Healthy and happy

School impact on pupils' health and wellbeing

June 2019
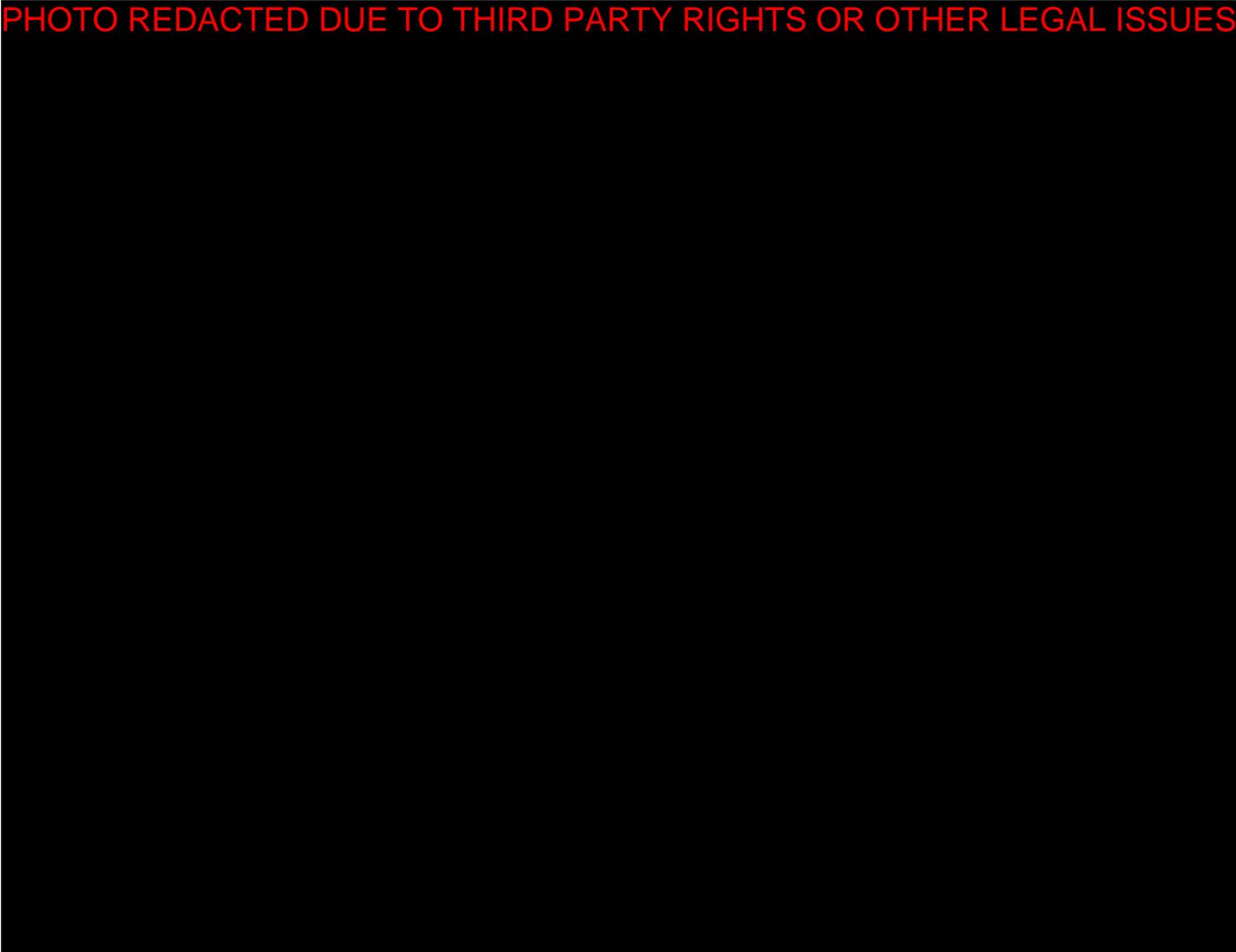
The purpose of Estyn is to inspect quality and standards in education and training in Wales. Estyn is responsible for inspecting:

- ⅄ nursery schools and settings that are maintained by, or receive funding from, local authorities
- ⅄ primary schools
- ⅄ secondary schools
- ⅄ special schools
- ⅄ pupil referral units
- ⅄ all-age schools
- ⅄ independent schools
- ⅄ further education
- ⅄ independent specialist colleges
- ⅄ adult community learning
- ⅄ local authority education services for children and young people
- ⅄ teacher education and training
- ⅄ Welsh for adults
- ⅄ work-based learning
- ⅄ learning in the justice sector

Estyn also:

- ⅄ provides advice on quality and standards in education and training in Wales to the National Assembly for Wales and others
- ⅄ makes public good practice based on inspection evidence

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Introduction

This report is in response to a request for advice in the Cabinet Secretary for Education's remit letter to Estyn for 2018-2019. The report evaluates how well primary and secondary schools in Wales support the health and wellbeing of pupils.

Some schools used as examples in this report have not been named because of the sensitive nature of the case concerned. The examples are not necessarily from schools visited as part of the survey and may also have been drawn from Estyn's wider inspection evidence base.

Background

Defining health and wellbeing

Definitions of health are fairly universally accepted, and usually refer to a person's physical or mental condition or state, and the extent to which it is free from illness. Definitions of wellbeing are more variable than those for health. In the Social Services and Well-being (Wales) Act (National Assembly for Wales, 2014, p.115), "well-being means well-being in relation to any of the following—

- physical and mental health and emotional well-being
- protection from abuse and neglect
- education, training and recreation
- domestic, family and personal relationships
- contribution made to society
- securing rights and entitlements
- social and economic well-being
- suitability of living accommodation
- physical, intellectual, emotional, social and behavioural development …
- "welfare" as that word is interpreted for the purposes of the Children Act 1989"

The health and wellbeing of children and young people in Wales

The Well-being of Future Generations (Wales) Act 2015 aims to improve the social, economic, environmental and cultural wellbeing of people living in Wales. The Welsh Government (2018b) has identified 46 national indicators to help evaluate progress towards the achievement of the seven 'well-being goals' set out in the Act. These indicators are predominantly objective measures. In its report 'Well-being of Wales 2017-18: what do we know about children's well-being?', the Welsh Government (2018a) analysed the indicators that relate most to children and young people. Some key points in the summary of the report are as follows:

- *"There have been long-term improvements in terms of a healthy start in life, with*

a decline in low birth weight babies, improvements in dental health and breastfeeding take-up increasing over the decade. Vaccine uptake in young infants remains high and stable.

- *Adverse Childhood Experience studies highlight the relationship between harmful experiences in childhood with negative long-term outcomes.*
- *Children are the population group most likely to be in relative income poverty, with the latest data showing that 28 per cent were living in income poverty. This has fallen over the past few years.*
- *Fewer children live in workless households, with falls in the latest year and over the medium-term.*
- *During secondary school there are dramatic changes in children's well-being, self-reported health and lifestyles. Whilst at age 11 girls and boys report similar well-being and self-reported health, by aged 16 a gap is evident, with girls reporting lower well-being and worse health.*
- *A third of secondary school pupils feel lonely some of the time. Figures for Wales are similar to other parts of the UK, and girls are more likely to feel lonely than boys.*
- *Rates for smoking and drinking have fallen considerably over the years for those aged 11-16. However the number of healthy lifestyle behaviours declines rapidly as children progress through secondary school.*
- *Attainment in primary and secondary school has risen in recent years, although there is variation between socio-economic groups.*
- *Participation in education, employment or training for young people post-compulsory education has been increasing in recent years (Welsh Government, 2018a, pp.2-3)."*

The School Health Research Network (SHRN) (2019a; 2019b) published data from its survey of 103,971 pupils in secondary schools in Wales (almost two-thirds of Wales' secondary school population), which took place in autumn 2017. This survey is connected to the World Health Organization's (WHO) (2016) international Health Behaviour in School-aged Children (HBSC) survey. Findings from the Wales survey (SHRN 2019b) show that the youngest pupils in secondary school are most likely to self-report behaviours associated with good physical health, and that these positive behaviours are less prevalent in older year groups. Examples of this are shown in the chart below.

