

# ENHANCING STUDENT WELLBEING THROUGH SOCIAL PRESCRIBING:

A Group Concept Mapping of student wellbeing in University of South Wales  
Final Report  
For University of South Wales

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## 1. INTRODUCTION AND BACKGROUND

Professor Carolyn Wallace and the team at the University of South Wales (USW) have been working with USW to gather insights into student wellbeing. This is part of a larger evaluation study of the new and innovative pilot social prescribing model being developed and implemented at Wrexham Glyndwr University (WGU) during 2020-2021. HEFCW commissioned WGU to explore ways of enhancing student wellbeing, build resilience and promote new ways of working using a replicable model of social prescribing. The project will then translate the identified principles from the pilot delivery and evaluation of this social prescribing model to inform the development of a second pilot model at USW.

This report on the Group Concept Mapping (GCM) study element of the evaluation is the second of a series of three GCM reports and was commissioned to explore what has affected student wellbeing at USW over the last 12 months.

### BACKGROUND TO THE STUDY

The numbers of students accessing Higher Education is increasing; current data indicates that there are over 2.3 million students studying in HE, and over half of young adults will access tertiary education by the age of 30 (Universities UK 2018). Whilst these figures are encouraging, the increasing uptake of HE has seen a concomitant rise in student wellbeing issues. Within this group, wellbeing levels are far lower than within the general population (Blackman 2020), and 1 in 16 students fail to make it into their second year of university (Randstad 2019). Factors such as moving to a new area, the pressure of independent learning within a HE environment, new personal/financial/domestic responsibilities, and relationship pressures may all impact negatively on the overall psychological wellbeing of young people, and these issues are amplified for mature, students, those with declared disability, and learners from a BAME background (GuildHE 2018, Universities UK 2018, Randstad 2019, Blackman 2020). Whilst a number of strategies have been developed in mitigation (Thorley 2017), effectively supporting student wellbeing remains challenging.

Nevertheless, one approach that is beginning to show promise is the [Healthy Universities](#) initiative. Its origins lay within World Health Organization's *Ottawa Charter* (1986) and associated work highlighting the importance of context in health promotion activity i.e. that health is created within the settings of everyday life (Dooris *et al*, 2018). Whilst the Healthy University movement failed to achieve much initial traction within UK Higher Education (Newton *et al*, 2016), there is a growing acknowledgement that a 'systems thinking' approach in which mapping and connecting a diverse range of stakeholders from both within and beyond the university may have significant impact upon overall wellbeing (Dooris *et al*, 2020). Indeed, approaches that involve recognising and valuing local partnerships between university management, student bodies, NHS organisations, Local Authorities, and the 3<sup>rd</sup> Sector (GuildHE 2018) has proven particularly fruitful. However, the manner in which these networks are leveraged varies, and this may lie to some degree with effectively connecting and co-ordinating a range of complex and disparate systems (GuildHE 2018).

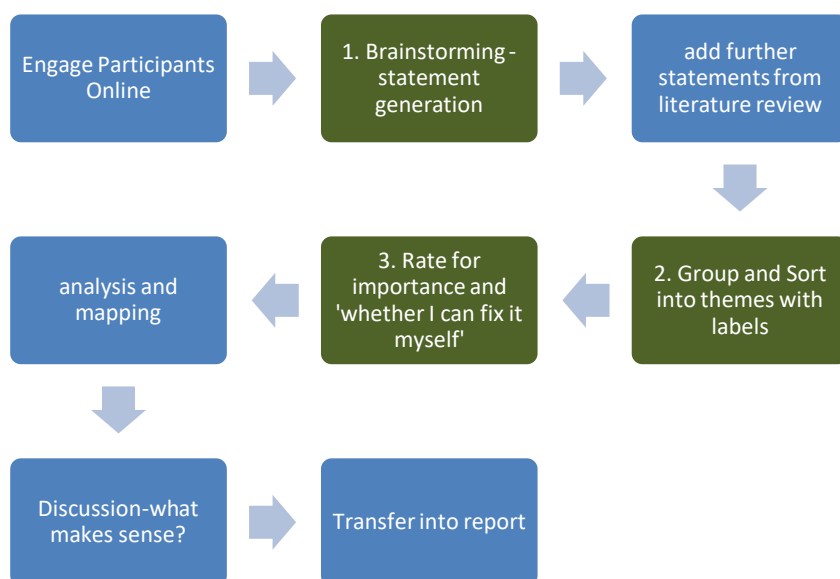
Furthermore, whilst there is now a recognition of the pressing need to develop strategies that support student wellbeing, the *Rapid Realist Review* conducted as part of this project indicates that activity beyond localised intervention (e.g. induction events, student support services, mindfulness meditation sessions) can be fragmented, and are primarily represented by mobile ‘app’ based solutions that often only map community assets as a secondary function. A key aspect of the overall study will therefore be to not only identify interventional pathways, but to co-productively surface and develop wider networks that may be accessed through Social Prescribing.

## 2. METHOD AND APPROACH

The study was conducted between 8<sup>th</sup> September and 22<sup>nd</sup> November 2020. Ethics approval was sought and secured by the USW, Faculty of Life Science and Education low-risk ethics panel reference [200605LR].

This study used an online consensus method called Group Concept Mapping (GCM) to explore student and staff perspectives on what had affected student wellbeing at USW over the last 12 months. It had three sequential parts, brainstorming, grouping/sorting and rating which participants were asked to complete (Figure 1).

**Figure 1:** The research process



### GROUP CONCEPT MAPPING

This study explored student and staff perspectives on what had affected student wellbeing over the last 12 months using Group Concept Mapping (GCM). GCM involves three activities; brainstorming, grouping/sorting and rating. Brainstorming asks participants to generate statements in response to a focus prompt. Once the statements are generated, participants group and sort all of the statements that are generated into themed ‘piles’ which they label. Finally, participants are asked to rate each statement. In this study, the rating scales were for ‘importance’ and ‘whether I can fix it’. The study was conducted bilingually in Welsh and English.

We also carried out a realist review of international literature and this gave the research group an opportunity to generate further statements. These were added to the original USW generated statement list after the cleaning process. The cleaning process removed duplicates and split responses with more than one statement in them. Using GCM gave an opportunity to include virtual groups of geographically dispersed participants (students and staff) at the beginning of the academic year to participate using online software to help them individually organise and present their ideas about the statements supported by a trained facilitator.

