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Health, wellbeing and school life of young carers in Wales
Findings from the School Health Research Network (SHRN)
Cardiff: Welsh Government.

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Synopsis and key findings

Introduction

- Young carers are children and young people who care for a family member due to an illness or disability. Research has found that it can be difficult for them to balance their caring with school.
- The Welsh Government wishes to improve the lives of young carers, including in school. The Welsh Government is coordinating 3 pieces of research to better understand how to support young carers. This report is the first piece of that work.
- This report looks at the mental health, wellbeing and school life of young carers compared to other children. Mental health and wellbeing includes how children feel about themselves, and how they deal with the things that happen in their lives. It also includes how they see and get on with other people, including children and teachers in school.

Methods

- The report used the responses of secondary school students in Wales to a survey run by the School Health Research Network in Cardiff University. Over 65,000 young people answered a question on if they were a young carer. They also told us how often they had caring responsibilities – from every day to less than once a month.
- We set out to:
    - Look at how many young people in Wales are young carers.
    - Compare the mental health, wellbeing and school life of young carers with other children.
    - Test if there were differences between young carers who had more regular and less regular caring responsibilities.
    - Make sure that we were measuring the effect of being a young carer rather than something else that might affect their experiences (for example how much money a family has, gender, age).

Key findings

- About 18% of students told us they were young carers – this is more than 1 in 6. This included 18% of girls and 17% of boys. There were more young carers amongst students who saw themselves as neither a girl or boy were young carers – almost 34%.
- About 4% of young people had responsibilities every day, and 5% were caring most days. We described these groups as having 'high regularity' roles that could be harder to balance with school. Young people who were caring each week were in the 'moderate regularity' group, and young people who were caring each month or less were in the 'low regularity' group.
- Scores for young carers were worse than for other students, though the differences were often small. The main differences were in their mental health, with young carers more likely to report feeling unwell, worried or unhappy. Young carers also struggled more to get on well with teachers than other students.
- We also looked at differences between young carers, and found greater mental health issues amongst those with more regular caring roles.
- Young carers with daily responsibilities did not always have the worst scores though. For example, those with regular responsibilities had high levels of prosocial skills (for example, maturity and friendliness), followed by children who were not carers, and then young carers with less regular roles.

Discussion

- Young carer scores were generally poor compared to other students. While the differences were sometimes small, there was a large difference in their mental health scores. This was particularly true for students who care on a regular basis (most days or every day), and there is a need for greater mental health support for these young people.
- However, scores were not always poorer for those with greater roles. For example, young carers with occasional roles had the greatest challenges in developing prosocial skills and building relationships with teachers. This suggests that support to help students with these challenges may be better aimed as those with less regular roles.

- The strengths of this study include the large number of respondents – this means we can have high confidence in the results. There were also enough young carers with high, moderate and low regularity roles to look at differences between them.
- There were also limits to the work. For example, we could only consider differences in scores between young carers and other children. The survey doesn't tell us the reasons why these scores are different, so other methods are needed to explore this.
- The report also looked at why some young carers do well in school and others struggle. This was done by focusing on how regular young carers roles are, but the lives of young carers vary in many other ways.
- This is the first of 3 pieces of research, and this report includes suggestions for that future work. This could include analysing other data already collected by the School Health Research Network. There is also the chance to collect new data that could help us understand the lives of young carers.
- The research also highlights the lack of qualitative research on young carers, particularly in schools. Future qualitative work could look at why their scores vary and what works in supporting the group, though this will also need a focus on how we find young carers.

Executive summary

The Welsh Government is committed to supporting all children and young people to reach their full potential. This includes those who have a range of challenging circumstances, such as young carers – children and young people who care for family members due to an illness or disability.

The Welsh Government is working to better understand the experiences of young carers in education through funding 3 phases of research. This Phase One piece of work is a preliminary secondary analysis of the young carer data that is currently collected by the School Health Research Network (SHRN) Student Health and Wellbeing Survey. The survey is run by SHRN in Cardiff University every 2 years and completed by over 120,000 students. The research was commissioned to compare the mental health, wellbeing and school life of the young carer population to young people without caring responsibilities, in order to inform the research carried out in Phase 2 and 3.

The Phase One work had 3 aims as follows:

- To profile the young carer prevalence and the impacts of caring by comparing the mental health, wellbeing, school connectedness and school relationships of young carers with their peers.
- To understand differences within the young carer group by analysing how scores vary for these measures, depending on the regularity of the role.
- To assess the impacts of the caring role when adjusting for socio-economic status and other demographic factors.

The research found that the mental health, wellbeing and school life scores of young carers are poor compared to other young people, particularly for mental health and symptoms of depression. Scores also seemed to deteriorate for mental health as the regularity of the caring role increased. There were however exceptions to this with young carers with the most regular roles having the highest scores for prosocial skills. While those with low regularity roles had the lowest prosocial skills of all students. The data also indicated that young carers with low regularity roles struggle most to develop good relationships with teachers. Overall, the findings reinforced the need to support young carers but also highlighted the need to assess and tier support to the varying needs of the group.

The discussion considers the strengths and limitations of this research, in order to inform Phase 2 and 3 of the work. In particular, it highlights the potential for further quantitative analysis of already available data, the opportunity to link the School Health Research Network data to other datasets, and the possibility to collect new data. It also highlights the needs for qualitative research into why the scores for young carers vary, and the need to identify and share good practice that could improve support for young carers in schools across Wales.

Introduction

Legislation and policy relating to young carers

Young carers are recognised as a group of children and young people in need of support as the challenge of caring for family members can result in a range of impacts on health, wellbeing and education. Young carers are primarily considered in relation to social care legislation through the Social Services and Wellbeing Act (2014). The Act details the duty to provide for people in need of care and support, but also the carers who assist them. The Strategy for Unpaid Carers (2021) guides how the Act is delivered in practice, and details the role of health, social care, education and community organisations in providing these services. A new national Strategy for Unpaid Carers will be published in 2026.

Of particular concern are the education attendance and achievement of young carers and the long-term effects of these challenges on their aspiration, further education, and prospective employment. Young carers are referenced in the Welsh Government attendance guidance (2023) as a group at risk of missing school. In addition, Welsh Government guidance on inclusion and pupil support (2016) considers how the caring role can affect education, but there is also a recognition that a fear of intervention can result in young carer families being hard to engage with (2016, 2017). The Curriculum for Wales has wellbeing as one of its six central Areas of Learning and Experience, with the 'Framework on embedding a whole-school approach to emotional and mental wellbeing' recognising that experiences outside of school, such as caring for family members, can affect wellbeing.

