmospheric concentrations of one or more pollutants are close to, or exceed, the statutory objectives set out in the UK Air Quality Strategy. Welsh local authorities are responsible for assessing air quality within their jurisdictions, and declaring AQMAs where necessary.

for high concentrations of microscopic particulates (PM10⁶) implicated in damage to the respiratory system (DEFRA, 2015). Levels of individual pollutants are measured at various National Automated Monitoring Network sites across Wales; concentrations of the pollutants are analysed to determine the number of days at each site on which the pollution was moderate or higher (i.e. when concentrations for at least one of the pollutants exceeded the National Air Quality Standards).

There are eight National Automated Monitoring Network sites in Wales which measure levels of individual pollutants and therefore air quality. These monitoring sites indicate that air quality can vary considerably over quite short distances. For example, in the last five years, Margam (Port Talbot; site of a range of heavy industries, including steel), recorded the highest number of days per year with moderate or higher pollution levels, with 30 days recorded in 2014 (this was a reduction of 24 days from 2011). However, air pollution in Swansea (Margam's close neighbour) has remained consistently low, without any days of moderate or higher pollution levels in 2014 in its city centre. This indicates how localised exposure to pollution can be. Another example is Narbeth (in rural Pembrokeshire), which reported three days of moderate or high pollution levels in 2014 (Welsh Government, 2015c).

7.4 Bullying

The Welsh Government (2013) classifies bullying into three main types:

- i. physical: including hitting, kicking, taking belongings, sexual harassment or aggression;
- ii. verbal: including name-calling, insulting, making offensive remarks; and
- iii. indirect: including exclusion from social groups, being made the subject of malicious rumours, sending malicious emails or text messages.

A key source of data on bullying amongst secondary school-aged children in Wales is the Health Behaviour in School-aged Children (HBSC) study⁷. This provides data on bullying amongst children aged 11 to 15, with the proportions reporting bullying others or being bullied at least twice a month presented below.

Being bullied

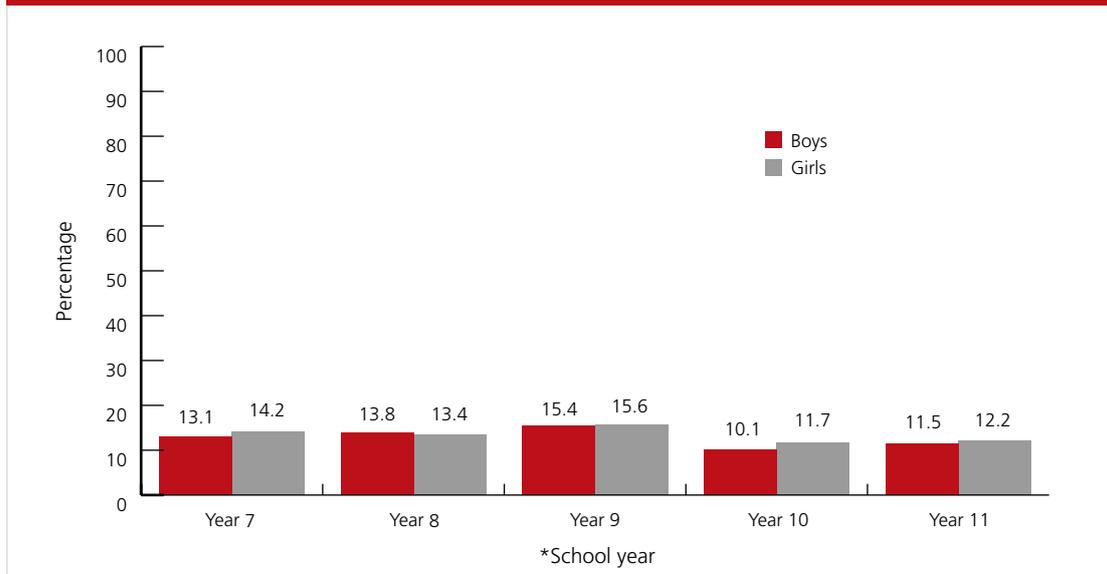
Figure 7 shows that the prevalence of bullying peaks at around 7% of all children in Year 9 (aged 13 to 14). Across secondary school Years 7, 8, 9 and 11 (ages 11 to 16) girls are slightly more likely to be bullied than boys. The percentage of those bullied, for both boys and girls, peaks in Year 9 (aged 13 to 14).

⁶ This stands for big air pollutant particles between 2.5 and 10 micrometres in size.

⁷ The HBSC survey is an international survey of children in secondary school (aged 10 to 15). In Wales it has a sample size of 9,055. Data for this report is taken from the 2013/14 survey. More information at: <http://www.hbsc.org/>

The HBSC also asks children whether they had been victims of cyber bullying or bullying via text messages. While proportions are low – around 3-4% for both boys and girls in Years 7, 8 and 9 (aged 11 to 14), reported being victims peaking at 6% of girls in Year 11 (aged 15 to 16), perhaps suggesting that girls are slightly more likely than boys to be bullied this way (HBSC, 2015).

Figure 7: Percentage of children who were bullied at least 2-3 times a month, Wales 2013/14



Source: HBSC (2015)

* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

A National Society for the Prevention of Cruelty to Children (NSPCC) study (2014) looking at the experiences of 1,024 11- to 16 year-olds in the UK who used social networking sites, reported that over one in four (28%) had experienced something upsetting on it in the previous year. Of these, 11% reported facing this on a daily basis.

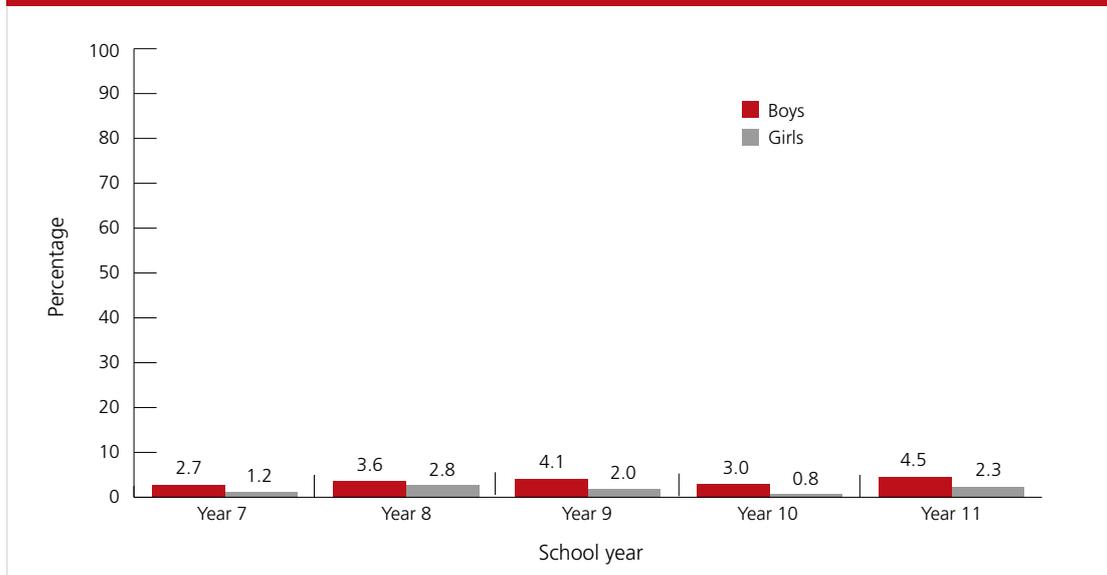
The most common upsetting experience was 'trolling' (defined as 'unkind comments or rumours circulated online'). However, the study reports that a 'significant minority'⁸ received self-harm prompts and violent, aggressive, or sexual nature messages. Only 22% of those admitting they were upset talked with someone else face-to-face about the experience (Lilley, et al., 2014).

