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## **Executive Summary**

Evidence suggests that the physical and mental wellbeing of our children and young people is deteriorating. There is also growing concern for the mental health and wellbeing of teaching staff. Schools clearly have a critical role to play in addressing these issues but lack the specialist expertise and coordinated oversight to push this agenda forward.

This report describes a pilot programme designed to test the impact of embedding a dedicated, expert Head of Wellbeing (HoW) in an English secondary school.

The school selected – Wood Green School – had a higher than average proportion of pupils on free school meals and had recently been put into special measures. It also had strong, senior-level belief in the importance of wellbeing as a way of improving performance.

Over two years, the HoW worked closely with staff and students to assess, design and implement a wide-ranging, flexible programme of initiatives and activities to address wellbeing priorities.

Evaluation showed the value of introducing a HoW in a secondary school context and the potential for positive influence on behaviour of both students and staff. Reported benefits included greater awareness and understanding of physical and mental wellbeing, as well as improved concentration and better relationships with family and friends.

Initial scepticism at the school highlighted the need for the HoW to build trust and rapport, particularly with senior staff, to achieve 'buy-in'. By the end of the pilot, there was widespread enthusiasm for a dedicated HoW, who could provide tailored, flexible support that plugged gaps in the school's knowledge, expertise and provision.

Following the pilot, the school made the crucial decision to invest budget in recruiting a part-time Wellbeing Lead to continue the work started by the HoW. This role is responsible for delivering a new weekly wellbeing curriculum to Years 7, 8 and 9, continuing many of the pilot initiatives and providing continued support for the school's overall wellbeing ethos.

The pilot has also given Nuffield Health the evidence we need to make a major investment in the wellbeing of children and young people.

This innovative pilot has shown that, given the appropriate level of support, schools can make a very real difference to the wellbeing of their staff and the young people they serve, establishing habits and behaviours that will last a lifetime.

'I don't believe there's a single child in this school who hasn't thought about the importance of what they eat, what exercise they do, what they do with their screen time, the importance of good mental health and how you achieve that. I think if that's not part of what education is for, then we're failing.'

Robert Shadbolt, Head Teacher, Wood Green School

# Background

Schools should be neutral, safe and supportive environments where young people can learn to recognise, understand and deal with the wellbeing issues that affect them.



#### Context

Anyone working in secondary education today will be aware of national and international concerns about the physical and mental wellbeing of our children and young people, which evidence suggests is deteriorating<sup>1</sup>.

For example, the latest Health Survey for England found that 16% of 2–15 year-olds were obese and a further 12% were overweight, with obesity a particular problem among primary-age children<sup>i</sup>.

Adolescents are a high-risk group for a number of immediate health outcomes that include obesity but focus equally on mental and emotional health. The latest Good Childhood Report from the Children's Society shows significant decreases in happiness with life and with friends among 10-15 year-olds over the last decade<sup>ii</sup>.

Girls tend to experience lower wellbeing and suffer more from depressive symptoms, with problems increasing as they go through their teenage years; boys show greater emotional and behavioural difficulties and are unhappier about school. 22% of girls and 9% of boys report having self-harmed. Teachers too are increasingly reporting worrying signs of poor mental health among their students<sup>iii</sup>.

Such concerns are being recognised and addressed by the Government through new national policy around health and wellbeing. In the last 12 months we have seen Part 2 of the Childhood Obesity Planiv, a consultation on mental health provision and a consultation on statutory health education health education.

#### The Government's plans include:

- Making teaching on physical health and fitness, healthy eating, risk behaviours and mental wellbeing statutory in both primary and secondary education from 2020
- Making healthy behaviour and teaching about health part of the Ofsted inspection framework from 2019
- Supporting the introduction of a Designated Senior Lead for mental health in every school
- Funding new Mental Health Support Teams to support children and young people with mental health issues ranging from mild to severe
- Updating the School Food Standards
- Investing proceeds from the Soft Drinks Levy in good nutrition and physical activity in schools, particularly for disadvantaged children
- Reviewing children's engagement in physical activity

<sup>&</sup>lt;sup>1</sup> The Association of Young People's Health (AYPH) publishes a useful compendium of the key data on young people: http://www.ayph.org.uk/keydata2017/FullVersion2017.

28%

of 2–15 year-olds are overweight

16%

of 2–15 year-olds are obese<sup>i</sup>

22%

of girls report having self-harmed<sup>ii</sup>

9%

of boys report having self-harmed<sup>ii</sup> 50%

of teachers have poor mental health<sup>iii</sup>

75%

of teachers say poor teacher mental health hinders pupil progress<sup>iii</sup>

Schools clearly have a critical role to play, and the teenage years present a particularly important window of opportunity for intervention. Secondary schools can be places of challenge, for example through exam stress, bullying or poor eating habits. But they can – and should – also be neutral, safe and supportive environments where young people can learn to recognise, understand and deal with the wellbeing issues that affect them.

The introduction of compulsory Health Education in all state-funded schools in England is a particularly important step forward, providing a clear but flexible framework within which schools can develop their provision.

At the same time, it is widely recognised that a young person's emotional health and wellbeing not only influences their physical and social health and mental wellbeing in adulthood, but also their cognitive development and learning.

Put simply, wellbeing is critical to educational success<sup>vii</sup>.

However, as Ofsted rightly pointed out in its recent report on obesity in primary schools, there is only so much schools can do in this area. Their efforts can be 'drowned out' by the many other factors in a child's lifeviii.

Alongside this there is also a growing concern over teaching staff mental health and wellbeing. Teaching is recognised to be one of the most stressful professions, with anxiety, depression and burnout commonly reported among those who work in schools<sup>ix</sup>.

A recent survey of teachers by Leeds
Beckett University found that over half
had poor mental health currently, and three
quarters felt poor teacher mental health
had a detrimental effect on pupil progress\*.
Teachers are ideally positioned to champion
students' health and wellbeing, acting as
influential role models, yet they can only do
this if they themselves feel physically and
mentally healthy.

Although the Department for Education (DfE) issues advice to schools, for example on supporting mental health<sup>xi</sup>, schools continue to lack practical, evidence-based guidance, particularly around tackling these emergent areas of concern.

# Why Nuffield Health?

It is within this context that we at Nuffield Health – the UK's leading not-for-profit healthcare organisation – are developing our support for children and young people. As respected authorities in the field, healthcare providers – both public and private – are a trusted voice on matters of mental and physical health. We have specialist knowledge, experience and useful resources that increase the effectiveness of interventions.

To date, Nuffield Health's services have primarily targeted adults, but there is clearly a growing need for more of our infrastructural support, funding and expertise to be directed towards young people.

The challenge is to understand how best to extend our services and expertise in order to support young people in settings beyond primary and secondary care.

# Why a Head of Wellbeing?

In 2015, we published a discussion paper based on a research project we undertook with social enterprise 2020health<sup>xii</sup>. In brief, the paper explored the possibility of a new, over-arching, full-time post for state secondary schools: a 'Head of Wellbeing'.

The concept was informed by four key considerations:

- Education professionals believe there is a need for wellbeing support within the whole-school community
- There is a strong evidence base for prevention and early intervention
- There is a lack of available, meaningful and coordinated support for pupil wellbeing
- There is a need for sustainable support to draw on the skills, knowledge, connections and potential in the community

The report concluded that schools are crucially important settings for improving adolescent health and wellbeing; but they are severely under-resourced and lack the specialist expertise and coordinated oversight to push this agenda forward.

The research suggested that there was potential value in creating a 'Head of Wellbeing' (HoW) position in a UK secondary school, responsible for developing and running a targeted health and wellbeing programme.

As a result of that research, Nuffield Health ran a year-long pilot HoW programme in an English secondary school in the 2016/17 academic year. We wanted to know what was possible, what were the barriers, what worked and whether there was value in supporting this kind of intervention in other UK secondary schools.

