

# Childhood wellbeing: what role for education?

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The word wellbeing is ubiquitous in political discourse, and concerns about childhood wellbeing are particularly rife. This paper identifies, in the context of Scottish policy, how different professional discourses of wellbeing have migrated into education policy and it examines how this relates to learning. Taking a view of policy enactment as recontextualisation, the paper also explores how teachers and policy actors understand their role in supporting wellbeing. The paper shows how Scottish policy portrays wellbeing as personal skills of self-management (discourses of health promotion, and of social and emotional literacy) fostered through a caring environment. Health and wellbeing is represented as a prerequisite for learning, rather than an outcome of education. The contribution of teaching and learning to childhood wellbeing is over-shadowed. While some interviewees repeated or reinforced the main messages of policy, others took a more nuanced view, identifying how a high quality learning experience could enhance the lives of children in the present and the future. Moreover, teacher interviews showed how good relationships were not simply a foundation for learning; they were also a product of the shared pedagogical endeavour. The paper concludes by suggesting that the relationship between learning and wellbeing can be considered at different levels. At a basic level psychological and physical wellbeing enhances opportunities to engage in education, but at a more complex level, the choices that teachers make about content and pedagogy can create opportunities for young people to lead lives they have reason to value.

## Introduction

The concept of ‘wellbeing’ has been naturalised in political and policy discourse since the start of the 21st century. Its prominence as a policy issue in the UK can be seen in the 2010 ‘Prime Minister’s speech on wellbeing’ signalling the introduction of the ‘national happiness index’ (Cameron, 2010). International interest in childhood wellbeing is evident in UNICEF’s comparative studies of developed countries (UNICEF Innocenti Research Centre, 2007; UNICEF Office of Research, 2013). Increasingly responsibilities towards wellbeing have become ‘taken-for-granted’ in our considerations of childhood, and schools have been called upon to shoulder some responsibility.

Despite its ubiquity the meaning of the word wellbeing is unclear (Watson *et al.*, 2012). It is invoked in many contexts including school ethos (Spratt *et al.*, 2006), emotional literacy (Weare, 2004), resilience (Hall *et al.*, 2009), behaviour management (Hallam, 2009), school meals (Gustafsson, 2004) and flourishing (Walker, 2005). According to Coleman (2009) the word is used and understood differently in different contexts with little consensus. When analysing the use of the word wellbeing by UK government departments, Ereaut and Whiting (2008) remarked that the

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meaning was unstable, commenting on its ‘holographic quality’ saying: ‘Effectively, wellbeing acts like a cultural mirage: it looks like a solid construct, but when we approach it, it fragments and disappears’ (p. 5). This conflation of different concepts under one umbrella term has drawn criticism from Ecclestone and Hayes (2009) who refer to a ‘slippery elision of constructs’ (p. 16).

However, Ereaut and Whiting (2008) point out that while wellbeing may be ill-defined it is never criticised as an ideal; it is universally accepted as positive. The widespread acceptance of the concept, together with the malleability of its meaning, they suggest, creates a potentially useful concept to unite policies and actions across different agencies (such as health, education and social services) as the term appears to include a range of professional perspectives. However, the lack of clarity may, in practice, lead to confusion and disagreement.

This paper reports on a discourse analysis that explores the concept of wellbeing, in Scottish education policy, with a particular focus on how it relates to learning. Three main issues are considered in the paper. First, it will discuss the four main discourses of wellbeing that are used in education policy and will demonstrate how these are used in Scottish policy. It will show how discourses that have roots in other disciplines are used in educational policies. Second, the paper will discuss how learning is discursively invoked in wellbeing policies. This section will explore the extent to which policy construes wellbeing as a pre-requisite for learning and to what extent wellbeing is seen as an outcome of learning. Third, the paper will present interview data to examine how policy discourses are recontextualised when they move into the educational ‘speech community’ of teachers and policy actors.

### **The context of this study**

While wellbeing is a key concern internationally, Scotland provides an interesting context in which to explore wellbeing in the school setting, as the policy is very explicit. The national *Curriculum for Excellence* (Scottish Executive, 2004) emphasises the role of schools in supporting the ‘health and wellbeing’ of children, and this is legally mandated by a requirement on local authorities to ensure that all schools are health promoting (Scottish Government, 2007). In the *Curriculum for Excellence* the two nouns ‘health’ and ‘wellbeing’ are used together in the term ‘health and wellbeing’ that operates in the singular (e.g. health and wellbeing *is* important) suggesting that it is seen as a single concept. ‘Health’ is clearly defined, in the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 (Scottish Government, 2007) drawing from the World Health Organization (1948) as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. In other words, health is conceived as a state of wellbeing. However, it is less clear what is meant by wellbeing. Even in this well documented policy, the concept of wellbeing is evasive.

