

# Teachers of Tomorrow: Advancing School Wellness Through Teacher Preparation

Final Report - June 2021



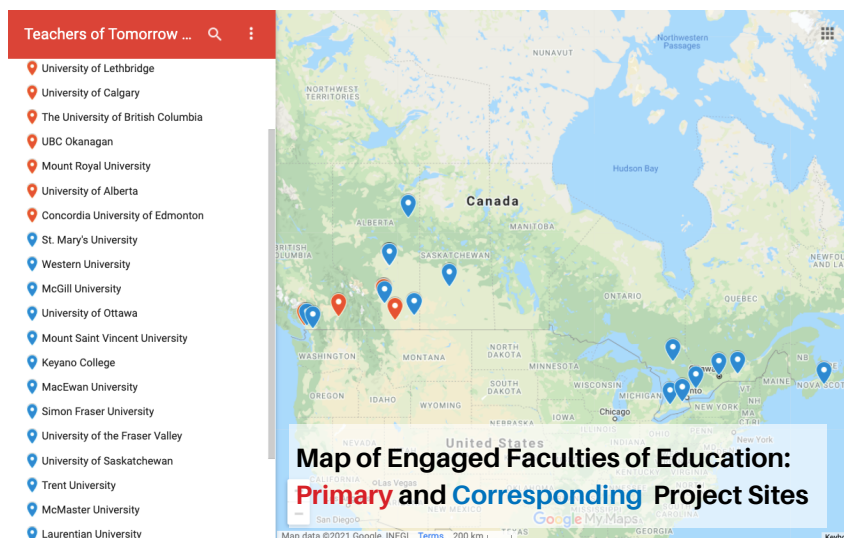
## Overview

Late in 2017, Ever Active Schools and the Werklund School of Education at the University of Calgary were awarded a Student Wellbeing for Systems Change grant from the McConnell Family Foundation's WellAhead division. The project, Teachers of Tomorrow, proposed to work on the education system by addressing teacher preparation as an upstream approach to supporting schools with improved practices for student well-being. Focusing on advancing well-being within Bachelor of Education programs and using a healthy settings framework of Comprehensive School Health (CSH), the project was grounded in the rationale that pre-service teachers who experience a healthy setting as part of their teacher preparation program, and gain the knowledge, skills, and attitudes to create healthy learning environments, will have improved capacity to enhance wellbeing for future K-12 students.

Over the 3.5 year term of the grant, we engaged a total of 20 education faculties across the country in varying ways and laid a strong foundation to continue this work. The following pages outline the key activities and results, challenges and lessons learned, and the systemic impact achieved and still ahead.

## Key Activities

- **6 Faculties of Education** were engaged in a facilitated CSH change process to embed well-being in their programs. Through coordinated action that considers the social and physical environment, the policies in place, the partnerships and services that support well-being, and the teaching and learning within each program, this project impacted **5800 pre-service teachers**.
- A **national network** emerged that extended reach to **20 Universities and Colleges**. The network was formed primarily through participation in annual **National Forums on Wellness in Post-Secondary Education**. These national gatherings were the first of their kind to focus on advancing wellness in Bachelor of Education programs and were held in 2018, 2019, and 2021 (delayed from 2020 due to the COVID-19 pandemic). The network is now maintained through quarterly electronic news correspondence and participation in the online web community: [cshhub.com](http://cshhub.com).
- **3 significant resources** were created in response to gaps within the system of health promotion in Bachelor of Education settings:
  - The website **cshhub.com** is both a directory for wellness resources in K-12 educational spaces and a repository for post-secondary wellness resources. With **302 members** as of June 2021, users can access 34 organizations who support well-being across the country and download 58 resources that can advance well-being in BEd. programs, or contribute resources of their own.
  - **Building Healthy School Communities** is a free, 4-part online course that lays the foundations for in-service or pre-service teachers. The modules include: conceptualizing well-being, wellness in education settings, introduction to Comprehensive School Health, and sources of health information.
  - **The PodClass: Conversations on School Health** is a 21 episode podcast series with 15.4 hours of professionally edited interviews with 25 experts covering 20 topics concerning school health. In its first six months, **11,800 downloads** have been accessed by **4000 unique users** from 41 countries, including every province and 2/3 territories in Canada.



