

# Socio-economic status and well-being: an intersectional perspective

## Research

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# Socio-economic status and well-being: an intersectional perspective

<b>Audience</b>	This document aims to inform policymakers, education practitioners and people working to support the mental and emotional well-being of learners across the Welsh education system.
<b>Overview</b>	<p>This research report examines the relationship between learners' socio-economic status, gender and ethnicity and their well-being at school. Young people with recent experience of attending secondary school provide qualitative insight into the types of well-being support that may be more accessible to young people facing an increased risk of lower well-being in a school context.</p> <p>Authors: Elanor Harwood, Kathryn Newman, Graham Moore, Safia Ouerghi, Tom Lee and Kate Anstey</p>
<b>Action required</b>	Report has been shared with Welsh Government policymakers
<b>Further information</b>	Enquiries about this document should be directed to: Ellie Harwood Child Poverty Action Group 30 Micawber Street London N17TB e-mail: eharwood@cpag.org.uk



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This document is also available in Welsh.

### **About Child Poverty Action Group**

Child Poverty Action Group (CPAG) works on behalf of the more than one in four children in the UK growing up in poverty. It doesn't have to be like this. We use our understanding of what causes poverty and the impact it has on children's lives to campaign for policies that will prevent and solve poverty – for good. We provide training, advice and information to make sure hard-up families get the financial support they need. We also carry out high-profile legal work to establish and protect families' rights. CPAG is a charity registered in England and Wales (registration number 294841) and in Scotland (registration number SC039339).

### **About DECIPHer**

The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement is a research centre within the Cardiff University School of Social Sciences with a focus on child and adolescent health and social intervention. It is funded by Welsh Government via Health and Care Research Wales.

### **ALPHA**

Advice Leading to Public Health Advancement (ALPHA) is an advisory group of young people aged 14–25 based within the DECIPHer research centre. ALPHA members provide researchers with their perspectives on various public health topics, to help shape research projects and ensure they address questions which are relevant to the lives of young people, in ways which include the voices of young people.

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**SHRN Data Access:** Access to SHRN data was granted by the SHRN Team in the Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer) at Cardiff University. Data access requests can be made by contacting [shrn@cardiff.ac.uk](mailto:shrn@cardiff.ac.uk). Some variables are restricted to preserve the anonymity of study participants.

**All secondary analysis of SHRN data, and the conclusion drawn therefrom, are the work of the authors, who take full responsibility for the analyses contained within this paper.**

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## Executive summary

The World Health Organisation describe the objective of good health in two ways: “the best attainable average level – *goodness* – and the smallest feasible difference among individuals and groups – *fairness*” (WHO, 2000). This new analysis of population level data shows that, at present, many adolescents in Wales fail to benefit from good and fair mental and emotional health.

Going in to the pandemic, a significant minority of young people attending secondary school in Wales reported low levels of life satisfaction and well-being. Previous analysis of SHRN data found that there is a clear social gradient across most measures of adolescent well-being in Welsh secondary schools (Page et al, 2021). In this new intersectional analysis, we examine the association between socio-economic status, ethnicity and gender identity on mean well-being scores among young people attending secondary school in Wales. The analysis reveals that some groups of learners face an increased risk of reduced well-being due to the cumulative effect of multiple sources of inequality. Young people who identify as neither a boy nor a girl were much more likely to report difficulties with participation, inclusion and teacher relationships. Young people who were from a less affluent family, and identified as neither male nor female, were more likely to report reduced well-being than other groups. Likewise, low socio-economic status and belonging to a minoritised ethnic group increased the risk of young people reporting reduced well-being across a range of measures. As family affluence increased, well-being scores also tended to increase, even within minoritised groups.

The data show that the lowest well-being tended to be among young people at the intersection of multiple sources of inequality. Low affluence young people from minoritised groups were less likely to report that they liked school, had good relationships with their teachers, and felt like they belonged at their school. Young people with a gender identity outside the male/female binary, and low-affluence learners from some minoritised ethnic groups were also less likely to say that their school made support available to them if they felt worried, unhappy or unable to cope.

The existence of socio-economic gradients within minoritised groups illustrates the need to take an intersectional perspective when addressing the needs of disadvantaged learners. Tackling the impact of poverty or the effects of systemic inequality based on protected characteristics requires a nuanced understanding of how these factors combine to affect different aspects of a learner’s experience of school. Attention must be paid to inequalities within groups, as well as between them. Clear differences between the experiences of minoritised ethnic groups, and the variation by socio-economic status within these groups, supports the need to move away from carrying out equality analysis using large composite groups like ‘BAME’.

We also undertook qualitative research with young people from minoritised groups to inform interpretation of the School Health Research Network (SHRN) data and co-produce recommendations for this report. We spoke to 9 young people belonging to minoritised groups that face a higher risk of reduced well-being at a population level – either by reason of gender identity, ethnicity, socio-economic status, or a combination of these factors. The focus group participants echoed the feeling that not all learners are able to access formal and informal support to talk about their personal well-being and mental health while at school. Participants provided a number of emotive and systemic reasons for these barriers, including stigma and shame around reaching out for support, lack of awareness and

learning opportunities for pupils to understand their mental health, the quality of existing relationships with individual staff, and the importance of having someone at school to identify with. These barriers combined with convoluted routes to accessing support; excessively long waiting periods after referrals, the generalist structure of support, and the lack of guidance offered between formal support sessions. Most felt, despite a range of support being available in Welsh schools, support was often reactive to a crisis, and not always pre-emptive of a mental health crisis.

However, the young people we spoke to did not articulate a need for specialist or targeted support based on their minoritised identity – rather, they wanted high-quality, universal services, equally available to all, with support tailored to meet their unique needs as individuals. This supports the approach adopted within the Welsh Government’s whole-school framework to support mental and emotional well-being in schools (hereafter referred to as ‘the Framework’) (Welsh Government, 2021).

The Framework requires schools to support learner well-being across three domains – belonging, efficacy, and having a voice. In delivering universal and targeted interventions aimed at children and young people, or any interventions aimed at improving teacher knowledge and understanding of their own and children’s well-being, the school’s senior leadership need to ensure that planning and interventions are based on evidence.

Young people provided us with some specific recommendations to improve access to well-being support for minoritised groups at greater risk of poor mental and emotional health at school. In particular, two environmental themes were raised throughout the sessions; learners having access to a pastoral room, and the ability to leave the class if they were feeling overwhelmed. The majority of young people who engaged with the research project spoke about the difficulties that they had experienced with the timescales between reaching out and requesting support, and the support being made available to them. Young people felt that more effective triage should be used so those with urgent and significant difficulties are able to access support in a timely manner.

Young people also felt that aftercare and follow-up support should be improved – with some participants disclosing that they received very little support in terms of follow-up provision and checking-in. This was sometimes exacerbated by a lack of information sharing between schools and external providers of support, often leading to duplications of services or the expectation that the young person was receiving adequate support from external partners without explicitly checking whether this was the case.

The new analysis contained in this report may support schools with designing and delivering equitable and inclusive well-being plans for their learners. At a strategic level, it may also assist public bodies to discharge their duties under the Socio-economic Duty. In particular, a better understanding of the cumulative impact of certain forms of inequality will assist public bodies to set objectives and develop public services that improve equality of outcome for young people who suffer socio-economic disadvantage.

These findings provide an interesting insight into broad patterns of inequality in mental health and well-being among Welsh adolescents. They demonstrate that life beyond the school gates continues to play a driving role in young people’s well-being at school. There is some evidence that schools can be a protective factor for some low socio-economic status learners, but not all. The socio-economic mix and relative deprivation within schools also influences the extent to which low socio-economic status young people report feeling connected to and supported by their teachers.

Socio-economic gradients in well-being exist across Wales and in all types of schools. Targeting interventions toward deprived schools may therefore fail to address inequalities within more affluent schools. Implementing system-wide whole-school approaches which have greater effects among children from poorer backgrounds may be a more effective means of reducing inequalities.



## Introduction and background

Data from previous School Health Research Network studies and the 2019 Student Health and Wellbeing Survey (SHW) shows that most Welsh adolescents are happy with their lives and enjoy going to school. However, there are notable inequalities in these outcomes. Young women attending secondary school report lower well-being and life satisfaction than young men. Young people from less affluent households also report lower levels of well-being and life satisfaction compared to their more affluent peers. The majority of young people liked school; however, 14% of young men, and 15% of young women stated they did not like school at all. Young people from a less affluent family liked school the least, with 18% responding that they did not like school at all, compared to 14% of those in the highest family affluence group (Page et al., 2021).

Poverty at home is the strongest statistical predictor of how well a child will achieve in school (Cook et al, 2014). Analysis of UK-wide data from the Millennium Cohort Study demonstrates that children living in income poverty at 14 years old have poorer well-being in several respects, including cognitive abilities, physical health, and emotional and behavioural difficulties (Rees, 2019). Evidence suggests that these outcomes are a result of both direct deprivation, for example inadequate housing, difficulties providing healthy food, and less ability to afford books, computers, space to study and extracurricular activities, and also via the effect that coping with poverty has on people's mental health (Exley, 2016, Axford et al, 2018).

There is also substantial quantitative evidence that children from low-income families in Wales are more likely to report diminished well-being when they are at school, compared to learners from more affluent homes (Moore and Littlecott, 2015). The School Health Research Network Student Health and Well-being Surveys (SHW) suggest that there is a relationship between socio-economic status and young people's well-being across a range of measures, with children from less affluent families reporting lower life satisfaction, a reduced sense of inclusion, and greater challenges around peer conflict and bullying (Moore et al, 2017) (Page et al, 2021).

Child Poverty Action Group's qualitative work with children and young people in poverty at school often finds that low-income learners are more likely to report feeling excluded and unhappy due to stigmatising processes within the school environment (CPAG, 2021). Children and young people from less affluent families are also less likely to be able to access all of the enriching social and extra-curricular opportunities on offer after the school day has ended. Social exclusion due to socio-economic status may offer a partial explanation for why less affluent young people are more likely to report they are lonely and feel they do not belong at school.

The School Health Research Network infrastructure in Wales has been developed since 2013. This enables information to be collected from secondary school aged children in Wales every two years via the Student Health and Well-being Survey, with around 70% of eligible students responding in 2019 – a sample size of almost 120,000 respondents. The 2019 data indicated that at the whole population level, mental health difficulties among young people were widespread and rising even before the pandemic, with more difficulties experienced among more disadvantaged groups (Page et al, 2021). The large sample size of the SHW survey allows us to understand the health and well-being behaviours of different groups of students in a way that is not always possible with surveys that are conducted on a smaller base. The 2019 data were collected shortly before the onset of the Covid-19 pandemic, with the 2021 data currently being processed for future analyses (beyond this

report) of changes in well-being during the pandemic. However, we know from the SHRN primary school survey that emotional difficulties in early adolescence have risen sharply through the pandemic, with similar relative increases across the socioeconomic gradient, accompanied by growth in absolute inequality (Moore et al, 2022).

The intersectional analysis of the 2019 SHRN contained in this paper therefore provides a population-level baseline measure of adolescent mental and emotional well-being at school, before the Covid-19 pandemic began.

The data collected through successive SHRN surveys have shown that girls and gender-non-conforming pupils, young people from less affluent families, and young people from minority ethnic families were more likely to report lower aggregate well-being scores. In this report, we explore how these characteristics intersect across a range of measures for well-being, mental and emotional health, and school connectedness.

Alongside this new quantitative analysis, we conducted a series of qualitative focus groups with young people from minoritised groups, in order to understand their perspectives on the well-being support available in Welsh secondary schools. The focus groups were co-designed with the ALPHA young people's research advisory panel at the DECIPHer centre at Cardiff University. The co-design process allowed the researchers to focus on the themes in a way that minimised the risk of harm to participants, and drew out findings that young people themselves felt were most salient to the topic. In particular, we were interested in understanding whether young people were able to access support for well-being in a way that met their needs, and what recommendations they would make to policymakers to ensure that support for well-being at school is fully inclusive of young people of all genders and ethnic groups.

## **Policy context**

Young people's mental health and well-being continues to be a key policy priority in Wales. The Programme for Government 2021-2026 states the Welsh Government will "continue our long-term programme of education reform, and ensure educational inequalities narrow and standards rise." In addition, all Government programmes will seek to "celebrate diversity and move to eliminate inequality in all of its forms." Action taken within these policy areas should also seek to fulfil the "Well-being Goals" enshrined in the Well-being of Future Generations Act 2015, which underpin the priorities within the Programme for Government, particularly those that contribute to a prosperous Wales, a more equal Wales, and a Wales of cohesive communities.

The need to prioritise learner well-being sits front and centre of the educational agenda laid out in the Welsh Government's Renew and Reform strategy:

"Our primary focus is on providing funding direct to schools and colleges to support and promote well-being and progression for all learners. In addition to that, as the evidence suggests that the impacts of the pandemic have been different for different groups of learners, the plan also set out our plans to develop and deliver bespoke packages of support for those most affected by the pandemic."

In a recent update to the Renew and Reform agenda, the Education Minister states:

"We will continue to support vulnerable learners, including through the rollout of a whole-school approach to emotional and mental well-being...In addition to our

existing commitments, we will work to identify vulnerable and disadvantaged learners and seek to provide early, targeted support. We will continue to scope and identify the potential for further support to reduce the likelihood of long-term impacts on vulnerable and disadvantaged learners.”

Wales now has a detailed statutory framework for advancing a ‘Whole School Approach to Emotional and Mental Well-being’ (‘the Framework’). The Framework begins with an acknowledgement that, following the pandemic, “the spotlight is now firmly focused on emotional and mental well-being and, in particular, the well-being of children and young people and the role of schools in supporting and building positive well-being.” Recognising that young people are subject to many potential stressors, both inside and outside of school, the whole-school approach seeks to “support good emotional and mental well-being by promoting a positive cultural environment in schools, where children and young people form positive relationships with staff and other learners, and relationships are strengthened” (Welsh Government, 2021c). A theory of change and evaluability assessment has been undertaken, and independent evaluation is in progress via the Wolfson Centre for Young People’s Mental Health.

The Framework notes that living in poverty and/or experiencing discrimination on the grounds of race, sexuality, gender or religion can increase young people’s risk of reduced well-being at school. However, it does not go into explicit detail about the ways schools should seek to recognise or address the cumulative or intersectional impacts of different forms of disadvantage on young people’s mental health.

