

Social research number: 71/2025

Publication date: 17/07/2025

Health and Well-being Area of Learning and Experience in the Curriculum for Wales: a qualitative study

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Health and Well-being Area of Learning and Experience in the Curriculum for Wales: a qualitative study

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Full Research Report: Bryant, A; Egan, D; Rhys, M; Bennett, A; Duggan, B; Morris, F (2025). Health and Well-being Area of Learning and Experience in the Curriculum for Wales: a qualitative study. Cardiff: Welsh Government, GSR report number 71/2025

Available at: <https://www.gov.wales/health-and-well-being-area-learning-and-experience-curriculum-wales-qualitative-study>

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

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Glossary

ALN

Additional Learning Needs

Area(s)

Area(s) of Learning and Experience¹

AfL

Assessment for Learning

ELSA

Emotional Literacy Support Assistant

IDP

Individual Development Plan

PE

Physical Education

PSE/PSHE

Personal and Social Education/Personal, Social, Health and Economic Education

RSE

Relationships and Sexuality Education

SEN

Special Educational Needs

SHRN

The School Health Research Network

SLT

Senior Leadership Team

TLR

Teaching and Learning Responsibility

ToC

Theory of Change

¹ The abbreviation AoLE continues to be used by practitioners and is included in a number of verbatim quotations used in this report.

Executive summary

1. This report forms part of the formative evaluation of the Curriculum for Wales. As part of the evaluation, topic-based qualitative studies were carried out, examining specific elements of Curriculum for Wales.
2. The report presents the findings of a qualitative study focused on the Health and Well-being Area of Learning and Experience (Area), led by Cardiff Metropolitan University. The research aimed to provide answers to two overarching research questions:
 - Research question 1: How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?
 - Research question 2: How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

Methodology

3. The methodology is set out in Chapter 2 of this report and included:
 - Recruitment of eight schools (four primary schools and four secondary schools) to take part in the study.
 - Development of research questions and discussion guides informed by workshop with Welsh Government policy officials and by a desk-based literature review.
 - 14 semi-structured discussions with senior leaders, Health and Well-being Area leads, practitioners and support staff. These discussions were carried out online via Microsoft Teams and lasted on average 60-90 minutes.
 - Thematic analysis of discussion transcripts.
4. The report highlights a number of limitations associated with this qualitative study, notably:
 - the small and self-selecting nature of the sample, meaning that findings are not generalisable

- the fact that findings were based on evidence collected at a single point in time, limiting opportunities to explore schools' progress over time in realising this Area of the curriculum
- limited time available during discussions to be able to explore all aspects of schools' planning and implementation relating to the Health and Well-being Area
- the research did not include the voices of children and young people and therefore did not explore how this Area of the curriculum is being experienced by learners

Findings

Research Question 1: How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?

Opportunities afforded by the Health and Well-being Area

5. All of the schools involved in this study welcomed the opportunities provided through the Curriculum for Wales framework to develop a Health and Well-being curriculum that responded specifically to their context and to their learners' needs. All schools noted that health and well-being was a priority within their school development plan and was central to their vision for the curriculum.
6. The introduction of this Area had enabled many schools to build on previous work to support learners' health and well-being, organising provision around the statements of what matters in the Curriculum for Wales Framework.
7. Discussions revealed that all schools were developing a holistic approach to supporting health and well-being, incorporating physical health and development, mental health and emotional and social well-being. In all primary schools, Health and Well-being was typically integrated into the wider curriculum and embedded as part of topics, as opposed to being taught as a standalone Area. Senior leaders and practitioners from all of the secondary schools referred to designing an integrated Health and Well-being curriculum, promoting the interconnections between different aspects of the Area.

8. Schools reported that developing their Health and Well-being curriculum had begun to have an impact on teaching and learning and on the wider school environment. It had enhanced the status of this Area and, in some cases, resulted in an increase in the amount of time allocated to health and well-being. Schools reported more evidence-informed approaches to health and well-being provision: half of the schools in the sample reported using their School Health Research Network (SHRN) data to inform curriculum planning in order to ensure that learners' needs were reflected in teaching and learning.
9. Senior leaders frequently expressed the view that the introduction of this Area was having a positive impact on learners' understanding of their own health and well-being, on learners' ability to articulate problems when they arose, and learners' knowledge of how and where to access support.
10. The introduction of this Area of the curriculum had provided additional professional development opportunities for practitioners and leaders in some schools, including opportunities to attend courses and networks, and to take on additional leadership roles in relation to health and well-being.
11. Some primary and secondary schools noted that their work to design the Health and Well-being Area complemented their efforts to develop strong community connections and relationships as part of work related to the Community Focused Schools initiative.

Design and structure of the Health and Well-being Area

12. All schools in the sample reported that the process of designing the Health and Well-being Area had involved reviewing and auditing previous provision. The statements of what matters were used extensively by schools to support curriculum design, although some schools reported that they would have benefitted from more initial guidance on approaches to planning this Area.
13. Senior leaders frequently noted that they were focused on ensuring that the Health and Well-being Area was designed to meet the needs of all learners, including learners with additional learning needs (ALN) and learners requiring differentiated support. Schools welcomed the flexibility that Curriculum for Wales had provided to enable them to take a tailored approach to respond to their learners' needs and context. Common factors cited by senior leaders and

practitioners who felt their school was making progress in responding to learners' needs through their design of the Health and Well-being Area were:

- the provision a mix of learning experiences in a supportive and stimulating environment, including the use of outdoor areas
- the need for teachers and support staff with the skills and experience to be able to design and enact a tailored curriculum that supports learner well-being
- the importance of establishing in-school review and evaluation processes to support continuous improvements in curriculum design and enactment

14. All schools reported drawing on the views of learners to inform curriculum design in this Area; schools reported that this helped ensure that teaching and learning in this Area was relevant and supported learner engagement.

15. An inconsistent picture emerged from discussions with schools about cluster working. Most primary schools in the sample reported that, where joint working did take place, this happened between different primary schools and usually did not include secondary schools. Conversely, each of the secondary schools indicated that some discussion and cluster work had taken place with primary schools in their cluster. Some schools noted that the main barriers to cluster working in this Area were that curriculum planning processes and timetables were not fully aligned; some secondary schools also referred to the challenges associated with coordinating joint-working across large numbers of feeder primary schools.

16. Leadership of the Health and Well-being curriculum Area was unique to each school. In spite of differences in leadership structures, there was widespread acknowledgement across the sample of the need for a collective approach to supporting this Area of the curriculum, with distributed leadership encouraged.

17. In all the schools, senior leaders stated that they had attempted to design the Health and Well-being Area to align with their Whole School Approach to emotional and mental well-being. Many of the practices described by senior leaders and practitioners throughout the research highlighted the alignment of the design, learning and teaching in the Health and Well-being Area and delivery of their whole school approach to emotional and mental well-being. Schools reported that a member of the senior leadership team (SLT) led the whole school approach

to emotional and mental well-being and that this was typically also the person with oversight of the Health and Well-being Area.

Pedagogies to support teaching and progression in the Health and Well-being Area

18. All senior leaders described developing high-quality learning and teaching in the Health and Well-being Area as a priority. Schools adopted a range of pedagogical approaches, with some reporting that the 12 pedagogical principles were a strong feature of these approaches.
19. Most schools sought to integrate the different statements of what matters for this Area, reflecting a holistic approach to Health and Well-being proposed in the guidance, and undertaking planning to demonstrate the connections between different aspects of the Health and Well-being Area.
20. Most primary and secondary schools used relational pedagogies, for example, restorative practice, as one way of addressing the 'healthy relationships' statement of what matters. Most primary schools also used trauma-informed approaches, reflecting the alignment between the Health and Well-being Area and the whole school approach to emotional and mental well-being, which promotes learners being taught by trained and trauma-informed practitioners.
21. Most schools noted that they had not accessed external professional learning related to pedagogies for Health and Well-being, relying instead on in-school support. Costs and perceived disruption to learners were cited as some of the reasons for this.
22. All schools reported that they were using progression steps to inform assessment of learners' progress in the Area. Some were mapping progression across clusters between primary and secondary although this was reported to be at an early stage of development, and many participants highlighted that there was no national shared understanding of assessment of learner progress in this Area.
23. All schools used learner-centred approaches to assess progression in Health and Well-being. Learners were encouraged to play an active role in assessing their progress in all primary and secondary schools. Primary schools included their learners in progress reviews, with learners documenting and sharing their progress with parents/carers and each other, while secondary schools built in time

with tutors, practitioners and peers for learners to reflect on progress and linking this to their well-being.

24. Some schools had engaged in evidence-informed approaches to progression. In particular, primary schools frequently reported using the Emotional Literacy Support Assistant (ELSA) intervention to understand and support the emotional and social development and needs of learners.
25. Almost all secondary and primary schools reported on the complex nature of the social, emotional and mental well-being domains and the difficulties they faced in 'measuring' these in a traditional sense.
26. Some secondary schools noted that they faced additional challenges due to the fact that GCSE specifications had not been published before they had designed the Year 7 to 9 curriculum, leading them to having to rethink approaches to teaching and learning at a later date.

Challenges faced in the Health and Well-being Area

27. Senior leaders and practitioners in all schools spoke of the challenge of finding time to plan for the Area and to participate and provide health and well-being activities, provide activities to successfully enact the Area, noting the importance of protected time during the school timetable to achieve this.
28. Some senior leaders and practitioners noted challenges in relation to the impact of poverty and the ongoing impact of the COVID-19 pandemic on learners' health and well-being and how, in many cases, learners needed to be nurtured before they were ready to learn.
29. A few senior leaders and practitioners referred to low levels of confidence amongst some teaching staff about their role in the planning and delivery of the inclusion of the Health and Well-being Area, particularly in a context of demanding practitioner workloads.
30. Senior leaders from most schools noted challenges associated with budget constraints and the rise in the costs of activities, for example travelling off-site for sport, venue hire, purchasing high-quality resources and inviting external agencies to the school.

Research Question 2: How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

31. All primary and secondary schools reported being reliant on their staff's own professional knowledge and experience in planning and enacting the Health and Well-being curriculum.
32. However, all schools had also drawn on a wide range of sources to support curriculum enactment in this Area. This included Curriculum for Wales guidance, engagement with communities of practice, cluster working and other collaborative work, such as local authority-led working groups. Schools referred to other support, including commercial programmes, public bodies, university data sources and networks and family and community partners.
33. Some senior leaders and practitioners would welcome additional professional learning on assessment and progression, including approaches to understanding and monitoring learner development in relation to their emotional well-being. They also reported that they would value opportunities to share and learn from effective or innovative practice through other schools' approaches to this Area.
34. Most primary schools would welcome professional learning on the physical aspect of the Health and Well-being Area and two schools would welcome advice on how to integrate this curriculum Area with Relationships and Sexuality Education (RSE).
35. Senior leaders and practitioners identified where they would welcome additional professional learning to address gaps in knowledge and skills in particular in assessment and progression; opportunities to learn from good practice; and opportunities and guidance to support, planning across clusters.
36. There were only two Welsh medium secondary schools in the sample but both noted a lack of Welsh language teaching resources, which they reported had a negative impact on staff time and the quality of resources they could offer learners.

Recommendations and areas for consideration for the Health and Well-being Area

37. The research identified a clear need in this Area for schools to be assisted in developing confident practice to measure learner progress. As planning for progression and assessment was reported to be at an early stage of development by several schools, consideration should be given to providing additional support for schools to develop effective assessment practices in the Health and Well-being Area.
38. Consideration should be given to how more effective planning and co-ordination could be facilitated in the Health and Well-being Area between secondary schools and their feeder primaries. Further consideration should also be given to how to improve collaboration within clusters to ensure effective transition and progression of learners from Year 6 to Year 7, with a focus on supporting continuity in relation to health and well-being.
39. The study heard examples of senior leaders and practitioners who had benefitted from their involvement in communities of practice and other collaborative activity that had led to the sharing of effective practice and expertise, and increased practitioner confidence. Welsh Government and partners across the wider system could explore ways of facilitating further opportunities for schools to take part in joint working to support design and enactment of the Health and Well-being Area.
40. Consideration should be given to the provision of additional professional learning opportunities that are specific to the Health and Well-being Area. The research identified that it would be beneficial if these opportunities included the following areas: assessment and progression; the physical domain of health and well-being (particularly for primary schools); accessing effective and innovative practice developed by other schools; planning and collaboration within clusters; and alignment between health and well-being and RSE.

1. Introduction

- 1.1. The Welsh Government has commissioned Arad Research to lead a formative evaluation of the Curriculum for Wales (Curriculum for Wales). Arad Research is working alongside a number of organisations as part of a wide-ranging programme of research, including Cardiff Metropolitan University, Bangor University, the Open University in Wales, the University of Stirling, the University of Auckland and AlphaPlus Consultancy Ltd.
- 1.2. The evaluation adopts a mixed methods approach, including surveys of practitioners, surveys of parents/carers and learners, longitudinal case studies to understand schools' curriculum realisation journeys and several topic-based qualitative studies exploring specific elements of Curriculum for Wales.
- 1.3. This report presents the findings of research into the Health and Well-being Area of Learning and Experience led by Cardiff Metropolitan University. This study explored the ways in which the Area is being implemented in schools and how schools are supported to enact the Health and Well-being Area as part of Curriculum for Wales.
- 1.4. The report is structured as follows:
 - Chapter 1 provides an overview of the formative evaluation, before focusing on the context and guiding research questions for this study
 - Chapter 2 sets out the methodological approach adopted, describing the approach to recruiting evaluation participants, data collection methods, analysis and the limitations of the research
 - Chapter 3 presents the findings of the research. These are presented in relation to the two main research questions for the research. In the case of the first research question, the findings are arranged around four main themes. The findings for research question two are presented within three themes
 - Chapter 4 presents the conclusions and areas for further consideration

Overview of the formative evaluation

1.5. The aim of the evaluation is to assess the extent to which the reforms are working as expected and set out in the [Curriculum for Wales Framework \(the Framework\)](#) (Welsh Government, 2025a). The evaluation objectives are to:

- review the theory of change (ToC) in the [Scoping Study](#) for the evaluation of the curriculum and assessment reforms in Wales (Welsh Government, 2022a), and make revisions if necessary, in particular to take fuller account of equity within the ToC
- consider the extent to which the mechanisms in the ToC, and the anticipated activities, outputs, and short/medium-term outcomes are being realised as expected
- explore the degree of variation between approaches across schools and other provision² and describe what factors and/or conditions are supporting or impeding the effective realisation of the reforms and what additional support is needed
- explore the views, practices and experiences of senior leaders and practitioners in schools and other settings and provision in relation to Curriculum for Wales, including to what extent and in what ways do views, experiences and practices differ for different types of practitioners and settings, and why
- explore the views and experiences of learners in schools and other settings and provision in relation to Curriculum for Wales, as well as their parents/carers, including to what extent and in what ways do views and experiences differ for different types of learners and parents/carers, and why
- draw conclusions and highlight areas for consideration for policy and practice across the whole system to support the future realisation and effectiveness of the curriculum and assessment reforms, ensuring these fully consider the breadth of the reforms across different stakeholder groups, contexts and settings

² 'Schools' is used throughout this report to refer to different educational settings including mainstream primary and secondary schools, all-through schools, special schools and education other than at school (EOTAS) settings, including pupil referral units (PRUs). In some sections of this report the type of education setting is specifically identified, for example when noting differences in the findings.

