## Health and Wellbeing in Secondary Education

### Health through Education

During the last two decades there have been many initiatives introduced to help improve Scotland's health. Doing so through education has become a major focus for the nation's policy makers and leaders.

Devolution (1997) accelerated the process of highlighting health improvement as a key policy issue, since when it has undergone significant development and reappraisal. The Scottish Government has created a clear vision and strategic framework to address the nation's poor health record, and in particular improve outcomes for children and young people. Addressing the gap in health inequalities remains a key challenge and requires new thinking on how to do this more effectively. Reducing this gap will be a complex process of improving wellbeing, changing attitudes, identifying effective interventions and pedagogies which develop health enhancing life skills and behavioural change. In short, schools face a major challenge to ensure that health and wellbeing permeate the curriculum, and that all teaching staff can confidently contribute to teaching, learning and behavioural change in this area.

As awareness of health issues has grown, so too has media coverage concerned about the health and pressures being placed on the mental, physical and social development of Scotland's young people. As a result, health education is now an extremely wide subject that embraces issues such as substance abuse, domestic violence, knife carrying, gang violence, body image, the sexualisation of children, internet safety and cyber-bullying.

This chapter will examine the Health and Wellbeing agenda for Scottish secondary schools, in light of recent research and theoretical perspectives, and in view of some of the more fundamental considerations for practitioners. Chapter 47 examines the development of health promotion in primary schools and together, these Chapters set the context for Health and Wellbeing from age 3-18 years.

### Health-Promoting Schools

Over the last 30 years the World Health Organisation (WHO) has led the development of health education and health promotion in schools. The key starting point was the publication of the Ottawa Charter (see WHO, *Ottawa Charter for Health Promotion*, 1986), which laid down the foundations for health promotion and defined the process of 'enabling people to increase control over, and to improve their health'. This process was not only concerned with strengthening the skills of individuals but was also directed at changing the social, economic and environmental conditions which impact on health.

Between 2002, when the Scottish Health Promoting Schools Unit (SHPSU) was established, and 2007, the date set by the Scottish Government for all

schools to become health-promoting, the profile of health promotion in secondary schools in particular was raised significantly. In 2004 the SHPSU launched a national framework document *Being Well, Doing Well.* This publication provided schools and education authorities with a coherent structure to develop an integrated whole- school approach to health promotion. Chapter 47 in this volume highlights the key characteristics of *Being Well, Doing Well* as well as some of the key stages in developing the policy and support structure for schools.

On the one hand, schools seemed to like the challenge, structure and support provided by the SHPSU and the accreditation process; on the other hand, there was increasing concern that the model was not necessarily translating into tangible improvements in young people's lifestyle choices. For example, schools working towards a gold award could often be seen with more children at the snack van across the road than in the school dining hall. However, by December 2007, the SHPSU was able to report to the Health Minister, that all schools in Scotland were 'actively engaged' in health promotion, which set the scene for the introduction of Curriculum for Excellence (CfE) in 2010.

**Health and Wellbeing Across Learning**

CfE introduced a new vision and ideology for improving health; building on the success of the Health Promoting School model, it has as a starting point an environment where health and wellbeing are at the centre of school life and learning. Essentially, the curriculum reform programme has created a new Health and Wellbeing framework bringing together three discrete Curriculum Areas - Personal and Social Education/Guidance, Food Education/Home Economics and Physical Education - as well as some of the more traditional health education topics.

*Health and Wellbeing: Principles and Practice* (Scottish Government, 2009) provides an overview of the rationale and principles and is intended to complement an earlier document: *Guidance on the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 (*www.scotland.gov.uk/Topics/Education/Schools/HLivi/foodnutrition).

Together, these documents provide practitioners with guidance on how to start developing 'the statements of experiences and outcomes' for health and wellbeing, including some of the broad features of assessment, progression and links with other curricular areas. The guidance also highlights the four broad contexts for effective learning, namely: ethos and life of the school, interdisciplinary learning, opportunities for personal achievement and curriculum areas and subjects.

The curriculum has been designed to enable young people to have experiences and outcomes which provide depth and progression in their learning from age 3-18 years. Additionally, curricular principles, such as personalisation, coherence, and relevance should help to ensure that learning

meets individual needs, is relevant to the local community, and links with other areas of the curriculum.

