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# Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term

## A Mental Wellbeing Impact Assessment Approach

### Technical Report



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July 2022

# Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term. A Mental Wellbeing Impact Assessment Approach.

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# 1 Introduction

**This Technical Report describes in more detail the methodology used, rationale for key scoping decisions and evidence base that have informed the following Mental Wellbeing Impact Assessment (MWIA): “Protecting the mental wellbeing of our future generations: learning from COVID-19 for the long term. A Mental Wellbeing Impact Assessment Approach” (Edmonds et al., 2022).**

## 2 About Mental Wellbeing Impact Assessment

MWIA provides a structured analysis of how policies, proposals, services and projects can influence mental health and well-being. The method is called Mental Wellbeing Impact Assessment since it both reflects a focus on positive mental health (mental wellbeing) and, because it is informed by Health Impact Assessment (HIA) methods. MWIA is based on a review of the evidence on which factors promote and protect mental well-being.

MWIA was developed in England in the 2000’s to address three gaps:

- limited coverage of mental well-being in HIA tools:
- a lack of tools to influence policy and programme design to improve population mental health and well-being and;
- to enable the development of indicators that measure mental wellbeing. (Cooke and Coggins, 2005).

In May 2011, the National MWIA Collaborative in England published the “MWIA: A Toolkit for Well-being” (Cooke et al., 2011). This represented the culmination of a decade of experience, undertaking some 500 MWIAs, and offered a robust, evidence-based process for assessing the impacts of policies, services, programmes or projects on mental well-being. Based on HIA, it has similar consideration for the impacts of the wider (or social) determinants on mental well-being, but unlike HIA, it provides a specific focus on the determinants of mental health and wellbeing. The MWIA assessment framework is based on the “Protective Factors” for mental health identified in guidance on mental health promotion from the Department of Health (England) (2001). The aim of MWIA is to maximise positive and minimise negative impacts on mental health and well-being.

MWIA has been applied to over 1000 projects and programmes in a very wide range of settings and population groups in the UK (Burford et al., 2017; Cooke and Coggins, 2005;

Cooke and Stansfield, 2009; Edmonds, 2009; King, 2014) and internationally in Australia (Haigh et al., 2021), Chile (Ampuero et al., 2015) and Europe (Cooke et al., 2016; Creswell-Smith et al., 2020). It was identified by the European Union Joint Action on Mental Health and Wellbeing (2015) as a tool for implementing Mental Health in All Policies and by Public Health England (2017) in their "*Prevention Concordat for Better Mental Health*" as a tool for understanding the impact of plans and policies on mental health and wellbeing.

The 2016 – 19 delivery plan for the Welsh "Together for Mental Health Strategy" (Welsh Government, 2016a) stated a goal for "*Welsh Government and Public Health Wales NHS Trust to work to ensure that mental wellbeing is given equal status within Health Impact Assessment undertaken in Wales by March 2019*" (p.19). Mental wellbeing has been fully integrated into the assessment framework for HIA in Wales (WHIASU, 2020), however, to date, there has been limited application of MWIA in Wales, and this MWIA represents the first comprehensive MWIA undertaken in Wales.

## 3 Methodology

The adopted MWIA methodology (Cooke et al., 2011), is intended as a stand-alone tool focussing specifically on mental well-being. This is achieved by focussing on the factors that promote and protect mental wellbeing at population level and is structured around the following key protective factors:-

- Enhancing a sense of control
- Increasing resilience and community assets
- Facilitating participation and inclusion

Similar to a HIA, a critical aspect of the MWIA is an assessment of the distribution of impacts (either positive or negative) on specific population groups, with an emphasis on those most at risk of poorer mental well-being (Cooke et al., 2011). This enables a MWIA to focus its aims on ensuring that policies and programmes have a "*maximum equitable impact on people's mental well-being*" (Cooke et al., 2011, p.1), by strengthening positive impacts, preventing or mitigating harmful impacts, and reducing inequalities.

A detailed assessment framework (see Table 1) enables a consideration of factors that protect mental wellbeing at individual, community and structural levels – including the wider determinants of mental wellbeing such as economic security, education, environment, housing, and tackling discrimination.

**Table 1: Mental wellbeing checklist**

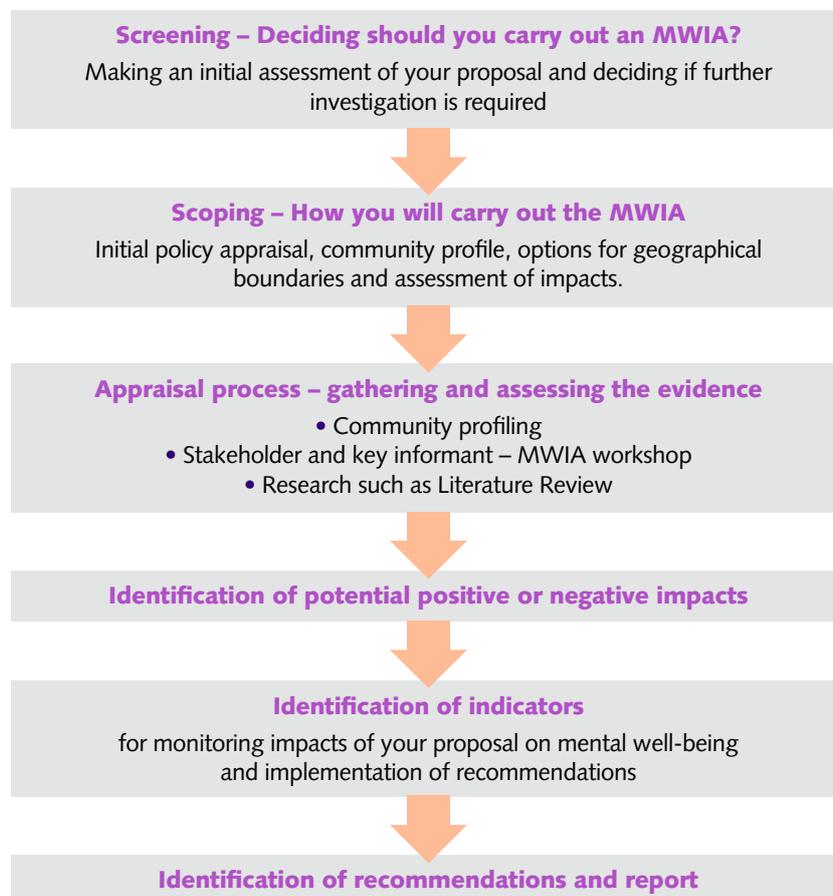
Are specific protective factors being addressed appropriately – at the individual and community level?			Are the wider structural determinants being considered?
Enhancing Control	Increasing Resilience and Community Assets	Facilitating Participation and Inclusion	Wider Determinants
Individual level	Individual level	Individual level	Often at a socio-economic / environmental / structural level
<b>A sense of control</b> – e.g. setting and pursuit of goals, ability to shape own circumstances	<b>Emotional well-being</b> – e.g. self-esteem, self-worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun	<b>Having a valued role</b> – e.g. volunteer, governor, carer	<b>Access to quality housing</b> – e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate
<b>Belief in own capabilities and self-determination</b> – e.g. sense of purpose and meaning	<b>Ability to understand, think clearly and function socially</b> – e.g. problem solving, decision making, relationships with others, communication skills	<b>Sense of belonging</b> – e.g. connectedness to community, neighbourhood, family group, work team	<b>Physical environment</b> – e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment
<b>Knowledge, skills and resources to make healthy choices</b> – e.g. understanding what makes us healthy and being able to make choices	<b>Have beliefs and values</b> – e.g. spirituality, religious beliefs, cultural identity	<b>Feeling involved</b> – e.g. in the family, community, at work	<b>Economic security</b> – e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities
<b>Maintaining independence</b> – e.g. support to live at home, care for self and family	<b>Learning and development</b> – e.g. formal and informal education and hobbies	<b>Community / organisation level</b>	<b>Good quality food</b> – e.g. affordable, accessible
<b>Community / organisation level</b>	<b>Healthy lifestyle</b> – e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking	<b>Activities that bring people together</b> – e.g. connecting with others through groups, clubs, events, shared interests	<b>Leisure opportunities</b> – e.g. participate in arts, creativity, sport, culture
<b>Self-help</b> provision – e.g. information advocacy, groups, advice, support	<b>Community / organisation level</b>	<b>Practical support</b> – e.g. childcare, employment, on discharge from services	<b>Tackling inequalities</b> – e.g. addressing relative deprivation and poverty
<b>Opportunities to influence decisions</b> – e.g. at home, at work or in the community	<b>Trust and safety</b> – e.g. belief in reliability of others and services, feeling safe where you live or work	<b>Ways to get involved</b> – e.g. volunteering, Time Banks, advocacy	<b>Transport access and options</b> – e.g. providing choice, affordability and accessibility
<b>Opportunities for expressing views and being heard</b> – e.g. tenants groups, public meetings	<b>Social networks and relationships</b> – e.g. contact with others through family, groups, friendships, neighbours, shared interests, work	<b>Accessible and acceptable services or goods</b> – e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating	<b>Local democracy</b> – e.g. devolved power, voting, community panels and increasing community participation
<b>Workplace job control</b> – e.g. participation in decision making, work-life balance	<b>Emotional support</b> – e.g. confiding relationships, provision of counselling support	<b>Cost of participating</b> – e.g. affordable, accessible	<b>Ease of access to high quality public services</b> – e.g. housing support, health and social care
<b>Collective organisation and action</b> – e.g. social enterprise, community-led action, local involvement, trades unions	<b>Shared public spaces</b> – e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat	<b>Conflict resolution</b> – e.g. mediation, restorative justice	<b>Access to education</b> – e.g. schooling, training, adult literacy, hobbies
<b>Resources for financial control and capability</b> – e.g. adequate income, access to credit unions, welfare rights, debt management	<b>Sustainable local economy</b> – e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks	<b>Cohesive communities</b> – e.g. mutual respect, bringing communities together	<b>Challenging discrimination</b> – e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith
<b>Other?</b>	<b>Arts and creativity</b> – e.g. expression, fun, laughter and play	<b>Other?</b>	<b>Other?</b>
	<b>Other?</b>		

