

Pupils' Voice Survey: Your mental health and wellbeing (Year 4)

1.

Thank you for taking time to help with this survey 😊. It will take you up to 25 minutes to complete the survey. The survey closes on **Friday 20 December 2024**.

Background and Purpose

The Public Health Team at Swindon Borough Council created this survey to understand how you are feeling and how you can be better supported both at school and outside of school. Good mental health and emotional wellbeing helps us feel calm and comfort ourselves when we're upset. We can cope with changes, fears and uncertainties in daily life and we can find it easier to make and keep good relationships with other people.

Survey questions and responses

You will be asked questions around your mental health and wellbeing, friendships and relationships, how you are finding school and activities outside of school. Some of the questions might be challenging to answer and all the questions are voluntary. Your responses are anonymous, which means that your answers to any questions cannot and will not be linked back to you. The survey report will not identify those who took part. Please answer truthfully. If you don't understand something, please ask your teacher or teaching assistant. You can read more about how the data from this survey is used, stored and kept confidential on the privacy statement [here](#).

Support

If you are affected by any of the issues that you've discussed here please talk to a trusted adult such as your parent, school nurse, teacher or a member of staff at school. The following support is also available to you:

- [Childline](#): online counselling, phone line, instant messaging, message boards and online information and advice. The helpline is open all the time: 0800 1111.

3. If you indicated that you felt worried or sad, what worried you or made you sad?

3. 2. Friendships and relationships

The following statements/questions are designed to help us understand what kind of support might be helpful in schools. There is no judgement, and we really encourage you to try to be as honest as possible.

4. Below are some statements about friendships and relationships. Thinking about **this term**, how often, if at all, have you...

	Never	Not often	Sometimes	Often	Always	Don't know/Not sure
cared about other peoples' feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shared with others (for example food, games, pens, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lost your temper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chosen to help others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been able to keep friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt worried, upset or hurt by an argument or the end of a friendship or relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
felt safe outside of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please describe your relationships with...

	Very bad	Mostly bad	Okay	Mostly good	Very good	Don't know/Not sure
your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other children and young people at school (not including your brothers, sisters, friends or relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your parent(s) or carer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the things that worry or upset you the most in your friendships and relationships with other children?

7. How would you describe your relationships with other children living with you such as brothers and sisters?

- Very bad
- Mostly bad
- Okay
- Mostly good
- Very good
- Don't know/Not sure/ No other children live with me

4. 3. Sleep

The following questions are to help us to understand more about the quality of your sleep.

8. How often, if at all, do you...

	Never	Not often (once or twice ever in my life)	Sometimes (monthly)	Often (at least once a week)	Always (every night or almost every night)	Don't know/Not sure
wake up multiple times during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about something that you cannot sleep at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you play any online or electronic games after bedtime?

- Never (even though I play online or electronic games)
- Not often (once or twice ever in my life)
- Sometimes (monthly)
- Often (at least once a week)
- Always (every night or almost every night)
- Don't know/Not sure/I don't play online or electronic games

10. Do you use a mobile phone after bedtime?

- Never (even though I own a mobile phone)
- Not often (once or twice ever in my life)
- Sometimes (monthly)
- Often (at least once a week)
- Always (every night or almost every night)
- Don't know/Not sure/I don't have a phone

5. 4. Your mental wellbeing at school

The following questions are to help us to understand how we can improve things for you and your peers at school.

11. How happy have you felt **this term** at school?

- Unhappy most of the time
- Quite unhappy
- Neither happy nor unhappy
- Quite happy
- Happy most of the time
- Don't know/Not sure

12. What have you enjoyed most about school **this term**?

13.

Good mental health and emotional wellbeing helps us feel calm and comfort ourselves when we're upset. We can cope with changes, fears and uncertainties in daily life and can find it easier to keep good relationships with other people. How much help and support do you feel that you get at school for your mental health and wellbeing?

- No help at all
- Not enough help
- Just about enough help
- All the help I need
- All of the time
- Don't know/Not sure

6. 5. Bullying

The next question is about bullying.

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone. It can happen anywhere – at school, outside of school, at home or via mobile phones or online (for example email, social networks and instant messenger). It can hurt people both physically and emotionally. It is usually repeated. Please answer as honestly as you can.

If you are experiencing bullying and would like support, please speak to a member of staff at your school, another trusted adult and you can also reach out to [Childline](#).

17. Have you been bullied this term?

Yes

No

Don't know/Not sure

7. 5. Bullying

18. If you have been bullied this term, in what way did it happen? Please select **all that apply.**

- Physical (someone hurting you)
- Verbal (calling you names, spreading rumours or being unkind to you in another way)
- Cyberbullying through mobile phones or online (for example email, social networks and instant messenger)
- Being excluded (leaving you out on purpose)
- Don't know/Not sure

19. How well do you think your school deals with bullying?

- Very badly
- Not very well
- Okay
- Quite well
- Extremely well
- Don't know/Not sure

8. 5. Bullying

20. Have you bullied anyone at school **this term**?

Yes

No

Don't know/Not sure

9. 6. Outside of School

The following questions are about how things feel for you outside of school so that we can understand how better to support you.

21. How often, if at all, do you see or hear arguments between parents/carers or other adults in your house?

- Once or more a day
- Most days
- Most weeks
- Less than once a month
- Never
- Don't know/Not sure

10. 7. Activities

The following questions are about how you spend your time.

