

Social research number: 55/2025

Publication date: 10 June 2025

Whole school approach to emotional and mental well-being: unmet evidence needs



Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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Whole school approach to emotional and mental well-being: unmet evidence needs

Author: Dr Daniel Burley

Full Research Report: Burley, D. (2025). Whole school Approach to Emotional and Mental Wellbeing: Unmet evidence needs. Cardiff: Welsh Government, GSR report number 55/2025.

Available at: <https://www.gov.wales/whole-school-approach-emotional-and-mental-wellbeing-unmet-evidence-needs>

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

For further information please contact:

Schools Research Branch
Social Research and Information Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Email: SchoolsResearch@gov.wales

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Glossary

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Service provides a mix of primary and secondary care specialist NHS services for children and young people with mental health problems as defined by the Mental Health Measure 2010. The service offers assessment and treatment when children and young people have emotional, behavioural or mental health difficulties as well as promoting emotional wellbeing and preventative mental health services and treatment to children and young people. Children and young people and their families can be referred to Child and Adolescent Mental Health Service if they are finding it hard to cope with family life, school or the wider world.

Public Health Wales (PHW)

Public Health Wales is the national public health agency working to protect and improve health and well-being and reduce health inequalities for the people of Wales. Public Health Wales are funded as the delivery body to implement the [Framework on embedding a whole school approach to emotional and mental wellbeing](#).

Pupil Referral Units (PRUs)

Pupil referral units are an alternative educational setting to mainstream schooling under the management of the local authority.

School Health Research Network (SHRN)

The School Health Research Network is a policy-practice-research partnership between Cardiff University, the Welsh Government and Public Health Wales. The School Health Research Network aims to improve young people's health and well-being in Wales by working with schools in both primary and secondary education to generate and use good quality evidence for health improvement. This includes capturing robust health and wellbeing data via learner and school-level surveys.

1. Introduction and background

The Welsh Government published the '[Framework on embedding a whole school approach to emotional and mental wellbeing](#)' (Welsh Government, 2021) (referred to as 'the Framework' subsequently) in March 2021 as statutory guidance to governing bodies of maintained education settings (subsequently referred to as schools): nursery, primary, secondary, middle (all-through), pupil referral units (PRUs), special schools and local authorities in Wales.

The Framework aims to provide direction and a template for schools to develop, implement, and embed their own whole school approach to emotional and mental well-being (referred to as a 'whole school approach' subsequently) to address the emotional and mental well-being needs of all children and young people, as well as school staff as part of the whole school community. It provides a defined process for schools to develop and their whole school approach. First, schools scope their needs and strengths by gathering insights from a range of sources, such as direct observation and stakeholder views. Using this understanding, they move to action planning and implementation, creating a plan that addresses gaps and builds on strengths. This includes a mix of universal and targeted provision to support all learners and staff, working in collaboration with external agencies. Finally, through evaluation, schools review the effectiveness of their approach, considering key learnings in partnership with children and young people. Reflection and improvement are embedded within existing performance arrangements becoming continuous and sustained.

The Welsh Government funds Public Health Wales (PHW) as the delivery body to implement the Framework across Wales. [To support delivery in schools, PHW published a whole school approach self-evaluation tool and accompanying guidance in 2022](#). The self-evaluation tool uses key questions from the Framework and provides schools with a starting point for development of their approach. Completing the self-evaluation involves drawing on multiple sources of evidence regarding emotional health and mental well-being. Having identified areas for improvement, schools should prioritise them in action plans that can be integrated into wider school development and improvement plans. This process for schools will be long-term and the approach taken should be one of continuous improvement.

The funding from the Welsh Government to PHW covers provision of local whole school approach implementation co-ordinators within each health board. These coordinators support schools to develop and implement their whole school approach. They also collect regular information about the stage that each school has reached in developing and delivering their whole school approach. PHW collates this information into an online dashboard at a national level and this data is shared with the Welsh Government to monitor delivery of the Framework.

Implementation coordinators also work alongside team members from the national [Welsh Network of Health and Well-being Promoting Schools \(PHW\)](#) (referred to as Health and Well-being Promoting Schools subsequently), which was formerly known as the Welsh Network of Healthy Schools Scheme. The Health and Well-being Promoting Schools programme is a national framework of local healthy school schemes with national and local

responsibilities. Each local scheme is responsible for supporting the development of health promoting schools within their area. The ambition is to support schools in Wales to be health promoting. [The World Health Organisation defines health promoting school as ‘a school that is constantly strengthening its capacity as a healthy setting for living, learning and working’.](#)

The Health and Well-being Promoting Schools programme introduced the independently assessed National Quality Award in 2009 and indicators for the award were issued in 2010. The National Quality Award recognised schools that demonstrated excellent standards in health and well-being, including delivering a whole school approach to supporting mental and emotional health and wellbeing. The National Quality Award was the highest recognition a school could achieve through the Health and Well-being Promoting Schools programme. Fifteen percent of schools received the award in Wales before assessments against the National Quality Award criteria ended on 31st March 2024.

[PHW published a proposed set of national standards for Health and Well-being Promoting Schools](#) in February 2025 to replace the National Quality Award. These standards focus on the core principles of a whole school approach and align directly with the Framework to support schools to sustainably embed and develop their whole school approach in a way that best supports their learners. Schools will be able to achieve accreditation across three levels (starting out, embedding, and achieved standards and continuously improving). Schools that have completed their whole school approach self-evaluation and subsequent action plans will be well-progressed to achieve the third level. In addition, the identified core components of the standards were mapped to key education and health policies and frameworks in Wales (e.g., Community focused schools, Curriculum for Wales) to enable schools to use the proposed standards to help them meet a range of shared health and education policy goals. The Health Promoting Schools Programme Board, a national multi-agency board with representation from schools, health, education, academia, and the Welsh Government, oversaw the development of these standards.

PHW has developed a ‘What Works Toolkit’ to help schools make informed decisions when choosing interventions to improve and promote mental well-being. The toolkit includes a series of reviews that summarise the available evidence on the effectiveness of interventions that support emotional well-being in schools and educational settings. To inform the toolkit, PHW have examined the best available evidence about a range of interventions to find out what is effective in improving mental and or emotional well-being outcomes of learners, or school staff, when delivered in a school setting. [Summaries about Emotional Literacy Support Assistants, Mindfulness in Schools Programme, and Restorative Practice have been published by PHW. Further summaries about a range of other interventions are available on Hwb](#) (a repository for resources for education setting run by the Welsh Government).

The Welsh Government also provided funding to PHW to support the delivery and coordination of the Child and Adolescent Mental Health Services (CAMHS) In-Reach to Schools service (referred to as CAMHS In-Reach). CAMHS In-Reach aims to build capacity in schools to better support the mental health and wellbeing needs of both children and

young people and staff. Specifically, the aims of CAMHS In-Reach (during its pilot phase) were to:

- support teachers to better understand and recognise childhood mental health issues, and how to support these children and young people
- ensure access to appropriate services for children and young people with more challenging or serious mental health needs, such as CAMHS or local primary mental health support services
- ensure systems are established for information-sharing and shared care arrangements between CAMHS and schools for those young people requiring more intensive support, and that escalation protocols are in place as the young person's needs dictate

[CAMHS In-Reach was rolled out across Wales, as outlined in the Welsh Government Programme for government: update](#) in June 2021. This was following a pilot of the programme from September 2018 to the summer of 2021 that was conducted in three areas: South and Mid- Wales (Blaenau Gwent, Torfaen and South Powys), West Wales (Ceredigion), and North Wales (Wrexham and Denbighshire). [An evaluation of CAMHS In-Reach pilot was published in June 2021](#). This evaluation found that the programme was well-received by schools and other stakeholders and was effective in improving staff skills and confidence in dealing with learner's mental health and wellbeing needs. This led to the roll-out of the service across Wales with each health board operating a CAMHS In-Reach team, and Public Health Wales was funded by the Welsh Government to provide national coordination.

1.1 Research and evaluation activity

There are clear challenges to identify the causal contribution of the Framework for programme outcomes, due to differing implementation timescales and changes to context following wider educational reforms (e.g., Curriculum for Wales, Additional Learning Needs reforms, coronavirus [COVID-19] recovery strategies). In addition, programme outcomes such as children and young people's mental well-being are complex and are influenced by a wide range of multifaceted and interconnected factors making it difficult to isolate the direct impact of a single programme. Evidence from existing programmes supports the link between quality of implementation and intended outcomes ([Dix, Slee, Lawson, & Keeves, 2012](#)). This highlights the importance of focusing on implementation processes, alongside the collection of longer-term well-being and mental health outcome data, to examine the impact of the Framework.

There is a range of research and evaluation activity that has investigated or is investigating the delivery and impact of the Framework. The main research activities are outlined below.

On behalf of the Welsh Government, Cardiff University developed a programme theory and conducted an evaluability assessment of the whole school approach published in January 2022 ([Brown, et al., 2022](#)). This resulted in a logic model that outlined the theorised components and processes through which the whole school approach programme may lead

to the intended outcomes. The research team intended this logic model as an emerging programme theory that could be revised as evaluation evidence was gathered.

