

The School Health Research Network: a data infrastructure for Health and Education in Wales

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Y RHWYDWAITH YMCHWIL
IECHYD MEWN YSGOLION
SCHOOL HEALTH
RESEARCH NETWORK

Background Literature

The potential for schools to positively influence young people's health and wellbeing is well recognised. The evidence base for how best to achieve this, however, is limited and has largely neglected education outcomes¹, so the public health and education spheres are not as integrated as they might be. Curriculum reform² and the revised common inspection framework³ have catalysed a major contextual shift in education in Wales, which has raised the profile of student health and wellbeing and highlighted schools' need for robust health and wellbeing data for planning, monitoring and evaluation and the education sector's need for research evidence on school health and wellbeing improvement.

Following the model of successful academic – practice networks in health⁴, the School Health Research Network (SHRN) was established to provide health and wellbeing data for national, regional and local stakeholders; co-produce school-based health and wellbeing improvement research for Wales; and build capacity for evidence-informed practice in the school health community. It is a partnership between Cardiff University, Welsh Government, Public Health Wales and Cancer Research UK and secondary and middle schools form the Network membership⁵.

In order to meet health and wellbeing data needs in an education context, SHRN has built a data infrastructure for Wales, underpinned by a biennial Student Health and Wellbeing (SHWB) Survey with reporting at different levels of the wider education system: school, Local Authority and national.

ETHICS

The SHWB Survey has three levels of consent: school, parent and student. Firstly the school consents when it registers for the survey. Secondly, parents have 'opt-out' consent. The school uses two of three methods (letter, email and text message) to notify parents about the survey and their right to withdraw. Finally, students give their consent at the first question of the survey, which automatically closes if they refuse. Schools are provided with slides about the survey to share with students in advance and there are three screens of information for students to read before they respond to the consent question. All subsequent questions have 'I do not want to answer' as a response option.

School staff are consulted about the content of the survey during its development to ensure it is appropriate for the school setting and schools have the option to restrict questions on sexual behaviour to year 11 and above.

"It's great to have this resource to be able to properly analyse the health of children, inside and outside of school. It also helps with hearing from students who haven't found their 'voice' yet" Healthy Schools Coordinator, North Wales

Figure 1. Health practitioner quote regarding the Student Health and Wellbeing Reports.

Methods

All SHRN member schools are invited to take part in the survey. Membership currently stands at 212 schools, including all maintained secondary and through schools in Wales.

The SHWB Survey takes place every two years in the autumn term. Local delivery is managed by the school, following guidance from the SHRN team. The survey is web-based and available to students in English and Welsh. Schools are encouraged to include all their students in years 7 to 11. The survey is based on the World Health Organization's Health Behaviour in School-aged Children Survey with additional questions added to reflect partner, school and research priorities.

Each participating school receives a Student Health and Wellbeing Report the following Easter, showing their students' data with national averages for comparison (Chart 1).

Results

The number of schools receiving a Student Health and Wellbeing Report and the number of participating students has increased substantially since SHRN's inception (Table 1).

Schools have used their reports for a wide variety of purposes:

- planning the PSE curriculum
- self-evaluation of wellbeing
- student voice in school health action planning
- teaching and Welsh Bacallaureate
- parent engagement
- SRE policy review
- cross-authority health action planning.

To date 12 papers have been published from the national survey data, focusing on issues such as e-cigarettes, physical activity, wellbeing and attainment. Evidence from these is disseminated to schools via SHRN Research Briefs, concise summaries of the paper with a clear 'What does this mean for my school' message, and via termly research-focused webinars.

In 2018, data will also be compiled and disseminated at the Local Authority level to facilitate Local Authority and Consortia level support of schools in their health and wellbeing work.

Table 1. Student Health and Wellbeing Reports and student participation in the SHWB Survey.

	2013/14	2015/16	2017/18
Membership (N)	69	115	212
Schools receiving a report (N)	67	87	193
Students (Yrs 7-11) completing the SHWB survey (N)	9 055	32 479	103 971