(Adapted from the MWIA Toolkit, Cooke et al. (2011)

The assessment framework of protective factors and social determinants of mental wellbeing utilised in MWIA is closely aligned to the recently published consensus framework for defining, programming, and measuring adolescent well-being from the United Nations Technical Working Group on Adolescent Health and Well-Being (Ross et al., 2020). The framework contains five interconnected domains for adolescent well-being that are underpinned by gender, equity, and rights considerations.

MWIA utilises a similar systematic or stepped process to HIA. Figure 1 below illustrates this approach as contained in the *MWIA: A Toolkit for Well-being* by Cooke et al. (2011) published by the National MWIA Collaborative (England).

**Figure 1: Stages of the MWIA process from the *MWIA: A Toolkit for Wellbeing* by Cooke et al. (2011).**



MWIA can be undertaken as a rapid or comprehensive process. It can be applied prospectively in the design phase of a policy or programme, concurrently as a review of ongoing implementation, or retrospectively as an evaluation tool. Prospective MWIA provides an opportunity to build in a focus on maximising benefits and preventing harm to mental wellbeing at the policy and programme design stage.

Upon commissioning, it was determined that the MWIA being conducted would need to be comprehensive and concurrent (while the pandemic was ongoing). Due to its complexity, it would also necessitate a steering group, known as a Strategic Advisory Group (SAG), together with a separate Working Group (WG) to undertake the screening and scoping activities, as well as various focus groups and workshops.

### 3.1 Screening and Scoping

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A rapid desk-based “screening” exercise was undertaken by the WG, using the methodology outlined in the MWIA Toolkit. It drew upon a combination of existing published evidence and the expertise of the individuals involved in the assessment. The screening identified a large number of potential negative impacts on the mental well-being of the entire population of children and young people, some of which (e.g. education effects) could have long-term effects. There was also some potential for positive impacts identified, although there was less evidence available to confirm this.

The screening report (Appendix A) and scope for the MWIA were discussed at the first meeting of the SAG in December 2020. There was a recognition that the breadth and depth of impacts of COVID-19 on children and young people’s mental wellbeing were very significant and complex and it was agreed that the MWIA would require clear parameters in terms of describing the “scenario” or policy that was to be assessed and a clear scope to make the assessment feasible and useful for policy makers. Key scoping decisions were discussed and agreed by the SAG and a summary of the decision making process and rationale follows.

It was evident from the screening assessment that the health protection measures put in place as a result of the pandemic impact on all children and young people, with some groups facing a higher risk and / or wider range of negative impacts. In order to make best use of resources and ensure that the MWIA had a maximum possible impact, the SAG identified there was a need to focus the MWIA on a more specific age range. This is an accepted procedure within MWIA methodology and is frequently undertaken at the Steering Group or Scoping Stage.

Emerging evidence available at the time suggested that adolescents and young adults have faced major impacts and disruption on their lives and future long-term prospects as a result of COVID-19 restrictions, as well as evidence of more severe impacts on mental well-being. The SAG reaffirmed key issues faced by this age group included: being more heavily reliant on peer support for social development; facing unprecedented disruption during key periods in their education; and where they are in employment, being more likely to be impacted by unemployment or furlough. Younger children on the other hand, in general, derive greater support from their families in the early years.

The transition between primary and secondary school was believed by the SAG to be a particularly important life event which has been significantly disrupted by the pandemic and, therefore, the age group for the MWIA was agreed as 10-24. Whilst the more detailed MWIA in this instance does not consider children aged 0 – 9, these groups were included in the literature review, which was published as a standalone report (Alma Economics, 2021).

Focusing the MWIA on specific issues or policy measures, such as school closures, was also considered by the WG and SAG. However, emerging evidence, including from other COVID-focused HIAs carried out by Public Health Wales (Green et al., 2020) indicated the potential for significant impacts across a broad spectrum of determinants of health and wellbeing e.g. economics, employment, education, socialisation and poverty. In addition, given the dynamic nature of the pandemic, early stage of the evidence base, rapidly developing policy responses, the potential for the MWIA to inform more focused research priorities in the future, along with the potential for unexpected consequences to be identified during the stakeholder engagement phase, a decision was made to maintain a broad exploratory approach.

The SAG identified that the following policy areas could find the MWIA useful:

- There is opportunity to achieve broad population impact through influencing the new curriculum and the whole school approach to emotional and mental health, which are underpinned by legislation.
- There are proposals in Wales with regards to the development of 0 to 25 health services; this would support a focus on young people aged up to 24.
- WHIASU is currently engaged in a HIA on climate change in Wales. This has identified a potential for climate change to disrupt the education of children and young people. Therefore, findings from the MWIA may be relevant to the climate change adaptation agenda.

## 3.2 Prioritisation in the MWIA

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The determinants of mental wellbeing are complex, multifaceted and interrelated, and the assessment framework used in MWIA contains a significant number of components. A key element of the MWIA process is the identification of priority impacts in any given context, which makes the impact assessment as specific and relevant as possible. This can be carried out at both the scoping and / or the stakeholder workshop phase, where participants are asked to rank the most important impacts, both positive and negative, although can also happen within scoping (Cooke et al., 2011).

For an MWIA on a single policy or programme, it is unlikely that there will be impacts on all of components. However, in the case of the COVID-19 pandemic, the screening (Appendix A) identified that the impacts were wide ranging across the whole of the population, society and on all the protective factors and determinants. Due to social distancing regulations, it was also necessary to conduct the stakeholder workshop element of the MWIA online rather than in person. This meant that a full day workshop had to be condensed into a two hour online session (please see Section 3.5) and so the usual prioritisation exercise with stakeholders was not possible.

Because of these constraints, the WG decided that the number of components discussed in the workshops would be reduced, and a process of prioritisation took place informed by the screening report (Appendix A) and studies included in the literature review (Alma Economics, 2021). This led to a small reduction in the number of components discussed in the workshops, with some of those at a community level omitted (e.g. resources for financial control; sustainable local economy). The additional rationale for this was that these factors would be addressed by the assessment of impact on the wider determinants. "Coping strategies" was added as a component for discussion as this was a strong theme in the literature review that the WG felt would be useful to get stakeholder perspectives on (for a full list of the components included in the workshops please see Appendix B).

