The School Health Research Network (SHRN)

Report Findings for The SHRN School Environment Questionnaire (SEQ) in Secondary Schools 2023

May 2024

Contents

Section One and Section Two of this report were developed by Ipsos on behalf of the SHRN team at Cardiff University.

Acknowledgments

We extend our heartfelt thanks to all the secondary schools across Wales that participated in this report. Your commitment and collaboration are invaluable in enhancing our understanding of student health and well-being. Together, we are making a positive impact on our learners' lives. Thank you for your dedication and support.

We are also grateful for the support of our partners in Welsh Government and Public Health Wales.

Introduction

The SHRN School Environment Questionnaire (SEQ) in secondary 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 student health and well-being. It informs policy development at both national and local levels, ensuring alignment with the needs of schools and students, 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, 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 initiatives, and facilitates self-evaluation, allowing schools to reflect on their practices and share innovative strategies across the network.

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

For more information about the SEQ please read **here**

1. Data Collection and Sample

The SHRN School Environment Questionnaire (SEQ) 2023 was administered by Ipsos, on behalf of Cardiff University. It was completed online by The School Health Research Network (SHRN) member schools in Wales. Fieldwork took place between 2 October to 22 December 2023.

The SEQ survey sample in 2023 consisted of 208 schools. Three schools, however, were comprised of two physically distant sites with no crossover of students. These schools were asked to complete the SEQ separately for each site, bringing the total number in the sample to 211. One hundred and ninety-three (193) out of 211 school sites (including some independent schools) participated in the SEQ survey (91%). Eighteen school sites (9%) did not complete the survey, of which 10 have opened the survey link but did not complete the questionnaire and 8 did not access the questionnaire. These represented 22 local authority areas in Wales (see Table 1). The sample of secondary schools was provided by Cardiff University.

Table 1: Summary of The School Health Research Network (SHRN) membership by Local Authority and completion of the SEQ Questionnaire

Local Authority	The School Health Research Network membership (Secondary and Through School/All Age schools)	
	Completed questionnaire in full	Questionnaire not completed
Abertawe / Swansea	13	0
Blaenau Gwent	4	0
Bro Morgannwg / Vale of Glamorgan	8	0
Caerdydd / Cardiff	13	4
Caerffili / Caerphilly	11	1
Casnewydd / Newport	9	0
Castell-nedd Port Talbot / Neath Port Talbot	9	0
Ceredigion	7	0
Conwy	7	0
Gwynedd	15	0
Merthyr Tudful / Merthyr Tydfil	4	0
Pen-y-Bont ar Ogwr / Bridgend	9	1
Powys	11	2
Rhondda Cynon Taf	15	2
Sir Ddinbych / Denbighshire	8	0
Sir Fynwy / Monmouthshire	4	1
Sir Gâr / Carmarthenshire	12	2
Sir Penfro / Pembrokeshire	7	1
Sir y Fflint / Flintshire	10	1
Torfaen	5	1
Wrecsam / Wrexham	7	2
Ynys Môn / Isle of Anglesey	5	0
Total	**193**	**18**

In this wave of the study, responses from schools which have not fully completed the survey, were not retained. The bases for charted questions are given underneath each chart. For questions that are not charted, bases are provided in a table following the summary findings in each section. School sites are counted separately in the bases. For charts showing Years 12 and 13, all schools without sixth forms were excluded from the relevant bases for these year groups. Eighty school sites that took part did not have a sixth form.

Percentages in the text and in the charts are rounded to the nearest integer. Where combined percentages in the text or charts do not exactly match the sum of their parts, this may be due to rounding. In some charts, low percentage figures may not be labelled for clarity.

The maintained schools within the sample are representative of all schools in Wales with respect to size and level of free school meal entitlement, with very small differences between schools that completed the questionnaire and those that did not (see Table 2).

Data Cleaning

Some data cleaning was required where schools had not provided valid data or answers were given that were not considered plausible. In such cases, the data were re-coded as "missing".

Table 2: Mean free school meal entitlement and school size (PLASC data 2023) in maintained schools completing the SEQ and those that did not

	Survey participants (n = 193)	Non-participants (n = 18)
Free school meal entitlement (%)	19.55 (± 9.91)	19.43 (±13.24)
Student roll	940.63 (±376.40)	976.25 (± 308.30)

2.   Findings
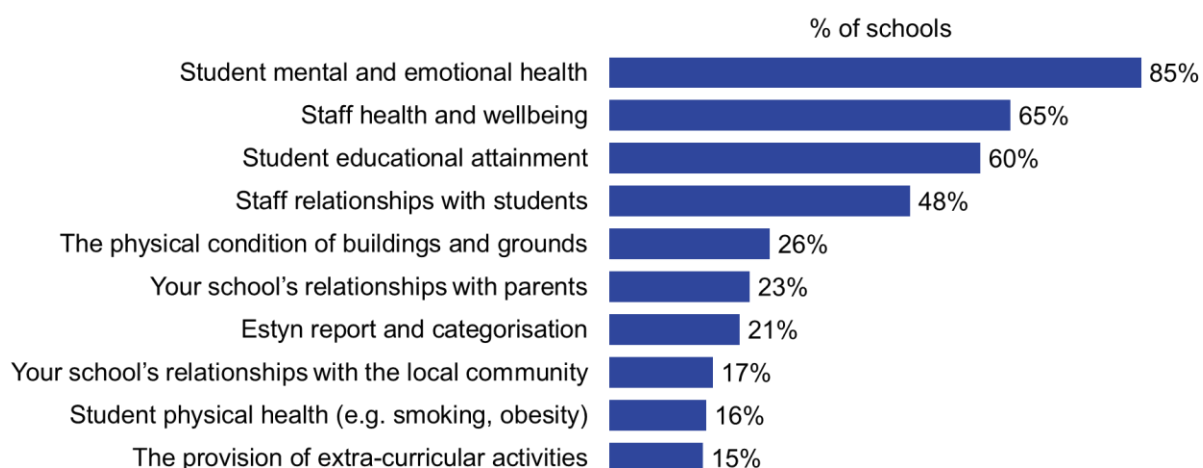## 2.1   General questions about your school

Summary Findings

- The most frequently selected **senior management/leadership team priority** was student mental and emotional health (85%). Staff health and well-being (65%) and student educational attainment (60%) were also frequently selected priorities (see Figure 1).

- In four fifths (80%) of schools with a **single strategic lead** for health and well-being, the lead was a senior manager i.e. either a deputy headteacher or assistant headteacher (see Figure 2). For over half (55%) of the schools surveyed, the strategic lead for health and well-being was an assistant headteacher.

- Of schools participating locally in The Welsh Network of Health and Well-being Promoting Schools (WNHWPS), the majority had received advice or guidance from the WNHWPS scheme (70%), participated in network events or cluster meetings facilitated by their local Healthy School team (69%) or had engaged in local or national health and well-being initiatives to support their health and well-being priorities (66%) (see Figure 3).

- A majority (78%) of schools thought their **membership of the local WNHWPS scheme** was important (see Figure 4).

- Over half of schools had a written action plan or targets included in their School Development Plan (SDP) for family engagement (56%) and community engagement (53%) (see figure 5).

- All schools said that they used at least one **source of health and well-being data to update their policies and practices on creating a healthy school**. The two most frequently mentioned data sources used were the school's own student surveys (88%) and The School Health Research Network Student Health and Well-being Report (88%) (see Figure 6).

- **Health and well-being data was used by** various groups within the school, mainly by the senior management/leadership team (96%) and the well-being and pastoral care teams (94%), and around six in ten shared data with school council or other student voice groups (61%), their school governors (58%) or their WNHWPS healthy school coordinator (57%) (see Figure 7).

- Over nine in ten schools (95%) **used data to** identify need and set health and well-being priorities. Over eight in ten (83%) used data to support school improvement while just under eight in ten (76%) used data to measure the impact of their work on creating a healthy school (see Figure 8).

- Use of **restorative practices in schools' approaches to student discipline** was common. More than nine in ten (94%) use a restorative conference as an approach to student discipline (see Figure 9).

Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q2 Does your school have a single strategic lead for student health and well-being?	All school respondents (182)
Q3 Does your school have a single lead of multiple leads for the following?	All school respondents (189)
Q4 Is your school a member of its local healthy school scheme as part of WNHWPS?	All school respondents (150)
Q7 Does your school have a written school health and well-being action plan or school health and well-being targets?	All school respondents (178)
Q8 Are your action plan or targets included in your current School Development Plan?	All schools that have a written school health and well-being action plan/targets (142)
Q9 Does the Senior Management / Leadership Team formally assess progress against the action plan or targets?	All schools that have a written school health and well-being action plan/targets (143)
Q14 Does your school use isolation to manage student behaviour?	All school respondents (193)
Q16 Which other restorative practices do you use?	All school respondents who used other restorative practices (31)

Fig. 1: Senior management/leadership team priorities

% of schools

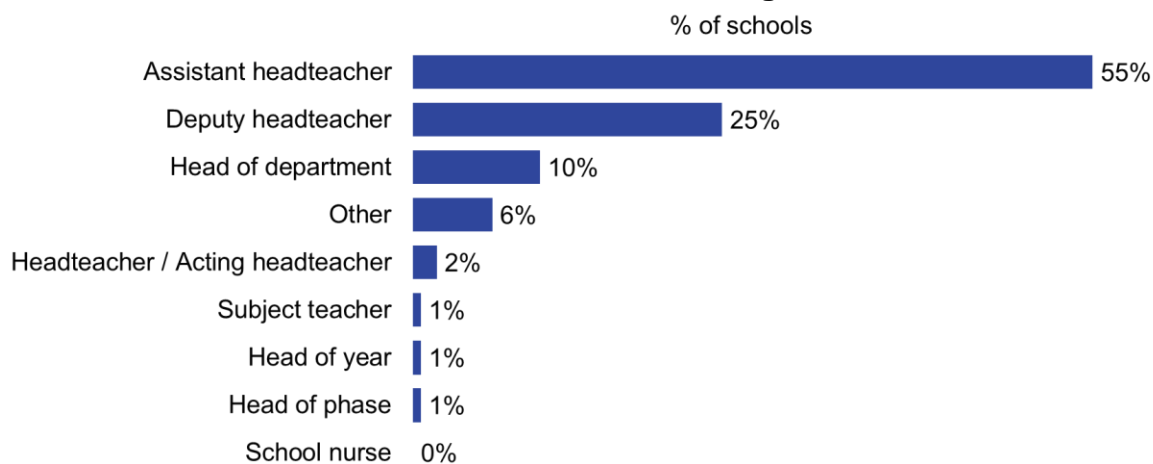|	
Student mental and emotional health	85%
Staff health and wellbeing	65%
Student educational attainment	60%
Staff relationships with students	48%
The physical condition of buildings and grounds	26%
Your school's relationships with parents	23%
Estyn report and categorisation	21%
Your school's relationships with the local community	17%
Student physical health (e.g. smoking, obesity)	16%
The provision of extra-curricular activities	15%

Q1 In which of the following areas did the senior management/leadership team focus their efforts to make improvements?

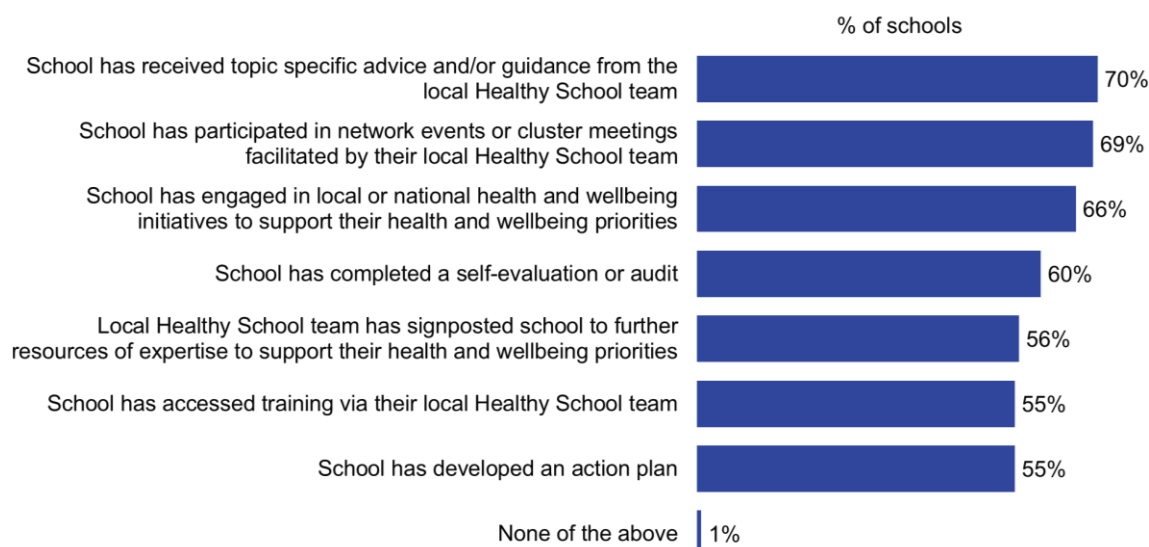Base: All school respondents, excluding 'Don't know' (186). A maximum of four options could be selected.

Fig. 2: Professional role of school health and well-being leads

% of schools

Role	%
Assistant headteacher	55%
Deputy headteacher	25%
Head of department	10%
Other	6%
Headteacher / Acting headteacher	2%
Subject teacher	1%
Head of year	1%
Head of phase	1%
School nurse	0%

Q2A. What is the professional role of the student health and well-being lead?
Base: All school respondents with a single strategic lead for student health and well-being, excluding 'Don't know' (156).

Fig. 3: WNHWPS Scheme activities that have taken place in the last two years

% of schools

Activity	%
School has received topic specific advice and/or guidance from the local Healthy School team	70%
School has participated in network events or cluster meetings facilitated by their local Healthy School team	69%
School has engaged in local or national health and wellbeing initiatives to support their health and wellbeing priorities	66%
School has completed a self-evaluation or audit	60%
Local Healthy School team has signposted school to further resources of expertise to support their health and wellbeing priorities	56%
School has accessed training via their local Healthy School team	55%
School has developed an action plan	55%
None of the above	1%

Q5 Which of the following WNHWPS Scheme activities have taken place in the last two school years?

Base: All school respondents that are a member of their local health school scheme as part of the Welsh Network of Healthy School Schemes (WNHWPS), excluding 'Don't know' (132).
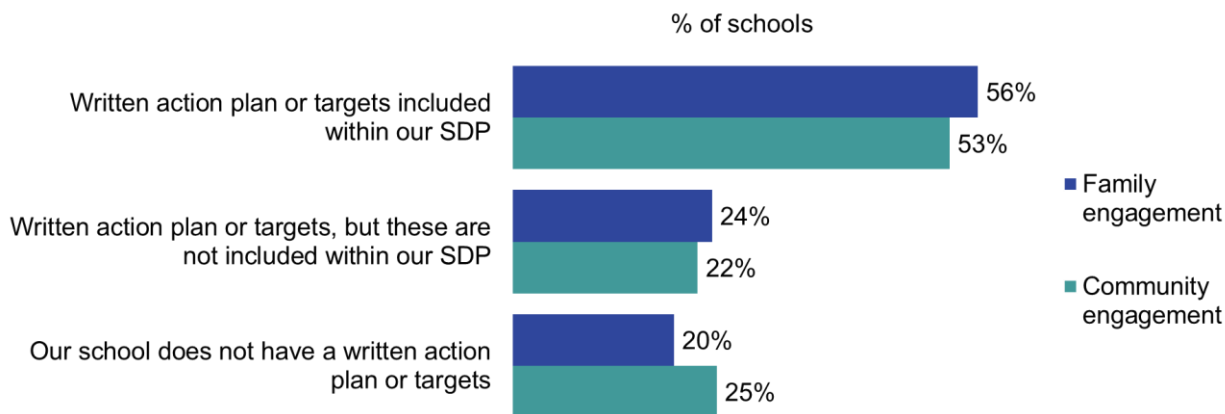
Fig. 4: Importance of WNHWPS Scheme membership to health and well-being work

1 – Not very important

2

3

4

5 – Very important

% of schools

1% 5%

16%

29%

50%
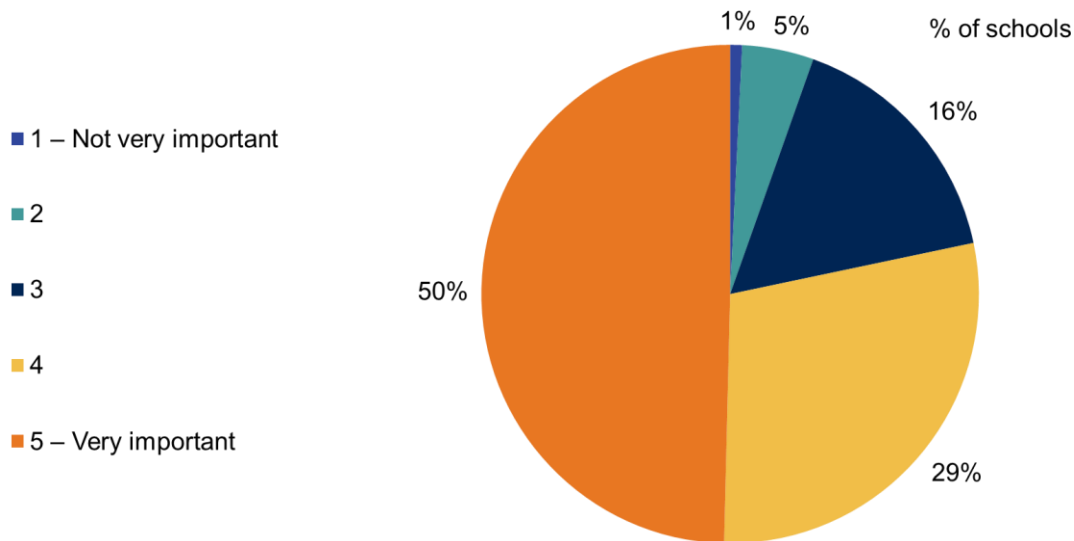
Q6 How important is your membership of your local WNHWPS Scheme to your school's health and well-being work?