Figure 1: Difference in behaviours associated with good physical health between Year 7 and Year 11
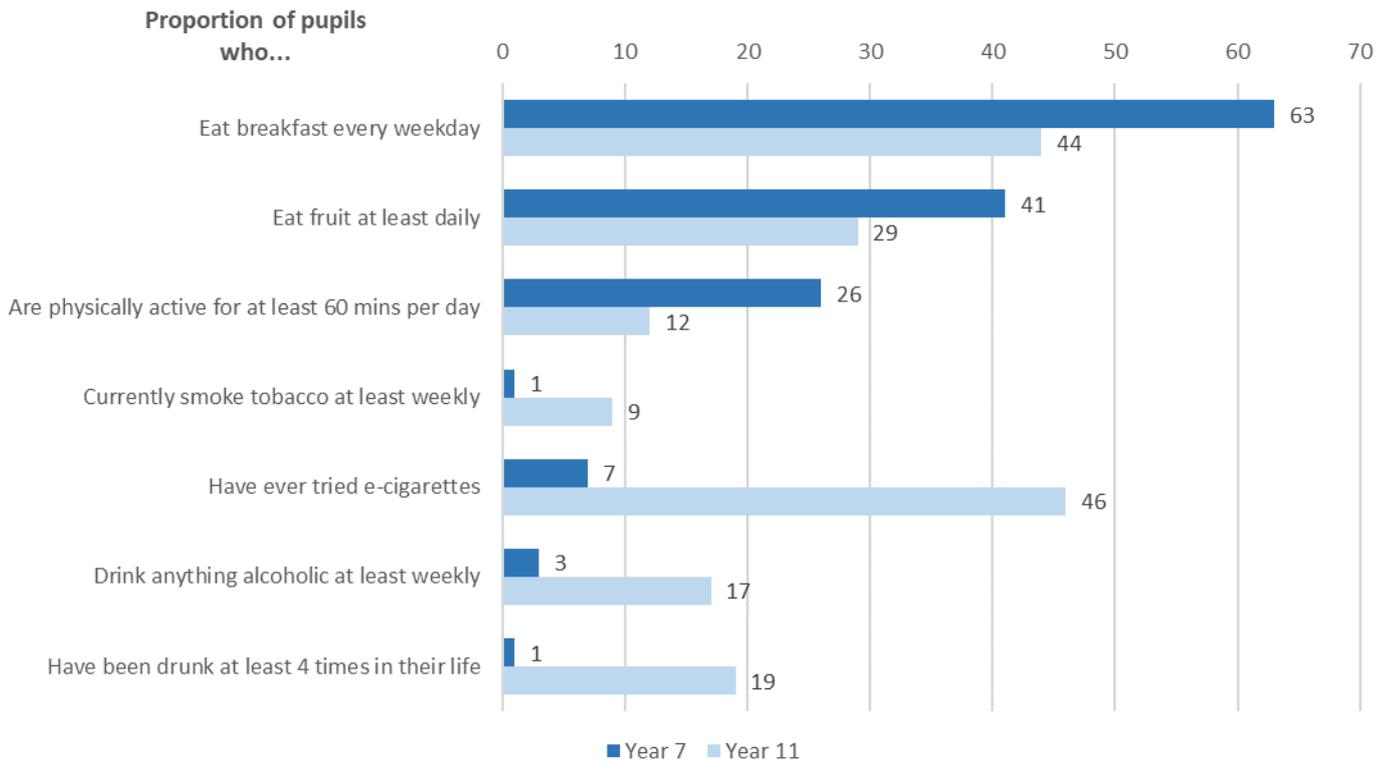
Source: (School Health Research Network, 2019b)

The proportion of pupils who have 'ever sent a sexually explicit image of themselves' rises from just 2% in Year 7 to 25% in Year 11 (SHRN, 2019b, p.119). A quarter of Year 11 pupils reported that they had 'ever had sexual intercourse', with just under half of pupils reporting that they had used a condom at last sexual intercourse (SHRN, 2019b, p.118).

The survey highlights that Year 7 pupils are most likely to report that their experience of secondary school has a positive impact on their wellbeing, and that pupils' views are notably more negative in older year groups. Examples are shown in the chart below.

Figure 2: Difference in pupils' school experiences between Year 7 and Year 11

Proportion of pupils who...

Statement	Year 7	Year 11
Feel 'a lot' or 'some' pressure because of their school work	31	68
Like school a lot	38	8
Feel their teachers care about them as a person	72	47
Feel their teachers accept them as they are	84	65
Agree or strongly agree that adults usually listen to the views of children before making decisions that affect them	62	37

■ Year 7 ■ Year 11
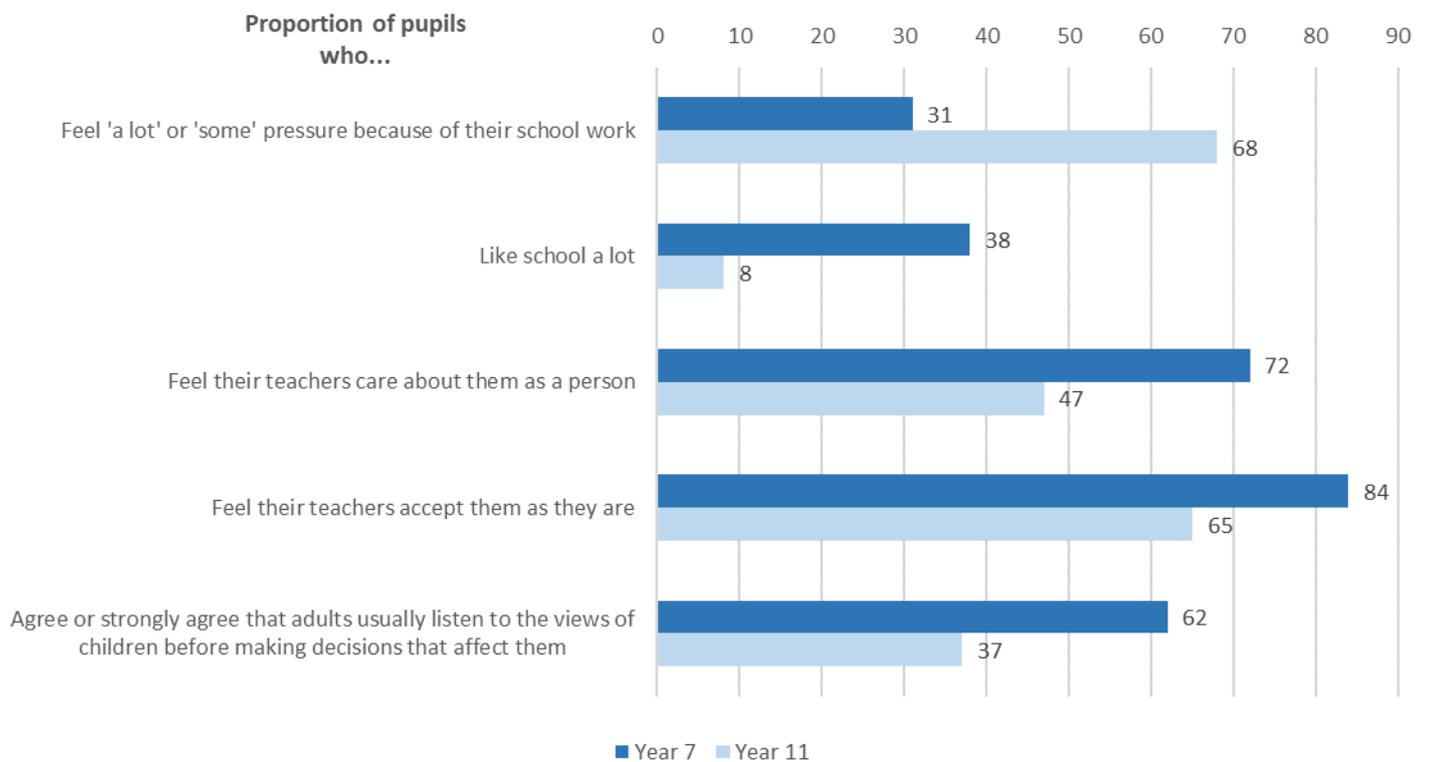
Source: (School Health Research Network, 2019b)

The survey found that bullying levels were similar across all year groups, with just over a third of pupils reporting that they 'have been bullied at school in the past couple of months' (SHRN, 2019b, p.93). Around a sixth of pupils reported that they had 'bullied another person at school in the past couple of months' (SHRN, 2019b, p.71).

As well as feeling more negative about their experience in school and expressing greater concerns about their wellbeing, pupils as they got older also reported in the survey that support for their wellbeing waned. For example:

- the proportion of pupils who agree that 'there is support at their schools for students who feel unhappy, worried or unable to cope' decreases from 85% in Year 7 to 64% in Year 11 (SHRN, 2019b, p.95)
- the proportion of pupils who agree there is 'a member of staff they can confide in' decreases from 80% in Year 7 to 65% in Year 11 (SHRN, 2019b, p.81)

Overall, the findings from the SHRN survey (2019a, 2019b) indicate that pupils start secondary school feeling generally positive about themselves and about school and generally have healthy lifestyles, but these positive feelings decrease during their secondary school experience.

Research insights

Professor Colleen McLaughlin and Dr Barbie Clarke's research (2010) identified relationships in schools as a critical factor that affects pupils' health and wellbeing. In particular, relationships between teachers and pupils, and pupils' peer relationships, are those which are key, particularly in relation to mental health and emotional wellbeing. Research in Wales by Professor Robin Banerjee et al. (2016) found that, where such relationships are strong in a school that also has good pedagogical approaches to learning experiences and provides evidence-based targeted interventions for specific groups and individuals, then the result is sustained, positive impacts on pupils' health and wellbeing.

Researchers seem clear that the resource or approach that a school chooses to use to support pupils' health and wellbeing is not the key determinant of success. For example, a research study (Humphrey et al., 2010) on the use of the SEAL (Social and Emotional Aspects of Learning) toolkit in schools, which was targeted at schools in England but also widely used in Wales, found that the following differences in implementation at classroom level affected success: superficial implementation, selective implementation, whether or not it was part of a whole-school approach and, crucially, what the researchers called the 'will' and 'skill' of individual teachers.

