

School health and wellbeing and national education system reform: A qualitative study

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Abstract

The education systems of the four UK nations are diverging, and the education system in Wales is undergoing major reform with substantially increased emphasis on health and wellbeing. Understanding the implementation of major policy and system reforms requires an understanding of system histories and starting points. This study aimed to explore the perceived roles of schools in contemporary society, and how this role has evolved over time; the aims of the reforms, with a particular focus on health and wellbeing; and perceived barriers and facilitators for implementation. Interviews were held with senior stakeholders in the Welsh education system who held a strategic role in shaping the reforms. These included senior members of government and schools with a remit in either design of the curriculum or educationalists' professional learning, Wales's school regulatory body, and those with a multidisciplinary remit in health and education. Interviews were subjected to thematic analysis, which produced a number of themes related to each objective, including 'a changing society and increasing expectations on schools', 'the perceived role of schools in supporting health and wellbeing', 'the aims of the reform', 'what will success look like?', 'national level barriers and facilitators' and 'community and school level barriers and facilitators'. Findings suggest that education system reform requires change at multiple levels of the education system. Consideration of each level, and the interactions between them, is necessary for achieving change.

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KEYWORDS

education reform, education systems, policy reform, school health

Key insights**What is the main issue that the paper addresses?**

The study explored the perceived aims of national school reforms in Wales, and processes around implementation from the perspectives of senior stakeholders in the Welsh education system, with a particular focus on the health and wellbeing agenda.

What are the main insights that the paper provides?

Achieving education system reform, and integrating health and wellbeing into learning, requires changes at multiple levels of the system. Considering each of these levels, and the interactions between them may support planning and implementation.

INTRODUCTION

A country's education system can play a vital role in shaping the future trajectories of a society and assisting governments in achieving a wide range of policy targets, from environmental and economic to health and wellbeing. Schools provide a key setting for universal interventions that can have population-level impact (Rose, 1992), playing a role in preparing children to actively participate in society and serving 'an important role as a mediator of culture and values' (Lawton, 1973; Saylor et al., 1981). A national curriculum can play a role in constructing and preserving the values of a country, as well as enabling and encouraging change for the future (Lawton, 1973). Furthermore, the quality of a nation's education system, and equality within that system, is critical for a country's economic success and wellbeing (Welsh Government, 2017).

Reforms are sometimes required to maximise the potential benefits of educational systems within a changing society, and a necessary condition for national education system reform to achieve intended benefits is high-quality implementation. Previous research has shown that key facilitators of successfully implementing change within education systems include positive organisational climate, adequate training, and teacher and pupil motivation (Waller et al., 2017). Barriers included heavy workloads, budget cuts and lack of resources or support. A study of curriculum reform in Finland (Pietarian et al., 2017) aimed to understand processes around the national curriculum, including implementation strategies. The study showed that stakeholder buy-in, in terms of the perceptions of the likely educational impact of the reforms for schools and society, mediated the success of the implementation strategy. Scotland has recently implemented large-scale education reform akin to what is currently underway in Wales. In the Scottish Governments' 'Curriculum for Excellence' (Scottish Government, n.d.), their policy outlines the integrative, progressive and holistic nature of centring health and wellbeing in education. Research (Thorburn, 2016) focussed on aims and curriculum goals of the Scottish reforms, as well as school culture, learning and teaching, partnership relationships and evaluation of practice, reported that while there were innovative examples of practice, in some cases, final examinations and the wider accountability framework constrained the health and wellbeing agenda.

Efforts to improve health and wellbeing in school settings are sometimes based on a multi-disciplinary evidence base, not least of all on evidence around a settings and systems-based

approach to health and wellbeing (Keshavarz et al., 2010; McLaren, 2005). Schools are increasingly conceptualised as complex systems (McLaren, 2005; Keshavarz et al., 2010; Moore et al., 2018; Chandler et al., 2015; HM Treasury, 2020). Complex systems theories view schools as a set of interconnected components, the interactions between which form a total set of coherent functions that are greater than the sum of their parts. Complex systems perspectives (sometimes referred to as 'complex adaptive systems' (CAS) perspectives) have been applied to understand implementation and sustenance of health promotion interventions in schools (Keshavarz et al., 2010). Each individual school is a complex system, and each is nested within broader education systems (which in turn intersect within broader economic and political systems).

Research suggests that schools exhibit most of the characteristics of CAS, and as such applying a CAS framework can help understand the processes and context of introducing and sustaining change in schools (Keshavarz et al., 2010). In particular, complex systems perspectives move towards viewing interventions, like school reforms, as 'events' which occur at a particular point in the history of the system (Hawe et al., 2009; Moore et al., 2018), and which may trigger different outcomes depending on system starting points at the time that change was introduced. This perspective foregrounds a need to understand the history and starting points of the system (Braun & Clarke, 2006), to generate hypotheses for how it is likely to respond to change and inform strategies to optimise implementation.

