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A Joint SHRN and Public Health Wales Case Study

Building a Community of Practice: The Aberdare School Cluster Approach to Health and Well-being

September 2026

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Welsh Network of Health and Well-being Promoting Schools

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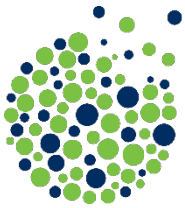

A Joint SHRN and Public Health Wales Case Study:

Building a Community of Practice: The Aberdare School Cluster Approach to Health and Well-being

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Clare Shears, Programme Coordinator for Health and Well-being Promoting Schools, Rachel Dicker, Health and Well-being Promoting Schools Practitioner, and Amanda Jones, Health and Well-being Promoting Schools Practitioner in CTMUHB would like to thank all the schools across the Aberdare cluster for their ongoing commitment to supporting learners' health and well-being. Your engagement with SHRN, your openness to using data, and your willingness to share practice continue to make a real difference across the region. We would also like to extend our sincere thanks to all Headteachers for their commitment to the pilot, demonstrating strong leadership and support for this important work. In particular, we are especially grateful to Aberdare Community School, and to Christopher Lovell, Assistant Headteacher, for kindly hosting the meetings and supporting collaboration across the cluster.

SHRN would like to acknowledge the contribution of schools across the cluster, whose survey participation and use of school-level data continue to inform wider learning within the network. Your involvement helps us understand what support is most useful in practice.

With thanks to Public Health Wales, and in particular Gemma James and Libby McIntosh for their support in enabling this case study. Rory Chapman is also gratefully acknowledged for his work on the design and layout of this case study.

Executive Summary

Across the Aberdare Schools Cluster, ten schools (two secondary, eight primary) completed the SHRN Student Health and Well-being Survey as part of SHRN's 2023 secondary and 2024 primary cycles. Although SHRN data came from these ten schools, all fifteen schools involved in the Community of Practice contributed to identifying the shared cluster priority, drawing on their local context, experience and wider evidence.

What followed was a structured, collaborative project led jointly by the Cwm Taf Morgannwg University Health Board (CTMUHB) Health and Well-being Promoting Schools Team and informed by SHRN's school-level data and local Health Board data. Collaborating closely with schools and wider partners, they established a Health and Well-being Community of Practice (CoP) to interpret SHRN findings, identify shared priorities, and coordinate practical action across the cluster. It also offers a model that other clusters can adapt and replicate in their own contexts.

This case study sets out what happened in practice, illustrating how schools used SHRN data in everyday decision-making to guide improvement work, strengthen whole-school practice and support activity linked to Whole-school Approach to Emotional and Mental Well-being (WSAEMWB), Estyn preparation and the Curriculum for Wales. It builds on the longstanding SHRN and Public Health Wales partnership, which supports schools across Wales to use high-quality health and well-being data to guide local action.

This work also aligned with the WSAEMWB, with school leads and coordinators helping integrate activity into wider whole-school planning.

The study also highlights how joint working between Public Health Wales, CTMUHB, SHRN, schools and community partners helped create a consistent, joined-up approach to learner well-being across the cluster. It describes how practical tools (e.g., driver diagrams, shared action plans, and a timeline of activity) helped maintain momentum and consistency across settings.

Finally, it shares learning that other clusters may find useful when shaping their own approaches, alongside the Aberdare Cluster's ambitions and next steps as the work continues.

Who This Case Study Is Most Useful For

School cluster leads; senior leadership teams; Health and Well-being and WSAEMWB leads; WNHWPS practitioners; local authority and health board partners; and anyone collaborating with schools to use SHRN data to support collaborative, evidence-informed approaches across multiple settings.

Disclaimer

This case study reflects the work developed by the Aberdare Cluster and highlights the approaches that proved helpful in their local context. While every cluster will have its own priorities and ways of working, many of the principles and ideas shared here may be useful when shaping similar work elsewhere.

These examples have not been independently verified or evaluated by SHRN or Public Health Wales, so clusters may wish to adapt them to suit their own circumstances.

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1. Introduction and Background

1.1 Introduction

Across the Aberdare Schools Cluster, ten schools (two secondary, eight primary) completed **The SHRN Student Health and Well-being Survey** as part of The School Health Research Network's 2023 secondary school and 2024 primary school cycle. This gave the cluster a shared starting point: a rich picture of learner well-being that everyone could work from, complemented by local Health Board data. What followed was a compelling example of how schools, SHRN, Public Health Wales and local partners can use SHRN data to drive coordinated, practical action.

With support from CTMUHB Health and Well-being Promoting School team, the cluster established a Health and Well-being Community of Practice (CoP), a space where schools could work together, compare SHRN findings, and agree a shared approach to improving learner health and well-being. This CoP provided a consistent forum for sense-making, shared planning and peer support, helping schools translate data into everyday practice.

This case study sets out how the group used SHRN data alongside local Health Board data to identify a shared priority, the collaborative actions that followed, and the early progress already visible across schools. It also describes how this structured, relationship-based approach created the conditions for meaningful collaboration across such a large cluster.

Finally, it highlights the practical tools that helped schools stay on track, especially during busy terms.

It also outlines how these early foundations are shaping a clearer, more coordinated direction for the next phase of work, offering insights that may be valuable to other clusters exploring similar approaches.

1.2 Background: The CoP Model and National Framework

The Aberdare CoP pilot sits within the wider Cwm Taf Morgannwg University Health Board CTMUHB Health Promoting School Scheme, which forms part of the Welsh Network of Health and Well-being Promoting Schools (WNHWPS). This positions the work within an established national framework supporting schools to strengthen health and well-being through evidence-informed approaches and partnership working.

The work builds directly on the national SHRN infrastructure, which brings together schools, researchers, and Public Health Wales to generate high-quality well-being data and support its use in local improvement. SHRN provided the cluster with school-level summaries, national benchmarking, and analytical support, helping schools interpret indicators accurately and understand how their patterns compared to Wales-wide trends. For a large cluster like Aberdare, this combination of local and national insight helped create a clearer, shared understanding of need.

Building on these foundations, the SHRN–WNHWPS partnership provided the strategic and analytical backbone for this pilot cluster. SHRN data offered each school an evidence base; CTMUHB provided implementation support, guidance, and facilitation. This alignment of analytical and practical expertise meant schools could move from insight to action with confidence.

