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HBSC England National Report

Findings from the 2021-2022 HBSC study for England

HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN:
WORLD HEALTH ORGANISATION COLLABORATIVE
CROSS-NATIONAL STUDY (HBSC)

CHSS
University of Kent

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HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC):
WORLD HEALTH ORGANISATION COLLABORATIVE CROSS-NATIONAL STUDY

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MINISTERIAL FOREWORD

The HBSC questionnaire asks about many features of daily life for children and young people in England such as their diet, physical activity, sleep, smoking and alcohol use, as well as their experiences with their families, friends, and schools.

It is pleasing to see the majority of children and young people are in good health and that many report high levels of life satisfaction. However, it is concerning to see higher levels of mental health problems, that very many young people are not getting the recommended sleep and that overall, activity levels are low. This is why we are investing in school sport and community facilities.

Whilst children and young people are facing new challenges in recent years, not only due to the COVID-19 pandemic, but also from increased social media use and disordered gaming, their lives are increasingly more complex and shaped by several interacting factors in their homes, schools and social environments. The results from this survey highlight the many influences children experience in their lives and gives valuable insights into their concerns, needs and related health behaviours.

The survey findings highlight where the areas of greatest concern lie, and in which groups, and therefore show where priorities need to be focussed to improve lives. Girls from the least affluent families are the group of children and young people in this survey that are at the greatest risk of a range of both mental and physical health issues. This group of girls are the most likely to smoke, vape, and experience bullying, including cyberbullying. Many of them scored so low on measures of mental well-being that they could be categorised as 'at risk of depression'. They report the least parental involvement and support in their education.

Supporting the mental health of young people remains a priority for this government, and the government remains committed to improving support and ensuring that the best help possible is available to anyone that needs it.

I thank the authors for their work on this survey and recommend professionals and staff working with children and young people read this significant report and respond to the conclusions.

Neil O'Brien
Parliamentary Under-Secretary
Department of Health and Social Care

YOUTH FOREWORD

YOUTH FOREWORD

The HSBC study is incredibly important to all young people, those that work with young people and those that have young people in their lives. Involving young voices throughout the stages of the study, including developing the survey and responding to the findings, is extremely valuable as it increases accessibility for and understanding from young people completing the survey. We believe that young people would be more willing to complete the study and give more honest answers knowing that other young people were involved in the development of the survey and discussions around the findings.

The HBSC study gives a unique insight into the health behaviours of young people, which can help identify areas that might need additional support. As young people, we are experts by our own experience and may well have been affected by the issues examined. So, involving young people in discussions around the findings is very valuable to naturally provides a unique understanding of why problematic behaviours are occurring and the best ways to provide support. These are some of our priorities for future support:

MENTAL HEALTH. *Pressures on young people start really early. Sometimes it feels overwhelming.*

- There needs to be better and earlier support for young people with their mental health. Changing the way the school system works – not focusing so much on GCSEs/exams would help.
- We need better funding and training for teachers and counsellors in schools and free services to listen, support and give advice. This is important for young people with mental health difficulties and disabilities that are invisible or visible. Young people need to be able to trust the staff enough to confide in them, stop masking and start thriving and flourishing.
- Implement teaching for young people by young people around mental health, as well as other issues like vaping and sexual health, as they can do it in a way that we would listen.

LACK OF PROPER SLEEP, NUTRITION AND EXERCISE. *The majority of young people in this study reported having difficulties in one or more of these areas.*

- It's important to understand how these topics connect with each other to understand what's really happening in young people's lives, like sleep and screen time or sleep, worry and unrealistic expectations. And when schools, councils or government are doing projects to help, they need to connect these different topics too to be able to really have an effect.
- Young people need more opportunities for exercise other than team sports. School is split between people who are athletic, good at team sports and like PE and those who are put off exercise altogether because the only exercise we are offered is team games which is awful for people who have difficulties with coordination or just dislike sports.
- The cost of living crisis might have affected health and nutrition in different ways, for example parents working longer hours so not being home and some healthy foods being really expensive. If some people can't get involved in sports outside school, don't have local facilities or feel safe, or have less support at home, we need more help for those young people that are missing out.

DIGITAL MEDIA. *Young people spend more time on digital media especially since Covid. There are negatives but not all digital media use is bad so this needs to be studied more and understood better.*

- Better education on what you should/shouldn't be doing on digital media would help, especially from a young age. This could include sessions for adults and parents who may not fully understand its risks for young people. Improving the education of both young people and adults would help the problem of negative technology use and better discussion about more healthy use and benefits.
- Many apps and games have predatory models that take advantage of young people making them feel like they are not spending real money and encouraging continuous spending. There needs to be more done to stop this kind of targeting of young people.

Sussex Partnership NHS Foundation Trust's (SPFT) Youth Patient and Public Involvement (PPI) Café: project lead and participants, aged 14+. September 2023

ACKNOWLEDGMENTS

The HBSC England team are extremely grateful to all the schools, teachers and young people who took part in the 2022 HBSC England study. We very much appreciate the time and support they gave to the research at a particularly difficult time with the backdrop of the Covid-19 pandemic and associated measures. We would also like to thank members of the Sussex Partnership NHS Foundation Trust Youth Patient and Public Involvement Café and the other young people who have contributed so generously to the HBSC England survey process from 2021 to date; also, Julia Hickman for her coordination of the youth café and ongoing support.

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Our gratitude too to the Department of Health and Social Care and the Department for Education for their funding of the HBSC England study. Special thanks to Mary Grinsted and Catherine Newsome for their continued support.

PROFESSOR FIONA BROOKS, HBSC PI 2010-2023

In early 2023, Fiona Brooks, our Principal Investigator, very sadly died. Fiona was one of those extraordinary women who combined her strength and purpose in life with compassion and care for others. She was, without doubt, an incredible academic and sociologist who made a huge impact on her students, colleagues and the research teams she led and worked with. She was an extraordinary leader of the HBSC England survey and totally committed to the health and wellbeing of young people across the international network. We miss her hugely and will continue the work of HBSC England that she developed, led and inspired. Thank you Fiona, your work will continue to live on and make a difference to young people's lives.

DR ELLEN KLEMERA, HBSC CO-PI 2014-2022

We would finally like to thank Ellen Klemera and acknowledge with great respect the work that Ellen undertook for HBSC. Up until her retirement in 2022, she brought energy and intellect to HBSC and was highly regarded in her field. Thank you Ellen for your valued contribution.

ABBREVIATIONS

BMI	Body Mass Index
DSH	Deliberate Self Harm
EMC	Electronic Media Communication
FAS	(HBSC) Family Affluence Scale
HCP	Healthcare provider
HBSC	Health Behaviour in School-aged Children (study/survey)
LTC	Long term condition
WHO	World Health Organisation

EXECUTIVE SUMMARY

This report presents data from the 2022 Health Behaviour in School-aged Children (HBSC) study in England. HBSC is an international study conducted in collaboration with the World Health Organisation (WHO). The study captures data on young people's health, health behaviours and social environment. This report is based on the data from 5377 young people in England. It presents prevalence statistics and trends data spanning 2002-2022. Key findings are summarised below:

HOW ARE YOU?

SELF-RATED HEALTH

While nearly 80% of young people in 2022 rated their health as good or excellent, this marked a decline from 2018. A greater proportion of boys rated their health positively compared to girls.

MULTIPLE HEALTH COMPLAINTS

There was a rise between 2018 and 2022 in the reporting of multiple, regular health complaints from 61% to three quarters (75%) of young people. Girls were more likely than boys to report multiple regular health complaints.

SLEEP

Sleep duration and quality had declined since 2018 with 57% of 15 year old girls reporting not getting enough sleep to feel awake and concentrate on schoolwork. Older adolescents and girls consistently provided the more negative feedback. Disparities were intensified by lower levels of family affluence.

LONG-TERM CONIDTIONS AND IMPACT ON SCHOOL PARTICIPATION

Young people reported a rising prevalence of long-term health conditions (LTCs) in 2022, with girls the most likely to report both having a LTC and that it caused disruption to their school participation and attendance.

SPIRITUALITY

While girls were more likely to value connection to others and nature, boys demonstrated a higher value to self and the transcendent. Thirteen year olds from the least affluent families were the least likely to positively rate the importance of each type of connection – apart from the connection to a higher power.

EATING HABITS

Just over half of young people reported eating breakfast every weekday, marking a continued decline since 2014. This was matched by a rise in those never eating weekday breakfast. More widely, less than half of young people reported eating vegetables (46%) and fruit (41%) daily. However, while a smaller proportion of girls reported eating fruit and vegetables than in previous years, the opposite was true for boys which reduced the gender gap. Fruit and vegetable consumption demonstrated stark family affluence disparities. The affluence gap was less strong for breakfast consumption, although 13 and 15 year old girls from the least affluent families were the most likely to never eat weekday breakfasts. Consumption of sugary, diet and energy drinks demonstrated negligible age, gender and family affluence differences, but there was a very slight increase between 2018 and 2022.

TOOTHBRUSHING

Toothbrushing increased with age, with 73% reporting brushing their teeth more than once a day at the age of 11, rising to 80% by the age of 15. Boys were slightly more likely to brush more than once a day than in previous years, but the opposite was true for girls. The strongest family affluence gap was

documented among 11 year old boys where only 56% from the least affluent families reported regular toothbrushing compared to 84% of 11 year old boys from the most affluent families.

BODY WEIGHT AND BODY IMAGE

The majority of 15 year olds were in the healthy weight category (this question was only asked of 15 year olds), with just over a quarter classified by their BMI as overweight or obese and less than a tenth underweight – however just over half thought that their body was about the right size, a decline from 2018. Thirteen year old girls from the least affluent families reported the lowest scores for body positivity and perception. Nearly 90% of 15 year olds reported controlling their weight over the previous 12 months, with boys more likely to exercise and girls more likely to control food intake.

PHYSICAL ACTIVITY

There was a slight increase in the proportion of boys meeting the WHO target for physical activity[i] in 2022 (21%), though girls remained constant at just 12%. Vigorous activity outside of school also demonstrated an improvement, predominantly among boys, however those from the most affluent families were more likely than their peers from the least affluent families to engage in vigorous physical activity.

SEXUAL ACTIVITY

The previous gender gap in sexual activity reported by 15 year olds was not apparent in 2022 following a rise among girls to 22% and a fall among boys to 21% from 2018 (these questions were only asked of 15 year olds). Young people were also less likely to report condom use in 2022 compared to 2018, but more likely to report using contraceptive birth-control pills.

MENTAL WELLBEING

While 57% of young people met the criteria for high mood, 24% were in the low mood category and 19% were deemed at risk of depression. Among girls, risk of depression increased with age and lower family affluence with around 45% of 13 and 15 year old girls from the least affluent families meeting the criteria of being at risk of depression.

LIFE SATISFACTION

Boys were more likely to be classified as 'thriving' with a marked decline among girls between 2018 and 2022. While 71% of 13 year old boys from the most affluent families were thriving, this was the case for just 38% of girls in that category.

LONELINESS

Nearly a quarter (23%) of young people reported feeling lonely in the past 12 months, rising with age among girls, but more stable and lower among boys. Overall, reported loneliness was twice as prevalent among girls (32%) than boys (15%).

SELF-EFFICACY (PROBLEM SOLVING)

Boys, particularly older boys, were also more likely than girls to report problem solving behaviours and this was enhanced by higher family affluence levels.

DELIBERATE SELF HARM

These questions were only asked of 15 year olds. While girls reported a higher prevalence of deliberate self-harm (DSH) in 2022 compared to 2014 and 2018, the proportions of boys reporting DSH at least once a week rose to close the gender gap with girls: in 2022, around a quarter of boys and girls reported DSH at least once a week.

[i] *at least one hour of moderate activity every day*

FAMILY AND FRIENDS

FAMILY STRUCTURE

The proportion of young people who reported living with both parents in England rose between 2010 and 2022.

YOUNG CARERS

Girls and young people from the least affluent families were more likely to report doing extra work at home because someone is disabled, sick, or can't do things, compared with boys and young people from the most affluent families. Overall, 16% reported providing this kind of care at home.

FAMILY MEALTIMES

The proportion of young people having daily family meals decreased between 2010 (52%) and 2022 (37%). Three-quarters of young people reported sharing regular mealtimes with family, although this declined with age and level of family affluence in 2022. While boys were more likely than girls to report regular family meals at the ages of 11 and 13, by 15 the gender difference had faded. Among girls from the least affluent families, 14% reported that they never ate family meals, compared with 4% from the most affluent families.

COMMUNICATION WITH PARENTS

The ease of young people's communication with parents varied considerably according to age and gender, but was in decline. Easy communication was more prevalent with mothers than with fathers. Boys found it easier than girls to talk with either parent; however, across all age groups and both genders, easy communication with parents decreased from 2014 to 2022.

FAMILY SUPPORT

Just over half (51%) of young people reported that they received support from their parents, falling slightly from 54% in 2018. Overall, boys were more likely than girls to report receiving appropriate help and emotional support from their families. Likewise, younger adolescents of both genders reported having slightly more support than their older peers. The findings suggest that most young people felt their parents were interested, and engaged with them, although parental engagement and support was associated with family affluence. Young people of all age groups from the most affluent families were more likely to report high family social support than boys and girls from the least affluent families.

PARENTAL SUPPORT FOR EDUCATION AND SCHOOL

Parental support in education declined from 2014 and 2018 to 2022, though nearly three quarters (72%) said they were supported in this way. Boys reported a greater prevalence of parental support in education with 13 year old boys receiving the most. This contrasted with 13 year old girls who reported the least support, in particular among those from the least affluent families.

SOCIAL SUPPORT FROM FRIENDS

Just over a third (37%) of young people reported high levels of social support from friends and this was more common among girls. The proportion of young people reporting social support from friends declined with age and increased with levels of family affluence. However, despite a fall in friends' support between 2014 and 2018, this item stabilised in 2022.

HEALTH AND THE WIDER WORLD

NEIGHBOURHOOD BELONGING

Young people reported a declining sense of belonging with fewer reporting feeling safe and connected. There were clear disparities with those from the most affluent families more likely to report high neighbourhood belonging, compared to those from the least affluent families. This was apparent in the extent to which young people felt safe and rated their area's safety for younger children. While reports of local facilities and resources improved overall, 15 year old girls from the least affluent families were more than twice as likely as those from the most affluent families to say that there were not good places to go in their free time.

PERCEPTIONS OF SCHOOL

Perceptions of school became more negative between 2014 and 2022 with the greatest declines in belonging and safety, particularly among girls aged 13 and 15 from the least affluent families. Meanwhile, the proportion reporting liking school halved and the pressure from schoolwork doubled between 2014 and 2022.

TEACHER AND CLASSMATE SUPPORT

While teacher support and positive classmate relationships have the potential to act as protective assets, they were also in decline, particularly among girls. Teacher support was weakest for 13 year old girls, particularly among those from the least affluent families, while 13 and 15 year old girls from the least affluent families, again, were the least likely to report positive classmate relationships.

ELECTRONIC MEDIA USE

Reports of intense electronic media communication (EMC) increased between 2018 and 2022, most notably among younger adolescents. Thirteen year old girls from the most affluent families reported the highest prevalence of intense EMC. Since 2018, the proportion of young people reporting 'problematic' social media use (PSMU) where they neglected other activities, had arguments with others or serious conflict with family had doubled. In 2022, girls were twice as likely than boys to report PSMU with 13 year old girls from the least affluent families most affected. So, while 13 year old girls from the most affluent families were the most likely to use EMC intensely, it was the 13 year old girls from the least affluent families who reported the greatest problematic impact from their social media use.

GAMING

The prevalence of young people playing computer games for 2+ hours at a time rose steeply between 2006 and 2022, with the proportion of girls gaming 2+ hours per day nearly doubling between 2018 and 2022. Boys, however – especially younger boys – were more likely to indicate that their gaming caused them to neglect other activities or resulted in arguments with others or serious conflict with family.

IN-GAME/IN-APP PURCHASES

Boys were also more likely to have spent money on in-game/in-app purchases in their lifetime, with the majority reporting doing this less than once a month. Only 1% reported daily purchases – however, around a quarter (26%) reported spending money on in-game purchases by accident during the last year. Parents from the least affluent families were more likely to set limits on spending. Over the last year (2021-2022), around a tenth (11%) had hidden the amount they had spent on in-game/in-app purchases from others while around an eighth of young people (13%) had experienced conflict at home due to spending on in-game/in-app purchases.

USE AND PERCEPTIONS OF PRIMARY HEALTHCARE

Visits to and perceptions of primary healthcare practitioners (HCPs) declined since 2014 and 2018. Older (15 year old) girls and those from the most affluent families were the most likely to visit their primary HCP in 2022. The majority (83%) felt that they were treated with respect and three quarters (75%) felt happy

with the explanations received during the consultation. Reflecting on their experience, boys were more likely to report feeling at ease with their primary HCP (68% vs 54%). In particular, 13 year old girls from the least affluent families were the least likely to feel at ease (37%) with their primary HCP.

HEALTH EDUCATION, RELATIONSHIPS AND SEX EDUCATION IN SCHOOL

The majority of students had received Health Education (HE) and Relationships and Sex Education (RSE), though a fifth had not yet covered basic first aid. Of those who had received these lessons, 11 year olds, particularly boys, were more likely to report that the subjects had been well covered. 'Internet safety and harms' recorded the strongest feedback among HE topics with over three quarters (77%) of young people reporting it had been well covered. 'Basic first aid' was the weakest at 51%. Among the RSE subjects, nearly three quarter (73%) felt that 'safe relationships' had been well covered compared to 57% reporting the same about 'family relationships'.

TIPPING POINTS

ALCOHOL USE

Around an eighth of young people reported regular alcohol use: a rise since the last survey round in 2018. While the proportion of boys and girls reporting regular alcohol use remained almost static between 2010 and 2018, it rose in 2022 particularly among older girls from the most affluent families. This pattern was reflected in the proportions reporting they'd been drunk at least twice with 15 year old girls from the most affluent families leading the rise.

CIGARETTE SMOKING

Girls reported higher smoking prevalence both in the last 30 days and their lifetime than boys, particularly among those from the least affluent backgrounds. Between 2018 and 2022, there was a slight rise in those who had ever smoked (more so among girls) while the figures for regular smoking remained almost unchanged since 2014 (3%).

VAPING

This was the first time HBSC had recorded vaping behaviour. Vaping was around three times as prevalent as cigarette smoking (10% vs. 3%) with the prevalence higher among some demographics. For example, among 15 year old girls from the least affluent families, over a quarter (27%) reported regular vaping compared with less than a tenth (9%) who reported regular cigarette smoking.

CANNABIS USE

Nearly a sixth of 15 year olds reported cannabis use: an overall fall since the last survey round in 2018 (this question was only asked of 15 year olds). There was a continued overall downward trend in 15 year olds reporting having ever used cannabis, however the rates among girls in 2022 increased back to the 2014 rate. While girls from the least affluent families were more likely than their peers from the most affluent families to report regular cannabis use, boys demonstrated the opposite trend.

BULLYING

Nearly a sixth had bullied others and over a third had been bullied. The prevalence of bullying others fell ten percentage points between 2002 and 2022. This decline was more apparent among boys, though boys were still more likely to report bullying others with a fifth (20%) reporting this overall. Bullying perpetration was highest among 13 year olds, both boys and girls. In 2022, over a third (35%) of young people reported that they had been bullied in the last couple of months. This represented a rise in being bullied between 2010 and 2022. Younger adolescents and those from the least affluent families were more likely to report being bullied.

CYBERBULLYING

Over a fifth had been cyberbullied and over an eighth had cyberbullied others. The prevalence of being cyberbullied rose from 18% in 2018 to 21% in 2022 with younger adolescents and girls more likely to report this. Conversely, cyberbullying others declined from 17% in 2018 to 12% in 2022, with boys and older adolescents more likely to report cyberbullying others. However, the prevalence of both being cyberbullied and cyberbullying others was around twice as high among 13 year old girls from the least affluent families compared with their peers from the most affluent families.

IDENTITY-BASED BULLYING

Identity-based bullying demonstrated an overall rise with around a quarter reporting sexuality-based bullying and a similar proportion among those who identified as having a disability or being from a minoritised ethnicity experiencing identity-specific bullying.

MEDICALLY-ATTENDED INJURIES AND FIGHTING

Almost a quarter reported medically-attended injuries; nearly a seventh had been involved in fighting. Medically attended injuries and fighting were more common among boys and younger adolescents. While injuries were more prevalent among boys from the most affluent families, the picture for fighting and family affluence was less clear. Despite a small rise in medically attended injuries among boys between 2018 and 2022, overall, there was little change since 2010. The overall prevalence of fighting fell – notably among boys – between 2010 and 2022, though there was a marginal rise among girls.

1. INTRODUCTION AND METHODS

INTRODUCTION

THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN STUDY

HBSC is a cross-national, World Health Organisation (WHO) collaborative study examining the health and well-being, health behaviours and social context of young people in Europe, Central Asia and Canada. HBSC was initially established in 1982 by researchers from England, Finland and Norway, and is now the longest running international study focusing on young people's health and social environment. There are currently 51 countries and regions across Europe, Central Asia and Canada and over 450 researchers, who participate in the HBSC study. Each participating country has a Principal Investigator and research team who are responsible for the coordination of the survey at a national level, which includes securing research funding, seeking ethical approval and conducting fieldwork.

The HBSC study uses a survey methodology, collecting data through self-completed questionnaires administered during school time via either pen and paper or electronic means. The surveys are completed by young people aged 11, 13 and 15 years old. These age groups represent both the onset of adolescence, the time of physical and emotional changes, and the middle period of adolescence when young people begin making difficult life and career decisions (Inchley, Currie, Cosma, & Samdal, 2018). To ensure consistency and allow for international comparisons, each participating country conducts the survey in accordance with the HBSC international protocol (Inchley et al., 2023). The HBSC surveys are conducted at four-year intervals, allowing for comparison both across countries and over time.

The HBSC study goes beyond simply monitoring the prevalence of health and risk behaviours among young people. HBSC considers their broader social context, acknowledging the importance of the family, school and peers (Inchley et al., 2016). This provides the unique opportunity to recognise social determinants of young people's health and well-being and to identify protective and compromising factors for health behaviours. As such, the evidence gathered via the HBSC study can be used to both inform policy by acting as a benchmark to measure change, and provide valuable evidence of key social factors and comparisons with other countries to inform health programmes. Indeed, data from HBSC has been shown to have a positive impact upon young people's health policy and practice both nationally and internationally (Alemán-Díaz, 2016; Alemán-Díaz et al., 2018).

While England was one of the founding countries in 1982, it withdrew from the study shortly after and only rejoined in 1997. England has since participated in the last six survey cycles of the HBSC study, with data for 2002, 2006, 2010, 2014, 2018 and 2022. HBSC England is currently hosted by the Centre for Health Services Studies (CHSS), University of Kent. Professor Sally Kendall and Dr Sabina Hulbert were the Principal Investigators for the 2022 HBSC England study. The Department of Health and Social Care and the Department for Education jointly funded the 2022 survey round.

Further information about the HBSC study, both internationally and within England, can be found at hbsc.org and hbscengland.org respectively.

CONTEXT IN ENGLAND

The HBSC England report for data collected in 2022 is set in the post COVID-19 context. Whilst young people in the England survey were not specifically asked about COVID-19, the research was conducted during a time when schools were reopening and young people were recovering from a long period of school closures and remote learning. The data need to be considered in this light as it is highly likely that their experiences of being away from their school network, less able to draw on their social networks for support and finding access to facilities were more challenging. As such, the data reported in the 2022 report may vary from previous reports. Indeed, this is reflected in the trends reported here between 2022, 2018, and 2014 although we cannot demonstrate direct attribution to the COVID-19 pandemic.

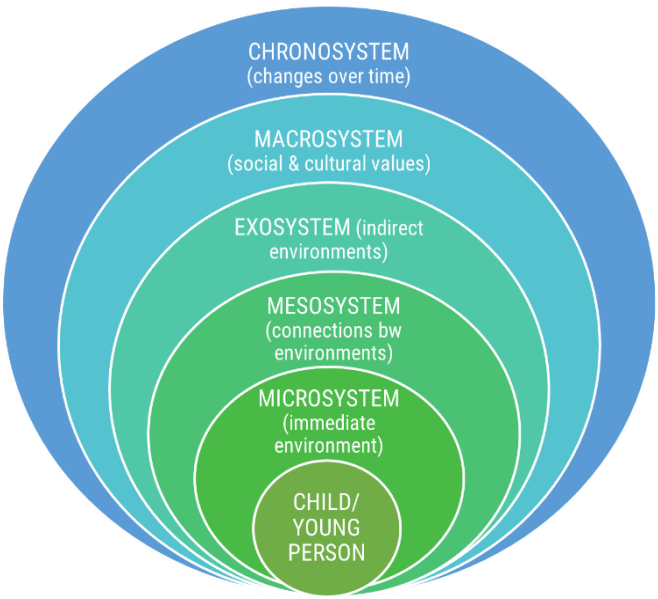
While the pandemic will have interacted with adolescent health in ways that are still emerging and under scrutiny, the Royal College of Paediatrics and Child Health report on the State of Child Health (RCPCH, 2020) provides further context to the *pre*-pandemic status of child health in the UK and how it compared with other high-income countries. It provides a stark picture; in particular, this report demonstrates the variation and inequalities in health outcomes for children and young people from deprived backgrounds. For example, in England the RCPCH report shows a decline in immunisation uptake since 2018/19, declining breastfeeding rates, an increase in unhealthy weight, increase in mental health problems and an increase in youth violence. The young people in the HBSC survey were at school during a period when some of the recommendations from the RCPCH report were being considered by government and local authorities and the impact on families, school, the community environment such as changes in Universal Credit and changes in traffic control measures were taking place.

The findings from the HBSC England survey therefore need to be interpreted in the light of this context as well as the place of the individual young person in their environment. To facilitate this, the HBSC survey was conducted within an ecological framework of child development that recognises the individual within their family and community setting, the wider social environment and the political and cultural context. Specifically, HBSC draws on Bronfenbrenner's (1979) ecological system of child development.

This model demonstrates the links between the child/young person in the microsystem in which they live and interact with family, carers and friends (mesosystem), and the wider systems around them (exo and macro-systems). The young person's body and mind are in constant interaction with direct family and carers; this is not unidirectional. As the young person grows and develops, they will have an influence on parents, carers and friends and how they react to, behave and influence the young person.

The exosystem includes the wider community such as the neighbourhood facilities, green spaces, healthcare over which the young person has little influence, but which may impact structurally on their health behaviour and access to care.

Figure 1.1: Representation of Bronfenbrenner's (1979) ecological system of child development



The macrosystem includes the culture, values, laws and politics in which the young person and their family and carers live their lives and are influenced by the norms and values of their society. Each level in the system influences and impacts on the other, creating a dynamic environment in which young people grow and develop. In this model of development, health and health behaviours can be seen at an individual and collective level where there are both protective factors (assets) and compromising factors (risks).

The balance of assets and risks within the ecological system can be formative in terms of a young person's health behaviours and outcomes. In the HBSC survey for England, we have tried to demonstrate from the data how some young people are more protected from negative health behaviours and outcomes than others, for example through the mediation of family affluence (a proxy for income) and how negative health behaviours can be seen at the 'tipping point' between the balance between assets and risks and influenced by the wider environment such as family and school support.

Throughout this research we have sought the views and advice of young people themselves to inform our thinking and framing of the analysis and presentation of findings. Their comments provide an insight into young peoples' experiences and views in each of the chapters.

The following chapters on our findings are therefore written to represent these linked levels of the ecological model and the assets, risks and tipping points that young people face in their health behaviours and experiences.

CHAPTER 1: METHODOLOGY	explains how the HBSC survey is designed for England in relation to the international protocol and what variations the England survey took using some 'England only' and optional questions in the questionnaire design. This chapter also describes the population of young people aged 11, 13 and 15 that we drew from, the sampling methods, data collection methods and analysis.
CHAPTER 2: HOW ARE YOU?	focuses on the individual and the health behaviours and experiences that each participant can complete responses to in relation to their own body and mind, which corresponds to Bronfenbrenner's microsystem. In this chapter, we provide data findings from questions about diet, sleep, exercise for example as well as some aspects of their health experience such as long-term conditions and mental health. These data are analysed in terms of association with age, gender and family affluence providing some detailed evidence on how the individual also interacts with other influences.
CHAPTER 3: FAMILY AND FRIENDS	explores the mesosystem, the factors that are closely aligned with the health behaviours and experiences of young people in their day to day lives. It is here that we can find evidence of family structure, support and relationships, of interaction with friends, and communication in the family. In the ecological model, these items will interact with and have an influence on young peoples' behaviours, decision making and help seeking and an impact on the balance between assets and risk.
CHAPTER 4: HEALTH AND THE WIDER WORLD	focuses on the external system, the exosystem in the model, that looks at the ways in which young people experience the wider context of their health behaviour. It presents our findings on neighbourhood support, belonging and safety as well as school life and relationships including teacher support, social media use and health resources (availability and access). We describe the role of assets as well as the risks of an environment where a young person is unable to belong or feel safe.

CHAPTER 5: TIPPING POINTS	presents findings from the survey on what are typically recognised as health risk behaviours such as smoking, alcohol and substance use and bullying. We have used the term 'tipping points' as a way of moving away from a victim blaming approach to such behaviours. The tipping point is when the balance of assets and risks becomes such that the young person in the environment is tipped towards health compromising behaviours, influenced by the meso and exosystems. We provide evidence, for example, from the data that shows being a girl of 13-15 from a low family affluence background is more likely to tip a young person into using cannabis, smoking cigarettes or vapes, or being bullied.
CHAPTER 6: CONCLUSION	presents our conclusions and key messages for future consideration in policy and practice.

This was a very large survey of over 5000 young people that included 72 questions. Whilst we have provided a descriptive analysis of all of the findings, it is not possible to report on the cross-tabulations and associations between all of the variables or to undertake multivariate analysis. We have therefore focused on the analysis in relation to each item, and the association with age, gender and family affluence as well as the changes since 2018 and 2014. We believe this provides a rich and interesting picture of young people in school during 2021/22. More in-depth analysis of some individual items will be published at a later date. Overall, we believe this report sits alongside other publications and provides further evidence of the state of young people's health and health behaviour that can be addressed through changes in policy and practice in schools and the community to promote child and adolescent health.

METHODOLOGY

The study is conducted in accordance with the HBSC international protocol (Inchley et al., 2023) which provides scientific guidance on the survey tool, sampling frame and fieldwork. This ensures consistency across countries and allows for cross-national comparisons.

THE HBSC QUESTIONNAIRE DESIGN

The HBSC England questionnaire is comprised of CORE, OPTIONAL and COUNTRY-SPECIFIC questions.

CORE QUESTIONS are decided within the HBSC international network and all participating countries include these in their questionnaire to allow for cross-country comparisons which form the basis of the HBSC international reports (Currie et al., 2012; Inchley et al., 2016; Inchley et al. 2020). Core questions, outlined below, measure young people's demographics, social context, health outcomes, health behaviours and risk behaviours.

DEMOGRAPHICS
- Gender
- School year and age

SOCIAL CONTEXT
- School experience (school satisfaction); school pressure; classmate support; teacher support)
- Peer Culture (peer support)
- Family Culture (family structure; ease of family communication; family support)

- Social inequalities (parental employment; family affluence measured via the Family Affluence Scale (Currie et al., 2008))
- Electronic media communication (intensity of electronic media communication; problematic social media use)

HEALTH OUTCOMES
- Body image
- Body Mass Index (BMI)
- Medically attended injuries (in the past year)
- Mental and physical health status (self-rated health; life satisfaction [measured by the Cantril ladder: Cantril, 1965]; WHO-5 Well-being Index [Topp et al., 2015)] loneliness; self-efficacy [ability to problem solve])
- Health complaints (the frequency of physical and psychological health symptoms, eg: headache, feeling dizzy and difficulties getting to sleep)

HEALTH BEHAVIOURS
- Eating habits (breakfast consumption; frequency of eating: fruits, vegetables, sweets and carbonated soft drinks; family meals)
- Tooth brushing
- Physical activity (moderate to vigorous physical activity; vigorous physical activity)

RISK BEHAVIOURS
- Alcohol use (consumption in lifetime and last 30 days; drunkenness in lifetime and last 30 days[i])
- Tobacco and e-cigarettes use (in lifetime and last 30 days)
- Cannabis use (in lifetime and last 30 days)
- Sexual health (prevalence of sexual intercourse; age at first sexual intercourse; contraception use)
- Bullying (victimisation; perpetration; cyberbullying victimisation; cyberbullying perpetration)
- Fighting (frequency of physical fighting in the past year)

Groups of countries are also able to collaborate and adopt OPTIONAL QUESTIONS designed within the international HBSC network, in order to compare on specific topics. For example, since 2014, the HBSC England team has collaborated with a group of countries (including Armenia, Canada, Scotland, Israel, Czech Republic, Poland, Iceland, Kyrgyzstan and Moldova) to include a measure of spirituality in the questionnaire. Since 2018, England has also collaborated with countries across the international network to examine the emerging risk of disordered video gaming among young people. In 2022, the HBSC England questionnaire contained optional questions on:

- long-term disability; impact of disability on school attendance and participation
- body image
- weight reduction behaviour
- sleep duration
- spirituality
- health literacy
- bullying: specific types
- gaming frequency and disordered gaming

The HBSC questionnaire also has scope for COUNTRY-SPECIFIC QUESTIONS which reflect areas of national interest. In 2022, the HBSC England questionnaire contained England-specific questions on:

[i] *The 30 day cut off is used here as a proxy for recent use; three or more times in the last 30 days is a proxy for regular use.*

- gender identity
- long term conditions
- free school meals
- sleep
- self-harm
- young carers
- attraction (romantic)
- the Relationships and Sex Education and Health Education curriculum (DfE, 2021)
- primary health care services
- race and disability-specific forms of bullying
- perceptions of neighbourhood
- spending on online in-game/in-app purchases

Questions on sexual health, cannabis use, health literacy and self-harm are asked of 15 year old respondents only. As such, two versions of the 2018 HBSC England questionnaire were created for 2022: one questionnaire for respondents who were 11 and 13 years old, and one questionnaire for those who were 15 years old.

YOUTH INVOLVEMENT AND ENGAGEMENT

During the development of the survey for this round, we consulted with up to 15 members of the Sussex Partnership NHS Foundation Trust's (SPFT) Youth Patient and Public Involvement (PPI) Café (youth café) through a series of online meetings over a two-year period. They shared their views on the survey questions, their importance and relevance, and the clarity and accessibility of the wording and framing. As a result of their involvement, we made changes to some questions which meant that they then deviated slightly from the international protocol; these questions therefore became part of the country-specific set detailed above. For example, on advice of the youth café members, we amended the gender question from a single stage 'are you a boy/a girl?' structure to a two-stage question (Were you born a boy/a girl? How do you describe yourself now?); we also amended the wording and answer options for the relationships and attraction questions. This process enabled us to ensure that the data we were collecting was meaningful and relevant to young people. Youth café members also contributed to this report by providing their responses to the key messages in online and written formats. Our thanks to the youth café members and organisers for their ongoing support in this process.

> “Involving young voices throughout the stages of the study, including developing the survey and responding to the findings, is extremely valuable as it increases accessibility for and understanding from young people completing the survey.”

RECRUITMENT

The HBSC study focuses on three age groups: 11, 13 and 15 years. In England, these ages correspond roughly to school years 7, 9 and 11. The HBSC international protocol (Inchley et al., 2023) stipulates that the mean age for these three groups is 11.5, 13.5 and 15.5 years. The protocol recommends employing cluster sampling, when organisations are sampled first before sampling within the organisation; in this instance, 'the organisation' refers to schools. A random sample of secondary schools (state and independent) in England was drawn, stratified by region and school type to ensure a nationally representative sample of different schools from across England. The original sample consisted of 100 schools with three additional equivalent

samples of 100 schools each (for a total of 400) added at regular intervals between the period of December 2021 and April 2022. Schools were contacted by letter, email and personal phone calls to ascertain whether, how and when they would take part, and the appropriate contact person. In total, 37 schools (247 classes) were recruited and participated in the 2022 HBSC England study (see: HBSC England sample Response rate, page 6). The majority of students were in school years 7, 9 and 11; however, in a small number of schools, students in school years 8 and 10 participated in the survey as their age at time of completion fell within the target age ranges.

DATA COLLECTION

Data collection took place between February 2022 and July 2022. Data was collected using a paper or electronic version of the questionnaire, depending on school preference (there was a roughly equal split of preference between these two modes of data collection 47% and 53% respectively). All participating schools opted for a member of their teaching staff delivering the survey, although they were all offered the possibility of a member of the HBSC staff to assist them in person. Teachers were provided with detailed guidance outlining how the survey was to be conducted. The questionnaire was completed during a normal school lesson. Students were asked to complete the questionnaire in exam-like conditions (i.e. at individual desks, without discussion) to create an environment that allowed students to answer questions honestly and ensure their answers remained confidential. Students who completed the paper questionnaires were asked to seal their questionnaire in an envelope for confidentiality. In each participating class, teachers were also asked to provide additional information to establish response rates, e.g. number of pupils absent and number of refusals (parent or student).

ETHICS AND CONSENT

The 2022 HBSC England study received ethical approval from the University of Kent, Division for the study of Law, Society and Social Justice Research Ethics Committee (ref.0492). Passive consent processes were adopted with information letters provided to parents/guardians via schools with the option for students to be retracted from the research study ahead of the questionnaire delivery date. Students in participating classes were also given an information pack including details of organisations providing support and advice on the topics covered by the study questions. Schools displayed a slide of these organisations and the HBSC England web address linking to this information during questionnaire completion. The voluntary nature of the research study was stressed in the student information letter, and again at the time of completing the questionnaire. Students were also informed that they did not have to answer any question they did not feel comfortable with.

HBSC England sample

RESPONSE RATE

Across the 37 state and independent schools which agreed to participate, 6272 students were eligible to take part in the survey. A total of 5811 questionnaires were returned, a response rate of 93% at the student level.

Table 1.1: Reasons for non-participation in the 2022 HBSC England survey

Absent due to sickness	Absent for other reasons	Pupil/Parent refusal
347	93	21

Non-participation was primarily due to students being absent due to sickness (Table 1.1).

Following data cleaning processes, including the categorisation of respondents into the three age categories stipulated by the HBSC international protocol (Inchley et al., 2023), invalid questionnaires were removed from the sample for the purposes of comparisons within the HBSC international network.

Table 1.2: Participating students by age and gender

Age	Gender		*Total*
	Boys	Girls	
11 year olds	900 (49.6%)	914 (50.4%)	*1814 (100%)*
13 year olds	900 (49.3%)	926 (50.7%)	*1826 (100%)*
15 year olds	818 (48.8%)	858 (51.2%)	*1676 (100%)*
Total	*2618 (49.2%)*	*2698 (50.8%)*	*5316 (100%)*

* 61 did not provide age information

The final sample consisted of 5377 students. There were fewer young people in the 15 years old age category. Overall, there were slightly more girls than boys, with a higher prevalence of girls among 15 year olds in particular (Table 1.2).

Table 1.3 shows the self-reported ethnicity of students participating in the 2022 HBSC England survey. The ethnicity of young people in the 2022 HBSC England study has been plotted against data from the 2021 census (ONS, 2023) to illustrate the diversity of the sample. The census data is reported for young people aged 10, 12 and 14 years, as the majority of respondents in the 2022 HBSC England study would have fallen into this category during the 2021 census. The census data originally included the category "Other ethnic group: Arab"; in line with the 2022 HBSC England data, this category was combined with "Other ethnic group: Any other ethnic group" in Table 1.3.

Table 1.3: Census (2021) and HBSC England (2022) respondents, by ethnicity

	Census		*HBSC England*	
	Boys	Girls	Boys	Girls
White-British	67.39%	67.11%	56.2%	63.9%
White-Irish	0.26%	0.26%	1.2%	1.0%
White-Gypsy / Irish Traveller	0.17%	0.18%	0.6%	0.5%
White-Roma	0.16%	0.16%	0.4%	0.2%
White-Any other White background	4.97%	4.96%	4.0%	5.1%
Black-Caribbean	0.89%	0.89%	0.9%	0.6%
Black-African	3.88%	4.04%	7.4%	4.3%
Black-Any other Black/Black British background	1.21%	1.26%	1.5%	0.9%
Asian-Indian	3.34%	3.32%	7.8%	4.1%
Asian-Pakistani	4.41%	4.49%	1.7%	1.8%
Asian-Bangladeshi	1.75%	1.80%	0.6%	0.9%
Asian-Chinese	0.62%	0.62%	2.1%	3.3%
Asian-Any other Asian/ British Asian background	2.01%	1.99%	4.5%	2.3%
Mixed-White and Black Caribbean	1.82%	1.87%	1.2%	1.2%
Mixed-White and Black African	1.03%	1.03%	1.2%	0.8%
Mixed-White and Asian	1.94%	1.91%	2.5%	2.6%
Mixed-Any other Mixed background	1.47%	1.47%	1.8%	2.2%
Other-Any other background	2.67%	2.64%	1.2%	1.5%
Other-Don't want to say	n/a	n/a	0.9%	0.7%
Other-Don't know	n/a	n/a	2.3%	2.3%

WEIGHTING

Despite careful attention to ensure a representative sample of young people across England, some deviances were noted between the 2022 HBSC England sample and the 2021 national census data. For example, there was an underrepresentation of White British and Asian-Pakistani boys and over presentation of Asian-Chinese boys and girls. Consequently, weighting was applied to match national characteristics for gender and ethnicity based on results from the 2021 census.

SOCIO-ECONOMIC STATUS

Free school meal eligibility can be used as an indicator of lower household income within England. In England, 18.2% of secondary school students were identified as being eligible for free school meals (Department for Education, 2022). The 2022 HBSC England sample corresponded well, with 15.3% of respondents in state funded schools reporting that they received free school meals.

An additional measure of social inequalities was provided by the six core items of the Family Affluence Scale (FAS) (Currie et al., 2008). This scale asks participants about a series of material assets (car, bedrooms, computers, bathrooms, dishwasher and holidays abroad), as validated indicators of socio-economic status. Answers are converted into a relative cumulative proportional score (ridit) ranging from 0 to 1 which allows participants to be ranked as belonging from least to most affluent families. The measure can be better described as an indicator of Socioeconomic Position (SEP). The normal distribution which is generated by the scores transformation is in fact used to allocate the bottom 20%, in this case 1053 participants, to the low family affluence group; the mid 63%, in this case 3321 participants, to the medium family affluence group; and the top 17%, in this case 891 participants, to the high family affluence scale (Table 1.4).

Table 1.4: Proportion of young people (weighted N) meeting the low, medium and high family affluence (FAS) criteria

		Frequency	Percentage	Valid Percentage
Valid	1.00 Low	1053	19.5	20.0
	2.00 Med.	3321	61.5	63.1
	3.00 High	891	16.5	16.9
	Total	5265	97.6	100.0
Missing	System	132	2.4	
Total		*5397*	*100.0*	

It was not possible to create a top category containing exactly 20% of participants because 8% of participants scored at the cut-off point of 20% and they could not be arbitrarily allocated to different FAS categories.

Extensive validation work and long-term use in the HBSC network supports the content and convergent validity of this measure, including its use shortly after the Covid lockdowns (Hartley et al., 2016; Torsheim et al., 2016; Boer et al., 2023).

Results in tables and figures throughout the report do not list the exact number of participants. This is changing continuously because of non-responses and missing cases and the emphasis is rather on percentages of participants in specific categories. Obviously, when results are reported for Low and High FAS participants, they only include 37% of the overall sample as shown in Table 1.4.

REPORT STRUCTURE

In the following sections, we present our findings based on both the categorical data from each item, the trend over time, where applicable, and the variation by age, gender and FAS score. in this report, we focus on the high level messages and have not presented multi-variate analyses across all items. The differences in proportions reported and commented on here, do not refer to any statistical significance test. Although such tests were carried out and were indeed significant most of the times given the large sample size, we are not reporting nor commenting on significance levels nor effect sizes. Significant relationships between variables will be presented in published papers at a later date.

Our findings are presented from an ecological perspective, described in the introduction, to provide a conceptual understanding of the individual young person in relation to their personal health behaviours and how these are influenced by the family, school, neighbourhood and societal context. We have aimed to provide a balance between the protective and compromising factors based on the data and which can explain variation in behaviours and outcomes.

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2. HOW ARE YOU?

KEY MESSAGES

OVERALL HEALTH

- The majority (79%) of young people reported good health in 2022. However, this level had decreased from 87% in 2018, with a notable decline among girls, and it was affected by socio-economic inequalities.
- The proportion of young people reporting two or more health complaints at least once a week increased from 60% in 2018 to 75% in 2022. This proportion reached 91% in 15 year old girls.
- Adolescents in 2022 slept much less than in 2018. Only 23% of 15 year olds slept at least 8.5 hours and more than half reported sleeping difficulties. This lack of sleep was affecting them so much that more than a third (34%) reported not having enough sleep to feel awake and concentrate on their schoolwork during the day. This proportion increased to 57% in 15 year old girls.

BODY

- Almost half of the young people surveyed maintained good eating habits, eating fruit (46%) and vegetables (44%) daily. This showed a slow improvement from previous years. An increase in boys eating more fruit and vegetables led to a closing of the gender gap; however, there were marked socio-economic inequalities.
- The proportion of adolescents meeting the WHO-recommended levels of physical activity[i] remained stable from 2018, recovering from the decreasing trend seen in previous years. Nevertheless, figures remain low (just 17%) and boys were more active than girls.
- Almost three quarters of adolescents (71%), engaged in vigorous physical activity outside of school at least twice a week. However, older adolescents engaged in less vigorous activity, especially girls.
- Just over a fifth (21%) of 15 year olds have had sexual intercourse, which is the same as in 2018 but shows a gradual decrease since 2002. Just over half of those who had sexual intercourse reported using a condom and just over a third reported using birth-control pills.

MIND

- Sixty-five percent of adolescents reported high levels of life satisfaction which marked a decrease over time, particularly among girls. In addition, difference by age and family affluence resulted in just 37% of 15 year old girls from the least affluent families reporting high levels of life satisfaction in 2022.
- Whilst 75% of boys aged 13 to 15 years old felt positive about their body and physical appearance, only 42% of girls did.
- One in five (20%) adolescents scored so low on measures of mental well-being that they could be categorised as 'at risk of depression'. This proportion increased to 45% in 13 year old girls from the least affluent families in our sample.
- Similarly, 23% of young people reported feeling lonely most of the time, but this proportion more than doubled to 47% in 15 year old girls from the least affluent families.
- Boys were much more likely than girls to report being 'able to find a solution to problems if trying hard enough' (boys: 61%; girls: 42%) and 'able to manage to do the things they decided to do' (boys: 59%; girls: 43%).

[i] *at least one hour of moderate activity every day*

INTRODUCTION

This chapter focuses on aspects of physical and mental health that are centred around the individual. Although young people exist within a broader social and structural environment which cannot be separated either physically or cognitively from the personal, the responses in this chapter examine individual health-related attitudes and behaviours without explicitly asking about the influence of context. The first five topics cover overall health - including self-rated health, health complaints, sleep, long term conditions and spirituality. The following two sections then cover aspects of health which are primarily physiological (body) and psychological (mind).

OVERALL HEALTH The World Health Organisation constitution describes health as more than the absence of disease (WHO, n.d.); in rating their own health, adolescents have been shown echo this concept, reflecting on the medical, psychological, social and health behaviours that impact them (Breidablik et al., 2008). Positive self-rated health is associated with better wellbeing and less healthcare attendance and health-compromising behaviour (Breidablik et al., 2009). In addition to low self-rated health, reports of frequent non-specific health complaints have been associated with elevated primary care use (Rytter et al., 2020), future levels of medical prescriptions (Bernstorff et al., 2022) and welfare assistance (Homlong et al., 2015). We present young people's self-rated health and reports of multiple mental and physical health complaint frequencies to provide an overview of their health status.