# This report

The purpose of this document is to share the findings from the pilot with the education and health care sectors and those with an active role in the health and wellbeing of young people.

We know that school budgets are under pressure, and schools are having to make difficult decisions about priorities on a daily basis. But we also know that investment in wellbeing pays off in terms of longer-term performance for both the individual and the institution.

In the following pages, we explain briefly how we went about setting up and running the pilot, along with the lessons we learned

along the way. In section three we provide an overview of the impact of the pilot, and then we summarise what we learnt through the process. In the final section we briefly outline what the school did following the pilot and what Nuffield Health is doing next.

We hope that by sharing our learning from this pilot, we will help schools to make more effective decisions about how they can support students and staff. We also hope that it will provide the basis for further research in this area and will encourage other providers to offer their expertise to schools.

We know that investment in wellbeing pays off in terms of longer-term performance for both the individual and the institution.



# The Head of Wellbeing pilot: how it worked



# Recruiting the school

In early 2015, Nuffield Health launched a UK-wide competition to select a secondary school for the pilot, to which 186 schools applied. We created a shortlist based on criteria that included: the level of senior support for a Head of Wellbeing (HoW); the amount of enthusiasm for wellbeing

within the school; an identifiable champion of school wellbeing; and the potential for learning to be applied to other schools.

Following telephone interviews and site visits, we eventually invited Wood Green School in Witney, Oxfordshire to be our partner.

#### **Wood Green School**

Wood Green School<sup>2</sup> (WGS) is an 11-18 secondary school with around 1,000 pupils drawn from the market town of Witney and surrounding villages. Its catchment area includes families from a range of socio-economic backgrounds. Around 20% of pupils are registered for free school meals - above the national average for secondary schools (13.9% in 2015xiii). Its head teacher, Robert Shadbolt, has been in post since April 2013.

At the time of recruitment, the school had recently been put into special measures by Ofsted, following three years of declining results. In February 2017 during the pilot period - WGS and three other Oxfordshire schools (one primary and two secondary) co-founded the Acer Multi-Academy Trust<sup>3</sup>.

In terms of existing health and wellbeing provision, WGS had a part-time school counsellor, pastoral support workers and an inclusion unit called Space2Learn that offered services to students with social or emotional needs. The school also had an onsite health nurse and was on a waiting list to receive support from the Primary Child & Adolescent Mental Health Service (PCAMHS).

Sports provision included one-hour PE lessons timetabled twice a week for all year groups, along with optional extra-curricular sports clubs.

The school had a canteen providing meals and snacks during mid-morning and lunch breaks. The most popular items were pasta takeaway pots, cookies, sandwiches/wraps/baguettes, Oreos and pizza. The majority of students tended to bring in a packed lunch. Other popular break and lunch choices were buying food from a local supermarket or from a local pizza franchise, or not eating lunch at all.

There was no formal support for staff health and wellbeing prior to the pilot programme.

https://wgswitney.org.uk/

http://acertrust.org.uk/



# Recruiting the Head of Wellbeing

We developed a detailed person specification and advertised the role both externally and within Nuffield Health.

We wanted the HoW to be knowledgeable and widely experienced, a good communicator and coach, collaborative, friendly and approachable. They needed to be a very good organiser, as well as flexible and willing to work within the complexities of the school environment. They also needed to be able to take a strategic, whole-school, holistic approach.

Terry Austin, who had worked at Nuffield Health for almost 20 years, was selected from among three shortlisted candidates

by a panel comprising Nuffield Health personnel, WGS's head teacher and two school governors. His experience encompassed personal fitness and training, managing health screening programmes and working with clinicians and practitioners, including nutritionists, physiotherapists, GPs and nurses. Importantly, he had a good knowledge of mental wellbeing, including the physiology of stress and stress management techniques.

Before taking up the role, Terry undertook training specifically focused on safeguarding, on working with adolescent groups and on resilience<sup>4</sup>.

They needed to be a very good organiser, as well as flexible and willing to work within the complexities of the school environment.

These included courses run by Osiris Educational, eintegrity, How to Thrive and Nuffield Health.

# Setting up the programme

#### Agreeing objectives

Based on the research and initial discussions with the head teacher, we set the following overall programme objectives:

- Preventing and providing support to manage common mental health conditions in staff and students
- Involving parents in school health and wellbeing activities and ensuring that they were happy with this offer
- Coordinating a range of staff members to help run healthand wellbeing-related activities
- Engaging senior management in the health- and wellbeing-related issues faced by staff and students
- Implementing a process to monitor staff and student health and wellbeing

It should be noted that we did not set targets in terms of health improvements. This was very much a pilot designed to explore the potential for introducing a Head of Wellbeing in a school and what might increase or reduce their effectiveness.

#### Assessing the needs of staff and students

In year one of the pilot, the HoW conducted a thorough health and wellbeing needs assessment at the school, in order to develop a programme that focused on priorities.

The assessment was developed from: a survey of staff and students; time spent shadowing staff and students to understand their typical school day; formal interviews to get staff and student perspectives on their needs; and additional input from specialists, including the school nurse and a Nuffield Health nutritionist.

The needs assessment highlighted mental health issues and stress management as priorities. This was subsequently supported by pre questionnaire data that showed lower than national average levels of wellbeing in the school.

# Developing the programme

The HoW, Terry Austin, drew up a programme that focused on the priority areas identified and addressed the broad areas of diet, physical activity, risk behaviours and mental wellbeing.

Terry worked with Nuffield Health experts and academics from Cambridge University and Manchester Metropolitan University to ensure the programme reflected up-to-date health research evidence as well as the most appropriate, cost-effective and feasible approaches to promoting health and wellbeing in schools. Different approaches were identified, some aimed at the whole school and others at specific groups.

Finally, he drew up a plan for each element, built around the 2016/17 school calendar, key points in the school year, the existing timetable of relevant activities, and the availability of external experts, services and training providers.

Over the page is a table setting out all the various elements of the programme run by the HoW. The programme targeted the four main areas of diet, physical activity, risk behaviours and mental wellbeing.

Interventions were variously aimed at the whole school, staff only, staff and parents, all students, students and their parents or targeted groups, such as girls in Years 8 and 9 or sixth-form students.

They ranged widely and included:

- Enhancing existing wellbeing provision, for example through extra resources, tasters or more accessible sessions
- Classes in mental wellbeing techniques, such as mindfulness and resilience
- Awareness-raising, information and education, as well as signposting to further resources and services
- Staff and student training, for example in life-saving skills and peer mentoring
- Initiatives such as making water more widely available and offering healthy eating options
- **Updating school kit**
- Sponsored events, competitions and other challenges
- Live theatre events

All staff also had access to a version of Nuffield Health's signature health assessment service. This involves a face-to-face private consultation with a physiologist, who carries out various tests and works with the recipient to set health-related goals. Students in Years 8 and 9 were given an adapted version of the service - a 'Junior Health MOT' - which involved fewer tests and focused more on lifestyle coaching and behaviour change.

## The Health and Wellbeing Programme

The following provides a summary of the programme run during the year.