Professors Katherine Weare and Melanie Nind (2011, p.29) drew similar conclusions in their research, which focused on mental health:

> The characteristics of more effective interventions included: teaching skills, focusing on positive mental health; balancing universal and targeted approaches; starting early with the youngest children and continuing with older ones; operating for a lengthy period of time and embedding work within a multimodal/whole-school approach which included such features as changes to the curriculum including teaching skills and linking with academic learning, improving school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies. Interventions were only effective if they were completely and accurately implemented: this applied particularly to whole-school interventions which could be ineffective if not implemented with clarity, intensity and fidelity.

An important factor that makes supporting pupils' health and wellbeing in secondary schools harder than those in primary schools is the onset of adolescence. In her book 'Inventing Ourselves: The Secret Life of the Teenage Brain', Professor Sarah-Jane Blakemore (2018) explains how brains develop in adolescence and how this relates to behaviour and affects how adolescents relate to each other and their environment. For example, the research explains typical adolescent behaviours such as increased risk-taking and the need for intense friendships, and sets out why an apparently 'easy child' can become a 'challenging teenager' (Blakemore, 2018). Our understanding of adolescence, Blakemore argues, should inform how staff work with pupils in secondary schools to support their health and wellbeing.

Welsh Government policy

The Welsh Government's Learning Wales website (2016b) lists a wide range of legislation, regulation, policy, guidance and reports which is relevant to supporting pupils' health and wellbeing in schools, including:

- Foundation phase framework (Welsh Government, 2015a) (Revised 2015)
- Physical education in the national curriculum for Wales (Welsh Assembly Government, 2008)
- Personal and social education framework for 7 to 19-year-olds in Wales (Welsh Assembly Government, 2013)
- Guidance for substance misuse education (Welsh Government, 2013a)
- Sex and relationships education in schools (Welsh Assembly Government, 2010b)
- The Future of the Sex and Relationships Education Curriculum in Wales: Recommendations of the Sex and Relationships Education Expert Panel (Welsh Government, 2017b)
- Nurture groups: a handbook for schools (Welsh Assembly Government, 2010a)
- Healthy eating in maintained schools (Welsh Government, 2014)
- Access to free drinking water (Welsh Government, 2016a)
- School toilets: Good practice guidance for schools in Wales (Welsh Government, 2012)
- Welsh network of healthy schools scheme (Public Health Wales, 2018)
- SchoolBeat (the police All-Wales School Liaison Core Programme) (Welsh Government, 2011b)
- School Nursing Framework for Wales (Welsh Government and NHS Wales, 2017)
- Supporting learners with healthcare needs (Welsh Government, 2017a)
- Statutory guidance to Welsh local authorities on the provision of independent counselling services (Welsh Government, 2013b)
- In-reach to schools programme (NHS Wales, 2018)
- Inclusion and pupil support (Welsh Government, 2015b)
- Respecting others: Anti-bullying overview (Welsh Government, 2011a)
- Respect and resilience: Developing community cohesion (Welsh Government, 2016c)
- School Councils (Wales) Regulations 2005 (National Assembly for Wales, 2005)

In 2015, Successful Futures (Donaldson, 2015), an independent report on curriculum and assessment arrangements in Wales commissioned by the Welsh Government, proposed a new curriculum for Wales that includes health and wellbeing as one of six areas of learning and experience. The Welsh Government (2019a) has published resources on its website that help schools to prepare for this. The Welsh Government (2019b) has also published draft guidance on relationships and sexuality education in schools.

National Assembly for Wales committees

The Children, Young People and Education Committee (CYPE) published Mind Over Matter (National Assembly for Wales, CYPE Committee, 2018). This is a report on

the step change needed in emotional and mental health support for children and young people in Wales.

Estyn thematic reports

Estyn has published several relevant reports in recent years, including:

- Involving parents (2018)
- A review of healthy relationships education (2017)
- Pupil participation (2016)
- Action on bullying (2014)
- Physical education in secondary schools (2012)

Main findings

1   Around two-thirds of primary schools and a third of secondary schools in Wales have an inclusive whole-school approach to supporting pupils' health and wellbeing. These schools aim to make sure that the everyday school experience of pupils is consistent with messages given about health and wellbeing in lessons, assemblies and in school policies. They develop pupils as healthy, confident individuals, ready to lead fulfilling lives as valued members of society – one of the four purposes of the emerging new curriculum for Wales. They have:

   • policies and practices that ensure pupils make good progress in their learning
   • leaders who 'walk the talk' about supporting pupils' health and wellbeing
   • a nurturing culture, where positive relationships enable pupils to thrive
   • an inclusive community and ethos
   • detailed knowledge about pupils' health and wellbeing that influences policies and actions and policy
   • environment and facilities that promote good health and wellbeing, such as space to play, socialise and relax at break times
   • a broad and balanced curriculum, that includes discrete, evidence-based learning experiences that promote health and wellbeing
   • supportive pastoral care and targeted interventions for pupils that need additional support
   • effective links with external agencies
   • close partnerships with parents and carers
   • continuing professional learning for all staff that enables them to support pupils' health and wellbeing

2   Most other schools have several strong aspects to their support for pupils' health and wellbeing, despite their approach not being fully whole-school. However, unless a school has all the key aspects listed above, in order to present a coherent message and a consistent experience for pupils, there is a risk that isolated good work is undermined and its impact limited. For example, lessons about bullying are of limited value unless pupils are satisfied with how the school deals with allegations of bullying; similarly, policies about restorative practice mean little to pupils unless staff apply those approaches when working with pupils.

3   Discrepancy between the messages given and the lived experience of pupils is a key reason why secondary schools are less successful than primary schools in supporting pupils' health and wellbeing. The changes that come with adolescence also make it more challenging for secondary schools to support pupils' health and wellbeing. This too may partly explain why secondary schools are generally less successful than primary schools at supporting pupils' health and wellbeing, though it should not be used as an excuse.

4   Leaders are responsible for promoting staff wellbeing, protecting staff from excessive workload and ensuring that they are safe in work. Schools where pupil wellbeing is supported effectively tend also to provide strong support for staff wellbeing.

5   Involving pupils meaningfully in the evaluation and development of a school's work to support their health and wellbeing is a key factor for success. Pupils' sense of belonging and value is often rooted in the extent to which they feel that staff care about them, take time to get to know them, and listen to their views.

6   The quality of relationships between staff and pupils and in peer relationships between pupils is a critical factor in whether or not pupils thrive in school. Pupils report that simple actions like teachers smiling and greeting them by name, and engaging in positive conversation at the start of the school day, help them settle and feel cared for, whereas the few teachers who shout at pupils, embarrass them, or treat them unfairly, harm their sense of wellbeing.

7   In a few schools, leaders devolve responsibility for health and wellbeing too much to one member of staff, or a small team of staff. These schools lose the sense that health and wellbeing is everyone's business, and leave pupils with a perception that not everyone cares.

8   All schools provide learning experiences relating to health and wellbeing, including physical education (PE) and personal and social education (PSE). Primary schools tend to provide better quality experiences in PSE, whereas secondary schools tend to provide better quality experiences in PE. However, primary schools generally do not teach sex and relationships education well, and secondary schools do not give enough time to PE as pupils get older.

9   All primary and secondary schools use a range of strategies to support pupils who have specific needs relating to their health and wellbeing. The effectiveness of these strategies is heavily dependent on the quality of the relationship between the staff and pupils involved. In addition to their own work, all schools work with staff from various external agencies, such as counsellors, nurses, police officers, social workers and youth workers. This multi-agency work is most effective in supporting pupils' health and wellbeing when each party trusts each other and understands how best to work together in the pupils' best interests. Schools' work with parents similarly works well when schools have built trust and communicate effectively.

10 Pupils are critical of school toilets that are not accessible, clean or safe. Pupils in around half of the schools surveyed – mainly secondary schools – expressed concern about toilets. Concerns raised included general uncleanliness, closed facilities, locks on cubicle doors that are missing or do not work, a lack of sanitary disposal facilities, no hot water or handwash, and unsuitable arrangements for transgender pupils. In schools with separate toilet blocks for male and female pupils, pupils are also concerned about anti-social behaviour, which is very rarely a concern where pupils have access to single cubicle toilets attached to open washrooms that can be monitored easily. Pupils have strong views about toilets, but schools have not always taken enough account of their views.

11 Few teachers enter the profession with substantial background training in child or adolescent development, or how best to support children's health and wellbeing. Only a minority of staff in schools think that the training or guidance they have received initially or in-service has helped them to support pupils with their wellbeing and mental health.