Sleep is a further critical marker of health (Matricciani et al., 2019), influenced both by biological change (Randler et al., 2017) and environment (Alhasan et al., 2022). As such, we present young people's responses regarding the quantity and quality of their sleep, and its impact. Among young people with long-term conditions, data suggests raised engagement in health compromising behaviours (Valencia & Cromer, 2000) coupled with access to fewer protective factors (Svetaz, Ireland & Blum, 2000; Jin, An & Wang 2017). With mental ill health more prevalent overall, particularly among those who experience bullying and health-related school absenteeism (Brady, Deighton & Stansfield, 2021), we present data on the prevalence and impact on school participation of long-term conditions among young people.

BODY While maintaining a balanced diet is considered central to healthy living and the prevention of non-communicable disease (WHO, 2020), there is great variation in the amount and variety of food consumed across age groups, genders and socio-economic strata (Inchley et al., 2020). Alongside this complexity, social influences, ideals, pressures and concerns influence food intake, eating habits and body image; negative body image and perception is associated with health compromising behaviour including activity avoidance and dysfunctional exercise (Voelker et al., 2015). We present findings on the consumption of specific food/drink types, as well as body characteristics, image/perceptions and weight control behaviour. Healthy levels of physical activity among young people are central to mental and bone health in adolescence and physical activity levels and bone health in adulthood (Hallal et al., 2006; Belcher et al., 2021). The WHO recommends evidence-based levels of weekly moderate and vigorous physical activity (Bull et al., 2020), however, these levels are not always met (Guthold et al., 2020). We present the extent to which young people achieve these targets.

MIND This final section explores items contributing to and stemming from the complexity of young people's mental health and wellbeing status. Life satisfaction has been shown to mediate between adolescents' positive school relationships and their mental health, but also, alongside positive school relations, be protective of mental health (Caviona et al., 2021). Likewise, positive self-efficacy is linked with enhanced coping and the promotion of mental health (Barry, 2009). Conversely, loneliness among young people, particularly long-lasting loneliness, is associated with future mental health problems (Loades et al., 2020), poor sleep across the lifespan (Matthews et al., 2017) and psychosomatic symptoms (Eccles et al., 2020). Self-harm is included as an important indicator of young people's emotional wellbeing and mental health in the short and long-term; it is further a coping strategy helping young people to deal with their negative emotions (Klemera et al., 2017).

OVERALL HEALTH

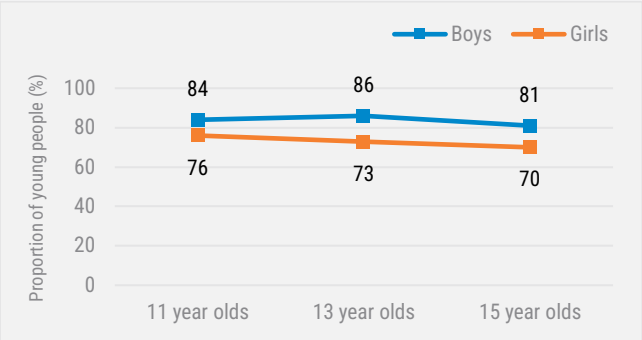
2.1 SELF-RATED HEALTH

Measure:

Would you say your health is …? (Excellent; Good; Fair; Poor)

Figure 2.1:

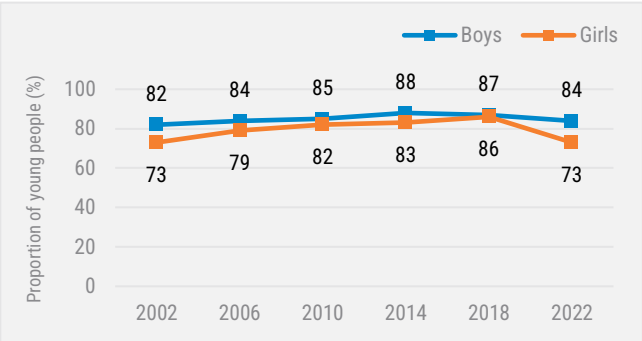
YOUNG PEOPLE WHO REPORTED THEIR HEALTH AS 'GOOD' OR 'EXCELLENT'



Overall, 79% of young people reported their current health to be 'good' or 'excellent', which marked a fall from 87% in 2018. Boys and girls aged 15 reported lower levels of self-rated health compared to 11 and 13 year olds, with a greater proportional decline in girls with age. This pattern is consistent with the 2018 findings (Figure 2.1).

Figure 2.2:

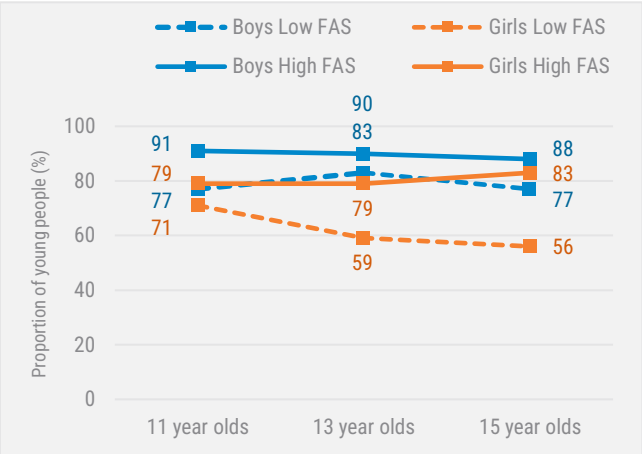
YOUNG PEOPLE REPORTING 'GOOD' OR 'EXCELLENT' HEALTH, 2002-2022



The proportion of young people reporting 'good' or 'excellent' health increased between 2002 and 2018 with a gradual decrease in the gender gap. However, 2022 data showed both a drop in the overall health for boys and girls (84% and 73%) as well as an increase in the gender gap with a difference of 11 percentage points (Figure 2.2).

Figure 2.3:

YOUNG PEOPLE REPORTING 'GOOD' OR 'EXCELLENT' HEALTH, BY FAMILY AFFLUENCE (FAS)



There was a visible association with socio-economic status, with a greater proportion of young people from the most affluent families reporting 'good' or 'excellent' health than those from the least affluent families. While the gender gap narrowed among young people from the most affluent families with age, the affluence gap was most apparent among older adolescents. This family affluence gap grew from six percentage points at age 11 to 27 percentage points at age 15. Just 56% of 15 year old girls from the least affluent families reported their health positively (Figure 2.3).

2.2 MULTIPLE HEALTH COMPLAINTS

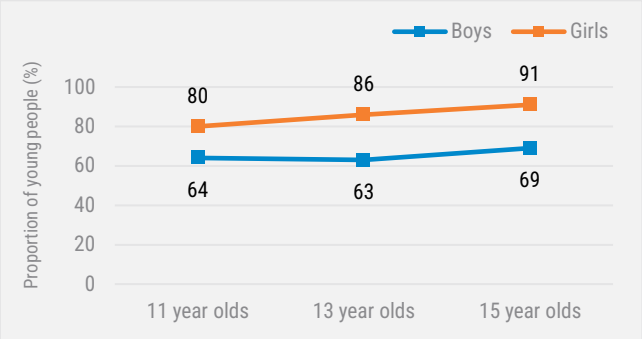
Measure:

In the last 6 months: how often have you had the following? (About every day; More than once a week; About every week; About every month; Rarely or never)

- Headache
- Back ache
- Irritability
- Sleeping difficulties
- Stomach ache
- Feeling low
- Feeling nervous
- Feeling dizzy

Figure 2.4:

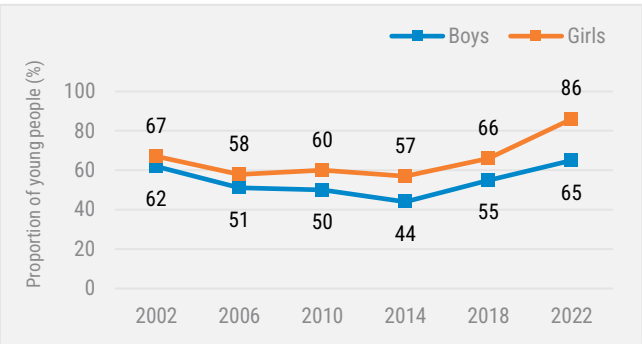
YOUNG PEOPLE WHO REPORTED 2 OR MORE (2+) HEALTH COMPLAINTS MORE THAN ONCE A WEEK



Overall, 75% of young people reported two or more health complaints more than once a week, an increase from 60% in 2018. The proportions reporting this rose overall with age among boys and girls. However, girls were more likely than boys to report multiple, regular health complaints (86% vs 65%) (Figure 2.4).

Figure 2.5:

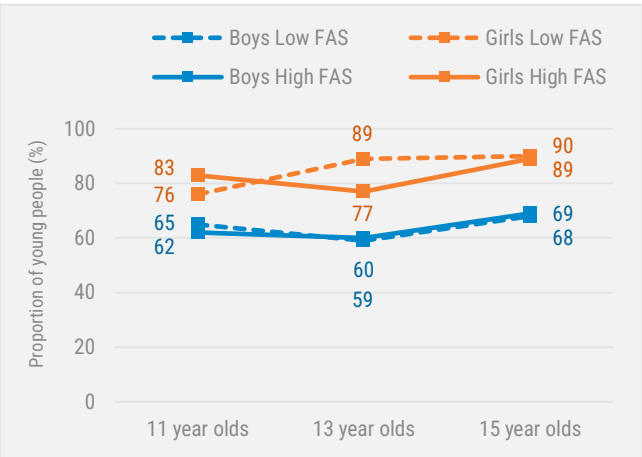
YOUNG PEOPLE REPORTING 2+ HEALTH COMPLAINTS MORE THAN ONCE A WEEK, 2002-2022



The increasing trend among boys and girls reporting two or more health complaints at least once a week continued between 2018 and 2022, with the prevalence of multiple, regular health complaints in 2022 at its highest level since 2002. There was a notable acceleration among girls between 2018 and 2022 and, across all years, girls were more likely than boys to report multiple health complaints (Figure 2.5).

Figure 2.6:

YOUNG PEOPLE REPORTING MULTIPLE REGULAR HEALTH COMPLAINTS, BY FAMILY AFFLUENCE (FAS)



The most visible assoication with family affluence was reported by 13 year old girls from the least affluent families who were more likely to report multiple health complaints (89%) than their peers from the most affluent families (77%) (Figure 2.6).

2.3 SLEEP

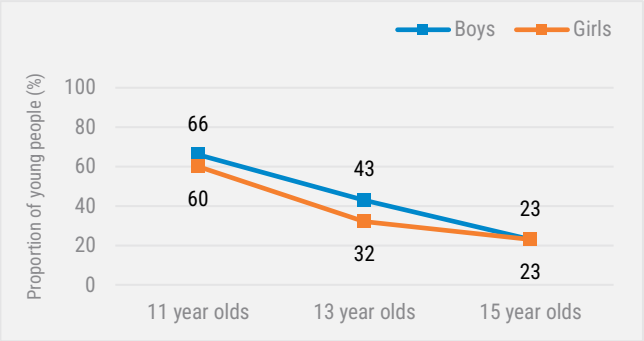
Measure:

- What time do you usually go to sleep: on a school night (Sunday to Thursday night)? What time do you usually wake up: on a school day (Monday to Friday morning)?
- Is the amount of sleep you normally get enough for you to feel awake and concentrate on your school work? (Yes; No)
- In the last 6 months, how often have you had difficulties in getting to sleep? (About every day, More than once a week, About every week, About every month, Rarely or never)

Sleep Duration

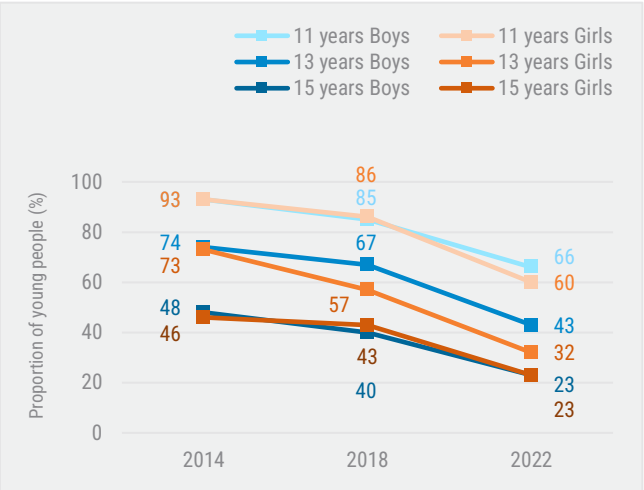
The recommended sleep duration for 11 year olds is 9-12 hours, while for 13 and 15 year olds, it is 8-10 hours (Paruthi et al., 2016). However, here we report on the proportion of participants who sleep for at least 8.5 hours per night as a mid-point between the recommendations for the different age groups. Using different sleep durations would add complexity, nevertheless we encourage readers to keep in mind how age affects the recommended sleep time.

Figure 2.7:
YOUNG PEOPLE WHO REPORTED AT LEAST 8.5 HOURS (8.5 HOURS+) SLEEP ON SCHOOL NIGHTS



Overall, 42% of young people reported having at least 8.5 hours of sleep on school nights. That was less than in 2014 (73%) and 2018 (66%). Boys reported sleeping more than girls (45% for boys and 39% for girls) and the proportion sleeping for at least 8.5 hours per night on school nights decreased with age for both genders (Figure 2.7).

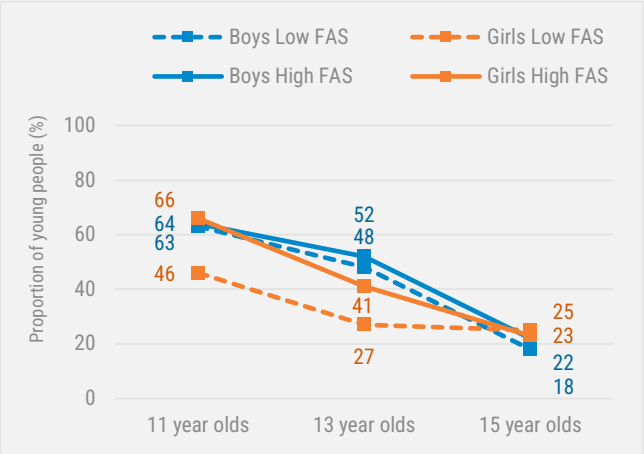
Figure 2.8
YOUNG PEOPLE REPORTING 8.5 HOURS+ SLEEP ON SCHOOL NIGHTS, 2014-2022



Between 2014 and 2022, the proportion of boys and girls reporting 8.5 hours of sleep fell considerably. For example, among 11 year olds, the proportion meeting the recommendation fell from 93% in 2014 to 86% in 2018 and 63% in 2022. Across the same time period the proportion of 15 year olds getting 8.5 hours sleep halved from 46% to 23% (Figure 2.8).

> *I get lots of messages from friends all through the night. I think not sleeping is a big issue.* Max, 14.

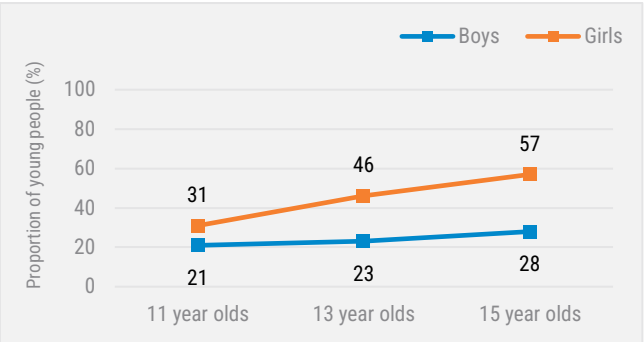
Figure 2.9:
YOUNG PEOPLE REPORTING 8.5 HOURS+ SLEEP ON SCHOOL NIGHTS, BY FAMILY AFFLUENCE (FAS)



There were some differences between the family affluence groups. Girls from the least affluent families were the least likely to report sleeping at least 8.5 hours per night on school days overall, with the gap between them and their peers from the most affluent families most apparent at the ages of 11 and 13. The prevalence of 15 year olds meeting the sleep duration criteria was relatively low among young people from both high and low affluence families, with boys from the least affluent families least likely to report 8.5 hours sleep (18%) (Figure 2.9).

Sufficient Sleep

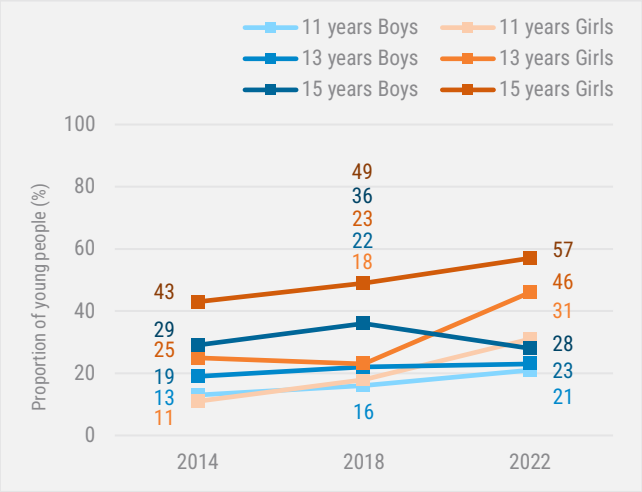
Figure 2.10:
YOUNG PEOPLE WHO REPORTED <u>NOT HAVING ENOUGH SLEEP</u> TO FEEL AWAKE AND CONCENTRATE ON SCHOOLWORK



About one third (34%) of young people reported not having enough sleep to feel awake and concentrate on their schoolwork during the day. Overall, girls were more likely to report not having enough sleep (44% of girls and 24% of boys). Older adolescents were more likely to say they did not have enough sleep: 26% of 11 year olds, 34% of 13 year olds, and 42% of 15 year olds. While not having enough sleep increased with age for both genders, girls reported the largest increase, leaving 13 and 15 year old girls twice as likely to report not having enough sleep as the boys of the same age (Figure 2.10).

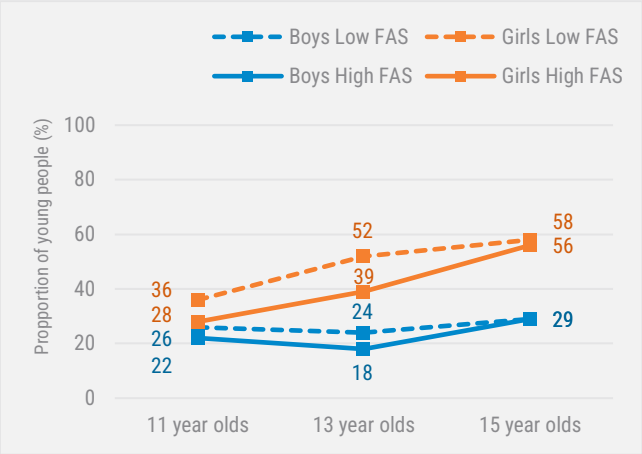
> *We are studying late… then the only chance we get to play games and read is later at night - and I feel that homework has increased.* Eleri, 19.

Figure 2.11:
YOUNG PEOPLE REPORTING NOT HAVING ENOUGH SLEEP TO FEEL AWAKE AND CONCENTRATE ON SCHOOLWORK, 2014-2022



The proportion of adolescents who reported not having enough sleep to feel awake and concentrate on schoolwork increased between 2014 and 2022 (2014: 22%; 2018: 28%; 2022: 34%). The proportion of 11 year old girls who reported this increased almost three-fold between 2014 and 2022 (from 11% to 31%). At the same time however, the proportion of 15 year old boys decreased from 36% in 2018 to 28% in 2022 (Figure 2.11).

Figure 2.12:
YOUNG PEOPLE REPORTING NOT GETTING ENOUGH SLEEP TO FEEL AWAKE AND CONCENTRATE ON SCHOOLWORK, BY FAMILY AFFLUENCE (FAS)



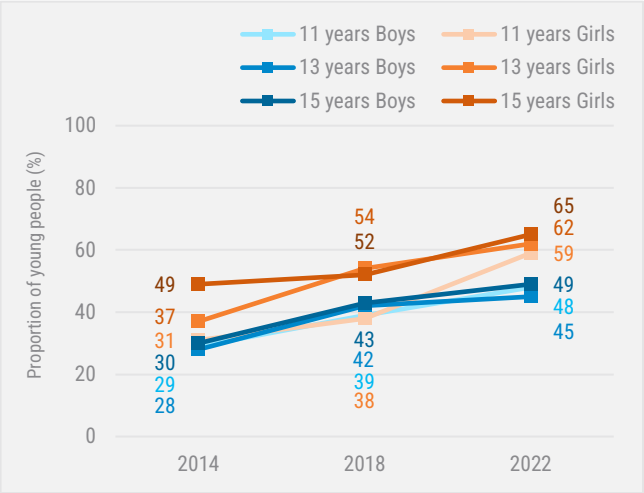
A greater proportion of young people from the least affluent families reported they didn't get enough sleep (38% vs 32%). The difference was most apparent at age 13 where around half of girls (52% vs 39%) and a quarter of boys (24% vs 18%) from the least affluent families reported insufficient sleep (Figure 2.12).

Difficulty getting to sleep

We report on the proportion of those who answered: 'About every day'; 'More than once a week' or 'About every week' combined, against those who answered 'About every month' or 'Rarely or Never' combined.

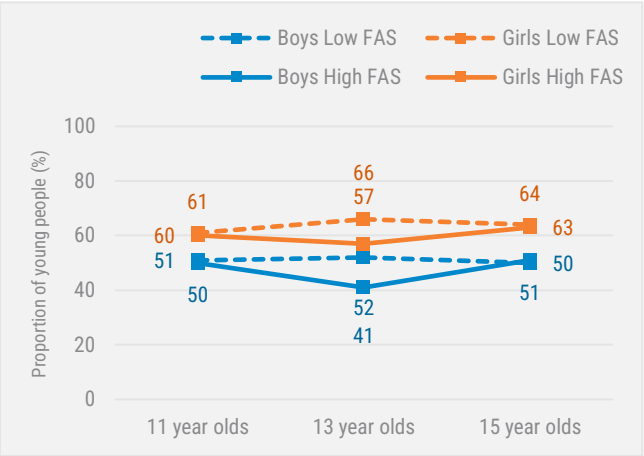
> *I have trouble sleeping sometimes - mainly getting off to sleep. I think it could be because of screen time, but also because I worry at bedtime*. Claudia, 14.

Figure 2.13:
YOUNG PEOPLE WHO REPORTED DIFFICULTY SLEEPING AT LEAST ONCE A WEEK, 2014-2022



The proportions of girls and boys who reported difficulty in sleeping at least once a week, increased since previous surveys. For instance, more than half (55%) of young people reported they had sleeping difficulties, and this had increased from 44% in 2018. Girls experienced increasing sleep difficulties with age (59% at 11 years old; 62% at 13 years old and 65% at 15 years old). Boys, however, reported lower and more stable proportions of sleep difficulties (48% at 11years old, 45% at 13 years old and 49% at 15 years old). (Figure 2.13).

Figure 2.14:
YOUNG PEOPLE REPORTING DIFFICULTY SLEEPING AT LEAST ONCE A WEEK, BY FAMILY AFFLUENCE (FAS)



The family affluence gap was apparent only at the age of 13, with boys from the most affluent families reporting less difficulty getting to sleep (41%) than those from the least affluent families (52%). For girls, the respective figures were 57% and 66% (Figure 2.14).

2.4 LONG-TERM CONDITIONS AND DISABILITY; IMPACT ON SCHOOL PARTICIPATION AND ATTENDANCE

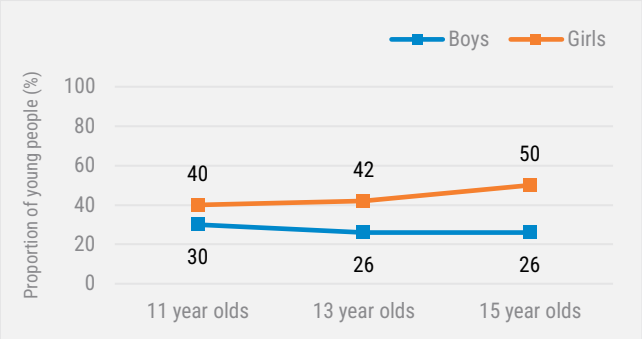
Measure:

Do you have a long-term illness, disability or medical condition that has lasted for 6 months or longer (like diabetes, asthma, arthritis, allergy or epilepsy) that has been diagnosed by a doctor? (Yes; No)

Does your long-term illness, disability or medical condition affect your attendance and participation at school? (I do not have a long-term illness, disability or medical condition; Yes; No)

Figure 2.15:

YOUNG PEOPLE WHO REPORTED THAT THEIR LONG-TERM CONDITION/DISABILITY IMPACTS THEIR SCHOOL ATTENDANCE/PARTICIPATION

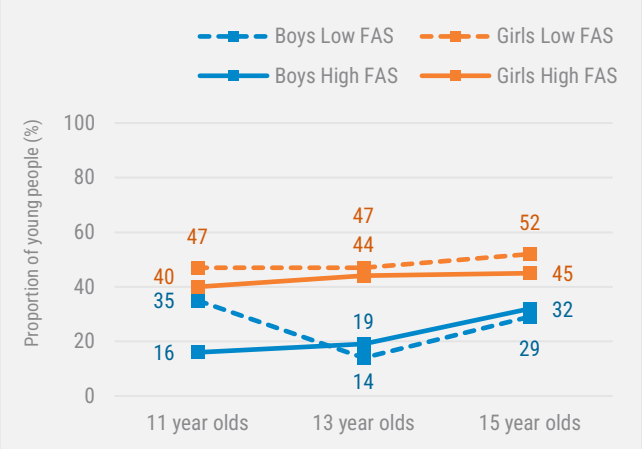


Overall, 25% of young people reported having a long-term illness or disability (boys: 25%; girls, 24%). Of those who reported having a long-term illness or disability, 35% said that their condition affected their school attendance and/or participation. The proportion who reported that their disability or long-term condition impacted negatively on school attendance/participation increased with age among girls (40% to 50%), while for boys it fell from the age of 11 to 13 and then remained stable (Figure 2.15).

The proportion reporting a long-term illness or disability fluctuated but rose overall between 2010 and 2022 (30% in 2010; 24% in 2014; 30% in 2018 and 35% in 2022). Girls accounted for much of the rise from 2018 to 2022 with 44% reporting that their disability or long-term condition impacted negatively on school attendance/participation compared to 27% of boys.

Figure 2.16:

YOUNG PEOPLE REPORTING THAT THEIR LONG-TERM CONDITION OR DISABILITY IMPACTS THEIR SCHOOL PARTICIPATION/ATTENDANCE, BY FAMILY AFFLUENCE (FAS)



Girls from the least affluent families were more likely to report that their long-term condition or disability caused disruption to their school participation and attendance than those from the most affluent families and the same pattern was reported for boys at age 11. However, for 13 and 15 year old boys, the association with family affluence level was less pronounced (Figure 2.16).

2.5 SPIRITUALITY

Measure:

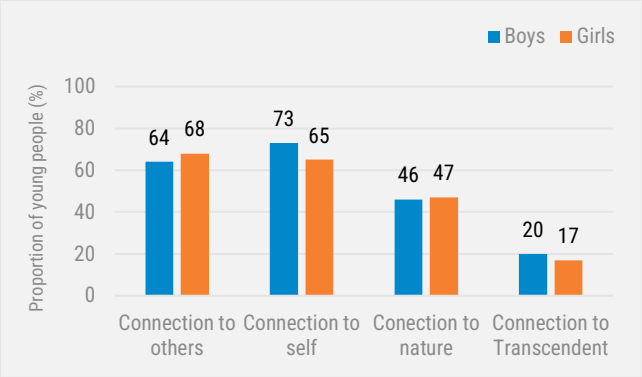
The spiritual health of students was measured by a 10-item scale (Shaver et al., 2021) addressing four domains: the importance of connections in young people's lives to oneself, to others, to nature, and to the transcendent.

How important is it for you to… Please tick one box for each line. (Not at all important [0] – Extremely important [4])

- feel that your life has meaning or purpose
- experience joy in life
- be kind to other people
- be forgiving of other people; show respect for other people
- feel connected to nature or wilderness
- care for the natural world
- meditate or pray
- feel a connection to a higher spiritual power
- feel a sense of belonging to something greater than yourself

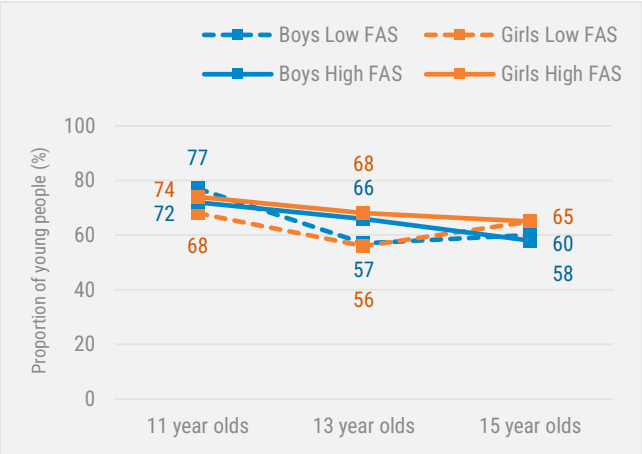
The answers for each item were scored from 0 'not at all important' to 4 'extremely important', and sum scores (range 0 to 8 for 2-item domains; 0 to 12 for 3-item domains) calculated for each of the four domains.

Figure 2.17:
YOUNG PEOPLE WHO REPORTED THAT 'CONNECTION' WAS OF HIGH IMPORTANCE



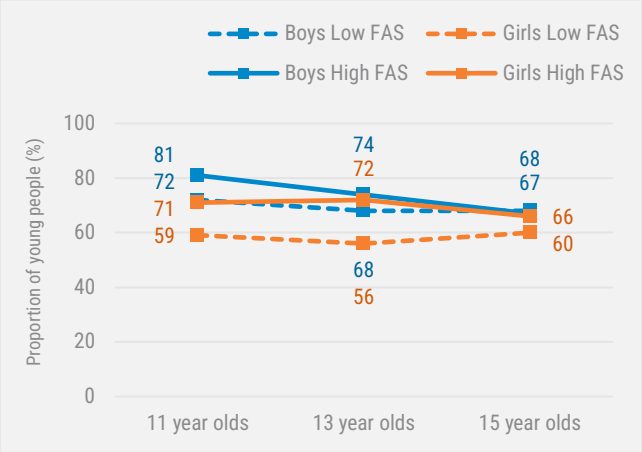
Overall, connection to self had high importance for 69% of young people, while 66% of adolescents rated connection to others as of high importance. Connection to nature had high importance for 46%, and connection to the transcendent had high importance for 19%. Connection to others was deemed more important by girls compared to boys, whereas a greater proportion of boys rated connection to self as important compared to girls (Figure 2.17).

Figure 2.18:
YOUNG PEOPLE REPORTING 'CONNECTION TO OTHERS' HAS HIGH IMPORTANCE, BY FAMILY AFFLUENCE (FAS)



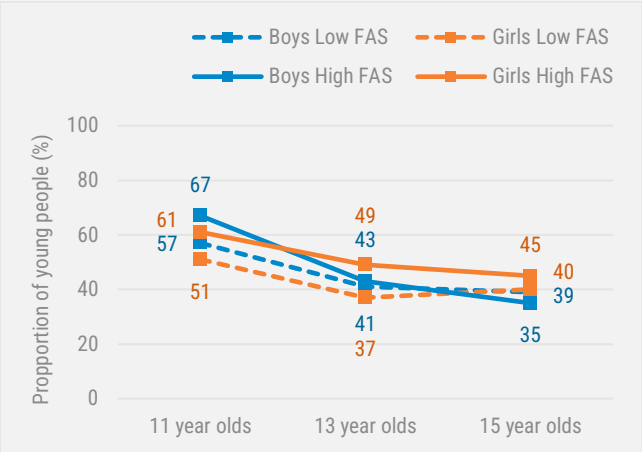
A more detailed analysis of each domain showed more age differences by family affluence level. Thirteen year old participants of both genders from the least affluent families were the least likely to report that connection to others had high importance for them, compared to their peers from most affluent families. The family affluence gap was smallest among 15 year old girls in their reports of the high importance of connection to others (Figure 2.18).

Figure 2.19:
YOUNG PEOPLE REPORTING 'CONNECTION TO SELF' HAS HIGH IMPORTANCE, BY FAMILY AFFLUENCE (FAS)



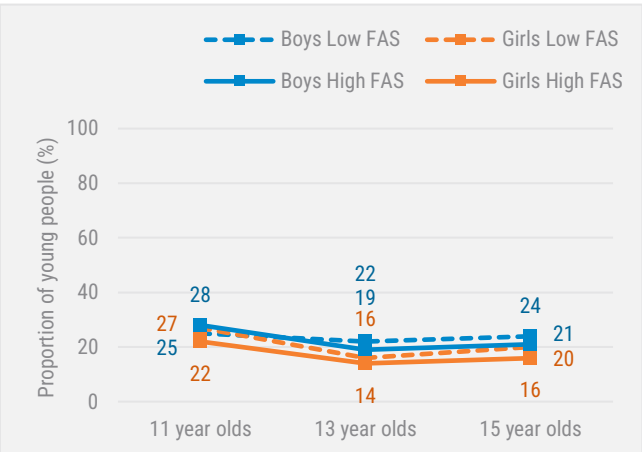
Young people from the most affluent families were more likely to positively rate connections to self compared with their peers from the least affluent families. For boys, the family affluence gap was most apparent at the ages of 11 and 13. Girls of all age groups from the least affluent families were less likely to report the high importance of connections to self, with the greatest family affluence gap at age 13 (low FAS: 56%; high FAS 72%) (Figure 2.19).

Figure 2.20:
YOUNG PEOPLE REPORTING 'CONNECTION TO NATURE' HAS HIGH IMPORTANCE, BY FAMILY AFFLUENCE (FAS)



The importance of connections to nature differed between ages, genders and family affluence categories, tending to decline with age, particularly between 11 and 13 years of age. Overall, young people from the most affluent families were more likely to rate connections to nature as important, with the single exception of 15 year old boys who were in fact the least likely to report this as important (35%) (Figure 2.20).

Figure 2.21:
YOUNG PEOPLE REPORTING 'CONNECTION TO THE TRANSCENDENT' HAS HIGH IMPORTANCE, BY FAMILY AFFLUENCE (FAS)



Compared to older adolescents, younger boys and girls of both family affluence categories were more likely to attribute a higher level of importance to connection to the transcendent. The proportion of participants who rated connection to the transcendent of high importance then dropped for the 13 year olds of both genders from both the most and least affluent families before increasing slightly among 15 year olds (Figure 2.21).

BODY

2.6 BREAKFAST

Measure:

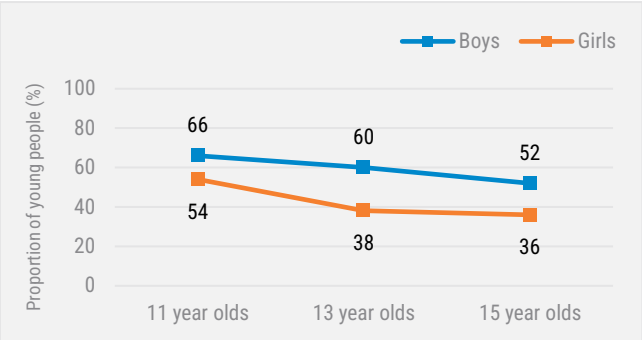
How often do you usually have breakfast (more than a glass of milk or fruit juice) on weekdays (Monday – Friday)? (Never; 1 day a week; 2 days; 3 days; 4 days; 5 days)

A separate question was provided for weekend breakfast (not reported here).

Young people who eat breakfast on weekdays

Figure 2.22:

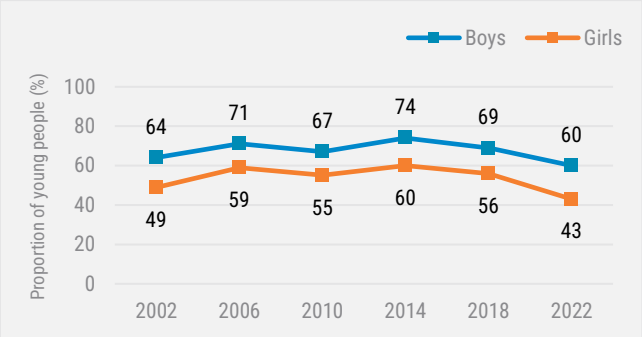
YOUNG PEOPLE WHO REPORTED EATING BREAKFAST EVERY WEEKDAY



Around half (52%) of young people reported eating breakfast every weekday. This was more common in younger adolescents and decreased as they aged: 60% of 11 year olds, 49% of 13 year olds and 44% of 15 year olds. Boys of all ages were more likely than girls to report eating breakfast every weekday (60% vs 43%), but both boys and girls showed a similar pattern of decline as they got older (Figure 2.22).

Figure 2.23:

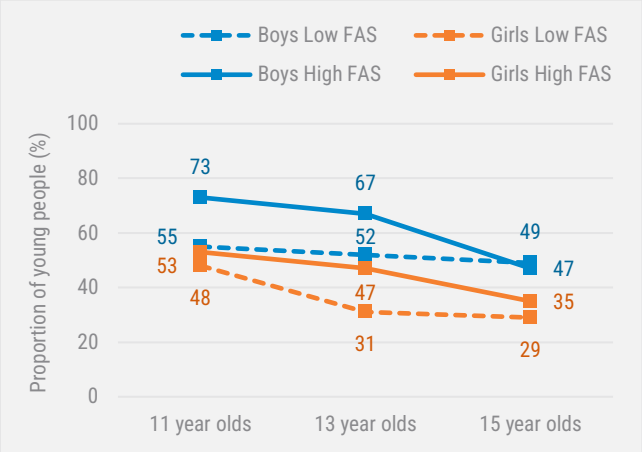
YOUNG PEOPLE REPORTING EATING BREAKFAST EVERY WEEKDAY, 2002-2022



This gendered pattern has been consistent since 2002, with girls much less likely to eat breakfast every weekday than their male peers. However, along with the gender pattern, the overall proportion of young people who report eating breakfast every weekday has continued to decrease among both boys and girls since 2014 and despite fluctuations, the proportions in 2022 were the lowest ever reported (Figure 2.23).

> *"I think lots of people don't have breakfast because they've slept in then don't have time. There are more people struggling to sleep at night or just online so then it's difficult to get up.* Micah, 16.

Figure 2.24:
YOUNG PEOPLE REPORTING EATING BREAKFAST EVERY WEEKDAY, BY FAMILY AFFLUENCE (FAS)

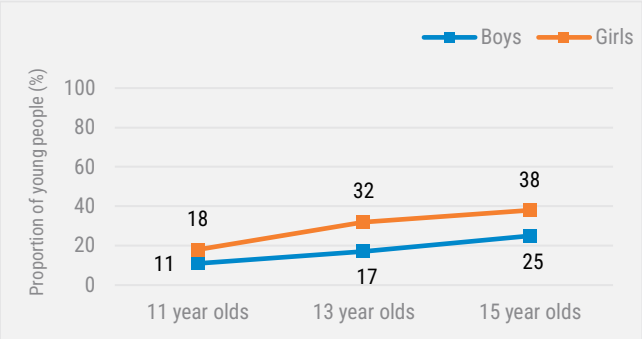


Overall, eating daily breakfast on schooldays was more common among young people from the most affluent families than for those from the least affluent families (55% and 44% respectively). The family affluence gap was most pronounced at the age of 13 for both boys and girls, and at age 11 for boys only where young people from the most affluent families were more likely than their peers to eat breakfast every weekday (Figure 2.24).

Young people who never eat breakfast on weekdays

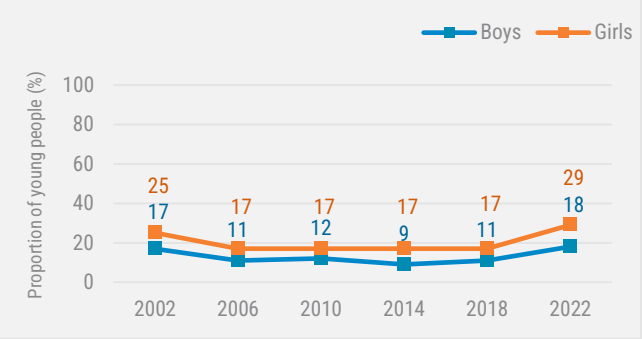
As the proportion of young people eating breakfast every weekday has declined over time, the proportion of those reporting that they are not eating breakfast before school has increased.

Figure 2.25:
YOUNG PEOPLE WHO REPORTED THAT THEY NEVER EAT BREAKFAST ON WEEKDAYS



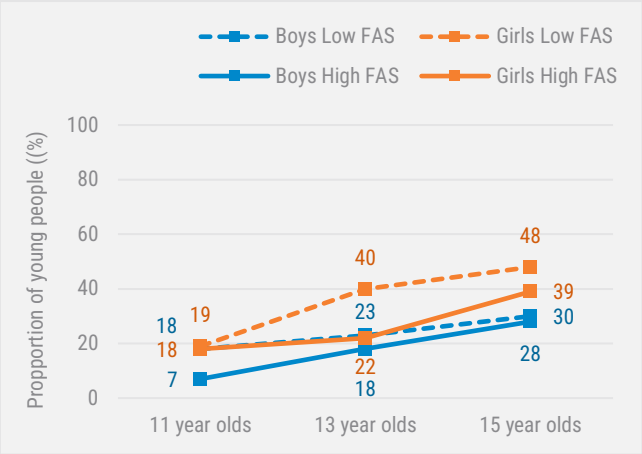
Nearly a quarter (23%) of young people reported that they never eat breakfast on weekdays. Girls were more likely than boys to report this (29% vs 18%) and, for both genders, the proportion of young people reporting that they 'never eat breakfast' on weekdays increased with age: 14% of 11 year olds, 25% of 13 year olds and 31% of 15 year olds (Figure 2.25).

Figure 2.26:
YOUNG PEOPLE REPORTING THAT THEY NEVER EAT BREAKFAST ON WEEKDAYS, 2002-2022



Prior to 2022, the proportion of girls reporting they never ate breakfast during the school week had been stable at 17% for twelve years, however this figure has sharply increased in 2022 to 29%; the proportion of boys has also risen leaving a greater proportion of boys and girls without daily breakfast before school in 2022 than twenty years ago (Figure 2.26).

Figure 2.27:
YOUNG PEOPLE REPORTING THAT THEY NEVER EAT BREAKFAST ON WEEKDAYS, BY FAMILY AFFLUENCE (FAS)



Never eating breakfast on weekdays was more common among young people from the least affluent families (29%, compared with 21% from the most affluent families). Thirteen year old girls demonstrated the greatest disparity between those from the most (22%) and least (40%) affluent families. Among boys, the disparity was most apparent at the age of 11 (18% and 7%) (Figure 2.27).

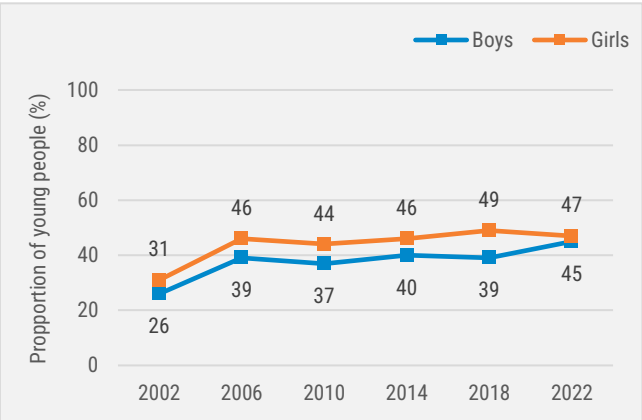
2.7 FRUIT, VEGETABLE AND SWEETS CONSUMPTION

Measure:

How many times a week do you usually eat and drink..? *Please tick one box for each line*. (Never; Less than once a week; Once a week; 2-4 days a week; 5-6 days a week; Once a day, every day; Every day, more than once).

- Fruits
- Vegetables
- Sweets (candy or chocolate)

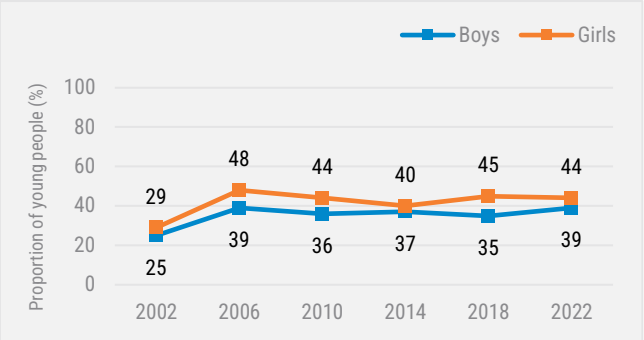
Figure 2.28:
YOUNG PEOPLE WHO REPORTED EATING VEGETABLES AT LEAST EVERY DAY, 2002-2022



Less than half of young people said they ate vegetables (46%) daily; girls were marginally more likely to report this than boys (47% vs 45%). The 2022 data represented an overall improvement in vegetable consumption since 2002, with a reduction in the gender gap between 2018 and 2022 due to a decline among girls and a rise among boys (Figures 2.28).

> *I think that girls probably eat more fruit and veg because of the pressure social media puts on girls to look a certain way.* Claudia, 14.

Figure 2.29:
YOUNG PEOPLE WHO REPORTED EATING FRUIT AT LEAST EVERY DAY, 2002-2022



There was a similar pattern for daily fruit consumption with 41% overall reporting eating fruit at least every day, and a slightly higher prevalence among girls (44%) compared with boys (39%). However, boys fruit consumption improved from 2018 to the highest prevalence recorded since 2002, whereas girls' fruit consumption declined overall since 2006 (Figure 2.29).

Notably, a much greater proportion of young people from the most affluent families reported usually eating vegetables (62%) and fruit (57%) at least daily compared with young people from the least affluent families (vegetables: 33%; fruit: 29%) (Figures 2.30 & 2.31).

Figure 2.30:
YOUNG PEOPLE REPORTING EATING VEGETABLES AT LEAST ONCE A DAY, BY FAMILY AFFLUENCE (FAS)

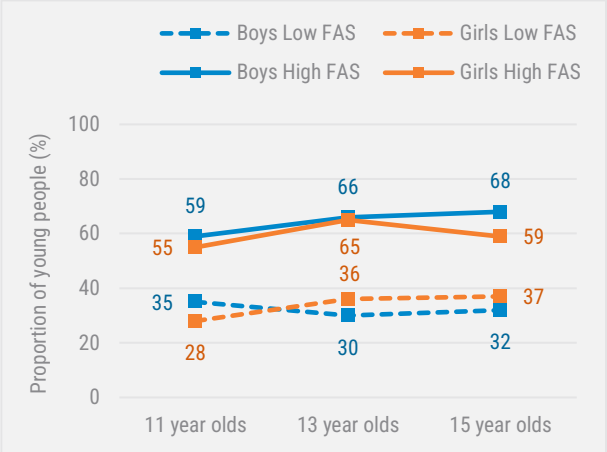
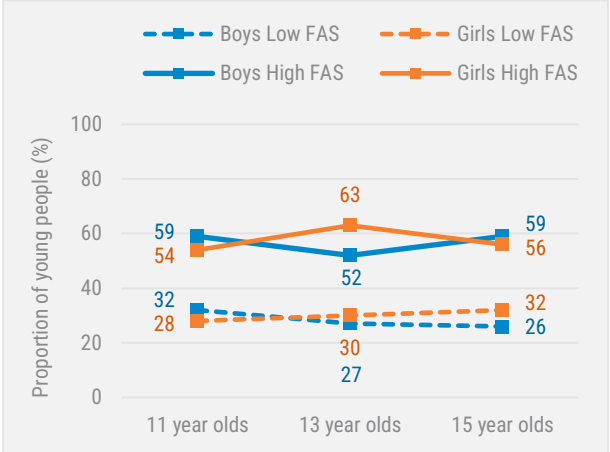


Figure 2.31:
YOUNG PEOPLE REPORTING EATING FRUIT AT LEAST ONCE A DAY, BY FAMILY AFFLUENCE (FAS)



Overall, a quarter (25%) reported eating sweets at least daily. Girls (27%) were more likely to report this than boys (23%), and minor changes with age (25% at ages 11 and 13; 26% at age 15). There was almost no difference according to family affluence, with young people from the least (24%) or most (25%) affluent families reporting eating sweets at least daily.

