School and college staff wellbeing: evidence from England, the UK and comparable sectors

Research report

December 2019

CooperGibson Research

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Executive Summary

Introduction

In March 2019, the then Secretary of State announced the creation of an expert advisory group to advise the Department for Education (DfE) on staff wellbeing in England's schools and colleges. To support its work, CooperGibson Research was commissioned to conduct a literature review of the existing evidence on the support available to facilitate and promote staff wellbeing in schools and further education (FE) institutions, and its effectiveness.

Approach

For the purposes of the literature searches, 'wellbeing' was considered in broad terms and included physical, mental, emotional and social health. The review focused on empirical research published in English from 2014 onwards. Three case study areas were also included: schools and colleges across the home nations, wider education contexts (early years and higher education) and public sector (healthcare and policing). For details of the search methodology, see section 1.2.

Key findings

Measuring wellbeing

This review has considered wellbeing as achieving and maintaining good wellbeing which can be defined as a cumulative process of continually balancing the challenges that any individual experiences, with the resources that are available to them to address those challenges.

The academic literature is clear that wellbeing is complex and multi-faceted, and there are a number of relevant objective and subjective indicators (as reported on by the ONS and others). This diversity is reflected in the range of tools and frameworks found during this research (section 2.2). Whilst there are common themes (such as engagement of senior leaders, and encouraging individual autonomy among staff members), approaches are generally tailored to the needs and challenges of specific sectors or organisations. There is no evidence of a single optimal framework or best practice tool. This does in itself suggest that it may be best to avoid imposing 'best practice', and instead focus on adapting approaches to local needs.

Staff wellbeing in context

A large body of research has identified that overall, staff in schools and colleges are positive about their profession, workplace and colleagues. Data from the Office for

National Statistics (ONS) and What Works Centre for Wellbeing, for example, highlights that teachers across most phases rate measures such as their life satisfaction and sense of doing something worthwhile very highly compared to many other occupational groups. Teachers[1] in FE score lower than other parts of the education sector, although the research does not suggest reasons for the discrepancy. However, there are challenges for the sector, with consistent reports among teachers in England of high levels of workload, and long working hours.

This review identified several factors that were commonly reported to influence the wellbeing of school and college staff across England. These were: work culture and ethos, working relationships, teacher-student relationships, student behaviours, level of engagement from senior leaders, staff having a sense of autonomy, agency and self-efficacy and the impact of work on health.

Addressing wellbeing

Six core themes in supporting staff wellbeing in schools and colleges emerged from the literature: 1) Engagement from senior leaders; 2) Implementing whole school/college approaches, 3) Provision of support, mentoring and training; 4) Fostering resilience and mindfulness; 5) Promoting healthy and active lifestyles and 6) Ensuring a positive environment, including signposting to other resources.

Although they were generally short-term and small scale in approach, studies in schools in England identified that engagement and clear commitment from senior leaders to supporting staff wellbeing was key to implementation and uptake of interventions. The promotion and management of wellbeing needed to go beyond 'quick-fix' solutions for individual issues, to addressing the underlying challenges. Thus, the benefits or impacts of wellbeing interventions were realised over time and when approaches were consistently embedded into whole-organisation cultures and practices. The literature found that, anecdotally, colleges reported improvements in staff retention and sickness absence after implementing holistic initiatives that addressed the physical and mental health of staff, working cultures and environments.

Barriers to accessing support for staff wellbeing

Barriers to accessing wellbeing interventions generally related to the perceived stigma associated with poor wellbeing. The literature identified that individual staff members were concerned that colleagues would be aware of (and negatively judge) their participation in any school or college-based wellbeing activities. Other barriers included inconvenient timings of interventions meaning a range of staff could not attend, anxieties

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[1] There is a variety of interchangeable terms used to describe teachers working in FE institutions (e.g. lecturer, tutor). The term 'teacher' is used throughout this report as it is common to both schools and FE.

of placing a perceived burden on colleagues offering peer support, and a lack of awareness that support was available.

Transferable practice from case study sectors

Practices in the wider education and public sectors ([section 4](#)) suggest that wellbeing programmes have the highest potential to add value when they are flexible and multi-tiered (for instance, including provision for both the prevention of, and recovery from, poor wellbeing, as well as some conception of what positive wellbeing is and how to achieve and maintain it). . In some examples from the case study sectors, the root causes of poor wellbeing were recognised, and proactive, preventative strategies taken at an individual, organisational and national level to build resilience and maintain wellbeing across the workforce. The case studies also identified that staff should be able to elect to participate in different activities or wellbeing strategies, reflecting that there is no 'one size fits all' approach to wellbeing.

Specifically, the approaches that could potentially be transferable to schools and colleges in England were: professional supervision (a structured process that supports the development of practitioners' knowledge, competence and confidence in their role and setting), peer coaching, mentoring, cognitive behavioural techniques such as mindfulness, and staff emotional support forums known as Schwartz Rounds.

Gaps in evidence and areas for future investigation

1. There was a lack of evidence of schools and colleges taking a balanced approach towards identifying measures of wellbeing. Many research studies focused on subjective or self-reported indicators of *poor* wellbeing rather than indicators (such as happiness or job satisfaction) that could also demonstrate the degree to which individuals were thriving (rather than suffering from symptoms such as stress). There was also little acknowledgment (outside the wider case studies) that one approach to wellbeing would not be appropriate for all.

2. The volume of literature focusing on the wellbeing of students in schools and colleges potentially obscures the support available to staff. It may be challenging for staff to find useful resources to help themselves. Guidance resources need to be clearly accessible and identifiable by staff and their line managers, with clear signposting across schools and colleges.

3. Non-teaching staff are rarely the focus of wellbeing research across the sector. It is not currently possible to state with confidence the factors that may affect the wellbeing of non-teaching staff specifically, or the types of support/intervention that would address the needs of these individuals. Evidence related to specific school and college phases/settings is also minimal.

4. Published literature does not commonly provide detailed information on how staff wellbeing needs are identified prior to the implementation of new initiatives. Nor is it possible to determine the costs involved in setting up and running wellbeing programmes in schools and colleges, or the approaches that are more likely to be sustainable or embedded into working cultures. In addition, there is little evidence of robust monitoring and evaluation taking place to ensure that activities are effective. This includes a lack of longitudinal evaluations and randomised control trials (RCTs), which were more common in wider sector case studies.

5. Although the case studies and review of evidence in schools and colleges across England identified barriers to accessing mentoring, training and peer support networks, there was little robust evidence on how these barriers could be addressed effectively.

1. Introduction

Following the launch of the Department for Education's (DfE's) [Teacher Recruitment and Retention strategy](#)[2] – and supporting its aim to recruit and retain more individuals to the profession – an expert group was created to advise DfE on the wellbeing of staff in schools and colleges.[3] The aims of the group are to: provide expert advice and work with DfE to understand the causes of poor teacher and leader wellbeing; understand what DfE can do, in partnership with the sector, to help schools and colleges promote good wellbeing; and inform the direction of future wellbeing policy.

To support the work of the expert advisory group, CooperGibson Research was commissioned to conduct a literature review examining recent evidence on school and college staff wellbeing in England. This included a select review of comparable United Kingdom (UK) sectors to inform the wider thinking of the group.

1.1 Aims

The main aim of this review was to establish the evidence base on the effectiveness of the existing support available to enable and promote staff wellbeing in schools and further education (FE) colleges in England.[4] Specifically, it considered:

- **Context:** background, policy and guidance regarding staff wellbeing across the education sector.

- **Effective practice:** evidence on practices or environments that may help promote staff wellbeing in schools and colleges, and what these interventions may look like – including where the gaps in evidence exist.

- **Measuring interventions:** any existing evidence on how to measure the effectiveness or impact of wellbeing interventions, and/or any gaps in this evidence.

- **Transferable evidence:** practice identified within other education systems in the UK, and comparable sectors, which may be transferable to schools and colleges in England.

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[2] DfE (2019), *Teacher recruitment and retention strategy*.
[3] Details of the advisory group membership can be found here:
https://www.gov.uk/government/news/experts-to-drive-real-change-in-support-of-teachers-wellbeing.
Although the Teacher Recruitment and Retention strategy focuses on schools, representatives from the FE sector were included in the expert advisory group due to the commonality of many wellbeing issues across both parts of the education system.
[4] There is a variety of interchangeable terms used to describe teachers working in FE institutions (e.g. lecturer, tutor). Please note that 'teacher' is used throughout, as it is common to both schools and FE.

1.2 Approach

The review comprised two main stages: 1) a brief scoping review, and 2) main searches, plus synthesis of material and compilation of the review.

1.2.1 Scoping review

The initial scoping review was used primarily to confirm the keywords and databases to be drawn upon for the main literature searches. 'Wellbeing' was considered in very broad terms and included physical, mental, emotional and social health as part of a matrix of search terms (Appendix 2). The tools and frameworks used in empirical research to measure wellbeing are summarised in section 2.2.

The scoping work was also used to confirm the wider sectors to be included in the case studies (section 4) and identified evidence of public sector wellbeing programmes for further scrutiny (particularly healthcare and law enforcement sectors).

1.2.2 Main review of evidence

Along with broader internet-based searches, a number of academic databases and journal repositories were accessed; for example, key databases for peer-reviewed research in the education sector are Scopus, and the Education Resources Information Center (ERIC). Searches focused on literature published in English from 2014 onwards. This ensured that the most relevant research was considered, recognising the vast amount of work relating to education workforce policy that has been undertaken since the 2014 Workload Challenge, and the government's response to it.[5] A small selection of studies published prior to 2014 were included where they offered contextual information, or a range of evidence-based practice examples.

Over 100 sources were gathered during the searches. Literature was collated with the support of qualitative data analysis software to enable efficient coding of key themes. Evidence was then sifted adopting realist synthesis approaches,[6] which enabled the review to be informed by the needs of stakeholders (for example, the DfE project team), and remain flexible and responsive to emerging findings on the relationships between 'what works' in supporting staff wellbeing, and in which contexts. During this detailed review, sources that were discounted included those which were based in international contexts, some published prior to 2014, and those that focused on wellbeing strategies

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[5] DfE (2015), *Workload Challenge: Analysis of teacher consultation responses.* See Government response here.
[6] Rycroft-Malone, J., et al (2012), 'Realist synthesis: illustrating the method for implementation research', *Implementation Science* 7:33.

implemented to support children, young people and adult students rather than school and college staff.

Following review of the evidence, nearly 60 key sources were included in this review (see bibliography for details). These included academic journal papers describing pilots/trials of intervention programmes, and (to a lesser extent) evaluations of programme effectiveness presented alongside the outcomes of broader surveys of workplace wellbeing, case studies of practice, and guidance documents.

1.3 Structure of this report

This report presents the literature review findings in three distinct sections:

- Section 2 sets the context for the review. It summarises the factors that may impact wellbeing in schools and colleges, examples of the range of diagnostic and research tools used to measure wellbeing, and approaches to understanding and defining wellbeing.

- Section 3 provides an overview of the existing research trials, programmes and strategies that have been implemented in schools and colleges in England to support and promote staff wellbeing.

- Section 4 explores examples of wellbeing interventions implemented across the home nations (Scotland, Wales and Northern Ireland), the wider education sector (particularly higher education (HE) and early years (EY)) and the public sector (particularly healthcare and policing).

The evidence from these three areas is then collated for a concluding discussion in Section 5, which also highlights gaps in evidence and areas for future consideration.

2. School and college staff wellbeing in context

This section provides a summary of the background and policy context to staff wellbeing in schools and colleges across England. This includes current measurements of wellbeing, and factors that may impact the wellbeing of school and college staff specifically.

2.1 School and college wellbeing programmes in context

Since the results of DfE's 'Workload Challenge' were published in 2015, there have been continued calls from national institutions across the education sector to ensure that school and college staff are supported in monitoring and enhancing their own wellbeing.[7] This included the Association of Colleges (AoC) launching a national campaign in 2015 'to encourage government and health agencies to acknowledge the significant role that colleges play in supporting staff and students with mental health difficulties'.[8] Out of this, a national policy group was created, consisting of college leaders, government representatives and health professionals, with a remit of promoting wellbeing across the FE sector.[9]

At the same time, Public Health England set out its 'whole school approach' to emotional health and wellbeing in schools and colleges.[10] This was built on a foundation of eight core principles:[11]

1. Leadership and management that supports and champions efforts to promote emotional health and wellbeing.

2. Curriculum, teaching and learning to promote resilience and support social and emotional learning.

3. Enabling student voice to influence decisions.

4. Staff development to support their own wellbeing and that of students.

5. Identifying need and monitoring impact of interventions.

6. Working with parents/carers.

7. Targeted support and the ability to make appropriate referrals.

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[7] DfE (2015), *Workload Challenge: Analysis of teacher consultation responses*; Pienaar, F. and Johnston, P. (2018), 'In the eye of the "perfect storm"', *Every Child Journal*, 6.3 & 6.4, 52-56; Anna Freud National Centre for Children and Families, *Supporting staff wellbeing in schools,* p.2.
[8] Association of Colleges (n.d.), *Mental Health and Wellbeing: A collection of college case studies*.
[9] Ibid., p.16.
[10] Public Health England (2015), *Promoting children and young people's emotional health and wellbeing: A whole school and college approach*.
[11] Ibid., p.6.

8. An ethos and environment that promotes respect and values diversity.

This whole school and college approach focused on developing staff skills in supporting students, but also recommended that schools and colleges provided 'opportunities for assessing the emotional health and wellbeing needs of staff', so that their requirements could be addressed in enabling and managing a positive work/life balance.[12]

A 2017 government green paper echoed the need to 'put schools and colleges at the heart of our efforts to intervene early and prevent [mental health problems] escalating' once they had been identified.[13] Although focused on the challenges affecting children and young people, the paper also emphasised the importance of a 'whole school approach' to wellbeing. This, it suggested, should be endorsed and supported by senior leaders and include activities to support staff with their own wellbeing.[14] Whole school and college approaches have since continued to be developed and implemented across the sector (see section 3.2.2). However, alongside such organisational approaches, a wide range of variables could potentially impact the wellbeing of individuals (and their responses to the types of support on offer).

2.2 Measuring wellbeing

A wide variety of frameworks and tools are used within empirical research projects to measure levels of occupational and personal wellbeing. The sheer range and diversity of tools available emphasises that wellbeing encompasses a range of objective and subjective factors that are likely to impact individuals in different ways and at different times.

- In 2010, the ONS set up the **National Wellbeing Programme**, which reports annually on 41 measures of wellbeing among the UK population, across ten key indicators. The indicators are: personal wellbeing, relationships, health, what we do, where we live, personal finance, education and skills, economy, governance and the environment.[15] Within these, the individual measures include a mix of both subjective and objective areas such as happiness, life and job satisfaction, illness or disability, unemployment rates, participation in sports, crime rates, household income, feeling safe, and sense of belonging to a neighbourhood. The original tool developed by ONS to visualise these data was the **Wheel of Wellbeing**; this was

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[12] Ibid., p.16.
[13] Department of Health and Department for Education (2017), *Transforming Children and Young People's Mental Health Provision: a Green Paper*, p.3.
[14] Ibid., p.5, p.19.
[15] Office for National Statistics (2017), 'Reinventing the 'Well-being' Wheel': https://blog.ons.gov.uk/2017/03/28/national-statistical-blog-reinventing-the-well-being-wheel/

replaced in 2017 by the **Measure of National Wellbeing Dashboard.**[16] Other indicators of wellbeing produced by ONS include occupational suicide rates, and measures of child wellbeing.[17]

- Uher and Goodman's **Everyday Feelings Questionnaire** (EFQ) [18] uses ten indicators to measure wellbeing and levels of distress experienced by individuals over a period of four weeks. For example, respondents are asked to rate levels of positivity about themselves/the future, stress, unhappiness, calm/relaxation, interest in things that they enjoy and ability to cope with life events.