Research aims

The Welsh Government is committed to improving the educational outcomes for young carers and has recently started a three-phase series of research projects. The aim of the work is to improve knowledge of the educational challenges that young carers may face with a view to improving processes for identifying young carers and tracking outcomes over time. Identification will also enable more young carers to access support that will make a difference to their education and their wider lives.

This report marks the completion of the first phase of the work. The report assesses the young carer data that is currently being collected by the School Health Research Network (SHRN) in Cardiff University, and to better understand the following areas:

- The impact of being a young carer on mental health, wellbeing and school life (for example, relationships with teachers, peer relationships, school involvement).
- How variation in the regularity of the caring role affects scores for each measure.
- Whether significant impacts remain after adjusting for socio-economic status, as well as key demographics (age, gender and ethnicity).

The preliminary report also considers any significant gaps in data that could be resolved in future research. This could then be investigated in Phase 2 or 3, whether through the analysis of other data already collected by SHRN, the inclusion of additional questions in a future SHRN survey, the linkage of SHRN data with other databases, or as a separate piece of research.

Brief literature review

Young carer prevalence

Estimates of young carer prevalence have increased over time, from under 1% in the 1990s (Becker et al., 1998), to a widely accepted range of 2 to 8% (Leu & Becker, 2017), to recent estimates of 15% and over (for example Hewitt et al., 2019; Page et al., 2023). It is highly unlikely that the true prevalence has changed to this extent, and the variation instead likely reflects changes in how we define and measure the group. Considering definitions first, the focus of policy, practice and research was for a long time largely on children and young people with substantial caring roles, and many estimates reflect that subgroup of the whole young carer population. That group likely contains many of those most in need of assistance so supporting them remains a priority, yet there is also a growing recognition of a larger but more diverse group. It is expected that the impacts of the caring role, including both positive benefits and negative effects, are likely to vary within the population, though there remains limited understanding of how impacts vary in practice.

The methods used to find and measure the number of young carers have also changed. This is important given the stigma that exists around the role, and the resulting reluctance to access support or disclose status. Identifying young carers has therefore always been a challenge, and differences in estimates partly reflect the varying success of different methods (Aldridge, 2018). The increase in UK prevalence estimates in the last five years include 16% and 17% in Wales, based on the 2019 and 2021 SHRN survey (Hewitt et al., 2019; Page et al., 2023), but also 14% in England (Sharpe et al., 2021) and 20% in Scotland (Robison et al., 2020). A recent study identified slightly lower prevalence across the UK (Letelier et al., 2024) but also an increase from 8% before the coronavirus pandemic to 11% afterwards. These figures reflect the increasing use of large-scale quantitative studies, and these confidential surveys completed by children and young people themselves are well placed to accurately measure prevalence. These cohort studies also often collect data on size of caring role. This allows for comparison of scores for young carers and young people without caring responsibilities, but also analysis of difference within the young carer population.

Studies of young carer impact.

Initial studies (for example Aldridge and Becker, 1993) provided a rich picture of the lives of young carers, their family circumstances and their caring roles. The studies highlighted the impacts on their education and social opportunities, and they were highly critical of family members who were unwilling to provide care, and health services who were withdrawing formal support. Further studies, largely of young carers with substantial responsibilities, found that the caring role can disrupt the balance between education and social opportunities that other children and young people have, and literature reviews have highlighted knock-on impacts on mental health, education and aspiration (Janes et al., 2022; Rose & Cohen, 2010). A number of studies have actively sought to identify positive impacts and found benefits including increased resilience and coping strategies (Cassidy et al., 2014), as well as self-efficacy and wellbeing amongst those who adjust well to the role (Gough & Gulliford, 2020). Positive impacts identified in other research include a range of prosocial skills including independence, maturity and friendliness (Janes et al., 2022; Rose & Cohen, 2010).

Cross-sectional studies comparing young carers to children and young people without caring responsibilities were rare due to a lack of available data (Joseph et al., 2020) but this is starting to change. Two recent systematic reviews suggest that young carers have poor mental health relative to the general population (Alfonzo et al., 2022), and that caring is a risk factor for mental health (Grangel et al., 2025). Individual studies have also highlighted their poor relative mental health, wellbeing (Leu et al., 2019; Meireles et al., 2023; Nagl-Cupal et al., 2014; Robison et al., 2020; Sharpe et al., 2021) and quality of life (Pilato et al., 2024). The caring role has been found to be detrimental for school life and aspiration (Nagl-Cupal et al., 2014; Robison et al., 2020), with the group also more susceptible to poverty (Vizard et al., 2019). Large-scale studies are increasingly able to evidence differing outcomes within the young carer population, including decreasing wellbeing (Lewis et al., 2022) and mental health (Janes & Melendez-Torres, 2024) as caring responsibilities increase.

Longitudinal studies are particularly rare, but Lacey et al., (2025) completed the first analysis of outcomes before, during and after young people became young carers, finding lower life satisfaction after becoming young carers. Janes & Melendez-Torres (2024) also found that duration of the caring role (i.e. in months and years) is key, with the short-term impacts marginal even for those with substantial responsibilities, but the long-term effects more substantial.

While widely evidenced that young carers can struggle to balance their caring role with school, there is little quantitative research comparing their school involvement or relationship development. However, Hamilton and Redmond (2020) reported that students who cared for people with mental health and substance misuse issues were less engaged in school than other young carers and the general population.

Method

The School Health Research Network (SHRN) is a strategic partnership between Cardiff University, the Welsh Government, and Public Health Wales. The Network aims to improve young people's health and wellbeing in Wales, and a key part of this is the Student Health and Wellbeing Survey. The survey is run in secondary schools every 2 years and collects data on areas including mental health, wellbeing, school life and family. Two questions, routed to students in half the schools, concerned caring for family members who were unwell or had a disability. These questions were also included in the 2021 and 2017 surveys.

Almost all maintained secondary schools in Wales (202 of 205; 95%) participated in the 2023 survey which was completed by 129,761 students in Year 7 to 11. The 2021 survey also included 123,204 responses. For the purpose of this research, the 2 datasets were merged and, following the removal of returning students (students in Years 7 to 9 in the 2021 survey who would have been in Years 9 to 11 in the 2023 survey) there were 174,599 cases for individual students across the seven school years. The 2017 data was not included as it was collected before the coronavirus pandemic which may have affected student mental health, wellbeing and education.