Participants in the online workshops were asked to identify their top three most important components impacted, and scribes recorded which components were selected by each person in turn.

Given the pervasive nature of the pandemic on the lives of children and young people, all of the components were selected by at least one person as a priority. However, common themes and priorities were identified in both young person and teacher groups and these will

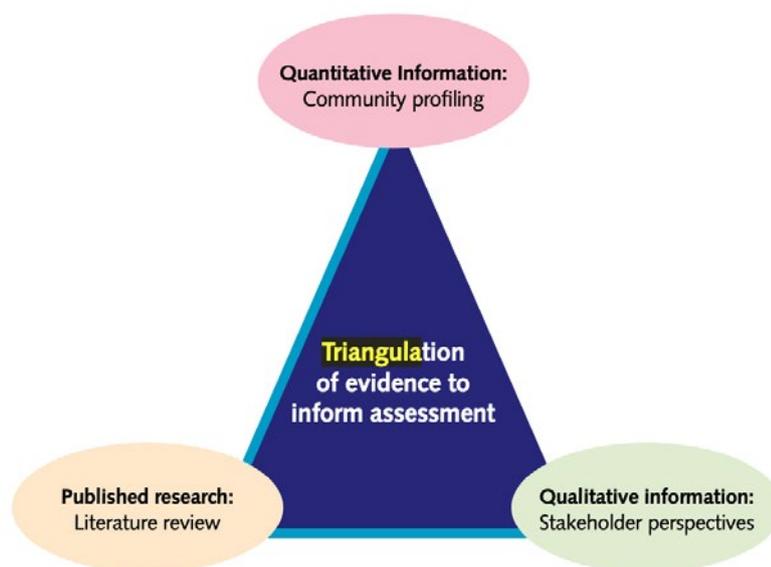
be focused on in more detail in separate workshop reports which will be published at a later date. The main report appraises both the qualitative data gathered from the workshops, along with population health indicators and evidence extracted from the literature review, and all components identified as important by young people and teachers are included.

Finally, some evidence emerged from the more recent literature on components (Arts and Creativity and Shared Public Spaces) that had not been prioritised for discussion during the workshops, and these have also been included in the appraisal in the Main Findings Report (Sections 6.11 and 6.12).

### 3.3 Gathering and Appraisal of Evidence

The MWIA toolkit identifies the importance of drawing on three sources of evidence in order to identify impacts – see Figure 2.

**Figure 2: Triangulation of Evidence (Cooke et al., 2011)**



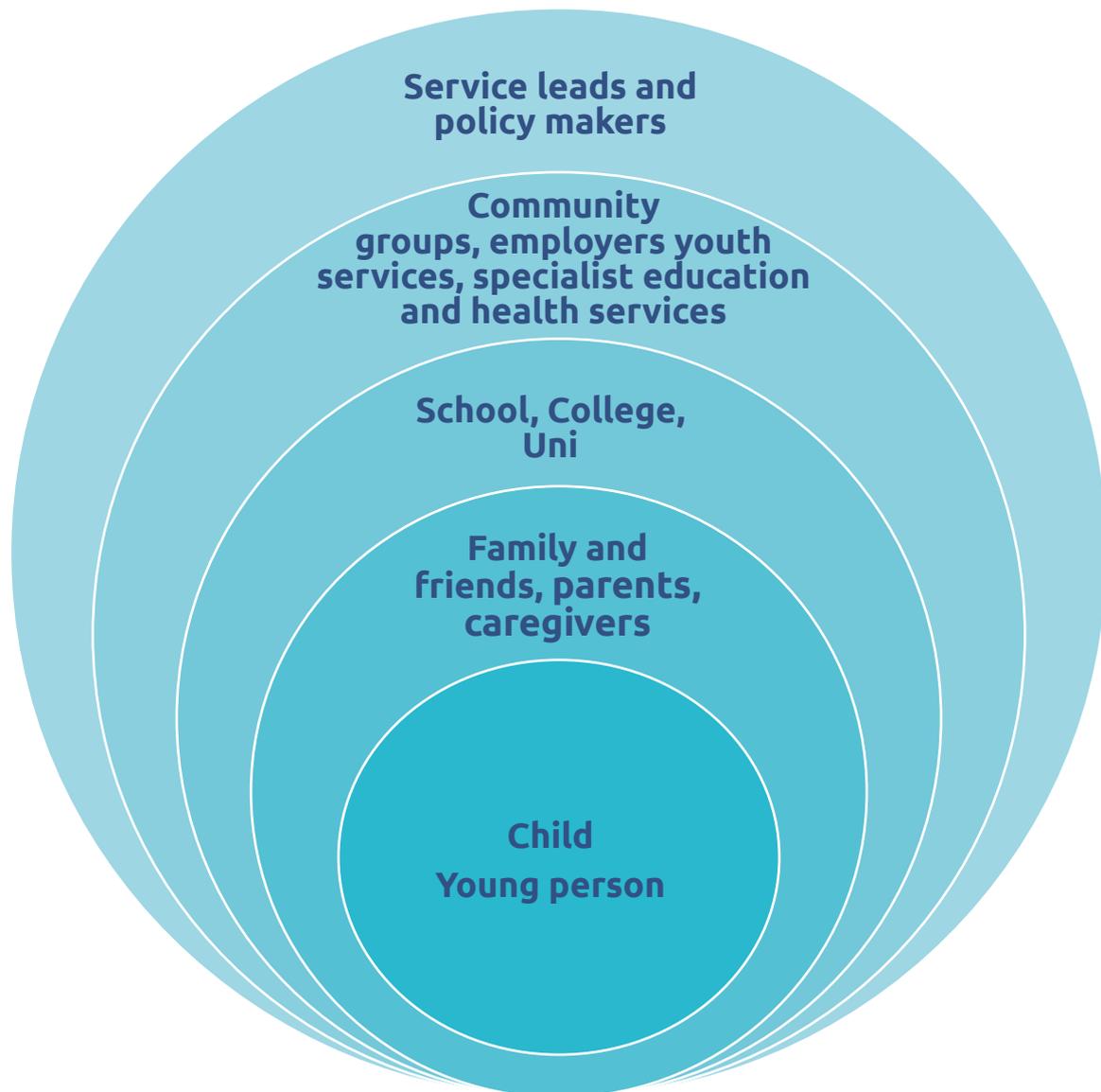
This section now will give an overview of the process, methods and sources used to collect each type of evidence, starting with qualitative information from stakeholder perspectives.

### 3.4 Stakeholder Identification

A stakeholder analysis was conducted to inform the MWIA and a stakeholder map (see Figure 3) was presented along with proposed methods of engagement to the second SAG meeting in January 2021. The aim was to show the child/young person at the centre. Specific engagement strategies were selected for different stakeholder groups, with the more intensive and in depth engagement methods selected for young people and those closest to them (for example, parents and teachers) in order that the MWIA was informed by the views and experiences of young people and those who were able to offer direct experience

of the impact. Interviews were explored as a method for engagement of parents but sufficient resources were not available to reach a representative sample. Instead, parent/carer responses to relevant questions in the Public Health Wales Engagement Survey (e.g. Hughes et al., 2020) have been utilised and 12 studies in the literature review included parent reports (Alma Economics, 2021). Please see Table 2 for the final stakeholder groups and engagement methods.

**Figure 3: Stakeholder map**



**Table 2: Final stakeholder groups and engagement methods**

Stakeholder group	Engagement method
Service leads and policy makers	Strategic Advisory Group Call for evidence (literature review)
Community groups, youth services, specialist education and health services	Strategic Advisory Group Call for evidence (literature review)
Schools/teachers/colleges/universities/lecturers vocational training / employment	Written submission Online multidisciplinary participatory workshop x 4 (n=22)
Family and friends, parents, caregivers	Parent/carer responses to relevant questions in the Public Health Wales Engagement Survey were utilised and 12 studies in the literature review included parent reports.
Children and young people	Online participatory workshop x 3 via three youth participation initiatives (n=12) Qualitative insights gathered by Senedd Committee Inquiries, other grey literature and peer reviewed studies.

