

The Sheppard Academy

Students' Health and Wellbeing in 2017/18



Welsh Network of Healthy School Schemes



Cynlluniau Ysgol Iach - Rhwydweith Cymru



CONTENTS

Your School's Feedback Report	2
Model for School Health	4
Food and Fitness: Food	5
Breakfast	6
Fruit and vegetables	7
Water	8
Energy drinks	9
Sugary soft drinks	10
Food and Fitness: Physical Activity	12
General physical activity	13
Active travel to school	14
Sedentary behaviour	15
Outside school hours	16
How can your school support healthy eating and physical activity for students?	17
Wellbeing and Emotional Health	18
School connectedness	19
Sleep	21
Friendship and bullying	23
Respectful relationships	28
Body image	30
Young carers	30
How can your school support the wellbeing and emotional health of students?	32
Substance Use and Misuse	33
Smoking	33
E-cigarettes	36
Alcohol	37
Cannabis	41
New psychoactive substances	44
How can your school help your students resist the pressure to misuse substances?	46
Sex and Relationships	47
How can your school support healthy sex and relationships education for students?	52
How to use your report	53
Other sources of health and wellbeing data in the UK	55
References	57

Your School's Feedback Report

As a member of the School Health Research Network in Wales, we are delighted to provide you with this tailored report of student health and wellbeing at The Sheppard Academy. The report is based on your students' responses to the 2017/18 School Health Research Network Student Health and Wellbeing survey. The survey asked students about a range of health behaviours and outcomes as well as their age, gender and how they feel about school. Most questions in the survey come from the Health Behaviour in School-aged Children Survey (HBSC).

This report uses the survey data to report on the following health topics:

- Food, fitness and physical activity
- Wellbeing and emotional health
- Substance use and misuse
- Sex and relationships

Its format has been inspired by the reports developed at the University of Waterloo, Canada, for the School Health Action, Planning and Evaluation System (SHAPES). It is intended that the report will help identify health issues relevant to young people in your school. Some ideas of what your school might want to do with the information contained in this report are incorporated into each section.

This report is confidential and we only provide a copy to the School Health Research Network representative at your school. However, you are strongly encouraged to share the report with all your students, staff, parents and governors. You might also like to share it with your local Healthy Schools team and others with a wellbeing role in your local authority or consortium as they can provide valuable help.

For any queries relating to this report please contact Joan Roberts, Manager of the School Health Research Network on 029 2087 9609 or SHRN@cardiff.ac.uk

Interpreting your health data – caution!

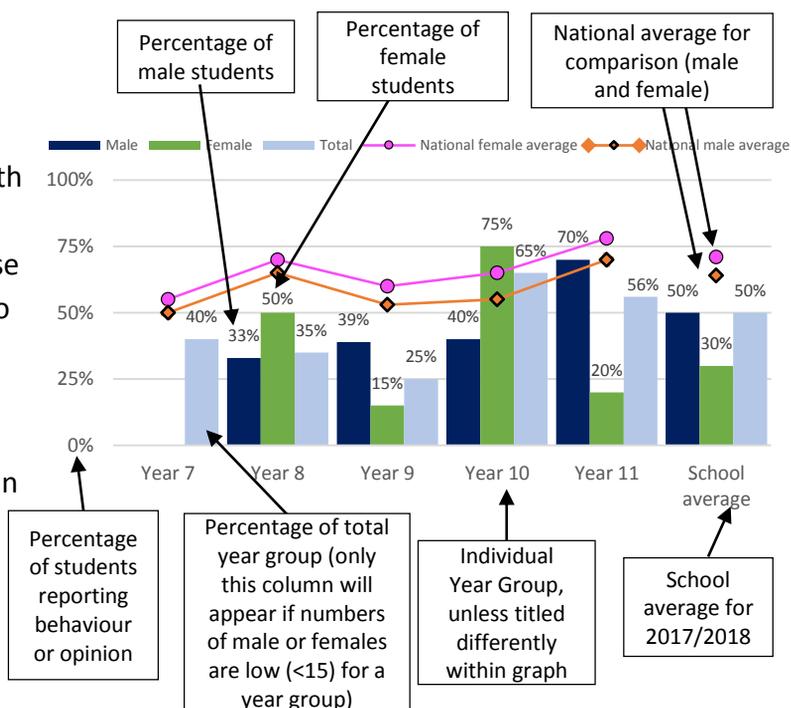
Who completed the questionnaire at The Sheppard Academy

The table below shows the number of students in each year group who took part in the survey. Year group data is not presented if fewer than 15 students participated. Nationally, 3.4% of students did not consent.

Total number of students responding								Students who did not consent (%)
Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Total school	
98	109	102	35	130	54	43	571	4

Reading the charts

Data is shown for your school in bar charts, usually by age and gender with national averages for girls and boys shown as lines, for comparison. These averages come from all students who took part in the 2017/18 Student Health and Wellbeing Survey combined. Differences between the national averages and school data can be accounted for by different school contexts across Wales. **Please note that not all students will have answered all the questions in the survey.**



Charts which present data by year group show data for boys and girls separately if at least 15 boys and 15 girls have answered the relevant question, excluding those who said 'I do not want to answer'. If fewer than 15 boys and/or 15 girls in a year group have answered, then only data for both genders combined is shown. If there are fewer than 15 responses in a year group, even with the genders combined, that year group is excluded from the chart.

Charts which show subgroups of students, e.g. Year 11 smokers or sexually active students, are also dependent on having at least 15 responses to show your school's data. If, for example, there are only 12 students in Year 11 who say they smoke, then the chart showing the age at which Year 11 students smoked their first cigarette (Fig. 31) will exclude your school's data and show only national data.

Model for School Health

There are many influences on the health and wellbeing of young people such as government policies, media influences, their friends, families and where they live and go to school. However, schools are uniquely positioned to influence the health and wellbeing of young people in a positive way. Research undertaken using Network data make it clear that senior leadership commitment to student health and wellbeing is likely to be an important driver for school health¹ and that improving teacher-student relationships could be an important way for schools to improve student health and reduce health inequality in students². The Welsh Network of Healthy School Schemes recognises both the wide range of factors influencing health and also the multiple options for addressing these. These are described in the table below.

<i>Attention to each of these aspects will ensure a greater influence on the health and wellbeing of all members of the school community</i>	
Leadership and Communication	Health related policies Training for staff Involvement in local/national initiatives
Curriculum	Schemes of work across the curriculum Resourcing of curriculum Out of school hours provision
Ethos and Environment	Student participation Staff participation School environment, ethos and informal curriculum
Family and Community Involvement	Involvement of parents and families Involvement of local community Collaboration with appropriate statutory and voluntary external agencies

It is envisaged that the data presented in this feedback report and the actions that the school chooses to put in place in response to them, could support the following school priorities:

- Welsh Network of Healthy School Schemes National Quality Award³
- Self-evaluation of health and wellbeing^{4,5}
- The United Nations Convention on the Rights of the Child (UNCRC)⁶
- Prosperity for All: the National Strategy *Taking Wales Forward*⁷
- National Literacy and Numeracy framework⁸
- Welsh Baccalaureate (WBQ)⁹
- New school curriculum for Wales¹⁰

There is general guidance at the back of this report (page 54) on how all members of the school community can contribute to improving student health. There are also specific suggestions given for each topic.

Food and Fitness: Food

The association between healthy eating and physical activity should be stressed wherever possible as an important aspect of a healthy lifestyle and to support healthy body weight.

Why is healthy eating an important agenda in schools?

What children eat and drink before and during school will affect their behaviour and attainment at school. Being overweight or obese during childhood and youth is also associated with a wide range of serious health conditions including type-2 diabetes and depression¹¹. It is also now commonly associated with adverse emotional health outcomes such as lower self-esteem¹².

Young people's eating habits stay with them into adult life, so establishing healthy habits in childhood and adolescence could have long term benefits. Studies in the UK and elsewhere have measured young people's diets and then followed them for up to 24 years, finding that dietary habits 'track' into adulthood^{13,14}. Research from America has also found that eating breakfast 'tracks' in the same way¹⁵.

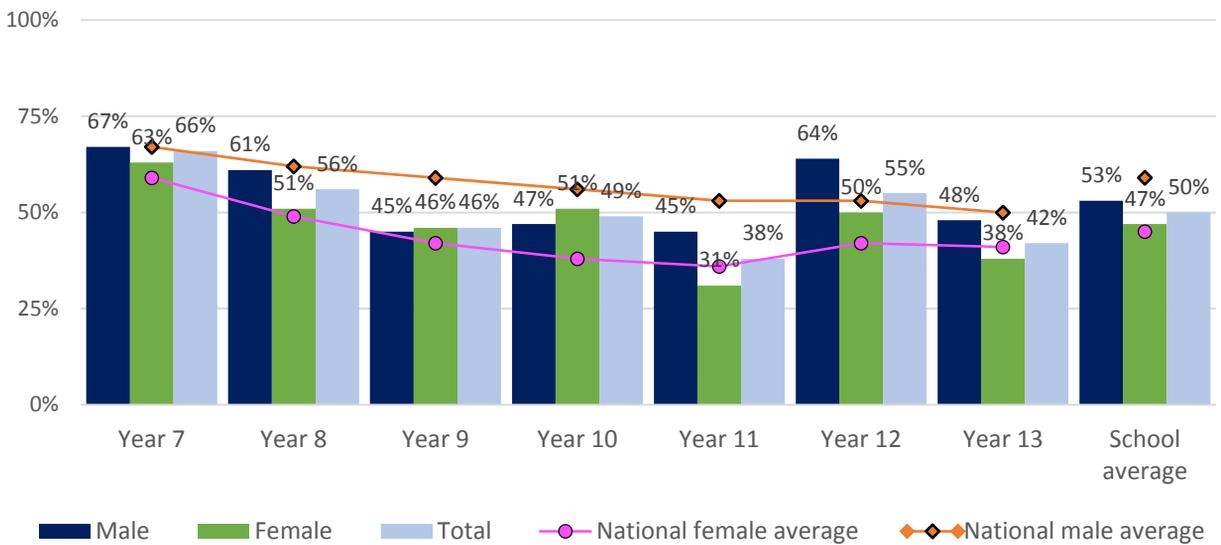
Well-nourished students are better prepared to learn. Young people's diets are linked to their academic performance in a number of ways. For example, their ability to concentrate, classroom behaviour and the impact of specific nutrients on brain functioning. It is not only the quality and quantity of foods eaten, but also the patterning of meals through the day, for example eating breakfast, that are important.

The number of actions secondary schools put in place to promote healthy eating is positively associated with the number of healthy food choices made by students. In a previous HBSC survey in Wales, schools gave detailed information on how they encouraged healthy eating. This included education, policies, healthy eating schemes (e.g. breakfast clubs), food provision and their food environment (e.g. the canteen). Compared to students in schools with least actions in place, students in schools with most actions were more likely to eat fruit and less likely to eat sweets at lunch and more likely to eat fruits and vegetables daily¹⁶.

In the 2013/14 HBSC Survey in Wales 28% of 11 to 15 year olds were overweight or obese¹⁷. Overall, boys were more likely than girls to be overweight or obese and young people from less affluent homes were more likely to be overweight or obese than those from more affluent homes.

Breakfast

Fig. 1 The Sheppard Academy: Students who usually eat breakfast every weekday

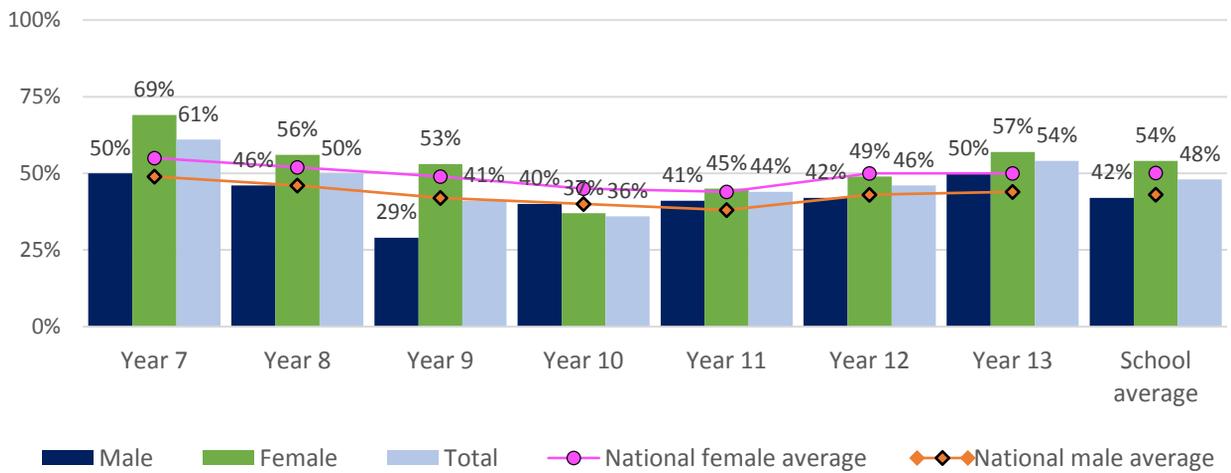


Did you know?

Breakfast provided to pupils of maintained schools should contain the following foods only: milk-based drinks or yoghurts; cereals – not sugar/chocolate/cocoa powder coated or flavoured; fruit and vegetables; and breads and toppings¹⁸.

Fruit and vegetables

Fig. 2 The Sheppard Academy: Students who usually eat one or more portions of fruit or vegetables a day



Guidance from the World Health Organization is to eat a **minimum of 5 portions of fruit or vegetables a day** as this lowers the risk of serious health problems. Suggestions to encourage this can be found at: <http://change4lifewales.org.uk/families/5day>

Did you know?

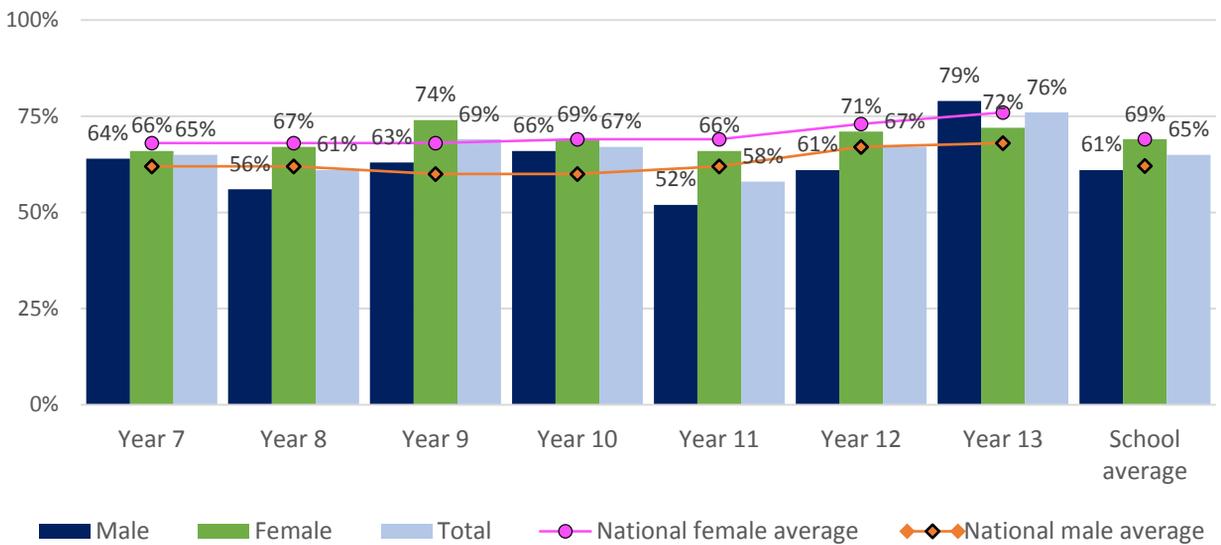
Recent UK research has found that older adolescents' consumption of fruits and vegetables is strongly related to how much they perceive their school friends eat. They substantially underestimate how much fruit and vegetables their peers eat¹⁹.

Your school can make a difference

Californian students in schools with lunch breaks of more than 30 minutes ate more fruits and vegetables than those in schools with shorter breaks. They also ate more vegetables if their school had a salad bar and if students had been involved in food service provision²⁰.

Water

Fig. 3 The Sheppard Academy: Students who usually drink tap or bottled water once a day or more



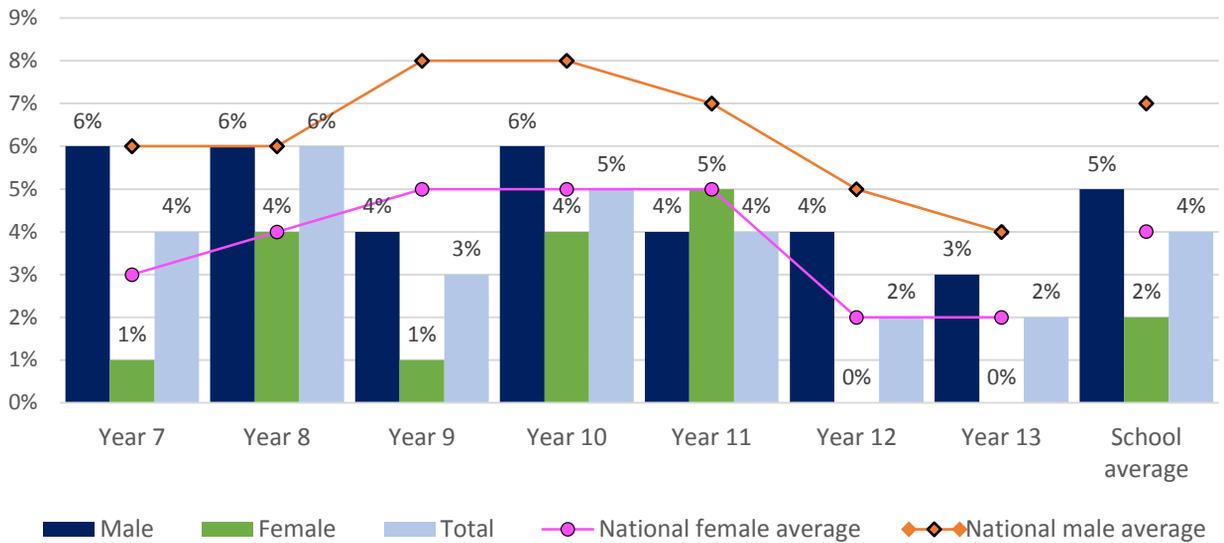
Did you know?

Water is, of course, essential for our survival, but early evidence suggests that hydration affects both mood and cognitive ability, including memory and attention²¹.

All maintained schools in Wales must ensure that drinking water is available to students free of charge¹⁸.
The Eatwell Guide for Wales recommends 6 to 8 glasses of water, lower-fat milk or other sugar-free drinks a day²².

Energy drinks

Fig. 4 The Sheppard Academy: Students who usually drink one or more energy drinks a day



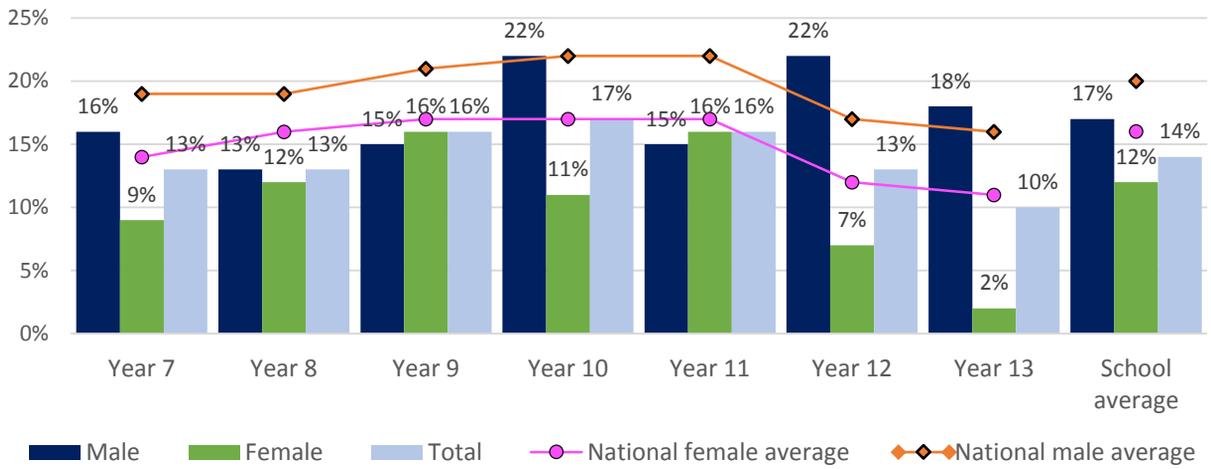
Did you know?

Between 2010 and 2015, the UK had one of the biggest increases in **energy drink** sales in the world. Energy drinks contain high levels of caffeine and contain many ingredients with poorly understood effects on the human body. The combined use of energy drinks and alcohol is increasing and there are concerns that energy drinks may be a 'gateway' to use of other harmful substances²³.

Research with young people in County Durham found high levels of energy drink brand awareness but limited understanding of how they affect health²⁴. A key factor in young people's decision to buy energy drinks was their low price compared to other drinks. The young people recognised a strong gender element to energy drinks, feeling much of the advertising was aimed at boys and that boys tended to drink them more as they associated them with sports and computer gaming.

Sugary soft drinks

Fig. 5 The Sheppard Academy: Students who usually drink one or more sugary soft drinks a day



Did you know?

