



Welsh Network of Healthy School Schemes



Cynlluniau Ysgolion Iach - Ithwydwaith Cymru

**Report on the 2017/18 School Environment Questionnaire
for the Welsh Network of Healthy School Schemes**

February 2019

Prepared by the School Health Research Network
DECIPHer, Cardiff University

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Data collection and sample

The School Environment Questionnaire was completed by School Health Research Network member schools between February and July 2018.

Of 212 member schools, 161 (**76%**) returned a questionnaire and these represented all local authority areas (table 1).

Table 1. Summary of School Health Research Network membership by Local Authority and completion of the School Environment Questionnaire

Local Authority	School Health Research Network membership (Secondary and 'through' schools)	
	Completed questionnaire	Did not complete questionnaire
Blaenau Gwent	3	1
Bridgend	6	4*
Caerphilly	7	5
Cardiff	14*	5
Carmarthenshire	12**	2
Ceredigion	6	1
Conwy	5	2
Denbighshire	6	2
Flintshire	11	0
Gwynedd	13	1
Isle of Anglesey	4	1
Merthyr Tydfil	4	0
Monmouthshire	5*	0
Neath Port Talbot	9	0
Newport	8	1
Pembrokeshire	6	2
Powys	7	5
Rhondda Cynon Taf	10	7
Swansea	12	2
Torfaen	2	4
Vale of Glamorgan	7	1
Wrexham	4	5
TOTAL	161 (157 maintained)	51

* Includes one fee-paying school; ** Includes two fee-paying schools

The maintained schools within the sample (n=157) represent **76%** of all maintained secondary and 'through' schools in Wales. The sample is representative of all schools in Wales with respect to size and level of free school meal entitlement with very small differences between schools that completed the questionnaire and those that did not (table 2).

Table 2. Mean free school meal entitlement and school size[∞] in maintained schools completing the School Environment Questionnaire and those that did not

	Questionnaire sample (n=157)	Non-completers (n=50)
Free school meal entitlement, %	15.0 ±8.5	16.8 ±8.5
Student roll, n	900 ±382	860 ±314

[∞] PLASC data, 2018

Senior management team priorities and commitment to health

Summary findings

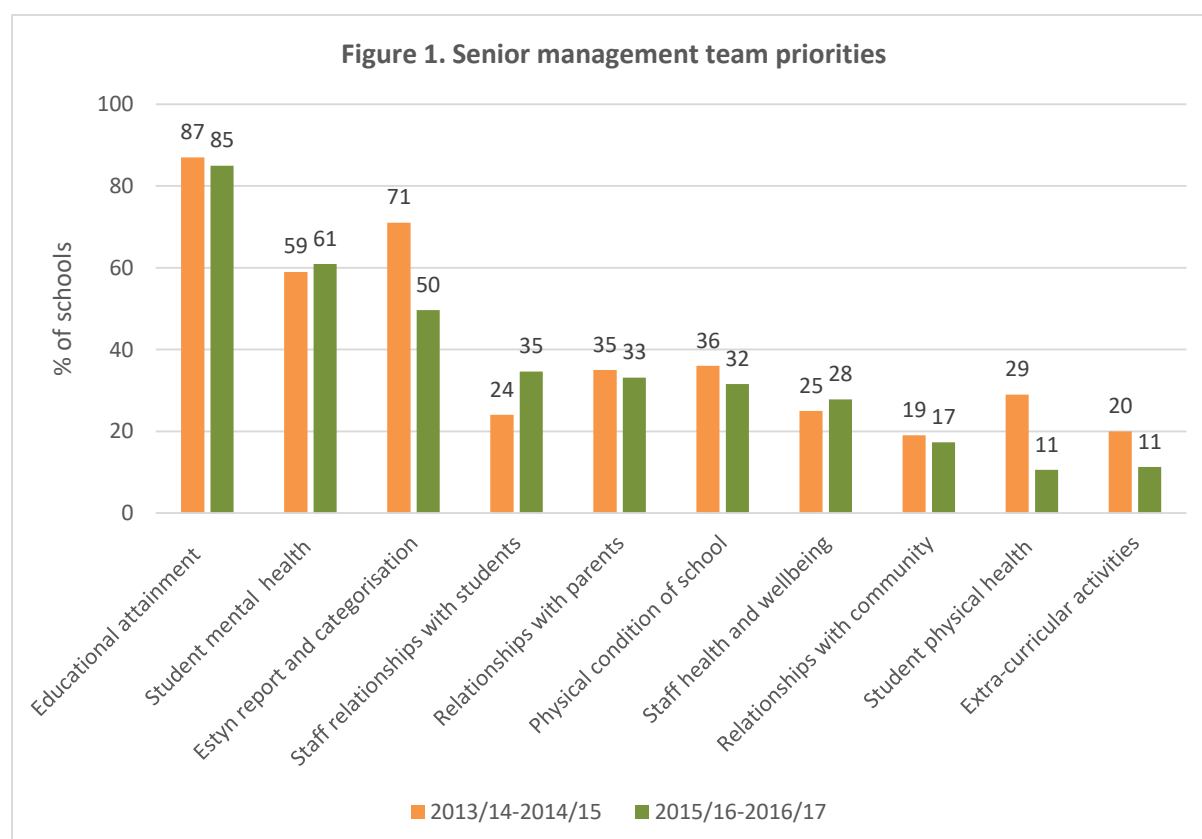
- The most frequently selected **senior management team priority** was educational attainment, selected by 85% of schools.
- Sixty-two percent of schools selected one of the **student health** options, but mental and emotional health was more likely to be selected than physical health (61% versus 11%). (See *Figure 1*) Less than a tenth of schools (9%) selected both student health priorities, a smaller proportion than in 2013/14-2014/15 (21%).
- **Staff health and wellbeing** was prioritised in just under one third of schools (28%), increasing slightly from a quarter of schools in 2013/14-2014/15. (See *Figure 1*)
- The area which saw the largest decrease in priority since 2013/14-2014/15 was Estyn report and categorisation and the largest increase was **staff relationships with students**, from 24 to 35% of schools.
- Nearly two-thirds of schools (63%) have a single strategic **lead for health and wellbeing**, with only 7% of schools reporting separate leads for health and for wellbeing. One percent of schools reported no health and wellbeing leadership.
- In 87% of schools with a **single strategic lead** for health and wellbeing, the lead was senior management level. (See *Figure 2*)
- Fourteen percent of schools were not participating in the **local healthy school scheme**. Eight percent of schools were not currently working towards a phase, whilst 12% were working towards the National Quality Award. (See *Figure 3*) Sixty-eight percent of schools had progressed since 2014. Nearly three-quarters (74%) of schools thought their membership of their local Healthy School Scheme was important. (See *Figure 4*)
- Sixty-two percent of schools had a **written school health and wellbeing action plan or targets**. Of these, 83% included the action plan or targets in their School Development Plan and 74% assessed progress of their action plan or targets at least annually.
- Nearly all schools (91%) **used data to update their policies and practices on creating a healthy school**. Over three-quarters of schools undertook their own student surveys. (See *Figure 5*)
- **Data was used by** various groups within the school and well over half shared data with their school council or other student voice groups. (See *Figure 6*)
- Schools most frequently **used data to** identify need and set health and wellbeing priorities. (See *Figure 7*)

Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
2	SMT priorities	133	1
3a	Health and wellbeing leadership	159	
3b	Role of health and wellbeing leaders	86 (100)	2
4a	Local Healthy School Scheme	159	
4b	Healthy School phase attained	129 (136)	3
4c	Year most recent phase attained	110 (136)	
4d	Importance of Healthy School Scheme membership	126 (136)	4
5a	Action plan and targets	157	
5b	Action plan and targets in SDP	95 (97)	
5c	Action plan and targets reviewed	89 (97)	
6a	Use of data	158	
6b	Data sources	142 (143)	5
6d	Users of data	141 (143)	6
6e	Uses of data	138 (143)	7

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures



Note: Schools selected up to 4 priorities.

Figure 2. Role of health and wellbeing lead in schools with a single strategic lead

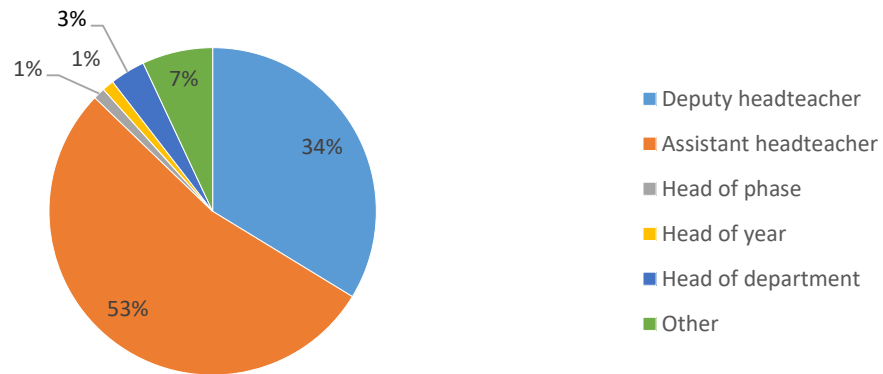


Figure 3. Healthy School Scheme Phase currently working towards

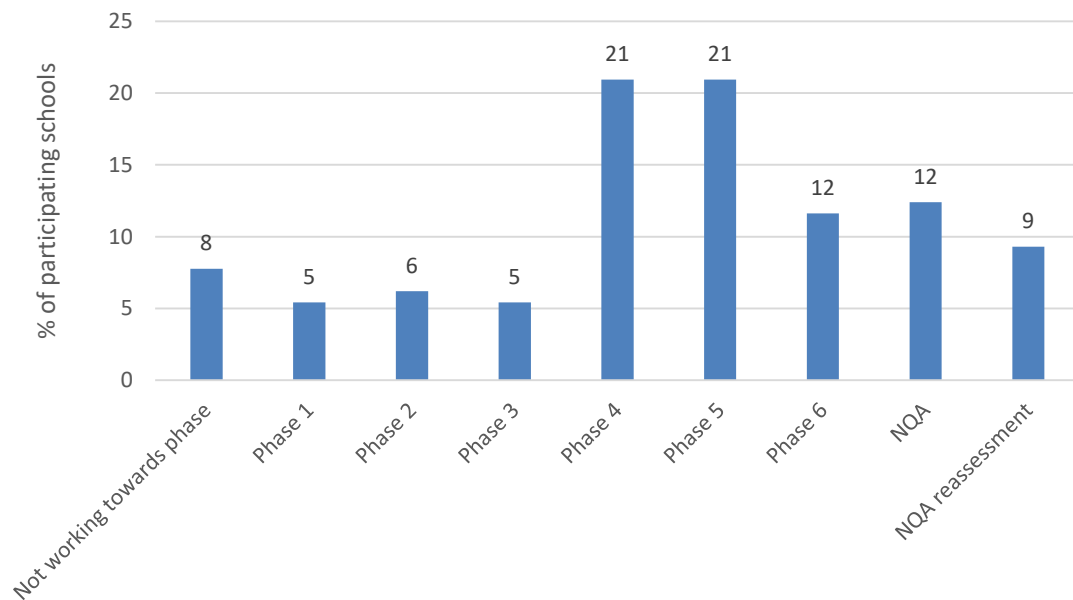


Figure 4. Importance of WNHSS membership to health and wellbeing work

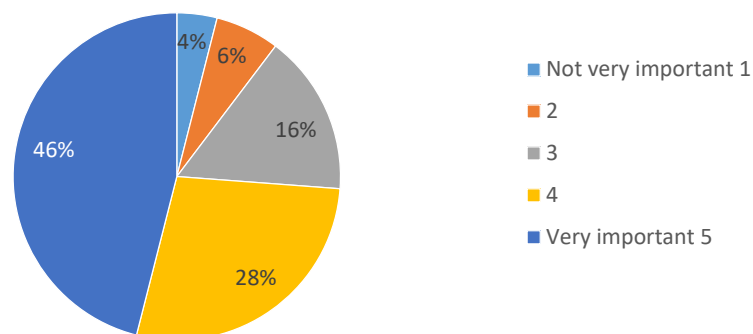


Figure 5. Sources of data used to update school health policies and practices

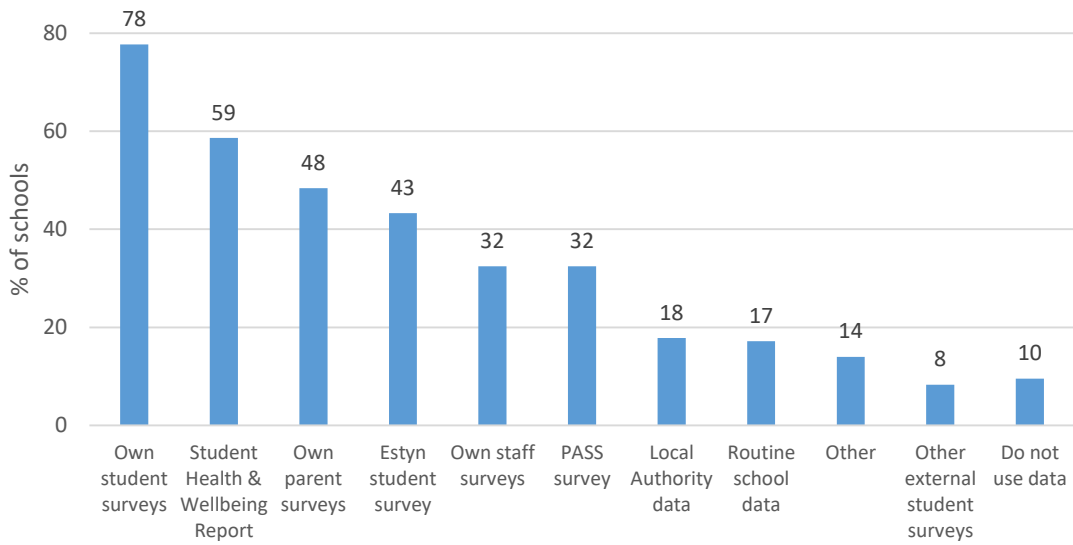


Figure 6. Users of health and wellbeing data

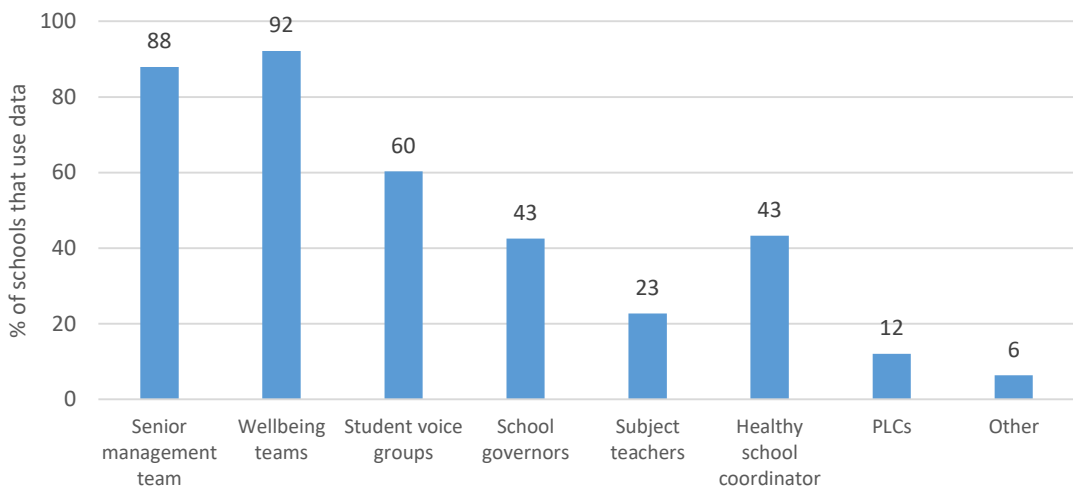
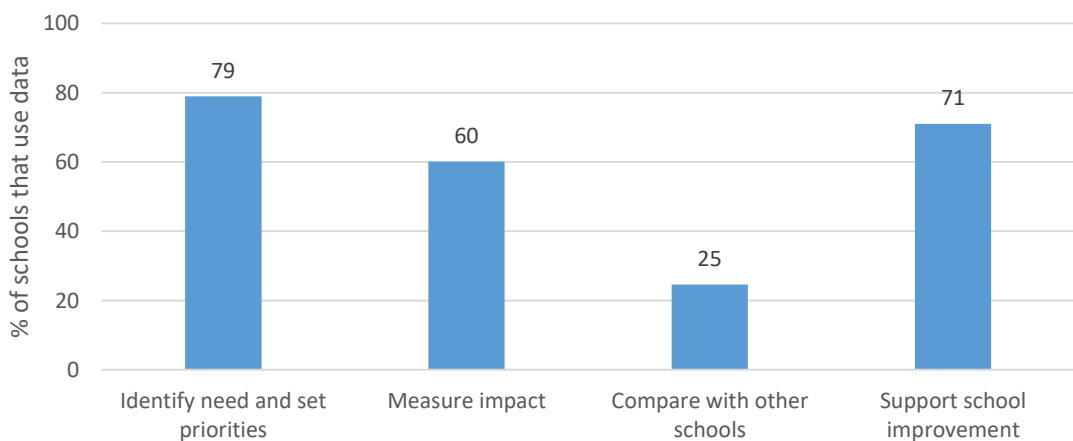


Figure 7. Schools' uses of data to create a healthy school



Lunch breaks

Summary findings

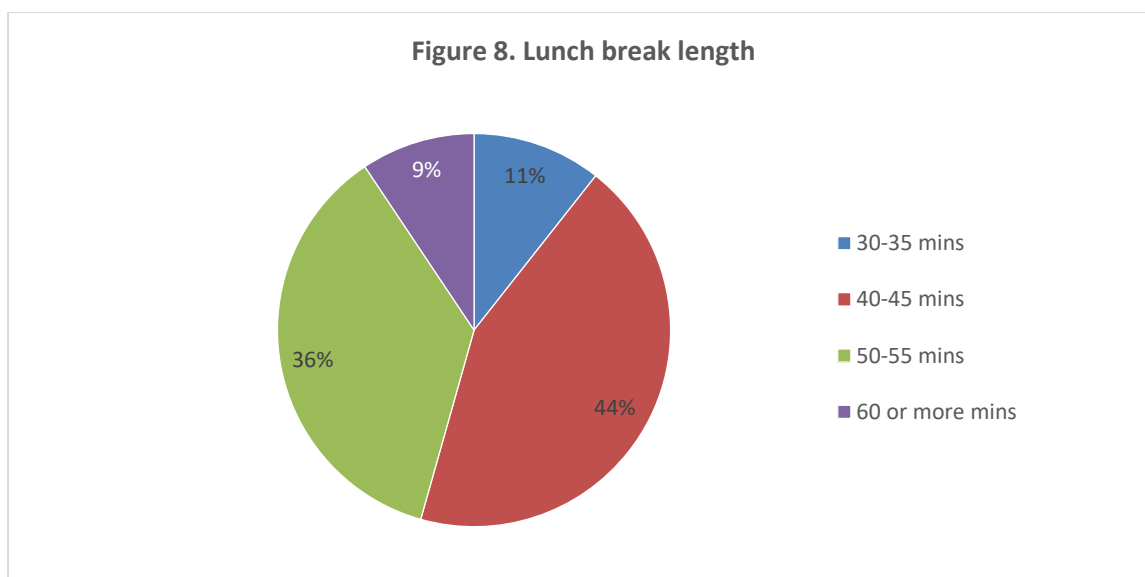
- All schools have at least 30 minutes for their **lunch break**. Most (89%) have at least 40 minutes and 9% have an hour or more. (See Figure 8)
- Two percent of schools had **increased their lunch break length** in the last two years and 18% had reduced it. A further 23% had considered reducing it, but decided not to.
- Most schools (72%) did not allow their students in years 7 to 11 **off site at lunchtime**.
- Most schools that allowed year 7 to 11 students off site required parental consent to do so and permission for any student to go off site tended to be restricted to years 10 and 11. (Figure 9)

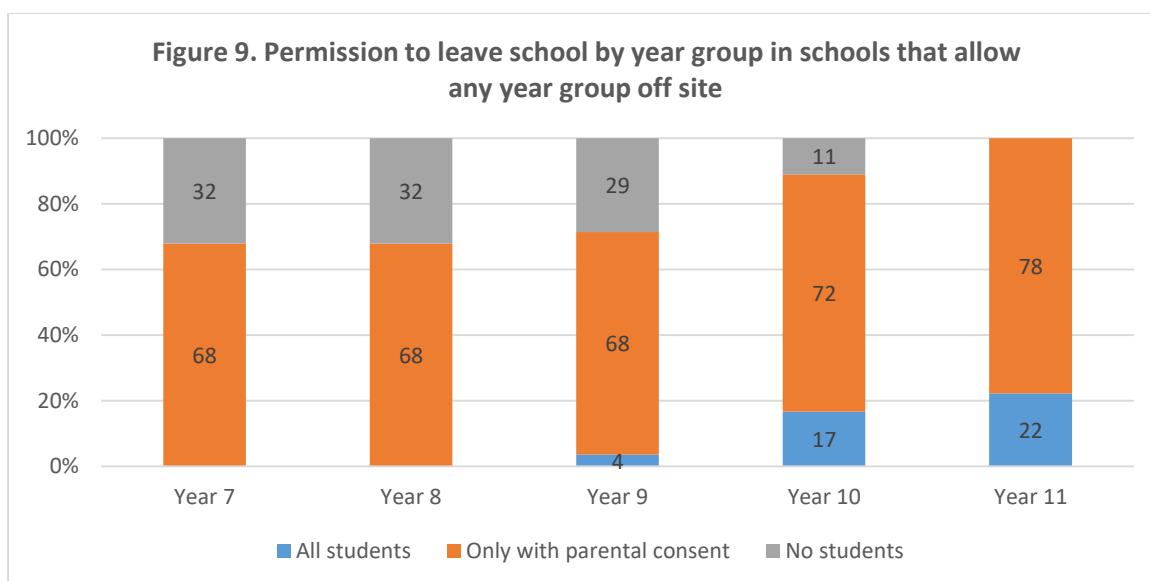
Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
7a	Lunch break length	160	8
7b	Change in lunch break length	161	
8a	Off premises during lunch break	159	
8b	Year groups allowed off premises	28-45 (45)	9

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures





School health and wellbeing policy

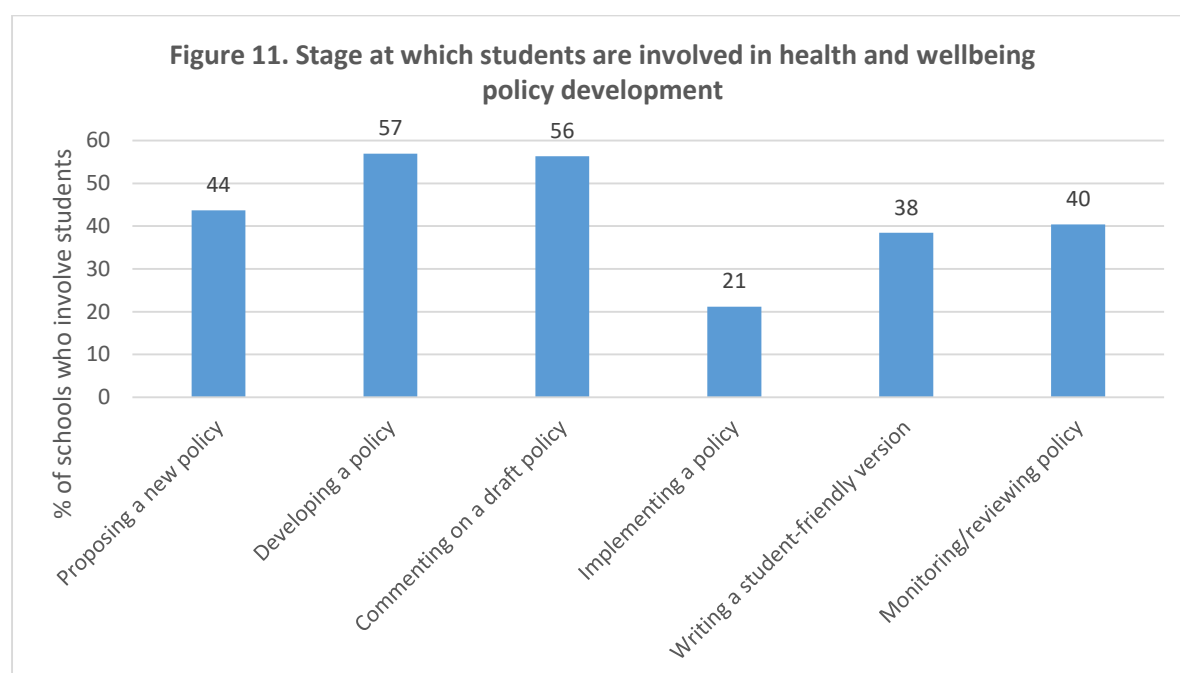
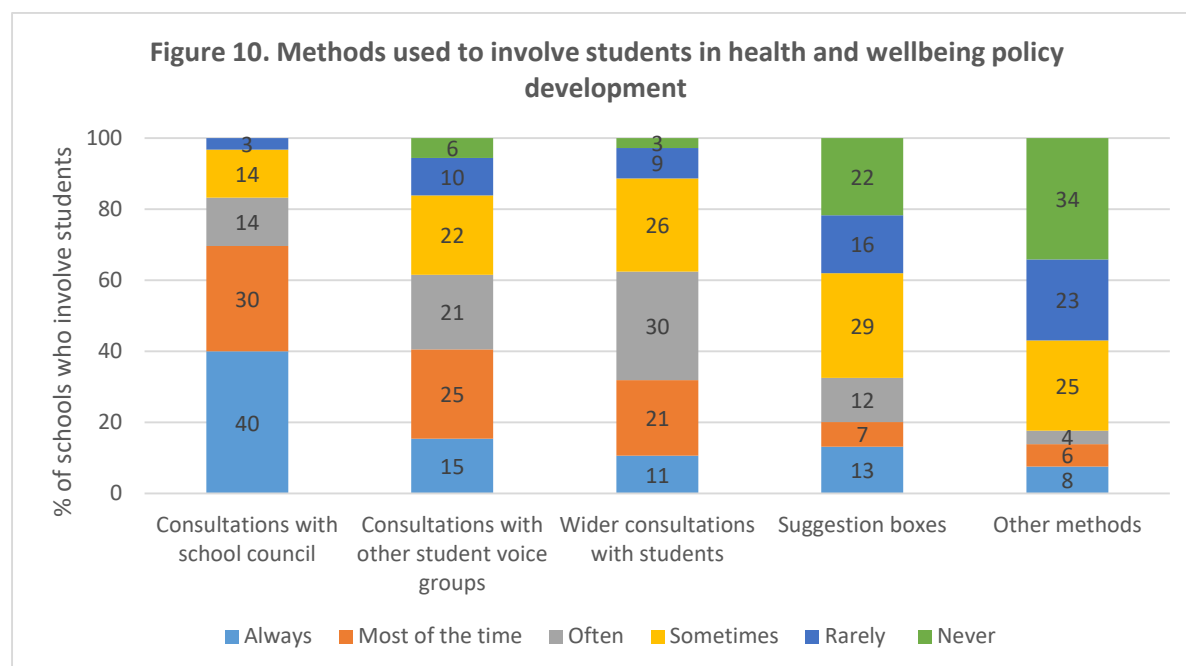
Summary findings