Bullying others

The HBSC (2015) indicates that the numbers of children reporting bullying others is low, although boys are slightly more likely than girls to report this across all age ranges. As with the figures for being bullied, the percentage of children who report bullying others (although low), peaks in Year 9 for boys (aged 13 to 14) (See Figure 8).

⁸ The study does not define the term 'significant' so we are unable to determine if this relates to statistical significance or is being used as a general descriptor.

Figure 8: Percentage of children who bullied others at least 2-3 times a month, Wales 2013/14



Source: *HBSC (2015)*

* School year 7 contains pupils aged 11 to 12. School year 8 contains pupils aged 12 to 13. School year 9 contains pupils aged 13 to 14. School year 10 contains pupils aged 14 to 15. School year 11 contains pupils aged 15 to 16).

7.5 Maltreatment

Child maltreatment (including neglect, emotional abuse, physical abuse and sexual abuse) has been shown to have detrimental impacts on children's wellbeing as children and as future adults (e.g. Bellis et al., 2014; Buckingham et al., 2013). The most reliable UK data on children's experiences of maltreatment is from a retrospective study conducted by the NSPCC in 2009 (Radford et al., 2011). It found that 2.5% of children in the UK under the age 11 (based on data from parents), and 6% of those aged 11 to 17 (based on child self-reports), had experienced maltreatment during the previous year. Almost a quarter of young adults reported maltreatment during their childhood. Neglect was the most common form, followed by physical abuse, then emotional abuse and finally sexual abuse. This study does not provide Wales-specific data.

Children who have been maltreated may be placed on the child protection register held by each local authority. This is dependent on the maltreatment coming to light and being assessed. Therefore, the number on the register is an underestimate of the numbers of maltreated children. At 31st March 2015, there were over 2,900 children on the child protection register across Wales. Child protection registrations are highest for children under the age of one and decline steadily thereafter. The most common single category leading to registration was neglect only (40% of registrations), followed by emotional abuse only (35%). Physical abuse (13%) and sexual abuse (6%) were much less common

sole reasons for registration. The remaining 6% of registrations had multiple reasons for categorisation, of which the most common was neglect and physical abuse (4% of registrations).

Child homicides

The number of child homicides (murder, manslaughter and infanticide) recorded by the police in Wales is small, with a yearly average rate of 7 per million children under 18 for the five years to 2013-14. There has been a small recent increase in this five-year average from a low of 4.3 per million in 2007/08, although the current rate is still lower than in the early 2000s (Jutte et al., 2015).

Sexual offences against children

There were just under 1,500 recorded sexual offences against children under the age of 16 in Wales in 2013/14 – a rate of 2.7 per 1,000 children. Numbers and rates have increased over the last decade (and particularly since 2011/12) from a rate of 1.4 offences per 1,000 children in 2004/05 (Jutte et al., 2015).

7.6 Crime

Experiences of crime

People experience crime as direct or indirect victims or through committing crime. The youth justice annual statistics in Wales from 2012-13 report that there were 7,230 children aged 10 to 17 arrested for recorded crime during that period (Ministry of Justice 2014). The Millennium Cohort Study asks children about their experience of low level crime and anti-social behaviour. The majority of children in Wales (95%) reported 'no', when asked whether they had taken something from a shop without paying for it.

There are no Wales-specific data for young people as victims of crime, but statistics on the victimisation of children aged 10-15 are available from the Crime Survey for England and Wales (CSEW)⁹. According to Table 3, the percentage of children stating they were victims of crime increased in 2011/12 over the previous year, then decreased in 2012/13 for all categories other than criminal damage to personal property. This remained fairly constant in 2013-14. However, 2014/15 saw increases in the percentage of children stating they were victims of theft and criminal damage (ONS 2015b).

⁹ The Crime Survey for England and Wales (formerly the British Crime Survey) asks people who are resident in households in England and Wales about their experiences of a range of crimes in the past year. More information can be found at: <http://www.ons.gov.uk/ons/guide-method/method-quality/specific/crime-statistics-methodology/guide-to-finding-crime-statistics/crime-survey-for-england-and-wales--csew-/index.html>.

Table 2 Percentage of children aged 10-15 who stated they were victims of crime (2010/11-2014/15; England and Wales)

	2010/11	2011/12	2012/13	2013/14	2014/15
Theft from the person	0.7	1.2	0.9	0.7	1.1
Other personal theft	3.1	4.9	4.4	4.4	3.8
All violence	6.8	7.7	6.1	6.5	5.7
Criminal damage to personal property	0.4	0.8	0.8	0.9	1.3

Source: *Crime Survey of England and Wales (2014/15)*

In addition to being a direct victim of crime, the prevalence of crime in an area, and therefore the likelihood of a young person observing or hearing about crime, may also influence a child's perception of their area. These factors may also influence their attitudes and behaviour towards committing crimes. An American study undertaken by Eitle and Turner (2002) found that exposure to violence in the community along with being direct victims of crimes, increases the risk for criminal offending in young adult life (Eitle and Turner, 2002). In addition, Farver and Garcia's (1997) study found that children's exposure to violence in their local area is associated with the children's feelings of wellbeing and those living in high violence areas were more likely to feel unsafe playing outdoors compared to children living in low violence areas (Farver and Garcia, 1997).

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Chapter 8

Not disadvantaged by poverty

8.1 Poverty

This chapter focuses on Core Aim 7 of the Welsh Government's aims for children and young people, which is to ensure that: *"no child or young person should be disadvantaged by poverty"*.

The Government's aim is twofold: to do all it can to reduce the number of children and young people who live in poverty and to reduce the detrimental effects that poverty can have on their lives over the short and long-term. The chapter therefore provides an overview of the extent to which children and young people in Wales are poor and what their circumstances are, and how poverty is linked to important facets of their daily lives and longer-term outcomes.

There is increasing evidence on the influence of poverty on children and young people and the second half of the chapter summarises what we know about these effects insofar as they relate to wellbeing, but we begin by describing how much poverty there is amongst children and young people and what forms it takes. Given the strong and explicit policy focus on child poverty, and greater data availability, more emphasis is given to children than to young adults.

8.2 What is Child Poverty?

The Welsh Government and many other countries define poverty in relation to the average income of all households, using income as a proxy for living standards. Whether household members (and those not living in settled households) are poor depends on their incomes compared to others. Poverty is relative to prevailing social conditions and hence what it means to be poor changes over time in any particular society and between societies. For example, the material deprivation of poor people in nineteenth-century Wales was much worse than today, because Wales generally was much poorer, and the poor in today's developing world are much worse off than those in developed economies.