Integral to the new Curriculum for Wales, and in particular the Health and Well-Being Area of Learning, is a commitment to ensuring that a learner’s mental health is given equal priority to their physical health, and that their well-being is considered to be as important as their academic attainment. This Area is an entirely new element of the curriculum in Wales, which, in addition to providing new and exciting opportunities, will also present settings and schools with some new challenges.

The accompanying statement of what matters in this Area of Learning notes:

“Successful design, learning and teaching of the Area in the curriculum should be both underpinned and supported by the whole-school approach as the two go hand-in-hand. A whole-school approach to health and well-being should pervade all aspects of school life and be supported by school policies and practices. If there is not alignment between the two then learning in the Area would be compromised... Settings and schools are encouraged to think about how to provide support for learners when negative social influences create difficulties for individuals and groups and celebrate those social influences that contribute to health and well-being. These may be more global influences that affect large numbers of learners, but could also include things that affect smaller groups of learners.”<sup>17</sup>

The Whole-School Approach to Mental and Emotional Well-being directs schools to refer to data sources including SHRN reports and data as part of the process of scoping their well-being plans, in order to ensure they identify potential equity gaps and design a mixture of targeted and universal provision that supports all learners and staff.

A deeper intersectional understanding of learner well-being could prove to be a valuable tool to help schools begin conversations with their learners about what matters when designing effective well-being support. The data within this report will enable school councils

and curriculum working groups to understand more about the population-level indicators of structural inequality in Wales, equipping staff and learners as ethical, informed citizens who can recognise the factors that can affect their own health and well-being as well as the well-being of those around them.

## Literature review

### **The relationship between socio-economic status and mental and emotional well-being.**

It is well established that indicators of health typically follow a social gradient – that is, the wealthier you are, the more likely you are to report being in good health (Marmot, 2004; Marmot and Wilkinson, 2006; Marmot, 2015). Those in the middle of the affluence scale will, on average, have better health than those below them, while those at the top of the affluence scale will have better health than those in the groups below.

Some theorists believe that it is relative inequality between groups that produces these gradients in health outcomes. For example, Wilkinson and Pickett (2010) argue that high levels of relative income inequality lead to a wide range of social problems in the UK, with the mental and physical health of the population with the least most deeply affected. The existence of gradients in health and well-being demonstrate that people's position relative to those around them can produce detriment, and this means that work to improve health outcomes is not just a matter addressing the challenges facing the most disadvantaged, but also requires work to reduce inequality within the entire system (Powell and Scarbrough, 2018; Demakakos et al, 2008).

Examining health inequalities using a socio-economic gradient allows a whole-system perspective. In order to achieve optimal outcomes and the best possible health for all, attention needs to be paid to the outcomes and experiences of all people within a system, not just those at the bottom. As Michael Marmot notes “wherever we are on the social ladder, it is not about ‘them’, the poor, and ‘us’, the non-poor; it is about all of us below the very top who have worse health than we could have. The gradient involves everyone, rich, poor and in-between” (Marmot, 2015, p 28).

We know that socio-economic gradients exist in educational outcomes. The Programme for International Student Assessment (PISA) examines the relationship between academic attainment and relative affluence between learners within a particular country. PISA data show a graduated relationship between socio-economic status and educational outcomes among learners in Wales – a pattern replicated in almost every education system included in the OECD study (PISA, 2019). PISA studies also show us that it is possible to reduce the steepness of these gradients through focused strategies that act to reduce inequalities in the school environment, as well as wider society. Disentangling the relative importance between different environmental drivers is a critical step towards developing effective strategies that improve both educational attainment and population-level well-being. As Marmot notes, “to achieve good educational results, we also need to take action to reduce poverty and socio-economic inequality and to improve the family and community context in which children's education takes place” (Marmot, 2015: 169).

Data from the SHRN Health and Well-being surveys show that a socio-economic gradient also exists in the mental and emotional well-being of students in Welsh schools. Students from less affluent families are more likely to report reduced life satisfaction and face an elevated risk of experiencing a range of emotional difficulties, compared to their more affluent peers. Mental and emotional well-being increases as family affluence rises, with those in the highest family affluence tertile reporting higher life satisfaction and fewer emotional difficulties than those in the medium and low affluence tertiles (Page et al, 2021).

PISA studies also examine social gradients in the well-being of 15-year-olds across countries that participate in the study. The most recent PISA study found the most disadvantaged pupils in Wales had lower life satisfaction and a reduced sense of belonging in school compared to the most advantaged pupils in Wales, as well as a lower sense of belonging in school than their disadvantaged peers in England and Northern Ireland (Kuhn et al, 2021).

Recognising that health outcomes follow gradients rather than simply operating across a binary of advantage/disadvantaged groups requires approaches that provide support across the whole population. There is also some evidence that universalist approaches to health interventions in schools can accrue disproportionate benefit to the least privileged within a system, and thereby reduce socio-economic inequalities across the gradient. For example, an evaluation of the impact of the Welsh universal free school breakfasts programme found that while all children benefited from eating a free, healthy breakfast, the deliberate avoidance of targeting provision at 'the very poorest' meant the benefits were proportionately greater among the children further down the income distribution. In particular, the universality of the intervention may have helped to reduce stigma and increase uptake among less affluent learners (Moore et al, 2014).

## **Learner well-being in Wales**

In 2018, the Children, Education and Young People Committee of the Senedd ('CYPE Committee') carried out an inquiry into the emotional and mental health of children and young people in Wales. Their final report, *Mind Over Matter*, argued that not enough was being done to build a population of emotionally resilient and mentally healthy children and young people in Wales. Children and young people had limited options for mental health support, and those who could seek help faced a fragmented and complex system. Where services were available, there could often be long waiting times, and many young people were reaching crisis point because they were unable to access timely support to prevent their distress from worsening.

The report identified schools as a key place to help promote mental well-being and build resilience, allowing children and young people to access universally available early intervention and support for their emotional well-being.

The CYPE Committee published a progress monitoring report in 2020, which found that children and young people were still struggling to find the emotional and mental health support they needed, whether that is at an early stage to help prevent problems developing, or later down the line, when things have become worse and specialist help and care is needed.

The CYPE Committee also carried out a rolling inquiry into the impact of the Covid-19 pandemic on children and young people. They found growing concern about the impact of the ongoing pandemic situation on young people's mental well-being. They also found that the pandemic has not affected young people equally, with differing impacts experienced according to age group, economic background, and health status (Children, Young People and Education Committee, 2020).

The final report of the CYPE Committee in the fifth Senedd recommended that children and young people's well-being and education must be placed at the centre of all recovery

planning. They also recommend that policymakers “[adopt] a children’s rights approach to all decisions, across all sectors...the voices of children and young people must be heard by the decision makers to help shape our road to recovery.”

While the Mind Over Matter reports did not take an intersectional perspective on learner well-being, qualitative research by organisations that work directly with children and young people provides evidence that diminished well-being at school disproportionately affects young people with certain protected characteristics, including young people who identify as trans/gender-non-conforming (Stonewall Cymru, 2017).

Qualitative research by the Ethnic Youth Support Team, Tros Gynnal Plant and Show Racism the Red Card uncovered systemic issues around ‘race’ and racism within the Welsh education system, which the report authors believe may be contributing to reduced well-being for some minoritised groups. The report also notes that broader trends relating to socio-economic status and educational attainment are sometimes controverted by learners from certain ethnic groups, and calls for further intersectional investigation in this area (Wiegand and Cifuentes, 2021).

Research by the Children’s Commissioner for Wales found Black, Asian and minority ethnic children were more likely to report diminished well-being through the course of the pandemic (Children’s Commissioner for Wales, 2021). Similarly, the Ethnic Youth Support Teams’ evidence, submitted to the CYPE Committee’s inquiry into children and young people’s mental health and well-being during the pandemic, drew links between poverty, material deprivation and diminished well-being among Black, Asian and minority ethnic young people during the first year of the Covid-19 pandemic.

## **Introducing an intersectional lens**

The Welsh Government Anti-Racist Wales action plan defines intersectionality as “our overlapping identities and the ways in which they connect to systems and structures of oppression and privilege. Intersectionality provides an analytical framework, which considers the cumulative effect of multiple identities. It helps us to understand how people with different identities may experience services such as health and social care, education and employment differently.” (Welsh Government, 2021a). Intersectional analysis requires us to consider how people can experience cumulative disadvantage, across different domains.

There is substantial evidence that certain groups in the Welsh population are more likely to experience lower educational attainment, diminished access to opportunity, and poorer health outcomes (EHRC, 2018). Less is known about the relationship between poverty and characteristics protected by the Equality Act 2010. In 2011, the Equality and Human Rights Commission in Wales commissioned intersectional analysis of economic inequality in Wales. The study found certain groups in the Welsh population experience cumulative disadvantage associated with their protected characteristics, with gender, ethnicity and disability all attracting discrimination, which in turn creates a powerful set of determinants of people’s economic well-being.

The EHRC study notes that limited data availability hampers analysis of the impact upon some minoritised groups with protected characteristics, particularly the experiences of LGBTQ+ people (Davies et al, 2011). The School Health Research Network data is one of

the largest population level datasets on adolescent well-being health behaviours in the world. Since 2019, the survey has collected data not only on sex assigned at birth, but also lived gender identity, including an option to respond that neither of the terms 'male (boy)' or 'female (girl)' provide an accurate description of the respondent's gender. Further details of the sample sizes for different gender identities and sex assigned at birth can be found in appendix 1.

It is long established that there are significant variations within and between the health and well-being of minority ethnic groups in the British population (Nazroo, 1997). Because of the highly concentrated geographical locations of particular ethnic groups within Wales, regional studies often only cover one specific ethnic group. Recent research into the experiences of Black, Asian and minority ethnic people in Wales has highlighted the importance of using an intersectional approach when analysing the experiences of people of colour and other minoritised ethnic groups within the population (Welsh Government, 2020a). The Welsh Centre for Public Policy's paper on improving race equality in education notes "it is important that intersectionality and the impacts of different racial and ethnic minority groups are considered as far as possible when any actions are taken, and/or data collected." (Arday, 2021). The report's authors recommend that intersectional factors such as gender and sexual orientation should be considered alongside race when delivering interventions in schools.

Earlier surveys within the Health Behaviour in School-aged Children surveys in Wales (now nested into School Health Research Network surveys), while large at the whole population level, were not sufficiently large to allow robust analyses of well-being among smaller minoritised groups. However, the whole population based 2019 SHW contains responses from over 18000 young people who identify as belonging to a minority ethnic group. This allows statistically robust intersectional analysis across several domains within the survey. Further details of the sample sizes for different ethnic groups can be found in appendix 1.

## **Reduced well-being of gender minorities**

Schools in Wales have traditionally been highly gendered environments, with boys and girls often educated in entirely separate institutions, or within segregated settings on a single site (Delamont, 1990). Even as many education settings have moved toward co-educational provision, the learning environment usually remains highly structured along binary gender lines.

These divisions can be explicitly built into the fabric of the school (for example, toilets and changing rooms), and through school organisation, including occupational segregation in the education workforce. Gender binaries are also enforced through policies like gendered school uniforms, sex-segregated activities and distinct gender imbalances among students across many elective subjects in the curriculum (Hamilton and Roberts, 2017; Renold and McGeeney, 2017).

While Welsh legislation has driven forward progress towards a more gender-inclusive education system, research by Stonewall Cymru showed that the majority of LGBTQ+ young people in Wales report being bullied at school, with almost three-quarters of trans young people reporting this is the case (Stonewall Cymru, 2017). The 2019 SHRN Health and Well-being Survey shows likewise – in all year groups, rates of bullying victimisation were highest among those who identified as neither a boy nor a girl, with around three in 5 young people in this group reporting that they had experienced bullying in the previous couple of months. In addition, young people from less affluent families were more likely than



those from more affluent families to report having been bullied in the past couple of months, although there was little evidence of a socioeconomic gradient among those who reported bullying others (Page et al, 2021).

## **Reduced well-being of students from minoritised ethnic groups**

The Welsh Government's rapid evidence review of the disproportionate impact of the Covid-19 pandemic on Wales' minority ethnic groups concluded that race inequalities continue to exist within Wales, and these inequalities are often driven by socio-economic inequality, although direct and indirect racial discrimination also has a significant contributory role to play (Ogbonna et al, 2020). The report analysed data on pupil achievement by ethnicity, and found that, pre-pandemic, young people from some Black, Asian and minority ethnic communities have continued to succeed in education, with Indian and Chinese learners having particularly high attainment rates. However, some minority ethnic groups continue to experience large gaps in end of KS4 attainment rates – with only 11.1% of Gypsy/Roma learners achieving the Level 2 Inclusive Threshold, compared to 56.5% of white British pupils.

Less is known about socio-economic gradients in the mental health and well-being of minority ethnic adolescents in Wales. However, analysis of the impact of the Covid-19 pandemic on the entire population found it has had a more detrimental effect on the mental health of those of Black, Asian and minority ethnic backgrounds. For instance, in June 2020, Black, Asian and minority ethnic individuals in Wales reported on average more than 4.1 problems associated with mental distress, whilst White British individuals reported 2.7, a difference of 55% in relative terms. The same study found the mental health gap between the lowest and highest income quintiles has widened significantly during the pandemic. Measuring mental health using the General Health Questionnaire –12 score, researchers found that, in November 2020, GHQ-12 scores for the lowest income quintile increased by 39% compared to the pre-COVID-19 period. In contrast, the highest income earners only experienced a deterioration in their mental health of 0.6 points (or 6.5%) over the same period (Rodriguez, 2021).

# Quantitative analysis

## Methodology

The SHRN SHW survey uses a range of individual and composite measures to quantify young people's mental and emotional well-being. We examined to what extent young peoples' socio-economic status affects their mean well-being scores across three composite measures – the Short Warwick-Edinburgh Mental Well-being Scale, The UCLA 3-item loneliness scale, and Strengths and Difficulties Questionnaire. Results were then further disaggregated by gender and ethnicity, to examine whether socio-economic gradients persist among young people of different genders and ethnic groups.

We also explored the relationship between socio-economic status, gender and ethnicity, and life satisfaction, as well as various experiences of attending school. We explored differences in the mean scores for learners' relationships with teachers, their sense of belonging at school and the extent to which they said they liked going to school.

## Defining 'young people'

The population of interest in the quantitative strand of this study are adolescents attending secondary schools in Wales, in academic years 7, 8, 9, 10 and 11.