- The **Warwick Edinburgh Mental Wellbeing Scale** (WEMWS),[19] is used for measuring both mental wellbeing and the interventions implemented to support it. Like the EFQ, it asks respondents to rate themselves against a range of statements related to areas such as self-perception, relationships, energy levels and mood. The WEMWS was used to inform the development of the Education Support Partnership's *Teacher Wellbeing Index 2019,*[20] and the ONS dashboard noted above.

- The **World Health Organisation's** (WHO) joint meeting of experts on targets and indicators for health and wellbeing convened in 2014 specifically to 'identify objective well-being indicators' to complement the existing subjective measure of life satisfaction. Indicators for objective measures of wellbeing were agreed to fall into four categories: social connections/relationships, economic security/income, natural and built environment, and levels of education.[21]

- The Education Support Partnership's *Teacher Wellbeing Index 2019* provides a detailed breakdown of the symptoms and signs of **poor** wellbeing as experienced by school and college staff. This is predominantly concerned with mental and emotional health and is approached using three tiers of indicators – 1) wellbeing across staff at a sector level, 2) the mental health and wellbeing symptoms experienced by school and college staff at an individual level (and their impact on

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[16] Office for National Statistics (2019), 'Measures of National Wellbeing Dashboard': https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboard/2018-09-26

[17] Office for National Statistics (2017), 'Suicide by occupation, England: 2011 to 2015': https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicidebyoccupation/england2011to2015; Office for National Statistics (2018), 'Children's well-being measures', https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures

[18] For example, the EFQ was used in: Titheradge, D. et al (2019), 'Psychological distress among primary school teachers: a comparison with clinical and population samples', *Public Health* 166, 53-56. For details on the EFQ see: Uher, R., and Goodman, R., (2010), 'The Everyday Feelings Questionnaire: the structure and validation of a measure of general psychological wellbeing and distress', *Social Psychiatry and Psychiatric Epidemiology* 45: 3, 413-423.

[19] University of Warwick, 'The Warwick-Edinburgh Mental Wellbeing Scales – WEMWBS; https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs

[20] Education Support Partnership (2019), *Teacher Wellbeing Index,* p.70-74.

[21] World Health Organisation (2014), *Second joint meeting of experts on targets and indicators for health and well-being in Health 2020*.

others), and 3) the provision of support and guidance to school and college staff to address mental health and wellbeing.[22]

- The **Health and Safety Executive** (HSE) reports annually on levels of self-reported 'work-related stress, depression or anxiety' collected via the Labour Force Survey (the definition applied for these symptoms is 'a harmful reaction people have to undue pressures and demands placed on them at work').[23]

- The **General Health Questionnaire was** initially developed in the 1970s and indicated 12 measures of symptoms and behaviours of poor mental health. This has since been developed into two more detailed versions including 48 and 60 measures of poor mental wellbeing.[24]

- The **Department of Health** defines wellbeing as 'feeling good and functioning well, [which comprises] an individual's experiences of their life; and a comparison of life circumstances with social norms and values', noting that this includes both subjective perceptions of personal wellbeing and objective indicators of wellbeing such as mortality rates, quality of health, education levels and safety.[25]

- The **What Works Centre for Wellbeing** workplace framework, was adopted by Ofsted for its *Teacher wellbeing* report.[26] Drawing on an extensive review of a range of existing diagnostic tools and evidence-based frameworks for wellbeing (including some of those listed above), the What Works framework suggested five concepts that shape wellbeing in the workplace.[27] These were: health, security, the environment, relationships, and purpose. This framework was created to develop a generic cross-sector tool that could support wellbeing in the workplace, rather than education settings specifically.

Based on evidence-based practice and systematic reviews of the existing literature, the National Children's Bureau (NCB) Partnership for Wellbeing and Mental Health in Schools produced a framework for implementing 'effective' approaches to improving mental health and wellbeing in schools.[28] This framework (and therefore the research underpinning it) was predominantly aimed at supporting the mental health and wellbeing of children and young people, but did include reference to the needs of school and college staff.

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[22] Education Support Partnership (2019), *Teacher Wellbeing Index 2019,* p.10-17.
[23] Health and Safety Executive (2019), *Work-related stress, anxiety or depression statistics in Great Britain, 2019.*
[24] Goldberg, D.P. and Blackwell, B. (1970), 'Psychiatric Illness in General Practice: A Detailed Study Using a New Method of Case Identification', *British Medical Journal* 1970 2(5707): 439-443.
[25] Department of Health (2014), *Wellbeing: Why it matters to health policy*.
[26] Ofsted (2019), *Teacher wellbeing,* p.3.
[27] What Works Centre for Wellbeing (2018), *Workplace wellbeing questionnaire: methodology*.
[28] National Children's Bureau (2015), *What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework Document.*

For supporting staff wellbeing specifically, the framework recommended that schools prioritised: professional development opportunities for staff, reducing the negative impact of work on stress levels, and the commitment of senior leaders to applying and modelling wellbeing approaches across the workforce.

> 'Wellbeing in schools starts with the staff: they are in the front line of this work, and it is hard for them to be genuinely motivated to promote emotional and social wellbeing in others if they feel uncared for and burnt out themselves'.[29]

Developing this model further, the Anna Freud National Centre for Children and Families (AFNCCF) suggested that effective support for school staff needed to ensure that personalised interventions for individuals were underpinned by an overarching approach and consistent support available to all staff (Figure 1).[30]

Figure 1: AFNCCF approach for effective staff wellbeing interventions[31]

Specialist support

(e.g. employee assistance programmes, crisis support, referrals and signposting to existing resources)

Targeted support

(e.g. supervision and mentoring, training around mental health, wellbeing as part of peer support models, convening wellbeing events)

Universal support

(e.g. wellbeing policy, drop-in sessions, dedicated staff rooms, staff wellbeing team/working group, staff education on child and family mental health, culture of no blame/stigma associated with mental health, provision for staff to provide anonymous feedback)

Whilst an overall strategic framework was helpful for institutions to follow, NCB concluded that any overarching policies and approaches needed to ensure that
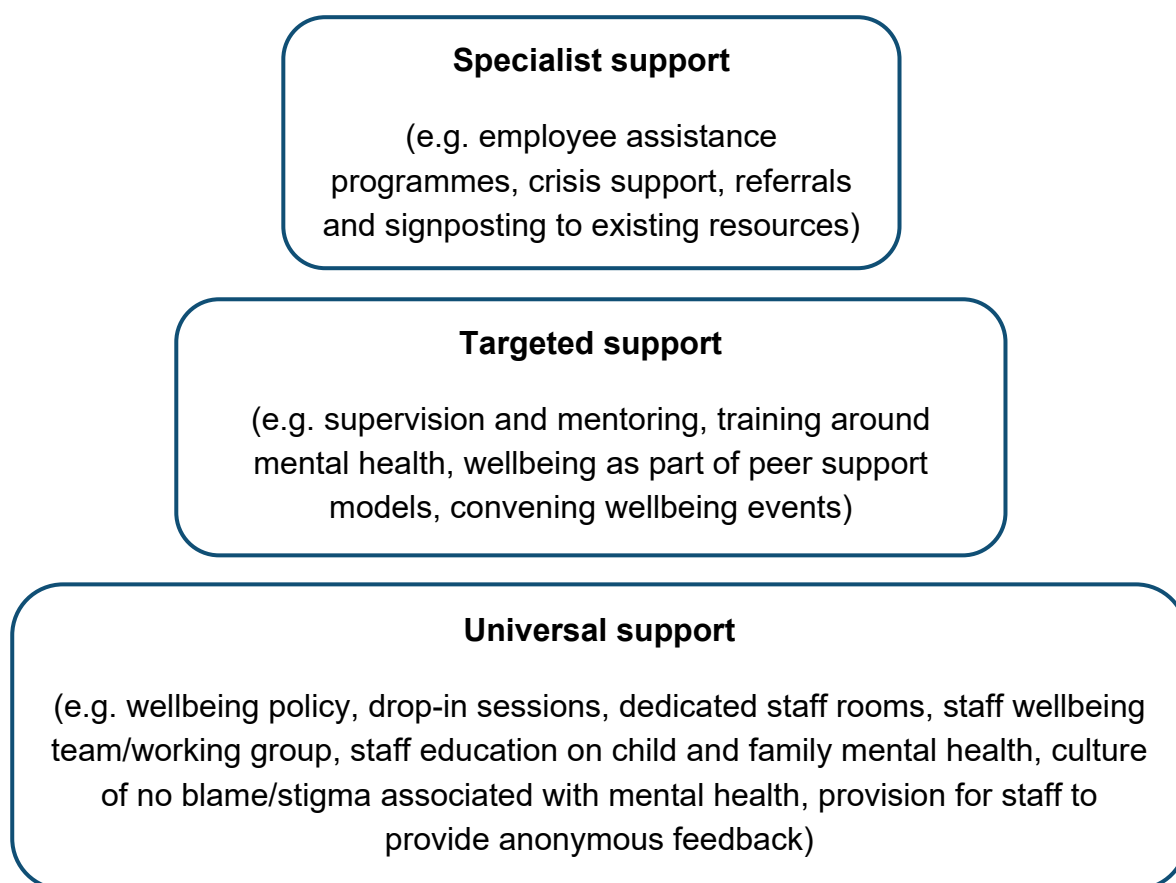
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[29] National Children's Bureau (2015), *What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework Document*, p.6.
[30] Anna Freud National Centre for Children and Families (n.d.), *Supporting staff wellbeing in schools,* p.5.
[31] Anna Freud National Centre for Children and Families (2018), *Supporting staff wellbeing in schools*.

the individual interventions included within them were 'implemented with clarity and fidelity, with appropriate leadership, staff training, close adherence to guidelines and careful evaluation and monitoring'.[32]

Due to the broad range of factors impacting wellbeing ([section 2.3](#)), recent research funded by the Nuffield Foundation into the issue of teachers' working hours in England emphasised the need to exercise caution when attempting to correlate findings across datasets or identify causality between factors that could impact wellbeing and measures of that wellbeing.[33] It was therefore recommended that any analysis of wellbeing drew on a range of sources to ensure that a broad and representative staff voice had been considered.

2.2.1 Understanding and defining wellbeing

Overall, it has not been possible to identify a clearly agreed, consistent definition of wellbeing as applied to the school and college workforce. It is clear from the range of frameworks and measurement tools available to the sector that interventions implemented to support staff wellbeing require careful consideration of both objective and subjective indicators and how they may overlap. Reflecting this, the ONS broadly defines personal wellbeing as an overarching sense of 'how we are doing as individuals'.[34]

Across wellbeing research more broadly, attempts to describe or define wellbeing have ultimately been found to focus on its constituent elements, rather than providing a universally applicable and meaningful definition.[35] Therefore, there is a tendency to reduce wellbeing to individual factors (for teachers perhaps 'pupil behaviour' or 'leadership'), rather than considering how those factors interact in the experience of individuals. That these factors do interact is clear; it is also clear that the experience will vary by individual. This indicates that 'holistic' approaches may be preferable (compared to the rigid application of specific frameworks), especially where these can be adapted to the needs of individuals. For instance, one small-scale study involving headteachers asked for participants to describe their *own* understanding of what constituted 'emotional resilience', rather than imposing onto them a pre-defined series of wellbeing indicators.[36] They suggested that this was an attribute that enabled them to 'maintain a course without malfunction', or being 'tough' and having the skills and capacity to withstand

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[32] National Children's Bureau (2015), *What works...* p.4-5.

[33] Allen, R., Benhenda, A., Jerrim, J. and Sims, S. (2019), 'New evidence on teachers' working hours in England. An empirical analysis of four datasets'. UCL Institute of Education.

[34] Office for National Statistics (2019), 'Measure of National Wellbeing Dashboard', https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuresofnationalwellbeingdashboard/2018-04-25

[35] Dodge, R., et al (2012), 'The challenge of defining wellbeing', *International Journal of Wellbeing* 2: 3, 222-235, p.222.

[36] Steward, J. (2014), 'Sustaining emotional resilience for school leadership', *School Leadership & Management* 34:1, p.54.

challenges.[37] This resonates with an understanding of wellbeing provided by Dodge et al (2012, Figure 2) as being based on a theory of 'dynamic equilibrium', in which wellbeing is 'the balance point between an individual's resource pool and the challenges faced'.[38]

Figure 2: Definition of wellbeing (Dodge et al, 2012)

If this approach to wellbeing is applied tor staff in schools and colleges, any approach would therefore need to consider: the factors impacting on wellbeing (section 2.3) the provision of tools, skills and support for staff to help them address those challenges (section 3 and section 4), and a strong foundation upon which to build them. Factors contributing to school and college staff wellbeing are therefore outlined below.

2.3 Factors influencing wellbeing among school and college staff

Supporting a large body of research into teacher workload and retention,[39] a report published by Ofsted in 2019 (representing 1,000 schools and 250 colleges in England) stated that staff in schools and colleges were positive about their profession, workplace and colleagues. It particularly acknowledged (as other research projects had done[40]) teachers' passion for supporting children, young people and adult students, seeing them develop and being able to input into their progress.[41] Nearly all school and college staff responding to the online consultation (98% of 4,436) said that they enjoyed teaching. In addition, they reported several other factors as impacting on their occupational wellbeing,

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[37] Ibid., p.61.

[38] Dodge, R., et al (2012), 'The challenge of defining wellbeing', *International Journal of Wellbeing* 2: 3, 222-235, p.229-230.

[39] For example: DfE (2015), *Workload Challenge: Analysis of teacher consultation responses;* DfE (2018), *Exploring teacher workload: qualitative research;* DfE (2018), *Factors affecting teacher retention: qualitative investigation.*

[40] Ibid.

[41] Ofsted (2019), *Teacher wellbeing*, p.12-13.

which included workplace culture, perceptions of teaching as a valuable vocation, relationships with colleagues and relationships with students.[42]

A consultation by the AFNCCF, also found that the vast majority (80%) of 3,000 self-selecting school staff felt that their work had a positive impact on their mental health at least some of the time.[43] This is supported by experimental data analysis from the What Works Centre for Wellbeing, which correlated findings from ONS' Measuring National Wellbeing programme against standard occupational codes. This provided measures of wellbeing by occupation against four areas (2012-2015) – overall life satisfaction, the extent to which people feel what they do in life is worthwhile, happiness and levels of anxiety. Teachers and senior leaders across most phases (primary, secondary and special needs) ranked within the top fifty occupational groups in terms of the sense of what they do being worthwhile; and fairly highly across all other indicators. Teachers in FE settings did not rate themselves as highly as those in other settings, although reasons for these findings cannot be drawn from the data.[44] In the same period, the overall risk of suicide among those working in education in England was 31% lower than the national average.[45]

Despite these indicators of positive wellbeing among school and college staff in England (particularly in relation to the sense of value in what they do), there are challenges for the sector. Teachers in England have consistently reported high levels of workload and working long hours since 2015,[46] and the HSE has highlighted that those working in public service industries across the UK (including teaching professionals) 'show higher levels of stress as compared to all jobs'.[47] There appear to be some setting-specific challenges, also. Nearly three-quarters of suicides in the sector (73% of 139) were recorded to be among nursery and primary school teachers, meaning that this specific

[42] Ofsted (2019), *Teacher wellbeing*, p.12-13.

