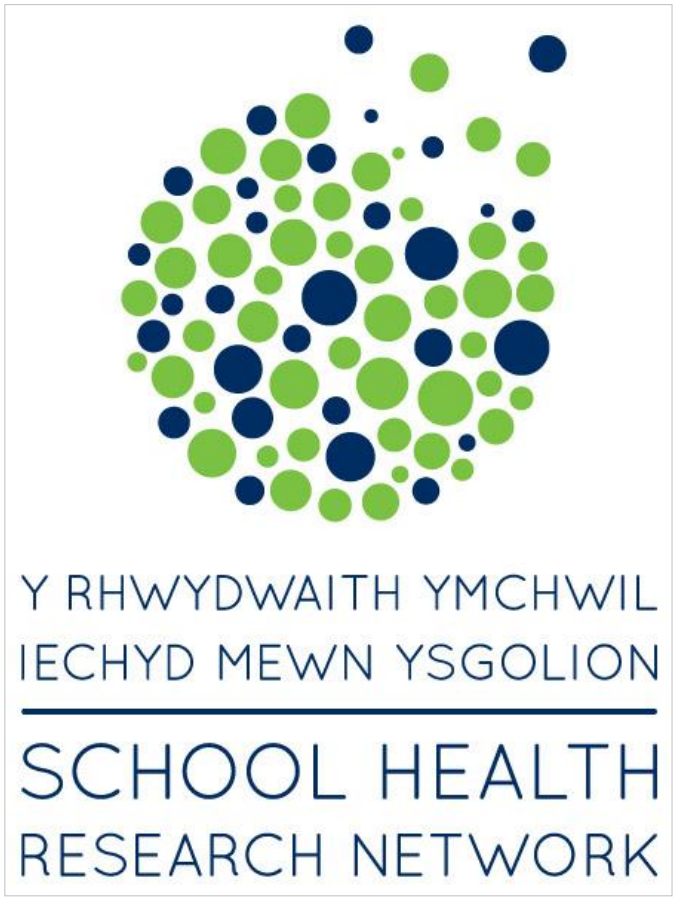
The Sheppard Academy

Students' Health and Wellbeing in 2015/16



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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 2015/16 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 as they can provide valuable help.

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

Interpreting your health data – caution!

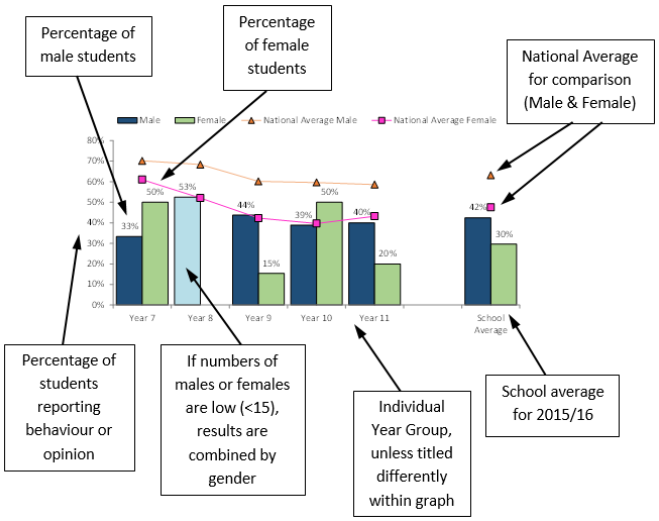
Who completed the questionnaire at The Sheppard Academy

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.

Total number of students responding								
Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Total school	Students who did not consent
214	225	186	205	196	211	108	1345	18

Reading the graphs

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 2015/16 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.**



The table on the following page highlights in red any groups where the number of students represented within a 'bar' is less than 6. It is important to be aware of where this is the case and to <u>treat these data with caution</u>.

This is because all the percentages in the charts are based on the total number of boys or girls who ***answered that particular question*** in the survey, not the total number of boys or girls who took part in the survey or the total number in the year group. This means that **<u>high percentages</u>** can potentially be misleading if only a small number of students answered the question. Think about this example:

> **Thirty Year 10 boys** take part in the survey but only **eight answer the question** on bullying another student. Of these eight, **five report that they have bullied**. The chart therefore shows that **63% of Year 10 boys (five out of eight)** are engaged in bullying. We cannot include the boys who did not answer because to do so we would have to make an assumption about what their answer would be: if we base the percentage on five out of 30 boys, we are assuming that those who did not answer are not engaged in bullying.

In particular this could happen with sensitive questions or those near the end of the survey.

If the chart shows a **<u>low percentage</u>** for boys or girls in a year group (less than ~30%) and the low numbers table is highlighted, this is ***not*** a concern. It means that a reasonable number of students answered the question and only a small number of students reported the behaviour in question. For behaviours such as smoking or cannabis use, this is a positive finding!

Low numbers table for The Sheppard Academy

Use the table below to see which of your school's charts contain bars that represent fewer than 6 students.

If your school has year groups that are collapsed by gender, the low numbers table shows each gender separately. This means that the collapsed (light blue) 'bar' on the chart could represent up to 10 students.

	Figure	Year 7		Year 8		Year 9		Year 10		Year 11		Year 12		Year 13	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	Students who usually eat breakfast every weekday														
2	Students who usually eat one or more portions of fruit or vegetables a day														
3	Students who usually drink one or more energy drinks a day														
4	Students who usually drink one or more sugary soft drinks a day														
6	Students whose main part of their journey to school is walking or cycling														
7	Students viewing an electronic screen in their free time for 7 or more hours on a week day														
8	Students who exercise vigorously outside of school time at least four times a week														
9	Students who report being satisfied with their life														
10	Students who "agree" or "strongly agree" that teachers care about them as a person														
11	Students who "agree" or "strongly agree" that their ideas are treated seriously in school														
12	Students who feel a lot of pressure from the schoolwork they have to do														
13	Students who usually go to bed at 11.30pm or later when they have school the next day														
14	Students who felt they were never or hardly ever able to pay attention in the week before the survey														
15	Students who feel that they can count on friends when things go wrong														
16	Students who have taken part in bullying another pupil(s) at school in the past couple of months														
17	Students who have been bullied at school in the past couple of months														
18	Students who have been cyberbullied in the past couple of months														
19	Students who have ever sent someone a sexually explicit image of themselves														
20	Students who "agree" or "strongly agree" that teachers take action when they hear students calling girls offensive names at school														
21	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 boy/girlfriend relationship														
22	Students who "agree" or "strongly agree" that they they would speak to a member of staff at school about violence in a boy/girlfriend relationship														
24	Students who currently smoke less than once a week														
25	Students who currently smoke at least weekly														
28	Students who report having tried electronic cigarettes														
29	Students who report that they drink alcohol														
33	Students who have ever been offered cannabis														
34	Students who have taken cannabis in the last 30 days														
37	Students who have ever tried inhaling laughing gas or taking mephedrone or legal highs														
38	Students who have ever had sexual intercourse														

		11 years or younger		12 years		13 years		14 years		15 years		16 years	
		M	F	M	F	M	F	M	F	M	F	M	F
26	The age at which Year 11 students smoked their first cigarette												
31	The age at which Year 11 students drank alcohol for the first time												
32	The age at which Year 11 students got drunk for the first time												
36	The age at which Year 11 students used cannabis for the first time												

		13 years or younger		14 years		15 years		16 years		17 years		18 years or older	
		M	F	M	F	M	F	M	F	M	F	M	F
39	The age students had sexual intercourse for the first time												

		0 days		1 day		2 days		3 days		4 days		5 days		6 days		7 days	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
5	Number of days in the week before the survey students were physically active for more than 60 minutes.																

		Much too thin		A bit too thin		About right		A bit too fat		Much too fat	
		M	F	M	F	M	F	M	F	M	F
23	Students responses to "Do you think your body is..."										

		Less than 1		1 drink		2 drinks		3 drinks		4 drinks		5 or drinks	
		M	F	M	F	M	F	M	F	M	F	M	F
30	Students consumption of alcoholic drinks on a typical day when they are drinking												

		1 - 2 days		3 – 9 days		10 - 29 days		30 days or more	
		M	F	M	F	M	F	M	F
35	Number of days in the last 30 days on which students have taken cannabis								

		Condom		Pill		Emergency contraception		LARCs		Other method	
		M	F	M	F	M	F	M	F	M	F
40	Contraceptive use in sexually active students and their partners										

		Supermarket	Newsagent/Other Shop	Friends	Someone Else	Family	Other
27	Places where students say they often get cigarettes						

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, including through partnerships with families and the local community. 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.

Attention to each of these aspects will ensure a greater influence on the health and wellbeing of all members of the school community	
Leadership & 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 & 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 Award[1]
- Self-evaluation of wellbeing[2]
- The United Nations Convention on the Rights of8 the Child (UNCRC)[3]
- Reducing the impact of poverty[4]
- National Literacy and Numeracy framework[5]
- The Schools Challenge Cymru programme
- Welsh Baccalaureate (WBQ)[6]

There is general guidance at the back of this report (page 49) 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 depression[7]. It is also now commonly associated with adverse emotional health outcomes such as lower self-esteem[8].

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[9,10]. Research from America has also found that eating breakfast 'tracks' in the same way[11].

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.

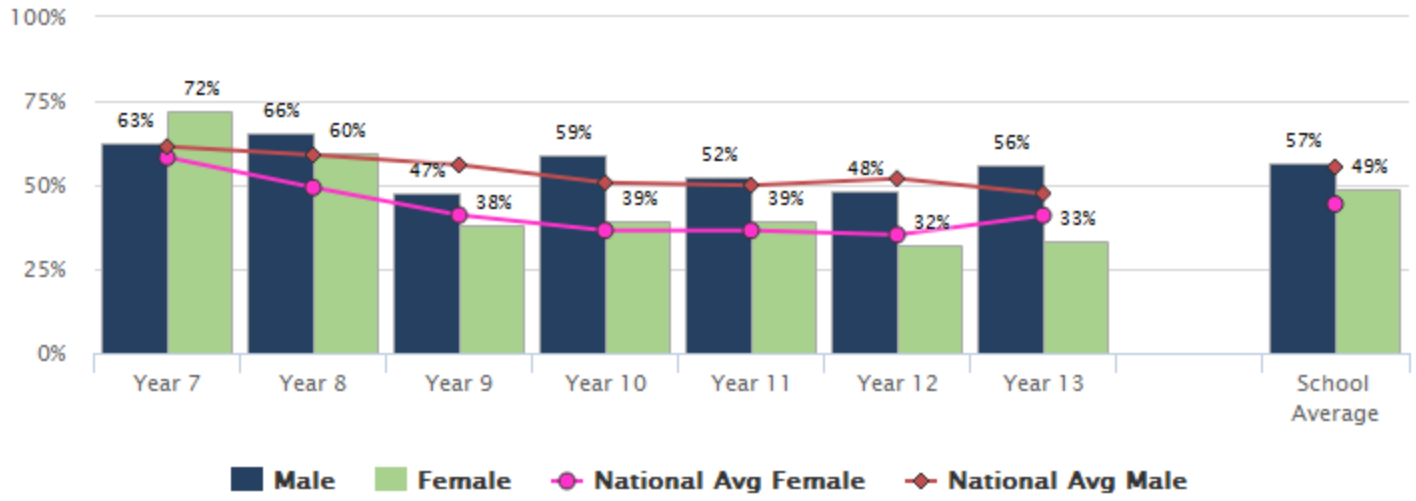
The number of actions secondary schools put in place to promote healthy eating is positively associated with the number of healthy food choices made by students. In a previous HBSC survey in Wales, schools gave detailed information on how they encouraged healthy eating. This included education, policies, 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 daily[12].

In the 2013 Welsh Health Survey 33% of 16 to 24 year olds were overweight or obese and 9% were underweight[13].

Remember to look at the **'Low Numbers Table' on page 4 to see if your charts represent small numbers of students**

Breakfasts

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



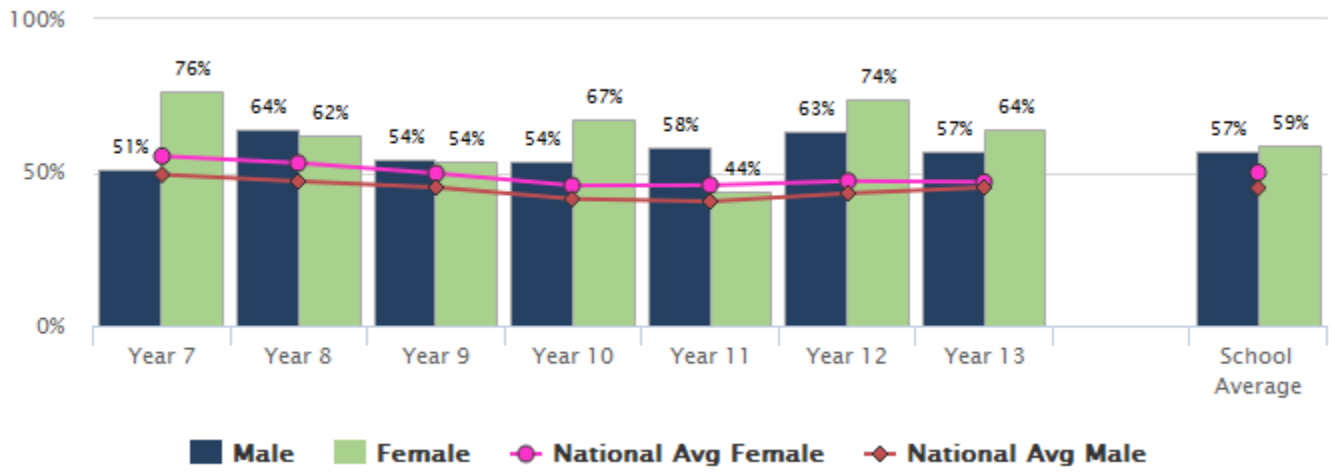
Did you know?

