

Dadansoddi ar gyfer Polisi



Analysis for Policy



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Cymry Ifanc
Young Wales

www.cymru.gov.uk

PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES

2011 Children and Young People's Wellbeing Monitor for Wales



ISBN 978 0 7504 5950 1

© Crown copyright 2011

WAG11-11204

F7011011

Contents

Foreword

Acknowledgements

List of Tables

List of Figures

List of Boxes

Glossary

Executive Summary

Chapter 1 An Introduction to the 2011 Monitor

Chapter 2 The Demographic Picture of Children and Young People in Wales

Chapter 3 Specific Groups of Children and Young People

Chapter 4 The Early Years

Chapter 5 Access to Education, Training and Learning Opportunities

Chapter 6 Health, Freedom from Abuse and Victimisation

Chapter 7 Access to Play, Leisure, Sport and Culture

Chapter 8 Children are Listened to, Treated with Respect and have their Race and Culture Identity Recognised

Chapter 9 Safe Home and Community

Chapter 10 Poverty

Appendix I UNCRC and the Seven Core Aims

Appendix II Wellbeing Indicators

Appendix III Child Poverty Indicators

Appendix IV Commissioned Research

Appendix V Key Surveys

Appendix VI Key Information Gaps

Foreword

We are pleased to present the 2011 Children and Young People's Wellbeing Monitor for Wales. This is the second in the series since the first edition in 2008. It demonstrates that the Welsh Assembly Government remains committed to measuring and understanding the issues which affect the wellbeing of all our children and young people. The Monitor is vital to help us understand the broad picture of children and young people's wellbeing in our nation: that way we can take reasoned and thoughtful action that will improve the lives of our children and young people.

This edition of the Monitor begins to develop a time series of data on key wellbeing indicators; and this will be continued in subsequent editions which will be published every three years. It also continues to fulfil our commitment to the UN to regularly publish data on children's wellbeing. Furthermore, it should serve as a useful resource for our stakeholders and partners to plan and monitor their actions.

The aim of the Monitor is to report on the wellbeing of children and young people (aged 0-25) using a variety of wellbeing indicators, findings from the wider evidence base and the voices of children and young people themselves. The Monitor is based on themes taken from the Assembly Government's seven core aims for children and young people, which seek to ensure that all children and young people in Wales:

- have a flying start in life;
- have a comprehensive range of education and learning opportunities;
- enjoy the best possible health and are free from abuse, victimisation and exploitation;
- have access to play, leisure, sporting and cultural activities;
- are listened to, treated with respect, and have their race and cultural identity recognised;
- have a safe home and community which supports physical and emotional wellbeing; and
- are not disadvantaged by poverty.

Some of the findings presented are challenging, for example, hospital admissions for self-harm amongst young people have risen over recent years. Other aspects of children and young people's wellbeing are proving hard to change and some indicators have remained static over many years such as the latest figures showing that 12 per cent of young people in Wales are classified as not in education employment or training (NEET), the same level as in 1996. Infant mortality rates continue to fall in Wales, which is good, but there is room for improvement as they are higher than in a number of other EU countries such as Luxembourg and Sweden. However, smoking behaviour amongst adolescents continues to fall and rates of MMR immunisation have dramatically increased, which is encouraging.

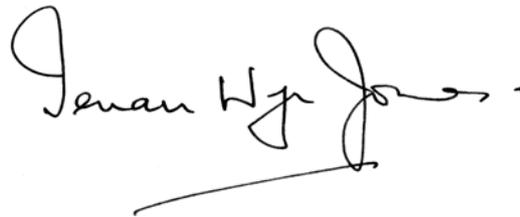
Finally, it is notable that many of the wellbeing indicators reported here are not so favourable for those children and young people who are living in deprivation and/or poverty. These findings only serve to reinforce the importance of our commitment to

eradicate child poverty by 2020 by delivering on the actions set out in our child poverty strategy.

The Monitor will continue to enhance our understanding of children and young people's lives and will help us to continue to strive for an equal and happy life for all of our children and young people.

A handwritten signature in black ink, appearing to read 'Carwyn Jones', written in a cursive style.

Rt Hon Carwyn Jones AM,
First Minister of Wales

A handwritten signature in black ink, appearing to read 'Ieuan Wyn Jones', written in a cursive style with a long horizontal stroke at the end.

Ieuan Wyn Jones AM
Deputy First Minister of Wales

Acknowledgements

Whilst the Welsh Assembly Government's Social Research Division provided the main co-ordinating role for this publication, it reflects a joint effort by many individuals. In addition to the chapter authors, there are some key people to thank as follows.

The members of the Welsh Assembly Project Board – Jo-Anne Daniels (Chair), Richard Thurston, Launa Anderson, Beverley Morgan, Chris Tudor-Smith, Marcus Hill, Ian Butler, Suzanne Chisholm, Andrew George, Glyn Jones, Mike Kendall, Jonathon Price and Steve Marshall.

The teams at Glyndŵr University, Cardiff University and Red Kite Research and Consultancy who undertook the qualitative work – Professor Odette Parry, Emily Warren, Dr Iolo Madoc-Jones, Sally-Ann Baker, Caroline Hughes, Professor Andrew Pithouse and Anne Crowley.

The team at Cardiff University Support Unit for Research Evidence (SURE) who undertook the evidence review – Ruth Turley, Fiona Morgan and Dr Helen Morgan.

The team at the Centre for Longitudinal Studies at the Institute of Education, University of London who provided additional analysis of the Millennium Cohort Study dataset – Professor Heather Joshi and Sosthenes Ketende.

Professor David Gordon and Dr Samantha Clutton for providing expert peer review. Eoghan Mortell (Working Word) who edited the document. Sharon Doleman provided communications and marketing support.

Rebecca Nelson provided administrative support throughout as well as developing the appendices, referencing and designing the figures and tables.

Additional data provision and support was provided by Ruth Studley, Craig Thomas, Hannah Kleinberg, Louisa Nolan, Scott Clifford, Robert Lee, Julian Pritchard, Justin Davies, Matthew Skermer, Jenny Humphries, Siobhan Evans, David Powell, Graham Davies, Robin Jones, Martin Parry, Samantha Grant, Tomos Davies, Christine Roberts, Richard Harry (Sport Wales) and Viv Young (GfK NOP).

**Launa Anderson (Report Editor) and Richard Thurston
Social Research Division, Welsh Assembly Government**

List of Tables

Chapter 2 The Demographic Picture of Children and Young People in Wales

- Table 2.1 Age structure, UK and constituent countries, (mid-2009) (%)
- Table 2.2 Dependent children aged 18 or under by type of family unit they live in, Wales (2009)
- Table 2.3 Number of deaths of Welsh residents aged 0 to19 (1998-2009)
- Table 2.4 Average annual migration with the UK, inflow rate, outflow rate and turnover rate by age group, (based on estimates from year ending mid-2005 to mid-2009)

Chapter 3 Specific Groups of Children and Young People

- Table 3.1 Percentage of pupils with special educational needs (SEN), Wales (2010)
- Table 3.2 Number of children in need receiving services in Wales (2005-2010)
- Table 3.3 Children living in larger households in Wales (2009)
- Table 3.4 Percentage of pupils eligible for FSM, Wales (2009-2010)

Chapter 4 The Early Years

- Table 4.1 Percentage of children aged four to seven reported as eating the following foods daily, Wales (2007-2009)
- Table 4.2 Mean figures for overall cognitive index for seven-year-olds
- Table 4.3 Cognitive index by income quintiles for seven-year-olds
- Table 4.4 Percentage of pupils with special educational needs (SEN) in maintained schools aged seven and under, Wales (2010)

Chapter 5 Access to Education, Training and Learning Opportunities

- Table 5.1 Responses to the question 'overall, how good do you think your college provider is?' Wales (2010)
- Table 5.2 Percentage of absent pupils of compulsory school age in maintained primary and secondary schools, Wales and England (2008/09)
- Table 5.3 Reasons given for permanent and fixed-term exclusions, Wales (2005/06 and 2008/09)

Table 5.4	Percentage of pupils at Key Stage 2 and 3 achieving the CSI by gender, Wales (1999-2010)
Table 5.5	Progression between KS2 2007 and KS3 2010, Wales (%)
Table 5.6	Key Stage 4 comparative performance, Wales and England (2009/10)
Table 5.7	Entries for Welsh Baccalaureate Qualifications (2006-2010)
Table 5.8	PISA assessment area scores, UK and OECD average (2009)

Chapter 6 Health, Freedom from Abuse and Exploitation

Table 6.1	Percentage of 15-year-olds reporting cannabis use by sex, Wales (2009/10)
-----------	---

Chapter 9 Safe Home and Community

Table 9.1	Percentage of children aged 10-15 who stated they were victims of crime, GB (2009)
Table 9.2	Police force recorded crime: incidents as a percentage of 'population', by area of deprivation, Wales (average over 2005/06-2006/07)
Table 9.3	Perceptions of anti-social behaviour, crime and drug misuse, Wales (2004-2009)
Table 9.4	Percentage of children who have been bullied in the last school year telling other people about it, Wales (2009)
Table 9.5	Percentage of pupils in years six, seven and ten reporting different types of cyber-bullying within the last two months, Wales (2009)
Table 9.6	Child casualties by type of road user and severity, Wales (2009)
Table 9.7	Young person casualties by type of road user and severity, Wales (2009)
Table 9.8	Percentage of medically attended injuries in the last 12 months by age and gender, Wales (2009/10)
Table 9.9	Homelessness decisions taken, by age and gender, Wales (July to September 2009)
Table 9.10	Number of households accepted as homeless by priority need, Wales (2007-2009)
Table 9.11	Number of young people entitled to Disability Living Allowance, by age and gender, Wales (May 2010)

Table 9.12 Fuel poverty by vulnerable household member, Wales (2008)

Chapter 10 Poverty

Table 10.1 Percentage of children living in households below 60% of median income (After Housing Costs), UK country comparisons (1997-2009)

Table 10.2 Percentage of children living in households below 60% of median income (After Housing Costs), Wales and Government Office Regions of England (1997-2009)

Table 10.3 Children living in working-age households by combined economic activity status of household, Wales (2004-2009)

Table 10.4 Labour market summary for lone parents, Wales (2004-2009)

List of Figures

Chapter 2 The Demographic Picture of Children and Young People in Wales

Figure 2.1 Projected population by age group in Wales (mid-2001 to mid-2023)

Figure 2.2 Indexed chart of people aged 0-25, UK constituent countries (mid-2001 to mid-2023)

Figure 2.3 Death rate of Welsh residents aged 0 to19 (per 100,000 population) (1996-2009)

Figure 2.4 Pupils aged five or over attending primary, secondary and special schools in Wales by ethnic background (2009/10)

Figure 2.5 Average annual net migration flows with England by age group (based on estimates from year ending mid-2005 to year ending mid-2009)

Chapter 3 Specific Groups of Children and Young People

Figure 3.1 Number of looked after children in Wales at 31 March (1997-2010)

Chapter 4 The Early Years

Figure 4.1 Percentage of liveborns weighing less than 2,500 grams, Wales (1993-2009)

Figure 4.2 Perinatal, neonatal and infant mortality rates, Wales (1999-2009)

Figure 4.3 Infant mortality in the European Union (2009)

Figure 4.4 Average dmft scores for five-year-old children by material deprivation, Wales (2007/2008)

Figure 4.5 Asthma in children aged 0-7, by material deprivation, Wales (2007-2009 combined)

Figure 4.6 Drinking behaviour during pregnancy by mother's age, UK (2005)

Figure 4.7 Number of babies born with foetal alcohol syndrome diagnosis, Wales (2005-2009)

Figure 4.8 Incidence of breastfeeding by mother's socioeconomic classification, Wales (2005)

Figure 4.9 Incidence of breastfeeding by mother's age and country (2005)

Figure 4.10 Percentage of pupils achieving at least level 2 at Key Stage 1 in teacher assessments, Wales (2010)

- Figure 4.11 Attainment at Key Stage 1, by FSM entitlement, Wales (2005-2008)
- Figure 4.12 Attainment at Key Stage 1, by ethnic background, Wales (2007-2009)
- Figure 4.13 Percentage of seven-year-old children answering the question 'how many friends do you have?'
- Figure 4.14 Percentage of seven-year-old children answering the question 'how often do you have fun with your family at the weekend?'

Chapter 5 Access to Education, Training and Learning Opportunities

- Figure 5.1 Percentage reporting that they like school 'a lot', Wales (2005-2010)
- Figure 5.2 Percentage of pupils achieving the CSI at Key Stage 2, 3 and 4 by overall absence rates, Wales (2009)
- Figure 5.3 Percentage of pupils achieving the CSI at Key Stage 2 and 3, Wales (2009-2010)
- Figure 5.4 Percentage of pupils achieving the CSI at Key Stage 2 and 3 by FSM entitlement, Wales (2009)
- Figure 5.5 Percentage of pupils achieving the CSI at Key Stage 2 and 3 by main ethnic group, Wales (2007-2009)
- Figure 5.6 Percentage of pupils improving by at least one level between KS2 in 2007 and KS3 in 2010, Wales
- Figure 5.7 Percentage of pupils aged 15 who achieved Level 2 threshold, Wales (2001-2010)
- Figure 5.8 Completions as proportion of entries for Welsh BaccaLaureate Qualification (2006-2010)
- Figure 5.9 Achieved full diploma as proportion of completions for Welsh BaccaLaureate Qualification (2006-2010)
- Figure 5.10 Attainment by level and age for persons aged 19, Wales (2006/07)
- Figure 5.11 Welsh-domiciled enrolments under the age of 25 by socioeconomic classification (2008/2009)
- Figure 5.12 Welsh students at Welsh HEIs (2001-2009)
- Figure 5.13 Young people not in education, employment or training (NEET) aged 16-18, Wales and England (1996-2009)

Chapter 6 Health, Freedom from Abuse and Exploitation

- Figure 6.1 Mean DMFT scores of 12-year-olds, Wales (1988-2009)
- Figure 6.2 Reports of uncomplicated chlamydia from GUM clinics, Wales (1995-2008)
- Figure 6.3 Reports of uncomplicated gonorrhoea from GUM clinics, Wales (1995-2008)
- Figure 6.4 Teenage conception rates by age group, Wales (1992-2008)
- Figure 6.5 Percentage reporting their health to be 'good' or 'excellent', Wales (2009/10)
- Figure 6.6 Percentage reporting high life satisfaction by age and sex, Wales (2009/10)
- Figure 6.7 Continuous periods of hospital care with any mention of self-harm, Wales residents, rates per 100,000 (1999-2008)
- Figure 6.8 Suicide rates per 100,000 population for 15 to 24 year-olds, Wales (1996-2008)
- Figure 6.9 Percentage of 11 to 15-year-olds overweight or obese, Wales (2009/10)
- Figure 6.10 Fruit consumption by age and sex, Wales (2009/10)
- Figure 6.11 Vegetable consumption by age and sex, Wales (2009/10)
- Figure 6.12 Weekly smoking among 15-year-olds, Wales (1990-2009)
- Figure 6.13 Percentage drinking alcohol weekly among 15-year-olds, Wales (1990-2009)
- Figure 6.14 Drunkenness on four or more occasions by age and sex, Wales (2009/10)
- Figure 6.15 Number of children on child protection registers at 31 March, Wales (2001-2010)

Chapter 7 Play, Leisure, Sport and Culture

- Figure 7.1 Percentage of young people who spend four or more evenings per week with their friends, Wales (2009/10)
- Figure 7.2 Percentage of seven-year-old children visiting various cultural activities, Wales

- Figure 7.3 Use of facilities for sport and exercise in the past year, children aged seven to 11, Wales (2009)
- Figure 7.4 Percentage of young people spending at least two hours watching TV, playing computer games, using a computer on weekdays, Wales (2009/10)
- Figure 7.5 Percentage of young people who report at least one hour of moderate to vigorous activity daily, Wales (2009/10)
- Figure 7.6 Travel to school, 11-year-olds, Wales (2000-2010)
- Figure 7.7 Main mode of travel to school for five to 16-year-olds in each Government Office Region (GOR) and country in Great Britain (2008 2009)
- Figure 7.8 Hours of teacher time provided for extra-curricular PE, ages 11-16 (1999-2009)
- Figure 7.9 Percentage of seven to 11-year-olds and 11 to 16-year-olds regularly participating in extra-curricular activities (2004-2009)
- Figure 7.10 Percentage of seven to 11-year-olds and 11 to 16-year-olds regularly participating in club sport (2004-2009)
- Figure 7.11 Free public swims and free structured activities (thousands) for ages 16 years and under (2004-2010)
- Figure 7.12 Arts attendance for seven to 18-year-olds by gender and socioeconomic group, Wales (2008/09)
- Figure 7.13 Arts participation for seven to 18-year-olds, Wales (2008/09)
- Chapter 8 Children and Young People are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised**
- Figure 8.1 Percentage of 11 to 15-year-olds who report finding it easy to talk to mother/father/best friend by gender, Wales (2009/10)
- Figure 8.2 Percentage of respondents who feel 'it is everyone's duty to vote', GB (2008)
- Figure 8.3 Percentage of respondents who volunteered for an organisation, friends, neighbours or other members of the community in the last 12 months, Wales (2010)
- Figure 8.4 Percentage of respondents who had experienced discrimination, harassment or victimisation in the last five years by age, Wales (2008)

Chapter 9 Safe Home and Community

- Figure 9.1 Percentage of 11 to 15-year-olds who were bullied 2-3 times a month, Wales (2009/10)
- Figure 9.2 Percentage of 11 to 15-year-olds who bullied others 2-3 times a month, (2009/10)
- Figure 9.3 Percentage of 11-year-olds who reported being bullied 2-3 times a month, Wales (2001-2010)
- Figure 9.4 Trends - child casualties (aged 0-15) by type of road user, index 1979=100 (1979-2009)
- Figure 9.5 Child pedestrian casualties by time of day, average Monday to Friday, by gender, Wales, total (1999-2008)
- Figure 9.6 Admissions to hospital at Welsh hospital trusts, for children aged 0-14: External causes for admission, by broad category of cause (2008-09)
- Figure 9.7 Homeless households, families with children in temporary accommodation, Wales (2002-2010)
- Figure 9.8 Percentage of people living in a household that failed the bedroom standard by age, Wales (2008)

Chapter 10 Poverty

- Figure 10.1 Percentage of children living in absolute poverty in Wales (After Housing Costs) (1998-2009)
- Figure 10.2 Percentage of 18 to 24-year-olds claiming a benefit, Wales and Great Britain (2005-2010)
- Figure 10.3 Employment rate amongst 16 to 24-year-olds in Wales and the UK (2005-2010)

List of Boxes

Chapter 1 An Introduction to the 2011 Monitor

Box 1.1 The four general principles of the UN Convention on the Rights of the Child (UNCRC)

Box 1.2 The Welsh Assembly Government's seven core aims for children and young people

Box 1.3 Qualitative work

Box 1.4 Evidence review

Box 1.5 The development of measuring children's wellbeing

Chapter 9 Safe Home and Community

Box 9.1 Definition of fuel poverty

Chapter 10 Poverty

Box 10.1 Measures of child poverty

Glossary

ACE	Adverse Childhood Experience
ADDE	Annual District Deaths Extract
AHC	After Housing Costs
ALSPAC	Avon Longitudinal Study of Parents and Children
APS	Annual Population Survey
AQMA	Air Quality Management Area
ASBO	Anti-Social Behaviour Order
AWISS	All Wales Injury Surveillance System
BASCD	British Association for the Study of Community Dentistry
BAS	British Ability Scale
BCS	British Crime Survey
BHC	Before Housing Costs
BHPS	British Household Panel Survey
BMI	Body Mass Index
CiN	Children in Need
CARIS	Congenital Anomaly Register and Information Service
CL	Community Learning
CSI	Core Subject Indicator
CTC	Child Tax Credit
DCLG	Department for Communities and Local Government
DDA	Disability Discrimination Act
DEFRA	Department for Environment, Food and Rural Affairs
DfES	Department for Education and Skills
dmft	decayed, missing or filled teeth (deciduous teeth)

DMFT	Decayed, Missing or Filled Teeth (permanent teeth)
DWP	Department for Work and Pensions
EMC	Electronic Media Communication
EU	European Union
FACS	Families and Children Study
FAS	Foetal Alcohol Syndrome
FAS	Family Affluence Scale
FE	Further Education
FEI	Further Education Institution
FRS	Family Resources Survey
FSM	Free School Meals
GB	Great Britain
GCSE	General Certificate of Secondary Education
GDP	Gross Domestic Product
GNVQ	General National Vocational Qualification
GOR	Government Office Regions
GUM	Genito-Urinary Medicine
HB	Housing Benefit
HBAI	Households Below Average Income
HBSC	Health Behaviour in School-aged Children study
HE	Higher Education
HEI	Higher Education Institution
HMRC	Her Majesty's Revenue and Customs
HPV	Human Papilloma Virus
ICD	International Classification of Diseases

IFS	Infant Feeding Survey
ILO	International Labour Organisation
IOTF	International Obesity Task Force
IQ	Intelligence Quotient
ISBN	International Standard Book Number
ISMI	Income Support for Mortgage Interest
JSA	Job Seeker's Allowance
KS	Key Stage
KSI	Killed or Seriously Injured
LBW	Low Birth Weight
LA	Local Authority
LiW	Living in Wales survey
LLSI	Limiting Long-Standing Illness
LLTI	Limiting Long-term Illness
LSYPE	Longitudinal Study of Young People in England
MARAC	Multi-Agency Risk Assessment Conference
MenC	Meningococcus group C
MCS	Millennium Cohort Study
MMR	Measles Mumps and Rubella
MVPA	Moderate to Vigorous Physical Activity
NatCen	National Centre for Social Research
NAfW	National Assembly for Wales
NEET	Not in Education, Employment or Training
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children

NS-SEC	National Statistics Socio-Economic Classification
NTS	National Travel Survey
NVQ	National Vocational Qualification
ODPM	Office of the Deputy Prime Minister
OECD	Organisation for Economic Co-operation and Development
ONS	Office for National Statistics
PCV	Pneumococcal Conjugate Vaccination
PE	Physical Education
PEDW	Patient Episode Database Wales
PISA	Programme for International Student Assessment
PLASC	Pupil Level Annual School Census
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
STI	Sexually Transmitted Infection
SURE	Support Unit for Research Evidence (Cardiff University)
TV	Television
UK	United Kingdom
UN	United Nations
UNCRC	United Nation Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WAG	Welsh Assembly Government
WBL	Work Based Learning
WBQ	Welsh Baccalaureate Qualification
WHO	World Health Organisation
WHS	Welsh Health Survey

WIMD Welsh Index of Multiple Deprivation

WTC Working Tax Credit

Executive Summary

Introduction

Author: Richard Thurston

This is the second in a series of reports on children and young people's wellbeing in Wales. The first was published in 2008 in response to calls from the UN for governments to publish information that can be used to assess progress and design policies to improve the outcomes for children and young people. The Welsh Assembly Government made a commitment to doing this in One Wales with the intention to publish new editions of the Monitor every three years.

The Monitor is important to aiding the Welsh Assembly Government and its partners to measure and understand the issues which affect the wellbeing of children and young people and to use this as a basis for policy development and evaluation.

The aim of the Monitor is to report on the wellbeing of children and young people (aged 0-25) using a variety of wellbeing indicators, findings from the wider evidence base and the voices of children and young people themselves.

The Monitor is organised around themes taken from the Assembly Government's Seven Core Aims for children and young people, which are themselves based on the UNCRC (see Box 1). The Seven Core Aims seek to ensure that all children and young people in Wales:

- have a flying start in life;
- have a comprehensive range of education and learning opportunities;
- enjoy the best possible health and are free from abuse, victimisation and exploitation;
- have access to play, leisure, sporting and cultural activities;
- are listened to, treated with respect, and have their race and cultural identity recognised;
- have a safe home and community which supports physical and emotional wellbeing, and;
- are not disadvantaged by poverty.

Box 1: The four general principles of the UN Convention on the Rights of the Child (UNCRC)

The UNCRC is an international human rights treaty that grants all children, and young people (aged under 18), a comprehensive set of human rights. The UK signed the convention on 19 April 1990, ratified it on 16 December 1991 and it came into force in the UK on 15 January 1992.

The four general principles of the UNCRC are:

- non-discrimination,
- the best interests of the child,
- the right to life, survival, and development, and
- respect for the views of the child.

For further information, see <http://www.unicef.org/crc/>

The Monitor's fundamental aims remain unchanged. These are to:

- provide access to reliable and up-to-date information on child wellbeing in Wales, allowing the Assembly Government to monitor and respond to key trends;
- provide an opportunity to track the Assembly Government's cross-cutting child poverty targets within the context of child wellbeing;
- raise awareness of the issues that need to be tackled to secure children and young people's wellbeing, and
- fulfil the United Nations Convention on the Rights of the Child (UNCRC) call on all state parties to publish data on children's wellbeing regularly.

The Monitor is written by joint teams of Assembly Government social researchers, statisticians and economists.

There are many sources of data used throughout the Monitor to populate the indicators. Care has been taken to ensure all sources are robust and legitimate. Indicators are reported at an all-Wales level, and all indicators reported on in the first Monitor are included again including data on the Assembly Government's Child Poverty indicators. In some cases there is no change as no new data has become available.

A New Look Monitor

The 2011 edition of the Monitor contains a number of changes from the previous version. Most notably, it now reports on children and young people aged 0-25 years of age (the 2008 edition only reported to 18) to reflect the Assembly Government's policy focus on this age group and the transition from youth to adulthood.

Also new is the inclusion of information and insights gained from children and young people themselves; their voice has been captured via the commissioned qualitative research the *Voices of Children and Young People in Wales* study (undertaken by Glyndŵr University). This was identified as a gap in the previous edition of the Monitor but recognised as extremely important in terms of guiding our developing knowledge about what counts from the perspective of children and young people themselves. The main findings from this study are reported in this summary and the qualitative material is integrated within the main report of the Monitor; there will also be a separate publication which reports on the findings in more detail.

A more comprehensive review of existing evidence by Cardiff University was also commissioned and the findings have been used to construct the narratives of the chapters.

New indicators and sources of data have been identified and included. In part this is due to the increased age range. And, a stronger focus on wellbeing theories has been included in the introductory chapter in part due to the increasing interest in wellbeing as a guiding concept in government policy making.

Findings from the Welsh Assembly Government's work on children and young people's budgeting have also been included.

An important feature of the 2008 Monitor was to identify significant gaps in the evidence. Since 2008, work has been done to address some of these gaps. Elsewhere these gaps remain and require continued work and commitment from the Assembly Government and relevant stakeholders. The 2011 edition of the Monitor also identifies some additional gaps. One notable on-going development consists of work examining how to collect representative survey data from children and young people themselves about their wellbeing and their views on public services.

The most notable difference is that this edition of the Monitor begins to develop a time series of data on key wellbeing indicators. The summary of key findings that follow highlights some of the main trends alongside key findings from the qualitative research with children and young people, all of which is explained in more detail in the main report.

Key Findings

The Demographic Picture of Children and Young People in Wales

In recent years, migration has been the main reason for population growth in Wales. However, Wales has experienced positive natural change (i.e. more births than deaths) since 2005-06 onwards.

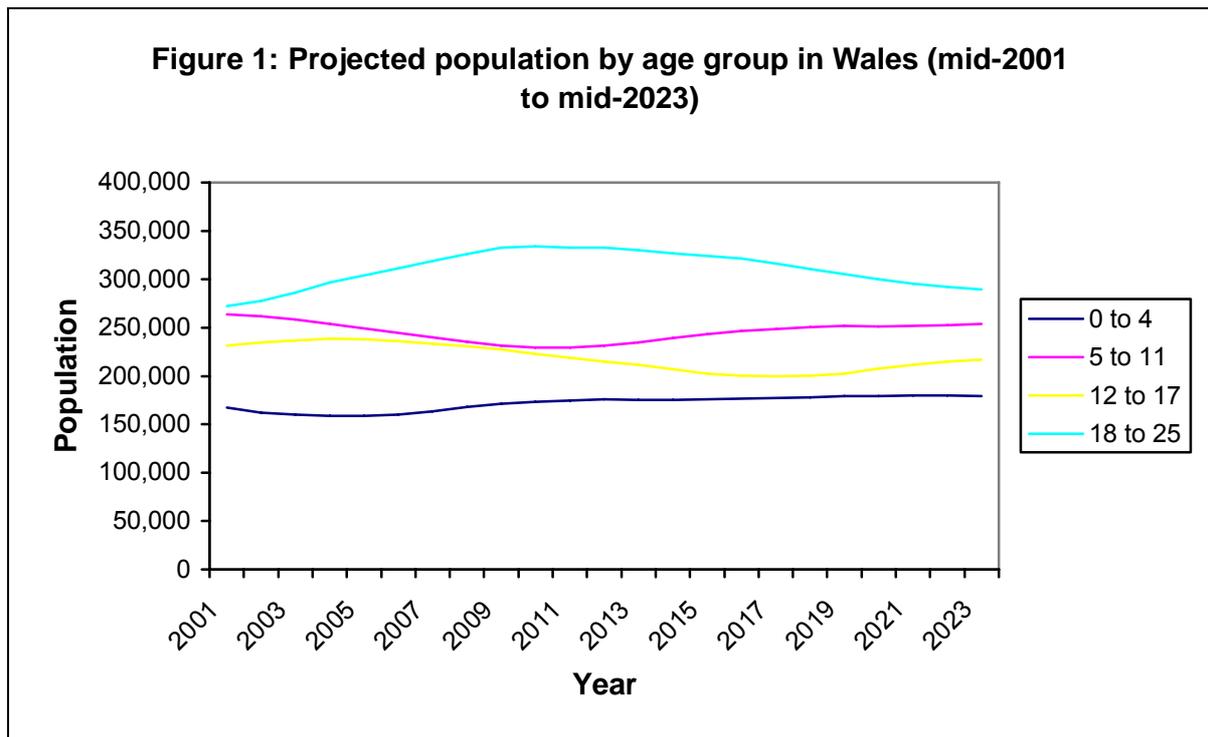
There are approximately 962,000 children and young people in Wales aged 0-25. The number of births continues to rise and, in 2009, 34,900 babies were born in Wales (See Figure 1). This means that the numbers of pupils of statutory school age (5-15) are beginning to rise, although these have been falling recently due to previously lower birth rates.

Due to changes in life expectancy, the proportion of young people aged 0-25 is projected to decrease in relation to the general population by 2.5% to 937,700 by mid-2020.

Other key demographic data relating to children and young people in Wales:

- The number of live births in Wales increased from 32,000 in 2006 to 34,900 in 2009.

- Death rates among 0-19 year olds in Wales continue to fall and, in 2009, there were 291 deaths, which is a rate of 40.8 per 100,000 population.
- As in recent years, the numbers of pupils of statutory school age (5-15 years) in maintained schools, decreased but rose among the under fives and the 16-19+ years age groups.
- The level of Welsh language ability has not changed since the last edition of the Monitor with 13% of primary and 16% of secondary school children fluent speakers.
- The vast majority of school children aged five and over are white British (91.8%).



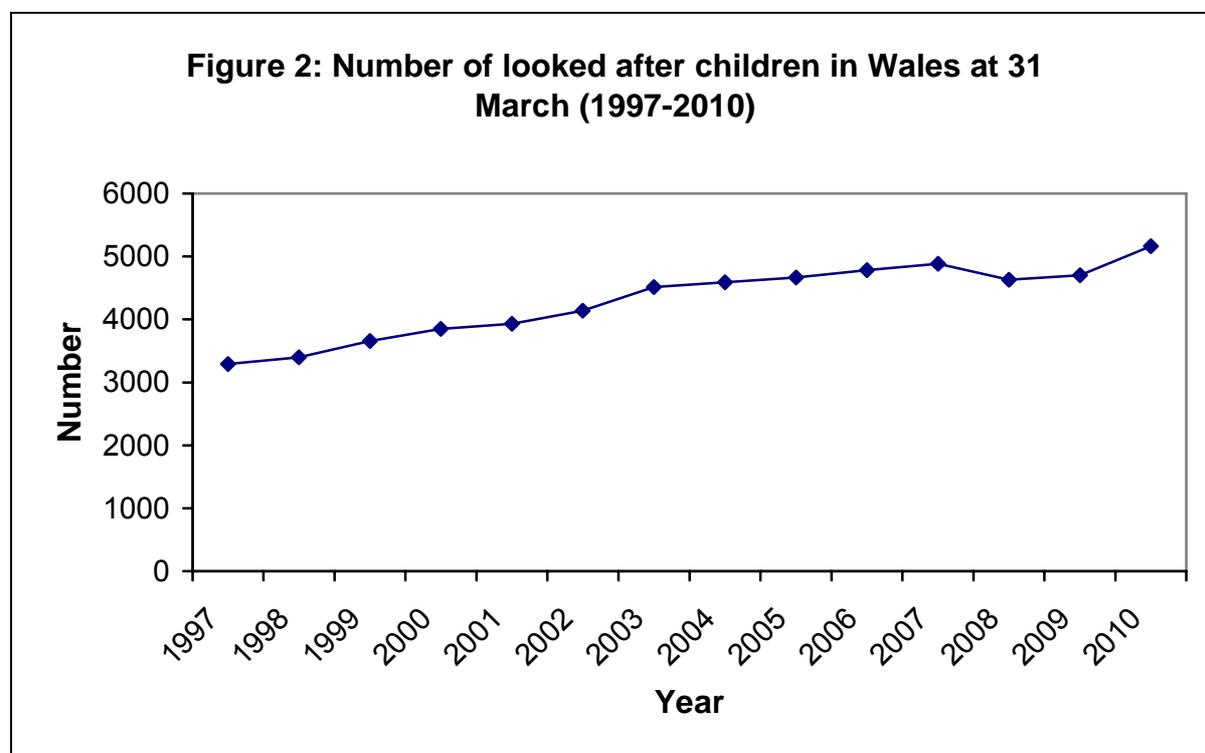
Source: Mid-year population estimates and 2008-based national projections, Office for National Statistics

Box 2: Extract from the *Voices of Children and Young People in Wales* study

As children grow older and parents relinquish their control over their environments and choices, they accept more responsibility for their safety, their health and their futures. It was apparent in this study that while young people talked about having responsibility for themselves (and about treating people how they would like to be treated), there was some reticence in accepting responsibility for others. However, those young people who had children of their own, talked about their responsibilities to their children, mostly prioritising these over their own interests. Their concerns for their children appeared largely informed by their own experiences, worries and opportunities available to them as young people.

Specific Groups of Children and Young People

One of the most remarkable findings reported in the Monitor is that the number of looked after children has increased by 44% over the last decade (see Figure 2). It is likely that this rise is related to a number of factors including increased need and/or local authority policies and practices.



Source: Welsh Assembly Government

The proportions of pupils in local authority maintained schools, known to be eligible for free school meals has also increased. Between 2009 and 2010 the increase was just over 1% in primary schools and just under 1% in secondary schools.

The Monitor also reports on a downward trend since 2000/01 in relation to statements of special educational need (SEN). In 2010 14,128 pupils in schools in Wales now having statements compared to 17,400 in 2000/01.

Other key data relating to specific groups of children and young people include:

- There are 150,616 children and young people aged 0-18 years are living with a disabled parent.
- There are 933 young carers (aged under 18) known to social services.
- There are around 25,000 children in need.
- In 2009/10, the majority of 16-24 year olds in Wales (94.9%) identified themselves as heterosexual or straight and 2.8% identified themselves as gay, lesbian, bisexual or other. 1.3% didn't respond to the question and a further 1% refused to answer the question.

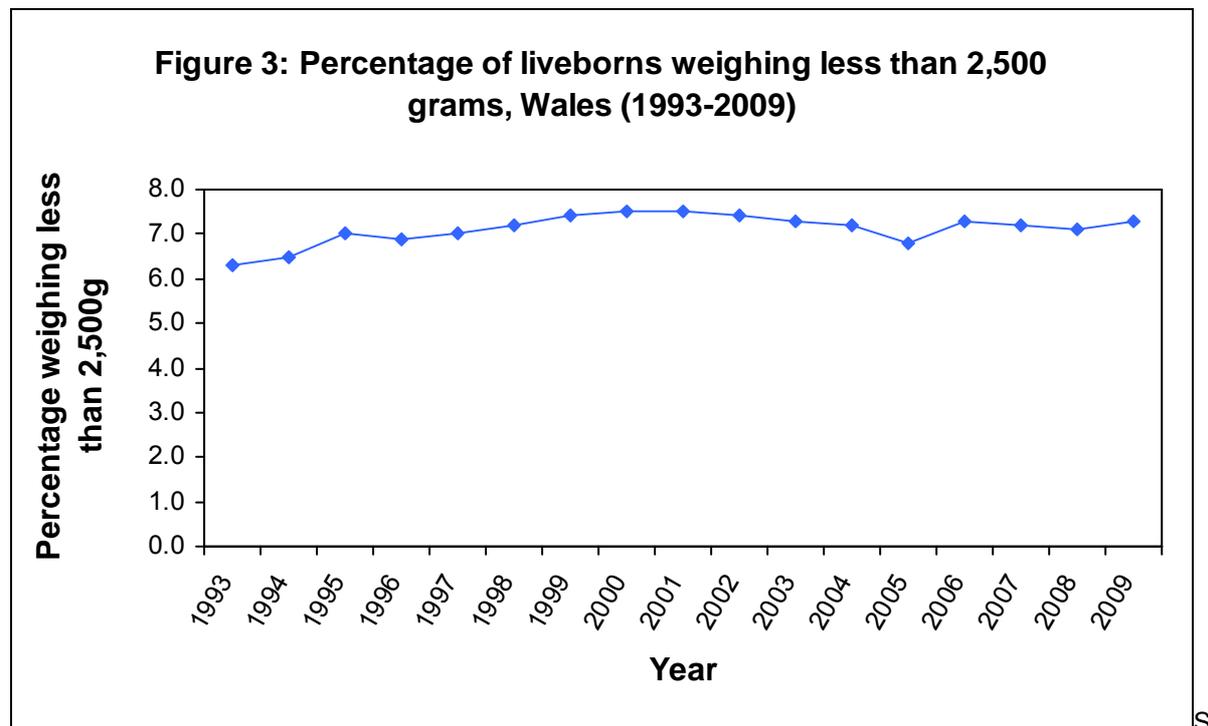
- There are around 59,000 children and young people in Wales aged 18 and under living in households with at least four dependent children aged 19 and under.

The Early Years

Being healthy at birth and through the early years is one of the most important indicators of the wellbeing of children. Measuring the health of young children can be undertaken in a number of different ways and many of the key indicators reported here incorporate those used by UNICEF, including low birth weight; infant mortality rate and childhood immunisation.

Birth weight is an important determinant for future health and low birth weight (LBW) is associated with adverse outcomes in terms of poor health and education. Babies born weighing less than 2,500g are at risk of deficits in growth, cognitive development, diabetes and heart disease. There is also evidence that very low birth weight babies (those weighing less than or equal to 1,500g) are at an increased risk of learning difficulties later on in life.

The proportion of babies being born with a LBW (less than 2,500g) in Wales has increased over recent years (see Figure 3). Between 1993 and 2000, the proportion rose from 6.3% to 7.5%. Since 2000, the proportion has remained relatively stable, except for a dip in 2005. In 2009, the percentage of babies with a LBW was 7.3%.



Source: Birth Statistics, Office for National Statistics

Other key findings relating to the wellbeing of children in their early years are:

- The infant mortality rate continues to fall and in 2009 was 4.8 per 1,000 births.

- Of children aged 4-7, 73% eat fruit daily and 57% eat vegetables daily.
- For seven-year-olds the highest cognitive scores were for children of graduate mothers and those from families in the top income groups.
- Boys are more likely than girls to have special educational needs and this is particularly pronounced for behavioural, emotional and social difficulties and speech, language and communication difficulties.
- Sixty-eight per cent of seven-year-olds report having 'lots of friends'.
- The uptake rate of two-year-olds being immunised against measles, mumps and rubella (MMR) continues to increase from a low of 80% in 2003-04. During 2009-10, 92% of two-year-olds had been immunised against MMR.
- In 2010 the proportion of pupils achieving at least level two (the expected level) in the Core Subject Indicator (CSI) in the National Curriculum was 81.6%. This was the highest level of achievement recorded over the last ten years.
- Girls out-performed boys in all subjects in the CSI, although recently this gender gap has been decreasing slightly each year.

Access to Education, Training and Learning Opportunities

Wales continues to see gradual improvement in Core Subject Indicator (CSI) performance at Key Stage 2 and Key Stage 3 and in GCSE/Key Stage 4 attainment measures, but international comparisons show Welsh pupils performing less well comparatively.

Most notably, the latest results from the Programme for International Student Assessment (PISA) show Welsh pupils are performing less well in assessments of reading, mathematics and science than previously, and also comparatively less well than their counterparts in the other UK countries, and lower than the OECD average in reading and mathematics (see Table 1).

Table: 1: PISA assessment area scores, UK and OECD average (2009)

Assessment area	Wales	OECD average	Scotland	NI	England
Reading	476	493	500	499	495
Mathematics	472	496	499	492	493
Science	496	501	514	511	515

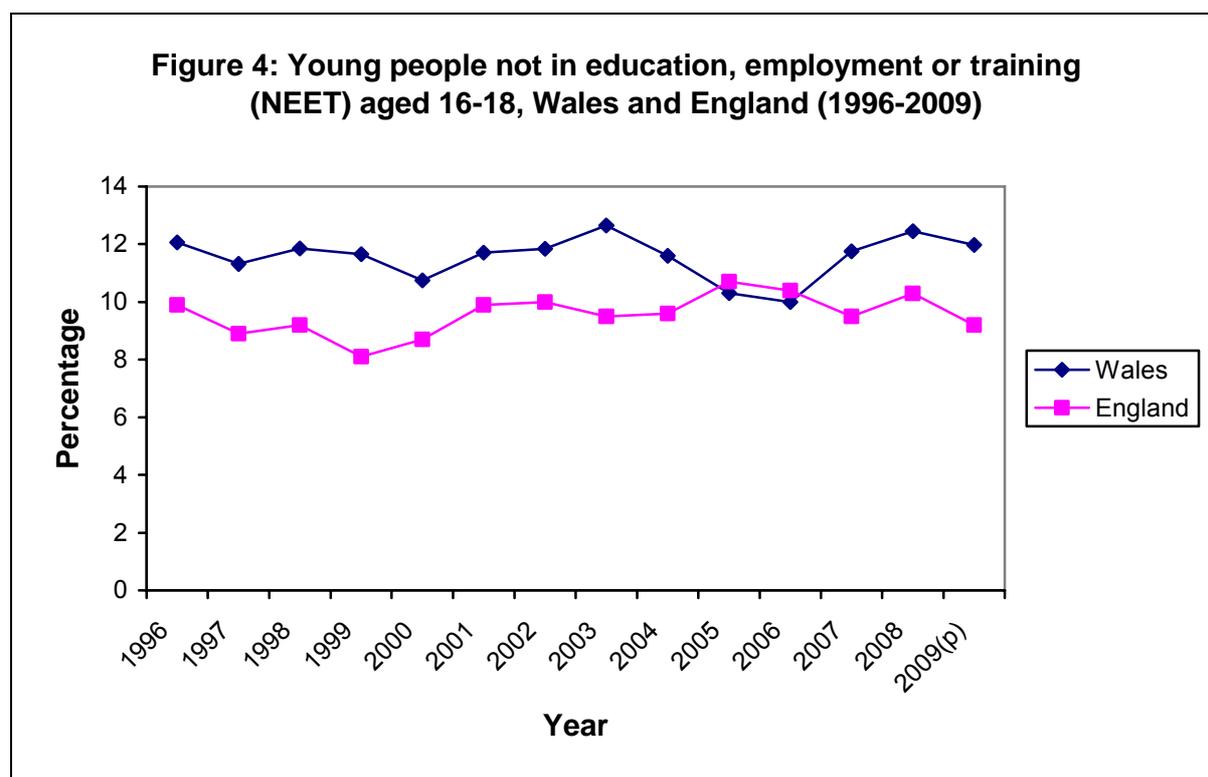
Source: Programme for International Student Assessment (PISA)

Gender continues to be a defining factor in the educational wellbeing of Welsh children and young people. For instance, girls continue to outperform boys in assessments during compulsory education and beyond. However, PISA assessments, which focus on the application of knowledge, show boys outperforming girls in two out of the three subjects assessed (i.e. maths and science).

The other most clearly identifiable pattern is that deprivation continues to be correlated with absenteeism and lower attainment rates across much of the spectrum of education for children and young people in Wales.

Other key education findings reported in the Monitor are that:

- The numbers of young people not in education, employment or training (NEET) have remained largely at the same level for more than a decade (see Figure 4).
- The number of permanent exclusions in Wales (based on total number of occurrences rather than pupils) has dropped from around 1.0 to 0.5 per 1,000 pupils since the previous Monitor (which reported 2005/06 data).
- The numbers of Welsh domiciled¹ enrolments² to higher education institutions (HEIs) for those aged under 25 has increased over the last nine years from 49,260 in 2000/01 to 54,985 in 2008/09. Females continue to outnumber males by 55.8% to 44.2% in 2008/09.
- Looked after children have considerably lower attainment rates than all pupils.



Source: Welsh Assembly Government
p=provisional data.

¹ A student is Welsh domiciled if that student's permanent or home address prior to entry to the course is in Wales. It is not necessarily the correspondence address of the student and because length of residence at the permanent address is not captured, does not necessarily represent the country where a student received the majority of their pre-HE learning.

² Enrolments include postgraduate, undergraduate, part-time as well as full-time enrolments.

Box 3: Extract from the *Voices of Children and Young People in Wales* study

Most children and young people enjoyed school, deriving satisfaction variously from aspects of the curriculum, pedagogy, their peers and teachers. One concern about school was its perceived fitness for purpose in a changing world. That is, pupils demonstrated preference for practical subjects and expressed desire to have a greater focus on subjects which would help them 'get on in life'. Learning about money management was highlighted particularly by many young people as very important in the current financial climate.

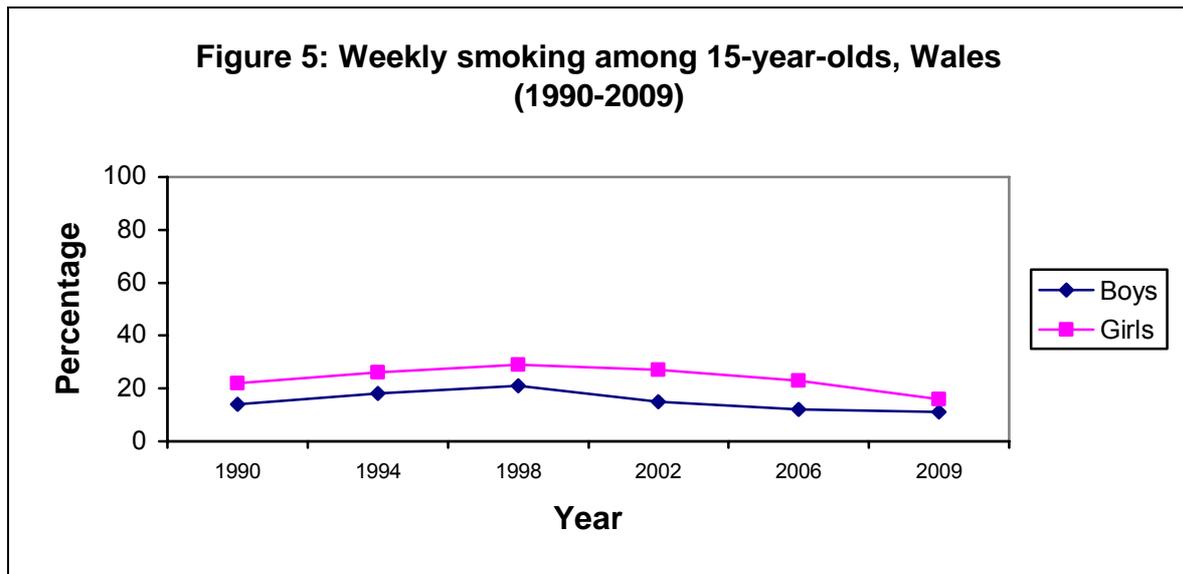
Stress was an issue for young people especially in relation to the demands of educational achievement and, linked to this, the prospects of securing work. Young people felt under considerable pressure to get good grades, at the same time aware that even these may not secure their future.

Health, Freedom from Abuse and Exploitation

Clearly, the physical, mental and emotional health of children and young people is central to an analysis of their wellbeing. Equally, lifestyle factors, such as alcohol consumption and obesity, are known to have a potentially deleterious impact on current and future health. And, many lifestyle indicators are socially patterned, with adverse behaviours more likely among those from the least affluent backgrounds.

Focusing on such information alone could be said to follow a deficits model of public health, focusing on those problems that policies need to tackle. While this deficits model is important, it should ideally be complemented by addressing assets, those factors that develop resilience and promote positive health and wellbeing, such as participating in leisure activities, enjoying a positive school environment and ease of communication with family and friends - aspects of wellbeing reported in other chapters of the Monitor.

One of the most significant findings reported in the Monitor is that smoking among 15-year-olds has continued to decline since its peak in the late 1990s among both sexes, although it is more prevalent amongst girls than boys (see Figure 5). This trend can be seen across the UK and is repeated for 13-year-olds.



Source: Health Behaviour in School-aged Children (HBSC) study

Also declining is the proportion of 15-year-olds drinking weekly which has fallen in recent years, such that in 2009/10 approaching two in five boys (36%) and one in three girls (30%) reported drinking this often. This compares with 58% of boys and 54% of girls in 2001/02.

Other key findings in relation to the health related wellbeing of children and young people in Wales are that:

- The dental health of 11 and 12-year-olds has improved over recent years.
- A considerable minority of adolescents are sexually active at age 15 or younger these figures have remained stable in recent years, while rates of chlamydia have risen among 15 to 24-year-olds. Rates of teenage pregnancy have remained stable in recent years.
- The rate of hospital admissions for self-harm in Wales have increased in recent years and are lower for boys than for girls, particularly among 15 to 17-year-olds.
- There is evidence that the suicide rate for 15 to 24-year-olds has declined in recent years, particularly among males, although the trend must be interpreted with some caution given the, thankfully, small number of suicides each year.
- Adolescent girls tend to rate their health less well than boys, while life satisfaction declines with age for girls but remains stable for boys.
- A considerable minority of children, adolescents and young adults are classified as overweight or obese.
- Fewer than one in three adolescents report eating fruit or vegetables daily, while less than half of older girls report eating breakfast daily.

Box 4: Extract from the *Voices of Children and Young People in Wales* study

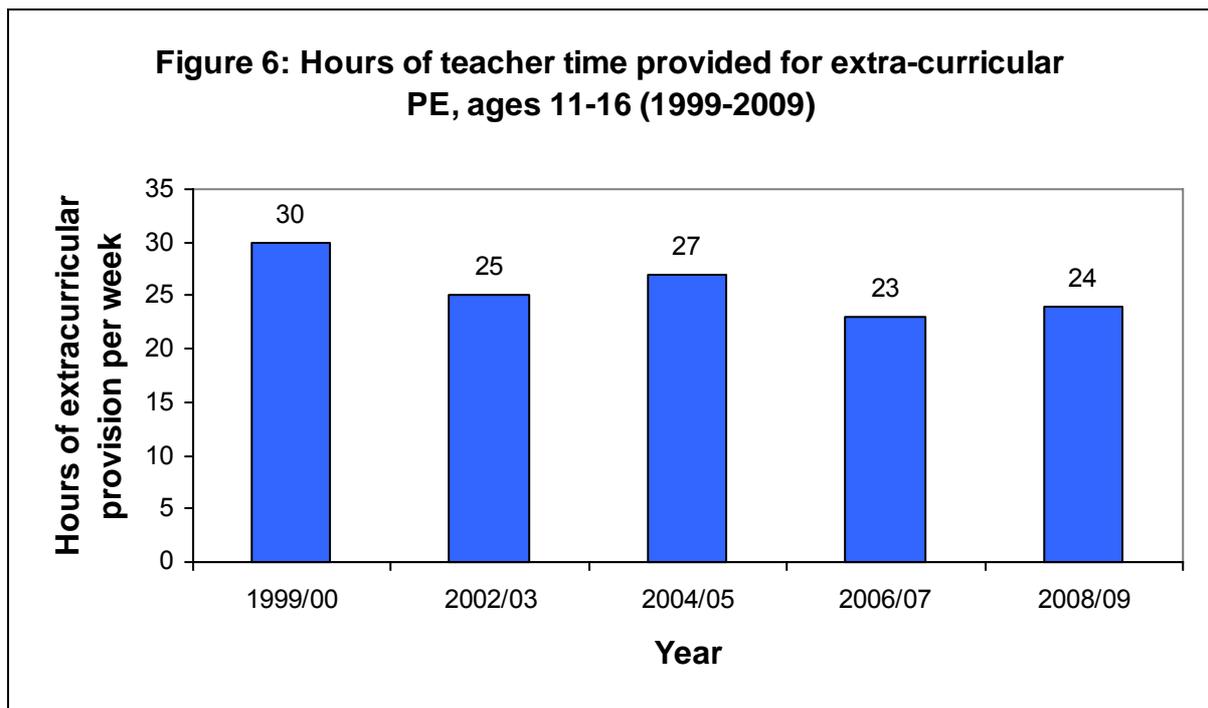
Children and young people were aware of the relationship between their own behaviours and health (and thus accepted some responsibility for their own health). Irrespective of age, children and young people, distinguished between healthy and unhealthy diet, although most admitted a preference for unhealthy food. Some young people compensated for unhealthy dietary behaviours by taking exercise. Very few children and young people said they currently, or had ever, smoked and smoking was generally perceived as very unhealthy and no longer 'cool'. Most young children reported that they did not like, or engage in, alcohol consumption although this was considered the norm among older (including under-age) young people, a few of whom acknowledged binge drinking.

Access to Play, Leisure, Sport and Culture

Children and young people's participation in play, leisure, sporting and cultural activities can have an important role to play in improving other aspects of wellbeing such as health in the case of physical activity. It can also contribute more generally in relation to helping improve motivation and in the development of a range of skills that help children and young people's learning, development of self-identity and engagement with others. As with other areas of wellbeing, gender and socioeconomic status provide the main differences.

Monitoring such aspects of children and young people's lives can help to gauge some of the broader ways in which they are growing-up. For instance, it is worth highlighting that the proportions of young people spending four or more evenings per week with friends has declined between 2005/06 and 2009/10 in all ages. The age pattern differs between boys and girls.

Boys are more likely to meet the recommended physical activity guidelines than girls, for both genders this declines with age so that by the age of 15 a fifth of boys and around one in ten girls report this level of activity. On a related point, there is a gradual trend for fewer hours of teacher time being spent on extra-curricular physical education activities (see Figure 6). However the proportion of pupils taking part in club sport has increased gradually during the past 10 years. A slightly higher proportion of pupils aged 7-11 participated in regular club sport than secondary school aged children (11-16).



Source: Sport Wales PE Provision Survey

Arts attendance and participation have both on the whole increased in the last two years for seven to 18-year-olds with more girls and than boys attending/participating and more children and young people from higher socioeconomic groups attending/participating.

Other key findings relating to access to play, leisure, sport and culture are:

- The number of free public swims for those aged 16 and under in Wales fell from 808,000 in 2004/05 to 569,000 in 2009/10 a drop of 29.6%. The downward trend was consistent apart from a small rise in 2008/09. Part of the decrease may be due to an increased focus on structured activity and skill development within the Free Swimming Scheme. The number of free structured swimming activities rose almost four-fold between 2004/05 and 2009/10 from 24,000 to 94,000.
- The proportion of young people watching TV for at least two hours each weekday evening decreased between 2005/06 and 2009/10. On the other hand, the proportions of young people using a computer for playing games and other purposes increased.
- Over three quarters of pupils aged 11-16 take part in extra-curricular sport and physical recreation.

Box 5: Extract from the *Voices of Children and Young People in Wales* study

Young children were attached to the areas where they lived, mostly for the people that they knew (friends and family) and for their access to contexts (including gardens, the street and parks) where they could play. Older children and teenagers' assessment of where they lived also focused upon access to friends but, those in rural areas, were often critical about the perceived absence of suitable entertainment for young people.

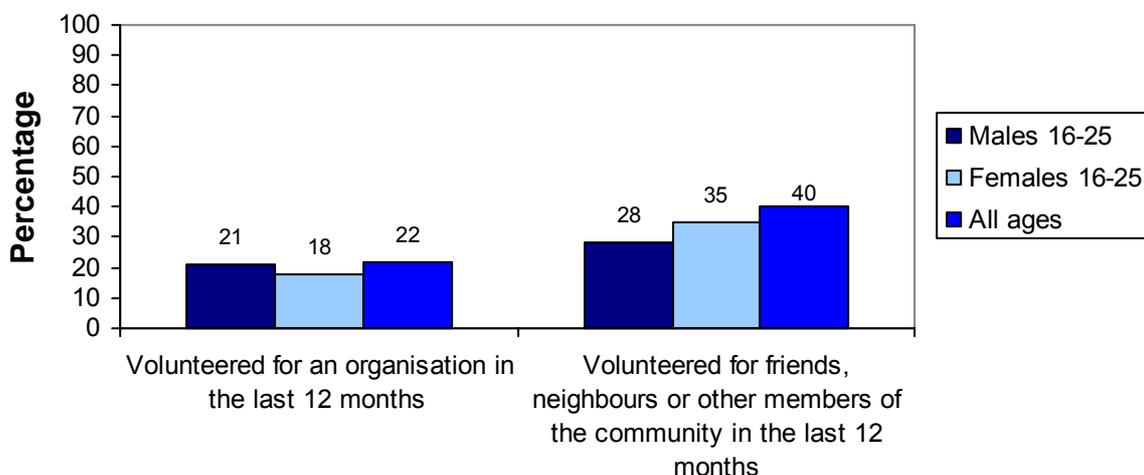
Children and Young People are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised

The main focus of this Core Aim 5 is enabling children and young people to participate in decisions that affect them. A key assumption is that this can help to shift the 'balance of power' in relationships between children and young people and adults, such as between school staff and pupils, or between children and parents or more broadly about inclusion within an institution or community. Participation provides opportunities to change attitudes, develop new skills and develop relationships which are more equal.

The key findings reported in the Monitor are:

- Thirty-one per cent of 16 to 25-year-olds in Wales had volunteered to help friends, neighbours or other members of the community in the past year and 20% had volunteered for an organisation. This was a higher proportion on average than the 20% of 16 to 24-year-olds who responded to a similar question from the 2008 Living in Wales survey. (see Figure 7)
- 2009/10 HBSC study data showed that 60% of boys and girls aged 15 in Wales said their classmates were kind and helpful. As with the previous survey, girls were more likely than boys to report that their classmates were kind and helpful.
- Just over a fifth of young people aged 18-24 voted in the 2007 National Assembly for Wales elections.
- A significantly lower proportion of young people reported voting compared to the population as a whole.
- Estyn found that the extent to which children and young people are able to participate in decisions about their education is improving but still varies across Wales and between education sectors.
- Ninety-two per cent of 14 to 25-year-olds in England and Wales felt that there were significant gaps in the services provided for them.
- Young people in Wales aged 16-29 were significantly more likely to be a victim of discrimination, harassment or victimisation than residents over 40.

Figure 7: Percentage of respondents who volunteered for an organisation, friends, neighbours or other members of the community in the last 12 months, Wales (2010)



Source: National Survey for Wales Pilot

Box 6: Extract from the *Voices of Children and Young People in Wales* study

Young people and children, irrespective of age, perceived relationships with others as one of the most important aspects of their wellbeing. For the most part, relationships were prioritised by children and young people over material possessions. Younger children focused primarily on the importance in their lives of their parents/guardians, while older children looked to their relationships with their peers, teachers and other significant others, as well as their families.

Children and young people highlighted the importance of treating others with respect, and in the same way as they wished to be treated themselves. They appeared for the most part to be tolerant of, and indeed value, difference. Hence, they accepted and welcomed opportunities to mix with others, with different experiences, backgrounds and cultures. In this sense young people appeared generally accepting and inclusive of others.

A sense of identity was highlighted as very important by many young people and children. Many participants in the study said that they were proud to be Welsh, and that this engendered a sense of belonging. Equally those young people who perceived themselves as English (often being born in England and having little exposure to the Welsh language in the areas where they lived) claimed an English identity. Importantly having a strong sense of identity was not perceived as threatening towards, or by, others with alternative allegiances. For those living on the borders, identity was less well clear cut and some young people struggled to locate themselves. Despite the perceived importance placed on identity and belonging, for

the most part young people distanced themselves from extremist patriotic attitudes and behaviours.

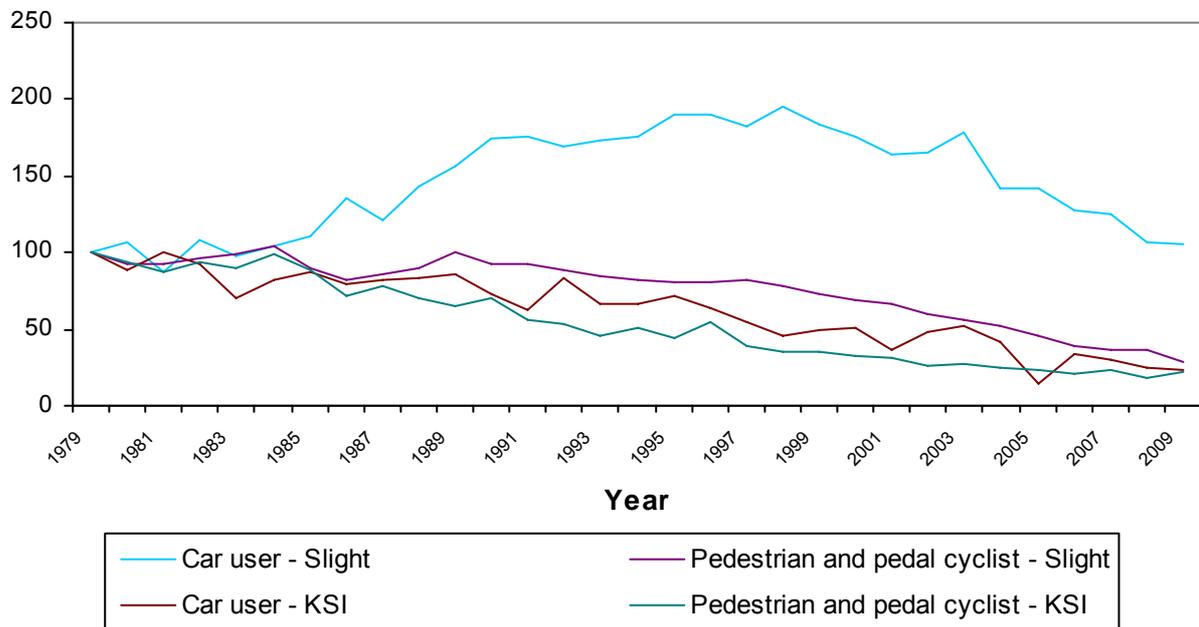
Most young people highlighted the importance of champions in their lives, who were adults (including parents and teachers) who would listen to them. For the most part young people said that adults filtered out what they felt were non-important issues raised by children and young people, and in some cases the ability of adults to grasp what was important to those from the younger generation, was queried. Generally children said that outside those known to them, adults (and the media) as a whole were not respectful towards children and young people.

Safe Home and Community

It has long been recognised how important it is to protect children and young adults from the physical and psychological harm that can be caused by other people – for example through crime or bullying - or by their immediate environments – for example through accidents or poor housing. The Monitor reports on how younger people in Wales are faring in respect of safety and security. The key findings reported are:

- Around 20% of children aged between 10-15 in GB reported being victims of crime in 2009.
- The numbers of children killed or seriously injured has declined since 1979, reflecting changes in children's behaviour towards the road environment and, for car occupants, trends towards safer cars (see Figure 8). Some recent data, however, shows that the numbers of pedestrian and cyclists killed or seriously injured have levelled out from 2006 onwards and so they currently comprise an increasing proportion of child casualties.
- Recent trends in young drivers' involvement in accidents suggest that the rates are falling more slowly than for older drivers. Comparing the period 1994-1998 with 2004-2008, the number of young drivers involved in accidents has fallen by 10%, but the number of older drivers involved in accidents has fallen by 17%.
- In 2008 around 74,000 children and young people aged 0-24 were living in overcrowded conditions.
- Being the victim of bullying tends to decrease with age with around 6% of 15-year-olds reporting being bullied frequently in 2009/10.

Figure 8: Trends - child casualties (aged 0-15) by type of road user, index 1979=100 (1979-2009)



Source: Welsh Assembly Government
KSI = Killed or seriously injured

Box 7: Extract from the *Voices of Children and Young People in Wales* study

Feeling safe and secure was important for children and young people, irrespective of age. Younger children, particularly, drew on adult fears (such as the ‘stranger in the paper’), and looked to parents to protect them. Young people became more aware of the contexts of safety and age as they grew older, for example, when out alone at night and in different areas of the city. Whereas parents controlled the environment of young children (for example, where they play and access to the Internet), as they aged, young people learnt to take responsibility for their own safety. Young people with children of their own, valued safe environments and close community contexts for their children, although in rural areas the downside of these was perceived as everyone knowing their business.

All participants were aware of bullying issues, and many had been directly affected. Young people talked about the misery and isolation caused by abusive behaviours towards them by others, particularly at school. While adults were described as trying to address bullying, they were perceived as sometimes unable to grasp the seriousness of the problem. Partly this was because the phenomenon was perceived as more serious contemporaneously than it had been when adults were children. Bullying was described as having serious implications for young people’s outcomes (including psychological wellbeing as well as educational outcomes).

Poverty

Poverty can affect all aspects of a child's life. These effects range from economic and material disadvantage, through to social constraint and exclusion. In addition, there are personal issues associated with stigma such as shame, sadness and the fear of being different. These effects are often more hidden.

In particular, evidence shows that children and young people growing up in poverty are vulnerable in a number of different ways. They are more at risk of poor educational attainment, are more likely to have poorer health outcomes, and have lower skills and aspirations. They are also more likely to be low paid, unemployed and welfare dependent in adulthood.

Key findings from the Monitor show trends over time of the levels of child poverty in Wales and the extent to which children and families in Wales are living in severe and persistent poverty. For instance, nearly one in three (32%) children in Wales – around 200,000 - now live in poverty, according to a relative income measure (see Table 2). This is one percentage point higher than that for the UK. Ten years ago, child poverty was three percentage points higher than the UK figure. In the past ten years, child poverty in Wales has fallen by four percentage points whereas for UK figure has fallen by two percentage points.

Table 2: Percentage of children living in households below 60% of median income (After Housing Costs), UK country comparisons (1997-2009)

	97-98 to 99-00	98-99 to 00-01	99-00 to 01-02	00-01 to 02-03	01-02 to 03-04	02-03 to 04-05	03-04 to 05-06	04-05 to 06-07	05-06 to 07-08	06-07 to 08-09
Wales	36	35	34	34	32	31	28	29	32	32
UK	33	33	31	30	30	29	29	30	30	31
Scotland	31	32	32	30	28	26	25	25	24	25
N Ireland		30	29	28	28	27	27	26	26	26

Source: Department for Work and Pensions

Other key findings relating to child poverty in the Monitor are that:

- In the period 1998/99 to 2000/01 the percentage of children living in absolute poverty was 34%. This decreased to 20% in the period of 2002/03 to 2004/05 and has now begun to increase in recent years, increasing to 21% in the period of 2006/07 to 2008/09.
- From the end of the 1990s, there was a steady reduction in the proportion of children living in workless households in Wales – and by 2006, 16.9% of children were living in workless households. In more recent years, this figure has increased – and by 2009, just under a fifth (19.9%) of children were living in workless households
- Although being in employment reduces the risk of living in poverty, recent estimates suggest that more than half of all children living in poverty are now in households where at least one person is working. Although most of these are either self-employed or working part-time.

- There were 50,200 people aged 16-24 unemployed in Wales in the 12 months ending June 2010. This is an unemployment rate of 21.7%, compared to the UK rate of 19.5%. Between the year to June 2009 and the year to June 2010, the youth unemployment rate in Wales increased by 3.2 percentage points – which is the fifth largest increase of the English regions and devolved administrations. Wales had the third highest youth unemployment rate of the 12 regions and devolved administrations for 16 to 24 year-olds. In the same age range, the increase in the unemployment rate was larger for men than for women.
- The most recent Annual Population Survey data for Wales shows that 25% of children in Wales lived in lone parent families in 2009, compared to the UK figure of 23%.
- The number of lone parents in employment in Wales has been steadily increasing. In 2004/06, 54.5% of lone parents were in employment. This figure increased to 55.7% by 2007/09.

Box 8: Extract from the *Voices of Children and Young People in Wales* study

While children and young people readily identified preferred occupations, older children were uncertain about whether these would be realised because of the economic crisis and competition for jobs. Young people were thoughtful about money and had an eye on the future. University fees were described by some young people as acting as a deterrent to the taking up of university places because of the prospects of large debts with no guarantee of employment following graduation.

Chapter 1: An introduction to the 2011 Monitor

Launa Anderson

In 2008 the Welsh Assembly Government published the first Children and Young People's Wellbeing Monitor for Wales¹. This is the second edition, the next is planned for 2014 and every three years thereafter.

The Monitor is beginning to put in place important time series data on children and young people's wellbeing which can be used to track both changes and trends over time. In 2009 the Welsh Assembly Government also published its first wellbeing monitor for older people (aged 50 and over)². Taken together these Monitors are important steps in developing our understanding of wellbeing across the course of people's lives.

1.1 What has stayed the same?

The Welsh Assembly Government remains committed to the UNCRC and continues to use it as the basis of all of its policies and programmes for children and young people in Wales (see Boxes 1.1 and 1.2). Also see Appendix I for more information.

This commitment will be further reinforced when the proposed 'Rights of Children and Young Persons (Wales) Measure' becomes law in 2011³. Wales will be the first country in the UK and one of the few in Europe to have committed to getting the convention integrated into law.

The Welsh Assembly Government's seven core aims for children and young people still form the primary structure for the Monitor (see Box 1.2).

The Monitor's fundamental aims remain unchanged. These are to:

- provide access to reliable and up-to-date information on child wellbeing in Wales, allowing the Assembly Government to monitor and respond to key trends
- provide an opportunity to track the Assembly Government's cross-cutting child poverty targets within the context of child wellbeing
- raise awareness of the issues that need to be tackled to secure children and young people's wellbeing, and
- fulfil the United Nations Convention on the Rights of the Child (UNCRC) call on all state parties to publish data on children's wellbeing regularly.

The Monitor is written by joint teams of Assembly Government social researchers, statisticians and economists.

Indicators are still reported at an all-Wales level and all indicators reported on in the first Monitor are included again. In some cases there is no change as

no new data has become available. For further information on indicators see Appendix II.

When possible and when appropriate the indicators are reported on across:

- sub-groups (such as gender, age and socio-economic group),
- time, and
- countries.

Data on the Child Poverty indicators are still reported on within the relevant chapters. See Appendix III for further information.

Box 1.1: The four general principles of the UN Convention on the Rights of the Child (UNCRC)

The UNCRC is an international human rights treaty that grants all children, and young people (aged under 18), a comprehensive set of human rights. The UK signed the convention on 19 April 1990, ratified it on 16 December 1991 and it came into force in the UK on 15 January 1992.

The four general principles of the UNCRC are:

- non-discrimination;
- the best interests of the child;
- the right to life, survival, and development; and
- respect for the views of the child.

For further information, see <http://www.unicef.org/crc/>

Box 1.2: The Welsh Assembly Government's seven core aims for children and young people

- **Core Aim 1:** Every child should have a flying start in life and the best possible basis for their future growth and development (UNCRC Articles 3, 6, 29, 36).
- **Core Aim 2:** Every child and young person should have access to a comprehensive range of education, training and learning opportunities, including the acquisition of essential person and social skills (UNCRC Articles 3, 13, 22, 28, 29, 30).
- **Core Aim 3:** Every child should enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation (UNCRC Articles 3, 6, 9, 11, 13, 19-25, 32-40 and supported by entitlements 6 and 7).
- **Core Aim 4:** All children should have access to play, leisure, sporting and cultural activities (UNCRC Articles 15 and 31 and supported by entitlements 8 and 9).
- **Core Aim 5:** All children and young people should be listened to, treated with respect and have their race and cultural identity recognised (UNCRC Articles 12-15, 22, 22, 20 and supported by entitlements 3 and 10).
- **Core Aim 6:** All children and young people should have a safe home and community which supports physical and emotional well-being (UNCRC Articles 9, 11, 16 23 and 33).
- **Core Aim 7:** No child or young person should be disadvantaged by poverty (UNCRC Articles 26 and 27).

Source: *Children and Young People: Rights to Action (2004) Welsh Assembly Government*⁴

1.2 What is new?

This time the Monitor includes data on young people up to and including the age of 25 in order to reflect the Assembly Government's policy position in relation to children and young people.

Also new is the fact that the voice of children and young people themselves has been included via commissioned qualitative work (Box 1.3).

