The School Health Research Network (SHRN)

Report Findings for The SHRN School Environment Questionnaire (SEQ) in Primary Schools 2024

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Title: Report Findings for The SHRN School Environment Questionnaire (SEQ) in Primary Schools 2024.

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Acknowledgements

If you have any queries or questions relating to this report, please email shrn@cardiff.ac.uk.

1. About The School Health Research Network (SHRN)

The School Health Research Network (SHRN) is a policy-practice-research partnership between Welsh Government, Public Health Wales, and Cardiff University established in 2013. SHRN aims to improve young people's health and well-being in Wales by working with schools in both primary and secondary education to generate and use good quality evidence for health and well-being improvement. This includes student and school-level surveys, capturing key health and well-being metrics. These metrics are referenced in over 30 national policies and strategies, including the Whole-School Approach to Mental Health and Well-being (2021) and Estyn's Healthy and Happy Report (2019).

SHRN's expansion into primary schools in 2024 followed a programme of feasibility work undertaken between 2021 and 2023, including the earlier SEQ pilot survey completed by 123 primary schools, which is available on our website. This SEQ groundwork provided the evidence and practical learning that informed and supported the successful scale-up to 511 participating schools in 2024.

SHRN aims to improve children and young people's health and well-being by:

- o Providing robust health and well-being data to schools, and national and regional stakeholders (https://www.shrn.org.uk/national-data).

- o Working with policymakers and practitioners from health, education, and social care to coproduce high quality, school-based health and well-being research for Wales.

- o Generating new research evidence on how best to improve children's and young people's health and well-being in the school setting.

- o Helping schools, and those who support schools, to understand health research evidence and how it can be used in health and well-being improvement (www.shrn.org.uk/schools-using-data).

For more information visit www.shrn.org.uk.

2. Introduction

The SHRN School Environment Questionnaire (SEQ) in primary schools is completed biennially by a member of the School Leadership Team (SLT) alongside The SHRN Student Health and Well-being (SHW) Survey, which is completed by learners.

This coordinated approach creates a unique and comprehensive dataset that allows for an in-depth exploration of the connections between school policies and practices, such as leadership, school ethos, environment, curriculum learning, and family and community engagement, and their impact on learner health and well-being outcomes.

The SEQ supports various key initiatives beyond assessing learner health and well-being. It informs policy development at both national and local levels, ensuring alignment with the needs of schools and learners, particularly in promoting a Whole School Approach to Emotional and Mental Well-being. Additionally, the SEQ serves as a monitoring tool for The Welsh Network of Health and Well-being Promoting Schools (WNHWPS) Programme (formerly known as The Welsh Network of Healthy Schools Scheme, WNHSS), guiding schools in their implementation and evaluation of their health and well-being initiatives. It guides resource allocation by identifying areas needing improvement, fosters collaboration among schools through local health and well-being initiatives, and facilitates self-evaluation, allowing schools to reflect on their practices and share innovative strategies across the SHRN network.

Overall, the SEQ is a comprehensive tool that enhances individual school practices, while contributing to broader educational and health objectives across Wales.

3. Data Collection and Sample

The SHRN SEQ was completed online by all primary schools that registered to participate in the 2024 SHRN Primary School Data Collection, which took place between 16 September and 20 December 2024. The SEQ was completed by a member of the school senior leadership team (SLT) or school appointed representative. The SEQ survey sample in 2024 consisted of 511 schools (including one independent school). These schools were located across all 22 local authorities in Wales. All questions on which the report findings are based can be found in the appendix.

Percentages presented in this report may not sum to 100 due to rounding. Responses of 'don't know' and 'not applicable' were excluded from percentage calculations.

Table 1: SEQ completion by local authority

Local Authority	Completed the SEQ in full (% of maintained primary schools)*
Blaenau Gwent	13 (68.4%)
Bridgend	29 (60.4%)
Caerphilly	38 (52.1%)
Cardiff	50 (50.5%)
Carmarthenshire	36 (38.3%)
Ceredigion	13 (36.1%)
Conwy	9 (17.6%)
Denbighshire	9 (20.5%)
Flintshire	9 (14.1%)
Gwynedd	15 (19.2%)
Isle of Anglesey	9 (22.5%)
Merthyr Tydfil	13 (68.4%)
Monmouthshire	27 (93.1%)
Neath Port Talbot	18 (34.0%)
Newport	30 (68.2%)
Pembrokeshire	29 (56.9%)
Powys	28 (38.9%)
Rhondda Cynon Taf	45 (48.9%)
Swansea	37 (48.1%)
Torfaen	19 (76.0%)
Vale of Glamorgan	24 (54.5%)
Wrexham	11 (19.0%)
Total	**511 (42.2%)**

*One independent school participated in the SEQ

4. Key Findings*

4.1 General Questions About You and Your School

Summary of Findings

- The most frequently selected senior management/leadership team priority was learner emotional and mental well-being (87%). Staff health and well-being (58%) and learner, educational attainment (56%) were also frequently selected priorities (see Figure 1).

- Over four fifths (85%) of schools reported that they were members of the WNHWPS Programme (see Figure 2).

- Of these schools, nearly three quarters (72%) had completed a self-evaluation, while about two-thirds (65–66%) had engaged with or participated in events facilitated by their local WNHWPS team. Approximately 64% indicated that they had developed an action plan, while half (50%) said their local WNHWPS team had signposted them to further resources and expertise to support their health and well-being priorities (see Figure 3).

- Four out of five schools (79%), who were members of WNHWPS, said that their membership in the programme was important to them.

- Schools rely on health and well-being data to inform their policies and practices, with at least four out of ten schools reporting that they use data from their own learner surveys (74%), staff surveys (63%), and parent/carer surveys (62%), as well as from the SHRN (47%) and Estyn surveys (42%) (see Figure 5).

- Within these schools, the top three users of health and well-being data are: the senior management/leadership team (96%); class teachers (69%); the well-being pastoral care team; and Healthy School Coordinator (both 61%) (see Figure 6).

- The three most commonly reported uses for data were: identifying needs and setting health and well-being priorities (90%); developing the curriculum and understanding the needs of specific learner groups (both 75%); and measuring the impact of interventions to create a healthy school (64%) (see Figure 7).

- Introduction and implementation of Universal Primary Free School Meals (UPSFM) is nearly universal in all year groups (see Figure 8).

*For all graphs, schools that selected 'don't know' and 'not applicable' have been excluded from the denominator.

Fig.1: Senior Management/Leadership Team Priorities

Schools were asked to select up to four priority areas.

Priority area	%
Learner emotional and mental well-being	87%
Staff health and well-being	58%
Learner educational attainment	56%
Your school's relationships with parents and carers	39%
Your school's relationships with the local community	29%
Staff relationships with learners	27%
The physical condition of the school buildings and grounds	19%
Estyn report and categorisation	19%
Learner physical health	18%
The provision of extra-curricular activities	11%

Base: 511

Fig.2: WNHWPS Programme Membership

Schools were asked to select one option only.

15%

- Member
- Non-member

85%
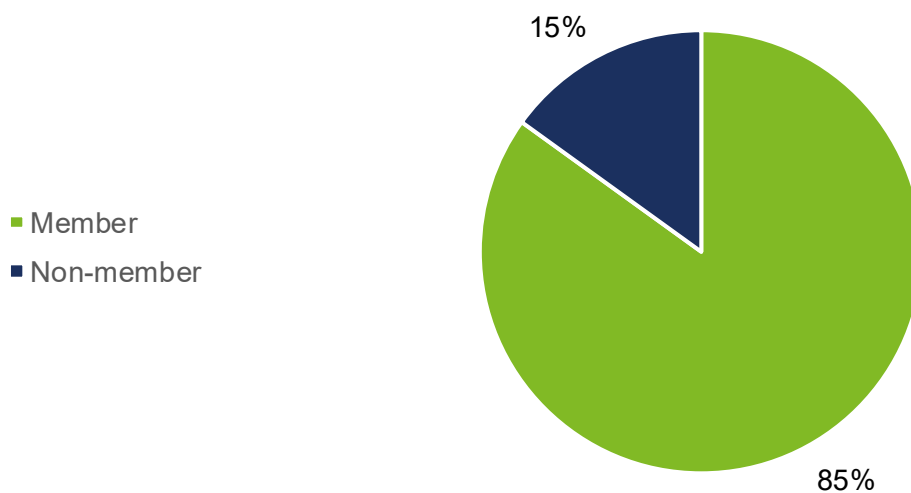
Base: 485

Fig.3: Engagement of Schools in WNHWPS School Activities

Schools were asked to select all that apply.