## Defining gender

Following feedback from schools, the SHRN question on gender was amended in the 2019 survey to provide a response option for young people who identify as neither a boy nor a girl, while a question on sex at birth was also added (an overview of the responses to these questions is included in appendix 1). In short, young people who identified as neither a boy nor a girl represented 1% (n=1,191) of students sampled from years 7 to 11. The percentage of young people choosing not to answer the question on gender fell from 2017 to 2019 by an amount which matched the percentage selecting this item, indicating that this provided a meaningful option for many young people who would otherwise have declined to answer.

## Defining ethnicity

Respondents were asked to select the ethnic group they identified with. Non-response to this item was around 3%. Because there are less than 1000 young people of some ethnic groups attending secondary schools in Wales, composite ethnic groups have been used in order to enable subsequent disaggregation into socio-economic tertiles. Where tertiles within these composite groups contain less than 50 respondents, the results have been suppressed within the charts and data tables. These composite groups do not contain all the minority ethnic young people who took part in the survey because some groups contain too few respondents to report results without compromising statistical certainty. Where respondents in any analytical category comprise fewer than 1000 individuals, confidence intervals for the results are specified in the data tables.

## Defining socio-economic status

The SHW survey uses the Family Affluence Scale (FAS) as a proxy for the respondent's socio-economic status. Researchers exploring socio-economic variations in children and young people's health discovered that children and adolescents often did not have accurate information on their family's finances, education level or occupation, and that a less

intrusive, more comprehensible approach had to be utilised in order to identify their socioeconomic status (Currie et al, 1997). The FAS uses a 6-item questionnaire about resources and activities in the young person’s family home to allocate them to either low, medium or high affluence tertiles. Details of the questions used in the FAS can be found in appendix 2.

Where FAS scores are aggregated at the school level, their correlation with free school meals (FSM) entitlement is around 0.8, and models using either FSM or aggregated FAS score tend to produce very similar results (Moore and Littlecott, 2015). At the individual level, when studies rely on young people to self-report their socio-economic status, FAS tends to be preferable as an indirect measure of affluence, due to the ethical issues associated with asking learners about their free school meal entitlement. It also provides a continuous/ordinal measure, which is analytically more useful than a binary yes/no item on FSM entitlement, because the data then allows researchers to model gradients, which FSM, as a binary measure, does not. FAS is also used as standard throughout the 50-country Health Behaviours in School Children (HSBC) collaboration, and UK-based research programmes in to adolescent health behaviours are increasingly using FAS rather than FSM eligibility to measure socio-economic status.

### Sample size and response rates

Two hundred and ten schools were invited to participate in the survey (205 maintained schools and five independent schools). In total, 198 (94%) schools participated, from which 119,388 11–16 year olds provided responses (a 77% response rate). This is an overall response rate of 72% when considering the entire learner population in Welsh secondary schools. Student participation and response rates by year group showed similar response rates from years 7 to 9 followed by a notable drop thereafter (sample characteristics with respect to gender, family affluence, and ethnicity are given in appendix 1).

Table 1 Sample and student response rate by year group

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

Note: 329 students were withdrawn by their parents.

# Results

## Total Difficulties

Total difficulties refers to the completed score derived from responses to the Strength and Difficulties Questionnaire (SDQ). The SDQ asks respondents the degree to which they think 25 different traits apply to themselves. The total difficulties score is generated by summing scores from all the scales, except the prosocial scale. The resultant score ranges from 0 to 40, and results can then be cut using a four-fold classification to examine deviation from the average. The classification classes 80% of responses as 'close to average', 10% 'slightly raised', 5% 'high' and 5% 'very high'.

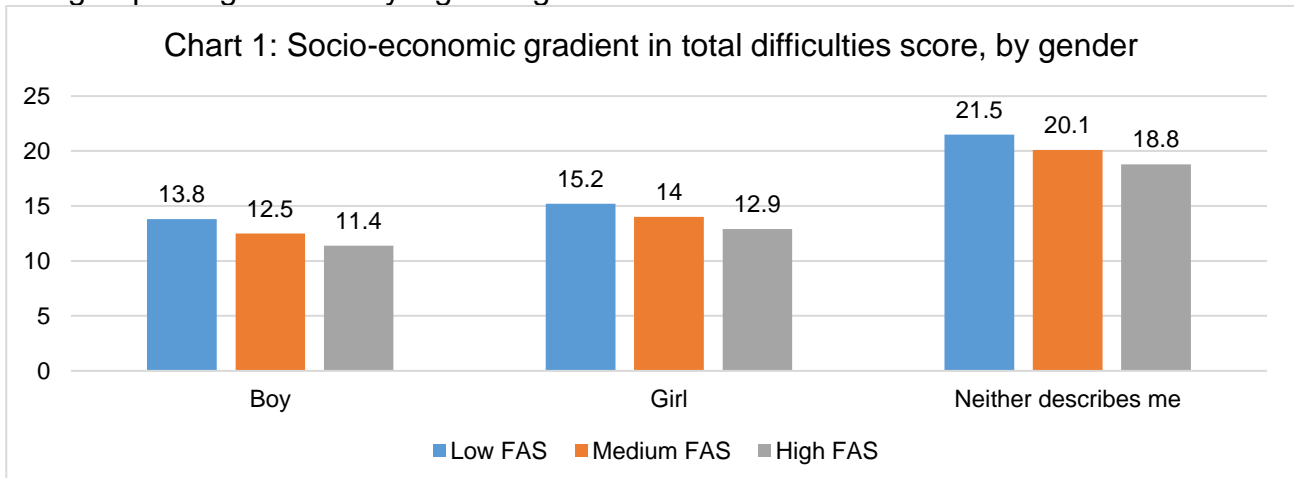
Table 2: SDQ cut points used to categorise responses

Close to average	0 – 14
Slightly raised	15 – 17
High	18 – 19
Very high	20 – 40

Almost 2 in 5 (39%) young people reported mental health symptoms classed as at least slightly raised on the SDQ total difficulties score, with almost 1 in 5 (19%) reporting 'very high' mental health symptoms. Girls were more likely than boys to report elevated mental health symptoms, while a majority (54%) of young people who identified as neither a boy nor a girl reported mental health symptoms in the 'very high' range. Socio-economic gradients also exist for the total difficulties experienced by young people in the population as a whole.

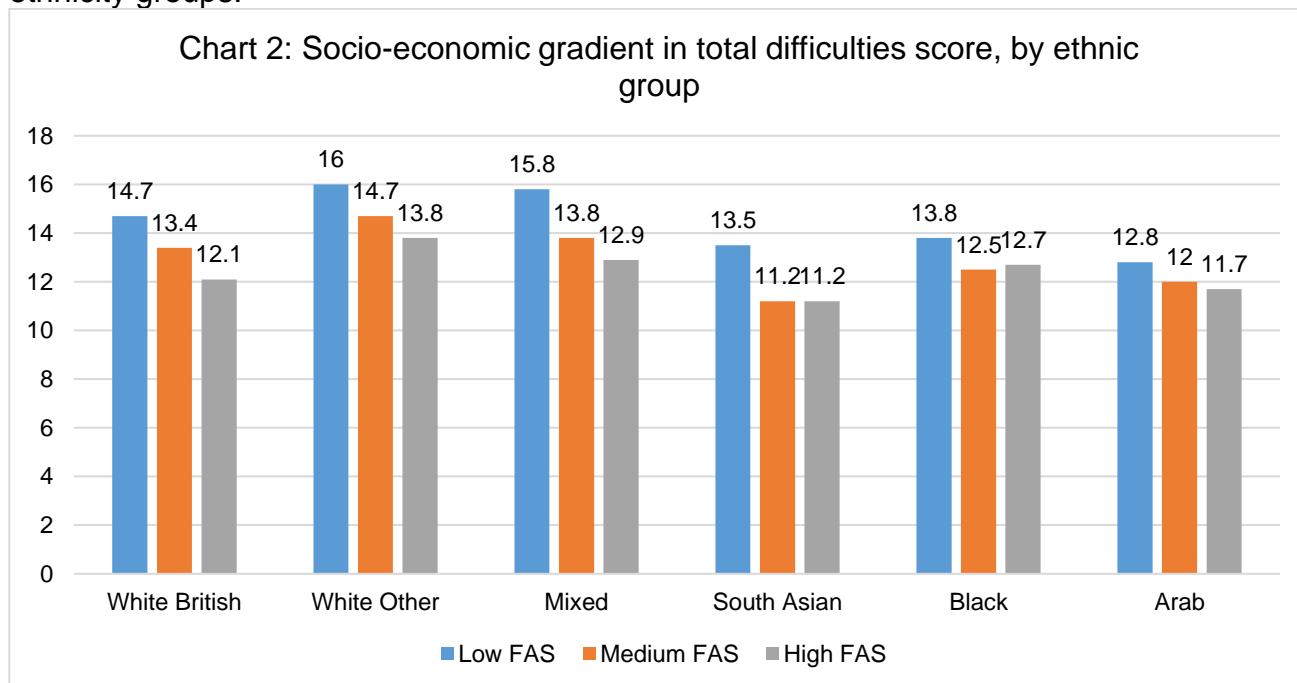
### The association of socio-economic status and gender with total difficulties

Socio-economic gradients exist for all genders, although all tertiles of boys fall, on average, within the 'close to average' range. On average, girls in low affluence households are more likely to report slightly raised scores than boys of a similar socio-economic status. Young people who do not identify as a boy or a girl are likely to, on average, report high or very high total difficulties, regardless of family affluence. However, for this group, the lower the young person's household affluence, the higher their total difficulties score is likely to be. Non-binary young people in the lowest family affluence tertile have the highest score of any group within the total difficulties question, with the average score for a young person in this sub-group being in the 'very high' range.



## The association of socio-economic status and ethnicity with total difficulties

Socio-economic gradients for total difficulties scores also exist within minority ethnic groups, although in some groups, medium and high affluence young people have broadly similar scores. In every ethnic group, low affluence learners have higher average total difficulties scores than equivalent learners in higher affluence tertiles. The highest scores for total difficulties scores are found among low-affluence minoritised white and low-affluence mixed ethnicity groups.



## Short Warwick-Edinburgh Mental Well-being Scale

The SWEMWBS is a short version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The WEMWBS was developed to enable the monitoring of mental well-being in the general population. SWEMWBS is comprised of seven items that ask about the following experiences over the last 2 weeks:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things.

Respondents can choose from the following options:

'None of the time'/'rarely'/'some of the time'/'often'/'all of the time'.

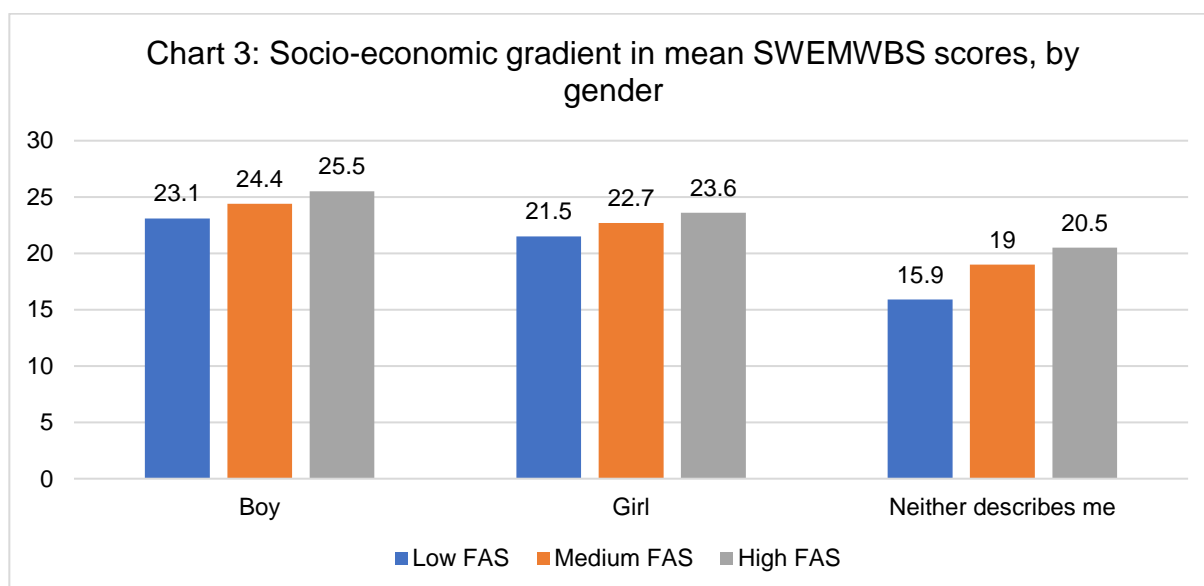
Item responses are assigned a numerical score from 0 to 4, with an overall score derived based on the summation of these individual scores. A higher overall SWEMWBS score is indicative of more positive mental well-being. In the entire SHW survey sample, mental well-

being scores on SWEMWBS were approximately normally distributed, with 25 the most common score, but a mean score of 24.

### The association of socio-economic status and gender with mental well-being

On average, girls reported lower mental well-being than boys, while scores were lowest among young people who identified as neither a boy nor a girl. Socio-economic gradients in mean SWEMWBS scores exist in all gender categories in our analysis. Overall, the lower a young person's affluence, the lower their mean SWEMWBS score is likely to be. However, low-affluence boys have higher levels of mental well-being than girls in both the low and middle affluence tertiles.