[The Wolfson Centre at Cardiff University are conducting a 3-year mixed methods evaluation of the Framework until March 2026.](#) Their primary aim is to assess the impact of the Framework upon young people's mental and emotional wellbeing in Wales. The evaluation will assess the impact of the Framework as a catalyst for change for school policies and practices. It will explore the wider health and education systems operating around schools, learner's mental health and their experience of school, and the extent to which stakeholders and those in supporting roles external to schools understand the delivery of the Framework. [The research team at the Wolfson Centre published a paper in April 2023 detailing the methodology for their evaluation of the Framework.](#) The evaluation will combine mixed methods including document analysis, stakeholder interviews, in-depth school case studies, and analysis of survey data to explore the implementation and impacts of the Framework. As part of this evaluation, the research team will update the whole school approach programme logic model to reflect the evolving understanding of the Framework's processes, outcomes, and any adjustments made based on the gathered evidence.

This evaluation will use data from the [School Health Research Network](#) (SHRN) to support its aims. SHRN is a policy-practice-research partnership between Cardiff University, the Welsh Government and Public Health Wales. SHRN aims to collect robust health and wellbeing data from schools via a learner survey (the Student Health and Wellbeing Survey). Schools participating in the SHRN are also invited to provide information about the school via the School Environment Questionnaire, which focuses on the school's health and well-being policies, environment, and external partnerships. Responses to the School Environment Questionnaire (SEQ) are provided by a member of the school senior leadership team or a school-appointed representative.

After a period of development to establish the network that began in 2013, SHRN has collected key measures of wellbeing, mental health and a wide array of health and education-focused data since 2017. In 2023, SHRN recruited 100% of maintained mainstream secondary schools to their network, with 95% of these schools and over 70% of learners participating in data collection. More than 90% of school senior leadership teams also returned a School Environment Questionnaire.

SHRN has also expanded into primary schools. In 2024, 53% of primary schools registered to take part in the first national roll-out of the SHRN primary school survey. Data is collected from secondary and primary schools biennially in alternative years. [National data and reports have been produced by the SHRN team at Cardiff University detailing selected findings from SHRN.](#) In addition, [an online dashboard was also published by PHW in October 2024 that displays findings for some key measures from the SHRN for secondary school children.](#)

The SHRN provides the most robust data source for assessing longitudinal changes in health and well-being in secondary schools as data is collected from a large and representative sample of learners and school senior leaders on a biennial basis. SHRN offers baseline data prior to the introduction of the Framework that allows for comparisons

over time that can help identify trends and measure the impact of the Framework, while its multi-level approach captures both learners' and school senior leaders' perspectives. The extension of SHRN into primary schools will allow for future monitoring of changes and there is data from 2019 available prior to the introduction of the Framework for comparison, although the sample size is smaller for earlier waves as the survey was being rolled out as part of feasibility testing.

[PHW are carrying out a process evaluation exploring the implementation of the Framework](#), including the use of their whole school approach self-evaluation tool, on behalf of the Welsh Government. The findings from this formative evaluation will inform decision making about programme direction and planning. The evaluation outputs are in the form of individual learning reports that focus on different stages or topics within the embedding of the Framework.

[PHW published the first learning report in 2023 looking at how schools are embedding whole school approach self-evaluation to understand the needs and strengths of their school community](#). The research involved interviews with implementation coordinators and members of the senior leadership teams from schools engaged with the coordinators, review of school documents, and school-level surveys and interviews. Several key themes were identified that were associated with successfully embedding whole school approach self-evaluation: School culture and ethos, leadership, whole school involvement and engagement, and applying continuous improvement approaches.

[A second learning report was published in 2024 exploring the factors that were important in helping schools to successfully plan and implement wellbeing actions](#). The report, based on interviews with school staff and implementation coordinators, found that a school culture that prioritised well-being was crucial to effective planning and implementation. The report also highlighted that it was important for school staff, learners and families to feel a sense of belonging to the school community. This sense of belonging could be encouraged through several actions including: establishing trust between the school and families, and between school staff and learners, as well as engaging school staff from all levels and giving them ownership and autonomy to plan and implement actions. A school's success in planning and implementing actions was also enabled by the presence of consistent and integrated support structures. Schools benefit when there is close partnership working between implementation coordinators and Health and Well-being Promoting Schools teams, effective engagement from regional bodies and local governance, strong partnership-working to share practice and resources, and clear messaging about how national policies and initiatives complement each other.

To explore the progress schools had made in delivering the Framework, officials in the Welsh Government conducted a survey in summer 2023 open to school leaders and practitioners in maintained schools. As well as mapping the progress of schools to deliver the Framework, the survey aimed to explore the extent of support that schools have received and their use of relevant resources. [A research bulletin was published in November 2023 outlining the top line findings from this survey](#). Furthermore, [a second research bulletin was published in October 2024 summarising further findings from this survey](#). Most schools responding to the survey were aware of the Framework and were

using the whole school approach self-evaluation tool developed by PHW, particularly secondary schools. However, frequent communication between schools and implementation coordinators or local Health and Well-being Promoting Schools teams to support delivery was not consistently reported although secondary schools reported more communication. Respondents from schools who had communication with implementation coordinators or local Health and Well-being Promoting Schools teams expressed a high level of satisfaction with the quality of support provided.

In October 2024, the [Welsh Government commissioned Strategic Research and Insight to conduct research](#) to identify effective practice that supports school to deliver the Framework and the support that can help them overcome barriers to achieve this. It is intended that the findings from this research (under way at time of writing) will provide clear, actionable steps that schools could take to support their efforts to deliver the Framework, with case study examples of effective practice from a range of schools. The research is also intended to inform how the Welsh Government and other relevant bodies can support schools, including those who are less engaged or progressed to overcome barriers to delivery.

In addition, a whole school approach research working group was formed in 2024 between researchers conducting the above projects. The group membership is from the Welsh Government, PHW, SHRN and Cardiff University. Its meetings provide a forum to discuss research and evaluation activities focused on the Framework. The group has contributed significantly to the development of this report.

The Joint Ministerial Whole School Approach to Emotional and Mental Well-being Oversight and Delivery Board (the group that has responsibility for driving delivery of the Framework) agreed in early 2025 that the whole school approach research working group will be formalised into its governance structure as a specific workstream focused on research and evidence. Its membership will also be expanded to include a wider range of stakeholders to contribute to evidence planning.

1.2 Aims of the report

The aim of this report is to identify unmet evidence needs for effectively monitoring and evaluating the delivery and impact of the Framework and to highlight main data sources and opportunities to address these. It is intended to guide researchers, policymakers, and other stakeholders when planning research activities related to the Framework and related topics, maximising opportunities to address these evidence gaps where feasible.

There are risks that if these unmet evidence needs are not addressed the Framework's potential will be limited and critical opportunities to support settings effectively will be missed. Investing in evidence related to the Framework is crucial to ensure that its delivery is both effective and impactful through:

- highlighting where settings might need help to interpret and use the Framework effectively to inform the development of useful and accessible resources that support delivery

- identifying specific challenges that school staff face to inform targeted support that address these barriers
- informing priorities for directing resources and support to schools where they are most needed to maximise value and benefits
- understanding where and how the Framework is working well and why, and how it can be improved

To achieve these aims, we used the whole school approach programme logic model developed by Cardiff University as a reference framework. This model is the most comprehensive and up-to-date framework available, outlining the main components, processes, and outcomes of a whole school approach. We examined each component of the model to understand its role in the delivery and impact of the approach. We then mapped these components to existing research projects using available documentation on their methodology and findings, as well as insights from researchers involved in these projects, to identify any unmet evidence needs requiring further attention. We note that the whole school approach programme logic model developed by Cardiff University was intended as an emerging programme theory that would be revised as evaluation evidence emerged, and therefore the unmet evidence needs identified in this report may also change.

This research exercise and report has been led and developed by researchers from the Welsh Government with collaboration and support from members of the whole school approach research working group (see section 1.1).

2. Unmet evidence needs

This section summarises the areas of unmet evidence needs identified from the research mapping exercise, which if addressed would provide insight into how the Framework is being implemented and its impact. The full mapping exercise is detailed in Annex 1. Section 3 outlines main data sources and opportunities to address these unmet evidence needs.

The main unmet evidence needs for the whole-school approach were identified as:

- involvement, engagement and communication with the whole school community
- school staff well-being
- training and support needs of school staff
- school culture and environment
- school prioritisation and resourcing to support delivery
- school partnerships with support services
- alignment of delivery with education and health strategies
- delivery across all education settings

2.1 Involvement, engagement and communication with the whole school community

The Framework emphasises the importance of a collaborative and sustainable effort involving all members of the school community (e.g., learners, staff, governors, parents / carers [referred to as ‘parents’ subsequently for ease] and partners) in delivering a whole school approach. This is fostered through continuous engagement and dialogue with the whole school community, helping them to recognise the benefits of the school’s health and well-being activities and cultivate a shared culture that values health and well-being.

In particular, practitioners play a fundamental role in embedding and sustaining a whole school approach, as they are directly responsible for creating a supportive environment, implementing well-being initiatives, and responding to the needs of learners. Whilst the SHRN provides annual insights from the perspective of senior school leaders (via the SEQ) and from learners, and certain one-off research and evaluation exercises have explored the experiences of other practitioner groups and the wider school community (e.g., the Wolfson Centre’s evaluation of the Framework), these evidence sources are either limited in their coverage or frequency. There is no regular research into staff more widely. Regular data collection from a representative sample of school staff, likely selected through probability sampling, is important to assess embedding and the long-term impact of the Framework. The sample should be reliable at least at the local health board level to help understand delivery and shape implementation, given that PHW coordinate support of the Framework via the implementation coordinators at this level.