Participants answered five demographic questions on entry to the online software. These were used to analyse the data:

- Which of the following describes how you think of yourself? [List of options i.e. female, male, prefer not to say, other]
- Please provide your age in the box below [List of options]
- As a student what is your level of study OR as a staff member what is the level you teach the most? [List of options]
- Who do you currently live with? [List of options]
- Disability, special needs or medical condition? [List of options]

Two further demographic questions were asked at the informed consent stage and are not included in the GCM analysis but are reported separately. They were:

- Subject I am studying/teaching/engaging with students [List of options]
- Welsh language skill level [List of options]

The GCM method is facilitator-led and uses Group Wisdom™ software for data collection, data integration, and analysis. The results were later presented to the evaluation steering group and comments sought from USW student services.

The online software was used to conduct four steps of data analysis following data review, cleaning and acceptance processes:

- Step 1 – Five participant demographic responses were analysed using descriptive statistics.
- Step 2 – A similarity matrix was created from the participant sorted statements. This demonstrates the number of participants who sorted the statements together.
- Step 3 – Multidimensional-scaling analysis of the similarity matrix produced a statement point map. Each participant statement is allocated a point on a two-dimension (XY) axis (Figure 2).
- Step 4 – Ward's algorithm was used in a hierarchical cluster analysis of statement clusters to produce a cluster map with cluster labels (see Figure 3), cluster rating (Figures 4 and 5), go-zone analysis (Figure 6) and pattern matching reports (Figure 7 & 8). The go-zone analysis enabled us to identify the top five most important statements that students perceive they can fix themselves (most control); and the top ten most important statements that students perceive they may not be able to fix themselves (least control). A pattern matching report

identified the relative differences between staff and student responses to importance and ‘whether I can fix it myself’.

The evaluation steering group was comprised of USW and WGU members and they, along with the student union and student services representatives were invited to review the findings following the analysis.

## 3. FINDINGS

### 3.1 WHO WERE THE PARTICIPANTS?

Seventy-seven students and staff were invited to participate using purposive sampling (maximum variation) (Patton, 2015). Forty-nine participants were recruited, consented and enrolled onto the Group Wisdom™ software. They were recruited through USW networks.

Participants who engaged in the GCM completed the following (Table 1):

- Participant Questions

N=41 (n=25 students, n=16 staff)

- Brainstorming activity

N=41 participants were enrolled onto the brainstorming activity and n=30 completed (n=16 students, n=14 staff)

- Sorting activity

A further n=8 participants were enrolled on the sorting activity and n=29 completed (n=18 students, n=11 staff).

- Rating activity

N=26 completed the importance rating activity (n=19 students, n=7 staff) and n=22 completed the ‘whether I can fix it myself’ rating (n=17 students, n=5 staff).

**Table 1:** Number of participants who completed each activity

	Completed	Students	Staff
Participant questions	N=41	N=25	N=16
Brainstorming	N=30	N=16	N=14
Sorting	N=29	N=18	N=11
Importance rating	N=26	N=19	N=7
‘whether I can fix it myself’ rating	N=22	N=17	N=5

The majority of participants who responded described themselves as female (82.50%) (Table 2). Age groups represented were 18 years to 59 years, with no participants aged 60 years or over. The

majority (24.39%) were between 40-44 years, followed by 45-49 years (17.07%). Age groups 18-20 years (2.44%), 21-24 years (7.32%), and 55-59 years (7.32%) were the groups least represented (Table 3).

**Table 2:** How participants think of themselves

OPTION	FREQUENCY	%
Benywaidd/female	33	82.50
Gwrywaidd/male	5	12.50
Dewis peidio â dweud/Prefer not to say	0.00	0.00
Other	2	5.00
<b>Total</b>	<b>40</b>	<b>100%</b>

**Table 3:** Participant age

OPTION	FREQUENCY	%
18-20 oed/years	1	2.44
21-24 oed/years	3	7.32
25-29 oed/years	5	12.20
30-34 oed/years	4	9.76
35-39 oed/years	4	9.76
40-44 oed/years	10	24.39
45-49 oed/years	7	17.07
50-54 oed/years	4	9.76
55-59 oed/years	3	7.32
60-64 oed/years	0	0.00
65-69 oed/years	0	0.00
70 +	0	0.00
<b>Total</b>	<b>41</b>	<b>100%</b>

We asked participants to identify their level of study or staff to identify at which level they engaged/taught students the most (Table 4). All levels of study were represented. Most participants engaged in level seven (58.54%) and level three was the least represented (7.32%).

**Table 4:** Student and staff academic level of engagement

OPTION	FREQUENCY	%
Lefel/Level 3 (foundation)	3	7.32
Lefel/Level 4	5	12.20
Lefel/Level 5	5	12.20
Lefel/Level 6	4	9.76
Lefel/Level 7+	24	58.54
<b>Total</b>	<b>41</b>	<b>100%</b>

When we asked participants ‘who do you currently live with?’, this was offered as a multiple-choice question, acknowledging that living with someone may also mean that the participants may have a role as a carer (Table 5). We found that the majority of participants lived with their family (46.51%) and/or partner (34.88%). No participants lived in halls of residence and none lived with someone they cared for.

**Table 5:** Student and staff living arrangements

OPTION	FREQUENCY	%
Rwy'n byw ar fy mhen fy hun/I live alone	2	4.65
Yr wyf yn byw mewn neuaddau preswyl/I live in halls of residence	0	0.00
Rwy'n byw gyda fy mhartner/I live with my partner	15	34.88
Rwy'n byw gyda fy rhieni/I live with my parents	4	9.30
Rwy'n byw gyda fy nheulu/I live with my family (children)	20	46.51
Rwy'n byw gyda fy ffrindiau/I live with my friend(s)	2	4.65
Rwy'n byw gyda rhywun rwy'n gofalu am/I live with someone I care for	0	0.00
<b>Total</b>	<b>43</b>	<b>100%</b>

We offered the next question about disability, special needs and/or medical condition as a multiple-choice question in acknowledgement that some participants might identify with having two or more of the items listed. The majority of participants identified as having no disability (64.71%). No participants identified as blind or deaf. The remaining participants identified as having a long-standing illness or health condition (9.80%), a social/communication impairment (5.88%), blind or a serious visual impairment (1.96%) (Table 6).