## Noteworthy Results

Upstream

Improved academy readiness for BEd program wellness in primary project sites<sup>1,2</sup>

Changes in the health and well-being environment in Faculties of Education (see model below for details)<sup>2</sup>

Alignment of faculty policies to wellness goals<sup>2,3</sup>

Changes in knowledge, skills and attitudes of pre-service teachers:

- Improved self-efficacy to teach CSH<sup>4,5</sup>
- Increased valuing of CSH<sup>4</sup>
- Increased self-efficacy to teach and facilitate healthy relationships<sup>4</sup>
- Feeling knowledgeable about wellness and putting that knowledge into practice<sup>6</sup>

Changes in practice of pre-service teachers:

- Intentional role-modeling of wellness for students<sup>7</sup>
- Integrating wellness into curriculum/subject area discussions<sup>7</sup>
- Incorporating wellness activities into the classroom (e.g., movement breaks, breathing)<sup>6</sup>
- Fostering positive relationships with and between students, and with colleagues<sup>6</sup>

Changes in knowledge, skill and attitudes of in-service teachers:

- Increased belief that understanding CSH will help teachers understand the needs of students, implementing CSH will benefit the school community, and that one can influence school decisions related to CSH<sup>8</sup>

Changes in practice of in-service teachers

- Intention to use resources provided, and share them with staff and students<sup>8</sup>
- Apply learning of specific health topics (e.g., health literacy, social-emotional well-being)<sup>8</sup>
- Take action around the CSH framework within their school (e.g. start a wellness team)<sup>8</sup>

Changes in K-12 student knowledge, skills and attitudes

- Use of tools and techniques they learned about (e.g., breathing, writing down how they feel)<sup>6</sup>
- Changes in helping behaviours and attitudes<sup>7</sup>

Changes in social-emotional well-being of K-12 students

- Observed improvement in resilience and self-regulation of students<sup>6</sup>

Downstream

"I have learned the important link between wellness, in all four areas, are paramount to cognitive function. In my classroom, I put a large focus on movement breaks and taking time to explore big ideas such as empathy, acceptance, positive self-talk."

"I noticed how students became more resilient and able to regulate themselves using tools such as breathing or writing down how they feel. I noticed higher levels of engagement as they were active in all subject areas."

~BEd. Student Focus Group Participants

## Sources of Evidence

1. Pre-and mid-project data for Healthy School Planner Assessment results at U of C, U of A, U of L and CUE (May 2018 and 2020)
2. Faculty wellness team focus groups and project records for U of C, U of A, U of L and CUE (examined as one), May 2020
3. Project follow-up survey completed by 6 project sites (U of C, U of A, U of L, CUE, MRU, UBC), June 2021
4. Pre- and post-course student surveys at U of C in Winter term, 2019
5. Pre-and post-course student surveys at U of C in Winter term, 2020
6. Pre-service teacher focus group at Shaping the Future Conference and survey with representation from U of C, U of A, U of L and CUE (examined as one), January 2019
7. Key informant interviews with partner teachers (i.e., supervisors for practicum placement of pre-service teachers), June 2018
8. Pre- and post-completion survey for the online Building Healthy School Communities course, June 2021

## Systems Impact

Teachers of Tomorrow is uniquely positioned to impact both the broader system of which it is a part (i.e., the system of education across K-12 and post-secondary tiers) and to influence individual Faculties of Education at a systems level. Targeting pre-service teachers prior to their involvement in K-12 schools strengthens the impetus for organizational changes within teacher preparation programs that will better prepare future teachers to address wellbeing (their own and their students') and enhance wellness in both K-12 and postsecondary educational settings. An upstream approach to addressing student wellbeing through teacher preparedness situates our work both as a proximal factor with immediate BEd. student impact, and as a critical lever of systemic change for future K-12 student wellness.

