Building a case for whole-child, whole-school wellbeing in challenging contexts

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There is a sometimes a mismatch between the public outcry and sympathy for the adversities children and young people experience, concerns about deteriorating mental health, and what happens in schools when children present with challenging behaviours. This review and discussion paper builds a case for actively promoting protective factors when behaviour is challenging, so that school experiences do not mirror or embed negative life experiences for vulnerable pupils, in effect handing them a 'double whammy'. The first section provides information on diverse adversities that children in the UK may be experiencing and the impact of these on mental health, learning and behaviour. The second summarises research on resilience and the protective factors that counter the impact of adversity, especially within the school context. The third explores a range of paradigms in addressing challenging behaviours and ways in which these might provide opportunities for enhancing resilience.

Throughout the paper the role of the educational psychologist is addressed, looking at what is already being done to support vulnerable young people, their teachers and families. The final section considers how this role might be expanded to incorporate promotion of a pro-active, universal, wellbeing framework in education for both mental health and behaviour.

Keywords: *adversity; relationships; resilience; mental health; wellbeing; behaviour; 'circle of influence'; 'double-whammy effect'.*

Introduction

ALTHOUGH MOST PUPILS have access to the emotional and social resources that facilitate their learning and development, significant numbers of children and young people in the UK do not. Many are either living with chronic adversity or experiencing times of acute stress, such as family breakdown and trauma. It is pupils most at risk whose behaviour often gives cause for concern. Defiance, disengagement and disruption are issues that undermine academic excellence across a whole school and need to be addressed for the benefit of all. Educational psychologists' work in supporting these pupils, their teachers, schools and families often takes place in contexts that require them to balance complex and conflicting demands and needs. This paper advocates putting protective factors at the forefront of conversation and intervention.

The adversities children and young people are currently experiencing

Table 1 provides a summary of serious risks and challenges facing many children and young people. These principally involve experience of one or more of the following stressors: poverty, abuse, neglect, social disruption such as being in care or family breakdown, loss, family violence, and responsibilities of care. The numbers of children and young people affected are extensive and the problems chronic, enduring over long periods of time. What becomes clear from this is that significant numbers of pupils in school are living in environments that are likely to impact negatively on their learning, development, mental health and behaviour – and that these statistics are an under-estimate. Adversities for individuals are often multiple and interactive. The more risk factors there are in an individual's life, the worse the potential outcomes and the harder it is to be resilient – unless protective factors are also in place (Appleyard et al., 2005).

Table 1: The extent and range of adverse life circumstances for children in the UK today.

Issue	Known figures	Source	Further information
Children living in poverty	3.7 million – 28% 2013–2014.	Child Poverty Action Group (2015).	
Pupils eligible for free school meals	15.2% in England, 28.7% in Scotland, 18% in Wales (2015 figures).	Department for Education (2015a). Scottish Government (2015). Welsh Government (2015).	In maintained nursery, state-funded primary and secondary, special schools and pupil referral units.
Abuse	50,000 children registered as in need of protection.	Jutte et al. (2015) for the National Society for the Prevention of Cruelty to Children (NSPCC).	It is estimated that eight times as many children are in need of protection.
Sexual abuse	Affects 1 in 20 children in the UK. 11,839 counselling sessions on sexual abuse by Childline 2013/14.	Radford et al. (2011) for the NSPCC. Jutte et al. (2015) for the NSPCC.	It is estimated that one in three children do not tell anyone at the time (Radford et al., 2011).
Neglect	24,300 identified as in need of protection from neglect.	Radford et al. (2011) for the NSPCC.	Neglect is a factor in over 60% of serious case reviews (Brandon et al., 2013).
Children in care	93,000	NSPCC (2014).	34% at age19 not in employment, education or training compared to 15.5% of general population (DfE, 2014a).
Family breakdown	42% of marriages end in divorce. Almost half involve children under 16.	Office of National Statistics (ONS) (2013a). ONS (2012).	This number is an under-estimate as 27% of couples co-habiting at the birth of their first child will have separated by the time they are 5 (Crawford et al., 2011).
Loss	By 16 years 92% of young people will have experienced loss of a significant person, including a peer or family pet.	Harrison & Harrington (2001).	
Family violence	887,000 domestic abuse incidents recorded 2013/14. At least 130,000 children live in homes with high risk of domestic abuse.	ONS (2015). SafeLives (2015a).	On average high risk victims live with violence for two-and-a-half years before seeking help (SafeLives, 2015b).
Young carers	244,000 young people under 19 are carers for family members.	ONS (2013b).	About 23,000 are under 9 years old (Children's Society, 2015).

