



Y RHWYDWAITH YMCHWIL  
IECHYD MEWN YSGOLION

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SCHOOL HEALTH  
RESEARCH NETWORK

# SCHOOL HEALTH RESEARCH NETWORK

## SCHOOL ENVIRONMENT QUESTIONNAIRE 2015-16

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## *Information and Guidance for School Survey Lead*

### **Purpose of the School Environment Questionnaire**

The information you provide in the questionnaire will be used for two main purposes:

1. To support research into different aspects of the school environment and how they influence student health and wellbeing.
2. To provide monitoring data to the Welsh Network of Healthy School Schemes (WNHSS).

The answers you provide to the core section of the questionnaire will be shared with the WNHSS in a non-anonymised form to support planning, monitoring and development of local Healthy School Schemes and the national network. It is important that the School Health Research Network and WNHSS work together to effectively and efficiently advance school health and wellbeing in Wales. Sharing the school environment questionnaire data in this way reduces duplication of effort and burden on schools as it means the WNHSS will not have to undertake further data collection to meet their information needs. Information you provide about your school will be held in strictest confidence by WNHSS and no data that could be linked to an individual school will ever be published.

### **Format of the Questionnaire**

There are two parts to the questionnaire: the core (questions 1 to 60) and the supplement (questions 61 to 70). Each time the questionnaire is completed (every two years), the core will remain largely unchanged and the supplement will focus on a particular issue in depth.

This year, the supplement focuses on self-harm, reflecting the concerns schools have raised. The data will be used to inform the next steps in a research project that aims to develop a school-based intervention on self-harm. It will not form part of the monitoring data shared with WNHSS.

## Completing the Questionnaire

There is one questionnaire per school and it should be completed by a member of the senior management team. Other staff may need to be consulted in order to answer all the questions.

Please answer all the questions by placing a tick in the appropriate box and providing a written answer where requested. Depending on your answers, some questions can be skipped; instructions alongside the questions will guide you through this.

If your school has students in years 12 and 13, please include your policies and practices pertaining to all year groups unless the question specifies years 7 to 11 only. If you don't have a 6<sup>th</sup> form, leave questions pertaining to these year groups blank.

If you have any questions, please get in touch with Gillian or Joan.  
Email: [shrn@cardiff.ac.uk](mailto:shrn@cardiff.ac.uk) Tel: 029 2087 9609.

When you are sure you have completed the questionnaire, please return it the School Health Research Network using the freepost envelope provided. If you lose your envelope, please contact us for a replacement or post your questionnaire to us at:

DECIPHer, Cardiff University, 1-3 Museum Place, Cardiff CF10 3BD

Please return your questionnaire by **Thursday 24<sup>th</sup> March**.

*Please answer as much of the questionnaire as you can - the data you provide is very valuable and will further our understanding of how schools can protect and improve young people's health and wellbeing.*

*Thank you.*

## GENERAL QUESTIONS ABOUT YOU

**Q1** Which of the following best describes your current professional role within the senior management team or senior leadership team?

**PLEASE TICK ONE BOX ONLY**

- Headteacher
- Acting headteacher
- Deputy headteacher
- Assistant headteacher
- Other (PLEASE TICK AND WRITE IN BELOW)

**Q2** In the 2013/14 and 2014/15 school years, in which of the following areas did the senior management team focus their efforts to make improvements.

**TICK UP TO *FOUR* PRIORITY AREAS ONLY**

- Staff health and wellbeing
- Staff relationships with students
- Student physical health (e.g. smoking, obesity)
- Student mental and emotional health
- Student 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
- Your school's relationships with the local community

## GENERAL QUESTIONS ABOUT YOUR SCHOOL

**Q3a** Does your school have a **single** strategic lead for student health and wellbeing?

**PLEASE TICK ONE BOX ONLY**

- Yes, one individual leads on health and wellbeing (**GO TO Q3b**)
- No, one individual leads on health and one on wellbeing (**GO TO Q3b**)
- No, different individuals lead on different health and wellbeing areas and/or different phases (**GO TO Q3b**)
- No, no one leads (**GO TO Q4a**)

**Q3b** If you have either a single lead or multiple leads for school health and wellbeing, what is the professional role of the person or persons who lead?

**PLEASE TICK ALL THAT APPLY**

- Headteacher / Acting headteacher
- Deputy headteacher
- Assistant headteacher
- Head of phase
- Head of year
- Head of department
- Subject teacher
- School nurse
- Other (**PLEASE TICK AND WRITE IN BELOW**)


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**Q4a** Is your school currently participating in the local healthy school scheme as part of the Welsh Network of Healthy School Schemes (WNHSS)?

