

Published December 2023

healthwatch Suffolk

My Health, Our Future (Phase 7)

Children and young people's wellbeing in Suffolk (2022/23)

Acknowledgements

The continued support of the Suffolk and North East Essex Integrated Care System, and various partners collaborating with young people in Suffolk is essential to the success and achievements of the 'My Health, Our Future' (MHoF) programme. Above all, we thank school and college leaders, and students, at the following schools and colleges for supporting MHoF 2023:

- Abbeygate Sixth Form College
- Castle Manor Academy
- Chantry Academy
- Claydon High School
- County High School
- Copleston High School
- East Bergholt High School
- Felixstowe Academy
- Holbrook High school
- Horringer Court Middle School
- Ipswich High School
- Ipswich School
- King Edward VI School
- Mildenhall College Academy
- Newmarket Academy
- Northgate High School
- Ormiston Denes Academy
- Pakefield High School
- Samuel Ward Academy
- St Joseph's College
- Sir John Leman High School
- St Alban's Catholic High School
- Suffolk ONE Sixth Form College
- Thomas Gainsborough School
- West Suffolk College
- Westley Middle School
- Westbourne Academy
- The survey was also open to the public, gaining **77** responses.

Thank you to everyone who took the time to respond and share their experiences with us.

The Warwick-Edinburgh Mental Wellbeing Scale

This report includes reference to, and use of, a widely used measure of wellbeing known as the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). It was developed by the Universities of Warwick, Edinburgh and Leeds in conjunction with NHS Health Scotland (©University of Warwick, 2006, all rights reserved).

Results related to the use of a shortened format of this scale can be found throughout, and within our section about wellbeing from page 15. For more information about WEMWBS, please visit https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/.

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For more information about 'My Health, Our Future' (MHoF), or to download previous reports and insights, please visit:
www.healthwatchsuffolk.co.uk/mhof

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Introduction

My Health, Our Future (MHoF) is a unique research programme exploring the physical and mental wellbeing of children and young people in Suffolk.

Since 2015, MHoF data has been helping schools, colleges, and integrated care systems to improve support for children and young people. The programme offers reliable insights into the current wellbeing of young people across Suffolk, providing data to support local decision-making about services, attract funding for local support and inform health and care system strategies around young people's health and wellbeing.

The programme has recorded over 55,000 responses from young people on topics like bullying, self-harm, body image, social media, anxiety, and many other areas. The 'phase seven' 2023 MHoF survey included a new focus on physical health, prompting young people to share their views on topics like sexual health support, and healthy lifestyles.

This report presents the findings from 'phase 7' of the MHoF survey for young people in secondary schools and colleges. The survey was completed between December 2022 and July 2023.

To learn more about the MHoF programme, and to access our reports, please visit www.healthwatchsuffolk.co.uk/mhof.

Co-production

Each year, the 'My Health, Our Future' survey is reviewed together with young people, NHS commissioners, schools, colleges and other partners to make sure it remains relevant to local priorities. Most importantly, the co-production of the survey helps us to ensure the survey remains focused on issues that are important to young people.

For phase seven, we began by reaching out to schools and colleges in Suffolk to explore the issues highlighted in previous reports and gain insight into the challenges they face. We also approached local partners (e.g., Public Health Suffolk) to consider insights that may be valuable as they are developing new strategies and services. This led to the addition of new topics in the survey this year.

In addition, we collaborated with our Youthwatch Suffolk network of young people, who highlighted a range issues they felt could be explored in the survey. Together, we developed new sections addressing LGBT*Q+ issues in relationship and sex education classes, and content about seeking information or support around hormonal changes.

"Us young people rarely get a say in anything important, but it's about time we're included in conversations around our own mental and physical health. The survey gives us this opportunity!

*"From Youthwatch's contributions to the survey, new topics this year around the effects of hormones, experiences with GPs, and the experience of the LGBT*Q+ community around health were included. Without our involvement, these topics may have been overlooked."*

– **Youthwatch Member**



Who took part?

Demographic summary

- **13,084** responses were recorded.
- The majority were from students in **Years 7, 8** and **9**. There were also a small number of responses from university students and young people not in mainstream education (see table right for more detail).
- **73% (9,606)** of responses were from 'White – English / Welsh / Scottish / Northern Irish / British' young people. This was followed by 'White – Any other background' **(5%/ 598)** and 'Polish' **(3%/ 331)** young people.
- **31% (4,048)** identified with one or more 'additional support needs' in the survey, such as receiving free school meals **(12%/1,364)**.

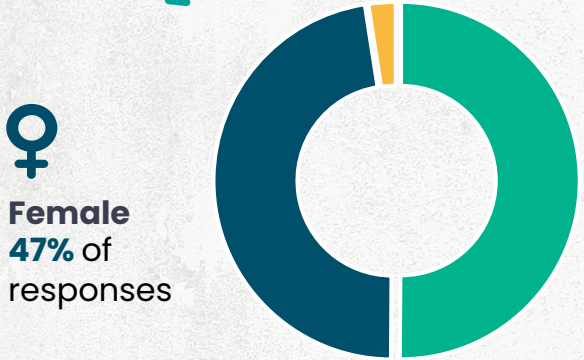
Please see the following pages for more details about the demographic profile of students.

Year Group	Count	%
Year 7	2,303	18%
Year 8	2,227	17%
Year 9	2,497	19%
Year 10	1,838	14%
Year 11	1,000	8%
Year 12	1,909	15%
Year 13	1,115	9%
University	2	0%
Not in education	8	0%
Home schooled	4	0%
EOTAS	2	0%
No answer	179	2%

Gender

See table below for a full breakdown of students' gender.

Gender	Count	%
Female	6435	49%
Male	6092	47%
Describe gender another way	315	2%
Prefer not to say	242	2%



Other ways students described their gender included:

- "Transgender"
- "Gender fluid"
- "Bigender"
- "Ze/Zem"
- "Gender queer"
- "Demi-sexual"
- "Intersex"
- "Undefined"
- "Transfemale"
- "Agender"
- "Xenogender"
- "Pangender"
- "Unsure"
- "Non-binary"
- "Demo-girl"
- "Non-conforming"
- "Xe/Xem/Xyn"
- "Trans male"
- "They/them"
- "Trans-femme"

Sexuality

13% (1,763) of responses were from students who identified as LGBT*Q+.

The findings for LGBT*Q+ students are presented as a group, inclusive of responses to questions about sexuality and gender unless otherwise stated.

Sexuality	Count	%
Heterosexual/ Straight	10159	78%
Prefer not to say	1162	9%
Bisexual	1005	8%
Describe sexuality in another way	333	3%
Gay male	198	2%
Gay female/ lesbian	227	2%

Other ways students described their sexuality included:

- "Abrosexual"
- "Aroace"
- "Aromantic"
- "Asexual"
- "Demisexual"
- "Anti-romantic"
- "Panromantic"
- "Omnisexual"
- "Sexually fluid"
- "Biromantic asexual"
- "Queer"
- "Demiaroace"
- "Unlabelled"
- "Questioning"
- "Graysexual"
- "Transexual"
- "Pansexual"
- "Polyamours"
- "NWLNW"
- "Unsure"
- "Dreamsexual"
- "Arospec"
- "Bi-curious"
- "AroAce"

1,763

Responses were from LGBT*Q+ students(13% of our sample). This compares to 22% of our phase six sample in 2022.

Year on year, these students consistently experience poorer wellbeing than their peers.

They were more likely to report lower wellbeing, and higher rates of generalised anxiety disorder. LGBT*Q+ students' were also less likely to feel close to others, which has previously shown to have a significant influence on overall wellbeing.



Ethnicity

Most students identified as 'White – English / Welsh / Scottish / Northern Irish / British **(73% / 9,606)**. See tables for a full breakdown of responses.

Ethnicity	Count	%
English / Welsh / Scottish / Northern Irish / British	9606	73%
Any other White background	596	5%
Polish	331	3%
Any other Mixed / Multiple ethnic backgrounds	229	2%
White and Black Caribbean	222	2%
Other ethnic background	221	2%
African	197	2%
White and Asian	191	1%
Indian	190	1%

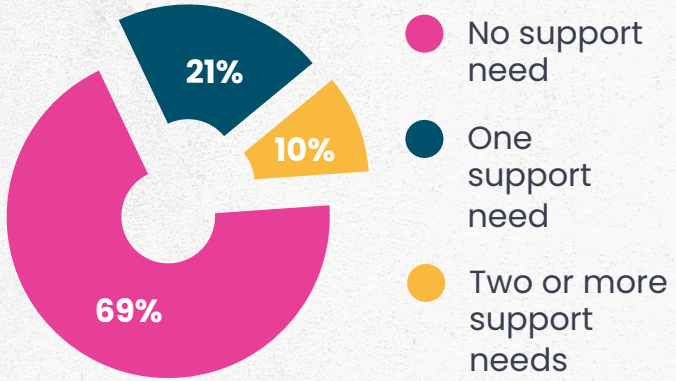
Ethnicity	Count	%
Any other Asian background	176	1%
White and Black African	163	1%
Romanian	160	1%
Portuguese	122	1%
Irish	101	1%
Gypsy, Traveller or Irish Traveller	108	1%
Bangladeshi	92	1%
Chinese	90	1%
Any other Black / African / Caribbean background	64	0%
Pakistani	59	0%
Arab	52	0%
Caribbean	50	0%

Additional support

Additional support needs have been shown to have an impact on students' wellbeing across the MHoF programme. See table for a breakdown of responses this year.

Additional support needs	Count	%
None of these apply to me	7,968	61%
Receiving free school meals	1,364	12%
Diagnosed mental health difficultly	1,219	9%
ADHD	853	7%
Special educational needs	760	6%
Autism, Asperger's syndrome, or ASD	738	6%
Disability	689	5%
Young carer	348	3%
Has been in care	334	3%
Has children/A parent	129	1%
Has been a refugee	91	1%

31% (4,048) said they had an additional support need.



Note: *This data is self-reported.*


Our results

Wellbeing (SWEMWBS data)

- The Short Warwick-Edinburgh Mental Wellbeing Scale was used to measure wellbeing. Students respond to seven statements and receive a score ranging between 7 and 35. A higher score indicates better wellbeing.
- **12,959** students responded to the SWEMWBS questions.
- Despite an increase in wellbeing scores for students in Suffolk this year, overall scores remain lower than the 2020 national average.

National SWEMWBS data
NHS research in 2020 reported the average SWEMWBS score for young people in England (aged 11 to 16) as **24.6**.



Suffolk

20.3 (2023)

19.9 (2022)

21.0 (2018)

19.9 (2021)

22.6 (2017)

20.7 (2019)

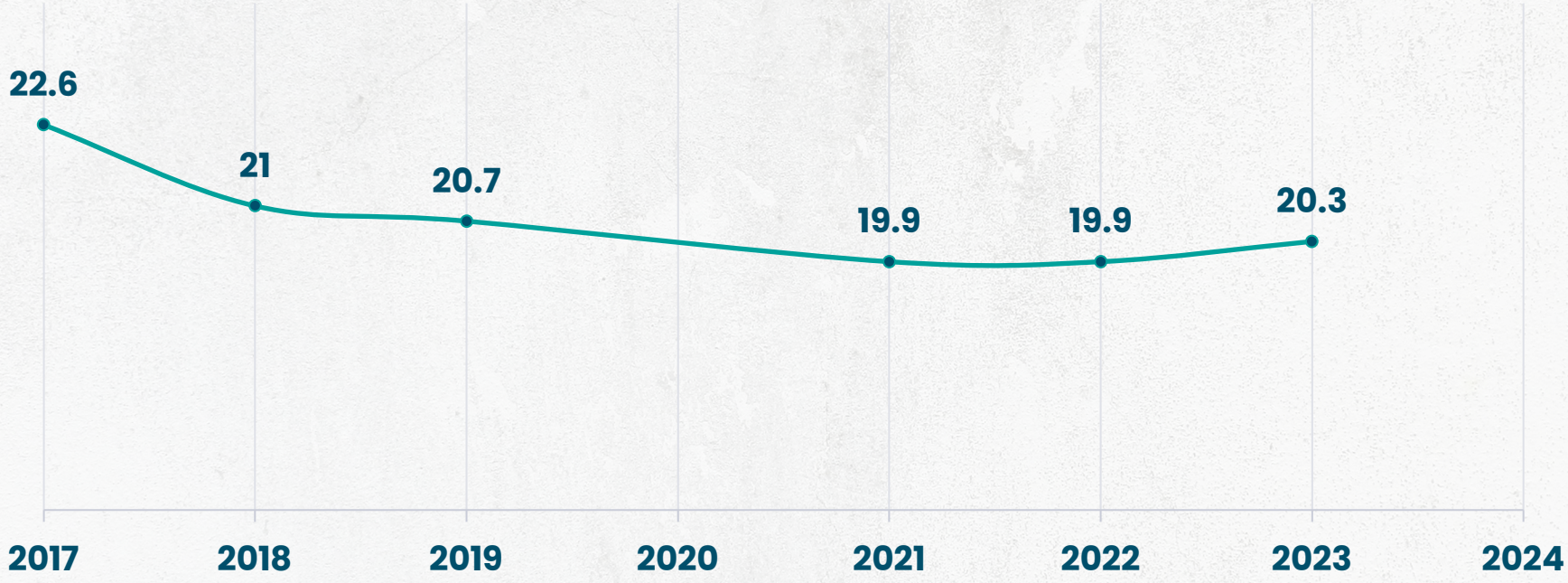
National

24.6 (2020)

Students' wellbeing has improved after record low scores in 2021 and 2022.

