ENHANCING STUDENT WELLBEING THROUGH SOCIAL PRESCRIBING:

A Group Concept Mapping of student wellbeing in Wrexham Glyndwr University
Final Report
For Wrexham Glyndwr University

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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 Wrexham Glyndwr University (WGU) 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 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. This report on the Group Concept Mapping (GCM) study element of the evaluation is the first of a series of reports and was commissioned to explore what has affected student wellbeing at WGU 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, approach that involve recognising and valuing local

partnerships between university management, student bodies, NHS organisations, Local Authorities, and the 3rd 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 5th June and 7th August 2020. Ethics approval was sought and given by the USW, Faculty of Life Science and Education low-risk ethics panel; and WGU Research Ethics Sub-Committee.

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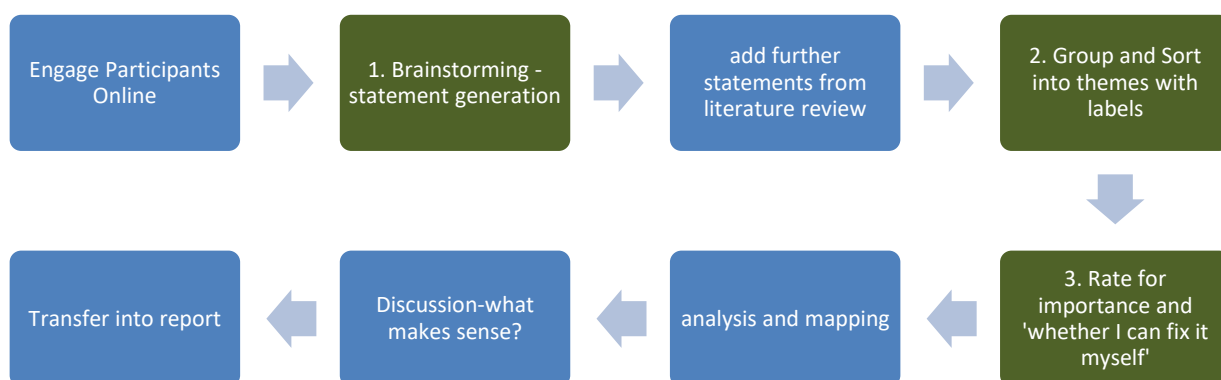

Figure 1: The research process

GROUP CONCEPT MAPPING

This study explored student and staff perspectives on what had affected student wellbeing over the last 12 months using the 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 WGU 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 end 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 [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 the WGU project manager.

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 WGU and USW members and they, along with the WGU project manager were invited to review the findings following the analysis.

3. FINDINGS

3.1 WHO WERE THE PARTICIPANTS?

Seventy-eight students and staff were invited to participate using purposive sampling (Maximum variation) (Patton, 2015). Forty-seven participants were recruited, consented and enrolled onto the Group Wisdom™ software. They were recruited through the WGU networks. Participants who engaged in the GCM completed the following:

- Participant Questions- n=37 (17 students)

- Brainstorming activity- n=36 (17 students)

- Finished sorting activity- n=26 (13 students)

- Finished importance rating activity- n=20 (11 students)

- Finished whether I can fix it myself rating activity- n=20 (10 students)

The majority of participants who responded described themselves as female (81.08%) (Table 1). All age groups were represented from 18 years to 70 years plus. However, the majority (51.36%) were between 30-49 years (Table 2).

OPTION	FREQUENCY	%
Benywaidd/female	30	81.08
Gwrywaidd/male	5	13.51
Dewis peidio â dweud/Prefer not to say	0	0.00
Other	2	5.41
Total	**37**	**100%**

Table 1: Participants describing how they think of themselves.

OPTION	FREQUENCY	%
18-20 oed/years	1	2.70
21-24 oed/years	1	2.70
25-29 oed/years	3	8.11
30-34 oed/years	6	16.22
35-39 oed/years	3	8.11
40-44 oed/years	3	8.11
45-49 oed/years	7	18.92
50-54 oed/years	2	5.41
55-59 oed/years	5	13.51
60-64 oed/years	4	10.81
65-69 oed/years	1	2.70
70 +	1	2.70
Total	37	**100%**

Table 2: Description of participant age.

We asked participants to identify their level of study or staff to identify at which level they engaged/taught students the most (Table 3). All levels of study were represented in the study. Levels four and five were equally the most represented (30.56%) and level three was the least represented (8.33%).

OPTION	FREQUENCY	%
Lefel/Level 3 (foundation)	3	8.33
Lefel/Level 4	11	30.56
Lefel/Level 5	11	30.56
Lefel/Level 6	6	16.67
Lefel/Level 7+	5	13.89
Total	**36**	**100%**

Table 3: Student and staff academic level of engagement.

When we asked participants 'who do you currently live with?' We offered this as a multiple-choice question, acknowledging that living with someone may also mean that the participants may have a role as a carer (Table 4). We found that the majority of participants lived with a partner (47.62); a minority lived in halls (2.38%), or lived with parents (4.76%) or lived on their own (7.14%). Only 4.76% lived with someone they 'cared for'.

OPTION	FREQUENCY	%
Rwy'n byw ar fy mhen fy hun/I live alone	3	7.14
Yr wyf yn byw mewn neuaddau preswyl/I live in halls of residence	1	2.38
Rwy'n byw gyda fy mhartner/I live with my partner	20	47.62
Rwy'n byw gyda fy rhieni/I live with my parents	2	4.76
Rwy'n byw gyda fy nheulu/I live with my family (children)	13	30.95
Rwy'n byw gyda fy ffrindiau/I live with my friend(s)	1	2.38
Rwy'n byw gyda rhywun rwy'n gofalu am/I live with someone I care for	2	4.76
Total	**42**	**100%**

Table 4: Student and staff living arrangements.

We offered the next question about disability, special needs and/or medical condition as a multiple choice question because we acknowledged that some participants (6.98%) might identify with having two or more. The majority of participants identified as having no disability (60.47%). No participants identified as blind or deaf. The remaining participants identified as having a social/communication impairment/specific learning difficulty/long-standing condition/physical impairment/ illness or mental health or disability (32.56%) (See Table 5).

OPTION	FREQUENCY	%
No disability	26	60.47
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	1	2.33
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	0	0.00
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	2	4.65
I have a mental health condition, such as depression, schizophrenia or anxiety disorder / Mae gen i gyflwr iechyd meddwl, fel iselder ysbryd, sgitsoffrenia neu anhwylder pryder	2	4.65
I have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D / Mae gen i anhawster dysgu penodol fel dyslecsia, dyspracsia neu AD(H)D	4	9.30
I have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches / Mae gen i broblemau nam corfforol neu symudedd fel anhawster defnyddio'ch breichiau neu ddefnyddio cadair olwyn neu faglau	1	2.33
I have a disability, impairment or medical condition that is not listed above / Mae gen i anabledd, nam neu gyflwr meddygol nad yw wedi'i restru uchod	4	9.30
I have two or more impairments and/or disabling medical conditions / Mae gen i ddau nam neu fwy a / neu anablu cyflyrau meddygol	3	6.98
Total	**43**	**100%**

Table 5: Participant disability, special needs or medical condition.