[43] Anna Freud National Centre for Children and Families (2018), *Ten steps,* p.6. This consultation took place via the Anna Freud National Centre for Children and Families' (AFNCCF) *Schools in Mind* network, with questions on wellbeing also included on Teacher Tapp. Individuals responding to the survey represented staff in primary and secondary schools in England and were predominantly those on teaching staff or leadership teams. They reported working in the following roles: teacher, middle leader, senior leader and headteacher. Findings were weighted to support representation of the teacher population in state-funded schools in England. For sample details, see: Anna Freud National Centre for Children and Families (2018), *Ten steps towards school staff wellbeing,* p.34 – 35.

[44] What Works Centre for Wellbeing (2016), 'What's Wellbeing Like in Different Jobs? New Data, Analysis and Case Study'.

[45] Office for National Statistics (2017), 'Suicide by occupation, England: 2011 to 2015': https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicideb yoccupation/england2011to2015

[46] DfE (2015), *Workload Challenge: Analysis of teacher consultation responses;* DfE (2018), *Exploring teacher workload: qualitative research;* DfE (2018), *Factors affecting teacher retention: qualitative investigation*.

[47] Occupations included within the 'public service industries' were noted in the report to include healthcare workers, teaching professionals and public service professionals. Teaching professionals as categorised in the Labour Force Survey include those working in nursery, primary, secondary, special schools, further education and other roles not elsewhere classified, such as peripatetic teachers. Health and Safety Executive (2019), *Work-related stress, anxiety or depression statistics in Great Britain, 2019,* p.3.

occupational grouping had a risk of suicide 42% higher than the national average. [48] Overall, Ofsted reported that more than one-third of school and college staff responding to its consultation self-reported low levels of occupational wellbeing.[49] For the purposes of the consultation, 'occupational wellbeing' was solely defined as 'how you feel about your work at this school/FE provider'. However, the same report emphasised that: 'Occupational well-being is like an eco-system. It consists of inter-related elements and is shaped by an individual as well as those around [them]. Levels of low or high well-being rarely due to just one factor'.[50]

This latter statement resonates with the range of factors that this review has commonly identified within published literature as impacting wellbeing among school and college staff across England. These trends are summarised below, in no specific order, and echo the findings of a review of wellbeing among secondary school teachers undertaken by Hobson and Maxwell in 2016.[51]

2.3.1 Work culture and ethos

This included levels of enjoyment in working within a particular school or college, sharing its values and vision, having a passion for the profession, and supporting the outcomes and progress of children, young people and adult students in FE settings.[52] It was supported by extensive research into teacher resilience; multiple studies found resilience to be dependent on a range of aspects including workplace ethics, cultural values and a capacity to manage everyday occupational challenges.[53]

A major negative impact that work cultures can have on the wellbeing of school and college staff was consistently attributed to high levels of workload and a poor work/life

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[48] Office for National Statistics (2017), 'Suicide by occupation, England: 2011 to 2015': https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/suicideb yoccupation/england2011to2015

[49] Ofsted distributed the survey to randomised samples of 600 primary and secondary schools, 50 special schools, 50 pupil referral units, 189 general FE colleges and 66 sixth-form colleges. Overall, there was a 29% response rate by schools, and a 26% response rate from FE colleges – with breakdown of respondents by phase, region and type of provision broadly representative of the national picture. In addition, focus-group interviews and visits were carried out across 25 institutions (schools and colleges), so that quantitative and qualitative data could be triangulated. For sample details, see: Ofsted (2019), *Appendices for the report* 'Teacher wellbeing at work in schools and further education providers', p.4-6.

[50] Ofsted (2019), *Teacher wellbeing,* p.4.

[51] Hobson, A.J., and Maxwell, B. (2017), 'Supporting and inhibiting the wellbeing of early career secondary school teachers: Extending self-determination theory', *British Educational Research Association* 43:1, 168-191. Hobson and Maxwell carried out secondary analysis of four empirical studies conducted 2005 – 2013, comprising interview, focus group and survey feedback from 43 early career teachers in secondary schools.

[52] Ofsted (2019), *Teacher wellbeing*, p.13.

[53] Day, C et al (2011), *Beyond Survival: Teachers and Resilience*; Gu, Qing (2014), 'The role of relational resilience in teachers' career-long commitment and effectiveness, *Teachers and Teaching: Theory and Practice* 20: 5, 502 – 529; Gu, Q. and Day, C. (2013), 'Challenges to teacher resilience: conditions count', *British Educational Research Journal,* 39: 1, 22-44.

balance as a result.[54] When asked to identify a workplace initiative that would be most valuable to their mental wellbeing, over three-quarters (78%) of 1,655 members of school staff requested a change in working culture – specifically, a reduction in workload, working hours, or more opportunities for flexible working.[55]

2.3.2 Working relationships

Where positive, these relationships were reported to create a sense of community in the workplace through teamwork, sharing ideas and practice and an inclusive and friendly approach to work; this included the beneficial impact of having time to interact informally with colleagues. Conversely, where these relationships had broken down (for example, through a perceived lack of support or respect), they were perceived to negatively impact wellbeing.[56] Responding to the Education Support Partnership's *Teacher Wellbeing Index* survey in 2018 (the same question was not reported in 2019)*,* senior/middle leaders and teachers in schools and colleges reported that it was important to feel supported and listened to by a range of colleagues, whilst teaching assistants (TAs) said that peer support specifically related to their own professional development impacted positively on their wellbeing. [57] Communications with parents/carers were also noted as impacting stress levels, with a perceived lack of respect, unrealistic expectations and demands from parents/carers creating a sense of 'hidden accountability' among staff in schools and colleges.[58]

2.3.3 Teacher-student relationships

Some association was found between the quality of teacher wellbeing, and that of students. Research carried out with over 3,000 students and 1,100 teachers across 25 secondary schools in England and Wales identified that teacher and student wellbeing 'appear at least in part to be due to the quality of teacher-student relationships', and are also both impacted negatively by a culture of staff still working when sick or injured (known as 'presenteeism').[59] Although this research went on to suggest that 'interventions to improve these aspects of school life, possibly by addressing teacher

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[54] For example: DfE (2015), *Workload Challenge: Analysis of teacher consultation responses;* DfE (2018), *Exploring teacher workload: qualitative research;* DfE (2018), *Factors affecting teacher retention: qualitative investigation*; Teach Well Alliance (2019), *Teacher Wellbeing Survey: Key Findings*, p.11; Education Support Partnership (2019), *Teacher Wellbeing Index 2019*, p.23.

[55] Anna Freud National Centre for Children and Families (2018), *Ten steps,* p.14. Other initiatives included: improved supervision from line managers (7%), access to occupational health/professional mental health support (4%), increased information, training and awareness about staff mental wellbeing (4%), peer support (3%).

[56] Ofsted (2019), *Teacher wellbeing*, p.13; Anna Freud National Centre for Children and Families (2018), *Ten steps,* p.6.

[57] Education Support Partnership (2018), *Teacher Wellbeing Index 2018*, p.15.

[58] Ofsted (2019), *Teacher wellbeing*, p.37 – 39.

[59] Harding, S. et al (2019), 'Is teachers' mental health and wellbeing associated with students' mental health and wellbeing?', *Journal of Affective Disorders* 242, 180-187, p.185.

wellbeing and symptoms of depression, may improve outcomes for learners', it was also clear that there remained a need for longitudinal research to fully establish any causality between teacher and student wellbeing.[60]

2.3.4 Student behaviours

Poor behaviours, including persistent disruption among students, are reported to have a negative impact on teacher wellbeing - particularly in secondary schools.[61] Intimidation and verbal abuse by students were identified in several sources as triggers for poor staff wellbeing; overall, this form of behaviour was felt be less common within FE colleges compared to primary and secondary schools (with Ofsted suggesting this was potentially due to the relative maturity of students in FE compared to other settings[62]). However, the pressure of dealing with students affected by substance abuse was reported to be higher among staff in FE institutions.[63] The AFNCCF identified that concerns for the wider welfare of students (for example, those related to mental health or safeguarding) also negatively impacted on the mental health and wellbeing of staff members working on these complex cases.[64]

2.3.5 Engagement from senior leaders

Positive impacts on wellbeing were reported to include senior leaders taking the time to listen to staff concerns, communicating clearly and regularly with staff, instilling a team approach among colleagues, and acknowledging and appreciating staff efforts. The adoption of open door policies was felt to be particularly effective in developing staff trust in senior leadership.[65] In a study of 555 teachers across eight secondary schools, where communications broke down between senior leaders and staff, or teachers felt unable to share concerns with senior leaders, this was associated with staff poor wellbeing.[66] A lack of support or inconsistent approaches from senior leaders, particularly in relation to behaviour management or staff communications were noted in several reports to negatively impact staff wellbeing, as well as a lack of openness to new ideas or support for resolving challenges, a lack of acknowledgement of staff around the school/college

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[60] Harding, S. et al (2019), 'Is teachers' mental health and wellbeing associated with students' mental health and wellbeing?', *Journal of Affective Disorders* 242, 180-187, p.185.

[61] Williams, J (2018), *"It Just Grinds You Down": persistent disruptive behaviour in schools and what can be done about it*, Policy Exchange; Education Support Partnership (2019), *Teacher Wellbeing Index 2019*, p.38-39.

[62] Ofsted (2019), *Teacher wellbeing,* p.35.

[63] Ibid., p.36.

[64] Anna Freud National Centre for Children and Families (2018), *Ten steps,* p.6.

[65] Education Support Partnership (2018), *Teacher Wellbeing Index 2018*, p.42-43.

[66] Kidger, J. et al (2016), 'Teachers' wellbeing and depressive symptoms, and associated risk factors: A large cross-sectional study in English secondary schools', *Journal of Affective Disorders* 192, 76-82.

setting, and a lack of clear strategic direction in terms of communicating an organisational vision and mission (the latter point for FE specifically).[67]

2.3.6 Autonomy, agency and self-efficacy

Literature shows that these concepts underpin the work of staff in schools and colleges, particularly those in teaching roles. For example, they were indicated by Ofsted to be negatively impacted by: a lack of opportunities for career development and/or progression (for example, 36% of those responding to Ofsted's consultation stated that they rarely or never have good opportunities to make the most of their knowledge and skills),[68] and frequently changing regulatory frameworks and specifications (including the Ofsted inspection process itself). Several studies noted a perceived lack of teacher voice evidenced within policy change; qualitative feedback from teachers reporting that they had limited control or input into changes to be implemented, and the subsequent impact of those changes on their workload.[69] These factors were reported to potentially risk eroding a sense of professional identify and personal wellbeing among teachers.[70] Low resilience among teachers and leaders was also identified as potentially leading to decreased efficacy, poorer quality decision-making and working practices that did not promote a sense of agency and autonomy.[71]

2.3.7 Health

Ofsted's research identified that poor wellbeing among school and college staff was 'statistically linked' to health-related aspects of work. These were: frequency of stress, worrying about work even when not in work, feeling drained of energy at the end of a working day, and the negative impact of work on health (although specific details as to what this impact constituted were not provided).[72]

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[67] Education Support Partnership (2018), *Teacher Wellbeing Index 2018*, p.44-45; Sharrocks, L. (2014), 'School staff perceptions of wellbeing and experience of an intervention. to promote wellbeing', *Educational Psychology in Practice*, 30:1, 19-36, p.28.
[68] Ofsted (2019), *Teacher wellbeing,* p.34.
[69] Ibid*.,* p.21; Rasheed-Karim, W. (2018), 'Wellbeing, policy and practice among further education teachers', *Psychology Teaching Review* 24:1, 1-14.
[70] Skinner, B., Leavey, G. and Rothi, D. (2019), 'Managerialism and teacher professional identity: impact on wellbeing among teachers in the UK', *Educational Review*.
[71] Day, C et al (2011), *Beyond Survival: Teachers and Resilience.* P.19; Sharrocks (2014), 'School staff perceptions', p.27; Ofsted (2019), *Teacher wellbeing*.
[72] Ofsted (2019), *Teacher wellbeing,* p.21.

2.4 Key points for consideration

When reviewing the broad indicators and tools for monitoring wellbeing (section 2.2) against the factors known to impact the wellbeing of school and college staff specifically (section 2.3) it is possible to observe in the literature the following trends:

- Overall, it has not been possible to identify a clearly agreed, consistent definition of wellbeing, although a holistic and dynamic approach to wellbeing may be preferable compared to the rigid application of specific frameworks.

- In terms of the specific signs and symptoms of poor wellbeing, measures such as stress levels and mental health are generally not based on medical diagnosis but on the self-reported perceptions of individuals participating in surveys, trials or studies. In any research, it is therefore necessary to be mindful of the myriad of influences on those perceptions.

- Wellbeing may emerge most positively among staff in schools and colleges when the following factors are in balance:

  - An ability to manage situations as a result of self-efficacy and self-confidence in approaches, knowledge or skills, whilst having access to wider support and supervision where required.

  - The provision of peer networks and staff forums (informal or formal) via which colleagues can share practice with colleagues and build resilience, whilst also being able to reflect on and access personal development opportunities on an individual basis.

  - Engaged and open acknowledgement among leaders and managers of the work undertaken by staff, whilst instilling individual members of the workforce with a sense of autonomy and agency.

  - Consistent and clear communication of strategic direction and institutional values, whilst being able to explore personal motivations and goals.

  - The provision of training to ensure the welfare of students is effectively safeguarded, whilst remaining mindful of the physical and mental health (including levels of stress and burnout) of individual members of staff.

3. Supporting wellbeing in schools and colleges

This section discusses the factors common to pilot studies, initiatives and programmes of support being implemented in schools and colleges in England to support staff wellbeing. It moves on to consider awareness of wellbeing interventions, and current gaps in evidence.

3.1 Overview of initiatives and programmes

This review of evidence examined a variety of sources describing the interventions implemented over the last five years to support staff wellbeing in schools and colleges in England. In total, the outputs of 17 programmes or initiatives to support staff wellbeing in schools and colleges (see Appendix 1) were identified. The literature summarised in this section also includes findings from existing systematic reviews of up to 20 further pilots, small studies or trials taking place in the sector, exemplars and case studies of practice, and guidance documents developed as a result of research and experience in the field.

Overall, the existing literature is weighted heavily towards the experiences of staff in schools in England and, within those, predominantly the experiences of teachers and senior leaders. Two of the 17 initiatives were aimed at institutions in the FE sector (both produced by the AoC), but nonetheless showcased a wide range of case studies of practice taking place across FE.