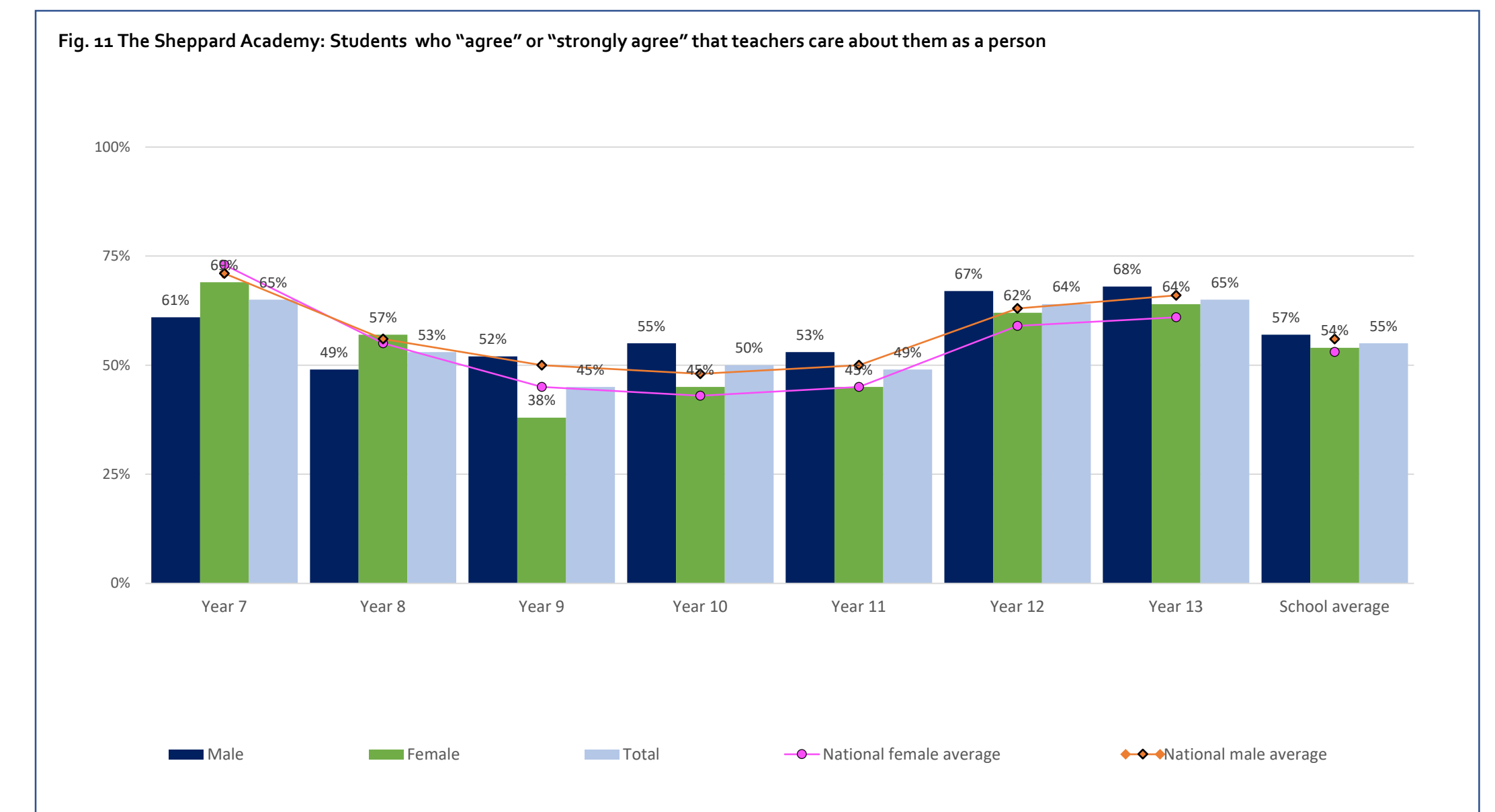


Chart 1. Sample chart from a Student Health and Wellbeing Report

Discussion

Feeding health and wellbeing data back to schools in the Student Health and Wellbeing Reports is highly valued by schools and they increasingly see potential for its use across many areas of school life. Its value is reflected in schools' increasing commitment to taking part in the SHWB survey: in 2017/18 46 schools took part for the third time, with 15% of participating schools surveying over 90% of their students.

The Reports are a tool for evidence-informed action planning, both at school and local authority level, and this is further supported by national level data analysis undertaken by SHRN research staff. This analysis takes an innovative Improvement Science System approach to school health, i.e. a continuous cycle of data-led identification of chalk face innovation, co-production of resulting interventions for scale up and diffusion, assessment of their effectiveness and long-term implementation and sustainability.

Conclusions

The SHRN data infrastructure is a highly efficient data collection and reporting system that is flexible and responsive to health and wellbeing data needs in the education context. Ensuring the content of the survey reflects schools' priorities and embedding the Reports into multiple aspects of school life provides a strong and sustainable basis for the data infrastructure, thereby benefiting other stakeholders in the wider school health system who use the data for different, but complementary purposes.

The utility of the SHRN data infrastructure is being further enhanced by building in capacity for data linkage and cohort studies. These will strengthen SHRN's capacity to investigate the determinants of health and education outcomes and better understand the relationship between wellbeing and education in the immediate and longer term.

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