The further two demographic questions were asked at the informed consent stage (not included in the GCM analysis) and identified the subject area to which the participants related and their individual Welsh language skill level. Participants identified with nine subject areas (Table 6) and the

majority of participants (44.68%) identified with Health, Psychology, and Social Care. We offered this as a multiple-choice question because we acknowledged that participants might identify with more than one subject area. However, 19.14% of participants did not respond to the question mainly because they were not teaching staff but support staff working within other departments within the university but had regular contact with students.

OPTION	FREQUENCY	%
Animal Sciences	0	0.00
Art and Design	4	8.51
Business	1	2.13
Creatives Media	1	2.13
Engineering	0	0.00
Humanities	4	8.51
Society	4	8.51
Applied Sciences	1	2.13
Built Environment	0	0.00
Computing	1	2.13
Education and Childhood	1	2.13
Health, Psychology, and Social Care	21	44.68
Media, Performance, and Publishing	0	0.00
Sport	0	0.00
Did not respond	9	19.14
Total	47	100

Table 6: Subject I am studying/teaching

In response to the Welsh language skill level questions, the majority of participants (38.29%) identified as not able to speak Welsh. 4.26% were either fluent or able to speak a fair amount of Welsh. This contrasts with 6.39% who identified as able to write well in Welsh and 63.83% as not at all (see Tables 7.1 &2).

1. Which best describes your ability to speak Welsh.		
OPTION	FREQUENCY	%
I am fluent in Welsh	1	2.13
I can speak a fair amount of Welsh	1	2.13
I can only speak a little Welsh	11	23.40
I can say a few words	12	25.53
I do not speak Welsh	18	38.29
Did not respond	4	8.51
Total	**47**	**100%**

2. How well can you write Welsh?		
OPTION	FREQUENCY	%
Very well	0	0.00
Well	3	6.39
Not well	10	21.23
Not at all	30	63.83
Did not respond	4	8.51
Total	**47**	**100%**

Tables 7 (1) & (2): Welsh language skill level

3.2 IDENTIFYING AND ANALYSING THE 125 WAYS STUDENT WELLBEING HAS BEEN AFFECTED DURING THE LAST YEAR.

Activity 1 – Brainstorming

During this activity n=36 participants (including 17 students) provided the initial 121 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. This resulted in 96 statements. A further 105 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 WGU and USW reviewed the list, removed any duplicates and merged the statements, which resulted in 125 in total. Examples of statements in the final list can be seen in Table 8. The full list of the final 125 statements can be seen in Appendix 1.

Statement no	Statement
1	problematic intimate relationships e.g. abuse
2	my personal and intimate relationships e.g. with mother, father, partner
3	gambling
4	appearance

Table 8: The first four statements

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 125 statements (Figure 2).
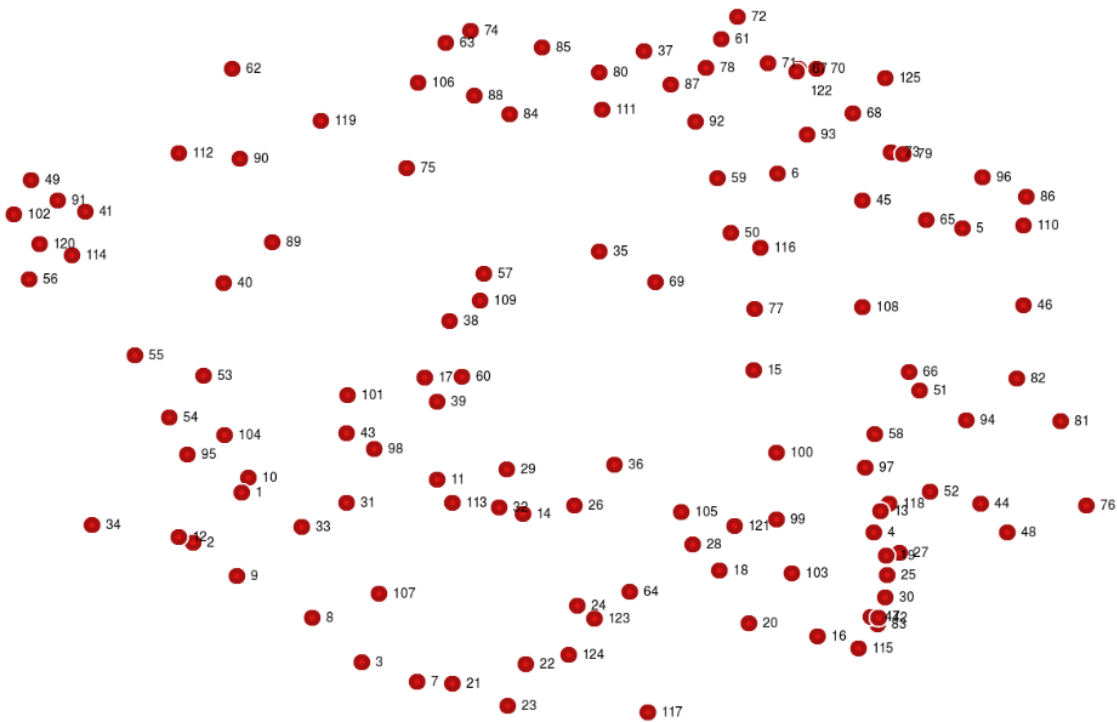
Figure 2: Computer generated point map of 125 statements

The dataset had a final stress value of **0.2934**– the acceptable range is 0.205-0.365, and therefore this is considered similar to reliability (Kane and Trochim, 2007). The stress value is situated towards the upper end of the mid-range and so is considered to be a good fit. A point represents each statement. The closer the points are to one another indicates how frequently the statements were sorted together by participants. For example, statements 110 and 86 are close together (right side of map)

and so have been sorted together most frequently. Conversely, statement 55 and 46 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 discussed with WGU project manager. Consequently a map with six clusters was agreed; *finances, technology issues, university/course related issues, home/family, negative or destructive behaviours, mental health and wellbeing* (Figure 3).