Schools said this combination of data and practical support made the work feel both grounded and achievable. Crucially, the foundations were established early on, when both Rachel Dicker and Amanda Jones (CTMUHB Health and Well-being Promoting Schools Practitioners) attended the cluster headteachers' meeting to present the purpose of the pilot and ask for their direct commitment. This meeting gave the CTMUHB team the ability to connect with leaders from the onset, bringing clarity and transparency as to the purpose of the project, and explain how actions would be driven by the SHRN and local data. This helped secure genuine buy-in from the start. That early relationship-building meant the cluster entered the project with a shared understanding of the need, a sense of trust, and a willingness to work together. This early clarity and commitment became a key factor in the cluster's ability to collaborate consistently throughout the project.

This also created a strong foundation for aligning the work with wider national priorities, including the WSAEMWB, supporting schools to integrate health and well-being activity within existing leadership and coordination structures.

1.3 How the Pilot Was Set Up

1.3.1 Governance

The CoP operates on a clear governance cycle. It meets half-termly and is facilitated by the CTMUHB Health Promoting Schools team, who guide the discussion and support schools to share ideas and updates. During each meeting, actions are agreed collectively and recorded with named owners and timescales, so responsibilities are transparent and easy to follow.

CTMUHB Practitioners leading the work then review progress each half-term, helping maintain momentum, strengthen accountability and ensure that activity stays aligned with the cluster's shared priority.

1.3.2 Data Sharing

To support collaborative planning while safeguarding confidentiality, all headteachers within the cluster agreed a clear approach to sharing SHRN data. Schools shared their full SHRN feedback reports, as agreed by Headteachers during the pre-pilot stage. The CTMUHB team then analysed and anonymised the data before presenting an overview of the findings to the cluster.

Any summaries used in CoP meetings were presented in aggregated or de identified form, ensuring that no school or individual learner could be identified. Data was used strictly for improvement purposes, and meeting records referenced themes or actions rather than specific school-level figures.

As a result, schools found it easier to maintain trust and talk openly about trends they identified in their own data.

1.4 Timelines

The CoP followed a structured timeline to keep activity paced and aligned across the cluster. Initial priority setting discussions took place in September, with the long list of well-being issues narrowed and agreed during the first meeting once SHRN findings and baseline assessments had been reviewed. Reaching this point required a formal and structured process, which proved essential for a large cluster with many competing priorities. For several schools, this was the first time their health and well-being leads had come together to collaborate in this way. Taking a clear, step by step approach not only

helped the group narrow the options but also began laying the foundations for new relationships and a shared sense of purpose across the cluster.

Action planning ran through November and into early spring, with implementation beginning in March and with plans to continue throughout the summer term. Cluster leads reviewed progress at each half term point, helping ensure decisions remain timely and that schools stay aligned as the work developed. This approach will continue as implementation progresses over the summer term. *(Please refer to the timeline in the appendices.)*

This steady sequence meant schools could make changes in manageable stages, rather than feeling overwhelmed.

Several schools said that having a clear schedule and regular meeting points helped maintain momentum. From the CTMUHB Teams' perspective, setting out the timeframe early on prevented drift and meant that schools arrived at each session having completed the agreed tasks.

2. How the Cluster Worked Together: Method and Approach

2.1 The Purpose of the Community of Practice (CoP)

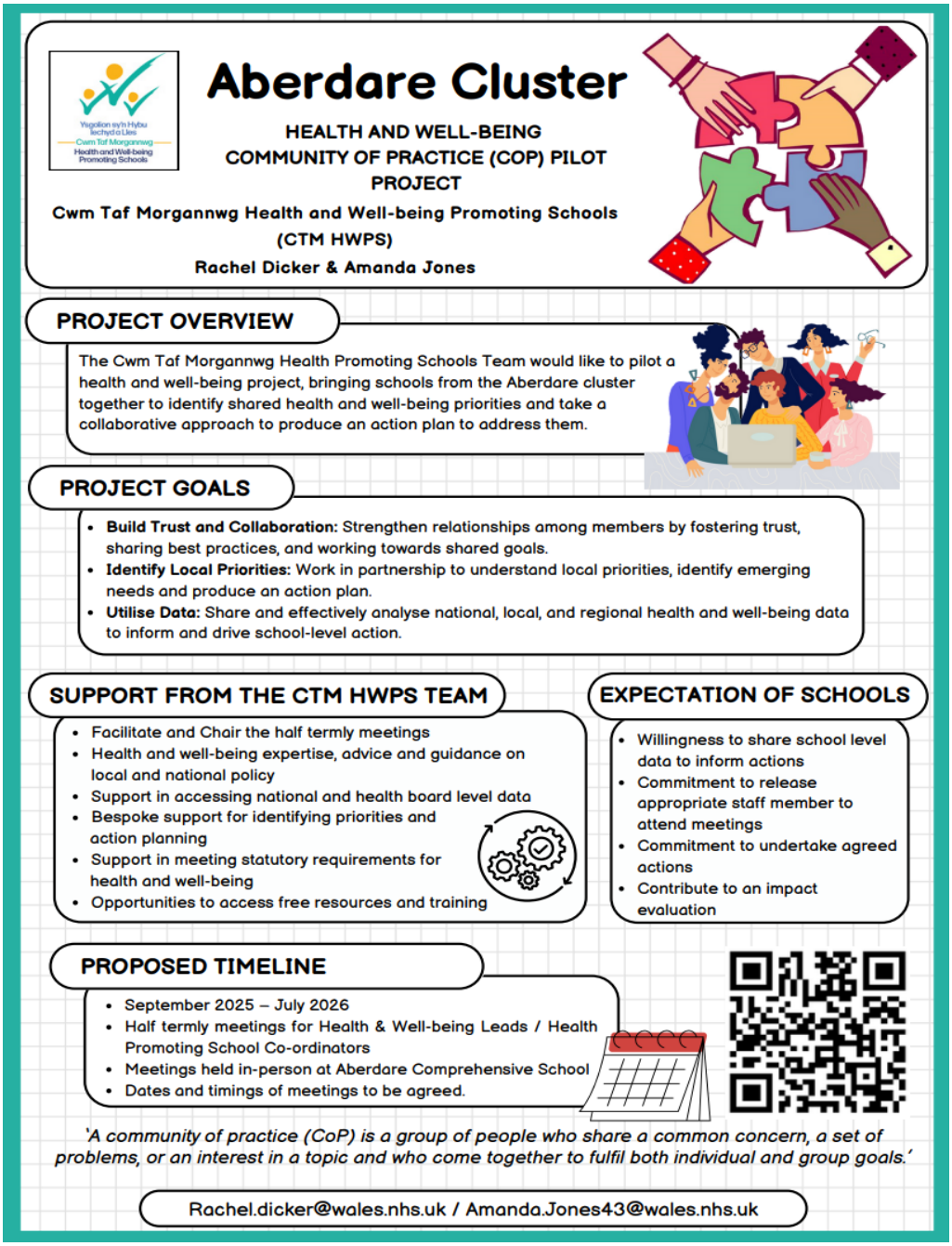
With these frameworks in place, the cluster created a **Health and Well-being Community of Practice (CoP)**, described locally as '*a group of people who share a common concern or set of problems and come together to achieve individual and shared goals.'*