Potential outcomes of risk factors

Highly stressful experiences and/or negative life circumstances inevitably impact on self-worth, concentration, attendance, behaviour and mental health, all of which will affect learning outcomes (Bradley & Corwyn, 2002; Farah et al., 2006; Mani et al., 2013). These are issues that educational psychologists deal with on a daily basis, both for individual learning and behavioural intervention and also in re-framing within the family and educational context. Although there has been no official data on the mental health of children and young people since 2004, concerns are increasing, as evidenced by the report to the House of Commons Health Committee on Children and Adolescent's Mental Health (2014). The UK charity Young Minds estimates that three children in every class now have a mental health difficulty (Young Minds, 2015). The following gives summary information of the ways in which specific adversities listed in Table 1 may impact on pupil mental health and behaviour.

Chronic stressors

Chronic, long-term stressors appear to be more damaging to mental health than acute, sudden events (Mathiesen et al., 1999). The link between poverty and mental health has been demonstrated in numerous studies (e.g. Bor et al., 1997; Caughy et al., 2003; Leventhal & Brooks-Gunn, 2003; Weich & Lewis, 1998). A key causal factor in the onset of depressive or anxious symptoms appears to be the experience of stressful life events, the prevalence of which is elevated for those experiencing poverty (Fell & Hewstone, 2015). Lupien and colleagues (2001) found increased levels of the stress hormone cortisol in children living in families with low social economic status (SES).

There are potentially multiple and serious negative outcomes in both the short and longer term for children who are abused and/or neglected, including withdrawal and regression, aggression and other forms of anti-social behaviour, a wide range of mental health problems including self-harm and

addiction, difficulties forming healthy relationships, poor self-worth, communication and learning difficulties (Jutte et al., 2015).

Over half of children are taken into care because of parental abuse or neglect. Children in care are over four times more likely to have a mental health difficulty (NSPCC, 2014). They are less likely than their peers to do well in school (DfE, 2014b). Two-thirds have a special educational need and their achievements are lower. There is cause for concern about the social and emotional health of 36.7 per cent of these children with figures higher for boys and 12.8 per cent present with 'borderline' concerns. According to Sempik and colleagues (2008), children in care are some of the most vulnerable people in society.

Meta-analyses suggest that a wide range of psychological and behavioural disturbances are associated with the experience of child sexual abuse, indicating it is a substantial risk factor for current and future mental health problems (Collin-Vezina et al., 2013). Sexual abuse is a major trauma and even more so when ongoing and perpetrated by someone who is supposed to care for and protect the child.

Children who live with violence in the home are not only more likely to be harmed themselves but are also at risk of multiple developmental problems. The UNICEF booklet *Behind Closed Doors* (n.d.) summarises these. The stressors for infants and young children may impact on brain development leading to an impairment of cognitive and sensory growth. Behaviours affected can include sleep problems, fearfulness, toilet training and language development. Primary school children may have more trouble with schoolwork and often have poor concentration. Mental health concerns in adolescence include psychosomatic illness, depression and self-harm, including substance abuse. Studies also note that children from violent homes exhibit more aggressive behaviour and are more likely to be involved in fights and bullying (Baldry, 2003). Some children lose the

ability to feel empathy for others and/or become socially isolated (Holt et al., 2008).