The placement of a statement in a particular cluster is based on participants' grouping and rating of each statement. For example, statement 91 **'not being able to manage their money e.g. being at risk of losing their home'** is positioned in the 'finances' cluster because that is where the majority of participants placed the statement. The conceptual relationship between clusters is shown by the distance between them – short distance = strong relationship; large distance = weak relationship. Therefore, the cluster called 'technology issues' is closer to 'university/course related issues' and 'finances' than it is to the other three clusters.
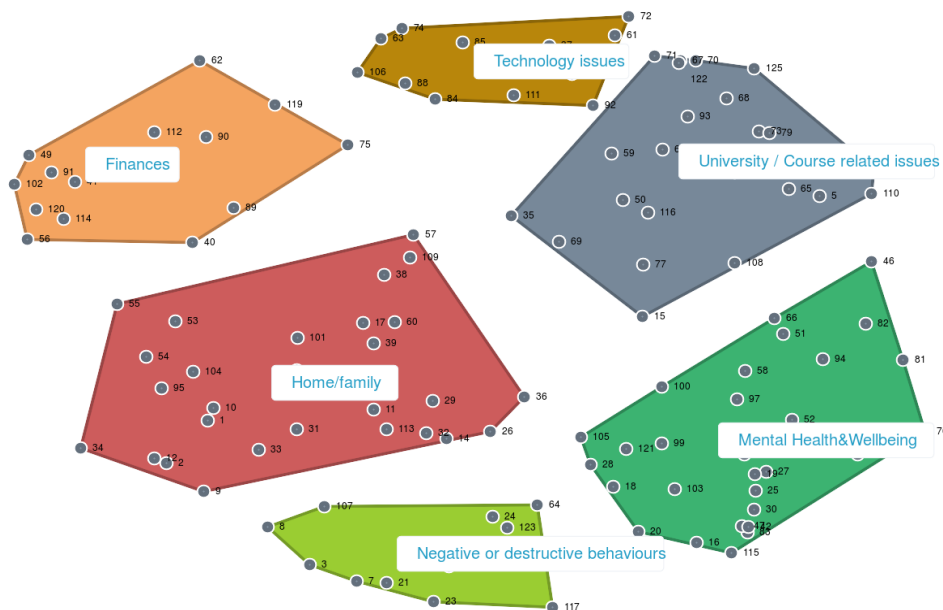

Figure 3: Cluster map with labels from the participant grouping exercise

The mental health & wellbeing cluster had the most statements (n=32) with home/family cluster (n=29) close behind, whilst negative or destructive behaviours had least statements (n=12). Table 9 shows the number of statements per cluster, cluster average importance and cluster average 'whether I can fix it'. Table 10 provides three statements examples per cluster.

Construct	Finances	University/course related issues	Home/family	Negative or destructive	Technology issues	Mental health & wellbeing
Number of statements	14	24	29	12	14	32
Average rating of importance of statement	3.29	3.09	3.11	3.00	3.13	3.26
Ave rating of 'Can I fix it myself'	2.27	2.77	2.47	2.22	2.28	2.76

Table 9: Cluster characteristics

No.	Wording
FINANCE	
40	not being able to buy items or equipment that might help with relaxation, managing stress and wellbeing such as plants, crafts etc.
90	by dealing with external bodies e.g. Student Finance Wales
114	the main earner in the family being made redundant / loss of income
Home/Family	
1	problematic intimate relationships e.g. abuse
54	lone parenting
109	not knowing many if any of their peers upon starting a course
Negative or destructive behaviours	
3	gambling
23	drug use
123	Bereavement.
Mental health & wellbeing	
16	exhaustion
76	lack of or overstretched support services esp. mental health
121	worries over the health & wellbeing of children and other family members
University/Course related issues	
5	learning difficulties
59	poor time management skills
116	The unknown - as a new student.
Technology issues	
37	being unable to access the library resources or working spaces I would usually use
63	lack of confidence using digital equipment
106	Accessing IT and broadband is problematic when some students live in remote areas where connections are not good or viable.

Table 10: Examples statements in each of the six clusters

Activity 3 – rating for 'importance' and 'whether I can fix it'

In this activity participants were asked to rate all 125 statements using 'importance' and 'whether I can fix it' Likert type scales. The cluster-rating map in Figure 4 (and Table 10 above) demonstrates that the 'finances' cluster is on average considered the most important of all six clusters when considering what has affected student wellbeing in the last 12 months (3.29). The 'mental health & wellbeing' cluster a close second (3.26), and the 'negative or destructive behaviours' cluster was considered the least important (3.00).

Cluster Legend

Layer	Value
1	3.00 to 3.06
2	3.06 to 3.12
3	3.12 to 3.18
4	3.18 to 3.23
5	3.23 to 3.29
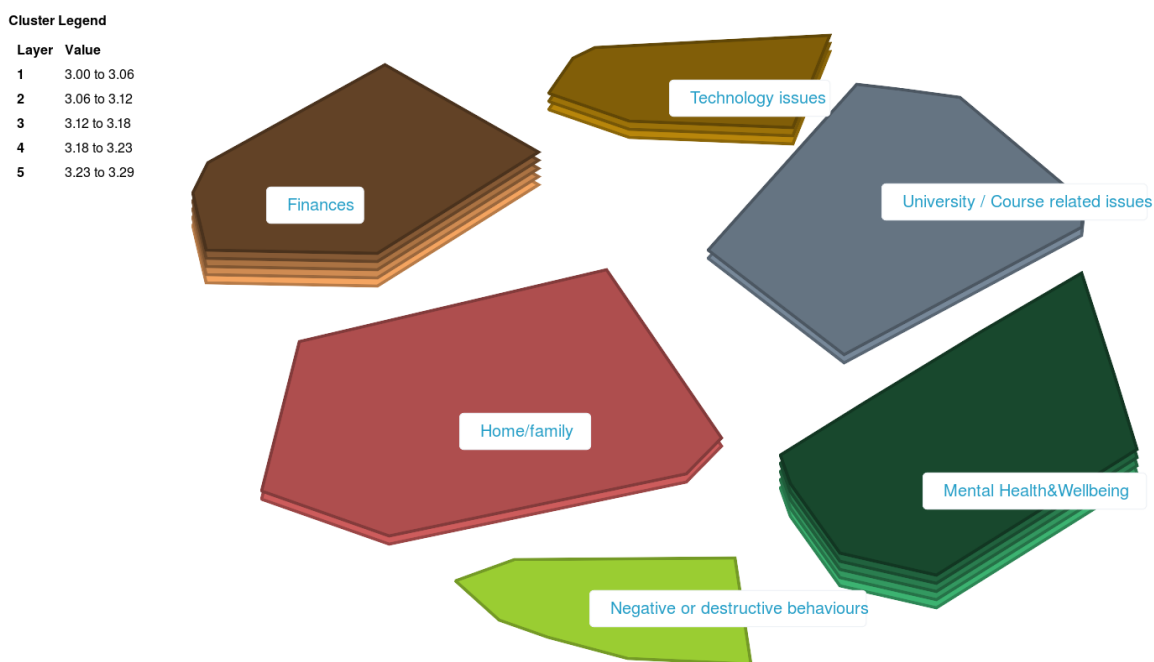
Figure 4: Cluster rating map – importance of what had affected student wellbeing in the last 12 months