The Joseph Rowntree Foundation (JRF), as part of its major research programme to develop anti-poverty strategies for all parts of the UK, has usefully defined poverty as existing:

"When a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)"

(Goulden & D'Arcy, 2014).

Setting a threshold level of income is a little arbitrary, but the level the JRF has set as constituting a 'Minimum Income Standard' all should have access to, considers how much a household needs to acquire the usual material benefits and participate in all the normal activities enjoyed by those around them. This is what is meant by 'social inclusion' and a minimum income is needed to bring it about.

The notion of poverty as a condition which stops people participating in a normal way of life (and which can stigmatise its victims) was expressed more than two centuries ago by Adam Smith in his 'Inquiry into the Nature and Causes of the Wealth of Nations':

"A linen shirt ... is, strictly speaking, not a necessary of life. The Greeks and Romans lived, I suppose, very comfortably though they had no linen. But in the present times, through the greater part of Europe, a creditable day-labourer would be ashamed to appear in public without a linen shirt, the want of which would be supposed to denote that disgraceful degree of poverty which, it is presumed, nobody can well fall into without extreme bad conduct."

(Smith, 1776)

Across the OECD the generally accepted income threshold for a household is 60% of the median income for all households of that size and type. In 2014/15, for a couple household with two children aged between five and 14, this equates to £375 per week after housing costs. If the household has a lower income, each member of the household is classed as poor.

In addition to this 'headline' measure, the UK Child Poverty Act 2010 used three subsidiary measures, combined material deprivation and low income, absolute low income and persistent poverty. Together, these give a rounded picture of the extent and nature of child poverty and how it is changing. All four measures and what we know about their prevalence are described below.

8.3 Measures of Child Poverty

Relative low income

This measures the number of children living in households below 60% of contemporary median household income (excluding income tax and council tax). The median is 'equivalised'; i.e. it is adjusted to take account of the different expenditure needs of households of various sorts and sizes. Relative low income can be calculated either Before Housing Costs (BHC) or After Housing Costs (AHC), where these costs include rent or mortgage interest, buildings insurance and water charges. The latter measure can account for geographical variations in the unavoidable costs of paying for adequate shelter.

Assessing the number of Welsh households living in low-income households is difficult, because estimates are generally based on answers to quite small sample surveys and because reported income data are not completely reliable. Child poverty estimates for Wales, and in other parts of the UK, are measured through the annual Household Below Average Income (HBAI) data series, which is itself derived from the Family Resources Survey (FRS) as well as data from the longitudinal Understanding Society (US) survey and its predecessor the British Household Panel Survey (BHPS).

The most recently available HBAI data for Wales covers the period 2011-12 to 2013-14¹. Table 1 shows that around 31% of children (roughly 200,000) in Wales were living in poverty on the after housing costs measure, a little more than for the UK as a whole, but significantly above the rates for Scotland and Northern Ireland.

Table 1: Percentage of children living in households below 60% of median income (after housing costs)

	1998-99 to 2000-01	1999-00 to 2001-02	2000-01 to 2002-03	2001-02 to 2003-04	2002-03 to 2004-05	2003-04 to 2005-06	2004-05 to 2006-07	2005-06 to 2007-08	2006-07 to 2008-09	2007-08 to 2009-10	2008-09 to 2010-11	2009-10 to 2011-12	2010-11 to 2012-13	2011-12 to 2013-14
UK	32	31	30	30	29	29	30	31	31	31	29	28	27	27
Wales	35	34	34	31	31	29	30	33	32	33	31	33	31	31
Scotland	32	32	30	28	26	25	25	24	25	25	24	22	21	21
Northern Ireland	30	29	28	27	26	27	25	26	25	27	26	26	24	25
England	33	31	30	30	29	29	30	31	32	31	30	28	28	28

Source: *Households below average income (HBAI) statistics*²

Combined material deprivation and low income

This provides a broader measure of people's living standards and general resources. It measures the number of children living in households experiencing material deprivation – going without a range of items and activities – that have an income below 70% of contemporary median household equivalised income.

The material deprivation measure is based on nine household items and 12 child items. It considers things such as whether the child:

- has a family holiday away from home for at least one week a year;
- goes swimming at least once a month;
- has friends around for tea/snack at least once a fortnight;
- has celebrations on special occasions (for example, birthdays); and
- goes on a school trip at least once a term.

¹ Three year's worth of data are combined to create three-year moving averages because the Welsh annual sub-sample is small, at just around 1,200 households. Doing so reduces any imprecision and allows for better comparability over time, but the estimates are still fairly approximate.

² <https://statswales.wales.gov.uk/Catalogue/Community-Safety-and-Social-Inclusion/Poverty/HouseholdBelowAverageIncome-by-Year>.

A prevalence-weighted approach is applied whenever an item is lacked because it cannot be afforded, leading to final scores between 0 and 100, with households considered materially deprived if they score above 25. The suite of questions changed in 2010/11, and since three years of data are required for Welsh estimates, there is currently an estimate for only one period. The most recent HBAI data for Wales show that for the period 2011/12 to 2013/14, 17% of children were living in such households.

Absolute low income

This measures whether the poorest families are seeing their income rise in real terms against a 'baseline' relative low-income threshold for 2010-11. The latest estimate for Wales is that 34% of children are poor (after housing costs) in this 'absolute' sense, and this percentage rose through the years of recession and beyond – in contrast to the relative measure, which fell a little as the median income fell.

Persistent poverty

Persistent poverty, where a family experiences poverty over an extended period of time, can have a particularly detrimental impact on children. Recent research has shown that children in persistently poor households are more likely to have a long-standing illness or disability, less likely to do physical exercise, more likely to be temporarily and/or permanently excluded from school, more likely to be perceived by others as being below average in English and Welsh and considerably more likely to be living in temporary, unfit and/or overcrowded accommodation. These families are also more likely to suffer from other forms of material deprivation, for example not being able to keep the house warm.

Evidence from the Families and Children Study³ suggests that children with parents who do not work and whose income is derived from state benefits, are more likely to be persistently poor. There are other factors strongly associated with persistent poverty: parents with no qualifications, young mothers (under 25), large families (four or more children) and living in social housing.

A study based on the Millennium Cohort Study (MCS) has looked at child poverty and deprivation at the time of the Age 11 survey (Centre for Longitudinal Studies, 2014a). It revealed that around 17% of children were 'persistently poor' (that is, they had been poor at four or five of the five survey points to date). The rate was highest in Wales (21%), followed by Northern Ireland (19%), England (16%) and Scotland (13%). It confirmed the strong link between persistent poverty and worklessness. Fifty percent of workless families were persistently poor and 30% of lone parent families were persistently poor – accounted for primarily by their worklessness. Persistently poor children had much higher levels of material deprivation than others.

³ See <http://www.esds.ac.uk/longitudinal/access/facs/l4427.asp>

8.4 Transitions into and out of poverty⁴

Recent longitudinal analysis of both the MCS and the Understanding Society survey found that over the period 2009-2013 around 7% of children in the UK initially not in poverty had moved into poverty the following year, and 38% initially in poverty had moved out of poverty the following year (Barnes, et al., 2015). The study concludes that:

“...work plays a major role in determining families’ poverty status – two-thirds of children who entered poverty came from families initially in work, and four-fifths of children who escaped poverty came from families who either remained in or entered work”

and that the type of work makes a big difference. There was a particularly low poverty ‘entry rate’, and high ‘exit rate’ for children in families where the main earner works in public administration, health, or a professional occupation, but a much higher entry rate where the main earner works in construction or was in casual work than a permanent job.