The 2008 Monitor¹ identified that:

“The scientifically based information we have on what improves and detracts from children and young people’s wellbeing is critically important

but we need to set this alongside children and young people's own perceptions and experiences.” (Page 27)

This approach is also supported by leading experts on children's wellbeing:

“There is a growing recognition that, if we are to further develop our knowledge about child well-being, we need to ask children directly about their understanding of well-being (Ben-Arieh...)”⁵ (Page 39)

Box 1.3: Qualitative work

A qualitative study was commissioned and was conducted by the Glyndŵr University, Wrexham. The study used the seven Core Aims to structure interviews and focus groups with 80 children, young people and parents living in Wales. However, findings from this study are not intended to be representative of all children and young people in Wales. The quotes and themes are used throughout the Monitor to provide insight into what these topics mean to children and young people in their own words. Throughout the Monitor this work is referred to as the *Voices of Children and Young People in Wales* study. Further details on this study are provided in Appendix IV.

A more comprehensive analysis of existing evidence has also been commissioned and the findings have been used to construct the narratives of the chapters (Box 1.4).

Box 1.4: Evidence review

An evidence review was commissioned and conducted by the Support Unit for Research Evidence (SURE) at Cardiff University. They searched and reviewed literature for each topic chapter (Chapters 4 -10). Before inclusion, the literature was assessed for both relevance and quality. Their findings were used to compile the narrative of the chapters. Further details on the evidence review and search strategy is provided in Appendix IV.

This time the Monitor has an ISBN, ensuring that is more easily obtained via libraries.

New indicators and sources of data have been identified and included. In part this is due to the increased age range. See Appendices II and V for full details. There are many sources of data used throughout the Monitor to populate the indicators. The majority of these are surveys. Care has been taken to ensure that these surveys are legitimate and robust and summary details about the surveys can be found in Appendix V.

A stronger focus on wellbeing theories has been included in the introductory chapter (section 1.5).

Findings from the Welsh Assembly Government's work on children and young people's budgeting have also been included (section 1.6).

1.3 Structure of the Monitor

The Monitor is organised into three introductory chapters, seven topic chapters and 6 appendices. The topic chapters are based on the seven core aims of the Welsh Assembly Government for children and young people (Box 1.2). The chapters are as follows:

Chapter 1: An Introduction to the 2011 monitor

Chapter 2: The demographic picture of children and young people in Wales

Chapter 3: Specific groups of children and young people

Chapter 4: The early years

Chapter 5: Access to education, training and learning opportunities

Chapter 6: Health, freedom from abuse and victimisation

Chapter 7: Access to play, leisure, sport, and culture

Chapter 8: Children and young people are listened to, treated with respect and have their race and cultural identity recognised

Chapter 9: Safe home and community

Chapter 10: Poverty

Given the complexity and inter-related nature of these topics, presenting findings in this way can result in artificial divides. Indicators of wellbeing have been placed in the chapters where we think they best sit and have not changed from the previous Monitor to ensure consistency. Where possible chapters provide cross-references to relevant information in other chapters.

1.4 Policy context

It is important to note that it is not the Monitor's function to comment on the effectiveness of any Assembly Government policies or interventions. However, it is important to be aware of the policy context within which the evidence in the Monitor sits. The previous Monitor provides a comprehensive

Welsh policy context (Pages 3 to 52 and Appendix 4 in the 2008 Monitor¹ for wider policy information)^a.

1.5 Wellbeing

One of the drivers for developing the 2008 Monitor was in response to the UNICEF Report Card 7 on child wellbeing which ranked the UK bottom out of 21 OECD countries on six different dimensions of wellbeing⁶. Recently UNICEF has published a ninth report card which looks at the issue of inequality in wellbeing. This ranked the UK 19th out of 25 OECD countries on material wellbeing, 13th on educational wellbeing and 11th on health wellbeing. It concluded that "...Denmark, Finland, the Netherlands and Switzerland are leading the way in limiting how far behind the least advantaged children are allowed to fall."⁷

The concept of wellbeing and its importance is not new but what is new is the increased government and policy focus of the last 10 to 15 years. Predominantly this shift has occurred with the understanding that economic prosperity, or GDP, is not enough in itself.

This is often cited as the maxim that 'people are no happier than they were 50 years ago, despite increased economic prosperity'⁸ as well as by the 'Easterlin Paradox' which is that, once a certain level of GDP is reached, the relationship between income and reported happiness begins to plateau.

However, agreeing a definition of 'wellbeing' is no easy endeavour. Indeed, there is no agreed universal definition in use. It is generally thought that wellbeing is an over-arching concept regarding the quality of people's lives. It is also '*best thought of as a dynamic process, emerging from the way in which people interact with the world around them*' (Michaelson et al., 2009)⁹.

The Welsh Assembly Government has signed up to the wellbeing definition developed by the UK Government's Department for Environment, Food and Rural Affairs (DEFRA)¹⁰.

"...a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment."

Andrews et al (2002) define child wellbeing as follows:

^a See the Welsh Assembly Government website for further details of policies – www.wales.gov.uk

“Healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers and community and societal institutions, for instance, school and faith and civic organisations), and a social ecology that provides safety (eg freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society.”⁵ (Page 145)

As Thomas¹¹ puts it *“Wellbeing is intangible, difficult to define and even harder to measure. This combined with the methodological issues involved in research with children and young people makes investigating children’s wellbeing a challenging task.”*

It is important to note that wellbeing is not necessarily the same as happiness, because anxiety, depression and anger are sometimes to be expected in life¹².

Childhood wellbeing is defined in many different ways but there is some emerging consensus that childhood wellbeing is multi-dimensional, should include dimensions of physical, emotional and social wellbeing; should focus on the immediate lives of children but also consider their future lives; and should incorporate some subjective as well as objective measures¹².

Three distinct phases have been identified in the work of measuring children’s wellbeing over the last two decades, see Box 1.5.

Box 1.5: The development of measuring children's wellbeing

Firstly there was a focus – stemming from the wider social indicators movement – on measurement and trends in child wellbeing primarily using available indicators such as child poverty rates. There was little information on the children and young people themselves and they were seen very much within the context of the family.

Secondly, there has been a growing interest in measuring the constructs of children's subjective and psychological wellbeing, and in particular the former, through self-report surveys. Examples of such surveys are the Health Behaviour in School-aged Children study (HBSC) and the Programme for International Assessment (PISA). This provided excellent information from children and young people themselves.

Thirdly, there has been a move to develop concepts of child wellbeing taking into account the perspectives of children and young people themselves. This is trying to unpick what lies behind the indicators and questions chosen. It is felt that information can be selectively chosen and can reflect an adult agenda. What do we really know about what is important to young people and influences their wellbeing.

The 2008 Monitor stopped at the second phase and this edition moves into phase three.

Source: Adapted from The Children's Society (2010)⁹.

A literature review conducted by the Childhood Wellbeing Research Centre¹² suggests that improvements in theorising and operationalising childhood wellbeing are likely to emerge from a shared understanding that childhood wellbeing:

- is multi-dimensional,
- considers measures offering both objective and subjective perspectives on quality of life,
- incorporates the views and perspectives of children and young people themselves,
- focuses on attributes and strengths as well as difficulties and deficiencies,
- considers the wellbeing of children in the 'here and now' and does not focus exclusively on long-term outcomes,
- incorporates measures of individual physical and emotional/mental wellbeing,
- incorporates measures which take account of the context for children and young people's lives,
- is considered at different stages of children and young people's lives (from in-utero through to the transition to adulthood),
- pays attention to culture, gender, age and other personal characteristics and how these factors may influence feelings of wellbeing as well as objective child wellbeing outcomes,

- is not overly focused on mainstream contexts of young people's lives – such as home and school – but also considers the wellbeing of young people who are excluded from these environments and differences across contexts.

These broad definitions of wellbeing underpin the approach and the indicators contained in this Monitor. A 'basket' approach to wellbeing indicators was adopted by the 2008 Monitor and this approach is continued in this edition. The intention is that this approach provides a great deal of information on Welsh children and young people and allows them to be seen in a holistic manner.

Both positive and negative as well as subjective and objective indicators of wellbeing are reported on. Objective measures are those material and social circumstances believed to foster wellbeing, and subjective measures are an individual's own assessment of their wellbeing¹². Both indicators of wellbeing and well becoming are reported on. Well becoming indicators can be defined as those things which lay the foundations for wellbeing later in life⁵.

Subjective wellbeing indicators are drawn from the HBSC study as follows:

Personal wellbeing – as measured by the 'Cantril ladder' and self-defined health – this is measured by the percentage who rate their health as fair or poor. Both of these measurements are provided in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

Wellbeing at school – as measured by the percentages who report feeling pressured by school work and reporting that they like school a lot. The second measurement is provided in Chapter 5 *Access to Education, Training and Learning Opportunities*.

1.6 Children and young people's budgeting

The UNCRC requires state parties to report on the amount and percentage of budgets spent on children.

In 2007-08 an estimated 30% of Welsh Assembly Government and local authority expenditure can be attributed to 0-17 year olds, which equates to £5 billion. In the same year this age group represented 21% of the total Welsh population. An estimated 8% of Welsh Assembly Government and local authority expenditure can be attributed to 18-25 year olds, which equates to £1.3 billion. In the same year this group represented 8% of the total Welsh population¹³.

The method which was used to attribute expenditure to different groups of the population ensures that the total for each group sums to total expenditure overall. It could be argued that this understates the benefits that accrue from the expenditure because of two main reasons. Firstly many areas of expenditure provide benefits which go beyond the immediate recipient of the service. For example education expenditure does not simply benefit children

and young people but it has wider labour market and societal benefits. Secondly the cost of provision of some services would be the same whether it was available to all ages or just specific ones, e.g. the provision of parks and leisure amenities¹³.

Care should be taken in interpreting these results in addition to the practical difficulties associated with determining the level of spend on each group, outcomes are also likely to reflect a wide range of factors beyond the level of spending by the Welsh Assembly Government. UK spending is also important. The effectiveness of policies vary and there may be greater scope for beneficial outcomes to be created by spending on some groups than on others. Levels of need vary across groups, so that some groups may need less spending to achieve equal outcomes. Outcomes may be influenced by policies that do not require higher levels of spending e.g. laws and regulations, the tax system and approaches which seek to change behaviour. Lastly income is likely to be redistributed within households so that the ultimate beneficiaries of spending may not be the same as the immediate recipients¹³.

In conclusion it is expected that an advanced and prosperous society should invest in its children and young people which should in turn have beneficial impacts for them. However, it is not clear how much and what proportion of total spending this investment should be.

1.7 Update on the information gaps identified from 2008

An important feature of the 2008 Monitor¹ was that each chapter based on one of the core aims identified key information gaps. Since the 2008 edition, work has been done to address some of these gaps. Elsewhere these gaps remain, and require continued work and commitment from all relevant stakeholders. In compiling this edition of the Monitor, chapter authors have identified some additional gaps. More information on the key information gaps is provided in Appendix VI.

A key overarching information gap is a detailed breakdown on many wellbeing indicators for children and young people from minority ethnic groups and children and young people with disabilities.

The 2008 edition proposed to '*...explore how the Welsh Assembly Government could more systematically collect information on the views and experiences of children and young people, including their views on public services.*'¹ (Page 29) Since then a module for children was included as part of the pilot for the new National Survey for Wales. Unfortunately response rates for the children's module were low and so not usable for robust estimates. However work is continuing to establish how the Welsh Assembly Government can address this important information gap and develop the evidence base.

References

1. Welsh Assembly Government, 2008. *2008 Children and Young People's Well-being Monitor for Wales*. Cardiff: Welsh Assembly Government.
2. Welsh Assembly Government, 2009. *Older People's Wellbeing Monitor for Wales 2009*. Cardiff: Welsh Assembly Government.
3. Welsh Assembly Government, 2010. *Proposals for a Rights of Children and Young Persons (Wales) Measure*. Cardiff: Welsh Assembly Government.
4. Welsh Assembly Government, 2004. *Children and Young People: Rights to Action*. Cardiff: Welsh Assembly Government.
5. McAuley, C. and Rose, W. (eds.), 2010. *Child Well-Being: Understanding Children's lives*. London: Jessica Kingsley Publishers.
6. UNICEF, 2007. Child poverty in perspective: An overview of child well-being in rich countries, *Innocenti Report Card 7*, UNICEF Innocenti Research Centre, Florence.
7. UNICEF, 2010. The Children Left Behind: A league table of inequality in child well-being in the world's rich countries, *Innocenti Report Card 9*. UNICEF Innocenti Research Centre, Florence.
8. Layard, R., 2006. Happiness and public policy: a challenge to the profession. *The Economic Journal*. 116(510), p.23-33.
9. The Children's Society, 2010. *Understanding children's well-being: a national survey of young people's well-being*. London: The Children's Society.
10. DEFRA, 2008. *Sustainable development indicators in your pocket 2008*. London: DEFRA.
11. Thomas, J., 2009. *Working Paper: Current Measures and the Challenges of Measuring Children's Wellbeing*. Newport: Office of National Statistics.
12. Statham, J., and Chase, E., 2010. *Briefing Paper 1: Childhood wellbeing: a brief overview*. Childhood Wellbeing Research Centre.
13. Welsh Assembly Government, 2010. *Statistical Article: Welsh Assembly Government and Local Authority Expenditure – Population Group Analysis*. Cardiff: Welsh Assembly Government.

Chapter 2: The Demographic Picture of Children and Young People in Wales

Authors: Launa Anderson and Elinor Griffiths

Key Findings

- There are approximately 962,000 children and young people in Wales aged 0-25.
- The number of births continues to rise and, in 2009, 34,900 babies were born in Wales.
- Death rates among 0-19 year olds in Wales continue to fall and, in 2009, there were 291 deaths, which is a rate of 40.8 per 100,000 population.
- The population of people aged 0-25 is projected to decrease by 2.5% to 937,700 by mid-2020.
- As in recent years, the numbers of pupils of statutory school age (5-15 years) in maintained schools decreased but rose among the under fives and the 16-19+ years age groups.
- The level of Welsh language ability has not changed since the last edition of the Monitor with 13% of primary and 16% of secondary school children fluent speakers.
- The vast majority of school children aged five and over are white British (91.8%).

This chapter provides a demographic overview of children in Wales. In particular it focuses on:

- the number of children;
- schools and pupils;
- household characteristics;
- births and deaths;
- Welsh language
- Ethnicity, and
- Migration.

2.1 The number of children living in Wales¹

In mid-2009, according to official population estimates, the population of Wales was 2,999,300, almost 5% of the UK population. Those aged 0-25 numbered 962,100, or 32.1%, which was roughly the same as the UK figure (32.2%).

Table 2.1: Age structure, UK and constituent countries (mid-2009) (%)

	Age group					
	0-4	5-11	12-17	18-25	26-64	65+
United Kingdom	6.1	7.8	7.3	10.9	51.5	16.4
Wales	5.7	7.7	7.6	11.1	49.6	18.3
England	6.2	7.8	7.3	10.9	51.6	16.3
Scotland	5.6	7.4	7.1	10.8	52.4	16.7
Northern Ireland	6.8	9.0	8.4	11.6	49.9	14.2

Source: Mid-year population estimates (2009), Office for National Statistics

The age structure of Wales and the other UK countries in mid-2009 is provided in Table 2.1. It shows that, Wales had a lower proportion of children aged 0-4 (5.7%) than the UK as a whole, despite an increase in births in Wales since 2002. The population of 18-25 year olds in Wales (11.1%) was slightly higher than the UK as a whole, and second highest after Northern Ireland.

The Welsh local authority with the highest proportion of people aged 0-25 in mid-2009 was Cardiff with 38.6%. This was a result of a high number of people aged 18-25 in Cardiff (61,500), which was almost double the figure for the second highest local authority, Swansea, with 32,300 people aged 18-25. This is mainly due to students migrating in to attend higher education institutions in Cardiff.

The authorities with the lowest proportion of people aged 0-25 were Conwy and Powys at 27.6%. These authorities tend to experience high proportions of people aged 65 and over. Ceredigion was the local authority with the lowest proportion of children aged 0-4 at 4.2% (3,200).

Future trends

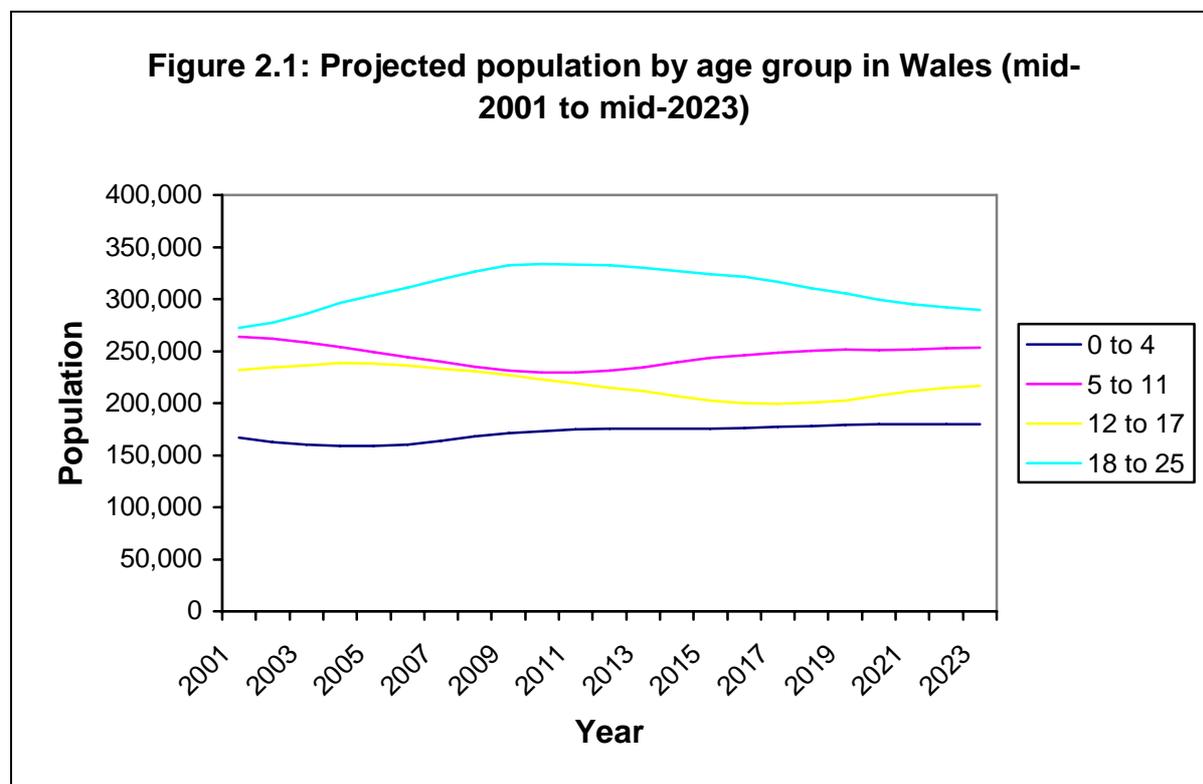
Population projections provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration. These assumptions are based on past trends.

Figure 2.1 shows the projected population for selected age groups in Wales over the next 15 years. The number of people aged 0-25 in Wales increased by 2.9% from 934,900 in mid-2001 to 962,100 in mid-2009. The population of people aged 0-25 is projected to decrease by 2.5% to 937,700 by mid-2020, before increasing slightly from here until mid-2023.

The 0-4 age group is projected to increase by 5.2% until mid-2021 and, despite an initial decline in the 5-11 age group, the population is projected to increase 10.5% from mid-2011 to mid-2023. The projected population increase in these age groups

may be due to a projected increase in births from 34,700 in mid-2011/12 to 35,800 in mid-2018/19^a.

The population of the 12-17 age group is projected to decline until mid-2017, reaching 199,400 before increasing from here onwards as a result of a cohort effect, as the increase projected in the 5-11 age group gradually feeds into the 12-17 age group. The population of 18-25 year olds is projected to decline by 13.1% from 332,700 in mid-2009 to 289,300 in mid-2023.



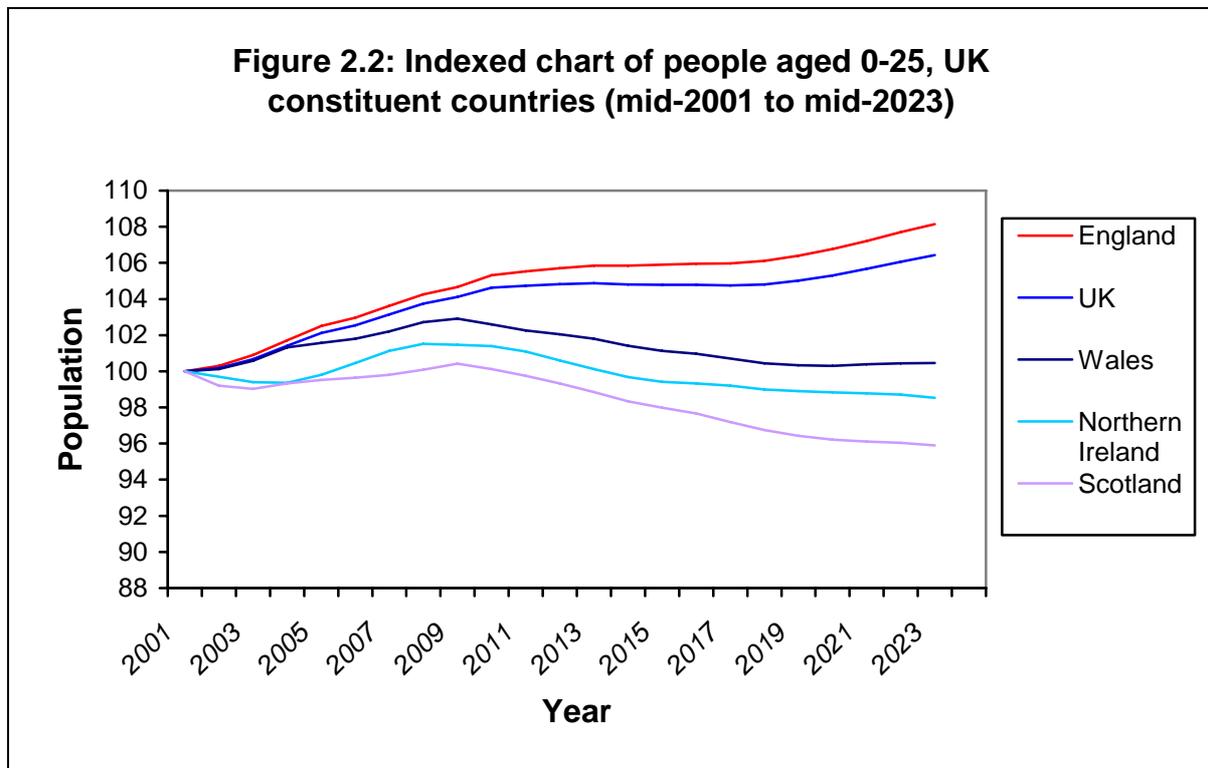
Source: Mid-year population estimates and 2008-based national projections, Office for National Statistics

Eight local authorities are projected to experience population growth in the 0-25 age group between mid-2009 and mid-2023. Cardiff is projected to see the greatest increase in the 0-25 population between mid-2009 and mid-2023, with a 12.1% rise, while Torfaen is projected to experience the greatest decline at 11.2%.

Cardiff is also projected to experience the largest growth in the groups aged 0-4, 5-11 and 12-17 from mid-2009 to mid-2023. In line with the Wales projection, all local authorities are projected to see a decrease in the 18-25 age group between mid-2009 and mid-2023, varying from a 5.9% decline in Ceredigion to 29.1% in Merthyr Tydfil.

^aThat is all the births which are projected during the mid year to mid year period.

Figure 2.2 sets the population aged 0-25 of each UK country to a base of 100 and shows how the population of each country changes relative to this base over the projection period.



Source: Mid-year estimates and 2008-based national projections, Office for National Statistics

England shows the highest percentage growth in the UK, with Scotland being the lowest. Between mid-2009 and mid-2023, the population of 0-25 year olds in England is projected to increase by 3.3%. The population trend seen for those aged 0-25 in England is very similar to the UK trend. The population of 0-25 year olds is projected to decrease in Wales for the first ten years of the projection period (a 2.5% decrease by mid-2020), before increasing from there on.

Northern Ireland and Scotland show similar trends to Wales for the projected population aged 0-25, with a projected decrease of 4.5% in Scotland and a projected decrease of 2.9% in Northern Ireland from mid-2009 to mid-2023.

2.2 Schools and pupils²

In January 2010 there were 25 nursery, 1,462 primary, 223 secondary and 43 special schools in Wales. Of these, 29% of primary schools (428) and 15% of secondary schools (34) were classified as Welsh medium. There were 64 independent schools.

The total number of pupils (headcount) in local authority maintained nursery, primary, secondary and special schools was 467,141. As in recent years, the numbers of pupils of statutory school age (5-15 years) in maintained schools, decreased but rose among the under fives and the 16-19+ years age groups.

2.3 Household characteristics

Table 2.2 gives an idea of the type of family in which children in Wales live.

Table 2.2: Dependent children aged 18 or under, by type of family unit in which they live, Wales (2009)

Family Unit	Number
Married couple	374,100
Cohabiting couple	98,900
Lone parent	166,600
Total*	639,800

Source: Annual Population Survey (APS)

*Includes civil partnerships, however the number is too small to quote separately

2.4 Births and deaths of children in Wales

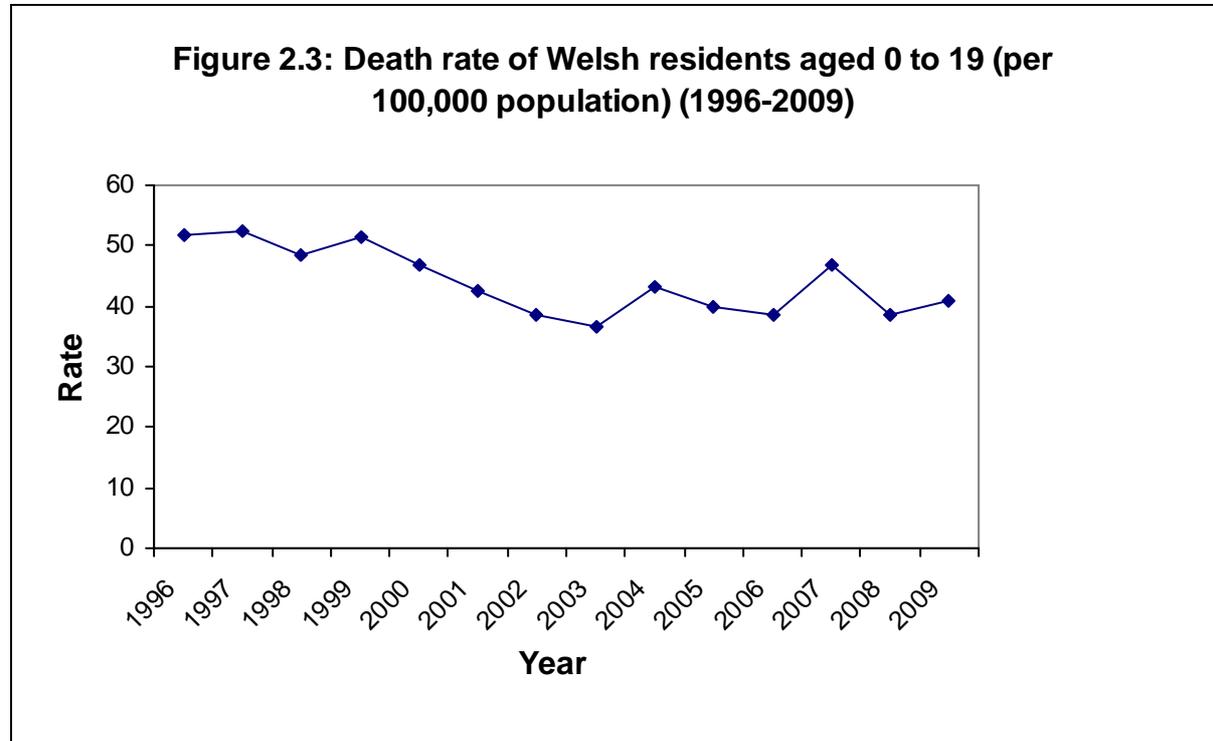
Approximately 34,900 babies were born in Wales in 2009¹. In the last Monitor it was reported that the most popular names for babies born in Wales were Jack and Megan. Jack has remained the most popular name but Megan has been replaced by Olivia³.

In 2009, 291 children and young people resident in Wales (aged 0 to 19) died. This is a rate of 40.8 per 100,000 population, which has been falling over the past decade (see Table 2.3 and Figure 2.3).

Table 2.3: Number of deaths of Welsh residents aged 0 to 19 (1998-2009)

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
358	382	346	312	283	267	316	290	280	337	277	291

Source: Office for National Statistics



Source: Office for National Statistics

2.5 Welsh language

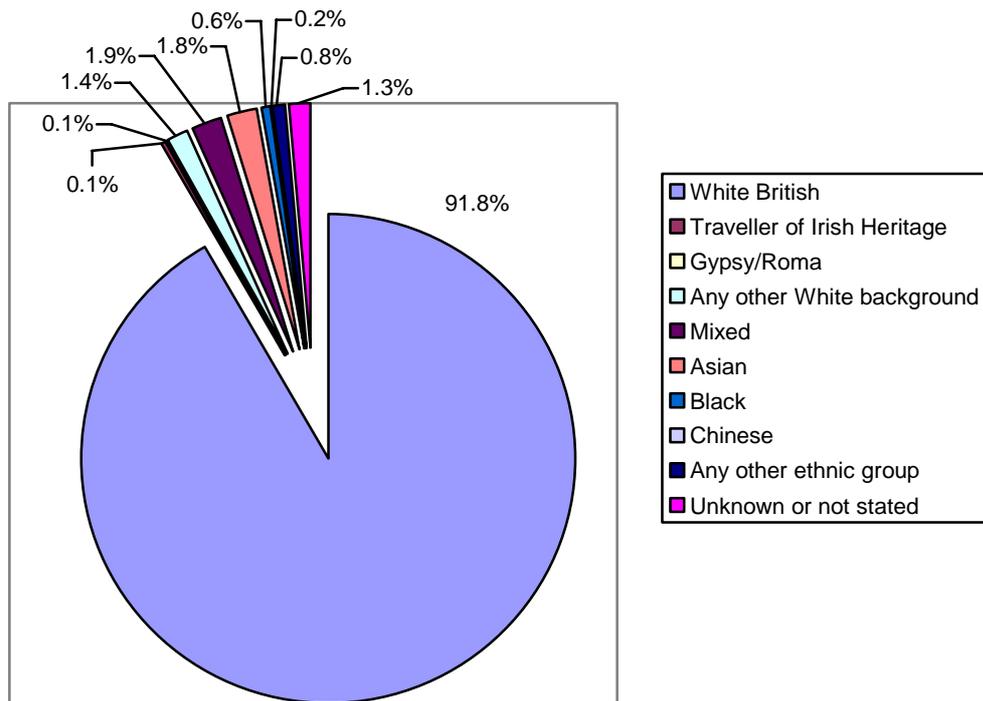
According to the 2001 Census, 21% of the population in Wales could speak Welsh. Among those aged three to 19 the figure was 35%.

In 2009/10 in terms of the ability of school children (aged 5 to 15) to speak Welsh, 8% of primary school pupils and 9% of secondary school pupils spoke Welsh fluently at home. A further 5% of primary school pupils and 7% of secondary school pupils do not speak Welsh at home but are fluent. This level of Welsh language ability has not changed since the last edition of the Monitor².

2.6 Ethnicity

In local authority maintained schools, 91.8% of pupils, aged 5 and over, were classified as white British, 6.9% were of minority ethnic origin and 1.3% were unknown or not stated².

Figure 2.4: Pupils aged five or over attending primary, secondary and special schools in Wales by ethnic background (2009/10)*



Source: Pupil Level Annual School Census (PLASC)

* At January. Ages at 31 August.

Data from the 2007 Population Estimates by Ethnic Group show that 95.9% of people aged 0-15 years in Wales were White, compared to 84.9% in England and Wales.

For people in Wales aged 0-15 years the proportion categorising themselves as Mixed was twice as high as for all people in Wales and almost ten times as high as for people of pensionable age in Wales. At local authority level, Cardiff and Newport had the highest levels of minority ethnic groups.

2.7 Migration

This section provides an analysis of the migration trends of young people in Wales¹.

Net migration is a key driver for population growth in Wales. In mid-2009, although the number of births exceeded the number of deaths in Wales for the fourth successive year, net migration still contributed around 2,600 more people to the population than natural change.

However the age profile of the migrants is an important factor to consider, as high numbers of females of fertility age migrating into the local authority may result in higher birth numbers and further population growth. If the age profile of migrants tends to be older, for example, then the effect of migration may not be so significant.

Estimates of long-term international migration to the UK are based on the International Passenger Survey. This survey includes a small number of international migrants to and from Wales, so it is not possible to provide a breakdown of international migrants by age and gender.

Estimates of movements within the UK are based on information from GP registrations, which are adjusted by Higher Education Statistical Agency data to improve estimates of student moves. Internal migration estimates are available by broad age group.

Table 2.4 shows the average annual inflow, outflow and the corresponding net and total flows of migrants between Wales and the UK. It also shows the migration turnover rate, which is a measure of frequency of migration movements within the population.

The rate of movement is highest for the 20-24 group, indicating people moving away to or from university or to find work. This is followed by the 15-19 group which also contains students moving to or from university. Total flows and turnover rates are considerably lower for the younger age groups.

Net migration for the 20-24 age group is negative, indicating that around 2,400 people are moving from Wales to other parts of the UK. These may be students returning home after their studies, or students seeking work in other areas of the UK.

Table 2.4: Average annual migration with the UK, inflow rate, outflow rate and turnover rate by age group (based on estimates from the year ending mid-2005 to mid-2009)

	Population*	Inflow	Outflow	Net migration	Total migration	Turnover rate %**
All ages	2,975.5	60.5	55.5	5.0	115.9	3.9
0-4	164.4	3.3	2.7	0.6	6.1	3.7
5-9	167.5	2.3	1.8	0.5	4.1	2.4
10-14	186.0	2.1	1.7	0.4	3.8	2.0
15-19	201.9	8.2	6.4	1.9	14.6	7.2
20-24	200.0	14.0	16.4	-2.4	30.4	15.2

Source: Internal migration estimates, Office for National Statistics

* Calculated as the average yearly population between year ending mid-2005 and year ending mid-2009.

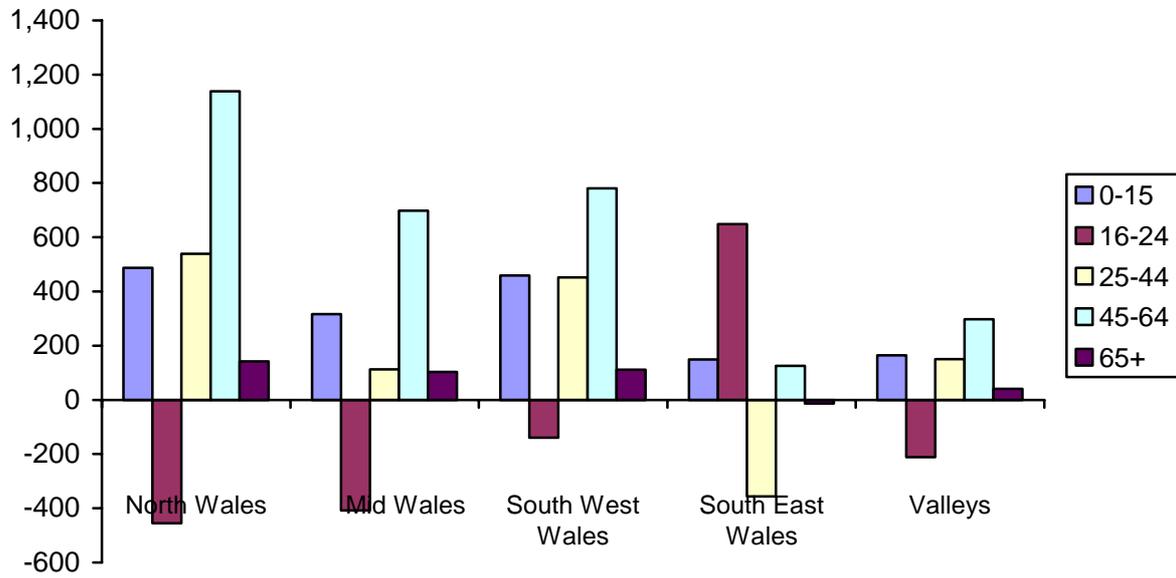
** Calculated as the sum of in-migration and out-migration as a percentage of the average mid-year population.

Figure 2.5 shows the average annual net migration flows with England to five regions in Wales by broad age group. North Wales attracted the largest average net inflows of migrants aged 0-15 from England with an average net of around 490 people, while South East Wales attracted the lowest average net inflows of people aged 0-15 with an average net of around 150 people.

All regions except for South East Wales saw an average net outflow of people aged 16-24 to England; these outflows are likely to be a result of students moving to attend higher education institutions. South East Wales saw an average net inflow of around 650 people aged 16-24 into the region, likely to be students migrating in to attend university.

However, South East Wales was the only region to experience an average net outflow of people aged 25-44, with an average of around 360 people migrating out of the region to England. This could be a result of students moving from South East Wales back home or seeking work elsewhere.

Figure 2.5: Average annual net migration flows with England by age group (based on estimates from year ending mid-2005 to year ending mid 2009)



Source: International migration estimates, Office for National Statistics

References

1. Welsh Assembly Government, 2010. *First release: Wales's population 2010*. Cardiff: Welsh Assembly Government.
2. Welsh Assembly Government, 2010. *First release: schools' census 2010: Final results 29 June 2010*. Cardiff: Welsh Assembly Government.
3. Office for National Statistics, 2009. *Statistical bulletin: Baby names in England and Wales*. London: Office for National Statistics.

Chapter 3: Specific Groups of Children and Young People

Author: Launa Anderson

Key Findings

- The number of looked after children has increased by 44% over the last decade.
- 14,128 pupils in schools in Wales have statements of SEN, this figure continues the recorded drop since 2000/01.
- The proportions of pupils in local authority maintained schools known to be eligible for FSM increased between 2009 and 2010 by just over 1% on primary schools and just under 1% in secondary schools.
- There are 150,616 children and young people aged 0-18 years are living with a disabled parent.
- There are 933 young carers (aged under 18) known to social services.
- There are around 25,000 children in need.
- In 2009/10, the majority of 16-24 year olds in Wales (94.9%) identified themselves as heterosexual or straight and 2.8% identified themselves as gay, lesbian, bisexual or other. 1.3% didn't respond to the question and a further 1% refused to answer the question.
- There are around 59,000 children and young people in Wales aged 18 and under living in households with at least four dependent children aged 19 and under.

This chapter presents data on specific groups of children and young people in Wales. In particular the chapter considers:

- looked after children;
- unaccompanied asylum seeking children;
- Gypsy Traveller children;
- children with disabilities;
- pupils with special educational needs;
- children and young people living with disabled adults;
- young carers;
- children in need;
- children and young people in custody;
- children living in large families.

In addition since the 2008 edition of the Monitor the following sections have been added:

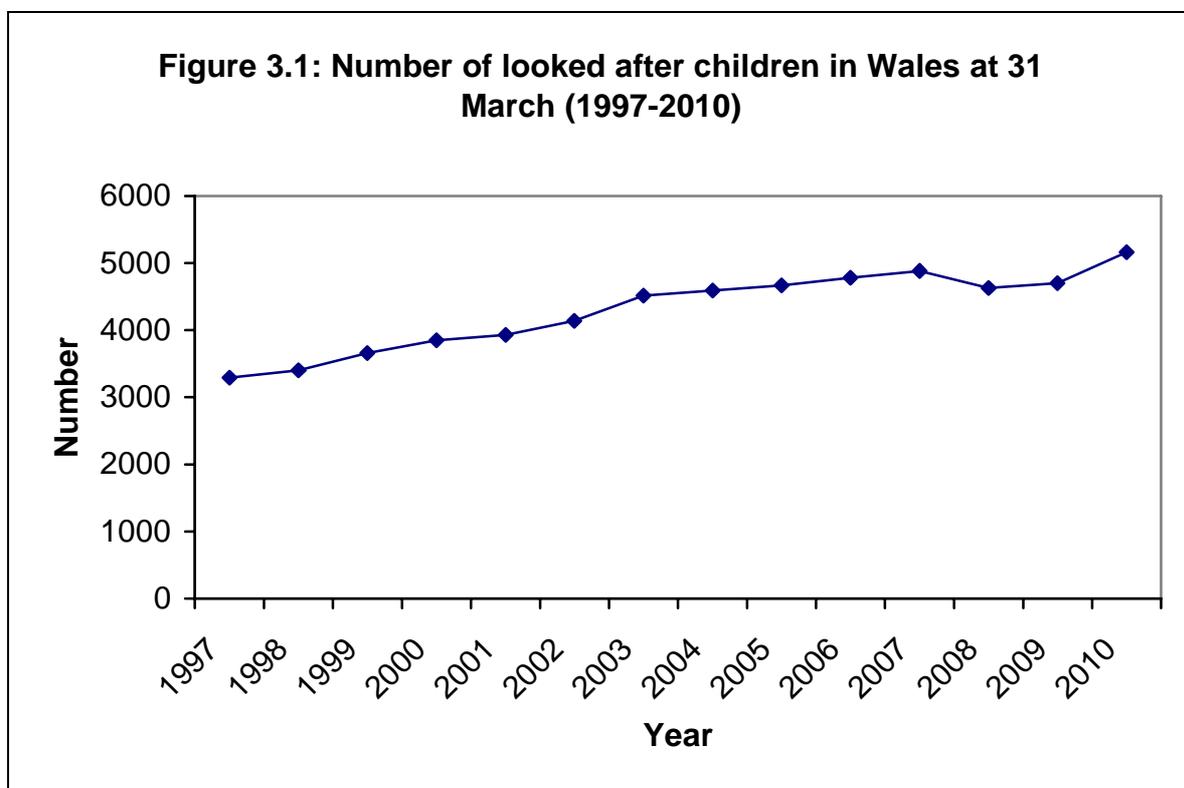
- children living in families where there is domestic violence;

- children with parents who are in prison;
- young people who are gay or lesbian;
- children in receipt of free school meals.

3.1 Looked after children

According to the Children Act 1989, looked after children is the term used to describe all children who are the subject of a care order, or who are provided with accommodation on a voluntary basis for more than 24 hours.

On 31 March 2010, 5,162 children^a were looked after, an increase of 10% over the previous year and a rate of 82 per 100,000 population aged under 18. The number of looked after children has increased by 44% over the last decade.



Source: Welsh Assembly Government

The majority of these children in 2010 – 78% or 4,049 – were in foster-care placements.

The reasons for children starting to be looked after were¹:

- abuse or neglect (59%);
- family in acute stress or dysfunction (24%);
- parental illness, disability or absence (10%);

^a This figure does not take into account the 224 children who were being looked after at 31 March 2010 for respite purposes.

- socially unacceptable behaviour (5%);
- other (2%).

3.2 Unaccompanied asylum seeking children

As of September 2010, Wales had 93 unaccompanied asylum seeking children that the UK Border Agency supported. This figure does not include those unaccompanied asylum seeking children for whom local authorities receive no grant from the UK Border Agency for^b.

3.3 Gypsy Traveller children

Limited information is collected about Gypsy Traveller communities in Wales. According to the January 2010 bi-annual Gypsy Traveller Caravan Count, there were 694 caravans across 50 sites.

The 2009/10 Pupil Level Annual School Census (PLASC) recorded 160 pupils aged over five in primary schools who were 'Travellers of Irish heritage' and 265 who were Gypsy or Roma. For secondary schools 34 'Travellers of Irish heritage' were recorded and 146 Gypsy or Roma. This is a total of 605 Gypsy Traveller children recorded for both primary and secondary schools.

Both the caravan count and the PLASC are likely to underestimate the numbers of Gypsy Traveller children in Wales.

3.4 Children with disabilities

The most up-to-date figures on those children and young people who report having a limiting long-standing illness (LLSI) is available from the 2009 Welsh Health Survey. This found that 6% of children aged under 16 have an LLSI.

The Welsh Health survey also provides information for those aged 16-24, 7% reported a limiting long-term illness (LLTI). Both LLSI and LLTI can be used as proxies for disability.

For the year ending 31 March 2010, 1,219 children aged under 18 in Wales were registered as having a physical or sensory disability.

There are no Welsh figures for the numbers of children with disabilities according the Disability Discrimination Act (DDA).

3.5 Pupils with special educational needs (SEN)

The Special Educational Needs Code of Practice for Wales describes children with special educational needs if they:

- a) have a significantly greater difficulty in learning than the majority of children of the same age;

^b Figure provided by the UK Border Agency based on returns from local authorities.

- b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority;
- c) are under compulsory school age and fall within the definition at a) or b) above or would so do if special educational provision was not made for them.

Under the Education Act 1996, a local authority must provide a statement on the special educational needs of any child who has been assessed as requiring special educational provision.

In January 2010, 14,128 pupils in schools in Wales had statements of SEN. This continues the fall in pupils with a statement of SEN since 2000/01 that was reported in the 2008 Monitor. The 2010 figure is 1,472 lower than that reported in the last Monitor^c.

Table 3.1: Percentage of pupils with special educational needs (SEN), Wales (2010)

	Local authority maintained primary schools	Local authority maintained secondary schools	Special schools	Independent schools
Statement of SEN	1.7	2.7	96	4.1
SEN but no statement	19.6	16.9	4	10.5

Source: Welsh Assembly Government

3.6 Children and young people living with disabled adults

According to the Annual Population Survey (2009) there are 150,616 children and young people aged 0-18 years living with either one or two disabled parents.

3.7 Young carers

According to the Welsh Assembly Government² young carers are defined as children and young people who help look after a member of the family who is sick, disabled, has mental health problems or who is affected by substance misuse.

In Wales in 2009/10 there were 933 young carers (aged under 18) known to social services³.

^c Please note that the figure reported in the 2008 Monitor was for January 2007.

3.8 Children in need

The term 'children in need' has a specific meaning under the Children Act 1989, which places a statutory duty on local authorities to 'safeguard and promote the welfare of children within their area who are in need'.

The Act defines a child in need as one who is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority. In addition to children looked after and on the Child Protection Register, children may be in need and receiving social services for other reasons, such as having a disability or being a young carer providing substantial care to a family member.

Table 3.2: Number of children in need receiving services in Wales (2005-2010)

2005	2006	2007	2008	2009	2010
23,600	23,800	24,200	23,600	24,900	25,000

Source: Welsh Assembly Government

Table 3.2 shows that the numbers of children in need in Wales have been gradually rising over time.

The first Welsh Children in Need census has recently been carried out and the results will provide greater detail on these children. It will also provide important comparisons of their outcomes with that of the general population⁴.

3.9 Children and young people in custody

The age of criminal responsibility in England, Wales and Northern Ireland is ten. It is currently eight in Scotland but legislation, including proposals to raise the age to 12, is currently being discussed at committee stage⁵.

Figures on this are not easy find. However there are some figures at the England and Wales level published by the Prison Reform Trust. Ministry of Justice figures reveal that, by the end of April 2010, there were 2,116 children under 18 in custody. Of these 1,707 were held in young offender institutions, 249 in secure training centres and 160 in secure children's homes.

Many of these have a background of social exclusion, have previous contact with social services, have previously been homeless, have special educational needs, have been excluded from school and have mental health problems.

According to Ministry of Justice figures, at the end of April 2010, there were 10,004 young people aged 18-20 in prison in England and Wales. Among these young people both mental health and drug and alcohol abuse are common⁵.

3.10 Children living in large families

Table 3.3 shows that there are around 59,000 young people in Wales aged 18 and under living in households with at least four dependent children aged 19 and under.

Table 3.3: Children living in larger households in Wales (2009)

	Number	Proportion of total
Households in Wales with four dependent children* aged under 19	11,300	0.9
Households in Wales with five or more dependent children aged under 19	2,700	0.2
Persons aged under 18 living in households with four dependent children aged under 19	44,900	7.2
Persons aged under 18 living in households with five or more dependent children aged under 19	14,100	2.3

Source: Annual Population Survey

* Dependent children are all those aged 0-15 and those aged 16-18 who are in full-time education.

3.11 Children living in families where there is domestic violence

For the 12-month period up until the end of June 2010, 3,392 cases across Wales were referred to the Multi-Agency Risk Assessment Conference (MARAC)^d. A total of 4,219 children and young people were identified as being involved in these cases.

According to figures from Welsh Women's Aid, there were 1,044 children accommodated in a refuge in 2009/10 due to domestic abuse in the home.

3.12 Children with parents who are in prison

Routine figures for this are not easy to find. However, some figures for England and Wales are published by the Prison Reform Trust which included⁵:

- Ministry of Justice figures showing an estimated 160,000 children with a parent in prison each year.
- Home Office research showing 66% of women and 59% of men in prison with dependent children under 18.
- An estimated 283 children were born to female prisoners in England and Wales between April 2005 and July 2008, a rate of almost two a week.

^d The MARAC aims to make the victim and their children safe from ongoing abuse.

3.13 Young people who are gay or lesbian

Figures are available on young people's sexual identity. According to the Integrated Household Survey (2009/10), 94.9% of 16-24 year olds identified themselves as heterosexual or straight, 2.8% identified themselves as gay, lesbian, bisexual or other, 1.3% didn't respond to the question and a further 1% refused to answer the question^e.

3.14 Free school meals

Pupils in receipt of free school meals (FSM) are commonly used as a proxy measure of disadvantage.

Figures for 2010 indicate an increase in the proportions of pupils in local authority maintained schools known to be eligible for FSM in 2009. The percentage of pupils of compulsory school age in maintained schools, known to be eligible for FSM in 2009 and 2010, is shown in Table 3.4.

Table 3.4: Percentage of pupils eligible for FSM, Wales (2009-2010)

	2009	2010
Primary schools	18.8	20.1
Secondary schools	16.3	17.1
Special schools	39.5	42

Source: Welsh Assembly Government

^e Total sample was 368,140. 'Don't know' and 'refusal' is a response that was provided by the respondent spontaneously. Interviewers were advised to code as refusal instances where a respondent did not volunteer an answer to the question but reacted in a way indicating embarrassment or offence, such as total silence. 'No response' refers to where an eligible responder did not provide any response to the question, this could be for a number of reasons, i.e. the interviewers were unable to ask the question.

References

1. Welsh Assembly Government, 2010. *Adoptions, outcomes and placements for children looked after by local authorities: year ending 31 March 2010*. Cardiff: Welsh Assembly Government.
2. Welsh Assembly Government, 2004. *Caring for young carers: Raising awareness of young carers' issues, a training resource for schools*. Cardiff: Welsh Assembly Government.
3. Welsh Assembly Government, 2010. *Referrals, assessments and social services for children, 2009-10*. Cardiff: Welsh Assembly Government.
4. Welsh Assembly Government, 2011. *Wales children in need census 2010*. Cardiff: Welsh Assembly Government.
5. Prison Reform Trust, 2010. *Bromley briefings prison factfile*. London: Prison Reform Trust.

Chapter 4: The Early Years

Author: Joanne Starkey

Co-authors: Cath Roberts and Gwyneth Thomas

Key Findings

- The infant mortality rate continues to fall and in 2009 was 4.8 per 1,000 births.
- Since 2000, the proportion of Low Birth Weight (LBW) babies has remained relatively stable, except for a dip in 2005. In 2009, the percentage of babies with a LBW was 7.3%.
- Of children aged 4-7, 73% eat fruit daily and 57% eat vegetables daily.
- For seven-year-olds the highest cognitive scores were for children of graduate mothers and those from families in the top income groups.
- Boys are more likely than girls to have special educational needs and this is particularly pronounced for behavioural, emotional and social difficulties and speech, language and communication difficulties.
- Sixty-eight per cent of seven-year-olds report having 'lots of friends'.
- The uptake rate of two-year-olds being immunised against measles, mumps and rubella (MMR) continues to increase from a low of 80% in 2003-04. During 2009-10, 92% of two-year-olds had been immunised against MMR.
- In 2010 the proportion of pupils achieving at least level two (the expected level) in the Core Subject Indicator (CSI) in the National Curriculum was 81.6%. This was the highest level of achievement recorded over the last ten years.
- Girls out-performed boys in all subjects in the CSI, although recently this gender gap has been decreasing slightly each year.

This chapter focuses on Core Aim 1 of the Welsh Assembly Government's aims for children and young people in Wales. Core Aim 1 seeks to provide a 'flying start in the early years of a child's life and the best possible basis for future growth and development'.

The chapter provides an insight into the wellbeing of children from pre-birth to seven years in terms of key health, education and social related indicators. Specifically, the chapter reports on:

- physical health;
- well nourished at birth and through the early years;
- developmental milestones;
- special needs in early years;
- good and secure attachments in early years.

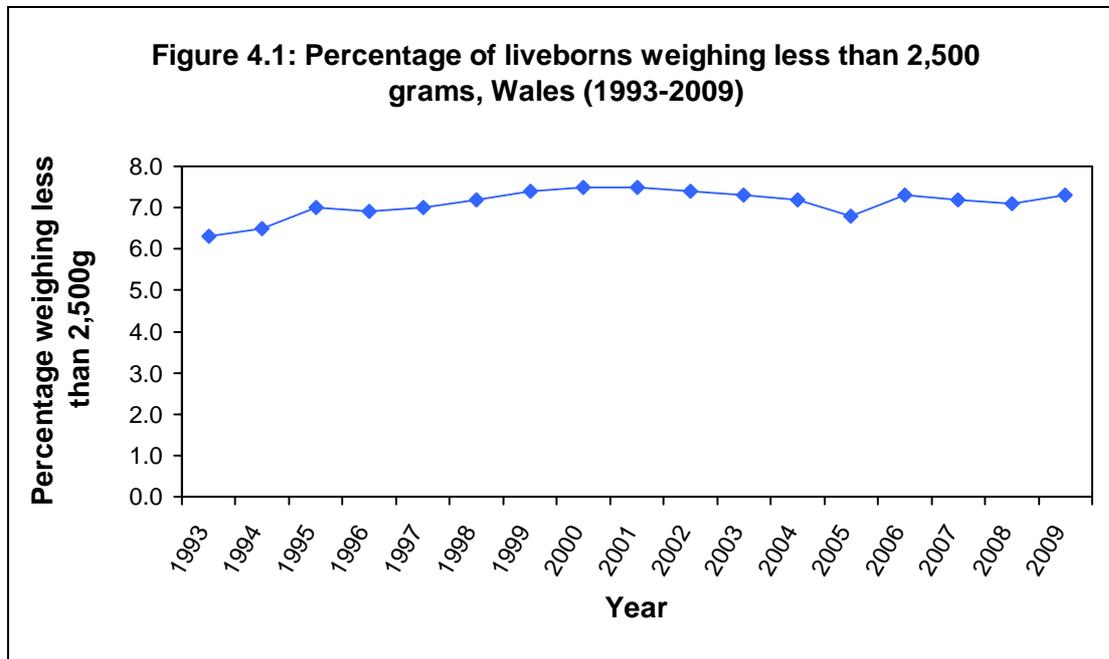
4.1 Physical health

Being healthy at birth and through the early years is one of the most important indicators of the wellbeing of children. Measuring the health of young children can be undertaken in a number of different ways and many of the key indicators reported here incorporate those used by UNICEF, including low birth weight; infant mortality rate and childhood immunisation.

Low birth weight

Birth weight is an important determinant for future health and low birth weight (LBW) is associated with adverse outcomes in terms of poor health and education¹. Babies born weighing less than 2,500g are at risk of deficits in growth, cognitive development, diabetes and heart disease². There is also evidence that very low birth weight babies (those weighing less than or equal to 1,500g) are at an increased risk of learning difficulties later on in life³.

The proportion of babies being born with a LBW (less than 2,500g) in Wales has increased since the early 1990s. Between 1993 and 2000, the proportion rose from 6.3% to 7.5%. Since 2000, the proportion has remained relatively stable, except for a dip in 2005. In 2009, the percentage of babies with a LBW was 7.3%.



Source: Birth Statistics, Office for National Statistics

LBW is caused by either a short gestation period or retarded intrauterine growth, or a combination of both. Many factors contribute to the incidence of LBW and it is commonly associated with maternal factors such as poor general health, poor education, poor nutrition, smoking and alcohol consumption, both pre-conceptually and during pregnancy¹.

Multiple births also contribute to the incidence of LBW. These have risen in recent years with the increased use of assisted conception by mothers. However, the recent increase in LBW is only partially accounted for by multiple births⁴. Maternal age is also a factor as older and younger mothers are more likely to have an LBW baby and therefore the increase in LBW may be influenced by the high levels of teenage pregnancy in Wales, alongside an increasing number of older mothers. There is also a strong association between LBW and deprivation.

Wales has a 2020 child poverty target to reduce LBW amongst babies born in the most deprived fifth of the population to no more than 7.3% and achieve a ratio of LBW proportions between the most deprived and the middle fifth of the population of no more than 1.12 (12% higher).

For the period 2005-07, the proportion of LBW babies was 8.9% in the most deprived fifth of the population and 7.2% in the middle fifth. The ratio has fallen slightly to 1.23 since the last reporting period (2003-05) when it was 1.29.

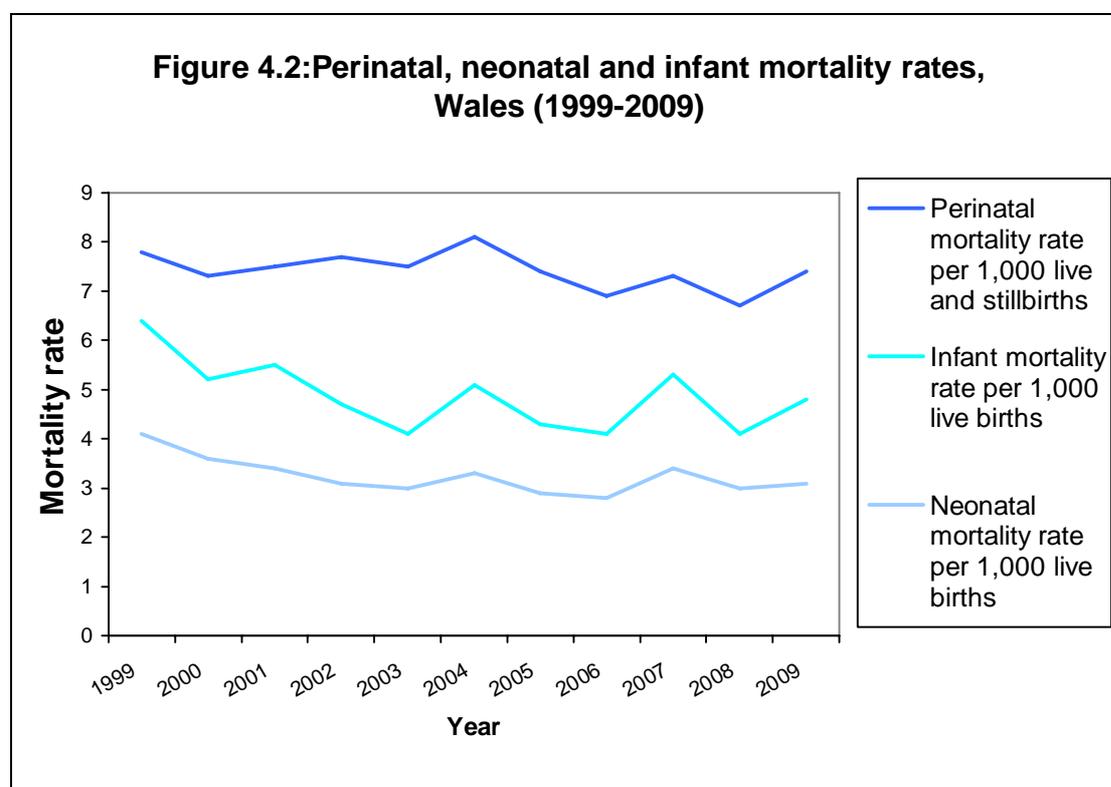
Perinatal mortality rate

The perinatal mortality rate^a has fluctuated between seven and eight per 1,000 live and still births over the past ten years, but is showing a downward slight trend, with the 2009 rate at 7.4 per 1,000 live and still births, compared to 7.8 in 1999.

Neonatal mortality rate

As with the perinatal mortality rate, the neonatal mortality rate^b has fluctuated over the past ten years. The neonatal mortality rate in 2009 was 3.1 per 1,000 live and stillbirths, compared to 4.1 in 1999.

Birth defects, prematurity and other conditions arising during pregnancy are the principal factors contributing to neonatal mortality in developed countries⁵.



Source: Welsh Assembly Government⁶.

Infant mortality rate

The infant mortality rate^c is a basic indicator for population health, signifying the quality of perinatal and infant care. There has been an overall decrease in Wales' infant mortality rate over the last ten years, although it has also fluctuated over this period and 2009 saw an increase.

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

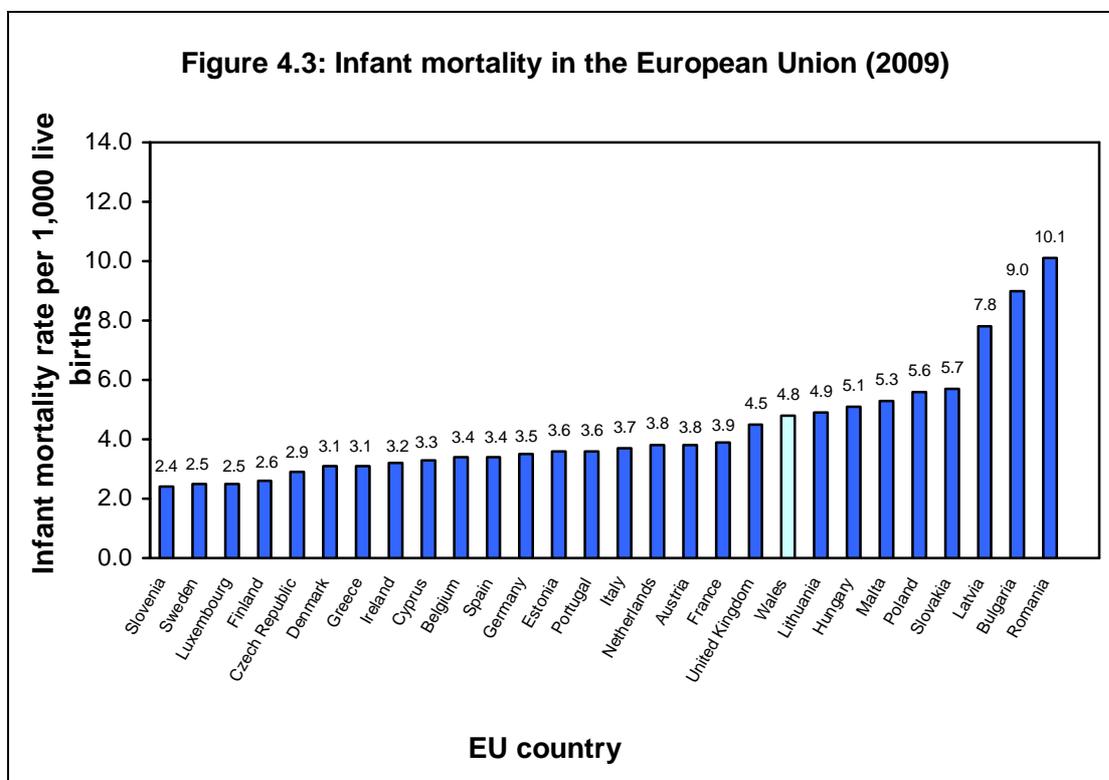
^b Deaths of infants under 4 weeks of age per 1,000.

^c The infant mortality rate is the number of deaths of children under one year of age in a given year, expressed per 1,000 live births.

In 2009, Wales' infant mortality rate was 4.8 per 1,000 live births. This is part of a wider trend over the last 40 years, during which infant mortality has been declining in Wales. This decrease has been attributed to 'improved living conditions, diet and sanitation, birth control, advances in medical science and the availability of healthcare'⁷.

Around two-thirds of the deaths that occur during the first year of life are neonatal. With an increasing number of women deferring childbearing and the rise in multiple births linked with fertility treatments, the number of preterm births has risen. This increases the risk of neonatal death and appears to have contributed to a levelling-off of the downward trend in infant mortality rates over the past few years. The principal causes of death in the post-neonatal period include accidents and infections, which are often preventable and the infant mortality rate is more highly correlated with social factors than the neonatal mortality rate⁸.

Figure 4.3 compares the infant mortality rate in Wales with other European countries.



Source: Eurostat

There is a correlation between socioeconomic deprivation and infant mortality. In 2004-08, the infant mortality rate in the most deprived fifth of areas in Wales was 5.65 per 1,000 live births. This compares with a rate of 3.53 in the least deprived fifth of areas. The ratio between the most and least deprived fifths was 1.6 during 2004-08.

The Assembly Government child poverty target to reduce the infant mortality rate states that the rate for the most deprived fifth of the population will be no more than 4.12 per 1,000 live births by 2020; and that the ratio of infant mortality rates between

the most deprived and least deprived fifths of the population will be no more than 1.3 (30% higher).

There is a correlation between infant mortality rates and LBW. 2009 data for England and Wales, shows that, for very LBW and LBW babies, the infant mortality rates were 175.9 and 38.3 deaths per 1,000 live births respectively, compared with a rate of 1.5 among babies of normal birth weight⁹. Around half of infant deaths occurred among very LBW babies.

There is also a correlation between gestation and birth weight. In 2009, 93% of live births to Welsh residents took place at 37 weeks gestation or more. The majority of these had a birth weight of over 2,500g. However 98% of premature births (after gestations of less than 32 weeks) and 56% of those born at 32-36 weeks have low birth weights (less than 2,500g).

Congenital anomalies

The Welsh Congenital Anomaly Register and Information Service (CARIS) provides reliable data on congenital anomalies in Wales. Between 1998 and 2008, the gross rate^d of congenital anomalies reported in Wales was 5%.

Data from CARIS has identified the factors that can be shown to affect anomaly rates. These include maternal risk factors such as age and smoking. There is also an association with socioeconomic deprivation, particularly for non-chromosomal anomalies.

Immunisation

Childhood immunisation is one of the most effective preventive health measures¹⁰. Communicable diseases such as polio, measles and pertussis (whooping cough) - which are preventable with immunisation - can cause death or long-term health problems. The World Health Organisation (WHO) recommends immunity levels of around 95% to prevent outbreaks of disease.

Of children in Wales who reached their first birthday by 31 March 2010, 96% had received all three doses of the combined '5 in 1' DTaP/IPV/Hib vaccine^e.

During 2009-10, 92% of two-year-olds had been immunised against measles, mumps and rubella (MMR). The uptake rate continues to increase from a low of 80% in 2003-04. The uptake pattern across the UK countries, between 1998 and 2009, shows that the uptake rate in Wales has recovered at a faster rate than in England, although Scotland had the highest level of MMR immunisation at the end of 2009-10.

National uptake of a completed two dose course of MenC^f vaccine in children reaching their first birthday by March 2010 was 95.5%. A similar proportion (95.6%) had received the pneumococcal conjugate vaccination (PCV)^g.

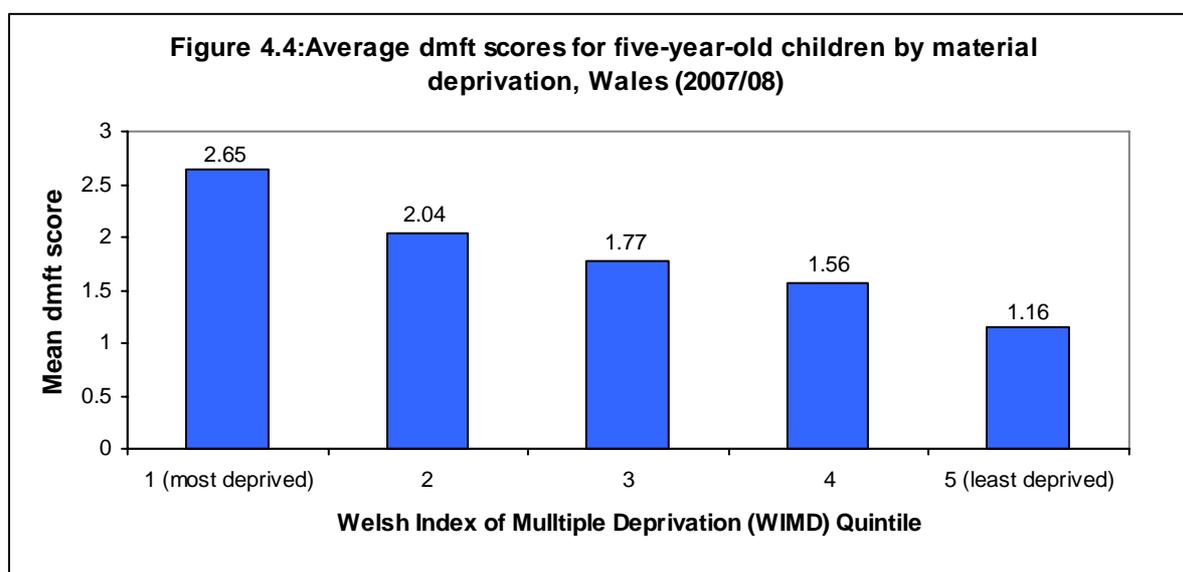
^d The gross rate includes all cases of anomaly recorded as miscarriages, terminations of pregnancy, live and stillborn babies, per 10,000 live and still births.

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

There is evidence to suggest that certain groups of children are at risk of low uptake of immunisations - for example, children in care, those with physical or learning difficulties, those with lone parents, hospitalised children, those not registered with a GP, and those from minority ethnic groups¹¹.

Dental health

The decayed, missing or filled teeth (dmft/DMFT^h) score is the standard measurement of tooth decay. The average dmft score for five-year-olds in Wales in 2007/08 was 1.98. There is a significant difference in dmft scores between children living in the most deprived areas of Wales (2.65) and those in the least deprived areas (1.16). Due to a change in survey procedures, it is not possible to present a time series of dmft scores or make UK comparisonsⁱ.



Source: British Association for the Study of Community Dentistry Survey (BASCD)

Limiting long-standing illness (LLSI)

LLSI is a widely used measure of health status. According to the Welsh Health Survey (WHS), 4% of children aged seven and under in Wales had an LLSI and 18% of children aged seven and under had a long-standing illness.

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

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

^h dmft/DMFT relate to deciduous and permanent teeth respectively.

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

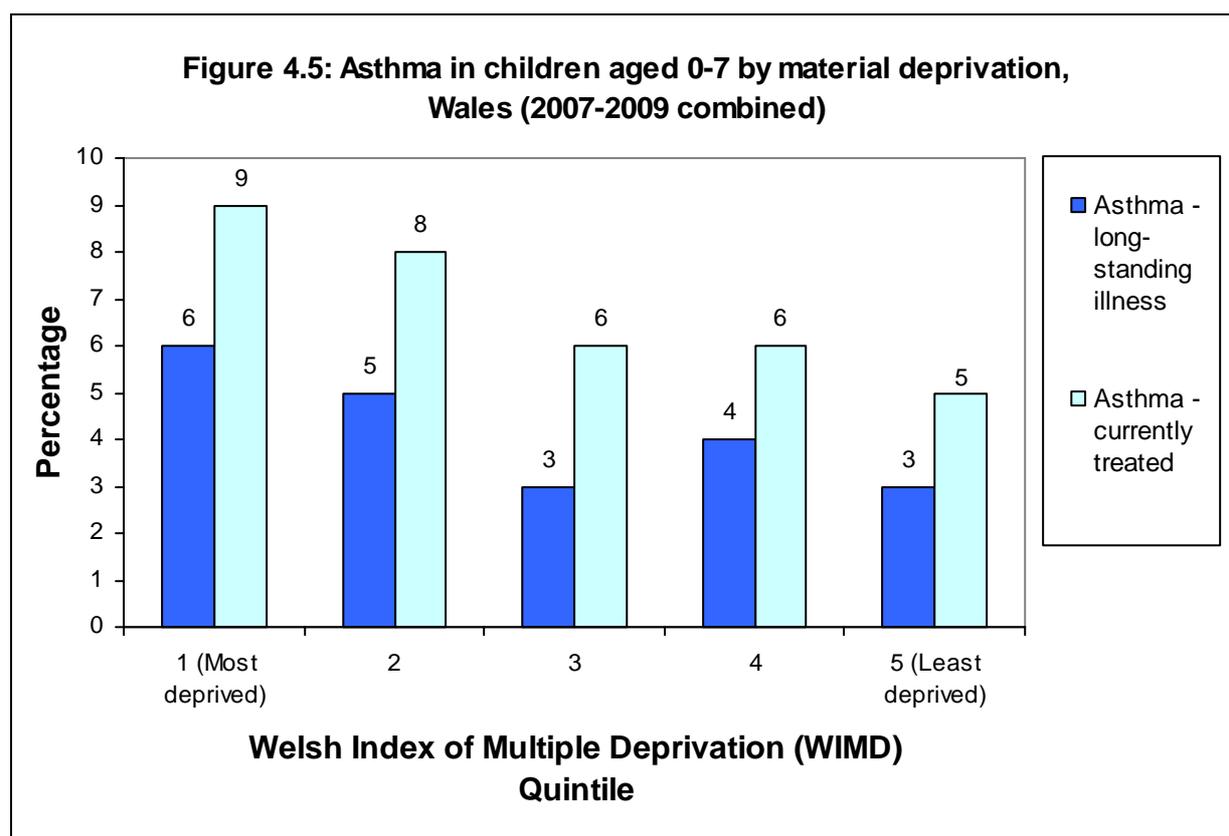
General health

The WHS includes a measure of children's general health. In 2009, 95% of children under seven were described as being in 'good or very good general health'.