Recommendations

Schools should:

R1   Develop a coherent whole-school approach that supports all pupils' health and wellbeing

R2   Strengthen relationships between staff and pupils and peer relationships between pupils

R3   Improve the quality of teaching and learning experiences in health and wellbeing, within a broad a balanced curriculum

R4   Take better account of pupils' views and academic research in developing their approaches to supporting pupils' health and wellbeing

R5   Ensure that the school's environment and services support pupils' health and wellbeing

Local authorities and regional consortia should:

R6   Support schools to develop a whole-school approach to health and wellbeing

R7   Support effective working between schools and other agencies in the best interests of children and young people and their families

Initial teacher education providers should:

R8   Ensure that new teachers are trained to understand child and adolescent development and prepared to support pupils' health and wellbeing

The Welsh Government should:

R9   Ensure that pupils' health and wellbeing is valued in accountability approaches used in the education system

Leadership and school culture

Whole-school approach

12   Around two-thirds of primary schools and a third of secondary schools in Wales have an inclusive whole-school approach to supporting pupils' health and wellbeing. These schools aim to make sure that the everyday school experience of pupils is consistent with messages given about health and wellbeing in lessons, assemblies and in school policies. They develop pupils as healthy, confident individuals, ready to lead fulfilling lives as valued members of society – one of the four purposes of the emerging new curriculum for Wales. They have:

- policies and practices that ensure pupils make good progress in their learning
- leaders who 'walk the talk' about supporting pupils' health and wellbeing
- a nurturing culture, where positive relationships enable pupils to thrive
- an inclusive community and ethos
- detailed knowledge about pupils' health and wellbeing that influences policies and actions and policy
- environment and facilities that promote good health and wellbeing, such as space to play, socialise and relax at break times
- a broad and balanced curriculum, that includes discrete, evidence-based learning experiences that promote health and wellbeing
- supportive pastoral care and targeted interventions for pupils that need additional support
- effective links with external agencies
- close partnerships with parents and carers
- continuing professional learning for all staff that enables them to support pupils' health and wellbeing

13   Nine-in-ten primary schools and three-quarters of secondary schools have several strong aspects to their support for pupils' health and wellbeing, despite their approach not being fully whole-school. However, unless a school has all the key features listed above, in order to present a coherent message and a consistent experience for pupils, there is a risk that any good work is undermined and its impact limited. For example, lessons about bullying are of limited value unless pupils are satisfied with how the school deals with allegations of bullying; similarly, policies about restorative practice mean little to pupils unless staff apply those approaches when working with pupils. Discrepancy between the messages given and the lived experience of pupils is a key reason why secondary schools are less successful than primary schools in supporting pupils' health and wellbeing.

14   While not the subject of this report, it is important for pupils' long-term health and wellbeing that they leave school literate and numerate, and with good education outcomes that enable them to progress into further education, training or employment. Schools have an important role to play in supporting pupils' long-term health and wellbeing needs, as well as their present needs. For example, good education outcomes, including good literacy and numeracy skills, are strongly

associated with good adult outcomes in health and wellbeing. Therefore schools' work on health and wellbeing cannot be purely focused on measures of their health and wellbeing today, but must take account of the foundations pupils need for the rest of their life beyond compulsory education.

Leadership

15 Schools that successfully support pupils' health and wellbeing have strong, moral leadership. The headteacher is particularly influential in setting a vision and values for the school and ensuring that these are shared by the governing body, other leaders and all members of staff. Strong leaders ensure that their school upholds children's rights, promotes wellbeing holistically and is an inclusive community.

16 Successful schools translate their vision into clear policies and plans to support pupils' health and wellbeing. Leaders ensure that there are systems to monitor the school's impact on pupils' wellbeing.

17 All school leaders talk about the importance of pupils' health and wellbeing. However, the best school leaders are a model for how they wish other staff to relate to pupils in the school. These leaders 'walk the talk' through the way they interact with staff, pupils and parents, through their use of resources and the priority they give to supporting the health and wellbeing of the whole school community.

At **Ysgol Gynradd Pencarnisiog**, the headteacher has successfully improved the culture of the school over the last two and a half years. The school historically had a culture that implied that small, rural schools do not have issues with pupils' wellbeing, and being a pupil in need of support or intervention carried a stigma. As a result, pupils were not always supported well enough. The headteacher has worked with staff and parents to promote health and wellbeing, putting it at the heart of her vision for the school. Pupils in the school now speak freely about wellbeing and the importance of sharing worries and fears. Pupils understand the value and impact of the intervention service in the school for pupils who are struggling, even if they have not received support themselves. Staff in the school have a better understanding of the needs and feelings of pupils and are improving learning experiences and support services in response.

18 Schools where pupil wellbeing is supported effectively tend to also provide strong support for staff wellbeing. Leaders are responsible for promoting staff wellbeing, protecting staff from excessive workload and ensuring that they are safe in work. This report does not aim to evaluate how schools support staff wellbeing, but it is important to acknowledge staff wellbeing as an important factor that affects pupil wellbeing.

Penllergaer Primary School, Swansea, paid for the local school-based counselling service to provide regular supervision[1] for any member of staff who wished to participate. Staff who participated found it valuable to be able to share their feelings and experiences and learnt skills in supporting each other. The school now runs its own supervision in-house.

School culture

19   School culture and ethos has a significant impact on pupils' health and wellbeing as it influences pupils' sense of belonging and value. Pupils expect school to be a safe and secure place, where they are valued equally and respected, and where their rights are promoted and upheld.

Archbishop McGrath Catholic High School has a caring ethos based on its Christian values. The school uses the Jesuit Pupil Profile (2013) effectively to provide a structured, cultural approach to developing eight virtues in pupils, and which staff promote. Relationships between staff and pupils in the school, support services, the curriculum, collective worship and assemblies, and extra-curricular activities all contribute to pupils' development of these virtues that support their wellbeing.

20   Positive relationships between staff, pupils and parents are fundamental to a culture that supports pupils' wellbeing. The best schools support every member of staff, including non-teaching staff, such as midday supervisors and receptionists, to work with pupils in a nurturing way that builds strong relationships based on an understanding of how their words and actions affect pupils' wellbeing. In good schools, teachers endeavour to encourage, nurture and motivate pupils and support the development of their resilience. These teachers guard from their strong relationships creating an unhelpful dependency culture that fails to support the development of pupils' personal and social skills. A few teachers do not treat all pupils with respect and their interaction with pupils harms their wellbeing, damages the culture of the school and often causes pupils to have negative attitudes towards the school. These negative behaviours are more prevalent in secondary schools than primary schools.

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[1]   Supervision consists of a practitioner meeting regularly with a skilled professional to discuss casework and other professional issues in a structured way. The purpose is to help the practitioner learn from their experience and progress in expertise, as well as to ensure good services for pupils.

When **Eastern High School** was first inspected in 2014, current performance and the school's prospects for improvement were judged to be unsatisfactory. The inspection highlighted serious concerns about pupils' wellbeing. In 2017, the school was judged to have made strong progress in addressing all the inspection recommendations. The school had undertaken valuable work to strengthen leadership which had a notably positive effect on the culture and ethos of the school and resulted in much better support for pupils' wellbeing. The school's vision is to enable all pupils to "flourish in life", and this vision is underpinned by the following values and beliefs:

- A sense of belonging encourages confidence and growth

- We accept that young people are still developing, physically, mentally and emotionally

- As educators it is our responsibility to address the developmental needs of the whole child

- In the 21st Century a teacher's expertise increasingly lies in their understanding of how young people learn rather than simply their subject knowledge

- Collaboration fosters confidence, creativity and reciprocity

The improvements in leadership in the school have had a notably positive effect on the culture and ethos of the school and its support for pupils, resulting in improvements in pupils' wellbeing.

21   How the school day starts can make a significant difference to a pupil's wellbeing, and the best schools ensure that pupils feel safe and welcomed on arrival and are supported to settle comfortably once the formal school day starts. In these schools, staff are proactively positive with pupils in their early interactions, greeting pupils by name, smiling, providing a reassuring presence and quickly identifying anyone who may benefit from additional support. How teachers approach pupils' arrival at individual lessons in a secondary school affects pupils' wellbeing in a similar way.

22   The best leaders ensure that they listen objectively to feedback from all pupils about their experience in school, and make sure that pupils know that they are responding to it. Most schools have democratic systems, often through a school council, that give pupils a formal way to be involved in decision-making in the school. However, schools occasionally interfere with the democratic process such as when staff, and not pupils, decide who should sit on the school council, or when staff appoint a 'head boy' and 'head girl' and then ask them to chair the school council. Such an approach goes against statutory regulations. Pupils are outspoken against what they view as tokenistic consultation by schools that can make them feel undervalued.

Cantref Primary School empowers pupils by giving them a range of suitable leadership roles and responsibilities, and enabling groups of pupils to develop the school's work on the United Nations Convention on the Rights of the Child. As a result, pupils have a very strong voice in the school, show respect to everyone in the school community and feel equally valued. The culture in the school allows pupils to carry out 'learning walks' where they observe learning activities and then provide helpful and respectful feedback to relevant staff.

23   In a few schools, leaders devolve responsibility for health and wellbeing too much to one member of staff, or a small team of staff. In such schools, teaching and non-teaching staff too readily seek to refer pupils on as soon as they mention an issue relating to health and wellbeing. These schools lose the sense that health and wellbeing is everyone's business, and leave pupils with a perception that not everyone cares.

24   Good schools use restorative approaches to prevent issues escalating, to address poor behaviour during learning experiences or resolve disputes involving pupils. Using restorative approaches respects the value of all those concerned and encourages empathic relationships. Restorative approaches work particularly well where the approach is also used by police officers, social workers, youth workers and other external staff working with pupils and their families outside of the school, as the consistency of approach to conflict resolution consolidates pupils' attitudes and skills. In schools that do not use restorative approaches, or do not use them consistently, incidents of poor behaviour are more likely to escalate into more serious incidents or repeat themselves, and pupils are more likely to be excluded from school.

