

Identifying health and well-being issues and sub-group analysis: the School Health Research Network

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DECIPHer
Development and Evaluation of Complex
Interventions for Public Health Improvement
A UKCRC Public Health Research Centre of Excellence

What is the School Health Research Network (SHRN)?



-WG, PHW, CU and CRUK

-Aims: improve young people's health and wellbeing in the school setting by:

- collecting and sharing health and wellbeing data
- supporting new research into school health
- facilitating evidence-informed practice in the school health community

-SHRN involves school and staff level surveys

-2015 surveys: 115 schools (52%); 11-18 year olds (~35,000)

-2017 survey: 208 schools (98%); projected sample size 88, 400 11-18 year olds

What health and well-being issues are included in the survey?

- Demographics
- Nutrition and PA
- Smoking, alcohol and substance use
- School environment
- Bullying
- Sexual activity and health (older YGs only)
- Dating and relationship violence

School Environment Questionnaire

- Physical and mental health in school curriculum
- School health policies
- Involvement of students in developing health improvement policies
- Involvement of parents in health improvement
- Partnerships
- Organisational commitment to health
- Overall embeddedness of health in the school health curriculum

Case studies

- Long SJ, Hawkins J, Fletcher A, Hewitt G, Murphy S, Moore GF. **The association between school level health activity and inequality in educational outcomes.** AERJ.
- Long SJ, Young H, Fletcher A, Hewitt G, Murphy S, Moore GF. **Sexual health behaviour among young people: A multi-level, cross-sectional analysis of the School Health Research Network survey in Wales.** EJPH.
- Long, S., Evans, R., Fletcher., A., Hewitt, G., Murphy, S., Young, H. & Moore, G. (2017) **A comparison of substance use, subjective wellbeing and interpersonal relationships among young people in foster care and private households: a cross sectional analysis of the School Health Research Network survey in Wales.** BMJ Open, 7:e014198.

What is the evidence on outcomes among looked after young people (LAYP)?

In 2015: 1.8% (5,615) looked after young people (LAYP) in local authority care; 50% higher than English prevalence (1.2%) ~75% in foster care

LAYP have much poorer outcomes, but there is a lack of large-scale quantitative studies in Wales/UK

Methods of analysis – risk and odds ratios



Measures used from the student H&WB survey

Care status

Substance use

Well-being

Relationships with teachers, peers, romantic partners and bullying,
e.g.....