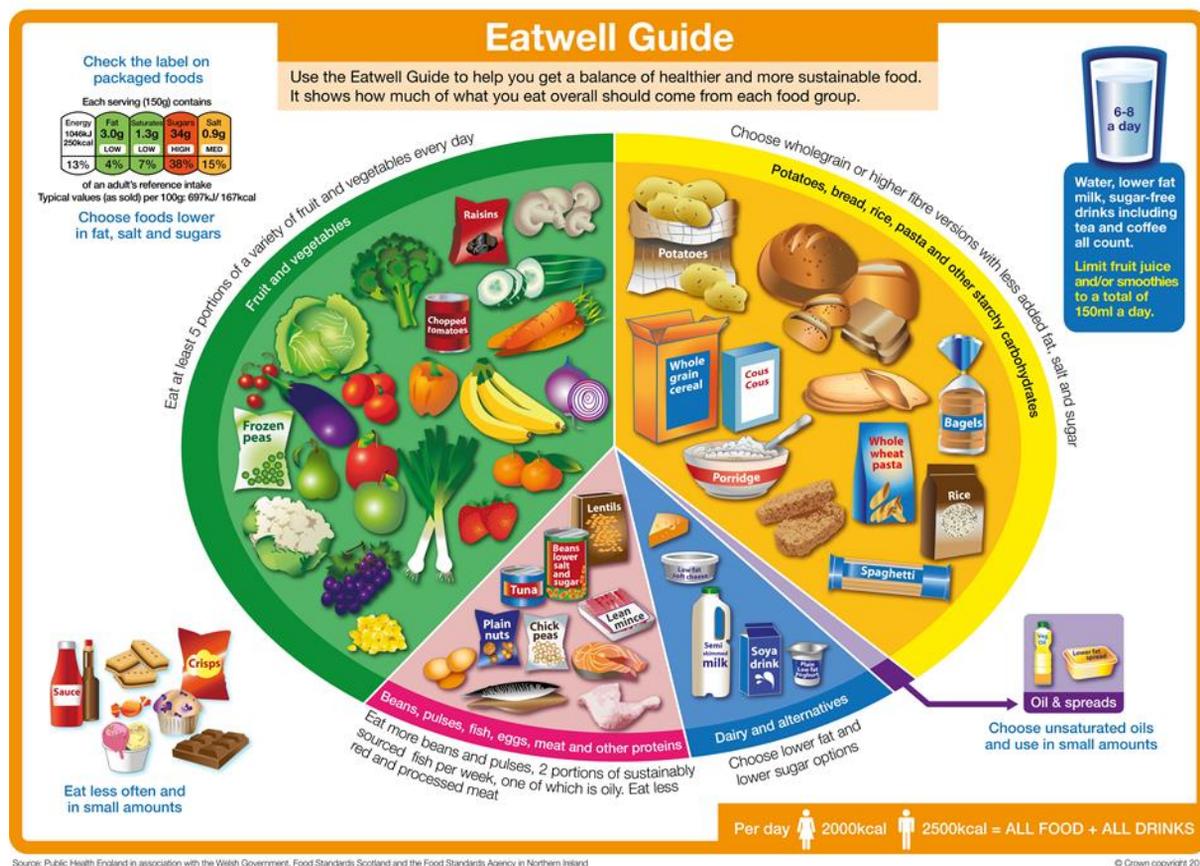
Risk of hyperactivity and inattention increased by 14% for each additional sugar-sweetened beverage consumed by American students in grades 5, 7 and 8 (average age 12 years). Energy drinks in particular were found to have an independent effect on hyperactivity and inattention symptoms, such as fidgeting and inability to concentrate²⁵.

Your school can make a difference

Secondary schools in England made changes to the foods they offered, how they offered them, and their dining environments. After 15 weeks, independent observers found that year 7 and 9 students showed significantly more 'on task' behaviour in the classroom²⁶.

In Minnesota, the breadth of representation on school health councils was significantly related to the number of environmental strategies schools had in place to support healthy eating, including low cost healthy options and placing fruit near the till in the canteen²⁷.

The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013¹⁸ There is a duty on the governing bodies of maintained schools in Wales to include in their annual reports information on actions to promote healthy eating and drinking²⁸. **Estyn report on the arrangements made in schools to promote healthy eating and drinking⁵.**



Simple guidance on a healthy diet for school students should be based on the Eatwell Guide²². It shows the proportions of the main food groups that form a healthy, balanced diet:

- Eat at least 5 portions of a variety of fruit and vegetables every day
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily)
- Choose unsaturated oils and spreads and eat in small amounts
- Drink 6-8 cups/glasses of fluid a day

If consuming foods and drinks high in fat, salt or sugar, have these less often and in small amounts.

Food and Fitness: Physical Activity

Why is physical activity an important agenda in schools?

International standard guidelines on physical activity recommend that all young people undertake moderate to vigorous physical activity for at least 60 minutes every day.

Whatever your age, being physically active has substantial benefits for health. The World Health Organization estimates that each year over 3 million deaths worldwide are attributable to being inactive. But it's not just physical health. Being active also has benefits for mental health: sports participation, for example, has been linked to self-esteem in young people²⁹.

Being more active is associated with better academic attainment. Over 4,500 children in Bristol had their moderate to vigorous physical activity levels measured at age 11 and their academic attainment recorded at ages 11, 13 and 16 (GCSE grades). Higher levels of physical activity at age 11 were associated with higher subsequent attainment and this was true for English, Maths and Science, regardless of other factors³⁰.

Physical activity levels tend to decline as children move into adolescence, however different activities have different likelihoods of being maintained. Between the ages of 10 and 14 years, for example, around 80% of young people dropped out of skipping, gymnastics and hockey, but less than 50% dropped out of dancing, football and running³¹.

School-based physical activity programmes can help young people be active. Multi-component programmes (i.e. those that include education, the curriculum and the school environment) show most promise and family involvement in the programme also appears to be important, more so for adolescents than for younger children. Research shows, however, that programmes with a PE component that targets boys and girls together, tend to favour the boys, whereas girls benefit when the PE component targets them separately³².

Did you know?

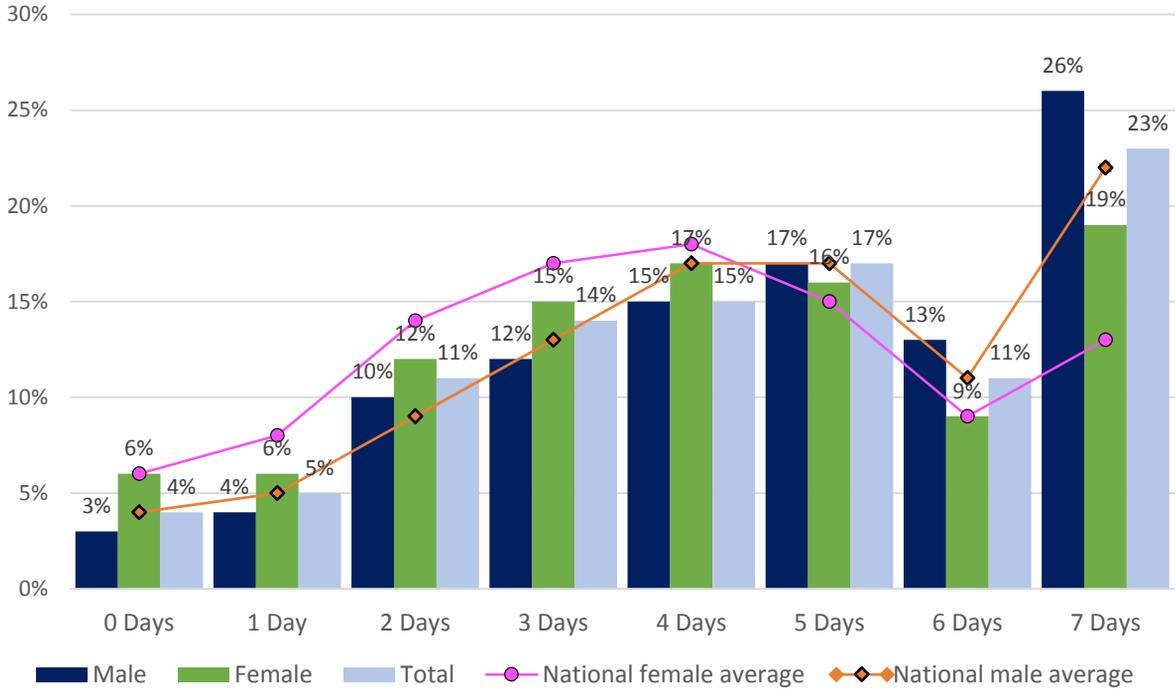
Young people in Wales are insufficiently active. The **2013 Health Behaviour in School-aged Children Survey in Wales** found that less than half (40%) of young people were active for at least 60 minutes a day on 5 or more days a week. Do you think boys or girls were more physically active?

Find the answer in the Research Brief here: <http://www.shrn.org.uk/research-briefing-sheets/>

Look at the chart on the next page to see if things changed in 2017...

General physical activity

Fig. 6 The Sheppard Academy: Number of days in the week before the survey students were physically active for more than 60 minutes

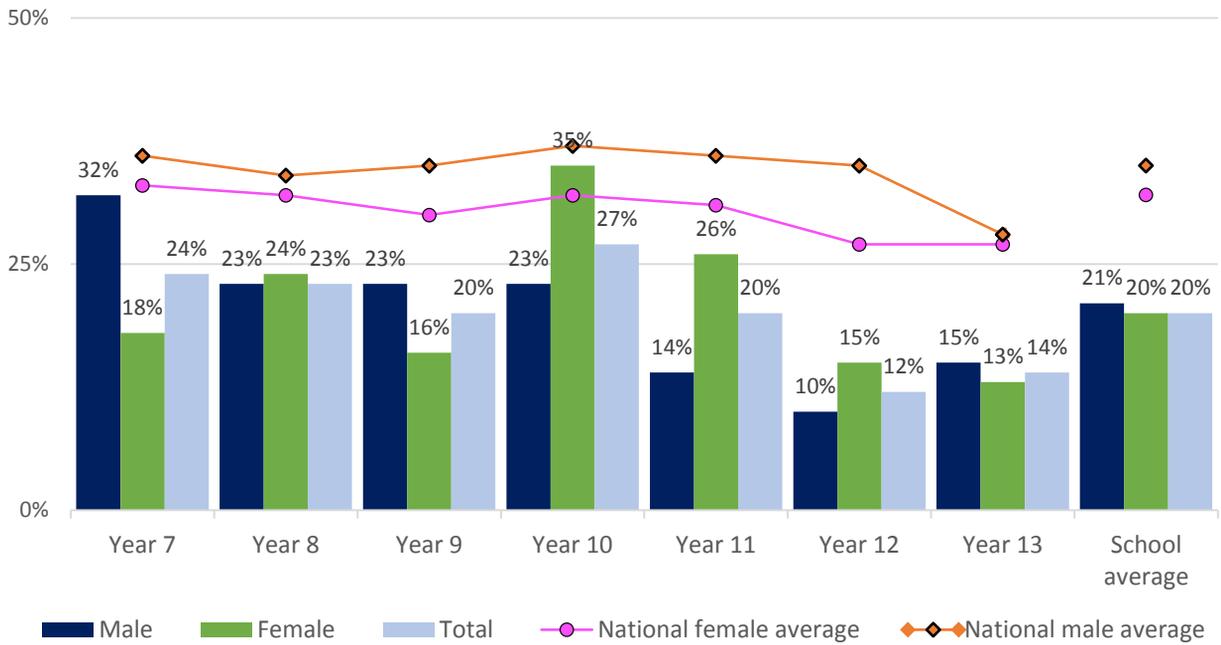


Your school can make a difference

NICE, the National Institute for Health and Care Excellence, recommends schools make their facilities for physical activity available to children and young people before, during and after the school day, at weekends and during the school holidays³³.

Active travel to school

Fig. 7 The Sheppard Academy: Students whose main part of their journey to school is walking or cycling



Did you know?

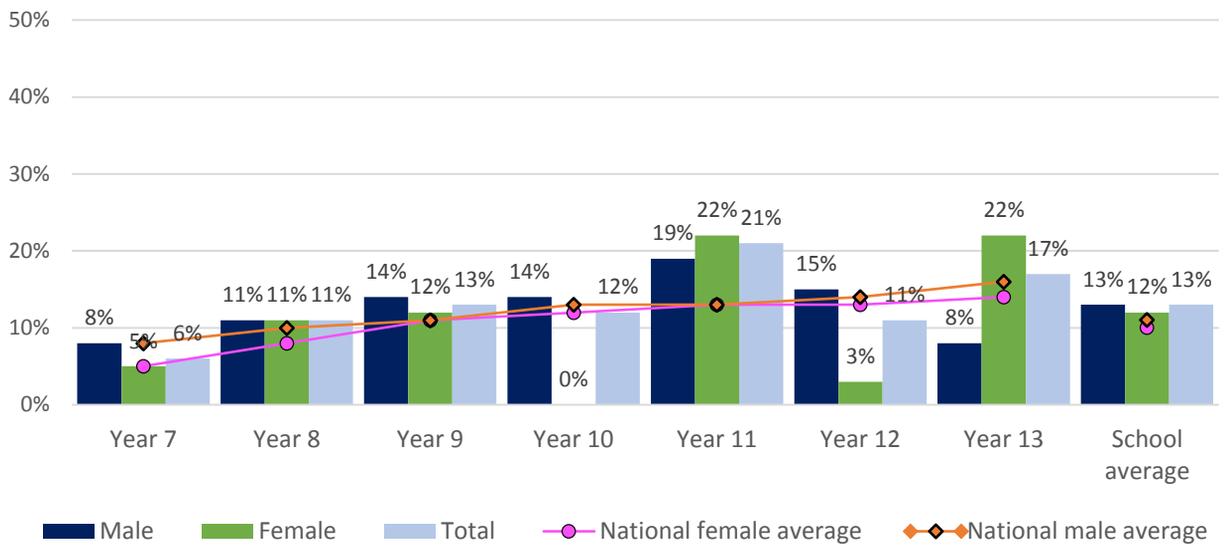
Children who walk or cycle to school are more active overall than children who do neither³⁴. Walking to school can contribute as much as a third of the total amount of physical activity children get in a day³⁵.

Your school can make a difference

NICE, the National Institute for Health and Care Excellence recommends that all schools develop a school travel plan which has physical activity as a key aim and is integrated with the travel plans of other local schools³³. Sustrans Cymru can help schools to develop travel plans to promote walking, cycling and use of public transport. It can also offer a range of support to secondary schools in Wales. These include an activity pack to run a cycling focused week of activities and others to promote active travel to school. <http://www.sustrans.org.uk/wales>

Sedentary behaviour

Fig. 8 The Sheppard Academy: Students who usually spend 7 or more hours of their free time on a week day sitting down



Did you know?

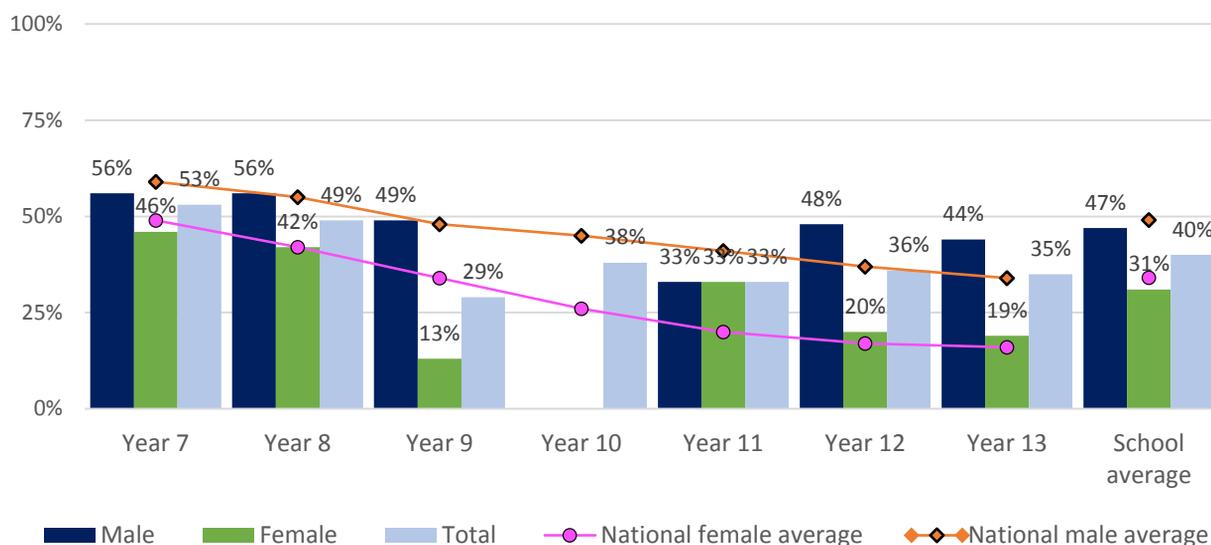
A review of research into physical activity, sedentary behaviour and health-related quality of life (a measure of young people's physical, psychological and social health) found that both being active and being sedentary were associated with health-related quality of life. There was evidence of a 'dose-response' relationship, meaning that quality of life got increasingly better as time spent being sedentary decreased³⁶.

Recent research also suggests that sedentary behaviour, particularly time spent watching TV and videos, poses a risk to young people's heart health, regardless of their overall level of physical activity³⁷.

The Growing Up In Scotland Study measured sedentary behaviour in over 700 10 and 11 year olds and found that they were sedentary for an average of 7.5 hours a day³⁸.

Outside school hours

Fig. 9 The Sheppard Academy: Students who exercise vigorously outside of school time at least four times a week



Who can help?

Contact your local Healthy Schools team for advice on all aspects of healthy eating and physical activity and recommended local support and resources.

Sport Wales

Sport Wales is the national organisation responsible for developing and promoting sport and physical activity in Wales. It runs a range of educational programmes to support this.

www.sportwales.org.uk

Health Challenge Wales

Resources that are aimed at individuals and organisations to encourage healthy eating and physical activity as part of daily life.

www.healthchallengewales.org/home

British Heart Foundation Cymru

A range of resources to encourage increased physical activity for teachers and students.

<https://www.bhf.org.uk/get-involved/in-your-area/wales-cymru/about-bhf-cymru>

Food a Fact of Life

Developed by the British Nutrition Foundation, with lots of supporting materials for secondary schools, particularly related to cooking. Only available through the medium of English.

www.foodafactoflife.org.uk

Food Standards Agency in Wales

The Agency's role is to improve food safety and standards in Wales and protect the health of the population in relation to food. They produce resources that could be used in schools.

www.food.gov.uk/wales

How can your school support healthy eating and physical activity for students?

Senior Leadership Team and Governors can	
Ensure the school has an up to date Food and Fitness policy developed by a representative working party from all sectors of the school community.	Provide facilities in the school that encourage physical activity such as bike racks, climbing walls, measured running/walking tracks. Provide the recommended 2 hours Physical Education a week.
Make sure that all food provision is in line with The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013 ¹⁸ . There is local authority help available to support this. Training on delivering key messages in terms of healthy eating could be available from local dieticians and Local Authority catering staff.	The measure places responsibility on the governing body to include in their report to parents information about actions taken to promote healthy eating and drinking by students.

School staff can	
Ensure there is a strong focus on healthy eating within food technology and physical education lessons are active and contain supportive messages on the importance of physical activity in a healthy lifestyle.	Support teaching and learning on the issue of healthy eating and physical activity across the curriculum (e.g. in Science, Maths, English/Welsh, Design Technology, etc.)
Offer a variety of sports and activity clubs to appeal to a range of students, both staff led and through the 5x60 initiative; run a cooking club offering healthy recipes.	Be healthy role models during the school day in terms of food and fitness.

With the support of staff, students can	
Set up student voice groups such as a School Nutrition Action Group and utilise Young Ambassadors, (the Sport Wales initiative) to review the curriculum and school environment in relation to food and fitness.	Offer assemblies or plan peer education sessions to encourage healthy eating and physical activity among students.

Family and Community Involvement	
Ensure that the Parent Teacher Association is aware of the school's drive to encourage healthy eating and physical activity so this can be mirrored in any fund raising events. Ask for funds to be spent to support student healthy lifestyles.	Consider inviting local chefs to teach healthy recipes to students/staff/parents and representatives from local sports clubs so that students know about opportunities to be physically active in their free time.
Work with representatives from local agencies to support this agenda in school.	Encourage families and members of the local community to join in any food and fitness events such as a school Race for Life, a healthy eating fair.

Wellbeing and Emotional Health

Why is mental and emotional health of students an important agenda in schools?

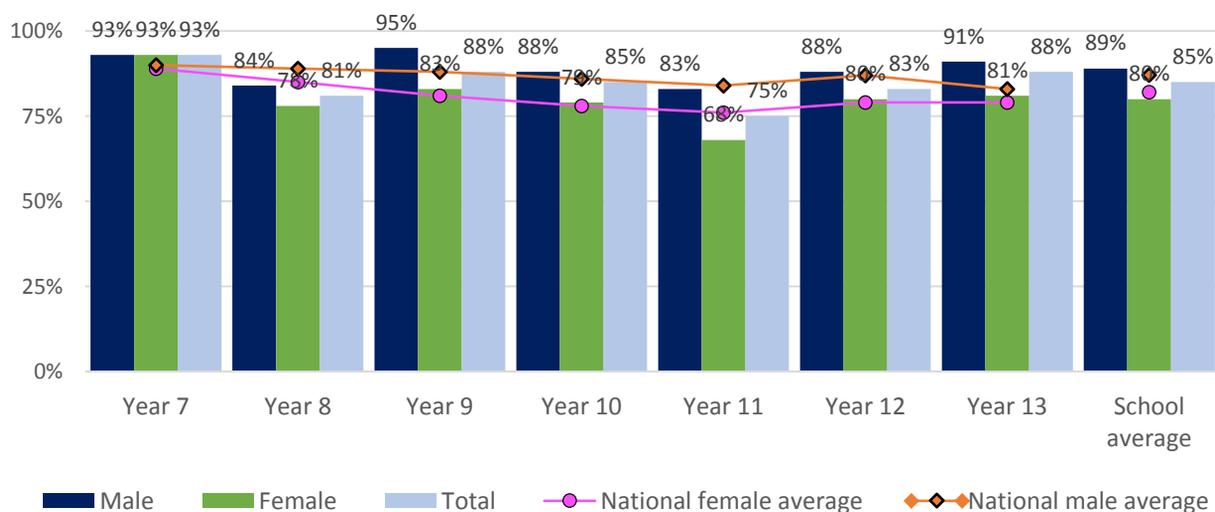
No health without mental health. The title of the mental health strategy for England is a clear reminder of the critical part mental health plays in our overall health. Most mental illness begins before adulthood so fostering mental health and wellbeing in young people is crucial. Improving mental health early in life will have a range of benefits for individuals and society, including improved physical health, fewer risky health behaviours, increased life expectancy, and reduced health inequalities³⁹.