25   When pupils transition from primary to secondary school, it can be a particularly stressful time. All schools provide support for pupils with transition. Some Year 7 pupils struggle with the significant change in their school experience. The change from having one teacher for most of the week to having as many as ten or more teachers can be particularly challenging. Some secondary schools have adapted their arrangements for Year 7 pupils to reduce the number of teachers they have, and pupils in these schools are positive about this. Other factors than can affect pupils' wellbeing adversely during the transition to Year 7 are the change in school size, orientation around a large site, toilet and lunch arrangements, travel arrangements and the loss of a breakfast club.

26   Pupils have increasing opportunities as they progress through primary school to take on responsibilities. This is good for their wellbeing and supports the development of their personal and social skills. However, when pupils transfer to secondary schools, they often find that they initially have far fewer opportunities to take on responsibility and further develop their skills. This can be demotivating for pupils and have a negative impact on their self-esteem.

King Henry VIII Comprehensive School works closely with its partner primary schools to take a comprehensive approach to making transition as smooth as possible. The focus through the range of activities is to build positive relationships between pupils, parents and the staff at King Henry VIII School prior to pupils arriving there in Year 7. The approach includes:

- teachers from King Henry VIII contributing to lessons in Year 5 and 6

- pupils from Year 5 visiting King Henry VIII for activities as well as in Year 6

- music and sports events during Year 6 for all partner primary schools at King Henry VIII School

- informal parents' evenings

- wellbeing leader from King Henry VIII visiting partner primary schools to meet pupils, discuss expectations, hopes and fears about life in secondary school

- specific work to plan for continuity of support for vulnerable pupils

- previous year 7 pupils very involved in supporting new Year 7 pupils on arrival

Understanding children's health and wellbeing

Self-evaluation and planning for improvement

27   All schools have a variety of approaches that help them to understand pupils' wellbeing, both from an objective and subjective perspective. What separates good schools is the effective way in which they use information about pupils' wellbeing to improve pupils' school experience. In good schools, staff analyse regularly a wide range of data about pupils' wellbeing and consider this alongside the views of pupils and their parents as well as the views of professionals. Staff use their analysis to evaluate specific aspects of wellbeing and plan for improvement where necessary. In good schools, staff have a strong focus on gathering and analysing information about the wellbeing of vulnerable learners in particular, and often use additional, specific tools to help them understand pupils and monitor their progress.

> **Y Pant Comprehensive School** carries out a wellbeing audit regularly, which the school created themselves using free software. This audit gives every pupil a valuable opportunity to share how they feel about themselves, their relationships and their progress in school. This is used well by staff alongside other information they have about their pupils, such as their attendance and behaviour, to identify those who may benefit from additional support.

28   An increasing proportion of schools use externally produced frameworks well to help them self-evaluate and identify areas for improvement relating to health and wellbeing. A few primary schools and a very few secondary schools have received the Welsh Network of Healthy School Schemes National Quality Award (NQA), as they meet or exceed minimum standards covering a wide range of matters relating to health and wellbeing. These schools used the minimum standards to help them consider the extent to which they provided a 'whole-school' approach to health and wellbeing, and planned for improvement where necessary. Compared to schools that have the NQA, around twice as many primary schools and three times as many secondary schools are using Unicef's Rights Respecting Schools Award to evaluate and develop their work to uphold and promote children's rights. Schools do not have to use such award schemes in order to develop good practice, but when used well they provide useful frameworks that helps schools progress.

29   Almost all secondary schools in Wales participated in the latest School Health Research Network survey (2019a), which is linked to the international Health Behaviour in School-Aged Children (HBSC) survey (2016). Good schools ensured that they had high participation rates in the survey across all year groups to maximise the confidence they could have in, and the usefulness of, the results. During visits to schools, it was too often apparent that the survey findings had not been widely shared within the school, limiting their potential influence. Good schools have shared their findings with staff and pupils and sought to understand objectively the reasons

behind results that were notably more or less positive than average, and planned for improvement for areas that were deemed a priority.

Objective wellbeing

30   All schools have a range of useful information about pupils' objective wellbeing. For example, all schools know which pupils are eligible for free school meals, those who are looked-after children and those with a special educational need. Schools are often provided with further information about pupils by their local authority with accompanying analysis, such known as a 'vulnerability assessment profile', which takes account of risk factors for health and wellbeing such as the number of previous schools a pupil has attended and attendance and exclusion. Such a profile helps schools to know which pupils are more vulnerable and supports schools in tracking pupils over time.

31   However, schools have weaker information about some other groups of pupils who are statistically likely to have poorer wellbeing as information is not recorded nationally or locally or because a child's circumstances or status is unknown. For example, schools do not always know if a pupil is a young carer or if their parents are separating. For some groups of pupils, schools usually become aware of the child's circumstances but systems do not capture if a pupil identifies as a different gender from that assigned at birth.

Subjective wellbeing

32   Good schools focus attentively on subjective wellbeing. Most schools use a variety of ways to gather information that relates to subjective wellbeing, including focus groups of pupils and surveys provided by local or national government agencies, charities and private companies, as well as those that schools have developed for free themselves. Surveys that schools create themselves are often as useful as those they would have to pay for, as it is the action that the school takes in response to the results that potentially makes a difference to pupils. If a school uses a particular survey to measure subjective wellbeing over a sustained period, then anomalies and trends in scores can prompt staff to have a discussion with the pupils concerned to evaluate whether or not the pupil would benefit from additional support.

33   Good schools have safe and secure ways of recording and managing all safeguarding concerns. Increasingly, schools use electronic tracking tools effectively that enable any member of staff to log even minor incidents or small pieces of information about a pupil. This in turn allows senior staff to monitor vulnerable pupils or alerts them to an emerging issue with a pupil who staff did not previously consider as vulnerable.

In one secondary school, a pupil who wrote an answer in a mock examination that suggested he may have extremist views was noted on the school's system by the exam invigilator. A different member of staff was concerned about the same pupil's comments in a religious education lesson and noted this on the school system. Alongside other information submitted by other staff, the school's leaders were able to identify that this pupil was vulnerable to being radicalised and took swift steps to work with external partners to ensure that the pupil received support and intervention.

34   Welsh Government guidance (2011a) advises schools to keep accurate records of bullying and Estyn (2014, p.7) recommended in its 'Action on Bullying' report that schools 'record and monitor incidents of bullying in relation to the protected characteristics and use this information to review strategic equality objectives'. However, only a minority of schools keep useful records about bullying, with schools often only recording what they regard as serious. By not recording carefully any allegation of bullying by pupils or what may be considered as a minor incident, schools are at risk of being unable to build up a picture over time about certain pupils whose wellbeing may be a significant concern but unknown to the school. It also means that schools are unable to evaluate effectively their work in relation to the protected characteristics.

Curriculum, teaching and learning experiences

Curriculum planning

35   In good schools, all teachers take opportunities to reinforce important messages about pupils' health and wellbeing through all aspects of a broad and balanced curriculum. Good schools plan learning experiences carefully that support the progressive development of social and emotional skills over time. In schools where teaching and learning experiences in the expressive arts are strong, these experiences contribute significantly to pupils' social and emotional development and their overall wellbeing.

36   Outdoor learning environments and learning experiences that take place off the school site, including residential trips and work experience, help pupils to be more engaged in their learning and support their health and wellbeing. However, only around half of primary schools use outdoor learning environments effectively in the foundation phase, the phase of education where outdoor learning opportunities are most common. Overall, schools do not make enough use of outdoor and off-site learning experiences to support pupils' personal and social development.

37   Good schools strike an appropriate balance between health and wellbeing being the responsibility of all teachers and specific learning experiences being led by staff who are best placed to provide them. For example, in secondary schools, where personal and social education (PSE) is frequently taught by form tutors, it is often variable in quality across the school because of the different skills and attitudes of teachers towards teaching PSE.

38   Irrespective of the subject they are teaching, teachers sometimes use language or resources that have a negative impact on pupils' wellbeing or are inconsistent with messages that promote good health. Using resources that do not reflect the diversity of society can leave pupils from under-represented groups feeling less valued as a result and risks perpetuating unhelpful stereotypes in other pupils' minds.

A school had a learning activity in its scheme of work on databases, and required pupils to enter their gender during the activity. A teacher noticed that the only options for gender were male or female, which is not inclusive and could harm some pupils' self-esteem, so the teacher amended the activity before asking the pupils to complete the task.

39   An increasing proportion of secondary schools have reduced the number of option choices pupils can make at key stage 4 to three, or even two in a very few cases, or require pupils to choose options during Year 8. Pupils often do not know at a young age what career they may pursue and benefit from the school providing a broad and balanced curriculum. The School Health Research Network survey (2019b) shows a substantial increase in pupils' stress levels associated with their work towards qualifications in Years 10 and 11. Reducing options and starting qualification courses a year early may result in increasing pupils' stress levels at an earlier age.

Personal and Social Education

40   All schools provide PSE, usually through a blend of cross-curricular and discrete learning experiences. However, the quality of learning experiences varies a lot, particularly in secondary schools.

41   Most primary schools provide regular, discrete learning experiences that broadly cover the learning outcomes set out in the PSE Framework (Welsh Assembly Government, 2013). A few schools rely too heavily on external agencies to teach aspects of PSE, particularly those aspects taught by School Community Police Officers and Specialist Community Public Health Nurses, commonly known as school nurses. Teachers know their pupils and can tailor learning experiences to take account of individual pupils' needs and circumstances in a way that an external contributors cannot do. Regularly using external contributors perpetuates the idea that teachers are less able to provide good teaching and learning experiences about health and wellbeing than an external specialist. External contributions work best when they add value to the core learning experiences provided by pupils' usual teachers.