The purpose of the CoP was clear, setting the tone for an open, practical partnership grounded in real evidence:

- **To build trust and collaboration across schools:** Strengthen relationships among members by fostering trust, sharing good practice and working towards shared goals.
- **Identify shared local priorities:** Work in partnership to understand local priorities, identify emerging needs and produce an action plan.
- **Use SHRN data and local health board data effectively to guide action,** while aligning with whole-school well-being approaches such as WSAEMWB. Sharing and effectively analysing national, local and regional health and well-being data to inform and drive school-level action.

This shared approach is central to the case study, which aims to show how cluster-level collaboration can turn SHRN data into practical, coordinated action.

Cluster leads have identified the benefits to this approach by describing the CoP as a way for schools to feel part of a wider, joined-up approach rather than fifteen schools trying to solve similar problems separately. They explained that the CoP has already helped everyone move in the same direction, at the same pace, with a shared purpose, a level of consistency they described as both rare and powerful.



Above: Overview of the Aberdare Cluster Health & Well-Being CoP Pilot

2.2 Establishing Expectations

Schools joining the CoP were expected to play an active part in the process. This meant sharing their own SHRN school-level data so the group could build a shared picture and make decisions based on real evidence.

Each school also needed to release an appropriate staff member to attend CoP meetings regularly, ensuring the right people participated in discussions and follow-up work. Several schools commented that consistency of attendance made the biggest difference.

> *'The consistent attendance meant we quickly built trusting relationships. Each meeting picked up where the last one left off, giving us more space for collaboration and genuine networking.'*
>
> **CTMUHB Practitioners**

2.3 Priority-Setting and Analysis

Fifteen Aberdare Cluster schools participated, giving the CoP a strong evidence base. Schools reported twenty-five health and well-being priorities, which were narrowed down to six common themes across the cluster. This early filtering helped schools see the areas where experiences overlapped, creating a clearer starting point for deeper analysis.

Below: Table 2 - An overview of the SHRN data

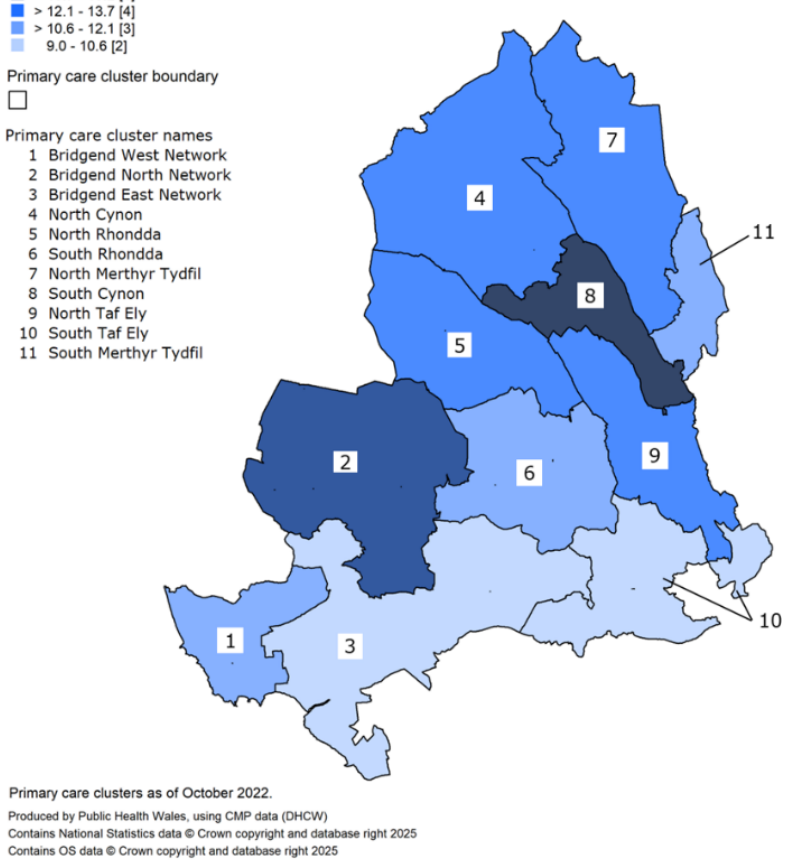
Further analysis compared these themes with national Welsh data, adding context and sharpening the cluster's understanding of local needs. Combining SHRN findings with local health intelligence, making physical activity the clear choice for action: this was an issue every school recognised and felt they could realistically do something about.

Alongside SHRN, the cluster reviewed wider population health data. One statistic strongly influenced decision making:

Childhood obesity in South Cynon was 16.8% in 2023–24, the highest of all primary care clusters in Wales. Whilst childhood obesity in North Cynon was 12.7% in 2023 – 24, still above the Welsh national average of 11.8%.

Public Health Wales Child Measurement Programme, 2023/24

Percentage of children aged 4 to 5 years with obesity, Primary Care Clusters, Cwm Taf Morgannwg UHB, Child Measurement Programme, 2023/24



Primary care clusters as of October 2022.

Produced by Public Health Wales, using CMP data (DHCW)

Although schools identified a range of priorities in their SHRN feedback reports, most recognised a similar pattern around physical activity. Improving opportunities for movement across the school day was something they felt able to influence quickly and consistently. This theme naturally rose above the others as the most actionable shared priority.

To agree with the final focus, the cluster used a structured approach considering:

- **Impact:** the scale and seriousness of the issue.
- **Changeability:** likelihood of meaningful improvement.
- **Acceptability:** appropriateness of possible solutions.
- **Feasibility:** capacity, staffing and resources available.