**Table 6:** Participant disability, special needs or medical condition.

OPTION	FREQUENCY	%
No disability	33	78.57
I have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder/ Mae gen i nam cymdeithasol / cyfathrebu fel syndrom Asperger / anhwylder sbectrwm awtistig arall	3	7.14
I am blind or have a serious visual impairment uncorrected by glasses / Rwy'n ddall neu mae gen i nam ar y golwg yn ddifrifol heb ei gywiro gan sbectol	0	0.00
I am deaf or have a serious hearing impairment / Rwy'n fyddar neu mae gen i nam difrifol ar fy nghlyw	1	2.38
I have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy/ § Mae gen i salwch neu gyflwr iechyd hirsefydlog fel canser, HIV, diabetes, clefyd cronig y galon, neu epilepsi	5	11.90
<b>Total</b>	<b>42</b>	<b>100%</b>

The further two demographic questions were asked at the informed consent stage (not included in the GCM analysis):

- Subject I am studying/teaching/engaging with students
- Welsh language skill level

### Subject I am studying/teaching/engaging with students

Participants identified which of the 22 USW subject areas they were connected. We offered this as a multiple-choice question because we acknowledged that participants might identify with more than one subject area. An 'other' option was also provided that asked participants to specify their area if it was not listed. This allowed support staff to respond who were not teaching but were working in other departments of the university and had regular contact with students.

Table 7 shows that the majority of participants (50%) were connected with Health, Psychology, and Social Care.

**Table 7:** Subject I am studying/teaching/engaging with students

OPTION	FREQUENCY	%
Agriculture, food and related studies	0	0.00
Architecture, building & planning	0	0.00
Biological and sports sciences	1	2.27
Business and management	3	6.82

Communications and media	0	0.00
Computing	1	2.27
Combined and general	1	2.27
Creative Arts and design	3	6.82
Education and teaching	3	6.82
Engineering and technology	0	0.00
General and other sciences	0	0.00
Geographical and environmental	0	0.00
Humanities	0	0.00
Health, Psychology, and Social Care	22	50.00
Historical, philosophical and religious	0	0.00
Language and area studies	0	0.00
Law	0	0.00
Mathematical sciences	0	0.00
Medicine and dentistry	0	0.00
Physical sciences	0	0.00
Subjects allied to medicine	0	0.00
Social sciences	6	13.64
Other (Careers and Employability)	1	2.27
Did not respond	3	6.82
<b>Total</b>	<b>44</b>	<b>100</b>

### Welsh language skill level

In response to the Welsh language skill level questions, the majority of participants (41.56%) identified as not able to speak Welsh. No participants were fluent in Welsh and 2.44% selected 'I can speak a fair amount of Welsh'. In response to Welsh writing skills, most participants (68.29%) identified as 'not at all', no participants selected 'very well' and 2.44% identified as being able to write Welsh 'well' (Table 8 and 9).

**Tables 8 & 9:** Welsh language skill level

1. Which best describes your ability to speak Welsh.		
OPTION	FREQUENCY	%
I am fluent in Welsh	0	0.00
I can speak a fair amount of Welsh	1	2.44
I can only speak a little Welsh	5	12.20
I can say a few words	15	36.59
I do not speak Welsh	17	41.56
Did not respond	3	7.32
<b>Total</b>	<b>41</b>	<b>100%</b>

2. How well can you write Welsh?		
OPTION	FREQUENCY	%
Very well	0	0.00
Well	1	2.44
Not well	9	21.95
Not at all	28	68.29
Did not respond	3	7.32
<b>Total</b>	<b>41</b>	<b>100%</b>

### 3.2 IDENTIFYING AND ANALYSING THE WAYS STUDENT WELLBEING HAS BEEN AFFECTED DURING THE LAST YEAR.

#### *Activity 1 – Brainstorming*

During this activity n=30 participants (n=16 students, n=14 staff) provided an initial 135 statements based on their experience. They were asked to complete the single online focus prompt, ‘As a student over the past year my wellbeing has been affected by...’ or ‘As a member of staff over the past year my student’s wellbeing has been affected by...’

These were cleaned by splitting multiple statements and removing duplicates which resulted in n=104 statements remaining. A further n=100 statements were identified from the realist literature review that was conducted alongside this study, and these were added to the statement list. Members of the study team from USW and WGU reviewed the list, removed any duplicates and merged the statements, which resulted in n=125 in total remaining. Examples of statements in the final list can be seen in Table 10. The full list of the final n=125 statements can be seen in Appendix 1.

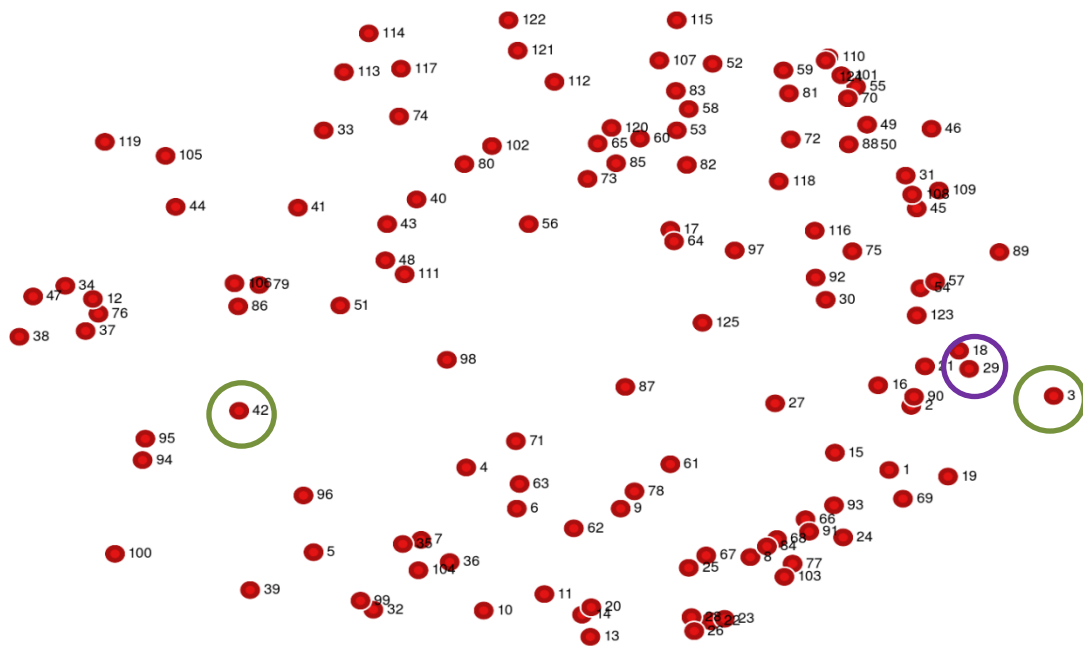
**Table 10:** The first four statements

Statement no	Statement
1	Worrying that I won't keep up with everything online
2	Worrying about not getting to know my peers
3	Feeling a little disconnected from every one because everything is online
4	The number of students that have asked for one to one time in the first few weeks is staggering

*Activity 2 – Grouping/sorting*

In this activity, participants were asked to sort and group all the statements into piles and provide each pile with an individual label. From this, the software generated a point map showing all the n=125 statements (Figure 2).