Overall the statements of experiences and outcomes are structured into the following 6 organisers, with the responsibilities of all staff written in italics:

- *Mental, Emotional, Social and Physical Wellbeing (* MESP*)*
- Physical Education, *Physical Activity and Sport*
- *Planning for Choices and Changes*
- *Relationships,* Sexual Health and Parenthood ( RSHP)
- Food and Health
- Substance Misuse

Another document in the series*, Health and Wellbeing across Learning: Responsibilities for All Principles and Practice* (Scottish Government, 2009), provides specific guidance on the experiences and outcomes which are now the responsibility of all staff. The document explains that experiences and outcomes for health and wellbeing cover levels 3 and 4, which are defined as generally covering S2 and S3 of secondary education. Providing a broad general education is the key objective at this stage and *Building the Curriculum 5* (2011) provides guidance to schools, particularly on aspects of interdisciplinary working and progression. The key focus is on developing life skills, capabilities and attributes which promote good health.
More significant is the shift in responsibility from secondary teachers with either an interest in health, PSE teachers or PE teachers, to all staff working with young people. Fundamental to this philosophy is the capacity to form and maintain good relationships, which can contribute to increased confidence, self-esteem and help to develop resilience.
This should include, 'each practitioner's role in establishing open, positive, supportive relationships … where children and young people feel that they are listened to, and where they feel secure in their ability to discuss sensitive aspects of their lives'
(*Health and Wellbeing: Principles and Practice*, 2009. p.3).

However, there does still appear to be a huge gap in terms of providing a robust approach or curriculum for the senior phase – only briefly mentioned in the documentation- and covering learning and teaching from S4 to S6. There does not seem to be any further guidance on what experiences and outcomes should continue into the senior phase or consideration of the teaching approaches which may be more effective and relevant for this age and stage.

**Implementation**

It would be extremely difficult to try and give an overview of the programmes, resources and initiatives used in the Health and Wellbeing Curriculum as there are now very few national programmes, although, this has been the subject of debate within the teaching profession. On the one hand teaching

staff are looking for more guidance and ideas on which resources and programmes to use in terms of their effectiveness; on the other, national organisations are increasingly reluctant to recommend individual programmes or resources because there is now an expectation that school staff will work collaboratively to identify the needs of their own school community and develop approaches which best suit those needs.

Other chapters in this volume may cover some of the topic specific programmes and curriculum developments which now come under the general umbrella of Health and Wellbeing; see Chapter 40 (PSE), Chapter 61 (Home Economics) and Chapter 67 (Physical Education).

In 2008, a consultation with key stakeholders highlighted key issues for local authorities and school management to consider. It was suggested that teachers would require targeted CPD to build their knowledge and skills on substance misuse and RSHP, and particularly for non-specialists. While a faculty structure may facilitate cross-curricular work, there would have to be strong leadership to ensure that teaching staff were given time to plan and develop effective teaching approaches. A major concern was that in becoming the 'responsibility of all', health and wellbeing would still remain the domain of PSE, PE and Home Economics Teachers, the key 'specialists' in this area. Unless there was serious investment in training, sharing practice and structures for effective collaboration, it would still be difficult for subject specialists to engage with health and wellbeing in a meaningful way.

## Research and Pedagogical Issues

Research shows that effective approaches to the learning and teaching of health promotion consistently advocate taking account of the complex circumstances of the communities in which young people live. Many of the life skills and competencies which health promotion can help to develop such as assertiveness and critical reflection are transferable skills shared with other curricular areas.

A recent international review of the evidence base examining effective health promotion practice is broadly supportive of the integrated whole- school approach, and the four contexts for learning advocated in CfE. The review identifies a range of key features such as how 'good school management and leadership' are essential and more importantly it asserts that,' young people who are connected to significant adults are less likely to undertake high risk behaviours' *(* St Leger et al. 2010, p.1). Furthermore, building school connectedness for students is also associated with a 'reduction in sexual activity in adolescence'.

Feeling good about school, being connected to significant adults, considering the social and environmental context, and acknowledging the emotional dimensions in learning are all identified as important features of a health - promoting school. More importantly, teaching staff who have a good

understanding of mental health issues ‘can achieve higher health and educational outcomes for the students’.

