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Secondary schools' preparation for roll-out of Curriculum for Wales: Case studies of approaches to health and well-being in the context of national education system reform

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Abstract

Schools are increasingly positioned as key settings for promoting health behaviours and well-being. Curriculum for Wales (CfW) represents major national reform of the Welsh education system, placing unprecedented focus on health and well-being for learners in compulsory education (aged 3–16). Qualitative case studies across four schools in Wales explored staff perceptions of, and preparation for, roll out of CfW from September 2022. Interviews ($n = 13$) were conducted with a range of staff, including senior management, health and well-being leads and newly qualified teachers. Thematic analysis was used to summarise data into five overarching themes: 'reframing the system'; 'operationalising the reform'; identifying 'expectations for success'; 'national level barriers and facilitators'; and 'community and school-level barriers and facilitators'. Findings highlighted 'traditional' pressures on schools to maintain high academic performance, which were at odds with a 'holistic' view of life-long pupil development and health and well-being encouraged by the reforms. Where 'top-down' governance and professional culture were perceived to be leading factors influencing national implementation, support for partnership working was perceived to be a critical facilitator of delivery at the school level. Results suggest a need to support

health and well-being practice of schools across multiple levels of the system, to develop structures that enable professional development and effective partnership working, and equip schools with the appropriate resources to respond to a changing environment.

KEYWORDS
education policy, health-promoting schools, policy implementation, school health and well-being

INTRODUCTION

Aligning with the World Health Organization's (WHO) Global School Health Initiative (World Health Organization, 2018), schools are increasingly conceptualised as key settings for promoting health behaviours and well-being through education, collaboration and prevention approaches (Langford et al., 2015; Pulimeno et al., 2020). Schools have also been defined as complex systems, where staff, pupil and parent interactions are governed by 'formal' (e.g. school curriculum) and 'informal' (e.g. social norms) processes, and are also influenced by external governing bodies and wider societal structures that enact change (Keshavarz et al., 2010; Long et al., 2023; Moore et al., 2019; Pulimeno et al., 2020). Complex systems approaches to health promotion in schools involve the implementation of multi-component interventions that target outcomes at different levels of the socioecological model (Kilanowski, 2017), for example, at intrapersonal, interpersonal, organisational, environmental and policy levels (Wold & Mittelmark, 2018).

Several countries across Europe, Australia, New Zealand, the United States and Canada have already implemented national education system reforms to promote a whole school approach, also known as a whole system approach, to health and well-being (McIsaac et al., 2017; Turunen et al., 2017; Vilaça et al., 2019; World Health Organization, 2018). For instance, in Denmark and Austria, health and well-being has been integrated into the curriculum and local school system, with a strong focus on developing professional autonomy and expertise, as well as evidence-informed and topic-based approaches to meet the needs of pupils, inform lifestyle interventions and coordinate services (e.g. resourcing a sports programme, hiring a dietician) (Gugglberger, 2011; Simovska et al., 2016). In Canada, the whole school model revolves around the four principles of health education, partnership working, healthy environments and healthy policies and practices, with guidelines and strategies for implementation focussed on developing long-term, place-based approaches to improving learners' health and well-being within individual schools (e.g. by supporting healthy school food standards through provision, school policy, classroom lessons and reinforcing healthy messages in the wider community) (McIsaac et al., 2017). A similar framework has been established in Scotland as part of the Curriculum for Excellence, where health and well-being is one of the key areas of focus at national level (Scottish Government, 2016, 2023). Examples of practice within schools include breakfast clubs, peer support schemes, non-teaching support staff and targeted programmes for intervention (e.g. to discuss sensitive topics or issues in the community). Approaches such as these demonstrate the importance of curriculum frameworks outside of the classroom (Scottish Government, 2023), and highlight efforts to further strengthen links to wider public health and well-being policy agendas in these nations (e.g. 'Getting it Right for Every Child' programme in Scotland) (Thorburn, 2017). However, there are often pressures on school resources that make health promotion intervention particularly challenging. For example, factors that could hinder health promotion strategies in

schools include a reliance on short-term funding models and 'off-the-shelf' interventions, prioritisation of academic subjects over health and well-being, lack of opportunity for professional learning and development, lack of staff and parent support for health and well-being curricula, and wider social norms and culture (e.g. public acceptance of vaping versus onsite vaping bans) (Herlitz et al., 2020; McIsaac et al., 2017; Simovska et al., 2016).