Background and context

- 1.6. Curriculum for Wales is the cornerstone of the Welsh Government's efforts for educational reform and to build an education system that raises educational standards in Wales and ensures public confidence. Curriculum for Wales has four purposes which are the starting point and aspiration for every child and young person in Wales. [The Organisation for Economic Co-operation and Development's \(OECD\) 'Improving Schools in Wales'](#) report (OECD, 2014) and [Successful Futures](#) (Donaldson, 2015), the report published following Professor Graham Donaldson's independent review of curriculum and assessment arrangements, set out the rationale for the reforms as well as recommendations for how to design a new curriculum fit for modern day Wales. Under the reforms each school and PRU is required to develop its own curriculum, within the nationally defined Curriculum for Wales Framework, enabling learners to embody the four purposes of the curriculum by becoming:
- ambitious, capable learners who are ready to learn throughout their lives
 - enterprising, creative contributors who are ready to play a full part in life and work
 - ethical, informed citizens who are ready to be citizens of Wales and the world
 - healthy, confident individuals who are ready to lead fulfilling lives as valued members of society
- 1.7. Under the Curriculum for Wales Framework, the four purposes are underpinned by integral skills to be developed across a wide range of learning and teaching. These integral skills are: creativity and innovation, critical thinking and problem solving, personal effectiveness and planning and organising. Subjects are organised around six Areas: Expressive Arts; Health and Well-being; Languages, Literacy and Communication; Mathematics and Numeracy; and Science and Technology. Across these six areas, within the [Curriculum for Wales statutory guidance](#) there are 27 mandatory statements of what matters that ensure a level of consistency in curriculum design across settings and schools, as learners must develop an understanding of all statements (Welsh Government, 2024a).

- 1.8. As part of Curriculum for Wales, literacy, numeracy and digital competence are mandatory cross-curricular skills. This means that practitioners are responsible to develop and ensure progression in these skills across all curriculum areas. When designing their curriculum, schools should also embed cross-cutting themes in learning across the curriculum. The cross-cutting themes include relationships and sexuality education; human rights; diversity; careers and work-related experiences; and local, national and international contexts.
- 1.9. As detailed above, each Area includes mandatory 'statements of what matters' to guide curriculum design and development. The five statements of what matters for the Health and Well-being Area ([Welsh Government, 2020](#)) highlight the importance of developing learners' understanding that:
- physical health and well-being has lifelong benefits
 - how we process and respond to our experiences affects our mental and emotional well-being
 - our decision-making impacts on the quality of our lives and the lives of others
 - how we engage with social influences shapes who we are and affects our health and well-being
 - healthy relationships are fundamental to our well-being
- 1.10. Welsh Government [published guidance](#) on this Area to help schools develop a curriculum "that enables health and well-being to permeate all aspects of school life". This guidance included ideas to help schools incorporate key aspects of the Curriculum for Wales Framework into their design and planning, including the statements of what matters, the principles of progression and descriptions of learning. It is important to note that Health and Well-being as a holistic and integrated curriculum Area is a relatively new development and schools' approaches and structures to support the Area are continuing to evolve.
- 1.11. Increasing political and research attention has been given to health and well-being in education contexts over the last decade (UNESCO, 2021; Welsh Government, 2015). This has been heightened since the COVID-19 pandemic through its detrimental influence on mental health and social and emotional development and the widening of the educational attainment gap (UNESCO, 2021).

- 1.12. This research on the Health and Well-being Area of the Curriculum for Wales was developed to explore the relationship between how the Curriculum for Wales guidance for this Area was being implemented in practice, particularly in responding to the needs of learners and what support was available to schools and practitioners in undertaking this.
- 1.13. The Welsh Government published the [Framework on embedding a whole school approach to emotional and mental well-being](#) (Welsh Government 2021). This Framework is issued as statutory guidance to schools and local authorities who “are required to have regard to this Framework when developing action plans, strategies and other policies that impact on the well-being of learners, staff and others working within the school environment”.
- 1.14. Following a workshop in February 2024 involving members of the research team and Welsh Government policy officials, it was agreed that the research provided an opportunity to explore how schools and settings were aligning their delivery of the Health and Well-being Area with their work to embed the whole school approach to emotional and mental well-being.
- 1.15. At the time of this research, Curriculum for Wales was in use for all primary school aged learners and for learners in Years 7 and 8.

Study aims and research questions

- 1.16. By exploring how specific elements of the Curriculum for Wales Framework were being implemented in different contexts, this study aimed to elicit an understanding of the extent to which practices relating to the Health and Well-being Area in schools were consistent with the vision of the Curriculum for Wales reforms and were contributing to the expected short-, medium- and longer-term outcomes of Curriculum for Wales, as outlined in the ToC developed to support the evaluation of Curriculum for Wales. This study aimed to provide focused, topic-based research that explored two central questions in relation to the Health and Well-being Area:
- How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice? (Research Question 1)
 - How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales? (Research Question 2)

- 1.17. Responses to the second research question were more limited compared to those elicited for the first research question. Schools reported that they had mainly undertaken enactment of the Health and Well-being Area themselves, drawing upon resources and approaches that they were already using and supplementing these when necessary. Whilst some had worked with cluster schools and as part of communities of practice³ to support this curriculum Area, overall they had not been offered or drawn upon external support.
- 1.18. To address these questions, the researchers collected data from senior leaders and practitioners working in four primary schools and four secondary schools. The aim of data collection was to capture a range of perspectives on key aspects of the implementation of the Health and Well-being Area, details of specific activities and practices, and to understand the views and beliefs that may shape practitioners' decision-making and learner experiences.
- 1.19. The overarching research questions for this study noted above were supplemented by accompanying questions in five key areas. These five key areas were informed by a review of related literature and publications, by the professional expertise of the research team and by a workshop with Welsh Government policy officials in February 2024. The purpose of these questions was to provide focus and consistency in developing discussion guides that could be used with a range of participants. The five key areas and supplementary questions were:

³ The term community of practice is defined as 'groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly' (Wenger-Trayner and Wenger-Trayner, 2015).

Design and structure of the Health and Well-being Area

- In what ways is this Area being designed in alignment with schools' work to embed a whole school approach to emotional and mental well-being ([Welsh Government, 2021](#))?
- How is this Area structured within schools?
- To what extent and in what ways is this Area being designed in alignment with the Statutory Health and Well-being Guidance published by Welsh Government as part of the Curriculum for Wales Framework ([Welsh Government, 2020](#))?

Leadership of the Health and Well-being Area

- How is this Area being led and coordinated within schools?
- How is the whole school approach to emotional and mental well-being being led and coordinated within schools?

Integration and enactment of the Health and Well-being Area

- How have schools integrated the physical, social, emotional, cognitive and mental psychological aspects/domains of this Area?
- How have the statements of what matters for health and well-being been enacted and integrated as part of curriculum plans/provision?
- How have schools decided on the curriculum knowledge, skills and experiences included in their Area and what evidence have they drawn upon to inform this?
- How have schools assessed the Area and how are the outcomes of this used to inform progression?

Pedagogies evident in this Area

- What pedagogies are evident in this Area?
- How are the pedagogical principles being used to inform approaches?
- What arrangements are in place to self-evaluate or review the approaches to teaching and learning being employed?

Response to opportunities and challenges

- What opportunities and challenges has the Health and Well-being Area presented so far?
- What are practitioners' views about the importance and emerging impact of this Area of the curriculum?
- To what extent and in what way do views, experiences and practices differ for different types of practitioners and schools and why?
- To what extent do practitioners feel they have the requisite skills and knowledge to be able to integrate this into their teaching? In what ways are they doing so and what challenges/opportunities are they experiencing?
- What are the professional learning needs of staff/support staff (in schools) in this Area? Are they being met? If so, how? If not, why not?
- What additional support is needed for this element of the curriculum to be implemented successfully in schools?

2. Methodology

- 2.1. This chapter provides detail on the methodology employed during the research. This includes information on recruitment methods, fieldwork conducted, the analytical approach and research limitations.
- 2.2. A qualitative research approach was adopted for this study. One of the main advantages of qualitative research is that it allows researchers to gain an in-depth understanding of participants' experiences and the particular contexts in which they were working. This approach was chosen as it was well suited to exploring the complex factors that influence school-level planning and activity to support learners' health and well-being.

Recruitment and sample

- 2.3. Schools and settings were invited to express interest in participating in one or more of the qualitative studies that were taking place during the first wave of research as part of the formative evaluation. The opportunity to engage with the evaluation was publicised through Welsh Government (including the Dysg newsletter and Hwb), as well as via the extensive school networks and partnerships of the higher education institution delivery partners on the evaluation team. Schools and settings were invited to express interest in participating in any of the four qualitative studies or the Curriculum Journeys⁴ study by completing an online form.
- 2.4. A total of 71 schools expressed interest in participating in one or more of the qualitative studies and/or the Curriculum Journeys element of the evaluation. Arad Research's recruitment team compiled a long-list of 15 schools for the Health and Well-being Area study, based on schools' preferences from the expression of interest whilst also ensuring a spread of schools across this and all qualitative studies. From the list of 15 schools, eight schools were recruited to participate in the Health and Well-being Area study, ensuring variation by sector (primary/secondary), by region (North, Mid and West, Central South and South East), and by language medium.

⁴ The Curriculum Journeys aspect of the evaluation involves longitudinal case studies of 10 schools across Wales for the duration of the evaluation.

2.5. A total of four primary schools and four secondary schools participated in the study. All four regions of Wales as detailed in 2.4 were represented in the sample. The eight schools that participated comprised:

- one Welsh-medium primary school and two Welsh-medium secondary schools; the remaining schools were English-medium
- the schools were located across seven local authorities including a mix of urban and rural locations
- four schools had above the national average percentage of learners who were eligible for free school meals and four schools had below the national average percentage⁵
- the percentage of learners with additional learning needs (ALN) in the schools in the sample ranged from almost 30% to less than 5%⁶; this refers to the percentage of learners with either a school maintained or local authority maintained individual development plan (IDP), a statement of special educational needs (SEN), school action or school action plus
- a mixture of schools by size based on learner numbers, for example the largest primary school had over 450 learners and the smallest had fewer than 250 learners

2.6. A summary of the schools involved in the study is presented in Table 1 below.

⁵ According to [Welsh Government StatsWales \(2024b\)](#), 26.2% of pupils in Wales are eligible for free school meals which includes those transitionally protected. In 2019 a new transitional protection for free school meals policy was introduced by Welsh Government. This [transitional protection](#) was to ensure learners would not lose entitlement to free school meals during rollout of Universal Credit in Wales until the end of their school phase (for example primary or secondary education (Welsh Government, 2024c).

⁶ ALN/SEN data are drawn from the 2024 Pupil-level Annual School Census (PLASC) ([Welsh Government, 2025b](#)). Data was not published for schools where there are between one and four learners with some categories of ALN/SEN. For these schools, an assumed value of 2 learners was assigned to enable a total number and percentage of learners with ALN/SEN to be derived. The phased implementation of the ALN system was ongoing at the time this report was produced, which is reflected in the PLASC data used.

Table 1: Health and Well-being Area qualitative study school sample

Region	Primary	Secondary
North	Welsh medium x1	
Mid and West		English medium x1 Welsh medium x1
Central South	English medium x2	English medium x1 Welsh medium x1
South East	English medium x1	

Source: Primary data collected by the authors

Research methods

- 2.7. The design of all research methods and associated tools was informed by a desk-based literature review and also drew on the professional expertise of the research team. The research methods and tools were informed by a Welsh Government policy workshop (February 2024) and the overarching approach to the evaluation.
- 2.8. Individual and group discussions took place with senior leaders and practitioners in schools. These involved semi-structured discussions about the actions being taken to enact the Health and Well-being Area, the conditions or factors that influenced those actions, and the consequences of the actions taken. The following sections provide further detail on the research methods employed.

Desk-based literature review

- 2.9. The desk-based literature review was intended to inform the research questions and themes and provide a context for analysing the data collected through the research. Informed by the research team's knowledge of the subject area, searches of a range of academic and policy literature was undertaken.

Semi-structured discussions

- 2.10. A cross-section of eight schools across Wales participated in discussions. All discussions took place online via Microsoft Teams. On average these discussions with senior leaders and practitioners lasted 60 minutes, though some lasted 90 minutes. Discussion guides can be found in Annex B.
- 2.11. Participants included the senior leadership team (SLT) member responsible for overseeing the Area; the Area Lead (where this was a different person); practitioners from different year groups; and representatives of support staff specifically involved in this Area. The senior leaders provided oversight of the leadership, design and structure of the Health and Well-being Area. In primary schools, the practitioners were mainly class teachers who were responsible for day-to-day enactment of the Health and Well-being Area. In secondary schools the practitioners were chosen by the schools and represented a cross section of classroom teachers and middle leaders drawn from a range of subject and curriculum areas.
- 2.12. Across the eight schools, 14 discussions took place. At two schools one discussion was arranged solely with Health and Well-being Area leaders and none were held with practitioners, due to a lack of availability. Further information on these discussions is set out below.
- 2.13. As the research was exploratory in nature, a semi-structured approach was taken, which gave participants freedom to discuss what they felt was important to share. Open-ended questions were used to encourage deeper insights from participants and to allow conversations to flow. The key areas were provided to participants prior to the discussions to encourage them to reflect on, add to or interrogate these key areas further.

Analysis

- 2.14. Discussions were audio recorded, transcribed and then analysed. Over 15 hours of recorded discussions were generated.
- 2.15. At the beginning of the analysis phase, the Health and Well-being Area research team met to confirm the stages of the process and to ensure consistency of approach and interpretation of emerging themes from the study. Thematic analysis,

drawing on and adapted from Braun and Clarke's (2022) approach was adopted, which involved an iterative process to coding and analysis comprising:

- Familiarisation with the data: reading each of the transcripts of discussions to clarify understanding of the content and key points raised in discussions.
- Producing a summary overview for each school: these drew out their responses to the two research questions. In relation to the first research question, their responses in relation to the five topics or areas was explored.
- Generating initial codes: initial codes were generated through a deductive process based on the research questions and topics set out in the discussion guide. Each transcript was analysed in turn. This process was carried out separately for each discussion.
- Generating themes: drawing on the codes identified, the research team looked for connections between these codes and grouped them into themes.
- Identifying shared themes across all schools: establishing the most prevalent and notable themes across the data to provide a structure for the report.
- Producing the report: presenting the themes in a coherent narrative that addressed the research questions. In relation to the first research question, findings are presented under the five interrelated areas, to reflect the fact that more detailed data was collected under this question about school-level actions in relation to the Health and Well-being Area. For research question two, more limited information was provided by participants on how schools and practitioners were being supported to enact this Area and therefore findings are presented under a single theme.

2.16. The discussion guides for senior leaders and practitioners used during fieldwork were organised around five key areas. These were: i) Design and structure of the Health and Well-being Area; ii) Leadership of the Area; iii) Integration and enactment of the Area; iv) Pedagogies evident in this Area; and v) Response to opportunities and challenges.

2.17. While participants were asked questions related to these key areas as part of the semi-structured discussions, findings in Chapter 3 are organised differently, to reflect the recurring themes that emerged during the analysis process and to ensure that the practices and perspectives of senior leaders and practitioners are

accurately represented. These themes are presented under the two overarching research questions in Chapter 3.

