

The Sheppard Academy

Students' Health and Wellbeing in 2019/20



Welsh Network of Healthy School Schemes



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CONTENTS

Your School's Feedback Report	2
The Whole School Approach to Health and Wellbeing	4
Food and Fitness: Food	5
Breakfast	6
Fruit and vegetables	7
Water	8
Energy drinks	9
Sugary soft drinks	10
Food and Fitness: Physical Activity	12
General physical activity	14
Active travel to school	15
Sedentary behaviour	16
Outside school hours	17
How can your school support healthy eating and physical activity for students?	18
Wellbeing and Emotional Health	19
Emotions and behaviour	20
School connectedness	21
Sleep	23
Friendship and bullying	25
Respectful relationships	30
Body image	32
How can your school support the wellbeing and emotional health of students?	34
Substance Use and Misuse	35
Smoking	35
E-cigarettes	38
Alcohol	39
Cannabis	43
New psychoactive substances	46
How can your school help your students resist the pressure to misuse substances?	48
Sex and Relationships	49
How can your school support healthy sex and relationships education for students?	54
How to use your report	55
Other sources of health and wellbeing data in the UK	57
Appendix	59
References	60

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 2019/20 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. It would be of benefit to share it with your local Healthy School team and others with a wellbeing role in your local authority or consortium as they can provide valuable help.

For any queries relating to this report please contact Joan Roberts, Manager of the School Health Research Network on 029 2087 4433 or SHRN@cardiff.ac.uk

Interpreting your health data – caution!

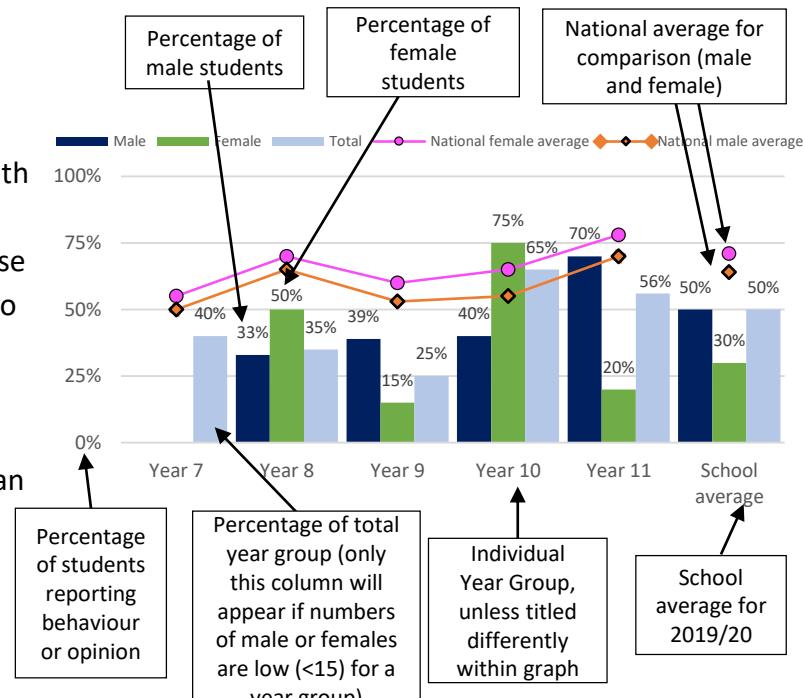
Who completed the questionnaire at The Sheppard Academy

The table below shows the number of students in each year group who took part in the survey. Year group data is not presented if fewer than 15 students participated. Nationally, 4% of students did not consent.

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 (%)
185	218	210	193	161	130	98	1195	3

Reading the charts

Data is shown for your school in bar charts, usually by age and gender with national averages for girls and boys shown as lines, for comparison. These averages come from all students who took part in the 2019/20 Student Health and Wellbeing Survey combined. Differences between the national averages and school data can be accounted for by different school contexts across Wales. **Please note that not all students will have answered all the questions in the survey.**



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

Charts which show subgroups of students, e.g. Year 11 smokers or sexually active students, are also dependent on having at least 15 responses to show your school's data. If, for example, there are only 12 students in Year 11 who say they smoke, then the chart showing the age at which Year 11 students smoked their first cigarette (Fig. 32) will exclude your school's data and show only national data.

The Whole School Approach to Health and Wellbeing

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

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

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

- Curriculum for Wales 2022³
- Schools as Learning Organisations⁴
- The school's self-evaluation process⁵
- Schools' impact on student health and wellbeing⁶
- Welsh Network of Healthy School Schemes National Quality Award⁷
- The United Nations Convention on the Rights of the Child (UNCRC)⁸
- Welsh Baccalaureate (WBBQ)⁹
- Well-being of Future Generations (Wales) Act 2015¹⁰

There is general guidance at the back of this report (page 56) on how all members of the school community can contribute to improving student health. There are also specific suggestions given for each topic.

Food and Fitness: Food

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

Why is healthy eating an important agenda in schools?

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

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

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

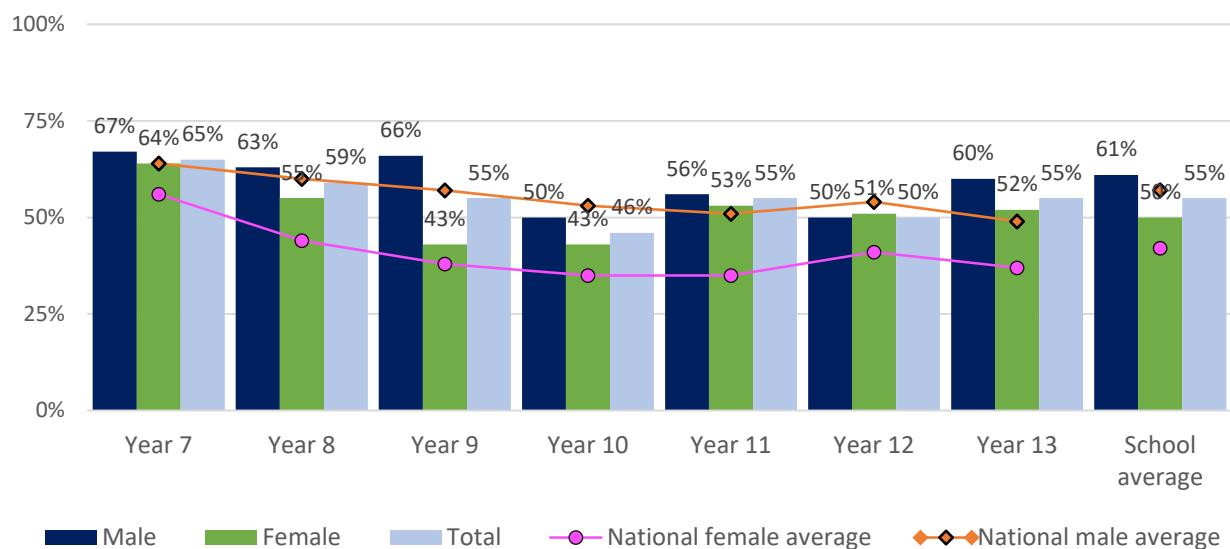
The number of actions secondary schools put in place to promote healthy eating is positively associated with the number of healthy food choices made by students. In a previous HBSC survey in Wales, schools gave detailed information on how they encouraged healthy eating. This included education, policies,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

The duration of secondary school lunch breaks influences students' food choices. The duration of school lunch breaks has been shown to be independently associated with students' dietary choices, with shorter lunch breaks associated with unhealthier eating behaviours¹⁷. Findings from the School Health Research Network's 2017/18 School Environment Questionnaire indicated that 18% of secondary schools had reduced the length of their lunch break in the previous two years, a change that has also been highlighted by Estyn⁶.

In the 2017/18 HBSC Survey in Wales 18% of 11 to 16 year olds were overweight or obese¹⁸. Overall, boys were more likely than girls to be overweight or obese and young people from less affluent homes were more likely to be overweight or obese than those from more affluent homes.

Breakfast

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

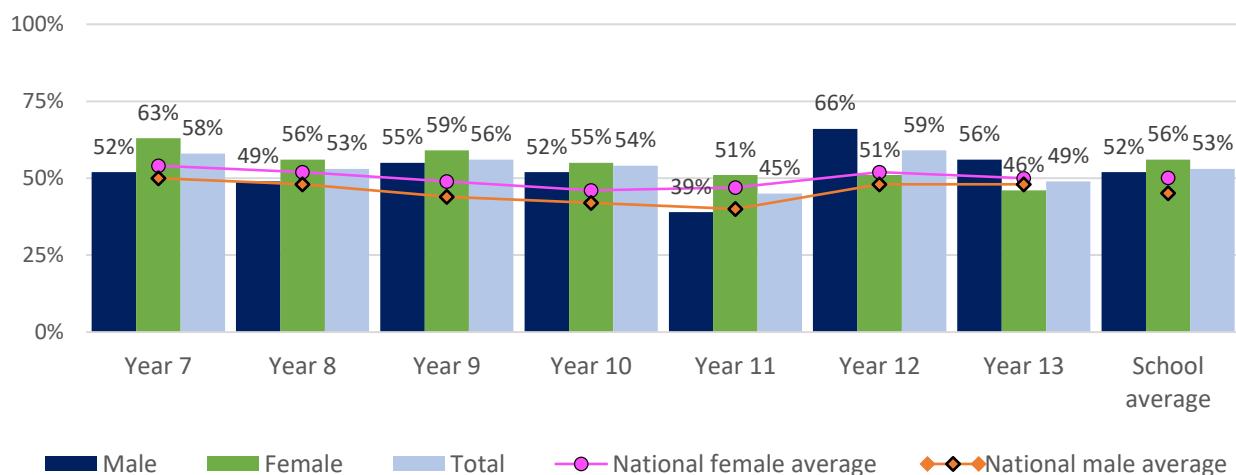


Did you know?

Breakfast provided to students of maintained schools should contain the following foods only: milk-based drinks or yoghurts; cereals – not sugar/chocolate/cocoa powder coated or flavoured; fruit and vegetables; and breads and toppings¹⁹.

Fruit and vegetables

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



Guidance from the World Health Organization is to eat a **minimum of 5 portions of fruit or vegetables a day** as this lowers the risk of serious health problems. Suggestions to encourage this can be found at: <https://gov.wales/eatwell-guide>

Did you know?

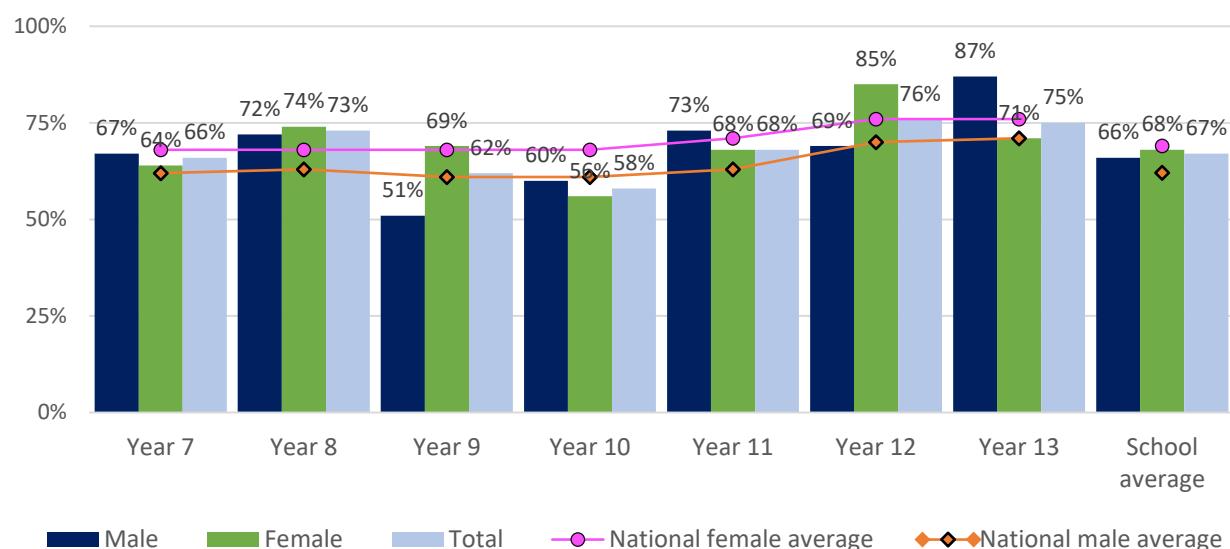
Lunch may be a key opportunity to increase vegetable intakes in adolescents. Researchers in Australia found that most adolescents only ate vegetables once a day, in the evening, but those who also ate vegetables at lunchtime ate nearly twice the quantity and a greater variety of vegetables over a day²⁰.

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 provision²¹.

Water

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



Did you know?

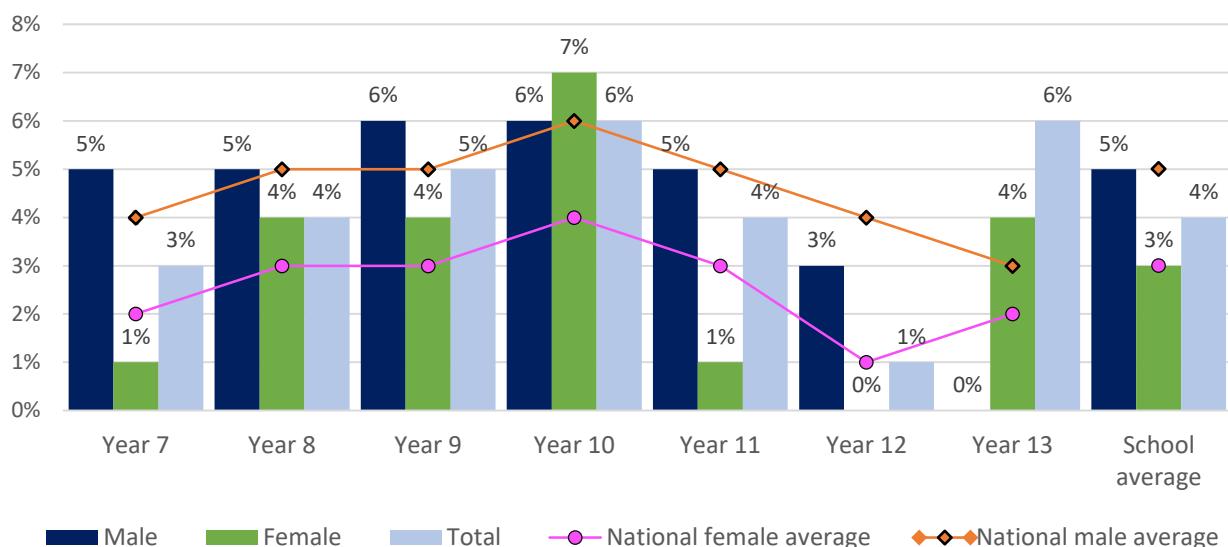
Water is, of course, essential for our survival, but early evidence suggests that hydration affects both mood and cognitive ability, including memory and attention²².

Local authorities in Wales must ensure that a supply of drinking water is available, free of charge, on the premises of any maintained school¹⁹. Students must have easy access to this water at all times. Schools should promote sources of water (e.g. adequate number and maintenance of water fountains/coolers) and hydration (e.g. water on desks)²³.

The Eatwell Guide for Wales recommends 6 to 8 glasses of water, lower-fat milk or other sugar-free drinks a day²⁴.

Energy drinks

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



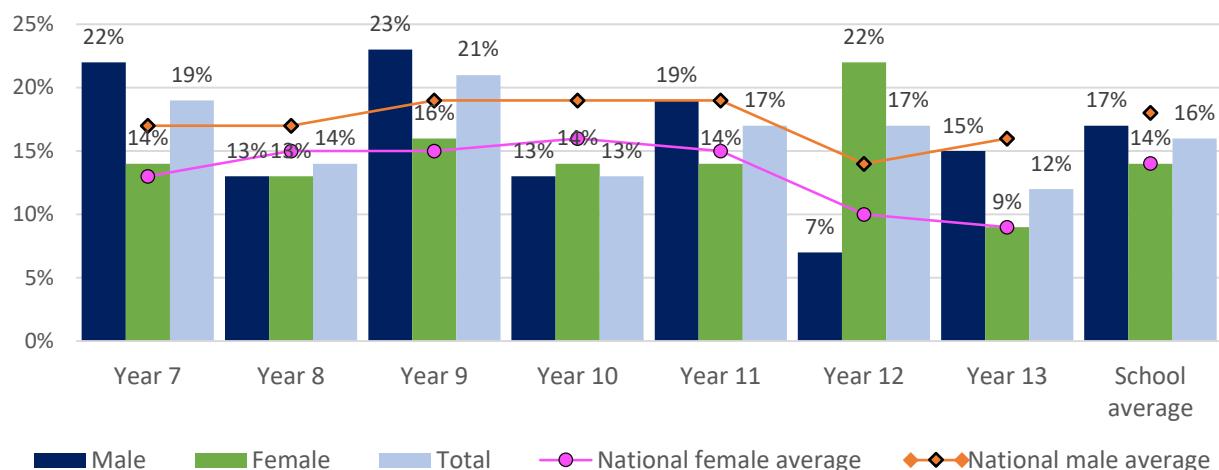
Did you know?

Energy drinks typically contain high levels of caffeine and sugar, along with other ingredients with stimulant properties. A recent review of research on energy drink consumption among young people found that consumption was linked to a number of adverse outcomes and health-damaging behaviours, including headaches, sleep problems, junk food consumption, alcohol use, binge drinking and smoking²⁵.

Research with young people in County Durham found high levels of energy drink brand awareness but limited understanding of how they affect health²⁶. A key factor in young people's decision to buy energy drinks was their low price compared to other drinks. The young people recognised a strong gender element to energy drinks, feeling much of the advertising was aimed at boys and that boys tended to drink them more as they associated them with sports and computer gaming.