Measures

The analysis used a range of young carer indicators, measures and demographic variables. A summary is as follows, and a table of the measures is included in the appendix.

Two questions were on the topic of young carers. The first explained who young carers are, and then asked about young carer status as follows: *Some young people have to help look after other people in their family because they are disabled, physically or mentally unwell or have a problem with alcohol or drugs. Is there anyone in your family that you regularly look after or give special help for these reasons?* Three response options included selecting not being a carer and caring for a single person or multiple people.

Those who selected that they were a carer received a regularity of role question as follows: *And how often do you look after or give special help to this person/these people?* The question included five response options for caring 'Every day', 'Most days', 'At least once a week', 'At least once a month', and 'Less than once a month'. This enabled analysis by regularity of the caring role.

The Strengths and Difficulties Questionnaire (SDQ) is an established screening tool (Goodman, 2001) designed for assessing mental health difficulties in children and young people. The measures include 25 items, with each rated as a three-point scale: (0 = Not True; 1 = Somewhat True; 2 = Certainly True). The measure can be analysed as follows:

- A total difficulties scale with 20 items and a maximum score of 40, where higher scores indicate greater difficulties. They can be divided equally into 4 subscales with 5 items each:
    - Emotional
    - Peer relationships
    - Conduct
    - Hyperactivity
- Prosocial behaviour, an additional 5-item subscale, is analysed separately. The scale has a maximum score of 10, and higher scores reflected more positive behaviour.

The Short Mood and Feelings Questionnaire (SMFQ) is a widely used screening tool for depressive symptoms in children and young people (Angold et al., 1995). The measure includes 13 items that are rated on a three-point scale (0 = Not true; 1 = Sometimes true; 2 = True). Total scores range from 0 to 26, and higher scores indicate greater depressive symptoms.

The Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS) was designed to assess mental wellbeing and includes seven items that are positively framed (Melendez-Torres et al., 2019). Each item has 5 response options ranging from 'None of the time' (1) to All of the time (5). The maximum total score is 35, and higher scores indicate better wellbeing.

The Student Health and Wellbeing Survey also includes 3 separate measures on relationships with peers, relationships with teachers and school involvement. Research published using this data (Moore et al., 2024) included 3 items for each measure. Each item had 5 response options, from “Strongly agree” (1) to “Strongly disagree” (5). Each measure had a maximum total score of 15. Lower scores indicated better relationships and school involvement.

The inclusion of socio-demographic characteristics enabled the adjusting of caring impacts for other factors. This included socioeconomic status that was assessed through the Family Affluence Scale (FAS), a widely used scale for assessing child wealth. The scale includes six items, and a maximum total score of 13 indicated highest affluence. A gender question enabled respondents to identify as a boy, girl, or to select ‘neither word describes me’, and an ethnicity variable included five groups (Asian or Asian British; Black or Black British; Mixed or Multiple Ethnicities; Other Ethnic Groups; White). School year was used as a proxy for age.

Data preparation

The analysis used data from the 2023 survey for all students in Years 7 to11, supplemented with the 2021 data for students in Years 10 and 11. This enabled a larger sample size of individual students. The young carer status variable was modified from a 3-option variable (no responsibilities; caring for a single person; caring for multiple people) to a binary variable. As the key variable for the analysis, cases were excluded for students who had not answered this question.

The original 5-option caring regularity variable was recoded with ‘No responsibilities’ added as an additional group for students without caring roles. The analysed variable therefore included 6 options, from lowest (‘No responsibilities’) to highest regularity (‘Every day’). Missing data across the final dataset was very low (2.4%), and non-response to young carer status question likely had little effect on the results.

Analysis

Initial descriptive analysis assessed the prevalence of young carers in Wales, and whether prevalence was higher depending on the demographic variables. Descriptive analysis compared the mean scores for young carers with children and young people without caring responsibilities. The descriptive analysis was repeated with the regularity data.

Regression modelling enabled the analysis of the strength of the relationships between caring status and each measure. Scores were summed for each of the measures including the Family Affluence Scale, SMFQ, SWEMWBS, student relationships, teacher relationships, and school involvement. Scores were also summed for the 20-item SDQ total difficulties scales, the 4 SDQ difficulty subscales for emotions, conduct, hyperactivity and peer problems, and the separate SDQ prosocial scale. A model was run for each measure, adjusting for socio-economic status, age, gender and ethnicity.

The models were repeated but with the regularity variable in place of the young carer status variable, in order to analyse how the relationships varied within the young carer group.

Results

The 2021 and 2023 surveys were completed by 174,599 individual students. Following the data cleaning process 106,000 cases were removed, largely due to routing in the survey and approximately half the students not receiving the young carer status question (*n* = 85,647). Cases were also removed due to students not responding to the central young carer status question (*n* = 20,353). This resulted in a base sample of 68,599 students who received and answered the question.

Analysis of prevalence

Table 1 includes the sample statistics. The survey was completed by slightly more girls (49.3%) than boys (48.4%), and 1.9% of students selected that 'Neither word described them' for gender. The majority of respondents were white (88.4%), followed by Asian or Asian British (4.4%). The increase in responses for Years 10 and 11 (28.2% and 26.7% respectively) are due to the analysis including the year groups from the 2021 and 2023 surveys.

Table 1 also presents young carer prevalence figures for the whole sample of secondary school students. Prevalence was 17.7% (*n* = 12,157 young carers), with a *95%* confidence interval (*CI)* of 17.4-18.0%. The sample included 3.7% of students who were caring 'Every day' (*CI* = 3.6-3.9%), with 5.1% caring 'Most days' (*CI* = 5.0-5.3%). Figures were also recorded for 'At least once a week' (3.5%; *CI* = 3.4-3.7%), 'At least once a month' (2%; *CI* = 1.9-2.1%) and 'Less than once a month' (2%; *CI* = 1.9-2.1%). Students who were not carers were included as a group with no responsibilities.

Table 2 presents the young carer prevalence figures for the specific demographics. Prevalence was slightly higher for girls (17.8%) than boys (16.9%), but almost double for students who identified as neither boys or girls (33.7%). Prevalence was also higher for 'Mixed and Multiple Ethnicity' Students (19.4%) and students of 'Other ethnicities' (19.3%) than other groups including 'Asian or Asian British Students' (13.3%). There was little difference by school year, and no indication that prevalence increased with age.

Demographics with a greater prevalence of young carer status typically also had more regular roles (Table 3). The included greater caring regularity amongst students who identified as neither gender (17.1% caring 'Every day' or 'Most Days' combined) and Girls (9.3%) than Boys (7.9%), as well as Other (10.7%) and Mixed and Multiple Ethnicities (10.2%).