2.8 SOFT DRINK CONSUMPTION

Measure:

How many times a week do you usually eat and drink..? *Please tick one box for each line.* (Never; Less than once a week; Once a week; 2-4 days a week; 5-6 days a week; Once a day, every day; Every day, more than once)

- Coke or other carbonated (fizzy) drinks that contain sugar
- Diet coke or diet soft drinks
- Energy drinks (e.g. Red Bull)

Nearly an eighth (12%) of all young people reported consuming carbonated sugary drinks at least every day in 2022, a slight increase since 2018 (10%). Eleven percent of young people said that they drank diet soft drinks at least every day (vs. 8% in 2018), and 4% reported drinking energy drinks as regularly (vs. 3% in 2018). There were negligible age and gender differences detected overall in the consumption of any of the soft drinks or energy drinks (Figures 2.32, 2.33, 2.34).

Figure 2.32:
YOUNG PEOPLE REPORTING DRINKING SUGARY SOFT DRINKS AT LEAST ONCE A DAY

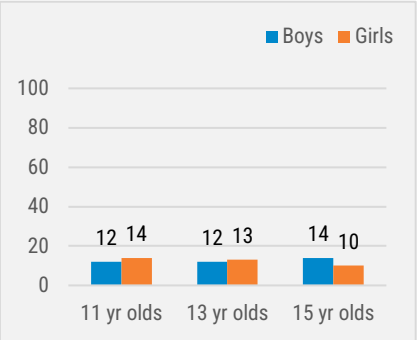


Figure 2.33:
YOUNG PEOPLE REPORTING DRINKING DIET SOFT DRINKS AT LEAST ONCE A DAY

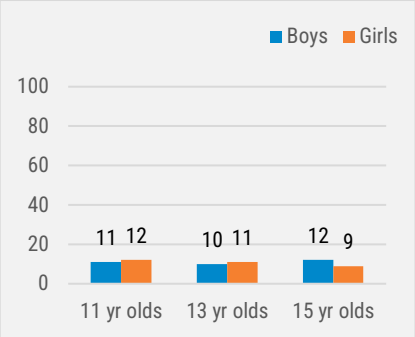
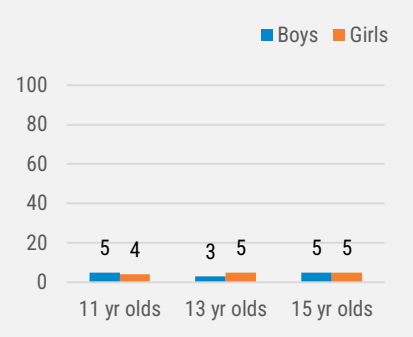


Figure 2.34:
YOUNG PEOPLE REPORTING DRINKING ENERGY DRINKS AT LEAST ONCE A DAY



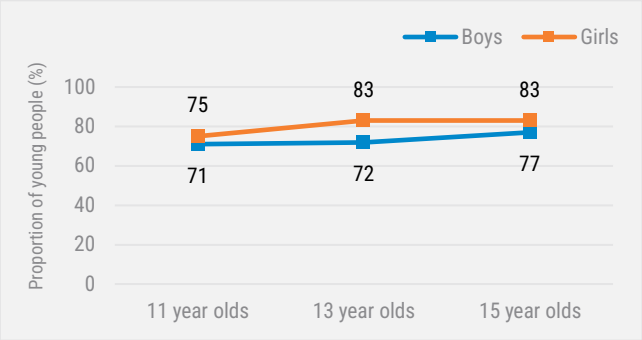
The differences by level of family affluence were also minor for energy drink and diet soft drink consumption however young people from the least affluent families were more likely to drink sugary soft drinks at least daily (15%) compared to those from the most affluent families (10%).

2.9 TOOTHBRUSHING

Measure:

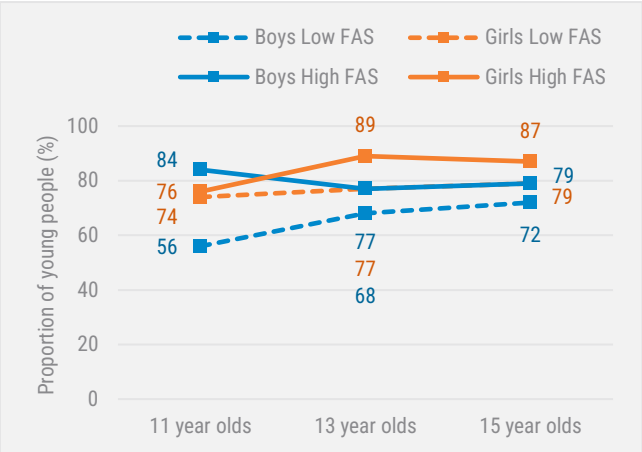
How often do you brush your teeth? (More than once a day; Once a day; At least once a week but not daily; Never)

Figure 2.35:
YOUNG PEOPLE WHO REPORTED BRUSHING THEIR TEETH MORE THAN ONCE A DAY



Overall, 77% of participants (73% of boys and 80% of girls) reported brushing their teeth more than once a day. The figures marked an increase for boys from 70% in 2018 but a decline for girls from 84%. Toothbrushing in 2022 increased with age from 73% in 11 year olds to 77% in 13 year olds and 80% in 15 year olds. However, the gender gap was widest for 13 year olds (72% of boys vs. 83% of girls) (Figure 2.35).

Figure 2.36:
YOUNG PEOPLE REPORTING BRUSHING THEIR TEETH MORE THAN ONCE A DAY, BY FAMILY AFFLUENCE (FAS)



The proportion of participants brushing their teeth more than once a day also increased with family affluence level (71% to 82%). Fewer boys from the least affluent families brushed their teeth more than once a day compared with those from the most affluent families, regardless of age. However, the affluence gap for boys was greatest at age 11 with just over half (56%) from the least affluent families reporting brushing more than once a day compared with 84% of their peers from the most affluent families. A similar overall affluence pattern was seen for girls, although the difference at age 11 was minimal (74% vs 76%) (Figure 2.36).

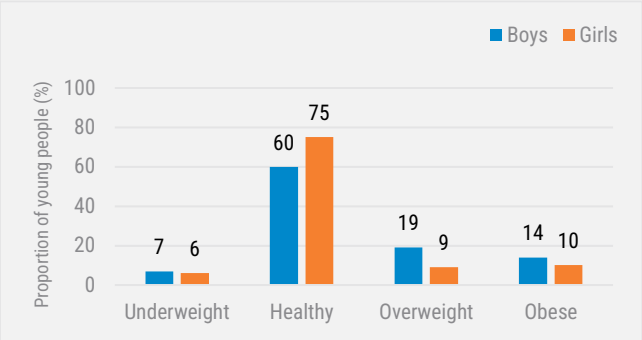
2.10 BODY MASS INDEX

Measure:

15 year olds were asked how much they weighed (without clothes) and how tall they were without shoes (answers provided on an imperial scale, were transformed to metric one). A measure of BMI was then calculated as units of kg/m^2. Cut-off points for underweight, healthy, overweight and obese 15 year old boys and girls were derived from the Royal College of Paediatrics and Child Health BMI chart (RCPCH, n.d.).

Due to relatively small sample size (just half of the 15 year old respondents provided reliable BMI measurements), further breakdowns by family affluence are not reported here.

Figure 2.37:
15 YEARS OLDS WHOSE REPORTED WEIGHT PLACED THEM IN DIFFERENT BMI CATEGORIES

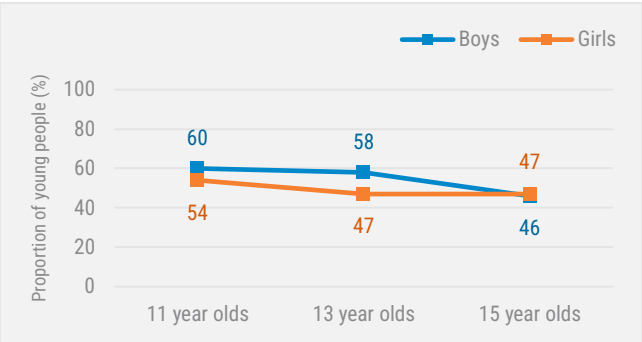


The majority of 15 year olds (68%), both girls (75%) and boys (60%) were in the healthy weight category. Just over a quarter (28%) were classified either overweight or obese with boys reporting a higher proportion than girls (33% of boys and 19% of girls). This gender difference was observed for both the overweight (19% of boys and 9% of girls) and obese categories (14% of boys and 10% of girls). About the same proportion of boys and girls reported a BMI that can be categorised as underweight (7% of boys and 6% of girls) (Figure 2.37).

2.11 PERCEIVED BODY SIZE

Measure:
Do you think your body is…? (Much too thin; A bit too thin; About the right size; A bit too fat; Much too fat)

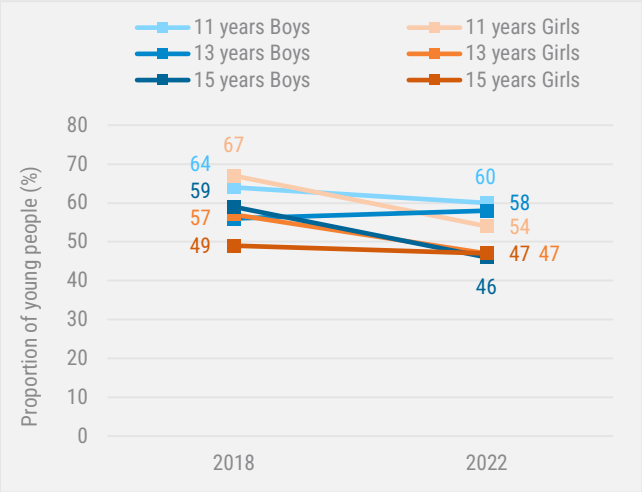
Figure 2.38:
YOUNG PEOPLE WHO REPORTED THAT THEIR BODY WAS 'ABOUT THE RIGHT SIZE'



Just over half (52%) thought their body was 'about the right size'. This proportion decreased with age: 57% in 11 year olds, 53% in 13 year olds and 47% in 15 year olds. Overall, a higher proportion of boys reported that their body was about the right size (55%) compared with girls (49%). However, while proportions of girls remained stable between the ages of 13 and 15 (47%) after an initial decline from 54%, boys showed a greater fall after the age of 13 from 58% to 46% (Figure 2.38).

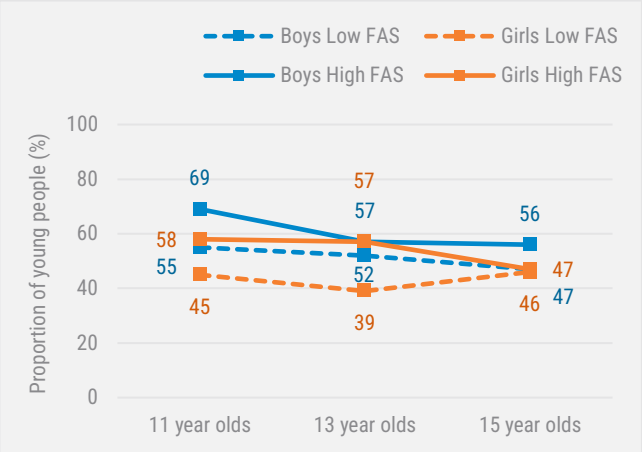
> *"There are more demands for boys now to bulk up or look a certain way and there's a lot of useful information online to do this in a healthy way, but that's not the way that everyone does it and there's plenty of unhelpful information out there too.* Micah, 16.

Figure 2.39:
YOUNG PEOPLE WHO REPORTED THAT THEIR BODY WAS 'ABOUT THE RIGHT SIZE', 2018-2022



Compared with 2018, fewer young people reported that their body was about the right size in 2022 (60% to 52%). This trend seems to be driven primarily by 11 year old girls (67% in 2018 to 54% in 2022) and 15 year old boys (59% in 2018 to 46% in 2022), then to a slightly lesser extent, by 13 year old girls (57% to 47%) (Figure 2.39).

Figure 2.40:
YOUNG PEOPLE REPORTING THAT THEIR BODY WAS 'ABOUT THE RIGHT SIZE', BY FAMILY AFFLUENCE (FAS)



Proportionally fewer of the younger participants (11 and 13 year olds of both genders) from the least affluent families thought that their body was 'about the right size' compared with their peers from the most affluent families (eg: 69% of 11 year old boys from the most affluent families against 55% of 11 year old boys from the least affluent families; or 57% of 13 year old girls from the most affluent families versus 39% of 13 year old girls from the least affluent families. However, this gap disappeared in 15 year old girls (47% vs. 46%) while only diminishing for 15 year old boys from 56% to 47% (Figure 2.40).

Only half (51% for both boys and girls) of 15 year olds who fell within the 'healthy' range for BMI also reported a congruent perception of 'about the right size' of body size.

2.12 BODY IMAGE

Measure:

Please say how much you agree or disagree with each of the following. (Strongly disagree; Disagree; Neither agree nor disagree; Strongly agree)

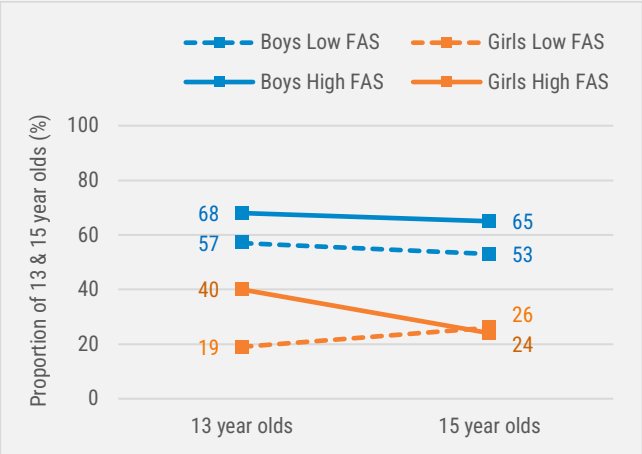
- I am frustrated with my physical appearance
- I am satisfied with my physical appearance
- I hate my body
- I feel comfortable with my body
- I feel anger towards my body
- I like my appearance in spite of its imperfections

The first, third and fifth question were reversed coded before computing an average score for the six questions and then categorizing those with an average score higher than 3.5 as feeling "positive about their bodies". The question is recommended only for 13 and 15 years old. We report the proportion of young people who felt positive about their body.

Overall, less than half (44%) of 13 and 15 year olds expressed positive feelings about their body, with a much greater proportion of boys (60%) reporting this compared to girls (27%). Age differences were relatively small (13 year olds: 47%; 15 year olds: 42%).

Figure 2.41:

13 & 15 YEAR OLDS WHO REPORTED FEELING POSITIVE ABOUT THEIR BODY, BY FAMILY AFFLUENCE (FAS)



Boys from the most affluent families consistently reported feeling more positive about their bodies than boys from the least affluent families, regardless of age. However, the pattern was more complex among the girls by affluence level. At age 13, just a fifth of girls from the least affluent families reported feeling body positive (19%): this was less than half the proportion of those of the same age from the from the most affluent families (40%). Yet, girls from the high affluence group then reported a steep decline in body image from the age of 13 to 15 years, while those from the least affluent families became more positive – resulting in little difference by affluence level among 15 year old girls (Figure 2.41).

> *"The societal pressure (mainly coming from social media and the internet) for girls to fit a certain beauty standard is unlike most expectations that boys face when growing up."* Thomas.

2.13 METHODS OF WEIGHT CONTROL

Measure:

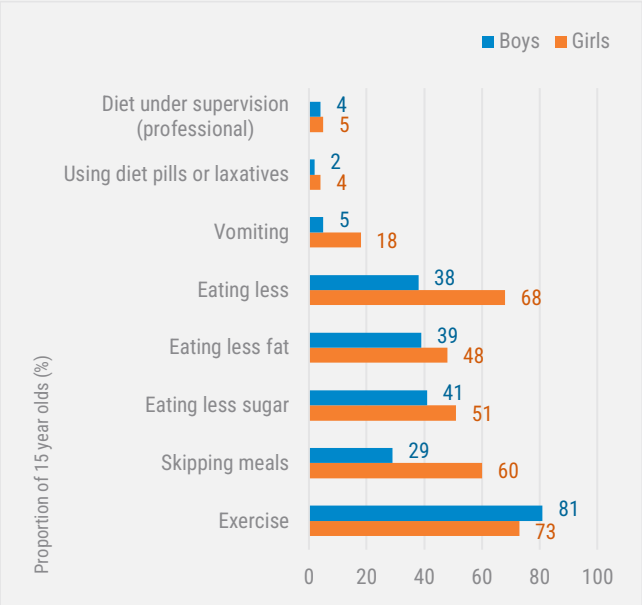
Have you done any of these things to control your weight during the last 12 months? (Yes; No)

- Exercise
- Eat less sugar
- Eat less
- Use diet pills or laxatives
- Skip meals
- Eat less fat
- Vomiting
- Diet under the supervision of a professional

This question was only asked of 15 year olds.

Figure 2.42:

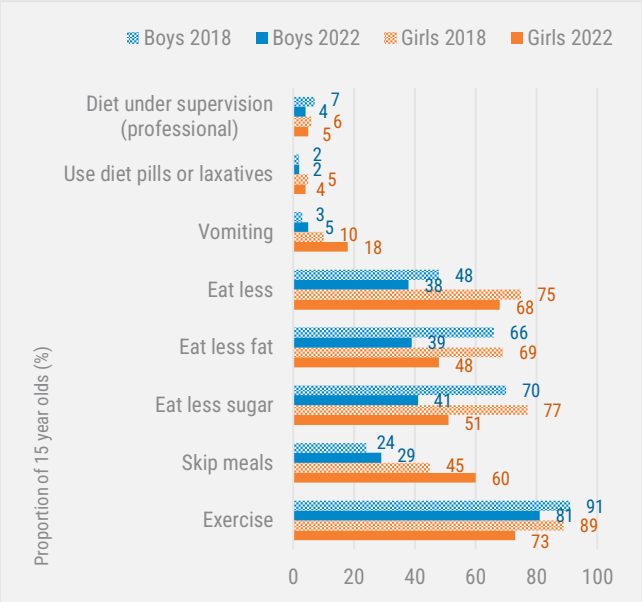
15 YEAR OLDS WHO REPORTED USING VARIOUS METHODS OF WEIGHT CONTROL IN THE LAST 12 MONTHS



Overall, 87% of 15 years olds (86% of boys and 88% of girls) said that they had controlled their weight in at least one way over the last 12 months. The most frequently used form of weight control was exercise for both genders, although boys reported using this method more frequently than girls (81% vs 73%). Food intake regulation was more prevalent among girls, for example, skipping meals (60% girls vs. 29% boys) and eating less (68% vs 38%). The gap between the proportion of boys using exercise and food regulation behaviours to control their weight was not seen among the girls. Three behaviours were relatively less commonly reported overall: vomiting, using diet pills or laxatives, and diet under the supervision of a professional. Eighteen percent of girls, however, still reported using vomiting to control their weight, compared with 5% of boys. (Figure 2.42).

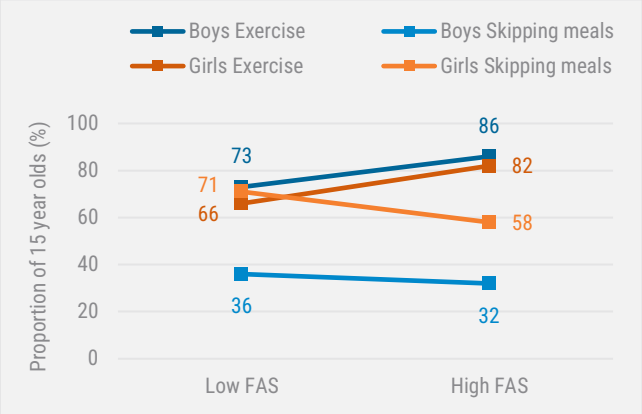
Figure 2.43:

15 YEAR OLDS REPORTING VARIOUS METHODS OF WEIGHT CONTROL, 2018-2022



Overall, use of weight control methods rose from 56% in 2018 to 87% in 2022. The following behaviours were less prevalent in 2022 than 2018 among both genders: exercise, eating less sugar, eating less fat and eating less – however, skipping meals was comparatively more prevalent. The use of pills or laxatives and professional supervision demonstrated very little change between 2018 and 2022, however vomiting as a form of weight control almost doubled from 10% (2018) to 18% (2022) among girls (Figure 2.43).

Figure 2.44:
15 YEARS OLD USING EXERCISE AND SKIPPING MEALS AS WEIGHT CONTROL, BY FAMILY AFFLUENCE (FAS)

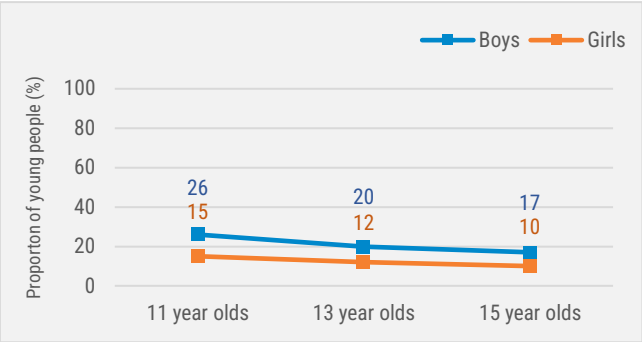


Exercise was more prevalent among 15 year olds from the most affluent families. Among girls, the proportion using exercise for weight control increased with level of family affluence from 66% to 82%. Similar trends were observable for boys with increases from 73% to 86%. By comparison, skipping meals was more prevalent among 15 year olds, particularly girls, from the least affluent families (Low FAS girls: 71%; high FAS girls: 58%). A similar but lesser trend was observed among 15 year old boys reporting skipping meals (Figure 2.44).

2.14 MODERATE PHYSICAL ACTIVITY

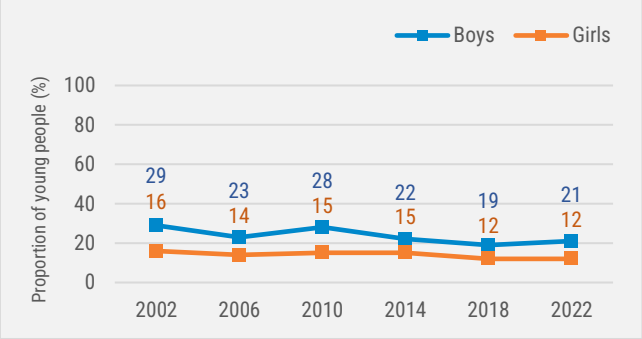
Measure:
Over the past 7 days, on how many days were you physically active for a total of at least 1 hour (60 minutes) per day? Please add up all the time you spent in physical activity each day. (0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days)

Figure 2.45:
YOUNG PEOPLE WHO REPORTED MEETING THE WHO-RECOMMENDED PHYSICAL ACTIVITY (PA) LEVEL



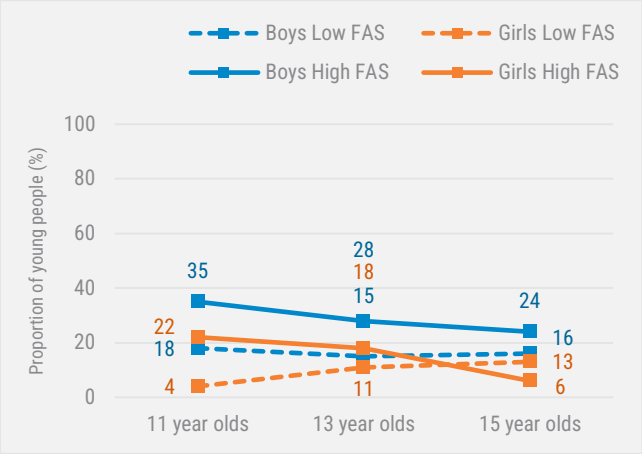
Overall, 17% of young people reported doing moderate physical activity at least one hour a day, every day; this was more common among boys (21%) than girls (12%). In addition to the gender gap, the proportion of young people meeting the WHO-recommended level of physical activity per week declined with age, more so among boys (Figure 2.45).

Figure 2.46:
YOUNG PEOPLE REPORTING MEETING THE WHO-RECOMMENDED PA LEVEL, 2002-2022



The proportion of both boys and girls meeting the WHO-recommended level declined overall in the twenty years from 2002 for both boys and girls. Between 2018 and 2022 however, there was a slight increase from 19% to 21% for boys meeting the recommended activity level while girls remained constant at 12% (Figure 2.46).

Figure 2.47:
YOUNG PEOPLE REPORTING MEETING THE WHO-RECOMMENDED PA LEVEL, BY FAMILY AFFLUENCE (FAS)



Young people, particularly boys, from the most affluent families were more likely overall to be physically active at least one hour a day, every day – and meet the WHO recommendation. For girls, the family affluence gap was most apparent among 11 year olds where just 4% of those from the least affluent families met the WHO recommendation by comparison with 22% of their peers from the most affluent families. However, while boys and girls in the most affluent families became less likely to meet the WHO recommendation as they got older, girls from the least affluent families became more active with age, rising from 4% at age 11 to 13% at age 15 – and boys from the least affluent families remained relatively stable in their level of activity between the ages of 11 (18%) and 15 (16%) (Figure 2.47).

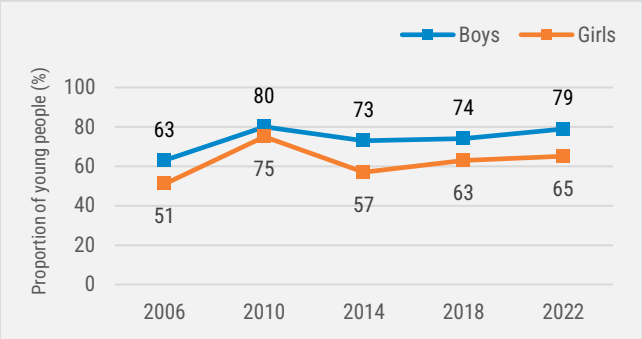
2.15 VIGOROUS PHYSICAL ACTIVITY

Measure:

How often do you usually exercise in your free time so much that you get out of breath or sweat? (Every day; 4-6 times a week; 3 times a week; 2 times a week; Once a week; Once a month; Less than once a month; Never)

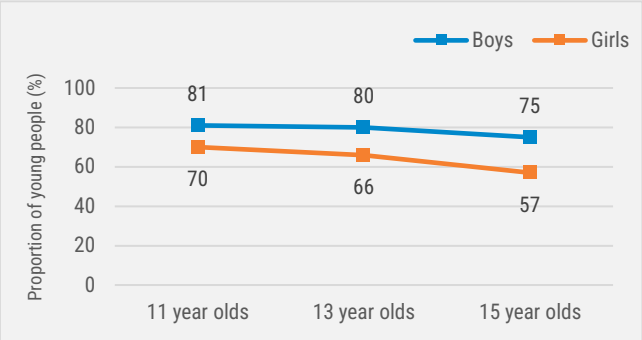
NB: prior to 2022, the answer categories were: Every day; 4-6 times per week; 2-3 times per week; Once a week; Once a month; Less than once a month; Never.

Figure 2.48:
YOUNG PEOPLE WHO REPORTED VIGOROUS EXERCISE AT LEAST TWICE A WEEK IN THEIR FREE TIME, 2006-2022



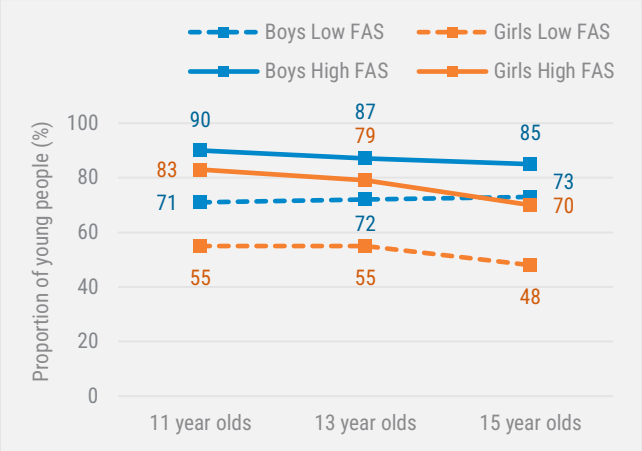
Overall, the majority (71%) of young people reported undertaking regular vigorous physical activity in their free time in 2022, compared with 70% in 2018, 65% in 2014 and 78% at its peak in 2010. The proportion of both boys and girls engaging in vigorous exercise in their free time at least twice a week increased between 2014 and 2022, following a decline from 2010 to 2014 which has not yet fully recovered, particularly for girls. The trend of boys being more likely than girls to engage in regular vigorous physical activity in their free persisted in 2022, with 79% of boys in 2022 reporting regular vigorous physical activity compared with 65% of girls (Figure 2.48).

Figure 2.49:
YOUNG PEOPLE REPORTING VIGOROUS ACTIVITY IN THEIR FREE TIME AT LEAST TWICE A WEEK



In 2022, participating in regular vigorous activity in free time declined with age for both boys and girls, although the decline among girls was slightly more pronounced (Figure 2.49).

Figure 2.50:
YOUNG PEOPLE REPORTING VIGOROUS ACTIVITY IN THEIR FREE TIME AT LEAST TWICE A WEEK, BY FAMILY AFFLUENCE (FAS)



Young people from the most affluent families reported higher levels of regular vigorous physical activity in their free time compared with their peers from the least affluent families. The greatest gap was seen among 11 year old girls: 83% vs 55%. Contrary to this trend, there was a slight increase in engagement in regular vigorous exercise among boys from the least affluent families from 11 to 15 years (a rise of 2 percentage points), while those from the most affluent families became less engaged (a fall of 5 percentage points) with age (Figure 2.50).

> *“There are lots of exercise opportunities but most of them are team sports. There’s very little for people who are not good at/don’t enjoy them and who are put off exercise altogether. I am good at maths but school don't expect someone who finds maths hard to sit next to me and do the same work as they are in a lower set. But I have to play football and other sports alongside people who are much better at me.”* Max, 14.

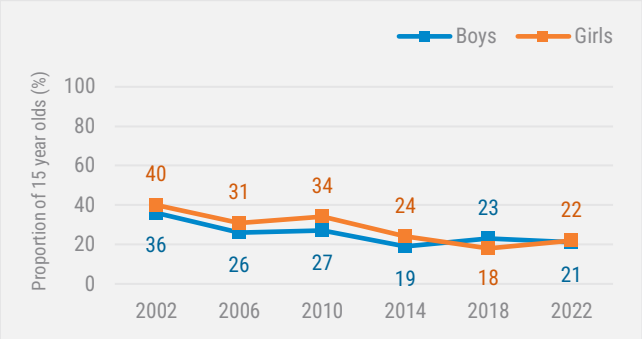
2.16 SEXUAL BEHAVIOUR

Measure:

- Have you ever had sexual intercourse (sometimes this is called 'making love', 'having sex' or 'going all the way')? (Yes; No)
- How old were you when you had sexual intercourse for the first time? (11 years or younger; 12 years old; 13 years old; 14 years old; 15 years old; 16 years old and older)
- The last time you had sexual intercourse, did you or your partner use a condom? (Yes; No; Don't know)
- The last time you had sexual intercourse, did you or your partner use birth contraceptive pills? (Yes; No; Don't know)

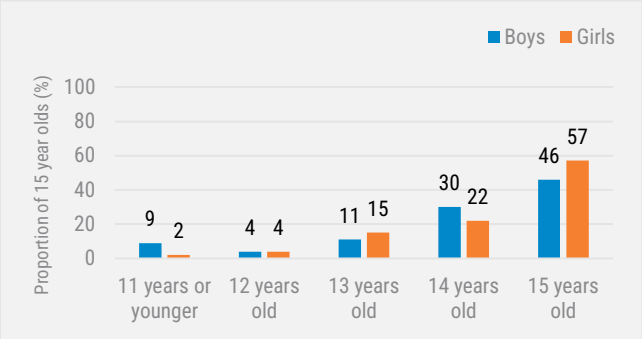
The questions on sexual intercourse were only asked of 15 year olds. For the purpose of report, very early sexual intercourse is defined as initiation at age 12 or younger.

Figure 2.51:
15 YEAR OLDS WHO REPORTED HAVING HAD SEXUAL INTERCOURSE, 2002-2022



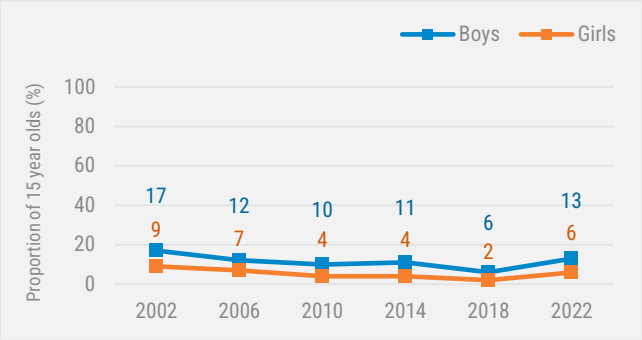
Overall, 21% of 15 year old respondents reported having had sexual intercourse; 21% of boys and 22% of girls. The proportion of 15 year olds reporting having had sexual intercourse increased for girls (18% to 22%) and slightly decreased for boys (23% to 21%) between 2018 and 2022, practically eliminating the gender differences observed in previous years (Figure 2.51).

Figure 2.52:
15 YEAR OLDS REPORTING AGE OF ONSET FOR SEXUAL INTERCOURSE



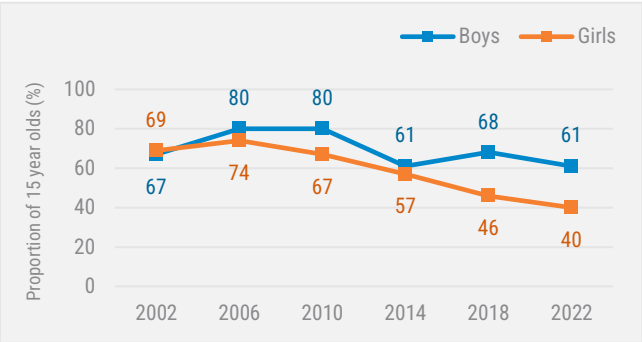
77% of those 15 year olds who had ever had sexual intercourse reported having had their first sexual intercourse at age 14 or older. Boys were more likely to report the early onset of sexual activity; 13% of boys compared with 6% of girls reported their first sexual intercourse was at 12 years or younger (Figure 2.52)

Figure 2.53:
15 YEAR OLDS REPORTING EARLY SEXUAL INITIATION (12 YEARS OR YOUNGER), 2002-2022



The percentage of those reporting early onset initiation (12 years or younger) doubled for both boys and girls between 2018 and 2022 (Figure 2.53).

Figure 2.54:
15 YEAR OLDS REPORTING CONDOM USE AT LAST INTERCOURSE, 2002-2022



The prevalence of condom use during the most recent (last) sexual intercourse decreased among both boys and girls between 2018 and 2022, from68% to 61% for boys and 46% to 40% for girls (Figure 2.54). At the same time, reported use of contraceptive birth-control pills increased between 2018 and2022, from 35% to 43% for girls, and from 26% to 36% for boys. The survey did not ask about other contraceptive methods.

> *"I'm not surprised about the number of people having sex, but I am very surprised about those having sex without a condom. They have free condom schemes. I think this number might be because condoms are expensive and people don't always know how to get them for free. Eleri, 19."*

MIND

2.17 WELLBEING INDEX

Measure:

The World Health Organisation Five Well-Being Index (WHO-5) (WHO, 1998) is a short, self-administered questionnaire covering 5 positively worded statements, related to positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interests (being interested in things). It also has shown to be a good screening tool for depression. Young people were asked to indicate for each of the five statements which is closest to how they have been feeling over the last two weeks.

Over the last two weeks: how often have you had the following…? Please tick one box for each line (for each of the five statements, which is closest to how you have been feeling over the last two weeks) (All the time; Most of the time; More than half of the time; Less than half of the time; Some of the time; At no time)

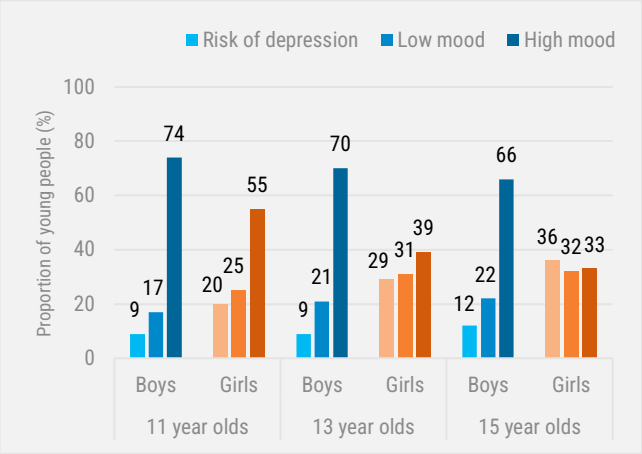
- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling fresh and rested
- My daily life has been filled with things that interest me

In line with the international WHO recommendation (see www.who-5.org) the five individual item scores are summed and the total is then multiplied by 4 to obtain a final score ranging from 0 to 100.

Participants with a score of 0 to 28 fall in the first category labelled at "risk of depression", those scoring 29-50 are referred to as having poor emotional well-being, which can be classified as a "low mood" category; while those scoring 51 through to 100 from the "high mood" category.

Figure 2.55:

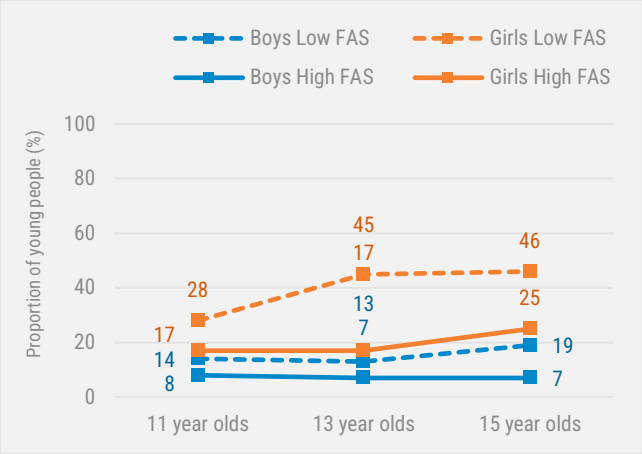
YOUNG PEOPLE REPORTING DIFFERENT LEVELS OF MENTAL WELLBEING



Overall, 57% of young people in the 2022 sample fell into the 'high mood' category indicating good mental health. However, 24% fell into the 'low mood' category, suggesting poor mental health and 19% were deemed at risk of depression according to their responses. The proportion of young people at risk of depression increased with age only slightly in boys but very visibly in girls. The prevalence of being at risk of depression was around three times higher among 13 and 15 year old girls, compared with boys of the same age. It was around twice as high among 11 year old girls, compared with 11 year old boys (Figure 2.55).

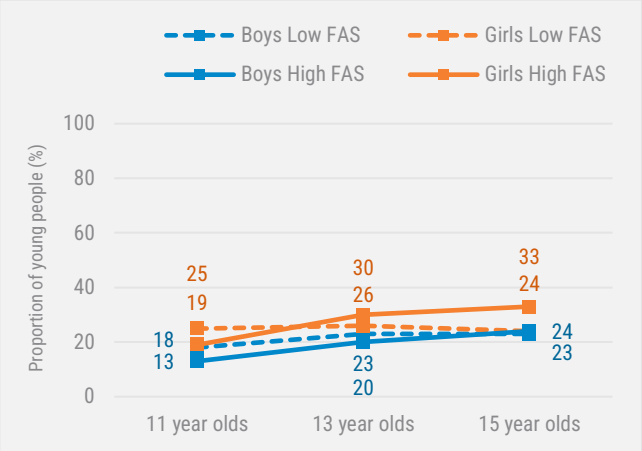
> *The pressures on young people start really early - to do well at school, to look good, have the right things etc. Sometimes it feels overwhelming.*
> Claudia, 14.

Figure 2.56:
YOUNG PEOPLE SCORING IN THE 'AT RISK OF DEPRESSION' CATEGORY, BY FAMILY AFFLUENCE (FAS)



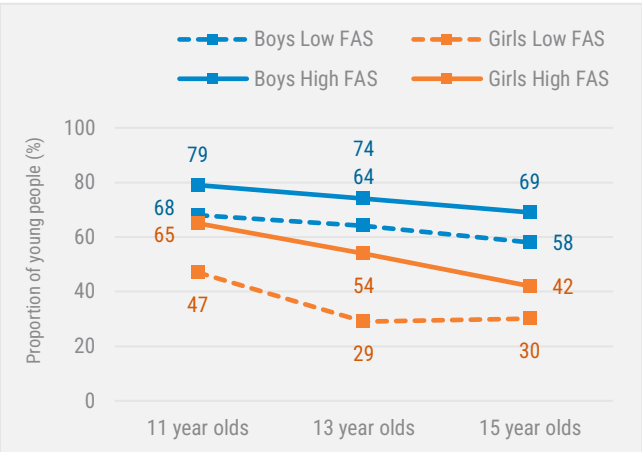
Socio-economic inequality was associated with risk of depression in both genders at all ages, but especially amongst 13 year old girls, with 45% of those from the least affluent families falling into this category compared to 17% of 13 year old girls from the most affluent families. The family affluence gap was apparent among boys of all age groups, but more pronounced in 15 year old boys from the least affluent families who were over twice as likely to be at risk of depression than those from the most affluent families (Figure 2.56).

Figure 2.57:
YOUNG PEOPLE SCORING IN THE 'LOW MOOD' CATEGORY, BY FAMILY AFFLUENCE (FAS)



Among young people in the low mood category, those from the most affluent families demonstrated rising prevalence with age. By comparison, the prevalence of low mood stabilised or fell after the age of 13 among boys and girls from the least affluent families (Figure 2.57).

Figure 2.58:
YOUNG PEOPLE SCORING IN THE 'HIGH MOOD' CATEGORY, BY FAMILY AFFLUENCE (FAS)



The greatest family affluence gap for those in the high mood category was found among 13 year old girls. Those from the most affluent families reported nearly twice the prevalence of high mood (54%) compared with their peers from the least affluent families (29%). The family affluence gap was also consistently evident among the boys with the prevalence of high mood around ten percentage points higher across all age groups for boys from the most affluent families (Figure 2.58).

2.18 LIFE SATISFACTION

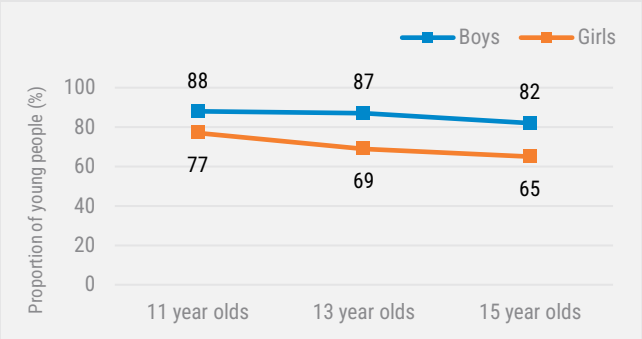
Measure:

Life satisfaction was measured using the Cantril Ladder (Cantril 1965), where young people are asked to pick a number from 0 ('worst possible life') to 10 ('best possible life') presented as steps on a ladder to indicate their general level of life satisfaction.

- Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel that you stand at the moment? Tick the box next to the number that best describes where you stand. (0 'worst possible life' to 10 'best possible life')

For international comparisons within the HBSC study, a score of 6 and above is considered high life satisfaction (Inchley et al., 2016).

Figure 2.59:
YOUNG PEOPLE RATING THEIR LIFE SATISFACTION FROM '6' TO '10'

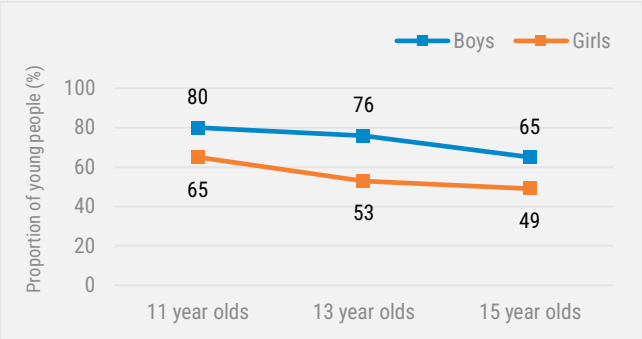


Overall, 78% of young people indicated that their life satisfaction was positive by scoring 6 or above. Boys were more likely than girls to report positive life satisfaction (86% vs 71%) and gender differences became more pronounced with age due to a greater decrease over time for girls (Figure 2.59).

At a national level, life satisfaction was analysed further using the following cut-off points which are considered to more accurately reflect how subjective life satisfaction is experienced and understood, based on a reformulation of the scale by Gallup (n.d.):

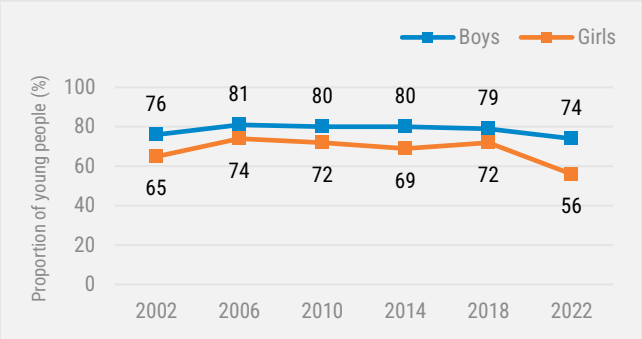
- 0 to 4 = Low life satisfaction, defined as suffering
- 5 to 6 = Medium life satisfaction, defined as potentially struggling
- 7 to 10 = High life satisfaction, defined as thriving

Figure 2.60:
YOUNG PEOPLE RATING THEIR LIFE SATISFACTION FROM '7' TO '10' (THRIVING)



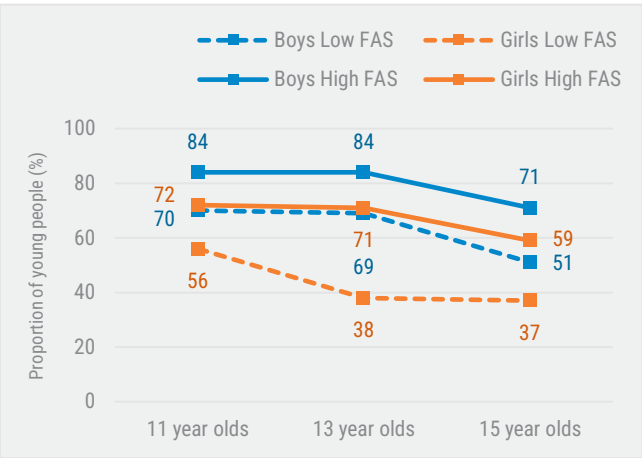
Overall, 65% of young people rated their life satisfaction 7 and above and could be considered thriving: 74% boys and 56% girls, with a decline with age: 11 year olds: 73%; 13 year olds: 65%, and 15 year olds: 57%. While the gender gap was greatest at age 13 (boys: 76%; girls: 53%), 15 year old girls were least likely to rate their life within the thriving category (49%) compared with 65% of boys at this age (Figure 2.60).