Average wellbeing (since 2017)

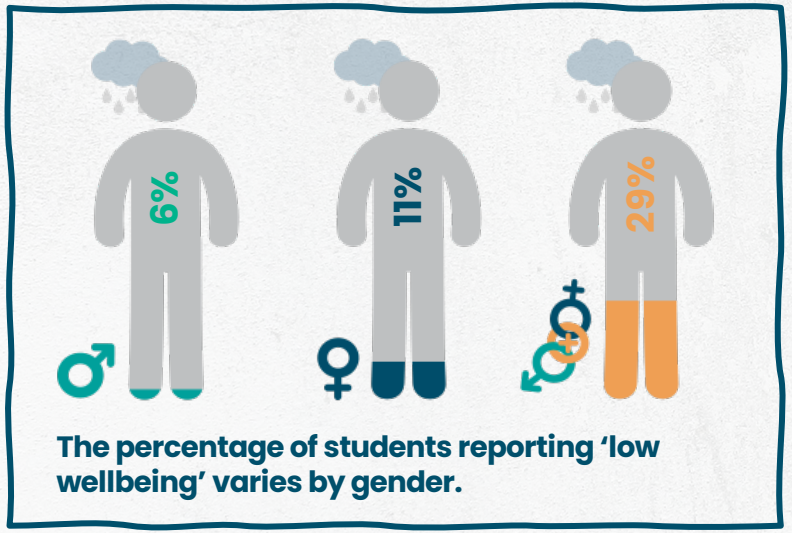
The chart below shows how the average wellbeing score of young people in Suffolk has changed over time. Scores range between 7 and 35.



Gender & Wellbeing

Female students were more likely to have 'low wellbeing' **(11%/ 688)** than male students **(6%/367).** Those who preferred to describe their gender another way were the most likely to have 'low wellbeing' **(29%/ 90).**

These findings are consistent with previous years of MHoF.

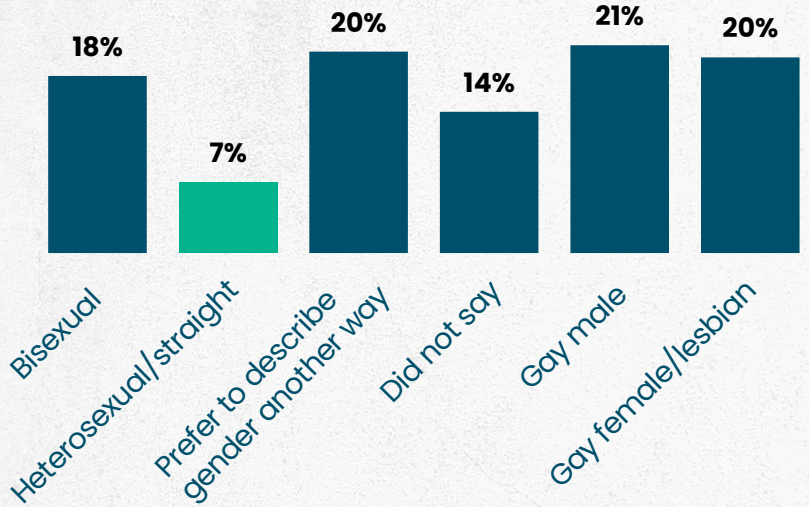


The percentage of students reporting 'low wellbeing' varies by gender.

Sexuality & Wellbeing

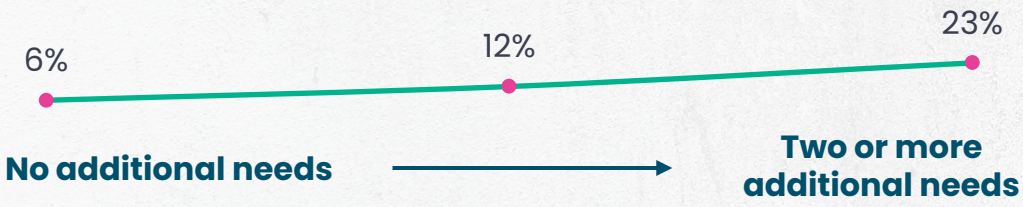
LGBT*Q+ students were more likely to have 'low wellbeing'. In total, **19% (329)** of **LGBT*Q+ students** had 'low wellbeing', compared to **7% (711)** of **heterosexual/straight** students.

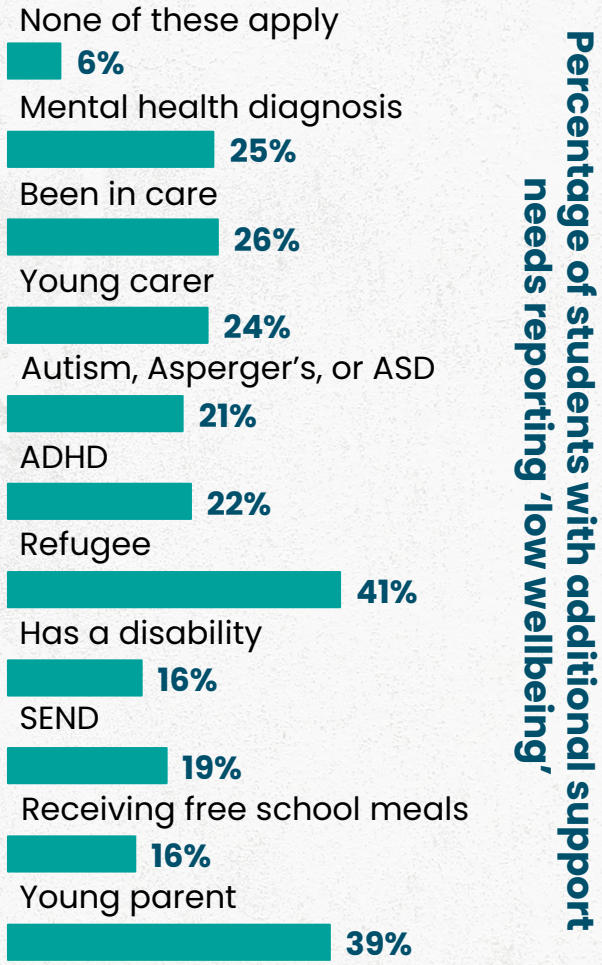
The graph below shows how students that identify as **anything other than heterosexual** are more likely to experience 'low wellbeing'.



Additional support needs & Wellbeing

- The graph right shows the percentage of students with 'low wellbeing' and their self-identified 'additional support needs'.
- Students with additional support needs were more likely to have 'low wellbeing' **(16%/ 627)**, than those with no additional support needs **(6%/ 573)**.
- Young 'refugees', and those with a 'mental health diagnosis' were the most likely to have 'low wellbeing'.
- Students without additional support needs were **more than twice** as likely to report 'high wellbeing' than young people with additional support needs.
- The likelihood having 'low wellbeing' increased with the number of additional support needs identified.





Year group & wellbeing

- The percentage of students categorised as having 'low' wellbeing increased slightly in Year 10 and Year 11 (from 10% of Year 7 and 8 students to 12% of Year 10 students). This fell to 6% of students in both Year 12 and 13. Overall, differences were marginal across year groups.

- Young people who were not enrolled in mainstream education were at a higher risk of belonging to the low wellbeing category. See the table below for more detail.

Group	Students	Average wellbeing
Did not answer	179	18.3
Not in education	8	19.3
University student	2	14.7
Home schooled	4	21.0
EOTAS	2	12.2

Ethnicity & wellbeing

- The average wellbeing score for students in Suffolk is 20.3. The table below shows students with the lowest average wellbeing score based on their ethnicity.

- Students from a 'white–gypsy, traveller or Irish traveller' background had the lowest average wellbeing score.

Group	No.	Average wellbeing
Gypsy, Traveller, or Irish Traveller	106	18.8
Portuguese	120	19.5
White & Black Caribbean	221	19.8
Any other white background	588	20.0
Any other mixed/ multiple background	228	20.1

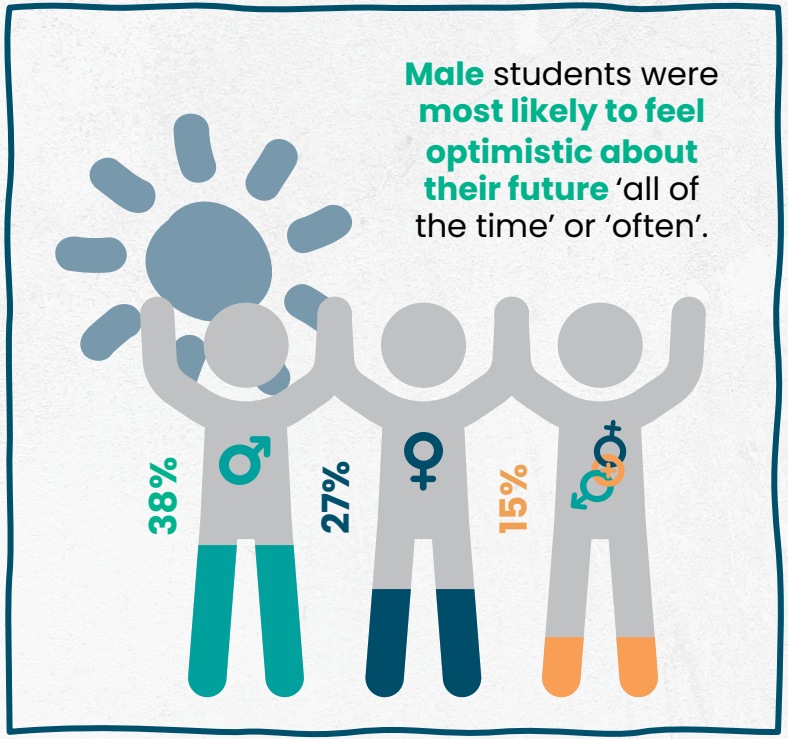


A third of

Students said they felt optimistic about the future ‘all of the time’ or ‘often’.

Feeling optimistic about the future

1 in 3 students felt optimistic about the future "all of the time" or "often". Optimism varied across demographics and in relation to other factors (e.g., support needs).



The following students were **less likely** to report feeling optimistic about their future 'all of the time' or 'often'.

- Students with 'low wellbeing' (**3%** , compared to **26%** with 'normal wellbeing' and **82%** with 'high wellbeing').
- LGBT*Q+ students (**23%**, compared to **34%** of heterosexual/straight students).
- Students with identified additional support needs (**35%**, compared to **26%** of those with no support needs)
- Students who scored below the midpoint for happiness about their future (**10%, compared to 37%** of those who scored above the midpoint). See more on happiness from page 28.

Feeling close to others

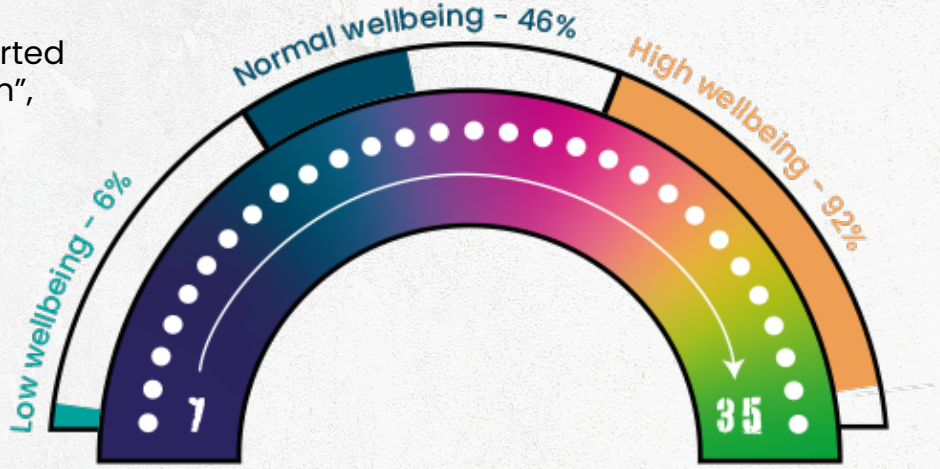
Almost half (48%) of students felt close to others 'all of the time' or 'often'. Although, some groups of students were more likely to report feeling close to others, such as students with higher levels of wellbeing (see graphic below).

- Male students were most likely to feel close to others 'all of the time' or 'often' **(52%**, compared to **47%** of female students). Students who preferred to describe their gender another way were the **least likely** to experience a sense of closeness to others **(30%).**

- Over half **(52%)** of heterosexual students reported feeling close to others "all of the time" or "often", compared to **36%** of LGBT*Q+ students.

- Students that reported being happy with their relationship with family were more likely to say they felt close to others all of the time or often **(51% vs. 23%).**

- Similar results occurred for students that reported being happy with their relationship with friends **(52% vs. 12%).**



Students with **higher wellbeing were more likely to report feeling close to others '**all of the time' or 'often'.

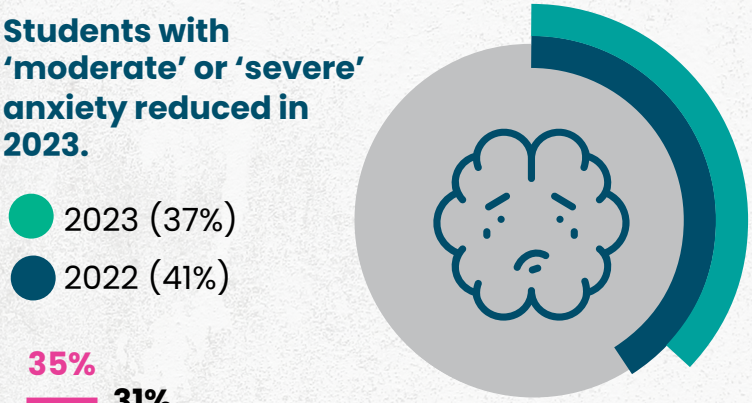
Anxiety (GAD-7)

More than 1 in 3 (35%) students had 'low' or 'no risk' of Generalised Anxiety Disorder.