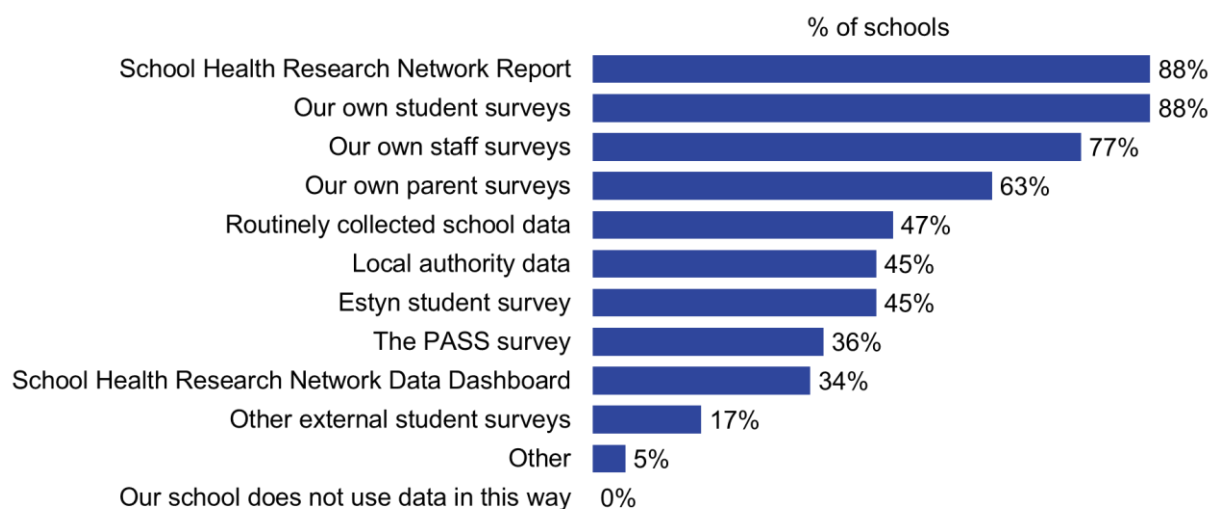Base: All school respondents that are WNHWPS members, excluding 'Don't know' responses (129).

Fig. 5: Written action plan or targets included in current School Development Plan (SDP)

% of schools

Written action plan or targets included within our SDP — Family engagement 56%, Community engagement 53%

Written action plan or targets, but these are not included within our SDP — Family engagement 24%, Community engagement 22%

Our school does not have a written action plan or targets — Family engagement 20%, Community engagement 25%

- Family engagement
- Community engagement

Q10 Does your school have a written action plan or targets included within your current School Development Plan (SDP) for the following?

Base: All school respondents, excluding 'Don't know' or not stated responses (174).
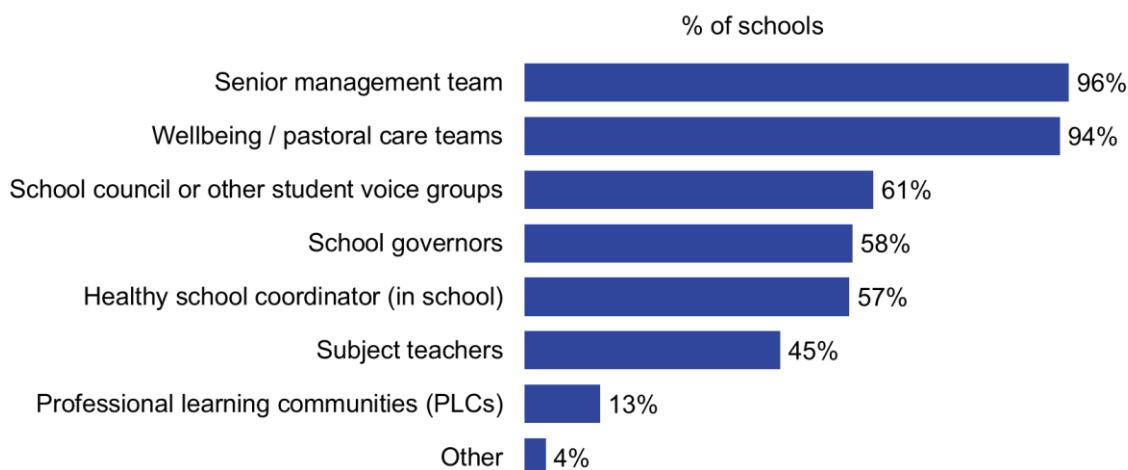
Fig. 6: Sources of data used to update school health policies and practices

% of schools

Source	%
School Health Research Network Report	88%
Our own student surveys	88%
Our own staff surveys	77%
Our own parent surveys	63%
Routinely collected school data	47%
Local authority data	45%
Estyn student survey	45%
The PASS survey	36%
School Health Research Network Data Dashboard	34%
Other external student surveys	17%
Other	5%
Our school does not use data in this way	0%

Q11 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?

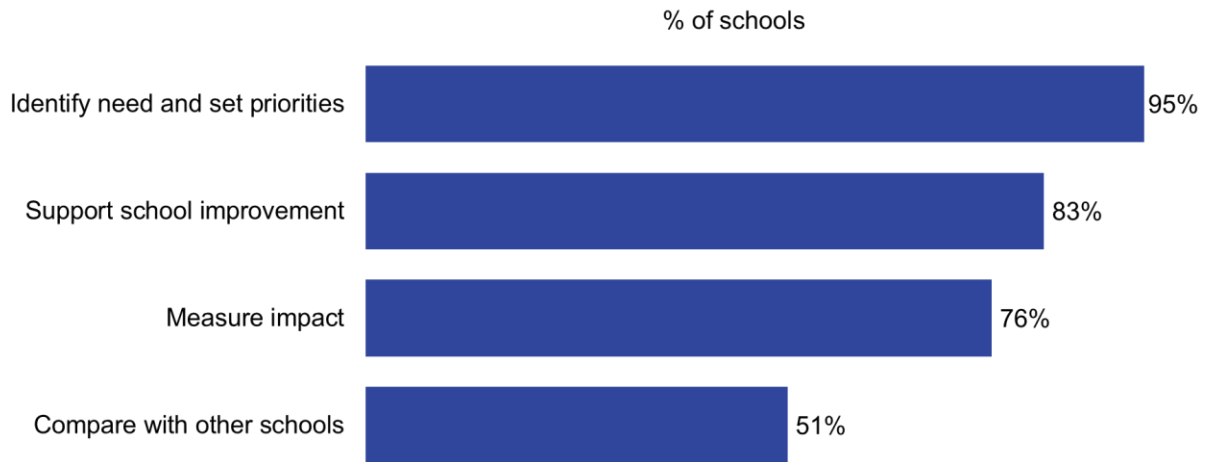Base: All school respondents, excluding 'Don't know' or not stated responses (193).

Fig. 7 Users of health and well-being data

% of schools

User	%
Senior management team	96%
Wellbeing / pastoral care teams	94%
School council or other student voice groups	61%
School governors	58%
Healthy school coordinator (in school)	57%
Subject teachers	45%
Professional learning communities (PLCs)	13%
Other	4%

Q12 Who uses the health and well-being data?

Base: All school respondents that use data to update policies and practices on creating a healthy school, excluding 'Don't know' (189).
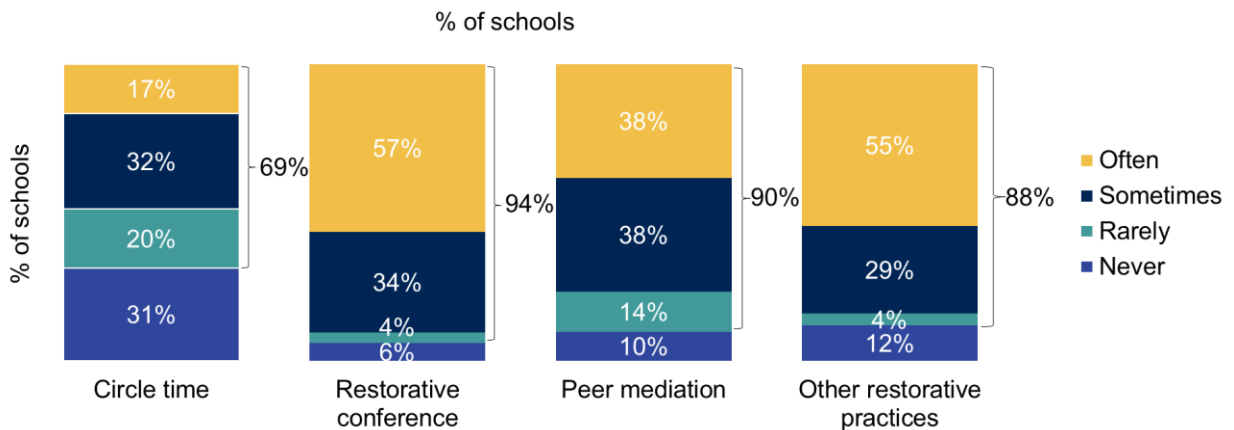
Fig. 8: Schools' uses of data to create a healthy school

% of schools

Identify need and set priorities	95%
Support school improvement	83%
Measure impact	76%
Compare with other schools	51%

Q13 How do you use the health and well-being data?

Base: All school respondents that use data to update policies and practices on creating a healthy school, excluding 'Don't know' (189).

Fig. 9 Use of restorative practices in schools' approach to student discipline

% of schools

	Circle time	Restorative conference	Peer mediation	Other restorative practices
Often	17%	57%	38%	55%
Sometimes	32%	34%	38%	29%
Rarely	20%	4%	14%	4%
Never	31%	6%	10%	12%
(bracket)	69%	94%	90%	88%

Q15 How often does your school use the following restorative practices in your approach to student discipline?

Base: All school respondents, excluding 'Don't know' responses: Circle time (186), Restorative conference (189), Peer mediation (185), Other restorative practices (170)

2.2   Student, Parent/Carer and Community involvement in Health and Well-being

Summary Findings

- Three quarters of schools (76%) said that **students were involved in decisions regarding health and well-being through identifying priority areas**. Just under two thirds of schools said students were involved in developing and delivering action / initiatives (65%) (see Figure 10).

- **Student voice groups most commonly worked on** mental well-being topics (78%). Food and nutrition (76%), bullying (75%) and physical activity (51%) were also commonly discussed topics (see Figure 11).

- Nearly four in ten schools (37%) did not involve parents and carers in health and well-being improvement decisions. Of those schools that **involved parents and carers in health and well-being improvement decisions**, most did so via surveys (86%), through parent governors (76%) and via information evenings (70%) (see Figure 12).

- Nearly all schools that **made their facilities available** for groups in the local community charged some or all groups for using them (90%) (see Figure 13).

- **Most schools worked with at least one local or national partner to improve student health and well-being.** Partnerships with the police/PCSOs (90%), youth workers (83%), health professionals (80%) and sport development officers (76%) were the most common (see Figure 14).

Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q18 How many times a year does your School Council or similar student-led body meet?	All school respondents (190)
Q20 In what areas are parents/carers involved in decisions regarding health and well-being improvement at your school?	All school respondents (193)
Q22 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)?	All school respondents (193)
Q23 To what extent has the United Nations Convention on the Rights of the Child (UNCRC) informed your school's approach to the following?	All school respondents (179)

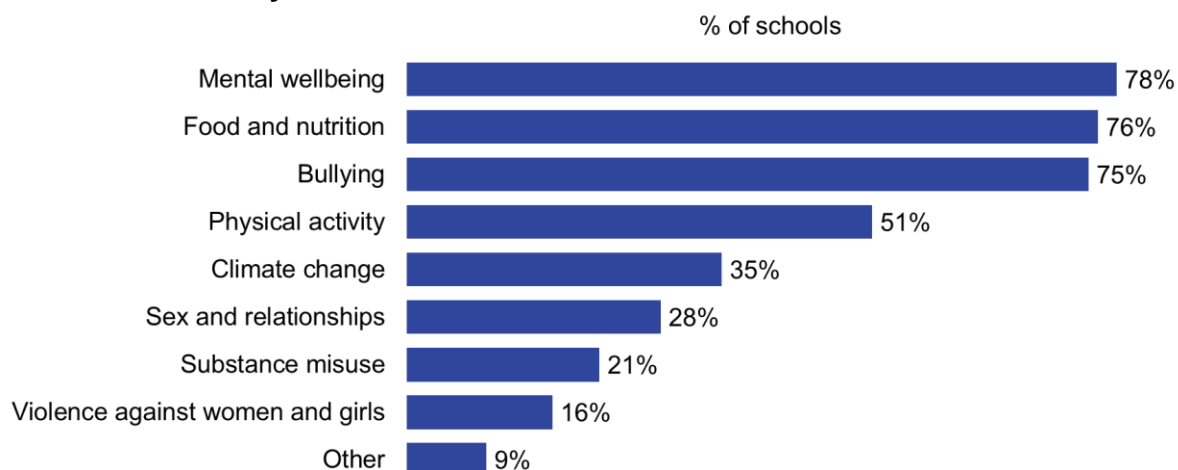|	
Q24 Which of your school's facilities are available for groups in the local community to use and when?	All school respondents with facility (193)
Q25A Why are community groups charged to use your school's facilities?	All schools that charge local community groups to use school facilities (138)

Fig. 10: Student involvement in decisions regarding health and well-being improvement

% of schools

Identifying priority areas	76%
Developing and delivering action/initiatives	65%
Action planning	51%
Policy development	43%
Reviewing progress/evaluating action and initiatives	42%
Other	3%
Students are not involved in these decisions	4%

Q17 In what areas are students involved in decisions regarding health and well-being improvement at your school?

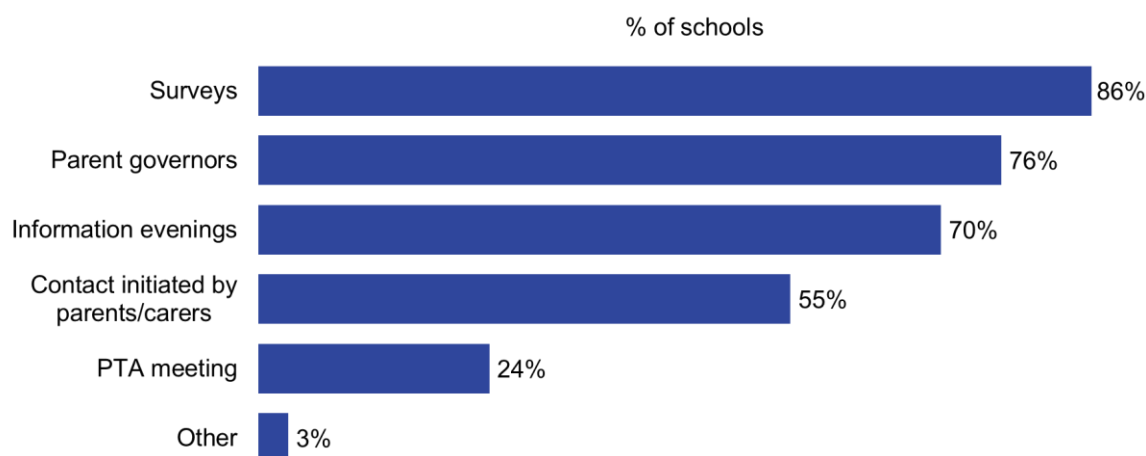Base: All school respondents, excluding 'Don't know' responses (188).

Fig. 11: Health and well-being topics that student voice groups have worked on in the last two years

% of schools

Topic	%
Mental wellbeing	78%
Food and nutrition	76%
Bullying	75%
Physical activity	51%
Climate change	35%
Sex and relationships	28%
Substance misuse	21%
Violence against women and girls	16%
Other	9%

Q19 Which health and well-being topics have your student voice groups worked on in the last two years?