Analysis was also undertaken on the cluster of statements where students and staff rated the statements in accordance to 'Whether I can fix it?' Students and staff expressed that on average students were more in control of 'fixing' the statements grouped within 'university/course related issues' (2.77) and 'mental health & wellbeing' clusters (2.76) (Figure 5). However, the cluster-rating maps in Figure 4 (and Table 10) demonstrate that students and staff felt they had little control over 'whether they could fix' the issues or situations within the 'negative or destructive behaviours' cluster (2.22), the 'finances' cluster (2.27) and the 'technology issues' (2.28). Figure 5 also demonstrates that the 'technology issues' are closely grouped and rated to the 'university/course related issues' cluster of statements.
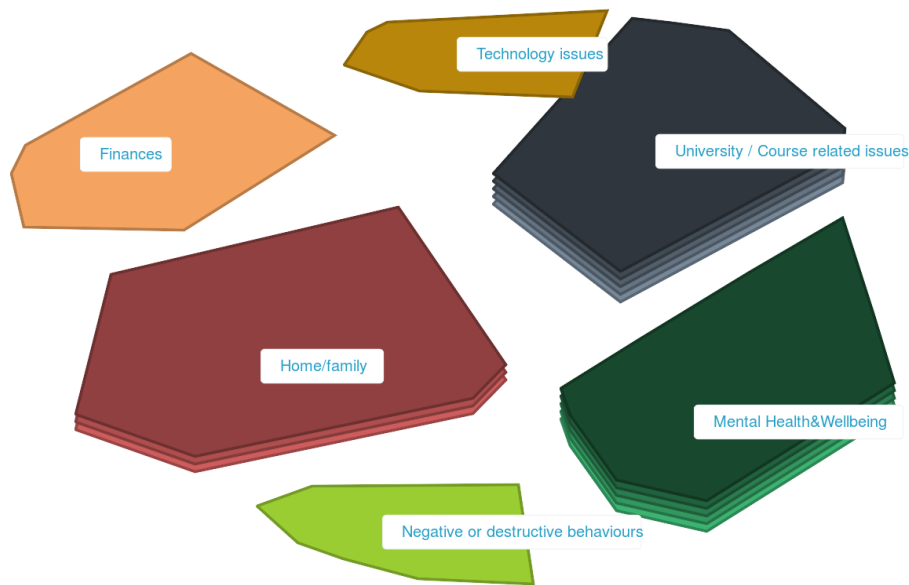
Figure 5: Cluster rating map- 'Whether I can fix it'

We then used both the cluster map and the rating scales to develop a Go-Zone (Figure 6).
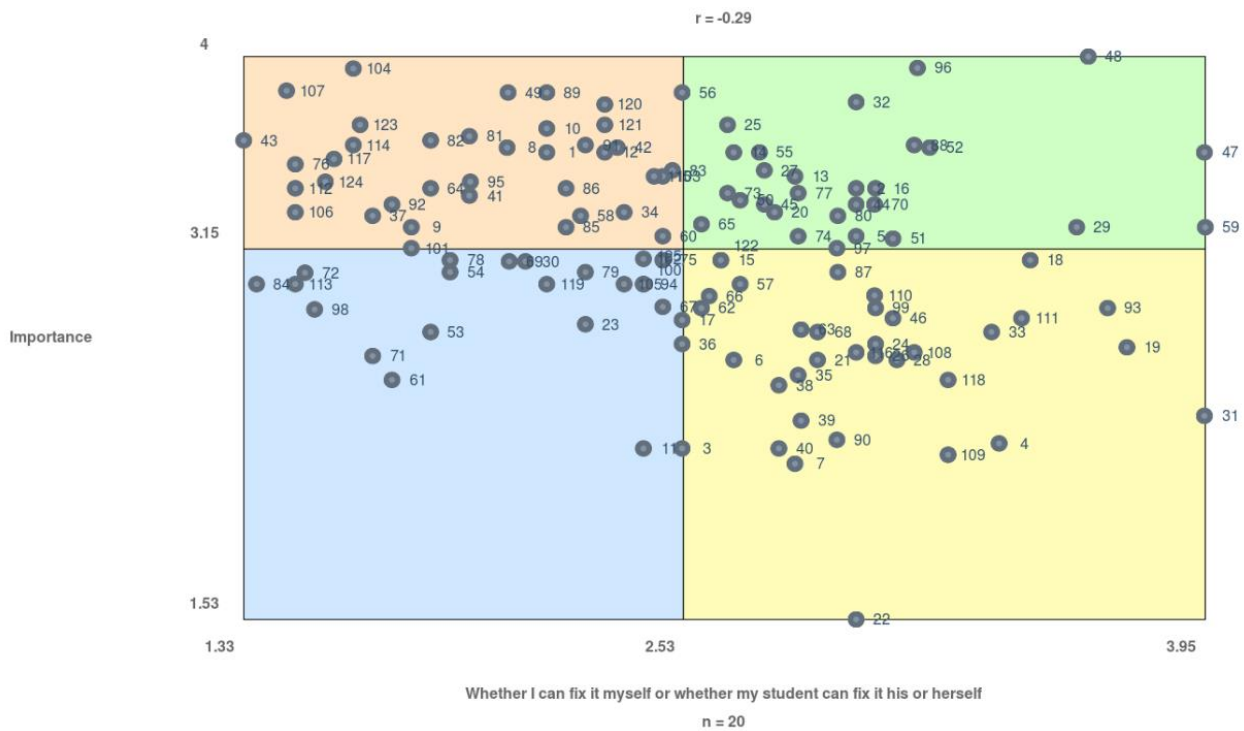
Figure 6: Go-Zone report displaying how each statement is rated in relation to importance and 'whether I can fix it'.

This shows which statements were above or below the mean (average) across the two chosen rating criteria of 'importance' and 'whether I can fix it myself or whether my student can fix it his or herself'.

Statements above the importance mean (3.15) were most important and are in the orange and green zones. Statements above the 'whether I can fix it' mean (2.53) 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 11.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.

No.	Wording
GREEN QUADRANT [n=28]	
16	exhaustion
44	social anxiety making it very difficult to concentrate or take part in group discussions or any activity that focuses attention on me
80	Not knowing what support I am entitled to, how to access it clearly, lack of clear direct support routes
ORANGE QUADRANT [n=38]	
10	exclusion from social or cultural participation
89	juggling parental /caring responsibilities and studying
112	the potential reduction in employment opportunities
Blue QUADRANT [N=25]	
23	Drug use
71	constant changing of deadlines
94	Anxiety caused by unrealistic work/employer expectations not recognising university commitment and/or hours.
YELLOW QUADRANT [n=34]	
6	cross-cultural learning
21	alcohol use as a problem
116	The unknown - as a new student.

Table 11: Example and total number of statements from each quadrant

By examining the twenty-eight statements from the green quadrant (the most important and most 'whether I can fix it myself), we can identify the top five statements and their respective clusters.