**PLEASE TICK ONE BOX ONLY**

Yes (GO TO Q4b, c and d)

No (GO TO Q5a)

**Q4b** IF YES AT Q4a, in which year did your school join the scheme?

**PLEASE WRITE IN THE BOXES BELOW** e.g. 2012

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**Q4c** IF YES AT Q4a, what level has your school attained?

**PLEASE TICK ONE BOX ONLY**

We are working towards phase 1

We have achieved phase 1

We have achieved phase 2

We have achieved phase 3

We have achieved phase 4

We have achieved phase 5

We have achieved phase 6 (locally accredited)

We have achieved the National Quality Award

**Q4d** IF YES AT Q4a, in which year did your school achieve its current level?

**PLEASE WRITE IN THE BOXES BELOW** e.g. 2012

**LEAVE BLANK IF YOU ARE WORKING TOWARDS PHASE 1**

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**Q5a** Does your school have a written school health and wellbeing action plan or school health and wellbeing targets?

**PLEASE TICK ONE BOX ONLY**

Yes (GO TO Q5b and c)

No (GO TO Q6a)

**Q5b** IF YES AT Q5a, are your action plan or targets included in your current School Development Plan?

**PLEASE TICK ONE BOX ONLY**

Yes

No

**Q5c** IF YES AT Q5a, does the Senior Management / Leadership Team formally assess progress against the action plan or targets?

**PLEASE TICK ONE BOX ONLY**

Yes, at least annually

Yes, less than annually

No

**Q6a** If your school uses data (e.g. student surveys) to update its policies and practices on creating a healthy school, where do the data come from?  
**PLEASE TICK ALL THAT APPLY**

Our data come from:

- |  |   |
|--|---|
| <input type="checkbox"/> Our own student surveys         | <input type="checkbox"/> School Health Research Network Student Health & Wellbeing Report |
| <input type="checkbox"/> Estyn student survey            | <input type="checkbox"/> Other<br>(PLEASE TICK AND WRITE IN BELOW)                        |
| <input type="checkbox"/> Our own staff surveys           | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                   |
| <input type="checkbox"/> Our own parent surveys          |   |
| <input type="checkbox"/> Local authority data            | <input type="checkbox"/> Our school does not use data for this purpose (GO TO Q7a)        |
| <input type="checkbox"/> Routinely collected school data |   |

**Q6b** If your school uses data, who uses it?  
**PLEASE TICK ALL THAT APPLY**

Our data is used by:

- |   |  |
|---|--|
| <input type="checkbox"/> Senior management team | <input type="checkbox"/> Healthy schools coordinator |
| <input type="checkbox"/> School council         | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> School governors       | (PLEASE TICK AND WRITE IN BELOW)                     |

**Q6c** If your school uses data, how do you use the data?  
**PLEASE TICK ALL THAT APPLY**

We use our data to:

- Identify need and set health and wellbeing priorities
- Measure the impact of our work on creating a healthy school
- Look at how health and wellbeing at our school compares with other local schools or schools within our family



**Q7a** Does your school have a School Council or similar student-led body?

**PLEASE TICK ONE BOX ONLY**

Yes (GO TO Q7b and c)

No (GO TO Q8)

**Q7b** IF YES AT Q7a, how many times a year does it meet?

**PLEASE TICK ONE BOX ONLY**

Less than 6 times

More than 6 times

6 times

**Q7c** IF YES AT Q7a, how are students identified for membership of the school council?

**PLEASE TICK ALL THAT APPLY**

Members chosen by staff

Self-nominated candidates  
voted for by students

Staff-nominated candidates voted  
for by students

Other

Student-nominated candidates  
voted for by students

**Q8a** How long do students have for their lunch break at your school?

**PLEASE TICK ONE BOX ONLY**

Less than 30 minutes

50 or 55 minutes

30 or 35 minutes

60 or more minutes

40 or 45 minutes

**Q8b** Have you considered changing the length of your lunch break in the last three years?

**PLEASE TICK ALL THAT APPLY**

No

Yes, and we reduced it

Yes, we considered reducing it,  
but decided not to

Yes, and we increased it

Yes, we considered increasing it,  
but decided not to

**Q9a** Are any students in years 7 to 11 allowed off school premises during their lunch break?

PLEASE TICK ONE BOX ONLY

Yes (GO TO Q9b)

No (GO TO Q10a)

**Q9b** IF YES AT Q9a, which year groups are allowed off school premises?

TICK ONE BOX ONLY ON EACH LINE

	All students	Only students with parental consent	No students
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SCHOOL HEALTH AND WELLBEING POLICY

**Q10** Does your school have written policies that include the following health and wellbeing areas?

PLEASE TICK ONE BOX ON EACH ROW

	Yes	In development	No
Smoking and tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating or Food & Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention and/or post-suicide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11** Were students involved in developing any of the policies listed below?  
 For each policy, please indicate whether and how students were involved.