Wales is a small UK nation that began to roll-out major education policy reform from September 2022, providing an opportunity to explore changes to health and well-being practices across schools. The Donaldson review in 2015 highlighted poor national performance on accountability frameworks such as the Programme for International Student Assessment (PISA), marking a significant turning point in the Welsh education landscape towards planning for longer-term, pupil-centred objectives focussed on the whole development of a child from the Foundation Phase to Key Stage 4 (age 3–16) (Evans, 2022; Glover & Hutchinson, 2023; Power et al., 2020). Specifically, Curriculum for Wales (CfW) is underpinned by four purposes, one of which frames curriculum design around creating 'healthy, confident individuals, ready to lead fulfilling lives as valued members of society' (Welsh Government, 2019a). As such, curriculum design is based on an integrated approach to teaching across six Areas of Learning and Experience (AoLEs), cross-cutting themes that develop links across disciplines. Health and well-being is one such area, with a focus on developing skills around physical, mental and emotional well-being and resilience. As a result, Curriculum for Wales (CfW) places a greater focus on professional pedagogy, autonomy and ownership over curriculum design and delivery (Long et al., 2023), with a pioneer school model being established early on to co-develop core principles, AoLEs, the overarching curriculum framework, and new professional standards with case study schools and practitioners (Arad Research & ICF Consulting, 2018). Notably, the COVID-19 pandemic further challenged the introduction and development of the new curriculum, though reports funded by Welsh Government highlight the ways in which this reinforced the curriculum purpose and aims particularly for the health and well-being of learners, staff and local communities (French et al., 2022; Hayward et al., 2020).

To deliver CfW, schools are encouraged to adopt a whole school approach: CfW has rolled out alongside new statutory guidance for embedding a whole school approach to mental health and well-being in schools, with the two intended to be complementary (Welsh Government, 2021). Some support for this approach comes from the Public Health Wales Welsh Network of Healthy Schools Scheme (WNHSS), which provides guidance on the school curriculum and environment (Public Health Wales, 2024). Here, a whole school approach to health and well-being involves three stages: (1) conducting a needs-based assessment of the school and its current environment, (2) implementing a bespoke action plan to address staff and pupil needs and (3) evaluating progress to identify effective interventions and changes (Welsh Government, 2021). Each of these steps rely heavily on the school's ability and readiness—particularly of senior management teams—to effectively use data to monitor delivery, as well as develop successful partnerships across organisations, communities and governing bodies to support implementation and evaluation.

At present, little is known about the perceptions and experiences of school staff on education system reform in Wales (Glover & Hutchinson, 2023), and there are lessons to be garnered for the delivery of health and well-being curricula in schools. Therefore, the aim of this qualitative study was to understand secondary school staff perceptions of, and preparation for, the roll-out of education system reform by exploring the following:

1. the perceived feasibility and acceptability of roll-out of the new curriculum;
2. perceptions and experiences around preparation and implementation of health and well-being initiatives in schools;
3. perceptions and experiences of the processes through which reform may achieve its health and well-being goals, and other unintended consequences.

METHODS

Sampling and recruitment

Case study schools

Case study schools were recruited via the Wales-wide School Health Research Network (SHRN; https://www.shrn.org.uk/), a policy-practice-research partnership that works directly with schools in Wales (Page et al., 2023). Publicly available Free School Meal (FSM) eligibility status data (Welsh Government, 2024) and SHRN's School Environment Questionnaire (SEQ) (Littlecott et al., 2018; Midgley et al., 2018) were used to stratify schools by high vs. low FSM and high vs. low preparedness to roll out health and well-being aspects of CfW. The SEQ is a cross-sectional survey completed by school staff and includes measures around health and well-being relating to the school's curriculum, environment and policies, and community partnerships.

Schools were invited to participate via the SHRN school manager, and interested schools were provided with study information and consent materials by the lead researcher (SL). From the four categories of schools, we planned to recruit one school to each category. We approached schools in alphabetical order, contacting around three schools from each category at a time. If schools did not respond within 1 week, we followed up again and allowed a week for responses. After two non-responses, we moved on to the next batch of schools in a particular category. A total of 13 schools were contacted, of which four took part (1 = high FSM low readiness; 2 = high FSM high readiness; 3 = low FSM low readiness; 4 = low FSM high readiness). The category with high FSM and low readiness was the most difficult to recruit to, with five non-responses. Of the four participating schools, two were classed as 'urban' and two as 'rural' with sites located across areas of North Wales, Mid Wales and South Wales.

Participating staff

After school level consent was provided to the lead researcher, a link teacher acted as a gatekeeper, helping to set up interviews with key staff. Interviewees ($n = 13$) had a broad range of practitioner roles within schools, ranging from a headteacher, deputy heads, health and well-being leads and non-health and well-being staff (e.g. a geography teacher). As defined by the Curriculum 2008, teaching backgrounds related mostly to historically 'non-core' subject areas, including humanities, social sciences, art and design and physical education (Welsh Government, 2019b).

Interview procedures

Stakeholders were interviewed over a 2-month period between March and April 2022, marking the point at which schools were preparing for initial roll-out in the next academic year (Welsh Government, 2019a). Prospective participants were invited for interview via email and provided with a choice of an in-person or online interview. Interviews for two schools were carried out in person ($n = 8$), while interviews in two schools were carried out online ($n = 5$). All participants were required to sign and return an electronic consent form prior to data collection. For those who did not return electronically, a hard copy was signed prior to the interview commencing.

