The School Health Research Network (SHRN):

Summary report on the SHRN School Environment Questionnaire (SEQ) pilot in primary schools in Wales (2023)

Llywodraeth Cymru
Welsh Government

Welsh Network of Healthy School Schemes
Cynlluniau Ysgolion Iach - Rhwydwaith Cymru

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

DECIPHer
Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement
A Public Health Research Centre of Excellence

About this report:

This report represents selected results from a pilot of the SHRN School Environment Questionnaire (SEQ) within primary schools in 2023. The primary SEQ was adapted from the version used in secondary schools. Primary schools were invited to take part in the SEQ if they took part in the SHRN Student Health and Wellbeing Survey between September 2022 and March 2023.

Contents

1. About the School Health Research Network (SHRN)

SHRN was established in 2013. By 2017, SHRN became a network of all state maintained mainstream secondary schools in Wales, working with researchers at the DECIPHer research centre at Cardiff University (https://decipher.uk.net/), the Welsh Government, Public Health Wales (https://phw.nhs.wales/), and other organisations to support and improve young people's health and wellbeing. The network helps schools in Wales collaborate with researchers to generate and use good quality evidence about health improvement. This includes learner and school-level surveys every two years, capturing a regular snapshot of 11-to-16-year olds' health behaviours and wellbeing.

However, a focus solely on adolescence is too late for many young people, with research showing that a substantial number of young people have clinically significant emotional difficulties by the time they finish primary school.

Our recent expansion of SHRN into primary schools offers an opportunity for joined up working across childhood and adolescence, and an avenue to better understand and support events such as transition to secondary school. This transition is seen as one of the five most important transition periods for young people.

SHRN aims to improve children and young people's health and wellbeing by:

- Providing robust health and wellbeing data to schools and national/regional stakeholders (https://www.shrn.org.uk/national-data)
- Working with policymakers and practitioners from health, education, and social care to co-produce high quality, school-based health and wellbeing research for Wales.
- 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 health improvement (www.shrn.org.uk/schools-using-data)

For more information visit www.shrn.org.uk

2. Data collection and sample

All primary schools who had participated in the 2022-23 Student Health and Wellbeing Survey (SHWB) in primary schools (n=354) were invited to participate in the School Environment Questionnaire (SEQ).

The SEQ is partly based on the World Health Organization Health Promoting Schools framework. This framework emphasises a whole school approach to promoting health and educational attainment by capitalising on the organisational potential of schools and how schools can foster those conditions to encourage positive health and educational outcomes.

The SEQ focuses on areas such as:

- healthy school policies;
- healthy school environments;
- healthy social environments;
- healthy skills in education;
- good links with parents and wider community; and
- access to school health services.

The SEQ was available online from September – December 2023 and was completed by a member of the school senior leadership team (SLT) or school appointed representative. In total 123 schools completed the SEQ (35% of invited schools). These schools were located across 21* out of 22 local authorities in Wales (Table 1).

*Distribution by local authority was partly due to how the SHWB survey was rolled out. There was an initial focus on recruiting schools from five case study local authorities who had been involved in previous work on the study. The range of responses from different local authorities reflects this initial focus.

Table 1: SEQ completion by local authority

Local authority	Completed the SEQ	Invited but did not complete	Schools that did not meet invitation criteria*
Abertawe/Swansea	9	23	45
Blaenau Gwent	4	1	16
Bro Morgannwg/ Vale of Glamorgan	6	12	27
Caerdydd/Cardiff	13	17	69
Caerffili/Caerphilly	8	16	44
Casnewydd/Newport	6	11	26
Castell-nedd Port Talbot/Neath Port Talbot	2	13	39
Ceredigion	0	0	39
Conwy	3	7	37
Gwynedd	5	5	69
Merthyr Tudful/ Merthyr Tydfil	2	5	16
Pen-y-Bont ar Ogwr/ Bridgend	11	11	24
Powys	5	12	60
Rhondda Cynon Taf	16	18	61
Sir Ddinbych/ Denbighshire	3	7	34
Sir Fynwy/ Monmouthshire	8	10	12
Sir Gâr/ Carmarthenshire	1	16	77
Sir Benfro/ Pembrokeshire	4	12	38
Sir y Fflint/ Flintshire	5	13	46
Torfaen	5	7	14
Wrecsam/Wrexham	3	7	47
Ynys Môn/ Isle of Anglesey	4	8	28
Total	123	231	868

N.B. One independent school participated in the SEQ

*Only schools that had participated in the Student Health and Wellbeing survey were eligible to complete the SEQ.