Sugary soft drinks

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



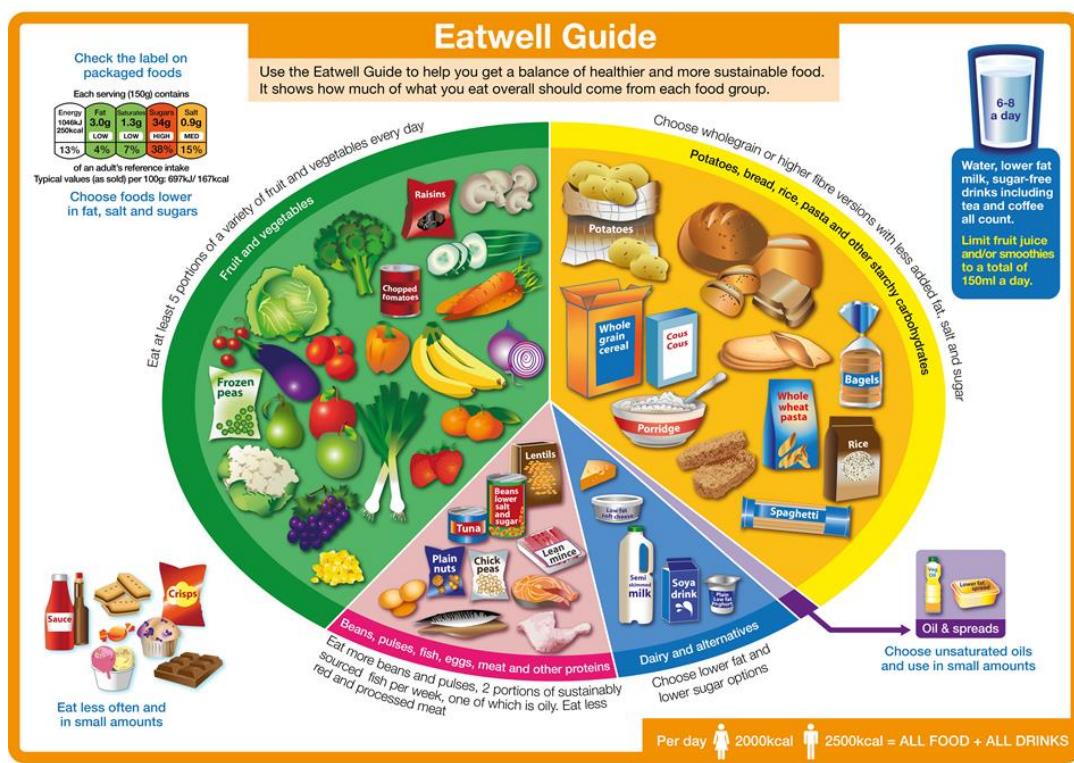
Did you know?

Risk of hyperactivity and inattention increased by 14% for each additional sugar-sweetened beverage consumed by American students in grades 5, 7 and 8 (average age 12 years). Energy drinks in particular were found to have an independent effect on hyperactivity and inattention symptoms, such as fidgeting and inability to concentrate²⁷.

Your school can make a difference

The Welsh Local Government Association reviewed 15 National Quality Award Assessment Reports from 2013 to 2018 and looked for common features around healthy eating. All the schools had health promoting curriculums and the majority also had an active School Nutrition Action Group, comprehensive food and fitness policies, conducive catering provisions and promotions, school breakfast provision, extra-curricular cooking experiences, and conducive dining environments.

The Healthy Eating in Schools (Wales) Measure 2009 places a number of duties on governing bodies of maintained schools in Wales, including promoting healthy eating and drinking and encouraging the take-up of school meals²⁸. Estyn report on the arrangements made in schools to promote healthy eating and drinking²⁹ by talking to students, reviewing the governing body's annual report and noting any obvious breaches in relation to the **Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013**¹⁹. These regulations set out the types of food and drink that can and cannot be provided during the school day and define the nutrient content of an average school lunch. Compliance with the Regulations is particularly poor in schools that organise their own catering⁶, but statutory guidance is available to local authorities and governing bodies to help them fulfil their duties²³.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Simple guidance on a healthy diet for school students should be based on the Eatwell Guide²⁴. It shows the proportions of the main food groups that form a healthy, balanced diet:

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

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

Food and Fitness: Physical Activity

Why is physical activity an important agenda in schools?

The Chief Medical Officers (CMOs) of the UK recommend that children and young people engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week³⁰. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports. Time spent being sedentary should also be minimised. The diagram on the next page summarises the CMOs' advice.

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 different elements of mental health and wellbeing, including depression³¹.

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 factors³².

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 running³³.

School-based physical activity programmes can help young people be active. Public Health England reviewed research evidence on what works in schools and colleges to increase levels of physical activity among children and young people. They identified eight promising principles for practice, including multi-component programmes (i.e. those that include the curriculum, the school environment and families), creating an active environment, promoting active travel, engaging student voice and embedding monitoring and evaluation³⁴.

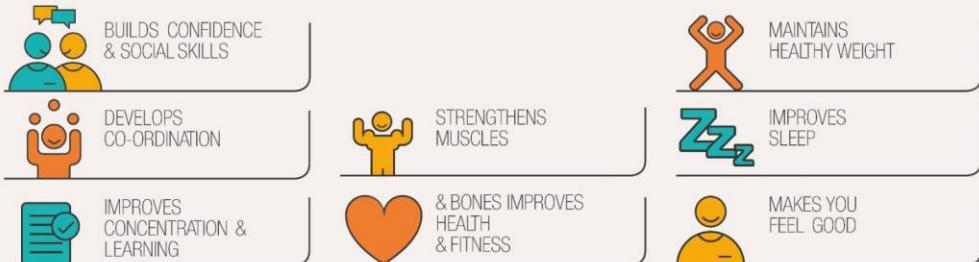
Did you know?

Young people in Wales are insufficiently active. The **2017 Student Health and Wellbeing Survey** found that overall less than one-fifth (18%) of young people were active for at least 60 minutes every day. The least active group were female students in Year 11 with only 7% meeting the CMOs' recommendation¹⁸.

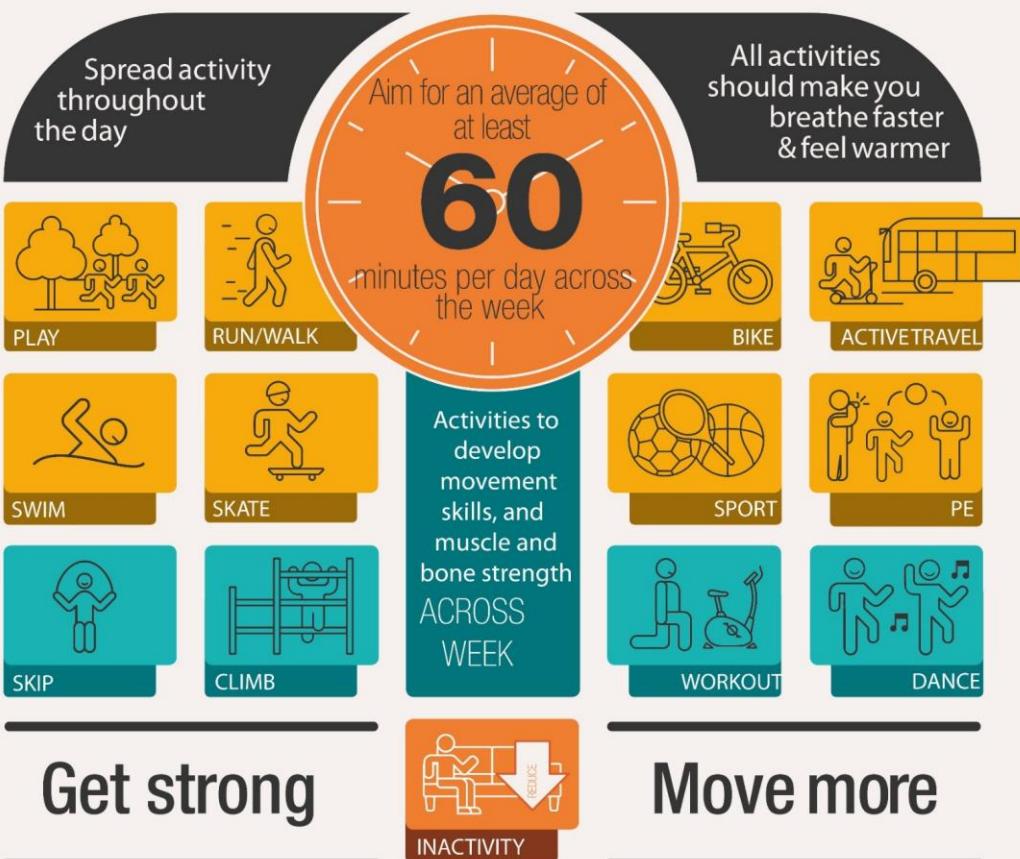
Look at the chart on page 14 to see if things changed in 2019...

Your school can make a difference

Physical activity for children and young people (5–18 Years)



Be physically active



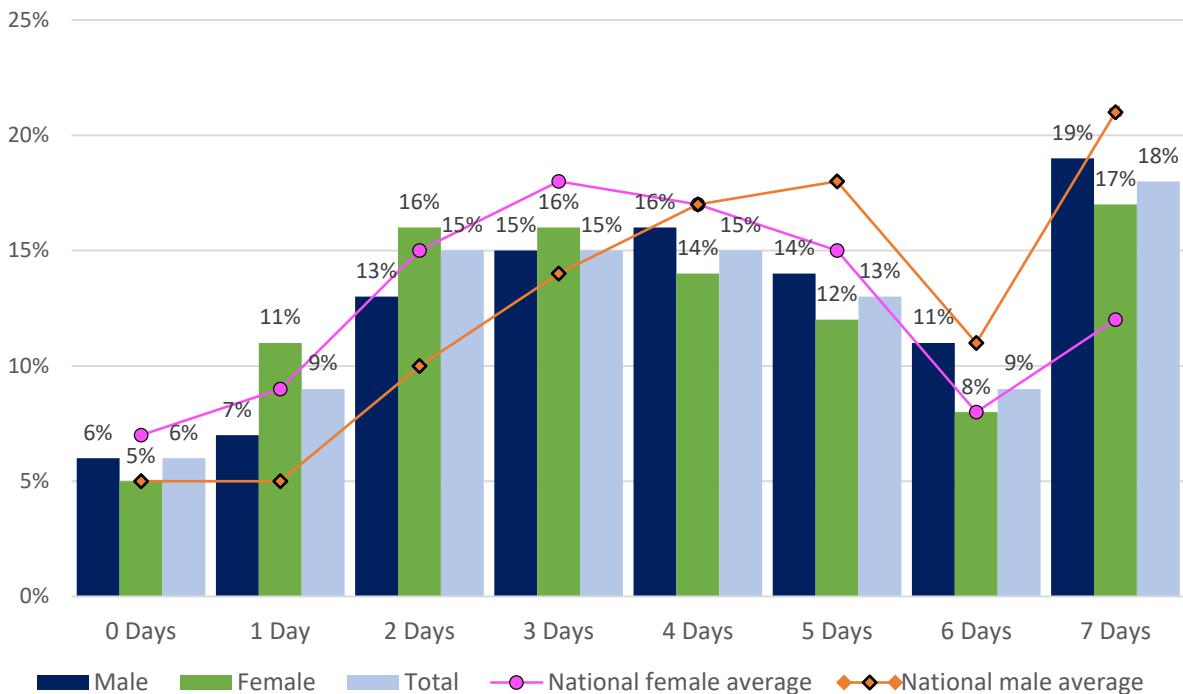
Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers' Physical Activity Guidelines, 2019

You can access the full report on physical activity from the UK Chief Medical Officers here:
www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report

General physical activity

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

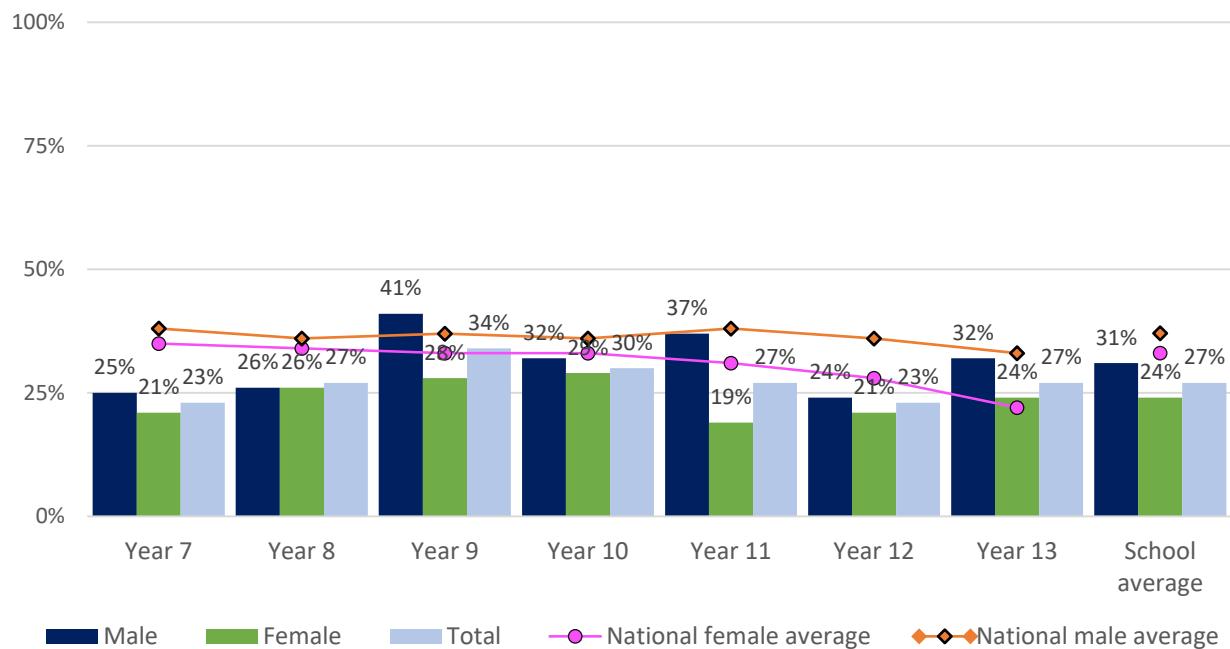


Your school can make a difference

NICE, the National Institute for Health and Care Excellence, recommends schools make their facilities for physical activity available to children and young people before, during and after the school day, at weekends and during the school holidays³⁵.

Active travel to school

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



Did you know?

Children who walk or cycle to school are more active overall than children who do neither³⁶. Travel habits tend to track across adolescence, particularly walking. Boys and girls in Bristol who chose active travel at age 12 were highly likely to still be walking to school at age 17. Boys who were consistent active travellers also had lower body mass index at age 17 than passive travellers³⁷.

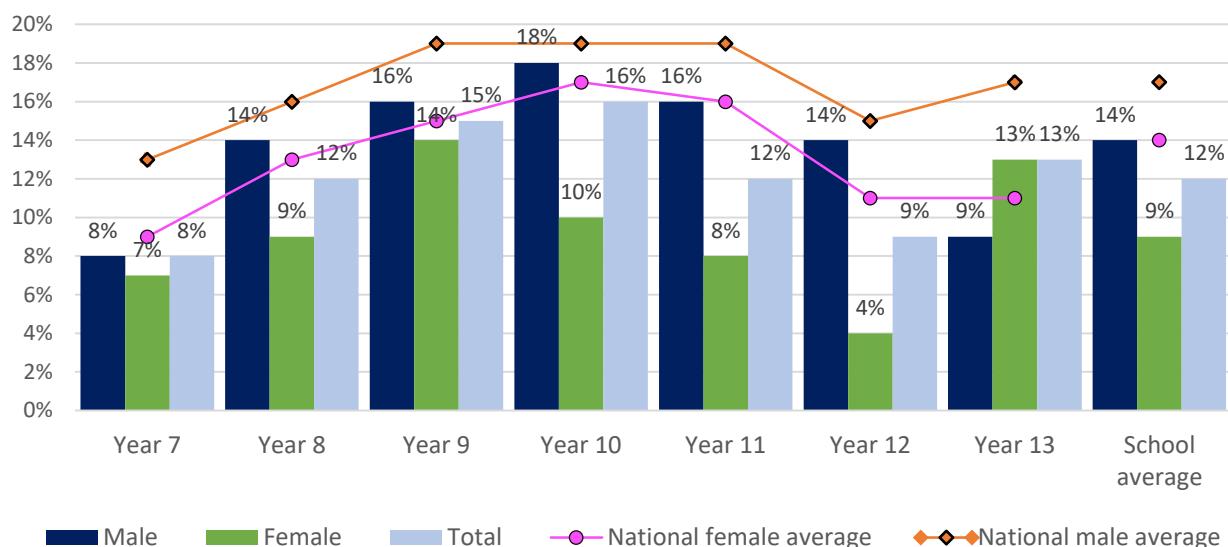
Your school can make a difference

Healthy Weight Healthy Wales recommends that secondary schools develop '*an active environment which encourages active travel, daily physical activity choices and varied sport or recreation offer to encourage participation*'³⁸. Sustrans encourages active travel as a way of tackling physical inactivity, social inequality and air pollution. This is done through a number of different initiatives including classroom resources for Key stages 3 and 4.

www.sustrans.org.uk/our-blog/projects/2019/wales/welsh-school-curriculum-resources/

Sedentary behaviour

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



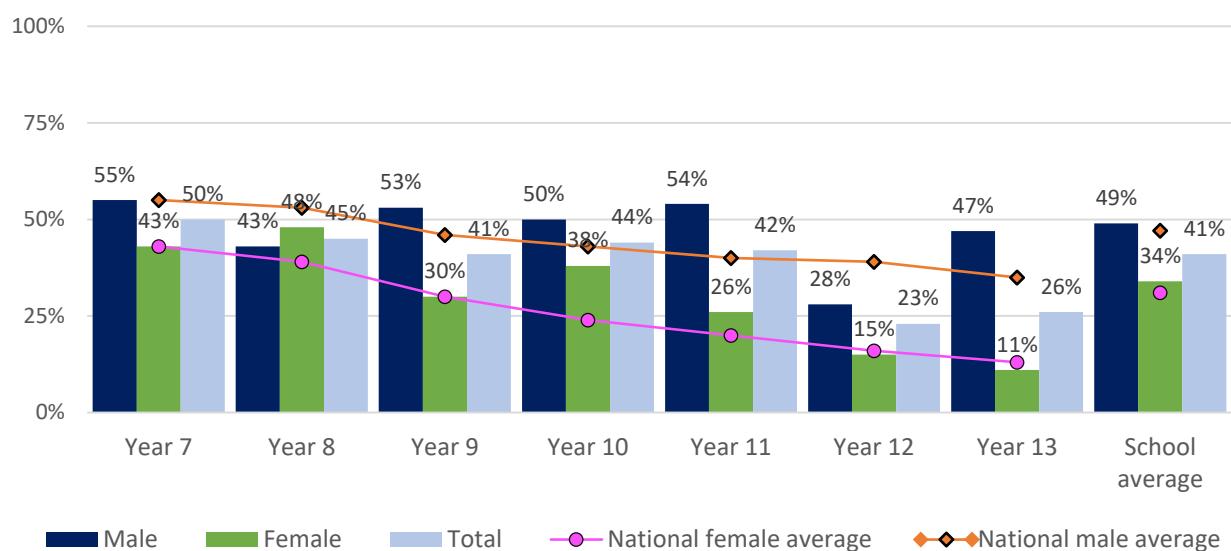
Did you know?

Time spent sedentary increases as children transition from primary to secondary school³⁹ and as they move through secondary school⁴⁰. Between the ages of 12 and 15, young people in Bristol spent increasing amounts of time being sedentary in school, but also after school and at weekends.

A review of research into physical activity, sedentary behaviour and health-related quality of life (a measure of young people's physical, psychological and social health) found that both being active and being sedentary were associated with health-related quality of life. There was evidence of a 'dose-response' relationship, meaning that quality of life got increasingly better as time spent being sedentary decreased⁴¹.

Outside school hours

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



Who can help?

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

Sport Wales 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, including the Young Ambassadors Programme, run with the Youth Sport Trust and local authority Sports Development Teams

www.sportwales.org.uk

Public Health Wales works to protect and improve health and well-being and reduce health inequalities for the people of Wales. Information provided on healthy eating and physical activity.

