

Student Wellbeing in Wales: Initial findings from the 2017/18 Health Behaviour in School-aged Children Survey and School Health Research Network Student Health and Wellbeing Survey

Introduction

Prevention of emotional and behavioural problems and promotion of positive wellbeing in children and young people, as well as reduction of child and adolescent health inequalities, are national priorities in Wales. The importance of these goals has been emphasised in the Wellbeing of Future Generations (Wales) Act 2015, which focuses on improving the social, economic, environmental and cultural wellbeing of Wales. The Health Behaviour in School-aged Children (HBSC) and the School Health Research Network (SHRN) Student Health and Wellbeing surveys aim to increase our understanding of young people's health, wellbeing and health behaviours in their social context.

Study Method

The Student Health and Wellbeing Survey is an online selfcompletion survey, available in English and Welsh. It measures self-reported health behaviours and wellbeing outcomes among adolescents aged 11-16 years and incorporates the 2017/2018 Welsh HBSC survey. The Welsh HBSC questionnaire follows the international HBSC survey protocol, developed by the HBSC network.



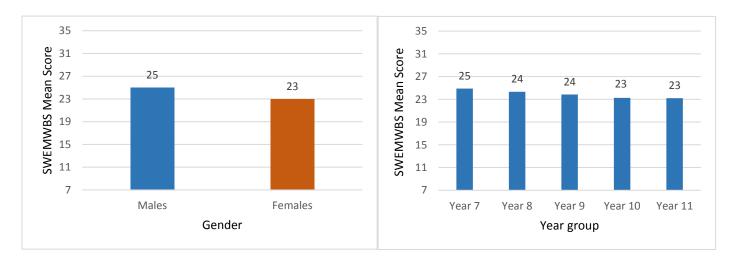
Participation was optional. A nationally representative sample of 103,971 students in years 7 to 11 from 193 secondary

schools participated between September and December 2017. On entering the questionnaire, students were randomly allocated to a route, which determined which questions were visible to them as they progressed. Students in schools selected for the HBSC survey were allocated to the HBSC route or to one of two other routes (SHRN1 and SHRN2) on a 3:1:1 basis. Students in non-HBSC schools were allocated to SHRN1 or SHRN2 on a 1:1 basis. Some questions were included in all routes, whilst others only appeared in one or two routes.

This briefing presents findings for adolescents in Wales across a small selection of variables pertaining to wellbeing, including mental wellbeing, life satisfaction, feelings about school and loneliness. This briefing reports descriptive differences between groups on these variables, without undertaking any statistical tests. Family affluence categories were derived from scores on the Family Affluence Scale¹ (FAS). The FAS comprises indicators of family affluence including bedroom occupancy, car and computer ownership, family holidays, dishwashers and bathrooms. These indicators are summed to give an overall measure of family affluence. This report uses cut-offs used in the Scottish HBSC in 2013 to categorise families into low, medium and high affluence.

¹ Currie, C.E., Elton, R.A., Todd, J. and Platt, S., 1997. Indicators of socioeconomic status for adolescents: the WHO Health Behaviour in School-aged Children Survey. *Health education research*, *12*(3), pp.385-397.

Mental wellbeing was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; Haver et al., 2015²), a scale covering both hedonic (e.g. happiness) and eudaimonic (e.g. the extent to which a person is fully functional) aspects of mental wellbeing. The short version includes 7 of the 14 items covered in the original WEMWBS. Adolescents were asked how they felt about seven positively worded statements over the past two weeks. Response categories ranged from "1" = none of the time to "5" = all of the time, total scores (sum of the individual items scores) ranged from 7 to 35, with higher scores indicating higher levels of mental wellbeing. Validation of SWEMWBS in this age group is ongoing in DECIPHer. The mean score for all adolescents who responded (N = 94,476) was 23.94 (SD = 5.38).





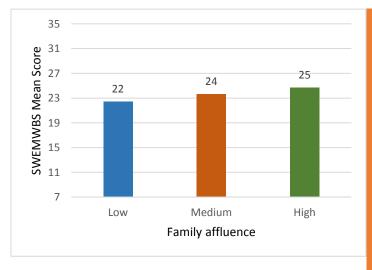


Figure 3. Mean wellbeing scores by family affluence

Figure 2. Mean wellbeing scores by year group

On average, adolescents' wellbeing scores decreased as they got older. Males had higher wellbeing scores than females. In terms of affluence, adolescents classified in the low affluence group had the lowest scores, and the highest affluence group had the highest wellbeing scores.