It will be important to gather information from school staff about their level of engagement and awareness of the Framework, as well as the role that they are playing in delivering the Framework. Recent evidence from the Wolfson evaluation has demonstrated that engagement and awareness of the Framework varied greatly amongst staff with little consistent cascading of knowledge beyond school senior leadership ([Brown, et al., 2025](#)). This suggests that, while senior leaders may be familiar with the Framework, there is a lack of systematic dissemination of knowledge among the wider school workforce. School staff can provide valuable insights into how the Framework is being embedded in daily school practice and help to identify barriers to implementation where further targeted support or adjustments can improve delivery.

Insights from other members of the school community—such as parents, external professionals working in or with the school, governing bodies, and partners—have been more limited. Expanding data collection to include a broader range of perspectives would provide a more comprehensive understanding of how the Framework is implemented and its impact within the school community. This would include information on the extent to which these groups are actively involved in identifying health and well-being priorities and have opportunities to participate in decision-making, with particular attention on whether schools are ensuring that everyone has a fair chance to contribute. Additionally, insights into how schools partner and collaborate with the local community to enable the development and sustainability of their whole school approach would be important to capture.

To support each school's engagement with the whole school community, there needs to be effective formal and informal communication within and from the setting to ensure that all members understand and connect with its whole school approach to health and well-being. There is an evidence need for a regular data source about how schools are communicating their health and well-being priorities, vision, plans and policies with each group within the whole school community and how they achieve this in a way that is accessible to all. This includes exploring whether communication methods are tailored to different audiences, how consistently messages are conveyed across different channels, and the extent to which communication fosters a sense of belonging, efficacy and voice. Additionally, understanding how schools promote open, two-way communication, where learners, staff, families and external partners feel able to contribute their perspectives, would provide insights into the effectiveness of current communication strategies and where further support may be needed to strengthen engagement. While school senior leaders can offer valuable perspectives on the school's communication about its health and well-being approach, gathering insights from other members of the school community would provide a more rounded view of how effectively these messages are conveyed and understood.

2.2 School staff well-being

The well-being of school staff is a critical component of the Framework, directly impacting learner well-being and educational outcomes ([Braun, Schonert-Reichl, & Roeser, 2020](#); [Dreer, 2023](#)). Supported, motivated staff create positive learning environments and build strong relationships with learners ([Abós, Haerens, Sevil, Aelterman, & García-González, 2018](#)). However, increasing demands, particularly post-pandemic, have limited time for staff to prioritise their own well-being ([Brown, et al., 2025](#)). A culture that values and protects staff well-being is important to sustaining a healthy, supportive school environment for all.

As highlighted in the previous section, there is a lack of regular representative data collected from school staff, which includes limited information about staff's emotional and mental well-being. Collecting this data direct from school staff is important to ensure an accurate and reliable understanding of their emotional and mental well-being. There is therefore an evidence need to collect ongoing data from school staff about their well-being. This would also include gathering information about the supportiveness of their school environment (e.g., school culture, relationships) to support staff well-being, as well as the availability of and their own use of well-being support.

2.3 Training and support needs of school staff

For staff to effectively embed the Framework, they need to feel confident and well-prepared to prevent and respond to learners' well-being needs ([Lendrum, Humphrey, & Wigelsworth, 2013](#); [Fallon, Cathcart, DeFouw, O'Keeffe, & Sugai, 2018](#)). Professional learning enables staff to develop the knowledge, skills, and attitudes needed to foster a positive and supportive school environment. Qualitative information is being collected as part of the Wolfson Centre's evaluation about the confidence and capacity of school staff to support learners' emotional and mental well-being needs. It was identified that increasing expectations for school staff to support the well-being of learners alongside their teaching roles ([Long, Hawkins, Murphy, & Moore, 2023](#)) risks staff feeling they lack the relevant skills

or training, particularly when managing complex mental health challenges ([Brown, et al., 2025](#)). Staff reported that these challenges have been worsened by rising mental health needs among children and young people further exacerbated by the pandemic and long-standing capacity issues in CAMHS.

To effectively assess the capacity of school staff to deliver the Framework and inform the delivery of professional learning and development opportunities to meet the evolving challenges of supporting learners' well-being, it is important to collect regular data from school staff about their knowledge, skills, and attitudes to support delivery of the Framework. This could include gathering information on:

- how equipped and confident school staff feel to support learner's emotional and mental well-being needs, considering what is reasonable to expect based on the requirements of the Framework. This can also include whether staff understand trauma, its potential impact, and the principles of creating a safe and supportive environment where all children and young people feel physically and psychologically secure. Related to this, it would be useful to collect information on school staff's capacity and confidence to deliver the Health and Well-being Area of Learning and Experience as a key process for embedding the Framework
- the extent to which staff feel supported by their school to develop their knowledge and skills about emotional and mental well-being, including the types and volume of training opportunities available to them
- the training needs identified by school staff about emotional and mental well-being, and how the professional learning available to them addresses these needs as well as the well-being priorities identified through the whole school approach self-evaluation and school improvement priorities
- staff awareness and understanding of referral pathways to specialist mental health services for learners, including the roles and responsibilities of those involved in these processes

2.4 School culture and environment

The Framework emphasises the importance of a positive school culture and environment that is based on the core values of belonging, efficacy, and voice. According to the proposed national standards for the Health and Well-being Promoting Schools programme, school culture and environment include: physical and virtual facilities; culture, climate and relationships; and policies and practices in place.

As part of both PHW's process evaluation and the Wolfson Centre's evaluation, a range of information has also been gathered within schools looking at school culture and environment in response to the introduction of the Framework. For example, as highlighted previously (see section 1.1), PHW's process evaluation identified that a school culture and environment that prioritises well-being is fundamental to foster a sense of belonging to the school, which is crucial for effectively delivering the Framework. In addition, the Wolfson

Centre's evaluation identified challenges regarding the sufficiency of physical spaces within schools to meet the demand for supporting learners' emotional and mental well-being ([Brown, et al., 2025](#)).

Further, many aspects of the school's culture and environment are already being regularly collected from learners via the SHRN survey. This includes information about the learners' relationships with their peers and school staff (and family), opportunities for them to provide their voice, the extent to which they feel that they belong at school, the extent to which they like school, and the extent to which teachers take action against sexual harassment. Recent evidence using these measures from the SHRN found that learners' perceptions of the school climate - defined as 'the perceptions that children have about the relationships, safety, values, and beliefs within their school' - within the school and year group predicted mental health outcomes in primary-aged children ([Donaldson, Morgan, Ouerghi, Lewis, & Moore, 2025](#)), highlighting the importance of school culture and environment. Information relevant to school culture and environment are also being gathered from the school senior leaders via the SHRN survey, such as school priorities and policies around learner and staff well-being, and how the input of learners and parents regarding health and wellbeing improvements in schools is being sought and used.

There is further information that could be collected routinely from learners, as well as other groups within the whole school community to provide a more rounded view of the school culture and environment. For learners, this includes gathering information about: their experiences of and accessibility to physical spaces designed to support emotional and mental well-being; to what extent and how school staff take action when learners experience discrimination and / or bullying (beyond sexual harassment which is already asked for learners as part of SHRN); how the schools encourages help-seeking behaviour; the accessibility of support services; and whether they feel listened to when reaching out for help.

Again, information could be collected from school staff to gain a more comprehensive understanding of the school culture and environment. This includes how schools foster a sense of belonging, as well as school staff's perspectives on their relationships within the school, with parents, and how the school fosters positive relationships between all members of the school community and with the wider community. Further insights from other groups within the whole school community (e.g., parents) would help to provide a holistic view of the school culture and environment and its impact.

2.5 School prioritisation and resourcing to support delivery

A whole school approach to health and well-being is likely to require sufficient prioritisation and resourcing to be effective ([Brown, et al., 2025](#)). The proposed national standards for the Health and Well-being Promoting Schools programme highlight the importance of strong leadership, ensuring that health and well-being remains a high priority, is embedded within school development plans, and is supported by appropriate resourcing and governance to oversee and review activity to deliver sustained improvement.

The Wolfson Centre's evaluation has collected a range of information about how the Framework has impacted on schools' mental health policies as an indicator of their priorities. In addition, regular information is collected via the school senior leader questionnaire (School Environment Questionnaire) as part of SHRN about the priorities of the school, including emotional and mental well-being of learners and staff, the staff leading health and well-being approaches, whether an action plan is developed and incorporated into the school development plan. There was also a supplementary section that was introduced to this survey in 2023/24 for secondary schools and in 2024/25 for primary schools that asked who in the school was involved in their whole school approach work and who is leading on the implementation of their approach. It would be useful if this supplementary section is retained for future waves. There is information collected from PHW that outlines all schools' stage of progress with delivering the Framework that includes information on the nature of actions identified as part of their self-evaluation.