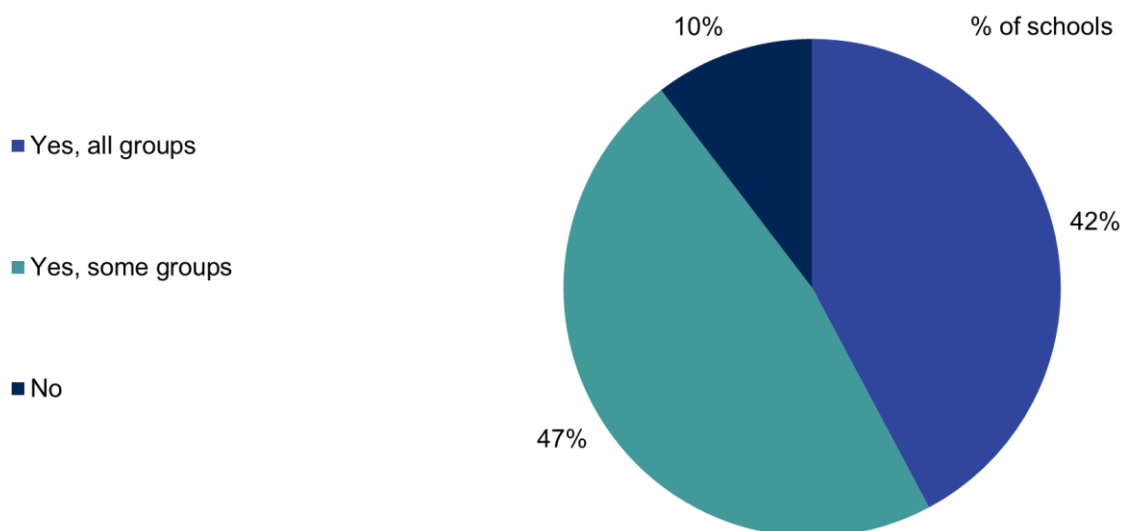Base: All school respondents, excluding 'Don't know' responses (193).

Fig. 12: Ways in which schools involve parents/carers in health and well-being improvement decisions

% of schools

Way	%
Surveys	86%
Parent governors	76%
Information evenings	70%
Contact initiated by parents/carers	55%
PTA meeting	24%
Other	3%

Q21 In what ways are parents/carers involved in health and well-being improvement decisions?

Base: All school respondents that involve parents / carers in decisions regarding health and well-being improvement, excluding 'Don't know' or not stated responses (97).
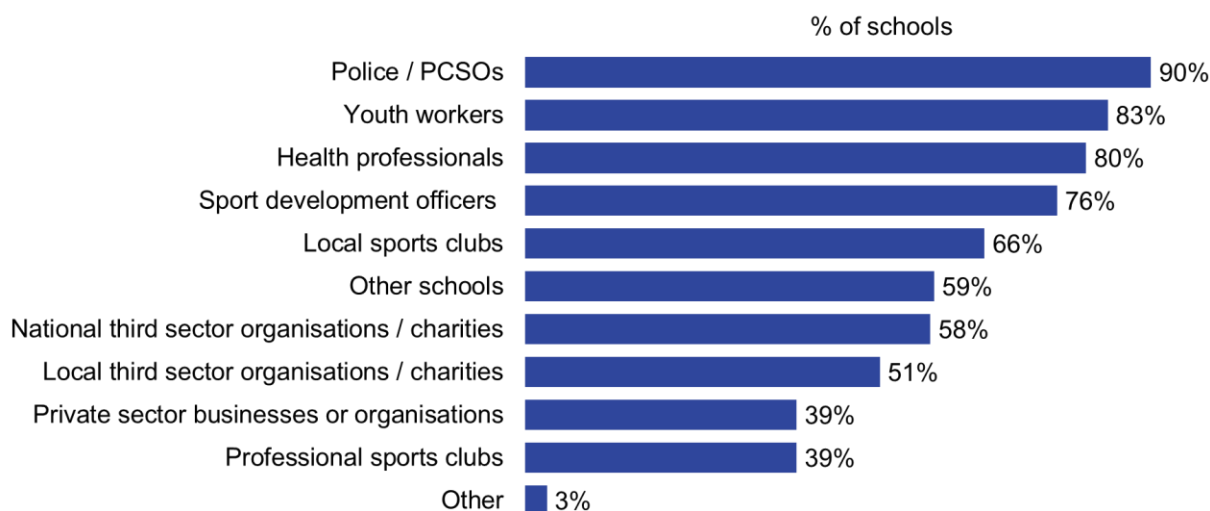
Fig. 13 Proportion of schools that charge community groups to use their facilities

% of schools

- Yes, all groups
- Yes, some groups
- No

10%

42%

47%

Q25 Are local community groups charged to use your school's facilities?

Base: All school respondents that have facilities that are used by local community groups, excluding 'Don't know' (154).

Fig. 14: Partnerships to improve student health and well-being

% of schools

Police / PCSOs	90%
Youth workers	83%
Health professionals	80%
Sport development officers	76%
Local sports clubs	66%
Other schools	59%
National third sector organisations / charities	58%
Local third sector organisations / charities	51%
Private sector businesses or organisations	39%
Professional sports clubs	39%
Other	3%

Q26 Does your school have partnerships* with any of the following individuals or groups to help improve student health and well-being?

Base: All school respondents, excluding 'Don't know' responses (193).

* Partnerships are any formal or informal relationships which exist for a period of time or on an ongoing basis and which, in the case of local authorities and health boards, go beyond statutory requirements.
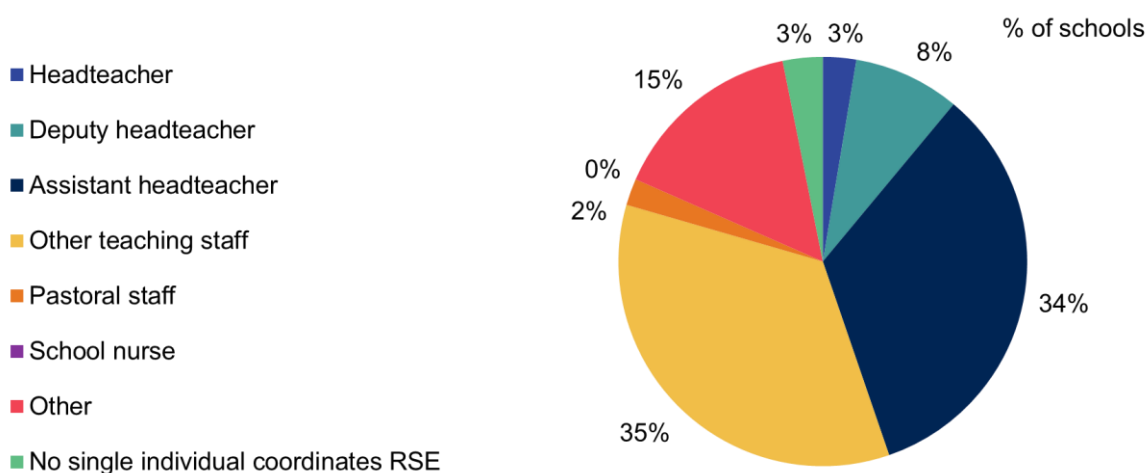
2.3   Health and Well-being Education

Summary Findings

- In four in ten schools (45**%**), **responsibility for coordinating relationships and sexuality education (RSE) lessons** was held by a member of the senior management /leadership team, with 34% of schools assigning responsibility to an assistant headteacher (see Figure 15).

- Over half of schools (52%) used outside agencies to help **contribute to delivering RSE.** Classroom teachers (48%) and form tutors (46%) also contributed to teaching RSE in nearly half of all schools surveyed (see Figure 16).

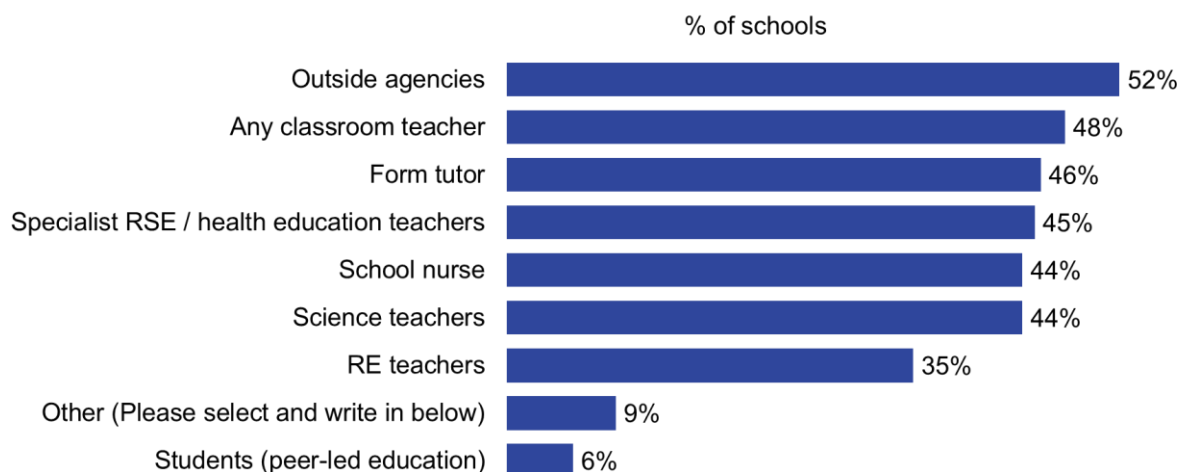| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q29 For each year group, please indicate whether you teach the following	All school respondents (193)

Fig. 15 Responsibility for coordinating Relationships and Sexuality Education (RSE)

Legend:
- Headteacher
- Deputy headteacher
- Assistant headteacher
- Other teaching staff
- Pastoral staff
- School nurse
- Other
- No single individual coordinates RSE

% of schools

3% 3% 8% 34% 35% 2% 0% 15%

Q27 Who is responsible for coordinating Relationships and Sexuality Education (RSE) in the school?

Base: All school respondents, excluding 'Don't know' responses (190).

Fig. 16 Groups who contribute to teaching RSE

% of schools

Group	%
Outside agencies	52%
Any classroom teacher	48%
Form tutor	46%
Specialist RSE / health education teachers	45%
School nurse	44%
Science teachers	44%
RE teachers	35%
Other (Please select and write in below)	9%
Students (peer-led education)	6%

Q28 Who contributes to teaching relationships and sexuality education (RSE)?

Base: All school respondents, excluding 'Don't know' responses (193).

### 2.4 Physical Activity and Active Travel

Summary Findings

- Over half of all Year 7 students (52%) **can participate in extra-curricular sport or structured physical activity** 3-4 days per week in the summer term (see Figure 16). While a similar proportion can participate for 3-4 days a week in the autumn term (49%). Year 10 students can participate for 3-4 days a week in less schools: 47% for the Summer term and 46% for the autumn term (see Figure 17).

- Unsurprisingly, nearly all schools used PE teachers to deliver extra-curricular sport or physical activity (99%). The proportion of schools **using Sport Wales Young Ambassadors to deliver extra-curricular sport or physical activity** was 28%. Other teachers or other school staff were the group most frequently used by schools to deliver extra-curricular sport (82%) after PE teachers (see Figure 18).

- A gymnasium / sports hall, sports field or basketball/netball court were each **made available to students either at lunchtimes and/or after school** in approximately six to eight in ten schools (60-80%). Over half of schools made sports equipment available to students at lunchtimes (52%) and after school (51%) (see Figure 19).

- Six in ten schools (61%) were **in the Sport Wales Young Ambassadors scheme**, and nearly a third (32%) of schools had five or more ambassadors (see Figure 20).

- The most frequently used **method to promote active transport** was provision of secure covered storage for bicycles and scooters (65% of schools), with just over half of schools collaborating with police or PCSOs to address community or transport safety (53%) and more than four in ten promoting safe walking and cycling routes (43%). Only 12% of schools offered cycle proficiency training (see Figure 21).

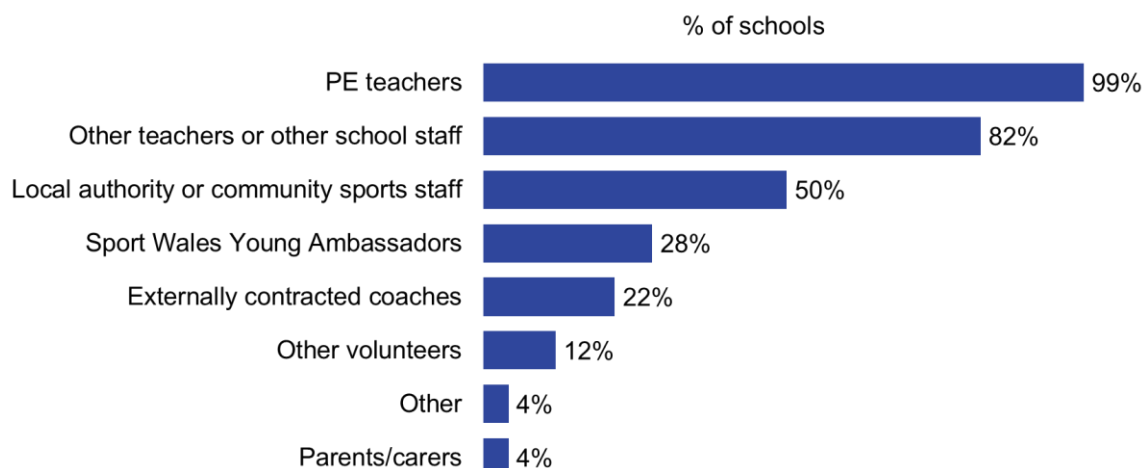| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q35 Does your school: (1) Monitor the number of students walking or cycling to school; (2) Set goals to increase the number of students walking or cycling to school	All school respondents: Monitoring students (177); Setting goals (173), Outdoor learning (183)

Fig. 17: Number of days a week students in Years 7 and 10 can participate in extra-curricular sport or structured physical activity
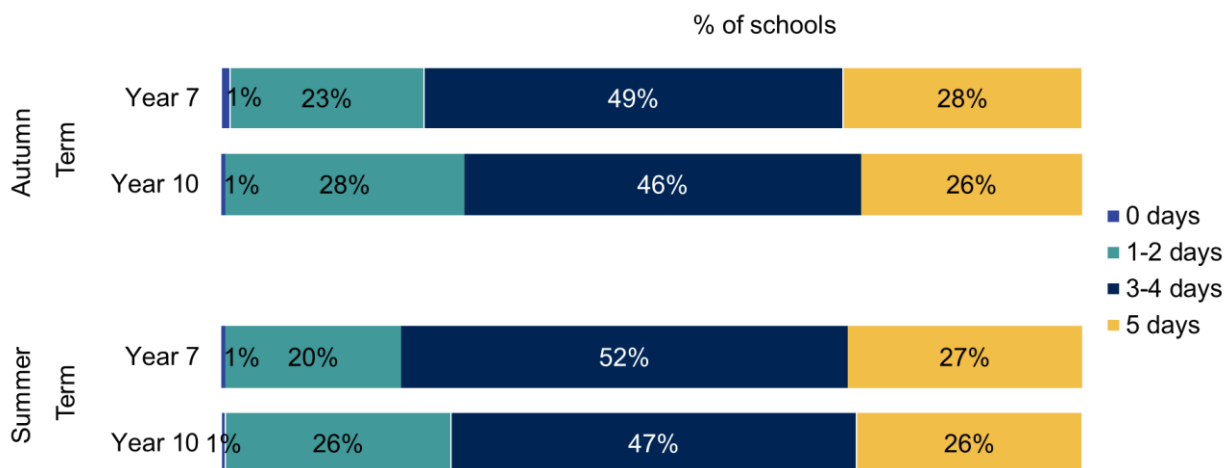
Q30 On average, how many days a week can students in years 7 and 10 participate in extra-curricular sport or other structured physical activity (led by staff, volunteers, other students) in the autumn and summer terms, e.g. football club, dance club?