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 breads.

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

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 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 eat[14].

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 provision[15].

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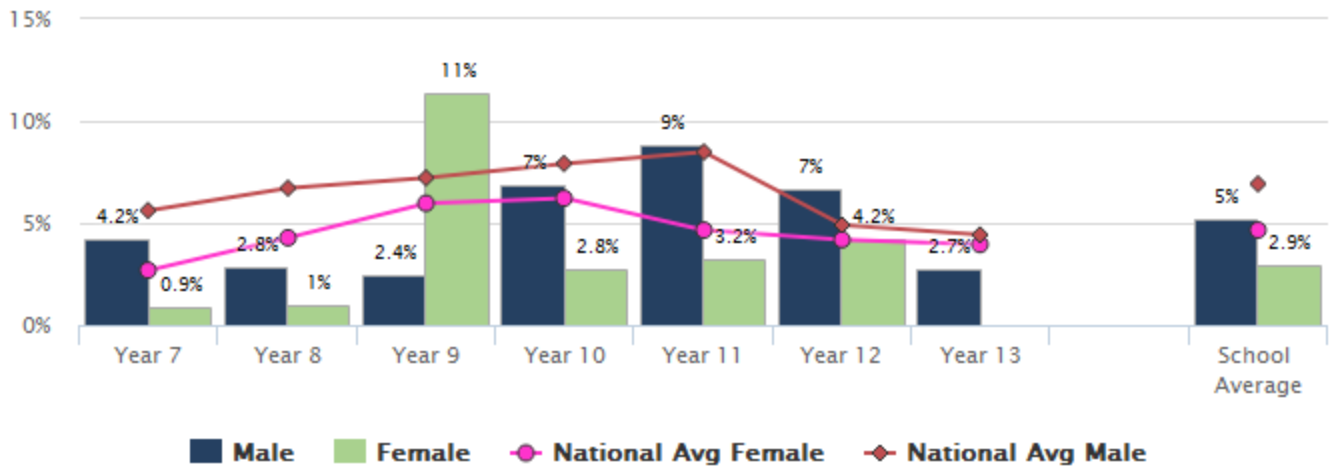
Energy drinks

Fig.3 The Sheppard Academy: Students who usually drink one or more energy drinks a day



Did you know?

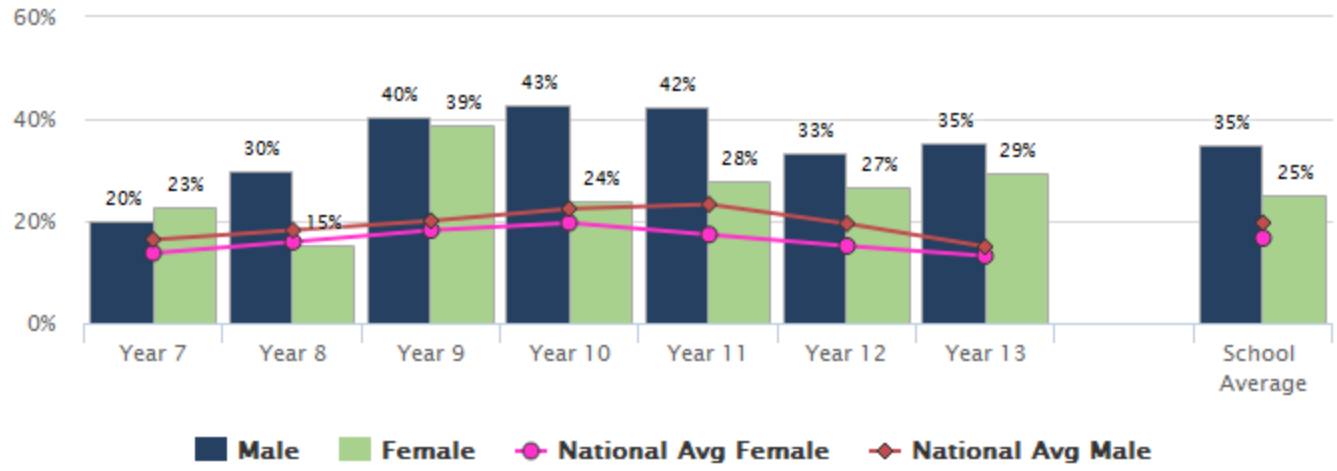
Sales of **energy drinks** have doubled in the UK in the last six years. Energy drinks contain high levels of caffeine and contain many ingredients with poorly understood effects on the human body. The combined use of energy drinks and alcohol is increasing and there are concerns that energy drinks may be a 'gateway' to use of other harmful substances[16].

A survey of young people in Italy in grades 6 to 8 (11 - 13 years) found that energy drink consumption was more prevalent amongst boys than girls. Young people who smoked or drank alcohol were more likely to consume energy drinks[17].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Sugary soft drinks

Fig.4 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 concentrate[18].

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 classroom[19].

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 canteen[20].

The Healthy Eating and Drinking in Schools Measure 2009[21] embeds guidance into law in Wales. This came into force in September 2013 for all maintained schools. It sets out the strategic direction and actions required to improve the nutritional standards of food and drink served and sold in schools across Wales. 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 drinking. **Estyn now report on the arrangements made in schools to promote healthy eating and drinking[22].**

Simple guidance on a healthy diet for school students should be based on the Eatwell Plate[23]. This emphasises the importance of eating five portions of fruit and vegetables a day, plenty of starchy foods (wholegrain where possible), some protein such as meat, fish and pulses, some dairy foods and just a small amount of foods that are high in fat, sugar and salt.

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 people[24].

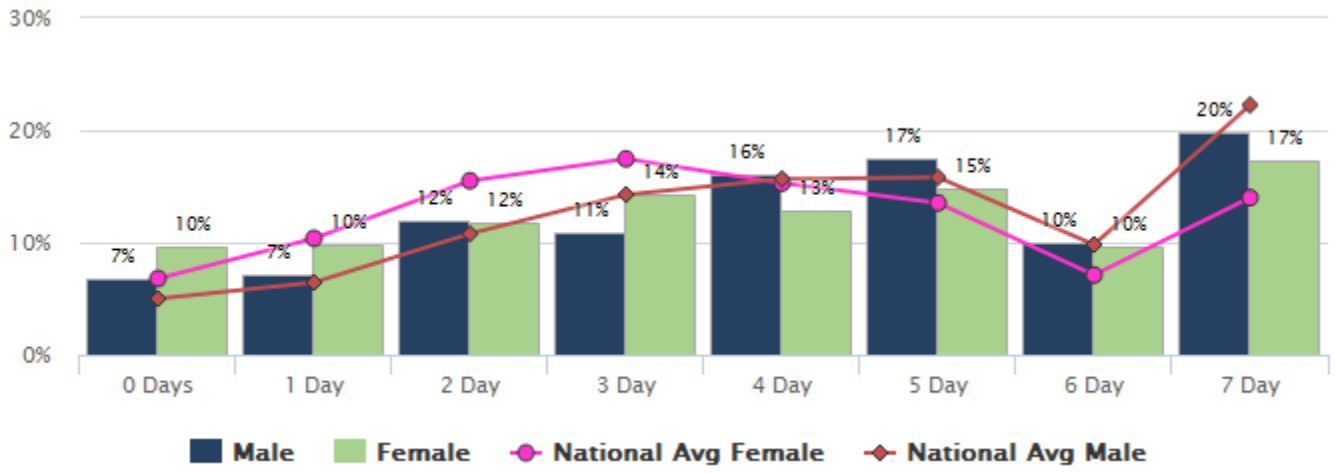
Being more active is associated with better academic attainment. Over 4,500 children in Bristol had their moderate to vigorous physical activity levels measured at age 11 and their academic attainment recorded at ages 11, 13 and 16 (GCSE grades). Higher levels of physical activity at age 11 were associated with higher subsequent attainment and this was true for English, Maths and Science, regardless of other factors[25].

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 running[26].

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 separately[27].

General physical activity

Fig.5 The Sheppard Academy: Number of days in the week before the survey students were physically active for more than 60 minutes.



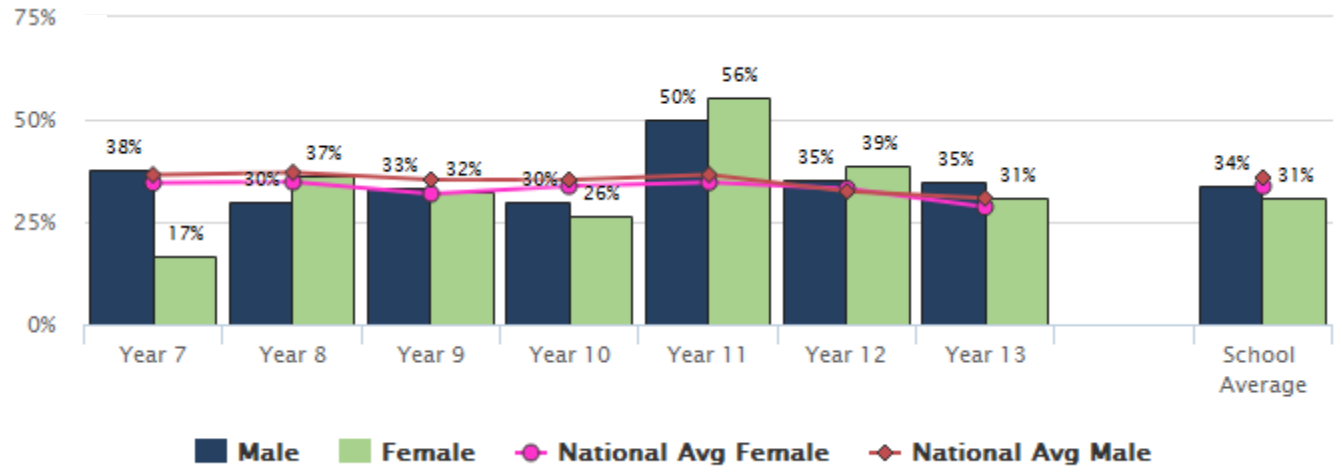
Remember to look at the **'Low Numbers Table' on page 4 to see if your charts represent small numbers of students**

Your school can make a difference

NICE, the National Institute for Health and Clinical 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 holidays[28].

Active travel to school

Fig.6 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 neither[29]. Walking to school can contribute as much as a third of the total amount of physical activity children get in a day[30].

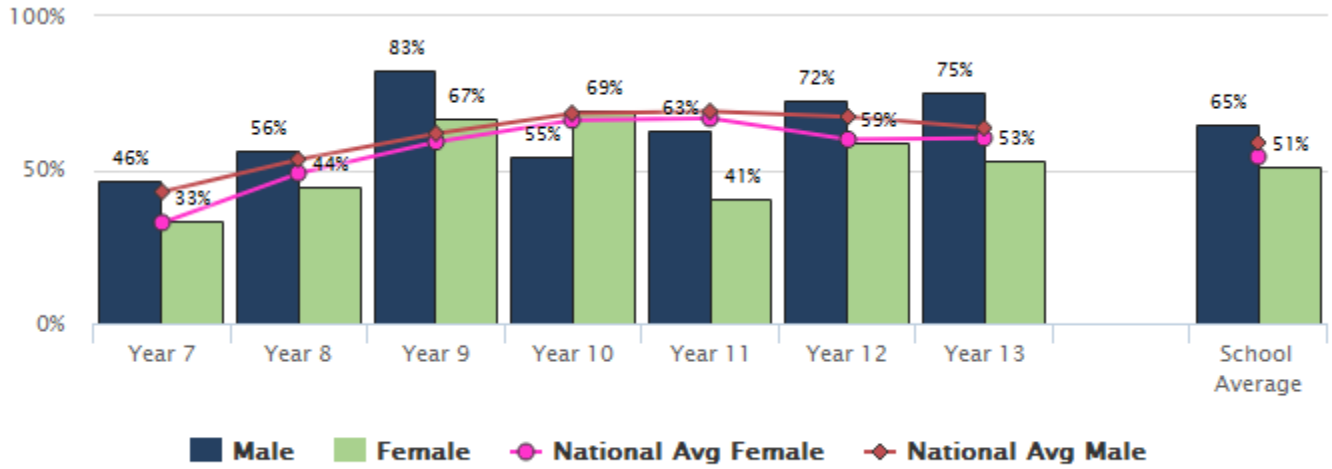
Your school can make a difference

NICE, the National Institute for Health and Clinical 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 schools. 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

Remember to look at the **'Low Numbers Table' on page 4 to see if your charts represent small numbers of students**

Screen Time

Fig.7 The Sheppard Academy: Students viewing an electronic screen* in their free time for 7 or more hours on a week day



*Includes TV, DVDs, computer games, smart phones, tablets and computer use such as homework, emailing, tweeting, chatting, surfing the internet.

Did you know?