To provide further insights into how schools are prioritising and resourcing their whole school approach, additional information could be collected from school senior leaders about:

- the resources being dedicated to the delivery of the Framework, including which staff members are involved, their responsibilities, and the amount of protected time allocated to them to support delivery (e.g., the use of INSET days)
- how schools are allocating resources towards the different components of their whole school approach and how these needs have been identified
- how schools are seeking to overcome resourcing challenges, such as through collaboration with cluster schools (groups of schools that collaborate, typically based on geographical proximity, secondary school feeder arrangements, or shared educational priorities) or leveraging partnerships with external organisations (e.g., local charities or third-sector organisations, pooling resources across cluster schools)
- the governance processes in place to oversee and review activity

2.6 School partnerships with support services

Research to date highlights that schools play a crucial role as hubs for supporting learners' mental health by identifying needs and bridging gaps to support services to ensure learners receive the help they need ([World Health Organisation, 2021](#)). When learners require additional mental health support, schools can signpost to and provide a range of information, services, and specialist interventions, either by adapting their own provision or working in partnership with external agencies. It is important to gather information about schools' communication and partnerships with mental health support services and specialist intervention to understand how effectively schools are responding to learners' needs.

Data is collected via the SHRN SEQ from school senior leaders about the availability of school and local counselling services for learners, educational psychologists to support learners' needs, as well as the level of support provided by local CAMHS to the school and number of learner referrals to them.

To better understand how schools work with external partners to support learners' mental health, several evidence gaps could be addressed. Information could be collected about whether schools have effective and regular communication and partnerships with health and well-being service providers to understand and meet the needs of learners, including how schools facilitate access to specialist intervention for learners. It would also be useful to collect information about how the school supports the delivery of high-quality evidence-based universal and targeted health and well-being provision, and how the school makes decisions about the delivery of these.

2.7 Alignment of delivery with education and health strategies

There is overlap between delivering the Framework and key education and health strategies and policies, some of which are set out below:

- the Framework sets an expectation that schools will integrate their curriculum with their whole school approach, ensuring effective alignment between the two. Similarly, the [Curriculum for Wales highlights that the health and well-being Area of Learning and Experience should be underpinned by the Framework](#) and reinforced by school policies and practices.
- the proposed National Standards for Health and Well-being Promoting Schools have been designed to align with the Framework by providing a structured framework that helps schools embed well-being into their everyday practices. The same steps to develop and deliver the Framework will also support schools to achieve the proposed standards for the Health and Well-being Promoting Schools programme.
- [the guidance on Community Focused Schools highlights the importance of collaboration and engagement with families, external services, and the wider community](#) similarly to the Framework.
- [the School Improvement Guidance provides a framework for self-evaluation, improvement and accountability](#) that is underpinned by the Framework and includes an expectation that schools will self-evaluate their approach to well-being, equity and inclusion.
- [the Additional Learning Needs Code emphasises the importance of supporting the emotional and mental well-being needs of all learners, alongside early identification and a holistic and coordinated multi-agency response to ensure timely support for those with additional needs](#) aligning with the Framework.

Embedding the Framework can help schools to deliver a range of health and education national strategies. To ensure coherence and consistency of delivery, it is important to understand how schools are aligning their whole school approach with these policies and frameworks as embedding progresses. Qualitative evidence from the Wolfson Centre's evaluation suggests that school staff perceive these national strategies as competing for their time rather than being complementary ([Brown, et al., 2025](#)). Regular data collection on how schools align their whole school approach with other national strategies would enable

ongoing monitoring of challenges, successes, and opportunities for further integration. School senior leaders and staff leading each school's efforts would be well-placed to provide this information.

2.8 Delivery across all education settings

The Framework is statutory guidance to governing bodies of maintained nursery, primary, secondary, middle and special schools, as well as PRUs. In addition, local authorities should have regard to this Framework including when organising or delivering all 'educated otherwise than at school' (EOTAS) provision.

Research to date has mainly focused on maintained primary, middle (all through) and secondary schools. As the Framework becomes more widely embedded across Wales, there are opportunities to explore its delivery and impact across all types of educational settings. For example, implementation coordinators are collecting data on the proportion of settings at each stage of implementation of the Framework, which includes data for PRUs and special schools. There is also data available from the SHRN administered to post-16 learners in further education settings that may provide opportunities for exploring the impact of the Framework. There were 11,087 responses from post-16 learners from 122 schools in 2023, although the sample size is smaller than collected from secondary (102,990 in 2023/24) and primary-aged learners (32,606 in 2022/23). In addition, Cardiff University are conducting research to develop a version of the SHRN Student Health and Wellbeing Survey to be administered in PRUs. This will provide valuable information about the delivery and impact of the Framework in PRUs.

3. Main data sources and opportunities to address unmet evidence needs

For the identified unmet evidence needs, a range of data sources seems likely to be required to build up a composite picture. Main data sources and opportunities that could be considered to address these unmet evidence needs have been identified, which are:

- Refinement of surveys in the School Health Research Network
- Collecting information from a wider range of school community members
 - Surveys for school staff
 - Surveys for parents
- Collecting information from practitioners supporting schools
- Utilising national-level data
- Utilising local sources of data
- Maximising data linkage opportunities

3.1 Refinement of surveys in the School Health Research Network

Many of the evidence needs identified relate to a lack of regular and representative information gathered from members of the school community that would support monitoring and evaluation of the Framework. SHRN offers a fantastic opportunity to address the identified unmet evidence needs for both learners and school senior leaders to support improved long-term monitoring and evaluation.

The Health Promoting Schools Programme Board (see Section 1 for more information about this board) is leading work to align measures for both the learner and school senior leader (SEQ) surveys within the SHRN with the proposed standards for the Health and Well-being Promoting Schools programme, which overlap closely with the components of a whole school approach. This is an important step that will likely address many of the unmet evidence needs identified in this report; it is hoped that this report can help support the refinement of these measures within the SHRN.

3.2 Collecting information from a wider range of school community members

There is an opportunity to collect regular representative evidence from more groups within the school community, including school staff and parents, on their involvement and how effectively their school engages with them to deliver the Framework.

There may be opportunities for schools to collect this information themselves as part of the evaluation and improvement process when embedding the Framework. While data collection should be flexible to the needs within a school, standardisation of measures and approaches to collection across schools would facilitate national evaluation.

Regular surveys with these groups would be well-placed to provide the insights required to understand delivery of the Framework over time, although administering surveys at this scale presents clear resource and infrastructure challenges. Therefore, consideration should be given for how to expand and refine existing research activities to address this evidence need. Some examples are presented below for school staff and parents as important groups within the school community.

3.2.1 Surveys for school staff

As well as the unmet evidence needs highlighted for all groups within the school community, up-to-date and representative insights are not gathered from school staff about their emotional and mental well-being, the supportiveness of the school environment, their training needs in relation to the school's whole school approach, and capacity to support learners' emotional and mental well-being. There are several recent surveys with school staff that have provided data about their emotional and mental well-being.

The Education Workforce Council (the independent regulatory body for education professionals in Wales) conducted Wales' first national education workforce survey in 2016, which included questions on school staff well-being. [In 2021, the Education Workforce Council, in collaboration with the Welsh Government, trade unions, employers, and other](#)

[key education bodies, conducted a follow-up national survey](#). While this survey covered the desired population and priority topics, there were limitations with the design rigour and response rate. This included an unrepresentative sample for the workforce, challenges with data accessibility, and a lack of timepoints to allow longitudinal analysis. These limitations lower confidence in the results and render any comparisons over time with other surveys inappropriate.

[Education Support are a UK charity dedicated to supporting the mental health and wellbeing of school staff in schools, colleges and universities](#). Education Support collect survey data each year from school staff in the UK about their well-being, the impact of their organisational environment and the support available to them. This includes school staff in Wales (between 119 and 132 responses were received each year since 2019 in Wales). The response rate to this survey was low in Wales (only accounting for around 4-5% of the overall sample), limiting the generalisability of the findings. Although the data has been weighted to reflect the demographic characteristics of the wider education workforce, this weighting was conducted at the UK-level and may not accurately represent the Welsh workforce.

[The Children's Commissioner for Wales ran a survey in 2023 with children and young people, and also heard from 507 professionals who work with children, as part of developing the Ambitions for Wales](#). This survey with professionals included questions about the extent to which schools supported children's mental health and well-being, as well as questions about wider mental health support available to the children or young people they work with. However, these findings have limited relevance for school staff because we do not know how many responded or what their roles were. Although 56.6% of professionals reported working in education (and a further 14.2% reported working across multiple sectors that could have included education), most respondents did not provide demographic information and the sample of school staff may be small and unrepresentative. This survey was also conducted on a single occasion prohibiting longitudinal analysis.

The findings from these surveys provide an overview of trends for the mental well-being of school staff and supportiveness of their educational settings. There are however limitations to the design of these surveys that limit the utility and the generalisability of the findings, and these need to be addressed to provide more robust and relevant insights. Future surveys should ensure representative sampling of the education workforce, with sufficient participation from school staff across different roles. Repeating surveys over time would also allow for longitudinal analysis to monitor changes and assess the effectiveness of support systems from the perspective of school staff.

3.2.2 Surveys for parents

There may also be opportunities to expand or refine existing national surveys of parents to address the unmet evidence needs identified. [Parentkind conduct an annual national survey with parents \(5,490 parents across the UK and 862 from Wales in June 2023\), and produce a report detailing findings for parents from Wales](#). This survey asks parents about a range of topics related to their child's well-being, including their satisfaction with support received for well-being issues, including anxiety and depression, as well as their involvement in school.

