



Y RHWYDWAITH YMCHWIL
IECHYD MEWN YSGOLION
SCHOOL HEALTH
RESEARCH NETWORK

Our children are our future: Understanding the wellbeing of secondary school aged pupils in Wales

Gillian Hewitt & Joan Roberts

Data Cymru National Intelligence Event, Cardiff, 22nd November 2018



GIG
CYMRU
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WALES | Iechyd Cyhoeddus
Cymru
Public Health
Wales



Workshop overview

Presentation

- DECIPHer
- School Health Research Network (SHRN) background
- SHRN data infrastructure
- Wellbeing data
- Evidence-informed practice

Over to you...

Discussion





DECIPHer

Development and Evaluation of Complex
Interventions for Public Health Improvement
A UKCRC Public Health Research Centre of Excellence



- A strategic partnership between Cardiff University, University of Bristol and Swansea University
- A UK Public Health Research Centre of Excellence since 2009
- Conducts multidisciplinary public health research with a focus on children and young people
- A strong track record of working with public health policy and practice
- www.decipher.uk.net; @DECIPHerCentre

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Network Aims

To improve the health and wellbeing of young people in Wales by:

- Providing robust health and wellbeing data for schools and national and regional stakeholders
- Generating new research evidence on how best to improve young people's health and wellbeing in the school setting
- Helping schools, and those who support schools, to understand health research evidence and how it can be used in schools