Broadly consistent with previous research, this analysis found that almost three-quarters (74%) of poor workless families who found work, escaped poverty. These were more likely to be couples, with fewer children and with no disabled adults in the family – all of which make finding and keeping work easier.

Whilst events in the labour market are clearly strongly associated with moves into and out of poverty, the distance moved tends to be quite short. Entering poverty occurred because of an average fall in income of £406 per month, and exiting because of an average rise in income of £542 per month.

However gaining work or being in work, does not guarantee an escape from poverty. Recent research (Office for National Statistics, 2015) estimates that around 8% of people in work are also in poverty and that, over the period 2007-2012, just over 30% of single parent families and households with two adults and children remained in poverty despite getting a job.

The general picture for the UK shows that around a third, of the population experienced poverty in at least one year during 2009-2013, against an EU average of a quarter. In the UK in 2013, around half of poor people were persistently poor (poor in 2013 and in at least two of the previous three years), a lower proportion than in all but two other EU countries. In addition, the UK ‘in-work’ poverty rate was below the EU average and the ‘success rate’ in escaping poverty on finding work was higher in the UK than any other EU country studied. Single parent households in the UK are much more likely than others to experience poverty, with 60% of those living in such households being in poverty at least once over 2009-2013. This is almost twice as high as those living in households with two or more adults.

⁴ There are no Wales-specific figures in this section but comparisons are being made between the UK and other EU countries. Since poverty is dynamic, the UK figures are very likely to be equally applicable to Wales.

The evidence is that rather than particular risk factors being associated with either shorter-term or longer-term poverty, poverty persistence results from an accumulation and intensity of common risk factors. The persistently poor tend to suffer a greater number of these characteristics to a more intense degree (Department for Work and Pensions, 2014).

8.5 Severe Child Poverty

There is no official definition of severe child poverty in use in the UK, but around a decade ago Save the Children⁵ classified children as being in severe poverty if they are in households with:

“...severe income poverty (i.e. income below 50% of median), in combination with ‘severe’ material deprivation (deprived of both adult and child necessities, at least two of which shows some degree of severity – i.e. two or more items)”

(Magadi & Middleton, 2007)

On this definition around 13% of UK children lived in severe poverty at the start of the recession, with a slightly higher proportion in Wales (14%) and appreciably lower proportions in Scotland (9%) and Northern Ireland (9%) (Save the Children, 2011).

Children living in workless households are particularly at risk of living in severe poverty: over half of all children living in severe poverty are in families with no adult working. Also at high probability are children whose mothers have low educational attainment, those in single parent households, those living in rented social housing, those in families with disabled adults, children from minority ethnic groups and children in large families. Within Wales, it is estimated that the highest rates of severe child poverty are in Blaenau Gwent (20%) and above one in six children in Torfaen, Swansea, Caerphilly and Newport (Save the Children, 2011).

It should be noted, however, that concerns have been expressed over the reliability of self-reported very low incomes. There may be failure to identify some income sources and the figures will also include those on temporarily low incomes, such as the self-employed or those with seasonal work, and low-income households who are using savings to support their expenditure.

8.6 Children and young people living in institutional settings

As well as children and young people living in settled households, to which the great majority of published statistics, survey evidence and empirical research on the lives of children and young people applies, some live in various forms of institution – at least for part of their lives. It is well-established that some of the longer-term markers of wellbeing, notably educational attainment and employment outcomes for those leaving children’s homes and secure units are, on average, very poor, even though their narrowly conceived living standards may be adequate.

⁵ <http://www.savethechildren.org.uk/>

At the 2011 Census, there were 717 children aged 0-15 usually resident in 'communal establishments' in Wales (i.e. in managed residential accommodation). These were predominantly people who were living, or were expected to live, in a communal establishment for six months or more. Around a third were girls. The number of those aged 16-24 was much greater at 21,293, with an even split between males and females, and while the vast majority of these were in 'other establishments', including student and nurses' accommodation, some 241 individuals below the age of 25 were in local authority and other children's homes (including secure units) and a further 247 in uncategorised establishments.

8.7 Homeless children and young people

Over the course of 2014-15, 490 couple households containing dependent children were accepted by Welsh local authorities as being '*eligible, unintentionally homeless and in priority need*', as were 1,590 single parent households with dependent children⁶. The published statistics do not provide a count of the number of children involved, but assuming an average two children per household, it will number around 4,000. It is safe to conclude that all were in severe poverty, but there is little firm evidence on their 'here-and-now' and longer-term wellbeing. The number of 'priority need' households with dependent children annually has more than halved since 2003-04. The age of the applicants whose households were then accepted as being in 'priority need', gives further clues into the numbers of children and young people without a settled home. In 2014-15, there were 225 households accepted as being '*eligible, unintentionally homeless and in priority need*', where the applicant was aged 16 or 17 (around a quarter of the equivalent number in 2005-06), and 1,400 aged 18-24 (around 60% of the equivalent 2005-06 figure)⁷.

8.8 Poverty and Young Adults

The strong drive to tackle child poverty addresses the economic condition of poor parents or carers, as the income recipients, as well as their children. The position of young adults without children living independent lives has attracted rather less attention, but is arguably just as important in reflecting what happens to children from different backgrounds as they make the transition to adulthood. Youth unemployment (16- to 24-year-olds) is a particular concern, and there is strong evidence of the 'scarring' effects on income and job progression for those experiencing a spell of worklessness early in their careers. Between the year ending 31st March 2008 and the year ending 31st March 2012 the youth unemployment rate rose from 14.6% to 23.9%. The rate has since fallen to 18.9% in the year ending 31st March 2015, leaving Wales with the fifth highest rate amongst English regions and the devolved administrations. The proportion of 16- to 18- year olds who were 'NEET' (not in employment, education or training) was 10.9% in 2014, a similar level as in the previous two years. Among 19- to 24-year-olds, 20.7% were NEET in 2014, the lowest level since 2008 (Welsh Government, 2015a).

⁶ See <https://stats.wales.gov.uk/v/oir> (A dependent child is under the age of 16 and '*resides or might reasonably be expected to reside*' with the individual presenting as homeless).

⁷ See <https://stats.wales.gov.uk/v/onN>

Amongst those aged 16-24 in full-time employment, average (mean) gross weekly wages did not recover their 2008 value until 2014, when they reached £354. For older workers (aged 25-64) there were generally steady, though small, increases each year from £516 in 2008 to £555 in 2014 (Office for National Statistics, 2015)⁸. There is general belief that the effects of the recession were much worse for those entering, or trying to enter, the jobs market than for those already in post.

At UK-level, likely to be equally true at Wales-level, the poverty rate for adults rose for all age bands below the age of 60, and fell for all bands older than this, over the decade 2002/03 to 2012/13, and the highest proportional increase was experienced by the 20-24 age group, rising to 29% (see Indicator 7B in (MacInnes, et al., 2014, p. 29).