In line with previous research on implementation of the health and well-being reform in Welsh schools (Long et al., 2023), a semi structured interview schedule mapped onto the

aims of the study. Interviews started with broad questions, such as 'what are the roles of schools?', and moved on to more specific topics such as 'what are the aims of the reform', 'what are the health and well-being aims?' and 'what has your school done so far to prepare for the new health and well-being agenda?' Interviews lasted on average 60 minutes, ranging from approximately 25 to 100 min.

Data analysis

Interviews were transcribed verbatim and subjected to thematic analysis (TA). Data analysis was informed by Braun and Clarke's six-step approach (Braun & Clarke, 2006), 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') and, partly, deductive ('top-down') data-led approach to identify patterned meaning across data, through a rigorous process of data familiarisation, coding and theme development and revision.

First, the analysis was informed by results from the previous study (Long et al., 2023), which identified three thematic areas to describe senior stakeholder perceptions and experiences of the reform. This included how and why schools have changed over time, the role of schools in supporting health and well-being, and the aims and expected successes of planned reform in the future. This allowed the analysis to start with a broad thematic framework comprising themes that were constructed in the previous report.

Second, inductive approaches were used for coding and refining theme development, and as such an iterative, fluid approach was used throughout to identify new codes and themes derived from the data. 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) as well as implicit meanings, ideas, concepts and assumptions (latent coding). A second author (SL) reviewed coding for the themes and discussed areas of agreement and disagreement with the lead analyst (RE) prior to the analysis being finalised.

RESULTS

Falling within the three thematic areas constructed in the previous study (Long et al., 2023), five overarching themes were created, summarising secondary school staff perceptions around the health and well-being reforms (see Figure 1). Theme 1 describes how schools have reoriented their school systems to progress towards a more 'holistic' view of pupil health and well-being and development. Themes 2 and 3 describe perceptions of the reform aims as these relate to both practice and expectations for success over time. Themes 4 and 5 are interconnected and provide an overview of the suggested national-level and community-level barriers and facilitators to implementation. Each theme is discussed below and described from the perspectives of individual schools and practitioners.

The changing role of schools in supporting health and well-being

This thematic area describes the juxtaposition between the 'traditional' academic responsibilities of schools and the often multifaceted role that schools play in the wider development of children and young people.

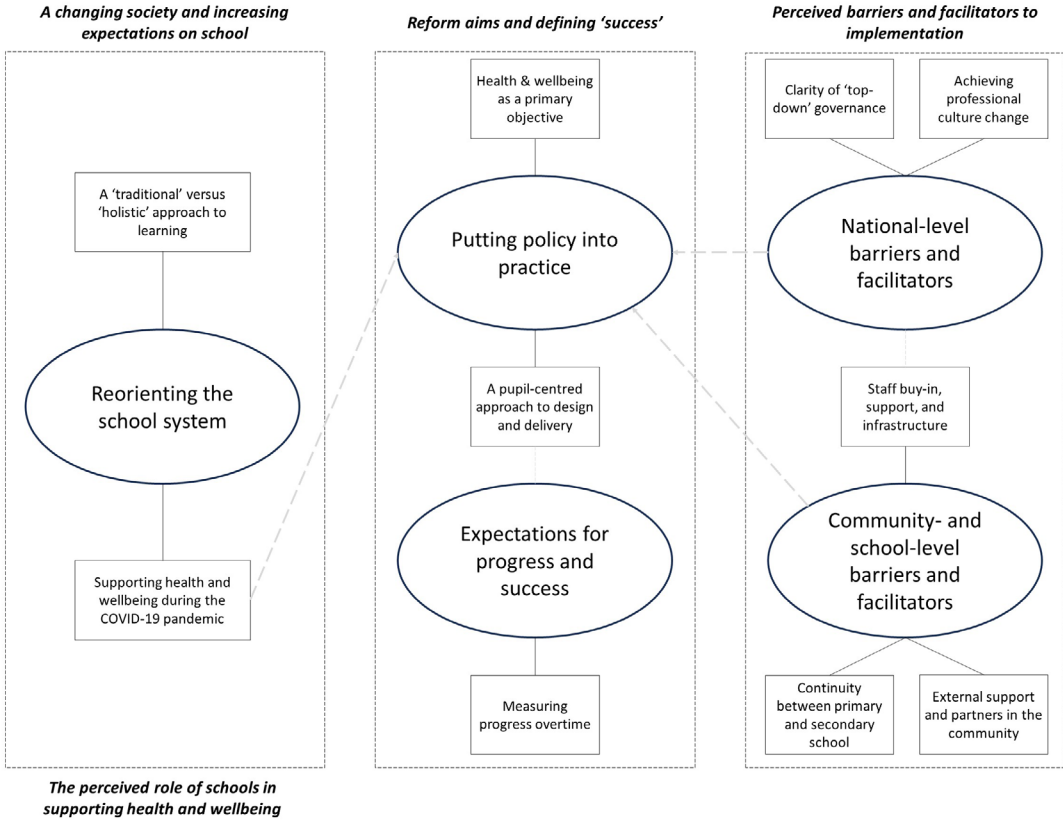

FIGURE 1 Map of themes and subthemes.