Wales is one of four UK nations, a small Westernised and post-industrial country. The National Curriculum (1988) (Welsh Government, 2009) dates back to a time when Wales did not have control over its education policy. Following devolution around 20 years ago, the education systems of the four UK nations have diverged, perhaps in part reflecting differences in political leanings. While England has rotated between Conservative, Labour, and coalition governments in this time, for example, the Labour party has been the main party of government in Wales since devolution. The Welsh education system is currently undergoing major tripartite reform. Informed by the Donaldson review (2015), the country is preparing for national roll-out of a new curriculum (2022/2023; Welsh Government, 2017; Welsh Government, 2020a), systemic changes to training and development of the education profession, and an overhaul of assessment and evaluation. The reforms (Estyn, 2019; Estyn, 2020; Organisation for Economic Co-operation and Development [OECD], 2020; Welsh Government, 2017, 2020b) represent the most radical departure yet from a history shaped by decisions made at Westminster, and have three objectives: to 'raise school standards, reduce the attainment gap between different groups of learners, and ensure an education that is a source of national pride and public confidence'. One of four overarching purposes is to create 'healthy, confident individuals', while Health and Wellbeing will become one of six Areas of Learning and Experience (AoLE), sitting alongside Expressive Arts; Humanities; Languages, Literacy and Communication; Mathematics and Numeracy; and Science and Technology. From a health and wellbeing perspective, the new curriculum affords health and wellbeing an unprecedented level of importance and status.

There is limited published research evidence (Lawton, 1973; Saylor et al., 1981; Thorburn, 2016) and limited guidance from governmental departments on drivers for, and implementation of, large-scale education system reform (Scottish Government, n.d.; OECD, 2020; Welsh Government, 2020a). Thus, the present study addresses a gap which may help inform future guidance for actors within education systems. Mapping on to the first (pre-implementation) stage of recently published process evaluation guidance from a complex systems perspective (McGill et al., 2020), this paper reports on qualitative interviews with senior stakeholders in the Welsh education system, to explore the following aims:

1. The perceived role(s) of schools in society historically, at present and in the future.
2. The perceived motivations for introducing major disruption to the education system; in particular the aims and goals of reforms, with a particular focus on health and wellbeing.
3. The feasibility and acceptability of the aims of the reform, and the processes through which aims may be achieved.

METHODS

This section describes the sample, interviews and approach taken during data analysis.

Sample

Participants ($n = 13$) were recruited by identifying key senior stakeholders in the Welsh education system through researcher networks and through authorship of governmental publications. Potential participants were invited for interview via email, and if they agreed to participate, were asked to sign and return an electronic consent form. For those who did not return electronically, a hard copy was signed prior to the interview being completed. All interviews were carried out in person, except for the final two, which were carried out via telephone owing to the COVID-19 pandemic. Of those invited to take part in the study ($n = 15$) and still in assumed job roles at the time of invitation ($n = 14$), one did not respond. There was a broad range of stakeholders, including directors, deputy directors, consultants and departmental leads from Welsh Government and national organisations such as Public Health Wales and Wales's school regulatory body, Estyn. These stakeholders held strategic roles in areas such as curriculum design and assessment, professional learning and leadership, and health and wellbeing.

Interviews

Stakeholders were interviewed over a 6-month period from October 2019 to March 2020 using a pre-defined, open-ended interview schedule (Annex A). Mapping on to the aims outlined in the previous section, the interview schedule started with broad questions around the perceived roles of schools and how those roles have changed over time, before moving on to questions centred around motivations for the reforms and perceived aims, including health and wellbeing aims. Finally, questions focused on anticipated outcomes of the reforms over the short and long term, the feasibility of achieving those outcomes, and barriers and facilitators to implementation. Interviews lasted on average 1 h and 50 min, ranging from 1 h to 2 h 9 min. Interviews were transcribed verbatim and subjected to thematic analysis.

Analysis

Data analysis was informed by Braun and Clarke's (Braun & Clarke, 2006; Terry et al., 2017) six-step approach, which is theoretically flexible and suitable for questions relating to people's experiences, views and perceptions. Interviews were used to identify areas of conflict and consensus, including dominant themes and deviant cases. Analysis was conducted through an experiential, realist framework lens, with the assumption that language captures participants' experiences of reality. The analysis used an inductive ('bottom-up') data-led approach to identify patterned meaning across data, through a rigorous process of data familiarisation,

coding and theme development and revision. This inductive approach generated codes and themes using the data as the starting point for deriving meaning and informing interpretation. 'Top-down' approaches were adopted later in the analysis for refining coding and theme development, and thus an iterative, fluid approach was used throughout. Meaning and experience were examined at both semantic and latent levels, such that coding captured both explicit meaning at the surface level of the data (semantic coding) and implicit meanings such as ideas, meanings, concepts and assumptions that are not made explicit (latent coding) (Terry et al., 2017). A second author reviewed coding for the themes and discussed areas of agreement and disagreement with the lead analyst prior to the analysis being finalised.

RESULTS

Three sets of themes were constructed, which presented themes mapping on to the three research aims in turn. The first area describes the changing role of schools over time, while the second describes the current roles of schools and the perceived aims of the reforms. The final area describes the complex space between vision and success, providing the education system and schools with targets for more effective implementation and realisation of aims. The themes are high-level summaries of participant accounts, and the views expressed are those of participants.

The changing roles of schools over time and current landscape

This thematic area describes stakeholder perceptions of why and how schools have changed over time and includes two themes: 'a changing society and increasing expectations on schools', and 'the perceived role of schools in health and wellbeing'.

A changing society and increasing expectations on schools

Against a backdrop of a rapidly changing society, interviewees described a history of changing priorities in education. In several instances, participants described how there have been changing views on accountability measures and performance metrics, for example:

I12: 'over the last twenty, thirty years or so, schools have just been seen as this sausage machine to turn out academically gifted children, you know, ensure children sort of get their three R's, and their sort of five GCSE's and then move onto A Levels and then move onto Higher Education. Over the course of the last couple of years, I think the emphasis is shifting from attainment, which is obviously important, but recognising that attainment goes hand in hand with wellbeing and turning out rounded individuals who can contribute to society.'