The Generalised Anxiety Assessment (GAD-7) asks students about seven statements that aim to identify probable cases of Generalised Anxiety Disorder. Scores range between 0 and 21. A score of less than 5 indicates 'mild' anxiety, 10 indicates 'moderate' anxiety, and 15 indicates 'severe' anxiety.

- **12,148** students responded to these questions.
- The graph right shows the percentage of students within each anxiety category for the 2022 survey and 2023 survey. It shows that the percentage of young people with 'moderate' to 'severe' anxiety levels in Suffolk has decreased this year.
- **37% (8,679)** of students had 'moderate' or 'severe' anxiety levels in 2023, compared to **41% (1,885)** in 2022.

Students with 'moderate' or 'severe' anxiety reduced in 2023.





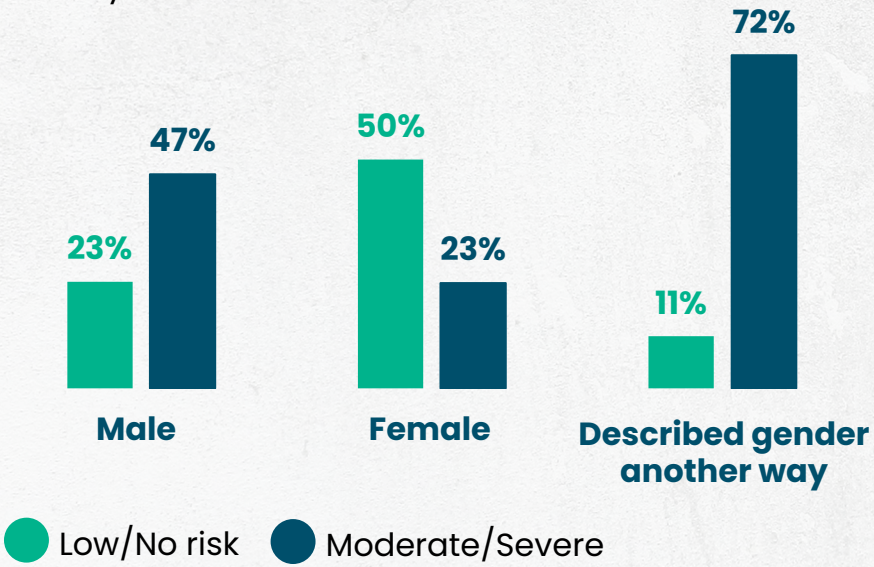
A quarter of

Students became easily annoyed or irritable nearly every day.

Anxiety and gender

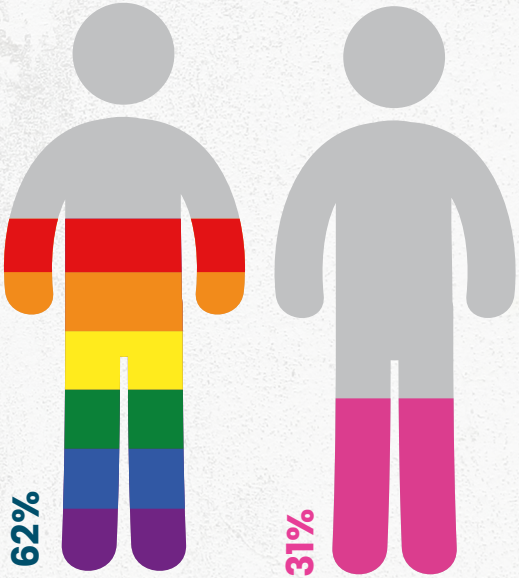
Students that preferred to describe their gender in another way **(72%/ 211)** were most likely to report moderate or severe anxiety.

Almost half of female students **(47%/ 2,777)** and **23% (1,298)** of male students reported moderate to severe anxiety levels.



Anxiety and sexuality

LGBT*Q+ students were **twice as likely** to report 'moderate' to 'severe' anxiety levels **(62%/ 1,015)** than heterosexual/straight students **(31%/ 2,881).**



Anxiety & Additional support needs

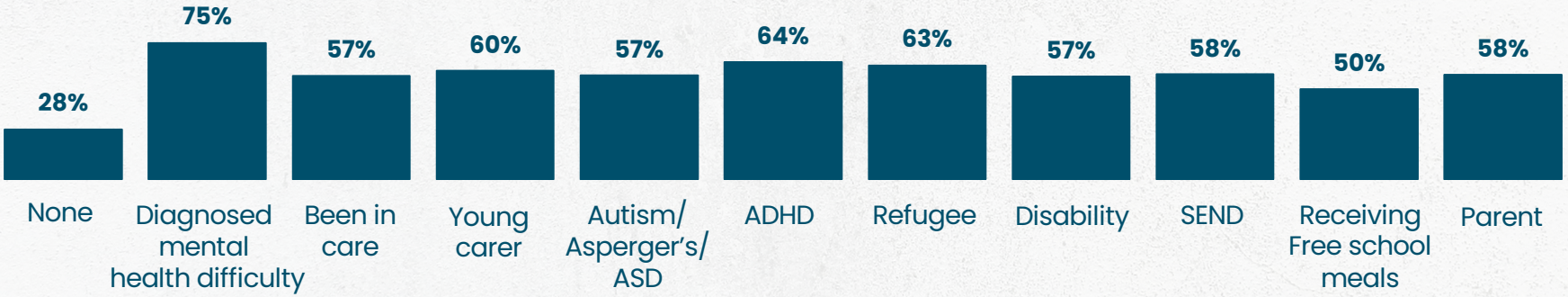
- Over half **(54%/ 2,006)** of students with additional support needs had 'moderate' to 'severe' anxiety levels, compared to **28% (2,373)** of students with no additional support needs.
- **Three quarters (75%/ 851)** of those with a diagnosed mental health difficulty had 'moderate' to 'severe' anxiety levels, followed closely by those with ADHD, refugees and carers.
- The chart below shows the percentage of students with 'moderate' to 'severe' anxiety levels who identify with each additional support need.



No additional support needs

Two or more additional support needs

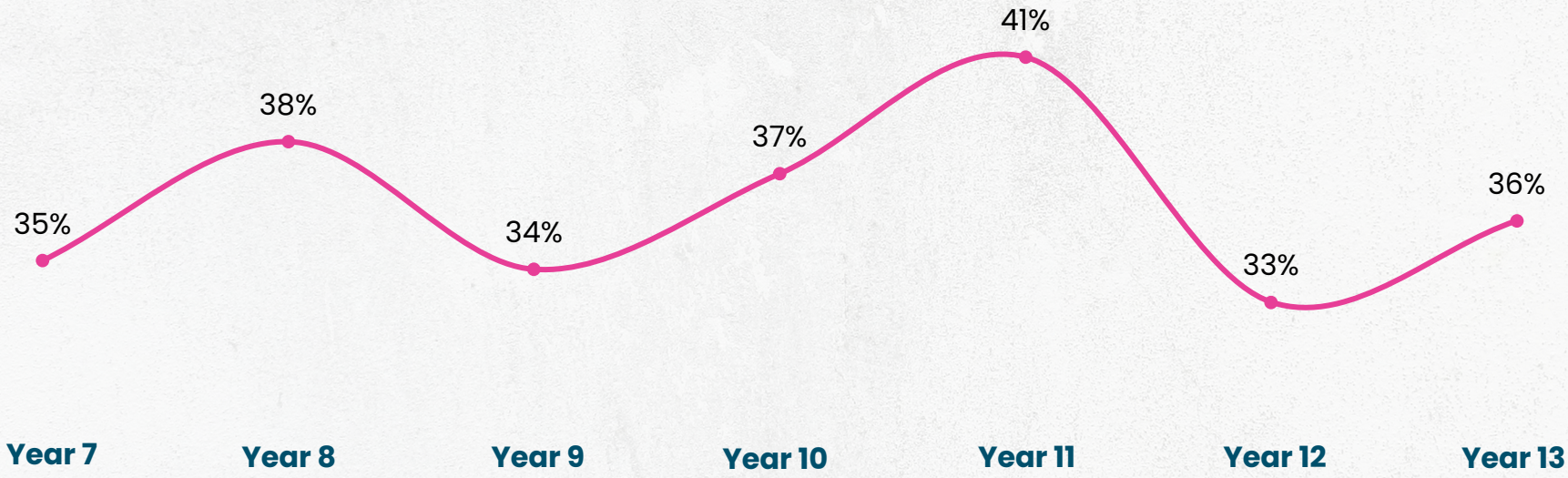
Having **multiple support** needs increases the likelihood 'moderate' to 'severe' anxiety levels.



Anxiety and year group

- The prevalence of 'moderate' to 'severe' anxiety remains relatively stable across different year groups. Nevertheless, there is a slight increase in the number of students with 'moderate' to 'severe' anxiety in Year 11, which may be associated with the stress of GCSEs and exams.

- It is worth noting that young people responding to the MHoF survey in 2022 identified exam anxiety as the primary source of anxiety among students in Suffolk.



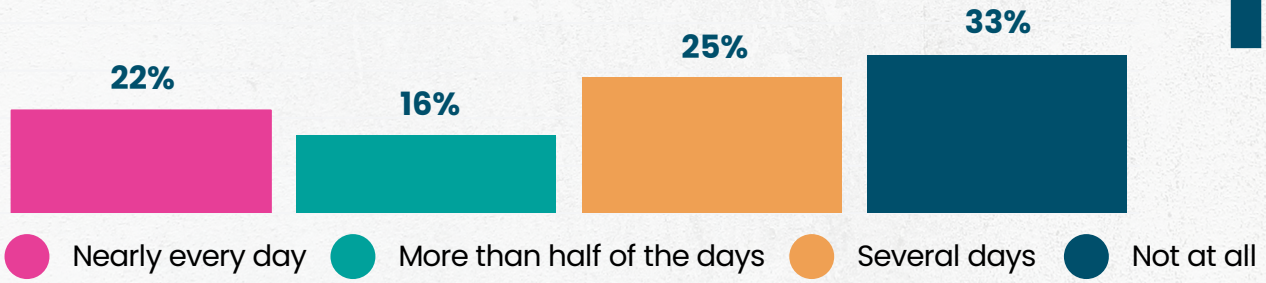
Getting enough sleep

The relationship between sleep and emotional wellbeing is tightly intertwined. Previous research has established a connection between poor sleep quality with conditions such as depression, anxiety, and bipolar (Sleep Foundation, 2023).

We asked, **'Over the last two weeks, how often have you been bothered about getting enough sleep?'**. **12,124** answered.

- Nearly **1 in 3** had no concern about getting enough sleep.
- Students with additional support needs worried more about getting sleep daily than those without support needs **(31% vs. 18%).**
- Students diagnosed with mental health conditions were **twice as likely** to report daily concerns **(42% vs. 20%).**





Sleep and wellbeing

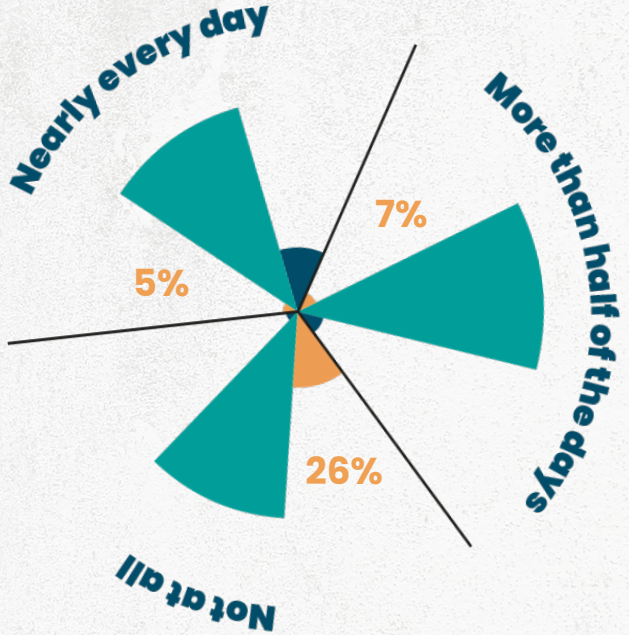
Students who did not get enough sleep also recorded lower average wellbeing scores overall.

The graphic below shows the difference in average wellbeing scores between those who said they are bothered about not getting enough sleep 'nearly every day' and those who were not bothered at all.



Nearly every day **(18.1)** Not at all **(22.1)**

The chart shows how students who were 'not at all' bothered about getting enough sleep were more likely to have 'high' wellbeing, compared to those who were bothered 'nearly every day'.



High wellbeing Normal wellbeing Low wellbeing

Happiness (the GCI)

Developed by the Children's Society, the Good Childhood Index (CGI) is a short questionnaire that can be completed by children themselves. It is used to measure wellbeing overall and in relation to 10 aspects of life.