Acute stressors

How children react to family breakdown will depend on multiple factors, including the age at which it occurs, how it is managed, and ongoing relationships (Dowling & Elliott, 2012). Children may be confused, angry and/or anxious and younger ones in particular may be self-blaming. Some of the attendant behaviours may be difficult for adults to understand and hard to manage. Children also experience loss in other ways. Again, this does not always have negative longer-term impact but can increase vulnerability to depression (Harrison & Harrington, 2001).

There are also significant numbers of children living in families with drug and alcohol addictions and/or in communities who have experienced major trauma – such as refugees and asylum seekers. The impact of trauma depends on circumstances, actual events, those involved and how families are coping. Discrimination on the basis of physical appearance, disability, learning difficulties or sexual orientation often leads to either direct or online bullying (Hong & Gabarino, 2012; Sweeting & West, 2001).

This brief summary suggests that many pupils are dealing with major issues on a daily basis and it may be considered surprising that not more individuals present with challenging behaviour. It would appear that many schools are already providing protective factors and this critical professional role for teachers has recently been acknowledged in the UK Government document on mental health and behaviour (DfE, 2015b).

Promoting protective factors in the school context

Children do not achieve resilience by their own efforts in 'pulling themselves together'. *'Resilience is a characteristic that emerges out of the systemic interdependence of children with their families, communities and schools.'* (Doll, 2013, p.400)

The research evidence on resiliency shows it to be a complex, multi-faceted and dynamic construct with resilience often domain specific (Masten, 2014). Individuals can be resilient learners and 'have a go' at complex tasks but not be resilient in social situations where they fear rejection. Studies do, however provide guidance on the protective factors that contribute to a young person overcoming harsh experiences and achieving a positive level of psychosocial functioning (Benard, 1991; Werner, 2013). Some of these are individual factors, such as a positive outlook and a willingness to talk about issues, but many are located in the child's environment (Ungar, 2011). As we know from the burgeoning research on epigenetics (e.g. Zannas & West, 2014) there are powerful interactions between genetic predispositions and environmental triggers. Confidence, for instance, requires a context in which mistakes are accepted as steps towards learning or at least tolerated and strengths and efforts noticed and acknowledged. A positive outlook is less likely to be generated where significant models and interactions are negative.

There are many opportunities in the hours that children are in school to promote protective factors and evidence that schools can and do make a difference to personal and interpersonal outcomes beyond learning attainments (Benard, 1991, 1995; Henderson & Milstein, 2003; Rutter et al., 1979; Stewart et al., 2004). Resilience in schools is fostered by supportive relationships, including bonding with pro-social individuals, high expectations with clear and consistent boundaries, opportunities to participate and contribute, teaching social and emotional skills such as co-operation, communication skills and problem-solving, giving pupils agency, and working collaboratively with families. The following section goes into these protective factors in a little more detail, but there is an increasing volume of evidence for the value of each in building wellbeing, resilience and a positive climate for learning.

Relationships: For children to thrive they need at least one person who they can trust, thinks they are worthwhile and lets them know that they are lovable and capable. Such secure healthy attachments are usually with family members but in the absence of nurturing relationships at home, children need to hear messages from others that they matter and that they have positive qualities. In Werner and Smith's longitudinal study (1992) the person most often encountered as a positive role model outside the family was a favourite teacher.

> The presence of at least one caring person – someone who conveys an attitude of compassion, who understands that no matter how awful a child's behaviour, the child is doing the best he or she can given his or her experience–provides support for healthy development and learning (Benard, 1995, p.3).

Marzano et al. (2003) found that 'higher quality' teacher-student relationships led to 31 per cent fewer discipline and related problems (see also Paterson & Grantham, this Volume, for further discussion on the importance of teachers in the promotion of wellbeing).