In addition to teaching *about* health and wellbeing, in the more traditional guise of health education, the *Curriculum for Excellence* demands that health and wellbeing should be fostered ‘across learning’ (Scottish Government, n.d., a,b). Health and wellbeing is described as ‘the responsibility of all’ and is expected to permeate the whole learning process. The term ‘learning *through* health and wellbeing’ (my italics) is used in the guidelines accompanying the *Curriculum for Excellence* to articulate this

concept. The new relationship between two professional territories is encapsulated in the expression ‘learning and health go hand in hand’ (Scottish Health Promoting Schools Unit, 2004). This paper explores the discursive representation of that relationship in policy and by interviewees.

### Discourses of wellbeing in Scottish educational policy

This section will discuss different ways in which the concept of wellbeing is represented, and will illustrate this with examples from the *Curriculum for Excellence*. Four main discursive themes of wellbeing were identified in this study and these are used as an analytical framework. The development of these themes was an iterative process involving both deductive and inductive processes. A modified version of Ereaut and Whiting’s (2008) typology was devised for use in this context, informed both by literature and by the data itself. Each discourse has its origins in a different academic or professional discipline. The overlapping discursive themes of wellbeing are:

- Theme 1: Discourse of physical health promotion, emerging from medicine
- Theme 2: Discourse of social and emotional literacy, emerging from psychology
- Theme 3: Discourse of care, emerging from the field of social care
- Theme 4: Discourse of flourishing, emerging from philosophy. Arguably, this can be seen as the conception of wellbeing that most closely aligns with liberal discourses of education

Regardless of how such a typology is constructed, it must be acknowledged that these discursive themes are not discrete. Each of these discourses will be briefly discussed below, and examples will be drawn from *Curriculum for Excellence’s* Health and wellbeing documentation (Scottish Government, n.d., a,b) and the interagency policy *Getting it Right for Every Child* (Scottish Government, 2012) to illustrate how the different discourses are invoked in policy.

#### *Theme 1: Discourse of physical health promotion*

The physical health of children has been addressed through schooling since the start of compulsory education (Cunningham, 2006). However, unlike the regimes of inspection, identification and cure of the early and mid-twentieth century, the contemporary discourses of health promotion, frame health behaviours as individual choice, informed by education, to ‘empower’ individuals to manage their own lives. In *Curriculum for Excellence*, this discourse is evident in the Health and Wellbeing *Experiences and Outcomes*. Experiences and Outcomes are published for all areas of the curriculum and always appear as a list of items. To avoid cherry picking, throughout this paper, arguments will be illustrated using the first two statements in the area under discussion. The first two entries for ‘physical wellbeing’ state:

- I am developing my understanding of the human body and can use this knowledge to maintain and improve my wellbeing and health.
- I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible. (Scottish Government, n.d., a, p. 3)

These examples are typical of the Experiences and Outcomes more generally, in that they articulate an individualised view of health and wellbeing. Grammatical use of the first person conveys the ontological individualism of the curriculum. (Experiences and outcomes are routinely written in the first person across all curricular areas.) The message conveys a curriculum of ‘responsibilisation’ (Watson *et al.*, 2012) whereby, children are expected to weigh up their options and make informed judgements in order to manage their own health-related behaviours. Yet the ‘choice’ is not value free, as demonstrated by a Scottish study, which reported that pupils viewed health as an individual responsibility to maintain a particular body shape linked to aesthetic and gendered ideals (Johnson *et al.*, 2013).

This type of operationalised approach to physical health promotion has drawn criticism simultaneously from the political right who object to the ‘nanny state’ infringing the freedom of citizens to behave as they wish, and from the political left, who object to the framing of health as an individual responsibility instead of focusing on structural health inequalities (Lupton, 1995).

### *Theme 2: Discourse of emotional and social literacy*

Policy interest in the emotional lives of children has blossomed since Goleman’s (1996) work on ‘Emotional Intelligence’. It is clear that the claims made of emotional intelligence, for example, ‘self-control; zeal and persistence; and the ability to motivate oneself’ (Goleman 1996, p. xii), would appeal to educators. Weare (2004) advocated the ‘emotionally literate school’, by fostering in children a set of competencies defined as: self-understanding; understanding and managing emotions; expressing emotions appropriately; and understanding social situations and making relationships. A key justification for the role for schools in supporting children’s social and emotional literacy was to support other goals of the schools such as improved behaviour, attendance and performance (Weare, 2004; Hallam, 2009).