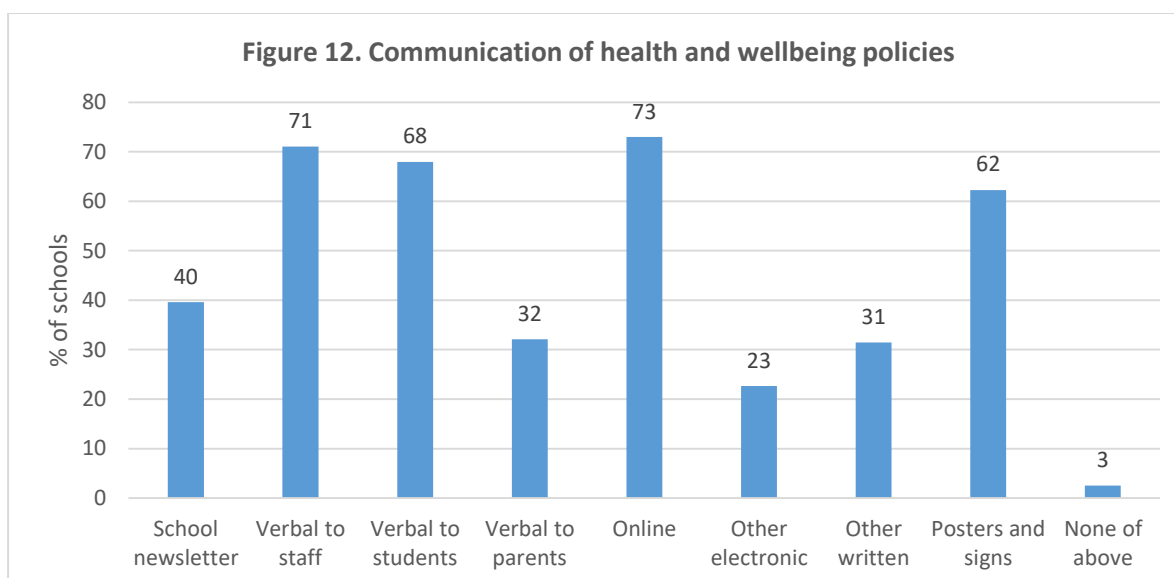
- Nearly half of schools (48%) **involved students in health and wellbeing policy development** 'Always' or 'Most of the time'. Eight percent of schools 'Rarely' or 'Never' involved students.
- Consultation with school councils or with other student voice groups were the most commonly used **methods of involving students** in policy development. (See Figure 10)
- Students were most commonly **involved at the stage of** developing policy content and commenting on draft policies. (See Figure 11)
- Health and wellbeing policies were most frequently **communicated** via school websites and by verbal communication to students and staff. (See Figure 12)

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
9a	Student involvement	160	
9b	Methods of involvement	79-155 (158)	10
9c	Timing of involvement	151 (158)	11
10	Policy communication	159	12

Figures





Student voice

Summary findings

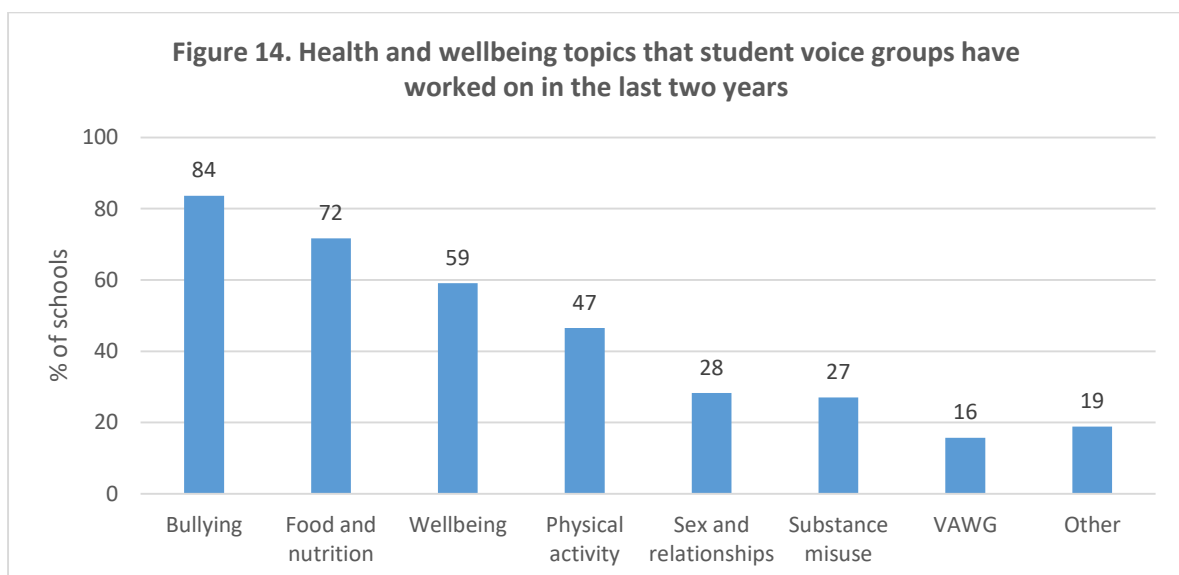
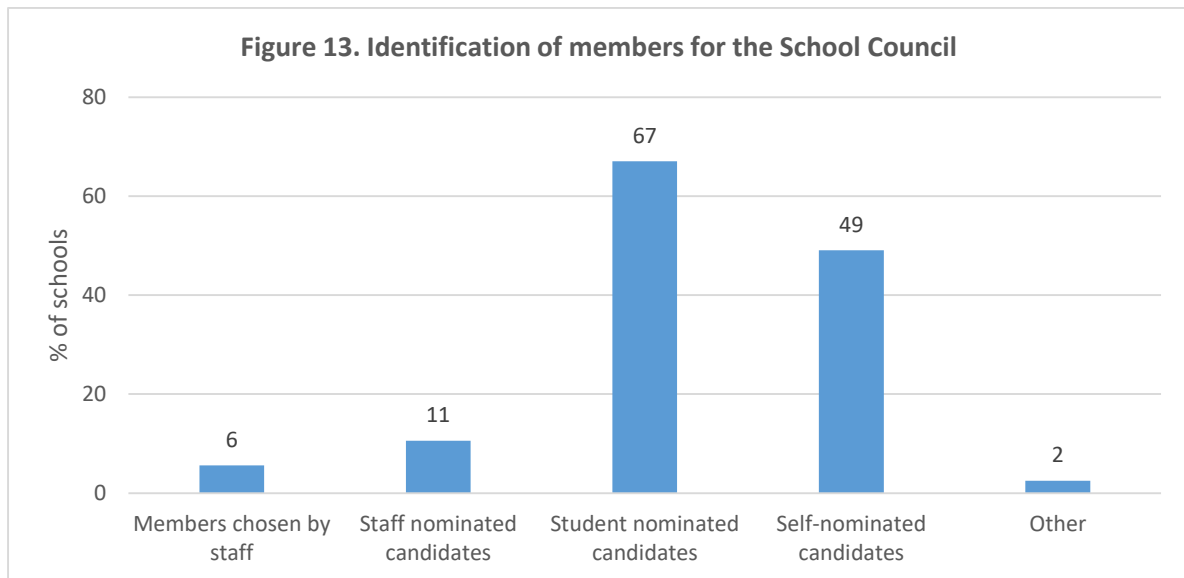
- All schools said they had a school council or similar student-led body and most (64%) exceeded the minimum requirement of **6 meetings a year**. Nine percent of schools did not meet the minimum requirement.
- Students **identified council members** for election in the majority of schools. (See Figure 13)
- Thirty-six percent of schools were registered with the **Children's Commissioner for Wales Student Ambassadors Scheme**.
- In 2016/17, 56% of these schools had **two or more Ambassadors**. In 2017/18 this rose to 68%.
- Bullying and food and nutrition were **the health and wellbeing topic areas** most frequently addressed by student voice groups. (See Figure 14)

Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
11a	Frequency of school council meetings	160	
11b	Identification of council members	161	13
12a	CCfW Ambassadors Scheme	152	
12b	CCfW Ambassadors	47-51 (54)	
13	Student voice group topics	159	14

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures



Parent and community involvement

Summary findings

- Over 85% of schools **attempted to involve parents in decisions** regarding health and wellbeing improvement and 40% attempted to involve most or all parents. Only 17%, however, felt they **actually involved** at least half of parents. (See Figure 15)
- Schools that involved parents in decisions regarding health and wellbeing improvements were more likely to **involve them in** identifying health priority areas (36% of schools) than in school health policy (32%) or in health education (25%).

- The most frequently used **methods to involve parents** was as parent governors and through parent surveys. (See Figure 16)
- The vast majority of schools (87-88%) that had outdoor or indoor sport/play facilities made them **available to local community groups**, but this was more likely to happen in the evenings than at weekends or in the holidays. Only one-third of schools with catering facilities made them available to local community groups.
- Nearly all schools that made their facilities available charged some or all groups for them. (Figure 17)
- Schools worked with a range of local and national partners to improve student health and wellbeing. Partnerships with the police/PCSOs, health board staff and local authority sport development officers were the most common. (Figure 18)

Questionnaire items

	Item number and topic	Number of schools providing data*	Figure number
14a	Attempted parent involvement	155	15
14b	Actual parent involvement	157	15
14c	Areas of parent involvement	121 (128)	
14d	Means of parent involvement	128 (128)	16
15a	Availability of facilities	115-155	
15b	Charging for facilities	154	17
16	Partnerships	158	18

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures

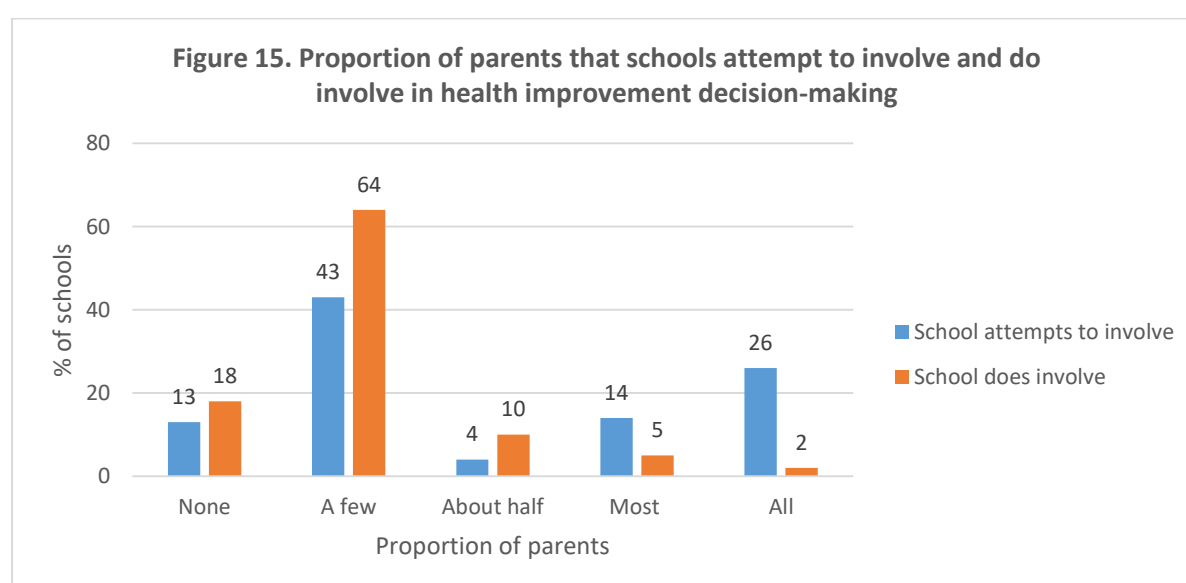


Figure 16. Ways in which schools involve parents in health and wellbeing improvement decisions

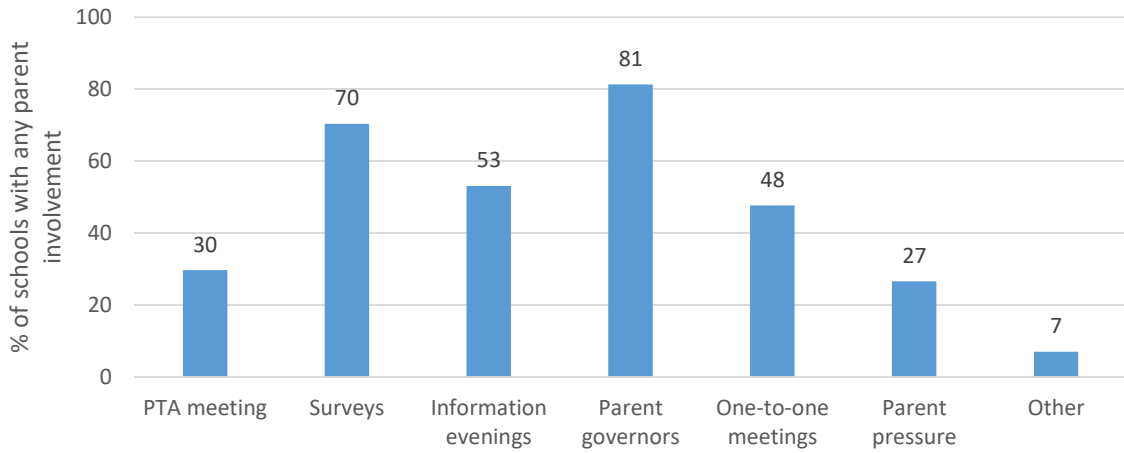


Figure 17. Proportion of schools that charge community groups to use their facilities

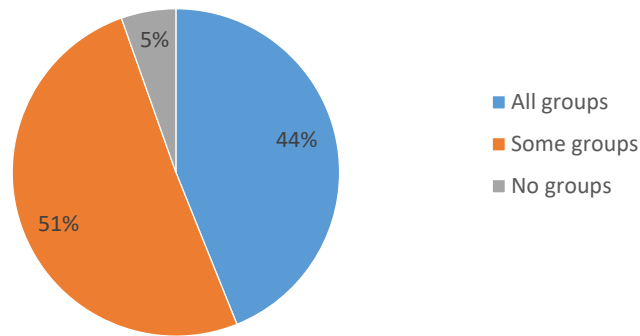
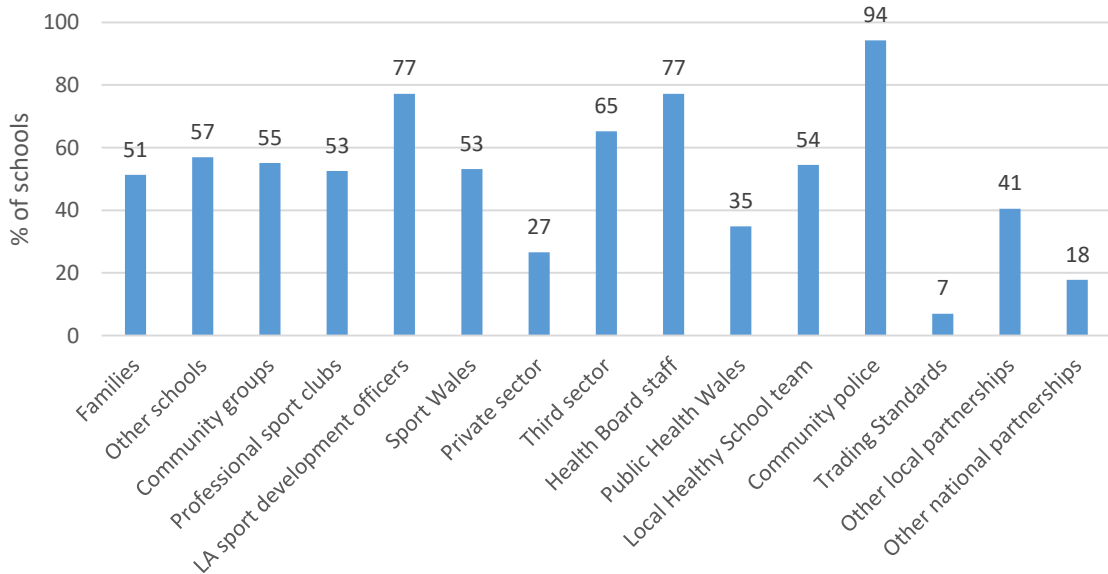


Figure 18. Partnerships to improve health and wellbeing



Health and wellbeing education within the curriculum

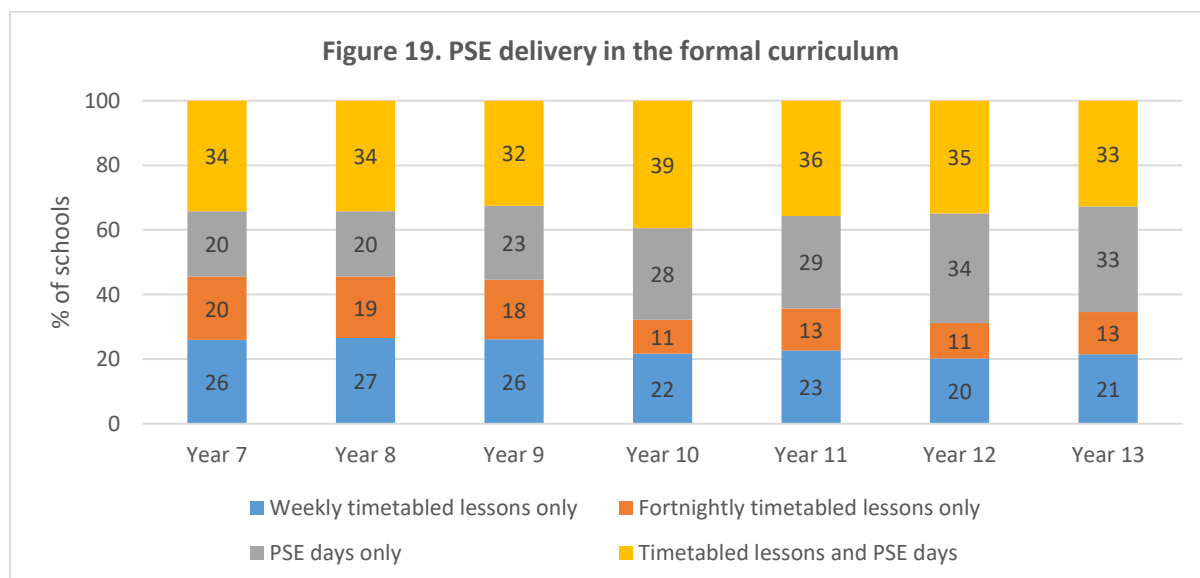
Summary findings

- Schools most commonly used both timetabled lessons and PSE days to deliver their PSE curriculum. Use of PSE days only increased from year 10. (See Figure 19)
- Approximately one third of schools had 30 minutes or less of **PSE per week in the formal curriculum**. Just over one third of schools provided an hour or more of PSE per week in years 10 and 11. (See Figure 20)
- The proportion of schools providing over an hour of **PE per week** sharply declined in years 10 and 11. Over 90% of schools provided at least 45 minutes of PE per week across years 7 to 11. (See Figure 21)
- Not surprisingly, **PSE/WBQ lessons** were the setting most frequently used to deliver health and wellbeing education within the formal curriculum, with the exception of healthy eating education which was most commonly delivered in Food Technology lessons in years 7 to 9. (See Figures 22-29)
- **Science lessons** were also a frequently used setting for teaching about physical health topics, particularly healthy eating, physical activity, tobacco education and, in years 7 to 9, SRE. (See Figures 22-26, 28)
- Healthy eating was the topic most likely to **taught in more than one place** in the curriculum and drug, alcohol, and mental health and wellbeing the least likely. (See Figures 22-28)
- Just over half of schools (57%) taught some form of **relationships education other than SRE** and over one-fifth of these delivered the education through religious education. (See Figure 29)
- Use of the **All Wales School Liaison Core Programme** had declined since 2015, with 51% of schools not using it in the last two years. One-third of schools, however, were still using it once a term or more. One-third of schools were also using **Theatre in Education** for substance misuse teaching at least once a year. (See Figure 30)
- Most schools (73%) were making **preparations to deliver health and wellbeing education within the new curriculum**. The most frequently cited activity was planning cross-curricular teaching of health and wellbeing. One quarter of schools were consulting students on how to deliver health and wellbeing education. (Figure 31)

Questionnaire items

Item number and topic	Number of schools providing data	Figure number
17 PSE delivery	152-158 Years 7-11; 107-109 Years 12-13	19
18 PSE provision	138-148 Years 7-11; 95 Years 12-13	20
19 PE provision	153-156	21
20 Education on healthy eating	135-160 Years 7-11; 84-91 Years 12-13	22
21 Education on physical activity	139-153 Years 7-11; 79-80 Years 12-13	23
22 Tobacco education	110-146 Years 7-11; 61-68 Years 12-13	24
23 Drug education	129-153 Years 7-11; 76-87 Years 12-13	25
24 Alcohol education	123-145 Years 7-11; 75-78 Years 12-13	26
25 Mental health and wellbeing education	140-152 Years 7-11; 82-84 Years 12-13	27
26 Sex and relationships education	136-155 Years 7-11; 67-74 Years 12-13	28
27a Other forms of relationships education	153	
27b Other forms of relationships education in the curriculum	66-75 (87) Years 7-11; 33-36 (87) Years 12-13	29
28 Curriculum resources	146-152	30
29 Preparation for the new curriculum	161	31