Asthma is the most common condition experienced by young children. The WHS found that 7% of children under seven were currently being treated for asthma and this is a similar proportion to previous years.

Combined data from the WHS (2007, 2008 and 2009) show a correlation between children living in the most deprived areas and a higher occurrence of asthma, both as a long-standing illness and as an illness that is currently being treated, (although the differences are not statistically significant).

Results for Wales from the fourth sweep of the Millennium Cohort Study (MCS) when the children were seven-years-old shows that 8% of children had had some time off school during the school year. There was a significant difference between children who experience poverty and others - 11% of children who have experienced poverty had been off school during the school year compared with 5% not in poverty at either the third or fourth survey.



Source: Welsh Health Survey (WHS)

* Please note these differences are not statistically significant

Maternal smoking and drinking

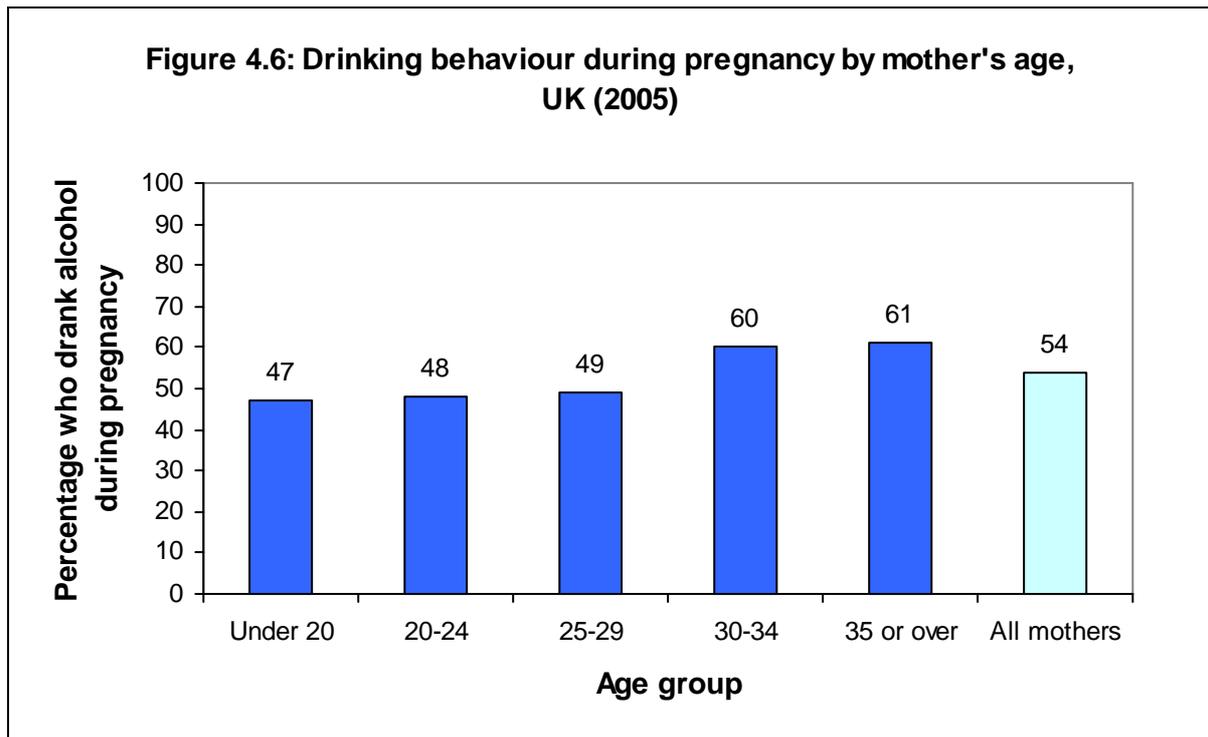
This section considers the various effects that maternal smoking and alcohol consumption can have on the developing baby and young child, including LBW, asthma and other developmental concerns.

The 2008 Monitor showed that over a third (37%) of Welsh mothers smoked before or during their pregnancy. It included data from the 2005 Infant Feeding Survey (IFS) that showed that women with lower education, income and employment status, and those aged under 20, were far more likely to continue to smoke during pregnancy.

Maternal smoking can directly impact on the health of the developing baby and young child. Although the incidence of LBW is twice as high among smokers as non-smokers¹², there is evidence that LBW babies often show greater 'catch-up growth' than normal-weight infants¹³. Maternal smoking during pregnancy is associated with future offspring obesity and overweight¹⁴. This study showed an increased risk of obesity at a mean age of nine years in children whose mothers smoked during pregnancy. In addition, confounders of maternal obesity, low social status, low birth weight and not being breast-fed seemed to be risk factors for offspring obesity.

The effects of maternal smoking on the young child continue beyond those identified during pregnancy. UK data from the MCS shows an association between mothers' current smoking and children's asthma at age seven. Almost 20% of children whose mother smoked had experienced asthma, compared to 15% where mothers did not smoke. The effects of tobacco smoke are not restricted to active maternal smoking. There is evidence that passive smoking also increases the risk of LBW¹⁵.

In terms of alcohol consumption, the 2008 Monitor showed that 55% of Welsh mothers drank during pregnancy. Across the UK, older mothers were the most likely to drink during pregnancy. Data from the 2005 IFS showed that 47% of mothers aged under 20 drank alcohol during pregnancy compared to 61% of mothers over 35 or older. Mothers from managerial and professional occupation groups were also more likely to drink alcohol during pregnancy than other socioeconomic groups.



Source: Infant Feeding Survey (IFS)

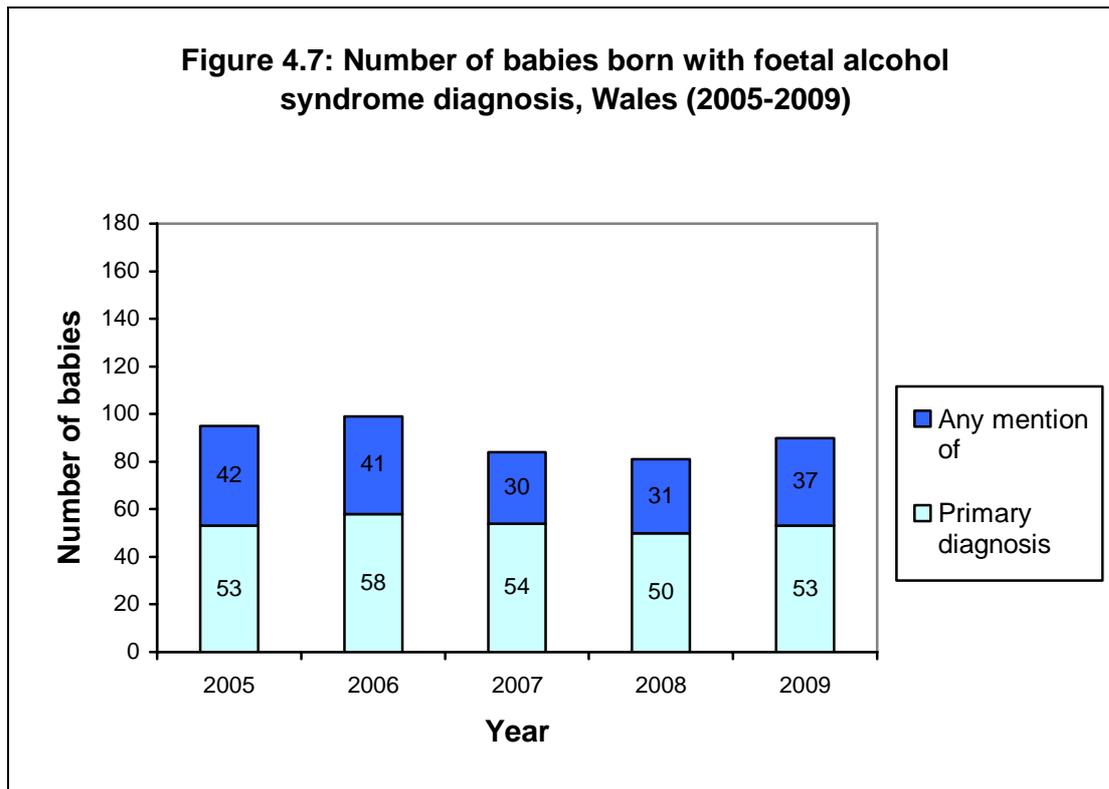
There is consensus that heavy drinking during pregnancy has damaging effects on the central nervous system of the unborn child, leading to delayed mental development and later behavioural problems¹⁶. The damage prenatal exposure to alcohol can cause depends on the level of consumption, the pattern of exposure and the stage of pregnancy during which it is consumed¹⁷. However, the evidence on the impact of low to moderate alcohol consumption during pregnancy on children's later cognitive and socioemotional development is unclear¹⁸.

Recent research, tracking MCS babies up to the age of five, has found no evidence to suggest that the behavioural or intellectual development of children whose mothers were light drinkers during their pregnancy (one or two units a week or at any one occasion) had been compromised. Furthermore these children were 30% less likely to have behavioural problems than whose mothers who did not drink during pregnancy.

The study also found evidence for the harmful effect of heavy drinking (seven or more units a week or six at one sitting) during pregnancy. In these cases, the children were more likely to be hyperactive and have issues with their peers and girls were more likely to have emotional issues¹⁹.

Alcohol consumption during pregnancy can lead to serious damage in the form of foetal alcohol syndrome (FAS) in some cases²⁰. The number of hospital admissions for babies born with conditions relating to maternal substance use including FAS in Wales increased by 10% (n=9) in 2009 following a gradual decrease over the previous three years. Figure 4.7 illustrates this trend, although it should be noted that determining the incidence of FAS across the UK is complicated by a lack of reliable and consistent data collection²⁰.

Figure 4.7: Number of babies born with foetal alcohol syndrome diagnosis, Wales (2005-2009)



Source: Patient Episode Database Wales (PEDW)

4.2 Well nourished at birth and through the early years

Breastfeeding

Breastmilk is the optimal diet for infants, and research continues to strengthen this position. An extensive body of evidence supports the consensus that not breastfeeding increases the risk of illness in both mothers and infants.

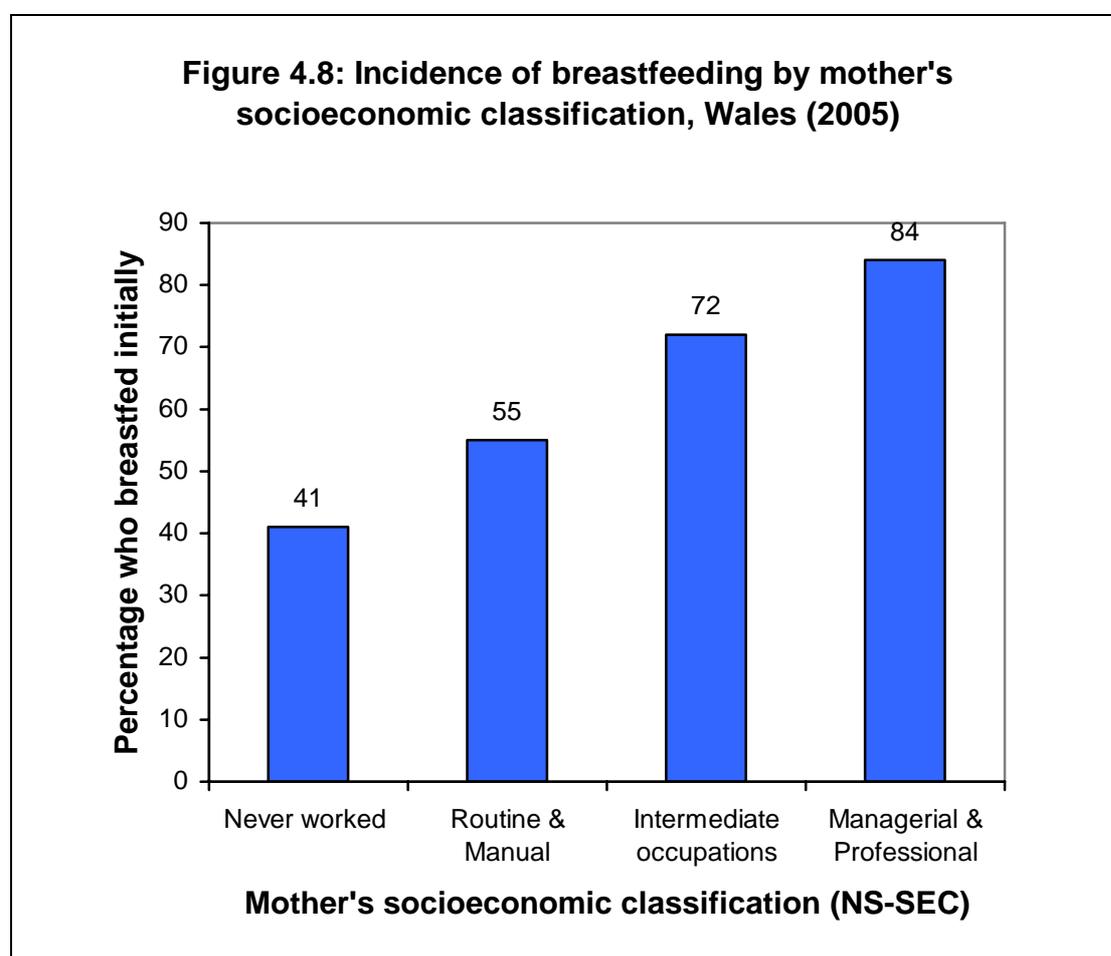
Formula-fed babies are more likely to develop a number of conditions including gastro-intestinal, respiratory and urinary tract infections^{21, 22}. Blood pressure, total cholesterol, the prevalence of overweight/obesity and type-2 diabetes are lower among breastfed babies²¹. Government policy across the UK has consistently supported breastfeeding as important in the promotion of maternal and infant health and it is recommended that babies should be exclusively breastfed for the first six months.

The 2005 IFS is the most reliable and recent source of data on breastfeeding across the UK. It is a major source of information about how infants are fed and provides national figures on the incidence, prevalence and duration of breastfeeding and other feeding practices adopted by mothers. A further survey took place during 2010 but data was not available for the 2011 Monitor.

According to the IFS, the breastfeeding initiation rate^j for Wales in 2005 was 67% compared to 78% in England, 70% in Scotland and 63% in Northern Ireland. The equivalent rate was 76% for the UK.

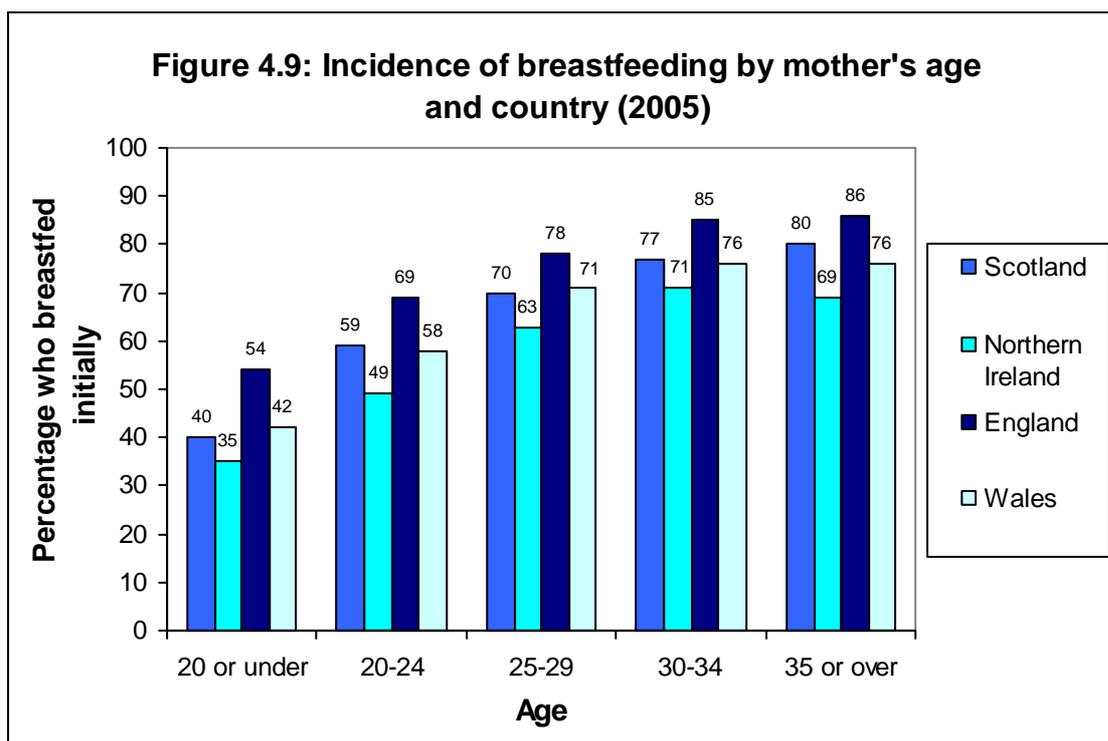
The IFS shows that infant feeding practices varied in a consistent pattern according to certain socio-demographic characteristics of the mother. Younger mothers, mothers from lower socioeconomic groups and mothers with lower educational levels were less likely to initiate and continue breastfeeding. The clear difference between groups is illustrated by Figure 4.8.

Mothers from lower socioeconomic groups were also more likely to introduce solids, follow-on formula and additional drinks at an earlier age. Figure 4.9 shows that older mothers are more likely to breastfeed and that this pattern is consistent across all UK countries.



Source: Infant Feeding Survey (IFS)

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



Source: Infant Feeding Survey (IFS)

Weight

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Childhood obesity is a risk factor for a number of chronic diseases in adult life including heart disease, some cancers and osteoarthritis. Some diseases, however, can become manifest during childhood, particularly type 2 diabetes²³. Data on young children who are underweight, overweight and obese are included in Chapter 6 *Health, Freedom from Abuse and Exploitation*.

Diet

Healthy eating habits in the years before school are important because in later childhood they impact on growth, development and achievement²⁴. Table 4.1 shows the percentage of four to seven-year-olds who eat selected foods daily.

Table 4.1: Percentage of children aged four to seven reported as eating the following foods daily, Wales (2007-2009)

Food type	Percentage
Fruit	73
Vegetables	57
Sweets	28
Chips	4

Source: Welsh Health Survey (WHS)

In the *Voices of Children and Young People in Wales* study, children at a young age were aware of the importance of diet for health. Hence, while many expressed a preference for 'unhealthy' foods, all participants were able to distinguish between healthy and unhealthy food as these quotes demonstrate:

"I'm not healthy, because I eat junk, chocolate, sweets...because I like it." (Sophie, 7)

"I don't eat white bread I only eat brown bread because it's healthy." (Abbie, 6)

4.3 Developmental milestones

Cognitive development

Cognitive development in the early years is of great importance to later outcomes, and performance on cognitive assessments at ages three and five are related to later school achievement, academic attainment and occupational outcomes²⁵. Poor cognitive performance early in life has also been found to be related to higher chances of unemployment, low qualifications and low income²⁶.

The cognitive development of seven-year-old children was examined in the MCS. Three cognitive assessments were administered to cohort children using a verbal and non-verbal subscale of the British Ability Scales (BAS) as well as a maths test. The three assessment scales have been combined into a single index and the mean figures for this overall index are shown in Table 4.2.

Table 4.2: Mean figures for overall cognitive index for seven-year-olds

	Mean
England	100.1
Wales	99.1
Scotland	99.8
Northern Ireland	99.4
Full Sample	99.8

Source: Millennium Cohort Study (MCS)

There were no significant differences among the four UK countries on the overall index. However, there were differences between the countries within the individual assessments. For the verbal and non-verbal BAS, children in Wales and Northern Ireland scored higher than children in England, but children in England and Scotland scored higher on word reading. On the maths assessment, there were no differences between the countries.

In Wales, the highest cognitive scores were among children of graduate mothers and those from families in the top income group. The lowest cognitive scores are for children whose mothers had no qualifications and whose family income was lowest, particularly workless couples. Further analysis indicates that persistent disadvantage is associated with lower cognitive scores, be it long-term residence in disadvantaged

areas, long-term lone parenthood or repeated low income. Table 4.3 shows cognitive scores by family income. The gap between the top and bottom income groups is nearly 12 points, with bigger and more clearly separated jumps between the lower levels of income.

Table 4.3: Cognitive index by income quintiles for seven-year-olds

OECD equivalised income quintiles at sweep 4	Mean
Bottom	93.3
Second	97.6
Third	100.6
Fourth	102.6
Top	105.0

Source: Millennium Cohort Study (MCS)

Key Stage 1^k

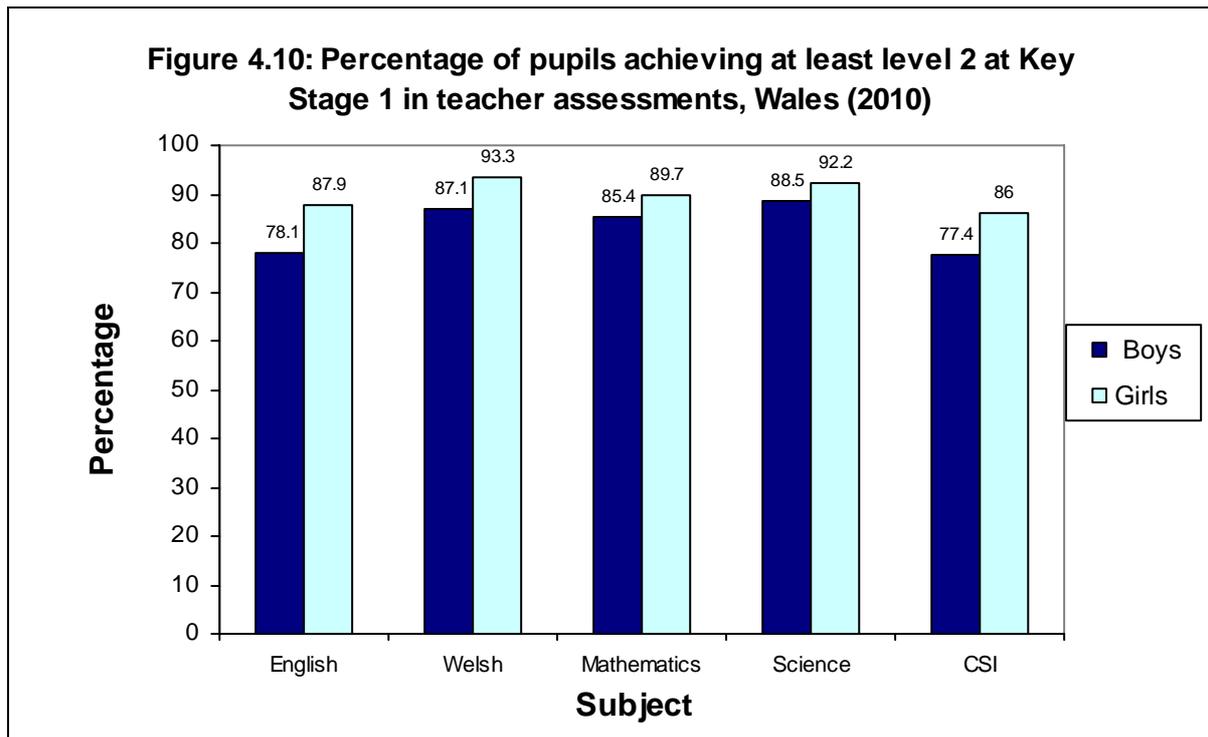
Pupils in Wales are not statutorily tested at each Key Stage. In deciding on a pupil's level of attainment at the end of each Key Stage, teachers assess which description best fits the pupil's performance.

The 'Core Subject Indicator' (CSI) represents the percentage of pupils attaining the expected level in English (or Welsh, where Welsh is the first language of the pupil), mathematics and science in combination. This is the most appropriate summary indicator of pupil performance for this age group.

In 2010 the proportion of pupils achieving at least level two (the expected level) in the CSI in the National Curriculum was 81.6%. This was the highest level of achievement recorded over the last ten years.

Girls out-performed boys in all subjects, although, this gender gap has been decreasing slightly each year. The greatest difference was in English at 9.8 percentage points and the smallest in science at 3.7 percentage points.

^k Key Stage 1 – pupils are aged five to seven and in school years 1 and 2. Please note that Key Stage 1 is currently being phased out in Wales and is being replaced by the Foundation Phase, which is a more play based experiential curriculum.

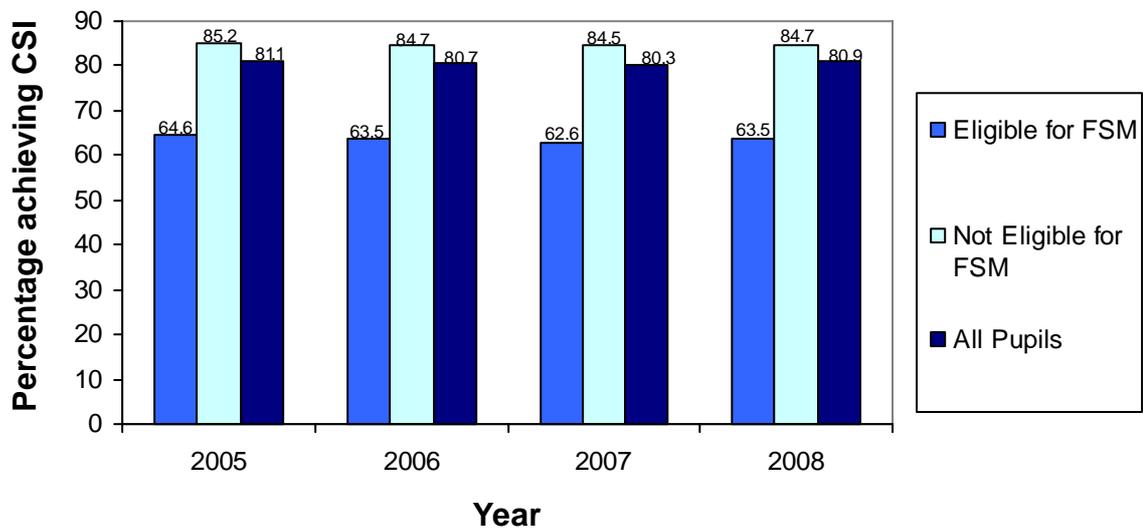


Source: National Pupil Database, Welsh Assembly Government

Entitlement for free school meals (FSM) can be used as a proxy measure of the socioeconomic conditions of a school's population. As noted in the 2008 Monitor, there is a strong link between achievement and the level of entitlement to FSM. As the level of entitlement to FSM increases, the level of achievement decreases.

In 2009, the difference in attainment between pupils eligible for FSM and those not eligible was 21.2%. Figure 4.11 illustrates that this pattern has remained over time. It should be noted that whilst there is a link between FSM entitlement and performance, many other factors affect school assessment and examination results. (See Chapter 5 *Access to Education, Training and Learning Opportunities* for further discussion of this issue).

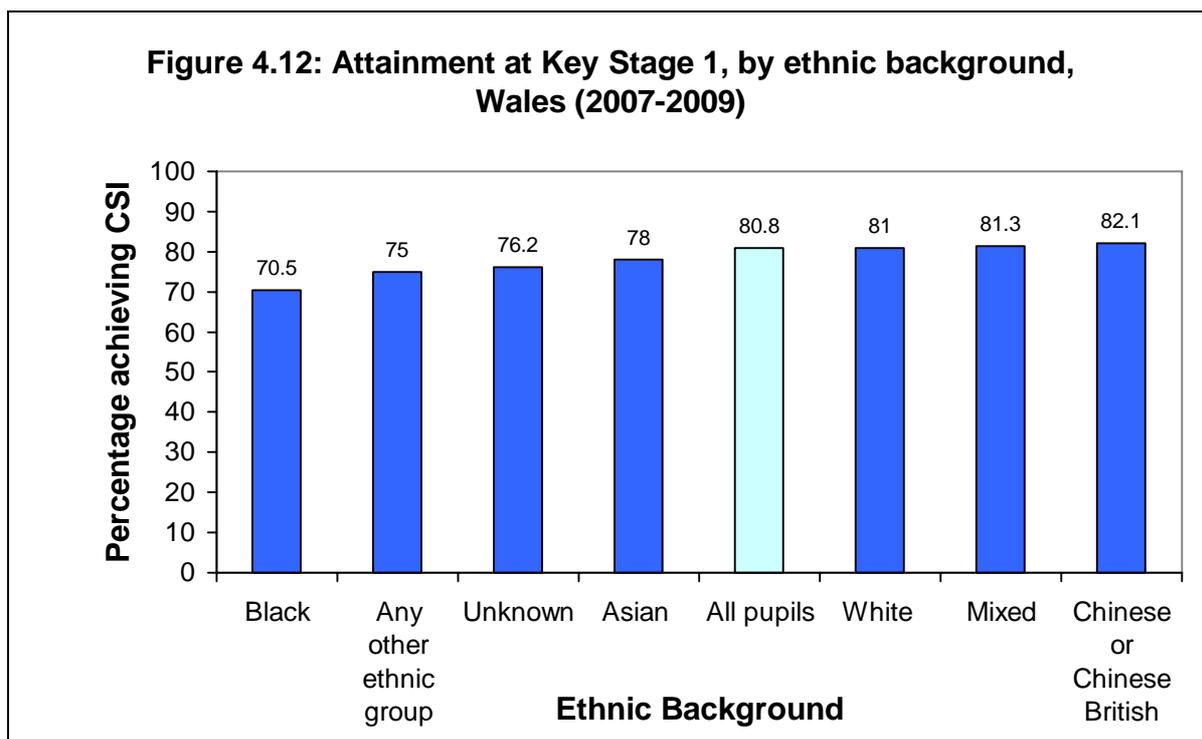
Figure 4.11: Attainment at Key Stage 1, by FSM entitlement, Wales (2005-2008)



Source: National Pupil Database, Welsh Assembly Government

Figure 4.12 shows the level of attainment for the main ethnic groups over the period 2007-09. At Key Stage 1, pupils from Chinese, Mixed and White ethnic backgrounds performed above the national average for 2007-2009. Pupils from a Black ethnic background performed considerably below the national average.

Figure 4.13 shows aggregated data, so that the number of pupils in each ethnic background group is larger to enable more robust conclusions to be drawn about the attainment of pupils in each group. However, within these ethnic groups, there was some variation in attainment. The pupils with the highest CSI attainment were those from an 'any other Asian' ethnic background, who recorded 88.5%. The lowest achieving group comprised pupils from a White Gypsy/Roma ethnic background with 31.4%.



Source: National Pupil Database, Welsh Assembly Government

4.4 Special needs in early years

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

As at January 2010, 17.4% of children aged seven or under in maintained schools in Wales had SEN. Table 4.4 presents the number of pupils with statements in schools by their major need.

The most common form of SEN is moderate learning difficulties, followed by speech, language and communication difficulties. Boys are more likely than girls to have SEN and this difference is particularly pronounced for behavioural, emotional and social difficulties and speech, language and communication difficulties.

Table 4.4: Percentage of pupils with special educational needs (SEN) in maintained schools aged seven and under, Wales (2010)

SEN type	Boys	Girls	Total
Moderate learning difficulties	9.2	6.1	7.7
Severe learning difficulties	0.4	0.2	0.3
Profound and multiple learning difficulties	0.2	0.1	0.2
Specific learning difficulties	1.8	1.1	1.5
Autistic Spectrum Disorder	0.8	0.2	0.5
Physical and medical difficulties	0.9	0.6	0.8
Hearing impairment	0.3	0.3	0.3
Visual impairment	0.2	0.1	0.1
Multiple sensory impairment	0.0	0.0	0.0
Speech, language and communication difficulties	5.6	2.6	4.1
Behavioural, emotional and social difficulties	2.9	0.8	1.9
Total	22.3	12.3	17.4

Source: Pupil Level Annual School Census (PLASC)

The percentage of pupils with SEN achieving the CSI in 2009 was 47% at Key Stage 1. The difference in performance between pupils with the various SEN requirements decreases through the key stages (see Chapter 5 *Access to Education, Training and Learning Opportunities*).

4.5 Good and secure attachments in early years

Behaviour

The MCS collects data on emotional and behavioural problems using the Strengths and Difficulties Questionnaire (SDQ). A higher score indicates more behavioural problems. The score for Welsh seven-year-olds was 7.5; lower than the average score in England, but higher than the average scores in Scotland and Northern Ireland.

For the study as a whole, children from families with two working parents showed fewer behavioural problems, as did children from households not classified as living in poverty. Boys showed significantly more evidence of behavioural problems than

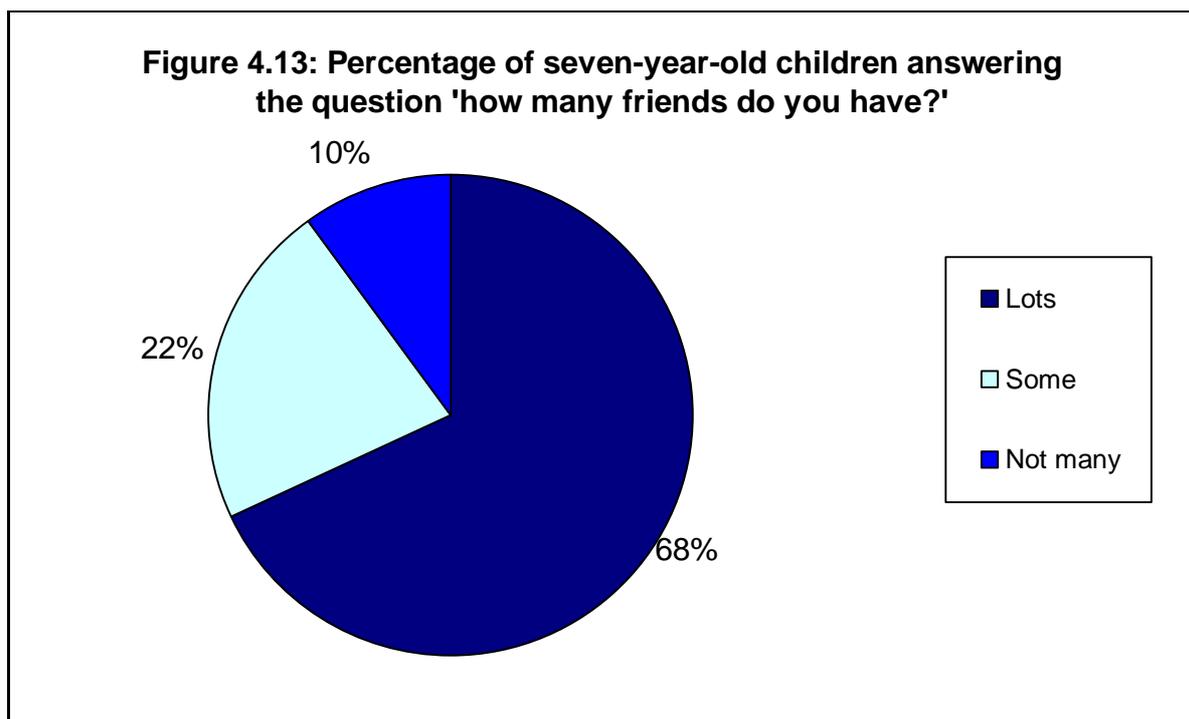
girls and were more likely to exhibit conduct problems, hyperactivity and peer problems.

The total difficulties score at age seven was correlated with scores from previous sweeps (when the children were aged three and five). There are strong associations between indicators of problematic behaviour at age seven and measures at age three and five, suggesting that behavioural problems are relatively stable over time.

Friendship

Evidence shows that friendships are crucial to children’s wellbeing and development at all stages in their lives. Children’s friendships are key predictors of their later adjustment and enjoyment of school²⁷. The fourth survey of the MCS included a self-completion questionnaire for the cohort child. The questionnaire was designed to assess the wellbeing of children from their own point of view and included questions about friends.

The findings showed that 68% of children in Wales reported having a lot of friends (Figure 4.13). Children in Northern Ireland and Wales were more likely to have lots of friends than those in Scotland and England. The children were also asked whether they had any best friends – almost all reported that they did (96%).

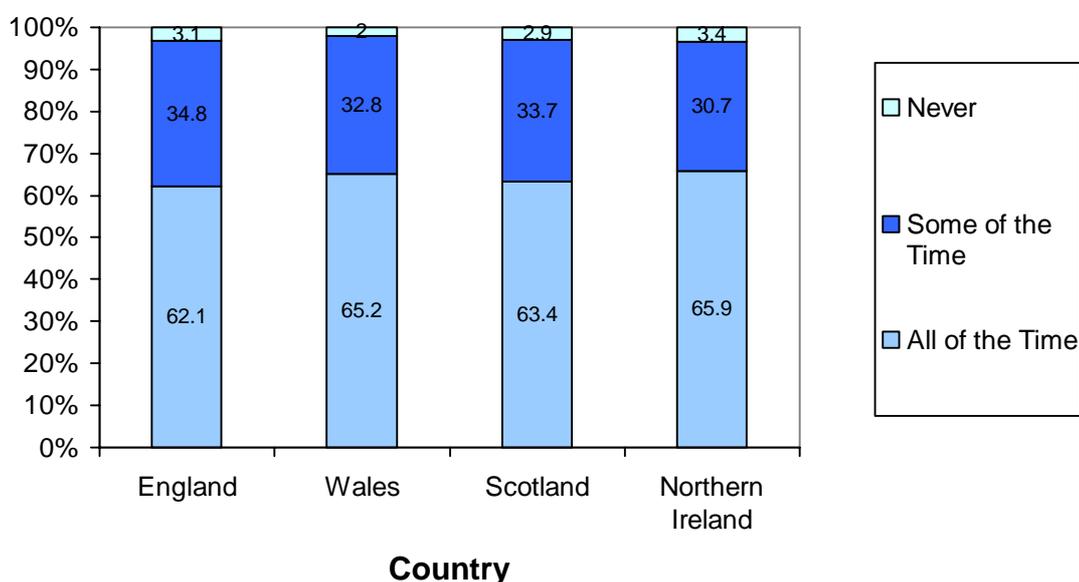


Source: Millennium Cohort Study (MCS)

Family Life

Parenting that is warm and supportive facilitates the development of strong and secure relationships and it can also act to ameliorate associations between adverse influences²⁸. The MCS self-completion questionnaire asked children how often they had fun with their family at the weekend - 65% of children in Wales said they had fun all of the time. Across the UK, children in Wales were the least likely to report that they never had fun with their family at the weekend (2% compared to 3.4% in Northern Ireland).

Figure 4.14: Percentage of seven-year-old children answering 'how often do you have fun with your family at the weekend?'



Source: Millennium Cohort Study (MCS)

The *Voices of Children and Young People in Wales* study, which included parents with young children, highlighted the importance of love and security for wellbeing in the early years. One parent of a ten month-old boy reflects on this:

"I like to think that he's been really fortunate, he is surrounded by people who love him and hopefully he is being offered all the opportunities that a little one needs in this particular age...he feels comfortable and secure..." (Ava, 35, child 10 months)

Parental involvement has a significant effect on child development outcomes²⁸. According to the MCS, 39% of mothers in Wales say they read daily with their seven-year-olds, a further 27% read 'several times a week' and 3% of children are never read to by their mother.

The proportion of mothers who read every day with their child has declined since earlier sweeps of the MCS. Forty-nine per cent of mothers read to their child everyday when the cohort child was five-years-old and 58% at age three. The proportion of children read to everyday by their mother increases along with the mother's highest qualification. Of children with a mother holding a NVQ5 (or equivalent) qualification, 54% are read to everyday, compared to 27% of children whose mother has no qualifications.

For children with a father figure who took part in the survey, 13% are read to daily by their father, a further 25% read to 'several times a week' and 6% are never read to by their father. It is likely that this decrease reflects the child's increased time at school and the development of their own ability to read.

References

1. Bull, J., Mulvihill, C., and Quigley, R., 2003. *Prevention of low birth weight: assessing the effectiveness of smoking cessation and nutritional interventions*. London: Health Development Agency.
2. Barker, D.J.P., 1995. Fetal Origins of Coronary Heart Disease: *British Medical Journal*; 311(6998), 171-174.
3. De Rodrigues M.C.C., 2006. Learning difficulties in schoolchildren born with very low birth weight. *Jornal de Pediatria*; 82(1), 6-14.
4. Moser, K. Li, L. and Power, C., 2003. Social inequalities in low birth weight in England and Wales: trends and implications for future population health. *Journal of Epidemiology Community Health*; 57, 687-691.
5. OECD, 2009. *Health at a Glance 2009: OECD Indicators*. Paris: OECD publishing.
6. Welsh Assembly Government, 2009. SB 19/2011. *Births and infant mortality statistics 2009*. Cardiff: Welsh Assembly Government.
7. Woodroffe, C., Glickman, M., Barker, M. and Power, C., 1993. *Children, teenagers and health: the key data*. Buckingham: Open University Press.
8. Singh, G.K., Kogan, M.D., 2007. Persistent socioeconomic disparities in infant, neonatal, and postneonatal mortality rates in the United States, 1969-2001. *Pediatrics*; 119(4), e928-939.
9. Office for National Statistics, 2010. *Infant and perinatal mortality in England and Wales by social and biological factors, 2009*. London: Office for National Statistics.
10. Hadler, S.C., Cochi, S.L., Bilous, J., Cutts, F.T., 2004. Vaccination programs in developing countries. In Plotkin, S.A., Orenstein, W.A. (eds.) *Vaccines*, fourth edition. Philadelphia, USA: Elsevier Inc., 1407-1441.
11. Falconer, M., 2008. *Vaccination and immunisation health equity audit toolkit*. London: Health Protection Agency.
12. Shah, N.R. and Bracken, M.B., 2000. A systematic review and meta-analysis of prospective studies on the association between maternal cigarette smoking and pre-term delivery. *American Journal of Obstetrics and Gynaecology*; 182(2), 465-472.
13. Ong, K.K., Preece, M.A., Emmett, P.M., Ahmed, M.L., Dunger, D.B.; ALSPAC Study Team, 2002. Size at birth and early childhood growth in relation to maternal smoking, parity and infant breast-feeding: Longitudinal birth cohort study and analysis. *Pediatric Research*; 52, 863-867.

14. Ino, T., 2010. Maternal smoking during pregnancy and offspring obesity: meta-analysis. *Pediatrics International*; 52(1), 94-99.
15. Salmasi, G., Grady, R., Jones, J., McDonald, S.D.; Knowledge Synthesis Group, 2010. Environmental tobacco smoke exposure and perinatal outcomes: a systematic review and meta-analyses. *Acta Obstetrica et Gynecologica Scandinavica*; 89(4), 423-441.
16. Holmgren, S., 2009. *Low dose alcohol exposure during pregnancy – does it harm?* Östersund: The Swedish National Institute of Public Health.
17. Riley, E.P. and McGee, C.L., 2005. Fetal alcohol spectrum disorders: an overview with emphasis on changes in brain and behaviour. *Experimental Biology and Medicine*; 230(6), 357-365.
18. Gray, R. and Henderson, J., 2006. *Review of The fetal effects of prenatal alcohol exposure*. University of Oxford: National Perinatal Epidemiology Unit.
19. Kelly, Y., Saker, A., Gray, R., Kelly, J., Wolke, D., Head, J., Quigley, M.A., 2010. Light drinking during pregnancy: still no increased risk for socioemotional difficulties or cognitive deficits at 5 years of age? *Journal of Epidemiology and Community Health*; doi:10.1136/jech.2009.103002.
20. British Medical Association Board of Science, 2007. *Fetal alcohol spectrum disorders*. London: British Medical Association Board of Science.
21. Horta, B.L., Bahl, R., Martines, J.C., Victora, C.G.I., 2007. *Evidence on the long-term effects of breastfeeding: systematic review and meta-analyses*. World Health Organization.
22. Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., Lau, J., 2007. Breastfeeding and maternal and infant health outcomes in developed countries. Evidence Report/Technology Assessment No. 153 (Prepared by Tufts-New England Medical Center Evidence-based Practice Center, under Contract No. 290-02-0022). AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality.
23. British Medical Association Board of Science, 2005. *Preventing childhood obesity*. London: British Medical Association Board of Science.
24. Feinstein, L., Sabates, R.A., Sorhaindo, A., Rogers, I., Herrick, D., Northstone, K., Emmett, P., 2008. Dietary patterns related to attainment in school: the importance of early eating patterns. *Journal of Epidemiology Community Health*; 62, 734-739.
25. Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A. C., Klebanov, P., Pagani, L., Feinstein, L., Engel, M., Brooks-Gunn, J., Sexton, H. and Duckworth, K., 2007. School readiness and later achievement. *Developmental Psychology*, 43(6), 1428–1446.

26. Feinstein, L. and Bynner, J., (2004). The importance of cognitive development in middle childhood for adulthood socioeconomic status, mental health, and problem behaviour. *Child Development*; 75(5), 1329–1339.
27. Ladd, G., 1999. Peer relationships and social competence during early and middle childhood. *Annual Review of Psychology*; 50, 333-359.
28. Welsh Assembly Government, 2010. *Child Poverty Strategy for Wales and Delivery Plan*. Cardiff: Welsh Assembly Government.

Chapter 5: Access to Education, Training and Learning Opportunities

Author: Joanne Corke

Co-Authors: Richard Thurston, Rachel Lloyd, Nia Jones, Steve Hughes

Key Findings

- International comparisons from the latest PISA results show Welsh pupils are performing less well in assessments of reading, mathematics and science, than previously and also comparatively less well than their counterparts in the other UK countries and lower than the OECD average in reading and mathematics.
- Girls continue to outperform boys in assessments during compulsory education and beyond. However, international assessments on the application of knowledge show boys outperforming girls in two out of the three subjects assessed.
- Deprivation continues to be correlated with absenteeism and lower attainment rates across much of the spectrum of education for young people in Wales.
- Wales continues to see gradual improvement in Core Subject Indicator (CSI) performance at Key Stage 2 and Key Stage 3.
- Wales continues to see gradual improvement in GCSE/Key Stage 4 attainment measures but there remains a gap in comparative performance with England and between girls and boys.
- The numbers of young people not in education, employment or training (NEET) have remained largely at the same level for more than a decade.
- The number of permanent exclusions in Wales (based on total number of occurrences rather than pupils) has dropped from around 1.0 to 0.5 per 1,000 pupils since the previous Monitor (which reported 2005/06 data). The rate per 1,000 pupils was 0.8 for boys and 0.3 for girls in 2007/08 and the gender difference has been consistent over a number of years.
- The numbers of Welsh domiciled enrolments to higher education institutions (HEIs) for those aged under 25 has increased over the last nine years from 49,260 in 2000/01 to 54,985 in 2008/09. Females continue to outnumber males by 55.8% to 44.2% in 2008/09.
- Looked after children have considerably lower attainment rates than all pupils.

This chapter focuses on Core Aim 2 of the Welsh Assembly Government's aims for children and young people in Wales. This aims to ensure that 'every child and young person has access to a comprehensive range of education, training and learning opportunities, including the acquisition of essential personal and learning skills'.

According to Gutman and Feinstein (2008)¹ learning is closely intertwined with wellbeing and school plays an important role in the social, emotional and behavioural aspects of children's wellbeing.

The positive association between learning and wellbeing has also been shown to be longitudinal – predicting change from adulthood to adolescence. Children’s learning and enjoyment in primary school predicts their later wellbeing in secondary school, although with some socioeconomic and gender differences. For boys, learning in primary school has the strongest influence on behavioural aspects of their later wellbeing, whereas for girls it is more predictive of the social aspects of their wellbeing².

Educational attainment is also a strong independent factor affecting other aspects of wellbeing. For instance, the direct contribution of educational attainment towards health status is equal to, if not greater than, the impact of income. As a result educational attainment is a key determinant of future socioeconomic status, wellbeing and health across the population³.

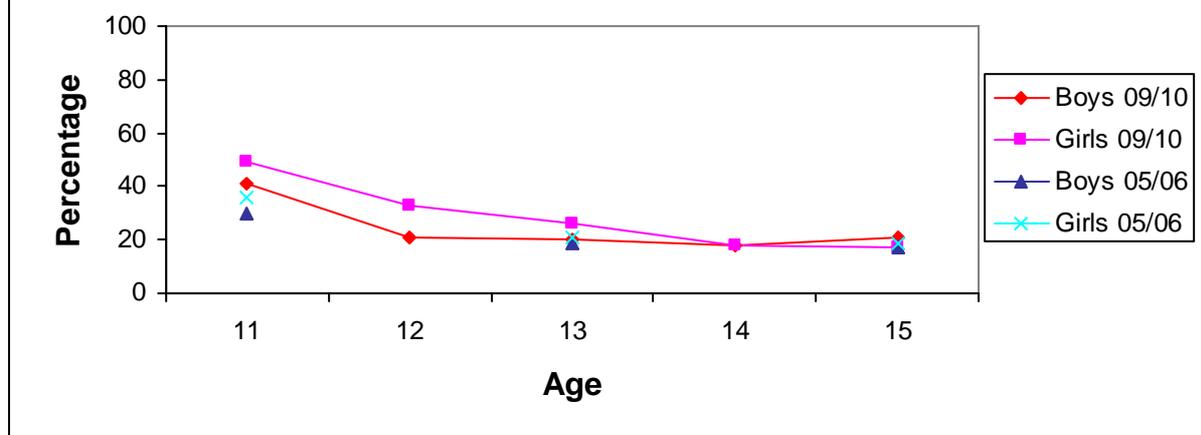
The chapter provides an insight into children and young people from Key Stage 2 (age seven to 11 years) onwards. Key Stage 1 is considered in Chapter 4 *The Early Years*. Specifically, the chapter reports on:

- young people’s views of education;
- engagement in compulsory education;
- achieving early learning goals;
- achieving full potential;
- essential and key skills; and
- engagement in post-compulsory education, training and learning.

5.1 Young people’s views of education

The 2009/10 Health Behaviour in School-aged Children (HBSC) study asked young people their views about school with responses ranging from ‘I like it a lot’ to ‘I don’t like it at all’. Figure 5.1 shows that those reporting that they like school a lot declines significantly from age 11 to age 15 for both boys and girls.

Figure 5.1: Percentage reporting that they like school 'a lot', Wales (2005-2010)



Source: Health Behaviour in School-aged Children (HBSC) study

The provider-led learner voice survey for post-16 learning 2010 (pilot study) asked a series of questions about the learners' experience at their further education or work-based learning provider. This culminated in the question: 'overall, how good do you think your college/provider is?' Table 5.1 shows high levels reporting their provider as 'very good' or 'good', with no clear pattern relating to age.

Table 5.1: Responses to the question 'overall, how good do you think your college/provider is?' Wales (2010)

	Further education full-time			Further education part-time		Further education in work-based learning in further education institution			Work based learning*		
	All ages	Under 19	19-24	All ages	Under 25**	All ages	Under 19	19-24	All ages	Under 19	19-24
Very good	37	35	37	46	36	50	45	44	63	51	67
Good	46	47	45	40	45	40	44	45	31	39	28
Partly good/partly bad	15	15	15	9	14	7	7	9	4	8	3
Bad	1	1	1	1	2	1	1	2	-***	0	0
Very bad	1	1	1	1	2	1	1	1	-	0	0
Don't know	1	1	0	2	1	1	0	0	1	1	1
Not Applicable	-	0	0	1	0	1	0	0	1	0	1

Source: Provider-led Learner Voice survey for post-16 learning

* 12 out of a total of around 70 other work-based learning providers were chosen to provide a good spread in terms of size and type of learning provider.

** For further education part-time the under-19 category and the 19-24 category have been put together as the sample was too small to display separately.

*** The symbol ‘-’ has been used to show the data item is not exactly zero, but estimated as zero or less than half the final digit shown.

The *Voices of Children and Young People in Wales* study identifies the imperative of succeeding in education as one of two key stressors for children and young people. Here, many young people felt under enormous pressure to do well, with greater pressure felt that, in the current economic conditions, even getting good grades may not necessarily secure employment.

This meant that for some young people, education should be ‘fit for purpose’ in order to provide them with requisite skills, including life skills such as financial management. In the same way, many young people were sceptical about university, not convinced it would help them with future employment, while at the same time anticipating it would burden them with considerable debt.

“Yeah it is quite stressful, I suppose that’s a big issue (...) especially when it comes down to coursework end times, coursework deadlines, yeah I do tech this year which is quite hard because we’ve got so much work to do but especially like we’ve all got resits in January and when we’ve got them over we’ve got coursework deadlines and when we’ve got that over we’ve got other exams.” (Alexa 17)

Participant perceptions of teachers were clearly associated with enjoyment of schooling in young people’s accounts:

“Some teachers are alright, some teachers are really nice but you obviously get some of the teachers that are just like, shouldn’t be here, some teachers can’t. I think they find it difficult to teach students, they know what they’re talking about but they just find it difficult to like to show it, to tell people what it is and for people to absorb the information.” (Alexa, 17)

“I’d just like teachers that I actually know but one thing I don’t like about school is some of the teachers that you all know and like retire because I don’t really like that like Mrs X she is a fun teacher even though she had a bad knee it didn’t really matter she did awesome maths.” (David, 8)

The study found that homework constituted the least positive aspect of school for some children:

“I don’t like (homework) because we’ve already worked hard in school, we shouldn’t have homework.” (David, 8)

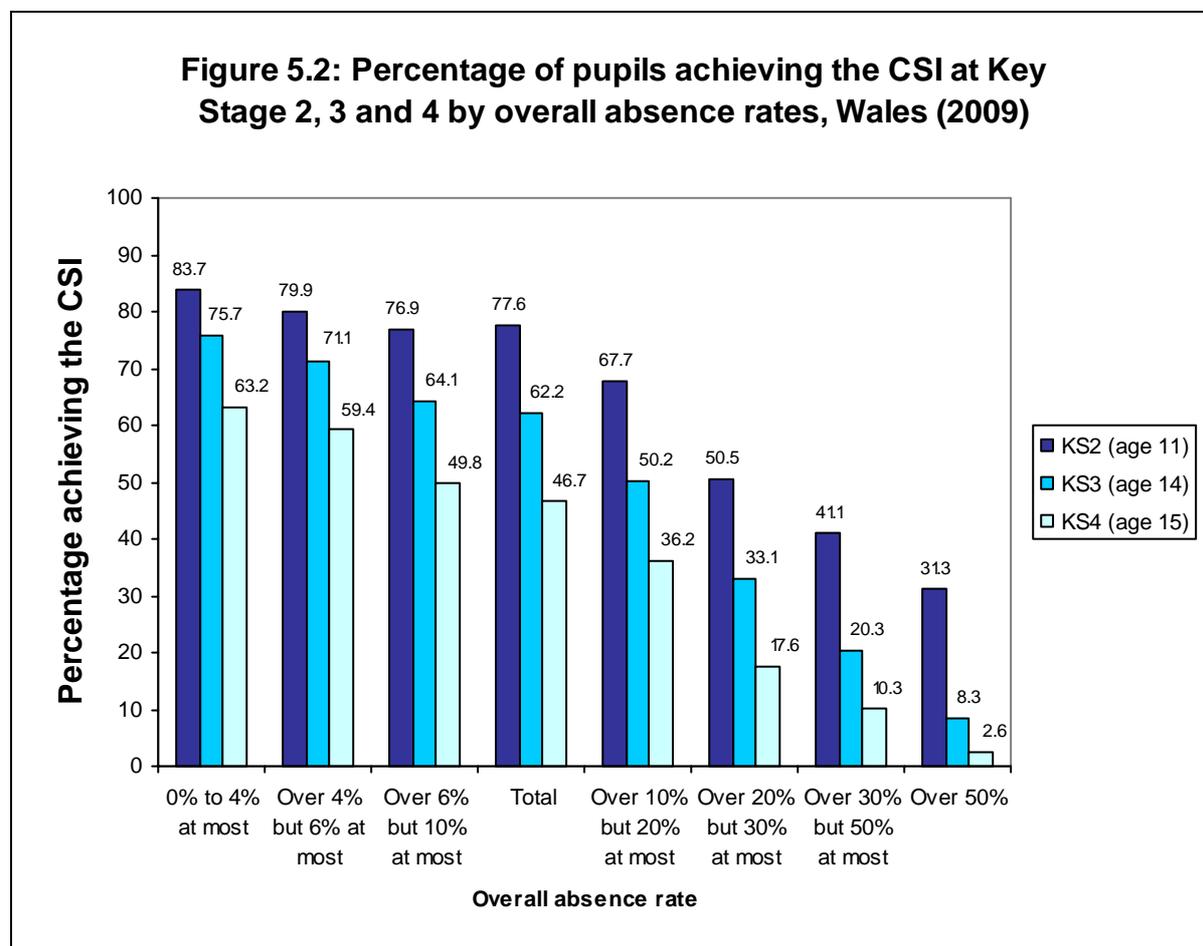
Opinions on homework differed according to the subject and its required format:

“We’ve got this thing it’s like the only fun homework I think is fun is this thing called we have a learning log book and we can do the homework any way we want which is good.” (Harry, 10)

5.2 Engagement in compulsory education

Absenteeism

Absenteeism has a negative impact on attainment. As the overall absence rate increased, the percentage of pupils achieving the Core Subject Indicator (CSI)^a decreased at each Key Stage in 2009.



Source: Welsh Assembly Government

Absenteeism, including unauthorised absences remains higher in secondary schools than in primary^b. For secondary, both overall and unauthorised absence remained fairly constant from 2000 to 2009, standing at 9% and 1.6% respectively in 2009/10.

Overall absence for primary schools has stood at around 7% from 2003 to 2009, with unauthorised absence rising from 0.6% to 1% over that time. There was little difference in absenteeism between boys and girls in either setting from 2005 to 2009, except in overall secondary school absence where girls had a higher overall rate of absenteeism.

^a The Core Subject Indicator represents the percentage of pupils achieving the expected attainment level in English or Welsh (as a first language), mathematics and science.

^b To allow comparison 2008/09 figures have been used. 2009/10 statistics for absenteeism from secondary schools were released in September 2010 and show no large variations from the indicators reported.

Absenteeism and deprivation, as measured by the proportion of pupils entitled to free school meals (FSM) continued to be correlated in Wales. When comparing schools with less than 10% of pupils entitled to FSM to those with greater than 30% entitled, the absentee rate rises from 7.5% to 11.9% in secondary schools^c and from 5.4% to 8.8% in primary^d.

Table 5.2: Percentage of absent pupils of compulsory school age in maintained primary and secondary schools, Wales and England* (2008/09)

	Sessions missed due to overall absence	Sessions missed due to unauthorised absence
Primary Schools:		
England	5.3	0.6
Wales	6.8	1.0
Secondary Schools:		
England	7.2	1.5
Wales	9.0	1.7

Source: Welsh Assembly Government and Department for Children, Schools and Families

* Data for England and secondary school data for Wales relate to the period September 2008 to 22 May 2009. Wales' primary school data relate to the whole academic year.

Wales has higher levels of overall and unauthorised absence compared to England for both primary and secondary schools.

Exclusions

Fixed-term exclusions remain much more common than permanent exclusions in both Wales and the other UK nations. The number of permanent exclusions in Wales (based on total number of occurrences rather than pupils) has dropped from around 1.0 to 0.5 per 1,000 pupils since the previous Monitor (which reported 2005/06 data). The rate per 1,000 pupils was 0.8 for boys and 0.3 for girls in 2007/08 and the gender difference has been consistent over a number of years.

The fall in permanent exclusions can largely be explained by the rise in the practice of 'managed moves', whereby a pupil in danger of permanent exclusion is moved to another school before the situation escalates.

Guidance sets out that managed moves have to be agreed with all parties and be in the best interest of the child. Moreover they should not be undertaken at the point of an incident which merits permanent exclusion, in order to reduce, artificially, the number of permanent exclusions. Such action would remove the right of parents and pupils concerned to appeal against an exclusion.

Figures for 2008/09 show that on the 16th day after being permanently excluded from school, 23% of pupils were provided with home tuition, 23% were transferred to another school and 18%, attended a 'Pupil Referral Unit' or had 'no provision'.

^c 2009/10 data.

^d 2008/09 data.

There were 19,034 fixed-term exclusions from schools in Wales in 2008/09, continuing a downward trend since the last Monitor (figures from 2005/06). The duration of exclusions has also been getting shorter. The proportion of fixed-term exclusions lasting six days or more decreased during that period with a corresponding rise in fixed-term exclusions of five days or fewer.

Table 5.3 provides the reasons for both permanent and fixed-term exclusions.

Table 5.3: Reasons given for permanent and fixed-term exclusions, Wales (2005/06 and 2008/09)

	Permanent exclusions (%)		Fixed-term exclusions – 5 days or fewer (%)		Fixed-term exclusions – 6 days or more (%)	
	05/06	08/09	05/06	08/09	05/06	08/09
Assault/violence towards staff	10	15	4	5	8	11
Assault/violence towards pupils	11	15	17	19	19	19
Defiance of rules	27	11	20	22	18	17
Disruptive behaviour	16	8	17	15	16	11
Bullying or theft	2	1	4	3	4	3
Racial or sexual harassment	1	4	1	1	2	2
Verbal abuse	6	2	17	14	11	9
Threatening or dangerous behaviour	12	16	9	8	11	14
Possession/use of weapon	3	4	1	1	1	2
Damage to property	2	2	3	3	4	2
Substance misuse	8	14	2	2	4	4
Other	2	7	5	8	3	5

Source: Welsh Assembly Government

There has been a substantial drop since 2005/06 in the proportion of permanent exclusions given for 'defiance of rules' (down from 27% to 11%) or 'disruptive behaviour' (down from 16% to 8%). However, this has to be seen in the context of an increasing use of managed moves because pupils previously excluded for these reasons are most likely to have been the subject of managed moves.

Data are not available for analysis on exclusions amongst children looked after by local authorities. While data are available by ethnicity, it is difficult to analyse trends in relation to permanent exclusions, owing to very small numbers.

Permanent and fixed-term exclusions in Wales are also recorded by special educational needs (SEN). Of the 213 permanent exclusions in 2008/09, 43% involved pupils who were School Action SEN^e, while 10% involved pupils who had a Statement of SEN^f. A similar split holds true for fixed-term exclusions. When compared to 2005/06 data, the proportions with a Statement of SEN who are excluded, either permanently or for a fixed-term, remain within one or two percentage points.

Comparison with the other UK Nations, using the latest figures from 2007/08, shows Wales' rate for permanent exclusions to be lower than England and higher than Scotland (0.6, 1.1 and 0.2 per 1,000 pupils respectively).

For fixed-term exclusions, the rate for Wales is lower than England and Scotland. Although direct comparisons cannot be made with Northern Ireland as their figures are based on number of pupils rather than incidents their rates are significantly the lowest in the UK.

5.3 Achieving early learning goals

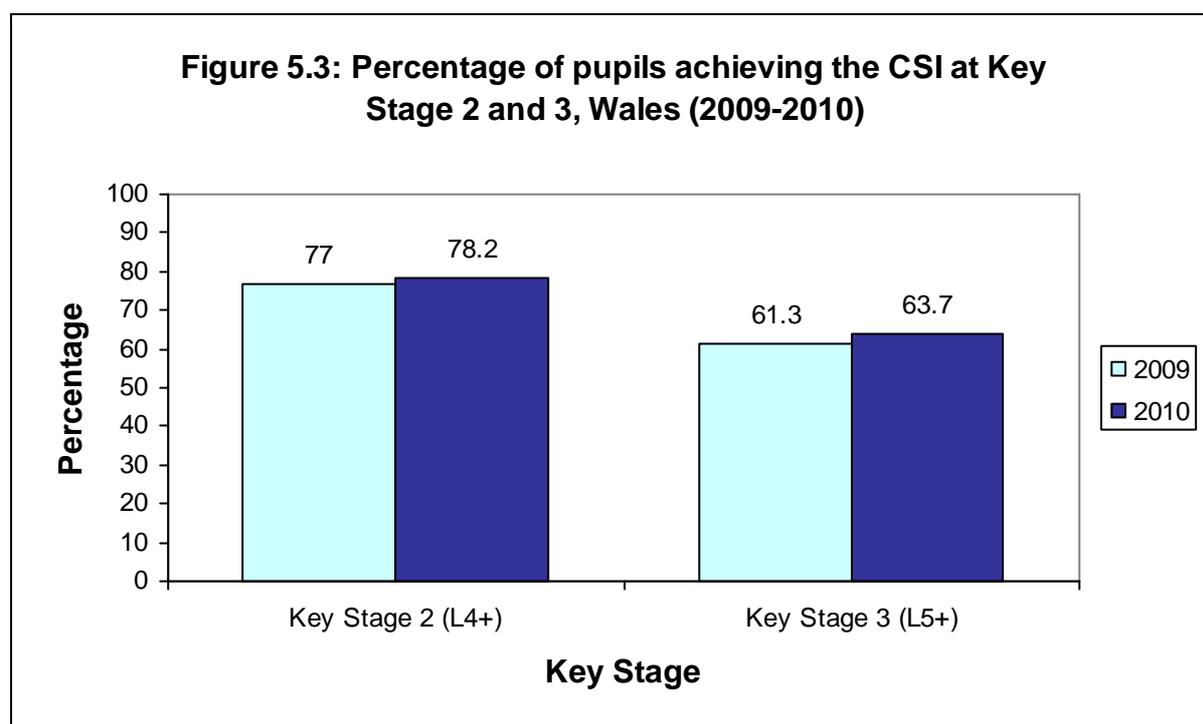
Key Stages 2 and 3 (11 and 14 years)

The 'Core Subject Indicator' (CSI) represents the percentage of pupils achieving the expected attainment level in English or Welsh (as a first language), mathematics and science. This is the most appropriate summary indicator of pupil performance at the end of Key Stage 2 (KS2) and Key Stage 3 (KS3), which correspond with ages 11 and 14 respectively.

^e When a teacher identifies that a pupil has SEN.

^f A statement of SEN sets out a pupil's needs and the help they should have. It is based on an assessment conducted by the appropriate local authority.

Figure 5.3 and Table 5.4 show the results for teacher assessments. They show that, as was the case in the 2008 Monitor, improvement in performance continues.



Source: Welsh Assembly Government

Table 5.4: Percentage of pupils at Key Stage 2 and 3 achieving the CSI by gender, Wales (1999-2010)

Year	Key Stage 2			Key Stage 3		
	Girls	Boys	All pupils	Girls	Boys	All pupils
1999	65	57	61	51	44	47
2000	69	59	64	54	45	49
2001	73	64	68	55	46	51
2002	73	66	70	57	48	52
2003	75	67	71	59	50	54
2004	76	68	72	62	52	57
2005	78	70	74	63	54	58
2006	79	70	74	63	53	58
2007	78	70	74	61	52	57
2008	80	72	75	65	55	60
2009	82	73	77	66	57	61
2010	82	74	78	69	59	64

Source: Welsh Assembly Government

The 2020 child poverty target at KS2 is that 86% of pupils will have achieved the expected attainment level for the CSI. At KS3, the target is 72%.

Girls outperformed boys at each Key Stage and in all subjects in 2009/10. The greatest difference between girls and boys was seen in Welsh at KS2 and KS3, and the smallest difference was in science and mathematics for each Key Stage. Overall

the margin by which girls outperform boys has remained broadly stable over the period 1999-2010.

As was the case in the 2008 Monitor, pupils in Wales' publicly-funded schools achieved results which were higher than, or equal to, those in all Government Office regions in England for KS2 English and mathematics in 2008/09^g.

For KS2 science, they outperformed all but two English regions. In those two regions they equalled performance levels^h, which represented an improvement on the results reported in the 2008 Monitor.

For KS3, Wales' results were lower than Englandⁱ and all Government Office English regions for all comparable core subjects, except for science in London. The difference was greatest for English with 78% of pupils in England achieving the expected level, compared to 71% in Wales.

For children looked after by local authorities^j, 2008/09 data show the percentage of children achieving the expected CSI level was 44% at KS2 and 25% at KS3. The equivalent figures for all pupils were 77% at KS2 and 61% at KS3. The percentage of pupils with SEN achieving the CSI at KS2 was 34.7% and 19.4% at KS3. The correlation between deprivation and attainment remains strong in Wales. The proportion of pupils achieving the KS2 CSI in 2010 is 20 percentage points less in schools with higher numbers of those receiving free school meals (FSM) and 28 percentage points less for KS3.

This holds true when examining pupil data. In 2009, 59.4% of pupils eligible for FSM achieved the KS2 CSI compared to 81.1% of those pupils not eligible. For KS3 the corresponding figures were 34.8% and 66.9%.

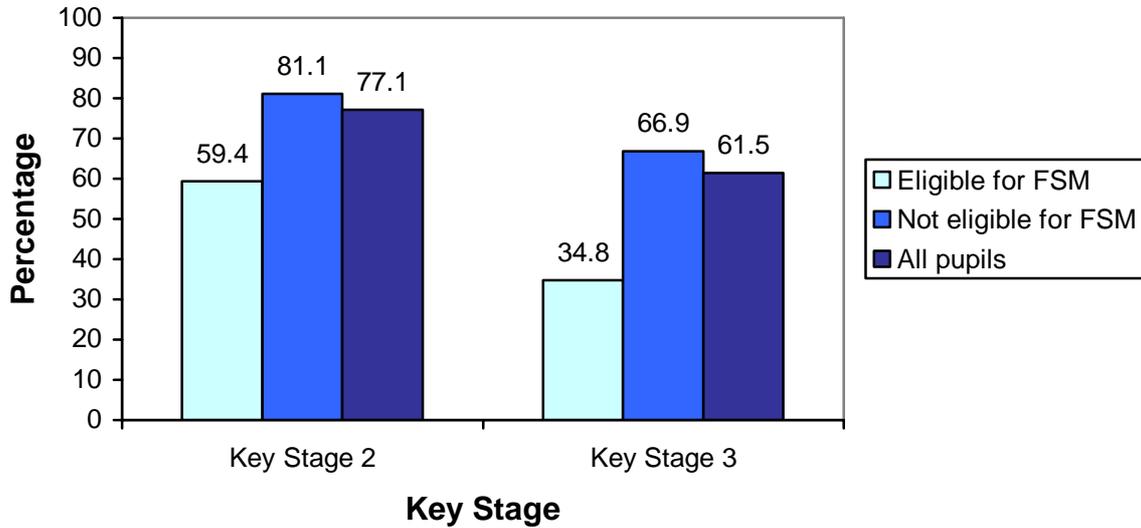
^g N.B. Provisional data for England.

^h As above.

ⁱ As above.

^j Some looked after children have difficulties that should be taken in to account when making comparisons.

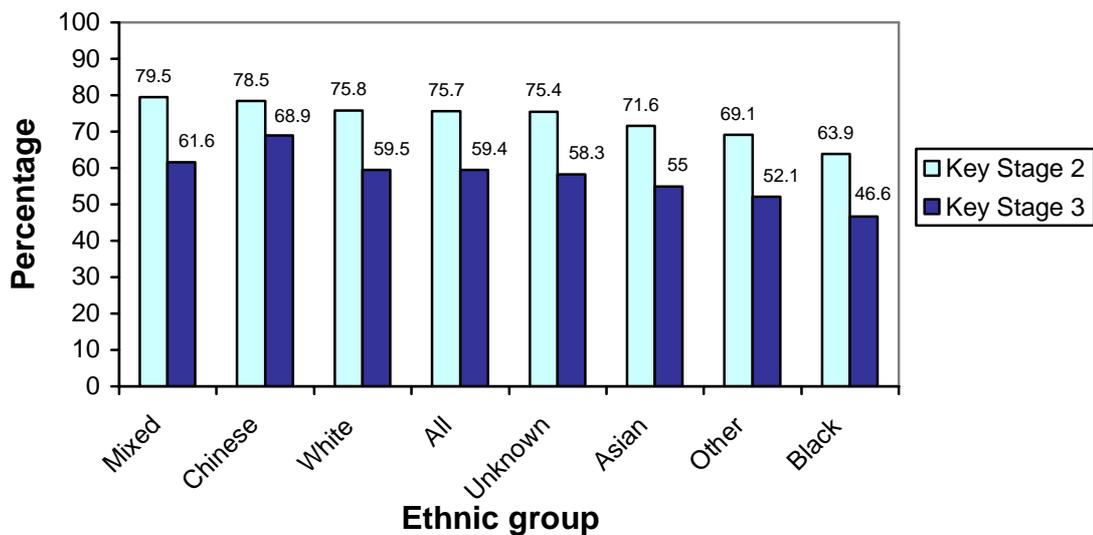
Figure 5.4: Percentage of pupils achieving the CSI at Key Stage 2 and 3 by FSM entitlement, Wales (2009)



Source: Welsh Assembly Government

Figure 5.5 shows that for KS2 and KS3, pupils from a Mixed, Chinese or White background performed above the national average for 2007-2009. For KS3 performance by pupils from a Chinese background were markedly higher than those from Mixed or White ethnic backgrounds. For each Key Stage, pupils from a Black ethnic background performed considerably below the national average.