<https://phw.nhs.wales/>

Sustrans encourages active travel as a way of tackling physical inactivity, social inequality and air pollution. This is done through a number of different initiatives including classroom resources for Key stages 3 and 4.

www.sustrans.org.uk/wales

Food a Fact of Life

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

www.foodafactoflife.org.uk

Healthy Eating in Schools

The Welsh Local Government Association hosts a national Food in Schools Coordinator in partnership with the Welsh Government. For any support around food in schools or to access guidance and other resources visit their website: www.wlga.wales/healthy-eating-in-schools

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

Senior Leadership Team and Governors can	
Ensure the school has an up to date Food and Fitness policy developed by a representative working party from all sectors of the school community.	Provide facilities in the school that encourage physical activity such as bike racks, climbing walls, measured running/walking tracks. Provide the recommended 2 hours Physical Education a week.
Make sure that all food provision is in line with The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013 ¹⁹ . For guidance and help on specific issues: www.wlga.wales/healthy-eating-in-schools	The measure places responsibility on the governing body to include in their report to parents information about actions taken to promote healthy eating and drinking by students.

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

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

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

Wellbeing and Emotional Health

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

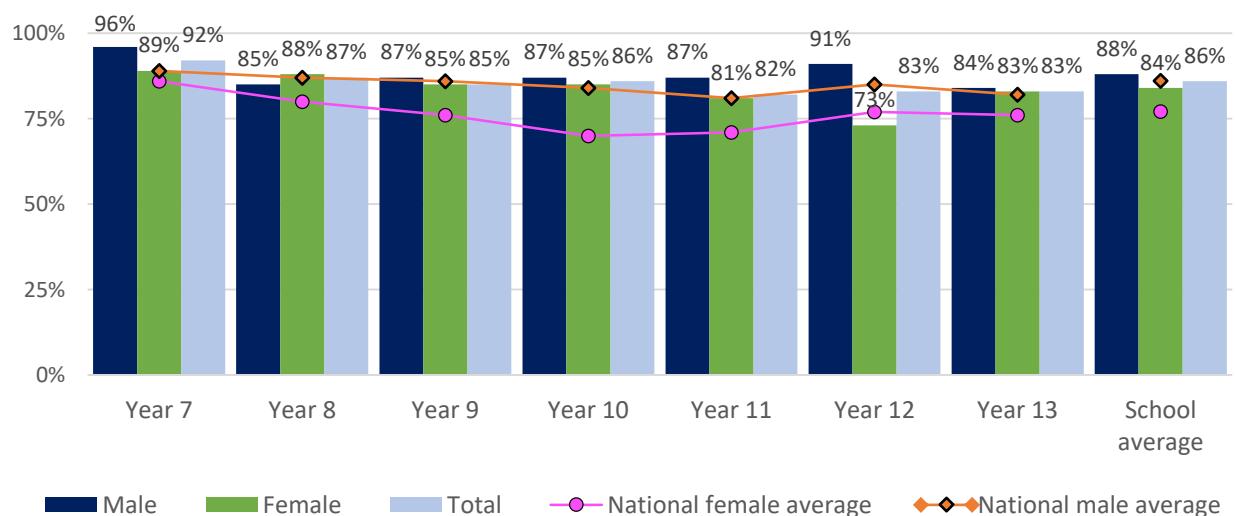
No health without mental health. The title of the mental health strategy for England is a clear reminder of the critical part mental health plays in our overall health. Most mental illness begins before adulthood so fostering mental health and wellbeing in young people is crucial. Improving mental health 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 inequalities⁴².

Wellbeing of young people in the UK lags behind their contemporaries in other countries. In 2016 UNICEF ranked the UK 14th out of 41 developed countries for child wellbeing⁴³. There were several dimensions to 'wellbeing' including health, income inequality, education and life satisfaction.

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 alcohol⁴⁴.

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 4⁴⁵.

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



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

Emotions and behaviour

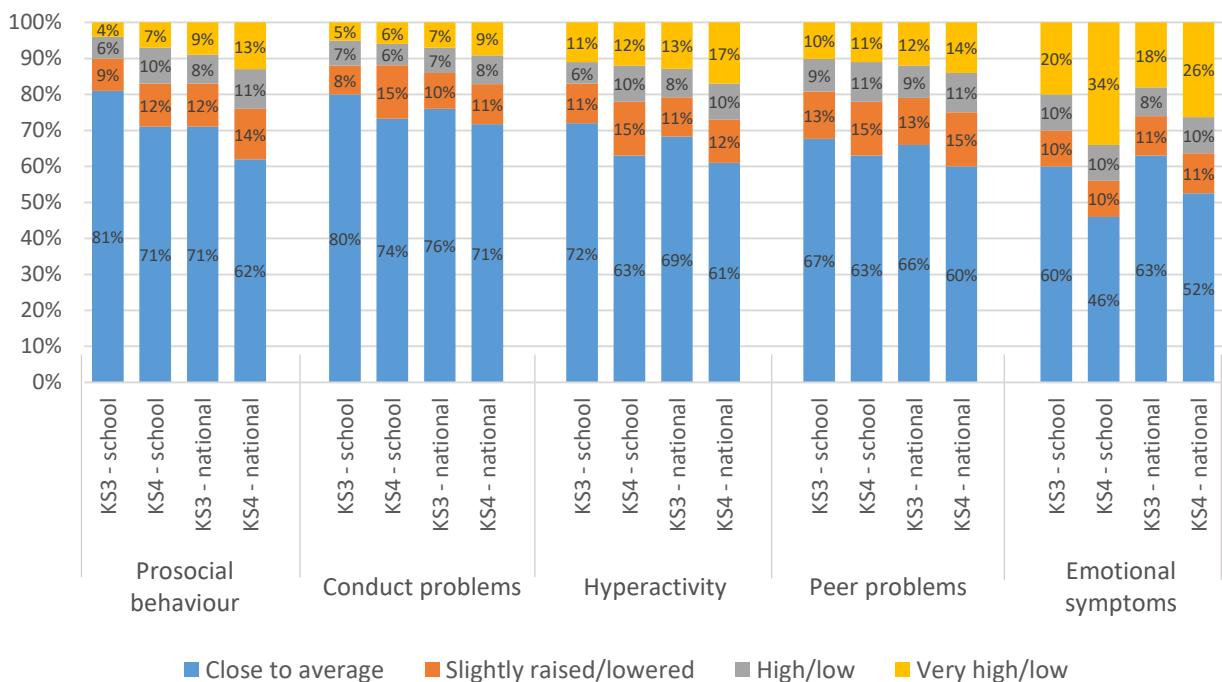
The Strengths and Difficulties Questionnaire (SDQ) is widely used for exploring young people's personal and social skills and their emotional and behavioural problems⁴⁶.

The SDQ asks young people the extent to which they think a list of statements are true about themselves. The statements are grouped together into five scales that capture prosocial behaviour, personal conduct (behaviour), hyperactivity and attention, peer relationships and emotional symptoms. You can see which statements relate to which scale in the appendix (p59).

Based on their responses, each young person is given a score for each of the five scales. For the prosocial behaviour scale, these scores are classified as being 'close to average', 'slightly lowered', 'low' or 'very low'. For the other four scales, they are classified as 'close to average', 'slightly raised', 'high' or 'very high'.

The chart below shows how the five scales change at your school between key stages 3 and 4 with national averages for these age groupings for comparison.

Fig. 11 The Sheppard Academy: Strengths and Difficulties Scores for students in key stages 3 and 4



Your school can make a difference

A three year trial of an intervention in secondary schools in England found significant improvements in SDQ scores. The intervention, called Learning Together, was designed to address bullying and aggression by promoting students' autonomy, motivation and reasoning. It used a whole school approach, which included staff training on, and implementation of, restorative practices, action groups of staff and students to review school policies and student survey data, and lessons on social and emotional skills⁴⁷.

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.

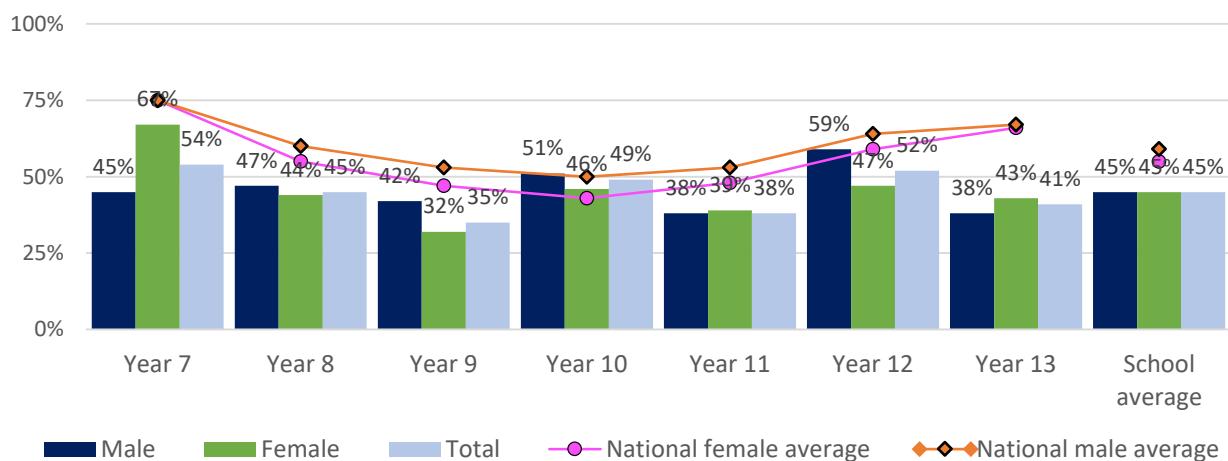
In a recent review of studies on school climate and student wellbeing, 46 out of 48 studies found that good relationships between teachers and students, students feeling safe at school and feeling like they belong to their school were positively associated with student wellbeing⁴⁸.

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 enforced⁴⁹.

Your school can make a difference

Qualitative research with students in the US identified four elements that contribute to better student-teacher relationships, including being noticed by their teacher(s), feeling genuinely cared for, relaxed and natural conversations, and feeling equal and not being spoken down to⁵⁰.

Fig. 12 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers care about them as a person

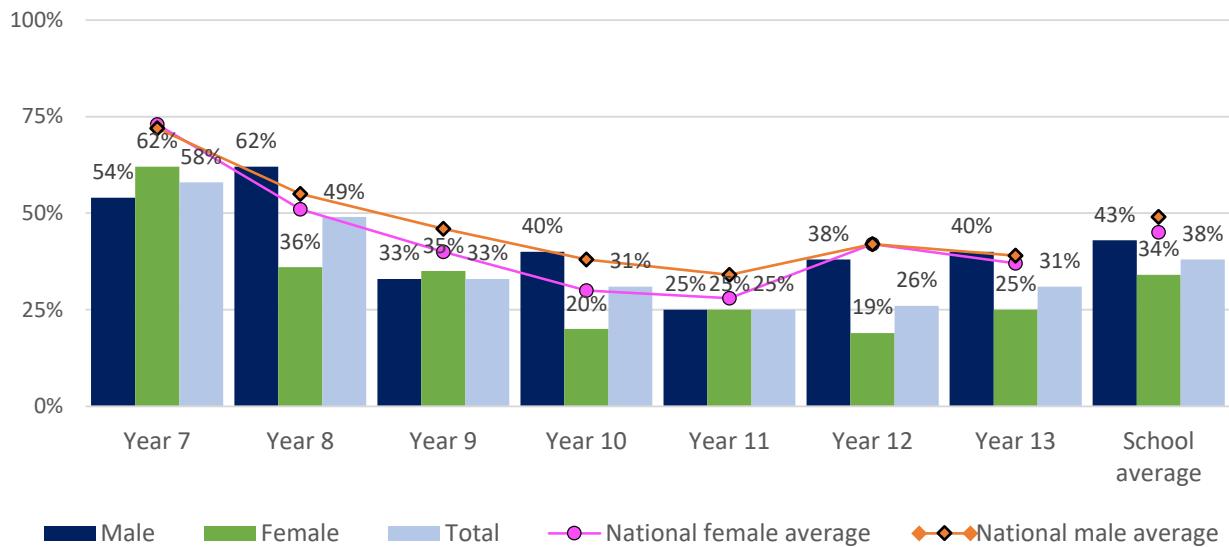


Using data from the 2013 Health Behaviour in School-aged Children Survey in Wales, School Health Research Network researchers found that more positive student-teacher relationships were associated with better health outcomes for students, including higher rates of self-rated general health and life satisfaction, as well as lower rates of self-reported smoking, cannabis and alcohol².

You can find out more about this study in our Research Brief here:

www.shrn.org.uk/research-briefing-sheets/

Fig. 13 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 boys⁵¹.

Fig. 14 The Sheppard Academy: Students who feel a lot of pressure from the schoolwork they have to do

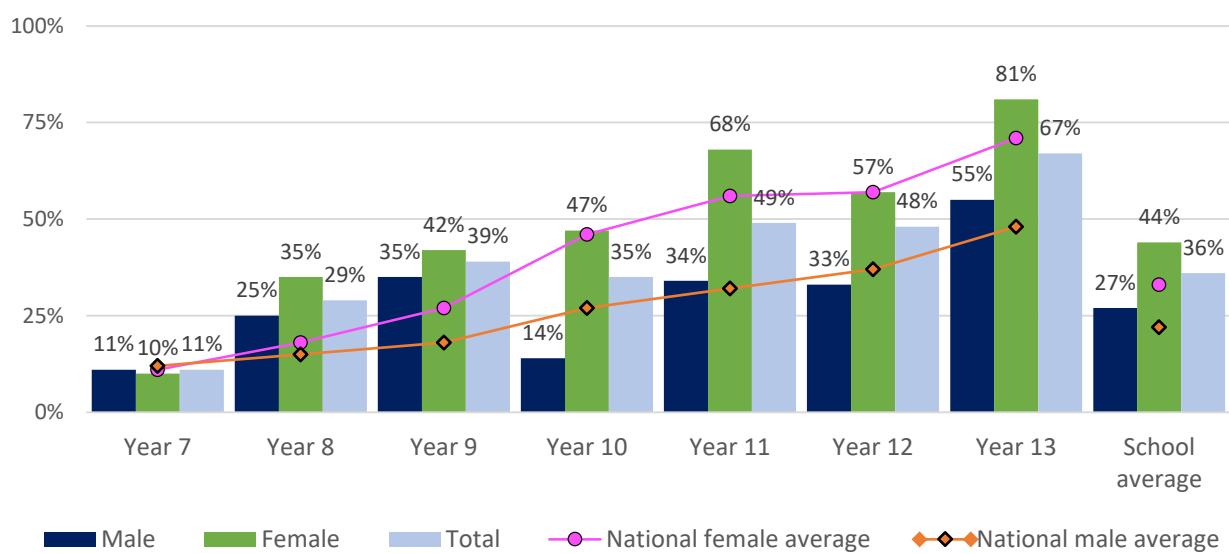
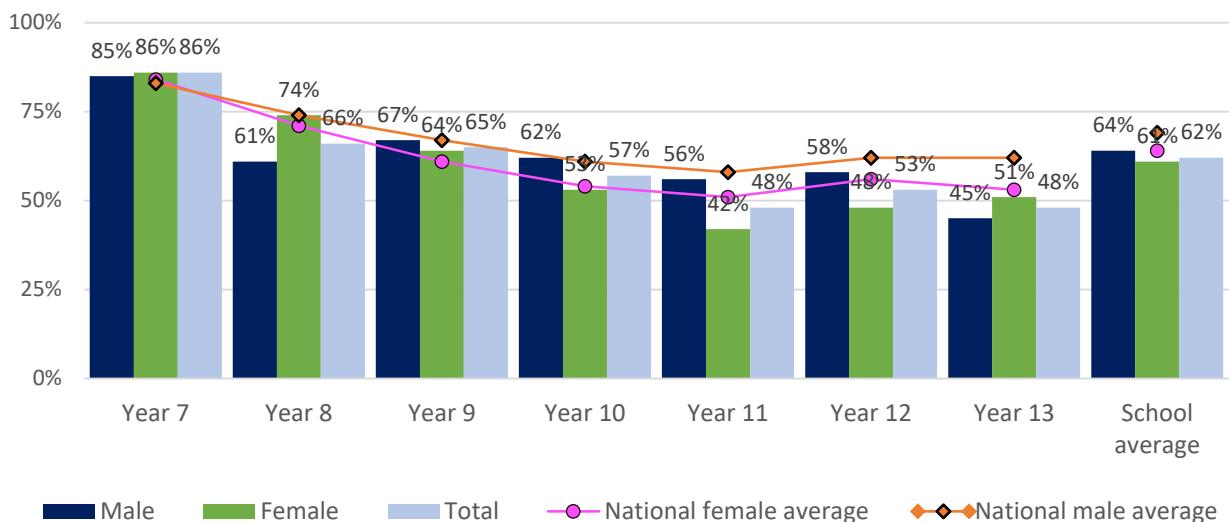
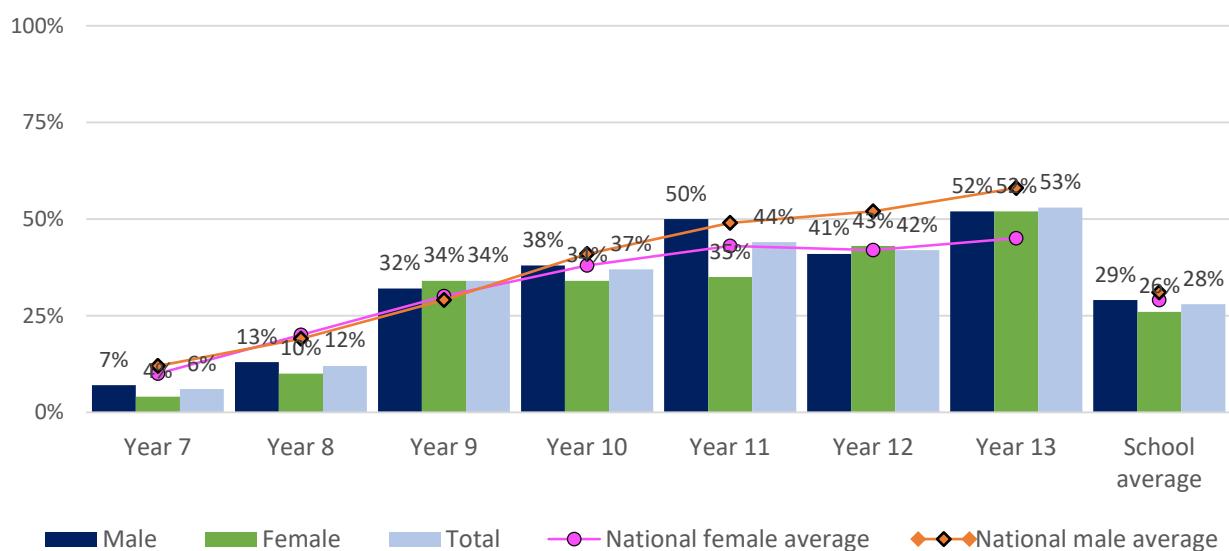


Fig. 15 The Sheppard Academy: Students who “agree” or “strongly agree” that there is support at school for students who feel unhappy, worried or unable to cope



Sleep

Fig. 16 The Sheppard Academy: Students who usually go to bed at 11.30pm or later when they have school the next day

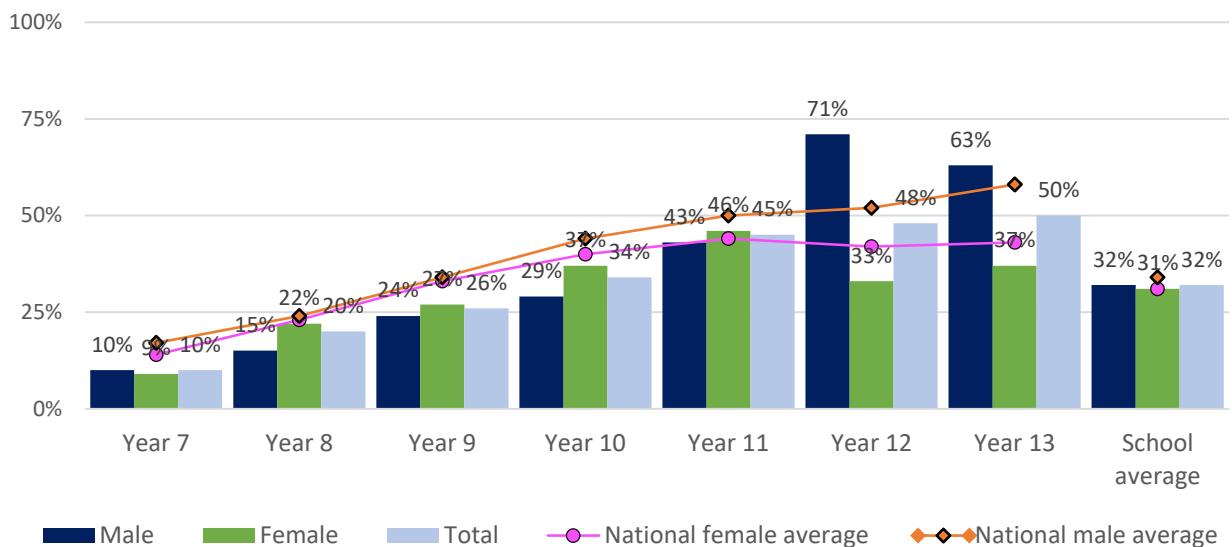


Did you know?