Table 1. Sample characteristics.

	N (%)
Young carer status	
Yes	12,157 (17.7%)
Less than once a month	1,335 (2.0%)
At least once a month	1,326 (2.0%)
At least once a week	2,367 (3.5%)
Most days	3,459 (5.1%)
Every day	2,499 (3.7%)
No	56,442 (82.3%)
Gender	
Girl	33,479 (49.3%)
Boy	33,173 (48.4%)
Neither	1,301 (1.9%)
School year	
7	9,870 (14.4%)
8	10,295 (15.0%)
9	10,746 (15.7%)
10	19,360 (28.2%)
11	18,328 (26.7%)
Ethnicity	
Asian or Asian British	2,922 (4.4%)
Black or Black British	1,216 (1.8%)
Mixed and Multiple	2,176 (3.3%)
Other	1,418 (2.1%)
White	58,695 (88.4%)

Table 2. Young carer prevalence figures for the whole sample and for different demographic groups.

	Carer No N (%)	 Yes N (%)
Carer status	56,442 (82.3%)	12,157 (17.7%)
Gender		
Girl	27,503 (82.2%)	5,976 (17.8%)
Boy	27,583 (83.1%)	5,590 (16.9%)
Neither	863 (66.3%)	438 (33.7%)
School year		
7	8,176 (82.8%)	1,694 (17.2%)
8	8,397 (81.6%	1,898 (18.4%)
9	8,818 (82.1%)	1,928 (17.9%)
10	15,948 (82.4%)	3,412 (17.6%)
11	15,103 (82.4%)	3,225 (17.6%)
Ethnicity		
Asian or Asian British	2,532 (86.7%)	390 (13.3%)
Black or Black British	1,013 (83.3%)	203 (16.7%)
Mixed and Multiple	1,753 (80.6%)	423 (19.4%)
Other	1,144 (80.7%)	274 (19.3%)
White	48,323 (82.3%)	10,372 (17.7%)

Table 3. Prevalence figures for regularity of the caring role.

	Carer regularity					
	No responsibilities N (%)	**Less than once a month N (%)**	**At least once a month N (%)**	**At least once a week N (%)**	**Most days N (%)**	**Every day N (%)**
Carer regularity	56,442 (83.7%)	1,335 (2.0%)	1,326 (2.0%)	2,367 (3.5%)	3,459 (5.1%)	2,499 (3.7%)
Gender						
Girl	27,503 (83.6%)	535 (1.6%)	630 (1.9%)	1,167 (3.5%)	1,785 (5.4%)	1,278 (3.9%)
Boy	27,583 (84.5%)	723 (2.2%)	646 (2.0%)	1,088 (3.3%)	1,517 (4.6%)	1,086 (3.3%)
Neither	863 (68.3%)	62 (4.9%)	39 (3.1%)	82 (6.5%)	113 (8.9%)	104 (8.2%)
School year						
7	8,176 (84.7%)	182 (1.9%)	174 (1.8%)	261 (2.7%)	484 (5.0%)	376 (3.9%)
8	8,397 (83.3%)	189 (1.9%)	189 (1.9%)	352 (3.5%)	525 (5.2%)	434 (4.3%)
9	8,818 (83.6%)	220 (2.1%)	237 (2.2%)	374 (3.5%)	532 (5.0%)	373 (3.5%)
10	15,948 (83.7%)	371 (1.9%)	375 (2.0%)	715 (3.8%)	1,002 (5.3%)	644 (3.4%)
11	15,103 (83.5%)	373 (2.1%)	351 (1.9%)	665 (3.7%)	916 (5.1%)	672 (3.7%)
Ethnicity						
Asian or Asian British	2,532	50 (1.7%)	33 (1.1%)	63 (2.2%)	103 (3.6%)	98 (3.4%)
Black or Black British	1,013	32 (2.7%)	18 (1.5%)	33 (2.8%)	47 (3.9%)	53 (4.4%)
Mixed and Multiple	1,753	50 (2.3%)	50 (2.3%)	71 (3.3%)	117 (5.5%)	100 (4.7%)
Other	1,144	43 (3.1%)	22 (1.6%)	35 (2.5%)	69 (5.0%)	79 (5.7%)
White	48,323	1,116 (1.9%)	1,161 (2.0%	2,099 (3.6%)	2,988 (5.2%)	2,052 (3.6%)

Descriptive analysis

Table 4 includes group-level means and standard deviations of the measures for the young carer subgroup and other children. Young carer scores were poor across all measures. This included higher scores on the SDQ total difficulties measure (*M* = 17.7 compared to 13.7), and each of the emotional, conduct, hyperactivity, and peer difficulties subscales. Higher SMFQ scores indicate greater depressive symptoms (*M* = 11.0) relative to their peers (*M* = 7.3), and lower SDQ prosocial scores indicate slightly worse prosocial behaviour (*M* = 7.0 compared to 7.1). Relative affluence was low amongst young carers (*M* = 8.8) compared to peers (*M* = 9.3).

Table 4. Group-level means and standard deviations of measures for young carers and young people without caring responsibilities.

	Carer status			
	No		Yes	
	M	**SD**	**M**	**SD**
Affluence	9.3	2.3	8.8	2.4
Wellbeing	23.7	5.4	21.5	5.8
SMFQ	7.3	6.6	11.0	7.6
SDQ total difficulties	13.7	6.8	17.7	7.0
Emotional	4.1	2.8	5.4	2.9
Conduct	2.4	2.0	3.4	2.2
Hyperactivity	5.0	2.7	6.0	2.5
Peer problems	2.2	1.8	3.1	2.0
SDQ Prosocial	7.1	2.2	7.0	2.3
School involvement	8.7	3.0	8.8	3.1
Student relationships	7.7	2.6	8.4	2.9
Teacher relationships	7.4	2.8	8.1	3.2

Table 5 presents the groups means and standard deviations for the different levels of caring regularity, enabling consideration of difference within the young carer group. Some scores changed steadily as caring role increased, including affluence that fell from a mean of 9.3 (for those with no responsibilities) to 8.6 (daily responsibility), and SMFQ depressive symptoms that increased from 7.3 to 11.3. Minor or uneven change across the 6 levels of regularity is harder to interpret for some measures (for example school involvement; teacher relationships), but the regression analyses will test and strengthen these descriptive findings.

Table 5. Group-level means and standard deviations of the measures for the six levels of caring regularity.