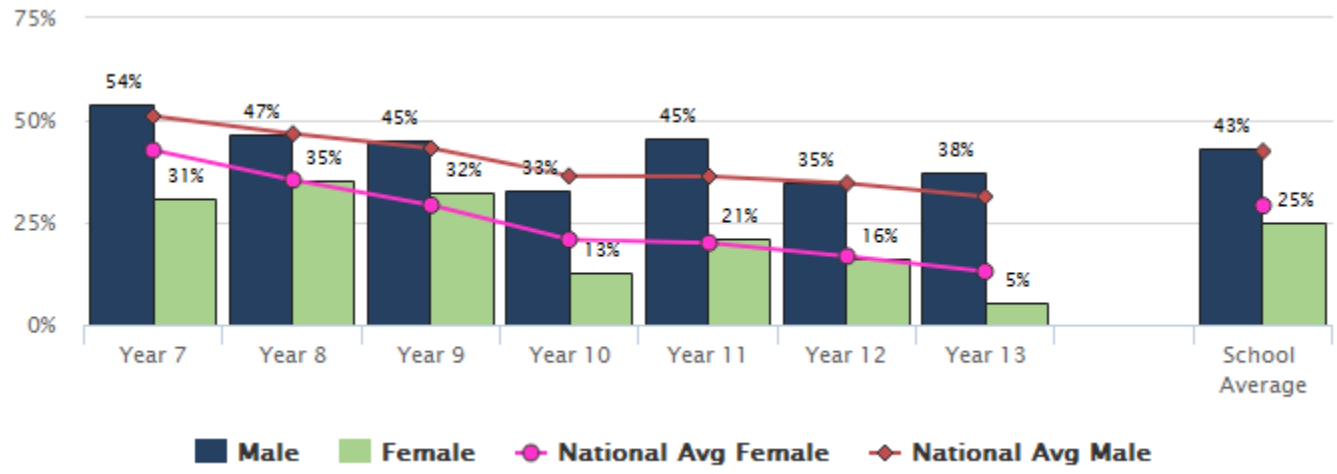
Screen time is significantly associated with food choices in American adolescents. Young people who spent more time watching television or playing computer games consumed fewer fruits and vegetables and more fast food[31].

Students in grades 7 to 12 in Ottawa, Canada completed questionnaires about time spent watching TV, playing video games and using a computer. They also completed questionnaires about depression and anxiety. Total time spent in sedentary, screen-based activities was significantly associated with severity of depression and anxiety, with time spent playing video games having the strongest relationship[32].

Remember to look at the '**Low Numbers Table**' on page 4 to see if your charts represent small numbers of students

Outside school hours

Fig.8 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 A range of resources to encourage increased physical activity in English for teachers and students. www.bhf.org.uk www.yheart.net – young people's resources	**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.foodfactoflife.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.	Governors are asked by Estyn to report to parents on what the school is doing to encourage healthy eating and exercise.
Make sure that all food provision is in line with **The Healthy Eating and Drinking in Schools Measure 2009**[21] – there is local authority help available to support this. Training is available from local dieticians and Local Authority catering staff on delivering key messages in terms of healthy eating.	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.

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.	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.
Work with representatives from local agencies to support this agenda in school.	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.

Wellbeing and Emotional Health

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

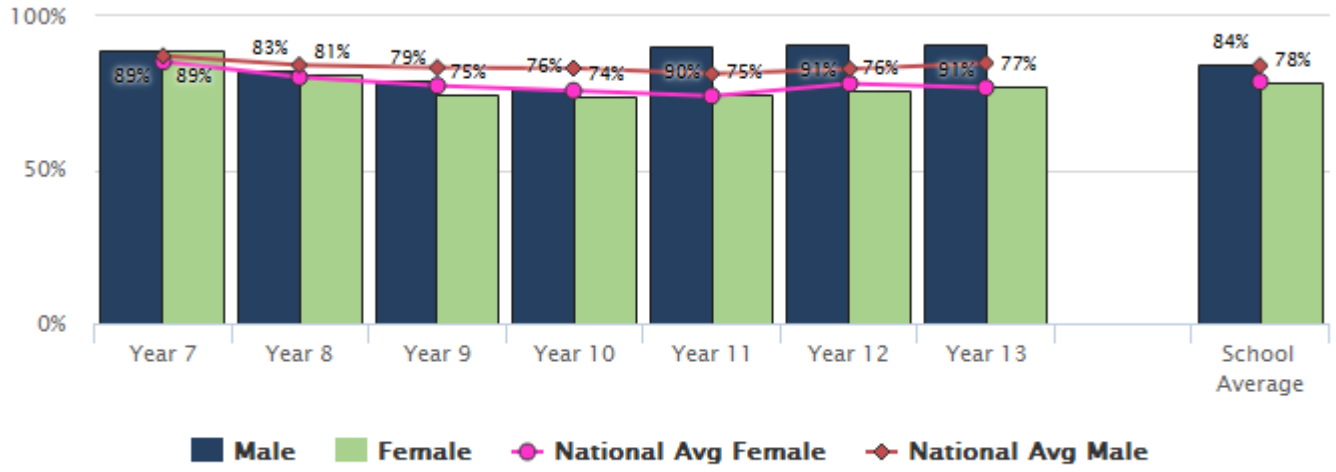
No health without mental health. The title of the mental health strategy for England is a clear reminder of the critical part mental health plays in our overall health. Most mental illness begins before adulthood so fostering mental health and wellbeing in young people is crucial. Improving mental health 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 inequalities[33].

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 wellbeing[34]. 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 alcohol[35].

Wellbeing is positively related to academic attainment. Analysis of data from 'Children of the 90s', 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 4[36].

Fig. 9 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.

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

School Connectedness

Did you know?

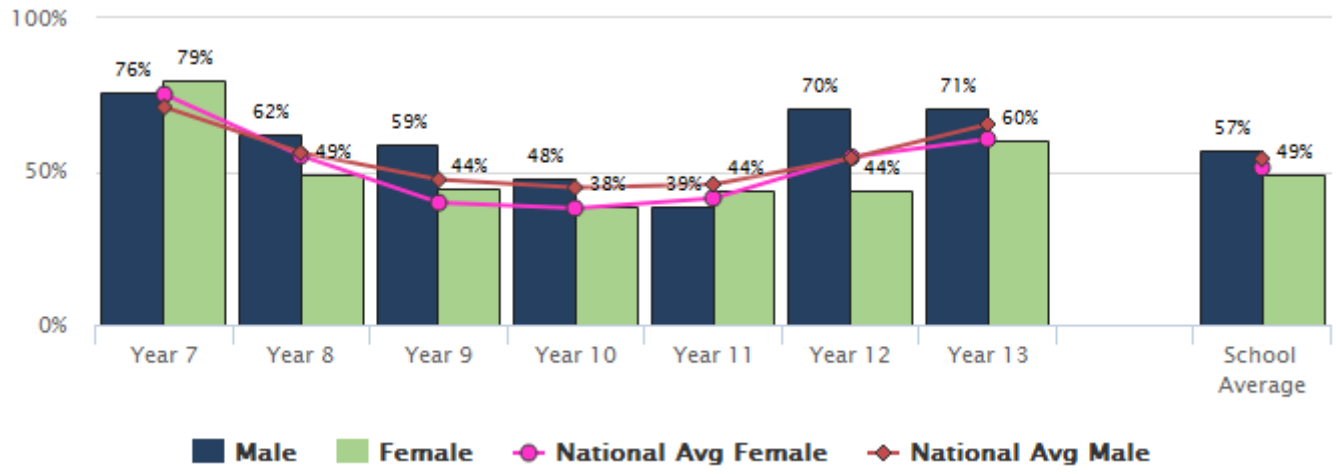
Young people who feel an attachment to their school or 'school connectedness' and who consider that their teachers are supportive are less likely to engage in unhealthy behaviours.

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 enforced[37].

Your school can make a difference

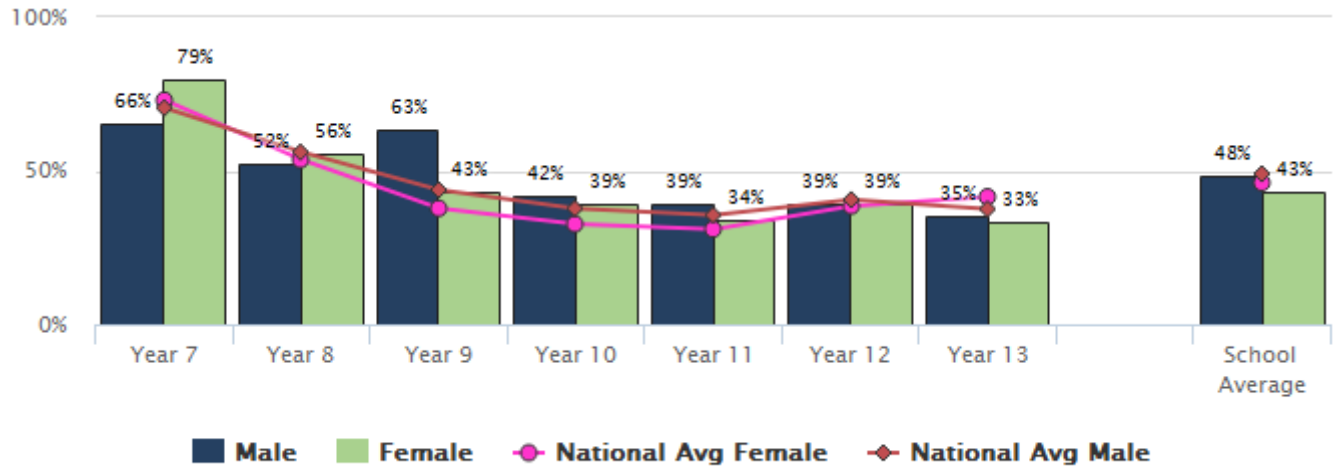
Positive teacher-student relationships are likely to be crucial in establishing healthy school environments, but students feel those relationships are impeded when teachers do not understand the realities of their daily lives, when they are not consulted on school rules about discipline, and when they feel school rules are applied inconsistently[38].

Fig. 10 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers care about them as a person



Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

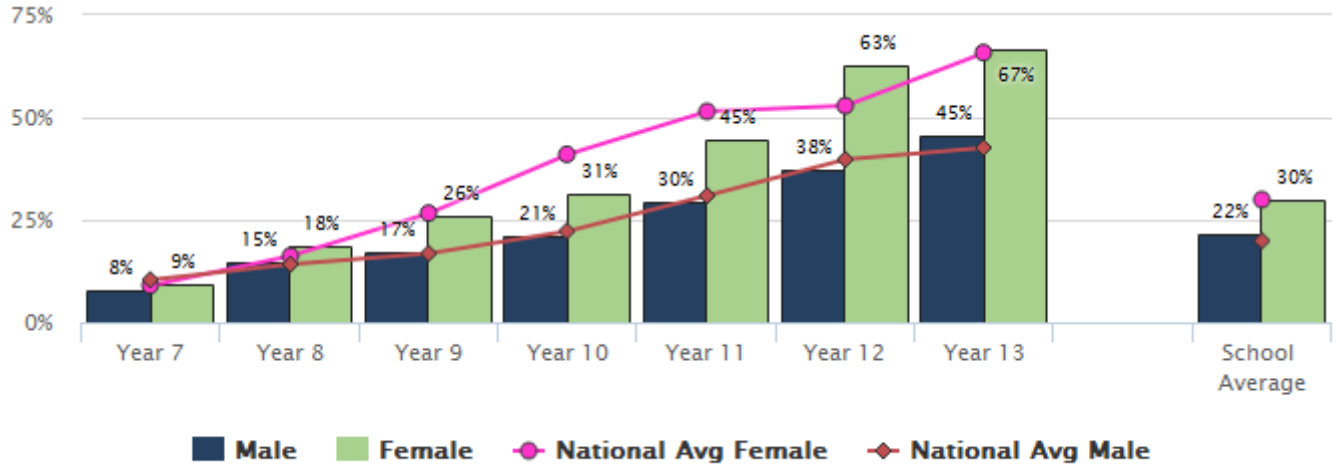
Fig. 11 The Sheppard Academy: Students who "agree" or "strongly agree" that their ideas are treated seriously in school



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 boys[39].