² Haver, A., Akerjordet, K., Caputi, P., Furunes, T. and Magee, C., 2015. Measuring mental well-being: a validation of the short Warwick–Edinburgh mental well-being scale in Norwegian and Swedish. *Scandinavian journal of public health*, *43*(7), pp.721-727.

Life Satisfaction

100

80

60

40

20

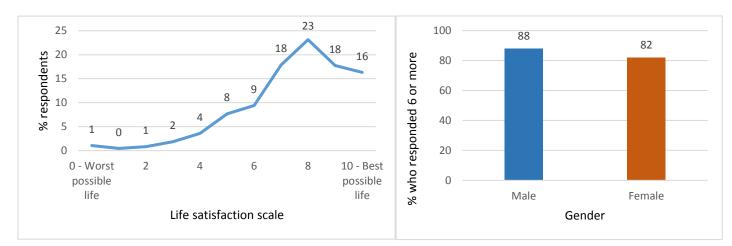
0

% who responded 6 or more

89

Year 7

Adolescents were asked to appraise their life satisfaction using a picture of a ten-rung ladder informed by Cantril's self-anchoring ladder (Cantril, 1965³). The bottom rung was coded as "0" (worst possible life) and the top as "10" (best possible life). The mean score for all adolescents who responded (N = 101,192) was 7.5 (SD = 2.02).



79

Year 11

Figure 4. Distribution of responses

84

Year 9

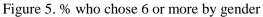
Year group

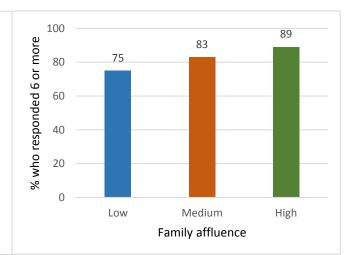
81

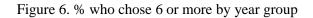
Year 10

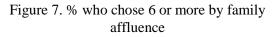
87

Year 8









On average, males were more satisfied with their lives than females. Adolescents in the low affluence group had the lowest life satisfaction levels, with the highest affluence group most satisfied with life. In general, adolescents' life satisfaction decreased as they got older.

³ Cantril, H., 1965. *The Pattern of human Concern.* New Brunswick, New jersey: Rutgers University Press.

School connectedness

Respondents were asked to appraise their school connectedness by answering a question assessing how they felt about their school life. Potential responses were "*I like it a lot*", "*I like it a bit*", "*I don't like it very much*", and "*I don't like it a a lot*". In total, 27,280 adolescents answered this question.

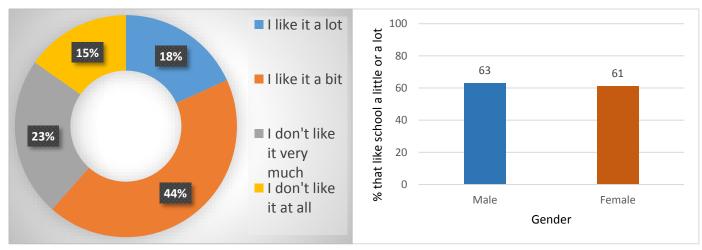


Figure 8. Distribution of responses to liking school

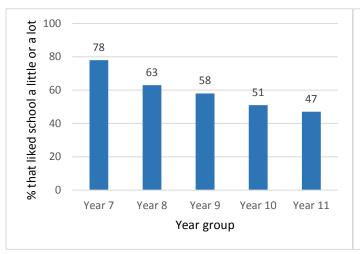


Figure 10. % that like school a little or a lot by year group

Figure 9. % that like school a little or a lot by gender

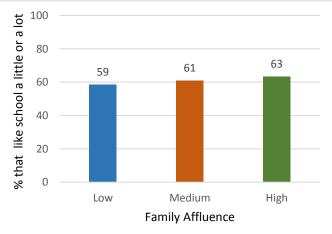


Figure 11. % that like school a little or a lot by family affluence

Males and females had similar percentages of how much they enjoyed school: 14% (of males) and 15% (of females) stated they did not like school at all.

The number of adolescents who liked school declined as age increased. For example, only 6% of students in year seven did not like school at all, compared to 22% in year 11.

