

# PLANET YOUTH SCOTLAND

## WEST DUNBARTONSHIRE SURVEY 2025

An analysis of outcomes, predictors,  
and inequalities among West  
Dunbartonshire's young people

Will Bibby and Giulia Piazza

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<b>INTRODUCTION</b>	<b>5</b>
1.1. A turning point for West Dunbartonshire’s young people	6
1.2. Planet Youth Scotland	7
1.3. About this report	8
<b>OUR APPROACH</b>	<b>11</b>
2.1. Planet Youth survey data	12
2.2. Data analysis	14
2.3. Interpreting the findings: caveats and considerations	15
<b>SIGNALS FOR ACTION: KEY FINDINGS</b>	<b>17</b>
3.1. Progress across every dimension of young people’s lives	18
3.2. Top five protective factors across all outcomes	20
3.3. Top five risk factors across all outcomes	22
3.4. Top protective and risk factors across domains	24
3.5. Inequalities: the most vulnerable groups	26
<b>COMMUNITY DEEP DIVE</b>	<b>29</b>
Community participation	30
Bullying	32
Feeling unsafe	34
<b>MENTAL HEALTH AND WELLBEING DEEP DIVE</b>	<b>37</b>
Low self-esteem	38
Sleep	40
Self-harm	42
Suicidal thoughts	44
<b>ADOLESCENT SUBSTANCE USE DEEP DIVE</b>	<b>47</b>
Smoking	48
Vaping	50
Alcohol	52
Cannabis	54
Drugs	56
<b>CONCLUSION: DATA-DRIVEN PRIORITIES FOR PREVENTION</b>	<b>59</b>
Acknowledgements	61



# INTRODUCTION

## 1.1 A turning point for West Dunbartonshire's young people

Scotland's young people are facing growing challenges, making upstream, preventative action more urgent than ever. Scottish Census data shows that the proportion reporting a mental health condition has risen sharply – from 2.5% in 2012 to 15.2% in 2022<sup>1</sup>. Scotland also records some of the highest levels of bullying in Europe<sup>2</sup>, and among the highest rates of adolescent substance use<sup>3</sup>.

Yet the picture is not all doom and gloom. Data from the 2025 Planet Youth Scotland survey, one of the most comprehensive datasets of teenagers in the UK, shows encouraging improvements across a wide range of outcomes in Planet Youth areas, including West Dunbartonshire. In West Dunbartonshire, smoking rates have halved while alcohol use has fallen from over six in ten pupils to under one in two, mental wellbeing is rising, with significant reductions in self-harming and suicidal ideation, and more young people from West Dunbartonshire are participating in their communities.



## 1.2 Planet Youth Scotland

Planet Youth is one of the world's leading evidence-based prevention models. Developed in Iceland, the approach focuses not on treating individual behaviours in isolation, but on reshaping the environments in which young people live.

Winning Scotland began testing the model in 2019 with West Dunbartonshire and four other Scottish areas. In 2023, the Scottish Government invested £1.5 million to expand the pilot. From an initial 13 schools in 2021, the model grew to 24 schools in 2023 and now reaches 40 schools across six areas: Angus, Argyll and Bute, Clackmannanshire, Dundee, Highland, and West Dunbartonshire. This national pilot phase is building evidence on how the model can be adapted to Scottish systems and priorities, laying the groundwork for a future prevention approach.

<sup>1</sup> Scotland's Census (2024), Scotland's Census 2022 – Health, disability and unpaid care.  
<sup>2</sup> World Health Organisation (2024), A focus on peer violence and bullying in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 2, Health Behaviour in School-Aged Children.,  
<sup>3</sup> World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.highlight



## 1.3 About this report

The 2025 Planet Youth Scotland survey and report, alongside this report focused on West Dunbartonshire, form a key part of the growing evidence base on young people’s wellbeing. The report brings together high-level findings across 12 outcomes identified by Planet Youth area leads, spanning community participation and safety, mental health, and substance use. It draws on data from the 2021, 2023, and 2025 surveys to show trends in West Dunbartonshire over time and to highlight inequalities across demographic groups. For each outcome, the report also identifies the most important predictors across family life, school, their peers, and their communities.

The purpose of this report is to highlight areas for upstream, preventative action. A key principle of Planet Youth is the use of rich, local population-level data to drive change, as the example below demonstrates. The insights in this report point to where action can make the greatest difference, and help local partners prioritise interventions, challenge the status quo, and shape West Dunbartonshire’s wider prevention agenda.

This report breaks down data at the local level for West Dunbartonshire. It sits alongside five other local reports, one for each Planet Youth area, as well as a **national-level report**, designed to help partners interpret the findings alongside their own knowledge of their communities, and to identify which protective factors can be strengthened locally.

For readers seeking a fuller overview of the survey data, Planet Youth Iceland produces additional summary reports that complement the Scottish analysis. This is available by contacting [info@planetyouth.scot](mailto:info@planetyouth.scot)



### Planet Youth data in action

#### FROM DATA TO COMMUNITY ACTION

In West Dunbartonshire, Planet Youth has adopted a community-led model by commissioning a local third sector organisation to act as the lead. With two new posts in place, the organisation has drawn on its strong local connections to strengthen partnerships between schools, families, and communities.

Already embedded in local youth work, it has used survey data insights to take action to adapt its services. For example, they lowered the age threshold for youth groups to reach children earlier, expanded family activities to build protective factors, and used young people’s feedback to shape their provision.



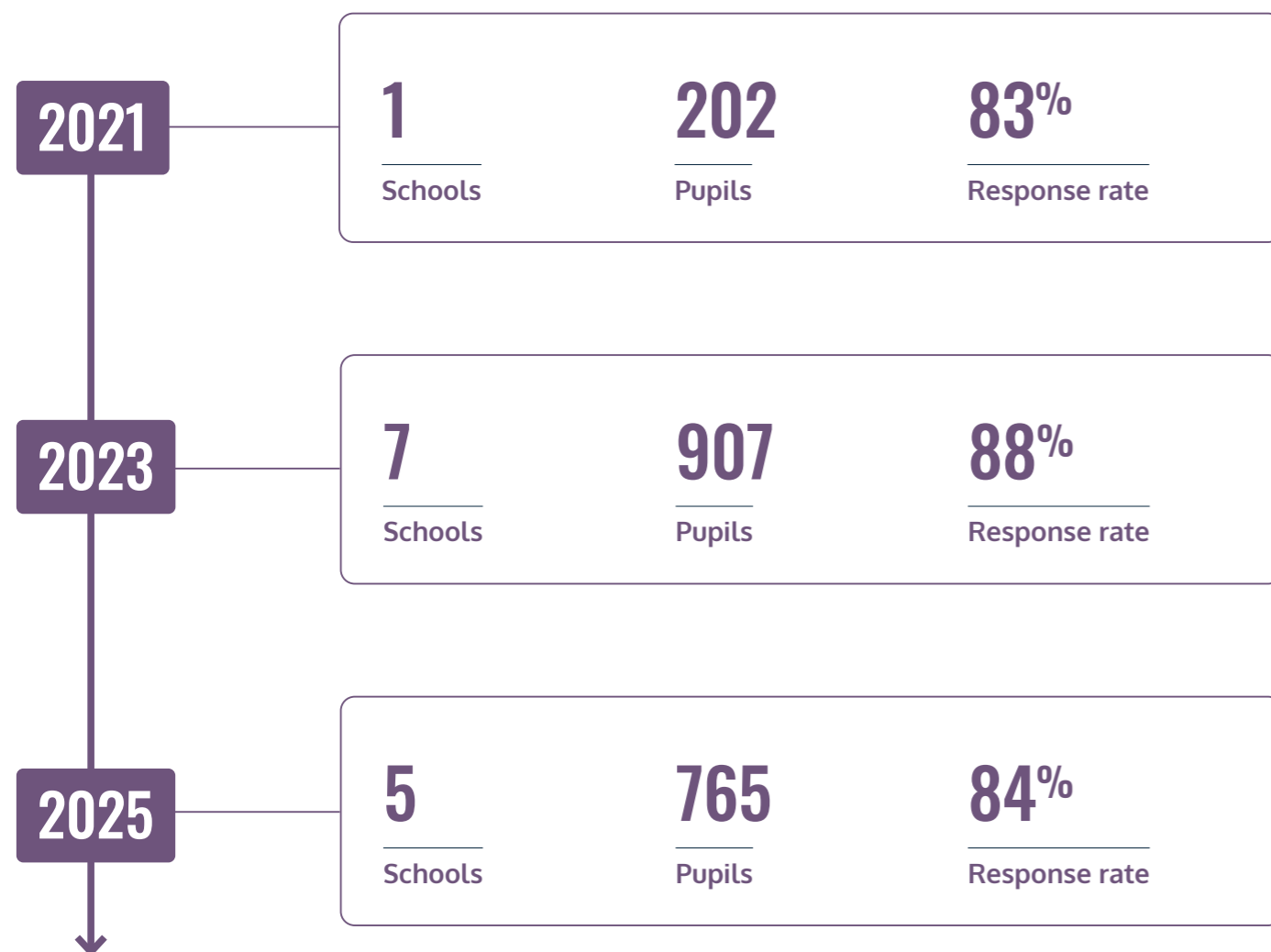


**OUR APPROACH**

## 2.1 Planet Youth survey data

The 2025 Planet Youth survey was completed by 7,662 3rd and 4th-year pupils across 40 schools in six areas of Scotland, with a high response rate of 81.4%. Participation was voluntary, and data were collected through an online survey completed at school during class time. In West Dunbartonshire, 765 pupils took part in the survey with a response rate of 84%.

Planet Youth surveys were previously conducted in 2021 and 2023, providing a robust three-wave dataset. Across all years, nearly 14,000 pupils have taken part, generating over six million data points across more than 400 variables, while in West Dunbartonshire, nearly 2,000 pupils have participated. With response rates consistently over 80%, the dataset is highly likely to be representative with low risk of non-response bias, making it one of Scotland’s largest and most reliable sources on young people’s behaviours and attitudes.



## 2.2 Data analysis

Our analysis comprised four main elements:

1

### DESCRIPTIVE STATISTICS

- We produced headline findings for 12 outcomes, summarising patterns across mental health, community, and substance use.

2

### TRENDS ANALYSIS (2021–2025)

- We used chi-squared tests to assess statistical significance of changes over time (using p-values of <0.05) and Cramér’s V to understand effect sizes.
- To assess whether outcomes improved or worsened, and by how much, we ran logistic regression models with year as the predictor.
- These models estimate the direction and magnitude of change by calculating the year-on-year change in the odds of each outcome.

3

### PREDICTIVE MODELLING

- To identify the factors most predictive of each outcome, we developed logistic regression models.
- Each model included 5–15 variables spanning family, school, peer, and community environments that were shown to be statistically significant at the national level. This allowed us to focus and refine our models to deal with lower sample sizes and still detect which risk and protective factors had the greatest influence on outcomes.
- These models estimate the independent association between each predictor and each outcome while controlling for all other variables.

4

### INEQUALITIES ANALYSIS

- Used to examine demographic inequalities, we compared outcomes by 10 demographic variables.
- We used cross-tabulations, chi-squared significance tests, and logistic regression to quantify differences between groups.
- For demographic groups with fewer pupils, we used Fisher’s exact test instead of chi-squared to ensure more accurate significance testing due to it being more reliable with low sample sizes.

## 2.3 Interpreting the findings: caveats and considerations

**This report draws on robust statistical analyses, but several considerations are important when interpreting findings.**

### ASSOCIATIONS, NOT CAUSATION

Regression models identify associations between two things, not causal pathways. Predictors should not be interpreted as causing an outcome, nor do the results indicate the direction of influence.

### INTERPRETING RISKS

Our models generate odds ratios (ORs), which describe changes in the odds of an outcome occurring. However, ORs can be difficult to interpret intuitively. In this analysis, many ORs have wide confidence intervals, particularly where subgroup sample sizes are small. Reporting precise OR values in these cases risks giving a false sense of precision. To address this, we interpret results using effect size bands based on the magnitude of the ORs (e.g. very small, small, moderate, large, very large effects). This approach allows us to communicate the strength of association between predictors and outcomes in a clearer and more robust way, while avoiding over-interpretation of exact values. Throughout the report, findings should therefore be understood as indicating the relative strength and consistency of associations, not precise changes in risk or probability.