Wellbeing of young people in the UK lags behind their contemporaries in other countries. In 2013 UNICEF ranked the UK 16th out of 29 countries across Europe, Australasia and North America for child wellbeing⁴⁰. There were several dimensions to 'wellbeing' including health, safety, education, housing and poverty.

Schools are an important source of support and guidance for young people. Year 9 and 11 students in England were asked who they would seek help from for a range of problems. The majority indicated that they would seek help from a 'school' source, such as a form tutor, rather than a 'health' source (a doctor or school nurse) for most of the problems described, including being worried about using drugs and alcohol⁴¹.

Wellbeing is positively related to academic attainment. Analysis of data from 'Children of the gos', a UK study which has followed thousands of young people as they have grown up, has shown that students who have greater wellbeing at age 13, including being more engaged with school and having positive friendships, achieve more academically at Key Stage 3 and at Key Stage 4⁴².

Fig. 10 The Sheppard Academy: Students who report being satisfied with their life*



*Students were given a picture of a ladder where the top of the ladder '10' is the best possible life and the bottom is '0', the worst possible life. They were asked to tick the number that best describes where they stand. This is a widely used measure. This chart shows those students who opted for 6 and above.

School connectedness

Did you know?

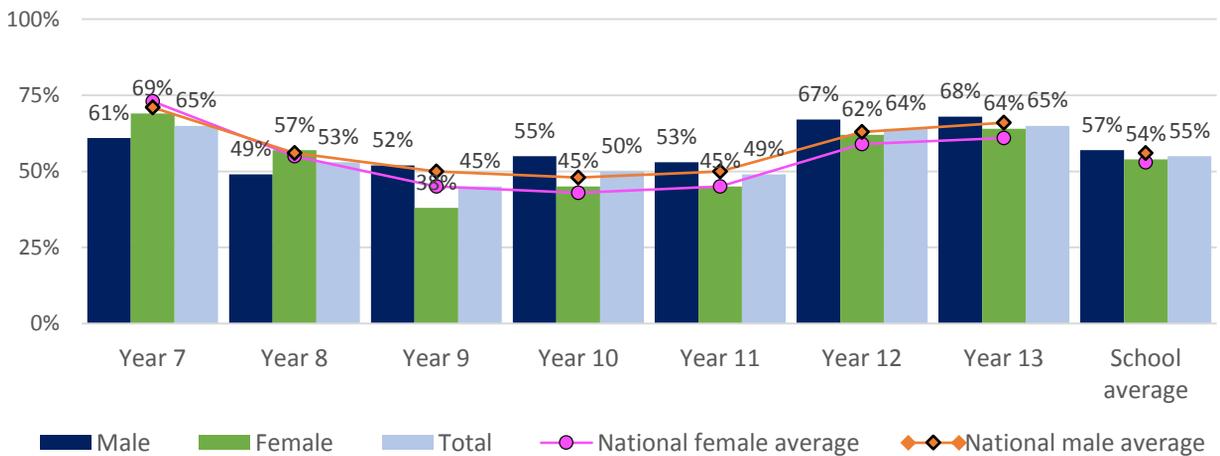
Young people who feel an attachment to their school or 'school connectedness' and who consider that their teachers are supportive are less likely to engage in unhealthy behaviours.

UK research has found that young people who report negative school experiences at age 14 are more likely to report having self-harmed (hurt themselves on purpose) at age 16. Elements of school experience included connectedness to school and other students, enjoyment of school, and clear and fair boundaries that are consistently enforced⁴³.

Your school can make a difference

Positive teacher-student relationships are likely to be crucial in establishing healthy school environments, but students feel those relationships are impeded when teachers do not understand the realities of their daily lives, when they are not consulted on school rules about discipline, and when they feel school rules are applied inconsistently⁴⁴.

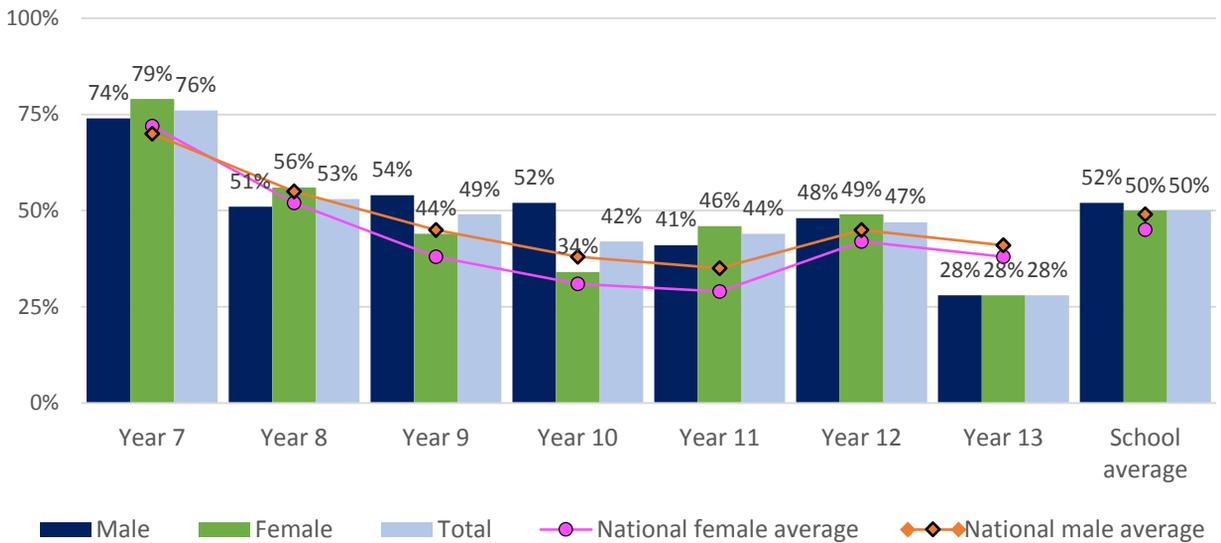
Fig. 11 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers care about them as a person



Using data from the **2013 Health Behaviour in School-aged Children Survey in Wales**, School Health Research Network researchers found that the quality of teacher-student relationships was an important factor in relation to student wellbeing. Do you think that students rated their relationship with teachers more highly in the most affluent schools or in the least affluent schools?

Find the answer in the Research Brief here: <http://www.shrn.org.uk/research-briefing-sheets/>

Fig. 12 The Sheppard Academy: Students who “agree” or “strongly agree” that their ideas are treated seriously in school



Your school can make a difference

HBSC data from Ireland show that participation in school life is lower amongst older secondary school students and amongst boys. Participating in making school rules was associated with higher life satisfaction in girls, and organising school events and expressing views in class were associated with higher life satisfaction in both girls and boys⁴⁵.

Fig. 13 The Sheppard Academy: Students who feel a lot of pressure from the schoolwork they have to do

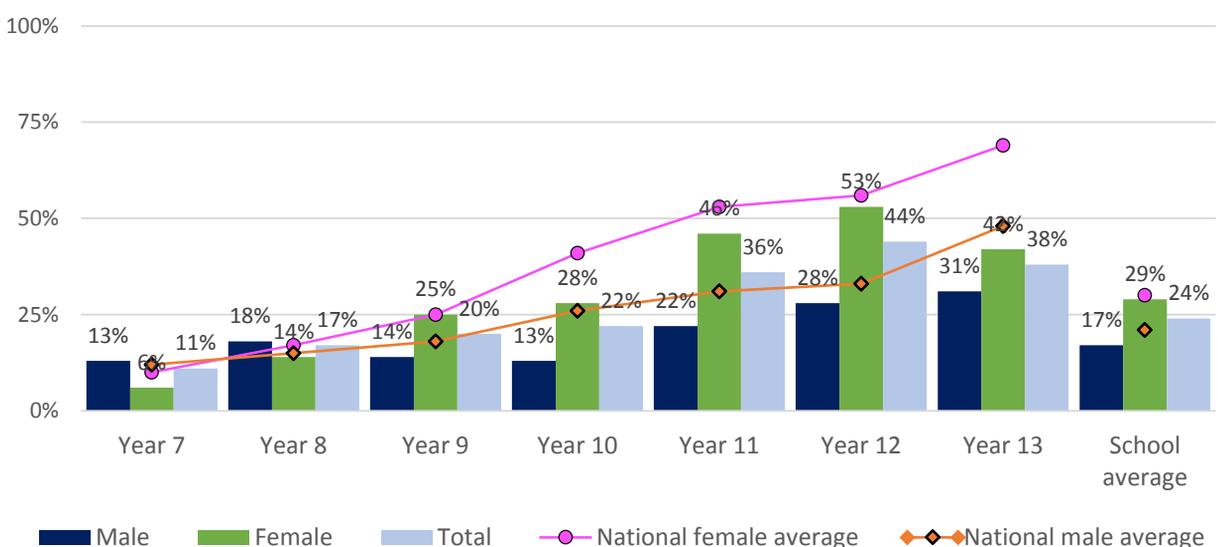
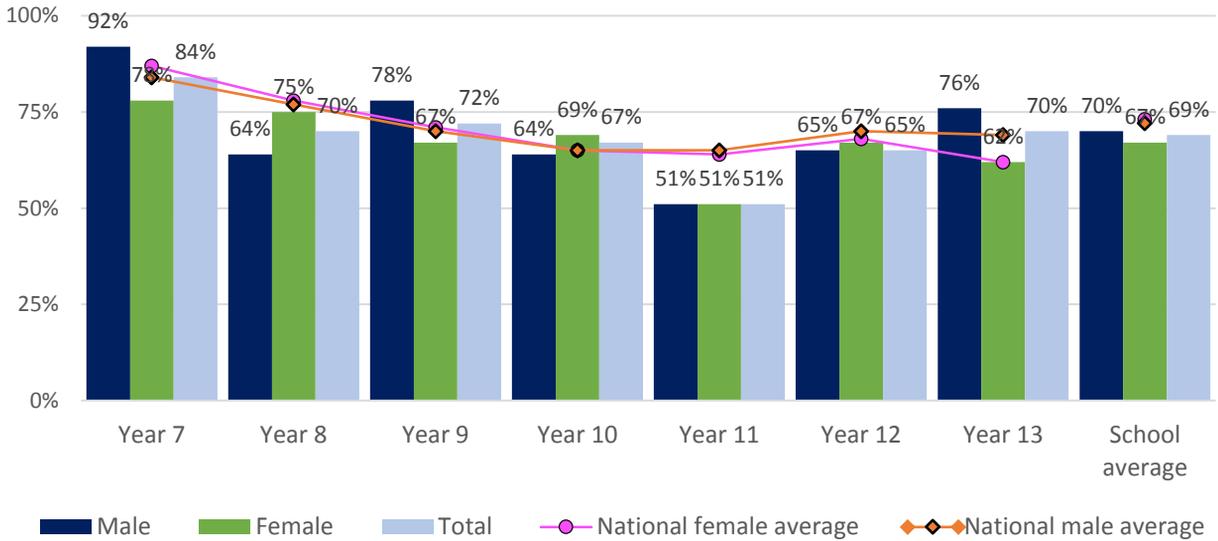
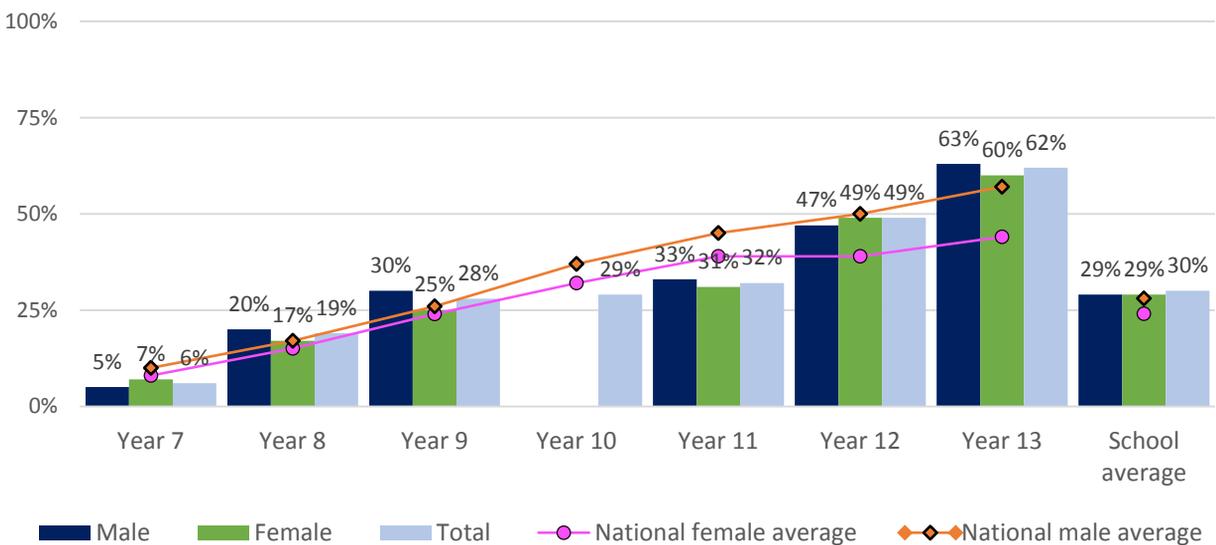


Fig. 14 The Sheppard Academy: Students who “agree” or “strongly agree” that there is support at school for students who feel unhappy, worried or unable to cope



Sleep

Fig. 15 The Sheppard Academy: Students who usually go to bed at 11.30pm or later when they have school the next day

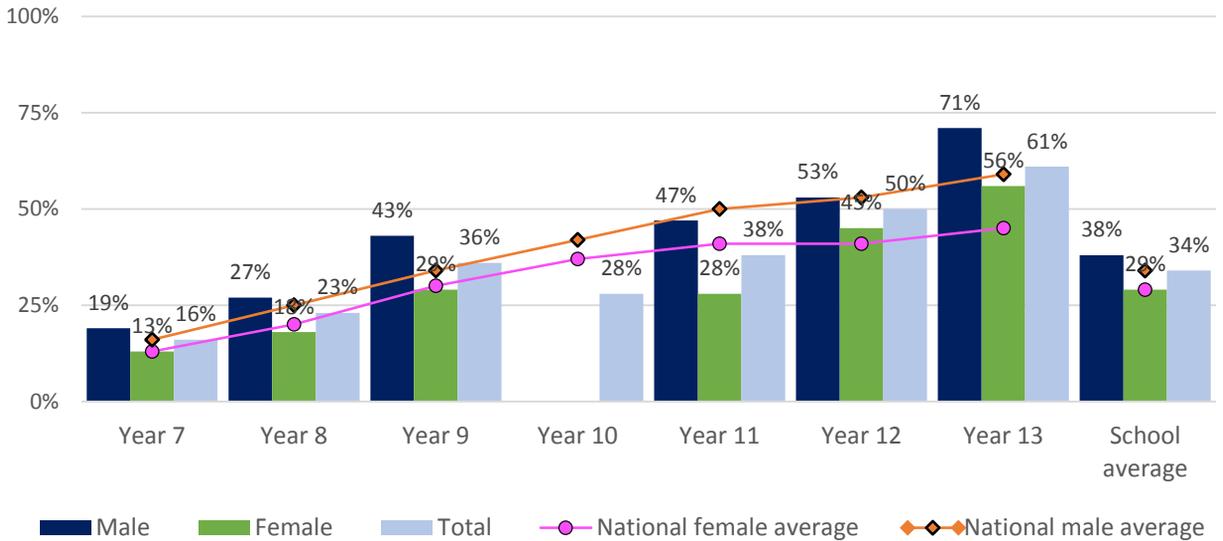


Did you know?

Researchers from WISERD studied the sleep patterns of nearly 500 students in years 8 and 10 in Welsh secondary schools in 2012/13⁴⁶. They found that the commonest bedtime for 14-15 year olds was 11pm, but 28% went to bed at or after midnight. Young people who did not have a regular bedtime were more likely to go to bed at or after midnight and young people from ethnic minority backgrounds were more likely to say they had no regular bedtime.

One year later, young people who had said they always felt tired when they went to school were significantly more likely to rate their wellbeing less favourably.

Fig. 16 The Sheppard Academy: Students who look at an electronic screen at 11.30pm or later when they have school the next day



Did you know?

A large survey of 16 to 19 year olds in Norway found a strong relationship between the use of electronic devices in the hour before going to bed and both sleep duration and length of time it took to fall asleep. The more devices a person used in the hour before bed, the greater the risk of their sleep being affected⁴⁷.

Research with year 7 and 8 students in the UK has found that using any one of six technologies (watching television, playing video games, talking or texting on mobile phone, listening to music, using a computer for study, using the internet for social networking) before bed has a negative impact on sleep duration. The greatest impact was seen with frequent users of social networking sites who reported almost an hour less of sleep a night. Associations were also found between using the technologies and difficulty getting to sleep, waking early, sleep walking and nightmares⁴⁸.

Friendship and bullying

Fig. 17 The Sheppard Academy: Students who feel that they can count on friends when things go wrong

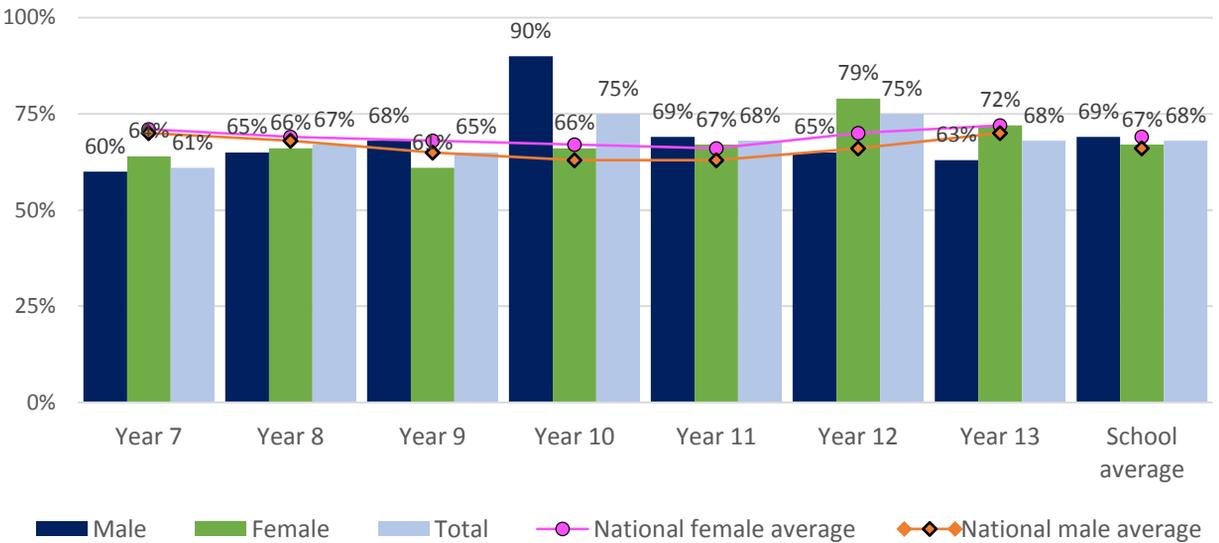
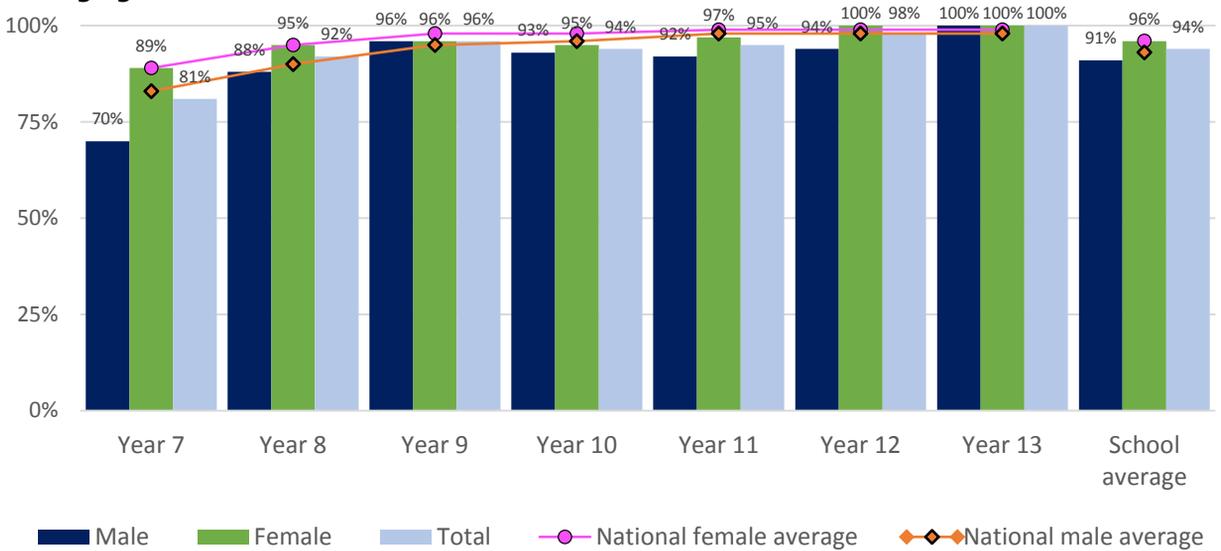


Fig. 18 The Sheppard Academy: Students who have ever joined a social networking site or an instant messaging service

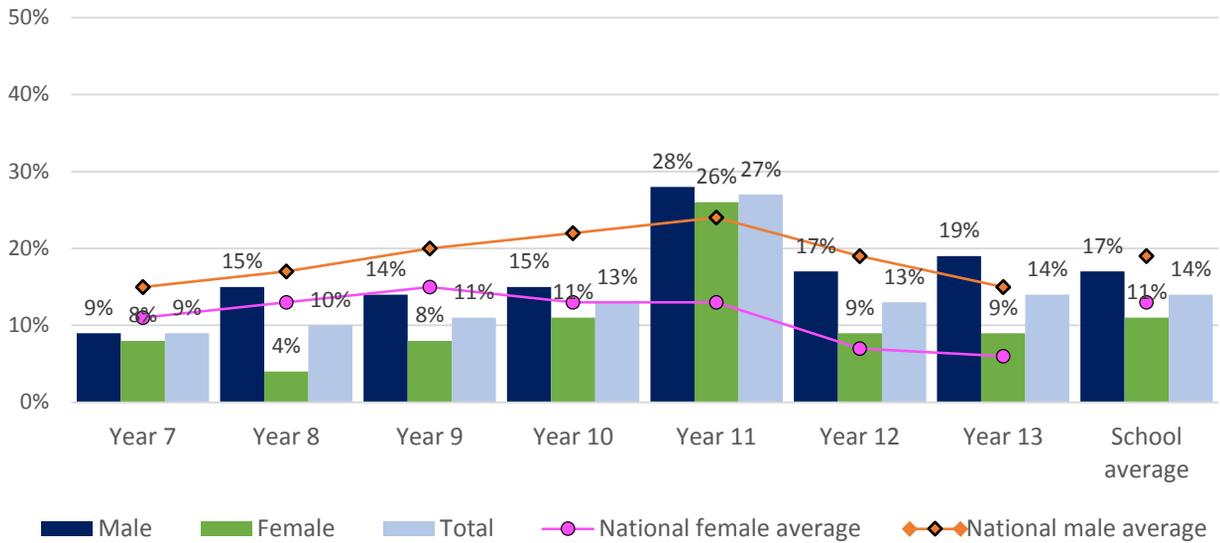


Did you know?