Activity	Percentage
School has completed a self-evaluation, audit or review	72%
School has received topic-specific advice and guidance from the local Health and Well-being Promoting School team	68%
School has participated in network events or cluster meetings facilitated by their local Health and Well-being Promoting School team	66%
School has engaged in local or national health and well-being initiatives to support their health and well-being priorities	65%
School has developed an action plan	64%
School has accessed training via their local Health and Well-being Promoting School team	63%
Local Health and Well-being Promoting School team has signposted school to further resources of expertise to support their health and well-being priorities	50%
None of the above	1%

Base: 401

Fig.4: Importance of WNHWPS Programme Membership to Health and Well-being Work

Schools asked to rate importance from 1 (Not very important) to 5 (Very important).

- 1 - Not very important: 1%
- 2: 3%
- 3: 17%
- 4: 31%
- 5 - Very important: 48%
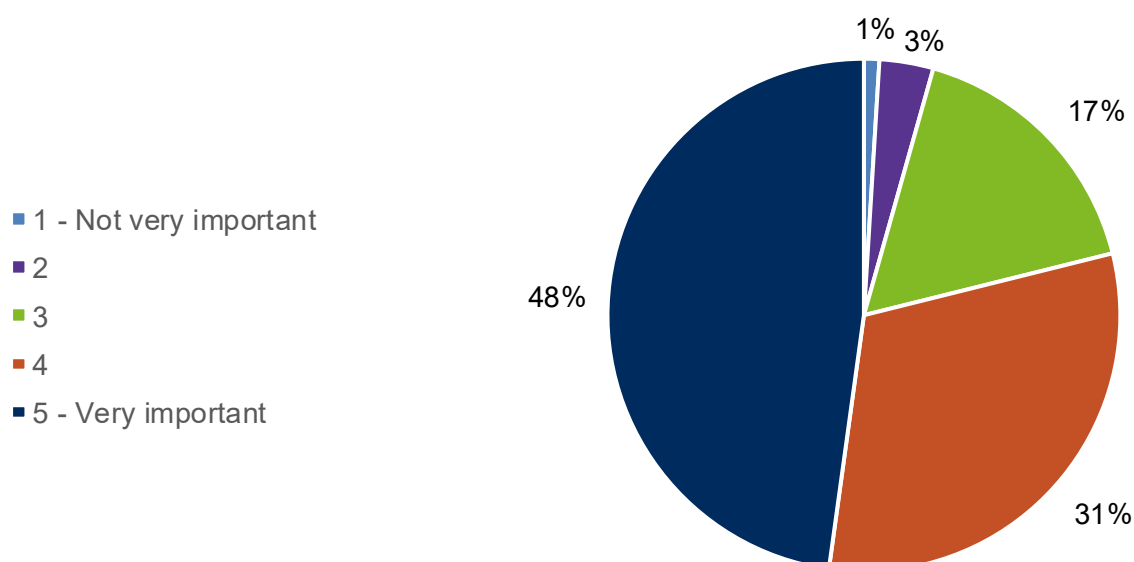
Base: 412

Fig.5: Sources of Health and Well-being Data Used to Inform School Policies and Practices

Schools were asked to select all that apply.

Source	Percentage
Our own learner surveys	74%
Our own staff surveys	63%
Our own parent/carer surveys	62%
SHRN Student Health & Well-being Report	47%
Estyn learner survey	42%
The PASS survey	31%
Routinely collected school data	30%
School Sport Survey	23%
Other external learner surveys	22%
Local authority data	19%
Our school does not use data in this way	1%
Other	1%
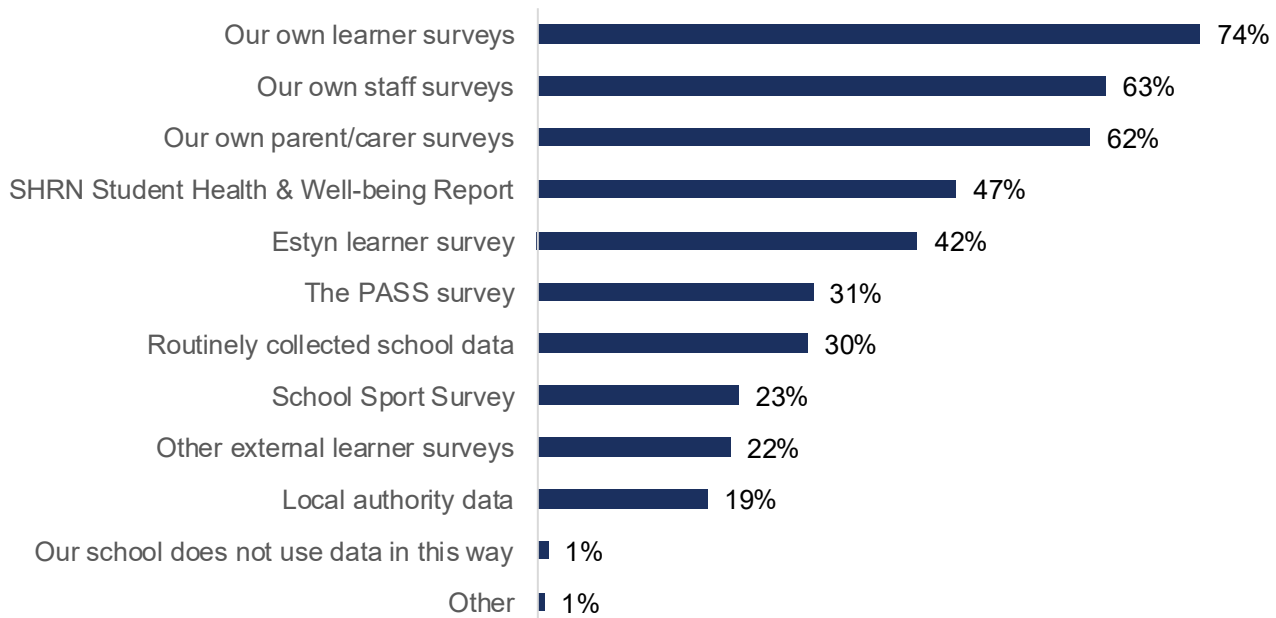
Base: 511

Fig.6: Users of Health and Well-being Data

Schools were asked to select all that apply.

User	Percentage
Senior management/leadership team	96%
Class teachers	69%
Well-being / pastoral care teams	61%
Healthy school coordinator (in school)	61%
School governors	49%
School council or other student voice groups	39%
School cluster	9%
Parent/carer forums	5%
Professional learning communities (PLCs)	4%
Virtual head	1%
Other	2%
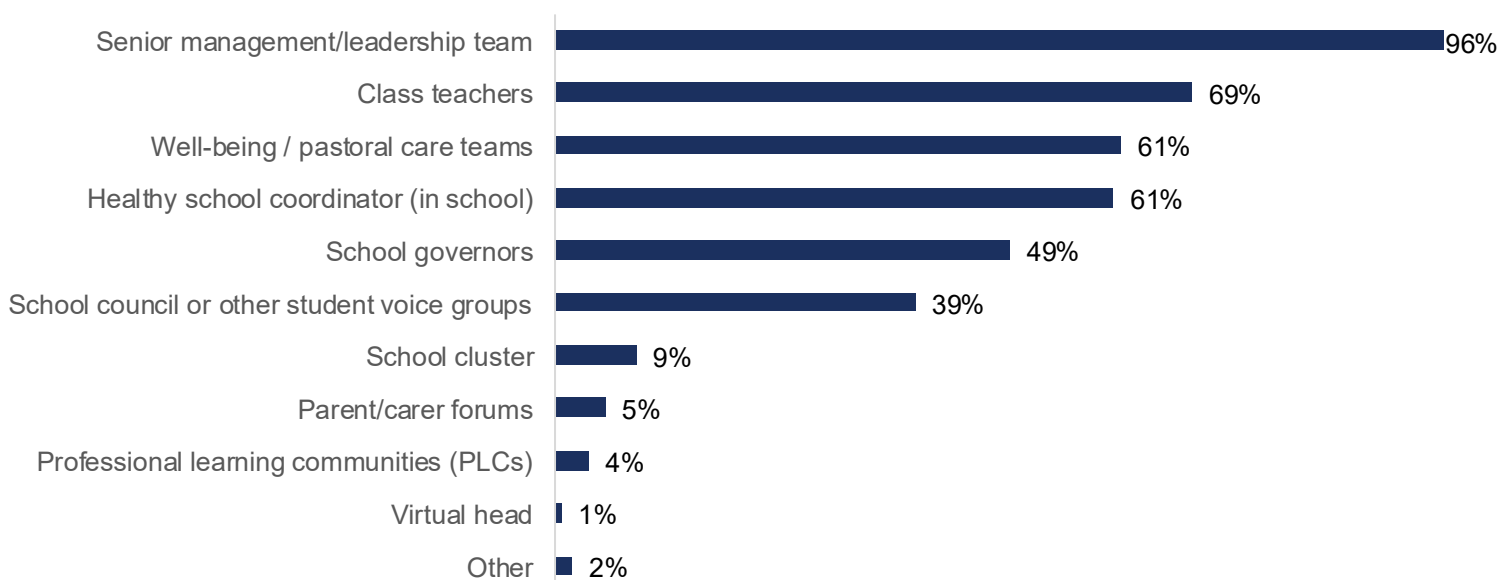
Base: 505

Fig.7: Schools' Use of Data to Create a Healthy School

Schools were asked to select as many areas as apply.