### ATTRIBUTION

While the trends in this report show large, statistically robust improvements ( $p < 0.001$  for most outcomes), attribution to Planet Youth Scotland cannot be made due to the absence of comparable nationwide datasets and the complexity of population-level change.

### UNMEASURED VARIABLES

There may be important influences on young people's outcomes that are not captured in the survey (e.g., mental health diagnoses, local service availability, family stressors). These unmeasured variables may shape associations observed in the models.

### LOW SAMPLE SIZES

While yearly sample sizes in West Dunbartonshire have been relatively robust for 2023 and 2025 (approximately 750–900 pupils), the sample size for 2021 was smaller (around 200). Additionally, sample sizes are smaller for some demographic groups, such as pupils from Traveller families or care-experienced young people, and for less common outcomes such as drug use. This increases uncertainty around prevalence estimates and effect sizes, and reduces the statistical power to detect real differences or trends. This also means that some fluctuations across years, particularly for less common behaviours, may reflect normal sampling variation rather than a meaningful change, and should therefore be interpreted with care.

### CHANGES IN SCHOOL PARTICIPATION OVER TIME

In West Dunbartonshire, six additional schools joined in 2023 and two dropped out in 2025. While this means trends may partly reflect changes in the composition of participating schools rather than change over time alone, the expanded participation also improves representativeness, strengthening confidence that the findings reflect the wider local population rather than a narrow subset of schools.

### HOW TO READ TRENDS OVER TIME

The Planet Youth surveys use a repeated cross-sectional design, providing snapshots of young people's experiences at different points in time rather than tracking the same individuals year-on-year. Participation has increased over time, with more schools and young people taking part in later survey waves, improving coverage and representativeness but changing the overall school composition in West Dunbartonshire.

As a result, observed changes over time may reflect a combination of genuine change, improved coverage, and wider contextual factors. Trends should be interpreted with greater confidence where changes are large, sustained across multiple waves, and statistically significant, and with more caution where changes are small or inconsistent.

### PART OF A WIDER MODEL

Planet Youth follows a 10-step process. Gathering and sharing data is only part of the model – collating the key messages and triangulating the findings from this report with local stories, feedback and insights should support the next actionable steps.



**SIGNALS FOR ACTION:  
KEY FINDINGS**

### 3.1 Progress across most dimensions of young people’s lives

Across almost every measure, outcomes for 13–15-year-olds in West Dunbartonshire have improved considerably between 2021 and 2025. The largest gains were seen in participation rates, with a 14 percentage point increase in the proportion of young people who regularly take part in community-based activities – the largest increase of any Planet Youth area.

Mental health indicators saw consistent but more modest improvements, relative to other areas, with the proportions reporting low self-esteem, self-harm, or suicidal thoughts all falling significantly. Particularly notable was an 11 percentage point decrease in pupils who said they had thought about suicide, which is now the lowest level of any Planet Youth area. The proportion of young people who don’t get enough sleep also improved, though the change was more modest and not statistically significant.

West Dunbartonshire now also has some of the lowest youth smoking and drinking rates. In the past four years, we have seen smoking rates halve (-9pp), while the proportion of young people who drank alcohol fell (-13pp) to under one in two young people. However, vaping, cannabis use and drugs don’t show any statistical change over the period.

In terms of safety, the picture is mixed. The proportion of young people who said they didn’t feel safe decreased, while those who have been bullied increased – though neither of these changes was found to be statistically significant. That said, the overall pattern across the outcomes is clear: in 2025, young people in West Dunbartonshire were, on average, more engaged, feeling better about themselves, and less likely to smoke and drink than in 2021.



### Trends in key outcomes for 13–15 year olds between 2021 and 2025

OUTCOME	2021 (%)	2023 (%)	2025 (%)	DIFFERENCE (PP)
Community participation	50.8	63.5	64.5	↗ 13.7
Bullying (ever)	47.1	48.9	50.6	↗ 3.5
Feeling unsafe (Any)	20.6	18.5	16.3	↘ 4.3
Self-esteem (Low)	31.6	32.9	26.4	↘ 5.2
Sleep (Low)	59.2	55.4	53.3	↘ 5.9
Self-harm (Ever)	38.7	32.4	30.5	↘ 8.2
Suicidal thoughts (Ever)	31.6	26.4	20.6	↘ 11.0
Smoking (Ever)	18.4	15.5	9.2	↘ 9.2
Vaping (Ever)	31.1	28.2	27.2	↘ 3.9
Alcohol (Ever)	61.1	52.6	48.6	↘ 12.5
Cannabis (Ever)	9.8	10.6	9.0	↘ 0.8
Drugs (Any)	5.6	8.6	7.7	↗ 2.2

## 3.2 Top five protective factors across all outcomes

### 1 PEER SUPPORT

Peer support at school emerged as the strongest overall protective factor in West Dunbartonshire, predicting five outcomes.

Pupils who reported having supportive and encouraging peer relationships at school (for example, agreeing that they have friends who care about them) showed better mental health, felt safer, and were less likely to experience bullying. While the effect size for any single outcome was modest (small across all five), the consistency of this association suggests that supportive peer environments likely play a meaningful protective role at the population level.

### 2 SELF-ESTEEM

Self-esteem was a powerful protective factor, strongly predicting two outcomes: self-harm and bullying victimisation.

Higher self-esteem was associated with substantially lower risk, with reductions ranging from moderate to large effects. Although it features in fewer models, its magnitude of effect makes it one of the most consequential protective predictors in the West Dunbartonshire dataset.

### 3 PARENTAL SUPPORT

Parental support emerged as a strong overall protective factor in West Dunbartonshire.

Pupils who found it easy to get help from a parent or guardian across a range of issues were less likely to experience self-harm, a lack of sleep, and miss school, consistently reducing risk by small amounts.

### 4 AVAILABILITY OF SOCIAL OPPORTUNITIES

The availability of local opportunities to socialise and take part in leisure activities was strongly associated with how engaged pupils were in their communities.

Pupils who said there were lots of opportunities locally were more likely to regularly take part in out-of-school activities and were also more likely to be interested in community participation. The effect sizes were small to moderate.

### 5 RULE FOLLOWING BEHAVIOUR

Pupils who expressed more positive attitudes toward following rules felt small protective effects across five outcomes spanning mental health, safety and substance use.

While the individual effects were typically very small in effect size, the predictor was statistically significant across a wide range of behaviours and mental health measures. The pattern suggests that even small protective effects may accumulate meaningfully at the population level when they are broad and consistent.



### 3.3 Top five risk factors across all outcomes

#### 1 BULLYING

**Bullying was the strongest risk factor in West Dunbartonshire.**

Pupils who have experienced bullying faced substantially higher risks across four outcomes, all related to mental health, including low self-esteem and higher rates of self-harm and suicidal thoughts. Effect sizes were large for all outcomes, indicating not only statistical significance but that bullying is a likely meaningful driver of poor mental health. The strength of these effects, combined with their clear concentration around mental health outcomes, suggests that bullying represents a critical leverage point for improving young people’s mental health and overall wellbeing.

#### 2 POOR MENTAL HEALTH

**Poor mental health, particularly self-harm, emerged as a strong and interrelated cluster of risk factors.**

Together, these predictors were associated with elevated risk across three outcomes, especially those involving substance use. Risk increases ranged from moderate to very large effects. Notably, self-harm was the single biggest predictor in the dataset, substantially increasing the risk of suicidal thoughts. Mental health difficulties, therefore, appear to act as high-magnitude, cross-cutting drivers of multiple negative outcomes.

#### 3 PEER SUBSTANCE USE

**Peer substance use was associated with small but consistent increases in risk across all five substance use outcomes.**

Pupils who reported that their friends used substances were more likely to smoke cigarettes, vape, drink alcohol, use cannabis, and use drugs. While the effect sizes for individual outcomes were small, the consistency of this pattern highlights the socially mediated nature of risk-taking behaviours, particularly during adolescence.



#### 4 NEGATIVE LIFE EVENTS

**Experiencing negative life events was a significant predictor across three outcomes, primarily mental health measures (e.g. self-harm and suicidal thoughts).**

Importantly, this is a cumulative risk, with pupils who reported multiple adverse events faced progressively higher risks. Although the individual effect sizes were modest (small to moderate), the incremental nature of the increased risk means that young people with multiple negative life experiences are substantially more vulnerable overall.

#### 5 SCREEN TIME AND SOCIAL MEDIA USE

**The use of digital devices was associated with evaluated risks across three areas, with small effect sizes.**

Specifically, the more hours pupils spent on screens watching shows, gaming and, in particular, using social media, the higher their risks were. These included a lack of sleep, lack of participation in community-based activities and vaping.

### 3.4 Top protective and risk factors across domains

This section summarises the most influential protective and risk factors within each domain of young people’s lives in West Dunbartonshire, based on a combined weighting of effect size and frequency across outcomes. Together, these predictors highlight where risks and protections are most consistently concentrated across the dataset.

#### Personal

##### SELF-HARM

Associated with increased risk across **three outcomes**

↗ **LARGE-VERY LARGE**

Increase in risk

##### SELF-ESTEEM

Associated with lower risks across **two outcomes**

↘ **LARGE**

Reduction in risk

##### RULE FOLLOWING

Associated with lower risks across **four outcomes**

↘ **VERY SMALL**

Reduction in risk

#### Family life

##### PARENTAL SUPPORT

Associated with lower risks across **five outcomes**

↘ **SMALL**

Reduction in risk

##### PARENTAL MONITORING

Setting rules and monitoring pupils activities associated with lower risks across **two outcomes**

↘ **VERY SMALL-SMALL**

Reduction in risk

##### PARENTAL DISAPPROVAL OF SUBSTANCE USE

Associated with lower risks across **two outcomes**, both related to substance use

↘ **VERY SMALL-SMALL**

Reduction in risk

#### Peers

##### BULLYING

Associated with higher risks across **all four mental health outcomes**

↗ **MODERATE-LARGE**

Increase in risk

##### PEER SUBSTANCE USE

Associated with **all five substance-use outcomes**

↗ **SMALL**

Increase in risk

##### DELINQUENCY

Associated with higher risks across **three outcomes**

↗ **SMALL**

Increase in risk

#### Community

##### SCREEN TIME

Associated with higher risks across **three outcomes**

↗ **SMALL**

Increase in risk

##### AVAILABILITY OF COMMUNITY ACTIVITIES

Associated with lower risks across **two outcomes**

↘ **SMALL-MODERATE**

Reduction in risk

##### POSITIVE COMMUNITY PERCEPTIONS

Associated with **higher feelings of safety**

↘ **MODERATE**

Reduction in risk

#### School

##### PEER SUPPORT AT SCHOOL

Associated with lower risks across **five outcomes**

↘ **SMALL**

Reduction in risk

##### NEGATIVE SCHOOL ATTITUDES

Associated with higher risks across **five outcomes**

↗ **VERY SMALL**

Increase in risk

### 3.5 Inequalities: the most vulnerable groups

Some groups of young people in West Dunbartonshire experience higher levels of vulnerability across the data. The inclusion of demographic vulnerability data reflects patterns we see consistently across Scotland and internationally. We include this information because their experiences matter and should be visible.

As with the national-level findings, these patterns reflect how environments, systems and social conditions shape young people’s lives, not characteristics of the young people themselves. Highlighting these inequalities is intended to help communities understand where pressures may be falling most heavily, so that preventive, universal approaches can best support every young person.

#### NEURODIVERGENT PUPILS EXPERIENCE THE WIDEST AND STRONGEST INEQUALITIES

Neurodivergent pupils show significant inequalities across 12 outcomes, the highest number of any group in West Dunbartonshire. These include large disparities in mental health (self-harm, suicidal thoughts, low self-esteem), sleep difficulties, feeling unsafe, and several substance-use outcomes, with up to six times the rates of use of some substances such as cannabis, compared to their neurotypical peers.

#### LGBTQ+ PUPILS FACE HIGH RISKS, ESPECIALLY AROUND MENTAL HEALTH AND SAFETY

LGBTQ+ pupils experience significant inequalities across nine outcomes, with moderately large effect sizes. In addition, trans and non-binary pupils experienced significantly higher rates of poor outcomes, though sample sizes were very small. These groups show markedly higher prevalence of self-harm, suicidal thoughts, low self-esteem, sleep difficulties, feeling unsafe, and bullying. Higher rates of substance use, such as smoking, vaping and cannabis use, are also observable.