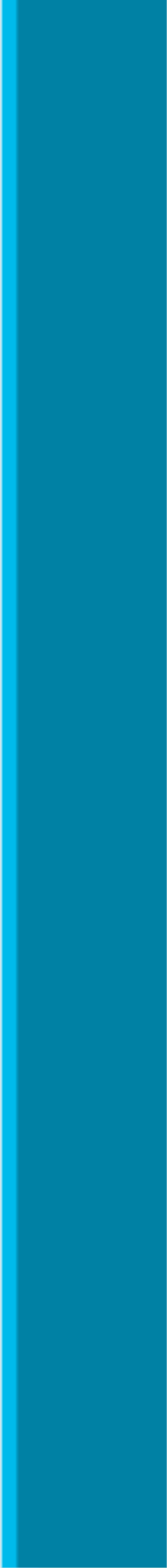
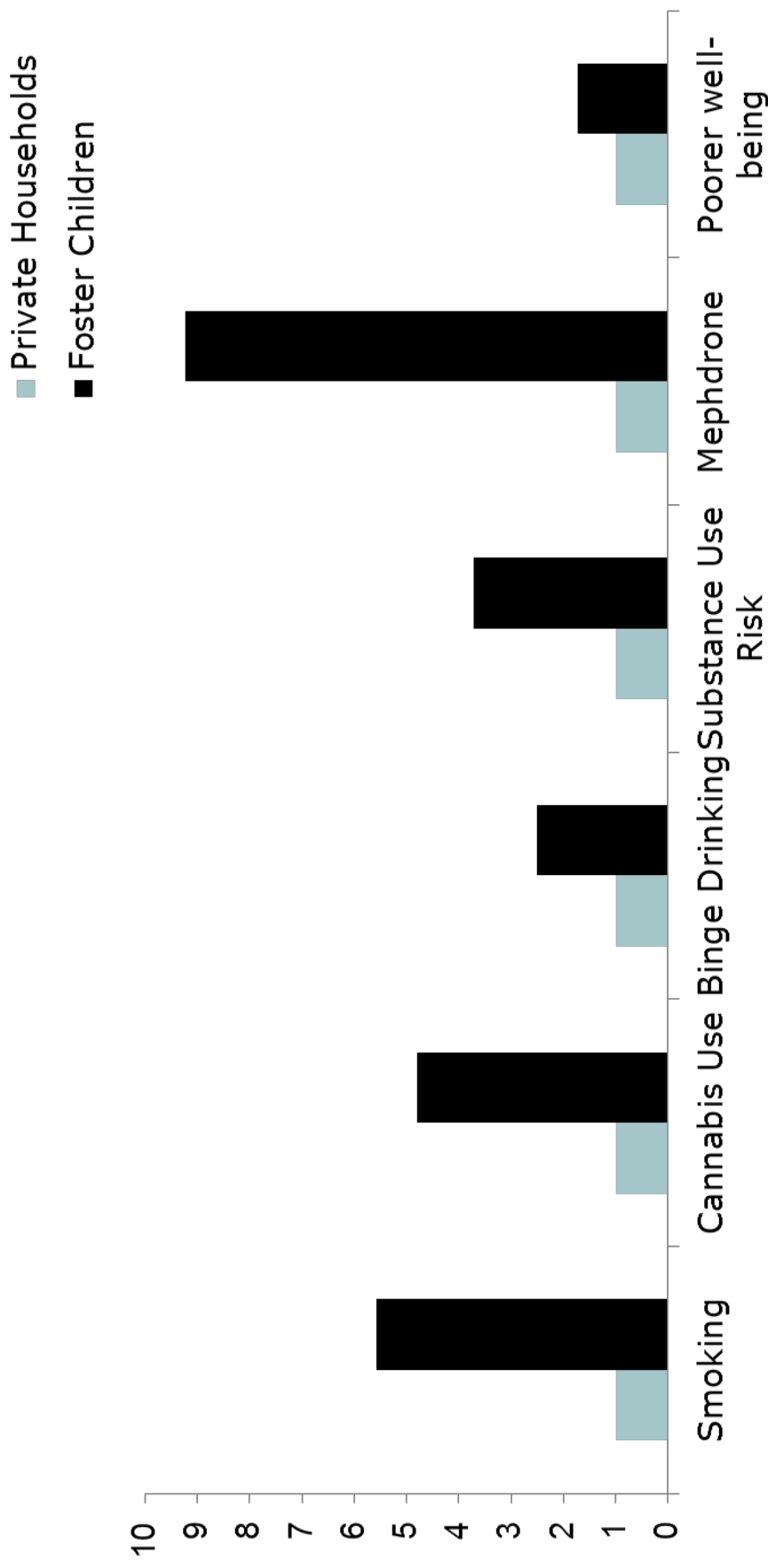
Relationships with teachers, peers, romantic partners and bullying