Category	Percentage
Identify need and set health and well-being priorities	90%
To develop our curriculum	75%
To understand the needs of specific groups of learners	75%
Measure the impact of our work on creating a healthy school	64%
To support our school improvement work	57%
To provide evidence to key stakeholders (e.g. governors) on areas where change is needed	46%
To communicate our priorities with the school community	40%
To inform our cluster work (e.g. primary and secondary clusters)	19%
Look at how health and well-being at our school compares with other local schools or schools within our school family	18%
None of the above	1%

Base: 505

Fig.8: Universal Primary Free School Meals: Implementation Across Year Groups*

Schools were asked to indicate, for each year group, whether Universal Primary Free School Meals had been introduced.

Year group	Yes
Reception (501)	99.8%
Year 1 (502)	99.8%
Year 2 (502)	99.8%
Year 3 (504)	99.8%
Year 4 (503)	99.6%
Year 5 (502)	99.0%
Year 6 (502)	99.0%

■ Yes
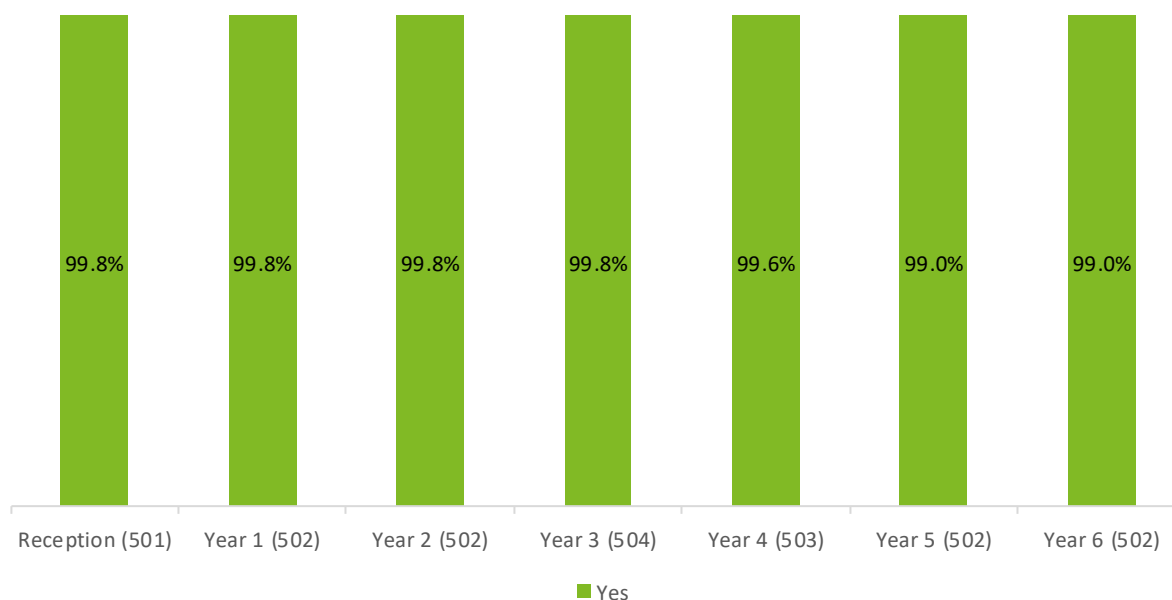
*Independent school excluded from analysis

4.2 Learner, Parent/Carer, and Community Involvement in Health and Well-being

Summary of Findings

- Three in four schools (74%) report that learners are involved in developing and delivering health and well-being initiatives, with around half contributing to action planning (54%) and identifying priority areas (53%) (see Figure 9).

- Pupil voice groups are most commonly involved in physical activity (79%), followed by food and nutrition (72%) (see Figure 10).

- Around one in three schools report having a written action plan or targets for community or family engagement in health and well-being included within their School Development Plan (30–33%) (see Figure 11).

- Learners were most commonly involved in decisions around developing initiatives (74%), whereas parents/carers were more commonly involved in decisions around school facilities (32%) and the wider school environment (40%) (see Figure 12).

- About half of schools have actions in place to support staff understanding of the United Nations Convention on the Rights of the Child (UNCRC), most commonly through the provision of guidance (51%) (see Figure 13).

- Schools most frequently partner with Police/PCSOs (90%) to support learner health and well-being (see Figure 14).

Fig. 9: Areas of Decision-Making Regarding Health and Well-Being That Learners Are Involved in

Schools were asked to select all that apply.

Category	Percentage
Developing and delivering actions/initiatives	74%
Action planning	54%
Identifying priority areas	53%
Reviewing progress/evaluating actions and initiatives	45%
Policy development	23%
Other	4%
Learners are not involved in these decisions	4%

Base: 501

Fig. 10: Health and Well-Being Topics That Pupil Voice Groups Have Worked On in Last Two Years

Schools were asked to select all that apply.

Topic	Percentage
Physical activity	79%
Food and nutrition	72%
Emotional and mental well-being	70%
Bullying	55%
Climate change	42%
Active travel	42%
Phone use and internet safety	36%
Family and community health	13%
Smoking	10%
Vaping	8%
Other	5%
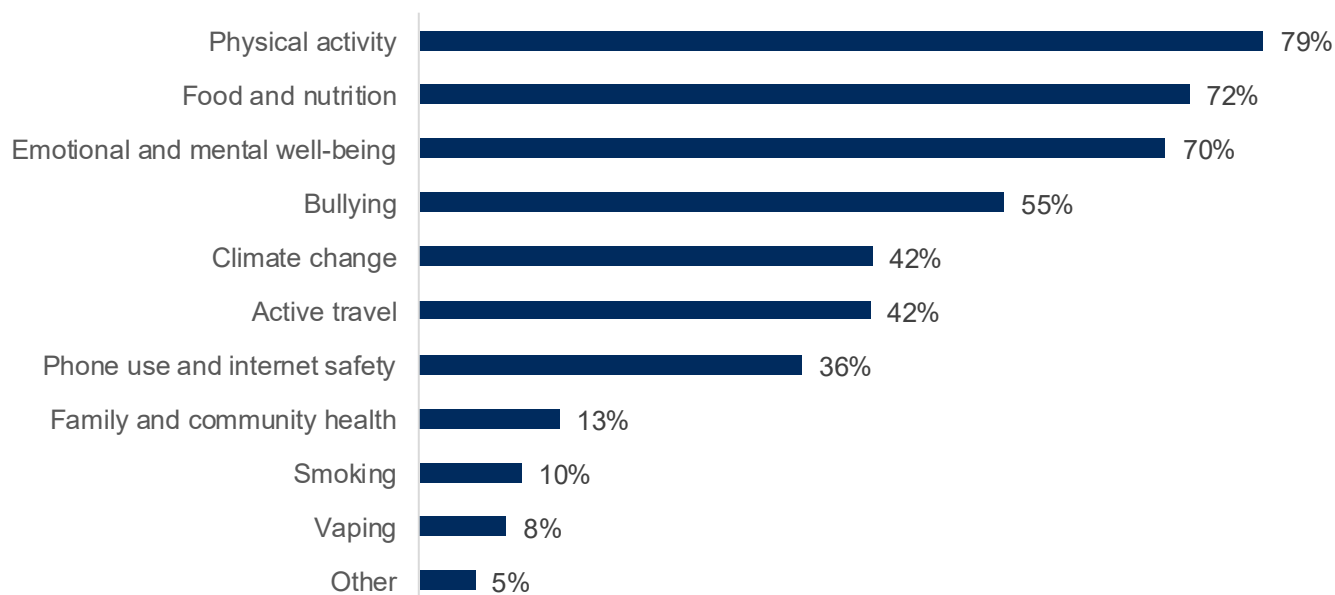
Base: 502

Fig. 11: Schools Reporting Written Action Plan or Targets for Family and Community Engagement in the Current School Development Plan

Schools were asked to select the option that best describes their approach to family and community engagement planning.