#### GIRLS FACE CONSISTENTLY HIGHER RISKS THAN BOYS

In West Dunbartonshire, girls experience moderate but consistently higher levels of risk across ten outcomes. The differences between girls and boys are particularly pronounced in mental health (low self-esteem, poor sleep, self-harm and suicidal thoughts), feelings of safety, and some substance-use behaviours such as smoking, vaping and alcohol use.

#### DISABLED YOUNG PEOPLE, YOUNG CARERS, AND CARE-EXPERIENCED PUPILS SHOW MODERATE BUT MEANINGFUL INEQUALITIES

Several additional groups experience moderate inequalities across around half of the 12 outcomes explored. For example, pupils with disabilities had higher risks for six outcomes, with elevated risk of poor mental health, feeling unsafe and being bullied, while they are less likely to take part in community-based activities. Young carers face inequalities across four outcomes, including suicidal ideation and substance use. Care-experienced pupils have a statistically increased risk of suicidal ideation and smoking, but sample sizes are very low (n=15).

#### INEQUALITIES ACROSS ETHNICITIES ARE VARIED BUT WERE GENERALLY SMALL

While some ethnic groups experience little or no inequality and, in some cases, show reduced risks, others face elevated risks. For example, BAME pupils were much less likely to drink alcohol. However, small sample sizes make it difficult to detect statistical significance for differences between pupils with different ethnicities.

#### A NOTE ON SMALL SAMPLE SIZES AND INTERPRETATION

Some demographic groups of pupils in West Dunbartonshire are very small in number. For example, trans and non-binary pupils, Traveller pupils, Black pupils and care-experienced pupils all had sample sizes of less than 50. When numbers are small, even a handful of pupils can make percentages appear very high or very low, making observed prevalences less reliable. This means that some likely meaningful differences (e.g. higher risks for Traveller pupils) may not be detected by statistical tests. It also means that some findings, especially those that look unusually large, should be interpreted with care. They do not necessarily represent the experiences of all young people in that group, but they do highlight areas where some pupils in West Dunbartonshire may be facing greater challenges. It should be noted that patterns in inequalities are also reflected at the national level, where sample sizes are large enough to detect statistically significant differences, which should increase our confidence in local findings.

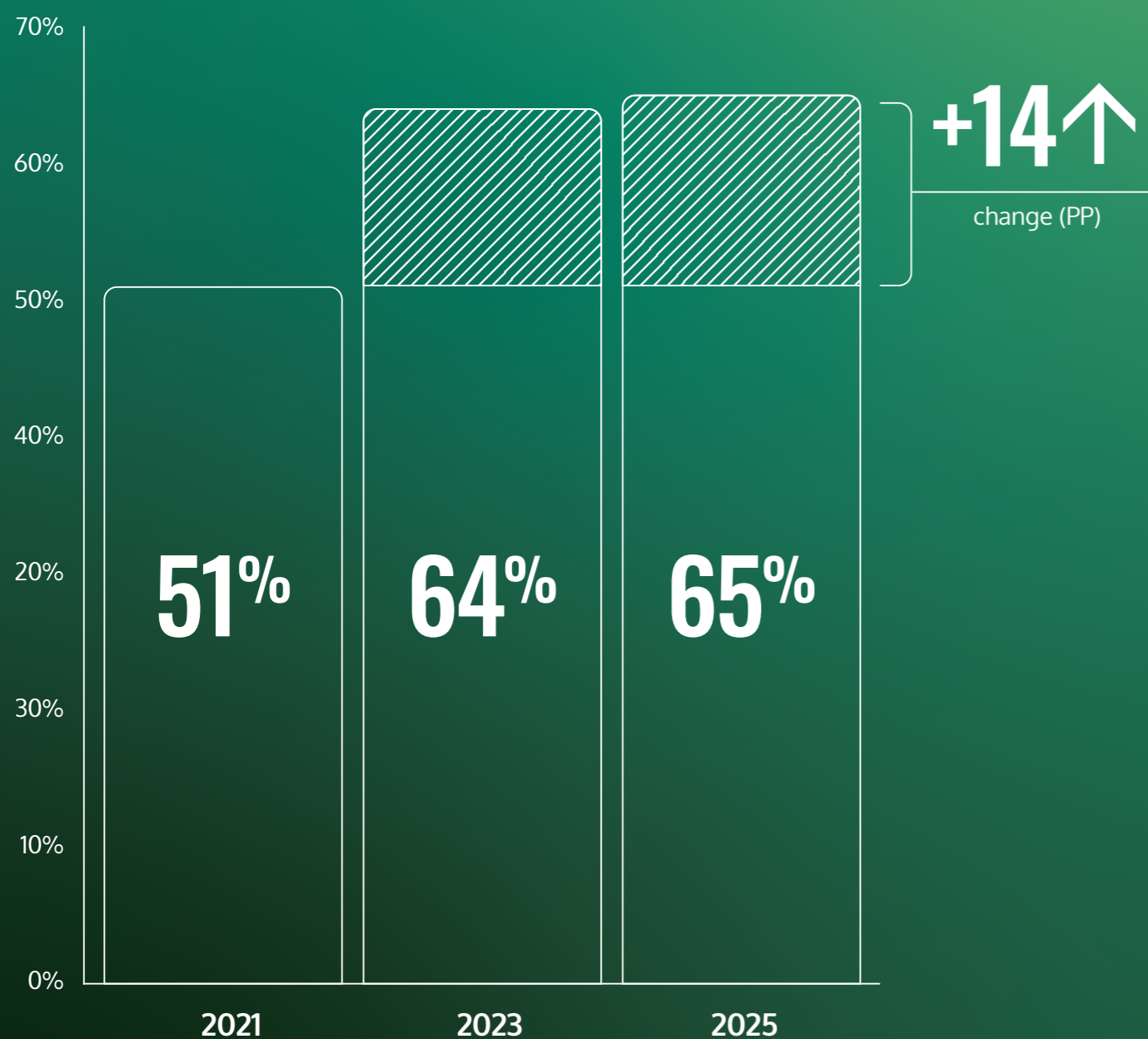
# COMMUNITY DEEP DIVE

**REMINDER:**

The predictors highlighted in these deep dives show associations after controlling for other factors, but they should not be interpreted as causal or as indicating the direction of influence. For a full description of the analytical approach and guidance on interpretation of the findings, see pages 14–15.

# COMMUNITY PARTICIPATION

Two-thirds (65%) of young people in West Dunbartonshire regularly take part in activities in their community.



West Dunbartonshire has seen the largest increase in community participation of any Planet Youth area since 2021. Participation rose sharply between 2021 and 2023, accounting for most of the overall 14 percentage point increase, before levelling off in 2025. Despite this substantial improvement, participation rates in 2025 (65%) remain slightly below the Planet Youth average (68%).

## STRONGEST PREDICTORS

### Availability of opportunities

Pupils who felt there were not enough social or leisure opportunities in their area were less likely to take part in out-of-school activities regularly (moderate effect size).

### Social media

Roughly every additional hour pupils spent on social media was associated with a slightly lower likelihood of taking part in at least one out-of-school activity once a week (small effect).

### Attitudes to school

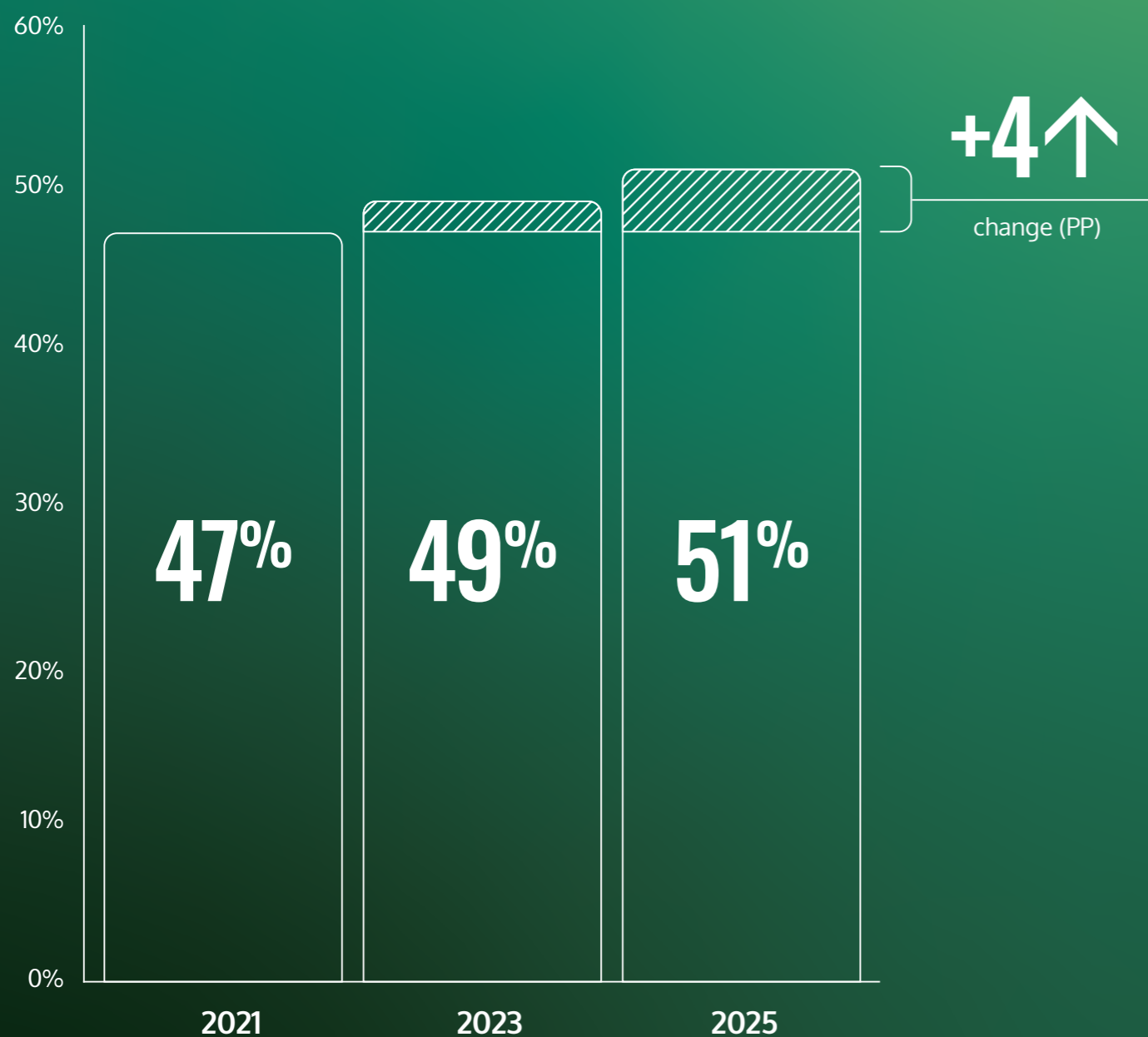
Pupils with negative attitudes towards school were slightly less likely to take part in activities in their community (very small effect).

## DID YOU KNOW?

- Sports were the most popular activity, with just under half (45%) of all pupils playing sports at least once a week. The next most popular activities were: other community activities (21%), doing something creative like art, music, dance or drama (20%), volunteering (6%), and going to church or a community group (6%).
- Disabled pupils had the lowest levels of participation in out-of-school activities. Less than half (47%) of all disabled young people participated in community-based activities, 19 percentage points lower than their non-disabled peers (n=47).
- Neurodivergent young people also had lower levels of activity. Around 56% of neurodivergent pupils regularly participated in out-of-school activities, compared with 72% of neurotypical pupils – a gap of 16 percentage points (n=322).
- Other groups with lower participation rates include: pupils from non-English speaking families (-17pp), BAME young people (-9pp), LGBTQ+ pupils (-9pp), care-experienced young people (-8pp) – though these differences were not statistically significant.

# BULLYING

Just over half (51%) of all young people in West Dunbartonshire have experienced being bullied.



Rates of bullying in West Dunbartonshire have increased slightly since 2021. However, this change was not statistically significant and may reflect normal year-to-year variation rather than a sustained upward trend. At 51%, bullying remains marginally higher than the Planet Youth average (49%). West Dunbartonshire is one of the few areas to show an upward movement over the period (though this wasn't statistically significant), while most other areas have seen declining rates.