b) *I feel that my teachers care about me as a person.*

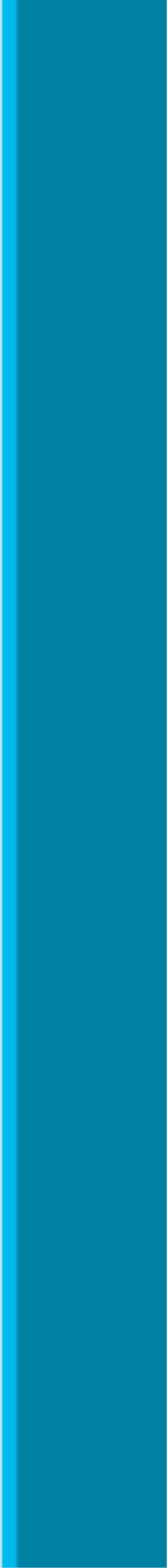
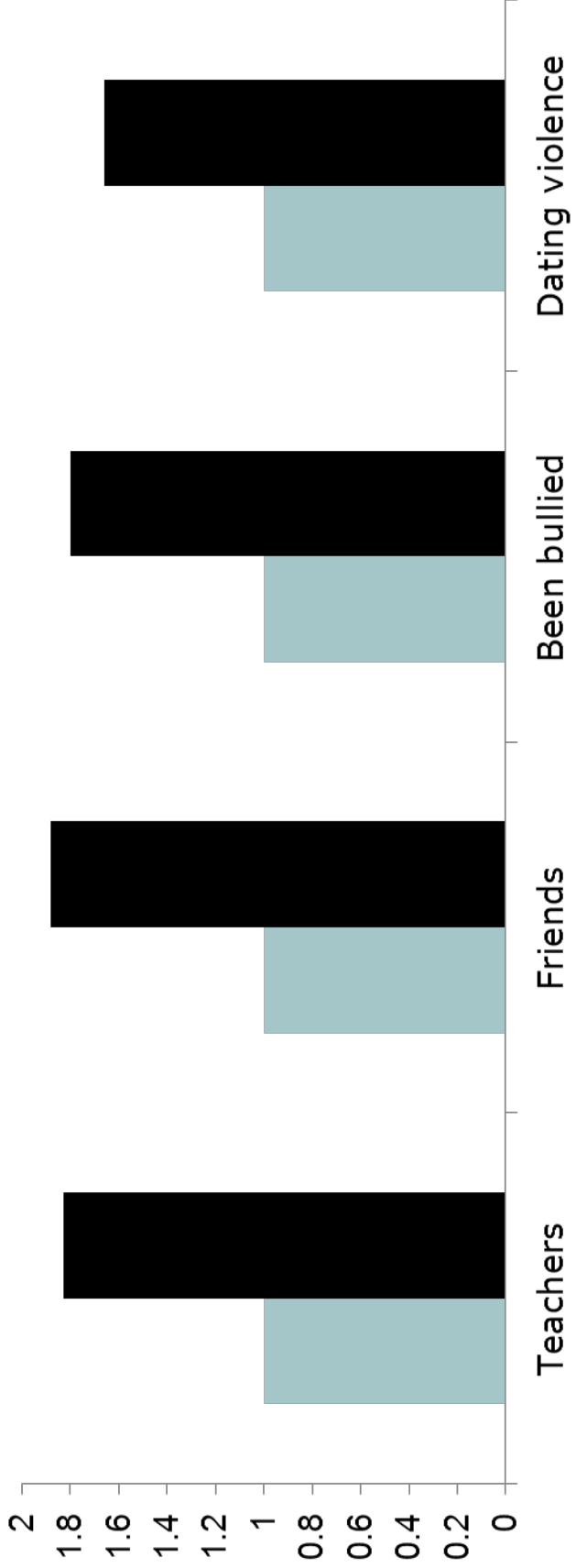
- Strongly agree*
- Agree*
- Neither agree nor disagree*
- Disagree*
- Strongly disagree*
- I do not want to answer*

Sample, methods and results of analysis one

28,534 children from private households, 295 foster children....



■ Private Households
■ Foster Children



What causes poorer outcomes among children in care? What do we already know?

- **Care-related factors:** Placement type; placement stability
- **Pre-care factors**
 - Child (low birth weight, prematurity, disability, mental health issues and attendance at A&E)
 - parental (SES, maternal age at birth, learning difficulties, ethnicity, single parenthood, smoking in pregnancy, mental illness and alcohol misuse).

-Histories of maltreatment: domestic abuse (21%), parental substance use (18%) and parental mental health (15%). Primary needs: abuse and neglect (66%), family dysfunction (14%) and acute family stress (7%).