In *Curriculum for Excellence*, the first two Experiences and Outcomes for mental and emotional wellbeing read:

- I am aware of and able to express my feelings and am developing the ability to talk about them.
- I know that we all experience a variety of thoughts and emotions that affect how we feel and behave and I am learning ways of managing them. (Scottish Government, n.d., a, p. 2)

Not only is the policy directing the self-management of behaviours, as shown in the previous section, it also seeks to influence feelings and emotional self-management. Like physical health, value judgements are made about appropriate types of emotions with a strong policy focus on confidence, self-esteem and resilience. For example *Curriculum for Excellence* states:

The development of resilience or coping skills is particularly important to young people as increasing numbers are struggling through school and life with social and emotional needs that greatly challenge schools and welfare agencies. (Scottish Government, n.d., a, p. 19)

Critiques of social and emotional literacy suggest that a conceptualisation of emotional wellbeing as a pre-defined operational list of attributes, determined by professional adults, takes no account of the ways that children themselves experience or understand wellbeing (Coppock, 2010). It has been argued that an individualised operationalised model ignores the situational nature of social and emotional wellbeing (Watson *et al.*, 2012). However, the *Curriculum for Excellence* does pay attention to social aspects of wellbeing, with the first two Experiences and Outcomes reading:

- As I explore the rights to which I and others are entitled, I am able to exercise these rights appropriately and accept the responsibilities that go with them. I show respect for the rights of others.
- I recognise that each individual has a unique blend of abilities and needs. I contribute to making my school community one which values individuals equally and is a welcoming place for all. (Scottish Government, n.d., a, p. 3)

While policy does acknowledge the place of social interactions in personal wellbeing, it does so in a way that remains consistent with the trend described above towards framing wellbeing as a set of personal skills. These bulleted points describe behaviours that would constitute acceptable social conduct, a situation described by Fielding (2011) as ‘doing’ relationships rather than ‘having’ relationships. It resonates with Rose’s (1999) observation that through such policies social life has become a skilled performance, with the focus on the individual’s management of self rather than development of mutually fulfilling friendships.

### *Theme 3: The discourse of care*

This discursive theme links education with the field of social care of children and is most apparent in (although not exclusive to) interagency contexts. It takes a holistic view of the ‘whole child’ in the context of his/her relationships. Rather than focusing on the state of the child, this theme addresses the roles and responsibilities of adults in promoting and supporting the wellbeing of children in their care. It encompasses the enactment of children’s rights, particularly (though not exclusively) the rights to participation. It takes account of the relationships and ethos within the school and of interagency efforts to enhance childhood wellbeing.

In *Curriculum for Excellence* this is conveyed with guidance for staff such as:

Everyone within each learning community, whatever their contact with children and young people may be, shares the responsibility for creating a positive ethos and climate of respect and trust. (Scottish Government, n.d., b, p. 3)

and:

Children and young people should feel happy, safe, respected and included in the school environment and all staff should be proactive in promoting positive behaviour in the classroom, playground and the wider school community. (Scottish Government, n.d., b, p. 1)

The latter statement echoes Scotland’s interagency policy, *Getting it Right for Every Child* (Scottish Government, 2012), which depicts its vision diagrammatically as the ‘wellbeing wheel’. A circle, representing the ‘whole child’ consists of eight sectors

each naming responsibilities of adults to ensure that children are ‘safe, healthy, active, nurtured, achieving, responsible, respected and included’. At the centre of the wheel sits the word ‘wellbeing’. The implications of this model are that children’s wellbeing is fostered by the provisions made by parents, teachers and other professionals in creating a caring and supportive environment.

However, it has been argued that the purposes of professional ‘caring’ relationships may not be as child-centred as they may seem. Noddings (2005) distinguishes between two forms of meaning attached to the concept of caring in a professional context. In one interpretation, care is a virtue of the carer, who makes decisions on behalf of the child. In Hendrick’s (2003) view, the extensive network of caring professionals has a normalising role, and Cockburn (2011) has highlighted how caring relationships are imbued with power, and that actions undertaken by professionals in the name of ‘care’ may not always serve the interests of the child and may even, in some cases, be damaging.

In order for the relationship to be properly called caring, Noddings (2005) contends that it must be a dialogic encounter to which both parties contribute. Hence, the teacher is interested not only in the needs of the child as assumed by the school, or the current policy, but is attendant to the expressed needs of children (Noddings, 2012). An ethic of care is based on complex, multi-directional relationships where decision making draws on ethical concerns interpreted in particular circumstances, and as such cannot be contained by rules and predetermined boundaries (Watson *et al.*, 2012).