Figures



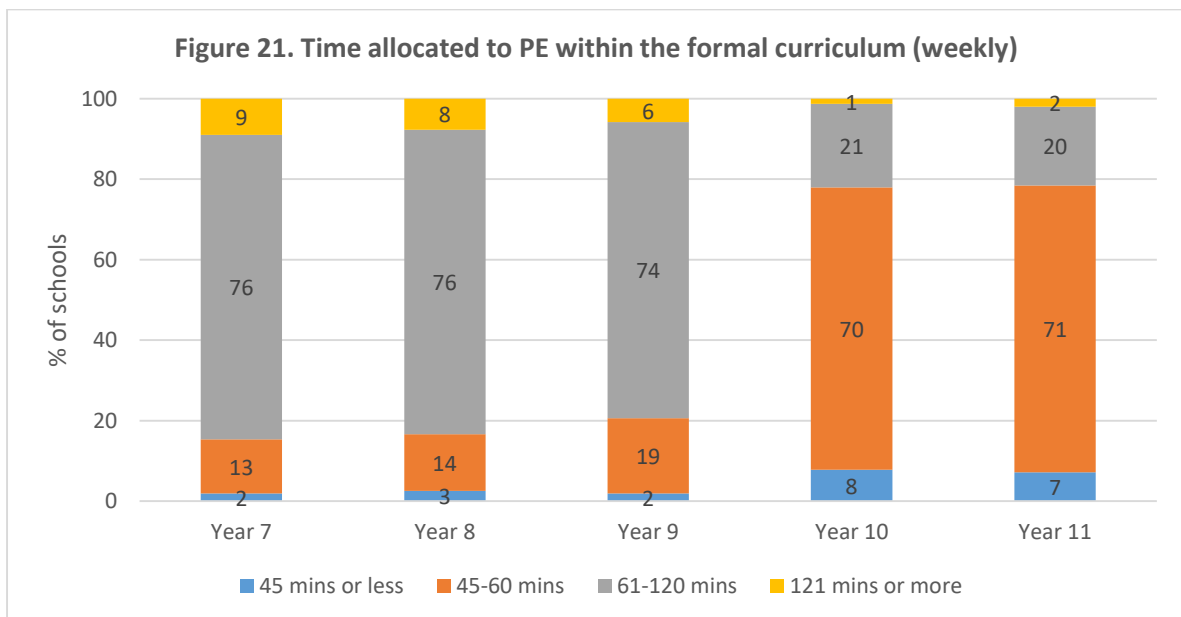
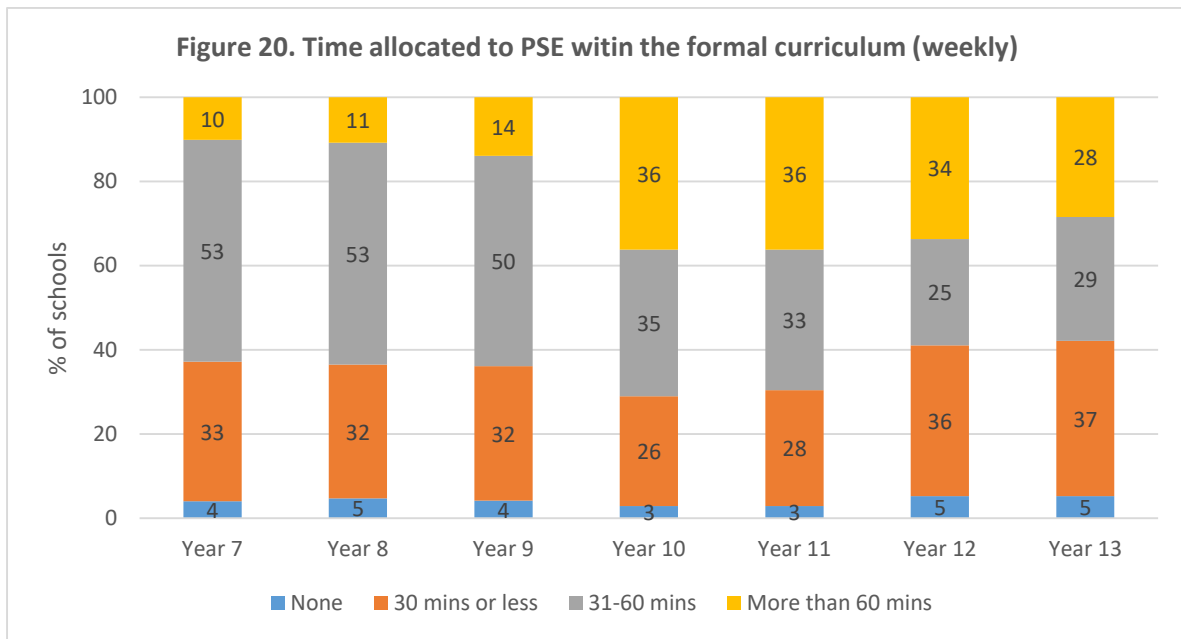


Figure 22. Education on healthy eating within the formal curriculum

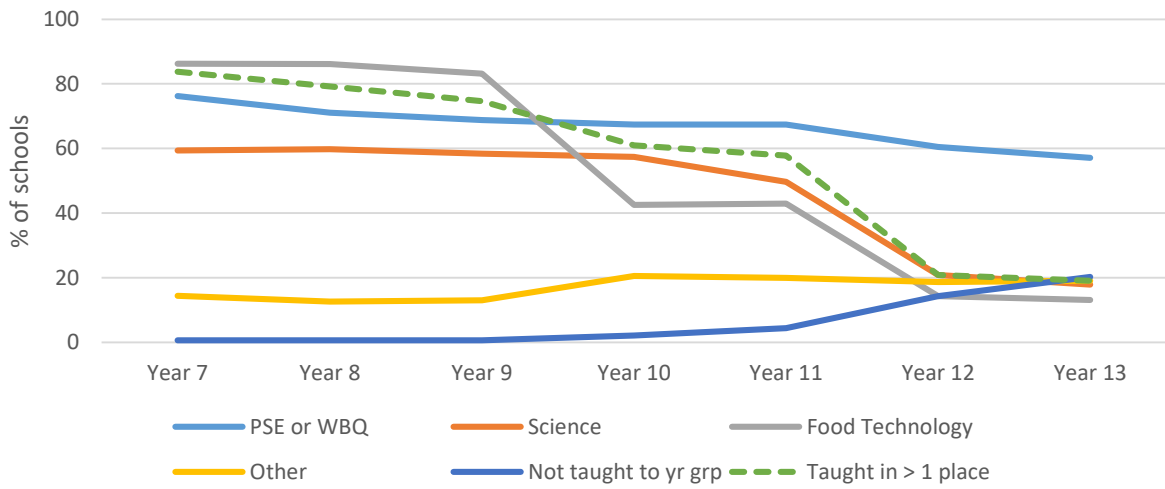


Figure 23. Education on physical activity within the formal curriculum

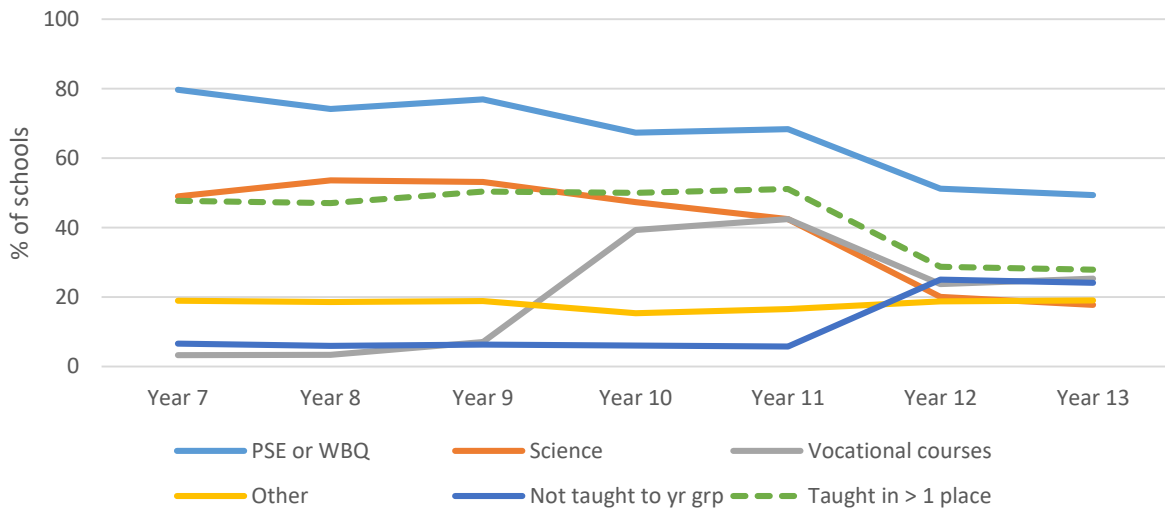
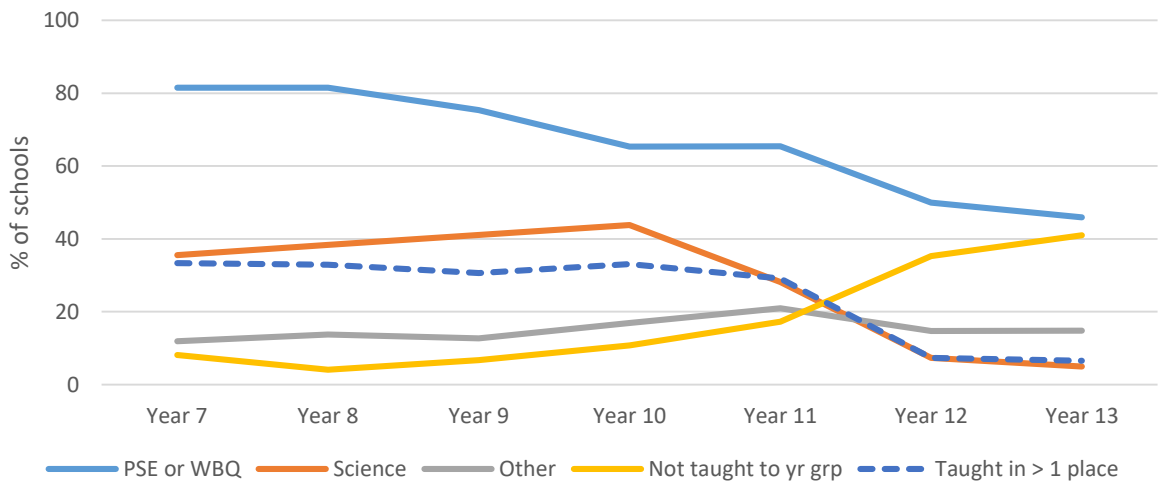


Figure 24. Tobacco education within the formal curriculum



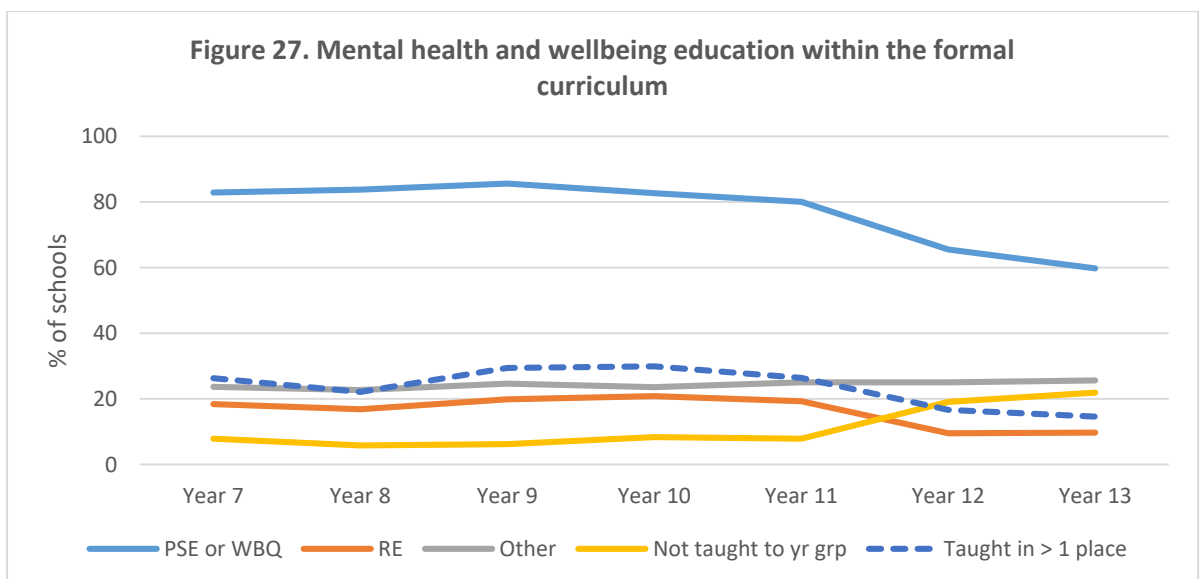
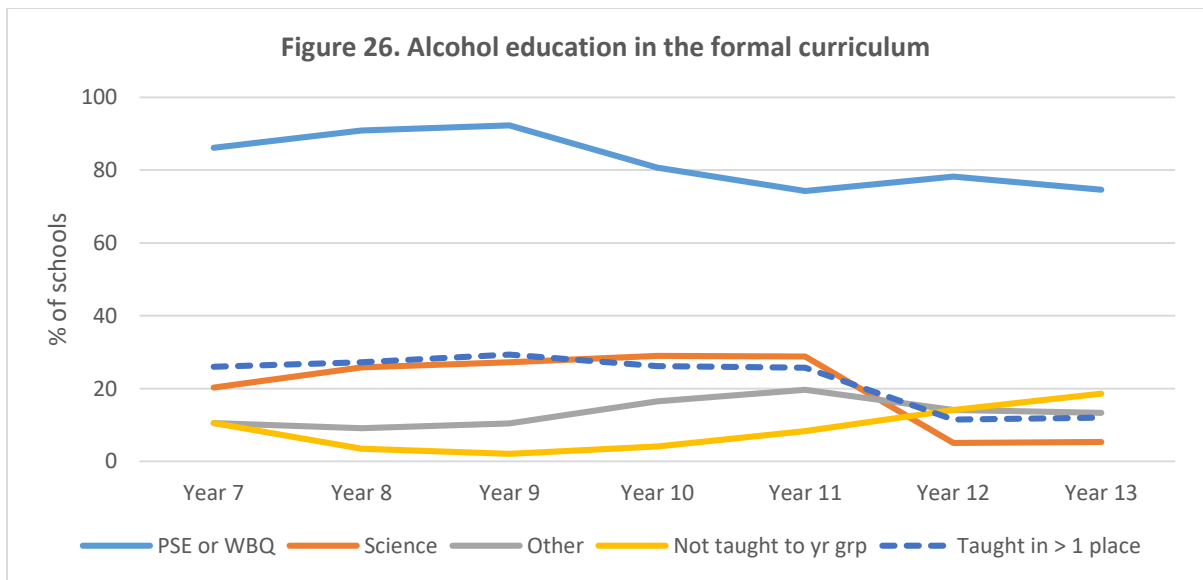
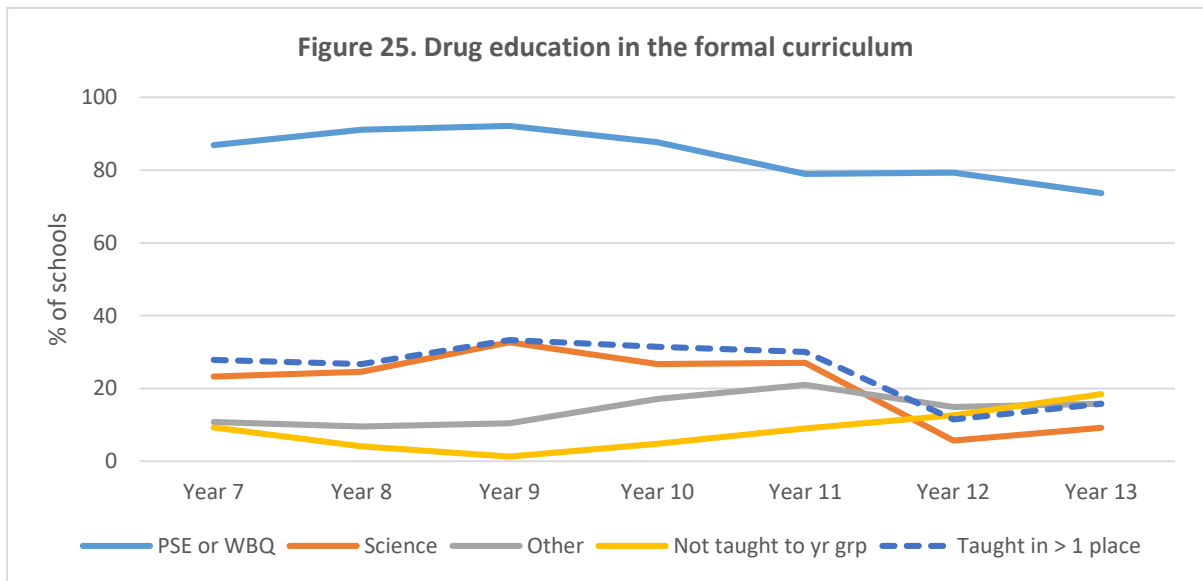


Figure 28. Sex and relationships education in the formal curriculum

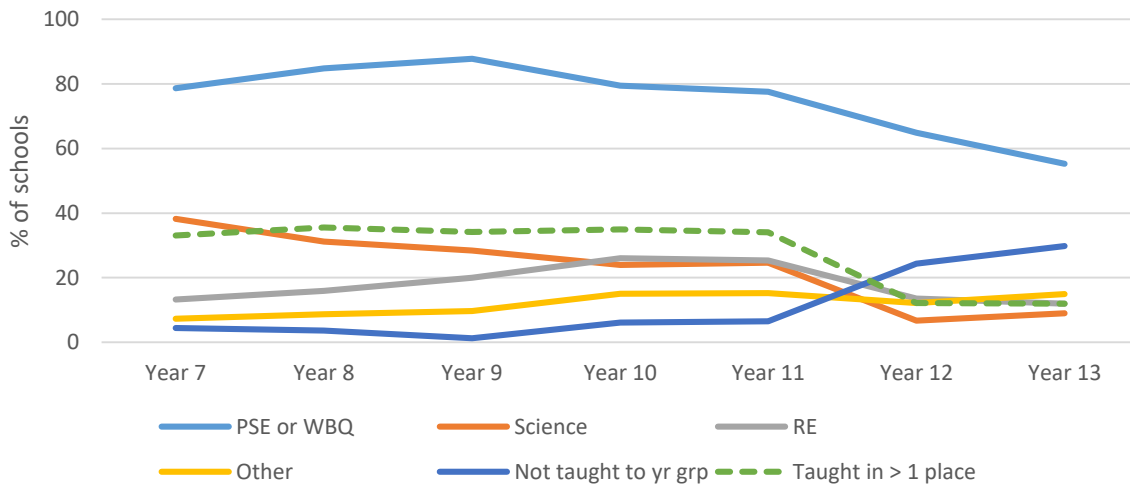


Figure 29. Relationships education other than SRE in the formal curriculum

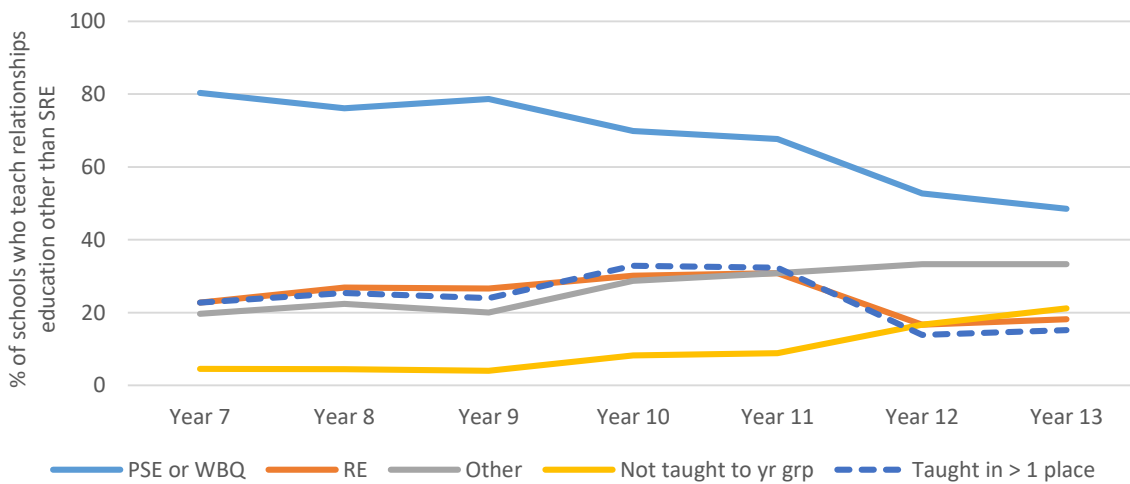
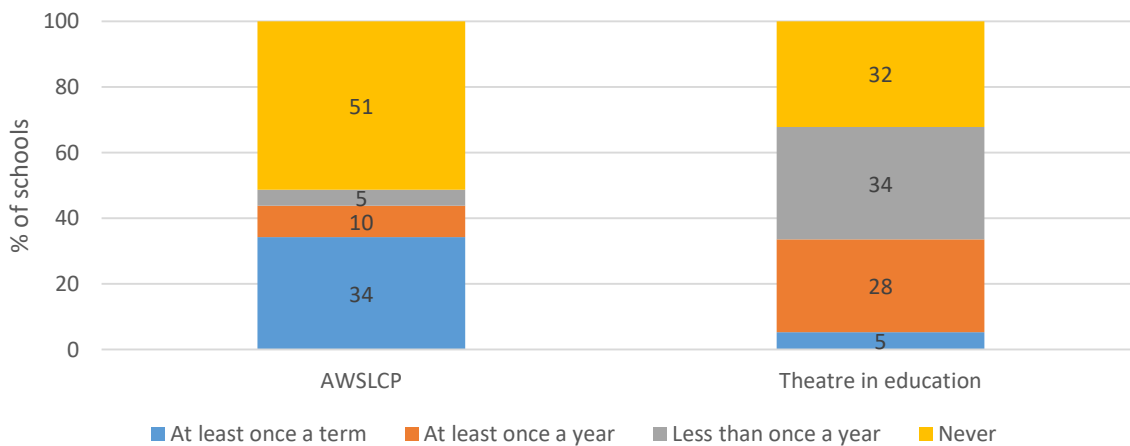
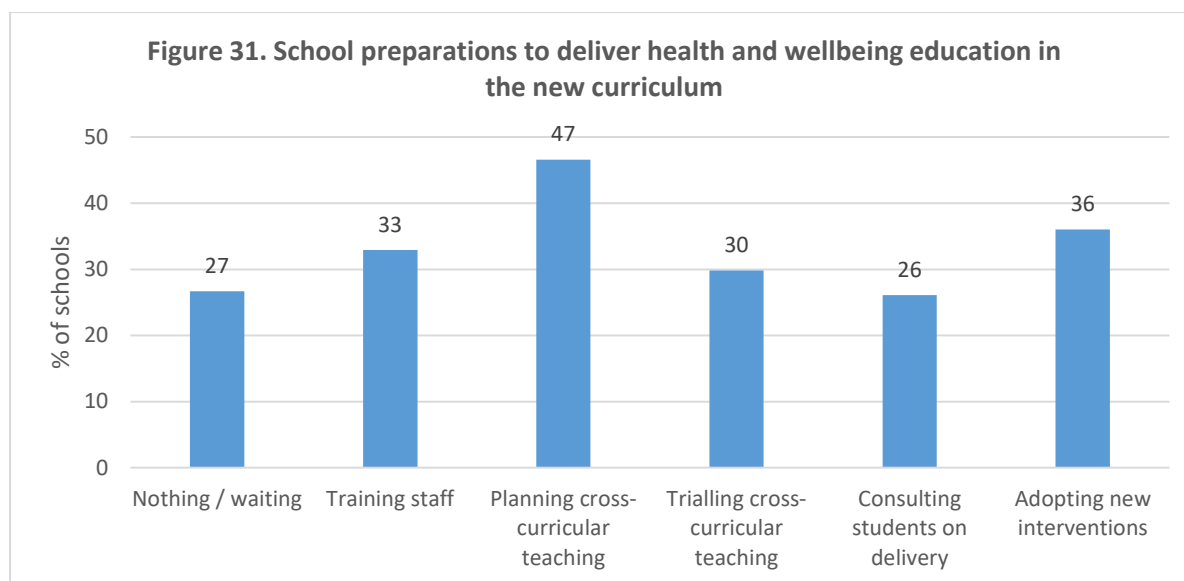


Figure 30. Use of the All Wales School Liaison Core Programme and Theatre in Education for tobacco, alcohol and drug education





Personal and Social Education (PSE)

Summary findings

- PSE was **coordinated** by staff in a wide variety of roles, with 'Other' being the most commonly selected category. A member of the school senior management team coordinated PSE in over one-third of schools. (See Figure 32)
- In three-quarters of schools form tutors and classroom teachers had main **responsibility for teaching** PSE or no group carried main responsibility. Outside agencies were responsible in 6% of schools. (See Figure 33)
- Just over half of schools provided no **formal training** to non-specialist PSE teachers. In 12% of schools such training was compulsory. (See Figure 34)
- Self-assessment was the commonest method by which **student progress** in PSE was assessed. (See Figure 35)

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
30a	PSE coordination	147	32
30b	PSE teaching	122	33
30c	PSE training	154	34
30d	PSE feedback for students	153	35

Figures

Figure 32. Role of the individual with responsibility for coordinating PSE provision