Overall, schools who completed the SEQ had a slightly higher proportion of learners eligible for free school meals (FSM) than the Welsh average (based on three-year average FSM data from January 2021, prior to roll out of universal free school meals).

Table 2: Mean free school meal eligibility of participating primary schools

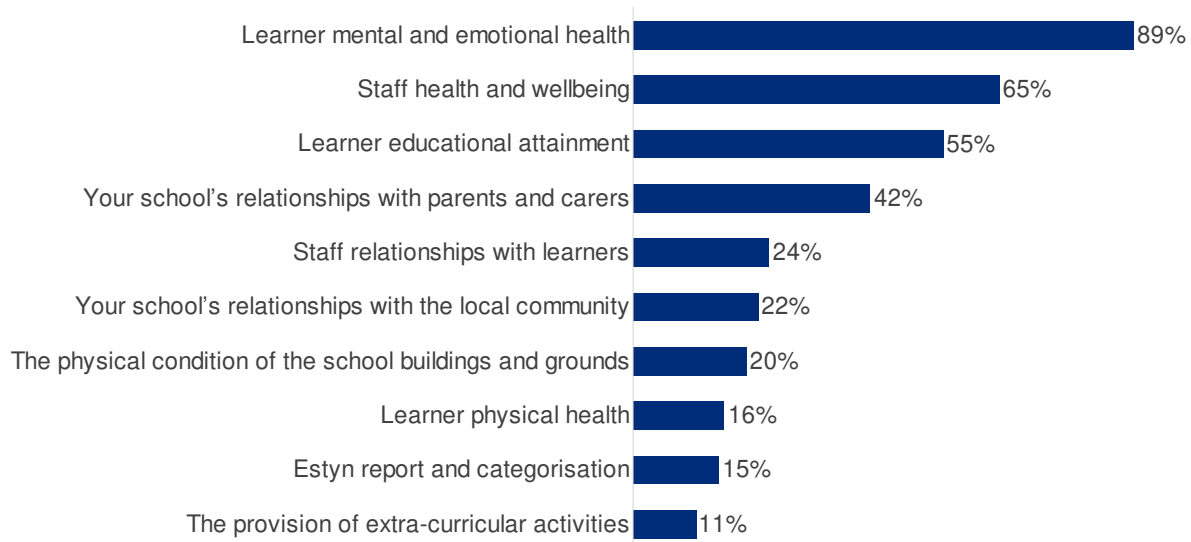|	Participating primary schools	All primary schools in Wales
Mean free school meal entitlement	22.6%	20.1%

This report provides a summary of selected results from the SEQ. As this work is part of the pilot study and not all schools in Wales were invited to participate, key questions have been selected to illustrate what the primary SEQ will offer in future with larger numbers of participating schools, rather than a comprehensive overview of findings. A full copy of the questions asked is available on the SHRN website (www.shrn.org.uk/wp-content/uploads/2024/01/ENGLISH-Primary-SEQ-FINAL-v5-070923.pdf).

3. Key findings*

3.1 School policy and practice

Figure 3.1.1 Senior management team priorities

Schools were asked to select up to four priority areas.

| Priority area	Percentage
Learner mental and emotional health	89%
Staff health and wellbeing	65%
Learner educational attainment	55%
Your school's relationships with parents and carers	42%
Staff relationships with learners	24%
Your school's relationships with the local community	22%
The physical condition of the school buildings and grounds	20%
Learner physical health	16%
Estyn report and categorisation	15%
The provision of extra-curricular activities	11%

Base: 122

*For all graphs, schools that selected 'don't know' have been excluded from the denominator.