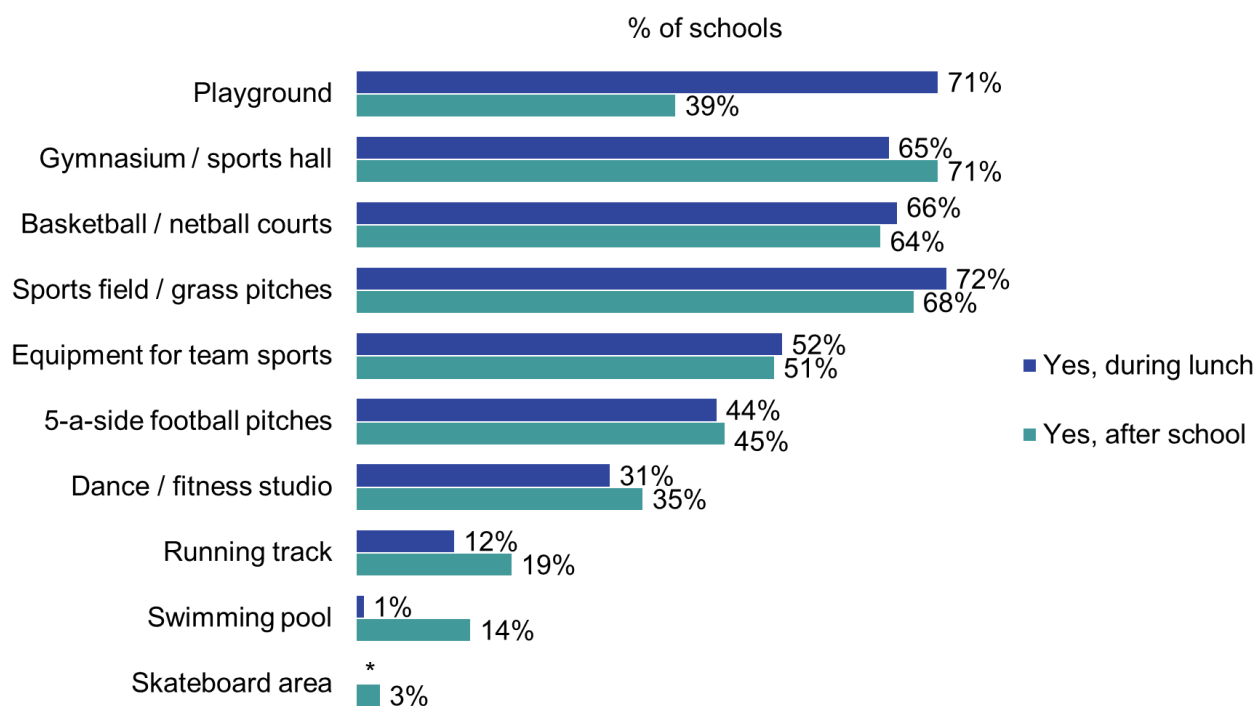Base: All school respondents, excluding 'Don't know' responses (191).

Fig. 18 Groups delivering extra-curricular sports in schools

% of schools

Group	%
PE teachers	99%
Other teachers or other school staff	82%
Local authority or community sports staff	50%
Sport Wales Young Ambassadors	28%
Externally contracted coaches	22%
Other volunteers	12%
Other	4%
Parents/carers	4%

Q31 Who delivers extra-curricular sports and physical activity in your school?

Base: All school respondents that) deliver extra-curricular sports and physical activity, excluding 'Don't know' responses (193).

Fig. 19: Student access to physical activity resources outside of lesson time

% of schools

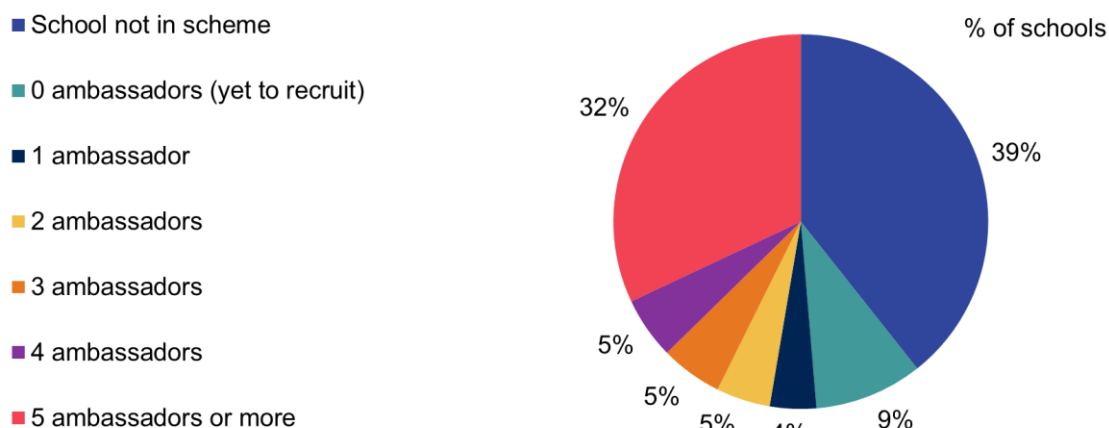| Resource	Yes, during lunch	Yes, after school
Playground	71%	39%
Gymnasium / sports hall	65%	71%
Basketball / netball courts	66%	64%
Sports field / grass pitches	72%	68%
Equipment for team sports	52%	51%
5-a-side football pitches	44%	45%
Dance / fitness studio	31%	35%
Running track	12%	19%
Swimming pool	1%	14%
Skateboard area	*	3%

Q32 Are the following available to students on site (with or without supervision)?

Indicates percentages lower than 0.5%

Base: All school respondents, excluding 'Don't know': Gymnasium/sports hall (192), Sports field/grass pitches (192) and Equipment for team sports (190), Swimming pool (190), Dance/fitness studio (190), Basketball/netball courts (191) and Playground (191), Running track (189), five-a-side football pitches (190) and Skateboard area (187).
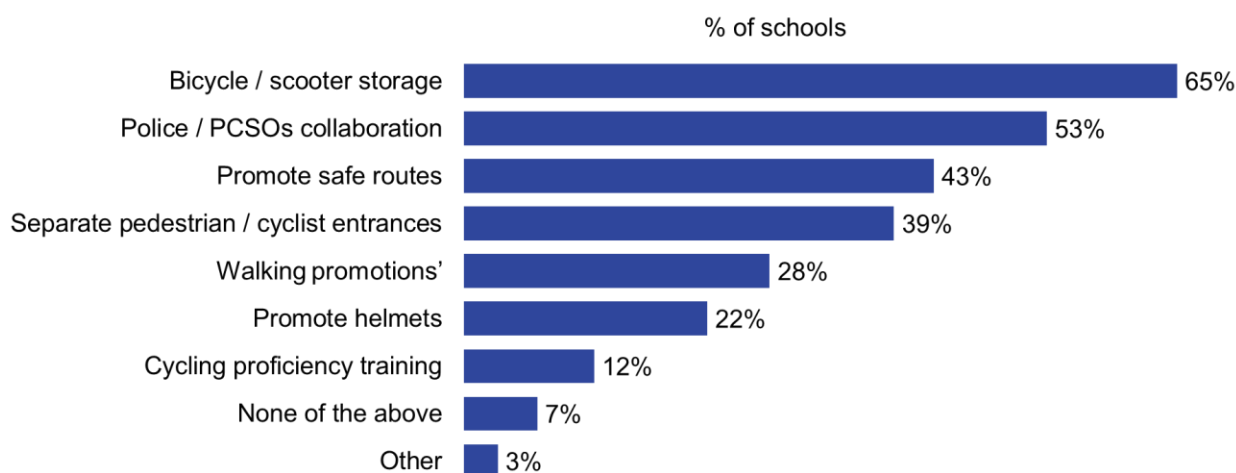
Fig. 20: Percentage of schools with Sport Wales Young Ambassadors

Legend:
- School not in scheme
- 0 ambassadors (yet to recruit)
- 1 ambassador
- 2 ambassadors
- 3 ambassadors
- 4 ambassadors
- 5 ambassadors or more

% of schools

39%, 9%, 4%, 5%, 5%, 5%, 32%

Q33 How many Sport Wales Young Ambassadors does your school currently have?

Base: All school respondents, excluding 'Don't know' responses (150).

Fig. 21: Strategies to promote active travel

% of schools

Strategy	%
Bicycle / scooter storage	65%
Police / PCSOs collaboration	53%
Promote safe routes	43%
Separate pedestrian / cyclist entrances	39%
Walking promotions'	28%
Promote helmets	22%
Cycling proficiency training	12%
None of the above	7%
Other	3%

Q34 Does your school promote active travel in any of the following ways?

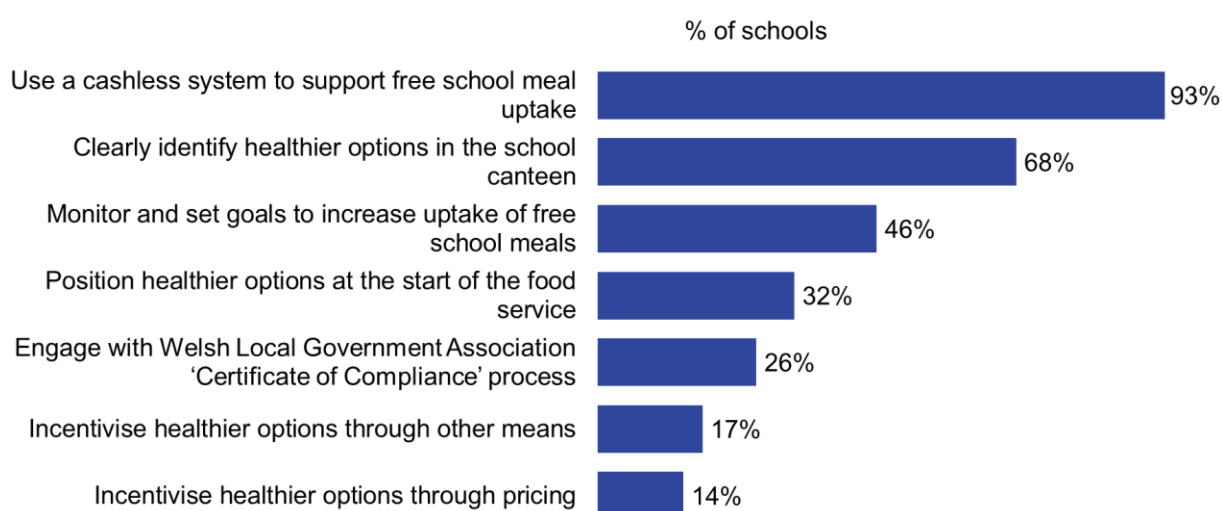Base: All school respondents, excluding 'Don't know' responses (193).

2.5 Healthy Eating

Summary Findings

- The most frequently used **strategy to promote healthy eating** was using a cashless system to support free school meal uptake (93% of schools). Using price incentives for healthier options was low (14% of schools). Nearly half (46%) of schools had goals in place to increase uptake of free school meals (see Figure 22).

- **Extra-curricular programmes for learning about food and healthy eating** were offered in 75% of schools in total, with 27% overall being offered on a regular basis and 48% as ad hoc or one-off events.

- **Nearly half (49%) of schools offered a breakfast club** throughout the year to all students. A further 26% of schools offered a breakfast club to some students and/or at certain times of the year.

- **Student payment for breakfast** was free of charge to all students in one fifth (21%) of schools with clubs, while nearly a third (30%) provided free breakfast to some students based on need (see Figure 23).

- The strong majority of schools (97%) had **at least 30 minutes for their lunch break**, with six percent overall having an hour or more (see Figure 24).

- Just under one in ten of schools allowed Year 7, 8, 9 (8% for each year) or year 10 (9%) **students off site at lunchtime**, but only with parental consent. Whilst 18% of schools did so for Year 11, both with (14%) and without parental consent (4%) (see Figure 25).

- About half of schools (48%) had **a healthy eating or Food and Fitness policy**. A further quarter (24%) of schools had a policy in development.

- Of schools that had healthy eating or Food and Fitness policies, the least likely event to be covered in this policy was **the types of food and drink that could be offered at school social events for parents/carers** (36%) **or in student enterprise projects** (36%) (see Figure 26).

- Among schools with a healthy eating or Food and Fitness policy, over half (56%) had a policy that included guidance on **the types of food and beverages that students can bring into school**, whilst for 10% the policy included requirements on such things.
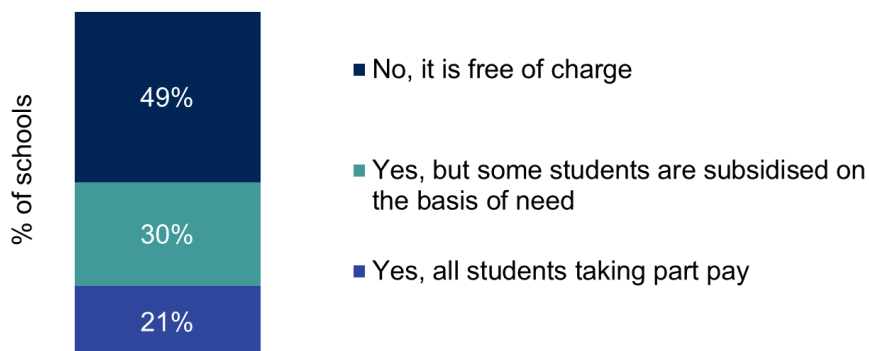
Question (not charted)	Base (excluding 'Don't know' or not stated responses)

Q37 Does your school or any other organisation provide any extra-curricular programmes for learning about food and healthy eating, e.g. cooking clubs?	All school respondents (190)
Q38 Does your school offer a breakfast club before the start of the morning school session?	All school respondents (190)
Q39 How many days a week is the breakfast club offered?	All schools that offer a breakfast club (143)
Q43 Does your school have a healthy eating or Food and Fitness policy?	All school respondents (176)
Q45 Does your school's healthy eating or Food and Fitness policy include guidance or requirements on the types of foods and beverages that students can bring into school, e.g. in packed lunches?	All schools that have a healthy eating or Food and Fitness policy (61)

Fig. 22: Strategies to promote healthy eating

% of schools

Use a cashless system to support free school meal uptake	93%
Clearly identify healthier options in the school canteen	68%
Monitor and set goals to increase uptake of free school meals	46%
Position healthier options at the start of the food service	32%
Engage with Welsh Local Government Association 'Certificate of Compliance' process	26%
Incentivise healthier options through other means	17%
Incentivise healthier options through pricing	14%

Q36 Does your school do any of the following to promote healthy eating?

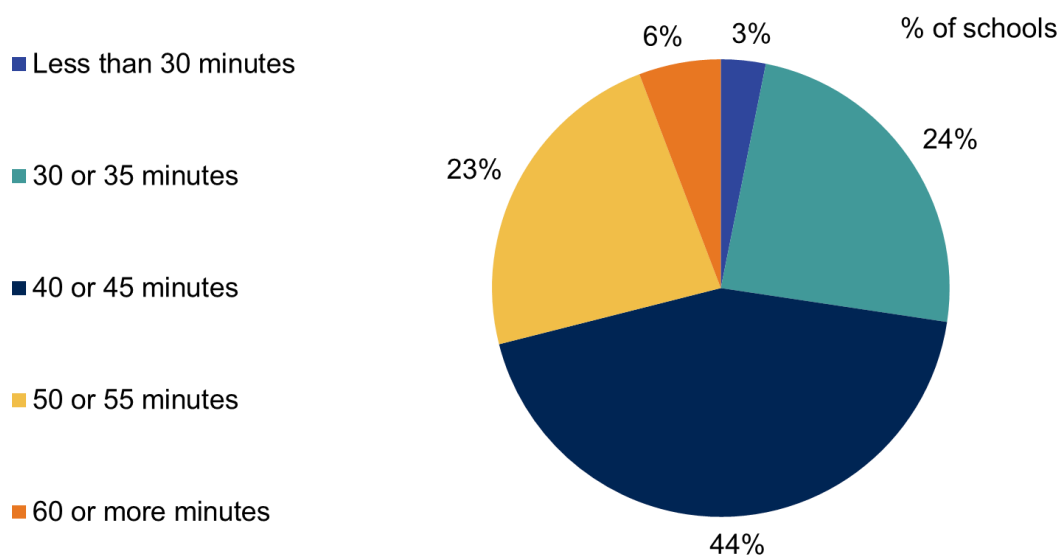Base: All school respondents, excluding 'not applicable' responses (193).

Fig. 23: Student payment for breakfast club

49%

30%

21%

% of schools

■ No, it is free of charge

■ Yes, but some students are subsidised on the basis of need

■ Yes, all students taking part pay

Q40 Do students pay for their breakfast at the club?