Researchers from WISERD studied the sleep patterns of nearly 500 students in years 8 and 10 in Welsh secondary schools in 2012/13⁵². They found that the commonest bedtime for 14-15 year olds was 11pm, but 28% went to bed at or after midnight. Young people who did not have a regular bedtime were more likely to go to bed at or after midnight and young people from ethnic minority backgrounds were more likely to say they had no regular bedtime.

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

Fig. 17 The Sheppard Academy: Students who look at an electronic screen at 11.30pm or later when they have school the next day



Did you know?

A large survey of 16 to 19 year olds in Norway found a strong relationship between the use of electronic devices in the hour before going to bed and both sleep duration and length of time it took to fall asleep. The more devices a person used in the hour before bed, the greater the risk of their sleep being affected⁵³.

Research with year 7 and 8 students in the UK has found that using any one of six technologies (watching television, playing video games, talking or texting on mobile phone, listening to music, using a computer for study, using the internet for social networking) before bed has a negative impact on sleep duration. The greatest impact was seen with frequent users of social networking sites who reported almost an hour less of sleep a night. Associations were also found between using the technologies and difficulty getting to sleep, waking early, sleep walking and nightmares⁵⁴.

Friendship and bullying

Fig. 18 The Sheppard Academy: Students who feel that they can count on friends when things go wrong

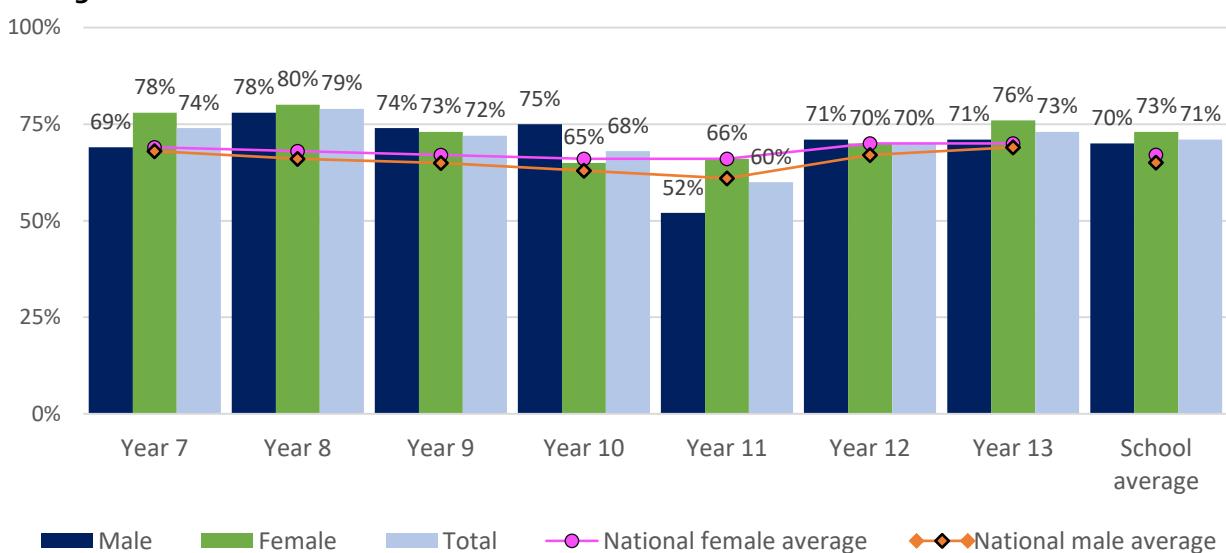
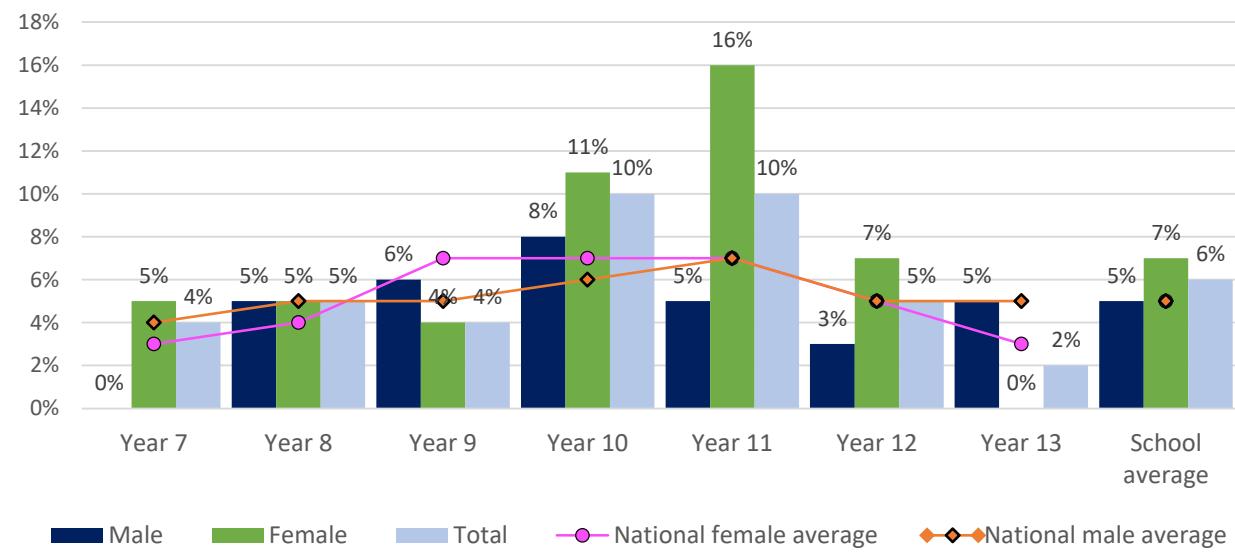


Fig. 19 The Sheppard Academy: Students who have online contact almost all the time throughout the day with friends they got to know through the internet

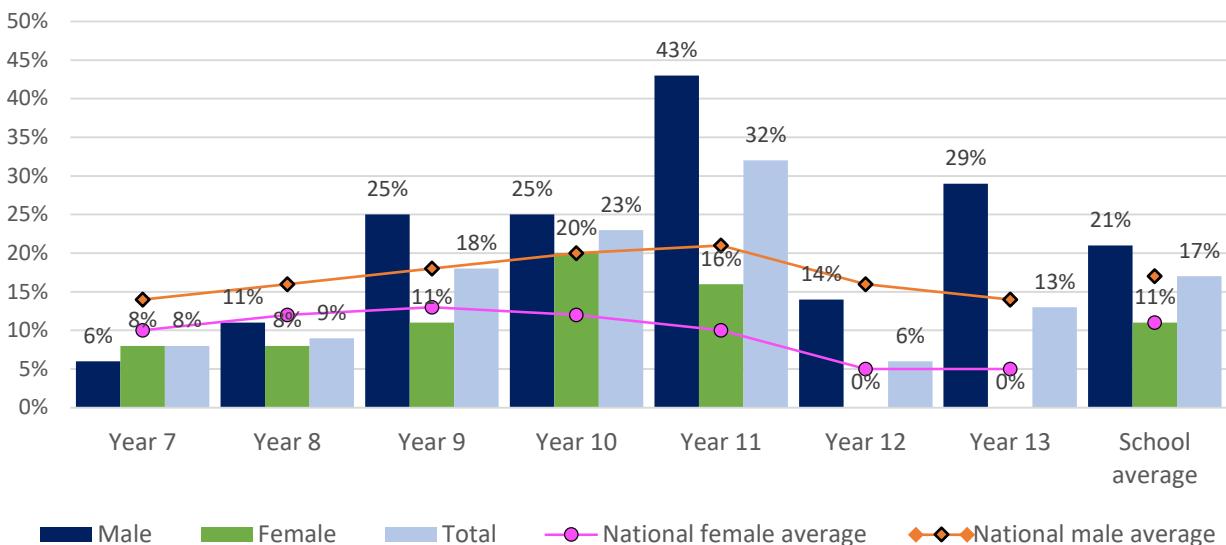


Did you know?

A survey of students in grades 8 and 10 in the USA found that the relationship between social media use and loneliness depended on how much in-person social interaction students had. Level of social media use was not related to loneliness among students who had high levels of in-person social interactions. Among students with low levels of social interaction, however, there was a strong relationship: those who used social media frequently were significantly more lonely than those who used it less⁵⁵.

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

Fig. 20 The Sheppard Academy: Students who have taken part in bullying another student(s) at school in the past couple of months*



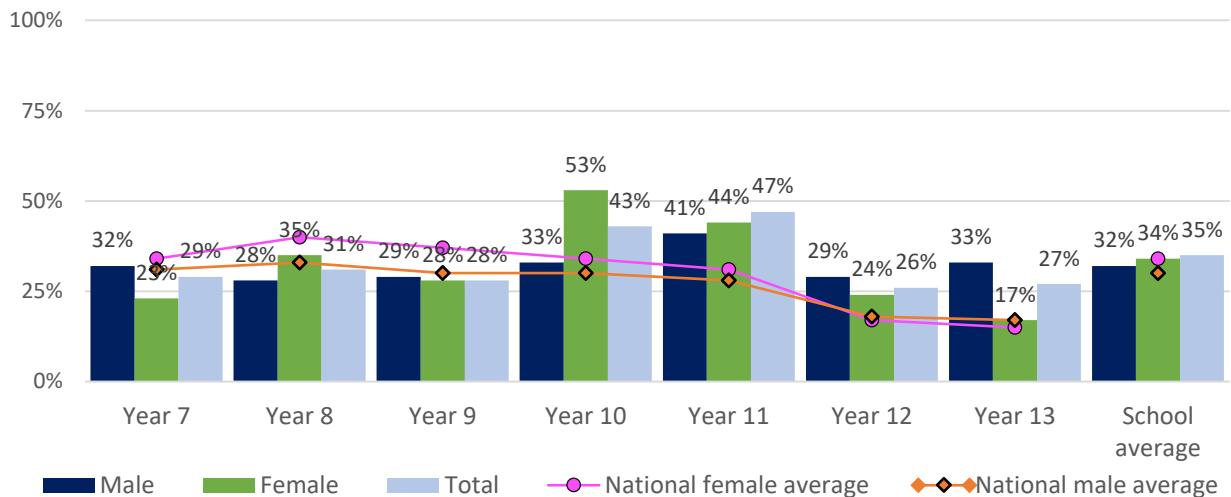
* Includes students who have taken part in bullying once or more in the past couple of months

Did you know?

Teachers and students do not always define bullying in the same way. Research with teachers and year 7 and 9 students in UK schools found that students were more likely than teachers to restrict their definition of bullying to verbal and physical abuse and not mention being socially excluded, power imbalances in favour of a bully, or being made to feel threatened⁵⁶.

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 hallways⁵⁷.

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



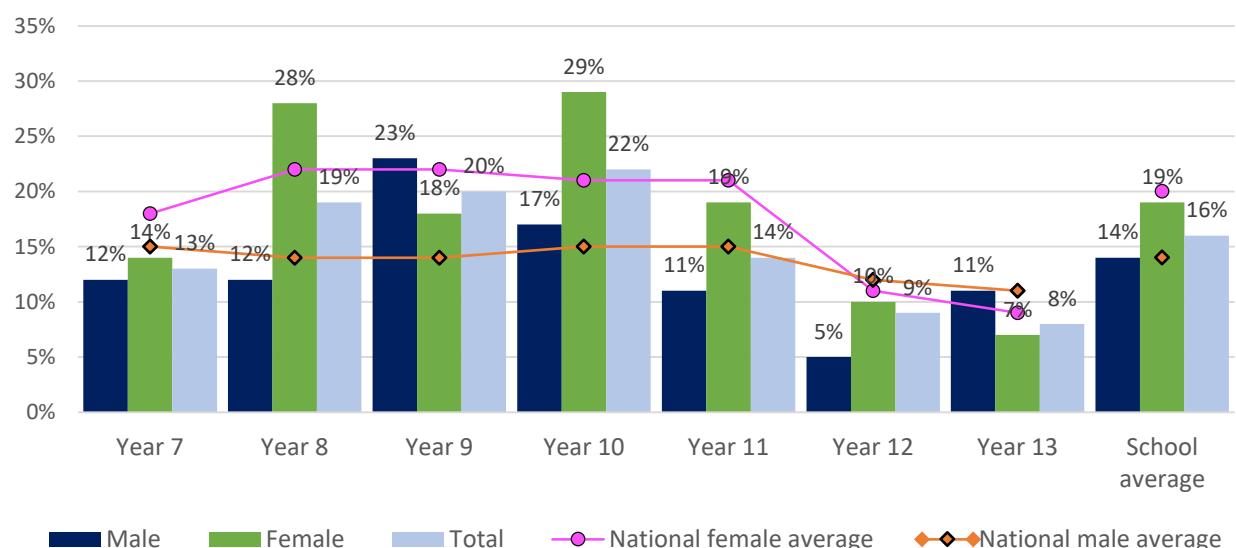
* Includes students who have been bullied once or more in the past couple of months

Your school can make a difference

In-depth research with girls in two London schools found that the schools tended to rigidly identify students as either bully or victim. This belied the complex social dynamics of bullying where perpetrator and victim roles were often quite fluid and incidences of bullying were part of detailed stories of social interaction⁵⁸.

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 issues⁵⁹.

Fig. 22 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?

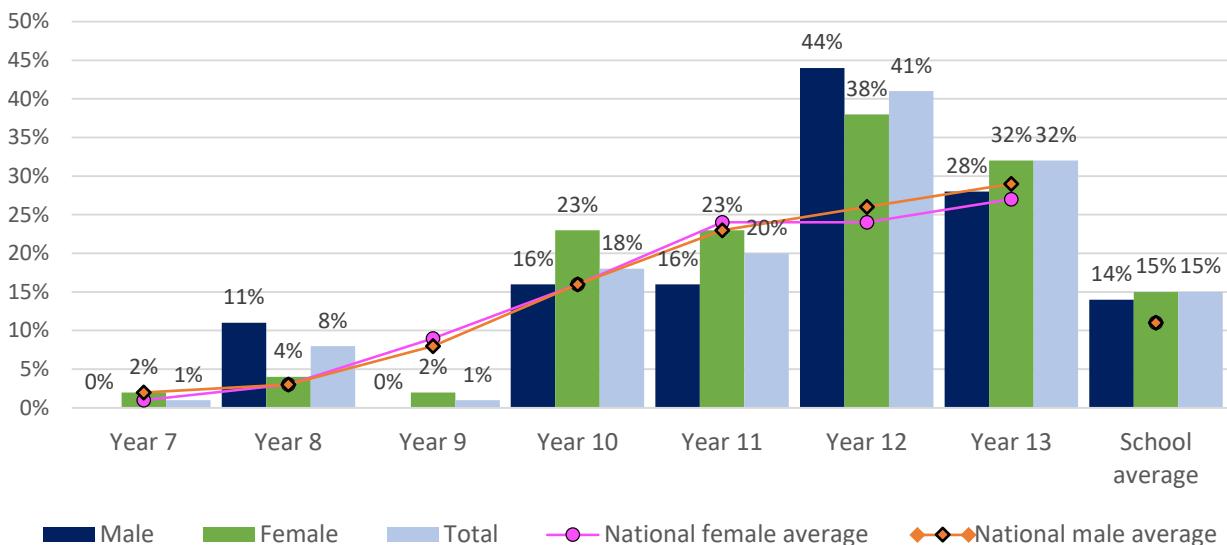
A recent survey of over 1,100 year 8 students in eight English schools found that 14% had ever taken part in cyber-bullying. There was a strong relationship between aggressive behaviour at school and taking part in cyber-bullying, suggesting that it may not be helpful to view cyber-bullying in isolation of other bullying behaviours⁶⁰.

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 16⁶¹.

Fig. 23 The Sheppard Academy: The three most common reasons students think people in their year group are bullied

	School total	Proportion of students who selected this reason in year group:						
		7	8	9	10	11	12	13
Because of their weight	54%	47%	55%	67%	51%	54%	47%	47%
Because they are gay, lesbian or bisexual	45%	34%	39%	54%	53%	53%	39%	41%
Because they have a disability	21%	21%	25%	20%	29%	11%	22%	18%

Fig. 24 The Sheppard Academy: Students who have ever sent someone a sexually explicit image of themselves



Did you know?

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

Research with students in years 8 to 10 in London and South West England found a clear gender dimension to sexting, with girls feeling pressure to conform to ideals about how they looked and boys feeling pressure to compete and attain status by collecting and distributing sexualised images of girls^{62,63}.

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^{62,63}.

