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Early career teachers' learning about promoting health and wellbeing

Holt, Deborah; Gray, Shirley; Dey, Donna; Campbell, Louise

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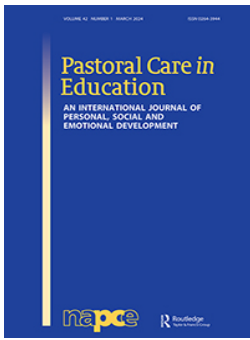
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Early career teachers' learning about promoting health and wellbeing: a narrative study understanding health and wellbeing in early career teachers: a narrative study

Deborah Holt ^a, Shirley Gray ^a, Donna Dey ^b and Louise Campbell ^b

^aUniversity of Edinburgh, Edinburgh, Scotland; ^bUniversity of Dundee, Dundee, Scotland

ABSTRACT

In Scotland, as with many other countries, the requirement to promote pupil health and wellbeing is the responsibility of all, yet little is known about how early career teachers learn to meet this responsibility. This two-year study followed five secondary school teachers from their Professional Graduate Diploma in Education (PGDE) year to the end of their first year in school as probationary teachers. A narrative approach was adopted to explore how participants' conceptualisations of health and wellbeing developed over time, and to gain insight into what contributed to this development. Data were collected through semi-structured interviews. Following this, and guided by the work of Rodríguez-Dorans and Jacobs, narrative portraits were constructed for each participant. The narratives revealed that participants' conceptualisation of health and wellbeing deepened between the PGDE year and the end of their induction year. In particular, participants developed a broader understanding of relationships through their induction year, with greater attention paid to their role, and the role of other teachers, in developing positive relationships. Furthermore, across both contexts, the participants revealed that the process of learning how to promote health and wellbeing was multi-faceted and complex, with various life experiences and different schools adding to this complexity. For the future, we recommend that teacher educators working in the domain of health and wellbeing begin with the teachers – exploring their personal and professional identities – past, current and future, and the various ways they connect with their lives and learning in schools.

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Narrative portraits; health and wellbeing; teacher education; school culture; positive relationships

Introduction

Health and wellbeing in education is a contested term (Ereaut & Whiting, 2008) that draws on a range of discourses to support a definition tied to not only

CONTACT Deborah Holt  deborah.holt@ed.ac.uk

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physical wellness but also social and emotional literacy, flourishing and the care of self and for others (Spratt, 2017).

The central role of health and wellbeing in the quality of children and young people's lives and learning is widely recognised internationally (OECD, 2021; Powell & Graham, 2017; Spratt, 2016), with positive mental health being a key priority (Shackleton et al., 2016; World Health Organisation, 2020). There have also been a range of interventions designed to support and improve young people's health and wellbeing on the understanding this will enhance their learning and attainment (Durlak et al., 2011). Recently such initiatives have been situated within a strengths-based wellness model, which is commonly defined as an approach that seeks to build everyone's capacity to be healthy and which goes beyond reducing illness and removing barriers to good health (Adamowitsch et al., 2017; World Health Organisation, 1998). There is recognition that health is influenced by factors at many levels, and effective wellbeing promotion has to take place at each of these levels (Holt et al., 2022). Long term, multi-component, strengths-based approaches to wellbeing promotion that address both individual and environmental factors are most likely to be effective in increasing wellbeing (Adamowitsch et al., 2017; Holt et al., 2022)

The need for children and young people to learn about health and wellbeing is, in some jurisdictions, explicitly tied to curriculum requirements, thus placing an onus on teachers to provide the learning opportunities and environment to enable this. In Australia, for example, the curriculum asks that learners develop the skills to 'access, evaluate and synthesise information to take positive action to protect, enhance and advocate for their own and others' health, wellbeing, safety and physical activity participation across their lifespan' (Australian Curriculum, Assessment and Reporting Authority ACARA, n.d.). In Scotland, which is the locus for the research reported here, the national curriculum known as Curriculum for Excellence specifies that all teachers at all tiers of the system, regardless of subject specialism, are responsible for not only literacy and numeracy but also health and wellbeing (Scottish Government, 2009). Going beyond health education, with the requirement on all to create or contribute to healthy environments and relationships (Scottish Government, 2009), this is consistent with a strengths-based discourse. However, whilst adopting a curricular approach has been found to have a positive impact on school ethos it remains uncertain if this has impacted on teacher engagement with holistic pedagogies (Thorburn, 2017).

In Scotland, as in other education systems internationally, becoming a teacher of secondary education requires candidates to have obtained an undergraduate degree to support their subject specialism. This subject specialism, and being seen as a subject specialist, are key motivators for joining the profession and influential in shaping teachers' pedagogies (Hobbs, 2012). However, this also means that the requirement to promote health and wellbeing through secondary subject teaching can elicit a variety of responses from

pre-service teachers with some, for example, conflating this curricular responsibility with pastoral expectations (Campbell et al., 2020). Research suggests that this variation may be related to pre-service teachers' previous experiences and, in particular, the role that their personal life experiences play in shaping their learning and their teaching (Campbell et al., *forthcoming*). However, little is known about how this learning develops as they become fully qualified teachers. Consequently, using a narrative approach (Rodríguez-Dorans & Jacobs, 2020), the focus of the present research was to explore how new entrants into the profession learned to enact their responsibilities for health and wellbeing as they journeyed from their initial teacher education into their first year as a newly qualified teacher.