The Parentkind survey has clear strengths as it is conducted annually enabling longitudinal analysis, estimates the margin of error for responses, and weights the data to be representative of UK parents aged 18+. However, the weighting is applied at the UK-level, meaning the Welsh sample may not fully represent the demographic or geographic diversity of parents in Wales. The margin of error is also estimated for the UK, making the precision of Wales-specific findings uncertain. These factors limit confidence in the representativeness of the Welsh data and the reliability of longitudinal comparisons over time. Applying Wales-specific weighting and margin of error would improve the survey's usefulness for tracking parental experiences.

[The survey conducted by the Children's Commissioner for Wales in 2023 as part of developing their Ambitions for Wales included responses from 876 parents.](#) This survey with parents included questions about whether their child's school positively supported their mental health and wellbeing, as well as their satisfaction with the wider mental health support for their child. However, the approach to sampling meant that the sample is not representative for parents in Wales (e.g., the majority [91.6%] of respondents identified as female) questioning the generalisability of findings. Like the version of the survey administered to professionals who work with children (see section 3.2.1), this survey was also conducted on a single occasion prohibiting longitudinal analysis.

[The National Survey for Wales runs all year around, covers a wide range of topics, and involves around 12,000 people across the whole of Wales.](#) The survey has previously included questions specific to parents about their child's education, although these questions are not consistently asked each year and have not been focused on the school's approach to supporting learners' well-being. In the latest wave of the survey in 2022/23, 1,857 parents of school-aged children responded to the survey, which is the largest sample of parents in Wales from the surveys described in this report. However, while the sample is weighted to reflect the overall Welsh population, this weighting is applied to the full sample rather than for the parent subsample, meaning the findings may not fully represent all parents in Wales.

The National Survey for Wales is conducted annually, supporting longitudinal analysis. However, there are challenges in comparing findings about children's education each year. The questions on children's education have changed frequently, and the reduced sample size from 2024/25, driven by falling response rates and cost pressures, may limit the comparability of demographic sub-groups such as parents in the future. A gap in data collection in 2025/26, due to a survey redesign, adds a further limitation for longitudinal analysis. Despite these challenges, if questions can be included on the school's approach to supporting children's well-being the National Survey for Wales survey could provide valuable longitudinal insights to help address the evidence gaps identified for parents.

Currently, the surveys identified provide an overview of parents' views on their children's education and the supportiveness of schools for their children's mental well-being. However, limitations in both the sample and their design reduce the utility and generalisability of the findings. To better address the evidence gaps identified for parents, future surveys would need to be conducted on a regular basis to support longitudinal analysis, and include

questions about schools' support for children's mental well-being using a representative sample of parents.

3.3 Collecting information from practitioners supporting schools

Practitioners supporting schools to deliver their well-being approach (e.g., whole school approach implementation coordinators, Health and Well-being Promoting Schools teams, CAMHS In-Reach teams) can provide regular and valuable insights into how schools are delivering their whole school approach.

Currently implementation coordinators are collecting data on the number of schools at different stages of delivering the Framework, specifically 'on-board' (settings who have received support from Implementation Co-ordinators and / or Health and Well-being Promoting Schools teams to commence self-evaluation), self-evaluating, and action planning, as well as the priority areas (e.g., workforce, leadership and commitment) that schools have identified from their self-evaluation process. This information is gathered for different types of schools (primary schools, secondary schools, PRUs, and special schools), as well as for each local authority and health board. This supports an understanding of how implementation and school's well-being priorities vary across different school settings and regions, helping to identify trends, challenges, and areas where additional support may be needed.

Building on this, implementation coordinators are well-placed to collect further information on how schools are progressing through the next stages of action planning, implementation, evaluation, and continuous improvement. In addition, Health and Well-being Promoting Schools teams work closely with implementation coordinators to support embedding of the Framework. These teams can help gather and provide valuable insights on how schools are embedding the Framework as part of delivering the proposed standards for the Health and Well-being Promoting Schools programme.

CAMHS in-reach teams can provide information about the types and extent of support being requested and delivered to schools as part of their service to offer insights on the training and support needs of school staff. CAMHS in-reach teams can also collect information from school staff about how equipped they feel to support learner's emotional and mental needs (within reasonable expectations of their role) and to use referral pathways for mental health services for learners.

Additionally, CAMHS in-reach teams could support mapping of local partnerships and community assets that schools engage with, as well as the specialist mental health services they access, to provide evidence about the availability and distribution of mental health provision and to identify gaps at both national and local levels. A limitation of the data collected by CAMHS In-Reach teams is that it may only represent those who access their service, rather than the wider school workforce.

3.4 Utilising national-level data

There are also opportunities to take advantage of national-level data collected on a regular basis by the Welsh Government to provide information about the identified unmet evidence

needs. This data can offer broad insights about trends as the Framework is embedded across schools but will lack the granularity to explore topics in detail. Below are some examples of national-level data that could be considered:

3.4.1 School staff well-being

[Data collected as part of the Welsh Government's School Workforce Annual Census include measures about sickness absences and working days lost](#) at the local authority and national level. This absence data can offer an ongoing indication of the health of school staff.

However, the relevance of this data is limited as the reason for an absence is not collected and therefore may not be related to well-being issues. In addition, there may be opportunities to link individual-level data from the School Workforce Annual Census with health datasets) to identify further trends in school staff's mental health outcomes. [The Secure Anonymised Information Linkage \(SAIL\) Databank SAIL provides a rich and trusted data resource in Wales](#) that securely holds and manages vast amounts of anonymised, individual-level data from health, education, social care, and other public services. SAIL is managed by the Population Data Science group at Swansea University and provides a safe environment where researchers can access linked data to study population health, social trends, and service outcomes. See section 3.6 for more information on data linkage.

3.4.2 Learners' emotional and mental well-being

[The Welsh Government collect aggregated data from local authorities on an annual basis about the provision of independent school and community based counselling services that are available to children and young people](#). This data is available for children and young people aged between 11 and 18 and learners in Year 6 of primary school. Data on the utilisation of counselling services by learners is available at both the local authority and national levels. This includes figures such as the number of learners accessing counselling, the average number of sessions received, and the number of counselling episodes per learner. There are also outcomes scores from the Young Person's Clinical Outcomes in Routine Evaluation ([Twigg, et al., 2009](#); YP-CORE) administered amongst children and young people both before and after counselling. The YP-CORE is one of the most commonly used outcome measures for young people within counselling settings and has good psychometric properties with good internal and test-retest reliability, and is sensitive to group mean change ([Twigg, et al., 2016](#)). The aggregated data collected by the Welsh Government provide broad insights into the use of counselling services and therefore an indication of trends in learners' emotional and mental well-being.

As well data on learners accessing counselling, this data collection includes information on the overall number of referrals to counselling services and the number of weeks spent on the waiting list to attend their first counselling session. This data can provide an indication of unmet demand for counselling support from learners. This is important to track as over two in three (70%) school senior leaders and staff who responded to a Welsh Government survey reported that demand exceeded available provision (Welsh Government, 2024). This was particularly pronounced in secondary schools where around nine in ten respondents indicated that demand exceeded available provision.

[Aggregated monthly data is provided by each local health board to the Welsh Government about the number of children and young people engaging with local primary mental health support services](#), including the number referred, who received an assessment, and that received an intervention each month. This data is available at the health board and national level and can provide broad insights into children and young people's emotional and mental well-being.

3.5 Utilising local sources of data

Schools, local authorities, and the middle tier - the middle-tier includes school improvement bodies, Diocesan Authorities, Estyn, Qualifications Wales, the National Academy for Educational Leadership, the Education Workforce Council, further and higher education and examination boards - are likely collecting valuable monitoring and administrative information that provides insights into the implementation and impact of the Framework. There may be opportunities to collate these local sources of information to offer insights into some of the identified unmet evidence needs, although there would be resource and infrastructure challenges to achieve this. Standardisation of these local data measures would facilitate national evaluation.

Examples of local data that may be available to measure the wellbeing of learners and staff, as well as the training needs of staff, include:

- schools, local authorities, and the middle tier may collect data on the number of staff accessing well-being support services, providing insights into demand and gaps in provision for school staff's well-being. Schools may also gather well-being data directly from staff that could be utilised.
- local authorities and the middle tier may hold data on training delivered and bespoke support requested by schools to help staff support learners' emotional and mental well-being. Funding records from schools and local authorities may also provide insights into resource allocation for well-being interventions and training.
- schools and local authorities may track the number of learners accessing in-house mental health support or being referred for external services. This data can also help identify how schools engage with external partners to support learners' mental health.

3.6 Maximising data linkage opportunities

Data linkage could be a powerful tool for evaluating the impact of the Framework. Ensuring that any data that is already collected, and proposed to be collected is integrated into the SAIL databank will enable a comprehensive assessment of the delivery and impact of the Framework on the well-being outcomes of learners and school staff. Data linkage also creates opportunities to connect multiple data sources across different levels (e.g., individual, school, and national) and groups within the school community (e.g., school staff, learners, and parents), allowing for a more holistic understanding of how the Framework operates in practice.