### 3.5 Stakeholder engagement methods

Stakeholders (young people and teachers) were engaged using qualitative methods via online workshops using Zoom and MS Teams. This was necessary due to the social distancing and health protection measures in place at the time and also enabled engagement of young people and teachers from across Wales.

The MWIA workshop methodology detailed in the MWIA Toolkit (Cooke et al., 2011) was adapted to conduct workshops online, with advice from colleagues who had recently adapted the MWIA workshop process for an online environment. MWIA workshops usually take place over three to six hours and involve chart based group discussions and prioritisation exercises across the protective factors. In consultation with youth participation experts, it was agreed that two hours would be the maximum time suitable for online engagement due to time constraints faced by participants in their work and studies, and also for concentration and comfort. The workshop arrangements and design were developed in close consultation with youth participation experts from Leaders Unlocked and Young Wales and drew on their experience of engaging young people online during the pandemic. Details of the process used in the workshop is described below.

#### 3.5.1 Recruitment, sampling and ethical considerations

Engagement in a HIA/MWIA is defined “usual practice” in public health and not research (Health Research Authority, 2017) and use of the Health Research Decision Tool (Health Research Authority, 2021) indicated that the qualitative engagement was not considered research as it would not obtain generalisable data. However, ensuring safe and ethical practice was still essential, particularly as the workshops involved discussing a sensitive issue (mental wellbeing) via remote online platforms with children. It was important to ensure that engagement online was safe and well-designed to enable people to participate effectively

with consideration of the participation standards developed by Young Wales (2016).

For the reasons stated above, it was decided that the most appropriate, feasible and safe way to access the views of young people was to do this via trusted third party youth participation initiatives (Leaders Unlocked and Young Wales) using their existing networks and engagement mechanisms, consent, safeguarding and support policies and processes, and expertise developed in engaging young people online during the pandemic. This meant that young people were engaged in the presence of a trusted adult that they knew, and with follow up support immediately available should the discussion provoke any concerns. Invites to young people and consent for participation were managed by the third party organisations and they offered post workshop support for individual participants if required. The aim was to recruit a sample from across Wales, with diverse backgrounds and experiences.

Leaders Unlocked supports young people and underrepresented people to have a stronger voice on issues that affect their lives. They work alongside other organisations to involve young people to inform decisions. The young people invited to the workshops lived in different localities in Wales and had been involved in previous projects focused on mental health and wellbeing.

Young Wales is a Children in Wales participation programme. They empower young people to have a voice and influence. The members of Young Wales engaged in the MWIA workshops were also involved in other stakeholder forums for young people such as Together for Children and Young People, Public Health Wales Young Ambassadors, Youth Parliaments and local authority youth forums.

Young people received information prior to and at the start of the workshop (please see Appendix B) explaining what the session was about, how the information would be used, confidentiality and that they would have the opportunity to check accuracy and completeness of the notes taken. Information was also included on how to take care of their mental wellbeing and contact details provided of lead author of the MWIA and the youth organisation.

Three workshops were undertaken, with a total of 12 young people attending across these, including male and female individuals aged 11 up to 18. Due to access arrangements, detailed demographic or personal data was not recorded or shared with the authors, however, the sample included a young carer, young people who were shielding, those with experience of mental health problems and young people both in education and employment.

In terms of access to teachers, an email invite was drafted and sent out with the participant information sheet and consent form (See Appendix C) through members of the SAG who had access to networks across the education sector e.g. via the Welsh Network of Healthy Schools, Colleges Wales, Welsh Local Government Association and academia.

The workshops for teachers were oversubscribed, and therefore the WG reviewed the expressions of interest to ensure a balance of participants to cover the age range of interest in the MWIA (10 to 24), across the regions of Wales, Welsh and English medium schools and further and higher education. A total of 22 Primary / Secondary school teachers, college / university lecturers and professionals working in vocational training / employment attended across four workshops including seven from the primary education sector, six from secondary education sector and three from the post-16 sector.

### 3.5.2 Pre workshop preparation

All groups of young people were offered a pre-workshop session to enable them to meet and become comfortable with the facilitators, be informed about the MWIA and to share information and enable them to prepare for the workshop. One pre-workshop session was held with the Leaders Unlocked group and the workshop preparation sheet (Appendix B) was shared with them at the end of the preparation session. The workshop preparation sheet introduced them to the key concepts and topics to be covered in the workshop and gave them time to think about their views and what they wanted to share in advance of the workshop.

The Young Wales participants declined the pre-workshop due to school and other commitments, therefore, the workshop preparation sheet (Appendix B) was shared with them in advance of the session via Young Wales staff. Teachers were also sent a pre workshop preparation sheet (see Appendix D).

### 3.5.3 Workshop methods, recording and follow up

Agendas for the youth and teacher workshops can be found in Appendix E. Participants in the online workshop were asked to identify their top three most important components impacted for each protective factor, and scribes recorded which components were selected by each person in turn. Participants were asked to give examples of how the impacts had manifested in their experience and also any actions they felt could be useful to prevent or mitigate these impacts now or in the future.

The workshops were led by a facilitator from the MWIA WG, had a note taker and a representative from the youth organisation. At the end of the workshop a link to an online evaluation form was posted. A workshop report with detailed notes was drafted by the note takers and facilitator and sent to participants to check for accuracy and completeness. One additional comment was received.

### 3.5.4 Workshop Evaluation

A total of 12 young people participated in the workshops and despite the relatively small sample size, 66% (8) chose to complete the evaluation. Slight changes were made to the questionnaire after the first workshop in order to make it more relevant to the cohort group.

What is evident from the responses gathered is that all those completing the evaluation felt the issues discussed were very or fairly important to them and the majority felt it had increased their understanding of mental well-being a lot. Seven out of eight respondents found the workshops useful and even more pleasing, at least half felt they were enjoyable and interesting. All those attending would recommend the workshop to others and many left positive individual comments.

Following the workshops held with Primary / Secondary school teachers, colleges/university lecturers and professionals working in vocational training / employment, 20 out of 22 participants completed the online evaluation survey. All had felt that the workshops had been either very or fairly relevant to them. Nevertheless, there was a wide distribution of views as to whether the workshop had increased their understanding of mental well-being, with approximately a third each saying it had to “a moderate amount” or “a lot”.

The majority of the respondents (n=18) chose to describe the event as “Useful”, with eight of these also choosing the remaining descriptions: “Understandable”, “Enjoyable” and “Interesting”. All respondents provided additional highly favourable responses to what they thought MWIA would contribute to their work or service in the future and all would recommend the workshop to others. A number of participants went on to provide additional positive feedback in the final question on “Any other comments” with many feeling that the opportunity to share experiences, learning and practice with other schools was very helpful. For example:

*“I felt as though I could share experiences with colleagues far and wide about a common and important issues“.*

*“Good to reflect. Felt we were not alone in the experiences we had during this difficult time“.*

### 3.6 Population Mental Health and Wellbeing Profile

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The population profile informs the assessment of impact by providing a baseline report of the population exposed to the COVID-19 pandemic e.g. size, location, mental health and well-being status, inequalities, education, key risk and protective factors, and well-being indicators.

The structure and indicators in the population profile for the MWIA is based on the indicators in [Public Health England Children and Young People’s Mental Health and Wellbeing data profile](#), adapted for Wales based data sources. It utilises high quality routinely available data that provide insights on risk and protective factors for the mental well-being of children and young people in Wales, including inequalities. Indicators have been prioritised for the profile that are from high quality routine data sets that will, over time, provide pre and post pandemic measures on population mental health and well-being status. Indicators from the profile are integrated into the appraisal in the Main Findings Report (Edmonds et al., 2022) to provide a context for the impact of the pandemic. The full population profile can be found in Appendix F.

### 3.7 Literature Review

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An initial literature review was commissioned at an early stage of the MWIA from Alma Economics in December 2020 and sought to provide evidence-based answers to the following research question:

***“What are the short, medium and long-term consequences of the COVID-19 pandemic and the associated response measures (including social distancing, disruption to education and economic consequences) on the mental wellbeing of children and young people aged from 0 to 24?”***

The review analysed the studies available through the lens of the core MWIA protective factors for mental wellbeing and social determinants:

- enhancing control;
- increasing resilience and community assets;
- facilitating participation and promoting inclusion;
- social determinants of mental wellbeing.