8.9 The disadvantages of poverty for children and young people

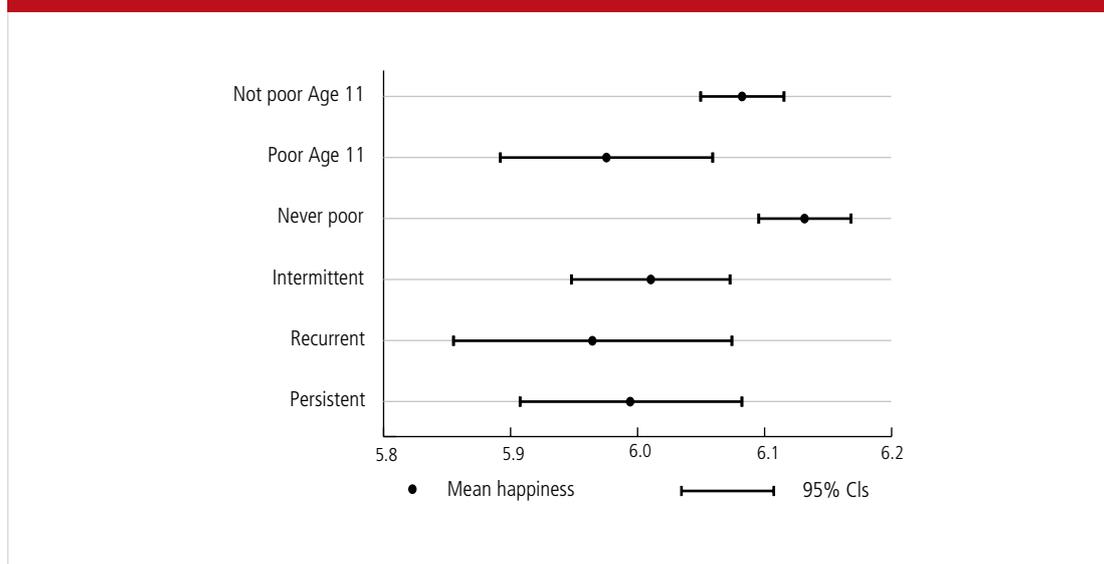
Poverty is important because of its effects on individual lives, and these can vary greatly between societies – linked to the relative and absolute degree of deprivation the poor suffer. The experience of unemployment can also be very damaging for mental health. Most studies conclude that the effects are worse for men than women and for those aged over 30 (Institute for Health and Work, 2009). Research for the Prince's Trust (2014) estimated that 40% of jobless young people in the UK have faced symptoms of mental illness – including panic attacks, suicidal thoughts and feelings of self-loathing – as a direct result of being unemployed. Similarly, a meta-analysis on the relationship between unemployment and mental health has found that 34% of unemployed individuals suffer from psychological problems (mixed symptoms of distress, depression, anxiety, psychosomatic symptoms, low subjective wellbeing, low self-esteem), compared with 16% for individuals in employment. There is likely to be a degree of reverse causation at play, but the evidence is that unemployment is not just correlated with psychological problems, but also causes them (Karsten & Moser, 2009). The aim of this final section is to comment on how living in poverty in Wales affects the wellbeing of children and young people, as they experience everyday life and over the latter course of their lives.

Evidence on the social and material circumstances of poor children and young adults is relatively easy to obtain from cross-sectional sources such as the Family Resources Survey, and other sections of this Monitor draw on this, but insight into how these are associated with their 'here-and-now' subjective wellbeing and over the longer-term is rarer. The MCS has regularly gathered information on around 19,000 children born in the UK from their birth in 2000 and is one such source (whilst it is UK-wide, the broad conclusions are likely to be equally applicable to Wales).

⁸ <http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings-pension-tables/2014-provisional-results/art--2014-annual-survey-of-hours-and-earnings--summary-of-pension-results.html>

The Age 11 survey (Centre for Longitudinal Studies , 2014a; 2014b) asked children how happy they were with their lives overall, with answers ranging from one (not at all happy) to seven (completely happy). Almost all children were 'very happy' (with an average score of 6.1), but, as Figure 1 shows, children who had been poor recurrently (at two or three of the survey dates) or persistently (at four or five of the survey dates), or who were poor at the Age 11 survey date, had slightly lower scores. So, there seem to be some aspects of being poor that detract from, or are at least associated with, subjective wellbeing in the 'here-and-now'.

Figure 1: Happiness scores among MCS children by poverty experience



How poverty affects children's subjective wellbeing has been researched through analysis of the self-completed questionnaires by 11- to 15-years-old (The British Youth Panel) administered as part of the longitudinal British Household Panel Survey (BHPS). This research (Tomlinson, et al., 2008) considered four dimensions of child wellbeing: 'home life' (a measure of the child's relationship with their parents); 'educational orientation' (measuring the child's attitude towards school and teachers); 'low self-worth' (relating to feelings of anxiety); and 'risky behaviour' (reflecting smoking, truancy, connections with drug use etc.).

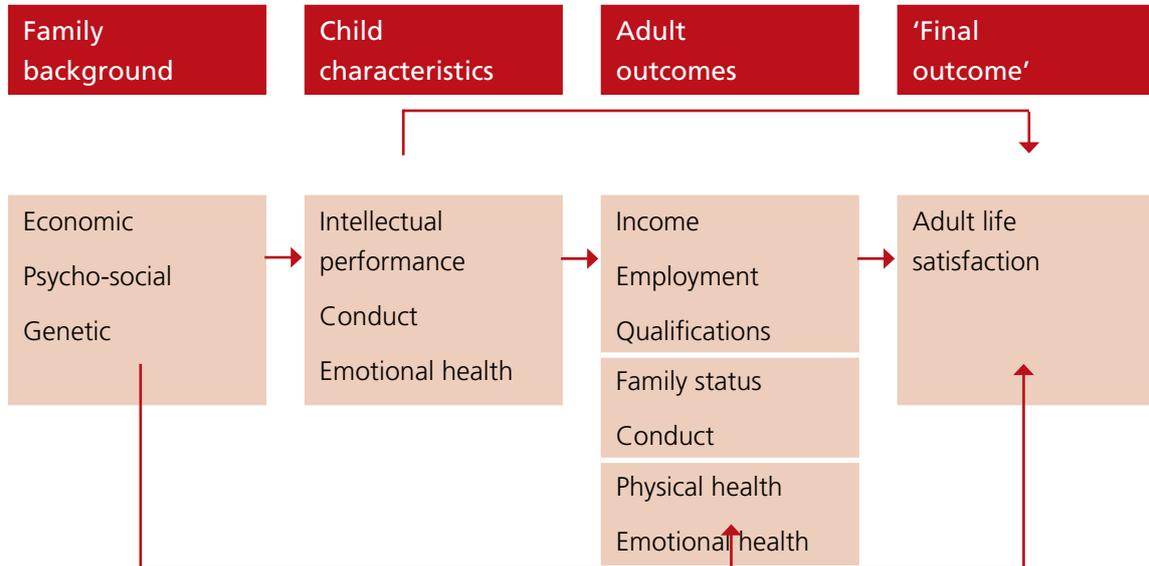
It showed that, for example, financial strain negatively affects all aspects of child wellbeing, whereas material deprivation is detrimental only to home life and risky behaviour. A poor physical environment (bad housing and/or local neighbourhood) leads to a worse home life, more anxiety and more risky behaviour. The study indicated that the greatest gains to child wellbeing would come from relieving the intense financial pressure on poor households, with improvements to housing and neighbourhoods also having relatively strong effects on all four dimensions.