Figure 2.61:
YOUNG PEOPLE RATING THEIR LIFE SATISFACTION FROM '7' TO '10' (THRIVING), 2002-2022



The overall positive trend between 2014 and 2018 was reversed in 2022 with the proportion of young people who could be considered thriving noticeably decreasing between 2018 and 2022. While the decline over time was evident for boys and girls, it was particularly abrupt for girls, dropping from 72% to 56%, the lowest proportion since 2002 (Figure 2.61).

Figure 2.62:
YOUNG PEOPLE RATING THEIR LIFE SATISFACTION FROM '7' TO '10' (THRIVING), BY FAMILY AFFLUENCE (FAS)



A greater proportion of young people from the most affluent families could be considered as thriving: 74% vs 54% among those from the least affluent families. This was apparent among both boys and girls. The widest family affluence gap for life satisfaction was among 13 year old girls where the proportion of those considered thriving was nearly double among those from the most affluent families (71% vs 38%) (Figure 2.62).

> *"A lack of opportunities and activities for girls whose families have less money could drive them towards their phones and social media, creating even stronger unrealistic expectations in their heads."* Thomas

2.19 SELF-EFFICACY (ABILITY TO PROBLEM SOLVE)

Measure:

For the 2022 HBSC survey round, a new scale for general self-efficacy was added as a mandatory measure. The measure was developed by the Danish HBSC team (Eriksson et al., 2019) resulting in a two-item general scale with the following questions.

The following questions are about the way you deal with things. Please tick one box for each line (Never; Rarely; Sometimes; Most of the time; Always)

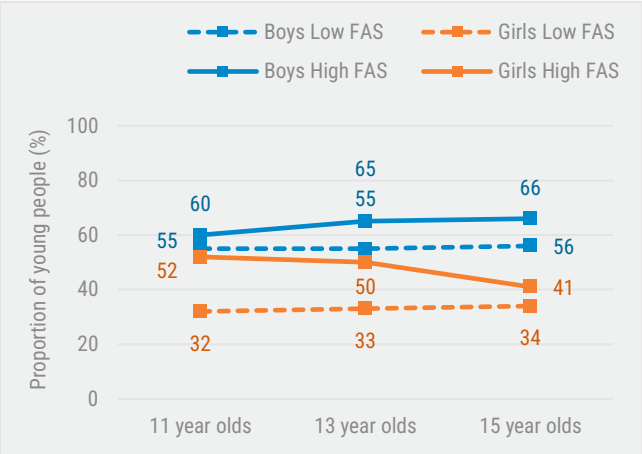
- How often do you find a solution to problems if you try hard enough?
- How often do you manage to do the things you decide to do?

These statements, as currently phrased, could be argued to be a proxy for self-efficacy since they measure frequency rather than beliefs about internal confidence. We could make an assumption that if a young person is often able to find a solution to a problem if they try hard enough, then they might develop a stronger sense of self-efficacy. However, this is an assumption that is hard to verify. The HBSC team is therefore considering changing this measure to 'ability to problem solve' rather than self-efficacy.

Overall, just over half of the sample 52% (61% for boys and 42% for girls) were able to find solutions to problems most of the time or always and 51% (59% of boys and 43% of girls) managed to do the things they decided to most of the time or always. There were negligible changes with age.

Figure 2.63:

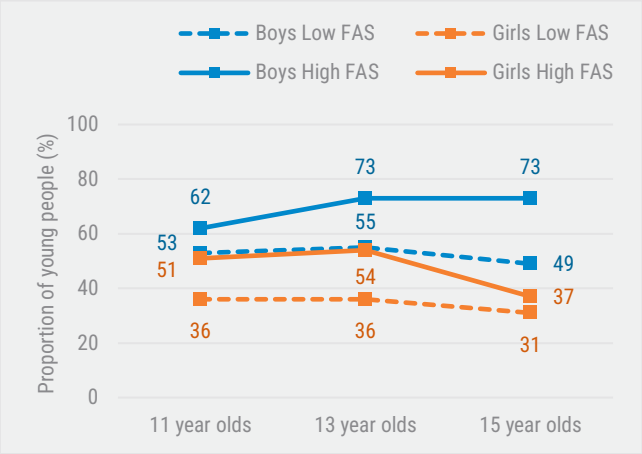
YOUNG PEOPLE REPORTING THAT THEY CAN FIND A SOLUTION TO PROBLEMS IF TRYING HARD ENOUGH, BY FAMILY AFFLUENCE (FAS)



The proportion of boys reporting finding solutions to problems was consistently higher among those from the most affluent families (high FAS: 63%; low FAS: 55%) with some increase with age. The family affluence gap among boys was greater among older adolescents. Conversely, the affluence gap was greater among younger girls. A smaller proportion of girls from the least affluent families reported finding solutions when trying hard enough (high FAS: 48%; low FAS 33%). However, girls from the most affluent families showed a decline with age (from 52% to 41%) whereas there was a small improvement among those from the least affluent families (from 32% to 34%) (Figure 2.63).

The patterns were similar for the ability to do things that had been decided. Just over half (51%) reported being able to do the things they had decided to do, with boys (59%) more likely to report this than girls (43%). Fifteen year olds reported the lowest prevalence of being able to do things that they had decided upon (11 year olds: 52%, 13 year olds: 53%, 15 year olds: 48%).

Figure 2.64:
YOUNG PEOPLE REPORTING THAT THEY CAN MANAGE TO DO THE THINGS THEY DECIDE TO DO, BY FAMILY AFFLUENCE (FAS)



Boys reported managing to do the things they decided to do more often than girls regardless of age and family affluence. For participants of both genders, those from the most affluent families always managed to do the things they decided to do more often than the ones from the least affluent families (high FAS: 58%; low FAS: 44%). However, age differences were less marked in adolescents from the least affluent families. While girls from the most affluent families reported fewer achievements with age, boys from the most affluent families reported the opposite. The gender gap in the most affluent families grew to a point where 15 year old boys were more than twice as likely as girls that age to manage to do the things they decided to do (73% vs. 37% respectively) (Figure 2.64).

> *It is sometimes difficult to find things to do or do the things you want (with friends or alone) because everything is too expensive.* Max, 14.

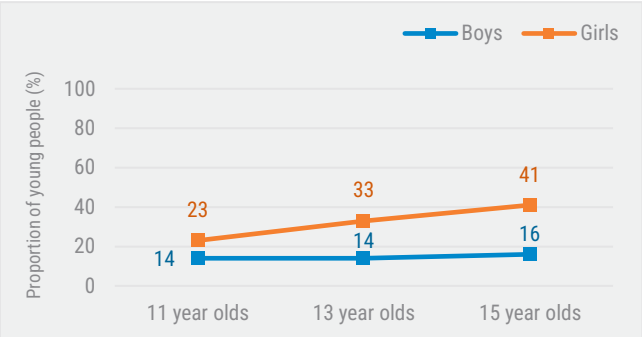
> *It makes sense about young people from wealthier families being able to feel that they can achieve or problem solve more – there's just more people showing you that it's normal.* Micah, 16.

2.20 LONELINESS

Measure:
During the past 12 months, how often have you felt lonely? (Never; Rarely; Sometimes; Most of the time; Always).

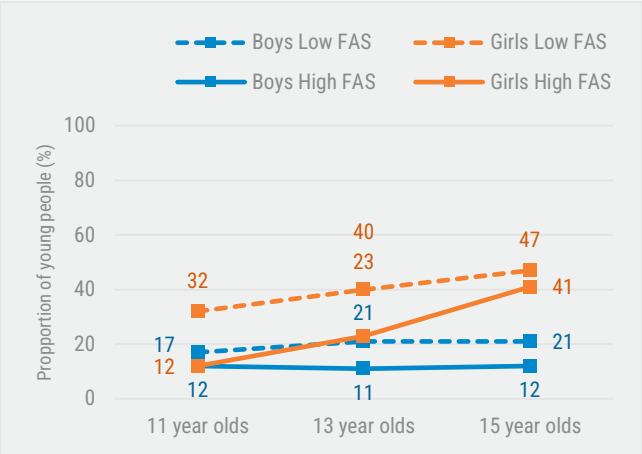
The responses 'never', 'rarely' and 'sometimes' formed the 'non-lonely' category. The response options 'most of the time' and 'always' formed the 'lonely' category.

Figure 2.65:
YOUNG PEOPLE WHO REPORTED FEELING LONELY MOST OF THE TIME OR ALWAYS IN THE PAST 12 MONTHS



Overall, 23% of young people reported they had felt lonely in the past 12 months, with twice as many girls (32%) than boys (15%) categorised as lonely. There were also differences between age groups. The proportion of boys reporting they felt lonely rose marginally with age (+2 percentage points), whereas girls' reports of loneliness showed a greater increase (+18 percentage points) (Figure 2.65).

Figure 2.66:
YOUNG PEOPLE REPORTING FEELING LONELY MOST OF THE TIME OR ALWAYS IN THE PAST 12 MONTHS, BY FAMILY AFFLUENCE (FAS)



Prevalence of loneliness among adolescents from the least affluent families was consistently higher than their counterparts from the most affluent families. Boys from both family backgrounds tended to show more stable trends over age, peaking at around 20% among boys from the least affluent families (vs 12% for high FAS boys). The pattern was different in girls who were more likely to report loneliness with age, though girls from the least affluent families reported higher proportions of loneliness at an earlier age. By the age of 13 in girls from the least affluent families – and by 15 among girls with either low or high family affluence levels, at least 40% reported feeling lonely most of the time or always (Figure 2.66).

> *"I think this might be after Covid - lockdowns have made it harder for young people to socialise with other people. Claudia, 14"*

In 2018, data on loneliness was not collected, however the 2014 HBSC England survey asked '*Thinking about the last week, have you felt lonely… (Never; Rarely, Quite often, Very often, Always)*? In response, 8% of young people (5% boys, 11% girls) in 2014 said they had felt lonely in the last week. Feelings of loneliness increased only slightly with age among boys (4%; 5%; 7%), whereas girls' reports of loneliness showed a more dramatic increase across the three age categories (5%; 11%; 19%). Though the two datasets are not strictly comparable, reports of loneliness among young people appear more prevalent in 2022.

2.21 SELF-HARM

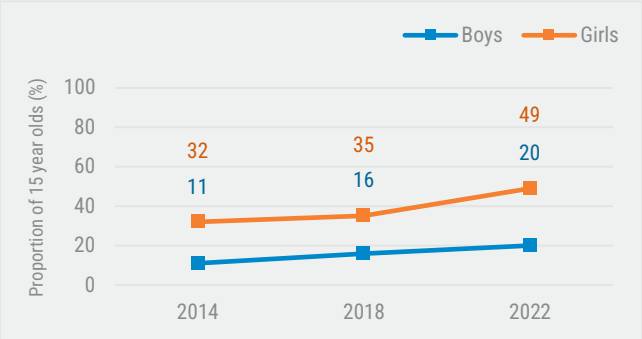
Measure:

- Have you ever deliberately hurt yourself in some way, such as cut or hit yourself on purpose or taken a deliberate overdose? (Yes; No)
- How often do you self-harm? (Every day; Several times a week; Once a week; A few times a month; Once a month; Several times a year; I have self-harmed once)

These questions about self-harm were only presented to 15 year olds.

More than a third (34%) of 15 year olds said that they had deliberately hurt themselves in some way in their lifetime. This marks an overall increase from 22% in 2014 and 25% in 2018.

Figure 2.67:
15 YEAR OLDS WHO REPORTED HAVING EVER DELIBERATELY HURT THEMSELVES IN SOME WAY, 2014-2022

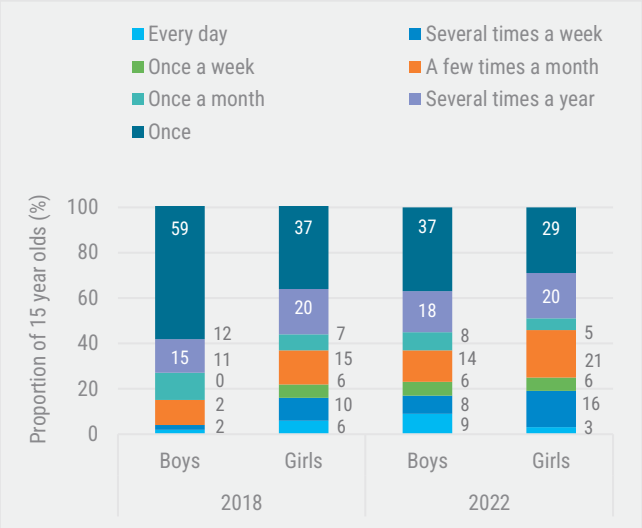


A fifth (20%) of 15 year old boys and nearly half (49%) of 15 year old girls reported having deliberately self-harmed (DSH) in 2022. The rise from 2018 to 2022 was most pronounced among girls (+14% points) compared to a 4% increase for boys. However, from 2014 to 2022, the proportion of boys reporting having ever DSH nearly doubled (Figure 2.67).

The family affluence gap was apparent in the prevalence of DSH among girls, but not boys. Over half (54%) of 15 year old girls from the least affluent families reported DSH compared to 47% of those from the most affluent families. The difference for 15 year old boys by family affluence level was negligible.

> *"A lot of girls especially struggle with body image and insecurities which can then make them believe there's something wrong with them and that then leads them to wanting or feeling the need to hurt themself. Emily, 14"*

Figure 2.68:
15 YEAR OLDS REPORTING DSH, 2018-2022, BY FREQUENCY OF DSH

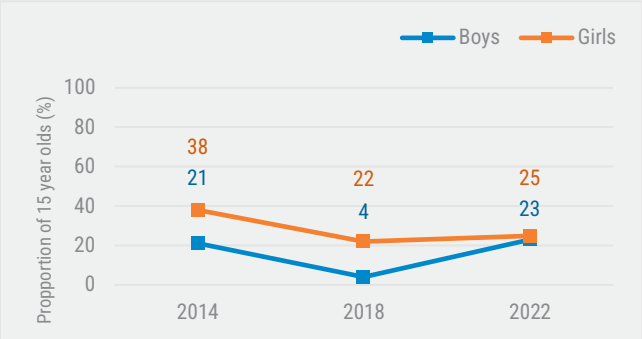


Those who had reported ever hurting themselves deliberately indicated the frequency with which they DSH. Overall, the proportion who said that they had DSH 'just once' fell between 2018 and 2022 from 48% to 33% with the main decline among boys. Over the same period, proportions of the higher frequency DSH grew among boys with the prevalence of daily DSH rising from 2% in 2018 to 9% in 2022; DSH several times a week increasing from 2% to 8%; and DSH once a week growing from 0% to 6% between 2018 in 2022 among boys. Among the girls, while DSH 'just once' demonstrated a smaller decline, there was rising prevalence for DSH a few times a month (15% to 21%) and DSH a few times a week (10% to 16%). However, DSH once a week stabilised and daily DSH fell from 6% to 3% (Figure 2.68).

Overall in 2022, a quarter (25%) of 15 year olds reported harming themselves at least once a week with minimal gender differences. Again, this was more common among young people from the least affluent families with 30% reporting harming themselves at least once a week compared to 25% from the most affluent families.

Figure 2.69:

15 YEAR OLDS REPORTING DELIBERATELY HURTING THEMSELVES IN SOME WAY (DSH) AT LEAST ONCE A WEEK, 2014-2022



In terms of the trend of DSH at least once a week, both genders demonstrated a rise between 2018 and 2022, following a decline from 2014 to 2018. While the recent rise among girls was relatively small (+3 percentage points), the proportion of boys reporting regular DSH rose by +19 percentage points (from 4% to 23%), effectively closing the gender gap in 2022 and returning to 2014 levels (Figure 2.69).

> *Stigma around men's mental health and their ability/inability to access and ask for support would make me think boys do not feel supported overall.*
> *Thomas*

SUMMARY

OVERALL HEALTH

While nearly 80% of young people in 2022 rated their health as good or excellent, this marked a decline since 2018. At the same time, there was a rise in the reporting of multiple, regular health complaints to three quarters (75%) of young people. Sleep duration and quality had declined since 2018 with 57% of 15 year old girls reporting not getting enough sleep to feel awake and concentrate on schoolwork. This was reflected across the previous items: older adolescents and girls consistently provided the more negative feedback. Disparities were exacerbated by lower levels of family affluence with 13 and 15 year old girls most commonly reporting the poorest health experiences.

Young people reported a rising prevalence of long-term health conditions (LTCs) in 2022, with girls the most likely to report both having a LTC and that it caused disruption to their school participation and attendance. In terms of spiritual health and connection, girls were more likely to value connection to others and nature, and boys rated connection to self and the transcendent more strongly. Thirteen year olds from the least affluent families were the least likely to positively rate each of these connections – apart from the connection to a higher power.

BODY

Just over half of young people reported eating breakfast every weekday, marking a continued decline since 2014 – this was matched by a rise in those never eating weekday breakfast to nearly a quarter of young people (23%). More widely, less than half of young people reported eating vegetables (46%) and fruit (41%) daily. However, while this marked a decline among girls over time, prevalence rose among boys reducing the previous gender gap. Fruit and vegetable consumption demonstrated stark family affluence disparities. The affluence gap in breakfast consumption was less pronounced, although 13 and 15 year old girls from the least affluent families were the most likely to never eat weekday breakfast. Consumption of sugary, diet and energy drinks demonstrated negligible age and gender differences, but a slight increase since 2018. Toothbrushing, however, increased with age and showed the strongest family affluence gap among 11 year old boys (56% vs 84%).

The majority of 15 year olds were in the healthy weight category, with just over a quarter classified by their BMI as overweight or obese and less than a tenth underweight – however just over half thought that their body was about the right size, a decline from 2018. Thirteen year old girls from the least affluent families reported the lowest scores for body positivity and perception. Nearly 90% of 15 year olds reported controlling their weight over the previous 12 months, with boys more likely to exercise and girls more likely to control food intake. There was a slight increase in the proportion of boys (21%) meeting the WHO target for physical activity in 2022, though girls remained constant at just 12%. Vigorous activity outside of school also demonstrated an improvement, predominantly among boys, however those from the most affluent families were more likely to engage in vigorous physical activity. The previous gender gap in sexual activity reported by 15 year olds was not apparent in 2022 following a rise among girls and a fall among boys. Young people were also less likely to report condom use, but more likely to report using contraceptive birth-control pills.

MIND

While 57% of young people met the criteria for high mood, 24% were in the low mood category and 19% were deemed at risk of depression. Among girls, risk of depression increased with age and lower family affluence with around 45% of 13 and 15 year old girls from the least affluent families meeting the criteria of being at risk of depression. Nearly a quarter of young people reported feeling lonely in the past 12 months, rising with age among girls, but more stable and lower among boys. Boys were also more likely to be classified as thriving with a marked decline among girls between 2018 and 2022. While 71% of 13 year old boys from the most affluent families were thriving, this was the case for just 38% of girls in that category. Boys, particularly older boys, were also more likely to report problem solving behaviours and this too was enhanced by higher family affluence levels. However, while 15 year old girls reported a higher prevalence of deliberate self-harm (DSH) in 2022

compared to 2014 and 2018, the proportions of 15 year old boys reporting DSH at least once a week rose to close the gender gap with girls: in 2022, around a quarter of 15 year old boys and girls reported DSH at least once a week.

Overall, the findings present a deterioration of young people's mental and physical health status, reflected in the decline among several positive health behaviours and perceptions of personal health and mental wellbeing. While some items improved or stabilised, for example physical activity, disparities by gender, family affluence level and age persist and, in many cases, have grown over time.

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3. FAMILY & FRIENDS

KEY MESSAGES

FAMILY STRUCTURES AND ROLES

- Seventy percent of young people reported living with both parents, continuing the increase since 2014.
- Sixteen percent of young people identified as young carers, in that they reported undertaking extra work around home due to having a disabled or sick family member. A greater proportion of young people from the least affluent families reported this: nearly a quarter of girls (24%) and a fifth of boys (19%).

COMMUNICATION AND SUPPORT

- Over a third (37%) of young people reported usually eating a meal with their family every day, continuing the downward trend from 2014. Among girls from the least affluent families, 14% reported that they never ate family meals, compared with 4% from the most affluent families.
- A greater proportion of young people reported finding it easier to talk to their mothers (rather than fathers) about things that really bothered them. Boys of all ages were more likely than girls to report finding it easy to talk with a parent.
- The proportion of young people reporting they found it easy to talk to either parent fell from 2014, with the decline most apparent among girls.
- Levels of family affluence affected ease of communication with parents. Thirteen year olds from the most affluent families were much more likely to report finding it easy to talk to a parent than those from the least affluent families.
- Just over half of young people (51%) reported feeling well-supported by their parents, marking a decline from 64% in 2014 and 54% in 2018. Boys were more likely to report high levels of family social support.
- Overall, there was a downward trend in parental involvement in young people's education since 2014 with 71% reporting this in 2022. Boys were more likely to report that their parents engaged with their school and education.
- Among 13 year old girls in particular, there were marked differences in parental involvement in education according to level of family affluence. Over three quarters (76%) of those from the most affluent families reported high parental involvement and support for education and school compared to just over a half (51%) of those from the least affluent families.
- Just over a third (37%) of young people reported high levels of social support from friends and this was more common among girls (42%). The prevalence of strong support from friends declined with age and levels of family affluence.

INTRODUCTION

Family life and relationships remain crucial into adolescence for the promotion of health and wellbeing through their potential to deliver a positive support system (Boniel-Nissim et al., 2015; Brooks et al., 2015; Klemera et al., 2017). This chapter presents young people's descriptions of their family structure and roles – and their perceptions of the communication, relationships and support they experience from family and friends.

FAMILY STRUCTURES AND ROLES

Family structure comes in many forms. Adolescents living in nuclear families or in joint physical custody (where their time is split evenly between separated parents) tend to report higher levels of life satisfaction and perceived social support than those in step or single parent families (Bjarnason et al., 2012; Bi et al., 2021). However, economic inequalities moderate this link (Bjarnason et al., 2012) and researchers stress the need to consider family climate and complexity alongside family structure (Herke, Knöchelmann & Richter, 2020). Attention to the active role of adolescents as young carers is increasing. A recent systematic review suggests that, compared with their non-caregiving peers, young carers may experience poorer mental and physical health with a likely dose-response with more intense caring roles. The review was unable to clearly identify the mechanisms for this, such as social isolation, and recommends further research (Tabak et al., 2016; Lacey, Xue & McMunn, 2022).

COMMUNICATION AND SUPPORT

In terms of relationships and support, sharing meal times has been associated with better mental health and wellbeing, diet and academic outcomes for young people (Snuggs & Harvey, 2023), with greater impact for girls (Harrison et al., 2015). Ramseyer Winter at al. (2019) found that eating breakfast and meals with parents more regularly is related to a more positive body image. Good family communication has also been shown to be protective against compromising health behaviours including smoking (Zaborskis & Sirvyte, 2015), drinking, using marijuana, early sexual activity (Lenčiauskienė & Zaborskis, 2008) and suicidal ideation (Zaborskis et al., 2016; Brooks et al., 2017). Positive associations between communication in the family and adolescent health, wellbeing and life satisfaction have been confirmed (Levin & Currie, 2010). Evidence also indicates that easy communication with parents buffers the negative association between electronic media use and life satisfaction (Boniel-Nissim et al., 2015).

Alongside communication, family support is significantly associated with lower scores in emotional and behavioural problems in adolescence (Pacliokova et al., 2019). Parental support and a strong family bond are further associated with reduced levels of health-compromising behaviours, as well as improved mental health and emotional wellbeing (Bell, Forthun & Sun, 2015; Brooks et al., 2015). Further, parental support, particularly in connection to school is a valuable health asset, helping young people manage high academic pressure and guarding against health complaints related to school stress (Tabak & Mazur, 2016). Studies indicate long-lasting positive effects of school-related parental support on mental health (Westerlund et al., 2015).

Relationships and communication with peers play a prominent role in adolescence. During this developmental stage, friendships and peer support can be particularly influential in helping young people define their own identity and shaping their psychosocial wellbeing (Bokhorst et al., 2010; Du et al., 2018). Highly supportive peer and especially schoolmate friendships are associated with better social competencies, prosocial behaviour and mental health (Lenzi et al., 2012), and lower feelings of loneliness (Cavanaugh and Buehler 2016; Zheng, Yixuan, et al., 2022; Goodfellow, Claire, et al., 2023). However, negative friend affiliations have been associated with adolescents' poorer school outcomes, higher use of all substances, and worse mental health, but predominantly where friend support is high and family support is low (Espinoza et al., 2014; Moore et al., 2018).

FAMILY STRUCTURES AND ROLES

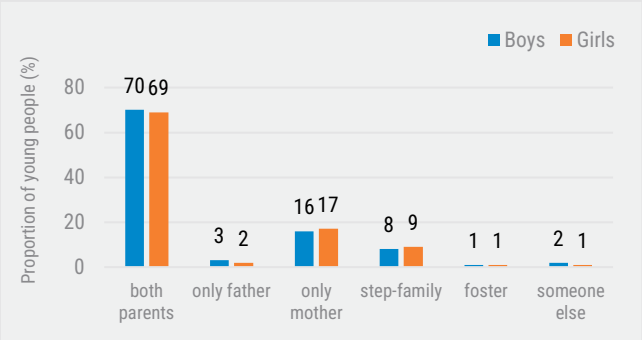
3.1 FAMILY STRUCTURE

Measure:

Tick the people who live in a home where you live all or most of the time. (Please answer this question for the home where you live all or most of the time and tick the people who live there).

- Mother
- Father
- Stepmother (or father's/mother's partner)
- Stepfather (or mother's/father's partner)
- I live with a foster carer/s or in a children's home
- I live with someone else or somewhere else (eg: with grandparents). Please tell us where and who you live with there.

Figure 3.1:
YOUNG PEOPLE WHO REPORTED DIFFERENT FAMILY STRUCTURE



Overall, 70% of young people reported living with both parents, rising from 68% in 2018 and 64% in 2014. Sixteen percent of young people reported living in a household headed by a lone mother, a decrease from 21% in 2018. Eight percent reported living in a stepfamily. As in 2018, 2% of young people reported living in a household headed by a lone father in 2022. Just 1% of young people reported living in foster care, and 2% said that they lived with someone else (Figure 3.1).

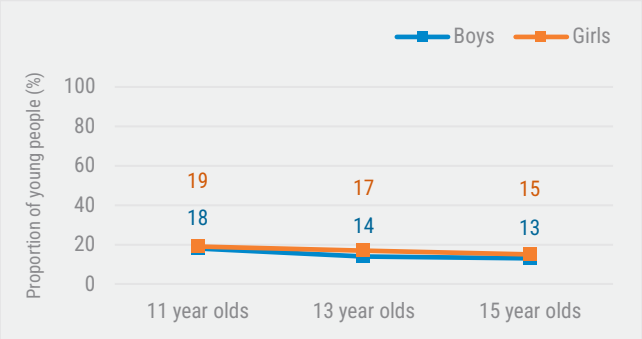
3.2 YOUNG CARERS

Measure:

- Is there anyone in your family who is seriously affected by… *You can select more than one.* (Physical illness or long-term physical disability; Mental illness or long-term mental disability; Misusing alcohol or other drugs; None of these)
- Do you do extra work around your home because someone is disabled or sick or 'can't do things'? (Yes; No)

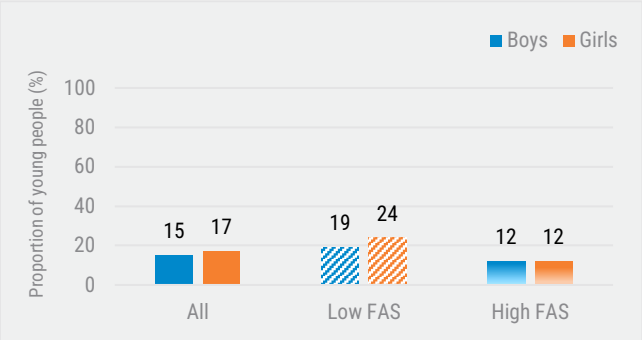
> *Increasing numbers of young carers could possibly an effect of Covid where children were at home more so they could help more and are now more relied upon?* Max, 14

Figure 3.2:
YOUNG PEOPLE WHO REPORTED DOING EXTRA WORK AROUND THE HOME BECAUSE SOMEONE IS DISABLED, SICK, OR CAN'T DO THINGS



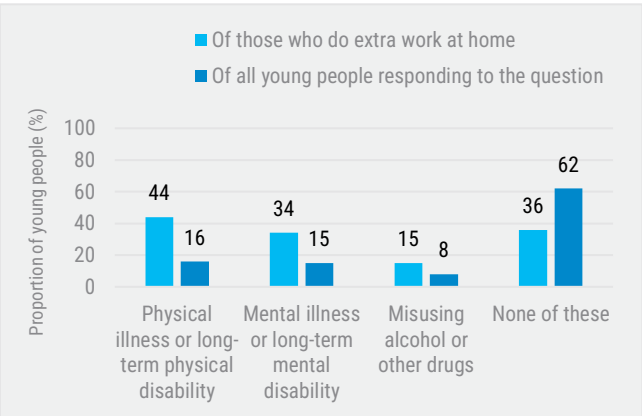
Around a sixth (16%) of young people reported doing extra work around their home because someone is disabled or sick or 'can't do things'. This represents a rise from 2018 (8%). Extra work was more prevalent among younger adolescents, with a steady slight reduction with age (from 18% at 11 years to 14% at 15 years). (Figure 3.2).

Figure 3.3:
YOUNG PEOPLE WHO REPORTED DOING EXTRA WORK AROUND THE HOME BECAUSE SOMEONE IS DISABLED, SICK, OR CAN'T DO THINGS, BY FAMILY AFFLUENCE (FAS)



Overall, girls reported a greater proportion of additional work at home because someone is disabled, sick or 'can't do things' (17% girls vs 15% boys). This pattern was repeated among those from the least affluent families, but not among those from the most affluent families. Twenty four percent of girls from the least affluent families reported doing extra work at home, double that of the girls from the most affluent families (12%). Boys from the least affluent families also reported a greater prevalence of extra work compared with their more affluent peers (19% vs 12%) (Figure 3.3).

Figure 3.4:
YOUNG PEOPLE WHO REPORTED THAT THEY HAD A FAMILY MEMBER SERIOUSLY AFFECTED BY FAMILY PHYSICAL ILLNESS/DISABILITY, MENTAL ILLNESS/DISABILITY AND SUBSTANCE MISUSE*



** respondents were able to select more than one response to describe conditions experienced by their family member/s*

Of those doing extra work at home, the largest proportion (44%) reported that they had a family member seriously affected by physical illness or long-term physical disability, and the smallest proportion (15%) reported that they had a family member seriously affected by misusing alcohol and drugs. Just over a third (34%) of young people doing extra work said that they had a family member seriously affected by mental illness or long-term mental disability. However, more than a third (36%) of those doing extra work at home responded 'none of these' when asked about whether a family member was seriously affected by physical or mental ill health or substance misuse (Figure 3.4).

COMMUNICATION AND SUPPORT

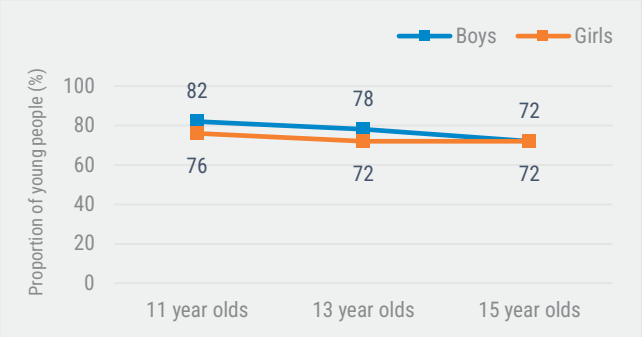
3.3 FAMILY MEALS

Measure:
How often do you and your family usually have meals together? (Every day; most days; about once a week; less often; never)

The proportion of young people who reported having family meals *every day* decreased considerably between 2010 and 2022 (from 52% to 37%). However, when *both 'every day' and 'most days'* categories are considered, the proportion reporting eating regular family meals was higher, at 75%.

> *I certainly don't know many people that eat as a family but this isn't the choice of the young person. Also personally I would have MUCH preferred to not eat with my family as they would comment on what I ate and how quickly I ate etc.* Eleri, 19

Figure 3.5:
YOUNG PEOPLE WHO REPORTED EATING MEALS WITH THEIR FAMILIES ON EVERY OR MOST DAYS

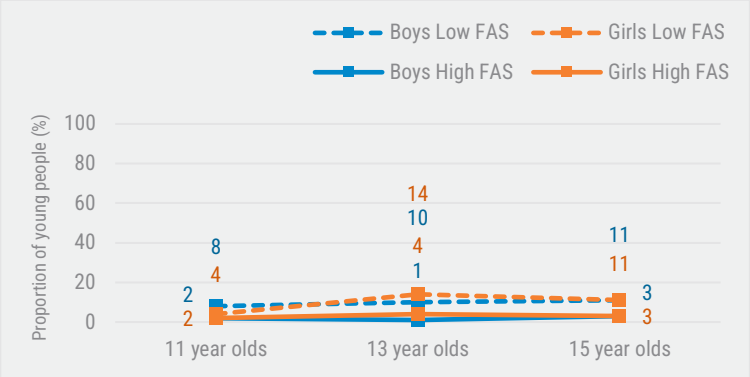


Overall, boys (77%) were more likely than girls (73%) to report eating family meals most days or every day; however, there was no gender difference among 15 year olds. The proportion of young people eating meals regularly as a family decreased with age from 79% among 11 year olds and 75% among 13 year olds to 72% among 15 year olds (Figure 3.5).

The prevalence of eating regular family meals fell with family affluence level: 82% of young people from the most affluent families reported usually having meals together *every day or most days* compared with 66% of young people from the least affluent families.

At the opposite end of the spectrum, just under a fifth (19%) of young people reported having meals together with their families once a week or less often. The proportion who reported never eating meals together with their family was relatively small at 6% but had doubled from 3% in 2018.

Figure 3.6:
YOUNG PEOPLE REPORTING NEVER EATING MEALS TOGETHER WITH FAMILY, BY FAMILY AFFLUENCE (FAS)



This was particularly pronounced among young people from the least affluent families with 10% reporting never eating with family, compared with 2% of those from the most affluent families. Fourteen percent of 13 year old girls from the least affluent families reported never eating meals together as a family, compared with 4% of 13 year old girls and just 1% of 13 year old boys from the most affluent families (Figure 3.6).

> *Maybe parents are having to work more because of the cost of living and aren't at home at mealtimes?* Max, 14

3.4 FAMILY COMMUNICATION

Measure:

- How easy is it for you to talk to your mother about things that really bother you? (Very easy; easy; difficult; very difficult)
- How easy is it for you to talk to your father about things that really bother you? (Very easy; easy; difficult; very difficult)

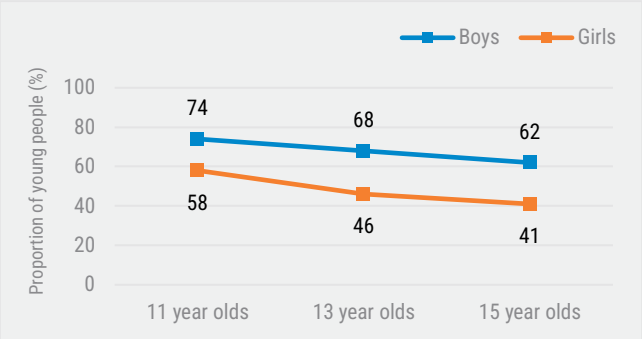
A larger proportion of young people reported that they found it easy to communicate with their mother about the things that really bothered them (74%), compared with the proportion reporting easy communication with fathers (59%). Overall, boys were more likely than girls to report easy communication with parents.

> *I think this links to women being considered more caring - so young people might prefer to speak to their mum about problems.* Claudia, 14

Communication with fathers

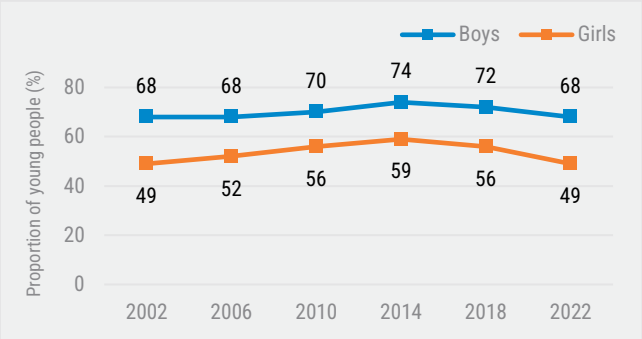
Nearly 3 in 5 young people (59%) reported that they found it easy to talk to their father about the things that really bothered them. This represents a fall from 64% in 2018.

Figure 3.7:
YOUNG PEOPLE WHO REPORTED TALKING TO THEIR FATHER WAS EASY OR VERY EASY



Boys were more likely to find it easy to talk to their fathers than girls (68% vs 49%). Younger adolescents (both boys and girls) were more likely than their older peers to report that they found it easy to talk to their fathers (Figure 3.7).

Figure 3.8:
YOUNG PEOPLE REPORTING FINDING IT EASY TO TALK TO THEIR FATHER, 2002-2022

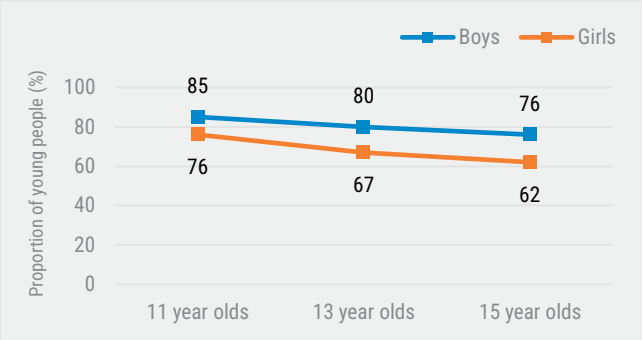


Despite the previous positive trend from 2002 to 2014, the proportion of young people reporting easy communication with fathers declined between 2014 and 2022. Communication fell to the greater extent among girls from 59% in 2014 to 49% in 2022. The proportion of boys reporting easy communication with their father fell from 74% to 68% (Figure 3.8).

Communication with mothers

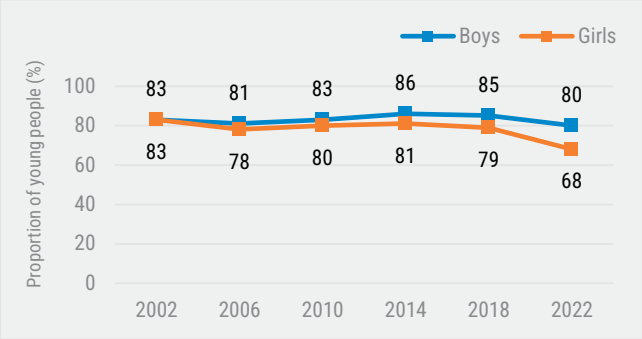
Nearly two in three young people (74%) said that they found it easy to talk to their mothers regarding the things that really bother them, which is lower than the 84% who reported this in 2018.

Figure 3.9:
YOUNG PEOPLE WHO REPORTED TALKING TO THEIR MOTHER WAS EASY OR VERY EASY



Boys were more likely than girls to report finding it easy to talk to their mothers (80% vs 68%). The proportion of young people who found it easy to communicate with their mothers decreased with age (Figure 3.9).

Figure 3.10:
YOUNG PEOPLE WHO FIND IT EASY TO TALK TO THEIR MOTHER, 2002–2022



The proportion of young people who reported finding it easy to talk to their mother has decreased somewhat among boys since 2002 (83% to 80%) with a greater decrease among girls (83% to 68%). This gender difference has been evident since 2006 (Figure 3.10).

In general, boys and girls of all ages from the most affluent families found it easier to talk to their parents (both fathers and mothers) than those from the least affluent families. The greatest disparities were apparent at age 13. The only exceptions were seen for 15 year old boys talking to their fathers and 11 year olds talking to their mothers (Figures 3.11 and 3.12).

Figure 3.11:
PROPORTION OF YOUNG PEOPLE WHO FOUND IT EASY TO TALK TO THEIR FATHER, BY FAMILY AFFLUENCE (FAS)

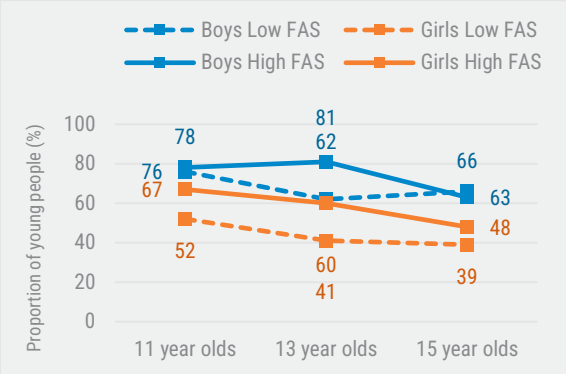
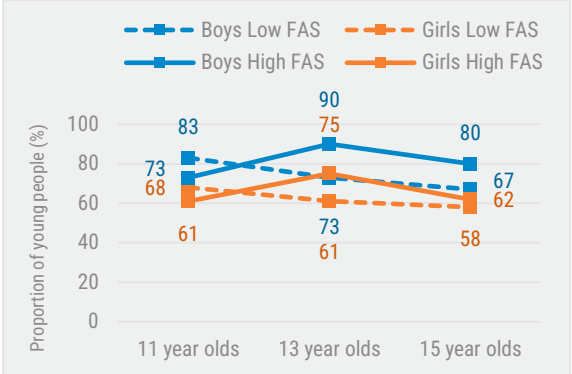


Figure 3.12:
PROPORTION OF YOUNG PEOPLE WHO FOUND IT EASY TO TALK TO THEIR MOTHER, BY FAMILY AFFLUENCE (FAS)



3.5 FAMILY SOCIAL SUPPORT

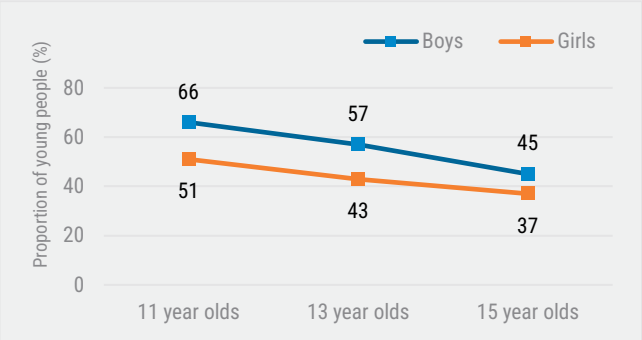
Measure:

We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one: (Ranked on a seven-point scale where 1 indicated 'very strongly disagree' and 7 indicated 'very strongly agree')

- My family really tries to help me
- I get the emotional support from my family
- I can talk about problems with my family
- My family is willing to help me make decisions.

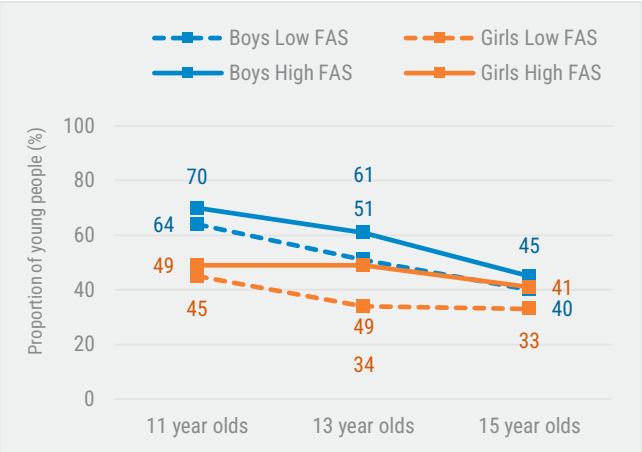
These items measure the perceived availability of emotional support and help within the family using the Multidimensional Scale of Perceived Social Support. The items were combined into a mean score by adding the items together and dividing by 4. A cut-off total score of 5.5 or above was used to define high family support.

Figure 3.13:
YOUNG PEOPLE WHO REPORTED HIGH FAMILY SOCIAL SUPPORT



Just over half of young people (51%) reported having high levels of family social support overall. This marks a decline from 64% in 2014 and 54% in 2018. Boys were more likely than girls to report high family social support (57% vs 44%). The prevalence of young people reporting this declined with age (11 year olds: 59%; 13 year olds: 50%; 15 year olds: 41%) (Figure 3.13).

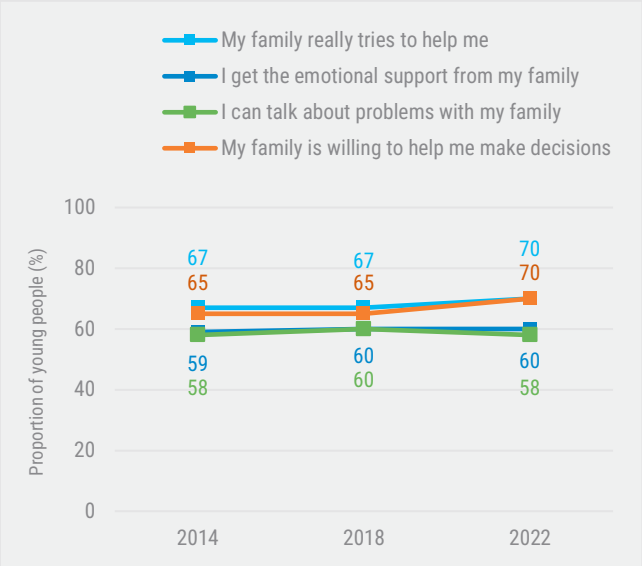
Figure 3.14:
YOUNG PEOPLE REPORTING HIGH FAMILY SOCIAL SUPPORT, BY FAMILY AFFLUENCE (FAS)



In general, young people of all age groups from the most affluent families were more likely to report high family social support than those boys and girls from the least affluent families. This was most pronounced among 13 year olds. Only around a third of 15 and 13 year old girls from the least affluent families reported high family support (Figure 3.14).

> *I think in general it is harder to talk to parents because they don't really get the problems we are having such as online bullying, social media comparisons etc because they didn't grow up with it. Things like in person bullying they would get more.* Eleri, 19

Figure 3.15:
PROPORTION OF YOUNG PEOPLE REPORTING ASPECTS OF FAMILY SOCIAL SUPPORT FROM 2014 TO 2022*

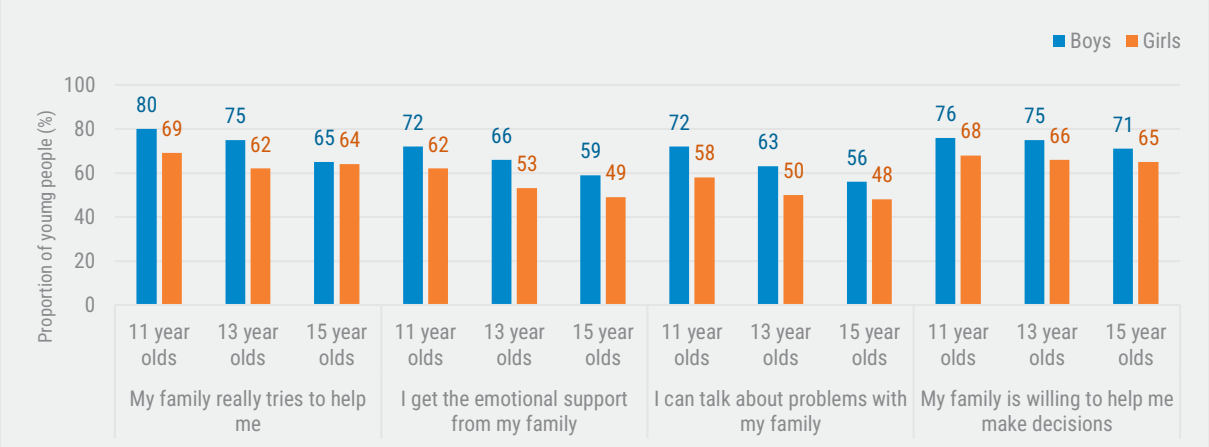


** NB: for these individual items which comprise the Family Support Scale, the cut-off for 'high' support is '5'*

Analysis of the individual family support question items suggests that family help and support overall has remained stable or improved, while talking about problems slightly weakened over time. The proportion of young people reporting that their family really tries to help them rose from 67% in 2014 and 2018 to 70% in 2022 – and emotional support from family has remained relatively constant at 59%-60% since 2014.