Structure of the Network



Llywodraeth Cymru
Welsh Government



212 Secondary schools



CANCER
RESEARCH
UK

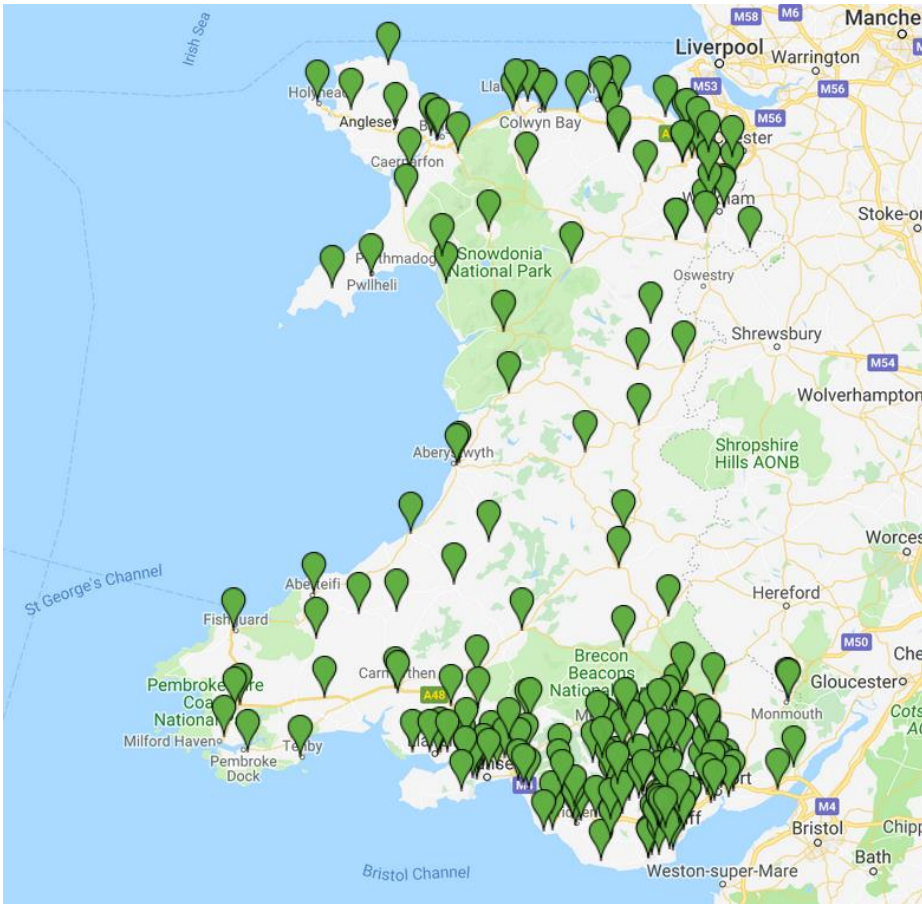


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Establishing the Network



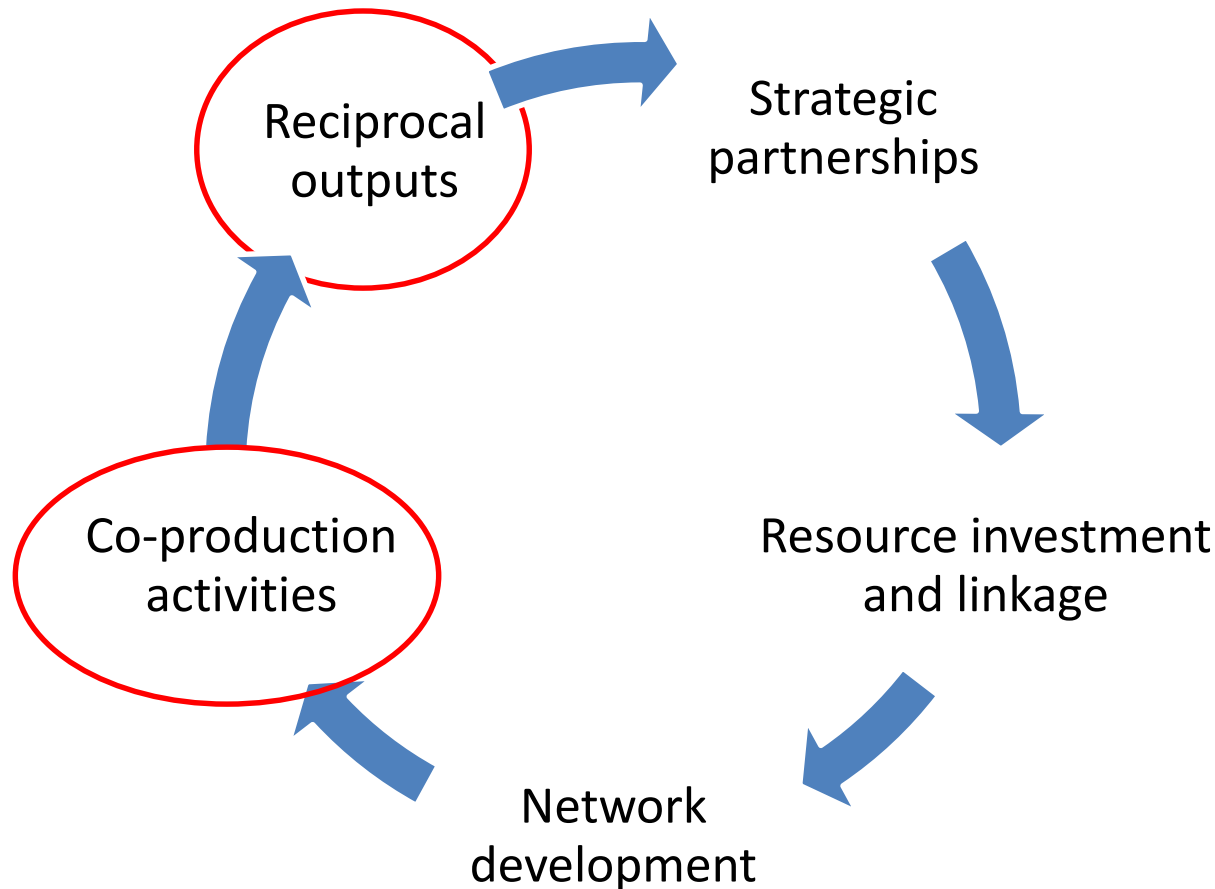
2013/14 – 69 schools

2015/16 – 115 schools

2017/18 – 212 schools



A Trans-disciplinary Complex Adaptive Systems (T-CAS) Network Cycle



School Engagement

Events



Newsletters

Y RHWYDWAITH
YMCHWIL
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SCHOOL
HEALTH
RESEARCH
NETWORK

[School Health Research Network News](#)

[Student Health and Wellbeing Survey](#)

[Sharing the valuable learning from our Network events](#)

[Health and Wellbeing in the new Estyn Common Inspection Framework](#)

[School presentations on using their Student Health and Wellbeing Reports](#)

[Dates for your diary](#)

[SHRN intranet - a useful resource!](#)

[Would you be interested in international comparisons to your Student Health](#)

[and Wellbeing Report](#)

[Network Opportunities](#)

[Congratulations!](#)

School Health Research Network News

We have now got 99% of all maintained secondary schools in Wales on our Network. A lot has happened in the last 4 years!