Teacher learning: a complex process

A central concern for teacher educators in their endeavours to develop 'good' teachers has been the notion of making connections between theory and practice (Strom & Viesca, 2021). Since the dominating emphasis can be on the learning of transmissive pedagogies, supporting teachers, especially early career and student teachers, to make this connection can be challenging (Darling-Hammond, 2006). Classrooms are complex environments and it is not always clear how teachers should work with theory to make sense of this space, their practice or their learners (Helleve et al., 2021). Furthermore, teachers, including early career teachers, often make decisions under pressure and unconsciously. So it may seem unrealistic to suggest that they have time for theoretical thinking during practice (Korthagen, 2017). Given these challenges, it is somewhat surprising that teacher educators continue to grapple with the 'theory-practice' problem, and only recently has more attention been paid to the question of how teachers learn (Korthagen, 2017).

Previous research that has explored teacher learning suggests that much of what and how teachers learn is shaped by a 'subtle process of enculturation' (Korthagen, 2010, p. 103), where teachers learn through engaging in complex and interacting contextual, social and embodied practices (Korthagen, 2010). Supporting this learning is the act of reflection, which over time and through experience, can lead to greater self-awareness and the development of more complex concepts and principles – even theory – that can become more influential in shaping future practice (Korthagen, 2010). Thus, in order to understand more about how to support teacher learning (from pre-service to in-service), and how theory might become more central to their development, it is important to begin with teachers, and explore who they are, how they learn and in what contexts this learning takes place.

Teacher learning is both complex and embodied, with many personal, social, affective and cognitive factors interacting and influencing what and how they learn (Ell et al., 2017). Furthermore, teacher learning is contextual, where the

school context is considered a key place for teachers' learning and is often the starting point for teacher education (Korthagen, 2017). Schools are places of socialisation and, for teachers, this promotes an understanding of school as an establishment set in specific context of wider societal factors, which influence their teaching experience (Biesta, 2009; Juvonen & Toom, 2023; Kelchtermans, 2019). Set within the context of the school, preservice teachers and early career teachers develop their awareness of the community, policies, routines, behaviours, practices and begin to understand the ethical responsibilities of the job (Beauchamp & Thomas, 2009; Kelchtermans, 2019).

It is within these (also) complex school environments, that pre-service teachers and early career teachers begin to develop relationships with colleagues, leadership, learners and the wider community, all of which can shape their learning and their practice – which importantly can also have a positive (or negative) influence over their wellbeing (Lin et al., 2016; Skaalvik & Skaalvik, 2011). For preservice teachers, the relationships they develop with colleagues are integral to their sense of developing professional identity, belonging, efficacy and agency as they learn to become teachers (Hagenauer et al., 2021). During this time, and in the first year as a newly qualified teacher, the role of the school-based mentor is critical, where a shared focus on strengths building, planning for experimentation and reflection should be prioritised (Orland-Barak & Wang, 2021). However, this relationship is not always straightforward, and problems can arise when there is incongruence between the values and beliefs of the mentor and mentee (Hagenauer et al., 2021) and variations in the both the quality and quantity of mentor support (Beauchamp & Thomas, 2009). This is important because it is widely recognised that mentorship is a crucial aspect of this developmental period in new teachers' professional lives and can have significant impact their wellbeing (Orland-Barak & Wang, 2021) and on the sense of agency they have of over their professional learning and identity (Beauchamp & Thomas, 2009; Lin et al., 2016).

As alluded to above, it has been argued that the development of teacher identity is an important starting point for teacher educators (Hagenauer et al., 2021), beginning with the teachers' lives, experiences and concerns so that they can develop as individuals, building on their unique strengths, rather than from theory, or the idea that there is a model of a 'good' teacher that they have to become (Korthagen, 2017). Importantly, for some teachers, the experiences, beliefs and identities they bring with them to the profession may have to be challenged. For example, their personal experiences of school and learning, and their wider experiences of work (Campbell et al., *forthcoming*; Korthagen, 2017), may not align well with the knowledge and behaviours necessary for the social, cognitive and emotional learning that takes place in schools. The role of reflection here is critical, where preservice teachers reflect on their experiences in order to make meaning from those experiences. With this form of 'meaning-

orientated' reflection (Korthagen, 2017), teachers aim to understand, not only what they may have to do differently in the future, but how they might have to change to 'become' and 'feel' differently in the future. This is not easy to do, particularly for preservice teachers where their incipient teacher identity is mediated by the experiences and context of the school. For example, in contexts where they are offered little agency to make decisions about their learning and development (Campbell, 2019), the unconscious embodiment of the culture and practice of the school can have a significant influence on the development of teachers' identity (Korthagen, 2017).

