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THE SCHOOL HEALTH RESEARCH NETWORK

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The School Health Research Network (SHRN)

School Case Study- Leveraging SHRN Data to Drive Collaborative Health and Well-being Improvements Across School Clusters: Monmouthshire Welsh Network of Health and Well-being Promoting Schools (WNHWPS)

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Rhwydwaith Ysgolion Cymru sy'n Hybu Iechyd a Lles
Welsh Network of Health and Well-being Promoting Schools

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HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN

Llywodraeth Cymru
Welsh Government

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To read author biographies, please refer to the final section of this case study.

Please Note: This case study is a way of sharing school practices. It draws on the experiences of these particular schools that they found beneficial in their context. The effectiveness of these approaches may vary, and they have not been independently verified or evaluated by SHRN.

Leveraging SHRN Data to Drive Collaborative Health and Well-being Improvements Across School Clusters- Monmouthshire Welsh Network of Health and Well-being Promoting Schools (WNHWPS)

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Introduction

In response to growing concerns around learner health and well-being, a cluster of primary and secondary schools based in Monmouthshire, led by local WNHWPS co-ordinators Emma Taylor, Healthy Settings Lead, Monmouthshire County Council and Sally Amos, Health Promoting Schools Lead, Torfaen County Borough Council (*At the time of writing, Sally was working as Health Promoting Schools Practitioner for Monmouthshire County Council*) have developed a robust, SHRN data and evidence informed approach to improving health and well-being outcomes.

Using a collaborative approach, the school cluster has designed and implemented interventions to target key priorities such digital well-being and screen use, promoting physical activity and reducing sedentary behaviour, and online safety and emotional well-being. This case study outlines their journey, from SHRN data analysis to action, and the impact of their efforts.

1. SHRN Data - Always Discussed and Utilised

At the heart of the cluster's approach is the consistent and purposeful use of SHRN survey data, particularly focusing on Year 6 and 7 learners as a key transitional group. SHRN data offers valuable insights into learner behaviours, attitudes, and experiences as they move from primary to secondary education.

> *"The SHRN reports gives us a shared starting point- it's what brings us together as a cluster."*
>
> **Monmouthshire WNHWPS Co-ordinator**

The aim of the cluster is to use this data not only to inform curriculum development within the Health and Well-being Area of Learning and Experience (AoLE) but also to drive whole-school and community-wide actions that are sustainable, inclusive, and impactful.

2. Strategic SHRN Insights: A Collaborative Cluster Approach

Each school in the cluster receives its SHRN data and is supported by their local WNHWPS Co-ordinators to:

- Collaboratively analyse and explore the SHRN data.
- Identify trends, celebrate strengths and achievements and highlight areas for development.
- Contextualise findings by considering the timing of the survey, school events, and cohort-specific factors.
- Benchmark against local, regional and national data using tools such as the Public Health Wales Secondary School SHRN Data Dashboard.

The School Health and Well-being leads play a key role in identifying needs. Each term, they contribute to a cluster action plan that consolidates all relevant evidence in one place. This plan is informed by SHRN data, alongside other valuable sources such as stakeholder feedback and input from pupil voice groups. These insights are further enriched through ongoing discussions about emerging behaviours, trends, and attitudes.

Guiding Questions for the SHRN Data Analysis:

- How does your SHRN Data compare to what you expected?
- Does this align with your current school priorities?
- Do you have other evidence to support this?
- What trends or patterns are emerging across year groups or cohorts?
- Are there any unexpected results that need further exploration?
- Are there any areas where we are over-performing or under-performing compared to local, regional and national benchmarks?

This reflective process ensures that data is not viewed in isolation but as part of a broader narrative of school improvement.