We can interpret with caution (correlation is weak) that there is a tendency towards an inverse relationship between the two variable (r=-0.29). Meaning that the more there is of one variable the less there is of the other. I.e. the more importance the less 'whether I can fix it' or the more 'whether I can fix it' the less importance.

The top two statements can be found in the cluster 'mental health & wellbeing'. They are number 48 the ability to allocate time for myself/my wellbeing (which has a mean average of 3.8158) and number 47 my ability to provide self-care for myself. The other top three statements which students and staff rated and most important and most in control (whether I can fix it) can be found in 'university / course related issues' (No 59 & 96) and 'home/family' (No.29) (Table 12).

Cluster	Statement	Whether I can fix it myself	Importance	Mean
Mental Health & Wellbeing	48. the ability to allocate time for myself/my wellbeing	3.6316	4.00	3.8158
Mental Health & Wellbeing	47. my ability to provide self-care for myself	3.9474	3.5789	3.76315
University / Course related issues	59.poor time management skills	3.95	3.25	3.6
University / Course related issues	96. The understanding support of understanding and considerate tutors	3.1667	3.95	3.55835
Home/Family	29.The sense of belonging and community I feel within my course	3.6	3.25	3.425

Table 12: The top five most important with most control 'whether I can fix it' statements by cluster

By examining the thirty-eight statements from the orange quadrant (most important but students either identify or are thought (by staff) to have least control over 'fixing' themselves), we can identify the top 10 statements and their respective clusters (Table 13).

Cluster	Statement	Whether I can fix it myself	Importance	Mean
Finances	56. money/ financial pressures/unable to make ends meet	2.5263	3.8421	3.1842
Finances	120. financial restraints of being a mature student and having a family to support.	2.3158	3.7895	3.05265
Mental Health & Wellbeing	121. worries over the health & wellbeing of children and other family members	2.3158	3.7	3.0079
Mental Health & Wellbeing	83.complex mental health histories	2.5	3.5	3.00
Finances	89.juggling parental /caring responsibilities and studying	2.1579	3.8421	3.00
Mental Health & Wellbeing	103. Worrying about others isolation and loneliness, and the impact this has on mental health	2.4737	3.4737	2.9737
Mental Health & Wellbeing	115.pre-existing short or long-term mental health condition	2.45	3.4737	2.96185
Finances	49. losing part-time work or partners losing their income.	2.0526	3.8421	2.94735
Home/Family	12. racial inequality	2.3158	3.5789	2.94735
Finances	91. not being able to manage their money e.g. being at risk of losing their home.	2.2632	3.6111	2.93715

Table 13: The top ten most important statements but students either identify or are thought (by staff) to have least control over 'fixing' themselves

The top statement is 56 'money/ financial pressures/unable to make ends meet', followed by 120 'financial restraints of being a mature student and having a family to support'. The next statements originate from the 'mental health & wellbeing' cluster 121 'worries over the health & wellbeing of children and other family members' and 83 'complex mental health histories'.

The top ten statements are dominated by five issues or situations from the 'Finances' cluster (No's 56, 120, 89, 49, 91). Mental Health & Wellbeing cluster has four statements which generally are

concerned about others, mental health, isolation and loneliness. There is only one statement from home/family cluster, i.e. no 12 racial inequality; and no statements from 'technology issues', 'negative or destructive behaviours' or 'university/course related issues' which feature in the orange quadrant top 10 statements.

When we further examined student versus staff group responses to the 'importance' and 'whether I can fix it' rating scales we found that there was a difference of perspective between staff and students (Figures 7 & 8). In Figure 7, students and staff differed in their opinion on the importance of five out of six of the clusters (including their statements). The exception being 'university/course related issues'. Staff consider 'mental health & wellbeing' issues as most important whereas students considered 'finances' issues as most important. Furthermore, students considered 'negative or destructive behaviours' as least important, whereas staff considered 'home/family' as least important.
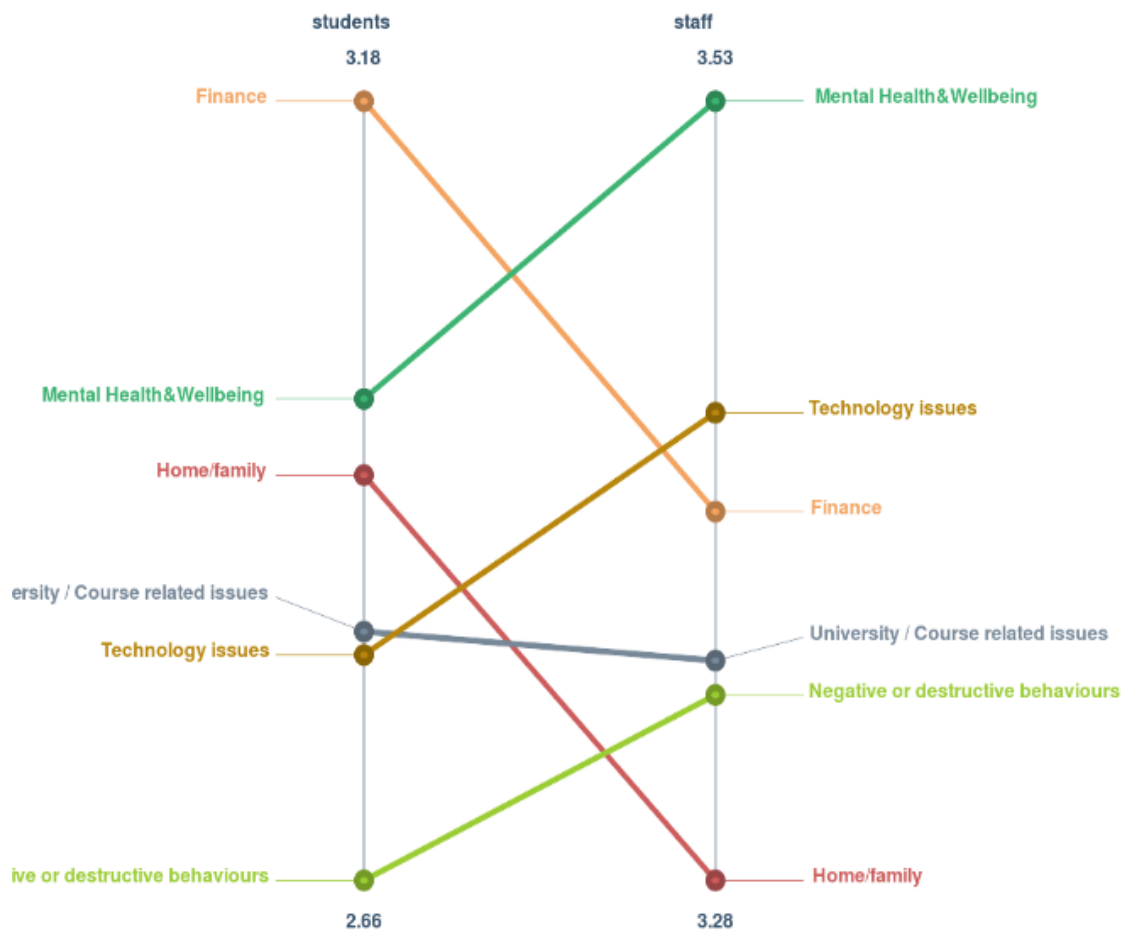