Participants further described the focus on academic attainment as having led to schools becoming 'pressure cooker environments' for staff and students, and a perceived reduction in school and practitioner autonomy.

Linked to the changing needs of society, schools were described as having had to adapt to new knowledge, for example as new evidence has emerged around mental health, children's rights, child development and trauma. One participant described how family structures have diversified, with the increase in the number of households in which all parental figures worked described as having led to changes in the home environment. The implication

was that in more recent years schools have a greater role to play in the general development of the child.

15: 'schools have taken on more of a family type role for children over time ... it's a personal opinion, but I think there's evidence that would support that in the sense that in society you wind the clock back a few decades, and generally far more children were in homes where they had two parents, and one of those parents ... usually the father, would work, and the mother would then raise the child. Now we have a much more open society, much more open views about what family means, what it looks like, and different family types. It's not even to suggest it was a good thing at all, but that's more a factual statement about society. Whereas now children exist in all sorts of different family types—two working parents, one working parent, two working parents who are the same gender—there's lots of different arrangements. The net result of all of that is um children spend less time with a parent, and more time in a formal education setting, including their non-statutory settings of three- and four-year-olds in Wales.'

Referencing the expanding population, an increase in educational standards (increased access to education and higher attainment levels) and increased job market competition, interviewees described how life for learners in the twenty-first century is arguably tougher. The role of schools was described as providing learners with a 'passport for the future': coverage of traditional academic subjects, workforce skills, contributing to the economy and preparing learners for 'the real world' were viewed as fundamental. Despite this, several participants described perceptions that the current school system is not equipping learners with the necessary skills for employment. Interviewees described several perceived shortcomings, including the curriculum, professional learning and development, and the accountability framework. Some described how many children leave school with qualifications, perhaps even high attainment outcomes, but lacking the ability to apply their learning in the workplace.

15: 'It's about being a better-rounded person when you leave school in terms of the learning experiences you've had, rather than just leaving with this kind of sheet that has a load of qualifications on it. From an employer's perspective, that's been an issue.'

A perceived deficit was reported in so called 'softer skills', such as communication, interpersonal skills and public speaking. These skills overlap with aspects of health and wellbeing such as emotional intelligence, confidence, resilience and self-awareness. While these were viewed by participants as critical for future success, some suggested that the 'core business' of teaching 'harder' skills such as literacy and numeracy will always take precedence where there are time pressures.

Related to the idea of a deficit in skills upon leaving the education system, the reforms were described as responding to a changed world and new ways of working in the twenty-first century. It was described how, at present, the curriculum is heavily knowledge focused, and does not provide learners with the skills and experiences required to perform well post-schooling.

113: 'We are moving from a more knowledge-based curriculum to a more skills and experience-based curriculum, but that still values knowledge. And we've been very used to living in an outcome driven curriculum. We're now moving to this purpose driven curriculum, so there's those changes that have been embedded and we're not there yet. We're at the start of a large transformative agenda.'

The perceived role of schools in supporting health and wellbeing

Set against a backdrop of increasing emphasis in Wales on health and wellbeing in all policies and in schools, over time, health and wellbeing was perceived to have become more integrated into school life:

I1: 'the health and wellbeing side has always been seen as something which is a bit secondary. But has, over time, been seen as a more integrated part of school life.'

Another participant went on to describe how schools can act as a 'buffer' where home environments might not provide learners with knowledge, skills and opportunities in relation to health and wellbeing. This was, however, qualified by noting that schools are only one source of influence and support, with meeting young people's needs requiring partnerships.

I13: 'they've got a crucial role, because for some children and young people it's the only opportunity. They're living in situations where perhaps, you know the situation at home is so poor that this is the only light, their only opportunity in some cases for physical activity, or only the opportunity to really embed some of those mental health skillsets. So I think schools have got a crucial role here by developing health and wellbeing across the school, but equally, to develop healthy and confident individuals. But it's important to realise it's not only schools, and if it's only schools doing that work [—it's a partnership]—partnership with the parents, partnership with the wider community.'

Related to this, schools' role in safeguarding was discussed in the context of both schools' current role, i.e. protecting children from harm when there is a real safeguarding issue, and in the context of the reforms whereby schools will also provide learners with the knowledge, skills and experiences to protect themselves from harm. Some provided emotive descriptions of schools providing a safety net, or safe place for learners, for example:

I5: 'one of the videos in the current ACEs training for school is a video of Ian Wright. He meets a former teacher called Mr Pigeon who was in his secondary school. He had a very traumatic upbringing as a child, but this physics teacher in his secondary school took a genuine interest in Ian and he cared about him. He asked him questions. He met him very recently at a football match. It was arranged that he would be reunited. He thought this teacher had died, and when he saw him, he wrapped his arms round the guy's waist and cried like a child. He was the saving grace through his school years. Here was this physics teacher who actually cared about me, valued me, listened to me. It's that kind of stuff I think that you cannot forget, and you can't write that in a curriculum.'

Participants argued that it is a school's responsibility to know the individual needs of learners, in order to be able to provide appropriate support.