	No student involvement	Consultations with school council	Consultations with other student voice groups	Wider consultations with students (e.g. surveys)	Suggestion boxes	Other	Don't have a policy
Smoking and tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating or Food & Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour and discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention and/or post-suicide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12** Which of the following methods do you use to communicate your school's written health and wellbeing policies?

**TICK ALL THAT APPLY**

- School newsletter
- Verbal communication to staff, e.g. staff meetings
- Verbal communication to students, e.g. assembly
- Verbal communication to parents, e.g. parents' evening
- Publication online via school website
- Other electronic distribution, e.g. email to students
- Other written distribution, e.g. student handbook
- Posters / signs around school
- None of the above

**Q13** How often are the following school health policies reviewed?

**PLEASE TICK ONE BOX ON EACH ROW**

	Don't have a policy	At least once a year	Less than once a year, but at least every 3 years	Less than once every 3 years	Never been reviewed	Policy less than 1 yr old
Smoking and tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating or Food & Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour and discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide prevention and/or post-suicide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence against women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PARENTAL INVOLVEMENT IN HEALTH AND WELLBEING IMPROVEMENT**

**Q14a** What proportion of parents does your school *attempt to involve* in decisions regarding health and wellbeing improvement?

**PLEASE TICK ONE BOX ONLY**

- |                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> None       | <input type="checkbox"/> Most |
| <input type="checkbox"/> A few      | <input type="checkbox"/> All  |
| <input type="checkbox"/> About half |                               |

**Q14b** What proportion of parents do you think *are involved* in decisions regarding health and wellbeing improvement?

**PLEASE TICK ONE BOX ONLY**

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> None (GO TO Q15) | <input type="checkbox"/> Most |
| <input type="checkbox"/> A few            | <input type="checkbox"/> All  |
| <input type="checkbox"/> About half       |                               |

**Q14c** In what areas are parents involved in decision making?

**PLEASE TICK ALL THAT APPLY**

- |  |   |
|--|---|
| <input type="checkbox"/> Identifying health priority areas | <input type="checkbox"/> School health policy |
| <input type="checkbox"/> Health education                  | <input type="checkbox"/> Other                |

**Q14d** In what ways are parents involved in health and wellbeing improvement decisions?

**PLEASE TICK ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> PTA meeting                      | <input type="checkbox"/> One-to-one meetings with parents   |
| <input type="checkbox"/> Surveys                          | <input type="checkbox"/> Pressure from parents (i.e. contact initiated by parents on health issues) |
| <input type="checkbox"/> Information evenings for parents | <input type="checkbox"/> Other  |
| <input type="checkbox"/> As parent governors              |   |

**HEALTH AND WELLBEING EDUCATION WITHIN THE CURRICULUM**

**Q15** How regularly do students within each year group in your school receive PSE or PSE provision within the Welsh Bacallaureate?  
**PLEASE TICK ONE BOX FOR EACH YEAR GROUP IN YOUR SCHOOL**

	At least weekly	Less than weekly, but at least monthly	Less than monthly
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q16** How long, on average, are PSE sessions (either as PSE lessons or within Welsh Bacallaureate) at your school?  
*Please note down the answer in minutes e.g. 045.*  
*If you have a 2 week timetable, please average the allocation for 1 week.*  
*If you **only** deliver PSE through PSE days, leave blank.*

			minutes
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*If you use a collapsed timetable to deliver all your PSE (i.e. PSE days) **OR** you run PSE days **in addition to** regular timetabled sessions, how many days are you holding this year per year group?*

Year 7	<input type="text"/>	<input type="text"/>	days
Year 8	<input type="text"/>	<input type="text"/>	days
Year 9	<input type="text"/>	<input type="text"/>	days
Year 10	<input type="text"/>	<input type="text"/>	days
Year 11	<input type="text"/>	<input type="text"/>	days
Year 12	<input type="text"/>	<input type="text"/>	days
Year 13	<input type="text"/>	<input type="text"/>	days

**Q17** For each year group, how much PE is timetabled weekly within the formal curriculum?

*If you have a 2 week timetable, please average the allocation for 1 week. Please note down the answer in minutes e.g. 045.*

Year 7 

--	--	--

  
minutes

Year 10 

--	--	--

  
minutes

Year 8 

--	--	--

  
minutes

Year 11 

--	--	--

  
minutes

Year 9 

--	--	--

  
minutes

**Q18** Which year groups receive education on healthy eating within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Food technology	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q19** Which year groups receive education on physical activity (other than during PE) within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Vocational courses	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20** Which year groups receive tobacco education within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q21** Which year groups receive drug education within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q22** Which year groups receive alcohol education within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q23** Which year groups receive mental health and wellbeing education (e.g. resilience, emotional literacy) within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Religious Education	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q24** Which year groups receive sex and relationships education within the formal curriculum and where is it taught?