Again, recent research and emerging school practice indicate that CfE is offering new opportunities to reinvigorate Substance Misuse Education. Evidence suggests that secondary pupils enjoy drug education lessons when there is a focus on active learning, the use of participatory methods and the opportunity for discussion.
A review of Substance Misuse Education carried out by Health Scotland (2009), stressed that this is also going to be more effective when it considers the students’ own substance misuse, and places a greater emphasis on appropriate life skills which realistically help students to assess risk and minimise harm. Very often a holistic approach can offer support for innovative work in the curriculum. For instance, Fast Forward, an Edinburgh based charity funded through central government to work with secondary schools on substance misuse is developing and using a youth work approach. They offer one-to-one sessions targeted at developing risk plans for high tariff youngsters, group work, drop-ins and peer education programmes that use a social norms approach.

Similarly, some alcohol and tobacco programmes have shifted away from classroom based lessons which focus on teaching facts to supporting young people resist peer pressure using a social norms approach. A social norms approach helps young people to explore the difference between what they perceive ‘to be the behaviour and attitudes’ of their peers, which is often overestimated or exaggerated, compared to the reality of peer group behaviour (McAlaney et al. 2011).

This is a new and emerging field of study for health promotion and as such only a few schools in Scotland have started to use it. If used with proper evaluation it could offer a fresh and more positive dimension to alcohol and drug education as it is focused on reducing ‘misperceptions and social pressure’, which will hopefully lead to a reduction in alcohol consumption and drug-related harm. Most notably, schools using it seem to be integrating new technologies as a medium for intervention and promotion to a much greater extent (websites to communicate and promote key messages, video clips, social networking and online surveys). Overall, this could offer a more cost-effective approach, be applied to other health topics such as sexual health, help to build teacher confidence and be a more effective and realistic way to engage senior pupils. Essentially, this is an ‘asset -based approach’ which builds on the positive and articulates with current research on wellbeing (see Chapter 47).

**Assessment, Monitoring and Evaluation**

Health and wellbeing will not be formally assessed by SQA. However, it will be up to local authorities and schools to decide on appropriate forms of assessment. *Building the Curriculum 5* (2011) suggests that progress will be seen in the ways in which young people are ‘developing and applying their

knowledge' in key areas such as 'assessing risk and decision making'. Beyond S3 SQA are currently developing a suite of new qualifications which will build on the experience and outcomes for health and wellbeing. There are a wide range of courses under review and the SQA has produced a progress report for the 'next generation of National Qualifications' for Health and Wellbeing (2010). Some courses are vocational and offer routes into training and employment, such as Care (Health and Social), Early Education and Childcare. Additionally, the Skills for Work courses can be offered jointly by schools and colleges and qualifications in Personal Development and Social and Vocational Skills offer customised learning in specific skills. On the other hand, some link more with curriculum subjects and offer awards at Higher level: Philosophy, Psychology, Sociology; Physical Education and Home Economics.

Beyond school assessment, local authorities have a responsibility to monitor and evaluate the impact of health and wellbeing programmes on young people's health outcomes. Policy makers and planners need to consider the short -term impact of improved health and wellbeing, which may improve school attendance or academic performance; as well as some of the more long-term, generational changes in meeting public health targets. Equally, *The Health Behaviour in School-Aged Children* (Currie at al. 2011)) survey provides information on national trends and data from the 2010 cohort is showing some improvements, particularly in relation to eating habits. Encouragingly, levels of happiness and confidence for both boys and girl increased between 1994 and 2006. However, worryingly between 2006 and 2010 the happiness of boys and girls and the confidence of girls showed a marked decrease. Extensive information on the school environment has been collected and may help schools to plan and target health and wellbeing programmes more accurately. Additionally, strategies to tackle gender differences which are apparent for many of the health indicators would really start to embed some of the key principles discussed in *Building the Curriculum 5* (2011) namely; relevance, coherence, personalisation and above all, enjoyment.

## Future Considerations

Whilst strategy and tactics to improve health may have changed significantly in recent years, consensus on the pressing importance of the issue has not. Indeed, continuing to invest in health promotion has been one of the few areas in political and public life that continues to bring different groups together on a shared goal. Compared to the 1970s, Scotland is a healthier nation. Progress is clearly being made, the pace of improvement remains slow and there are many entrenched problems. However, the outlook is very positive and in many respects Scotland is leading the world in the development of contemporary health promotion policies and strategies. CfE has positioned schools in a strong position and has the potential as an 'asset -based approach' to create the conditions necessary for the health and wellbeing of young people to flourish in the 21st century.

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