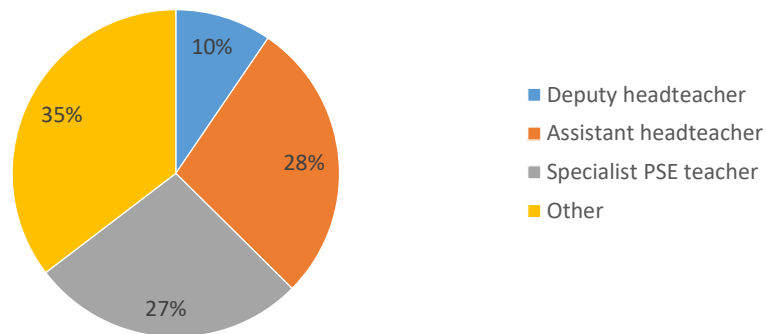


Figure 33. Teachers with main responsibility for teaching PSE

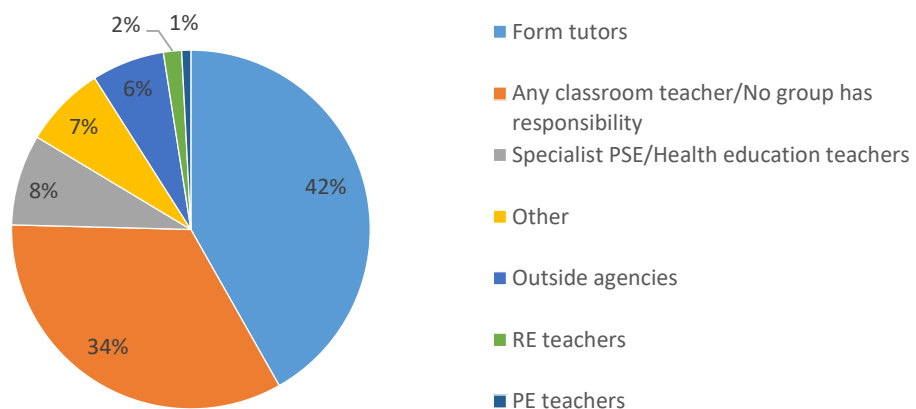
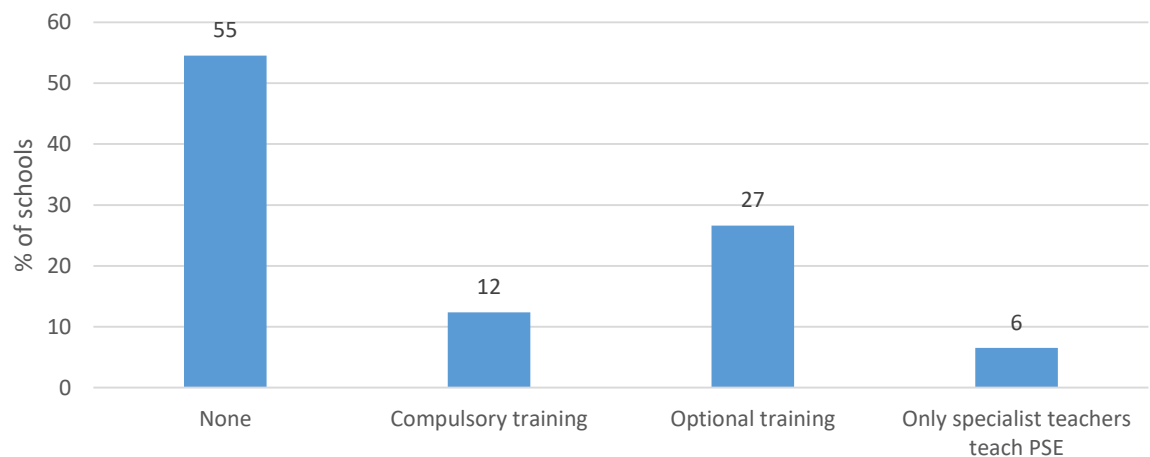
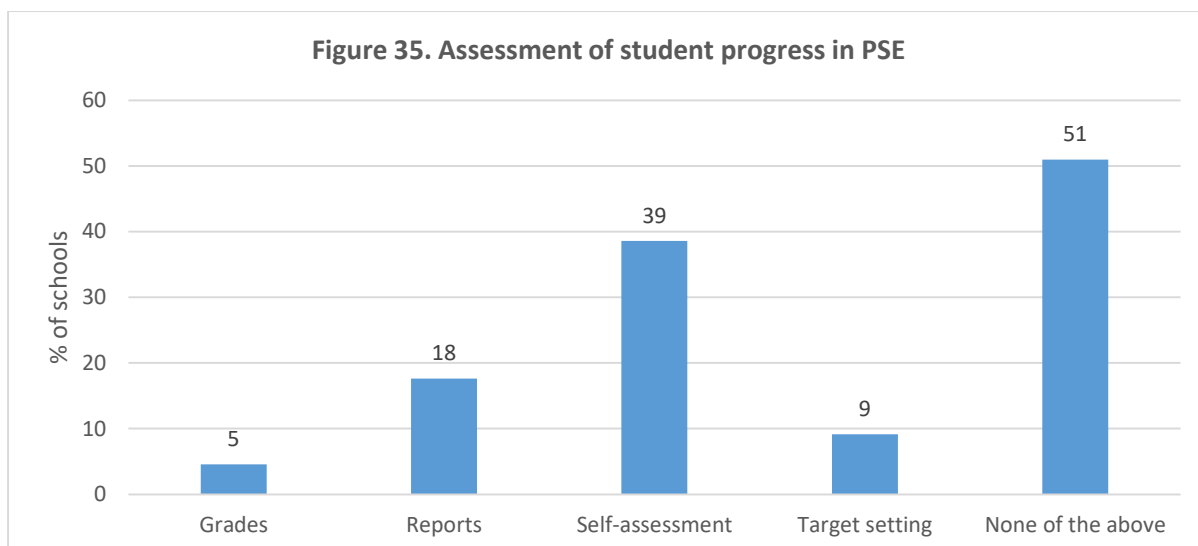


Figure 34. Provision of formal training to non-specialist PSE teachers





Physical activity and active transport

Summary findings

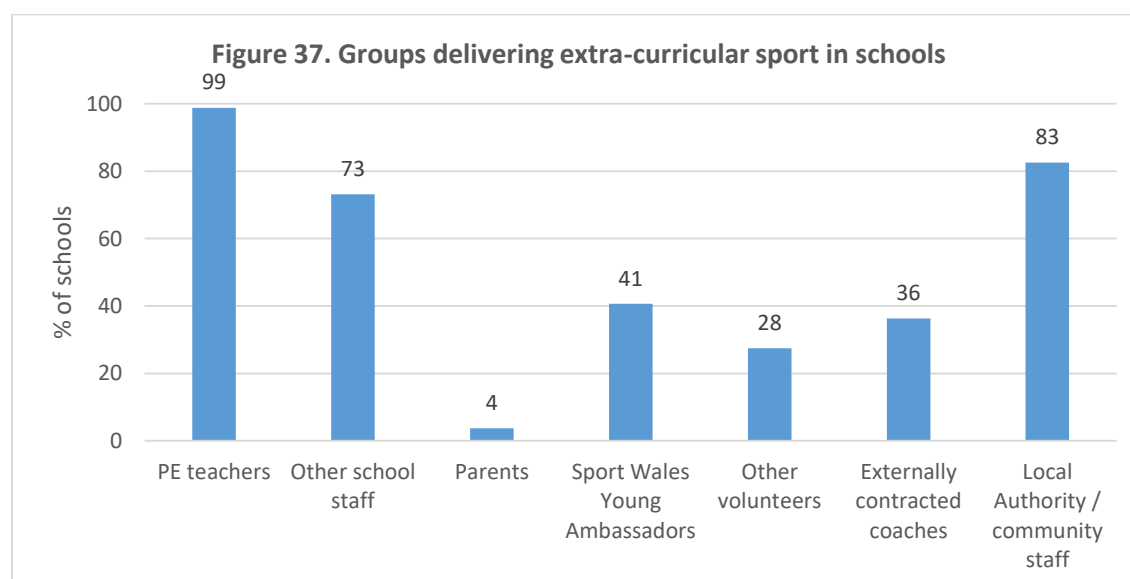
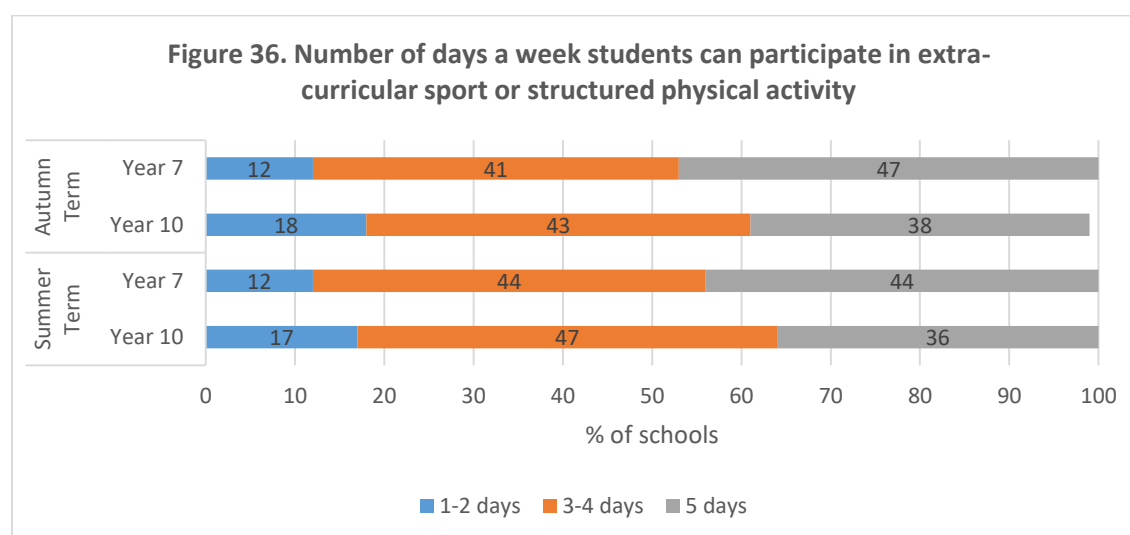
- The proportion of schools offering **extra-curricular sport or structured physical activity** to students in years 7 and 10 every day had fallen since 2016 from over 50% to between 36 and 47% of schools. (See Figure 36)
- The proportion of schools using Sport Wales Young Ambassadors to **deliver extra-curricular sport or physical activity** had fallen since 2016 from 50% to 41%. Local authority or community sports staff remained the group most frequently used by schools to deliver extra-curricular sport after PE teachers. (See Figure 37)
- Nearly two-thirds of schools made **sports equipment available** to students at lunchtimes and after school. (See Figure 38)
- Most schools (70%) were in the **Sport Wales Young Ambassadors** scheme, although nearly one third had four or fewer ambassadors. (See Figure 39)
- Over half of schools (57%) **monitored students' physical fitness levels**, but only a small minority (6%) monitored their weights. (See Figure 40) The commonest response to overweight or low fitness levels was to discuss the matter with parents on an individual basis. (See Figure 41)
- The most frequently used method to **promote active transport** was provision of secure covered storage for bicycles and scooters (69% of schools), with around a half of schools also collaborating with police or PCSOs to address community or transport safety and promoting safe walking and cycling routes. Only 11% of schools offered cycle proficiency training. (See Figure 42)
- Just over a half of schools (51%) did three or more things to **promote active transport**.
- Less than a fifth of schools (19%) **monitored** the number of students walking or cycling to school. **Goal-setting for active transport** was even more unusual with only 6% of schools stating they did so. (See Figure 43)

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
31a	Days of extra-curricular sport	152-157	36
31b	Delivery of extra-curricular sport	160	37
32	Access to resources for physical activity	117-158	38
33	Sport Wales Young Ambassadors	150	39
34a	Monitoring of weight and fitness	155	40
34b	Addressing weight and fitness	88 (89)	41
35a	Promoting active travel	136	42
35b	Active travel monitoring and goal setting	148	43

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures



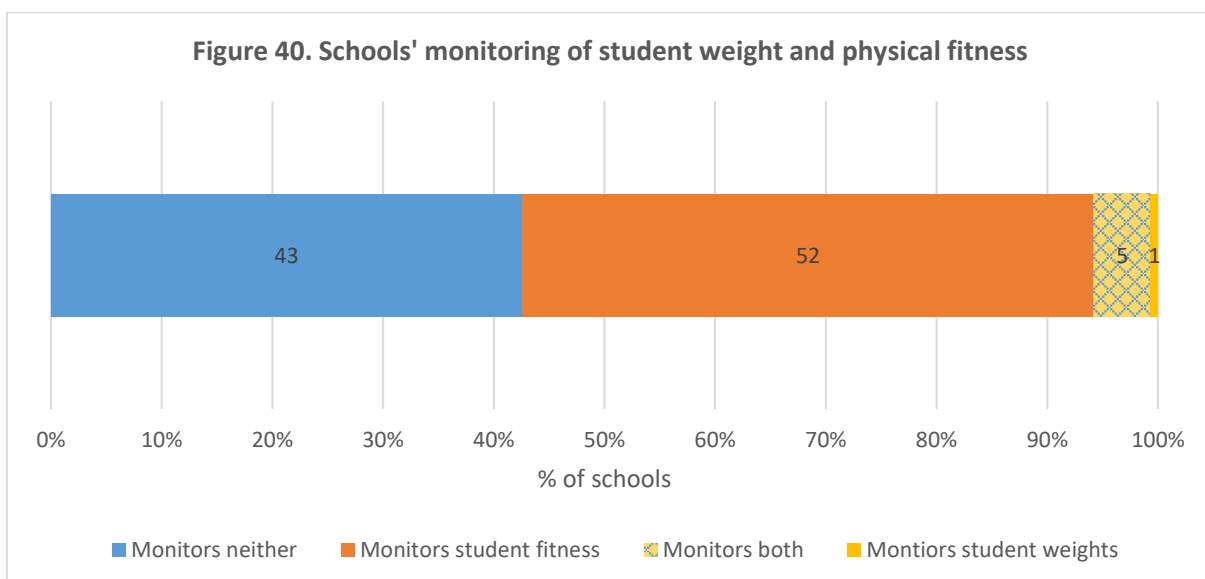
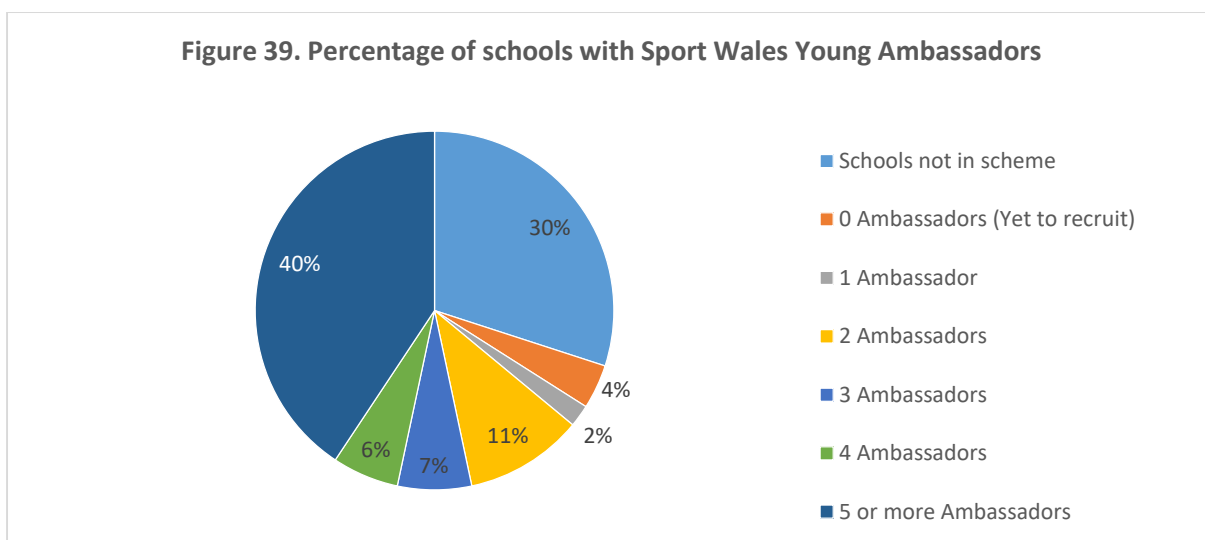
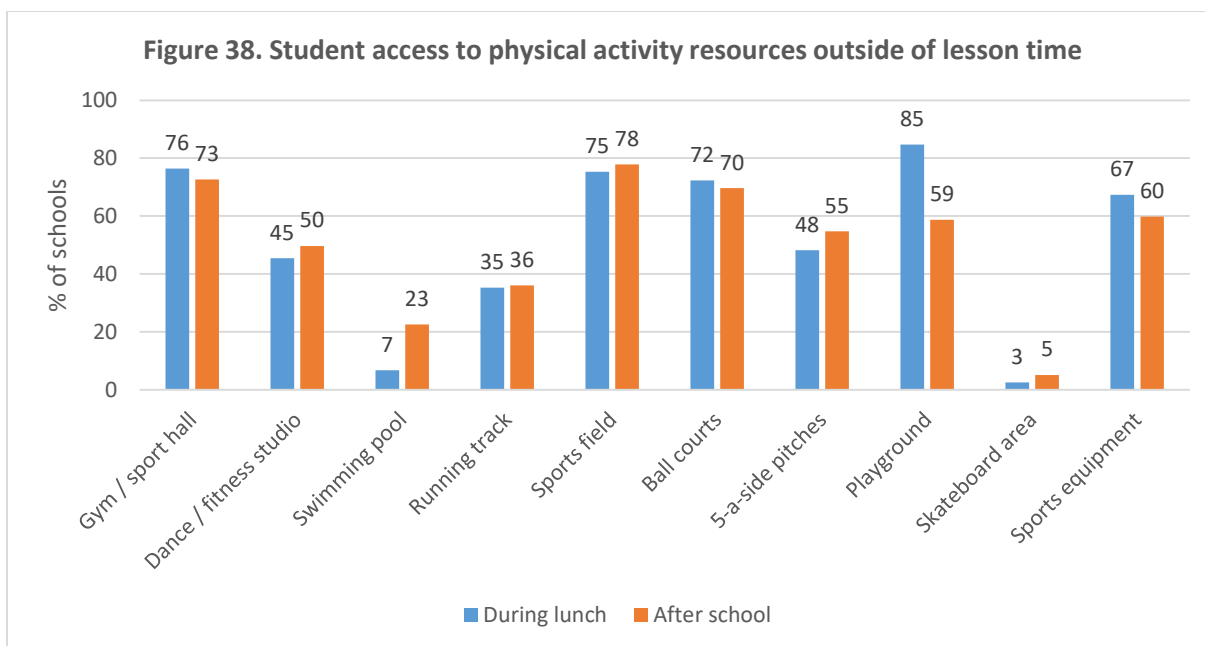


Figure 41. School actions to address overweight or low fitness levels

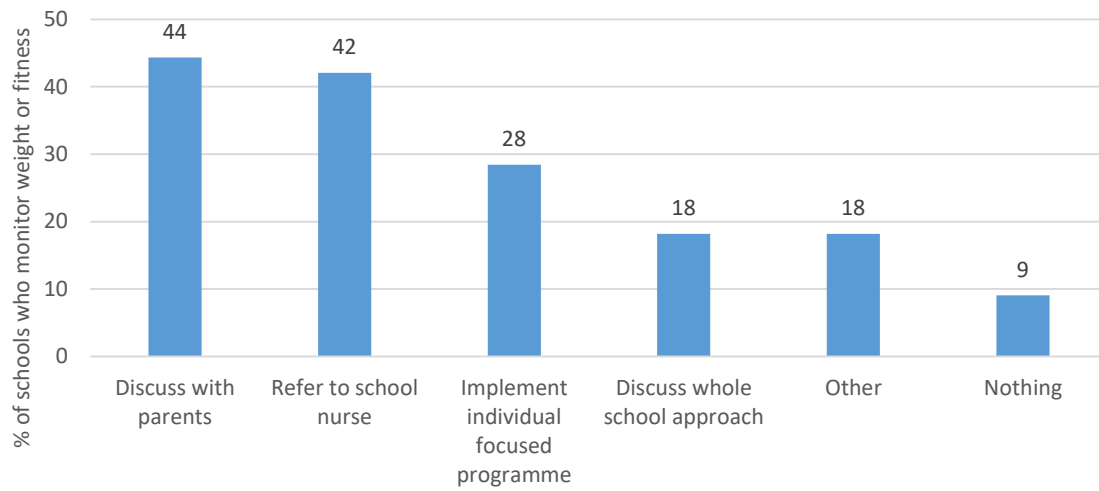


Figure 42. Strategies to promote active transport

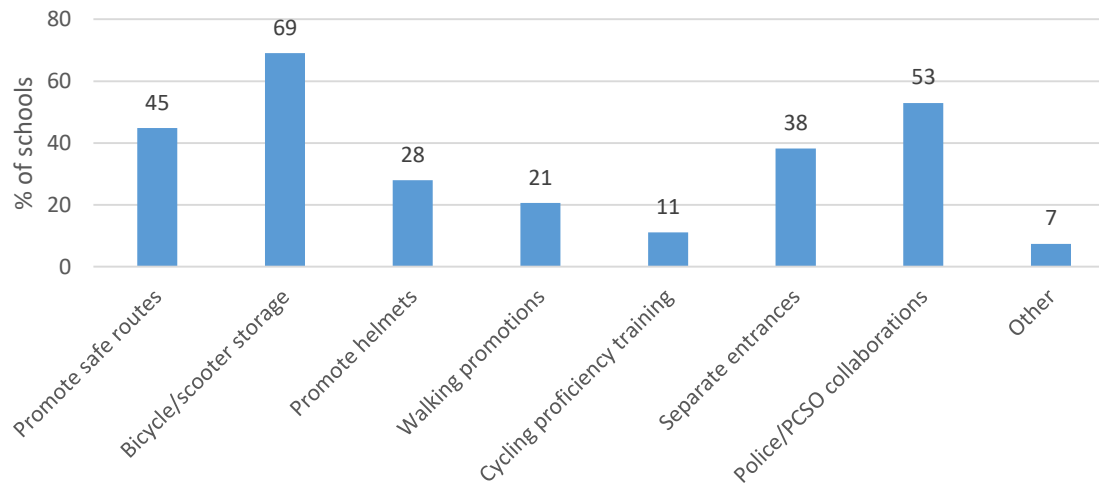
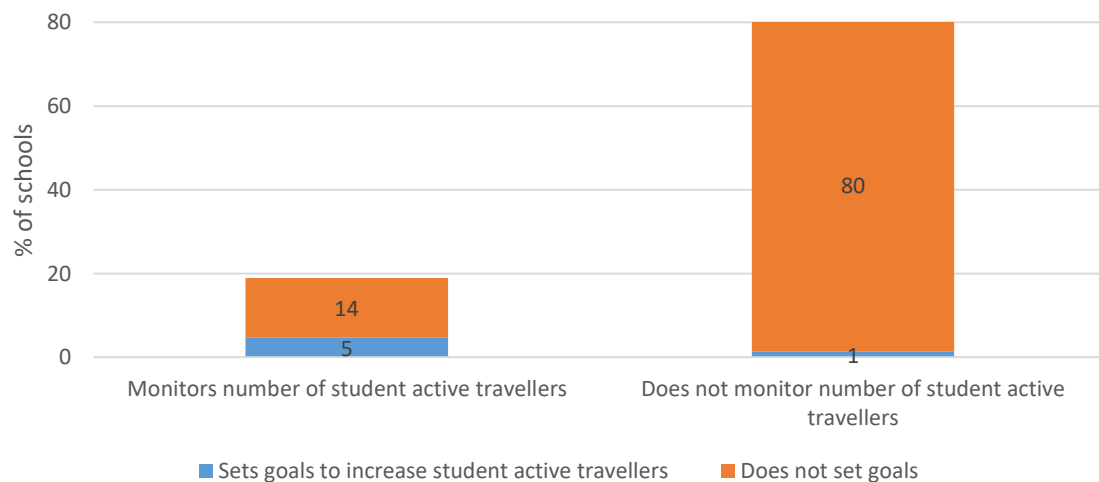


Figure 43. Active travel monitoring and goal setting



Healthy Eating

Summary findings

- The most frequently used **strategy to promote healthy eating** was using a cashless system to support free school meal uptake (82% of schools). Using price incentives for healthier options had become less common since 2016 (13% versus 23%). (See Figure 44)
- Less than half of schools (42%) had goals in place to **increase uptake of free school meals** (FSM), down from 59% in 2016. (See Figure 44)
- Half of schools (50%) had three or more **strategies in place to promote healthy eating**, down from 68% in 2016. Twelve percent had five or six strategies in place, down from 20% in 2016.
- **Extra-curricular programmes for learning about food and healthy eating** were offered in 65% of schools, but in just over half of these the programmes were ad hoc or one off events. Schools rarely invited parents to take part in these programmes, regardless of whether they were regular or ad hoc. (See Figure 45)
- A **breakfast club was offered** throughout the year to all students in 55% of schools. A further 16% of schools offered a breakfast club to some students or at certain times of the year. Only 6% of schools that offered breakfast, did not do so daily.
- **Student payment for breakfast** varied depending on the type of club. Where the club was only offered to some students or at certain times of year, it was much more likely to be free of charge. (See Figure 46)
- The aspect of the **school dining environment** least likely to be present in schools was an adequate number of chairs and tables. (See Figure 47)
- Nearly two-thirds of schools (64%) had a **healthy eating or Food & Fitness policy**. A further 18% of schools had a policy in development.
- The context in which schools' healthy eating or Food & Fitness policies were least likely to cover the types of **food and drink that could be offered** was school social events for parents. (See Figure 48)
- 53% of schools with a healthy eating or Food & Fitness policy included within it guidance or requirements on the types of **food and drink that students can bring into school**. In only 1% of schools was it requirements rather than guidance.
- Of the schools that included guidance or requirements on the types of food and drink that students can bring into school in their healthy eating or Food & Fitness policy, 62% also included **food that could be taken on school trips**.
- Most schools (79%) did not **monitor the food students bring into school**. Of those that did, 6% monitored it termly or more and 15% less often.
- Use of **commercially sponsored materials** was uncommon, with over 90% of schools not using materials from fast food, soft drink, energy drink or confectionary companies for any activities. Around one in eight schools used materials from supermarkets for teaching and fundraising and one in ten used materials from trade organisations for teaching. (See Figure 49)