Highlighting the complexity of teacher learning and identity development, the preservice teachers in a study conducted by the Campbell et al. (forthcoming) identified their school placement as a key site for learning. Furthermore, their learning about health and wellbeing in this context was strongly influenced by the life experiences they brought into this learning context, as well as their interactions with other teachers in the schools. Through all of these interactions, the preservice teachers were beginning to develop a teacher identity that prioritised the development of positive relationships with their pupils. This then impacted their pedagogies for health and wellbeing, developing practices such as: taking time to get to know pupils, creating opportunities for pupil voice, ensuring that all pupils could experience success and showing a willingness to adapt to their needs (Campbell et al., forthcoming).

Remaining focused on the question of *how* teachers learn, the current research aims to extend the work carried out by the authors by journeying with some of the preservice teachers from their study into their induction-year. By adopting a narrative approach, we story their journey to consider how both contexts have influenced their learning. More specifically, through the telling of their stories, we aim to address the following research questions.

RQ1: How do participants' conceptualisations of health and wellbeing change across their student year and induction phase?

RQ2: What contributes to participants' learning across their student year and induction contexts and how do these contributors overlap or differ?

The relationship between theory and practice is often contested in discussions about teachers' learning (Flores, 2017; Jensen et al., 2019). However, by focusing on the teachers, their identities, where and how they learn, and how this might change in different contexts over time, this research will extend what we know about teacher learning. The stories told by the teachers reveal the ways in which their knowledge and identities are developing and help us to identify the points

at which connections to theory might be made so support their long-term learning and wellbeing.

Methodology

Context

This research forms part of a larger study that aimed to explore and understand how subject-specialist secondary school teachers learn to teach health and wellbeing as the responsibility of all within Curriculum for Excellence (see Campbell et al., [forthcoming](#)). This paper specifically focuses on a sample of teachers from the larger study to investigate how their learning has been influenced over time by their Professional Graduate Diploma in Education (PDGE) programme and their induction-year context.

The research was carried out with a sample of teachers who graduated with a PGDE in 2021 from one of two Initial Teacher Education (ITE) providers in Scotland. Although one of these ITE institutions is considerably larger than the other, the two have broadly parallel programmes, encompassing 18 weeks of university-based learning and 18 weeks of practicum learning in schools. Prior to commencing these programmes, the teachers have completed a subject-relevant undergraduate degree. While many students move directly from undergraduate studies to postgraduate studies, for others, entering into the teaching profession marks the start of a career change later on in life, raising the question of the impact on life stage and experience on thinking about classroom practice. 'On successful completion of their PGDE, all teachers must engage in an induction period in a school for one year to achieve the status of a fully registered teacher with the General Teaching Council for Scotland (GTCS).

It is also important to note that this research was carried out both during and after the COVID-19 pandemic. More specifically, we carried out interviews with the teachers during their PGDE when most schools were either physically closed but operating as sites of remote or distance learning or governed by national and local COVID-19 guidance, for example, social distancing. This will inevitably have had an impact on the data. During the induction-year interviews, guidance was more relaxed, and most schools were functioning in a relatively normal way.

Participants

During the academic year 2020–2021, all of the PGDE secondary students from the two participating institutions were informed about the nature of the study and subsequently invited to participate in either one-to-one interviews or focus group interviews. In total, nine student teachers participated in interviews at the end of their PGDE, three from the smaller

institution, and six from the larger. A detailed and focused account of this stage of the research process is presented elsewhere (see: Campbell et al., [forthcoming](#)). At the end of each interview, participants were asked if they would be willing to engage in another interview at the end of their induction-year. Of the nine teachers who were interviewed during their PGDE, five volunteered to be interviewed again, and interestingly, all were female. It is important at this point to acknowledge that there is a high probability that the students who volunteered to participate in this study may already have had a personal interest in and commitment to understanding and enacting the health and wellbeing curriculum. This will have some influence over the nature of the findings that emerge from this research. The data from these five participants have been drawn from the initial interviews, as well as the induction-year interviews, for the present study. The five participants were Rachel (drama rama), Lorraine (PE), Isabelle (dual subject physics and mathematics), Kirsty (science) and Sarah (French) – all pseudonyms. Some biographical and contextual information about each participant is presented below, excerpts drawn from their portrait narratives (see data analysis section).

Rachel – drama teacher

Rachel completed her PGDE in drama. Before joining this programme she studied performance drama. Rachel's mother was a primary school teacher and so she felt that it was inevitable that she too would become a teacher. Rachel has a vested interest in issues around health and wellbeing. Rachel spent her probationary year in what she describes as a 'wonderful school'. It is not a very diverse school (compared to the other schools she worked in during her PDGE placements), but it is a 'very inclusive school'. She has really enjoyed her time working there.