#### *Theme 4: Discourse of flourishing*

The discourse of flourishing is distinguished from other discourses, particularly emotional wellbeing, by focussing not on how people *feel*, but on how they *live*. ‘Flourishing’ is the contemporary word used in philosophy to capture Aristotle’s (1985) concept of eudaimonia. Eudaimonic happiness was achieved through leading a ‘good’ life and Aristotle attached importance to the autonomous decisions that allowed individuals to decide what for them was ‘the good’. Notably, living a ‘noble’ or ‘virtuous’ life was thought to be essential to happiness. Virtue was achieved, in part, through contributing to the social good. Hence eudaimonia was based on individual freedom to pursue happiness, but this was not achieved simply through personal gratification.

Drawing from Aristotle, Sen defines wellbeing as leading ‘the kind of lives we have reason to value’ (Sen, 1999, p. 14); a definition that leaves the determination of what is valuable to the individual. However, by using the expression *has ‘reason to value’*, he suggests flourishing requires that individuals have some choice in what they do and who they are, and they consciously weigh up the values of different options.

Writing about the wellbeing of children in the school context, White (2011), uses twenty-first century vocabulary to articulate a vision of wellbeing as ‘fulfilment’ that is conceptualised as ‘wholehearted engagement’ in ‘worthwhile activities and relationships’. Again we see wellbeing as an active ongoing dynamic process associated with the way in which an individual life is led, and we see not only an emphasis on personal doings, but also relationships.

Arguably, the discourse of flourishing is the most educational of the discourses of wellbeing. Teaching and learning make significant contributions to eudaimonic wellbeing, as experiences of schooling can, in various ways, create or deny opportunities for children to lead meaningful lives in the present and in the future. The intrinsic ‘joy’ of a fulfilling learning experience has been described as eudaimonic in itself (Griffiths, 2012). Additionally it is through education that children will come to recognise and pursue those things that are of value to them personally (Walker & Unterhalter, 2007).

Significantly, and perhaps surprisingly, a discourse of flourishing, or leading a life of value is absent from the *Curriculum for Excellence* health and wellbeing policies. The education policy appears to have overlooked the important contribution that teaching and learning can make to health and wellbeing of children, and instead draws on the discourses that emerge from other professional groups, such as physical health, social and emotional wellbeing and social care. It seems that in the enthusiasm to encourage teachers to learn from other disciplines, the policy has omitted to highlight the unique contribution that education makes childhood wellbeing. Arguably educational discourses have been overshadowed in this policy by the discourses of other disciplines.

### **Links between learning and health and wellbeing in Scottish policy**

This study sought to identify the links that were made between the health and wellbeing policy and learning, characterised with phrases such as ‘health and wellbeing across learning’ and ‘learning through health and wellbeing’. It was an aim of the project to explore how this potentially complex relationship was articulated; for example was health and wellbeing seen as a foundation for learning, was it seen as an outcome of learning or was it something more complicated?

In fact, this link is articulated very explicitly, and a consistent message reverberates across the policy texts: health and wellbeing is a pre-requisite of learning. For example, the *Curriculum for Excellence* website, provides the justification for health and wellbeing in schools:

Good health and wellbeing is central to effective learning. Where young people feel included, respected, safe and secure and when their achievements and contributions are valued and celebrated, they are more likely to develop self-confidence, resilience and positive views about themselves. (Education Scotland, n.d.)

The first sentence asserts that health and wellbeing is essential for learning to occur. The second sentence invokes the discursive theme of care (ensuring that children feel safe, secure, valued and celebrated), supporting the discursive theme of social and emotional literacy (self-confidence, resilience, positive views about themselves). Resonating with Weare’s (2004) work, health and wellbeing is portrayed as a positive self-concept serving to enhance learning.

Within this short excerpt, another link is made between learning and health and wellbeing; i.e. wellbeing is supported when achievements are valued and celebrated. It is the *feeling of success* that promotes enhanced self-esteem and recognition by others. There is no mention of the value of learning *per se* in developing the person, instead the focus is on the outcome (achievement) and the positive feelings that this

imbues. This emphasises the emotional value of success rather than the intrinsic value of learning.

Not only is health and wellbeing portrayed as supporting academic learning, claims are made that it leads to the development of desirable personal attributes. The following pair of sentences (the second of which is a non-sequitur) is used as the rationale for health and wellbeing being the responsibility of all teachers, and is repeated verbatim in several *Curriculum for Excellence* documents.