Base: All school respondents that offer a breakfast club, excluding 'Don't know' responses (140).
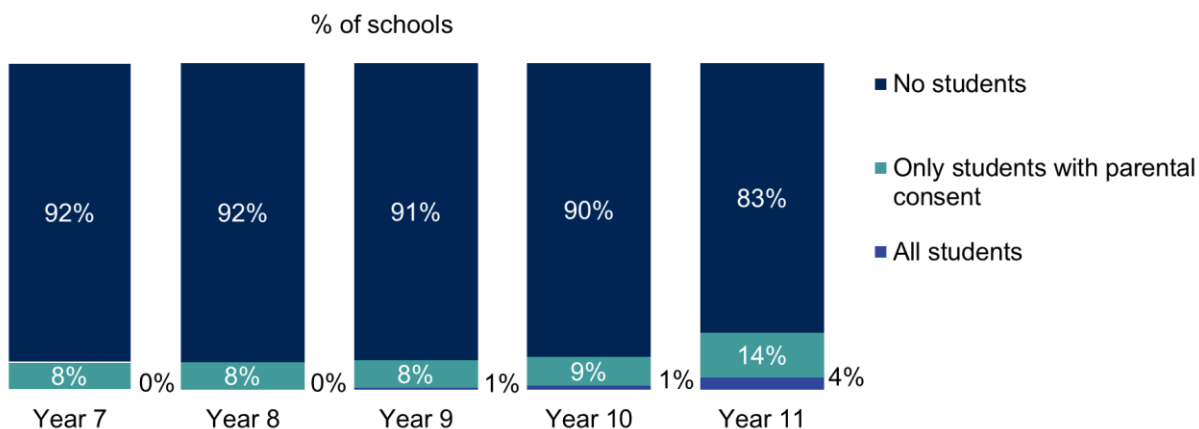
Fig. 24: Lunch break length

■ Less than 30 minutes

■ 30 or 35 minutes

■ 40 or 45 minutes

■ 50 or 55 minutes

■ 60 or more minutes

6%   3%   % of schools

24%

23%

44%

Q41 How long do students have for their lunch break at your school?

Base: All school respondents, excluding 'Don't know' responses (190).

Fig. 25 Permission to leave school by year group in schools that allow any year group off site

% of schools

	No students	Only students with parental consent	All students
Year 7	92%	8%	0%
Year 8	92%	8%	0%
Year 9	91%	8%	1%
Year 10	90%	9%	1%
Year 11	83%	14%	4%

Q42 Are any students in years 7 to 11 allowed off school premises during their lunch break?

Base: All school respondents that allow at least one year group off site, excluding 'Don't know' responses: Year 7 (191), Year 8 (191), Year 9 (191), Year 10 (190), Year 11 (190).

Fig. 26 Inclusion in healthy eating or Food and Fitness policy of types of foods and beverages that can be offered or sold in different contexts

% of schools

	Not applicable	No	Yes
In student enterprise projects	8%	55%	36%
At school social events for parents	5%	59%	36%
At school social events for students	4%	54%	42%
For school or student fundraising	5%	55%	39%
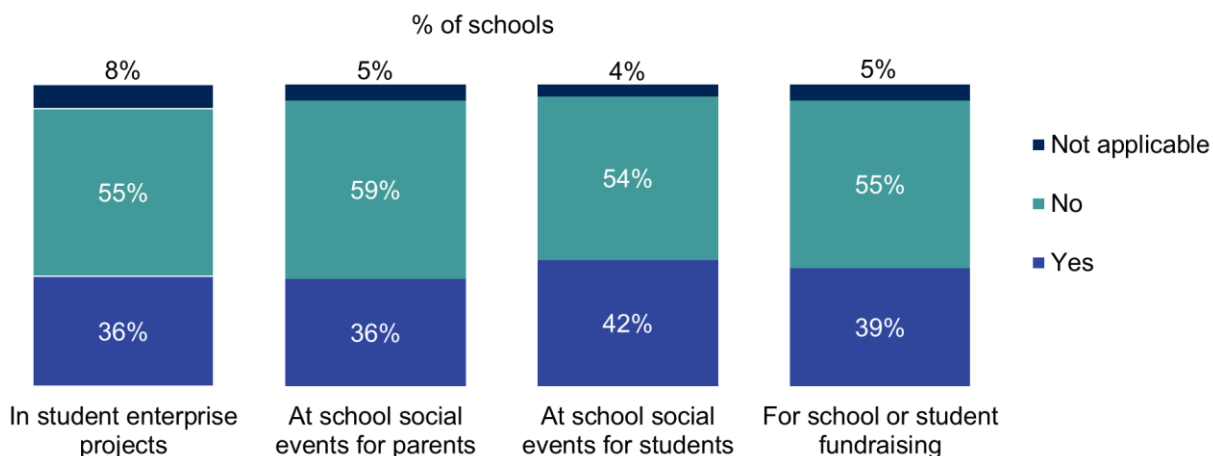
Q44 Does your school's healthy eating or Food and Fitness policy cover the types of foods and beverages that can be offered or sold at the following?

Base: All school respondents that have a healthy eating or Food and Fitness policy, excluding 'Don't know' responses. Student enterprise projects (74), School social events for parents/carers (73), School social events for students (74), School or student fundraising (74).

2.6   Tobacco, Drugs and Alcohol

Summary Findings

- Three quarters of schools (75%) **taught students about illegal tobacco**. Nine in ten schools (99%) also taught students about e-cigarettes/vapes.

- **Tobacco cessation support** was offered to students in three quarters (76%) of schools. More than half of the schools (58%) offered such support through referral to an off-site service or initiative, while almost a quarter (22%) offered support at school. Just over a quarter of schools (24%) did not offer any tobacco cessation support services.

- Nearly all schools had **specified pathways or referral processes in place to provide expertise and resources for students who misuse drugs** (98%) **and alcohol** (96%).

- Most schools (97%) had **a policy that included the prohibition of smoking and tobacco use** prohibiting tobacco use on school grounds outside of school hours, whilst prohibition at school events off school grounds was a little less common (92%) (see Figure 27).

- Almost three quarters (73%) of schools had a **prohibition policy that includes electronic cigarettes, i.e. e-cigarettes or vapes,** whilst 22% were in the process of developing such policy.

- Of those schools which had a policy that included the use of e-cigarettes, a large majority **prohibited students from using e-cigarettes on school grounds both during school hours** (99%) **and outside school hours** (93%). A large majority of schools with such a policy also prohibited staff from doing so during school hours (96%) and outside school hours (89%) (see Figure 28).

| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q46 Does your tobacco education include teaching students about:	All school respondents: Illegal tobacco (178); E-cigarettes (186)
Q47 Does your school offer any type of tobacco cessation support to students?	All school respondents (183)
Q48 Does your school have a specified pathway or a referral process in place to provide expertise and resources for students who:	All school respondents: Misuse drugs (187); Misuse alcohol (185)
Q50 Does your school display signs at or near the main entrance(s) to the school grounds	All school respondents who indicated that their

indicating that the school grounds are smoke-free?	school grounds are smoke-free (179)
Q51 Does your school have a policy that includes use of electronic cigarettes, also known as e-cigarettes or vapes?	All school respondents (184)

Fig. 27: Tobacco use policy prohibitions
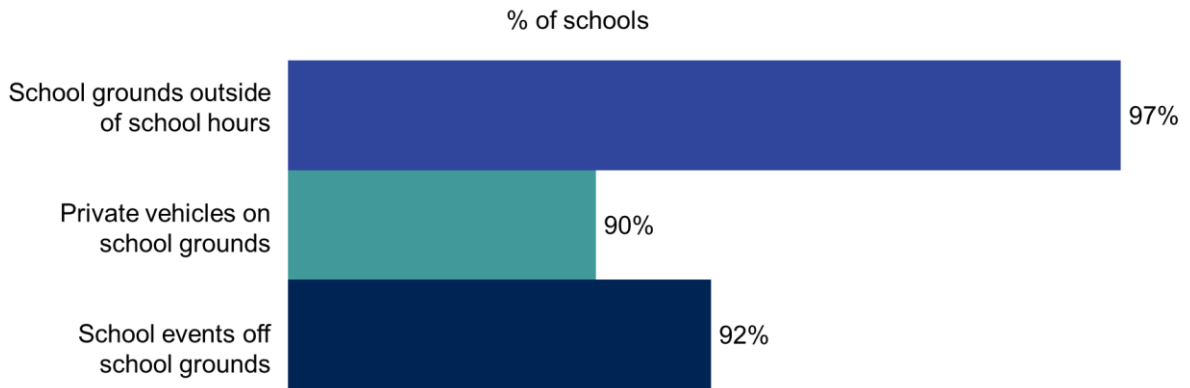
% of schools

Q49 Does your school's smoking and tobacco use policy prohibit tobacco use in the following locations?

Base: All school respondents that have a policy including smoking and tobacco use, excluding 'Don't know' responses: School grounds outside of school hours (176); School events off school grounds (168); Private vehicles on school grounds (162)

Fig. 28: E-cigarette use policy prohibitions

% of schools

Location	Students	Staff	Visitors
School grounds during school hours	99%	96%	96%
School grounds outside of school hours	93%	89%	86%
Private vehicles on school grounds	79%	75%	71%
School events off school grounds	87%	79%	64%

■ Students ■ Staff ■ Visitors
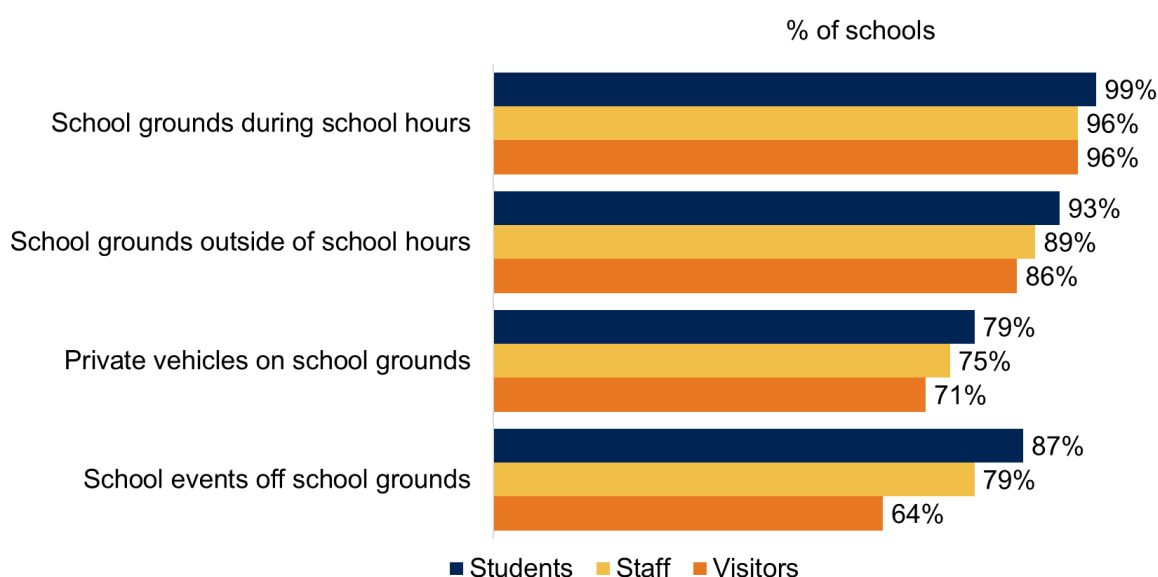
Q52 Does your school's policy prohibit e-cigarette use in the following locations by students, staff and visitors?

Base: All school respondents that have a policy including use of e-cigarettes, excluding 'Don't know' responses (135).

2.7   Mental Health and Well-being

Summary Findings

- Two thirds of schools had **written policies on student mental health and well-being** (66%), while over half had written policies on self-harm (56%), whilst fewer schools had policies on suicide prevention and/or post-suicide care (46%) (see Figure 29).

- All schools said all their staff have **received training in recognising and responding to the impact of childhood trauma**. Nearly half of schools (49%) said that all their staff had received this and another quarter (26%) said most staff had.

- **Dedicated nurture spaces for students** were reported in all schools, but in the minority of schools (18%), the space was only available to some students.

- Nearly all schools (99%) stated that their **staff had access to a counselling service** (see Figure 30).

- More than two-thirds of schools (70%) delivered **well-being interventions for staff**.

- Nearly all schools (92%) delivered **well-being interventions for students** (see Figure 31).

- When asked to rate from 1-5 how **students continue to be affected by the impact of the COVID-19 pandemic** in various regards (1 being not at all affected, 5 being affected to a large extent) the most common effects were decreased attendance (4.31) and decreased motivation and engagement with school (4.17) but increased disruptive behaviour (4.15) and increased struggles with school work (4.02) (see Figure 32).

| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q54 How many staff have received training in recognising and responding to the impact of childhood trauma, e.g. abuse, parental substance misuse, parental incarceration?	All school respondents (188)
Q55 Does your school have a dedicated nurture space for students?	All school respondents (191)
Q57 Does your school deliver any mental health and well-being interventions for staff?	All school respondents (182)

Fig. 29: Written mental health and well-being policies

% of schools
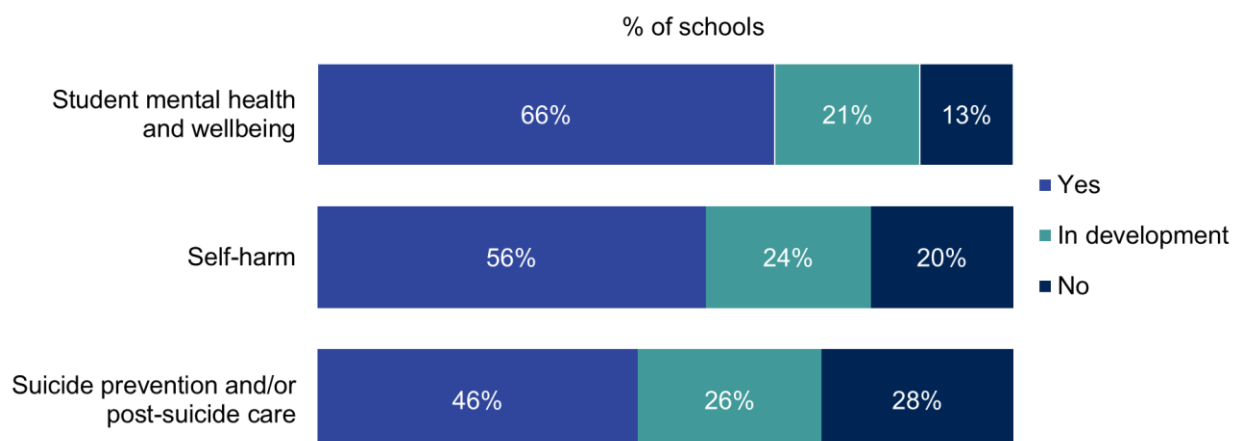
Q53 Does your school have written policies that include the following?

Base: All school respondents, excluding 'Don't know' responses. Student mental health and well-being (187), Self-harm (181), Suicide prevention and/or post-suicide care (178).

Fig. 30: Staff access to specialist mental health and emotional well-being support

% of schools

Yes, off site	66%
Yes, on site	53%
No	1%
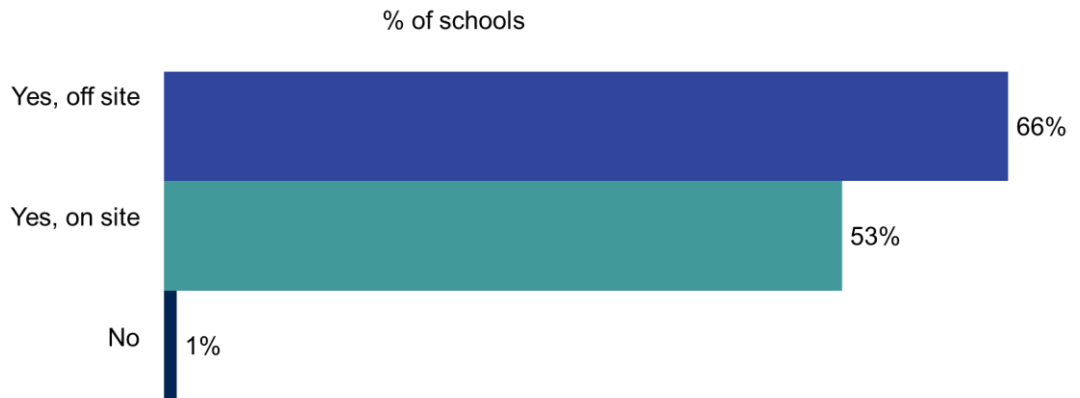
Q56 Does the school support staff in accessing specialist mental health and emotional well-being support (i.e. a counselling service)? Select all that apply.

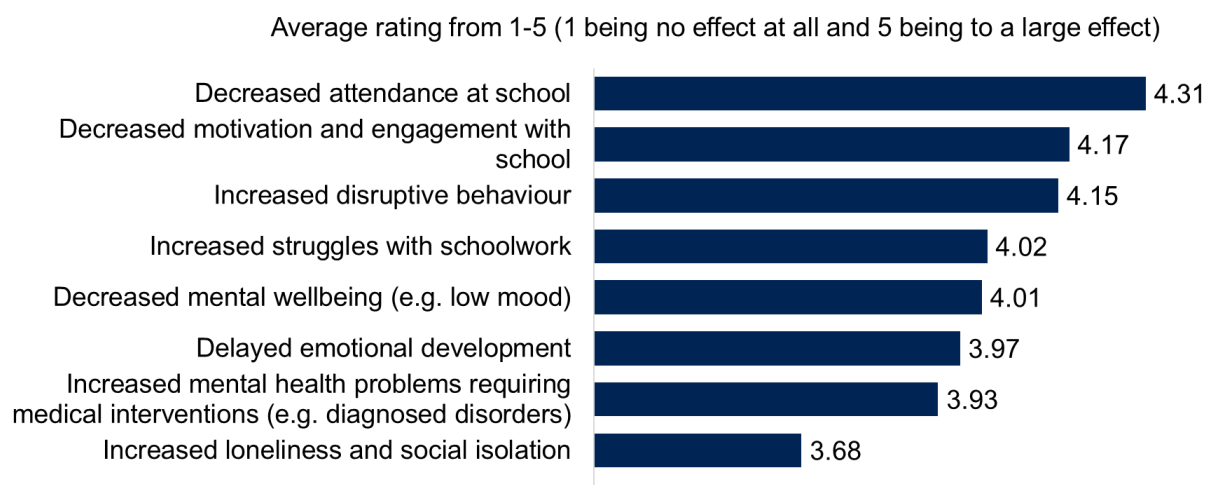Base: All school respondents, excluding 'Don't know' or not stated responses (193).