Programme element	Target group
Diet	
Changing meal and snack options in the school canteen to comply with government recommendations on healthy school meals	Whole-of-school
Encouraging healthy food and menu choices via wall posters and signs in the canteen	Whole-of-school
Altering the canteen layout and queuing system to allow students to have enough time to make healthier choices and consume food seated at a table	Students
Installation of a new water dispenser; water available in jugs in the canteen during breaks; free water bottles provided for every student	Whole-of-school
Smoothie tasting event organised by sixth-form students to encourage people to try different fruit and vegetables	Whole-of-school
Smoothie Bike event: students were encouraged to exercise on a specially designed bike that powered a blender to make smoothies	Students
Healthy diet education campaigns include Breakfast for Brains, Hydration Awareness and Health Challenges Week	Whole-of-school
Healthy snacking event led by a Nuffield Health nutritionist involving healthy food samples, education sessions and assemblies	Whole-of-school
Physical Activity	
Remodelling the school fitness suite, new gym equipment donated by Cybex, staff and student inductions and gym familiarisation activities	Whole-of-school
Links established with local leisure centres to provide staff and students with discount membership and classes	Whole-of-school
Taster classes in fun group exercises, e.g. Jazzercise, Hip Hop dance	Year 8 and 9 female students predominantly

Review of extra-curricular sports clubs; recruitment of parent volunteers; club timetables publicised to students; additional lunchtime fitness sessions for target year groups; female-only options	Students and Parents
Education on the benefits of walking, plus walking goal setting and pedometer giveaway	Students
Whole-school sponsored walk	Whole-of-school
Day-long 'Row-a-thon' challenge during P.E. lessons	Students
Risk Behaviours	
Plays delivered by trained actors on the topic of alcohol and smoking, in collaboration with the PSHE curriculum	Students
Mentor-ADEPIS' Quality Review on existing alcohol and drugs education; new resources including lesson plans, information, and parent and staff training materials	Whole-of-school
Signposting staff to relevant organisations for support to manage risk behaviours in selves and students	Staff
Mental Wellbeing	
ncreased funding for school counsellor hours	Whole-of-school
Week of activities to promote updated anti-bullying policies, ncluding targeted tutorials, posters and assemblies and mplementing a reward system for positive social behaviours	Whole-of-school
Plays delivered by trained actors on the topic of self-harm and bullying	Year 8-9 Students
Boy band' concert event with the theme of promoting awareness of cyber bullying and online safety	Year 8 Students
Workshops and lessons based on the Penn Resilience Programme and broader wellbeing related content, run as part of PSHE lessons, cutorials, assemblies and during targeted student wellbeing days	Whole-of-school
1:1 resilience coaching and training available for at-risk students, ncluding stress management and breathing exercises	Whole-of-school
Targeted resilience training sessions focussing on exam stress management, study and coping techniques	Year 10-13 Students
Mental health first aid training for selected sixth-form students to train as peer mentors for younger students	Sixth-form Students
Yoga classes (by Yoga In Schools) for sixth-form students, including mindfulness techniques	Sixth-form Students

Mental health first aid training for staff	Staff
Staff training workshop on promoting resilience in the classroom, resilience coaching and training in controlled breathing exercises for stress management	Staff
Mindfulness course (run by .B Mindfulness) for selected staff members	Staff
Formation of teams of mental health champions (staff, students and specialist health workers) responsible for running workshops and developing school policies on health and wellbeing.	Staff
Signposting to mental health support services, a summary of referral pathways and confidentiality policies made available on the school website for staff and parent access	Staff and Parents
Parents evening to raise awareness of mental health conditions and the resources and support available for parents coping with these issues	Parents
Promoting and incentivising school 'LEARN WELL' values (Learning-Effort-Aspiration-Respect-Nurture-Wellbeing)	Students
A 'small victories' wall in school corridors publicising staff and student successful goal achievements	Whole-of-school
Miscellaneous	
Audit of student toilets, maintenance and repairs conducted and installation of CCTV to monitor anti-social behaviour in school corridors	Whole-of-school
Automated External Defibrillator donated to the school by NH	Whole-of-school
Parents Rowing fund-raising competition to promote physical activity, awareness of mental health and raise funds for new gym equipment for the school	Parents & Whole-of-school
Parent Wellbeing Forum established to provide parents with email communications, newsletters and a forum for comments and feedback relating to student health and wellbeing. Additional information on health and wellbeing made available for parents in the school website	Parents
NH physiotherapist available for open consultations onsite at the school	Staff
Staff and student 1:1 private health assessments (e.g. the junior health 'MOT') with a NH physiologist	Staff & Year 8 & 9 Students
All students training in life-saving skills via the British Heart Foundation's 'Heartstart' campaign, delivered by South Central Ambulance Service	Students
Extra curricula sports activities and clubs focussing on developing self-worth and life skills, including martial arts sessions, adventure plus, rowing, and CPR heart-start training sessions	Students

# An engagement strategy

For this extensive programme to be successful, it was clear that the HoW would need buy-in from students, parents and all the staff, including the senior leadership team, form tutors, department heads, canteen staff and those providing existing services, such as the pastoral support team.

Staff were initially sceptical. They didn't understand the HoW's role or remit and were inevitably worried about the added burden of having to assist with programme delivery.

Terry organised meetings with every member of staff to understand their role, their current involvement in health and wellbeing, and how they might support the programme. All-staff activities were designed to raise awareness and support for the programme and familiarity with Nuffield Health's brand and services.

The HoW ran introductory assemblies for students, attended student council meetings, supported wellbeing tutorial sessions and contributed to the PSHE curriculum.

Finally, he set up a parents' wellbeing forum, recruiting interested parents through open evenings as well as through direct contact from the head teacher.

The full programme stakeholder map is in Appendix 1.

# Implementing the programme

With the school timetable already planned before we started the pilot, the HoW initially had to create opportunities outside the timetable. He started by running activities in breaks and before and after school. He also introduced changes that didn't affect teaching time, for example by putting up posters and information boards, providing new equipment and resources, or making changes in the canteen.

As the year progressed, he was able to negotiate space for health and wellbeing assemblies and tutorials and, in due course, for scheduled lessons. He also worked

with the Head of PSHE (personal, social, health & economic education) to adapt the content of the twice yearly Personal Development Days.

The HoW remained open-minded and reacted to new challenges that arose throughout the year.

Two rooms were allocated to the HoW: one was used as an office, so that staff and students always knew where to find him; the other became a 'clinic' used for health assessments, consultations and drop-in sessions.

# Evaluating the programme

young people<sup>7</sup> and adults<sup>8</sup>. Satisfaction and programme recall were also measured

at the end of the programme.

#### **Measurement framework**

It was important to Nuffield Health that we should be able to measure the impact of the programme in a robust way. A formal evaluation was designed by our research team and approved by Manchester Metropolitan University's Research Ethics Committee and the Nuffield Health Research & Outcomes Advisory Committee<sup>5</sup>.

We adopted a pre-post mixed methods design, aligned to the RE-AIM framework [see Appendix 2], which is used to measure the public health impact of an intervention in terms of its reach, efficacy/effectiveness<sup>6</sup>, adoption, implementation and maintenance.

The methodology

Pre-and post-programme surveys measured the four priority areas of diet, physical activity, risk behaviours and mental wellbeing at the start and end of the 2016/17 academic year. Surveys of students and staff gathered data on socio-demographic characteristics, diet, physical activity and emotional wellbeing, using questions from a range of surveys validated for use with

All students and staff were asked to complete the surveys, with written informed consent to participate first obtained from staff, students and parents.

The research team also conducted 30-minute, semi-structured interviews with a group of staff and students in order to gather more general views on the programme and its implementation, as well as recommendations for improvements.

Student interviewees were recruited via open invitations issued by form tutors, and then selected to ensure representation in terms of gender, year group and a range of health behaviours at the beginning of the programme. Staff interviewees were identified by the HoW as having played an important role in implementing the programme. The interviews were conducted towards the end of the academic year, in the summer term. All interviewees received an incentive in the form of vouchers – £10 for students and £20 for staff.