Figure 5.5: Percentage of pupils achieving the CSI at Key Stage 2 and 3 by main ethnic group, Wales (2007-2009)



Source: Welsh Assembly Government

Research of attainment levels undertaken for the Welsh Assembly Government in 2006⁴ found that once personal characteristics such as poverty are accounted for, few of the differences in scores between ethnic groups are significant. However, the relationship between ethnicity, FSM and educational attainment is complex and a recent report published by the Equality and Human Rights Commission⁵ reported England and Wales analysis that: *'The performance of Chinese children at GCSE is scarcely affected by whether or not they are eligible for free school meals (FSM), whilst by contrast that of Indian children is strongly diminished if they are eligible for FSM.'* (page 645). It is therefore difficult to make a definitive statement here on the effect of ethnicity on attainment in Wales.

New analysis shows that the month of birth of a pupil in relation to the academic year has an impact on attainment. The proportion of those born earlier in the academic year achieving the expected level at CSI is higher than those born later in the academic year.

Of those pupils born in September, 83.3% and 67.3% achieved the expected level at KS2 and KS3 respectively in 2009. Of those born in August, 70.3% and 56.7% achieved the expected level at KS2 and KS3.

Transition from primary to secondary school

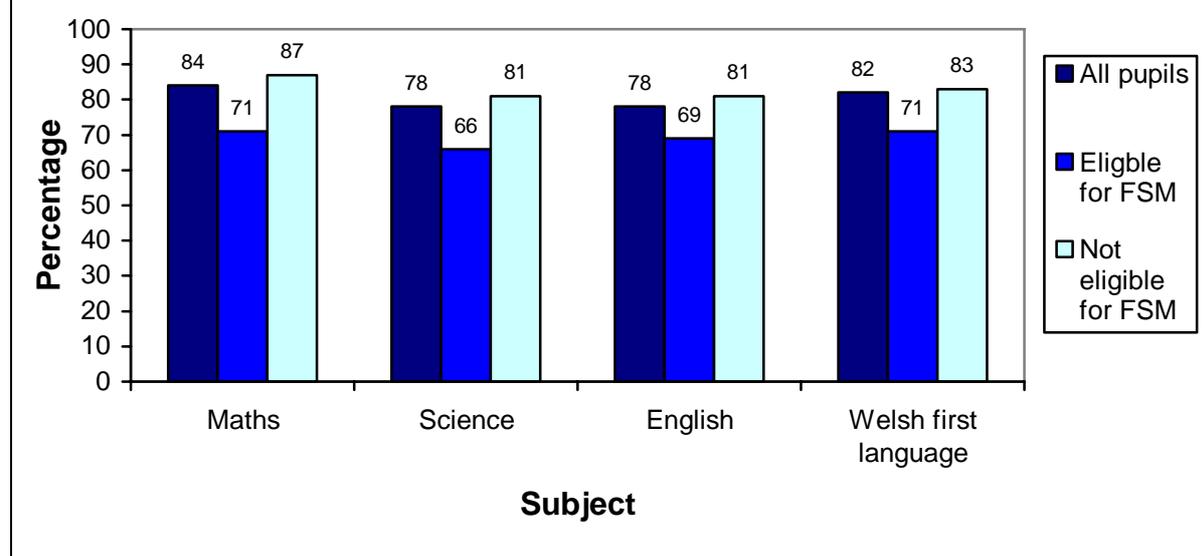
Concern has been voiced over the transition from primary to secondary school at age 11 and the impact that has on pupils' expected performance levels in Wales.

The Welsh Assembly Government Child Poverty Expert Group offered recommendations in March 2009 regarding the *'...loss of educational progress of many young people as they move into and through the early years of secondary education. The research should explore the apparently close association between this phenomenon and child poverty.'*⁶ In November 2008 the National Assembly for Wales Children and Young People Committee was concerned regarding *'... the reasons why educational progress seems to decline in the early years of secondary school, with particular reference to children from poorer socio-economic backgrounds.'*⁷

Figure 5.6 provides some analysis of the percentage of pupils achieving an improvement of at least one level between KS2 and KS3, for example improvement from Level 2 to Level 3 or from Level 4 to Level 5. This is not necessarily the expected level of achievement for children of that age^k. It shows that, for all the subjects analysed, FSM status has a negative impact on improvement.

^k For 11-year-olds (KS2) the expectation is that the majority of pupils will attain Level 4 in each individual subject. For 14-year-olds (KS3) the general expectation is that the majority of pupils will attain Level 5 in each individual subject.

Figure 5.6: Percentage of pupils improving by at least one level between KS2 in 2007 and KS3 in 2010



Source: Welsh Assembly Government

Table 5.5 shows that, while many pupils achieve more than one level over the transition between KS2 and KS3 in these subjects, there is a proportion who do not improve and small proportions whose performance decreases. However, analysis by FSM status shows that deprivation has a negative impact on attainment levels in each category.

Table 5.5: Progression between KS2 2007 and KS3 2010, Wales (%)

	Performance improves by at least one level	Performance improves by two or more levels	Performance stable	Performance decreases by at least one level	Performance decreases by two or more levels
Mathematics					
All pupils	83.8	38.5	14.6	1.6	0.2
Entitled to FSM	70.6	22.1	25.5	3.9	0.4
Not entitled to FSM	87.1	42.8	11.9	1.0	0.1
Science					
All pupils	78.1	26.6	19.9	2.0	0.2
Entitled to FSM	66.3	15.8	29.4	4.2	0.5
Not entitled to FSM	81.1	29.4	17.5	1.4	0.1
English					
All pupils	78.1	24.2	20.2	1.8	0.1
Entitled to FSM	68.6	14.4	27.7	3.7	0.4

	Performance improves by at least one level	Performance improves by two or more levels	Performance stable	Performance decreases by at least one level	Performance decreases by two or more levels
Not entitled to FSM	80.6	26.8	18.1	1.3	0.1
Welsh first language					
All pupils	81.6	27.3	17.3	1.1	0.0
Entitled to FSM	70.6	16.3	26.5	2.9	0.3
Not entitled to FSM	83.2	29.0	16.0	0.8	0.0

Source: Welsh Assembly Government

5.4 Achieving full potential

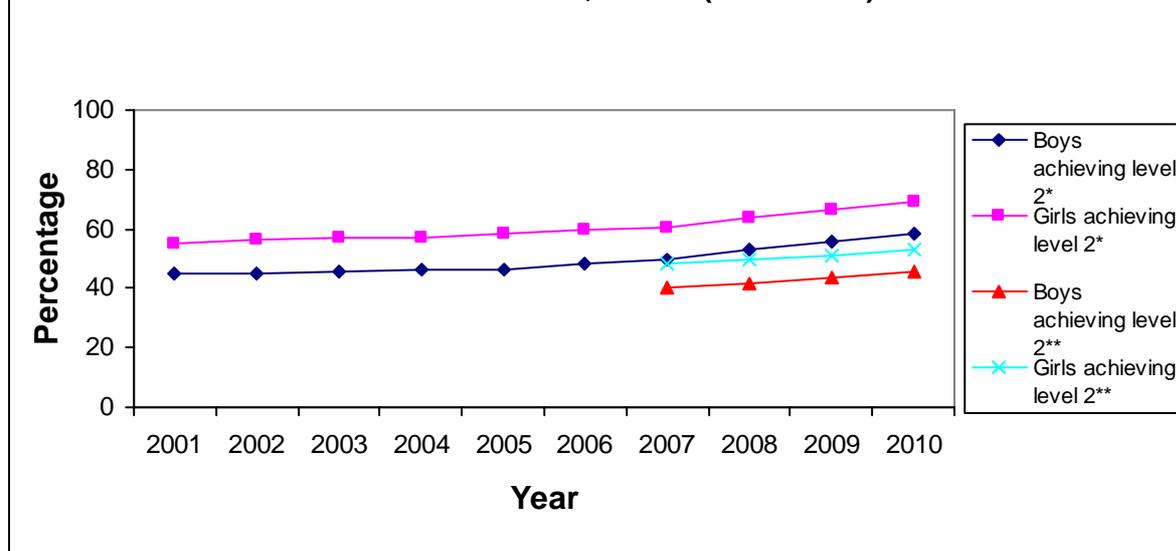
Key Stage 4 (14-16 years)

Key Stage 4 (KS4) covers young people aged 14 to 16 years while in compulsory education. There are two key measures of performance in Wales for this group: those achieving the Level 2 threshold; equivalent to the volume of 5 GCSEs at grade A*-C¹, and those achieving 5 GCSEs at grade A*-C, including English or Welsh (as a first language) and mathematics.

Figure 5.7 shows that Wales continues to see gradual improvement but that there remains a persistent gap in performance between girls and boys. Sixty-four per cent of pupils achieved the Level 2 threshold in 2010, nine percentage points more than in 2007 as reported in the previous Monitor. In 2007, 44% of pupils achieved GCSE grade A*-C including English or Welsh and mathematics. This rose to 49% in 2010.

¹ Up to 2005/06 includes GCSEs, GCSE Short Course, GNVQs and NVQs. From 2006/07, includes all qualifications approved for pre-16 use in Wales.

Figure 5.7: Percentage of pupils aged 15 who achieved Level 2 threshold, Wales (2001-2010)



Source: Welsh Assembly Government

* Not including English, Welsh and mathematics.

** Including English, Welsh and mathematics.

Despite gradual improvements, Wales has a poor comparative performance with England^m.

Table 5.6: Key Stage 4 comparative performance, Wales and England (2009/10)

	Wales	England*
Percentage of pupils achieving 5 or more GCSEs at grades A*-C including English and mathematics	49.4	53.0
Percentage of pupils achieving Level 2 threshold	63.7	74.8

Source: Welsh Assembly Government and Department for Education

* Provisional figures.

It is possible to look at KS4 attainment for different groups by considering the CSI. The gender gap has increased in the percentage achieving the CSI since 2007 from 5 percentage points to 6.9 percentage points in 2008/09 (this gap subsequently reduced to 6 percentage points in 2009/10).

^m Comparisons cannot be made with Scotland due to differences in qualification structure or Northern Ireland as they report on a different cohort i.e. school leavers.

Again, the correlation between deprivation and attainment remained strong and fairly static between 2007-2009. The proportion of pupils eligible for FSM who achieved the CSI for KS4 was 31.3 percentage points lower than pupils not eligible for FSM.

Data collected on the educational attainment of looked after children show that, in the year to 31 March 2010, 503 children aged 16 or over ceased being looked after. Of these children 65% had at least one qualification, a 22 percentage point increase on 2007 figures although a similar to 2008 and 2009. However, the proportion of care leavers age 16 or over, achieving five or more GCSEs at grade A*-C was 9%. This is a quarter of the level of all pupilsⁿ.

In 2009 at KS4 12.2% of SEN pupils achieved the CSI.

Pupils from a Chinese ethnic background performed considerably above the national average in 2007-2009 in achieving CSI at KS4 - 68.2% compared to 44.1%.

Again, pupils from a Black ethnic background performed below the national average at 30.9%. However, research undertaken in 2006 showed that, at KS4, no minority ethnic group produces significantly lower scores than White British pupils. In fact, when poverty levels are taken into account, some groups, for example, Black Africans, do better than expected⁴. Nevertheless as discussed in section 5.3, the relationship between ethnicity, FSM as an indicator of deprivation and educational achievement is complex and the evidence is not available at a Wales level to make a clear statement on how one factor affects the other.

Again, month of birth has an impact with 50.1% of pupils born in September achieving the expected level at CSI at KS4, compared to 41.8% of those born in August.

A Welsh Assembly Government child poverty target for 2010 is that no pupil in Wales should leave full-time education without an approved qualification. In 2009/10, 0.8% of pupils left full-time education without a recognised qualification which was 0.9 percentage points lower than in 2007/08. A greater percentage of boys than girls left without a qualification.

Welsh Baccalaureate Qualification

The Welsh Baccalaureate Qualification (WBQ) was created to help to add breadth to learners' studies, to encourage inclusiveness and attainment and to develop learners' personal skills. It was felt that these skills were essential if learners were to do well when they left school and started a job or went on to further education.

It is available at three levels and consists of two parts; the 'Options', and the 'Core', both of which must be successfully completed to achieve the WBQ. The Options consist of recognised qualifications such as A-Levels, GCSEs and NVQs. All students must achieve a minimum level of these qualifications to pass the Options part of the Welsh Baccalaureate. The Core Programme comprises Individual Investigation, Key Skills/Essential Skills, Work-Related Education and Personal and

ⁿ Some looked after children have difficulties that should be taken in to account when making comparisons.

Social Education and Wales, Europe and the World (including a language module at a level suitable for the student). It should be noted that the Options element of WBQs are reported as part of the Key Stage or FE/HE results as appropriate. The WBQ is designed as a 14-19 qualification, though not exclusively, and is mainly pursued by learners in that age range. It is estimated that the vast majority of individuals undertaking the qualification to date will have been under 25 years.

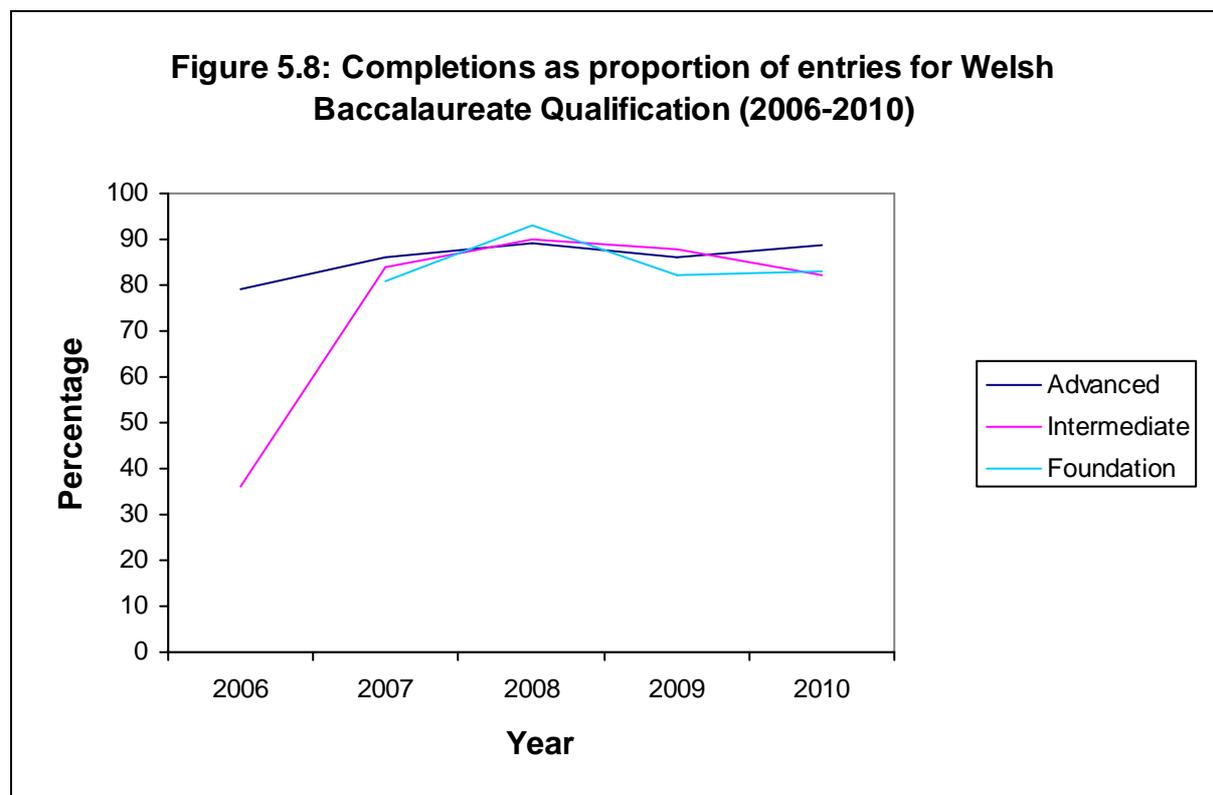
Table 5.7 and Figures 5.8 and 5.9 show entries, completions and achievements respectively since 2006. They show that, since roll-out of the WBQ began, learner numbers have increased substantially. The numbers entering and completing the qualification have been more volatile at Intermediate than at Advanced or Foundation level.

Table 5.7: Entries* for Welsh Baccalaureate Qualifications (2006-2010)

	2006	2007	2008	2009	2010
Advanced	800	1,538	1,857	3,419	6,705
Intermediate	722	555	1,309	2,646	4,512
Foundation**	-	354	1,085	1,726	2,833

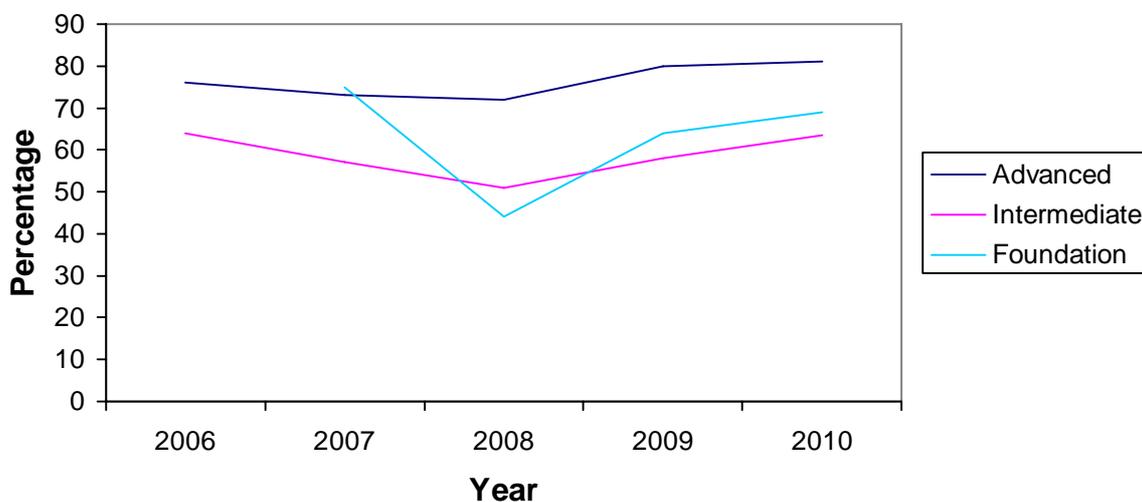
Source: Welsh Assembly Government

- * Entries refers to learners who are formally entered for the summer award by centres.
- ** Foundation level awards began in 2007.



Source: Welsh Assembly Government

Figure 5.9: Achieved full diploma as proportion of completions for Welsh Baccalaureate Qualification (2006-2010)



Source: Welsh Assembly Government

Overall levels of achievement have increased for the Advanced Level from 76% to 81% over the period, Intermediate level has decreased by one percentage point and Foundation level has decreased by six percentage points, with a dip in 2008 to 44% of those completing achieving the full diploma^o.

A quote from the *Voices of Children and Young People in Wales* study uncovered the following view:

“We did the [Welsh] Bac, yeah. That kind of helped me in confidence, I did things in front of teachers and you had to teach classes and I actually enjoyed a lot of that, volunteering and work experience. I enjoyed the experience of that ...I think it was quite important learning those skills.” (Rhys, 18)

Qualifications gained at age 17 (post-compulsory education)

The numbers of young people in Wales achieving the Level 3 threshold, equivalent to two A-levels at grade A-E, was 95% in 2010^p. This is one percentage point lower than 2009 but two percentage points higher than 2000/01.

A gender gap remains, with 93% of boys achieving this level compared to 96% of girls. This changed little from the 92% of boys and 95% of girls who achieved it in 2006/07, as reported in the 2008 Monitor.

There is no published data in England or Northern Ireland directly comparable to Wales' published data.

^o Students must pass their Options plus all aspects of the Core to achieve the Welsh Baccalaureate Diploma. The level of achievement expected depends on the level of the Diploma for which students are studying.

^p As a proportion of those pupils entering a volume equivalent to 2 A-levels.

5.5 Essential and key skills

The Programme for International Student Assessment (PISA) 2009 study showed that Wales' performance had decreased since 2006 when it first participated in the survey. In both reading and mathematics, Wales' mean score was significantly lower than the OECD average and the England and Scotland scores. For reading, it was also significantly below Northern Ireland. In science, it achieved around the OECD average, as did Northern Ireland, but was again significantly below the performance of England and Scotland.

Table: 5.8: PISA assessment area scores, UK and OECD average (2009)

Assessment area	Wales	OECD average	Scotland	NI	England
Reading	476	493	500	499	495
Mathematics	472	496	499	492	493
Science	496	501	514	511	515

Source: Programme for International Student Assessment (PISA)

An analysis of the results for Wales⁸ reported the following results by gender.

Of the 64 participating countries, all had a statistically significant difference in gender performance on the reading scale, favouring girls. Despite being significant, the gender difference was not as large in Wales as that in the majority of other countries.

“Boys performed significantly better than girls in mathematics. This was a common pattern internationally with more than half the PISA countries showing a similar difference. However, Wales did have one of the biggest gender differences.”
(page 27)

“Performance by gender was variable across the countries that participated. In Wales there was a significant difference in gender performance on the science scale, favouring boys.” (page 32)

The study investigated pupils' views on reading and found that *“More than 40 per cent of pupils in Wales report that they never read for enjoyment. Both internationally and in Wales there was a large difference in scores between those who never read for enjoyment and those who do, even if only for a short time each day.”* (page 44)

PISA also reported that *“The connection between socio-economic background and reading scores was in the mid-range compared with other OECD countries. Many pupils can overcome disadvantage and achieve higher scores than predicted by their background. In some other OECD countries this is much more difficult.”* (page 45)

5.6 Engagement in post-compulsory education, training and learning

Further education, community and work-based learning

The proportion of young people aged under 25 years at further education institutions, local authority community learning (CL) and with work-based learning (WBL)

providers, increased slightly over the last couple of years from 36% in 2006/07 and 40% in 2008/09^q.

Males outnumbered females for all ages below 20. However, within the 20-24 age group, females made up 53% of learners and males 47%. Females continue to dominate the numbers in learning for older age groups.

Ethnic minority learners aged under 25 made up around 4% of the learner population between 2007-2009.

Analysis of success rates^r for 2008/09 shows that:

- for FE provision, those aged 25 and underachieve very similar success rates as those over 25 for Level 1, 2 and 3 qualifications overall. They do less well on key skills for Levels 2 and 3 but better at A/AS/A2 Level. Notably, they achieve a lower success rate for Level 4 qualifications but better for e-learning aims;
- for WBL provision, those aged 25 and underachieve very similar success rates overall for Modern Apprenticeships and Modern Skills Diploma but less well for Foundation Modern Apprenticeships and Skill Build;
- around three-quarters of learners aged 25 and underachieve success in a full framework^s qualification for Foundation Modern Apprenticeships and Modern Apprenticeships. A similar level for all learners.

Analysis undertaken by the Welsh Assembly Government on the educational attainment of young people by age 19, considers data over the period 2002/03 to 2006/07. It considers attainment at Levels 1 to 3^t on the National Qualifications Framework.

^q Of the unique learners aged under 25 enrolled at FEIs, CL and WBL providers in 2008/09:

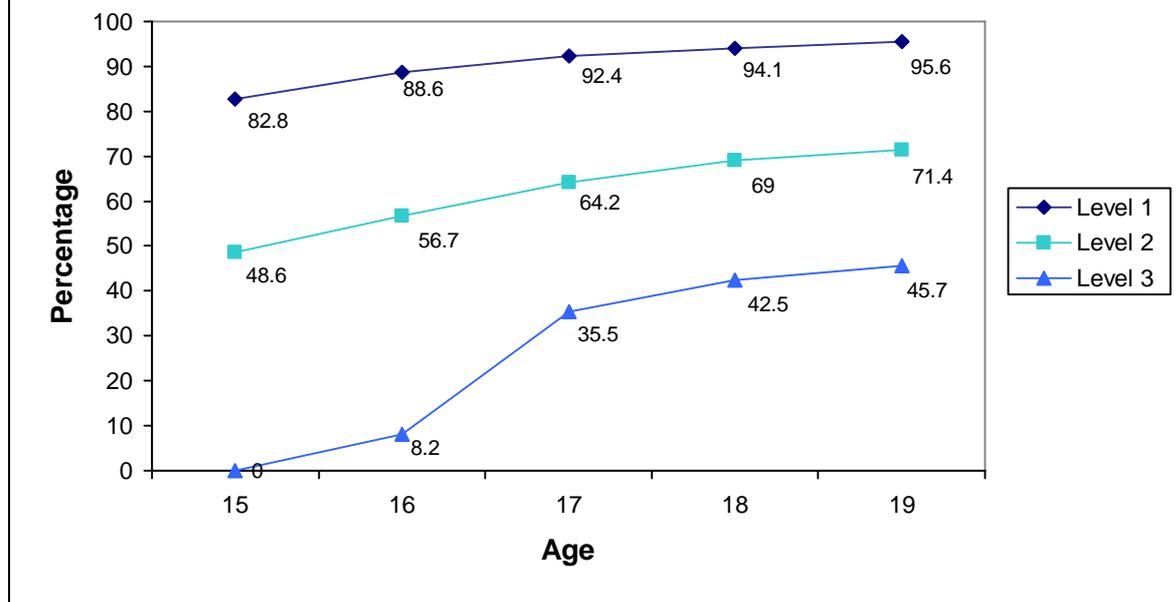
- 74,800 (75.7%) were enrolled solely at FEIs.
- 17,800 (18.0%) were enrolled solely at other training providers.
- 1,450 (1.5%) were enrolled solely at a local authority community learning provider.
Further to this:
- 4,250 (4.3%) were enrolled at both a FEI and an 'other' training provider.
- 450 (0.5%) were enrolled at some other combination of providers (eg. an 'other' training provider and a local authority community learning provider).

^r Success rates are calculated as the number of learning activities attained divided by the number of learning activities terminated.

^s Learners on apprenticeship programmes have to achieve a range of qualifications including an NVQ, key skills and technical certificate in order to gain the full apprenticeship 'framework'.

^t Level 1 – equivalent to 5 GCSEs at Grade D-G; Level 2 – equivalent to 5 GCSEs at Grade A*-C; Level 3 – equivalent to 2 A-Levels.

Figure 5.10: Attainment by level and age for persons aged 19, Wales (2006/07)



Source: Welsh Assembly Government

Key findings include:

- By age 19, 96% had attained the Level 1 threshold, 71% had Level 2 and 46% had Level 3.
- Level 2 attainment increased by 23 percentage points between ages 15 and 19 and Level 3 attainment increased by 10 percentage points between ages 17 and 19.
- Level 1 and 2 attainment at each age from 15 to 18 was generally higher for subsequent cohorts.
- The proportion of females achieving each level was higher than for males at all ages although the size of this gap decreased as age increased.

Higher education

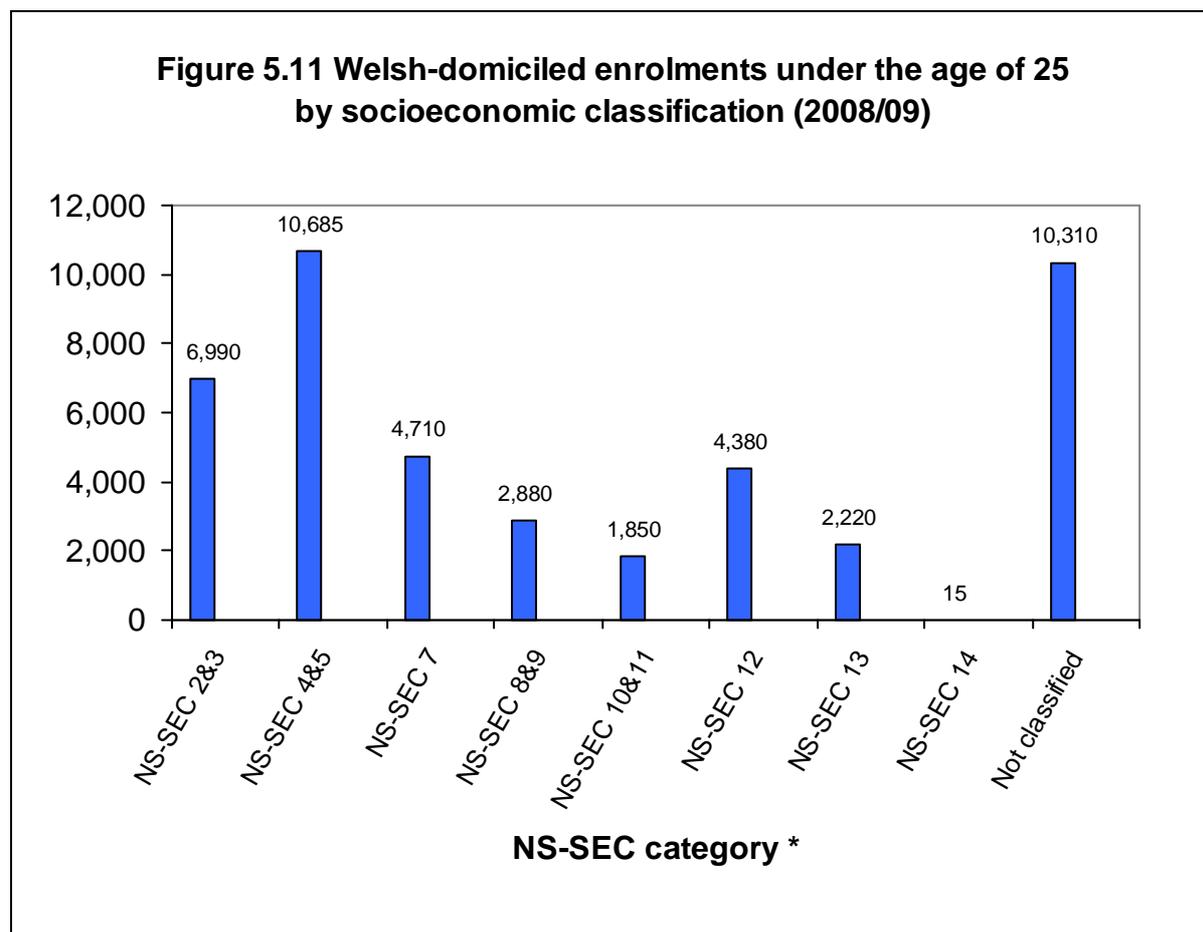
The numbers of Welsh-domiciled^u enrolments^v to higher education institutions (HEIs) for those aged under 25 has increased over the last nine years from 49,260 in 2000/01 to 54,985 in 2008/09. These figures represent Welsh students attending HEIs throughout the UK.

As with further education, females continue to outnumber males by 55.8% to 44.2% in 2008/09.

^u A student is Welsh-domiciled if that student's permanent or home address prior to entry to the course is in Wales. It is not necessarily the correspondence address of the student and because length of residence at the permanent address is not captured, does not necessarily represent the country where a student received the majority of their pre-HE learning.

^v Enrolments include postgraduate, undergraduate, part-time as well as full-time enrolments.

Figure 5.11 highlights the stark contrast in numbers of young people participating in higher education by socioeconomic status.



Source: Welsh Assembly Government

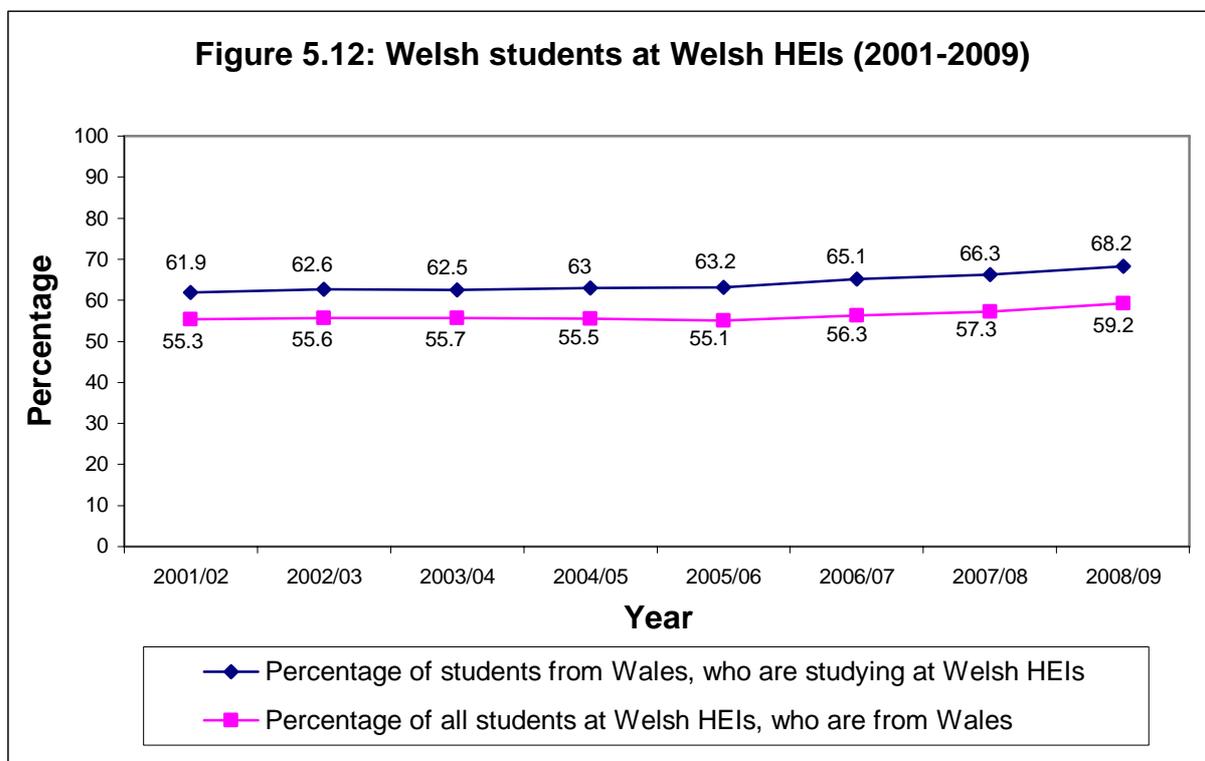
- * NS-SEC 2 & 3 = Higher managerial and professional occupations
- NS-SEC 4 & 5 = Lower managerial and professional occupations
- NS-SEC 7 = Intermediate occupations
- NS-SEC 8 & 9 = Small employer and own account workers
- NS-SEC 10 & 11 = Lower supervisory and technical occupations
- NS-SEC 12 = Semi-routine occupations
- NS-SEC 13 = Routine occupations
- NS-SEC 14 = Never worked and long-term unemployed

In 2008/09, Welsh domiciled enrolments by students with a disability stood at 7.85%, representing a 3.5 percentage point increase from 2000/01. For Black and minority ethnic students, the proportions enrolling were 5.99% in 2008/09, a 2.13 percentage increase from 2000/01.

Since 2001/02, the proportion of Welsh-domiciled students studying in Wales^w has increased from 62% to 68% (66% in 2007/08). This tells us that 68% of Welsh students studied at a Welsh university. Similarly, the proportion of UK-domiciled

^w The number of Welsh-domiciled students studying in Wales as a proportion of the number of Welsh domiciles studying in the UK as a whole (including Wales). In 2009/10, 70% of Welsh domiciles at UK HEIs were studying in Wales. Alternatively, 30% of Welsh domiciles at UK HEIs were studying in Northern Irish, Scottish and English institutions (i.e. outside Wales).

students at Welsh HEIs who are from Wales^x has increased from 55% to 59% (57% in 2007/08). This tells us that within Welsh universities, 59% of UK students were Welsh. Figure 5.12 shows the trend.



Source: Welsh Assembly Government

Much of the Welsh HE comparable data is collated and analysed by institution. This means that the information reported in the next paragraphs do not purely relate to students who are Welsh, but cover the 68% of Welsh-domiciled students studying in Wales.

In 2008/09, the proportion of young^y full-time first-degree entrants who came from low participation neighbourhoods^z was 10.2%. In addition, 12.4% of young part-time undergraduate entrants at Welsh HEIs came from low participation neighbourhoods. The UK has corresponding figures of 13.3% for young entrants.

The proportion of young full-time first-degree entrants to Welsh HEIs in 2008/09 who were from National Statistics Socio-Economic Classification (NS-SEC) Classes 4-7^{aa}, was 32.5%. The comparable UK figure was 32.3%.

^x The number of UK-domiciled students studying in Wales who are Welsh-domiciled as a proportion of the number of UK domiciles in total at Welsh HEIs (including Welsh domiciles). In 2009/10, 60% of UK domiciles at Welsh HEIs were Welsh-domiciled. Alternatively, 40% of UK domiciles at Welsh HEIs were English, Scottish and Northern Irish domiciles (i.e. non-Welsh domiciles).

^y Young students are defined as those who are under 21 years at 30 September of the academic year in which they enter the institution.

^z For this indicator a ward is defined as low participation if its participation rate places it in the bottom 20% of wards ranked by this measure. Students have been allocated to these neighbourhoods on the basis of their postcodes.

^{aa} NS-SEC 4: Small employers and own-account workers; NS-SEC 5: Lower supervisory and technical occupations; NS-SEC 6: Semi-routine occupations; NS-SEC 7: Routine occupations.

Of young full-time first-degree entrants to Welsh HEIs in 2007/08, 7.4% did not continue beyond their first year. The comparable UK figure was 7.2%. Of young full-time other undergraduate entrants to Welsh HEIs in 2007/08, 20.1% did not continue beyond their first year. This has decreased by 1.1 percentage points since 2006/07 and is 1.8 percentage points higher than the UK.^{bb}

Young people not in education employment or training

The Welsh Assembly Government child poverty target is for 95% of 16 to 18-year-olds to be in employment, education or training by 2020.

Provisional figures show the numbers of 16 to 18-year-olds not in education, employment or training (NEET) as at the end of 2009 to be 12%. The figure for 19 to 24-year-olds stands at 22%.

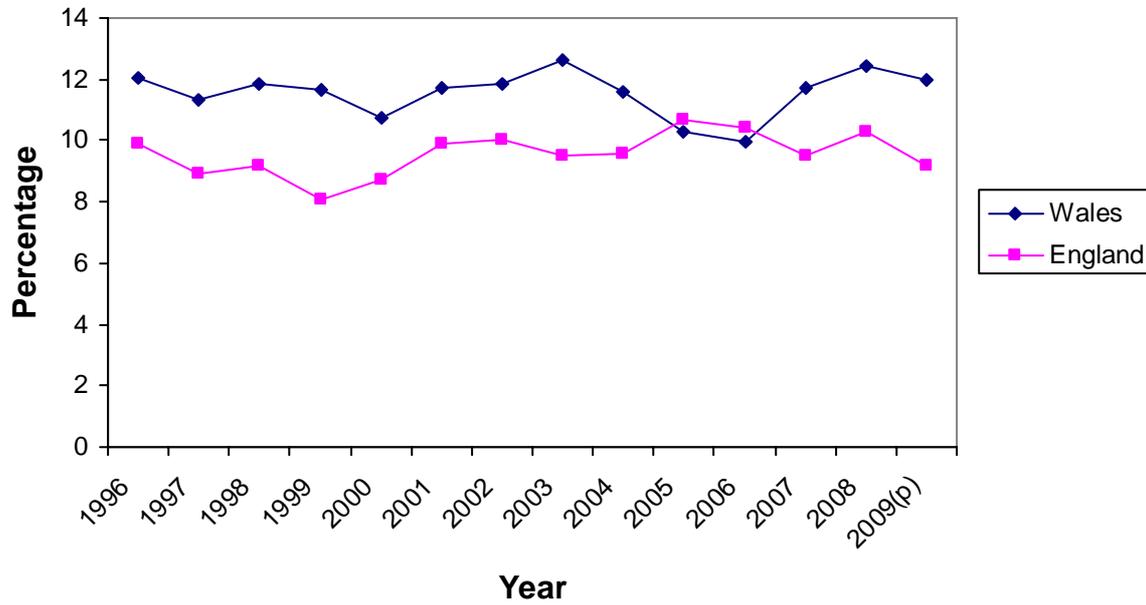
Just under half of those 16 to 18-year-olds were unemployed, while others were economically inactive, being neither employed, nor seeking and being available for work. In 2008, young people who were NEET were more likely to be unemployed (61%) than economically inactive (39%). For the age group 19-24 the figures stood at 42% and 58% in 2009, very similar proportions to the previous year.

For the younger age group, males were more likely to be NEET than females; 15% compared to 9% in 2009. This is reversed for 19-24 year olds, 22% of females compared with 21% in 2009.

Comparisons can be made with England for estimates of young people who are NEET. Figure 5.13 shows that between 1996 and 2009, Wales generally had a higher proportion of 16 to 18-year-olds who were NEET than England. The gap was slightly wider in 2009 than 1996.

^{bb} The UK figures exclude data for Scottish Institutions.

Figure 5.13: Young people not in education, employment or training (NEET) age 16-18, Wales and England (1996-2009)



Source: Welsh Assembly Government

p = provisional data.

Many young people aged 25 years and under will be engaged in or seeking to gain employment. Employment also provides access to training and learning, and an analysis of employment and employment rates is therefore essential to understand engagement in training and learning opportunities in full. This is undertaken in Chapter 10 *Poverty*.

References

1. Gutman, L.M. and Feinstein, L., 2008, *Determinants of aspirations*. London: Centre for the Wider Benefits of Learning, Institute of Education, cited in, Statham, J., and Chase, E., 2010. *Briefing Paper 1: Childhood wellbeing: a brief overview*. London: Childhood Wellbeing Research Centre.
2. Gutman, L.M., Brown, J., Akerman, R. and Obolenskaya, P., 2010. *Change in wellbeing from childhood to adolescence: risk and resilience*. Cited in Statham, J., and Chase, E., 2010. *Briefing Paper 1: Childhood wellbeing: a brief overview*. London: Childhood Wellbeing Research Centre.
3. Feinstein, L., Sabates, R., Anderson, T.M., 2006. *What are the effects of education on health? In: Measuring the effects on health and civic engagement*. Proceedings of the Copenhagen Symposium. 171-354.
4. Briggs, A., Burgess, S. and Wilson, D., 2006. *The dynamics of secondary school attainment of minority students in Wales*. Cardiff: Welsh Assembly Government.
5. Equality and Human Rights Commission, 2010. *How Fair is Britain? Equality, human rights and good relations in 2010, the first triennial review*. London: Equality and Human Rights Commission.
6. <http://wales.gov.uk/topics/childrenyoungpeople/poverty/childpoverty/;jsessionid=lqhZM0JVBY1c6JrDjX4rVQIzHWP0JWv6BLZnvv9WtFTbfthv1G02!741275934?lang=en>.
7. National Assembly for Wales, Children and Young People Committee, 2008. *Child Poverty in Wales: eradication through education*. Cardiff: National Assembly for Wales.
8. Bradshaw, J., Ager, R., Burge, B. and Wheeler, R. 2010. *PISA 2009: Achievement of 15-year-olds in Wales*. Slough: NFER.

Chapter 6: Health, Freedom from Abuse and Exploitation

Author: Chris Roberts

Co-authors: Launa Anderson, Tracy Price^a and Cath Roberts

Key Findings

- Smoking among 15-year-olds remains more prevalent among girls but has continued to decline since its peak in the late 1990s among both sexes. This trend can be seen across the UK and is repeated for 13-year-olds.
- The proportion of 15-year-olds drinking weekly has fallen in recent years, such that in 2009/10 approaching two in five boys (36%) and one in three girls (30%) reported drinking this often.
- The dental health of 11 and 12-year-olds has improved in recent years.
- A considerable minority of adolescents are sexually active at age 15 or younger these figures have remained stable in recent years, while rates of chlamydia have risen among 15 to 24-year-olds. Rates of teenage pregnancy have remained stable in recent years.
- The rate of hospital admissions for self-harm in Wales have increased in recent years and are lower for boys than for girls, particularly among 15 to 17-year-olds.
- There is evidence that the suicide rate for 15 to 24-year-olds has declined in recent years, particularly among males, although the trend must be interpreted with some caution given the, thankfully, small number of suicides each year.
- Adolescent girls tend to rate their health less well than boys, while life satisfaction declines with age for girls but remains stable for boys.
- A considerable minority of children, adolescents and young adults are classified as overweight or obese.
- Fewer than one in three adolescents report eating fruit or vegetables daily, while less than half of older girls report eating breakfast daily.

This chapter focuses on Core Aim 3 of the Welsh Assembly Government's aims for children and young people in Wales. This aim seeks to ensure that 'every child should enjoy the best possible physical, mental, social and emotional health, including freedom from abuse, victimisation and exploitation'.

It describes the physical, mental and emotional health of children and young people in Wales, including data across a range of lifestyle indicators, such as alcohol consumption and obesity, which are known to have a potentially deleterious impact

^a Public Health Wales

on current and future health. It should be noted that, as Chapter 4 on *The Early Years* covers children up to seven years of age, the focus of this chapter is on those aged from eight to 25. Many of the indicators presented here could be said to follow a deficits model of public health, focusing on those problems that policies need to tackle. While this deficits model is important, it should ideally be complemented by addressing assets, those factors that develop resilience and promote positive health and wellbeing¹.

The findings in this chapter should, therefore, not be seen in isolation from some of the assets or determinants of positive health captured elsewhere in the Monitor, such as participating in leisure activities, enjoying a positive school environment and ease of communication with family and friends.

Specifically, the chapter reports on:

- health,
- lifestyle indicators and
- abuse, victimisation and exploitation.

6.1 Health

This section covers the following aspects of health:

- illness,
- dental health,
- sexual health,
- immunisation,
- self-reported health and
- mental health and wellbeing.

Illness

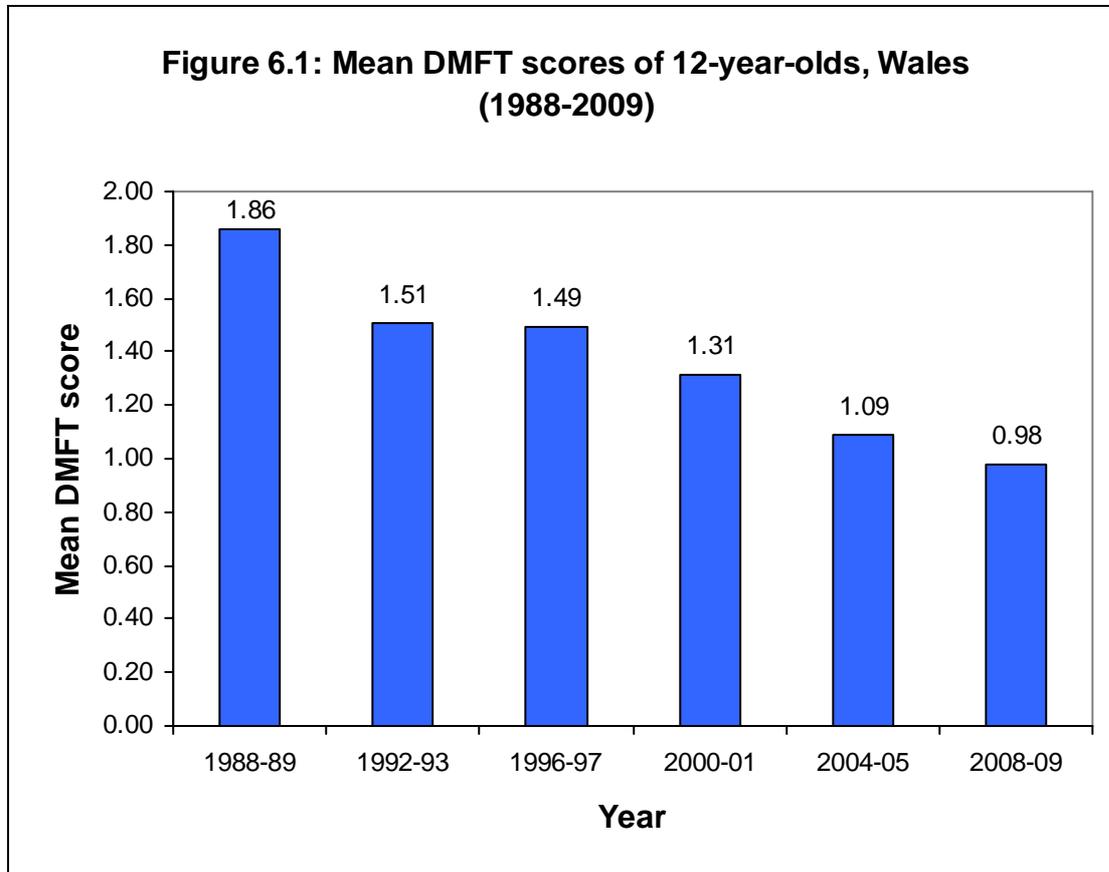
According to the 2009 Welsh Health Survey (WHS), one in five (22%) children aged eight to 15 were reported as having a long-standing illness. The most commonly reported long-standing illnesses were asthma (8%), skin complaints (3%) and mental illness (3%).

Limiting long-standing illness (LLSI) is widely used as a measure of health status and has been shown to be an accurate predictor of early age mortality, psychological health and use of hospital services. According to the 2009 WHS, 7% of those aged eight to 15 were reported as having a LLSI.

Dental health

The dental health of 11 and 12-year-olds has improved in recent years. The standard measurement of tooth decay is the DMFT score (i.e. decayed, missing or filled

teeth), the mean value of which has declined over the period 1988/89 to 2008/09 (Figure 6.1). The mean DMFT score of 0.98 for 2008/09 is statistically significantly lower than the mean DMFT of 1.09 recorded in 2004/05.



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

Previous research has demonstrated an association between dental decay and deprivation among children². The Welsh Assembly Government has set child poverty targets to improve the dental health of 12-year-olds in the most deprived fifth of the population. The aim is to reduce the average DMFT score from 1.3 to 1.1 by 2020 and to reduce the percentage with a DMFT of more than zero (at least one decayed, missing or filled tooth) from 54% (2004/05 baseline) to 46% by 2020. While the overall decline is to be welcomed, further analysis shows that the change between 2004/05 and 2008/09 for the most deprived fifth of the population was small and statistically non-significant. Focusing on this most deprived fifth of the population, the mean DMFT score declined from 1.35 to 1.31 and the proportion with a DMFT of more than zero fell from 54% to 52%.

The 2009/10 Health Behaviour in School-aged Children (HBSC) study found that among 11 to 15-year-olds (school years seven to 11), approaching two in three boys and four in five girls reported brushing their teeth at least twice a day. These proportions increased with age. Among 11-year-olds, 61% of boys and 72% of girls reported brushing their teeth at least twice a day, while the equivalent figures among 15-year-olds were 66% and 85%.

The HBSC study uses the Family Affluence Scale (FAS) to measure socioeconomic inequality, with respondents falling into low, medium or high affluence groups³. For boys and girls, those from the most affluent backgrounds were more likely to brush their teeth regularly. Overall, for 11 to 15-year-olds, the proportions reporting regular tooth brushing were 64% for low FAS, 69% for middle FAS and 76% for high FAS.

Sexual health

Positive sexual health is a key component of both a healthy lifestyle and general wellbeing. Among adolescents, the issue of sexual health is complex, particularly given social norms around the appropriateness of sexual activity. However, being pragmatic, it is clear that a considerable minority of adolescents in Wales, and beyond, are sexually active and engaging in behaviours that leave them exposed to risks including early pregnancy and sexually transmitted infections⁴.

Moreover, early sexual initiation has been linked to a range of negative outcomes including substance use, school drop-out, economic hardship and poor general wellbeing⁵. This section looks at sexual activity, sexually transmitted infections (STIs), condom use and teenage pregnancy.

Sexual activity

The 2009/10 HBSC study found that among 15-year-olds in Wales, 28% of boys and 38% of girls reported having had sexual intercourse. These proportions are similar to those found in 2005/06 (30% for boys, 41% for girls). As was the case in 2005/06, there was no association between experience of sexual intercourse and family affluence in the most recent findings⁶.

In the *Voices of Children and Young People in Wales* study the participants talked easily about girlfriends and boyfriends as well as same-sex relationships. However having a girlfriend or boyfriend had different meanings for participants, particularly across the different age groups. There was a clear gender split in the responses amongst those similarly aged, reflecting an earlier maturation of girls as the following quotes illustrate.

“Yeah its fine, everyone has like normally has a girlfriend and whatever...since year five really.” (Joshua, 14)

“I don’t tend to have girlfriends really, just make people laugh.” (Cameron, 13)

“The whole boyfriend and girlfriend thing has started to come around in my year and just a few people have them.” (Dylan, 12)

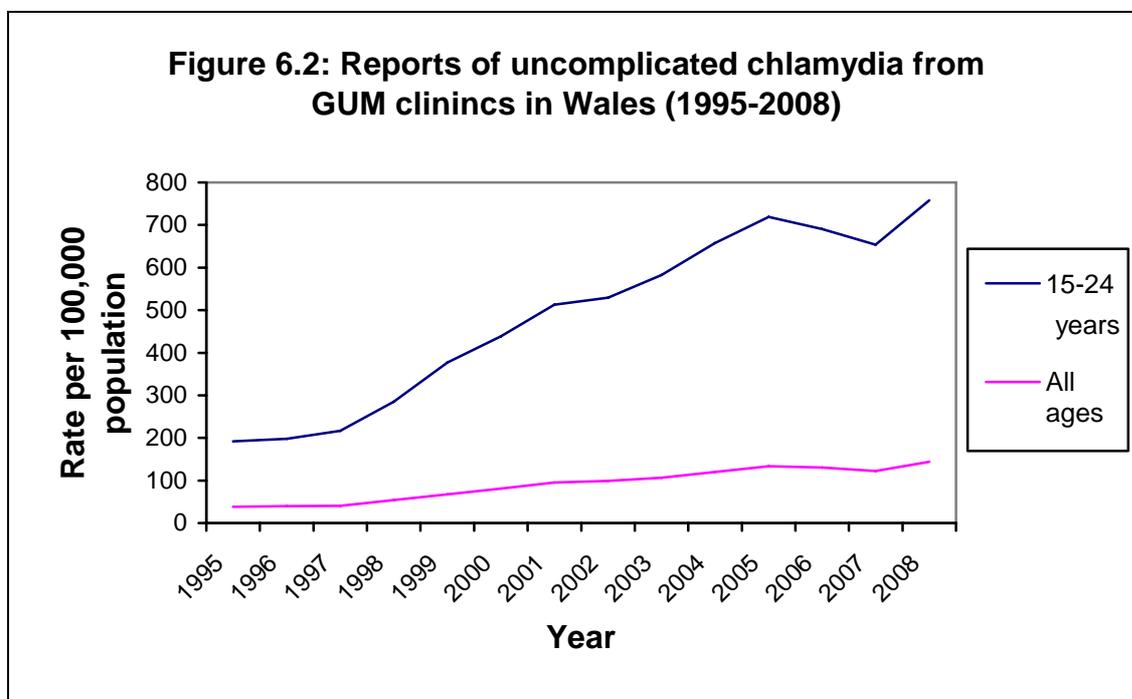
While pre- (and early) teenaged boys avoided the subject of sex, some of the girls were less reticent to broach the subject.

“We learnt about that (sex) in RE...but I don’t want to have sex until I am at least 16 or 17.” (Meredith 13)

Sexually Transmitted Infections (STIs)

Whilst there are known limitations on data concerning STIs, it is clear that there has been an increase in reported cases and that young people are most likely to be affected^b. The data presented here are based on the number of STIs treated at Genito-Urinary (GUM) clinics across Wales.

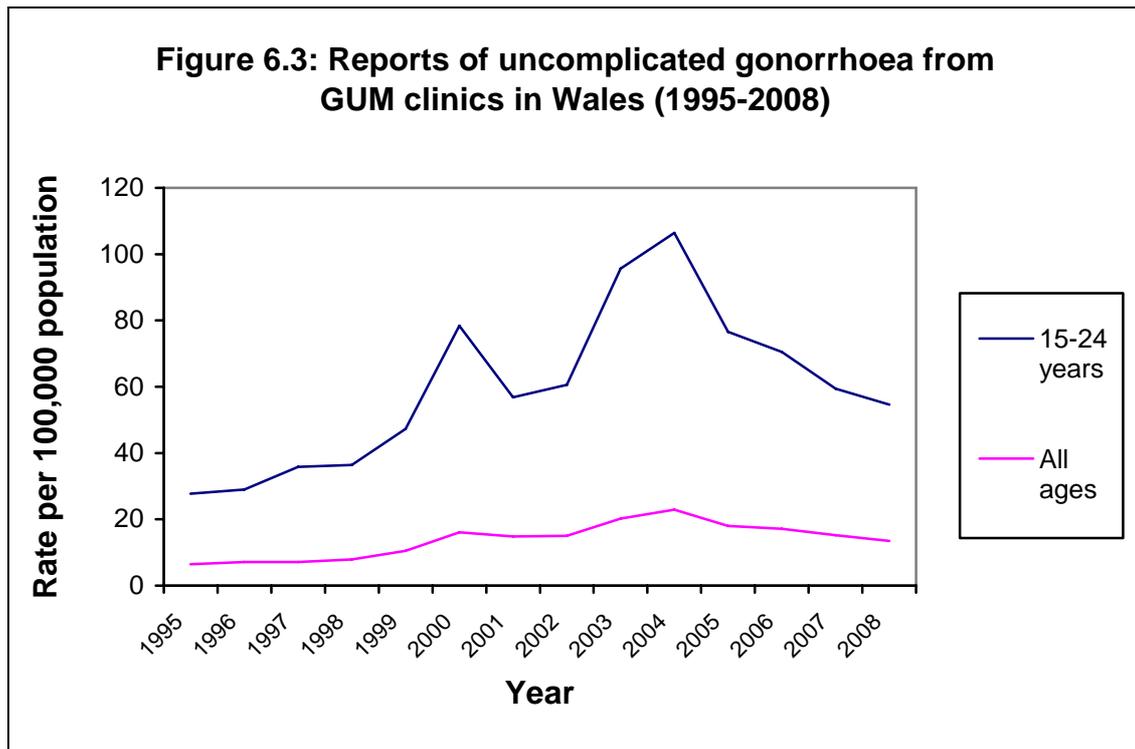
Chlamydia is the most commonly diagnosed bacterial STI in the UK. Chlamydia has important implications for future reproductive health since it is estimated that between 10% and 15% of untreated infected women go on to develop pelvic inflammatory disease which can result in infertility. Chlamydia can be symptom-free, especially in women⁷. Between 1995 and 2008, the number of reported cases amongst 15 to 24-year-olds in Wales increased from 192 to 758 per 100,000 population (Figure 6.2). This rate of increase far outweighs that of other age groups. It should be noted that increased awareness and diagnostic techniques may well have contributed to this increase in reporting over recent years.



Source: Public Health Wales

After chlamydia, gonorrhoea is the second most common bacterial STI in the UK. Rates have increased since the early 1990s, although the trend is rather more erratic and there has been a decline since 2004 back to the levels reported around the start of the decade (Figure 6.3). In 2008, more than half (56%) of a total of 403 cases of reported gonorrhoea in Wales involved young people aged 15 to 24.

^b It should be noted that barriers to STI surveillance in Wales remain, such as the inability to produce statistics at local health board level. A project to tackle these barriers and develop and implement timely, person and area-based STI surveillance is currently underway across Wales. For further details see Public Health Wales (2010). *HIV and STI trends in Wales. Surveillance Report, March 2010*. Cardiff: Public Health Wales and Welsh Assembly Government (2010). *Sexual Health and Well Being Action Plan for Wales*. Cardiff: Welsh Assembly Government.



Source: Public Health Wales

Condom use

Using a condom reduces the risk of unintended pregnancy and contracting an STI. The 2009/10 HBSC study found that, of sexually active 15-year-olds in Wales, 86% of boys and 79% of girls said they had used a condom the last time they had sexual intercourse. These proportions are slightly higher than those found in 2005/06 - 82% of boys and 71% of girls.

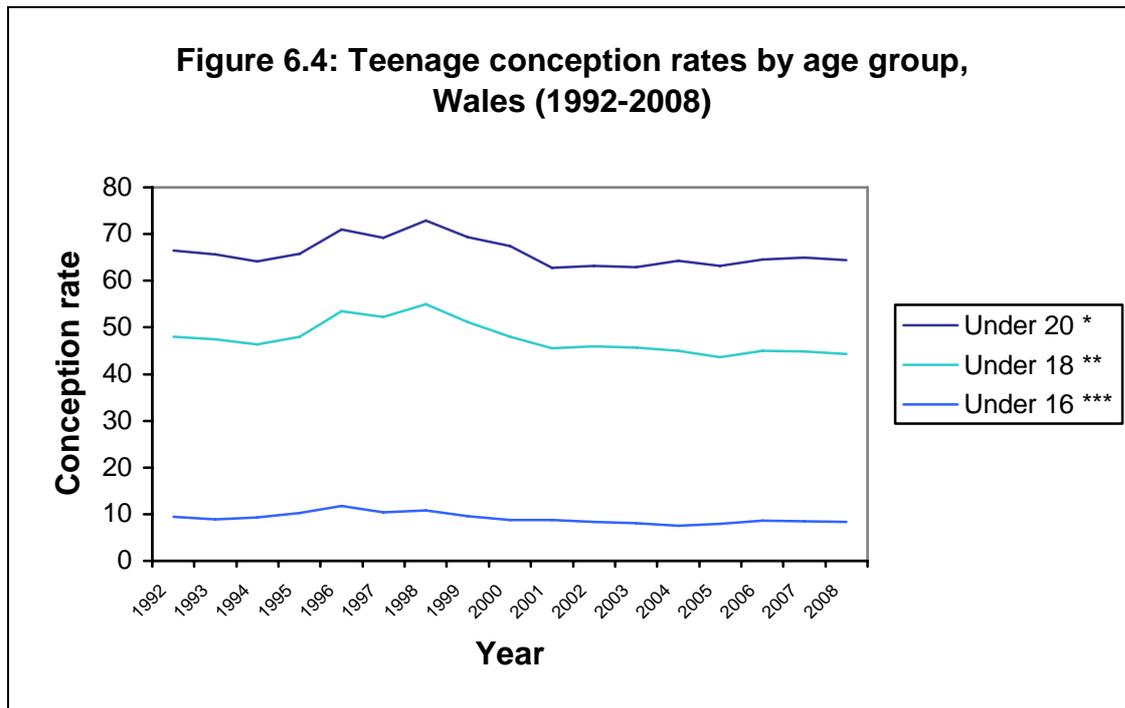
Teenage pregnancy

The UK has the highest levels of teenage pregnancy in Western Europe, with implications for the physical, emotional and socioeconomic wellbeing of young mothers and their children⁸. While for some young people becoming a parent will be a positive experience, it is also associated with poor health and social outcomes, including postnatal depression and failure to complete education.

Children born to young parents are less likely to be breastfed, more likely to live in poverty and to become a young parent themselves⁹. That said, there is a strong association between rates of teenage pregnancy and socioeconomic circumstances, such that it is difficult to disentangle the precise impact of early parenthood over and above other prevailing factors.

Data for 2008 show that conception rates for those aged 15-19, 15-17 and 13-15 have fallen slightly since the late 1990s (Figure 6.4). Looking at data for 13 to 15-year-olds, aggregated across 2006 to 2008, the conception rate was 8.3 per 1,000 population in Wales, compared with 7.8 per 1,000 population in England. Rates do vary by government region in England such that the figure for

Wales is slightly lower than London (8.7), the North West (8.9), Yorkshire and Humberside (9.6) and the North East (10.5).



Source: Office for National Statistics

- * Rate per 1,000 female residents aged 15-19
- ** Rate per 1,000 female residents aged 15-17
- *** Rate per 1,000 female residents aged 13-15

The Child Poverty Strategy for Wales includes the rate of teenage conceptions among young people aged under 16 as an indicator of progress. Analysis presented in a recent update shows a small decline has been seen in the most deprived fifth of people, falling from 12.14 to 11.97 per 1,000 between 2002-2006 and 2004-2008.

Immunisation

During 2009/10, 61.1% of 16-year-olds in Wales had received the 3 in 1 Td/IPV vaccine, which boosts protection against tetanus, diphtheria and polio into adulthood and is usually administered between 13 and 16 years of age. Coverage of a complete two-dose course of MMR vaccine, which protects against measles, mumps and rubella in this age group, was 84.2%. Coverage of a complete three-dose course of HPV vaccine in 14-year-old girls during 2009/10 was 85.3%. HPV vaccine protects against cervical cancer associated with Human Papilloma Virus types 16 and 18 and is usually administered to girls during school year eight¹⁰.

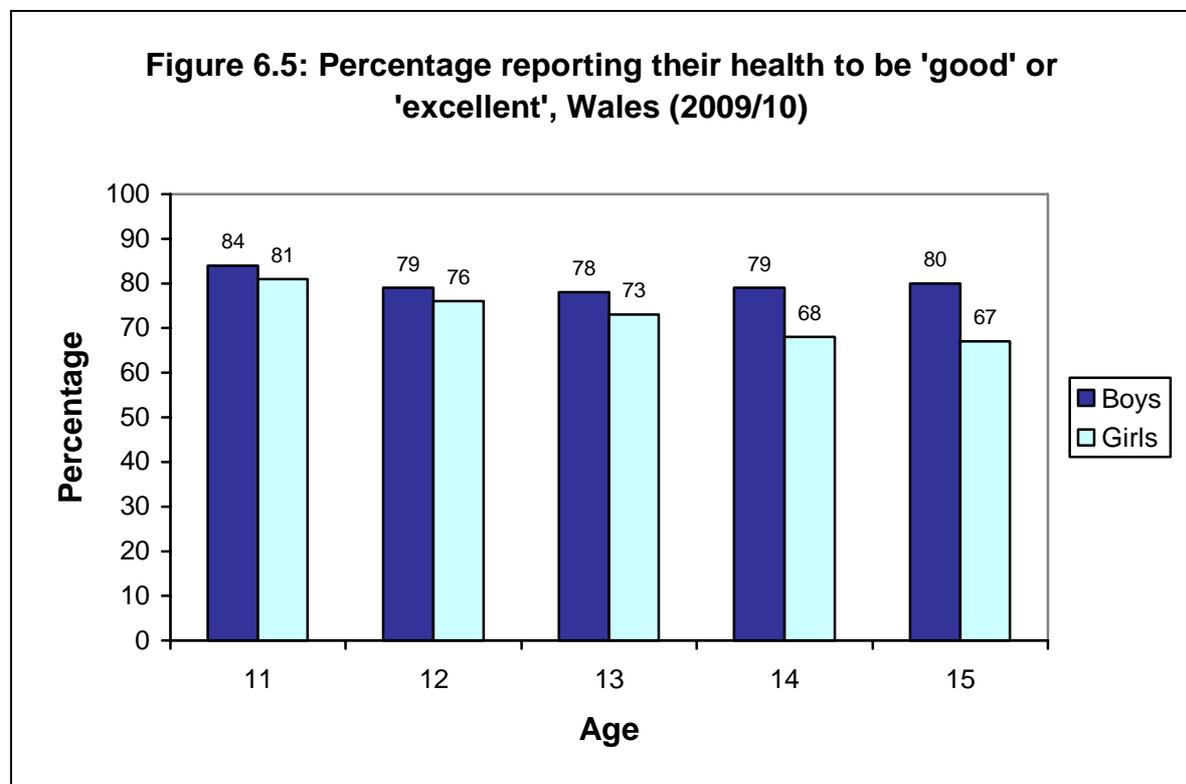
Self-reported health

Data on the self-reported health of young people in Wales are available from two sources. The first is the WHS, which includes questions on self-rated health for children and young adults, albeit with slightly different scales ('excellent', 'very good', 'good', 'fair' or 'poor' for 16 to 24-year-olds and 'very good', 'good', 'fair', 'bad' or 'very bad' for eight to 15-year-olds). The proportions reporting their health to be at

least 'good' in 2009 was 94% for eight to 15-year-olds and men and women aged 16-24. Among the 16 to 24-year-olds, men were more likely than women to report their health as 'excellent' with 37% and 25%, respectively, responding this way.

Similar data are also available from the HBSC study, although these are not strictly comparable with the WHS, as a four point scale is used, with respondents asked to choose one of 'excellent', 'good', 'fair' or 'poor'.

As can be seen in Figure 6.5, boys were more likely than girls to report their health as 'good' or 'excellent' in 2009/10. The percentage of girls reporting 'good' or 'excellent' health declines with age but stays fairly constant among boys. Combining data across the age and gender groups shows that those from the most affluent backgrounds are more likely to report 'good' or 'excellent' health - 81% of the most affluent compared to 68% of the least affluent.



Source: Health Behaviour in School-aged Children (HBSC) study

In the *Voices of Children and Young People in Wales* study, participants did not perceive health as an issue until they, or a significant other, became ill. Older children tended to associate their own health with engagement in health-related activities, as the following quotes illustrate:

"I feel fine like but I do a lot of sports outside of school and that but I've finished doing more inside, instead of just the one hour a week of PE, I just like do two hours." (Drew, 15)

"Oh God I'm not very healthy at all. I eat all the wrong foods." (Brooke, 17)

(Do you feel healthy?) *“No, because I smoke.”* (Gwen, 19)

In the 2009/10 HBSC study, pupils were also asked how often in the previous six months they had experienced any of the following eight symptoms:

- head ache;
- stomach ache;
- back ache;
- feeling low;
- irritability or bad temper;
- feeling nervous;
- difficulties in getting to sleep; and
- feeling dizzy.

The proportions reporting two or more symptoms at least weekly was stable across age groups for boys but increased with age for girls. By 15-years-old, 21% of boys and 37% of girls reported experiencing symptoms this frequently. Among 15-year-olds, the most commonly reported symptoms were irritability or bad temper (18% of boys, 27% of girls), difficulties in sleeping (16% of boys, 25% of girls) and head ache (10% of boys, 26% of girls).

In addition, those in the least affluent households were more likely to report frequent symptoms than those in the most affluent (36% compared with 24% among 11 to 15-year-olds). These findings are similar to those found in 2005/06. Indeed, previous HBSC research has shown that these differences by age, gender and socioeconomic circumstances exist across participating countries⁶.

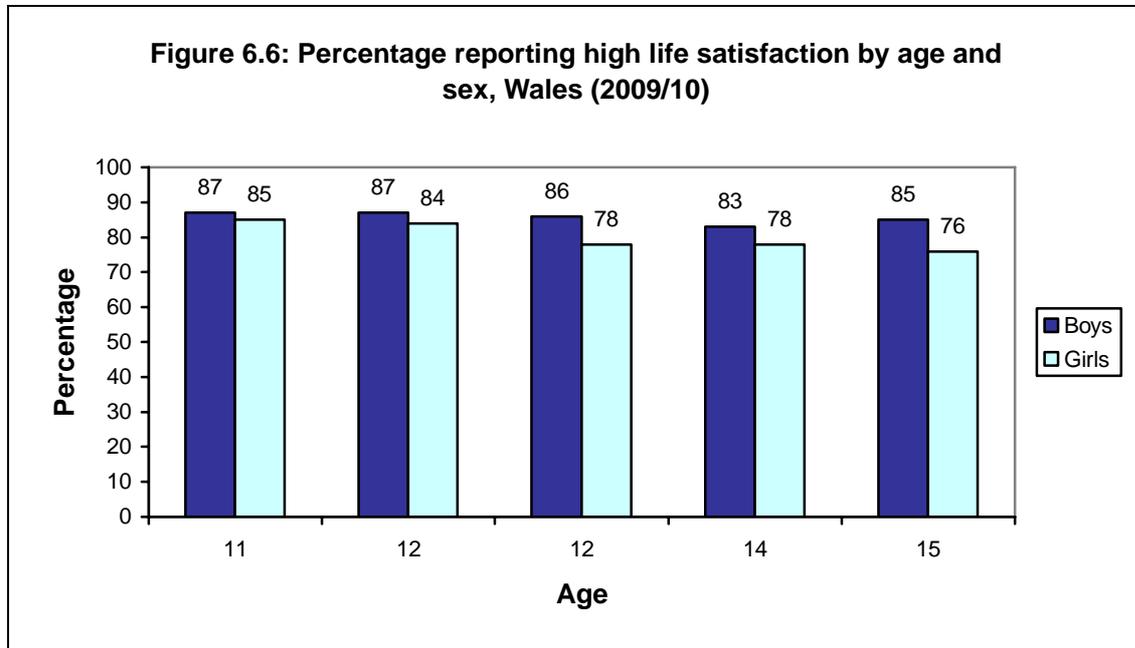
Mental health and wellbeing

Mental wellbeing underpins good quality of life, with young people who are happy more likely to enjoy good quality of life into adulthood. Indeed, the importance of mental health and wellbeing is clear given its influence on so many facets of life, including self-esteem, school attendance, educational performance and risk taking behaviours¹¹.

