



**Promoting health and care research in educational settings
across the North East & North Cumbria**



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Foreword

“Providing opportunities for children and young people to take part in health and care research is a key priority for NIHR CRN NENC. We want to improve service outcomes for everyone concerned and the best way to do this is to listen to all the people involved.

In light of the recent [Child of the North](#) report we know that children in our region experience a larger number of disproportionate difficulties compared to the rest of the country. It is important that we address and overcome these challenges and inequalities. Research will provide us with the evidence to drive this change.

Working with children, young people, their families and wider stakeholders, we will develop and deliver research to meet their needs. This report sets out the way ahead to help us achieve that aim”

- **Morag Burton**, Chief Operating Officer, NIHR CRN NENC

“I was delighted to receive this report as I am about to embark on a new journey as the Network’s System Leader in Education. The research findings are very interesting - it is clear that schools are keen to participate in research. I agree that, for schools, accessibility and simplicity is key to promote their active engagement in research. The top issue of mental health is certainly reflective of what we are seeing in education as an increasingly complex challenge for young people and their families. I look forward to seeing the impact of this work and continue to connect with NIHR in my new role.”

- **Adele Pearson**, the incoming System Leader in Education at the NENC CHWN

Executive Summary

Improving health and wellbeing outcomes, reducing health inequalities, and helping shape life opportunities for children and young people are key aims for the NENC CHWN and NIHR CRN NENC.

This collaborative project aimed to explore approaches to enhance access to health and care research within educational settings with the aim of providing more opportunities for children and young people to participate in health and care research across the NENC.

A mixed methodology survey was developed with support from NENC CHWN Education Advisors. The survey was designed to gauge views of leaders within the education sector on a range of questions including how education institutions are best engaged in research, what are the priorities for education institutions when it comes to being involved in research and engagement with CHWN projects/priorities.

A total of 68 responses were received from senior school leaders from a wide range of educational settings across the NENC region.

A number of recommendations are outlined in the report based on the findings of the survey and are summarised below:

- Information relating to research opportunities within educational settings should:

- be shared with specific contacts within organisations
- include a clear concise description of the research study and consent process
- outline the key ways in which the research aims to improve health and wellbeing outcomes and benefit those children and young people involved holistically and/ or academically
- highlight how the research links to educational local and/or national strategy

- The survey also highlighted health and care priority areas for educational settings; most educational institutions placed mental health as being the area of greatest need, with poverty and additional needs/vulnerability as other significant areas which require prioritisation.

The recommendations and findings of this report indicate there is a significant opportunity and desire from stakeholders to work collaboratively across the health and care and educational sectors. By capitalising on common drivers the NENC CHWN and NIHR CRN NENC will strive to implement improved ways of working to enhance opportunities for children and young people within the education system to access services and participate in, and benefit from, health and care research.

Introduction from the Network

The Integrated Care System (ICS) for the NENC identified the need for a Child Health and Wellbeing Network in 2018. It was developed in partnership with all organisations working within the system and has an agreed vision and work plan based on the priorities identified by over 1000 professionals and Children and Young People.

Its vision states that:

“In the North East and North Cumbria we believe all children and young people should be given the opportunity to flourish and reach their potential, and be advantaged by organisations working together”

The NENC CHWN priorities also encompass the NHS Long Term Plan commitments. The priorities identified include important cross cutting themes and enablers. Significantly, in the NENC region the focus is on those living in poverty and those with poor mental health. These were key priorities to both professionals and Children and Young People.

All the Network’s publications are developed for the whole system to access and benefit from regardless of their organisation to ultimately benefit the children and young people they work with.

The NIHR CRN NENC provides the infrastructure to deliver research studies in both the NHS and across the wider health and social care environment, with the aim of improving people’s health and wellbeing - and promoting economic growth.