American middle school students exposed to alcohol-related posts on friends' social networking sites were more likely to have started drinking alcohol one year later and to have engaged in binge drinking⁴⁹. There was evidence that viewing friends' positive portrayals of alcohol use helped establish positive social norms around adolescent drinking.

Most social networking sites such as Facebook and Instagram have a minimum age requirement of 13+, however, there are others where the age requirement is older. Check on trusted sites such as the NSPCC site Net Aware <https://www.net-aware.org.uk/>

Fig. 19 The Sheppard Academy: Students who have taken part in bullying another student(s) at school in the past couple of months*



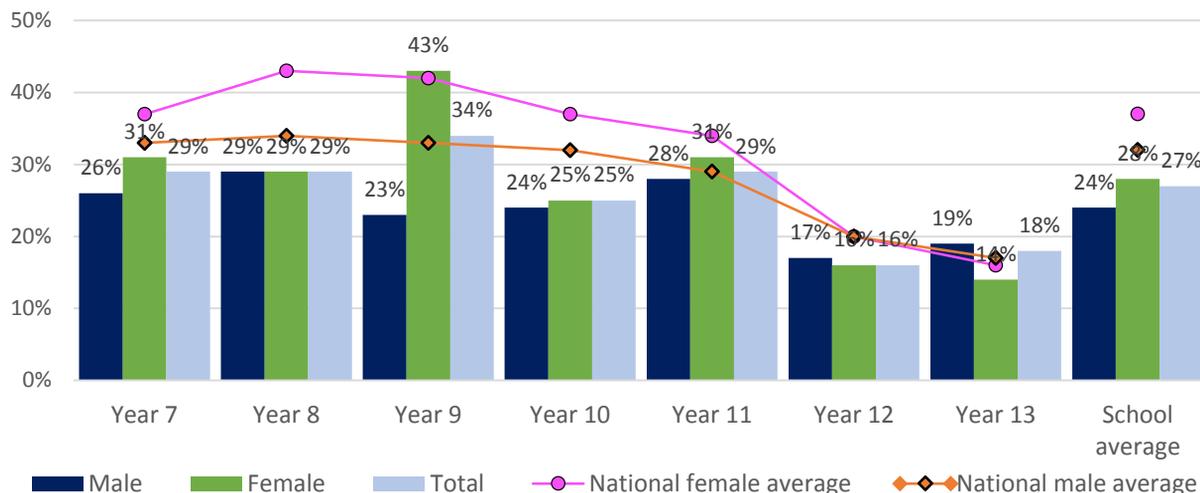
* Includes students who have taken part in bullying once or more in the past couple of months

Did you know?

Teachers and students do not always define bullying in the same way. Research with teachers and year 7 and 9 students in UK schools found that students were more likely than teachers to restrict their definition of bullying to verbal and physical abuse and not mention being socially excluded, power imbalances in favour of a bully, or being made to feel threatened⁵⁰.

Bullying in middle schools in America has been found to be almost as prevalent in classrooms as it is in hallways, despite the former being thought of as more closely supervised. Being teased or called names were the commonest type of classroom bullying, whilst physical abuse was commonest type experienced in the hallways⁵¹.

Fig. 20 The Sheppard Academy: Students who have been bullied at school in the past couple of months*



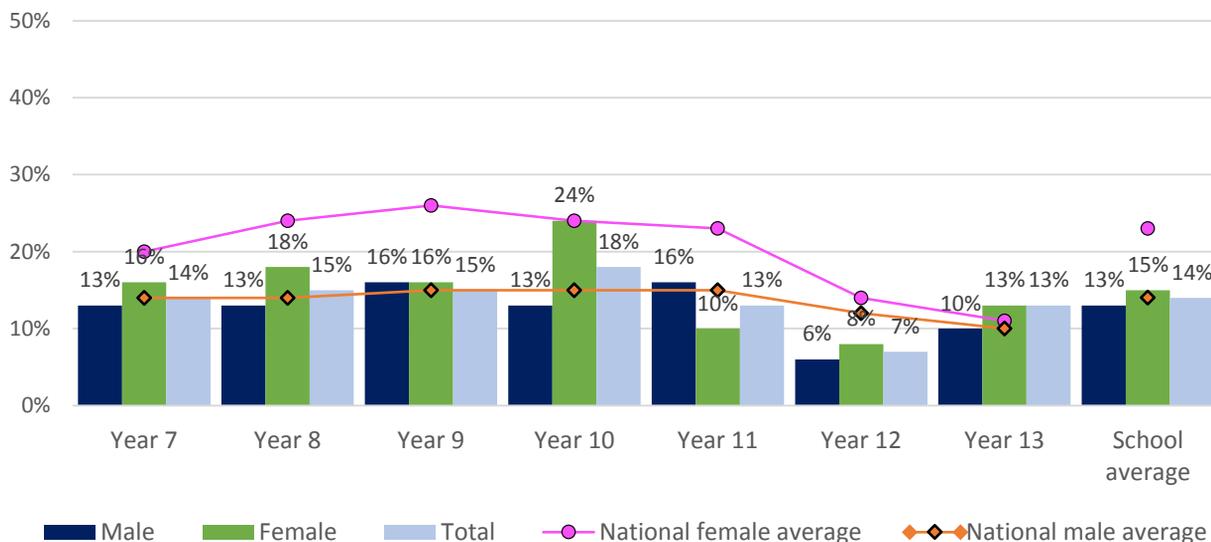
* Includes students who have been bullied once or more in the past couple of months

Your school can make a difference

In-depth research with girls in two London schools found that the schools tended to rigidly identify students as either bully or victim. This belied the complex social dynamics of bullying where perpetrator and victim roles were often quite fluid and incidences of bullying were part of detailed stories of social interaction⁵².

Estyn's 2014 Report, 'Action on Bullying' identified that most primary school pupils are confident that their school will deal with bullying effectively. As students get older, however, they feel less assured that their school will be able to resolve bullying issues⁵³.

Fig. 21 The Sheppard Academy: Students who have been cyberbullied in the past couple of months*



* Includes students who have been bullied once or more in the past couple of months

Did you know?

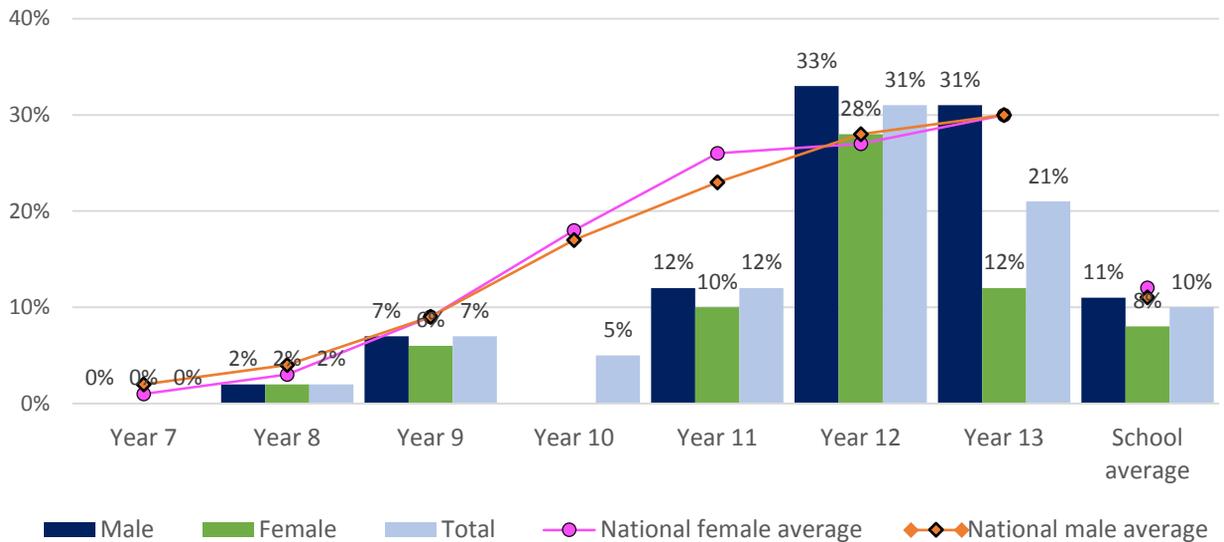
A recent survey of over 1,100 year 8 students in eight English schools found that 14% had ever taken part in cyber-bullying. There was a strong relationship between aggressive behaviour at school and taking part in cyber-bullying, suggesting that it may not be helpful to view cyber-bullying in isolation of other bullying behaviours⁵⁴.

Students in the UK who report being bullied at age 14 have significantly lower educational achievement at age 16. They are also more likely to again report being bullied at age 16⁵⁵.

Fig. 22 The Sheppard Academy: The three most common reasons students think people in their year group are bullied

	School total	Proportion of students who selected this reason in year group:						
		7	8	9	10	11	12	13
Because of their weight	58%	48%	57%	59%	53%	75%	64%	55%
Because they are gay, lesbian or bisexual	34%	29%	31%	33%	42%	32%	42%	30%
Because they have a disability	24%	27%	29%	20%	18%	28%	14%	17%

Fig. 23 The Sheppard Academy: Students who have ever sent someone a sexually explicit image of themselves



Did you know?

Sexting is when someone sends, or is sent, sexually explicit photos or videos on their mobile phone or other electronic device. Some young people may consider it harmless, but there are legal implications when sexting occurs between young people under the age of 18 and sharing images can be a form of cyber-bullying and cause substantial distress.

Research with students in years 8 to 10 in London and South West England found a clear gender dimension to sexting, with girls feeling pressure to conform to ideals about how they looked and boys feeling pressure to compete and attain status by collecting and distributing sexualised images of girls^{56,57}.

The same studies found that sexting was an accepted part of young people's lives and not something they found shocking or surprising; whilst not all young people engaged in sexting, most knew of instances of it within their year group. Few, however, felt they could talk to teachers about their experiences^{56,57}.

Respectful relationships

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act became law in April 2015

(<http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/?lang=en>).

Welsh Government has produced a Good Practice Guide: A Whole Education Approach to Violence against Women, Domestic Abuse & Sexual Violence in Wales⁵⁸. It recognises that education settings are environments where positive attitudes towards gender equality and healthy, respectful relationships can be fostered through a rights based approach. The guide considers that there are 9 key elements that would make up this whole education approach. One of these is 'to ensure that monitoring and evaluation systems are in place to measure impact of this work'. The charts below are relevant to this element.

Fig. 24 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers take action when they hear students calling girls sexually offensive names at school

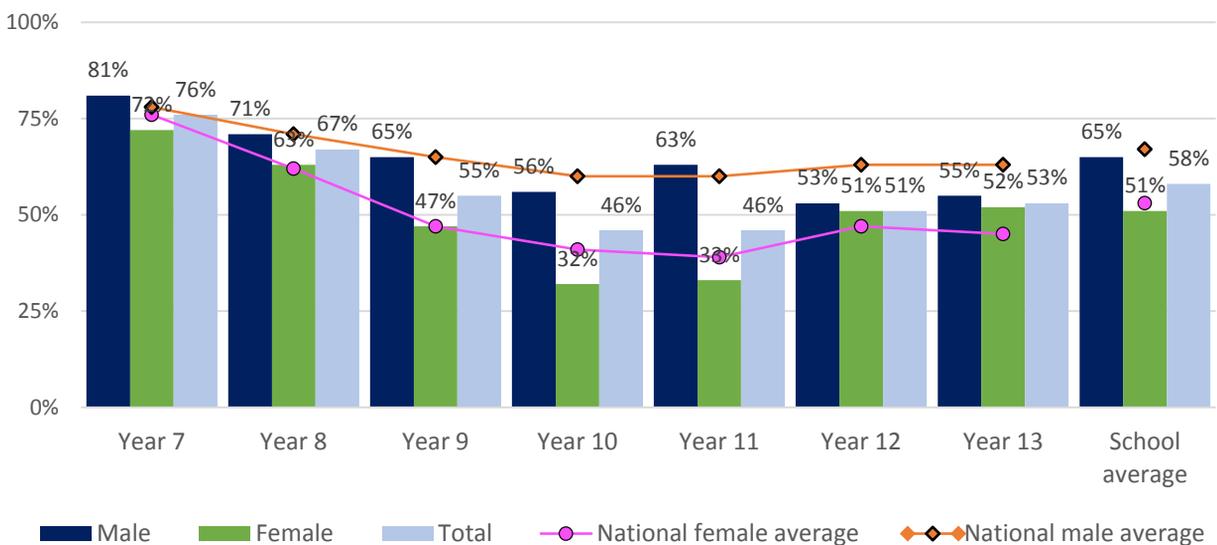


Fig. 25 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers take action when they hear students calling boys sexually offensive names at school

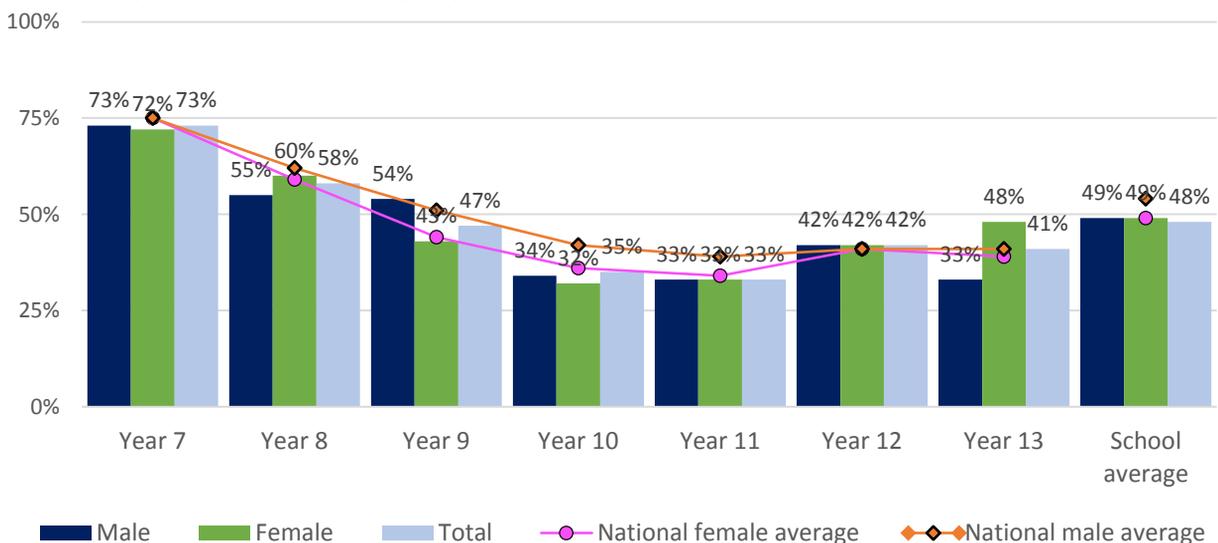


Fig. 26 The Sheppard Academy: Students who “agree” or “strongly agree” that they have been taught at school about who to go to if they or a friend experience violence in a boyfriend/girlfriend relationship

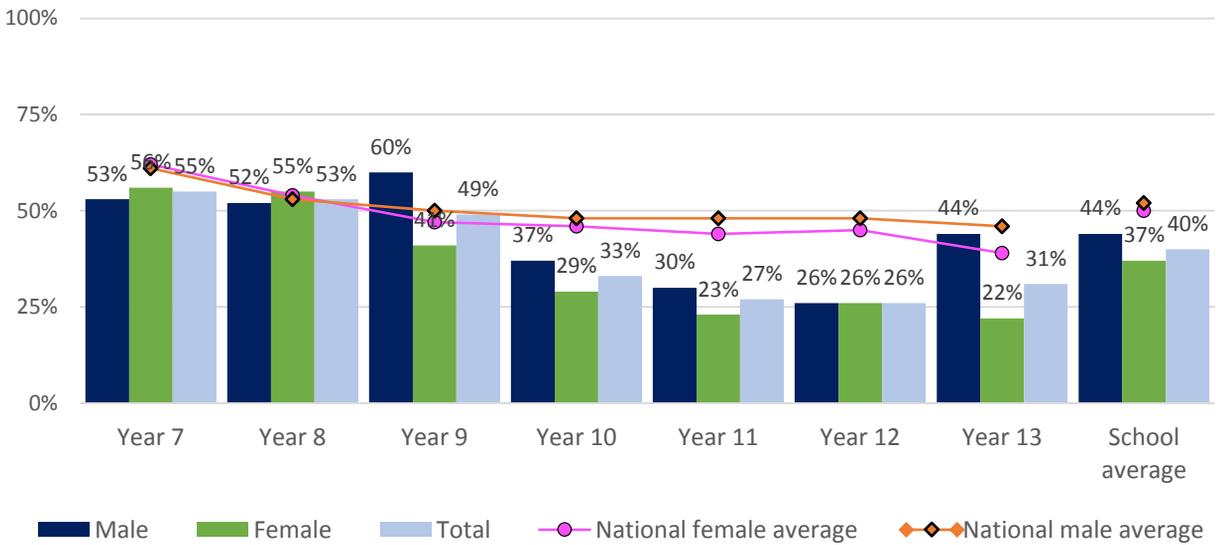
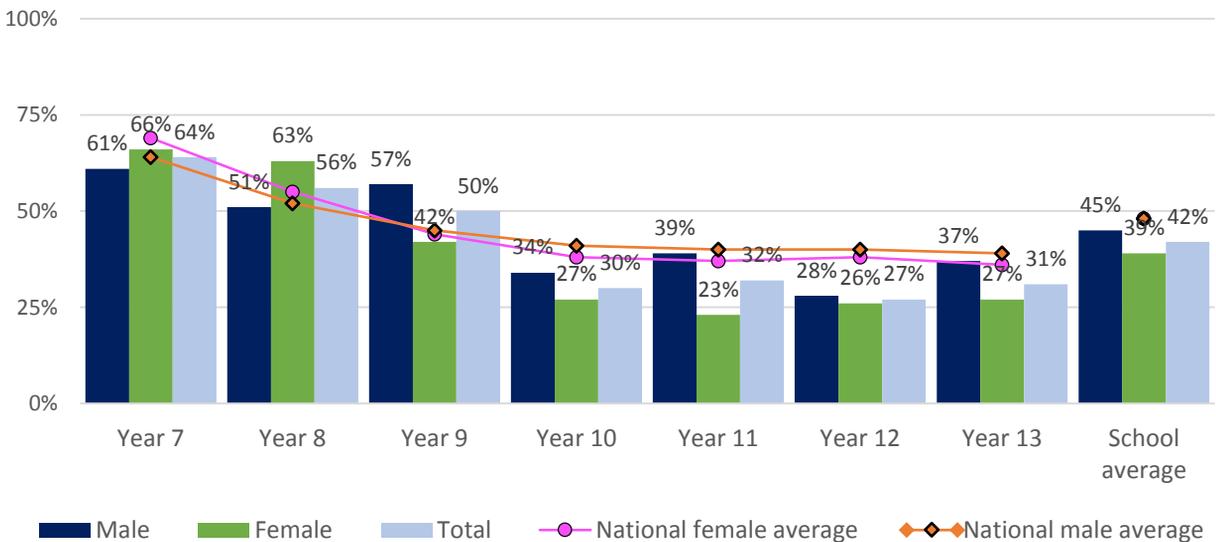
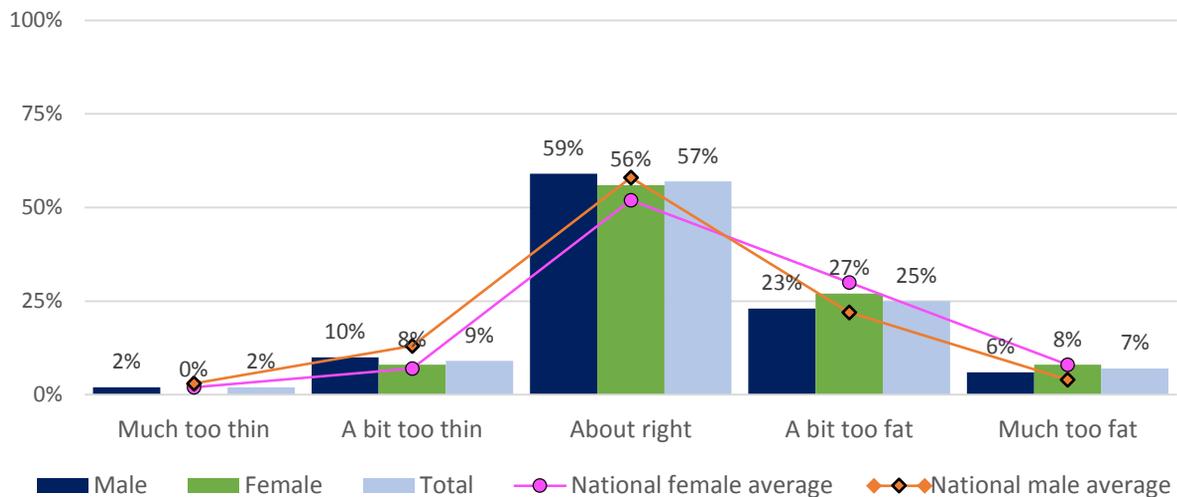


Fig. 27 The Sheppard Academy: Students who “agree” or “strongly agree” that they would speak to a member of staff at school about violence in a boyfriend/girlfriend relationship



Body image

Fig. 28 The Sheppard Academy: Students' responses to "Do you think your body is..."