**PLEASE TICK ALL THAT APPLY FOR EACH YEAR GROUP IN YOUR SCHOOL**

	PSE or Welsh Baccalaureate	Science	Other	Not taught to this year group
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERSONAL & SOCIAL EDUCATION (PSE)**

**Q25a** Who is responsible for coordinating PSE provision in the school?  
**PLEASE TICK ONE BOX ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Headteacher           | <input type="checkbox"/> Specialist PSE teacher                  |
| <input type="checkbox"/> Deputy headteacher    | <input type="checkbox"/> Other (PLEASE TICK AND WRITE IN BELOW ) |
| <input type="checkbox"/> Assistant headteacher |  |

**Q25b** Which teachers have the **main** responsibility for teaching PSE?  
**PLEASE TICK ONE BOX ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> PE teachers                                | <input type="checkbox"/> Form tutors  |
| <input type="checkbox"/> Science teachers                           | <input type="checkbox"/> Outside agencies   |
| <input type="checkbox"/> Specialist PSE / health education teachers | <input type="checkbox"/> Any classroom teacher / No group has main responsibility |
| <input type="checkbox"/> RE teachers                                |   |
| <input type="checkbox"/> Other (PLEASE TICK AND WRITE IN BELOW)     |   |

**Q25c** If non-specialist PSE / health education teachers teach PSE, is formal training provided to support their delivery of the PSE curriculum?  
**PLEASE TICK ONE BOX ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, compulsory training | <input type="checkbox"/> No                                 |
| <input type="checkbox"/> Yes, optional training   | <input type="checkbox"/> Only specialist teachers teach PSE |

**Q25d** Which of the following do students receive for PSE?  
**PLEASE TICK ALL THAT APPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Grades          | <input type="checkbox"/> Target setting    |
| <input type="checkbox"/> Reports         | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Self-assessment |  |

**PHYSICAL ACTIVITY & ACTIVE TRANSPORT**

**Q26a** 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?

**TICK ONE BOX ON EACH ROW FOR AUTUMN TERM AND THEN SUMMER TERM**

<b>Autumn term</b>	0 days	1-2 days	3-4 days	5 days
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Summer term</b>	0 days	1-2 days	3-4 days	5 days
Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q26b** Who delivers extra-curricular sports and physical activity in your school?

**TICK ALL THAT APPLY**

- |   |   |
|---|---|
| <input type="checkbox"/> PE teachers                          | <input type="checkbox"/> Other volunteers   |
| <input type="checkbox"/> Other teachers or other school staff | <input type="checkbox"/> Externally contracted coaches                                |
| <input type="checkbox"/> Parents                              | <input type="checkbox"/> Local authority or community sports staff, e.g. 5x60 officer |
| <input type="checkbox"/> Sport Wales Young Ambassadors        | <input type="checkbox"/> School has no extra-curricular sports                        |

**Q27** Are the following available to students on site (with or without supervision)?

**IF YES, TICK ALL TIMES WHEN FACILITY IS AVAILABLE**

	No	Yes, as part of PE lessons	Yes, during lunch	Yes, after school
Gymnasium / sports hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance / fitness studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports field / grass pitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball / netball courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-a-side football pitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboard area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for team sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q28** How many Sport Wales Young Ambassadors does your school currently have?

**PLEASE TICK ONE BOX ONLY**

- My school is not in the Sport Wales Young Ambassador scheme
- 0 (Joined scheme, but yet to recruit Ambassadors)
- 1
- 2
- 3
- 4
- 5 or more

**Q29** Does your school have a student-led group informing sport and/or physical activity policies, e.g. a sport council?  
**PLEASE TICK ONE BOX ONLY**

- Yes
- No
- We are currently developing a group

**Q30a** Does your school promote active transport in the following ways?  
**PLEASE TICK ALL THAT APPLY**

- Identify and promote safe walking and cycling routes
- Secure covered 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 (PLEASE TICK AND WRITE IN BELOW)

**Q30b** Does your school:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Monitor the number of students walking or cycling to school               | <input type="checkbox"/> | <input type="checkbox"/> |
| Set goals to increase the number of students walking or cycling to school | <input type="checkbox"/> | <input type="checkbox"/> |

**Q31** Does your school have partnerships\* with any of the following individuals or groups to help students remain or become physically active?