42   Secondary schools with the best PSE provision use a blend of regular lessons, taught by staff who teach the subject effectively, special PSE events, and strong support from other subject areas.

43   In many secondary schools, PSE is provided through sporadic events rather than through regular, structured learning. While such an approach provides opportunities for a range of external visitors to contribute, the approach does not cater for pupils who need regular opportunities to consolidate their learning and develop their skills, attitudes and values in a range of contexts. Also, vulnerable pupils are more likely to be absent from school on special event days, yet they are the pupils who would benefit most as they are the most at risk in terms of their health and wellbeing.

44   When PSE is taught predominantly through regular lessons, pupils often express concern that their teacher does not appear to want to teach PSE and that they have to work through tedious worksheets.

45   In 2007, Estyn (2007, p.6) published a report on sex and relationships education that recommended improvements in provision in schools, including the need to 'ensure that sex and relationships education is taught as part of an integrated programme rather than as 'one-off' individual sessions'. In a report on healthy relationships, Estyn (2017, p.8) found similar issues and recommended that schools 'ensure that key messages around healthy relationships are embedded in the curriculum and reinforced regularly'. In addition to concerns about the quality of sex and relationships education, the 2017 report also noted that schools do not allocate enough time or importance to healthy relationships education, and this still remains the case (Estyn, 2017).

46   Senior staff use assemblies well in most schools to reinforce messages about health and wellbeing. Most schools use external visitors to contribute to assemblies, which can introduce pupils to services that can help them with their health and wellbeing outside of the school day.

47   All schools and several external agencies expressed concern during visits about the rising negative impact that smartphone and internet use is having on pupils' health and wellbeing as a result of issues such as peer pressure, sexting (the electronic exchange of sexually explicit images), online bullying, altered body images, the promotion of self-harm, fake news and extremist material. Most schools are providing learning experiences for pupils designed to help them consider the risks associated with their smartphone and internet use and develop skills to discern what is helpful and unhelpful for their health and wellbeing.

48   All schools include learning experiences about healthy eating in their PSE curriculum. However, factors other than knowledge of healthy eating often have more influence in pupils' decision-making. For example, all pupils know that vegetables are good for their health, but this has little impact on the choices they make when buying food from their school canteen at lunchtime. This emphasises the need for a whole-school approach to health and wellbeing, so that learning experiences are not out of context.

49   In research carried out by the National Assembly for Wales (CYPE Committee, 2017a), almost all staff in schools agree that promoting good mental health should be taught as part of the school curriculum. However, around two-thirds of pupils in Wales would like their school to teach them more about how to look after their mental health (National Assembly for Wales, CYPE Committee, 2017b). Schools that provide good learning experiences about mental health use evidence-based approaches and plan for progression over time, with plenty of opportunities for learning to be reinforced and practiced.

50   A few secondary schools use qualifications to accredit pupils' learning in personal and social education. However, learning in these schools often becomes focused on completing tasks associated with the qualification, and lessons are less likely to feature engaging and meaningful learning experiences about important health and wellbeing issues. In these schools, the pressure for pupils to gain accreditation for learning has unhelpfully superseded the intrinsic value of good learning experiences.

Physical education

51   Most primary schools schedule all pupils to have around two hours of physical education (PE) per week. However, the scheduled sessions are too readily missed for a variety of reasons, such as the availability of a hall, the availability of external specialists who are brought in to provide sessions, inclement weather or another learning activity taking priority. Small primary schools struggle to offer the same variety of physical activities that other schools do.

52   No secondary school schedules all pupils to have around two hours of PE per week. Schools commonly provide around two hours of PE for pupils in Year 7, but this often reduces for pupils in Year 8 or Year 9. In key stage 4, it is very common for pupils to only have an hour at most of PE per week, except for the small proportion of pupils who choose to study for a related qualification and therefore receive substantially more activity time.

53   Many pupils in primary schools and most pupils in secondary schools have regular vigorous activity as part of PE. However, not all teachers ensure that pupils exert

themselves enough during these sessions to support their fitness and physical health. This is particularly true for pupils in the foundation phase, where teachers are not always supporting the development of pupils' gross motor skills well enough. The quality of learning experiences in PE is generally better in secondary schools.

54   In the School Sport Survey (Sports Wales, 2018), just over 40% of pupils said that they do not always feel comfortable in PE lessons. Pupils appreciate having a degree of choice about what activities they participate in during PE lessons, as it helps to build their confidence in being physically active. However, in secondary schools around 25% of pupils feel that their ideas about PE are never listened to, and just over a further 50% of pupils feel that this only happens sometimes. Pupils in primary schools are a little less negative about their ideas being listened to.

55   Secondary schools are increasingly moving away from a strong focus on competitive, team sport in PE lessons to a greater focus on activities that encourage all pupils to be physically active and appreciate the benefits for their health and wellbeing. One secondary school that made this move found that the proportion of pupils wanting to participate in lunchtime and after-school sports clubs increased, despite these sports featuring less during PE lessons. Staff and pupils attributed this to PE lessons being more inclusive and enjoyable for everyone, and this was evidenced by very high participation rates in PE lessons by all pupils.

56   Secondary school pupils often think that there is a gender bias and gender stereotyping in PE. Pupils in schools visited felt that boys' achievements in sport are celebrated more in assembly than girls' achievements, and that school or PE department Twitter feeds feature more news about boys than girls. Overall, the attitude of staff leading PE lessons has a critical impact on pupils' wellbeing and the likelihood of participating in lessons.

Environment and facilities

57   Most pupils feel safe in their school. Secure, monitored entrances help pupils to feel safe, and drills for fire alarms or lockdowns help them feel that the school is a safe place. A small number of schools have a public right of way on their site. While this is not ideal, most schools carry out appropriate risk assessments to ensure that pupils are protected and feel safe. Only a very few pupils cycle or scoot to school in Wales. The lack of a safe cycle route to school is one of the main reasons why this proportion is low.

58   The size, layout of the site and design of the building cause anxiety for some pupils, due to, for example, crowded narrow corridors, busy stairways and the need to move between multiple buildings across one or more sites. This is particularly the case in secondary schools. Good schools manage these situations well, provide strong supervision and monitoring and provide support to pupils who need it.

59   While incidents of poor behaviour occur in all schools to varying extents, in a few secondary schools and a very few primary schools, the degree of poor behaviour impacts negatively on pupils' wellbeing. Most secondary schools operate an internal facility for removing a pupil from their usual lessons following a behaviour incident and place them in a room that is often supervised by a senior or middle leader. In schools using restorative approaches, these pupils are, as far as possible, quickly supported to resolve the situation and returned to their classes. However, schools occasionally place pupils in individual booths in silence in these rooms and they may be in the booth for one or more school days, including during lunchtimes, isolated from their peers. This is not good for their wellbeing, irrespective of the reason for them being there.

60   Many schools offer zoned spaces for pupils to play, be physically active, socialise or relax during their break times, although this is often compromised in inclement weather. A few schools have limited outdoor space and have to restrict access to certain areas to groups of pupils at a time. Pupils in these schools are less physically active as a result, and can find it harder to relax quietly during break times which affects their wellbeing.

61   Schools where pupils are most physically active during break times provide a range of equipment that promotes active play. For example, two of the secondary schools visited offer table tennis at lunchtimes, which pupils can play without having to change into their sports kit.

62   Many primary schools offer a free healthy breakfast for pupils before the start of the school day, but primarily for financial and logistical reasons, only a very few secondary schools offer pupils breakfast. As some pupils have not developed a habit of eating breakfast at home before school, they may arrive at secondary school either not having eaten at all, or having eaten an unhealthy snack on the way to school. A lot of pupils in secondary schools eat a high carbohydrate 'brunch', such as white toast or a bacon roll, during their mid-morning break to make up for the lack of breakfast.

63   One secondary school visited provided a breakfast club for vulnerable pupils in a quiet area of the school. This club was run well by support staff who have developed strong, trusting relationships with the pupils. The nurturing environment helped anxious pupils to settle and supported pupils in developing their social skills. However, while supporting the pupils' emotional wellbeing very well, the breakfast did not support pupils' physical health as well, as it included doughnuts and waffles with chocolate spread.

64   Pupils often help to run fruit tuck shops in primary schools which encourage lots of pupils to eat a healthy snack at break time. Very few pupils in secondary schools eat fruit at break time, despite it usually being an option they could choose.

65   Not all schools have enough space for pupils to sit and eat a meal at lunchtimes, including recently built schools. This is more notably a problem in secondary schools and contributes to pupils not eating a balanced meal including fruit and vegetables, but instead choosing fast food options that are high in carbohydrate such as chips, bacon rolls, pizza slices, paninis, baguettes, and pasta pots. Additionally, secondary schools have shortened the lunch break, and this also contributes to pupils choosing fast food, as well as limiting the social and emotional benefits of a good break.

> To mitigate against unhealthy choices, **Coedcae School**, through its local authority catering service, and after consultation with pupils, improved the nutritional value of some fast food options by replacing white flour with wholemeal flour in bread products such as toast, paninis and baguettes.