Respectful relationships

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act became law in April 2015. Welsh Government has produced a Good Practice Guide: A Whole Education Approach to Violence against Women, Domestic Abuse & Sexual Violence in Wales⁶⁴. 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. 25 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers take action when they hear students calling girls sexually offensive names at school

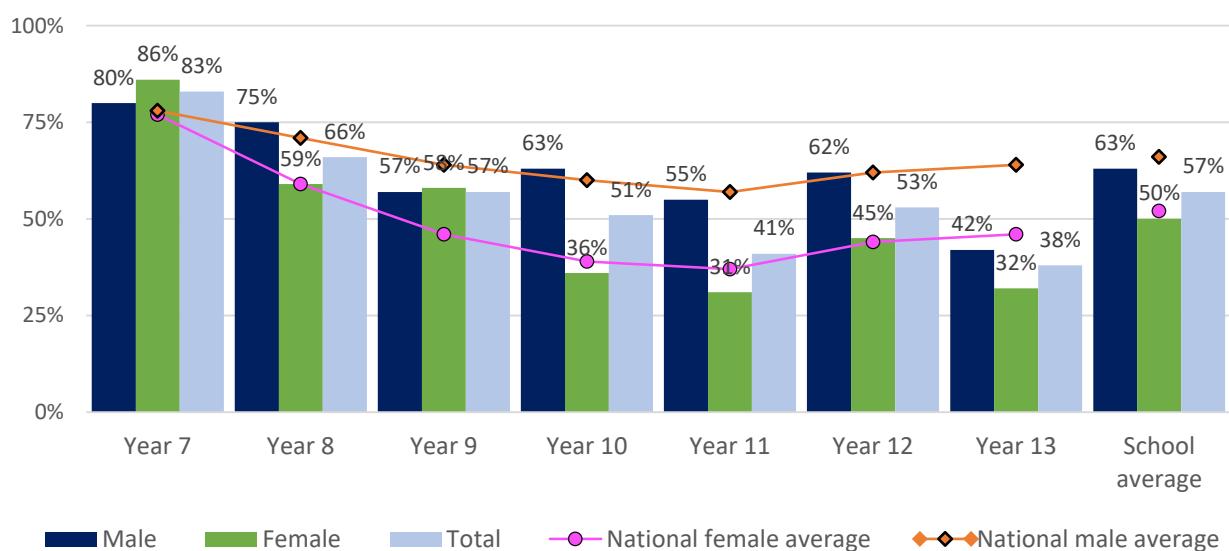


Fig. 26 The Sheppard Academy: Students who "agree" or "strongly agree" that teachers take action when they hear students calling boys sexually offensive names at school

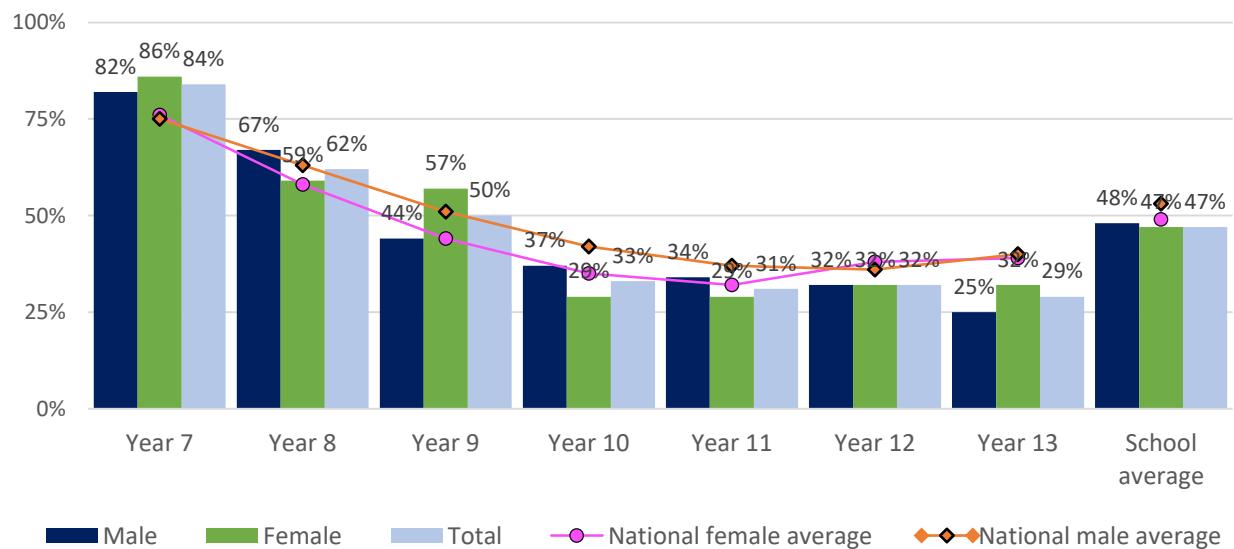


Fig. 27 The Sheppard Academy: Students who “agree” or “strongly agree” that they have been taught at school about who to go to if they or a friend experience violence in a boy/girlfriend relationship

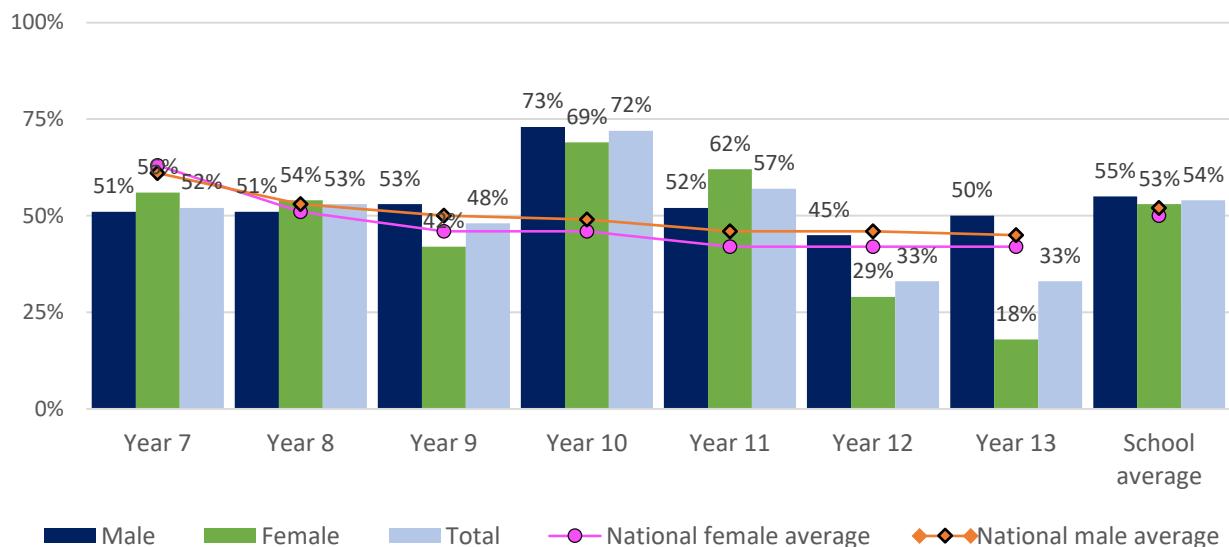
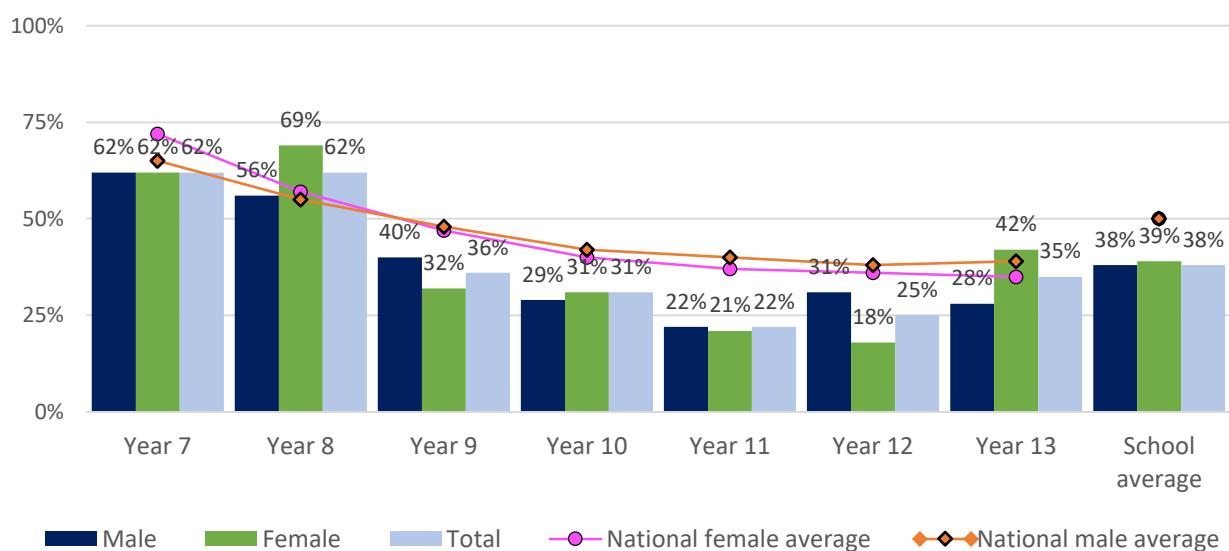
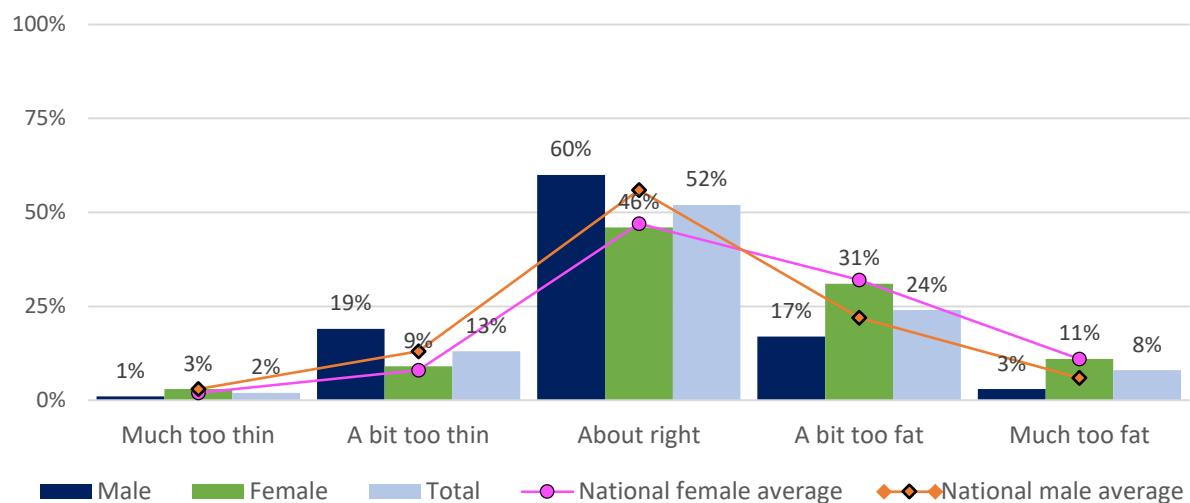


Fig. 28 The Sheppard Academy: Students who “agree” or “strongly agree” that they would speak to a member of staff at school about violence in a boy/girlfriend relationship



Body image

Fig. 29 The Sheppard Academy: Students' responses to "Do you think your body is..."



Your school can make a difference

Look at body image within your health curriculum. Beat, the UK's eating disorder charity, can provide English medium resources and support for schools around body image and eating disorders.

www.beateatingdisorders.org.uk Youthline 0808 801 0711

Did you know?

Feeling negative about your body has been associated with unhealthy eating habits and poor mental health and wellbeing^{65,66}. A review of research on social networking sites and body image in children, adolescents and young adults, found that the use of social network sites, particularly photo based activities, was related to body image concerns in both males and females⁶⁷.

Who can help?

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

MEIC, is a free 24-hour helpline for children and young people. MEIC provides advice and support for a range of issues, including bullying

www.meiccymru.org/

Freephone 080880 23456
Text 84001

Online chat is also available

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

www.barnardos.org.uk/wales

Mind Cymru provides advice and support to empower anyone experiencing a mental health problem. The website provides information leaflets for young people on a range of mental and emotional health issues.

www.mind.org.uk/about-us/mind-cymru/

Mind Infoline: 0300 1233393
Text: 86463
Email: info@mind.org.uk

Mind Cymru (with other charities) runs **Time to Change Wales** to end the stigma and discrimination of those faced with mental health problems.

www.timetochangewales.org.uk/en/about/

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

www.childline.org.uk

Freephone 0800 1111 (bilingual helpline)
1-2-1 online chat also available

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

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

Live Fear Free Welsh Government for advice on unhealthy relationships and resources for young people

<https://gov.wales/live-fear-free>

For help and advice about an unhealthy relationship
@LiveFearFree 24/7

Helpline: 0808 8010 800
Text: 078600 77333
Email: info@livefearfreehelpline.wales

Live chat service:
<https://gov.wales/live-fear-free/contact-live-fear-free>

Hafan Cymru Spectrum Project domestic abuse schools programme works in primary and secondary schools across Wales to promote the importance of healthy relationships and raise awareness of abuse, its consequences and where to seek help. Staff will come to schools to run sessions for young people, staff and parents.

Call: 1267 225555
www.hafancymru.co.uk/spectrum

The Children's Commissioner for Wales stands up for children and young people's rights. This work links to the United Nations Convention on the Rights of the Child. The website provides information and guidance for young people and staff in schools.

www.childcom.org.uk/

Samaritans
There for anyone who needs someone...
Free 24 hour helpline 116 123
www.samaritans.org/wales/how-we-can-help/schools/young-people/

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

Senior Leadership Team and Governors can	
Ensure that all relevant policies that support student wellbeing are in place and have been developed in consultation with all sectors of the school community, including students. These should include the Equalities policy/ plan, Anti-Bullying Policy and Strategy and Bereavement policy. Your local Healthy Schools team will advise and support.	Consider the concept of school connectedness and how that can be encouraged through positive relationships between and across different members of the school community.
Make it clear to all that the wellbeing of students and staff is a key focus of the school. This can be through inclusion in the vision statement and school motto and details of actions taken to this end on the school website.	

School staff can	
Try to foster relationships both with staff members and students that are based on trust and respect.	Build in approaches to learning and opportunities across the curriculum to allow students to consider emotional health issues and foster self-esteem.

With the support of staff, students can	
Student participation should be encouraged across all aspects of the life in the school, such as providing input on school policies and feeding into curriculum development. One or more student voice groups should review the school environment in relation to mental and emotional health and wellbeing.	Be encouraged to know about and to appreciate their rights as outlined in the United Nations Convention on the Rights of the Child; this could be supported by them joining the Student Ambassadors scheme run by the Children's Commissioner for Wales.
Ensure that young people are given the opportunity to self-refer to the school- based counsellor and other support agencies where available.	

Family and Community Involvement	
Invite local and national agencies with a brief to support mental and emotional health and wellbeing to support the curriculum or run awareness raising sessions for staff and parents.	Consider setting up a group with external agency help that would allow parents to talk through the issues around wellbeing for their children and what they could do as a parent to help.

Substance Use and Misuse

Smoking

Why is smoking an important agenda in schools?

Smoking is a major cause of some of Wales's most devastating diseases. Although smoking rates have declined in most Western countries, tobacco still kills nearly 6 million people worldwide every year. In the UK, two out of five adults who smoke started doing so before the age of 16⁶⁸.

Smoking doesn't just catch up with you later. Every year, more than 11,000 children take up smoking in Wales⁶⁹. Smoking at an early age significantly impairs lung development, with young smokers experiencing higher rates of asthma, wheezing and coughs compared to non-smokers. Research in Ireland has found that young smokers, compared to non-smokers, were three times more likely to report a health complaint, such as problems sleeping, bad moods and depression. Schoolchildren who smoked were also more likely to report low life satisfaction compared to their non-smoking peers⁷⁰.

It is not just smokers who are at risk of ill health, but also those around them. As children's lungs, airways and immune systems are still developing, they are more at risk of experiencing the harmful effects of second-hand smoke; for example, chest and ear infections, cough and colds, and asthma⁷¹.

Social inequalities can be seen in the pattern of young people smoking. Students from less affluent families, particularly girls, are at a higher risk of becoming smokers⁷². In 2017, 46% of all Year 11 students in Wales from less affluent families had smoked their first cigarette by the age of 13, compared to 34% of students from more affluent families¹⁸.

Fig. 30 The Sheppard Academy: Students who currently smoke less than once a week

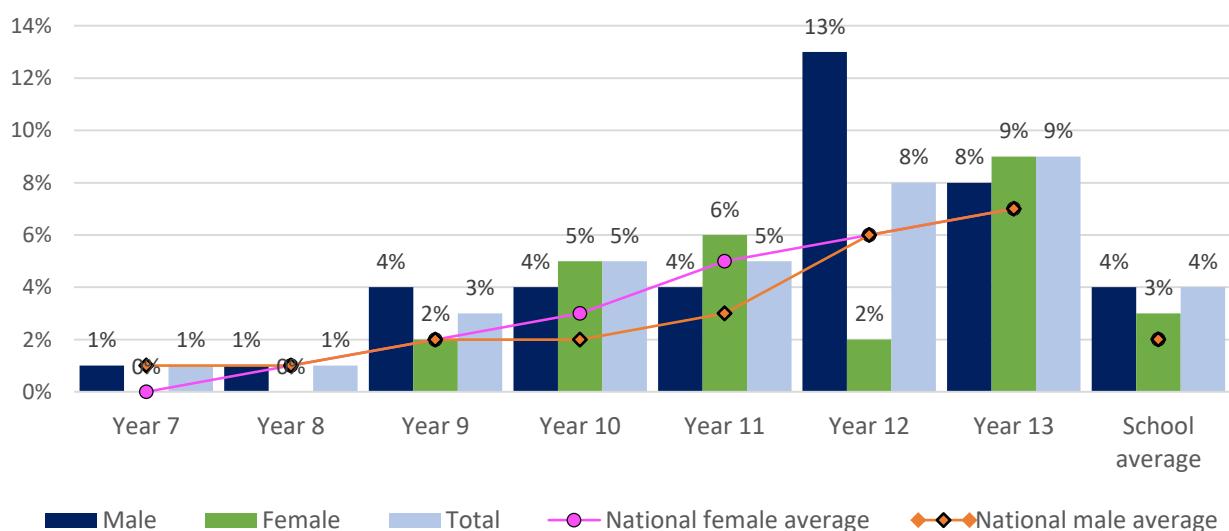
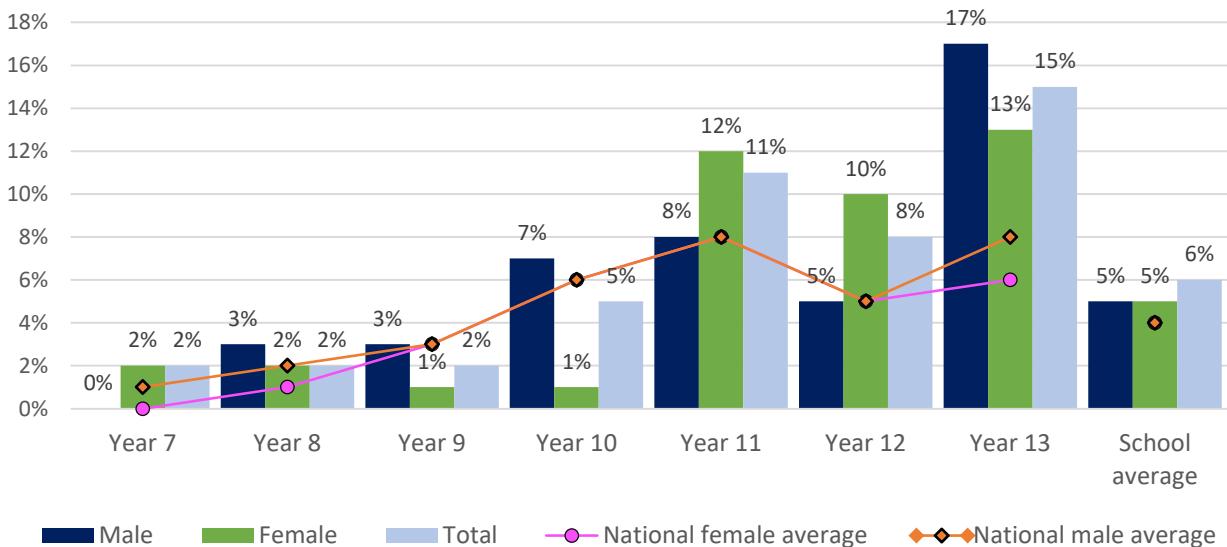