School Engagement Webinars



Research Briefs



Y RHIFYDWAITH YNCHWIL
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SCHOOL HEALTH
RESEARCH NETWORK

School practices important for young people's sexual health

School Health & Wellbeing Research Brief, February 2018

Schools can be an important influence on the sexual health and wellbeing of young people, through both sex and relationships education (SRE) in the formal curriculum and through other aspects of the school environment, such as offering sexual health clinics. What is the relationship between these elements of sexual health promotion practices in schools in Wales and young people's sexual health?

What we already know...

Adolescence is a critical period for establishing norms around sexual activity and in the UK, many young people leave compulsory education having engaged in sexual intercourse and risky sexual behaviour.

SRE is associated with improved uptake of contraception and a reduction in pregnancies, abortions and sexually transmitted infections.

Increasing contraceptive availability is a key factor in improving sexual health outcomes and provision of contraception on school grounds is recommended in the UK.

What we did...

- We used data from 3,781 students aged 15 to 16 who took part in the 2015/16 Student Health and Wellbeing Survey in Wales.
- Students reported whether they had ever had sexual intercourse.
- Those that answered 'yes' were then asked the age they first had sex and whether they had used a condom the last time they had sex.
- Information on the school environment pertaining to sexual health was collected from the 59 schools the students attended.
- Schools reported who had the main responsibility for delivering SRE, whether their school had an on-site 'drop-in' service specifically for sexual health, and whether their school had on-site provision of free condoms for students.



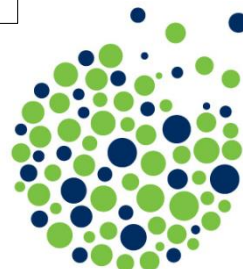
In a nutshell

- 24.9% of Year 11 students had engaged in sexual intercourse but over half had not used a condom at last intercourse.
- SRE delivery by specialist SRE/health education teachers, school nurses and outside agencies was associated with positive sexual health outcomes.
- Providing an on-site sexual health service was associated with increased condom use, but provision of free condoms was associated with lower use.
- On-site sexual health services and free condom provision were not associated with young people becoming sexually active.


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School Health Research Network Surveys




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Croeso i Arolwg Iechyd a Lles Myfyrwyr

I MEWN »

Welcome to the Student Health and
Wellbeing Survey

CONTINUE »



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SCHOOL HEALTH RESEARCH NETWORK
SCHOOL ENVIRONMENT QUESTIONNAIRE 2015-16

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Student Health and Wellbeing Survey

- Every 2 years in the autumn term
- Online
- Self-completed, closed response questionnaire
- Welsh and English
- All students in Years 7 to 11; Years 12 and 13 optional
- Managed by schools, using their IT equipment



Student Health and Wellbeing Survey

Questionnaire development

- Health Behaviour in School-aged Children (HBSC) Survey
- Policy and practice partners
- Research
- Schools

2015/16

- Sexting
- 'Legal highs'