Reorienting the school system to implement change

Set in the context of recovery after the COVID-19 pandemic, interviewees described a changing role for schools in supporting health and well-being. There were growing concerns around social and health inequalities that were exacerbated by the pandemic, as interviewees referred to stark differences in the level of support available to children at home, their access to technology and resources for learning and the ability of pupils to re-adapt to the school structure and environment. This resulted in a perceived decline in pupil health and well-being overall, as there were reports of increased behavioural and interpersonal challenges, reduced physical fitness and a notable rise in pupil stress and anxiety. As such, interviewees felt a pressure to address an unprecedented 'health' and 'skills' gap among learners, while also facing the practical impacts of the pandemic on implementation of the reforms. Plans for new programmes were interrupted, and interviewees were mindful of the lost opportunities for trial and error before roll-out. However, new ways of working had also since supported the reforms; for example, schools had already adapted to the use of blended learning technologies to support distanced learning, and many had also increased the provision of resources for learner pastoral support.

> I13: I mean, through those lockdowns and over the last two years, we had really good systems in place. We had pastoral staff checking in with pupils, they were ringing them a couple of times a week to kind of check in. We had live registrations so we could see and interact with pupils. A lot of the things that we

> put in place, talking about positive relationships and working with parents and partnerships, a lot of that actually stemmed from that time from home learning and things like this. It has formed, I think, quite a bit of what we've done and what we've put in place.

Referencing a historical focus on accountability and performance metrics such as key stage attainment, interviewees emphasised a need to maintain high education standards. There were concerns that reorienting the school system to prioritise health and well-being could undermine academic achievement in Welsh schools, placing pupils at a disadvantage when competing for university courses and jobs. This concern contributed to the perception that changes could become superficial, particularly for older year groups. Exam preparation—with its focus on subject-specific content—was still viewed as being at odds with the vocational and skills-based focus that the reforms encouraged. That said, the traditional format of exams was viewed as potentially detrimental to learner mental health and well-being, increasing stress and pressures to succeed.

> I4: I'm also very, very wary and… and nervous about what happens at GCSE, because we do this amazing Key Stage 3 curriculum, but then they have to sit the same, you know, types of exams, and we're judged on how many C grades we get.

With increased prioritisation of health and well-being, the reforms were viewed as an opportunity to adopt a holistic approach to learning and assessment, with a move away from discrete teaching of content within subjects to identify cross-cutting themes (see also 'putting policy into practice' below). Interviewees referred to the core skills set out in the reforms; literacy, numeracy and digital competency, and suggested that the new curriculum would develop greater 'resilience', 'confidence', 'critical thinking', 'creativity' and 'mindfulness' among learners. Referring to the leading principles of the reform, interviewees linked this philosophy of 'life-long learning' to a need to consider: the 'why' of teaching; how to assess individual development; how to continue to motivate pupils to engage with their education; and how to positively integrate young people into their communities to support future health and well-being. This marked a perceived shift towards formative assessment that was more inclusive of all subjects, skillsets and personal development, even though the national framework for future assessment was still unknown at the time of interviews.

> I8: I don't think getting them to sit an exam is the right way to assess the pupil, especially in like health and well-being. I know we've done like mini assessments when they do certain topics or when they do a certain scheme of learning and [it] very much could be like an informal conversation about feelings and emotions. We've done like a speech, a motivational speech, to promote positivity and turning a negative situation into a positive situation. We've spoken about past experiences and what support networks, what people they would turn to. So like mini assessments like that not only allow us to gauge where they're at, but it gives us a better understanding of those pupils.

Reform aims and defining 'success'

This thematic area describes two areas of focus for developing CfW in schools; (1) embedding health and well-being into a cross-curricular approach to learning, and (2) developing a needs-led approach to health and well-being redesign. Schools defined 'success' in terms

of the ability to identify practical targets that support health and well-being outcomes, the ability to sustain programmes and activities as part of the reforms, and the ability to capture long-term progress towards achieving perceived reform aims (see 'reorienting the school system to implement change').

Putting policy into practice

Referencing increased emphasis on health and well-being, interviewees described a cross-curricular approach as being at the heart of the health and well-being aspirations of the reforms. However, there were between-school variations in practice: some schools strived for a smaller change, for example, by aiming to include regular skills-based tasks within existing lessons. This included one school that introduced book-club style sessions on key themes (e.g. mental health, resilience). Other schools strived for larger structural changes, for example, by allocating equal amounts of teaching time across AoLEs, scheduling new sessions within school timetables, and reorganising subject departments and faculties:

> I3: It's been carved up. We started again. We looked again at the allocation of time for each of the [areas]. I think Welsh and English have lost a little bit, I think science has lost a little bit, drama has increased, health and well-being has increased. So I think that's a measure really of the status that subjects that in the past were not afforded enough respect.