Figure 3.1.2 Importance of Healthy School Scheme membership to health and wellbeing work
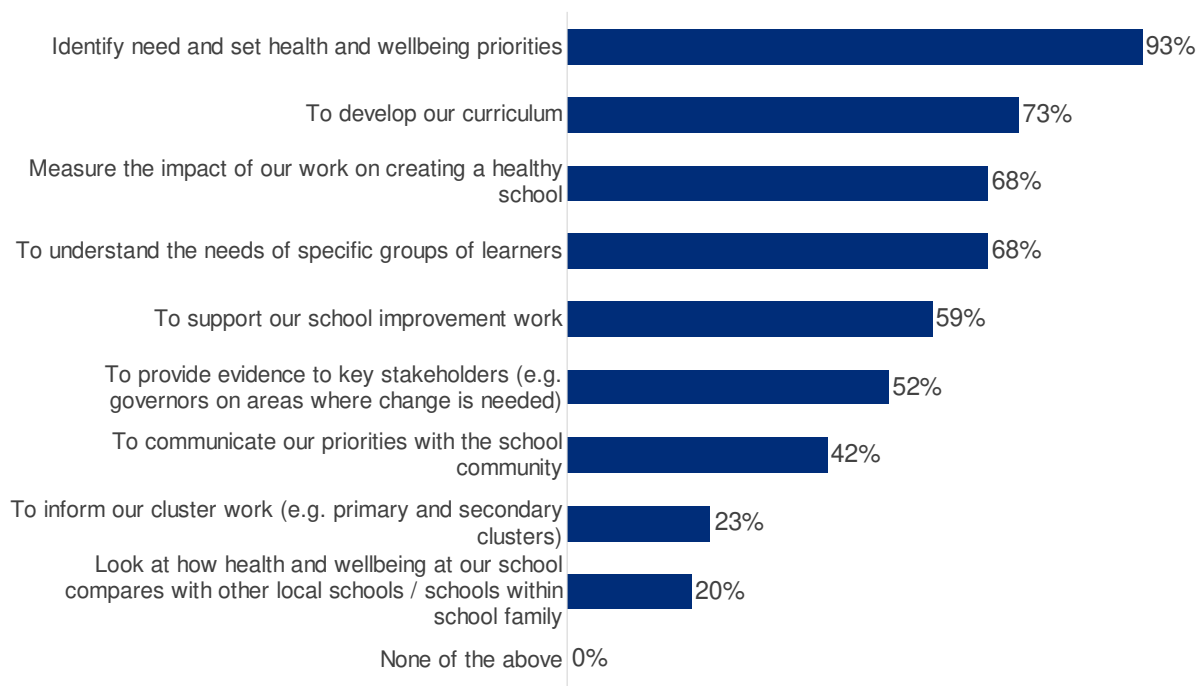
Schools asked to rate importance from 1 (Not very important) to 5 (Very important).

Not very important - 1   2%
2   3%
3   15%
4   30%
Very important - 5   50%
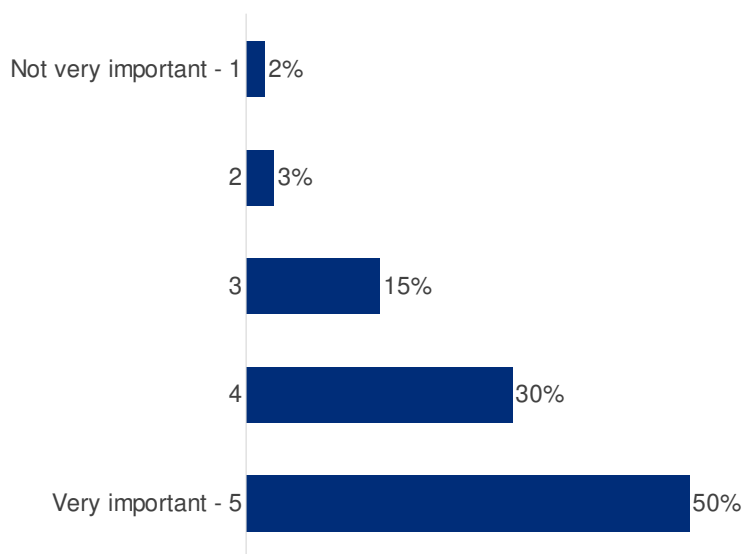
Base: 105

Figure 3.1.3 Schools' use of data to create a healthy school

Schools were asked how they use all the different forms of health and wellbeing data they have available to them and to select as many as apply.