66   Catering services run directly or commissioned by a local authority provide food and drink to pupils in most schools, using menus that comply with legal nutritional standards (National Assembly for Wales, 2013). A few secondary schools opt to make their own arrangements for catering services. In around half of these secondary schools, the governing body has not taken enough steps to assure themselves that their caterer complies with the legal nutritional standards.

67   All schools offer pupils free water and allow pupils to bring their own water bottles to school. Many teachers encourage pupils to drink water freely during the day, so long as it is in a safe environment. However, only a few secondary schools actively encourage pupils to have free drinking water in their canteens and instead sell bottled water, which is an unnecessary cost for pupils and creates waste.

68   All schools use displays to promote good health and wellbeing, celebrate pupils' successes and to signpost pupils to local and national services that can help them. These are most effective where pupils have been involved in creating the displays as the sense of ownership means that they value them more, and it reminds them to apply what they learn in the classroom to their daily life choices. Many schools use posters in toilets effectively to promote good hygiene and share important messages about health and wellbeing.

69   Not all schools were built to accommodate external support services, such as school-based counselling services, school nursing services and other therapeutic

services. Although schools all make use of such external services, the accessibility and confidentiality of services are compromised in some schools due to the constraints of the building. Where schools give these services a high priority, they adapt spaces successfully to provide suitable privacy in a relaxed and attractive environment.

70   Pupils are critical of school toilets that are not accessible, clean or safe. While difficult to quantify, pupils in around half of the schools surveyed – mainly secondary schools – expressed concern about their toilets. Concerns raised during survey visits included general uncleanliness, closed facilities, locks on cubicle doors that are missing or do not work, a lack of sanitary disposal facilities, no hot water or soap, and unsuitable arrangements for transgender pupils. In schools with separate toilet blocks for male and female pupils, pupils are also concerned about anti-social behaviour, which is very rarely a concern where pupils have access to single cubicle toilets attached to open washrooms that can be monitored easily. Pupils have strong views about toilets and schools have not always taken enough account of their views in developing the provision. For any of the reasons outlined here, too many pupils are reluctant to use the toilets in their school, and, as a result, do not drink enough during the day to reduce the need to use a toilet. This adversely affects pupils' health and wellbeing.

71   The facilities that schools have, or have access to, for physical education vary greatly depending on the size and age of the school building and grounds, and the proximity of other leisure facilities such as community sports centres, sports fields, swimming pools or athletics tracks. Most schools make good use of what is available to them, but pupils across Wales do not have equitable opportunities for physical activity as costs are a barrier to accessing facilities for some schools.

72   Many schools offer a range of extra-curricular clubs that promote physical activity. The highest participation rates for these clubs are in schools where staff and external agencies involve the pupils in deciding what clubs they would like and what activities to include within a club. In rural areas, in particular, pupils are less likely to participate in after-school clubs because they have limited options for transport home.

Archbishop McGrath Catholic High School has a Friday running club that is for both staff and pupils. This club provides a shared opportunity for staff and pupils of any ability to go for a run together in the local area during lunchtime. This promotes positive relationships and shared values, and benefits pupils' health and wellbeing.

73   Many schools often involve pupils in looking after the school grounds and growing produce, which promotes physical activity, emotional wellbeing and healthy eating. Schools often struggle to maintain momentum with these activities due to the availability of staff or volunteers to support the tasks.

School support services

Pastoral care for all pupils

74   In the best schools, pastoral care is understood as the responsibility of every member of staff. In these schools, all members of staff take time to listen to pupils and support them at the initial point of contact rather than immediately referring them to a member of staff with a special responsibility relating to health and wellbeing.

75   Pupils who are worried or upset will speak to any adult that they trust enough, not necessarily those with designated responsibility for pastoral care. Almost all pupils in primary schools feel that they have someone they can talk to if they have concerns. However, pupils in secondary schools are three times more likely than pupils in primary schools to say that they do not have someone to talk to if they are worried or upset.

> In one primary school, during Year 5, a pupil identified as a different gender from that assigned at their birth. The pupil trusted their class teacher and other staff in the school and felt able to discuss their gender change with them and discuss how they were feeling. The school worked sensitively with the pupil to support them. The school also worked sensitively with the rest of the pupil's class to ensure that they responded appropriately to the pupil's gender change. The school liaised with relevant external agencies to advise and guide them in their handling of the case.

76   In addition to using information management systems to share information around the school, staff with specific pastoral responsibilities meet regularly in many schools to discuss pupils' health and wellbeing.

> In **Pontarddulais Comprehensive School**, the pastoral team, consisting of a lead member of staff for each year group, an attendance officer, the Special Educational Needs Co-ordinator, and a member of the school's senior leadership team, meets after school every day for around 15 minutes. Staff use these meetings effectively to debrief and discuss any significant issues arising during the day with individual pupils, agree actions, and share successes.

77   Many schools use peer support well. This can take various forms, such as reading buddies, supporting children to play together at break times and providing a listening service. Peer support schemes usually help the wellbeing of those providing the support as well as those receiving it by improving their confidence and social skills. Where peer support schemes work well, a member of staff provides supervision for the peer supporters and ensures that the pupils are suitably trained to carry out their

role. They monitor closely the impact on the peer supporter and take effective steps to address any adverse effect on their wellbeing.

Targeted intervention services

78   All schools, depending on their context, give some of their staff specific responsibilities for pastoral care. Good schools have over time built the capacity of their staff in using a range of strategies to support the individual health and wellbeing needs of pupils, particularly their support staff. The effectiveness of strategies is heavily dependent on the skills of the staff involved and the quality of the relationship between the staff and pupils.

> In **Gilwern Primary School**, trained staff use the Emotional Literacy Support Assistant (ELSA) approach to support vulnerable pupils effectively. The approach provides a reflective space where a pupil is able to share honestly their thoughts and feelings, and aims to understand the psychological need behind poor self-esteem or undesirable behaviour. Through the approach, a pupil in the school with significant behavioural and social needs was supported to relate better to their peers, to improve their decision-making in social contexts, and be better at identifying risky situations. Using the same approach, an anxious pupil who had transferred from a different school was helped to settle well, and a pupil with a history of poor attendance was supported, through a phased return, back to full engagement with school.

79   An increasing proportion of schools co-locate support staff who assist pupils with their health and wellbeing. This usually results in better communication and coordination between professionals, which leads to care that is more efficient and responsive for pupils. Good schools ensure that they have effective systems to support staff to work together to meet pupils' needs even if they cannot co-locate staff.

80   Primary and secondary schools increasingly use nurture groups as a key part of the intervention they provide for pupils with behavioural, social or emotional difficulties. Often pupils spend several hours a week as part of a structured nurture group of up to a dozen pupils. Sometimes pupils will attend a nurture group for just one session a week, which can provide a space for reflection for the pupils involved, but is not usually enough to have an impact on their personal and social development. When led well, nurture groups build positive relationships between adults and pupils as well as among the pupils, help pupils to develop their personal and social skills and increase pupils' emotional resilience.

External support services

Multi-agency working

81   Every school has to work closely with external agencies to support pupils' health and wellbeing, whether this is to support an individual pupil's needs or to deliver national programmes. The best schools make the most of all the external support available locally. They ensure that key staff in the school build strong relationships with external agencies so that each party trusts each other and understands how they can work together in the pupils' best interests.

82   Schools often act as a hub for multi-agency meetings around a particular pupil and their family. This work is most effective when schools have consistent representatives at the meeting who have enough authority to make decisions about the school's role in coordinated work alongside other statutory and non-statutory agencies. Even when schools support such meetings consistently, they are sometimes let down by other agencies pulling out or sending different representatives who don't know the pupil or family.

83   Too often, schools look to refer a pupil to an external service to change their behaviour rather than seeking to understand why the pupil is behaving as they are and whether or not there is something more they can do in school first. Where schools know and understand their pupils really well, they are more likely to find in-house ways of supporting pupils and only turn to external support when it is appropriate to do so.

Specific support services

84   Local authorities provide a range of helpful support services for pupils, such as education welfare services, educational psychology services and behaviour support services. As services across Wales operate in different ways, with different referral thresholds or funding arrangements, it is difficult to know whether individual schools are using their local services appropriately.

85   Nearly all schools involve school nurses and school community police officers in providing direct services to pupils as well as supporting the curriculum. During lessons, good schools ensure that the pupils' usual teacher remains with the class throughout, as this means that they are well placed to follow-up on any discussions with pupils about issues raised. It also builds capacity for teachers who do not always feel confident teaching about the subject matter covered by police officers. In a minority of primary schools, sex and relationships education is seen as a one-off lesson on puberty delivered by a school nurse, rather than integrating the input of the nurse into a wider programme that focuses on relationships and sexuality.

86   All secondary schools host an independent counselling service provided, or commissioned, by their local authority. In a few cases, school staff control who accesses the service, despite access to the service being an equitable entitlement for all pupils in Wales. Depending on the local authority, primary schools sometimes

have access to counselling services for Year 6 pupils and occasionally for younger pupils. Primary schools also sometimes have access to other therapeutic services, again depending on what is available locally. However, primary schools generally struggle to access counselling or other therapeutic services at the time of need for pupils following a bereavement or other traumatic circumstance.

87   For the very few children and young people with acute needs, access to specialist mental health services across Wales is not consistently timely, despite improvements in recent years. This is highlighted in the National Assembly for Wales (2018) report, 'Mind over matter'.