### Systems-Level Impact Within BEd. Programs

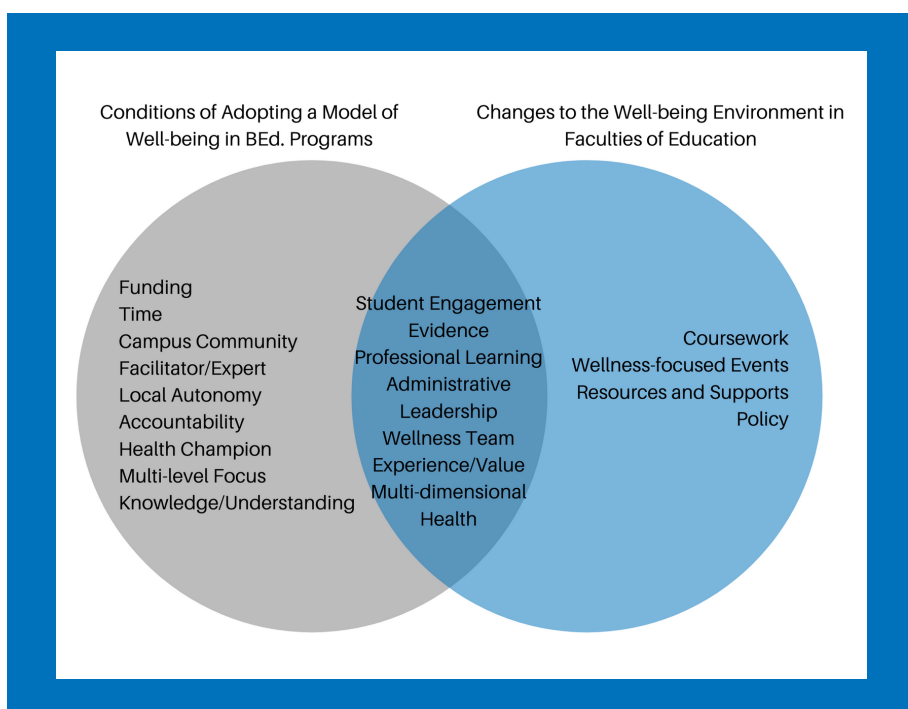
Through intentional scaling strategies, Teacher of Tomorrow **scaled out** to increase impact, ultimately engaging 6 Faculties of Education in a facilitated process of change to embed well-being in their programs. **Scaling up** within these BEd. programs contributed to the alignment of policy with well-being goals in faculty strategic plans (3/6 sites), statements of intent (4/6), and faculty and staff assignments (4/6). Strategies to **scale deep** resulted in shifts in underlying beliefs and attitudes around well-being that hold the system in place, particularly around prioritizing well-being (6/6), acknowledging the links between health and learning (5/6), readiness to take action (4/6), and beliefs in the role of the BEd. programs in supporting well-being for pre-service teachers and their students (6/6).

### Impacting the Broader System Across Educational Tiers

The development of a national network strengthened connections between stakeholders within the broader system of education and promoted knowledge exchange in the following ways:

- Offered a bridge between K-12 and Post-secondary tiers of education;
- Created a space for sharing of best practices between Faculties of Education focused on wellness; and
- Initiated relationships with adjacent and allied movements toward well-being (e.g., Campus Mental Health strategies, Health Promoting Universities).

Additionally, this project has facilitated the development of a new model for advancing well-being in advanced education spaces, which has the potential to integrate with, and the enhance impact of, existing health promotion models in use for K-12 education. The diagram below is an early draft of this model which will undergo refinement before seeking publication. The model illustrates the conditions of adopting a practice of well-being that were reported across the participating BEd. programs, alongside the types of changes made within programs to support health-promoting Faculty environments.



Uniquely, some of the same factors were cited as both a condition of adoption and a change made, resulting in a Venn diagram display. The implications of these crossover factors are of greatest significance to our system because of their implications for implementing well-being change processes with utmost efficiency. The practical application is to 1) secure the conditions, 2) begin activities focusing on the crossover factors, and 3) move toward more advanced changes to the well-being environment. Some of the factors appear to be unique to the post-secondary wellness space (e.g., multi-level focus, multi-dimensional health), however, most factors appear in established models for K-12 health promotion (e.g., CSH Framework and the Essential Conditions for CSH). Notably, there were as many expressions of the more advanced change factors (e.g., coursework, events, etc.), as there were participating Faculties of Education.

## Lessons Learned

**The upstream/downstream paradox:** Teacher candidates have a dual role in the context of their post-secondary experience - they are both student and teacher. When viewed as a teacher, working towards improved well-being is an upstream strategy that enhances personal and professional competency and can assist in the prevention of future health concerns for themselves and their students. When viewed as a student, working towards improved well-being is downstream whereby they arrive in advanced education settings with existing conditions, mindsets and capacities that could have been supported further up the stream in K-12 education.

**The education continuum:** Promoting healthy learning environments is important for healthy growth and development and optimal learning across the education continuum. We have come to recognize that for teachers, the education continuum is a perfect circle, meaning they experience the K-12 education system as learners, go on to a post-secondary experience, and then return to the K-12 system as teachers. Addressing well-being in all faculties on campus is thus appropriate; however, there is an accelerated impact on population health and the education system when education faculties prioritize wellness for their learners, because they will both experience healthy learning environments and go on to influence them.

**Priming is crucial for pre-service teachers:** The observations from several programs and their teacher candidates reflected on the importance of being able to experience a healthy learning environment before being expected to learn about how to create one for their students. This is known as "priming" from earlier research around successful implementation of CSH in K-12 settings with principals, and was revealed in this project to be a core condition for adopting CSH within the program and practice of BEd. students as "experiencing and valuing". Creating circumstances where both faculty and staff, and teacher candidates can experience wellness may be the most effective entry point for advancing well-being in BEd. programs because it increases the value for wellness, a prerequisite for any future changes to individual behaviour or to learning environments.