Students were asked how happy they are with:

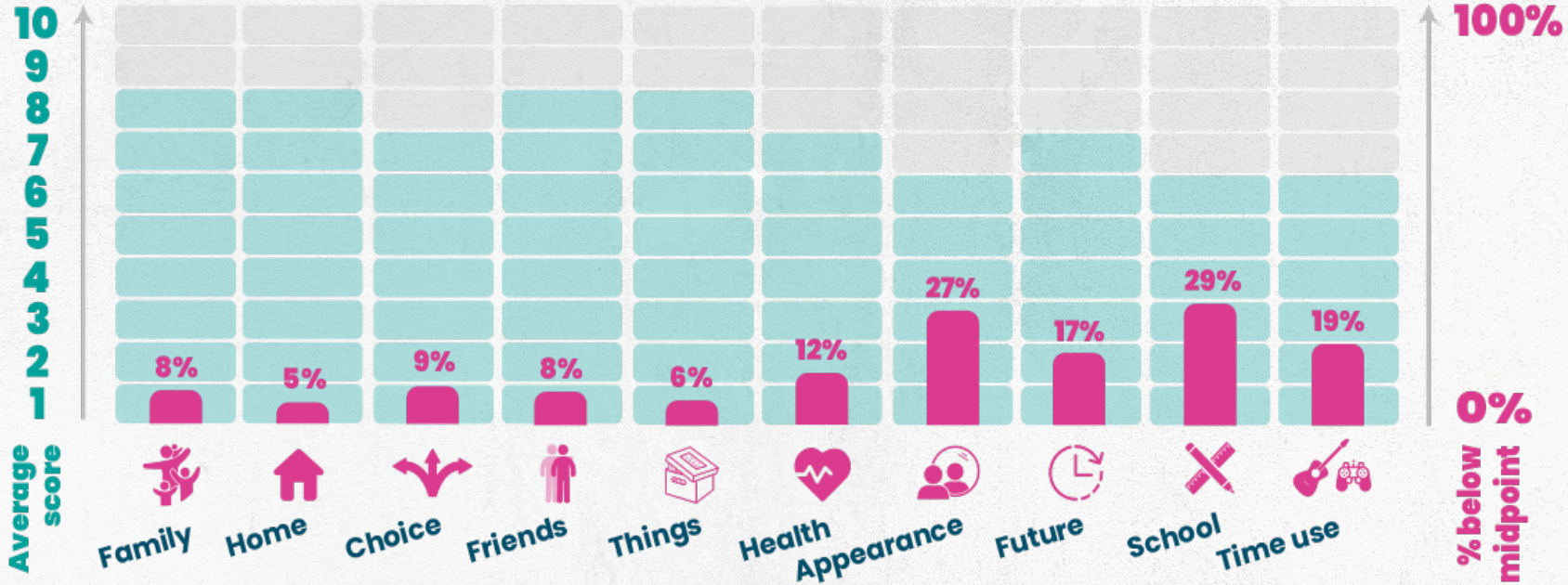
- Their relationships with family.
- The home they live in.
- How much choice they have in life.
- Their relationships with friends.
- Things they have (like money and things they own)
- Their health
- The way they look.
- What may happen to them in the future.
- School
- The way they use their time.

Students' responses to the ten aspects of life included in the index amount to an average happiness score. Scores below the midpoint (0 to 4) on the 0 to 10 scale are considered to have low wellbeing for the various aspects of life included in the index.

For more information about the CGI, please visit https://www.childrenssociety.org.uk/information/professionals/good-childhood-index.

The ten aspects of life (GCI continued)...

The graphic below shows the average GCI score for each aspect of life, and the percentage of students scoring below the midpoint on the 0–10 scale. Higher percentages of scores below the midpoint, and lower average scores overall indicate higher levels of unhappiness.

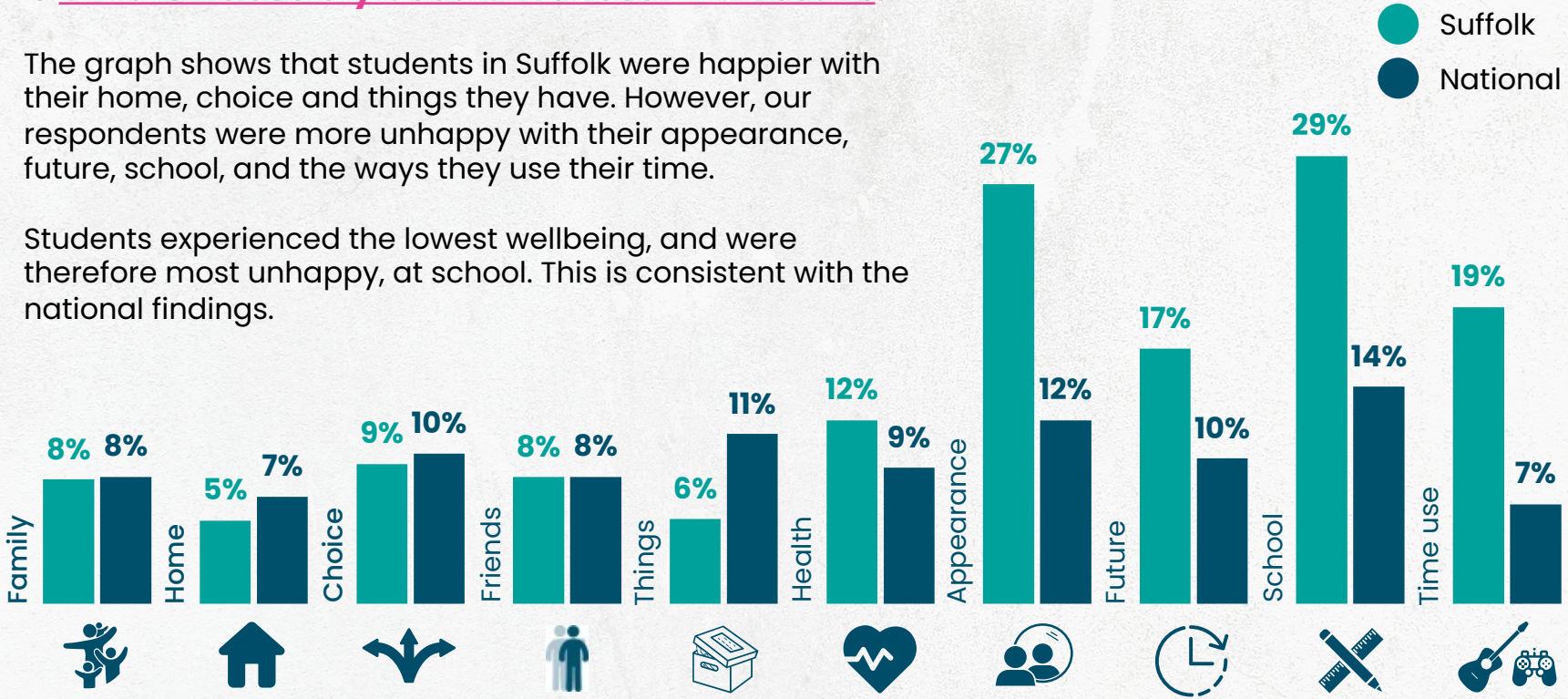


13,084 students responded to these questions.

National comparison

The graph below shows a comparison between the MHoF (Phase seven, 2023) results and the Children's Society Good Childhood 2022 results.

- The graph shows that students in Suffolk were happier with their home, choice and things they have. However, our respondents were more unhappy with their appearance, future, school, and the ways they use their time.
- Students experienced the lowest wellbeing, and were therefore most unhappy, at school. This is consistent with the national findings.



Who is unhappy?

The domains young people were unhappy with varied among different students. Below demonstrate what aspects of life students were unhappy with in relation to specific characteristics.

Gender

Students who preferred to describe their gender another way were more unhappy with all aspects of life than their male and female peers.

Male students were most unhappy with school **(24%/1479).** Female students **(34%/ 2174)**, and students who preferred to describe their gender in another way **(59%/186)**, were the most unhappy with their appearance.

Additional support

Students with additional support needs were more unhappy with all aspects of life than students without additional support needs.

For example, they were **twice as likely** to report being unhappy with their friendships **(14% vs. 6%)**, family relationships **(13% vs. 6%)** and choices they have in life **(15% vs. 6%)** than peers with no additional support needs.

Sexuality

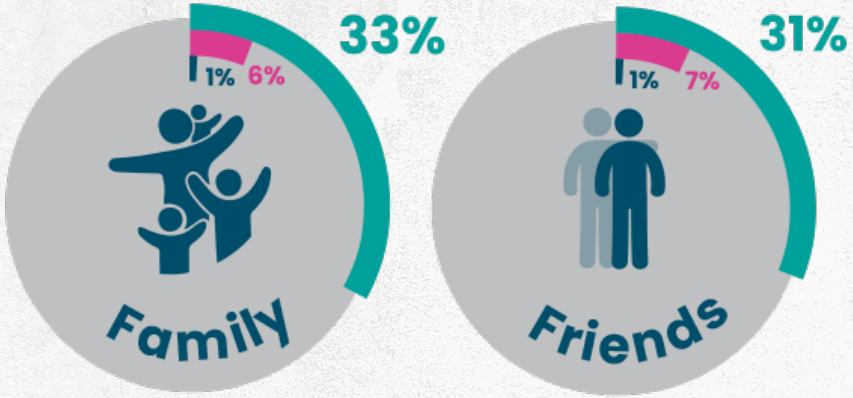
LGBTQ*+ students were more likely to report they were unhappy with all aspects of life than heterosexual students.

LGBT*Q+ students were **three times** more likely to be unhappy with their home **(12% vs 4%)**, their health **(27% vs 9%),** and their family relationships **(18% vs 6%)** than heterosexual peers.

Relationships with friends and family

Some students were more likely to score below the midpoint (0-4), suggesting they were unhappy with their relationships with friends and family.

- Students with 'normal' or 'high' wellbeing were notably more inclined to express happiness with their relationships with friends and family.
- Students who scored below the midpoint when thinking about their family relationships were **twice as likely** to express being 'very worried' or 'worried' about the impact of the cost of living on themselves and their families.
- These findings appear to support other research that has found poverty influences the ability of young people to establish close and communicative relationships with friends and family (see National Children's Bureau, 2016).



Students with low wellbeing scores were much more likely to score below the midpoint for happiness with their relationships with family and friends.

High wellbeing
Normal wellbeing
Low wellbeing

Happiness with school

Students scoring below the midpoint (0-4) for school were more likely to report poorer wellbeing on various measures in the survey. They were…



…to have 'low wellbeing' than young people who were happy with their school.

In total, **21% had a 'low wellbeing'** score, compared to just **4%** of those who scored above the midpoint on the ten-point GCI scale).



…less likely to have 'someone to talk to at school/college.

31% said they did not have someone to talk to about their mental health, compared to **15%** of those who were happy with school.



… more likely to be uncomfortable reporting sexual harassment at their school or college.

32% indicated this, compared to **18%** of students who were happy with their school.

What can help?

We asked: 'Would you find any of these helpful in your school or college?'

The response choices were taken from students' answers to the MHoF (phase six) survey regarding what could be improved in 2022. **12,137** students responded to the question.

- The most favoured response choices were an increase in after school/college activities like sports, dance, arts, and music **(45%)**, and greater awareness of mental health among staff or students **(44%)**.
- Other popular choices included inviting speakers into school/college with expertise in mental health **(26%)** and breakfast clubs providing nutritious foods **(25%)**.

What would be helpful?	%	Count
Access to counsellors/ someone to talk to.	34%	4,155
Guest speakers with knowledge about mental health.	26%	3,161
More awareness of mental health among staff and students.	44%	5,312
More information about support options and where to access them.	38%	4,543
More frequent access to lessons on mental health.	31%	3,797
More time to discuss mental health.	34%	4,143
An after school or breakfast club that provides healthy food.	25%	2,954
School lunches to offer healthier food options.	34%	4,053
More after school activities (sports, music, art, dance).	45%	5,371

What can help?

The things young people said would be beneficial to them and their wellbeing varied among students.



Over half of students who preferred to describe their gender another way said more information about support and where to access it would benefit their wellbeing.

- **35%** of students who expressed unhappiness with school felt lessons on mental health could support their wellbeing, compared to **30%** of students happy with school. They also wanted more opportunities for discussing mental health (**37%,** compared to **33%**).

- Students who had concerns about their weight were more likely to consider all options as beneficial for their wellbeing. **Half (51%)** of students worried about their weight wanted increased awareness of mental health in their school or college, while only **39%** of students not concerned about their weight felt the same way.



Fifty-five %

...said they had someone to talk to about their mental health at school or college.

Someone to talk to

We asked students if they had someone at their school or college they could talk to about their mental health.

- While more than half of students reported having someone to confide in regarding their mental health, **1 in 5 (20%/ 2,373)** indicated that they had nobody to discuss their mental health concerns with at their school or college.

- Last year, MHoF (Phase Six) responses revealed how the sense of having someone to talk to at school or college was a protective factor when it came to the emotional wellbeing of students. Findings this year (Phase Seven) remain consistent with these results.

Students who believed they had someone to reach out to for their mental health needs at their school or college were...



Three times less likely to fall within low wellbeing **(6% vs. 17%).**



Less likely to suffer from moderate to severe anxiety levels **(32% vs. 47%).**

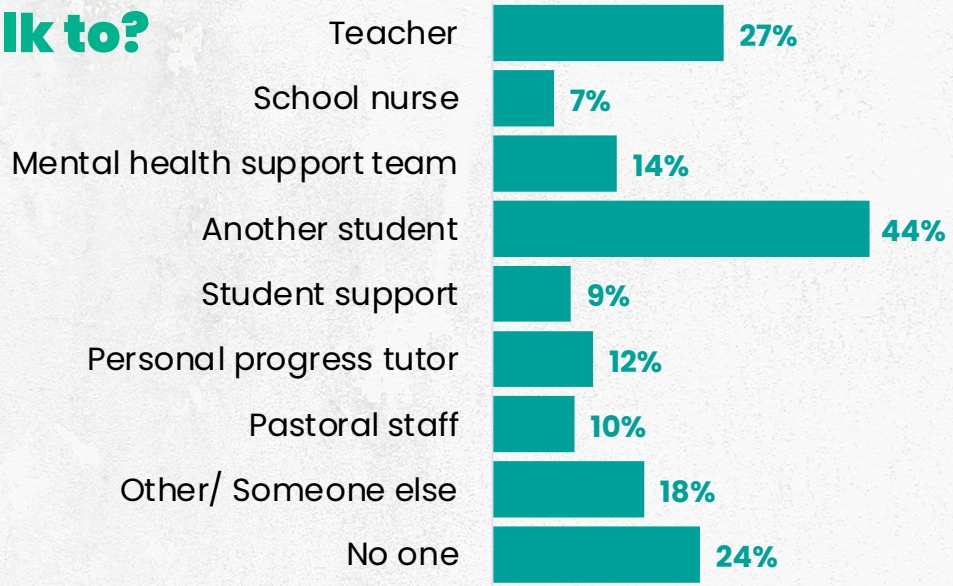


More likely to score above the mid-point which suggests they are happy with their school **(78% vs. 52%).**

Who would young people talk to?