In terms of mental health problems, children and young people’s experiences vary by gender and age. Boys are more likely to experience conduct disorders and girls are more likely to experience emotional problems, increasing with age. Mental illness is an important factor linked to suicide and self-harm¹². The link between poverty and mental wellbeing among adolescents should also be recognised¹³.

Life satisfaction among young people in Wales continues to be measured through the HBSC study, using a scale (Cantril ladder¹⁴) such that zero represents the worst possible life and ten the best possible life. Life satisfaction declines slightly with age for girls and remains fairly constant for boys, as can be seen in Figure 6.6, using a score of six or more to represent being reasonably satisfied with life. The HBSC

study also uses the KIDSCREEN-10 Index for measuring adolescent mental health and wellbeing¹⁵. Analysis of data from 15 countries, including the UK, confirms this pattern of lower mental health and wellbeing scores being found for females. The gender difference increases with age and for those in households of lower socioeconomic status¹⁶.



Source: Health Behaviour in School-aged Children (HBSC) study

The incidence of mental health problems amongst looked after children in Wales is much higher than for children in the general population. The most recent figures date back to 2002/03, showing that almost half (49%) of five to 10-year-olds being looked after were recorded as having a mental disorder, compared with 6% in the general population. The corresponding proportions for 11 to 15-year-olds were 40% and 12%, respectively.

The most common disorder was conduct disorder, followed by emotional disorders and hyperactivity¹⁷. These rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria such that the disorders have a major impact on daily life.

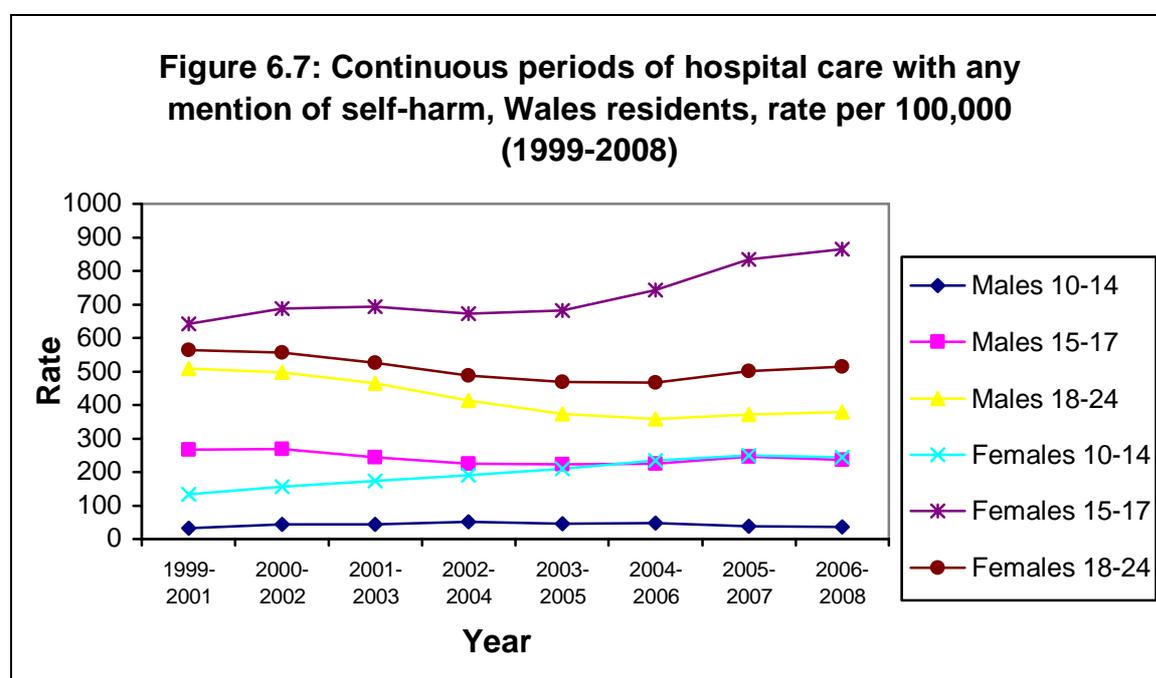
Analysis of UK data shows that children looked after by local authorities have higher levels of psychopathology, educational difficulties and neurodevelopmental disorders, having adjusted for educational and physical factors. Psychiatric disorder is particularly high where individuals have experienced numerous changes of placement¹⁸. Further data on the health of looked after children should soon become available through the Children in Need (CiN) census in Wales which began in March 2010 and will be included as appropriate in future Monitors^c.

^c Further detail on the dataset and guidance on the Children in Need census can be found at <http://wales.gov.uk/cssiwsite/newcssiw/publications/ourfindings/allwales/2009/cincensus2010/?lang=en>, including the text of Circular WAGC 15/2009.

Self-harm

Self-harm, also commonly referred to as self-injury, self-wounding and parasuicide, is more common among adolescents and young people, typically taking the form of cutting, severe scratching, burning or hitting. Most who self-harm use more than one method. Reasons for self-harming include alleviating negative emotions, expressing anger and seeking help from others¹⁹. It has been shown to be predictive of future suicide attempts, although most will not go on to commit suicide¹².

Figure 6.7 shows the rate of hospital admissions for self-harm per 100,000 population in Wales for boys and girls. In general, rates have increased in recent years and are lower for boys than for girls, particularly among 15 to 17-year-olds. It should be noted that, as these data relate to hospital admissions, cases of self-harm that are not treated at hospital are not included.



Source: Produced by Public Health Wales using Patient Episode Database Wales (PEDW) and mid-year estimates, Office for National Statistics

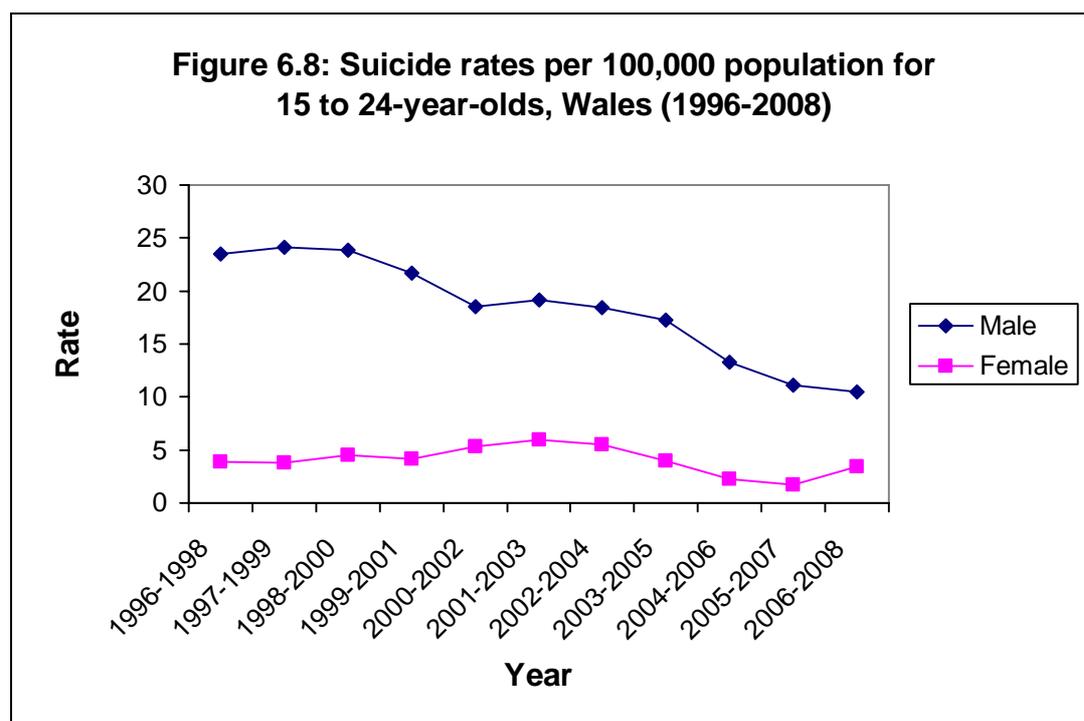
Suicide

While the factors behind each case of suicide are complex, evidence suggests that there are important risk and protective factors. Risk factors include mental illness, self-harming behaviour, substance misuse, epilepsy, certain personality traits, unemployment and poverty/deprivation²⁰. International data suggest that suicide rates in the UK are relatively low, although variations in reporting procedures might have an impact. In Wales, suicide accounts for around 300 deaths a year, accounting for some one in five deaths among males aged 15-24 and one in ten among females in this age group. In 2004-06, the suicide rate in Wales was higher than the UK average, although the highest rate was found in Scotland²¹.

As can be seen in figure 6.8, the most recently available data for 15 to 24-year-olds indicate that young males are more likely to commit suicide than their female

counterparts, with rates per 100,000 population of 10.5 and 3.4, respectively, in 2006-2008.

There is evidence that this rate has declined in recent years, particularly among males, although the trend must be interpreted with some caution given the, thankfully, small number of suicides each year. The most common method of attempting suicide among young men is hanging and for young women it is self-poisoning, which is less likely to prove fatal¹².



Source: Produced by Public Health Wales using Office for National Statistics Annual District Deaths Extract (ADDE) data

6.2 Lifestyle indicators

It is established that lifestyle can have a significant impact on current and future health and wellbeing, including that of children and young people. This section focuses on the following lifestyle indicators: weight; diet; smoking; and the use of alcohol and drugs. Physical activity is covered in Chapter 7 *Access to Play, Leisure, Sport and Culture*.

Weight

The increasing trend in overweight and obesity presents a serious public health challenge, with recent estimates suggesting that around one in five children and adolescents in the European Union are overweight or obese²². This has implications for health-related quality of life during adolescence and the future burden of disease²³.

Less attention has been paid to monitoring under-nutrition, which also poses a major public health problem internationally²⁴. Previously published international

comparisons using HBSC data have shown that rates of overweight and obesity among adolescents are higher in a small group of countries including Wales, with the primary factors associated with overweight being lack of regular breakfast consumption and vigorous physical activity²⁵.

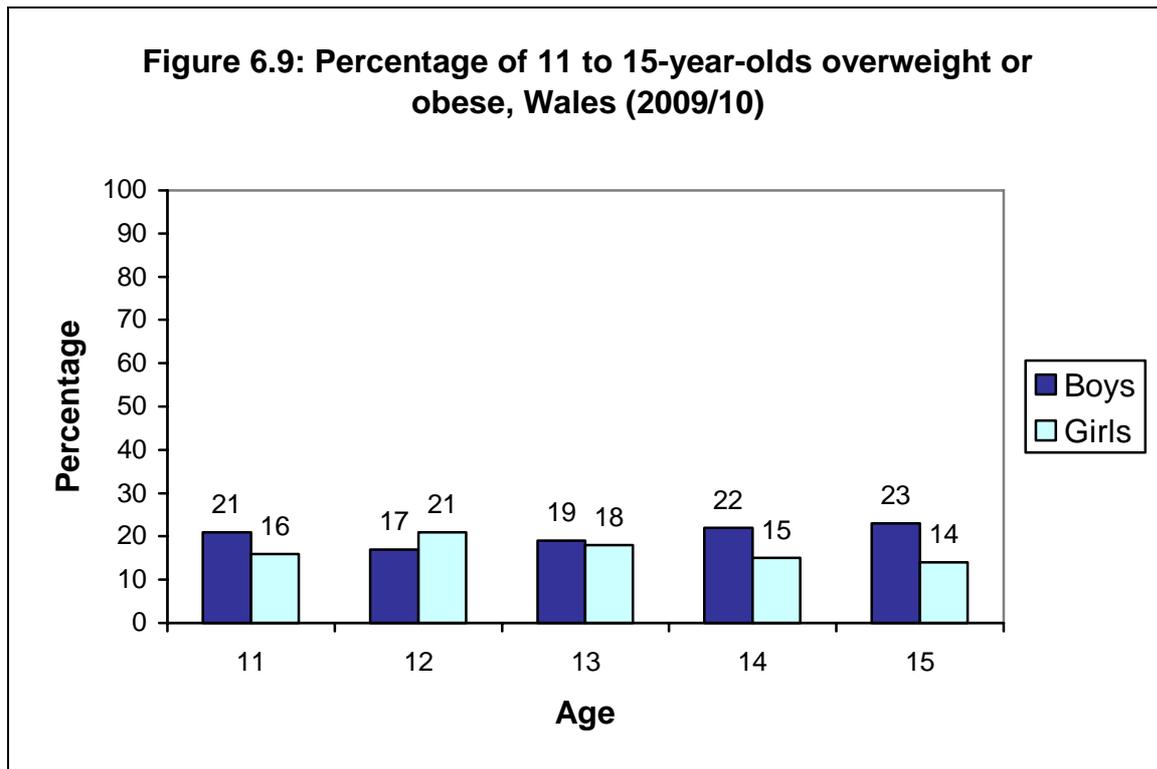
The introduction of a comprehensive programme for measuring childhood height and weight to estimate overweight and obesity is planned in Wales in autumn 2011, following a feasibility study. In the meantime, while data collection mechanisms have their limitations and different methods of calculating levels of overweight and obesity and thinness are used^d, the information available suggests that a substantial minority of children and young people in Wales are overweight or obese.

Using objective height and weight measurements of children and young people aged between two and 15 years of age, the 2009 WHS found that around one in three children (34%) were overweight or obese and one in five (19%) were obese, with no difference by gender.

Whilst not comparable with these measures, self-reported height and weight is available for young adults from the WHS and in 2009, 33% of men and 28% of women aged 16-24 were overweight or obese, with 10% of both sexes obese. Further analysis of WHS data for these young adults also shows a clear social patterning, with the proportions obese highest where households are headed by those in routine or manual occupations and in more deprived areas. It should also be noted that 6% of men and 8% of women aged 16-24 were classified as being underweight.

Self-reported data are also available from the HBSC study and in 2009/10, it can be seen that among 11 to 15-year-olds, no clear age or gender pattern emerges (Figure 6.9). There is also no association with family affluence. Previous validation work on Welsh HBSC data suggests that these estimates are likely to be conservative, as adolescents tend to overestimate height and underestimate weight²⁶. Further analysis of HBSC data indicates that at age 11, around 8% of boys and 7% of girls are estimated to be thin. By age 15, the figures are 2% and 4%, respectively.

^d Note that for children in the Welsh Health Survey, the 85th and 95th percentiles of the age and sex-specific 1990 UK BMI reference curves were used as cut-offs for estimating overweight and obesity, respectively. Estimates are not comparable with those based on different measures. For instance, in the HBSC study overweight and obesity are estimated using the International Obesity Task Force (IOTF) cut-points, which tend to produce lower estimates. This IOTF approach is outlined in Cole *et al*, 2000. Establishing a standard definition of child overweight and obesity world wide: international survey. *BMJ*, 320, 1240-1243. This work has recently been developed to address thinness in Cole *et al*, 2007. Body mass index cut-offs to define thinness in children and adolescents: international survey. *BMJ*, 335:94. The use of these IOTF cut-points is recommended for use in comparative international work such as the HBSC study.



Source: Health Behaviour in School-aged Children (HBSC) study

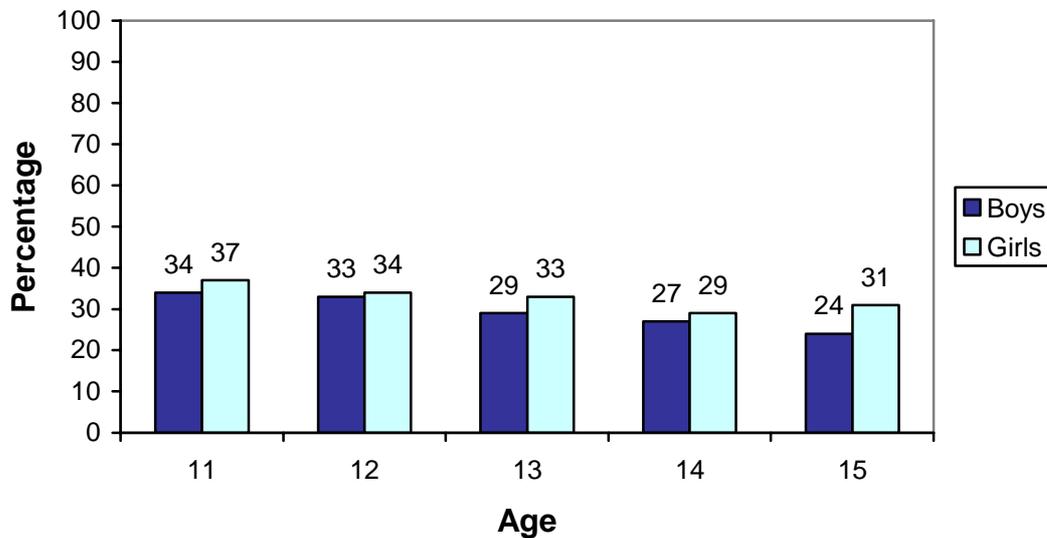
Diet

A healthy diet during adolescence is important to avoid immediate health problems, such as weight gain leading to obesity and type 2 diabetes or problems associated with being underweight, including anaemia and fatigue. Moreover, young people who develop healthy eating behaviours early in life are more likely to maintain them into adulthood^{27,28}.

The 2009/10 HBSC survey found that around one in three 11 to 15-year-olds in Wales report eating fruit and/or vegetables on a daily basis (Figures 6.10 and 6.11). These proportions are slightly higher for girls and among younger age groups. In addition, fruit and vegetable consumption rises with affluence. For example, looking across the age and gender groups, among those young people in the highest affluence group, 36% reported eating fruit and vegetables daily. Among their counterparts in the lowest affluence group, the corresponding proportions were 23% for fruit and 21% for vegetables.

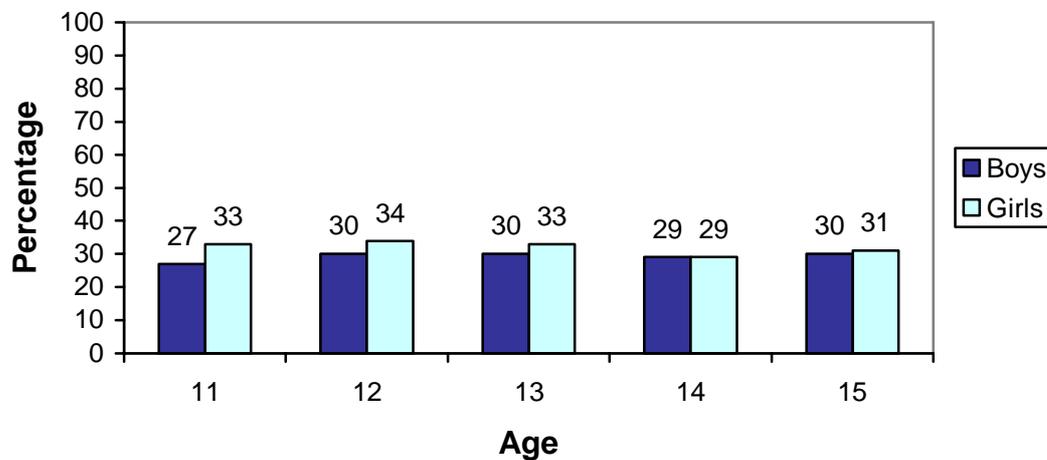
Reported frequency of fruit and vegetable consumption and social patterning was similar to that found in 2005/06⁶. Whilst not strictly comparable with the WHS data reported in Chapter 4 *The Early Years*, it is clear that fruit and vegetable consumption drops substantially from the early years into adolescence.

Figure 6.10: Fruit consumption, by age and sex, Wales (2009/10)



Source: Health Behaviour in School-aged Children (HBSC) study

Figure 6.11: Vegetable consumption, by age and sex, Wales (2009/10)



Source: Health Behaviour in School-aged Children (HBSC) study

WHS data for young adults are also available for fruit and vegetable consumption during the previous day, showing that one in three (33% men and 32% of women) aged 16 to 24 met government guidance to eat at least five portions of fruit and/or vegetables each day in 2009.

Breakfast consumption is another important aspect of diet, with evidence suggesting that it can aid concentration and reduce snacking during the day^{29,30}. Prior research

undertaken as part of the evaluation of the Primary School Free Breakfast Initiative in Wales has shown a relationship between skipping breakfast and snack consumption³¹. Previous HBSC research using Welsh data has also shown an association between higher levels of obesity and skipping breakfast³². HBSC data for 2009/10 suggest that older children and girls are more likely to skip breakfast during weekdays. The proportions eating this meal daily falls from 69% of boys and 67% of girls aged 11 to 56% and 40%, respectively, aged 15. Those reporting higher levels of family affluence were most likely to eat breakfast daily, with 60% eating the meal compared to 52% in the low and 53% in the middle affluence groups. These findings are similar to those found in 2005/06⁶.

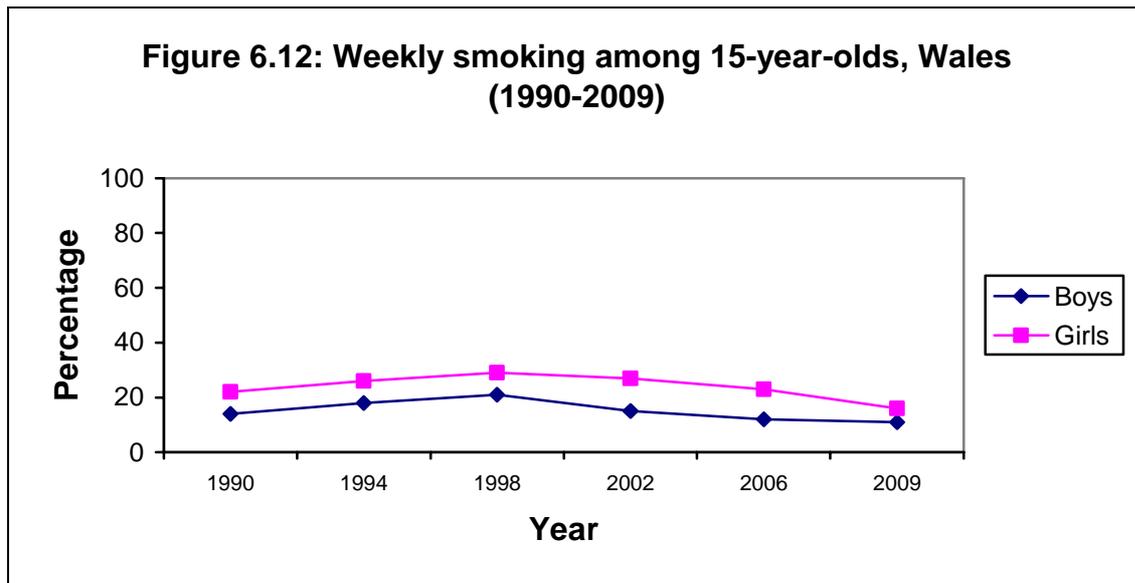
Smoking

While smoking remains the single greatest cause of preventable death and ill health in Wales, it also brings with it a range of immediate health problems for young people, such as respiratory problems and decreased fitness levels³³. Smoking behaviour is commonly established during adolescence and in 2009/10 around one in six boys (16%) and one in five girls (22%) aged 15 reported first smoking at age 13 or younger.

Figure 6.12 presents HBSC data for the period 1990 to 2009 and shows that smoking among 15-year-olds remains more prevalent among girls but has continued to decline since its peak in the late 1990s among both sexes. This trend can be seen across the UK and is repeated for 13-year-olds. Regular smoking is reported by very few below this age^e. Data are also available for smoking within the last 30 days and while the proportions, not surprisingly, are higher, the same age and gender pattern emerges. For example, among 15-year-olds, one in five boys (18%) and one in four girls (25%) reported smoking in the last 30 days. Rates of smoking decline with higher levels of family affluence, such that across 11 to 15-year-olds, 9% from the least affluent families report regular smoking, compared with 5% from the most affluent.

While smoking rates in the adult population have declined in recent years, WHS data show that among 16 to 24-year-olds, just over one in four (27% of men and 28% of women) still smoke, with around one in five (20% of men and 22% of women) being daily smokers.

^e Smith, M.P. *et.al*, 2010 *United Kingdom Health Statistics Edition No: 4* Newport: ONS.



Source: Health Behaviour in School-aged Children (HBSC) study

In the *Voices of Children and Young People in Wales* study, the vast majority of participants reported that they did not, and had never, smoked. Anti-smoking attitudes were prevalent and many had sophisticated knowledge of what smoking can cause. The general consensus seemed to be that it was no longer ‘cool’ to smoke.

“I think a lot more people now are starting to realise that it’s not cool because it used to be sort of you know people would get pressured into it and to an extent there is still a little bit of that but more people are just like ‘why are you doing it?’, it seems very unhealthy, I’ve personally never been pressured into smoking and I’ve never been tempted to try it. I know one of my younger friends started smoking because she thought it would make her feel bigger, more cool, but I don’t think a lot of people really think that any more, I think that the attitude is definitely changing because of all the things we’ve done, especially lower down in the school about awareness of how it affects you. We’ve done these things in science where you there is like the cigarette machines and it shows you like all the tar and everything that comes out and it’s really horrible.” (Charlotte, 17)

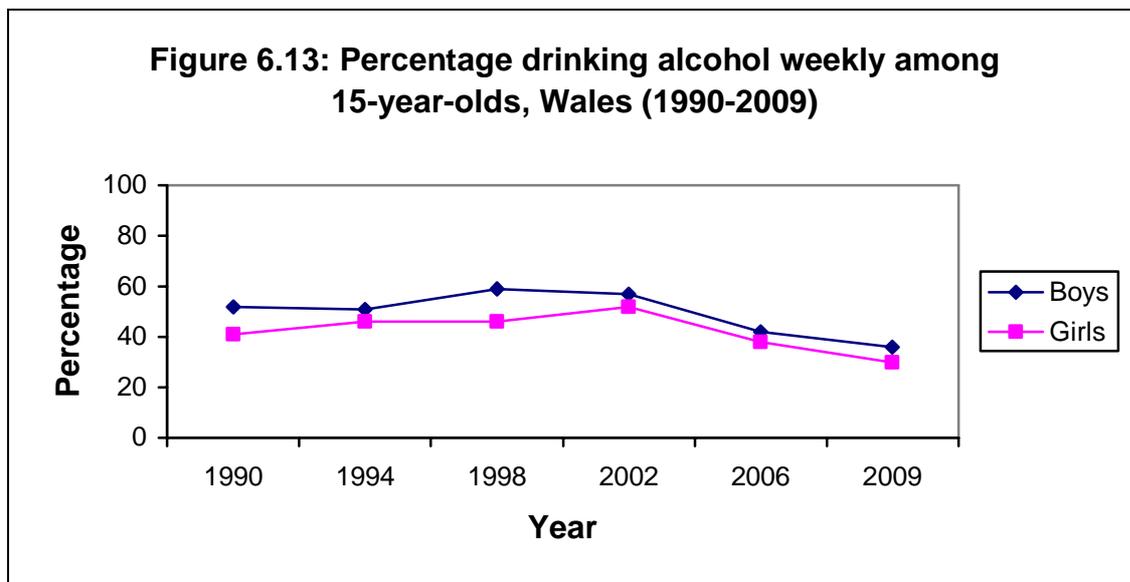
Alcohol

For young people, excessive drinking is associated with a number of health risks. These range from immediate harm through alcohol overdose or injuries related to alcohol consumption, immediate harm to others, particularly through drink driving or injury to longer-term problems associated with establishing an inappropriate drinking pattern early in life³⁴.

Drinking weekly is often used as an indicator of regular alcohol consumption, and data from the HBSC study show that significant numbers drink this frequently. As can be seen in Figure 6.13, the proportion of 15-year-olds drinking weekly has fallen in recent years, such that in 2009/10 approaching two in five boys (36%) and one in three girls (30%) reported drinking this often.

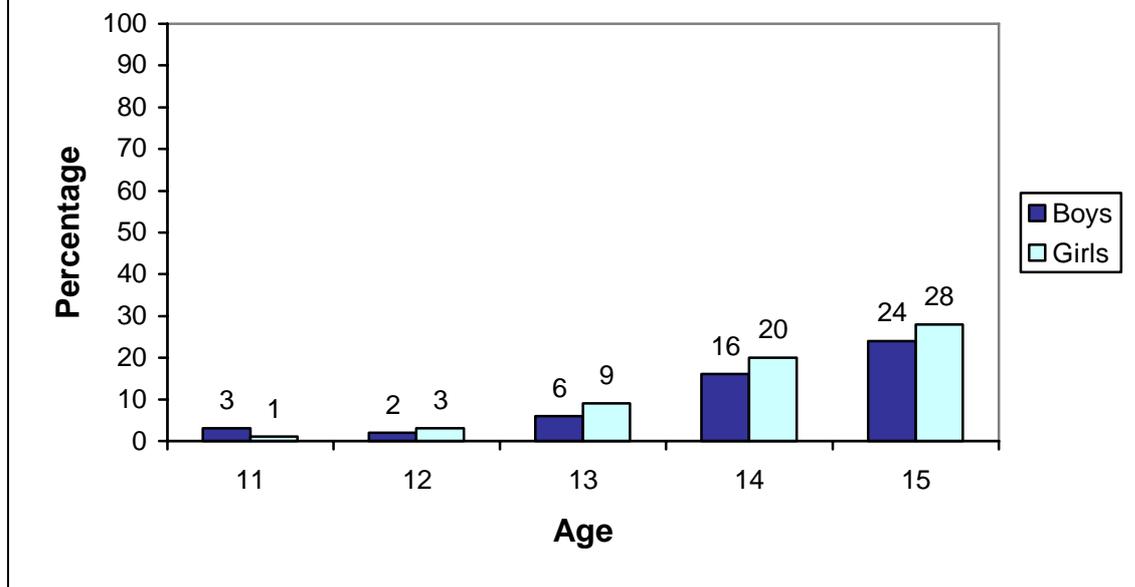
In addition to measuring frequency, it is also important to measure the volume of alcohol consumed. While data are currently lacking for the volume of alcohol consumed by adolescents in Wales, it is possible to use drunkenness as a proxy measure for large amounts being consumed on a single occasion. As can be seen from Figure 6.14, the proportions reporting drunkenness on four or more occasions in their lifetime increases with age. By age 15, 24% of boys and 28% of girls report having been drunk on four or more occasions in their lifetime. In addition, 36% of boys and 42% of girls reported being drunk in the last 30 days. Further analysis of HBSC data indicates that, among this 15-year-old age group, 18% of boys and 19% of girls reported first being drunk at age 13 or younger. This is particularly important given evidence that alcohol dependence in adulthood is less likely if initiation is delayed³⁵.

In contrast to many other risk behaviours, young people from more affluent backgrounds were more likely to report weekly drinking. For drunkenness, there was no overall difference by level of affluence, although a gender difference does emerge. Boys of lower affluence and girls of higher affluence were more likely to report this frequency of drunkenness.



Source: Health Behaviour in School-aged Children (HBSC) study

Figure 6.14: Drunkenness on four or more occasions by age and sex, Wales (2009/10)



Source: Health Behaviour in School-aged Children (HBSC) study

Among 16 to 24-year-olds, WHS data show that one in two men (50%) and two in five women (38%) report drinking alcohol at least weekly, with similar proportions - 51% of men and 43% of women - reporting they had drunk above recommended daily guidelines on at least one day in the last week^f.

People aged under 20 account for almost one in ten of all referrals for treatment for alcohol problems in Wales. In 2009/10, there were 218 young people under 15 years of age and 1,031 aged 15 to 19 receiving treatment for an alcohol problem. Hospital admission data for an alcohol-related diagnosis show that among under 15s, admissions are higher for females than males. In 2009, there were 68 admissions with a primary specific alcohol diagnosis for boys and 95 for girls, down slightly on the figures reported for 2005 (81 for boys and 146 for girls). This gender pattern is reversed for admissions relating to older age groups^{36,37}.

In the *Voices of Children and Young People in Wales* study, participants aged 18 and over, associated increased alcohol consumption with nights on the town, and talked about their experience of peer pressure to conform to high levels of consumption.

“Drinking, I think everyone does that at our age. I can’t think, of anyone who doesn’t...on the peak times it would be like twice a week, proper drinking...probably like go over someone’s house with like eight cans or something then when you get into town buy some drinks. But we’re only 18 so we don’t need as much as a 25 year old.” (Jake, 18)

^f The Department of Health guidelines on sensible drinking suggest that men should not drink more than 3-4 units of alcohol per day and women not more than 2-3 units a day. For the purposes of the analysis using Welsh Health Survey data, drinking above the guidelines refers to more than 4 units for men and 3 for women on the heaviest drinking day of the week.

Drug use

Cannabis use among adolescents is a cause of concern for a range of reasons, including short and long-term psychological problems and the potential for dependence in adulthood⁶. Research shows that cannabis is the most widely-used drug by adolescents in Wales. Data from the 2009/10 HBSC study indicate that, among 15-year-olds, around one in five report having ever used cannabis, slightly smaller proportions for use in the last 12 months and around one in ten for use within the last 30 days (Table 6.1).

Table 6.1: Percentage of 15-year-olds reporting cannabis use by sex, Wales (2009/10)

	Lifetime	Last 12 months	Last 30 days
Boys	20	17	9
Girls	18	15	8
All 15-year-olds	19	16	9

Source: Health Behaviour in School-aged Children (HBSC) study

A number of young people under 20 years of age are referred to receive treatment for drug problems³⁶. In 2009/10, 134 males and 46 females aged under 15 years and 891 males and 331 females aged 15 to 19 were referred for treatment. This total of 1,402 referrals accounts for some 13% of all those received by treatment service agencies.

In the *Voices of Children and Young People in Wales* study, there was little discussion about drugs. For younger children, drugs were primarily associated with medication, and to a lesser extent, sport. For the older participants, taking drugs was described as a matter of choice rather than availability.

"I don't touch drugs neither." (Isaac, 16)

"I don't touch drugs only cigarettes." (Aaron, 15)

"I've been brought up the right way not to touch drugs and that." (Isaac, 16)

"And me." (Aaron, 15)

(Are there a lot of drugs about?)

"Oh yeah, if we wanted to then we could." (Aaron, 15)

6.2 Abuse, victimisation and exploitation

There is a body of evidence emerging that individuals reporting maltreatment during childhood are more likely to be at risk of a range of immediate and longer-term physical and mental health problems^{38,39}. This is particularly so where 'toxic stress' caused by abuse and neglect is found⁴⁰. For example, research under the Adverse Childhood Experiences (ACE) study has shown that breadth of exposure to abuse or household dysfunction is related to multiple risk factors for a number of the leading causes of death among adults, including substance use and dependence, depression and suicide, sexually transmitted infections, physical inactivity and obesity⁴¹.

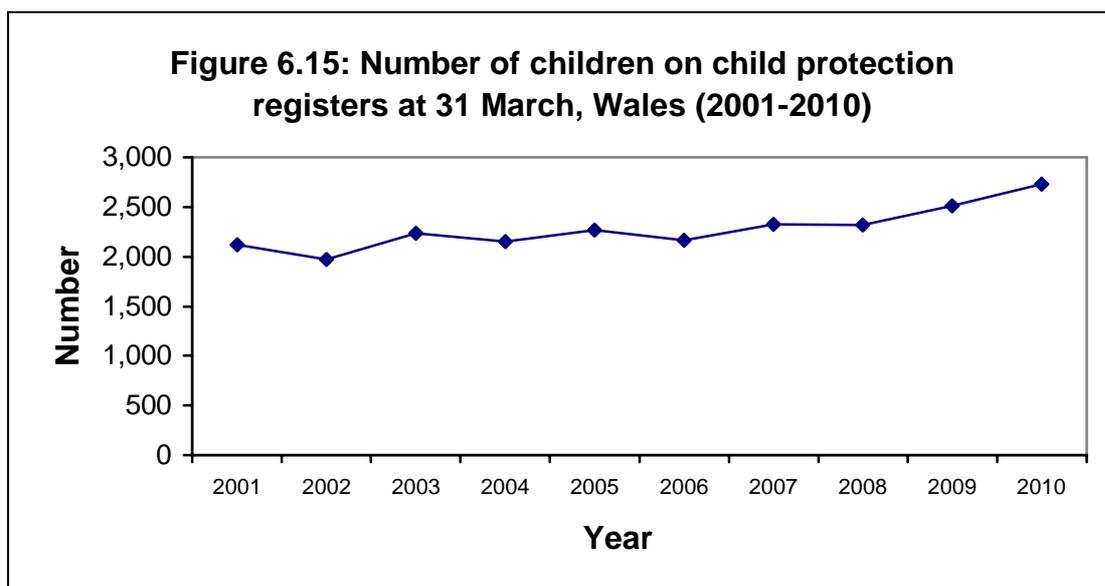
Such child maltreatment can take many forms and occur in a variety of settings including the home, other care locations, schools and public places. Maltreatment may present itself in different ways to health professionals and having identified a problem, it may still be difficult to act on what is found⁴².

At population level, data limitations mean that painting a picture of the extent of the problem is far from easy. In a recent review of the burden and consequences of child maltreatment in high-income countries, it is suggested that every year 4% to 16% of children are physically abused, one in ten is subject to neglect or psychological abuse while around one in six is exposed to some form of sexual abuse³⁹.

Research on child maltreatment has previously been undertaken at UK level. For example, a random probability survey of young adults (18-24) in 2000 found that 7% of the sample could be classified as having suffered from serious abuse by parents or carers, while 6% were assessed as suffering serious absence of care⁴³. This research also highlights the association between poverty and child maltreatment⁴⁴.

A partial assessment is possible in Wales, drawing on data from Child Protection Registers. These data provide an estimate of the number of children at risk of neglect or abuse such that interagency support is necessary. It is important to note, therefore, that the data do not provide estimates of the number of children actually being neglected or abused. Additional care should be taken when interpreting these data, given that the registers are tools for Social Services Departments and Local Safeguarding Children Boards and were not designed to collect statistical information. In addition, management practices may vary between departments.

As can be seen in Figure 6.15, there were 2,700 children (including unborn children) on child protection registers in Wales as at 31st March 2010. This represents an increase of 9% compared with a year earlier and gives a rate of 43 children per 10,000 population aged under 18. For boys and girls, the most common reason for being on a register was neglect, which related to 43% of children, followed by emotional abuse found with 27% of children.



Source: Welsh child protection registers

References

1. Morgan, A., Ziglio, E., 2007. Revitalising the evidence base for public health: an assets model. *Promotion and Education*; 14, 17-22.
2. Watt, R., Sheiham, A., 1998. Inequalities in oral health: a review of the evidence and recommendations for action. *British Dental Journal*; 187, 6-12.
3. Currie, C., Molcho, M., Boyce, W., Holstein, B., Torsheim, T., Richter, M., 2008. Researching inequalities in adolescents: The development of the Health Behaviour in School-aged Children (HBSC) Family Affluence Scale. *Social Science and Medicine*; 66(6), 1429-1436.
4. Godeau, E., Nic Gabhain, S., Vignes, C., Ross, J., Boyce, W., Todd, J., 2008. Contraceptive use by 15-year-old students at their last sexual intercourse. *Archives of Pediatrics and Adolescent Medicine*; 162 (1), 66-73.
5. Fergus, S., Zimmerman, M.A., Caldwell, C.A., 2007. Sexual risk behaviour in adolescence and young adulthood. *American Journal of Public Health*; 97(6), 1096-1101.
6. Currie, C., Nic Gabhain, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Pickett, W., Richter, M., Morgan, A., Barnekow, V., (Eds) 2008. *Inequalities in young people's health. Health Behaviour in School-aged Children. international report from the 2005/2006 survey. Health Policy for Children and Adolescents, No. 5.* Copenhagen: WHO Regional Office for Europe.
7. Centers for Disease Control and Prevention, 2010. CDC Factsheet. Chlamydia. Atlanta: US Department of Health and Human Services.
8. Avery, L., Lazdane, G., 2008. What do we know about sexual and reproductive health of adolescents in Europe? *The European Journal of Contraception and Reproductive Health Care*; 13, 58-70.
9. Welsh Assembly Government, 2010. *Sexual health and well-being action plan for Wales.* Cardiff: Welsh Assembly Government.
10. Public Health Wales, 2010. *Vaccine uptake in children in Wales. COVER annual report for 2010. Data for the year ending March 31st 2010.* Cardiff: Public Health Wales.
11. Morgan, A., Currie, C., Due, P., Nic Gabhain, S., Rasmussen, M., Samdal, O., Smith, R., 2008. Mental well-being in school-aged children in Europe: associations with social cohesion and socio-economic circumstances. In WHO Regional Office for Europe. *Social Cohesion for mental well-being among adolescents.* Copenhagen: WHO Regional Office for Europe.
12. Quilgars, D., Searle, B., Keung, A., 2007. Mental health and well-being. In Bradshaw, J., Mayhew, E., (Eds). *The Well-Being of Children in the UK.* London: Save the Children.

13. Dashiff, C., DiMicco, W., Myers, B., Sheppard, K., 2009. Poverty and adolescent mental health. *Journal of Child and Adolescent Psychiatric Nursing*; 22 (1), 23-32.
14. Cantril, H., 1965. *The pattern of human concern*. New Brunswick, NJ: Rutgers University Press.
15. Ravens-Sieberer, U., the KIDSCREEN Group Europe. *The KIDSCREEN questionnaires. Quality of life questionnaires for children and adolescents handbook*. Lengerich, Germany: Papst Science Publisher.
16. Erhart, M., Ottova, V., Gaspar, T., Jericek, H., Schnohr, C., Alikasifoglu, M., Morgan, A., Ravens-Sieberer U. and the HBSC Positive Health Focus Group, 2009. Measuring mental health and well-being of school-children in 15 European countries using the KIDSCREEN 10-Index. *International Journal of Public Health*; 54, S160-S166.
17. Meltzer, H., Lader, D., Corbin, T., Goodman, R., Ford, T., 2004. *The mental health of young people looked after by local authorities in Wales*. London: The Stationery Office.
18. Ford, T., Vostanis, P., Meltzer, H., Goodman, R., 2007. Psychiatric disorder among British children looked after by local authorities. Comparison with children living in private households. *British Journal of Psychiatry*, 190, 319-325.
19. Klonsky, E.D., Muehlenkamp, J.J., 2007. Self-Injury: A research review for the practitioner. *Journal of Clinical Psychology: In Session*; 63 (11), 1045-1056.
20. McLean, J., Maxwell, M., Platt, S., Harris, F., Jepson, R., 2008. *Risk and protective factors for suicide and suicidal behaviour: A literature review*. Edinburgh: Scottish Government.
21. National Public Health Service, 2008. *Suicide in Wales. Data to support implementation of the national action plan to reduce suicide and self harm in Wales*. Cardiff: National Public Health Service.
22. Lobstein, T., Baur L., Uauy, R., 2004. Obesity in children and young people: A crisis in public health. Report to the World Health Organization by the International Obesity Task Force. *Obesity Reviews*; 5 (Suppl. 1), 5-104.
23. WHO Regional Office for Europe, 2006. *WHO/HBSC Forum 2006: Addressing the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents*. Copenhagen: World Health Organization.
24. Cameron, N., 2007. Body mass index cut offs to define thinness in children and adolescents. *British Medical Journal*; 335, 166-167.
25. Haug, E., Rasmussen, M., Samdal, O., Ianotti, R., Kelly, C., Borraccino, A., Vereecken, C., Melkevik, O., Lazzeri, G., Giacchi, M., Ercan, O., Due, P., Ravens-Sieberer, U., Currie, C., Morgan, A., Ahluwalia, N. and the HBSC Obesity

Writing Group, 2009. Overweight in school-aged children and its relationship with demographic and lifestyle factors: results from the WHO Collaborative Health Behaviour in School-aged Children (HBSC) Study. *International Journal of Public Health*; 54, S167-S179.

26. Elgar, F., Moore, L., Roberts, C., Tudor-Smith, C., 2005. Validity of self-reported height and weight and predictors of bias in adolescents. *Journal of Adolescent Health*; 37 (5), 371-375.

27. Centres for Disease Control and Prevention, 1997. Guidelines for school health programs to promote lifelong healthy eating. *Journal of School Health*; 67, 9-26.

28. Lytle, L.A., Kubik, M.Y., 2003. Nutritional issues for adolescents. *Best Practice and Research Clinical Endocrinology and Metabolism*; 17, 177-189.

29. Pollitt, E., Matthews, R., 1998. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*; 67, 804S-813S.

30. Resnicow, K., 1991. The relationship between breakfast habits and plasma cholesterol levels in school children. *Journal of School Health*; 61, 81-85.

31. Moore, G.F., Tapper, K., Murphy, S., Lynch, R., Raisanen, L., Pimm, C., Moore, L., 2007. Associations between deprivation, attitudes towards eating breakfast and eating behaviours in 9-11 year-olds. *Public Health Nutrition*; 10 (6), 582-589.

32. Elgar, F., Roberts, C., Moore, L., Tudor-Smith, C., 2005. Sedentary behaviour, physical activity and weight problems in adolescents in Wales. *Public Health*; 119 (6), 519-525.

33. Centers for Disease Control, 1994. *Preventing tobacco use among young people: a report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Center for Health Promotion, Office on Smoking and Health.

34. Foxcroft, D.R., Ireland, D., Lister-Sharp, D.J., Lowe, G., Breen, R., 2003. Longer-term primary prevention for alcohol misuse in young people: a systematic review. *Addiction*; 98 (4), 397-411.

35. Grant, B.F., Dawson, D.A., 1997. Age of onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the national longitudinal alcohol epidemiologic survey. *Journal of Substance Use*; 9, 103-110.

36. Welsh Assembly Government, 2010. *Substance Misuse in Wales 2009-10*. Cardiff: Welsh Assembly Government.

37. Gartner, A., Cosh, H., Gibbon, R., Lester, N., 2009. *A profile of alcohol and health in Wales*. Cardiff: National Public Health Service/Wales Centre for Health.

38. Centre on the Developing Child at Harvard University (2010). The Foundations of Lifelong Health Are Built in Early Childhood. <http://www.developingchild.harvard.edu>.
39. Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E., Janson, S., 2009. Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373, 68-81.
40. Middlebrooks, J.S., Audage, N.C., 2008. *The effects of childhood stress on health across the lifespan*. Atlanta (GA): Centers for Disease Control and Prevention, National Centre for Injury Prevention and Control.
41. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S., 1998. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*; 14 (4), 245-258.
42. Saperia, J., Lakhanpaul, M., Kemp, A., Glaser, D., 2009. When to suspect child maltreatment: summary of NICE guidance. *British Medical Journal*; 339, b2689.
43. Cawson, P., Wattam, C., Brooker, S., Kelly, G., 2000. *Child maltreatment in the United Kingdom: a study of the prevalence of abuse and neglect*. London: NSPCC.
44. NSPCC, 2008. *Poverty and child maltreatment. Child protection research briefing*. London: NSPCC.

Chapter 7: Access to Play, Leisure, Sport and Culture

Authors: Luned Jones, Launa Anderson

Co-authors: Marianne Manello^a Sarah Jones^b, Becca Mattingley^c and Kaori Onoda

Key Findings

- The proportion of young people watching TV for at least two hours each weekday evening decreased between 2005/06 and 2009/10. On the other hand, the proportions of young people using a computer for playing games and other purposes increased.
- The proportions of young people spending four or more evenings per week with friends has declined between 2005/06 and 2009/10 in all ages. The age pattern differs between boys and girls.
- There is a gradual trend for fewer hours of teacher time being spent on extra-curricular physical education activities.
- The proportion of pupils taking part in club sport has increased gradually during the past 10 years. A slightly higher proportion of pupils aged seven to 11 participated in regular club sport than secondary school aged children (11-16).
- The number of free public swims for those aged 16 and under in Wales fell from 808,000 in 2004/05 to 569,000 in 2009/10 a drop of 29.6%. The downward trend was consistent apart from a small rise in 2008/09. This is due primarily to the increased focus on structured activity and skill development within the Free Swimming Programme.
- Arts attendance and participation have both on the whole increased in the last two years for seven to 18-year-olds with more girls and than boys attending/participating and more children and young people from higher socioeconomic groups attending/participating.
- Physical activity decreases with age among both boys and girls.
- Over three quarters of pupils aged 11-16 take part in extra-curricular sport and physical recreation.

This chapter focuses on Core Aim 4 of the Welsh Assembly Government's aims for children and young people in Wales. This seeks 'that all children should have access to play, leisure, sporting and cultural activities'.

Specifically, the chapter reports on:

- play;
- leisure;

^a Play Wales.

^b Arts Council of Wales.

^c Sport Wales.

- sport;
- culture.

7.1 Play

The current definition of play adopted by the Welsh Assembly Government is as follows: *'Play encompasses children's behaviour which is freely chosen, personally directed and intrinsically motivated. It is performed for no external goal or reward, and is a fundamental and integral part of healthy development - not only for individual children, but also for the society in which they live.'*¹

From the literature there appear to be two important reasons why children and young people play, for fun and to develop. Play helps children to develop physically, cognitively, emotionally and socially. It is agreed that play continues throughout childhood and adolescence but that the type of play changes. Some play behaviours which older children engage in such as 'hanging out', can be seen to be important for their development of an identity and social skills².

It is widely agreed that play is an essential part of children's development and a fundamental part of their lives³. There are recognised benefits of play both immediate, such as pleasure, and delayed, such as good development⁴.

Some gender differences in the types of play practised by young children have been identified with girls tending to prefer passive and domestic types of play, such as dolls and playing house, and boys preferring more active types of play such as construction. How these gender differences develop is less clear.

Despite this agreement that play is important, definitions which are amenable to measurement are difficult to find. For this reason some of the indicators presented in this section are 'proxy indicators' but are, nevertheless important steps in developing our knowledge of play and wellbeing. Information from the Millennium Cohort Study (MCS) on having fun with family and having lots of friends is provided in Chapter 4 *The Early Years*.

Play association projects

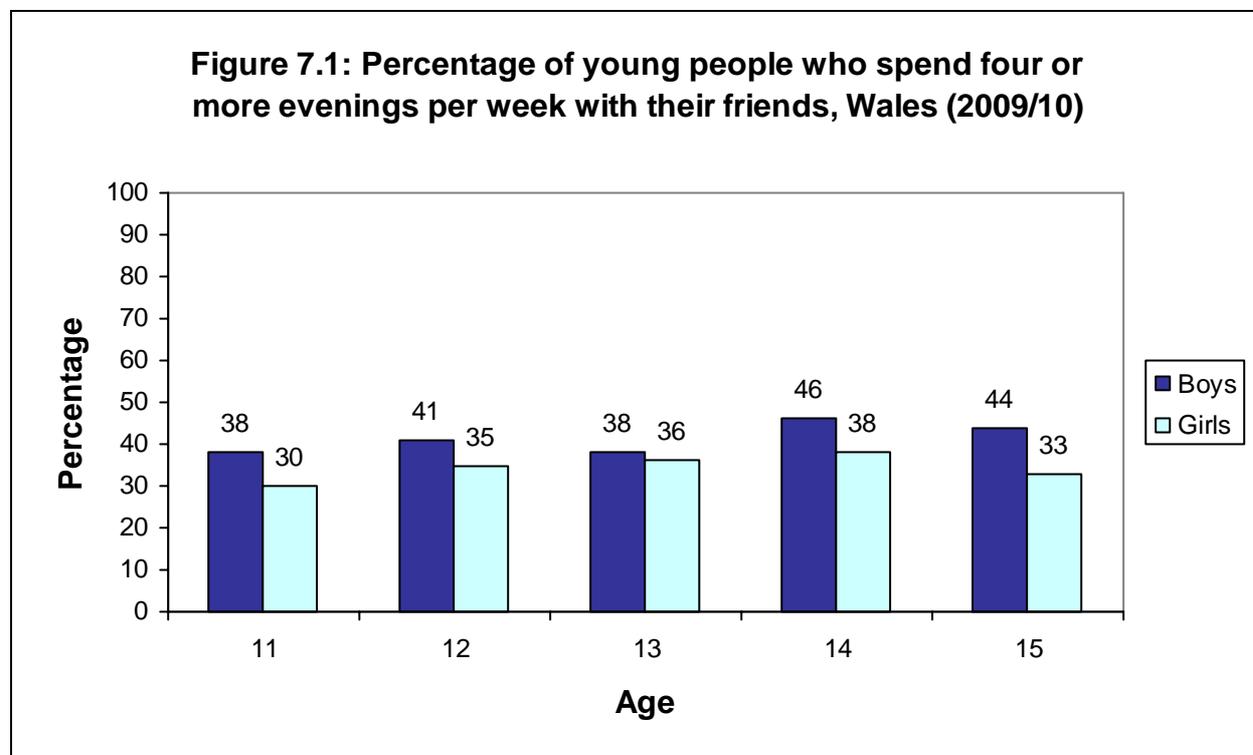
There are ten regional play association projects covering Wales, but there is currently no Wales-wide data and research. These projects have mapped and audited play provision in each local authority area. This is a first attempt to bring together and compare current local priorities in play provision.⁵

Activities with friends

Spending time with friends is an important aspect of most young people's lives. There is strong evidence that, for older children, spending time with their friends in the evenings may be linked with risk behaviours⁶.

The most recent data from the Health Behaviour in School-aged Children (HBSC) study found that boys are more likely than girls to spend four or more evenings per week with their friends. The proportions who do this are 42% and 35% respectively.

However the proportions of young people spending four or more evenings per week with friends has declined between 2005/06 and 2009/10 in all ages. The age pattern differs between boys and girls. The proportion of boys spending four or more evenings per week with friends increases by age, while 14-year-old girls are most likely to report that they spend four evenings or more with friends (38%), followed by 15-year-olds (33%) and 11-year-olds (30%).



Source: Health Behaviour in School-aged Children (HBSC) study

Spending time out with friends in the evenings is significantly associated with family affluence. Those with lower family affluence are more likely to spend time out with friends in the evening⁷.

The MCS found that 81% of seven-year-olds in Wales spend time with friends outside of school at least once or twice a week. Children from disadvantaged areas were more likely to do this than their counterparts in non-disadvantaged areas. Ninety-one per cent report that they like to play with their friends ‘a lot’. The children were also asked how much they liked playing sports and games outside and inside. Seventy-two per cent reported that they liked playing outside ‘a lot’ - 75% of boys and 68% of girls - and 50% reported that they liked playing inside ‘a lot’ - 51% of boys and 48% of girls.

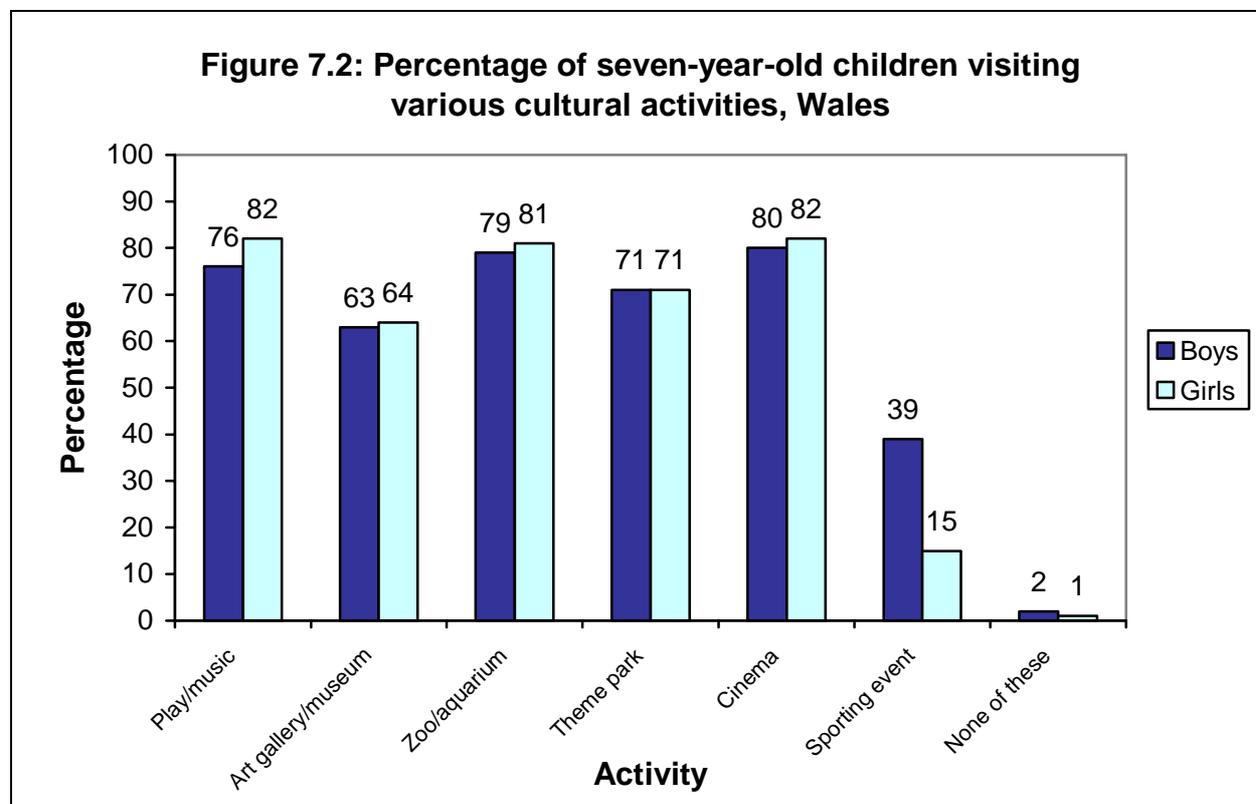
7.2 Leisure

The MCS provides information on the percentage of seven-year-olds in Wales attending various activities in the last 12 months before their interview in 2008.

The most popular activities were visiting the cinema, visiting a zoo or aquarium and attending a play or a musical performance. Around 80% of seven-year-olds attended

such activities in the last 12 months. The proportion of girls and boys attending these events was broadly similar.

According to the MCS, the only activity where there was a significant difference in attendance levels by gender was visiting sporting events, with 39% of boys attending sporting events in the last 12 months, compared to only 15% of girls.



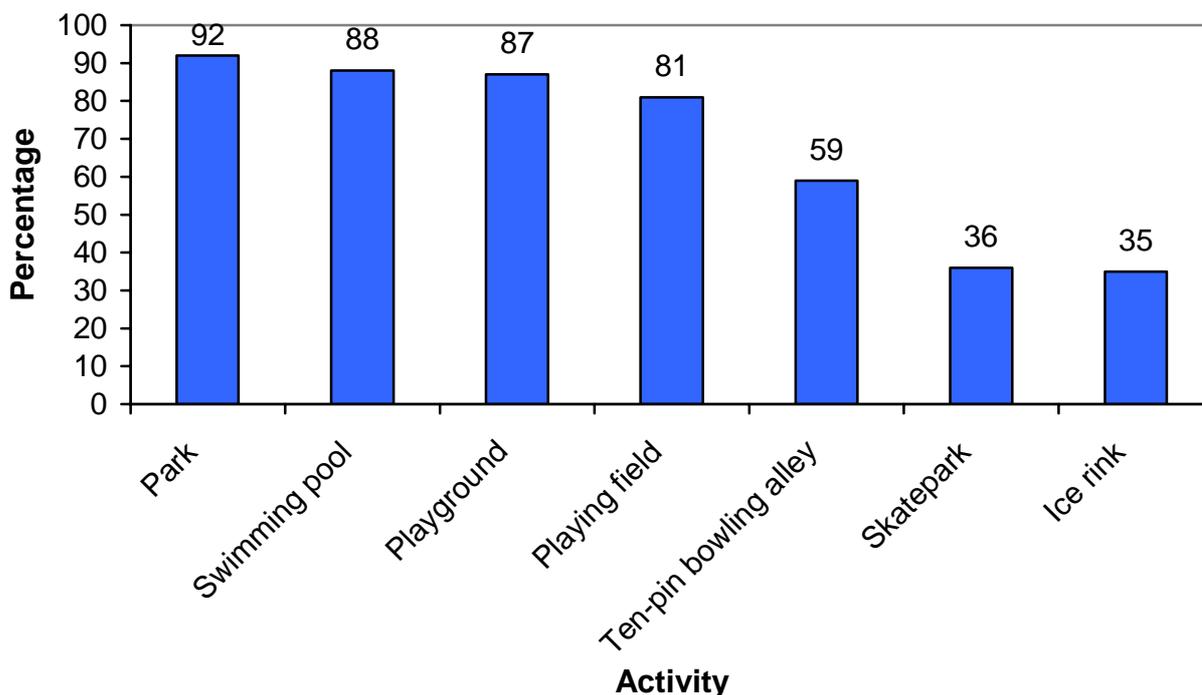
Source: Millennium Cohort Study (MCS)

Also 41% of MCS children ‘never’, or ‘almost never’, visited a library. Sixty-one per cent ‘never’, or ‘almost never’, attended a religious service^d with a further 11% attending at least once a year.

The Sport Wales Active Young People Survey asked whether children aged seven to 11 have been to various leisure and sports facilities during the last year (Figure 7.3). The most frequently used venue was a park, with 92% of children reporting that they had been to a park in the last year. Eighty-eight per cent had been to a swimming pool and 81% had used playing fields. Thirty-six per cent had been to a skate park and 35% visited an ice rink. There was little difference in use by gender.

^d Outside of school.

Figure 7.3: Use of facilities for sport and exercise in the past year, children aged seven to 11, Wales (2009)



Source: Sport Wales Active Young People Survey

Furthermore according to the same survey, 80% of 11 to 16-year-olds had been to a leisure centre in 2009. Around 45% went regularly, defined as once a week or more often. There was little gender difference in overall leisure centre visits, but boys were more likely to go regularly – 47% compared with 43% of girls.

Electronic media usage

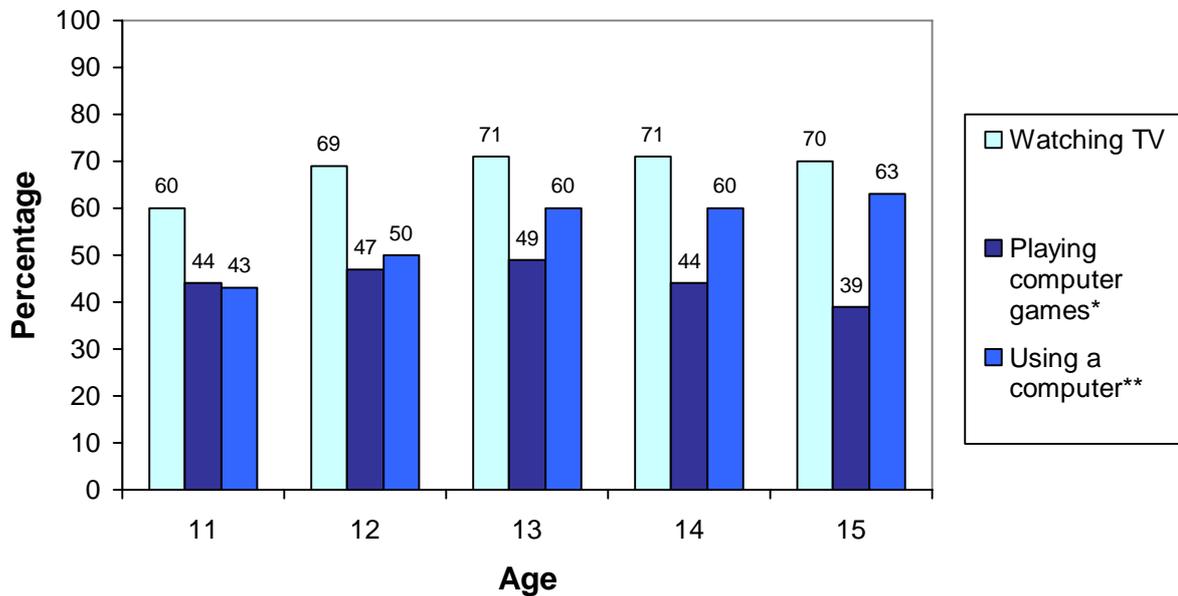
According to HBSC, 70% of boys and 67% of girls in Wales watch television for two or more hours each weekday. The proportion increases between the ages of 11 (60%) and 13 (71%) years (Figure 7.4).

A significantly higher proportion of boys (59%) compared to girls (30%) reported that they play computer games for at least two hours per day. This level of game playing increases slightly between ages 11 (44%) and 13 (49%) year olds, then decreases between 13 and 15 (39%).

Half of boys (51%) and 61% of girls reported using computers for activities such as chatting on-line, internet, emailing or homework, for at least two hours each weekday. The proportion rises with age with significant increase between ages 11 (43%) and 13 (60%).

It is interesting to note that the proportion of young people watching television for at least two hours each weekday evening has declined between 2005/06 and 2009/10 in all ages by 4 to 5 percentage points. However, the proportion using computers for playing games and other purposes has increased in all ages.

Figure 7.4: Percentage of young people spending at least two hours watching TV, playing computer games, using a computer on weekdays, Wales (2009/10)



Source: Health Behaviour in School-aged Children (HBSC) study

* or a games console

** for chatting on line, emails, internet, homework

As part of its 2009 Media Literacy Audit⁸, Ofcom collected data on the media activity children in Wales would miss the most if it were taken away. Around 55% said that they would miss television the most, 14% selected computer or video games and 7% said they would miss the internet most. In the same study, children who used the internet were asked about their internet activities in the previous week. Over two-thirds had used the internet for schoolwork purposes, while around half had used it for both social networking and games.

HBSC electronic media communication (EMC) data has been analysed. EMC includes contacting friends by means of phone, text-messaging and the internet. They conclude that EMC increased in all UK countries between 2001/02 and 2005/06. The results suggest that EMC amongst young people facilitates rather than supersedes face-to-face contact.

The higher the frequency of EMC, the higher the number of afternoons and evenings spent with friends. The use of EMC increased with age and was more common among girls than boys. This was true for Wales and all of the participating countries. In 2005/06, the figures using EMC on five or more days per week in Wales were 45.9% for 11-year-olds, 59.5% for 13-year-olds and 65.8% for 15-year-olds⁹.

According to the MCS in Wales, when children were aged seven:

- 21% of them had their own mobile phone.
- 63% watched between one and three hours of television, video, DVD on week days.
- 62% had a television in their bedroom with 55% having rules about how much they could watch in one day.
- 78% of MCS families had internet access at home and of these 81% of children used the internet at home.
- 80% of all children had access to a computer at home. Of these 53% spent one hour or less on the computer each day.
- 13% had their own computer.
- 83% of boys and 62% of girls had access to a games console with 66% of boys and 50% of girls having their own games console.

According to the *Voices of Children and Young People in Wales* study, children were very familiar with information technology at a young age:

"(I like) my Wii." (Daniel, 6)

"I have my iPod...my dad has an iPhone." (Charlie, 5)

The computer, in particular was seen to be an important part of the young people's lives.

"Computer, without that you couldn't live, because...I go on the Internet like YouTube and stuff things online but be really careful and you can go on lots of games...see videos of animals and rich people." (Evan, 8)

"My favourite thing would be probably be my laptop I just like to go on the internet and like search things and see what's going on there is like loads of games everywhere that I can click on a link and it will take me to this game it's quite cool...I used to go on club penguin (when I was younger) but I don't any more." (Harry, 10)

"I do spend about an hour and sometimes more each night on my laptop, I do use it for my college work a lot more at the moment and I email friends and things." (Erin, 16)

"Like with Facebook. Although it might say you've got 230 friends, a lot of those might be acquaintances. But it is a good way of keeping in touch – if you lose their telephone numbers. Skype is especially good with for example (good friend in Wales) and (other friend in Kent). It's a good way of communicating. Especially as they work shifts and it's someone I can see and communicate with in the day. It's really good that I can communicate sort of physically with them during the day." (Tom, 22)

Outdoor recreation

The Countryside Council for Wales and the Forestry Commission Wales jointly commissioned the 2008 Welsh Outdoor Recreation Survey. This survey collected information on peoples' use of the outdoors, places visited, motivations for using the outdoors, barriers to visiting the outdoors and the 'latent demand' for outdoor recreation.

Outdoor activities include walking on roadside pavements or tracks, accessing woodlands, forests, local parks, open spaces, seaside etc.

Young people aged 16-24 generally visited the outdoors more often than adults of all ages. Around a half of 16 to 24-year-olds visited the outdoors once a day or more during the summer months, compared with around 36% of all adults. Around 10% of young people aged 16-24 visited the outdoors less than once a week in summer. The equivalent figure for the winter months was 20%.

The most popular reasons cited by young people for visiting the outdoors were for health or exercise, to exercise a dog, for fresh air, to enjoy pleasant weather and to enjoy, and participate in, a hobby.

On their most recent visit to the outdoors, slightly more than a half of young people went with friends, less than a quarter went with family, and less than a quarter went alone.

7.3 Sport

Physical activity is very important for both children and young people's development and health. Sport is one aspect of physical activity and, as well as being important for such activity, it is also important for fun and for developing social skills. Current physical activity guidelines recommend that children and young people should have at least 60 minutes of physical activity of at least moderate intensity at least five days a week. Sport is one of the ways in which this target can be met.

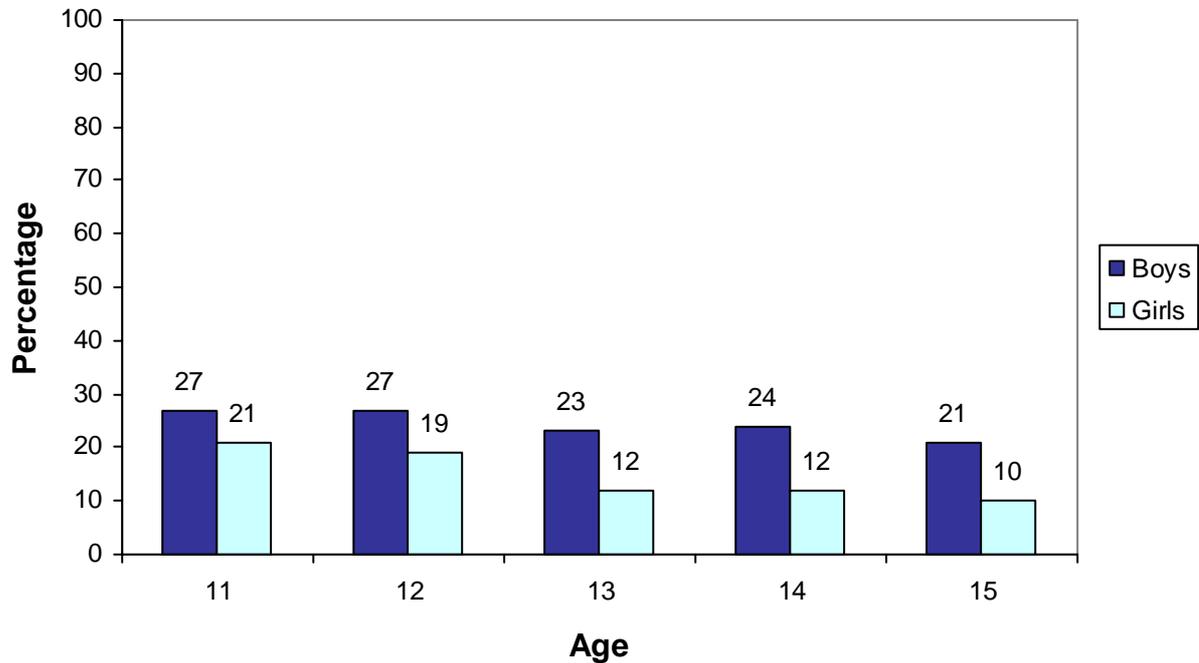
Sport and physical activity amongst seven-year-olds

According to the MCS 71% of seven-year-olds in Wales go to a club or class at least once a week for sport or physical activity. In addition 94% of them take part in physical activity with friends and siblings outside of a club or class at least once a week. At this age there is very little difference in the levels reported for boys and girls.

Physical activity amongst secondary school pupils

According to the 2009/10 HBSC study, 24% of boys and 15% of girls in Wales undertook 60 minutes of moderate to vigorous physical activity each day. As with earlier surveys, boys are more likely than girls to be active in all age groups (see Figure 7.5). The proportions active for at least an hour a day decline with age among both boys and girls, and, by the age of 15, only a fifth of boys and around one in ten girls report this level of activity.

Figure 7.5: Percentage of young people who report at least one hour of moderate to vigorous activity daily, Wales (2009/10)



Source: Health Behaviour in School-aged Children (HBSC) study

There is some evidence to suggest that young women have some negative attitudes to physical education (PE) in school, including not liking the changing facilities or the kit they have to wear¹⁰.

In the *Voices of Children and Young People in Wales* study, the participants reported taking part in a wide range of sporting and physical activity, both inside and outside of school, as the following exchange highlights:

“I do Taekwondo about four or five times a week and I do Welsh squad (similar to Taekwondo), so that’s about two hours and I do horse riding and stuff.” (Nicole, 13)

“I do rugby.” (Callum, 13).