Legend:
- Community Engagement (440)
- Family Engagement (437)

Option	Community Engagement	Family Engagement
Yes, our school has a written action plan or targets included in our School Development Plan	30%	33%
Yes, our school has a written action plan or targets only	13%	17%
No, our school does not have a written action plan or targets	57%	50%

Fig. 12: Areas of Decision-Making Regarding Health and Well-being Improvement That Parents and Carers Are Involved In
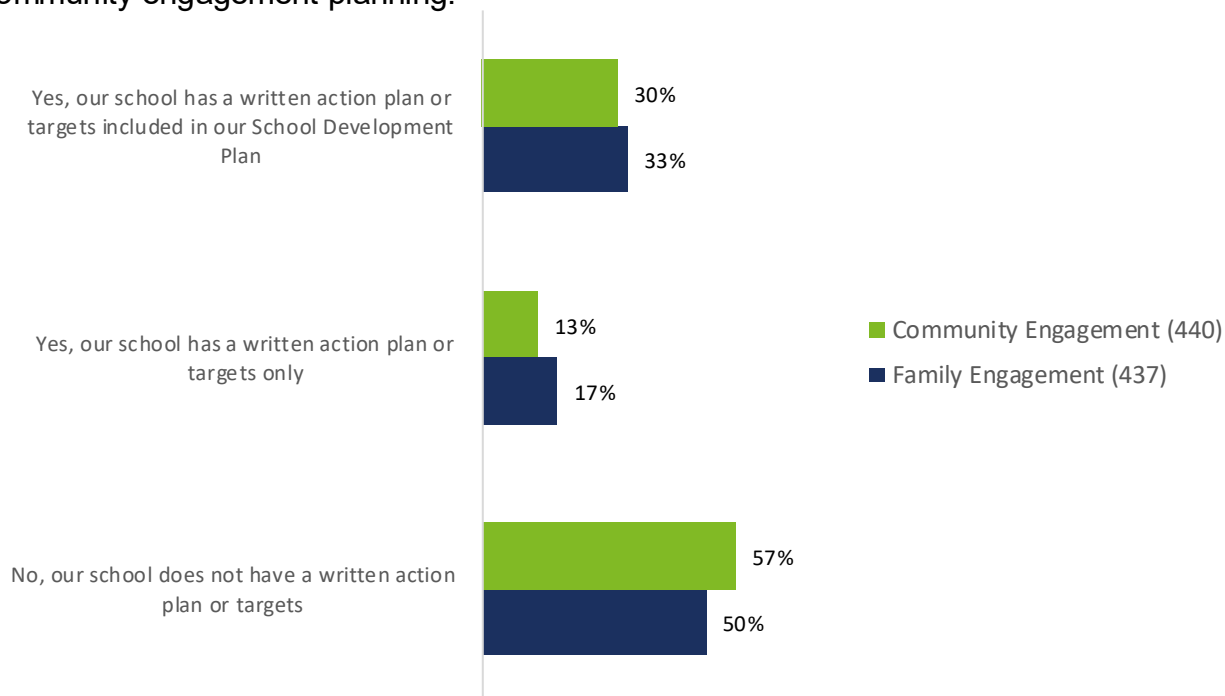
Schools were asked to select as many areas as apply.

Area	Percentage
School environment	40%
School facilities	32%
Parents & carers are not involved in these decisions	31%
Health and well-being curriculum	26%
Family and community health	25%
Identifying health priority areas	16%
School health policy	11%
Other	8%
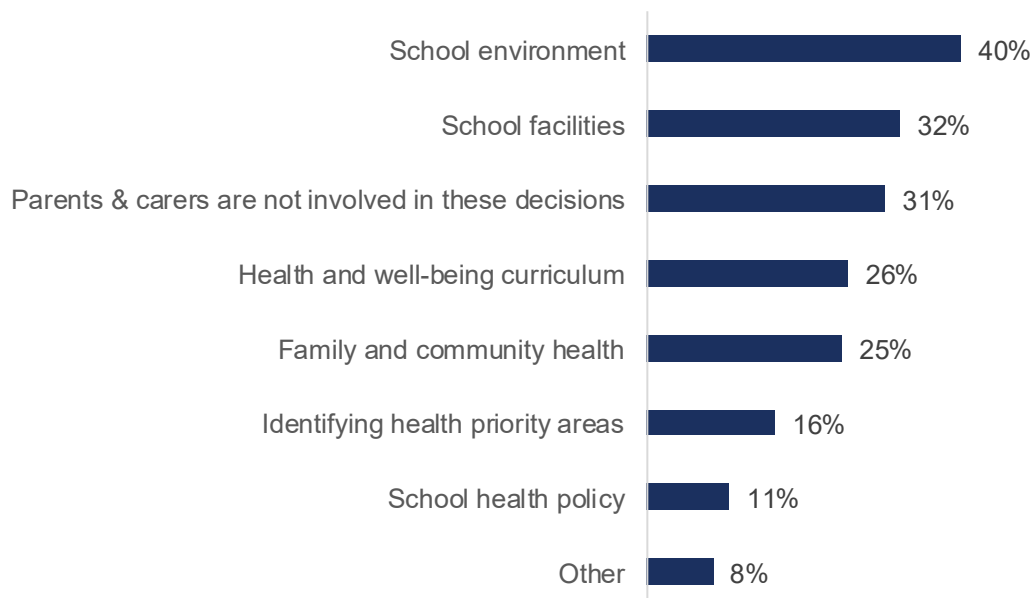
Base: 511

Fig.13: School Actions to Support Staff Understanding of the United Nations Convention on the Rights of the Child (UNCRC)

Schools were asked to select all that apply.

Action	Percentage
Provided guidance	51%
Developed policies relating to children's rights	45%
Training for all staff	38%
Training for some staff	33%
Accredited as rights-respecting school	29%
Other	7%
None of the above	6%
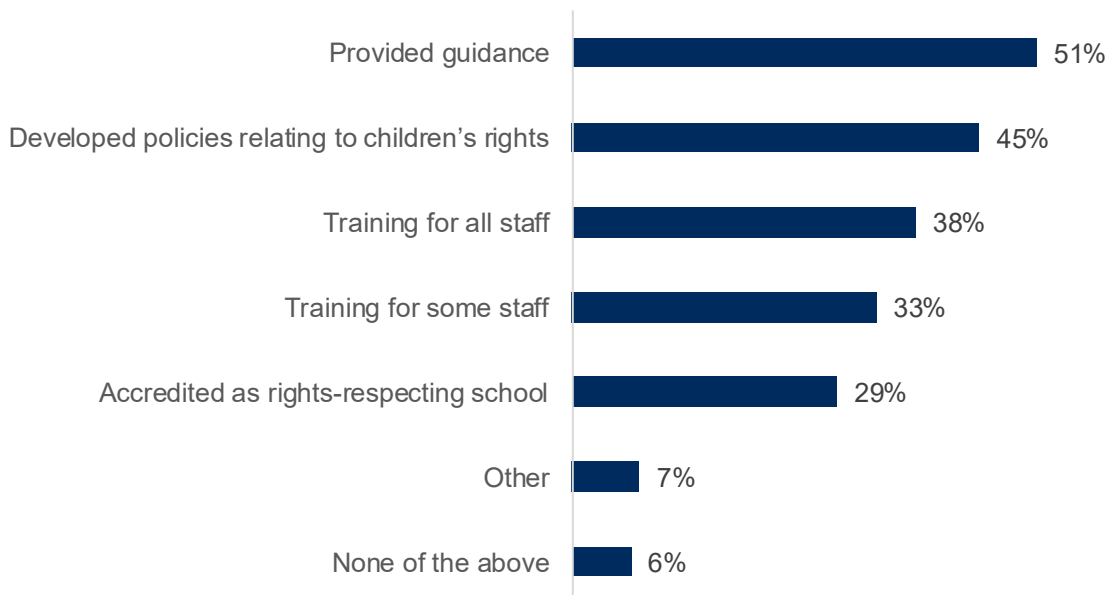
Base: 511

Fig.14: School Partnerships Supporting Learner Health and Well-being

Schools were asked to select all that apply.

Partnership	Percentage
Police / PCSOs	90%
Health professionals other than local Healthy School team	76%
CAMHS In-Reach	69%
Sport development officers (national/regional/local)	68%
Local public health teams	66%
Other schools	65%
Local sport clubs	58%
Faith organisations	56%
National third sector organisations/charities	46%
Professional sports clubs	39%
Private sector businesses/organisations	26%
Local third sector organisations/charities	24%
Youth workers (statutory or non-statutory)	17%
Regional third sector organisations/charities	17%
Other	5%

Base: 511

4.3. Health and Well-being Education

Summary of Findings

• Most schools reported that they timetable at least one hour per week of Physical Education (PE) within the formal curriculum on average. This was consistent across year groups (see Figure 15).