Students were then asked who they would most likely talk to at their school or college.

- Students were most likely to engage in conversation about their mental health with another student **(44%/ 5,279)**. This highlights why helping young people to know how they can find support is important.
- **A little over a quarter (27%/ 3,238)** of students indicated a preference for talking to a teacher.
- Students were least likely to talk to school nurses **(7%/ 859)**, student support **(9%/ 1,100)**, and pastoral staff **(10%/ 1,152)**. A notable **24% (2,904)** of young people stated that they would not seek out anyone to talk to.



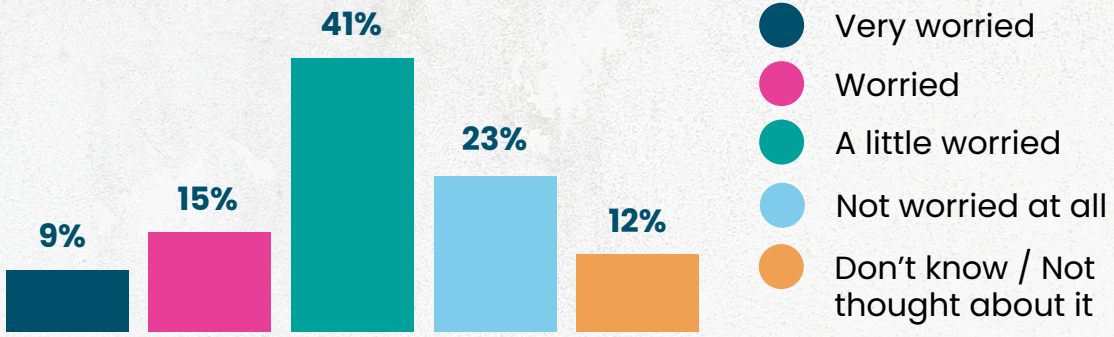


Students were most likely to approach 'another student' if they needed to talk about their mental health.

Cost of living

Cost of living pressures are an increasing concern for many people across Suffolk. Recent research by the youth charity ERYICA has shown children as young as eleven are expressing apprehension about how increasing living costs are affecting their households.

- **12,137** answered our question.
- **2 in 5 (41%/ 4,860)** students were 'a little worried' about the impact of the rising cost of living on themselves and their families.
- **Almost a quarter (23%, 2,784)** were not worried at all.





Nearly a quarter (24%/ 2,895) of students were either 'worried' or 'very worried' about the rising cost of living on their lives, and the lives of their families.

Gender & cost of living

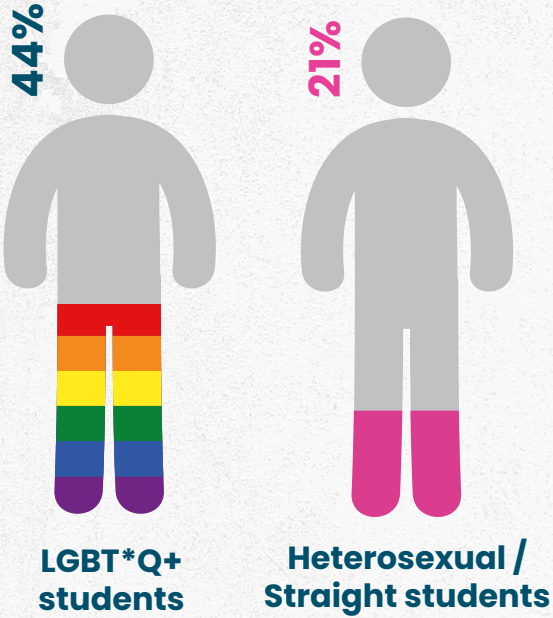
Over half (52%/ 149) of students who preferred to describe their gender another way, and **more than 1 in 4 (27%/ 1,615)** female students were 'very worried' or 'worried' about the impact the cost of living could have on them and their families.

Male students were the least likely to report this **(19%/ 1,068).**



Sexuality & cost of living

LGBT*Q+ students **(44%/ 680)** were **twice as likely** to report feeling 'very worried' or 'worried' about the how the cost of living could impact on them, and their families, compared to heterosexual peers **(21%/ 1,916).**



Additional support needs & cost of living

Students with additional support needs were much more likely to be 'very worried' or 'worried' about the impact of the cost of living than students without additional support needs (35% vs. 19%). For instance, over half (52%) of young carers and refugees (53%) were 'very worried' or 'worried' about the cost of living.

Additional support needs	%	Count
Mental health difficultly	42%	464
Been in care	40%	121
Carer	52%	165
Autism, Asperger's syndrome, ASD	38%	258
ADHD	39%	300
Refugee	53%	40
Disability	37%	232
SEN	35%	247
Free school meals	39%	475
Parent	35%	37

Students who identified with more of the 'additional support needs' (e.g., more than two support needs) in the survey tended to indicate higher levels of worry about the impact of the cost of living on them, and their family.



Other demographics & cost of living

- There are only slight differences in the percentage of students who were 'very worried' or 'worried' about the cost of living based on ethnicity.
- **Polish (31%)** and **Arab (30%)** students were most likely to indicate concern about how the cost of living could affect them and their families.

Other findings:

- There was a marginal positive correlation between year group and increased concern about the cost of living. As students got older, they became more worried. For instance, **21%** of Year 7s were 'very worried' or 'worried', compared to **29%** of Year 13s.
- Young people outside of mainstream education were much more likely to indicate concern about the cost of living, but the response rate (14 responses) makes it difficult to generalise these findings.

Ethnicity	%	Count
Arab	30%	13
Asian/ Asian British	22%	120
Black/ African/ Caribbean/ Black British	19%	52
Mixed/ Multiple ethnic group	28%	207
Other	26%	54
Polish	31%	91
Portuguese	29%	30
Romanian	22%	32
White	24%	2,263
White - Gypsy, Traveller or Irish Traveller	21%	19
No answer	28%	14

Who is worried?

Other factors influenced how worried students were about the cost of living.

- Students who were unhappy with their future (scoring below midpoint in the GCI) were twice as likely to be 'very worried' or 'worried' about the impact the cost of living could have on them and their families, then students who were happy about their future (**42% vs. 21%).**
- Students who were concerned about being underweight were the most likely to report being worried about going to school hungry now or in the future **(24%)**. This was followed by students who were concerned they were overweight **(19%)** and those not concerned about their weight **(8%).**

This graphic shows the difference between the average wellbeing scores of those who were 'very worried' about the cost of living, and those who were 'not worried at all'.



'Very worried' **(18.1)**

Not at all Worried **(21.8)**



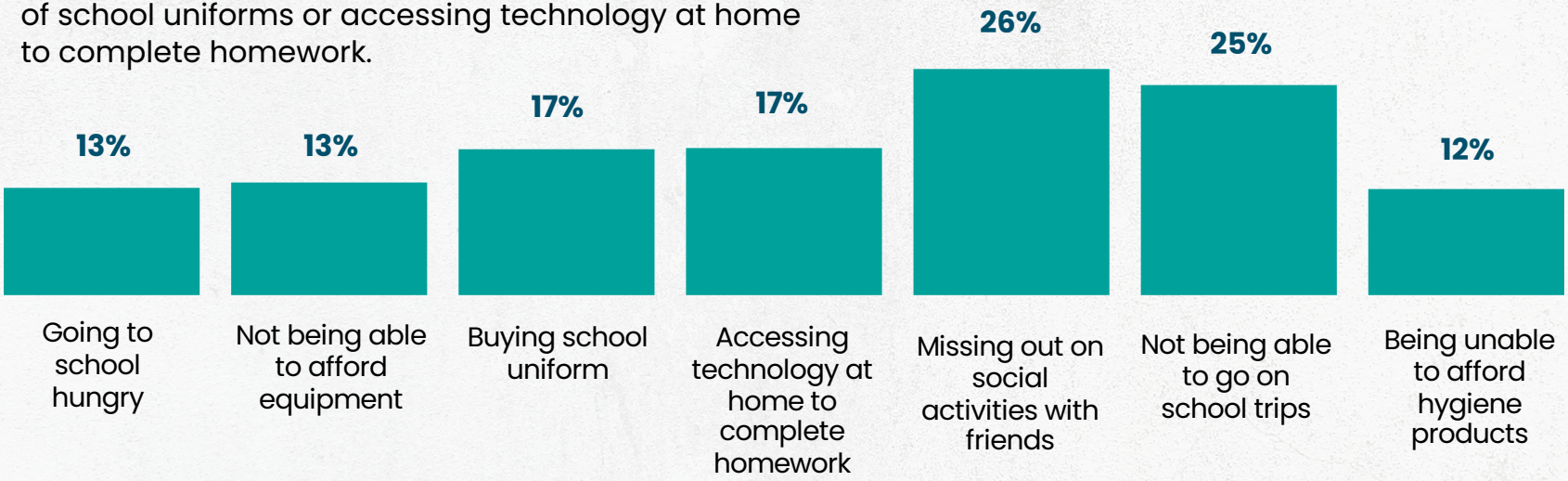
Four

...students in every classroom were worried about going to school hungry now or in the future.

Cost of living – what is worrying young people?

The graph shows the percentage of students that said they were worried about specific issues presented to them in the survey now' or for the future.

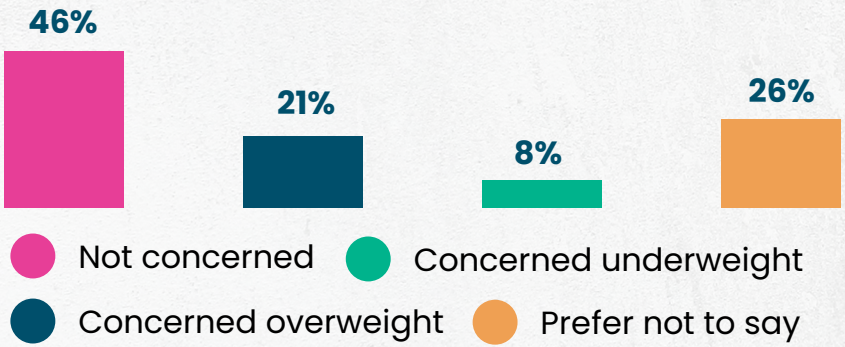
- Most were worried about impact on their ability to participate in social activities with friends **(26%/3,140).** This was closely followed by not being able to go on school trips **(25%/2,913).**
- A further **1 in 6** were worried about covering the costs of school uniforms or accessing technology at home to complete homework.
- Others were worried about going to school hungry **(13%/ 1,486)**, not being able to afford the correct equipment **(13%/ 1,562)** and not being able to afford hygiene products **(12%/ 1,478).**



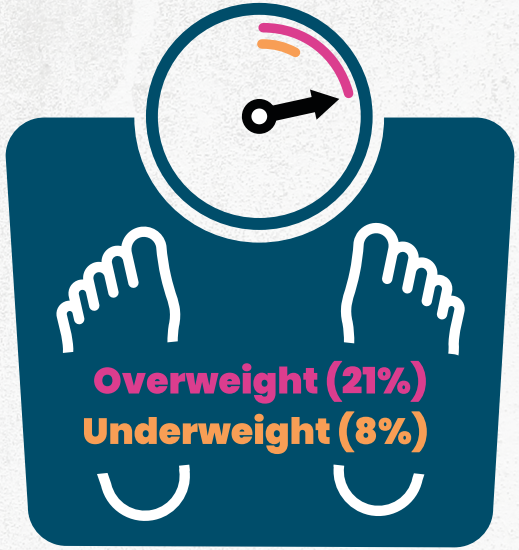
Healthy lifestyle

We asked students if they were concerned about their weight.

- **11,831** responded to the question.
- **21% (2,455)** were concerned about being overweight, and **8% (951)** were concerned about being underweight. **Nearly half (46%/ 5,388)** of students had no concerns about their weight.
- **A quarter (26%/ 3,037)** preferred not to say.



Are you concerned about being...?



Nearly a quarter were worried about being **overweight.**

Who is concerned about their weight?

Some students were more likely to be concerned about their weight than others. Some of the factors that are likely to influence perception of weight are detailed below.



High anxiety

Students with 'low' levels of anxiety were much less likely to be concerned about their weight than students with 'moderate' to 'severe' anxiety levels **(14% vs. 44%).**



Low wellbeing

Students with higher wellbeing scores were less likely to be concerned about their weight than students with low wellbeing **(13% vs. 49%).**



Unhappy with appearance

Students unhappy with their appearance were more likely to be concerned about their weight than students who were happy with their appearance **(51% vs. 20%).**



Unhappy with health

Students unhappy with their health were more likely to be concerned about their weight than students who were happy with their health **(54% vs. 25%).**

Weight concern, gender & sexuality

The graphic below shows the percentage of students concerned about their weight, and their gender. Students who preferred to describe their gender another way were the most likely to report being concerned about their weight.

Female students were more likely to be concerned about being overweight than male students **(25% vs. 15%)**. Conversely, male students were more likely to be concerned about being underweight **(10% vs. 6%)**.



Half of heterosexual/straight students reported that they weren't concerned about their weight compared to 26% of LGBT*Q+ students.