Those reporting their family being willing to help them make decisions rose by 5% to 70% between 2018 and 2022. However, the proportion of young people reporting they can talk to their family about problems decreased slightly from 60% in 2018 to 58% in 2022 (Figure 3.15).

Figure 3.16:
YOUNG PEOPLE REPORTING POSITIVE FAMILY SUPPORT, BY QUESTION ITEM



In 2022, of all the question items, young people were least likely to report being able to talk about problems and getting emotional support from their family in all age and gender categories and this was most pronounced for 15 year old girls where less than half reported these forms of family support. 11 year old boys were most likely to report that their family really tries to help them (80%) compared to 69% of 11 year old girls. However, the gender gap narrowed with age to just one percentage point difference between 15 year old boys and girls (Figure 3.16).

3.6 PARENTAL INVOLVEMENT AND SUPPORT FOR EDUCATION AND SCHOOL

Measure:

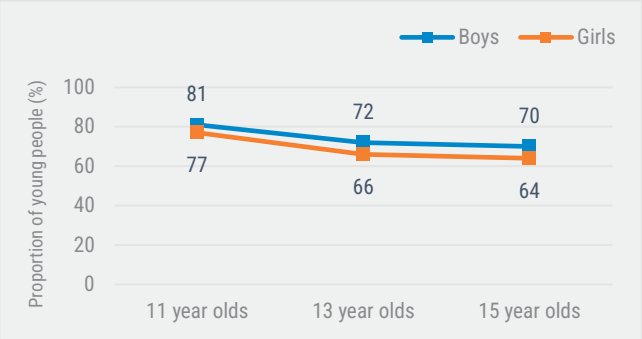
Please show how much you agree or disagree with following statements: (Strongly agree; agree; neither agree nor disagree; disagree; strongly disagree)

- My parents are willing to come to school to talk to teachers
- If I have a problem at school, my parents are ready to help me
- My parents encourage me to do well at school
- My parents are interested what happens to me at school
- My parents are willing to help me with my homework

An overall score for school related parental support was computed by averaging the individual answers to the four items and a cut-off score of 2 was used to identify respondents with high levels of school related parental support.

Figure 3.17:

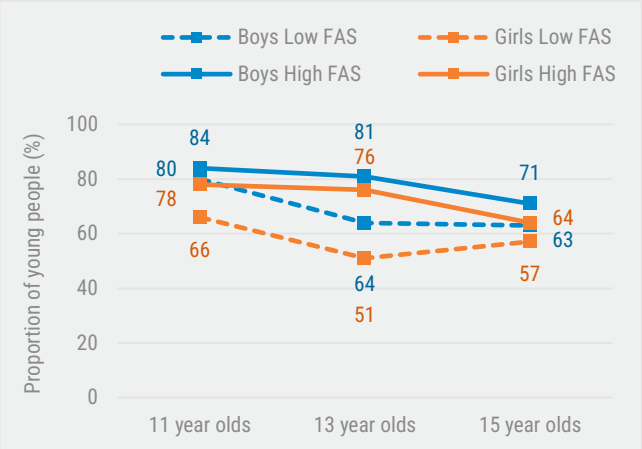
YOUNG PEOPLE WHO REPORTED PARENTAL INVOLVEMENT AND SUPPORT FOR EDUCATION



Overall, 72% of young people agreed that their parents were involved with and provided support for their education, with minimal gender differences (boys: 74%; girls: 69%). This marked an overall decline from 2018 (77%) and 2014 (82%). Eleven year olds reported slightly more parental engagement (79%) than older children (13 year olds: 69%, 15 year olds: 67%) (Figure 3.17).

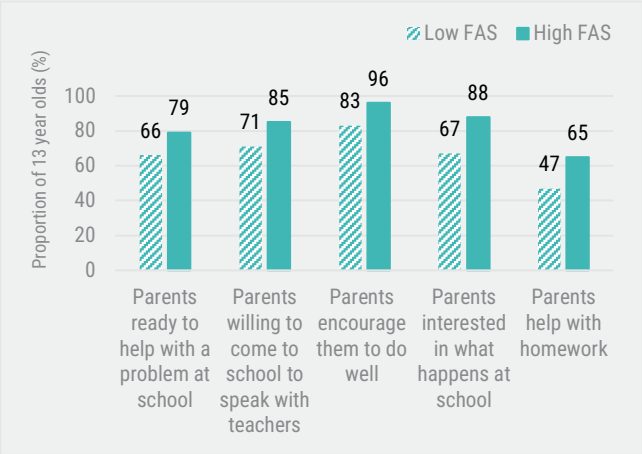
Figure 3.18:

PROPORTION OF YOUNG PEOPLE REPORTING PARENTAL INVOLVEMENT AND SUPPORT FOR EDUCATION, BY FAMILY AFFLUENCE (FAS)



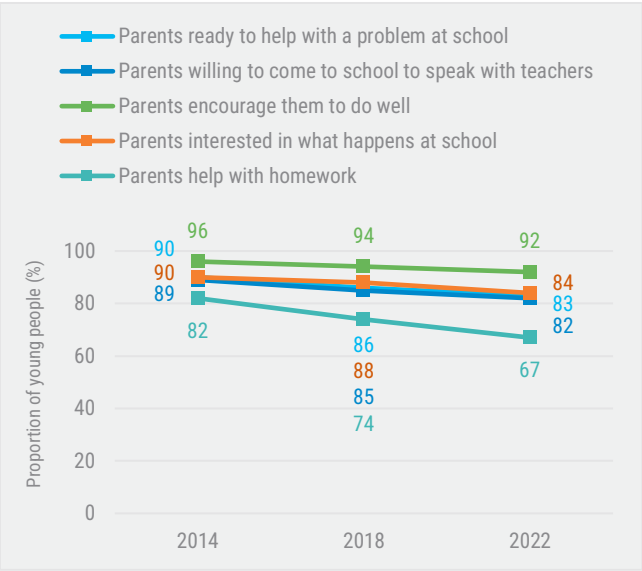
Parental involvement and support for education was more prevalent among those from the most affluent families, with the sharpest inequalities among 13 year olds, both girls (Low FAS: 51%; high FAS 76%) and boys (Low FAS: 64%; high FAS: 81%) (Figure 3.18).

Figure 3.19:
PROPORTION OF 13 YEAR OLD GIRLS REPORTING ASPECTS OF PARENTAL INVOLVEMENT AND SUPPORT FOR EDUCATION, BY FAMILY AFFLUENCE (FAS)



The gap between 13 year old girls of different affluence levels was apparent across all items, with the largest differences in homework help and interest in school life (Figure 3.19).

Figure 3.20:
YOUNG PEOPLE REPORTING ASPECTS OF PARENTAL INVOLVEMENT AND SUPPORT FOR EDUCATION AND SCHOOL, 2014-2022



Between 2014 and 2022, there was a downward trend in all items of parental involvement in young people's education. The greatest decline was seen for parents being willing to help with homework (Figure 3.20).

> *I mean it's a good thing to have the support and encouragement there, but when you look at the pressure that young people feel from school, it can add to that.* Micah, 16

3.7 SOCIAL SUPPORT FROM FRIENDS

Measure:

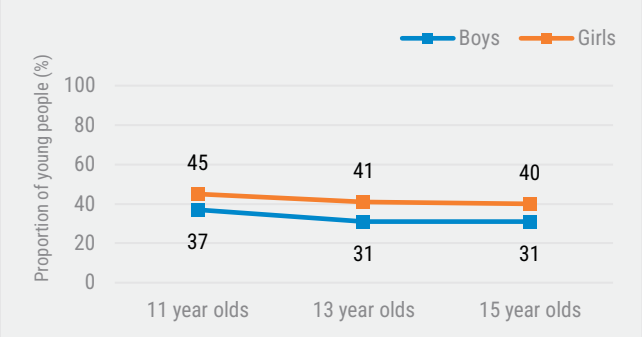
We are interested in how you feel about the following statements. Please show how much you agree or disagree with each one (Very strongly disagree (1) – Very strongly agree (7)).

- My friends really try to help me
- I can count on my friends when things go wrong
- I have friends with whom I can share my joys and sorrows
- I can talk about my problems with my friends

We asked young people about the support they receive from friends using the Peer Support Scale and derived an overall score representing peer support from the questions above. The items were combined into a mean score by summing the individual scores and then dividing by four. A cut-off total score of 6 or above was used to define Peer Social Support.

Figure 3.21:

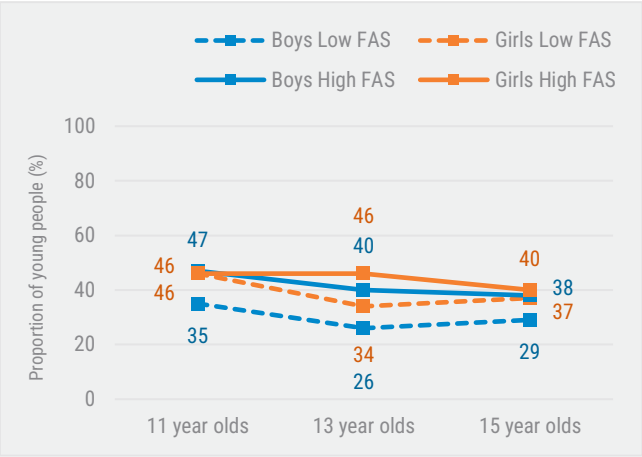
YOUNG PEOPLE WHO REPORTED HIGH SOCIAL SUPPORT FROM FRIENDS



While support from friends decreased between 2014 (47%) and 2018 (38%), the decline stabilised somewhat in the 2018-2022 period. Just over a third (37%) of young people reported high levels of social support from friends and this was more common among girls (42%) than boys (33%). The proportion of young people reporting social support from friends fell with age from 41% among 11 year olds to 36% for 13 year olds and 35% among 15 year olds (Figure 3.21)

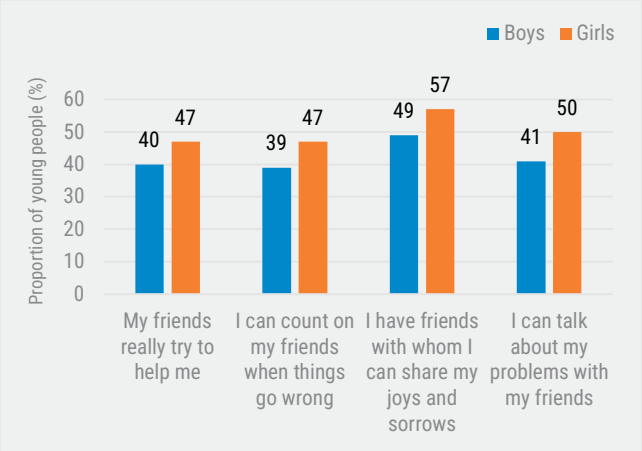
Figure 3.22:

YOUNG PEOPLE REPORTING HIGH SOCIAL SUPPORT FROM FRIENDS, BY FAMILY AFFLUENCE (FAS)



A greater proportion of young people from the most affluent families reported high levels of social support from friends (44%) compared with those from the least affluent families (34%). Thirteen year old boys from the least affluent families were the least likely to report social support from friends (26%) compared to boys (40%) and girls (46%) of the same age from the most affluent families (Figure 3.22).

Figure 3.23:
YOUNG PEOPLE REPORTING SUPPORT FROM FRIENDS, BY QUESTION ITEM



In terms of the individual question items, both boys and girls were most likely to agree that they had 'friends with whom they could share joys and sorrows'. Conversely, boys were least likely to agree that they could 'count on friends when things went wrong', whereas girls were least likely to agree that their 'friends really tried to help' them (Figure 3.23).

Over time, the proportion reporting that their friends really tried to help them stabilised at the 2018 level of 44% having fallen from 54% in 2014. There was a marginal increase between 2018 and 2022 from 45% to 46% among those who said they could talk about their problems with friends. However, both mark a decline from 56% in 2014.

> *I This makes sense to me - I think boys probably speak to family more than friends because of peer pressure to be seen as 'manly' - if they spoke to their friends they might be made fun of.* Claudia, 14

SUMMARY

Young people's responses in this chapter provide a snapshot of their home life in England, 2022 and explore various dimensions of support and communication with family and friends.

FAMILY STRUCTURES AND ROLES

Structurally, the proportion of young people who reported living with both parents in England rose between 2010 and 2022.

Girls and young people from the least affluent families were more likely to report doing extra work at home because someone is disabled, sick, or can't do things, compared with boys and young people from the most affluent families.

COMMUNICATION AND SUPPORT

Sharing mealtimes has been associated with positive wellbeing for young people as well as improved nutrition; however, the proportion of young people having daily family meals decreased between 2010 (52%) and 2022 (37%). Three-quarters of young people reported sharing regular mealtimes with family, although this declined with age and level of family affluence in 2022. While boys were more likely than girls to report regular family meals at the ages of 11 and 13, by 15 the gender difference had faded. Among girls from the least affluent families, 14% reported that they never ate family meals, compared with 4% from the most affluent families.

The ease of young people's communication with parents varied considerably according to age and gender, but was in decline. Easy communication was more prevalent with mothers than with fathers. Boys found it easier than girls to talk with either parent; however, across all age groups and both genders, easy communication with parents decreased from 2014-2022.

Just over half (51%) of young people reported that they received support from their parents, falling slightly from 54% in 2018. Overall, boys were more likely than girls to report receiving appropriate help and emotional support from their families. Likewise, younger adolescents of both genders reported having slightly more support than their older peers. The findings suggest that most young people felt their parents were interested and engaged with them, although parental engagement and support was associated with family affluence. Young people of all age groups from the most affluent families were more likely to report high family social support than boys and girls from the least affluent families.

Parental support in education declined from 2014 and 2018 to 2022, though nearly three quarters (72%) said they were supported in this way. Boys reported a greater prevalence of parental support in education with 13 year old boys receiving the most. This contrasted with 13 year old girls who reported the least support, in particular among those from the least affluent families.

Just over a third (37%) of young people reported high levels of social support from friends and this was more common among girls. The proportion of young people reporting social support from friends declined with age and increased with levels of family affluence. However, despite a fall in friends' support between 2014 and 2018, this item stabilised in 2022.

Overall, this chapter suggests a weakening of family-based support for young people. Those indicating the least support were typically 13 and 15 year old girls, particularly those from the least affluent families. In contrast, support from friends stabilised in 2022, notably among girls, though again this was not evenly distributed and was relatively lower than the prevalence of family-based supports.

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4. HEALTH AND THE WIDER WORLD

KEY MESSAGES

YOUNG PEOPLE'S VIEWS OF THEIR LOCAL NEIGHBOURHOOD

- Young people felt a weaker sense of belonging to their local neighbourhood than in 2014 and 2018. However, those from the most affluent families were twice as likely to report strong neighbourhood belonging (50%) compared with young people from the least affluent families (25%).

SCHOOL LIFE AND RELATIONSHIPS

- Young people showed more negative perceptions of school since 2014 and 2018 with pressure from schoolwork rising and school liking falling. Thirteen year old girls from the least affluent families reported the lowest levels of safety (32%) and belonging at school (23%).
- Support from teachers and classmates was also in decline. Thirteen year old girls, particularly those from the least affluent families, recorded the least support from teachers (31%) and classmates (34%).

DIGITAL MEDIA USE

- Reports of intense or 'almost all the time throughout the day' electronic media communication (EMC) increased between 2018 and 2022, most notably among 11 year old boys (18% to 25%).
- Nearly a quarter (23%) of young people reported a 'problematic' relationship with social media where they neglected other activities, had arguments with others or serious conflict with family, almost double the figure in 2018.
- While 13 year old girls from the most affluent families reported the greatest proportion of intense EMC, 13 year old girls from the least affluent families reported the greatest proportion of arguments and serious conflict at home stemming from their EMC use.
- The proportion of young people playing computer games for 2+ hours at a time has risen steeply since 2006, with around 20% reporting neglecting other activities or arguments/conflict with family connected to this.
- Around 71% of young people said they had spent money on in-game/in-app purchases in their lifetime, with boys much more likely to report this than girls. Over a quarter had made these purchases by accident (26%).

HEALTH RESOURCES

- The proportion who had visited their primary healthcare practitioner over the last 12 months fell between 2014 and 2022. Older girls and those from the most affluent families were more likely to report this compared with their younger or least affluent peers.
- Boys were more likely than girls to report feeling at ease with their primary healthcare provider; just 37% of 13 year old girls from the least affluent families reported this.
- Younger adolescents (11 year olds), particularly boys, were more likely to report that Health Education (HE) subjects had been well covered in school. The same trend was recorded for Relationships and Sex Education (RSE).

INTRODUCTION

This chapter examines young people's responses to their environment - from their perceptions and experiences of their local neighbourhood, school and health resources to the broader digital world that surrounds them through social media and gaming. While these items are presented singly, it should be noted that there is interaction between them, and with others in the wider ecological model (Eriksson et al., 2018).

NEIGHBOURHOOD Reviewing the status of health equity ten years on from his 2010 study, Marmot (Marmot et al., 2020) emphasises places and communities as central social determinants of health and wellbeing. Belonging and connectedness to the places and communities where adolescents live constitute an important element of their protective health assets (Brooks et al., 2017). As such, improved neighbourhood cohesion (sense of belonging and social connections: Buckner, 1988) has been associated with reductions in mental distress over time (Rugel et al., 2021) and improved self-rated health (Michalski et al., 2020). We present respondents' views of their local neighbourhoods.

SCHOOL Supportive school environments represent a further valuable asset for young people's health and wellbeing (Pulimeno et al., 2020). For example, supports from teachers and classmates are independently associated with better mental health (García-Moya et al., 2015), fewer health complaints (Torsheim and Wold, 2001) and fewer compromising health behaviours (McCarty et al., 2012). The value of school-based support is underlined by trends of rising schoolwork pressure and falling school satisfaction among students. Both have been associated with low levels of self-rated health, raised psychological symptoms (eg: Ottova et al., 2012; Cosma et al., 2020) and compromising health behaviours (eg: Rossen et al., 2016). We present young people's perceptions of their school experience, from how much they like or belong in school to how safe they feel there, and the degree to which they identify support within the school environment.

DIGITAL MEDIA Our work with youth representatives has emphasised the value of digital media to provide opportunities for connection and friendships, particularly for those who may find them difficult to access in person. Likewise, the digital opportunities for seeking support and delivering peer support for mental health are emerging (Naslund et al., 2020). However, elevated and problematic screen use has also been linked with poorer mental health (Primack et al., 2016), compromising health behaviours (Ganson et al. 2023), reduced academic performance and school connectedness (Sampasa-Kanyinga et al., 2022). Intense and problematic social media use is associated with shorter sleep duration, later bedtimes and greater 'social jetlag' in adolescents (Boniel-Nissim et al., 2023). Similarly, while gaming provides opportunities for connection, disordered gaming has been associated with depressive symptoms, anxiety and substance misuse in adolescents (Burkauskas et al., 2022). In-game purchases or micro-transactions, an increasingly common feature in gaming, have also raised concerns since they may share some common features with gambling activity (King and Delfabbro, 2020). With digital technology playing a central role in young people's lives, we examine the intensity of their electronic media use with different groups of contacts and the degree of 'problematic use' where it interferes with daily activities and relationships. Likewise, we present young people's experiences of gaming and making in-app/in-game purchases.

HEALTH RESOURCES A key component of the WHO global standards for adolescent healthcare is trust in providers (Nair et al., 2015). Comprehensive relationships and sex education, where delivered within supportive school environments, can improve sexual, social and emotional health, and academic outcomes for young people (Goldfarb & Lieberman, 2021). We present young people's perceptions of their healthcare providers and the new relationships and sex education and health education curriculum, compulsory in state-funded secondary schools in England since September 2020[i].

[i] The Relationships Education, Relationships and Sex Education, and Health Education (England) Regulations 2019 are made under sections 34 and 35 of the Children and Social Work Act 2017

LOCAL NEIGHBOURHOOD

4.1. OVERALL SENSE OF NEIGHBOURHOOD BELONGING

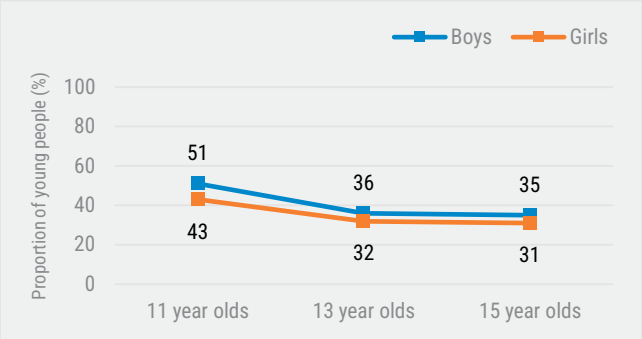
Measure:

Please say how you feel about these statements about the area where you live. (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree)

- There are good places to spend your free time (eg: leisure centres, parks, shops)
- I feel safe in the area where I live
- It is safe for younger children to play outside during the day
- People say hello and stop to talk in the street
- Most people around here would try to take advantage of you if they got the chance
- You can trust people around here
- I could ask for a help or a favour from neighbours

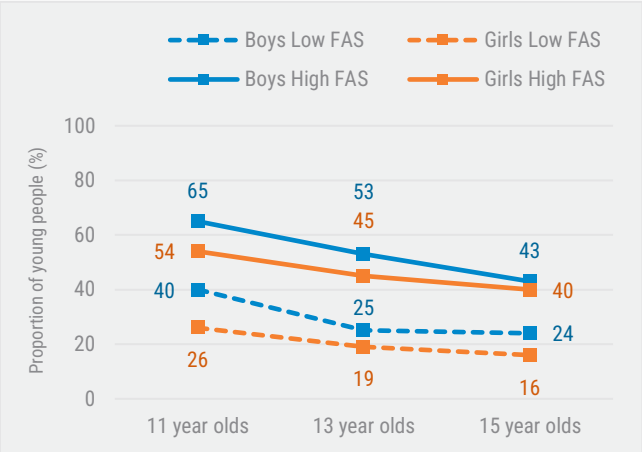
This question generated an overall neighbourhood sense of belonging (NSB) score as well as individual component scores. The overall score was computed by summing the scores of the individual items. Cut-off points of 14 and 28 (on a possible 7 to 35 range) were used to define high and low levels of neighbourhood belonging.

Figure 4.1:
YOUNG PEOPLE WHO REPORTED HIGH NEIGHBOURHOOD SENSE OF BELONGING



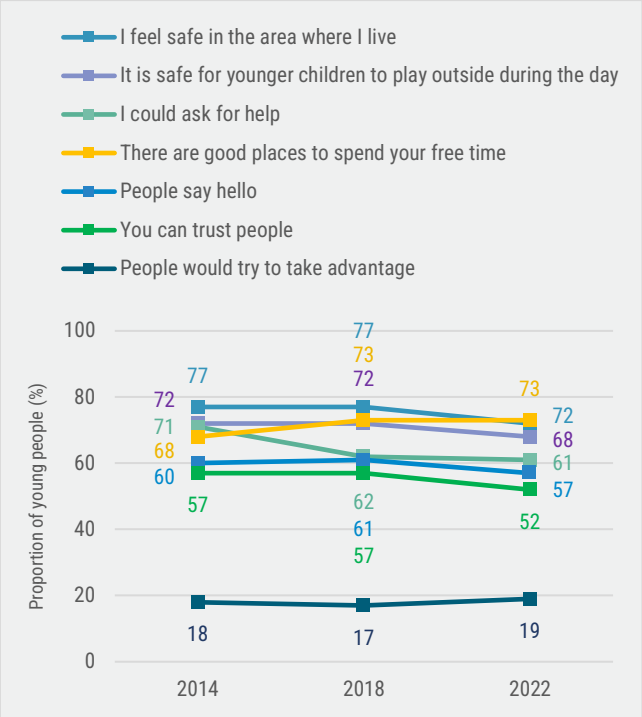
Around 2 in 5 (38%) young people reported a high sense of neighbourhood belonging. This was more apparent among 11 year old boys (51%) and girls (43%) who were the most likely to express positive views about where they live. There were smaller gender differences among 13 and 15 year olds who were less positive about their neighbourhoods (Figure 4.1).

Figure 4.2:
YOUNG PEOPLE REPORTING HIGH NEIGHBOURHOOD SENSE OF BELONGING, BY FAMILY AFFLUENCE (FAS)



Levels of family affluence were associated with feelings of neighbourhood belonging. Girls of all ages and boys aged 13 from the most affluent families were at least twice as likely to report high levels of neighbourhood belonging than their peers from the least affluent families. At the age of 11 and 15, boys from the least affluent families remained at around 20 percentage points below those from the most affluent families. Less than a fifth of 13 and 15 year old girls and a quarter of 13 and 15 year old boys from the least affluent families reported a strong sense of neighbourhood belonging (Figure 4.2).

Figure 4.3:
YOUNG PEOPLE REPORTING ASPECTS OF NEIGHBOURHOOD BELONGING, 2014-2022



There was an overall decline in positive neighbourhood sense of belonging between 2014 and 2022, apart from the local resources item 'there are good places to spend your free time' which rose from 68% to 73% (Figure 4.3).

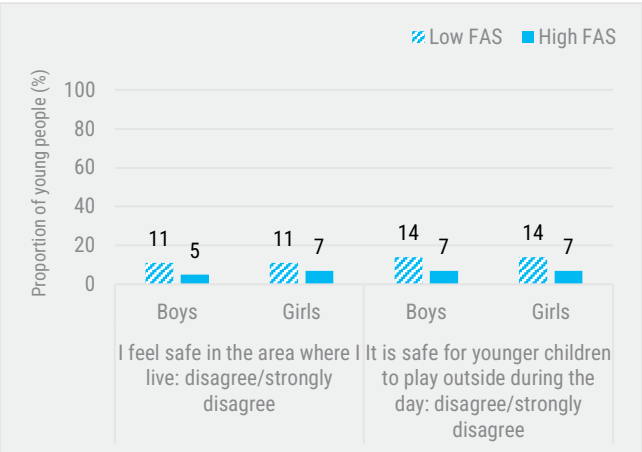
> *If you don't have your own space or even headspace at home and there's no space in the community that you can connect with then maybe that's making young people feel less safe.*
> Youth café member

The following sections explore the components of the neighbourhood belonging question in more detail.

Community safety

Overall, 72% of young people said they felt safe where they live while 8% reported they did not and 20% neither agreed nor disagreed. In addition, 68% felt it was safe for younger children to play where they live while 11% did not, and the remainder neither agreed nor disagreed.

Figure 4.4:
YOUNG PEOPLE <u>NOT AGREEING</u> WITH STATEMENTS ABOUT LOCAL SAFETY, BY FAMILY AFFLUENCE (FAS)

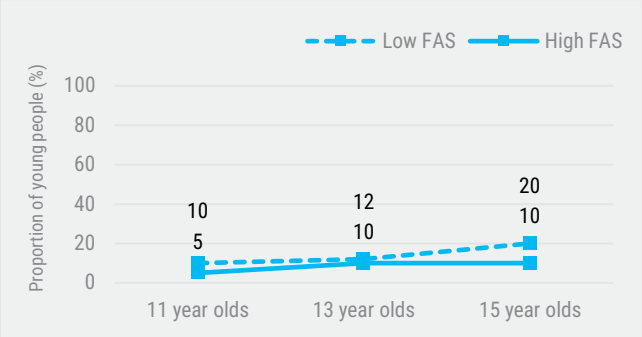


Boys were more likely than girls to report feeling safe (77% vs 67%) and overall, there was a fall in feeling safe with age from 77% at age 11 and 70% at age 13 to 68% at age 15. Perceptions of safety for younger children followed the same gender pattern, with boys more likely to agree (73%) than girls (66%), but little difference by age. Level of family affluence was associated with young people's perceptions of local safety. Both boys and girls from families with the lowest affluence levels were at least twice as likely to say it was NOT safe for them and for younger children locally (Figure 4.4).

Local facilities and resources

Figure 4.5:

YOUNG PEOPLE REPORTING THEY DO NOT FEEL THAT 'THERE ARE GOOD PLACES TO SPEND YOUR FREE TIME', BY FAMILY AFFLUENCE (FAS)



Overall, 73% of young people agreed that there were good places to spend their free time where they live and 11% disagreed. Boys were slightly more likely to say there were good local places to go (75% boys; 71% girls). Older adolescents were more likely to say that they did not have good places to spend their free time where they live: 7% of 11 year olds reported this compared to 11% of 13 year olds and 16% of 15 year olds. At the age of 11 and 15, young people from the least affluent families were twice as likely as their peers from the most affluent families to report a lack of local facilities and resources (Figure 4.5).

> *"It seems that funding is being pulled away from the least affluent places so less open space, gardens, activities, places to be safely."*
> Youth café member.

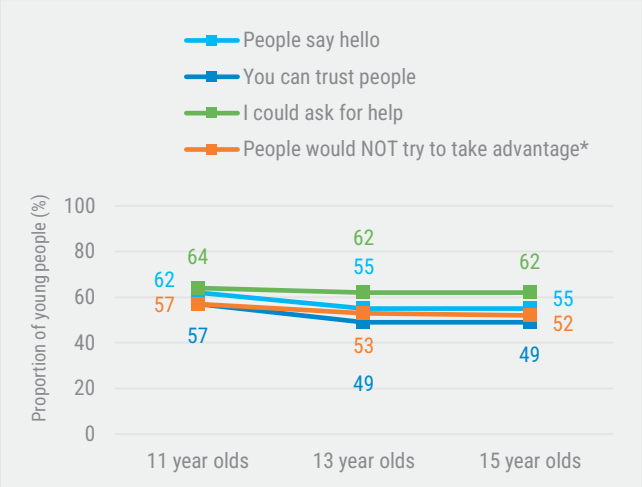
Local support and connectedness

There were four statements referring to local support and community connectedness which combined with the statements regarding community safety and facilities to generate the overall neighbourhood sense of belonging score.

- People say hello and stop to talk in the street
- Most people around here would try to take advantage of you if they got the chance
- You can trust people around here
- I could ask for a help or a favour from neighbours

Figure 4.6:

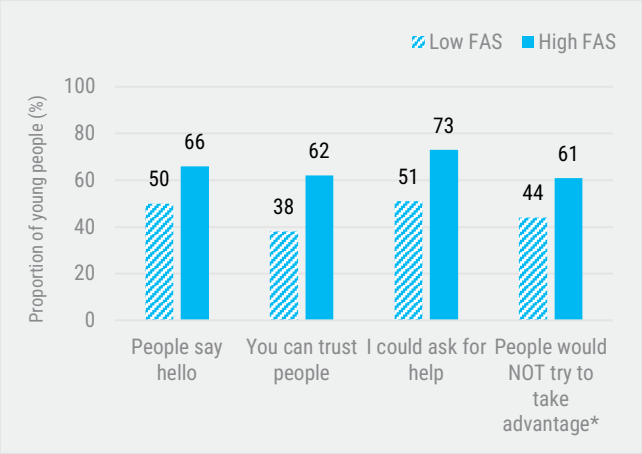
YOUNG PEOPLE REPORTING POSITIVE ASPECTS OF LOCAL SUPPORT AND COHESIVENESS



Gender differences were minimal and 11 year olds were the most positive about local support, with little difference between 13 and 15 year olds (Figure 4.6).

** this item was presented as 'people would try to take advantage.' Here we report the proportions that disagreed with the statement in order to align with the other items in the figure.*

Figure 4.7:
YOUNG PEOPLE REPORTING POSITIVE ASPECTS OF LOCAL SUPPORT AND COHESIVENESS, BY FAMILY AFFLUENCE (FAS)



** this item was presented as 'people would try to take advantage.' Here we report the proportions that disagreed with the statement in order to align with the other items in the figure.*

Levels of family affluence were strongly associated with reporting local support, with young people from the least affluent families at least 15 percentage points below their peers from the most affluent families for each item reported (Figure 4.7).

- Overall, 57% said that people said hello and stopped to talk in the street in their local area with minimal gender differences (boys 57%, girls 58%) but a decline with age from 62% at the age of 11 to 55% at 13 and 15 years. Young people from the most affluent families were more likely to report people saying hello and stopping to talk in the street (66%) than those from the least affluent families (50%).

- Just half (52%) felt that they could trust people locally, with boys more likely to express this (57%) than girls (47%). Again there was a decline with age: 57% of 11 year olds reported trusting local people compared to 49% of 13 and 15 year olds. Young people from the most affluent families were much more likely to report trusting people around where they lived (62%) compared to 38% of those from the least affluent families.

- Nearly two thirds (61%) agreed that they could ask for help or a favour from neighbours with a slightly stronger response from boys (63%) than girls (60%). Eleven year olds were the most likely to report this (64%) compared with 59% and 62% of 13 and 15 year olds. As with the other items here, young people from the most affluent families were more likely to agree that they could ask for help (73%) compared to 51% from the least affluent families.

- Over half (54%) disagreed with the statement that local people would try to take advantage if they had the chance, with no gender differences seen. Eleven year olds were more likely to disagree with the statement (57%) compared older children (13 years: 53%, 15 years: 52%). Sixty-one percent of young people from the most affluent families disagreed that local people would try to take advantage compared with 44% of those from the least affluent families.

> *"Lower neighbourhood belonging may possibly be an effect of young people being more connected to the world via the internet and social media. I only know my very close neighbours and my friends all live quite far away.* Max, 14."

SCHOOL LIFE AND RELATIONSHIPS

4.2 PERCEPTIONS OF SCHOOL

Measure:

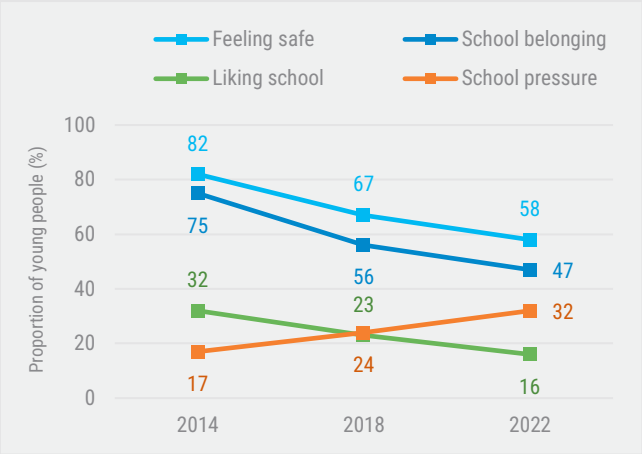
Here are some statements about the students in your classes and your school. Please show how much you agree or disagree with each one.

- I feel safe in this school (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree)
- I feel like I belong in this school (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree)
- How do you feel about school at present? (Like it a lot; Like it a bit; Don't like it very much; Don't like it at all)
- How pressured do you feel by the schoolwork you have to do? (Not at all; A little; Some; A lot)

We report the proportions of young people indicating that they like school a lot; that they feel a lot of school pressure; that they agree/strongly agree that they feel safe in their school; and that the agree/strongly agree that they feel that they belong in their school.

Figure 4.8:

YOUNG PEOPLE REPORTING THEIR PERCEPTIONS OF THE SCHOOL ENVIRONMENT, 2014-2022



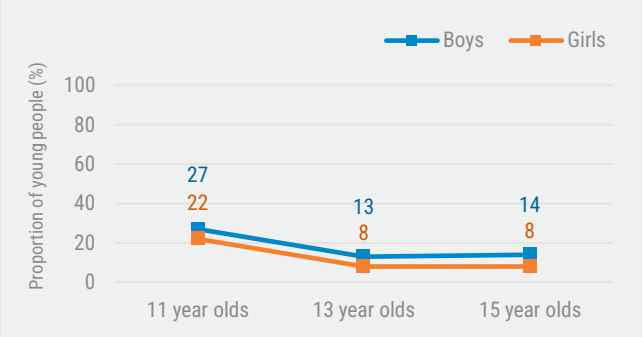
Positive perceptions of school, such as feelings of safety, belonging and liking school a lot demonstrate a downward trajectory between 2014 and 2022, while more negative perceptions, such as feeling a lot of pressure from schoolwork, increased over time (Figure 4.8).

> *"I think schools are getting more and more focused on being just school work, rather than a place of support. Especially for example at GCSE and A level where people study through break and lunch time.* Eleri, 19

Liking School

Figure 4.9:

YOUNG PEOPLE REPORTING THEY LIKE SCHOOL 'A LOT'

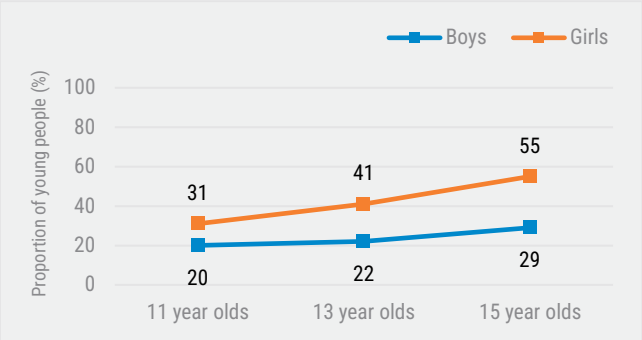


Just one sixth (16%) of young people reported that they liked school 'a lot'. This represents a decline from 2018 when 23% said they liked school 'a lot'. Overall in 2022, liking school 'a lot' more than halved from age 11 (25%) to 13 (11%) and 15 (11%) for both boys and girls. In previous years, a greater proportion of 11 year old girls reported liking school 'a lot' compared to boys, however in 2022, boys (18%) of all ages were more likely than girls (13%) to report liking school a lot (Figure 4.9). Young people from the least affluent families were less likely to report liking school 'a lot' (15% vs 19% among those from the most affluent families).

School Pressure

Figure 4.10:

YOUNG PEOPLE REPORTING THEY FEEL 'A LOT' OF PRESSURE BECAUSE OF SCHOOLWORK

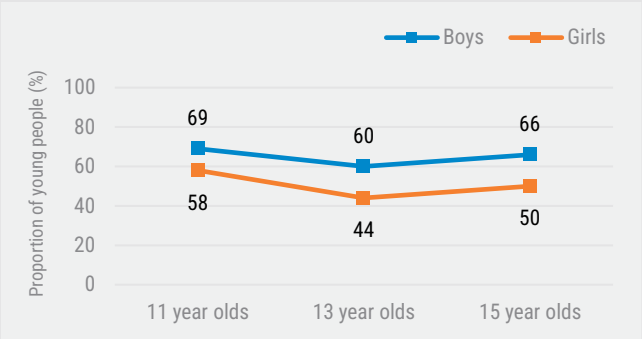


Around a third (32%) of young people reported feeling 'a lot' of pressure because of schoolwork, an increase on previous years (24% in 2018). The proportion of girls reporting 'a lot' of schoolwork pressure was nearly twice that of boys (42% vs 23%). Feeling a lot of pressure from schoolwork increased with age for both boys and girls, though the increase was greater among girls (+24 percentage points vs +9 percentage points for boys) (Figure 4.10). Young people's level of family affluence did not appear to be associated with their reported levels of pressure due to schoolwork.

Feeling Safe at School

Figure 4.11:

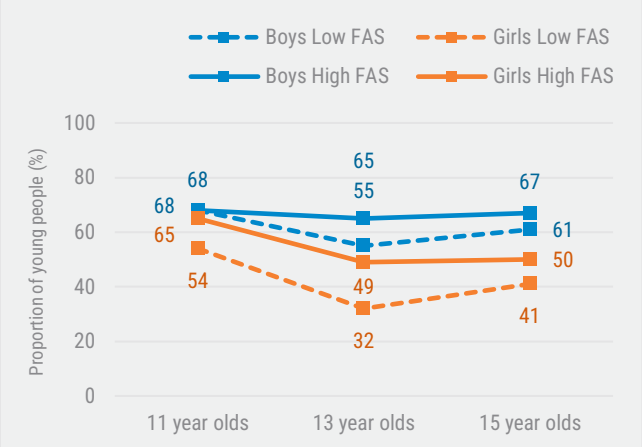
YOUNG PEOPLE WHO REPORT FEELING SAFE AT SCHOOL



Around 3 in 5 young people (58%) reported feeling safe at school, with boys more likely to report feeling safe (65%) than girls (51%). Eleven year olds were most likely to say they felt safe (64%) with a fall at age 13 to 53% before rising again to 58% among 15 year olds. This decline at age 13 was more prominent among girls who reported the lowest feelings of safety overall (44%) (Figure 4.11).

Figure 4.12:

YOUNG PEOPLE WHO REPORT FEELING SAFE AT SCHOOL, BY FAMILY AFFLUENCE (FAS)

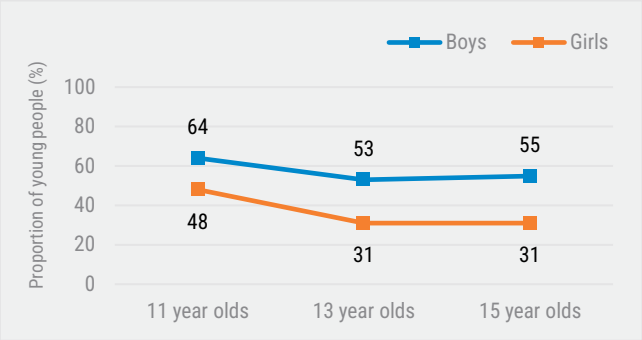


A greater proportion of boys and girls from the most affluent families reported feeling safe at school compared with their peers from the least affluent families. In particular, just a third of 13 year old girls from the least affluent families reported feeling safe in school (32%). By comparison, about a half (49%) of 13 year old girls and two thirds (65%) of 13 year old boys from the most affluent families said they felt safe (Figure 4.12).

> *The fact that so many young people don't feel safe in school with adults, teachers present and in a place where they are supposed to be protected – that's alarming in its own right.* Youth Café member.

School Belonging

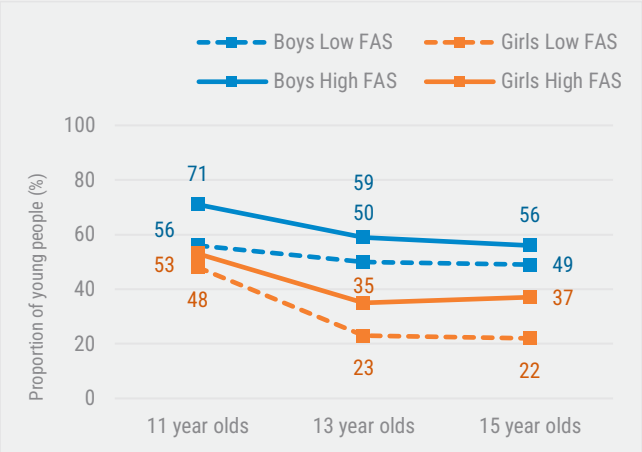
Figure 4.13:
YOUNG PEOPLE WHO FEEL THEY BELONG IN THEIR SCHOOL



Just below half of young people reported feeling that they belonged in their school (47%). Overall, boys were much more likely than girls to report a sense of school belonging (58% vs 37%), as were younger children. For instance, 56% of 11 year olds reported belonging compared with 42% of 13 year olds and 43% of 15 year olds. Boys and girls demonstrated this marked decline in school belonging at age 13, however girls overall report a much lower sense of school belonging with a 16 percentage point gender difference at age 11 growing to a 24 percentage point difference by age 15 (Figure 4.13).

> *I think the safety and belonging aspects may be connected to the diversity of people shoved into one space at school –and there's so much going on for people and they're just treated very similarly – it's just really hard if the system stays the same.* Youth café member.

Figure 4.14:
YOUNG PEOPLE WHO FEEL THEY BELONG IN THEIR SCHOOL, BY FAMILY AFFLUENCE (FAS)



Both girls and boys from the least affluent families reported lower levels of school belonging than their peers from the most affluent families. Social inequalities intensified the gender differences: the proportion of 13 and 15 year old boys from the most affluent families reporting school belonging was at least twice the size of that for 13 and 15 year old girls from the least affluent families (Figure 4.14).

> *I I can imagine the pandemic having a big impact – it was the only time that you had been shown an alternative to being in school all day, every day – so people have started questioning how they felt in and out of school.* Youth Café member

4.3 TEACHER SOCIAL SUPPORT

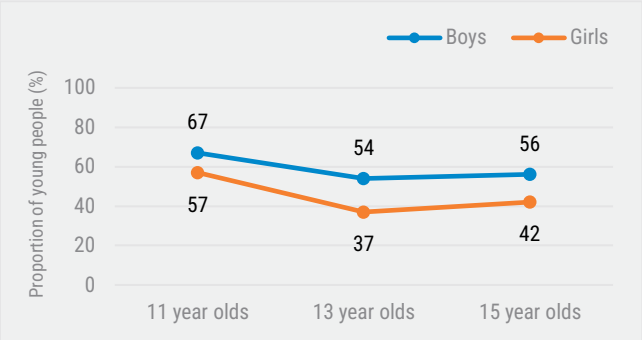
Measure:

Here are some statements about your teachers. Please show how much you agree or disagree with each one. (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree)

- I feel that my teachers accept me as I am
- I feel that my teachers care about me as a person
- I feel a lot of trust in my teachers
- I feel there is at least one teacher I can go to if I have a problem

An overall score of teacher social support was computed by summing the scores of the individual items. Cut-off points of 9 and 15 (on a possible 4 to 20 range) were used to define high and low levels of teachers social support.

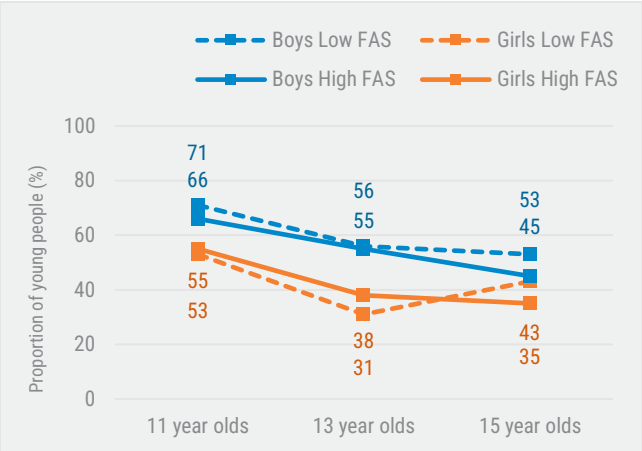
Figure 4.15:
YOUNG PEOPLE WHO REPORTED HIGH TEACHER SOCIAL SUPPORT



Just over half of young people reported positive teacher social support (52%). Boys were more likely than girls to report teacher social support (59% vs 46%) and while there was a greater proportion of 11 year olds reporting social support from their teachers relative to 15 year olds, the 13 year old boys and girls were the least likely to report teacher social support overall (Figure 4.15).

