

# Health and wellbeing: responsibility of all - Secondary school research project

## 1. Introduction

### About health and wellbeing responsibility of all

Health and wellbeing is one of eight curricular areas within Curriculum for Excellence. It is supported by a range of experiences and outcomes, some of which are the 'responsibility of all'. This means that everyone in the school has the responsibility to support young people to achieve these. The three themes that are responsibility of all for health and wellbeing at secondary school level are:

- **mental, emotional, social and physical wellbeing** – through fostering a safe, caring, supportive and purposeful environment that enables relationships based on mutual respect;
- **planning for choices and changes** – with learners experiencing opportunities which raise awareness of future choices, increase aspirations, and develop skills for making decisions and for sustaining positive destinations beyond school; and
- **relationships** – with learners developing an understanding of how to maintain positive relationships.

### About this research

This short report sets out findings from four case studies exploring implementation of health and wellbeing responsibility of all in secondary schools in Scotland. Education Scotland commissioned ODS Consulting to develop these case studies, exploring:

- how schools have interpreted health and wellbeing responsibility of all;
- what actions schools have taken to implement responsibility of all aspects of health and wellbeing;
- the impact which health and wellbeing responsibility of all has had on schools – including young people, staff and the wider school community; and
- what forms of evidence schools are using to demonstrate the impact of health and wellbeing responsibility of all.

### Method

The case studies explored good practice in the implementation of health and wellbeing responsibility of all, focusing on four schools which had demonstrated good progress in this area. The schools were from different geographical areas, were different sizes, and had varying levels of deprivation, based on the Scottish Index of Multiple Deprivation. In each school, the case studies involved:

- a discussion group with leaders – a total of 13 leaders across the four schools took part;
- a discussion group with practitioners – involving 26 teachers and five partner organisations across the four schools; and
- two discussion groups with young people at each school - involving a total of 71 pupils, of different ages.

The case studies also involved telephone interviews with seven parents, from two schools. One of these schools found it hard to identify parents able to participate, and only two parents from this school took part. Two schools were not able to identify any parents to take part in the research.

Individual case studies were produced, setting out the detail of the approach in each school. The schools were:

- Calderglen High School, South Lanarkshire
- Kirkland High School and Community College, Fife
- Meldrum Academy, Aberdeenshire
- Smithycroft Secondary School, Glasgow.

## **2. Approaches**

### **Introduction**

At each case study school, we explored how schools had interpreted ‘responsibility of all’ in relation to health and wellbeing, and what approach they had taken to implementing this across the school. This section highlights key themes which emerged from across the four case studies.

### **Interpreting ‘responsibility of all’**

Understanding of what is meant by ‘responsibility of all’ in relation to health and wellbeing varied. A minority of respondents thought it meant that all subjects needed to contribute to all experiences and outcomes, each year. However, most thought it meant teachers needed to find appropriate links to some health and wellbeing responsibility of all experiences and outcomes within their specific subject areas. The focus of these priorities could be influenced more widely by young people and school priorities.

Much of the work around health and wellbeing responsibility of all related to the wider ethos of the school. Many schools highlighted the wide range of initiatives they had in place to encourage pupils to take responsibility for their own health and wellbeing. Young people appeared to take note of this ‘whole school’ approach. Many were aware of health and wellbeing initiatives across the whole school, particularly when these initiatives were led by the young people.

### **Structured and organic approaches**

Each school took a different approach to implementing health and wellbeing responsibility of all, and developed approaches which fitted with their wider ethos. For some, very structured approaches worked well – working through the responsibility of all areas and ensuring that each subject contributed to experiences and outcomes in some way. For example, two schools had undertaken some form of review of the links between subject areas and health and wellbeing responsibility of all areas, in a relatively formal way.

For others, a more organic approach appeared to work, with teachers taking responsibility individually for ensuring that health and wellbeing was built into their teaching practice. This appears to work best in schools where there is an existing focus on health and wellbeing, and a recognised commitment to embedding health and wellbeing within the school.

### **Involvement of young people**

The extent of pupil involvement varied. All schools involved pupils in health and wellbeing in some way – including surveys, groups and young people as leaders, mentors and stimulators of behavioural change. Two schools had undertaken formal surveys of their young people – one to gain an understanding of their health and wellbeing, and one to understand their character strengths. In both cases, this evidence strongly underpinned the approach to health and wellbeing responsibility of all.

### 3. Leadership and structure

#### Introduction

The case studies involved detailed exploration of leadership in relation to health and wellbeing responsibility of all, and the structures established to support its implementation.