This process led to a shared cluster vision: ***'Active Schools, Empowering Minds, Thriving Futures.'***

Below: Example of the priority mapping template used within the CoP

Priority mapping

Please score the following statements from 1 – 4 (1 being least likely, 4 being most likely). Add the total for each topic.

	Impact – the severity and size of the issue	**Changeability** – the realistic chance of achieving change	**Acceptability** – acceptable solutions available	**Feasibility** – the ease of implementation, considering resources, time and capacities	**Total score**
Example – Mobile Phone use in school	*4*	*2*	*1*	*2*	*9*
Sleep					
Food and nutrition					
Drink					
Vaping					
Physical activity					
Bullying					

2.4 Introducing a Life-Course Approach

CTMUHB practitioners supported the cluster to adopt a life course approach, encouraging schools to think beyond the immediate behaviours seen day-to-day.

Staff explored how early health factors, family circumstances and community environments shape the experiences that children bring into school *(see appendices)*. This widened the conversation from immediate behaviours to the longer developmental journey that influences engagement, readiness to learn and overall well-being. This shifted conversations from *'What's happening now?'* to '*What has shaped this over time?.'*

As the cluster spent more time with this perspective, links between early patterns and later needs became clearer. Discussions highlighted how sleep routines, early language development, nutrition, attachment and access to play all have ripple effects that influence outcomes later on in life. Primary and secondary staff were able to connect what they were seeing in different phases, and this made collaboration feel more purposeful. It also encouraged a more preventative mindset: schools began to look at how earlier support could reduce escalation later, and how community partners and families could be part of that picture. Taking this broader view helped schools make sense of patterns they might previously have treated as isolated issues.

The SHRN data strengthened this work by giving schools a clearer picture of current health and well-being needs. Trends in sleep, physical activity, emotional well-being and diet provided a contemporary snapshot that helped staff understand how earlier life-course experiences were playing out in real time within their own learners. SHRN didn't map the life course directly, but it offered grounded evidence that supported staff to make these links and use them in their planning.

Reviewing the life course data raised a discussion about the possible longer-term health and educational impacts on the child being born at a low birth weight. Only one school in the CoP were screening for low birth weight on enrolment to school.

Ultimately, the life course approach helped the cluster see their improvement work as part of a longer trajectory rather than a series of disconnected tasks, giving them a stronger foundation for future decision-making.

'The life course conversations helped staff look beyond the behaviour itself and ask what experiences children were bringing with them. The Health Board were able to provide data that schools wouldn't normally have access to, and that changed the depth of the discussion.'

Clare Shears
Programme Coordinator for Health and Well-being Promoting Schools
CTMUHB

2.5 Partnership Support

2.5.1 The Role of the CTMUHB Health and Well-being Promoting School Team

Although each school retained its own identity and context, the cluster committed to working collectively around physical activity, as well as wider aspects of health and well-being.

The CTMUHB Health Promoting Schools Team provided:

- Strategic oversight.
- Facilitation and chairing of half-termly meetings.
- Guidance on policy, practice, and statutory duties.
- Support accessing local and national datasets.
- Translation of SHRN findings into school-friendly actions.
- Help with priority-setting and action planning.
- Signposting and opportunities to access specialist support.
- Linking activities to WSAEMWB.

The work of the cluster was also closely aligned with the WSAEMWB, with Health and Well-being leads, coordinators and wider implementation roles helping to embed this work within existing school structures. This ensured that physical activity is regarded as a standalone priority, but as part of a wider, integrated approach to supporting learner well-being.

In addition to this, the CTMUHB team helped schools interpret their feedback reports, clarify indicator definitions, and explore how patterns varied across years and phases. They also provided tailored explanations of the data, supported staff to understand

confidence intervals and significance, and ensured local decisions were grounded in robust evidence rather than assumptions. As part of this support, the team developed clear, school-friendly infographics to highlight key data, using the design format previously shared by Conwy WNHWPS lead, Huw Evans, which schools said made the information easier to understand and share. To find out more about SHRN infographics, click here.

Several teachers said this support helped them engage more confidently with the data and gave them confidence to lead conversations back in their own schools.

This practical partnership support gave schools the confidence to move from data interpretation to real-world action, building momentum as the work progressed.

2.5.2 Sport Rhondda Cynon Taf (RCT): A Key Partner

Sport RCT provided hands-on, practical support throughout the CoP. Their contributions included modelling activities, offering taster sessions for staff and learners, helping schools co-plan activity timetables, and coaching lunchtime supervisors to increase active play. This practical expertise played a central role in helping schools turn ideas into day-to-day routines.

> *'Sport RCT have been fundamental partners from the outset. They have provided invaluable expertise and guidance to supporting at an individual school and cluster level. Their enthusiasm, passion and commitment to attend every meeting and provide ongoing support to the schools has been instrumental to the success of the CoP. They not only provide guidance but also the practical support and training that is so desperately needed by schools. Furthermore, they have been able to offer additional grant funding and have built a sustainable model through their Sport Ambassadors Scheme'*
>
> **Rachel Dicker**
> **Health and Well-being Promoting Schools Practitioner**
> **CTMUHB**

2.5.3 Wider Project Contributors

Play Wales contributed to one of the early CoP sessions, sharing guidance, examples of good practice, and national data around play. Their input helped schools think about how play principles could support the wider physical activity focus.

The Daily Mile National Coordinator presented at a CoP session to offer insight into embedding daily movement into school routines.

2.6 Shared Planning Tools

The cluster also worked together to produce a **Driver Diagram,** capturing their shared theory of change, what they hoped to improve, how, and why. A Driver Diagram is a visual planning tool that sets out the overall aim, the key drivers influencing that aim, and the specific actions needed to achieve improvement, helping everyone see the logic of change clearly and consistently. This provided a visual anchor for the action plans that followed.

SHRN data supported the early planning stage by helping the cluster shape its shared vision and theory of change. While the SHRN indicators were not directly referenced in the Driver Diagram, the survey insights informed the wider understanding of need and ensured the improvement work was grounded in evidence about learners' health and well-being.

2.7 Findings from the Data

Across the cluster, SHRN identified trends within these six themes:

1. Sleep.
2. Fruit and vegetable consumption.
3. Consumption of energy drinks, sugary drinks, and water.
4. Vaping.
5. In-person bullying.
6. Participation in physical activity.