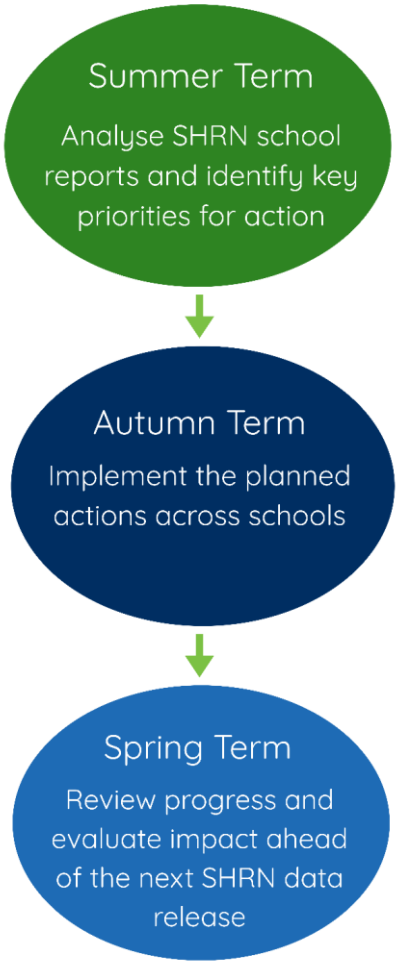
"The questions we now ask ourselves when looking at SHRN data have changed how we think about health and well-being."
Deputy Headteacher

3. Cluster Workshops and Action Planning

Cluster workshops, facilitated by WNHWPS co-ordinators, bring together primary and secondary Health and Well-being leads to:

- Share and explore SHRN findings, including Year 6 and 7 data and wider insights across phases.
- Identify common themes and priorities that emerge from across the cluster.
- Co-develop a unified cluster-wide action plan that aligns with the Health and Well-being AoLE and each school's Monitoring, Evaluation, and Review (MER) cycle.

The structure of cluster meetings aligns with the school year, enabling a three-stage process guided by one cohesive action plan:



The current model alternates its focus each year between Secondary and Primary school SHRN data. In one-year, Secondary SHRN data is used to support primary schools, while in the following year, schools focus on their Primary SHRN report data.

This approach allows secondary schools to review primary-level data, helping them strengthen transition strategies and refine their curriculum. It also promotes continuity of support across transition phases, enabling schools to plan collaboratively and align with Welsh Government's vision for a seamless, learner-centred education system. When paired with insights from The SHRN School Environment Questionnaire (SEQ), this model provides a richer understanding of how school policies and practices influence learner outcomes. Local authorities, regional consortia, and Public Health Wales teams are increasingly using this data to inform cross-phase planning, targeted interventions, and long-term well-being strategies.

This two-way system approach keeps every school involved with SHRN data each year, aligning with SHRN's survey's two-year cycle. It ensures that schools remain actively engaged in reviewing and applying evidence, while also supporting cross-phase collaboration, long-term planning, and continuity of learner support. This collaborative planning process led to a stronger sense of shared ownership across the cluster.

4. Shared Voices, Shared Vision

To ensure transparency and shared ownership:

- School Health and Well-being leads present SHRN data findings and proposed actions to staff and school governors.

  "We've built a culture where data leads to action, not just discussion."

  School Governor

- Pupil Voice groups are actively engaged in SHRN data analysis and action planning.

  "Being part of the SHRN discussions made me feel like my voice mattered."

  Pupil Voice Representative

- Families are informed through targeted communications, including guidance letters and signposting to further resources.

5. Shared Responsibility and Capacity Building Across the Cluster

Cluster actions are strategically distributed based on:

- **Individual School Strengths.** Leveraging what each school does best to drive collective progress.
- **Staff Expertise.** The workload is shared collaboratively. Some Health and Well-being leads may take the lead on specific actions where they have particular strengths, or where the action aligns with their existing responsibilities. In other instances, external specialists are identified and engaged, for example, Education support or sports development teams. Occasionally, an action is owned and delivered by the cluster as a whole.
- **Alignment with Existing Initiatives,** to stay aligned with ongoing work.

"SHRN isn't just a survey anymore – it's part of how we do school improvement".