Recent analysis of the MCS indicates that the degree of material deprivation 11-year-old children suffer rises to its highest level for those who have experienced persistent poverty, reducing for those recurrently poor, intermittently poor and never having been poor respectively. There is some evidence that, within each category, children in Wales are less materially deprived on average than children in England, and more deprived than children in Scotland (see Table 7.3 in Mostafa & Platt, 2014, p. 83).

As an influence on child wellbeing, poverty is best thought of as one of a number of distal factors associated primarily with parental behaviours and family and neighbourhood characteristics which in turn affect key child outcomes to varying degrees, including educational performance, behaviour and health (Washbrook, et al., 2013). In most instances lower income correlates with worse outcomes, but in a few cases the lack of financial resources is associated with more beneficial effects, including exposure to housing environments that lower the risk of obesity.

Over the longer-term, there are well-established associations between poverty in childhood and early adulthood and poorer labour market outcomes and hence the perpetuation of poverty into adult life. But, as Figure 3 below illustrates, adult wellbeing depends on much more than the child's family income.

Figure 2: A Model of Adult Life Satisfaction (adopted from O'Donnell, et al., 2014, p. 48)



One recent longitudinal study (Layard, et al., 2013) suggests that, amongst these diverse factors, it is a child's emotional health that matters most because of its effect on mental health in adulthood. Next comes the child's behaviour, because it has a large effect on their family formation and law-abidingness. Both factors might be regarded as reflecting the quality of the child's personal relationships, at home, school and in wider society. The stress of poverty can undoubtedly adversely affect the quality of these relationships. Income in childhood and later matters for adult life satisfaction, but accounts for less than 2% of the variation in life satisfaction across the population of any developed country. Intellectual performance during childhood, whilst it has a big effect on employment outcomes and incomes, has only a small impact on adult life satisfaction.

In addition to these easily specifiable factors, the emerging evidence is that genetic endowment is very significant to subjective wellbeing. As O'Donnell et al. (2014, p. 48) put it:

"Because good genes and good experience are positively correlated, much current social science almost certainly exaggerates the effect of good experience".

It seems likely that the role of genes in generating subjective feelings of wellbeing, in interaction with experiences from the start of life and even pre-birth, will become an increasingly important line of enquiry for understanding the effects of poverty on the wellbeing of children and young people.

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9. Conclusions

The 2015 Monitor aimed to provide an accessible and concise overview of key information about the wellbeing of children and young people in Wales and to identify key trends. Monitoring children's wellbeing in this way is an important means of identifying aspects of life which are going well for children and aspects where there is room for improvement. This concluding chapter focuses on three key areas:

- time trends in Wales;
- comparisons between Wales and other nations within and outside the UK; and
- gaps in current evidence about children's wellbeing in Wales.

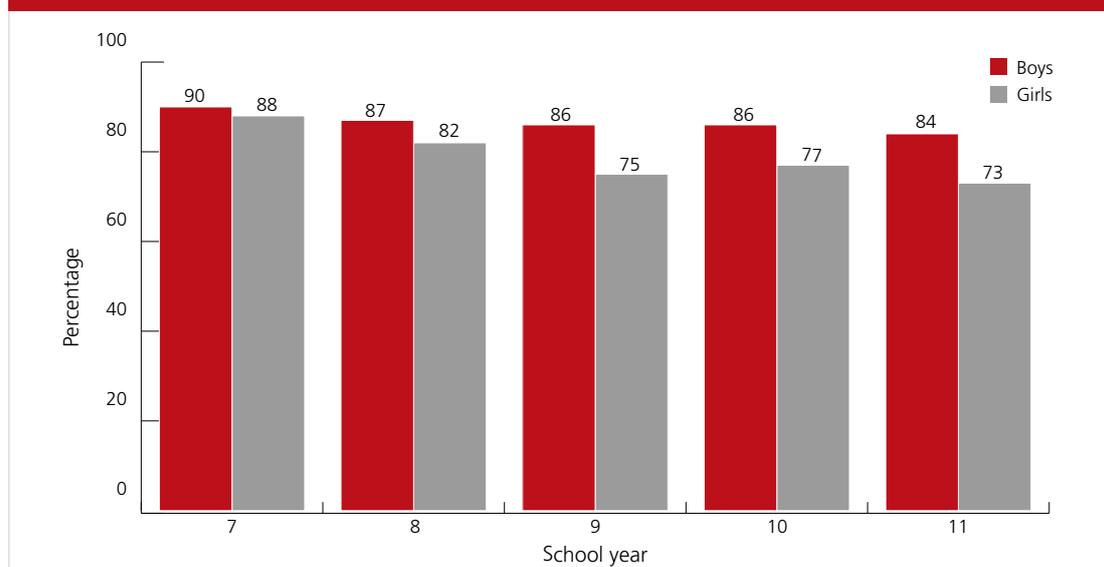
Before covering those topics, it is worth noting that while each chapter of the report covers a specific topic, there are also some cross-cutting indicators of children's overall wellbeing based on self-reported data. There is a growing international interest in the potential value of such subjective wellbeing measures (in relation to adults and children) for policy purposes as a complement to established objective measures of societal progress such as GDP (Stiglitz, Sen & Fitoussi, 2009). Within Wales, this is being considered under the requirements of the Wellbeing of Future Generations (Wales) Act 2015 and during Autumn 2015 Welsh Ministers consulted on proposals around national wellbeing indicators to monitor progress against the seven wellbeing goals.¹

In the UK, the Office for National Statistics has been developing sets of indicators of national wellbeing which include subjective measures (ONS, 2015). There is a specific indicator set for children (Beardsmore & Siegler, 2014). At this stage, data on children's subjective wellbeing published through this initiative is only available for the UK as a whole. However, there are two other sources of such information which contain data specific to Wales. The Health Behaviour in School-aged Children (HBSC) study discussed in several of the previous chapters contains a question on children's life satisfaction and the Millennium Cohort Study (MCS) included a number of questions for children aged 11 about their subjective wellbeing in Wave 5 conducted in 2011/12.

The measure of life satisfaction in the HBSC study uses a scale called Cantril's ladder (Cantril, 1965) where zero represents the worst possible life and ten the best possible life. As seen in Figure 1, life satisfaction declines slightly with age for girls, remaining fairly constant for boys, where a score of six or more is used to represent being reasonably satisfied with life.

¹ <http://gov.wales/consultations/people-and-communities/future-generations-act-how-do-you-measure-a-nations-progress/?lang=en>

Figure 1: Percentage reporting high life satisfaction by school year, Wales, 2013/14



Source: HSBC (2013/14)

In the Millennium Cohort Study, children were asked a set of six questions about their satisfaction with family, friends, appearance, school, school work and life as a whole. The Children's Society (2014) reported findings of a summary subjective wellbeing score (from zero to 36) based on these six questions. The mean score for children aged 11 in Wales was 29.6 out of 36 and the percentage of children with low life satisfaction (defined as a score of less than 22 out of 36) was 8.8%.