“Rugby for the school and for (the town).” (Kai, 13)

“I do netball for (the town) and for the school and athletics for the school...we do a lot of cross country.” (Maddison, 13)

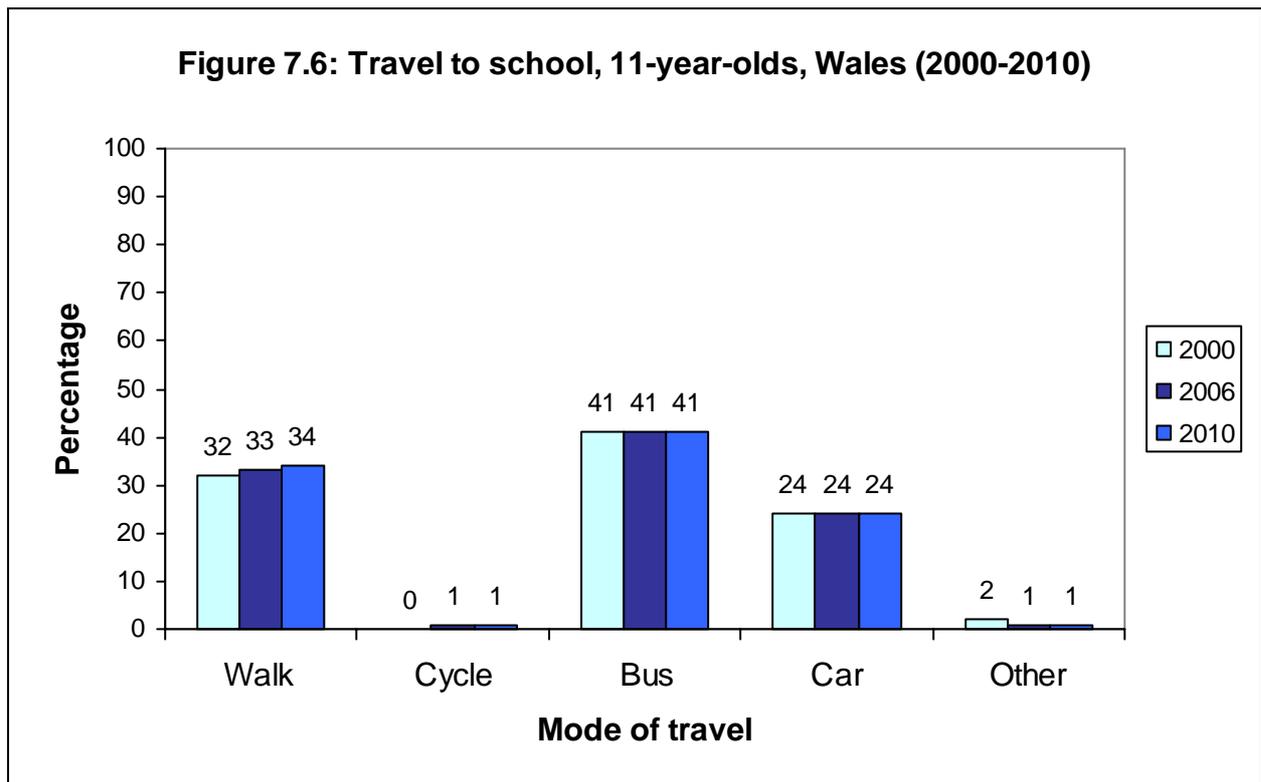
“We have double gym on Friday.” (Nicole, 13)

Travelling to and from school

Travelling to and from school can add to the amount of physical activity that children and young people are undertaking.

According to 2009/10 HBSC, 41% of 11-year-olds in Wales reported that they usually travel by bus in Wales, followed by walking (34%) and by car (24%).

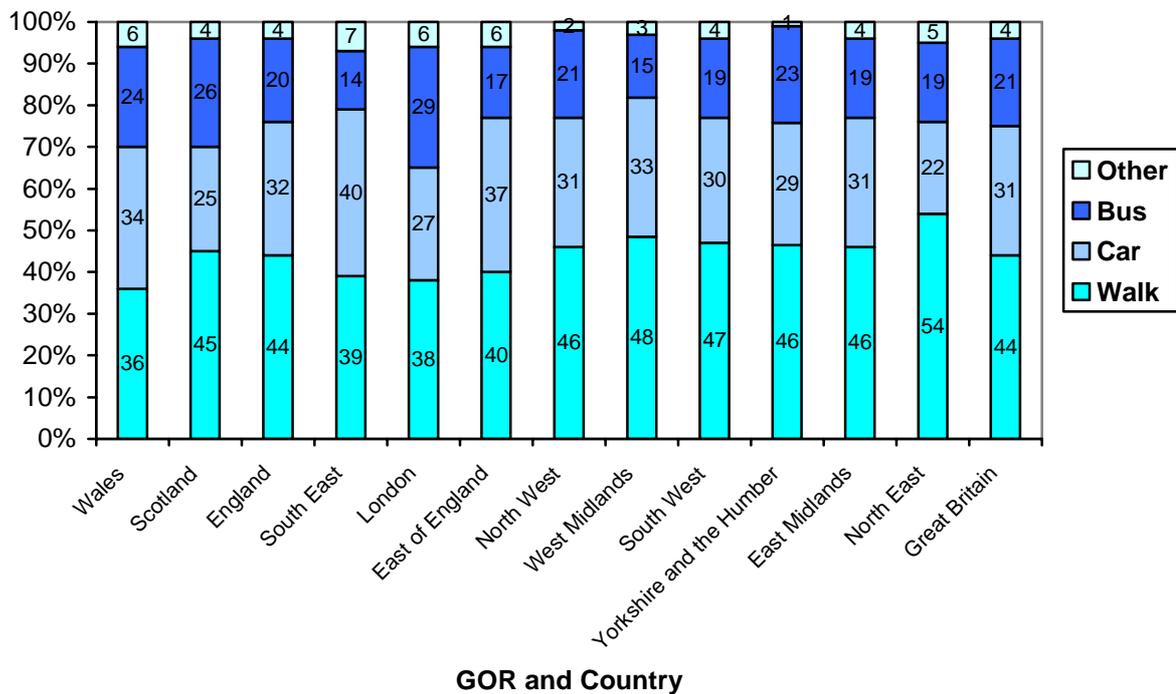
As shown in Figure 7.6, travel-to-school patterns have remained very stable for nearly a decade. Cycling has been very rare with only 0-1% reporting that they travel this way.



Source: Health Behaviour in School-aged Children (HBSC) study

Figure 7.7 uses data from the National Travel Survey (NTS) for mode of travel to school for five to 16-year-olds in 2008/09 across the UK. This shows that the North East region had the highest levels of walking at 54% and Wales had the lowest levels at 36%.

Figure 7.7: Main mode of travel to school for five to 16-year-olds in each Government Office Region (GOR) and country in Great Britain, (2008-2009)



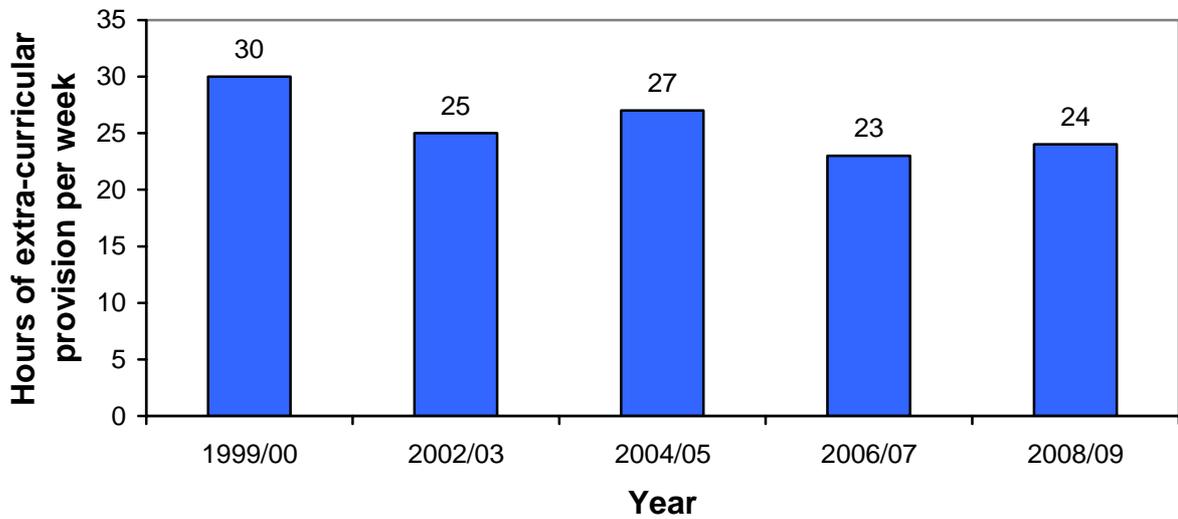
Source: National Travel Survey, Department for Transport

Extra-curricular provision

Information on PE provision in Welsh schools has been collected by Sport Wales since 1999/00^e. The amount of time provided by schools for extra-curricular sport and physical recreation in an average week is recorded. In the 2008/09 academic year, the average secondary school in Wales provided an additional 24 hours of teacher time for extra-curricular PE per week.

^e Sport Wales PE Provision Surveys.

Figure 7.8: Hours of teacher time provided for extra-curricular PE, ages 11-16 (1999-2009)

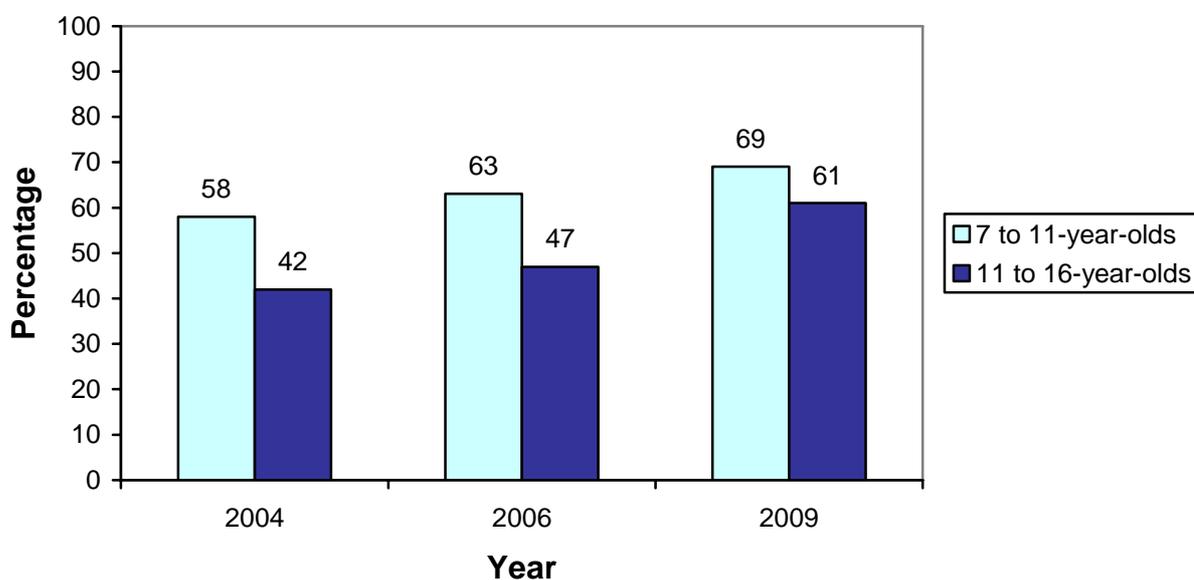


Source: Sport Wales PE Provision Survey

Extra-curricular and club participation amongst seven to 16-year-olds

Extra-curricular participation is defined as activity that takes place at lunchtime, after school or at weekend with the help of a teacher. According to the Sport Wales Active Young People Survey, since 2004, over three quarters of pupils take part in extra-curricular sport and physical recreation. Figure 7.9 shows the percentage of children and young people who have taken part regularly in any extra-curricular sport and physical recreation in the academic year. Regular participation is defined as at least once a week.

Figure 7.9: Percentage of seven to 11-year-olds and 11 to 16-year-olds regularly participating in extra-curricular activities (2004-2009)

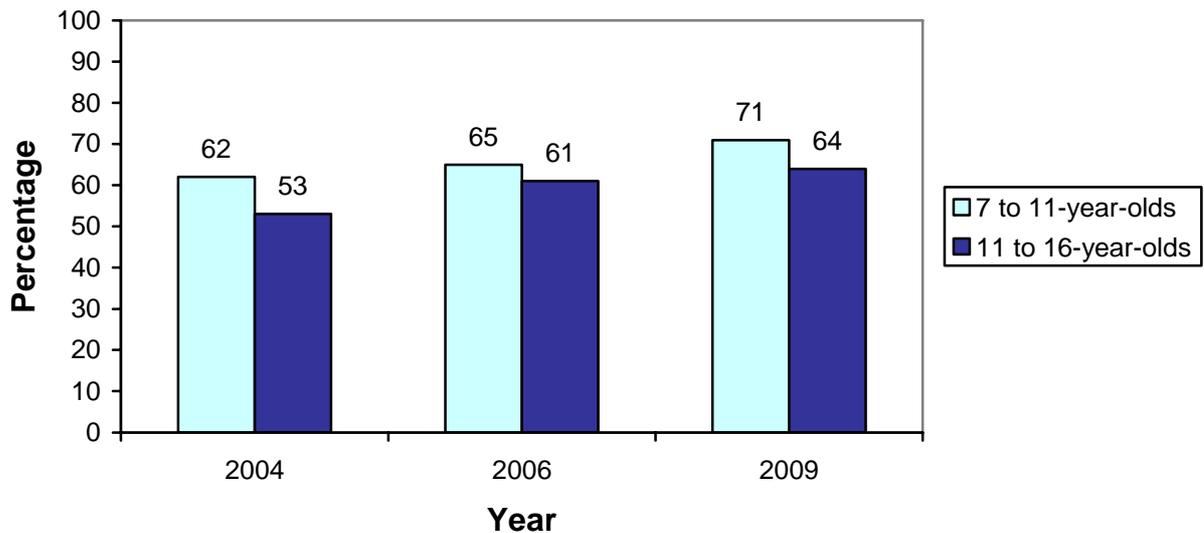


Source: Sport Wales Active Young People Survey

In 2009, a slightly higher proportion of children aged seven to 11 take part in regular extra-curricular activities regularly than young people aged 11-16 (69% and 61% respectively).

In previous years, girls were less likely than boys to participate in extra-curricular activities, however this gap has almost disappeared in the latest survey findings.

Figure 7.10: Percentage of seven to 11-year-olds and 11 to 16-year-olds regularly participating in club sport (2004-2009)



Source: Sport Wales Active Young People Survey

Figure 7.10 shows that the proportion of pupils taking part in club sport has increased gradually during the past ten years. A slightly higher proportion of pupils aged 11-16 participated in regular club sport than primary school aged children (seven to 11).

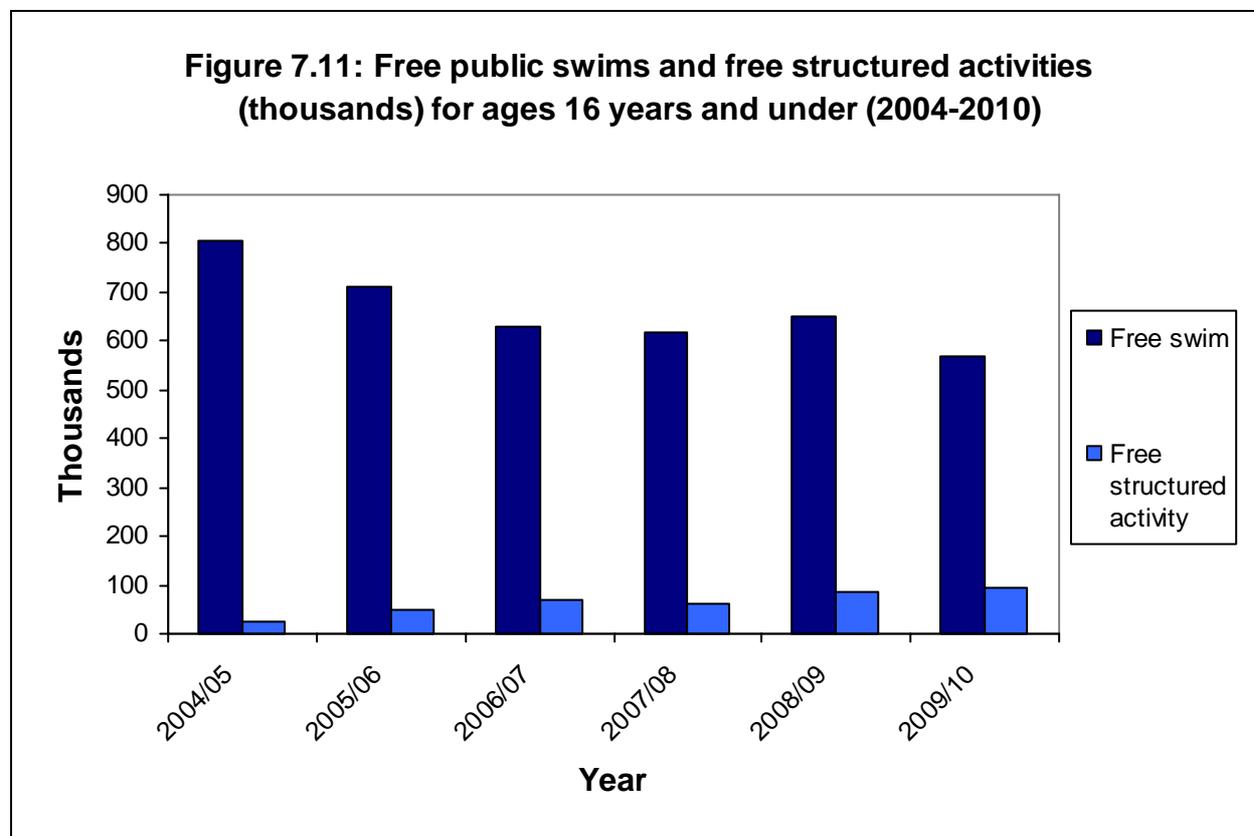
The Active Young People Survey asks pupils what would encourage them to do more club-based sport. The most frequent response was that pupils would do more *'if there were more sports that suited me'*. Just over a fifth of primary age pupils (22%) and nearly half of secondary school age pupils (48%) cited this as a barrier.

Around 19% of primary school pupils said they would be encouraged to do more sport if *'my friends went with me'*. At secondary school age, this increased to 40% of pupils overall and there was a clear gender difference with 29% of boys citing this as a reason compared with 51% of girls. There was less of a gender difference for this measure at primary school age (15% of boys cited this as a reason that would encourage them to do more compared with 23% of girls). Lack of time was also an issue. Cost, however, appears to be less of an issue than the above reasons with 11% of primary school pupils and 18% of secondary pupils saying they would do more if *'it was cheaper'*.

Free swimming participation

In recent years, the Welsh Assembly Government has funded free swimming for children and young people aged 16 and under during all school holidays. The aim of this initiative is to increase participation in physical activity and improve the health and wellbeing of the nation.

The number of free public swims for those aged 16 and under in Wales fell from 808,000 in 2004/05 to 569,000 in 2009/10 a drop of 29.6%. The downward trend was consistent apart from a small rise in 2008/09. Part of the decrease may be due to an increased focus on structured activity and skill development within the programme. The number of free structured swimming activities^f for ages 16 and under in Wales, rose almost four-fold between 2004/05 and 2009/10, from 24,000 to 94,000.



Source: Sport Wales

Sport participation amongst 15 to 24-year-olds

According to the Sport Wales Active Adults Survey, participation in sport declines with age in Wales. Around 73% of 15 to 24-year-olds had taken part in sport and physical recreation in the previous four weeks, compared with 56% of all adults. Females are less likely to take part – 63% compared with 81% of males in the 15-24 age range.

When participation is broken down by activity type, certain activities can be seen as maintaining their participation rates as age increases. Thus, while participation in outdoor games and activities decreases sharply beyond the 15-24 year old age group, the participation rate for outdoor pursuits remains above 40% for all age groups other than the 65 and over age group.

A quarter of 15 to 24-year-olds are members of a sports club, although males at 35% are more likely than females at 14% to belong to a club. Thirty per cent of 15 to 24-year-olds had visited a leisure centre in the previous four weeks with males again

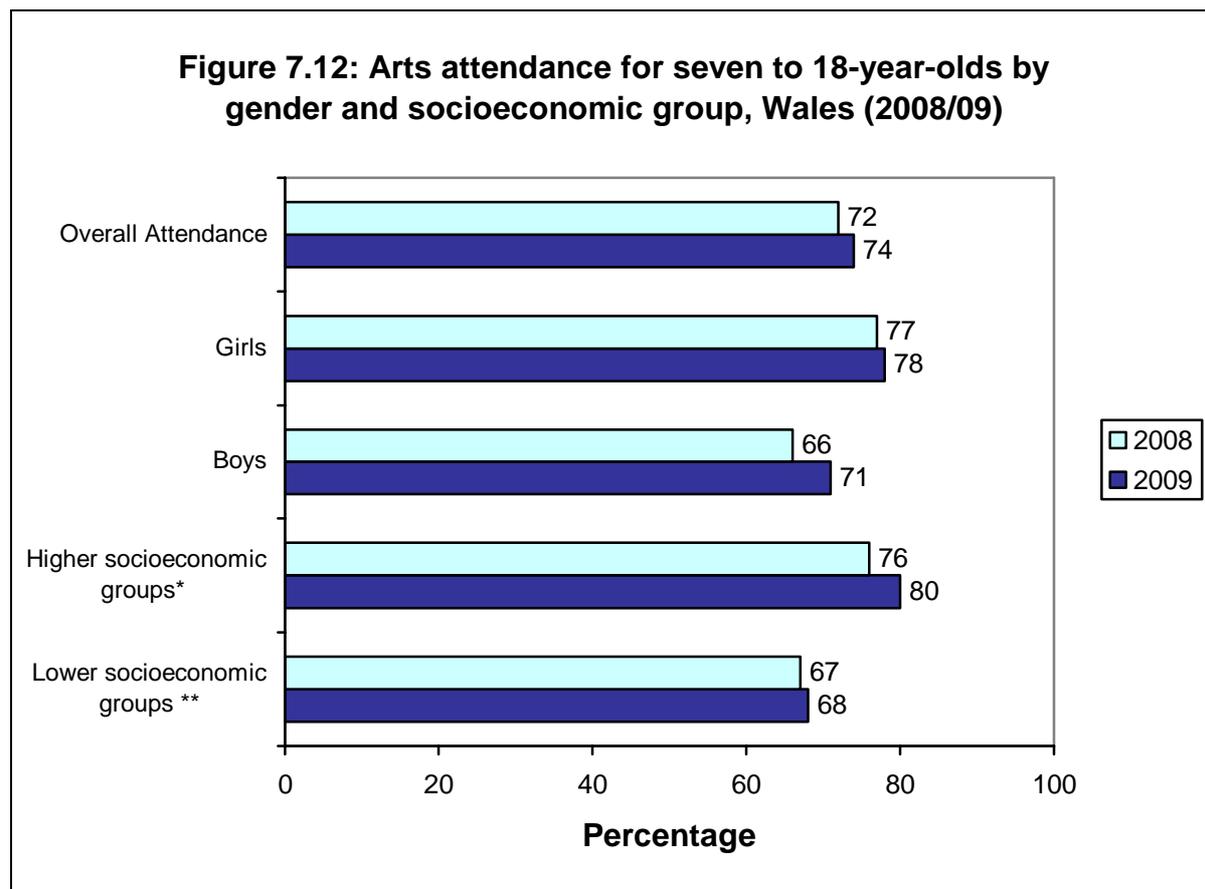
^f A structured swim includes activities such as 'aquafit' or swimming lessons.

being more likely to do so – 34% had visited a leisure centre compared with 26% of females.

7.4 Culture

Arts attendance amongst seven to 18-year-olds

During 2009, almost three quarters – 74% – of children and young people aged seven to 18 attended arts events at least once a year or more. Figure 7.12 outlines some of the main differences in levels of attendance by demographics over the two years.



Source: Children's Omnibus Survey, Beaufort Research

Base: 2008 (1,012), 2009 (1,014)

* Higher socioeconomic groups - ABC1

** Lower socioeconomic group - C2DE

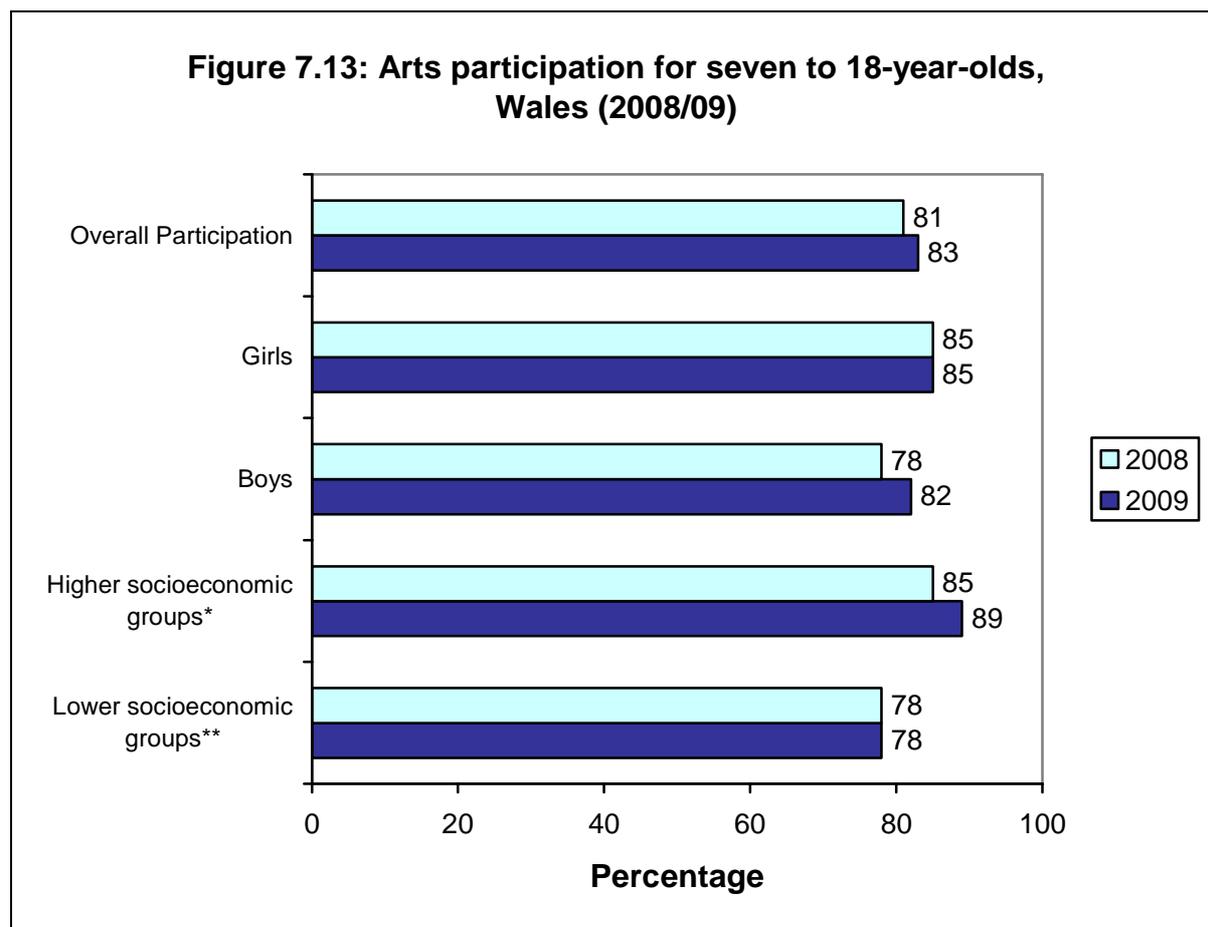
As Figure 7.12 shows, in both years more girls than boys attended arts events, however, there has been an increase in boys attendance over the two years. Over the whole period it was the higher socioeconomic groups who attended the arts more often.

Levels of attendance tend to be higher for younger children and slightly lower for older children. In 2009, while 81% of seven to ten-year-olds attended, this decreased to 66% of 16 to 18-year-olds, and the pattern was the same in 2008.

If children and young people have some level⁹ of Welsh language ability, they are more likely to attend arts events, with 82% attending compared to 69% of those with no Welsh language ability. Again this represented a similar pattern to 2008. In 2009 plays were the artform most often attended by seven to 18-year-olds, followed by live music, and art and craft galleries and exhibitions.

Arts participation amongst seven to 18-year-olds

Levels of participation in the arts are extremely high among seven to 18-year-olds with over 80% taking part once a year or more. Figure 7.13 highlights the main changes in levels of participation among seven to 18-year-olds over the two years.



Source: Children’s Omnibus Survey, Beaufort Research

Base: 2008 (1,012), 2009 (1,014)

* Higher socioeconomic groups – ABC1

** Lower socioeconomic group – C2DE

Figure 7.13 shows that while participation in the arts is higher among girls than boys, participation among boys has increased over the past two years, from 78% to 82%.

⁹ Some Welsh language ability includes all children and young people who are fluent in Welsh and also all those who speak Welsh but are not necessarily fluent.

In terms of levels of participation among the two socioeconomic groups in both years there were greater levels of participation amongst the higher social classes. In 2009, 89% of the higher socioeconomic group took part in the arts compared to 78% of the lower socioeconomic group.

As with attendance levels, participation tends to be higher for younger children with 92% of seven to ten-year-olds taking part, compared to 86% among 11 to 15-year-olds and 65% of 16 to 18-year-olds.

If children and young people have some level of Welsh speaking ability, they tend to have slightly higher levels of participation in the arts than those with no Welsh speaking ability – 89% compared to 80%.

Visual arts and crafts is the artform most commonly participated in, followed by media arts, and then creative writing.

Arts attendance for 16 to 24-year-olds

According to the Wales Omnibus Survey (conducted by Beaufort Research), 75% of 16 to 24-year-olds attended arts events once a year or more which is higher than the adult attendance rate as a whole which currently stands at 71%^h. Levels of attendance among the 16-24 year age group have experienced a small increase from the previous year when 69% attended once a year or more. The most frequently attended artform by this group was live music, followed by carnivals. The pattern for 2008 was very similar.

Arts participation amongst 16 to 24-year-olds

According to the Wales Omnibus Survey, 16 to 24-year-olds show lower levels of participation than seven to 18-year-olds with 37% taking part in the arts once a year or more. However, this is higher than the adult participation rate as a whole which currently stands at 35%.

Patterns of participation are very similar to the younger age groups with visual arts and crafts being the most popular art form to take part in, followed by music and then creative writing.

Young peoples' attitudes to the arts

Young people aged 16-24 have extremely positive attitudes towards the arts. For example, 96% of young people agree with the statement: *'all children should have the opportunity to learn to play a musical instrument or participate in arts activities at school'*.

A further 88% agree with the statement that *'taking part in arts and cultural activity helps people build their confidence'* while 86% agree that *'there should be public funding of the arts'*.

^h This figure excludes cinema to make it comparative with the Children's Omnibus Survey.

Just over three quarters (76%) agree that *'arts and culture make Wales a better place to live in'*. They also agree that taking part in the arts improves their career prospects, with 75% supporting the statement that *'skills gained from participating or learning about arts and cultural activity can help you get a job'*.

References

1. Welsh Assembly Government, 2002. *Welsh Assembly Government play policy*. Cardiff: Welsh Assembly Government.
2. Jenks, C., 2004. Cited in, Kehily, M. J., 2004. *An introduction to childhood studies*. Berkshire: Open University Press.
3. Ginsburg, K.R., 2006 *The importance of play in promoting healthy child development and maintaining strong parent–child bonds*. USA: American Academy of Paediatrics.
4. Smith, P. K., 2010. *Children and play*. UK: Blackwell Publishing.
5. www.playwales.org.uk
6. Currie, C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O. and Barnekow Rasmussen, V., (Eds.) 2004. *Young people's health in context: International report from the HBSC 2001/02 survey. Health policy for children and adolescents, No.4*. Copenhagen: WHO Regional Office for Europe.
7. Currie, C., Nic Gabhain, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Pickett, W., Richter, M., Morgan, A., Barnekow, V., (Eds.) 2008. *Inequalities in young people's health. Health Behaviour in School-aged Children: International report from the 2005/2006 survey. Health policy for children and adolescents, No 5*. Copenhagen: WHO Regional Office for Europe.
8. Ofcom, 2008. Media literacy audit: Report on UK children's media literacy. London: Ofcom.
9. Kuntsche, E., Simons-Morton, B., ter Bogt T., Sanchea Queija, I., Tinoco, V.M., Gaspar de Matos, M., Santinello, M., Lenzi, M. and the HBSC Peer Culture Focus Group, 2009. Electronic media communication with friends from 2002 to 2006 and links to face-to-face contacts in adolescence: an HBSC study in 31 European and North American countries and regions. *International Journal Public Health*; 54, S243-S250.
10. Rees, R., Kavanagh, J., Harden, A., Shepherd, J., Brunton, G., Oliver, S., and Oakley, A., 2006. Young people and physical activity: A systematic review matching their views to effective interventions. *Health Education Research*; 21(6), 806-825.

Chapter 8: Children and Young People are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised

Author: Jackie McDonald

Key Findings

- Thirty-one per cent of 16 to 25-year-olds in Wales had volunteered to help friends, neighbours or other members of the community in the past year and 20% had volunteered for an organisation. This was a higher proportion on average than the 20% of 16 to 24-year-olds who responded to a similar question from the 2008 Living in Wales survey.
- 2009/10 HBSC study data showed that 60% of boys and girls aged 15 in Wales said their classmates were kind and helpful. As with the previous survey, girls were more likely than boys to report that their classmates were kind and helpful.
- Just over a fifth of young people aged 18-24 voted in the 2007 National Assembly for Wales elections.
- A significantly lower proportion of young people reported voting compared to the population as a whole.
- Estyn found that the extent to which children and young people are able to participate in decisions about their education is improving but still varies across Wales and between education sectors.
- Ninety-two per cent of 14 to 25-year-olds in England and Wales felt that there were significant gaps in the services provided for them.
- Young people in Wales aged 16-29 were significantly more likely to be a victim of discrimination, harassment or victimisation than residents over 40.

This chapter focuses on Core Aim 5 of the Welsh Assembly Government's aims for children and young people in Wales. The aim is that every child and young person in Wales is listened to, treated with respect and has their race and cultural identity recognised.

Specifically, this chapter explores the extent to which children and young people in Wales:

- are participating in decisions at home;
- are participating in decisions about their education and their community;
- know about their rights and how to obtain them;
- are participating in voluntary and community activities and voting;
- feel valued and respected; and
- are able to express their cultural identity and race freely.

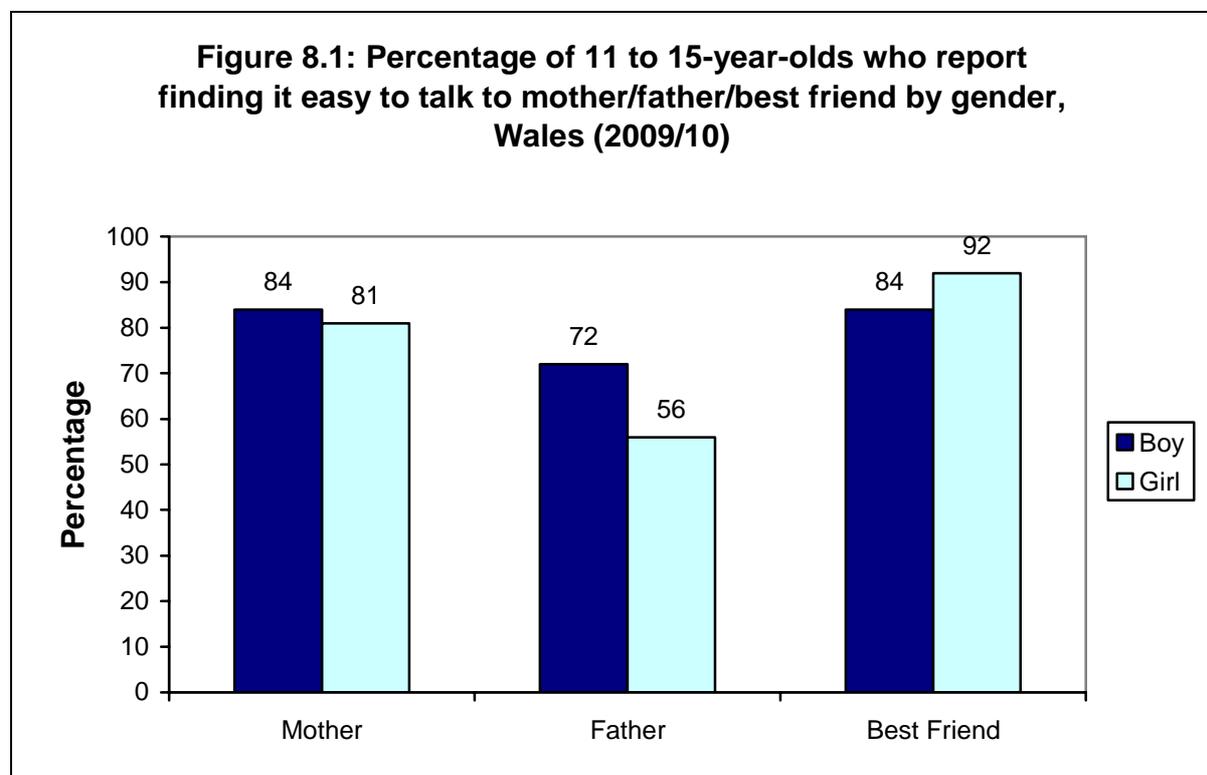
8.1 Engaging in meaningful decisions made on issues affecting their lives

Participating in decisions at home

A young person's rating of how often they talk to their parents may be a helpful indicator of whether or not they are likely to be involved in decision making at home.

Data from the Health Behaviour in School-aged Children (HBSC) 2009/10 study provides information on how easy children aged 11-15 in Wales find it to speak to their mother, father or best friend.

Figure 8.1 shows that while most young people find it easy to speak to their mother and father, fewer girls than boys report this. Furthermore, girls show a marked preference for talking to their best friend rather than their parents. Both boys and girls find it more difficult to talk to their father than their mother or best friend.



Source: Health Behaviour in School-aged Children (HBSC) study

Participating in decisions about their education

The Welsh Assembly Government Survey 'Learner Voice 2010' asked further education (FE) and work based learning students whether their learning provider helped them to participate in decisions about their education. Eighty-five per cent said their college was 'good' or 'very good' at listening to them and hearing what they needed to help them learn. Eighty-three per cent also felt that the college was either 'good' or 'very good' at talking about learning aims or goals.

Analysis reveals little difference in responses between under 19s, under 25s and all FE learners.

On 1 December 2005 it became law in Wales that, by 1 November 2006, all schools should have a school council.

According to an Estyn 2007 report¹ many primary schools had involved children in decision making for some time and their school councils were well-established. Other schools were in the early stages of establishing school councils and, as yet, staff and pupils had little or no understanding of their role or function. Furthermore, some councils operated in isolation from the day-to-day work of the school and lacked connections to other aspects of school life. Overall, it was judged that primary schools in Wales were successful in providing pupils with opportunities to make decisions.

According to an Estyn 2008 report², most secondary schools complied with almost all of the requirements of the School Council (Wales) Regulations 2005, but only a minority complied fully. Furthermore, the report found that school councils influenced decisions about practical arrangements, such as school uniform and meal options, in most schools, but had a significant impact in only a few schools. In these schools, pupils were involved in the appointment of senior staff, budgeting decisions and the development of school policies.

Many of the participants in the *Voices of Children and Young People in Wales* study, talked about school councils as a context in which their opinions were represented, as the following exchange highlights:

“We gather opinions of what children want to say about school... we’re just speaking for the children.” (Taj, 8)

“We make suggestions like to make our school better, if we want to have more equipment or if children don’t want to have an apple in the fruit trolley we could get oranges.” (Aisha, 8)

“We were talking about like what school dinners were like and where you can sit or where you are allowed to sit.” (Maya, 10)

However, some children said they were disillusioned with school councils, because while they listened to what children had to say, things rarely changed as a result:

“I am on (the school council).” (Joshua, 14)

“Yeah I did it as well but they don’t do anything, if you put your opinions down they don’t get taken in really I think the bike shed was mentioned...but there’s no point if no one’s bringing any bikes and there’s no point in having it just before winter because who’s going to bring a bike when it is icy and stuff like that. It’s like a danger hazard and stuff like that.” (Cameron, 13)

“They like waste money like I think like that bike shed, that must have cost like about 500 quid or a bit more and there’s four bikes in it so there’s no point.”
(Joshua, 14)

The Estyn 2008 report also considered work-based learning, it was reported that learners were invited to complete brief questionnaires on their views, but beyond this, very few learners had enough opportunity to be involved in deciding issues which affected their lives.

In FE, learners were increasingly being consulted about their preferred learning styles, but the extent to which this influenced teaching depended on the commitment of individual teachers.

About half of the local authorities inspected in the year before the report had consulted effectively with learners, often using school councils and youth forums. However, some local authorities consulted only with head teachers and parents rather than with pupils, on decisions that affected young people’s education².

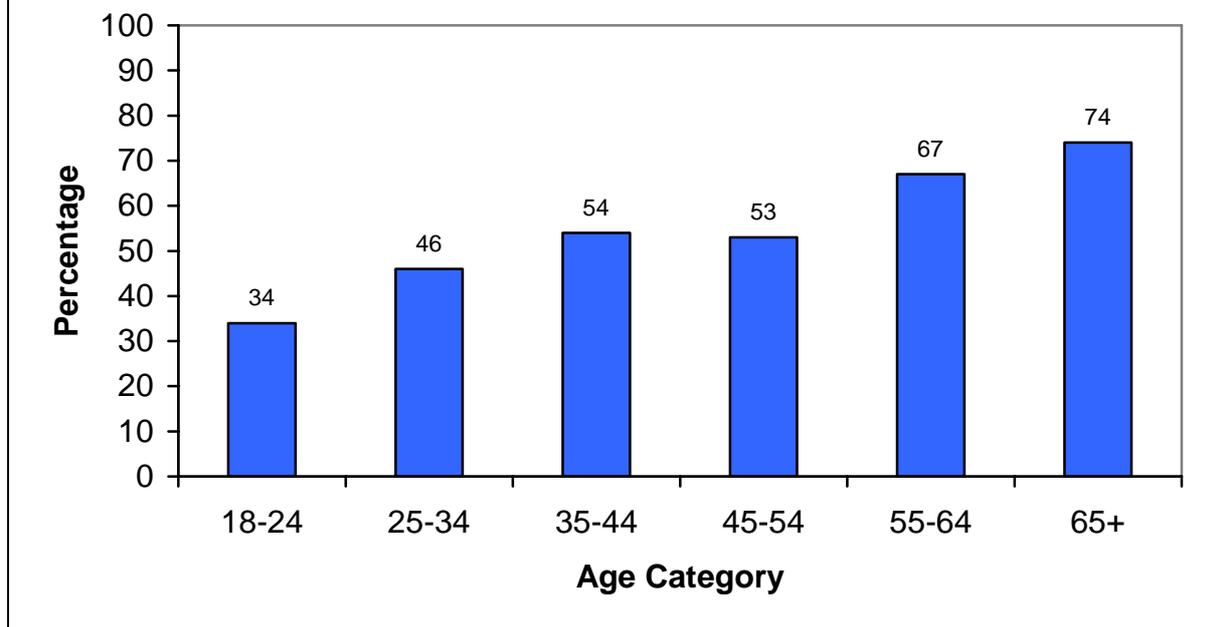
Participating in decisions within their community

A common theme emerging in citizenship-related research is that people feel they should have the opportunity to have a say, but don’t necessarily want to take advantage of that opportunity in practice³. This trend is also evident in the views of young people. In a survey of young people carried out for the then Department for Education and Skills (DfES) in 2004, a significant majority of young people felt they should have some say in decision-making about local facilities and issues such as compulsory identity cards. However, only 3% had taken part in an organised event in the previous three months⁴.

Attitudes to voting and voting activity

The NatCen 2010 British Social Attitudes Survey has shown that the number of people who vote because they feel it is their civic duty has fallen sharply during the last two decades to a current level of 56%. The survey, undertaken in England, Wales and Scotland, also found that the decline in ‘duty’ as motivation is more marked among young people than other age groups. Only 34% of 18 to 24-year-olds feel they have a duty to vote⁵.

Figure 8.2: Percentage of respondents who feel 'it is everyone's duty to vote', GB (2008)



Source: British Social Attitudes survey, National Centre for Social Research

The GfK NOP All-Wales Convention research, carried out in 2009, reported a marked difference between the voting behaviour of young people and the population as a whole^a. Only 17% of 16 to 24-year-olds said that they always voted in the National Assembly for Wales elections compared to 49% of the general public. 27% of 16 to 24-year-olds said they always voted in the UK general elections compared to 66% of the general public⁶.

This continues a trend identified by a DfES study undertaken in 2004, which found that political interest among young people had declined since 1994. In 2004, 59% of young people felt that when in a general election 'people should vote only if they care who wins'. Nine per cent said they believed there was no point to voting at all⁴.

8.2 Knowing about their rights and how to obtain them

Knowledge of rights

The UN Convention on the Rights of the Child (UNCRC) states that all children and young people should be made aware of their rights. The UN has also recommended that the UNCRC and human rights agenda should be included in the education curriculum. To date Wales is the only nation to have made a specific strategic commitment to deliver the UNCRC.

When responding to the Welsh Assembly Government's 2010 National Survey pilot, fewer 16 to 25-year-olds than over 25s reported having heard of the UNCRC - 12% for those aged 16-25 versus 33% of over 25s. Awareness was particularly low

^a N.B. 24% from the 16-24 age group reported having been ineligible to vote.

among young men, with only 9% of 16 to 25 year-olds males reporting any awareness of the UNCRC. This compared with 16% of young women in the same age group.

Advocacy services

As reported by the 2008 Monitor, research commissioned by the Welsh Assembly Government in 2007 showed that, among those who had used advocacy services, experiences were largely positive⁷. However this research highlighted gaps in some participants' knowledge about advocacy and their rights.

Earlier qualitative research carried out in Wales, among 105 five to 25-year-olds with a disability, also found that there were gaps in the knowledge held by the children and young people.

These gaps related to their disability, care and treatment, the roles and responsibilities of staff, the services they received and the services that were available.

Many disabled children and young people received information 'second hand' from their parents or carers, rather than directly from professionals. Furthermore, the study found that, whilst the children and young people made small day-to-day decisions, adults still appeared to make the more important decisions on their behalf.

There were few examples of children and young people with disabilities being involved in shaping services. However, the children and young people in the study wanted to participate in decisions about their individual care and the services they use⁸.

Advice and guidance services

Quantitative interviews with 14 to 25-year-olds undertaken in England and Wales for the Prince's Trust, showed that 92% of respondents believed that there were significant gaps in the provision of services they needed in their local community. Females were more likely than males to consider that there were insufficient services to advise them on issues such as safe sex, pregnancy and setting up home⁹.

A 2005 report for the Wales programme of Save the Children had some optimistic messages about service provision for young asylum-seekers in Wales, including advice and guidance and advocacy services. The children and parents studied reported being positive about the treatment they had received¹⁰.

8.3 Valued and respected as members of society

Relationships with others

One potential indicator of a young person feeling valued and respected is how positively that individual views his or her relationships with classmates and neighbours.

2009/10 HBSC study data showed that 60% of 15-year-olds in Wales said their classmates were kind and helpful, compared to 58% in 2005/06. As with the previous survey, girls were more likely than boys to report that their classmates were kind and helpful.

The 2008/09 Citizenship survey sought information from 10,000 people on their local community. The survey asked whether people felt a sense of belonging to the neighbourhood. Most people (77%) felt that they belonged 'strongly' to their neighbourhood, with 37% saying they belonged 'very strongly'.

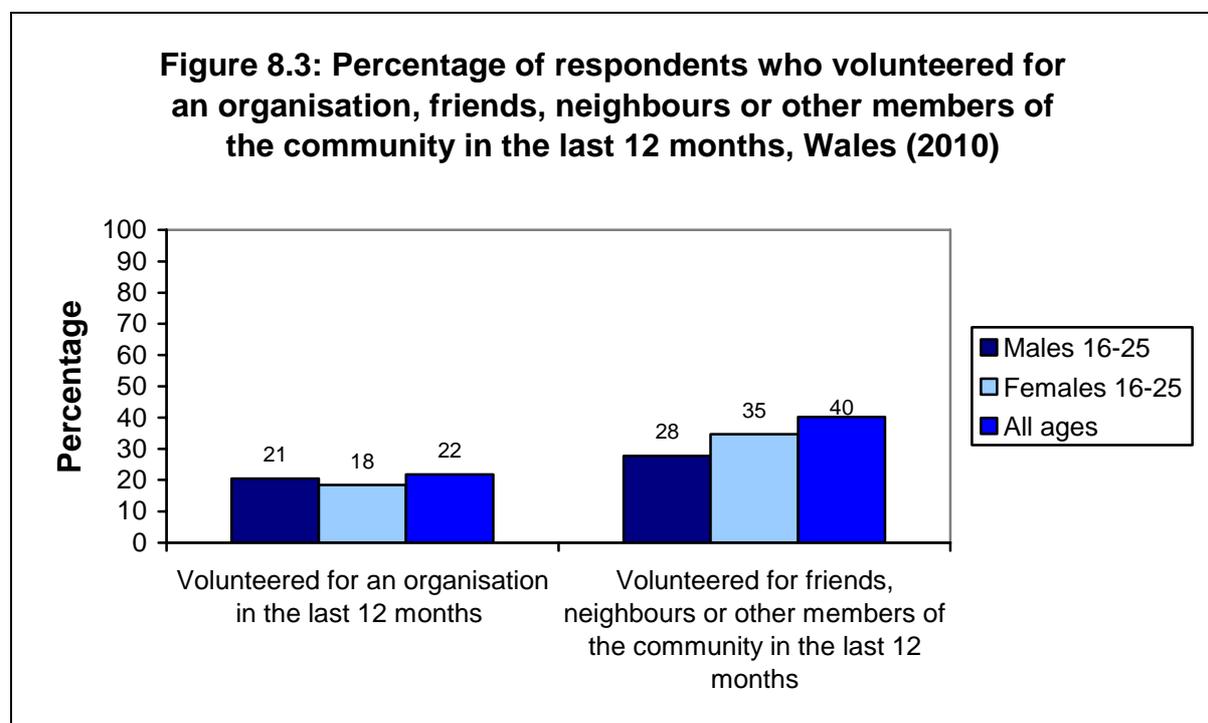
A feeling of belonging was highest amongst those aged 65 to 74, with 92% responding this way, and 90% of those aged 50 to 64 responded this way. It was lowest amongst those aged 16 to 24 at 72%.

However, it is worth noting that the feeling of belonging reported among this age group is still quite high and slightly higher in the survey figures for Wales compared to those for England where the equivalent figure was 70%.

Voluntary activity

The extent to which a person feels connected to, and valued by, society may be reflected in their involvement, or willingness to be involved, in voluntary or civic activities.

The 2010 National Survey for Wales Pilot provides information about volunteering to help people and organisations. The percentages of respondents who reported having volunteered in this way during the last year are provided in Figure 8.3.



Source: National Survey for Wales Pilot

As Figure 8.3 shows, fewer respondents from the 16-25 age group had volunteered than from the population as a whole. The difference was particularly marked in the number of people reporting having volunteered for friends, neighbours or other members of the community, as opposed to volunteering for an organisation.

Young females were more likely to report having volunteered on this basis, with 35% of females and 28% of males aged 16-25 providing this response. On a more positive note, a higher proportion of all respondents reported having volunteered than respondents to a similar question from the 2008 Living in Wales survey.

Feeling valued and respected

The National Survey for Wales Pilot also sought information on the levels of respect that people experienced in their local community.

When asked how much of a problem they thought there was with people not treating each other with respect and consideration, young people aged 16-25 were more likely to report this was either a 'very big' or 'fairly big' problem.

When specifically asked whether they themselves had been treated with respect by their local public services in the last year, there was a less marked difference between the under 25s and the population as a whole.

However, young males were notably less likely to report being treated with respect than young females. Eighty-six per cent of women aged 16-25 reported being treated with respect either all or most of the time, compared with 79% of men of the same age.

The 2008-09 Citizenship survey undertaken by the Department for Communities and Local Government (DCLG), asked how people felt about their freedom to practice religion.

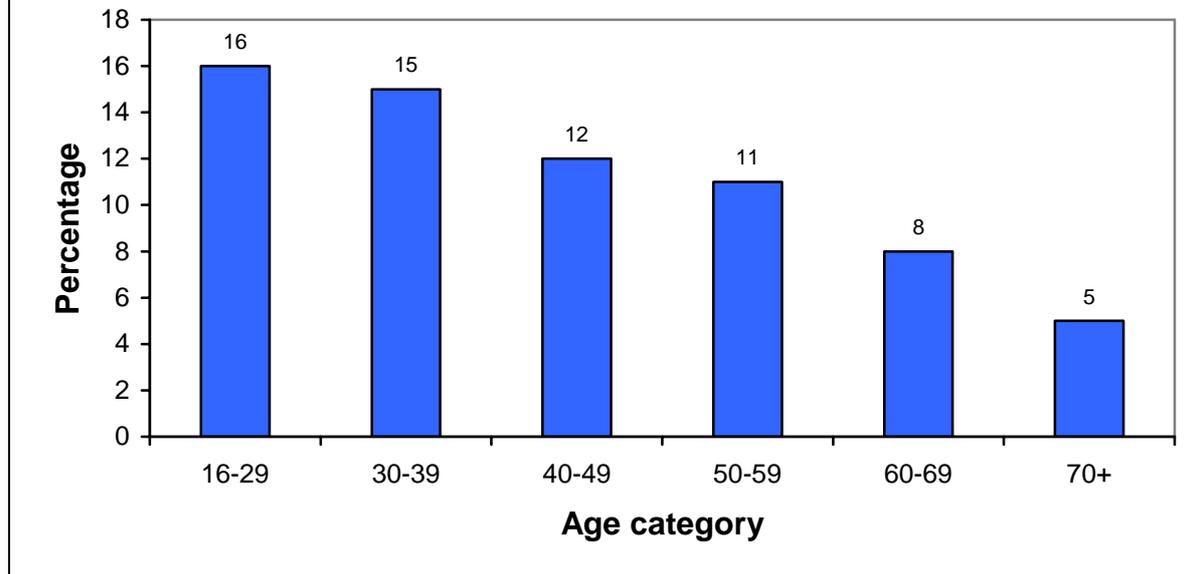
People aged 16-29 who practised a religion were less likely than older people to say that they felt able to do so freely. Ninety-six per cent of people aged 50 and over who practised a religion said that they felt free to do so, compared with 91% of those aged 16-29.

Eighty-three per cent of practising Muslims aged 16-29 felt they could practise their religion freely, compared with 89% of practising Muslims aged 30-49 and 94% aged 50 and over.

According to Living in Wales 2008, young respondents aged between 16 and 29 were twice as likely as residents aged between 60 and 69 to have been a victim of discrimination, harassment or victimisation in the previous five years and more than three times as likely as residents aged 70 and over.

Ten per cent of all respondents had suffered some form of discrimination, harassment or victimisation in the previous five years. However about 16% of 16 to 29-year-olds and almost a quarter of all male respondents aged 16 to 29 had suffered¹¹.

Figure 8.4: Percentage of respondents who had experienced discrimination, harassment or victimisation in the last five years by age, Wales (2008)



Source: Living in Wales Survey

According to the *Voices of Children and Young People in Wales* study, being listened to, and related to this, being respected, was an important issue for young people and this was reflected by the lengthy discussions on this topic. Because most of the participants were still at school, these discussions often centred on the extent they felt listened to by teachers. While acknowledging that teachers had a lot of call on their attention, children were aggrieved when they felt teachers did not listen to their point of view and/or were perceived as unfairly taking the side of another:

“Sometimes (grown-ups listen to you). But some, like Miss Black, if you get like in trouble and it’s somebody else too, she’s always like ‘no no no shush shush shush’ and she doesn’t give us the chance to talk. When we’re like doing things and one of the teachers thinks like it’s you, you just lose like golden time or something and it just isn’t fair.” (David, 8)

The participants talked about ‘champions’ in their lives such as parents and teachers who would listen and try to resolve problems but across all the respondent age groups, there was some strength of feeling that adults did not perceive children’s problems as significant. In other words that children and young people were less important than adults:

“Adults in general are just like, if you hang around on the street laughing with your friends then there will be some adults passing and they will give you a really snooty look and probably think like they are probably drinking and there is adults that don’t listen...adults that base their experiences of when they were a kid, it’s changed since they were little so they don’t listen to, like, what we have to say.” (Grace, 13)

Impact of the media

It is widely understood that the media can have a significant impact on an individual's perception of a particular group. This can, in turn, impact on how an individuals feel themselves to be perceived by others in society.

Research undertaken by MORI in 2005 for the Young People Now Positive Images campaign found that stories being written about young people tended to focus heavily on crime. Four in ten such stories during the period studied related to criminal activities, including violent and petty crime, vandalism and anti-social behaviour. In addition, for every positive mention of young people there were five negative ones¹².

Most young asylum-seekers involved in the Save the Children research said they had been made to feel welcome by the people of Wales. However, several of the children and young people interviewed had experienced racial abuse and harassment. Some interviewees were of the opinion that the media in the UK fuels negative perceptions of asylum-seekers¹⁰.

In the *Voices of Children and Young People in Wales* study, much group discussion among participants focused on the perceived negative image that many adults held of young people in general:

“Like when you go out most people say teenagers stay indoors too much these days so you go out and they say oh, they are always hanging around the street, so it's kind of like you don't win so you just don't know what to do.”
(Scarlett,13)

“Most teenagers are disengaged at the moment, but that could be something to do with their backgrounds and to do with youth culture as well today and I don't think it helps with the media giving negative stereotypes all the time because it's not fair.” (Freda, 14)

8.4 Able to express their cultural identity and race freely

Forty-six per cent of respondents to the Learner Voice 2010 survey reported that their college or learning provider was either good or very good at offering Welsh language support. Forty per cent reported that this did not apply to them.

The Girl Guiding UK study undertaken in 2009 suggested that girl guides living in Scotland and Wales have a much stronger sense of their national identity than those living in England, which leads them to question the institutions and concepts of 'British' identity.

Around 30% of the girls surveyed would not claim to be proud to be British, citing reasons as diverse as immigration, a lack of community cohesion and negative public perceptions of young people¹⁴.

A series of focus groups involving approximately 100 people aged 16-25 in England, Wales and Scotland, undertaken for the Policy Research Centre in 2009, also

supported this finding. The study's young English Muslim participants felt a sense of tension when it came to questions around national identity.

However, by contrast, their Scottish and Welsh counterparts expressed a strong sense of national identity. When questioned further they reluctantly disclosed a sense of Britishness, but their affinities lay with Scotland and Wales¹⁵.

Issues of identity and belonging were clearly important to children and young people who took part in the *Voices of Children and Young People in Wales* study. Those participants who were born in Wales, with Welsh parents and (in some cases) spoke Welsh, were clear about their own identity as Welsh. Participants who identified themselves as Welsh reflected on the historical relationship between England and Wales and what they thought was acceptable patriotism and how this was different from more extreme views.

"I'm Welsh...most people don't know what Wales is, they think it's just another part of England." (Zoe, 13)

"I don't understand why there is this competition between England and Wales, because that all happened centuries ago. I think it's good to be patriotic but not so patriotic that you put others down." (Grace, 13)

Others who were born in England, had English parents and lived in areas of Wales where the Welsh language was not commonly used, often saw themselves as English. For those with one English and one Welsh parent some saw themselves as English, some as Welsh and some were not sure. For those who lived in border areas, the issue of identity seemed less clear cut.

"If you are born in Wales, you are Welsh I like saying I am Welsh, it makes me feel like proud." (Maddison, 13)

"I was born pretty much on the border of Wales and England so I say British." (Callum, 13)

"I would call myself British but I am very proud of Wales in general, it's got beautiful landscapes." (Kai, 13)

References

1. Estyn, 2007. *Participation of children and young people (3-11 year olds) in local decision-making issues that effect their lives*. Cardiff: Estyn.
2. Estyn, 2008. *Having your say – young people, participation and school councils*. Cardiff: Estyn.
3. Ipsos MORI, 2010. *What do people want, need and expect from public services?* London: 2020 Public Services Trust, RSA.
4. Park, A., Phillips, M., Johnson, M., 2004. *Young people in Britain: the attitudes and experiences of 12-19 year olds*. London: Department for Education and Skills.
5. Park, A., Curtice, J., Thomson, K., Phillips, M., Clery, E. and Butt, S., (Eds.) National Centre for Social Research, 2010. *British Social Attitudes Survey 26th Report*. London: SAGE.
6. GFK NOP Social Research, 2009. *Research to support the work of the all Wales convention*. Cardiff: GFK NOP Social Research.
7. Pithouse, A. and Crowley, A., 2007. National standards in children's advocacy - what do young people say? *Child Care in Practice*; 13 (1), 17-32.
8. Turner, C., 2003. *Are you listening? What disabled children and young people in Wales think about the services they use*. Cardiff: Barnardos, Children First, NCH.
9. Calder, A., 2004. *Reaching the hardest to reach*. London: Prince's Trust.
10. Hewett T., Smalley N., Dunkerley D., Scourfield J., 2005. *Uncertain futures: children seeking asylum in Wales*. Cardiff: Wales Programme of Save the Children.
11. Welsh Assembly Government, 2008. *Living in Wales, 2008*. Cardiff: Welsh Assembly Government.
12. MORI, 2005. *Young people and the media*. Young People Now magazine.
13. Girlguiding UK, 2009. *Girls' Attitudes*. UK: Girlguiding UK.
14. Ahmed, S., 2009. *Seen and not heard: voices of young British Muslims*. Leicestershire: Policy Research Centre.

Chapter 9: Safe Home and Community

Authors: Mike Harmer, Robert Willis and Henry Small

Key Findings

- Around 20% of children aged between 10-15 in GB reported being victims of crime in 2009.
- The numbers of children killed or seriously injured has declined since 1979, reflecting changes in children's behaviour towards the road environment and, for car occupants, trends towards safer cars. Some recent data, however, shows that the numbers of pedestrian and cyclists killed or seriously injured have levelled out from 2006 onwards and so they currently comprise an increasing proportion of child casualties.
- Recent trends in young drivers' involvement in accidents suggest that the rates are falling more slowly than for older drivers. Comparing the period 1994-1998 with 2004-2008, the number of young drivers involved in accidents has fallen by 10%, but the number of older drivers involved in accidents has fallen by 17%.
- In 2008 around 74,000 children and young people aged 0-24 were living in overcrowded conditions.
- Being the victim of bullying tends to decrease with age with around 6% of 15-year-olds reporting being bullied frequently in 2009/10.

This chapter focuses on Core Aim 6 of the Welsh Assembly Government's aims for children and young people in Wales. The aim is that 'all children and young people should have a safe home and community which supports physical and emotional wellbeing'.

It has long been recognised how important it is to protect children and young adults from the physical and psychological harm that can be caused by other people – for example through crime or bullying - or by their immediate environments – for example through accidents or poor housing.

The purpose of this chapter is to show how younger people in Wales are faring in respect of safety and security. How successful is Welsh society in providing these pre-conditions for a happy childhood and adolescence leading to a flourishing adult life?

Specifically, the chapter reports on:

- crime;
- bullying;
- injuries and accidents;
- environmental pollution;
- housing; and

- fuel poverty.

9.1 Crime

Victims of crime

People experience crime as direct or indirect victims or through committing crime. Data on the extent to which children and young people are victims are harder to find than data on the offences committed. One of the problems is that the survey approach usually taken to gather information about being a victim of crime always puts a lower limit on the age of the respondent, and there is a natural barrier to asking babies and very young children about their experiences. This makes it extremely difficult to estimate victimhood amongst the youngest members of society.

There are no Welsh-specific data for young people as victims of crime, but experimental statistics^a on victimisation of children aged 10-15 from the 2009 British Crime Survey (BCS) for the year ending December 2009 show their risk of being a victim of personal crime over the past year, and the proportion of crimes actually reported to the police (Table 9.1).

Table 9.1: Percentage of children aged 10-15 who stated they were victims of crime, GB (2009)

	Children stating they were victims of crime	Proportion of these crimes that were reported to the police
Theft from the person	1	5
Other personal theft	5	4
All BCS violence	20	13
All personal crime	24	11

Source: British Crime Survey (BCS)

In addition to direct victimhood, observing or hearing about criminal behaviour in the local neighbourhood, or the home is likely to have some influence on a child's perception of those around them and their later attitudes and behaviour.

Analysis of recorded crime statistics (Table 9.2) shows marked differences in the level and nature of crime committed in areas of higher and lower levels of deprivation.

^a Experimental statistics are new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.

Table 9.2: Police force recorded crime: incidents as a percentage of 'population', by area of deprivation, Wales (average over 2005/06-2006/07)

	Welsh Index of Multiple Deprivation 2008: Quintile of Deprivation				
	1 (most deprived)	2	3	4	5 (least deprived)
Violent crime*	4.7	3.6	2.1	1.4	1.1
Burglary**	3.1	2.4	1.6	1.5	1.5
Theft*	3.7	2.8	1.9	1.5	1.7
Criminal damage*	5.9	4.1	2.9	2.0	1.7

Source: Welsh Index of Multiple Deprivation, 2008; community safety domain. Recorded crime incidents are provided by the four Welsh Police Forces.

* Violent crime, theft and criminal damage – the population is the resident population excluding prisoners, plus the total non-resident workplace population.

** Burglary – the population is the total number of dwellings, plus the total number of business addresses.

The general perceptions of parents, children and young people on the safety or otherwise of their neighbourhood is likely to have a significant bearing on how and where children play and interact with other children and adults. This in turn will affect their broader socialisation and wellbeing.

Evidence tends to be limited to adults' views. For example the Living in Wales (LiW) survey asked adult respondents^b in 2008 how safe or unsafe they felt in a variety of situations at varying times of the day^c. This showed a high proportion feeling safe at home. Ninety-nine per cent felt safe 'at home in daylight'. A slightly lower proportion - 94% - felt this way about being 'at home after dark' although with twice as many females as males felt unsafe at home after dark.

The proportions feeling safe were lower outside the home. Just over 95% felt safe 'when walking in their neighbourhood during daylight', compared with 92% 'when walking in their nearest town or city centre in daylight'.

However, for respondents who went out 'walking in their neighbourhood after dark', almost a quarter felt 'unsafe', while over half felt this way when 'walking in their nearest town or city centre after dark'.

According to the Millennium Cohort Study (MCS), nearly two thirds (63%) of seven-year-olds in Wales report feeling safe in the playground 'all of the time'. Thirty-one per cent report feeling safe 'some of the time' and 6% report that they 'never' feel safe. Those children living in disadvantaged areas, or who have experience of poverty, are more likely to report 'never' feeling safe.

^b The household reference person or partner/spouse.

^c This question has the weakness that it may be capturing reactions to a hypothetical situation and concerns about social change rather than safety per se¹.

Committing crime

Many victims of crime also commit crime, and vice-versa. This is particularly true for older children and younger adults. The Youth Survey 2008² asked pupils aged 11-16 in schools across England and Wales about their offending behaviour^d. It found that Wales had the second highest percentage, of Wales and the nine English regions, of young people reporting they had committed a criminal offence in the previous 12 months.

The Welsh figure of 28% was just behind the South East at 30%. Wales also had the lowest detection rate of any region, at 38% compared to the West Midlands at 59%.

Twenty-three per cent of young people said they had committed a criminal offence in the past year. These reported offences were mainly low level, with 53% admitting to travelling on a bus, train or tube without paying a fare. When offences are grouped together, the most common were anti-social behaviour (79%) and theft (71%). A higher percentage of boys (27%) than girls (18%) reported committing an offence.

Anti-social behaviour

Anti-social behaviour is defined in the Crime and Disorder Act 1998 as acting *'in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as himself'*. This definition straddles the distinction between criminal and non-criminal behaviour and can therefore encompass both.

The BCS provides information on the public perception of anti-social behaviour. A summary measure of anti-social behaviour was derived from the combined responses to questions about seven types of behaviour. These were:

- drug use or dealing;
- dropping rubbish or litter;
- drunk or rowdy behaviour;
- vandalism, graffiti or other deliberate damage to property;
- noisy neighbours or loud parties;
- teenagers hanging around on the street; and
- abandoned or burnt-out cars.

It is worth noting that this measure relates to perceptions of anti-social behaviour committed by anyone and not exclusively by children and young people. However some of the questions asked relate directly to young people and, in political debate, anti-social behaviour has been increasingly defined as being largely committed by young people³.

^d The sample size for Wales was 523. The sampling tolerance at the 95% confidence interval for these results is +/- 4%.

Using this measure, the proportion of respondents in Wales who perceived a high level of anti-social behaviour in their locality increased from 13% to 18% between 2004/06 and 2008/09. Table 9.3 shows that, over the same period, the perceived level of drug use or dealing also increased, whilst worry about violent crime and burglary remained broadly unchanged.

Table 9.3: Perceptions of anti-social behaviour, crime and drug misuse, Wales (2004-2009)

	High level of perceived anti-social behaviour	High level of perceived drug use or dealing	High level of worry about violent crime	High level of worry about burglary
2004-2005	13	26	11	10
2005-2006	15	29	11	9
2006-2007	17	31	12	11
2007-2008	18	32	12	10
2008-2009	18	32

Source: British Crime Survey (BCS)

Another, indirect way to gauge levels of anti-social behaviour is by looking at the number of Anti-Social Behaviour Orders (ASBOs) issued. However these represent just one possible response to the problem, and police forces in Wales⁴ tend to see them as a last resort. However, research conducted using Home Office figures shows that the rate of ASBOs issued in Wales per 100,000 population almost doubled between 2004 (16) and 2005 (31), before falling back close to the 2004 level in 2007 (17), by which time it was on a par with England⁵.

A more direct way to gauge the prevalence of anti-social behaviour is to ask young people themselves. In the Youth Survey 2008, 18% of young people aged 11-16 in England and Wales admitted carrying out anti-social behaviour in the past 12 months.

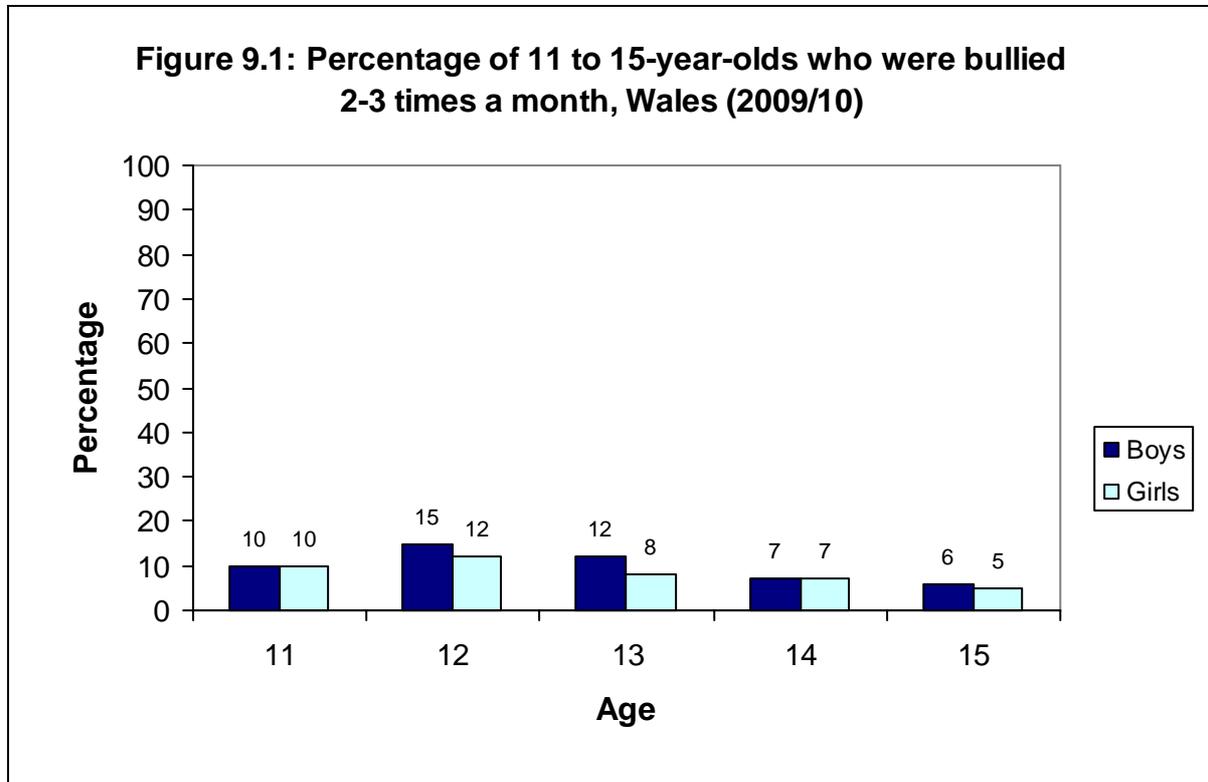
9.2 Bullying

Bullying can be classified into three main types:

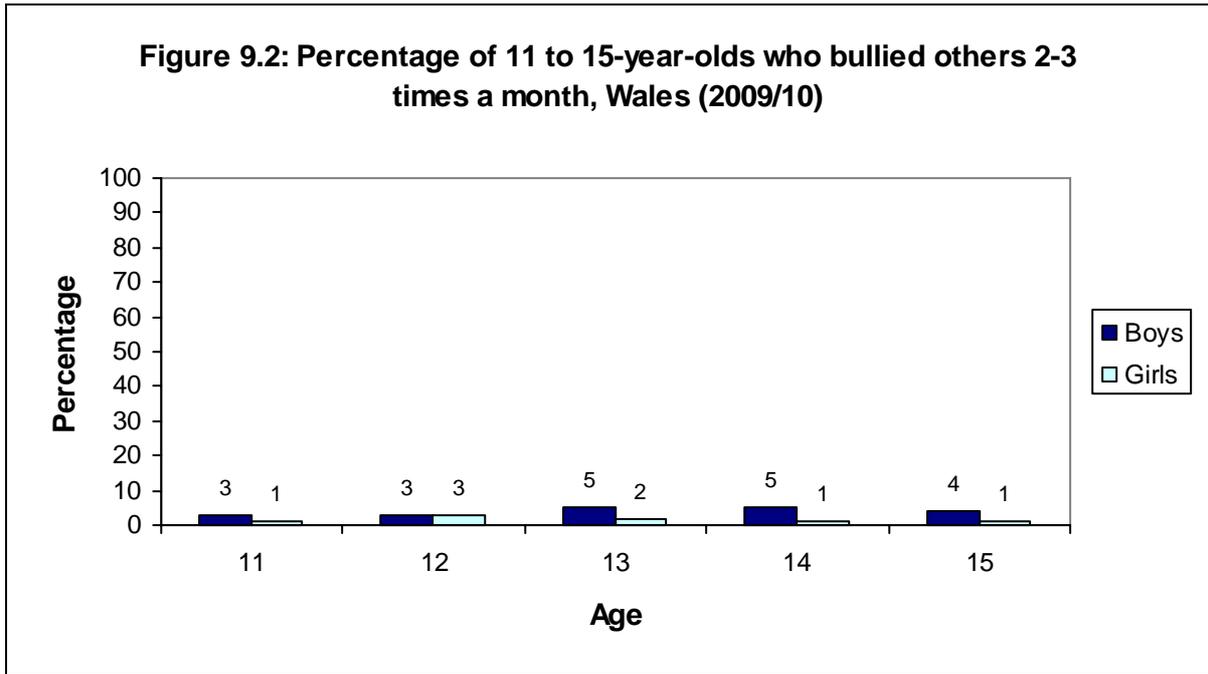
1. physical – including hitting, kicking, taking belongings, sexual harassment or aggression;
2. verbal – including name-calling, insulting, making offensive remarks;
3. indirect – including exclusion from social groups, being made the subject of malicious rumours, sending malicious emails or text messages.