School Headteacher

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6. Strategic Cluster Initiatives and Impacts

6.1 Digital Well-being and Screen Use

- Schools reported noticeable improvements in learner behaviour:

> *"Since the new phone policy was introduced, I've noticed a big difference in how focused my class is".*
>
> **Year 7 teacher**

- Families demonstrated increased awareness and engagement with digital well-being practices:

> *"We've seen a real shift in how families talk about screen time and online habits. Parents and carers are asking more questions and setting clearer boundaries at home".*
>
> **Health and Well-being School Lead**

> *"My child is much more aware of how they use their phone now. We've had some really good conversations about online safety and screen time, which never used to happen".*
>
> **Parent of Year 8 Learner**

6.2 Promoting Physical Activity and Reducing Sedentary Behaviour

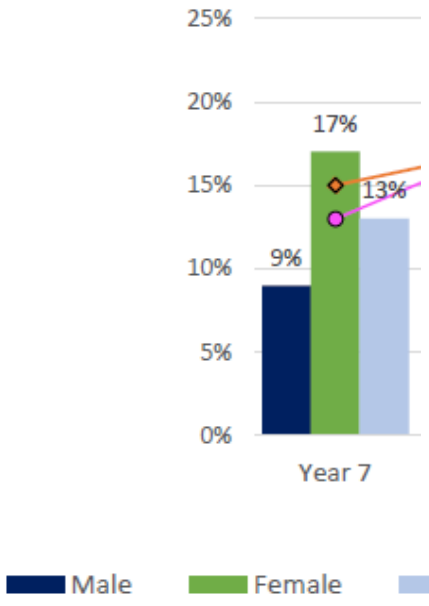
Issue Identified:

SHRN data revealed a decline in physical activity levels, particularly among girls, - alongside a rise in sedentary behaviours (any activity involving low energy expenditure in a sitting, reclining, or lying posture).

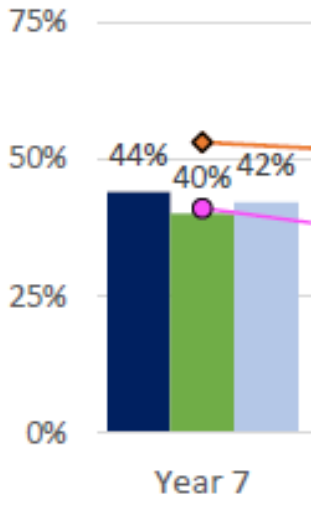
The SHRN Student Health and Well-being Survey 2023: Local Authority Report for Monmouthshire County Council

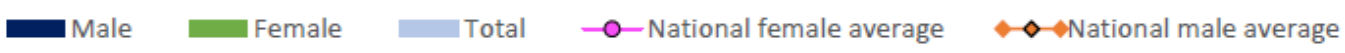
Food and Fitness: Physical Activity Section

Sedentary Behaviour - Learners who usually spend 7 or more hours of their free time on a weekday sitting down.



Outside School Hours - Learners who exercise vigorously outside of school time at least four times a week.





Actions Implemented:

- **Collaboration** with local sports development officers to compile and distribute lists of local clubs and activities.
- **Promotion of after-school physical activity** through cluster-wide sports events and friendly competitions.
- **Integrated physical activity planning** into the annual school calendar to ensure consistent delivery.

Impact:

- **Increased learner participation** in physical activities across the cluster.
- **Strengthened partnerships with local sports providers**, enhancing community engagement and access to opportunities.

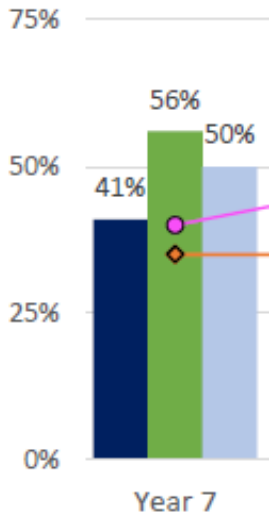
6.3 Online Safety and Emotional Well-being

Issue Identified: SHRN data, along with classroom and playground observations, revealed a concerning rise in online bullying and emotional distress linked to social media and online gaming platforms.