3.2 Common themes in addressing wellbeing

Six core themes in supporting staff wellbeing in schools and colleges emerged from the literature, and corresponded closely to the factors impacting wellbeing as discussed in section 2.3.

1. Engagement from senior leaders.
2. Implementing whole school/college approaches.
3. Provision of support, mentoring and training.
4. Fostering resilience and mindfulness.
5. Promoting healthy and active lifestyles.
6. Ensuring a positive environment, including signposting to other resources.

3.2.1 Engagement from senior leaders

Research with school and college staff has established the fundamental role of senior leaders in fostering workforce resilience and wellbeing through communicating and

embedding a clear vision and strategies to support the workforce across an institution.[73] A consultation carried out by the AFNCCF with over 3,000 members of school staff emphasised the importance of positive relationships among colleagues, and particularly the value of building a sense of staff 'togetherness' over time. A key part of this was staff feeling listened to, valued and acknowledged for the work that they did, and senior leaders 'modelling and embedding wellbeing practices across the school'.[74]

Indeed, a common theme across the literature relating to both schools and colleges was the need for senior leaders to model positive behaviours to staff, for example, leaving work on time, and openly communicating about mental and physical wellbeing. Thus, the engagement of senior leaders was encouraged in several guidance and best practice case study publications to help create a workplace culture in which it was acceptable to talk about and address wellbeing, whilst also enabling staff to develop the appropriate vocabulary for supporting wellbeing among themselves, colleagues, and students.[75]

> 'Senior leaders need to build optimism, talk more about the issues and
> understand them to be able to devise better ways of doing things. If leaders
> are fully engaged…staff are likely to follow suit and model these
> behaviours'.[76]

The AoC created case studies of how senior leaders had addressed wellbeing in FE colleges through: adopting a sector-led, institution-wide wellbeing charter; building wellbeing questions into staff performance management appraisals (potentially triggering reviews of workload, working patterns, breaks); implementing 'mandatory wellbeing objectives' as part of performance targets (for example, leave work earlier, achieve personal sporting goals); and recognising achievement by sharing everyday successes of staff across the workforce.[77] However, evaluations of these initiatives have not been identified during this review, nor any robust data on their implementation/take-up across the sector.

Nor was the wellbeing of senior leaders themselves commonly referenced within empirical studies into staff wellbeing in schools and colleges. A small qualitative study involving six headteachers suggested that senior leaders required more opportunities for development and coaching in order to develop their own resilience and reflect on their approaches to wellbeing.[78] Training for senior leaders to help them feel confident in

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[73] Day, C et al (2011), *Beyond Survival: Teachers and Resilience;* Anna Freud National Centre for Children and Families (2018), *Ten steps.*

[74] Anna Freud National Centre for Children and Families (2018), *Ten steps, p.7*, 20.

[75] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges,* p.4; National Children's Bureau (2015), *What works…*p.7; Day, C et al (2011), *Beyond Survival: Teachers and Resilience*.

[76] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges,* p.5.

[77] Ibid.

[78] Steward, J. (2014), 'Sustaining emotional resilience for school leadership', *School Leadership & Management* 34:1, p.67.

communicating approaches to wellbeing effectively was also reported to be scarce.[79] One small pilot study involved nine headteachers from the same local authority (LA), who were all working in schools identified by the LA's improvement service as in need of support. The study trialled a 'strengths-based approach' where headteachers self-reported their efficacy against 60 specified performance areas. The outcomes of these tests informed one-to-one coaching sessions that headteachers undertook with educational psychologists. Following the intervention, five of the headteachers provided feedback using a Likert scale to measure the impact of the strengths-based tool: nearly all reported a positive impact on their wellbeing.[80] Specifically, they had appreciated the opportunity to reflect on their own practice and used the results to inform changes both professionally and personally. The coaching had been flexible to arrange, which was important to headteachers, and a focus on strengths had suggested to some a means of impacting the wellbeing of wider staff more positively (for example, by changing approaches to staff management). However, the study concluded that the exercise needed to be replicated on a larger scale and across a range of educational settings in order to identify any clear link between senior leader performance and staff wellbeing more broadly.[81]

3.2.2 Whole school/college approaches

Some sources of guidance and advice directly acknowledged that to deliver effective wellbeing support to students, institutions also needed to focus on the wellbeing of staff who were delivering that support.[82] Thus, in such cases, whole school/college responsibility for wellbeing was recommended.

The summary findings of a review of whole school approaches completed by the UK's Evidence Based Practice Unit noted that such approaches are generally multi-component programmes covering all areas from leadership and management, through to curriculum, ethos, environment and working with students, parents/carers and the wider community.[83] In practice, this has tended to involve institutions implementing formal processes and policies to underpin broader programmes of activities and strategies. For example, as of October 2019, 102 colleges had signed up to AoC's Mental Health and Wellbeing Charter for colleges in England.[84] Such programmes in colleges have included

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[79] Anna Freud National Centre for Children and Families (2018), *Ten steps, p.*20.
[80] Cooper, L. and Woods, K (2017). 'Evaluating the use of a strengths-based development tool with head teachers'. *Educational Psychology in Practice.* 33:1, 31 – 49.
[81] Ibid.
[82] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges;* NatCen Social Research (2016), *Evaluation of Place2Be's Talented Teacher Programme*; National Children's Bureau (2015), *What works ….*; Anna Freud National Centre for Children and Families (2018), *Ten steps.*
[83] Demakowicz, O., and Humphrey, N. (2017), *Whole school approaches to mental health promotion: what does the evidence say?*, p.3-4.
[84] Association of Colleges (2019), 'Colleges make commitment to support students and staff with their mental health and wellbeing'; https://www.aoc.co.uk/news/colleges-make-commitment-support-students-and-staff-their-mental-health-and-wellbeing

'wellbeing weeks for students and staff twice a year – bringing in external partners such as Mind… workshops and sessions on building resilience, and emotional literacy. There are mental health champions to support staff and students…quarterly health MOTs, as well as leisure activities such as Pilates taster sessions [and] lunchtime walks'.[85]

Published evaluations of such programmes, or details regarding their overall take-up by staff in schools and colleges, are scarce. Throughout 2018-2019, the national charity Mind piloted a 'whole school approach' to mental health and wellbeing across sixteen secondary schools in five local areas. The pilots included a range of activities including consultation with students, staff and parents/carers, workshops, toolkits, and training sessions. The pilot evaluation is due to be published towards the end of 2019.[86]

Furthermore, staff awareness of formal policies and programmes appears to be limited, as does the 'clear and consistent' communication of any such policies to a school or college workforce.[87] The Education Support Partnership identified that 44% of the 3,019 school and college staff surveyed reported a formal mental health and wellbeing policy in place for staff in their institutions (43% did not know, and 13% were said not to have a policy).[88] Those working in non-teaching roles (and who were not senior leaders) or who had worked in their organisation for over thirty years were most likely to know that their organisation had a mental health and wellbeing policy, although no reasons were given for this.[89] This reflected findings from the 2018 survey, in which respondents had suggested that such policies should be highlighted more clearly to staff (including regular reminders), clearer communications between staff and senior leaders to encourage a more supportive working environment, and proactive implementation from senior leaders of wellbeing policies.[90] This corroborated previous research into teacher resilience, which indicated that approaches to supporting wellbeing needed to be sustained over a long period of time, rather than implemented as quick-fixes to specific stressors.[91]

Finally, findings from a study of over 10,000 members of staff working in schools across the UK and responding to the Education Support Partnership's *Positive Workplace Survey* reported that (following engagement in the survey and associated support programme) there were improvements in resilience and ability to cope among participants, improved work/life balance, improved relationships including teamworking,

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[85] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges*, p.10.
[86] Mind (2018), *Mind's whole school approach to mental health*; Hull and East Yorkshire Mind (2019), 'Update: Whole School Approach – Supporting mental health in local schools'; https://www.heymind.org.uk/2019/02/15/update-whole-school-approach-supporting-mental-health-in-local-schools/
[87] Anna Freud National Centre for Children and Families (2018), *Ten steps, p.*21.
[88] Education Support Partnership (2019), *Teacher Wellbeing Index 2019,* p.66.
[89] Ibid.
[90] Education Support Partnership (2018), *Teacher Wellbeing Index 2018*.
[91] Day, C et al (2011), *Beyond Survival: Teachers and Resilience*. p.9.

and a 'greater sense of agency, autonomy and control' among staff members.[92] However, no details were available as to the timing of this research, the methodology for this study, any baseline data used for comparative purposes, respondent demographics or response rates. It is therefore difficult to draw meaningful conclusions about the effectiveness of this intervention.[93]

3.2.3 Support, mentoring and training

Across the literature, peer support networks were noted to be particularly helpful in developing trusting and reciprocal relationships among colleagues, and in developing resilience as a strategy for managing teacher wellbeing. [94] One small-scale and short-term intervention identified that school staff 'felt valued and permitted to take care of themselves' by being given the opportunity to participate in such mentoring programmes, and that this 'value' had been 'demonstrated by…formal recognition of staff wellbeing as a worthwhile area for intervention'.[95] Likewise, the AFNCCF found that school staff were open to the idea of 'supervision' or mentoring to support them with the 'emotional impact of their work'. Supervision was perceived to have particular potential for members of pastoral staff and those working with complex situations and safeguarding issues.[96] This supported the findings of a small study involving two special schools in England, which identified that teachers in these settings appreciated 'objective, solution-focused and confidential support and opportunities to reflect, offload and feel contained' – both within group and one-to-one supervision settings.[97]

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[92] Education Support Partnership, 'Staff engagement and wellbeing', https://www.educationsupportpartnership.org.uk/helping-your-staff/staff-engagement-wellbeing
[93] Education Support Partnership, 'Staff engagement and wellbeing'; https://www.educationsupportpartnership.org.uk/helping-your-staff/staff-engagement-wellbeing
[94] Day, C et al (2011), *Beyond Survival: Teachers and Resilience;* Association of Colleges (2016), *Promoting staff health and wellbeing within colleges.*
[95] Sharrocks, L. (2014), 'School staff perceptions of wellbeing and experience of an intervention to promote wellbeing', *Educational Psychology in Practice*, 30:1, 19-36, p.30.
[96] Anna Freud National Centre for Children and Families (2018), *Ten steps*, p.9.
[97] Rae, T., Cowell, N. and Field, L. (2017), 'Supporting teachers' wellbeing in the context of schools for children with social, emotional and behavioural difficulties', *Emotional and Behavioural Difficulties* 22: 3, 200-218.

Practice highlight: Delivering randomised control trials (RCTs) in schools to test wellbeing interventions

Led by the Universities of Bristol and Cardiff, the Wellbeing in Secondary Education (WISE) project is offering a wellbeing intervention to staff and students in 25 schools across England and Wales. For this randomised control trial (RCT), wellbeing is defined as 'feeling healthy and happy in your day-to-day life' and is measured using a range of tools including WEMWS (section 2.2). The trial comprises Mental Health First Aid (MHFA) training for teachers to help them to support young people, training for teachers on mental health awareness, and MHFA training for wider school staff so that they can provide peer support for colleagues.

Prior to the main fieldwork, a pilot involving six schools (including three non-intervention schools as a control group), was undertaken to assess the feasibility and appropriateness of the proposed intervention. Quantitative and qualitative data were collated through mixed-methods approaches with staff and students (pre- and post-questionnaires and focus groups). Pilot data identified that female staff and those with depression were more likely to access the peer support service. There was no correlation between accessing the peer support service during the pilot and reporting poor wellbeing during the baseline study, suggesting that this was accessed by staff with changing needs throughout the duration of the pilot. Peer supporters were able to provide anonymised and aggregate feedback in terms of the work-related stressors and indicators of staff wellbeing in their school contexts. It was felt that the peer support had raised awareness, reduced stigma and sent 'an important message of support to staff' to clearly show that their wellbeing was valued by the school. Peer supporters also felt that the service they offered benefited their own wellbeing. However, barriers to staff accessing the service included a lack of awareness, concerns about confidentiality or being judged by colleagues and not wanting to burden the peer supporter.

The main RCT of 25 schools was completed in June 2018; the longitudinal evaluation report is due to be published towards the end of 2019. Measures (with use of a control group) will include impact on teacher wellbeing and depression, rates of teacher absence, presenteeism and associated self-rated performance at work. It will also measure the intervention's impact on student wellbeing, attendance and attainment. In addition, the project aims to provide information regarding costs of implementing the intervention, cost benefit analysis in terms of its overall impact on staff and student wellbeing, and its long-term sustainability.

See: https://wwwbristol.ac.uk/population-health-sciences/projects/wise/

The importance of wellbeing training and support during the early stages of a teaching career was specifically highlighted in NatCen's three-year evaluation of Place2Be's

Talented Teacher Programme (TTP).[98] In terms of supporting wellbeing, the TTP included the provision of four 90-minute 'Place2Think' sessions, involving four or five participants and a counsellor. These confidential sessions 'provided participants with time and space to reflect on any issues or situations that they are currently dealing with as a new teacher and to explore how they might respond most effectively'.[99]

The TTP evaluation found that the sessions were viewed positively by participants. Teachers particularly appreciated receiving advice from experienced practitioners, and the impartiality of the sessions. They said that they found it easier to speak to the group rather than colleagues within their school, as it was perceived to be a confidential and safe environment in which to reflect on their own responses to situations, their practice, and voice issues that may cause them stress or anxiety.[100] As a result of engaging with the Place2Think sessions, participants reported feeling calmer and able to better cope with the pressures of work.[101] More than one year after their involvement in Place2Think, teachers remained positive about the experience. Some participants suggested that 'they wouldn't have remained teaching in the same school if [they] hadn't…had the opportunity to openly discuss their issues with other teachers within the Place2Think sessions'.[102] They suggested that it could be expanded to include all teachers (not just those early in their career), via online forums, in order to help teachers continue 'to discuss issues and help each other'; it was felt important that these peer networks should include teachers with a range of experiences.[103]

However, the evaluation found that self-reported job satisfaction declined in the six months following the end of the TTP when the support ended (although job satisfaction had been statistically higher than the comparison group at the immediate end of the programme). This included a decline in participants' perceptions of their emotional wellbeing. Such findings indicated that the 'positive effects of participation' were not sustained longer-term and that the benefit of support and mentoring was potentially dependent on such approaches being embedded within schools and colleges over time, although this would require further exploration.[104]

A small scale, short-term (eight week) trial involved weekly 'Chill and Chat' sessions plus the provision of holistic therapies for school staff in one primary school; the outcomes noted some anxieties among school staff if colleagues were aware that they were

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[98] NatCen Social Research (2016), *Evaluation of Place2Be's Talented Teacher Programme*. Engagement with the evaluation was high, with a response rate of nearly 95% of 200 teachers participating in the programme. Evaluation findings were further supported by the use of a control sample, comprising teachers who had not taken part in the programme, and follow-up studies to track the progress of participants (see p.9 of report for details).

[99] Ibid., p.4.

[100] Ibid., p.21.

[101] Ibid., p.45.

[102] Ibid., p.42.

[103] Ibid., 22-23.