	Carer regularity											
	No responsibilities		Less than once a month		At least once a month		At least once a week		Most days		Every day	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Affluence	9.3	2.3	9.0	2.5	9.0	2.4	8.9	2.4	8.7	2.4	8.6	2.5
Wellbeing	23.7	5.4	21.8	6.1	21.6	5.4	21.7	5.5	21.3	5.5	21.3	6.3
SMFQ	7.3	6.6	10.2	7.7	10.5	7.3	10.8	7.4	11.3	7.5	11.3	7.8
SDQ total difficulties	13.7	6.8	17.1	7.1	17.2	6.8	17.5	6.7	17.9	7.0	18.2	7.3
Emotional	4.1	2.8	4.9	3.0	5.2	2.9	5.3	2.8	5.5	2.9	5.5	3.0
Conduct	2.4	2.0	3.5	2.3	3.3	2.1	3.3	2.1	3.3	2.2	3.5	2.3
Hyperactivity	5.0	2.7	5.9	2.5	5.9	2.5	6.0	2.5	6.1	2.5	6.0	2.6
Peer problems	2.2	1.8	3.0	2.1	2.9	1.9	3.0	2.0	3.1	2.0	3.2	2.1
Prosocial	7.1	2.2	6.3	2.6	6.9	2.3	7.0	2.2	7.2	2.2	7.2	2.5
School involvement	8.7	3.0	9.0	3.2	8.9	3.0	8.9	3.0	8.8	3.0	8.7	3.4
Student relationships	7.7	2.6	8.3	3.0	8.4	2.8	8.4	2.9	8.5	2.9	8.2	3.1
Teacher relationships	7.4	2.8	8.2	3.3	7.9	3.0	8.0	3.1	8.0	3.1	7.9	3.4

Regression analysis

Table 6 contains the results of the regression analysis for the young carer status variable. The baseline group represents the score for students with no caring responsibilities, and the young carer estimates are relative to the baseline group. The table also presents the results for covariates (gender, ethnicity, age and affluence). The purpose of including the covariates was to adjust for their effect and increase the accuracy of the young carer estimates.

After adjusting for covariates, young carers had worse scores for all measures. This included a high score on the SDQ scale for total difficulties (*b* = 3.72) relative to students without caring roles (*b* = 14.45), and greater difficulties for each of the 4 subscales including conduct (*b* = 0.94 compared to 2.45) and peer problems (*b* = 0.75, compared to 2.47). The higher score for the SMFQ scale (*b* = 3.25, indicates greater symptoms for depression than other students (*b* = 7.71), and the data on school life indicates that they also have challenges in developing relationships with teachers (*b* = 0.63, compared to 4.99). There was however little difference in the remaining measures, including the SDQ prosocial scale (b = -0.04). Estimates for the baseline and young carer group are all statistically significant except for the young carer estimate in the SDQ prosocial model.

Table 6. Regression analysis results for the young carer group, with students without caring responsibilities as the baseline group.

	Estimate		LCI	UCI
SDQ total difficulties				
Baseline	14.45	***	14.01	14.90
Young carer	3.72	***	3.57	3.86
Affluence	-0.36	***	-0.39	-0.34
School year	0.42	***	0.38	0.46
Boy	-2.79	***	-2.90	-2.69
Neither gender	4.56	***	4.14	4.98
Asian or Asian British	-2.10	***	-2.36	-1.83
Black or Black British	-2.24	***	-2.66	-1.83
Mixed or Multiple Ethnicity	-0.08	-	-0.38	0.22
Other Ethnicity	-1.04	***	-1.43	-0.65

Table 6 continued

	Estimate		LCI	UCI
SDQ emotional				
Baseline	4.81	***	4.64	4.98
Young carer	1.07	***	1.02	1.12
Affluence	-0.12	***	-0.13	-0.12
School year	0.17	***	0.15	0.18
Boy	-2.16	***	-2.20	-2.12
Neither gender	1.03	***	0.88	1.19
Asian or Asian British	-0.62	***	-0.72	-0.52
Black or Black British	-0.97	***	-1.13	-0.81
Mixed or Multiple Ethnicity	-0.19	**	-0.30	-0.07
Other Ethnicity	-0.50	***	-0.65	-0.35
SDQ conduct				
Baseline	2.45	***	2.32	2.58
Young carer	0.94	***	0.90	0.99
Affluence	-0.04	***	-0.04	-0.03
School year	0.03	***	0.02	0.04
Boy	-0.03	-	-0.06	0.00
Neither gender	0.69	***	0.56	0.81
Asian or Asian British	-0.26	***	-0.34	-0.19
Black or Black British	-0.03	-	-0.15	0.10
Mixed or Multiple Ethnicity	0.15	***	0.06	0.24
Other Ethnicity	0.05		-0.06	0.17
SDQ peer problems				
Baseline	2.47	***	2.35	2.58
Young carer	0.75	***	0.71	0.79
Affluence	-0.10	***	-0.11	-0.10
School year	0.07	***	0.06	0.08
Boy	-0.03	-	-0.06	0.00
Neither gender	1.37	***	1.26	1.49
Asian or Asian British	-0.14	***	-0.21	-0.07
Black or Black British	-0.09	-	-0.20	0.02
Mixed or Multiple Ethnicity	0.03	-	-0.05	0.11
Other Ethnicity	0.09	-	-0.02	0.19

Table 6 continued.

	Estimate		LCI	UCI
SDQ hyperactivity				
Baseline	4.94	***	4.77	5.11
Young carer	0.98	***	0.92	1.03
Affluence	-0.10	***	-0.11	-0.09
School year	0.13	***	0.12	0.15
Boy	-0.57	***	-0.61	-0.53
Neither gender	1.48	***	1.32	1.64
Asian or Asian British	-1.09	***	-1.19	-0.98
Black or Black British	-1.11	***	-1.28	-0.95
Mixed or Multiple Ethnicity	-0.07	-	-0.19	0.04
Other Ethnicity	-0.65	***	-0.80	-0.50
SDQ prosocial				
Baseline	9.17	***	9.04	9.31
Young carer	-0.04	-	-0.08	0.01
Affluence	0.05	***	0.04	0.06
School year	-0.22	***	-0.23	-0.20
Boy	-0.99	***	-1.02	-0.96
Neither gender	-1.04	***	-1.17	-0.91
Asian or Asian British	-0.14	***	-0.23	-0.06
Black or Black British	-0.13	*	-0.26	-0.01
Mixed or Multiple Ethnicity	-0.13	**	-0.23	-0.04
Other Ethnicity	-0.07	-	-0.19	0.04
SMFQ moods and feelings				
Baseline	7.71	***	7.29	8.13
Young carer	3.25	***	3.12	3.39
Affluence	-0.32	***	-0.34	-0.30
School year	0.49	***	0.45	0.53
Boy	-4.30	***	-4.40	-4.20
Neither gender	5.32	***	4.93	5.72
Asian or Asian British	-0.56	***	-0.81	-0.31
Black or Black British	-1.15	***	-1.53	-0.76
Mixed or Multiple Ethnicity	0.45	**	0.16	0.74
Other Ethnicity	-0.24	-	-0.60	0.12

Table 6 continued.