A key source of data on bullying amongst secondary school-aged children in Wales is the Health Behaviour in School-aged Children (HBSC) study. This reports on the proportion of children aged 11-15 who have report being bullied at least twice a month in the previous two months. This might be seen as a measure of repeat victimisation, and may be indicative of young people at higher risk.

The data show that, as children get older, they are less likely to be bullied. According to the 2009/10 survey, 10% of boys and girls aged 11 in Wales were bullied at least twice a month in the previous two months. For 13-year-olds, these were 12% of boys and 8% of girls. For 15-year-olds, the figures were lower (6% of boys and 5% of girls).

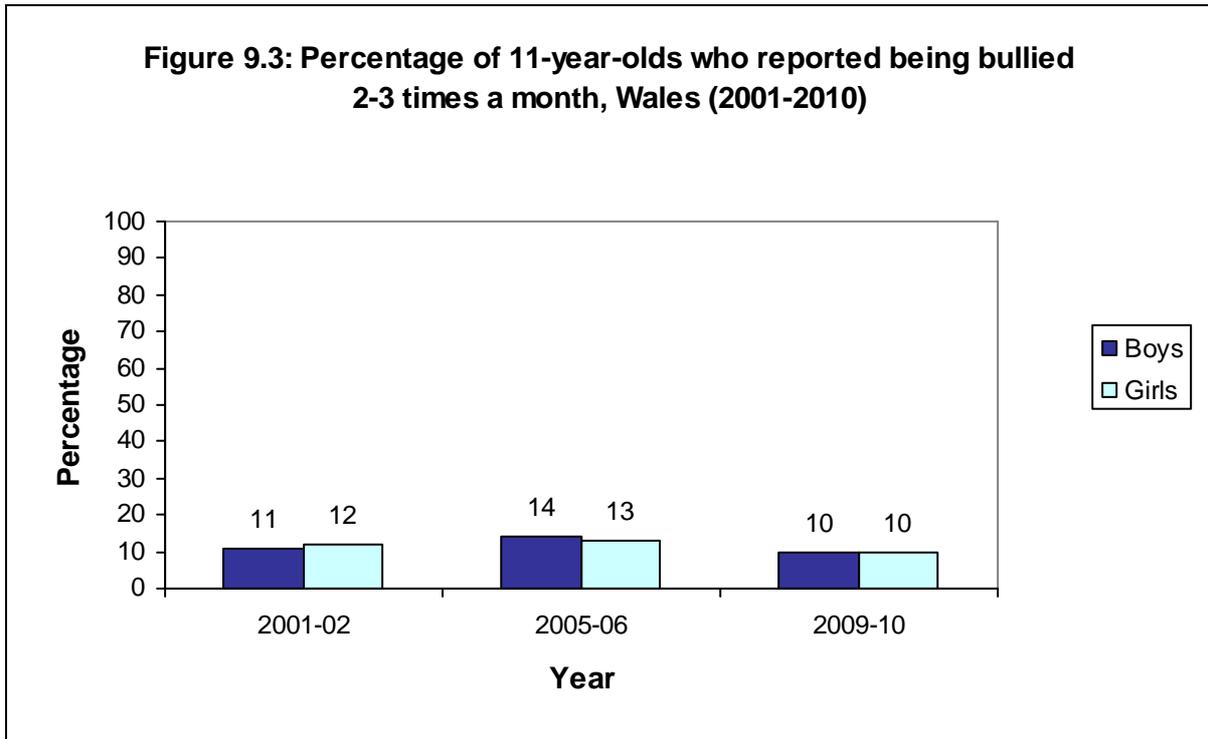


Source: Health Behaviour in School-aged Children (HBSC) study



Source: Health Behaviour in School-aged Children (HBSC) study

Figure 9.3 shows that levels of reported bullying have remained stable over the last ten years.



Source: Health Behaviour in School-aged Children (HBSC) study

The Survey into the Prevalence and Incidence of School Bullying in Wales was a self-completion survey of pupils^e. A high percentage of pupils - ranging from 74% to

^e This survey included pupils from primary schools, secondary schools, pupil referral units and special schools.

89% depending on year - stated that they know who to talk to in the school if they were bullied. The majority of pupils in years six, seven and ten who had experienced bullying had told their family, friends, or a member of staff (Table 9.4), with younger pupils more likely than older pupils to tell other people.

Table 9.4: Percentage of children who have been bullied in the last school year telling other people about it, Wales (2009)

	Year 6 (aged 10-11 years)	Year 7 (aged 11-12 years)	Year 10 (aged 14-15 years)
Family	62	55	39
Friend	50	43	42
School staff	46	44	35
No-one	12	15	19
Other	8	6	7

Source: Survey into the prevalence and incidence of school bullying in Wales, Welsh Assembly Government

The survey also uncovered gender differences in the type of bullying experienced. Girls in all year groups were more likely than boys to report indirect forms of bullying, such as being excluded from activities on purpose. Boys in years six, seven and ten were more likely to report homophobic bullying, and boys in years four and seven were more likely to report being physically bullied.

It also provides some information on 'cyber-bullying'. Unlike other forms of bullying, the decline in the percentage of pupils experiencing cyber-bullying as pupils get older is small (see Table 9.5).

Table 9.5: Percentage of pupils in years six, seven and ten reporting different types of cyber-bullying within the last two months, Wales (2009)

	Social website	Mobile phone	Email
Year 6	12	7	6
Year 7	11	7	6
Year 10	9	6	4

Source: Survey into the prevalence and incidence of school bullying in Wales, Welsh Assembly Government

According to the MCS 12% of boys and 9% of girls aged seven in Wales report that they are bullied 'all of the time'. A further 44% report that they are bullied 'some of the time'. The analysis found that children at higher risk of being bullied all of the time are those who are obese, living in poverty and living in a lone parent or 'other' family situation.

The Longitudinal Study of Young People in England (LSYPE) found that young people with special educational needs and those with disabilities were more likely than other young people to report all types of bullying at all ages.

The risk of being bullied does not seem to decline for these young people as they grow older. Also there was a strong relationship between having been in care and being bullied. Young people who had reported being bullied at secondary school had a significantly lower Key Stage 4 (GCSE and equivalent) scores than those who hadn't reported being bullied.

Young people who had reported being bullied were much less likely to be in full-time education at age 16 than those who had not. They were more likely to be in full-time work, or in part-time college, and part-time work, but were much more likely to be NEET (not in education employment or training) than those who were not bullied.

According to the *Voices of Children and Young People in Wales* study, most of the participants were aware of, or had direct experience of bullying. Some of the younger children found it difficult to distinguish between bullying and other accidental or intended aggressive behaviours. For some participants their experience of bullying has implications for their education and other life outcomes. The following quotation describes how bullying deterred one girl from school and interrupted her education.

"In (my secondary school) I used to be bullied by boys calling me fat, so that was one of the reasons I moved from there... They took me to court with my mother about the attendance, because I didn't want to go to school because of what they were doing. They put out a fag on my neck, that was this boy who – he went ages ago. I had pee thrown over me, I got called fat..."
(Ellen, 14)

9.3 Injuries and accidents

Child road traffic casualties

Child road casualties form the largest component of injuries and deaths from preventable accidents. The majority of children killed or seriously injured (KSI) were either pedestrians or cyclists. In contrast the majority of slightly injured children were car users (see Table 9.6). In 2009, pedestrians and cyclists comprised 77% of children's deaths and serious injuries while car users comprised 53% of slight injuries.

Table 9.6: Child* casualties by type of road user and severity, Wales (2009)

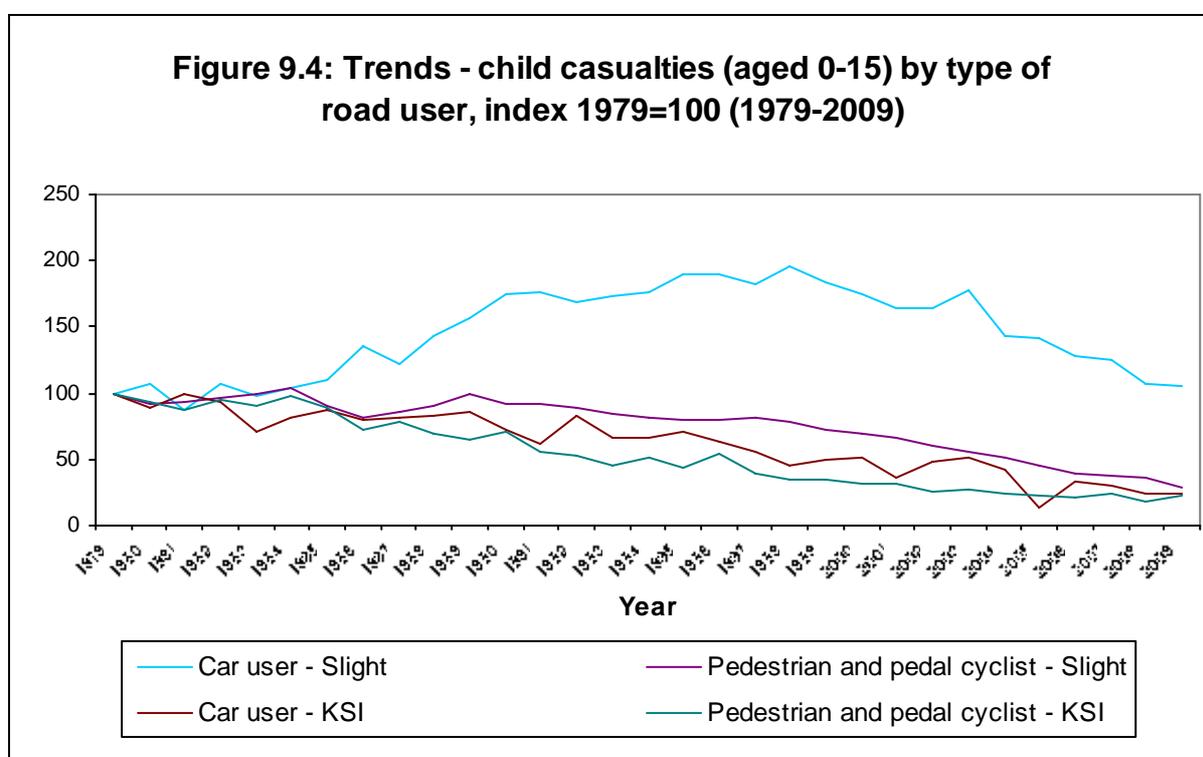
	Killed	Seriously injured	Slightly injured	Total
Pedestrian	3	80	262	345
Pedal cyclist	0	21	88	109
Motorcycle users	0	4	6	10
Car, taxi and minibus users	2	25	460	487

	Killed	Seriously injured	Slightly injured	Total
Other vehicles	0	1	58	59
Total casualties	5	131	874	1,010

Source: Welsh Assembly Government

* Aged 0-15 inclusive.

The numbers of children killed or seriously injured has declined since 1979, reflecting changes in children's behaviour towards the road environment and, for car occupants, trends towards safer cars. Figure 9.4 shows, however, that pedestrian and cyclist KSIs have levelled out from 2006 onwards and so they currently comprise an increasing proportion of child KSI casualties.



Source: Welsh Assembly Government

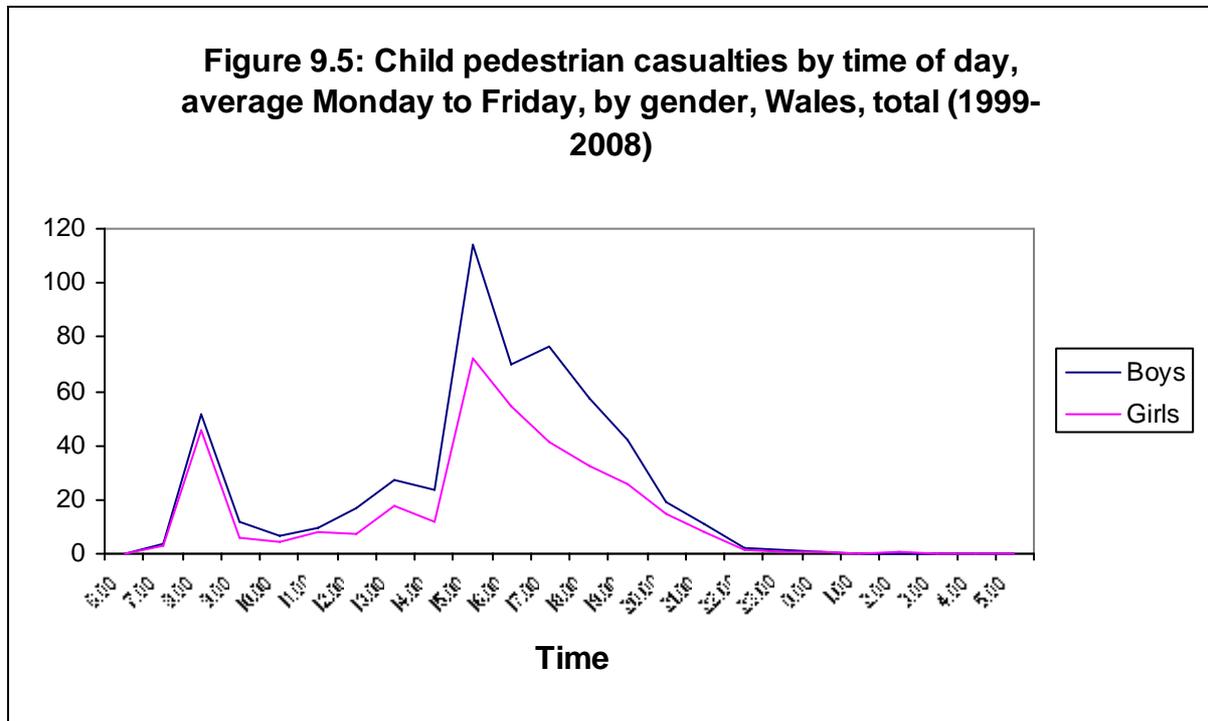
Child pedestrian casualties are likely to occur when they are walking or cycling on their own or with other children, rather than when they are under adult supervision.

In 2008, children aged 12-15 had the highest risk of any age group of being a pedestrian road casualty. The risk for them was 121 casualties per 100,000 population over four times the rate for 40-49 year olds. The next highest age group was the 8 to 11-year-olds with a risk of 104 per 100,000, between three and four times the rate for the 40-49 age group.

Males are more likely than females to become road traffic casualties both as adults and children. Among child pedestrians the relative risk casualty for boys is 70 to 80% higher than for girls up to the age of 11. The gap falls to around 20% higher among

children aged 12-15 and 40% for those aged 16 to 19. For adults aged between 20-39, the casualty rate among men is 80% to 90% higher than that for women, although it falls for the older age groups.

The time of the greatest risk for a child pedestrian casualty is at the end of the school day, with some risk from children staying out after school - this is shown in Figure 9.5.



Source: Welsh Assembly Government

In contrast for adults aged 16-59, the greatest risk period for pedestrian casualties is in the evening, with peaks around 11pm, when the pubs close, and 2am, when many clubs close.

The pattern in child pedestrian casualties through the year has a low figure for August; and in winter with less playing outside. The return to school in September is associated with an increase in child casualties.

Child pedestrian casualties are more likely to occur in deprived areas. For example, analysis shows that over the whole period from 1998 to 2008, just under one third of child casualties aged five to 14 occurred in the most deprived fifth of local areas in Wales, with just over a quarter in the next fifth. In contrast, around a tenth of these casualties took place in the least deprived fifth of local areas^f.

^f Please note that the child poverty indicators on the numbers of pedestrian injuries for 5 to 14-year-olds reported to the police and requiring hospital in-patient treatment are provided in Appendix III.

Young people road traffic casualties

The road safety issues for young people are quite different from those for children. For example, for 16 to 24-year-olds, the majority killed or seriously injured were car drivers (see Table 9.7). In 2009 car users and motorcyclists, aged 16-24 comprised 81% of young people's deaths and serious injuries. Just under half of these were car drivers, accounting for 37% of the total.

Pedestrian and pedal cyclist deaths and serious injuries comprised much of the remaining figures with 17% of the total. However because these were more vulnerable road users, they only accounted for 9% of slight casualties.

Table 9.7: Young person* casualties by type of road user and severity, Wales (2009)

	Killed	Seriously injured	Slightly injured	Total
Pedestrian	4	35	180	219
Pedal cyclist	1	15	58	74
Motorcycle users	3	43	128	174
Car, taxi and minibus drivers	6	113	1,296	1,415
Car, taxi and minibus passengers	14	80	898	992
Other vehicles	1	6	84	91
Total	29	292	2,644	2,965

Source: Welsh Assembly Government

* Aged 16-24 inclusive.

Looking in more detail at young drivers aged under 25, albeit for 2008, reveals that they have a wider impact on road safety⁶.

Young drivers comprised 10% of people holding driving licenses in Wales⁹, but, during 2008, they accounted for:

- 26% of drivers in all motorised vehicle^h accidents and 25% of drivers involved in fatal or serious accidents.
- 37% of drivers involved in accidents who subsequently tested positive for blood alcohol.
- 34% of drivers involved in single vehicle accidents.

⁹ But in the lowest index of Multiple Deprivation quintile, 20% of drivers are unlicensed, disqualified, or are driving on a provisional license.

^h Includes motorcycles.

The younger the driver, the higher the risk of being involved in an accident. During 2008, just under a third of the young drivers (up to and including age 24) involved in accidents were aged 18 and 19.

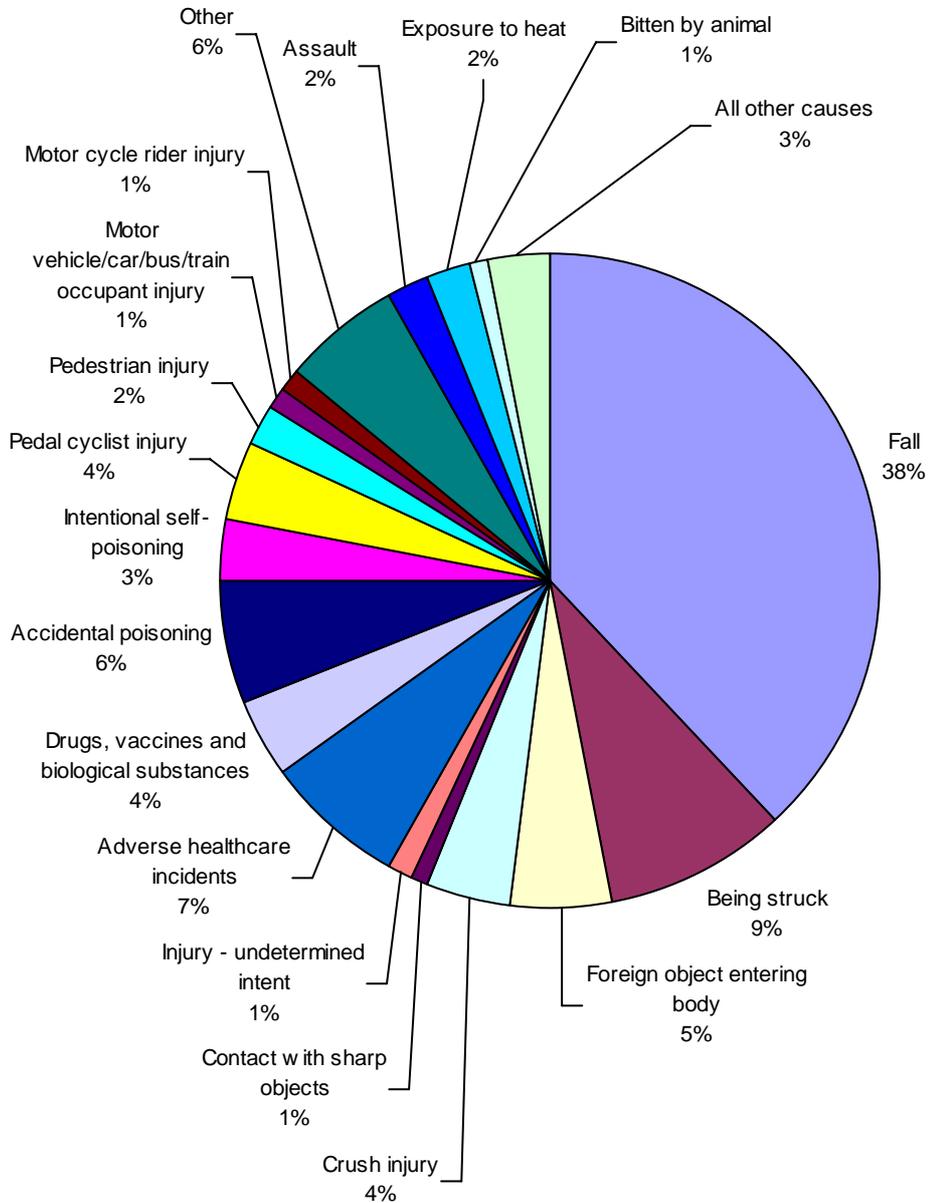
Young drivers comprised 26% of all drivers involved in accidents. Of this figure 17% were young men, while 9% were young women. The higher involvement of young men was not, however, any higher than the general tendency of men to be more involved in accidents. During 2008, 26% of male drivers involved in accidents were aged up to and including age 24, and 26% of female drivers involved in accidents were aged up to and including age 24.

Recent trends in young drivers' involvement in accidents suggest that the rates are falling more slowly than for older drivers. Comparing the period 1994-1998 with 2004-2008, the number of young drivers involved in accidents has fallen by 10%, but the number of older drivers involved in accidents has fallen by 17%.

Injuries and poisoning

An indication of the prevalence of injury and poisoning amongst children is obtained by looking at the causes of admissions to hospital. Figure 9.6 shows admissions to Welsh hospitals due to 'external causes' – that is accidents, rather than on-going medical conditions or infections for children aged under 15. It shows that the major single cause of admission is a 'fall', with a significant proportion of admissions arising from other accidental injuries, for example 'being struck' or a 'foreign object entering body'. In contrast, admissions from road accidents, or from using bicycles, accounted for around 8% of admissions.

Figure 9.6: Admissions to hospital at Welsh hospital trusts, for children aged 0-14: External causes for admission, by broad category of cause (2008-09)



Source: Patient Episode Database Wales (PEDW)

The HBSC study provides information on injuries which required medical attention (see Table 9.8). The data shows a clear gender split with more boys than girls reporting these types of injuries in all age groups. It is likely that this gender difference is due to the fact that boys are more likely to be involved in sports and risk-taking behaviours both of which increase the possibility of injury⁷.

Table 9.8: Percentage of medically attended injuries in the last 12 months by age and gender, Wales (2009/10)

	Boys	Girls
Age 11	45	37
Age 12	50	39
Age 13	51	39
Age 14	52	41
Age 15	53	35

Source: Health Behaviour in School-aged Children (HBSC) study

9.4 Environmental pollution

Our knowledge of the extent to which children and young people are exposed to deleterious environmental pollution is currently very limited, though it is known that some pollutants can be very damaging to physiological development. The prime environmental pollutants can be classed as those present within the home and those in the wider outdoor environment.

Within the home

The clearest causal links to health and wellbeing are those arising from exposure to lead, radon gas, carbon monoxide and environmental tobacco smoke. Even small amounts of lead, ingested over a prolonged period, can affect children's neurological development and lead to lowered IQ, anaemia and damage to the nervous system. Such damage can occur even before birth^{8,9}.

Unfortunately there are no Welsh data for levels of environmental pollution for children and young people in the home. However Chapter 4 *The Early Years* does provide some information on maternal smoking.

Outside the home

Data on children and young people's exposure to environmental pollution outside the home are sparse, though some indicators of key potential pollutants are available at an aggregate level.

Regular monitoring of air and water quality shows steady improvements over recent decades. However there is some evidence that air quality and noise pollution tend to be worse in more deprived areas, because of greater proximity to major roads and industrial point sources, as well as the concentration of domestic emissions in urban areas. Deprived areas tend to be more exposed to waste sites¹⁰.

There is strong evidence of the effects of air pollution on children's health¹¹. This report states that "*the accumulated evidence indicates that children's health is adversely affected by air pollution levels currently experienced in Europe*" (page 3). The specific vulnerability of children to air pollution is related to the continuing development of their lungs, metabolic and immune systems, high rates of respiratory infection and their patterns of activity, particularly outdoors. In addition, there is a possible causal relationship between particulate air pollution and neonatal death.

There is no direct evidence concerning the amount of harm caused by air pollution to the children and young people of Wales. One proxy measure is the number of children and young people living in Air Quality Management Areas (AQMA)sⁱ. Apart from one, each of the 28 Welsh AQMA)s have been designated because of the pollutant Nitrogen Dioxide, with the primary source being traffic in urban areas. Around 24,000 people in total live in Welsh AQMA)s, with perhaps a third being under the age of 25.

9.5 Housing

Homelessness

The most acute form of homelessness is rough sleeping, defined as sleeping, or bedded down, in the open air, or in buildings or other places not designed for habitation.

Recent counts carried out by local authorities working with local agencies, together with other sources including contacts with outreach services, give a broad indication of how many people sleep rough in Wales. In March 2008 the likely number was judged to be between 128 and 165.

This kind of 'snap-shot' estimate can only be a rough approximation. Many rough sleepers alternate between life on the streets and hostels while many choose places to sleep which minimise the risk of detection. Moreover those carrying out the counts may have limited local knowledge of likely sleeping sites. The weather has a big influence on whether people sleep rough or use a night shelter or hostel and there are big logistical problems in fully covering sparsely populated areas. The counts did not record personal information on the individuals found to be sleeping rough but it is well established from other studies, and known by homelessness agencies, that the overwhelming majority of rough sleepers are young males.

Rough sleeping is the most extreme form of homelessness, but people are homeless in all situations in which they have no accommodation that they are entitled to occupy, or they have accommodation but it is not reasonable for them to continue to occupy it.

Local authorities' actions under homelessness legislation are the commonest way to gauge homelessness, but these are based only on approaches by people seeking help, and cannot provide a complete picture.

The local authority has to assess whether the applicant is eligible for any form of assistance, for example some foreign nationals may not be. The authority must then assess whether they are genuinely homeless, then whether they are in 'priority need' and if they are intentionally so.

ⁱ These are areas where atmospheric concentrations of one or more pollutants are close to or exceed the statutory objectives set out within the UK Air Quality Strategy. Welsh local authorities are responsible for assessing air quality within their jurisdictions, and declaring AQMA)s where necessary, but the designation of AQMA)s does not imply that residents outside these areas suffer no ill-effects.

If in 'priority need', for example because the household contains dependent children the local authority must ensure suitable accommodation is available quickly and then a settled home.

Table 9.9 gives the age and sex of applicants for assistance over the period of July to September 2009¹². Some of these applicant households contain other members, including children.

Table 9.9: Homelessness decisions taken, by age and gender, Wales (July to September 2009)

	Ineligible household	Eligible, but not homeless	Eligible, homeless but not in priority need	Eligible, homeless and in priority need but intentionally so	Eligible, unintentionally homeless and in priority need	All Households
Male:						
16-17	0	34	.	5	87	126
18-24	2	103	143	19	133	400
25 and over	9	258	342	47	338	994
All ages	11	395	485	71	558	1,520
Female:						
16-17	2	44	.	10	130	186
18-24	5	205	98	22	344	674
25 and over	9	306	109	43	443	910
All ages	16	555	207	75	917	1,770
Persons:						
16-17	2	78	.	15	217	312
18-24	7	308	241	41	477	1,074
25 and over	18	564	451	90	781	1,904
All ages	27	950	692	146	1,475	3,290
Total	27	950	692	146	1,475	3,290

Source: Welsh Assembly Government

Table 9.9 shows that applicants are split fairly evenly between those aged 16-24 and those aged 25 and over. Some insight into the households in priority need is provided by Table 9.10.

Table 9.10: Number of households accepted as homeless by priority need*, Wales (2007-2009)

	2007-08	2008-2009
Household with dependant children	2,687	2,269
Household member pregnant and no other children	486	485
Household with vulnerable member due to:		
Old age	154	126
Physical disability	290	346
Mental illness/learning disability	305	339
Young person at risk 18-21	125	143
Young person at risk 16-17	550	527
Domestic violence or threat of domestic violence	719	717
Homeless after leaving the armed forces	35	26
Former prisoner with no accommodation to return to	656	640

	2007-08	2008-2009
Other	299	205
Households homeless in emergency	61	43
Total Households	6,367	5,866

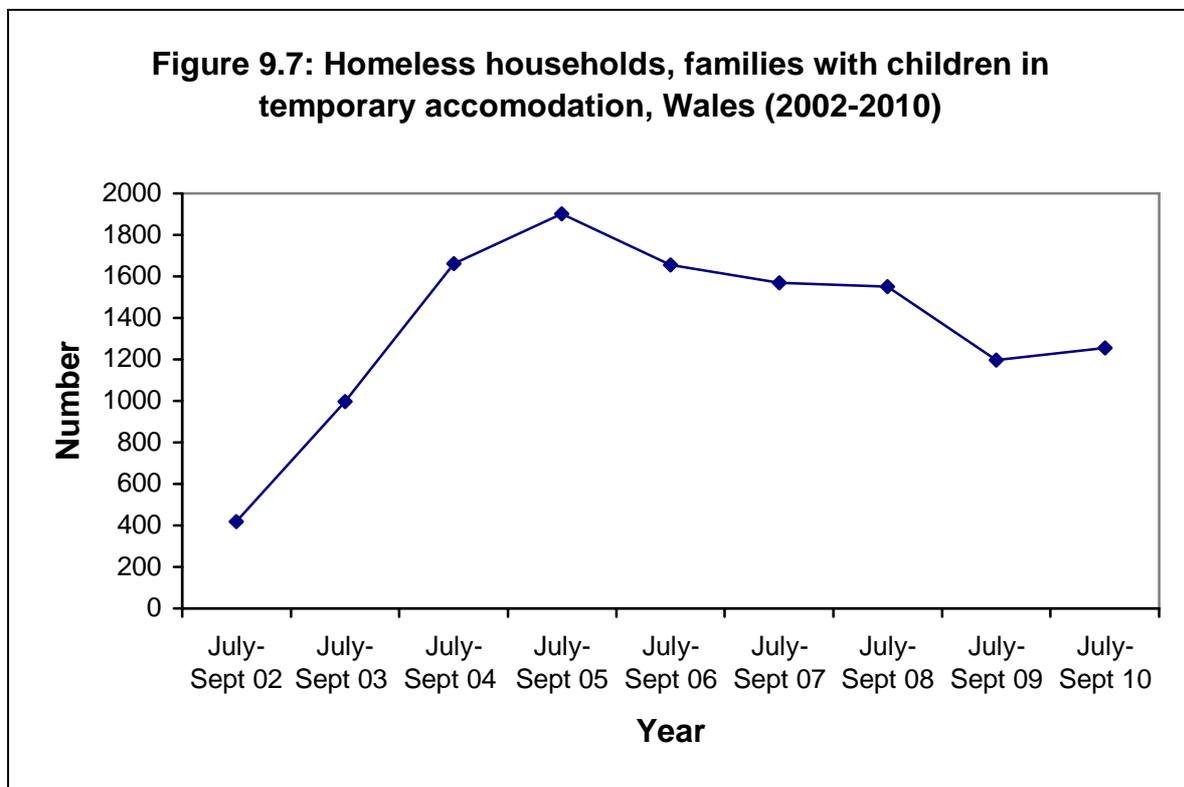
Source: Welsh Assembly Government

* A homeless household is one that is eligible, unintentionally homeless and in priority need.

The relative importance of households with dependent children, of young people 'at risk', people fleeing domestic violence and former prisoners is clear, strongly suggesting that priority need acceptances are dominated by the young.

Families with children in temporary accommodation

Figure 9.7 shows the major increase in the use of temporary accommodation to meet the needs of homeless families and children (dependent children aged under 18) from 2003 and the significant decline since 2006.



Source: Welsh Assembly Government

Unfit housing

The 'fitness standard', against which homes were judged fit for human habitation, is no longer in use, but in 2008 the LiW stock survey assessed for the last time how many homes were unfit and who their occupants were. It found that 18,994 households containing one or more people aged under 25 were living in unfit homes. This equates to 3.9% of all households containing people aged under 25, compared with 22,126 or 4.3% in 2004.

Overcrowded accommodation

The effects of overcrowding on children's health and education were reviewed in a study for the Office of the Deputy Prime Minister in 2004¹³. It concluded that overcrowding is likely to contribute to *Helicobacter Pylori* infection in childhood, and that there is limited evidence for weak links to various health conditions, including respiratory conditions, meningitis, childhood TB and mental health problems. Some tentative evidence suggests that overcrowding may affect educational attainment.

Overcrowding is generally defined against the 'bedroom standard', which takes it that a separate bedroom is needed for:

- a cohabiting couple (married or unmarried);
- any person aged 21 or over;
- each pair of young persons aged 10-20 of the same sex;
- each pair of children under 10, regardless of sex, and
- a young person aged 10-20 paired with a child under 10 of the same sex.

If a household has too few bedrooms to meet these conditions, it fails the standard.

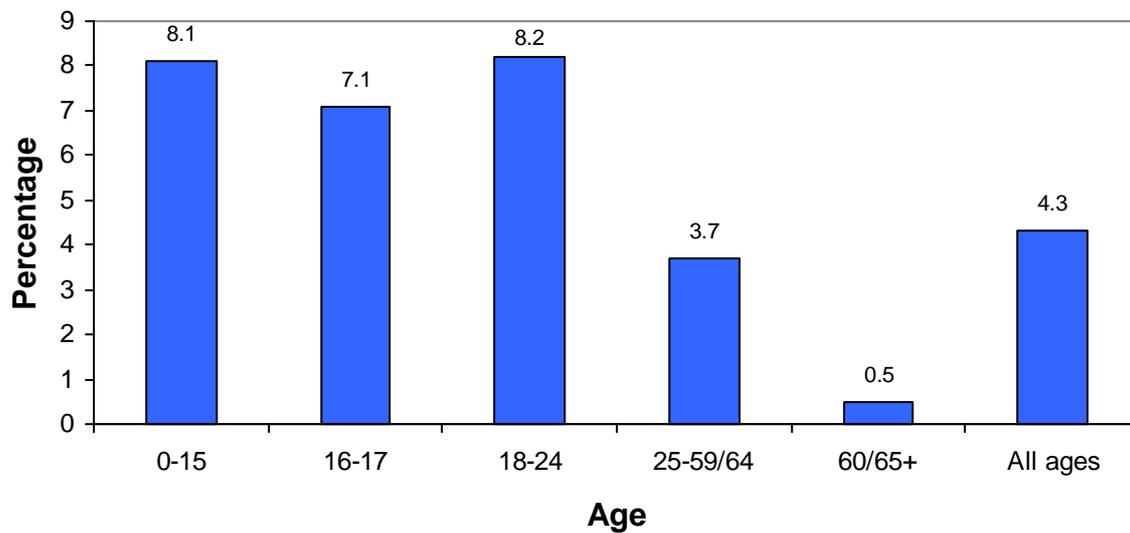
The 2008 LiW survey shows that 26,100 or 2.1% of households failed the standard. This equated to 130,500 or 4.3% of all people. The proportions and numbers have risen a little over previous years.

Naturally, larger households form a higher proportion of overcrowded households than smaller households, with five persons per household on average, compared to 2.4 for households overall. The failure rate was highest in the social housing tenure, at 5% or 12% of all the people in that sector. This compares to just 1% in the owner-occupied sector.

Figure 9.8 shows that children and young people are much more likely to be living in overcrowded conditions than people in older age groups. The percentages equate to around 47,000 children aged 0-15; 6,000 aged 16-17 and 21,000 aged 18-24 living in overcrowded conditions in 2008.

Unsurprisingly, children in households with three or more children were around three times more likely to be overcrowded than those in households with only one or two children.

Figure 9.8: Percentage of people living in a household that failed the bedroom standard by age, Wales (2008)



Source: Living in Wales (LiW)

The most recent figures for families living in overcrowded conditions come from the 2009/10 National Survey for Wales pilot – 22,663 families living in overcrowded conditions in Wales.

Children with disabilities living at home

A significant number of children in Wales suffer disabilities serious enough to qualify for Disability Living Allowance. Some of these may require homes to be adapted to meet their needs. Table 9.11 provides an age and gender breakdown for Wales at May 2010 and shows that twice as many males as females are entitled to the allowance, possibly reflecting the riskier behaviours favoured by boys and young men.

Table 9.11: Number of young people entitled to Disability Living Allowance, by age and gender, Wales (May 2010)

	Aged under 5	Aged 5 - 10	Aged 11 - 15	Aged 16 - 17	Aged 18 - 24	Total
Males	1,630	5,200	6,200	2,080	5,230	20,340
Females	990	2,330	2,620	950	3,520	10,410
Total	2,620	7,530	8,820	3,030	8,750	30,750

Source: Department for Work and Pensions

9.6 Fuel poverty

Box 9.1: Definition of fuel poverty

A household is judged to be 'fuel poor' if it would need to spend more than 10% of its income on all fuel – to heat particular rooms within the home to a specified minimum temperature for set periods during the day and night, to provide hot water and to cook.

Fuel poverty arises through the interaction of three factors:

- the energy efficiency of the dwelling;
- how much income the household has; and
- fuel prices.

A poor household in a very energy efficient home may not need to use much fuel and hence may not be 'fuel poor'. However, partly because most UK housing is still relatively energy inefficient, poor households are generally speaking, also 'fuel poor'.

Fuel poverty is generally calculated according to a 'full income' definition and a 'basic income' definition. 'Full' income includes as part of household income any housing benefit (HB) or Income Support for Mortgage Interest (ISMI) payments. This is the definition used for setting UK fuel poverty targets and is the basis for the information in this section. (Tracking is also done against the 'Basic Income' definition, which excludes Housing Benefit or Income Support for Mortgage Interest payments).

In setting targets and monitoring a distinction is made between 'vulnerable' households and others. Vulnerable households are those with members who are particularly susceptible to the effects of living in cold homes. These include members aged 60 or over, dependent children aged under 16 or those with any long-term sickness or disability.

The LiW 2008 survey provides insight into the extent of fuel poverty amongst vulnerable and non-vulnerable households and, in particular, among those containing children and young people.

Table 9.12 shows that 19% of households with children aged 15 or younger are fuel poor, representing 64,000 households. Around 15,000 of these have members who are long-term sick or disabled.

Table 9.12: Fuel poverty by vulnerable household member, Wales (2008)

Type of vulnerable household member		Fuel Poor			Not Fuel Poor			Total		
		Number of Households (000s)	Percentage of fuel poor households	Percentage of group	Number of Households (000s)	Percentage of fuel poor households	Percentage of group	Number of Households (000s)	Percentage of fuel poor households	Percentage of group
Anyone 60+	No	149	45	20	584	62	80	733	58	100
	Yes	183	55	34	353	38	66	536	42	100
	Total	332	100	26	936	100	74	1,268	100	100
Anyone less than 16	No	268	81	29	654	70	71	922	73	100
	Yes	64	19	19	282	30	81	346	27	100
	Total	332	100	26	936	100	74	1,268	100	100
Anyone long term sick/disabled	No	194	58	23	634	68	77	828	65	100
	Yes	138	42	31	302	32	69	440	35	100
	Total	332	100	26	936	100	74	1,268	100	100

Source: Living in Wales (LiW)

References

1. Farrell, S., Jackson, J., and Gray, E., 2009. *Social order and the fear of crime in contemporary times*. Oxford: Open University Press.
2. Youth Justice Board, 2009. *Youth survey 2008: Young people in mainstream education*. London: MORI, Youth Justice Board.
3. Squires, P., (Ed), 2008. *ASBO Nation*. Bristol: Policy Press.
4. <http://www.publications.parliament.uk/pa/cm200405/cmselect/cmwelaf/46/4609.htm>
5. Hoffman, S. and Macdonald, S., 2010. *Evaluation of the tiered approach to youth anti-social behaviour in Swansea*. Cardiff: Welsh Assembly Government.
6. Welsh Assembly Government, 2009. *Young drivers and road accidents 2008*. Cardiff: Welsh Assembly Government.
7. Currie C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O., and Ramussen, V., 2004. *Young people's health in context: International report from the HBSC 2001/02 survey, (Health Policy for Children and Adolescents, No.4)*. Copenhagen: WHO Regional Office for Europe.
8. Needleman, H., and Gatsonis, C., 1990. Low level lead exposure and the IQ of children. *Journal of the American Medical Association*: 263.
9. Fuller-Thomson, E., Hulchanski, J.D. and Hwang, S., 2000. *The housing/health relationship: What do we know?, Review on Environmental Health*; Vol. 15, Pt 1-2, 109-133.
10. Krieger, J., and Higgins, D.L., 2002. Housing and health: Time again for public health action. *American Journal of Public Health*; 92, 5, 758-768.
11. World Health Organization Europe, 2005. *Effects of air pollution on children's health and development. A review of the evidence*. Bonn Office: World Health Organisation, Europe.
12. Welsh Assembly Government, 2010. *Homelessness, July to September 2009*. Cardiff: Welsh Assembly Government.
13. ODPM, 2004. *The impact of overcrowding on health and education: A review of the evidence and literature*. London: ODPM.

Chapter 10: Poverty

Author: Beverley Morgan

Co-author: Alan Jackson and John Morris

Key Findings

- Nearly one in three (32%) of children in Wales – around 200,000 - now live in poverty, according to a relative income measure.
- In the period 1998/99 to 2000/01 the percentage of children living in absolute poverty was 34%. This decreased to 20% in the period of 2002/03 to 2004/05 and has now begun to increase in recent years, increasing to 21% in the period of 2006/07 to 2008/09.
- From the end of the 1990s, there was a steady reduction in the proportion of children living in workless households in Wales – and by 2006, 16.9% of children were living in workless households. In more recent years, this figure has increased – and by 2009, just under a fifth (19.9%) of children were living in workless households.
- Although being in employment reduces the risk of living in poverty, recent estimates suggest that more than half of all children living in poverty are now in households where at least one person is working. Although most of these are either self-employed or working part-time.
- There were 50,200 people aged 16-24 unemployed in Wales in the 12 months ending June 2010. This is an unemployment rate of 21.7%, compared to the UK rate of 19.5%. Between the year to June 2009 and the year to June 2010, the youth unemployment rate in Wales increased by 3.2 percentage points – which is the fifth largest increase of the English regions and devolved administrations. Wales had the third highest youth unemployment rate of the 12 regions and devolved administrations for 16 to 24 year-olds. In the same age range, the increase in the unemployment rate was larger for men than for women.
- The most recent Annual Population Survey data for Wales shows that 25% of children in Wales lived in lone parent families in 2009, compared to the UK figure of 23%.
- The number of lone parents in employment in Wales has been steadily increasing. In 2004/06, 54.5% of lone parents were in employment. This figure increased to 55.7% by 2007/09.

This chapter focuses on Core Aim 7 of the Welsh Assembly Government's aims for children and young people in Wales. This seeks to ensure that 'no child or young person should be disadvantaged by poverty'.

A recent review of research on the experiences of children and families living in poverty concluded that poverty can affect all aspects of a child's life¹. These effects range from economic and material disadvantage, through to social constraint and

exclusion. In addition there are personal issues associated with stigma such as shame, sadness and the fear of being different. These are often more hidden.

In particular, evidence from this Monitor and the 2008 Children and Young People's Wellbeing Monitor for Wales shows that children and young people growing up in poverty are vulnerable in a number of different ways. They are more at risk of poor educational attainment, are more likely to have poorer health outcomes, and have lower skills and aspirations. They are also more likely to be low paid, unemployed and welfare dependent in adulthood.

This chapter provides information on previous and current levels of child poverty in Wales. It also explores the extent to which children and families in Wales are living in severe and persistent poverty.

Specifically, the chapter reports on:

- relative child poverty,
- material deprivation and low income combined,
- severe child poverty,
- persistent child poverty,
- out-of-work poverty,
- in-work poverty,
- lone parents,
- youth unemployment and benefit claimants and
- experiences of families, children and young people living in poverty.

The Welsh Assembly Government uses a measure of child poverty based on relative income after housing costs. Children living in poverty are those living in households with below 60% of the median income for households of that type. For example, this equates to a weekly income of £333 per week after housing costs for a couple with two children aged between five and 14^a.

In addition to using a 'relative low income' measure of child poverty, the UK Government also uses an 'absolute low income' measure, and a 'material deprivation and low income' combined measure.

The Child Poverty Act 2010 also commits the UK Government to monitoring persistent poverty. Box 10.1 provides the definitions of these different measures of child poverty.

^a Figure for 2008/09 from the Family Resources Survey.

Box 10.1: Measures of child poverty

Absolute low income: This indicator measures whether the poorest families are seeing their income rise in real terms. The level is fixed as equal to the relative low-income threshold for the 1998-99 (the baseline year) expressed in today's prices.

Relative low income: This measures whether the poorest families are keeping pace with the overall growth of incomes. This indicator measures the number of children living in households below 60% of contemporary median equivalised household income, excluding income tax and council tax. It takes account of the different expenditure needs between households of various sorts, sizes and children's ages. It compares the incomes of the less well off with those of 'typical households'. Relative low income can be calculated either Before Housing Costs (BHC) or After Housing Costs (AHC), where these costs include rent or mortgage interest; buildings insurance; and water charges. The latter measure can account for variations in the unavoidable costs of paying for adequate shelter. Income is usually measured as weekly income.

Material deprivation and low income combined: This indicator provides a broader measure of people's living standards and general resources. It measures the number of children living in households experiencing material deprivation – going without a range of items and activities – that have an income below 70% of contemporary median equivalised household income. The material deprivation measure is based on 21 items, ten household items and eleven child items. It considers living standards such as:

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

Source: Save the Children (2007)

10.1 Relative child poverty

Child poverty in Wales is measured using Household Below Average Income (HBAI) data – which is published on an annual basis. The HBAI data uses household disposable incomes, adjusted for household size and make-up, as a proxy for material living standards. It is based on sample data from the Family Resources Survey (FRS) and longitudinal data from the British Household Panel Survey (BHPS).

The most recent HBAI data for Wales covers the period 2006/07 to 2008/09^b. Using the relative income measure, this shows that nearly one in three children in Wales (32%) are now living in poverty. This equates to around 200,000 children.

^b The figures published in the HBAI publication for Government Office Regions and devolved administrations are three-year moving averages. That is, an average of the current year and

Table 10.1 provides HBAI data for Wales on previous and current levels of child poverty. It also provides a comparison with the other UK countries. Child poverty in Wales is currently one percentage point higher than that for the UK.

Ten years ago, child poverty was three percentage points higher than the UK figure. In the past ten years, child poverty in Wales has fallen by four percentage points whereas for the UK the figure has fallen by two percentage points.

Table 10.1: Percentage of children living in households below 60% of median income (After Housing Costs), UK country comparisons (1997-2009)

	97-98 to 99-00	98-99 to 00-01	99-00 to 01-02	00-01 to 02-03	01-02 to 03-04	02-03 to 04-05	03-04 to 05-06	04-05 to 06-07	05-06 to 07-08	06-07 to 08-09
Wales	36	35	34	34	32	31	28	29	32	32
UK	33	33	31	30	30	29	29	30	30	31
Scotland	31	32	32	30	28	26	25	25	24	25
N Ireland		30	29	28	28	27	27	26	26	26

Source: Department for Work and Pensions

Other regions of the UK, including London (39%) have higher levels of child poverty than Wales. The lowest levels of child poverty are recorded for the regions of East, South East and South West – at 26%. See Table 10.2 for further details.

Table 10.2: Percentage of children living in households below 60% of median income (After Housing Costs), Wales and Government Office Regions of England (1997-2009)

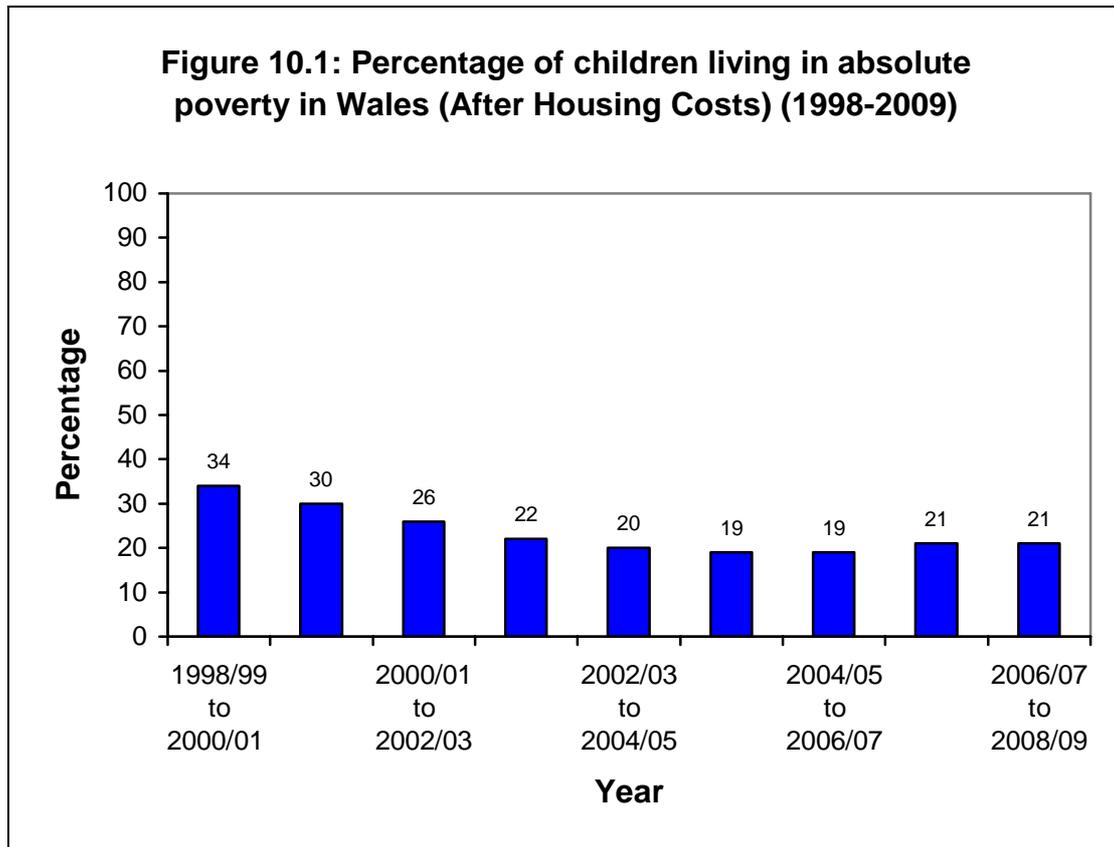
	97-98 to 99-00	98-99 to 00-01	99-00 to 01-02	00-01 to 02-03	01-02 to 03-04	02-03 to 04-05	03-04 to 05-06	04-05 to 06-07	05-06 to 07-08	06-07 to 08-09
Wales	36	35	34	34	32	31	28	29	32	32
N East	40	39	35	36	33	34	32	33	33	34
N West	38	37	35	33	32	30	31	31	34	33
Yorks	36	35	33	32	32	31	30	29	30	31
E Mid	30	30	29	29	28	28	27	29	30	30
W Mid	33	34	34	34	32	31	32	33	35	36
East	27	26	24	23	23	23	24	25	26	26
London	42	41	40	39	38	40	41	41	39	39
S East	25	24	24	23	22	22	22	25	26	26
S West	31	30	29	28	28	26	26	26	27	26

Source: Department for Work and Pensions

the previous two years. This reduces any unreliability in the single year estimates caused by sampling variation and allows for better comparability over time.

10.2 Absolute child poverty

In 2008/09, there were around 1.6 million UK children living in absolute poverty compared to 3.4 million in 1998/99. Data for Wales show that 21% of children in Wales for the period 2006/07 to 2008/09 lived in households below 60% median line for 1998/99, held constant in real terms (i.e. absolute poverty). The proportion of children living in absolute poverty in Wales had been falling (see Figure 10.1), but has gone up again in recent years.



Source: Department for Work and Pensions

10.3 Material deprivation and low income combined

As noted in Box 10.1, the combined material deprivation and low income indicator provides a broader measure of people's living standards and general resources. A family is on low income and in material deprivation if they have a material deprivation indicator score of 25 or more and a household income below 70% contemporary median income (Before Housing Costs). In Wales, the number of children living in materially deprived and low income households has remained stable over the past few years. The most recent HBAI data for Wales show that for the period 2006/07-2008/09, 17% of children were living in such households.

10.4 Severe child poverty

Although there is currently no official measure of severe child poverty, a recent study by Save the Children defined severe child poverty as: 'A household with an income below 50% of the median (after housing costs), and where both adults or

children or both groups lack at least one basic necessity, and either adults or children or both groups lack at least two basic necessities'.^{c,2}

This same study found that 13% or 1.7 million children in the UK live in severe poverty. According to Save the Children, the proportion of children living in severe poverty is fairly similar across the four countries of the UK: *'In 2007/08, 13% (1.5 million) of children in England were living in severe poverty, 15% (96,000) in Wales, 10% (43,000) in Northern Ireland and 9% (95,000) in Scotland'*. Since 2004/05, the number of children living in severe poverty has increased in England and Wales, while there has been no change in Northern Ireland and Scotland. This distribution of severe poverty across the UK is similar to the distribution of non-severe child poverty³.

Children living in workless households are particularly at risk of living in severe poverty³: over half of all children living in severe poverty were in families with no adult working.

Also at risk of living in severe poverty, were children whose mothers have low educational attainment, children living in single parent households, those living in rented social housing, children in families with disabled adults, children from minority ethnic groups and children in large families³.

It should also be noted, however, that concerns have been expressed over the reliability of data on severe poverty. The Institute for Fiscal Studies, for example, has suggested that households with very low recorded incomes (responding to the FRS) will include those who have not identified some income sources. It will also include those on temporarily low incomes, such as the self-employed or those with seasonal work, and low income households who are using savings to support their expenditure.

10.5 Persistent child poverty

Persistent poverty, where a family experiences poverty over an extended period of time can have a particularly detrimental impact on children. Recent research has shown that children in persistently poor households were more likely to have a long-standing illness or disability, less likely to do physical exercise, more likely to be temporarily and/or permanently excluded from school, more likely to be perceived by others as being below average in English and Welsh and considerably more likely to be living in temporary, unfit and/or overcrowded accommodation⁴.

These families were also more likely to be suffering from material deprivation, for example lacking two pairs of shoes per person, not having a one-week holiday and not being able to keep the house warm.

^c 'Measuring Severe Child Poverty in the UK' is based on an analysis of trend data on the levels of severe poverty over a four year period – at UK and devolved levels. The study also used data from a three year period (2005/06 to 2007/08) to provide three year rolling averages to look at which groups of children are more at risk of living in severe poverty.

There are a number of factors associated with persistent poverty. Evidence from the Families and Children Study (FACS) suggests that children living in families with parents who do not work and whose income is dependent on state benefits, are more likely to be persistently poor⁴. Conversely, children living in families with parents who do work – are less likely to be persistently poor.

Other factors are also important. Families where the mother is aged under 25 and where the parents have no qualifications are more likely to be persistently poor, than families with four or more dependent children and families living in social housing⁴.

Recent analysis of the Millennium Cohort Study (MCS) by Bradshaw and Holmes⁵ looked at changes in poverty over the first three MCS surveys, carried out when the children were aged nine months, three years and five years.

This analysis used two measures of poverty: income poverty and subjective poverty^d. Using these two measures, 39% of all MCS families in the UK experienced income poverty and 57.5% experienced subjective poverty in at least one of the three surveys. In addition, 27.9% experienced both income and subjective poverty in at least one of the three surveys.

In terms of persistent poverty, analysis of the MCS shows that 13.8% of families were income poor and 15.8% were subjectively poor in all three surveys. When using both measures, 4.9% of families were 'poor' in all three surveys.

Evidence from this same study found that: *'About a fifth of families with income data at both MCS1 and 3 were income poor at both surveys. A further 9.6% left income poverty, but these were almost exactly matched by the 9.7% who became income poor between those surveys'*⁵.

Moves into poverty tend to be associated with relationship breakdown – with one in four MCS mothers (26.8%) moving into poverty between the first and third surveys on becoming a lone parent. A change in the number of earners in a family is also a factor, with 27.2% of families moving into poverty having become workless between the first and third surveys, and 10.5% having lost one earner out of two.

It should also be noted, however, that entering employment does not necessarily guarantee a move out of poverty. Analysis of the MCS shows that *'more than one in six (17.1%) of those who remained in poverty did so despite one or two parents becoming employed'*⁵.

Turning to data for Wales at MCS3 and 4 at ages five and seven, a quarter of families in Wales were living below the MCS income poverty line at both the third and fourth MCS surveys, when the children were aged five and seven respectively. Another one in six families were below the MCS income poverty line at one or

^d Income poverty is defined in this analysis as 'having a net equivalent income below 60% of the national median, taking account of the number and age of people in the home'. In terms of 'subjective poverty' – MCS respondents were asked 'how well would you say you (and your partner) were managing financially these days?' Those finding it 'quite or very difficult to manage' plus those 'just about getting by' were defined as living in 'subjective poverty'.

other of these two surveys. Levels of income poverty in the third and the fourth MCS surveys were highest for workless couples and lone parents.

In terms of the subjective poverty measure, analysis of MCS data collected when the children were aged seven, showed that 13% of families in Wales were finding it 'quite or very difficult' to manage financially – while 29% said that they were 'just about getting by', and 36% said that they were 'doing alright'. Levels of 'living comfortably' (22% on average) rise in line with levels of parental education, while levels of distress are greater where parents have lower qualifications.

10.6 Out-of-work poverty

A workless household is one where no individuals aged 16 and over are in employment⁶. Families living in workless households are particularly at risk of poverty. The number of children living in workless households is one of the indicators being used to measure progress against the Welsh Assembly Government's 2006 child poverty milestones and targets.

From the end of the 1990s, there was a steady reduction in the proportion of children living in workless households in Wales – and by 2006, 16.9% of children were living in workless households. In more recent years, this figure has increased – and by 2009, just under a fifth (19.9%) of children were living in workless households.

Table 10.3 provides data on the percentage of children living in working households, households with both working and workless members, and workless households – for the period 2004 to 2009.

Table 10.3 Children* living in working-age households by combined economic activity status of household, Wales (2004-2009)**

Year	Working households	Mixed households	Workless households
2004	52.5	28.8	18.7
2005	53.5	29.0	17.5
2006	52.6	30.5	16.9
2007	52.2	29.5	18.3
2008	53.7	29.1	17.2
2009	51.0	29.1	19.9

Source: Annual Population Survey (APS), household datasets

* Children aged under 16.

** Households including at least one person aged 16-64.

10.7 In-work poverty

While children in workless households are more at risk of poverty, 'in-work poverty' (i.e. where a family is living in poverty despite having at least one adult working) is becoming an increasing issue. The risk of 'in-work poverty' is dependent on a number of factors – including the number of hours worked and pay.

Analysis of the Families and Children Study (FACS) has shown that, while entry into work is an important factor in reducing child poverty, 'the likelihood of poverty exit with work entry' is higher in the case of fathers than it is for mothers in couples or lone mothers⁷.

The likelihood of 'poverty exit' also falls if the family has more than one child but is more likely for owner-occupiers and those with higher qualifications. The probability of 'poverty exit with work entry' also depends upon key work characteristics. It is higher for those entering full-time work, and is also associated with higher hourly earnings.

This same research found that: *'A sizeable proportion of poverty transitions reflect smaller shifts in income around the poverty threshold: Over half of poverty exits involve parents moving just above the poverty line...while two-thirds of poverty entries involve parents falling into poverty from just above the poverty line'*⁷.

Recent estimates suggest that by the end of the period 2004-07, slightly more low-income children in Wales were in working families, than in workless families⁸. However it should be borne in mind that some of these working families were self-employed, where there are grounds for caution about the reliability of the measurement of income. In many other cases, employment was part-time. Full-time employment offers greater protection from poverty. Employment also reduced the risk of severe poverty and material deprivation.

An important indicator of levels of in-work poverty in Wales is the number of families in receipt of Child Tax Credit (CTC) and Working Tax Credit (WTC) who have an equivalised income below 60% of the median income. As of November 2010 this has been included in the suite of indicators being used to measure progress against the Welsh Assembly Government's 2006 child poverty milestones and targets.

According to HMRC, there were 97,000 families in Wales in receipt of WTC and CTC in 2008/09 and 170,000 children living in these families. Data show that 19,745 children were in families in-work in receipt of tax credits, who had an equivalised income below 60% of the median income. In 2008/09 26.7% of children in Wales were living in in-work poverty.

10.8 Lone parents

Lone parents are also at risk of living in poverty. According to recent HBAI figures, 50% of children in lone parent families in the UK were living in households with income less than 60% of the median (After Housing Costs) during the period 2006/07-2008/09.

The most recent Annual Population Survey data for Wales shows that 25% of children in Wales lived in lone parent families in 2009, compared to the UK figure of 23%.

Table 10.4 provides data on lone parents in Wales, and their participation in the labour market. Data show that number of lone parents in employment in Wales has been steadily increasing. In 2004/06, 54.5% of lone parents were in employment. This figure increased to 55.7% by 2007/09. Lone parents in employment is one of the indicators being used by the Welsh Assembly Government to measure progress against its 2006 child poverty milestones and targets.

Table 10.4: Labour market summary for lone parents, Wales (2004-2009)

3 year rolling average	In employment (000s)	ILO unemployed (000s)	Inactive (000s)	Total (000s)	Employment rate (%)
2004/06	53.0	4.3	39.9	97.2	54.5
2005/07	53.4	5.4	38.4	97.2	54.9
2006/08	54.9	6.4	37.5	98.9	55.5
2007/09	55.6	7.5	36.7	100.0	55.7

Source: Annual Population Survey (APS), household datasets

As with other families, being in employment reduces the risk of poverty among lone parents although a range of other factors also come into play around access to appropriate and affordable childcare, and the extent of lone parents' ability to work full-time. Recent analysis of the MCS has shown that previously married lone mothers were less likely to be in poverty than those mothers who had previously cohabited⁹.

Furthermore, mothers who had previously been cohabiting were less likely to be living in poverty than mothers who had been single since the child's birth. This suggests that 'the chances of living in poverty are associated with both the family context at the child's birth and subsequent partnership'⁹.

10.9 Youth employment and benefit claimants

This section provides information on the 16 to 24 age group in Wales, in relation to youth unemployment, economic inactivity and benefit claimants.

Educational outcomes for children and young people are a key determinant of future employment outcomes and wage levels. These in turn impact on poverty levels among young adults and the next generation of children in Wales. Because children and young people from poorer backgrounds in Wales are more likely to leave school with no or low educational and vocational qualifications, and are more likely not to engage in post-16 education or training, they are also more likely to be unemployed or in low-paid unskilled work as young adults. Please note that educational attainment is covered in Chapter 5 *Access to Education, Training and Learning Opportunities*.

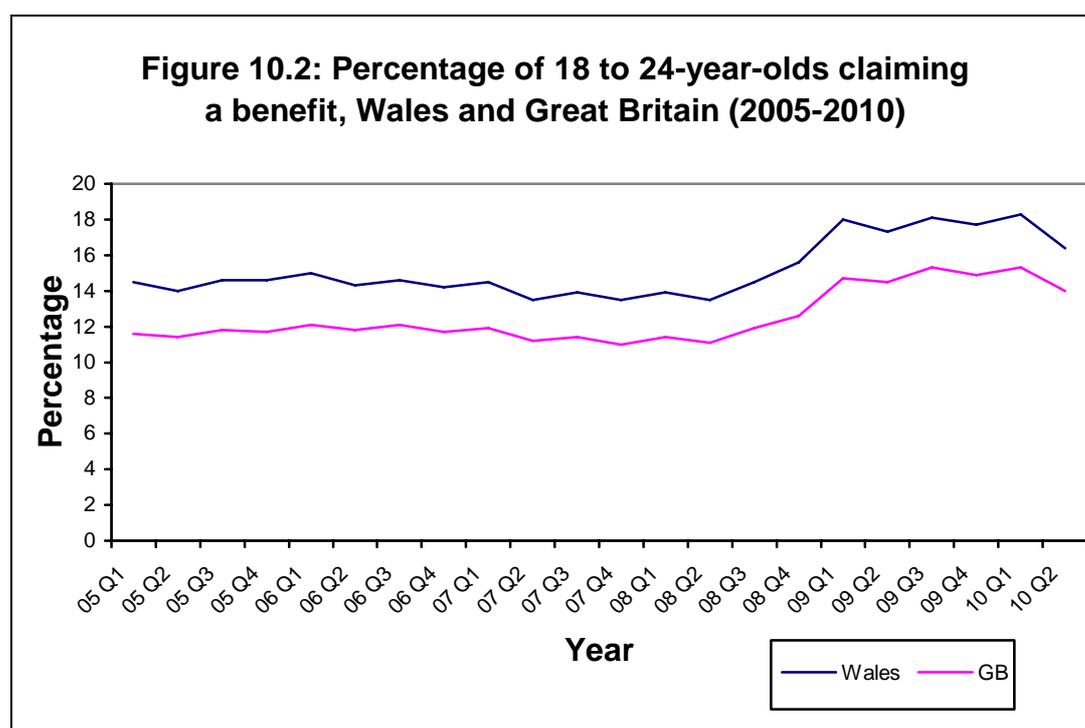
Young adult unemployment is a particular issue in Wales, and there is strong evidence that the recent recession has had a disproportionate effect on this age group. Using the ILO definition of employment, there were 50,100 people aged 16-24 unemployed in Wales during the 12 months ending June 2010. This is an unemployment rate of 21.7%, compared to the UK rate of 19.5%.

Between the year to June 2009 and the year to June 2010, the youth unemployment rate in Wales increased by 3.2 percentage points - which is the fifth largest increase of the English regions and devolved administrations. Wales had the third highest youth unemployment rate of the 12 regions and devolved administrations for 16 to 24-year-olds. In the same age range, the increase in the unemployment rate was larger for men than for women.

There were 136,300 economically-inactive people aged 16-24 years in Wales during the 12 months ending June 2010, with 69% of these being students.

Between January 2010 and January 2011, the total number of unemployed 18 to 24-year-olds, based on the narrow JSA claimants' definition fell from 28,210 to 24,645 – a drop of 13%. The claimant count rate for 18 to 24-year-olds decreased by less than 1.2 percentage points – from 9.6% to 8.4%.

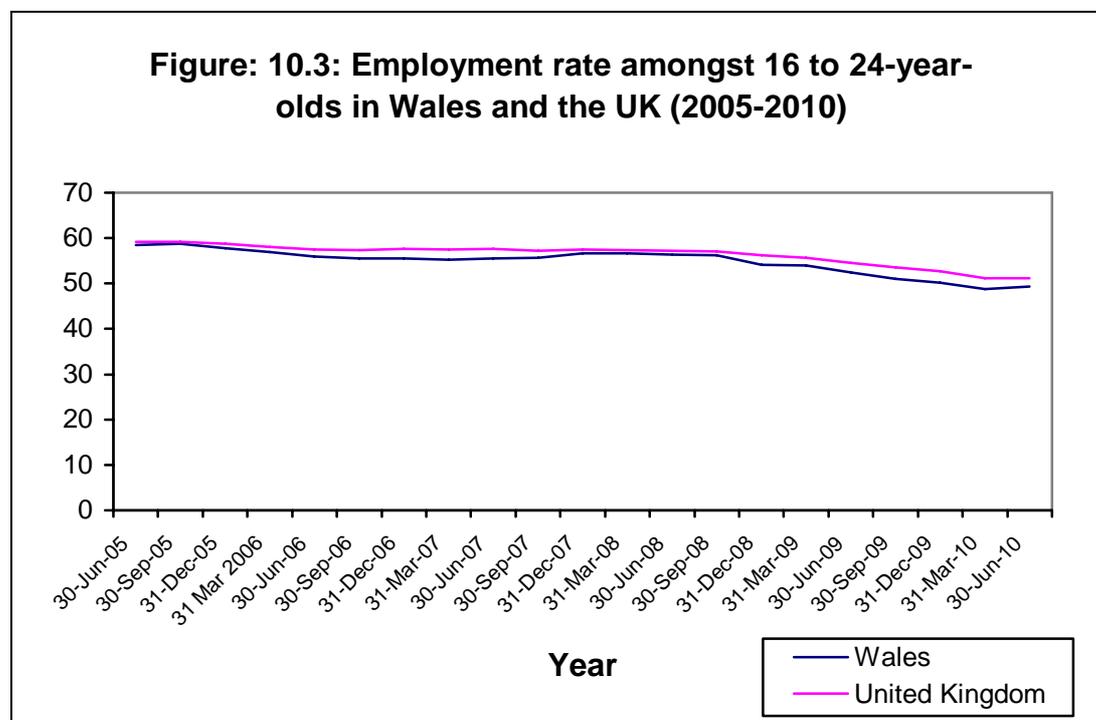
Recent DWP data show that there was a 0.8% increase in the number of 18 to 24-year-olds claiming benefits (excluding JSA) between May 2009 and May 2010. As at November 2009, the benefit claimant rate for Wales was 9.1% of the 18 to 24-year-olds – up 0.1 percentage points over the year. Figure 10.2 shows that as at May 2010, 16.4% of 18 to 24 year olds were claiming a benefit – which is higher than the GB figure of 14.0%.



Source: Department for Work and Pensions

Quarter 1 = February
 Quarter 2 = May
 Quarter 3 = August
 Quarter 4 = November

Employment rates, for the year ending June 2010, amongst 16 to 24-year-olds in Wales was 49.3% compared to a UK figure of 51.1% (see Figure 10.3)



Source: Annual Population Survey, Welsh Assembly Government

Please note that these figures are for the year ending 30 June 2005 etc.

10.10 Experiences of living in poverty

Recent research has shown that living in poverty and deprivation can make family life difficult and uncertain, not least because *‘external and internal shocks such as unemployment, sickness, disability and family upheaval’* can leave families *‘highly vulnerable to instability, homelessness, debt and social exclusion’*¹.

A recent qualitative study carried out by Barnardo’s of 16 UK families living in poverty showed that many often struggle to meet the costs of basic living and that *‘anything additional to that – be it birthday presents, school uniforms or replacing an essential household appliance – can derail even the most careful budgeting’*¹⁰.