Early maltreatment and neglect is harmful for children's social and emotional development, associated with attachment disorders and unstable relationships...

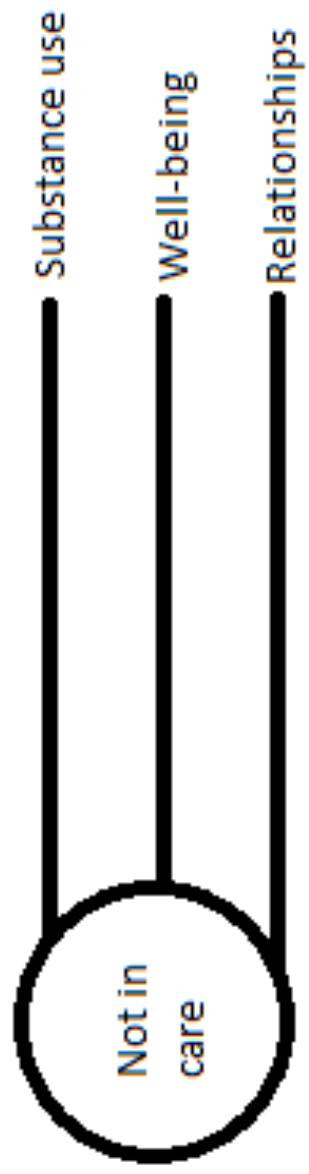
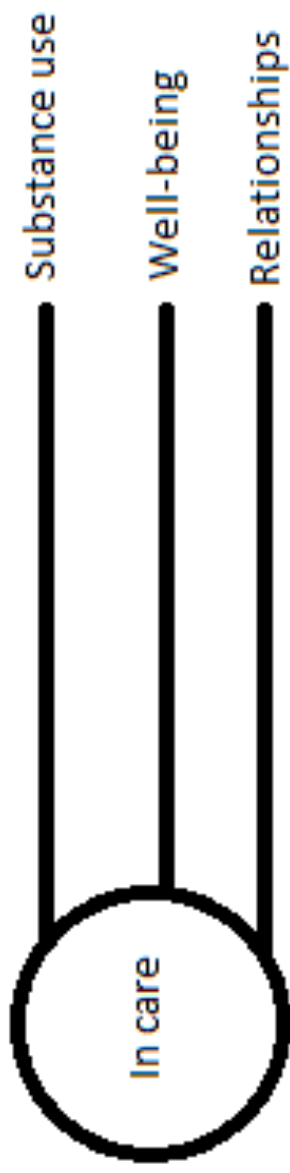
Literature on the protective effect of social relationships