> *With most teachers in my case never have really supported and often just leave us to figure it out on our own.* Sara, 14

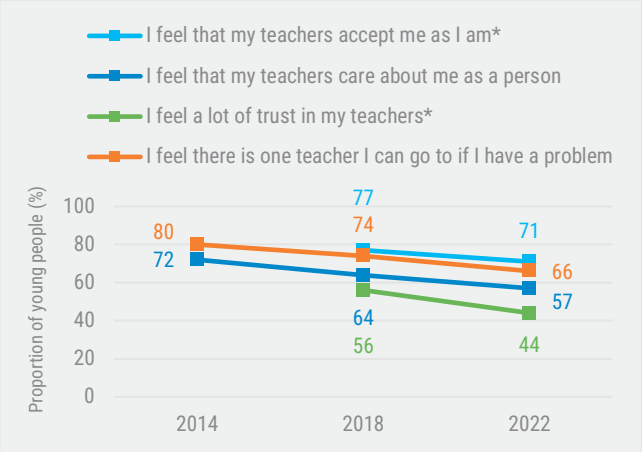
Figure 4.16:
YOUNG PEOPLE REPORTING HIGH TEACHER SOCIAL SUPPORT, BY FAMILY AFFLUENCE (FAS)



Boys from the least affluent families were more likely to report high levels of teacher support than boys from the most affluent families. Girls, on the other hand, demonstrated a negligible difference overall, by level of family affluence. However, there were certain points of vulnerability: for example, 13 year old girls from the least affluent families were the least likely to report teacher support (31%), compared with more affluent girls (38%) and boys (low FAS: 56%; high FAS: 55%) (Figure 4.16).

> *I at my school at least, the wellbeing managers don't have enough of my trust for me to confide in them and I think they are not well trained. Emily, 14*

Figure 4.17:
YOUNG PEOPLE REPORTING ASPECTS OF TEACHER SOCIAL SUPPORT, 2014-2022



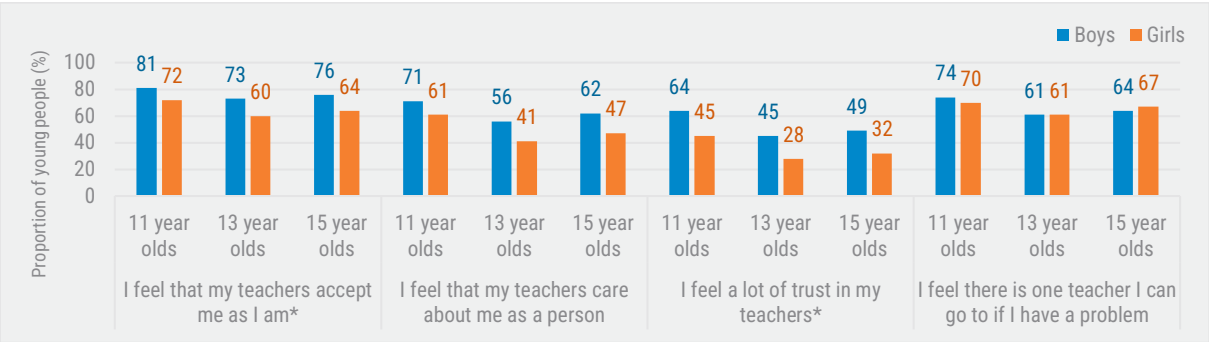
** 'teachers accept me as I am' and 'feel a lot of trust in teachers' were not recorded in 2014*

Analysis of the individual question items shows a trend of decreasing teacher support since 2014 (Figure 4.17). Both the proportion of young people reporting that their teachers care about them as a person and that they have one teacher they can go to if they have a problem fell by around 15 percentage points from 2014 to 2022. While the proportion reporting acceptance by teachers was relatively strong at 71%, trust in teacher ('a lot of trust') was comparatively low at 44%.

> *"I'd be really interested to hear what teachers think about their role, why students lack trust and what's happening to make them feel so unsafe in school – and compare it to what students think. Youth café member"*

In 2022, the most consistent and positive scoring items across the age and gender categories were teachers accepting students 'as I am' and there being one teacher students can go to if they have a problem. However, having 'a lot of trust' in teachers was weak across all ages for boys and girls, with below 50% reporting this in all groups apart from 11 year old boys. Just 28% of 13 year old girls reported feeling a lot of trust in their teachers and they were also the least likely to report feeling that their teachers cared for them as a person (41%) (Figure 4.18).

Figure 4.18:
YOUNG PEOPLE REPORTING POSITIVE TEACHER SUPPORT, BY QUESTION ITEM



4.4 RELATIONSHIPS WITH PEERS/CLASSMATES

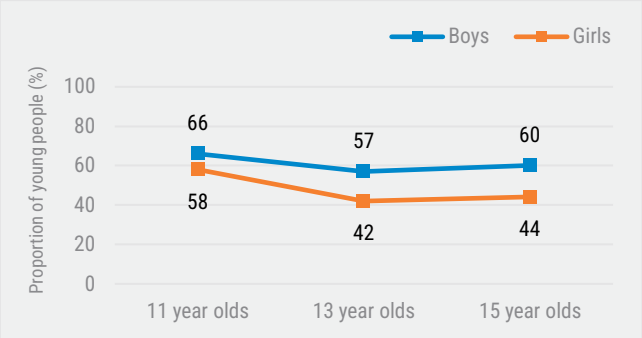
Measure:

Here are some statements about the students in your classes and your school. Please show how much you agree or disagree with each one. (Strongly disagree, Agree, Neither agree nor disagree, Disagree, Strongly agree)

- The students in my classes enjoy being together
- Most of the students in my classes are kind and helpful
- Other students accept me as I am

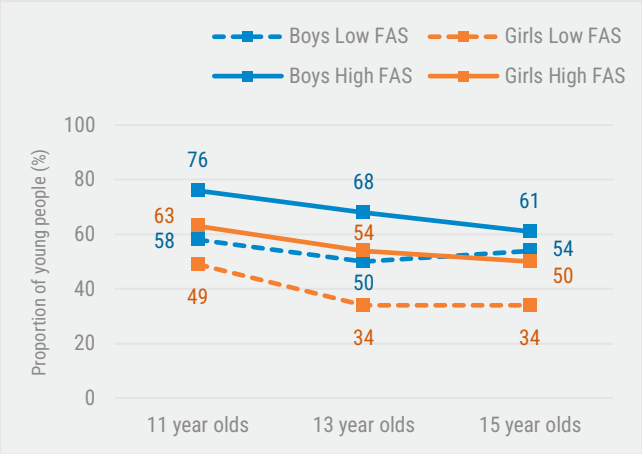
An overall peer relationship score was computed by averaging the individual answers to the three items and a cut-off score of 2.5 was used to identify respondents with high levels peer relationship.

Figure 4.19:
YOUNG PEOPLE WHO REPORTED POSITIVE RELATIONSHIPS AMONG CLASSMATES



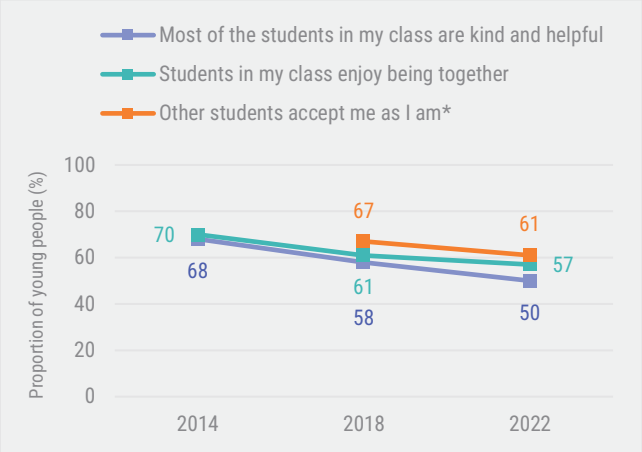
Over half of young people reported positive relationships among their classmates or peers (55%). Boys were more likely than girls to report this (61% vs 48%) and 11 year old boys and girls were the most likely to agree that there were positive relationships among classmates (overall, 62%). The proportion reporting this fell to 50% among 13 year olds, with 13 year old girls least likely to report positive relationships among classmates (42%) and the figure slightly higher among 15 year olds (52% overall, but 44% for girls). The gender divide was greater among older adolescents (Figure 4.19).

Figure 4.20:
YOUNG PEOPLE REPORTING POSITIVE RELATIONSHIPS AMONG CLASSMATES, BY FAMILY AFFLUENCE (FAS)



Boys and girls from the most affluent families were more likely to report positive classmate relationships. Just a third of 13 and 15 year old girls from the least affluent families reported positive relationships among classmates, much lower than young people in other categories. The proportion of 13 year old girls from the least affluent families in particular was twenty percentage points smaller than that of their more affluent peers. (Figure 4.20).

Figure 4.21:
YOUNG PEOPLE REPORTING POSITIVE RELATIONSHIPS AMONG CLASSMATES, 2014-2022



** 'other students accept me as I am' was not recorded in 2014*

Analysis of the individual question items shows that the trend of relationship decline among classmates between 2014 and 2022 (Figure 4.21). The proportion of young people reporting that most students in their class are kind and helpful dropped by 18 percentage points to 50% in 2022. Those reporting that students in their class enjoy being together fell to a slightly lesser extent (by 13 percentage points to 57%). Young people were only asked whether their classmates accepted them as they are from 2018, yet the proportion reporting feeling accepted by their classmates also fell from 67% to 61% in 2022.

> *"After you move from primary school it's not really that same kind of connection that you had as a class. Especially for people who moved to secondary in lockdown that must have been even harder.* Micah, 16. *"*

DIGITAL MEDIA USE

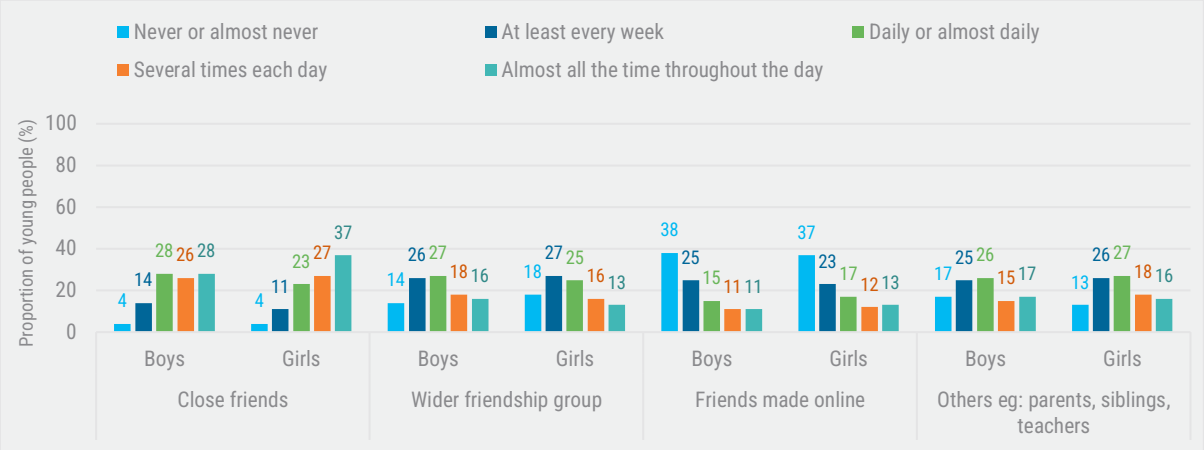
4.5 ELECTRONIC MEDIA COMMUNICATION (EMC)

Measure:
How often do you have online contact with each of the following people? (Don't know or doesn't apply; Never or almost never; At least every week; Daily or almost daily; Several times each day; Almost all the time throughout the day)

- Close friend(s)
- Friends from a larger friend group
- Friends that you got to know through the internet but didn't know before
- Other people than friends (e.g. parents, brothers/ sisters, classmates, teachers)

The 'don't know/doesn't apply' category is excluded in reporting (counted as 'missing').

Figure 4.22:
YOUNG PEOPLE REPORTING DIFFERENT LEVEL OF EMC USE, BY CONTACT GROUP

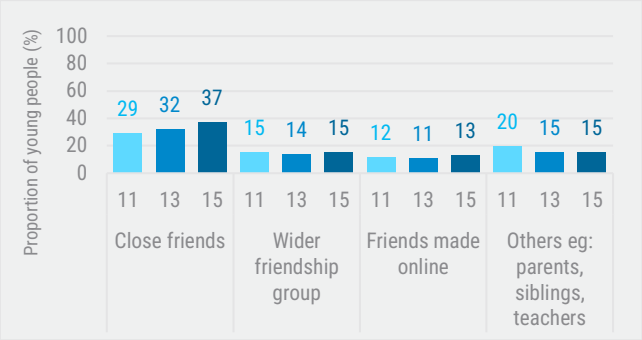


Overall, young people were most likely to report using electronic media to communicate with their close friends (96%), followed by contacts other than friends [eg: parents, siblings, classmates, teachers] (85%) and friends from larger friendship groups (84%), then finally friends made online (62%) (*sum of categories other than 'never/almost never'*; Figure 4.22).

Levels of communication intensity also varied with different contact groups. Intense EMC (almost all the time throughout the day) was most common with close friends (33%). Beyond close friends, intense EMC use dropped by nearly half with 17% reporting intense EMC with 'others', 15% reporting intense EMC with their wider friendship group and only 12% engaging in intense EMC with friends made online. Conversely, 38% reported never/almost never using EMC with friends made online compared with just 4% who reported never/almost never using EMC with close friends (Figure 4.22).

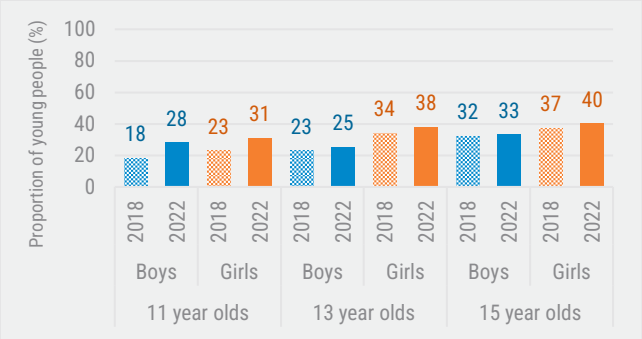
There was no overall gender difference for overall EMC use with close friends (boys and girls: 96%) and with friends made online (62% vs 63%). Girls were slightly more likely than boys to use EMC to communicate with 'others' (87% vs 83%). Boys, on the other hand, were more likely than girls to use EMC for communicating with friends in their larger friends group (boys: 86%, girls: 72%). The greatest gender difference was seen for intense EMC use with close friends where 37% of girls reported intense EMC with close friends compared with 28% of boys (Figure 4.22).

Figure 4.23:
YOUNG PEOPLE REPORTING INTENSE EMC USE, BY CONTACT GROUP AND AGE



Focusing in on intense EMC use where the greatest gender differences lie, the close friend category again presented the greatest variation. Levels of intense EMC use with close friends increased with age from 29% at 11 years old to 37% at age 15, with the larger increase (+5 percentage points) seen from 13 to 15 year olds. Conversely, intense EMC use reduced with age among the 'others' contact group which includes parents, siblings and teachers, with the main fall from 20% at age 11 years to 15% at age 13 (Figure 4.23).

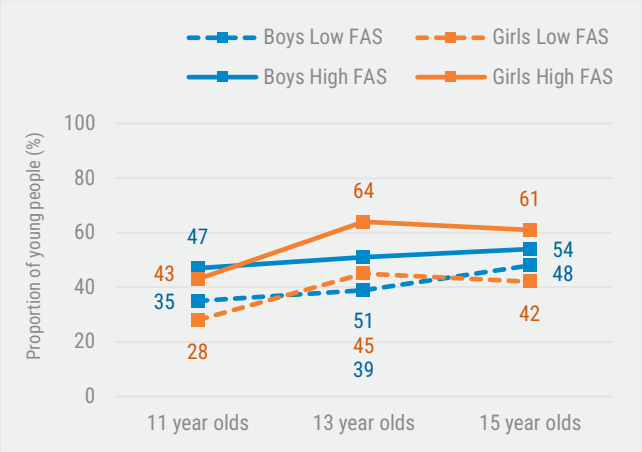
Figure 4.24:
YOUNG PEOPLE REPORTING INTENSE EMC USE WITH CLOSE FRIENDS, 2018-2022



Finer analysis shows that, in 2022, 15 year old girls were the most likely to report intense EMC with close friends (40%); 13 year old boys were least likely to report this (25%). However, while 15 year old girls represented the greatest proportion of intense EMC with close friends in 2022, the increase from 2018 in this group was relatively small (+3 percentage points). By comparison, the proportion of 11 year old boys reporting intensive EMC with close friends increased by +10 percentage points between 2018 and 2022, with a +8 percentage point rise for 11 year old girls. This effectively reduces the gap between age categories and the previous jump in intensive EMC from age 11 to 13. Further, while intensive EMC increased with age for all groups in 2018, there was actually a small overall reduction from 11 to 13 years among boys in 2022 (Figure 4.24).

> *"There is a lot of communication about EMC but it is usually only talked about in a negative light and I think there should be a bigger focus on the distinction between problematic and other specific negative uses of electronic media and the positive uses. Max, 14"*

Figure 4.25:
YOUNG PEOPLE WHO COMMUNICATE INTENSELY ONLINE (RESPONDED 'ALMOST ALL OF THE TIME THROUGHOUT THE DAY' TO AT LEAST ONE CONTACT GROUP), BY FAMILY AFFLUENCE (FAS)



While age variation in the intensive EMC use with close friends category was less pronounced in 2022 than 2018, the picture changes when levels of family affluence are accounted for. Young people from the most affluent families were more likely to report intense EMC with at least one contact group – with a marked escalation (+21 percentage points) among girls from the age of 11 to 13. Nearly two thirds (64%) of 13 year old girls from the most affluent families reported intense EMC with at least one contact group compared with 45% of their peers from the least affluent families (Figure 4.25).

4.6 PROBLEMATIC SOCIAL MEDIA USE (PSMU)

Measure:

Young people were asked a set of questions regarding their engagement with social media in order to assess both normative and problematic usage patterns.

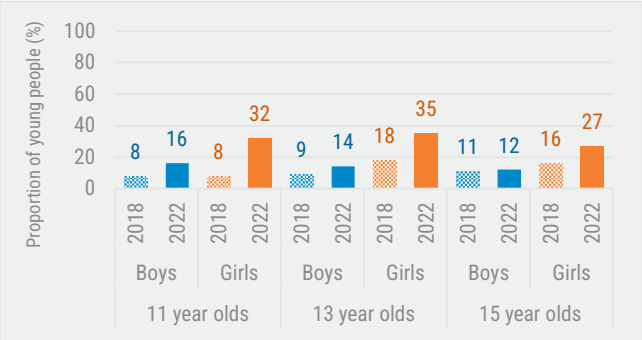
During the past year, have you… (Please tick one box for each line) (No; Yes)

- regularly found that they can't think of anything else but the moment that they will be able to use social media again?
- regularly felt dissatisfied because they wanted to spend more time on social media?
- often felt bad when they could not use social media?
- tried to spend less time on social media, but failed?
- regularly neglected other activities (e.g. hobbies, sport) because they wanted to use social media?
- regularly had arguments with others because of their social media use?
- regularly lied to their parents or friends about the amount of time they spend on social media?
- often used social media to escape from negative feelings?
- had serious conflict with parents, brother(s) or sister(s) because of their social media use?

Respondents were allocated a score of 1 for each 'yes' answer they provided. A total sum score was then computed and a cut off of 5 and above was used to identify respondents disordered social media use.

> *"I don't consume social media that mindfully - I find myself doing it when I feel low – so maybe it's more of a symptom than a cause of poor mental health.* Youth café member. *"*

Figure 4.26:
YOUNG PEOPLE SCORING 5+, INDICATING PROBLEMATIC USE (PSMU), 2018-2022

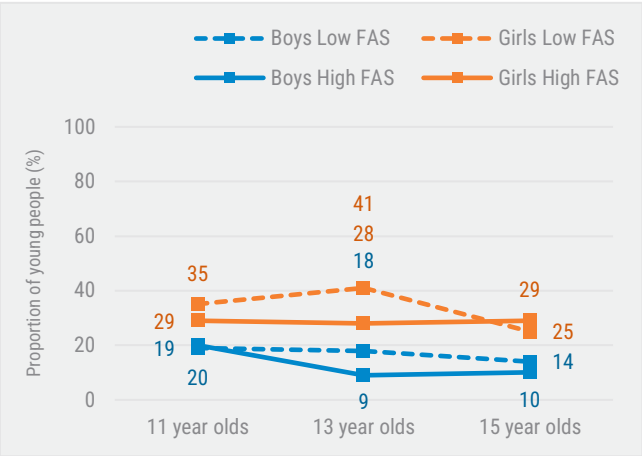


Among those who reported using electronic media communication (EMC), 23% of participants were identified as having a problematic relationship with social media. Notably, girls exhibited a much higher likelihood of problematic social media use (PSMU) compared to boys, with 31% of girls and 14% of boys falling into this category. In 2022, the peak for PSMU in girls was at age 13 (35%) while in boys there was an overall downward trend from age 11 (16%) to 15 (12%).

Overall, PSMU saw a drastic increase among girls and younger boys between 2018 and 2022. PSMU among 11 year old girls increased by four times from 8% in 2018 to 32% in 2022. PSMU among 11 year old boys and 13 year old girls also doubled. There were smaller, but notable rises among 15 year old girls and 13 year old boys (Figure 4.26).

> *Girls may be more critical of their own social media use, so they are reporting more problematic use?* Youth café member.

Figure 4.27:
YOUNG PEOPLE SCORING 5+, INDICATING PROBLEMATIC USE (PSMU), BY FAMILY AFFLUENCE (FAS)



The widest socio-economic disparities were seen for PSMU at age 13. PSMU was most commonly reported among 13 year old girls from the least affluent families (41%) compared with 28% of girls from the most affluent families; 13 year old boys from the least affluent families (18%) were twice as likely to indicate PSMU compared to their peers from the most affluent families (9%) (Figure 4.27).

4.7 GAMING AND DISORDERED GAMING

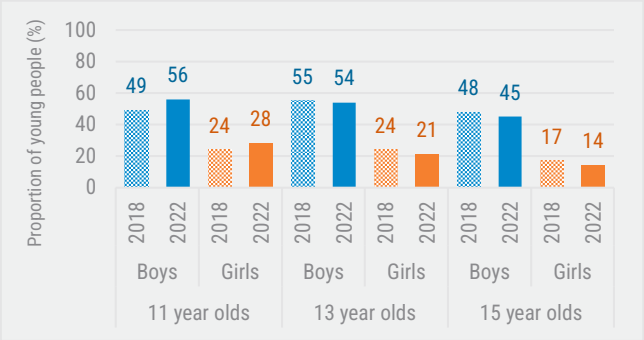
Measure[i]:

- How often do you play games? (Almost never; less than one day a week; 1 day a week; 2 or 3 days a week; 4 or 5 days a week; almost every day)
- On a day that you play games, about how much time do you spend gaming? (1 to 2 hours; 2 to 4 hours; 4 to 6 hours; 6 to 8 hours; 8 hours or more)

Gaming

Figure 4.28:

YOUNG PEOPLE WHO REPORTED GAMING ALMOST EVERY DAY, 2018-2022

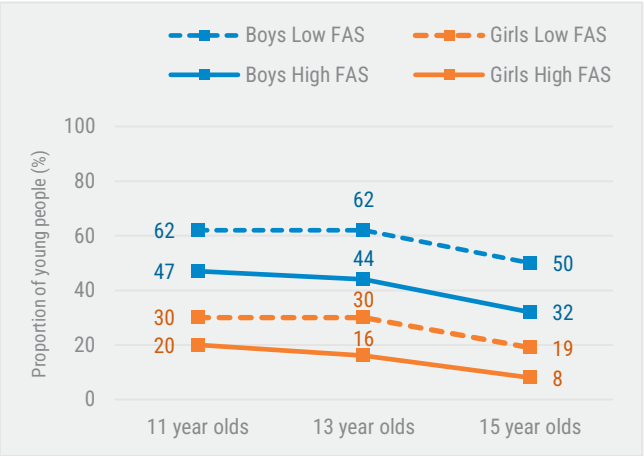


Overall, 37% of young people reported gaming almost every day (including on smartphones, tablets, computers or game consoles), remaining constant from 2018. Boys were more likely to report gaming nearly every day (52%) compared with girls (21%) continuing the trend from 2018 (51% boys; 22% girls). In 2022, there was a more consistent decline in the proportion gaming almost every day with age for boys and girls. The proportion of girls gaming almost daily dropped by half from age 11 (28%) to 15 (14%) (Figure 4.28).

> *Playing games is an easy way to socialise out of school… we change games to suit who's online, so no-one really feels excluded and also I think we talk more and for longer in a game instead of short bursts like you get when you are messaging people.* Micah, 16.

Figure 4.29:

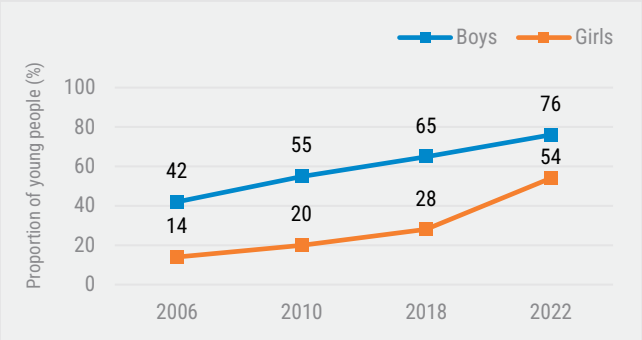
YOUNG PEOPLE WHO REPORTED GAMING ALMOST EVERY DAY, BY FAMILY AFFLUENCE (FAS)



Gaming almost every day followed the same pattern for young people from the most and least affluent families; however, it was more prevalent among young people from the least affluent families, with the proportions between 10 to 18 percentage points higher at each data point (Figure 4.29).

[i] *The two items on frequency (how many days per week and how many hours per day) of online gaming were previously used in a representative Dutch study among adolescents aged 12 – 16 years (Van Dorsselaer et al., 2016).*

Figure 4.30:
YOUNG PEOPLE WHO REPORTED PLAYING COMPUTER GAMES 2+ HOURS AT A TIME



The proportion of young people who reported playing computer games 2+ hours at a time clearly increased since 2006 among both boys and girls. While the rise was relatively steady among boys, gaining around 10% each survey round from 42% in 2006 to 76% in 2022, the main increase was seen in girls from 2018 (28%) to 2022 (54%). Here, the proportion of the girls who reported playing computer games 2+ hours at a time almost doubled in comparison with the previous round (Figure 4.30).

> *"I'm not surprised that more girls are gaming now than before because if you look at the influencers online, there's more and more women.* Youth café member.

4.8 DISORDERED GAMING

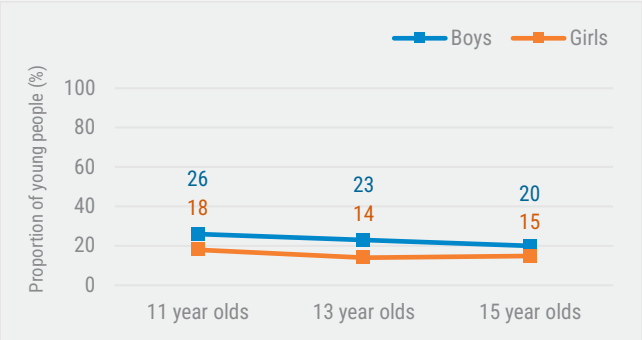
Internet Gaming Disorder was measured with the IGD-scale which tests to what extent young people meet the nine criteria for Internet Gaming Disorder as they are described in section III of the DSM-5 (American Psychiatric Association, 2013). Disordered gaming was identified through young people's reports about their relationship with online gaming, including whether it caused them to neglect other activities or resulted in conflict with others.

During the past year… (Please tick one box for each line) (No; Yes)

- have there been periods when all you could think of was the moment that you could play a game?
- have you felt unsatisfied because you wanted to play more?
- have you been feeling miserable when you were unable to play a game?
- were you unable to reduce your time playing games, after others had repeatedly told you to play less?
- have you played games so that you would not have to think about annoying things?
- have you had arguments with others about the consequences of your gaming behaviour?
- have you hidden the time you spend on games from others?
- have you lost interest in hobbies or other activities because gaming is all you wanted to do?
- have you experienced serious conflicts with family or friends because of gaming?

In line with the DSM-5 definition of Internet Gaming Disorder, the IGD-scale consists of a clear cut-off point to distinguish between 'normative' and 'disordered' game use, whereby disordered use is defined as meeting at least five of the nine criteria (having at least five 'yes' responses on the IGD-scale).

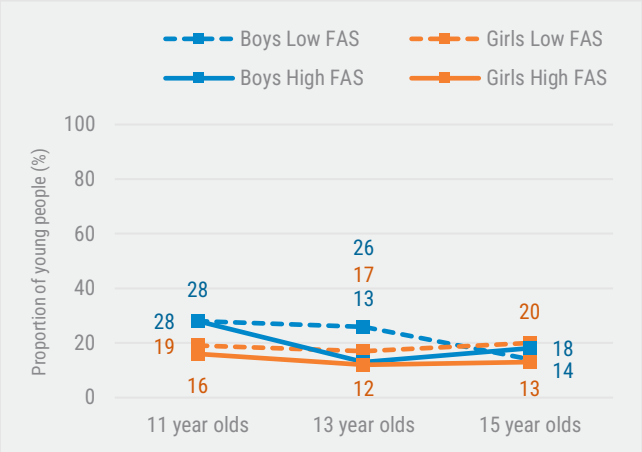
Figure 4.31:
YOUNG PEOPLE SCORING 5+, INDICATING INTERNET GAMING DISORDER



Overall, 20% of respondents were identified as having Internet Gaming Disorder (compared to 14% in 2018): 23% of boys and 16% of girls (compared to 19% of boys and 7% of girls in 2018). Across all ages, boys were more likely to be identified as engaging in disordered gaming. The proportions of boys engaging in disordered gaming decreased with age: 26% of 11 year olds, 23% of 13 year olds, and 20% of 15 year olds. The proportion of girls decreased from 11 year olds (18%) to 13 year olds (14%) and then increased in 15 year olds (15%). (Figure 4.31).

> *Sometimes gaming is suggested to cope with stress/depression, or even anxiety so it should not be seen as entirely negative. I wonder whether enough education is provided on gaming safely, recognising dangerous boundaries etc.* Youth café member.

Figure 4.32:
YOUNG PEOPLE SCORING 5+, INDICATING INTERNET GAMING DISORDER, BY FAMILY AFFLUENCE (FAS)



Thirteen year old boys from the least affluent families were twice as likely to be identified as engaging in disordered gaming than their peers from the most affluent families. Patterns were more consistent among girls: girls of all age groups from the least affluent families were more likely to be identified as engaging in disordered gaming than their peers from the most affluent families (Figure 4.32).

4.9 SPENDING MONEY ON IN-GAME/IN-APP PURCHASES

Measure:

Have you ever spent money on in-game (in-app) purchases in games? (Yes; No)

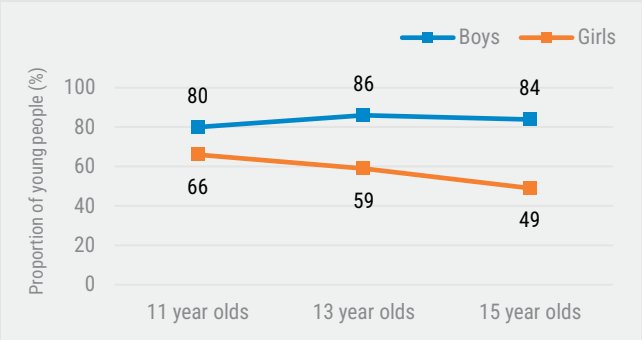
- If yes, how often do you spend money on in-game (in-app) purchases? (Less than once a month: 1; 2; 3; 4; Every day: 5)
- Do you have a limit on how much money you can spend in games? (Yes, my parent/carer sets a limit; Yes, I set my own limit; No)
- How much money do you feel you spend on in-app (in-game) purchases? (Very little: 1; 2; 3; 4; A lot: 5)

During the last year… Please tick one box for each line. (No; Yes)

- have you spent money on in-game (in-app) purchases by accident?
- have you experienced any conflicts at home from spending money on in-game (in-app) purchases?
- have you hidden the amount you spend on games in-app (in-game) purchases from others?

Figure 4.33:

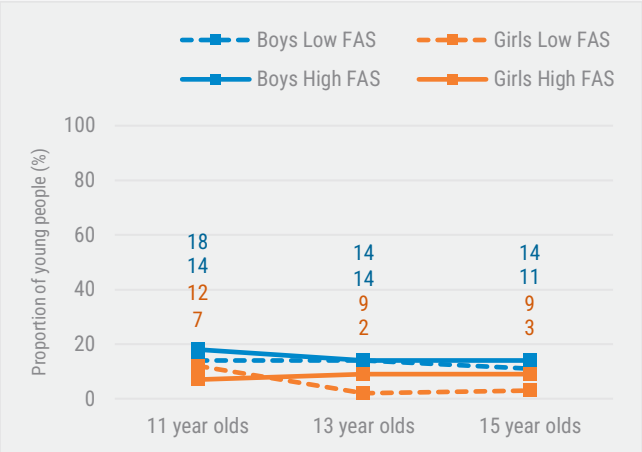
YOUNG PEOPLE WHO REPORTED HAVING EVER SPENT MONEY ON IN-GAME/IN-APP PURCHASES



Overall, 71% of young people reported they had spent money on in-game/in-app purchases in their lifetime. A higher proportion of boys (83%) than girls (58%) reported having done this. While older boys were slightly more likely to report having made in-game/in-app purchases (86%/84% among 13 and 15 year olds vs 80% for 11 year olds), the proportion of girls decreased noticeably with age from 11 year olds (66%) to 13 year olds (59%) and 15 year olds (49%) (Figure 4.33). Of those who had made in-game/in-app purchases, boys were more likely than girls to report spending 'quite a lot' or 'a lot' of money (12% vs 5%). Reports of spending quite/a lot of money declined slightly with age from 11% at age 11 to 8% at age 15.

Figure 4.34:

YOUNG PEOPLE REPORTING SPENDING A LOT OF MONEY ON IN-GAME PURCHASES, BY FAMILY AFFLUENCE (FAS)

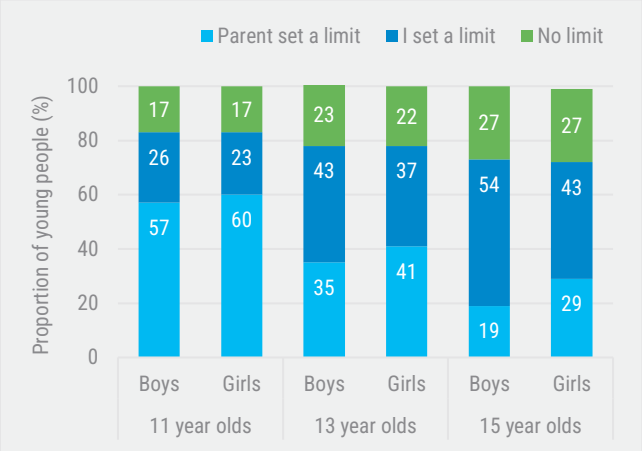


Overall, young people from the most affluent families (12%) were more likely than those from the least affluent families (9%) to report spending quite/a lot of money on in-game/in-app purchases. However, at the age of 11, girls from the least affluent families were more likely to report this than those from the most affluent families (12% vs 7%). The trend reversed among older girls with the proportion from the most affluent families who spent quite/a lot of money on in-game purchases four times higher among 13 year olds (8% compared to 2%) and three times higher among 15 year old girls (9% compared to 3%) compared with peers from the least affluent families (Figure 4.34).

Limit setting

Figure 4.35:

YOUNG PEOPLE REPORTING DIFFERENT TYPES OF LIMIT SETTING ON HOW MUCH THEY CAN SPEND IN GAMES (AMONG THOSE WHO HAD MADE IN-GAME/IN-APP PURCHASES)

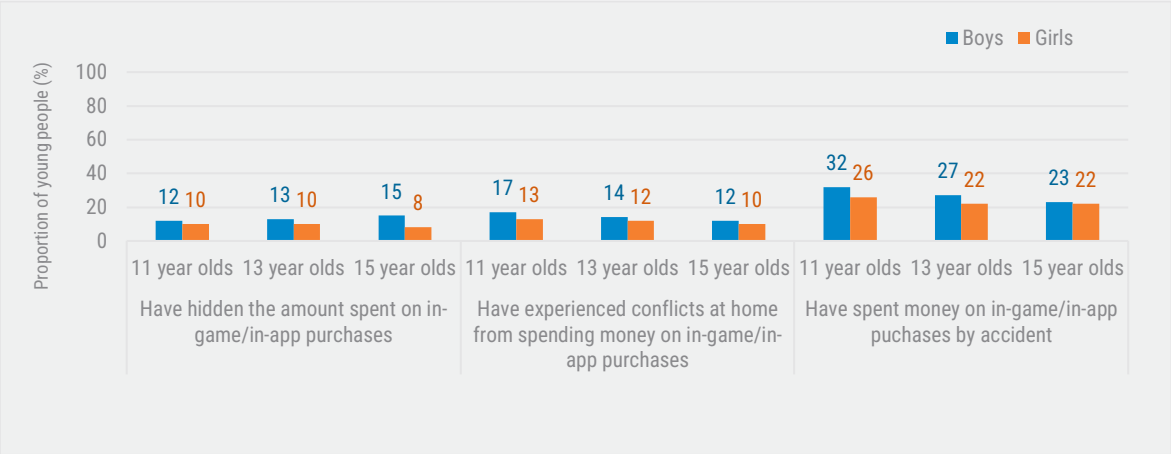


Among those who reported having made in-game/in-app purchases, the proportion of girls of all ages reporting that their parents set a limit on how much they can spend in games was higher than that of boys, and the differences in gender increased with age. Parental limit setting more than halved between the ages of 11 and 15 (59% to 24%), while personal limit setting doubled from a quarter (25%) of young people to a half (49%). The proportion of young people who reported having no limits on their purchases in games increased with age (17% to 27%) (Figure 4.35).

Issues arising from in-game/in-app purchases

Figure 4.36:

YOUNG PEOPLE REPORTING ISSUES WITH MAKING IN-GAME/IN-APP PURCHASES IN THE LAST YEAR (AMONG THOSE WHO HAD MADE IN-GAME/IN-APP PURCHASES)



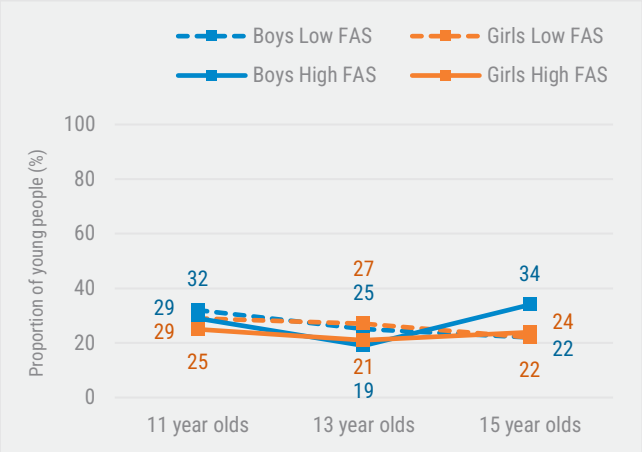
Among those who had made in-game/in-app purchases, just over 1 in 10 (11%) had hidden the amount they had spent on in-game/in-app purchases from others in the last 12 months, with the proportion of boys (13%) higher than that of girls (9%). While the proportion of boys hiding their spending increased slightly with age, it fell slightly among girls. Fifteen year old boys were almost twice as likely to report having had hidden money spent in games than 15 year old girls (Figure 4.36).

Around 1 in 8 young people (13%) reported they had experienced conflict at home over the past year due to spending on in-game/in-app purchases. Boys were slightly more likely to report this (14% vs 12%). Reports of conflict at home fell with age from 15% among 11 year olds to 13% among 13 year olds and 11% among 15 year olds (Figure 4.36).

Overall, around 1 in 4 (26%) young people reported spending money on in-game purchases by accident during the last year. This was slightly more common among boys (27%) than girls (23%) and declined with age. Nearly a third (32%) of 11 year old boys reported having spent money by accident in games (Figure 4.36).

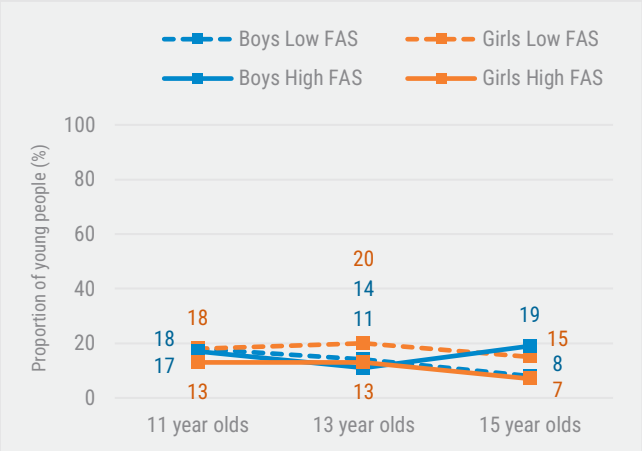
> *Using in-game currencies (which can be bought with real money) is a tactic to convince young people and other users that they are not spending actual cash.* Thomas.

Figure 4.37:
YOUNG PEOPLE REPORTING HAVING SPENT MONEY ON IN-GAME/IN-APP PURCHASES BY ACCIDENT (AMONG THOSE WHO HAD MADE THESE PURCHASES), BY FAMILY AFFLUENCE (FAS)



Overall, young people from the least affluent families showed a downward trajectory for accidental spending with age from 31% to 22%. While they were more likely to report spending money on in-game purchases by accident at the age of 11 and 13 compared to their peers from the most affluent families, this trend had reversed by the age of 15. At 15, over a third (34%) of boys and nearly a quarter of girls (24%) from the most affluent families reported accidental in-game/in app spends (Figure 4.37).

Figure 4.38:
YOUNG PEOPLE WHO HAVE EXPERIENCED CONFLICT BECAUSE OF SPEND ON IN-GAME/IN-APP PURCHASES (AMONG THOSE WHO HAD MADE THESE PURCHASES), BY FAMILY AFFLUENCE (FAS)



Overall, girls from the least affluent families were the most likely to experience conflict because they spent on in-game purchases than girls from the most affluent families (18% vs 12%). The differences were most pronounced and varied among 15 year olds. Fifteen year old girls from the least affluent families were twice as likely as their peers from the most affluent families to report conflict (15% vs 7%) whereas 15 year old boys from the most affluent families were twice as likely to report the same than their peers from the least affluent families (19% vs 8%) (Figure 4.38).

HEALTH RESOURCES

4.10 PRIMARY HEALTHCARE USE AND PERCEPTIONS

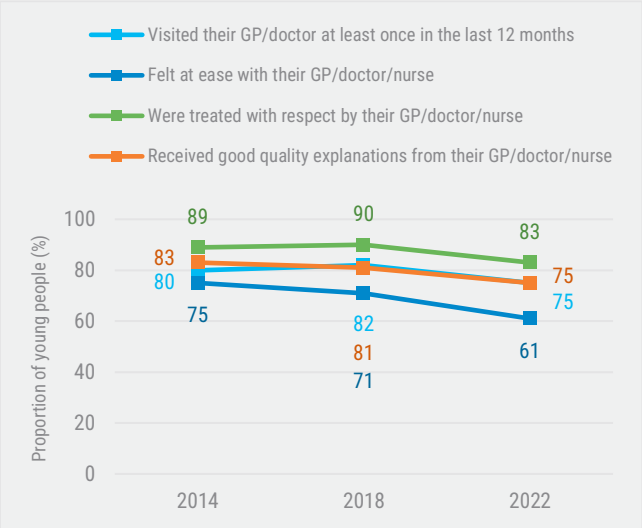
Measure:

- How many times have you been in contact with your GP/doctor in the last 12 months? (Never, once or twice, 3-5 times, 6 times or more)
- Here are some statements about your last visit to your GP/doctor/nurse. Please show how much you agree or disagree with each one (Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree)
  - I felt at ease with my GP/doctor/nurse
  - My GP/doctor/nurse treated me with respect
  - The explanations my GP/doctor/nurse gave me were of good quality

Trends in visits to and perceptions of primary healthcare practitioners

Figure 4.39:

YOUNG PEOPLE REPORTING VISITS TO AND PERCEPTIONS OF PRIMARY HEALTHCARE PRACTITIONERS, 2014-2022

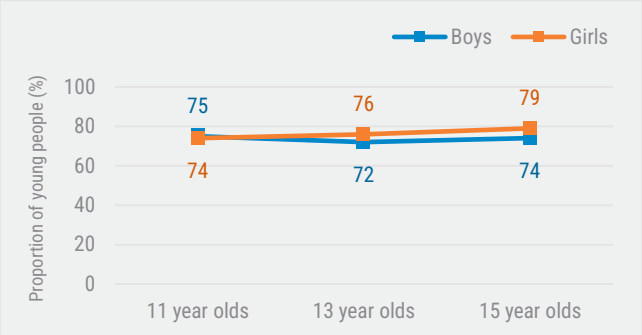


Overall, the proportion of young people visiting the GP/doctor in the last 12 months fell between 2014 and 2022. Alongside this, perceptions of primary healthcare practitioners declined, most notably for 'feeling at ease with the GP/doctor/nurse' (Figure 4.39).

Visiting the GP in the last year

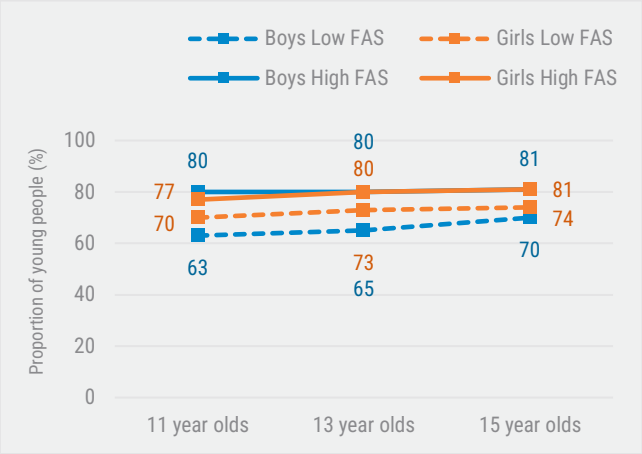
Figure 4.40:

YOUNG PEOPLE WHO REPORTED SEEING THEIR GP/DOCTOR AT LEAST ONCE IN THE LAST 12 MONTHS



Three quarters (75%) of young people reported visiting the GP/doctor at least once in the last 12 months, marking a fall since 2018 (82%) and 2014 (80%). Gender differences were minor (76% girls, 74% boys) and there was a marginal rise in GP use among older girls (from 74% at age 11 to 79% at 15) and decline with age among younger boys (from 75% at age 11 to 72% at 13) (Figure 4.40).

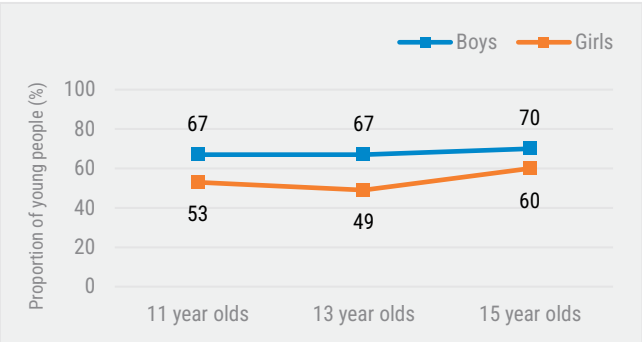
Figure 4.41:
YOUNG PEOPLE REPORTING SEEING THEIR GP/DOCTOR AT LEAST ONCE IN THE LAST 12 MONTHS, BY FAMILY AFFLUENCE (FAS)



A greater proportion of young people from the most affluent families (80%) reported visiting the GP/doctor at least once in the last 12 months, compared with those from the least affluent families (70%). Gender differences were marginal among young people from the most affluent families (boys, 79%; girls, 80%) and more pronounced among those from the least affluent families (boys, 66%; girls, 73%). The pattern was similar for age with the disparity in GP visits most pronounced among the youngest boys (Figure 4.41).