Learning through health and wellbeing promotes confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every teacher to contribute to learning and development in this area. (Scottish Executive, 2006, p.10)

‘Learning’ in the contemporary Scottish context is not simply acquisition of knowledge and skills; it involves developing desirable character traits such as autonomy and self-motivation. Moreover, childhood health and wellbeing is explicitly linked to employability. This is particularly evident in *Curriculum for Excellence: Building the Curriculum 4: Skills for learning, skills for life and skills for work*, for example, in the following statement:

Skills in personal learning planning and career management, working with others, leadership and physical co-ordination and movement all relate closely to health and wellbeing as well as to enterprise and employability (Scottish Government, 2009, p. 18).

This suggests that the health and wellbeing policy has been, to some extent, directed towards fostering attributes that may be favoured in the job market.

Not only, as signalled earlier, do the policy texts make little reference to the discourse of wellbeing as flourishing, or leading a life of value. They also overlook the intrinsic value of learning to wellbeing, either in terms of the eudaimonic happiness that can derive from a deeply satisfying learning experience (Griffiths, 2012), or the opportunities to lead a more fulfilling life as a result of being better educated. However, an intriguing example of a discourse of flourishing through learning can be found in a very short article about the Reggio Emilio<sup>1</sup> approach, housed in the *Curriculum for Excellence: Approaches to learning* web page. The author’s voice in this paper takes a distinctly different tone to the remainder of *Curriculum for Excellence* as it describes a vision of childhood development as follows:

Rather than seeing the child as an empty vessel waiting eagerly to be filled with knowledge, Reggio educators believe strongly in a child with unlimited potential who is eager to interact with and contribute to the world. They believe in a child who has a fundamental right to ‘realise and expand their potential’.

This is a child who is driven by curiosity and imagination, a capable child who delights in taking responsibility for his or her own learning, a child who listens and is listened to, a child with an enormous need to love and to be loved, a child who is valued.<sup>2</sup>

This captures the contribution that learning can make to childhood wellbeing. It is through learning that this child understands and fully interacts with the world around him or herself. The child’s emotional need ‘to love and be loved’ is not separated from the ‘curiosity and imagination’ that is involved in learning. It is *through* learning that



the child is able to fully develop. This short account of flourishing through learning offers a glimmer of hope that within *Curriculum for Excellence* there may be space for an understanding of wellbeing that is more complex than the development of personal skills of self-management.

### **Teachers' and policy actors conceptions of wellbeing in education**

Policy is not simply the written text; it is also the interpretation of text by practitioners. According to Bernstein (2000) policy is recontextualised as it moves between the phases of production and implementation. The interpretation by practitioners is a point at which new discourses can emerge, and in this 'discursive gap' alternative possibilities exist. As education policies reach the implementation phase they are interpreted and translated by professionals through a process of decoding and recoding, at which point individuals bring their own moral frameworks to bear (Singh *et al.*, 2013). To explore this phenomenon, interviews were conducted with policy actors and teachers, examining how they understood the concept of wellbeing, and how they represented the relationship between education and wellbeing in the context of their own work.

Following Bernstein (2000) the study was designed in anticipation of discursive shifts between producers (creators of policy) reproducers (policy actors such as local authority staff) and acquirers (teachers). For this reason interviews were carried out with policy actors and with teachers, to see how their written policy were re-interpreted in each 'speech community'. However, no discernible difference was found between data from the policy community and the teachers. Both sets of data contained wide variations, and no pattern emerged to justify treating them as different. Therefore, although they were originally collected and analysed as two sets of data, findings from all the interviews are reported together.

### **Methods**

Semi-structured interviews were conducted with nine policy actors and sixteen teachers. Six policy actors worked at national level and held posts in Scottish Government, Learning and Teaching Scotland, National Health Service and the voluntary sector. All interviewees held responsibility for health and wellbeing of children and young people, in some capacity. Locally, interviewees were recruited from two local authorities, given the pseudonyms City Authority and Rural Authority. In each education department the Quality Improvement Officer (QIO) with responsibility for health and wellbeing was interviewed. In City Authority a paired interview was also conducted with two job-sharing public health staff with responsibility for school health. It was intended to interview someone holding a similar post in Rural Authority, but, following recent re-organisation, no equivalent post existed.

In each authority four primary teachers and four secondary teachers were interviewed. The schools were recommended by the local authority QIOs, on the basis of progressing well with the new health and wellbeing policy. Similarly, staff were invited to participate on the grounds of their perceived activity in 'health and wellbeing across learning'. A purposive sample was used so that the interviewees selected were

professionally engaged in enacting the policy, with the intention of recruiting a sample of people who were well informed about the topic.