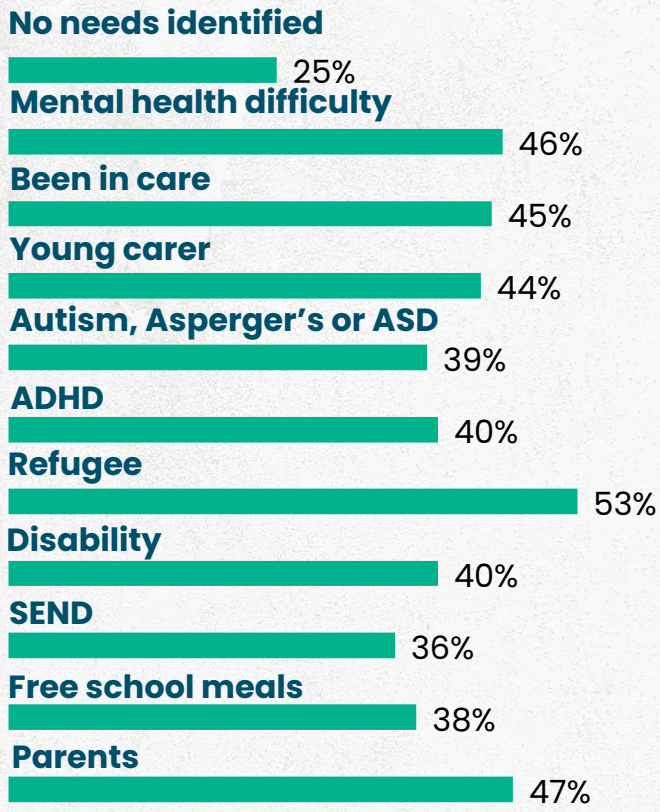


Weight concern and other factors

- Students with additional support needs were notably **more likely** to express concerns about their weight, compared to students without additional support needs **(37% vs. 25%).**

- The level of concern regarding weight increased as the number of additional support needs a person had rose. Overall, **25%** of those without additional support needs expressed concern, compared to **35%** of those with one, and **43%** with two or more additional support needs.

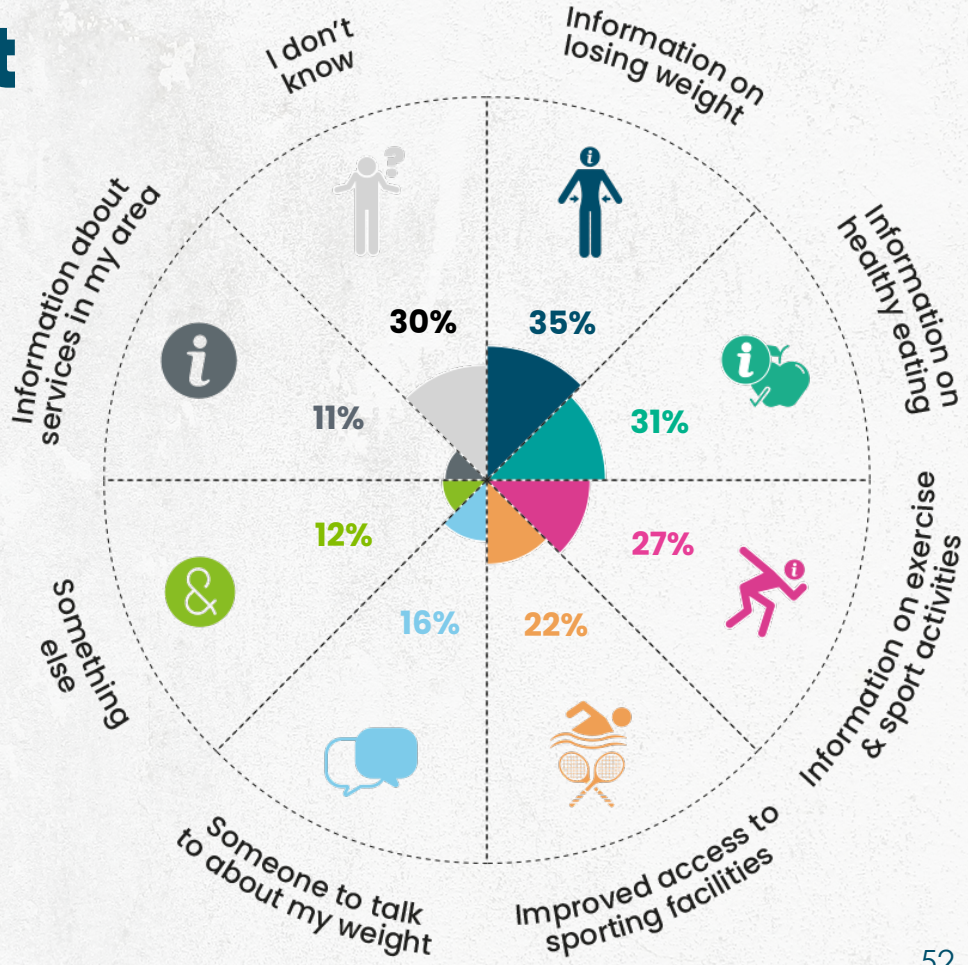
- Weight concern varied with ethnicity. Students who identified as 'white – gypsy, traveller, or Irish traveller' were most likely to report weight concern **(47%)**. Students who identified as 'Black African/ Caribbean/ Black British' **(52%)**, or 'Romanian' **(51%)** were the most likely to report they were not concerned about their weight.



Managing weight

We asked students what would help them to manage their weight.

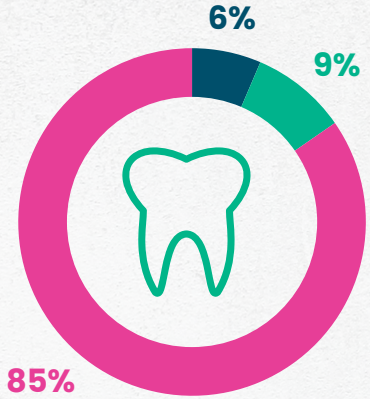
- **3,405** expressed concerns about their weight.
- The graphic (right) indicates their preferences regarding weight management support. The most favoured response was 'information on losing weight loss or gain' **(35%/ 1,184)**, closely followed by 'information about healthy diets' **(31%/ 1,040)**.
- **More than a quarter** of students wanted 'information about exercise and access to sporting facilities'.



Going to the dentist

In January 2023, 27,000 children and young people were on waiting lists for dental assessments and procedures at community dental services (British Dental Association, 2023). We wanted to find out how many young people had been to the dentist in the last two years.

Have you seen a dentist or a dental hygienist within the last 2 years?



Most **(85%/10,015)** students had been to the dentist in the previous two years. **1,056 (9%)** had not.

- Yes
- No
- I don't know

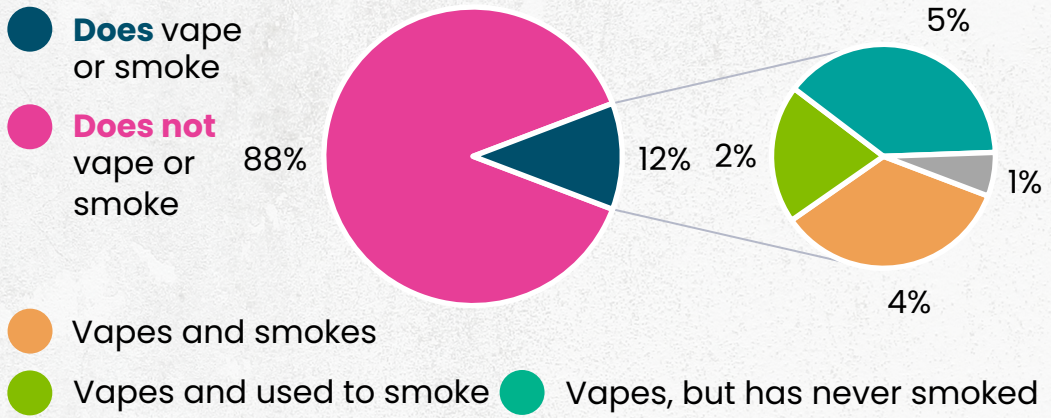
- Some students were more likely to say they had not visited the dentist.
- Students with additional support needs were **almost twice as likely** to indicate they had not visited a dentist in the last two years, compared to students with no additional support needs **(12% vs. 7%).**
- Students who preferred to describe their gender another way were **less likely** to report they had visited the dentist in the last two years **(72%)**, compared to female **(86%)** and male **(85%)** students.

Vaping

In the UK, it is illegal to sell vapes to people under the age of 18. However, data shows that the proportion of children experimenting with vaping is growing by 50% each year (Ash, 2023).

We asked students whether they currently vaped or smoked. **11,758** answered the question.

- **88% (10,486)** do not vape, although some **(86)** did smoke.
- **12% (1,272)** had vaped.
  - **5% (531)** vaped but never smoked.
  - **4% (469)** vaped and smoked.
  - **2% (272)** vaped and used to smoke.







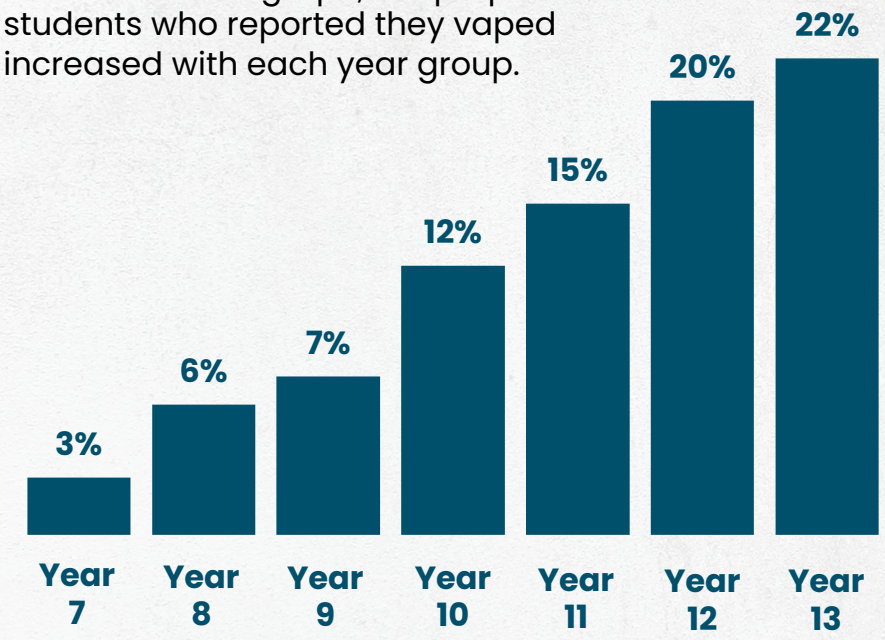
Eleven %

were vaping at the time of the survey

Who is vaping?

Certain students were more likely to vape than their peers. There were variations in the likelihood of vaping according to different factors.

As shown in the graph, the proportion of students who reported they vaped increased with each year group.



Additional support

Students who reported at least one additional support need were more likely to vape than their peers **(16% vs. 8%)**.

Gender

Female students were more likely to vape than male students **(12% vs. 8%)**. Those who preferred to describe their gender another way were the most likely to vape **(17%).**

Ethnicity

White –Gypsy, Traveller, or Irish Traveller **(29%)** and Arab **(21%)** students were more likely vape compared to other ethnic groups. For example, **6%** of Asian/ Asian British students vaped.

Reasons for vaping

Students who vaped were asked a fixed answer question 'why do you vape?'

- **1,272** students answered. Most said they liked the feeling it gives them **(39%/ 496)**. This was closely followed by liking the smell/flavour **(31%/ 393)** and being addicted to them **(31%/ 395).**

Students' reasons for vaping varied by whether they currently vape and smoke, had previously smoked or had never smoked.

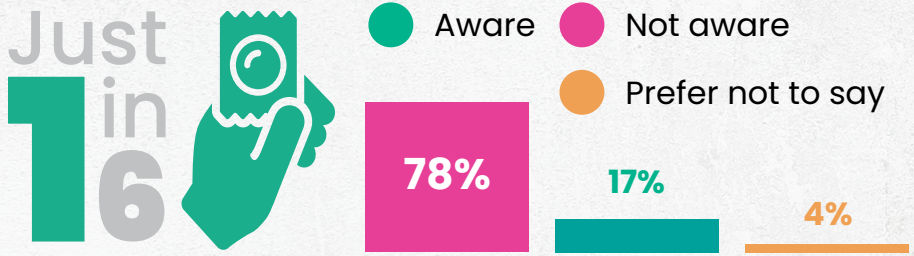
- Students who had never smoked were **less likely** to say that they were addicted to vaping. They were more likely to say that they vaped 'to give it a try'.
- **Nearly a quarter** of those who said that they currently vape and used to smoke said that they were trying to quit smoking tobacco.
- Of those who currently smoke and vape, **17%** were trying to quit tobacco.

Statement	%	Count
To give it a try	18%	228
To quit smoking tobacco	12%	148
Addicted to them	31%	395
Like the feeling it gives me	39%	496
Like the smell or flavour	31%	393
My friends do it	23%	295
Easier to get than cigarettes	11%	134
I don't know	19%	236

Sexual health

Increased awareness regarding sexual health is important within the context of rising national rates of sexually transmitted infections (STIs). Compared to 2021, the number of new STI diagnoses in 2022 among young people (15 to 24) increased by 26.5% (129,938 to 164,337), largely due to a near doubling of cases of gonorrhoea over the same period.

We asked students *in Year 9 and above* about their awareness of iCaSH. It is a free local service that provides sexual and reproductive health services, including contraception, STI testing and treatment. **7,264** students answered this question.