- <sup>5</sup> An expert panel comprising both Nuffield Health clinicians and external senior academics and clinicians.
- <sup>6</sup> 'Efficacy' tells us whether the programme works in test conditions; 'effectiveness' tells us whether the programme works in 'real-world' conditions.
- Children's Dietary Questionnaire; Physical Activity Questionnaire for Children; What About YOUth survey; Warwick-Edinburgh Mental Well-Being Scale; Patient Health Questionnaire.
- Dietary Instrument for Nutrition Education; International Physical Activity Questionnaire; Adult Tobacco Survey; Alcohol Use Disorders Identification Test-C; WEMWBS; Perceived Stress Scale.

# Sustaining the programme

A key consideration for the head teacher was the sustainability of the programme. He felt strongly that the school should be in a position to continue the programme after the pilot ended, so that any wellbeing gains made were not lost and could be built on. A number of activities were added to the programme to ensure that the school had sufficient support and expertise to continue to manage health and wellbeing activities in the future.

#### **Training and education**

The HoW worked with staff to enable them to deliver programme content themselves. This included: training in resilience coaching and stress management techniques; forming a team of 'mental health champions' to oversee mental health first aid training; and ensuring that staff could run certain after-school fitness classes and healthy eating assemblies and tutorials.

He also trained selected students to act as health and wellbeing peer mentors and role models. This included a group of older students who were trained to offer mental health first aid support to younger year groups, to help run fitness classes and to coordinate nutrition events.

#### **Designated leads**

Staff members were designated as ongoing leads for various health and wellbeing activities. For example, the head of PSHE and the school nurse were designated to oversee mental wellbeing-related content; and the restaurant manager to ensure continuation of healthier school meals.

#### **School policies**

Signposting and other health and wellbeing support pathways co-developed by the HoW during the programme period were integrated into school policy. This included incorporating the idea of wellbeing into core school values.

#### **Budget**

The HoW negotiated for future budget to be ring-fenced to support provision of health and wellbeing services within Wood Green School.

#### **Equipment**

Nuffield Health donated equipment and software to the school, such as a new fitness suite, 'heart math' software, a defibrillator and a drinking fountain.

#### Local network

The HoW organised a knowledge-sharing health and wellbeing event between WGS and surrounding schools, to develop a local support network and encourage partnerships in this area.

#### Additional expertise

Throughout the pilot, the HoW was able to call on the specialist expertise available in Nuffield Health. In particular, he was regularly supported by Wellbeing Physiologist Charlotte Corson, who ran the 'Junior Health MOTs' and provided support in numerous other areas of the project.

# The impact of the pilot

# Programme reach

The school population consisted of 946 students and 137 members of staff. Of these, 751 (79%) students returned a health and wellbeing questionnaire at the pre-intervention measurement wave, and 775 (82%) post-intervention. The post-intervention figure was higher

due to several factors, including late parental consent, student absences and new joiners throughout the academic year.

We received 56 (41%) questionnaires from staff at the start of the intervention and 41 (30%) post-intervention.

#### **Characteristics of students**

Gender

Asian

Black

Other

No response

Year group	Number (%)		
7 (11-12 yrs)	138 (18.4%)		
8 (12-13 yrs)	145 (19.3%)		
9 (13-14 yrs)	122 (16.3%)		
10 (14-15 yrs)	140 (18.7%)		
11 (15-16 yrs)	101 (13.4%)		
12 (16-17 yrs)	63 (8.4%)		
13 (17-18 yrs)	42 (5.5%)		

Female Male	427 (56.8%) 324 (43.2%)	
Ethnicity	Number (%)	
White	656 (90.9%)	
Mixed	41 (5.7%)	

Number (%)

16 (2.2%)

8 (1%)

1 (<1%) 29 (3.8%)

Self-rated health	Number (%)	
Excellent	206	(27.9%)
Good	435	(58.9%)
Fair	88	(11.9%)
Poor	10	(1.4%)
No response	12	(1.6%)

#### Characteristics of staff

Average age	43
Gender	Number (%)
Female Male	43 (75.9%) 13 (24.1%)
Ethnicity	Number (%)
White	56 (100%)
Self-rated health	Number (%)

Self-rated health	Number (%)		
Excellent	13	(23.2%)	
Good	26	(56.4%)	
Fair	15	(26.7%)	
Poor	1	(1.7%)	
No response	1	(1.7%)	

#### Considerations for programme reach

It was clear from a number of student interviews that certain interventions offered by the HoW were not commonly accessed, suggesting that programme reach could be improved by enhancing visibility, particulary to slow adopters, and improving access to the HoW.

Across student interviews, a view was commonly expressed that the programme was of greatest benefit to those already interested in, and so receptive to, support for improving their health and wellbeing.

Conversely, students with less health awareness seemed more disengaged from the programme, often unaware of some of the more visible interventions, such as the new fitness facility or structural changes to the canteen.

Staff members mentioned feeling confused as to the precise role and remit of the HoW at the beginning of the programme. Thereafter, staff often suggested that they gained more clarity regarding the HoW role over time, as they got to know him personally, and began to see health and wellbeing-related changes implemented.

Finally, it appeared that the impact of the programme extended beyond the school. Students in particular discussed how they had gone on to share information and techniques learnt through the HoW with friends and family. Examples included encouraging family members to start exercising, improve their diets, or using elements from resilience training and emotional wellbeing sessions to support others during times of need.



### The outcomes

The programme intended to improve the health and wellbeing of all staff and students in the school. The syllabus itself contained a range of different components, some of which targeted all students and others that were delivered to specific year groups or genders, as dictated by either practical constraints or content relevance.

The HoW was seen as a flexible and adaptive approach to health and wellbeing promotion in this setting. Compared to providing a toolkit or other written resources, having a person available to deliver a syllabus ensured that recipients felt that interventions were sensitively tailored to meet their needs. Staff and students both mentioned that any alternative, generic offering delivered in this setting would be likely to be seen as irrelevant, and might be actively rejected as a result.

In addition to the outcomes captured via the pre- and post-intervention questionnaires, staff and students also discussed a range of other areas where they had experienced beneficial changes that they attributed to the HoW. These included improvements in health-related knowledge, positive changes to their relationships, making new friends, and improvements in energy levels, sleep quality and concentration levels.

In general, there was broad appreciation for the fact that the programme was trying to promote and optimise health and wellbeing, rather than just target areas of distinct risk (e.g. avoiding drugs, preventing STIs or self-harm). As such, the programme was seen as plugging a useful gap between existing provision available to protect students in need (e.g. via the school nurse or pastoral support workers) and academic lessons in which students are taught about broader health or social issues (e.g. biology, physical education or personal, social, health and economic education lessons).

Also mentioned was the fact that the HoW afforded staff and students with an opportunity to try out new behaviours, such as novel exercise classes or sampling new foods, to which they might not otherwise be exposed.

#### **Students**

#### **Emotional wellbeing**

In terms of the areas of need within this particular school, mental health issues and stress management were highlighted by interviewees as priorities for the HoW to tackle. This finding was subsequently supported by questionnaire data in the larger sample, showing lower than national average levels of wellbeing in this school at pre-intervention measurement.

The mean score on the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) across all students decreased slightly from 44.38 to 43.65 (-0.73). However, when we conducted exploratory sub-group analysis looking at wellbeing changes in each year group, these analyses showed that the reduction was driven primarily by Year 7 (aged 11–12).

The graph opposite shows the results broken down by sub-scores and by year group, revealing a more nuanced picture that gives us some interesting insights into both the impact of the pilot and potential areas for future focus.

We need to take into account that this will probably be the first time that these young people have been asked to reflect on their emotions in this way; negative results in such self-reported surveys can be down to greater self-awareness. However, we can make some general observations.

All the year-groups saw an improvement in energy levels, in feeling relaxed and in their ability to deal with problems.

The pilot had a strong focus on building resilience – including through mindfulness

training – which could have had an impact on all three indicators but particularly the latter two.

