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'Their best interests at heart': exploring influences on student teachers' learning to promote health and wellbeing in the classroom

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ABSTRACT

Health and wellbeing has been identified as a requirement for effective teaching and learning in many education systems. In some curricula internationally, supporting health and wellbeing has been articulated as an integral aspect of teachers' professional skillset. This research sought to investigate, via a small-scale qualitative study, what and how two cohorts of student teachers learned about supporting secondary school learners' health and wellbeing during one academic year, grounding the study in Bronfenbrenner's Ecological Systems Theory to explore a variety of influences on student teachers' learning. Findings highlight that the development of positive relationships with pupils became a crucial aspect of engaging with health and wellbeing for participants. They emphasised the value of learning about teachers' health and wellbeing practice during placement too. Pre-teaching life experience was also valued. Findings suggest the relational work associated with teaching should be carefully considered in planning and developing teacher education curricula.

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Teacher education; health and wellbeing; relationships; ethics of care

Introduction

In 2010, a new curriculum in Scotland was introduced; the Curriculum for Excellence (CfE; Scottish Government 2009). The curriculum area 'Health and Wellbeing' was given a central role within the CfE alongside literacy and numeracy, which are the responsibility of all teachers of children and young people aged between 3 and 18 years (Scottish Government 2009). In the Scottish curriculum, learning for health and wellbeing is defined as developing 'the knowledge and understanding, skills, capabilities and attributes which [children and young people] need for mental, emotional, social and physical wellbeing now and in the future' (Scottish Government 2009., 1). It requires both a values orientation and practical consideration for teaching and learning.

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We know little about how Initial Teacher Education (ITE) students learn to teach health and wellbeing as a responsibility of all within the Scottish curriculum (Scottish Government 2018). Framed by a socio-ecological perspective, the research reported here explores, across two different university contexts, what and how Professional Graduate Diploma in Education (PGDE) students learn in relation to teaching health and wellbeing as a responsibility of all.

Literature review

Health and wellbeing in global policy

It has been argued that the increasingly influential position of health and wellbeing in educational curricula in developed countries around the world has derived from growing political concern related to increases in childhood obesity and physical inactivity (Horrell, Sproule, and Gray 2012) and from a marked upturn in the rates of young people suffering from mental health issues such as depression and anxiety (Bor et al. 2014; Olfson, Druss, and Marcus 2015). Even before the COVID-19 pandemic, policy makers worldwide were prompted to focus on a range of adolescent health improvements through school-based interventions (Shackleton et al. 2016). This is seen as a crucial way to move toward the United Nations Sustainable Development Goal 3, which is to 'Ensure healthy lives and promote well-being for all at all ages' (United Nations n.d.).

Several education policies internationally advocate social, emotional and mental health promotion that draws from positive conceptualisations of health (Calear and Christensen 2010; World Health Organisation 2020). This asset model of health promotion seeks to promote positive health and wellbeing for all children and young people, through individual empowerment and improvement of the school and learning environment (Danby and Hamilton 2016; Holt 2020). This perspective suggests the need for approaches to health and wellbeing to be integral aspects of school life, intertwined with all aspects of teaching and the experience of being at school (Cushman, Clelland, and Hornby 2011; Danby and Hamilton 2016).

Influences on policy enactment in relation to health and wellbeing

While policies developed from such international initiatives often provide a framework for schools to develop strategies and practices that might lead to improved health and wellbeing (Spratt 2017), it is recognised that schools adapt policy guidance according to how health and wellbeing is understood in their own local context (Adamowitsch, Gugglberger, and Dür 2014) and according to the locally identified needs of the learner population. Indeed, it has been shown that multiple variables can influence how policy is understood, as well as the confidence and effectiveness with which individuals enact policy (Banerjee, Weare, and Farr 2014). This localisation can be beneficial for meeting particularised needs (World Health Organisation 2020) but creates a suite of challenges for teachers who are required not only to recognise these needs but find strategies to help address them. This can also present a challenge for student teachers, who will observe these teachers (and their strategies) during their practicum experiences, resulting in learning that may be inconsistent or disjointed across multiple sites of practicum learning.

The importance of university-based ITE for shaping new teachers' expectations, understandings and dispositions towards practice in this area is, therefore, highlighted.