2017/18

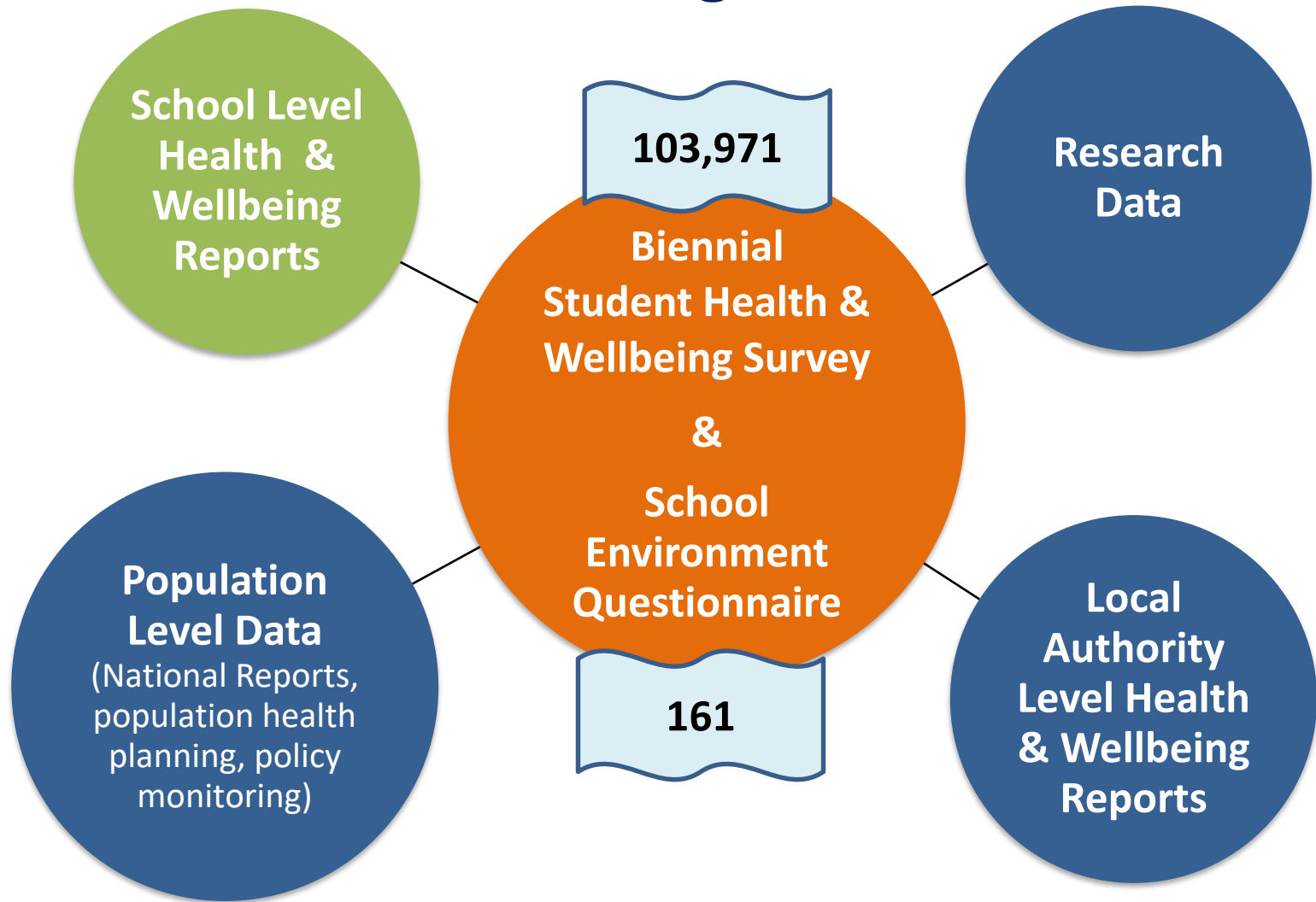
- School mental health provision
- Reasons for bullying



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN
WORLD HEALTH ORGANIZATION
COLLABORATIVE CROSS-NATIONAL STUDY



Health and Wellbeing Data Infrastructure



Wellbeing variables

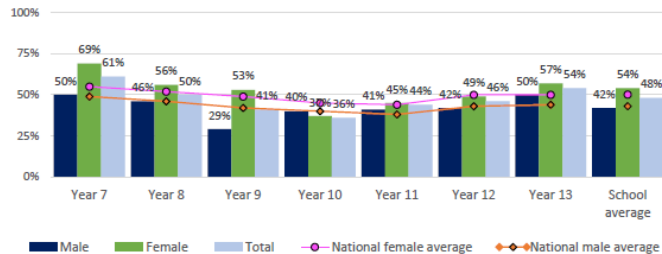
- Life satisfaction
- Mental wellbeing
- Bullying
- Fighting
- Friendships
- Family communication and support
- Summer holiday loneliness
- School connectedness and relationships
- Support seeking for mental health
- Young people's voice
- Volunteering
- Impacts of gambling
- Sleep