High expectations: Research on parenting styles indicates that an authoritative or facilitative approach that combines consistency, warmth and acceptance with high expectations (Lamborn et al., 1991) has the best outcomes for children's futures. Children experiencing chronic adversity often have low self-esteem and feel worthless. Schools can reinforce this negativity when they lower expectations for non-compliant or less able pupils. When a teacher routinely conveys that a young person has strengths and potential, pointing out what they have already achieved and offers support for the next steps this enables the student to position themselves differently in relation to learning (Brooks, 2006).

A sense of belonging: Having a 'sense of connectedness' or belonging to a school is a recognised protective factor for mental health (DfE, 2015b). Students with low connectedness are two to three times more likely to experience depressive symptoms compared to more connected peers (Glover et al., 1998). Positive classroom management, participation in extracurricular activities and tolerant disciplinary policies all build stronger school connectedness (McNeely et al., 2002), though the concept goes beyond the pupil to relationships with families and the wider community (Sulkowski et al., 2012).

Agency: High levels of control can increase victimisation, helplessness and blaming others. Part of a healthy adult-child relationship is to not only to provide consistent, secure boundaries and high expectations but also to respond to the child's psychological need for autonomy and self-determination – giving them a voice and encouragement to be independent (La Guardia et al., 2000). This can increase both confidence and a sense of responsibility (Dobia et al., 2014).

Social and emotional learning (SEL): The meta-analysis by Durlak and colleagues (2011) provides evidence to support the direct teaching of social and emotional skills for mental health, pro-social behaviour and academic outcomes. Implementation factors and congruence with school culture are, however, critical to outcomes (Roffey & McCarthy, 2013).

Working collaboratively with families: Parents whose children find themselves in trouble in school may feel embarrassed, inadequate, angry or defensive. There can be a battle between teachers and parents for how the child is positioned – difficult and disruptive or in need of care, understanding and sometimes 'discipline'. 'Co-constructing' the child in order to address issues collaboratively has the best outcomes but this requires a high level of skill. Educational psychologists routinely model consultative approaches with families, where they posi-

tion parents as experts on their children, thereby promoting their engagement with schools in potentially difficult conversations (Roffey, 2004).

Paradigms and processes for addressing challenging behaviour in school

Educational psychologists may be working within a conflicted context where they advocate for pupils in an environment where children's developmental and resilience needs may be subsumed by the demand to reach educational targets. There may be low tolerance for those who do not conform or contribute to a school's aim for 'excellence'. Both mental health and behaviour are at the core of educational psychologists' work in assessment and therapeutic work with individual children, in liaison with families and agencies, in professional development for educators and awareness-raising of good practice across systems.

Children who are anxious, angry, confused, despairing or depressed are not in the best psychological state to focus on directed learning tasks at school and their behaviour is likely to reflect this wide range of negative emotions. Teachers under pressure for pupils to perform well may find this behaviour hard to manage and resent the time and energy it takes up. It is understandable that educators seek the 'magic wand' of a strategy that 'works'. They may turn to their educational psychologist for answers and ways to increase levels of engagement and compliance. One of the more complex roles for the educational psychologist is to balance their knowledge of the contributing factors to children's distress and its expression, especially for those who do not have other means to communicate this, the protective factors that promote pupil resilience and wellbeing within a wide range of adversities, and a context where the teacher's role is primarily focused on maximising learning outcomes. Schools adopt a range of responses to address behaviour, with varying theoretical foundations, some of which do more than others to

promote protective factors. There is little that an educational psychologist might do to change policy but they have a role in influencing practice. One useful conceptual model suggests that energy is not spent on what is not open to change but consideration given both to what is in your control and also what might be within your 'circle of influence'. Table 2 (overleaf) summarises the more common behaviour paradigms being adopted in schools in the UK, how these either promote or inhibit protective factors and some suggestions on what is within the EP's remit to influence. This cannot cover the wide range of possibilities but shows that influence is possible at all levels – for individuals, families, teachers and schools.