Relatedly, while educational policy and curricula may support the need for health and wellbeing to be integrated into teaching and learning, the practicalities of researching and planning, as well as other demands teachers experience on their time (Thorburn 2017), may impact on teachers' capacity to engage with professional learning that facilitates enhanced attention to health and wellbeing in their teaching. As a result, they may lack the resources or competencies that would be valuable to them (Marks and Wharf Higgins 2012). A lack of clarity around expectations has been noted in research with student teachers preparing to teach in secondary schools (Campbell et al. 2020). Additionally, exploring and supporting mental health issues with pupils as part of day-to-day teaching and learning has been identified as a notable area of concern for some teachers (Graham et al. 2011). In practical terms, there may be a danger of creating a generation of teachers who are complicit in labelling what were once normal adolescent behaviours as mental health disorders (Timimi and Timimi 2022). It is arguable that teachers may not have all the opportunities they need to develop their skills in this regard and may never have the opportunity to gain these skills (Spratt 2016). Given that the relationship between mental health and wellbeing and academic attainment is of clear importance for children and young people (Mowat 2020), what may be more realistic and desirable is for teachers to enact pedagogies that support positive mental health within their subject-related teaching and to see mental health as part of a continuum of wellbeing rather than a separate element.

Supporting teachers' skills for promoting health and wellbeing

One of the important means of enabling teachers to promote health and wellbeing in schools is through developing their personal health literacy, which then, in turn enables them to support the development of pupils' health literacy. Health literacy helps to develop

cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. (Marks and Joan 2012, 63)

Health literacy skills are essential for social and economic wellbeing (Sentell, Vamos, and Okan 2020), as well as for the quality of individuals' lives.

Another aspect of teachers' knowledge identified as being essential to their pedagogy is tied to their understandings of positive school ethos (Warin 2017) and nurturing classroom relationships that foreground social and emotional learning (Schonert-Reichl 2017), particularly with a focus on how these relate to the subjective wellbeing of pupils (Diener 1984; Ryan and Deci 2000). Nurturing positive classroom relations is particularly important for the promotion of positive wellbeing (Cushman, Clelland, and Hornby 2011), with an emphasis on the importance of pupil-teacher relations (Sisask 2014). When teachers develop positive and trusting relationships with pupils, the school environment is more likely to be perceived as safe and a place where the pupils feel they belong (Lynn, McKernan McKay, and Atkins 2003). Where teachers care for and support pupils' personal wellbeing alongside their academic

progress, this contributes to a positive school ethos and pupils feeling connected to the school (Johnson 2008).

Influences on student teachers' knowledge about health and wellbeing

Previous learning and life experience are recognised as being influential on teachers' knowledge in relation to health and wellbeing, as well as other aspects of their knowledge. Students come to their ITE with a prior identity that impacts on how they develop as professionals (Flores and Day 2006). This prior identity is composed of their knowledge of educational and other issues, perceptions and ideas of what constitutes a good teacher and underpinning these, their values and beliefs (Flores and Day 2006; Korthagen 2004).

Student teachers' ideas and beliefs in relation to education and teaching are often subconscious and rarely critiqued (Arvaja, Sarja, and Rönnerberg 2022). These personal beliefs and values are connected to their experiences, relationships with significant role models (Arvaja, Sarja, and Rönnerberg 2022) and significant life events. The multi-dimensional nature of becoming a teacher includes interaction between the personal identity and the developing professional identity (Backhouse 2020; Lee and Schallert 2016). This view recognises the importance of student teachers' prior beliefs and values in relation to education while being mindful of their future-oriented projections (Lee and Schallert 2016) in learning to teach. Related to this, it has been suggested that student teachers' self-awareness is dependent on how they interpret and share their personal stories (Simonsz, Leeman, and Veugelers 2020), partly because of their limited professional experience and incomplete understanding of the policy environment of education.

While there is good understanding of the role of schools and teachers in promoting health and wellbeing in their practice, and health and wellbeing promotion in schools has been fairly widely researched (Durlak et al. 2011), we know relatively little about *how* teachers, and, more particularly, student teachers, learn to promote health and wellbeing, though it has been acknowledged that it is important they have a detailed and in-depth understanding of what health and wellbeing means (Thorburn and Dey 2017).

Taking these points into account, the research reported here sought to understand student teachers' engagement with pupils' learning and experiences of health and wellbeing during a one-year postgraduate teacher education programme. Health and wellbeing is central to the Scottish curriculum, where it is regarded as the responsibility of all teachers (Scottish Government 2009) and also across educational and social policy in Scotland (Scottish Government 2009). Additionally, The General Teaching Council for Scotland, which is responsible for upholding teachers' professional standards, explicitly requires all teachers in Scotland to promote health and wellbeing (their own, their colleagues' and their pupils') as an integral element of their practice (The General Teaching Council for Scotland 2021). Given these important contextual drivers, the purpose of this study was to better understand student teachers' experiences of the learning processes at work, to enable more effective ITE in relation to health and wellbeing.

Research question and theoretical frame

Taking the above points into account, the following research questions guided the research:

- (1) What do postgraduate student teachers of secondary school subjects know about teaching health and wellbeing?
- (2) How do they learn about this during their initial teacher education year?