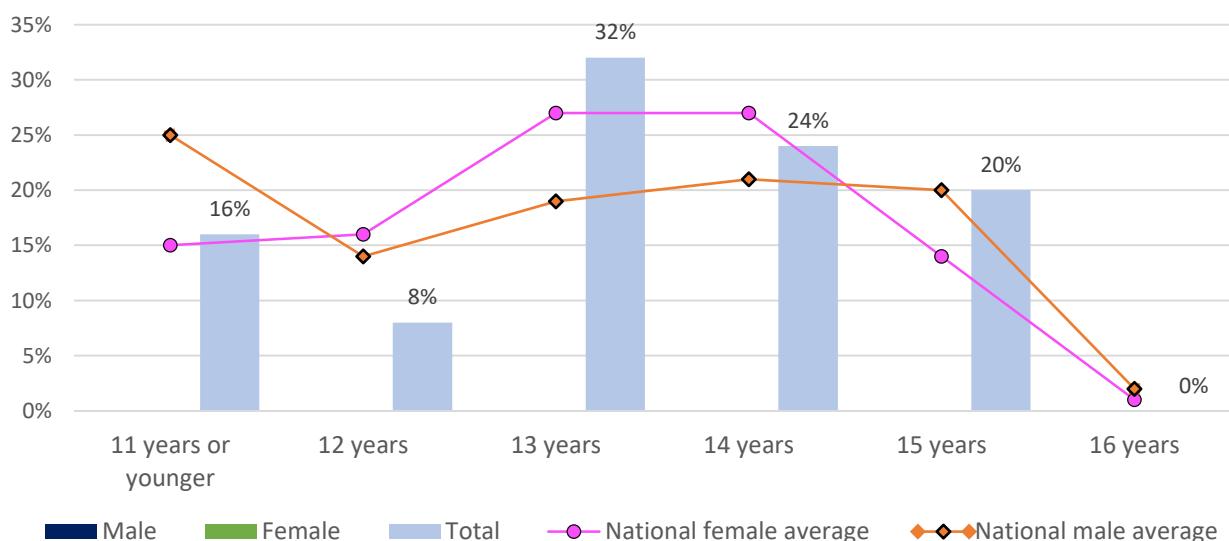
Fig. 31 The Sheppard Academy: Students who currently smoke at least weekly



Did you know?

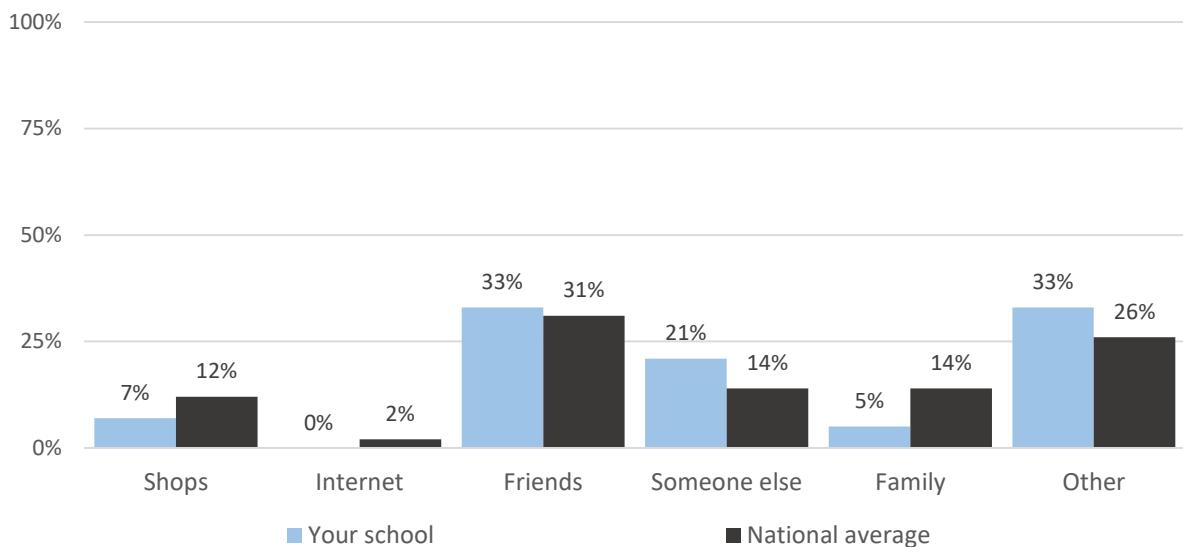
The younger a person starts smoking, the more likely they are to experience ill health as a result; for example, if you started smoking at the age of 15, you are three times more likely to die from cancer than someone who started smoking at 25⁷³.

Fig. 32 The Sheppard Academy: The age at which Year 11 students smoked their first cigarette⁷³



⁷³ Chart includes only students who currently smoke at least weekly

Fig. 33 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 behalf⁷⁴.

A recent British study found that compared to those who don't, adolescents who smoke are around 70% less likely to attain five or more GCSEs at grades A-C⁷⁵.

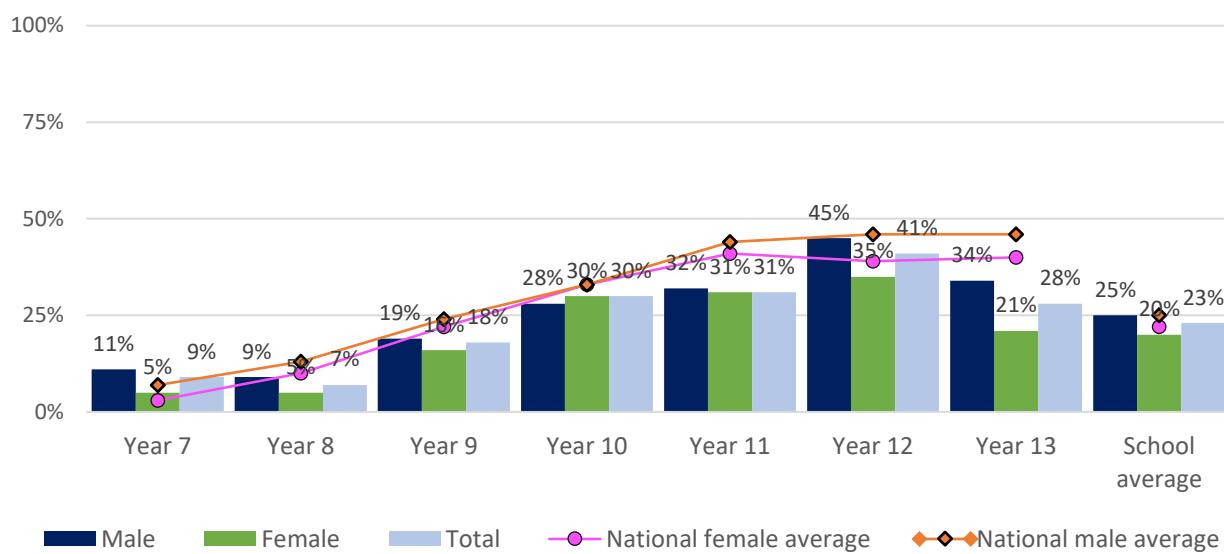
What do you think?

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 lower⁷⁶. 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. Although often regarded as a smoking cessation device, the use of e-cigarettes by young people has been discouraged due to their nicotine content, an addictive substance.

Fig. 34 The Sheppard Academy: Students who report having tried e-cigarettes



In the 2019/20 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 associated with binge drinking and tobacco, mephedrone, laughing gas and cannabis use⁷⁷.

Did you know?

The 2015/16 Student Health and Wellbeing Survey in Wales found that the majority (66%) of respondents who had ever tried e-cigarettes and tobacco cigarettes, had first used tobacco cigarettes⁷⁷. The two main reasons young people usually give for using e-cigarettes, also known as vaping, are because they are curious and because they have friends that vape⁷⁸.

Recent research carried out with students in England, Scotland and Wales found that even after the emergence of e-cigarettes in the UK in 2010, the number of students who thought it was OK to try cigarettes decreased⁷⁹. These findings suggest that e-cigarettes are not encouraging young people to take up tobacco smoking.

You can find out more about this study in our Research Brief here:

www.shrn.org.uk/research-briefing-sheets/

Alcohol

Why is alcohol use an important agenda in schools?

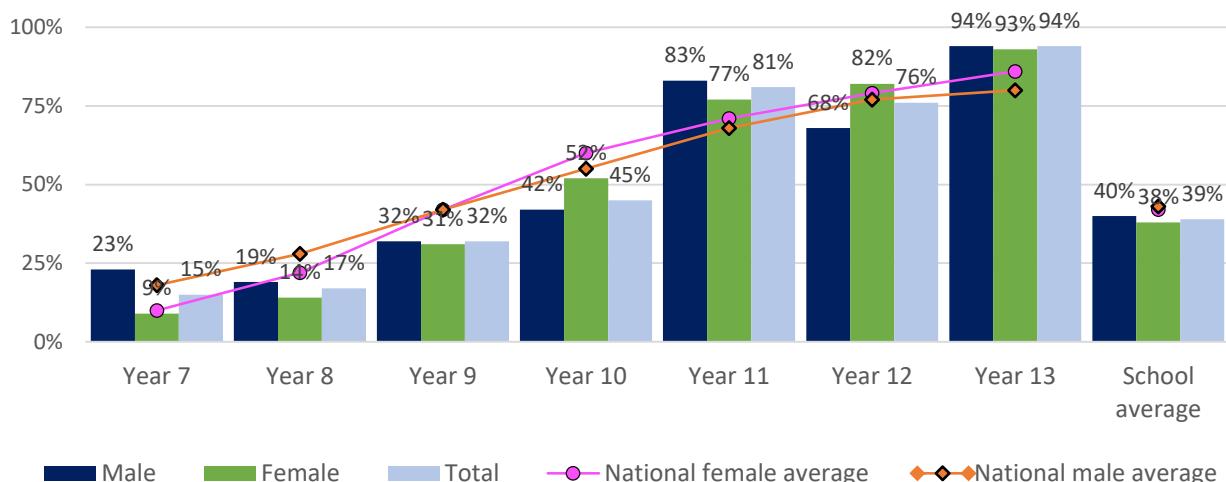
In Wales, alcohol kills 1,500 people each year and during 2017/18, it was associated with 54,900 hospital admissions^{80, 81}. Many of these are due to accidents and injuries caused by alcohol impairing a person's cognitive functions.

Alcohol affects body and mind. Alcohol initiation tends to occur between the ages of 12 and 16, and the younger people start, the higher the risk of experiencing harm⁸². Young brains are particularly vulnerable to alcohol as they continue to develop throughout adolescence and into young adulthood⁸³. Underage drinking increases the risk of developing mental health problems, with heavy drinkers more likely to report anxiety, depression and suicidal ideation^{84, 85}.

Drinking is associated with various risky behaviours. Sexual-risk taking behaviours have also been linked to underage drinking, as young people are more likely to engage in unprotected sex when their judgement is impaired, thus putting them at risk of contracting sexually transmitted diseases and teenage pregnancy^{82, 86}. Other risk taking behaviours related to alcohol include violence, drink-driving and other types of substance use, such as cannabis and tobacco^{82, 84, 87}.

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.

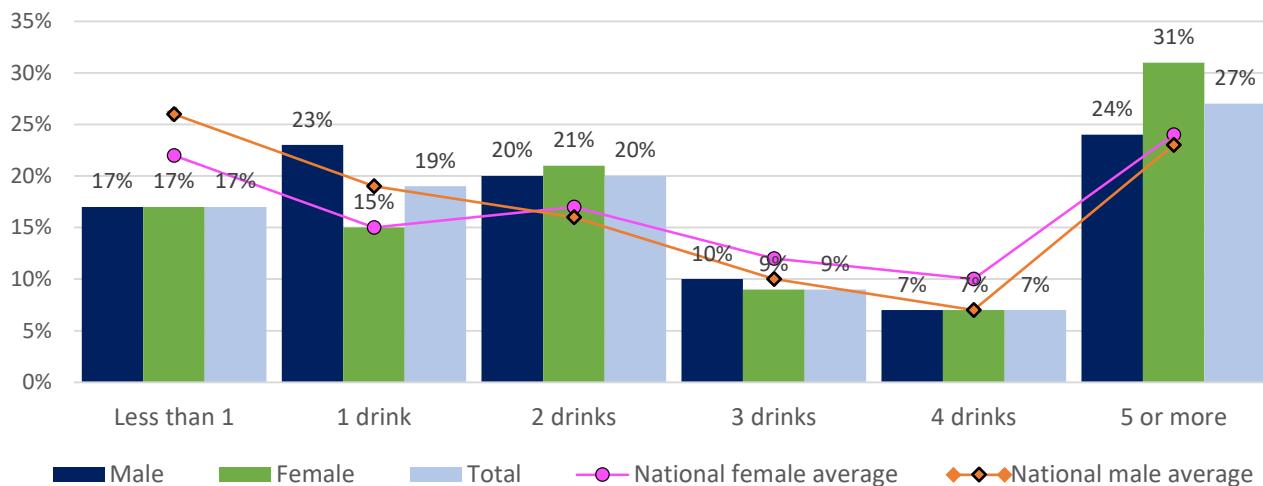
Fig. 35 The Sheppard Academy: Students who report that they drink alcohol



What do you think?

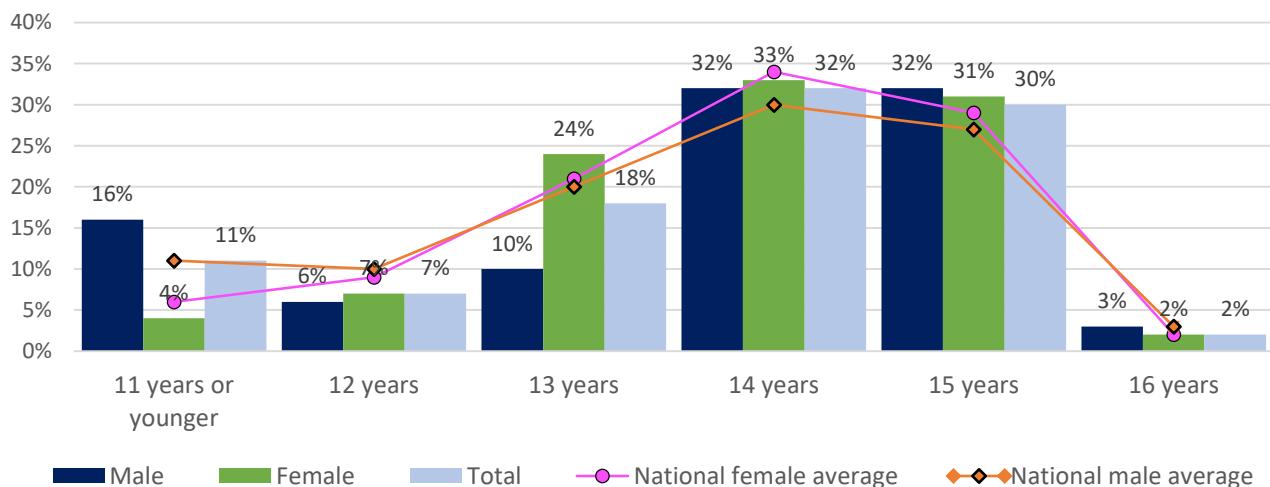
In 2014 a survey of over 2500 secondary school students in England and Wales found that 21% thought the legal age to buy alcohol (18 years) should be higher and 14% thought it should be lower⁷⁶. What do you think the legal age to buy alcohol should be?

Fig. 36 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. 37 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 old⁸⁸.

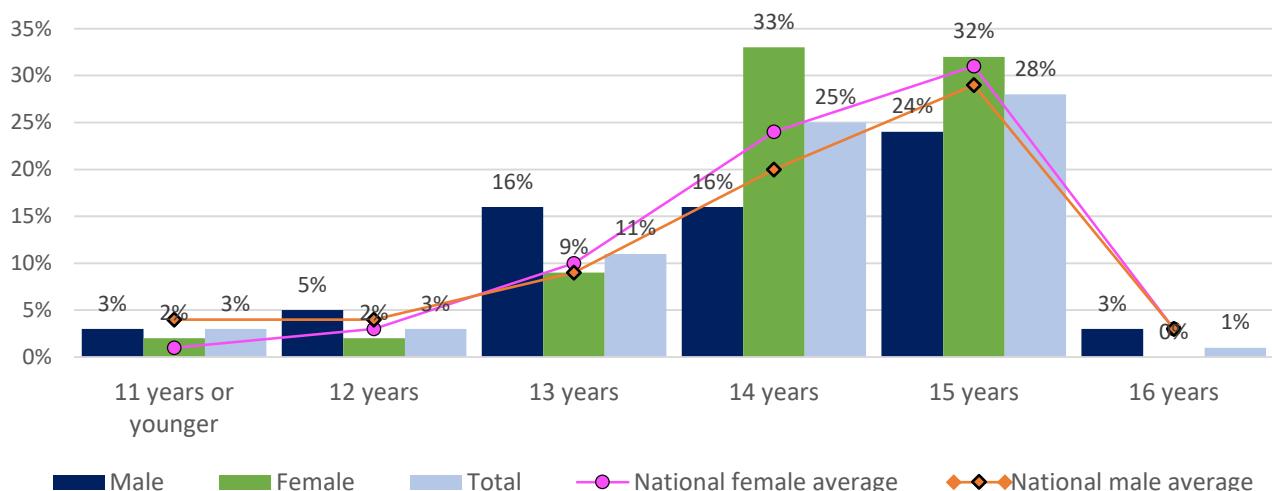
Did you know?

According to the UK Chief Medical Officers' guidelines⁸⁹:

- To help prevent alcohol related health risks, both men and women should not exceed more than 14 units a week of alcohol, that is equivalent to a bottle and a half of wine or six pints of beer. This should be spread out evenly over at least three days.
- The risk of alcohol related health problems, such as cancers of the mouth, throat and breast, increases with regular drinking.
- Alcohol during pregnancy should be strictly avoided as it affects foetal development.