Limitations

- 2.18. This section outlines the limitations of the research and includes commentary on these limitations.
- 2.19. Whilst the sample's composition was varied and provided diverse viewpoints, it was small and self-selecting, thus findings are not generalisable. In particular, the unique needs and priorities of non-mainstream settings were not explored in this research. Schools volunteered themselves to engage in the study, therefore it is possible that the more 'confident' schools with capacity and interest in participating in research were included in the sample.
- 2.20. The discussions carried out as part of this research provided a snapshot of a moment in time, limiting the ability to explore schools' Curriculum for Wales 'journey' and progress over time.
- 2.21. There was often a lack of detail in participants' contributions around how their planning was undertaken, what impact this had on enacting Curriculum for Wales, and how the statements of what matters were used in design and planning within the Area. The limitations on time available for discussions (the discussions with school senior leaders and practitioners lasted on average 60 minutes) restricted opportunities to fully probe these and other aspects of the research questions.
- 2.22. The research did not include the voices of children and young people and therefore did not explore the Health and Well-being Area of the curriculum as experienced by learners. This is a topic to be explored as part of other planned research with learners during the formative evaluation of Curriculum for Wales.

3. Findings

3.1. This section of the report presents the findings of the research in relation to the two research questions for this qualitative study:

- Research question 1: How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?
- Research question 2: How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

Research Question 1. How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?

3.2. Findings in relation to Research Question 1 are organised around four themes that emerged through the analysis of data collected during discussions with senior leaders and practitioners. As noted in 2.16-17, while these themes are similar to key areas used to structure the topic guide (set out in Annex B) they more closely reflect the recurring points to emerge through the thematic analysis. These themes are:

1. Opportunities afforded by the Health and Well-being Area
2. Design and structure of the Health and Well-being Area
3. Pedagogies to support teaching and progression in the Health and Well-being Area
4. Challenges faced by schools associated with the Health and Well-being Area

3.3. At this stage of implementation of Curriculum for Wales and, given that schools are encouraged to develop a curriculum suited to their needs and context, there was an inevitable variation between the schools in how they were enacting the Health and Well-being Area. Additionally, as noted in the Methodology, the time limitations of the discussions with school senior leaders and practitioners restricted opportunities to probe deeply across each of the themes. Therefore, there is limited detail in some of the findings.

Theme 1: Opportunities afforded by the Health and Well-being Area

Overview

All of the schools who contributed to the research welcomed the inclusion of the Health and Well-being Area as part of Curriculum for Wales. All schools noted that health and well-being was a priority within their school development plan and was central to their vision for the curriculum.

Some senior leaders valued the opportunity to design a curriculum that responded better to their school priorities and context, and to their learners' needs.

The introduction of this Area had enabled many schools to build on previous work to support learners' health and well-being, organising provision around the statements of what matters in the Curriculum for Wales Framework.

Discussions revealed that all schools were developing a holistic approach to supporting health and well-being, incorporating physical health and development, mental health and emotional and social well-being:

- in all primary schools, Health and Well-being was typically integrated into the wider curriculum and embedded as part of topics, as opposed to being taught as a standalone Area
- senior leaders and practitioners from all of the secondary schools referred to designing an integrated Health and Well-being curriculum, promoting the interconnections between different aspects of the Area

Schools reported that developing their Health and Well-being curriculum had begun to have an impact on teaching and learning and on the wider school environment in the following ways:

- it had enhanced the status of this Area and, in some cases, resulted in an increase in the amount of time allocated to health and well-being
- schools reported more evidence-informed approaches to health and well-being provision: half of the schools in the sample reported using their School Health Research Network (SHRN) data to inform curriculum planning in order to ensure that learners' needs were reflected in teaching and learning
- senior leaders frequently expressed the view that the introduction of this Area was having a positive impact on learners' understanding of their own health and well-

being, on learners' ability to articulate problems when they arose, and learners' knowledge of how and where to access support

- the introduction of this Area of the curriculum had provided additional professional development opportunities for practitioners and leaders in some schools, including opportunities to attend courses and networks, and to take on additional leadership roles in relation to health and well-being

Some primary and secondary schools noted that their work to design the Health and Well-being Area complemented their efforts to develop strong community connections and relationships as part of work related to the Community Focused Schools initiative.

3.4. Under this theme findings are presented below on what schools⁷ believed had been the opportunities provided through the introduction of this curriculum Area.

3.5. All the schools in the sample welcomed the addition of Health and Well-being as a curriculum Area and saw this as being a key priority and central to their school development plan and their vision for the curriculum. The examples below illustrate how some senior leaders expressed the view that health and well-being had become central to schools' thinking and planning.

“Well-being has really become embedded in our culture here at our school. It runs through everything that we do and is always the heart of all our practice and ideas. And it always comes back to health and well-being for all.” (Senior Leader, Primary School)

“We're using health and well-being, 'my well-being', as the springboard for the new curriculum.” (Senior Leader, Secondary School)

3.6. [The Curriculum for Wales statutory guidance](#) (Welsh Government, 2024a) forms part of the Framework. The Framework is determined nationally and includes both the curriculum requirements set out in [legislation](#) and supporting guidance for schools to utilise in designing their curriculum (Welsh Government, 2024d). In some schools, senior leaders and practitioners valued what they viewed as an opportunity to design a curriculum that responded to their context and learners' needs, whilst reflecting the requirements of the Curriculum for Wales Framework.

⁷ In the Findings and Conclusions chapters of this report, the terms 'schools' and 'participants' are used at times to present findings that reflect the combined voices of all those who took part in discussions, including senior leaders, practitioners and support staff.

3.7. Senior leaders in these schools identified that choosing what was taught for this Area had enabled them to align the curriculum better to reflect their school priorities. For example, a primary school took the opportunity to design the curriculum Area in a way that reflected their ambition to develop excellent relationships with learners, practitioners and parents/carers, which they saw as fundamental to supporting health and well-being. Senior leaders and practitioners across all of the schools also noted the opportunities presented by aligning the development of the Health and Well-being Area with the whole school approach to emotional and mental well-being (see Theme 2 for further detail).

3.8. For many schools, the opportunities presented through Curriculum for Wales had enabled them to build on existing work with learners to support their health and well-being. For example, schools were doing this by incorporating current events, topics and themes that were relevant to the statements of what matters for the Health and Well-being Area into the curriculum that was engaging for learners. This was often informed by discussions with learners and the insights gained had enabled schools to revisit their policies linked to health and well-being and design more appropriate curricula.

“We can design something that responds to the needs of our learners and not a national syllabus that everyone has to stick to. It’s unique to us and the opportunity to be creative is very nice.” (Senior Leader, Secondary School)

3.9. All schools had taken the opportunity to develop a holistic approach to supporting health and well-being, incorporating physical health and development, mental health and emotional and social well-being, as set out in the Curriculum for Wales Framework.

3.10. In primary schools, Health and Well-being was typically integrated into the wider curriculum and embedded as part of topics, as opposed to being taught as a standalone Area. Examples included linking physical education (PE) and physical development to numeracy and personal, social and emotional development; and linking mental well-being to art and music and digital literacy.

“Our Health and Well-being AoLE coordinators - they collaborate with the literacy, numeracy and digital competence coordinators to ensure that it all blends together, that planning is purposeful and effective.” (Senior Leader, Primary School)

- 3.11. Senior leaders and practitioners from all of the secondary schools also referred to holistic and integrated approaches to supporting health and well-being. They noted that closer attention was now being paid under Curriculum for Wales to more cognitive aspects of well-being, ('decision-making', 'problem-solving' and 'social factors'), alongside the physical aspects that they had focused on in previous years. Senior leaders in secondary schools highlighted that, as part of health and well-being lessons, there was now a greater focus on how learners interact with others and how effectively they show empathy and support for their peers.
- 3.12. This is illustrated, in the example of one secondary school, through the way in which the school designed its provision to develop good levels of physical, emotional, intellectual and social health and well-being. This school organised provision under three discrete but inter-connected elements:
- physical health and well-being lessons, which focused on developing skills that improved physical health, fitness levels and well-being
 - holistic health and well-being lessons, which aimed to raise awareness of mental health, and emotional, intellectual and social well-being
 - nutritional health and well-being, which supported learners to understand the importance of food and nutrition to lifelong well-being
- 3.13. The school adapted its timetable to ensure appropriate balance between these different aspects of health and well-being. While not all the schools included in the research had positioned food technology as part of the Health and Well-being Area,⁸ the senior leader in this school explained that there are benefits for learners in being able to understand how the different elements of health and well-being are connected and inter-dependent.

“We wanted to tie the three elements together so that learners saw the links between them. This didn’t happen overnight – the learners didn’t see the connections initially but they do by now. The new approach means that learners understand things in a more holistic way. We want them to make more connections within Health and Well-being and see links between diet, well-being, energy, resilience.” (Senior Leader, Secondary School)

⁸ Guidance relating to the [Health and Well-being Area](#) as part of the Curriculum for Wales Framework uses the terms 'diet and nutrition'. Evidence collected from schools indicates that 'food technology' was still commonly used (Welsh Government, 2020).

- 3.14. Many senior leaders from across the schools spoke about the approaches they had taken to integrate the Area formally into their timetables, by developing well-being lessons, or making space within the timetable to focus on specific topics on a regular basis, for example mindfulness and nutrition. Practitioners and senior leaders emphasised how protected time for the Health and Well-being Area enhanced its status within their schools. Some senior leaders also reported an increase in the amount of learning and teaching time allocated to health and well-being for learners.
- 3.15. Senior leaders and practitioners in some primary and secondary schools explained how the Health and Well-being Area had provided opportunities for them to use external surveys and datasets. Four schools reported using the SHRN⁹ data for their own school to inform curriculum planning so that it reflected the views and experiences of their learners; “SHRN plays an important part in what we do – we react and respond to the data that we collect” (Practitioner, Secondary School). Schools reported that this data also provided a comparative evidence base for understanding their own learners’ needs alongside those of others in their locality and at national level. One primary school senior leader described utilising the [Pupil Attitudes to Self and School \(PASS\) survey](#)¹⁰ (Child Outcomes Research Consortium, 2025) and completing [KiVa learner and staff survey](#)¹¹ (KiVa, 2025) annually; however the school had not implemented substantial changes in response to survey findings as the results had generally been positive.
- 3.16. The introduction of the Health and Well-being Area provided opportunities for additional professional development and professional learning for practitioners and leaders. In some schools, this included new leadership opportunities being offered to staff through, for example, providing a Teaching and Learning Responsibility (TLR) role or a role in senior management to coordinate health and well-being. In terms of professional learning, examples were provided of courses that practitioners had attended and wider activity to support their enactment of the Health and Well-

⁹ SHRN is a policy-practice-research partnership between Welsh Government, Public Health Wales, and Cardiff University. SHRN 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. The SHRN School Health and Well-being Survey and the SHRN School Environment Questionnaire are distributed every two years and schools who complete these are provided with a bespoke, school-level report with data on the health and well-being of their learners (SHRN, 2025).

¹⁰ PASS is a self-evaluation survey for learners which can gain insight into attitudes that could act as a barrier to learning. It explores issues around how learners feel about school, confidence, resilience and alienation.

¹¹ KiVa is an antibullying programme which offers an annual survey of learners and staff providing schools with feedback on how to improve their work around antibullying.

being area. This included courses that practitioners had attended in a number of schools including courses related to misogyny and to support becoming a trauma informed practitioner. One secondary school senior leader described how a “professional learning community” had been developed whereby practitioners from different schools discussed strategies to support health and well-being, learning from both effective practice and activities that had not worked so well in various contexts. Professional learning is discussed further under Theme 3 in this section and in Research Question 2.

- 3.17. Some primary and secondary schools noted that their work around health and well-being linked with their efforts to develop strong community connections and relationships. Two primary and two secondary schools reported that the increased emphasis placed by Welsh Government on Community Focused Schools¹², and the engagement with communities and external agencies to respond to this, complemented the Health and Well-being Area. In one primary school, a senior leader explained the community engagement included a biannual Well-being Week where parents/carers and external partners engaged in activities such as cooking, meditation and dance. In another primary school, learners had been taught how to plan nutritious meals to serve in a community space as part of the schools’ Community Focused Schools work. A secondary school senior leader explained that they were extending opportunities for external agencies to use the school’s facilities to provide support to families, developing the school as a focal point for the community in response to Welsh Government guidance on Community Focused Schools.

“We want to be known as a Community School and so open our doors to allow these multi-agencies to use the facilities [and] support our families. A really big aim for us is to create that culture where we are the hub of the community.”
(Senior Leader, Secondary School)

- 3.18. Overall, this small sample of schools indicated that the introduction of the Health and Well-being Area as part of Curriculum for Wales had been well received by practitioners. Senior leaders from across the sample reported that there were indications that the introduction of this Area was having a positive impact on the

¹² Welsh Government is committed to developing Community Focused Schools in Wales that: build strong partnerships with families; respond to the needs of their community; and collaborate effectively with other services. [Guidance](#) has been published to support the development of Community Focused Schools in Wales (Welsh Government, 2022b).

school environment and on learners' understanding of how to articulate problems in relation to their health and well-being when they arose, and how and where to access support.

"I think ...if you'd walked into our school five years ago and... then you walked in now, you would see the difference working on the Health and Well-being Area of Learning and Experience has had...what you'll see when you walk around the school is happy children, that wide variety of abilities, experiences that are being met at the right level and that the staff are positive and happy."
(Senior Leader, Primary School)

Theme 2: Design and structure of the Health and Well-being Area

Overview

All schools in the sample reported that the process of designing the Health and Well-being Area had involved reviewing and auditing previous provision. The statements of what matters were used extensively by schools to support curriculum design, although some schools reported that they would have benefitted from more initial guidance on approaches to planning this Area.

Senior leaders frequently noted that they were focused on ensuring that the Health and Well-being Area was designed to meet the needs of all learners, including learners with ALN and learners requiring differentiated support. Schools welcomed the flexibility that Curriculum for Wales had provided to enable them to take a tailored approach to respond to their learners' needs and context.

Common factors cited by senior leaders and practitioners who felt their school was making progress in responding to learners' needs through their design of the Health and Well-being Area were:

- the provision of a mix of learning experiences in a supportive and stimulating environment
- the need for practitioners with the skills and experience to be able to design and enact a tailored curriculum that supports learner well-being
- the importance of establishing in-school review and evaluation processes to support continuous improvements in curriculum design and enactment

All schools reported drawing on the views of learners to inform curriculum design in this Area; schools reported that this helped ensure that teaching and learning in this Area was relevant and supported learner engagement.

The structure of the Health and Well-being Area was unique to each school, reflecting their own local context and circumstances.

An inconsistent picture emerged from discussions with schools about cluster working. Most primary schools in the sample reported that, where joint working did take place, this happened between different primary schools and usually did not include secondary schools. Conversely, each of the secondary schools indicated that some discussion and cluster work had taken place with primary schools in their cluster.

Some schools noted that the main barriers to cluster working in this Area were that curriculum planning processes and timetables were not fully aligned; some secondary schools also referred to the challenges associated with coordinating joint-working across large numbers of feeder primary schools.

Leadership of the Health and Well-being curriculum Area was unique to each school. In spite of differences in leadership structures, there was widespread acknowledgement across the sample of the need for a collective approach to supporting this Area of the curriculum, with distributed leadership encouraged.

In all the schools, senior leaders stated that they had attempted to design the Health and Well-being Area to integrate with their whole school approach to emotional and mental well-being. Many of the practices described by senior leaders and practitioners throughout the research highlighted the alignment of the design, learning and teaching in the Health and Well-being Area and delivery of their whole school approach to emotional and mental well-being. Schools reported that a member of the SLT led the whole school approach to emotional and mental well-being and that this was typically also the person with oversight of the Health and Well-being Area.

Some primary and secondary schools noted that they ensured there were opportunities for senior leaders, teachers and support staff to collaborate and carry out joint planning, ensuring that the Area was aligned with the whole school approach to emotional and mental well-being and that curriculum design was informed by data and information relating to learner well-being.

- 3.19. Under this theme findings are presented in relation to the design of the curriculum Area; its structure within the schools; planning across school clusters; leadership of the Area and alignment with the whole school approach to emotional and mental well-being.