Your school can make a difference

Look at body image within PSE. Beat Cymru can provide resources and support for schools around body image and eating disorders. <https://www.beateatingdisorders.org.uk/types> Youthline 0808 801 0711

Young carers

Census data suggests there are increasing numbers of young carers in Wales. Research from England and Northern Ireland suggests that young carers tend to report poorer health and wellbeing and less happiness with their lives and have poorer educational outcomes^{59,60}. But young carers also report that they benefit from their experiences of caring, e.g. feeling more mature and having greater self-esteem, and from opportunities offered by young carers' projects⁶¹.

Young carers at The Sheppard Academy

14% of students say they help look after one or more people in their family

Did you know?

Young carers in south Wales have told researchers that they feel a lack of understanding from teachers and poor support from schools, yet many want their school to be a source of support⁶².

Who can help?

Contact your local Healthy Schools team for advice on all aspects of wellbeing and emotional health and recommended local support and resources

Meic is a bilingual advocacy, information and advice helpline for children in Wales.

<https://www.meiccymru.org/>

Freephone 080880 23456

Text 84001

Online chat is also available

Barnardo's Cymru works with children, young people and families in Wales to help ensure that every child has the best possible start in life.

www.barnardos.org.uk/what_we_do/barnardos_today/wales.htm

Mind Cymru provides advice and support to empower anyone experiencing a mental health problem. Information leaflets on many issues such as relaxation, anger management, anxiety and improving self-esteem.

Training for those working with young people on Youth Mental First aid.

<https://www.mind.org.uk/about-us/mind-cymru/>

Mind Infoline (9am-6pm weekdays only) 0300 1233393

ChildLine provides advice for young people on a range of issues including bullying, online and mobile safety and self-harm.

<https://www.childline.org.uk>

Freephone 0800 1111 (bilingual helpline)

1-2-1 online chat also available

The Childline Zipit app has useful phrases and light hearted images that young people can send back to someone if they ask for a nude or other sexual image.

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/online-mobile-safety/sexting/zipit-app/>

Live Fear Free Helpline and website (Wales) run by Welsh Women's Aid, is a national, confidential support and information service for anyone experiencing sexual violence, domestic abuse or other forms of violence against women or for anyone wanting more information on available support services.

Freephone (24 hours a day 365 days a year) **0808 8010 800**

www.gov.wales/livefearfree with a live chat feature

Hafan Cymru Spectrum Project domestic abuse schools programme works in primary and secondary schools across Wales to teach children about healthy relationships, abuse and its consequences and where to seek help. The programme includes raising awareness of abuse amongst teachers and teaching support staff, youth workers, and other interested professionals.

07776 464295 www.hafancymru.co.uk/spectrum/

The Children's Commissioner for Wales stands up for children and young people's rights. This work links to the United Nations Convention on the Rights of the Child. Information on bullying and cyber bullying on the website.

<http://www.childcom.org.uk/>

Carers Trust Wales provides resources and information for anyone working with young carers including:

Supporting Young Carers in School – Wales A toolbox designed with teachers and school staff, this resource helps make the identification and support of young carers in schools in Wales as easy as possible.

<https://professionals.carers.org/Young-Carers-in-School-Wales>

How can your school support the wellbeing and emotional health of students?

Senior Leadership Team and Governors can

Ensure that all relevant policies that support student wellbeing are in place and have been developed in consultation with all sectors of the school community, including students. These should include the Equalities policy/ plan, Anti-Bullying Policy and Strategy and Bereavement policy. Your local Healthy Schools team will advise and support.

Consider the concept of school connectedness and how that can be encouraged through positive relationships between and across different members of the school community.

Make it clear to all that the wellbeing of students is a key focus of the school. This can be through inclusion in the vision statement and school motto and details of actions taken to this end on the school website.

School staff can

Try to foster relationships both with staff members and students that are based on trust and respect.

Build in approaches to learning and opportunities across the curriculum to allow students to consider emotional health issues and foster self-esteem.

With the support of staff, students can

Student participation should be encouraged across all aspects of the life in the school, such as providing input on school policies and feeding into curriculum development. One or more student voice groups should review the school environment in relation to mental and emotional health and wellbeing.

Be encouraged to know about and to appreciate their rights as outlined in the United Nations Convention on the Rights of the Child; this could be supported by them joining the Student Ambassadors scheme run by the Children's Commissioner for Wales.

Ensure that young people are given the opportunity to self-refer to the school- based counsellor and other support agencies where available.

Family and Community Involvement

Invite local and national agencies with a brief to support mental and emotional health and wellbeing to support the curriculum or run awareness raising sessions for staff and parents.

Consider setting up a group with external agency help that would allow parents to talk through the issues around wellbeing for their children and what they could do as a parent to help.

Substance Use and Misuse

Smoking

Why is smoking an important agenda in schools?

Smoking is a major cause of some of Wales's most devastating diseases. Tobacco smoke contains more than 4,000 chemicals and more than 50 of these are known to cause cancer. Smokers are also more likely to suffer from lung disease, heart disease and stroke.

Smoking doesn't just catch up with you later. Teenage lungs are still growing and smoking impairs lung development. Young people who smoke experience more coughs and wheezing and research in America has found that regular smoking in childhood and adolescence is strongly associated with new cases of asthma over an eight year period^{63,64}.

Schools have an important impact on whether or not young people smoke. Research in Scotland has found that a school's social environment is associated with the number of its students who smoke. This effect is particularly apparent in boys and includes various aspects of school life including teacher-student relationships, students' perception of whether teachers trust and respect them, staff-staff relationships and a school's focus on caring and inclusiveness^{65,66}.

Breathing in tobacco smoke is bad for you, whether or not you're a smoker. Tobacco kills half of the people who use it, which equates to 6 million people a year worldwide – or twice the population of Wales. Second hand smoke in enclosed spaces such as cars is also harmful and causes over half a million early deaths a year. There is no safe level of exposure to second hand smoke.

Social inequalities can be seen in the pattern of young people smoking. Whilst the proportion of young people who try smoking has declined overall, young people from less advantaged backgrounds are more likely to try smoking and to move from occasional to daily smoking⁶⁷.

Fig. 29 The Sheppard Academy: Students who currently smoke less than once a week

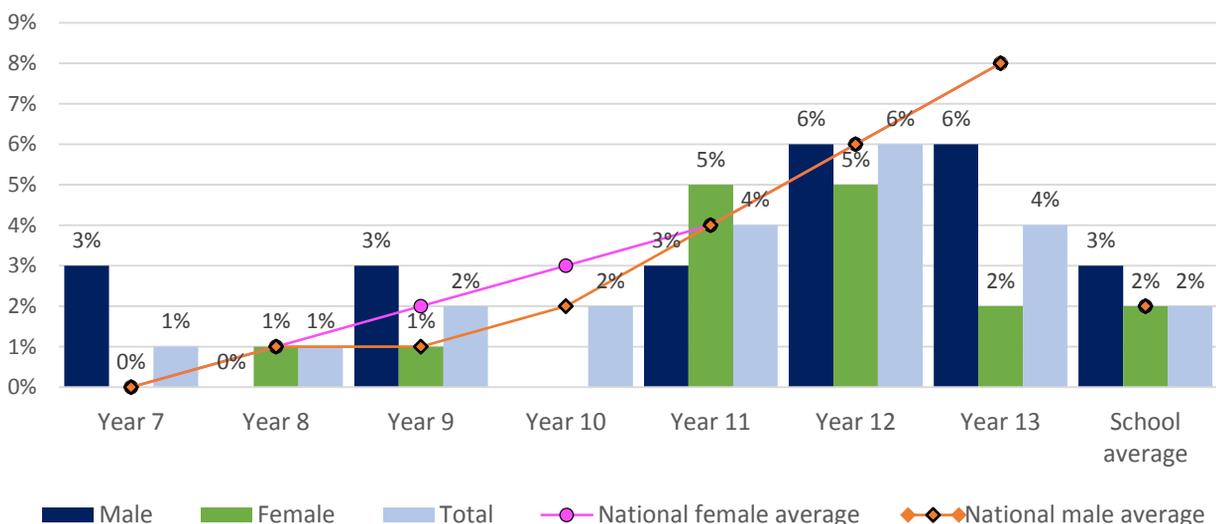
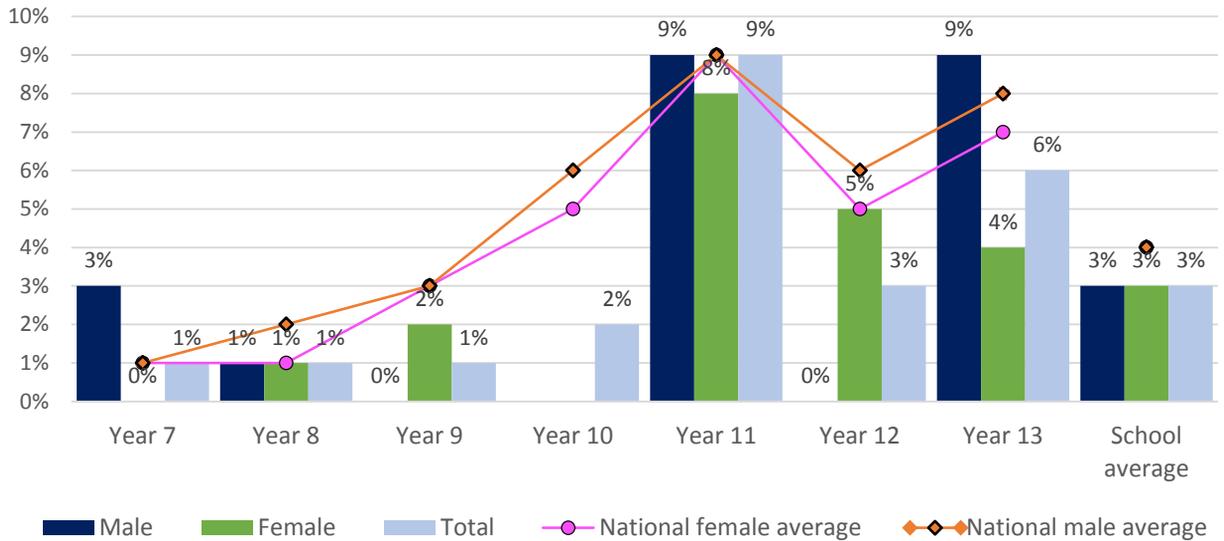


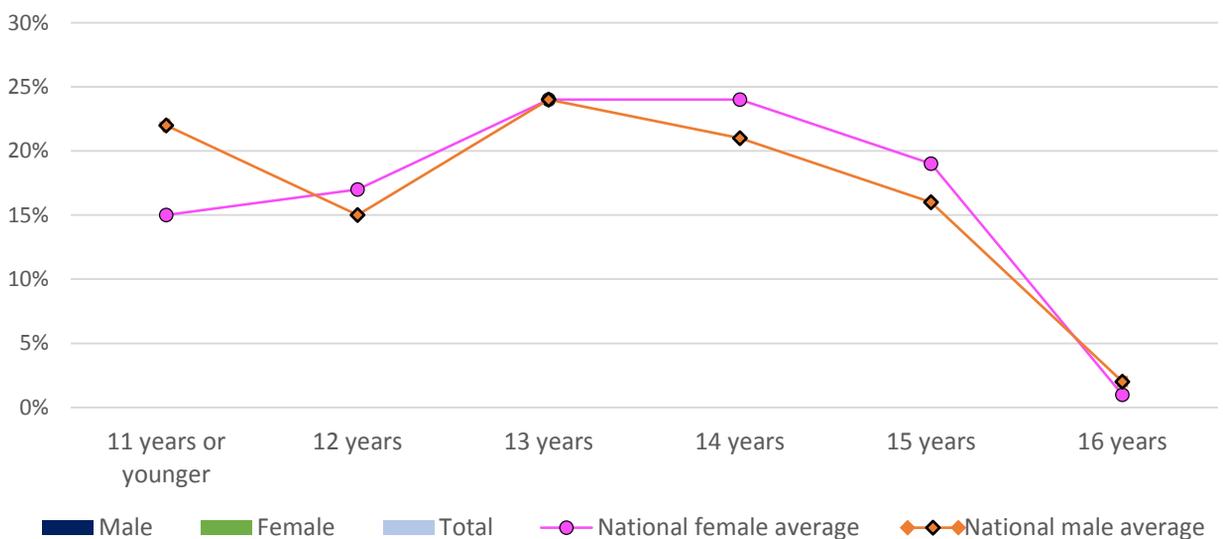
Fig. 30 The Sheppard Academy: Students who currently smoke at least weekly



Did you know?

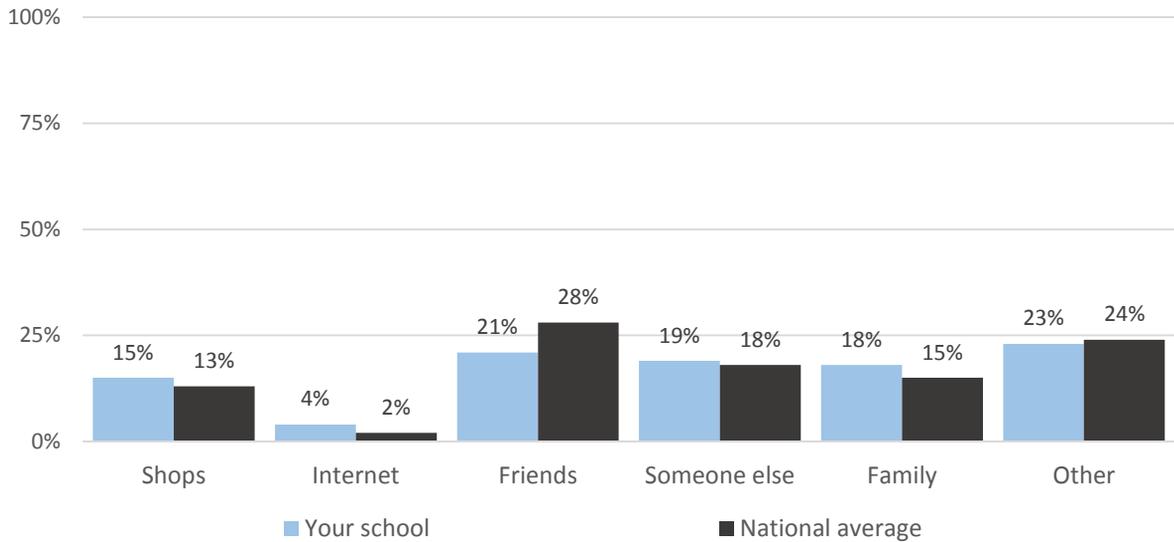
The younger a person is when they first try a cigarette, the more likely they are to become a heavy smoker and to be less successful if they try to quit⁶⁸.

Fig. 31 The Sheppard Academy: The age at which Year 11 students smoked their first cigarette[∞]



[∞] Chart includes only students who *currently smoke at least weekly*

Fig. 32 The Sheppard Academy: Places where students say they often get cigarettes*



*Students could select more than one source of cigarettes. These percentages indicate the proportion of all acquisitions of cigarettes, not the proportion of students

Did you know?

Research with young people suggests that the increase in the legal age to purchase cigarettes has increased the importance of 'proxy purchasing', or asking friends, family or strangers to purchase cigarettes. Young people report knowing what characteristics to look for in a stranger that will make them more likely to agree to purchase cigarettes on their behalf⁶⁹.

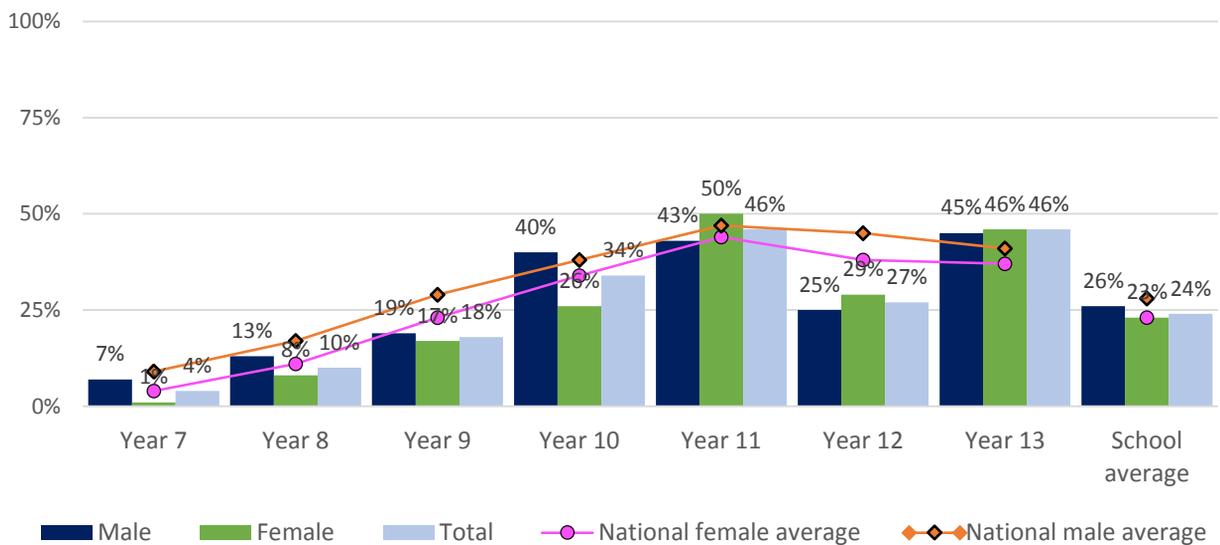
What do you think?

In 2014 a survey of over 2500 secondary school students in England and Wales found that 42% thought the legal age to buy cigarettes (18 years) should be higher and 10% thought it should be lower⁷⁰. What do you think the legal age to buy cigarettes should be?

E-cigarettes

E-cigarettes are also called electronic nicotine delivery systems (ENDS). They do not contain tobacco, but produce a vapour from a battery powered heater and cartridges. The cartridges usually contain nicotine and may contain flavourings to make the vapour taste like tobacco or like mint, fruit or chocolate. Because of their nicotine content, many e-cigarettes are seen as a smoking cessation aid.

Fig. 33 The Sheppard Academy: Students who report having tried e-cigarettes



In the 2017/18 Student Health and Wellbeing Survey **25%** of young people in Wales said they had ever tried an e-cigarette. **3%** said they used e-cigarettes regularly (at least weekly). Regular use was most common among smokers and ex-smokers, with **less than 2%** of non-smokers regularly using e-cigarettes. Regular e-cigarette use amongst young people in Wales is strongly associated with tobacco and alcohol use⁷¹.

Did you know?

The National Youth Tobacco Survey in America has found that young people who use e-cigarettes are more likely to have smoked in the past or be currently smoking. Adolescents who smoked conventional cigarettes and used e-cigarettes were more likely to be heavier smokers⁷².

The **2015 Student Health and Wellbeing Survey in Wales** found that in all year groups, students were more likely to have used an e-cigarette than smoked a cigarette, but regular use of e-cigarettes was rare (2.7% of students). Do you think young people were more likely to have tried a cigarette or an e-cigarette first?

Find the answer in the Research Brief here: <http://www.shrn.org.uk/research-briefing-sheets/>

Alcohol

Why is alcohol use an important agenda in schools?

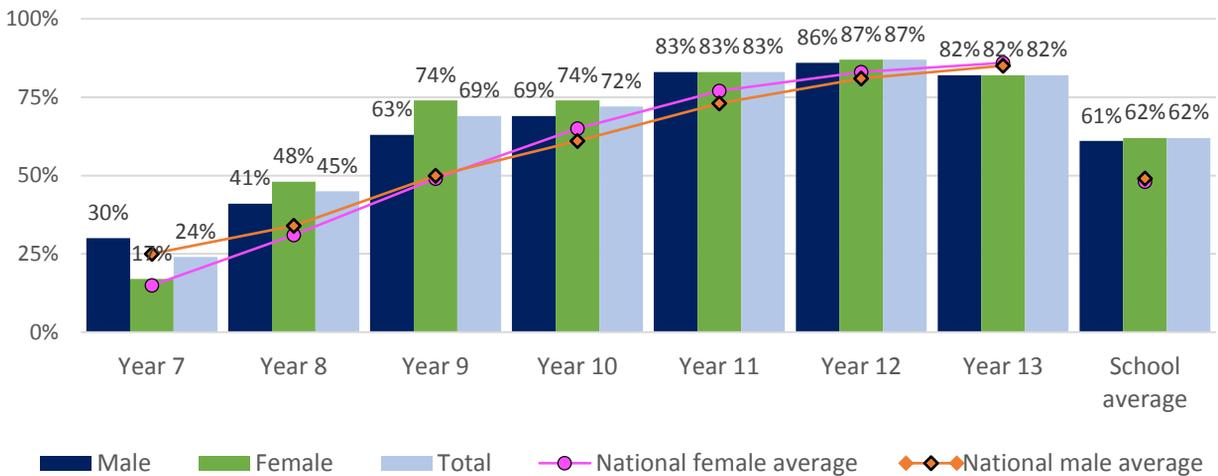
Worldwide, nearly one in ten deaths among 15 to 29 year olds is alcohol related. Many of these are due to intentional and unintentional injuries, including those arising from violence, traffic accidents and suicide.

Alcohol affects body and mind. Young brains are particularly vulnerable to alcohol as they continue to develop throughout adolescence and into young adulthood. Heavy alcohol use in adolescence causes changes in the structure and functioning of the developing brain and is associated with mental health problems. Adolescents who misuse alcohol are also more likely to experience headaches, sleep disturbance, eczema and weight loss and development of their bones, liver and hormone system may be adversely affected⁷³.

Binge drinking is associated with other risky behaviours. The National Youth Risk Behavior Survey in America has found students who binge drink are more likely to report a range of other risky behaviours, including smoking, violence, thinking about or attempting suicide, using cannabis and drink-driving⁷⁴.

Less is better. Unlike the UK, the World Health Organization does not set safe limits on drinking alcohol. This is because for nearly all the diseases that are linked to alcohol consumption, there is a 'dose-response relationship'. This means the more you drink, the greater your risk of disease, so less is better.