	Estimate		LCI	UCI
SWEMWBS wellbeing				
Baseline	22.83	***	22.49	23.16
Young carer	-1.93	***	-2.03	-1.82
Affluence	0.34	***	0.32	0.35
School year	-0.36	***	-0.39	-0.33
Boy	2.46	***	2.38	2.55
Neither gender	-3.23	***	-3.54	-2.91
Asian or Asian British	0.61	***	0.41	0.81
Black or Black British	1.25	***	0.94	1.56
Mixed or Multiple Ethnicity	-0.21	-	-0.44	0.02
Other Ethnicity	0.32	*	0.03	0.61
School involvement				
Baseline	3.60	***	3.41	3.79
Young carer	0.11	***	0.05	0.17
Affluence	-0.02	***	-0.03	-0.01
School year	0.58	***	0.57	0.60
Boy	-0.45	***	-0.49	-0.40
Neither gender	0.78	***	0.60	0.96
Asian or Asian British	-0.34	***	-0.45	-0.23
Black or Black British	-0.51	***	-0.69	-0.34
Mixed or Multiple Ethnicity	0.22	***	0.09	0.35
Other Ethnicity	-0.27	**	-0.43	-0.10
Student relationships				
Baseline	6.51	***	6.33	6.70
Young carer	0.60	***	0.54	0.66
Affluence	-0.11	***	-0.12	-0.10
School year	0.31	***	0.29	0.32
Boy	-1.05	***	-1.10	-1.00
Neither gender	1.41	***	1.19	1.63
Asian or Asian British	-0.70	***	-0.81	-0.59
Black or Black British	-0.68	***	-0.85	-0.50
Mixed or Multiple Ethnicity	-0.04	-	-0.17	0.09
Other Ethnicity	-0.27	**	-0.45	-0.09

Table 6 continued.

	Estimate		LCI	UCI
Teacher relationships				
Baseline	4.99	***	4.79	5.19
Young carer	0.63	***	0.56	0.69
Affluence	-0.05	***	-0.06	-0.04
School year	0.36	***	0.34	0.38
Boy	-0.88	***	-0.93	-0.83
Neither gender	0.97	***	0.73	1.22
Asian or Asian British	-0.33	***	-0.46	-0.21
Black or Black British	-0.02	-	-0.21	0.18
Mixed or Multiple Ethnicity	0.23	**	0.08	0.37
Other Ethnicity	0.09	-	-0.11	0.28

Notes

1. Statistical significance: *** = p<0.001; ** = p<0.01; * = p<0.05; - = not significant)
2. Baseline group contains students without caring roles.
3. The baseline group estimate is also the estimate for White students and Girls, as well as the lowest school year group and least affluent. All other group (for example Boys; Asian or Asian British) estimates are relative to this. The estimate for affluence and school year is for each unit on the FAS scale or each school year.
4. Considering the covariate estimates, increasing affluence was linked to better scores for all measures. Scores deteriorated with age across all models. Scores were particularly poor for students who did not identify as either a boy or girl.
5. Several estimates for ethnicity are not statistically significant, likely due to the smaller group sizes. The estimates for Boys on the SDQ conduct and peer problems subscale are also not statistically significant.

Based on the results of the descriptive analysis, the regularity data was reduced from 6 to 4 groups. The four groups included young people with no responsibilities, low regularity (responsibilities less than once a month, or at least once a month), moderate regularity (at least once a week) and higher regularity (responsibilities most days or every day). All estimates for lower, moderate and high regularity roles are relative to the those without responsibilities.

The results are presented in Table 7. The models indicate that scores are best for those with no responsibilities – reinforcing the first set of regression results. Considering differences within the young carer population, there was a large increase in total SDQ difficulties as regularity increased (*b* = 3.38 for low; 3.46 for moderate; 3.87 for high), with a similar pattern for the SDQ emotional symptoms subgroup. Scores on the SMFQ measure for depression symptoms also increased with regularity, from low (*b* = 2.86) to high (*b* = 3.43). This was also similar for the SDQ peer problems and hyperactivity subscales though to a lesser extent – these scores varied more by young carer status, not regularity of role.

There are however exceptions. Most notably there was little difference in the SDQ prosocial subscale between young carers and young people without caring responsibilities. However, within the young carer population those with low regularity responsibilities had poor prosocial scores (*b* = -0.35) relative to those with no responsibilities, while those with high regularity role had the best scores of all students (*b* = 0.17).

There were also examples of those with moderate responsibilities having better scores for the SDQ conduct subscale (*b* = 0.84) than both those with low or high regularity roles (*b* = 0.93 and 0.95 respectively), as well as slightly better SWEMWBS mental wellbeing scores, and slightly worse student relationships scores. Lastly there was evidence that those with low regularity roles had the greatest challenge developing relationships with teachers (*b* = 0.62, compared to *b* = 0.55 for both moderate and high roles).

Table 7. Regression analysis results for the regularity models. Students without caring responsibilities are again the baseline group.

	Estimate		LCI	UCI
SDQ total difficulties				
Baseline	14.42	***	13.97	14.86
Low regularity	3.38	***	3.10	3.66
Moderate regularity	3.46	***	3.17	3.75
High regularity	3.87	***	3.68	4.07
Affluence	-0.36	***	-0.39	-0.34
School year	0.43	***	0.39	0.46
Boy	-2.77	***	-2.88	-2.66
Neither gender	4.59	***	4.17	5.02
Asian or Asian British	-2.09	***	-2.36	-1.82
Black or Black British	-2.29	***	-2.71	-1.87
Mixed or Multiple Ethnicity	-0.07	-	-0.37	0.24
Other Ethnicity	-1.02	***	-1.41	-0.62

Table 7 (continued).