[104] Ibid., p.5.

participating in such interventions.[105] This suggested ongoing concerns related to workplace culture, stigma and acceptability, which were highlighted in other consultations.[106] Nonetheless, staff who felt supported also reported improved relationships with colleagues and an improved perception of their ability to manage challenging behaviours in the classroom.[107] Notably, the study included a specific intention to involve as broad a cohort of school staff as possible[108] and did so by altering the timings of sessions so that a range of staff could attend; as a result, the intervention had attracted lunchtime supervisors, kitchen staff, administration staff, learning mentors and TAs as well teachers.

3.2.4 Fostering resilience and mindfulness

Rather than the management of physical or mental health symptoms of poor wellbeing once they had arisen, a series of studies undertaken at the University of Nottingham focused on developing a preventative approach to wellbeing by promoting the personal and professional resilience of teachers.[109] Funded by the Economic and Social Research Council (ESRC), this research (drawing together the findings of several different studies in a range of school contexts) highlighted that resilience was a 'capacity' for coping with demanding work, which could be nurtured and developed within teachers and leaders 'at various career stages through initial training, continuing professional development (CPD) and support networks'.[110] For example, during a small study in one school in an urban locality, resilience was identified to have potential significance as a coping strategy for teachers working in areas facing socio-economic disadvantage.[111]

Supporting this, an evidence-based review undertaken by the NCB indicated that staff development and counselling was a positive approach to staff wellbeing. This included the caveat that such counselling was effective if it focused on developing skills such as 'self-efficacy, assertion, resilience, relaxation and mindfulness'; these skills were stated to help staff feel in control of pressured situations in the workplace.[112]

Thus, many of the recent trials undertaken in schools and colleges have been driven by a preventative approach to staff wellbeing, under the umbrella term of 'mindfulness' (i.e.

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[105] Sharrocks, L. (2014), 'School staff perceptions of wellbeing and experience of an intervention to promote wellbeing', *Educational Psychology in Practice*, 30:1, 19-36, p.31.
[106] Anna Freud National Centre for Children and Families (2018), *Ten steps*, p.9.
[107] Sharrocks, L. (2014), 'School staff perceptions of wellbeing and experience of an intervention to promote wellbeing', *Educational Psychology in Practice*, 30:1, 19-36, p.33.
[108] Ibid.
[109] Day, C et al (2011), *Beyond Survival: Teachers and Resilience*. p.3.
[110] Day, C et al (2011), *Beyond Survival: Teachers and Resilience*, p.3; Griffiths, A., and Edwards, A. (2014), 'Editorial. Special issue: teachers and resilience: interdisciplinary accounts', *Teachers and Teaching*, 20: 5, 499 – 501.
[111] Day, C. and Hong, J., (2016), 'Influences on the capacities for emotional resilience of teachers in schools serving disadvantaged urban communities: Challenges of living on the edge', *Teaching and Teacher Education* 59, 115-125.
[112] National Children's Bureau (2015), *What works....*, p.7.

providing opportunities for reflective practice, either individually or in group situations). Three systematic literature reviews of mindfulness-based interventions were published in 2017 and examined broadly similar research outputs from nearly 20 research trials.[113] The mindfulness-based interventions tested within these studies included teacher attendance at workshops or other group sessions, practice at home, individual coaching, and journaling. Overall, the reviews identified the positive influence of mindfulness-based interventions in reducing stress and anxiety in staff, and helping teachers to regulate challenging emotions. These improvements appeared to be sustained over the duration of the interventions, and indicated that a collaborative approach between colleagues towards reflective practice was appreciated by participants. However, there were challenges and inconsistencies identified in each of the three systematic reviews in terms of: the fidelity with which interventions had been applied and followed in schools/colleges, a lack of accuracy or validity in monitoring interventions, and a lack of clarity as to the evidence-based practice or expertise drawn upon to deliver such interventions.[114]

In England specifically, a non-randomised trial involving 89 self-selected teachers from seven schools (49 intervention participants, plus 40 non-intervention as a control) identified reductions in self-reported stress levels and increases in wellbeing among those who had participated, when compared to the control group.[115] Similar short-term and small-scale trials suggest that developing mindfulness techniques, including working with a principles-based model of mind, consciousness and thought, could potentially encourage improvements in psychological and emotional wellbeing among school staff.[116] One study of 45 applied behaviour analysis (ABA) therapists[117] working in schools supporting children with autism posited that 'mindfulness and acceptance-based strategies…may be relevant to the support of ABA therapist wellbeing'.[118]

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[113] These trials were predominantly based in the United States but also incorporated UK studies, covering primary and secondary schools. See: Lomas, T., et al (2017), 'The impact of mindfulness on the wellbeing and performance of educations: A systematic review of the empirical literature', *Teaching and Teacher Education,* 61, 132-141; Hwang, Y., Bartlett, B., Greben, M. and Hand, K., (2017), 'A systematic review of mindfulness interventions for in-service teachers: A tool to enhance teacher wellbeing and performance', *Teaching and Teacher Education* 64, 26-42; Emerson, L. et al (2017) 'Teaching Mindfulness to Teachers: A Systematic Review and Narrative Synthesis', *Mindfulness,* 8:5, 1136-1149.

[114] Hwang, Y., Bartlett, B., Greben, M. and Hand, K., (2017), 'A systematic review of mindfulness interventions for in-service teachers: A tool to enhance teacher wellbeing and performance', *Teaching and Teacher Education* 64, 26-42, p.39-41.

[115] The schools involved were located across five regions of England. Beshai, S., McAlpine, L., Weare, K. and Kuyken, W., (2015), 'A non-randomised feasibility trial assessing the efficacy of a mindfulness-based intervention for teachers to reduce stress and improve wellbeing', *Mindfulness* 7:1, 198-208.

[116] Rees-Evans, D., and Pevalin, D. (2017), 'Using the Principle Based Model to Improve Wellbeing in School: A Mixed-Methods Pilot Study', *SAGE Open,* April-June 2017, 1-9.

[117] 40 were female and five were male; the majority were full-time; 19 were supervisors or lead therapists (with classroom and administrative duties), 20 were ABA therapists (core work of one-to-one teaching) and six were trainee therapists.

[118] Griffith, G.M., Barbakou, A., and Hastings, R.P., (2014), 'Coping as a predictor of burnout and general health in therapists working in ABA schools', *European Journal of Special Needs Education* 29:4, 548-558.

3.2.5 Promoting healthy and active lifestyles

As part of its campaign to address wellbeing in colleges, the AoC focused on the reduction on sickness absence among staff, including the development of a series of case studies in conjunction with AoC Sport. Initiatives included complementary staff access to college sport facilities, access to local sports therapists and personal trainers, revising the food offer to staff on site, a 'passport to fitness' programme to help staff track their levels of activity over a period of twelve weeks, the creation of staff sports clubs, and staff-wide walking challenges. Anecdotally, the case studies reported a reduction of staff absence rates, individual members of staff stopping smoking, exercising more regularly, feeling more positive and developing new friendships and support networks – however no supporting data or evidence of evaluation were included.[119]

3.2.6 Environmental factors

A small number of studies noted that the refurbishment of working environments was included within programmes to support staff wellbeing, for example, amending heating and light controls, the provision of quiet workspaces, and clear break spaces for staff. Where interventions had included on-site training sessions or workshops, these were found to have demonstrated to staff, at least to some extent, that wellbeing was treated seriously. This was because they had been provided with a 'conducive space to have time away which any member of staff could choose to go to'.[120]

Clear signposting and arranging access to external support was also included within some of the guidance and case study documents. This included encouraging staff to seek support where required in such a way that did not carry stigma.[121] Improved access to agencies that support the mental and emotional health of children and young people was also identified as a potential positive contributor to staff wellbeing. In one consultation, school staff highlighted that some of their stresses resulted from the complex situations and challenging behaviours displayed by students within the school setting. Thus, it was suggested that improved links with external specialists in children's mental health and social care 'would [consequently] help to reduce the pressure' that school staff experienced.[122]

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[119] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges*; Association of Colleges (n.d.), '*Mental Health and Wellbeing: A collection of college case studies*, p.8.
[120] Sharrocks, L. (2014), 'School staff perceptions of wellbeing and experience of an intervention to promote wellbeing', *Educational Psychology in Practice*, 30:1, 19-36, p.30.
[121] National Children's Bureau (2015), *What works...* p.7.
[122] Anna Freud National Centre for Children and Families (2018), *Ten steps*, p.12.

3.3 Monitoring wellbeing programmes

Although it is clear from this evidence review that a range of interventions have been implemented in schools and colleges to support staff wellbeing, the patchy nature of the evidence available indicates that these practices are not yet widespread across the sector.

AFNCCF's consultation with over 3,000 members of school staff identified that more than half disagreed with the statement that 'staff are encouraged to speak openly about their mental wellbeing'.[123] Furthermore, Education Support Partnership's *Teacher Wellbeing Index 2019* identified that over half (60%) of 3,019 school and college staff would not feel confident talking to their employer about mental wellbeing or unmanageable stress;[124] nearly the same proportion (63%) of educational institutions did not regularly consult with staff to establish levels of staff wellbeing, suggesting that take-up rates of the type of initiatives outlined in this review are low.[125] Compounding this, over two-thirds of school and college staff surveyed (69%) felt that they did not have adequate guidance about mental health and wellbeing in work.[126] This was particularly the case for teachers and senior leaders rather than those in non-teaching roles.[127] In 2018, the same survey also identified that the provision of guidance was more positively perceived by staff in FE, compared to those working in schools:

> 'Staff who worked in the Further/Adult/Voluntary sector were more likely to have access to a range of help services than those who worked in the schools' sector, e.g. Human Resource staff…counselling services…[Whilst] teachers were more likely to state that they did not have access to any of these services, senior leaders were most likely to be aware of sources of support such as unions…to have had training on mental health conditions and use exercise, groups or programmes'.[128]

Based on its findings, the Education Support Partnership recommended that the education sector should:[129]

- Promote increased levels of trust and autonomy among teachers.

- Ensure the promotion of staff self-efficacy and development is an integral part of accountability systems, with schools and colleges supported to become positive workplaces.

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[123] Anna Freud National Centre for Children and Families (2018), *Ten steps*, p.8.
[124] Education Support Partnership (2019), *Teacher Wellbeing Index 2019,* p.60.
[125] Ibid., p.68.
[126] Ibid., p.61.
[127] Ibid.
[128] Education Support Partnership (2018), *Teacher Wellbeing Index 2018*, p.43.
[129] Education Support Partnership (2019), *Teacher Wellbeing Index 2019,* p.77.

- Model and celebrate healthy working practices and boundaries in relation to workload and working hours.

- Provide access to personal, professional and confidential support for all staff, including peer-to-peer support (particularly for those at senior leadership level).

This review has identified evidence of such practices occurring in individual institutions; however, many of these interventions are either not accompanied by robust evaluations or, where evaluations or research trials have been carried out, these have been small scale and short-term studies. Three-quarters of respondents to AFNCCF's consultation stated that staff mental wellbeing was not measured or monitored in their schools.[130]

This lack of consistency in monitoring wellbeing interventions is at odds with the narrative emerging from the literature, that the perceived benefits or impacts of wellbeing interventions are realised over a long period of time and when approaches are consistently embedded into whole-organisation cultures and practices. Thus, there is an evident need for more high-quality RCTs and longitudinal evaluations of staff wellbeing interventions implemented in schools and colleges in England. This need for more RCTs in education settings was also the conclusion of three systematic reviews of mindfulness-based interventions trialled in the international education workforce over the last decade.[131] To support the development of future RCTs, the research protocols and statistical analysis plan developed for the WISE project (section 3.2.3) may be worth considering, depending on the outcomes of its final report.[132]

3.4 Gaps in evidence

- Although wellbeing frameworks and template policies are available for the sector to use, the extent of their implementation by schools and colleges is not clear, nor is the subsequent impact they may have had (or not) on staff working in these institutions. Take-up data regarding initiatives and approaches to supporting staff wellbeing are scarce.

- Only a few short-term and small-scale programmes and initiatives appear to have been subject to any form of evaluation or impact analysis. Some longer-term pilots are currently undergoing evaluation, however, with findings due for publication in

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[130] Anna Freud National Centre for Children and Families (2018), *Ten steps,* p.25.

[131] Lomas, T., et al (2017), 'The impact of mindfulness on the wellbeing and performance of educations: A systematic review of the empirical literature', *Teaching and Teacher Education,* 61, 132-141; Hwang, Y., Bartlett, B, Greben, M and Hand, K., (2017), 'A systematic review of mindfulness interventions for in-service teachers: A tool to enhance teacher wellbeing and performance'. *Teaching and Teacher Education* 64, 26-42; Emerson, L. et al (2017) 'Teaching Mindfulness to Teachers: A Systematic Review and Narrative Synthesis', *Mindfulness,* 8:5, 1136-1149.

[132] Both of these documents can be found at: https://www.bristol.ac.uk/population-health-sciences/projects/wise/publications/

2019-20, for example, 'Mentally Healthy Schools' and Mind's 'Whole School Approach' trials.

- Much of the available literature on wellbeing in education focuses on the wellbeing of children and young people and the ways in which teachers could support this.[133] There is much less empirical research addressing the wellbeing of school and college staff. Indeed, where there is a focus on the workforce, this is often to highlight the training that staff require to recognise symptoms/behaviours and improve provision for young people (rather than for themselves).[134] This means that it is more difficult to identify sources targeted towards supporting staff; indeed, one college working with the AoC identified that 'a lot of the focus…went towards student wellbeing….On reflection, the college should have focused more on the staff resources available and on signposting to relevant sources'.[135]

- Research into the experiences of non-teaching staff is minimal. In recent years, education workforce research has focused overwhelmingly on the experiences of *teaching* staff in schools (and to a limited extent, in FE institutions). This makes it difficult to understand the factors influencing, or the support implemented to address, the wellbeing of a wide range of non-teaching staff working in schools and FE colleges. Where research has been undertaken with non-teaching groups, findings tend to be amalgamated to such a large extent that identifying the experiences of different staff types is very difficult, if impossible.

- To support their findings, research projects in schools and colleges often reference findings from previous studies of workforce wellbeing. However, these wider references can be outdated or based on contexts that were not comparable.[136] This creates challenges in identifying meaningful trends in wellbeing over time.

- Evidence for specific school and college settings is also minimal. Currently, there is little research or evaluation published to support staff wellbeing in special schools, sixth form colleges, FE colleges, alternative provision, or adult education settings more widely.

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[133] For example, DfE (2017), *Supporting Mental Health in Schools and Colleges*.

[134] For examples see: British Psychological Society, *Promoting mental health and wellbeing in schools: How the Ofsted inspection process can inspire change and what support is needed in schools;* Department of Health and NHS England (2015), *Future in Mind: Promoting, protecting and improving our children and young peoples' mental health and wellbeing;* DfE(2017), *Supporting Mental Health in Schools and Colleges*; Anna Freud National Centre for Children and Families, 'Education for Wellbeing', https://www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/education-for-wellbeing/

[135] Association of Colleges (2016), *Promoting staff health and wellbeing within colleges,* p.5.

[136] For example, Ofsted's *Teacher Wellbeing* report references research studies from over fifteen years ago or undertaken in international contexts rather than across England's schools and colleges. Although this can help provide contextual evidence, it also limits the possibility of identifying trends specific to the sector in England.