**Figure 2:** Computer generated point map of n=125 statements



The dataset had a final stress value of **0.2874** – the acceptable range is 0.205-0.365. This is considered similar to reliability (Kane and Trochim, 2007). The stress value for this study is situated towards the mid-range and so is considered to be a good fit. A point on the map represents a particular statement. The gap between the points indicates how frequently the statements were sorted together by participants. For example, statements 29 and 18 are close together (right side of map) and so have been sorted together most frequently. Conversely, statement 42 and 3 are on opposite ends of the map and were either not sorted together often or not at all.

The software then generated a number of cluster maps where the statements had been distributed within all the clusters. A selection were considered by the study evaluation team and findings shared



**Table 11:** Cluster characteristics

Construct	Disconnected from others	Mental health concerns	Remote learning	Adapting to change	Challenges to wellbeing
Number of statements	25	32	28	13	27
Average rating of importance of statement	3.16	2.96	3.04	2.65	2.98
Average rating of 'Can I fix it myself'	2.63	2.64	2.31	2.09	2.28

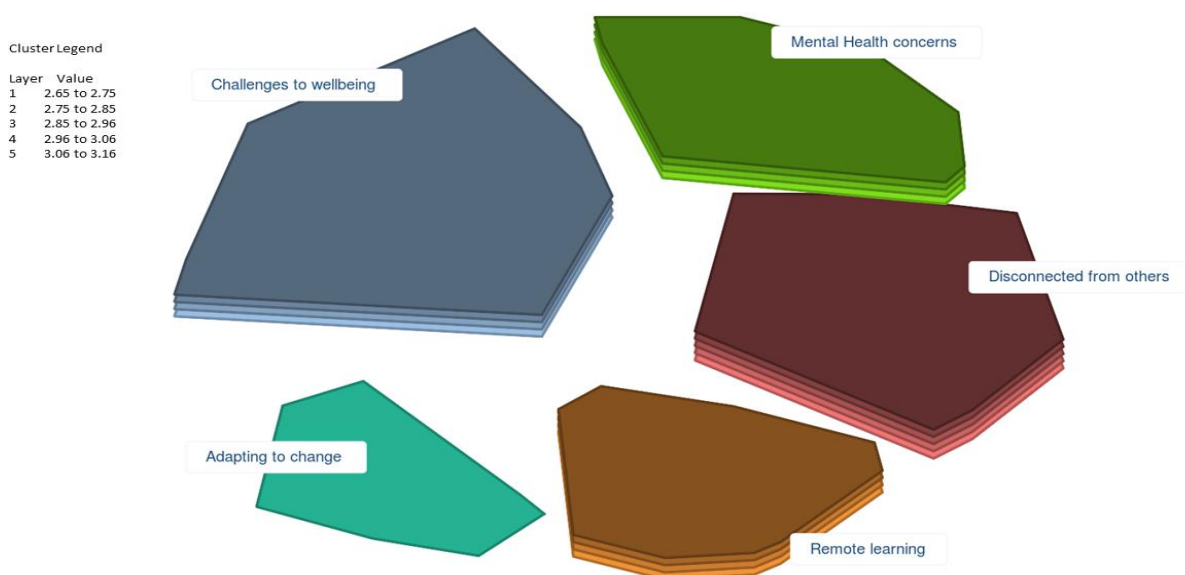
**Table 12:** Examples statements in each of the five clusters

No.	Wording
<b>Disconnected from others</b>	
3	Feeling a little disconnected from every one because everything is online
21	The inability to be with my peer group, we improvise and play music together - this helped to regulate my feelings and emotions
64	Socially isolated from friends. family and supportive networks and not having "adult" conversations
<b>Mental health concerns</b>	
55	Social anxiety due to introverted personality
81	Unhelpful thinking patterns (black and white thinking, rumination, catastrophizing) about past events
107	The stigma associated with a long-term mental health condition
<b>Remote learning</b>	
8	The amount of on screen time which is difficult for students
23	The use of technology, there are many routes to access documents and information and it can become confusing
78	The inability to separate university work life from home life as we have to work from home
<b>Adapting to change</b>	
39	Having more time for my university study as a result of the pandemic
96	Increase in working hours
104	Often students timetable offers two hour workshops per module it is too much especially when 20 credit modules are being taught in 10 weeks!
<b>Challenges to wellbeing</b>	
40	My partner becoming unemployed throughout the pandemic so I had more stress of being the bread winner
51	Being unable to travel for a break away or to take part in leisure activities
80	Whether I dedicate enough time to self-care (eating health, exercise, sleep, appearance, engaging in activities)

### Activity 3 – rating for ‘importance’ and ‘can I fix it myself’

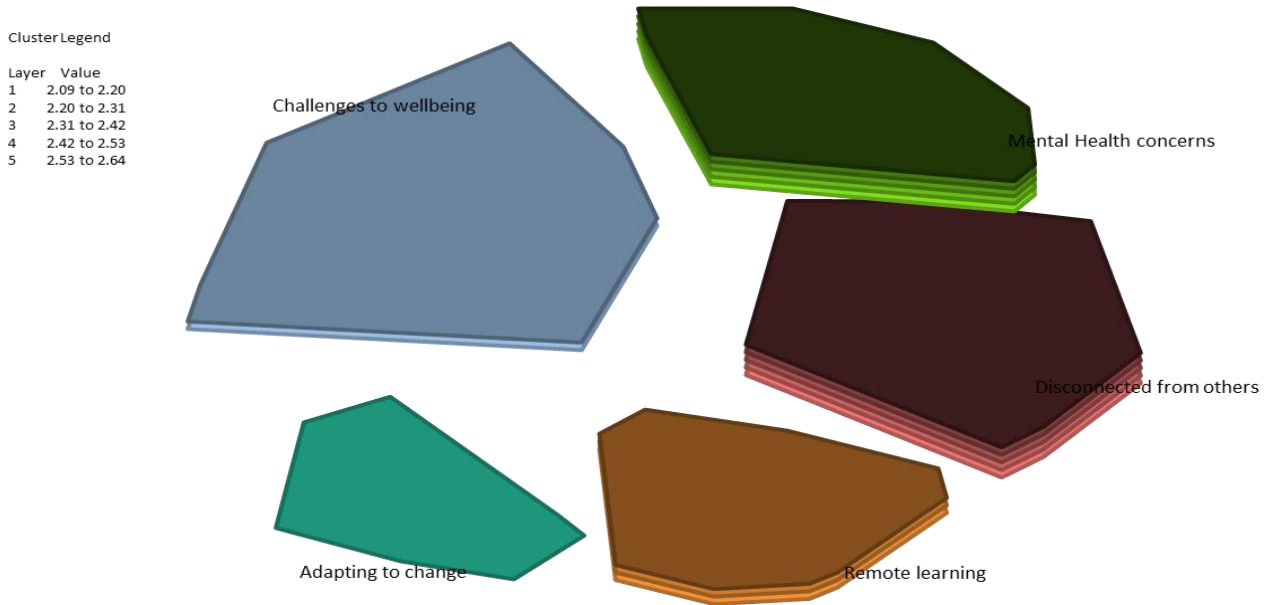
In this activity participants were asked to rate all 125 statements using ‘importance’ and ‘can I fix it myself’ Likert type scales. The cluster-rating map in Figure 4 (and Table 11 above) demonstrates that the ‘disconnected from others’ cluster is on average considered the most important of all five clusters when considering what has affected student wellbeing in the last 12 months (3.16). The ‘remote learning’ cluster is second (3.04), and the ‘adapting to change’ cluster was considered the least important (2.65).