	Estimate		**LCI**	**UCI**
SDQ emotional				
Baseline	4.79	***	4.62	4.96
Low regularity	0.92	***	0.82	1.03
Moderate regularity	1.03	***	0.92	1.14
High regularity	1.15	***	1.07	1.22
Affluence	-0.12	***	-0.13	-0.12
School year	0.17	***	0.15	0.18
Boy	-2.15	***	-2.19	-2.11
Neither gender	1.03	***	0.87	1.19
Asian or Asian British	-0.61	***	-0.72	-0.51
Black or Black British	-0.98	***	-1.14	-0.82
Mixed or Multiple Ethnicity	-0.18	**	-0.30	-0.07
Other Ethnicity	-0.49	***	-0.63	-0.34
SDQ conduct				
Baseline	2.44	***	2.31	2.58
Low regularity	0.93	***	0.85	1.01
Moderate regularity	0.84	***	0.76	0.93
High regularity	0.95	***	0.89	1.00
Affluence	-0.04	***	-0.04	-0.03
School year	0.03	***	0.02	0.04
Boy	-0.02	-	-0.05	0.01
Neither gender	0.70	***	0.57	0.82
Asian or Asian British	-0.27	***	-0.35	-0.19
Black or Black British	-0.04	-	-0.17	0.08
Mixed or Multiple Ethnicity	0.16	***	0.07	0.25
Other Ethnicity	0.06	-	-0.06	0.17
SDQ peer problems				
Baseline	2.46	***	2.34	2.58
Low regularity	0.68	***	0.60	0.75
Moderate regularity	0.68	***	0.60	0.76
High regularity	0.82	***	0.77	0.87
Affluence	-0.10	***	-0.11	-0.10
School year	0.07	***	0.06	0.08
Boy	-0.03	-	-0.06	0.00
Neither gender	1.37	***	1.26	1.48
Asian or Asian British	-0.15	***	-0.22	-0.07
Black or Black British	-0.10	-	-0.21	0.01
Mixed or Multiple Ethnicity	0.03	-	-0.05	0.12
Other Ethnicity	0.10	-	-0.01	0.20

Table 7 (continued).

	Estimate		LCI	UCI
SDQ hyperactivity				
Baseline	4.92	***	4.75	5.09
Low regularity	0.89	***	0.78	0.99
Moderate regularity	0.94	***	0.83	1.05
High regularity	0.98	***	0.90	1.05
Affluence	-0.10	***	-0.11	-0.09
School year	0.13	***	0.12	0.15
Boy	-0.56	***	-0.60	-0.52
Neither gender	1.51	***	1.35	1.67
Asian or Asian British	-1.08	***	-1.19	-0.98
Black or Black British	-1.13	***	-1.29	-0.97
Mixed or Multiple Ethnicity	-0.07	-	-0.19	0.05
Other Ethnicity	-0.65	***	-0.80	-0.50
SDQ prosocial				
Baseline	9.17	***	9.03	9.30
Low regularity	-0.35	***	-0.44	-0.27
Moderate regularity	-0.02	-	-0.11	0.07
High regularity	0.17	***	0.11	0.23
Affluence	0.05	***	0.04	0.06
School year	-0.22	***	-0.23	-0.21
Boy	-0.99	***	-1.02	-0.95
Neither gender	-1.05	***	-1.18	-0.92
Asian or Asian British	-0.14	***	-0.23	-0.06
Black or Black British	-0.13	*	-0.26	0.00
Mixed or Multiple Ethnicity	-0.13	**	-0.22	-0.03
Other Ethnicity	-0.07	-	-0.19	0.05
SMFQ moods and feelings				
Baseline	7.63	***	7.21	8.06
Low regularity	2.86	***	2.60	3.12
Moderate regularity	3.05	***	2.77	3.33
High regularity	3.43	***	3.25	3.61
Affluence	-0.32	***	-0.34	-0.29
School year	0.49	***	0.46	0.53
Boy	-4.27	***	-4.37	-4.17
Neither gender	5.33	***	4.93	5.73
Asian or Asian British	-0.55	***	-0.80	-0.30
Black or Black British	-1.12	***	-1.51	-0.73
Mixed or Multiple Ethnicity	0.45	**	0.16	0.74
Other Ethnicity	-0.25	-	-0.61	0.12

Table 7 (continued).

	Estimate		LCI	UCI
WEMWBS wellbeing				
Baseline	22.85	***	22.51	23.19
Low regularity	-1.82	***	-2.03	-1.61
Moderate regularity	-1.72	***	-1.94	-1.50
High regularity	-1.94	***	-2.09	-1.80
Affluence	0.34	***	0.32	0.36
School year	-0.36	***	-0.39	-0.33
Boy	2.46	***	2.37	2.54
Neither gender	-3.20	***	-3.53	-2.88
Asian or Asian British	0.63	***	0.42	0.83
Black or Black British	1.23	***	0.91	1.55
Mixed or Multiple Ethnicity	-0.22	-	-0.45	0.01
Other Ethnicity	0.31	*	0.02	0.61
School involvement				
Baseline	3.58	***	3.40	3.77
Low regularity	0.22	***	0.10	0.34
Moderate regularity	0.10	-	-0.02	0.23
High regularity	0.06	-	-0.03	0.14
Affluence	-0.02	***	-0.03	-0.01
School year	0.59	***	0.57	0.60
Boy	-0.45	***	-0.49	-0.40
Neither gender	0.76	***	0.58	0.94
Asian or Asian British	-0.34	***	-0.45	-0.23
Black or Black British	-0.51	***	-0.69	-0.34
Mixed or Multiple Ethnicity	0.24	***	0.11	0.36
Other Ethnicity	-0.28	***	-0.44	-0.12
Student relationships				
Baseline	6.52	***	6.33	6.70
Low regularity	0.58	***	0.46	0.70
Moderate regularity	0.64	***	0.51	0.77
High regularity	0.54	***	0.46	0.63
Affluence	-0.11	***	-0.12	-0.10
School year	0.31	***	0.29	0.32
Boy	-1.05	***	-1.10	-1.00
Neither gender	1.40	***	1.17	1.62
Asian or Asian British	-0.69	***	-0.81	-0.58
Black or Black British	-0.68	***	-0.85	-0.50
Mixed or Multiple Ethnicity	-0.03	-	-0.16	0.10
Other Ethnicity	-0.25	**	-0.43	-0.07

Table 7 (continued).