The overall indications from these two studies are that the majority of children in Wales are reasonably satisfied with their lives as a whole, but there are a minority who are not. An important aspect of ongoing research on this topic is to develop an understanding of the factors that affect children's subjective wellbeing.

9.1 Trends

Early years

Where comparisons over time are possible, the large majority of recent trends in early years wellbeing in Wales have been in a positive direction. For example, there has been a notable reduction in the percentage of mothers drinking alcohol during pregnancy (down from 55% in 2005 to 39% in 2010) and an increase in the percentage of mothers initiating breastfeeding (up from 67% in 2005 to 71% in 2010). Infant mortality rates in Wales have decreased substantially over the last three decades.

There have also been improvements in the diets of children aged four to seven with an increase in the percentage of children eating fruit and vegetables daily. The main negative trend noted in Chapter 2 was a fluctuation in the percentage of children aged four who were up to date with immunisations (86% in 2014-15 compared to 90% in 2009-10). With this one exception the overall picture of health trends in the early years is generally encouraging.

In terms of education in the early years, the proportion of pupils achieving at least the expected level in the foundation phase was 85% in 2014 – a small increase from 83% in 2013.

Education

Recent trends in children's engagement in compulsory education have been mostly positive. There has been a decrease in the overall number of half days missed by children and a reduction in the proportion of children who are persistently absent both in primary school and secondary school. On the other hand there has been an increase in time missed due to unauthorised absence, particularly in primary schools. The rate of fixed-term exclusions has increased a little in primary school but fallen in secondary schools.

The report summarises positive progress in a number of indicators of children's educational attainment up to age 16 over recent years. There have been overall increases in the percentage of pupils achieving expected levels at the end of Key Stages 2 (around 11 years old) and 3 (around 14 years old); and a substantial increase in the percentage of children achieving at least five GCSEs at Grades A* to C (83.4% in 2014/15 which is an increase of almost 20 percentage points since 2009/10). There have also been reductions in the attainment gap between children eligible for free school meals and other children at Key Stage 2, Key Stage 3 and GCSE level². These positive trends present a different picture to trend data for Wales from the international PISA study of 15-year-olds where there were significant falls in Mathematics and Science scores, but not in Reading scores, between 2006 and 2012, but no significant change in either Mathematics, Science or Reading between the last two waves in 2009 and 2012³. The PISA results for 2015 are likely to be published in 2016.

As well as attainment it is relevant to consider children's views and feelings about school. The report on the 2012 PISA study in Wales noted that children in Wales report a *'high sense of belonging and satisfaction with school'*. It does not appear that children's evaluations of secondary school in Wales have changed substantially over the last few decades. In the 2014 HBSC study, over a quarter (27%) of children in years 7, 9 and 11 said that they liked going to school a lot – a very similar figure to 1986 (25%) and 1990 (26%).

² The percentage point gap for achievement of five A* to C grades has reduced from 34% in 2009/10 to 20% in 2013/14 although the gap for achievement of five A* to C grades including English and Mathematics has only fallen slightly.

³ National Assembly for Wales (2013) Programme for International Student Assessment (PISA) 2012: Research Note. Cardiff: National Assembly for Wales

There were few clear trends in post-compulsory education although there was some improvement in A-level results between 2010 and 2014, and more Welsh young people are attending higher education. The number of Welsh-domiciled enrolments to Higher Education Institutions increased from just under 55,000 in 2008/09 to almost 59,000 in 2013/14.

Health

Chapter 4 reports a number of encouraging trends in the health of children in Wales aged eight and above. Dental health and frequency of tooth-brushing have improved. The rate of immunisations for MMR and the three-in-one teenage booster have increased. Children's evaluations of their own health have also improved consistently over the last decade or so with only 19% of children in school years 7 to 11 rating their health as 'fair' or 'poor' in 2013/14 compared to 26% in 2001/2. The rate of teenage conception also decreased substantially between 2008 (64 per 100,000) and 2013 (43 per 100,000). The only substantive negative trends in the health statistics are that rates of hospital admissions for self-harm appear to have increased for females aged 10 to 17 over the last few years and that there has been a long-term increase in the reported rate of chlamydia, although it is possible that this is attributable to increased awareness and diagnosis rather than increased incidence.

In terms of health behaviours, there has been a 16% increase in the number of referrals of young people under the age of 20 to treatment services for cannabis use over the last five years. However, where trend data is available, other indicators are stable or show signs of improvement. Rates of alcohol and tobacco consumption among children have fallen substantially in recent years, as have the number of referrals of children to substance misuse treatment services in general which reduced by 63% between 2009/10 and 2013/14.

Play, sport, leisure and culture

There is limited information on trends in relation to children's play, sport, leisure and culture as many of the indicators included in the monitor are from the Millennium Cohort Study which can not provide time series data. However there are some indications of trends from the other data sources used in Chapter 5.

It is probably not a surprise that there is evidence that the amount of time that children spend using computers has increased over the past four years in Wales. Over the same period time spent watching television has remained relatively stable.

On the other hand, the latest statistics from two different sources (Welsh Health Survey and HBSC) do not suggest that there has been any significant change in children's levels of physical activity in recent years. Levels of active travel to school have also remained relatively stable over the last eight years.

Moreover, recently published results⁴ from the Sports Wales survey 2015 (not included in Chapter 5) indicate that the numbers of children and young people taking part in sport or physical activity three or more times a week has risen from 40% in 2013 to 48% in 2015. The proportion of older young people (15 to 24 years old) who participate in sporting activity also increased according to the most recent information (up to 2012). The only substantive decreasing trend in sports activity noted in Chapter 5 is a reduction in the take-up of free swimming and other structured swimming activities by children.

There is some evidence of a recent increase in children's attendance of arts events, but no clear trend in levels of arts participation (Arts Council of Wales Research Team, 2015). There has been an increase in attendance at National Eisteddfod activities over the last three years.

Participation and identity

In relation to participation and identity unfortunately there is currently very limited trend data available. Chapter 6 mentions some evidence from the National Survey for Wales that fewer young people aged 16 to 24 felt that they could influence decisions in their local area in 2013-14 compared to the previous year. There is also some evidence that fewer young people in this age group had had a personal experience of discrimination. However the differences are relatively small and longer-term trend data is needed to draw any conclusions.

Updated trend data from the HBSC survey for children and young people up to the age of 16 on some issues covered in Chapter 6 such as participation in decision-making at school is not yet available. However there is evidence (Ipsos MORI, 2015, Slide 156) of a significant improvement in the proportion of children aged 11 to 15 in Wales who find it easy to talk to their father (up from 60% in 1994 to 75% in 2014).

Safe home and community

There is trend-based information available on some of the topics relating to children's safety at home and in the community covered in Chapter 7 and this presents a mixed picture in relation to this topic.

There has been a decrease in the number of families with children in temporary accommodation and in the percentage of families with children who spend over a year in such accommodation.

The number of road traffic casualties of young people aged 16 to 24 was 8% higher in 2014 than in 2013, but the longer-term trend shows a reduction in numbers of casualties over the last decade.

⁴ <http://sport.wales/research--policy/surveys-and-statistics/school-sport-survey.aspx>

There is some evidence of a significant increase in children's experiences of bullying in secondary schools in Wales in 2013/14 compared to baseline statistics for 2002 (Ipsos Mori, 2015, Slide 192).