Identify need and set health and wellbeing priorities   93%
To develop our curriculum   73%
Measure the impact of our work on creating a healthy school   68%
To understand the needs of specific groups of learners   68%
To support our school improvement work   59%
To provide evidence to key stakeholders (e.g. governors on areas where change is needed)   52%
To communicate our priorities with the school community   42%
To inform our cluster work (e.g. primary and secondary clusters)   23%
Look at how health and wellbeing at our school compares with other local schools / schools within school family   20%
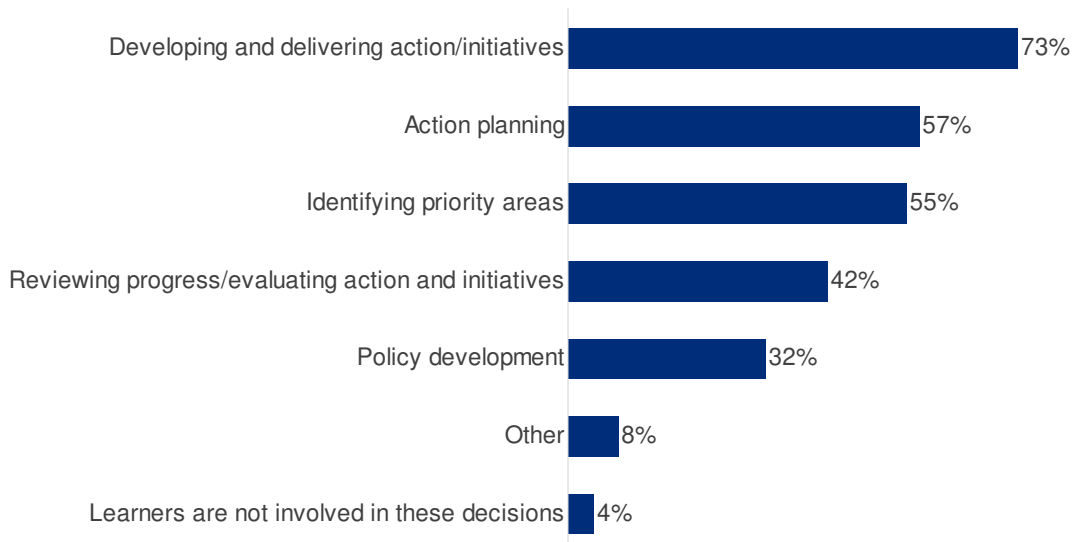None of the above   0%

Base: 120

3.2 Learner, parent/carer and community involvement in health and wellbeing

Figure 3.2.1 Areas of decision-making regarding health and wellbeing that learners are involved in
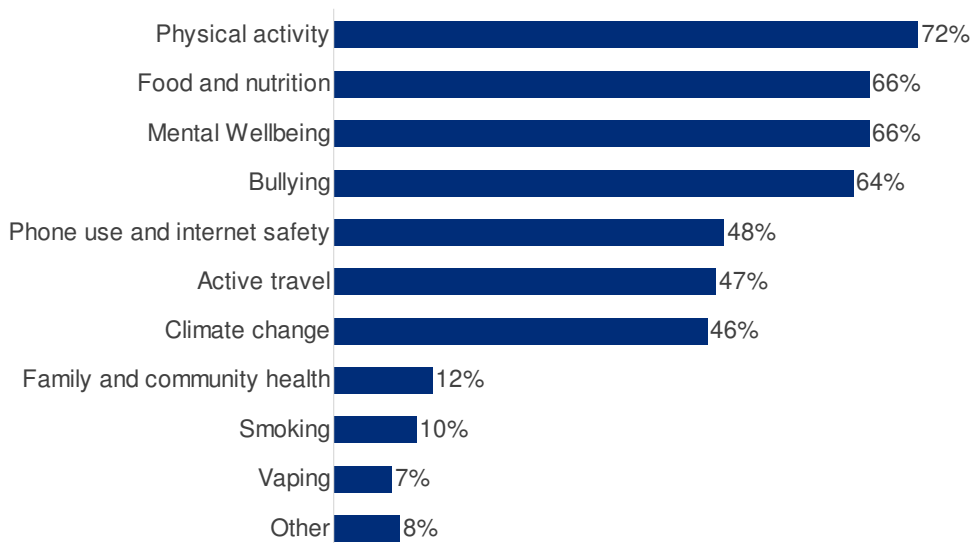
Schools were asked to select as many areas as apply.