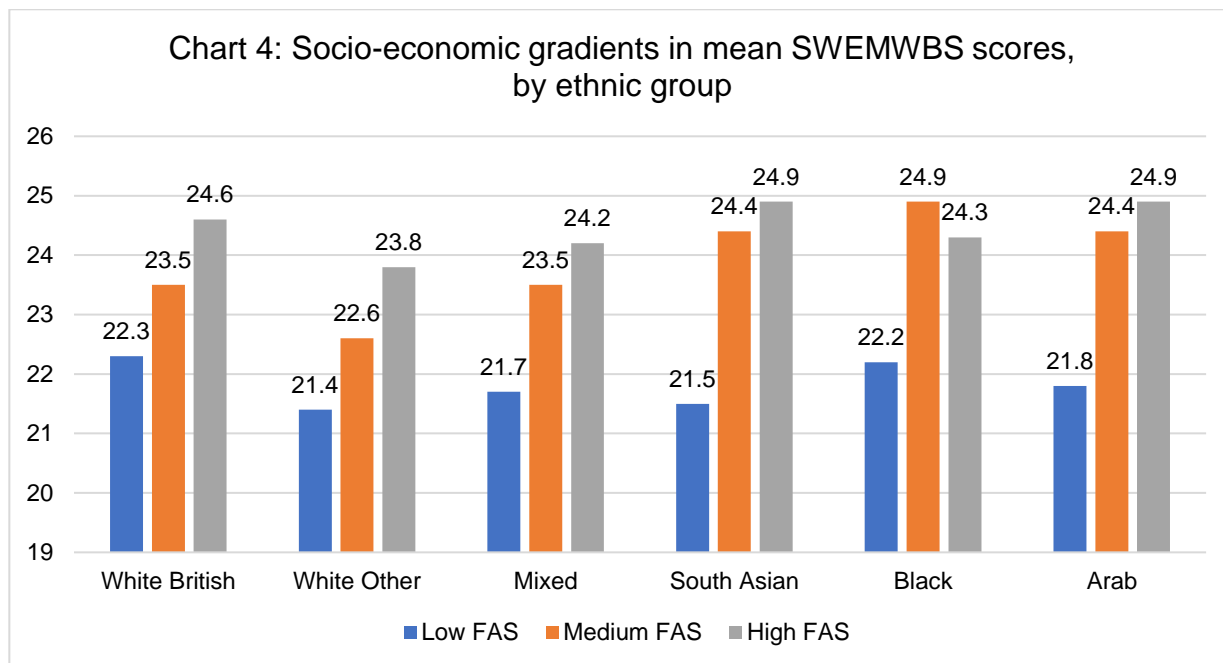
Young people who identify as neither a boy nor a girl are more likely to report low levels of mental well-being, compared to boys and girls in all socio-economic groups, even if they are in the highest affluence tertile. This is partly driven by extreme cases – 12% of non-identifiers scored as low as possible on the SWEMWBS scale, compared to only 1% of boys and girls. However, even once those cases are removed, young people who do not identify as a boy or a girl still fare worse, on average, than boys and girls.



### The association of socio-economic status and ethnicity with mental well-being

There is a clear socio-economic gradient in mental well-being for both white British and most Asian and minority ethnic students.

Black, Asian and minority ethnic learners in the lowest affluence tertile tend to have slightly lower mean SWEMWBS scores than their White British peers in the same socio-economic position, however some of these differences may not be statistically significant. South Asian, Black and Arab students from the middle tertile of family affluence tend to report higher levels of mental well-being than their white British peers in the medium affluence group. Minoritised white ethnic groups report the lowest mean SWEMWBS scores across all tertiles.



## Loneliness

The UCLA loneliness scale asks respondents about their relationships with others. Respondents are asked how frequently they feel:

- You have no one to talk to
- Left out
- Alone

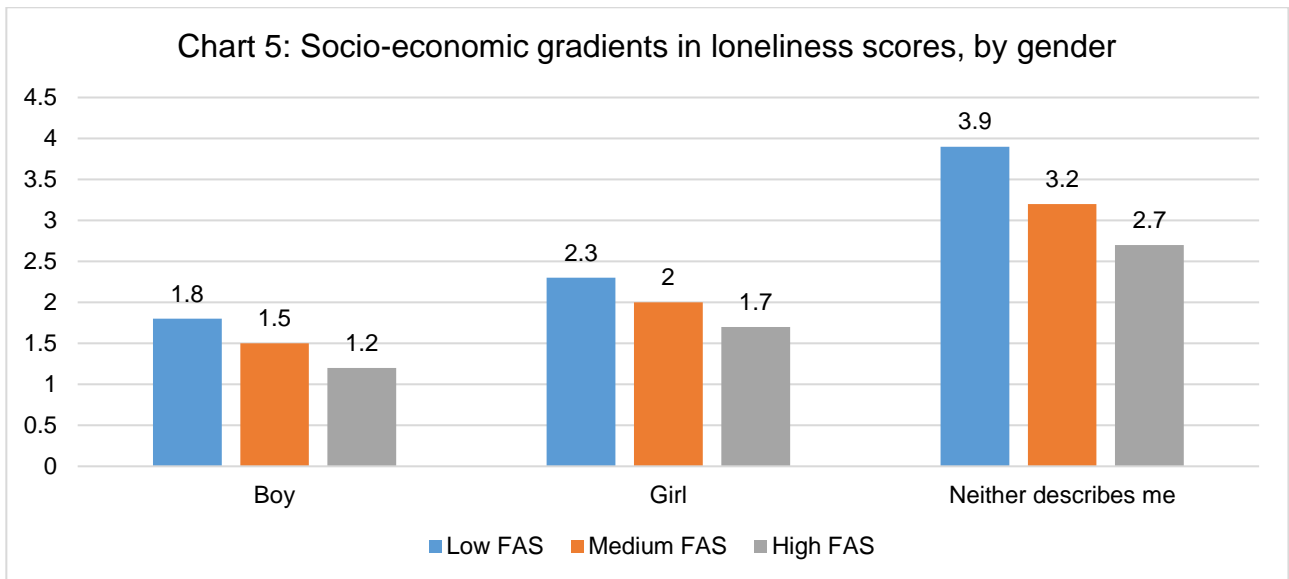
Respondents have the option to respond 'hardly ever or never', 'some of the time' or 'often' to each item.

Item responses are assigned a numerical score from 0 to 2, with an overall score derived by summing individual item scores. Scores on the UCLA loneliness scale therefore range between 0 and 6, with a higher score indicating more frequent loneliness. There is no standard accepted cut-off where a person scoring above/below a particular value would be considered lonely.

### The association of socio-economic status and gender with loneliness

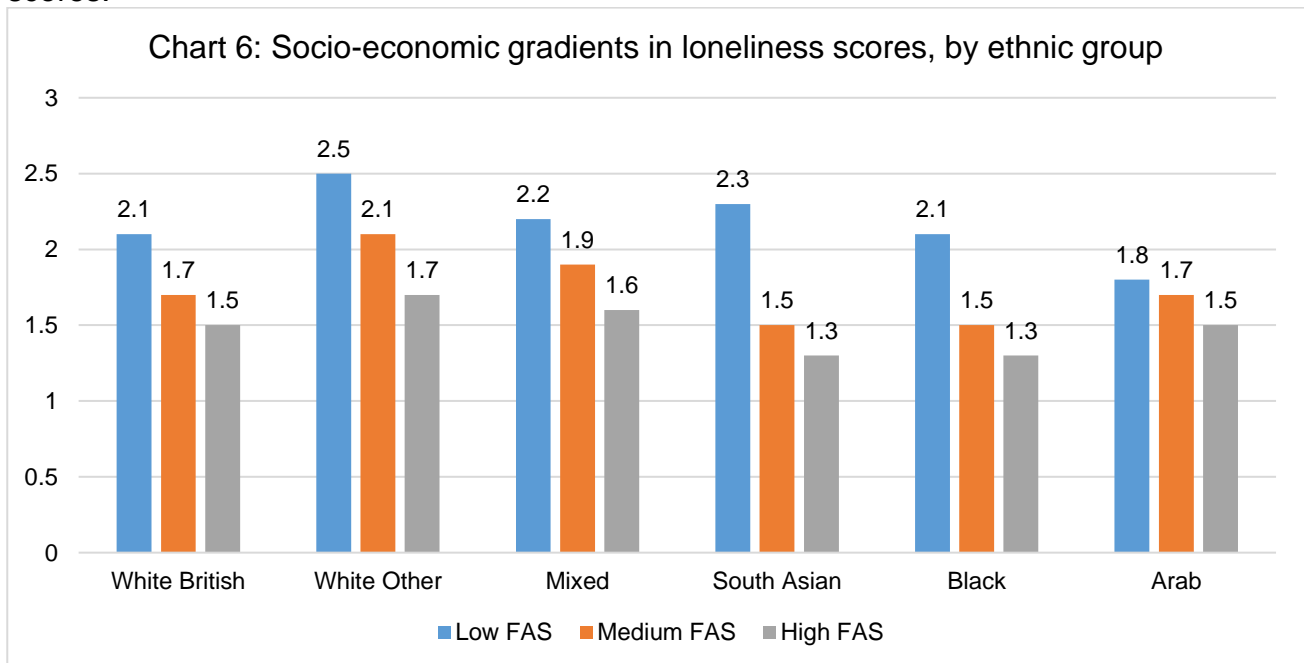
On the UCLA loneliness scale, girls reported more frequent loneliness than boys, while young people who identified as neither a boy nor a girl were the most likely to report feeling lonely.

A clear socio-economic gradient exists across all genders, with the least affluent young people in each gender category more likely to say they often felt lonely.



### The association of socio-economic status and ethnicity with loneliness

Clear socio-economic gradients in loneliness also exist across all ethnic groups. Low affluence learners from all ethnic groups were more likely to report experiencing loneliness than their more affluent peers, but the extent of loneliness varied considerably between different ethnic groups. Low affluence learners from south Asian, mixed and minoritised white ethnic groups reported higher loneliness scores than white British learners in the same FAS tertile. Arab learners of all socio-economic statuses reported lower loneliness scores.



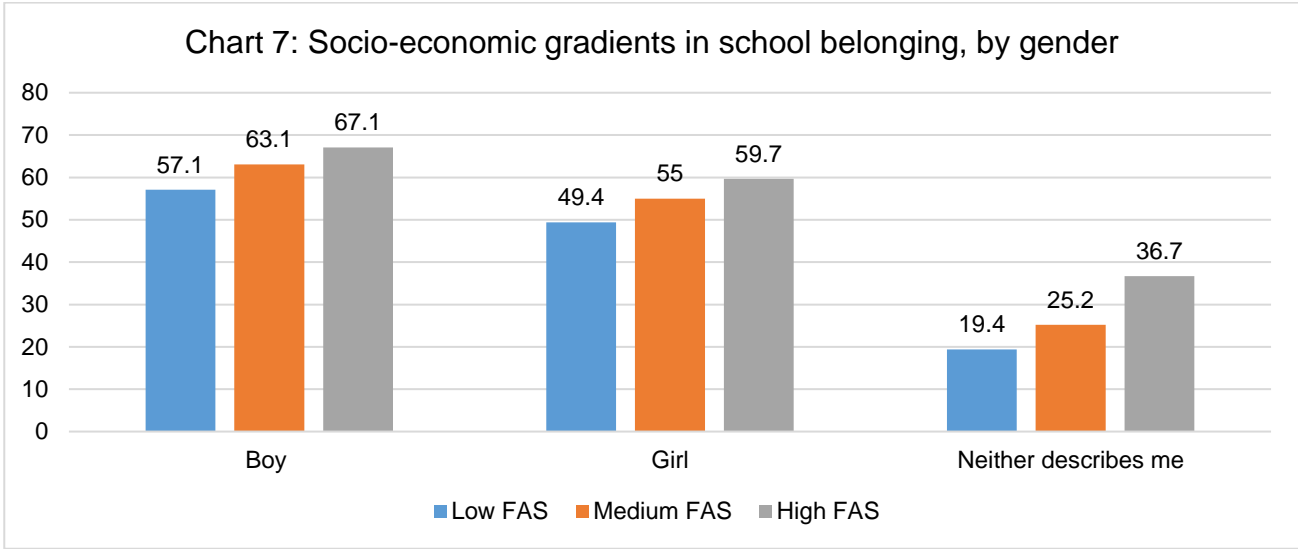
## Belonging

### The association of socio-economic status and gender with belonging

For boys, girls and young people who did not identify as a boy or a girl, there were clear socio-economic gradients in whether they agreed with a statement that 'I feel like I belong at this school'

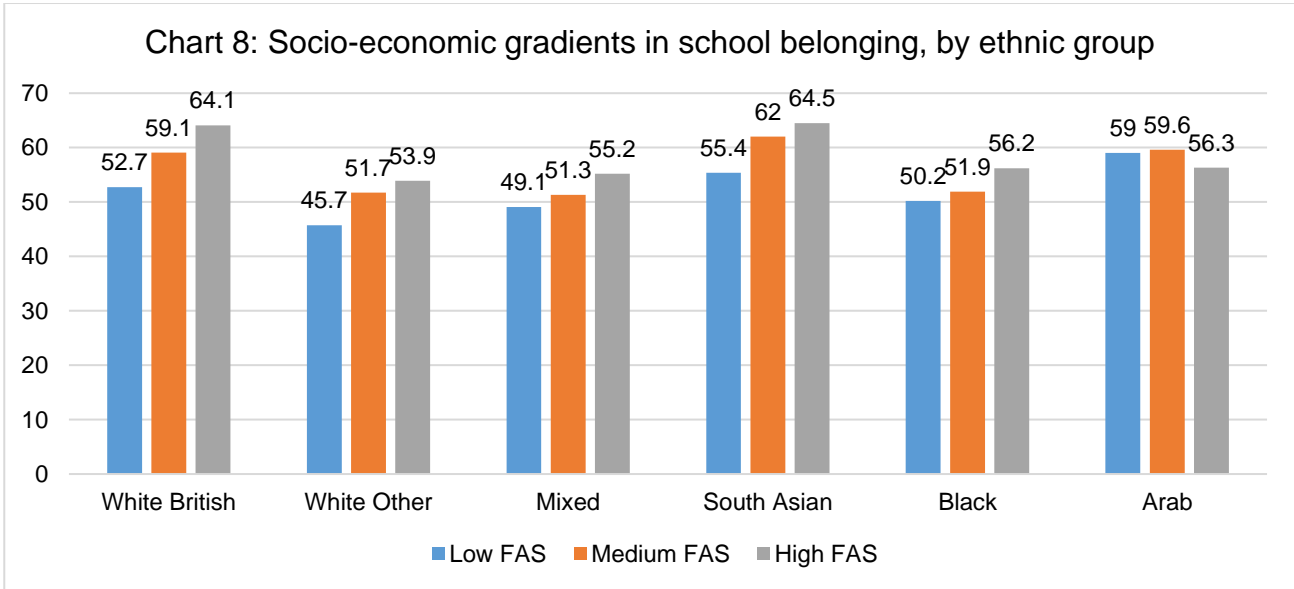


This gradient appeared steepest among those who identified as neither a boy or girl, with only 1 in 5 young people from less affluent families, and who identified as neither a boy or girl, reporting that they felt they belonged at school.