Analysis published by the NSPCC (Jutte et al. 2015) indicates a small increase in the five-year average child homicide rate although the figures per year are very small (typically less than 10 homicides) and current rates are still lower than in the early 2000s. The rate of recorded sexual offences against children under 16 in Wales has increased in recent years, but Jutte et al. (2015, p.27) argue that this *'is likely to be due to a willingness to report abuse due to high profile sexual abuse cases in England and Wales, combined with improved recording practices.'*

Poverty

Recent trends in child poverty in Wales also present a mixed picture. The percentage of children living in relative poverty appears to have decreased slightly over the past few years but is still higher than in the period from 2003 to 2005. In contrast the percentage of children living in families with absolute low income has increased over recent years.

There are more positive trends in youth education, employment and training. The youth unemployment rate has fallen recently from a peak of 24% in 2012 to under 19% in 2015 although this rate is still higher than in 2008 (under 15%). The proportion of young people aged 19 to 24 who are not in education, employment and training has also fallen, but there has been little change in the rate for young people aged 16 to 18. After a period of decline, average wages for young people aged 16 to 24 in full-time employment returned to their 2008 value in 2014.

Overall subjective wellbeing

According to the latest figures from the HBSC survey there was no significant change in the life satisfaction of secondary-school-aged children in Wales between 2001/2 and 2013/14 (Ipsos MORI, 2015, Slide 71).

9.2 Comparisons with other countries

Comparing children's wellbeing in Wales with that in other countries within and outside the UK is more challenging than comparing trends over time within Wales. First, comparative data is only available for some of the indicators presented in the monitor and so it is impossible to gain a comprehensive picture. Second, there is the issue of viewing any available comparable statistics within context. With increasingly divergent policy and service contexts this is now more relevant for comparisons between UK countries as well as with countries outside the UK.

While comparative data are not available for a full range of indicators, the following is a brief overview of available comparisons within and outside the UK (where possible) focusing on selected key indicators of education, health, poverty and overall wellbeing.

Education

The main point of cross-national comparisons for educational attainment is the PISA study. In the latest published statistics from 2012, Wales ranked 43rd out of 68 nations for Mathematics, 41st for Reading and 36th for Science. These rankings were all lower than for the other three UK nations.

On the other hand, children's evaluations of their school experience in Wales tended to be above the average for OECD nations in the PISA study. It is clear that children's happiness at school and their educational attainment do not necessarily go hand in hand. Relatively high-attainment countries such as Finland, Estonia and Korea were near the bottom of the league table of children's happiness at school.

Health

A wide range of international comparisons of health outcomes and behaviours are possible and paint a mixed picture. For example, in the most recent international comparative analysis of European and North American countries (Currie et al., 2012) from the Health Behaviour in School-aged Children Survey 2009/10 (HBSC), Wales had a relatively high proportion of children who said their health was fair or poor; and a relatively high proportion reporting being overweight or obese. On the other hand Wales was in the middle of the rankings for the proportion of children who reported a medically attended injury in the last 12 months; and had a relatively low proportion of children who reported multiple health complaints more than once a week.

In terms of health behaviours the HBSC report also shows a mixed picture for Wales. Compared to other countries, children in Wales have relatively high frequency of tooth-brushing; average levels of daily physical activity; relatively high rates of drinking alcohol at the age of 15; relatively high rates of sexual activity by the age of 15; but also comparatively low rates of smoking at the age of 15. Updated comparative information from the 2013/14 HBSC survey will be available in early 2016.

A recent report by UNICEF of child wellbeing in rich countries found that the UK as a whole had higher than average infant mortality rates, but average rates of immunisation and slightly lower than average child and youth mortality rates (UNICEF Office of Research, 2013).

Poverty

For poverty, the main comparative indicator across the UK is the percentage of children living in households below 60% of the median income. On this measure Wales (31%) had a higher rate of poverty in 2013/14 than England (28%), Northern Ireland (25%) and Scotland (21%).

Overall wellbeing

In the Millennium Cohort Study discussed earlier in this chapter the mean life satisfaction score and the percentage of children with low life satisfaction in Wales were not significantly different to the other three nations of the UK (The Children's Society, 2014).

Comparative data for countries outside the UK are not yet available from the 2013/14 wave of the HBSC survey. In the previous wave in 2009/10 the percentages of girls in Wales with high life satisfaction at age 11, 13 and 15 were all a little lower than the OECD average; while the percentages for boys in Wales were around the average for the younger two age groups and slightly below average for the 15-years-old age group (Currie et al., 2012).

9.3 Strengths and gaps in currently available evidence

This monitor pulls together a substantial amount of previously published evidence about children's wellbeing across a broad range of relevant aspects of life. It reflects the considerable efforts that have been made by a range of organisations and individuals to develop and gather data on a diverse set of social indicators in Wales and in the UK in general. There are however still gaps in the overall picture of three different types.

First, there are some topics for which Wales-specific data does not exist. An example is the latest crime survey data cited in Chapter 7 which is for England and Wales combined. The problem with the data of this kind is that, due to the relative sizes of the two nations, the statistics are a much more accurate reflection of crime in England than they are of crime in Wales.

Second, some topics are much better covered than others. In particular there is a wealth of data on health and education which is presented in Chapters 2 to 4, but it was much more of a challenge to draw together a set of indicators relating to a 'safe home and community' for Chapter 7. It is notable that the discussion of child wellbeing in the early years in Chapter 2 focuses exclusively on health and education.

Third, there are variations in the amount of available data gathered from children and young people themselves across the different topics covered in this report. Wales is fortunate to have national surveys of children's sports participation (Sports Wales) and arts engagement (Arts Council of Wales) as well as participating

in two important international surveys on health and education – the Health Behaviour in School-aged Children conducted every four years and the PISA study on educational attainment conducted every three years. The longitudinal Millennium Cohort Study in the UK also includes a sufficient sample of children in Wales to generate national statistics, although unlike the other surveys this is limited to a single age group of children and so can not provide trend information.

However, despite this positive picture, important gaps remain in our knowledge of children’s views and experiences of living and growing up in Wales. For example, there is no information from the above regular surveys in Wales about how safe children feel at home or in their local area; about their opportunities to participate in decision-making in their communities or more widely; about their experiences of poverty or discrimination; about their identity or their engagement with the Welsh language; or a broad overview of their time use and activities. These are all important topics for gaining a comprehensive understanding of children’s wellbeing.

Finally, this monitor provides overview statistics for Wales as a whole. It is also valuable to consider variations in child wellbeing within Wales. An important new source of information about this is an “Area Analysis of Child Deprivation”⁵, produced by statisticians from Welsh Government as part of the Welsh Index of Multiple Deprivation series of products. It provides analysis about children by Lower Super Output Area for topics including health, income and education. This statistical article is accompanied by tables showing breakdowns of a wider range of indicator data by age, and a second article providing guidance on analysing the indicator data. Developing an understanding of regional and local variations and how they might be tackled is an important direction for future work on child wellbeing in Wales.

⁵ Accessible at: <http://gov.wales/statistics-and-research/welsh-index-multiple-deprivation-child-index/?lang=en>

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