Lorraine – PE teacher

Lorraine completed her PDGE in PE. Before joining the programme, she worked for an organisation that provided opportunities for pupils in schools to engage in extra-curricular sport. She has always wanted to be a PE teacher, having had positive enjoyable PE experiences while at school herself. During her induction-year, Lorraine worked in a large secondary school, with 1200 students from very diverse backgrounds. The school had health and wellbeing at its core and the school visions and values centred on building positive relationships through trust and respect.

Sarah – French teacher

Sarah undertook a PGDE Secondary in French, already having an interest and what she felt to be a strength in health and wellbeing. Sarah considered herself to be a people person; someone approachable who easily establishes trusting relationships. Sarah has two children of her own: one at primary school; the other at secondary school. Sarah had a varied career before coming to teaching that included working in banking and running her own business. She believes her life experiences, including her own health, make her more able to understand the challenges others might be going through. During her induction-year, Sarah worked in a relatively small urban faith school.

Isabelle – physics and mathematics teacher

Isabelle, who undertook a PGDE in secondary maths and physics, came to teaching as a mature student after 20 years working in sales and marketing. Her PGDE placements were mostly online. Her induction year was spent in a large secondary school with over 1600 pupils. The PGDE and Induction-year were hard for her own wellbeing but she did still have time to engage with additional experiences such as teaching maths to children in a nurture group.

Kirsty – chemistry teacher

Kirsty undertook a PGDE in secondary chemistry as a mature student. She has a child of secondary school age and describes herself someone who can find things stressful when they do not go to plan. She is motivated by the belief that teaching has an impact on young people's lives, socially, academically or both. Kirsty completed her induction-year at a moderately large secondary school of around 1200 pupils, which serves a predominantly rural or coastal area. She is particularly conscious of the socio-economic disparities that exist between pupils attending the school.

Interviews

Both the PGDE and the induction-year interviews were semi-structured in nature, as appropriate to the nature of the research aims (Cohen et al., 2018). Interviews consisted of questions that aimed to encourage participants to discuss: how they understood the concept of health and wellbeing; their role in promoting health and wellbeing in the school context; the factors that influenced their health and wellbeing learning (i.e. personal, social, professional), and; their professional goals for developing their future knowledge and practice in this area. [Table 1](#) gives an example of questions used.

Table 1. Indicative semi-structured interview schedule.

What is your motivation for joining the teaching profession?
What is your personal view of health and wellbeing in the school context?
How do you see the role of the teacher in promoting health and wellbeing in the school context?
How do you see the role of the teacher in promoting health and wellbeing in your subject area?
What were your goals at the start of the year in relation to developing your knowledge of promoting health and wellbeing in your subject teaching?
What (and how) are the main things you have learned about how to promote health and wellbeing during your induction year?
What has shaped (facilitated/constrained) this learning?
Can you give me an example of this learning. (Prompts-What happened? What did you do? Who else was involved?)
What impact did this learning experience have on you?
To what extent do you think HWB was an integrated aspect of your induction year?
What advice would you give a PGDE student preparing their induction year?
What will your learning priorities be for next year related to promoting health and wellbeing in your subject area?

During the PGDE interview, all the participants responded to questions in the context of a focus group interview (with between two and three other participants), and Sarah engaged in a one-to-one interview. All of the induction-year interviews were one-to-one. All interviews (PGDE and induction-year) were between 40–60 minutes in duration, took place online via Microsoft Teams and were video-recorded to allow for accuracy of transcription. Transcription was verbatim, including hesitation and pauses.

Data analysis

The steps taken throughout the analysis process were intended to minimize any chance of researcher bias including the projection of our feelings onto participants. To understand *how* the teachers learned to teach health and wellbeing as a responsibility of all, in the context of their PGDE and their induction-year, we endeavoured to ensure that they were central to the research process. To do so, we encouraged the teachers to discuss their knowledge, their learning and the various factors (personal, social, professional, etc.) that had some influence over these. Thus, understanding the teachers' experiences and the context of those experiences were key to shedding light on what they know, and *how* they have come to know. Given this interest in the personal and contextual, we turned to the use of narrative to analyse and share the teachers' experiences, knowledge and learning. We were guided by Rodríguez-Dorans and Jacobs (2020) and their methodological approach of making narrative portraits. This encouraged us to position the teachers at the centre of the analysis process, to stay as close as possible to their data to communicate their experiences in a rich and detailed way. Consistent with both Lupton (2022) and Rodríguez-Dorans and Jacobs, third person was used for the narratives,

To begin this process, we had to learn to read each of the transcripts, not from the position of the researcher – searching for codes, themes and

Table 2. The framework completed as part of the analysis and narrative portrait process using Rodríguez-Dorans and Jacobs's (2020, p. 614) analytical tool.