Fig. 12 The Sheppard Academy: Students who feel a lot of pressure from the schoolwork they have to do



Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Sleep

Fig. 13 The Sheppard Academy: Students who usually go to bed at 11.30pm or later when they have school the next day

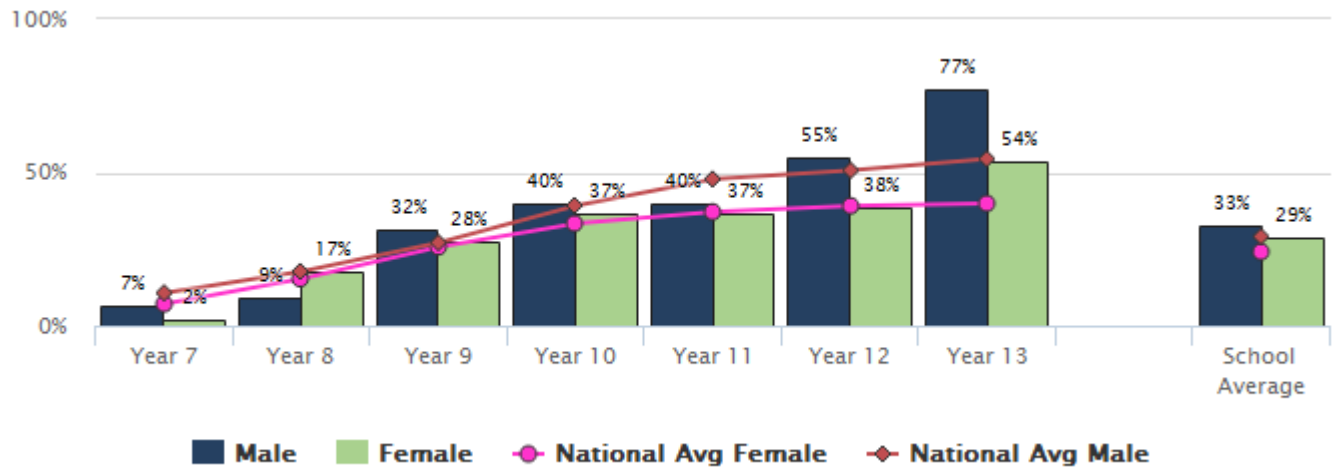
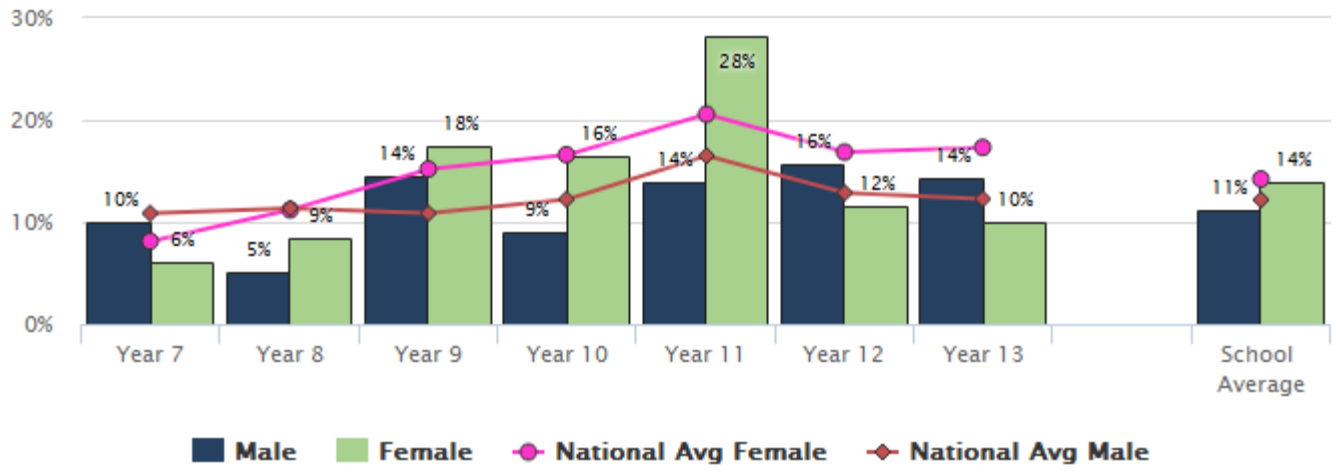


Fig. 14 The Sheppard Academy: Students who felt they were never or hardly ever able to pay attention in the week before the survey



Did you know?

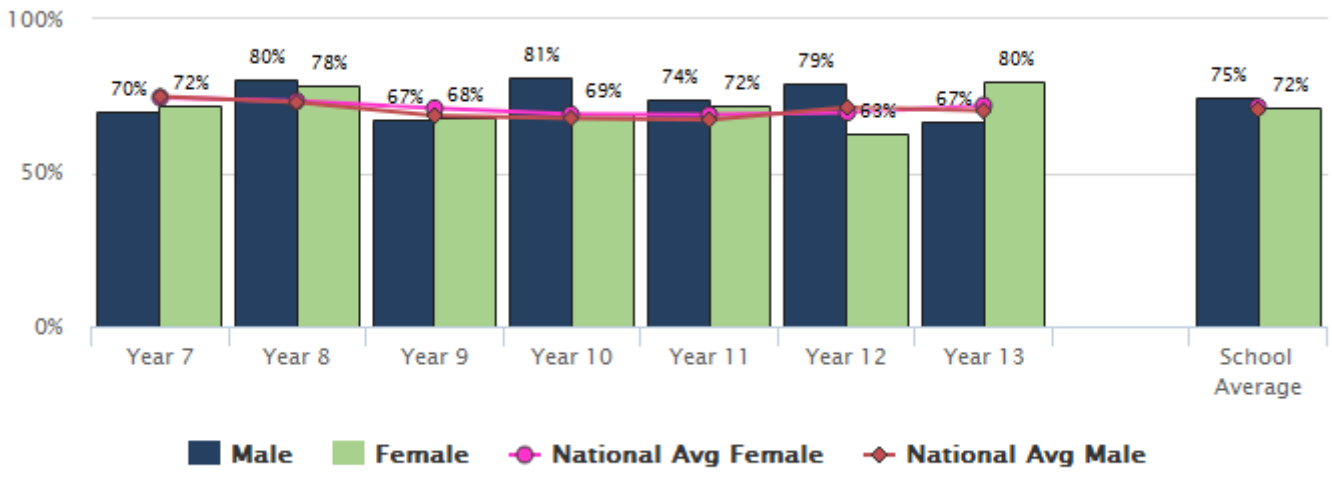
Sleep patterns are associated with adolescents' food choices. Researchers in America have found that young people who report habitual short sleep duration are less likely to eat fruit and vegetables and more likely to eat fast food[40].

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 affected[41].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Friendship and bullying

Fig. 15 The Sheppard Academy: Students who feel that they can count on friends when things go wrong



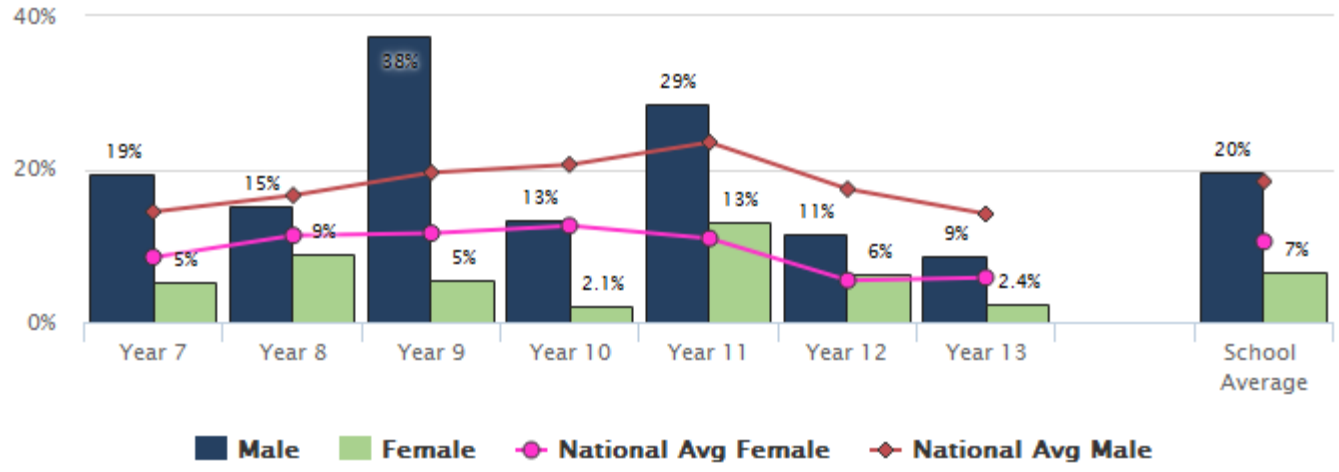
Did you know?

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 threatened[42].

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 hallways[43].

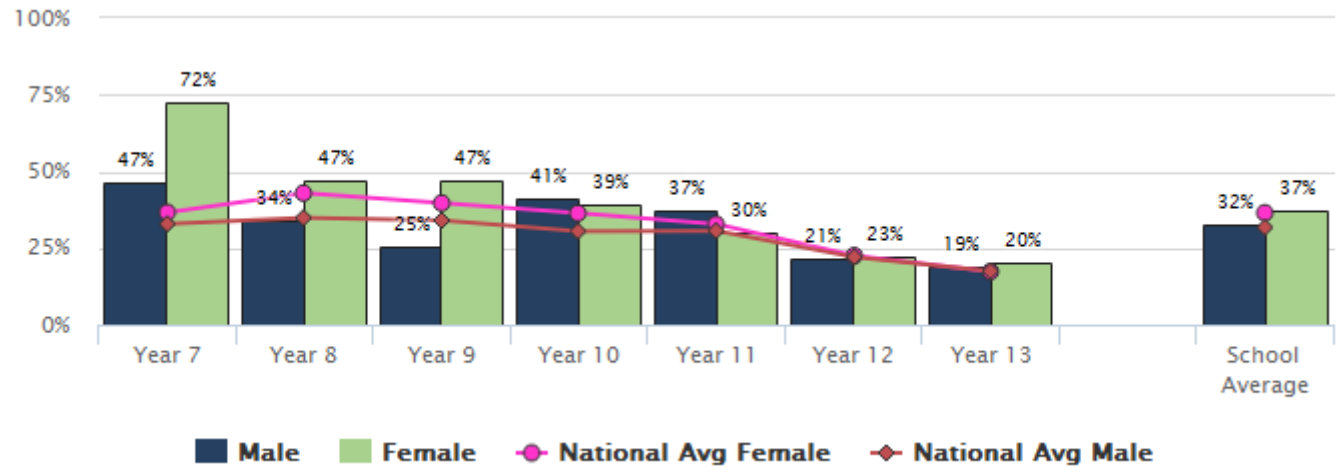
Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 16 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

Fig. 17 The Sheppard Academy: Students who have been bullied at school in the past couple of months$^{\Omega}$



$^{\Omega}$ Includes students who have been bullied once or more in the past couple of months

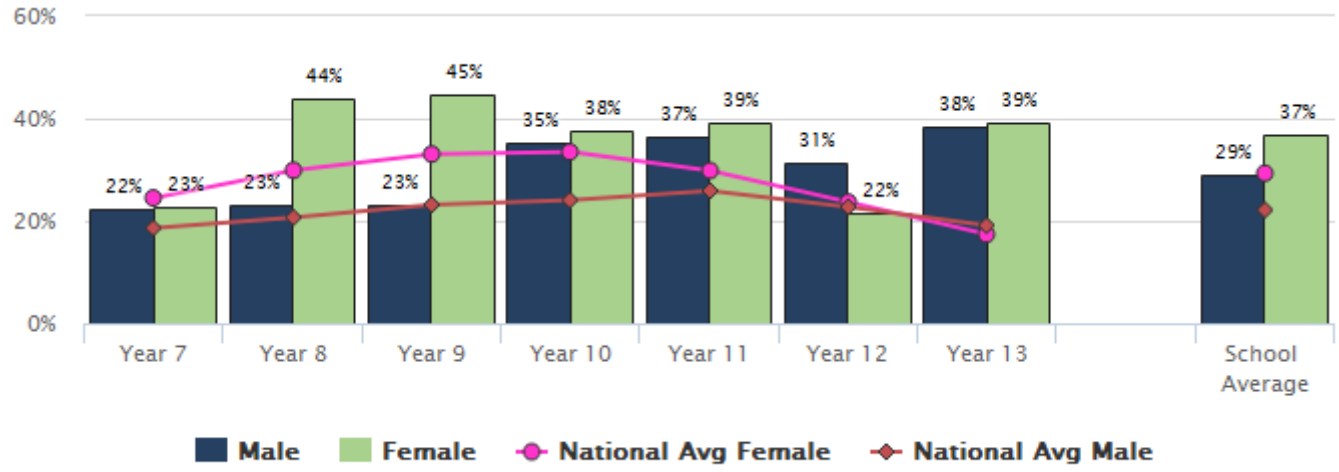
Your school can make a difference

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 interaction[44].

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 issues[45].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 18 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

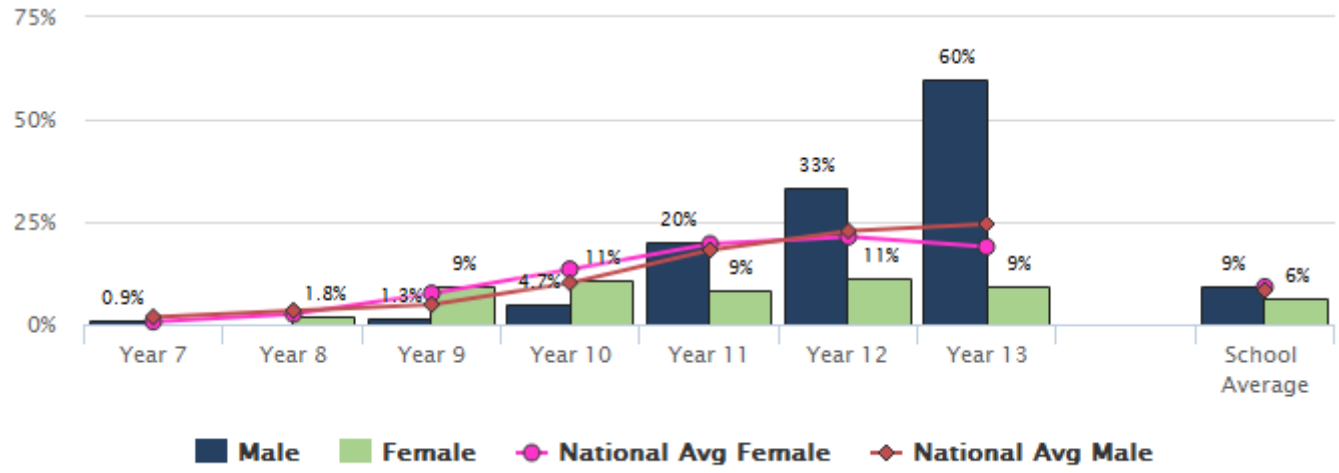
Did you know?