**Unique factors for health promotion in advanced education:** In addition to the two factors discussed within the model for implementation (embracing a multi-dimensional definition of well-being and maintaining multi-level focus with faculty/staff and students), three additional factors appear to be unique to the post-secondary education context: program size (i.e., small or large), program structure (i.e., full degree, after degree, semester layout), and relative focus on research and pedagogy. Interestingly, these factors are frequently cited by participants as barriers to implementing wellness as a Faculty, but in practice, rather than impede progress, they shape the wellness activities undertaken and act as mediating factors on the nature of the customizations to the model at each program.

**Leveraging system stakeholders:** Through systems and stakeholder mapping exercises conducted as part of this grant, three key stakeholders of interest emerged that were not previously recognized for their impact on the system. Partner teachers, those who supervise teacher candidates in their field placements during their BEd. program, and alumni of the program, in-service teachers who graduated from that Faculty of Education, represent the only strong and direct links we found between the educational tiers (K-12 and post-secondary). Similarly, Universities in general, including Faculties of Education, often have large donors who contribute funding to their institutions. This group of stakeholders is a rare case of high influence on the system with the potential for high interest in optimal health and learning environments. These stakeholders can and must be mobilized for this work to penetrate the system fully.



## Challenges and Potential Solutions

**Anticipatory burnout:** Throughout this project, it became evident that BEd. students are graduating with the expectation that they will burnout of the profession. In fact, we heard repeatedly that it is the first message some teacher candidates receive as they enter the program and one that is repeated often, especially around practicum placements or field experiences. We've discovered that citing burnout statistics is a well-intentioned effort to prepare young teachers for the demands of the profession, however, it is instead experienced as "priming them to fail." One teacher candidate expressed that they were "stressed about being stressed." This has obvious implications for the social and emotional health of BEd. students, their long-term sustainability in the profession and the effects on their future students. The solution we've begun working towards is changing the narrative around teacher burnout: confronting myths and misconceptions about the statistics, and re-framing the profession as challenging and rewarding. This is a delicate exercise, because the reality is that many teachers in the field do experience compassion fatigue and burnout and there are elements of the system that need reform to better support teachers. However, it has become apparent that we can take steps to prevent anticipatory burnout in the broader effort of teacher preparation, while working towards those systemic supports for teacher and staff well-being in the field.

**Coordinating a research strategy:** Research plays a dually important role in the implementation of well-being in post-secondary settings. First, the field of study (specific to health promotion in BEd. programs and its influence on K-12 student well-being) is largely underexplored and needing evidence of effective models and interventions for this context. Second, research provides an added incentive for BEd. programs and faculty members to become involved with projects such as this. Coordinating a research program across institutions is proving difficult, despite a general enthusiasm and willingness to collaborate. The likely solution for this challenge is to obtain dedicated research funding for this kind of collaborative effort, rather than attempt a patchwork of individual research programs across institutions for a single cause. Note that the WellAhead grant did not provide research funding for Teachers of Tomorrow, but recognizing its importance, we leveraged other research dollars to explore feasibility studies and other adjacent research related to this work.

**Alignment with provincial governments:** While expected at the outset to be an avenue of bridging educational tiers and deep scaling by influencing the system through alignment with provincial policies (e.g., provincial curriculum, ministerial orders on student learning), this goal has remained elusive. Changes to provincial governments, working across provincial/territorial boundaries, bureaucratic timelines, and government relations have all proven challenging. Persistence in understanding the systemic role of provincial governments in this work, learning about government relations, and taking a long-range approach are solutions we intend to apply to this challenge.

## Future Directions

Stepping back from the term of this project and viewing it as a foundation for ongoing system change that is likely to occur over the next decade, we have loosely scoped out a ten-year goal to have a National Centre for Well-being in Education that works across the education continuum. We've identified an interim dual-track of efforts directed at implementation (i.e. a continuation of this project) and research. We are aware of some funding opportunities for each track separately, and some for both together. Some avenues we've identified (for funding or priority connections) are the International Union for Health Promotion in Education - the International Collaboration on Teacher Education and the Public Health Agency of Canada.

Inkind contributions provided through existing interests at the Werklund School of Education and Ever Active Schools will sustain work to understand the system and achieve the vision of structural and social embedding of well-being across educational tiers. The feasibility of grant-alternative funding models will be explored (i.e., social enterprise), and activities such as systems-mapping, monitoring stakeholder relationships, and formalizing the initiative (i.e., impact statements, partnership agreements, identification of endgame, strategic plans, etc.) will be advanced as able.

Some efforts, particularly around implementation, can be sustained by individual BEd. programs who have experienced the value of embedding wellness in their program without central project funding. These programs will have ongoing opportunities to continue partnerships through the network infrastructure already built: CSHhub.com, e-news and personal connections.