Area	Percentage
Developing and delivering action/initiatives	73%
Action planning	57%
Identifying priority areas	55%
Reviewing progress/evaluating action and initiatives	42%
Policy development	32%
Other	8%
Learners are not involved in these decisions	4%

Base: 120

Figure 3.2.2 Health and wellbeing topics that learner voice groups have worked on in last two years

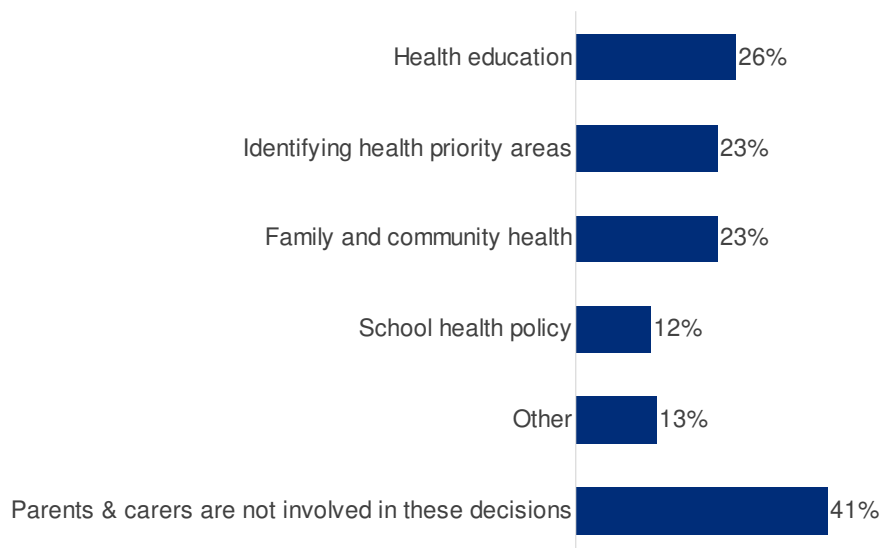Schools were asked to select as many areas as apply.

Topic	Percentage
Physical activity	72%
Food and nutrition	66%
Mental Wellbeing	66%
Bullying	64%
Phone use and internet safety	48%
Active travel	47%
Climate change	46%
Family and community health	12%
Smoking	10%
Vaping	7%
Other	8%

Base: 116

Figure 3.2.3 Areas of decision-making regarding health and wellbeing improvement that parents and carers are involved in

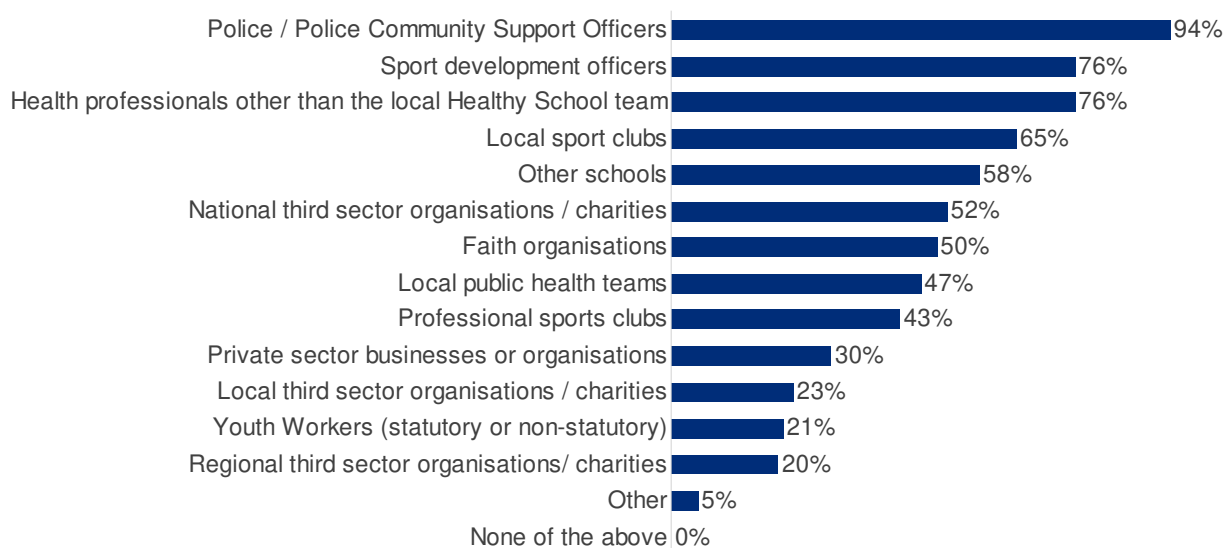Schools were asked to select as many areas as apply.