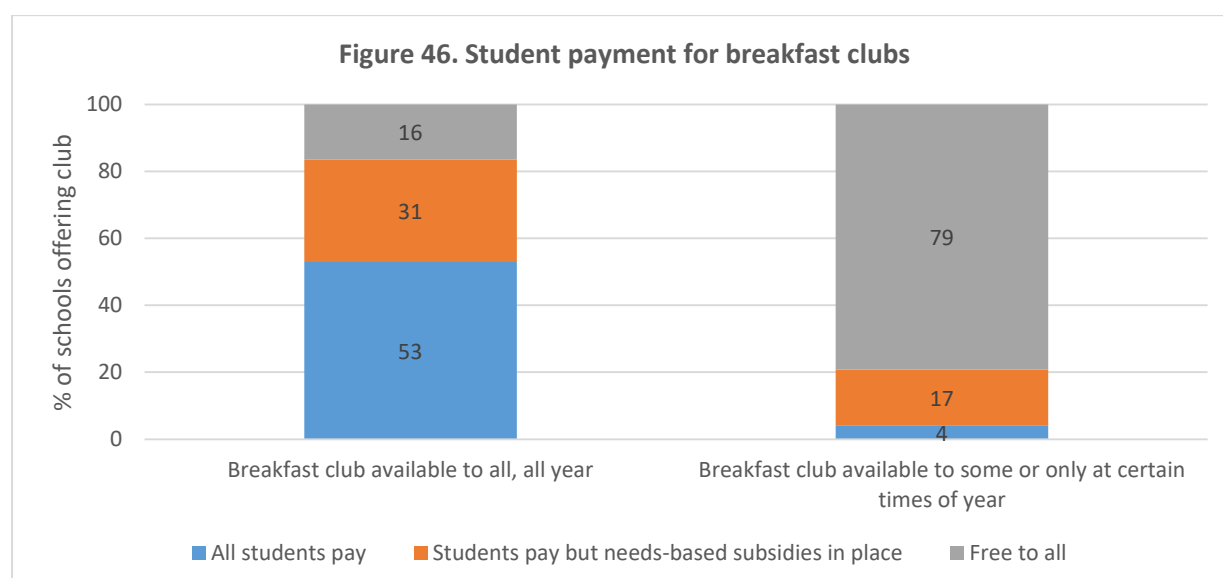
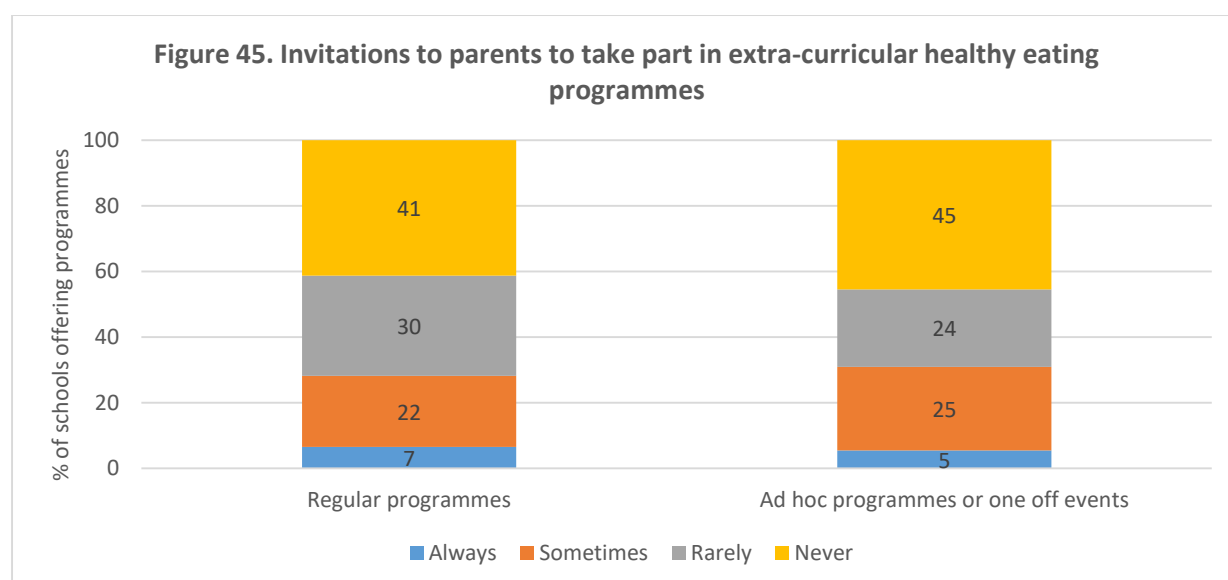
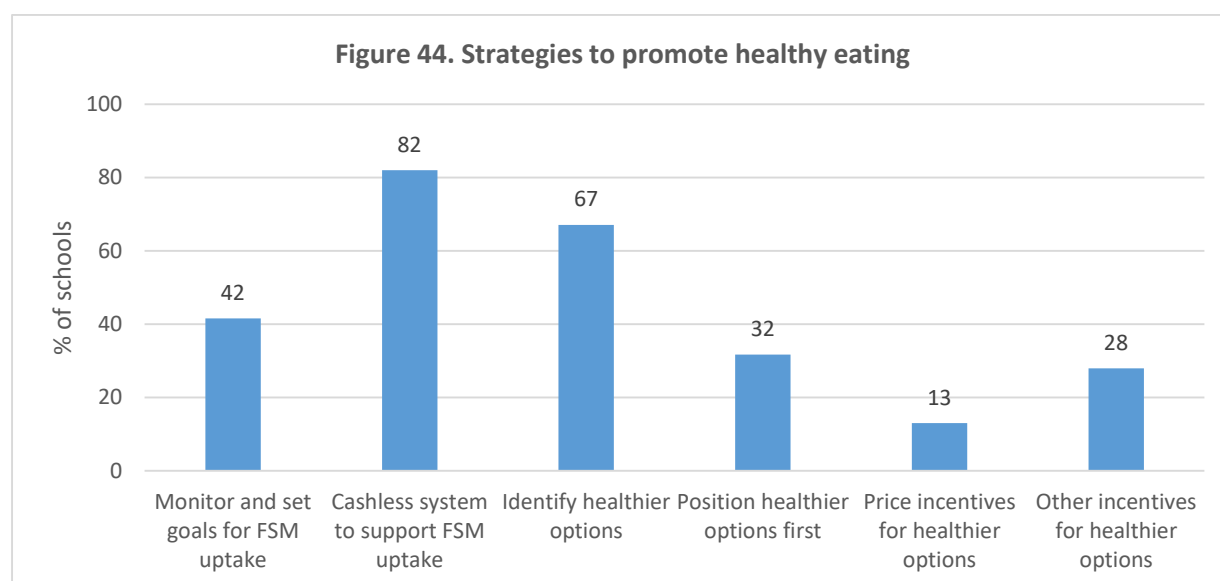
- Thirty-five percent of schools stated they **invited in representatives from or took students to visit** supermarkets, food companies or trade organisations. Supermarkets were by far the businesses most commonly cited, followed by trade organisations. (See Figure 50)

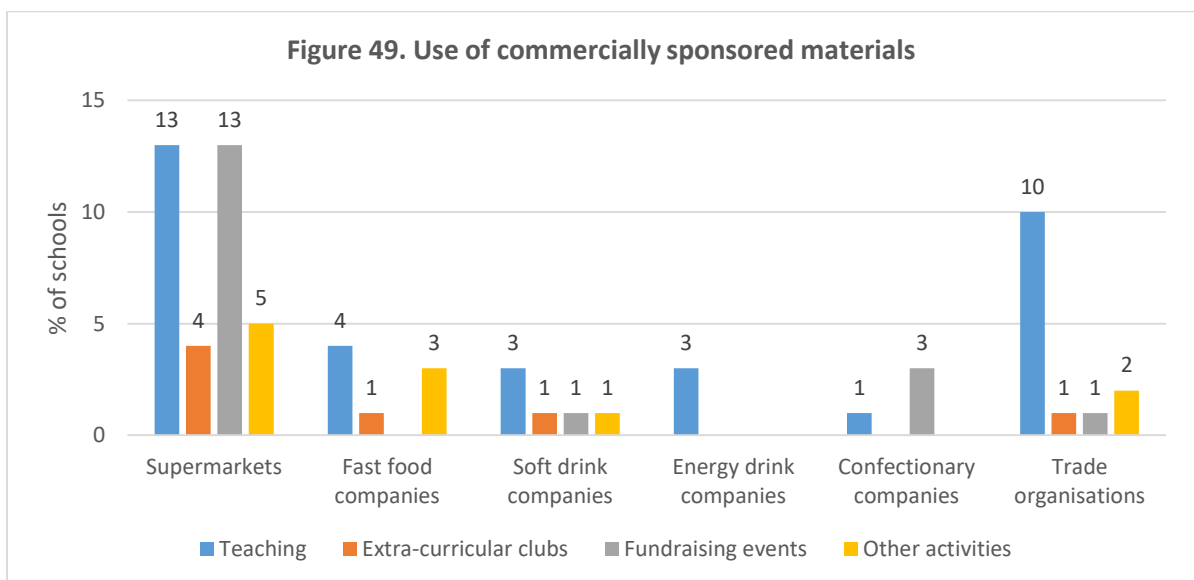
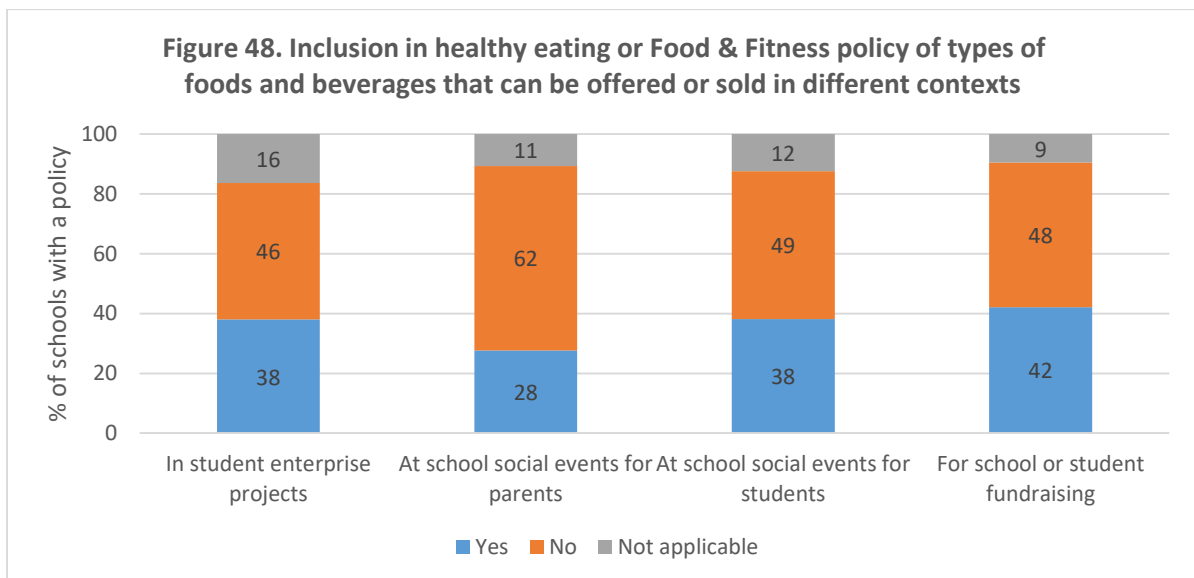
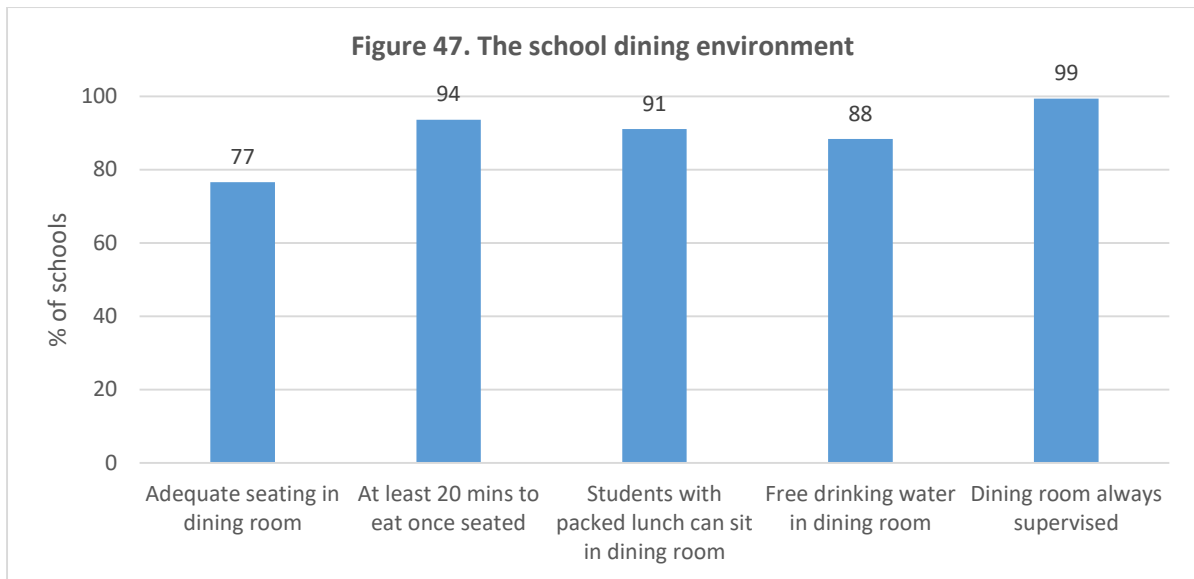
Questionnaire items

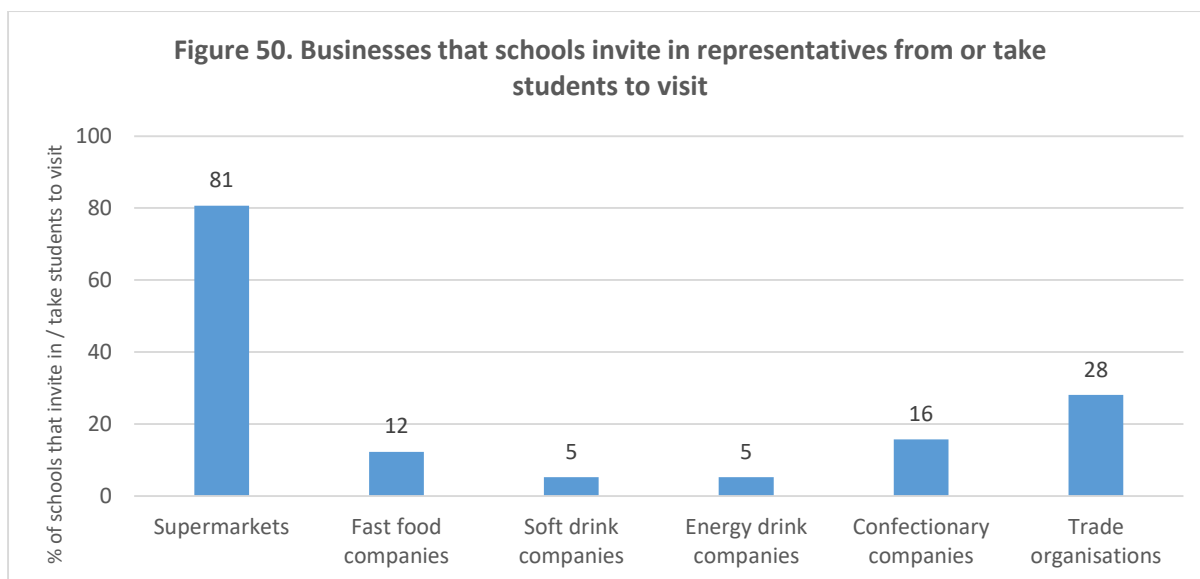
Item number and topic		Number of schools providing data*	Figure number
36	Promoting healthy eating	157	44
37a	Extra-curricular programmes on food or healthy eating	160	
37b	Parent invitations to extra-curricular healthy eating programmes	101 (104)	45
38a	Breakfast club offered	160	
38b	Days per week breakfast club offered	111 (113)	
38c	Student payment for breakfast club	109 (113)	46
39	Dining environment	154-159	47
40a	Healthy eating policy	160	
40b	Restrictions on food offered in different school contexts	92-97 (103)	48
40c	Restrictions on food students can bring into school	100 (103)	
40d	Restrictions on food students can bring on school trips	52 (54)	
41	Monitoring students' food	158	
42a	Use of sponsored materials	143-151	49
42b	Representatives from/visits to companies	161	50

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures







Tobacco, drugs and alcohol

Summary findings

- Just under one half of schools (47%) taught students about illegal tobacco.
- One fifth of schools (19%) had taken part in the JustB smoking prevention programme in the last 12 months. (See Figure 51)
- **Tobacco cessation support** was offered to students in 58% of schools. Sole use of referrals to an off-site service had increased since 2016, from 25% to 42% of these schools. Alongside this, support offered solely at school had decreased from 45% to 28% of schools. The remainder of schools (29%) offered both.
- 93% of schools had specified pathways or referral processes in place to provide expertise and resources for students who **misuse drugs**. The proportion with processes in place for students who **misuse alcohol** was slightly lower (87%). Referral processes for both substances were absent in 8% of schools.
- Nearly all schools (92%) had a **policy that included smoking and tobacco use**. Prohibiting tobacco use on school grounds outside school hours was a very common feature of these policies, whilst prohibition at other sites was a little less common. (See Figure 52)
- **E-cigarettes** were included in tobacco and smoking policies in 76% of schools with such a policy. A large majority of schools who included e-cigarettes in their tobacco and smoking policy prohibited students and staff from using in e-cigarettes in a range of locations. Prohibition of visitor use of e-cigarettes was less common in private vehicles and at off-site school events. (See Figure 53)
- Nearly all schools (97%) who included e-cigarettes in their tobacco and smoking policy prohibited possession of e-cigarettes by students on school property.

- Less than half of schools had an **alcohol policy** that prohibited alcohol use among staff and visitors at school events for adults. A higher proportion of schools had an alcohol policy that prohibited alcohol use at school events for students. (See Figure 54)

Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
43	Illegal tobacco teaching	156	
44	Programme participation	146-147	51
45a	Tobacco cessation support offered	160	
45b	Delivery of tobacco cessation support	92 (93)	
46	Referral for drug and alcohol misuse	159-160	
47a	Prohibition of tobacco use in different times and places	140-148	52
47b	Policy coverage of e-cigarettes	147	
47c	Prohibition of e-cigarette use in different times and places	110 (112)	53
47d	Prohibition of e-cigarette possession	108 (112)	
48	Alcohol policy coverage	161	54

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures

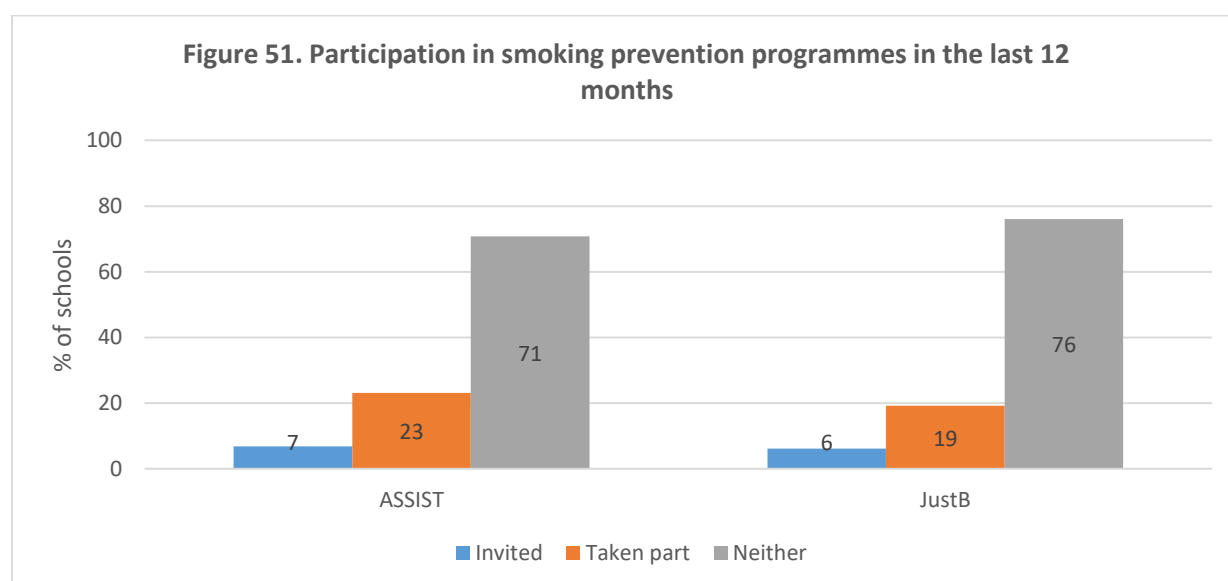


Figure 52. Tobacco use policy prohibitions

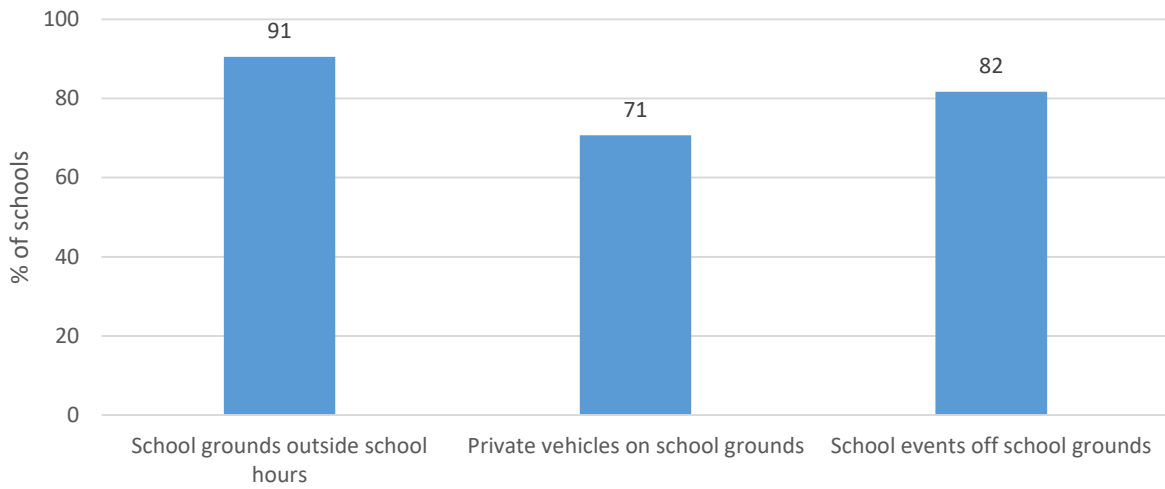


Figure 53. E-cigarette use policy prohibitions

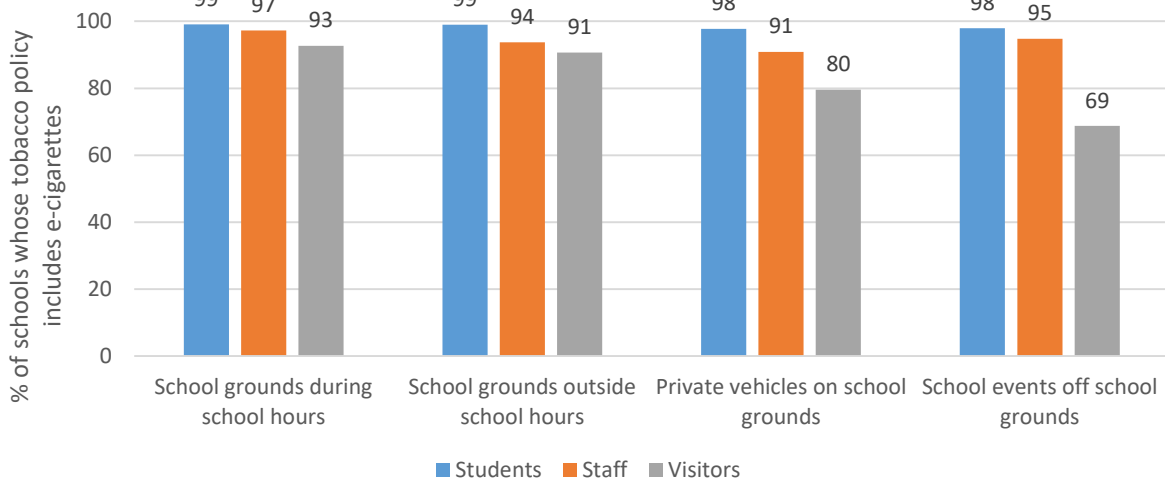
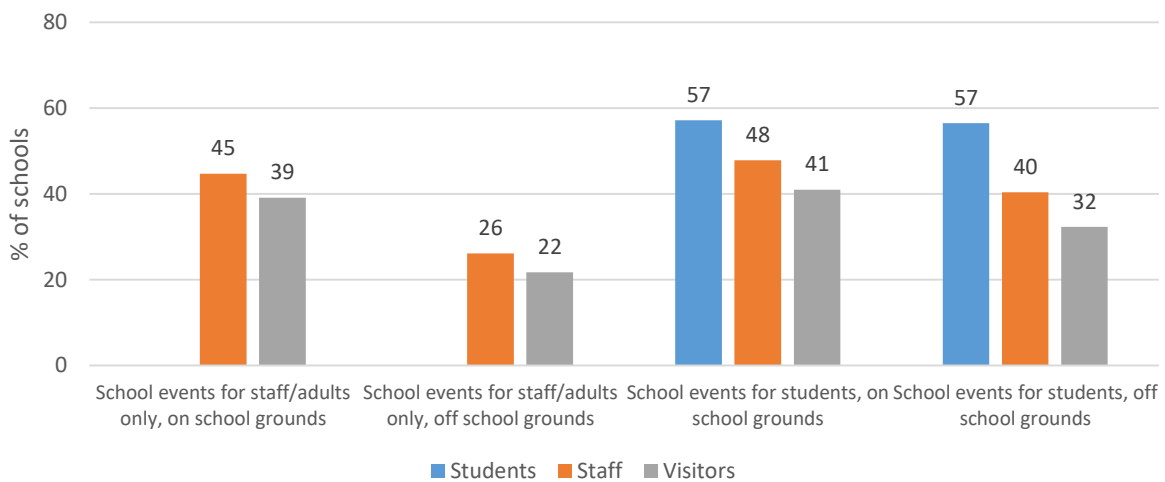