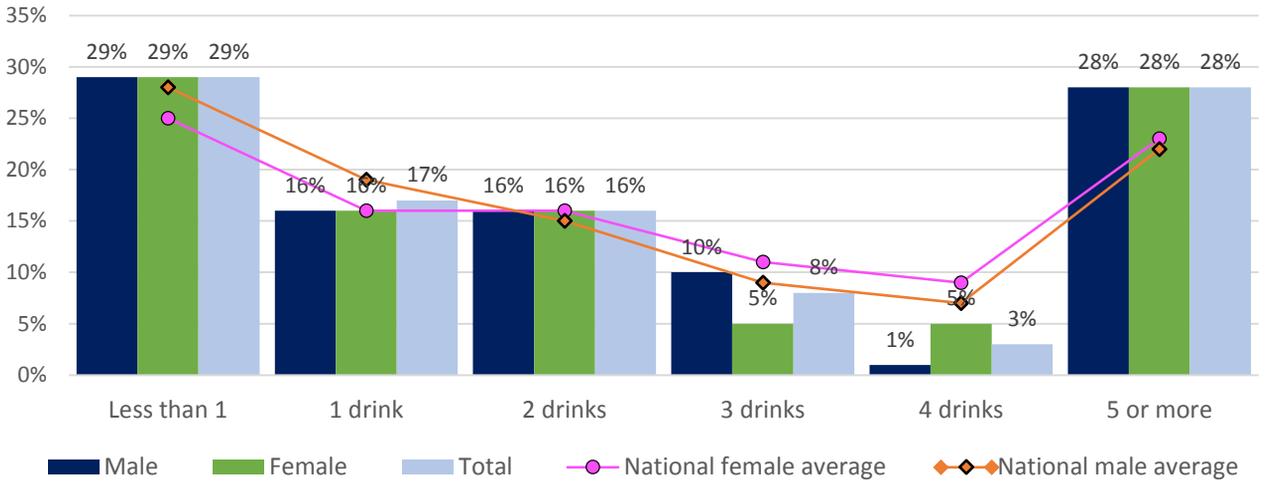
Fig. 34 The Sheppard Academy: Students who report that they drink alcohol



What do you think?

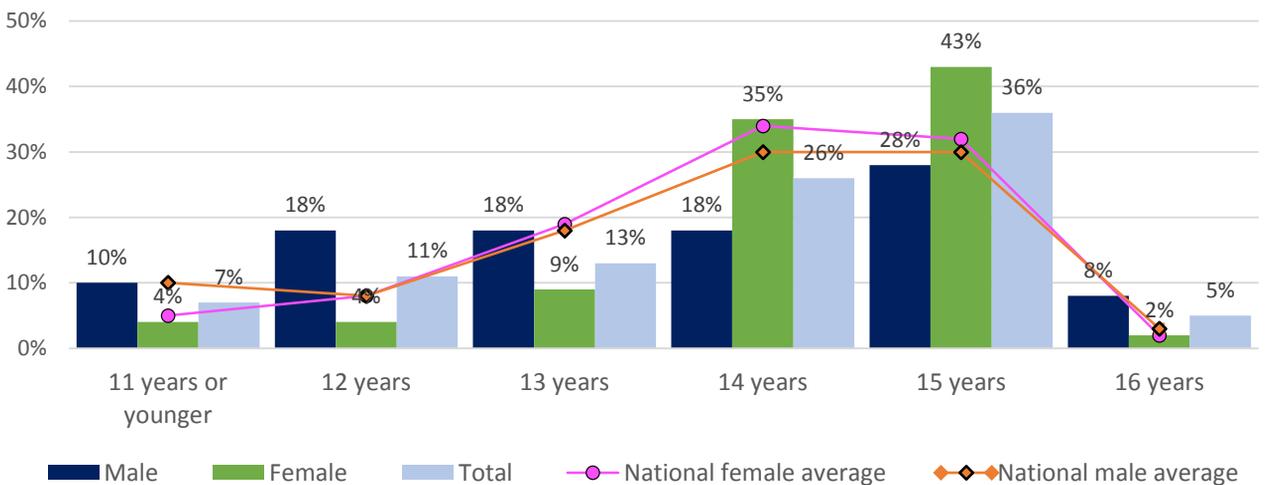
In 2014 a survey of over 2500 secondary school students in England and Wales found that 21% thought the legal age to buy alcohol (18 years) should be higher and 14% thought it should be lower⁷⁰. What do you think the legal age to buy alcohol should be?

Fig. 35 The Sheppard Academy: Students' consumption of alcoholic drinks on a typical day when they are drinking*



* Chart includes only students who report that they drink alcohol

Fig. 36 The Sheppard Academy: The age at which Year 11 students drank alcohol for the first time*



*Chart includes only students who report that they drink alcohol

Did you know?

Early onset of alcohol use is one of the strongest predictors of later dependence on alcohol: research in America has found that the younger people are when they start to drink alcohol, the more likely they are to be dependent on alcohol by the time they are 25 years old⁷⁵.

Did you know?

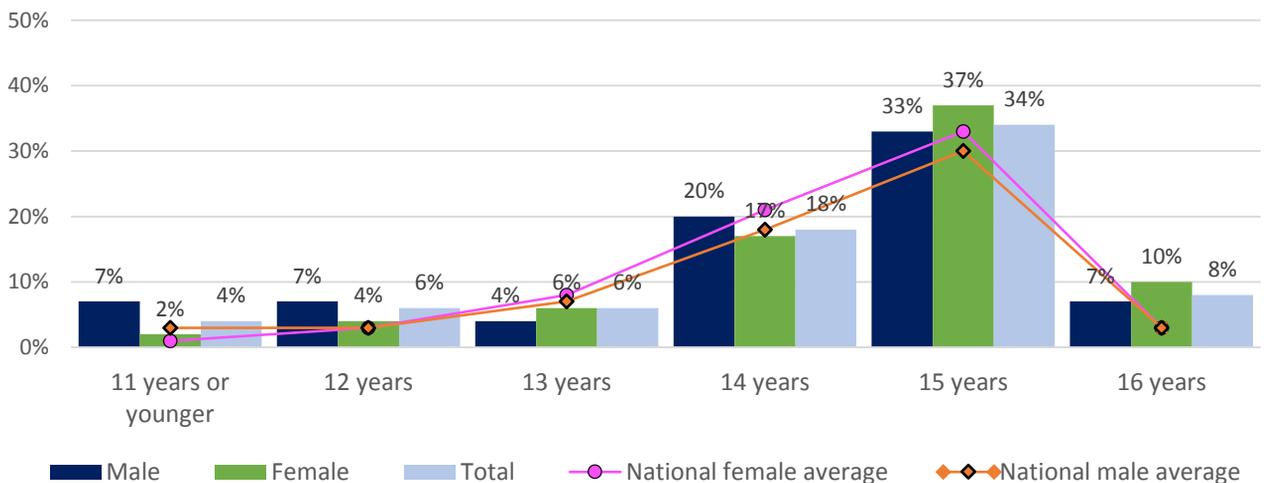
The UK Chief Medical Officers' guidelines⁷⁶ for both **men and women** state that:

- To keep health risks from alcohol to a low level it is **safest not to drink more than 14 units a week** on a regular basis
- If you regularly drink as much as 14 units per week, **it is best to spread your drinking evenly over three or more days**
- The risk of developing a range of health problems increases the more you drink on a regular basis
- If you are pregnant you should not drink alcohol at all.

Binge drinking in adolescents is associated with sexual activity, fighting and use of illegal drugs⁷³. It also puts young drinkers at risk of alcohol poisoning, which can fatally suppress the gag reflex and respiratory drive⁷⁷.

There is an added danger of mixing alcohol and other drugs.

Fig. 37 The Sheppard Academy: The age at which Year 11 students got drunk for the first time*



* Chart includes only *students who report that they drink alcohol*

Did you know?

11-14 year olds in the UK who reported positive school wellbeing were significantly less likely to have ever drunk alcohol than peers who reported negative wellbeing. Wellbeing at school included feeling fairly treated by teachers and being able to take part in making school rules⁷⁸.

Your school can make a difference

The National Institute for Health and Care Excellence (NICE) recommends schools follow a 'whole school' approach to alcohol by involving parents, staff and students and addressing school policy, the school environment, the curriculum and staff professional development⁷⁹.

Did you know?

There are dangers in mixing alcohol with high caffeine energy drinks; the caffeine content may make you feel more awake and less aware of how drunk you are. Caffeine and alcohol are also both diuretic meaning they make you produce a lot of urine so drinking them together may leave you badly dehydrated.

Cannabis

Why is cannabis use an important agenda in schools?

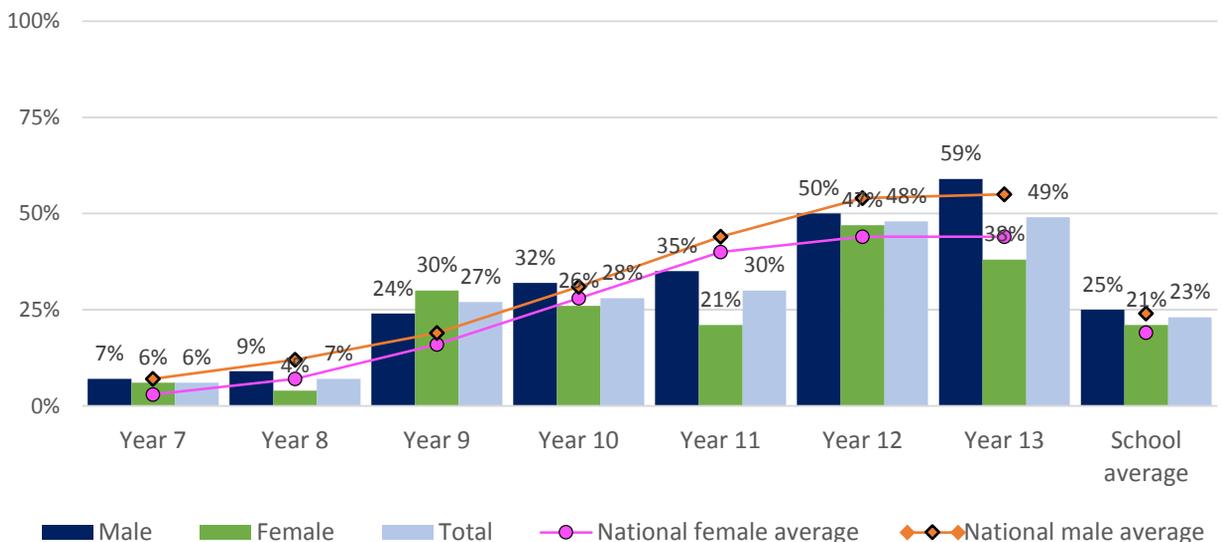
Cannabis directly affects the brain and this is a particular concern in young people, whose brains are still developing. In the short term it can make it hard to concentrate, worsen memory and sap motivation. In the longer term, it has been linked to serious mental health problems in some people⁸⁰.

Cannabis use is strongly associated with educational outcomes. Young people in the West of England who reported weekly cannabis use when they were 15 years old did less well in their GCSE exams for both Maths and English, were less likely to attain five GCSEs at grade C or above, and were more likely to drop out of school⁸¹.

Understanding young people's lives at school may help us understand cannabis use. In-depth research in two English schools found that students' use of cannabis was related to their social networks and the school environment. In an inner city school, students used cannabis as a means to forge friendships and feel safer in an environment they felt vulnerable in. In a suburban school with a small proportion of students from low income families, students who felt estranged by the school's focus on academic attainment derived a strong sense of identity from cannabis use⁸².

Research in America has found that people who start using cannabis as adolescents (11-17 years) are much more likely than those who start using as adults to experience clinical features of drug dependence within two years, such as a longer drug 'hangover', emotional problems and needing more drug to achieve the same effect⁸³.

Fig. 38 The Sheppard Academy: Students who have been offered cannabis in the last 12 months



Did you know?

Cannabis is a Class B drug meaning it is illegal to cultivate, produce, supply or possess it. Having briefly been reclassified to a Class C drug from 2004 to 2009, it was changed because of possible links to mental health issues.

Findings from four large longitudinal studies in Australia and New Zealand were pooled to investigate the relationship between cannabis and depression. Increasing frequency of cannabis use was associated with increasing depressive symptoms and this association was stronger in adolescence than in adulthood. It was not possible, however, to be certain whether cannabis use caused depressive symptoms or vice versa⁸⁴.

Fig. 39 The Sheppard Academy: Students who have taken cannabis in the last 30 days

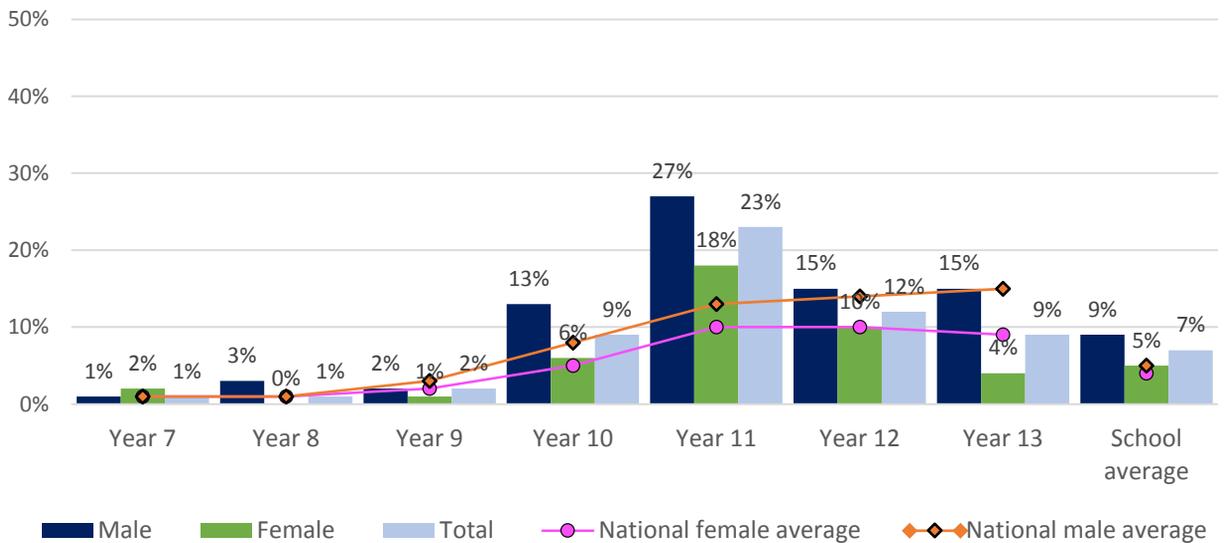
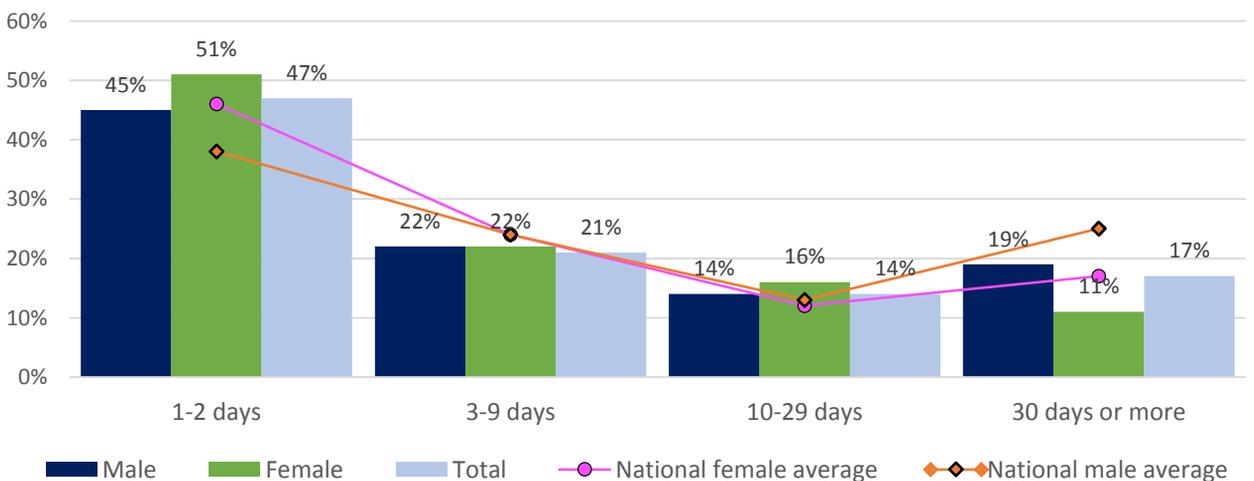
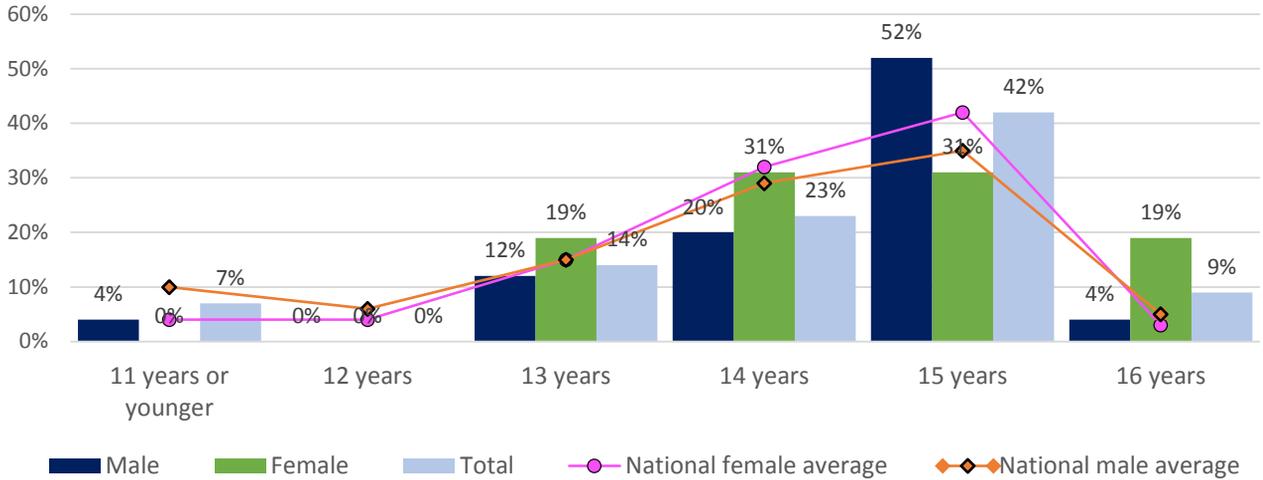


Fig. 40 The Sheppard Academy: Number of days in the last 30 days on which students have taken cannabis*



* Chart includes only students who report that they currently use cannabis

Fig. 4.1 The Sheppard Academy: The age at which Year 11 students used cannabis for the first time*



* Chart includes only students who report that they currently use cannabis

Did you know?

Though still the most prevalent illegal drug in the UK, statistics suggest a long term downward trend for cannabis use.

Your school can make a difference

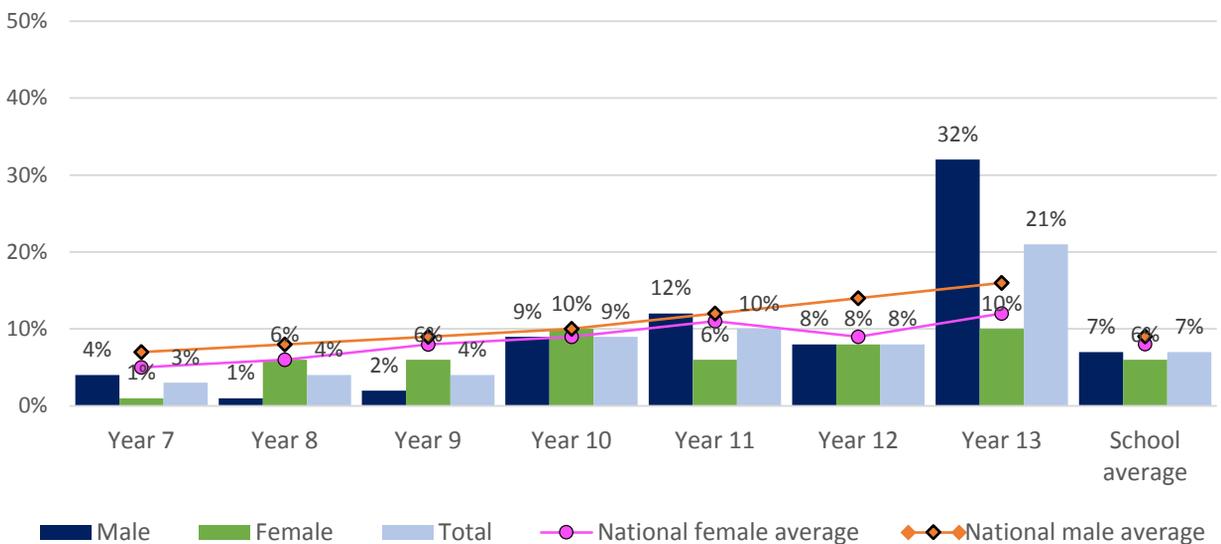
Relationships between teachers and students independently influence cannabis use. A longitudinal study of young people in Belfast found that teacher-student relationships at age 13/14 years was independently associated with cannabis use at age 15/16 years. The relationship included both cannabis use in the last year and weekly cannabis use. Students who reported positive relationships with teachers were 52% less likely to report weekly cannabis use⁸⁵.

New psychoactive substances

New psychoactive substances (NPS) are new drugs that have emerged in recent years. These drugs mimic the effects of established illegal drugs, but the chemists who produce them altered their molecular structure so that they fell outside of existing drug laws, thus making them technically legal (hence the popular name '**legal highs**'). As such, they were sold openly in some shops and via internet sites. One concern was that young people linked the legal status with the drugs being safe to use.

The UK-wide **Psychoactive Substances Bill** came into force in **May 2016** and has now outlawed the sale, import and export of NPS, such as Spice, Black Mamba and Blue Cheese. The ban extends to the sale of nitrous oxide (laughing gas) for human use.

Fig. 42 The Sheppard Academy: Students who have ever tried inhaling laughing gas or taking mephedrone or 'legal highs'



Who can help?