## STRONGEST PREDICTORS

- Self-esteem**  
 Low levels of self-esteem were strongly associated with a higher risk of being bullied (large effect size).
- Peer support**  
 Pupils surrounded by caring, encouraging peers were less likely to have experienced bullying (small effect size).
- School environment**  
 Pupils who felt their school supported their goals and helped them grow were slightly more likely to report being bullied (small effect size). This is unlikely to be causal and may instead reflect greater visibility and reporting of bullying in more supportive schools, or that more engaged pupils are more exposed to peer dynamics where bullying occurs.
- Parental monitoring**  
 Pupils who said they have parents who set clear boundaries and keep track of their activities were slightly less likely to have experienced bullying (very small effect size).

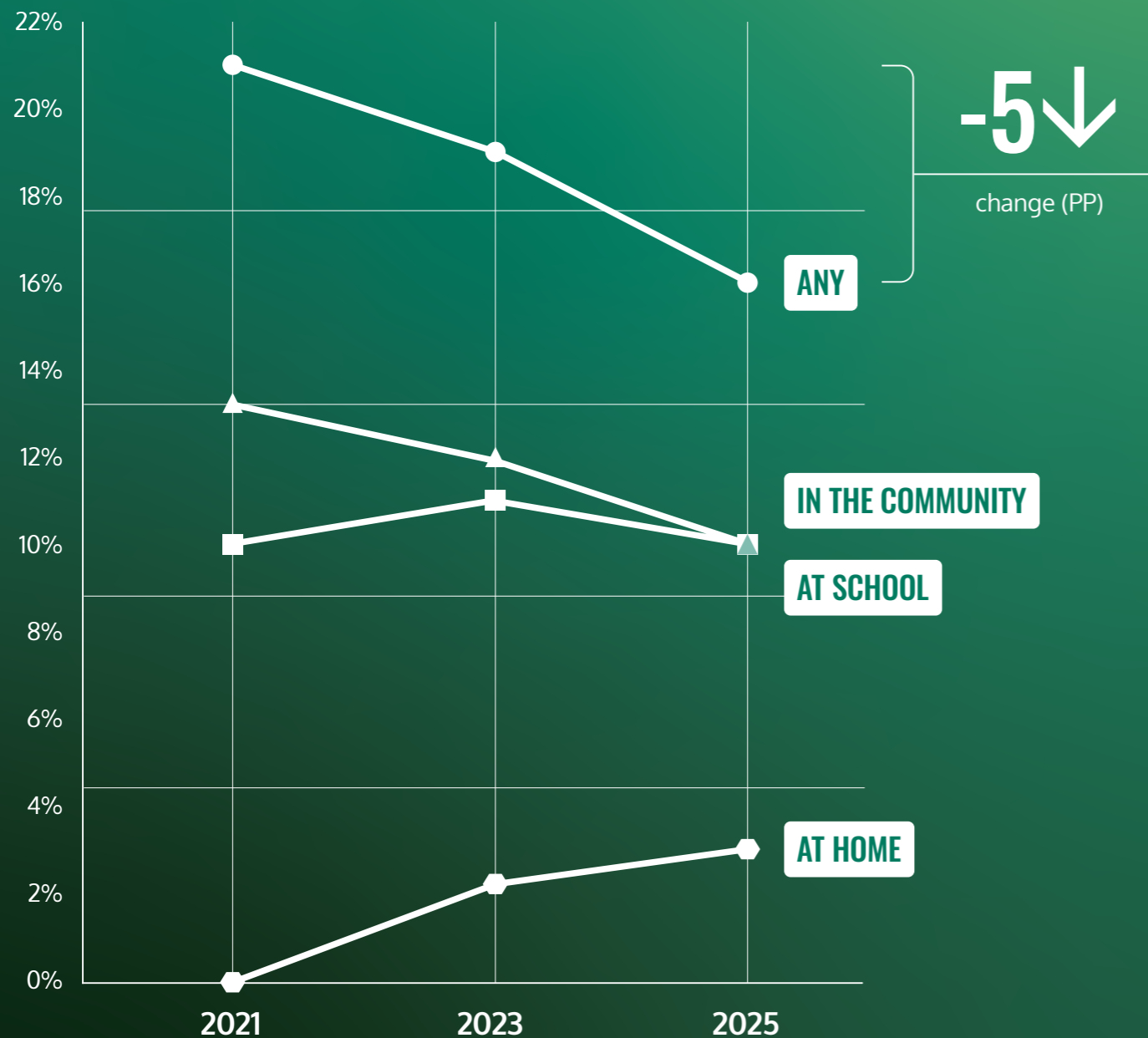
## DID YOU KNOW?

- Scotland has some of the highest rates of bullying in Europe.** According to a 2021/22 WHO survey<sup>1</sup>, 18% of 13-year-olds and 15% of 15-year-olds had been bullied at least 2–3 times in the past few months, compared to the averages of 12% and 9%, respectively.
- Four in five LGBTQ+ young people have been bullied.** Sexuality was the biggest predictor of bullying, with 81% of LGBTQ+ pupils having experienced bullying – 32 percentage points more than their peers. Additionally, 71% trans and non-binary pupils reported being bullied, but the sample size is very low (n=15).
- Disabled and neurodivergent pupils were more likely to be bullied.** Around two-thirds of disabled (70%) and neurodivergent (66%) young people have experienced bullying before.
- Girls were bullied more than boys.** Around three in five (61%) girls have been bullied, compared to two in five (40%) boys – 1.5 times the rate.

<sup>1</sup> World Health Organisation (2024), A focus on peer violence and bullying in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 2, Health Behaviour in School-Aged Children.

# FEELING UNSAFE

One in six (16%) young people in West Dunbartonshire reported feeling unsafe at home, school, or in their community.



The proportion of young people in West Dunbartonshire who felt unsafe has declined slightly since 2021, falling from 21% to 16%. However, this change was not statistically significant. Most of the apparent improvement reflects a reduction in pupils feeling unsafe in the community, which fell by around three percentage points over the period. Overall, levels of feeling unsafe in West Dunbartonshire are broadly in line with the Planet Youth average (15%).

## STRONGEST PREDICTORS

### 🧠 Poor mental health

There was a strong association between pupils' self-reported mental health and how safe they felt, with pupils who said they had poor mental health much more likely to feel unsafe (large effect size).

### 🏠 Community perception

Pupils who thought that their community was a good place to live were much less likely to feel unsafe (large effect size).

### 👥 Peer support

Pupils surrounded by caring, encouraging peers at school (e.g. 'I have friends at school that care about me') were less likely feel unsafe either at home, at school, or in the community (small effect size).

### 🎓 Negative school attitudes

Pupils who had negative attitudes towards school (such as 'I find schoolwork pointless') were slightly more likely to feel unsafe (small effect).

## DID YOU KNOW?

- Only 3% of young people feel unsafe at home. This represents a slight increase between 2021 and 2023, and has remained relatively constant since 2023.
- Young people feel safer in the community now. One in ten (13%) feel unsafe now, compared to 12% in 2023 and 13% in 2021. There hasn't been a significant change in how unsafe young people feel at school between 2021 (10%) and 2025 (10%).
- LGBTQ+ pupils felt significantly less safe. Over two in five (43%) trans & non-binary pupils (n=15) said they felt unsafe, while a third (34%) of all LGBTQ+ pupils (n=50) said the same.
- Three times more neurodivergent pupils felt unsafe than neurotypical pupils. Over a quarter (27%) of neurodivergent young people felt unsafe, compared to 1 in 11 (9%) neurotypical young people.
- Disabled young people also felt less safe than their peers. One in three (33%) disabled pupils said they felt unsafe, compared to 15% of non-disabled pupils.



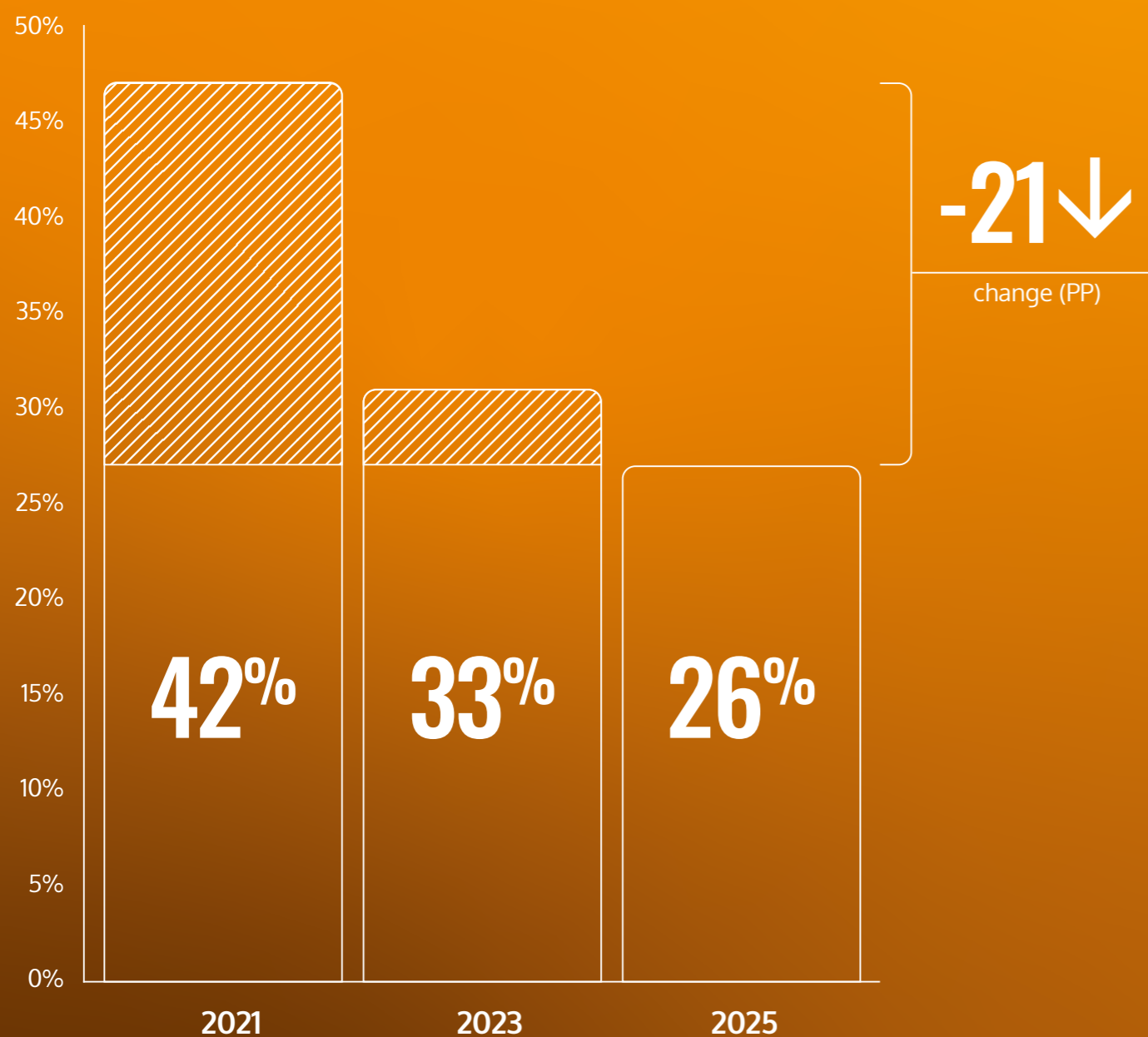
# MENTAL HEALTH AND WELLBEING DEEP DIVE

**REMINDER:**

The predictors highlighted in these deep dives show associations after controlling for other factors, but they should not be interpreted as causal or as indicating the direction of influence. For a full description of the analytical approach and guidance on interpretation of the findings, see pages 14–15.

# LOW SELF-ESTEEM

Around a quarter (26%) of young people in West Dunbartonshire reported having low self-esteem.



West Dunbartonshire has the second lowest proportion of young people with low self-esteem among Planet Youth areas. There has been a modest but statistically significant reduction in low self-esteem between 2021 and 2025, driven by a marked decline between 2023 and 2025. Self-esteem levels in 2025 (26%) are similar to the Planet Youth average (27%).

## STRONGEST PREDICTORS

### Bullying

There is a strong association between bullying and self-esteem, with pupils who have experienced bullying much more likely to have low self-esteem (strong effect size).

### Poor body image

Pupils who were dissatisfied with their body image were much more likely to have low self-esteem (large effect size).

### Time with parents

Spending time with parents appears to be protective, as pupils who spent more time with their parents, were less likely to report low levels of self-esteem (moderate effect size).