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 behaviours[46].

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 16[47].

Remember to look at the 'Low Numbers Table' on page 4 to see if your charts represent small numbers of students

Fig. 19 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 devise. 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[48,49].

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[48, 49].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Violence against women and girls

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 Wales[50]. 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. 20 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers take action when they hear students calling girls offensive names at school

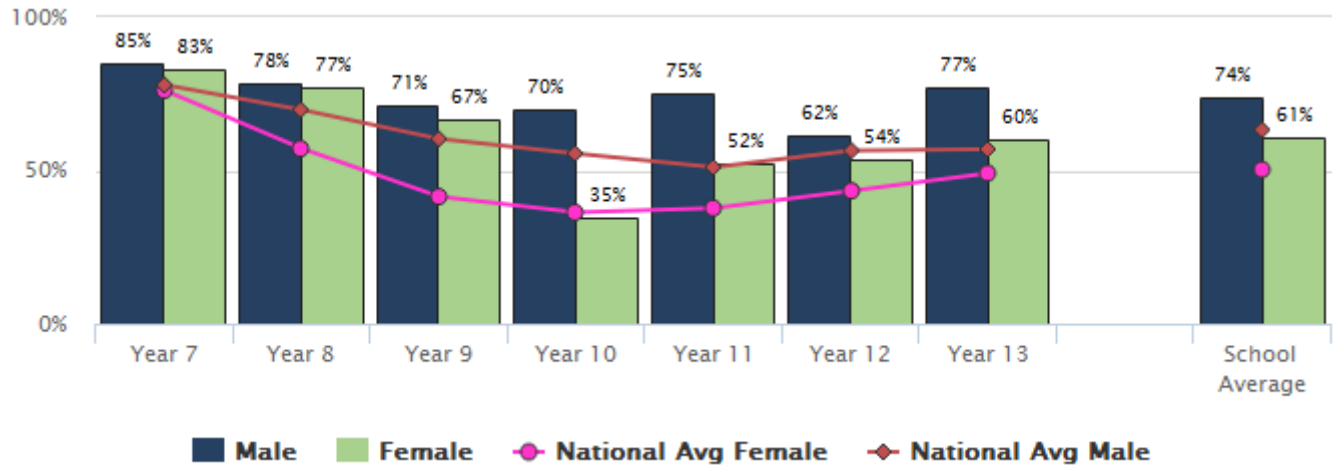
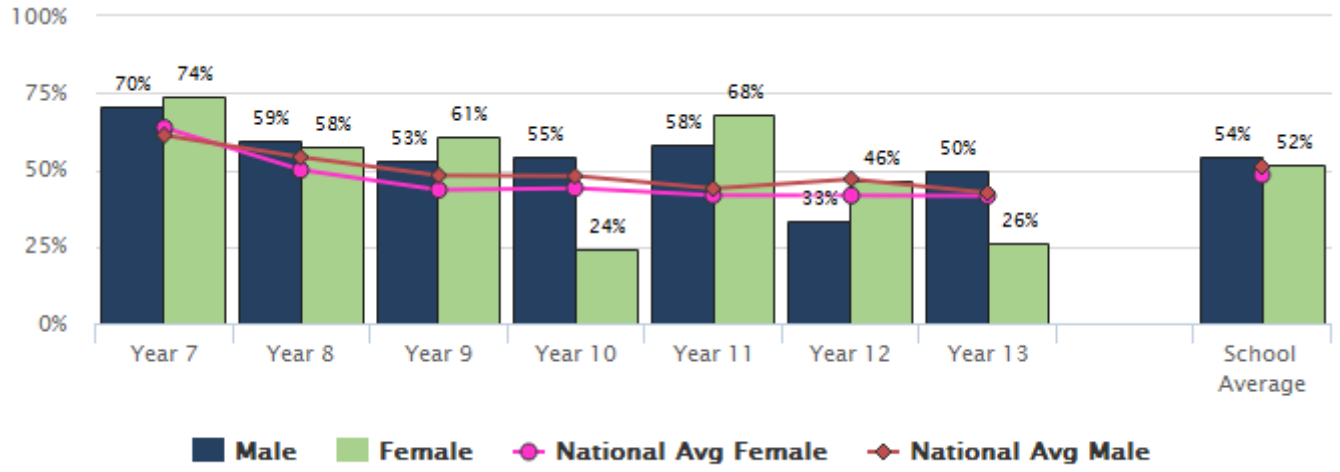
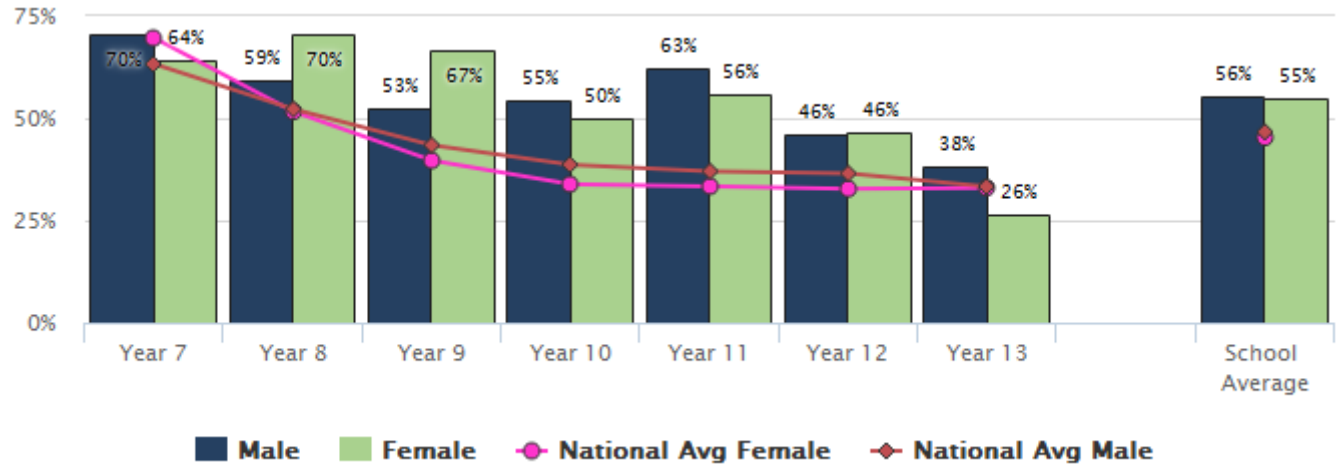


Fig. 21 The Sheppard Academy: Students who "agree" or "strongly agree" that they have been taught at school about who to go to if they or a friend experience violence in a boy/girlfriend relationship



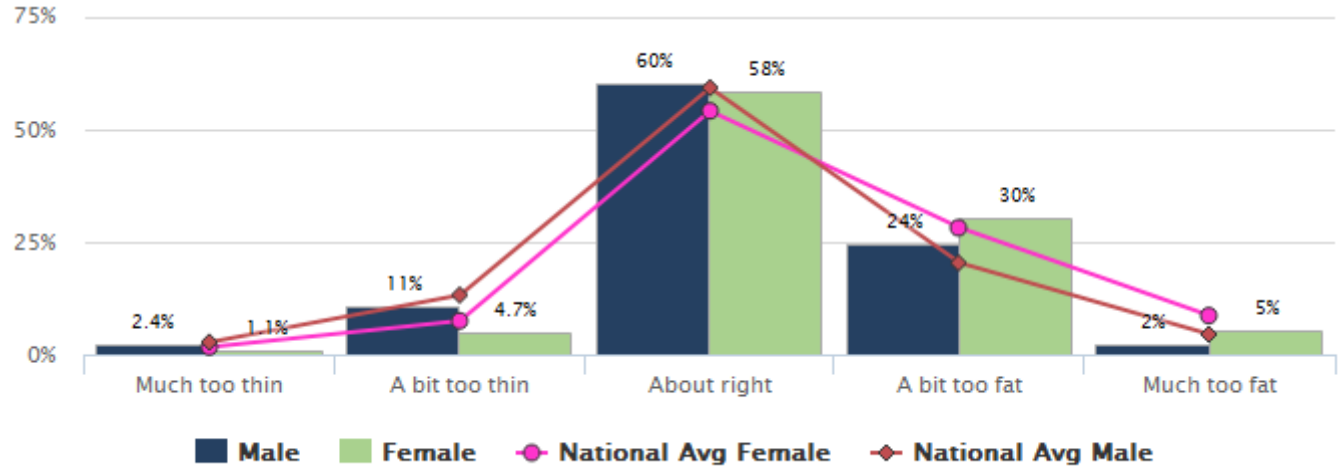
Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 22 The Sheppard Academy: Students who "agree" or "strongly agree" that they would speak to a member of staff at school about violence in a boy/girlfriend relationship



Body image

Fig.23 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.b-eat.co.uk/about-eating-disorders Youthline 0845 6347650

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.	
'Respecting Others' is a series of anti-bullying materials from Welsh Government that provide guidance and practical solutions on preventing and responding to incidents of bullying in schools. http://gov.wales/topics/educationandskills/publications/circulars/antibullying/?lang=en	**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 www.mind.org.uk/get-involved/mind-cymru-get-involved
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	**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 0800 1111 (bilingual helpline) **The Childline Zipit app** has useful phrases and lighthearted images that young people can send back to someone if they ask for a nude or other sexual image. https://www.childline.org.uk/Play/GetInvolved/Pages/sexting-zipit-app.aspx
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	**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 is to stand 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/	

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, Positive Behaviour Management Policy, Anti Bullying Policy and Strategy and Bereavement policy.	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 other 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: negotiating the school rules and rewards and organising school events. A student voice group such as the school Council should review the school environment in relation to mental and emotional health and wellbeing.	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.

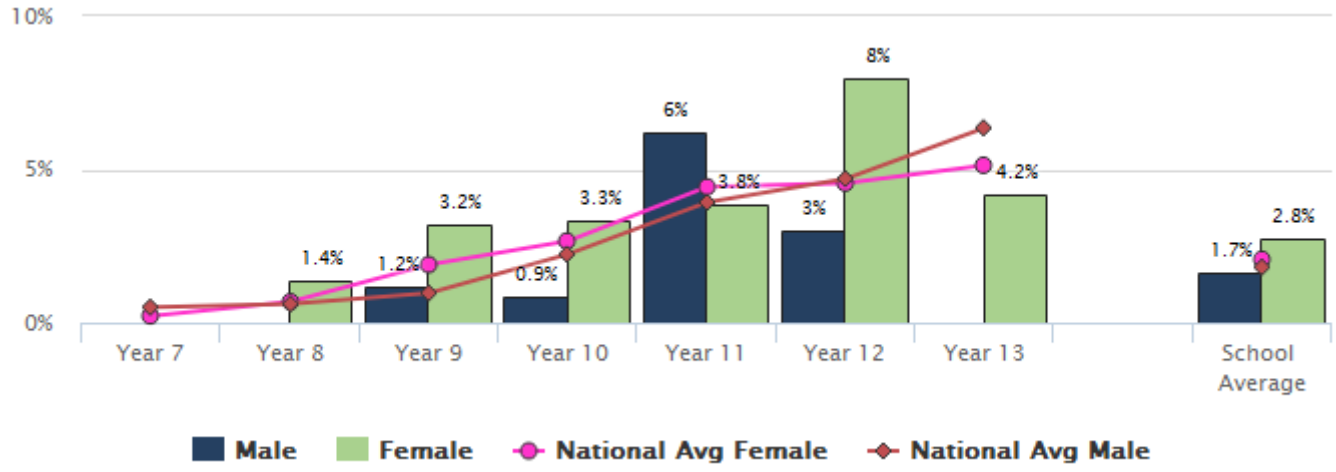
Smoking doesn't just catch up with you later. Teenage lungs are still growing and smoking impairs lung development. Young people who smoke experience more coughs and wheezing and research in America has found that regular smoking in childhood and adolescence is strongly associated with new cases of asthma over an eight year period[51,52].

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[53,54].

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.

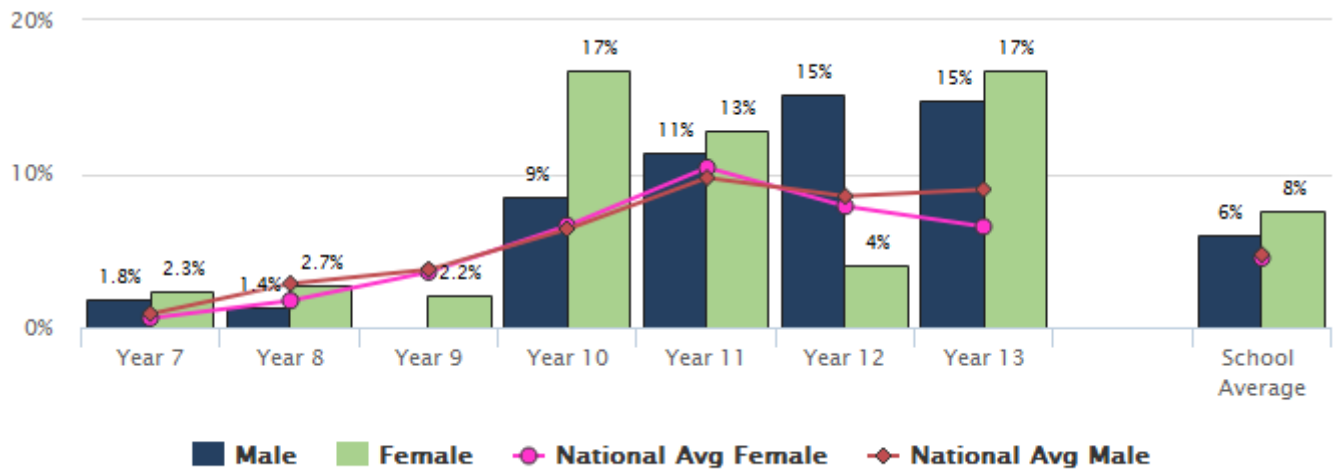
Social inequalities can be seen in the pattern of young people smoking. Whilst the proportion of young people who try smoking has declined overall, young people from less advantaged backgrounds are more likely to try smoking and to move from occasional to daily smoking[55].