Successful delivery of the health and well-being aspirations of the reforms was perceived to rely heavily on staff resource. Some interviewees stressed the importance of sharing responsibility across all teaching staff and remained mindful of protecting staff health and well-being in light of existing pressures (see also 'perceived barriers and facilitators', below). There were perceived inequalities in the weighting of subjects, leading to conflicts when scheduling teaching time. This pressure was sometimes compared to the context in primary schools, where placement of individual teachers for each year group was believed to be more accommodating of a cross-curricular approach.

> I3: I think in primary schools it's going to be far, far easier. So I'm thinking, my son is in year 6 now and I know that his class teacher will have seen him across his subjects, okay, but she also sees how he is when he works in a group. Is he able to speak politely to other people? Is he able to share when he's out on the field and he wasn't picked for the football team? How did he deal with that disappointment? Was he able to deal with it? So my son's teacher in primary school, she can draw on so much evidence of what she's seen of my son's development.

As schools sought to develop a curriculum that was increasingly 'pupil-centred', there was strong support for pupil voice. Some schools were already co-developing resources in line with pupil feedback, which they perceived as a valuable way to identify key issues for their school. One interviewee passionately referred to the role of student council in driving the development of a new health and well-being programme that addressed racial discrimination at school:

> I5: So a young girl within [Year 11], she actually was facing discrimination, racial discrimination, to herself, and basically came to us and said could we do something, and obviously our answer was yes. So we have worked with them, with [the area] youth team, to create a focus. So we have a focus called Discrimination – It

> Stops With Me, so we have a policy in place, and we have lessons from social responsibility that have all kind of create… been created from this student voice.

This perceived focus on pupils appeared to be underpinned by three key objectives across interviewees: to motivate all pupils to achieve their full potential; to nurture broader development as citizens of the community and the world; and to build a better understanding of health and well-being. Interviewees referred to tailoring teaching and assessment plans to learner interests and abilities to achieve this, and promote pupil equality. As a facilitator, there was a perceived ongoing need to build trust with pupils to foster a school environment that is safe, open and honest.

> I8: So previously looking at our curriculum, it's been very broad, not specific to the pupils and the wider community, so I think the luxury of kind of this new curriculum now is being able to really specify what things we need to teach our pupils, which not only kind of improves their engagement levels because they feel there's a need to it… It's actually impacting the wider community, whether that's their parents, their grandparents, or just general people who live in the area. So I think that's one of our like main aims is providing that unique opportunity to learn something that's worthwhile to our pupils.

Expectations for progress and success

Being able to identify practical targets for health and well-being intervention, and sustaining implementation of the reforms in the long-term, were inferred as key process-related markers of success for schools. There was an understanding that the reform aims provided the bigger picture; that schools were expected to distil their philosophies into a realistic and practical curriculum; and that progress would need to be communicated to parents and governing stakeholders. In a cross-curricular context, pupil development was believed to be more difficult to assess compared to having discrete subject areas, and this was one of the main perceived challenges to capture future performance.

> I1: So, yeah, it's… what are… what are we reporting against, or what… what levels are we working on, that's something that's really difficult to get your head round because at the end of the day, a parent wants to know if your child's behaving, if they're doing progress, but what is that progress, because it could be that they've just become really good at communicating with someone how they're feeling, and that and… or they could be really good at doing one… one of our elements, for example, they could be really good [at] doing a soufflé but they can't run round a cross-country course, so how are we reporting that back as a… one area of expertise?

Interviewees described the importance of mapping progress within the school, and identifying what works, what could be improved and what needs to change. This process of evaluation and self-reflection formed a key part of a data and evidence-informed approach to planning and implementation. This included collecting their own data to identify key issues, as well as the use of external data sources. For example, through adopting a data-led approach, one school focussed health and well-being content around vaping, cannabis and energy drinks after identifying the increased prevalence of these issues in their school relative to the wider area. However, interviewees recognised that approaches might need to change rapidly, and new content may need to be developed to address emerging needs.

> I13: It's good progress, isn't it? I think if you are tweaking, it's showing that you are kind of reflecting on things and seeing how things work and successes, or maybe failures within it. So while it's exciting, it is a bit daunting, isn't it? While there's part of me that is excited about it, there's part of me that feels a little bit daunted, because nobody knows how it's going to look and how it's going to be.

Perceived barriers and facilitators to implementation

Informed by experiences of preparing for roll-out, this final thematic area highlights perceived barriers and facilitators to implementation. At national-level, there was a perceived need for top-down governance and support for the development of a professional culture that reflects the role of teachers as ad hoc 'health and well-being' practitioners. At local-level, there was a potential gap in the development of staff roles in line with the reforms. It was suggested that training was needed to build stronger pathways between primary and secondary schools, and schools needed to identify external resources and partners in the community to support programme development. Influences at each level were interconnected and reflected interviewee experiences of the relatively early stages of planning and implementation.