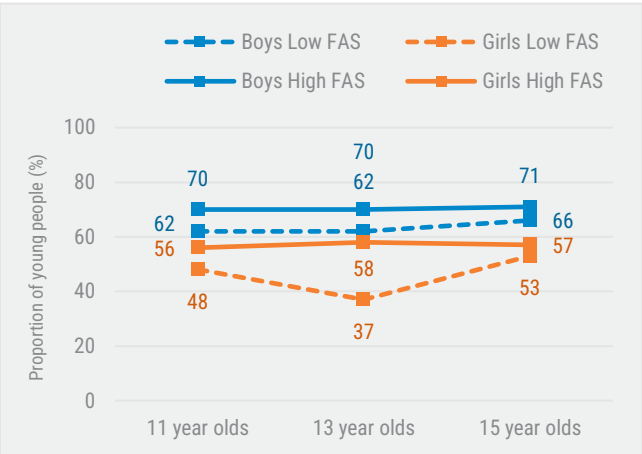
Feeling at ease

Figure 4.42:
YOUNG PEOPLE WHO REPORTED FEELING AT EASE WITH THEIR GP/DOCTOR/NURSE



Overall, 61% agreed that they felt at ease with their GP/doctor/nurse, marking a decline from 71% in 2018 and 77% in 2014. Feeling at ease was more prevalent among boys (68%) than girls (54%), and older children (15 year olds, 65%; 13 year old, 58%; 11 year olds, 61%). Less than half (49%) of 13 year old girls reported feeling at ease with their primary healthcare practitioner (Figure 4.42).

Figure 4.43:
YOUNG PEOPLE WHO REPORTED FEELING AT EASE WITH THEIR GP/DOCTOR/NURSE



Family affluence levels were associated with the relationship with the GP/doctor/nurse. Sixty three percent of those from the most affluent families agreed that they felt at ease, compared with 54% from the least affluent families. The most pronounced disparity was among 13 year old girls with just over a third (37%) of 13 year old girls from the least affluent families feeling at ease with their primary healthcare practitioner (Figure 4.43).

Being treated with respect

Eighty three percent of young people agreed that they were treated with respect by their primary healthcare practitioner, a decrease from 2018 (90%) and 2014 (89%). Gender (82% boys, 83% girls) and age differences were negligible.

The family affluence gap was relatively small overall, though it was most pronounced at age 15, particularly for boys where 78% of 15 year old boys from the least affluent families reported being treated with respect compared to 88% of 15 year old boys from the most affluent families.

Getting good explanations

75% of young people agreed that they were happy with the explanations they received from their primary healthcare practitioner – again this marked a decline from 2018 and 2014 (both at 83%). Boys were more likely to be happy with the explanations provided (78%) than girls (72%), and 13 year olds were the least happy with their GP/doctor/nurse's explanations (72%; 11 year olds, 78%; 15 year olds, 75%).

Differences in line with family affluence levels were more apparent with older age. At the age of 15, girls from the most affluent families (75%) were more likely to report receiving good healthcare explanations than those from the least affluent families (65%). Similarly, a smaller proportion of 15 year old boys from the least affluent families (72%) were happy with the explanations received compared with those from the most affluent families (80%).

> *"This is important because it's setting up people for how they see doctors and nurses in future and if 13 year old girls don't feel at ease with them already then they might not ask for help when they need it or trust/follow the advice they get.* Micah, 16. *"*

4.12 HEALTH EDUCATION AND RELATIONSHIPS AND SEX EDUCATION

Health Education

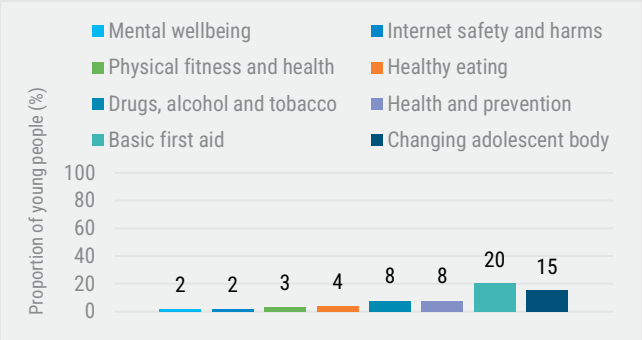
Measure:

How well do you feel the following subjects have been covered in Health Education? (Very well covered: 1; 2; 3; 4; very poorly covered: 5; not covered yet)

- Mental wellbeing
- Internet safety and harms
- Physical fitness and health
- Healthy eating
- Drugs, alcohol and tobacco
- Health and prevention
- Basic first aid
- Changing adolescent body

Responses of 1 or 2 were considered 'well covered'; 3-5 were considered 'not well covered'

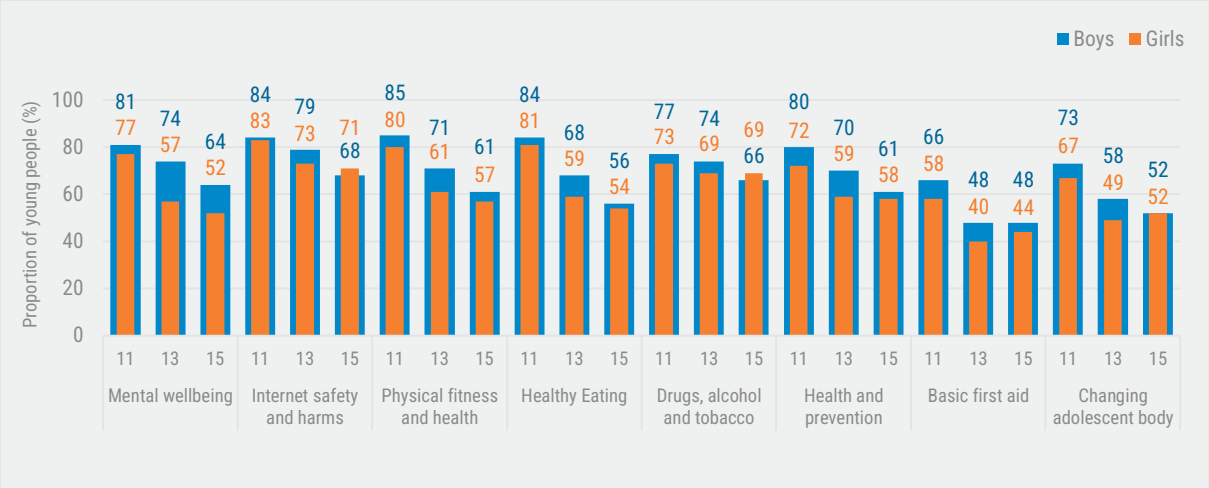
Figure 4.44:
YOUNG PEOPLE WHO REPORTED THE FOLLOWING SUBJECTS WERE NOT YET COVERED IN HE CLASSES



Overall, 92% reported having received HE lessons, while 8% had not. A fifth (20%) reported not having covered basic first aid and nearly a sixth (15%) reported not having covered the changing adolescent body at the point of completing the questionnaire (Figure 4.44).

Of those who had received HE lessons, 66% felt the topics had been well covered overall. A greater proportion of boys rated the coverage of the HE topics positively (69% boys, 63% girls), with a decline in positive feedback with age for boys and a fall among girls from the ages of 11 to 13. Those who said they had received Health Education (HE) lessons provided information on how well they thought the following subjects had been covered during HE: mental wellbeing, internet safety and harms, physical fitness and health, healthy eating, drugs, alcohol and tobacco, health and prevention, basic first aid and changing adolescent body (Figure 4.45).

Figure 4.45:
YOUNG PEOPLE REPORTING THE FOLLOWING SUBJECTS WERE WELL COVERED IN HE CLASSES



Among those who had been taught HE, 68% reported 'mental wellbeing' was well covered. A smaller proportion of girls than boys reported mental wellbeing was well covered overall (boys: 73% vs girls: 62%). Younger male and female students were more likely to report the topic was well covered (boys: 81%; girls: 77% at 11 years), however the gender gap grew among 13 year olds (boys: 74% vs girls: 57%). The gender gap narrowed slightly at age 15 (boys: 64% vs girls: 52%), however and the proportion reporting that the topic was well covered also decreased.

The majority of students (77%) reported 'internet safety and harms' was well covered. There was a minimal gender difference with boys slightly more likely overall to report positively (78% vs 76%). A higher proportion of younger students responded positively than older students (85% of 11 year olds vs 70% of 15 year olds) with a greater decrease with age among boys compared with girls.

Overall, 69% of young people reported 'physical fitness and health' was well covered. Boys were more likely to report the topic was well covered compared with girls (73% vs 66%), and younger students more likely to respond positively than older students.

'Healthy eating' was reported to be well covered by 67% of young people and boys were more likely than girls to report positively (70% vs 65%). Older students were less likely to report health eating was well covered (56% of boys and 54% of girls at age 15; 84% boys and 81% girls, aged 11).

Overall, 71% of young people reported 'drugs, alcohol and tobacco' was well covered. There was a small gender difference with boys more likely to respond positively overall (73% vs 70%), but 15 year old girls were more likely to report the topic had been well covered compared to boys (69% vs 66%). Positive reports fell with age (75% of 11 year olds; 72% of 13 year olds; 68% of 15 year olds).

Sixty seven percent of young people reported that 'health and prevention' was well covered (70% boys; 63% girls), with younger students more likely to respond positively than older students.

Just over half of respondents (51%) reported 'basic first aid' was well recovered, the lowest of all the HE topics covered in the HBSC survey. Boys were more likely than girls to respond positively with the greatest difference at age 11 (66% vs 58%) and older respondents overall responding less positively.

Over half of young people (58%) felt 'changing adolescent bodies' was well covered, with boys more likely to respond positively than girls (53% vs 46%). There was a greater gender difference among younger students (73% vs 67%, aged 11; 58% vs 49%, aged 13; 52% vs 52%, aged 15).

Relationships and Sex Education (RSE)

Measure:

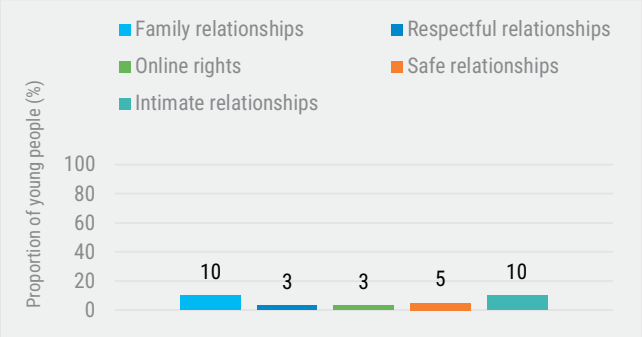
How well do you feel the following subjects have been covered in RSE? (Very well covered: 1; 2; 3; 4; very poorly covered: 5; not covered yet)

- Family relationship
- Respectful relationship
- Online rights
- Safe relationships
- Intimate relationships

Young people responding 1 or 2 were considered 'well covered', 3-5 not well covered.

Figure 4.46:

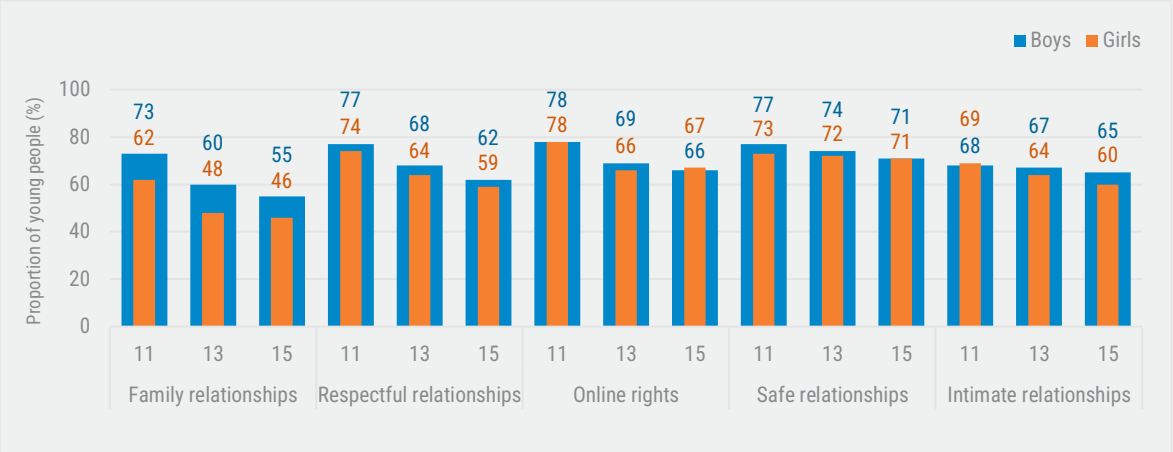
YOUNG PEOPLE WHO REPORTED THE FOLLOWING SUBJECTS WERE <u>NOT YET COVERED</u> IN RSE CLASSES



Overall, 94% reported having received RSE lessons, while 6% had not. A tenth (10%) reported not having covered intimate relationships and the same proportion had not covered family relationships at the point of completing the questionnaire (Figure 4.46).

Of those who had received RSE lessons, 67% felt the topics had been well covered overall. Boys were more likely than girls to rate the coverage of the RSE topics positively (69% boys; 65% girls) and age trends varied by topic. Those who said they had received RSE education provided information on how well they thought the following subjects had been covered during RSE: family relationships, respectful relationships, online rights, safe relationships and intimate relationships (Figure 4.47).

Figure 4.47:
YOUNG PEOPLE WHO REPORTED THE FOLLOWING SUBJECTS WERE WELL COVERED IN RSE CLASSES



Over half (57%) of young people who attended RSE lessons thought that family relationships were well covered. Boys were more likely to report this than girls (62% vs 52%) with younger students more likely to report family relationships as 'well covered' than older students.

Overall, 67% of young people reported respectful relationships were well covered. The gender difference was relatively small with boys being more likely to report positively (69% vs 65%). The proportion reporting respectful relationships were well covered decreased with age across both genders.

Among those young people who reported having covered online rights in RSE lessons, 71% felt the subject was well covered. There were minimal gender differences overall (boys: 71% vs girls: 70%).

The majority (73%) reported safe relationships were well covered. The gender gap among younger adolescents disappeared by age 15 (age 11: boys 77%, girls 73%; age 15: 71% for both genders)

Intimate relationships were reported as 'well covered' by 65% of young people. Younger students were the most likely to report this (11 year olds: 68%; 15 year olds: 63%) and there were small gender differences (boys: 67%; girls: 64%) which increased with age.

> *"I did these lessons and I think the subjects were covered well – I mean they gave the information, but the lessons were quite boring and probably need to be more engaging to have an effect on how you think.* Micah, 16.

> *"I think that they should implement teaching for young people by young people around mental health, as well as other issues like vaping and sexual health, as they can do it in a way that we would listen.* Eleri, 19.

SUMMARY

This chapter examines the context in which young people live, study, communicate and access health information and support. The responses provide insights into their interactions, experience and perceptions of the environments and resources available to them.

NEIGHBOURHOOD Asked about the place where they live, young people reported a declining sense of belonging compared to previous survey rounds in 2014 and 2018. Smaller proportions reported feeling safe and connected. There were clear disparities with those from the most affluent families more likely to report high neighbourhood belonging, compared to those from the least affluent families. This was apparent in the extent to which young people felt safe and rated their area's safety for younger children. While reports of local facilities and resources improved overall, 15 year old girls from the least affluent families were more than twice as likely as those from the most affluent families to say that there were not good places to go in their free time.

SCHOOL Similarly, perceptions of school became more negative between 2014 and 2022 with the greatest declines in belonging and safety, particularly among girls aged 13 and 15 from the least affluent families. Meanwhile, the proportion reporting liking school halved and the pressure from schoolwork doubled between 2014 and 2022. While teacher support and positive classmate relationships have the potential to act as protective assets, they were also in decline, particularly among girls. Teacher support was weakest for 13 year old girls, particularly among those from the least affluent families, while 13 and 15 year old girls from the least affluent families, again, were the least likely to report positive classmate relationships.

DIGITAL MEDIA Reports of intense electronic media communication (EMC) increased between 2018 and 2022, most notably among younger adolescents. Thirteen year old girls from the most affluent families reported the highest prevalence of intense EMC. Since 2018, the proportion of young people reporting 'problematic' social media use (PSMU) where they neglected other activities, had arguments with others or serious conflict with family had doubled. In 2022, girls were twice as likely than boys to report PSMU with 13 year old girls from the least affluent families most affected. So, while 13 year old girls from the *most* affluent families were the most likely to use EMC intensely, it was the 13 year old girls from the *least* affluent families who reported the greatest problematic impact from their social media use.

The prevalence of young people playing computer games for 2+ hours at a time rose steeply between 2006 and 2022, with the proportion of girls gaming 2+ hours per day nearly doubling between 2018 and 2022. Boys, however – especially younger boys – were more likely to indicate that their gaming caused them to neglect other activities or resulted in arguments with others or serious conflict with family. Boys were also more likely to have spent money on in-game/in-app purchases in their lifetime, with the majority reporting doing this less than once a month. Only 1% reported daily purchases – however, around a quarter (26%) reported spending money on in-game purchases by accident during the last year. Parents from the least affluent families were more likely to set limits on spending. Over the last year (2021-2022), around a tenth (11%) had hidden the amount they had spent on in-game/in-app purchases from others while around an eighth of young people (13%) had experienced conflict at home due to spending on in-game/in-app purchases.

HEALTH RESOURCES Visits to and perceptions of primary healthcare practitioners (HCPs) declined since 2014 and 2018. Older (15 year old) girls and those from the most affluent families were the most likely to visit their primary HCP in 2022. The majority (83%) felt that they were treated with respect and three quarters (75%) felt happy with the explanations received during the consultation. Reflecting on their experience, boys were more likely to report feeling at ease with their primary HCP (68% vs 54%). In particular, 13 year old girls from the least affluent families were the least likely to feel at ease (37%) with their primary HCP.

The majority of students had received Health Education (HE) and Relationships and Sex Education (RSE), though a fifth had not yet covered basic first aid. Of those who had received these lessons, 11 year olds, particularly boys, were more likely to report that the subjects had been well covered. 'Internet safety and harms' recorded the strongest feedback among HE topics with over three quarters (77%) of young people reporting it had been well covered. 'Basic first aid' was the weakest at 51%. Among the RSE subjects, nearly three quarter (73%) felt that 'safe relationships' had been well covered compared to 57% reporting the same about 'family relationships'.

Overall, the data points to an erosion of protective health assets between 2018 and 2022. Particular demographic groups, most notably 13 year old girls from the least affluent families, are experiencing a weakening of, or less access to, protective resources across neighbourhood, school, digital and health contexts.

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5. TIPPING POINTS

KEY MESSAGES

ALCOHOL, CANNABIS, SMOKING AND VAPE USE

- Between 2018 and 2022, there was an increase in young people regularly drinking (at least three times in the last 30 days) alcohol from 7% to 12%. Older girls and those from the most affluent families reported drinking more often.
- The proportion of 15 year olds who reported ever using cannabis decreased overall between 2002 and 2022 but remained higher among girls than boys. The decrease in boys was only observed for those from the least affluent families.
- Cigarette use remained relatively stable between 2014 and 2022. However, older girls from the least affluent families were more likely to report regular cigarette smoking than their female peers from the least affluent families – and boys of either background.
- Regular vaping was around three times as prevalent as cigarette smoking (10% vs 3%). The proportion was highest among 15 year old girls from the least affluent families, with over a quarter (27%) reporting regular vaping.

BULLYING, INJURIES AND FIGHTING

- Overall, 35% of young people reported experiencing 'traditional' bullying recently. Young people from the least affluent families were the most likely to report being bullied at school in the last couple of months.
- In 2022, a higher proportion of young people reported experiencing identity-based bullying based on their sexuality or disability compared to 2018. Boys from the most affluent families increasingly reported ethnicity-based bullying with age, while their peers from the least affluent families experienced the opposite.
- Overall, 17% reported having bullied others recently. The proportion of those reporting bullying others peaked at age 13 years, with a more pronounced reduction for girls after that. Boys from more affluent families are the most likely to report bullying others at age 11 and increased their level of bullying others over time to 24%.
- Overall, 21% had experienced recent cyberbullying, with the prevalence higher among girls and declining with age among both boys and girls. Those from the least affluent families were nearly twice as likely to report being cyberbullied compared with their peers from the most affluent families with the greatest association seen among 13 year old girls.
- Overall, 12% reported participating in cyberbullying, with a higher prevalence among boys and older adolescents. By the age of 15, the proportion of boys reporting cyberbullying others was twice that of girls.
- Nearly a quarter (24%) of young people had been injured requiring treatment at least twice in the last 12 months, with the figure higher among boys. Young people from high-affluence families were more likely to report this.
- Overall, 15% reported being in a physical fight at least twice in the last 12 months, marking an ongoing overall decline in fighting between 2010 and 2022.

INTRODUCTION

In this chapter we present findings on what are typically referred to as 'health risk behaviours'. We describe them as 'tipping points' as within an ecological model of health, there is a balance between health assets and protective behaviours. When the balance is destabilised by factors such as not feeling like you belong, school stress, multiple morbidity or poverty, then a young person could reach a 'tipping point' where behaviours such as alcohol use, smoking and substance use outweigh the protective behaviours.

ALCOHOL, CANNABIS, SMOKING AND VAPE USE

Heavy or regular alcohol intake in adolescents is associated with school absences, violent and antisocial behaviour and unsafe sexual behaviour (Viner & Taylor, 2007). Rates of alcohol consumption have declined since the early 2000s, however they persist and those from more affluent backgrounds are more likely to drink alcohol (National Health Service (NHS) Digital, 2022a). We present young people's experience of having drunk alcohol and drinking to excess.

Cannabis use in adolescence is correlated with other health-compromising behaviours, negative mental health and impaired cognition in adults (Levine et al., 2017; Taylor et al., 2017). Use of cannabis in adolescence has been associated with both poor school performance and early drop-out rates (Lynskey & Hall, 2000). While rates of cannabis use among young people have more than halved in recent years (from 13% in 2013 to 6% in 2021), cannabis remains the drug that young people are most likely to report having taken in the last year (NHS Digital, 2022b). Patterns of use reportedly changed during the Covid-19 pandemic, with prevalence of drug use higher among some groups, such as young people who remained in face to face education (NHS Digital, 2022b). We asked young people about whether and how regularly they used cannabis.

Smoking tobacco on a daily basis is associated with adverse educational outcomes (Stiby et al., 2015) in addition to the known health impacts. While rates of smoking tobacco have decreased steadily since 1996 when 46% of young people had smoked at least once (NHS Digital, 2022c), it remains a public health challenge with the Tobacco Control Plan for England specifically working towards a reduction in regular smoking among 15 year olds by the end of 2022 (DHSC, 2017).

Young people's vaping behaviour is a concern with unknown long-term health consequences. In 2018, 2% of 11-15 year olds reported vaping at least once a week (NHS Digital, 2019). Emerging evidence suggests that those who vape are more likely to begin smoking than those that do not (Banks et al., 2023; RCPCH, 2023). We asked young people whether they had ever smoked and/or vaped and how regularly. This was the first time HBSC had asked about vaping behaviour.

BULLYING, INJURIES AND FIGHTING

Bullying in young people has been classified by the World Health Organisation as a public health problem (Currie et al., 2012) and is associated with poor educational outcomes (Armitage, 2021). A wide range of bullying victimisation experiences, including identity-based and cyber- as well as 'traditional' bullying, have also been associated with poorer mental health and feelings of sadness and hopelessness in young people (Stewart-Tufescu, 2021). Looking ahead, bullying perpetration has been positively associated with substance misuse (Vrigen et al., 2021). We present young people's reports of the frequency of different types of bullying, both as victim and perpetrator.

Injuries requiring medical attention and fighting present a serious public health concern globally, and a significant health risk to young people. Involvement in fighting has been associated with reduced levels of life satisfaction, peer and family relations, and perceptions of their school environments (Pickett et al., 2013). While international findings reveal a decline in violence and physical fighting among young people in the last decade across the majority of European and North American countries (Pickett et al., 2013), nearly a quarter of boys reported having been in a fight in our 2018 survey. We asked young people about the frequency of physical fights and injuries requiring medical attention.

ALCOHOL, SUBSTANCE, CIGARETTE AND VAPE USE

5.1 ALCOHOL USE

Measure:

On how many days (if any) have you drunk alcohol (Never; 1-2 days; 3-5 days; 6-9 days; 10-19 days; 20-29 days; 30 days or more)

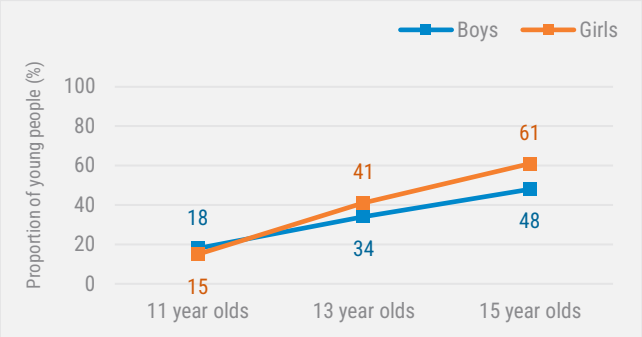
- In your lifetime
- In the last 30 days

Drinking alcohol on at least three days in the last 30 days is defined as 'regular use' in the reporting here.

Lifetime alcohol use

Figure 5.1:

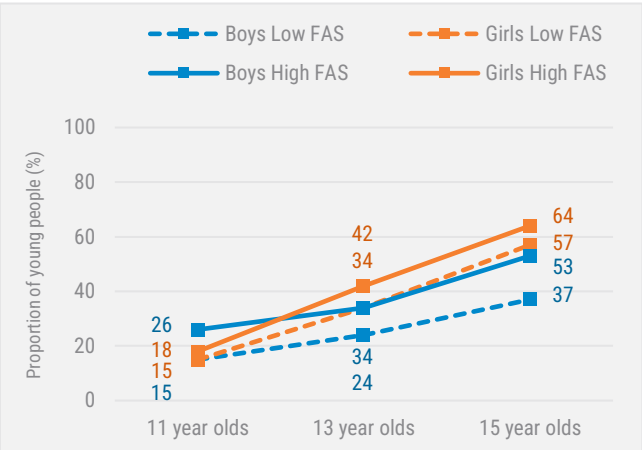
YOUNG PEOPLE WHO REPORTED DRINKING ALCOHOL ON AT LEAST 3 DAYS IN THEIR LIFETIME



Overall, 35% of young people (32% of boys and 38% of girls) reported having drunk alcohol on at least three days in their lifetime. The proportion reporting having drunk alcohol this frequently increased with age from 17% among 11 year olds through to 54% among 15 year olds. Gender differences reversed after the age of 11, with girls reporting higher rates of lifetime alcohol use than boys at the ages of 13 (41% vs 34%) and 15 (61% vs 48%) (Figure 5.1).

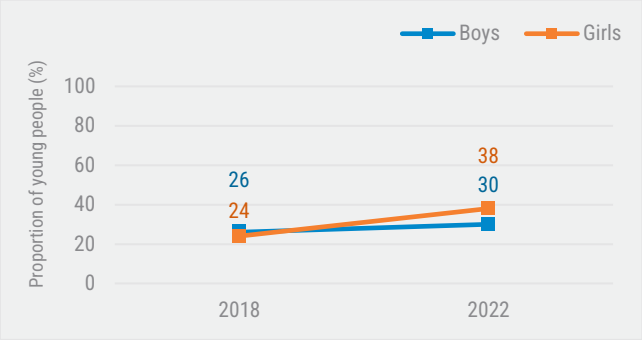
Figure 5.2:

YOUNG PEOPLE REPORTING HAVING DRUNK ALCOHOL ON AT LEAST 3 DAYS IN THEIR LIFETIME, BY FAMILY AFFLUENCE (FAS)



For both genders, those from the most affluent families reported higher levels of alcohol use compared with their peers from the least affluent families. For instance, over half (53%) of 15 year old boys from the most affluent families had drunk alcohol on at least three days in their lifetime compared to just over a third (37%) of 15 year old boys from the least affluent families. Overall, 15 year old girls from the most affluent families were the most likely to have drunk alcohol on at least three days over their lifetime with nearly two thirds (64%) reporting this (Figure 5.2).

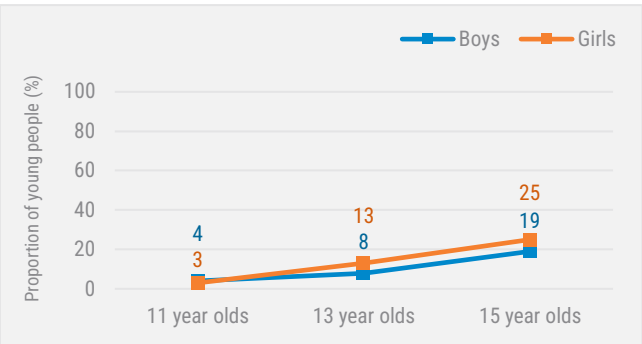
Figure 5.3:
YOUNG PEOPLE REPORTING HAVING DRUNK ALCOHOL ON AT LEAST 3 DAYS IN THEIR LIFETIME, 2018-2022



Between 2018 and 2022, there was a clear increase in the number of young people reportedly having drunk alcohol on at least three days over their lifetime (25% in 2018 and 35% in 2022). This increase was driven mostly by girls, with a +14 percentage point rise between 2018 and 2022, compared to a +4 percentage point rise among boys (Figure 5.3).

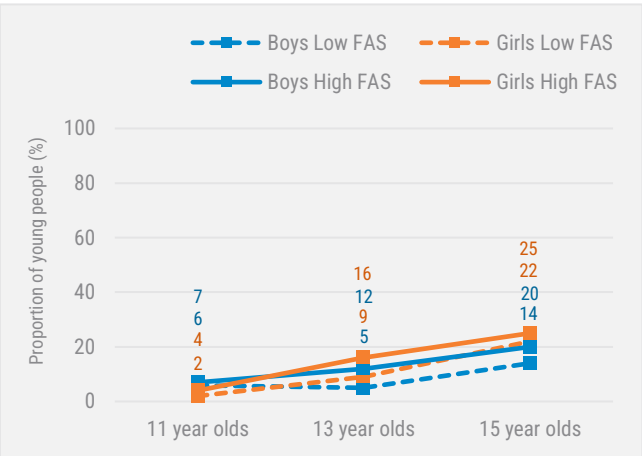
Regular alcohol use

Figure 5.4:
YOUNG PEOPLE WHO REPORTED HAVING DRUNK ALCOHOL ON AT LEAST 3 DAYS IN THE LAST 30 DAYS



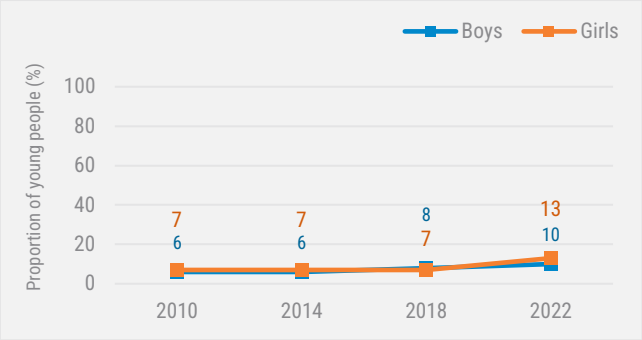
Overall, 12% of young people (10% of boys and 13% of girls) reported having drunk alcohol more regularly (on at least three days in the last 30 days). Regular alcohol consumption increased with age from 4% among 11 year olds through to 22% among 15 year olds. Gender differences also increased with age, particularly among girls. By the age of 15, a quarter (25%) of girls reported that they had drunk alcohol on at least three days in the last 30 days (Figure 5.4).

Figure 5.5:
YOUNG PEOPLE REPORTING HAVING DRUNK ALCOHOL ON AT LEAST 3 DAYS IN THE LAST 30 DAYS, BY FAMILY AFFLUENCE (FAS)



A greater proportion of young people from the most affluent families reported drinking alcohol regularly. For instance, one in five (20%) 15 year old boys from the most affluent families reported regular drinking compared with around one in seven (14%) of their peers from the least affluent families (Figure 5.5).

Figure 5.6:
YOUNG PEOPLE REPORTING HAVING DRUNK ALCOHOL ON AT LEAST 3 DAYS IN THE LAST 30 DAYS, 2010-2022



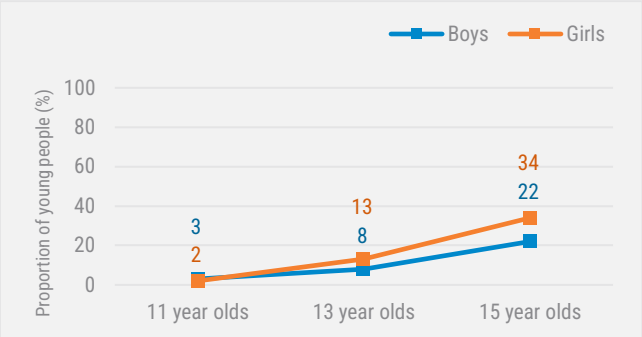
Between 2010 and 2018, the proportion of young people drinking alcohol regularly remained relatively stable. However, the 2022 data showed an increase that, at least for girls, was greater than that seen between any of the previous survey waves (Figure 5.6).

Drinking to excess

Measure:

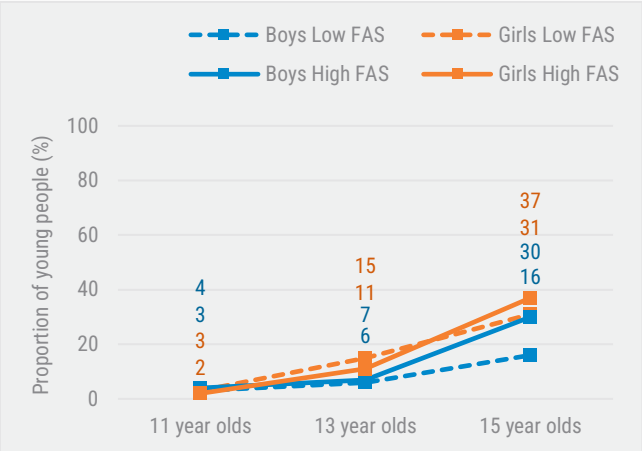
Have you ever had so much alcohol that you were really drunk in your lifetime? (Never; once; 2-3 times; 4-10 times; more than 10 times)

Figure 5.7:
YOUNG PEOPLE WHO REPORTED HAVING BEEN DRUNK AT LEAST TWICE IN THEIR LIFETIME



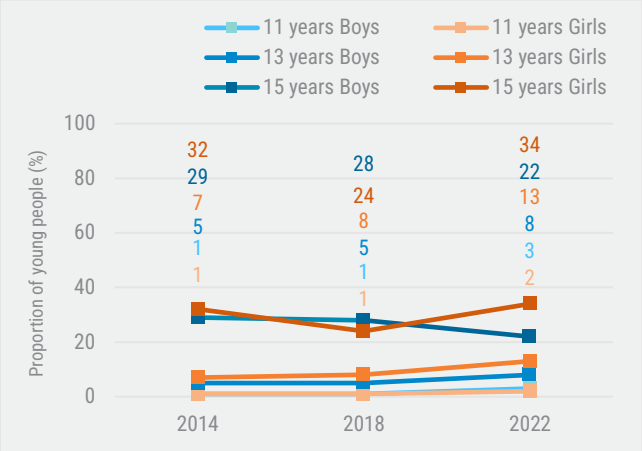
Overall, 13% of young people reported that they had drunk alcohol to excess (been drunk) at least twice in their lifetime (10% for boys and 16% for girls). The prevalence increased with age, and more so in girls than boys. By the age of 15, 28% of young people said they had been drunk at least twice in their lifetime (22% of boys and 34% of girls).

Figure 5.8:
YOUNG PEOPLE WHO HAD BEEN DRUNK AT LEAST TWICE IN THEIR LIFETIME, BY FAMILY AFFLUENCE (FAS)



Despite minimal differences by gender or family affluence at the age of 11, by age of 15, a greater proportion of young people from the most affluent families reported having been drunk twice or more compared with those from less affluent families. The gap by family affluence at this age was more pronounced in boys (high FAS boys, 15 years: 30% vs low FAS boys, 15 years: 16%) than girls (high FAS girls, 15 years: 37% vs low FAS girls, 15 years: 31%).

Figure 5.9:
YOUNG PEOPLE REPORTING HAVING BEEN DRUNK AT LEAST TWICE IN THEIR LIFETIME, 2014-2022



The proportion of young people who had been drunk at least twice in their lifetime increased between 2018 and 2022 from 9% to 12% overall. This was particularly apparent among 15 year old girls (34%), where the decrease observed between 2014 and 2018 (from 32% to 24%) was lost. However, a lower proportion of 15 year old boys reported having been drunk twice or more in their lifetime in 2022 compared to 28% in 2018.

5.2 CANNABIS USE

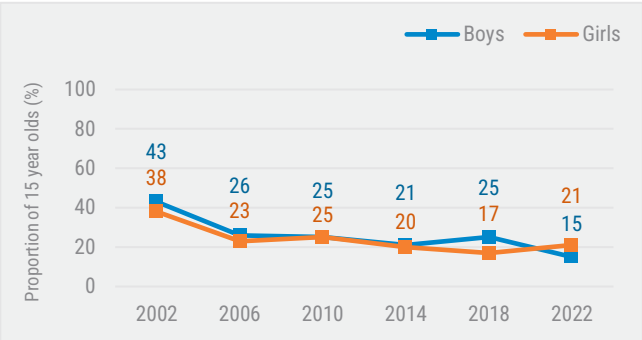
Measure:

Have you ever taken cannabis (sometimes called pot, dope or weed)? (Never; Once; 2-3 times; 4-10 times; more than 10 times)

- In your lifetime
- In the last 30 days

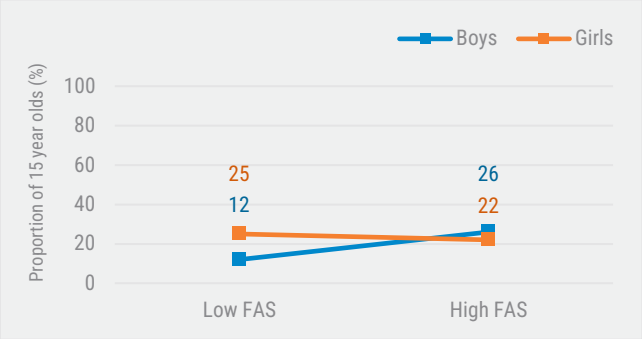
This question was only presented to 15 year olds. Using cannabis in the last 30 days is defined as 'recent use' in the reporting here.

Figure 5.10:
15 YEAR OLD PARTICIPANTS REPORTING HAVING EVER USED CANNABIS DURING THEIR LIFETIME, 2002-2022



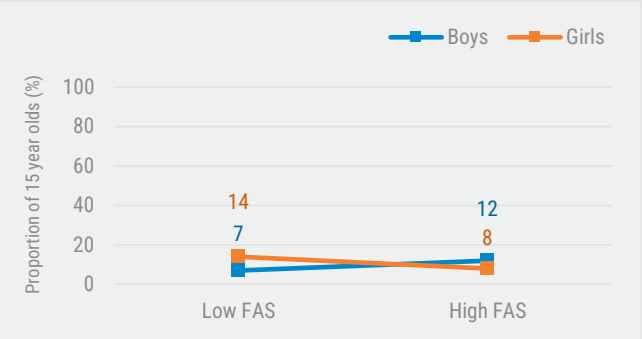
Overall, the proportion of young people who reported having ever used cannabis in their lifetime continued the downward trajectory from 41% in 2002 to 18% in 2022. However, between 2018 and 2022, this trend was driven by boys who showed a decline from 25% to 15%, while the proportion of girls actually increased, from 17% to 21%. In 2022, for the first time, there was a greater proportion of girls than boys reporting having ever used cannabis (Figure 5.10).

Figure 5.11:
15 YEAR OLDS REPORTING HAVING EVER USED CANNABIS IN THEIR LIFETIME, BY FAMILY AFFLUENCE (FAS)



The proportion of girls who had ever used cannabis was slightly higher among those from the least affluent families compared with their peers from the most affluent families (25% vs 22%). However, the opposite was true among boys. The proportion of boys from the most affluent families who had used cannabis (26%) was more than double that of their less affluent peers (12%) (Figure 5.11).

Figure 5.12:
15 YEAR OLDS REPORTING HAVING USED CANNABIS IN THE LAST 30 DAYS, BY FAMILY AFFLUENCE (FAS)



Asked whether they had ever used cannabis in the last 30 days, 10% responded that they had used it at least once, while the remaining 90% said they had not used cannabis in the last 30 days. There were minimal gender differences, with girls slightly more likely than boys to respond positively (11% vs 9%). In terms of family affluence, a similar pattern to the 'lifetime cannabis use' was observed. While boys' recent use of cannabis increased slightly from low to high affluence families (7% to 12%), it declined among girls with 14% from the least affluent families reporting recent cannabis use compared to 8% of those from the most affluent families (Figure 5.12).

5.3 SMOKING

Measure:

On how many days have you smoked cigarettes…? (Never; 1-2 days; 3-5 days; 6-9 days; 10-19 days; 20-29 days; 30 days)

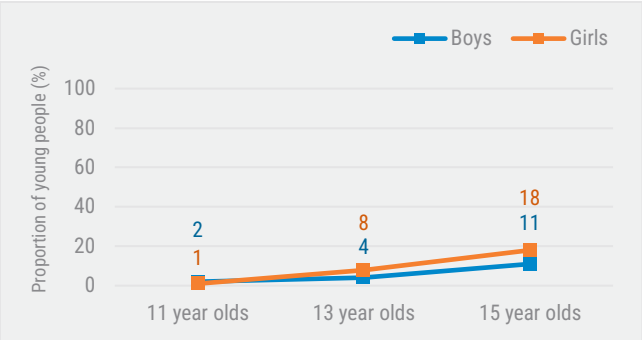
- In your lifetime
- In the last 30 days

Smoking on at least three days in the last 30 days is defined as 'regular use' in the reporting here.

Smoking experience: lifetime

Figure 5.13:

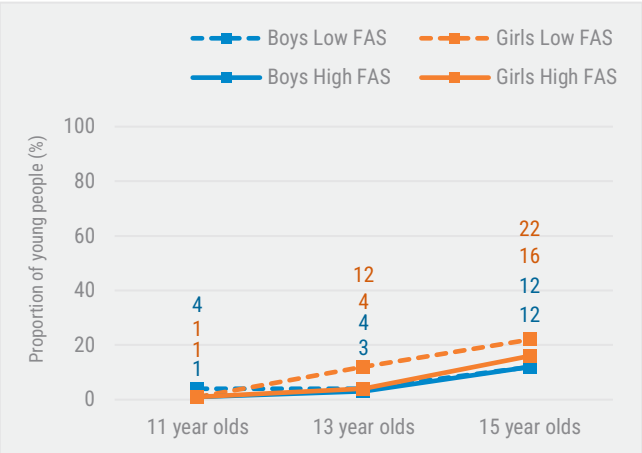
YOUNG PEOPLE WHO REPORTED SMOKING ON AT LEAST 3 DAYS IN THEIR LIFETIME



Overall, 7% of young people reported smoking on at least three days in their life with the proportion of girls almost double that of boys (9% vs 5%). This gender difference emerged after 2018 when 6% of both boys and girls reported having smoked on at least three days in their lifetime overall. The proportion of young people who reported having smoked on at least three days increased with age, with a greater increase among girls (+19 percentage points from age 11 to 15) than boys (+9 percentage points from age 11 to 15) (Figure 5.13).

Figure 5.14:

YOUNG PEOPLE REPORTING SMOKING ON AT LEAST 3 DAYS IN THEIR LIFETIME, BY FAMILY AFFLUENCE (FAS)

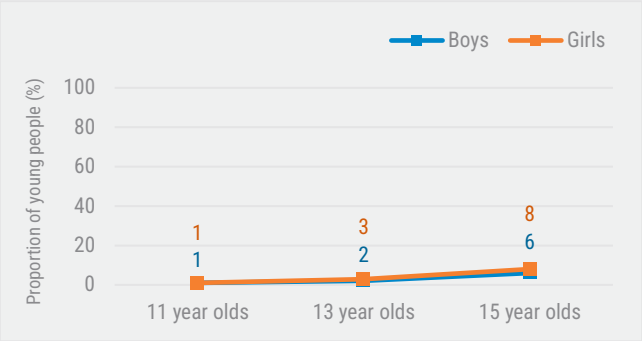


Eleven year old boys from the least affluent families were more likely to have smoked on at least three days in their lifetime than boys from the most affluent families and girls, regardless of family affluence (4% vs 1%). Among the 13 and 15 year olds, the affluence gap ceased for boys, whereas girls from the least affluent families were more likely than their female peers and boys to have ever smoked (Figure 5.14).

Regular smoking

Figure 5.15:

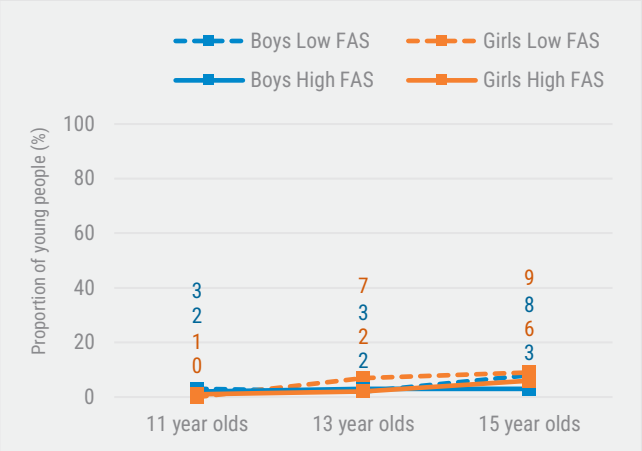
YOUNG PEOPLE REPORTING SMOKING ON AT LEAST 3 DAYS IN THE LAST 30 DAYS



Overall, 3% reported smoking on at least three days the last 30 days. Only 1% of 11 year olds of both genders reported smoking this regularly. However, the proportion reporting regular smoking increased slightly with age, and at age 15, 8% of girls reported having smoked on at least 3 days in the last 30 days against 6% of boys (Figure 5.15).

Figure 5.16:

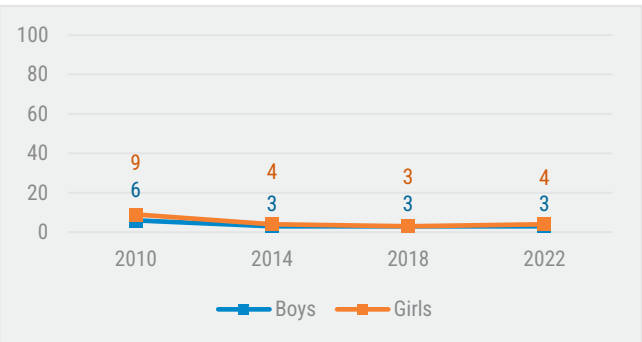
YOUNG PEOPLE REPORTING SMOKING ON AT LEAST 3 DAYS IN THE LAST 30 DAYS, BY FAMILY AFFLUENCE (FAS)



There were very small differences in the proportion of young people who reported smoking regularly, according to family affluence. The most noticeable difference was observed in 13 year old girls, where those from the least affluent families showed a higher proportion of regular smoking than their peers from the most affluent families (7% vs 2%) (Figure 5.16).