Figure 54. Alcohol use policy prohibitions



Mental health and wellbeing

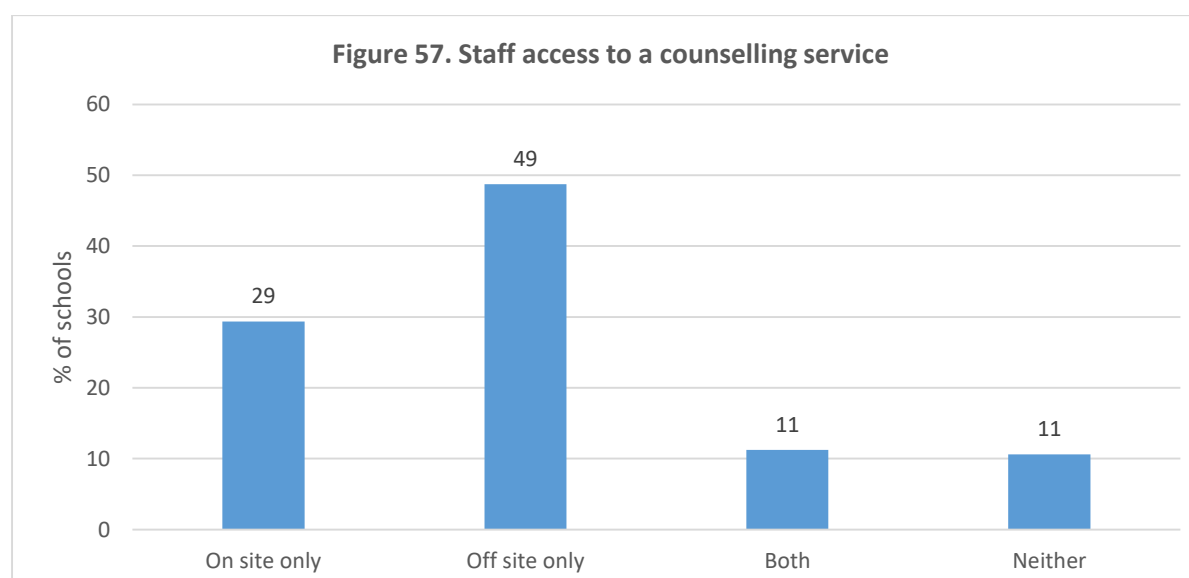
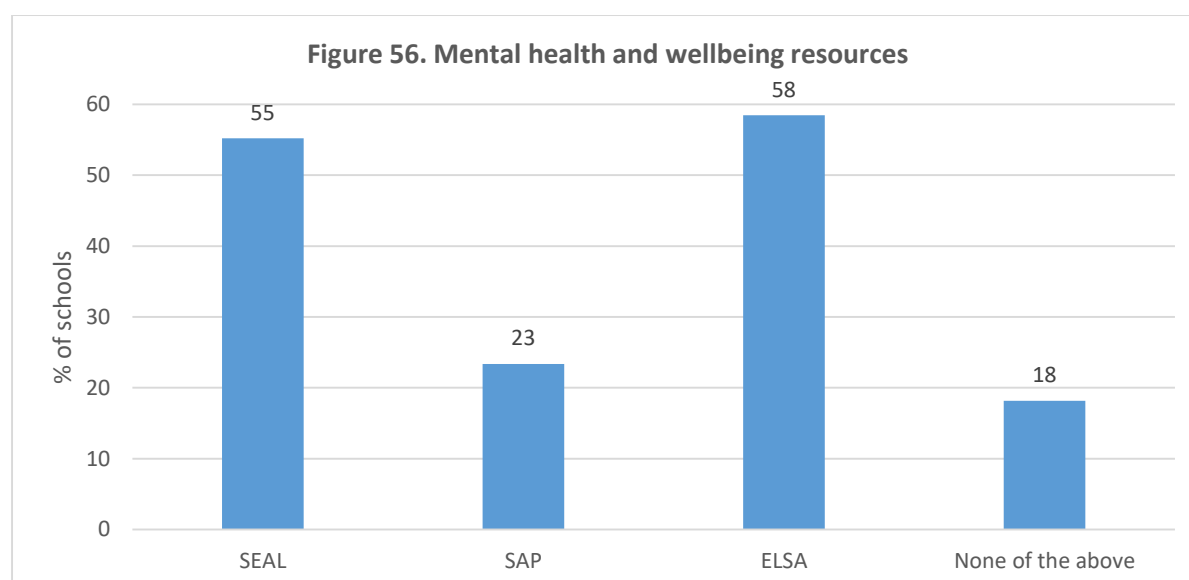
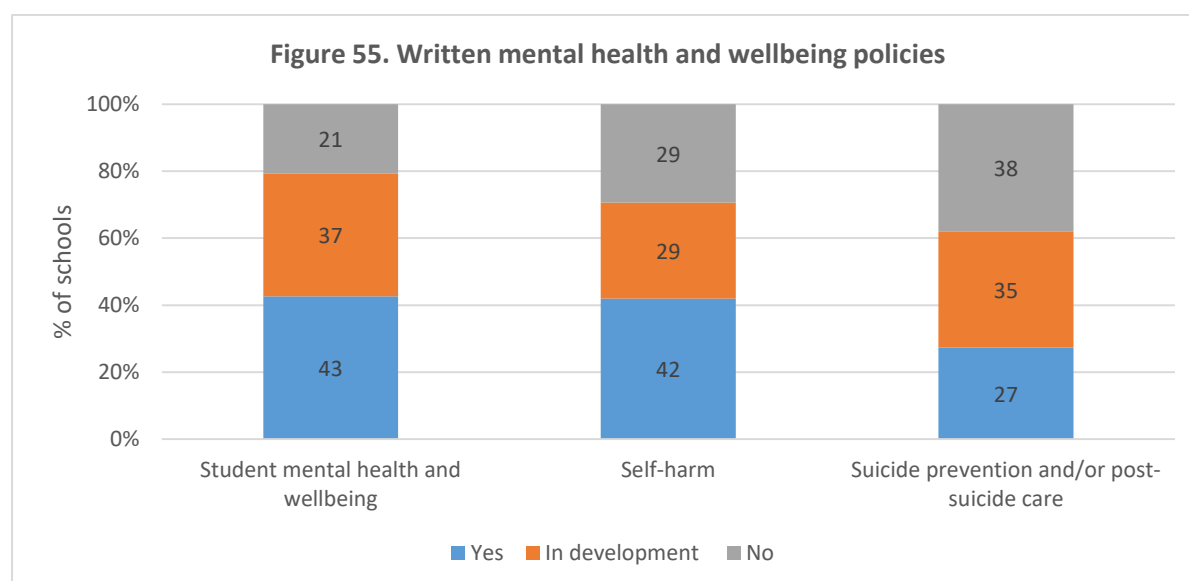
Summary findings

- Most schools had or were developing written policies on student mental health and wellbeing and self-harm, but policies on suicide prevention and/or post-suicide care were less common. (See Figure 55)
- 67% of schools had a written policy that included **staff mental health** and in most cases (55% of schools) this was a Local Authority policy.
- Monitoring of **staff and student absence data** in order to support their mental health and wellbeing was very common, with 93% of schools doing both.
- At least half or more of the staff had received **training in recognising and responding to the impact of childhood trauma** in 45% of schools. In 10% of schools no staff had received this training.
- Dedicated **nurture spaces** for students were reported in 94% of schools, but in 42% of schools, the space was only available to some students.
- Over half of schools (55%) stated that they used **Social and Emotional Aspects of Learning (SEAL)** and a similar proportion (58%) had **Emotional Literacy Support Assistants**, a notable increase from 38% in 2015/16. (See Figure 56)
- Nearly all schools (89%) stated that their **staff had access to a counselling service** and in 11% of schools this was both on and off site. (Figure 57)
- Nearly two-thirds of schools (61%) delivered **wellbeing interventions for staff**. These covered a wide range of activities, including yoga, mindfulness, walks, wellbeing days, mentoring, social and sport activities.

Questionnaire items

	Item number and topic	Number of schools providing data	Figure number
49	Mental health policies	150	55
50	Staff mental health policy	147	
51	Monitoring absence data	151	
52	Training on the impact of trauma	159	
53	Nurture spaces	161	
54	Mental health and wellbeing resources	126	56
55	Staff counselling service	154	57
56	Wellbeing interventions for staff	154	

Figures



Mentoring

Summary findings

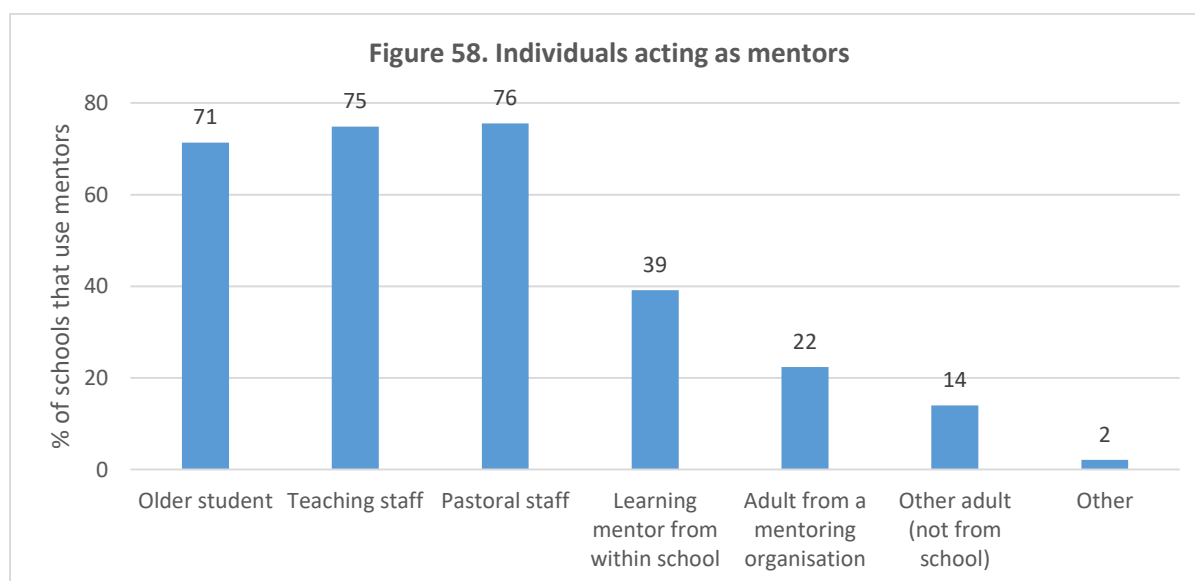
- Ninety percent of schools said they made use of mentors for their students.
- Peer mentoring by older students was almost as common as mentoring by school staff. One fifth of schools that used mentors, used one from a mentoring organisation. (See Figure 58)

Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
57a	Mentoring	159	
57b	Mentors	143 (143)	58

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures



Sex and Relationships Education (SRE)

Summary findings

- Coordination of **SRE teaching** was most commonly the responsibility of deputy or assistant headteachers. In 12% of schools, no single individual was responsible for coordinating SRE. (See Figure 59) A range of groups contributed to SRE teaching, most commonly science teachers, outside agencies and school nurses. (See Figure 60) Over one quarter of schools (27%) relied on five or more groups to deliver SRE teaching.

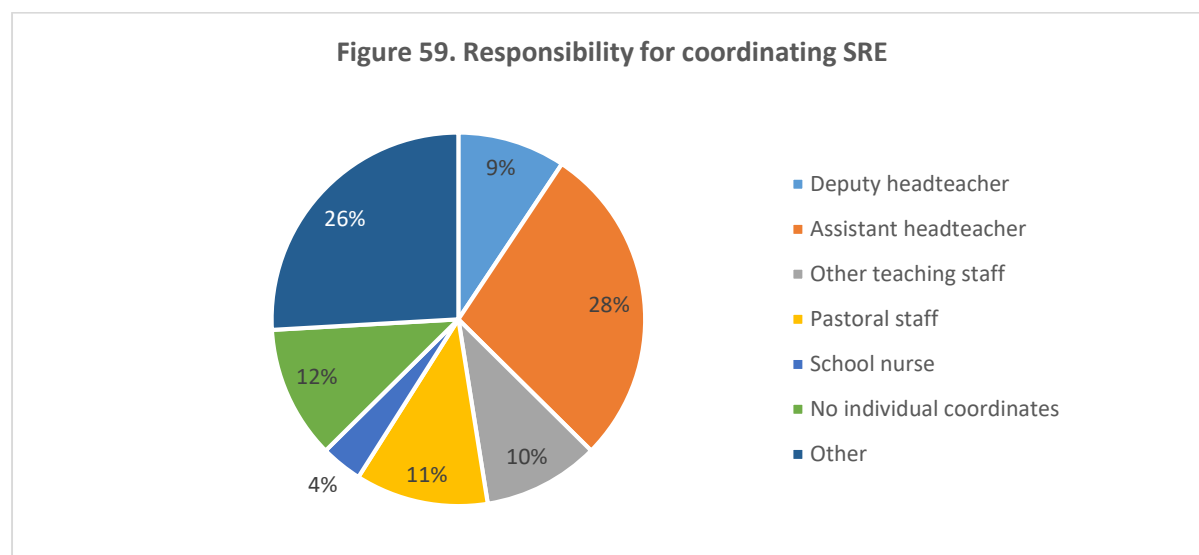
- 98% of schools reported that less than 5% of **parents remove their children from SRE**. In no schools were more than 20% of children removed.
- Just over half of schools (52%) have an **on-site ‘drop-in’ service** specifically for sexual health advice. Services were provided by school nurses in the vast majority (86%) of schools with a service. (See Figure 61)
- Forty percent of schools have **on-site provision of free condoms** for students.

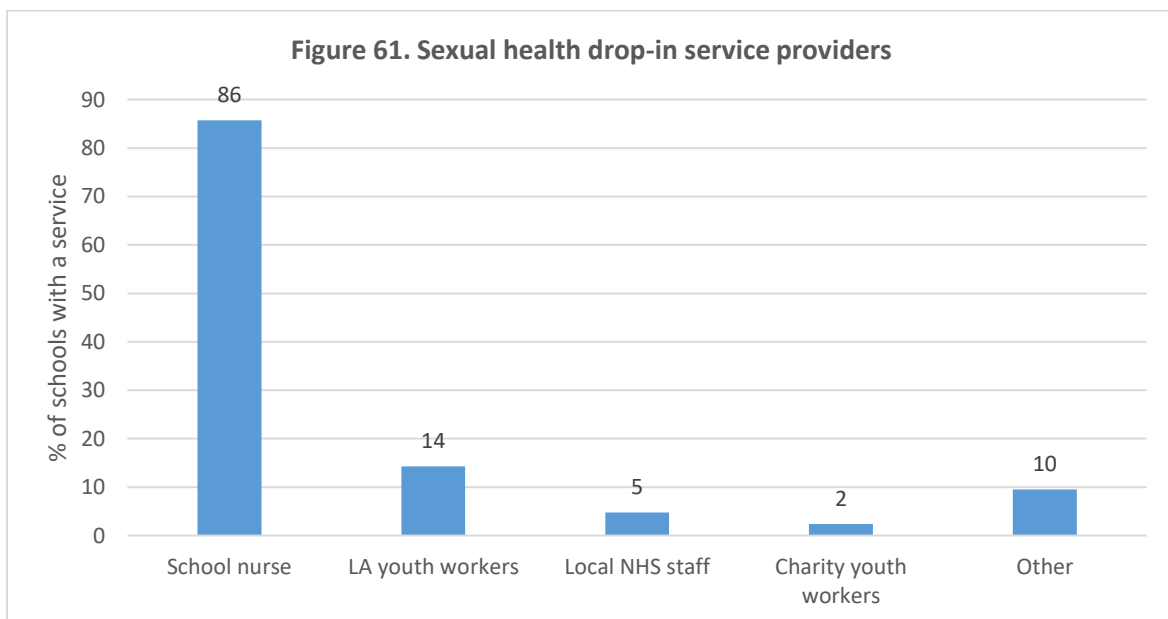
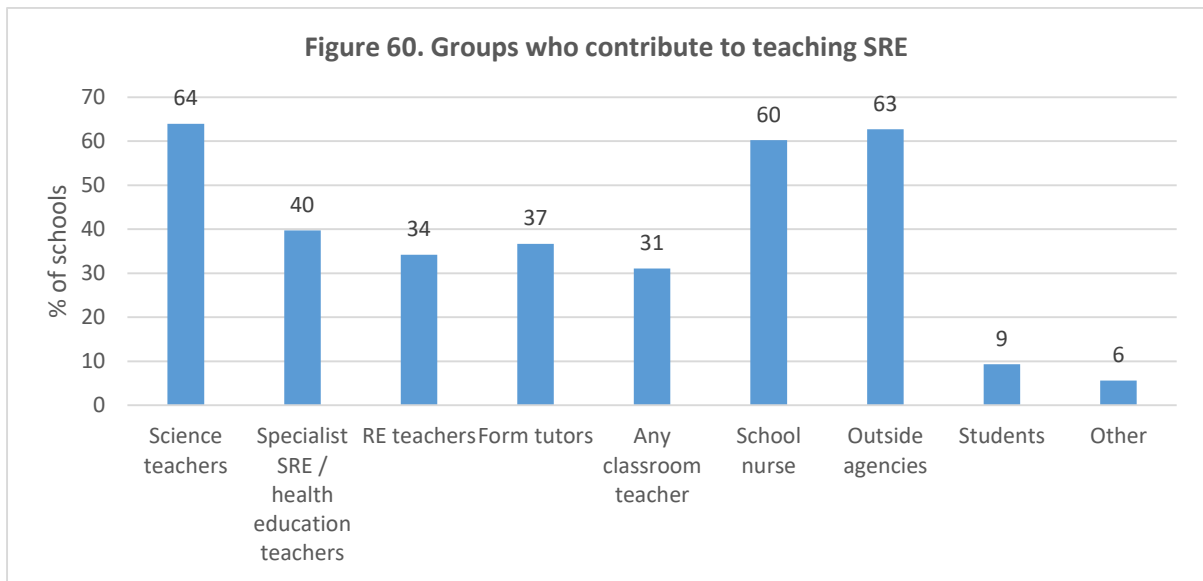
Questionnaire items

Item number and topic		Number of schools providing data*	Figure number
58a	SRE coordination	139	59
58b	SRE teaching	161	60
59	Removal of children from SRE	160	
60a	On-site sexual health drop-in centre	161	
60b	Drop-in centre provider	84 (84)	61
61	C-Card Scheme	161	

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures





Violence against women, domestic abuse and sexual violence (VAWDASV)

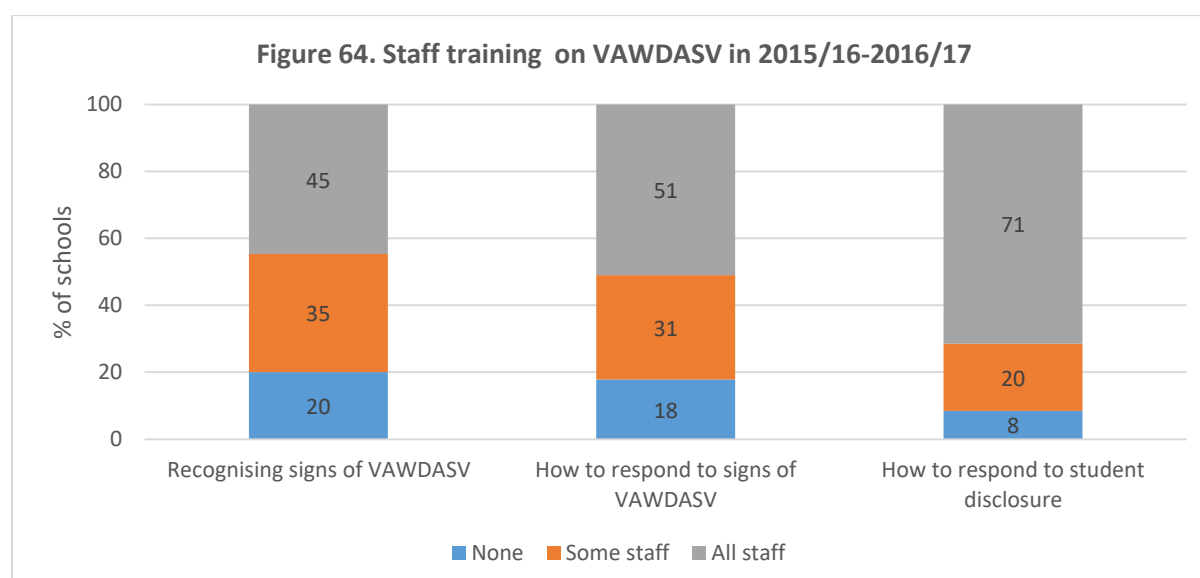
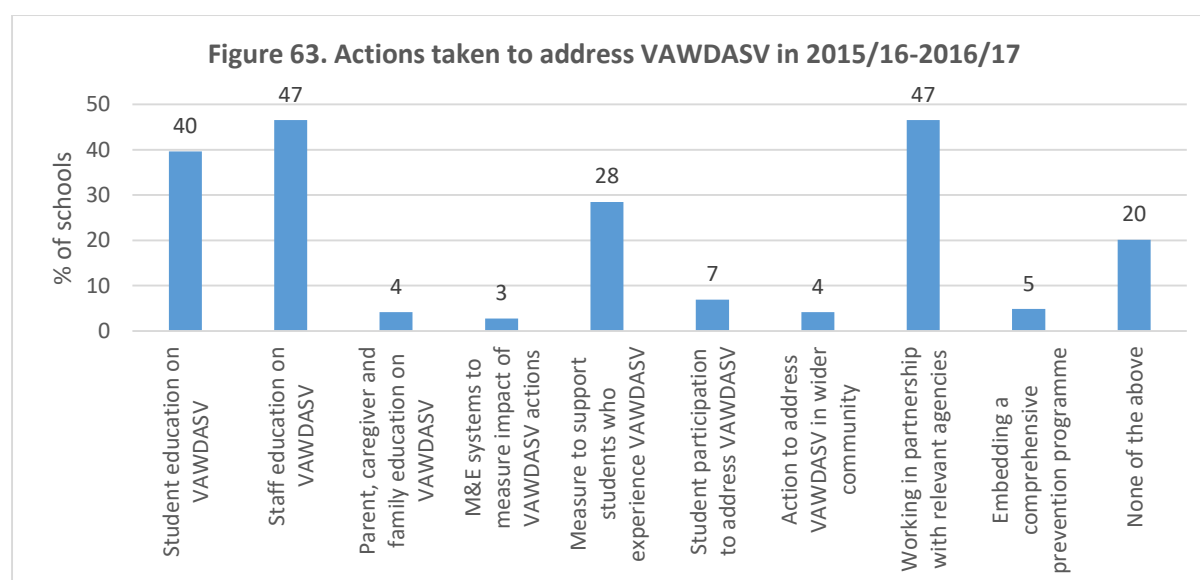
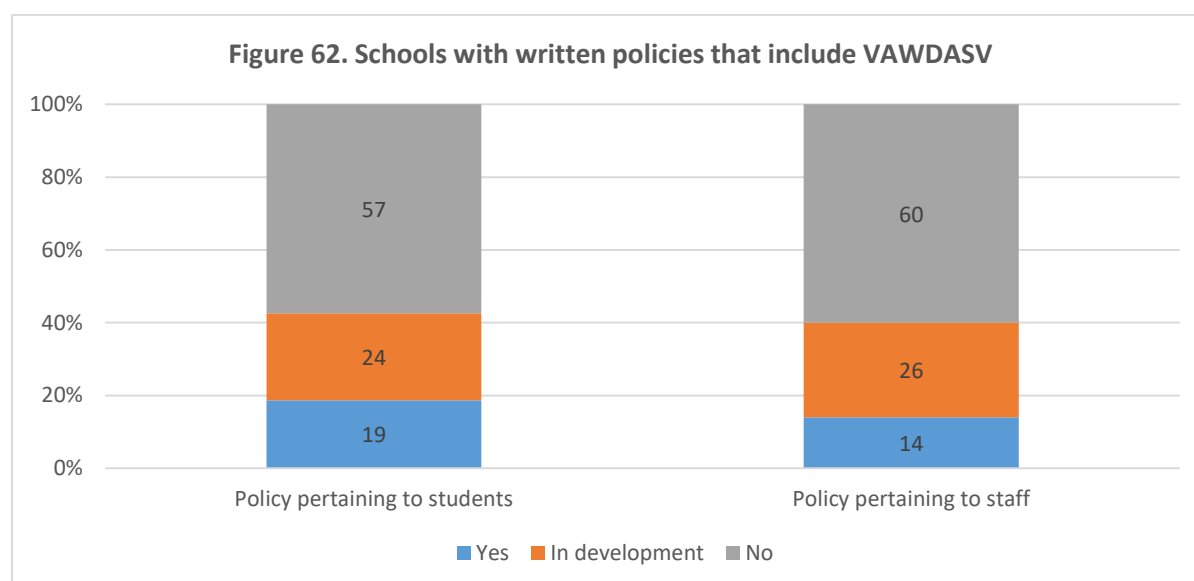
Summary findings