Fig. 24 The Sheppard Academy: Students who currently smoke less than once a week



Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

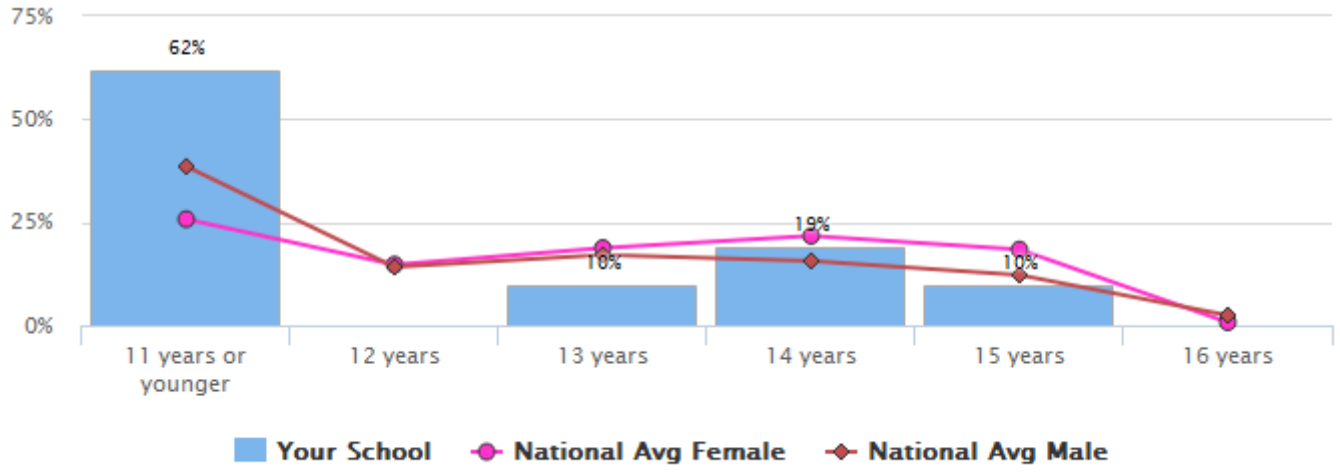
Fig. 25 The Sheppard Academy: Students who currently smoke at least weekly



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 quit[56].

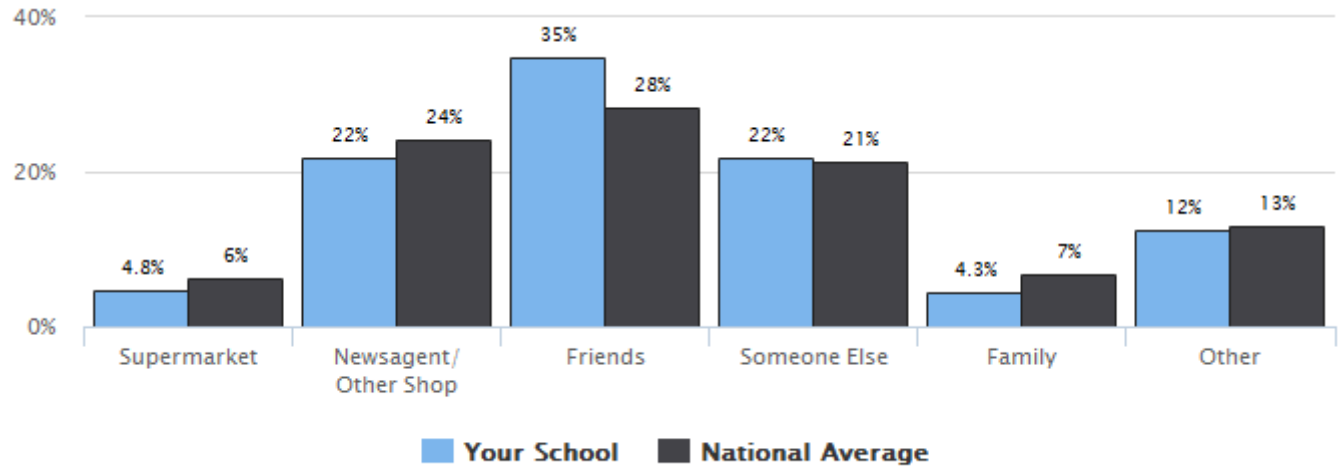
Fig. 26 The Sheppard Academy: The age at which Year 11 students smoked their first cigarette°°



°° Chart includes only students who *currently* smoke *at least weekly*

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 27 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 behalf[57].

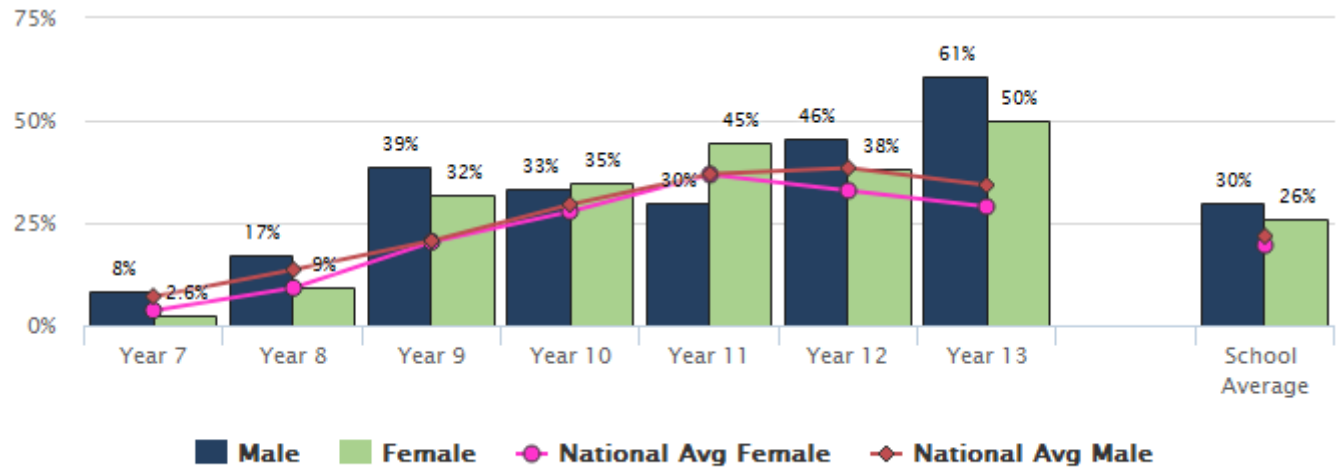
What do you think?

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 lower[58]. 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. 28 The Sheppard Academy: Students who report having tried electronic cigarettes



In the 2015/16 Student Health and Wellbeing Survey **22%** 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 1%** of non-smokers regularly using e-cigarettes. Regular e-cigarette use amongst young people in Wales is strongly associated with tobacco and alcohol use[59].

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 smokers[60].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Alcohol

Why is alcohol use an important agenda in schools?

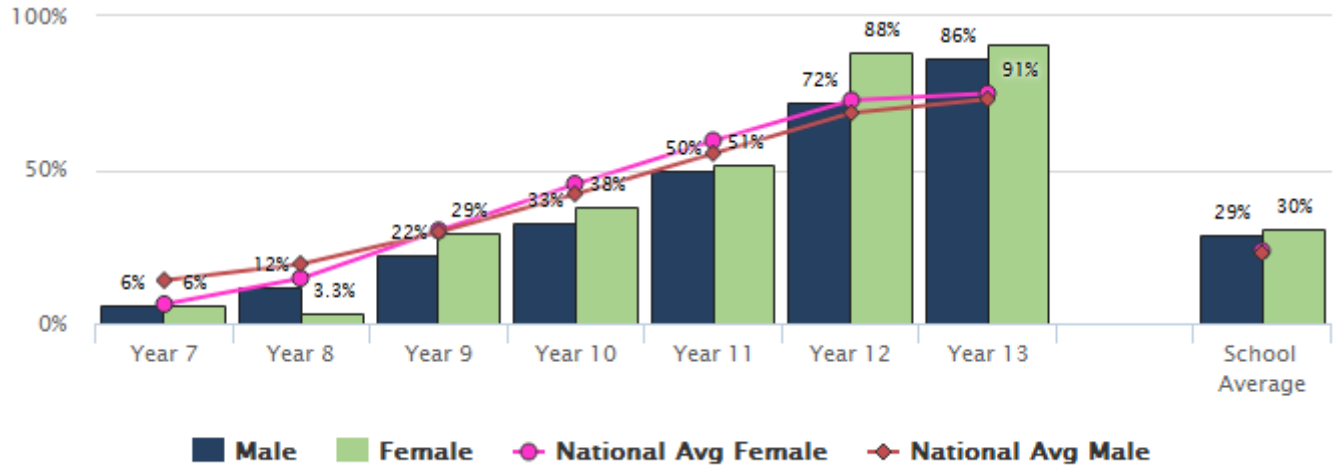
Worldwide, nearly one in ten deaths among 15 to 29 year olds is alcohol related. Many of these are due to intentional and unintentional injuries, including those arising from violence, traffic accidents and suicide.

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 affected[61].

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-driving[62].

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

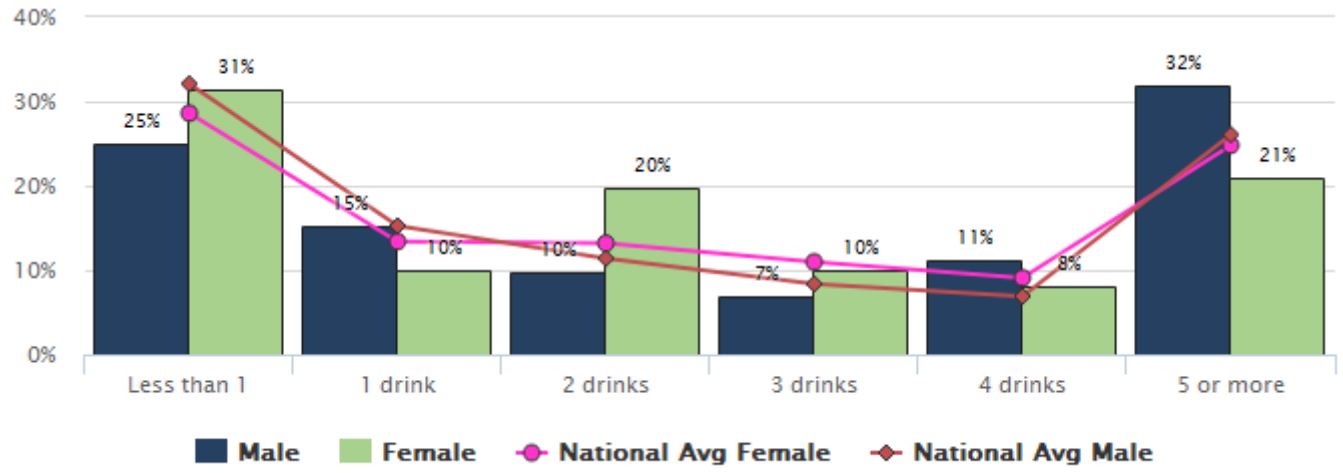


What do you think?

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 lower[58]. What do you think the legal age to buy alcohol should be?

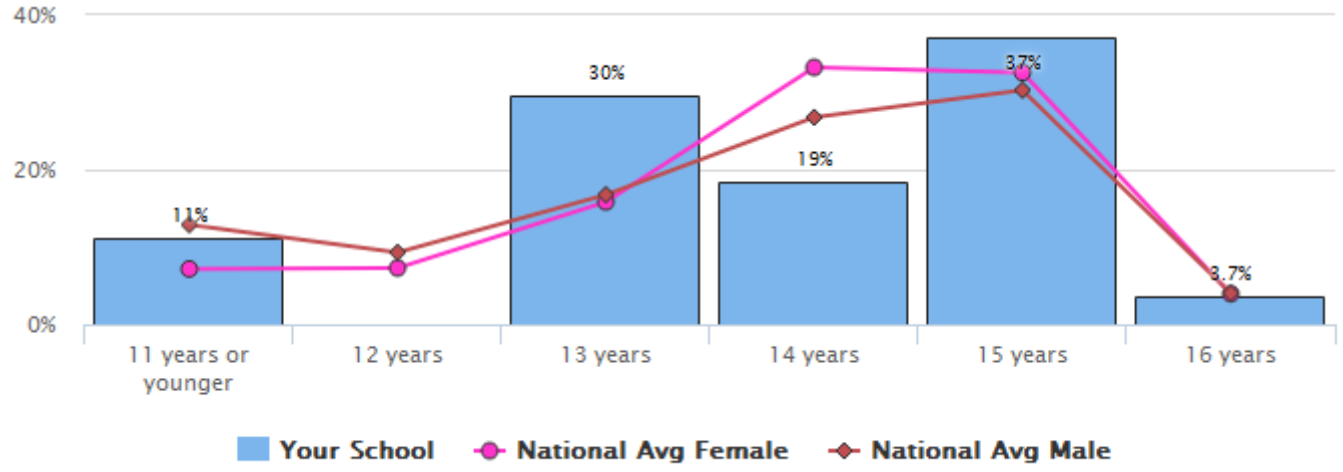
Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 30 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. 31 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 old[63].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Did you know?