Design of the Health and Well-being Area

- 3.20. Senior leaders and practitioners in some schools reported they had expected that they would be provided with guidance on what to include in this curriculum Area until it became clear that they would need to plan this themselves. Whilst they understood that this was a feature of the Curriculum for Wales Framework, they nonetheless felt that they would have benefitted from more initial guidance on

approaches to planning work in this Area. Some senior leaders and practitioners also noted that, moving forward, they would welcome feedback and advice regarding the approach they had developed to the Health and Well-being Area. Senior leaders in all of the secondary schools felt that GCSE specifications should have been developed before they began the process of designing the Year 7 to Year 9 curriculum.

- 3.21. All of the schools reported that the process of designing the Health and Well-being Area involved reviewing and auditing existing provision. One secondary school noted that they felt there was no expectation to discard everything they had done previously but to evaluate whether their current curriculum was fit for purpose and to identify ways in which it could be adapted. All schools reported that they had updated what was taught to reflect the requirements of the Framework. In some cases, this reflected a response to the perceived needs of learners who were experiencing challenges in adapting to the transition back to school following the COVID-19 pandemic. The statements of what matters had also been used extensively in this process. A few of schools had found this time consuming but considered it to be a worthwhile exercise that had enabled them to progress with Curriculum for Wales implementation.
- 3.22. All schools noted that the process of planning and designing the Health and Well-being curriculum Area had resulted in a recognition of the need to provide learners with a breadth of different 'physical experiences'. Examples of developments introduced by primary schools as part of their new Health and Well-being curriculum included yoga and dance sessions in school for learners, inviting external partners (such as local professional football clubs) to lead skills sessions with learners and arranging visits to experience specialist sports facilities in the local community. Examples from secondary schools included taking part in sports competitions outside of school and developing a range of new activities such as outdoor mindfulness sessions, chess and badminton.

Meeting the needs of all learners through curriculum design

- 3.23. Senior leaders frequently noted that they were focused on ensuring that the Health and Well-being Area was designed to meet the needs of all learners, including learners with ALN and learners requiring differentiated support. In these schools, senior leaders commented on the benefits to learners of a more holistic approach to

curriculum design that recognised the interactions between the physical, mental and emotional aspects of well-being. In one secondary school, staff from across the Area came together to collectively design the PE¹³, nutrition and holistic health and well-being aspects of the curriculum to reflect the different needs of learners as they progressed throughout Year 7 to Year 9.

- 3.24. Most schools welcomed the flexibility that Curriculum for Wales had provided to design the Health and Well-being Area in a way that sought to meet learner needs. Examples are provided below of actions taken in particular school contexts, however those who indicated that their school was making progress in designing their Health and Well-being curriculum in a way that was helping to meet learners' needs cited a number of common factors or enablers: firstly, the need to consider, when planning the curriculum, how to ensure a supportive and stimulating learning environment to support Health and Well-being; secondly, the need for staff with the capability to design tailored or differentiated approaches for particular groups of learners, as well as knowledge of learners' needs to be able to do this well; and thirdly, the importance of establishing review and evaluation processes within the Health and Well-being Area to support continuous improvements in curriculum design and enactment.
- 3.25. Senior leaders in most primary schools reported that they used differentiated approaches for particular groups of learners within Health and Well-being provision, but also as part of other Areas.
- 3.26. One primary school explained that each week they delivered sessions to mixed groups of learners in Years 1, 2 and 3 and that health and well-being was a regular focus of these weekly sessions. Each week the groups were mixed and learners were taught by different teachers. The senior leader suggested that this approach offered benefits to learners in terms of providing different learning experiences, and fostered independence by removing them from some of their peers and encouraging them to learn alongside other age groups.
- 3.27. Another primary school senior leader noted that the use of outdoor areas in the school and local community was central to curriculum design and planning in this Area of the curriculum. This senior leader explained that they and their colleagues

¹³ The term 'PE' was commonly used by senior leaders and practitioners across the study. This does not reflect Curriculum for Wales terminology, which refers to 'physical activity, including but not limited to sport'.

had identified a range of activities and settings that learners enjoyed and that supported their learning and their well-being.

“We use the woodlands and forests in the area and we also have our own secret garden, which we've developed with National Lottery funding. This provides a space for our children to access and has huge benefits on children's well-being.” (Senior Leader, Primary School)

- 3.28. A senior leader in another primary school emphasised the importance of having teachers and support staff with the skills and experience to be able to design and enact a tailored curriculum that supports learners' well-being. This senior leader talked about designing a “bespoke curriculum” and noted that much depends on having staff who are able to develop an understanding and relationship with learners and respond to their needs, particularly more vulnerable learners.

“We have a dedicated LSA who supports children who are not able to access full-time provision inside the classroom. He offers support for those children and throughout the week they have sessions that involve gardening, woodwork. They're supported in a very different way. And I think that, in terms of a bespoke curriculum, we have so many children who access something really individual, that's really kind of designed around their needs. And those programmes are very centred on their well-being.” (Senior Leader, Primary School)

- 3.29. All primary and secondary schools had established a process of review and reflection, to assess or evaluate the effectiveness of approaches that had been trialled or adopted. There were examples shared of Area leads, including Health and Well-being leads, carrying out evaluations of initiatives and developments as part of their curriculum enactment in primary and secondary schools. These schools noted that evaluation focused on what was working well and also on whether the curriculum was serving all learners' needs and what needed to be adapted to meet the needs of different learners.

“We've got so many children and families that need a huge amount of support in terms of their well-being. Whether they have an additional learning need or not...we're constantly talking about what they need and, as a result, our universal provision has to change [to] be flexible.” (Practitioner, Primary School)

- 3.30. One secondary school senior leader spoke of providing tailored provision to develop skills among vulnerable learners at risk of exclusion. This school had identified high numbers of learners (up to 120) as being at risk of permanent exclusion, meaning

that the teaching and learning that needed to take place for these learners “could be vastly different to that for learners in set 1” (Senior Leader, Secondary School). As part of the school’s enactment of Curriculum for Wales, the school had developed a “curriculum of critical skills and integral skills” to support these learners and their well-being. Within this framework, the senior leader encouraged practitioners to take a flexible approach to the design and enactment of the curriculum.

“So we needed a framework for teachers to use their autonomy, their professional judgement. In well-being lessons, I don’t want to see everybody doing X, Y and Z. I want to see something that’s different between different members of staff, because they’ve got different skill-sets and they got different approaches and different ideas. So we’re looking at trying to develop creativity and innovation for our students. It’s exactly the same for my staff.” (Senior Leader, Secondary School)

- 3.31. All of the schools had used internal learner surveys and/or school-level data generated through the SHRN survey to inform curriculum design in this Area. A number of primary schools referred to questionnaires they had used to collect data on learners’ well-being, their feelings about themselves and their peers, and also topics they were interested in learning about. The data was used to gain insights into learners’ well-being and also to feed into the schools’ Health and Well-being curricula. Some secondary schools illustrated how they had used data from their biennial SHRN survey to adapt or help organise teaching and learning. For example, one secondary school decided to move a unit of work on the misuse of alcohol from Year 9 to Year 8 after seeing their SHRN data that showed that 60% of Year 8 learners felt pressure from peers to drink alcohol. Another had adapted their curriculum in response to SHRN data about levels of vaping in the school.

“We have recently adapted our Cymru Well-being course in response to some of the analysis of that SHRN data. So that ensures that the units we deliver through our curriculum are current and that they respond to the needs or interests of learners, for example that there was a problem with vaping. So, we have tailored the content to ensure that provision is relevant for our learners. The SHRN questionnaire is helpful in this regard – in helping to ensure that we respond to needs as part of our health and well-being provision.” (Practitioner, Secondary School)

- 3.32. In some cases, schools commented on the benefits of drawing on learner voice and survey data to inform and adapt their curriculum, noting that it had helped to ensure that provision was relevant and supported learner needs.

Structure of the Health and Well-being Area

- 3.33. The structure of this curriculum Area was unique to each of the schools, a feature that was consistent with the Curriculum for Wales Framework which encourages schools to develop a curriculum that reflects their local context and circumstances.
- 3.34. All the primary schools integrated the curriculum Area into day-to-day planning. In one primary school, for example, each class worked on three themes per year and health and well-being was either a main driver or a supporting feature within each theme.
- 3.35. All of the primary schools welcomed the opportunity provided through Curriculum for Wales to align their curriculum with the needs of particular year groups. These schools all referred to consulting with learners while they were planning their curriculum in order to ensure that lessons were “pitched appropriately” and responded to their needs. One school noted that they had taken this approach recently when planning learning on the topics of anti-bullying and healthy relationships. Another school referred to bringing in external partners to lead sessions with activities tailored for different year groups (for example health and well-being sessions with the police for older learners, and sessions on brushing teeth with younger year groups through the [Designed to Smile](#) initiative). In another example, a school included a strong focus on the Health and Well-being Area in Year 6 in recognition of the social and emotional challenges that some learners may experience during transition to secondary school. Some of these schools also underlined the importance of ensuring that approaches to monitoring progression were aligned with the statements of what matters for this Area, so that staff were able to track progress in skills and understanding of health and well-being.
- 3.36. In most of the secondary schools the implementation of Curriculum for Wales had led to an increase in teaching and learning hours allocated to the Health and Well-being Area compared with the total number of hours timetabled under previous curriculum arrangements for PE and Personal and Social Education/Personal, Social, Health and Economic Education (PSE/PSHE) combined. In one case there had been an increase from two to three lessons (health and well-being and PE) per fortnight in Year 7 to Year 9, with more emphasis being placed on the physical aspect of health and well-being. In another secondary school, a senior leader reported that four hours of Health and Well-being lessons were timetabled each

fortnight, which represented an increase in comparison with the combined total of PE and PSE taught in previous years.

Cluster working in the Health and Well-being Area

- 3.37. In general, schools had undertaken planning and design work themselves, although some instances were reported of ideas being shared between schools within a cluster. Except for one example, this sharing between primary schools in a cluster did not involve secondary schools, suggesting that links were stronger among primary schools in the sample than between primary schools and the secondary schools they feed. One secondary school senior leader noted that they had approached other schools to undertake what they referred to as “due diligence” by which they meant checking to see how others were enacting the Health and Well-being Area but found that others were still at early stages in their thinking and planning.
- 3.38. As noted above, most of the primary schools in the sample had not been involved in cluster-based activity with secondary schools to plan their Health and Well-being curriculum. Conversely, each of the secondary schools reported that some discussion had taken place with primary schools in their cluster, although the outcomes appear to have been mixed. One secondary school senior leader explained that although there was a cluster curriculum group in place, each of the primary schools had developed their own curriculum prior to being advised by their local authority that there should be a cluster-wide approach. The secondary school senior leader pointed to the logistical problems of developing a curriculum for Year 7 – including for the Health and Well-being Area – that aligned with different approaches taken in the feeder primary schools, noting the perceived challenges in planning progression and continuity for learners.
- 3.39. Schools provided a number of reasons for the limited work between primary/secondary clusters in relation to Health and Well-being. This was attributed by some schools to the different implementation timescales that primary and secondary schools had followed: primary schools had, in some cases, introduced Curriculum for Wales a year earlier than secondary schools and therefore schools indicated that planning processes were not yet fully aligned. Others referred to the challenges presented in coordinating joint-working across large numbers of feeder primary schools, each of which had developed their own approaches to curriculum

design (in one case a secondary school reported that they received Year 7 learners from over 20 different primary schools).

- 3.40. Some secondary schools attempted to mitigate the challenges associated with the different approaches being taken to the design of the Health and Well-being curriculum in the primary schools within their clusters. One secondary school explained that they had addressed this by agreeing a cluster-wide approach to supporting progress in relation to the integral skills and statements of what matters.

“The route we went down was... recognising that the one thing we can all agree on without changing the core content is the integral skills. So we worked on a continuum: if a child looks like this at age 16 according to the what matters statements and the integral skills, what should they look like at age, 15, 14 and we did that down to nursery... And then that is something regardless of the content, we can all work towards – and so we did it as a cluster. We [as a secondary school] did it in Year 7 and 8, and then the Year 6 teachers looked at what we’d done and said ‘we would expect a Year 6 pupil to be able to do this’. A common understanding of the skills [required by learners] is the driving force... to underpin pretty much everything.” (Senior Leader, Secondary School)

- 3.41. Another secondary school senior leader explained that they had provided opportunities for primary schools to use secondary school facilities, referring to sports facilities and food technology rooms. This, it was suggested, was beneficial in providing primary school learners with experience of secondary school equipment and learning environment and provide a degree of consistency in their prior learning.

“It’s been a challenge trying to get that prior knowledge, prior experience, prior learning with the pupils as they come into us, and so we’ve looked at ways where we can host the primaries where they can come into us and use our specialist resources and facilities and that has helped.” (Senior Leader, Secondary School)

- 3.42. Because of the lack of common approaches to identifying learner progression and the needs of learners, many of the schools believed that arrangements to support learner transition from primary to secondary education were not yet well-established.

Leadership of the Area and alignment with the whole school approach to emotional and mental well-being

- 3.43. Leadership of this curriculum Area varied between the schools, and different leadership structures and approaches were reported. Across the sample there was widespread acknowledgement of the need for a collective approach to supporting this Area of the curriculum: in all of the primary schools and some of the secondary schools, senior leaders had made clear that health and well-being was the responsibility of all staff, encouraging distributed leadership and shared ownership of this Area of the curriculum. These points are explored further below.
- 3.44. As set out in Chapter 1, there is an expectation that schools will align the design, learning and teaching in the Health and Well-being Area with their whole school approach to emotional and mental well-being. In line with this, senior leaders in all the schools stated that they had attempted to design the Health and Well-being Area to align with their whole school approach to emotional and mental well-being. Many of the practices described by senior leaders and practitioners throughout the research highlight how the Health and Well-being Area in their school were underpinned by the whole school approach to emotional and mental well-being, such as using evidence-informed approaches in their curriculum planning, (see Theme 1) and using trauma informed approaches in their pedagogy, (see Theme 3).
- 3.45. In all the schools, leadership responsibilities were also organised to align with the whole school approach to emotional and mental well-being with the Health and Well-being Area. Senior leaders reported that a member of the SLT led the whole school approach to emotional and mental well-being, and that this was typically also the person with oversight of the Health and Well-being Area. They believed that good levels of coordination between the whole school approach and the Health and Well-being Area existed between senior leaders and practitioners. In practical terms this was typically achieved through an SLT member with responsibility for the whole school approach undertaking joint planning with staff who contributed to the Health and Well-being Area across the school.
- 3.46. Another example of the alignment of the whole school approach to emotional and mental well-being and curriculum design was provided by a primary school senior leader: as part of their whole school approach to emotional and mental well-being this school asked learners on arrival each morning to record their mood that day on

an iPad and to note whether their feelings were linked to issues at home or in school. The information collected and comments provided by learners were subsequently used to decide topics to be included as part of Health and Well-being lessons.

