

Overview

Qualifications Wales (QW)

- This is the second in a series of QW consultations called ‘Qualified for the Future’, aimed at agreeing the next generation of qualifications for learners 14-16 in Wales. In a previous consultation it was agreed that the main qualifications in this age group should be called GCSEs, but content and assessment should change to meet future needs of learners.
- QW want to hear views on the range of qualifications that should be available to schools to help them deliver the curriculum and meet the needs of learners, including which GCSE subjects. Once there is agreement on the main qualifications that will be available, there will be consideration of what other qualifications should be available to sit alongside GCSEs.
- Consultation will be used to make decisions about which qualifications will be made available, and will give learners and schools a better idea of what the main qualifications in Wales could look like. A summary and analysis of consultation responses will be published along with rationale for decisions.
- This consultation is not the end point. After agreeing on which qualifications, focus will be on two additional strands of work: consultation on detailed proposals for each qualification, including content and assessment for each one; ensuring a suitable range of other qualifications are available.

Health and wellbeing AoLE

- Fundamental components are physical health and development, mental health, and emotional and social wellbeing. The five Statements of What Matters in this Area are:
- *Developing physical health and well-being has lifelong benefits.*
- *How we process and respond to our experiences affects our mental health and emotional well-being.*
- *Our decision-making impacts on the quality of our lives and the lives of others.*
- *How we engage with different social influences shapes who we are and our health and well-being.*
- *Healthy relationships are fundamental to our well-being.*

How to respond

- Documents: <https://www.qualificationswales.org/english/publications/qualified-for-the-future---consultation/>; <https://qualificationswales.org/media/6997/qualified-for-the-future-the-right-choice-for-wales-consultation.pdf>
- Online survey (deadline Friday 9th April): https://online.ors.org.uk/landing/43?clear_session=true&language=en

Questions and responses

Question 1: How far do you agree or disagree with the proposal not to create a new qualification intended to support the delivery of this (H&WB) AoLE?

“We will not create a new qualification intended to support the delivery of the whole of this Area.

This would give schools freedom to design and deliver their own approach in line with their School Curriculum and the needs of their learners. We believe this to be the most effective way of reflecting the priority given to this Area in the Curriculum for Wales.

Creating such a qualification would have an inevitable focus on preparing for and passing assessments. This could divert time and effort away from developing learners’ own health and well-being and have a narrowing effect on teaching and learning. This Area is about developing behaviours and mindsets to help learners make informed decisions about their own and others’ health

and well-being. Assessing these types of characteristics and dispositions authentically and fairly across the national cohort, whilst respecting an individuals' differing experiences and personal circumstances, would be very difficult."

Likert style response (5 points: strongly agree-strongly disagree) Tend to disagree

Free text response (1,000 word limit)