The lower-risk guidelines for alcohol use are **no drinking in childhood** and for adults (**over 18 years**):

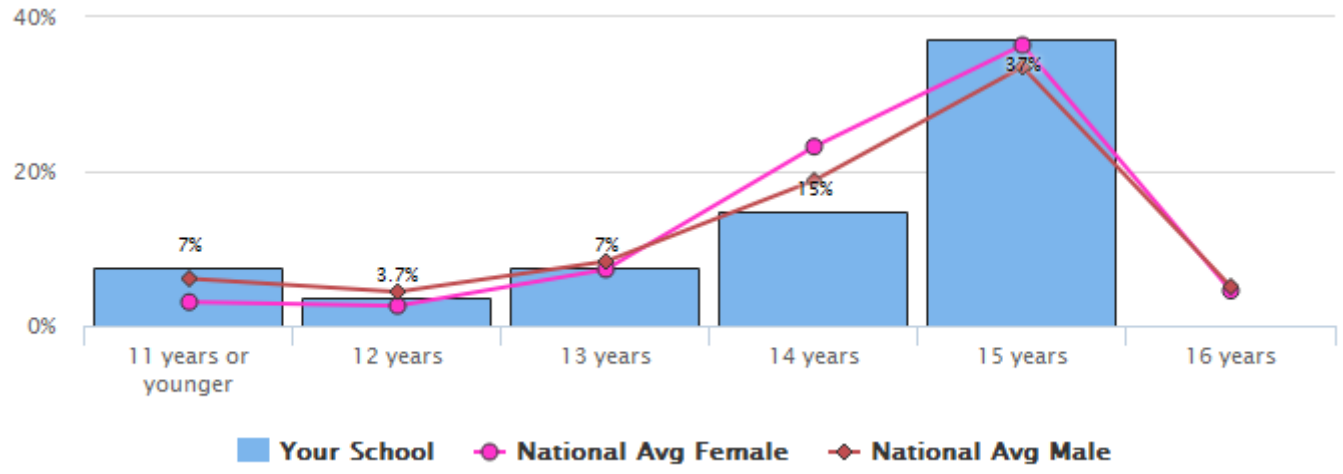
Women: should not regularly drink more than 2 to 3 units of alcohol a day.

Men: should not regularly drink more than 3 to 4 units of alcohol a day.

Binge drinking in adolescents is associated with sexual activity, fighting and use of illegal drugs[61]. It also puts young drinkers at risk of alcohol poisoning, which can fatally suppress the gag reflex and respiratory drive[64].

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

Fig. 32 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 rules[65].

Your school can make a difference

The National Institute for Health and Clinical 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 development[66].

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.

Remember to look at the 'Low Numbers Table' on page 4 to see if your charts represent small numbers of students

Cannabis

Why is cannabis use an important agenda in schools?

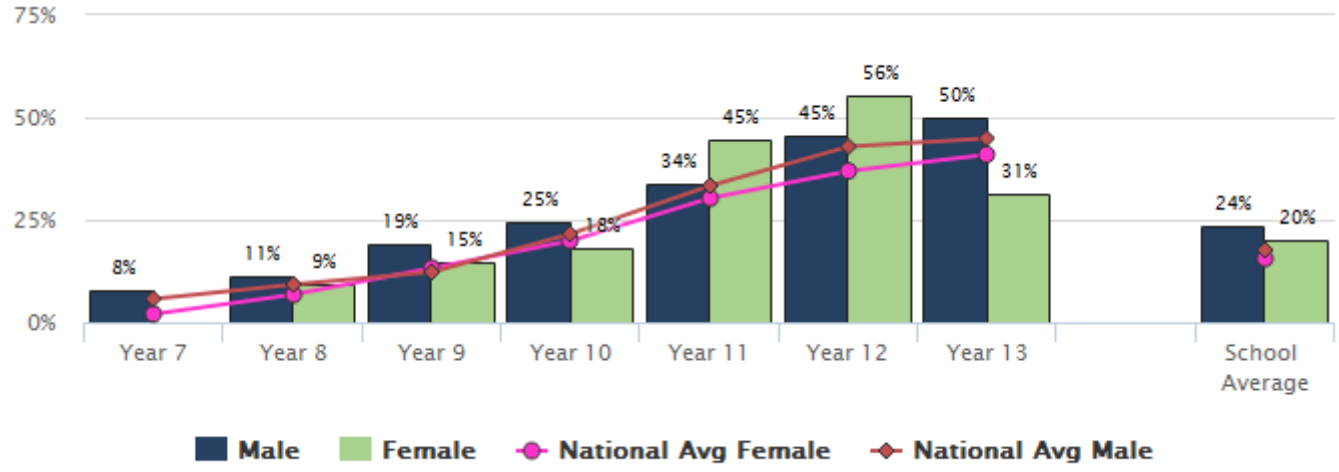
Cannabis directly affects the brain and this is a particular concern in young people, whose brains are still developing. In the short term it can make it hard to concentrate, worsen memory and sap motivation. In the longer term, it has been linked to serious mental health problems in some people[67].

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 school[68].

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 use[69].

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 effect[70].

Fig. 33 The Sheppard Academy: Student who have ever been offered cannabis



Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

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 versa[71].

Fig. 34 The Sheppard Academy: Students who have taken cannabis in the last 30 days

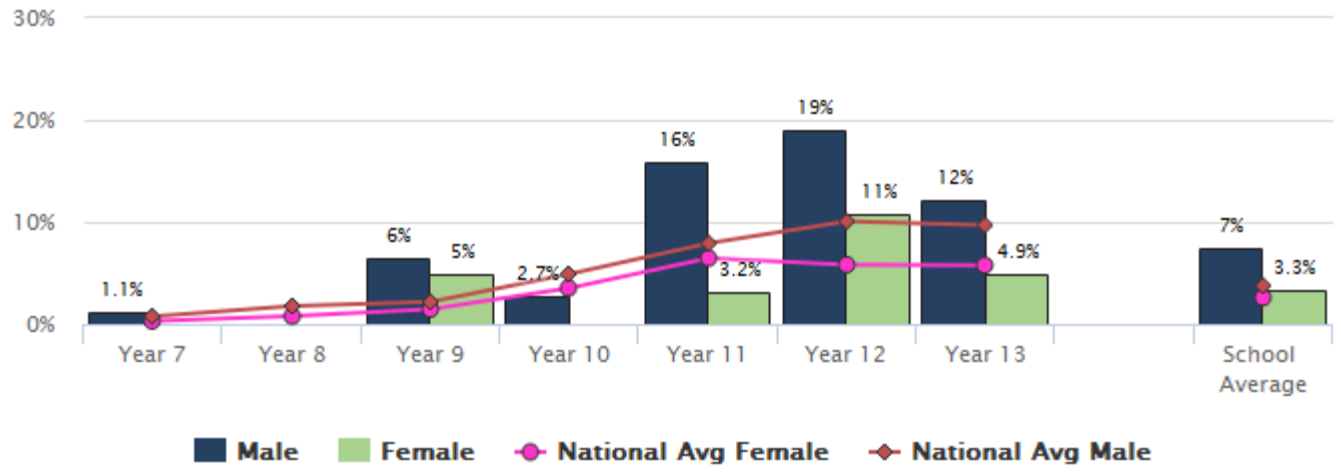
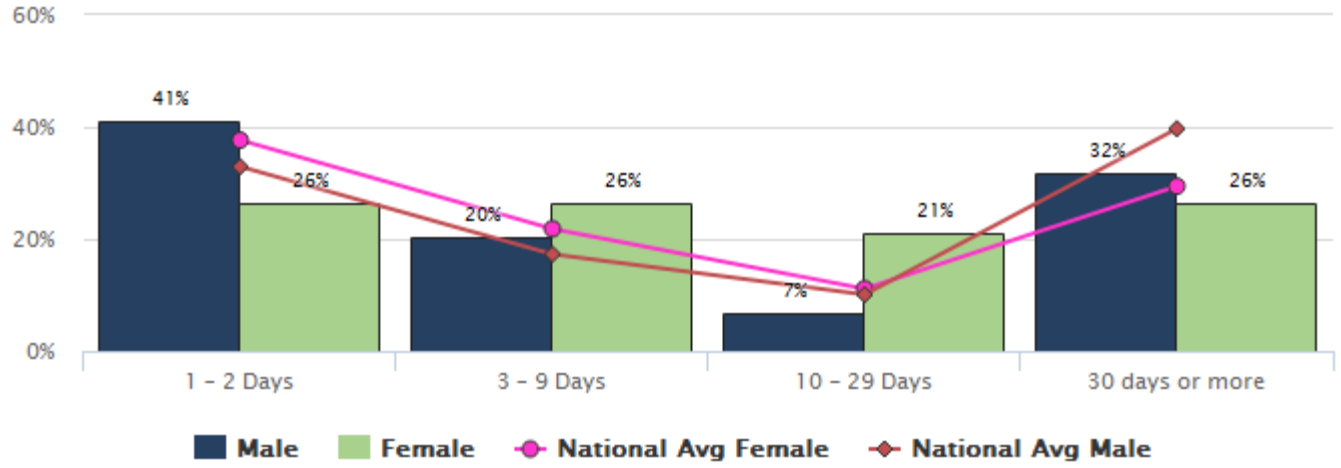


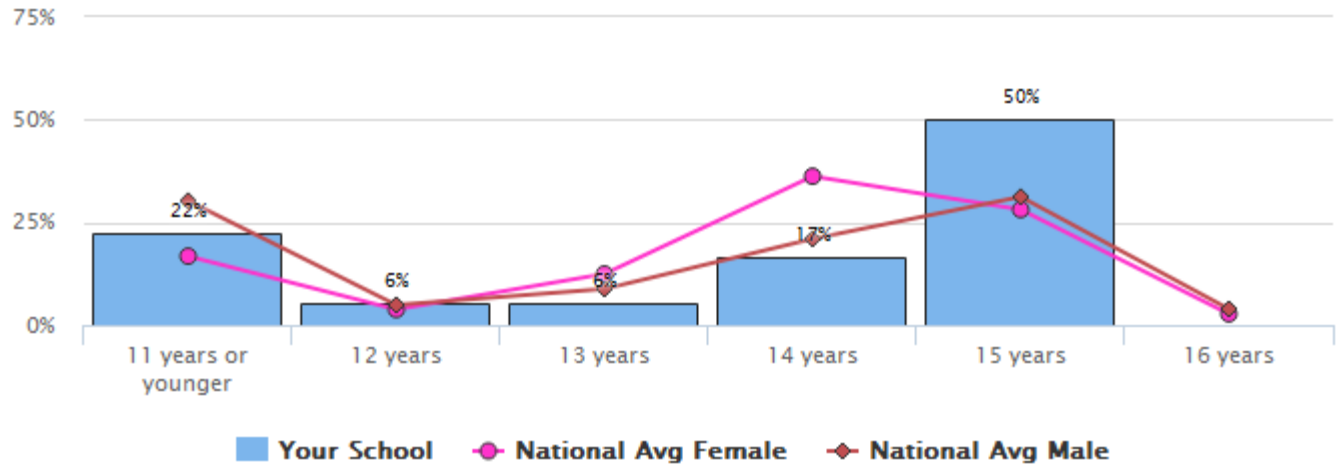
Fig. 35 The Sheppard Academy: Number of days in the last 30 days on which students have taken cannabis[α]



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

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 36 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 use[72].

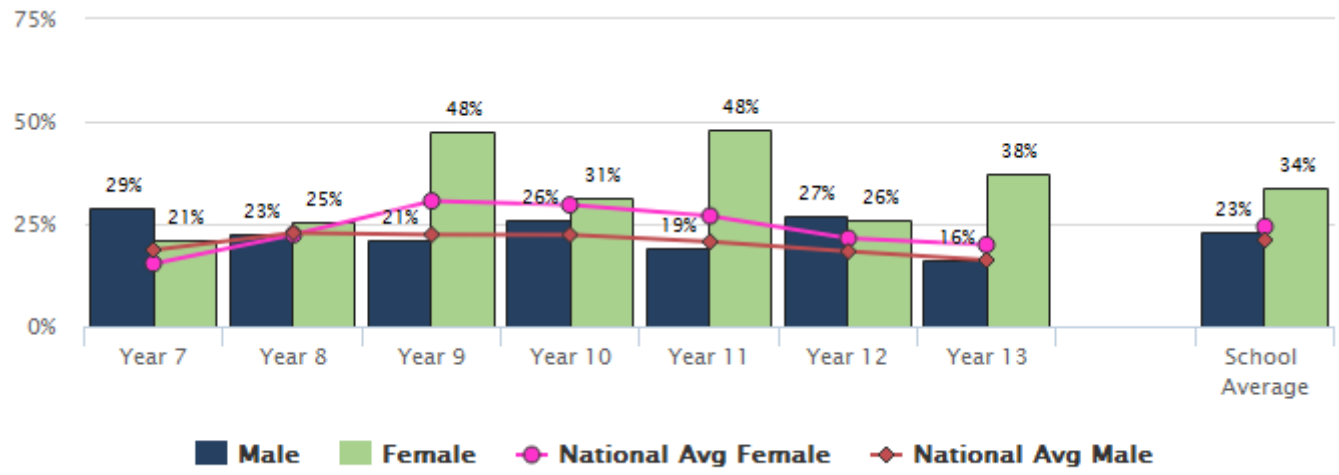
Remember to look at the **'Low Numbers Table' on page 4 to see if your charts represent small numbers of students**

New psychoactive substances

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

This situation is set to change however with the introduction later this year of the new UK-wide **Psychoactive Substances Bill** which outlaws the sale, import and export of NPS. The ban will extend to the sale of nitrous oxide (laughing gas) for human use.