In many behavioural frameworks the ultimate sanction is suspension or exclusion from school. Although there is improvement in the statistics for fixed term exclusions of children in care, latest figures are still 9.78 per cent compared to 1.92 per cent of those not in care (DfE, 2013). Children not in loving, caring families who are further rejected by the school system are an example of the 'double whammy' effect in practice. A review of zero tolerance policies in the US (Skiba et al., 2006) reported that such policies not only fostered a 'school to prison pipeline' for disadvantaged students but also undermined trusting relationships within the school, leading to continued poor behaviour and low academic outcomes. A respectful 'whole of community' approach alongside restorative practices was advocated as an alternative.

Despite concerns expressed by the British Psychological Society (BPS, 2011) and others, the language of 'disorders' is increasingly evident and is threaded through the government document on mental health and behaviour (DfE, 2015b). NHS figures show nearly a million prescriptions were issued in 2014 for methylphenidate hydrochloride and similar drugs to treat ADHD (*The Observer*, 16 August 2015). The BPS recommends a revision of the way

Table 2: Behaviour paradigms and their impact on resilience factors.

Paradigm	Basic premise	Examples/ information	Enhances protective factors	Undermines protective factors	Examples of EP's 'circle of influence'
Behaviourist – concerned with observable behaviours, not emotion nor motivation.	Clear expectations alongside a system of rewards and sanctions.	Assertive Discipline; Positive Behaviour for Learning.	High expectations taught and reinforced; secure framework for pupils leading chaotic lives.	Inflexible rules may not take account of individual ability, feelings or circumstances; sanctions may disconnect students.	Increase pupil agency in goal-setting; promote intrinsic rewards (Deci et al., 2001); suggest a broad range of graded sanctions.
Medical model.	Positions difficulties within pupils who need treatment.	Increase in ADHD and other behavioural 'disorders'.	Identification can open doors to therapeutic and/or specific intervention, e.g. trauma, autism.	Does not take account of environment, may promote potentially unhelpful labelling and learned helplessness.	Support and strategies for teachers and families may enhance relationships; identifying strengths may reframe perceptions and self-concept.
Restorative approaches.	Behaviour is positioned as 'harm to the community' and steps taken to redress this.	Whole staff training required to conduct restorative conferencing effectively.	Fosters connectedness, agency and responsibility.	Does not necessarily engage with families nor teach SEL.	Promote an ecological approach where all engage with the restorative process.
Nurture groups.	Provides a predictable environment for young children especially with attachment difficulties.	Primarily for children in their first years of school (but see later).	Builds trusting relationships; teaches skills to enable pupils to meet behavioural expectations; works closely with families.	Integration into main-stream school needed to enhance school belonging.	Develop nuanced approaches for different attachment issues.

mental distress is thought about, starting with recognition of the overwhelming evidence that it is on a spectrum with 'normal' experience, and that psychosocial factors such as poverty, unemployment and trauma are the most strongly-evidenced causal factors (2011, p,3). The formulation approach (BPS DCP, 2011), where a psycho-social model of intervention is privileged over a bio-medical one, has long been the mainstay of educational psychologist's work. It gives the young person a voice about what has happened to them and a say in what might help now (see also Hill & Turner, this Volume for further discussion).

The paradigms that include a focus on positive relationships within schools appear to be not only effective in improving behaviour but also provide more protective factors for vulnerable and challenging pupils. In 2004 the Barnet Youth Offending Service introduced the restorative approaches initiative into Barnet primary schools. The evaluation (Barnet Community Services, 2008) indicated a reduction in risk factors such as exclusion from school and an increase in protective factors including increased ability to take responsibility and problem-solve, higher self-esteem and mental wellbeing. Other research indicates that restorative approaches are effective in changing behaviour when adopted across a school where this is congruent with staff values and modelling, adults are confident in their ability to implement and it stands alone without recourse to more traditional discipline structures (Cameron & Thorsbourne, 2001; McCluskey et al., 2008). The principal of one inner-city school who conducted an evaluation of the cycle of school improvement after introducing restorative approaches, found that a respectful listening climate was created, staff felt more valued and supported, suspension rates dropped to nil, academic outcomes increased to above average, parents were more involved with the school, and attendance rates improved (Doppler, 2008).