• All schools indicated that they provide free period products to learners. Learners most commonly access free period products from a teacher (69%) or from toilets (65%). Just over one third (36%) of schools report that products are available from the school reception (see Figure 16).
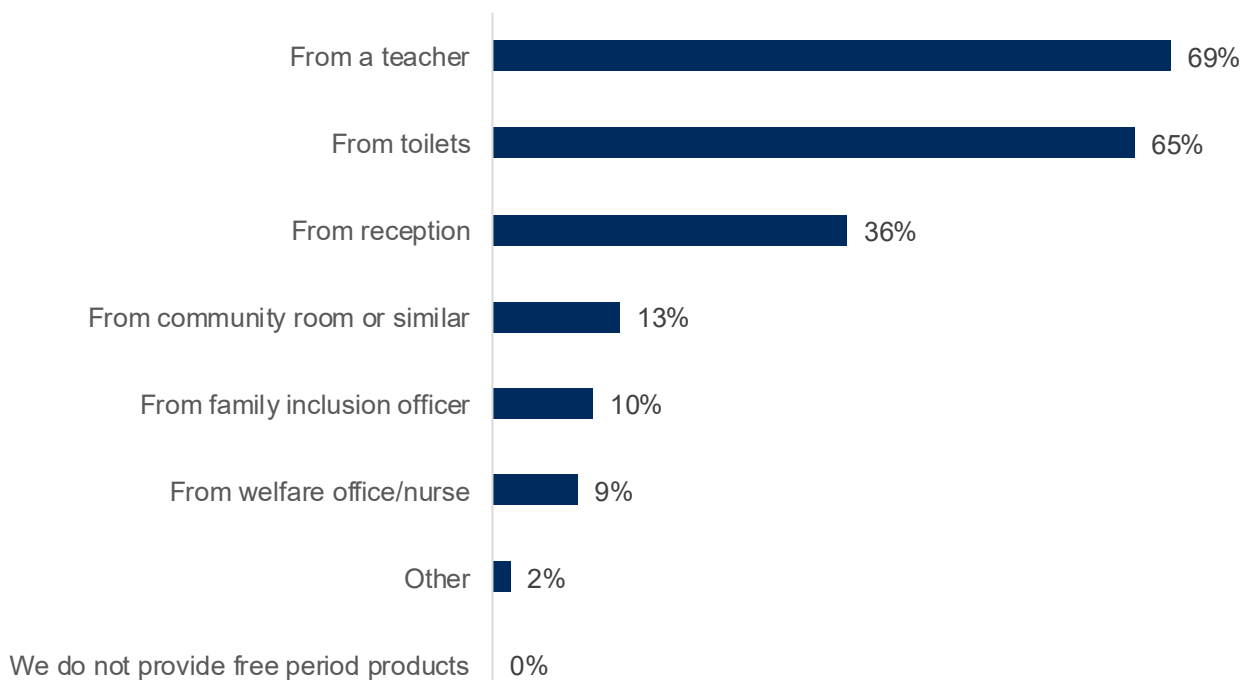
Fig.15: Proportion of Schools Reporting, on Average, at Least One Hour per Week of PE Within the Formal Curriculum

Schools were asked to report the number of minutes of timetabled physical education per week for each year group

Year group	Percentage
Year 3 (495)	94%
Year 4 (496)	95%
Year 5 (496)	95%
Year 6 (497)	95%

Fig.16: How Learners Access Free Period Products

Schools were asked to select all that apply.

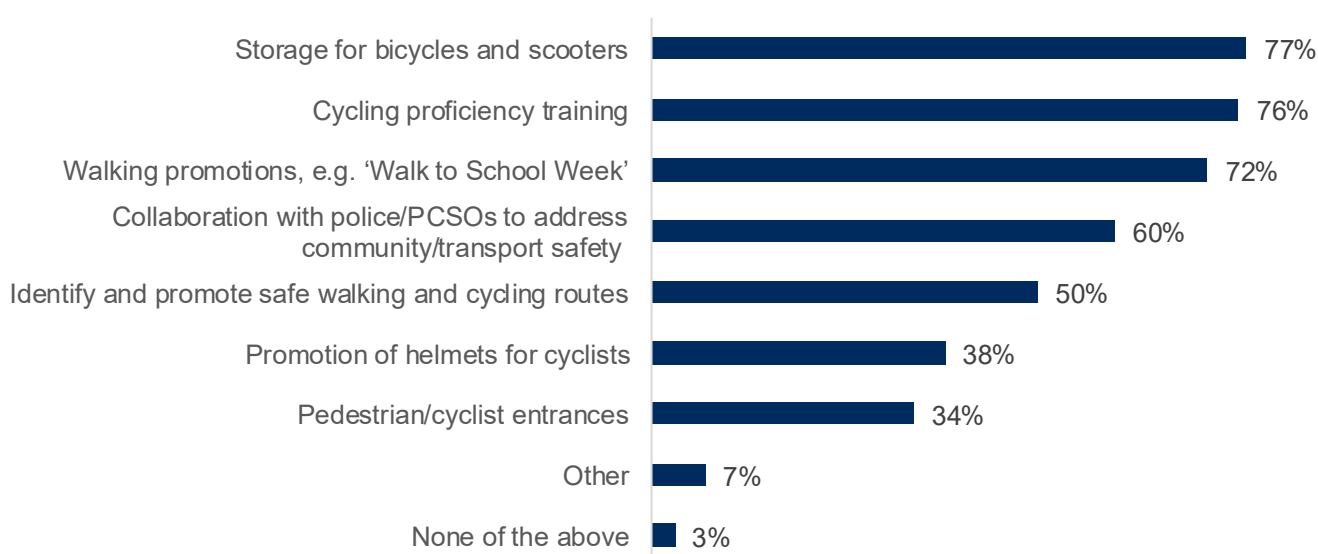| Access method	Percentage
From a teacher	69%
From toilets	65%
From reception	36%
From community room or similar	13%
From family inclusion officer	10%
From welfare office/nurse	9%
Other	2%
We do not provide free period products	0%

Base: 511

4.4 Active Travel

Summary of Findings

- Three-quarters of schools provide storage for bicycles and scooters (77%) and cycling proficiency training (76%).

- Over half of schools reported hosting walking promotions (72%) and collaborating with police / PCSOs to address issues around community and/or transport safety (60%). Half reported identifying and promoting safe walking and cycling routes (50%).

- More than one in three schools promote helmets for cyclists (38%) and provide pedestrian/cyclist entrances (34%) (See Figure 17).

Fig. 17: Strategies to Promote Active Travel

Schools were asked to select all that apply.

Strategy	%
Storage for bicycles and scooters	77%
Cycling proficiency training	76%
Walking promotions, e.g. 'Walk to School Week'	72%
Collaboration with police/PCSOs to address community/transport safety	60%
Identify and promote safe walking and cycling routes	50%
Promotion of helmets for cyclists	38%
Pedestrian/cyclist entrances	34%
Other	7%
None of the above	3%

Base: 511

4.5 Healthy Eating

Summary of Findings

- Most schools (94%) report teaching nutrition as part of the curriculum to promote healthy eating.

- Just over half of schools (54%) report limiting the use of foods high in saturated fat, sugar, or salt for celebrations, and just over half (51%) ensure that healthier options are clearly positioned for all learners at lunchtime.

- About one in three schools say they incentivise healthier options through other means (34%) or monitor and set goals to increase uptake of free school meals (31%).

- One quarter of schools in the survey engage with [Welsh Local Government Association](#) 'Certificate of Compliance' for Healthy Eating in Schools (24%) (See Figure 18).

- Nearly all schools (93%) provide a breakfast club to all learners (See Figure 19).

- Half of the schools surveyed provide at least a one-hour lunch break (50%), while one in four provide 50 or 55 minutes (25%) (See Figure 20).

Fig. 18: Strategies to Promote Healthy Eating

Schools were asked to select all that apply.