### Peer support

Pupils surrounded by caring, encouraging peers at school (e.g. 'I have friends at school that care about me') were less likely to have low self-esteem (small effect size).

### Rule following

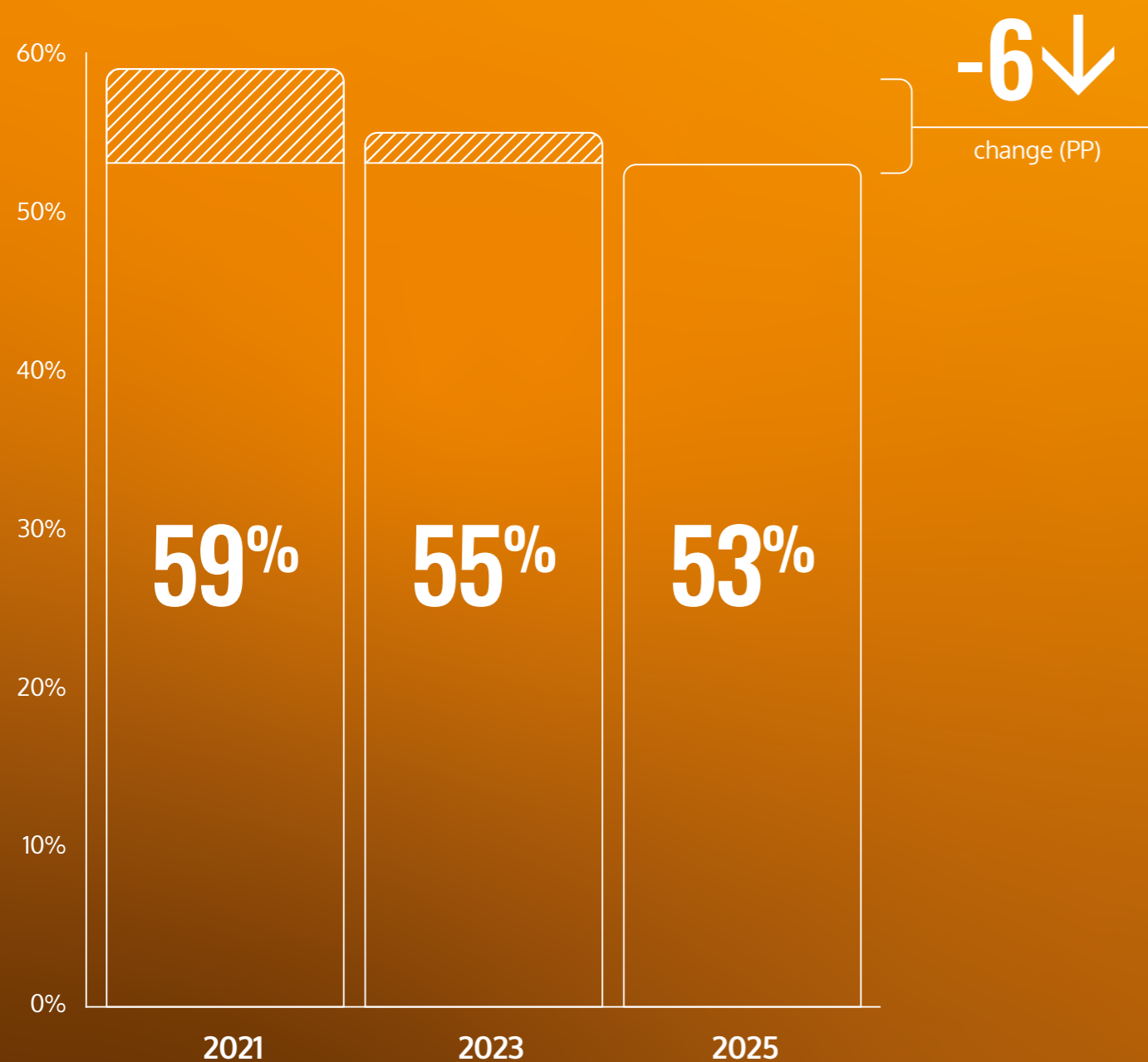
Pupils who have more favourable attitudes towards following the rules were slightly less likely to have low self-esteem (very small effect size).

## DID YOU KNOW?

- Self-esteem was measured using the **Rosenberg Self-Esteem Scale (RSES)**. The RSES is an externally validated 10-item measure that is used internationally to assess feelings of self-worth and acceptance.
- **Gender and sexual identity were the biggest predictors of low self-esteem.** Trans and non-binary (82%) and LGBTQ+ (64%) young people had around 2.5–3 times the rates of low self-esteem as their peers.
- **Neurodivergent peers were also more likely to have low self-esteem.** Around half (41%) of all neurodivergent pupils had low levels of self-esteem, two and a half times the rate of their peers.
- **Other groups who are more likely to experience low self-esteem include:** young disabled people (41%) and girls (37%).

# ZZ LACK OF SLEEP

A little over half (53%) of all young people in West Dunbartonshire reported getting an average of seven hours or less of sleep each night.



West Dunbartonshire has the highest proportion of young people not getting enough sleep of any Planet Youth area. While there has been a moderate decline since 2021, from 59% to 53%, this change was not statistically significant, and remains around three percentage points above the Planet Youth average.

## STRONGEST PREDICTORS

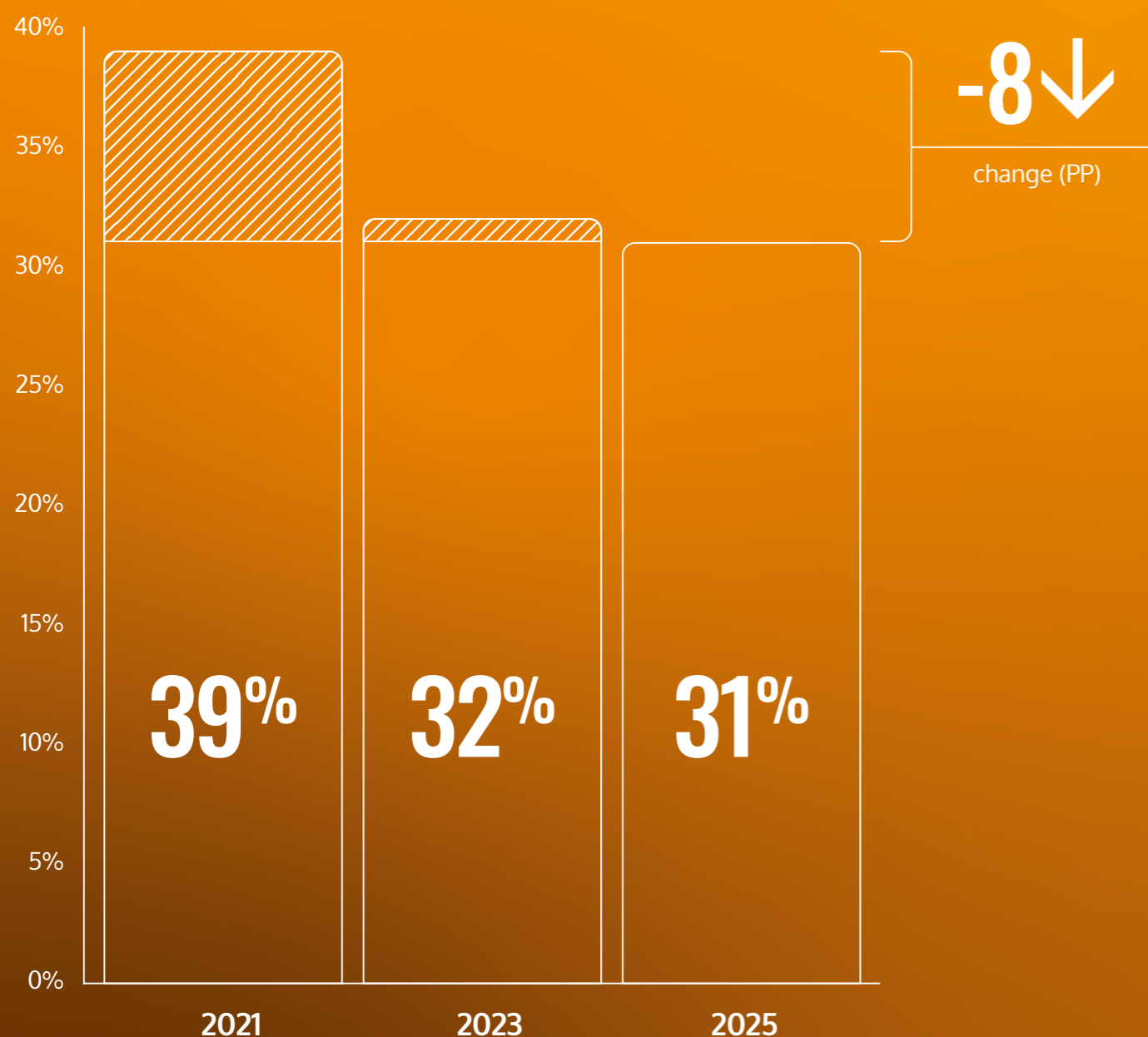
- Screen time**  
 For roughly every additional hour spent on social media, pupils were more likely not to get only seven hours of sleep or less on average (small effect size).
- Parental support**  
 Pupils who felt they could get support from their parents were also less likely to get insufficient sleep (small effect).
- Parental monitoring**  
 Pupils with parents who set clear boundaries and kept track of their activities were slightly less likely to get poor sleep (small effect).
- Rule following**  
 Pupils who have more favourable attitudes towards following the rules were slightly less likely to get insufficient sleep (very small effect size).

## DID YOU KNOW?

- Spending too much time on digital devices was the most common factor affecting young people's sleep.** Social media was reported by 50% of pupils, while texting or messaging and gaming were also common, affecting 46% and 33% respectively. Mental health-related reasons, such as trouble calming thoughts (39%) and feeling anxious (28%), were also common reasons that young people gave.
- Family environment is a key driver of good sleep.** Having stronger parental support and having parents who set clear rules and keep track of their activities were associated with a lower likelihood of getting seven hours of sleep or less.
- LGBTQ+ pupils were the most likely to have poor sleep:** around three in four LGBTQ+ (76%) and trans and non-binary (71%) young people get seven hours of sleep or less.
- Other groups with higher rates of low sleep include:** mixed-ethnicity pupils (67%), neurodivergent young people (63%), and girls (61%).

# SELF-HARM

Nearly one in three (31%) young people in West Dunbartonshire reported harming themselves at least once in their lives.



There has been a statistically significant reduction in self-harm among young people in West Dunbartonshire between 2021 and 2025. The prevalence has fallen by eight percentage points to just under one in three pupils. Self-harm rates in 2025 remain broadly in line with the Planet Youth average (30%).

## STRONGEST PREDICTORS

### Self-esteem

Low self-esteem was the strongest predictor of self-harm, with pupils with low self-esteem being much more likely to self-harm (very large effect size).

### Bullying

Young people who had been bullied had a much higher risk of self-harm (large effect size).

### Vaping

Pupils who had ever vaped were also much more likely to have harmed themselves (large effect size).

### Negative life events

For every negative life event experienced\*, pupils were more likely to have self-harmed (moderate effect size). This means that pupils who have experienced multiple negative life events are much more likely to self-harm than those who haven't experienced any.

### Parental support

Pupils who felt they could get support from their parents were less likely to have self-harmed (small effect).