**The association of socio-economic status and ethnicity with belonging**

Less affluent young people in each ethnic group were more likely to disagree with the statement ‘I feel like I belong at school’. Less affluent young people in the ‘white other’ group were the least likely to say they felt they belonged. Less affluent young people from Arab and South Asian groups had higher mean belonging scores than other ethnic groups, including white British learners.



**Liking school**

Participants were asked to rate their feelings about school, using the multiple choice question.

How do you feel about school at present?

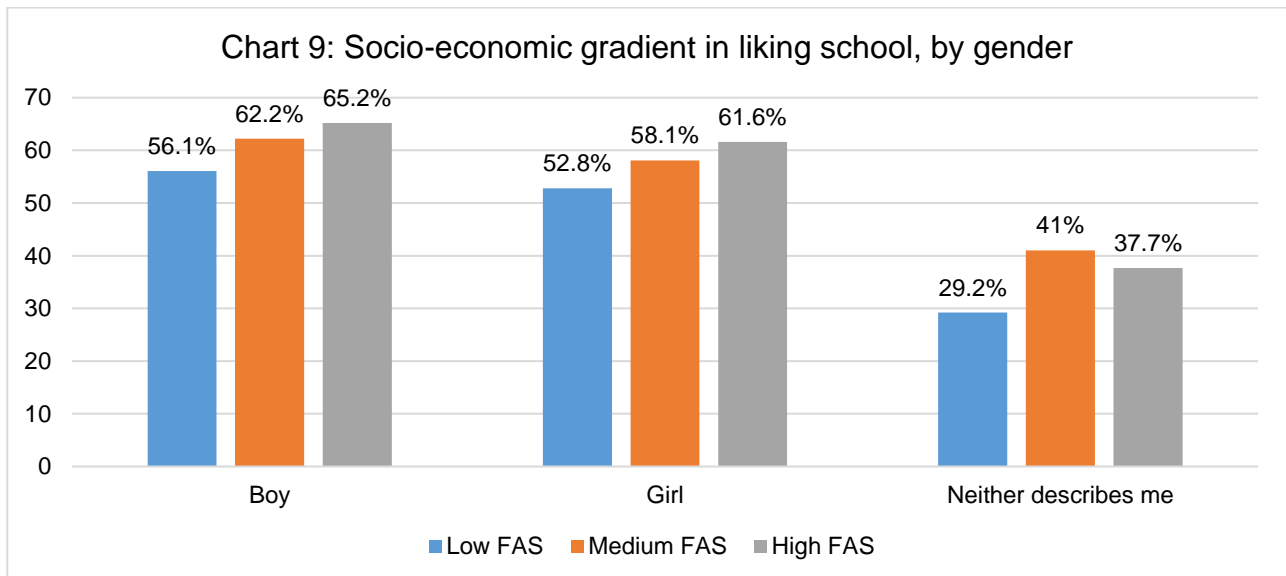
[I like it a lot / I like it a bit / I don't like it very much / I don't like it at all]

The scores given below represent the proportion of young people who responded 'I like it a lot' or 'I like it a bit' in response to this question.

In the population as a whole, 61% of young people say they like school, with boys more likely to agree than girls, and both boys and girls in turn more likely to agree than young people who do not identify as a boy or a girl.

### The association of socio-economic status and gender with liking school

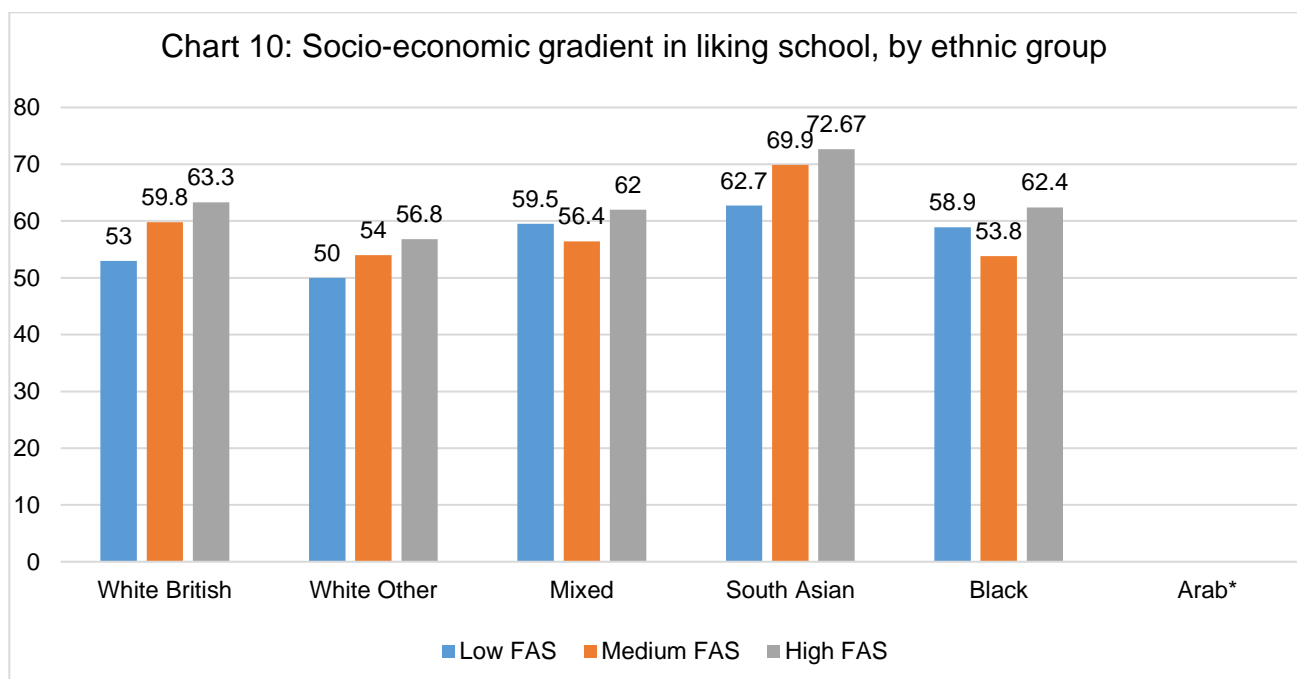
Both gender and socio-economic status are associated with how likely a learner is to say they like school. Boys from the most affluent households are the group most likely to respond positively to this question, followed by boys from medium-affluence households. Girls were less likely than boys of a similar socio-economic status to say they liked school. Both boys and girls of all socio-economic statuses are more likely to say they like school than young people who identify outside the gender binary. Among young people who identify as neither a boy nor a girl, fewer than 3 in 10 in the low-affluence tertile say they enjoy school. Even in the higher affluence groups, fewer than half say they like school.



### The association of socio-economic status and ethnicity with liking school

Socio-economic gradients in liking school exist for many, but not all, minority ethnic groups. Low affluence learners from Mixed, South Asian and Black ethnic groups are all more likely to say they like school, compared to White British learners of the same socio-economic status. Only half of low affluence learners from minoritised White ethnic groups said they liked school.

Chart 10: Socio-economic gradient in liking school, by ethnic group



\*This question was only asked to a subsample of learners, resulting in smaller base numbers. Results for the Arab ethnic group cannot therefore be reported due to small sample size.

## School support for mental health

Respondents were asked whether they agree there is school support for students feeling unhappy, worried or unable to cope. They could choose to respond 'strongly agree' / 'agree' / 'Neither agree nor disagree' / 'Disagree' / 'Strongly disagree'.

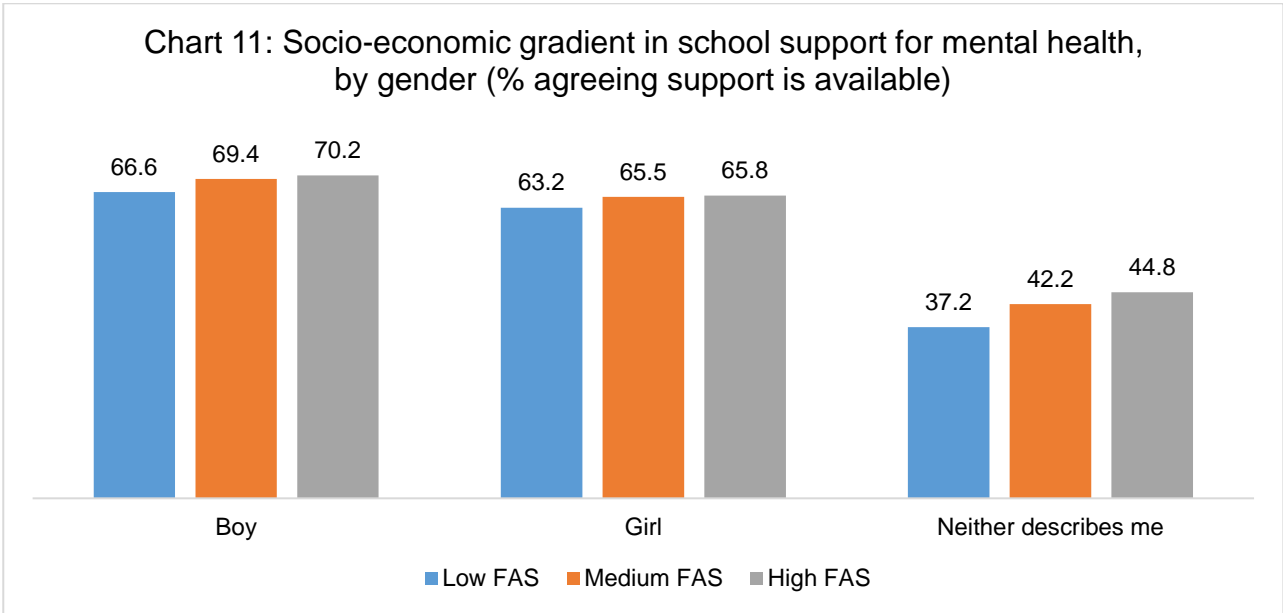
The percentage who responded that they agreed or strongly agreed is given in the charts below.

### The association of socio-economic status and gender with school support for mental health

Overall, around two-thirds (67%) of young people agreed that there is school support available if they feel unhappy, worried or unable to cope. Boys were more likely than girls to agree that support is available, while young people who identified as neither a boy nor a girl were least likely to agree (41%).

Less affluent learners were less likely to agree that support was available from their school. When disaggregated by gender, we can see shallow gradients in the perception of available support across all genders, but the most affluent girls and young people who do not identify as either a boy nor a girl are still less likely to agree that support is available, compared to the least affluent boys.

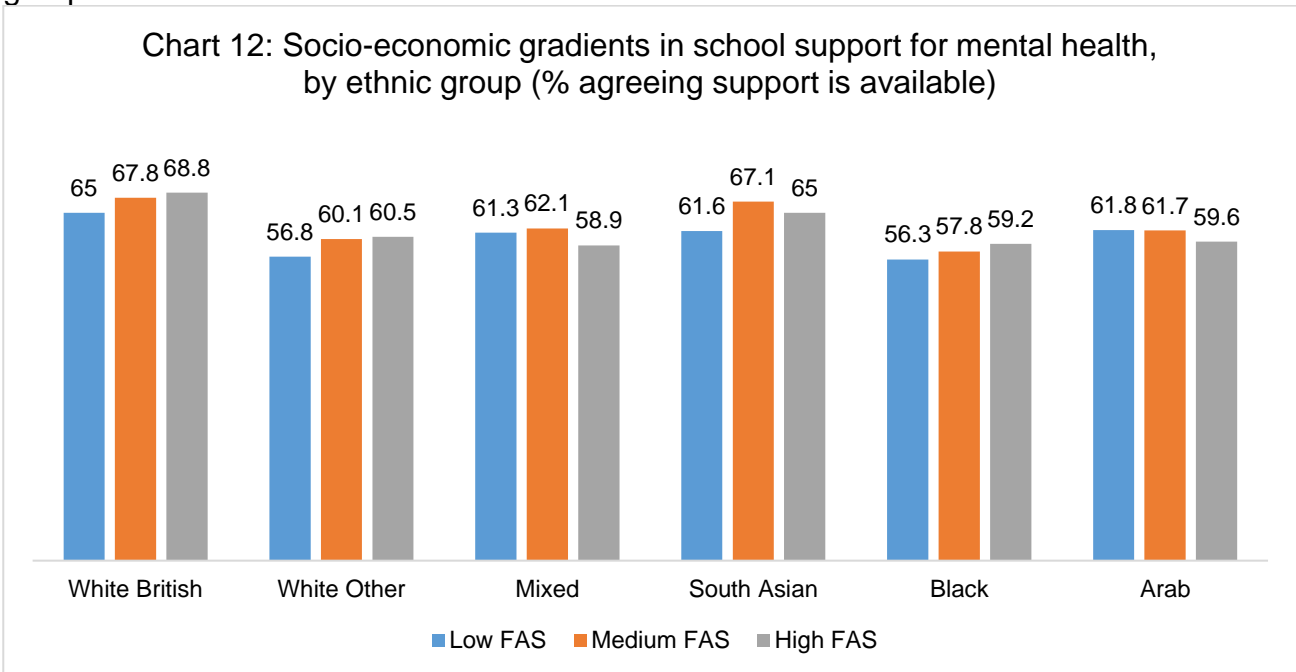
Chart 11: Socio-economic gradient in school support for mental health, by gender (% agreeing support is available)



### The association of socio-economic status and ethnicity with school support for mental health

Social gradients exist for some, but not all, ethnic groups. For White British, White other, south Asian, and Black groups, low affluence learners were the least likely to agree that support was available at school if they were feeling unhappy, worried or unable to cope. Among Arab and Mixed ethnicity groups, the most affluent learners were less likely to agree that their school provided support, compared to less affluent students in the same ethnic group.