Student Health and Wellbeing Report Schools

Fruit and vegetables

Fig. 2 The Sheppard Academy: Students who usually eat one or more portions of fruit or vegetables a day



Guidance from the World Health Organization is to eat a minimum of 5 portions of fruit or vegetables a day as this lowers the risk of serious health problems. Suggestions to encourage this can be found at: <http://change4lifewales.org.uk/families/5day>

Did you know?

Recent UK research has found that older adolescents' consumption of fruits and vegetables is strongly related to how much they perceive their school friends eat. They substantially underestimate how much fruit and vegetables their peers eat²⁹.

Your school can make a difference

Californian students in schools with lunch breaks of more than 30 minutes ate more fruits and vegetables than those in schools with shorter breaks. They also ate more vegetables if their school had a salad bar and if students had been involved in food service provision³⁰.

- Data by gender and year group:
 - Food and physical activity
 - Wellbeing and emotional health
 - Substance use
 - Sex and relationships
- Benchmarking against national averages
- Research findings
- Resources and ideas for
 - School leaders, staff, governors
 - Students
 - Family and community



Student Health and Wellbeing Report

Local Authorities

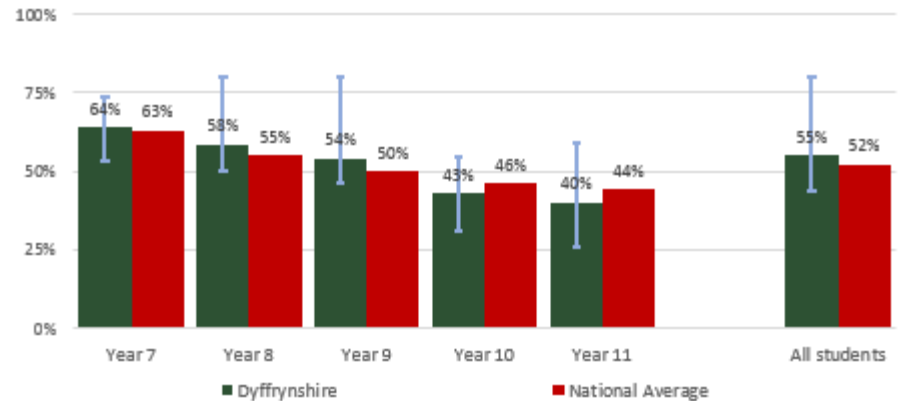
Dyffrynshire County Council

Students' Health and Wellbeing in 2017/18



Breakfast

Fig. 1 Students who usually eat breakfast every weekday



Range of school-level percentages:

	Year 7	Year 8	Year 9	Year 10	Year 11	All students
Max	72%	81%	80%	57%	58%	82%
Min	53%	48%	44%	31%	28%	43%



National Report

- Wider range of variables
- Breakdowns at Health Board level by gender
- Age, ethnicity and affluence



Generating new research evidence

- Co-producing research with schools, policy-makers and practitioners
 - Student Health and Wellbeing Survey and School Environment Questionnaire content
 - Intervention development
 - Study design
 - Intervention delivery



Evidence-informed practice: webinars

- 45 minutes, broadcast 3 times a year
- A presentation on a school health research publication with an opportunity for live discussion
- Recent topics:

Students' Sexual Health: The Importance of School Practices

The Importance of Relationships to Staff and Student Health



Evidence-informed practice: research briefs



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What we already know...

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SRE is associated with improved uptake of contraception and a reduction in pregnancies, abortions and sexually transmitted infections.

Increasing contraceptive availability is a key factor in improving sexual health outcomes and provision of contraception on school grounds is recommended in the UK.



In a nutshell

- 24.9% of Year 11 students had engaged in sexual intercourse but over half had not used a condom at last intercourse.
- SRE delivery by specialist SRE/health education teachers, school nurses and outside agencies was associated with positive sexual health outcomes.
- Providing an on-site sexual health service was associated with increased condom use, but provision of free condoms was associated with lower use.
- On-site sexual health services and free condom provision were not associated with young people becoming sexually active.