Bronfenbrenner's (1979) Ecological Systems Theory (EST) offered us a socio-ecological framework upon which to situate this investigation. As a socio-ecological theory, EST proposes that learning and development are influenced by multiple, interacting factors across different levels of individuals' experiences. These include the microsystem which involves influences by immediate and direct contacts, the exosystem which involves influences from wider society/socio-political organisations, the macrosystem which involves influences from ideology and culture and the chronosystem which involves influential experiences over time.

Methodology

Context

This research was undertaken with one cohort of students at two initial teacher education institutions in Scotland, within a single academic year. Both institutions provide ITE across a range of secondary school subject areas. Although one institution is considerably larger than the other, the two have broadly parallel programmes, encompassing 18 weeks of university-based learning and 18 weeks of practicum learning in schools. In both programmes, a Professional Graduate Diploma in Education (PGDE) is awarded on successful completion.

Student teachers on both programmes are drawn from a range of educational and professional backgrounds. All student teachers on these programmes have a minimum of a subject-relevant undergraduate degree as a pre-requisite of being offered a place. Some student teachers on these programmes arrive with extensive life experience, are career changers or embark on a teaching career after raising a family.

Although this research was planned prior to the pandemic, health and wellbeing became an essential area of focus for schools and universities while COVID-19 was prevalent. It was an ongoing feature of students' experiences during the academic year when this research took place.

Participants

In academic year 2020–21, there were 34 student teachers on the PGDE (Secondary) programme at one of the two participating institutions and 218 at the other. All of these secondary student teachers were offered the opportunity to participate in a mixture of one-to-one interviews and small focus group discussions on a voluntary basis towards the

end of their one-year initial teacher education programme. In total, nine student teachers participated, three from the smaller institution, six from the larger.

Participants were from a range of secondary teaching subject specialisms, namely Chemistry, Drama, English, Home Economics, Mathematics, Modern Languages, Physical Education and Physics. This was a smaller participant group than we had planned for, as a result of the high emotional and cognitive demand placed upon student teachers during the global pandemic. However, it enabled us to gain a considerably richer insight into participants' thinking and experiences than would have been possible with a larger participant group. In terms of life experiences, eight of the participants were career changers. One moved into teacher education immediately after completing an undergraduate degree. Three of the participants were parents.

At the smaller institution, a single focus group took place, involving three participants. At the larger institution, interviews took place in a mixture of paired, triad and one-to-one interviews, in order to meet availability of participants. One researcher was responsible for each interview, with researchers undertaking interviews at their own institution. Interviews were of up to one hour's duration, depending on the number of participants.

Instrument

Interviews were semi-structured to allow for exploratory engagement between interviewers and participants around emerging ideas. This is supported by the stance that interviews are 'always social interactions' that should seek to 'appreciate the complexities' of the context and situation within which the interview is taking place (Mason 2018, 113).

Interview question themes were developed around broad areas of focus, designed to elicit participants' understanding of the different sources of influence on their learning about health and wellbeing during their programme. The researchers leading the interviews used these themes flexibly to focus the discussion. These question themes were created in response to the research team's consideration of possible sources of influence, drawn from Ecological Systems Theory and from the framing of teaching and learning that guides initial teacher education in Scotland, namely the General Teaching Council for Scotland's Professional Standards for student teachers, set out in The Standard for Provisional Registration (2021). The Professional Standards are organised around i) professional values, ii) professional knowledge and understanding and iii) professional skills and abilities. The rationale for this choice was that this framing would offer participants a familiar and valued organising principle for their discussions.

Question themes were:

- motivation for joining the teaching profession
- personal views of health and wellbeing in the school context
- the role of the teacher in promoting health and wellbeing in the school context
- the role of the teacher in promoting health and wellbeing in secondary school subject areas
- effective sources of learning during the academic year for developing knowledge about the health and wellbeing curriculum
- the skills/abilities teachers need to be able to promote health and wellbeing
- how and when these skills/abilities are developed

- professional goals for developing knowledge in relation to promoting health and wellbeing in subject teaching

Discussions took place online via Microsoft Teams. Information about the research was provided to all participants both by email and with an online consent form that was completed by all participants prior to interviews. Interviews were audio- and video-recorded to allow for accuracy of transcription.

Data analysis

Interview transcripts were blinded with participants designated randomly as Participant A through to Participant I. The research team then shared responsibility for the first cycle of parallel coding, to develop a shared sense of the emerging ideas (Tracy 2013). Through process of coding and discussion, six categories of interest were identified. These were: i) university-based learning about health and wellbeing (microsystemic issues), ii) placement learning relating to health and wellbeing (microsystemic issues), iii) prior knowledge about health and wellbeing (chronosystemic), iv) definitions/interpretations of health and wellbeing (macrosystemic), v) challenges for pedagogy/practice relating to health and wellbeing responsibilities (macro- and exosystemic issues) and vi) plans and priorities for ongoing professional development in relation to health and wellbeing responsibilities (micro- and chronosystemic issues). Transcripts were then subjected to a further cycle of focused coding (Saldaña 2016). A matrix, providing exemplification of categories, sub-categories and codes, along with examples of data and interpretative summaries, is shown in Table 1.