Students in Year 7, who were experiencing the often-difficult transition from primary to secondary school, recorded the most negative scores.

They scored particularly poorly in terms of feeling loved and feeling close to others, and also grew in uncertainty and lost confidence over the year. Having gone from being the oldest pupils in a small community to being the youngest in a school that might be four or five times the size, these results are not surprising. Interestingly, however, they are also the group that saw the most improvement over the year in their ability to deal with problems, and also reported being better at thinking clearly and feeling more useful.

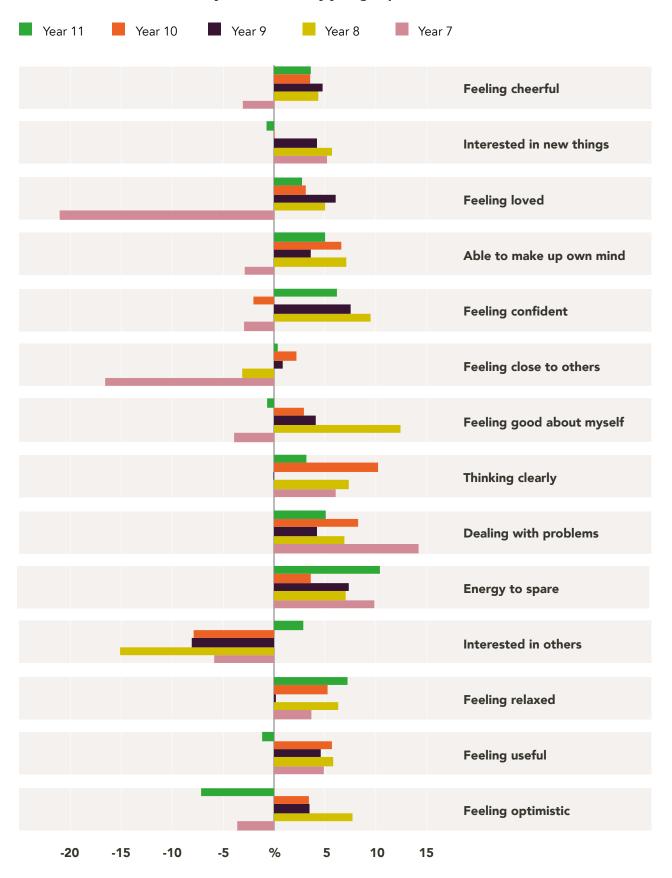
Year 11 students experiencing the stress of being in their GCSE year nevertheless saw an improvement in their overall wellbeing.

Of all the year groups, they were the least optimistic about the future, and by the end of the year felt less good about themselves, less useful and less interested in new things. However, of all year groups they also saw the most improvement in their energy levels and their ability to relax.

Asked what they wanted more of, students said mental health advice and stress management.

'It is a very stressful time – you can't really change that. You can just make sure people are as equipped for dealing with that as possible with, like, the sleep and stuff. I think they did a good job of that.' (Y11 student interview)

#### Percentage improvement in scores between pre- and post-programme for each sub-score in the WEMWBS survey, broken down by year group



Overall, the findings suggest that it is possible to support different aspects of emotional wellbeing for every year group, but that an approach carefully tailored to context – particularly for Years 7 and 11 – is likely to have the most impact.

'I'm now taking a lot more thought than I did this time last year, say, into how much time I spend on my phone before I go to bed, for example. How much pressure I'm putting on myself over work. How much time I'm dedicating to certain things. It's just generally these days, while I'm in Year 12...I feel like I've got a lot more balance at the minute than I had when I first started the sixth form, which is good to have.' (Student interview)

'Wellbeing, I think, it's about being able to thrive in an environment. So, not only coping with balance, but being able to make good changes to your environment, being able to help people as well, feeling good when you get out of bed in the morning rather than feeling like a train wreck.' (Student interview)

#### Physical wellbeing

We know that young people's dietary choices are affected by a range of factors, many of them beyond the control of a relatively short programme such as this one. As Ofsted pointed out in its recent report on obesity [see p8], there is only so much that a school can do. The students echoed this, pointing out several factors that explained their lunch and snack choices, including cost, parental choice, time and a simple personal preference for unhealthier options.

Generally, it was felt that the canteen changes had so far had a limited impact on students' diets, as food was often brought in from outside the school, including being purchased at local stores. These findings echo wider research into the factors that influence school students' dietary habits<sup>10</sup>.

Significant improvements were measured in fruit and vegetable consumption and some students made changes to their diet and saw an immediate improvement.

Some students suggested that the changes made in the school and the nutritional advice and education provided needed time to embed, as well as regular reinforcement.

48%

Rise in average fruit consumption

59%

Rise in average vegetable consumption

'I cut out all junk stuff for a week and it made me feel so good, internally, I had more energy and everything. It used to be whenever I woke up in the morning, I was always quite tired. If now I've had an apple before I go to bed or something instead of a hot chocolate, I wake up all refreshed, and it's just a nicer feeling when you wake up.' (Student interview)

'I was sceptical about the cafeteria at first, but actually it turned out to be good.' (Student interview)

In terms of exercise and activity, the mixture of both new opportunities and a better understanding of their bodies again provided some students with the impetus they needed to exercise more regularly.



'The HoW's been talking about running and endorphins, and how eating healthily can help you feel better and things, and I've tried before, and I'm addicted to this way now. So, I do exercise and eat healthier because of this.' (Student interview)

'Well, definitely, I'm going to keep using the school gym. That's quite a firm part of my routine now, which I don't really want to let go.' (Student interview)

'I don't want to go back to that person who doesn't want to do anything, just become better and feel healthier.' (Student interview)

'I'm definitely going to keep employing the bits I've got about sleep, because I'm not waking up at 6:00am, 5:00am, wishing I could just hit the snooze button anymore. I'm fairly able to get up and I'm ready to move about a bit.' (Student interview)

#### Staff

For staff, improvements were found post-intervention in terms of saturated fat consumption and the average number of fruit and vegetable portions consumed per day. Staff showed a significant increase in wellbeing according to mean WEMWBS scores, rising by 11.89% from 45.66 to 51.09, with the UK average level at 51.61.

In terms of wellbeing, staff also mentioned that they felt that the HoW was somewhat limited in terms of how much positive change he could elicit. He had no power to alter structural aspects of the job, such as workload, which they believed played the greatest role in dictating their health and wellbeing at work.

<sup>&</sup>lt;sup>10</sup> See for example: Caraher, M. et al (2014) 'The "School Foodshed": schools and fast-food outlets in a London borough'. http://openaccess.city.ac.uk/3392/1/The%20School%20 Foodshed.pdf

#### **Emotional wellbeing**

A number of interventions were aimed specifically at staff:

- A ".B mindfulness" course for members of staff
- Weekly yoga course led by "Yoga in Schools"
- Inductions and exercise programmes in the newly extended school gym
- A weekly exercise circuit session

Although these focused on physical activity as much as mental wellbeing, feedback suggested that the two are inextricably linked, with the opportunity to get more exercise helping staff to unwind and feel more positive.

'It does make the atmosphere nice around the school after hours when the kids have gone, and you see people walking around with trainers and sweatshirts, and it just feels like this is a proper working environment, and people respect being healthy.' (Staff interview)

Some were doubtful about the HoW's ability to have a genuine impact on the staff, given the particularly stressful nature of their job.

'I don't think a head of wellbeing can make much difference to the health and wellbeing of teachers, because what a head of wellbeing can't do is change how much work teachers have to do.' (Staff interview)

However, others felt that the way the pilot had foregrounded mental health and made it part of the daily conversation in the school would have a positive effect on staff and students alike.