National-level barriers and facilitators

Implementation of the curriculum was still in early stages at interview, and interviewees often described a need for reassurance for the way their school was progressing. They referred to wanting more input at governance level, providing examples of the following: receiving expert observations and feedback, case studies of good practice, and insights into the curriculum from other schools to share resources and learning. This was specifically linked to the pioneer school model and the potential missed opportunity to engage with case study schools and practitioners involved in the co-development of the curriculum. There were clear gaps in communicating progress, understanding what future delivery of the reform across year groups would look like (including pupil assessment and qualifications), and identifying how school performance would be benchmarked.

> I5: I think we need kind of examples of good practice. So for instance, you mentioned before these pioneering schools. Well, we haven't heard anything about them. What have they done? What have they done that's so brilliant? In terms of, like, my side as the curriculum side, I would like to see these schools and what they've produced, and what… what impact it had and what results they got. I also want to know what didn't work well, because a lot of the time if something didn't work well for one school, it won't for another that is similar. So I feel like there needs to be a lot of sharing of resources, of ideas, and kind of like success stories.

While increased autonomy was identified as a key aim of the reforms, there were shared concerns that without a degree of standardisation, schools would develop curriculums that were highly specific to individual settings; this could impact the connectedness and ease of moving between schools, while also creating disparities in the potential quality of resources within schools. Multiple schools recognised that they had access to specialised facilities to support AoLEs such as classroom laptops and tablets, equipped kitchens, gyms and sports facilities, relaxation areas, and non-teaching health and well-being support staff

(e.g. a counsellor or school nurse). However, interviewees also acknowledged that high competition for resources and increasing health and well-being needs among learners in recent years meant that these facilities were not fit for purpose. There were uncertainties around future funding, and as a result, whether current facilities, resources and plans were sustainable in the long-term for roll-out to future cohorts.

> I3: …But it's like asking me to bake a cake without giving me [an] oven, isn't it? So for instance, the school counsellor is in today. She's been doing sessions with year ten this morning, but we could do with three or four school counsellors. It's a school of almost 1200 pupils. We don't have enough of this in school, so in health and well-being we will say, 'This is the help that's available in school,' but then we've got a massive waiting list.

Interviewees emphasised the need to engage with Continuous Professional Development (CPD) to deliver on the reforms. While they embraced the newfound flexibility, there was an understanding that professional attitudes and practices would need to change, particularly for those who had been in the profession for a long time. One interviewee referred to Personal, Social, Health and Economic education lessons (PSHE) as an example for improvement, where there was often discomfort around teaching aspects of health and well-being that could be of a sensitive nature (e.g. relationships and sexual health). There was a perceived need to shift the culture around how teachers address these topics, and to equip teachers with the tools they need to deliver on this agenda. For example, in response to talking to pupils about the incidence of bowel cancer:

> I8: It was a matter of changing that mentality to see it as something, 'Well, yes, it's not nice to talk about it but if we can openly talk about it,' like these pupils were openly talking about their poo, the size of it, how often they go… *[continuing]* …So, even though you're questioning whether it's fair to be teaching pupils so young something so sensitive which in a way you could question, 'Is that okay?', again, we've kind of been taught to change that around to think, 'Well, you can make a difference here, we can save lives, we can prevent people from getting to the point where they can't do anything else, they can treat it at the right time'.

Community- and school-level barriers and facilitators

At school level, interviewees suggested there was work to be done to build staff buy-in for the changes. Strong senior leadership was considered important to communicate the purposes of the reform, foster an environment that was 'forward thinking', support new approaches, and encourage collaboration between subjects and departments. Some schools had restructured to appoint specialised leads for AoLEs and employ additional non-teaching support staff for health and well-being. However, there were reports of increasing pressures on staff to manage day-to-day workloads that were further stretched as a result of COVID-19, with a rise in staff and pupil absences, behavioural incidents and additional constraints on time (see also 'Reframing the school system' above). This made implementation more difficult, highlighting the importance of increasing access to external resources in the community and shifting the burden from teachers.

> I4: And like I say, at all times, it just feels like it [health challenges] keeps getting batted back to a school where we are trying to keep the school open with

> significant staff shortage. And I think that's what I feel… think people don't realise is how much hard work is going into just keeping the school open this year, let alone anything else. You know, trying to cover staff absences that we've got in the support team and the teaching staff, and yet, you know, access to resources and support is harder than ever.

Interviewees described the role of parents as both facilitators and beneficiaries of the reforms. There was a view that parents needed to share in the responsibility for pupil health and well-being and reinforce behaviours at home, but equally, it was seen as the role of the school to involve parents, provide information about the topics being covered, and invite feedback. One interviewee mentioned moving away from incident reporting and towards showcasing learning in the community, to involve parents more frequently in the positive aspects of school life.