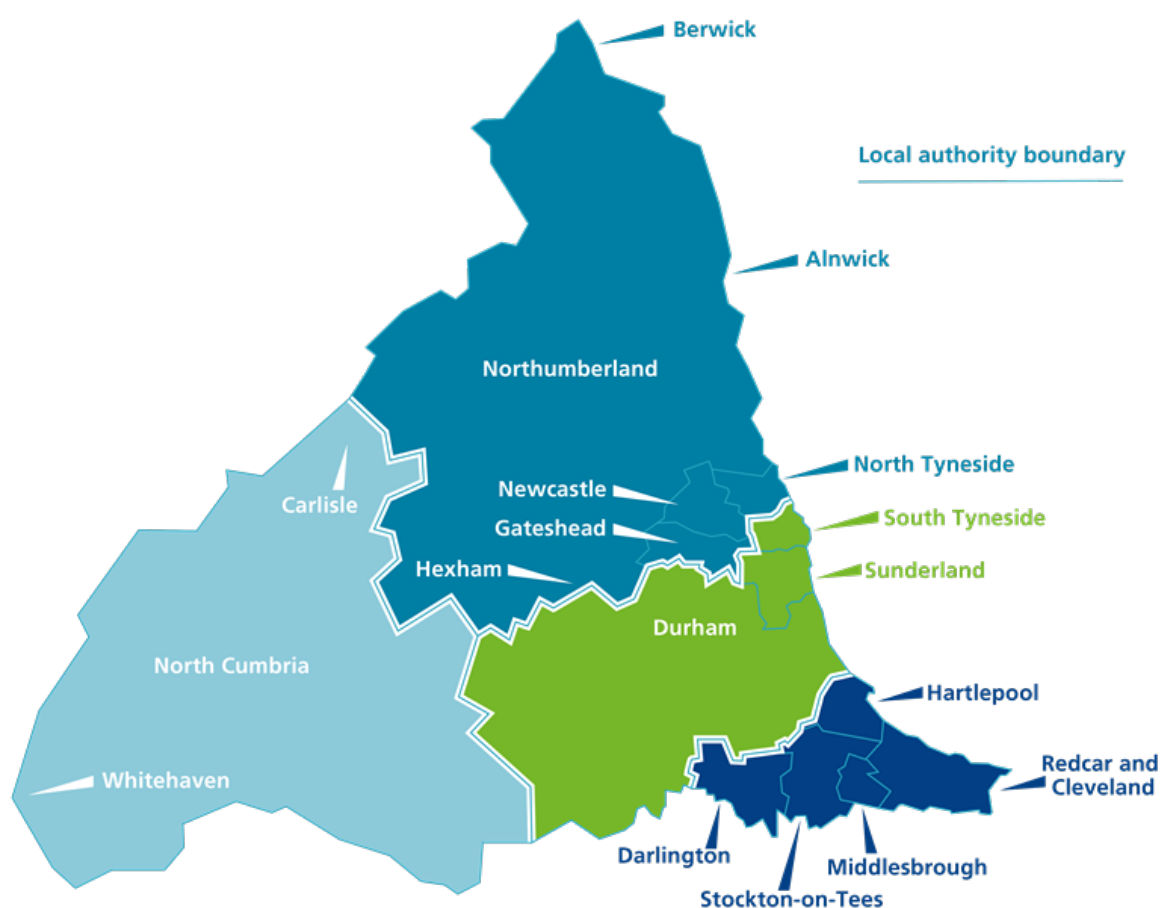
Engagement with schools is a key area of partnership working for both networks. The opportunity to seek the views of staff who are working alongside children and young people here in the NENC, has enabled us to create this report which gives us an insight in to how schools would like to work with NIHR CRN NENC and engage with NENC CHWN.

Study Context

In 2018/19, the NIHR CRN NENC extended the support structures to enable health and social care research to take place outside of the traditional NHS arena, to include schools. Since then, a number of NIHR studies have been successfully delivered through partnership working with schools and local authorities across the region. Building on existing work, this project will aim to further establish effective pathways to increase opportunities to deliver research with children and young people across the education sector in NENC.