With regards to the idea of health and wellbeing delivered throughout the entire curriculum, interviewees indicated that the statutory PSE curriculum as it currently stands is fragmented and often perceived as a lesser subject, with limited time and attention to cover important issues. Participants reported the possibility of tension with other subject areas where there are time pressures or where there is a lack of practitioner knowledge and skills. Some, but not all discussed synergy between health, wellbeing and performance in a general sense, but also related to academic performance. Some also commented on the role

of accountability metrics in creating a conflict between what many argued were complementary goals of schooling, and a sense that 'what gets measured gets done'.

15: 'The two are interlinked. You are not going to be, economically successful as a person if your health and wellbeing is in a terrible state, and you can say that of the country as well. So actually, if you want to be a productive ... if any company wants to be productive, then we know that actually the wellbeing of staff matters. You have to do both. They're not fighting against each other. The artificial fight against each other is created by the system you put in place to hold schools to account for their performance.'

Reform aims and defining 'success'

This thematic area includes two themes: 'the aims of the reform' (accompanied by notions such as education to achieve wider policy targets, an individual, needs-based approach to the curriculum and beyond, a new direction for health and wellbeing, a cross-cutting knowledge, skills and experience-based curriculum, increased practitioner autonomy and freedom, equality, and managing expectations and reality check), and 'what will success look like?'

The aims of the reform

Schools were described as having a role to play in working with government to achieve wider policy targets, be that around crime and detention, the environment, climate change, or health and wellbeing. Although participants described the level of acknowledgement and acceptance of this role as varied between schools, there was consensus that government expectations around this role are growing. One government official used the following analogy:

18: 'I always think of education as a bit like land use planning. It's a mechanism for achieving lots of other policy objectives. At its most basic level it's about enabling children to learn and to be able to read and write and how to interact, all the other kind of basic stuff. But it's also the mechanism by which we try to further other policy objectives because education is part of what can help with that, so that might be health and wellbeing, sort of people having more of an awareness of what will enable them to stay healthy and maintain better wellbeing, or it might be wanting to raise awareness of environmental issues, so that those things are seen as important. I think certainly, over time, the way schools and education can help support that kind of broader objectives has become more significant.'

Interviewees described how a core purpose of schools remains education in subjects such as literacy and numeracy, but the role of schools following the reforms will extend far beyond this; for example, wider life skills such as decision making, understanding and regulating emotions, resilience, healthy relationships, confidence, and financial management were all suggested as important in supporting the development of balanced, well-rounded individuals and future success.

15: 'it's (school) got to prepare you both in terms of qualifications, but also—and this is the bit where it's kind of been weaker—some of the skills that you need irrespective of where you want to go next. So the ability to communicate effec-

tively, the ability to make and sustain relationships with people effectively. It's about developing skills, the important skills like literacy, numeracy and so on. But also you're developing people, you're working with children who are going to become adults, and they've got to live in the real world, and they've got to be able to competently navigate all sorts of situations. They're going to have to get themselves a job, taking account of their various needs. It's about helping children to make progress in their learning, and to become the sorts of people that we'd all be happy to have as our neighbour or our colleagues in a workplace.'

Participants described a flourishing society as also needing musicians, artists and good workmanship—skills not seen as prioritised under the current system, with reforms described as an attempt to shift this balance and increase value of other areas.

Describing the evolving role of teachers and school staff in the context of the reforms, one interviewee described how a practitioner will, under the reformed system, no longer be a teacher of a curriculum, but a teacher of a child, requiring a child-centred, rather than a subject-centred approach. The reforms were described as likely to provide schools with more autonomy and freedom to respond to the needs of individual learners:

113: 'one of the purposes was to give more autonomy to that school context for them, for schools and teachers to make the right decisions for what's appropriate for their pupils within their school context, whatever that might be.'

Participants described how introduction of greater autonomy and freedom for schools to develop their own curriculum creates worry and uncertainty for some of the workforce:

113: 'I think that's another key purpose, it's autonomy ... for some I think that's scary, but, it's [giving] those teachers opportunity to thrive and develop their creativity, but they'll need opportunity for time and space, it's crucial for them to do that, which is a challenge within our current structure.'

When asked about the complexity of managing autonomy and variability, participants described a need to consider 'fidelity' in terms of an obligation to meet the core philosophy of the four purposes, while allowing flexibility in how this is achieved. Although generally perceived as positive, some felt that more autonomy, freedom and variability could be problematic, and has the potential to increase inequalities. As one interviewee argued, 'when you liberate a system, you remove a ceiling, but you also remove a floor'. There may be inadequate coverage of topics that are salient in a particular setting, for example sleep, or drugs and alcohol. Another risk associated with autonomy and freedom is lack of practitioner buy-in and engagement—with the removal of a prescriptive curriculum, there is a risk of poor-quality practice among practitioners that do not fully engage with the reforms. The reforms place trust in practitioners, and arguably, successful implementation is determined by practitioner engagement and choices made in the classroom.

Related to the previous theme on the perceived role of schools in supporting health and well-being, reforms were described as going beyond the (sometimes) tokenistic PSE and moving away from a culture in which health and wellbeing are deprioritised or displaced by other subjects:

115: 'it (H&WB) looks neglected compared to the other areas. It looks less important, and it's partly the statutory nature of it, and the fragmented nature of how different bits of it have developed over time, how funding is given out, various projects and initiatives over many years that the government choose to support and give schools additional funding for. All lead you to see health and wellbeing

in the current curriculum is less ... a lesser subject area, a lesser area of learning. Whereas you've got the purposes, and then you've got these are the six areas of learning that we want for our children and young people in Wales, one of them is health and wellbeing.'