Code (language of Rodríguez-Dorans & Jacobs, 2020)	Research question helps illustrate (our language)	Key words: what to look for
Characters	<i>Who? Life experience, interest, key facts</i>	
Time	<i>The historical context</i>	
Space	<i>Geographical, cultural, social, professional</i>	
Key events	<i>Relations, interactions, turning points</i>	
Phenomena of interest	<i>How the teachers understood and learned about health and wellbeing</i>	

meanings – but rather, from the perspective of the teachers, to understand how they see themselves in order to be able to narrate their experiences (Rodríguez-Dorans & Jacobs, 2020). After reading (and re-reading) each of the transcripts in this way, all of the researchers came together to share and discuss their readings and begin to highlight and note the key ‘phenomena of interest’ (Rodríguez-Dorans & Jacobs, 2020, p. 614) from each transcript. Following this, each researcher was tasked with creating a narrative for one teacher (the lead author created narratives for two), guided by the analytic tool developed by Rodríguez-Dorans and Jacobs (2020). Table 2 shows the framework we used which is taken without amendment from Rodríguez-Dorans and Jacobs (2020, p. 614): analytical tool

This analytic tool was helpful as it encouraged us to stay focused on our ‘phenomena of interest’ (how the teachers understood and learned about health and wellbeing), paying attention to people (who are the characters in the story), time (the historical context), space (geographical, cultural, social, professional) and key events (relations, interactions, turning points) (Rodríguez-Dorans & Jacobs, 2020, p. 614). According to Rodríguez-Dorans and Jacobs (2020), ‘narrative portraiture focuses on people rather than abstract results’ with ‘the key finding’ being the person’s story’ within a particular context and time (2020 p619). They suggest that, although the narratives created through this process might seem very descriptive, they can inform a subsequent and deeper exploration of the ‘phenomena of interest’ (2020. P614). Using this framework, we began to extract relevant passages of text to craft narrative portraits for each teacher, that offer a glimpse into their experiences and learning (Rodríguez-Dorans & Jacobs, 2020) through their PGDE and their induction-year.

The completed narratives were subsequently read by all of the researchers, who came together to discuss the possible (preliminary) areas of interest that emerged from their reading across the narratives. Following this, authors one and two engaged in a further systematic analysis process. This involved independently re-reading each narrative to highlight passages of text that reflected a particular meaning, which were subsequently assigned descriptive phrases to reflect that meaning (Braun & Clarke, 2022).

Similar phrases (or meanings) were then grouped together to generate themes, a recursive process that involved checking and refining to make sure that the themes reflected the narrative data. Following this process, researchers one and two engaged in a discussion to firstly share their themes, and then agree on the key themes within each participant's narratives. In the final stage of the analysis process both researchers worked together to explore the themes – both within participants (from PGDE to induction-year) and across the participants. The results of this final stage are presented below.

Ethics

Ethical approval for this study was granted by both participating institutions' ethics committees: School Research Ethics Committee, School of Education and Social Work, University of Dundee, approval number E2019–115 and School Ethics Sub-Committee, Moray House School of Education and Sport, University of Edinburgh, approval reference 2777. All participants were informed of the nature and purpose of the research, were given opportunities to ask questions about the research and signed a consent form prior to commencing the study. Participants were also aware that they could opt out of the research at any time, and consent was sought at each stage of the research process. While during the interviews the participants provided some detail about themselves and the contexts of their learning, they were assured that the researchers would take care not to disclose any information that would reveal their identity, or that of the school and their pupils. Participants were made aware of the topics that would be discussed during the interviews and that they could take a break at any time during the interview without question. They were also reminded that they could ask for the interview to end.

Findings

Starting with a consideration of the Covid pandemic, the findings will be discussed thematically, supported by extracts from the narratives. The five narratives developed from data gathered over a period of two years reveal both similarities and differences in how the participants conceptualised, and learned about, health and wellbeing over time. Although the COVID-19 pandemic, particularly during the PGDE year, will certainly have contributed to differences in participants' conceptualisation, differences were also related to the extended period of time they spent in their induction-year school. Specifically, their induction-year narratives revealed a greater awareness of the complexity of health and wellbeing, life in school and of the lives of their pupils. Furthermore, they revealed a more nuanced understanding of their subject and

the ways in which this could contribute to health and wellbeing. They also recognised that they still had a lot to learn in this regard.

The impact of the covid 19 pandemic

The PGDE for all participants was disrupted by the COVID-19 pandemic. Many placements were remote/online rather than in person and any in person placements towards the end of the year were subject to a range of physical distancing and other safety measures. Participants spoke of the impact they believed this had on their experience and development, particularly in health and wellbeing; partly detrimental in that relationships and mixing with other staff and pupils was reduced, but also beneficial in that recognition of the impact of the lockdown on pupil mental health meant that health and wellbeing was high profile.

A complex understanding of health and wellbeing

Across both contexts, participants conceptualised health and wellbeing as complex but integral to their role as teachers. This is evident in the following excerpts from Sarah's narratives:

During the PGDE, the most significant influence on Sarah's understanding and ability to enact her Health and Wellbeing responsibilities was her placement experience in school; (which) emphasised to her the importance of knowing a child and differentiating for wellbeing not just for subject learning. (Sarah: PGDE narrative).