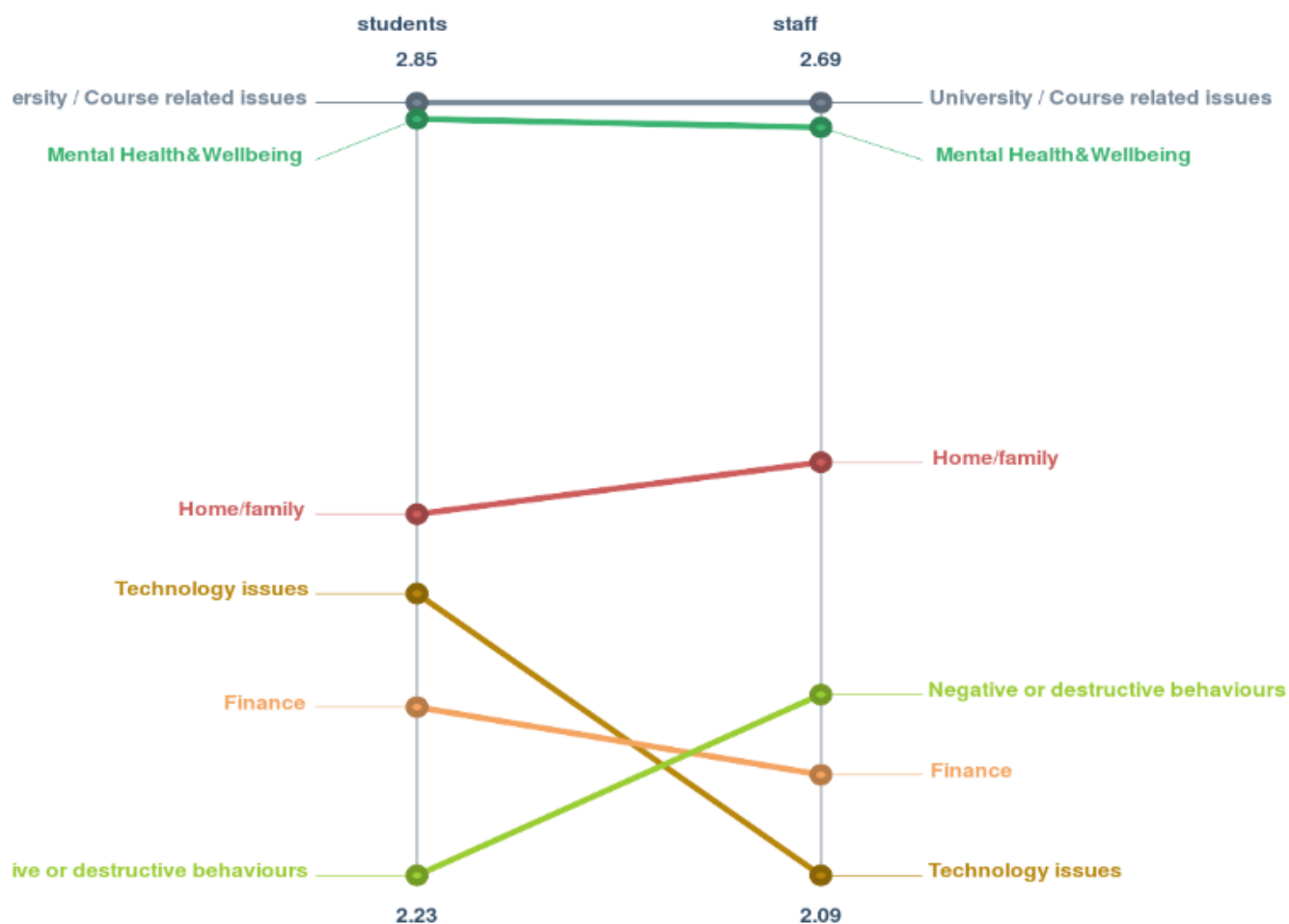**Figure 7**: Student vs Staff importance

Figure 8: Student vs Staff 'whether I can fix it'.

By examining student versus staff group responses to 'whether I can fix it', both groups were similar when they considered 'university/course related issues', 'mental health & wellbeing', 'home/family' and 'finances' clusters. Students responded more positively about 'technology issues' (felt more in control) than staff participants; whereas staff responded more positively to 'negative or destructive behaviour issues' than students.

Following a presentation and discussion on the findings with the steering group regarding age difference and disability in August 2020, further analysis of student and staff responses to importance and 'whether I can fix it' were completed. Figure 9 demonstrates that those students aged 18-34 years and those aged 35 years and over differed in their opinion on the importance of the clusters. Those aged 18-34 years viewed 'finances' as most important followed by 'mental health and wellbeing' and 'home/family. Whereas those participants over 35 years viewed 'technology issues' as most important, followed by 'mental health and wellbeing' and 'finances'. Whilst Figure 10 demonstrates some similarity in what both age range responses to 'whether I can fix it'. Those participants aged 18-34 years felt most able to fix 'university/course related issues', followed by

'mental health & wellbeing' and 'home/family'. Those aged 35 years and over felt most able to fix 'mental health & wellbeing' followed by 'university/course related issues' and 'home/family'. Both age ranges responded negatively to the remaining three clusters with 'finances' perceived as the least cluster they were able to fix.
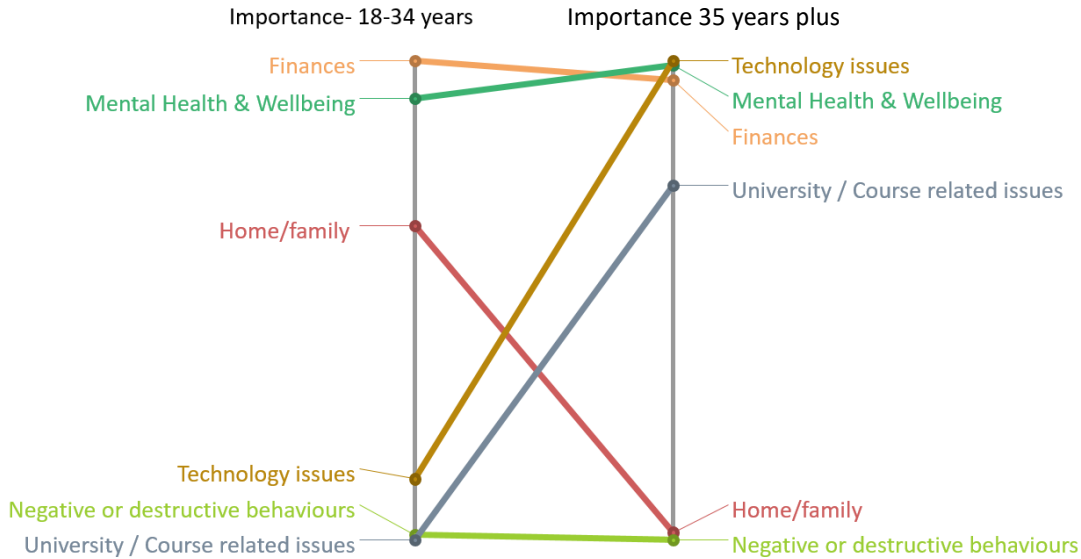