- No evidence has been identified during this review in relation to the costs involved in setting up, managing and monitoring wellbeing programmes in schools and colleges, including the level of staff resource required, or the approaches that are more likely to be sustainable or embedded into working cultures over time.

- Effective methods of evaluating wellbeing intervention programmes are difficult to ascertain, due to the limitations of existing research in this area. There are some indications that effective evaluation requires a longitudinal approach with the use of a range of data collection methods to capture the variety of staff voices, with consideration given to both objective and subjective indicators of wellbeing.

3.5 Summary of key points

Although generally short-term and small scale in approach, the practices applied in schools in England identified that engagement and clear commitment from senior leaders to supporting staff wellbeing was a key element of many studies. This included a responsive attitude towards the causes of poor wellbeing, and a proactive approach to preventing and maintaining wellbeing through the promotion of resilience, healthy and active lifestyles, safe and comfortable spaces to build positive relationships with peers and share practice, and signposting to wellbeing information and guidance available for staff.

Anecdotal studies suggested that colleges had seen improvements in staff retention, more positive responses to staff surveys, and reduction in sickness absences as a result of wellbeing initiatives being implemented across the FE sector that addressed both physical and mental health of staff, as well as working cultures and environments.

Staff need to feel comfortable in being open about their concerns and support needs – either through access to independent impartial practitioners, or via informal peer networks that can be trusted and remain confidential and safe spaces to reflect on practice and share ideas.

Barriers to accessing interventions, where noted, were generally related to the perceived stigma associated with poor wellbeing and a desire for confidentiality. This was connected to mental health difficulties in particular, and the concerns of individual staff members that colleagues would be aware of (and negatively judge) their participation in any school or college-based wellbeing activities. Other barriers included the timings of any interventions being convenient for a range of staff types, the perceived burden that may be placed on a colleague offering peer support, and a lack of awareness that the support or intervention was available.

Adopting whole school/college approaches to wellbeing, including clear and consistent messaging from school leaders who model best practice themselves, is likely to be the most sustainable method for the meaningful and long-term promotion of staff wellbeing.

The promotion and management of wellbeing needs to go beyond 'quick-fix' solutions for individual issues, to addressing the underlying challenges and embedding cultural change across an institution.

4. Approaches to workforce wellbeing beyond schools in England

To draw lessons from wider sectors, this section presents three case studies based on empirical studies and guidance documentation from the:

1. Schools and college sector across Northern Ireland, Scotland and Wales.

2. Wider education workforce sector; specifically, EY and HE.

3. Public sector; specifically, the National Health Service (NHS) and the Police Service.

It should be noted that this was not a systematic review of evidence, but a means to identifying approaches that may be transferable to schools and colleges in England. The findings are thematically presented, based on an adapted typology that has been used to classify approaches to employee wellbeing in the public sector.[137]

4.1 Overview of case study interventions

The scoping review identified three themes across the case study literature specifically, in terms of the approaches to wellbeing implemented across the wider education and public sector workforce. These are presented in tiers:

1. **Tier 1**: Approaches to *reduce* the root causes of poor wellbeing such as workload and administration.

2. **Tier 2**: System level approaches that build the capacity of the workforce in *responding* to and managing the impact of the causes of poor wellbeing.

3. **Tier 3**: Approaches that support individuals to *recover* from any adverse responses, at any time in their employment, to the causes of poor wellbeing.

Across the three case studies, evidence concerned with the overall effectiveness or impact of approaches to support employee wellbeing was limited. This was particularly the case for interventions across the home nations and the wider education sector. Where evaluations were conducted, it was not possible to reach any robust conclusions for three main reasons. First, most of the studies addressed interventions at Tier 2, with some emphasis on Tier 3, despite approaches to reduce the root causes of poor wellbeing (Tier 1) arguably having more potential for a long-term beneficial effect on improving wellbeing. Moreover, the approaches identified predominantly addressed the subjective and psychological aspects of wellbeing. Finally, most of the evaluations were

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[137] Kinman, G., & Teoh, K. (2018), 'What could make a difference to the mental health of UK doctors? A review of the research evidence'. *Medicine SoO*.

small-scale, lacked control groups or long-term follow up research. Despite the limitations of the empirical evidence base, it was possible to identify practice that was more commonly implemented across all the case studies and that demonstrated sufficient promise for further investigation and adaptation for staff wellbeing in schools and colleges in England.

4.2 Case study 1: Schools and colleges across the Devolved Administrations

This review identified ten sources that described approaches to support staff wellbeing in Northern Ireland, Scotland and Wales. These were: peer reviewed journal articles, national guidance documentation, research/position papers, a doctoral thesis, and organisation websites. Two of the three peer reviewed journal articles included in this case study involved participants in Wales and one in Scotland. The search did not identify any peer reviewed and/or empirical studies based in Northern Ireland. Overall, the focus of the studies identified was on supporting the capacity of staff to respond to and manage the impact of the causes of poor wellbeing (Tier 2).

In addition, all three of the home nations had published guidance on supporting teacher wellbeing at a national level. For teachers in Northern Ireland *The Quick Guide to Staff Wellbeing in Schools*[138] was available from The Northern Ireland Wellbeing Academy. Similarly, in Wales, a *Staff Health and Wellbeing*[139] guidance document underpinned the activities of the Welsh Network for Healthy Schools Scheme. In Scotland, Education Scotland and the Scotland General Teaching Council signpost teachers to the *Hive of Wellbeing* support programme.[140]

Resources for FE staff tended to be UK-wide, rather than specific to the home nations. These include Mental Health at Work's toolkit for staff wellbeing in FE, which brings together a range of resources, publications and training courses recommended to FE staff by the Education and Training Foundation and Education Support Partnership.[141] However, an extension of the Welsh Network for Healthy School Scheme is the *Healthy and Sustainable Higher Education/Further Education Framework,* which colleges can work towards. This includes promoting actively the physical and emotional wellbeing of the HE/FE community (including staff) and encouraging staff to 'fulfil their health'.[142]

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[138] Northern Ireland Wellbeing Academy (2019), *The Quick Guide to Staff Wellbeing in Schools*.
[139] Welsh Network of Healthy School Schemes (2019), *Staff Health and Wellbeing Guidance*.
[140]The General Teaching Council for Scotland (2019), *Hive of Wellbeing*.
https://www.gtcs.org.uk/News/teaching-scotland/73-hive-of-wellbeing.aspx
[141] Mental Health at Work, 'Toolkit: Supporting staff wellbeing in further education',
https://www.mentalhealthatwork.org.uk/toolkit/supporting-staff-wellbeing-in-further-education/
[142] Public Health Wales, 'Healthy and Sustainable Higher Education/Further Education Framework',
http://www.wales.nhs.uk/sitesplus/888/page/82249#higher

4.2.1 Approaches to wellbeing: wider UK schools and colleges

The wider UK literature emphasised the importance of addressing the root causes of poor wellbeing (Tier 1). For example, the review identified two empirical studies undertaken in Scotland that involved medium (N=399)[143] to large scale (N=4,957)[144] teacher self-report surveys of working conditions and factors that affected subjective wellbeing (and the challenges to them). Notably, the authors of both studies recommended that an increase in weekly non-teaching time and a reduction in administration responsibilities would have a beneficial impact on teacher wellbeing.

In terms of specific approaches to wellbeing implemented across the wider home nations, a common theme running throughout the literature was a focus on the provision of mentoring, supervision and peer support for staff in schools and colleges.

For example, research with 109 early career teachers in Wales identified that mentors made a distinctive, proactive contribution towards teachers' psychological wellbeing.[145] This study incorporated mixed-methods approaches, involving online surveys and interviews at the end of initial teacher training (ITT), which were followed up eight weeks into teaching; however the response rate to the follow-up survey was much lower (34 of the 109 responded to the second questionnaire). Notably, this research found a need for more direct wellbeing support in schools for early career teachers, echoing findings from the research taking place in England's schools and colleges. Although a small-scale study, the findings suggested a need to focus on 'reducing the stigma associated' with staff wellbeing in schools. In particular, the social support provided by a mentor acted as a 'buffer' to the stresses of the role and offered a 'repair' mechanism for previous negative teaching experiences. Moreover, participants appreciated constructive and non-judgemental feedback from mentors.[146]

These findings echo those of the pilot that informed the WISE project being undertaken in Wales (as well as England) – see section 3.2.3 for details – which identified the potential positive impact that staff mental health training and peer support activities could have on staff wellbeing.[147] The final findings of the WISE project have yet to be published, but they will be an important contribution to the field.

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[143] Mulholland, R., McKinlay, A., & Sproule, J. (2017), 'Teachers in need of space: the content and changing context of work', *Educational Review* 69:2, 181-200.
[144] Ravalier, J. M., & Walsh, J. (2017), 'Scotland's teachers: working conditions and wellbeing', Bath Spa University [report circulated by EIS].
[145] Cook, L. (2017), *Beginning teachers' experiences of preparation & additional well-being support throughout initial teacher education* (Doctoral dissertation, Cardiff University), p.145.
[146] Ibid, p.iii.
[147] Kidger, J., et al. (2016), 'A pilot cluster randomised controlled trial of a support and training intervention to improve the mental health of secondary school teachers and students–the WISE (Wellbeing in Secondary Education) study', *BMC Public Health* 16:1, 1060.

Additional support for teacher wellbeing across the UK is specifically supported by the charity Education Support Partnership.[148] The organisation provides free, confidential, bilingual[149] support, advice and counselling to all teachers (serving, retired, unemployed or supply, 24 hours a day, seven days a week across the whole of the year). Although no data was identified in relation to the impact of its work, the most recent published data for 2010 reported over 4,000 contacts on topics such as: work and careers; money and finance; personal, family and relationships and health and fitness issues.[150]

Emphasising the significance of mentor or peer-based wellbeing provision to school and college staff, an internal consultation with Barnardo's Scotland practitioners working in over 400 schools throughout 2018-2019, led to a call for 'a national conversation' about the introduction and contribution of 'professional supervision' towards supporting the mental health and wellbeing of school and college staff. Professional supervision generally facilitates a structured process that supports the development of practitioners' knowledge, competence and confidence in their role and setting. For the Barnardo's project, this has included the provision of specialist one-to-one support, through which a member of staff could talk through the impact that their work was having on them personally, their decision-making in a given situation, and lessons they could learn for future scenarios. Reflecting some of the findings in England's schools and colleges, supervision and wellbeing support were felt to be particularly important for school staff working with children and young people with complex needs or welfare concerns.[151]

> 'While there has been much discussion about the role of schools in supporting children and young people's mental health and wellbeing, we believe that the issue of support for education staff has not received sufficient attention in these debates. The impetus on schools to improve their awareness of the impact of trauma and adversity on pupils must also include an understanding of the impact of vicarious and secondary trauma on staff'.[152]

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[148] Education Support Partnership (2019), http://callhelpline.org.uk/showagency2.asp?ref=601
[149] The support is available to both English and Welsh language speakers.
[150] Education Support Partnership (2019), http://callhelpline.org.uk/showagency2.asp?ref=601.
[151] Barnardo's Scotland (2019), *Supporting the mental health and wellbeing of education staff through professional supervision structures*.
[152] Ibid., p.6.

Practice highlight: Professional supervision for teaching staff

Currently, Family Support Workers from Barnardo's Scotland are working in partnership with professionals in over 400 schools to support children and their families. The role often involves supporting teaching staff with individual student cases as well as wider support around managing and coping with distressed children in a school setting. Central to their practice is an understanding of the importance of supporting and promoting good mental health and wellbeing in relation to children, young people and their families and education staff. Through their work, it became clear that there is a need for professional supervision for teaching staff, that is embedded and structured like that implemented in clinical practice (for example, counselling, occupational therapy, speech and language therapy) and social work. Barnardo's describe how the purpose of professional supervision and, by extension reflective practice, is to address such issues as boundaries, safeguarding, evidence informed practice and regulation of staff's own mental health and wellbeing.

In the course of their work, many of the Family Support Workers have found themselves providing 'informal' supervision to teaching staff. The feedback from the school staff has been very positive, with an appreciation of the reflective space to consider how to implement different ways of working and children and families. Barnardo's practitioners have used various approaches/models of professional supervision ranging from one-to-one support within school hours several times a week; to 15-minute check-ins every week; to more formal structured group supervision in a high school. Flexibility in approaches was highlighted as an important aspect to supervision, as a one-size fits all model did not reflect the range of issues that can impact on wellbeing on an individual level. As a consequence, the authors recommended that future research should investigate piloting different supervision models across schools to meet the needs of different staff groups.

4.3 Case Study 2: Wellbeing in the wider education workforce

For the wider education workforce, this review of evidence specifically identified approaches to support the wellbeing of practitioners in the EY sector, and for lecturers working in the HE sector. The search did not identify any sources that specifically addressed wellbeing for staff working in the adult education sector, or alternative provision settings. As with the first case study, the focus of the empirical evidence was on supporting the capacity of professionals to respond to and manage the impact of the causes of poor wellbeing (Tier 2).

Although limited, there was evidence of guidance that addressed systemic and strategic wellbeing initiatives in HE in the UK and internationally. Universities UK (UUK),[153] (which represents the collective voice of 136 universities in England and Wales) for example, advocates for a whole university approach to supporting mental wellbeing for students. The guidance is informed by the work of the UK Healthy Universities framework and internationally by the Ottawa Charter for Health Promotion 1986[154] and the Okanagan Charter for Health Promoting Universities and Colleges 2015.[155] The UUK model (known as STEPCHANGE) is based on the four domains of community, learning, living and support. The STEPCHANGE model presented in Figure 3 supports universities with implementing a whole university approach to introduce and sustain improvements in mental health for students and staff across the organisation.[156]

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[153] Universities UK (2019), Whole university approach to mental health; https://www.universitiesuk.ac.uk/policy-and-analysis/stepchange/Pages/whole-university-approach.aspx
[154] World Health Organisation (1986), 'Ottawa charter for health promotion', *Health Promotion* 1:4, p.iii-v. https://www.who.int/healthpromotion/conferences/previous/ottawa/en/
[155] Okanagan Charter (2015), 'An international charter for health promoting universities and colleges', *An outcome of the 2015 International Conference on Health Promoting Universities and Colleges/VII International Congress*, pp. 1-12.
[156] Universities UK (2017), Mental Health in Higher Education: STEPCHANGE; https://www.universitiesuk.ac.uk/stepchange

Figure 3: UUK STEPCHANGE whole organisation approach to mental wellbeing

Internationally, in Norway, the Healthy Universities settings concept has been operationalised through a holistic intervention approach called ARK (a Norwegian acronym for work environment and climate study). ARK aims to improve the health and wellbeing of academic staff and to date has been implemented in 18 universities and colleges across Norway.[157] ARK is underpinned by the Job Demand-Resources (JD-R) theoretical framework, which states that health will be impaired when prolonged exposure to high psychosocial demand is paired with inadequate availability of resources.[158]

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[157] Innstrand, S. T., & Christensen, M. (2018), 'Healthy Universities. The development and implementation of a holistic health promotion intervention programme especially adapted for staff working in the higher educational sector: the ARK study'. *Global Health Promotion*.
[158] Ibid., p. 2.