Fig 31: Mental health and well-being interventions for students

8%

% of schools

■ Yes
■ No

92%
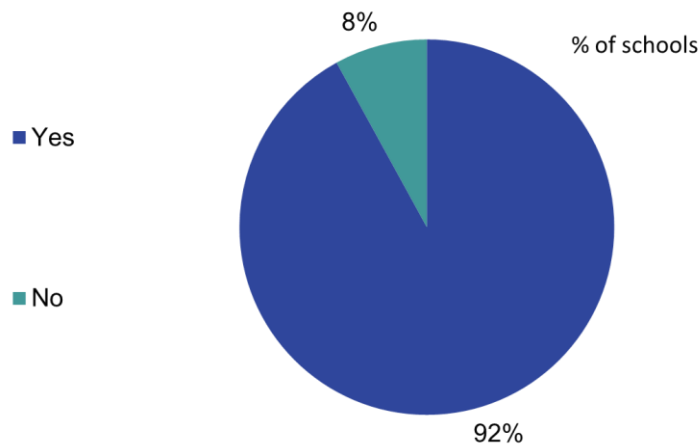
Q58 Does your school deliver any mental health and well-being interventions for students (e.g. THRIVE, Social and Emotional Aspects of Learning (SEAL), mindfulness)?

Base: All school respondents, excluding 'Don't know' or not stated responses (182).

Fig. 32: Effects of the pandemic on students

Average rating from 1-5 (1 being no effect at all and 5 being to a large effect)

Category	Rating
Decreased attendance at school	4.31
Decreased motivation and engagement with school	4.17
Increased disruptive behaviour	4.15
Increased struggles with schoolwork	4.02
Decreased mental wellbeing (e.g. low mood)	4.01
Delayed emotional development	3.97
Increased mental health problems requiring medical interventions (e.g. diagnosed disorders)	3.93
Increased loneliness and social isolation	3.68

Q59 To what extend are you aware of students in your school continuing to be affected by impacts from the COVID-19 pandemic in the following ways?

Base: Decreased attendance at school (191), Decreased motivation and engagement with school (191), Increased disruptive behaviour (190), Increased struggles with schoolwork (192), Decreased mental well-being (191), Delayed emotional development (190), Increased mental health problems requiring medical interventions (191), Increased loneliness and social isolation (191).
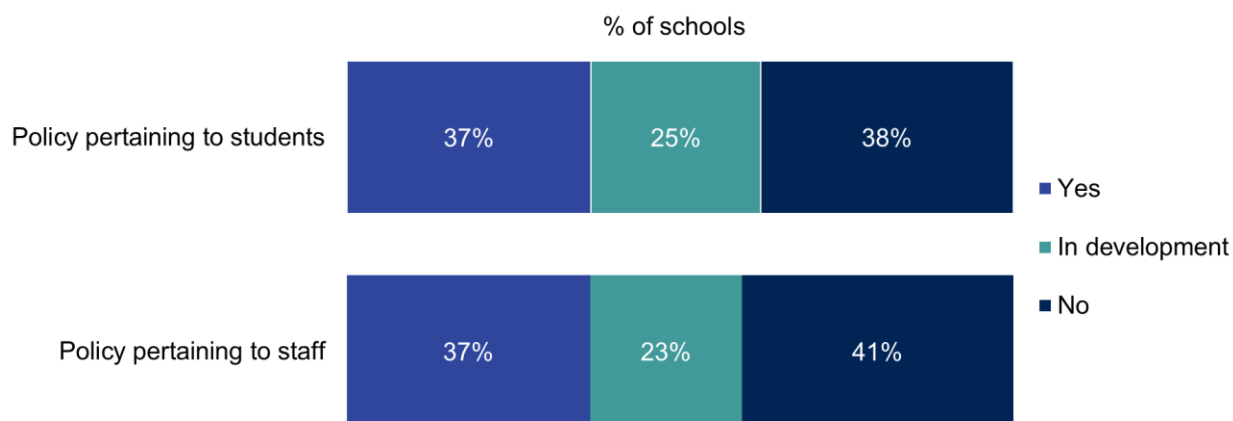
2.8   Sex and Relationships

Summary Findings

- Two thirds of schools (66%) had an **on-site 'drop-in' service specifically for sexual health advice**. Of schools that offered this 'drop-in' service, the majority (83%) used an NHS school nurse to provide it.

- More than two-fifths (44%) of schools had **on-site provision of free condoms for students**.

- Over a third of schools had **a written policy that included violence against women and girls, domestic abuse, and sexual violence** (VAWDASV) for both staff (37%) and students (37%) while around a quarter were in the process of **developing a written policy that included violence against women and girls, domestic abuse and sexual violence** (VAWDASV) for staff (23%) and students (25%) (see Figure 33).

- Nearly two-thirds of schools (60%) stated that they **had staff education on address VAWDASV**. Other common actions taken by schools to address the issue included working in partnership with relevant agencies (53%) and student education on VAWDASV (50%) (see Figure 34).

- At most schools, some or all staff received **training on the issues of student disclosure of** (94%) **and/or recognising** (92%) **and responding** (91%) **to signs of VAWDASV** (see Figure 35).

Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q60 Does your school have an on-site 'drop-in' service that includes support for the following?	All school respondents: Sexual health advice (187), Relationship advice (184), LGBTQ+ pupils (185)
Q61 Who provides the on-site 'drop-in' service for sexual health advice?	All school respondents (125)
Q62 Does your school have on-site provision of free condoms for school students (including distribution using the C-Card scheme)?	All school respondents (180)

Fig. 33: Schools with written policies that include VAWDASV

% of schools

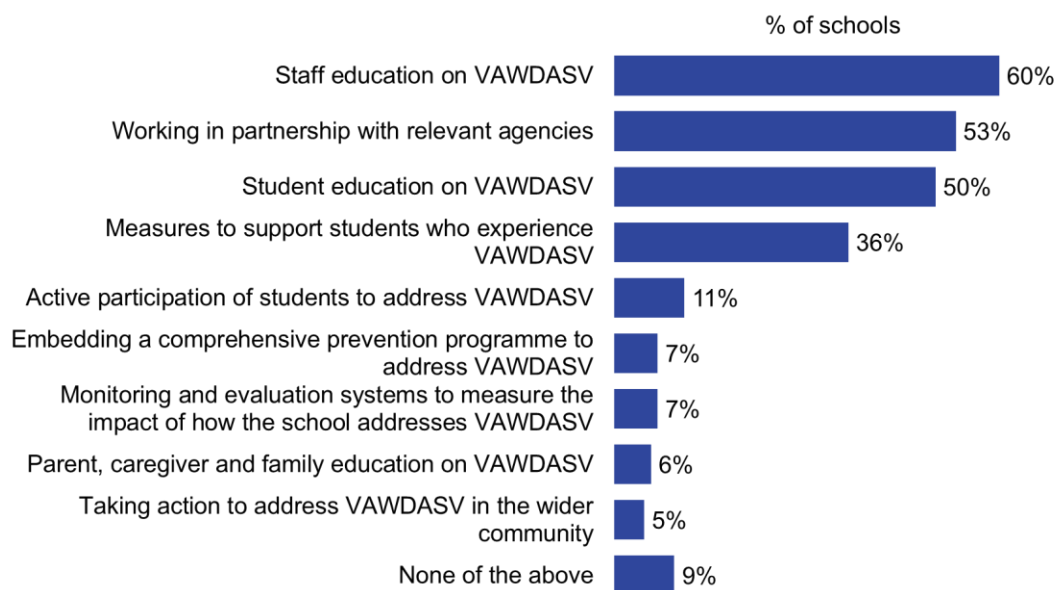|	Yes	In development	No
Policy pertaining to students	37%	25%	38%
Policy pertaining to staff	37%	23%	41%

Q63 Does your school have a written policy that includes Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)?

Base: All school respondents, excluding 'Don't know' responses. Policy pertaining to staff (169), policy pertaining to students (167).
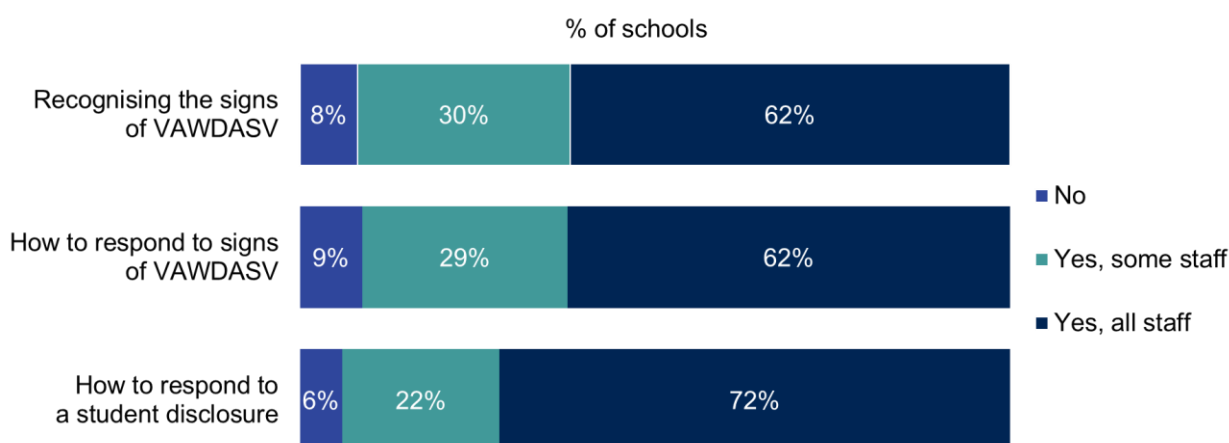
Fig. 34: Actions taken to address VAWDASV in 2021/22 and 2022/23

% of schools

Action	%
Staff education on VAWDASV	60%
Working in partnership with relevant agencies	53%
Student education on VAWDASV	50%
Measures to support students who experience VAWDASV	36%
Active participation of students to address VAWDASV	11%
Embedding a comprehensive prevention programme to address VAWDASV	7%
Monitoring and evaluation systems to measure the impact of how the school addresses VAWDASV	7%
Parent, caregiver and family education on VAWDASV	6%
Taking action to address VAWDASV in the wider community	5%
None of the above	9%

Q64 Has your school used any of the following to address Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) in the last two academic years (2021/22 and 2022/23)?

Base: All school respondents, excluding 'Don't know' responses (193)

Fig. 35: Staff training on VAWDASV in 2021/22 and 2022/23

% of schools

	No	Yes, some staff	Yes, all staff
Recognising the signs of VAWDASV	8%	30%	62%
How to respond to signs of VAWDASV	9%	29%	62%
How to respond to a student disclosure	6%	22%	72%

Q65 Did staff at your school receive any training on the following issues in the previous two academic years (2021/22 and 2022/23)?

Base: All school respondents, excluding 'Don't know' responses. How to respond to student disclosure (185), how to respond to signs of VAWDASV (183), recognising signs of VAWDASV (184).

### 2.9   Health Service Provision

Summary Findings

- Most schools stated that they **only** had **an NHS nurse** (83%), whilst eight percent of schools employed their own nurse, and nine percent of schools said that they did not have a nurse (see Figure 36).

- In schools that had a nursing provision, **a nurse was** most commonly **on site** 1-2 times per week (50% of schools). Only seven percent of schools had a nurse on-site and available to students every day (see Figure 37).

- The task most commonly undertaken by NHS school nurses in schools that had NHS nursing provision, was giving **one-to-one student advice and support** on an ad hoc basis (81%) (see Figure 38).

- The majority of schools said **students access free period products** from a welfare office or nurse (72%), reception (65%) and / or a teacher (61%) (see Figure 39).

- Just over four in ten schools (41%) felt that **more funding would help in providing free period products** to their students. More staff capacity was cited by nearly a third (31%), however the same amount (31%) felt that no further help was needed (see Figure 40).

- Most schools (93%) offered a **school-based student counselling service** at least once a week (see Figure 41).

- Nine out of ten schools (90%) said **students could attend local, confidential counselling services during school hours**.

- The majority of schools (80%) had a **named person within their local Child and Adolescent Mental Health Service (CAMHS) that they could contact for help and support**.

- More than half (52%) of schools were **in contact with their local CAMHS** on a weekly basis, 19% fortnightly, and 19% monthly (see Figure 42).

- The majority of schools (78%) that were in contact with their local CAMHS **received telephone advice**. Regular meetings were also held with CAMHS in nearly half of the schools (47%) (see Figure 43).

- Of the schools that could make referrals to CAMHS, **nearly half of schools have made 11 or more referrals in the last academic year** (44%) (see Figure 44).

- Of the schools who had made referrals to CAMHS, **the majority had at least some of their students get access to treatment** (88%), but only 9% said that all the students they referred got access to treatment.

- Just over a quarter of schools (26%) said they felt **supported by their local CAMHS**, whilst over three in ten (31%) said they did not feel supported (see Figure 45).

- Overall, about eight in ten (84%) schools had a **school-based educational psychologist** available in school, but the psychologist was available only on request in 71% of schools (see Figure 46).

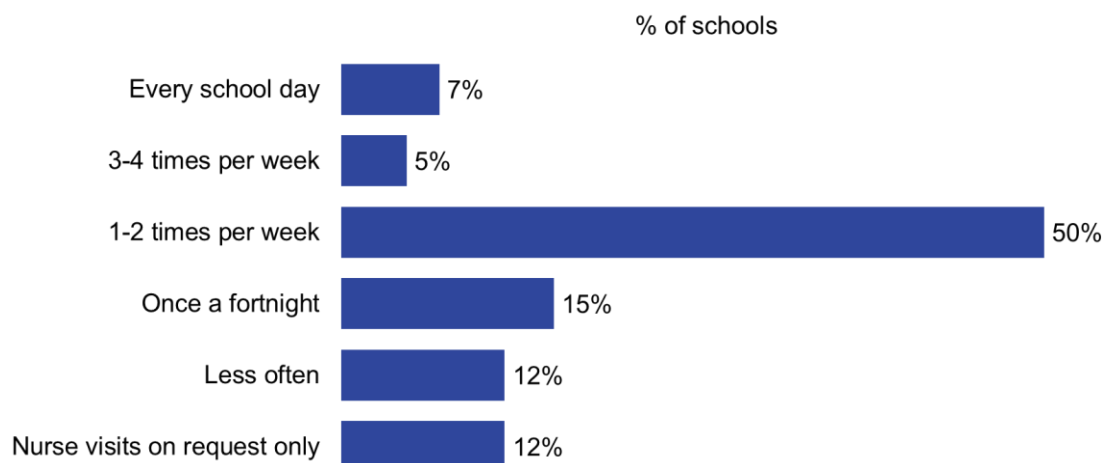| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q72 Can students attend other local, confidential counselling services during school hours?	All school respondents (184)
Q73 Do you have a named person within your local Child and Adolescent Mental Health Service (CAMHS) who you can contact for help and support?	All school respondents (181)
Q77 When you made referrals, did the student(s) get access to treatment?	All schools that made at least one referral to their local CAMHS in the last two academic years (99)

Fig. 36: Type of school nurse

- Yes, an NHS nurse
- Yes, a school employed nurse
- No
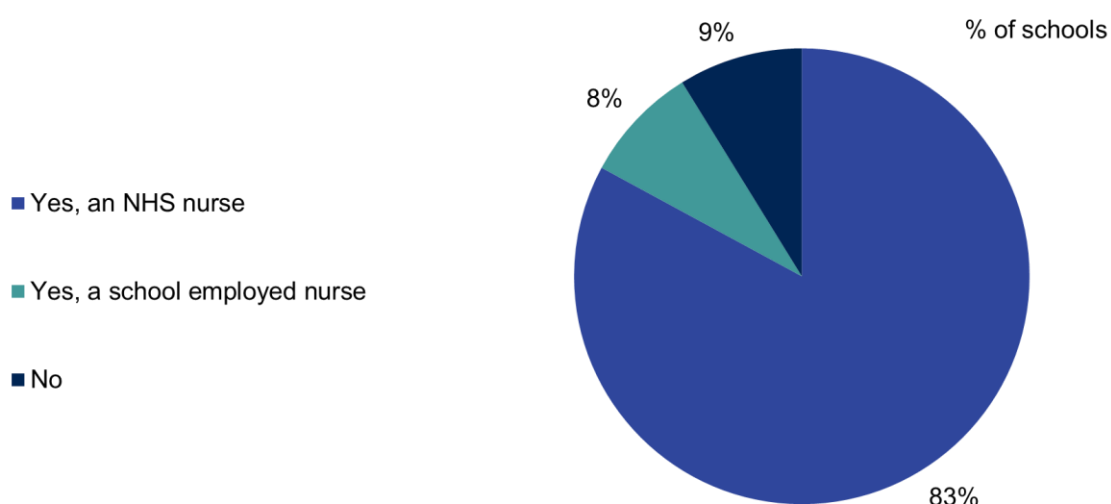
Q66 Does your school have a school nurse?