> I12: I think we need to re-focus some aspects and think smartly about the way we work. We need to develop our relationships with parents more and get them on board. In many cases, it's a one-way push. Not in all families, but in some families you may be the only person nagging that pupil, and that can be hard work, and knowing that we are all working together for the benefit of the pupil is really good.

Interviewees identified the transition between primary and secondary school as an opportunity for early intervention. There was emphasis on supporting a more fluid journey through the education system, where the same values and skills were consistently encouraged across key stages. However, there was a perceived gap in how primary schools versus secondary schools were currently operating, particularly as this related to communicating progress. More broadly, interviewees described how sharing approaches with other schools could inform implementation, which had implications for evidence-informed practice. Interviewees also described working with a range of wider partners in the community. This included, but was not limited to, local authorities, local politicians, police officers, public health and healthcare professionals, youth clubs, faith communities, local businesses, charities, creative and performance arts providers, and external educators and educational programmes. These stakeholders were often invited to advise on specialist areas and address potential gaps in learning, and were also used to shape the school's curriculum to the needs of the wider community. This appeared to be mostly dependent on existing relationships and the availability of local agencies. Though it was only briefly inferred, this made it difficult to evaluate the quality and suitability of support when seeking new partners, and there were potential inequalities in access to support across schools (e.g. between rural and urban areas).

> I3: Well, [name] was a counsellor in school. He worked for us until fairly recently, so we know what we're getting, we know it's going to be good quality. But you know, anyone can create a lovely logo and you just don't know, do you, and you're dealing with topics that can potentially have a huge effect on pupils. *[Continuing]* So we do need a directory. We need a directory for North Wales as well as South Wales. It frustrates me, for instance, that things like [programme], you know, it's just too expensive for us because it's something like £400 a day and then you've got travelling and things on top. You know, why don't they have somebody working in the north, who's based in the north, who could deliver?

DISCUSSION

This study explored secondary school staff perceptions of, and expectations for, implementing CfW. Schools have been tasked with promoting a whole system approach for health and well-being, where staff have a critical role to play in both the design and delivery of the new health and well-being curriculum, environment and practice (Welsh Government, 2021). While the reforms are reported to encourage evidence and data-informed approaches to cross-curricular learning, increased pressure and reduced capacity within schools is a well-known practical challenge (Darmody et al., 2021; Marchant et al., 2021). At the time of stakeholder interviews, schools reported that they were still experiencing the aftereffects of COVID-19, with descriptions of increased health and well-being challenges among learner cohorts and a high level of staff absences. Previous research has briefly described strategies to support implementation of CfW, including realigning academic priorities to the aims of the reforms, facilitating staff training, and strengthening school leadership and supporting networks (Long et al., 2023). The current study highlights potential shortcomings in these areas, particularly as this relates to staff resource, identifying a need to support implementation at different levels of the system.

There was a perceived need among interviewees to explore acceptability and competence of teaching staff to deliver on the health and well-being agenda in current roles. Further, there was variability in the way schools had understood and began to operationalise CfW, potentially undermining the aims of the reforms; for example, where schools had repackaged health and well-being as a discrete subject area, rather than integrating across the school. Reported elsewhere, schools are facing increased pressures to deliver multiple reforms and interventions (including for curriculum), and initial teacher training may leave staff feeling ill-prepared to manage the sensitivities of health and well-being in the classroom (Brown et al., 2025; Shepherd et al., 2016). Likewise, though schools routinely collect multiple types of data, they may revert to a dependence on experience-based practice to inform decision-making, particularly where there is a perceived lack of expertise to monitor progress and outcomes among senior staff (Young et al., 2018). As such, there is a need to support structures around schools as learning organisations (LOs), to invest in staff learning and facilitate a culture of 'inquiry, innovation and exploration' for CfW (Stoll & Kools, 2017). While there has been a national focus on co-constructing pathways into teaching to promote a multi-disciplinary future for the profession (Glover & Hutchinson, 2023), there remains a gap in CPD opportunities around health and well-being for the wider workforce. By capitalising on existing hubs and support networks across regions, schools may be supported to share resources and learning while continuing to promote examples of good practice for data and evidence-informed approaches.

Reflecting perspectives of other actors in the system (Long et al., 2023), partnership working was described as a key facilitator for implementation, allowing schools to identify and address gaps in learning by moving beyond the expertise of subject-specific teachers and increasing the capacity of schools to engage pupils with relevant experiences. This is consistent with the view of schools as complex systems (Keshavarz et al., 2010; Long et al., 2023; Moore et al., 2019; Pulimeno et al., 2020). Interviews highlighted how schools were responding to the reform aims through working with staff, pupils, parents, families and local partners to develop a curriculum that was informed by the community. While school partnerships were described as effective at local level, interviewees referred to gaps in the system that could be facilitated by national stakeholders to support joined-up working across local authorities and regions. Notably, Wales already benefits from significant investment in infrastructures that support health and well-being practice in schools. This includes, but is not limited to: SHRN as a school data resource (Page et al., 2023); the Public Health

Wales Healthy School Coordinators Workforce, which represents Wales' operationalisation of WHO's Health Promoting Schools (HPS) framework (Public Health Wales, 2024); and national organisations with dedicated programmes and resources that support healthy activities for children and young people (e.g. Sport Wales (Sport Wales, 2024)). Additional guidance on how to utilise these resources within schools to support the curriculum may be helpful for future development.