- Over half of schools had no **written policy that included VAWDASV**, but policies pertaining to staff and to students were in place or in development in approximately equal numbers. (See Figure 62)
- Nearly three-quarters of schools (74%) had a written policy that specifically provides **guidance to staff on how to respond to student disclosures** of sexual harassment or violence. A further 8% had a policy in development.
- One-fifth of schools (22%) had developed a **whole school approach to VAWDASV**, with a further 35% stating they were developing one.
- The **actions** most frequently cited to address VAWDASV in the last two academic years were staff education, working in partnership with relevant agencies and student education. Only 7% of schools said they had used the active participation of students to address VAWDASV. (See Figure 63)
- **Staff training** on VAWDASV in the last two academic years (2015/16 to 2016/17) was much more prevalent than in 2013 to 2015. Approximately 50% of schools had trained all their staff in recognising the sign of VAWDASV and how to take action when signs of VAWDASV are observed, compared to 11-14% in 2013 to 2015. Over 90% of schools had trained some or all of their staff how to respond to a student disclosure of sexual harassment or violence. (See Figure 64)

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
62	Written policy on VAWDASV	150-155	62
63	Written policy on student disclosure	156	
64a	Whole school approach to VAWDASV	153	
64b	VAWDASV actions	144	63
65	Staff training on VAWDASV	150-154	64

Figures



Health service provision

Summary findings

- The vast majority of schools (88%) stated that they had a school nurse. In most schools this was an NHS nurse, but 12% of schools employed their own nurse, either instead of or in addition to the NHS nurse. (See Figure 65)
- In schools that had nursing provision, a nurse was most commonly on site 1-2 times per week (53% of schools). Nine percent of schools had a nurse on site and available to students every day. (See Figure 66)
- The **task most commonly undertaken** by NHS school nurses was giving one-to-one student advice and support on an ad hoc basis. The proportion of schools offering a regular drop-in service with the nurse had fallen from 69% in 2015/16 to 59%. (See Figure 67)
- Over 90% of schools offered a school-based **student counselling service** at least once a week. The percentage of schools offering a service every day more than doubled from 5% in 2015/16 to 13%. (See Figure 68) Sixty percent of schools with a counselling service had had 11 or more students with needs that could not be met by the service in the last two academic years (2015/16 and 2016/17) and half of these had had more than 20 students with such needs. (See Figure 69)
- Two-thirds of schools (66%) had a named person within their **local Child and Adolescent Mental Health Service (CAMHS)** that they could contact for help and support. Twenty-nine percent of schools did not have a named person.
- Approximately one-fifth of schools (22%) were in weekly **contact with their local CAMHS** and a further half were in at least monthly contact. (See Figure 70) Nearly all schools (92%) who were in contact with their local CAMHS received telephone advice. Regular meetings were also held with CAMHS in 43% of schools. (See Figure 71)
- Assistant headteachers, pastoral staff and school nurses were the groups within schools most likely to **make referrals to CAMHS** and to liaise most frequently with CAMHS. (See Figure 72) Of the schools that could make referrals to CAMHS, there had been a slight increase in the percentage making 11 or more referrals a year. (See Figure 73) Most of the schools (81%) that made referrals reported that 'some' of the students referred got access to treatment. Seventeen said 'all' did and 2% said none did.
- Only one-quarter of schools felt supported by their local CAMHS, compared to 39% who did not feel supported. (See Figure 74)
- Nearly two-thirds of schools (64%) had a **school-based educational psychologist** regularly available or could request one to come to the school. (See Figure 75)
- Students were informed of **other local, confidential counselling services** in 92% of schools. In 82% of these schools, students could attend the services during school hours. This was not permitted in 2% of schools and only in exceptional circumstances in the remaining 16%.

Questionnaire items

	Item number and topic	Number of schools providing data*	Figure number
66a	School nurse	158	65
66b	Availability of school nurse	133 (138)	66
66c	Nurse role	136 (138)	67
67a	School-based counselling service	159	68
67b	Unmet need from school-based counselling service	152 (158)	69
68	Named CAMHS contact	160	
69a	Frequency of communication with CAMHS	157	70
69b	Form of communication with CAMHS	150 (152)	71
70	Referring to and liaising with CAMHS	141-146	72
71a	Referrals to CAMHS	134-136	73
71b	Access to CAMHS treatment	106 (107)	
72	Perceived support from CAMHS	155	74
73a	School-based educational psychologist	158	75
73b	Availability of educational psychologist	100 (101)	75
74a	Local counselling services	157	
74b	Access to local services during school hours	141 (144)	

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures

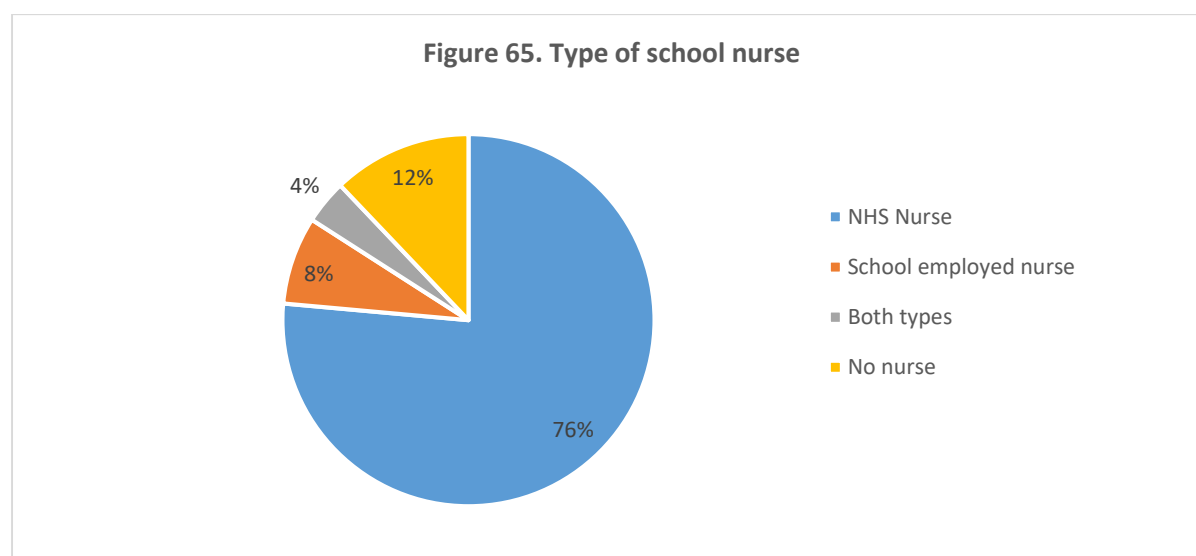


Figure 66. On-site availability of school nurse to students

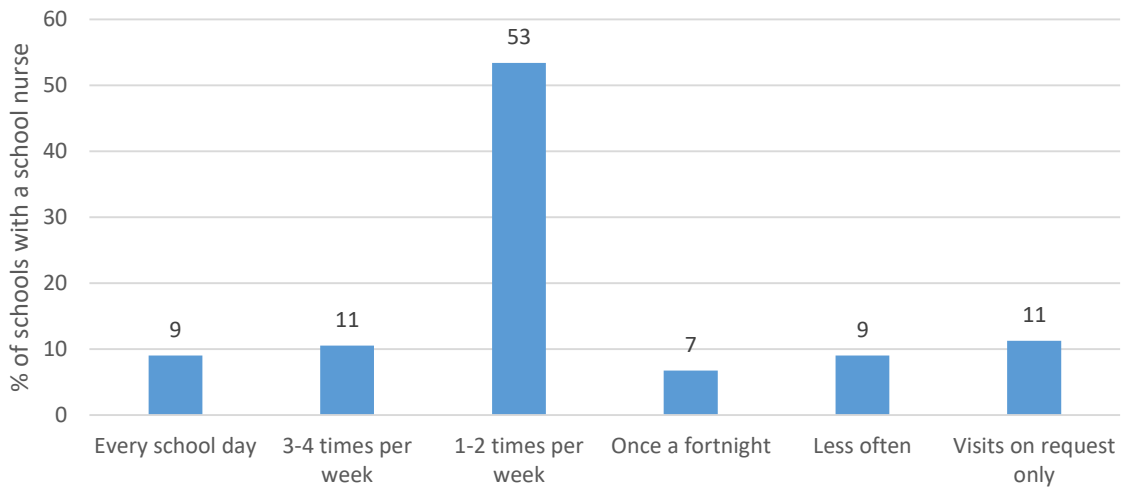


Figure 67. Tasks undertaken by school nurses

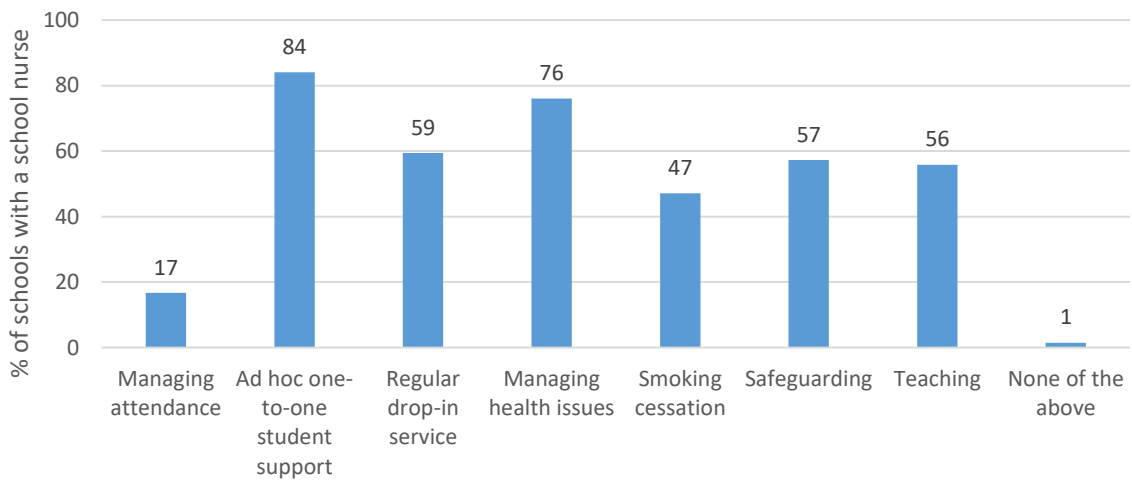


Figure 68. Availability of school-based counselling service

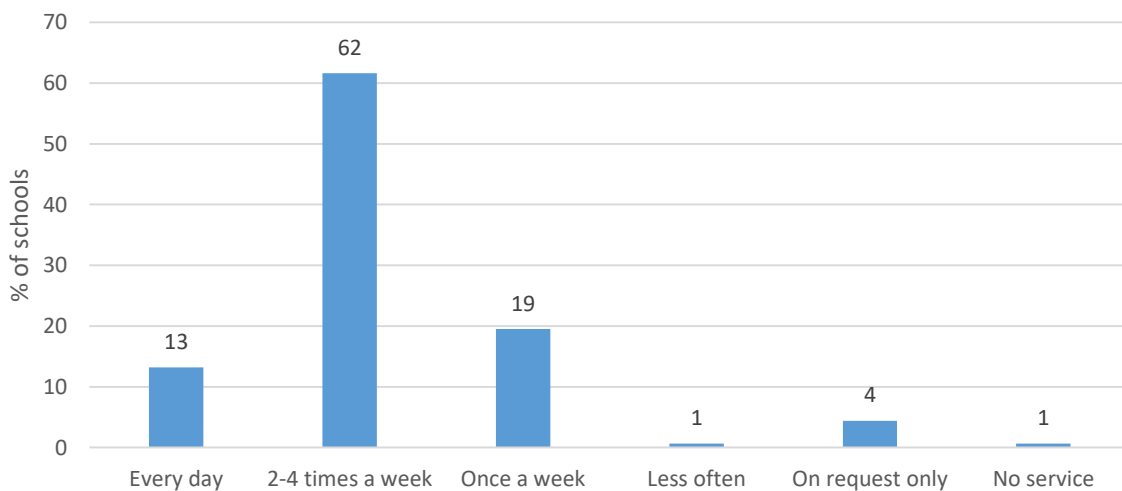


Figure 69. Schools with students with needs that could not be met by the school counselling service from 2015-2017

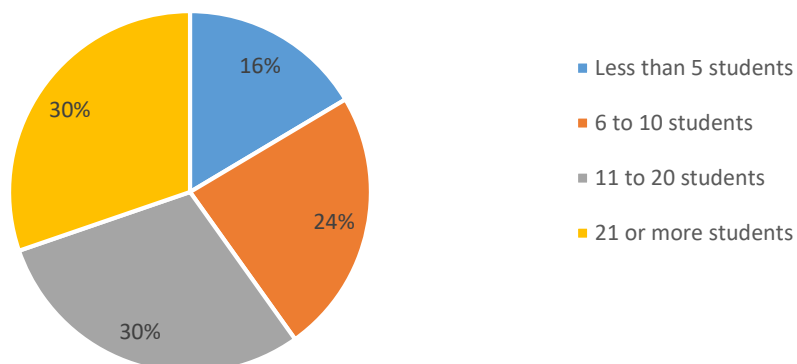


Figure 70. Frequency of communication between school and local CAMHS

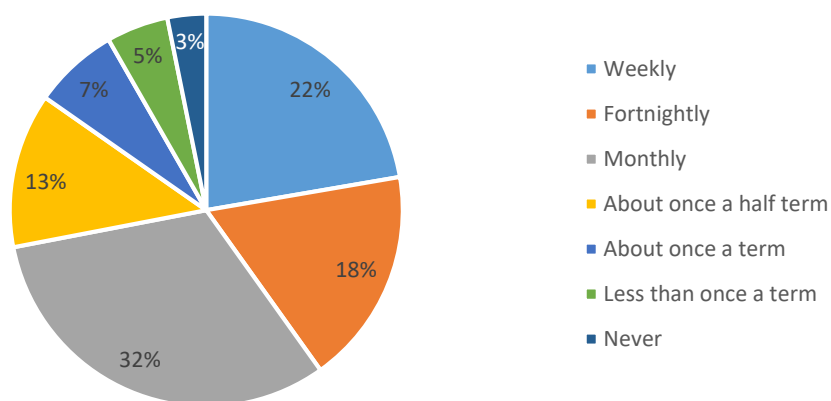


Figure 71. Communication with CAMHS

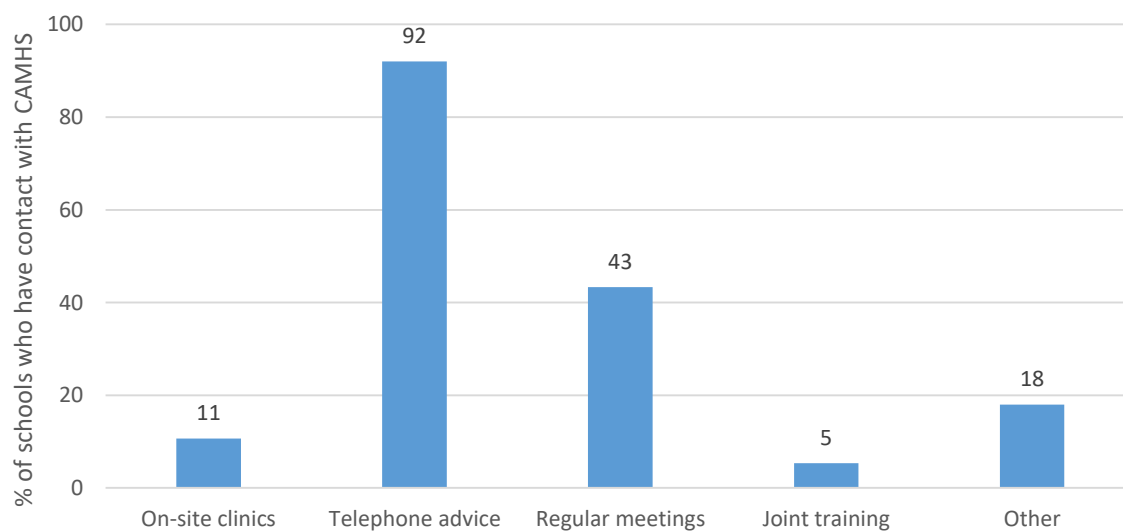


Figure 72. School roles referring to and liaising with CAMHS

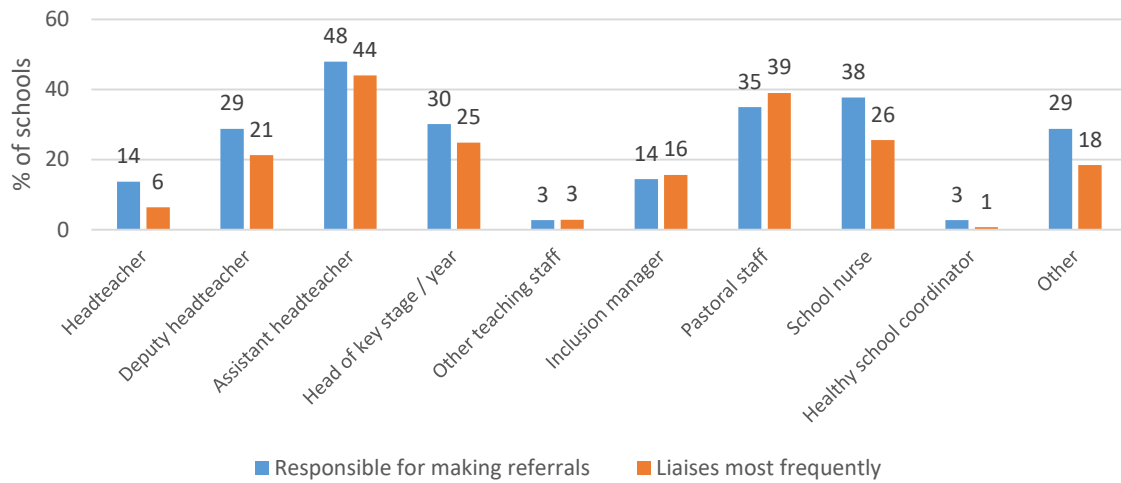


Figure 73. Referrals to CAMHS in the last two years

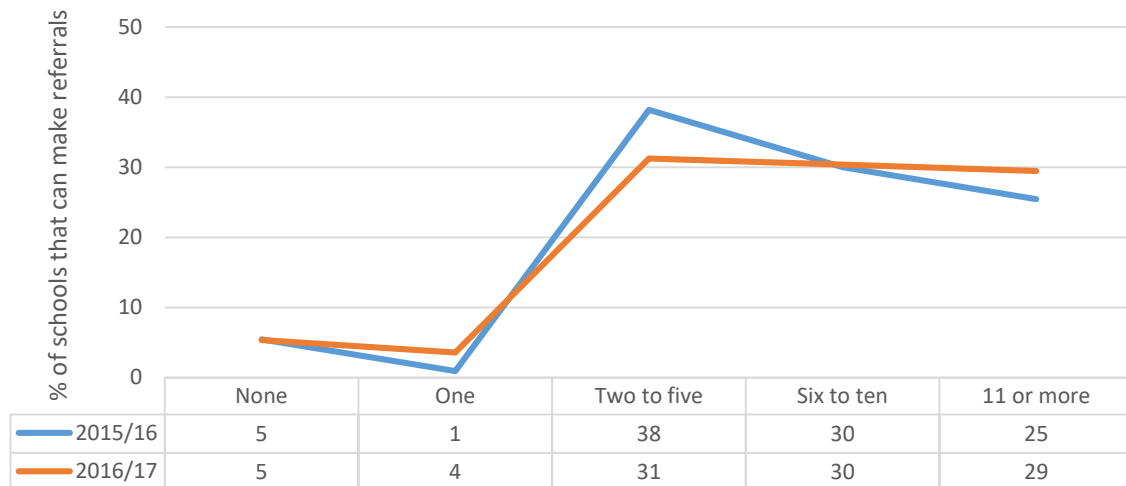
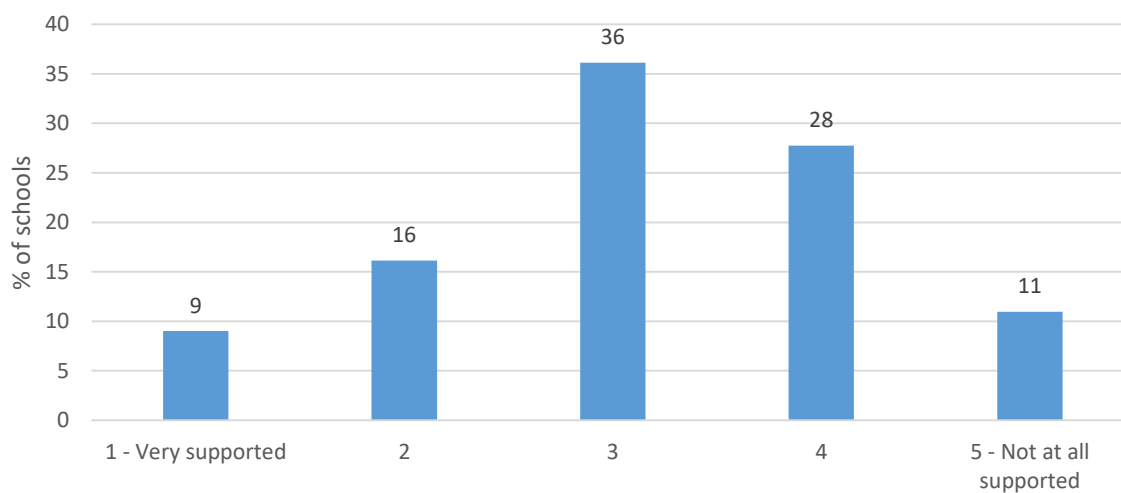
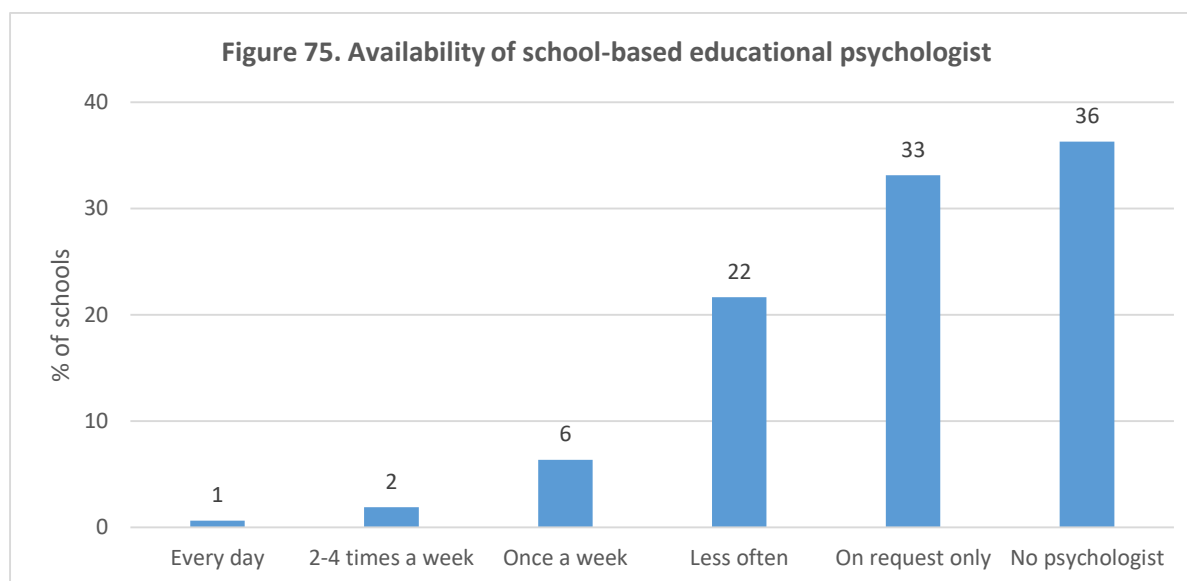


Figure 74. Extent to which schools feel supported by CAMHS





Behaviour and discipline

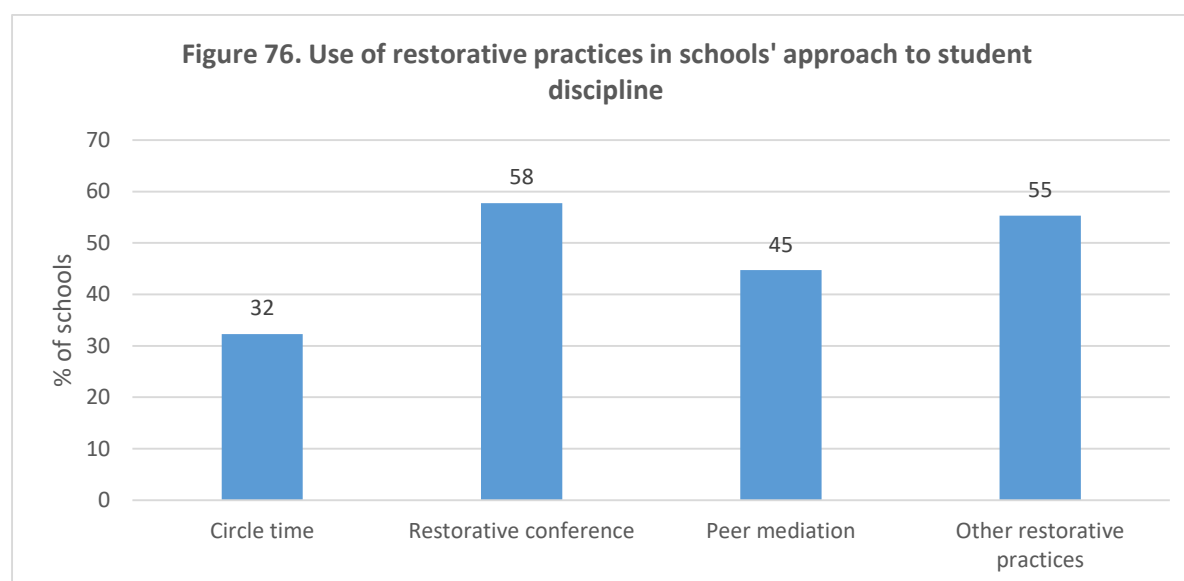
Summary findings

- **Isolation** was used to manage student behaviour in 90% of schools.
- Use of **restorative practices** in student discipline was common (See Figure 76); 28% of schools used three or more practices.