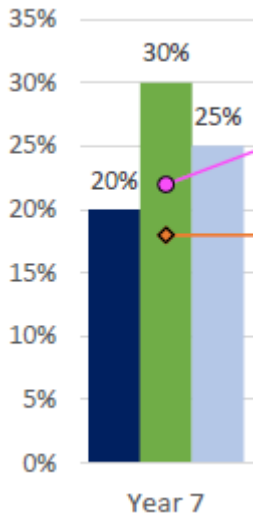
The SHRN Student Health and Well-being Survey 2023: Local Authority Report for Monmouthshire County Council

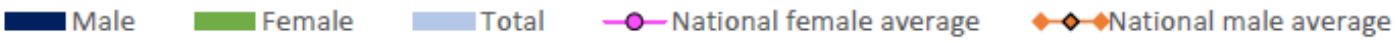
Friendship and Bullying Section

Learners who have been bullied at school in the past couple of months.



Learners who have been cyberbullied in the past couple of months.





Actions Implemented:

- **Targeted support** was provided for learners affected by online harm, including tailored interventions for those struggling with emotional regulation due to harmful online content.
- **Family guidance** was issued through a cluster-wide letter, outlining the shared responsibilities of schools, learners, and families. The letter also offered practical advice and signposted resources to help manage online behaviour and emotional well-being.
- **Curriculum enhancements** were made to strengthen education around digital citizenship, online safety, and emotional resilience.
- **Impact**: Learners demonstrated increased awareness of online safety, supported by strengthened emotional well-being structures across the school community.

7. Sustainability and Innovation

The cluster has adopted a **biennial data cycle**, using secondary school SHRN data to inform primary planning one year, and primary data to support secondary transition the next, ensuring that all schools engage with SHRN insights annually. This model ensures that all schools benefit from SHRN data insights annually, within the SHRN survey's two-year cycle.

School Health and Well-being leads are increasingly more confident in independently analysing SHRN data, having built their skills through years of collaborative practice and shared learning across the cluster. Regular cluster meetings serve as a valuable forum

Year 1: Secondary school SHRN data informs primary planning

Year 2: Primary school SHRN data informs secondary transition planning

where progress is reviewed, successes and challenges are openly shared, and peer support and guidance are continuously offered.

As SHRN surveys are conducted on a biennial basis, the cluster has adopted a strategic model that alternates focus each year—using secondary school data to inform primary planning one year, and primary data to support secondary transition the next. This ensures that all schools benefit from SHRN insights annually, aligning with the two-year SHRN survey cycle. This approach not only maintains momentum but also strengthens the continuity of planning, enabling schools to respond proactively to emerging trends and learner needs. As a result, data use has become embedded in everyday practice, supporting a culture of reflection, responsiveness, and collective improvement across the cluster.

8. Key Impacts

Key Impacts include:

- **Improved Behaviour:** Schools reported reductions in online bullying and increased learner awareness of healthy online habits.
- **Increased Physical Activity:** Families engaged with community sports opportunities, and the annual cluster sports events have become a lasting tradition.
- **Strengthened Collaboration:** The reciprocal use of primary and secondary SHRN data fostered closer relationships between schools, enhancing curriculum planning and learner transitions.
- **An Engaged Community:** Parents, carers, and learners actively participated in the health and well-being initiatives, building a shared sense of responsibility and support.

These outcomes prompted schools to reflect on what made the approach successful and sustainable.

"We've gone from waiting for our SHRN data to actively using it to shape our school's future. SHRN data gives us a clear picture of what our learners are experiencing, it's now a key part of our school planning. This model has transformed how we work together as a cluster. It's not just about SHRN data- it's about shared purpose."