In addition, while employment is essential for reducing family poverty, families often face challenges around the cost of travel and childcare^{11,1}. As one participant in the *Voices of Children and Young People in Wales* study commented:

“I don’t really want to be like a statistic who just sits at home and does nothing and gets paid on the benefits and stuff I do

want to go out there to work but like I say (working enough hours to compensate for benefits) puts strain on the family, me being not able to see them. Every night before pay day we write it all down. I'm paid fortnightly then there's my contract phone then (my partner's) going mad and saying we don't need it. But then I'm stuck in a contract and if I come out of it I'm going to get a red mark next to my name. There's the TV, gas, water, electric, obviously phone contract." (Emma 19 with children aged 6ms, 3 and 6)

In particular, the availability and cost of childcare facilities (which might enable them to work or study) was seen as especially problematic:

"They ought to be giving a good childminding option to you free - that would be an incentive for you to work, because you wouldn't have to spend all your wages paying for childminding." (Mair 22, with child aged 1)

"At the end of the day they are going to make it impossible for people to live, they are not going to be able to survive, because if they're going to, you know cut the benefits down for the people like (friends with young children) who can't go to work, they are not going to be able to survive on the money they are having." (Eleri 23 with children aged 2 and 5)

One of the indicators being used to measure progress against the Welsh Assembly Government's 2006 child poverty milestones and targets is the total number of childcare places in Wales. In 2006, there were 72,894 childcare places in Wales, rising to 73,645 by 2009.

Children living in poverty often worry about their family's lack of money¹⁰. Many children in poverty lack important everyday items, such as food, bedding and clothing, have reduced opportunities for shared social activities and restricted opportunities at school^{10,1}.

They may also lack the same material goods and clothes as their peers. In addition, such children often experience tensions with parents, have additional responsibilities, for example housework, caring responsibilities, or even paid work themselves. Moreover they often live in poor-quality housing, located in areas where there are no safe places to play and no low cost leisure facilities¹.

Evidence from the *Voices of Children and Young People in Wales* study suggests that, for some, money is an issue from a young age:

"We haven't got enough money - we're poor...we don't have enough money for sweets and candyfloss." (Sophie, 7)

In particular, the effects of the current economic crisis were acknowledged by young people – when they compared what they could buy previously with what they could afford now:

“I think we can’t hold onto our money as well as we used to because of the prices going up and it’s very difficult to find things that we enjoy doing that we can afford, because there aren’t as many recreational things that we can afford we don’t have much to do and that can be quite depressing.” (Ruby, 13)

It is also important to note that the disparity in the amount of money that young people had at their disposal was acknowledged by some of them as problematic:

“They don’t get as much as we get, they get less and less things than we’ve got...and they feel like they’re left out.” (Fiona, 14)

“They get jealous, when we’re all talking about stuff like going to the cinema they might feel a bit left out.” (Seren, 14)

There is also evidence that families in poverty experience a ‘poverty premium’ whereby they end up paying higher prices for basic necessities such as electricity, gas and banking^{10,12}. Furthermore, families living in poverty often have very little access to affordable credit.

One of the indicators being used to measure progress against the Welsh Assembly Government’s child poverty milestones and targets is the number of adults who are members of a credit union. In 2006, there were 36,000 credit union members in Wales. By 2009, this figure had increased to 41,000. The number of junior credit union members also increased – from 5,700 in 2006 to 8,300 in 2009.

Evidence from the *Voices of Children and Young People in Wales* study suggests that there is awareness of the need for money management – particularly among those who are older:

“I definitely get by on my money. I don’t have a lot. I get £150 a week because I’m an apprentice. So I don’t get paid a fortune. It does get me by.” (Brooke, 17)

In the following account, Tom describes how his awareness about the importance of money management arose from his experiences of watching his mother struggle financially to make ends meet:

“I don’t like debt because I think from seeing mum struggle, when I was a kid, I don’t like it...And I think it comes from seeing mum struggle. Because going through her finances every week I used to sit on a Saturday morning with her and

she used to have her books out and go through them with a fine-tooth comb, and she'd know how much money she had down to a penny. I always know what's coming in and going out of my account. Not like a lot of people I know who just go to the ATM and keep withdrawing money until their account's empty, until it stops giving them money.” (Tom, 22)

A recent systematic review of the ways in which mothers 'manage poverty' found that they will adjust strategically to living on a low income by adopting different coping strategies, which focus on 'cutting back and making do' despite potential costs to emotional and physical wellbeing. Specifically, studies have found that a mother's self-worth is often affected by her ability to provide and maintain 'mainstream' diets for their children, despite costs to their personal health and wellbeing¹³.

For lone mothers, their ability to 'manage poverty' is further affected by having sole responsibility for their children's wellbeing, given that there tends to be no second income 'to cushion financial hardship'¹³.

It is important to note, however, that recent analysis of the MCS has explored the extent to which family experiences - and whether the children are living in married, cohabiting or lone parent families - can affect a child's emotional wellbeing and make them more or less prone to emotional and behavioural problems. Evidence from the MCS suggests that there are 'no significant differences between children in different family groups, after taking into account income level and whether the mother had depressive symptoms'⁹.

References

1. Ridge, T., 2009. *Living with poverty: A review of the literature on children's and families' experiences of poverty*. Department for Work and Pensions Research Report No. 594.
2. Magadi, M., and Middleton, S., 2007. *Severe child poverty in the UK*. London: Save the Children.
3. Save the Children, 2010. *Measuring severe child poverty in the UK*. Policy Briefing. UK: Save the Children.
4. Barnes, M., Conolly, A., and Tomaszewski, W., 2008. *The circumstances of persistently poor families with children: Evidence from the Families and Children Study (FACS)*. Leeds: Department for Work and Pensions.
5. Bradshaw, J., and Holmes, J., 2010. *Child poverty in the first five years of life*. Millennium Cohort Study Briefing 3. London: Centre for Longitudinal Studies.
6. Office for National Statistics, 2010. *Work and worklessness among households in 2010*. London: Office for National Statistics.
7. Browne, J., and Paull, G., 2010. *Parents' work entry, progression and retention, and child poverty*. Norwich: Department of Work and Pensions.
8. Kenway, P., MacInnes, T., and Parekh, A., 2009. *Monitoring poverty and social exclusion in Wales*. York: Joseph Rowntree Foundation.
9. Kiernan, K., and Mensah, F., 2010. *Parent relationships and child wellbeing*. Millennium Cohort Study Briefing 1. London: Centre for Longitudinal Studies.
10. Harris, J., Treanor, M., and Sharma, N., 2009. *Below the breadline: A year in the life of families in poverty*. Essex: Barnardo's.
11. Crisp, R., Batty, E., Cole, I., and Robinson, D., 2009. *Work does not guarantee a route out of poverty: Policy assumptions and personal experiences*. York: Joseph Rowntree Foundation.
12. Save the Children/Family Welfare Association, 2007. *The poverty premium: How poor households pay more for essential goods and services*. London SCF/FWA.
13. Attree, P., 2005. Low income mothers, nutrition and health: A systematic review of qualitative evidence. *Maternal and Child Nutrition*; (1), 227-240.

Appendix I: UNCRC and the Seven Core Aims

Core Aim 1: The Early Years

Article 3:

All organisations concerned with children should work towards what is best for each child.

Article 6:

All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 29:

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 36:

Children should be protected from any activities that could harm their development.

Also relevant:

Article 7:

All children have the right to a legally registered name, the right to a nationality and the right to know and, as far as possible, to be cared for by their parents.

Core Aim 2: Education and Learning Opportunities

Article 3:

All organisations concerned with children should work towards what is best for each child.

Article 13:

Children have the right to get and to share information as long as the information is not damaging to them or to others.

Article 22:

Children who come into a country as refugees should have the same rights as children born in that country.

Article 28:

Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29:

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 30:

Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Core Aim 3: Health, Freedom from Abuse and Victimisation**Article 3:**

All organisations concerned with children should work towards what is best for each child.

Article 6:

All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 9:

Children should not be separated from their parents unless it is for their own good, for example if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 11:

Governments should take steps to stop children being taken out of their own country illegally.

Article 13:

Children have the right to get, and to share, information as long as the information is not damaging to them or to others.

Article 18:

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19:

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

Article 20:

Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.

Article 21:

When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born or taken to live in another country.

Article 22:

Children who come into a country as refugees should have the same rights as children born in that country.

Article 23:

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Article 24:

Children have the right to good quality healthcare and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

Article 25:

Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 32:

The Government should protect children from work that is dangerous or might harm their health or their education.

Article 33:

The Government should provide ways of protecting children from dangerous drugs.

Article 34:

The Government should protect children from sexual abuse.

Article 35:

The Government should make sure that children are not abducted or sold.

Article 36:

Children should be protected from any activities that could harm their development.

Article 37:

Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

Article 38:

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39:

Children who have been neglected or abused should receive special help to restore their self respect.

Article 40:

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Also relevant:

Article 5:

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Core Aim 4: Play, Leisure, Sport, and Culture**Article 15:**

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 31:

All children have a right to relax and play, and to join in a wide range of activities, to participate freely in cultural life and the arts.

Also relevant

Article 23:

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Core Aim 5: Participation in Decision-Making**Article 12:**

Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.

Article 13:

Children have the right to get and to share information as long as the information is not damaging to them or to others.

Article 14:

Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 21:

When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born or taken to live in another country.

Article 22:

Children who come into a country as refugees should have the same rights as children born in that country.

Article 30:

Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Also relevant:

Article 15:

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16:

Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17:

Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that children can understand, and should not promote materials that could harm children.

Article 23:

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Core Aim 6: A Safe Home and Community**Article 9:**

Children should not be separated from their parents unless it is for their own good, for example if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 11:

Governments should take steps to stop children being taken out of their own country illegally.

Article 16:

Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 23:

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Article 33:

The Government should provide ways of protecting children from dangerous drugs.

Also relevant:

Article 15:

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights. In relation to freedom of association.

Article 37:

Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

Article 40:

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Core Aim 7: Not Disadvantaged by Poverty**Article 26:**

The Government should provide extra money for the children of families in need.

Article 27:

Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Also relevant:

Article 18:

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Appendix II: Wellbeing Indicators

Chapter 4: The Early Years

1. Low birth weight
2. Perinatal mortality rate
3. Neonatal mortality rate
4. Infant mortality rate
5. Congenital anomalies
6. Immunisation
7. Dental caries amongst five-year-olds
8. Limiting long-standing illness (LLSI)
9. General health
10. Maternal smoking
11. Maternal drinking
12. Breastfeeding
13. Weight
14. Diet
15. Cognitive development
16. Performance at Key Stage 1
17. Special educational needs (SEN)
18. Behaviour (SDQ)
19. Friendship
20. Family activities

Chapter 5: Access to Education, Training and Learning Opportunities

21. Liking school
22. Absenteeism
23. Exclusions
24. Performance at Key Stage 2
25. Performance at Key Stage 3
26. Performance at Key Stage 4
27. Performance at A-level
28. Performance at Welsh Baccalaureate level
29. Attainment by children with special educational needs (SEN)
30. Essential and key skills (Literacy, Numeracy and Science – PISA)

31. Participation in further education, local authority community learning and work based learning
32. Participation in higher education
33. Young people not in education, employment or training (NEET)

Chapter 6: Health, Freedom from Abuse and Exploitation

34. Limiting long-standing illness
35. Dental caries amongst 12-year-olds
36. Tooth brushing
37. Sexual activity
38. Sexually Transmitted Infections (STIs)
39. Conception rate for under 16s
40. Conception rate for under 18s
41. Conception rate for under 20s
42. Immunisation
43. Self-reported health
44. Mental health
45. Self-harm
46. Suicide
47. Weight
48. Diet
49. Breakfast consumption
50. Smoking
51. Drinking alcohol
52. Being drunk on more than two occasions
53. Young people receiving treatment for alcohol misuse
54. Number of 15-year-olds using cannabis
55. Young people receiving treatment for drugs
56. Children on the Child Protection Register

Chapter 7: Access to Play, Leisure, Sport and Culture

57. Play
58. Activities with friends
59. Attendance to cultural activities
60. Use of sport and exercise facilities
61. Electronic media usage

62. Outdoor recreation
63. Physical activity amongst seven-year-olds
64. Physical activity amongst secondary school pupils
65. Travelling to and from school as a source of physical activity
66. Extra-curricular and club participation
67. Free swimming attendance
68. Sport participation amongst 15 to 24-year-olds
69. Attendance to arts events (7-18/16-24)
70. Participation in arts activities (7-18/16-24)

Chapter 8: Children are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised

71. Ease of speaking to parents
72. Participating in decisions about education
73. Voting
74. Knowledge of the UNCRC
75. Advocacy services
76. Classmate support
77. Volunteering
78. Being treated with respect
79. Being a victim of discrimination, harassment or victimisation

Chapter 9: Safe Home and Community

80. Being a victim of crime
81. Perceptions of the local community amongst parents and children
82. Juvenile offending
83. Anti-social behaviour
84. Bullying
85. Pedestrian casualties and injuries
86. Road traffic casualties and injuries
87. Injuries and poisoning
88. Environmental pollution
89. Homelessness
90. Families living in temporary accommodation
91. Unfit housing
92. Overcrowded accommodation

- 93. Children with disabilities living at home
- 94. Fuel poverty

Chapter 10: Poverty

- 95. Relative poverty
- 96. Absolute poverty
- 97. Material deprivation and low income combined
- 98. Severe child poverty
- 99. Persistent child poverty
- 100. Out-of work poverty
- 101. In-work poverty
- 102. Lone parents
- 103. Youth unemployment
- 104. Benefit claimant rate

Appendix III: Child Poverty Indicators

Child Poverty Indicator	Baseline	2011 Monitor	2010 Milestone	2020 Target	Source of Data
1. Children living in relative low income households (HBAI)	2003/04 - 2005/06: 28% of children in Wales live in families with an equivalised income, below 60% of the median income.	2006/07 - 2008/09: 32% of children in Wales live in families with an equivalised income, below 60% of the median income.	2010-11 Milestone: to have only 17% of children in Wales live in families with an equivalised income, below 60% of the median income.	2020 Target: to have matched lowest poverty rate in Europe.	Department for Work and Pensions in Households Below Average Income (HBAI) using a rolling three year average from the Family Resources Survey.
2. Children living in workless households	2006: 16.9% of Children in Wales living in workless households	2009: 19.9% of Children in Wales living in workless households	2010: To have only 13.5% of children in Wales living in workless households.	<i>No 2020 Target currently set</i>	Annual Population Survey.
3. Lone parents in employment	2004-06: 54.4% of lone parents in Wales in employment.	2007-09: 55.7% of lone parents in Wales in employment.	No 2010 Milestone set.	Target: “ <i>A new deal for welfare: empowering people to work</i> ” states the aim for the ten year period for 2006-2016 is to help and support 18,000 lone parents into work in Wales.	Annual Population Survey.
4. Children living in in-work poverty	2006/07: 25.0% of children in Wales living in in-work poverty.	2008/09: 26.7% of children in Wales living in in-work poverty.	This indicator is a new indicator and has been included to monitor children who live in poverty, within a working family. It is defined as the percentage of dependant children in Wales who live in families in receipt of Working Tax Credit and Child Tax Credit.		HMRC: National Indicator 116: The Proportion of children in poverty.

5. Adult learning: working age employed receiving training	2006: 15.7% of working age adults in employment, in Wales received training in the last 4 weeks.	2009: 14.3% of working age adults in employment, in Wales received training in the last 4 weeks.	2015 Milestone: 95% of young people, by the age of 25 to be ready for high skilled employment and/or further education.	2020: 97% of young people, by the age of 25 to be ready for high skilled employment and/or further or higher education.	Annual Population Survey.
6. Working age adults with basic skills in literacy	2004: 75% of working age adults in Wales with level 1 or above functional basic skills in literacy.	No additional data beyond the baseline year at time of print. Next data update is expected in summer 2011.	2010 Milestone: percentage of working age adults with level 1 or above functional basic skills in literacy to be 80%.	2020 Target: Percentage of working age adults with level 1 or above functional basic skills in literacy 85%.	Welsh Assembly Government: 2004 National Survey of Adult Skills in Wales.
7. Working age adults with basic skills in numeracy	2004: 47% of working age adults in Wales with level 1 or above functional basic skills in numeracy.	No additional data beyond the baseline year at time of print. Next data update is expected in summer 2011.	2010 Milestone: percentage of working age adults with level 1 or above functional basic skills in numeracy to be at least 55%.	2020 Target: percentage of working age adults with level 1 or above functional basic skills in numeracy to be at least 63%.	Welsh Assembly Government: 2004 National Survey of Adult Skills in Wales.
8. Adult learning qualification equivalent to NQF level 2 or above.	2006: 67.8% of adults of working age, in Wales with a qualification equivalent to NQF level 2 or above.	2009: 70.6% of adults of working age, in Wales with a qualification equivalent to NQF level 2 or above.	2010 Milestone: percentage of adults of working age with a qualification equivalent to NQF level 2 or above to be at least 70%.	2020 Target: percentage of adults of working age with a qualification equivalent to NQF level 2 or above to be at least 74%.	Welsh Assembly Government: Headline Statistics 'Annual Population Survey, 2009: Qualification Levels'.
9. Adult learning qualification equivalent to NQF level 3 or above.	2006: 46.2% of adults of working age, in Wales, with a qualification equivalent to NQF level 3 or above.	2009: 49.9% of adults of working age, in Wales, with a qualification equivalent to NQF level 3 or above.	2010 Milestone: percentage of adults of working age with a qualification equivalent to NQF level 3 or above to be at least 50%.	2020 Target: percentage of adults of working age with a qualification equivalent to NQF level 3 or above to be at least 55%.	Welsh Assembly Government: Headline Statistics 'Annual Population Survey, 2009: Qualification Levels'.

10. Adult learning qualification equivalent to NQF level 4 or above	2006: 25.9% of adults of working age, in Wales, with a qualification equivalent to NQF level 4 or above.	2009: 29.6% of adults of working age, in Wales, with a qualification equivalent to NQF level 4 or above.	2010 Milestone - Percentage of adults of working age with a qualification equivalent to an NQF level 4 or above to be at least 30%.	2020 Target - Percentage of adults of working age with a qualification equivalent to an NQF level 4 or above to be at least 34%.	Welsh Assembly Government: Headline Statistics 'Annual Population Survey, 2009: Qualification Levels'.
11. Educational attainment in young adults (level 3 threshold)	2006/07: 44% (revised) of young adults achieving the level 3 threshold.	2008/09: 46% of young adults achieving the level 3 threshold.	This is a new indicator, defined as the proportion of 19-year-olds that achieve the level 3 threshold. This indicator has been added as a low level of attainment in young adults is seen as a poverty risk factor and it augments the other education indicators.		Welsh Assembly Government statistical release: Educational Attainment of Young People by Age 19, 2008/09.
12. Credit union membership	Credit union membership in Wales Adults 2006: 36,000 Juniors 2006: 5,700	Credit union membership in Wales Adults 2009: 41,000 Juniors 2009: 8,300	2010 Milestone: continue to support the development of credit unions across Wales – so that every low income family has access to a credit union.	To increase market penetration from 1.82% in 2009-10 to 6% by 2020, taking the number of adult members to 142,000.	Wales Co-op Society and Financial Services Authority (2007) Credit Union Annual Statistics.
13. Child Trust Funds	Not available – Officials are considering how best to monitor this indicator.	Not available	Increase the investment rate of Child Trust Fund vouchers, particularly amongst low income families.		HMRC Data on Child Trust Funds.
14. Low birth weight	2005 - 07: Low birth weight rate (less than 2,500g)	Not available ^a	2010 Milestone: Low birth weight rate for the most deprived fifth of the population – no more than 8.7%.	2020 Target: Low birth weight rate for the most deprived fifth of the population - no more than 7.3%.	ONS Births (live and still) that are under 2,500g.

^a Please note that a Wales level figure for 2009 of 7.3% is included in Chapter 4 *The Early Years* but the breakdown according to deprivation is not available.

	<p>Most deprived fifth: 8.87</p> <p>Middle deprived fifth: 7.21</p> <p>Rate ratio most to middle deprived: 1.23</p>		<p>At least a 3.8% reduction in the low birth weight rate for the most deprived fifth of the population.</p> <p>Ratio of low birth weight rates between the most deprived and the middle fifth of the population will be no more than 1.19 (19%).</p>	<p>The ratio of low birth weight rates between the most deprived and the middle fifth of the population will be no more than 1.12 (12%).</p>	<p>NPHS Deprivation and the Health of Children and Young People Revised Version (2008).</p>
15. Infant mortality	<p>2002-06: Infant mortality rate per 1,000:</p> <p>Most deprived fifth: 5.12</p> <p>Least deprived fifth: 3.47</p> <p>Rate ratio most to middle deprived: 1.48</p>	<p>2004-08: Infant mortality rate per 1,000:</p> <p>Most deprived fifth: 5.65</p> <p>Least deprived fifth: 3.53</p> <p>Rate ratio most to middle deprived : 1.60</p>	<p>By 2010, the infant mortality rate for the most deprived fifth of the population will be no more than 6.16 per 1,000 live births, being one fifth of the target reduction.</p> <p>At least a 7.6% reduction in the infant mortality rate for the most deprived fifth of the population, being one fifth of the target reduction.</p> <p>Ratio of infant mortality rates between the most deprived and most affluent fifths of the population will be no more than 1.49 (49%) being one fifth of the target reduction.</p>	<p>By 2020, infant mortality rate for the most deprived fifth of the population will be no more than 4.12 per 1000 live births.</p> <p>By 2020, there will be at least a 38.2% reduction in the infant mortality rate for the most deprived fifth of the population.</p> <p>By 2020, the ratio of infant mortality rates between the most deprived and most affluent fifths of the population will be no more than 1.3 (30%).</p>	<p>ONS Deaths of infants under one year.</p> <p>NPHS Deprivation and the Health of Children and Young People Revised Version (2008).</p>
16. Five-year-olds with dental caries experience	<p>2007-08: Mean dmft:</p> <p>Most deprived fifth: 2.65</p>	<p>Not available.</p>	<p>A mean dmft of 2.9, being one third the required reduction by 2020.</p>	<p>By 2020 the mean number of decayed, missing and filled teeth of the five-year-old children of the most deprived fifth of the population will be 2.4.</p>	<p>British Association for the Study of Community Dentistry (BASCD) Surveys 1997-2006, National</p>

	<p>Middle deprived fifth: 1.77</p> <p>Rate ratio most to middle deprived: 1.50</p> <p>2007-08: Percentage dmft:</p> <p>Most deprived fifth: 57.6%</p> <p>Middle deprived fifth: 44.1%</p> <p>Rate ratio most to middle deprived: 1.31%</p>		<p>By 2010 proportionate progress towards the 2020 target would require no more than 59% of five-year-old children to have experience of dental decay.</p> <p>Note dmft refers to decayed, missing or filled deciduous (milk) teeth.</p>	<p>By 2020 the percentage of caries among the five-year-old children of the most deprived fifth of the population will be 55.3%.</p>	<p>Public Health Service, BASCD Co-ordinated Oral Epidemiology Programme: Survey of five-year-olds 2005-06.</p>
17. Child care places	<p>2006: 72,894 child care places in Wales.</p>	<p>2009: 73,645 child care places in Wales.</p>	<p>High quality part-time care to be provided for 16,000 two-year-old children living in the areas of greatest disadvantage in Wales.</p> <p>All children to have access to a free part-time education nursery place from the term following their third birthday.</p> <p>Increase child care places in Wales by 7,000 in West Wales and Valleys Objective 1 Convergence Area, and by 1,500 in East Wales Objective 3 Areas.</p>	<p>No Target set.</p>	<p>Care Services in Wales Annual Report (2006-2007): Care and Social Services Inspectorate Wales (CCSIW).</p>

18. Pupils achieving Key Stage 2 Core Subject Indicator	2006: 74.4% of pupils achieving the Core Subject Indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11.	2010: 78%	2010 Milestone: percentage of pupils achieving the Core Subject Indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11 to be 80%.	2020 Target: percentage of pupils achieving the Core Subject Indicator (Welsh or English, maths and science in combination) through teacher assessment by the age of 11 to be 86%.	Welsh Assembly Government: Schools Statistics (National Curriculum Assessments).
19. Pupils achieving Key Stage 3 Core Subject Indicator	2006: 58.4% of pupils achieving the Core Subject Indicator through teacher assessment by the age of 14.	2010: 64%	2010 Milestone: Percentage of pupils achieving the Core Subject Indicator through teacher assessment by the age of 14 to reach 65%.	2020 Target: Key Stage 3 teacher assessment: percentage of pupils achieving the Core Subject Indicator to reach 72%.	Welsh Assembly Government: Schools (National Curriculum Assessments).
20. Pupils achieving Key Stage 4 Core Subject Indicator	2006: 40.4% 15-year-olds achieving the Core Subject Indicator (Key Stage 4).	2009: 46.4%	2010 Milestone: percentage of 15-year-olds achieving the Core Subject Indicator (Key Stage 4) to reach 45%.	2020 Target: percentage of 15-year-olds achieving the Core Subject Indicator (Key Stage 4) to reach 51%.	Welsh Assembly Government Schools Statistics: GCSE/GNVQ and GCE A, AS and AVCE Results in Wales (2008).
21. Pupils aged 15 achieving Level 2 threshold (inc Eng/Welsh and maths)^b	2006: 42.6% of pupils aged 15 achieved the level 2 threshold including English/Welsh and maths.	2010: 49% of pupils aged 15 achieved the level 2 threshold including English/Welsh and maths.	No Milestone was set	There is currently no target for this indicator.	

^b The definition of this indicator has changed since the last edition of the Monitor. Previously there was a target for the 'percentage of pupils aged 15, achieving 5 or more GCSEs A*-C or equivalent'. However, this measure will no longer be published as it does not cover a large amount of vocational qualifications. It has been replaced with the level 2 threshold definition, which has a much greater coverage of qualifications.

22. Pupils leaving full time education with no approved qualification	2006: 2.1% leaving full time education with no approved qualification in Wales.	2009: 0.9% leaving full time education with no approved qualification in Wales.	2010 Milestone: No pupil to leave full time education without an approved qualification.	No Target set.	Welsh Assembly Government: Pupils leaving Education With No Qualifications (2007).
23.16 to 18-year-olds not in education, employment or training (NEETs)	2006: 10.0% of 16 to 18-year-olds not in education, employment or training (NEET).	2009:12.0%(provisional) of 16 to 18-year-olds not in education, employment or training (NEET).	2010 Milestone: percentage of 16 to 18-year-olds in employment, education, or training to reach 93%.	2020 Target: percentage of 16 to 18-year-olds in employment, education, or training to reach 95%.	Welsh Assembly Government Statistical Directorate (using data from Office for National Statistics, HESA, Welsh Assembly Government, Annual Population Survey).
24. Young people with dental caries experience	<p>2004/05: Mean DMFT (decayed, Missing or filled teeth):</p> <p>Most deprived fifth: 1.35</p> <p>Middle deprived fifth: 1.12</p> <p>Rate ratio most to middle deprived: 1.21</p> <p>2004/05: Percentage DMFT:</p> <p>Most deprived fifth: 53.8%</p> <p>Middle deprived fifth: 45.5%</p>	<p>2008/09: Mean DMFT (decayed, Missing or filled teeth):</p> <p>Most deprived fifth: 1.31</p> <p>Middle deprived fifth: 0.95</p> <p>Rate ratio most to middle deprived: 1.38</p> <p>2008/09: Percentage DMFT:</p> <p>Most deprived fifth: 52.4%</p> <p>Middle deprived fifth: 42.1%</p>	<p>Proportionate progress towards the 2020 target would require a mean dmft of 1.2 being approximately one-third the required reduction by 2020.</p> <p>By 2010 proportionate progress towards the 2020 target would require no more than 50% of 12-year-old children to have experience of dental decay.</p>	<p>The mean number of decayed, missing and filled teeth of the most deprived 12-year-old children of the most deprived fifth of the population will be 1.1.</p> <p>The percentage of caries among the 12-year-old children of the most deprived fifth of the population will be 46.2%.</p>	British Association for the Study of Community Dentistry Surveys 1997-2006.

	Rate ratio most to middle deprived: 1.18	Rate ratio most to middle deprived: 1.24			
25. Teenage conceptions (under 16s)	<p>2002-06 Teenage conceptions (girls aged 13-15):</p> <p>Most deprived fifth rate per 1,000: 12.14</p> <p>Middle deprived fifth rate per 1,000: 7.54</p> <p>Rate ratio most to middle deprived: 1.61</p>	<p>2004-08 Teenage conceptions (girls aged 13-15):</p> <p>Most deprived fifth rate per 1,000: 11.97</p> <p>Middle deprived fifth rate per 1,000: 7.19</p> <p>Rate ratio most to middle deprived: 1.67</p>	<p>Rate of teenage conceptions under 16 years old for all local authority areas in Wales - no more than 13.4 per thousand girls aged 13-15 years, being one fifth of the target reduction.</p> <p>The ratio of teenage conceptions under 16 years old for all local authority areas to the average for Wales will be no more than 1.49 (49%).^c</p>	<p>Rate of teenage conceptions under 16 years old for all local authority areas in Wales - no more than 9.0 per thousand girls aged 13-15 years.</p> <p>The ratio of teenage conceptions under 16 years old for all local authority areas to the average for Wales - no more than 1.3 (30%).</p>	ONS.
26. Childhood obesity	No baseline set. Note that a new system for measuring children's height and weight will be fully operational for the 2011/12 school year, which will provide suitably robust data to measure this indicator.	2009 – 19%	No Milestone set.	No Target set.	Welsh Health Survey, 2009.

^c The 2010 milestone and 2020 targets were based on different a different measure to what is used now to monitor the indicator. Officials are exploring the possibility of creating a new 2020 target that is comparable with the current baseline and monitor data.

<p>27. Pedestrian injuries 5 to 14-year-olds (reported to the police)</p>	<p>2002-06: Rate per 100,000: most deprived fifth: 167.8</p> <p>Rate per 100,000: middle deprived fifth: 2002-06 - 106.4</p> <p>Rate ratio most to middle deprived: 2002-06 - 1.58</p>	<p>2004-08: Rate per 100,000: most deprived fifth: 142.9</p> <p>Rate per 100,000: middle deprived fifth: 2004-08 - 95.5</p> <p>Rate ratio most to middle deprived: 2004-08 - 1.50</p>	<p>By 2010 - at least a 5.8% reduction in the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population, being one fifth of the target reduction.</p> <p>By 2010 - ratio of child pedestrian injuries reported to the police between the most deprived and the middle fifth of the population to be no more than 1.33 (33%).</p>	<p>Targets - By 2020, the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population will be no more than 49.6 per 100,000 persons per year.</p> <p>At least a 29.0% reduction in the rate of child pedestrian injuries reported to the police for the most deprived fifth of the population.</p> <p>The ratio of child pedestrian injuries reported to the police between the most deprived and the middle fifth of the population - 1.20 (20%).</p>	<p>Welsh Assembly Government: 2009 Road Casualties.</p> <p>Public Health Wales and the Welsh Index of Multiple Deprivation 2005 and 2008.</p>
<p>28. Pedestrian injuries 5 to 14-year-olds (hospital inpatient)</p>	<p>Rate per 100,000: most deprived fifth: 2002-06 – 57.7</p> <p>Rate per 100,000 middle deprived fifth: 2002-06 – 28.0</p> <p>Rate ratio most to middle deprived: 2002-06 – 2.06</p>	<p>Rate per 100,000: most deprived fifth: 2004-08 – 55.5</p> <p>Rate per 100,000 middle deprived fifth: 2004-08 – 32.4</p> <p>Rate ratio most to middle deprived: 2004-08 – 1.71</p>	<p>2010: The child pedestrian hospital inpatient episode rate for the most deprived fifth of the population will be no more than 36.7 per 100,000 persons per year, being one fifth of the target reduction.</p> <p>2010: There will be at least a 6.6% reduction in the child pedestrian hospital inpatient episode rate for the most deprived fifth of the population, being one fifth of the target reduction.</p>	<p>The child pedestrian hospital inpatient episode rate for the most deprived fifth of the population will be no more than 26.3 per 100,000 persons per year.</p> <p>There will be at least a 33.1% reduction in the child pedestrian hospital inpatient episode rate for the most deprived fifth of the population.</p>	<p>Public Health Wales and the Welsh Index of Multiple Deprivation 2005 and 2008.</p>

			2010: The ratio of child pedestrian hospital inpatient episode rates between the most deprived and middle fifth of the population will be no more than 1.40 (40%).	The ratio of child pedestrian hospital inpatient episode rates between the most deprived and the middle fifth of the population will be no more than 1.25 (25%).	
29. Children who are killed or seriously injured in road accidents	2006: the number of children killed or seriously injured in road accidents: 144	2009: the number of children killed or seriously injured in road accidents: 136 2009: Percentage reduction since baseline: 6%	50% reduction in the total number of children killed or seriously injured casualties. Note that this milestone was based on the original baseline year (1994-98 average) and has been first achieved in 2005. Current and future progress of this indicator will be monitored using the 2006 baseline.	No Target set.	Welsh Assembly Government: 2009 Road Casualties.
30. Families living in B&B accommodation	2006: 50 families living in B&B accommodation in Wales. Figures are snapshots for the period Jan – March each year.	2010: 12 families living in B&B accommodation in Wales. Figures are snapshots for Jan – March each year.	2010 Milestone: Less than 50 families.	2020 Target: B&B accommodation eliminated for families with children.	Welsh Assembly Government Statistics Release SDR 6/2011 Homelessness (Jan to March 2010).
31. Families living in temporary accommodation	2006: 1,774 living in temporary accommodation in Wales. Figures are snapshots for the period Jan – March each year.	2010: 1,126 living in temporary accommodation in Wales. Figures are snapshots for the period Jan – March each year.	2010 Milestone: less than 1,000.	2020 Target: Families in Temporary Accommodation below 500.	Welsh Assembly Government Statistics Release SDR 6/2011 Homelessness (Jan to March 2010).

32. Families living in overcrowded conditions	2007: 19,730 Families living in overcrowded conditions in Wales.	2009-10: 22,663 Families living in overcrowded conditions in Wales.	2010 Milestone: less than 20,000 Families living in overcrowded conditions in Wales.	2020 Target: less than 13,000 Families living in overcrowded conditions in Wales.	Living in Wales Survey 2007. National Survey for Wales 2010.
--	--	---	--	---	---

For further information see: Welsh Assembly Government, 2010. *Eradicating child poverty in Wales: Child poverty indicators progress against the baseline November 2010. SDR 202/2010*. Cardiff: Welsh Assembly Government - <http://wales.gov.uk/topics/statistics/headlines/social2010/101125/?lang=en>

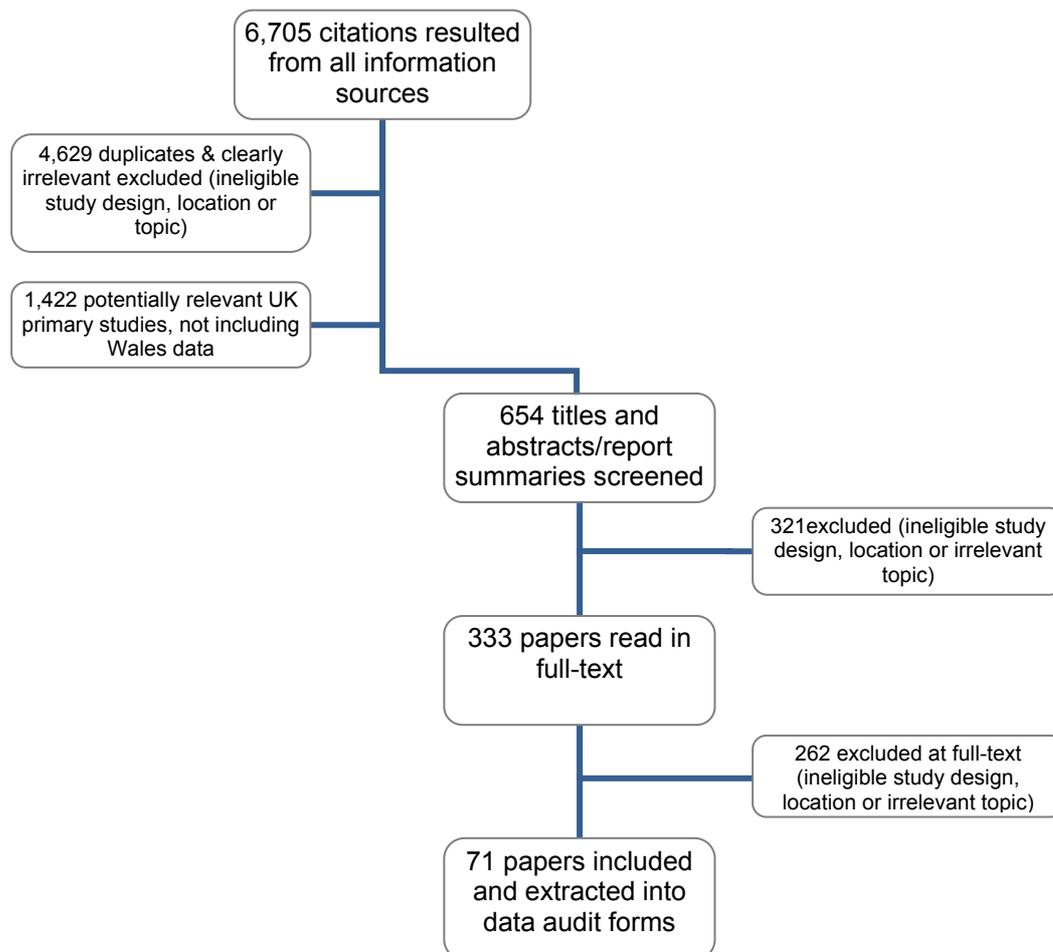
Appendix IV: Commissioned Research

The 2011 Children and Young people's Wellbeing Monitor for Wales was supported by three pieces of commissioned work; an evidence review, a qualitative study and additional analysis of the Millennium Cohort Study (MCS).

1. Evidence review

The evidence review was undertaken by the Support Unit for Research Evidence (SURE), Cardiff University specifically Ruth Turley, Fiona Morgan and Dr Helen Morgan.

SURE conducted a comprehensive and robust review of relevant literature on children and young people's wellbeing – aged 0 to 25 years, in themes relevant to each chapter of the Monitor – the Welsh Assembly Government seven core aims for children and young people. The literature generated from the searches was extensively reviewed and the relevant material collated. Data audit forms for each of the chapters were completed, identifying characteristics and results, and evaluating the quality of each piece of literature.



A range of information sources were used for the evidence review. The following databases were used:

British Nursing Index, Medline, Medline in Process, Embase, ASSIA, Social Science Citation Index, Social Care Online, Sociological Abstracts, ERIC (Education research literature) , PsycINFO (Psychological literature), Health Management Information Consortium (HMIC), Open SIGLE.

The following websites were searched:

Barnardo's - <http://www.barnardos.org.uk/>
Childline - <http://www.childline.org.uk/Pages/Home.aspx>
Children in Wales - <http://www.childreninwales.org.uk/index.html>
Department of Children, Schools and Families/Department of Education - <http://www.education.gov.uk/>
Healthy Schools Programme (NHSP) - <http://home.healthyschools.gov.uk/>
National Children's Bureau - <http://www.ncb.org.uk/>
NSPCC - <http://www.nspcc.org.uk/>
Princes Trust - <http://www.princes-trust.org.uk/>
Save the Children - <http://www.savethechildren.org.uk/>
The Children's Society - <http://www.childrenssociety.org.uk/>
UNICEF - <http://www.unicef.org.uk/>
Wales Children's Commissioner - <http://www.childcom.org.uk/>
Funky Dragon - <http://www.funkydragon.org/>
Welsh Assembly Government (including Children, Education, Lifelong Learning and Skills; Health and Social Services; Social Justice and Local Government; Equality; Housing) - <http://wales.gov.uk/?lang=en>
Future Skills Wales - <http://www.learningobservatory.com/future-skills-wales/>
General Teaching Council (Wales) - <http://www.gtcw.org.uk/>
HEFCW - <http://www.hefcw.ac.uk/>
Qualifications and Curriculum Development Agency - <http://www.qcda.gov.uk/>
Quality Assurance Agency for Higher Education (QAA) - <http://www.qaa.ac.uk/>
Centre for Research on the Wider Benefits of Learning - <http://www.learningbenefits.net/>
OFSTED - <http://www.ofsted.gov.uk/>
Estyn - <http://www.estyn.gov.uk/>
Department of Health - <http://www.dh.gov.uk/en/index.htm>
Health Behaviour in School-aged Children study - <http://www.hbsc.org/publications.html>
Sport Wales - <http://www.sportwales.org.uk/>
EPPi Centre Evidence Library (systematic reviews) - <http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=123>
Joseph Rowntree Foundation - <http://www.jrf.org.uk/>
Nuffield Foundation - <http://www.nuffieldfoundation.org/>
Department for Work and Pensions - <http://www.dwp.gov.uk/>
Youth Justice Board - <http://www.yjb.gov.uk/en-gb/>
The Bevan Foundation - <http://www.bevanfoundation.org/>
Consumer Focus - <http://www.consumerfocus.org.uk/>
Equality and Human Rights Commission (EHRC) - <http://www.equalityhumanrights.com/>
OFCOM - <http://www.ofcom.org.uk/>

2. Qualitative study: *Voices of Children and Young People in Wales*

The qualitative study was undertaken by researchers based at Glyndŵr University, Wrexham, Cardiff University and Red Kite Research and Consultancy. Specifically by Professor Odette Parry, Emily Warren, Dr Iolo Madoc-Jones, Sally-Ann Baker, Caroline Hughes, Professor Andrew Pithouse and Anne Crowley.

The study focused on children and young people, up to the ages of 25. The project set out to explore children and young people's perceptions of wellbeing. The Welsh Assembly Government's seven core aims for children and young people were used to guide the study and the research materials. Additional areas explored by the study included: the concept of wellbeing or happiness; what being a child/young person in Wales/the world is like today; aspirations, dreams, hopes for their lives and futures; any challenges or difficulties; self perception and how others view them and their peers; and rights and responsibilities.

A mixture of one-to-one and group interviews were conducted with children and young people and also included responses from parents of very young children. There were 82 participants in the research that represented a wide age range (under 25) and circumstances. The full demographics of the sample are provided below:

- they were from nine counties across Wales; Caerphilly, Carmarthenshire, Cardiff, Denbighshire, Flintshire, Gwynedd, Merthyr Tydfil, Rhondda Cynon Taff and Wrexham;
- a mixture of household types were represented including; separated, single, married and step-parents; adopted children and children living in care. Household size also varied from single parent households with one child to households with ten family members;
- the children and young people sample ranged from six months to 25 years of age, children aged four and above spoke for themselves, younger were represented by a parent. Parents' ages ranged from 19 to 37 years of age;
- 61 children under 18 were interviewed, 15 18 to 25-year-olds were interviewed and 11 parents spoke on behalf of their children aged under four (parents who were under 25 were counted twice);
- 37 female children and young people were interviewed and 32 male, 13 female parents were interviewed;
- one-to-one face-to-face interviews were conducted involving 15 respondents, 16 group interviews were conducted involving 67 respondents;
- 63 interviews/group discussion responses were in English, 19 in Welsh.

3. Additional analysis of the Millennium Cohort Study (MCS)

The Centre for Longitudinal Studies, Institute of Education, University of London conducted additional analysis of the MCS Welsh sample when the children were aged seven. Specifically this work was conducted by Professor Heather Joshi and Sosthenes Ketende.

The Welsh Assembly Government's seven core aims for children and young people were used to structure the analysis conducted. A series of data tables were produced with accompanying commentary.

Where possible these findings have been incorporated into the relevant Monitor chapter.

Appendix V: Key Surveys

Title	Description	Frequency	Link
All Wales Perinatal Survey	<p>A surveillance of perinatal and infant mortality. The survey is based on the usual residential address of the mother. All deaths of babies whose mother is usually resident in Wales are included regardless of the place of birth or death. Notification of relevant deaths to the perinatal survey office is dependent on a network of unit coordinators. The Office for National Statistics (ONS) is used to ascertain deaths which have not been reported through the perinatal survey system. The All Wales Perinatal Survey works alongside the Confidential Enquiry into Maternal and Child Health (CEMACH). The Survey provides CEMACH with a subset of the collected data.</p>	Annual	http://medicine.cf.ac.uk/en/departments/child-health/neonatal/awps/
Annual Population Survey (APS)	<p>The Annual Population Survey (APS) is a combined survey of households in Great Britain. Its purpose is to provide information on key social and socioeconomic variables between the 10 yearly censuses, with particular emphasis on providing information relating to small geographical areas. The APS combines results from the Labour Force Survey (LFS) and the English, Welsh and Scottish Labour Force Survey boosts.</p>	Annual	http://www.statistics.gov.uk/Statbase/Product.asp?vlnk=10855

Avon Longitudinal Study of Parents and Children (ALSPAC)	<p>The Avon Longitudinal Study of Parents and Children, formerly the Avon Longitudinal Study of Pregnancy and Childhood, is a two-generational resource available to study the genetic and environmental determinants of development and health. The total sample size for analyses using child based questionnaire data collected after age seven is 15,224. ALSPAC has collected data using: postal questionnaires; hands-on clinic assessments; biological samples; linkage to routine information; abstraction from medical records; and environmental monitoring.</p>	<p>Longitudinal, continuous sweeps</p>	<p>http://www.bristol.ac.uk/al spac/</p>
Beaufort Children's Omnibus Survey	<p>The survey is conducted by Beaufort research. It consists of a representative quota sample of 500 young people aged 7-18 who are resident in Wales. It is conducted three times per year - April, July, October. Interviewing is spread across 43 separate locations throughout Wales. All interviews are conducted face-to-face in respondents' homes using CAPI (Computer Assisted Personal Interviewing). It is used to assess (and track) the views and behaviour of children and young people on many different topics including that of participation and attendance in the Arts.</p>	<p>Annual</p>	<p>http://www.beaufortresearch.co.uk/index.php/site/omnibussurveys/childrens_omnibus/</p>
Beaufort Wales Omnibus survey	<p>The survey is conducted by Beaufort research and was established in 1986. It is based upon a representative quota sample, consisting of a minimum of 1,000 adults aged 16+ who are resident in Wales. Surveys are conducted four times per annum – in March, June, September and November – and a fresh sample is drawn each time. Interviewing is spread across 68 separate locations throughout Wales. All</p>	<p>Annual</p>	<p>http://www.beaufortresearch.co.uk/index.php/site/omnibussurveys/wales_omnibus/</p>

	interviews are conducted face-to-face in respondents' homes using CAPI.		
British Association for the Study of Community Dentistry (BASCD) Dental Epidemiology Programme	The programme contributes to the national monitoring of service provision and targets in a devolved UK, while also providing data locally to aid in service planning and evaluation of oral health strategies and plans. The first national survey was conducted in 1985/86 for five-year-old children. Since then, the surveys have provided a longitudinal perspective on the changing oral health of children. Representative samples are drawn from participating health authorities and boards according to the agreed BASCD guidelines.	Annual	www.bascd.org
British Crime Survey (BCS)	<p>The BCS measures the amount of crime in England and Wales (the first survey covered Scotland as well). It is a victimisation survey in which adults living in private households are asked about their experiences of crime in face-to-face interviews. The BCS currently interviews over 51,000 people aged 16 or over every year. This includes around 47,000 interviews in the main survey, with an additional boost to the number of interviews with 16 to 24 year olds.</p> <p>Since January 2009 interviews have been carried out with children aged 10 to 15. However these are currently classed as experimental statistics.</p>	Continuous since 2001	www.homeoffice.gov.uk/rds/bcs1.html

<p>British Household Panel Survey (BHPS)</p>	<p>The BHPS is a panel survey of individuals living in private households in the UK which began in 1991. An annual face-to-face interview is carried out with all household members aged 16 and over. 11 to 15-year-old children are also interviewed. The survey follows the same representative sample of individuals - the panel - over a period of years. It contains sufficient cases for meaningful analysis of certain groups such as the elderly or lone parent families. The wave one panel consists of approximately 5,500 households and 10,300 individuals drawn from 250 areas of Great Britain. Additional samples of 1,500 households in each of Scotland and Wales were added to the main sample in 1999, and in 2001 a sample of 2,000 households was added in Northern Ireland (making the panel suitable for UK-wide research).</p>	<p>Annual</p>	<p>www.iser.essex.ac.uk/ulsc/bhps/</p>
<p>British Social Attitudes survey (BSA)</p>	<p>The British Social Attitudes survey is the primary social research survey in Britain. Since 1983, the annual surveys conducted by the National Centre for Social Research have continually monitored and interpreted the British public's changing attitudes towards social, economic, political and moral issues. It involves over 3,000 interviews annually. Participants are selected using random probability sampling to ensure that the results are representative of the British population. New areas of questioning are added each year to reflect current issues, but all questions are designed with a view to repeating them periodically to chart changes over time.</p>	<p>Annual</p>	<p>http://www.britsocat.com/Body.aspx?control=Home Page</p>

Census	<p>A census is a survey of all people and households in the country. It provides essential information from national to neighbourhood level for government, business, and the community. The last census was carried out in 2001. The census forms were designed for self-completion and to provide information which related to census day - 29 April 2001. The results represent 100 per cent of the population as it was on Census day 2001. However, they are estimates, as some people were missed by the Census and not everyone answered every question. The missing information had to be imputed on the basis of evidence from people and households of similar types. In England and Wales, the census is planned and carried out by the Office for National Statistics. The next Census will take place in 2011 on the 27th of March.</p>	Every 10 years	www.ons.gov.uk/census
The Citizenship Survey	<p>The 2009-10 Citizenship Survey was conducted by Ipsos MORI and TNS-BMRB on behalf of the Department for Communities and Local Government (DCLG). It is a household survey covering a representative core sample of 10,000 adults in England and Wales each year. There is also an ethnic minority boost sample of 5,000 and a Muslim boost sample of 1,200 each year, to ensure that the views of these groups are robustly represented. It asks about a range of issues including views about the local area, community cohesion, racial and religious prejudice and discrimination, values, interaction/mixing, political efficacy, civic engagement, volunteering and charitable giving. Following the Secretary of State's consideration of the responses received to the Department's recent public consultation, <i>The Future of the Citizenship Survey</i>, the Survey, which is a</p>	Continuous since 2007	http://www.communities.gov.uk/communities/research/citizenshipsurvey/

	complex and expensive survey to run, will be cancelled.		
Gypsy and Traveller Caravan Count	Local authorities undertake this count in January and July every year to assess the number of Gypsy and Traveller caravans in Wales on both authorised and unauthorised sites. The survey also shows the number of pitches available on Gypsy sites provided by local authorities. The figures are returned to DCLG.	Biannual	http://new.wales.gov.uk/topics/statistics/theme/housing/gypsy/?lang=en
Families and Children Study (FACS)	FACS is a representative study of all families in Britain. It is designed to collect information about health, education, work, income, childcare and the wellbeing of children. The study (formerly known as the Survey of Low Income Families) is a longitudinal refreshed panel survey which began in 1999. Eight waves have been carried out to 2006. Substantial changes were made to the survey in the third wave, when the name was changed. From 2001 (wave three) onwards the focus has been on all families irrespective of income. The study involves a face-to-face interview with approximately 8,000 families each year. Children aged 11-15 are also now included in the study and asked to complete a questionnaire.	Longitudinal, continuous sweeps	http://www.natcen.ac.uk/facs/index.htm
Family Resources Survey (FRS)	The Family Resources Survey collects information on the incomes and circumstances of private households in the United Kingdom for the Department for Work and Pensions. One of its main uses is to obtain Households Below Average Income (HBAI) figures. The sample uses a stratified clustered probability sample drawn from the Royal Mail's small users Postcode Address File (PAF). A Consortium of the Office for National Statistics (ONS) and the National	Annual	http://research.dwp.gov.uk/asd/frs/

	Centre for Social Research (NatCen) has been conducting fieldwork for the FRS since 1992. Interviews are conducted via CAPI.		
Health Behaviour in School-aged Children (HBSC) study	The study, established in 1983, is cross-national research conducted by an international network of research teams in collaboration with the WHO regional office for Europe. Its aim is to gain new insight into (and increase understanding of) young people's health, wellbeing, health behavior and social context. The data are collected in all participating countries and regions through school-based surveys, using an international research protocol. The survey instrument is a standard questionnaire developed by the international research network. The target population of the study comprises young people attending school, aged 11, 13 and 15 years. Around 1,500 respondents in each of the three age categories are targeted in every country.	Intervals of four years	www.hbsc.org Welsh Assembly Government, 2010. <i>Health Behaviour in School-aged Children: Initial Findings from the 2009/10 survey in Wales.</i> Cardiff: Welsh Assembly Government.
Infant Feeding Survey (IFS)	The survey has been conducted every five years since 1975. The 2005 IFS was the seventh national survey of infant feeding practices to be conducted. The main aim of the survey was to provide estimates on the incidence, prevalence, and duration of breastfeeding and other feeding practices adopted by mothers in the first eight to ten months after their baby was born. The 2005 survey is the first to provide separate estimates for all four countries in the UK, as well as for the UK as a whole. The survey is based on an initial representative sample of mothers who were selected from all births registered during August and September 2005 in the UK. Three stages of data collection were conducted with Stage one being carried out when babies were around	Intervals of five years	www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey

	four to ten weeks old, Stage two when they were around four to six months old, and Stage three when they were around eight to ten months old. A total of 9,416 mothers completed and returned all three questionnaires.		
Integrated Household Survey (IHS)	The Integrated Household Survey (IHS) is conducted by the Office for National Statistics (ONS) and is a composite household survey combining the answers from a number of ONS household surveys to produce an experimental dataset of core variables. Current modules of the IHS are: General Lifestyle Survey (GLF), Living Cost and Food Survey (LCF), English Housing Survey (EHS), Annual Population Survey (APS) and Life Opportunities Survey (LOS).	Quarterly	http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15381&More=Y
International Passenger Survey (IPS)	The International Passenger Survey (IPS) is carried out by the Office for National Statistics. The IPS is a survey of a random sample of passengers entering and leaving the UK by air, sea or the Channel Tunnel. Over a quarter of million face-to-face interviews are carried out each year. The data collected includes, country of visit (for UK residents), country of residence and region of the UK visited (for overseas residents), expenditure, purpose of visit, length of stay, age group, gender, mode of transport, port, year and quarter of visit.	Continuously, results published monthly, quarterly and annually	http://www.statistics.gov.uk/STATBASE/Source.asp?vlnk=348
Labour Force Survey (LFS)	The Labour Force Survey (LFS) is a survey of households living at private addresses in Great Britain. Private households account for 99% of the sample. The list of households is based on the PAF. ONS estimates this sample to cover 97% of all private households. Its purpose is to provide information on the UK labour market that can be used to develop, manage, evaluate and report on labour market	Quarterly	www.statistics.gov.uk/StatBase/Source.asp?vlnk=358&More=Y

	policies.		
Learner Voice Survey	The Learner Voice survey is a large scale pilot program developed and commissioned by the Welsh Assembly Government to look into ways of engaging learners and providers. All FEIs, 12 work-based learning providers and one Welsh for Adults centre were invited to take part in the pilot of the provider-led approach, which involved a combination of paper and online data collection against a core set of questions. The survey was conducted between January and March 2010.	Pilot	http://wales.gov.uk/topics/statistics/articles/voicesurveyresults/?lang=en
Living in Wales Survey (LiW)	This annual survey was carried out from 2004 to 2008. It was based on face-to-face interviews with the household reference person or another appropriate adult in a sample of households across Wales. In 2004 and 2008 a property survey was also carried out, which meant that some respondents received a follow-up visit by a qualified surveyor to undertake a property assessment of their home. The addresses were randomly sampled from the PAF. The random sample was structured to deliver at least 300 interviews within each local authority per year, and as near to 1,000 over 3 years as possible.	Annual	http://wales.gov.uk/topics/statistics/headlines/housing2009/hdw200904301/?lang=en

<p>Longitudinal Study of Young People in England (LSYPE)</p>	<p>LSYPE, also known as Next Steps, managed by the Department for Education (DfE), is a major panel study of young people which brings together data from a number of different sources, including both annual interviews with young people and their parents and administrative sources.</p> <p>The main role of the study is to identify, and enable analysis and understanding of, the key factors affecting young people's progress in transition from the later years of compulsory education, through any subsequent education or training, to entry into the labour market or other outcomes. Sample boosts took place for deprivation factors and for ethnicity.</p>	<p>Longitudinal</p>	<p>http://www.esds.ac.uk/longitudinal/access/lsype/L5545.asp</p>
<p>Millennium Cohort Study (MCS)</p>	<p>This is a major longitudinal survey, managed by the Centre for Longitudinal Studies (CLS) at the Institute of Education, University of London on behalf of the ESRC and a range of Government Departments and devolved administrations. The study follows the lives of a sample of nearly 19,000 babies born in England and Wales in 2000/01, and in 2000/02 in Scotland and Northern Ireland and charts their early social, economic and health circumstances. To date, there have been four sweeps of data collection across 73 Welsh wards. Interviews have been conducted with the families and assessments taken of the children in Wales at around the ages of nine months (2,760 babies, sweep one); three years (2,232 children, sweep two); and five years (2,200 children, sweep three). The fourth data collection sweep took place in summer 2008 when the children were aged approximately seven, 2,018 children in Wales took part. The fifth sweep is</p>	<p>Longitudinal study, four sweeps to date</p>	<p>www.cls.ioe.ac.uk</p>

	planned for 2012 when the children will be aged 11.		
National Survey for Wales Pilot	<p>The National Survey for Wales is one of the main ways in which the Welsh Assembly Government knows what issues are important to the people of Wales. The National Survey for Wales will help to; monitor trends in the concerns and needs of people in Wales, assess views and experiences of public services; and target resources to meet needs.</p> <p>The survey was carried out by CELLO mruk on behalf of the Assembly Government. Fieldwork ran from October 2009 to July 2010 and involved almost 4,600 households in Wales. The survey was conducted via face-to face interviews with a short self-completion element for the more sensitive questions. The final sample is a representative sample across Wales. The results are based on responses from the Household Reference Person (HRP) in each household as well as a sample of household members aged 16 and over. A short self-completion questionnaire was also left for every adult in the household to complete and return.</p> <p>The 2009/10 wave of the survey was a pilot, testing the survey design while also providing valuable information for the Assembly Government on a range of issues. Once the</p>	Pilot in 2009/10	http://wales.gov.uk/about/aboutresearch/social/ocsr/page/nationalsurveyforwales/?lang=en

	survey design is finalised, the National Survey for Wales is expected to run continuously from 2011 to at least 2014.		
National Travel Survey (NTS)	The National Travel Survey (NTS) is commissioned by the Department for Transport (DfT) and is the latest in an established series of household surveys of personal travel in Great Britain. The NTS has been running continuously since 1988, following previous ad-hoc surveys. The survey is primarily designed to track long term development of trends in travel, although short term changes can also be detected. NTS data is collected via two main sources - interviews with people in their homes, and a diary that they keep for a week to record their travel. The NTS covers travel by all age groups, including children. In 2009, data was collected from over 8,000 households, covering nearly 20,000 individuals.	Continuously	http://www.dft.gov.uk/pgr/statistics/datatablespublications/nts/
Ofcom Media Literacy Audit	There have been three waves of this survey, 2005, 2007 and 2009. The latest survey is intended to give an overview of media literacy among children and young people aged 5-15 and their parents/carers.	Biennial	http://stakeholders.ofcom.org.uk/market-data-research/media-literacy/medlitpub/medlitpubrssl/ukchildrensml/

<p>Programme for International Student Assessment (PISA)</p>	<p>The Programme for International Student Assessment (PISA) is an internationally standardised assessment that was jointly developed by participating economies and administered to 15-year-olds in schools.</p> <p>Four assessments have so far been carried out (in 2000, 2003, 2006 and 2009). Data for the assessment which took place in 2009 was released on 7 December 2010.</p> <p>Tests are typically administered to between 4,500 and 10,000 students in each country.</p>	<p>Intervals of three years</p>	<p>http://www.pisa.oecd.org/pages/0,3417,en_32252351_32235731_1_1_1_1_1,00.html</p>
<p>Pupil Level Annual School Census (PLASC)</p>	<p>PLASC was originally introduced to replace the aggregate STATS1 collection from all maintained schools that took place in January. The name 'PLASC' has been retained to describe the statutory collections of school information and pupil details, characteristics and curriculum. The main collection still takes place in January, from nursery, primary, secondary and special schools. In addition there are two collections, in the autumn and summer terms, from schools providing post-16 education.</p>	<p>Annual</p>	<p>http://wales.gov.uk/topics/educationandskills/schoolshome/schooldata/ims/datacollections/pupillevelannualschoolcensus/;jsessionid=pGHJM17f615gxTKLJqP2vBqMbY7plmqR7DTZ8TQfNR4k2mJy2Kvk!741275934?lang=en</p>
<p>Sport Wales Active Adults Survey</p>	<p>The Sports Council for Wales has commissioned large-scale population-based surveys of adult participation in sport in Wales since 1987. The Sport Wales 2008/09 Active Adults Survey results are based on 22,176 interviews with adults aged 15 and above across Wales. Households are selected at random to participate in the research using the PAF. The selection is clustered by Output Area (selected at random) to minimise costs while ensuring the survey is robust.</p>	<p>Biennial</p>	<p>http://www.sportwales.org.uk/research--policy/our-surveys/active-adults-survey.aspx#</p>

	<p>Interviews are conducted in the respondent's home, and take on average just over 20 minutes to complete. Only one adult is selected (at random) in each household. The main change made to the survey since 2004/05 has been to change the sampling method from a quota sampling method – where individuals are selected in line with personal characteristics to reflect the population – to a random probability sampling method.</p>		
<p>Sport Wales Active Young People Survey</p>	<p>The Active Young People Survey is commissioned by Sport Wales to measure levels of sports participation among children in school years 3 to 6 in primary schools, and young people in school years 7 to 11 (11-16) in secondary schools, across Wales. The surveys have taken place since 2000 for children and since 1991 for young people. The 2009 survey was undertaken on behalf of Sport Wales by Wavehill Consulting, in conjunction with the National Centre for Social Research and Snap Surveys. The fieldwork took place between June and July in 2009. For the first time, every maintained school in Wales was invited to participate and pupils from each year group were asked to complete the questionnaire; previously a sample of schools was selected to administer the survey. Over 15,000 pupils completed the survey from 416 schools across Wales. 8,093 were from primary schools and 7,098 from secondary schools. 84 secondary schools took part (38% of the total number of secondary schools in Wales) and 328 primary schools (24% of primary schools in Wales).</p>	<p>Biennial</p>	<p>http://www.sportwales.org.uk/research--policy/our-surveys/active-young-people-survey.aspx</p>

<p>Sport Wales PE Provision Survey</p>	<p>The PE Provision Survey is commissioned by Sport Wales to assess provision of curricular and extracurricular sport in primary and secondary schools, perceptions of PE in the school environment. The Survey was undertaken by Beaufort Research. All maintained primary and secondary schools covering school years 3 to 11 were invited to take part in the survey, and were sent a questionnaire to complete. Questionnaires were sent to the PE Coordinators in primary schools and Heads of PE in secondary schools. 49% of primary schools and 43% of secondary schools returned a completed questionnaire.</p>	<p>One-off</p>	<p>http://www.sportwales.org.uk/research--policy/our-surveys/pe-provision-surveys.aspx</p>
<p>The Survey into the Prevalence and Incidence of Bullying in Wales</p>	<p>The Welsh Assembly Government commissioned the People & Work Unit to undertake a survey of school bullying in Wales. The survey aimed to provide baseline evidence of the incidence and prevalence of bullying among compulsory school aged pupils in Wales. The survey focuses on pupils' experiences of bullying by other pupils within their school life. The survey used self-completion questionnaires, which were completed by pupils in years 4, 6, 7 and 10 in participating schools between April 2009 and July 2009. In total, 7,448 pupils from 167 schools and 5 pupil referral units (PRUs) took part in the survey.</p>	<p>One-off</p>	<p>http://cymru.gov.uk/topics/educationandskills/publications/researchandevaluation/research/surveyschoolbullying/?lang=en</p>

<p>Wales Children in Need Census</p>	<p>The CIN census collected individual records on all children in need, including those looked after by a local authority, who had an open case with a local authority on the 31 March 2010 that had been open for the three months from 1 January to 31 March 2010. The purpose of the CIN census is to collect data that measures the characteristics and attributes of children in need who receive social services from their local authorities, including children looked after by local authorities. The census has focussed particularly on data about the reason that children receive help from social services departments; parenting capacity; and on the health and education outcomes for each child. 18,800 children in need were included in the census. The findings are currently classed as experimental statistics.</p>	<p>One-off</p>	<p>http://wales.gov.uk/topics/statistics/headlines/health2011/110224/?lang=en</p>
<p>Welsh Health Survey (WHS)</p>	<p>The survey provides information about the health of people living in Wales, the way they use health services and the things that can affect their health. Information is collected from a sample of adults and children in Wales living in private households through a short interview and a self-completed questionnaire. An achieved sample of around 15,000 adults and 3,500 children is aimed for per year, to include a minimum of 600 adults per local authority area. For the 2009 survey an individual response to self-completion questionnaires within productive households was 82% for adults and 79% for selected children.</p>	<p>Annual</p>	<p>http://wales.gov.uk/topics/statistics/theme/health/health-survey/?lang=en</p> <p>Welsh Assembly Government, 2010. <i>Welsh Health Survey 2009</i>. Cardiff: Welsh Assembly Government.</p>

Welsh Outdoor Recreation survey	Jointly commissioned by the Countryside Council for Wales and the Forestry Commission Wales the research aimed to gain responses from residents of Wales on: their use of the outdoors; places visited, including woodlands; motivations for using the outdoors; barriers to visiting the outdoors; the 'latent demand' for outdoor recreation. A total of 6,045 telephone interviews were carried out by Ipsos MORI between January 2008 and January 2009 with people living in Wales, stratified by the 6 Spatial Plan areas.	One-off	http://www.forestry.gov.uk/forestry/INFD-7VQEPA
Youth Survey	Children and young people across England and Wales were surveyed by Ipsos MORI about their attitudes towards crime committed by and against other young people as part of research commissioned by the Youth Justice Board.	Annually (until 2004)	http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=187&eP

Appendix VI: Key Information Gaps

The following table provides summary information on how the gaps from the 2008 Monitor have been addressed and any new ones which have been identified. Readers are encouraged to email us if they feel that there are further gaps – Research.Evaluation@wales.gsi.gov.uk.

Chapter 4: The Early Years	
2008 Key information gap	Progress update
Ethnicity and disability data for Wales on many of the early years' indicators.	This remains a key information gap.
Dietary behaviours of young children in Wales (although this may be addressed by developments to the Welsh Health Survey (WHS)).	Combined data from two years of the WHS have now allowed dietary information for young children to be included.
Data on levels of foetal alcohol syndrome.	Data on this is now provided.
Chapter 5: Access to Education, Training and Learning Opportunities	
2008 Key information gap	Progress update
Educational outcomes among different ethnic groups and those with disabilities in Wales.	This remains a key information gap.
Impact of poverty on the school lives and academic achievement of children and young people.	This remains a key information gap.
Reasons for attainment dropping between Key Stage 2 and Key Stage 3.	Since the last Monitor we have commissioned a Rapid Evidence Assessment to consider this question. This provides some greater understanding of the area, however the evidence base was uncovered to be weak. In addition to this we also report on some analysis which investigates this phenomenon from a statistical point of view in the chapter.
Research with young people not in education, employment or training (NEET) on the barriers they may face in accessing services and the reasons for their current NEET status.	A small scale evidence review on what is known about being NEET has been conducted and findings from this incorporated.
Research into the impact that FSM eligibility may have on wellbeing for school children in Wales.	This remains a key information gap.

New gap identified	
The views of children and young people and their parents about the quality of the education services they receive, and their aspirations for future learning and employment.	
Chapter 6: Health, Freedom from Abuse and Exploitation	
2008 Key information gap	Progress update
Ethnicity and disability data for Wales on many of the health indicators including in this chapter.	This remains a key information gap.
Children and young people's own perceptions on their health and wellbeing and the things that have positive and negative impacts on it.	This has been investigated by the <i>Voices of Children and Young People in Wales</i> study.
Information on neglect, abuse and exploitation in different settings and circumstances in Wales.	Since the last edition of the Monitor, the first all Wales Children in Need Census has been conducted. Findings from this are presented in the Monitor where possible.
Comprehensive data on the level of underweight, normal weight, overweight and obesity of children and young people.	An estimate of 'thinness' is provided using HBSC data. Still unable to provide a robust estimate using WHS data given the relatively small number of children with height and weight data in the WHS to date. The National Child Measurement Programme (Wales) has the potential to contribute, with biennial data collection suggested for children in year 4.
Understanding the phenomenon of self-harm especially among girls.	Some of the articles from the evidence review have improved our understanding of this. However it does remain a key information gap.
New gap identified	
Further development of indicators consistent with an assets model of public health is required.	
Chapter 7: Access to Play, Leisure, Sport and Culture	
2008 Key information gap	Progress update
Play, leisure, sport and cultural activities amongst children and young people from a minority ethnic group, and those with a disability.	This remains a key information gap.
Children and young peoples views of play, sport, leisure and cultural activities.	This has been investigated by the <i>Voices of Children and Young People in Wales</i> study.

Chapter 7: Access to Play, Leisure, Sport and Culture	
2008 Key information gap	Progress update
Informal and unstructured leisure and recreational activities and how these vary by age, gender, ethnicity and socioeconomic status.	This remains a key information gap.
Further research on participation in volunteering and citizenship activities.	Some new information on volunteering levels for young people has been provided by the National Survey for Wales Pilot. These findings have been incorporated in Chapter 8.
New gap identified	
Information on play and the quality of play opportunities.	
Children and young people's views of play provision.	
Information on tourism.	
Chapter 8: Children are Listened to, Treated with Respect and have their Race and Cultural Identity Recognised	
2008 Key information gap	Progress update
Data that will allow a systematic monitoring of children and young people's engagement in decision making and the extent to which they know about their rights and entitlements.	This remains a key information gap.
The view of children and young people about the public services they receive.	This remains a key information gap.
Evidence of children and young people's civic participation. For example involvement in youth organisations and clubs, and participation in voting and consultation exercises.	This remains a key information gap.
Research into the effectiveness of UNCRC and human rights teaching and how these are being taught in schools in Wales.	This remains a key information gap.
Research into the effectiveness of school councils.	This remains a key information gap.
New gap identified	
Research on reasons why younger people do not vote.	
Systematic and consistent collection and publication of voting turnout statistics by age group and for all types of elections.	
More information on ethnic differences in the extent to which young people feel able to express their cultural identity and race in Wales.	
Robust evidence on the impact of adopting a rights-based approach with children and young people.	

New gap identified	
Research into how younger people engage with local services.	
Robust information on the level of civic participation and membership of interest groups among young people in Wales.	
Chapter 9: Safe Home and Community	
2008 Key information gap	Progress update
The extent to which children and young people in Wales (particularly those aged less than 16 years) are the victims of crime.	Some information is provided on this from the new youth element of the British Crime Survey (BCS), albeit at an England and Wales level.
Re-offending rates of children and young people in Wales.	
Risk factors and resilience associated with offending and avoiding offending.	
The views of young people on their community and local environment, in terms of safety. The use of this to help understand what children and young people themselves define as a safe community.	This has been investigated by the <i>Voices of Children and Young People in Wales</i> study.
The extent to which children's experiences of a safe home and community differ according to whether they live in an urban or rural area.	
Housing experiences of different groups of children in Wales – for example disabled children.	
The extent to which children in Wales are free from environmental harm.	This remains a key information gap.
Chapter 10: Poverty	
2008 Key information gap	Progress update
Levels and experiences of poverty for different groups of children in Wales, including those from ethnic minorities and those with disabilities.	This remains a key information gap.
Representative data on children and young people's views of their experiences of poverty in Wales.	This has been investigated by the <i>Voices of Children and Young People in Wales</i> study.

Chapter 10: Poverty	
2008 Key information gap	Progress update
Links between income poverty, deprivation and the kind of social exclusion that inhibits the development of potential and increases the risk of perpetuating poverty from one generation to the next.	
The number of workless households and differences in rates of child poverty by local authority in Wales.	Data are now available on the number of workless households at the local authority level in Wales.
The level of child poverty in Wales over time (in terms of transient, persistent or recurrent poverty).	Information on persistent poverty and its effects has been provided by the analysis of the Millennium Cohort Study.
Poverty levels among 16 to 18 year olds (in particular for those not living with their families).	
New gap identified	
Detailed information on the characteristics of families living in 'in-work' poverty.	
Poverty levels amongst young people - including 16 to 18 year olds, and 18 to 25 year olds.	
Representative data on children and young people's views and experiences of living in poverty.	
Levels of poverty amongst 'vulnerable' groups (i.e. those who are more at risk of living in poverty). For example, families with disabled children; families with disabled parents; larger families; and Black Minority Ethnic (BME) families.	