Although the UK drinking guidelines advise no more than 14 units of alcohol per week, the average person in the UK during 2016 consumed around 22 units of alcohol every week⁹⁰.

Fig. 38 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 rules⁹¹.

Your school can make a difference

The National Institute for Health and Care Excellence (NICE) recommends schools follow a 'whole school' approach to alcohol by involving students, school staff, parents, the wider community and external agencies in addressing school policy, the school environment, the curriculum and staff professional development⁹².

In planning universal alcohol education schools should:

- Use a positive approach to help students to make informed, safe health choices and avoid scare tactics.
- Encourage students to take part in discussions and avoid only giving out information.

Did you know?

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

Cannabis

Why is cannabis use an important agenda in schools?

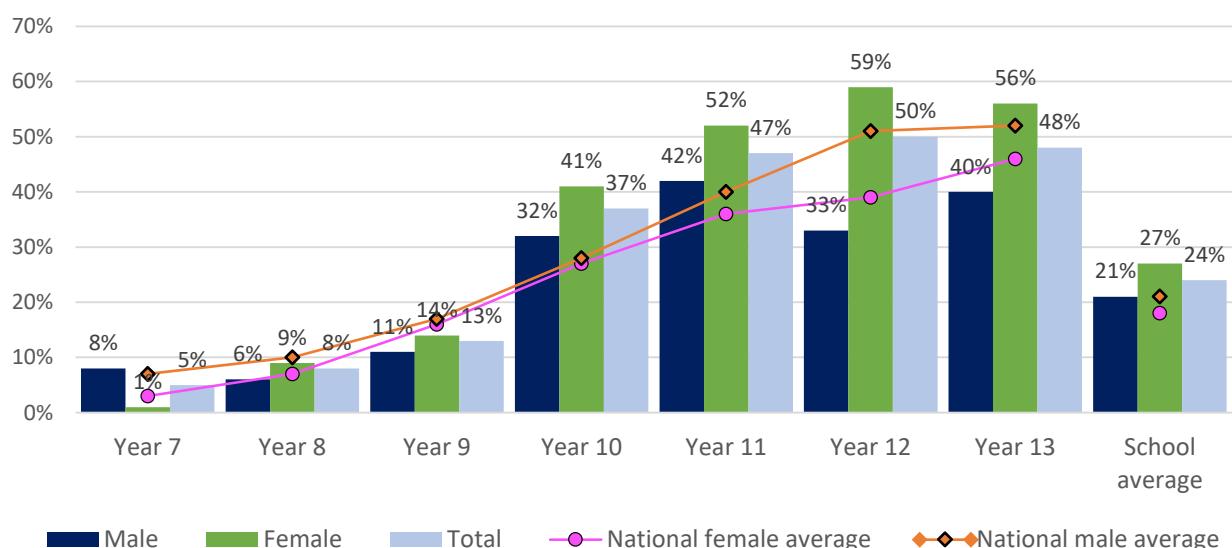
Cannabis directly affects the brain and this is a particular concern in young people, whose brains are still developing. It has been shown to have a negative impact on sleep, mood, memory and concentration. Other mental health concerns related to cannabis include anxiety, depression and schizophrenia⁹³.

Cannabis use is strongly associated with educational and occupational outcomes. A recent 10 year study in Canada investigated the effects of early cannabis use on employment and educational attainment trajectories and found that young people who did not use cannabis and those that rarely did so, had higher high school grades than those that took cannabis regularly⁹⁴. Those that consumed cannabis regularly during adolescence and adulthood were also less likely to attain a bachelor degree compared to those that never or rarely consumed cannabis.

Research in the USA has also found that the younger a person first uses cannabis, the worse the effects on their educational attainment; for example young people who first tried cannabis between the ages of 15 and 17 were nearly twice as likely to finish high school compared to those that used cannabis between the ages of 12 and 14⁹⁵.

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 use⁹⁶.

Fig. 39 The Sheppard Academy: Students who have been offered cannabis in the last 12 months



Did you know?

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

Findings from four large longitudinal studies in Australia and New Zealand were pooled to investigate the relationship between cannabis and depression. Increasing frequency of cannabis use was associated with increasing depressive symptoms and this association was stronger in adolescence than in adulthood. It was not possible, however, to be certain whether cannabis use caused depressive symptoms or vice versa⁹⁷.

Fig. 40 The Sheppard Academy: Students who have taken cannabis in the last 30 days

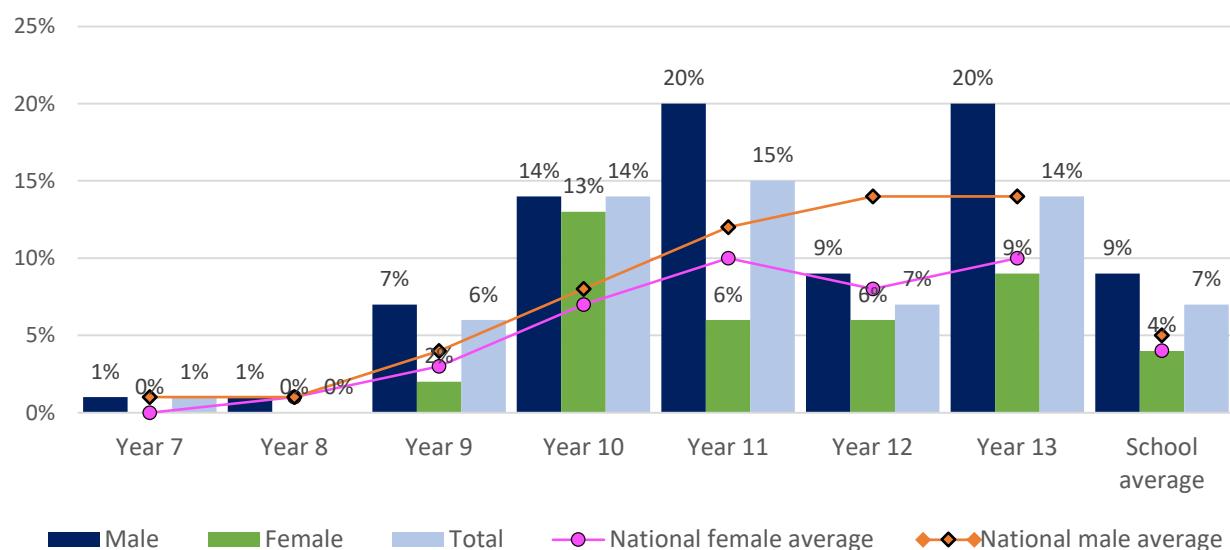
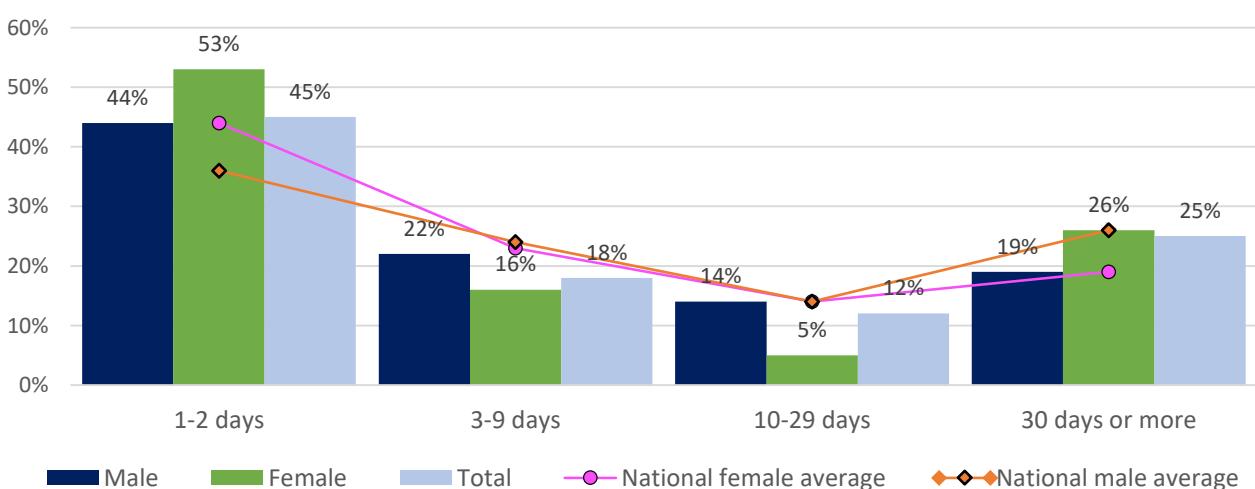
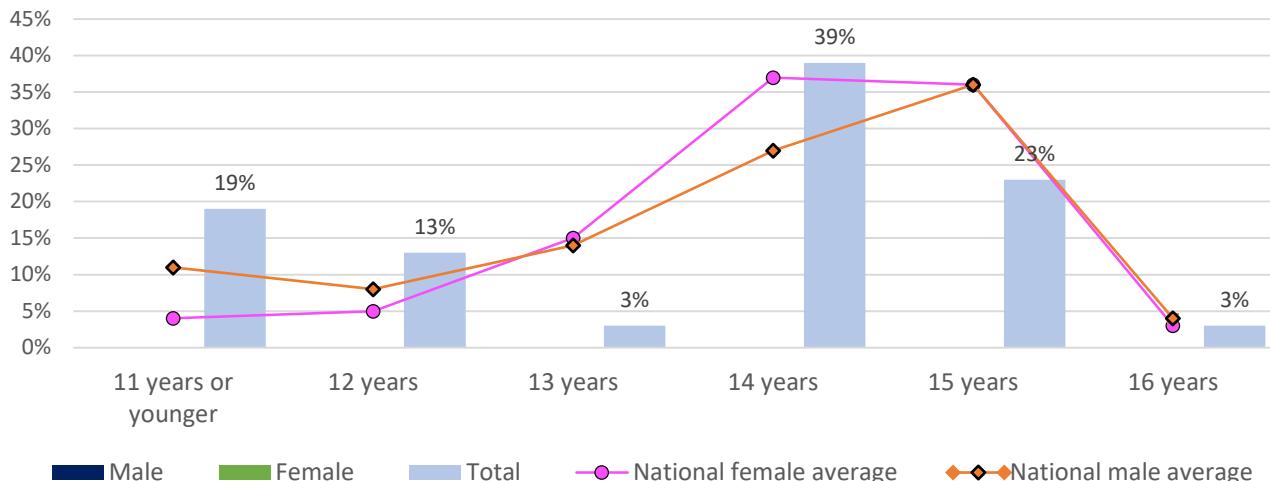


Fig. 41 The Sheppard Academy: Number of days in the last 30 days on which students have taken cannabis*



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

Fig. 42 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?

Cannabis is the most prevalent illegal drug in the UK. Use among 16-34 year olds in England and Wales declined between 2003 and 2009, but has remained relatively constant since then⁹⁸.

Your school can make a difference

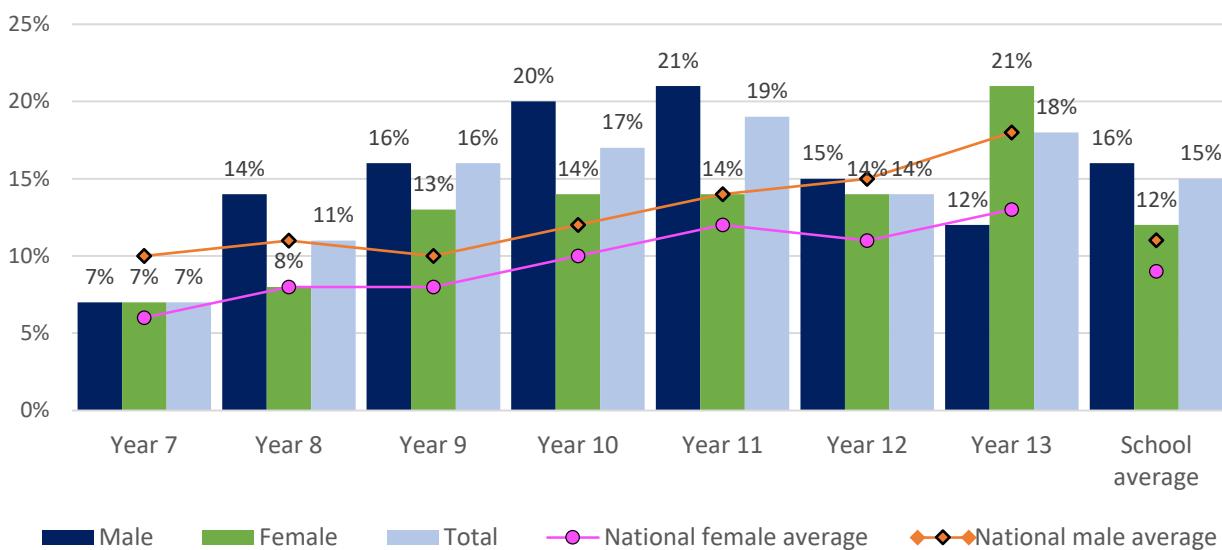
A positive school environment can help discourage cannabis use. Studies from the UK and North America have shown that students who report feeling connected, engaged, safe in their school and have good relationships with their teachers are less likely to engage with cannabis⁹⁹⁻¹⁰¹.

New psychoactive substances

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

The **Psychoactive Substances Act** of 2016 made it an offence to sell or give away NPS, a ban which extends to the sale of nitrous oxide for human use. The effects produced by NPS on the human body are similar to those caused by other drugs, such as cocaine and ecstasy¹⁰².

Fig. 43 The Sheppard Academy: Students who have ever tried inhaling laughing gas or taking mephedrone or 'legal highs'



Did you know?

In a recent study conducted with 11-15 year olds in England, 6% of students reported having been offered an NPS, while 1% had experimented with an NPS in the past year¹⁰³.

Nitrous Oxide¹⁰⁴, also known as laughing gas, is usually inhaled using a metal canister, either by transferring the gas into a balloon or directly from the canister itself. Direct inhalation is extremely dangerous as canisters are highly pressurised, which can impact the throat muscles upon contact and thus impair a person's breathing. Risks associated with laughing gas include dizziness and regular use can cause nerve damage and prevent white blood cell development. Overconsumption of nitrous oxide can lead to fainting and suffocation.

Who can help?

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

<p>ASH Wales</p> <p>Action on Smoking and Health offer information and statistics on smoking in Wales, including a toolkit on 'Making your School Smokefree'. They also run campaigns on different aspects of smoking.</p> <p>https://ash.wales/</p>	<p>DAN, the Wales Drug and Alcohol Helpline, provides free and confidential information or help on issues relating to drugs or alcohol, 24 Hours a day, 365 days a year through the medium of Welsh and English. Call 0808 808 2234 or text dan to 81066</p> <p>www.dan247.org.uk</p> <p>Frank provides English medium, youth focused advice:</p> <p>Call 0300 123 6600 www.talktofrank.com</p>
<p>Help Me Quit</p> <p>Help Me Quit is a bilingual website with information on all NHS stop smoking services in Wales.</p> <p>Call 0800 085 2219</p> <p>Text HMQ to 80818</p> <p>http://www.helpmequit.wales/</p>	<p>Alcohol Change UK is a new charity formed from a merger of two former charities. The website provides statistics and fact sheets and interactive tools on how alcohol affects the body and sensible drinking.</p> <p>https://alcoholchange.org.uk/</p>
<p>Choices Cymru provides drug and alcohol advice, information and help for young people and their families in Wales.</p> <p>www.choices.cymru/</p>	<p>Resources for teachers, learners and parents/carers on substance use and misuse and other health topics.</p> <p>www.schoolbeat.org</p>
<p>The National Association for Children of Alcoholics</p> <p>Nacoa is a UK charity helping children growing up in families where a parent or carer is addicted to alcohol.</p> <p>Call 0800 358 3456 or visit</p> <p>www.nacoa.org.uk/young-people</p>	<p>Cancer Research UK provides comprehensive information on a range of lifestyle issues such as smoking and alcohol.</p> <p>www.cancerresearchuk.org</p>

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

Senior Leadership Team and Governors can

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

Consider accessing smoking cessation support for students and staff who want to quit.
www.helpmequit.wales

Take up the **JustB SmokeFree Programme** if offered by Public Health Wales. This is a targeted, evidence based school 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. www.justbsmokefree.wales/lang.php

School staff can

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

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

With the support of staff, students can

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

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

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

Family and community involvement

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

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

Sex and Relationships

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

Having sex at an early age is associated with a number of other risky health behaviours, such as taking drugs and drinking alcohol. The Health Behaviour in School-aged Children Survey in Ireland found that 15-18 year old students who were sexually active were more likely to have tried alcohol, cannabis and tobacco. Of the students who had had sexual intercourse, 23% of boys and 13% of girls had done so at the age of 14 or younger¹⁰⁵.

School is an important source of knowledge about sex for young people. Research with young people aged 16-24 found that around 69% said they would have liked to have been better informed around the time when they first wanted to have sexual experiences. Young males who reported pornography as a source of sexual education had higher odds of wanting to have known more about sexual matters. Young people citing school as their main source of sexual information, had lower odds of stating they would have wanted additional information¹⁰⁶.

Unprotected sex is a serious concern among adolescents as it puts them at risk of contracting a sexually transmitted disease (STD) and unintended pregnancy. In 2017, the rate of young people aged 15 to 24 in Wales who have been diagnosed with gonorrhoea was nearly four times higher than the overall UK population rate¹⁰⁷.

It is not uncommon for young people to regret the first time they had sex. Data gathered from 15 year olds in Ireland, Scotland, France and Bulgaria showed that 10% of adolescents who were sexually active regretted the first time they had had sexual intercourse. Girls were around four times more likely than boys to report negative feelings¹⁰⁸.