Area	Percentage
Health education	26%
Identifying health priority areas	23%
Family and community health	23%
School health policy	12%
Other	13%
Parents & carers are not involved in these decisions	41%

Base: 99

Figure 3.2.4 School partnerships with individuals and groups to improve learner health and wellbeing

Schools were asked to select as many areas as apply.

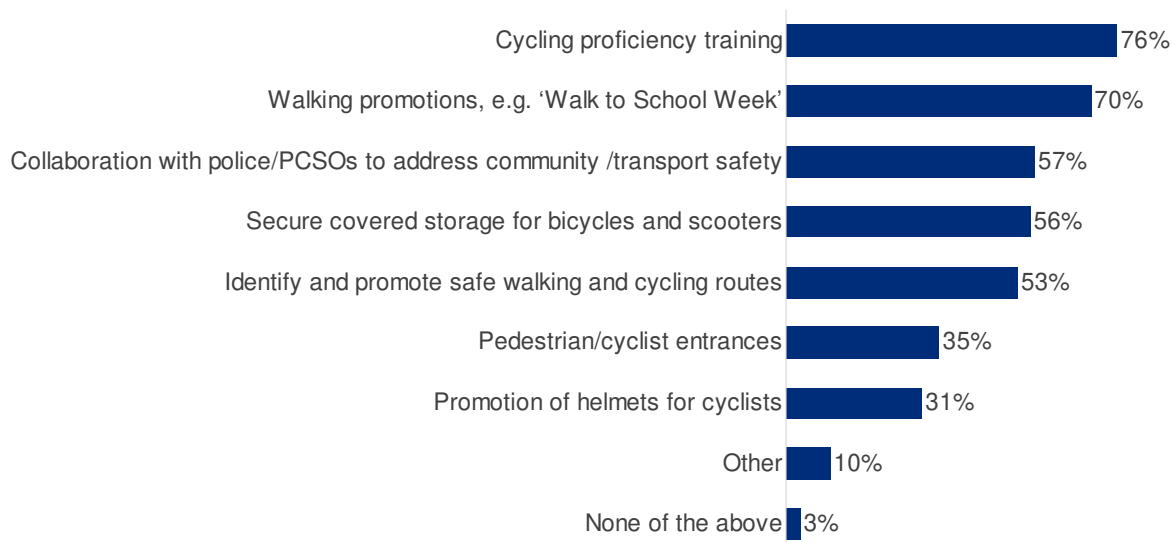| Group	Percentage
Police / Police Community Support Officers	94%
Sport development officers	76%
Health professionals other than the local Healthy School team	76%
Local sport clubs	65%
Other schools	58%
National third sector organisations / charities	52%
Faith organisations	50%
Local public health teams	47%
Professional sports clubs	43%
Private sector businesses or organisations	30%
Local third sector organisations / charities	23%
Youth Workers (statutory or non-statutory)	21%
Regional third sector organisations/ charities	20%
Other	5%
None of the above	0%

Base: 122

3.3 Health and wellbeing

Figure 3.3.1 Average minutes of timetabled physical education per week within the formal curriculum

Year 3 (120)	87.1
Year 4 (119)	87.6
Year 5 (119)	88.5
Year 6 (119)	89.5

Figure 3.3.2 How schools promote active travel

Schools were asked to select as many areas as apply.