Nurture groups meet many of the protective factors in resilience. OFSTED (2011) concluded that this approach significantly modified pupils' behaviour, gave parents support, accelerated academic progress, enabled pupils to reintegrate with mainstream class and improved pupils' attendance. A large-scale controlled study across 32 schools in Glasgow provided evidence for their effectiveness in addressing both the emotional development and behaviour of vulnerable pupils (Reynolds et al., 2009). This study also reported gains in academic achievement compared with children in mainstream classes. Although commonly used in early-years intervention, the basic principles can be applied throughout education to support inclusion. Educational psychologists in Glasgow have since taken a lead role in developing a nurturing approach across the city (Glasgow Education Services, n.d.; see also Williams et al., this Volume).

Whole-school, whole-child wellbeing and the role of educational psychology

The Good Childhood Report (Children's Society, 2015) indicates that the life satisfaction of children in England is lowest of 14 countries with the exception of South Korea. Significantly, children in England are unhappier with their school life than those in almost all the other countries in the study. They ranked in the bottom third of countries for liking going to school and 14 out of 15 for their relationships with teachers.

There will always be a need for additional and specialist responses to challenging behaviours in school but a primarily reactive approach to both mental health and behaviour means that even more children will need support along the track and the school environment may not offer protective factors for the those struggling with adversity whose needs do not come to teacher attention.

Although briefly mentioned in the recent government document on mental health and behaviour (DfE, 2015b), the current

climate of concern may provide opportunities for the profession to have a raised profile in this area by offering psychological expertise to enhance resiliency within schools and promote the value of whole-school, whole-child wellbeing. The ethos of schools and the quality of the learning environment has been a focus of research for several decades, particularly in relation to behavioural issues. The Elton Report on Discipline in Schools in the UK (DES, 1989) advocated a coherent whole school approach to behaviour based on good relationships between all members of the school community. The Steer Report on Learning Behaviour (DES, 2005), nearly 30 years later, says that, despite the differences in educational practices, this still holds true. It is a decade since Weare and Markham (2005) summarised what we know about promoting mental health in schools and Spratt et al. (2006) made explicit the link between the school environment, mental health and behaviour.

The most effective schools at promoting mental wellbeing and positive behaviour embed the core principles of resiliency in their everyday practices; connection, community, positive relationships, high expectations, and social and emotional learning (Noble et al., 2008; Roffey, 2015; Wells et al., 2003). Within this framework every interaction becomes an opportunity to promote resiliency. As was identified in Table 1, it is not always obvious which pupils are at risk so a universal approach to the promotion of resilience and wellbeing across a school is in everyone's interests. The relational approaches outlined in this paper are effective across the school system, not only for specific children whose behaviour is a cause for concern (Hattie, 2009; McLoughlin & Clarke, 2010; see also Ruttledge et al., this Volume).

This brief paper has included some the many ways in which educational psychologists are already promoting protective factors across a wide range of behavioural approaches and suggestions for further

influencing the promotion of protective factors. EPs have the knowledge and expertise to make a difference in promoting wellbeing not only at the individual, family and school levels but also at a broader systems level. Many services already provide a range of publications and offer consultancy and training. Some services across the country are taking the initiative in collaborating with others to promote both universal and targeted resilience programmes across communities. These include the Blackpool Headstart Resilience Model (Young Minds, 2015b) as well as Glasgow's Nurturing City initiative (Glasgow Educational Services, n.d.). In addition, there are universal programmes that aim to promote healthier and positive thinking approaches, and that are based on the highly evidence-based approach of CBT (see Diebel et al.; Eames; Lee; Ruttledge et al., this Volume, for good examples of EPs working with schools in this way.