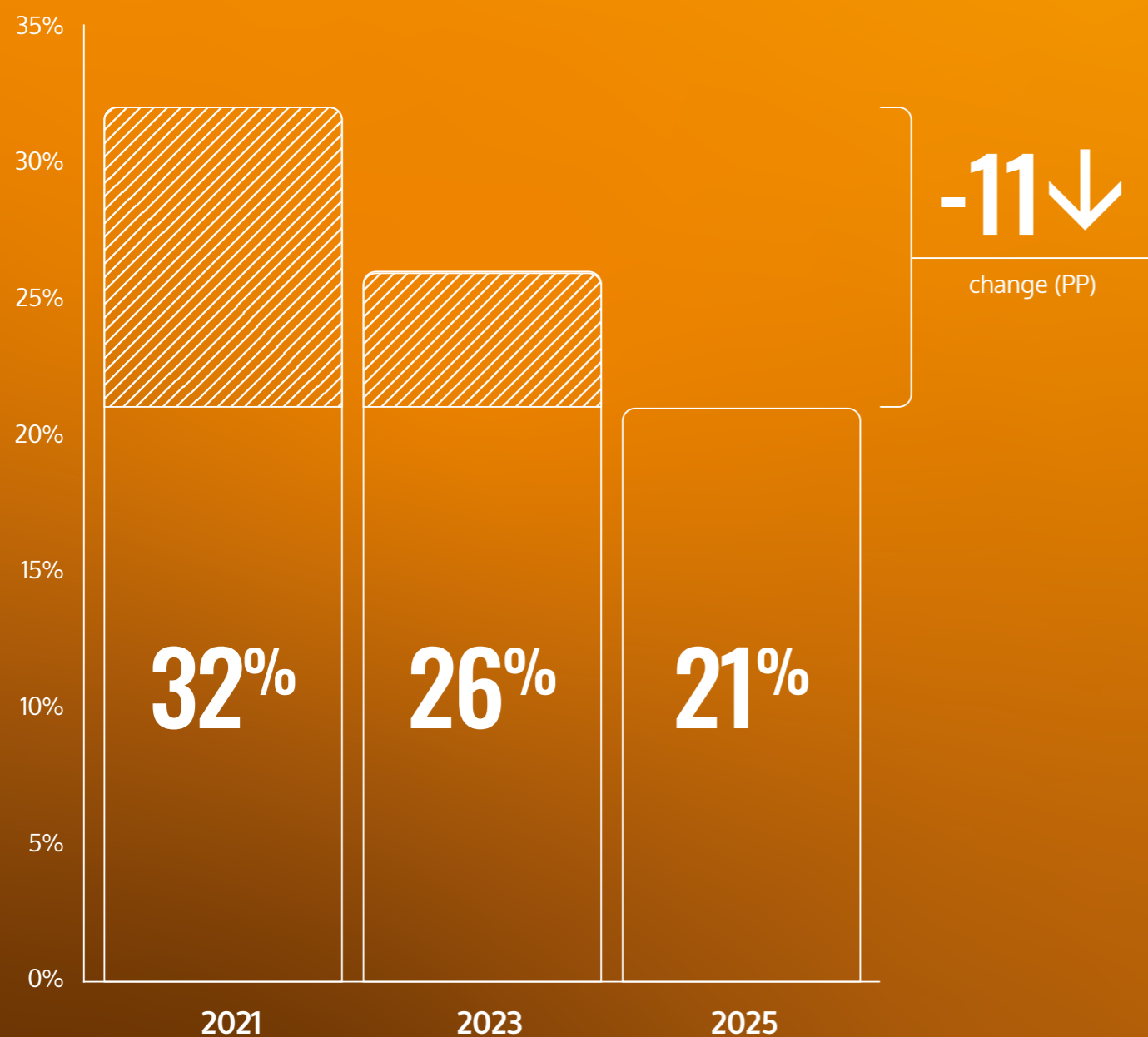
\* Negative life events include: verbal abuse at home; racial abuse; physical violence by an adult; emotional neglect; parental separation; family mental illness; problematic family substance use; sexual abuse at home; or having a relative who has spent time in prison. However, we did not analyse whether some NLEs are more predictive than others.

## DID YOU KNOW?

- **Self-harm is the single biggest predictor of suicidal ideation.** Young people who have harmed themselves at least once are many more times likely to have suicidal thoughts.
- **Gender and sexuality were some of the strongest predictors of self-harm.** Three-quarters of LGBTQ+ (76%) and trans and non-binary (75%) young people had harmed themselves.
- **Neurodivergent peers were also more likely to self-harm.** Around half (46%) of all neurodivergent pupils had self-harmed, two and a half times the rate of their peers.
- **Other groups with higher rates of self-harm include:** pupils with care experience (57%), disabled pupils (52%) and girls (41%).

# SUICIDAL THOUGHTS

One in five (21%) young people in West Dunbartonshire reported having suicidal thoughts at least once in their lives.



West Dunbartonshire now has the lowest reported rate of suicidal thoughts among all Planet Youth areas. Between 2021 and 2025, West Dunbartonshire has seen a large and statistically significant reduction in suicidal ideation. The proportion of young people who have ever thought about suicide fell from around one in three (32%) in 2021 to one in five (21%) in 2025.

## STRONGEST PREDICTORS

### Self-harm

Pupils who had ever self-harmed had a substantially increased risk of suicidal ideation (very large effect size) – the biggest predictor across all the models.

### Bullying

Being bullied was strongly associated with an increased risk of having suicidal thoughts (large effect size).

### Alcohol

Pupils who had drunk alcohol before were moderately more likely to have also thought about suicide (large effect size).

### Negative life events

For every negative life event experienced\*, pupils were more likely to have had suicidal thoughts (moderate effect size). Pupils who have experienced multiple negative life events have a significantly higher risk of suicidal thoughts than peers who have not experienced any.

\* Negative life events include: verbal abuse at home; racial abuse; physical violence by an adult; emotional neglect; parental separation; family mental illness; problematic family substance use; sexual abuse at home; or having a relative who has spent time in prison. However, we did not analyse whether some NLEs are more predictive than others.

## DID YOU KNOW?

- 1 in 13 young people in West Dunbartonshire told us they have attempted suicide. Around 7.5% of pupils surveyed had ever attempted suicide, dropping to around 5% in the last 6 months.
- Sexuality and gender identity are the biggest demographic predictors of suicidal ideation. Around two-thirds of trans and non-binary (67%) and LGBTQ+ (63%) pupils said they've had suicidal thoughts.
- Neurodivergent pupils had three times the rate of suicidal ideation. One in three (33%) neurodivergent pupils have thought about suicide at least once, compared with one in 9 (11%) neurotypical pupils.
- Significant disparities also appear among other vulnerable groups: pupils who are care-experienced (50%), disabled (36%), young carers (33%), or girls (28%) have higher rates of suicidal ideation.



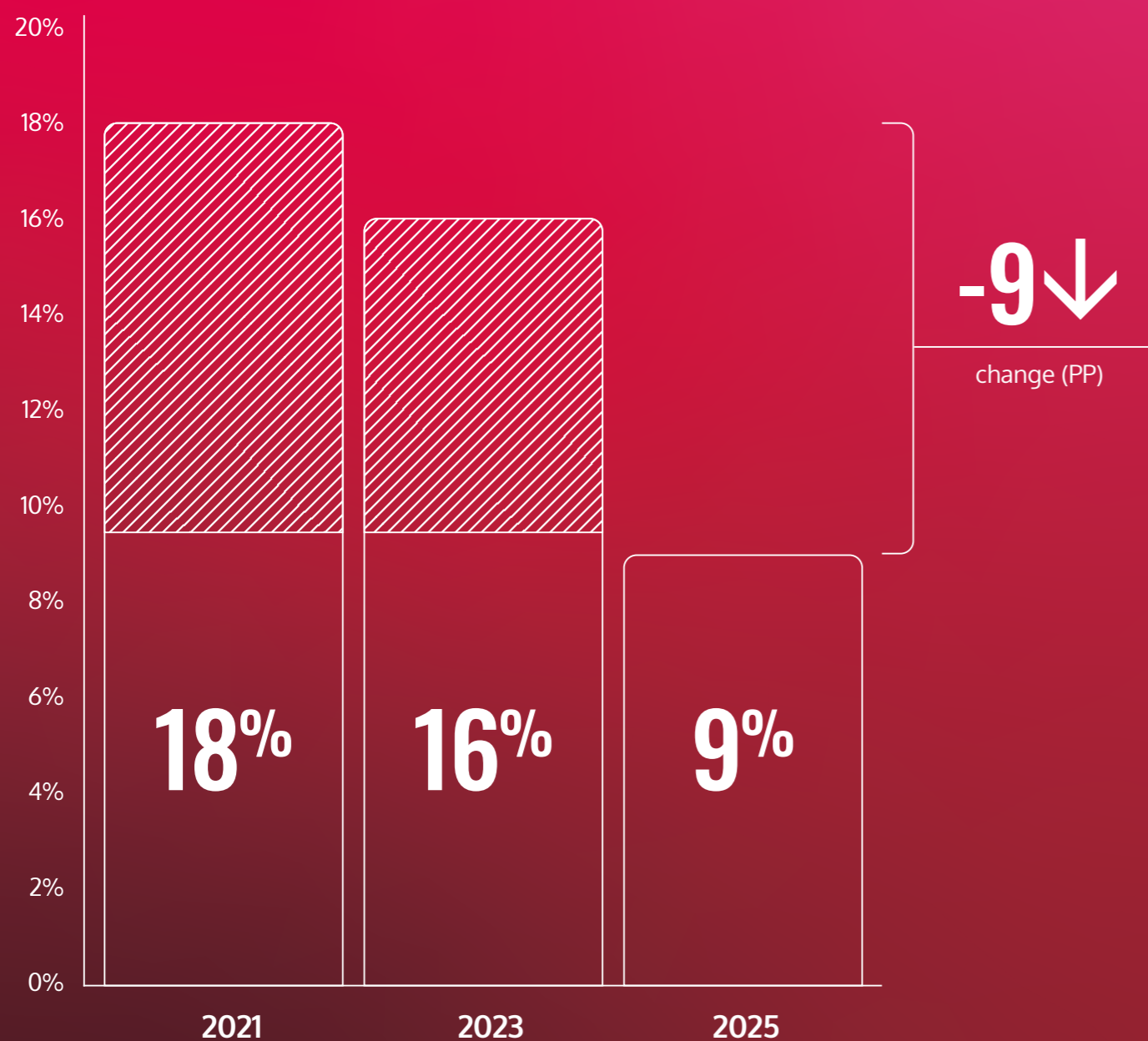
# ADOLESCENT SUBSTANCE USE DEEP DIVE

**REMINDER:**

The predictors highlighted in these deep dives show associations after controlling for other factors, but they should not be interpreted as causal or as indicating the direction of influence. For a full description of the analytical approach and guidance on interpretation of the findings, see pages 14–15.

# SMOKING

Just under one in ten (9%) young people aged 13–15 have smoked cigarettes in their lives.



Smoking rates in West Dunbartonshire have halved between 2021 and 2025, falling from 18% to 9%. This represents a statistically significant downward trend over the period. West Dunbartonshire now has the second lowest youth smoking rate across Planet Youth areas.

## STRONGEST PREDICTORS

### Delinquency

Pupils who told us that they had previously committed minor offences, such as stealing, were more likely to smoke cigarettes (small effect size).

### Peer use

Young people who said their friends smoked were more likely to also do so (small effect size)

### Peer support

Pupils who had supportive friends at school (e.g. 'I have friends at school that care about me') were slightly more likely to have ever smoked (very small effect size).