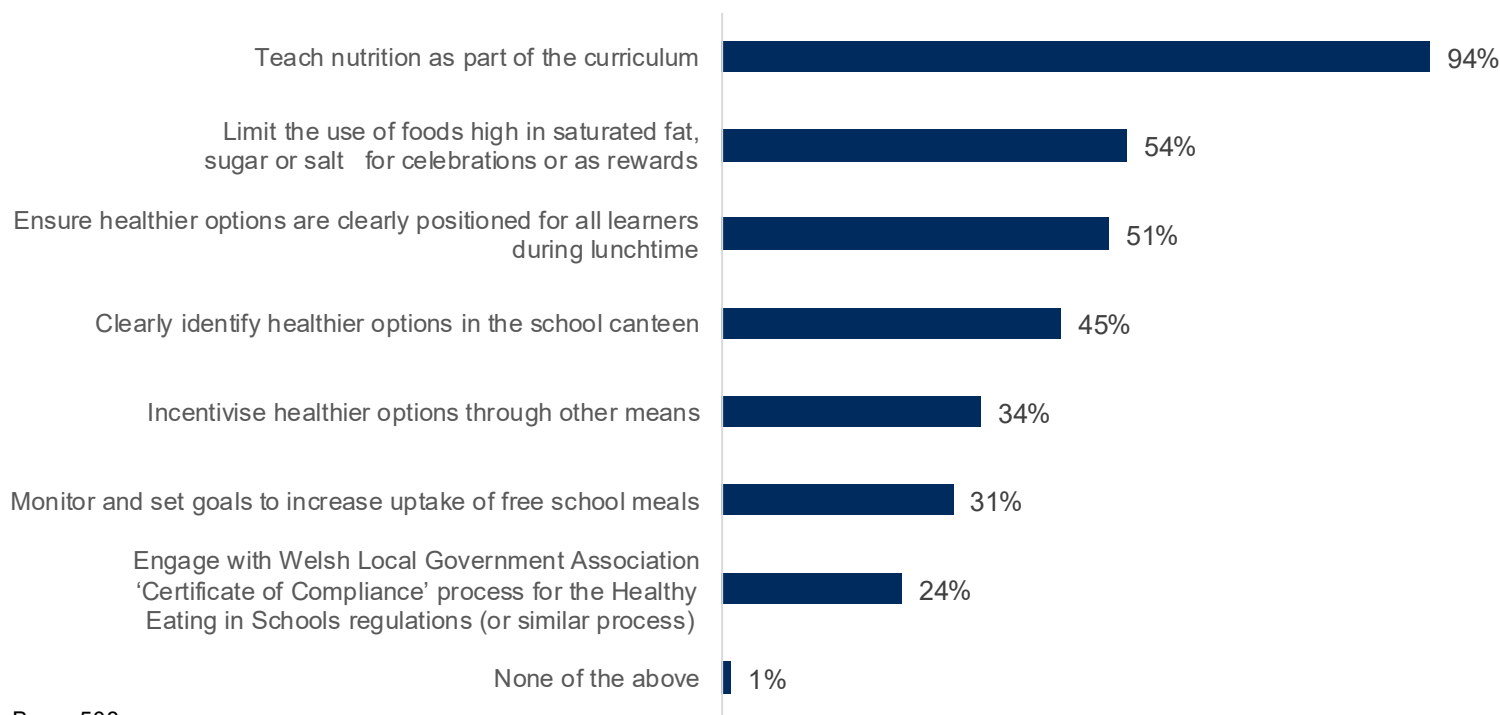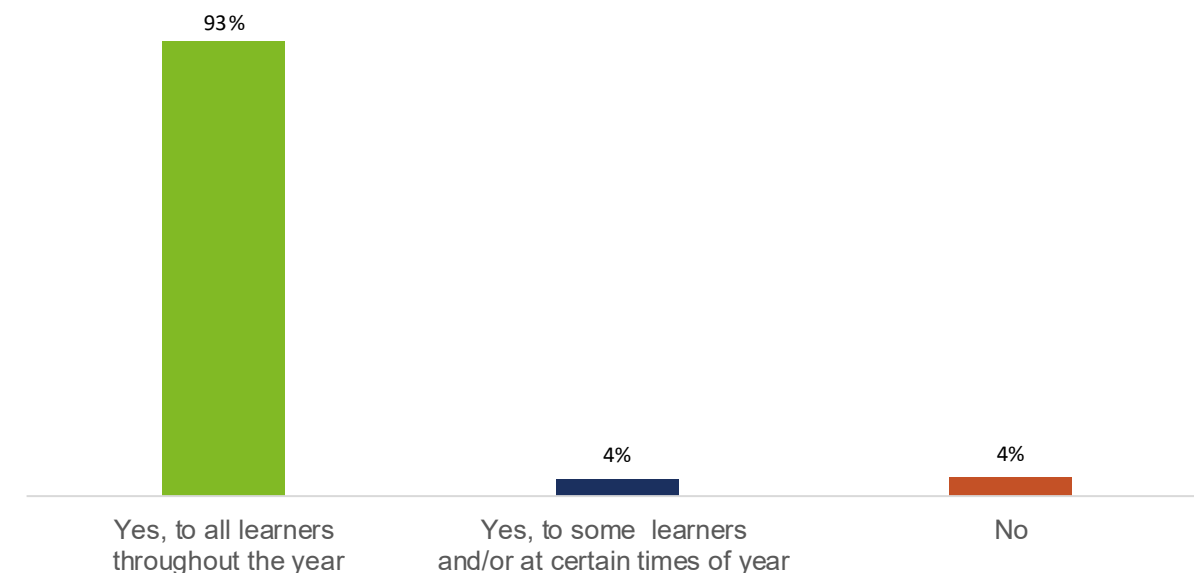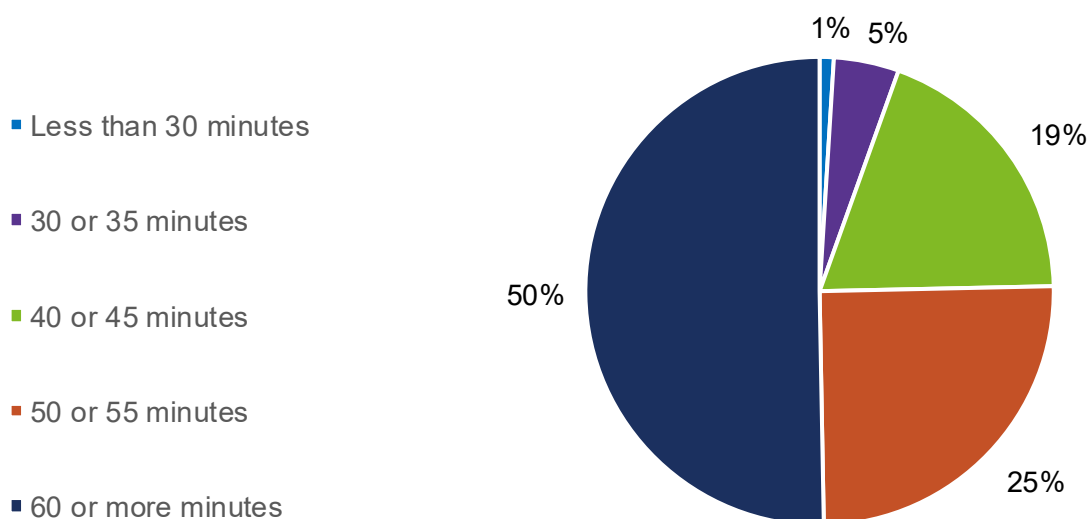| Strategy	Percentage
Teach nutrition as part of the curriculum	94%
Limit the use of foods high in saturated fat, sugar or salt for celebrations or as rewards	54%
Ensure healthier options are clearly positioned for all learners during lunchtime	51%
Clearly identify healthier options in the school canteen	45%
Incentivise healthier options through other means	34%
Monitor and set goals to increase uptake of free school meals	31%
Engage with Welsh Local Government Association 'Certificate of Compliance' process for the Healthy Eating in Schools regulations (or similar process)	24%
None of the above	1%

Base: 508

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Fig. 19: Provision of a School Breakfast Club

Schools were asked to select one response indicating whether they offer a breakfast club before the morning session

- Yes, to all learners throughout the year — 93%
- Yes, to some learners and/or at certain times of year — 4%
- No — 4%

Base: 511

Fig. 20: Lunch Break Length

Schools were asked to select one response indicating the length of learners' lunch break

- Less than 30 minutes — 1%
- 30 or 35 minutes — 5%
- 40 or 45 minutes — 19%
- 50 or 55 minutes — 25%
- 60 or more minutes — 50%

Base: 511

4.6 Mental Health and Well-being

Summary of Findings

- Seven out of 10 schools have written policies on learner emotional and mental well-being (72%), with around 1 in 3 having written policies on bereavement (35%) and neurodiversity (35%).

- Over half of schools surveyed (55%) have a written policy on mobile phone use.

- Around three-quarters of schools surveyed do not have any written policies on self-harm (73%) or gender questioning (73%), while a higher proportion report no policies on suicide prevention (80%) or disordered eating (82%) (see Figure 21).