The purpose of the interviews was to provide a space and some stimulus for the interviewees to talk at some length around the subject, in order to provide material on which to conduct a discourse analysis. Therefore the interviews were based on open ended questions. To begin with, interviewees were invited to talk about themselves, their professional trajectories and their interest in wellbeing. This served several purposes, not least of which was to convey a message of interest in the interviewee as an individual (Luker, 2008), and provided context for later discussions. Then the interview moved on to a detailed discussion of two or three examples from the participant's own experience that, s/he felt demonstrated a relationship between wellbeing and learning. An important, but conceptually difficult and potentially off-putting question that was used in all interviews was 'what do think wellbeing is?' Following the advice of Cohen *et al.* (2011) this tricky question was saved until some rapport had been built up, and was posed towards the end of the interview. Policy actors were also asked to reflect on the purpose of the new policy and the rationale for its introduction. Finally, a catch-all question was posed to allow participants to voice anything they felt was important that had not been covered.

As this study is a discourse analysis, there was no need to triangulate the data with, for example, observations of practice. The research explored how participants articulated their conception of wellbeing through speech, not what they actually did. Analysis involved identification of the discourses of wellbeing described above, and showing how they related to each other. It also involved examining the ways in which learning and wellbeing were discursively related to each other.

## Findings

### *Interview data – repeating and reinforcing dominant policy discourses*

The most usual position amongst interviewees echoed the written policy, with an emphasis on wellbeing as social and emotional literacy, linked to a discourse of care. Commonly, the policy assertion, that health and wellbeing is a pre-requisite for learning, was repeated in the interviews. For example, Nigel (Rural Authority, quality improvement officer) described learning as contingent on emotional wellbeing:

I think to some extent if children aren't happy and uh . . . if their needs aren't being met then they're not going to be effective learners so to some extent uh . . . I think we need to get the health and wellbeing right before you'll move on to other areas of learning.

Gillian (City Authority, health improvement office) made a similar claim, this time with reference to physical health as a basis for learning:

I think if a child isn't healthy or has um . . . good wellbeing then they're not going to be able to learn you know even just little things like having breakfast in the morning, and you know they're more likely to have good concentration during the day.

However, in some interviews, this relationship had been recontextualised in a way that *conflated* wellbeing with the capacity to learn. For example in the excerpt below

Claire (Rural secondary school, head teacher) volunteered her definition of health and wellbeing:

We decided that health and wellbeing was about well . . . we came down to a very simple definition in the end which centred around all pupils were in a happy, safe and comfortable place to learn. That they were in a position to learn and uh . . . that was the basis of our health and wellbeing.

Health and wellbeing was defined by the metaphor of being in a ‘place to learn’. This expression is not present in any of the written documentation, yet appeared several times in the interview data. A discursive shift has taken place from the policy position that health and wellbeing is a prerequisite for learning, to a position whereby children’s health and wellbeing becomes discursively *congruent with* their engagement in learning.

Furthermore, emotional and social health and wellbeing was frequently invoked as a solution to a range of problems, including behaviour, bullying, motivation and learning. The following excerpt shows how Michaela (Rural primary, head teacher) saw health and wellbeing as a solution to perceived problems across the school. She described how, on taking over her school she had been dissatisfied with the level of motivation among the children to engage with their learning, and how her response had been to introduce a health and wellbeing programme:

There was a feeling when I came into the school that there needed to be – very difficult to explain – there needed to be another level of energy to the school. The children needed to be motivated, they needed to be in a good place to behave and be interested in learning. The behaviour was managed through the old system of Golden Time which wasn’t the most effective use of teaching and learning time. And I felt that there was a better way . . .

I think it was a case of OK well if we have children in the right place to learn and we do that through a health and wellbeing programme of work and also we have interesting contexts for them to learn then the two go hand in hand with increased attainment, achievement and perhaps an increase in behaviour and good . . . the positive behaviours rather than the negative behaviours so that’s where I came from.

Michaela’s comments demonstrated the complex ways in which health and wellbeing, learning, attainment, achievement and behaviour are seen to interlink, but notably the underlying solution to problems in other areas was to focus on health and wellbeing. Later she referred to health and wellbeing as the ‘crutch to the rest of the curriculum’. Thus wellbeing was not discursively construed as the outcome of high quality learning; rather wellbeing was seen to underpin success in the other areas. Across the interviews health and wellbeing was something of a panacea in addressing difficulties of various sorts that emerged in a school setting. The personal wellbeing of children was being conflated with the objectives of the schools, resonating with Hendrick’s (2003) observation that ostensibly caring policies were often normalising in function.