- The Health and Wellbeing (H&WB) agenda is unique in comparison to other areas of learning. It has multiple levels^{1, 2, 3, 4}: on one hand, there is progression through a H&WB curriculum; on the other, there are wider, systemic school level factors that have a significant impact on learner and staff H&WB. As such, that H&WB agenda requires learning and outcomes to be considered across these levels, which can be conceptualised as mapping on to 1) the Health and Wellbeing AoLE, and 2) the four purposes, in particular '**healthy, confident individuals**'. Rather than treating these as an 'either or' scenario, we propose that they are in fact complementary and have their own merits.
- We reject the position not to create a H&WB qualification. Consistent with Health in All Policies, a H&WB GCSE would create capacity across the system, for example by providing support for the introduction of a H&WB pathway for practitioners, and providing learners with the knowledge, skills and experiences to enter H&WB professions post-schooling. A counterargument to the introduction of such a qualification is that the accountability framework, including assessment and evaluation, has a strong influence on the direction of schools and how they operate, and such a qualification may displace or deprioritise intentions around learner and staff H&WB. While there is a risk that the H&WB agenda becomes performative, ensuring a multi-level approach, accompanied by appropriate evaluative processes, can mitigate this risk (Long and Moore,^{Error! Bookmark not defined.} in preparation). In addition, a qualification affords the H&WB agenda equal status, which is a significant intention of the reforms.
- In terms of conceptualising a multi-level approach to achieve positive H&WB for staff and students, there are evidence-based frameworks available for schools to adopt. To date, this has been more variable than one would hope, but the reforms provide an opportunity to solidify existing work. Health Promoting Schools^{1,2} is a well-established framework for a Whole School Approach to H&WB which takes a systems approach covering curriculum, policy, relationships/ethos and the wider community. This has been operationalised in Wales as the Welsh Network of Healthy School Schemes (WNHSS)³ since 1999, and currently around 66% of primary schools and 33% of secondary schools) already adopt a Whole School Approach to H&WB. This is an internationally recognised approach supported by the World Health Organization,¹ and provides an evidence informed approach to improving H&WB of young people. All Welsh schools are part of the WNHSS and, following the WHO definition, the network supports schools to address physical, psychological, social and emotional health for all members of the school community across seven broad health areas. It also recognises that health and education are integrated, ensuring a holistic approach to address H&WB rather than siloed policies that fail to address this interrelationship. A strategic partnership between the School Health Research Network⁵ (SHRN; Cardiff University) and the WNHSS supports the evidence-based approach that to be effective in improving health, this needs to be supported by a positive ethos and environment with strong links to family, community and external agencies.
- To summarize, Health and Wellbeing can be viewed as distinct from other areas of learning in that it has multiple levels and therefore requires a different model of evaluation and accountability spanning across levels. A formal H&WB qualification could prove valuable for creating capacity across the system, but is required in combination with wider school factors to enable the education system to realise the purpose of '**healthy, confident individuals**'. Other approaches must be incorporated, such as adoption of the Whole School Approach^{1,2,4} and collaboration with the WNHSS. As outlined in the response to the next question, we support the introduction of a Health and Wellbeing GCSE that allows a core programme for all who take it, consistent with the whole

school approach, and subsequently different pathways to enable an element of specialism (for example food technology, health and social care, and childcare).

Question 2: How far do you agree or disagree with the proposal to review and reform GCSEs in: Food and Nutrition, Physical Education, Health and Social Care, and Childcare?

“We propose to review and reform GCSEs in Food and Nutrition, Physical Education, and Health and Social Care, and Childcare.

These qualifications allow learners to develop their interest in a variety of subject areas and support progression to further learning. They are enjoyed by the learners who study them and are well understood by stakeholders. They support learner engagement, are viable and valued.

We will review the content, design, and assessment of the existing GCSEs in these subjects to better reflect the Curriculum Guidance.”

Likert style responses for each subject: Food and Nutrition; Physical Education; Health and Social Care; Childcare (5 points: strongly agree-strongly disagree) Strongly Disagree

Free text response (1,000 word limit for all subjects combined)

- If proceeding with qualifications that fall into the health and wellbeing (H&WB) area, whilst it is important to review such qualifications to reflect on previous practice, rebirthed or repackaged practices can act as barriers to system changes and new normative practices⁶ – recycling existing material also introduces the risk of compartmentalising H&WB topics. Indeed, repackaging old material is against the grain of proposal one and arguably would be less effective than the introduction of a new GCSE. Ultimately, such risks influence the potential realisation of the H&WB AoLE.
- A significant aim of the reform is to overhaul H&WB in schools as opposed to maintaining the status quo of delivering pre-defined subject areas. To achieve this, local data can be used to inform thematic areas within the H&WB arena that is relevant to the context and population a school serves. By way of example, the School Health Research Network (SHRN) is a national network that brings together 100% of the maintained, mainstream secondary schools in Wales (210) with academic researchers, policymakers and practitioners from health, education and social care to promote an evidence informed approach to improving young people’s H&WB in the school setting. The survey provides biannual pupil level data on a range of health and wellbeing issues. Supported by Welsh Government, there is currently a feasibility study to extend SHRN into primary schools which aims to support earlier data-led action to set children on positive mental health and wellbeing trajectories. Furthermore, the integration of secondary and primary school work into a single coordinated network, reflecting the Welsh Network of Healthy School Schemes³ (WNHSS) model in Wales, opens up opportunities to support schools in collaborating to develop joined up approaches to support H&WB. Such data can also be used to self-evaluate; an approach supported by ESTYN.⁷
- Highlighted in the previous response, a multi-level approach is required that considers all aspects of H&WB (physical, psychological, social and emotional health), taking account of systemic factors as described in the Health Promoting Schools Whole School Approach,^{1,2} supported by the Welsh Network of Healthy Schools Scheme.³ Existing GCSEs do not meet the demands of the H&WB agenda and are not sufficient for purpose.
- Assessment and evaluation of H&WB must be accompanied by an appropriate package of professional learning and development, for example around the Health Promoting Schools Framework and use of a Whole School Approach, inequalities, and the use of data and evidence. Partnership working with health organisations is also critical, for example Public Health Wales and the Welsh Network of Healthy Schools Scheme³.
- Perhaps more relevant to the next stage of consultation, we support the introduction of a Health and Wellbeing GCSE that allows a core programme for all who take it, consistent with the whole school approach, and subsequently different pathways to enable an element of specialism (for