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1 Note that this literature review was planned prior to the final scoping of the MWIA and so covered a wider age range.

The literature review also considered outcomes relating to children and young people’s mental wellbeing including life satisfaction, quality of life, happiness, self-efficacy, problem-solving, resilience, pro-social behaviour. In addition, basic analysis of longitudinal data on children and young people’s mental wellbeing was included from the UK Understanding Society study which enables comparisons of key mental wellbeing outcome measures between 2019 and 2020 (Alma Economics, 2021).

A detailed protocol with inclusion/exclusion criteria and search terms was developed for the literature review and the full report (including an appendix of the methods) was published in June 2021 (Alma Economics, 2021). The evidence extraction sheet is also available on request. Table 3 provides an overview of the included papers.

**Table 3: Overview of included papers in the Literature Review report (Alma Economics, 2021).**

Breakdown of the reviewed literature	Number of papers
<b>Total number of papers: 84</b>	Peer reviewed: 74
	Grey literature: 10
<b>Number of countries covered: 22</b>	UK based: 14
	Non-UK based: 70
<b>Ages covered: 0-25</b>	Covering babies, children, or adolescents: 44
	Covering young people: 33
	Covering combined age groups: 7
<b>Number of methodologies used: 3</b>	Surveys: 68
	Literature review: 5
	Discussion: 11

For the initial commissioned literature review (Alma Economics, 2021), papers were collected up to the end of January 2021. Given the evolving nature of the COVID-19 pandemic and the rapidly developing evidence base, additional literature was accessed and appraised from February to September 2021 to ensure that the final report reflected as far as possible the latest evidence. In addition, the literature review by Alma Economics (2021) identified that there was very limited literature on impacts on different population groups / sub-groups and evidence of impacts linked to the social determinants of mental wellbeing was also limited.

Therefore, additional literature has been included in the MWIA where it provided important additional or new evidence on impacts on; key population groups of interest (e.g. Cowley et al, 2021 on the mental health impacts on shielding children in Wales); evidence on the Welsh population (e.g. James et al., 2021a and 2021b); new analysis of highly relevant high quality longitudinal data (e.g. Hu and Quian, 2021); new high quality research on key impacts already identified in the MWIA (e.g. Cooper et al. 2021), from key COVID-19 longitudinal studies (e.g. Creswell et al., 2021) and high quality reviews (Wales Covid Evidence Centre, 2021). Additional literature was identified from professional and expert networks, current awareness bulletins and the Office for Health Improvement and Disparities (2022) COVID-19 mental health and

wellbeing surveillance report on children and young people. The majority of the studies in the original literature review contained non-UK based studies; studies added later in the MWIA process were mainly from the UK as this evidence base developed.

## 3.8 Indicators

Once the 'assessment' stage of the MWIA is complete, the MWIA Toolkit (Cooke et al., 2011) suggests the development of indicators in order to measure and monitor the impacts of the proposal on mental wellbeing. Although the MWIA did not specifically examine a discrete policy or proposal, it evidenced a number of impacts (positive and negative) on mental wellbeing with the aim of informing policy and practice in Wales. Consequently, a set of indicators will assist in determining whether any changes have had a positive impact on mental well-being, without necessarily (if the study criteria remain the same) requiring the completion of another full MWIA assessment. This offers the benefit of being responsive and supports continuous monitoring of long-term trends.

### 3.8.1 How the indicator set was developed

Once the main impacts had been identified the WG utilised the resource material contained within the toolkit to devise an indicator table. The following set of questions were applied to each priority component identified as impacted under each of the protective factors:

- How would you know you are having an impact on this component?
- How would you measure it?
- Is there an existing scale or measure (e.g., an existing regional indicator)?
- Data collection and frequency.

Given the scope of the assessment, only indicators with a Welsh context were considered. Indicators had to contain data which was recent and could show ongoing trends and/or a likely commitment to continued publication. Given the age specific nature of the MWIA, indicators also needed to contain data which was distinguishable as falling within 10-24 age range. In many instances, national data contained data for 16-24 year olds only. In which case, additional sources were required for 10-15 years, otherwise the indicator requirement was only 'partially met'.

Main sources used for the indicator set were:

- National Wellbeing Indicators
- Welsh Index of Multiple Deprivation
- Schools Health Research Network School Health and Wellbeing Survey
- StatsWales
- National Survey for Wales
- Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)
- OFCOM Children and Parents: media use and attitudes report 2020/21
- Children and Young People's Plan Milestones

Wales has a set of fifty National Indicators (NI) (Welsh Government, 2022a) which measure progress against the seven Well-being Goals under the Well-being of Future Generations (Wales) Act 2015 (Welsh Government, 2016b). These are founded on the United Nations Sustainable Development Goals. Although some of the indicators are still to be fully developed, they demonstrate a clear commitment by Welsh Government to their continued measurement and as such, form the priority indicator source for the MWIA.

Given the diverse range of the priority components within the MWIA, it is not unexpected that there would be an absence of NIs for some of the components. In many instances, alternative Welsh Government sources were available, including the Welsh Index of Multiple Deprivation (WIMD). However, given that the WIMD is updated less frequently than some of the other Welsh Government sources, this was only used for what the working group perceived to be fairly stable data (which required a longer timescale to change).

The lack of representation of under 16s within national data sources was a frequent problem, however the annual School Health Research Network survey (Page et al., 2021) is a valuable source for this age group. There are frequent references within the proposed MWIA indicators to Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and SDQ (Strengths and Difficulties Questionnaire) scores<sup>2</sup>. These have questions that are very relevant to the MWIA's priority components.

Digital Inclusion is the subject of NI 50, but is yet to be developed. In the absence of detail regarding this NI, the MWIA WG chose OFCOM's (2021) '*Children and parents: media use and attitudes report*' as a supplementary indicator for a limited number of priority components.

In addition to indicators the WG also reference two sources of additional 'milestones'. These relate to the United Nations Convention on the Rights of the Child (United Nations, 2016) and Children and Young People's Plan Milestones (Welsh Government, 2022b). The latter are based on the Well-being of Future Generations' National Indicators and include the following (to be achieved by 2050):-

- The percentage of children with two or more healthy behaviours will be more than 99%.
- 75% of working age adults will be qualified to level three or higher.
- The percentage of working age adults with no qualifications will be 5% or below.
- Wales will only use its fair share of the world's resources.
- The pay gap for gender, disability and ethnicity will be eliminated.
- The gap between the employment rate in Wales and the UK will be eradicated, with a focus on fair work and raising labour market participation of under-represented groups.
- At least 90% of 16-24 year olds will be in education, employment or training.
- Wales will have a million Welsh speakers.
- Wales will achieve net-zero greenhouse gas emissions.

Appendix H contains tables detailing the indicator set and cross referencing to National Wellbeing Indicators.

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<sup>2</sup> See Glossary in Main Findings report for description

## 3.9 Evaluation

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As this is the first comprehensive MWIA to be conducted in Wales a robust review of the process will be important to capture relevant learning for future application, development and improvement.

Evaluation questions will include:

1. What were the strengths and weaknesses of the MWIA process? What could be improved to inform future MWIAs if replicated?
2. How useful did key stakeholders find the process?
3. Did participants find engagement in the MWIA valuable and acceptable?
4. How useful did key stakeholders find the final product?
5. Did the MWIA influence the public health and policy-making environment?
6. Were the recommendations and action areas identified in the MWIA implemented?
7. Did the learning from the MWIA inform future practice?

Evaluation to date has focused on question three above, in relation to the experience of engagement in stakeholder workshops by teachers and young people (see 3.5.4) and forthcoming workshop reports.