	Estimate		LCI	UCI
Teacher relationships				
Baseline	4.99	***	4.79	5.19
Low regularity	0.62	***	0.49	0.75
Moderate regularity	0.55	***	0.41	0.69
High regularity	0.55	***	0.46	0.64
Affluence	-0.05	***	-0.06	-0.04
School year	0.36	***	0.34	0.38
Boy	-0.88	***	-0.93	-0.83
Neither gender	0.95	***	0.70	1.19
Asian or Asian British	-0.35	***	-0.47	-0.23
Black or Black British	-0.01	-	-0.21	0.18
Mixed or Multiple Ethnicity	0.24	**	0.10	0.39
Other Ethnicity	0.07	-	-0.13	0.27

Notes

1. Statistical significance: *** = p<0.001; ** = p<0.01; * = p<0.05; - = not significant)
2. All regularity estimates were statistically significant except for the low and moderate regularity estimates for the school involvement model, and the moderate regularity estimate for the SDQ prosocial subscale.

Discussion

Young carer prevalence amongst secondary school students reported in this data set is 17.7%, including 8.8% of all students who had a high regularity role (every day or most days). There are slight differences in prevalence amongst different ethnic groups and school years, though there was no evidence older pupils were more likely young carers. Girls were slightly more likely carers than boys, but prevalence was almost double among students who identified as neither a girl or boy.

Initial analysis indicated that scores were consistently poorer for young carers than their peers, though the differences were minor for some measures. There was also a pattern that some young carers scores on measures seemed to deteriorate as regularity increased, though the results across the six levels of regularity were sometimes uneven. The aims of the regression analysis were to strengthen the descriptive results.

The regression analysis adjusted for the effects of gender, ethnicity, age and affluence, to focus on young carer status alone. Having done this, young carer scores were still poor compared to their peers, particularly for depressive symptoms, total difficulties, and developing relationships with teachers.

The regression analysis also combined the six levels of caring regularity into 4. It was expected that scores would deteriorate as the caring role increased, and this was true for the SDQ total difficulties and emotions subscale. However, young carers with moderate roles had better scores for wellbeing than other young carers, and they also faced the greatest challenges in developing relationships with other students. Young carers with less regular roles also struggled most to develop relationships with teachers.

Lastly, the prosocial results are particularly interesting. Other studies have found that young carers develop greater prosocial skills, but there was little difference when comparing all young carers with their peers. However, when considering regularity, it appears that high regularity roles aid the development of prosocial skills, while low level roles are detrimental.

Overall the results indicate the poor scores of young carers compared to their peers, and the continuing need to support the mental health of those with the greatest roles. At the same time, increasing regularity did not always lead to worse scores, and the results highlight how those with less regular roles may have a different set of support needs that are not being met.

Strengths and limitations

This is the first large-scale analysis of young carers in Wales, and the sample size compares favourably to other studies in the UK and elsewhere. The large sample size also allows study of difference within the young carer population – over 1,300 students with each level of role regularity increases confidence in the findings.

There are also limitations that should be considered, and which could inform Phase 2 and 3 of the work. Firstly, measures including the Strengths and Difficulties Questionnaire and the Short Moods and Feelings Questionnaire have been developed and validated internationally. However, all SHRN data is self-reported by the students, so the mental health and wellbeing data is not evidence of formal diagnosis. The report presents trends in the data of how young carers compare to their peers. This gives an indication of the challenges that young carers face and how they may lag behind in their education. However, the School Health Research Network does not collect data that could help increase understanding of why scores vary and the specific support that would benefit them. Qualitative research methods would be more suitable for exploring this.

This report presents findings on role regularity, rather than time spent caring (hours) that is collected in other studies. In the absence of similar studies, the decision to combine the 6 levels of regularity into 4 (No responsibilities; Low; Moderate; High) was based on the descriptive analysis, and it is unclear how time spent caring and regularity of caring role relate to each other. It is also unlikely that role regularity is the only factor affecting scores within the young carer role. Factors including duration of role and responsibility type have been considered in other research, while the number of people that a child cares for, the presence of other carers within the family, and the accessing of support may also be key.

Informing next steps

Quantitative analysis in Phase 2 and 3 would further help policy makers understand the outcomes of young carers relative to other students. As it stands, the School Health Research Network collects data on sleep and free time. Neither of these topics are included in this report, yet caring roles can affect sleep and cause tiredness in school, and young carers are also known to have less spare time than other young people. The study also collects data on number of people being cared for – this could be looked at as a factor in why outcomes vary for different young carers.

The School Health Research Network secondary school survey data is also available to analyse through SAIL, allowing the potential to link SHRN with other datasets. Data linkage studies could combine SHRN data with, for example, NHS data on the person they care for, census data on family structure, and government data on the child accessing support. Alternatively, the Welsh Government could look to collect new data on young carers. There is a process for requesting additional questions in future SHRN studies. However, with the next secondary school Student Health and Wellbeing Survey not being until 2027, the Welsh Government may want to develop a separate process for collecting this data.

Qualitative research would also enable a better understanding of the lives of young carers and why the impacts of caring vary. Research on school life would be particularly useful as there is limited research into school involvement and the development of relationships in school. However, the challenge of identifying a group that are often private and reluctant to engage with services may hamper qualitative research. It could result in a focus on those who have greater caring roles and who are accessing services, though Phase 2 and 3 could include a specific focus on identifying young carers unknown to services.

There also remains variation in support within schools and limited examples of good practice, so work could focus on identifying and sharing good practice of what works when supporting young carers.

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Appendix

Summary of measures

Measure	Items	Scale	Direction	Total score
SDQ Strengths and Difficulties Questionnaire total difficulties	20	0 - 2	Standard	40
SDQ Emotions subscale	5	0 – 2	Standard	10
SDQ Conduct subscale	5	0 – 2	Standard	10
SDQ Peer problems subscale	5	0 – 2	Standard	10
SDQ Hyperactivity subscale	5	0 – 2	Standard	10
SDQ Prosocial scale	5	0 – 2	Inverse	10
SMFQ Short Moods and Feelings Questionnaire	13	0 – 2	Standard	26
SWEMWBS Short Warwick–Edinburgh Mental Wellbeing Scale	7	1 – 5	Inverse	35
School involvement	3	1 – 5	Standard	15
Student relationships	3	1 – 5	Standard	15
Teacher relationships	3	1 – 5	Standard	15
FAS Family Affluence Scale	6	Varies	Inverse	13

Notes: The SDQ prosocial scale, SWEMWBS wellbeing scale and FAS Family Affluence Scale are inverse scales with higher scores indicating fewer difficulties. All other scales are standard, where higher scores indicate greater difficulties.