- 3.47. Two of the primary schools reported that a member of the SLT carried out joint planning with class teachers and support staff to ensure that the Area was planned appropriately and aligned with the whole school approach to emotional and mental well-being. Teaching assistants played an important role in supporting the Area's alignment with the whole school approach to emotional and mental well-being, including leading programmes such as Emotional Literacy Support Assistant (ELSA) and Thrive (see 3.68 and 3.100 for more information).
- 3.48. Senior leaders across secondary schools commonly referred to shared responsibility for learner well-being and to distributed leadership models where staff across the school were given responsibilities to support and promote learner well-being as part of the whole school approach to emotional and mental well-being. This was taken forward in different ways with learners across the secondary schools in the sample, including:
- designating mental health champions and peer mentors
 - regular 'Well-being Mondays' during registration periods where registration tutors were able to identify issues of concern for individual learners during discussions about well-being, enabling them to be referred to additional support if necessary
- 3.49. In one secondary school, whilst it was made clear to staff that they were all expected to contribute to both the Health and Well-being curriculum Area and their whole school approach to emotional and mental well-being, specific leadership responsibility was given to the Head of PE who worked with a team of practitioners drawn from Science and Technology (to address the nutrition aspects) and Health and Social Care.
- 3.50. In addition to commenting on leadership structures (as outlined above), several schools provided examples of how school-wide operational practices supported alignment between the whole school approach and the Health and Well-being Area. One secondary school explained that a digital platform they used to record and monitor safeguarding issues relating to individual learners provided an example of

the integration of the whole school approach to emotional and mental well-being with the Health and Well-being Area. The information recorded was used by staff with responsibility for the learner well-being centre in the school to refer learners for additional support. Another programme in the same school was used to assess learners' well-being needs and the profiles it produced had been shared with all staff so that they could support learners across the school.

- 3.51. One of the other secondary schools also used school assemblies to promote personal health and well-being, including healthy eating and physical fitness. In addition, this school had recently decided to prohibit any use of mobile phones during the school day following discussion with learners in assemblies about the detrimental impact they were having on their mental health.

Theme 3: Pedagogies to support teaching and progression in the Health and Well-being Area

Overview

All senior leaders described developing high-quality learning and teaching in the Health and Well-being Area as a priority. Schools adopted a range of pedagogical approaches, with some reporting that the 12 pedagogical principles were a strong feature of these approaches.

Most schools sought to integrate the different statements of what matters for this Area, reflecting a holistic approach to Health and Well-being proposed in the guidance, and undertaking planning to demonstrate the connections between different aspects of the Health and Well-being Area.

Most primary and secondary schools used relational pedagogies, for example, restorative practice, as one way of addressing the 'healthy relationships' statement of what matters. Most primary schools also used trauma-informed approaches, reflecting the alignment between the Health and Well-being Area and the whole school approach to emotional and mental well-being, which promotes learners being taught by trained and trauma-informed practitioners.

Most schools noted that they had not accessed external professional learning related to pedagogies for Health and Well-being, relying instead on in-school support. Costs and perceived disruption to learners were cited as some of the reasons for this.

All schools reported that they were using progression steps to inform assessment of learners' progress in the Area. Some were mapping progression across clusters between primary and secondary although this was reported to be at an early stage of development, and many participants highlighted that there was no national shared understanding of assessment of learner progress in this Area.

All schools used learner-centred approaches to assess progression in Health and Well-being. Learners were encouraged to play an active role in assessing their progress in all primary and secondary schools. Primary schools included their learners in progress reviews, with learners documenting and sharing their progress with parents/carers and each other, while secondary schools built in time with tutors, practitioners and peers for learners to reflect on progress and linking this to their well-being.

Some schools had engaged in evidence-informed approaches to progression. In particular, primary schools frequently reported using the ELSA intervention to understand and support the emotional and social development and needs of learners.

Almost all secondary and primary schools reported on the complex nature of the social, emotional and mental well-being domains and the difficulties they faced in 'measuring' these in a traditional sense.

Some secondary schools noted that they faced additional challenges due to the fact that GCSE specifications had not been published before they had designed the Year 7 to 9 curriculum, leading them to having to rethink approaches to teaching and learning at a later date.

- 3.52. Under this theme findings are presented in relation to: what pedagogies schools reported they had adopted in this Area; how the pedagogical principles had been used; how the schools had assessed learner progression in the Area and how the outcomes of this had been used to inform progression.

Pedagogies evident in the Health and Well-being Area

- 3.53. All senior leaders prioritised developing high quality learning and teaching in the Health and Well-being Area. They explained that a range of approaches were being used, reflecting the variety of skills and learning expectations set out in the guidance for this Area including descriptions of learning and the statements of what matters for Health and Well-being. Some leaders approached this through prioritising pedagogy first whilst others emphasised the need to integrate curriculum design, pedagogy, assessment and progression into the planning process.

“When we plan [pedagogy] we always refer to the what matters statements, the principles of progression and the descriptions of learning – so those are always purposefully incorporated into teachers’ units and their short-term planning.” (Senior Leader, Secondary School)

- 3.54. Some schools reported that the 12 pedagogical principles set out in Donaldson’s (2015) report on curriculum reform and the Curriculum for Wales Framework (Welsh Government, 2023), were a strong feature of their learning and teaching, including in the Health and Well-being Area.

- 3.55. Some schools reported having adopted a range of pedagogies to support health and well-being provision. They underlined efforts to create an authentic context for learning through a blend of approaches that promoted problem-solving and critical thinking, while also planning deliberately to demonstrate the connections between different aspects of the Health and Well-being Area. One secondary school shared an example of how they incorporated practical methods and enquiry-based approaches as part of their pedagogy in this Area to support skills, knowledge and critical thinking.

“We experiment with different methods... to bring the subject to life to ensure that the learning feels authentic. For example, I’ll say to learners: ‘I know that you’ve been talking in your holistic well-being lessons about setting targets for yourselves so we’ll look at what we need to do to set targets: you need baseline data – so today we’ll do a fitness test in physical well-being to set a baseline first that we can then measure against later in the year’.” (Senior Leader, Secondary School)

- 3.56. Most practitioners used pedagogical approaches that encouraged learners to take increased responsibility for their own learning. Examples of this in secondary schools included giving learners responsibilities to lead warm-ups and “golden time” to select an area in which they wanted to focus on improving self-effectiveness. In primary schools, the examples included learners taking responsibility for planning nutritious meals for the school and their families, and practitioners setting out playtime expectations to encourage learners to self-manage problems.
- 3.57. When asked about the pedagogies used to support teaching and learning in the Health and Well-being Area, senior leaders explained that a range of approaches were being used, reflecting the variety of skills and learning expectations set out in the guidance for this Area including descriptions of learning and the ‘statements of what matters’ for Health and Well-being.
- 3.58. Some primary and secondary practitioners referred to the inclusion of non-traditional and non-competitive physical activities alongside the existing PE offer. This was illustrated by an example from a primary school that took learners on walks in their local area; “...just focusing mainly on fitness and health...doesn’t focus so much on competitiveness” (Practitioner, Primary School). Senior leaders and practitioners in two secondary schools encouraged learners to take on a range of roles during activities, for example coaching, refereeing, leading teams and

keeping score to support the development of decision-making, teamwork and relationship skills.

“We discussed collectively where we wanted learners to be by the end of Year 9. In terms of PE we wanted them to develop resilience, respect for rules, developing new skills – physical skills are essential, we must have physical literacy for learners to be able to develop confidence. We wanted to develop pride in our learners.” (Senior Leader, Secondary School)

- 3.59. In most schools examples were shared of approaches to teaching and learning that sought to integrate the different statements of what matters for this Area, reflecting a holistic approach to Health and Well-being set out in the guidance. For example, senior leaders in all of the secondary schools highlighted the integration of physical aspects of health and well-being with science, technology, diet, and mental health as part of a holistic approach to health and well-being. A few primary school practitioners and senior leaders also noted opportunities to link PE with healthy eating and living.

“Nutrition included looking at preparing healthy food. So for example, a Year 8 nutrition lesson might involve preparing a meal which includes ...[slow energy release] foods...then we would discuss that in the PE lessons... We covered the important of lifelong good diets, the link between food and physical development and promoted positive attitudes towards healthy diets.” (Senior Leader, Secondary School)

- 3.60. Senior leaders and practitioners from all of the primary schools and some secondary schools spoke enthusiastically about integrating outdoor learning in creating an authentic context to support teaching in the Health and Well-being Area. For primary schools, this included using designated outdoor areas on their school grounds as well as outdoor spaces within their local environment for a range of activities such as forest and beach schools and litter picking. One primary school employed a dedicated learning support worker who delivered an outdoor learning programme for all year groups. Examples from secondary schools included learners undertaking volunteering placements at a local Wildlife Trust, open air mindfulness sessions, equine care, farming activities and orienteering.

“[We have] the woodlands and forests in the local area and access to the beaches in the local area...we also have our own secret garden, which we've developed with National Lottery funding and that really provides a space for our children to access and has huge benefits on children's well-being.” (Practitioner, Primary School)

- 3.61. One secondary school senior leader reported that they varied teaching methods to alternate between 'cognitive' or emotional aspects of health and well-being and physical development or skills. They noted that, since the implementation of Curriculum for Wales arrangements, there was a more conscious and purposeful approach to varying teaching methods to ensure that the different aspects of the Health and Well-being Area were included.

"I think Curriculum for Wales has made us think differently about well-being in ways that are not only about the physical, but about well-being more holistically." (Senior Leader, Secondary School)

- 3.62. Senior leaders and practitioners from all the primary schools spoke about pedagogies that focused on relationships, as one way of addressing the 'healthy relationships' statement of what matters, while also integrating this alongside other statements of what matters. In one primary school this had resulted in them co-constructing a relationship policy, underpinned by restorative practice, with their cluster primary schools and practitioners, learners and parents/carers.

"A huge key element of the Health and Well-being Area of Learning and Experience is relationships, and we say it's central to absolutely everything we do from staff to people to parent, to governor to community member, and we've got a new cluster policy and that has really pulled apart what [it] actually means to be a restorative school." (Senior Leader, Primary School)

- 3.63. In another primary school, senior leaders spoke enthusiastically about embedding a growth mindset, specifically within this Area, to promote perseverance with learners and build resilience. This involved using characters to teach children about how they learn, about developing resilience, and that making mistakes is part of learning.
- 3.64. Senior leaders and practitioners from three primary schools also referred to trauma-informed pedagogical approaches that had been adopted as part of their Health and Well-being provision, reflecting an awareness of the adverse childhood experiences faced by some learners. These senior leaders and practitioners reported that some of the pedagogies were related to programmes or packages that had been purchased such as Jigsaw, Play Therapy, Thrive and Kiva that supported positive relationships and social and emotional development. This use of trauma-informed pedagogical approaches illustrates the alignment of the whole school approach to

emotional and mental well-being with the Health and Well-being Area within their pedagogy.¹⁴

“We use art in [a] therapeutic way, but we also use play therapy as well. So, we invest in a play therapist to work with us every week and we identify specific children who are going through a period of crisis or have a history of trauma.” (Senior Leader, Primary School)

- 3.65. One primary school senior leader spoke about developing a pedagogical approach of “appreciations and apologies”. This included weekly meetings with a group of learners and an allocated practitioner to provide an opportunity to share their appreciations, apologies and social targets together for the week.
- 3.66. Senior leaders and practitioners from three secondary schools also shared examples of relational pedagogies. One secondary school senior leader, for example, highlighted that they had placed an emphasis on learners displaying empathy and respect and had introduced “contracts” setting out expectations for conduct of learners in health and well-being lessons. A practitioner in another secondary school explained that whenever there was a “whole class text” in English lessons, learners would discuss relationships and interactions between characters. This practitioner felt that this activity was an example of linking the Relationships and Sexuality Education (RSE) requirements in the Curriculum for Wales Framework and the “social and emotional aspects of the what matters statements”. A few senior leaders highlighted that their confidence regarding their enactment of the Health and Well-being curriculum and the appropriateness of pedagogies was enhanced by sharing expertise. Examples included participation in a community of practice, being a pioneer school during the earlier phase of curriculum reform, or through wider partnerships.

“I’d say I’ve worked closely with the university in the PE area and I’ve delivered plenty of what I believe to be evolving health and well-being through the PE subjects and as a result we deliver more holistic lessons.” (Senior Leader, Secondary School)

- 3.67. Some practitioners reported being interested in accessing professional learning opportunities which would allow them to explore pedagogies relevant to this Area.

¹⁴ The [whole school approach to emotional and mental well-being Framework](#) sets out that ‘being taught by highly trained, highly motivated, trauma-informed teachers who are aware of the impact they have on the young person’s overall development, inside and outside the classroom, is central to promoting emotional and mental well-being’ (Welsh Government, 2021).

Most schools noted that they had not accessed external professional learning related to pedagogies for Health and Well-being, relying instead on in-school support. Some senior leaders cited costs as a barrier and others noted concerns about the disruption caused to learners by practitioners taking time out to attend external courses. A senior leader in one secondary school noted constraints in being able to find time to attend external courses, whilst also observing a need for professional learning to support their school in approaching sensitive or challenging topics as part of the Health and Well-being Area.

“INSET is focused on our internal training needs. If I go on an external course – and I’m pulled out of the school – there’s additional strain then on learners to deliver what they have to for their coursework or exams. You almost don’t want to go out on course outside school because of the extra burden that places on you as a teacher and on learners. So it’s a catch-22. But it would be great to have additional training on some of the sensitive issues that we don’t know how to address – substance misuse, vapes, positive relationships, etc. Training in these areas would be helpful.” (Senior Leader, Secondary School)

Assessment of learner progress in the Health and Well-being Area

- 3.68. Many participants highlighted that, as the Health and Well-being Area was a new addition to curriculum delivery, there was no national shared understanding of assessment of learner progress. Consequently, a range of approaches to assessing progression were reported by senior leaders and practitioners, including using the progression steps, learner-centred assessment, and evidence-informed approaches, such as using assessment for learning (AfL) principles and interventions like ELSA (ELSA Network, 2024).¹⁵ Schools also reported on the particular challenges of assessing learner progress within the Area.
- 3.69. Senior leaders and practitioners from across all primary and secondary schools stated that they used progression steps to inform approaches to assessing progress in the Health and Well-being Area.
- 3.70. Some noted that they had looked at each learner’s progress in detail, examining learner progression in relation to Health and Well-being across year groups.
- 3.71. As an example, one secondary school had colour-coded their Health and Well-being framework based on whether learners were working above, at, or toward the

¹⁵ ELSA is an approach to help schools support the emotional and social development and needs of learners, attempting to overcome barriers to learning and well-being by building emotional resilience, self-awareness and social skills.

expected progression step. By repeating this exercise at regular intervals, they found this an effective way of tracking progress and establishing if learners were demonstrating improved skills, knowledge and understanding. They found it important to time these tasks appropriately to ensure meaningful assessment of progress.

“We’re comfortable with where we are now in terms of tracking progress. We know exactly when to carry out a progress [assessment] task and this is what we use to measure if learners are demonstrating better understanding or better effectiveness or knowledge. So, we have specific progress [assessment] tasks during Years 7, 8 and 9.” (Senior Leader, Secondary School)

- 3.72. To ensure a coherent continuum and avoid repetition, some secondary school senior leaders and practitioners explained that they had also mapped progression across clusters between primary and secondary schools. However, overall, schools reported that they were at an early stage of planning for progression across primary and secondary clusters.

“We’ve done a lot of work with the progression steps. The Head of the AoLE has led on this. We always have clear aims for what we want to develop each year and last year there was a focus on ensuring that the progression steps were in place – as a continuum from the primary phase up.” (Senior Leader, Secondary School)

- 3.73. All schools used learner-centred approaches to assess progression in Health and Well-being. The primary schools noted how they regularly consulted learners regarding what the curriculum included and also included their learners in progress reviews, with learners playing an active role in documenting and sharing their progress with parents/carers and each other. Secondary schools reported building in time with tutors, practitioners and peers for learners to reflect on progress; supporting learners to take the lead in delivering small group learning sessions; and using questioning to test learners’ understanding of their development and how they could improve on particular skills.
- 3.74. Schools also provided examples of the day-to-day activities they carried out to collect feedback from learners and to gain insights into their well-being. This included senior leaders visiting classes to observe Health and Well-being provision, focus groups, and questionnaires. An important feature of this work was providing opportunities for learners to give regular and direct feedback to practitioners,

ensuring that issues linked to well-being were given prominence under Curriculum for Wales arrangements.