Throughout interviews it was described that the reforms should help drive a cultural shift away from the idea of either education or wellbeing. Health and wellbeing was described as having two priority areas: (1) equity, including an individualised approach tailored to need; and (2) universal provision and progression through the health and wellbeing agenda. If old material, for example physical education or home economics, is repackaged, practices may remain the same. Participants advised against wellbeing being taught as a standalone area, with the new curriculum designed to allow the AoLEs to be intertwined, and the 'purpose-led' nature of the new curriculum should allow integration and co-ordination across subject areas.

Interviewees described how against a backdrop of increasing pressure to perform, a fast-paced and rapidly changing society, and de-stigmatisation of mental health, there has been a rise in the reporting and diagnosis of mental health and wellbeing issues. This was described as requiring a response from schools and other public bodies, which participants described as being reflected in policies such as the Wellbeing of the Future Generations Act and has led to the publications such as Welsh Government's Whole School Approach to Mental Health and Wellbeing (Welsh Government, 2021). As such, participants described one aim of the reform as being to protect and improve mental health and wellbeing of pupils.

I10: 'you see it in the media, this crisis in Children's Mental Health and in the classroom. I think a lot of the evidence points to diagnosable mental illness in children increasing, but only at a very slight amount, whereas the bulk of the problem now is sort of poor mental wellbeing, low level anxiety, not necessarily mental illness and how we address those needs, because those children have often received very little or no support.'

I12: 'A key goal of the health and wellbeing curriculum is to build resilience and strategies for learners to be able to deal with life's ups and downs. Not to say that that isn't being done, but perhaps it's more variable than what we would like to see.'

In discussing equity, participants described how many schools serve communities with high levels of deprivation, behavioural issues and adverse social conditions, with schools perceived as increasingly 'filling a vacuum' or 'bridging a gap', acting as a mediator between home and society. Universal access to and prioritisation of health and wellbeing initiatives were described as having potential to meet this need by providing support for children that may not currently meet the threshold for targeted intervention. Equality was also discussed in the context of schools not being at an equal starting point, for example in terms of access to resources, which raised the issue of getting them up to a level playing field. Schools in special measures or schools who are failing may have the right to design and adopt their own curriculum withdrawn and would need to adopt a provisional curriculum.

What will success look like?

Interviewees described the importance of remaining realistic about the complexity of influences on health and wellbeing, and what can be placed at the door of schools, and the importance of allowing room for trial, error and learning from mistakes.

15: 'you've got to be careful what you attribute to schools as well, and how much you say this is about schools, and it's for schools to solve. Because you're talking about society issues, and schools are a part of the solution or the problem, but they cannot alone be what improves the health of the nation. So it all depends on a whole load of other factors that are outside of education as well supporting the same kind of agenda politically.'

Some described a need to manage expectations among parents and politicians to avoid negative publicity and a demoralised workforce. Participants emphasised risks with drawing conclusions on health and wellbeing impacts too soon: children who have fully experienced the new world (from 3 to 16) will not finish school until the 2030s:

18: 'you'll be able to know whether the curriculums you're seeing being developed by schools are reflective of the sort of thing you're looking for, but knowing whether that is making the sort of difference for learners that enables them to embody the [four] purposes when they come out, well the first child that will have been through the entire system isn't going to be until the 2030s that's literally started in nursery at three and gone all the way through. You're talking a long time before you'll know.'

Participants emphasised a need for evaluation partners to 'play the long game' and consider carefully when there will be impacts on outcomes and process measures.

Nevertheless, participants suggested that if the new curriculum is successful in achieving what it is intended to achieve, in the longer term, learners and school staff may see improvements across a range of outcomes, including, but not limited to: physical health, mental health and wellbeing; digital wellbeing; resilience; confidence; kindness; empathy; emotional intelligence; adaptability; decision-making; social cohesion; attendance; school connectedness; reduced use of specialist services; and a stronger sense of their role in society. Learners will leave school better equipped to deal with the demands of the workplace in the twenty-first century, and able to fulfil vocational pathways as well as academic. There will be less pressure on schools; more autonomy and freedom to adapt to local contexts; improvements to teacher health and wellbeing; improved learner behaviour; classroom engagement; exclusions; and better overall education experience. For society in the longer term, there will be a more able, efficient and effective workforce; less antisocial behaviour; better economic outcomes; and a reduction in inequalities. In the interim, early indicators of success were described as including school connectedness; school (peer and teacher) relationships; engagement with stakeholders and external partners; practitioner engagement; reflection of health and wellbeing throughout the curriculum; adoption of a needs-based approach to learning and development; increased prominence of, and time given to, health and wellbeing in teaching activities; school health and wellbeing monitoring processes; engagement with professional learning; and adoption of a data- and evidence-led approach.

There were mixed views on the introduction of a health and wellbeing GCSE. Some thought it a fruitful means of increasing capacity across the system and creating pathways into health and wellbeing professions, while others viewed it as potentially harmful to health and wellbeing if not done correctly. There were suggestions that other metrics are required to determine success, for example the use of school-level health and wellbeing data and process measures that capture progression: a distinction was made between 'harder measures' such as obesity and smoking prevalence, and 'softer measures' for example around relationships and wellbeing. It was widely perceived that it is more difficult to measure success for the health and wellbeing agenda, largely owing to it requiring intervention on multiple levels.