'Nobody really pays any attention to the mental health side of things, and I think that's where we've benefited by having the HoW come in, there's been that awareness brought in.' (Staff interview)

11.89%

Rise in average WEMWBS score

#### Physical wellbeing

We recorded significant improvements in staff diets over the year, with increased consumption of both fruit and vegetables and lower consumption of saturated fat.

6.78%

Rise in average fruit consumption

12.89%

# Rise in average vegetable consumption

There was a marked increase in the number of staff using the gym facilities, with almost a quarter signed up for regular activities. End-of-pilot staff satisfaction scores were particularly high for the fitness facilities and for the after-school classes.

Overall, staff felt that the pilot had brought about a step-change in the school's approach to wellbeing in terms of embedding it into daily practice. 'Welfare was a key thing that we do at school, but wellbeing, actually promoting a particular positive lifestyle and actively putting our money where our mouth is, and actually saying, "We're a wellbeing school, why are we selling unhealthy food? Why aren't the kids doing enough exercise? Why aren't we teaching them about X, Y, Z?" So, it was actually delivering that.' (Staff interview)

'I think one of the successes of the project is...that the wellbeing agenda is very much getting towards being a natural part of the school. I wouldn't say we're 100% there yet, I think that takes time to shift that culture, but I personally think that we've made big steps forward.'

(Staff interview)

Staff had few suggestions for improvement to the programme but were particularly concerned that support should continue after the pilot was over, attesting to the benefits they could see it brought to themselves and the students.

#### The impact extended beyond the expected outcomes...

There was a sense from students and staff alike that attitudes and the atmosphere across the school had changed for the better. Students mentioned that improved concentration levels were impacting on their school work, that they were building more friendships and that their relationships with others had improved. Staff commented that practical changes such as improved canteen facilities and after-school fitness classes were having a knock-on social effect.

'Everyone seems so much happier. I think our grades have been going up, I'm not sure. But everyone seems to be less angry, everyone seems to be getting along with each other.' (Student interview)

'I don't bring packed food anymore, and the benefits of me going down to the school restaurant are that I bump into other people, I have nice conversations around the school, I'm in the queue with kids so I'll have that nice social, incidental conversation.' (Staff interview)

#### ...and beyond the school gates

Students in particular described how they had shared with friends and family information and techniques learnt from the HoW. Examples included encouraging family members to start exercising and improve their diets and using elements from resilience training and emotional wellbeing sessions to support others during times of need.

'My little sister is in Year 8 at school. She's completely head over heels in stress, and I try to reassure her... So, I, sort of, just told her a little bit of the mindfulness tricks. I was, like, "You just need to breathe".' (Student interview)

'My dad goes on a diet a lot, and I've been able to tell him what we've learned about it, and "You could do that," and it's **nice.'** (Student interview)

'I never used to go shopping with my mum, so my mum was just giving me junk food, sort of, but the other day I went shopping with my mum, and we went to buy healthier foods, so much more fruit and vegetables.' (Student interview)



Robert Shadbolt Head Teacher Wood Green School

# The head teacher's perspective

Robert Shadbolt has been head teacher at WGS for four years, having arrived in post just as the school was judged 'inadequate' by Ofsted.

A programme of rapid improvement was already under way when the Nuffield Health opportunity arose, but he was personally very interested in the whole area of staff and student wellbeing and the impact it could have on school improvement.

Welfare was already a key aspect of the school, but he saw the Nuffield Health pilot as an opportunity to develop a more strategic, joined-up and active approach that promoted a more positive lifestyle through both education and action.

'I just had an innate belief that...making sure that we are a wellbeing environment and also teaching young people and adults about wellbeing would be a positive thing for them, as people and also as learners. It was a general feeling about the link between wellbeing and personal development and educational development, which I don't think has been explored enough.'

Having a single person who could drive, coordinate and oversee all the activities was critical, not only in making sure everybody played their part, but also in having the time and space to put ideas into action.

'I want a head of mathematics who's got a really clear picture of the best way maths should be taught and developed and provided for across the school. And I wanted someone who had a wellbeing vision and the ability to include others in developing that vision, and then achieving it in practical terms.'

For Robert, success has been down to the quality of support that has been available, but also the strong school leadership that created the conditions for success.

'...without a link at a high level in the school, at a governor level and a head level, buying into a vision, I think a head of wellbeing could find the role very, very frustrating...I think you have to have the right climate...'

Inevitably there was some resistance and even hostility at the start, which staff themselves have admitted. Having a Head of Wellbeing who understood the culture of the school and the pressures that staff and students were under was critical.

Robert describes Terry as passionate and knowledgeable, a good communicator and adept at engaging with and involving other people, while also understanding that it was down to him to make things happen. '[Terry] realised that there was already a full workplace with very little capacity for additional initiative. He managed to sensibly work within that, and led by example, setting things up. He led from the front.'

Looking back, the main thing Robert would have done differently was to invest more time at the beginning thinking about what they wanted to achieve as a school.

'I would absolutely start on Day One with "Why is wellbeing so important?" and, "What would we like to shape in our vision?", and then, "What would we like to be doing in our school?"'

Introducing initiatives and changes would have had some effect, but it wouldn't have been properly managed and sustained, or created a cultural shift towards wellbeing. As a result of the pilot, wellbeing is becoming part and parcel of the school, with a real shift in attitudes due to all the concrete changes that have been made. Wellbeing is one of the school's six values -"...so we have it on every bit of paper, on many walls..." - and Robert wants to make it part of every member of staff's development plan and performance management.

'I don't believe there's a single child in this school who hasn't thought about the importance of what they eat, what exercise they do, what they do with their screen time, the importance of good mental health and how you achieve that. I think if that's not part of what education is for, then we're failing - and that has happened.'

# The student perspective

Ben Leeming was WGS Head Boy during the pilot, helping implement the programme as well as being a participant. In the middle of A levels and planning for the future, he and his friends benefited from the full range of support on offer.

'Quite a lot of the Year 13s were zombies...A lot of people I've spoken to are trying out some of the new regimes, some of the new plans that Mr Austin gave us to work from.'

A number of aspects contributed to the pilot's success. Firstly, Ben liked the way scientific information was combined with more general talks on stress, anxiety or diet.

'It's been quite helpful because they give us a fair degree of scientific information, so to do with sleep, things like cortisol levels. Also, a balanced amount of just nice advice.'

Secondly, the way that the different elements of wellbeing worked together to meet their particular needs. Changes in the canteen gave everybody healthier options, while a sixth form 'nutrition assembly' provided specific advice about how diet as well as sleep helps with studying.

'I think it's a good combination of things together that can help us improve our schoolwork. It's nice to think about it like that.'

It was Ben's idea to open up the school gym – originally only for staff use – to sixth formers, most of whom can't afford normal gym membership. Sharing activities like circuit training helped build staff-student relationships, while less traditional activities, such as yoga, were particularly popular.

'A lot of my friends love the yoga.

If they're feeling a bit wound up after
getting a lot of homework at school,
it's like, "Let's go and do this for an hour."

Thirdly, Ben liked the focus on achieving 'balance' – in daily life, but also in wellbeing itself, with too much 'healthy' activity potentially as problematic as too little.

Finally, it was particularly important that the HoW was always there to talk to and to offer support when needed.

'It's been good having one person who you just know that that's their role in the school. I think a lot of people recognise him now just as a go-to kind of guy for things like health and wellbeing.'

Ben Leeming
Former Head Boy
Wood Green School



# What we learnt

#### Introduction

The current evaluation considered the efficacy and acceptability of having a HoW to enhance both staff and student health and wellbeing. Overall, qualitative insights from staff and students within the school suggested the presence of a HoW was perceived positively in terms of having someone to specifically support the health and wellbeing agenda. Impact outcome measures suggest there were minimal benefits to staff and student wellbeing.