**Figure 4:** Cluster rating map – importance of what had affected student wellbeing in the last 12 months



Analysis was also undertaken on the cluster of statements where students and staff rated the statements in accordance to ‘can I fix it myself?’ Students and staff expressed that on average students were more in control of ‘fixing’ the statements grouped within ‘mental health concerns’ (2.64) and ‘disconnected from others’ (2.63) (Figure 5). However, the cluster-ratings maps in Figure 5 (and Table 11) demonstrate that students and staff felt they had little control over whether they could fix the issues themselves or situations within the ‘adapting to change’ cluster (2.09), the ‘challenges to wellbeing’ cluster (2.28), and the ‘remote learning’ cluster (2.31).

**Figure 5:** Cluster rating map- 'Can I fix it myself'



We then used both the cluster map and the rating scales to develop a Go-Zone (Figure 6).

**Figure 6:** Go-Zone report displaying how each statement is rated in relation to importance and 'can I fix it myself'.





This shows which statements were above or below the mean (average) across the two chosen rating criteria of ‘importance’ and ‘can I fix it myself or can my students fix it themselves’. Statements above the importance mean (2.99) were most important and are in the orange and green zones. Statements above the ‘can I fix it myself’ mean (2.43) are the statements which students and staff felt students had most control and could fix themselves i.e. the green and yellow zones. Figure 6 shows that the statements presented in the green zone are statements (issues or situations) which are most important and which students either identify or are thought (by staff) to have most control over ‘fixing’ themselves. Those in the orange zone are also most important but students either identify or are thought (by staff) to have least control over ‘fixing’ themselves.

Statements in the yellow zone are least important but students are thought to be able to ‘fix’ for themselves, and those in the blue zone are statements of least importance and students are least thought to be able to fix for themselves. Example statements from each quadrant can be seen in Table 13. These zones may be of interest to university strategic managers, student services and commissioners of related community groups or services. They may indicate issues or situations where students need most support and those where they do not, and groups and services which may need future investment, commissioning and decommissioning.

**Table 13:** Example and total number of statements from each quadrant

No.	Wording
<b>GREEN QUADRANT [n=43]</b>	
1	Worrying that I won’t be able to keep up with everything online
44	Self-directed pressure to do well in studies
108	My overall sense of self-efficacy
<b>ORANGE QUADRANT [n=29]</b>	
19	Lack of interaction with peers and sense of community
45	Isolation
56	Potential financial stressors
<b>Blue QUADRANT [N=34]</b>	
14	Exam organisations - not being organised / postponing exams/ having long waits at exam centres
76	Whether places like shops, restaurants or swimming pools are open
116	Exclusion from social or cultural participation (FOMO)
<b>YELLOW QUADRANT [n=19]</b>	
57	Worrying about entering academia as a mature student
68	Finding a placement, going on placement, contacting placement
106	My use of social media as a means of increasing personal capital and building social networks

We can interpret with caution as the correlation is weak, that there is a positive correlation ( $r=0.19$ ) between the two variables importance and 'can I fix it myself'.

By examining the 43 statements from the green quadrant (the most important and most amenable to students fixing it themselves), we can identify the top five statements and their respective clusters. The top two statements can be found in the cluster 'challenges to wellbeing'. They are number 80 'whether I dedicate enough time to self-care (eating health, exercise, sleep, appearance, engaging in activities)', (mean average of 3.7029) and number 74 'The amount I stick to a healthy lifestyle regarding diet, mindfulness & exercise etc.' (mean average 3.5942).

The other top three statements which students and staff rated and most important and most amenable to students fixing it themselves can be found in 'disconnected to others' (number 1 and 54) and 'remote learning' (number 71).

**Table 14:** The top five most important most amenable to students fixing it themselves statements by cluster

Cluster	Statement	Whether I can fix it myself	Importance	Mean
Challenges to wellbeing	80. Whether I dedicate enough time to self-care (eating health, exercise, sleep, appearance, engaging in activities)	3.6667	3.7391	3.7029
Challenges to wellbeing	74. The amount I stick to a healthy lifestyle regarding diet, mindfulness & exercise etc.,	3.6667	3.5217	3.5942
Disconnected from others	1. Worrying that I won't keep up with everything online	3.35	3.8261	3.58805
Disconnected from others	54. Self-directed pressure to do well in studies	3.2857	3.875	3.58035
Remote learning	71. Maintaining healthy boundaries with others via online communication	4.05	3.087	3.5685

By examining the 29 statements from the orange quadrant (most important but students either identify or are thought (by staff) to be least amenable to students fixing it themselves, we can identify the top 10 statements and their respective clusters (Table 15).