Since graduating, Sarah has changed how she understands HWB, recognising it as 'how she teaches; the pastoral role, rather than the content'. She started out thinking she just needed to learn how to be a French teacher with health and wellbeing on the side. Now . . . she believes that 'learning is a process that happens when other fundamental things are taken care of'. She sees her teaching as an as an opportunity to embed health and wellbeing rather than just building target vocabulary. (Sarah induction-year narrative)

The embeddedness of health and wellbeing within curriculum was also evident across both contexts, in the way participants described many of the things they did to support learning as health and wellbeing; such as greeting students when they come in, creating a safe space, helping students understand how they learn and generally being aware of learning needs of individual students. For example:

One of the aspects of practice Kirsty enjoyed was creating lessons which allowed learners to explain how they want to learn. . . It was important to her that learners in her classes felt comfortable and confident to speak up. She aimed to create an environment where 'there's no wrong answer' and learners were empowered to 'tell me what you're thinking". Developing a safe place where learners know their best interests come first was a priority. (Kirsty: PDGE narrative)

Across both contexts, health and wellbeing was extremely important for these teachers and understood as a significant issue. However, during the induction-year, there was some acknowledgement that, at times, other factors take over for example, exams and issues with workload.

During the exam period, it is difficult to provide activities such as meditation, because of the time spent working on learners' writing skills. Rachel explained, 'I think there's definitely times where . . . mental health and wellbeing is dropped ever so slightly and you have to place trust that learners are able to come to you if they feel as if they need that kind of additional support' (Rachel, induction-year narrative).

Life experience

Life events, experiences and emotions endure across the two contexts and have a direct influence on how participants both understand and teach health and wellbeing. This can be evidenced from both Rachel's PGDE and induction-year narratives.

She talked immediately and openly about her own experiences living with anxiety, explaining that even now she still has 'good days and bad days'. Because of this she has done lots of research of her own accord. (Rachel: PGDE narrative)

Drawing from her personal experiences of dealing with mental health issues, she recognises the impact that feeling anxious can have on your ability to learn. Thus, supporting learners' health and wellbeing is priority for her, and she believes should be a priority for all teachers and schools. (Rachel: induction-year narrative)

Kirsty's experience as a mother had a significant influence, not only on how she worked with her pupils in the context of health and wellbeing, but also how she felt about her pupils.

Having a daughter who is of the same age as some of the learners Kirsty works with is something she sees as useful for her communication skills because, she explained, 'I can maybe relate to them on that level' . . . When she talks about . . . difficult situations learners have at home, she calls these 'heart-breaking' and expresses a belief that her experiences of being a mother directly influence her responses. (Kirsty: induction-year narrative)

The importance of developing positive relationships

Participants described the importance to pupil wellbeing of the ethos they created and, relatedly, the importance of positive relationships with pupils. For example:

Moving into the Induction-year, Lorraine plans to go into school and take time to get to know the pupils, build relationships; find out, for example, who needs extra support, who attends breakfast club. She intends to maintain this emphasis on relationships throughout the year. (Lorraine: PGDE narrative)

However, there is some recognition that relationships with pupils are more effectively developed during the induction-year when the teachers have more time with their pupils. This is reflected in the following excerpts:

However, most influential to Lorraine's development over the induction year has been the value of being in the same school long enough to get to know the pupils. She believes that the more she learns about the pupils, the better she will be able to promote their wellbeing. (Lorraine. Induction-year narrative)

How teachers understand and articulate the concept of relationships is also developed further in the second narrative, where some teachers move beyond simply developing relationships with their pupils, towards opening themselves up to their learners.

She feels that she has developed a different level of relationships with the young people in comparison with her experiences on the PGDE. She feels part of the young person's learning journey and is more comfortable in this role She can see that she has become that trusted individual in some of her pupils' lives. (Isabelle, induction-year narrative)

The importance of developing relationships was not limited to those with pupils, but extended to relationships with staff, something deemed important both for their teaching and how they feel about their teaching.

Relationships are a key area for Isabelle and she expressed genuine gratitude for the support that she has received from her colleagues in her department and the senior leadership team. Colleagues value her ideas and energy, even though she is an early career teacher, and this has given her more confidence. (Isabelle: induction-year narrative)

Teacher wellbeing

Only some participants were aware as pre-service teachers that working in schools to promote wellbeing and undertaking initial teacher education qualification was, or had the potential to have a detrimental impact on their own health and wellbeing. For example:

Kirsty explained that she would "be trying to take time to myself but I found whenever I did I would constantly have this voice in my head going 'you could be doing this, you've got an essay to plan'. (Kirsty: PGDE narrative)

However, this awareness of the importance and fragility of teacher wellbeing was more evident in the induction-year, where all of the teachers made explicit reference to wellbeing and/or self-care:

She knows she was advised to look after her wellbeing during the PGDE but she chose to prioritise preparation. Sarah is now keenly aware that she cannot be the teacher she wants and needs to be without looking after her wellbeing – 'a good enough lesson is more effective than one where you are exhausted from planning and prep'. (Sarah: induction-year interview)

As mentioned within the previous theme, the teachers spoke of the ways in which relationships with staff and with pupils could enhance or erode their wellbeing. Where it existed, they valued being part of a supportive team within their schools.