What we did...

- We used data from 3,781 students aged 15 to 16 who took part in the 2015/16 Student Health and Wellbeing Survey in Wales.
- Students reported whether they had ever had sexual intercourse.
- Those that answered 'yes' were then asked the age they first had sex and whether they had used a condom the last time they had sex.
- Information on the school environment pertaining to sexual health was collected from the 59 schools the students attended.
- Schools reported who had the main responsibility for delivering SRE, whether their school had an on-site 'drop-in' service specifically for sexual health, and whether their school had on-site provision of free condoms for students.

School practices important for young people's sexual health

What we found...

Sexual behaviour

- 24.9% of year 11 students had engaged in sexual behaviour and 56.8% had not used a condom the last time they had sex.

Delivery of SRE

- There was a strong association between who delivered SRE in schools and whether students reported ever having had sex, with delivery by non-specialist teachers being associated with more students having had sex. In particular, being taught SRE by a school nurse or by a specialist SRE or health education teacher was associated with lower odds of sexual activity.
- There was a positive association between SRE delivery by school nurses and later age of sexual debut.
- SRE delivery was also associated with condom use, with students more likely to use condoms if SRE

was delivered by school nurses or by outside agencies.

Provision of an on-site sexual health service

- Access to an on-site sexual health service was not associated with young people reporting they had ever had sex nor with the age they first had sex.
- An on-site sexual health service increased the odds of using condoms by 46%.
- Provision of free condoms on-site
- There was no association between on-site condom provision and experience of sexual intercourse.
- Students at schools that provided condoms were more likely to first have sex at an older age, but less likely to have used a condom the last time they had sex.



Issues to consider

This study included a large number of students from schools that are representative of secondary schools in Wales as a whole.

All students had the option to say 'I do not want to answer' to the sexual health questions in the survey and these individuals were not included in the study.

Information on the content of SRE and the amount of time devoted to it were not collected.

All the data was collected at the same point in time (a cross-sectional survey) so we cannot say with certainty that the schools' practices around sexual health were directly causing the sexual health outcomes.

What does this mean for my school?

- Who delivers SRE in your school may be important for student sexual health outcomes.
- This research found that SRE delivery by specialist SRE/health education teachers, school nurses and outside agencies is linked to positive sexual health outcomes.
- We were not able to test how student outcomes varied between teachers receiving differing levels of support. It is likely that some teachers do very well delivering SRE, but that this varies by things such as the level of support and training they receive to deliver SRE.
- Provision of on-site sexual health clinics and free condoms are associated with positive sexual health outcomes for young people and are not associated with initiating sex at an early age.

Read the research paper in full. Download for free here:

<https://doi.org/10.1093/eurpub/ckx203>

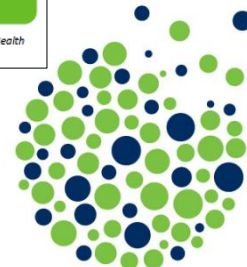
Young H et al (2017) School practices important for students' sexual health: analysis of the school health research network survey in Wales. European Journal of Public Health DOI: 10.1093/eurpub/ckx203

The School Health Research Network was established with a Medical Research Council partnership grant (MR/L002787/1) and is supported by Health and Care Research Wales through the National Centre for Population Health and Wellbeing Research and Public Health Wales.

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SHRN.org.uk



Over to you...

- How might the resources SHRN offers inform your work on young people's wellbeing?
- How might the Local Authority Student Health and Wellbeing Reports inform support planning, monitoring and evaluation of your policies and programmes?
- How might they help you to support schools (where part of your remit)?



Questions & Discussion

shrn@cardiff.ac.uk



Acknowledgement

The work was undertaken with the support of The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer), a UKCRC Public Health Research Centre of Excellence. Joint funding (MR/KO232331/1) from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the Welsh Government and the Wellcome Trust, under the auspices of the UK Clinical Research Collaboration, is gratefully acknowledged.

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