Staff and students suggested they appreciated and valued the HoW and identified positive improvements in health-related knowledge, positive changes to their relationships, making new friends, and improvements in energy levels, sleep quality and concentration levels. Thus the value of psychosocial outcomes such as those reported here cannot be ignored and support the value of the HoW's presence.

There was some suggestion of an initial resistance from staff towards the HoW. This highlights the importance of considering how best to introduce a HoW into the school environment ensuring they are accepted and can quickly establish a trust and rapport with staff and students.

Teaching staff were clear the HoW needed to work collaboratively with themselves, students and parents. An external HoW must acknowledge the demanding workloads of staff and students and their need to prioritise curriculum learning and attainment.

# The need for a dedicated HoW

Schools that want to improve physical and mental wellbeing need help 'plugging the gaps' in their knowledge, expertise and provision and making simple changes that will make a difference.

Having a 'real person' available to deliver the programme is far preferable to introducing a toolkit or resources. The HoW was able to ensure that the content was sensitively tailored to need and could be easily adapted. Both staff and students said that a generic offering might be considered irrelevant and actively rejected.

That person needs to be a dedicated resource rather than a member of the teaching staff – somebody with the expertise, independence and strategic perspective to work with the school to:

- Assess needs and priorities
- Identify practical, cost- and time-effective options to address those priorities
- Continuously involve staff and students in the design of the overall programme and specific interventions
- Design initiatives targeted at specific groups/needs
- Provide expert guidance, input, training, resources as required
- Regularly measure impact and progress
- Maintain momentum

'First of all, it's just the fact that there is somebody makes it feel that it's real and that somebody is looking out for it, and it's not just an extra that we have got to absorb, you know, the whole issue of wellbeing, and he's just drawing our attention to things, and he's been a really good role model. I think that's a big, big thing.' (Staff interview)

'I think the biggest thing is having somebody that their specific role is health and wellbeing. It ensures that it stays current and stays inside the school. I think that's perhaps the worst thing that could possibly happen - if that person's not there, it slowly, sort of, goes away again.' (Staff interview)

### Recruiting the right person

The students particularly appreciated the fact that the HoW had the knowledge to explain the effect of their behaviours on their physiology, helping them to understand why they needed to change and provide clear, practical guidance. They also liked the fact that his role wasn't just to warn against risk behaviours, but to provide support for positive changes that would improve their general wellbeing.

#### The HoW must have:

- Expertise across a range of different health and wellbeing areas, and up-to-date knowledge of evidence-based 'best practice'.
- · Adolescent-specific health and wellbeing training and expertise, as the needs of this age group and approaches to intervention are different to those recommended for adults.

- Experience of behaviour management in adolescents, as these skills are required for running successful classes and for managing group sessions.
- Strong communication skills they need to be comfortable addressing large groups of adolescents and adults and be able to break down complex ideas and techniques so that they are accessible to the target audience.
- An approachable personality, a non-judgemental attitude and the ability to listen.
- The lifestyle and values that will make them a role-model for students.

'I could come in armed with all the knowledge in the world but if I couldn't control a classroom by myself then I would struggle to get those messages across.' (HoW)

'If I'd have just come in and basically told the students they need to stop smoking and not back that up with any scientific evidence, I wouldn't have had that engagement or maybe that respect. Also, applying that to their age group. So, if you start talking about skin health and body image and those kind of things, you engage with them more, rather than longer-term risks of, say, cancer.' (HoW)

### **Developing the programme**

- Work collaboratively with stakeholders to develop the programme.
- Consult with staff who are already overseeing health and wellbeing activities in the school to avoid overlap and to ensure that plans are feasible in the busy and complex school environment.

'I think our head of wellbeing realised very soon that building relationships and communication, and winning hearts and minds was what it was all about...there was already a full workplace with very little capacity for additional initiatives.' (Staff interview)

- Tailor the programme to the unique needs of the school, identified through a needs assessment conducted as early as possible in the process.
- Be prepared to think laterally and creatively; start simple but with high impact.

'We ran various poster campaigns and we made some structural changes, particularly in the restaurant and in the fitness suite, so, they were visible things that the students could see happening.' (HoW)

'I ran a couple of events with the school health nurse on hygiene and 'community and immunity' and respecting the school environment and the toilets.' (HoW)

- Plan well in advance and be prepared to consider a wide range of avenues for reaching staff and students, including through extra-curricular provision – a dedicated slot on the timetable may not be available for health and wellbeing activities.
- Be sensitive to the need to place minimal burden on existing staff members and not interfere with the 'core business' of the school, which is academic performance.
   Staff will not welcome anything that appears to add to their workload or distract them from their priorities.

'I think integrating into the school environment was quite difficult for myself and for the school. The school is a very complex, very busy place and they prepare their timetable, their diary, their school calendar and curriculum literally a year in advance.' (HoW)

 Work with the safeguarding team from the start and on a regular basis – safeguarding processes may be needed for certain health and wellbeing activities.

#### **Implementation**

Make time for a formal introductory process and undertake the needs assessment early so that the school can plan and timetable programme activities well in advance.

- Have support from senior leadership to steer the programme and ensure it doesn't lose momentum over time.
- Have buy-in and support from existing staff – running activities to promote and raise awareness of health and wellbeing during the early phases of the programme is essential.
- Consider potential barriers from the outset.
   For example, it may be challenging to get
   certain students in the same place at the
   same time, or to remove students from
   their schedule, so you have to adapt to
   the constraints of the school day.
- Work to align the programme with national health campaigns (e.g. Mental Health Awareness Day) and around the school timetable (e.g. stress management classes during exam periods), enhancing the relevance and acceptability of health and wellbeing activities.

'The resilience coaching sessions that I did with students, especially around exam time...were quite successful because it was an opportunity for them to chat to somebody who wasn't their form tutor or parent or teacher.' (HoW)

- Design information and education sessions
   particularly the more technical ones to
   be as engaging and interactive as possible.
- Repeat information and messages regularly and reinforce learning as often as possible.
- Ensure that staff and students make some positive changes, however small, and that they recognise them, as this will encourage them to continue the process to sustain those changes.
- Make sure the programme is visible
  to all, particularly the slow adopters.
   Some students told us that they hadn't
  been aware of the opportunities available
  to them, and that those who benefited
  most may have been already interested
  and receptive to support.
- Be prepared to adapt, change and constantly adjust.

'What I will say is every school is different, okay? You could go two miles down the road and it would be completely different. The children will be different, the staff will be completely different.' (Staff interview)

### **Evaluating the programme**

Longer-term behaviour change measurement will require professional evaluation.
But any school should be able to undertake simple evaluation that shows the value of the programme.

- Agree some simple, achievable measures that cover a single activity or group of activities.
- Keep questionnaires as short and as simple as possible; reassure those completing them that they will be anonymous.

- Allow time for their completion; for longer surveys set aside a dedicated period during the school day.
- Explore different approaches to evaluation, including using digital surveys.
- Share results with staff and students, so that they can see the progress being made

#### The critical success factors

- Wellbeing support needs to be addressed strategically and as a way of improving individual and institutional performance

   it cannot be seen as just a 'nice to have'.
- Wellbeing needs to be embedded in school culture: supported from the top down, developed collaboratively from the bottom up and visible to all.
- Wellbeing support needs to be tailored: to the school, to different groups, to individuals.
- Wellbeing should not just be treated as a problem, but as a way of bringing about positive improvements to everybody's lives and giving them the resources to deal with problems when they arise.
- Improving wellbeing takes time: to understand the priority needs of staff and students; to build initiatives into the daily life of the school; to embed understanding and bring about changes in behaviour.
- is given proper attention, to address it comprehensively and creatively, and to plug the gaps in their knowledge, expertise and provision. That help can be part-time but needs to be given by somebody who takes the time and the care to learn to understand the school and successfully navigate its systems.