Learner-level data via the Student Health and Wellbeing Survey from SHRN is already available in the SAIL databank. This is available for 72.4% of learners who were asked about linking their data ([Page, et al., 2024](#)). There are plans to include the school senior leader's survey (School Environment Questionnaire) data from the SHRN into SAIL too. Linking this data with education datasets, such as the Pupil Level Annual School Census, and health datasets (e.g., Welsh Health Survey Dataset, Diagnostic and Therapy Services Waiting Times), will offer a powerful opportunity to examine both the direct outcomes of the Framework (e.g., changes in learner well-being, referrals to CAMHS, and school attendance) and the factors that shape these outcomes (e.g., the school environment, leadership approaches, and policies).

While data linkage is a powerful analytical tool, it is important that any potential sources of bias are taken into consideration. Asking secondary-aged learners for their consent to link their SHRN survey data was found to have no effect upon survey completion rates, but there were sources of bias at both the learner consent and data linkage stages ([Morgan, et al., 2020](#)). Learners consenting to data linkage, and those successfully linked, were more likely to be younger, more affluent, have higher positive mental wellbeing, and report fewer risk-related behaviours compared to non-consenters. This highlights the need to consider potential biases in linked data, as certain groups may be underrepresented, affecting the generalisability of findings.

4. Conclusions and next steps

This report has identified gaps where more evidence is required to effectively monitor and evaluate the delivery and impact of the Framework, as well as main data sources and opportunities to address these. While a broad range of robust information has already been collected as part of research activities monitoring and evaluating the delivery and impact of the Framework, much of this has been collected as a one-off activity and cannot show rates of progress. There is a need for regular information across the school community, particularly from school staff and parents / carers.

There is a need for further information in several areas to support ongoing monitoring and evaluation of the Framework, including for the following areas:

- involvement, engagement and communication with the whole school community
- school staff well-being
- training and support needs of school staff
- school culture and environment
- school prioritisation and resourcing to support delivery
- school partnerships with support services
- alignment of delivery with education and health strategies
- delivery across all education settings

Addressing unmet evidence needs is important for understanding to what extent, and how effectively, the Framework is being implemented and its impacts. This is essential for supporting the delivery of the Framework to be both effective and impactful. If not addressed, there are risks that the Framework's potential will be limited and critical opportunities to support schools effectively will be missed.

The Welsh Government should take the lead to explore and identify ways to address these unmet evidence needs, either through commissioned research or working with research partners. The research and evaluation workstream, part of the Joint Ministerial Whole School Approach to Emotional and Mental Wellbeing Oversight and Delivery Board governance structure, could serve as a key forum to support this task.

An important task in the first instance will be to ensure that these unmet evidence needs are communicated across the Welsh education research community. This can inform the planning of research activities and to maximise opportunities for integrating these needs into other research and evaluation work where feasible.

The report has highlighted several data sources and opportunities that can help to address these unmet evidence needs. An important data source is the SHRN where robust, detailed, and long-term survey data is being routinely gathered from both learners and school senior leaders. The learner data is also already being integrated into the SAIL databank (with plans for the school senior leader's data), which provides fantastic opportunities for linkage with other education and health datasets to examine the impact of the Framework and the factors that influence these outcomes over time. There is ongoing work, led by the Health Promoting Schools Programme Board, to align the SHRN measures with the proposed standards for the Health and Well-being Promoting Schools programme, which closely overlap with the Framework. There is an opportunity for this report to support and inform this process such that the SHRN measures can address many of the identified unmet evidence needs.

In addition, the importance of identifying and establishing routes to collect regular, representative data from a wider range of members of the school community was highlighted, particularly for school staff and parents. Opportunities to build upon or adapt ongoing or previous surveys to gather insights from groups within the school community should be considered, and these have been highlighted for further exploration. Collecting information from school staff arguably represents the area of greatest unmet evidence need, as understanding their experiences, challenges, and support needs regarding their well-being and knowledge of how to support learner's emotional and mental well-being is crucial to embedding the Framework successfully. This highlights the value of a dedicated survey for this group.

Further data sources were highlighted that could help address the identified unmet evidence needs. Practitioners supporting learners' and staff emotional and mental well-being (e.g., implementation coordinators, Health and Well-being Promoting Schools teams, and CAMHS In-Reach teams) are well-placed to provide regular insights into how schools are delivering the Framework, as well the support and training needs of staff. Consideration should be given to what additional data these practitioners could provide to fully maximise their

insights. Additionally, national-level data collected by the Welsh Government offers an opportunity to track broad trends as the Framework is embedded, while local-level data from schools, local authorities, and the middle tier could provide more detailed insights although there would be resource and infrastructure challenges to collate this data.

It is recognised that the whole school approach programme logic model (see section 1.1) used for the evidence mapping exercise conducted in this report to identify unmet evidence needs was intended as an emerging programme theory that would be revised as evaluation evidence emerged. The whole school approach programme logic model is planned to be updated as part of the evaluation being conducted by the Wolfson Centre at Cardiff University until the end of the 2024/25 academic year. This is important to ensure the model remains relevant and accurately reflects how the Framework is being implemented and its intended outcomes. The unmet evidence needs identified in this report therefore may also change when this logic model is updated.

A useful next step would be for the Welsh Government, working with stakeholders, to consider the development of a research plan to monitor and evaluate the Framework. This research plan could explore ways to address identified unmet evidence needs and data sources to monitor the Framework's delivery and impact.

5. Annex 1: Mapping of research and evaluation activities

The tables below sets out components (activities, mechanisms, short/medium-term outcomes, and long-term outcomes) identified in the whole school approach programme logic model developed by Cardiff University. The tables highlight the evidence needs related to each component indicating which needs are currently being addressed through current research and evaluation activities and which are not. These represent potential unmet evidence needs. The approach to developing the table is explained in more detail in section 1.2.

5.1 Activities

Champion / committee to lead activity

There is data available on who will lead work on implementation of the Framework; depending on the respondent's interpretation, this data could infer who is the school's whole school approach lead. It is also asked who will be involved in delivering the Framework. There is also data available for whether schools have a single strategic lead for learner's health and wellbeing and the role of this individual in the school. This will allow for further research to investigate how this varies by school characteristics and whether this impacts on the school's health and well-being approach (e.g., communication and engagement, partnership working with external services).

Information is being collected on who is involved and leading on delivering / implementing the framework. However, beyond this there is no information being gathered on the responsibilities of the whole school approach lead and how they are delivering their role. The delivery of this role could be important to explore to consider the impact on the school's whole school approach. The champion's role can be potentially burdensome. It would be useful to know how schools are allocating resources to allow the champion to deliver their role, as well as the level of support needed for champions (e.g., training, support from senior leadership).

Asset / needs mapping

Across the research projects, data is being collected on the number of schools that are engaging in whole school approach self-evaluation, including figures on schools commencing and completing their self-evaluation, and those that are incorporating identified needs into their action plans / School Development Plans. There is also information from a sample of schools that outline factors that are important for supporting effective whole school approach self-evaluation. Evidence is being collected understand how schools are using whole school approach self-evaluation to inform action planning.

The key factors to investigate would be to understand who is leading on whole school approach self-evaluation (although this can probably be inferred from who the lead is on the overall whole school approach work), how strengths / needs are being identified at each level of school community, how data sources are being utilised to identify need, as well as how schools are appraising their own whole school approach self-evaluation processes to measure impact and improve. Much of the suggested evidence gaps for self-evaluation can

be inferred from similar questions related to health and wellbeing policy and practice, or overall whole school approach work. However, a more specific focus on whole school approach self-evaluation may allow for a more informed understanding of what robust whole school approach self-evaluation looks like and its impact on mechanisms and outcomes of the whole school approach.

Data is collected on who is supporting schools to conduct the whole school approach self-evaluation process. More detailed information on their role in the process and how they are supporting schools could be insightful. There is binary information available on whether parents and young people are involved in identifying priority areas which could be seen as overlapping with whole school approach self-evaluation and how these groups are engaged with (e.g., surveys) to input to health and well-being policy and practice. Their specific role and involvement are not directly asked in relation to the whole school approach self-evaluation process. In addition, the role of school staff is asked about in relation to overall whole school approach work, but not specifically for whole school approach self-evaluation.

Evidence is being collected understand what has been identified during the whole school approach self-evaluation and how schools are using this to inform action planning and development of policies. There is also some evidence being collected in a sample of schools on the role of the framework for changes in provision, which could indicate the content of the strengths and needs identified by schools as part of their whole school approach self-evaluation. However, there is an evidence gap for understanding ongoing school staff training or training needs related to emotional and mental health or programme / intervention delivery. CAMHS In-Reach teams are collecting information on the number of schools that have been engaged with and training / consultations delivered in relation to health and well-being. This may include information on the types of training being delivered, although we do not anticipate that there is systematic data available on training needs across school staff related to emotional and mental health or programme / intervention delivery. Beyond this, there is little information on the local partnerships or community assets that schools have relationships with to access specialist mental health services via the local authority or other routes.

Policy review

There is detailed information being collected on a sample of schools to understand how the whole school approach self-evaluation and the Framework itself is impacting on the development of school policies, as well as synergy across relevant policies. This will provide information on the areas of change that have been identified as part of the policy review. Information is not currently collected to understand how effectively changes to school policies translate into meaningful changes in school practices and eventually impact on the experiences of learners and school staff.