22. Thinking of a regular week, how often, if at all, do you...

	Never	1 day (or about once per week)	2-4 days per week	5-7 days per week (or about once a day)	Don't know/Not sure
exercise indoors or outdoors (for example, walk, run, dance, swim, cycle)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
enjoy time outdoors in green space (for example in a park, a garden or at the coast or in the countryside)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take part in any groups, clubs or organisations outside of school time (for example, an after-school club, a sports club, a choir, or volunteering)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
play video games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat a meal together with family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spend time with the rest of the family (for example watching films or TV together, having a conversation, or doing an activity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about your own or your family's money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
worry about having enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 8. Anything else

23. Would you like to tell us anything else about how you have been feeling **this term**?

12. 9. More about you

24. Which school do you attend?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Abbey Farm Primary | <input type="checkbox"/> Abbey Meads Community Primary | <input type="checkbox"/> Badbury Park Primary | <input type="checkbox"/> Bishopstone Church of England Primary |
| <input type="checkbox"/> Bridlewood Primary | <input type="checkbox"/> Brimble Hill Special | <input type="checkbox"/> Brook Field Primary | <input type="checkbox"/> Catherine Wayte Primary |
| <input type="checkbox"/> The Chalet | <input type="checkbox"/> Chiseldon | <input type="checkbox"/> Colebrook Junior | <input type="checkbox"/> Covingham Park Primary |
| <input type="checkbox"/> The Croft Primary | <input type="checkbox"/> Drove Primary | <input type="checkbox"/> East Wichel Primary | <input type="checkbox"/> Eldene Primary |
| <input type="checkbox"/> Even Swindon Primary | <input type="checkbox"/> Ferndale Primary | <input type="checkbox"/> Goddard Park Community Primary | <input type="checkbox"/> Gorse Hill Primary |
| <input type="checkbox"/> Grange Junior | <input type="checkbox"/> Greenmeadow Primary | <input type="checkbox"/> Haydon Wick Primary | <input type="checkbox"/> Haydonleigh Primary |
| <input type="checkbox"/> Hazelwood Academy | <input type="checkbox"/> Holy Cross Catholic Primary | <input type="checkbox"/> Holy Family Catholic Primary | <input type="checkbox"/> Holy Rood Catholic Primary |
| <input type="checkbox"/> King William Street Primary | <input type="checkbox"/> Lainesmead Primary | <input type="checkbox"/> Lawn Primary | <input type="checkbox"/> Lethbridge Primary |
| <input type="checkbox"/> Liden Academy Primary | <input type="checkbox"/> Lydiard Milicent CofE primary | <input type="checkbox"/> Millbrook Primary | <input type="checkbox"/> Moredon |
| <input type="checkbox"/> Mountford Manor Primary | <input type="checkbox"/> Nyland Primary | <input type="checkbox"/> Nythe Primary | <input type="checkbox"/> Oakhurst Community Primary |
| <input type="checkbox"/> OakTree Primary | <input type="checkbox"/> Oliver Tomkins Church of England Junior | <input type="checkbox"/> Orchid Vale Primary | <input type="checkbox"/> Peatmoor Community Primary |
| <input type="checkbox"/> Red Oaks Primary | <input type="checkbox"/> Robert Le Kyng | <input type="checkbox"/> Rodbourne Cheney Primary | <input type="checkbox"/> Ruskin Junior |
| <input type="checkbox"/> Seven Fields Primary | <input type="checkbox"/> Shawridge Primary | <input type="checkbox"/> South Marston CE Primary | <input type="checkbox"/> Southfield Junior |
| <input type="checkbox"/> St Catherine's Catholic Primary | <input type="checkbox"/> St Francis CofE Primary | <input type="checkbox"/> St Leonard's Church of England Primary Academy | <input type="checkbox"/> St Mary's Catholic Primary |
| <input type="checkbox"/> Swindon Academy: Alton Close | <input type="checkbox"/> Swindon Academy: Beech Avenue | <input type="checkbox"/> Tadpole Farm | <input type="checkbox"/> Tregoze Primary |
| <input type="checkbox"/> Wanborough Primary | <input type="checkbox"/> Westdrop Primary | <input type="checkbox"/> Westlea Primary | <input type="checkbox"/> William Morris Primary |
| <input type="checkbox"/> Wroughton Juniors | | | |

13. 9. More about you

Your answers to the following questions will help us understand if certain issues are affecting some children more than others and will give us a better idea of how to help you and your peers. Thank you for answering them. We would like to remind you that these questions are voluntary and will not be linked back to you.

25. Are you?

- A boy
- A girl
- Other
- Prefer not to say

26. What is your ethnic group (please chose one option that best describes your ethnic group or background)?

- Asian or Asian British** (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
- Black, African, Black British or Caribbean** (African, Caribbean, Any other Black / African / Caribbean background)
- Mixed or multiple ethnic groups** (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)
- White** (English / Welsh / Scottish / Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)
- Other ethnic group** (Arab, Any other ethnic group)
- Don't know/Prefer not to say**

27. Do you consider yourself as... (please tick **all** that apply):

- having a long-term condition** (this asthma, epilepsy, diabetes, a heart condition and/or other conditions) **or disability** (for example ADHD, autism and/or other conditions) **that you receive additional support for at school?**
- being a young carer?** That is, do you help look after a relative or sibling with a disability, illness, mental health condition, or drug or alcohol problem?
- being eligible for free school meals?**
- having a social worker or your family having a social worker?**
- having lived, or currently living in foster care, residential care, or with family members or family friends who are not your parent?**
- None of the above?
- Don't know/Prefer not to say.

14. Thank you

Thank you so much for taking the time to complete this survey. If you are affected by any of the issues that you've discussed here please talk to a trusted adult such as your parent, school nurse or teacher. The following support is also available to you:

- [Childline](#): online counselling, phone line, instant messaging, message boards and online information and advice. The helpline is open all the time: 0800 1111.