# The future





# Wellbeing is here to stay at Wood Green School

# A new curriculum and a Wellbeing Lead

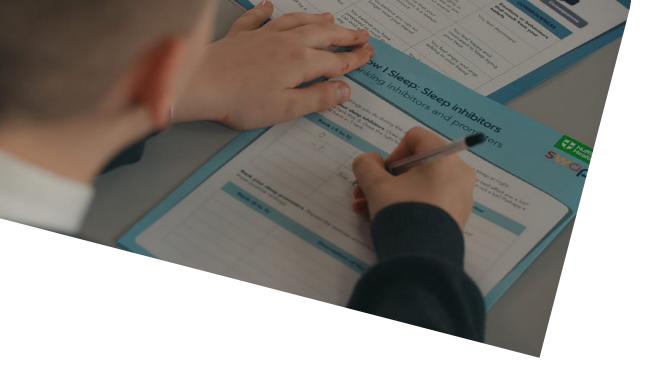
As a result of the pilot, wellbeing is becoming part and parcel of the school, with a real shift in attitudes due to all the concrete changes that have been made. Wellbeing is one of the school's six values – "...so we have it on every bit of paper, on many walls..." – and head teacher Robert Shadbolt wants to make it part of every member of staff's development plan and performance management.

Following the completion of the pilot, the WGS head teacher asked the HoW to help develop a timetabled wellbeing curriculum, targeted at Years 7, 8 and 9, drawing on everything learned over the course of the pilot.

Terry Austin worked with Charlotte Corson
– the Nuffield Health physiologist who
had supported the pilot – to create a new
curriculum covering nutrition, resilience,
physical activity, sleep, emotional wellbeing,
mental health and life skills.

The school also made the crucial decision to invest budget in maintaining a wellbeing role as a part-time post. Charlotte Corson is now employed three days a week to teach the wellbeing curriculum through weekly lessons, to continue many of the pilot initiatives and to provide continued support for the school's overall wellbeing ethos. Her work will include emotional support, educational tutorials, assemblies with wellbeing themes and staff welfare.

Nuffield Health will maintain the close relationship it has formed with WGS, and we will continue to follow progress at the school.



# Conclusion

This innovative pilot set out to discover whether a dedicated Head of Wellbeing could have a positive impact on the wellbeing of a school. As recent government papers and our original Head of Wellbeing paper (October 2014) have stressed, schools have an important role to play in terms of how they support children's health and wellbeing and the impact this has on young people's development.

The evidence within this report demonstrates the potential benefits of such a role in a secondary school setting. The main factors that are critical to making it a success are:

- The HoW needs to be a dedicated resource rather than a member of the existing teaching staff.
- The HoW needs to be heavily promoted to students and staff to provide maximum awareness of their role and programme of activities.
- A tailored approach should be designed to address specific health behaviours matched to the needs and

- wants of the targeted group e.g. specific year groups or gender.
- The school needs to provide a substantial period for the programme to be embedded with students and staff. It takes time to adapt, elicit behavioural changes, and for these to be sufficiently rooted to have lasting results.

The challenge now is to understand how best to extend services and expertise to support young people. What can we, as a sector, do to place a strategic priority on early interventions to act as preventative measures?

The pilot demonstrates Nuffield Health has an important role to play in supporting young people's mental and physical wellbeing, and that this should be a key part of our future investment strategy. Our new swap programme is an innovative first step and one that we hope will make a real contribution to this urgent agenda.

## What Nuffield Health will do next

The Head of Wellbeing pilot drew on Nuffield Health's considerable expertise and resources to provide an ambitious, intensive programme that would clearly be difficult to replicate in full in the current funding climate. However, we strongly believe that the learning from the pilot can be adapted and applied in a range of circumstances.

As a result, we have prioritised investment in developing a new programme that we are now rolling out to all our sites. We will continue to measure and evaluate our impact and aim to share our insights in 2019.



swap, our School Wellbeing Activity Programme, focuses on children in Years 6-9, aged 10-13, but is adaptable for all school-aged children.

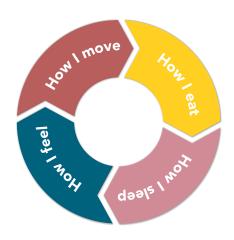
swap comprises evidence-based lesson plans that can be delivered by Nuffield Health experts as a six-week programme or individual sessions. The programme can be run at a school or at our any of our sites: fitness and wellbeing clubs, hospitals, clinics or corporate wellbeing centres.

**swap** has been developed to help improve understanding of lifestyle choices and encourage behaviour changes or 'swaps' to improve young people's physical and mental wellbeing.

The programme focuses on four key pillars that are essential for young people to thrive: How I Move, How I Eat, How I Sleep, How I Feel.

Our programme is free, making it accessible to all and enabling us to help schools incorporate further health and wellbeing lessons into their timetable.

Our aim is to reach 50,000 young people by 2020.



To find out more, visit www.nuffieldhealth.com/swap

# Appendices





# Appendix 1: Pilot programme stakeholder map



# Appendix 2: The RE-AIM framework impact measures

Element	Description	Indicator
Reach	What percentage of the target population were interested in participating in the HoW programme evaluation?	Quantitative: percentage and summary of the sociodemographic characteristics of staff and student survey respondents.
	How representative are student and staff respondents to the wider target population?	Qualitative: questions probing staff and student views on the success of the HoW pilot programme in reaching all students and staff, in meeting the needs of higher risk groups, and on the potential generalisability of the programme beyond the school.
Effectiveness	Did the HoW programme produce a positive change in health and wellbeing outcome measures?	Quantitative: pre-to-post change scores on outcome measures for staff and student diet, physical activity, risk behaviours and emotional wellbeing.
	Did the HoW programme elicit any additional changes, including potential adverse effects?  What are the possible mechanism of effect that explain any changes following the HoW programme?	Qualitative: questions probing staff and student behaviour change in relation to diet, physical activity, risk behaviours and emotional wellbeing, changes to additional outcomes, perceived usefulness and value of syllabus components in eliciting changes, and possible adverse effects of the programme.
Adoption	Who and how many individuals were involved in setting up and delivering the HoW programme?  What were the major barriers and facilitators to the successful adoption of the HoW programme?	Qualitative: questions probing staff and student roles in setting up and delivering the HoW programme, resources and requirements for successful adoption and barriers to adopting the programme within the school setting.

#### Implementation

What can staff and students recall of the HoW syllabus?

How satisfied were staff and student with the HoW Programme, including which syllabus components were most and least favoured?

What were the major barriers and facilitators to delivering the HoW programme in the school?

What could be changed to the HoW programme to improve its delivery?

A description of the HoW programme syllabus

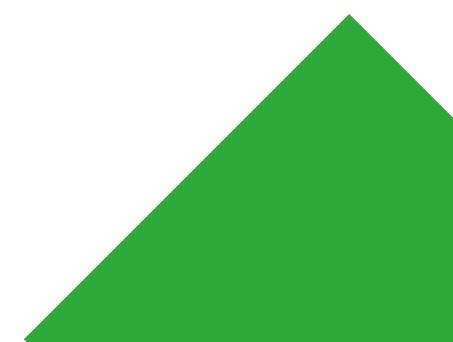
Quantitative: summary of programme satisfaction scores, summary of programme knowledge check scores.

Qualitative: questions probing student and staff understandings of determinants of good health and wellbeing, awareness of the different syllabus components delivered, most and least favoured syllabus components, views on factors that aided or impeded access to programme components and recommendations for additions and modifications to improve the syllabus.

#### Maintenance

Can change in health and wellbeing be maintained after the HoW programme finishes?

Qualitative: questions probing staff and student intentions and expectations regarding retaining changes and the support required to facilitate maintenance.



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