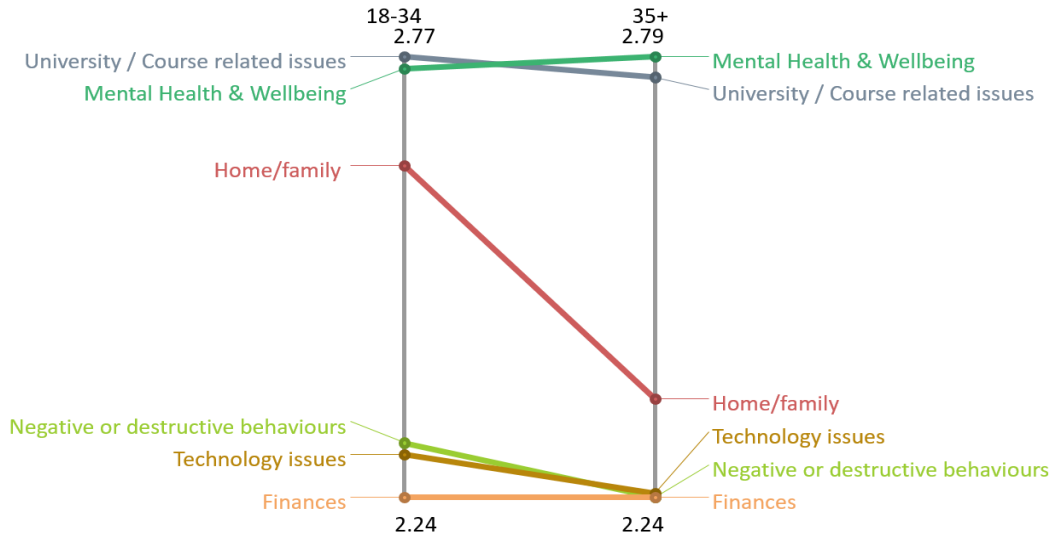**Figure 9**: Age 18-34 years V 35 years' plus- 'importance'.

Figure 10: Age 18-34 years V 35 years' plus- 'Whether I can fix it'.

By examining the responses of those describing themselves as having a disability or learning difficulty in comparison with those who identified as not having a disability or learning difficulty, we can see that 'finances' followed by 'mental health & wellbeing' are most important for those with a disability or learning difficulty. Whilst for those with no disability or learning difficulty the order of importance

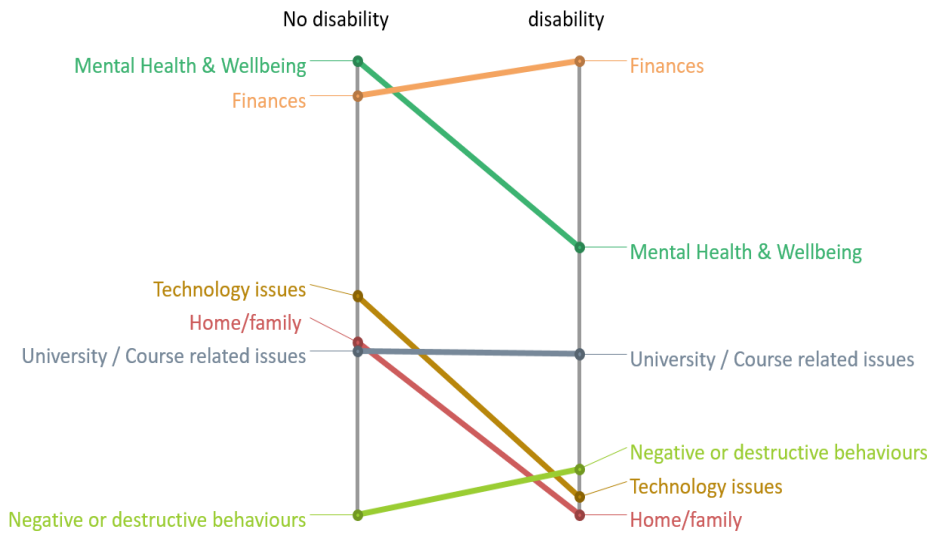for these two clusters is reversed (Figure 11).

Figure 11: No disability V disability/learning difficulty - 'importance'

However, when we examined the responses to 'whether I can fix it' there were some differences reported (figure 12). For those participants who identified as having a disability or learning difficulty they reported positively that they could fix 'mental health & wellbeing', followed by 'home/family', 'finances' and university/course related issues'. Whereas those identified as not having a disability reported most negatively about their ability to fix 'finances'.
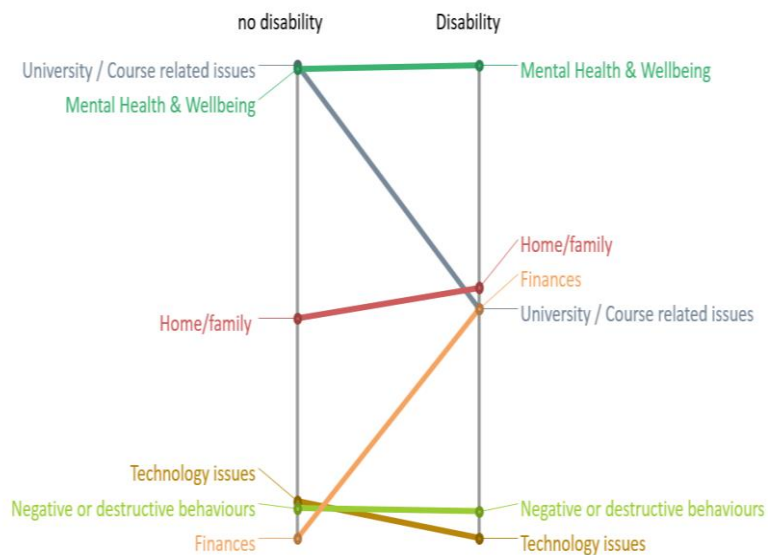

Figure 12: No disability V disability/learning difficulty - 'Whether I can fix it'

4. CONCLUSION

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 window. The various analysis 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 first presented to the evaluation team members from USW and WGU, followed by the WGU project manager. Further analysis was reported as a result of discussions with the study steering group. These findings are thought to be an important evidence base for the study as they provide an opportunity to reflect on current student services, its configuration and 'hubs' in the context of the wider social prescribing project to enhance student wellbeing and resilience. The findings have been used in the first instance to inform the 'User Requirements' document for the Elemental software technical specification. They will also be used to inform the next stages of the evaluation (data collection) and the wider study (e.g. Do Well workshops).