Chart 12: Socio-economic gradients in school support for mental health, by ethnic group (% agreeing support is available)



### Teacher relationships

These scores are a composite of three items, where young people were asked how strongly they agree that they:

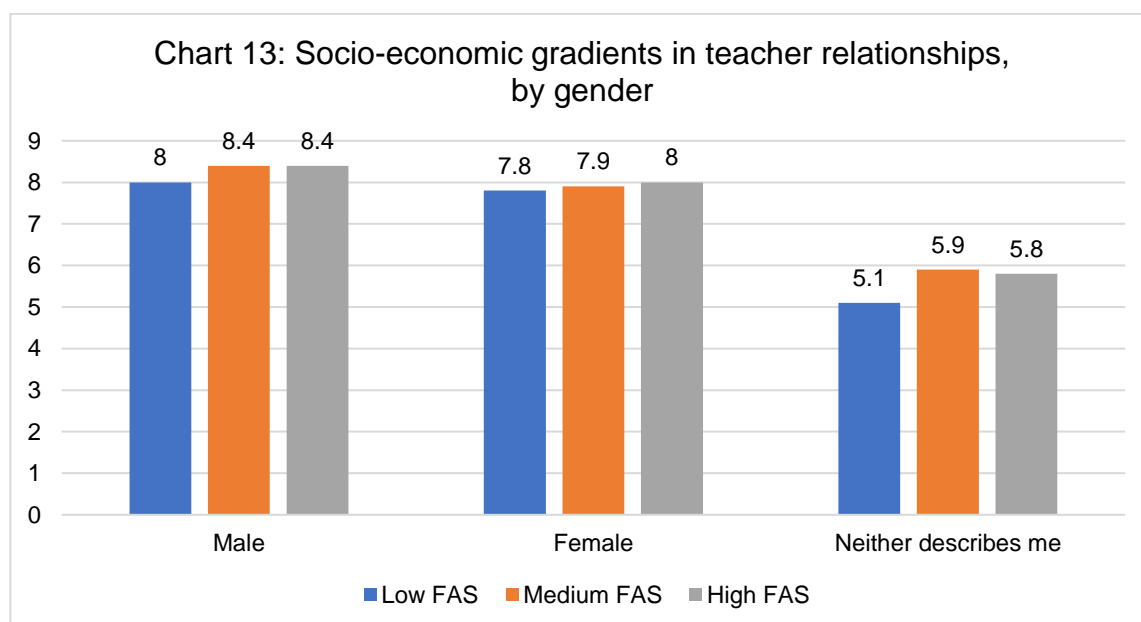
- Feel accepted by their teachers
- Feel their teachers care about them as a person

- Feel that they can trust their teachers

The proportion of young people who agree with all three statements is then expressed as a percentage.

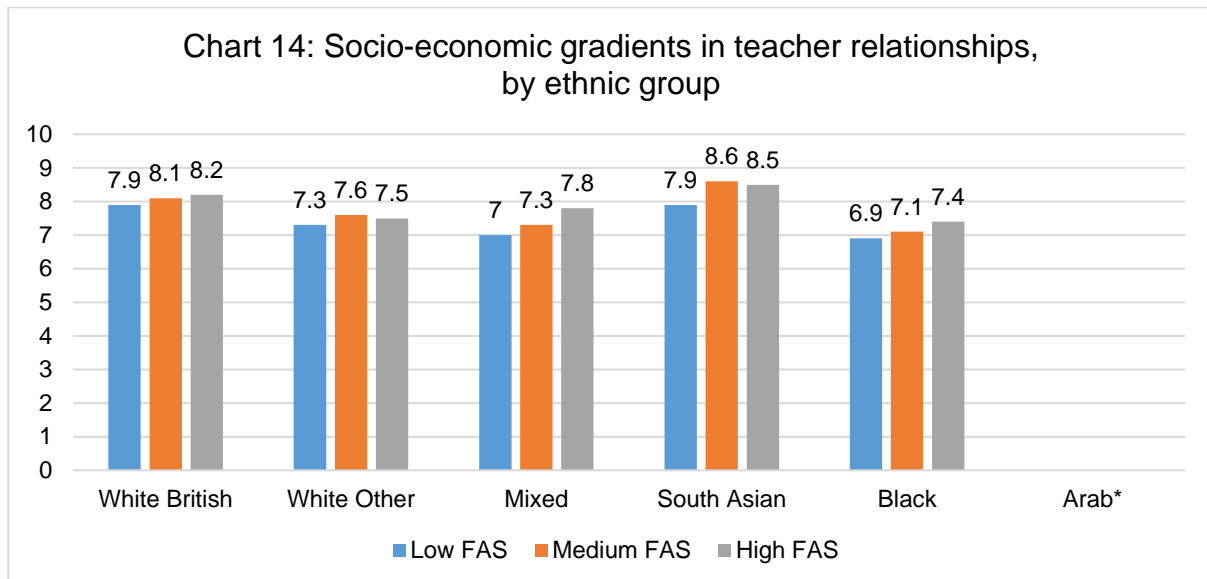
### The association of socio-economic status and gender with teacher relationships

Small socio-economic gradients exist between genders, although these are very slight between young people who identify as a boy or a girl. Young people who identify as neither a boy nor a girl are notably less likely to agree with the statements in this measure. Less affluent young people who identify as neither a boy nor a girl are much less likely to agree that they feel accepted by their teachers, feel that their teachers care, or that they can trust their teachers, compared to every other group in the analysis.



### The association of socio-economic status and ethnicity with teacher relationships

In every ethnic group, low-affluence learners are more likely to report lower aggregate scores for relationships with their teachers. However, these gradients tend to be shallow, and, in some ethnic groups, young people in the middle tertile reported the highest mean scores for the quality of their relationships with teachers. Low affluence young people of Black, white other and mixed ethnicity were the least likely to report good quality relationships with their teachers.



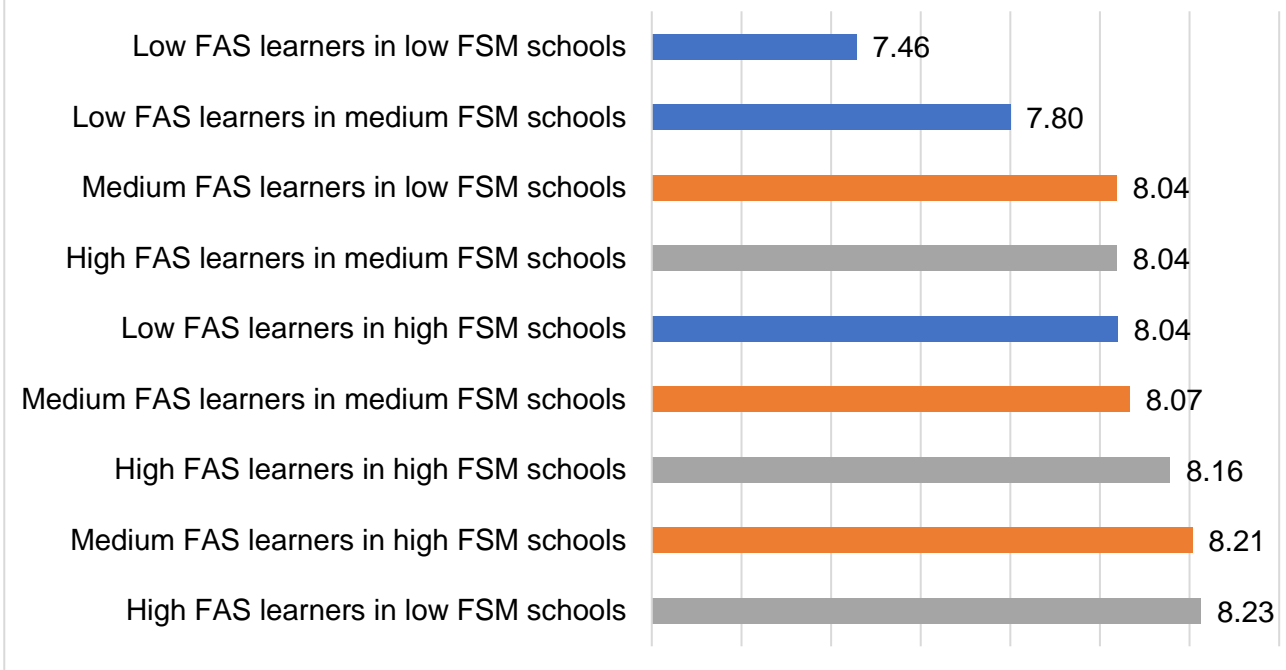
\* This question was only asked to a subsample of learners, resulting in smaller base numbers. Results for the Arab ethnic group cannot therefore be reported due to small sample size.

### **The association of socio-economic status, relative school affluence and teacher relationships**

There is an association between relative school affluence and well-being scores among learners (Moore et al, 2017). Relative school affluence is also associated with the quality of teacher relationships. In general, schools with higher levels of FSM-eligible learners are also more likely to have learners who report better relationships with their teachers. In the population as a whole, the mean teacher relationships score is 8. The mean teacher relationship score in schools in the highest tertile of FSM-eligible learners is 8.13 (e.g. those schools considered to have the ‘most deprived’ intake), compared to 7.97 in the medium FSM tertile, and 7.91 in schools in the lowest tertile for FSM-eligible learners.

Learners from less affluent homes attending schools with fewer FSM-eligible learners tend to report much lower mean scores for the quality of their relationships with teachers, compared to low-affluence learners attending schools with a more deprived intake. The group of learners with the lowest mean teacher relationships score is low-affluence learners attending relatively affluent schools.

Chart 15: Socio-economic status, school affluence and teacher relationships



## Qualitative data

### Methodology

#### Design

The qualitative elements of this research study involved five focus groups with young people living across Wales.

The focus groups were designed to meet three main aims:

- To understand what factors young people in Wales believe underlie systemic patterns of inequality in well-being at school;
- To understand what forms of well-being support young people feel are optimal for minority groups and/or those with an enhanced risk of poor well-being at school;
- To collect statements, in young people's own words, of what they want education policymakers to hear regarding well-being support in schools.

The structure of focus groups, including the duration, topic guide and delivery structure, were designed in partnership with the ALPHA panel, based at the DECIPHer centre in Cardiff University. All young people were asked the same set of questions to ensure consistency and to allow opportunities for comparison between experiences. In two of the sessions, only one participant attended on the day, so the focus groups were run as a semi-structured interviews using the same topic guide.

With all focus groups and one-to-ones, there was the potential of holding discussions on sensitive subject matter. In order to understand and fully assess the possible risks to participants, the opportunity to first consult with the ALPHA panel to understand these

potential risks was essential to the process, recognising that as adults, researchers may not be aware of all the reasons participants would find a particular question or topic challenging to discuss.

Throughout all discussions, participants were informed that the purpose of the research is to identify and explore structural or systemic reasons for inequalities in well-being, as opposed to examples of specific incidents that participants may have experienced or been witness to.

Each focus group session was divided in two, with the first section of the topic guide based on a case study scenario. This directed participant responses towards a hypothetical individual, rather than drawing on the lived experience of participants. The second section of the topic guide built on imagining best possible well-being support, and here, participants were encouraged to share their positive experiences, reflect on what has worked well for them in the past, and what an ideal system may look like in the future. It was expected and acknowledged that some participants would talk about their own lived experience, and although they were reminded before, during and after the sessions that there was no obligation to do so, occasions did arise, and all participants were supported.

### **Safeguarding and ethical considerations**

All participants were informed at three separate times of the purpose of the research, and of the safeguarding procedures in place throughout engagement; once at initial sign-up via a virtual welcome pack, once at the beginning of each focus group or one-to-one conversation, and once at the end of communication. While participants were assured on anonymity and confidentiality, they were made aware of the need of researchers to disclose any cause for concern, including disclosures of abuse or harm to themselves or to others.

At each contact, participants were reminded that they had the right to withdraw their consent and change their mind about participating, and could leave the process at any time without reason.

The participants in the qualitative research were all aged over 16 at the time of the focus groups, but would have been attending secondary school during the time that the 2019 SHW survey was conducted. Due to the sensitive nature of the topics under consideration, it was not deemed ethically permissible to conduct the qualitative research with children under the age of 16. Researchers deemed 16–17 year olds to be sufficiently mature to provide their own consent for participation. Research indicates that where active parental consent is demanded in social research with adolescents, this risks excluding some minoritised groups. The researchers therefore asked all participants to provide their own consent without written adult approval. Parents were provided with a written description of the study on request. Participants were all informed that the sessions would be audio-recorded to ensure accuracy and allow verbatim quotes to be used within the findings.

### **Participants and recruitment**

A total of 53 organisations were identified as potential sources to recruit young people to the qualitative research project. In order to ensure the inclusion and psychological safety of the young people taking part, all the organisations engaged with had existing relationships, or



provided support networks for young people in the population of interest. These included, but were not limited to; organisations that support LGBTQIA+ youth; organisations that support Gypsy, Roma and Traveller youth in Wales; organisations that support Black, Asian and minority ethnic young people, including those seeking sanctuary, living with NRPF, and in families with non-permanent residency rights in the UK; organisations that support neuro-diverse young people; organisations that support disabled young people; organisations that specifically support girls and young women; and organisations that support young people facing socio-economic disadvantage.

Following this engagement, a total of 9 young people from minoritised groups were recruited to participate in focus groups or one-to-one conversations with researchers. Because of the small sample size, we have not provided breakdowns of the personal characteristics of the participants in order to preserve their anonymity throughout. The participants were primarily referred by Tros Gynnal Plant's Young Refugee and Asylum Seekers Belonging project, via an LGBTQ+ support group in a comprehensive school, or had self-referred via social media. All young people were aged between 16 and 19 years old, and had attended mainstream secondary school in Wales for at least one academic year in the past 5 years. Young people were told they did not need to disclose their ethnicity, gender identity, or socio-economic status to other participants, however all nine participants were from minoritised groups, and would meet the criteria set out in the standard description of 'vulnerable and disadvantaged' learners. All had experience of mental health difficulties while attending school, including attempts to access support in a school-based setting.

## Qualitative findings

### Qualitative analysis

Each focus group was conducted by the same researcher, using a standardised format, set out in a topic guide. Interviews and individual one-to-ones were transcribed and analysed using thematic analysis, whereby quotes were coded and grouped together, producing five themes for exploration:

- personal knowledge
- school environment
- referral processes
- relationships
- personal reflections.

Within each theme, there were a number of sub-themes identified, as illustrated in table 3, below

Table 3: Thematic analysis: Themes and sub-themes identified

Personal knowledge	Ability to identify what good mental health and well-being looks like School lessons
School environment	Pastoral room or quiet space Ability to leave the class
Referral processes	Visibility and accessibility of formal support Time frames Perception of prioritisation in accessing formal support Generalist nature of formal support available to them Communication between different types of formal support
Relationships	Relatability of adults at school Staff awareness, understanding and training Confidence of young people in reaching out for help Promotion of support services
Personal reflections	What good mental health looks like Personal coping mechanisms Examples of innovative practice

#### Personal knowledge

Participants consistently spoke of the importance of learning about mental health and well-being while at school, and most felt there should be occasions throughout the school calendar to have formal lessons and presentations, and to invite external services to schools in order to raise awareness of wider support available to learners;

*“We had lessons...once a month, so we’d alternate between cooking, D&T and something else, and we’d also have mental and physical health lessons that wouldn’t just be about the body, it would be broader, anxiety, depression, erm, anorexia, all of*

*those link into it, we'd have group activities where we'd sit and discuss what could cause people to feel this way. I thought that was really helpful.” (18 year old, Conwy)*

### **School environment**

Participants were asked to reflect on their own school environment, and spoke at length about their personal experiences. Two environmental themes were raised throughout the sessions; pupil access to a pastoral room and the ability to leave the class if they were feeling overwhelmed.