**Table 15:** The top ten most important statements but students either identify or are thought (by staff) to be least amenable to students fixing it themselves

Cluster	Statement	Whether I can fix it myself	Importance	Mean
Disconnected from others	3. Feeling a little disconnected from every one because everything is online	2.3333	3.8095	3.0714
Disconnected from others	17. Worrying about my family	2.2381	3.8636	3.05085
Remote learning	103. Not having direct conversations, the 100% reliance on internet is a pain	1.9524	3.9048	2.9286
Remote learning	8. The amount of on screen time which is difficult for students	2.2857	3.5652	2.92545
Adapting to change	96. Increase in working hours	2.1905	3.5652	2.87785
Challenges to wellbeing	12. Concerns about safety related to Covid	2.1905	3.4545	2.8225
Disconnected from others	64. Socially isolated from friends, family and supportive networks and not having "adult" conversations	2.25	3.3478	2.7989
Challenges to wellbeing	56. Potential financial stressors	2.0952	3.5	2.7976
Disconnected from others	27. Being mature students who often have caring responsibilities for their children and their parents - can be really difficult for them to juggle it all	2.3	3.2727	2.78635
Challenges to wellbeing	44. Worrying about the state of the world!	2.1429	3.3913	2.7671

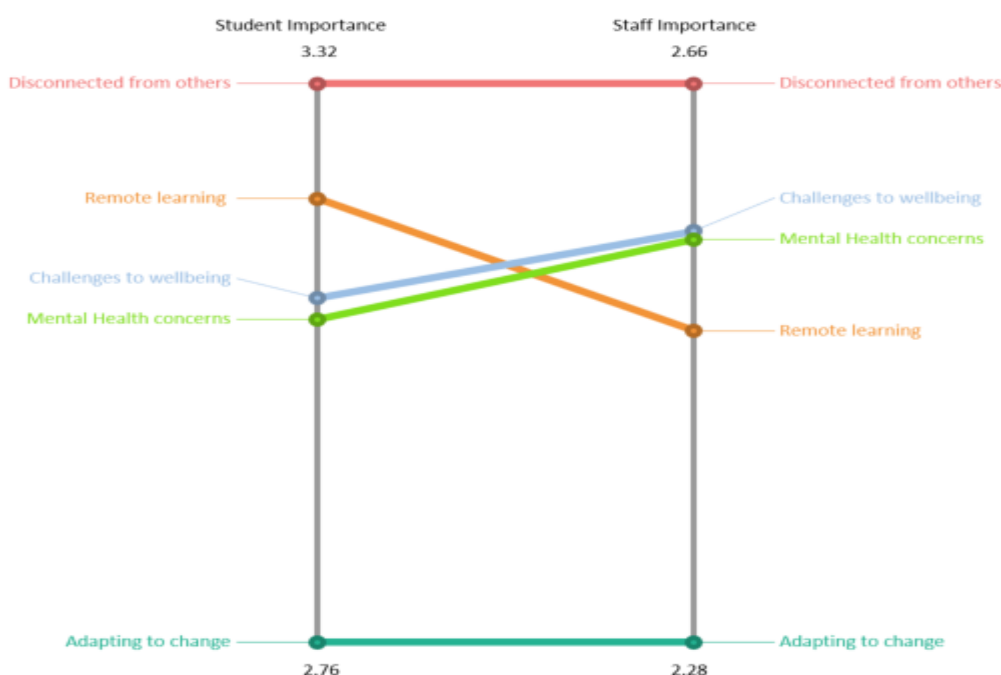
The top statement is number 3 ‘feeling a little disconnected from every one because everything is online’, followed by number 17 ‘worrying about my family’. Both of these statements are situated in the ‘disconnected from others’ cluster. The next two statements, ‘not having direct conversations,

the 100% reliance on internet is a pain' (103) and 'the amount of on screen time which is difficult for students' (8) originate from the 'remote learning' cluster and is followed by statement 96 'increase in working hours', which is from the 'adapting to change' cluster.

Four of the top ten statements belong to the 'disconnected to others' cluster, and three of the top ten statements are from the 'challenges to wellbeing' cluster. There are two statements from the 'remote learning' cluster and one from the 'adapting to change' cluster. There are no statements from the 'mental health concerns' cluster that feature in the orange quadrant top ten statements.

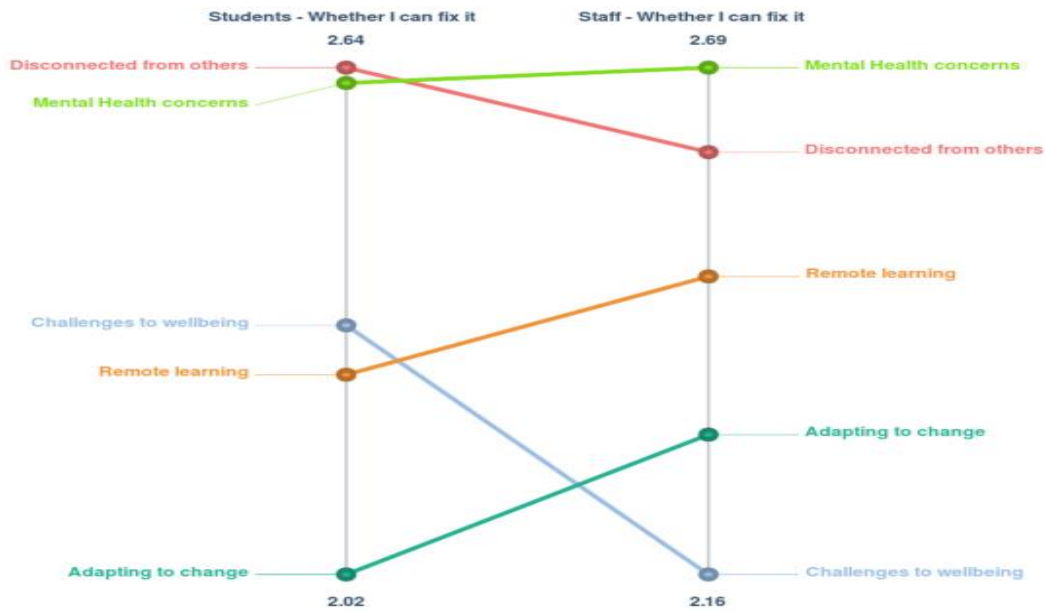
We further examined student versus staff group responses to the 'importance' and 'can I fix it myself' rating scales. Figure 7 shows there was agreement in the perspectives of students and staff in their opinion of the most important cluster 'disconnected from others' and the least important cluster 'adapting to change'. Students and staff differed in their opinion on the importance of three out of the five clusters (including their statements). For example, students considered 'remote learning' issues more important (affecting their wellbeing) whereas staff considered 'challenges to wellbeing' and 'mental health concerns' more important than 'remote learning'.