These ultimately shaped the cluster priorities. In several schools, low daily activity and sedentary breaks aligned closely with learner feedback about energy levels and concentration, providing a clear practical starting point.

SHRN provided the cluster with both the school-level and national-level data, enabling schools to compare their own patterns with wider trends and previous SHRN cycles. For many staff, this side-by-side comparison made the evidence feel more concrete and helped clarify where action was most needed.

Staff across the cluster engaged deeply with their SHRN feedback reports, and this level of ownership proved to be a key driver of sustained improvement. The SHRN insights also helped schools establish a shared priority that resonated across both primary and secondary phases, making it clear why the issue mattered and how each school contributed to the wider picture. Using SHRN data allowed the cluster to streamline its improvement focus, concentrating efforts on the area's most likely to generate meaningful change rather than spreading activity too thinly.

2.8 Alignment with National and International Evidence

To ensure that the local intervention aligned with both national and international good practice, the cluster also reviewed:

- UK Chief Medical Officers' physical activity guidelines, 2019
- World Health Organization's Global Action Plan for Physical Activity 2018-2030

- International Society for Physical Activity and Health's (ISPAH) Eight Investments that Work for Physical Activity.
- Well-being of Future Generation Act
- Healthy Weight: Healthy Wales.

These frameworks helped schools sense-check their ideas, identify interventions with strong evidence of impact, and link their work with the wider Whole-School Approach to physical activity. Teachers reported that aligning classroom activities with these frameworks supported curriculum mapping, strengthened whole-school consistency, and provided reassurance that their day-to-day actions were backed by a much broader evidence base. For several schools, this alignment also supported links to Welsh Government's WSAEMWB supporting them to demonstrate how they are implementing their statutory requirements under this framework.

Together, these frameworks provided a shared reference point for decisions at both cluster and school-level, ensuring that practical choices were grounded in recognised good practice rather than making assumptions.

This alignment also supported schools to connect their physical activity work with the WSAEMWB, ensuring that actions taken through the CoP contributed to broader whole-school well-being priorities led by implementation leads and coordinators.

3. Building Staff Confidence Through Professional Learning

3.1 Cluster-level Interventions

- Collaborative creation of action plans.
- Agreement on shared outcomes.
- Joint professional learning.
- Co-produced resources and templates.
- Shared monitoring and review points.

Beyond the formal planning processes, the CoP also sparked a number of unplanned, but important, cluster-level benefits. Staff said the project helped them better understand and value each other's roles across primary and secondary phases, reinforcing the importance of collaborating with children's health and well-being at the centre. Some groups even created their own WhatsApp chats to stay connected between sessions, sharing quick

ideas, questions, and reflections about the shared priority. Two schools have also 'buddied up' and arranged reciprocal visits to observe interventions in practice, something they said has already strengthened trust and practical learning across the cluster.

These shared routines and informal connections helped maintain momentum between meetings and created a sense of collective ownership of the work.

3.2 School-level Interventions

All school-level interventions were aligned with the *Daily Active* approach, a cross-policy, multi-agency framework that supports schools to embed physical activity before, during and after the school day. Developed through collaboration between Public Health Wales, Sport Wales, Natural Resources Wales and Welsh Government, the framework promotes a whole-school approach to creating active environments across multiple domains.

In many schools, Health and Well-being leads and whole-school approach implementation coordinators supported the delivery of these interventions, helping embed the work within existing whole-school well-being plans and ensuring consistency with WSAEMWB priorities.

Within the Aberdare cluster, this provided a shared structure while still allowing schools to tailor actions to their own context.

Although the actions varied, schools appreciated having a shared framework to anchor their local adaptations. This balance of common expectations and local flexibility helped schools move at a manageable pace while still contributing to the cluster's shared goals.

Examples of Practice in Action

Active Break Times

- School playground organised into 'active play zones' with specific games and equipment organised and facilitated by trained playground leaders and Sports Ambassadors.

Active Lessons

• Brain breaks / movement breaks incorporated into lessons and as part of transition between lessons to reduce sedentary behaviour whilst strengthening focus and participation.

Extra-curricular Activities and Sports

• SHRN data and School Sports Survey reports used as intelligence to inform offer of lunchtime and after school clubs.

Active Travel

• Collaboration with the local Road Safety Team to establish and promote safe and clearly marked walking and cycling routes to school.
• Installation of secure bike and scooter racks on the school grounds.

4. Early Impact and Momentum

Although the work is still in its early stages, the cluster is already beginning to see several encouraging signs of progress. Baseline assessments have now been completed across all participating schools, giving the group a clear starting point. Action plans are also moving into the implementation phase, supported by ongoing input from Sport RCT, and several schools have begun sharing examples of what's working well in their settings. This early exchange of practice is already strengthening professional learning and creating a sense of consistency across the cluster.

The CoP is also becoming a valuable space for regular networking and shared problem-solving. Staff said this helps them feel part of a coordinated effort, rather than individual schools working in isolation. The involvement of SHRN has further boosted confidence in the process. Many schools noted that they are using their SHRN feedback reports more actively than in previous years, both in SLT conversations and in AoLE planning, which has helped everyone work from a shared understanding when making decisions.

Schools also noted that aligning this work with existing WSAEMWB priorities helped reduce duplication and made it easier to embed activity within current school improvement planning structures led by health and well-being coordinators.

Perhaps the strongest early indicator of momentum is that every school has remained fully engaged. Despite the usual pressures on time and capacity, attendance at CoP meetings has stayed high, and all schools are contributing to the shared work. CTMUHB colleagues highlighted this continued engagement as a promising sign of commitment so early in the process.

Because the actions are only now being implemented, the cluster has not yet carried out formal evaluation. However, initial feedback from schools points to growing confidence in using evidence to guide decisions. Staff have begun to notice small but positive day-to-day shifts—for example, more purposeful use of outdoor spaces, greater participation during short movement breaks, and increasing confidence among teachers.

As the work continues, the CTMUHB team predict that this will build a fuller picture of impact, drawing on the range of evidence presented. This will include early signs relating to learner behaviour, attitudes, and engagement, as well as how schools have used baseline assessments, action plans, and ongoing reflections to understand what is changing in practice. Pupil voice, school council discussions, and teacher observations will also contribute to this wider view of progress, helping the cluster understand not only what has changed, but why. Future SHRN cycles will provide an important opportunity to evaluate whether the day-to-day shifts seen across classrooms and outdoor spaces translate into measurable improvements in the SHRN indicators over time. The CTMUHB team will bring all of these elements together in the final evaluation, ensuring the analysis reflects both the quantitative data and the lived experiences shared across the cluster.