Conversely (and resonating with Dodge's theory of 'dynamic equilibrium' in [section 2.2.1](#)) when adequate resources are provided in high-demanding work environments, work motivation increases and wellbeing improves. Thus, the ARK Intervention Programme focuses on both stresses and resources in the work setting and arranges for a participatory approach in which university staff discuss the pros and cons of their work environment and develop actions for what they would keep and improve based on findings from a specifically devised questionnaire. Although the impact of ARK has yet to be evaluated, it is an intervention that potentially addresses some of the root causes of poor wellbeing (Tier 1) and is premised on evidence-based theory (JD-R).

No published guidance for the EY workforce sector was identified during this review. However, the recent *Minds Matter*[159] publication from the Early Years Alliance reported findings from a survey of 2,039 EY practitioners in England, investigating the impact of working in the sector on practitioners' mental health and wellbeing. The report specifically called for improved guidance and resources for staff to address stress and mental health.[160]

4.3.1 Approaches to wellbeing: wider education

This review identified two recent studies (one from each sector) undertaken in England and the United States (US) that used self-report methods (questionnaires and interviews) to investigate working conditions and factors associated with improved wellbeing that included recommendations to address the root causes of wellbeing such as workload, administration and extended working hours (Tier 1). The first was a US study based on findings from a nationally representative survey of 3,369 practitioners in the Early Care and Education (ECE) sector.[161] The findings showed that when teachers experienced **teamwork, respect**, and **stability** at work they were statistically significantly less likely to experience psychological distress. Such issues were also evident in HE from the findings of a study based on 25 in-depth semi-structured interviews with lecturers on wellbeing.[162]

In 2017, RAND Europe published a rapid assessment of mental health in the research environment that included four evaluation studies (US and Australia) of interventions which focused on capacity building of the workforce to positively respond to and manage the impact of the causes of poor wellbeing (Tier 2).[163] The studies adopted pre- and post-

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[159] Early Years Alliance (2018), *Minds Matter: The impact of working in the early years sector on practitioners' mental health and wellbeing*.
[160] Ibid., p. 18.
[161] Madill, R., Halle, T., Gebhart, T., & Shuey, E. (2018), *Supporting the psychological wellbeing of the early care and education workforce: Findings from the National Survey of Early Care and Education: OPRE Report #2018-49.*
[162] O'Brien, T., & Guiney, D. (2018), *Staff wellbeing in higher education: a research study for Education Support Partnership.*
[163] Guthrie, S., Lichten, C. A., Van Belle, J., Ball, S., Knack, A., & Hofman, J. (2018), 'Understanding mental health in the research environment: A Rapid Evidence Assessment'. *RAND health quarterly* 7(3).

self-report methods and did find beneficial effects for a six-week mindfulness programme and ten-week yoga programme (attended by participants for 60 minutes each week). Two studies in the review investigated approaches that sought to raise awareness of mental health literacy, but these studies found no significant evidence of effect. Indeed, the review identified overall limitations in terms of the 'lack of long-term follow-up and absence of control groups' across all studies and interventions. It also noted a lack of focus on a range of staff types in HE settings, beyond academics and doctoral researchers.

The review therefore went on to recommend that mental health and wellbeing policies in use across the HE sector should be mapped, to increase understanding of strategies currently implemented and to help create sector-wide staff wellbeing standards. It also suggested a return to past initiatives to obtain follow-up data and ascertain any long-term impact of the approaches implemented within UK universities.[164]

In the EY sector, a 2017 review of early childhood educators' wellbeing and factors associated with wellbeing, considered 30 studies published between 2008 and 2016, showing how the area of staff wellbeing had received increased attention over the previous decade..[165] One common theme identified was the notion of a 'fair exchange of reward and effort'. However, the review indicated that approaches to wellbeing across the sector were 'so fragmented' conceptually, contextually and methodologically, that it was a challenge to identify obvious and meaningful next steps for research.

4.4 Case Study 3: Wellbeing in the public sector

Both the health and the police sectors have published national guidance to support employee wellbeing. In 2019, the NHS published findings from the NHS Staff and Learners' Wellbeing Commission.[166] The Commission made 33 recommendations, which incorporated those from the 2017 Stevenson/Farmer review *Thriving at Work*[167] and included:

- The appointment of an NHS Workforce Wellbeing Guardian at Board level in every local, regional and national organisation. Their work was to be underpinned by the nine NHS Workforce Wellbeing Guiding Principles.[168]

- The appointment of a Workplace Wellbeing Leader to work with the Guardian.

- Dedicated time for supervision.

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[164] Ibid.
[165] Cumming, T. (2017), Early childhood educators' well-being: An updated review of the literature', *Early Childhood Education Journal* 45: 5, 583-593.
[166] Health Education England (2019), *NHS Staff and Learners' Mental Wellbeing Commission*.
[167] Stevenson, D. (2017), *Thriving at work: The Stevenson/Farmer review of mental health and employers*.
[168] Health Education England (2019), *NHS Staff and Learners' Mental Wellbeing Commission*, p.7.

- A national NHS 'Samaritans-style' service that would provide a confidential emotional support service for all staff.

One of the key themes underpinning the recommendations was the importance of recognising that employees make many transitions in their working lives, as they move from undergraduate through to postgraduate study, and then onto employment in the health sector. Therefore, the report recognised the need to tailor the support available for staff wellbeing at each phase of a career.

The NHS has also published the Workforce Health and Wellbeing Framework[169] with an accompanying Diagnostic Tool to help senior leaders in the NHS plan and implement their own approach for improving staff health and wellbeing. The holistic approach embedded within the framework includes two strands: 'Organisation Enablers' and 'Health Interventions'. Within these two strands, it sets out clear actionable steps in six areas and includes guidance on how organisations can plan and deliver a staff health and wellbeing strategy. The six areas include: leadership and management, data and communication, healthy working environment, mental health, musculoskeletal and healthy lifestyles.

The College of Policing (the professional body for individuals working in the police service in England and Wales) has also published considerable guidance on supporting staff wellbeing. The National Police Wellbeing Service[170] is aimed at improving mental and physical health support for officers and staff and includes mental health outreach support, as well as training and toolkits to improve the provision in individual forces. The service was introduced after research found that officers and staff, particularly those in frontline roles, did not have the time or consistent access to local support for their mental or physical wellbeing. This included, for example, findings based on 28 face-to-face workshops involving all 43 police forces across England and Wales as part of the Front Line Review (2019)[171] commissioned by the UK government Home Office. This identified a number of factors affecting police officer wellbeing, including perceptions that: demands on the service were increasing whilst capacity was decreasing, front line officers and staff were undervalued by the wider policing system, and there was a disconnect between the front line and senior/national decision makers. There was also some scepticism among participants about the authenticity of the emerging wellbeing agenda and a desire to see it embedded in a consistent way with a lasting impact.[172] The

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[169] NHS Employers (2019), 'NHS Workforce Health and Wellbeing Framework'; https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/the-way-to-health-and-wellbeing/health-and-wellbeing-framework

[170] Oscar Kilo (2019), 'The National Police Wellbeing Service'; https://oscarkilo.org.uk/national-police-wellbeing-service/

[171] Home Office (2019), *The Front Line Review*.

[172] Ibid.

College has also developed **psychological risk management guidance**[173] relating to the risk assessment and management of high-risk roles in policing.

4.4.1 Approaches to wellbeing: public sector

A 2019 report from The Police Foundation specifically sought to investigate one of the most common causes of poor wellbeing – that of the management of change within a workforce. It did so by carrying out an extensive evidence review of literature across both the policing and other public sectors (including healthcare), and specifically, the relationship between wellbeing and organisational development (OD). Based on a review of the literature related to OD; a series of semi-structured interviews with OD researchers and consultants and a series of semi-structured interviews with senior leaders, relevant experts from within policing and the wider public sector, particularly the NHS, the report made four recommendations.[174]

- Adoption of a set of principles to guide change management across the police service.

- Chief constables to advocate for OD approaches across the local public service landscape so that the whole system is better equipped to change in order to tackle complex and dynamic problems.

- A specialist team to be established within the College of Policing to spread knowledge, build a practitioner network, innovate and develop new tools.

- Completion of the Leadership Review of rank structure, with changes implemented so that forces can experiment with streamlined management structures.

The search strategy did elicit several evaluations, nationally and internationally, that evaluated interventions at Tier 2. One notable UK study was the evaluation of the Blue Light Programme. Between 2015 and 2019, the charity, Mind, launched and implemented the Blue Light Programme to improve mental health support and increase workplace wellbeing in the emergency services.[175] The programme implemented a large range of activities and in-depth research and focused on six areas:

1. Tackling stigma.
2. Empowering staff to lead change.
3. Training line managers.
4. Making support accessible.

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[173] College of Policing. (2017), *Psychological Risk Management Guidance*.
[174] Lewis, K., Higgins, A.' & Muir, R. (2019), *Police workforce wellbeing and organisational development*, p.27.
[175] Mind (2019), *Wellbeing and mental health support in the emergency services*.

5. Building resilience.

6. Establishing networks.

Throughout the period, a variety of interventions were tested, delivered and externally evaluated from baseline at 2015 to 2019. A baseline study was carried out at the start of the Programme, surveying 3,627 emergency services[176] staff (including volunteer staff), and 5,081 surveyed four years later to track changes.

> 'The longer people serve, the more likely they are to feel the negative impact of workload pressures. Those who have 11 to 20 years of service are the most likely to feel the effects of a range of pressures, including organisational upheaval and physical health concerns – making them an important audience for mental health and wellbeing support'.[177]

The key findings included:

- Staff and volunteers were far more likely to say their organisation encouraged them to talk about mental health (64 % in 2019 compared with 29 % in 2015) and supported people with mental health problems well (53 % versus 34 %).

- Perceptions of the support offered to staff by an organisation were more positive among respondents whose organisation had some involvement with the Blue Light Programme, compared to those that had not (53 % versus 42 %); however, respondents experiencing mental health problems perceived the support less positively (43 % compared to 56 % of those who had not accessed support); this suggested that there was 'more to be done to ensure that the reality of support for employees matches the perception of what is available'.[178]

- Overall, personnel who had taken part in the Blue Light programme were much more likely to be aware of support available to help them manage their mental health (65 % in 2019 versus 46 % in 2015).

- Three in five (60 %) said they felt confident that workforce attitudes towards mental health were improving, rising to nearly seven in 10 (68 %) for those who had been involved in the Blue Light Programme.

- Over one in two (56 %) said they were confident that organisational support with mental health problems had improved, rising to over two in three (68 %) of those surveyed who had experienced some involvement with the Blue Light Programme.

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[176] This comprised staff working across ambulance, fire, police and search and rescue services. It should be noted that the baseline survey included respondents in England only, whilst the follow-up survey also included respondents in Wales as well as England.
[177] Mind (2019), *Wellbeing and mental health support in the emergency services,* p.12.
[178] Ibid., p.11.

- The percentage of staff who said their organisations encouraged openness rose from 29 % before the programme to 64 % at the end.

- Engagement with webinars was generally low whereas face-to-face training sessions were shown to help managers recognise and address evidence of mental health conditions among their staff, as well as helping them evaluate their own mental health.

- Emergency services benefited the most from line manager training in mental health when it is mandatory for all line managers or team leaders.

Finally, the number of employees overall reporting good or very good mental health in the survey had reduced since 2015 (from 53 % to 45 %), while the number of employees reporting poor mental health had increased (from 14 % to 21 %). The authors of the report acknowledged that it was impossible to say whether these figures indicated that the prevalence of poor mental health was increasing, or whether people felt better able to identify when they were experiencing difficulties with their own mental health and/or were more confident to disclose this in the survey.

An RCT involving 1,337 police staff across England and Wales piloted the use of two online mindfulness resources by the workforce (and a control group of staff who remained on a waiting list to access the resources). The resources piloted were a commercially available mindfulness mobile application (app) and a bespoke eight-week online mindfulness course for police. The trial identified that self-reported perceptions of 'wellbeing, life satisfaction, resilience and performance' improved among those using the resources compared to those on the waiting list. However, there was no impact of the resources on quantifiable measures such as sickness absence. Although overall it was felt that access to such resources could be beneficial to police employees, practical considerations of costs, raising awareness of the resources and the need to remove barriers to access (time, location, emotional/technical issues) were also highlighted by the research.[179]

Another UK-based evaluation study from 2017 that demonstrated positive effects for wellbeing, was the implementation of Schwartz Rounds to support emotional wellbeing of hospital staff.[180]

[179] College of Policing (2019), *Mindfulness in policing: A randomised controlled trial of two online mindfulness resources across five forces in England and Wales*.
[180] Maben J, et al. (2017), 'A realist informed mixed methods evaluation of Schwartz Center Rounds in England (Summary)'. National Institute of Health Research.

Practice highlight: Schwartz Rounds

Schwartz Rounds were first introduced in hospitals in the UK in 2009 from the US. Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly (once a month) to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care (which is an emphasis of supervision). The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. Once the Round starts, a panel, comprised of three staff, share their experiences for the first 15-20 minutes. On each panel, there is ideally a mix of clinical and non-clinical staff with different levels of seniority. A Round can either be based on different accounts of a case or can explore a theme such as 'when things go wrong' or 'a patient I'll never forget'. Experiences are shared from the perspective of the panel member – not the patient – and the emphasis is on the emotional impact. The remainder of the hour has trained facilitators leading an open discussion by, for example, asking participants to share their thoughts and reflections on the stories. Essential to success is that the session remains reflective and does not become a space to solve problems.

A 2017, mixed methods longitudinal study of Schwartz Rounds that included a baseline survey of 1,140 out of 3,814 (30%) (attenders and non-attenders of the Rounds) across ten sites and 500 at follow up out of 1,140 (44%), found a statistically significant link between Rounds and improved wellbeing. Among staff who regularly attended Rounds, poor psychological health decreased by half from 25% to 12%. Non-attendees in the same period saw a much smaller reduction, from 37% to 34%.[181] However, a recent literature review of the evidence base for Schwartz Rounds found limited evidence to date to support the approach (ten empirical studies with a lack of control groups).[182] Findings did show the value of Rounds for participants with positive effects for their relationships with colleagues and patients and responding to changes. Some of the unique features of Rounds were: being available for all staff types, and a lack of expectation for all participants to verbally contribute. The authors concluded that Rounds could be considered as one strategy to enhance staff wellbeing.[183]

Within the literature identified, there were three systematic reviews and one narrative review of interventions in healthcare to support wellbeing. Each study reviewed the

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[181] Maben J, et al (2017),'A realist informed mixed methods evaluation of Schwartz Center Rounds in England (Summary)'. NIHR.

[182] Taylor, C., Xyrichis, A., Leamy, M. C., Reynolds, E., & Maben, J. (2018), 'Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews'. *BMJ Open* 8:10.

[183] Ibid.

evidence for a different healthcare profession: General Practitioners (GP), primary care nurses, mental health care staff and physicians.

A systematic review and meta-analysis of fifteen RCTs that analysed interventions to prevent and reduce physician burnout found that individual-focused and structural/organisational strategies did result in clinically meaningful reductions in burnout.[184] Overall, across the studies, burnout decreased from 54% to 44% and the emotional exhaustion score decreased from 23·82 points to 21·17 points. Effective individual-focused strategies included mindfulness-based approaches, stress management training, and small group discussions. Effective organisational approaches included working hour requirements and locally developed changes to clinical work processes.