There is routinely collected information available on the involvement of learners and parents / carers for the development of health and wellbeing policy and practice in schools, as well as the sources of data that inform updates including learner, school staff, and parent surveys. Information has been collected amongst a small sample of schools to understand how schools are using whole school approach self-evaluation to inform action planning, as

well as the data sources that are being used. There is however a lack of information to understand who is driving the review of school policy, the role of SLT and school staff in this process (beyond whether stakeholders surveys have informed updates), and the resources allocated to support this process. The approach to ongoing monitoring and review to ensure effectiveness is also not currently covered.

Identify evidence-based interventions for school context

Information was collected exploring how schools, along with the support of local authorities were identifying interventions to implement and the challenges of selecting evidence-based practice. The What Works Toolkit has been developed in response to support schools to identify evidence-based interventions, but there is currently no information available on its schools' awareness or use of this resource. However, there remains an evidence gap in terms of detailed information for how schools are selecting interventions or how schools identified their needs to develop bespoke practice.

There is some limited evidence available on interventions that schools are delivering to learners and school staff to support mental health and wellbeing. This includes school-led interventions that they have developed themselves adapted to their needs. However, this information is likely to be patchy and not allow for a systematic look across Wales at all the interventions being delivered. There will also be no indication for how long they have been delivered so it will not be possible to attribute to the school's whole school approach. No information is being explored in relation to how schools are evaluating interventions that they are implementing.

Senior leadership team communication to whole school system

There is information being collected on the involvement and role of teachers and support staff to develop and deliver the Framework. This information is being collected either as part of qualitative data collection or is being provided from the perspective of senior leaders, so there is an opportunity to gather regular data from the perspective of school staff on their role in delivery. There is also an evidence gap on the 'buy-in' from school staff for the school's whole school approach from the perspective of the staff. This could include school staff's awareness and understanding of the school's whole school approach and their role to deliver this, as well as their confidence and motivation to achieve this.

There is some recent evidence on the involvement of parents / carers and learners (and school staff's involvement) in whole school approach work as part of recent SHRN data collection, although there will not be time-series data for these measures to monitor to measure changes since the introduction of the Framework. There however lots of information being collected on the extent of involvement and engagement with parents / carers and learners for school's health and well-being activity generally, including whether a lead exists for engaging with families (and the wider community). While this is focused on health and wellbeing more broadly, whole school approach engagement could be inferred from this. However, all this information is provided by senior leaders rather than directly from parents / carers and learners. There is also some qualitative work also being conducted that includes exploring family engagement that is new since the introduction of

the Framework. There is also some information collected from learners asking them about their involvement in school activities and whether they feel listened to by the school staff. More detailed evidence is required from each stakeholder group to evaluate the engagement of learners and families to plan actions.

There is qualitative information being collected on how schools are communicating their key whole school approach messages to staff. There are further opportunities to collect robust regular data on the extent to which and how whole school approach communication is being cascaded throughout the school community. More evidence could also be collected on who is leading this communication (e.g., whole school approach champion, SLT). Relevant to this, greater information could be captured here in terms of how schools are incorporating the views of these groups into their whole school approach work. There is an evidence gap to understand how effective this communication has been from the perspective of school staff, parents, and learners; that is, to what extent are schools' key messages about their whole school approach and activities reaching these groups, are they understood, and what has been their impact.

School staff training

There is basic information available on the number of schools that have been engaged with and training / consultations delivered in relation to health and well-being. This may include information on the types of training being delivered, although we do not anticipate that there is systematic data available on training needs across school staff related to emotional and mental health or programme / intervention delivery. This evidence also includes some pre- and post- information to assess the impact of training. There is also evidence available for the percentage of school staff that have received training specifically to recognise and respond to the impact of childhood trauma.

It would be helpful to have information on how schools are prioritising and identifying the training needs of their staff, how the needs of the learners are influencing this, and how these training needs are being met. There is an evidence gap in terms of understanding the existing level of knowledge and confidence of school staff to support learners' low level mental health problems and how this can be monitored. This could include the training and delivery of universal classroom provision to support learner wellbeing. While senior leaders provide information on available provision to support the mental health and well-being of school staff, there is no data available from school staff on their awareness of this provision or how else they can support their own mental health and well-being. Similarly, there is an evidence gap for school staffs' understanding of available provision, the local referral / care pathways, and the roles and responsibilities of named leads in local systems. Lastly, there is an evidence gap in terms of understanding how whole school approach is incorporated into ITE and how universities / schools are adapting, building upon, and delivering this information.

Relationship building with external mental health services

There is information available on the frequency of CAMHS communication with schools. This is complimented by information on the extent and nature of engagement with CAMHS-

in reach coordinators. There was previously information available on the number of referrals to CAMHS, but this data release was discontinued because changes in service redesign across Local Health Boards to a single point of access model meant that this data is reported under Part 1 of the Mental Health (Wales) Measure 2010 as referrals to Local Primary Mental Health Support Services. There is also regular information available on whether learners have access to an educational psychologist and local counselling services (aside from school-based counselling provision). Beyond this, there is limited information on the external specialist mental health services that schools have relationships with and that they are most frequently referring to. This is expected to have been explored as part of strengths / assets mapping.

There is data available on whether schools have a lead for community engagement, which could involve relationships with external services. It would be useful to capture the approach that schools are taking to the use of external mental health services within their whole school approach (including challenges around resources and access) and how they are building relationships with these services. This evidence could also capture how schools are identifying and deciding which partnerships to prioritise as part of their strengths and needs mapping. As noted in the previous section, there is an evidence gap for school staffs' understanding of available provision, the local referral / care pathways, and the roles and responsibilities of named leads in local systems. In addition, to our knowledge, there is no record of the training needs of school staff in relation to awareness and understanding of available provision and referral pathways.

Resourcing

Research and evaluation activity currently explores who is leading on delivery / implementation of the Framework and whether schools have a single strategic lead for learner's health and wellbeing and the school staff role of this individual in the school. This could give an insight into the resource and focus being dedicated to the development and delivery of the school's whole school approach. There is however no further evidence about the role of the whole school approach lead / champion (or health and wellbeing lead) to understand the time dedicated to delivery of the Framework, nor how schools are allocating further resource to deliver the Framework. Information is collected routinely on the high-level areas that schools are prioritising for improvement, which includes learner's and school staff's health and wellbeing. It would be useful to gather information for how schools are identifying and prioritising the allocation of resource towards different components of the whole school approach (e.g., school staff training, counselling services, universal and / or targeted interventions), especially considering the impact of ongoing budgetary pressures and requirements to deliver additional educational programmes (e.g., Curriculum for Wales, Additional Learning Needs code reform). There is limited data collected on whether schools have accessed whole school approach funding allocated to local authorities and how they have used this. More detailed information for how schools are allocating whole school approach resources would be useful. Further information on how schools are overcoming resourcing challenges to leverage partnerships with external organisations such as local charities or third-sector organisations would be insightful. A key challenge that schools are facing identified from the research activity is how they can resource training and

professional development initiatives for school staff to help them to support their own and learners' emotional and mental wellbeing. Further evidence considering how schools and local authorities are overcoming this challenge to resource training for their staff, both in terms of training costs and covering staffs' teaching duties would be valuable.

Evidence has been collected on the number of schools engaging with implementation coordinators. Schools have provided information for who is supporting them to complete their whole school approach self-evaluation and implementation of the framework. Data has also been collected asking schools about the frequency of and satisfaction with support from implementation coordinators / Health and Well-being Promoting Schools team, as well as the CAMHS In-Reach teams. Generally, however there is little detailed information available on the exact nature of this support. Further information is available on the number of schools that have been engaged with by the CAMHS In-Reach team. This is expected to include more detailed information about the support that has been provided, including training that has been delivered to school staff.

5.2 Mechanisms

To avoid duplication, we note that the following mechanisms identified in the in the whole school approach programme logic model are addressed in other sections:

- school connectedness (see section Positive ethos / culture)
- school staff training to increase capacity to support learners (see School staff training)
- evidence-based classroom activities (see Identify evidence-based interventions for school)
- clear referral pathway to community-based mental health systems (see Relationship building with external MH services)
- identify areas of change through policy review/action plan (see Policy review)
- engagement of learners and families to plan actions (see Senior leadership team communication to whole school system).

Positive ethos / culture

Many aspects of a positive ethos / culture and school connectedness are already being captured from the perspective of learners as part of the SHRN survey, which will allow for longitudinal analysis. Qualitative information has also been collected that has highlighted the importance of these factors for the effective delivery of the Framework. Information is being collected at the learner level to understand the positive and kind relationships between learners, as well as whether learners can talk honestly with at least one school staff member. Questions also ask learners about their perceptions of whether they are listened to in the school and if they have an opportunity to contribute to deciding, planning and organising school activities and projects. Information is gathered to understand the extent to which they feel pressured by the schoolwork they are provided and if help is available to support their emotional and mental well-being. Information has been gathered that has highlighted the importance of a positive and open culture within a school for successful delivery of the Framework. Accepting and inclusive environment: Evidence is

gathered on whether learners feel accepted as they are by other learners and their teachers. Further evidence could be captured to understand learner's perception whether their school celebrates and embraces diversity in learners and school staff. Perceptions are gathered from learners for whether they feel that they belong at their schools, whether teachers care about them and whether they like attending school. Information has been gathered that has highlighted the importance of a sense of belonging across each level for successful delivery of the Framework. Information is gathered on whether learners have experienced sexual harassment, unwanted sexual contact, or bullying in school. Learners are asked whether teachers take action in response to sexual harassment and whether they feel that they can trust teachers. No evidence is gathered on whether teachers take action in response to unwanted sexual contact or bullying in school. Evidence is gathered to understand the extent to which the school uses positive restorative practice to manage conflict and repair harm, as well as whether schools use more punitive techniques, specifically isolation, to manage learner's behaviour. Evidence is also gathered to understand whether specialist mental health and emotional wellbeing support is available to school staff and whether wellbeing interventions are delivered to staff.