5. What the Cluster Has Learned

Although the Aberdare CoP is ongoing, several early outcomes are already visible:

- ✓ **Secure leadership buy-in from the start.** Commitment from headteachers gave the work legitimacy and created the shared direction needed to move forward. CTMUHB Practitioners said this early agreement was key to why the process worked, particularly in such a large cluster. Protected meeting time made it possible to regularly attend and participate in the CoP. CTMUHB Practitioners felt this early commitment was key and an invaluable part of the process.
- ✓ **Ensure strong facilitation.** The CTMUHB Practitioners facilitated, which helped keep discussions focused, supported quieter voices to contribute, and ensured meetings ended with clear actions.

- ✓ **Align with existing whole-school frameworks:** Linking activity to WSAEMWB and working through established implementation leads and coordinators helped embed the work more sustainably and reduced duplication.
- ✓ **Prioritise relationships:** The focus on trust and collaboration enabled schools to discuss data openly and honestly.
- ✓ **Use SHRN data effectively:** Schools found that using SHRN data helped them gain clarity and understanding the needs of their community. This helped make sure that the chosen priority genuinely reflected the strongest and most actionable evidence.
- ✓ **Blend school-level and population-level data**: Combining school-level SHRN insights with population data (such as obesity rates) created a clearer, more compelling rationale for focused action. This mix of local and regional evidence helped staff feel confident the priority was the right one.
- ✓ **Use structured decision-making tools:** The impact / Changeability / Acceptability/ Feasibility criteria helped the cluster reach agreement quickly and transparently. Staff said the tool prevented a single perspective from dominating the process.
- ✓ **Use shared language and common tools.** Working from the same summaries, templates and definitions meant schools could compare experiences more easily and 'talk the same language' when making decisions.
- ✓ **Bring partners in early:** Sport RCT, Play Wales and The Daily Mile provided expertise, increased capacity, and practical delivery support. This accelerated progress. Schools appreciated having partners who could put theory into action.
- ✓ **Keep routines predictable.** Staff said that having clear timelines, set meeting cycles and consistent facilitation made the process feel manageable and prevented the work from drifting during busy terms.
- ✓ **Keep actions achievable:** Focusing on practical, adaptable interventions, informed by national, evidence-based frameworks helped maintain achievable outcomes.

These early outcomes show that improvement at cluster level is most successful when it combines strong relationships, clear processes, and good use of evidence.

While the Aberdare CoP is still developing, the learning so far suggests that a structured, collaborative model gives schools both the confidence and the practical support they need to make meaningful change. As the work progresses, these insights will continue to shape how the cluster refines its approach and how other areas might draw on this experience.

6. Next Steps

Future SHRN cycles will provide the cluster with a reliable way to assess progress, track changes over time and refine their work. Planned comparison of 2025 and 2026 SHRN survey cycles will help schools understand whether observed improvements translate into measurable shifts in SHRN indicators. SHRN and CTMUHB team will continue to provide analytical support during these review points. Several schools said they were looking forward to seeing whether the early day-to-day changes they've noticed begin to impact in the next cycle of data.

Looking ahead, the Aberdare Cluster plans to:

- Continue strengthening collaboration between school health and well-being leads, recognising the significant opportunities to positively influence children's well-being across the cluster.
- Continue strengthening alignment with WSAEMWB, working with implementation leads and coordinators to embed activity within whole-school planning.
- Explore how secondary-school SHRN data can further inform the work, while encouraging all remaining schools in the cluster to sign up to SHRN.
- Continue analysing baseline assessments and using these alongside ongoing action plans to monitor short-term shifts in practice.
- Fully implement cluster-wide action plans.
- Use additional grant funding to support delivery.
- Strengthen collaboration with Sport RCT.
- Expand opportunities for sharing good practice.
- Conduct formal evaluations and gather stakeholder experiences.
- Develop an impact assessment report.
- Explore how the CoP can support further opportunities for cluster working in RCT (e.g. Local Authority cluster development) building ongoing learning between schools.
- Consider how the model can be sustained beyond the pilot phase, ensuring the structures and routines become embedded for the long term
- Explore deeper alignment with Curriculum for Wales, particularly within the Health and Well-being AoLE.

The project is still developing, but the foundations are strong: high-quality data, a shared vision, and a motivated network of schools and partners. Schools expressed confidence that the structures now in place will help them build on the early progress made. Together, these next steps reflect a continued commitment to using evidence well and working collaboratively across the cluster.

Future SHRN cycles will give the cluster a clear view of what is changing over time, and the structures now in place mean that the data will sit within a much stronger context. Success will be measured not only through SHRN indicators, but also through improvements in daily activity, participation, engagement, and learner experience. Taken together, these next steps give the cluster a clear pathway from early progress to sustained, measurable improvement built on strong partnerships and high-quality evidence.

7. Additional Support and Resources

To support ongoing development, schools can draw on a range of high-quality national resources from SHRN, Public Health Wales, and the Welsh Network of Healthy School Schemes (WNHWPS). These resources provide evidence, practical guidance, and tools to help schools deepen their understanding of learner health and well-being, strengthen whole-school approaches, and monitor progress over time.

7.1 SHRN

Schools have access to a wide range of SHRN resources designed to support evidence-informed planning, self-evaluation, and whole-school approaches to health and well-being. Together, these tools offer clear information, practical examples, and regular updates that help schools make the most of their SHRN data:

The SHRN website provides comprehensive information about the network's aims, survey methods, national data sets, school-level feedback reports, and research outputs. It outlines SHRN's role as a partnership between Welsh Government, Public Health Wales and Cardiff University, aimed at improving young people's health and well-being through high-quality data and evidence-informed approaches. Visit SHRN.org.uk.

SHRN Data, Resources and Reports. Schools can access national and local data, bespoke feedback reports, and guidance on using evidence for school improvement and self-evaluation. SHRN also provides information on how data supports national

policies such as the Whole-School Approach to Mental Health and Well-being. Visit National Data and Reports - The School Health Research Network

SHRN School Success Case Studies and **Blog** hosts an extensive collection of case studies and blog demonstrating how schools have used SHRN data to improve well-being, strengthen whole-school approaches, and test practical interventions. These include work on vaping prevention, active play, sleep, transition, and using SHRN data to engage learners and communities. These resources offer concrete examples of approaches that clusters or individual schools can adapt locally.