Monmouthshire School Health and Well-being Leads

9. Lessons Learned

The cluster's approach was shaped by three interlinked principles that helped drive momentum and embed lasting change.

1. **Positive engagement** played a vital role from the outset. By highlighting early successes, no matter how small, the team was able to build confidence, generate enthusiasm, and maintain commitment across schools. This early momentum created a strong foundation for collaboration.

2. **Community Involvement** proved equally essential. Actively engaging families through direct communication and inclusive activities helped deepen the impact of interventions and fostered stronger relationships between schools and their wider communities. Parents and carers became partners in the process, not just passive recipients of information.

3. **A focus on Sustainability** ensured that the use of SHRN data became embedded in everyday school practices. Rather than treating data as a one-off event, schools developed a culture of regular reflection and informed action where SHRN insights are revisited, discussed, and used to shape planning year after year.

Together, these three principles form a model that is both practical and scalable, showing how shared purpose, inclusive practice, and effective data utilization can genuinely transform how schools approach health and well-being. What's most striking is how naturally SHRN data has become part of everyday thinking.

It's no longer a task that schools complete every two years, it's something they return to, reflect on, and build from. Schools now revisit their SHRN data not just to review, but to reimagine what's possible. This shift has helped schools move from reacting to issues to anticipating them and move away from working in silos to working as a connected,

supportive cluster. As confidence has grown, so has ambition. Schools are now using SHRN data not just to understand what's happening, but to shape what happens next.

10. Strengthening Schools Using SHRN Data: Smarter Data, Stronger Schools

To make better use of SHRN data, the cluster is planning a series of targeted initiatives. These include hosting parent and carer workshops to build understanding of The SHRN Student Health and Well-being survey and why it matters, expanding the analysis of Primary SHRN data to identify earlier opportunities for support, and refining the transition between primary and secondary schools by drawing on shared learning and insights.

11. Conclusion

This case study demonstrates how SHRN data can be a powerful driver for meaningful, collaborative, and sustainable improvements in learner health and well-being. By integrating data analysis into the school improvement cycle, engaging all stakeholders, and fostering a culture of shared responsibility, the cluster has created a responsive and joined-up approach where health and well-being is prioritised, actions are evidence-based, and impact is continuously reviewed.

The strength of this cluster approach lies in its flexibility and inclusiveness. Schools are not only responding to SHRN data, but they are also actively shaping their environments proactively, using SHRN insights to anticipate needs, support transitions, and build resilience in their learners. The strategic and reciprocal use of primary and secondary SHRN data has deepened collaboration across phases, ensuring that no school works in isolation and that every learner benefits from a cohesive, informed approach.

By explicitly aligning SHRN-driven initiatives with the Curriculum for Wales - particularly the Health and Well-being Area of Learning and Experience (AoLE), the cluster can demonstrate how its work supports the development of healthy, confident learners. Additionally, referencing the Estyn inspection framework and Welsh Government priorities, such as digital competence and learner voice, reinforces the broader educational value of the initiatives. For example, digital well-being efforts align with the Digital Competence Framework, while physical activity promotion supports whole-school approaches to health and well-being. Including these connections not only validates the cluster's impact but also

positions it as a model of good practice that is both policy-aligned and curriculum-integrated.

Moreover, the cluster's commitment to capacity building, led by WNHWPS and it's commitment to capacity building has empowered school Health and Well-being leads to become more skilled and confident data users and strategic leaders. This has laid the foundation for long-term sustainability, where data-informed decision-making becomes embedded in everyday practice.

In addition to sustaining impact, the model also offers strong potential for scalability. Its agile, collaborative structure can be adapted by other clusters or local authorities aiming to embed SHRN data into their own improvement cycles. The reciprocal use of primary and secondary data, the integration of pupil voice, and the emphasis on shared responsibility make this a replicable framework. With the development of simple tools - such as planning templates, guidance documents, or case examples - this approach could be shared more widely to support system-level transformation in learner well-being.