Conclusion
The first part of this discussion paper gives statistics for the numbers of children who are experiencing neglect, abuse, rejection and loss, all risk factors for mental health. If these pupils then go to school and get labelled, punished, marginalised or rejected because they struggle to conform, be compliant and co-operate, then they have a double disadvantage. Approaches to behaviour focused primarily on following rules may be effective for many children but may exacerbate difficulties for others, leading to a downward spiral. Teachers under pressure are less likely to have the time or patience to establish positive relationships with challenging pupils or develop strengths-based approaches. Social and emotional learning may be seen as irrelevant and families positioned as uncaring or inadequate.

Schools have to meet educational targets and also manage behaviour. Increasingly they are working with children whose life experiences make neither learning nor compliance easy. Responding to behaviour

without considering how schools promote protective factors can lead to the 'double whammy' effect. This brief analysis of behavioural approaches suggests that those who focus on relationships are also building resilience. The best way of ensuring this happens for all children is within a whole-child, whole-school framework for wellbeing. For some children school may be the only place where people authentically care about them, where there is consistency and stability and high expectations are the norm. It may be the only context in which they are able to be resilient. One role of the educational psychologist may be to regularly re-affirm the importance of positive strengths-based relationships and what this means across the school system – both for the quality of the learning environment as evidenced in the research – but also for the individual pupil, their families and communities.

Nel Noddings wrote the following many years ago but it seems more relevant today than ever:

> '*At a time when the traditional structures of caring have deteriorated, schools must become places where teachers and students live together, talk with each other, take delight in each other's company. It is obvious that children will work harder and do things… for people they love and trust.*'
> (Noddings, 1988)

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Whole of school and personalised attendance approaches are improving regular attendance rates for all students, including those at risk. EXCELLING. Teachers, parents and the community work together to support consistent and systematic processes that ensure student absences do not impact on learning outcomes. CONNECTÂ The school is focused on building individual and collective wellbeing through a climate of care and positivity. SUCCEED: Parents and the broader school community actively participate in supporting and reinforcing student learning. Some sources of evidence/data for evaluation of school programs and practices.Â The school plans for and monitors a whole school approach to student wellbeing and engagement. Sustaining and growing. Wellbeing in Educational Contexts is licensed under a Creative Commons Attribution NonCommercial 4.0 International Licence by the University of Southern Queensland, Toowoomba, Australia. Copyright permission has been granted to include and/or adapt the following content: Figure 2.4 â€“ Tripartite Model of Subjective Wellbeing â€“ Adapted from Galiha, I.C. & Pais-Riberiro (2011).Â Wellbeing has been identified as a serious issue for principals, teachers and students within educational contexts. The problem of principal health and wellbeing has also been recognised at both national and state levels in Australia for the at least a decade and has been acknowledged as an issue of concern by the state, private, and independent school sectors. Book Description. The Educatorsâ€™ Guide to Whole-school Wellbeing addresses challenges faced by schools wanting to improve wellbeing. While many schools globally now understand the need to promote and protect student wellbeing, they often find themselves stuck â€“ not knowing where to start, what to prioritise, or how to implement whole-school change. This book fills that gap. This book provides companionship through rich stories from schools around the world that have created wellbeing practices that work for their schools. It guides educators through processes that help create individualised, contextualised school wellbeing plans. There are many whole of school approaches that can be used to embed a culture of wellbeing, mental health and enhance resilience. When a culture of wellbeing is prioritised across the whole school community, positive social norms and behaviour are built between leaders, school staff, teachers and educators and students, and a sense of belonging and inclusivity is woven through everything the school already does. Components of a whole of school approach.Â School-Wide Positive Behaviour Support (SWPBS) is a framework to support schools to successfully implement evidence based practices and is adapted to individual school needs and contexts.