#### Leadership

All schools identified their approach to leadership as a key success factor. There were two key elements to this:

- **Distributive leadership** – Schools found that where there was an existing culture of distributive leadership, this strongly supported the implementation of health and wellbeing responsibility of all. Staff in these schools were used to taking leadership roles and working jointly with others, meaning that the responsibility of all ethos fitted well with existing cultures. It also helped to build a pool of motivated staff and a positive working environment where everyone felt responsible for the health and wellbeing of pupils.

**Example:** Kirkland High School uses a ‘Distributive Leadership Model’ – promoting an open culture and collaborative working – which was seen as vital to its success. Leaders and teachers agreed that being open and willing to consider anything that was offered to the school (within reason and remit) meant that young people had more opportunities to be part of something positive.

- **Senior leadership** - Schools found that having a senior lead, such as a Principal Teacher, with time to dedicate to supporting the implementation of health and wellbeing responsibility of all was invaluable. This meant that while all staff (and young people) could be involved, there was a senior figure co-ordinating and supporting the approach. This was vital, for example, in ensuring that staff had time to consider how to integrate health and wellbeing responsibility for all within their subject areas, and received training and support in implementing their approach.

**Example:** At Smithycroft Secondary School, teachers and leaders felt that having a dedicated Principal Teacher who could drive health and wellbeing responsibility of all and support staff to deliver it was crucial to their success.

#### Working with others

All four schools found that partnership working was essential in ensuring that health and wellbeing was the responsibility of all, not just within the school but in the wider community. Many highlighted the improvements that had been made in enabling open discussions with partners, sharing information, and jointly planning support and interventions for pupils as a result of their approach to health and wellbeing responsibility of all. It was felt that these close joint working relationships were critical to ensuring that pupils received the support and guidance they required.

## Ownership by young people

One school highlighted that ownership by young people and their leadership was central to its success. Young people at this school played a key role in influencing health and wellbeing across the school and wider community.

**Example:** At Meldrum Academy, the approach to health and wellbeing is strongly driven by the young people. The school has a team of health and wellbeing young leaders; Respect Ambassadors who promote equality and rights; and a pupil support scheme run by seniors, with support from school staff.

## Building teacher ownership

The case studies identified very few barriers to implementing health and wellbeing responsibility of all. However, for some schools, the main challenge was time - with some teachers feeling that this was initially seen as “something else to add to an already very busy workload”. Where schools had taken a more formal approach there was some concern that approaches to health and wellbeing were becoming increasingly formal, documented and evidenced.

These concerns were reduced through leaders providing training for teachers; involving teachers in developing health and wellbeing approaches; and emphasising that the responsibility for all was building on what most teachers were already doing.

**Example:** At Calderglen High School, teachers reported that there were lots of opportunities available to them through their continuing professional development training to learn about different aspects of health and wellbeing. Training was available through in-service days and a ‘twilight’ programme which takes place after school.

## 4. Impact

### Introduction

The case studies involved an exploration of the impact of effectively implementing health and wellbeing responsibility of all – for young people, for the school and for the wider community. Schools were asked what difference they felt their approach was having and what evidence they had to demonstrate this.

### Evidence of impact

All four case study schools felt that they were making clear progress in their primary aim, which was supporting young people to achieve the health and wellbeing responsibility of all experiences and outcomes. This was largely echoed by young people, parents and partners. The approach was also felt to have an impact on:

- **school ethos** – creating a calmer environment, contributing to reduced stress, creating a culture of teachers listening to young people, and encouraging better behaviour within school and the community;
- **improved outcomes for young people** – with schools citing better attainment and achievement, improved attendance, and more positive destinations for young people, all of which were seen to be linked to their approach to health and wellbeing responsibility of all; and
- **better partnership working** – schools felt that their approach was building better joint working relationships with other organisations in the voluntary, public and private sector, creating more of a community focus on health and wellbeing.

### Measuring impact

All four case study schools found it very difficult to separate the impact of the work they did around health and wellbeing responsibility of all from the wider work they did. Many felt that health and wellbeing responsibility of all was likely to contribute to changes such as improved attainment, achievement, attendance and positive destinations – but had no way of proving this or attributing a proportion of the change to the health and wellbeing responsibility of all.

This was a particular issue for schools which had integrated health and wellbeing responsibility of all for some time, and had no way of knowing what their attendance, attainment and achievement levels would be like if this approach was not in place.