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### **Appendix A: Screening report**

**MWIA Screening Report**

[Click here to open](#)

### **Appendix B: Sample workshop preparation sheet (young people)**

**MWIA Pre Workshop Task Sheet**

[Click here to open](#)

### **Appendix C: Participant information sheet and consent form (teachers)**

**Participant Information Sheet**

[Click here to open](#)

**Consent form**

[Click here to open](#)

### **Appendix D: Sample workshop preparation sheet (teachers)**

**MWIA Workshop Teachers' Prep Sheet**

[Click here to open](#)

### **Appendix E: Workshop Agendas**

**Sample Focus Group Agenda**

[Click here to open](#)

**Youth Focus Group Agenda**

[Click here to open](#)

### **Appendix F: Population Mental Health and Wellbeing Profile**

**Population Mental Health and Wellbeing Profile**

[Click here to open](#)

## Appendix G: Key Events and Policy Measures Timeline in the COVID-19 Pandemic

### 30 January 2020

World Health Organization declares that COVID-19 had met the criteria of being a Public Health Emergency of International Concern (PHEIC).

### 28 February 2020

Wales' first coronavirus case confirmed. The patient had travelled back to Wales from northern Italy.

### 20 March 2020

Schools in Wales close.

### 23 March 2020

The UK Prime Minister announces that all people are now required to stay at home except for very limited purposes.

### 24 April 2020

People with certain health conditions or disabilities can leave home to exercise more than once a day. This is particularly aimed at helping families with children with autism and learning disabilities.

### 8 May 2020

Lockdown is extended. People may go out to exercise more than once a day but must stay local.

### 29 May 2020

From 1 June two households can meet outdoors.

### 29 June 2020

Children return to school in Wales in a phased approach.

### 6 July 2020

The 'stay local' policy is lifted and people are allowed travel within Wales and into Wales.

### 20 July 2020

Playgrounds and outdoor gyms will be able to reopen in Wales.

### 7 August 2020

Swimming pools, leisure centres can reopen from 10 August along with children's indoor play areas.

### 17 August 2020

'Essential travel' restriction on public transport is lifted in Wales.

### 21 August 2020

From 22 August 2020, up to four households will be able to join together.

### 26 August 2020

Welsh Government recommends that face coverings are worn by "all members of the public over 11 years in indoor settings in which social distancing cannot be maintained, including schools and school transport".

### 1 September 2020

Some schools operated a phased return with flexibility to focus on priority groups.

### 7 September 2020

The Welsh Government announces local restrictions to control the Caerphilly outbreak.

### 14 September 2020

Schools opened to all pupils. A maximum of six people can meet indoors at any one time (not including children under 11).

### 2 October 2020

The First Minister announces that "adults living alone, including single parents, in areas under local coronavirus restrictions will be able to form a temporary bubble with another household in their local area" from 3 October.

### 23 October 2020

The firebreak begins when national restrictions will come into effect until the end of the day on 8 November 2020.

### 2 November 2020

Pupils in Year 9 and above were not expected to be present in school in the week commencing 2 November 2020, due to the coronavirus (COVID-19) firebreak in Wales.

### 10 November 2020

Exams cancelled for 2021.

### 14 December 2020

Secondary schools and colleges in Wales move to online learning

### 16 December 2020

Wales to move to alert level 4 (the highest level of restrictions under its Coronavirus control plan) from Christmas day.

### 4 January 2021

All schools, colleges and independent schools close and move to online learning.

### 1 February 2021

Wales' Minister for Mental Health and Wellbeing announces that an additional £9.4 million will be made available to support children and young people's mental health and wellbeing. £4 million of this will be used improve access to emotional and mental health support in schools, and £5.4 million will be for Child and Adolescent Mental Health Services (CAMHS).

### 13 March 2021

The stay-at-home restrictions are replaced by a new interim stay local rule in Wales.

### 15 March 2021

All secondary schools can provide learners in years 7, 8 and 9 a check-in with teachers, focused on support for wellbeing and readiness for a return to school.

### 27 March 2021

Stay local restrictions are lifted, libraries can re-open, outdoor children's activities can take place and six people from households can meet outdoors.

### 12 April 2021

All children and students return to face-to-face education.

### 17 May 2021

Wales moves into alert level 2. Re-opening of indoor hospitality and more people can attend organised indoor and outdoor activities.

### 4 August 2021

The Joint Committee on Vaccination and Immunisation (JCVI) advises that an initial dose of Pfizer-BioNTech vaccine should be offered to all 16 and 17 year olds who haven't been vaccinated.

### 5 August 2021

The First Minister announces that Wales will move to the new alert level zero on 7 August 2021.

### 25 August 2021

Children and young people are no longer considered clinically extremely vulnerable in Wales.

### 14 September 2021

All children and young people aged 12-15 not already covered by existing advice to be offered a first dose of Pfizer-BioNTech COVID-19 vaccine.

### 29 October 2021

Wales remains at alert level 0 but with changes to the self-isolation guidance.

### 12 December 2021

Following a rapid increase in Omicron cases, the UK Chief Medical Officers have recommended that the UK COVID-19 alert level should increase from level 3 to level 4

### 22 December 2021

The Joint Committee for Vaccination and Immunisation (JCVI) issues new vaccination advice for children and young people, including vaccines for children aged 5 to 11 in 'at-risk' groups, booster doses for 16-17 year olds, and boosters for 12-15 year olds deemed at risk

### 28 January 2022

Wales returns to alert level 0.

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## Appendix H - Proposed Indicators

### H1: Summary of Indicators by key impacts on the protective factors

MWIA Factor and Components	Specific Indicators
<b>ENHANCING CONTROL</b>	
<b>Individual level</b>	
<b>A Sense of Control</b> e.g., Feeling in control of your life, being able to set and pursue goals.	<b>None</b>
<b>Belief in own capabilities and self-determination</b> e.g., Believing in yourself and feeling confident that you can do things.	<p><b>National Well-being Indicator 29:</b> Provides a mental well-being score for 10-15 year olds based upon the Strengths and Difficulties Questionnaire (SDQ 'total difficulties' score).</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (includes measures for 'I've been feeling confident' and 'I've been able to make my own mind up about things').</p>
<b>Knowledge, skills and resources to make healthy choices</b> e.g., Having more responsibility or freedom, getting a job, learning to drive, being in charge of your money etc.	<p><b>Student Health and Well-being in Wales:</b> reports on eating breakfast, consumption of fruit / vegetables and consumption of sugary drinks.</p> <p><b>Student Health and Well-being in Wales:</b> The proportion of young people who achieve the recommended physical activity guideline of at least 60 minutes /d ay.</p> <p><b>National Survey for Wales</b> provides an indication of 16-24 year olds with four or five healthy lifestyle behaviours.</p> <p><b>Children and Young People's Plan Milestone:</b> The percentage of children with two or more healthy behaviours will be more than 99% by 2050.</p>
<b>Becoming independent</b> e.g., Having more responsibility or freedom, getting a job, learning to drive, being in charge of your money etc.	<p><b>National Well-being Indicator 29:</b> Provides a mental well-being score for 10-15 year olds based upon the Strengths and Difficulties Questionnaire (SDQ 'total difficulties' score).</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS.</p>
<b>Community Level</b>	
<b>Self-help provision</b> e.g., Taking steps to help yourself or getting together with others to help each other.	<p><b>National Well-being Indicator 29:</b> Provides a mental well-being score for 10-15 year olds based upon the Strengths and Difficulties Questionnaire (SDQ 'total difficulties' score).</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS.</p> <p><b>National Indicator 24:</b> Satisfaction with access to services 16-24 year olds only.</p>
<b>Opportunities for expressing views and being heard</b> e.g., Having the chance to have your say about things that are important to you.	<p><b>Article 12 of the United Nations Convention on the Rights of the Child (UNCRC).</b> Every child has the right to express their views. Welsh Government report on compliance with the duty under section one of the <b>Rights of Children and Young Persons (Wales) Measure 2011.</b></p> <p><b>Student Health and Well-being in Wales:</b> includes opportunities for students to participate in planning school events, sharing ideas and deciding and planning school projects.</p>