Cycling proficiency training	76%
Walking promotions, e.g. 'Walk to School Week'	70%
Collaboration with police/PCSOs to address community /transport safety	57%
Secure covered storage for bicycles and scooters	56%
Identify and promote safe walking and cycling routes	53%
Pedestrian/cyclist entrances	35%
Promotion of helmets for cyclists	31%
Other	10%
None of the above	3%

Base: 122

Figure 3.3.3 How schools promote healthy eating

Schools were asked to select as many areas as apply.

Limit the use of unhealthy foods for celebrations or as rewards	71%
Clearly identify healthier options in the school canteen	49%
Monitor and set goals to increase uptake of free school meals	34%
Incentivise healthier options through other means	29%
Engage with WLGA 'Certificate of Compliance' process for the Healthy Eating in Schools regulations (or similar process)	19%
Position healthier options at the start of the food service	15%
None of the above	10%

Base: 119

WLGA = Welsh Local Government Association (www.wlga.gov.uk/healthy-eating-in-schools)

Figure 3.3.4 Written policies for mental health

Schools were asked whether they had written policies that included the following topics.

	Yes	In development	No
Learner mental health and wellbeing (116)	65%	22%	14%
Self-harm* (91)	20%	15%	65%
Suicide prevention* (93)	17%	12%	71%
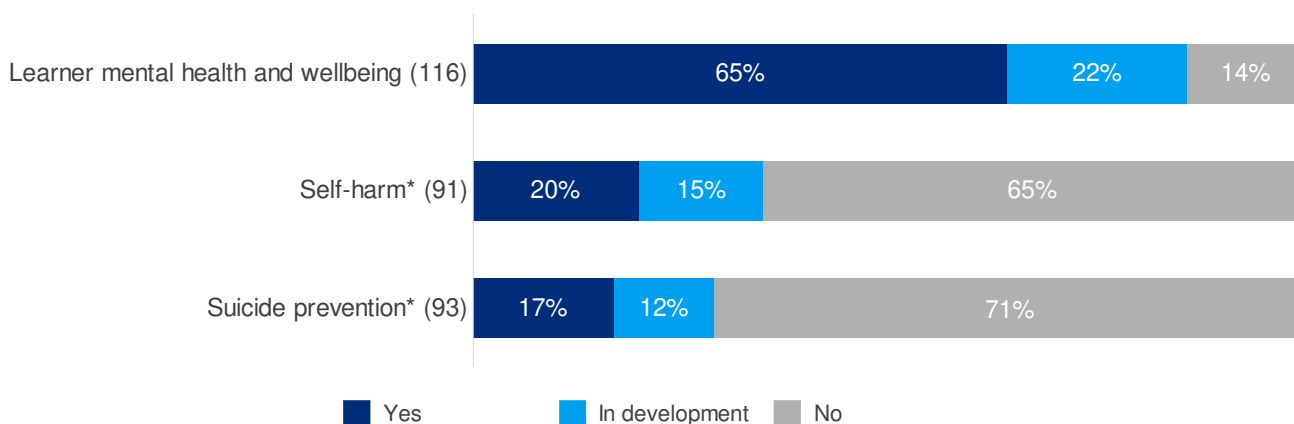
*The lower base numbers indicate a large number of schools answering 'Don't Know' about these policies.

Figure 3.3.5 Delivery status of the Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing

Schools were asked to select which stage most closely matched their current position.
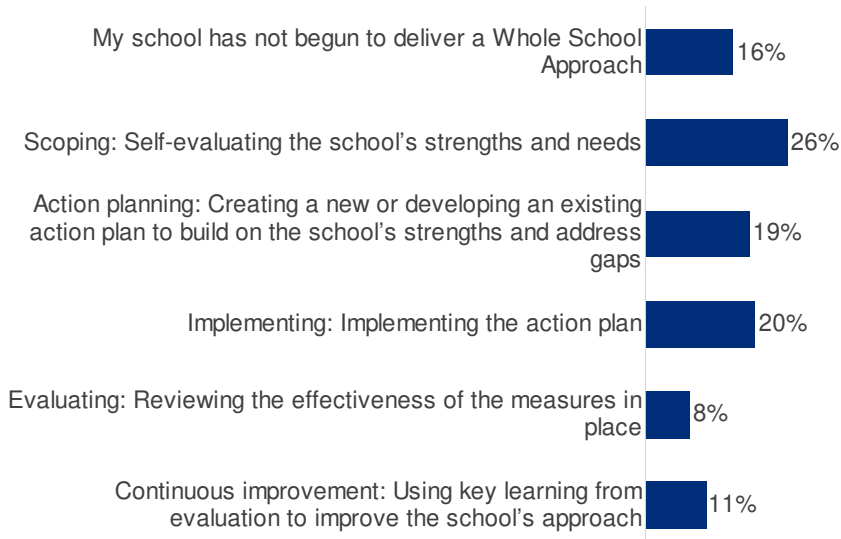
Base: 118

4. Summary of findings

School policy and practice

Findings highlight that schools are focusing their improvement efforts on a wide range of priority areas. Nearly nine in ten (89% of schools) selected learner mental health and wellbeing, 65% selected staff health and wellbeing, and 55% selected learner achievement. Nearly all schools (87%) have a learner mental health and wellbeing written policy either already complete or in development. Healthy school scheme membership is perceived to be important for a large majority of schools, with 80% reporting it as four or five (five signifying very important). Schools use data in many different ways to inform school policy and practice. Nearly all schools (93%) are using data to identify need and set health and wellbeing priorities, and a majority (73%) use data to help develop their curriculum. Fewer schools (23%) use data to inform cluster work. With the recent provision of SHRN data (www.shrn.org.uk) in both primary and secondary schools, it will be interesting to explore the use of SHRN data to support cluster working within future survey rounds.

Learner, parent/carer and community involvement in health and wellbeing

Learners are involved in health and wellbeing decision-making in nearly all schools (96%). For almost three quarters (73%), involvement includes helping to develop and deliver action/initiatives, and for over half involves learners in action planning (57%) and identifying priority areas (55%). The most commonly reported health and wellbeing topics that learner voice groups have engaged in over the last two years are physical activity (72%), food and nutrition (66%), mental health and wellbeing (66%) and bullying (64%).

Parents and carers are involved in health and wellbeing improvement decisions within just over half of schools (59%). Parents are involved in health education (26%), identifying priority areas (23%) and family and community health (23%). However, there remains a large minority of schools (41%) where parents and carers are not involved in decisions.

Schools are working with many different partners to improve learner health and wellbeing, and on average, each school selected nearly seven different partners from the options provided. Almost all schools are working with the police or PCSOs (94%), three quarters are working with sport development officers (76%) and/or health professionals outside of their local healthy school team (76%).

Health and wellbeing

Schools are timetabling an average of approximately 1.5 hours per year group of physical education per week. Active travel is being supported in a wide range of ways, including cycling proficiency training (76%) and walking promotions (70%). Over half of schools (56%) are providing secure covered storage for bicycles and scooters, and a similar proportion (57%) are working with the police/PCSOs to address community and transport safety.

In terms of health eating, a large majority of schools (71%) are promoting health eating by limiting the use of foods for celebrations or rewards, and nearly half (49%) are working to clearly identify healthier options in the school canteen. However, one in ten schools stated that they are not promoting healthy eating in any of the suggested ways.

Finally, the delivery status of the Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing (https://www.gov.wales/framework-embedding-whole-school-approach-emotional-and-mental-wellbeing) varies between schools. Most schools have begun to deliver a Whole School Approach, ranging from a quarter (26%) who are still at the scoping stage, to 19% action planning, 20% implementing, 8% who are already evaluating their progress, and 11% who are in the continuous improvement stage.

5. Acknowledgements

Contact / Cyswllt

School Health Research Network (SHRN)
Y Rhydwaith Ymchwil Iechyd Mewn Ysgolion (SHRN)
DECIPHer, Cardiff University / Prifysol Caerdydd
Spark / Sbarc, Maindy Road / Heol Maendy, Cathays
Cardiff / Caerdydd, CF24 4HQ

Email / E-bost: primarySHRN@cardiff.ac.uk
Website / Gwefan: www.shrn.org.uk

 @SHRNWales