“The learning walks we carried out on the Health and Well-being [Area] were very positive...in terms of staff asking [learners] how they’re feeling every day, knowing who they could turn to for support about anything that was wrong. So, this is positive with the greater emphasis in the new curriculum on well-being. We took groups of learners out during the day to have a focus group discussion with them about well-being and that’s where we collected data on learners’ experiences, their views about the school...It was clear from the discussions that learners feel safe, they know who they can turn to if they have a problem.” (Senior Leader, Primary School)

- 3.75. Additionally, all the schools reported on learner progression to parents/carers; however the level of reporting varied between schools. Some schools reported on how their learners had settled into the class and interacted with peers, whilst others formally reported on progress within the Health and Well-being Area as part of school reports and parents’/carers’ evenings. In one case parents/carers were also provided with access to a digital platform of learners’ Health and Well-being work.
- 3.76. A few senior leaders also highlighted their focus on supporting staff to better understand how to support and assess learner progression. One secondary school senior leader spoke about the importance of practitioners acting as “critical friends” to each other. For example, in this school they had developed a culture of monitoring with staff observing colleagues’ working practices, reviewing schemes of work and other classes’ Health and Well-being workbooks. This, it was suggested, helped support shared approaches and shared understanding of learner well-being and progression in the Area.
- 3.77. Some senior leaders reported higher levels of confidence in undertaking assessment in certain aspects of the Area, compared to others. For example, a secondary school senior leader spoke about being able to utilise well-established assessment practices whilst also considering how best to encompass other areas of progression within the assessment criteria for the physical domain of PE.

“In our Area it’s very easy to measure physical progress, something we’ve been doing over the years in relation to learners’ [physical] skills and abilities. So, it really has made us think more about the learners’ progress in relation to well-being more cognitively, so decision-making, solving problems, and looking at social factors as well.” (Senior Leader, Secondary School)

- 3.78. A small number of schools had engaged in evidence-informed approaches to progression and assessment in the Health and Well-being Area. Some primary schools had used data from their own online questionnaires (such as scales of well-being and engagement in learning) on issues such as learners' well-being and feelings about themselves to determine the next steps practitioners needed to take in developing individual learner progression.
- 3.79. Many schools employed specific AfL principles to address the applied and practical nature of the Area. An example of this was the use of iPads in one secondary school to provide real-time feedback in practical lessons such as gymnastics, enabling learners to self and peer assess. In another secondary school, a senior leader noted that they use "the verbal questioning model" as an important AfL strategy within the Health and Well-being Area. This, it was stated, reflected the fact that much of the work in the Area is "naturally orally-based [and] we get learners to question and discuss" (Senior Leader, Secondary School).
- 3.80. Other examples in primary schools included the frequent use of ELSA. This involved trained practitioners working in one-to-one or small group situations to develop emotional resilience, self-awareness and social skills in learners. One school referred to a programme they had used that was promoted by the local authority to support social and emotional learning. This initiative involved an online assessment to help establish how learners felt about themselves and others. The information was used to help plan what schools can do to improve learners' well-being, learning and attendance and whether some learners would benefit from extra support as part of a wider programme of emotional support in the school. Some senior leaders in secondary schools also spoke about examples of evidence-informed practice. One school reported that they had used the 'PERMA' questionnaire¹⁶ which they had initially trialled with vulnerable and disadvantaged learners including care experienced learners and eFSM learners, to determine whether an intervention was needed and what type of support would suit the learner best.
- 3.81. Senior leaders and practitioners in some secondary schools noted that assessment of the Health and Well-being Area was particularly challenging because GCSE

¹⁶ The 'PERMA' model was developed by Martin Seligman which outlines five pillars of well-being: positive emotion, engagement, relationships, meaning and accomplishment ([Positive Psychology Centre, 2025](#)). The 'PERMA-Profiler' is a questionnaire that measures these five pillars (Butler and Kern, 2015) and can be used to provide an overview of learner well-being ([Bates and Boren, 2019](#)).

qualifications and specifications had not been developed before the design and pedagogical approaches for the Year 7 to Year 9 curriculum had been decided upon. These senior leaders and practitioners noted that having the specifications available before provision and progression planning commenced would have enabled them to more effectively integrate curriculum, pedagogy and assessment, as opposed to “hoping” they had designed a curriculum that was fit for purpose.

“There's a lot of uncertainty about what the exams are going to look like, because in the past what we've always done is look at what they're going to have in their exam and then you teach back. Whereas it's sort of all flipped around and it's like, ok we'll start with Year 7 and we're building up to that point. But we don't know what that point is. We don't know how they're [learners] going to be examined and how they [the exams] are going to change.” (Practitioner, Secondary School)

- 3.82. Senior leaders and practitioners from both secondary and primary schools reported on the complex nature of the social, emotional and mental well-being domains and the difficulties they faced in “measuring” these in a traditional sense.

“I know that assessment has been a headache. We know we are required to assess but nobody tells us how. So, we tried using the [name of assessment tool] for this curriculum Area which didn't work for us at all. We felt we could do things more effectively and correctly ourselves without using that system. We understood that maybe it worked for other subjects but it wasn't fit for purpose ... so we resorted to developing our own approach.” (Senior Leader, Secondary School)

“If you know why you're doing something...then you decide how you're going to deliver and you have to accept that some things are more difficult to assess than others. And emotional well-being is one of those difficult things.” (Senior Leader, Secondary School)

- 3.83. Similarly, a primary school senior leader expressed that understanding and approaching assessment in the Health and Well-being Area was developing because “we've not done that before”. They went on to explain that assessment within the Area was “quite difficult because it's not always as simple as looking at pieces of work...there's not necessarily work, for example, to look at” (Senior Leader, Primary School).
- 3.84. Senior leaders from most schools noted that they were at an early stage in the development of assessment practices for this Area. These participants explained that they still had some distance to travel to ensure confidence amongst their practitioners in developing effective assessment and progression processes.

Theme 4: Challenges faced by schools in enacting the Health and Well-being Area

Overview

Senior leaders and some practitioners in all schools spoke of the challenge of finding time to plan for the Area and to participate and provide health and well-being activities, noting the importance of protected time during the school timetable to achieve this.

Some senior leaders and practitioners noted challenges in relation to the impact of poverty and the ongoing impact of the COVID-19 pandemic on learners' health and well-being and how, in many cases, learners needed to be nurtured before they were ready to learn.

A few senior leaders and practitioners referred to low levels of confidence amongst some teaching staff about their role in the planning and delivery of the Health and Well-being Area, particularly in a context of demanding practitioner workloads.

Senior leaders from most schools noted challenges associated with budget constraints and the rise in the costs of activities, for example travelling off-site for sport, venue hire, purchasing high-quality resources and inviting external agencies to the school.

- 3.85. Despite all schools welcoming the introduction of the Health and Well-being Area, all senior leaders and practitioners noted that, alongside opportunities, they had to manage challenges associated with this Area. These included time, funding, the impact of poverty and the legacy of COVID-19, and staff mindset and confidence levels. Other specific challenges highlighted by schools regarding cluster working and progression and assessment are included in Themes 2 and 3.
- 3.86. Senior leaders from all schools spoke of the challenge of finding time for planning to successfully enact the Health and Well-being Area. Most senior leaders discussed how important it was to ensure that they, and the practitioners they led, had protected time during the teaching week to be able to effectively plan the Area into the curriculum. In addition, senior leaders and practitioners in most of the secondary schools noted having time to plan and participate in health and well-being activities, such as school trips and sporting competitions, was also a challenge due to staff availability and workloads.

“We have to design a collaborative timetable across seven schools so that the leads have got the same time off to be able to meet, but that again brings its

challenges. The lead in one school could be part time on a Wednesday and it's very, very challenging actually.” (Senior Leader, Secondary School)

“Sometimes we have to limit how many learners can take part in extra-curricular activities because only one member of staff can go, for example to an athletics competition. Or we can't take part in a netball competition because we only have one member of staff. It's sometimes difficult to find time to plan in the way that we would like because we're so busy.” (Practitioner, Secondary School)

“Setting up risk assessments if we're going on a [health and well-being] visit somewhere - all that takes time. When you're teaching full time, you're marking, doing absolutely everything, to then put that in [...] it's an extra chunk of your time.” (Practitioner, Secondary School)

- 3.87. Connected to this, senior leaders and practitioners from most schools also highlighted financial resourcing as a challenge. Budget constraints and the rise in costs of some activities were reported to have had an impact on what they were able to provide for learners, including travelling off-site to sport and activity venues, venue hire, purchasing high-quality resources and inviting external agencies to the school.

“Money is the big one. We want to have good resources and facilities but without money we can't spend, so that's a challenge. Also, in the past people from external agencies who would have come in for free are now asking for payment. So, everybody's budgets are reduced. We now have to work hard to find grants and work hard to find pots of money so that's definitely a challenge.” (Senior Leader, Secondary School)

“During [...] training courses we often see the high-quality resources that are available and are being used elsewhere, however we don't always have the money to be able to buy-in those resources. So that can be a catch-22, we might have the information but we don't necessarily have the tools to put things into practice.” (Senior Leader, Primary School)

- 3.88. Most senior leaders and practitioners referred to ‘interventions’¹⁷ when describing activities within their schools, including (i) initiatives, programmes and support sourced externally that informed, or formed part of, the Health and Well-being curriculum which were available to all learners; and (ii) targeted or differentiated support aimed at specific groups of learners and linked to well-being, often delivered internally by the school or by partners. A few of these participants highlighted that existing time pressures were compounded by the need to

¹⁷ It should be noted that, while school representatives frequently referred to interventions to support teaching and learning in the Health and Well-being Area, this is not entirely consistent with the Curriculum for Wales Framework, which does not expect interventions to be in place to deliver this Area.

coordinate, arrange or deliver various types of support for learners. Some practitioners experienced difficulties in managing the competing demands of timetabling such activity alongside the Health and Well-being curriculum within the school day.

- 3.89. Some senior leaders and practitioners spoke of the challenges of external circumstances, such as poverty and the continued impact of the COVID-19 pandemic, on learners' health and well-being and how, in many cases, learners needed to be nurtured before they were ready to learn. One primary practitioner highlighted the challenges facing staff in responding to a variety of health and well-being needs.

“Sometimes I think we encompass everything - from teacher, to parent, to social worker. We do everything and you'd like to think that when children come to school, they come to school in a little box ready to go, ready to learn. But unfortunately, that's not the case currently. I think we're a lot heavier on well-being and emotional well-being and making sure they're happy and healthy.” (Practitioner, Primary School)

- 3.90. Two primary senior leaders spoke of responding to these needs through undertaking professional learning focused on trauma-informed approaches. These participants spoke of how beneficial they had found these professional learning opportunities, noting how they were better able to support learners within their schools as a result.

“I have completed the trauma diploma for trauma-informed practice. This was an 11-day course which was very valuable.” (Senior Leader, Primary School)

- 3.91. In a few schools, senior leaders and practitioners spoke about the challenges they had faced in supporting and encouraging staff to be involved in the introduction of the Health and Well-being Area. These participants referred to low levels of confidence amongst some teaching staff about their role in the planning and delivery of the inclusion of the Health and Well-being Area, with one senior leader in a secondary school noting “[we] lacked confidence because people were like ‘Is this right? Is it wrong?’ And we didn't quite know”.
- 3.92. Low levels of confidence were noted by a few senior leaders and practitioners as also being particularly challenging due to the requirement to adapt practices against a backdrop of demanding practitioner workloads and the requirement to meet outcomes and targets.

“One of the biggest challenges with the Curriculum for Wales, has been changing staff mindset and perception [...] bringing the staff with you. It's confidence because you have [someone] come in after 20 years of teaching and say [to teachers] ‘you should be doing it this way’. And let's not forget that members of staff have got outcomes too and targets to meet as well. It's a case of small footprints and just starting slowly.” (Senior Leader, Secondary School)

“Another challenge [is that] the Curriculum for Wales is asking for so much from staff. We have to respond to three frameworks: literacy, numeracy, digital competency. Then there are the core skills and cross-curricular skills. The demands are so profound.” (Senior Leader, Secondary School)

Research Question 2. How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

Overview

All primary and secondary schools reported being reliant on their staff's own professional knowledge and experience in planning and enacting the Health and Well-being curriculum.

However, all schools had also drawn on a wide range of sources to support curriculum enactment in this Area. This included Curriculum for Wales guidance, engagement with communities of practice, cluster working and other collaborative work, such as local authority-led working groups. Schools referred to other support, including commercial programmes, public bodies, university data sources and networks and family and community partners.

Some senior leaders and practitioners would welcome additional professional learning on assessment and progression, including approaches to understanding and monitoring learner development in relation to their emotional well-being. They also reported that they would value opportunities to share and learn from effective or innovative practice through other schools' approaches to this Area.

Most primary schools would welcome professional learning on the physical aspect of the Health and Well-being Area and two schools would welcome advice on how to integrate this curriculum Area with RSE.

There were only two Welsh medium secondary schools in the sample, but both noted a lack of Welsh language teaching resources, which they reported had a negative impact on staff time and the quality of resources they could offer learners.

- 3.93. This section sets out what resources schools had drawn upon in designing and enacting this Area of the curriculum and the additional professional learning provision that they identified would be helpful to them in undertaking further curriculum enactment.
- 3.94. As was pointed out above in the Methodology section of this report, the time limitations of the discussions with school senior leaders and practitioners often restricted opportunities to ask further questions to probe further the information provided by the schools on these themes.

Support for curriculum design in the Health and Well-being Area

- 3.95. While all primary and secondary schools had used their staff's own professional knowledge and experience in designing this curriculum Area, most had accessed other forms of support. This included examples of being involved in communities of practice and/or cluster working.
- 3.96. Communities of practice operated in a variety of ways and contexts. These included groupings of schools that as 'Curriculum Pioneers' had been involved in the development of the Health and Well-being Area of the curriculum from the outset of Curriculum for Wales; those who had been involved in the [National Professional Enquiry Project \(NPEP\)](#) (Welsh Government, 2025c)¹⁸ launched in 2018 to support practitioners to develop their skills in enquiry and pedagogy to improve teaching and learning; schools that had links with university practitioners and researchers; local authority and Regional Consortia networks and informal groups.
- 3.97. As detailed above, some schools referred to their use of the Curriculum for Wales guidance on Health and Well-being, particularly the statements of what matters and descriptions of learning, as a basis for reviewing their previous curriculum vision and provision. This was reported to have been valuable in prompting senior leaders and practitioners to reflect on previous approaches and helped identify aspects of the curriculum that needed greater focus.
- 3.98. In most schools the enhanced status of Health and Well-being as a designated Area of the curriculum had led to staff having opportunities to engage in projects and activities as part of school-to-school collaboration. These opportunities provided practitioners with additional experience and insights that had subsequently influenced and supported their curriculum design. Examples included progression planning as part of primary and secondary cluster work, local authority-led working groups to develop a shared vision for the Health and Well-being Area and events where practitioners have presented good practice to other schools, Welsh Government and regional education consortia representatives.

¹⁸ The National Professional Enquiry Project launched in 2018 to support practitioners to develop their enquiry and pedagogic skills to improve teaching and learning.