Geography of the region

The NENC CHWN covers the North East and North Cumbria and covers 25% of the population from pregnancy through to 25. The NIHR CRN NENC covers the same geographical region.



Education contributors ranged from Early Years to Further Education and included child minder settings, primary and secondary schools as well as further education colleges. Special schools, and those with alternative provision, were also included in the study.

Children and Young People (CYP) (from 0-25 years) make up approximately 25% of the NENC total population.

Aim

The overall aim of this project was to identify options for establishing pathways to increase opportunities for children and young people to be involved in NIHR research within education settings across the NENC incorporating any CHWN activities. The project was delivered through two Educational Advisors to maximise reach and connections into educational settings.

Key drivers

- Improve access to NIHR research for children and young people (an under-served community) for the benefit of children and young people and their families.
- To support development of increased levels of NIHR CYP research in non-NHS settings by better understanding how to collaboratively deliver research in schools across NENC.
- Continue to enable children and young people to thrive in NENC in line with the CHWN priorities through partnership working across the system and in particular with education
- Ensuring that the work is in partnership with educational settings and that future research supports them to meet their local objectives including, for example, enhancing educational attainment

Methodology

The 'Research Into Schools' project was commissioned as a joint venture between NIHR CRN NENC and the NENC CHWN. The two organisations embarked on a shared project which sought to improve the ability of educational settings to participate in health and care research to enhance children and young people's outcomes.

Both organisations work collaboratively across the ICS and previous discussions with network participants had recognised that some stakeholders (education and health care providers) wanted further support to engage both sectors in research and collaboration. NIHR CRN NENC and NENC CHWN were acutely aware of the added benefits that this would bring to the region. The project hoped to develop a better understanding of how to engage educational settings in research and, equally, how educational settings can actively seek support should they wish to set-up small scale research projects involving children and young people.

The mixed-method survey was devised and developed by those named in the acknowledgements section from NIHR CRN NENC and NENC CHWN.

It was anticipated to take no more than 5-10 minutes to complete and was distributed in four ways:

- the NENC CHWB Network's membership list, which had grown throughout the academic year of 2021/2022
- Local Authority colleagues (Directors of Education and SEND counterparts) were asked to cascade the survey
- Schools North East were asked forward the survey onto their membership list
- links were published via the NENC CHWB Twitter feed @EverychildNENC.

It was the hope of the research team that survey results would help to devise a guidance structure for researchers to utilise, when seeking to engage participants in cross-sector research. The promotion and fostering of relationships, strategies and support networks between the health, education, voluntary and research sectors was also a key focus.

Findings

The survey concentrated on three specific areas related to the engagement of educational institutions in research:

1. How education institutions are best engaged in research
2. What the priorities are for education institutions when it comes to being involved in research
3. Which of the Networks' projects would settings like more information on.

We summarise our conclusions below:

Engagement

In order to engage, education institutions require processes that are clear and enable an ease of access. The vast majority of education institutions (**90%**), believed emails to be the best form of contact with a named person being the school recipient. Initial contact should include a short and clear rationale of the research (**86%**). Education institutions want to be involved in projects that benefit their young people (**91%**) both holistically and academically. Holistic benefits were a priority for all special schools (**100%**). Institutions are particularly interested in research linked to school or national strategy. There were further requirements for timely and ready-made information such as parental information (**88%**) and consent forms (**89%**) from the outset. Monetary incentives were not seen to be appropriate (**35%**) although time taken away from teaching, thus requiring supply teaching cover (£200/day), were seen as a barrier to participation.

Priorities

Throughout the different education settings, the priorities were the same regardless of age range. Most educational institutions placed mental health as being the greatest need, with poverty and additional needs/vulnerability as other significant areas of concern. This mirrored the original CHWN priorities, whose highest priority was for the mental health and wellbeing of children and young people. Priority groups highlighted across all education settings focussed on socio-economic deprivation. Secondary schools registered the highest level of concern in this respect.