**PLEASE TICK ALL THAT APPLY**

- Families
- Other schools
- Local community groups
- Professional sports clubs
- Sport Wales or other national sport bodies
- Private sector businesses or organisations
- Local authority 5x60 officers
- Health board
- Other

*\* 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.*

## HEALTHY EATING

**Q32** Is the food that your students bring into school ever monitored?

**PLEASE TICK ONE BOX ONLY**

- Yes, once a term or more       No
- Yes, less often



**Q33** Does your school do any of the following to promote healthy eating?  
**TICK ALL THAT APPLY**

- Monitor and set goals to increase uptake of free school meals
- Use a cashless system to support free school meal uptake
- Clearly identify healthier options in the school canteen
- Position healthier options at the start of the food service
- Incentivise healthier options through pricing
- Incentivise healthier options through other means

**Q34a** Does your school or any other organisation provide any extra-curricular programmes for learning about food and healthy eating, e.g. cooking clubs? **PLEASE TICK ONE BOX ONLY**

- Yes, regularly (GO TO Q34b)
- Yes, ad hoc or one off events (GO TO Q34b)
- No (GO TO Q35a)

**Q34b** IF YES AT Q34a, are parents invited to take part in these programmes?  
**PLEASE TICK ONE BOX ONLY**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Always    | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never  |

**Q35a** Does your school offer a breakfast club before the start of the morning school session? **PLEASE TICK ONE BOX ONLY**

- Yes, to all students throughout the year (GO TO Q35b and c)
- Yes, to some students and/or at certain times of year (GO TO Q35b and c)
- No (GO TO Q36)

**Q35b** IF YES AT Q35a, how many days a week is it offered? **PLEASE TICK ONE BOX ONLY**

- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

**Q35c** IF YES AT Q35a, do students pay for their breakfast at the club? **PLEASE TICK ONE BOX ONLY**

- Yes, all students taking part pay
- Yes, but some students are subsidised on the basis of need
- No, it is free of charge

**Q36** Please tick Yes or No to the following questions about your school dining environment:

	Yes	No
Does your school's dining room have an adequate number of chairs and tables?	<input type="checkbox"/>	<input type="checkbox"/>
Do students have at least 20 minutes to eat lunch once seated?	<input type="checkbox"/>	<input type="checkbox"/>
Are students who bring packed lunches allowed to sit with those eating school meals?	<input type="checkbox"/>	<input type="checkbox"/>
Does the dining room have freely available drinking water?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dining room always supervised?	<input type="checkbox"/>	<input type="checkbox"/>

If your school has a healthy eating or Food & Fitness policy, please answer question 37. If not, please go to Q38.

**Q37a** Does your school's healthy eating or Food & Fitness policy cover the types of foods and beverages that can be offered or sold at the following:  
**PLEASE TICK ONE BOX ON EACH ROW**

	Yes	No	Not applicable
In student enterprise projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school social events for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school social events for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For school or student fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q37b** Does your school's healthy eating or Food & Fitness policy include guidance or requirements on the types of foods and beverages that students can bring into school, e.g. in packed lunches?  
**PLEASE TICK ONE BOX ONLY**

- Yes, guidance (GO TO Q37c)       No (GO TO Q38)
- Yes, requirements (GO TO Q37c)

**Q37c** IF YES AT Q37b, does this include food taken on school trips?  
**PLEASE TICK ONE BOX ONLY**

- Yes       No

**Q38** Does your school have a student-led group informing nutrition policies, e.g. a school nutrition action group (SNAG)?  
**PLEASE TICK ONE BOX ONLY**

- Yes
- No
- We are currently developing a group

**TOBACCO, DRUGS & ALCOHOL**

**Q39a** Has your school used the following in the last two years:  
PLEASE TICK ONE BOX ON EACH ROW

	Yes	No
Resources from the All Wales School Liaison Core Programme for its alcohol or drug teaching?	<input type="checkbox"/>	<input type="checkbox"/>
No Smoking Day resources for its tobacco teaching?	<input type="checkbox"/>	<input type="checkbox"/>
Theatre in education for its tobacco, alcohol or drug teaching?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>Q39b</b> Has your school participated in the ASSIST smoking prevention programme delivered by Public Health Wales?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Q39c</b> Has your school participated in the 'JustB' smoking prevention programme delivered by Public Health Wales?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

**Q40a** Does your school offer any type of tobacco cessation support to students?  
PLEASE TICK ONE BOX ONLY

- Yes (GO TO Q40b)
- No (GO TO Q41)