Curriculum enactment in the Health and Well-being Area

3.99. All schools reported that they used various forms of external support which enhanced or were incorporated as part of their respective enactments in the Health and Well-being Area. This included a range of programmes, organisations and other resources, which are detailed in Annex C. Some of the key sources of support include those listed below, which are discussed in this section:

- programmes/interventions, notably Thrive and ELSA
- SHRN
- Sport Wales
- higher education institutions
- family support programmes
- learning experiences beyond the classroom, for example residential trips and Urdd competitions

3.100. Thrive (Thrive, 2024)¹⁹ was frequently mentioned by schools, including all of the primary schools, who used this training programme and software to support their work on the Health and Well-being curriculum and the whole school approach to emotional and mental well-being.

3.101. Three senior leaders noted that growing numbers of practitioners had engaged in intensive professional learning activity, gaining additional qualifications in trauma-informed practice. One primary school senior leader reported that this had involved a “significant investment” but considered that the “pay-off is huge” in terms of practitioners’ understanding of how to provide appropriate emotional support for learners.

“We’ve changed our culture in terms of being emotionally available for [learners]. Children cannot learn unless their well-being is right – it’s something we focus on a daily basis, especially our more vulnerable learners. Having time to process what has gone on with our most challenging children is a huge part of our approach, and our thinking.” (Senior Leader, Primary School)

¹⁹ Thrive is a commercially produced trauma-informed, whole school or setting approach that is intended to help improve the mental health and well-being of children and young people, boost attendance and improve behaviour.

- 3.102. The ELSA intervention was also used by some primary schools to support their work on the Health and Well-being Area and the development of the whole school approach to emotional and mental well-being. The intervention was typically provided for children and young people who were struggling with emotional challenges that could influence their learning, behaviour or social interactions. Generally, it was delivered by trained teaching assistants or support staff in a one-to-one or small group setting.
- 3.103. Schools provided examples of how the data collected and analysed following their SHRN surveys had influenced decisions about teaching and learning in the Health and Well-being Area. Senior leaders noted that the surveys produced insights to help prioritise topics to address with learners in different year groups, as has been noted in earlier sections of this report. Secondary schools' senior leaders and practitioners, in particular, noted that SHRN data fed into the process of updating units of work or courses that were taught in school. Schools' SHRN data was also used to inform pastoral support or extra-curricular activities and interventions.

“We also work closely with the safeguarding officer in the school, looking to learn from what we’ve heard from external partners...and introduce things in response. We also do an audit of learners’ emotional well-being – to understand what sorts of things they’d like to have included. So much of this comes from SHRN but is also influenced by the things we have to include in the curriculum. The provision changes from year to year as we respond.”
(Practitioner, Secondary School)

- 3.104. Sport Wales resources had been used by many of the schools to support enactment of the Health and Well-being curriculum. Sport Wales (2024a) through its bilingual online platform Citbag (Sport Wales, 2024b), provides free resources for practitioners, to plan creative sessions as part of physical health and well-being education. Practitioners mentioned that Play to Learn, one of the programmes in Citbag, was useful.²⁰ Two practitioners in one primary school had completed a Play to Learn training course which had taught them that “developing learners’ physical skills doesn’t have to be done through PE lessons and it can be done by encouraging children to be more active as part of everyday lessons” (Practitioner, Primary School). Some of the schools had also accessed workshops, to inform curriculum design, progression practice and the use of Citbag resources.

²⁰ Play to Learn aims to encourage children aged three to seven to be physically active and learn key movement skills (Sports Wales, 2025)

3.105. A few schools had worked with a university in their region to design their Health and Well-being curriculum. Practitioners in these schools had participated in collaborative networks which included university staff and researchers. Web-based spaces had been created where resources were shared; while professional practice was shared through informal visits, professional learning events, and research seminars.

“We had a researcher with PE specialisms come in to support us from a university level to look at our approaches to design our own approach to PE lessons and it's still a part of what we do.” (Practitioner, Primary School)

3.106. In some cases, schools had engaged with the families of their learners in ways that linked to the Health and Well-being Area. This family engagement had aimed to achieve a range of objectives: to raise awareness of changes to the curriculum; to promote messages about healthy eating, linking to the nutrition theme of the Health and Well-being Area and to promote community links.

3.107. Some schools had collaborated with community partners, enabling them to embed the ethos of working closely with external partners on site as part of their vision to act as a ‘hub’ for their locality. Examples included encouraging parents/carers and community groups’ use of the school café in one primary school and hosting mother and toddler groups to promote awareness of nutrition and healthy eating in a secondary school. Providing breakfast clubs had enabled some schools to enhance health and well-being through increased social cohesion in the community, good quality nutrition, and dissemination of knowledge about healthy food.

“...on a Wednesday it's a breakfast club...people come and have a breakfast together. So, that wraps around a lot of what we do really...that brings community together and brings...good well-being.” (Senior Leader, Primary School)

“The emphasis we've put on food as a school is huge. So our breakfast club offer is massive ...and we've really thought about health and the importance of avoiding ultra processed food in our offer. And we've worked with parents on that, so learning about good food, growing good food, cooking good food, eating good food, it goes through everything that we do.” (Senior Leader, Primary School)

3.108. Some primary and secondary schools had responded to opportunities offered by external organisations such as universities, professional football clubs, charities (for example, NSPCC, Stormbreak, British Heart Foundation) and national bodies (Sport

Wales, the Urdd) for outside school activities that supported health and well-being through outdoor, competitive and/or residential experiences.

“Extra-curricular activities, we try and ensure we give them plenty of opportunities to take part in Urdd competitions and other things. They have opportunities to go on residential visits, there’s a crew from Year 6 going to Llangrannog, which also supports their health and well-being.” (Senior Leader, Primary School)

“The opportunities they have are fantastic. We travel across Wales and compete, we go to Cardiff to compete in Urdd competitions, regional competitions. Our rugby team has travelled to north Wales to compete. So our learners have great opportunities and worthwhile experiences through extra-curricular activity.” (Senior Leader, Secondary School)

Future professional learning for the Health and Well-being Area

3.109. Senior leaders and practitioners from both primary and secondary schools identified several areas where further support was required for this curriculum Area. Some senior leaders and practitioners noted that they would welcome further support on assessment and progression, including approaches to understanding and monitoring learner development in relation to their emotional well-being. These participants reported that they would value opportunities to share and learn from effective or innovative practice through other schools’ approaches to this Area.

3.110. Some practitioners also named specific aspects and issues where they felt less confident in their provision, particularly with the inclusion of more sensitive issues linked to healthy behaviours, relationships, and challenges experienced by some learners outside school. Specific points raised by one secondary school practitioner included an interest in accessing professional learning linked to substance misuse, vaping and approaches to help foster positive relationships.

“I’ve attended a course on misogyny – which is a problem for us in the school. There is a company that delivers an ambassador programme for sixth form learners and staff. But that was £1500 but we couldn’t access that due to costs. It would be great, but we can’t access some things.” (Practitioner, Secondary School)

3.111. One primary school and one secondary school each noted that they would also welcome professional learning and support to explore the relationship between and potential integration of RSE with the Health and Well-being Area. As one primary school practitioner reported, “there are many overlaps between RSE and Health and Well-being [so we need] advice on how to incorporate RSE in a cross-curricular

way linked to Health and Well-being – so that it's a more natural part of the curriculum" (Practitioner, Primary School).

- 3.112. Both senior leaders and practitioners in most primary schools reported that they wanted more support with the physical aspect of health and well-being. Examples given by individuals what the "new version of PE looked like" (Senior Leader, Primary School); more professional learning on child development for practitioners entering the profession, "particularly the physical aspect" (Practitioner, Primary School); and more guidance on physical skills.

"More guidance around physical skills to ensure that all learners have the same opportunities and reach a point where they have the basic skills before they reach secondary school. We want to ensure that learners are able handle a ball, can jump, can do basic movements. Without this guidance it is difficult for us to know if we're doing everything we should be to equip the learners with the skills that they need. We want to make sure that we're not putting effort into something that isn't going to have a positive effect." (Practitioner, Primary School)

- 3.113. One further issue raised by both Welsh-medium secondary schools in the sample, which had impacted on their enactment of the Health and Well-being Area, related to the availability of Welsh language teaching resources. One school indicated that they "spend a lot of time" translating resources themselves, noting that this requires additional time and usually takes place outside of official school hours. Senior leaders in both these schools expressed concern about the inequity presented by not having access to bilingual materials.

"And you do miss out on quality – if resources in English are really well animated or designed then we can't replicate that... when translating resources ourselves." (Senior Leader, Secondary School)

4. Conclusions

- 4.1. The research aimed to provide exploratory answers to two overarching research questions in relation to the way Curriculum for Wales enactment in schools was supporting the Health and Well-being Area.
- Research question 1: How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?
 - Research question 2: How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

Research Question 1: How is Curriculum for Wales guidance in relation to the Health and Well-being Area being implemented in practice?

Opportunities afforded by the Health and Well-being Area

- 4.2. All of the schools involved in this study welcomed the opportunities provided through the Curriculum for Wales Framework to develop a Health and Well-being curriculum that responded specifically to their context and to their learners' needs.
- 4.3. From the discussions in this study, all schools noted that health and well-being was a priority within their school development plan and was central to their vision for the curriculum. Some schools reported that health and well-being enjoyed an enhanced status under the new curriculum arrangements and that there had been an increase in the amount of time allocated to teaching and learning in this Area.
- 4.4. The evidence suggests that all schools were developing a holistic approach to supporting health and well-being, incorporating physical health and development, mental health and emotional and social well-being. This reflects requirements set out in the guidance for the Health and Well-being Area. In primary schools, health and well-being was typically integrated into the wider curriculum and embedded as part of topics, as opposed to being taught as a standalone Area. Secondary schools referred to developing a holistic approach to the design of this Area, promoting the interconnections between different aspects of the Area.
- 4.5. Most senior leaders and practitioners reported that curriculum planning for the Health and Well-being Area was frequently informed by discussions with learners to

ensure teaching and learning was relevant and engaging. Half of the schools reported using data for their school collected through the SHRN survey to inform curriculum planning.

- 4.6. According to senior leaders, the introduction of this Area was beginning to have a positive impact on learners' understanding of their own health and well-being, on their ability to articulate problems when they arose, and their knowledge of how and where to access support for their well-being.

Design and structure of the Health and Well-being Area

- 4.7. All schools reported that the process of designing the Health and Well-being Area had initially involved reviewing and auditing previous provision. Aspects of the Framework, notably the statements of what matters, were reported to have been widely used by schools to support curriculum design.
- 4.8. Some senior leaders, however, reported that they would have benefitted from earlier guidance on approaches to planning work in this Area. Others noted that, going forward, they would welcome feedback on their approach to this Area of the curriculum to inform future developments.
- 4.9. Evidence provided by primary and secondary schools indicated that they were focused on ensuring that the Health and Well-being Area was designed in order to meet the needs of all learners. Many of the senior leaders and practitioners highlighted the importance of an engaging and stimulating learning environment; staff skills and competence to be responsive and attuned to the needs of learners with different characteristics; and the importance of frequent review and evaluation to help drive improvements in design and implementation.
- 4.10. Different leadership structures were described by schools, however one common feature across the sample was an emphasis on a collective and collaborative approach. In all schools, senior leaders stated that they had attempted to design the Health and Well-being Area to align with the whole school approach to emotional and mental well-being. Many of the practices described by senior leaders and practitioners throughout the research highlighted the alignment of the design, learning and teaching in the Health and Well-being Area and delivery of their whole school approach to emotional and mental well-being. Schools reported that a member of the SLT led the whole school approach to emotional and mental well-

being and that this was typically also the person with leadership responsibility for, or oversight of, the Health and Well-being Area.

- 4.11. Some secondary schools placed an emphasis on promoting a sense of shared responsibility among all staff for supporting health and well-being. All of the primary schools referred to integrated planning to ensure alignment between teaching and learning in the Health and Well-being Area and the activities taken forward as part of the whole school approach to emotional and mental well-being.
- 4.12. Discussions with schools revealed varying levels of cluster working relating to the Health and Well-being Area. Primary and secondary schools reported differing experiences of school-to-school collaboration: most of the primary schools in the sample noted that cluster working happened between primary schools, without the involvement of secondary schools; however each of the secondary schools in the sample noted that, in their clusters, some degree of joint working linked to Health and Well-being had taken place with primary schools in their cluster.
- 4.13. Where schools cited barriers to cluster working, the challenges mentioned referred to different implementation timescales that primary and secondary schools had followed and the practical challenges and constraints involved in coordinating cluster-wide activity with large numbers of feeder primary schools, each of which had developed their own approaches to curriculum design.

Pedagogies to support teaching and progression in the Health and Well-being Area

- 4.14. The research found that all senior leaders across the sample of schools described developing high-quality learning and teaching in the Health and Well-being Area as a priority. Schools adopted a range of pedagogical approaches, with some reporting the 12 pedagogical principles were a strong feature of these approaches. Examples of pedagogical approaches used by schools included AfL, enquiry-based approaches, learner- or peer-led sessions, approaches that emphasised the importance of teamwork and decision-making, and the use of outdoor learning.
- 4.15. Most primary and secondary schools used relational pedagogies, for example, restorative practice, as one way of addressing the 'healthy relationships' statement of what matters as part of their focus on strengthening relations with learners. Most primary schools also used trauma-informed pedagogical approaches, reflecting the

alignment of the Health and Well-being Area with the whole school approach to emotional and mental well-being, which emphasises the importance of learners being taught by “highly trained, highly motivated, trauma-informed teachers” ([Welsh Government, 2021](#)).

- 4.16. All schools underlined their use of learner-centred approaches to assess progression in Health and Well-being. Learners were encouraged to play an active role in assessing their progress in all primary and secondary schools. Primary schools included their learners in progress reviews, where learners were encouraged to share their progress with parents/carers and each other. Secondary schools reported that they built in time with tutors, practitioners and peers for learners to reflect on progress and linking this to their well-being.
- 4.17. Progression steps were being used to inform approaches to assess learners' progress in the Area according to all of the schools. Some schools had reported that they had worked collaboratively with cluster partners to map progression. Many participants, however, highlighted that there was no national shared understanding of assessment of learner progress in this Area.
- 4.18. Most schools reported uncertainty in relation to their work on progression, due to Health and Well-being being a relatively new curriculum Area and the complex nature of the social, emotional and mental well-being domains and the difficulties they faced in 'measuring' these in a traditional sense.
- 4.19. Some secondary schools reported that designing the Health and Well-being curriculum for Years 7 to 9 prior to the publication of the new GCSE specifications had presented further challenges when considering approaches to progression.

Challenges faced in the Health and Well-being Area

- 4.20. All schools reported that they faced challenges in finding time to plan for the Area and participate in, and provide, health and well-being activities, such as school trips and sporting competitions, due to staff availability and workloads. They highlighted the importance of protected time during the school timetable to achieve this.
- 4.21. Some practitioners and senior leaders commented on the wider societal challenges that impacted on schools' work in this area, referring to the effects of poverty and the ongoing legacy of the COVID-19 pandemic on learners' health and well-being.

In these schools, participants referred to the importance of nurturing and providing appropriate support to learners before they were ready to learn.

- 4.22. A few senior leaders and practitioners referred to low levels of confidence among some teaching staff about their role in the planning and delivery of the Health and Well-being Area. This was particularly noted in a context of demanding practitioner workloads and the requirement to adapt practices.
- 4.23. Challenges associated with budget constraints and the rise in the costs of activities such as, travelling off-site for sport, and inviting external agencies to the school was reported by senior leaders from most schools.

Research Question 2: How are settings and practitioners supported to enact the Health and Well-being Area as part of the Curriculum for Wales?