## DID YOU KNOW?

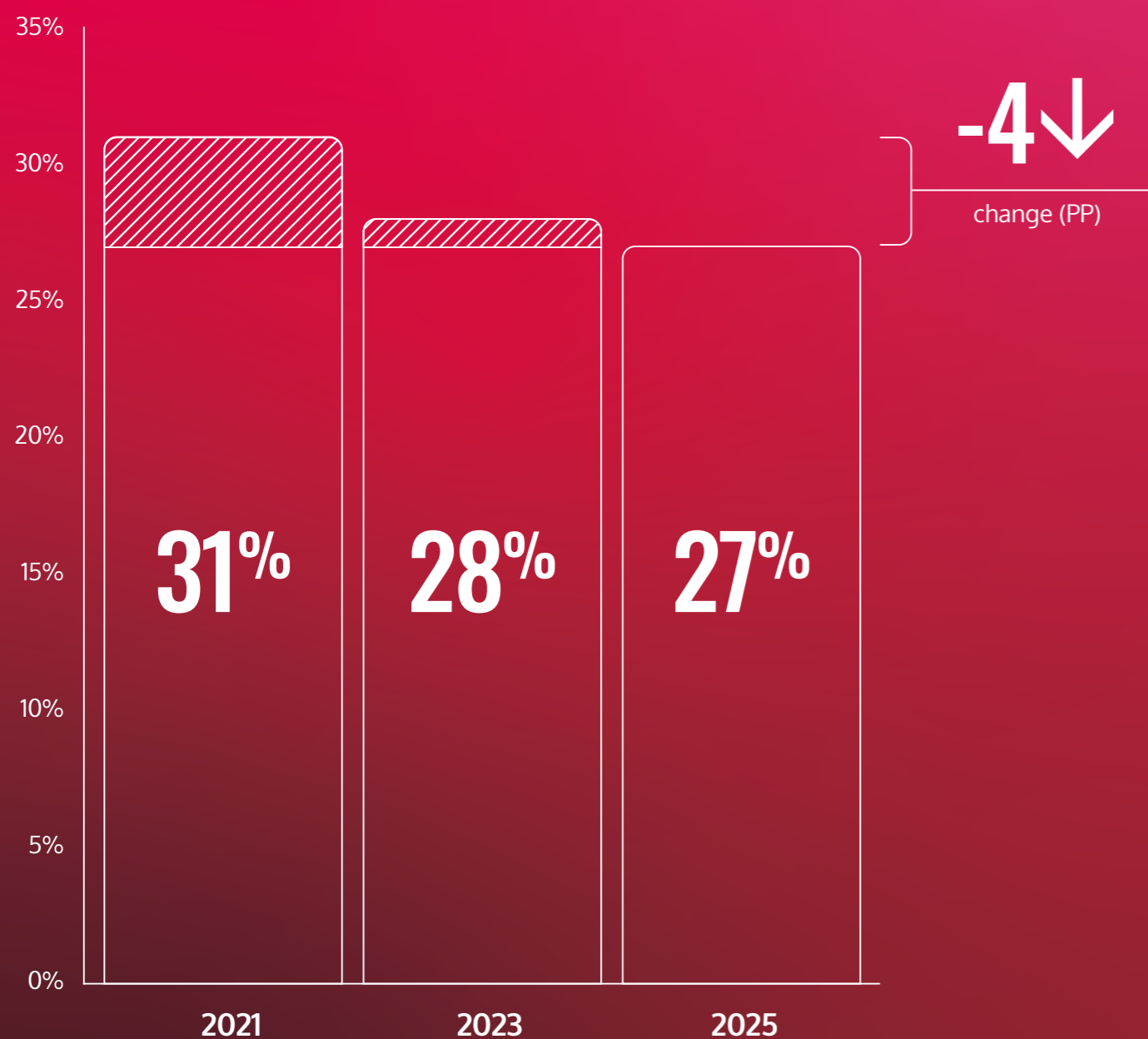
- **Scotland has lower youth smoking rates than Europe.** According to a 2021/22 World Health Organisation (WHO) survey<sup>1</sup>, around 1 in 5 (20%) 15-year-olds have ever smoked, compared to the European average of around 25%.
- **Smoking appears linked to social environment.** Young people who say their friends smoke and those with strong peer support at school are both more likely to smoke.
- **Neurodivergent pupils smoke at more than five times the rate of their peers.** Nearly one in five (18%) neurodivergent pupils have smoked, compared with only one in 30 neurotypical pupils (3%).
- **LGBTQ+ pupils had the highest rates of smoking of any group.** Over a quarter (27%) of LGBTQ+ young people have smoked at least once in their lives, three and a half times the rate of their peers
- **Smoking is also higher for care-experienced pupils, young carers, and girls.** Around a quarter of care-experienced pupils (23%), one in five (20%) young carers, and one in ten (11%) girls have smoked.

<sup>1</sup> World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.



# VAPING

Over a quarter (27%) of young people in West Dunbartonshire aged 13–15 have vaped in their lives.



Vaping rates in West Dunbartonshire have declined slightly since 2021, falling from 31% to 27%. However, this decrease was not statistically significant and may reflect normal variation rather than a sustained downward trend. Rates of vaping are broadly in line with the Planet Youth average.

## STRONGEST PREDICTORS

### Self-harm

This was the strongest predictor by far, with pupils who had harmed themselves at least once in their lives much more likely to have ever vaped (large effect size).

### Delinquency

Pupils who told us that they had previously committed minor offences, such as stealing, were more likely to have vaped (moderate effect size).

### Social media use

For approximately every additional hour of social media use, pupils were slightly more likely to vape (small effect size).

### Peer use

Pupils who said that their friends vaped were also more likely to vape (small effect size).

### Parental disapproval

Having parents who disapprove of vaping was associated with a slight decrease in the likelihood of vaping (very small effect).

## DID YOU KNOW?

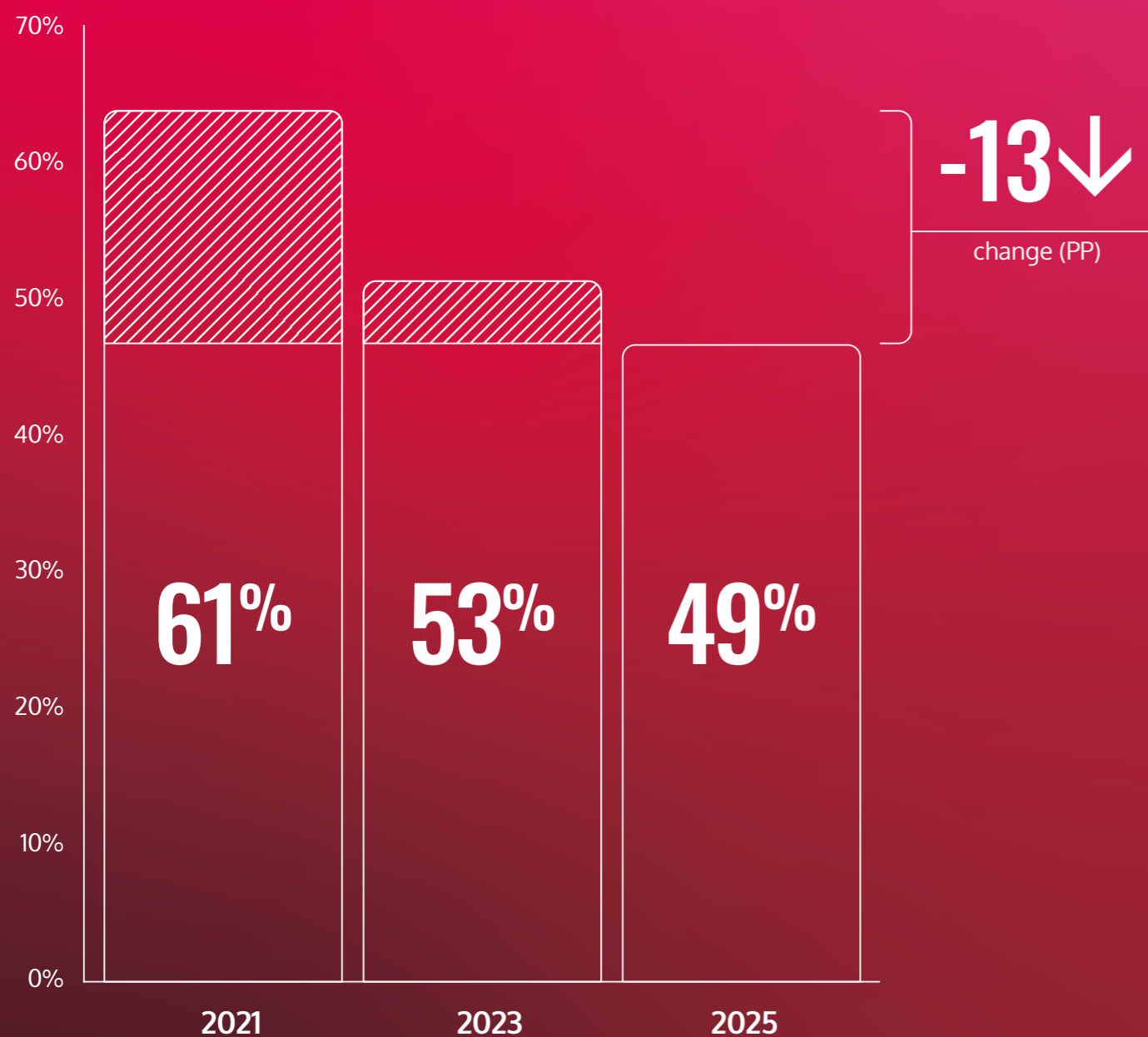
- **Scotland has higher youth vaping rates than the rest of Europe.** According to a 2021/22 WHO survey<sup>1</sup>, over a third (37%) of 15-year-olds have ever vaped, compared to the European average of 32%.
- **LGBTQ+ pupils had the highest rates of vaping.** Almost half of trans and non-binary (47%) and LGBTQ+ pupils (44%) have vaped.
- **Over a third of all neurodivergent pupils vaped.** Around 38% of neurodivergent pupils in West Dunbartonshire said they have vaped, two times the rate of their peers.
- **Girls are more likely to vape than boys.** Over one in three (37%) girls have vaped, compared to around one in six (18%) boys.

<sup>1</sup> World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.



# ALCOHOL

Around half (49%) of young people in West Dunbartonshire aged 13–15 have drunk alcohol in their lives.



Youth drinking in West Dunbartonshire has fallen sharply since 2021, declining from over three in five young people (61%) to around one in two (49%) in 2025. This represents a statistically significant reduction of 13 percentage points over four years. West Dunbartonshire now has considerably lower youth drinking rates than the Planet Youth national average (around seven percentage points lower) and the second lowest levels among Planet Youth areas.

## STRONGEST PREDICTORS



### Peer use

Young people who said their friends drank alcohol were a little more likely to drink themselves (small effect size).



### Rule following

Pupils who have more favourable attitudes towards following the rules were slightly less likely to have drunk alcohol before (very small effect size).

## WIDER EVIDENCE CONTEXT

National analysis across Planet Youth areas shows that alcohol use is also commonly associated with self-harm, feeling safe, community participation, and negative life events.

However, these patterns were not detected with statistical confidence in West Dunbartonshire, likely reflecting smaller sample sizes rather than the absence of underlying relationships.

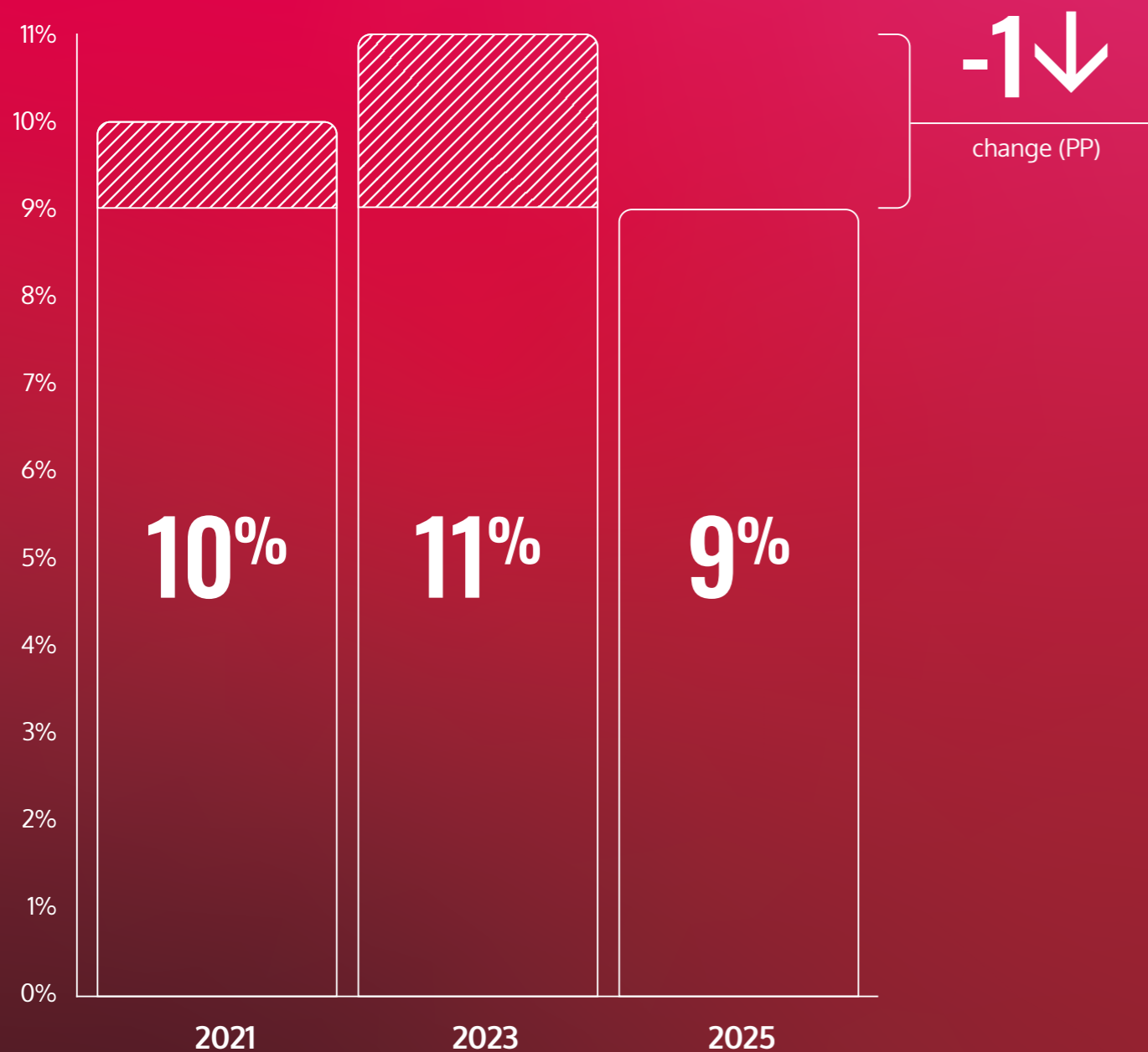
## DID YOU KNOW?