Contact your local Healthy Schools team for advice on all aspects of substance use and misuse and recommended local support and resources

<p>Filter is the young people's service from Ash Wales which aims 'to filter out the myths and give the facts about smoking'. For information on smoking and help on quitting visit the website or text / WhatsApp 074 5366 5220</p> <p>www.thefilterwales.org</p> <p>Ash Wales offer statistics and information on smoking in Wales</p> <p>www.ashwales.org.uk</p>	<p>DAN, the Wales Drug and Alcohol Helpline, provides free and confidential information or help on issues relating to drugs or alcohol, 24 Hours a day, 365 days a year through the medium of Welsh and English. Call 0808 808 2234</p> <p>www.dan247.org.uk</p> <p>Frank provides English medium, youth focused advice:</p> <p>Call 0300 123 6600 www.talktofrank.com</p>
<p>Help Me Quit</p> <p>Help Me Quit is a bilingual website with information on all NHS stop smoking services in Wales.</p> <p>http://www.helpmequit.wales/</p>	<p>Alcohol Concern Cymru is working with support from the Welsh Government to aim to reduce the harm caused by alcohol in Wales.</p> <p>https://www.alcoholconcern.org.uk/Pages/Category/alcohol-concern-cymru</p>
<p>Drink Wise Wales, run by Alcohol Concern Cymru, is any easy-to-use bilingual website giving information on sensible drinking and about how alcohol affects your body. It has a range of interactive activities as well as information on all aspects of alcohol.</p> <p>www.drinkwisewales.org.uk</p>	<p>Resources for teachers, learners and parents/carers on substance use and misuse and other health topics to support the All Wales School Liaison Core Programme.</p> <p>www.schoolbeat.org</p>
<p>NHS Direct Wales provides health information on substance use and misuse and appropriate local services.</p> <p>Call 0845 46 47 or visit www.nhsdirect.wales.nhs.uk</p>	<p>Cancer Research UK provides comprehensive information on a range of lifestyle issues such as smoking and alcohol.</p> <p>www.cancerresearchuk.org</p>

How can your school help your students resist the pressure to misuse substances?

Senior Leadership Team and Governors can

Ensure that the school is a smoke free site (and precludes the use of e-cigarettes) and has policies to deal with smoking and drinking incidents either through separate documents or within the schools substance use and misuse policy.

Consider accessing smoking cessation support for students and staff who want to quit.
<http://www.helpmequit.wales>

Take up the **JustB SmokeFree Programme** if offered by Public Health Wales. This is a targeted school based smoking prevention programme for Year 8 (12-13 year olds) students to enable them to discuss the risks of smoking and the benefits of being smoke free. <https://www.justbsmokefree.wales/lang.php>

School staff can

Consider the most appropriate year groups to target educational input based on the data in the report.

Make the most of the opportunities to deliver smoking, alcohol and substance misuse education within PSE, Science and in other subjects across the curriculum. Ensure that the content is broader than the long term dangers of using the substances. Consider short term consequences, skills to resist unwanted peer and media influences and allow students to consider their attitudes relating to these substances.

With the support of staff, students can

Ensure that Student Voice groups consider smoking and alcohol and review the curriculum and school environment in relation to both substances. The Eco-committee can consider the global effects of smoking on the environment.

Consider awareness raising events to tie in with national events such as No Smoking Day and Alcohol Awareness Week.

Think of appropriate messages that could be delivered to younger students in the school through peer education sessions or assemblies.

Family and community involvement

Invite local and national agencies with a brief in smoking or alcohol to support the curriculum or run awareness raising sessions for staff and parents.

Take the opportunity of spreading learning beyond the school gate; display student curriculum work on substance misuse within the local community such as in Doctors' surgeries and pharmacists.

Sex and Relationships

Why is sex and relationships education an important agenda in schools?

Having sex at an early age is associated with a number of other risky health behaviours, such as taking drugs and smoking. Research in Scotland has found strong associations between early substance use (smoking before 14 years, drinking alcohol monthly by 15 years and ever taken illicit drugs by 15) and early sexual initiation (before 16 years). These relationships were the same among boys and girls and did not change with social class⁸⁶.

How young people feel about school is related to their sexual behaviour. Analysis of HBSC data from four countries in Europe and the USA found that early sexual experience (under 15 years old) was associated with low school attachment in both boys and girls. School attachment included whether students liked school, if they felt teachers treated them fairly and were interested in them, and if they felt they were part of their school⁸⁷.

Young people feeling regret about having sex is related to drinking alcohol. 12.5% of 15 and 16 year olds in the North of England reported they had regretted sex after drinking. However, when broken down by drinking behaviour it was found that only 5% of those who drank less than once a month had experienced regret after sex but 30% of those who drank three or more times a week had experienced such regret⁸⁸.

It is not uncommon for young people to have sex before they are ready. A large study in the West of England found that 18% of 15 year olds had had sex in the last 12 months. Of these, over one third were considered unready, meaning they did not want to or were made to have sex, they regretted having sex, or they did not use contraception⁸⁹.

Fig. 43 The Sheppard Academy: Students who have ever had sexual intercourse

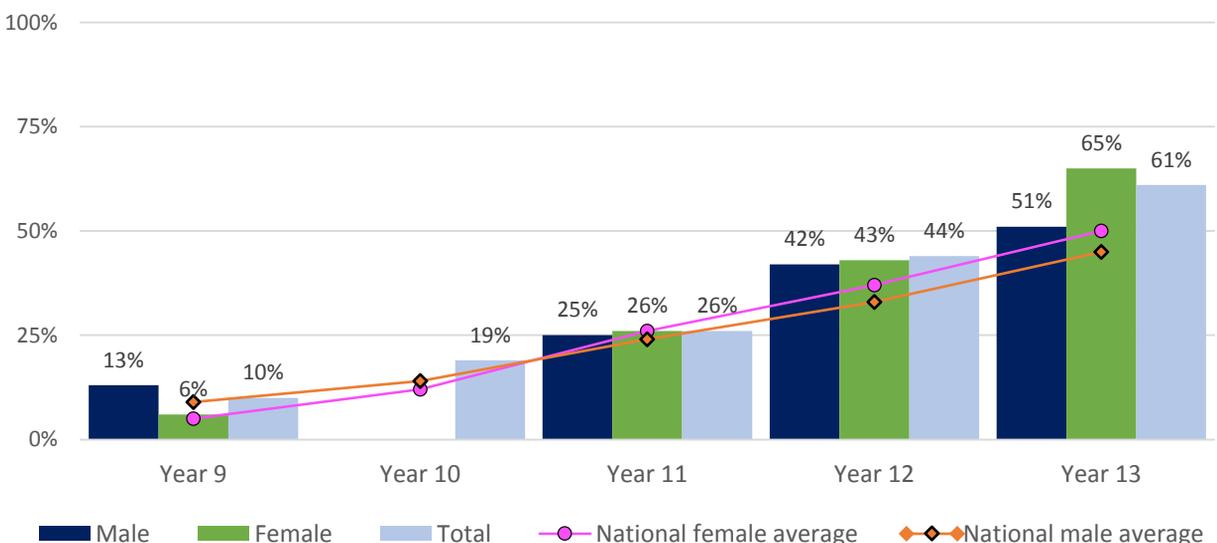
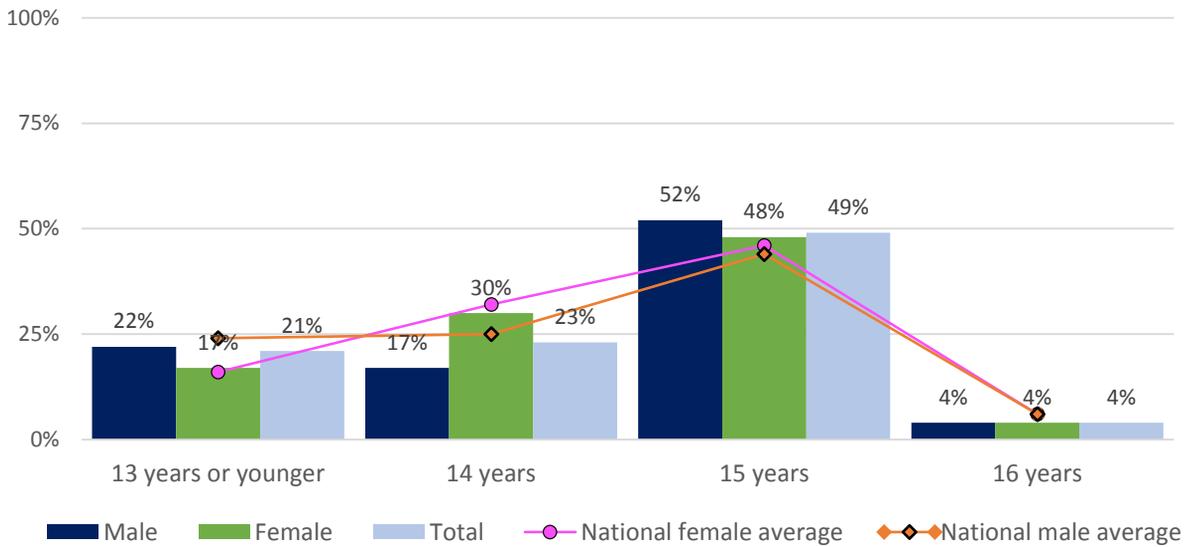


Fig. 44 The Sheppard Academy: The age at which Year 11 students had sexual intercourse for the first time*



* These are percentages of sexually active students only, not of all students

What do you think?

In 2014 a survey of over 2500 secondary school students in England and Wales found that 22% thought the legal age to have sex (16 years) should be higher and 17% thought it should be lower⁷⁰. What do you think the legal age to have sex should be?

Did you know?

Analysis of the **2015 Student Health and Wellbeing Survey** found a clear relationship between who teaches SRE and young people’s sexual health⁹⁰. For example, in schools where SRE was taught by a school nurse or a specialist SRE or health education teacher, students were less likely to say they were sexually active. These findings are consistent with a review of international research which found that young people tended to dislike having familiar teachers, such as form tutors, deliver SRE⁹¹.

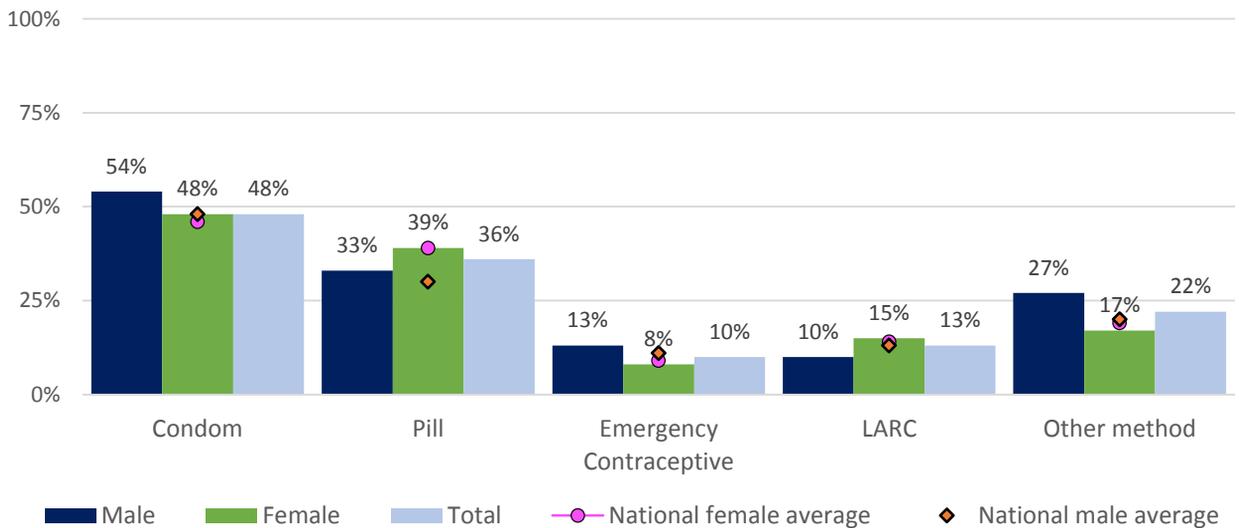
Your school can make a difference

A review of evidence on sex and relationships education at school conducted by the National Institute for Health and Care Excellence (NICE) found that comprehensive education programmes significantly impact on two important aspects of behaviour: delaying the initiation of sex and reducing the number of sexual partners. No evidence was found that comprehensive programmes hastened the first experience of sex⁹².

In 2017 Estyn produced a Review of Healthy Relationships Education in schools⁹³, which describes both negative and positive findings culminating in 3 recommendations for schools:

- Implement Welsh Government guidance to provide a whole-school approach to preventing violence against women, domestic abuse and sexual violence⁵⁸
- Ensure that key messages around healthy relationships are embedded in the curriculum and reinforced regularly
- Build on the best practice identified in the Review.

Fig. 45 The Sheppard Academy: Contraceptive use in sexually active students and their partners*



* These are percentages of sexually active students only, not of all students

Did you know?

In the **2015 Student Health and Wellbeing Survey in Wales**, 57% of sexually active Year 11 students said they had not used a condom the last time they had sex. Do you think having a sexual health service *at school* increased or decreased the likelihood of young people using condoms?

Find the answer in the Research Brief here: <http://www.shrn.org.uk/research-briefing-sheets/>

Your school can make a difference

A review of research with 11 to 18 year olds in the UK and USA found that two components of school-based and school-linked sexual health services were particularly important: making contraception available and providing information and advice⁹⁴. Accessing contraception was often the principal reason students used the service.

A study of UK providers of school-based sexual health services in the UK found that providing services at lunchtimes was thought to be most helpful for young people: it meant they did not have to leave lessons or hang around after school. Lunchtime services were particularly important for rural students reliant on public transport to get home⁹⁵.

Who can help?

Contact your local Healthy Schools team for advice on all aspects of sex and relationships and recommended local support and resources

Brook

Brook provides free and confidential sexual health services and advice for young people under 25. Their website has lots of information about all aspects of sex and relationships, as well as leaflets, posters and resources to order.

www.brook.org.uk

Family Planning Association

The fpa is a sexual health charity which provides information, advice and support on sexual health, sex and relationships to everyone in the UK. Their website has information that will help students, staff and parents/carers.

www.fpa.org.uk

Sexwise provides easy to access information for young people on contraception, sexually transmitted infections (STIs) and pregnancy.

<https://sexwise.fpa.org.uk/>

Sex Education Forum

The Sex Education Forum is run by the National Children's Bureau. It aims to ensure that children and young people have the right to good sex and relationships education (SRE). Its work is underpinned by evidence, a rights-based approach and the expressed needs of children and young people.

www.ncb.org.uk/sef

Stonewall Cymru

Stonewall Cymru is the all-Wales Lesbian, Gay & Bisexual (LGB) Charity. Its aim is to achieve equality for LGB people at home, at school and at work. The website has resources for schools.

www.stonewallcymru.org.uk

NHS Direct Wales

NHS health advice and information service, providing advice and details of medical services in Wales including where to go for emergency contraception.

<http://www.nhsdirect.wales.nhs.uk/LiveWell/LifestyleWellbeing/Sexualhealth>

Call 0845 46 47

The Child Exploitation and Online Protection (CEOP)

website offers information for children and young people, parents and adults to help stay safe online.

www.thinkuknow.co.uk

How can your school support healthy sex and relationships education for students?

Senior Leadership Team and Governors can

Ensure the school has an up- to-date Sex and Relationships Education policy that is reviewed regularly and developed by representatives from all sectors of the school community.	Take an important role in monitoring the effectiveness of the SRE programme.
Take due account of Article 12 of the UN convention on the Rights of the Child to ensure that students 'have a right to say what they think should happen in school and be listened to'.	Consider the placement of sexual health services such as nurse led drop-in clinics within the school environment for ease of access for young people.

School staff can

Consider the most appropriate year groups to target educational input based on the data in the report.	Take advantage of any training provided locally and nationally to support this agenda in school.
Provide an emphasis on skills development with participatory teaching methods that promote communication and interpersonal skills.	Help protect learners' privacy by always de-personalising discussions. Distancing techniques help learners discuss sensitive issues and develop their decision-making skills in a 'safe' environment.

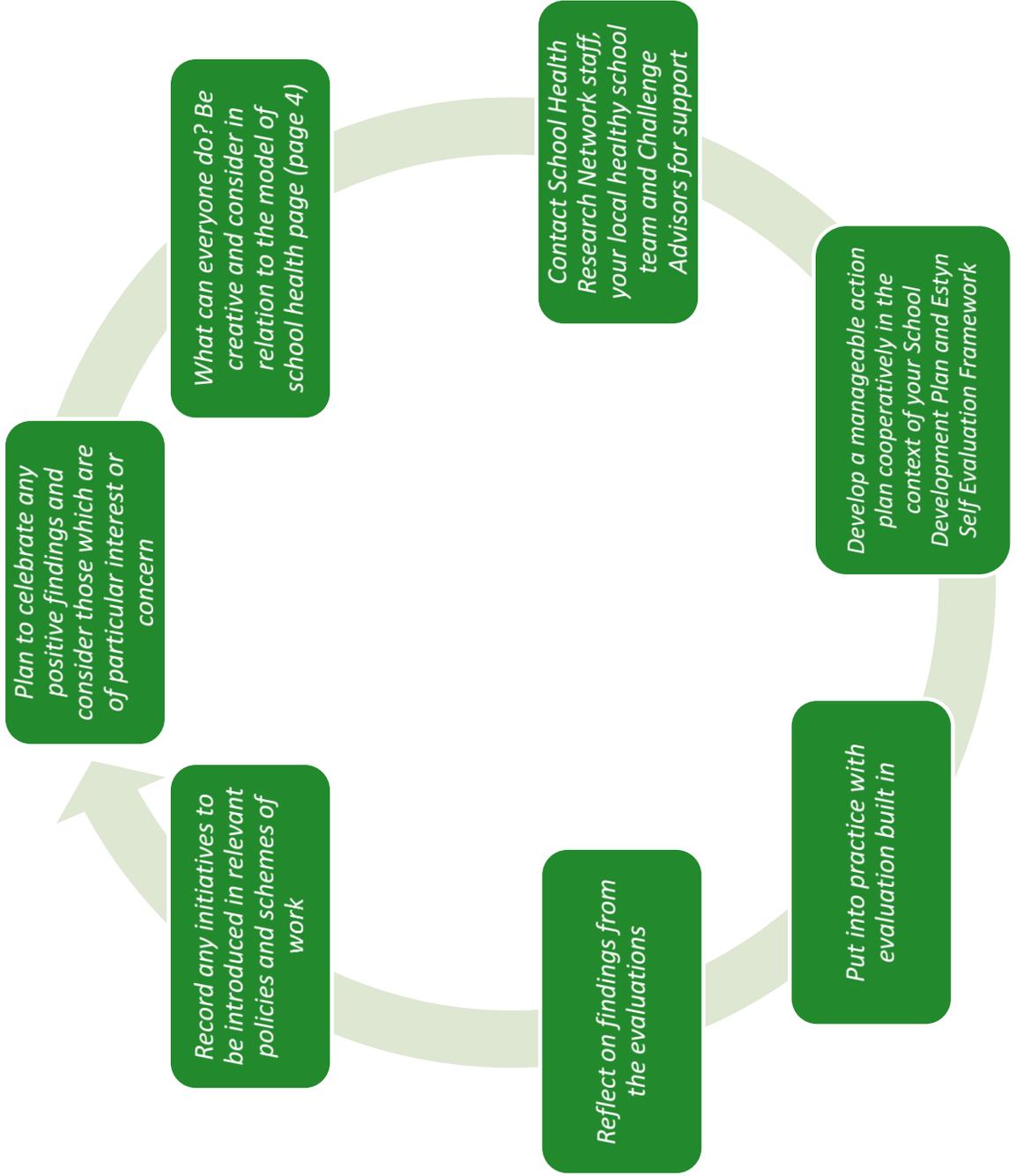
With the support of staff, students can

Give their views on the content and delivery of sex and relationships education within the school.	Take an important role in the development of the Sex and Relationships Education policy in school.
Be trained as peer educators to complement the delivery of the SRE programme.	Raise awareness to other members of the school community on events linked to this health topic, e.g. World Aids Day, December 1 st each year.

Family and community involvement

Parents/carers can become actively involved in the development of the school's sex education policy. They can be helped to see that the school's SRE programme will complement and support their role.	Many agencies such as Brook and fpa provide resources and support to help parents/carers to talk to their children about sex and relationships. Schools could ensure that parents/carers in the school know about/have access to these resources.
Local agencies can support this agenda in school; in relation to the curriculum, but also by offering appropriate services in school, e.g. the C (Condom) Card Scheme.	Students need to be well informed about the sexual health services that are available to them both locally and nationally.

How to use your report: Share your report findings with all sectors of the school community



Student wellbeing can be improved through contributions at many levels with all members of the school community using the report data in creative ways:

Senior Leadership Team and Governors can

Make health and wellbeing a priority in the curriculum, the environment and within school activities. Ensure that this is reflected within the School Improvement Plan.

Look for opportunities to engage all members of the school community in considering and acting on the report. Ask local agencies to support where appropriate.

If there is a change in practice as a result of any actions, ensure that health related policies reflect this.

Consider this feedback report within a governing body meeting and make suggestions as to possible future actions.

Plan a specific action using the expertise of members of the governing body.

School staff can

Support recommendations within the school improvement plans.

Plan and deliver a health curriculum that supports the findings of the school report in PSE and through a cross-curricular approach.

Develop opportunities as staff to model healthy behaviours.

Evaluate new or previously implemented actions in school.

With the support of staff, students can

Explore ways to take action on areas of strength or concern through established student voice groups, such as the school council or by setting up a new group with a healthy living focus.

Organise new initiatives at school (e.g. a fun health event, a student/staff healthy living challenge, award members of the school community who have made a difference in promoting healthy living).

Share the data!

- Write articles in student or local newspapers.
- Feature highlights of data during assemblies.
- Talk to friends and family about the report's results.
- Use data in school projects.
- Connect with students from other schools in the School Health Research Network and SHAPES schools in Canada to share explore partnership opportunities.

Families and members of the local community can

Support the Parent Teachers Association to run events that support the health and wellbeing of the school community for example health fairs, fun fitness days and ensure no actions, e.g. in relation to food provision, undermine the school approach to health and wellbeing.