Network project priorities

When surveyed, all participants wanted further information on the Youth Mental Health first aid courses. Secondary schools also prioritised the 'interactive film'. Additionally, Early Years settings were interested in the 'Healthier together' website and App.

The priorities highlighted by the schools broadly mirror those expressed by professionals and young people in the NENC CHWN's 2019 Engagement Work Survey.

Key Recommendations



Schools require contact to be made to a named person via email with a clear rationale and a description on how the research can improve pupil outcomes. Local school network meetings were seen as a possible way of contacting institutions about research.



Ensure simple processes to gain consent and clear information for parents. Clarity is required as to the benefits for children and young people.



Schools are looking for benefits for their young people, both holistic, and academic. Institutions from all settings wanted to ensure the research has the potential to advantage children and young people who participate.



Education institutions would like any research to align to either their school or national priorities.



The overwhelming priority is around issues of mental health. Poverty and additional needs/vulnerability were also highlighted as areas of significant concern.



Education institutions, but particularly secondary schools, see the benefit of research linked to socio-economic deprivation.

Summary findings

Engagement

For questions 1-3, the respondents were asked to respond on a Likert scale of: “*Highly important, Important, Neutral, Low importance and Very low importance*”.

The percentage scores relate to the totals taken for those responding with “Highly important” and “important”

Q1. If you were to receive the opportunity for your organisation to participate in health or care research, how/what information would you like to receive as a professional, or initial invitational contact?

Summary: Respondents suggested their preferences were an email (90%) with a short but clear rationale of the project (86%) and a clear description of exactly how the trail could improve pupil outcomes (91%). Links for more information would be useful (72%). 63% favoured a 2-page summary document, it was not felt that a full description was necessary.

Q2. What would attract you to participate in health and care research, for example in a healthcare research study, run in an educational setting?

Summary: Respondents favoured incentives enabling easy access to the research. They prioritised simple consent forms (89%) and information to parents (88%). A short video attracted some positivity (68%). However, there was less interest shown for a video call/meeting to have a discussion with researchers (54%) or an invitation to the research launch (45%). This may indicate a lack of time in schools (supported by respondents). Monetary incentives were not seen to be appropriate (35%) although in the comments staff talked about difficulties with time taken away from teaching, such as supply costs (£200/day) being a barrier.

Q3. With regard to maintaining contact during a project, please select the importance of the following options

Summary: Respondents were clear message that a generic email (30%) was not suitable and that a consistent contact (96%) and where possible, a named contact (98%) should be used.

Appendix

For question 4, the respondents were asked to respond on a Likert scale of: “Strongly agree, Agree, Neutral, Disagree, Strongly disagree”.

The percentage scores relate to the totals taken for those responding with “Strongly agree” and “Agree”

Q4. My organisation would be more likely to participate in health and care research if?

Summary: Schools are looking for holistic benefits for young people (98%) with Special schools returning 100%. Academic benefits (94%) were favoured by respondents. They were keen on research link with either their school (87%) or national strategy (79%). A known school link (90%) such as a SENCO was seen by respondents as an appropriate way of accessing interest in schools. Network meetings (84%) were also seen as an appropriate way of distributing information. As with Q1 there was little appetite for generic emails (32%) or for phone contact (47%).