MWIA Factor and Components	Specific Indicators
<b>BUILDING RESILIENCE AND COMMUNITY ASSETS</b>	
<b>Individual level</b>	
<p><b>Emotional Well-being</b> e.g., Might include feeling happy, relaxed, hopeful, enjoyment, fun, feeling close to others.</p>	<p><b>National Survey for Wales:</b> number of 16 – 24 year olds who “felt happy yesterday”</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS, life satisfaction and ‘Strengths and difficulties Questionnaire’ (SDQ) scores for emotional problems for school age children according to Local Health Board (LHB) Areas.</p>
<p><b>Ability to understand, think clearly and function socially</b> e.g., This is about being able to think things through, solve problems and also communicate well with other people, the development of social skills.</p>	<p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS (including measures for ‘I’ve been thinking clearly’) and SDQ prosocial behaviour scale scores for school pupils according to LHB Areas.</p> <p><b>National Survey for Wales:</b> number of 16 – 24 year olds feeling lonely (which is also a Well-being of Future Generations indicator).</p> <p><b>National Well-being Indicator 30:</b> percentage of people who are lonely.</p>
<p><b>Learning and Development</b> e.g., This could be about education at school or college, or about training, work. Anything that helps development as a person such as being in a sports team, hobbies and interests.</p>	<p><b>National Survey for Wales:</b> number of 16 – 24 year olds who are satisfied with education system, participate in sporting activities and / or are interested in art activities.</p> <p><b>National Well-being Indicator 22:</b> percentage of people aged 16-18 and 19-24 in education, employment or training.</p> <p><b>Children and Young People’s Plan Milestone:</b> at least 90% of 16–24-year-olds will be in education, employment or training by 2050 and the percentage of working age adults with no qualifications will be 5% or below.</p>
<p><b>Healthy Lifestyles</b> e.g., Keeping active, eating well, looking after our minds by looking after our bodies.</p>	<p><b>National Indicator 3 and 5:</b> Percentage of young people 11-16 and 16-24 with 2 or more healthy lifestyle behaviours.</p> <p><b>Children and Parents: Media use and attitudes report- OFCOM.</b></p> <p><b>Children and Young People’s Plan Milestone:</b> The percentage of children with two or more healthy behaviours will be more than 99% by 2050.</p>
<p>Coping Strategies</p>	<p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS (including measure for ‘I’ve been coping with problems well’) for school pupils according to LHB Areas.</p>
<b>Community Level</b>	
<p><b>Trust and Safety</b> e.g., Feeling safe and having trusted people to rely on.</p>	<p><b>National Well-being Indicator 25:</b> percentage of young people aged 16-24 feeling safe (at home, walking in their local area and travelling).</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of levels of bullying and cyber-bullying amongst school pupils in Wales.</p> <p><b>Welsh Government:</b> children receiving care and support by local authority and category of need (Including abuse or neglect).</p>
<p><b>Social Networks and Relationships</b> e.g., Our relationships with friends and family, and people at work or school.</p>	<p><b>National Survey for Wales:</b> number of 16 – 24 year olds who feel lonely.</p> <p><b>National Well-being Indicator 27:</b> Percentage of young people aged 16-24 who agree that they belong to the area, that people from different backgrounds get on well together and that people treat each other with respect.</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of levels of loneliness amongst school pupils and ‘percentage who agree that there is a member of staff they can confide in’. Also, SDQ includes ‘peer problem scale’ for gender and age.</p>
<p><b>Emotional Support</b> e.g., Having people to confide in and talk to about our worries.</p>	<p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS for school pupils according to LHB Areas. Also, SDQ Score for ‘percentage who agree that they get the help and emotional support they need from their family’ and ‘Can count on friends when things go wrong’ by age, gender and family affluence.</p>

MWIA Factor and Components	Specific Indicators
<b>FACILITATING PARTICIPATION AND INCLUSION</b>	
<b>Individual level</b>	
<p><b>Having a valued role</b> e.g., You may feel valued as a volunteer, in your job, as someone in a group, as a friend or in your family role.</p>	<p><b>National Indicator 28:</b> details the percentage of 16-24 year olds who volunteer.</p> <p><b>National Indicator 23:</b> relates to the “percentage of people who feel able to influence decisions affecting their local area”, but this is unlikely to be representative of children and young people. More detailed breakdown of the data by age (including 16-24) is available at the <a href="#">National Survey for Wales</a></p> <p><b>Student Health and Well-being in Wales:</b> contains a number of ‘school life’ indicators where pupils opinions are sought.</p> <p><b>National Well-being Indicator 22:</b> percentage of people aged 16-18 and 19-24 in education, employment or training.</p> <p><b>Children and Young People’s Plan Milestone:</b> at least 90% of 16–24-year-olds will be in education, employment or training by 2050.</p>
<p><b>Sense of belonging</b> e.g., Feeling like you belong in our community, school/college, neighbourhood or workplace.</p>	<p><b>Student Health and Well-being in Wales:</b> provides an indication of mental well-being based upon SWEMWBS for school pupils according to LHB Areas.</p> <p><b>National Well-being Indicator 27:</b> percentage of young people aged 16-24 who agree that they belong to the area, that people from different backgrounds get on well together and that people treat each other with respect.</p> <p><b>Student Health and Well-being in Wales:</b> in relation to cyberbullying, problematic social media use etc. Additional information also available at <a href="#">OFCOM Children and Parents: Media use and attitudes report</a>.</p> <p><b>National Well-being Indicator 22:</b> percentage of people aged 16-18 and 19-24 in education, employment or training.</p> <p><b>Children and Young People’s Plan Milestone:</b> at least 90% of 16–24-year-olds will be in education, employment or training by 2050).</p>
<b>Community Level</b>	
<p><b>Activities that Bring People Together</b> e.g., This could be in school/college, sports team, community group, dancing, cycling, literally anything that people come together to do as a group.</p>	<p><b>National Indicator 38:</b> percentage of young people aged 16 to 24 who participate in sporting activities three or more times a week.</p> <p><b>National Indicator 35:</b> percentage of young people 16 to 24 attending or participating in arts, culture or heritage activities at least three times a year.</p> <p><b>Student Health and Well-being in Wales:</b> provides an indication of levels of loneliness amongst school pupils.</p> <p><b>National Indicator 30:</b> provides a measure of the percentage of 16-24 year olds who are ‘classed as lonely according to the De <a href="#">Jong Gierveld loneliness scale</a>’.</p> <p><b>Children and Young People’s Plan Milestone:</b> the percentage of children with two or more healthy behaviours will be more than 99% by 2050.</p>
<p><b>Access to Services</b> e.g., This might be health or mental health services, help with studies or benefits something else.</p>	<p>Data on waiting times for specialist CAMHS<sup>3</sup> services in Wales (<a href="#">Statistics for Wales, 2022</a>).</p> <p><b>Statistics for Wales:</b> number of children and young people attending counselling and number of children receiving care and support with mental health issues.</p> <p><b>National Indicator 24:</b> percentage of people satisfied with their ability to get to/access the facilities and services they need (16-24 year olds).</p>

<p><b>The cost of participating</b> e.g., Do you need to pay for something to take part in an activity or education? Cost can sometimes be a barrier to taking part.</p>	<p><b>National Indicator 10:</b> gross disposable household Income. <b>National Indicator 18:</b> percentage of children living in households in income poverty relative to the UK median. <b>National Indicator 19:</b> percentage of young people 16 to 24 living in households in material deprivation. <b>WIMD Income Domain:</b> percentage of population in income deprivation (in receipt of income-related benefits and tax credits).</p>
<p><b>Cohesive Communities</b> e.g., This is about people getting on well together where you live.</p>	<p><b>National Indicator 28:</b> details the percentage of 16-24 year olds who volunteer. <b>National Indicator 27:</b> percentage of young people aged 16-24 who agree that they belong to the area, that people from different backgrounds get on well together and that people treat each other with respect. <b>National Indicator 26:</b> percentage of 16-24 year olds who are satisfied with their local area as a place to live.</p>