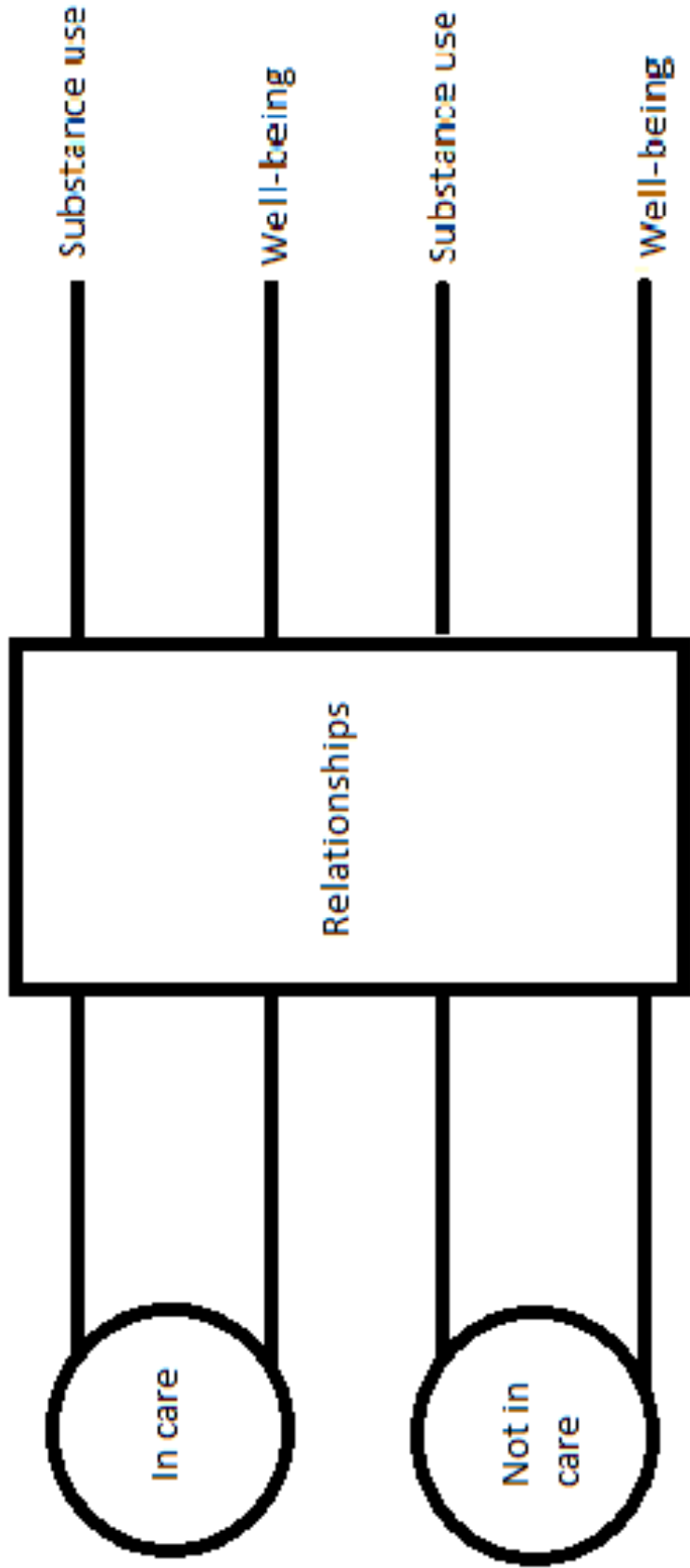
-Healthy social relationships – protective

-Maltreatment and neglect (LAYP) > are more likely to present attachment disorders