- Most schools indicated that they have delivered the Emotional Literacy Support Assistants (ELSA) intervention to learners in their school (90%). Half of the schools have delivered the Trauma Informed Schools (TIS) intervention (56%) or provide Mindfulness sessions (52%). Less than half have delivered Jigsaw (44%), THRIVE (30%) or Mental Health First Aid (20%) (See Figure 22).

Fig. 21: Written Mental Health and Well-being Policies

Schools were asked whether they had written policies that included the following topics.
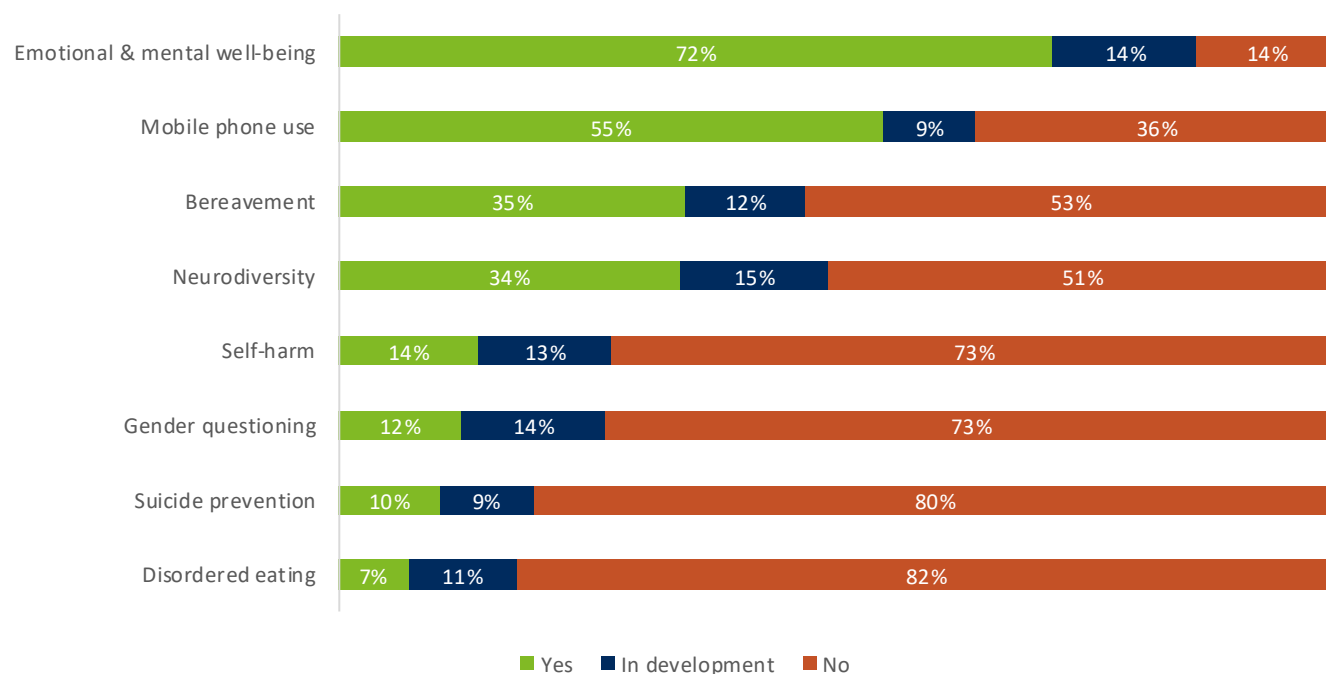
Topic	Yes	In development	No
Emotional & mental well-being	72%	14%	14%
Mobile phone use	55%	9%	36%
Bereavement	35%	12%	53%
Neurodiversity	34%	15%	51%
Self-harm	14%	13%	73%
Gender questioning	12%	14%	73%
Suicide prevention	10%	9%	80%
Disordered eating	7%	11%	82%

■ Yes ■ In development ■ No

Base: 511

Fig. 22: Emotional and Mental Well-being Interventions Delivered in Schools

Schools were asked to select all that apply.

Intervention	Percentage
Emotional Literacy Support Assistants (ELSA)	90%
Trauma Informed Schools (TIS)	56%
Mindfulness	52%
Jigsaw	44%
THRIVE	30%
Mental Health First Aid	20%
Other	14%

Base: 507
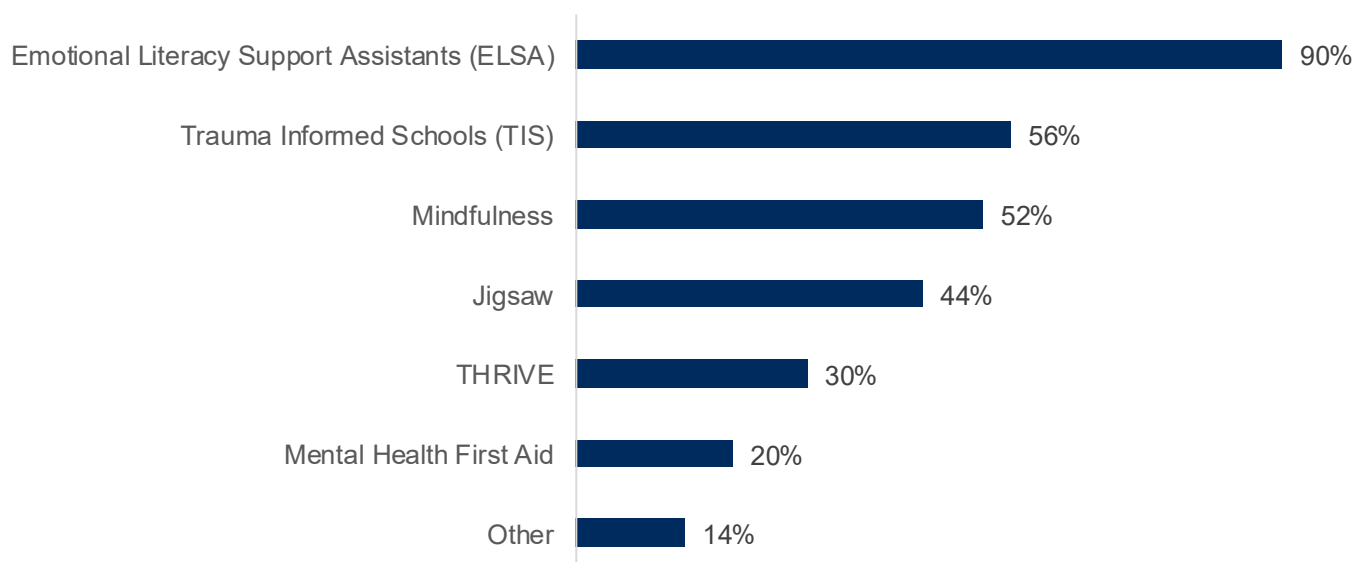
4.7 Whole School Approach to Emotional and Mental Well-being

Summary of Findings

- At the time of data collection, around half of schools surveyed were either in the scoping stage (24%) or the action planning stage (23%) of embedding a Whole School Approach to Emotional and Mental Well-being (WSAEMWB).

- One third were either already implementing the action plan (17%) or engaging in continuous improvement following evaluation (16%).

- A few schools (7%) were already reviewing the effectiveness of the measures that have been put in place.

- More than one in 10 schools (14%) had not begun to deliver the WSAEMWB Framework (See Figure 23).

Fig.23: Delivery status of the Framework on Embedding a Whole School Approach to Emotional and Mental Well-being

Schools were asked to select which stage most closely matched their current position.

Stage	Percentage
Scoping: Self-evaluating the school's strengths and needs	24%
Action planning: Creating a new or developing an existing action plan to build on the school's strengths and address gaps	23%
Implementing: Implementing the action plan	17%
Evaluating: Reviewing the effectiveness of the measures in place	7%
Continuous improvement: Using key learning from evaluation to improve the school's approach	16%
My school has not begun to deliver a Whole School Approach	14%

Base: 509

5. Importance of SEQ insights

The completion of the School Environment Questionnaire (SEQ) offers significant advantages for schools. By utilising SEQ data, schools can effectively assess the health and well-being of their learners in relation to their own policies and practices. This self-evaluation process allows for monitoring improvements and comparing school-specific data with the whole sample. Additionally, the SEQ data serve as a valuable resource during Estyn school inspections.

On a wider scale, the data support national policies, including the WSAEMWB, and inform initiatives such as Community Focused Schools and Children's Rights. Furthermore, the collaboration between SHRN, the Welsh Government, and Public Health Wales ensures that data collection aligns with current policy needs.

Ultimately, the SEQ data not only facilitate the measurement of school-level progress but also aids in monitoring policy implementation and identifying innovative practices that can enhance student health and well-being outcomes across Wales.