Fig. 44 The Sheppard Academy: Students who have ever had sexual intercourse

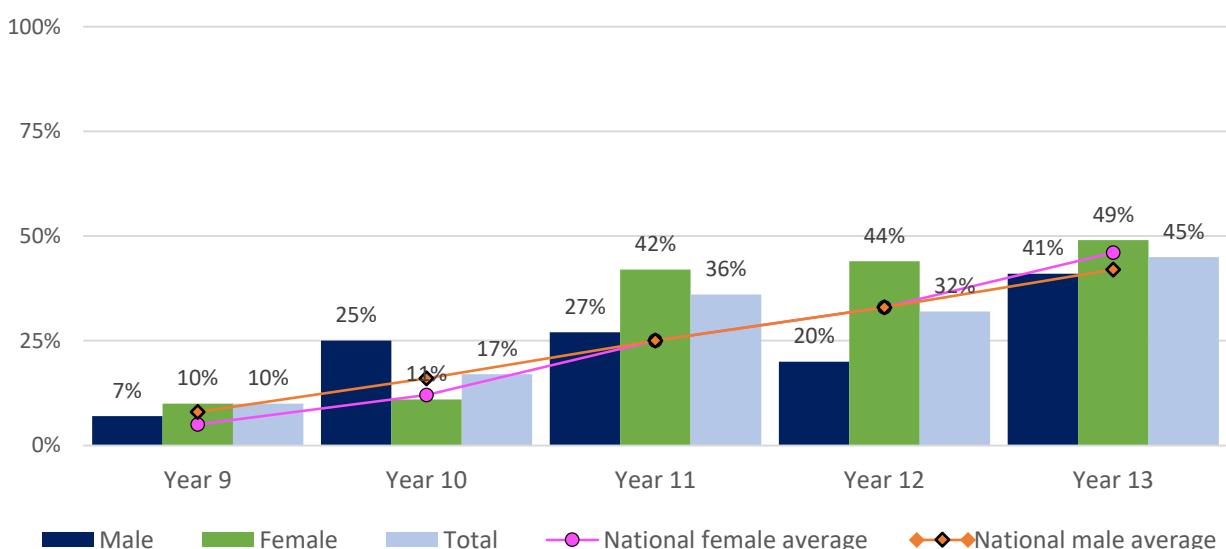
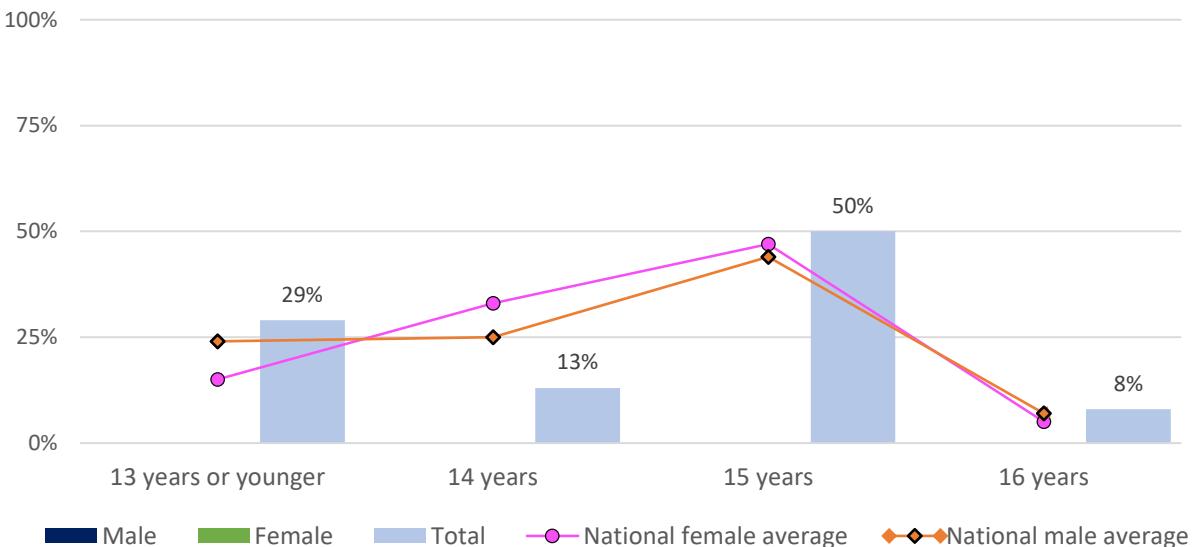


Fig. 45 The Sheppard Academy: The age at which Year 11 students had sexual intercourse for the first time*



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

Did you know?

In 2019, a poll carried out by the Sex Education Forum with 16 and 17 year olds across England to assess the quality of RSE education across schools found that¹⁰⁹:

- Students were least likely to report that they had learned enough about pornography, female genital mutilation (FGM) and sexual pleasure.
- Nearly a fifth of students had not been taught about Lesbian, Gay, Bisexual and Trans gender (LGBT+) issues.
- Under 60% of young people reported having learned all they needed to know about how to tell if a relationship is abusive or healthy, grooming and where to seek help if they had been sexually abused or assaulted.
- Nearly one in five 16 and 17 year olds rated the quality of RSE they were being taught by their parents/carers as 'bad' or 'very bad'.

Analysis of the **2015 Student Health and Wellbeing Survey** found a clear relationship between who teaches SRE and young people's sexual health¹¹⁰. For example, in schools where SRE was taught by a school nurse or a specialist SRE or health education teacher, students were less likely to say they were sexually active. These findings are consistent with a review of international research which found that young people tended to dislike having familiar teachers, such as form tutors, deliver SRE¹¹¹.

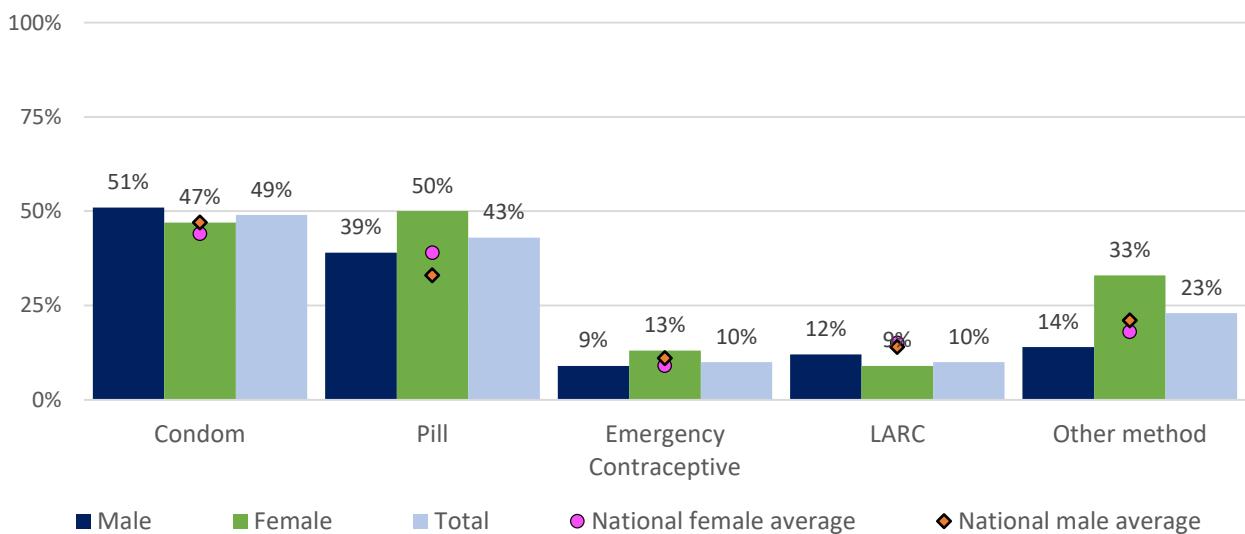
Your school can make a difference

There is a common misconception that if Relationships and Sex Education is delivered at too young an age, it can encourage engagement in sexual relations. However, research has repeatedly found the opposite to be true, as countries with the lowest teenage birth rates and the lowest proportion of sexually active young people under the age of 15 are those with established comprehensive sex education programmes¹¹².

The Recommendations of the Sex and Relationships Education Expert Panel on the Future of the Sex and Relationships Education Curriculum in Wales¹¹³ state that high quality, holistic and inclusive SRE is associated with a range of positive outcomes for young people and their communities and can:

- help reduce homophobic, biphobic and transphobic bullying and increase safety and wellbeing for LGBTQ+ children and young people
- help young people make informed decisions about sexual intimacy and reproductive health
- help challenge gender and sexual stereotypes
- increase young people's understanding of safe, consensual, equitable and positive relationships

Fig. 46 The Sheppard Academy: Contraceptive use in sexually active students and their partners*



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

Did you know?

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

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

Your school can make a difference

Findings from the National Survey of Sexual Attitudes and Lifestyles have highlighted the positive impacts that sexual education from parents and schools can have on young people's sexual behaviours and outcomes. However, they also emphasise that these impact a larger proportion of females than males, highlighting the need for sexual education that does not predominantly focus on female standpoints and outcomes but also considers male perspectives^{114,115}.

The National Survey of Sexual Attitudes and Lifestyles also found that compared to those that reported their main source of sex education as 'other' (siblings, peers, first romantic/sexual partners, pornography, health professionals, the media or the internet), participants that cited 'school' were more likely to have had sexual intercourse at an older age. Additionally, males who reported 'school' or 'parents', compared to 'other', as their main source of sexual information, had lower odds of not using a condom during sex in the last year¹¹⁴.

Did you know?

A study on dating and relationship violence (DRV)¹¹⁶ using the 2017 Student Health and Wellbeing survey of 11-16 year olds in Wales found that:

- Around 28% of girls and 20% of boys had experienced emotional victimisation, while 17% of boys and 12% of girls had experienced physical victimisation.
- Roughly the same proportion of girls (8%) and boys (7%) had reported physical perpetration and emotional perpetration (18% of girls and 16% of boys).

You can find out more about this study in the Research Brief here:

<http://www.shrn.org.uk/research-briefing-sheets/>

Who can help?

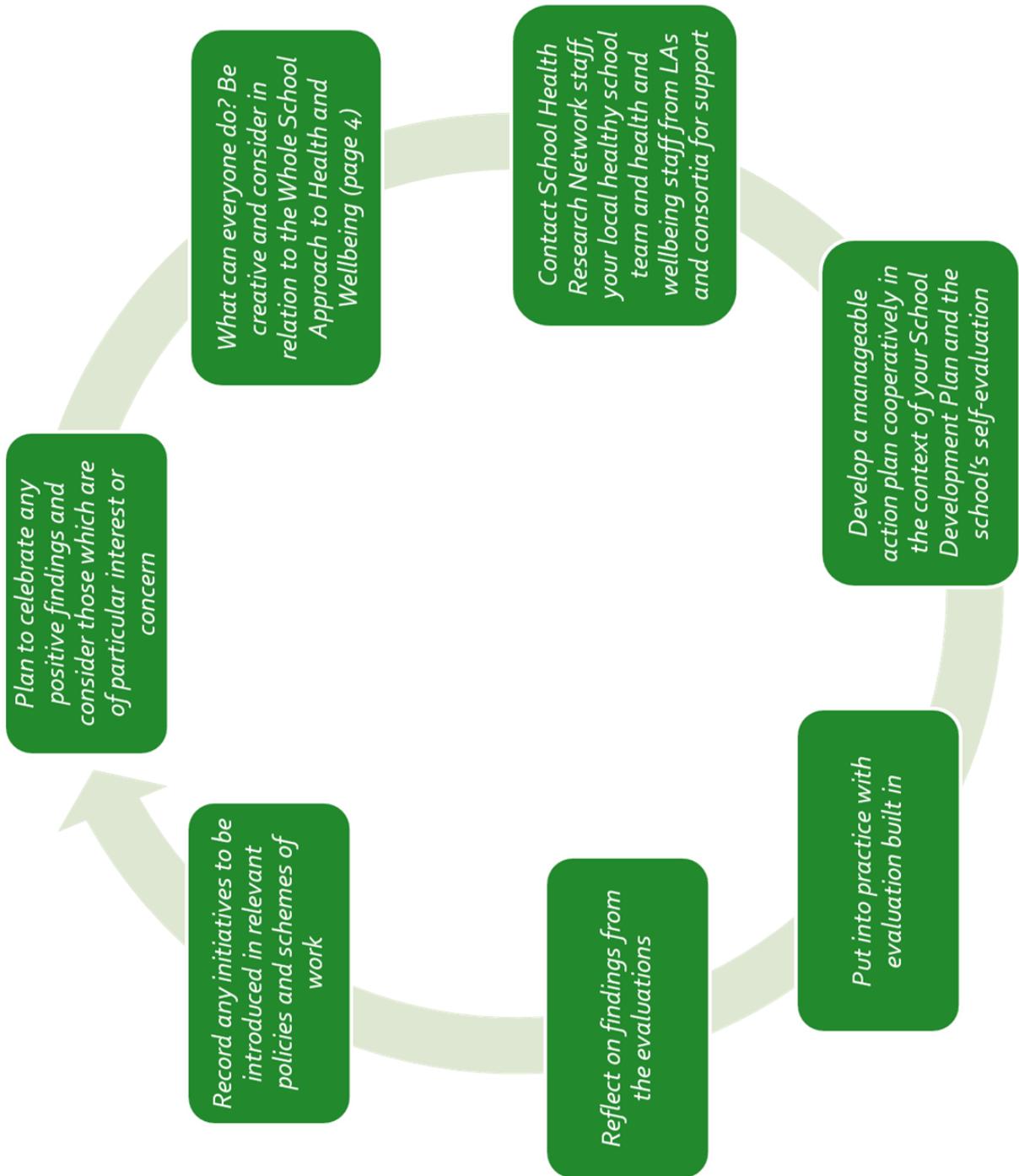
Contact your local *Healthy Schools* team for advice on all aspects of relationships and sex education and recommended local support and resources

Brook Brook provides free and confidential sexual health services and advice for young people under 25. Their website has lots of information about all aspects of sex and relationships, as well as leaflets, posters and resources to order. www.brook.org.uk	Family Planning Association The fpa is a sexual health charity which provides information, advice and support on sexual health, sex and relationships to everyone in the UK. Their website has information that will help students, staff and parents/carers. www.fpa.org.uk Sexwise provides easy to access information for young people on contraception, sexually transmitted infections (STIs) and pregnancy. https://sexwise.fpa.org.uk/
Sex Education Forum The Sex Education Forum is run by the National Children's Bureau. It aims to ensure that children and young people have the right to good sex and relationships education (SRE). Its work is underpinned by evidence, a rights-based approach and the expressed needs of children and young people. www.sexeducationforum.org.uk	Stonewall Cymru Stonewall Cymru is the all-Wales Lesbian, Gay, Bisexual and Transgender (LGBT) Charity. Its aim is to achieve equality for LGBT people at home, at school and at work. The website has resources for schools. www.stonewallcymru.org.uk
NHS Wales NHS Wales provides information regarding sexual health and accessing advice and support services. www.wales.nhs.uk/healthtopics/lifestyles/sexualhealth	Online Safety The Welsh Government's Hwb digital learning platform supports learners, parents and carers, schools and colleges with a range of resources and guidance regarding keeping safe online. https://hwb.gov.wales/onlinesafety
The Terrance Higgins Trust The Terrance Higgins Trust provides advice and support regarding HIV and sexual health. www.tht.org.uk/	AGENDA: a Young People's Guide to Making Positive Relationships Matter An online guide with equality, diversity and children's rights and social justice at its heart. http://agenda.wales/

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 account of current Welsh Government guidance on how schools should develop their sex education policy and plan and deliver their relationships and sexuality education and provision and work in partnership with others.
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.
Take an important role in monitoring the effectiveness of the SRE programme.	
School staff can	
Consider the most appropriate year groups to target educational input based on the data in the report.	Take advantage of any training provided locally and nationally to support this agenda in school.
Provide an emphasis on skills development with participatory teaching methods that promote communication and interpersonal skills.	Help protect learners' privacy by always de-personalising discussions. Distancing techniques help learners discuss sensitive issues and develop their decision-making skills in a 'safe' environment.
With the support of staff, students can	
Give their views on the content and delivery of sex and relationships education within the school.	Take an important role in the development of the Sex and Relationships Education policy in school.
Be trained as peer educators to complement the delivery of the SRE programme.	Raise awareness to other members of the school community on events linked to this health topic, e.g. World Aids Day, December 1 st each year.
Family and community involvement	
Parents/carers can become actively involved in the development of the school's sex education policy. They can be helped to see that the school's SRE programme will complement and support their role.	Many agencies such as Brook and fpa provide resources and support to help parents/carers to talk to their children about sex and relationships. Schools could ensure that parents/carers in the school know about/have access to these resources.
Local agencies can support this agenda in school; in relation to the curriculum, but also by offering appropriate services in school, e.g. the C (Condom) Card Scheme.	Students need to be well informed about the sexual health services that are available to them both locally and nationally.

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



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

Senior Leadership Team and Governors can

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

Ensure that when planning the delivery of the Health and Wellbeing Area of Learning and Experience in Curriculum for Wales 2022 it supports the findings of the school's report data.

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.

Feed ideas into all elements of the Whole School Approach to Health and Wellbeing (see page 4).

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 to explore partnership opportunities.

Families and members of the local community can

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

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

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

Other sources of health and wellbeing data in the UK

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

Counselling for children and young people https://gov.wales/counselling-children-and-young-people-september-2017-august-2018	Data on local authority provided, independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school.
Good Childhood Reports www.childrenssociety.org.uk/good-childhood-report	The Good Childhood Reports are a series of annual reports published by the Children's Society about how children in the UK feel about their lives.
Health Behaviour in School-aged Children (HBSC) Survey Wales: https://gov.wales/sites/default/files/statistics-and-research/2019-05/health-behaviour-school-children-2013-14-key-findings.pdf Scotland: http://www.cahru.org/research/hbsc-scotland England: http://hbscengland.org/ International: http://www.hbsc.org/publications/international/	The Student Health and Wellbeing Survey is based on the HBSC Survey and incorporates it every four years. The international survey now involves over 40 countries and goes back over 30 years. International reports are available, as are national reports for the UK nations.
The Millennium Cohort Study https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/	The Millennium Cohort Study is a national longitudinal birth cohort study following the lives of around 19,000 children born in the UK in 2000-01. It collects information on diverse topics as parenting; childcare; school choice; child behaviour and cognitive development; child and parental health; parents' employment and education; income and poverty; housing, neighbourhood and residential mobility; and social capital and ethnicity.

My local school http://mylocalschool.gov.wales/?lang=en	See where your school sits in relation to other schools in your family, local authority and nationally, and over time, on a range of education outcomes.
National Diet and Nutrition Survey www.gov.uk/government/collections/national-diet-and-nutrition-survey	The National Diet and Nutrition Survey assesses the diet, nutrient intake and nutritional status of the UK general population aged 1.5 years and over living in private households in the UK. It provides data on 11 to 18 year olds by gender.
Smoking, drinking and drug use surveys Scotland: ww.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS England: https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england	Scotland and England have long-established, national surveys of smoking, drinking and drug use in young people: the Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) in Scotland and the Smoking, Drinking and Drug Use Among Young People in England Survey in England.
Sport Wales Survey www.sport.wales/content-vault/school-sports-survey-2018/	In addition to providing school-level reports, Sport Wales publish data tables and a range of infographics at different levels, e.g. local authority and health board.

Appendix

Grouping of Strength and Difficulties Questionnaire statements into five scales:

Prosocial scale	I try to be nice to other people. I care about their feelings. I usually share with others (food, games, pens etc.) I am helpful if someone is hurt, upset or feeling ill. I am kind to younger children. I often volunteer to help others (parents, teachers, children).
Emotional problems scale	I get a lot of headaches, stomach-aches or sickness. I worry a lot. I am often unhappy, down-hearted or tearful. I am nervous in new situations. I easily lose confidence. I have many fears, I am easily scared.
Conduct problems scale	I get very angry and often lose my temper. I usually do as I am told. I fight a lot. I can make other people do what I want. I am often accused of lying or cheating. I take things that are not mine from home, school or elsewhere.
Hyperactivity scale	I am restless, I cannot stay still for long. I am constantly fidgeting or squirming. I am easily distracted, I find it difficult to concentrate. I think before I do things. I finish the work I'm doing. My attention is good.
Peer relationships scale	I am usually on my own. I generally play alone or keep to myself. I have one good friend or more. Other people my age generally like me. Other children or young people pick on me or bully me. I get on better with adults than with people my own age.

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