More detailed information could be captured from other groups in the school community to provide greater evidence about the extent to which schools have developed a positive and open ethos / culture and how this is visible to all. This could also provide an insight into whether there is reduced stigma towards discussing mental health in the school community. At the school level, currently qualitative information is being collected as part of case studies to consider the use of language and perceived decrease in stigma around mental health within school documentation. Further information could be collected from senior leaders to understand how they are ensuring the school contributes to a sense of belonging, and how school policies and activities are reflecting the school's key positive and holistic message about mental health and emotional well-being (that is everyone's business). For school staff, information can be gathered to understand the extent to which they feel their own and colleague's emotional and mental well-being is supported and their perception of the school environment. For learners, it would be useful to explore how this positive ethos manifests itself within aspects of their schools (i.e., from arrival, through lessons and play/break times, to departure), including universal provision or targeted intervention that is available to them to support their well-being needs. It would be useful to capture evidence from parents to understand how they are able to engage in the school community to support their child's wellbeing and their perceptions of the school environment in relation to mental health and emotional well-being.

Improved school staff / learner relationships

Learners are asked about their relationships with their peers and their teachers as part of the SHRN data collection. This data will allow for examination of whether school staff-student and student-student relationships have improved over time. Evidence is collected on learners' view about whether teachers care about them, accept them, and whether learners trust them and can talk with them. There is however no data from the perspective of teachers, although data is collected annually from senior leaders about whether school staff and student relationships is seen as one of their key priority areas.

Information is gathered about whether learners enjoy being together, are accepted, and if other learners are kind and helpful.

There is an evidence gap for understanding school staff's views on their relationships with their colleagues and how supported they feel.

Monitoring and evaluation – aligned with inspection framework

Data is collected on whether learners are included in reviewing progress / evaluating actions and initiatives related to health and wellbeing. Information is also collected on the data sources that are used by schools to update its policies and practices on creating a healthy school, who uses this data, and for what purpose including measuring the impact of the school's work on creating a healthy school. This information can provide an indication of the stakeholder groups (senior leadership team, school staff, learners, parents) being engaged with and in what form as part of school's evaluating their approach to health and wellbeing, although more specific information on stakeholder involvement in the evaluation of school's whole school approach would be beneficial.

It will be important to understand how schools monitoring, reviewing, and evaluating their whole school approach. This could include how schools are building capacity in their workforce to conduct evaluation and incorporating indicators of impact into their monitoring and evaluation plans, as well as how this overlaps with the proposed national standards for the Health and Well-being Promoting Schools programme.

Approach to continuous improvement: Some limited information is being collected to understand whether schools are at the stage of evaluating their whole school approach. However, it would be useful to understand how school's monitoring and evaluation plans align with their wider school improvement efforts, and how evaluation findings are integrated into their broader strategies for improving emotional and mental wellbeing. Evidence could also be captured on who is leading the evaluation

5.3 Short / medium term outcomes

To avoid duplication, we note that the following short / medium term outcomes identified in the whole school approach programme logic model are addressed in other sections:

- synergy across relevant policies (see Policy review)
- increased learner and family engagement (see Senior leadership team communication to whole school system)
- increased buy-in from school staff (see Senior leadership team communication to whole school system)
- improved referrals to support services – earlier identification (see Relationship building with external mental health services and School staff more equipped to support learners)
- observable culture of openness around mental health (see Positive ethos / culture)
- review process for action plans and policies (see Policy review).
- evaluation plan, including use of routine data (see section Monitoring and evaluation)

School staff more equipped to support learners

There is a gap in data being collected to understand school staff's mental health and wellbeing, including a baseline to compare against. There is some data collected by Education Support for school staff in Wales as part of their Teacher Well-being Index that can be examined across time. However, there are limitations to this data as the sample size is not comprehensive in Wales and is self-selecting.

Qualitative information is being collected on school staff's confidence and capability to support learners. There is a gap in robust regular data to understand how equipped school staff perceive that they are to support learners including referrals to specialist mental health services, as well as a baseline to compare against to explore any changes since the introduction of the Framework.

Data is planned to be collected from senior leadership team / teachers by CAMHS In-Reach teams as part of consultations with schools. The data gathered will be pre- and post- survey data asking about the impact of the consultations and will include questions about the understanding and confidence of school staff about learners' mental health and well-being difficulties and how to support them. School staff will also be asked about their awareness and confidence to refer to specialist mental health services, as well as the impact of the consultation on school referrals to these services. It would be useful to collect further data for the impact of the training and liaison services offered as part of CAMHS In-Reach.

There are opportunities to infer school staff well-being and how equipped they are to support learners from routinely collected data. This data will not indicate causality, and there can be challenges with the interpretation, but can provide an indication of trends. Data is also available exploring teachers' sickness absence based on the assumption that a more mentally healthy workforce will take fewer days sickness absence. However, this data does not allow us to explore the reason for the sickness absence. While data on overall numbers referred to CAMHS are available, more detailed information on unsuccessful referrals to specialist mental health services and the reason (e.g., inappropriate referral) would help our understanding of how equipped school staff are to refer learners to appropriate specialist mental health support, at the correct time, and to provide the correct information. Information related to the volume, nature and frequency of school staff training, perhaps captured as part of exploring the impact of CAMHS In-Reach, can offer insights into how equipped school staff are to support learners' well-being needs.

Data at the local authority or school level on the number of school staff accessing in-house wellbeing support could help our understanding of how equipped staff feel. Interpretation of this data would need to be handled sensitively; for example, increased demand for support may reflect greater awareness or openness around mental health rather than a deterioration in mental health among the workforce.

Changes in learner help-seeking

Data is collected on the number of children and young people accessing independent counselling services for children and young people aged between 11 and 18 and learners in Year 6 of primary school. This data also identifies for how long the young people engage

with counselling services, how many episodes they receive, and the numbers that are then referred to specialist CAMHS. This data provides an insight into the number of learners seeking support for their emotional and mental well-being. There are limitations to this data for understanding help-seeking behaviours. The data does not provide an insight into the number of children and young people who refused to attend counselling or failed to attend or complete episodes of counselling, which limits our understanding of those children who require support but do not seek help. It should be noted that any changes in numbers accessing or referred to counselling will need to be interpreted with caution as it may not reflect differences in help-seeking behaviour in learners. There is also no data available for children below Year 6.

There are several questions collected in the SHRN that can infer learner 's attitudes towards help-seeking behaviour that can be explored across time. These questions ask about whether learners can speak with teachers about their concerns, relationship violence, and whether there is support for learners who are struggling emotionally. As for to the counselling data discussed above, data is more limited for younger children as only the question about whether learners have an adult that they can talk to was asked for primary-aged children and data is only available in the latest wave of the survey. These attitudinal measures may be a better indicator of stigma towards mental health rather than directly aligning with help-seeking behaviours.

Further information could be collected at the school-level to understand the number of children and young people accessing their in-house support or that they are referring external mental health support. This data may be available at a local authority or school-level and would probably require a specific mapping exercise.

5.4 Long-term outcomes

To avoid duplication, we note that the following long-term outcomes identified in the whole school approach programme logic model are addressed in other sections:

- improvements in school staff mental health and well-being (see School staff more equipped to support learners)
- sustainable evaluation infrastructure and regular review of data (see Monitoring and evaluation – aligned with inspection framework)
- capacity development in the workforce – Mental health support (see School staff more equipped to support learners)
- capacity development – evaluation and use of data (see Monitoring and evaluation – aligned with inspection framework)
- sustainable delivery infrastructure for intervention (see Identify and deliver evidence-based interventions for school context and Relationship building with external mental health services)

Improvement in learner mental health and well-being

Data is being collected as part of SHRN from learners across a range of mental health and well-being measures. This data will allow for time-series analysis of learner mental health in

secondary schools, with data for primary school-aged children collected only in the most recent wave. This data will not infer causality from the introduction of the Framework.

Reduced stigma around mental health

No direct attitudinal measures are asked in SHRN around each school's approach or openness to discussing mental health and well-being from either learners or senior leaders, although this can be inferred from several other questions about school ethos and culture (see 0 Positive ethos and culture') and from measures of help-seeking behaviour of learners and school staff (see Changes in learner help-seeking).

Improved educational outcomes

This data is being explored as part of the Wolfson evaluation, but it will be challenging to attribute changes in educational attainment to the implementation of the whole school approach considering wider educational reforms that occurred at the same time (e.g., Curriculum for Wales, Additional Learning Needs code reform).

Longer term, the natural place to examine the link between school-level whole school approach and educational data would be through data linkage such as in SAIL.