MWIA Factor and Components	Specific Indicators
<b>SOCIAL DETERMINANTS</b>	
<b>Individual level</b>	
<p><b>Access to education</b> e.g., schooling, training, adult literacy, hobbies.</p>	<p><b>National Well-being Indicator 22:</b> percentage of people aged 16-18 and 19-24 in education, employment or training. <b>National Well-being Indicator 7:</b> percentage of GCSE entries awarded by grade range in all subjects by Free School Meal status. <b>Other:</b> Welsh Government Statistics for educational achievement at GCSE and A Level with breakdown of date for Boys and Girls. <b>Children and Young People’s Plan Milestone:</b> at least 90% of 16–24-year-olds will be in education, employment or training by 2050.</p>
<p><b>Ease of access to high quality public services</b> e.g., housing support, health and social care.</p>	<p><b>National Indicator 24:</b> percentage of people satisfied with their ability to access the facilities and services they need within a 15-to-20-minute walk from their homes. <b>Welsh Index of Multiple Deprivation:</b> access to services domain.</p>
<p><b>Access to Quality and Secure Housing.</b></p>	<p><b>National Indicator 19:</b> percentage of people living in households in material deprivation <b>Welsh Index of Multiple Deprivation (WIMD):</b> housing domain.</p>
<p><b>Access to green space for physical activity.</b></p>	<p><b>WIMD:</b> physical environment domain includes reference to green space. <b>National Indicator 25:</b> provides an indication of the percentage of people who feel safe walking in local area but only as part of a wider consideration and with no distinction made for children or young people. <b>National Indicator 38:</b> percentage of young people aged 16 to 24 who participate in sporting activities three or more times a week. <b>Student Health and Well-being in Wales:</b> proportion of young people who achieve the recommended physical activity guideline of at least 60 minutes / day.</p>
<p><b>Economic Security.</b></p>	<p><b>National Well-being Indicator 22:</b> percentage of people aged 16-18 and 19-24 in education, employment or training. <b>National Well-being Indicator 8:</b> percentage of Males and Females aged 18-64 reported as having level 4+ qualifications, 2020. <b>Children and Young People’s Plan Milestone:</b> at least 90% of 16–24-year-olds will be in education, employment or training by 2050. <b>Children and Young People’s Plan Milestone:</b> percentage of working age adults will be qualified to level 3 or higher and adults with no qualifications will be 5% or below by 2050.</p>

<p><b>Good Quality Food.</b></p>	<p><b>National Indicator 10:</b> gross disposable household Income.  <b>National Indicator 18:</b> percentage of children living in households in income poverty relative to the UK median.  <b>National Indicator 19:</b> percentage of young people 16 to 24 living in households in material deprivation.  <b>WIMD Income Domain:</b> percentage of population in income deprivation (in receipt of income-related benefits and tax credits).  <b>Eligibility for Free School Meals in Wales</b> (<a href="#">StatsWales</a>)  <b>Student Health and Well-being in Wales:</b> report on eating breakfast, consumption of fruit / vegetables and consumption of sugary drinks.  <b>Children and Young People’s Plan Milestone:</b> percentage of children with two or more healthy behaviours will be more than 99% by 2050.</p>
<p><b>Leisure Opportunities</b></p>	<p><b>National Indicator 35 :</b> percentage of young people 16 to 24 attending or participating in arts, culture or heritage activities at least three times a year.  <b>National Survey for Wales:</b> 16 – 24 year olds participating in any sport or physical activity.  <b>Children and Young People’s Plan Milestone:</b> percentage of children with two or more healthy behaviours will be more than 99% by 2050.</p>
<p><b>Transport Access and Options.</b></p>	<p>None - Impacts closely aligned to other economic and deprivation indicators.</p>
<p><b>Democracy</b></p>	<p><b>Article 12</b> of the United Nations Convention on the Rights of the Child (<a href="#">UNCRC</a>). Every child has the right to express their views. Welsh Government report on compliance with the duty under section one of the <a href="#">Rights of Children and Young Persons (Wales) Measure 2011</a>.  <b>National Indicator 23:</b> relates to the “percentage of people who feel able to influence decisions affecting their local area”, but this is unlikely to be representative of children and young people’s concerns.  <b>Student Health and Well-being in Wales</b> contains a number of ‘school life’ indicators where pupils opinions are sought.</p>
<p><b>Challenging discrimination</b></p>	<p><b>Article 12</b> of the United Nations Convention on the Rights of the Child (<a href="#">UNCRC</a>). Every child has the right to express their views. Welsh Government report on compliance with the duty under section one of the <a href="#">Rights of Children and Young Persons (Wales) Measure 2011</a>.  <b>National Indicator 27:</b> percentage of people agreeing that they belong to the area, that people from different backgrounds get on well together, and that people treat each other with respect, but this is unlikely to be a representation of children and young people.  <b>Student Health and Well-being in Wales:</b> reports on life satisfaction, bullying and feeling accepted.</p>
<p><b>Welsh Language and culture</b></p>	<p><b>National Survey for Wales:</b> percentage of young people 16 to 24 able to speak Welsh.  <b>Children and Young People’s Plan Milestone:</b> Wales will have a million Welsh speakers by 2050.</p>
<p><b>Digital Inclusion</b></p>	<p><b>National Indicator 50:</b> status of Digital Inclusion is a future indicator. No further detail exists at this time.  <b>Student Health and Well-being in Wales:</b> report provides an indication of the levels of late-night screen use, cyberbullying, problematic social media use and sexting.  <b>Children and Parents: Media use and attitudes report-</b><a href="#">OFCOM</a></p>

## H2: Mapping of proposed indicators by impact, National Indicators and data source

Enhancing Control																				
	National Indicators													WIMD <sup>a</sup>	SHRN <sup>b</sup>	SW <sup>c</sup>	NSFW <sup>d</sup>	UNCRC <sup>e</sup>	OFCOM <sup>f</sup>	Milestone <sup>g</sup>
	3	5	10	18	19	22	23	24	26	27	29	30	38							
A Sense of Control																				
Belief in own capabilities and self-determination											✓					✓				
Knowledge, skills and resources to make healthy choices																✓ <sup>5</sup>		✓		
Becoming independent											✓					✓				
Self-help provision								✓			✓					✓				
Opportunities for expressing views																✓		✓		

Building Resilience and Community Assets																				
	National Indicators													WIMD <sup>a</sup>	SHRN <sup>b</sup>	SW <sup>c</sup>	NSFW <sup>d</sup>	UNCRC <sup>e</sup>	OFCOM <sup>f</sup>	Milestone <sup>g</sup>
	3	5	10	18	19	22	23	24	25	27	29	30	38							
Emotional Well-being																✓		✓ <sup>6</sup>		
Ability to understand, think clearly and function socially												✓				✓		✓ <sup>7</sup>		
Learning and Development						✓												✓ <sup>8</sup>		
Healthy Lifestyles	✓	✓																✓		
Coping Strategies																✓				
Trust and Safety									✓							✓	✓ <sup>9</sup>			
Social Networks and Relationships										✓						✓		✓ <sup>10</sup>		
Emotional Support																✓				

Facilitating Participation and Inclusion																			
	National Indicators												WIMD <sup>a</sup>	SHRN <sup>b</sup>	SW <sup>c</sup>	NSFW <sup>d</sup>	UNCRC <sup>e</sup>	OFCOM <sup>f</sup>	Milestone <sup>g</sup>
	10	18	19	22	23	24	26	27	28	30	35	38							
Having a valued role				✓	✓				✓					✓				✓	
Sense of belonging				✓				✓						✓			✓	✓	
Activities that Bring People Together										✓	✓	✓		✓				✓	
Access to Services						✓									✓ <sup>11</sup> 12				
The cost of participating	✓	✓	✓										✓						
Cohesive Communities							✓	✓	✓										

**Notes:** a. [Welsh Index of Multiple Deprivation](#) b. [Student Health and Well-being in Wales](#) c. [StatsWales](#) d. [National Survey for Wales](#) e. [Article 12](#) of the United Nations Convention on the Rights of the Child (UNCRC). f. [OFCOM](#) Children and Parents: media use and attitudes report 2020/21 g. [Children and Young People's Plan Milestone](#)

## References for Appendix H

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# Our Priorities 2018-2030

**Building and mobilising knowledge and skills** to improve health and well-being across Wales

**Influencing the wider determinants of health**

**Improving mental well-being and resilience**

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

*Working to Achieve a Healthier Future for Wales*

**Promoting healthy behaviours**

**Protecting the public** from infection and environmental threats to health

Securing a **healthy future** for the next generation

**Our Values:**

*Working together with trust and respect to make a difference*



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CYMRU  
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Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



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