Figure 5.17:

YOUNG PEOPLE REPORTING SMOKING ON AT LEAST 3 DAYS IN THE LAST 30 DAYS, 2010-2022



Regular smoking decreased among young people between 2010 and 2014, and remained stable up to 2022 (Figure 5.17).

5.4 VAPING

Measure:

On how many days (if any) have you used electronic cigarettes (e.g. e-cigarette, e-hookah, shisha-pen, flavour vape, e-smoker)? Please do not include "heat, not burn" products [e.g. HEETS, IQOS, PLOOM]. (Never; 1-2 days; 3-5 days; 6-9 days; 10-19 days; 20-29 days; 30 days or more)

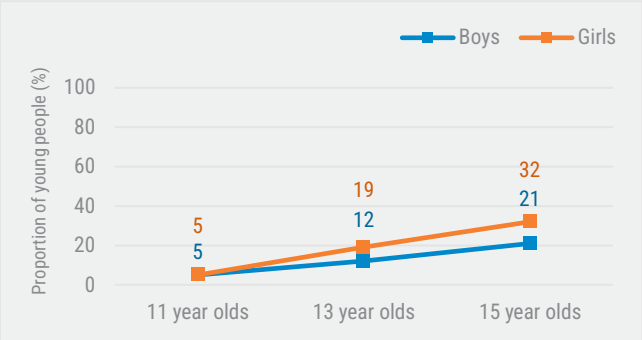
- In your lifetime
- In the last 30 days

This is the first time HBSC England has collected data on vaping behaviours in young people. Vaping on at least three days in the last 30 days is defined as 'regular use' in the reporting here.

Vaping experience: lifetime

Figure 5.18:

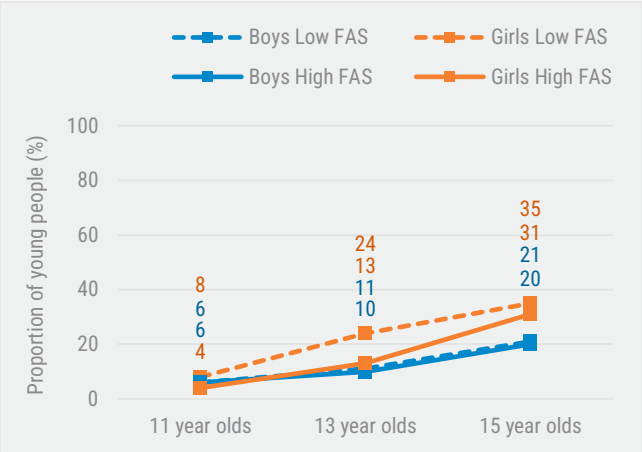
YOUNG PEOPLE WHO REPORTED VAPING ON AT LEAST 3 DAYS IN THEIR LIFETIME



Overall, 15% of young people had vaped on at least three days in their life with a higher proportion among girls (18%) than boys (12%). The proportion of young people who reported having vaped this frequently during their lifetime increased with age among both genders with a greater increase among girls (+27 percentage points) than boys (+16 percentage points) (Figure 5.18).

Figure 5.19:

YOUNG PEOPLE REPORTING VAPING ON AT LEAST 3 DAYS IN THEIR LIFETIME BY FAMILY AFFLUENCE (FAS)



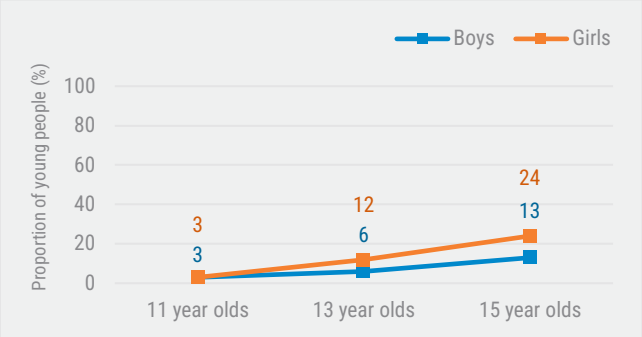
The proportion of young people having vaped on at least three days during their lifetime increased with age in each family affluence category. The strongest disparity was seen at age 13 among girls, where nearly a quarter (24%) from the least affluent families reported having vaped this frequently compared with just under an eighth (13%) from the most affluent families (Figure 5.19).

> *Adverts are often targeted towards the younger age range and the lack of immediately visible health effects especially when compared to smoking means there's an appeal for young people who might not know exactly what they're taking.* Thomas.

Regular vaping

Figure 5.20:

YOUNG PEOPLE REPORTING VAPING ON AT LEAST 3 DAYS IN THE LAST 30 DAYS

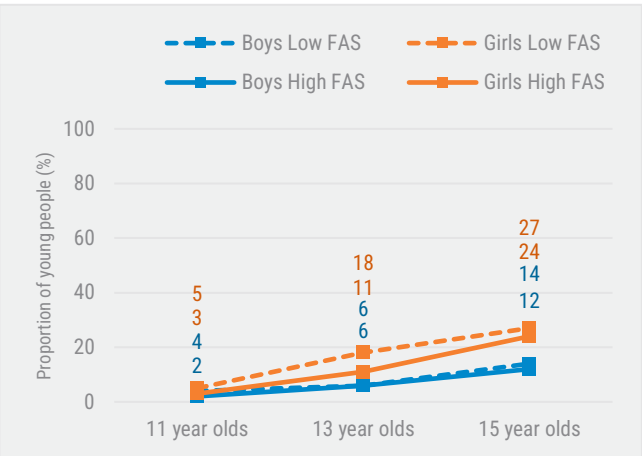


A tenth (10%) of young people reported more regular vaping – on at least three days in the last 30 days – with a higher proportion among girls (13%) than boys (7%). The proportion of young people reporting regular vaping increased with age among both genders with a greater increase for girls (+21 percentage points) than boys (+10 percentage points). By the age of 15, nearly a quarter of girls (24%) reported regular vaping (Figure 5.20).

> *A lot of people I know vape. I think the flavours attract them, because they're often sweet flavoured.* Claudia, 14.

Figure 5.21:

YOUNG PEOPLE REPORTING VAPING AT LEAST 3 TIMES IN THE LAST 30 DAYS, BY FAMILY AFFLUENCE (FAS)



Differences by level of family affluence were more pronounced among girls particularly at the age of 13, and overall, a greater proportion of girls than boys reported regular vaping. However, in all groups but 13 year old boys, young people from the least affluent families were more likely to have vaped at least three times in the last 30 days than their peers from the most affluent families (Figure 5.21).

BULLYING, FIGHTING AND INJURIES

5.5 'TRADITIONAL' BULLYING

Measure:

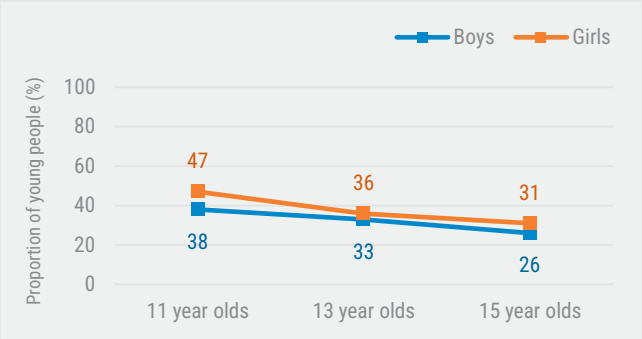
- How often have you taken part in bullying another person(s) at school in the past couple of months? (I have not bullied another person in the past couple of months; it has happened once or twice; 2 or 3 times a month; about once a week; several times a week)
- How often have you been bullied at school in the past couple of months? (I have not been bullied at school in the past couple of months; it has happened once or twice; 2 or 3 times a month; about once a week; several times a week)

All data on bullying is reported using the cut off of 'once or twice in the past couple of months'.

Being bullied

Figure 5.22:

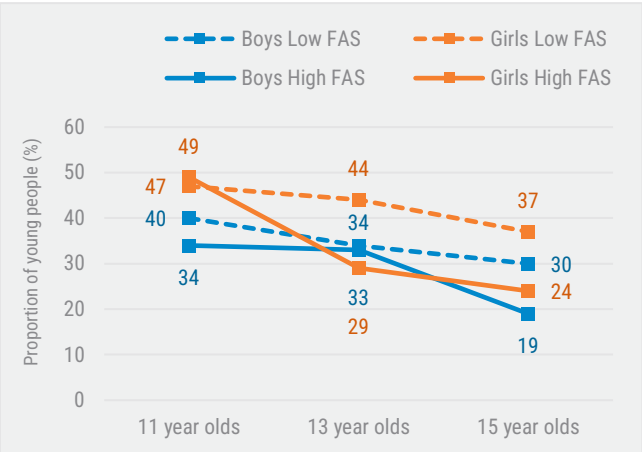
YOUNG PEOPLE WHO REPORTED BEING BULLIED IN THE LAST COUPLE OF MONTHS



In 2022, over one third (35%) of young people reported that they had been bullied at school in the past couple of months, down just one percentage point from 2018. Girls were slightly more likely to report being bullied. This was most apparent at the age of 11 where nearly half of girls reported experiencing bullying (47%). The proportions reporting bullying reduced with age among both boys and girls (Figure 5.22).

Figure 5.23:

YOUNG PEOPLE REPORTING BEING BULLIED IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)

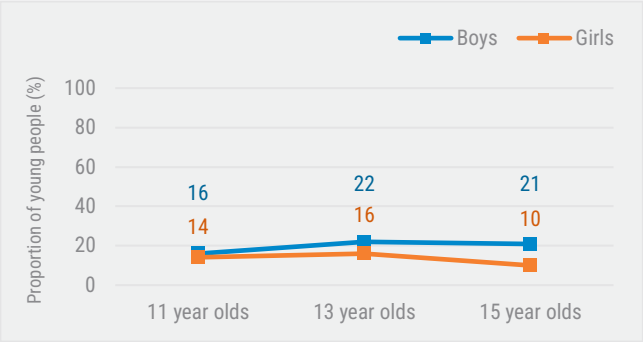


While there was little difference between girls at the age of 11 by level of family affluence, this changed as they got older. The proportion of girls from the most affluent families who reported being bullied dropped by around a half between the ages of 11 and 15 (49% to 24%). However, the proportions among girls from the least affluent families remained more stable, dropping from 47% at 11 years old to 37% at 15. Overall, girls from the least affluent families were the most likely to report experiencing bullying (Figure 5.23).

Bullying others

Figure 5.24:

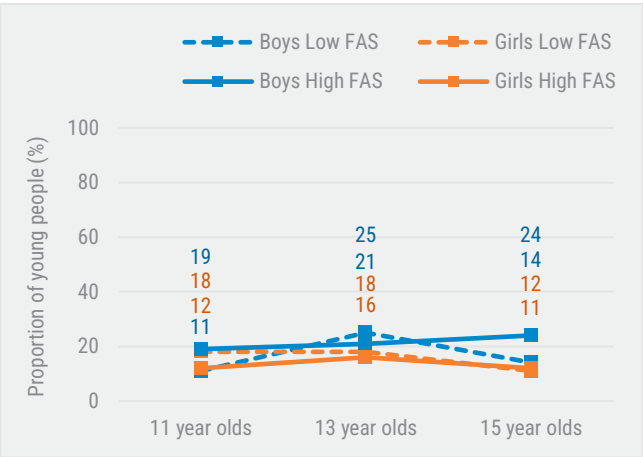
YOUNG PEOPLE REPORTING BULLYING OTHERS IN THE LAST COUPLE OF MONTHS



Fewer young people reported bullying others. Overall, 17% of young people said they had bullied another person at school in the past couple of months, the same as in 2018. Boys were more likely to say they had bullied others (20% of boys vs 14% of girls). While there were minimal gender differences among 11 year olds, 15 year old boys were twice as likely as 15 year old girls to report bullying others. The proportion of those reporting bullying others peaked for both boys and girls at age 13 years, with a more pronounced reduction for girls than boys after that (Figure 5.24).

Figure 5.25:

YOUNG PEOPLE REPORTING BULLYING OTHERS IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)

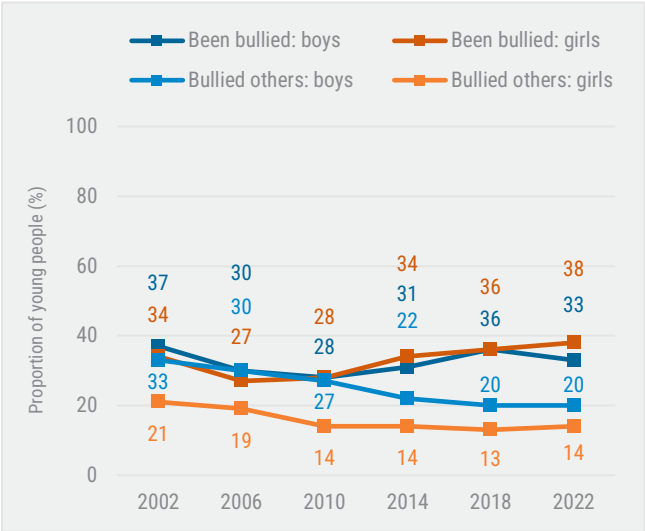


While boys from families with the lowest levels of affluence were the least likely to report bullying others at age 11, they were most likely to report this behaviour at 13 years old (25%) before the proportion dropped again at age 15. However, boys from the most affluent families were the most likely to report bullying others at age 11 and increased their level of bullying others over time to 24%, twice the level of the most and least affluent girls. While girls from the least affluent families were more likely to report bullying others at age 11, there was a less apparent association with family affluence among girls at ages 13 and 15 where they were both the least likely to report bullying others (Figure 5.25).

> *Young people from poorer families can be seen as 'easy targets' for bullying – without being able to afford the 'right' things and standing out*. Claudia, 14.

Tracking our bullying data over time shows an overall fall in the proportion of young people, both girls and boys, reporting bullying others over the last twenty years, with figures for girls relatively constant over the last 12 years and stabilising for boys over the last eight years.

Figure 5.26:
YOUNG PEOPLE REPORTING BEING BULLIED AND BULLYING OTHERS, 2022-2022



The pattern for those experiencing bullying is less consistent. After falling from 2002 to 2010, reports of being bullied have risen over the last 12 years with the proportion of girls reporting being bullied increasing 10 percentage points (to 38%), surpassing the level of twenty years ago (34%). While the proportion of boys reporting experiencing bullying increased between 2010 and 2018, it has fallen slightly in 2022 to one third of boys (Figure 5.26).

5.5 CYBERBULLYING

Measure:

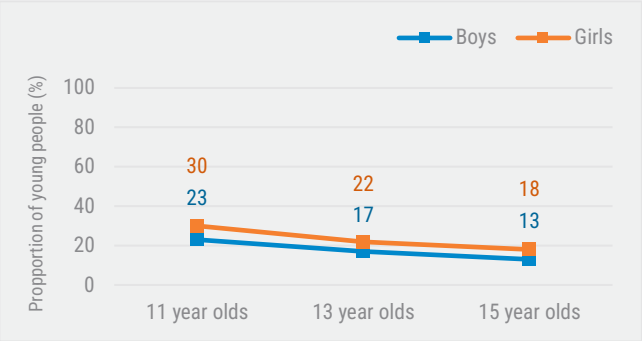
- In the past couple of months how often have you taken part in cyberbullying (e.g. sent mean instant messages, email or text messages; wall postings; created a website making fun of someone; posted unflattering or inappropriate pictures online without permission or shared them with others)? (I have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

All data on bullying is reported using the cut off of 'once or twice in the past couple of months'.

Being cyberbullied

Figure 5.27:

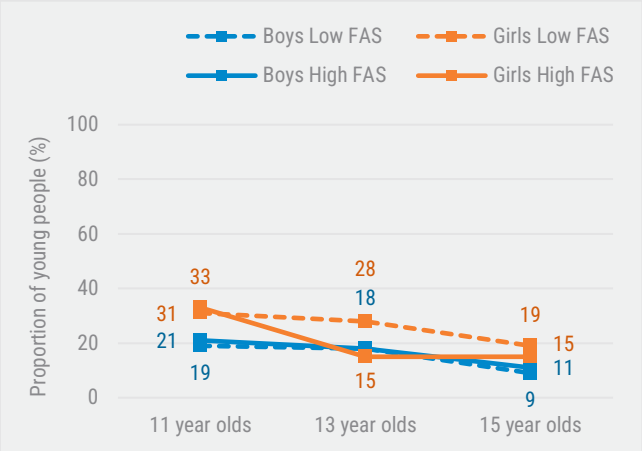
YOUNG PEOPLE WHO REPORTED BEING CYBERBULLIED IN THE LAST COUPLE OF MONTHS



Overall, 21% of respondents reported experiencing cyberbullying in the last two months, a rise from 18% in 2018. Girls were more likely than boys to report being a victim of cyberbullying (18% of boys vs 23% of girls). Being cyberbullied was most common among 11 year olds, particularly girls, and reduced for both boys and girls with age (Figure 5.27).

Figure 5.28:

YOUNG PEOPLE REPORTING HAVING BEEN CYBERBULLIED IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)

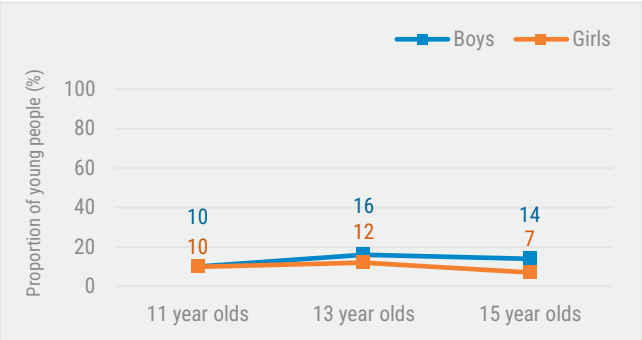


The level of family affluence had the greatest association with being cyberbullied among 13 year old girls. Those from the least affluent families were nearly twice as likely to report being cyberbullied as their peers from the most affluent families. Among other age groups, the differences were minimal, particularly among boys (Figure 5.28).

Cyberbullying others

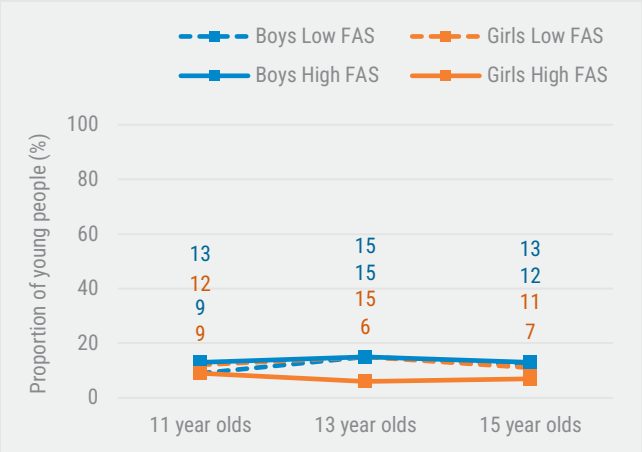
Figure 5.29:

YOUNG PEOPLE REPORTING CYBERBULLYING OTHERS IN THE LAST COUPLE OF MONTHS



Overall, 12% of young people reported perpetrating cyberbullying. This represents a rise from 10% in 2018. Gender differences increased with age, with boys overall more likely to report cyberbullying others (13% boys; 10% girls), consistent with the pattern from 2018 (11% boys; 9% girls). By the age of 15, the proportion of boys reporting cyberbullying others was twice that of girls (Figure 5.29).

Figure 5.30:
YOUNG PEOPLE REPORTING CYBERBULLYING OTHERS IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)



Girls from the most affluent families were the least likely to report cyberbullying others, particularly among 13 and 15 year olds. 13 year old girls from the least affluent families were more than twice as likely as their peers from the most affluent families to report perpetrating cyberbullying. Conversely, 11 and 15 year old boys from the most affluent families were slightly more likely than those from the least affluent families to report cyberbullying others (Figure 5.30).

5.6 SPECIFIC TYPES OF BULLYING

Measure:

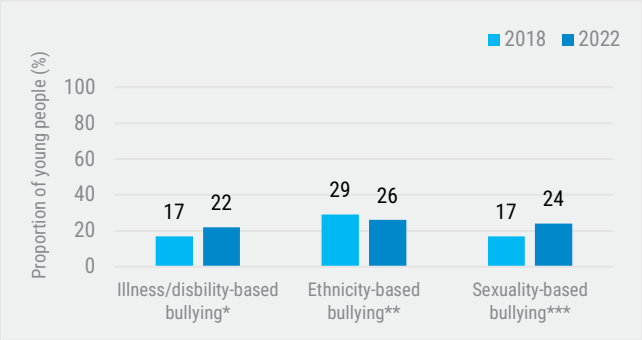
How often have you been bullied at school in the past couple of months in the ways listed below? This question is about bullying that takes place at school. It might be 'in person' or 'cyber'. Please tick one box for each line.

- I was called mean names, was made fun of, or teased in a hurtful way.
- Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me.
- I was hit, kicked, pushed, shoved around, or locked indoors.
- Other students told lies or spread false rumours about me and tried to make others dislike me.
- Other students made sexual jokes, or gestures to me.
- Other students made fun of me because of my illness or disability.
- Other students made fun of me because of my ethnicity (for example skin colour, language, culture, ancestry or family history).
- I have been called names like gay, lesbian, faggot, dyke etc. in a way which upset me.

All data on bullying is reported using the cut off of 'once or twice in the past couple of months'.

Being called names was the most commonly reported type of bullying (43%), followed by being excluded (36%) and having lies and/or rumours spread about them (36%). A quarter of young people reported other students making sexual jokes or gestures towards them (25%) and just over a fifth had been physically bullied (21%).

Figure 5.31:
YOUNG PEOPLE REPORTING SPECIFIC TYPES OF BULLYING IN THE LAST COUPLE OF MONTHS, 2018- 2022

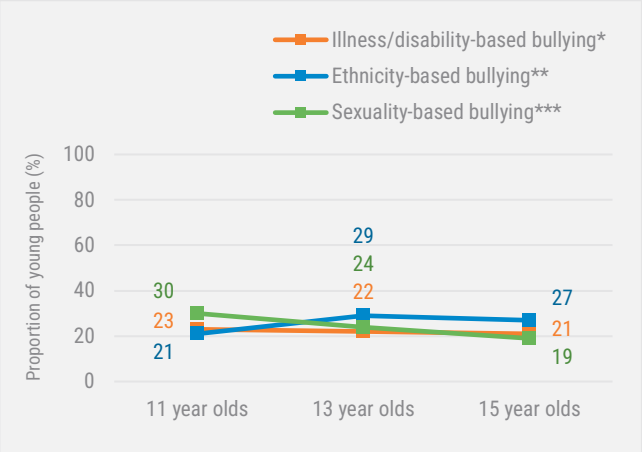


** of those who reported having a long-term illness or disability*
*** of those young people who reported being from an ethnic group other than White British*
**** of all young people*

In terms of identity-based bullying, in 2022, nearly a quarter of young people said that they had experienced sexuality-based bullying (24%). This marked a rise from 17% in 2018. Of those who identified as having a long-term illness or disability, 22% reported illness/disability-based bullying, and of those who identified as being from an ethnic group other than White British, 26% reported ethnicity-based bullying. While the proportion reporting disability-based bullying rose from 17% in 2018, the figure for ethnicity-based bullying fell marginally from 29% (Figure 5.31).

> *"I witnessed young people with disability being bullied, namely verbally insulted, in my school. So I can imagine that it happens a lot.* Mark, 16. *"*

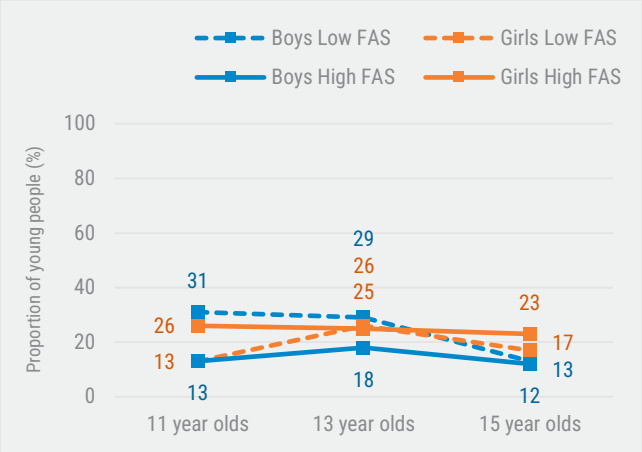
Figure 5.32:
PROPORTION OF YOUNG PEOPLE REPORTING SPECIFIC TYPES OF IDENTITY-BASED BULLYING IN THE LAST COUPLE OF MONTHS



** of those who reported having a long-term illness or disability*
*** of those young people who reported being from an ethnic group other than White British*
**** of all young people*

Sexuality-based bullying became less common with age as did illness/disability-based bullying, though to a lesser extent. Ethnicity-based bullying was more common at 13 and 15 years old (Figure 5.32). There were minimal gender differences among the identity-based bullying reports, apart from among 11 year old boys and girls for disability-based (20% boys, 26% girls) and ethnicity-based (18% boys, 24% girls) bullying.

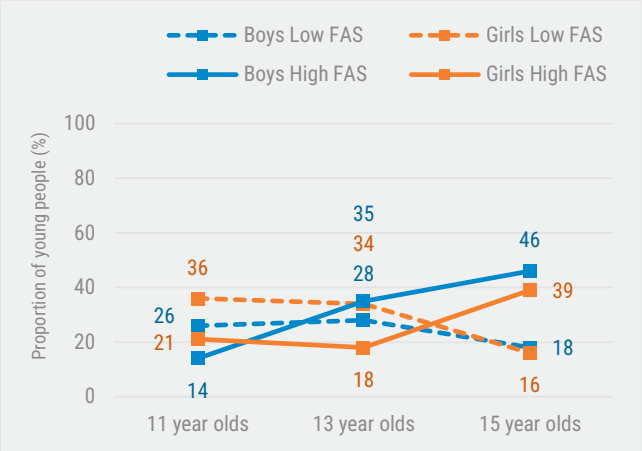
Figure 5.33:
YOUNG PEOPLE REPORTING LONG-TERM ILLNESS/DISABILITY-BASED BULLYING* IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)



** of those who identified as being having a long-term illness or disability*

Of those young people who identified as having a long-term illness/disability, younger boys (11 and 13 years old) from the least affluent families were the most likely to report disability-based bullying, however this disparity was not seen among 15 year old boys. Girls from the most affluent families reported the most consistent level of disability-based bullying, around double the rate reported by boys from the most affluent families at ages 11 and 15. Girls from the least affluent families reported twice the amount of bullying because of their disability at 13, compared to those aged 11 (Figure 5.33).

Figure 5.34:
YOUNG PEOPLE REPORTING ETHNICITY-BASED BULLYING IN THE LAST COUPLE OF MONTHS, BY FAMILY AFFLUENCE (FAS)**



*** of those who identified as being from an ethnic group other than White British*

Among those who identified as being from an ethnic group other than White British, girls from the least affluent families were the most likely to report ethnicity-based bullying at age 11 (36%) and the least likely at age 15 (16%). Meanwhile, boys from the most affluent families demonstrated the opposite trend (increasing from 14% at age 11 to 46% at age 15). Girls and boys from the most affluent families increasingly reported ethnicity-based bullying with age, whereas those from the least affluent families reported an overall decline with age (Figure 5.34).

> *I think that low level bullying/name calling is quite common but it is difficult to report about and difficult for schools to do anything about.* Max, 14.

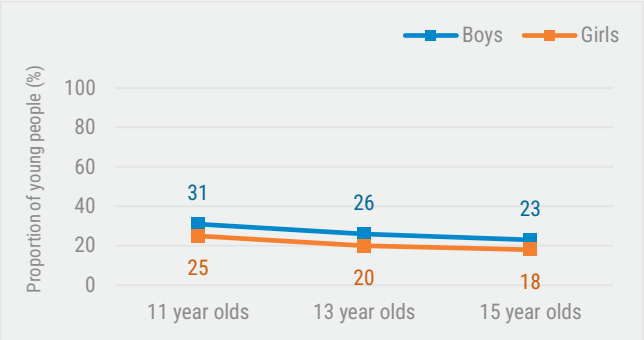
5.7 INJURIES

Measure:

During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse? (I was not injured in the past 12 months; 1 time; 2 times; 3 times; 4 times or more)

Figure 5.35:

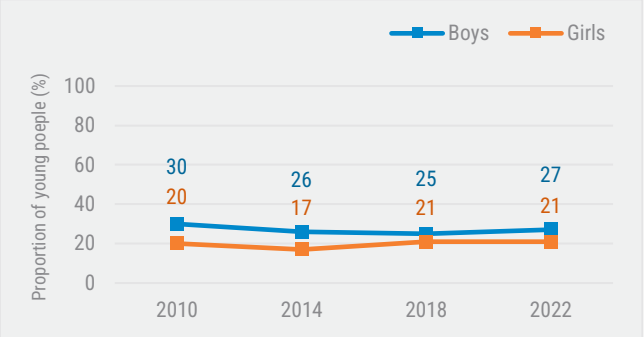
YOUNG PEOPLE WHO REPORTED HAVING BEEN INJURED AT LEAST TWICE IN THE LAST 12 MONTHS



Almost a quarter (24%) of all young people reported they had been injured to the extent of needing treatment twice or more in the last 12 months, with boys (27%) more likely than girls (21%) to report an injury across all three age groups. However, reports of being injured decreased with age for both boys and girls (Figure 5.35).

Figure 5.36:

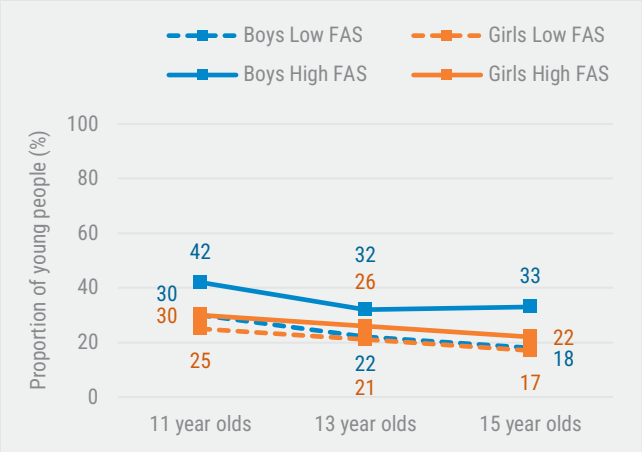
YOUNG PEOPLE REPORTING TWO OR MORE INJURIES IN LAST 12 MONTHS, 2010-2022



The proportion of young people reporting at least two injuries in the last twelve months fell overall between 2010 and 2022 for boys, despite a small increase since 2018. Among girls, there was a minimal rise between 2010 and 2018, with no change between 2018 and 2022 (Figure 5.36).

> *Maybe those boys are doing more sports outside school and or they are drinking more and getting injuries because of those things – or it could be that boys from less affluent families are also getting injured but they just don't go to hospital for treatment for different reasons.* Micah, 16.

Figure 5.37:
YOUNG PEOPLE REPORTING HAVING BEEN INJURED AT LEAST TWICE OVER THE LAST 12 MONTHS, BY FAMILY AFFLUENCE (FAS)

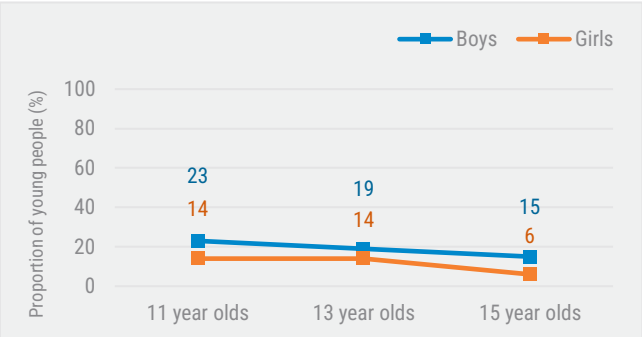


There was an association between injuries and family affluence among boys and girls: young people from the most affluent families were more likely to indicate they had been injured at least twice over the last 12 months compared with those from the least affluent families. The association was more pronounced among boys (Figure 5.37).

5.8 FIGHTING

Measure:
During the past 12 months, how many times were you in a physical fight? (I have not been in a physical fight in the past 12 months; 1 time; 2 times; 3 times; 4 times or more)

Figure 5.38:
YOUNG PEOPLE WHO REPORTED BEING INVOLVED IN A PHYSICAL FIGHT AT LEAST TWICE OVER THE LAST 12 MONTHS

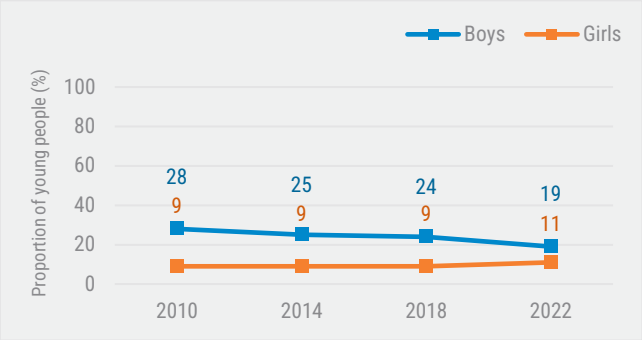


Overall, 15% of young people reported having been involved in a physical fight at least twice in the last 12 months. Boys were noticeably more likely to report this than girls (19% vs 11%). However, whilst involvement in physical fighting gradually decreased with age for boys, for girls, there was little difference among 11 and 13 year olds, followed by a clear reduction among 15 year old girls (Figure 5.38).

Family affluence levels had little association with fighting: 20% of boys from the least affluent families and 11% of girls reported being involved in a physical fight in the last 12 months, compared with 21% of boys and 13% of girls from the most affluent families.

Figure 5.39:

YOUNG PEOPLE REPORTING BEING INVOLVED IN A PHYSICAL FIGHT AT LEAST TWICE OVER THE LAST 12 MONTHS, 2010-2022



The proportion of boys who reported being involved in a physical fight at least twice in the past twelve months decreased between 2010 and 2022, however, among girls the involvement in fighting slightly increased (Figure 5.39).

SUMMARY

This chapter examines a series of behaviours which can undermine young people's health assets. Young people's responses provide insights into the extent of these behaviours as well as their trajectories over time.

ALCOHOL, CANNABIS, SMOKING AND VAPE USE

Around an eighth of young people reported regular alcohol use: a rise since the last survey round in 2018. While the proportion of boys and girls reporting regular alcohol use remained almost static between 2010 and 2018, it rose in 2022 particularly among older girls from the most affluent families. This pattern was reflected in the proportions reporting they'd been drunk at least twice with 15 year old girls from the most affluent families leading the rise.

Girls reported higher smoking prevalence both in the last 30 days and their lifetime than boys, particularly among those from the least affluent backgrounds. Between 2018 and 2022, there was a slight rise in those who had ever smoked (more so among girls) while the figures for regular smoking remained almost unchanged since 2014 (3%). This was the first time HBSC had recorded vaping behaviour. Regular vaping in 2022 was three times as prevalent as cigarette smoking in young people (10% vs. 3%) with the difference more marked among some demographics. For example, among 15 year old girls from the least affluent families, over a quarter (27%) reported regular vaping compared with less than a tenth (9%) who reported regular cigarette smoking.

Nearly a sixth reported cannabis use: an overall fall since the last survey round. There was a continued overall downward trend in 15 year olds reporting having ever used cannabis, however the rates among girls in 2022 increased back to the 2014 rate. While girls from the least affluent families were more likely than their peers from the most affluent families to report regular cannabis use, boys demonstrated the opposite trend.

BULLYING, INJURIES AND FIGHTING

Nearly a sixth had bullied others and over a third had been bullied. The prevalence of bullying others fell ten percentage points between 2002 and 2022. This decline was more apparent among boys, though boys were still more likely to report bullying others with a fifth (20%) reporting this overall. Bullying perpetration was highest among 13 year olds, both boys and girls. In 2022, over a third (35%) of young people reported that they had been bullied in the last couple of months. This represented a rise in being bullied between 2010 and 2022. Younger adolescents and those from the least affluent families were more likely to report being bullied. Identity based bullying demonstrated an overall rise with around a quarter reporting sexuality-based bullying and a similar proportion among those who identified as having a disability or being from a minoritised ethnicity experiencing identity-specific bullying.

Over a fifth had been cyberbullied and over an eighth had cyberbullied others. The prevalence of being cyberbullied rose from 18% in 2018 to 21% in 2022 with younger adolescents and girls more likely to report this. Conversely, cyberbullying others declined from 17% in 2018 to 12% in 2022, with boys and older adolescents more likely to report cyberbullying others. However, the prevalence of both being cyberbullied and cyberbullying others was around twice as high among 13 year old girls from the least affluent families compared with their peers from the most affluent families.

Almost a quarter of young people reported medically-attended injuries; nearly a seventh had been involved in fighting. Medically attended injuries and fighting were more common among boys and younger adolescents. While injuries were more prevalent among boys from the most affluent families, the picture for fighting and family affluence was less clear. Despite a small rise in medically attended injuries among boys between 2018 and 2022, overall, there was little change since 2010. The overall prevalence of fighting fell – notably among boys – between 2010 and 2022, though there was a marginal rise among girls.

Overall, the findings present a mixed picture: the proportion perpetrating bullying and cyberbullying declined over time, but the prevalence of being bullied or cyberbullied rose overall. Similarly, while cigarette use stabilised, vaping rose. The further variation between young people by age, gender and family affluence further emphasises the value of tailored responses.

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6. CONCLUSION

CONCLUSION

HBSC England is guided by the ecological framework (Bronfenbrenner, 1979) which sees the young person within the setting of their family and friends, school and neighbourhood, and the wider socio-economic and political environment. Trends are highlighted throughout by the addition of HBSC England data from previous survey rounds; further, through the examination of data by gender, age and family affluence level (a proxy for family income), the findings demonstrate areas of improvement or decline, as well as inequalities. The following points were central to the 2022 HBSC England findings.

HBSC England recorded some positive health findings in 2022.

- The majority of young people rated their health as good or excellent (79%), with 65% classified as 'thriving'[i] and most 15 year olds falling into the healthy weight category (68%).
- Coupled with this, there were some improvements in the proportions of boys eating daily vegetables and daily fruit between 2018 and 2022 by around +5 percentage points.
- Cannabis experimentation continued to fall slightly overall (-3 percentage points between 2014 and 2022) and the prevalence of regular cigarette smoking remained constant overall (at 3%).
- Similarly, proportion of boys meeting the WHO-recommended targets for physical activity demonstrated a marginal rise (+2 percentage points) while the prevalence of young people, both boys and girls, doing regular vigorous activity remained almost constant (+1 percentage point) between 2018 and 2022.

However, the proportions reporting overall improvements were relatively low and, critically, were often inconsistent across young people of different ages, genders and family affluence levels.

- For example, just 21% of boys in 2022 were meeting the WHO-recommendation for physical activity, compared with 12% of girls (who did not demonstrate improvement over time); and the proportion meeting the criteria declined with age.
- Similarly, while cannabis experimentation among 15 year old boys fell (25% in 2018 to 15% in 2022), it rose among 15 year old girls (17% in 2018 to 21% in 2022).
- Further, there were stark differences in the consumption of both daily vegetables and daily fruit with prevalence among those from the most affluent families around twice that of those from the least affluent families (vegetables: 62% vs 33%; fruit: 57% vs 29%).

Compared to the relatively small number of health improvements, there was a higher incidence and size of deterioration between 2014 (or, in some cases, earlier years) and 2022 **across all mental health and the majority of physical health markers** that had been tracked over time. Earlier reductions in several health compromising behaviours also halted or reversed in 2022.

- For example, poorer outcomes were documented in the data between 2014 and 2022 for multiple regular health complaints (+25 percentage points), life satisfaction (-10 percentage points for 'thriving'), self-reported health (-7 percentage points), difficulties getting to sleep (+11 percentage points), breakfast consumption (-15 percentage points) and condom use (-8 percentage points, though over the same period, contraceptive birth-control pill use rose +9 percentage points). The proportion reporting long-term illness, disability or health conditions also rose by +11 percentage points over this period.

[i] *According to the Gallup classification of life satisfaction, as measured by the Cantril ladder (Cantril, 1965). From a range of 0-10, a score of 7 or higher is defined as 'high life satisfaction' or 'thriving'.*

- While regular alcohol use and drinking to excess had remained almost static between 2010 and 2018, both rose in 2022, driven by 15 year old girls from the most affluent families.
- Further, while regular smoking remained relatively constant from previous years, vaping was around three times as prevalent in 2022.

Mental and physical health were also heavily influenced by gender, age and family affluence levels. Fifteen year old girls tended to report the poorest outcomes for mental health and this was exacerbated by low family affluence.

- This was apparent in the findings for wellbeing 'risk of depression' category (46%); life satisfaction 'thriving' category (37%); problem solving (31%) and loneliness (47%).

While positive health findings tend to decline with age, there was a tendency in 2022 for this to occur **earlier and more sharply** among girls from the least affluent families – and because this decline was less apparent in girls from the most affluent families, disparities were often stark among 13 year old girls.

- For example, 79% of young people rated their health as good or excellent overall, and this was reflected in the responses of 11 and 13 year old girls from the most affluent families where 79% also reported good or excellent health. However, there was a notable decline between the ages of 11 and 13 among girls from the least affluent families – from 71% to 59% rating their health positively.
- Likewise, while there was a gap of 28 percentage points between 13 year old girls from the least and most affluent families deemed at risk of depression, the gap reduced to 6 percentage points among 13 year old boys, 21 percentage points among 15 year old girls and 11 percentage points among 11 year old girls of high and low family affluence.

While boys tend to report more positive health outcomes and behaviours, and a stronger level of access to and trust in protective assets (other than support from friends), they still demonstrated markers of stress suggesting further complexity.

- For example, while a greater proportion of girls reported having ever harmed themselves deliberately in 2022, the prevalence of boys reporting deliberate self-harm at least once a week rose from 2018 to effectively close the gender gap in 2022.
- There was also greater prevalence of being involved in physical fights and experiencing medically attended injuries among boys, particularly among younger boys – whereas older boys were more likely to report perpetrating bullying and cyberbullying others.

Use of digital media escalated through social media use and gaming among all age groups, but notably among younger adolescents. More digital media use did not necessarily equate to problematic or disordered use however, with inequalities in the reporting of heightened conflict and arguments at home related to digital media use and gaming-related spending.

- For example, while 15 year old girls were the most likely to report intense electronic media communication (EMC) with close friends overall, it was 11 year old boys that demonstrated the greatest rise in intense EMC with close friends between 2018 and 2022.
- However, 13 year old girls from the most affluent families reported the greatest prevalence of intense EMC with any contact group. This pattern was reversed for those reporting 'problematic use' including serious conflict and arguments at home due to their EMC – for this item, 13 year old girls from the least affluent families reported the highest prevalence of problematic use.

- Likewise, while 13 year old girls from the least affluent families were the least likely to report spending a lot of money on in-app purchases, they reported a relatively high prevalence of accidental in-app/in-game purchases and were the most likely to report conflict at home due to money spent on in-game/in-app purchases by accident.

Opportunities to protect young people's health and buffer against risk were much weakened in 2022 with young people reporting fewer opportunities to be together, and less support and communication in both family and school settings, alongside rising stressors at school and neighbourhood levels.

- For example, the proportions reporting high family social support declined by 13 percentage points between 2014 and 2022, coupled with falling parental support for school and education (-10 percentage points)
- Pressure from schoolwork steadily by +15 percentage points between 2014 and 2022 while at the same time feeling safe at school and belonging fell by 24 percentage points and 28 percentage points respectively.
- In the same direction, but to a lesser extent, the proportions of young people reporting it was safe for themselves locally and for young children locally fell by 4-5 percentage points between 2018 and 2022. Similarly, the proportion reporting they could ask for help locally fell by 10 percentage points.

The inequalities noted in health outcomes and behaviours were reflected in access to, uptake of and trust in support mechanisms within the family, among friends and peers, at school and from the local neighbourhood.

- For example, 13 year olds from the least affluent families, both boys and girls, were much less likely to report easy communication with either parent – they were also the most likely to report never eating meals together as a family compared with other age groups and those from the most affluent families.
- And while 52% reported high teacher support overall, just 31% of 13 year old girls from the least affluent families said that they received this. In particular, trust in teachers was relatively low at 44% overall with 13 year old girls from low affluence families least likely to report feeling a lot of trust in their teachers (28%).
- At the neighbourhood level, just 16% of 15 year old girls from the least affluent families reported high levels of belonging compared with 38% overall.

In summary, the HBSC England 2022 study highlights three fundamentally interconnected areas in need of action:

- HALTING MENTAL HEALTH DETERIORATION
- ADDRESSING PERVASIVE INEQUITY AND ITS IMPACT ON YOUNG PEOPLE'S LIVES
- STRENGTHENING HEALTH ASSETS

The current report is not alone in highlighting these issues. HBSC England has documented considerable change in adolescent health over the last twenty years from 2002. Among these are declining mental health, variation in physical health and rising online communication, but also a reduction in the uptake of health compromising behaviours such as drinking and smoking, set against a backdrop of fluctuating health assets, such as some improvements in communication with fathers, stable family social support, and declines among young people's perceptions of the school environment, parental support with education and teacher support, as well as social support from friends and support from classmates (Brooks et al., 2020).

The decline in mental and physical health – and falling wellbeing among girls especially – is documented more widely alongside associations with family and school connection, and socio-economic inequalities (eg: Guthold et al., 2020; The Children's Society, 2023). More broadly, Kelly (2022) stresses the importance of addressing and regulating the commercial landscape from food and social media industries to how personal data is used, considering how it ultimately impacts the lives, development and choices of young people. The State of Child Health (RCPCH, 2020) and the Marmot review: 10 years on (Marmot et al., 2020) further document the backdrop of widening socioeconomic inequalities between 2014 and 2020, as well as variation in health outcomes among young people prior to the onset of the Covid-19 pandemic. More recent studies emphasise the differential impact of the pandemic on adolescent mental health according to pre-pandemic health status and societal inequalities, with further calls for action to interrogate and address *both* the pre-existing inequalities *and* those emerging inequalities stemming from the pandemic's varied impacts on young people and their mental health (Hu & Quian, 2021; Stroud & Gutman, 2021).

Figure 6.1: Critical interconnected areas for action to promote adolescent health

Two thematic areas are consistent in the evidence and existing calls to action to support adolescent health in context (eg: WHO, 1986; Williams & Fullagar, 2019; Marmot et al., 2020; RCPCH, 2020; Kelly, 2022; Blum et al., 2022; Youth People's Health Partnership, 2022; OHID, 2023). They are:

1. SYSTEM-WIDE, FUNDED POLICY SETTING ON ADOLESCENT HEALTH AND ITS SOCIAL DETERMINANTS
   a. with a focus on evidence-based prevention and early intervention;
   b. with action on 'upstream' factors such as commercial and industry regulation to protect public health, as well as 'downstream' factors, such as individual behaviour change;
   c. backed by political will.

2. TAILORED, FUNDED LOCAL IMPLEMENTATION THAT IS STRATEGIC, APPROPRIATELY TARGETED AND EVALUATED
   a. with its roots in the voices of young people and local communities;
   b. with structured inclusion of marginalised groups;
   c. that respects both the potential as well as the capacity of schools and local partners.

> *Involving young people in discussions around the findings is very valuable to naturally provide a unique understanding of why problematic behaviours are occurring and the best ways to provide support.* Youth Café representative.

We welcome the positive message from the minister in support of this research and draw attention to the above actions to address the mental health deterioration, pervasive health inequities and declining health assets so clearly described in our data. We would lastly like to extend our thanks to the young people and school teams who helped facilitate this research and who, ultimately, are at the heart of the findings and actions that stem from them.

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HBSC England National Report

Findings from the 2021-2022 study

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WORLD HEALTH ORGANISATION COLLABORATIVE
CROSS-NATIONAL STUDY

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