Looking ahead, the cluster is well-positioned to continue evolving its model - expanding early intervention efforts, strengthening family engagement, and innovating within the curriculum. The journey so far highlights what is possible when schools work together with a shared vision, grounded in evidence and driven by a collective commitment to learner well-being. Its journey so far shows how SHRN data, when used collaboratively and purposefully, can become a catalyst for lasting change in how schools support learner health and well-being.

12. Share Your SHRN Success Story!

Sharing your SHRN story is a powerful way to demonstrate your expertise and the positive impact your initiatives have had on learners' health and well-being. SHRN welcomes case studies from both SHRN primary and secondary schools to showcase and share their use of SHRN Student Health and Well-being data and reports, and the value of evidence informed practice.

Discover how you can inspire others by sharing your SHRN journey with us. Your story could be the spark that ignites change and innovation in our community.

Read more about how you can share your school success story here.

To read more inspiring school success case studies, visit our website.

13. Additional SHRN Resources

Learn more about The SHRN Student Health and Well-being Survey in Secondary Schools and Primary Schools, and The SHRN School Environment Questionnaire (SEQ).

For more insights on SHRN, read the SHRN Blog and explore the SHRN webinars.

14. Contact Us

To find out more, email our SHRN Engagement Manager, Charlotte Wooders.

About the Authors

Sally Amos, Health Promoting Schools Lead, Torfaen County Borough Council (*At the time of writing, Sally was working as Health Promoting Schools Practitioner for Monmouthshire County Council*).

Sally is the Health Promoting Schools Lead for Torfaen County Borough Council, having transitioned from her previous role with Monmouthshire County Council in September 2025. With a strong foundation in primary education, Sally spent fourteen years as a teacher before joining the Monmouthshire Health Promoting Schools team in 2021.

In her current role, Sally collaborates closely with school well-being leads, external partners, and the wider community to advocate for and enhance the health and well-being of both learners and staff. She has been actively involved with The School Health Research Network (SHRN) for several years and is committed to fostering inclusive, supportive environments where the whole school community can thrive - physically, emotionally, and socially.

Maria Boffey - SHRN Knowledge Exchange and External Affairs Manager

Maria's role in the SHRN Network is to manage its development by way of knowledge exchange, external affairs and communications, ensuring it meets the needs of schools, researchers, and key health and educational partners. She provides support to schools, whilst developing strategic national and regional partnerships. Her passion for supporting the well-being of children has been constant throughout her career,

spending over 20 years within the third sector leading on a wide range of national programmes supporting improved practice and policy outcomes for children looked after. She has also been a School Governor since 2007 in special, primary and secondary school settings. Maria has also worked on a number of research studies with Cardiff University, DECIPHer and CASCADE, as well as being an author of numerous health and well-being publications.

Emma Taylor – Healthy Settings Lead, Monmouthshire County Council

Emma is the Healthy Settings Lead within Monmouthshire County Council's education department, where she supports schools in promoting all aspects of learners' health and well-being. She works in close partnership with school staff and external organisations to drive forward health initiatives across both primary and secondary settings.

A long-standing advocate of The School Health Research Network (SHRN), Emma has been involved since the onset. She plays a key role in helping schools interpret their SHRN data to develop tailored health and well-being action plans, while also contributing to the identification of strategic priorities at the local authority level.

Charlotte Wooders - SHRN Engagement Manager

Charlotte is responsible for supporting the delivery of the SHRN engagement strategy. This involves working collaboratively with SHRN partners, including schools across Wales and WNHWPS. Her role includes organising knowledge exchange activities and supporting the SHRN strategy to ensure partners can share ideas and expertise. She works closely with schools to highlight the impact of SHRN and promote evidence-based practices to enhance learner health and well-being, bridging the gap between research and practical application. Additionally, Charlotte is involved in monitoring and evaluating initiatives by collecting and analysing data to assess the effectiveness of SHRN activities and refine future strategies.

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