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

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

Presentation

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

Over to you...

Discussion
• 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
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

212 Secondary schools
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

- Reciprocal outputs
- Co-production activities
- Strategic partnerships
- Resource investment and linkage
- Network development
School Engagement

Events

Newsletters

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
School Health Research Network Surveys

Welcome to the Student Health and Wellbeing Survey

I MEWN » CONTINUE »
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
Health and Wellbeing Data Infrastructure

- Bienniaal Student Health & Wellbeing Survey & School Environment Questionnaire
- School Level Health & Wellbeing Reports
- Research Data
- Population Level Data (National Reports, population health planning, policy monitoring)
- Local Authority Level Health & Wellbeing Reports

- 103,971
- 161
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

- 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

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 eat.

Your school can make a difference

California 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 provision.

Fruit and vegetables

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/gday
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

<table>
<thead>
<tr>
<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
<th>All students</th>
</tr>
</thead>
<tbody>
<tr>
<td>64%</td>
<td>63%</td>
<td>56%</td>
<td>55%</td>
<td>54%</td>
<td>50%</td>
</tr>
<tr>
<td>42%</td>
<td>46%</td>
<td>46%</td>
<td>40%</td>
<td>44%</td>
<td>55%</td>
</tr>
<tr>
<td>52%</td>
<td></td>
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</tr>
</tbody>
</table>

Range of school-level percentages:

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

Note: The chart shows the percentage of students who usually eat breakfast every weekday for different years, with a comparison to the national average.
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

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.

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 44%.
- 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 an on-site sexual health service 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/jnep/sxy028


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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

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Acknowledgement

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