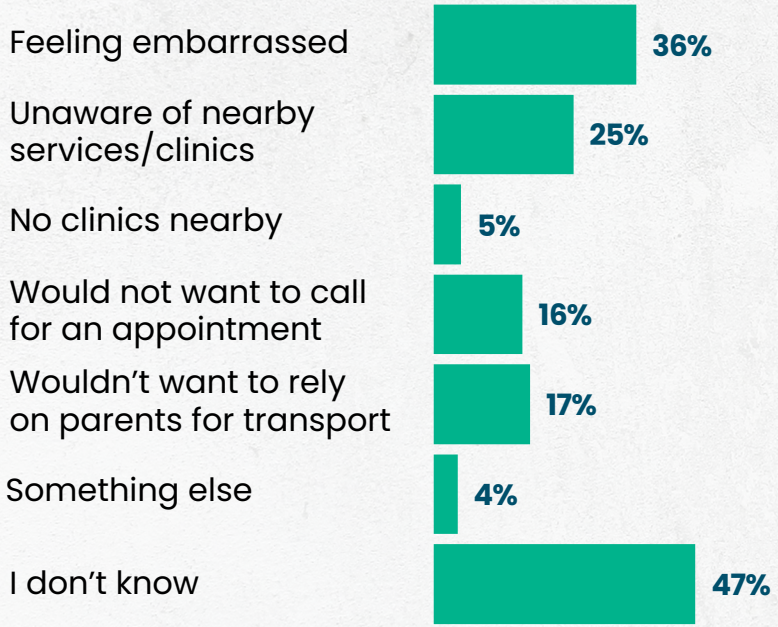


Just 1 in 6 (17%) students in year 9 and above were aware of iCaSH services and support, though awareness increased with year groupings.

- Female students were slightly more likely to be aware of iCaSH than male students. **(20% vs. 15%)**.
- Awareness of iCaSH increased with year group. In total, **11%** of Year 9s were aware, compared to **25%** of Year 13s.
- Students with additional support needs were slightly more likely to be aware of iCaSH than students with no additional support needs **(18% vs. 17%).**

Barriers to finding sexual health support

We asked students what might prevent them from attending a sexual health clinic. Their responses are detailed in the graph below.





36% (2,571) said feeling embarrassed would prevent them from attending a sexual health clinic.

- A quarter **(25%, 1,774)** said they were unsure about the locations of nearby iCaSH sexual health clinics.
- Other students indicated that they would be reluctant to contact services using the telephone **(16%/ 1,128)**, or they would be concerned about relying on their parents for transportation **(17%/ 1,224).**
- **348 (5%)** students indicated that they do not have a sexual health clinic near them.



Almost 2,000

...had seen ‘unwanted sexual behaviour’ in school or college, and *2,132* had seen students sharing ‘images or videos of other students of a sexual nature’.

Sexual harassment

In 2021, Ofsted reported that the frequency of harmful sexual behaviours at school or college means many young people considered them 'normal'.

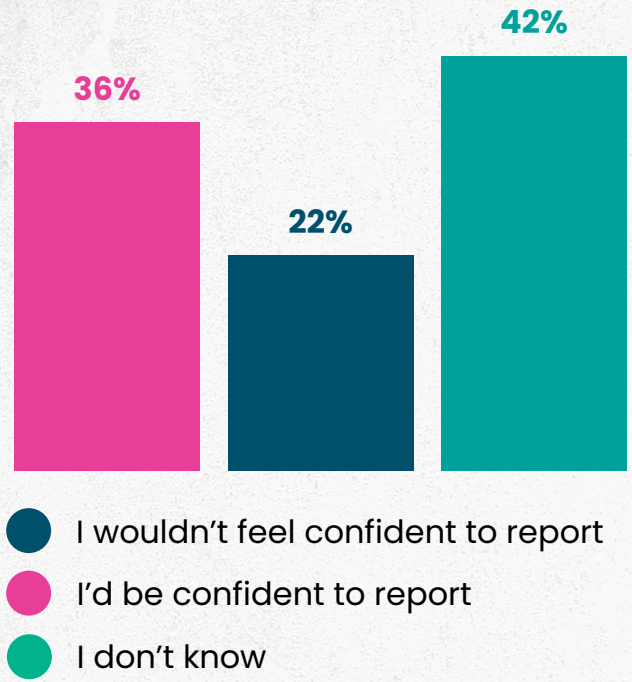
- **8,449** students (year 9 or above) were asked if they had heard or seen some specific forms of sexual harassment at their school or college.
- **4,807** had heard or seen at least one form of sexual harassment at their school or college.
- Over half had witnessed sexual jokes **(59%/ 4,305)** and the use of homophobic or transphobic language **(53%/ 3,896)** in their school or college.
- Almost **30%** had witnessed unwanted messages of a sexual nature **(29%/2,115)** and the sharing of images of videos of other students of a sexual nature **(29%/2,132)**Furthermore, a quarter had heard or seen other unwanted sexual behaviour **(24%/ 1,768).**

Statements	%	Count
Making sexual jokes	59%	4,305
Using homophobic language or transphobic language	53%	3,896
Sending unwanted messages of a sexual nature	29%	2,115
Sharing images or videos of other students of a sexual nature	29%	2,132
Making sexual comments about other students' appearances	38%	2,775
Making sexual threats	21%	1,509
Other unwanted sexual behaviour	24%	1,768
None of the above	35%	2,532

Reporting sexual harassment

Due to the sheer volume of sexual harassment identified in schools and colleges, we wanted to understand whether students felt confident reporting sexual harassment at their school or college.

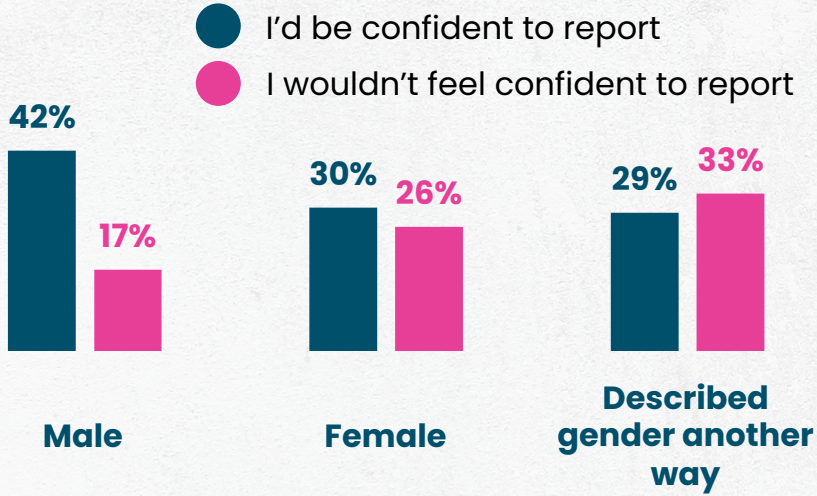
- **7,444** responded to this question.
- The largest proportion of students said they did not know if they would feel confident to report sexual harassment at their school or college **(42%/ 3,155)**.
- **36% (2,650)** said they would feel confident, and **22% (1,639)** said they would not feel confident reporting sexual harassment.
- **Less than a third** of students felt confident to report sexual harassment.
- Students who reported they had heard or seen sexual harassment at their school or college were less likely to feel confident to report it, compared to those who had not **(31% vs 45%).**



Reporting sexual harassment (Gender and year group)

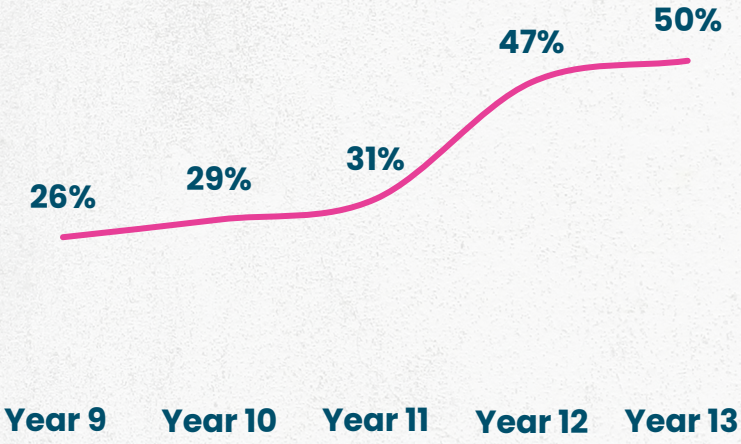
Male students were the most likely to report they would be confident to report sexual harassment **(42%).**

Whilst female students **(30%)** and those who preferred to describe their gender in another way **(29%)** were much less likely to feel confident to report sexual harassment.

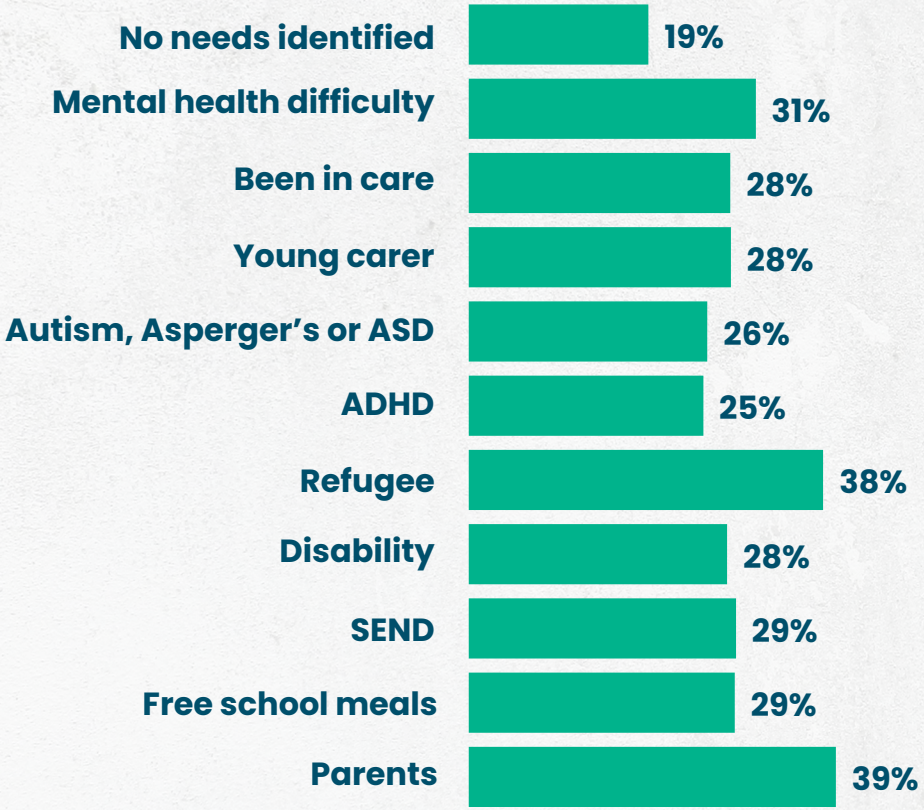


Students in Year 9, 10, and 11 were less likely to feel comfortable reporting sexual harassment at their school or college, compared to older students in Years 12 and 13.

The chart below shows the percentage of students in each year group that felt confident to report sexual harassment at their school or college.



Reporting sexual harassment (Additional support needs)



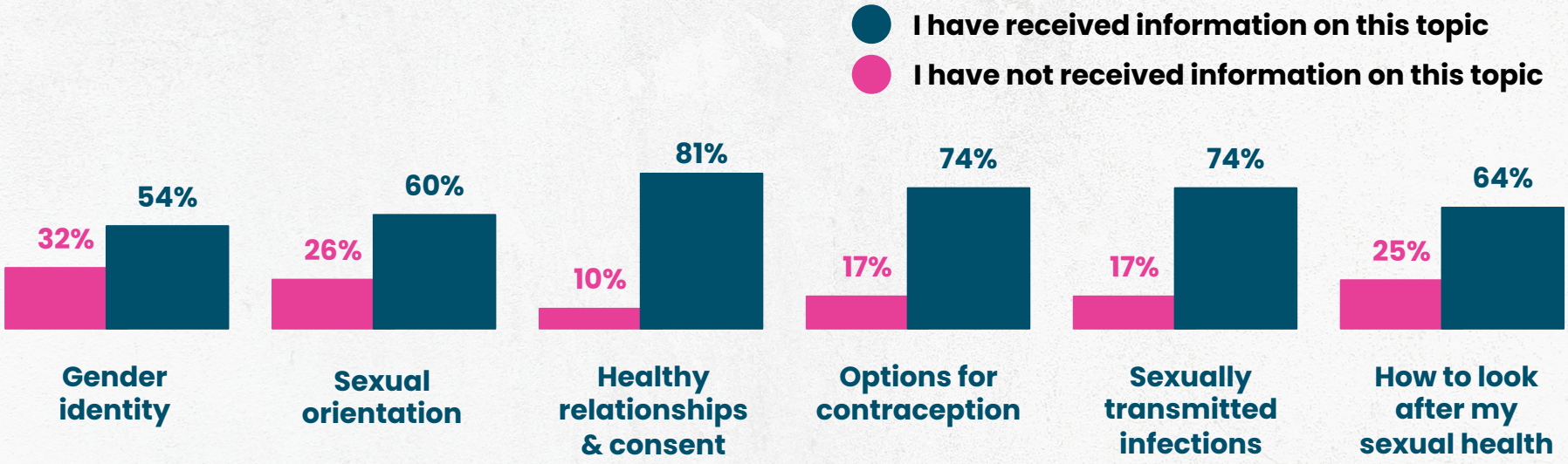
The graph (left) shows the percentage of students who would not feel comfortable reporting sexual harassment to their school or college.

- Students who identified with any additional support need were more likely to say they would not feel confident reporting. In particular, young parents **(39%/24),** refugees **(38%/19)**, and people with a mental health diagnosis **(31%/ 245).**
- There is a positive correlation between the number of support needs a student has and their confidence to report. For example, **20%** of students with no additional support needs said they wouldn't feel confident to report, compared to **28%** of those with two or more additional support needs.