Perceived barriers and facilitators to implementation

This thematic area outlines factors described as potential barriers or facilitators to implementation. They have been clustered into 'national level barriers and facilitators' (inclusive of systemic factors such as accountability frameworks, training, achieving a cultural shift and clarification of other resources in the system) and 'school and community level barriers and facilitators' (inclusive of school leadership, external support, co-construction and stakeholder engagement, and adoption of a whole school approach). While there is overlap between these clusters, we have grouped themes according to where the main responsibility lies for facilitating change.

National-level barriers and facilitators

Achieving a cultural shift and systemic change was described as arguably the biggest and most difficult implementation challenge: achieving buy-in from a workforce of 20,000–30,000 people. Schools are busy and fast-paced environments. In the current culture, some practitioners do not, or do not want to, see themselves as health and wellbeing practitioners. There was a perception that within any system involving a human element there will always be the 'good, the bad and the indifferent', but also that there was a responsibility to ensure that schools were provided with the tools and resources needed to have the best chance of being able to meet the expectations placed upon them by the reforms:

I12: 'We are trying to bring in a sort of cultural shift in the way people think, and that in itself is difficult, particularly if your teachers have been in the profession a long time. Nobody likes change, and some people will embrace it, others will fight tooth and nail against it. And generally speaking, perhaps the best that we can hope for is that we put the tools and the resources in place, we train up the teachers that are going through initial teacher training now, and maybe look sort of five, ten years down the line for that cultural shift.'

Participants described how an accountability framework shapes the direction of the school system and how schools operate as a driver of results, but at present, does not align well with the intentions of the reforms, particularly when considering the health and wellbeing agenda:

I15: 'when you go to schools and you ask them about how much of a priority is children's health and wellbeing, every single head teacher will tell you it's an absolute top priority for their school. Why would they say something else? So the challenge is to actually then get underneath that statement of intent, to look at whether it really translates into the right sort of actions in the school, and the decisions that that leader is, and collectively that school is taking around children's outcomes. And unfortunately too often what you see is that the behaviour is more driven by the external data for results than anything else around children's health and wellbeing.'

This poses a barrier to successfully integrating health and wellbeing into core business. Participants described how a more rounded accountability environment is required to place equal value on health and wellbeing.

The importance of continuing professional development (CPD) and initial teacher training (ITT) was emphasised throughout. One participant commented:

17: 'we've got failing schools right now and again they're not failing because of the curriculum, they're failing because of professional learning and standards, teaching standards and the challenges they're facing with children, so actually a school isn't failing because of its curriculum it's just failing because of its inability to enact that curriculum to the best.'

Another added:

16: 'nothing will change in schools until professional learning changes for teachers ... children are going to keep being children, and children will keep doing what they're doing, it's actually the only thing it's going to change is, is how a teacher comes in and leads or facilitates or how they, they put that intervention and so therefore it all lies in the gift of the teacher really.'

A senior stakeholder working across health and education described a lack of support structures and opportunities for CPD in the education profession. Another interviewee suggested that professional development was the most important enabler of success, helping achieve practitioner buy-in and a cultural shift. In addition to packages that can provide the workforce with knowledge and skills for curriculum design, some argued that specialist health and wellbeing training packages are required to avoid insufficient delivery, avoidance of sensitive topics, outsourcing and poor staff–learner relationships. Training was suggested in health and wellbeing topics such as child and adolescent development, a Whole School Approach, use of data and evidence, inequalities and partnership working. The possibility was raised that there could be different levels of professional learning for health and wellbeing depending on practitioner starting point. While a PGCE in health and wellbeing would be beneficial, there is a risk that the agenda falls to one or a few people and adequate training across all programmes will prevent this and enable a 'whole-school approach':

11: 'the challenge now is to embed that way of thinking that you'd expect from healthy schools coordinator, across the sort of wider school workforce really. But those, those mechanisms are there, but I think thing is making sure that's embedded across the entire school, and not in the hands of just one or possibly two individuals in the school management team.'

There was acknowledgement of conflicting expert advice, for example during the development of the health and wellbeing AoLE which may have caused confusion in the system. Interviewees described that it would have been helpful to provide a list of supporting resources simplified for use by practitioners, for example a list of external partners to work with on health and wellbeing. Several support packages were made available for schools, but uptake was sometimes limited. Notably, some described a balance between providing guidance and providing a prescriptive curriculum 'through the back door'. Clarification of funding and time is also required:

16: 'where's that being funded from? where's that coming from? I think all schools would love to say ... if you're an inner city school and you've got no school field you're not going to solve that you suddenly have this wonderful outdoor space. You know, I'd love to say, you could have an environment where restorative approaches can be addressed and you could have lovely sofas in corridors where these things could happen, but again it all has an implication. So absolutely there are probably some quick fixes, but I'm not sure that would work for all schools because that magic pot of money or that extra person in the school that's able to provide that level of support of intervention isn't there'.

Some highlighted that other policy initiatives, such as free school breakfasts, potentially extending schools days, and extra-curricular activities can impact on outcomes:

I5: 'the other thing is probably it's more structural stuff around funding and design of schools, and it links to wider policy initiatives like free breakfast, free childcare, extending the school day, um extra curricula activity, all of that. There's a whole load of stuff around that that may or may not be helpful, may work against, or for.'