Isabelle also feels her own wellbeing has been supported by both her colleagues and through her local authority weekly support sessions. She really values that these sessions start by asking the teachers how they are supporting their own wellbeing and helping them to have realistic expectations about how they manage their time. (Isabelle: induction-year interview)

Whilst being more aware of the toll on teacher wellbeing during their induction-year, participants' wellbeing also seemed to benefit from the greater sense of belonging that they felt from being in the same school for the whole year as a 'real' member of staff. This was due to the relationships they had developed with teachers, feeling listened to, respected; all of which offered additional learning opportunities. Thus, while learning from and with other teachers and feeling supported were evident in the narratives across both contexts, this was more evident during the participants' induction-year.

Awareness they will keep on learning

Undoubtedly related to the complexity of health and wellbeing, participants all acknowledged that they were still learning and that they would need to continue to learn throughout their careers. This was evident in Lorraine's induction-year narrative:

She believes that the more she learns about the pupils, the better she will be able to promote their wellbeing. She recognises that she will be constantly learning throughout her career; 'people change and dynamics change and the environments change ... you're constantly learning'. (Lorraine: induction-year narrative)

This was also due to their recognition of the need to know their pupils well, and if necessary explore new ways to connect, include or promote the wellbeing of an individual.

Discussion

In the following discussion, in response to the overlapping, inter-linked nature of the findings, we engage with many findings as a whole rather than theme by theme. As the narrative excerpts presented as findings show, health and wellbeing is complex. Throughout the discussion, we will outline what makes it so complex. This complexity was also reflected in participants' different conceptualisations over the two time points, (PGDE programme and induction-year) and in the way in which they all recognised that they were still learning.

Both in Scotland, where this study is based, and also internationally, wellbeing promotion is seen as interwoven into education (Samnøy et al., 2022). The multi-component, multi-layered aspect or complexity of health and wellbeing promotion (Adamowitsch et al., 2017) was recognised by the participants in this study; for example in their narratives about the diversity of wellbeing and life circumstances of the pupils. Lorraine spoke about learners coming into school hungry, exhausted or anxious and described teaching and promoting health and wellbeing as ‘a total eye opener’ as she began to realise the many different factors influencing the wellbeing of her pupils.

While the participants drew attention to the complexities of school contexts and the lives of their pupils, and the challenges and opportunities these created for their learning, there was also evidence in their narratives to suggest that they themselves contributed to the complexity of health and wellbeing learning through their own experiences, skills and knowledge of health and wellbeing. Indeed, the life experience was a significant feature of the participants’ conceptualisation of and development in health and wellbeing, which further adds to the complexity of health and wellbeing within ITE.

This discussion now considers how some of these layers of wellbeing influenced participants’ learning in this area.

School context

As Holt et al. (2022) argue, there is a need for all those within a specific school to have a shared understanding of what wellbeing means there and how to nurture and promote the wellbeing of those within that school community in practice. The school context not only shapes beginner teachers’ conceptualisation of health and wellbeing but it also has both a practical and pastoral impact on their development (Korthagen, 2017). Participants recognised and valued when they were working in a school environment that promoted their own wellbeing, where they had positive relationships with staff and learners and where the wellbeing of all was a priority. Such environments are known to be beneficial to health promotion (Adelman and Taylor, 2006). It would be pertinent to explore how schools begin to share values and understandings with students and newly qualified teachers, and to consider the role of ITE in supporting this. On a more practical level, school structures, timetables and the physical environment all influenced the way participants were able to embed the approaches, care and health and wellbeing teaching that they believed important. In these ways, there is evidence of the conscious or subconscious influence of a school’s culture and practice in the beginner teacher’s identity and development in health and wellbeing (Campbell et al., 2020; Korthagen, 2017). There is surely a need for ITE providers to find ways to make this a more overt conscious process.

Life experience

The relevance of life experience and the ways in which our participants used it to shape both their understanding of health and wellbeing and their practice is arguably a different take on the aforementioned problematic relationship between theory and practice (Darling-Hammond & Synder 2000). Life experience, whether as a parent or someone who had endured health difficulties, dominated the findings of this research indicating that students drew on this first before engaging with theories or their taught sessions on their ITE programme. Furthermore, it was also who the participants were and their personal experience of resilience or anxiety for example, that they drew on to support individual learners, build relationships and plan approaches. This resonates with a humanistic approach to teaching and teacher education, where there is recognition of the person of the teacher and not just the skills or competencies that they bring (Korthagen, 2004).