Respondents in the lowest family affluence category liked school the least, with 18% responding that they did not like school at all, compared to 14% of those in the highest family affluence group.

Summer holiday loneliness

Adolescents were asked how often they felt lonely over the last summer holidays, with responses ranging from "*none of the time*" through to "*all of the time*". In total, 101,447 adolescents answered this question.

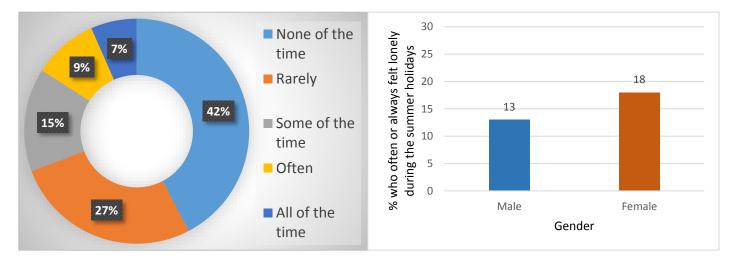


Figure 12. Distribution of responses

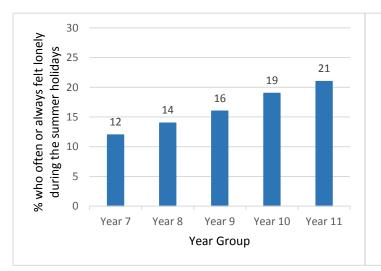
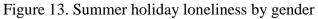
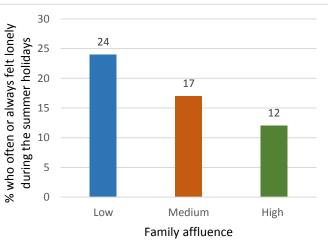
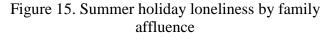


Figure 14. Summer holiday loneliness by year group







More females than males responded that they often or always felt lonely: 5% of males and 7% of females stated they felt lonely all the time during the summer holidays. Figure 14 shows that the percentage of adolescents who often or always felt lonely in the summer holidays increases as they get older. In terms of year group, 12% of adolescents in year 7 stated they felt lonely often or all the time, compared to 21% in year 11. Nearly a quarter (24%) of adolescents in the lowest family affluence category responded that they often or always felt lonely in the summer holiday, compared to 12% in the highest family affluence category. Furthermore, 11% of adolescents in the lowest affluence category stated that they felt lonely all the time in the summer holidays, compared to 5% in the highest affluence category.

Conclusions

This briefing shows that there are a number of reasons to be optimistic about young people's wellbeing in Wales. Most adolescents are happy with their lives, enjoy going to school and do not usually feel lonely during the summer holidays. However, there are notable inequalities in these outcomes. Females report lower wellbeing and life satisfaction scores than males. Wellbeing and life satisfaction reduce as adolescents progress through school. In addition, this report shines a spotlight on socioeconomic inequalities in these outcomes. Adolescents from less affluent households report lower levels of wellbeing and life satisfaction.

In terms of school connectedness, the majority of adolescents liked school; however 14% of males and 15% of females stated they did not like school at all. The number of adolescents that liked school reduced as they got older and adolescents from a less affluent family liked school the least. Results showed a similar picture for loneliness, with most adolescents not often feeling lonely during the summer holidays. However, more females and those from less affluent families reported frequent loneliness. Again, feelings of loneliness increased as adolescents got older.

Future research

The National Report for Wales will be available in Spring 2019, containing a much wider range of variables.

The information on young people's health and wellbeing provided by the HBSC and SHRN surveys offer substantial opportunities for further research. Data will be used to further explore the relationship between school connectedness and wellbeing. In addition we can investigate the relationship between wellbeing and a range of risk behaviours, such as gambling, and patterning of these behaviours and outcomes in population sub-groups, such as young people in care.

CONTACT	
Dr Gillian Hewitt	Dr Rebecca Anthony
Research Associate	Research Associate
DECIPHer	DECIPHer
Cardiff University	Cardiff University
T: 029 225 10083	T: 029 2087 9876
E: HewittG@cardiff.ac.uk	E: AnthonyRE@cardiff.ac.uk
Development and Evaluation of Complex Interventions for Public Health Improvement A UKCRC Public Health Research Centre of Excellence	

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.