Community- and school-level barriers and facilitators

Strong school leadership was described as fundamental to success of the reforms:

I13: 'it depends how the leadership team view health and wellbeing. A lot comes from leadership and the head, and actually embedding that culture, so that could be a barrier, so they don't [value it]. But actually if they really get it, which I've seen some great examples of, then that's a real facilitator to [enact and get] health and wellbeing [permeating throughout] the curriculum.'

Comparisons were drawn with implementation of previous government level education initiatives. One interviewee suggested that while strong leadership is really important, ultimately success comes down to practitioner choices in the classroom, with each practitioner providing a point of responsibility and change, with a role of leadership that is to provide practitioners with time and space to be creative and experiment with the new curriculum.

Across all interviews, garnering external support and partnership working were described as fundamental, something that is supported widely by the literature around the whole school approach and implementation of evidence-based interventions in schools. Work with external partners is a means of achieving targets and 'plugging the gap' where there are finite resources in school budgets. Interviewees noted there is some 'really great' partnership working going on already, but this is highly variable, and partnership working can conflict with 'accountability gaming'—it does not win favour under current accountability metrics. Related to the previous theme, there is an opportunity for leadership teams to consider the use of the community in supporting their school to enrich learner experiences. Conversely, interviewees described how there is currently an over-reliance on external support to deliver health and wellbeing, and outlined that it is not intended that health and wellbeing is outsourced in the way it has been, but rather must be integrated into the curriculum, with partnership working complementing rather than replacing. Peer-to-peer learning and collaboration with other schools for diffusion were perceived as critical for successful implementation, as was engaging learners and the wider community regularly so that they feel that they have a stake in the school.

The importance of creating a positive school ethos, with good peer-to-peer and practitioner–learner relationships, was described throughout interviews, and if done well, can facilitate implementation. Linked to the inequalities theme, another participant described how you cannot address inequalities through the curriculum, but you can begin to address some of those wider issues through adoption of the whole school approach:

I2: 'there's obviously bigger, wider factors to do with the community, where you live, and inequalities and that kind of thing that you can't necessarily address through a curriculum but you can begin to address that perhaps through a whole school approach.'

There was consensus across interviewees that primary schools are likely to experience fewer difficulties with reform than secondary schools, which are larger organisations with more staff, pupils, complexity and structural issues. Participants described how historically, PE departments in secondary schools have not valued an integrative approach to health and wellbeing. Arguably primary schools already work in a cross-curricular way, whereas secondary provides distinctive lessons and a timetable that poses more challenges to the aims of the reforms. Primary schools were described as often providing more nurturing environments and more pastoral care, possibly owing to the small numbers and continuity of teaching staff throughout the school day. Given the larger focus on performance metrics in secondary schools, the reforms pose changes on a much larger scale. Interviewees noted the potential risk that health and wellbeing may become performative in secondary schools.

113: 'this is where we need to be very mindful and sensitive to the differences between primary and secondary, because many primaries have already shot ahead in this agenda and they're doing a lot. It lends itself potentially to the way that they were working around project based, around one teacher who sees the pupil all day long, so there's more flexibility to try different things out or to do a bit more project based work. For secondaries I think there's more structural changes needed.'

Consistent with the ethos of the evidence-based whole school approach, participants described the importance of health and wellbeing being considered in the context of the whole school community and as such, a need to prioritise teacher health and wellbeing—something which has not always been provided due care:

116: 'we have to find a way of caring for and understanding our teachers in some of the really impoverished Valley schools where physical assault is happening daily, where teachers are sliding down walls sobbing because of what they're dealing with. All the training to make sure they'll teach Shakespeare ... they won't because it's so damn hard. So that is the bigger issue, the moral dilemma. You can have people who have only taught in lovely leafy schools where children sit down, good morning Miss, and are pleasant, as opposed to children coming in and biting you and hitting you and repeatedly telling you to F off. Some people, as I (a former school leader) had plenty—are terrified, stopping the car on the way to work to be sick because they are just so anxious about what they're going to face that day. My family were frightened for me going to work and there were teachers I was working with who'd been in that environment for 20 years. And don't tell me that the shine stays. We just can't be naive—there's a lot of naivety.'

DISCUSSION

The aims of the study were to explore stakeholder perceptions on why and how schools have changed over time; the aims of the reforms and how success may be defined; and barriers and facilitators to implementation. The present study provides a starting point and framework for understanding the drivers for, and implementation of, national education reforms from the perspectives of senior actors in the Welsh education system. Viewing schools as social complex adaptive systems (Keshavarz et al., 2010) is helpful for several reasons. Firstly, although a school systems approach to health and wellbeing interventions is endorsed and advocated by the World Health Organization (WHO, 2021), achieving successful implementation and sustaining positive change have been limited (Keshavarz et al., 2010). This may

be, at least in part, owing to a failure to acknowledge the complexity of school systems. Secondly, complex adaptive systems theory acknowledges the need for interventions that aim to produce change at different levels, which is consistent with the perspectives on national reform of interviewees in the present study.