- 4.24. Being reliant on staff's own professional knowledge and experience in planning and enacting the Health and Well-being curriculum was reported by all of the primary and secondary schools
- 4.25. However, schools drew on support in a variety of ways to enact the Health and Well-being Area as part of the Curriculum for Wales. Examples included using Curriculum for Wales guidance, engaging with communities of practice, cluster working, and other partnership activities such as local authority-led working groups.
- 4.26. Some schools referred to their use of the Curriculum for Wales guidance on Health and Well-being, particularly the statements of what matters and descriptions of learning, as a basis for reviewing their previous curriculum provision and for developing their approach to this Area. This proved valuable in allowing senior leaders and practitioners to reflect on previous approaches and to identify aspects of the Framework that needed greater focus as part of their new curriculum arrangements.
- 4.27. In most schools, senior leaders noted that staff had been given opportunities to engage in projects and activities as part of school-to-school collaboration. These opportunities provided practitioners with additional experience and insights that had subsequently influenced and supported their curriculum design. Examples of these opportunities included progression planning as part of primary and secondary

cluster work and engaging with local authority-led working groups to develop a shared vision for the Health and Well-being Area.

- 4.28. All schools also drew on external sources to support curriculum enactment. Examples provided by individual schools included engaging with universities, professional football clubs, charities and national bodies such as Sport Wales, and the Urdd, who delivered activities that supported learners' health and well-being through outdoor, competitive and/or residential experiences.
- 4.29. Some schools had engaged with the families of their learners that linked to the Health and Well-being Area, for example to promote messages about healthy eating. Some also collaborated with community partners, enabling them to embed the ethos of working with these groups on site to support health and well-being, for example using the school café, as part of their wider vision to act as a 'hub' for their locality.
- 4.30. Although some schools had participated in formal professional learning specific to the Health and Well-being Area, most had not. In some cases, senior leaders cited cost and time as the principal barriers to engaging in external professional learning.
- 4.31. Schools identified examples of areas or topics on which they would welcome opportunities to engage in further professional learning, linked to the Health and Well-being Area. Some senior leaders and practitioners from primary and secondary schools required support on assessment and progression, including approaches to understanding and monitoring learner development in relation to their emotional well-being. They also reported that they would value opportunities to share and learn from effective or innovative practice through other schools' approaches to this Area.
- 4.32. Most primary schools would welcome professional learning on the physical aspect of the Health and Well-being Area and two schools would welcome advice on how to integrate this curriculum Area with RSE.
- 4.33. There were only two Welsh medium secondary schools in the sample but both noted a lack of Welsh language teaching resources, which they reported had a negative impact on staff time and the quality of resources they could offer learners.

Areas for consideration for the Health and Well-being Area

- 4.34. The research identified a clear need in this Area for schools to be assisted in developing confident practice to measure learner progress. As planning for progression and assessment was reported to be at an early stage of development by several schools, consideration should be given to providing additional support for schools to develop effective assessment practices in the Health and Well-being Area.
- 4.35. Evidence gathered during the study suggests that, although school-to-school working has taken place to support developments in this Area, there is scope for further collaborative activity to support planning and design. The research indicates that joint planning and curriculum design work between secondary schools and their feeder primary schools was underdeveloped in some cases. Consideration should be given to ways of improving collaboration within clusters to support transition and progression in the Health and Well-being Area for learners in Year 6 and 7.
- 4.36. On a related note, the study heard examples of senior leaders and practitioners who had benefitted from their involvement in communities of practice and other collaborative activity that had led to the sharing of effective practice and expertise, and increased practitioner confidence. Welsh Government and partners across the wider system could explore ways of facilitating further opportunities for schools to take part in joint working to support design and enactment of the Health and Well-being Area.
- 4.37. Consideration should be given to the provision of additional professional learning opportunities that are specific to the Health and Well-being Area. The research identified that it would be beneficial if these opportunities included the following areas: assessment and progression; the physical domain of health and well-being (particularly for primary schools); accessing effective and innovative practice developed by other schools; planning and collaboration within clusters; and alignment between health and well-being and RSE.

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Annex B: Research tools

Discussion guide for all participants

Individual and group discussion guide with Health and Well-being leaders (senior leader/s responsible for Health and Well-being as an Area and Well-being across the School).

Introduction/Preamble. Thank them for agreeing to take part. Draw attention to the Information Sheet and read through each of the numbered points with each participant. Check they are ok with the session being recorded. Reiterate anonymity – i.e. no individual or institution will be identifiable in any reports produced as part of the evaluation. Please answer as openly and honestly as possible, please don't assume we know the detail of your role. Check we have their consent to take part. Say that the interview should take no longer than 60 minutes.

I am really interested in hearing around Well-being in the School, particularly Health and Well-being as an Area.

NB. Briefly outline the Theory of Action approach, explaining that this model involves discussing:

- The Actions taken in relation to a particular element of Curriculum for Wales (in this case the Health and Well-being Area).
- The Constraints (or conditions, or factors) that explain why those actions are taken.
- The Consequences of those actions (over the short-term and anticipated consequences/outcomes over the longer term).

The discussion will not address these in turn but rather will flow between these three aspects throughout. Secondly, the approach will involve asking some general questions initially before we ask some more focused prompt questions. The in-depth individual and group discussion guides can be seen below

Design and structure of this Area

- In what ways is this Area being designed in alignment with your school's work to embed a whole school approach to emotional and mental well-being?
 - Probe - links connections, ALN, RSE, external organisations.

- Probe links Secondary –Welsh Network of Healthy Schools, Primary – Happen survey feed into planning of Area and other organisations. SHRN in primary and secondary schools.
- To what extent and in what ways is this Area being designed in alignment with the Statutory Health and Well-being Guidance published by Welsh Government?
- How is this Area structured within your school?
 - Probe - Structure Well-being across the school
- How important do you see this Area of the curriculum?

Leadership of this Area

- How is this Area being led and coordinated within the school?
- How is the whole school approach to emotional and mental well-being being led and coordinated within the school? How are you as a leader determining the needs/self-assessing the needs of your context for this Area/curriculum? How are you determining the needs of your learners? Can you give any examples?
 - Probe - Welsh Network of Healthy Schools Scheme/Happen survey.

Integration and enactment of the Health and Well-being Area

- How have you decided on the content of this Area, and have you drawn on any evidence to inform this content?
- How have you integrated the physical, social, emotional, cognitive and mental, psychological aspects/domains of this Area?
- How have the statements of what matters for health and well-being been enacted and integrated as part of curriculum plans/provision?
- What are the outcomes of enacting health and well-being/well-being in this way for educators?
- Are there any particular consequences of interest for this Area? Consequences for learners?
 - Probe - examples throughout
- How is assessment in this Area being used to inform progression and planning?

- How is progression reported to learners and parents/carers?
 - Probe - Planning for progression – probe – guidance, expertise, clusters.

Pedagogies evident in this Area

- What pedagogies do you use in this Area?
 - Probe - physical, signature, social/emotional well-being pedagogies.
 - Probe - examples throughout.
- How are the pedagogical principles being used to inform approaches?
- What arrangements are in place to self-evaluate or review the approaches to teaching and learning being employed?
- How is assessment in this Area being used to inform progression and planning?
- How is progression reported to learners and parents/carers?
 - Probe - Planning for progression – probe – guidance, expertise, clusters.

Response to opportunities and challenges

- What opportunities has this Health and Well-being Area presented so far?
 - Probe - What do you feel has been going well and sharing practice.
- What has been going well for educators? And not so well? What are the reasons for this?
- What has been going well for learners? And not so well?
- What challenges has this Health and Well-being Area presented so far?
 - Probe – what has been more challenging.
- What are the outcomes of enacting health and well-being/well-being in this way?
 - Probe - Curriculum for Wales purposes / time frame / impact of this? What might a desired outcome look like?
- To what extent and in what way do views, experiences and practices differ for different types of practitioners in your school?

- To what extent do you feel you (school) have the requisite skills and knowledge to be able to integrate this into your teaching? In what ways are you doing so and what challenges/opportunities are you experiencing?
- What are the professional learning needs of staff/support staff (in your school) in this Area? Are they being met? If so, how? If not, why not?
- What additional support is needed for this element of the curriculum to be implemented successfully in your school?
 - Probs – examples throughout.

Group discussions with school staff that are involved in Health and Well-being as an Area and Well-being across the School (Practitioners and Teaching assistants)

Between one to two (depending on size) group discussions per school will be conducted with staff. A group discussion guide informed by the Theory of Action will be used. The discussion will last up to 60 minutes and will be audio recorded. The key themes of the discussion will be shared with schools prior to the visit.

Introduction/Preamble: Thank them for agreeing to take part. Draw attention to the Information Sheet and read through each of the numbered points with each participant. Check they are content with the session being recorded. Reiterate anonymity – i.e. no individual or institution will be identifiable in anything coming from the project. Please answer as open and honestly as possible, please don't assume we know the detail of your role. Check we have their consent to take part. Say that the discussion should take no longer than 60 minutes.

NB. Briefly outline the Theory of Action approach, explaining that this model involves discussing:

- The Actions taken in relation to a particular element of Curriculum for Wales (in this case the Health and Well-being Area).
- The Constraints (or conditions, or factors) that explain why those actions are taken.
- The Consequences of those actions (over the short-term and anticipated consequences/outcomes over the longer term).

I am really interested in hearing around Well-being in the School, particularly Health and Well-being as an Area.

Design and structure of this Area

- In what ways are you aware that this Area is being designed in alignment with your school's work to embed a whole school approach to emotional and mental well-being? And in alignment with the Statutory Health and Well-being Guidance published by Welsh Government?
 - Probe links Secondary –Welsh Network of Healthy Schools, Primary – Happen survey feed into planning of Area and other organisations.

- Probe - links connections, ALN, RSE, external organisations,
- How do you see this Area structured within your school?
 - Probe - structure Well-being across the School
- How important do you see this Area of the curriculum?

Leadership of this Area

- How is this Area /Well-being (across the school) being led within the school? How are you supporting the leading of this Area?
- How do you as staff determine the needs/self-assessing the needs of your context for this Area/curriculum? How are you determining the needs of your learners? Can you give any examples?
 - Welsh Network of Healthy Schools Scheme/Happen survey.

Integration and enactment of the Health and Well-being Area

- How have you as staff (department) decided on the content of your Area and have you drawn on any evidence to inform this content?
- How do you integrate the physical, social, emotional, cognitive and mental, psychological aspects /domains of this Area?
 - Probe – nutrition.
- How has PE and social and emotional learning been integrated within this Area?
- How have the statements of what matters for health and well-being been enacted and integrated as part of curriculum plans/provision?
- What are the outcomes of enacting health and well-being/well-being in this way for you?
- Are there any particular consequences of interest for this Area? Consequences for learners?
 - Probe - examples throughout.
- How is progression being planned in this Area?
- How is progression reported to learners and parents?

- Probe - Planning for progression – probe – guidance, expertise, clusters.

Pedagogies evident in this Area

- What pedagogies do you use in this Area?
 - Probe - physical, signature, social / emotional well-being pedagogies.
 - Probe - examples throughout.
- How are the pedagogical principles being used to inform approaches?
- What arrangements are in place to self-evaluate or review the approaches to teaching and learning being employed?

Response to opportunities and challenges

- What opportunities has this Health and Well-being Area presented so far?
 - Probe - What do you feel has been going well and sharing practice.
- What has been going well for educators? And not so well? What are the reasons for this?
- What has been going well for learners? And not so well?
- What challenges has this Health and Well-being Area presented so far?
 - Probe – what has been more challenging.
- To what extent and in what way do views, experiences and practices differ for different staff in your school?
- Why might this be the case?
- To what extent do you feel you have the requisite skills and knowledge to be able to integrate this into your teaching? In what ways are you doing so and what challenges / opportunities are you experiencing?
- What are your professional learning needs in this Area? Are they being met? If so, how? If not, why not?
- What sources of support do you use in school to assist you with health and well-being in the curriculum?

- Prompts: Welsh network of healthy school co-ordinators – why are they helpful / not, self-evaluation; training offered (for example, Thrive / Pace) etc, other support by third parties
- What additional support is needed for this element of the curriculum to be implemented successfully in your school? What professional learning would be helpful for you in this Area?
 - Probe - examples throughout.

Annex C: Sources of support accessed by schools

Sources of support that primary schools used to enact the Health and Well-being Area

Intervention programme or tool

Jigsaw

Trauma informed approach

Real PE

Thrive

Big Bocs Bwydfair share food and collaboration)

Boxall Profile

Carys Ofalus (road safety)

Designed to smile

Dojo shop (feedback and rewards)

Don't touch, say (Paid a Chyffwrdd, Dweud)

ELSA

Families Learning

Flourishing Families

Forest School

Happen

Healthy Schools

KiVa

Leadership Academy

Measure: Selfie (bi-annual social and emotional assessment)

Mood tracker

Motional (TIA, measure and development)

Outdoor learning

Pace

PASS questionnaire

Project Zero: Walking bus

Puma model (re Flourishing Families)

Red Beast

Saib a Symud (PausePoint)

Show Racism the Red Card

Soup and song programme as a channel (healthy food and community)

Organisation

External expertise / agencies (for example, trainers, gym facilities, fresh food providers)

Local authority

Local consortium collaboration

British Heart Foundation

Cardiff City

Collaboration with higher education partners

EK Outreach Services

Estyn questionnaire feedback

Gorwel

Llangrannog residential visits

NSPCC

Police

SHRN data

Sports Relief

Stormbreak

Sustrans

Taith 360

Other resource

Cluster collaboration

Involving parents and families

Nurture group / class; Well-being space

Pupil voice group or consideration

After school club by an external provider

Alignment with school philosophy

Bloom fan scale

Breakfast club as a channel

Clubs

Collective worship

Community events and collaboration

Counsellor (external)

Educational psychologist

Environment: Design of learning environment

Environment: Design of lunch hall

External examples of similar initiatives, national and international

Extra-curricular activities beyond clubs

Four purposes / attitudes as a supportive framework

Holistic approach in auditing schools, instead of tick boxes

Learner involvement in learner progress assessment

Nurture setting constantly available in school

Open door policy / front door policy

Positive psychologist

Resources (time, space, staff) for small group discussions re health and well-being

Staff voice

Staff well-being promotion and well-being space

Synchronising staff professional learning and health and well-being opportunities for children

Sources of support that secondary schools used to enact the Health and Well-being Area

Intervention programme or tool

DAKU programme

IRMA

Junior Chef Academy

My Concern

My Well-being School

Organisation

Agored Cymru

Barnardo's

CAMHS

Sport Wales

Other resource

Additional nutrition teacher

ALN specialist centre in school

Assemblies on theme prior to implemented change

Book clubs for staff, for exploring and sharing educational resources and experiences

Case studies to enhance authenticity in health and well-being

Counsellor (internal)

Feedback for learners in real time on iPads

Feedback-giving opportunities for learners, regularly

Linking health and well-being content between subjects

Mental health practitioner

Mentoring system

Nurse

Qualification (GCSE type) awarded, enhancing status of Health and Well-being
Registration classes as a channel to fit further health and well-being content in
School Improvement Advisor
Staff mindset and perceptions
Thematic approach across assemblies

Sources of support that both primary and secondary schools used to enact the Health and Well-being Area

Intervention programme or tool

Thrive
ELSA
Outdoor learning

Organisation

External expertise / agencies (for example, trainers, gym facilities, fresh food providers)
Collaboration with higher education partners
Local authority
SHRN data
Police

Other resource

Cluster collaboration
Involving parents and families
Nurture group / class; Well-being space
Pupil voice group or consideration
Clubs
Breakfast club as a channel
Community events and collaboration

Extra-curricular activities beyond clubs