**Figure 7:** Student vs Staff importance



By examining student versus staff group responses to 'can I fix it myself', both groups were similar when they considered 'mental health concerns'. Figure 8 shows differences between student and staff in terms of 'fixability' of the clusters (and their statements). For example, 'challenges to wellbeing' was rated more positively by students (felt more in control) than staff, whereas 'remote learning' and 'adapting to change' was rated more positively by staff compared to students who felt least in control of 'adapting to change' and 'remote learning'.

**Figure 8:** Student vs Staff ‘whether I can fix it’.



We further examined participants reporting ‘no disability’ versus ‘disability’ to the ‘importance’ and ‘can I fix it myself’ rating scales. Figure 9 shows that there was agreement of both groups in their opinion of the most important cluster ‘disconnected from others’ and the least important cluster ‘adapting to change’. However, differences are highlighted, for example, the ‘remote learning’ cluster and the ‘mental health concerns’ cluster were rated as more important for participants who identified as having a disability, whereas ‘challenges to wellbeing’ were rated as more important by participants identifying as having no disability.

**Figure 9:** No disability vs disability – Importance

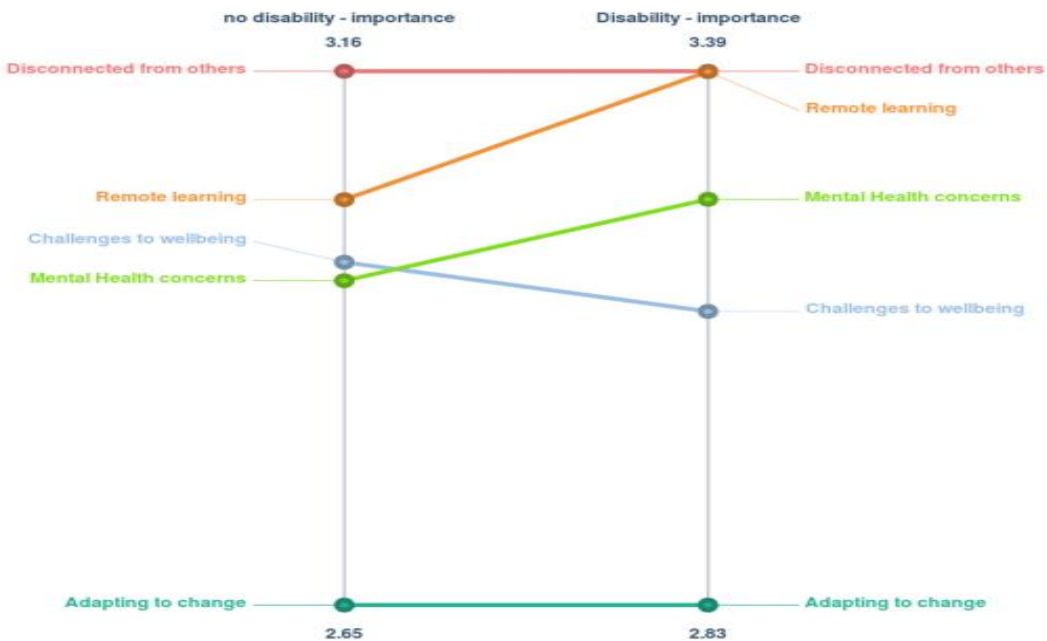
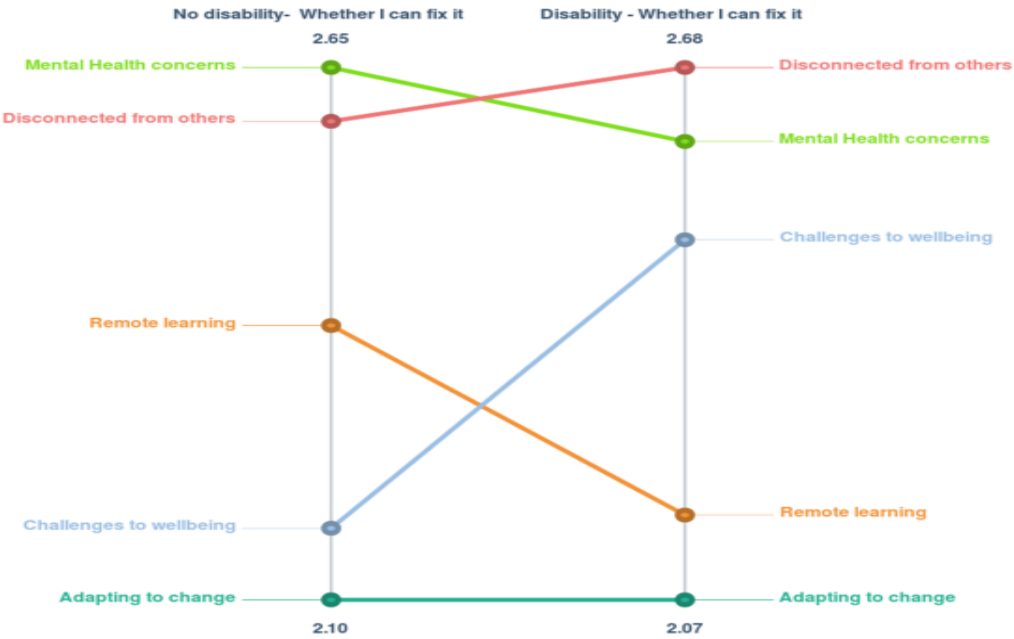


Figure 10 also shows differences in responses to ‘can I fix it myself’. For participants who identified as having no disability, they reported that they could fix ‘remote learning’ more positively than those who identified as having a disability. ‘Challenges to wellbeing’ was seen to be more ‘fixable’ by participants identifying with a disability, compared to those who identified as having no disability. Both groups agreed that ‘adapting to change’ was least ‘fixable’ (less amenable to students fixing it themselves).

**Figure 10:** No disability vs disability – ‘Whether I can fix it’



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## 4. CONCLUSION

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Using an on-line asynchronous method like GCM was very helpful in overcoming the constraints imposed by the Welsh Government due to the COVID-19 pandemic. Both students and staff were able to access the Group Wisdom software remotely and complete it at a time convenient for them within the relevant data collection window. The various analytical tools within GCM have allowed us to identify the elements of the concept and to identify any differences between student and staff.

These findings were presented and shared with evaluation team members from USW and WGU, which included USW student union and student services staff representatives. These findings are thought to be an important evidence base for the study as they provide an opportunity to reflect on current student services, in the context of the wider social prescribing project to enhance student wellbeing and resilience. The findings will be used in the first instance to inform the 'User Requirements' document for the Elemental software technical specification purchased by USW for the new social prescribing model.