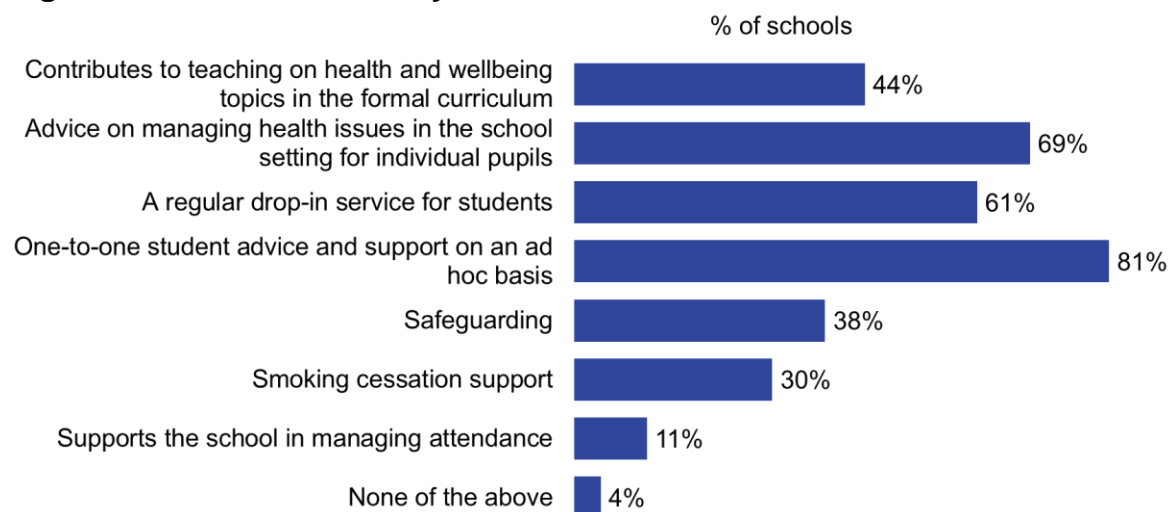Base: All school respondents, excluding 'Don't know' responses (193).

Fig. 37: On-site availability of school nurse to students

% of schools

Category	%
Every school day	7%
3-4 times per week	5%
1-2 times per week	50%
Once a fortnight	15%
Less often	12%
Nurse visits on request only	12%

Q67 How often is there a nurse service on-site and available to students?

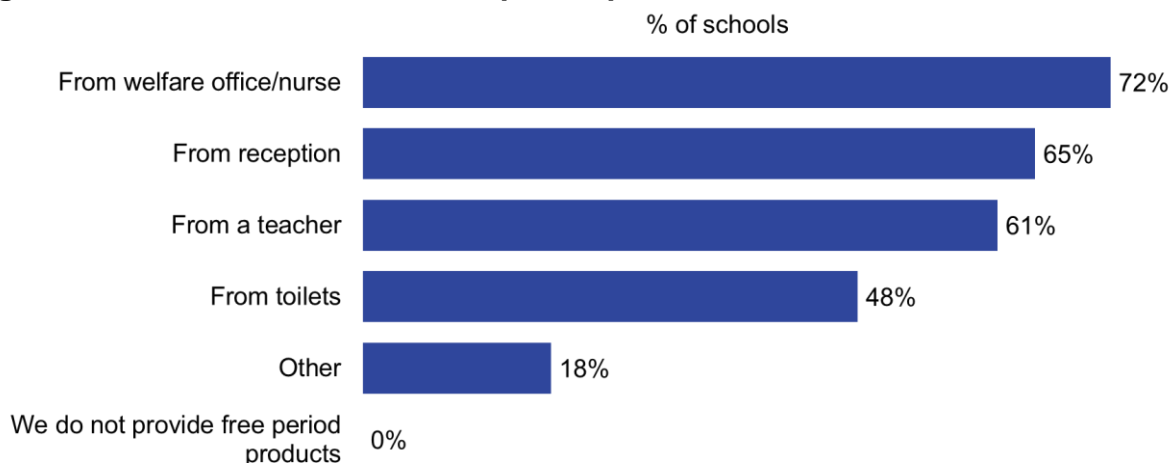Base: All school respondents that have a school nurse, excluding 'Don't know' responses (172).

Fig. 38: Tasks undertaken by NHS school nurses

% of schools

Task	%
Contributes to teaching on health and wellbeing topics in the formal curriculum	44%
Advice on managing health issues in the school setting for individual pupils	69%
A regular drop-in service for students	61%
One-to-one student advice and support on an ad hoc basis	81%
Safeguarding	38%
Smoking cessation support	30%
Supports the school in managing attendance	11%
None of the above	4%

Q68 Which of the following does the NHS school nurse do at your school?

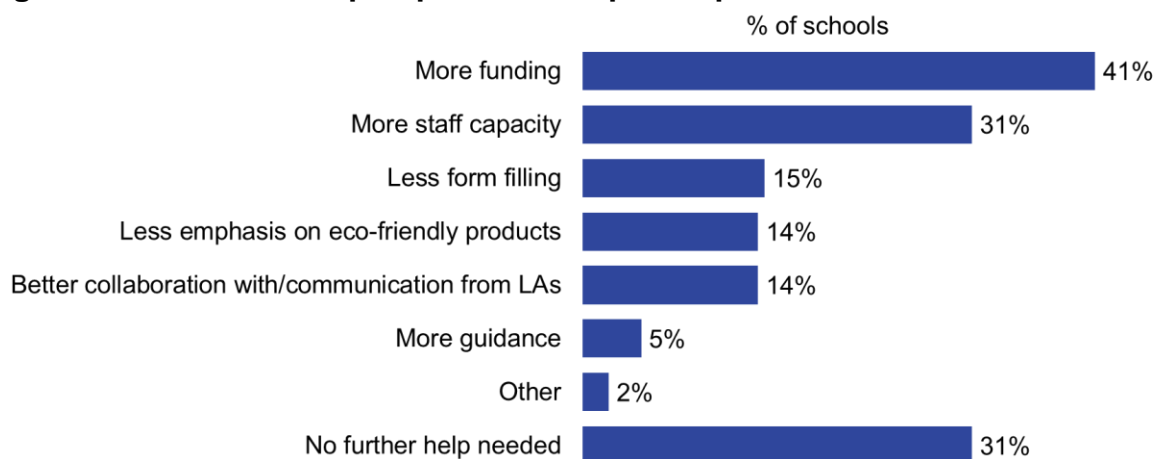Base: All school respondents that have an NHS school nurse, excluding 'Don't know' responses (160).

Fig. 39: How students access free period products

% of schools

Category	%
From welfare office/nurse	72%
From reception	65%
From a teacher	61%
From toilets	48%
Other	18%
We do not provide free period products	0%

Q69 How do students access free period products at your school?

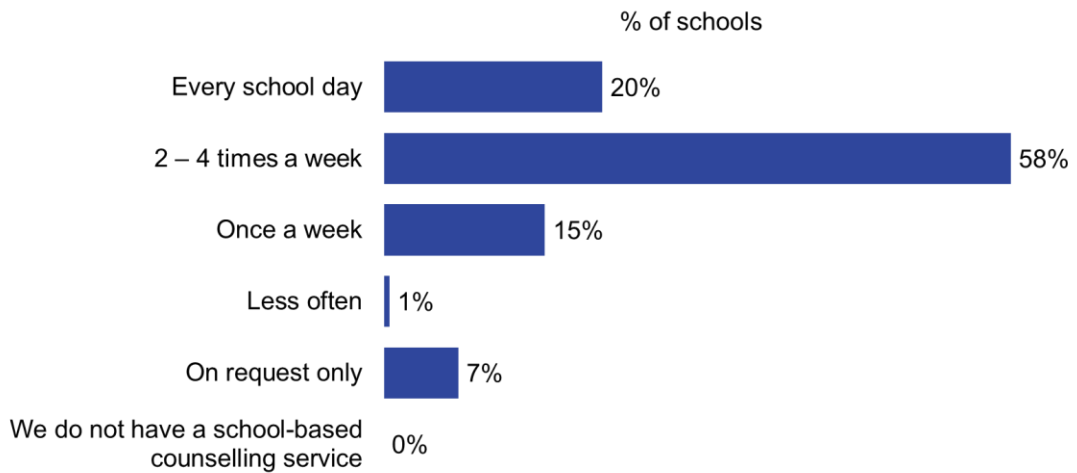Base: All school respondents that have an NHS school nurse, excluding 'Don't know' responses (193).

Fig. 40: What would help to provide free period products

% of schools

Category	%
More funding	41%
More staff capacity	31%
Less form filling	15%
Less emphasis on eco-friendly products	14%
Better collaboration with/communication from LAs	14%
More guidance	5%
Other	2%
No further help needed	31%

Q70 What would help you in providing free period products to your students?

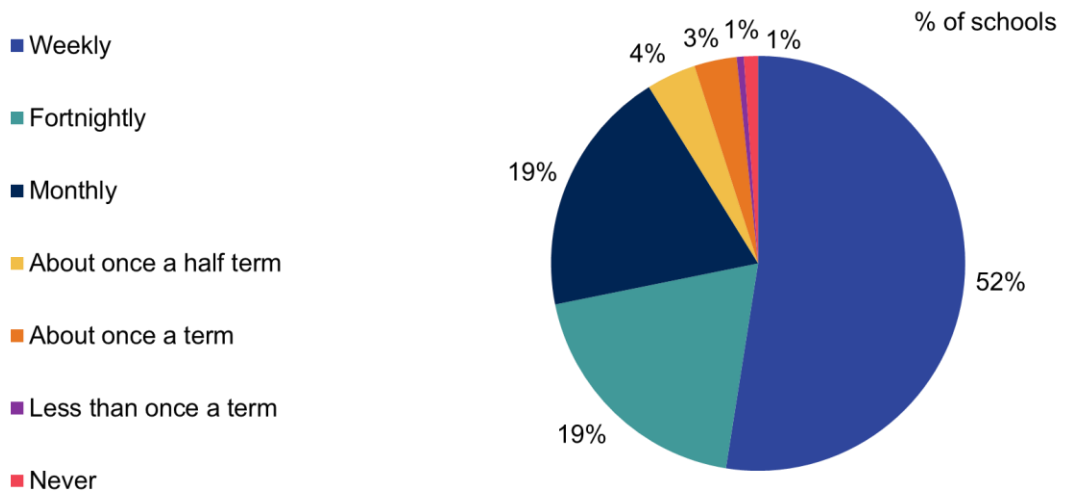Base: All school respondents that have an NHS school nurse, excluding 'Don't know' responses (193).

Fig. 41: Availability of school-based counselling service

% of schools

Category	%
Every school day	20%
2 – 4 times a week	58%
Once a week	15%
Less often	1%
On request only	7%
We do not have a school-based counselling service	0%

Q71 How often is there a school-based counselling service available to students?

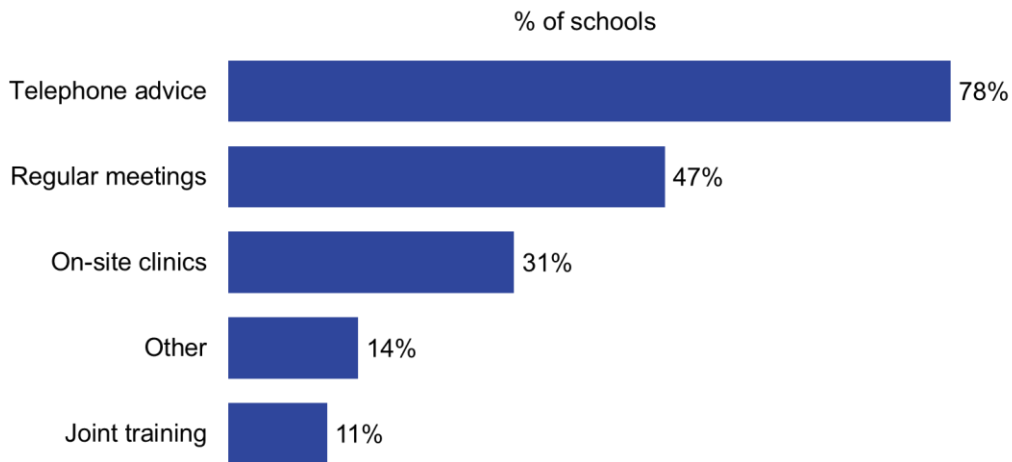Base: All school respondents, excluding 'Don't know' responses (189).

Fig. 42: Frequency of communication between schools and local CAMHS

% of schools

- Weekly
- Fortnightly
- Monthly
- About once a half term
- About once a term
- Less than once a term
- Never

52%
19%
19%
4%
3%
1%
1%

Q74 In the last two years, approximately how often has your school been in communication with your local CAMHS?

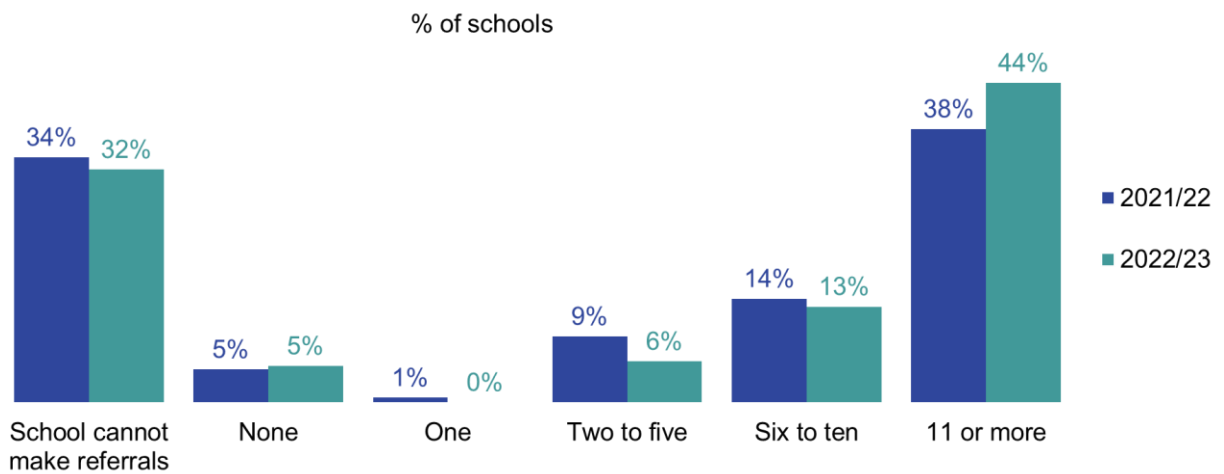Base: All school respondents, excluding 'Don't know' responses (181).

Fig. 43: Communication with CAMHS

% of schools

Telephone advice	78%
Regular meetings	47%
On-site clinics	31%
Other	14%
Joint training	11%

Q75 How is this communication achieved?

Base: All school respondents that have been in communication with their local CAMHS, excluding 'Don't know' responses (179).

Fig. 44: Referrals to CAMHS in the last two years

% of schools

- 2021/22
- 2022/23

	2021/22	2022/23
School cannot make referrals	34%	32%
None	5%	5%
One	1%	0%
Two to five	9%	6%
Six to ten	14%	13%
11 or more	38%	44%

Q76 How many referrals to your local CAMHS for assessment have you made in the last two academic years (2021/22 and 2022/23) for individual students?

Base: All school respondents, excluding 'Don't know' responses. 2021/22 (154), 2022/23 (159).