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1.	problematic intimate relationships e.g. abuse problematic intimate relationships e.g. abuse
2.	my personal and intimate relationships e.g. with mother, father, partner my personal and intimate relationships e.g. with mother, father, partner
3.	gambling
4.	appearance
5.	learning difficulties
6.	cross-cultural learning
7.	internet / gaming addiction
8.	physical disabilities (including those misunderstood/not obvious to the general public) e.g. deafness or hard of hearing (not limited to these)
9.	anti-social behaviour
10.	exclusion from social or cultural participation
11.	parental expectations
12.	racial inequality
13.	empathy
14.	sense of social justice
15.	disengagement
16.	exhaustion
17.	culture shock
18.	physical activity including access to places to be physically active
19.	my spiritual growth
20.	lack of sleep
21.	alcohol use as a problem
22.	smoking or vaping
23.	drug use
24.	diet- e.g. don't feel like cooking or shopping, can't cook, leading to alteration in weight
25.	low psychological resilience- the ability to bounce back
26.	My sense of attachment to 'place'
27.	Feelings of low self-esteem
28.	My use of religious coping
29.	The sense of belonging and community I feel within my course
30.	The stigma associated with a long-term mental health condition
31.	My use of social media as a means of increasing personal capital and building social networks
32.	maintaining social relationships
33.	The extent of my social networks
34.	exposure to homophobic or non-inclusive language
35.	transition difficulties
36.	identity issues
37.	being unable to access the library resources or working spaces I would usually use
38.	Living away from home for the first time.
39.	Living with people you have never met, adjusting to shared facilities and personalities
40.	Not being able to buy items or equipment that might help with relaxation, managing stress and wellbeing such as plants, crafts etc.
41.	insufficient money due to being furloughed or losing a job
42.	feeling sad or depressed
43.	unable to be with those who have been ill, suffering or who have even died

44. social anxiety making it very difficult to concentrate or take part in group discussions or any activity that focuses attention on me.
45. Gaining access to support workers and assessment by dyslexia and Irlen assessors
46. getting resources/ equipment to calm by social anxieties e.g. tinted lenses
47. my ability to provide self-care for myself
48. the ability to allocate time for myself/my wellbeing
49. losing part-time work or partners losing their income
50. anxiety over lack of resources for online engagement of courses anxiety over
51. a lack of confidence in my own abilities, despite performing well in all of my assignments
52. the pressure I put on myself
53. complex family set ups with multiple children
54. lone parenting
55. housing
56. money/ financial pressures/unable to make ends meet
57. social care issues which prevents high attainment at HE level studying
58. student wellbeing affected by juggling many roles (student, partner, parent/carer)
59. poor time management skills
60. My feelings of social connectedness, sudden change of circumstances losing the contact and support with others - staff and peers
61. losing the opportunity to present in a traditional format rather than digital
62. poor quality personal digital equipment
63. lack of confidence using digital equipment
64. I am a bit scared of catching the virus and spreading it
65. Not having a clear and consistent triage process for both staff and students to use, in order for the student to be directed to the right support.
66. often have to tell their story multiple times, which impacts on them.
67. The number of assignments -workload
68. The number of assignments - time management
69. Personal issues has had an impact on my university work, my lecturer is lovely but has multiple roles due to staffing issues and role changes
70. lack of clear guidance on modules
71. constant changing of deadlines
72. staff absences
73. poor communication
74. technological issues
75. coronavirus measures (I.e. not working well from home, lack of access to facilities etc.)
76. lack of or overstretched support services esp. mental health
77. the wrong advice is very easy to give accidentally.
78. Appointments are often cancelled at short notice with no reappointment or other support offered
79. having to use online video chat during coronavirus. I find it exhausting and it causes me great anxiety. It has made me avoidant of interacting with my peers and my tutors.
80. Not knowing what support I am entitled to, how to access it clearly, lack of clear direct support routes
81. lack of different options to support their mental health and wellbeing, both in the university and externally.
82. lack any specialist mental health support, unless student is in support of DSA.
83. complex mental health histories
84. unable to go on practice placements
85. teaching online when students have other commitments, i.e. children demanding their attention at the time of live lectures

86. staff at a loss of how best to support students e.g. through the Covid 19 lockdown.
87. having to quickly adapt to change e.g. teaching/learning online
88. trying to manage the constraints of work and study simultaneously.
89. juggling parental /caring responsibilities and studying
90. by dealing with external bodies e.g. Student Finance Wales.
91. not being able to manage their money e.g. being at risk of losing their home.
92. the uncertainty of not knowing what will happen e.g. with my course or when/if we can go onto placement, future employment, childcare/schooling etc.
93. studying as an independent adult.
94. anxiety caused by unrealistic work/employer expectations not recognising university commitment and/or hours.
95. Having to deal with elderly parents who deteriorated in health after I started the course.
96. The understanding support of understanding and considerate tutors.
97. feeling isolated and left to just get on
98. As a family that is shielding, not being able to go out at all
99. feeling guilty about not being able to do more for others
100. feeling a failure e.g. in relation to home schooling
101. selfishness and lack of consideration from others throughout the pandemic
102. struggling with buying essentials either due to finances or due to the availability in local shops
103. Worrying about others isolation and loneliness, and the impact this has on mental health
104. not being able to see family and friends in person
105. Loss of being able to do sport or go for a run and sing!!!!
106. Accessing IT and broadband is problematic when some students live in remote areas where connections are not good or viable.
107. Illness for me or a close family member
108. anxiety stemming from different assessment methods that they have not engaged with before or for a long period of time e.g. presentations, group work
109. not knowing many if any of their peers upon starting a course
110. setting high expectations and high standards for their work
111. need to apply for an extension to complete my studies because of the pandemic
112. the potential reduction in employment opportunities
113. The unexpected death of an elderly family pet
114. The main earner in the family being made redundant / loss of income
115. Pre-existing short or long-term mental health condition
116. The unknown - as a new student.
117. Chronic long term pain.
118. comparing yourself to others abilities.
119. Working from home.
120. financial restraints of being a mature student and having a family to support.
121. worries over the health & wellbeing of children and other family members
122. university systems or individuals failing to recognise their need for alternative formats/ways of doing things.
123. bereavement.
124. Chronic illness
125. Assessment deadlines being very close together at the end of the year with not much time to submit a draft.