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## APPENDIX 1 -125 STATEMENTS

1. Worrying that I won't keep up with everything online
2. Worrying about not getting to know my peers
3. Feeling a little disconnected from every one because everything is online
4. The number of students that have asked for one to one time in the first few weeks is staggering
5. The real impact on lecturers with a lack of support from line management
6. Difficulty in working in this environment
7. A lack of access for staff to use facilities, which would enable us to support students better.
8. The amount of on screen time which is difficult for students
9. Not knowing how things were going to run this year
10. Timetables being incorrect
11. Delays in releasing marks (due to exam boards being delayed and taking a long time because of application of no detriment policy)
12. Concerns about safety related to Covid
13. Poor organisation of whether teaching was going to be delivered online or in person
14. Exam organisations - not being organised / postponing exams/ having long waits at exam centres
15. Having to care for children/home schooling whilst studying
16. Lack of motivation - not joining virtual interactive sessions with the group
17. Worrying about my family
18. Lack of motivation to complete basic academic tasks
19. Lack of interaction with peers and sense of community
20. The lack of consistent information from lecturers
21. The inability to be with my peer group, we improvise and play music together - this helped to regulate my feelings and emotions
22. The use of technology and navigating blackboard
23. The use of technology, there are many routes to access documents and information and it can become confusing
24. Not being in a classroom environment which makes contributing and interaction difficult, you cannot get a sense of one's peers or their views
25. Not being in a classroom environment means contributions are reduced to single sentences as there's no pause to listen
26. By technology which when it works is a boon, when it doesn't it can be very frustrating and cause a lot of unnecessary anxiety
27. Being mature students who often have caring responsibilities for their children and their parents - can be really difficult for them to juggle it all
28. Struggling with poor Wi-Fi/equipment - it makes teaching and learning very hard
29. By students feeling adrift because they aren't seeing one another
30. As an international student, my well-being has been affected immensely. I didn't have the opportunity to engage with other researchers
31. Feeling completely isolated and I sought counselling support from the USW team.
32. Guidelines that were not used to their full capacity and especially USW went OTT with access to buildings for example.
33. Negative news, you cannot follow it, it is just dragging everyone down.
34. Other countries appearing to have returned to a new normal while UK news agencies celebrate the drama and decline
35. The loss of my work-life balance, everything is work now as some staff do not seem to get it sorted and this is now additionally on our/my shoulders

36. Home working. The remote access binds me more at the desk, instead of working 10 hours, it is now 14
37. The state of emergency, which does not seem to end, I feel kept in darkness by government.
38. Having more time for my kids as a result of the pandemic
39. Having more time for my university study as a result of the pandemic
40. My partner becoming unemployed throughout the pandemic so I had more stress of being the bread winner
41. The worry of bringing the virus home to my family and my mother provided childcare throughout the pandemic
42. Nursing patients who are ventilated which meant that while we was on lockdown I was completing 12-hour shifts in full PPE.
43. COVID-19 meaning not being able to see my elderly family who I would see weekly
44. Worrying about the state of the world!
45. Isolation
46. other students seeming 'fine'
47. Covid/lockdown
48. Isolation and unemployment
49. low self esteem
50. lack of self confidence
51. Being unable to travel for a break away or to take part in leisure activities
52. Struggles with getting the correct dose of antidepressant medication and experiencing side effects
53. Marital issues
54. Self-directed pressure to do well in studies
55. Social anxiety due to introverted personality
56. Potential financial stressors
57. Worrying about entering academia as a mature student
58. A traumatic incident which affected me significantly
59. Mental health struggles/issues
60. dealing with the death of my mum along with redundancy whilst studying
61. Uncertainty about whether qualifications will be regarded as being 'as good' as those who studied wholly in person
62. Not being able to come together to make music as the majority of my teaching is on the MA Music Therapy course.
63. Learning how to work using live music with clients as well as developing skills and connecting in this way
64. Socially isolated from friends. family and supportive networks and not having "adult" conversations
65. A lack of self-care time due to looking after my son who has complex learning, communication and developmental needs
66. Will I be able to finish my placement hours
67. Will I be able to go back to campus again
68. Finding a placement, going on placement, contacting placement
69. Tight deadlines for assignments
70. Mood fluctuations
71. Maintaining healthy boundaries with others via online communication
72. Managing other people's mental health
73. Managing my children's anxieties as a lone parent.
74. The amount I stick to a healthy lifestyle regarding diet, mindfulness & exercise etc.,
75. The amount of time I see friends and family face to face
76. Whether places like shops, restaurants or swimming pools are open
77. Difficulty learning remotely and managing my pre-recorded lectures.

78. The inability to separate university work life from home life as we have to work from home.
79. Not being able to take part in recreational activities (due to covid-19).
80. Whether I dedicate enough time to self-care (eating health, exercise, sleep, appearance, engaging in activities)
81. Unhelpful thinking patterns (black and white thinking, rumination, catastrophizing) about past events
82. Difficulties with personal relationships (e.g. conflict/disagreements with friends/family).
83. Problems with sleeping pattern
84. Adjusting to a new university/ way of working (covid-19, increase in independent study), imposter syndrome etc.
85. Family bereavement
86. Having to adapt to a "new normal"
87. Change in routine
88. Feeling burnt out
89. Lack of focus
90. Feeling behind with work
91. Finding somewhere quiet to work at home
92. Trying to maintain new relationships whilst focusing on university pressures.
93. Managing assessments
94. Career planning
95. Covid pressures at work
96. Increase in working hours
97. Pressure to carry on as normal
98. Carer or childcare responsibilities
99. Changes within the organisational structure
100. Increasing levels of bureaucracy
101. Anxiety
102. Financial worries
103. Not having direct conversations, the 100% reliance on internet is a pain.
104. Often students timetable offers two hour workshops per module it is too much especially when 20 credit modules are being taught in 10 weeks!
105. Exposure to homophobic or non-inclusive language
106. My use of social media as a means of increasing personal capital and building social networks
107. The stigma associated with a long-term mental health condition
108. My overall sense of self-efficacy
109. Loneliness
110. Depression
111. Uncertainty about future employability
112. internet addiction
113. Deafness or hard of hearing
114. Dyslexia
115. ADHD symptoms
116. Exclusion from social or cultural participation (FOMO)
117. Anti-social behaviour
118. Parental expectations
119. Racial inequality
120. Unbalanced diet- don't feel like cooking or shopping
121. Alcohol/drug consumption
122. Smoking
123. My sense of attachment to 'place'

- 124. Emotional distress
- 125. inability to accommodate to new surroundings