Fig. 45: Extent to which schools feel supported by CAMHS

% of schools

| 9% | 17% | 42% | 24% | 7% |

- 1 Very supported
- 2
- 3
- 4
- 5 Not at all supported
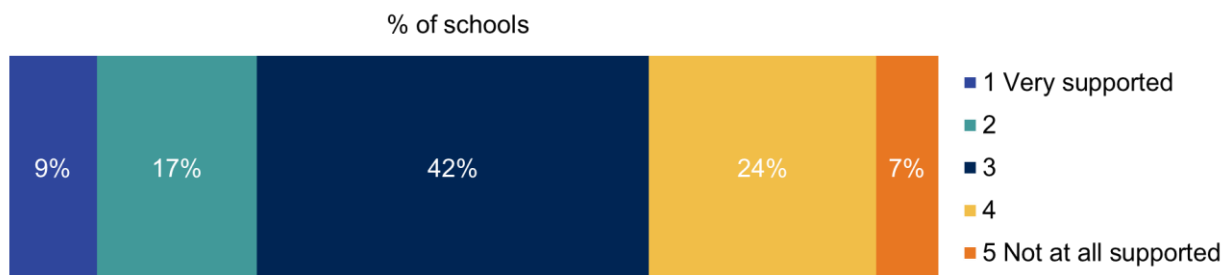
Q78 To what extent do you feel supported by your local CAMHS?

Base: All school respondents, excluding 'Don't know' responses (183).

Fig. 46: Availability of school-based educational psychologist

% of schools

Once a week or more	4%
Less than once a week	9%
On request only	71%
No psychologist	16%
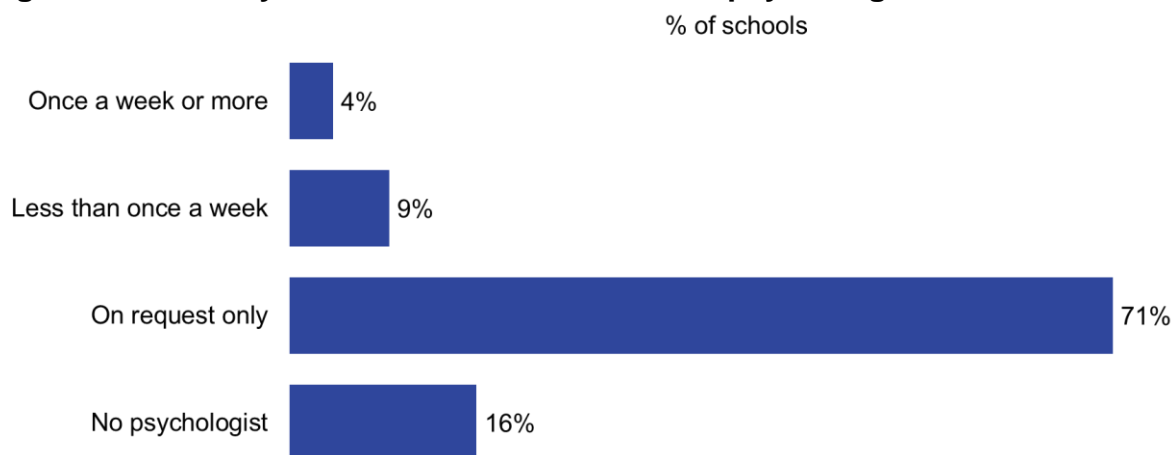
Q79 Is there an educational psychologist available to students in school?

Base: All school respondents, excluding 'Don't know' responses (185).

2.10 Supplement 2023: Whole-school Approach to Emotional and Mental Well-being

Summary Findings

- **The majority of schools have started to deliver the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being** (85%) (see Figure 47).

- Of those who have started to deliver the Framework for Embedding a Whole-School Approach to Emotional and Mental Well-being, **nearly two thirds had been supported in the process by WNHWPS Healthy Schools**
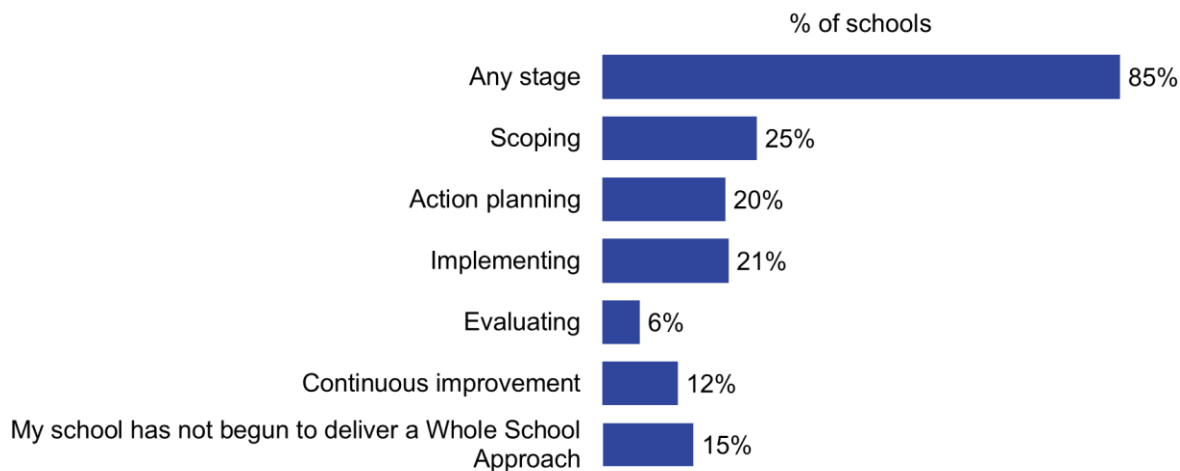
> **Coordinator** (61%) and over half (53%) by Public Health Wales Whole-School Approach (WSA) Implementation Lead (see Figure 48).

- The **group most likely to have been involved in the work on Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being were the senior management /leadership team**– more than two-thirds (67%) had been very much involved (see Figure 49).

- The majority of **those who have not yet started to deliver the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being expect to start implementation in the next academic year** (95%) (see Figure 50). The same proportion of these schools **also intend to carry out a self-evaluation** in the next year (95%) and nearly two thirds of those (62%) **expect to work with a WNHWPS Healthy Schools Coordinator** on this (see Figures 51 and 52). However, please note the low base size for these questions, percentages should be treated with caution.

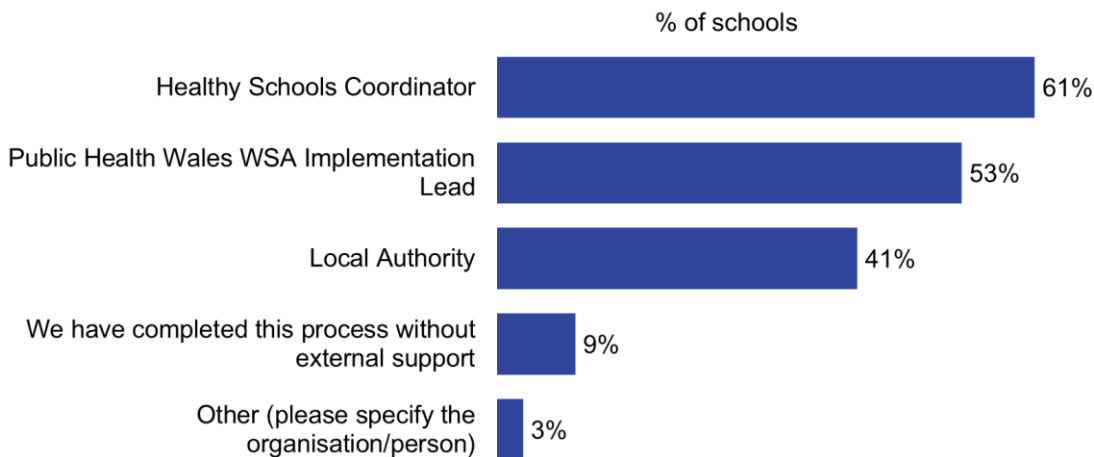| Question (not charted)	Base (excluding 'Don't know' or not stated responses)
Q82 What actions have you identified from this self-evaluation?	All schools that have started to deliver the Framework on Embedding a Whole-school Approach to Emotional and Mental Well-being (133)
Q85 Who will lead on this? (please specify the organisation/person)	All schools who expect to start implementation of the Framework in the next academic year (20). Caution: low base size
Q88 What do you think will be the outcomes of the Whole-school Approach to Emotional and Mental Well-being for:	All school respondents: Learners (139), Staff (139), Wider community (118)
Q89 What do you think are the potential challenges in delivering a Whole-school Approach to Emotional and Mental Well-being within your school? (e.g. costs, staff time, staff training, available external support)	All school respondents (164)

Fig. 47: Delivering the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being

% of schools

Category	%
Any stage	85%
Scoping	25%
Action planning	20%
Implementing	21%
Evaluating	6%
Continuous improvement	12%
My school has not begun to deliver a Whole School Approach	15%

Q80 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

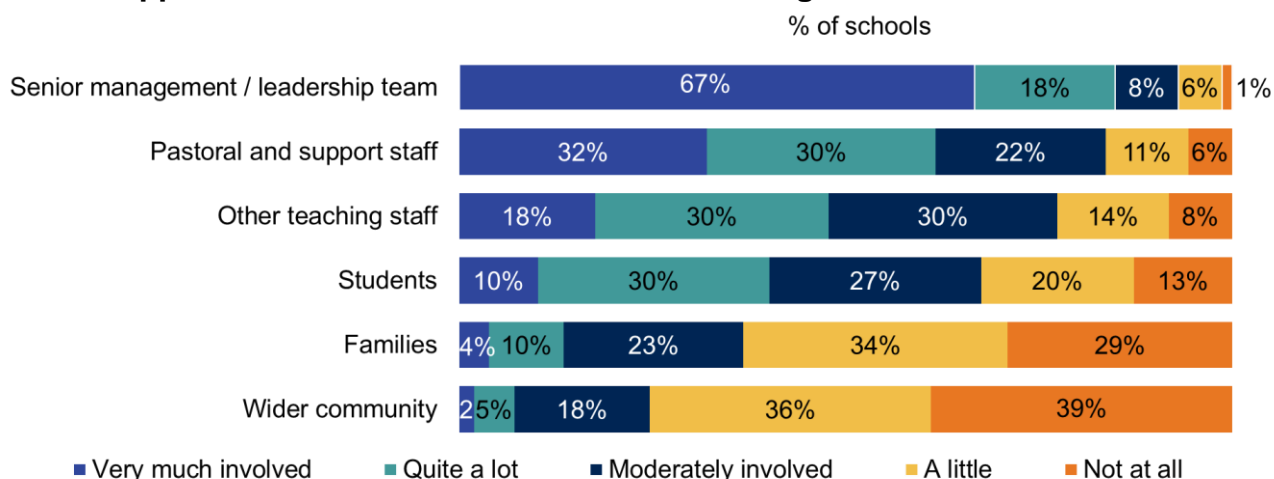Base: All school respondents, excluding 'Don't know' responses (193).

Fig. 48: Support to deliver the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being

% of schools

Category	%
Healthy Schools Coordinator	61%
Public Health Wales WSA Implementation Lead	53%
Local Authority	41%
We have completed this process without external support	9%
Other (please specify the organisation/person)	3%

Q81 Have you been supported in this process by any of the following?

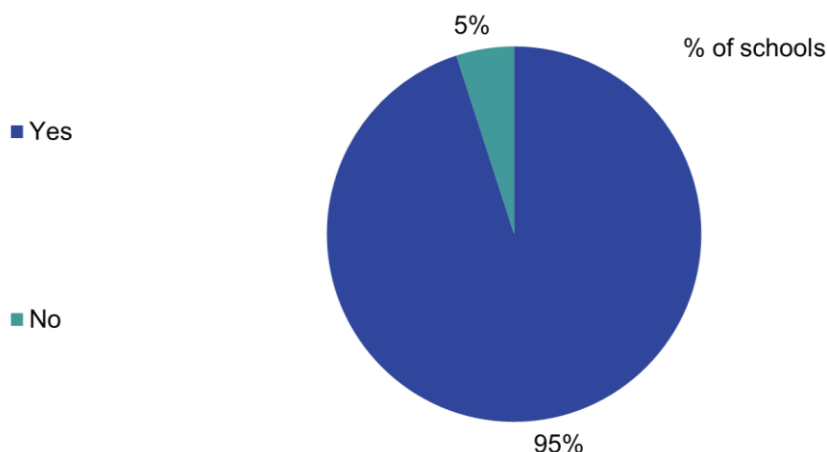Base: All schools who have started to deliver the Framework, excluding 'Don't know' responses (193).

Fig. 49: Involvement in delivering the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being

% of schools

	Very much involved	Quite a lot	Moderately involved	A little	Not at all
Senior management / leadership team	67%	18%	8%	6%	1%
Pastoral and support staff	32%	30%	22%	11%	6%
Other teaching staff	18%	30%	30%	14%	8%
Students	10%	30%	27%	20%	13%
Families	4%	10%	23%	34%	29%
Wider community	2%	5%	18%	36%	39%

Q83 Within school, to what extent have the following groups been involved in your work on the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being?

Base: All schools who have started to deliver the Framework, excluding 'Don't know' responses: Senior management / leadership team (159), other teaching staff (159), pastoral and support staff (159), students (157), families (155), wider community (154).

Fig. 50: When implementation of the Framework is expected to start

% of schools

- Yes
- No

5%

95%

Q84 Do you expect to start implementation of the Framework in the next academic year?

Base: All schools who have not yet started to deliver the Framework, excluding 'Don't know' responses (21).
Caution: Low base size

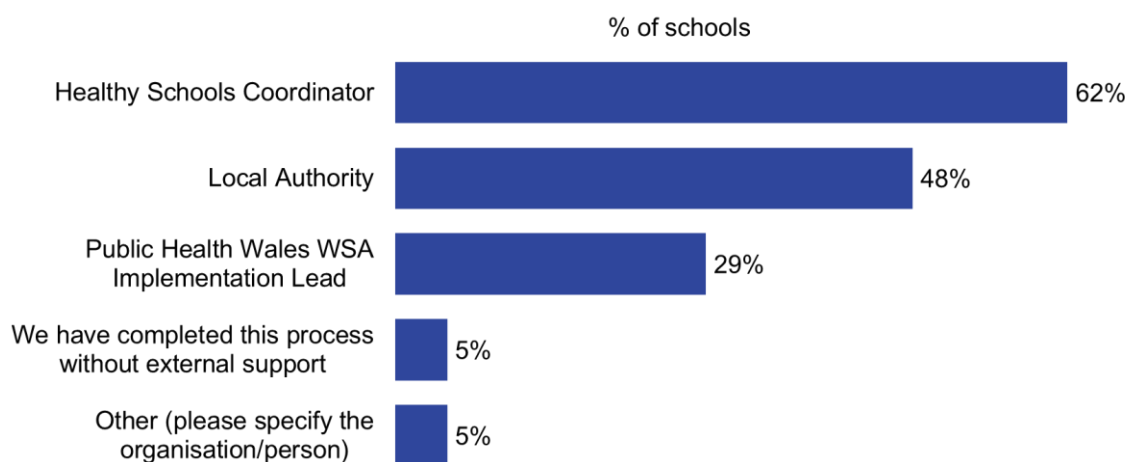**Fig. 51: Intention to carry out a self-evaluation in the next academic year**
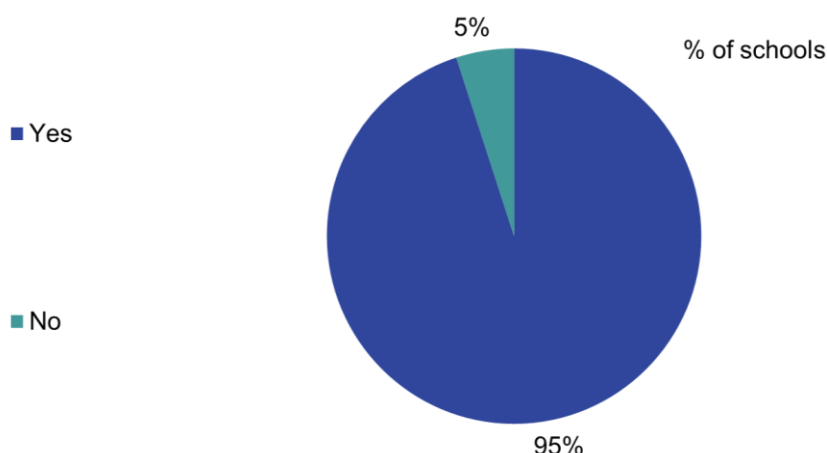
Q86 Do you expect to carry out a self-evaluation in the next academic year?

Base: All schools who have not yet started to deliver the Framework, excluding 'Don't know' responses (21).
Caution: Low base size

Fig. 52: Involvement of others in carrying out a self-evaluation

Q87 Who do you plan to work with on this (if any)?

Base: All schools who have not yet started to deliver the Framework, excluding 'Don't know' responses (21).
Caution: Low base size

3. Future SEQ Data Collection in Secondary Schools

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 national benchmarks. Additionally, the SEQ data serve as a valuable resource during Estyn school inspections.

On a wider scale, the data support national policies, including the Whole-school Approach to Emotional and Mental Well-being, 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.

The next round of data collection for the **School Health Research Network (SHRN)** will commence in **secondary schools** in **September 2025**.

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

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