- **Scotland has higher rates of youth drinking than the rest of Europe.** According to a 2021/22 WHO survey<sup>1</sup>, over two-thirds (69%) of 15-year-olds have ever drunk alcohol, compared to the European average of 57%.
- **Pupils from BAME communities were much less likely to drink.** Around 1 in 3 (33%) BAME pupils had drunk alcohol at least once in their lives (n=45).
- **Neurodivergent young people were also likely to drink.** Around 54% of neurodivergent pupils have drunk alcohol at least once in their lives, compared to 42% of neurotypical pupils.
- **Girls drank more than boys.** While 55% of girls had drunk alcohol before, only 44% of boys had done so.

<sup>1</sup> World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children 15-year-olds.

# CANNABIS

Less than one in ten (9%) young people aged 13–15 have ever used cannabis.



There has been no meaningful or statistically significant change in cannabis use among young people in West Dunbartonshire between 2021 and 2025. Cannabis use in West Dunbartonshire is broadly in line with the Planet Youth national average. However, unlike many other Planet Youth areas, which have seen modest to substantial declines over the same period, West Dunbartonshire appears to have seen little overall improvement.

## STRONGEST PREDICTORS

### Peer use

Pupils who said their friends smoked cannabis were more likely to use cannabis as well (small effect size).

## WIDER EVIDENCE CONTEXT

Analysis across Planet Youth areas shows that cannabis use is also commonly associated with: self-harm, suicidal thoughts, school absence, community participation, and staying out late.

These patterns were not detected with statistical confidence in West Dunbartonshire, likely reflecting smaller sample sizes rather than the absence of underlying relationships.

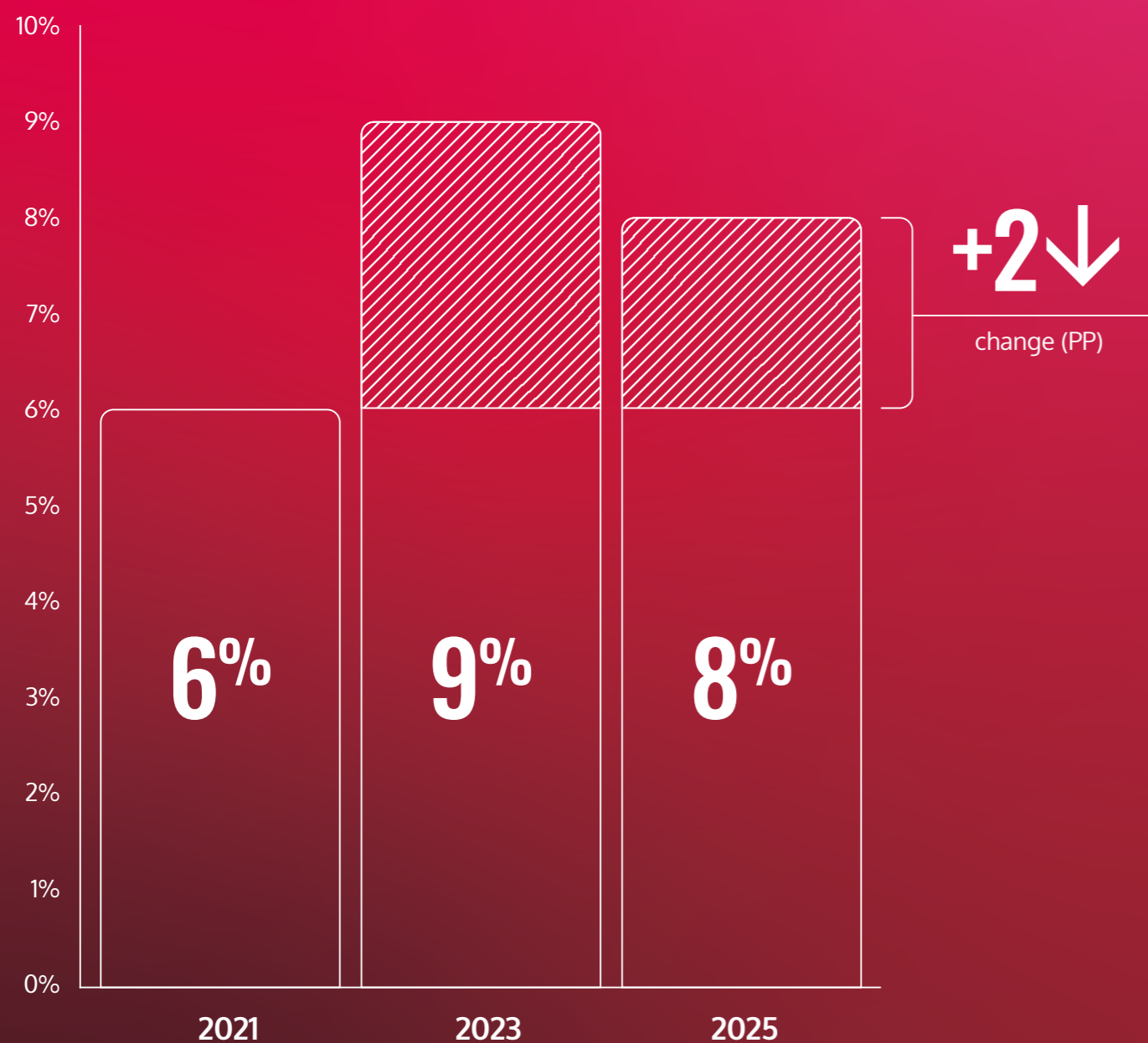
## DID YOU KNOW?

- **Scottish boys have the highest rate of cannabis use in Europe.** According to a 2021/22 WHO survey<sup>1</sup>, 23% of Scottish 15-year-old boys had smoked cannabis, compared with the average of 13%. In West Dunbartonshire in 2025, less than 7% of boys had smoked cannabis.
- **Neurodivergent pupils had nearly six times the rate of cannabis use.** Around 17% of neurodivergent young people have smoked cannabis, compared to just 3% neurotypical pupils.
- **LGBTQ+ young people also had higher rates of cannabis use.** Over one in four trans and non-binary pupils had smoked cannabis before, while one in five (18%) LGBTQ+ pupils had, around twice the rate of their peers.
- **Girls had slightly higher rates of cannabis use than boys.** Around 10% of girls have smoked cannabis, while 8% of boys have.

<sup>1</sup> World Health Organisation (2024), A focus on adolescent substance use in Europe, Central Asia and Canada: Health Behaviour in School-aged Children international report from 2021/22 survey, volume 3, Health Behaviour in School-Aged Children.

# DRUGS

Around one in twelve (8%) young people aged 13–15 in West Dunbartonshire say they have ever used drugs.



Drug use in West Dunbartonshire appears slightly higher in 2025 than in 2021, rising from 6% to 8%. However, this change is not statistically significant, and the pattern, an increase in 2023 followed by a small decline in 2025, suggests year-to-year fluctuation rather than a clear upward trend. In 2025, levels of drug use in West Dunbartonshire are comparable to the Planet Youth national average, and should be interpreted with caution given the relatively low prevalence of this behaviour.

## STRONGEST PREDICTORS

### Parental disapproval

Pupils who thought their parents would disapprove of them taking drugs were less likely to do so (small effect size).

### Delinquency

Pupils who said they had previously committed minor offences such as stealing were more likely to say they had taken drugs (small effect size).

### Peer use

Young people who said their friends took drugs were more likely also to do so (small effect size).

## DID YOU KNOW?

- The most commonly used drug was **synthetic cannabis (2.6%)**. The next most commonly used drugs were inhalants such as nitrous oxide (NOS) (1.8%), magic mushrooms (1.2%), cocaine (1.0%), and MDMA (1.0%).
- **Use of some of the most common drugs appears to be falling.** Cocaine use fell from 2.6% in 2021 to 1.0% in 2025, while LSD use declined from 1.0% to 0.3% over the same period. However, these are not statistically significant and due to very low occurrences and low sample size, significant caution needs to be taken when interpreting the results.
- **A few groups had notably higher rates of drug use.** Statistically significant differences include: 17% of neurodivergent young people had used drugs before, three and a half times higher than their peers, while 19% of young carers had tried drugs before, nearly three times more than their peers.



**CONCLUSION:  
DATA-DRIVEN PRIORITIES  
FOR PREVENTION**

With responses from nearly 14,000 pupils, covering more than 400 variables across three survey waves and with response rates above 80%, the Planet Youth survey now represents one of the richest and most up-to-date datasets on young people in Scotland. In West Dunbartonshire, a total of nearly 1,900 young people have taken part in the survey since 2021, significantly improving the local evidence base for prevention.

**1 The findings from the 2025 survey paint a powerful and encouraging picture:**

Young people in West Dunbartonshire are, on average, healthier, more engaged and experiencing fewer harms than they were four years ago. Mental health indicators have improved significantly. Participation rates in community-based activities have increased dramatically. And youth smoking and drinking have fallen sharply.

**2 At the same time, the analysis highlights the factors that matter most for young people’s lives:**

**Three protective influences stand out for West Dunbartonshire:**

**PEER SUPPORT**

Consistently linked to better outcomes across five areas

**SELF-ESTEEM**

One of the most powerful single predictors of improved wellbeing

**PARENTAL SUPPORT**

Behavioural protective factor across three outcomes

**Three of the most influential risk factors in West Dunbartonshire include:**

**BULLYING**

A major driver of harm across mental health and wellbeing outcomes

**POOR MENTAL HEALTH**

Strongly associated with a wide range of behavioural risks

**PEER SUBSTANCE USE**

Increased risks of using all substances

**3 The data also make clear who is being left behind:**

In West Dunbartonshire, neurodivergent pupils and LGBTQ+, trans and non-binary young people face the most severe and consistent inequalities. Pupils who are disabled, care-experienced, young carers, from Traveller or mixed-ethnicity families also face consistently higher rates of negative outcomes than their peers. Girls also consistently fared worse than boys across a wide range of outcomes.

**4 Acting on the evidence**

**Taken together, these insights provide clear evidence and priorities for prevention, highlighting where early, upstream action can have the greatest impact, which protective environments to strengthen, and which inequalities demand urgent attention.**

The opportunity now is to turn these insights into action. In West Dunbartonshire, we hope the data and insights support communities, schools, and services to facilitate conversations and spark ideas about how to strengthen the conditions that allow young people to thrive.

**WEST DUNBARTONSHIRE NOW HAS THE EVIDENCE. THE TASK AHEAD IS TO ACT ON IT.**

For further information, regional reports, or access to additional materials, please contact: [info@planetyouth.scot](mailto:info@planetyouth.scot)

## Acknowledgements

Planet Youth Scotland would not exist without the boldness, leadership and commitment of the six local areas who chose to take part in this national pilot. We want to extend our sincere thanks to: Angus, Argyll & Bute, Clackmannanshire, Dundee, Highland and West Dunbartonshire.

These areas have shown vision and courage by adopting an upstream, evidence-based prevention model and by creating the conditions for young people's voices to be heard. Their willingness to learn, collaborate, and use data to inform what they do has been central to building the foundations for a prevention-focused system that supports young people to thrive.

We are also grateful to the thousands of pupils, teachers, school staff, parents and carers, who took part in and helped deliver the Planet Youth survey. Their participation and support have made it possible to generate the insights in this report and to strengthen Scotland's growing prevention movement.

With thanks from Planet Youth Scotland



[winningscotland.org](http://winningscotland.org)



[planetyouth.scot](http://planetyouth.scot)