A 2016 systematic review of interventions to promote or improve the wellbeing of primary care nurses reported on eight papers (all non-randomised, pre-post-test) found weak to moderate evidence of impact for any reduction in burnout and stress.[185] Interventions that centred around mindfulness meditation or cognitive behavioural techniques were found to have impact. Similarly, cognitive behavioural techniques were found to improve wellbeing in a 2017 systematic review of GP wellbeing.[186] Finally, a narrative review of the wellbeing of mental health care staff, showed poorer reported wellbeing for this group compared with professionals in other healthcare sectors and that although interventions were effective, the effect sizes were small (0.13 to 0.22). However, this same review also suggested that interventions that were underpinned by research evidence and designed to target burnout and improved patient care may improve effectiveness and uptake of approaches across the workforce.[187]

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[184] West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016), 'Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis'. *The Lancet* 388: 10057.
[185] Duhoux, A., Menear, M., Charron, M., Lavoie-Tremblay, M., & Alderson, M. (2017), 'Interventions to promote or improve the mental health of primary care nurses: a systematic review'. *Journal of Nursing Management* 25: 8, 597-607.
[186] Murray, M., Murray, L., & Donnelly, M. (2016), 'Systematic review of interventions to improve the psychological well-being of general practitioners'. *BMC Family Practice* 17: 1, 36.
[187] Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018), 'Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions'. *International Journal of Mental Health Nursing* 27: 1, 20-32.

4.5 Summary of key points and potentially transferable practice

The common themes from across the three case studies were:

- Overall, a lack of evaluation activity in relation to staff wellbeing practice and support. Across the three case studies, the literature search identified only a few empirical studies that specifically investigated the effectiveness of approaches to support staff wellbeing. Therefore, caution should be applied when considering trialling any similar approaches across the school and college sector.

- The interventions that had been evaluated primarily focused on Tier 2 type approaches (capacity building of the workforce to positively respond to and manage the impact of the causes of poor wellbeing) and specifically, mental health.

- Wellbeing approaches that showed promise at Tier 2 (and echoed similar approaches trialled on a short-term, small-scale basis in schools and colleges) included those that adopted cognitive behavioural techniques such as mindfulness as well as supervision, peer coaching and Schwartz Rounds (staff forums).

- Despite the lack of research to address the root causes of poor wellbeing (Tier 1), other public sectors (HE, NHS and the police service) had published sector wide guidance that adopted holistic (Tiers 1, 2, and 3), strategic approaches to supporting wellbeing with associated resources and toolkits. This included, for example, a set of Wellbeing Guiding Principles, an agreed framework, examples of good practice, what wellbeing looks like for different stages of a career and how wellbeing might be meaningfully measured.

- Where stated, it was possible to identify some of the theoretical frameworks/theories underpinning Tier 1 approaches. However, there was a need for further wellbeing intervention research that developed and tested such theory.

Thus, the practices and approaches that could potentially be considered for trialling in schools and colleges in England were: professional supervision (a structured process that supports the development of practitioners' knowledge, competence and confidence in their role and setting), peer coaching, mentoring, cognitive behavioural techniques such as mindfulness, and staff emotional support forums such as Schwartz Rounds. However, schools and colleges might be advised to allow staff to elect to participate in different activities, reflecting that there is no 'one size fits all' approach to wellbeing.

5. Concluding discussion

This rapid review of literature has identified that achieving and maintaining good wellbeing can be defined as a cumulative process of continually balancing the challenges that any individual experiences, with the resources that are available to them to address those challenges. To support staff in achieving this balance, a range of intervention programmes, pilot studies and activities are taking place in individual schools and colleges in England to address staff wellbeing. Overall, however, there is currently a lack of robust evidence as to the theory underpinning these existing activities (and therefore a lack of judgement as to whether existing approaches meet needs), as well as gaps in the monitoring of their effectiveness, impact and long-term sustainability. However, this review has also noted that the evaluation outcomes of several longitudinal trials are yet to be published and therefore could potentially offer significant contributions to understanding in the field.

Although further empirical evidence is required to draw meaningful conclusions, comparing the factors impacting staff wellbeing (section 2) with the common elements of wellbeing initiatives implemented across the sector to-date (section 3), effective wellbeing programmes for the school and college workforce could potentially include:

- Whole school/college approaches underpinned by evidence-based research and good practice guidance.

- Consistent and clearly demonstrable engagement of senior leaders with any new wellbeing policies implemented across an organisation. This would include modelling of behaviours, regular communication with staff regarding the policy and open acknowledgment of their efforts and successes on a regular basis.

- The provision of training, support and supervision/coaching to help the development of resilience and awareness of wellbeing among staff (including early career teachers, and those staff working with students with complex needs/pastoral concerns).

- Direct involvement of the full range of staff types in the development of any new approach to wellbeing, to help encourage ownership of the initiative and thus a sense of self-efficacy, autonomy and agency in relation to the changes being implemented across a school/college.

- Robust and consistent monitoring and evaluation of key indicators of wellbeing across the workforce.

Furthermore, practices in the wider education and public sectors (section 4)) suggest that wellbeing programmes have the highest potential to add value when they are flexible and multi-tiered (for instance, including provision for both the prevention of, and recovery from, poor wellbeing, as well as some conception of what positive wellbeing is and how

to achieve and maintain it). Thus, in an educational context, addressing staff wellbeing would not solely be concerned with reacting to the symptoms and signs of poor wellbeing. Instead, indicators of positive wellbeing would be recognised alongside the root causes of poor wellbeing. Proactive strategies would then be taken at an individual, organisational and national level to build resilience, promote and nourish wellbeing across the sector's workforce. This could include:

- **Policy:** consultation to identify the indicators of positive wellbeing, and root causes of poor wellbeing; embedding a clear and consistent strategic vision for supporting and enhancing wellbeing through evidence-based practice/clear theoretical frameworks; and robust monitoring of wellbeing interventions.

- **Organisation:** offering peer networks and supervision, mentoring and coaching; opportunities to share practice; modelling of behaviours by leaders; fostering a culture of openness and transparency through clear communication with all staff types.

- **Individual:** application of personal wellbeing goals; personalised, targeted interventions to address specific challenges and issues faced by individual members of the workforce; signposting to external sources of advice and support.

Published literature highlighted that the perceived benefits or impacts of wellbeing interventions are realised over a long period of time and when approaches are consistently embedded into whole-organisation cultures and practices. The three case studies also confirmed that any change at a strategic level takes time to implement, embed and demonstrate impact. They also indicated that mentoring, professional supervision and peer coaching/support forums may be effective approaches for promoting and managing staff wellbeing.

5.1 Gaps in evidence

The following gaps in evidence were identified during the literature review, highlighting points for consideration and potential areas for future investigation.

5.1.1 Indicators and approaches

This brief investigation into staff wellbeing has, necessarily, engaged with associated issues affecting the school and college workforce, for example, workload, recruitment and retention, and flexible working. This highlights the myriad of factors that can potentially impact on the wellbeing of staff across schools and colleges, and the range of objective and subjective indicators that need to be considered.

Many of the studies identified through this review focused on subjective or self-reported indicators of *poor* wellbeing rather than on enabling positive wellbeing to thrive. There was therefore a lack of evidence of schools and colleges taking a balanced approach

towards identifying measures of wellbeing. There was also little indication across schools and colleges (compared to the wider sector case studies) of an acknowledgment that one approach to supporting and enhancing wellbeing would not be appropriate for all.

5.1.2 Visibility of resources

The large volume of literature focusing on the wellbeing of children, young people and adult students potentially obscures the support available for staff working in schools and colleges. During this review, search terms were modified to identify workforce-specific literature. However, it could be challenging for staff members in schools and colleges to find resources relevant to their own needs when they have little time and may not have the expertise to create effective or efficient search methodologies. Furthermore, examples of good practice case studies of what wellbeing looks like at different career stages, and for a range of occupations in schools and colleges, were minimal. Where available, they were predominantly in the FE sector, with a clear gap in evidence for the school sector. Guidance and case study resources need to be easily accessible and identifiable by staff and their line managers, with clear signposting across schools and colleges.

5.1.3 Roles and settings

Non-teaching staff are rarely the focus of workforce research across the education sector. As non-teaching staff perform a wide variety of functions to support the delivery and management of teaching and learning in schools and colleges, there is a gap in current research programmes, wellbeing interventions and guidance resources in terms of identifying and addressing the needs of a broader range of staff types beyond teachers and senior leaders. It is not currently possible to state with confidence which factors may affect the wellbeing of non-teaching staff specifically, or the types of support/intervention that would be most effective in addressing the needs of these individuals.

Evidence for specific school and college settings is also minimal. Currently, there is little research or evaluation evidence published in relation to staff wellbeing in special schools, sixth form colleges, FE colleges, alternative provision, or adult education settings more widely.

5.1.4 Set-up, monitoring and evaluation

The published literature does not commonly provide detailed information on how staff wellbeing needs are identified within schools and colleges prior to the implementation of new initiatives. Nor is it possible to identify the level of resource required to develop, implement and maintain wellbeing policies/programme in school or college settings. No evidence was identified during this review in relation to the costs involved in setting up,

wellbeing programmes in schools and colleges, or the approaches that are more likely to be sustainable or embedded into working cultures over time.

Furthermore, there is little evidence of robust evaluation mechanisms being implemented across the sector to ensure that the activities taking place are the most relevant and effective approaches for meeting staff need. This includes a lack of longitudinal evaluations and RCTs, which were more commonly evidenced in the wider public sector case study, or mapping exercises to ascertain management information for wellbeing programmes, such as costs, monitoring tools/measurements, long-term impact, sustainability, and any variances specific to phase/setting.

5.1.5 Barriers and challenges

Although the case studies and review of evidence in schools and colleges across England identified barriers to accessing mentoring, training and peer support networks, there was little robust evidence on how these barriers could be addressed effectively. Barriers included: perceived stigma associated with poor wellbeing and a subsequent desire for confidentiality among individual members of staff, concerns that colleagues would be aware of (and negatively judge) participation in any wellbeing activities, the timings of interventions being inconvenient, the perceived burden that may be placed on a colleague offering peer support, and a general lack of awareness of the support or resources available.

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Appendix 1: Initiatives to support staff wellbeing in schools and colleges in England

Source	Focus	Summary of content
Beyond Survival: Teachers and Resilience Christopher Day, Anne Edwards, Amanda Griffiths and Qing Gu (2011)	Schools Teachers, senior leaders and mentors	Seminar series, including six case studies of work undertaken in schools to support the development of teacher resilience.
Evaluation of Place2Be's Talented Teacher Programme NatCen (2016)	Schools Early career teachers	A support programme for new teachers to develop skills to manage behaviour, support the emotional development of young people, work effectively with parents and support their own emotional wellbeing.
Mental Health and Wellbeing: A collection of college case studies. *Promoting staff health and wellbeing within colleges.* Association of Colleges (n.d.)	Colleges All staff types (plus students)	Case studies of activities taking place in colleges across England to support and promote wellbeing in students and staff.
Mental Health and Wellbeing Charter Association of Colleges (2019)	Colleges All staff types (plus students)	Template of a charter for colleges to adopt, setting out an agreement to support students and staff through a range of formal policies, tutorial/support programmes, staff training, signposting and developing links with relevant external bodies.

Mentally Healthy Schools www.mentallyhealthyschools.org.uk	Schools Senior leaders	'Supporting staff wellbeing' section on webpages. Checklist of areas for senior leaders to consider in supporting staff wellbeing in schools. Includes signposting to other forms of information and guidance.
Mindfulness in Schools https://mindfulnessinschools.org/the-evidence-base/	Schools Staff and students	A toolkit for schools, to deliver mindfulness training for use with staff and students.
Positive Workplace Survey and *Positive Workplace Programme* Education Support Partnership	Schools and colleges All staff	Benchmarking tool for schools and colleges to track progress in addressing wellbeing across an organisation.
Principle Based Model of Mind, Consciousness and Thought – Pilot Study Rees-Evans and Pevalin (2017)	Secondary schools All staff	Small-scale (10 self-selecting staff and 9 students in one secondary school), and short-term (16 week) pilot involving off-site training sessions.
Schools in Mind Anna Freud National Centre	Schools	Network set up to support school staff to find, evaluate and implement whole school approaches to mental health and wellbeing, including a repository of resources.
Staff perceptions of wellbeing and experience of an intervention Sharrocks (2014)	Primary school All staff	Small scale trial (one school) and short-term (8 weeks), comprising weekly two-hour sessions known as 'Chill and Chat' hosted by an educational psychologist, behaviour support teacher and HLTA. Plus three weeks of holistic therapies such as massage and aromatherapy.

Staff Wellbeing and Mental Health Resources Teach Well Alliance	Schools	Resources and information packs to support schools tackling mental health and wellbeing of staff.
Supporting staff wellbeing in schools/ Ten steps to support staff wellbeing Anna Freud Centre for Children and Families (2018)	Schools All staff	Guidance documents and consultation findings including case studies to help schools implement a staff wellbeing strategy.
Use of a strengths-based development tool with head teachers Cooper and Woods (2017)	Schools Senior leaders	Small-scale practice-based project involving quantitative and qualitative data analysis of self-reported improvements in wellbeing following use of the strengths based online tool and associated coaching.
Waters Index of Leadership Support for Teachers' Wellbeing and Mental Health Waters, S. Teach Well Alliance (2019)	Schools Teachers	Matrix to help identify level of support currently provided to teachers in individual schools in relation to their wellbeing.
Wellbeing advice for schools and framework document National Children's Bureau (2015)	Schools Teaching staff	Framework and supporting evidence for adopting a whole school approach to wellbeing.
WISE project https://www.bristol.ac.uk/population-health-sciences/projects/wise/	Secondary schools Staff and students	Randomised control trial (RCT) involving 25 secondary schools across England and Wales, including Mental Health First Aid training and the development a peer support service for staff in each school.

Appendix 2: Matrix of search terms

Search terms: WELLBEING IN SCHOOLS AND COLLEGES IN ENGLAND

A		B		C		D
wellbeing[188]	+	teacher	+	school	+	effectiveness
resilience		teaching		college		effective practice
health		tutor		further education		good practice
mental health		lecturer		FE		sustainability
emotional health		staff		sixth form		evaluation
physical health		workforce		primary		trial
work/life balance		workplace		secondary		test
job satisfaction happiness		headteacher		education		support
contentment		middle leader		school-based		improve
stress		senior leader		college-based		intervention
holistic health contentment		teaching assistant/ TA/ HLTA		independent school		initiative
wellbeing		school leader		private school		strategy
/health PLUS:		principal		alternative provision		programme
security OR		head of department		PRU		help
environment OR		head of key stage		Academy		promote
attitudes OR		head of year		Free school		impact
				MAT		outcomes
				Trust		guidance
						research

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[188] Searches for 'wellbeing' were kept necessarily broad (rather than focusing, for example, on a large list of specific symptoms of low wellbeing).

social OR personal OR workload OR recruitment OR retention OR behaviour OR relationships		Head of subject curriculum lead pastoral staff ancillary staff support staff		71	systematic review literature meta analysis policy practice cost

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