### **Pastoral room or quiet space**

Generally, participants felt their former schools benefited from having pastoral rooms or quiet space to support pupils. They spoke of designated spaces that were both accessible and available throughout the school day, with the perception that the room was a safe space to use in confidence. Some participants reported they were made to feel comfortable and confident to leave the class and take time to reflect, without the concern of receiving negative attention or repercussions on return to class;

*“In school I used to sit with a group of people that go [to the pastoral room], they just go any time, break time, they could go in there and speak to the teacher. That was a good thing” (17 year old, Swansea)*

However, there were a number of comments made around the confidentiality of the space, and the lack of understanding amongst pupils of the rooms' purpose. Participants highlighted the importance terminology and language used within schools, in addition to schools providing confidential spaces for one-to-one conversations, as pupils may not feel like they can fully express their concerns amongst others;

*“Having a room, a private room where you could speak to someone, where you can call someone and just go down and be like I just need to speak to you please, you're feeling safe with the person, you can open up as a person and it's not somewhere you feel like... It shouldn't be an appointment thing, it should be I just want to go there” (17 year old, Swansea)*

### **Ability to leave the class**

Participants reported feeling comfortable in leaving the room for time out, or to speak to a member of staff, and believed all pupils need to feel able to get up and leave the classroom without fear of repercussion or social stigma on their return.

However, there was the perception that not all pupils feel like this, and may believe they are an inconvenience to their peers and class teacher by interrupting the class.

*“You don't want to speak to the teacher, you don't want to create that attention in the class where people are thinking where is he going, where is she going, what conversation are they having outside, or she's always doing this in the class, she's always interrupting the class” (17 year old, Swansea)*

Participants appreciated the need for teachers to find the balance in allowing learners to access time out, and the need for teachers to discern why a learner needed to leave in order to fulfil their safeguarding responsibilities. Researchers heard hall passes frequently used, but not consistently across schools;

*“You just want to leave the class and it would be like, Miss, can I just go out for a second. I guess you’d have to make a bit of permission to say you’re going somewhere, but again I feel that’s just for the teacher for her to know where you’re going, so people don’t just leave the class anyhow”* (17 year old, Swansea)

## **Referral process to accessing formal support**

All participants chose to discuss their personal experiences in attempting to access formal support, i.e. school-based counselling. They spoke about five main areas of concern: the visibility and accessibility of formal support, the time frames in accessing formal support, their perception of prioritisation in accessing formal support, the generalist nature of formal support available to them, and communication between different types of formal support (i.e. between school based counselling and external support services, Child and Adolescent Mental Health Services).

### **Visibility**

Young people who participated in the focus groups didn’t always know what support was available to them in managing their mental health and well-being , and shared that there was a reliance on teachers or school staff recognising signs of emotional stress or upset;

*“I wouldn’t say that [well-being support] was something that was known, that, you wouldn’t really be told about it, it would be, you know, teachers would spot someone that they thought was struggling, and then they’d get spoken to, you know, the offer of school based counselling is there for you. It’s like if you weren’t someone that was noticeably struggling with something, you’d have no idea that that support was there for you”* (18 year old, Conwy)

In some cases, young people shared their own experience of being made aware of school-based counselling following a mental health crisis, and saw the service as reactive with no preventative measures in place to support them in the build-up;

*“I feel when I went to counselling before...I didn’t have the relationship with my dad, I feel then I wasn’t really sure about the counselling. It was more of, yeah, just go here. It’s not as much, not many people are aware of it. People just see people leaving classroom and not knowing that you can get support”* (16 year old, Swansea)

Young people who attempted to access and engage in support from school felt they had to ask for support a number of times before a referral was made, often involving speaking to numerous adults at school;

*“Yes it was difficult to get the support, I had to go to them numerous times until support was offered to me. (Young person, mid Wales)*

*“You know, people don’t like stressing themselves when they’re already stressed, because if you’re telling me I have to speak to the pastoral, to then speak to the principal, to then to speak to someone I don’t, personally I don’t want it, if it’s going to be like that. Then that’s not confidential, that’s going from about three people before I get to the stage I want to get to” (17 year old, Swansea)*

Participants said they would like the ability and means to self-refer to formal support, providing such support was made visible to them, particularly if they lacked the confidence to actively seek out support within the school, or speak to a member of school staff;

*“The school should always have a counsellor, because most children are in need of help” (16 year old, Swansea)*

### **Time frame**

The majority of young people who engaged with the research project spoke about the difficulties that they had experienced with the timescales between reaching out and requesting support, and the support being made available to them. Some young people shared that waiting lists were between two to three months when they were referred to their school counsellor. They felt that timescales were the same for any well-being need;

*“You’d be told that you’d be put on a waiting list that would last, like two, three months, and it’s like, you know, depending on what the issue is, that person might not be there, it might not be quick enough for that person to be able to get the support. (18 year old, Conwy)*

When young people were seen by their school counsellor, they didn’t feel like there was enough time allocated to getting to know school-based counsellors, or long enough to open up and express their innermost thoughts, fears and concerns before the session was up, and they were expected to return straight back to class;

*“I say that’s one thing with school based counselling is that they, you don’t get a very long period of time with them, it’s like you’d have them sessions, and its ‘right goodbye’ and on with your day back to class” (18 year old, Conwy)*

Participants stressed the importance of regular, maintained contact with the additional adult(s) supporting them during counselling, for example, their form tutors or subject teachers;

*“They could check up every week, ask him if he’s doing alright, not constant checking but more like once a week, you ask how he is doing and you sit there with him and you talk to him. You mustn’t be guidance counselling but if you know [he’s] going through some difficult times, just to check up, constantly checking up on him because that’s really helpful” (18 year old, Conwy)*

Participants shared they did not always find school counselling to be beneficial due to the inconsistency in appointment times and long periods between sessions. Young people felt they did not always have the opportunity to resolve issues with their counsellor before other issues arose in the time between sessions. They also reported feeling there was no way of talking to, or approaching other staff members about the problems that arose between counselling sessions, as they felt that because they were already receiving counselling, other support systems were no longer available to them;

*“I’ve seen the counsellor but actually I didn’t get any point from it because between each there is a long time to see the counsellor, so I think a lot of things happened in this period of time so I didn’t find it helpful to be honest, so no point from it”* (19 year old, Wrexham)

Young people felt they were not provided enough time throughout the school day to approach their school counsellor or support worker, possibly due to their own workload as members of staff. Participants felt pupils may lack the confidence to speak to adults outside of the structured sessions available, and made reference to wanting support to be readily available to them at any time of the day;

*“[You should be able to] meet to speak to at any time, any time of the day, you shouldn’t be, oh they’re available from this time to this time. They do that in schools, like you can only go there for example 1pm to 3pm, till the school closes and that’s the only time it’s available”* (17 year old, Swansea)

*“In my school they had a specific time where you could go and meet them. If you’re not there that time, sorry you can’t have the support you need and it does come like that”* (17 year old, Swansea)

### **Prioritisation**

Young people said they didn’t always feel like formal support was prioritised effectively, and reported that they had experiences of waiting times being the same for every pupil at school, regardless of the severity of individual circumstances;

*“But it didn’t really matter the seriousness of the issue, it would be whoever had asked first, so someone would be like, ‘oh I’ve had a few crappy days, and this person said this to me’, and you’d have another person who’d be feeling really, really suicidal and things like that, and they wouldn’t get seen for months on end, but the, the little issues as well that would get...yea I think it’s important that everyone’s issues gets solved, but there was no, kind of, importance level on how you would be seen.”* (18 year old, Conwy)

One participant shared their experience of being prioritised to receive an initial appointment due to their background, but received very little support in terms of follow-up provision and checking-in;

*“It would just be something extra, like ‘Yea, you know, you’ve had those sessions and you’re out of it now, but why don’t we do a catch up in three weeks’ time, or four weeks’ time, to see how you are now?’. And then if they feel like they’re not getting better, at least then they’ve checked up and they know, well maybe let’s do a few more sessions”* (Young person, Conwy)

### **Generalist support**

Once young people had received an appointment for in-school counselling, they reported it was often generic, and didn’t always account for individual circumstances unfolding in their personal lives, or in relation to their background. Young people shared that support services offered by the school or external providers, should not always follow a standardised model of progression, for example, a block of eight counselling sessions;

*“We had school-based counselling, but I didn’t find that to be very good, a lot of the stuff, it wasn’t, I don’t even know how to explain it, they just didn’t really have good advice that they could give. If you went to CAMHS or somewhere like that, they tend to be very in-depth with you, they’ll give you all these things, like they’ll work it around how you are, and what worked best for you, I always fancied them [school counselling] as very general based, if it works for one person it would work for everyone else.”* (Young person, Conwy)

### **External support**

If young people had accessed some form of support from external providers (CAHMS) or support organisations, they felt there was very little information shared between the school and external provider, often leading to duplicity of services or the expectation that the young person was receiving adequate support from external partners;

*“I had no idea that they did, that CAMHS were able to do school visits when you were in school, I only found that out because I’d missed my CAMHS appointment due to being in a car accident, and my counsellor was like ‘oh well I can come and see you in school’. You know, this had been an option forever? It’s like something, and CAMHS don’t know that the offer’s there to start it in school if you don’t want to go to them, stuff like that”* (Young person, Conwy)

*“Generally in my school the support didn’t really help me but it helped others if there were more options I think I would have been better back then”* (18 year old, Wrexham)

### **Relationships with adults at school and at home**

Participants shared their insights on the importance of relationships with adults at school, and the significance of having someone to identify with and confide in. They spoke around four discussion points; relatability of adults at school; staff awareness, understanding and training; the confidence of young people in reaching out for help; and promotion of support services.

### **Relatability of adults at school**

Most participants felt they had someone they could relate to, and could approach if they were finding it difficult to manage their own mental health and well-being, not necessarily the designated well-being or pastoral officer;

*“I’m quite comfortable with talking to a lot of teachers about certain subjects because I’d feel like they’d actually listen. If you grew the trust of the teacher then you would be able to talk to them about it” (16 year old, Swansea)*

*“Almost every student they personally have a favourite teacher, very much that they’re most comfortable with. If their teachers can encourage them to do counselling they probably would do it” (16 year old, Swansea)*

### **Staff awareness, understanding and training**

Participants highlighted the importance of all school-based staff having the knowledge and understanding of how to support and signpost learners to existing streams of support within individual schools and local authorities, ensuring pupils addressing problems with their preferred staff member receive consistent advice. Designated members of staff may not be suitable for all pupils, as each pupil has preferences on who they are comfortable around;

*“There’s some teachers [people] might not feel comfortable speaking to and there’s some that [you] might be able to relate to. If there is a teacher which [they do] feel comfortable round then I’d recommend to go to them.” (16 year old, Swansea)*

Young people felt that school staff were not always provided with training on how to support young people with their mental health and well-being, or what signs to look out for if a young person was finding it difficult to participate in school life;

*“Maybe teachers can get some sort of training to deal with people and be more aware of the signs. I know there’s generic signs for people who suffer from mental health and I feel they’re either not known very well or they’re way too specific” (16 year old, Swansea)*

Some participants spoke of the nuanced skills needed by school staff to encourage young people to talk about their mental health and well-being, and many young people acknowledged that staff often have large workloads that mean they can’t always identify who is struggling;

*“[Teachers], as someone who needs to support someone, you need to create that rapport, you need to have that rapport, and respected and be able to talk friendly and very much well, not in an formal way, just having a chat” (17 year old, Swansea)*

### **Confidence**

Young people had the perception that some pupils may lack confidence in speaking to adults at school about their mental health and well-being, despite having positive relationships with them;



*“When I think I was too nervous to ask for help, so I kept it to myself for a while but then when I did speak to the teachers it helped me a lot” (16 year old, Swansea)*

*“How I knew about guidance and counselling in my school was when I told a teacher that, Miss, I’m going through this, and I need to talk to someone, that’s when she actually assigned me to speak to the guidance and counselling. What if I was, if I was a kind of quiet student and I keep things to myself and I want to talk to someone but I don’t know how to [approach] someone, because I’m not really close to everyone, obviously I’m just going to be on my own being sad” (18 year old, Cardiff)*

### **Alternative routes to engage**

Quotes suggest that pupils need alternative referral routes to be able to access mental health and well-being support, as the approach of coming forward and identifying yourself to school staff may not work for all pupils. This led to further conversation amongst focus group participants as to how they would like to engage with support services;

*“They don’t give flyers or anything like that. If a child is going through something and the child doesn’t want to speak to anyone and perhaps maybe the child doesn’t know there’s a guidance and counselling in the school. Obviously because it’s not been said, it’s not something that is said all the time” (18 year old, Cardiff)*

*“I think there should be, in school, just posters, like even if the school, it’s just if the counsellor had a number, so you could text it. You wouldn’t have to leave your name straight away with them, you could just text them and be like, ‘hi, this is what’s going on at the moment, could you give me any advice’, and then you know, the need to safeguard, they could look into it properly, and find out who’s number it was, but before that, then, you’ve got that space where they don’t have to do it face-to-face, or they could do it over the phone, even on a phone call, you could just give a time, and that’s ok with them to do” (18 year old, Conwy)*

### **Personal reflections**

All participants who engaged in the sessions spoke to researchers from a position of experience. Every young person had shared they had previously struggled with their mental health and well-being during their time at secondary school. Participants shared their personal reflections on what good mental health and well-being looked like to them, and spoke of their own personal coping mechanisms and examples of innovative practice they had seen that their former schools. These were unintended and unscripted conversations, but highly significant to the overarching purpose of the research.

### **What good mental health looks like**

Participants provided a great deal of description when talking about what good mental health and well-being looked like to them, including the relief of sharing concerns, being able to fully participate in activities, managing emotions and acknowledging bad days.