**Q40b** IF YES AT Q40a, are these offered:  
PLEASE TICK ALL THAT APPLY

- At school
- Through referral to an off-site service or initiative

**Q41** Does your school have a specified pathway or a referral process in place to provide expertise and resources for students who:

**PLEASE TICK ONE BOX ON EACH ROW**

	Yes	No
Misuse drugs	<input type="checkbox"/>	<input type="checkbox"/>
Misuse alcohol	<input type="checkbox"/>	<input type="checkbox"/>

**If your school has a smoking and tobacco use policy, please answer question 42. If not, please got to Q43.**

**Q42a** Does your school's smoking and tobacco use policy prohibit tobacco use in the following locations?

**PLEASE TICK ONE BOX ON EACH ROW**

	Yes	No
School grounds during school hours	<input type="checkbox"/>	<input type="checkbox"/>
School grounds outside of school hours	<input type="checkbox"/>	<input type="checkbox"/>
Private vehicles on school grounds	<input type="checkbox"/>	<input type="checkbox"/>
School events off school grounds	<input type="checkbox"/>	<input type="checkbox"/>

**Q42b** Does the policy apply to everyone, including students, staff, families and visitors? **PLEASE TICK ONE BOX ONLY**

- Yes  
 No

**Q42c** Does your school prohibit *possession* of tobacco products for students on school property as well as *use*? **PLEASE TICK ONE BOX ONLY**

- Yes  
 No

**Q42d** Does the policy cover the use of electronic cigarettes, also called personal vaporizers or electronic nicotine delivery systems (ENDS)? **PLEASE TICK ONE BOX ONLY**

- Yes  
 No

## MENTAL HEALTH & WELLBEING

**Q43** Is cyber-bullying included in your policies on bullying?

**PLEASE TICK ONE BOX ONLY**

Yes

No

**Q44** Does your mental health and wellbeing policy include staff mental health?

**PLEASE TICK ONE BOX ONLY**

Yes

No

No mental health and wellbeing policy

**Q45** Does your suicide prevention and/or post-suicide care policy include self-harm?

**PLEASE TICK ONE BOX ONLY**

Yes

No

No suicide prevention and/or post-suicide care policy

**Q46** Does your school use any of the following:

**TICK ALL THAT APPLY**

Social and Emotional Aspects of Learning (SEAL)

The Student Assistance Programme (SAP)

Emotional Literacy Support Assistants (ELSA)

None of the above

**SEX & RELATIONSHIPS**

**Q47** Who has the main responsibility for teaching sex and relationships education (SRE)?

**PLEASE TICK ONE BOX ONLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Science teachers                           | <input type="checkbox"/> School nurse  |
| <input type="checkbox"/> Specialist SRE / health education teachers | <input type="checkbox"/> Any classroom teacher / no group has responsibility |
| <input type="checkbox"/> RE teachers                                | <input type="checkbox"/> Outside agencies                                    |
| <input type="checkbox"/> Form tutors                                | <input type="checkbox"/> Other ( <b>PLEASE TICK AND WRITE IN BELOW</b> )     |

**Q48** What proportion of parents remove their child/ren from SRE?

**PLEASE TICK ONE BOX ONLY**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Less than 5% | <input type="checkbox"/> 21-50%        |
| <input type="checkbox"/> 5-10%        | <input type="checkbox"/> More than 50% |
| <input type="checkbox"/> 11-20%       |  |

**Q49** Does your school currently provide any staff training in safeguarding young people specifically about issues relating to sexual health and relationships?

**PLEASE TICK ONE BOX ONLY**

- Yes
- No

**Q50a** Does your school have an on-site 'drop-in' service specifically for sexual health advice?

**PLEASE TICK ONE BOX ONLY**

Yes (GO TO Q50b)

No (GO TO Q51)

**Q50b** IF YES AT Q50a, who is the service provided by?

**PLEASE TICK ALL THAT APPLY**

School nurse

Charity youth workers

Local authority youth workers

Other  
(PLEASE TICK AND WRITE IN BELOW)

NHS health visitor


---

**Q51** Does your school have on-site provision of free condoms for school students (including distribution using the C-Card scheme)?

**PLEASE TICK ONE BOX ONLY**

Yes

No



**VIOLENCE AGAINST WOMEN AND GIRLS (GENDER BASED VIOLENCE)**

**Q52** Did staff at your school receive any training on the following issues in the previous two academic years (2013/14 and 2014/15)?