Priorities

Q5. NENC CHWN and NIHR CRN NENC are focusing on the following priorities; please rank these in order of the priority you would assign them. respondents ranked them as follows:

Mental Health	1
Poverty	2
Additional needs and vulnerability	3
Strong start in life	4
Family support	5
Inequalities and access	6
Childhood illness	7
Health promotion	8

Q5 Summary: The overwhelming priority is around issues of mental health with poverty and additional needs/vulnerability second and third. Special schools unsurprisingly had additional needs/vulnerability in second with poverty in third. Although the top three priorities were the same, FE institutions chose additional needs/vulnerability as number one with mental health and poverty second and third. Early Years and Primary school settings ranking altered slightly with a ‘Strong start in life’ as the first and second priority respectively. Mental health followed as the second rank. The next priorities were either Additional needs/vulnerability, Poverty, Family support and Inequalities and access. Health promotion was not seen as a priority. The top priorities highlighted by the educational institutions reflect exactly those expressed by professionals and young people in the networks 2019 Engagement Work Survey.

Q6. The work of the NENC CHWN is broad and varied; the website highlights some of their current initiatives including some of those listed below. Please select which projects you or someone else at your organisation would be interested in finding out more about: The initiatives listed were: South Tees-Valley Arts Project, Jessica's Story (Relationships and Health Education) Interactive Film, Asthma Friendly Provider Accreditation, A Team Around the School (Integrated Healthcare Setting in Schools), Zone Boro – Social Prescribing Support Through Primary Schools, Epilepsy Research, Youth Mental Health First Aid, Healthier Together, and Youth Advisors.

Respondents were asked to answer “Yes”, “Possibly” or “No” for each of the above.

Summary: The highest interest, for Youth Mental Health training (59% Yes), supports the concerns around mental health and the 'Team around the school' (58%) was also mentioned in the comments of other questions (links with public health teams and access to school nurse). Secondary schools also prioritised 'Jessica's Story' the interactive film at 86%. Of the two who answered in the Early Years sector both thought that 'Healthier together' was of interest to them. Whilst Special schools prioritised mental health (80% Yes), all who answered from this sector thought that 'Epilepsy research' and 'Team around the school' were the number one priority. The areas that were not of interest were the project linked to 'social prescribing' (54% No), followed by the 'Epilepsy research' and the 'Arts project' both at 40% no. The 'Asthma provider project' also scored a relatively low score at 34% no. This may suggest that schools are less interested in specific illness-related projects.

Q7. We have recently appointed four Inequalities Advisors (names with information on roles) to work on the NHS Core20 agenda (linked to the most deprived 20% of the national population). As educators working in educational settings, which of the following minority groups do you feel are currently under-served in your area?

The minority groups suggested were: Those experiencing socioeconomic deprivation, Those not registered with a GP, Homeless people/people who are housing insecure, Asylum seekers and refugees, Religious groups, LGBTQ+, Gypsy Roma Travellers, Those who have a parent or family member in prison, Those whose families or individuals experience severe harm as a result of drug or alcohol intake and Ethnic minorities.

Summary: The areas with greatest significance were 'Those experiencing socio-economic deprivation' at **54%** which links in with the second-ranked score from Q6 (poverty) and those suffering harm from 'alcohol or drug intake' at **36%**. Secondary schools had the same first priority but within this sector, socio-economic deprivation was the overwhelming majority at **86%**. The areas that scored a 'no' were 'those not registered with a GP' at **44%**, Religious groups at **39%**, Gypsy and Roma Travellers at **35%** and Ethnic minorities at **35%**. Further analysis could be conducted to investigate whether educational providers' location and social demographics were influencing factors when responding to this question. This is supported by some of the comments which also mentioned that minority groups may need support - but due to lack of numbers they are not a priority (LGBTQ+ as an example).

Q8. Our inequalities advisors have also identified the following as healthcare priorities, within the region: self-harm, asthma, pregnancy, food insecurity and family life. Are there any other areas which you think are a priority?

Summary: This was a question with 'open' comments. 16 responded. The greatest area of concern was mental health and related issues with 10 out of the 16 comments.

The common areas mentioned in the comments included issues about:

- Mental health including waiting lists, parent support, self-harm, eating disorders, bereavement support and school refusal.
- Families and support including managing finance, food insecurity, healthy eating, obesity and domestic violence.
- Increase in the numbers of children classed as SEND.