*“Good mental health to me is being able to cope with my emotions and circumstances and have healthy coping mechanisms in place. If I don't manage it I'm unable to do my work I miss out on social events and it can make me spiral into darkness. I need to manage it to be able to cope with everyday life” (18 year old, Wrexham)*

*“I would say good mental health means when someone's mind is stable, not perfect, but a stable mind-set. Even if things are not going the way you want them to go, but you stay positive, so you're not panicking and you're like, I wouldn't say you're fine, but your mentality is stable” (18 year old, Cardiff)*

### **Personal coping mechanisms**

Participants shared their own ways of managing their mental health, ranging from team sports, physical exercise, writing down problems and finding someone to confide in. They also shared their ideas of how they would support a peer to manage their own mental health.

*“Mental health is obviously quite a big problem but I don't think talking to people doesn't necessarily mean it's the answer. For me I've previously found sport as my way of, well not to escape but that sort of thing where it can help me and I feel like there's no problems when you play in sports. It's like that respite from whatever's going on. If you can guide people that are struggling towards sport they think it will help them to cope” (16 year old, Swansea)*

*“We have a lot of sports opportunities and they are big promoters of mental health and things and well-being but I don't think mental health is just to do with how you're thinking and when you're speaking, it's to do with your physical well-being as well” (16 year old, Swansea)*

*“Just like [giving them the] knowledge of mental health because there's a lot of people who don't understand what it is and they might be going through problems that they don't understand is to do with your mental health, so just like awareness in schools of how to deal with it and what it is will help them, hopefully.” (16 year old, Swansea)*

### **Examples of innovative practice in schools**

Participants offered to share a number of personal reflections and experiences from their time at school, many of which demonstrated innovative practice designed around the needs of the pupil population. Participants spoke of therapy animals visiting schools, 'Ready to Learn' classrooms with a reduced number of pupils, and 'ex-pats' or 'chill-out' clubs to support social engagement with peers with shared experiences;

*“Recently a project called the Baxter Project has come in and they go to schools across Wales. They're a group of therapeutic practitioners and they work bring in a*

*dog to school who is not there as a therapy dog but they're there to calm them down so they're like listened to. I think we're quite proud in that, that we have that every Friday. I'm not biased or anything but it genuinely does help. She's gone to a lot of schools, primary and secondary, where they just go and walk and because the dog is there it makes them feel a lot more calmer"* (16 year old, Swansea)

*"I was put into a small group classroom, where kind of, a teacher would see you and kind of supervise you, you'd get your work, follow the class, you'd pop to the class at the beginning and speak to the teacher, get your work from them and they'd explain it, and then I'd be able to go down to the room. And if I had any problems, I'd be able to pop back to the class and pull the teacher outside to talk to. And I thought that was, like, something that was really good. They didn't have that in my first school, that was in my second school, and I really felt like that was something that was really good, 'cause it helped me get back into school"* (18 year old, Conwy)

*"One of my favourite teachers, when I came [to school] she want to introduce my friend because he comes from the same country as me as well, so he understood me better...I feel my school helped in socialising and bringing in, how do put, ex pats to talk about it and stuff like that"* (18 year old, Cardiff)

*"They have just a chill club where everyone comes and just socialises. Socialising is a key factor to mental health, even the more people socialise, they tend to have good mental health because you can get really close to someone and you can open up about problems and so, pretty much that"* (16 year old, Swansea)

## Conclusions

Socio-economic gradients exist for most measures of learner well-being included in this study. However, the steepness of gradients can vary greatly between different ethnic groups and genders. The existence of socio-economic gradients in well-being, mental and emotional health and subjective experiences of school demonstrates the importance of understanding differences in mental and emotional health *within* gender and ethnic groups, as well as between them.

Particularly steep socio-economic gradients tend to exist within measures of social connectedness and belonging. Low-affluence learners of all genders and ethnic groups report higher levels of loneliness than their more affluent peers, with particularly large gaps between low and medium affluence learners of south Asian, Black and minoritised white ethnic groups.

Low-affluence learners of all ethnic groups and genders are also more likely to say that they feel they don't belong at their school, with the association with socio-economic status most pronounced between young people who do not identify as a boy or a girl.

Family affluence has a strong association with whether some minoritised ethnic groups report liking school. Some minoritised ethnic groups score well above the population average for these measures, but have a strong socio-economic gradient within their ethnic group, meaning low-affluence learners may not experience the same positive school experience as their more-affluent peers.

Socio-economic gradients are generally shallow when measuring the quality of learner relationships with teachers. On a pan-Wales basis, learners from all socio-economic backgrounds tend to give broadly similar scores, even when the data are disaggregated by gender and ethnic group. The main exception is among young people who do not identify as either a boy or a girl. This effect may partly be attributable to the effect of relative school affluence on the quality of relationships between learners and their teachers. Prior studies have found that low-affluence learners in schools with high relative levels of pupil deprivation report better quality relationships with their teachers (Moore et al, 2017). We find that low affluence learners in schools with relatively high levels of FSM-eligible pupils report better quality teacher relationships than low-affluence learners attending schools with medium or low levels of FSM-receipt.

Less affluent young people are more likely to report they are lonely and feel they do not belong at school. However, many other factors outside the school environment may be driving the association between low-affluence and reduced well-being, especially among minoritised groups who face discrimination across multiple dimensions. Further research is needed to understand the experiences of young people living in Wales, conducted wherever possible using an intersectional lens.

Young people who participated in the qualitative research provided researchers with a rich and detailed insight into their personal experiences of accessing well-being support at school. It should be noted that all participants had experienced difficulties with their mental health, and had attempted to access support to address these difficulties through their schools. Their recommendations therefore primarily focus on the processes for managing mental health difficulties, rather than broader strategies to enhance well-being for all learners in an inclusive way.

All participants felt they were, at times, unable to access formal and informal support to talk about their personal well-being and mental health, and to seek help to develop strategies to improve it. They provided a number of emotive and systemic reasons for this including stigma and shame of reaching out for support, lack of awareness and learning opportunities for learners to understand mental health, the quality of existing relationships with individual staff, and the importance of having someone at school to identify with. Young people told us they wanted to address the way support was made available, with attention paid to barriers created by the routes to access support, the time frames for referrals, the generalist structure of support, and the lack of guidance offered between formal support sessions. Most felt, despite a range of support being available in Welsh schools, support was often reactive to a crisis, and not always pre-emptive of a mental health crisis.

Young people made a number of comments around how, despite schools often having a range of support available, the referral mechanisms in place to be able to access them, often made them feel uncomfortable about accessing them, or uncertain on how to begin the process.

In conclusion, participants collectively agreed that younger peers currently in secondary schools across Wales could benefit from:

- establishment, provision and access to support groups for pupils to meet with peers with shared lived experience
- wider awareness and thorough promotion of all formal and informal support systems available to all pupils at school, including information on what support is available, what to expect, access and referral systems, and time-frames for appointments
- increased knowledge and understanding of what good mental health looks like and feels like, and specific information sessions or structured lessons on the importance of looking after ones' mental health, with the same emphasis currently placed on physical health
- having a dedicated, qualified individual in each school with the responsibility of co-ordinating mental health and well-being support, including the delivery of all-staff training, regular and timely promotion of support services, liaison with external partners, and consulting with the whole pupil population to gain pupil voice
- having whole-staff awareness sessions to ensure all pupils have a member of staff they can identify with and feel able to disclose information to
- provision, and thorough promotion of an accessible and confidential, informal safe space on school grounds that can be used throughout the school day if pupils begin to feel overwhelmed or anxious
- consistent and inclusive vocabulary and terminology used across school settings to reduce stigma, and ensure pupils who frequently change schools have the understanding of what to ask for when requesting support
- access to tailored and specialist support that accounts for individual circumstances, background and lived experience
- continuous support for pupils experiencing difficulties in managing their mental health or well-being , and a holistic and personalised approach produced together with the pupil to

ensure maximum support from all partners; enabling pupils to deal with matters as they arise as opposed to waiting for designated appointments.

## Recommendations

### Schools

1. All school-based staff should be equipped with the knowledge and understanding of how to support and signpost learners to existing streams of support within individual schools and local authorities, ensuring that learners addressing problems with their preferred staff member receive consistent advice.
2. Schools should review the processes they use to refer learners for additional support, to ensure these don't act as a barrier to every learner accessing the support they need, when they need it.
3. Schools should be supported to develop alternative referral routes to access mental health and well-being support, as young people told us that approaches which require learners to come forward and identify themselves to school staff may not work for all young people.
4. Welsh Government and schools should work together to raise awareness and promote all formal and informal support systems that are available to learners in schools, including information on what support is available, what to expect, access and referral systems, and time-frames for appointments.
5. Although schools are not subject to the socio-economic duty, they should consider socio-economic status alongside other protected characteristics when developing strategies, including plans to support learner well-being .

### Welsh Government

1. Welsh Government should support schools to develop new methods for understanding the socio-economic diversity within their schools, in order to recognise how disadvantage operates across a gradient rather than a binary.
2. Welsh Government should continue to carry out intersectional analysis of data relating to learner well-being and inclusion, to understand the association between socio-economic status and the educational experiences of different groups within the population.
3. Welsh Government and schools must further consult and involve pupils in decisions about well-being support in schools to ensure it meets their needs, with a particularly focus on minoritised groups who face socio-economic disadvantage.

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## Appendices

### Appendix 1: Sample sizes for survey participants

Table 4: gender of respondents to the 2019/20 SHW

<b>Response</b>	<b>N (%)</b>
Male (a boy)	58, 115 (49)
Female (a girl)	58, 610 (49)
Neither word describes me	1, 472 (1)
I do not want to answer	1, 191 (1)

Transgender learners who identify as a different sex to the one they were assigned at birth are classified within these data as the gender they currently identify with.

Table 5: Ethnic identity of respondents to the 2019/20 SHW

<b>Ethnicity</b>	<b>Number</b>	<b>Proportion (%)</b>
White British	97465	82
White Irish	920	1
White Gypsy/Traveller	845	1
White Other	3853	3
Mixed or multiple ethnic group	3135	3
Pakistani	1152	1
Indian	810	1
Bangladeshi	1057	1
Chinese	578	<0.5
African	1062	1
Caribbean or Black	593	1
Arab	922	1
Other	3237	3
Prefer not to say	3759	3

Table 6: Base sizes for ethnic groups in different affluence tertiles

<b>Broad ethnic group</b>	<b>Low FAS</b>	<b>Medium FAS</b>	<b>High FAS</b>
White British	11388	33795	47975
White Other	780	1911	2475
Mixed	378	1111	1455
South Asian	420	962	1305
Black	266	573	636
Arab	180	264	324

### Appendix 2: Questions used in the Family Affluence Scale

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

Does your family own a car, van or truck? (No (=0) / Yes, one (=1) / Yes, two or more (=2))

Do you have your own bedroom for yourself? (No (=0) / Yes (=1))

How many computers does your family own (including PCs, Macs, laptops and tablets, not including game consoles and smartphones)? (None (=0) / One (=1) / Two (=2) / More than two (=3))

How many times did you and your family travel out of Wales for a holiday/vacation last year? (Not at all (=0) / Once (=1) / Twice (=2) / More than twice (=3))

How many bathrooms (room with a bath/shower or both) are in your home? (None (=0) / One (=1) / Two (=2) / More than two (=3))

Does your family have a dishwasher at home? (No (=0) / Yes (=1))

Students were assigned low, medium or high FAS classification where FAS 1 (score = 0–6) indicates low affluence; FAS 2 (score = 7–9) indicates middle affluence; and FAS 3 (score = 10–13) indicates high affluence (in accordance with the international HBSC survey protocol). Students who did not respond to all six questions (6% of the sample) are not included in the figures showing breakdowns by FAS classification.

## Data tables

**Table 7: WEMWBS**

Base: n=106561

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab
Low FAS	23.1	21.5	15.9	22.3	21.4	21.7	21.5	22.2	21.8
Medium FAS	24.4	22.7	19	23.5	22.6	23.5	24.4	24.9	24.4
High FAS	25.5	23.6	20.5	24.6	23.8	24.2	24.9	24.3	24.9

**Table 8: School Support for Mental Health**

Base: n=101768

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab
Low FAS	66.6	63.2	37.2	65	56.8	61.3	61.6	56.3	61.8
Medium FAS	69.4	65.5	42.2	67.8	60.1	62.1	67.1	57.8	61.7
High FAS	70.2	65.8	44.8	68.8	60.5	58.9	65	59.2	59.6

**Table 9: Like school**

Base: n=24994

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab*
Low FAS	56.1	52.8	29.2	53	50	59.5	62.7	58.9	
Medium FAS	62.2	58.1	41	59.8	54	56.4	69.9	53.8	
High FAS	65.2	61.6	37.8	63.3	56.8	62	72.67	62.4	

\*unreported due to

small  
sample  
size

**Table 10: Total difficulties**

Base: n=96761

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab
Low FAS	13.8	15.2	21.5	14.7	16	15.8	13.5	13.8	12.8
Medium FAS	12.5	14	20.1	13.4	14.7	13.8	11.2	12.5	12
High FAS	11.4	12.9	18.8	12.1	13.8	12.9	11.2	12.7	11.7

**Table 11: Teacher relationships**

Base: n=24577

	Male	Female	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab*
Low FAS	8	7.8	5.1	7.9	7.3	7	7.9	6.9	
Medium FAS	8.4	7.9	5.9	8.1	7.6	7.3	8.6	7.1	
High FAS	8.4	8	5.8	8.2	7.5	7.8	8.5	7.4	

\*results  
suppressed  
due to  
small  
sample  
size

**Table 12: Belonging**

Base: n= 106,880

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab
Low FAS	57.1	49.4	19.4	52.7	45.6	49.1	55.4	50.2	59
Medium FAS	63.1	55	25.2	59.1	51.7	51.3	62	51.9	59.6
High FAS	67.1	59.7	36.7	64.1	53.9	55.2	64.5	56.2	56.3

**Table 13: Loneliness**

Base: n= 106600

	Boy	Girl	Neither describes me	White British	White Other	Mixed	South Asian	Black	Arab
Low FAS	1.8	2.3	3.9	2.1	2.5	2.2	2.3	2.1	1.8
Medium FAS	1.5	2	3.2	1.7	2.1	1.9	1.5	1.5	1.7
High FAS	1.2	1.7	2.7	1.5	1.7	1.6	1.3	1.3	1.5