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
75	Isolation to manage behaviour	159	
76	Restorative practices	161	76

Figures



Supporting the health and wellbeing of students who are potentially vulnerable to poorer outcomes

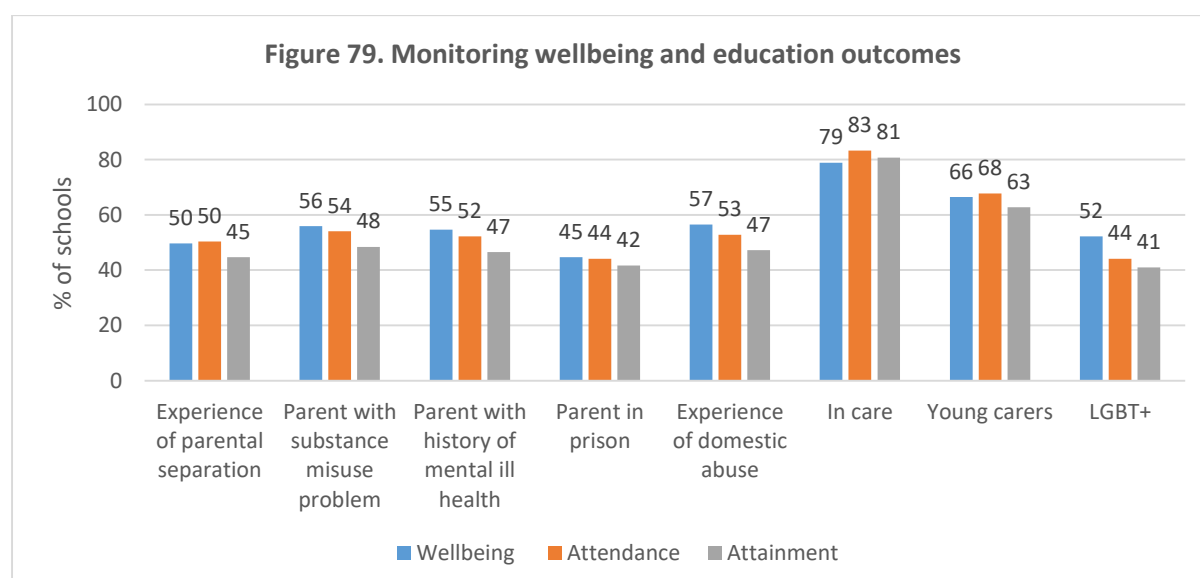
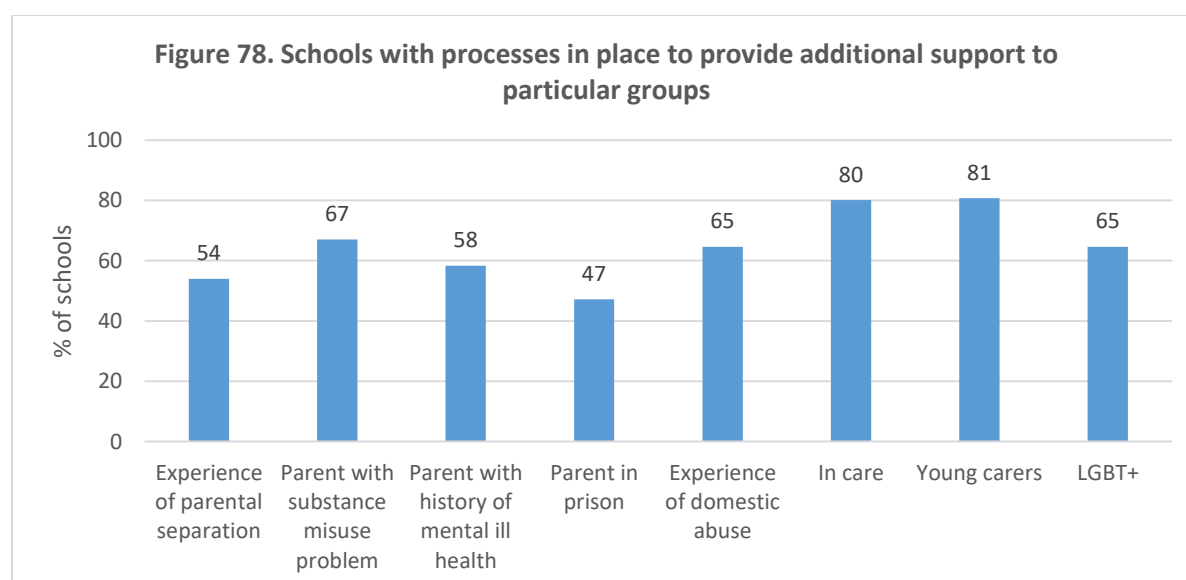
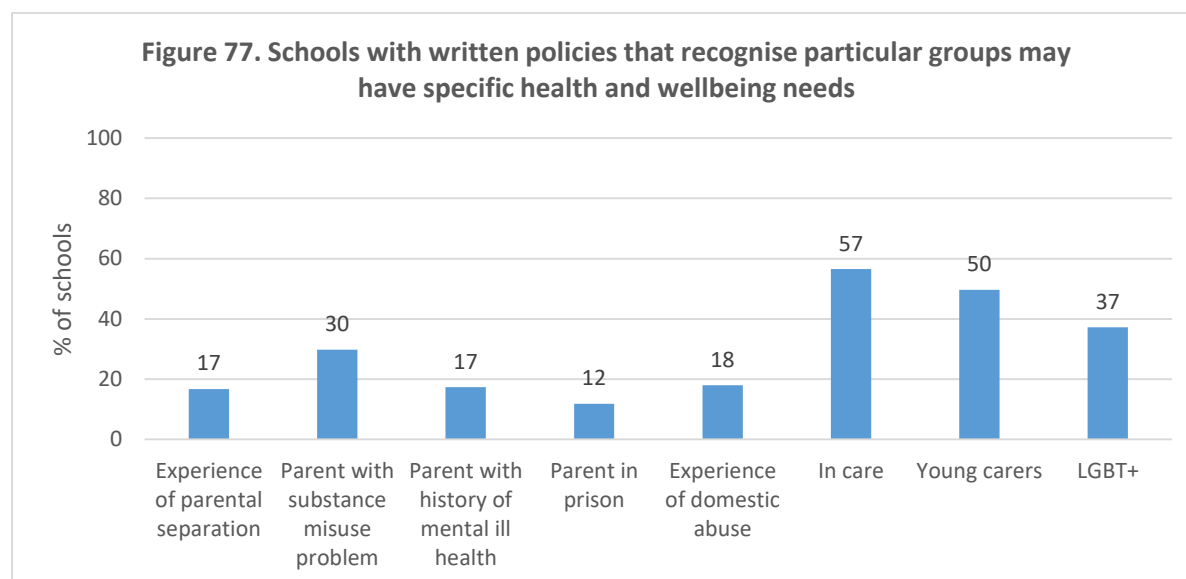
Summary findings

- The groups of students for whom schools were most likely to have a **written policy** that recognised their specific health and wellbeing needs was children and young people in care and young carers. Less than 20% of schools had such policies for students with a parent in prison, students with experience of parental separation, students with a parent with a history of mental ill health or students with experience of domestic abuse. (See Figure 77)
- Schools were more likely to have **processes and/or referral pathways** in place to support the health and wellbeing of these groups than they were to have written policies. Again, young carers and children and young people in care were the groups that schools were most likely to have processes in place for. (See Figure 78)
- Approximately half of schools **monitored wellbeing and education outcomes** in all these groups, except for children and young people in care and young carers, where the prevalence of monitoring was higher. For most groups, monitoring wellbeing was more common than monitoring attainment. (See Figure 79)

Questionnaire items

	Item number and topic	Number of schools providing data	Figure number
77	Written policies	161	77
78	Processes for support	161	78
79	Monitoring outcomes	161	79

Figures



Children and young people in care

Summary findings

- The most common **support** for children and young people in care was for the school to involve them in developing their Personal Education Plan / Individual Development Plan (PEP/IDP) and to monitor their progress against it. Providing resources to support young people in care with their school work and homework and providing support on managing emotions and/or building social skills was also common. (See Figure 80)
- There was a **designated member of staff with lead responsibility for the educational attainment** of young people in care in 85% of schools. The person in this role was most likely to be an assistant headteacher (44% of schools with a designated lead), a deputy headteacher (24%) or a member of pastoral care staff (18%).
- In those schools that had a designated member of staff, 85% had had some sort of **training** for their role in the last two years. This was most commonly provided by the Local Authority. (See Figure 81)
- In most schools (74%) that had a designated member of staff, their role also included **responsibility for the wellbeing** of young people in care. In 9% of schools there was another member of staff with this responsibility and in 17% no member of staff had this specific responsibility.
- In schools that hosted **care review meetings**, the timing of the meetings varied, although 37% of schools stated that they always held them in lesson time. (See Figure 82) Over three-quarters of schools (77%) always held care review meetings in a private room that was not visible to other students, whilst 15% always held them in a private room that was visible. (See Figure 83)
- One third of schools always held care review meetings and PEP/IDP meetings together, whilst 11% never did so.
- Service level agreements or protocols to share information to facilitate the transition of young people in care from school to post-16 education were common, with 43% of schools have them in place with all relevant post-16 education providers and 37% with some providers. One fifth of schools had no agreements in place. (See Figure 84)
- Most schools (78%) always offered specialist support to ensure young people in care were aware of the post-16 education options available to them. Slightly fewer schools (68%) were always able to offer practical support to enable young people in care to explore their options. (See Figure 85)

Questionnaire items

	Item number and topic	Number of schools providing data	Figure number
80	Supports in place	157	80
81a	Designated member of staff for attainment	156	
81b	Designated member of staff's role	113(133)	
81c	Training for designated member of staff	130(133)	81
81d	Designated member of staff's responsibility for wellbeing	117 (133)	
82a	Time of care review meetings	100-150	82
82b	Location of care review meetings	80-150	83
82c	Care review and PEP/IDP meetings	156	
83a	Protocols for transition to post-16 education	152	84
83b	Support to raise awareness of post-16 education options	152	85
83c	Practical support to explore post-16 options	152	85

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures

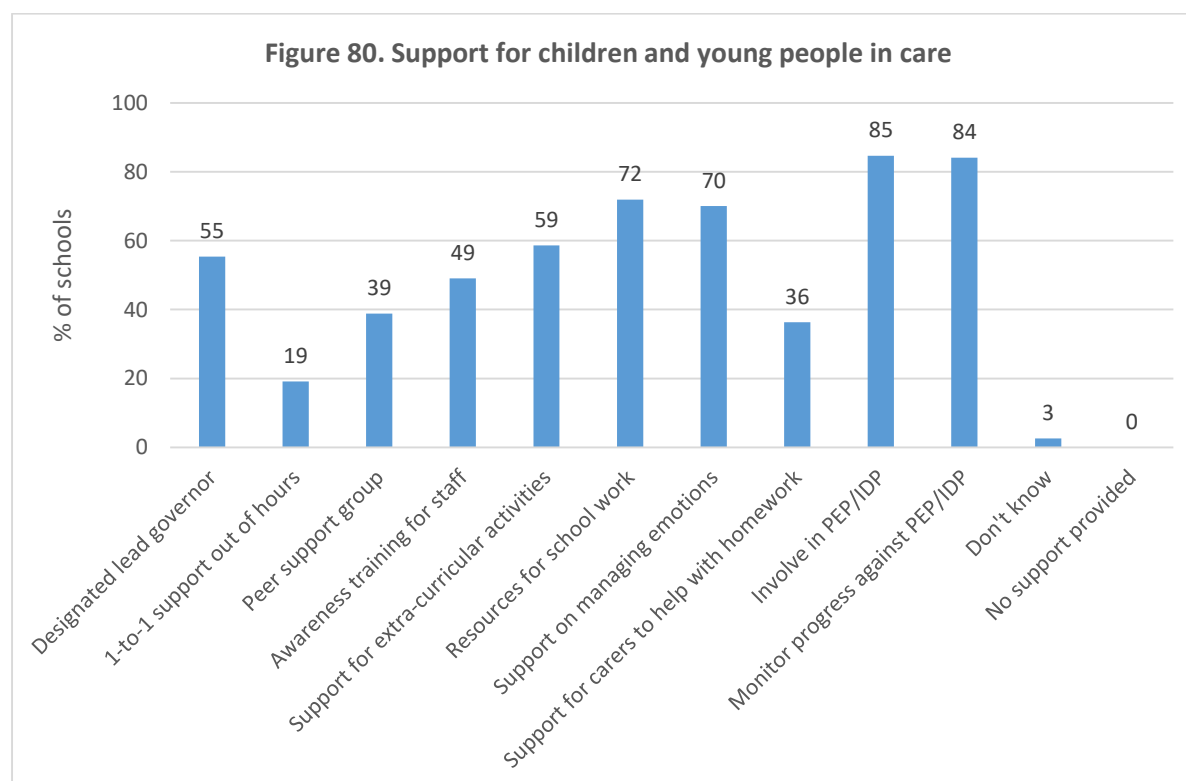


Figure 81. Training in the last two years for designated lead for young people in care

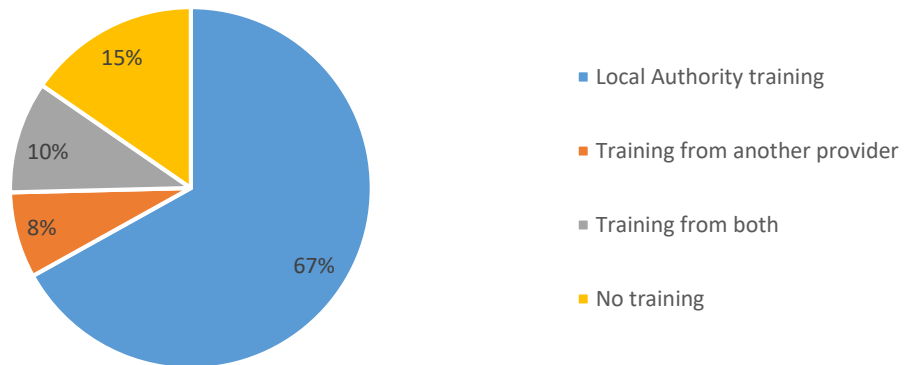


Figure 82. Time of care review meetings

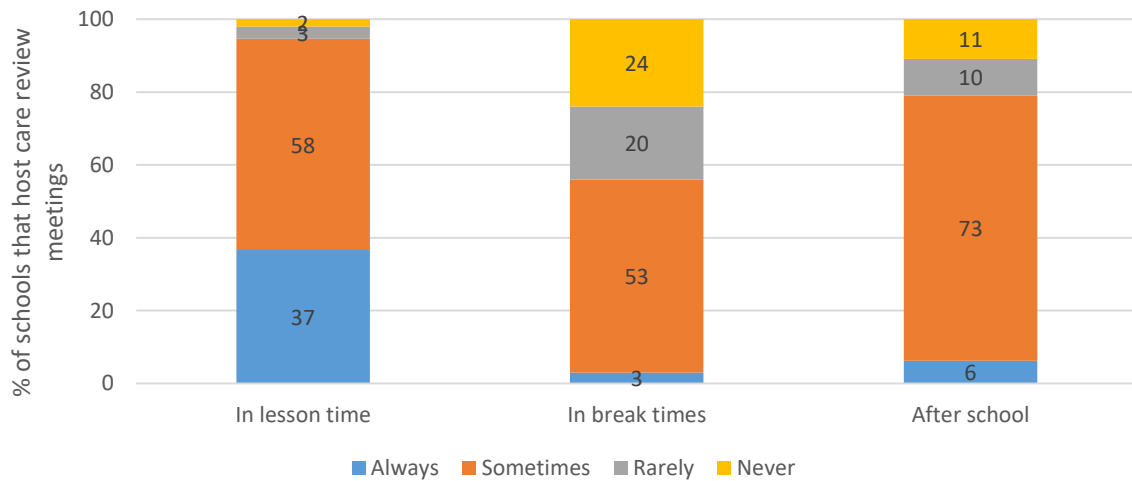


Figure 83. Location of care review meetings

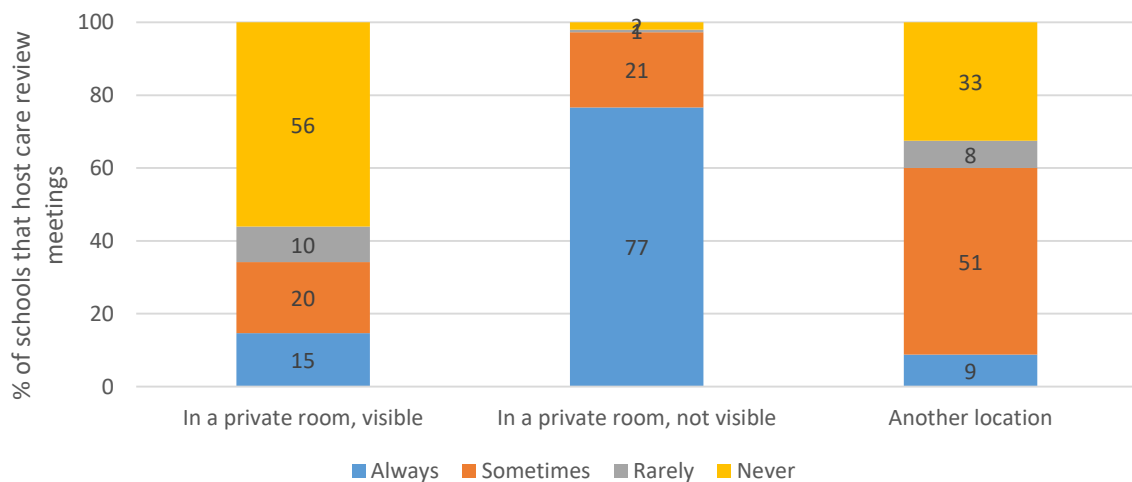


Figure 84. Service level agreements or protocols to share information that will facilitate transition to post-16 education

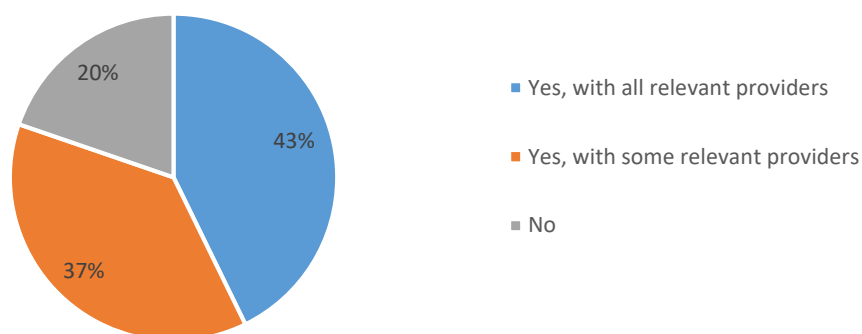
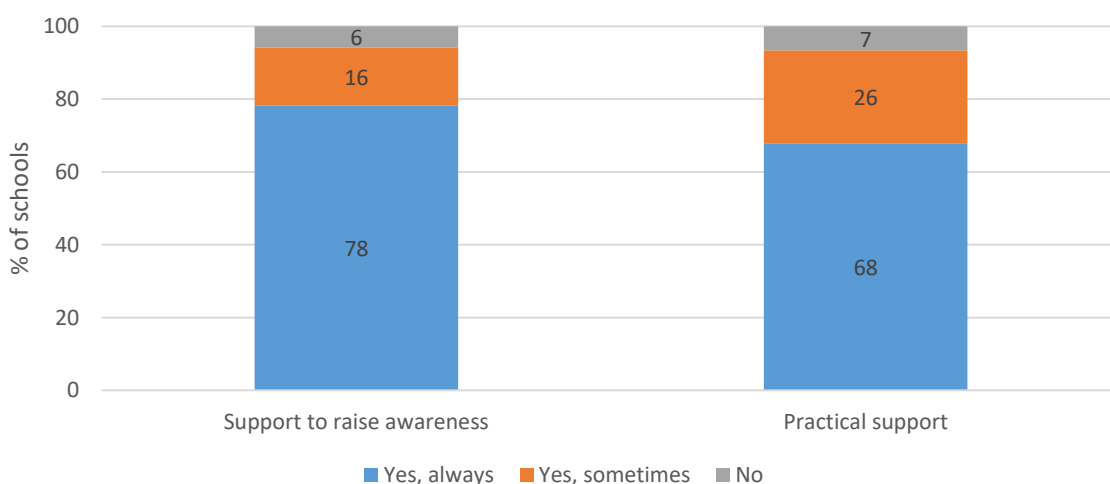


Figure 85. Support for post-16 education options



Young carers

Summary findings

- Most schools (59%) reported that they had ten or fewer young carers, whilst 9% reported that they had more than 20. Schools were more likely to report they had a **designated member of staff** responsible for managing the school's provision for young carers where they reported more young carers. (See Figure 86)
- The designated member of staff was most likely to be an assistant headteacher (43% of schools with such a person), followed by a member of pastoral care staff (22%) or a deputy headteacher (17%).
- Most schools had **processes** in place to identify young carers (80%) and to assess young carers' support needs at school (82%).
- Just over half of schools always referred young carers to a local young carers' organisation, but referrals to social services were less common. (See Figure 87)

Questionnaire items

Item number and topic		Number of schools providing data	Figure number
84	Number of young carers	150	86
85a	Designated member of staff for young carers		86
85b	Role of designated member of staff	106 (122)	
86	Processes relating to young carers	144-153	
87	Referrals for young carers	133-148	87

* Skip patterns in the questionnaire mean that not all questions are relevant to all schools. Numbers in brackets represent the total number of schools for whom the question was relevant.

Figures