SHRN e-news. Schools sign up to the SHRN e-news which provide regular updates on survey cycles, new resources, engagement opportunities, research findings, and upcoming webinars. This archive allows schools to track updates over time and stay connected to the wider SHRN community. Sign up **here.**

SHRN Webinars explore key insights, findings, and practical ideas to support learner health and well-being. This insightful webinar series covers an extensive range of health and well-being topics through the lens of the SHRN data. Re-cap on the webinars **here**, and sign up to our e-news (details above) for information on attending future live sessions.

Additional SHRN Resources

A range of additional SHRN resources are available to support schools in using data effectively and strengthening whole-school approaches to health and well-being including:

Maximising the Use of SHRN Data to Inform School-Level Actions

This recorded webinar, designed for schools, explores the key strengths of SHRN data for understanding learner health and well-being, the importance of understanding your schools sample when interpreting your data and the key considerations when using the data to set school health and well-being priorities.

Coming Soon from SHRN

The new SHRN school-level Data Dashboard is scheduled to be launched December 2026. It is designed to make data easier to understand at a glance, with clearer visuals, quicker navigation and insights that support planning, review, and well-being work. We're finishing the final updates now and will share more details with schools shortly. Keep an eye on the SHRN enews for the latest updates.

7.2 Public Health Wales and WNHWPS

Health Promoting Schools Resources and Public Health Network Cymru publish regular resources, case studies and e-bulletins showcasing practice across Wales, aligned with the WNHWPS Schemes. These include themed issues on physical activity, food and nutrition, mental health, and broader well-being initiatives. Find out more.

Public Health Wales SHRN Data Dashboard
Public Health Wales hosts an interactive dashboard presenting SHRN secondary school survey results (2017–2023), including breakdowns by gender, age, family affluence, ethnicity, and geography. This tool allows schools to view trends over time, compare their data with regional and national patterns, and explore 73 well-being indicators. All charts and tables are downloadable for school-level planning and reporting

8. Contact Us

To find out more about:

The School Health Research Network (SHRN) visit www.shrn.org.uk

The WNHWPS scheme visit the Welsh Network of Healthy School Schemes - Public Health Wales