As a key challenge, there was a perceived lack of preparation for schools around funding and assessment, contributing to potential conflicts between fulfilling academic priorities versus developing 21st-century vocational and personal competencies among learners. Broader research on the integrated curriculum approach suggests these areas can be complementary and supportive of overall academic achievement (Kreijkes & Greatorex, 2024). However, as schools continue to feel the pressures of attainment metrics, there is a need to identify how policy can balance broader system change for the future of the reforms. Welsh Government has already announced additional funding to support professional development, though there are plans to adjust overall funding allocations as implementation progresses towards standard practice (Welsh Government, 2023a, 2023b). New guidance also introduces the 'Made-for-Wales GCSEs', designed to realign qualifications for 14- to 16-year-olds with the reform aims and AoLEs (Welsh Government, 2023a, 2023b). This includes health and well-being, with purportedly new GCSEs focussed on 'food and nutrition', 'health and social care and childcare' and 'physical education and health'; critically, food and nutrition mirrors food technology, and physical education and health mirrors physical education. This is in addition to a suite of vocational and skills-based qualifications which are yet to be approved (Welsh Government, 2023a, 2023b). Continued collaboration with schools will be essential to sustaining trust in this process for the long-term, particularly as this relates to upholding the renewed autonomy afforded to teaching staff within schools. Crucially, health and well-being within schools should extend beyond the taught curriculum; this is reflected in the Curriculum documents with reference to adopting a whole school approach to health and well-being (Welsh Government, 2019a). Further, there is a need to support a degree of standardisation across schools to maintain quality and combat unintended risks of potential inequality (i.e. the so-called 'postcode' lottery for learners).

Strengths, limitations and future work

This qualitative study interviewed secondary school staff with direct experiences of the reform at school-level and included case study schools with varying levels of deprivation and preparedness for the reforms. Interviewees held a variety of different roles within their schools; however, they were all responsible for different aspects of planning and delivery for the reforms. Future research should consider how these perspectives and experiences change over time as implementation progresses, particularly as the immediate effects of COVID-19 become less impactful for schools, and as more staff play a greater role in the planning and delivery of the reforms. For example, there is scope to explore comparisons with primary schools, where there are also perceived gaps in the curriculum for health and well-being, parent and family engagement, and staff resources (Marchant et al., 2021). Further, as schools work to expand enabling partnerships, there remains a need to explore the acceptability of the reforms from the broader perspectives of learners, families and community-level partners, particularly as wider school engagement has historically been reported to be limited to 'passive' observation (e.g. attending assemblies, sports days and school plays) (Bond et al., 2024). Future research should explore how these expected roles and activities change as the reforms progress and consider potential barriers to sustaining

positive relationships as a result of engagement strategies (e.g. financial burden of school events for families) (Bond et al., 2024).

While this study provides insight into the perceived readiness of schools to engage with health and well-being, the findings also acknowledge the general challenge of implementing the reforms, and lessons may be applicable across AoLEs and the four purposes. Future work may consider practice among a broader range of schools over time to help disentangle the similarities and differences in approach across AoLEs and within school environments. From an ecological perspective, interventions can take different forms across schools to result in the same or similar outcomes (Hawe et al., 2009). Future research may also focus on schools' decision-making when adopting specific interventions, identifying existing methods used to self-evaluate staff and pupil outcomes (e.g. what and how data sources are used) and monitoring how the system adapts over time in response to the reforms, for example, using a Ripple Effects Mapping (REM) approach to evaluation (Nobles et al., 2022).

CONCLUSIONS

This study provides insights into school experiences of CfW, a national education system reform in Wales, United Kingdom. Findings suggest that at this relatively early stage of implementation, there was strong support for the purpose of the reforms among schools, with a commitment to embedding health and well-being into a cross-curricular approach for learning and assessment, influencing the broader healthy school environment. As policy and practice continue to evolve overtime, there is an ongoing need for investment in a professional culture that aligns with the reform aims, reflecting the role of teachers as ad hoc 'health and well-being' practitioners, and supporting the co-development of a curriculum that meets the needs of staff, pupils, families and communities across Wales.

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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 STATEMENT

This study was approved by the Research Ethics Committee, School of Social Sciences, Cardiff University in October 2019 (ethics application number 3402). The authors confirm that the research presented in this article was carried out with due consideration to all relevant ethical issues and in line with BERA's Ethical Guidelines for Educational Research.

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