Fig. 37 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.	
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 phone 08088 022888 www.thefilterwales.org **Ash Wales** offer statistics and information on smoking in Wales www.ashwales.org.uk	**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 0800 6 33 55 88 www.dan247.org.uk **Frank** provides English medium, youth focused advice: Call 0300 123 6600 www.talktofrank.com
Stop Smoking Wales Stop Smoking Wales is a free, NHS service to help people quit smoking. www.stopsmokingwales.com	**Alcohol Concern Cymru** is working with support from the Welsh Government to aim to reduce the harm caused by alcohol in Wales. www.alcoholconcern.org.uk/projects/alcohol-concern-cymru
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. www.drinkwisewales.org.uk	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**. www.schoolbeat.org
NHS Direct Wales provides health information on substance use and misuse and appropriate local services. Call 0845 46 47 or visit www.nhsdirect.wales.nhs.uk	**Cancer Research UK** provides comprehensive information on a range of lifestyle issues such as smoking and alcohol. www.cancerresearchuk.org

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. www.stopsmokingwales.com
Take up the **JustB SmokeFree Programme** if offered by Public Health Wales. This is a 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.

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?

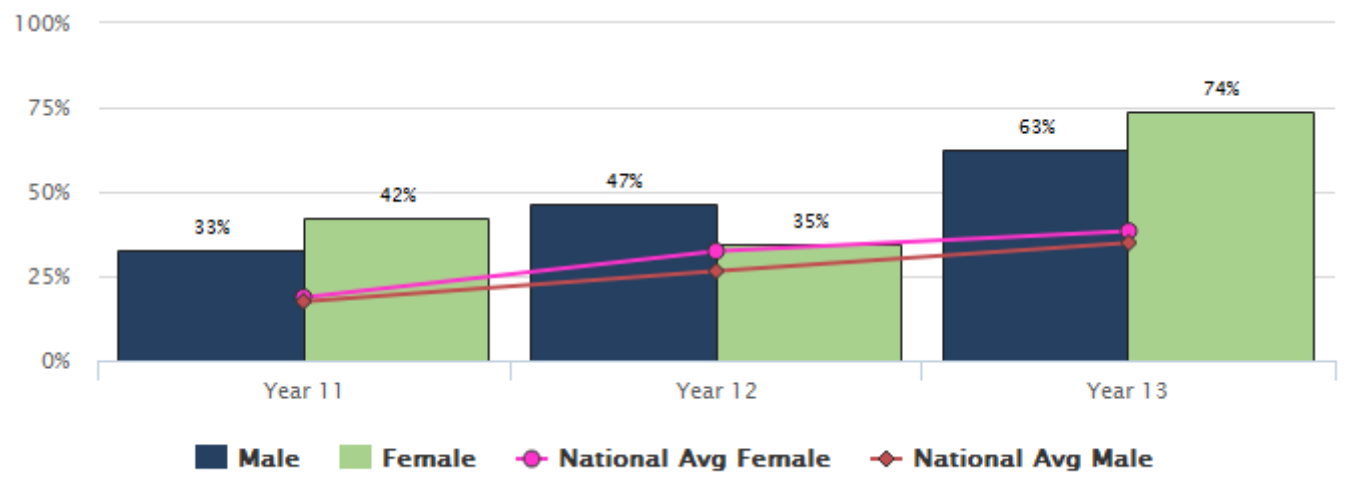
Having sex at an early age is associated with a number of other risky health behaviours, such as taking drugs and smoking. Research in Scotland has found strong associations between early substance use (smoking before 14 years, drinking alcohol monthly by 15 years and ever taken illicit drugs by 15) and early sexual initiation (before 16 years). These relationships were the same among boys and girls and did not change with social class[73].

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 school[74].

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 regret[75].

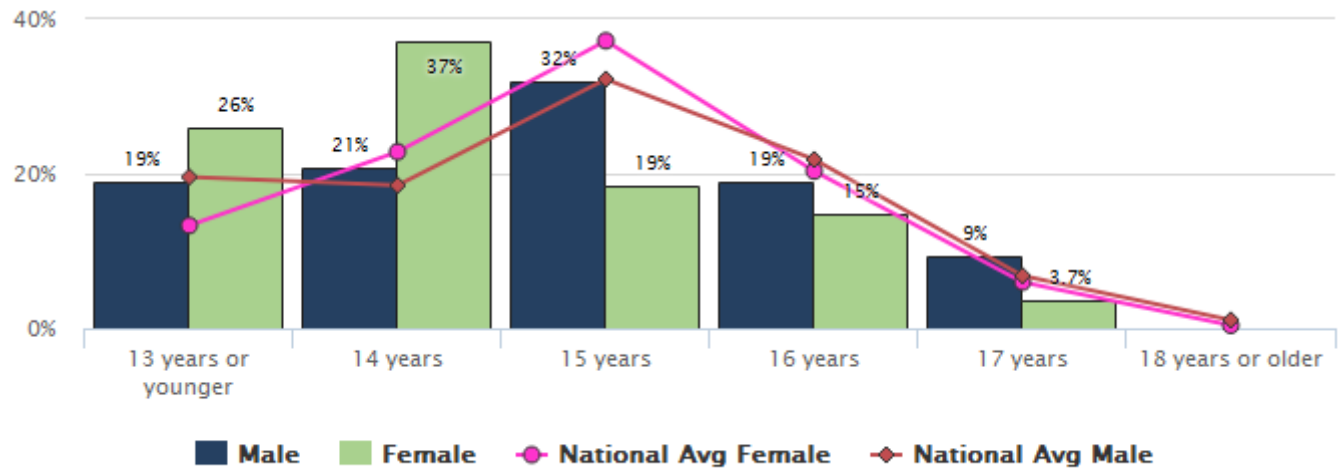
It is not uncommon for young people to have sex before they are ready. A large study in the West of England found that 18% of 15 year olds had had sex in the last 12 months. Of these, over one third were considered unready, meaning they did not want to or were made to have sex, they regreted having sex, or they did not use contraception[76].

Fig. 38 The Sheppard Academy: Students who have ever had sexual intercourse



Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 39 The age The Sheppard Academy students had sexual intercourse for the first time*



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

What do you think?

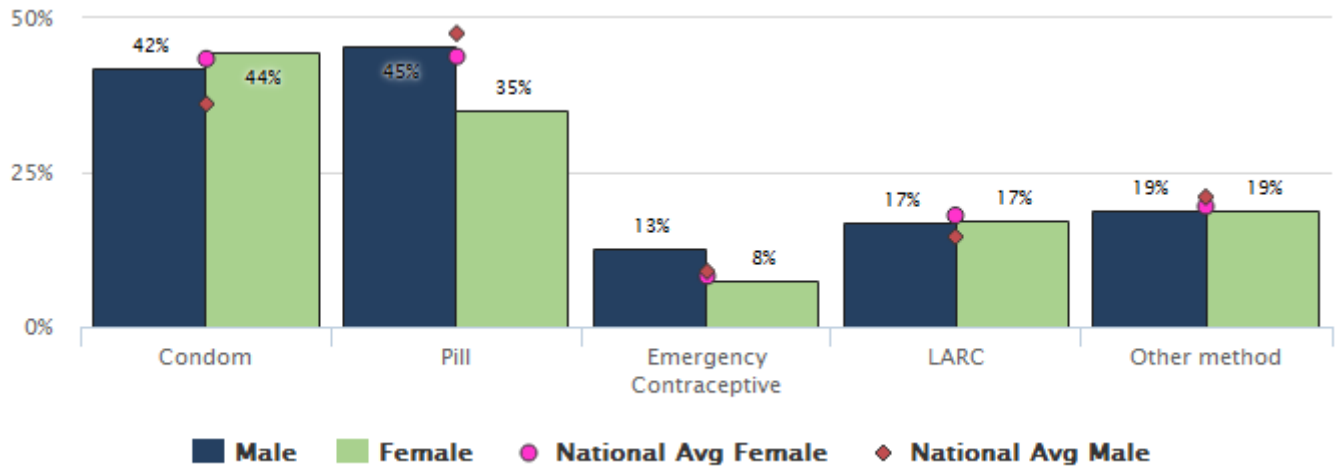
In 2014 a survey of over 2500 secondary school students in England and Wales found that 22% thought the legal age to have sex (16 years) should be higher and 17% thought it should be lower[58]. What do you think the legal age to have sex should be?

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 sex[77].

Remember to look at the 'Low Numbers Table**' on page 4 to see if your charts represent small numbers of students**

Fig. 40 The Sheppard Academy: Contraceptive use in sexually active students and their partners*



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

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 sexual health services were particularly important: making contraception available and providing information and advice[78].

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 home[79].

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 **'Ask Brook' text service 07717 989023**	**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
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.stonewall.org.uk/cymru
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. **Call 0845 46 47 or** www.nhsdirect.wales.nhs.uk/LifestyleWellbeing/Sexualhealth/	**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?

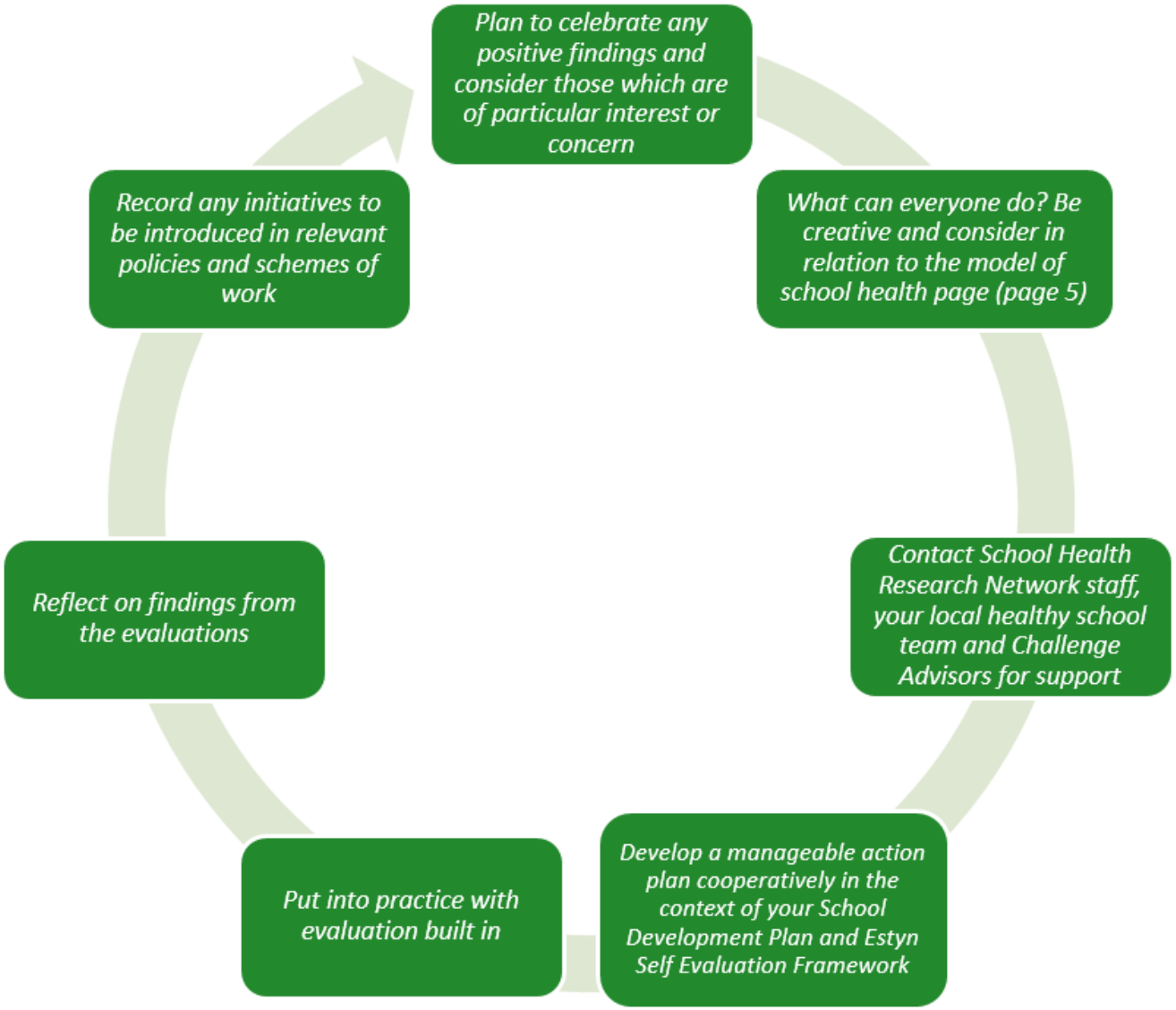
Senior Leadership Team and Governors can	
Ensure the school has an up- to-date Sex and Relationships Education policy that is reviewed regularly and developed by representatives from all sectors of the school community.	Take an important role in monitoring the effectiveness of the SRE programme.
Take 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 1st 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:

School 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
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

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