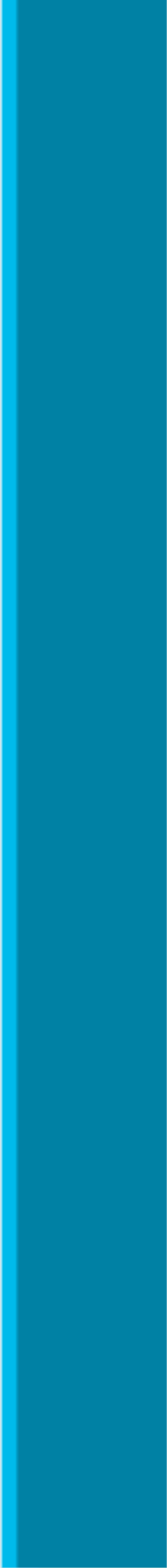
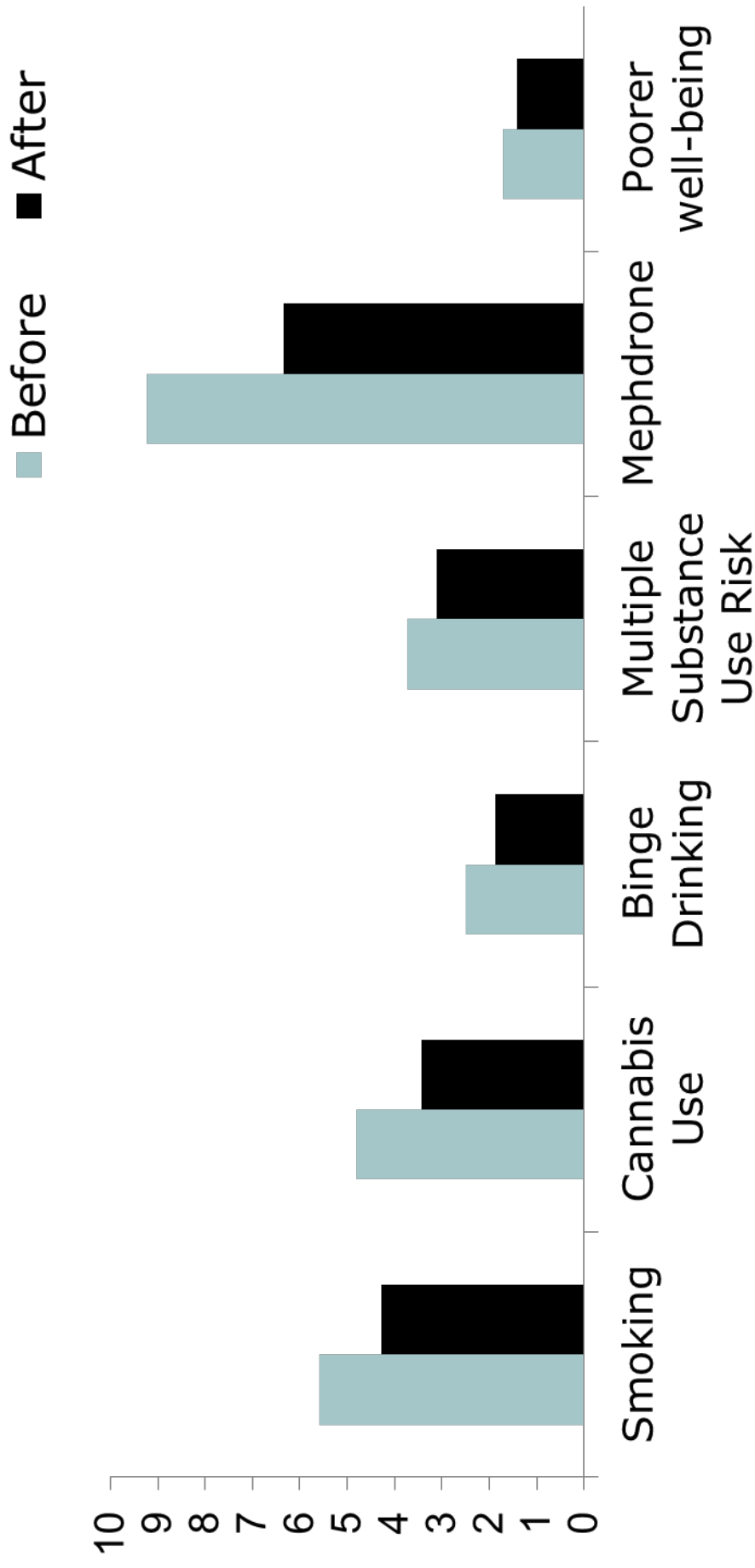
In the second analysis, we accounted for the role of relationships in mediating the association between being in care and outcomes...

We hypothesised that having positive relationships would reduce the strength of the associations of living in foster care with substance use and poorer emotional wellbeing.





Results of analysis two



How can this be explained?

Early adversity and relationships

Abuse/maltreatment/instability > Chronic fear and hyper-arousal > biochemical process > lasting effects on brain development

Stigma > relationship difficulties

Key point

“A range of pre-care experiences that lead to care, and the experience of being a LAYP, may impact negatively on the formation of health protective relationships, increasing the risk of substance use and poorer emotional wellbeing.”

Next steps

- Summary
- Refinement of measures
- Longitudinal analysis
- Data linkage



WHEN 'I' IS REPLACED BY 'WE' ...
— EVEN 'ILLNESS' —
BECOMES 'WELLNESS'

FOODMATTERS.TV