Such emotional investment in health and wellbeing teaching is a recognised risk factor to teacher wellbeing (Day & Lee, 2011). Across both stages of this study, this was reflected in the participants' awareness of the impact of health and wellbeing teaching on their wellbeing and the ways in which they sought to offset this. In contrast, Acton and Glasgow's (2015) review of teacher health literature identified emotional awareness and collegial social relationships as essential to teacher wellbeing. It could be argued that the emotional investment and awareness that our participants demonstrated might also serve as a protective factor for their wellbeing, as long as the context in which they work offers the collegiality conducive to wellbeing. Our findings suggest that failure to create a context that supports teachers' in this way, building on and drawing from their unique life experiences and strengths, could have a detrimental effect on the wellbeing of early career and newly qualified teachers. Health and wellbeing learning is complex. It is situated and relational, but it is also embodied. It is emotional and personal, making it very distinct from teachers' subject learning and, we argue, requires greater attention from teacher educators to ensure the positive wellbeing of the profession now and in the future.

Conclusion, recommendations and implications

This study sought to find out how beginner teachers understand and learn to fulfil their responsibilities within health and wellbeing. Through a narrative approach, and with a focus on identifying changes over the two years, the study explored how these beginner teachers:

- conceptualised health and wellbeing;

- learned about health and wellbeing as students and newly qualified teachers.

The participants' stories reveal subtle changes in their conceptualisations of health and wellbeing over the two years, representing more of a deepening and sharpening than radical changes in their understanding. As to how they learned and what influenced their learning, it became clear that whilst sharing many similarities, there were also differences between the ways in which participants learned how to teach and promote health and wellbeing specifically, and the ways in which they learned to be subject teachers. The process of learning how to promote health and wellbeing and enact related curriculum is multi-layered, and therefore complex. Our findings reflect the embodied and personal nature of health and wellbeing, which brings with it the potential for additional challenges. Life experience has significance and so broadens the ways in which beginner teachers learn and grow within this aspect of their role. This increases the difficulty of one of our original aspirations which was to identify the points where teacher educators can make meaningful connections to theory (Schmidt & Allsup, 2019), as these may not be the same point or theory for every student.

Recommendations

Although, health and wellbeing was on the curriculum of the two PGDE programmes where our participants studied, much of it was embedded within professional development or support services, rather than explicitly labelled. Consequently, a recommendation for initial teacher education is that teaching about health and wellbeing, whatever form it takes, starts with the student teacher, who they are, where they have come from, who they want to be and how that connects with the context of the school they are in (Korthagen, 2017). As we have discussed, the learning process and development needs are likely to vary significantly between students, with the difference increased further by the socialising and contextual influence of the schools in which they are placed (Beauchamp & Thomas, 2009). Thus, there will never be a neat streamlined approach to helping beginner teachers learn about health and wellbeing, as what will work for one may not work for another. However, we argue that beginning with the teacher and their life experiences may be a useful starting point for their learning, and as a point of reference for their learning beyond the PGDE. The complexity and life experiences do not stop after PGDE. Thus, a recommendation is to recognise the individuality in the growth of the teacher through stepping back from the curriculum and having a focus on self-recognition, so map out individual pathways. This applies both in the context of ITE and in schools, and may require a change to current practice. School-based mentors, for example, might consider an approach to working with pre-

service and newly qualified teachers that starts with their core values and recognises the social and emotional aspects of the role.

Participants talked about their own wellbeing even more in their induction-year than as students, so a further recommendation is the need for student and teacher wellbeing to be supported throughout the profession. Consistent with what is happening in schools, where pupils talking about their emotions and mental health is being normalised, so too should it be normalised in teacher development. Such emphasis on teacher wellbeing from the outset of ITE may help reduce the current high levels of teacher attrition.

Implications

It would be interesting to hear from a wider sample that might also include male teachers. However, although drawn from an enquiry that is small in scale, our findings suggest that perspectives and concerns do not change very much between the PGDE and Induction-year. Relationships deepen over the induction-year as teachers are in the same school all year. During this time beginner teachers' conceptualising of relationships deepens and becomes more personal. The core values and agency informing their work in this area stay the same. However, the key implications of this for teacher educators are:

- The need to recognise the value of what beginner teachers are bringing into the profession. This includes finding ways to help them recognise, identify and self-evaluate their own thinking in health and wellbeing as it is so central.
- The need to consider how to make meaningful connections between health and wellbeing teaching in ITE and the beginner teacher's thinking, reflection and experience.
- Recognition of the impact effective mentoring can have in this aspect of the teacher's role; with this there is a need to monitor the quality of both mentoring and the training given to mentors.

These implications and recommendations align well with a strengths-based approach to teaching and wellbeing promotion, starting with the strengths of the learner rather than any suggestion that there is a model teacher and one way to become such a model.

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ORCID

Deborah Holt  <http://orcid.org/0000-0003-1323-6007>

Shirley Gray  <http://orcid.org/0000-0002-7742-2629>

Donna Dey  <http://orcid.org/0000-0002-0985-1210>

Louise Campbell  <http://orcid.org/0000-0002-2924-5154>

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