Create opportunities to model healthy behaviours at home and within the local community.

Share skills, talents or resources to help address the issues identified in the report.

Other sources of health and wellbeing data in the UK

These sources of data may be useful to provide context for health action planning in your school or for students undertaking the individual project component of the Welsh Baccaalaureate.

<p>Counselling for children and young people</p> <p>http://gov.wales/statistics-and-research/counselling-children-and-young-people/?lang=en</p>	<p>Data on local authority provided, independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school.</p>
<p>Good Childhood Reports</p> <p>https://www.childrensociety.org.uk/the-good-childhood-report-2017</p>	<p>The Good Childhood Reports are a series of annual reports published by the Children’s Society about how children in the UK feel about their lives.</p>
<p>Health Behaviour in School-aged Children (HBSC) Survey</p> <p>Wales: http://gov.wales/statistics-and-research/health-behaviour-school-aged-children/?lang=en</p> <p>Scotland: http://www.cahru.org/research/hbsc-scotland</p> <p>England: http://www.hbscengland.com/</p> <p>International: http://www.hbsc.org/publications/international/</p>	<p>The Student Health and Wellbeing Survey is based on the HBSC Survey and incorporates it every four years. The international survey now involves over 40 countries and goes back over 30 years. International reports are available, as are national reports for the UK nations.</p>
<p>The Millennium Cohort Study</p> <p>https://www.cls.ioe.ac.uk/page.aspx?sitesectionid=851#</p>	<p>The Millennium Cohort Study is a national longitudinal birth cohort study following the lives of around 19,000 children born in the UK in 2000-01. It collects information on diverse topics as parenting; childcare; school choice; child behaviour and cognitive development; child and parental health; parents’ employment and education; income and poverty; housing, neighbourhood and residential mobility; and social capital and ethnicity.</p>

<p>My local school</p> <p>http://mylocalschool.gov.wales/?lang=en</p>	<p>See where your school sits in relation to other schools in your family, local authority and nationally, and over time, on a range of education outcomes.</p>
<p>National Diet and Nutrition Survey</p> <p>https://www.gov.uk/government/collections/national-diet-and-nutrition-survey</p>	<p>The National Diet and Nutrition Survey assesses the diet, nutrient intake and nutritional status of the UK general population aged 1.5 years and over living in private households in the UK. It provides data on 11 to 18 year olds by gender.</p>
<p>Smoking, drinking and drug use surveys</p> <p>Scotland: http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS</p> <p>England: http://digital.nhs.uk/catalogue/PUB30132</p>	<p>Scotland and England have long-established, national surveys of smoking, drinking and drug use in young people: the Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) in Scotland and the Smoking, Drinking and Drug Use Among Young People in England Survey in England.</p>
<p>Sport Wales Survey</p> <p>http://sport.wales/research--policy/surveys-and-statistics/school-sport-survey.aspx</p>	<p>In addition to providing school-level reports, Sport Wales publish data tables and a range of infographics at different levels, e.g. local authority and health board.</p>

References

1. Moore GF, Littlecott HJ, Fletcher A, Hewitt G and Murphy S. Variations in schools' commitment to health and implementation of health improvement activities: a cross-sectional study of secondary schools in Wales. *BMC Public Health* 2016; 16:138
School Health Research Network Research Brief:
http://www.shrn.org.uk/wp-content/uploads/2016/09/Moore_Schl-commitment_final.pdf
2. Moore GF, Littlecott HJ, Evans R, Murphy S, Hewitt G and Fletcher A. School composition, school culture and socioeconomic inequalities in young people's health: Multi-level analysis of the Health Behaviour in School-aged Children (HBSC) survey in Wales. *British Education Research Journal* 2017; 43(2): 310-329
School Health Research Network Research Brief:
http://www.shrn.org.uk/wp-content/uploads/2016/09/Moore_Schl-comp-and-cult_English.pdf
3. Public Health Wales. Welsh Network of Healthy School Schemes.
<http://www.wales.nhs.uk/sitesplus/888/page/82249#introduction>
4. Estyn Common Inspection Framework.
<https://www.estyn.gov.wales/inspection/inspection-explained/common-inspection-framework>
5. Estyn Supplementary Guidance: Healthy Living Autumn 2017
<https://www.estyn.gov.wales/document/supplementary-guidance-healthy-living-o>
6. The United Nations Convention on the Rights of the Child (UNCRC) <http://www.unicef.org/crc/>
For a young people friendly version:
https://www.childcomwales.org.uk/wp-content/uploads/2016/04/ccfw_rights_poster_eng.pdf
7. Prosperity for All: the National Strategy *Taking Wales Forward*
<http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>
8. National Literacy and Numeracy Framework (LNF) <http://learning.gov.wales/resources/browse-all/nlnf/?lang=en>
9. Welsh Baccalaureate (WBQ) <http://www.wjec.co.uk/qualifications/welsh-baccalaureate/welsh-bacc-from-2015/#qualSearch>
10. Welsh Government. New school curriculum.
<http://gov.wales/topics/educationandskills/schoolshome/curriculuminwales/curriculum-for-wales-curriculum-for-life/?lang=en>
11. Lobstein, T. and Jackson, R. *International Comparisons of Obesity Trends, Determinants and Responses: Evidence Review* (2007) London: UK Government Office for Science.
12. Griffiths LJ, Parsons TJ and Hill AJ. Self-esteem and quality of life in obese children and adolescents: a systematic review. *International Journal of Pediatric Obesity* 2010; 5(4): 282-304
13. Craigie AM, Lake AA, Kelly SA, Adamson AJ and Mathers JC. Tracking of obesity-related behaviours from childhood to adulthood: a systematic review. *Maturitas* 2011; 70(3): 266-284
14. Lake AA, Mathers JC, Rugg-Gunn AJ and Adamson AJ. Longitudinal change in food habits between adolescence (11-12 years) and adulthood (32-33 years): the ASH30 Study. *Journal of Public Health* 2006; 28(1):10-16
15. Merten MJ, Williams AL and Shriver LH. Breakfast consumption in adolescence and young adulthood: parental presence, community context, and obesity. *Journal of the American Dietetic Association* 2009; 109(8): 1384-1391
16. Townsend N, Murphy S and Moore L. The more schools do to promote healthy eating, the healthier the dietary choices by students. *Journal of Epidemiology and Community Health* 2011; 65(10): 889-895
17. Welsh Government Social Research. *2013/14 Health Behaviour in School-aged Children (HBSC) Wales: key findings implementation of the Child Practice Review Framework*. 2015
<http://gov.wales/docs/caecd/research/2015/151022-health-behaviour-school-children-2013-14-key-findings-en.pdf>
18. The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013
<http://www.legislation.gov.uk/wsi/2013/1984/contents/made>
19. Lally P, Bartle N and Wardle J. Social norms and diet in adolescents. *Appetite* 2011; 57: 623-627
20. Gosliner W. School-level factors associated with increased fruit and vegetable consumption among students in California middle and high schools. *Journal of School Health* 2014; 84: 559-568
21. Masento AM, Golightly M, Field DT, Butler LT and van Reekum CM. Effects of hydration status on cognitive performance and mood. *British Journal of Nutrition* 2014; 111:1841-1852
22. Welsh Government's Eatwell Guide can be downloaded here:
<http://change4lifewales.org.uk/families/eatwell/?lang=en>
23. Reissig CJ, Strain EC and Griffiths RR. Caffeinated energy drinks – a growing problem. *Drug and Alcohol Dependence* 2009; 99: 1-10
24. Visram S, Crossley SJ, Cheetham M and Lake A. Children and young people's perceptions of energy drinks: A qualitative study. *PLoS ONE* 2017; 12(11): e0188668

25. Schwartz DL, Gilstad-Hayden K, Carroll-Scott A, Grilo SA, McCaslin C, Schwartz M and Ickovic JR. Energy drinks and youth self-reported hyperactivity/inattention symptoms. *Academic Pediatrics* 2015; doi:10.1016/j.acap.2014.11.006
26. Storey HC, Pearce J, Ashfield-Watt PAL, Wood L, Baines E and Nelson M. A randomised controlled trial of the effect of school food and dining room modifications on classroom behaviour in secondary school children. *European Journal of Clinical Nutrition* 2011; 65(1): 32-38
27. Larson N, Davey CS, Coombes B, Caspi C, Kubik MY and Nanney MS. Food and beverage promotions in Minnesota secondary schools: secular changes, correlates, and associations with adolescents' dietary behaviors. *Journal of School Health* 2014; 84: 777-785
28. WLGA Briefing: Healthy Eating in Schools. 2017
<http://www.wlga.wales/SharedFiles/Download.aspx?pageid=62&mid=665&fileid=1308>
29. Eime RM, Young JA, Harvey JT, Charity MJ and Payne WR. A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity* 2013; 10: 98
30. Booth JN, Leary SD, Joinson C, Ness AR, Tomporowski PD, Boyle JM and Reilly JJ. Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort. *British Journal of Sports Medicine* 2014; 48: 265-270
31. Brooke HL, Corder K, Griffin SJ and van Sluijs EMF. Physical activity maintenance in the transition to adolescence: a longitudinal study of the roles of sport and lifestyle activities in British youth. *PLOS One* 2014; 9(2): e89028
32. School-based physical activity programmes. CEDAR Evidence Brief, November 2012
<http://www.cedar.iph.cam.ac.uk/wp-content/uploads/2012/11/Evidence-Brief-YST-Review-v1.0.pdf>
33. National Institute for Health and Clinical Excellence. Promoting Physical Activity for Children and Young People. NICE Public Health Guidance 17 (2009) <https://www.nice.org.uk/guidance/ph17>
34. Roth, M.A., Millett, C.J. and Mindell, J.S. The contribution of active travel (walking and cycling) in children to overall physical activity levels: a national cross sectional study. *Preventive Medicine* (2012) 54: 134-139
35. Southward EF, Page AS, Wheeler BW and Cooper AR. Contribution of the school journey to daily physical activity in children aged 11-12 years. *American Journal of Preventive Medicine* 2012; 43(2): 201-204
36. Wu XY, Han LH, Zhang JH, Luo S, Hu JW and Sun K. The influence of physical activity, sedentary behavior on health-related quality of life among the general population of children and adolescents: A systematic review. *PLoS ONE* 2017; 12(11): e0187668
37. Väistö J, Eloranta A-M, Viitasalo A, Tompuri, T, Lintu N, Karjalainen P, Lampinen E-K, Ågren J, Laaksonen DE, Lakka H-M, Lindi V and Lakka TA. Physical activity and sedentary behaviour in relation to cardiometabolic risk in children: cross-sectional findings from the Physical Activity and Nutrition in Children (PANIC) Study. *International Journal of Behavioral Nutrition and Physical Activity* 2014; 11:55
38. McCrorie P and Ellaway A. *Objectively Measured Physical Activity Levels Of Scottish Children: Analysis From A Subsample Of 10-11 Year Olds In The Growing Up In Scotland Study* (2017) Edinburgh: The Scottish Government
<http://www.gov.scot/Publications/2017/08/7574/downloads>
39. Royal College of Psychiatrists. *No Health Without Public Mental Health* (2010) London: Royal College of Psychiatrists
http://www.rcpsych.ac.uk/pdf/PS04_2010.pdf
40. https://www.unicef.org.uk/wp-content/uploads/2013/04/FINAL_RC11-ENG-LORES-fnl2.pdf
For a young people friendly version: https://www.unicef.org.uk/wp-content/uploads/2013/04/ReportCard11_CYP.pdf
41. Farrand P, Parker M and Lee C. Intention of adolescents to seek professional help for emotional and behavioural difficulties. *Health and Social Care in the Community* 2007; 15(5): 464-473
42. Morrison L and Vorhaus J. *The impact of pupil behaviour and wellbeing on educational outcomes* (2012) London: Department for Education
43. Kidger J, Heron J, Leon DA, Tilling K, Lewis G and Gunnell D. Self-reported school experience as a predictor of self-harm during adolescence: A prospective cohort study in the South West of England (ALSPAC). *Journal of Affective Disorders* 2015; 173: 163-169
44. Jamal F, Fletcher A, Harden A, Wells H, Thomas J and Bonell C. The school environment and student health: a systematic review and meta-ethnography of qualitative research. *BMC Public Health* 2013; 13: 798
45. De Roiste A, Kelly C, Molcho M, Gavin A and Nic Gabhainn S. Is school participation good for children? Associations with health and wellbeing. *Health Education* 2012; 112(2): 88-104
46. Power S, Taylor C and Horton K. Sleepless in school? The social dimensions of young people's bedtime rest and routines. *Journal of Youth Studies* 2017; 20(8): 945-958
47. Hysing M, Pallesen S, Stormark KM, Jakobsen R, Lundervold AJ and Sivertsen B. Sleep and use of electronic devices in adolescence: results from a large population-based study. *BMJ Open* 2015; 5: e006748

48. Arora T, Broglia E, Thomas GN and Taheri S. Associations between specific technologies and adolescent sleep quantity, sleep quality, and parasomnias. *Sleep Medicine* 2014; 15: 240-247
49. Nesi J, Rothenberg WA, Hussong AM and Jackson KM. Friends' alcohol-related social networking site activity predicts escalations in adolescent drinking: mediation by peer norms. 2017; 60: 641-647
50. Naylor, P., Cowie, H., Cossin, F., de Bettencourt, R. and Lemme, F. Teachers' and pupils' definitions of bullying. *British Journal of Educational Psychology* 2006; 76: 553-576
51. Perkins HW, Perkins JM and Craig DW. No safe haven: locations of harassment and bullying victimization in middle schools. *Journal of School Health* 2014; 84: 810-818
52. Jamal F, Bonell C, Harden A and Lorenc T. The social ecology of girls' bullying practices: exploratory research in two London schools. *Sociology of Health and Illness* 2015; doi: 10.1111/1467-9566.12231
53. Estyn. Action on Bullying: a review of the effectiveness of action taken by schools to address bullying on the grounds of pupils' protected characteristics (June, 2014)
<https://www.estyn.gov.wales/thematic-reports/action-bullying-june-2014>
54. Fletcher A, Fitzgerald-Yau N, Jones R, Allen E, Viner RM and Bonell C. Brief report: cyberbullying perpetration and its associations with socio-demographics, aggressive behaviour at school, and mental health outcomes. *Journal of Adolescence* 2014; 37: 1393-1398
55. Vignoles A and Meschi E. *The determinants of non-cognitive and cognitive schooling outcomes* (2010). London: Centre for the Economics of Education
56. Ringrose J, Gill R, Livingstone S and Harvey L. *A qualitative study of children, young people and 'sexting'*. (2012) NSPCC
<https://www.nspcc.org.uk/globalassets/documents/research-reports/qualitative-study-children-young-people-sexting-report.pdf>
57. Phippen A. *Sexting: an exploration of practices, attitudes and influences*. (2012) UK Safer Internet Centre and NSPCC
<https://www.nspcc.org.uk/globalassets/documents/research-reports/sexting-exploration-practices-attitudes-influences-report-2012.pdf>
58. Welsh Government. *Good Practice Guide: a whole education approach to Violence Against Women, Domestic Abuse and Sexual Violence in Wales*. (2015)
<http://gov.wales/docs/dsjlg/publications/commsafety/151020-whole-education-approach-good-practice-guide-en.pdf>
59. Lloyd K. Happiness and Well-Being of Young Carers: Extent, Nature and Correlates of Caring Among 10 and 11 Year Old School Children. *Journal of Happiness Studies* 2013; 14: 67-80
60. The Children's Society. *Hidden from view: the experiences of young carers in England* (2013).
<https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/publications-library/hidden-view>
61. Heyman A and Heyman B. The sooner you can change their life course the better': the time-framing of risks in relationship to being a young carer. *Health, Risk & Society* 2013; 15(6-7): 561-579
62. Lyttleton-Smith J. *Young Carers Speak Out! Final Report* (2016). CASCADE, Cardiff University
<http://orca.cf.ac.uk/100693/1/Final%20Young%20Carers%20Survey%20Report%20by%20CASCADE.pdf>
63. Royal College of Physicians. *Smoking and the Young* (1992) London: Royal College of Physicians
64. Gilliland FD, Islam T, Berhane K, Gauderman WJ, McConnell R, Avol E and Peters JM. Regular smoking and asthma incidence in adolescents. *American Journal of Respiratory and Critical Care Medicine* 2006; 174: 1094-1100
65. Henderson M, Ecob R, Wight D and Abraham C. What explains between-school differences in rates of smoking? *BMC Public Health* 2008; 8:218
66. West P, Sweeting H and Leyland A. School effects on pupils' health behaviours: evidence in support of the health promoting school. *Research Papers in Education* 2004; 19(3): 261-291
67. Green MJ, Leyland AH, Sweeting H and Benzeval M. Socioeconomic position and early adolescent smoking development: evidence from the British Youth Panel Survey (1994-2008). *Tobacco Control* 2014; doi:10.1136/tobaccocontrol-2014-051630
68. Royal College of Physicians. *Passive smoking and children* (2010) London: Royal College of Physicians
<http://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf>
69. Sutcliffe K, Brunton G, Twamley K, Hinds K, O'Mara-Eves AJ and Thomas J. *Young people's access to tobacco: a mixed-method systematic review* (2011) London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London
70. Chhatralia K and Pye J. *Who is Generation Next?* (2014) London: Ipsos MORI and the National Children's Bureau
71. Moore G, Hewitt G, Evans J, Littlecott HJ, Holliday J, Ahmed N, Moore L, Murphy S and Fletcher A. Electronic-cigarette use among young people in Wales: evidence from two cross-sectional surveys. *BMJ Open* 2015; 5: e007072

72. Dutra, L.M. and Glantz, S.A. Electronic cigarettes and conventional cigarette use among US adolescents: a cross-sectional study. *JAMA Pediatrics* (2014) doi:10.1001/jamapediatrics.2013.5488
73. Donaldson L. *Guidance on the consumption of alcohol by children and young people* (2009) London: Department of Health
74. Miller JW, Naimi TS, Brewer RD and Jones SE. Binge drinking and associated health risk behaviors among high school students. *Pediatrics* 2007; 119: 76-85
75. Hingson RW, Heeren T and Winter MR. Age at drinking onset and alcohol dependence. *Archives of Pediatric and Adolescent Medicine* 2006; 160: 739-746
76. UK Chief Medical Officers' Low Risk Drinking Guidelines. August 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf
77. Committee on Substance Abuse. Alcohol use by youth and adolescents: a pediatric concern. *Pediatrics* 2010; 125(5): 1078-1087
78. Phillips-Howard PA, Bellis MA, Briant LB, Jones H, Downing J, Kelly IE, Bird T and Cook PA. Wellbeing, alcohol use and sexual activity in young teenagers: findings from a cross-sectional survey in school children in North West England. *Substance Abuse Treatment, Prevention, and Policy* 2010; 5: 27
79. National Institute for Health and Clinical Excellence. *School-based interventions on alcohol* NICE Public Health Guidance 7 (2007) <http://www.nice.org.uk/guidance/ph7>
80. Talk to Frank website: <http://www.talktofrank.com/drug/cannabis>
81. Stiby AI, Hickman M, Munafò MR, Heron J, Yip VL and Macleod J. Adolescent cannabis and tobacco use and educational outcomes at age 16: birth cohort study. *Addiction* 2014; doi: 10.1111/add.12827
82. Fletcher A and Bonell C. Social network influences on smoking, drinking and drug use in secondary school: centrifugal and centripetal forces. *Sociology of Health and Illness* 2013; 35(5): 699-715
83. Chen C-Y, Storr CL and Anthony JC. Early-onset drug use and risk for drug dependence problems. *Addictive Behaviours* 2009; 34: 319-322
84. Horwood LJ, Fergusson DM, Coffey C, Patton GC, Tait R, Smart D, Letcher P, Silins E and Hutchinson DM. Cannabis and depression: an integrative data analysis of four Australasian cohorts. *Drug and Alcohol Dependence* 2012; 126(3): 369-378
85. Perra O, Fletcher A, Bonell C, Higgins K and McCrystal P. School-related predictors of smoking, drinking and drug use: evidence from the Belfast Youth Development Study. *Journal of Adolescence* 2012; 35: 315-324
86. Jackson C, Sweeting H and Haw S. Clustering of substance use and sexual risk behaviour in adolescence: analysis of two cohort studies. *BMJ Open* 2012; 2: e000661
87. Madkour AS, Farhat T, Halpern CT, Godeau E and Gabhainn SN. Early adolescent sexual initiation as a problem behavior: a comparative study of five nations. *Journal of Adolescent Health* 2010; 47: 389-398
88. Bellis MA, Phillips-Howard PA, Hughes K, Hughes S, Cook PA, Morleo M, Hannon K, Smallthwaite L and Jones L. Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children. *BMC Public Health* 2009; 9: 380
89. Heron J, Low N, Lewis G, Macleod J, Ness A and Waylen A. Social factors associated with readiness for sexual activity in adolescents: a population-based cohort study. *Archives of Sexual Behaviour* 2013; doi:10.1007/s10508-013-0162-5
90. Young H, Long SJ, Hallingberg H, Fletcher A, Hewitt G, Murphy S and Moore G. School practices important for students' sexual health: analysis of the school health research network survey in Wales. *European Journal of Public Health* 2017 DOI: 10.1093/eurpub/ckx203
91. Pound P, Denford S, Shucksmith J, Tanton C, Johnson AM, Owen J, Hutten R, Mohan L, Bonell C, Abraham C and Campbell R. What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views. *BMJ Open* 2017; 7:e014791.
92. <http://www.cph.org.uk/publication/a-review-of-the-effectiveness-and-cost-effectiveness-of-personal-social-and-health-education-in-secondary-schools-focusing-on-sex-and-relationships-and-alcohol-education-for-young-people-aged-11-to-1/>
93. Estyn. *A Review of Healthy Relationships Education* (2017).
<https://www.estyn.gov.wales/sites/default/files/documents/Compendium%202017%20Eng.pdf>
94. Carroll C, Lloyd-Jones M, Cooke J and Owen J. Reasons for the use and non-use of school sexual health services: a systematic review of young people's views. *Journal of Public Health* 2012; 34(3): 403-410
95. Hayter M, Owen J and Cooke J. Developing and establishing school-based sexual health services: issues for school nursing practice. *Journal of School Nursing* 2012; 28(6): 433-441