**PLEASE TICK ONE BOX ON EACH ROW**

	No	Yes, some staff	Yes, all staff
Understanding what violence against women, domestic abuse and sexual violence is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognising the signs of violence against girls aged 11-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to take appropriate action where signs of violence against girls aged 11-16 are observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH SERVICE PROVISION

**Q53a** Does your school have an NHS School Nurse?

PLEASE TICK ONE BOX ONLY

Yes (GO TO Q53b and c)

No (GO TO Q54a)

**Q53b** IF YES AT Q53a, How often is the nurse service on-site and available to students?

Every school day

Less often

3-4 times per week

Nurse visits on request only

1-2 times per week

Once a fortnight

**Q53c** IF YES AT Q53a, Which of the following does the NHS school nurse do at your school?

TICK ALL THAT APPLY

Supports the school in managing attendance

One-to-one student advice and support on an ad hoc basis

A regular drop-in service for students

Advice on managing health issues in the school setting for individual pupils

Smoking cessation support

Safeguarding

Contributes to teaching on health and wellbeing topics in the formal curriculum

None of the above

**Q54a** Is there a school-based counselling service?

PLEASE TICK ONE BOX ONLY

Yes (GO TO Q54b)

No (GO TO Q55a)

**Q54b** IF YES AT Q54a, how often is the service available?

PLEASE TICK ONE BOX ONLY

Every school day

Less often

2 - 4 times a week

On request only

Once a week

**Q55a** Is there a school-based educational psychologist available to students?

PLEASE TICK ONE BOX ONLY

Yes (GO TO Q55b)

No (GO TO Q56a)

**Q55b** IF YES AT Q55a, how often is the psychologist available?

PLEASE TICK ONE BOX ONLY

Every school day

Less often

2 - 4 times a week

On request only

Once a week

**Q56a** Are students informed of other local, confidential counselling services they can use?

PLEASE TICK ONE BOX ONLY

Yes (GO TO Q56b)

No (GO TO Q57)

**Q56b** IF YES AT Q56a, can students attend such services during school hours?

PLEASE TICK ONE BOX ONLY

Yes

No

Only in exceptional circumstances

## BEHAVIOUR & DISCIPLINE

**Q57** Does your school use isolation to manage student behaviour?

PLEASE TICK ONE BOX ONLY

Yes

No

**Q58** How many exclusions were there at your school in the 2014/15 school year?

PLEASE INDICATE THE TOTAL NUMBER OF *EXCLUSIONS* OF EACH TYPE LISTED, NOT THE NUMBER OF STUDENTS

Fixed term exclusions of 5 days or less

--	--

Fixed term exclusions of over 5 days

--	--

Permanent exclusions

--	--

**Q59** Does your school currently use the following restorative practices in your approach to student discipline?

**PLEASE TICK ALL BOXES THAT APPLY**

- Circle time  Other restorative practices
- Restorative conference
- Peer mediation

**Q60** Does your school work with community police officers on restorative practices?

**PLEASE TICK ONE BOX ONLY**

- Yes  No

## SELF-HARM PREVENTION AND INTERVENTION IN SECONDARY SCHOOLS

The aim of this section of the questionnaire is to scope schools' existing practices around self-harm.

The information you provide will inform the development of interventions that address self-harm and are appropriate and feasible in the school setting.

### Health priorities and interventions in your school

**Q61** The following are a list of health related areas often dealt with in schools through teaching and other activities. What level of importance is given to each by your school?

*Please note, this may not reflect your personal view.*

**PLEASE RANK THE 9 HEALTH AREAS IN ORDER OF IMPORTANCE, STARTING WITH  AS THE MOST IMPORTANT TO YOUR SCHOOL.**

	Rank number
Sex and relationships	<input type="text"/>
Suicide prevention	<input type="text"/>
Smoking	<input type="text"/>
Emotional health and wellbeing	<input type="text"/>
Alcohol	<input type="text"/>
Healthy eating	<input type="text"/>
Self-harm	<input type="text"/>
Physical activity	<input type="text"/>
Drugs	<input type="text"/>

**Health priorities and interventions in your school**

**Q62** The following are a list of different types of interventions that schools may use to address a range of health related topics. What is the level of usefulness (for both staff and students) of these intervention types in addressing the health areas prioritised by your school?

**PLEASE TICK ONE BOX ON EACH ROW**

	Very high	High	Average	Low	Very low
Posters and leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-to-one intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted group support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff information and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External agency intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole school approaches (e.g. addressing school policies and relationships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE WRITE IN BELOW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Self-harm, your students and school**

**Q63** Approximately 10% of young people in the UK self-harm, so for the purpose of this survey we define an ‘average’ level of self-harm within a school as 10% of students intentionally harming themselves.