#### *Interview data – alternative ways of seeing wellbeing in school*

Sitting alongside the interview data that supported and further entrenched the policy position were some discourses that conveyed education as a source of human

flourishing. Six teachers, one voluntary sector policy actor and one national policy actor gave interviews in which high quality learning was deemed to be an important feature of a thriving childhood. In these interviews the opportunities and experiences offered by education were construed as an important aspect of flourishing.

For example, in City secondary school the health and wellbeing co-ordinator, John, oversaw a comprehensive array of extra-curricular activities, including music, sport, foreign travel, links to local clubs and much more. He described his motivation:

Why do we do this and why do we do that? It's not just to give the kids a good time, there has to be obviously ... um ... an intention and the intention is always about improving their knowledge of themselves and also what's out there for them you know?

In his interview John rejected the idea that the activities were simply about short term pleasure, but identified that extra-curricular experiences offered opportunities for young people to explore the world in which they live, and to better understand themselves, thereby enhancing opportunities for leading a life they have reason to value, both in the present and the future. This is redolent of Biesta's (2010) argument that one of the purposes of education is to invite children's individuality to 'come into presence', as it is through learning that they can come to know themselves.

The data also contained examples where teachers identified their choice of curricular content as a contribution to wellbeing. For example, Linda (City secondary school, geography teacher) sought to promote an understanding in young people about the relationships between their own lives and those of other people, both locally and internationally.

We do a whole unit in [first year] about ... our unequal world ... In comparison to everybody else, we're all in this classroom, this is where we are and we try to develop their skills and empathy about looking at people who might have ... a lot less, who might have a lot more, or might not have what they've got but are still very happy individuals within themselves.

To Linda, her contribution to wellbeing was her teaching. She selected subject material that would help children to understand themselves in a broader context, and to begin to develop a sense of empathy for people in other settings.

In another curricular context, Graham (Rural secondary school, English teacher) spoke of his role as an educator in promoting wellbeing. He highlighted the value of literacy in facilitating self-expression and good communication. Here he comments first of the value of reading literature to understanding important issues in human lives, then second, he comments on the value of being able to express yourself:

The themes that we deal with as well um ... like, death, love, friendship you know the biggies that we all experience, the universal themes, um ... seeing characters in books or short stories or poems deal with these kinds of things allows them a kind of detachment to examine reactions.

... showing the children how to actually express themselves um ... through writing whether it's a diary or reflective writing or a poem can be really really beneficial because it gives them an extra outlet for all these things that they're going through it's a really tough time in our lives and I think we all recognise that.

In the first excerpt we can see the study of literature as a means to understanding a range of human experiences and emotions. This differs from discourses of emotional literacy that focus on self-scrutiny and self-management. As advocated by Suissa (2008) the excerpt provides an example of curricular learning supporting the emotional development of young people by studying the experiences of others. However, the second excerpt from Graham demonstrates an overlap between the discourses of flourishing and discourses of emotional literacy. Here, the value of literacy for self-expression and engagement with others (flourishing) is linked to expression as a means of coping with emotional difficulties. This demonstrated how the psychological and philosophical discourses may not be mutually exclusive in the school setting, but instead they may, at times be complementary.

Elsewhere in the study teachers identified *pedagogical* issues in relation to wellbeing. In the transcript below we can see outdoor learning being construed as contributing to the development of wellbeing:

The last project we looked at was salmon on the [local river], we linked with [a rural primary school] and we went out there and uh ... lovely, just so different from here. It's in the middle of nowhere um ... the children were just enthralled being out in the country, all the different smells, all the different sights, and animals and what have you. (Morag, Deputy head teacher, City primary)

This transcript focuses on the *experience* of learning, as key to the wellbeing of children. The image of city children 'enthralled' by the sights and smells of the countryside strongly evokes Griffith's (2012) concept of the 'joy' that can derive from learning. Looking at the data set as a whole it could be tentatively suggested that the sense of wellbeing gained through the experience of nature seemed to resonate among interviewees with a notion of wellbeing as flourishing.

The final example from a teacher is taken from Belinda's (City Primary P5 teacher) transcript. She interwove the different discursive themes of wellbeing in her discussion of pedagogy. To her health and wellbeing involved provision of meaningful learning experiences, but within that she articulated issues of classroom relationships and individual feelings, as shown below:

Now what I do is especially in the likes of a science and project work I ask the children, we'll look at a topic and I say what sort of things are you interested in. And I always explain to them it's pointless me planning a topic of work for you if you've done it already or you're not interested. I say because it's your learning that will be affected. So they're actually very happy to come out with an idea of telling me what they've learnt already, what they already know, so we can sort of do a little recap on that but then build on their interests.