The study demonstrates the value of complex adaptive systems perspectives in understanding major system reforms (McLaren, 2005; Keshavarz et al., 2010; Moore et al., 2018; HM Treasury, 2020; McGill et al., 2020) since the implicit focus of the present study was around how the functions of schools and education systems have evolved over time (system histories and the starting point for change), what needs to change within schools in order for them to fulfil the functions they are now expected to fulfil, and how the diverse agents who make up school systems resist change to maintain the status quo or accommodate new ways of working (HM Treasury, 2020; McGill et al., 2020). Within a CAS framework whereby schools are positioned as 'adaptive' systems, schools continuously evolve over time to remain relevant and responsive to societal challenges. This position is very much consistent with findings around how the role of schools has continually changed over time, adapting to the changing needs of society. That said, a persistent message was that structures within the system that may once have served an adaptive function, such as the national curriculum and accountability framework, were perceived as having become maladaptive and limiting the ability of schools to evolve and remain relevant. Thus, reforms were described as providing new structures and resources to enable schools' evolution to maintain pace with the needs of a changing society.

The third thematic area explored factors perceived by interviewees as likely to serve as barriers or facilitators to implementation. Consistent with accounts of interviewees in current study, previous research (Waller et al., 2017) has shown that key facilitators for implementation include positive organisational climate, adequate training and teachers and pupil motivation. In addition, the importance of providing adequate resource to ensure schools have the best chance of fulfilling the expectations placed upon them was emphasised by some. While the functioning of systems such as schools is not hierarchically controlled, school leadership teams were described as serving important gatekeeping functions, in deciding which innovations and adaptations would be embraced and supported, and the importance of achieving buy-in from school leadership teams was emphasised. Barriers to implementation included heavy workloads, budget cuts and lack of resources or support. In their implementation guidance for Wales (OECD, 2020), the OECD suggested that curriculum change had become the spearhead of the reform, with the other policy areas acting as 'enabling objectives'. This is in contrast with opinions in the current study, where there were strong suggestions that changes to accountability measures and significant changes to professional learning were likely to be equally, if not more, critical to the success of the reforms. Actors within school systems were described as operating in a climate of limited resource and collectively self-organising their actions around ensuring performance against measures against which they are held accountable, perhaps to the neglect of measures which matter for young people. The idea of increased school- and practitioner-level autonomy and freedom were discussed at length throughout interviews. This idea fits with the concept of a self-improving system (OECD, 2020), whereby leaders and practitioners have the skills, resources, capacity and commitment to continually learn and improve their practice.

A core purpose of the UK education system is to provide universal, compulsory, free at the point of contact education (Gorard, 2010). Arguably however, in recent years it has become oriented around enhancing the general level of attainment, to the neglect of wider aspects of young people's wellbeing and development. The Welsh reforms aim to redress the balance and alter the narrative around the role that schools play in the lives of children and young people, in particular the role that schools play in health and wellbeing (Welsh Government, 2017; Welsh Government, 2020a). The present findings suggest that in order

to realise the aims of the reforms, embedding evidence-based practice into everyday functioning of schools, as opposed to health and wellbeing being viewed as 'additional' work, is critical. Schools also have a role to play in reducing inequality in education outcomes (Welsh Government, 2017), and this idea, while sometimes controversial and often debated (Gorard, 2010), is not new. Evidence suggests that education inequalities associated with SES are still entrenched; however, education systems in the UK are diverging—a recent OECD report suggested that while Wales is just below average for reading performance, the country outperforms most in terms of level of equity (or inequity) in education (OECD, 2020), a finding which is very much consistent with the ethos of the reforms and Welsh policy generally (Welsh Government, 2017).

Strengths, limitations and future work

The article presents findings from a qualitative research study, representing the perspectives of senior stakeholders in the Welsh education system, including directors, deputy directors, consultants and departmental leads from Welsh Government and national organisations such as Public Health Wales and Wales's school regulatory body, Estyn. While it was not possible to provide further information on the roles of interviewees owing to confidentiality agreements, these stakeholders held strategic roles in areas such as curriculum design and assessment, professional learning and leadership, and health and wellbeing. We could have taken an alternative approach and sought permission to name participants, but this may have yielded accounts which were less candid.

The next phase of this research will explore perspectives of school staff, comparing and contrasting these to the accounts of policy stakeholders. Future research may approach research on major political reform through a complex systems lens, an idea that is particularly relevant for Wales during this period of large-scale systemic education reform. Over the coming years, implementation of the reforms must be accompanied by well-designed evaluative research of a scale that matches the ambitions of the reforms. Academia, governmental, public and private sector bodies must work together and form interdisciplinary groups—this serves to reduce duplication, reduces silo working and fosters innovative practices and solutions.

Implications and considerations for policy and practice

Eliciting and synthesising the perspectives of a number of senior policy stakeholders in Wales highlighted a number of considerations for those with responsibility for developing and implementing curriculum reforms:

- Co-construction between sectors was suggested to be a critical going forward during the implementation phase.
- Varying levels of support may be required from Welsh Government, regional consortia and health bodies during implementation, with the suggestion of increased levels of funding and assistance for the most deprived schools.
- Health and Wellbeing does not have the same history of being taught as other subjects and is therefore probably the most challenging to deliver successfully. All AoLEs are designed to be cross-cutting, which means practitioners can strive to weave health and wellbeing learning into other subject areas (for example, use of statistics in a numeracy lessons, or handwashing and hygiene in science).

- Leaders and practitioners within schools can draw on existing school-level data and evidence, and adopt a whole school approach, to enable a more effective impact on health and wellbeing.
- There is a need to provide sufficient time and space for practitioners to understand the new curriculum, and time and space for trial and error in the classroom.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ETHICS APPROVAL

This study was approved by the Research Ethics Committee, School of Social Sciences, Cardiff University in October 2019 (ethics application number 3402).

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