Relationship & sex education

We asked students if their school/college gave them information about the following relationship and sex education topics. 7,013 answered the question.

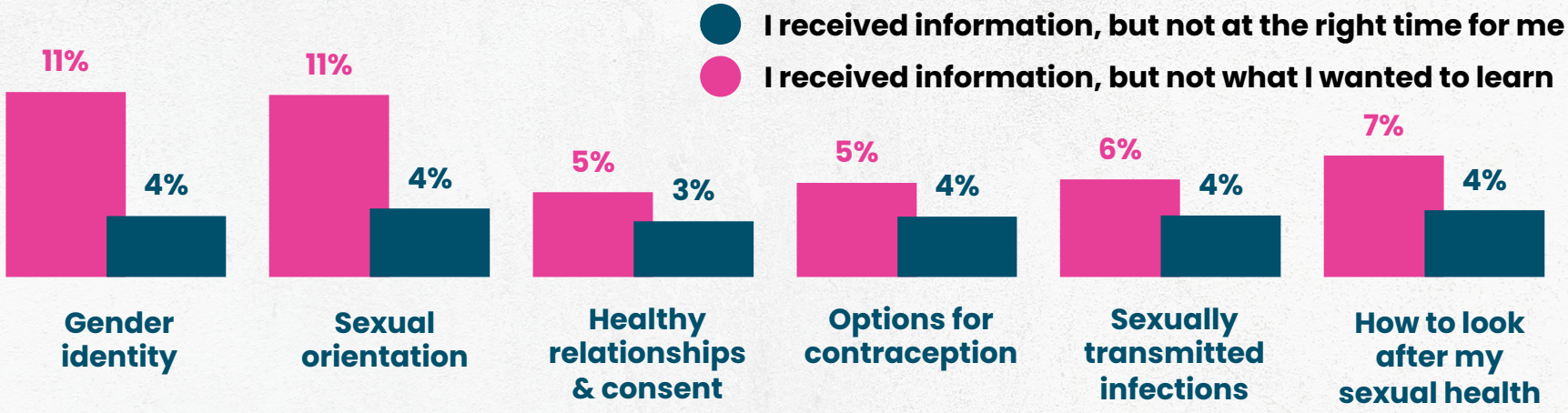
Most students had received information about all topics in the survey. However, thousands of students felt they had not received any information about the various topics, including information about gender identity **(32%/ 2,235)**, sexual orientation **(26%/ 1,797)**, and how to look after sexual health **(25%/ 1,763)**.



Was the RSE information enough & at the right time?

Students were also provided the opportunity to indicate whether the information they were provided on relationship and sex education was what they wanted to know, and whether it was given at the right time for them.

- Whilst most students had received information about the topics. For some students, it had not been what they wanted to learn or had not been given at the right time for them.
- For instance, **15% (1,003)** said information on gender identity, and **8% (571)** said information on healthy relationships and consent, was not what they had wanted to know or given to them at the right time.



Gender differences & RSE education

The table (right) shows the percentage of students that said they have not received information about topics in the survey.

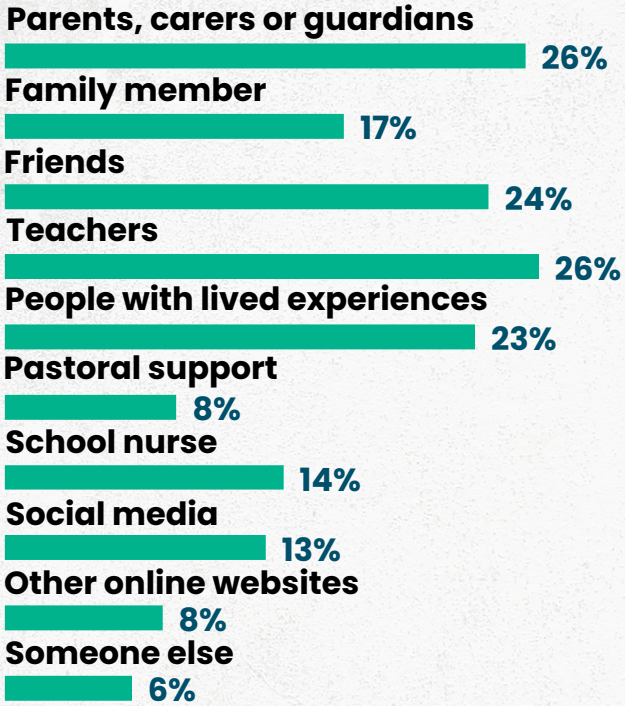
- Students who described their gender another way were the **most likely** to indicate they had not received information about the RSE topics.
- Male students were more likely to say they had not received information on healthy relationships, compared to female students **(12% vs. 8%)**. This was also the case regarding information about contraceptive options **(18% vs. 16%)**.
- Female students were slightly more likely to say they had not received RSE information about how to look after their sexual health **(27% vs. 23%).**

Topic	Male	Female	Described gender another way
Gender identity	30%	33%	52%
Sexual orientation	25%	25%	39%
Healthy relationships and consent	12%	8%	15%
Options for contraception	18%	16%	21%
Sexually transmitted infections	18%	15%	26%
How to look after my sexual health	23%	27%	39%

RSE & learning source preference

We asked students who would you like to give you information about relationship and sex education topics previously listed.

- Students had preferences for receiving information about RSE topics from a variety of sources, but most wanted to receive it from another person (e.g., a trusted adult or friend).
- Most students wanted to learn about RSE topics from either teachers **(26%/ 1,805)** or parents, carers, or guardians **(26%/ 1,763)**. This was closely followed by friends **(24%/ 1,639)** and people with lived experiences **(23%/ 1,593)**.
- **33% (2,272)** did not want more information about the RSE topics. Of these responses, **31% (697)** were unhappy with school.
- The response option of 'People with lived experiences' was suggested by students in MHoF (phase six, 2022) as a way to teach about mental health.

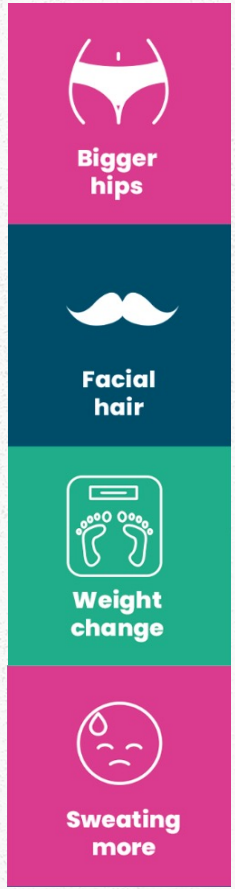


Hormones (Physical change)

The questions on hormonal changes were designed and developed with the support of Youthwatch Suffolk. Alongside these questions, we provided a graphic including some of the physical changes students may experience during puberty (see examples right). 10,994 people answered.

- Most said their school/college had given them enough information about the physical changes and at the right time **(61%/ 6,715).**
- However, **31% (3,374)** of students either said they were not given enough information, or the information was not offered to them at the right time.
- A further **8% (905)** of students said they haven't received any information about physical change from their school/college.

Information on physical changes	%	No.
I was given enough information and at the right time	61%	6,715
I was given information, but not enough or at the right time	31%	3,374
I haven't received any information about this	8%	905

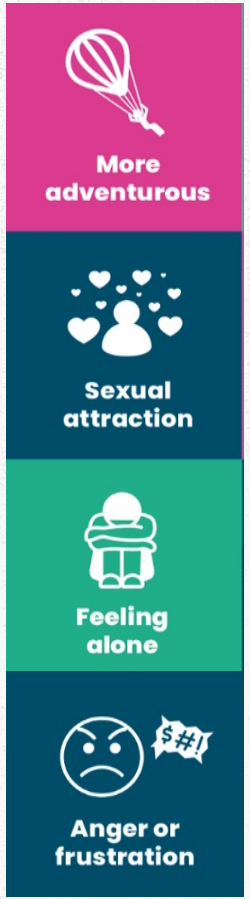


Hormones (Emotional change)

Alongside this questions, we provided a graphic that included some of the emotional changes students may experience during puberty (see examples right). 11,139 people answered.

- Over half **(53%/ 5906)** of students said they were given enough information about the emotional changes and at the right time.
- However, **35% (3899)** either said it wasn't enough information or wasn't at the right time.
- A further **12% (1334)** said they hadn't received any information about the emotional changes their body will be experiencing during puberty.

Information on the emotional changes	%	No.
I was given enough information and at the right time	53%	5906
I was given information, but not enough or at the right time	35%	3889
I haven't received any information about this	12%	1334



Learning about hormones continued

There were variations in the data for whether students received information about hormonal changes based on demographics.

- Female students were more likely to say information they received about hormonal changes was not enough, or not offered at the right time, compared to male peers. In particular, female students were much more likely to say they were not offered information about emotional changes **(24% vs. 16%).**
- For both emotional and physical changes, those who preferred to describe their gender another way were the most likely to indicate they had not received enough information at the right time for them.
- Similar trends were observed for students with additional support needs (see tables right for more details).

Physical changes	Additional support	No additional support
I haven't received any information about this	10%	7%
I was given enough information and at the right time	55%	64%
I was given information, but not enough or at the right time	25%	29%

Emotional changes	Additional support	No additional support
I haven't received any information about this	14%	11%
I was given enough information and at the right time	46%	56%
I was given information, but not enough or at the right time	40%	33%

The benefits of education about puberty

Education about physical and emotional changes to expect in puberty appeared to have a positive impact on other factors explored in the survey, highlighting the potential benefits of helping students to feel informed about what to expect during puberty.

Students that said they had received information on the physical and emotional changes to expect in puberty were:



Students who received information about physical changes were less likely to be concerned about their weight **(25% vs. 34%)**



Students who received information about emotional changes were less likely to have 'moderate' or severe' anxiety **(28% vs. 43%).**



Students who received information about physical changes were less likely to have lower SWEMWBS wellbeing scores **(6% vs. 16%).**



Students who received information about emotional changes were less likely to report unhappiness with their health **(8% vs. 18%).**

Going to the GP

We asked students about their experience of visiting the GP surgery about concerns with their physical and emotional health. 2,382 answered this question.

Experiences...	%	Count
I felt listened to	38%	906
They really tried to help	35%	844
I felt relieved after seeing the medical practitioner	23%	541
I was not taken seriously	22%	524
I was dismissed because of my age	16%	370
I was dismissed because of my gender	5%	123
I was told that what I was experiencing was normal during puberty, even though I felt it wasn't	25%	584
I wasn't believed about the level of pain I was experiencing	19%	462
I didn't feel involved in discussing options about treatment	17%	399

This table shows the percentage of students who selected each answer choice.

Our question was:

'If you have approached your GP surgery with a concern about your physical or emotional health, have you experienced any of the following (please tick all that apply).'

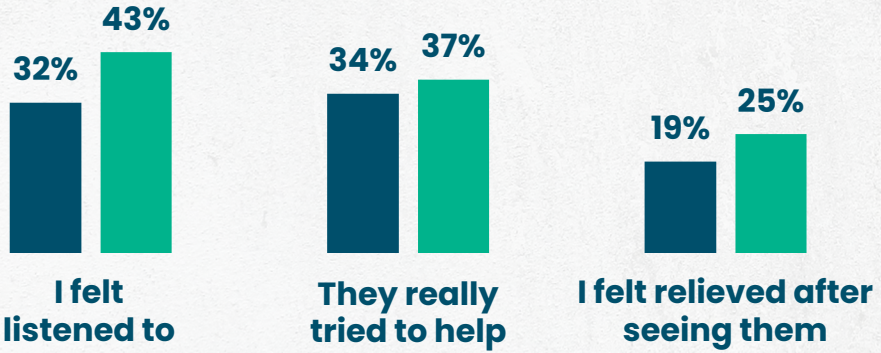
This question was asked within a part of the survey dedicated to understanding students' experiences of support for emotional and physical changes during puberty. The answer choices, determined in co-production with our Youthwatch network, included three positive statements and six negative statements.

GP experience – selecting positive statements

There was variation between demographics that appear to influence how students responded to the positive statements about accessing support from GP practices.



Students who preferred to describe their gender another way were least likely to say they felt listened to when visiting a GP practice.



- Students who preferred to describe their gender another way were the least likely to select the positive statements. Almost half **(49%)** of male students felt listened to, compared to **33%** of female students and **20%** of those who preferred to describe their gender another way.
- Heterosexual/straight students were more likely to select the positive statements than those who identified as LGBT*Q+. This was also the case for those students who did not identify with any of the additional support needs included in the survey.

Identified with additional support needs

No additional support needs

GP experience – selecting negative statements

The table below shows the percentage of students who selected negative statements in the survey about accessing support from GP practices.

Have you experienced...	Female	Male	Other gender
I wasn't taken seriously	24%	13%	44%
I was dismissed because of my age	17%	8%	35%
I was dismissed because of my gender	4%	4%	17%
I was told that what I was experiencing was normal during puberty, even though I felt it wasn't	29%	12%	49%
I wasn't believed about the level of pain I was experiencing	22%	10%	37%
I didn't feel involved in discussing options about treatment	16%	15%	37%

- Students who preferred to describe their gender another way were most likely to select the negative statements. These students were **more than twice as likely** to indicate they were dismissed because of their gender.
- Students with additional support needs were more likely to select the negative statements than students with no additional support needs. A quarter **(25%)** of this respondent group said they were not believed about pain they were experiencing, compared to **15%** of those with no additional support needs.

healthwatch Suffolk

This report has been produced to support the ongoing development and implementation of children and young people's mental health and emotional wellbeing support in Suffolk. It will be publicly available on the Healthwatch Suffolk website. It will also be made available to Healthwatch England, and bodies responsible for the commissioning, scrutiny or delivery of local health and care services.

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