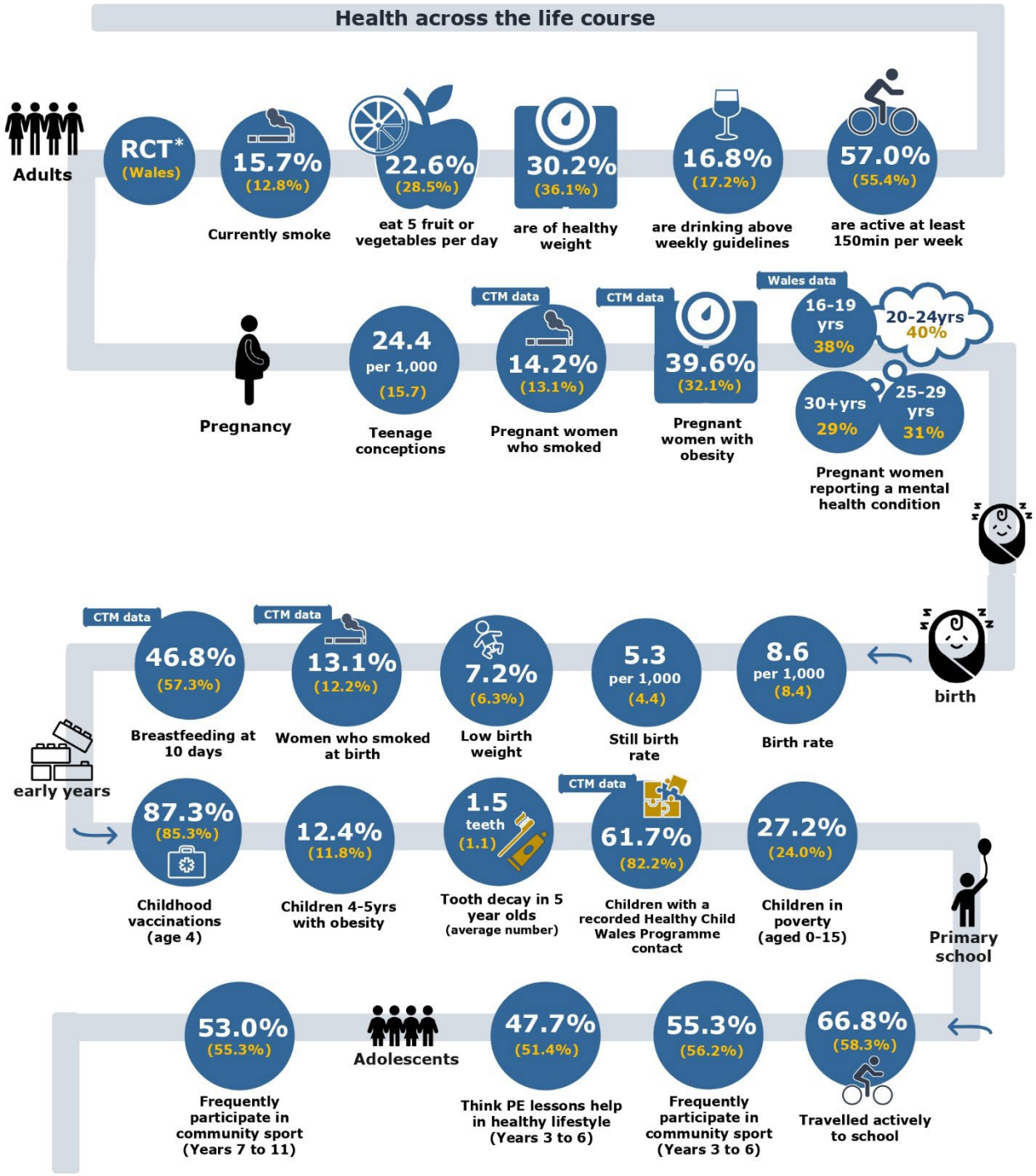
Appendices

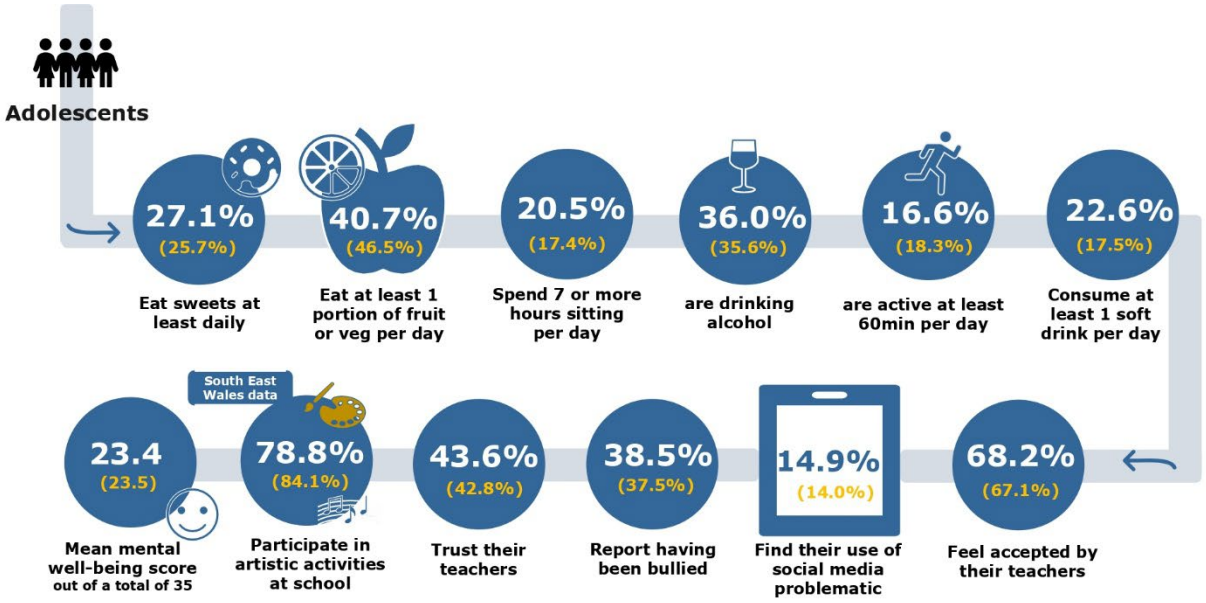
Appendix A: Project Timeline

Summer 2025 – Planning	The project began with cluster-wide planning. SHRN presented an overview of the pilot, met with school leads, and gathered early feedback through a pre-evaluation. Schools and local partners agreed on the focus, expectations and ways of working.
September 2025 – Priority Setting	Schools, local partners and Public Health Wales met to identify shared priorities. Early discussions centred on learner needs highlighted by The SHRN Student Health and Well-being Survey. A joint plan was drafted to guide the CoP.
November 2025 – Action Planning	With priorities agreed, schools worked with local partners to develop SMART action plans. Public Health Wales provided guidance, tools and facilitated discussion to support planning.
January 2026 – Baseline Assessment	Survey findings and local intelligence were shared across the cluster to create a baseline picture of learner well-being. This helped the group identify gaps, good practice and areas where collaboration could add value.
March 2026 – Implementation of Actions	Schools began putting their action plans into practice. Members shared progress, challenges and emerging learning in CoP meetings, helping refine approaches across the cluster.
May 2026 – Continued Implementation	It is expected that schools will continue to implement their action plans and have a clear time

	frame for completion. There will be an opportunity to review their progress and share what is working and early outcomes and if adaptions are required to strengthen impact. Furthermore, this meeting point will highlight strengths, challenges and opportunities for improvement. In addition, the cluster will be expected to plan a clear timeframe for gathering their post intervention evaluation data in preparation for presenting and publication.
July 2026 – Evaluation & Reflection	The cluster will be presenting the results of their action plans to wider partners. A regional event is in the planning process and will include invitations to partners from across the Rhondda, Cynon and Taf region including representatives from the Health Board, Local Authority, Community Focussed Schools, Headteachers, Healthy and Sustainable Pre Schools team and Healthy Schools Practitioners. Each school will present their results in the form of a professionally designed and printed conference style poster.
Summer 2026 – Report	The Health and Well-being CoP and Health and Well-being Schools Practitioners will be preparing an impact assessment report summarising the findings, lessons learned and recommendations for future work.
2026 and beyond – Future Plans	The cluster are currently exploring ways to continue the CoP model into 2026–27, using SHRN survey findings as a foundation for ongoing action and planning.

Appendix B: Life Course Infographic





*RCT data and Wales comparator unless otherwise indicated

Sources

1. Adult lifestyles, National survey for Wales, 2022-2023
2. Teenage conceptions, calculated using Conceptions in England and Wales (ONS, 2022) and 2022-mid year population estimates
3. Smoking at initial assessment and birth, by health board providing the service, Maternity, StatsWales, 2024
4. BMI at initial assessment, by health board providing the service, Maternity, StatsWales, 2024
5. Number and percentage of women at initial assessment who had reported a mental health condition, Maternity, StatsWales, 2023 - *Note - Data recorded in Cwm Taf Morgannwg appears to have been recorded on a different basis to other health boards, across all years and therefore data for these health boards are excluded from the Wales total figures*
6. Birth rate per 1000, calculated using Births in England and Wales (ONS, 2024) and 2024 mid-year population estimates
7. Still birth rate per 1000, calculated using Births in England and Wales (ONS, 2024) and 2024 mid-year population estimates
8. Singleton live births with low birth weight by area, Community Child Health, StatsWales, 2024
9. Smoking at initial assessment and birth, by health board providing the service, Maternity, StatsWales, 2024
10. Breastfeeding by age of baby, type of breastfeeding and health board, 2024, StatsWales
11. Childhood vaccinations at age 4, 2024/25, PHOF
12. Children with obesity, CMP 2023-2024, PHW
13. Average number of decayed, missing or filled teeth among 5 year olds, 2022-2023, PHOF
14. Eligible children with a recorded contact, all contacts, Healthy Child Wales Programme, StatsWales, 2024
15. Children in poverty, 2023/24, PHOF
16. School Sport Survey 2022, Sport Wales data (Pupils in years 3 to 6, and 7 to 11)
17. Travel to School Hands up Survey 2024, Public Health Wales
18. Secondary School Children's Health and Wellbeing; School Health Research Network (SHRN) data 2023/24
19. Omnibus survey, Arts Council of Wales, 2023

Y RHWYDWAITH YMCHWIL IECHYD MEWN YSGOLION

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