If you have any questions about data collection, please email the SHRN team at Cardiff University (SHRN@cardiff.ac.uk).

Appendix

Figure	Question	Response options
Fig.1	In the 2022/23 and 2023/24 school years, in which of the following areas did the Senior Management / Leadership team focus their efforts to make improvements? SELECT UP TO FOUR PRIORITY AREAS ONLY	Staff health and well-being Staff relationships with learners Learner physical health Learner emotional and mental well-being Learner educational attainment Estyn report and categorisation The physical condition of the school buildings and grounds The provision of extra-curricular activities Your school's relationships with parents and carers Your school's relationships with the local community
Fig.2	Is your school a member of its local Health and Well-being Promoting Schools Programme (previously known as the Welsh Network of Healthy School Schemes)? SELECT ONE OPTION ONLY	Yes No Not applicable
Fig.3	Which of the following Health and Well-being Promoting Schools programme activities have taken place in the 2022/23 and 2023/24 school years? SELECT ALL THAT APPLY	School has received topic-specific advice and guidance from the local Health and Well-being Promoting School team School has completed a self-evaluation, audit or review School has developed an action plan School has accessed training via their local Health and Well-being Promoting School team School has engaged in local or national health and well-being initiatives to support their health and well-being priorities School has participated in network events or cluster meetings facilitated by their local Health and Well-being Promoting School team Local Health and Well-being Promoting School team has signposted school to further resources of expertise to support their health and well-being priorities None of the above Don't know
Fig.4	How important is your membership of your local Health and Well-being Promoting School team to your school's health and well-being work? SELECT ONE OPTION ONLY	1 – Not very important 2 3 4 5 – Very important

Fig.5	Which of the following sources of health and well-being data does your school use to update its policies and practices on creating a healthy school? SELECT ALL THAT APPLY	Our own learner surveys School Health Research Network (SHRN) Student Health & Well-being Report The PASS survey Estyn learner survey Other external learner surveys Our own staff surveys Our own parent/carer surveys School Sport Survey Local authority data Routinely collected school data Other (SPECIFY BELOW) Our school does not use data in this way
Fig.6	Who uses the health and well-being data? SELECT ALL THAT APPLY	Senior management / leadership team Well-being / pastoral care teams School council or other learner voice groups School governors Class teachers Health and Well-being Promoting School Coordinator (in school) School cluster Professional learning communities (PLCs) Parent / carer forums Other Virtual head None of the above
Fig.7	How does your school use the health and well-being data? SELECT ALL THAT APPLY	Identify need and set health and well-being priorities Measure the impact of our work on creating a healthy school Look at how health and well-being at our school compares with other local schools or schools within our school family To develop our curriculum To understand the needs of specific groups of learners To inform our cluster work (e.g. primary and secondary clusters) To communicate our priorities with the school community To provide evidence to key stakeholders (e.g. governors) on areas where change is needed To support our school improvement work None of the above
Fig.8	Have you introduced Universal free school meals within your school for the following year groups? SELECT ONE BOX ON EACH ROW Reception Year 1 Year 2 Year 3 Year 4 Year 5 Year 6	Yes Not yet Don't know

Fig.9	In what areas are learners involved in decisions regarding health and well-being at your school? SELECT ALL THAT APPLY	Identifying priority areas Action planning Developing and delivering action/initiatives Reviewing progress/evaluating action and initiatives Policy development Other Learners are not involved in these decisions Don't know
Fig.10	Which health and well-being topics have your learner voice groups worked on in the last two years? SELECT ALL THAT APPLY	Food and nutrition Physical activity Smoking Bullying Emotional and mental wellbeing Phone use and internet safety Active travel Family and community health Climate change Vaping Other (SPECIFY BELOW) Don't know
Fig.11	Does your school have a written **family engagement** action plan or family engagement targets included within your current School Development Plan? SELECT THE STATEMENT THAT BEST DESCRIBES YOUR SCHOOL	No, our school does not have a written action plan or targets Yes, our school has a written action plan or targets only Yes, our school has a written action plan or targets included in our School Development Plan Don't know Not applicable
Fig.11	Does your school have a written **community engagement** action plan or community engagement targets included within your current School Development Plan? SELECT THE STATEMENT THAT BEST DESCRIBES YOUR SCHOOL	No, our school does not have a written action plan or targets Yes, our school has a written action plan or targets only Yes, our school has a written action plan or targets included in our School Development Plan Don't know Not applicable
Fig.12	In what areas are parents & carers involved in decisions regarding health and well-being improvement at your school? SELECT ALL THAT APPLY	Identifying health priority areas Health and well-being curriculum School health policy Family and community health School facilities School environment Other Parents & carers are not involved in these decisions
Fig.13	Which of the following has your school done to support staff knowledge and understanding of the United Nations Convention on the Rights of the Child (UNCRC)? SELECT ALL THAT APPLY	Training for all staff Training for some staff Developed policies relating to children's rights Provided guidance Accredited as a rights respecting school None of the above Other

Fig.14	Does your school have partnerships* with any of the following individuals or groups to help improve learner health and well-being? SELECT ALL THAT APPLY *Partnerships are any formal or informal relationships which exist for a period of time or on an on-going basis and which, in the case of local authorities and health boards, go beyond statutory requirements.*	Other schools Professional sports clubs Local sport clubs Sport development officers (from national or regional organisations or the Local Authority) Faith organisations Private sector businesses or organisations Local public health teams e.g. Health and Well-being Promoting School team National third sector organisations / charities, e.g. Barnardo's, Brook, Alcohol Concern, Pet therapy Regional third sector organisations/ charities Local third sector organisations / charities Health professionals other than the local Health and Well-being Promoting School team, e.g. child health, school nursing, health visiting, GP Youth Workers (statutory or non-statutory) Police / PCSOs CAMHS In-Reach Other
Fig.15	For each year group, on average, how much opportunity for physical activity is timetabled weekly within the formal curriculum? Please note down the answer in minutes e.g. 45. Year 3 Year 4 Year 5 Year 6	Minutes per week Don't know Not applicable
Fig.16	How do learners access free period products at your school? SELECT ALL THAT APPLY	From reception From welfare office/nurse From a teacher From toilets From family inclusion officer From community room or similar Other (SPECIFY BELOW) We do not provide free period products
Fig.17	Does your school promote active travel in any of the following ways? SELECT ALL THAT APPLY	Identify and promote safe walking and cycling routes Storage for bicycles and scooters Promotion of helmets for cyclists Walking promotions, e.g. 'Walk to School Week' Cycling proficiency training Pedestrian/cyclist entrances Collaboration with police/PCSOs to address community/transport safety Other None of the above

Fig.18	Does your school do any of the following to promote healthy eating? SELECT ALL THAT APPLY	Monitor and set goals to increase uptake of free school meals Clearly identify healthier options in the school canteen Ensure healthier options are clearly positioned for all learners during lunchtime Limit the use of foods high in saturated fat, sugar or salt for celebrations or as rewards Incentivise healthier options through other means Engage with Welsh Local Government Association 'certificate of Compliance' process for the Healthy Eating in Schools regulations (or similar process) Teach nutrition as part of the curriculum None of the above Don't know
Fig.19	Does your school offer a breakfast club before the start of the morning school session? SELECT ONE BOX ONLY	Yes, to all learners throughout the year Yes, to some learners and/or at certain times of year No Don't know
Fig.20	How long do learners have for their lunch break at your school? SELECT ONE BOX ONLY	Less than 30 minutes 30 or 35 minutes 40 or 45 minutes 50 or 55 minutes 60 or more minutes
Fig.21	Does your school have written policies that include the following? SELECT ONE BOX ON EACH ROW (a) Emotional and mental well-being (b) Self-harm (c) Suicide prevention (d) Disordered eating (e) Gender questioning (f) Bereavement (g) Neurodiversity (h) Mobile phone use	Yes In development No
Fig.22	Does your school deliver any of the following emotional and mental well-being interventions for learners? SELECT ALL THAT APPLY	Thrive Emotional Literacy Support Assistants (ELSA) Trauma Informed Schools (TIS) Mindfulness Jigsaw Mental Health First Aid Other (SPECIFY BELOW) Don't know
Fig.23	Has your school started to deliver the Framework on Embedding a Whole School Approach to Emotional and Mental Well-being? Please identify the stage that most closely matches your current position: SELECT ONE BOX ONLY	My school has not begun to deliver a Whole School Approach (WSA) Scoping: Self-evaluating the school's strengths and needs Action planning: Creating a new or developing an existing action plan to build on the school's strengths and address gaps Implementing: Implementing the action plan Evaluating: Reviewing the effectiveness of the measures in place Continuous improvement: Using key learning from evaluation to improve the school's approach

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