How do you think the level of self-harm amongst students in your school compares to the average?

For each type of self-harm behaviour listed below, please indicate whether you think the proportion of your student body that engage in the behaviour is very high, high, average (~10%), low or very low.

**PLEASE TICK ONE BOX ON EACH ROW**

	Very high	High	Average (~ 10%)	Low	Very low
Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-eating or under-eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning of the skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hitting or scratching self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(PLEASE WRITE IN BELOW)**

**Self-harm prevention and activities**

*For the purposes of this survey we define self-harm as any behaviour that is intended to intentionally hurt oneself. It may or may not be associated with suicidal intent.*



### Self-harm prevention and activities

**Q64** Which of the following self-harm prevention and intervention activities are delivered in your school?

*For each item, please select 'Yes. Routine provision' if it is provided in your school at least on an annual basis. If an item is provided on an ad-hoc, one-off basis, please tick 'Yes. One-off provision'. If an item is not provided and you do not think it needs to be, please tick 'No'. If an item is not provided but you would like it to be, please tick 'No, but would like to'.*

		Yes. Routine provision	Yes. One-off provision	No	No, but would like to
A	Assemblies themed around self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	PSE sessions themed around self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	An on-site counsellor (paid or voluntary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	A drop-in health service, provided by school nurse or other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Specialist self-harm prevention training for students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Posters on display about self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Visits from outside speakers or organisations to talk to students about self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Clear procedures known to all staff for identifying and supporting students who self harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Training for teachers and staff about self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Regular contact with relevant health services, e.g. Child & Adolescent Mental Health Service (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list below any other prevention and intervention activities undertaken by your school

K

L

M

N

O

**Self-harm prevention and activities**

**Q65** Considering the prevention and intervention activities listed in Q64 (options A to O), which **five** do you consider to be **most useful** for a school to provide?

**PLEASE ENTER '1' BESIDE THE ACTIVITY YOU CONSIDER MOST USEFUL THROUGH TO '5' NEXT TO THE FIFTH MOST USEFUL**

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O

**Self-harm prevention and activities**

**Q66** If provided, who contributes to self-harm prevention or intervention activities in your school?

**PLEASE TICK ONE BOX ON EACH ROW**

	Yes	No
Teachers	<input type="checkbox"/>	<input type="checkbox"/>
Teaching support staff	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral care team	<input type="checkbox"/>	<input type="checkbox"/>
School senior management	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>
School counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Mental health specialists (e.g. CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>
Other health professional (PLEASE TICK AND WRITE IN BELOW)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
Voluntary sector worker, e.g. Samaritan volunteer (PLEASE TICK AND WRITE IN BELOW)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
Other, e.g. youth worker (PLEASE TICK AND WRITE IN BELOW)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

**Self-harm prevention and activities**

**Q67a** Have school staff received training in self-harm prevention and intervention?

TICK ONE BOX ONLY

- Yes, mandatory training (GO TO Q67b)       No (GO TO Q68a)
- Yes, voluntary training (GO TO Q67b)       Don't know (GO TO Q68a)

**Q67b** IF YES AT Q67a, please state:

Training provider	<input type="text"/>
Training funder	<input type="text"/>

**Future provision in self-harm prevention and intervention**

**Q68a** How would you rate the adequacy of lessons, activities and services that address self-harm in your school?

TICK ONE BOX ONLY

- Very low       High
- Low       Very high
- Moderate

**Q68b** Please explain your reasons for selecting this level.

<input type="text"/>
----------------------

**Future provision in self-harm prevention and intervention**

**Q69** How much of a barrier are the following to delivering self-harm prevention and intervention activities in your school?

**PLEASE TICK ONE BOX ON EACH ROW**

	Major barrier	Minor barrier	Not a barrier
Self-harm is not seen as a problem by senior management in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm is not seen as a problem by teachers in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health topics are given higher priority in health related lessons and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lack of staff time to deliver self-harm related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School staff are not adequately trained in self-harm to be able to deliver activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear about encouraging self-harm in students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lack of available resources such as worksheets, videos and ideas for activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressures to deliver core curriculum subjects mean teachers have little time left to spend on health related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School is not an appropriate place to deal with this topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students fail to engage with activities on this topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE TICK AND WRITE IN BELOW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Future provision in self-harm prevention and intervention**

**Q70** Would your school be prepared to participate in future research to develop student self-harm prevention and intervention activities for delivery in schools?

**TICK ONE BOX ONLY**

- Yes
- No
- Don't know

Thank you for completing the questionnaire.

Please return your questionnaire to the School Health Research Network in the freepost envelope provided.