example food technology, health and social care, and childcare). This offers a positive solution for policy, school staff and learners in relation to the H&WB agenda: it would significantly emphasise the common threads from the new curriculum but would also allow some specialism that might support next stage training and jobs. Accompanied by an appropriate package of professional learning and development, it would also ensure that all staff involved in delivery of the H&WB AoLE fully understand and teach good health and wellbeing.

In relation to the impacts that we have identified, are there any additional steps that we could take to reduce them? Please outline

Free text box (7,500-character limit)

Are there any other positive or negative impacts for individuals or groups who share protected characteristics that we have not identified? If you have identified both positive and negative impacts please select both options in the list below. Please explain

Check box responses for positive, negative, none, unsure

Free text box (7,500-character limit)

- Schools have a safeguarding framework that captures individual level information about protected characteristics that could be used to inform work in this area. While these mechanisms are already in place, they have not been used for these purposes.
- We are making recommendations for two impact assessments:
 1. An Equality Impact Assessment: these are used to meet statutory equality and human rights requirements (<https://phw.nhs.wales/services-and-teams/equality-impact-assessment-in-wales-practice-hub/>)
 2. A Health Impact Assessment: this provides a framework for the consideration of health inequalities in service planning and the identification of unintended negative impacts of decisions (<https://www.publichealthnetwork.cymru/en/topics/health-impact-assessment/1093/>)
- Many policies, plans, proposals or decisions have the potential to impact on health and potentially widen health inequalities. By conducting these types of assessments, the potential impacts can be considered, and action taken to reduce them.
- It's important to manage expectations and be realistic about what schools can do in terms of ameliorating the wider social determinants of health and inequalities.

Are there any other positive or negative impacts that we have not identified? Please explain.

Check box responses for positive, negative, none, unsure

Free text box (7,500-character limit)

- Responding in the capacity of educational professional, or employer/representative body?

¹ Health Promoting Schools Approach. The World Health Organization (WHO; 2021) Online at: (https://www.who.int/school_youth_health/gshi/hps/en/) Date accessed: 11/03/2021

² Langford R, Bonell C, Jones HE, et al (2015) The World Health Organizations Health Promoting Schools framework: A Cochrane systematic review and meta-analysis. BMC Public Health, 15, 130. Online at: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-1360-y> Date accessed: 11/03/2021

³ Welsh Network of Healthy Schools Scheme. Public Health Wales (2021) Online at: <https://www.publichealthnetwork.cymru/en/social-determinants/education/welsh-network-of-healthy-school-schemes-wnhss/> Date accessed: 11/03/2021

⁴ Draft framework guidance on embedding a whole-school approach to mental health and emotional wellbeing. Welsh Government (2020). Online at: <https://gov.wales/sites/default/files/consultations/2020-07/draft-framework-guidance-on-embedding-a-whole-school-approach.pdf> Date accessed: 11/03/2021

⁵ The School Health Research Network. Cardiff University (2021) Online at: <https://www.shrn.org.uk> Date accessed: 11/03/2021

⁶ May CR, Johnson M, Finch T. (2016) Implementation, context and complexity. Implementation Science. Online at: <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0506-3> Date accessed: 11/03/2021

⁷ Healthy and happy: school impact on pupil health and wellbeing. Estyn (2019) Online at: https://www.estyn.gov.wales/system/files/2020-07/Healthy%20and%20Happy%20report%20En_0.pdf Date accessed: 11/03/2021