88   Through NHS Wales, all schools have a nominated school nurse.   Part of the remit of these nurses is to promote emotional wellbeing and support the mental health needs of school age children, and to promote physical health by supporting education on obesity and substance misuse. However, in many schools the nurse has little capacity to support the school with this general support for pupils' health and wellbeing, as their time is taken up with other aspects of their remit such as delivering national screening and immunisation programmes, supporting safeguarding work and supporting the chronic health needs of individual pupils. Where nurses do support education, too often it is through one-off lessons about puberty rather than being part of a planned scheme of work.

> **Cyfarthfa High School** is one of a small proportion of secondary schools that hosts a helpful school-based sexual health advice service. In this schools, the school nurse runs a condom card scheme on Wednesdays, which allows eligible pupils to receive free condoms alongside advice and support with sexual health issues. Research findings in Wales suggests that pupils who have access to such a service are almost 50% more likely to use a condom during sexual activity than pupils who do not, but are no more likely to be sexually active as a result of having a service in their school (SHRN, 2018, p.2).

89   Irrespective of whether or not they have such a school-based service, most secondary schools work sensitively with their school nurse or local sexual health clinic to support pupils who present at school with sexual health issues.

90   Schools often make good use of local charities, community groups and religious groups to enhance the support for pupils' health and wellbeing. Schools find that the support provided through such groups is not always reliable due to fluctuations in the resources that groups have.

> **Coedcae School** works well with a local domestic abuse charity that provides valuable one-to-one support for individual pupils who are currently or recently affected by domestic abuse. The charity also runs helpful sessions over several weeks with small groups of vulnerable pupils in the school. This specialist support complements the school's own pastoral support work well.

Working with parents and carers

91   All schools aim to work in partnership with parents. In schools where this partnership is fruitful, leaders, teachers and support staff invest time in getting to know parents, build their trust, and communicate effectively with them.

> **Monkton Priory Community Primary School** has worked sensitively in partnership with a local Gypsy and Traveller community to gain their trust and their support for pupils' learning. These pupils are integrated fully into the life of the school. In addition to the benefits for their own pupils, the school supports key stage 4 learners from the local secondary school to continue their learning and sit exams on the primary school site if they are otherwise at risk of disengaging with their education. The school also works with a local higher education provider to deliver adult learning courses for parents to gain new skills and qualifications.

92   Almost all schools have pupils who require additional support with their wellbeing or who have physical or mental health that require specific care or attention. Good schools work closely in partnership with parents and external agencies to discuss individual pupils' needs, agree what support the school will provide and monitor carefully how the pupil progresses. Occasionally schools do not pay enough attention to pupils' specific needs, and this can have serious consequences to their health or affect their wellbeing adversely.

93   Many schools work well with parents in multi-agency meetings about a pupil, where the parents, school staff and representatives from relevant agencies meet together to discuss and agree collectively how best to support the pupil and the family.

94   All schools seek to help parents to support their children's health and wellbeing, often by sharing useful guidance, advice and information from other provides about health issues and by signposting parents to services that can support them. Schools increasingly try to provide support to parents directly.

> In **Glan Usk Primary School**, the extensive, excellent support for parents includes a parenting programme, a support group for parents of pupils who have English as an additional language, a parent and toddler group, healthy cooking workshops and a foodbank run in partnership with a local supermarket.

95   Secondary schools have much less regular contact with most parents as pupils do not usually require parental supervision at the start or end of the school day. Nevertheless, pro-active secondary schools work with parents to provide relevant and helpful support.

> **Olchfa School** has run three courses over several evenings for parents on the theme of parenting adolescents. The school has also provided individual seminars for parents on 'risk taking and substance misuse' and 'parenting in a world of screens'. These parenting sessions are led by a suitably qualified member of the school's pastoral team, and delivered in partnership with local agencies where this adds value to the session.

96   Estyn's (2018) report, Involving parents – Communication between schools and parents of school-aged children, provides further information on effective partnership working between schools and parents.

Professional learning

97   Few teachers enter the profession with substantial background training in child or adolescent development, or how best to support children's health and wellbeing. Only a minority of staff in schools think that the training or guidance they have received has helped them to support pupils with their wellbeing and mental health (National Assembly for Wales, CYPE Committee, 2017a).

98   All schools provide professional learning for teaching and non-teaching staff that is relevant to pupils' health and wellbeing, although the quality is very variable. However, this professional learning is often through participation in short training sessions rather than learning that requires staff to reflect on, and refine, their practice over time. Common training being delivered in schools currently covers attachment theory and adverse childhood experiences, and strategies to support pupils affected.

99   Purposeful professional learning can have a significant impact on pupils' health and wellbeing. For example, professional learning that supports staff to understand the effect of traumatic experiences on pupils can result in staff using more appropriate approaches to supporting relevant pupils in their school whose behaviour is a cause for concern. Similarly, whole-school professional learning on restorative approaches, accompanied by confident support for the approach by senior leaders, can lead to better behaviour and stronger wellbeing.

100   Schools with strong support for pupils' health and wellbeing often use action research to help them understand how different aspects of the school experience affect pupils. However, when planning curriculum activities on health and wellbeing or support services, few schools draw enough on research findings about effective pedagogies or approaches to supporting pupils.

> **Glan Usk Primary School** makes excellent use of action research to continuously modify its strong support for pupils' health and wellbeing. For example, a triad of staff carried out research to answer the question 'Is there a mental health crisis in our school?' After thorough research, including engaging external experts to support this, the school noted what it called 'correct' language and 'damaging' language that was being used in the school. All staff discussed the findings. Teachers developed learning experiences to improve pupils' awareness of the impact of language, their understanding of emotions and their awareness of mental health. Since this work, there has been a reduction in negative incidents and staff feel more confident to support pupils and discuss mental health issues.

101   Many learning support workers in schools have a role to support specific learners with additional learning needs or behavioural issues. In the education workforce survey (Education Workforce Council, 2017, p.85), around 25% of these support

workers said they would welcome further professional development on supporting pupils' wellbeing and around 50% would welcome further professional development on behaviour and classroom management.

102	Some teachers train as PE specialists and therefore have a strong understanding of the purpose of PE and appropriate pedagogies. However, children are not always taught PE by specialists, and some primary school teachers in particular lack confidence in teaching PE as they are not clear about the purpose of PE or the best way to teach it.

103	Although PSE has been statutory in Wales since 2003, initial teacher education does not provide an option for teachers to train as PSE specialists. As a result, teachers are very often expected to teach PSE without having had appropriate training.

Professional learning that supports pupils' health and wellbeing is sometimes about upskilling staff in the school to make sure that every child feels like an equally valued member of the school community. For example, in **Ysgol Gymunedol Llannerch-y-Medd**, all staff have received training in sign language to support a deaf pupil in the nursery. This means that all staff in the school can communicate with this pupil at a basic conversational level, for example by greeting them on arrival or checking they are well during break time.

104	When schools invest time and money in training a member of staff with particular expertise in delivering interventions with pupils to support their wellbeing, they increase the risk that they lose this member of staff to a higher position at another school. This does not usually stop schools investing in their staff, but does create problems for schools that plan to improve their provision but cannot implement their plan due to losing the staff identified to lead the work.

Appendix 1: Evidence base

The evidence base for the report includes:

- findings from visits to schools visited for this survey
- findings from recent school inspections
- findings from pupil questionnaires from recent inspections
- HMCI's annual report 2017-2018
- Estyn thematic surveys
- relevant data, as referred to in the report
- relevant research findings, as referred to in the report

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- Gilwern Primary School, Monmouthshire
- Glan Usk Primary School, Newport
- Greenway Primary School, Cardiff
- King Henry VIII Comprehensive School, Monmouthshire
- Llangyfelach Primary School, Swansea
- Llantilio Pertholey CIW Primary School, Monmouthshire
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- Ysgol Gynradd Pencarnisiog, Anglesey
- Ysgol Uwchradd Bodedern, Anglesey
- Ysgol yr Hendy, Carmarthenshire

Glossary

Objective wellbeing	Wellbeing measured using facts rather than feelings or opinions, such as school attendance or exclusion data
Protected characteristics	The Equality Act 2010 sets out the following protected characteristics: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.
Restorative approaches	A restorative approach is a way of resolving conflict that focuses on repairing the harm that has been done. The approach requires all parties involved in the conflict to share with each other what their involvement was, how the conflict has affected them, and to agree what needs to be done for things to be put right.
Subjective wellbeing	Wellbeing measured on the basis of how pupils feel about themselves and how they are doing
Vulnerable learner	Vulnerable learners include: minority ethnic groups, refugee and asylum seekers, looked-after children, young parents and pregnant young women, children and families in difficult circumstances, young offenders, learners at risk of gender or sexuality based bullying, learners with Basic Skills needs, learners educated otherwise than at school, learners with English as an additional language, young carers, children of service families, gypsies and travellers, learners who are excluded from school, learners with medical needs (including those with mental health needs), children that are adopted, and learners with low attendance.

Numbers – quantities and proportions

nearly all =	with very few exceptions
most =	90% or more
many =	70% or more
a majority =	over 60%
half =	50%
around half =	close to 50%
a minority =	below 40%
few =	below 20%
very few =	less than 10%

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