And I also like to ask them how they think they're going to learn these things and how they're going to share it. So it's not just about sitting down, being taught, remembering. It's a bit more about sitting down, agreeing on what's going to be taught, agreeing on the ways that are going to be used to teach, and then going and sharing what you've found out. And that's really interesting the sharing part because that is encouraging, making children feel that they are important, that what they know is important and it's important enough to go and share.

First, she used the discursive theme of flourishing by considering the meaningfulness of the learning experience, and avoiding activities that the children might view as

‘pointless’. Hence she seeks to ensure the students are involved in activities that they have reason to value. She addressed issues of relationships and ethos by locating the learning communally, talking about ‘agreeing’ on activities and ‘sharing’ what has been learnt. This resonates with Nodding’s (2012) notion of ‘true’ care based on a dialogic relationship. Finally she draws on the psychological discourse of health and wellbeing by suggesting that this makes the children ‘feel that they are important’. Belinda’s transcript demonstrates how the different discourses of wellbeing, while emerging from different roots can be interwoven in the pedagogies of teachers. For Belinda, the caring relationship is not conceptualised as creating an environment to enhance emotional wellbeing in order to improve performance. Instead the caring environment is a fundamental part, and *consequence* of the pedagogical approach, which in turn allows the children to flourish.

## Conclusion

The health and wellbeing policy sits at an interagency interface and is influenced by several professional groups. Since wellbeing has become a central concern for schools, there has been a migration of different professional discourses into education policy. Arguably, in Scotland’s *Curriculum for Excellence*, within the health and wellbeing policy, the unique contribution that education can make to wellbeing has been overshadowed by discourses of other professions, as social and emotional literacy, physical health promotion and discourses of care come to the fore. Hence health and wellbeing is seen as a set of personal skills and attributes, fostered through a caring environment, rather than human flourishing through leading a valuable life.

Moreover, it could be argued that the health and wellbeing policy has a socialising function, aiming to equip children with the skills of self-management that underpin successful learning and the development of desirable personal attributes and dispositions. While socialisation is, undeniably, a key role of schooling as children learn to become members of their society, Biesta (2010) points out that socialisation is only one of the composite functions of education. He also points to the role of education in ‘subjectification’ of children whereby, through a range of experiences and opportunities children are invited to ‘come into presence’ or to explore and discover their own unique individuality. The process of subjectification aligns with the notion of childhood flourishing whereby children learn what, for them, constitutes a life of value. For Biesta (2010), a schooling that socialises without subjectification is anti-educational. This study demonstrates that while some teachers have adopted, or even reinforced the socialising messages of the health and wellbeing policy, others have identified their role in creating opportunities for young people to recognise and pursue a well lived life enriched by learning. Both of these are important.

Hence, the relationship between learning and health and wellbeing should be considered at two levels. At one level, being in a positive state of physical, social and emotional health enables children to engage in the life and learning of the school. It is entirely appropriate that schools care for children and young people in this respect. Helping children to understand their emotions and to interact positively with other

people allows them to take full advantage of the opportunities available in school. However, at a deeper level, a fuller consideration of health and wellbeing would move beyond its supporting role in schooling and look to the role of education itself in enhancing human flourishing. If learning holds eudaimonic aims such as: to foster ‘freedom of the mind’ (Nussbaum, 2006); to develop understanding of human emotions through the arts and literature (Suissa, 2008; Macmurray, 2012); to challenge injustices (Brighouse & Unterhalter, 2010); and to enhance democratic fellowship (Fielding, 2012), then the wellbeing agenda has important implications for the content of the curriculum and the processes of teaching and learning. It is through such educational experiences that young people may come to identify and pursue a ‘good’ life (Bates, 2007).

Furthermore, as Belinda identified in her interview, pedagogic relationships are key to the process of learning. It is through the dialogic relationship of ‘true care’ (Noddings, 2005) that teachers understand how their children learn, what is important to the children and how and why they may face difficulties. Hence while learning should take place in a climate of care, the caring relationship is strengthened through the pedagogic activity, and the pleasure derived from learning together (Griffiths, 2012). Thus a caring community is simultaneously the foundation of meaningful learning, and the product of working together. As Watson *et al.* (2012) noted, a caring pedagogy can create the space for a eudaimonic approach to wellbeing that values the perspectives of children.

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## NOTES

<sup>1</sup> Reggio Emilia is a northern Italian town that is famed for its progressive approaches to early years’ education.

<sup>2</sup> <http://www.educationscotland.gov.uk/learningandteaching/approaches/reggioemilia/about/index.asp> (accessed 24 March 2015).

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