When articulating key findings from the analysis, it became apparent that categories iv (definitions) and v (challenges for practice) were problematic to separate conceptually from data that focused on learning and priorities. Hence, six categories become four in the main findings shared below. In the reporting of findings, a key concern was to ensure a spread of perceptions was represented. This involved sharing findings as summary descriptions of data rather than direct quotations. In a paper reporting on the second phase of this research, as participants moved into their induction year (Holt et al. 2024), a narrative approach, foregrounding participants' individual experiences and perceptions, presents participants' voices more directly.

Ethical approval for this study was granted by both participating institutions' ethics committees: School Research Ethics Committee, School of Education and Social Work, University of Dundee, approval number E2019-115 and School Ethics Sub-Committee, Moray House School of Education and Sport, University of Edinburgh, approval reference 2777. The study was not funded and there are no competing interests.

Findings and analysis

Through the process of analysis, four main findings were identified that enabled response to the initiating research questions. Findings in relation to what postgraduate student teachers of secondary school subjects know about teaching health and wellbeing showed a marked focus on the development of positive (microsystemic) relationships with learners as a core concern for participants. The question of how student teachers learn to



Table 1. Analysis matrix.

Category	Subcategory	Example Code	Example Datum	Interpretive Summary <i>*Capitalisations indicate additional codes</i>
University-based learning	Disconnection between sites of learning	THEORY VS PRACTICE	'the difference between this theory and the policy, and in reality in school' Participant A	Experience of practicum foregrounds university learning's SEPARATION from teachers' lived experience.
		RELEVANCE	'things most people learn at uni isn't always realistic' Participant F	University learning as a source of IDEALISM that can be difficult to realise in practice.
	Links between sites of learning	ORIENTATION	'... picked up on things that just emphasize, this was what I've been taught in at university about rapport building and getting that engagement going and those relationships' Participant E	Learning at university has provided a means of FRAMING practicum experiences in connections with RELATIONSHIPS and their role in health and wellbeing.
		PROFESSIONAL EXPECTATIONS	'we are at least informed that this is something that we have an obligation to deal with when we are in the classroom' Participant H	Learning at university provides basis for understanding the STATUTORY REQUIREMENTS for teachers' practice.
Placement learning	Evaluation of practice	QUALITY	'What I saw from the school was an extremely rigorous approach to it.' Participant H	Placement offers opportunities for considering the relative VALUE of health and wellbeing practice in schools.
		COLLEGIAL APPROACHES	'there seems to be [...] quite a good like knowledge hub about individual kids that's then shared out to school and advice is given to teachers on how to deal with it' Participant I	Immersion in practice enables modelling of structures of SUPPORT for meeting learner needs.
	Foci for practice	INTENTIONAL FOCUS	'kept being drummed into my placements in particular. How to focus and refocus my lesson so that it was meeting everybody's needs' Participant E	Repetition of requirement to know learners well enough to SUPPORT individual needs.
		EXEMPLIFICATION	'just having a lesson where it is purely almost relationship building and establishing that rapport – that pretty much was the success criteria for that lesson' Participant I	Placement offers opportunities for seeing RELATIONSHIPS as a valued focus for INTENTIONAL teaching and learning about health and wellbeing.
Prior knowledge and responsibilities	Roles and responsibilities	AWARENESS	'not being scared to have that gut feeling that something isn't quite right' Participant A	Life experience creates an INSTINCT for recognising NORMS and difference in behaviour.
		FAMILIARITY	'I've got a 12 year old daughter so I kind of know what can and cannot be said and what should and should not be said' Participant C	Parenthood provides a useful CONTEXT for generating positive COMMUNICATION with young people on placements.
	Experiences	REFLECTION	'I probably have struggled a bit mentally this year, just with the unknown of everything' Participant B	Personal challenges can be a source of developing self-knowledge and reflection.
		IDENTIFICATION	'we all take our own personal experiences from what we kind of thought of or what we experienced at high school, primary school' Participant G	Experiences during childhood influence PROFESSIONAL EXPECTATIONS in adulthood.

(Continued)

Table 1. (Continued).

Category	Subcategory	Example Code	Example Datum	Interpretative Summary <i>*Capitalisations indicate additional codes</i>
Definitions/ interpretations	Knowing young people well	RECOGNITION	'They all want to have that identity and I think making them feel that you have noticed them is quite important sometimes' Participant A	Knowledge and VALUING of what is UNIQUE about each young person is seen as integral to their wellbeing.
	Working to meet needs	ENJOYMENT PURPOSE	'what makes them feel good about their learning' Participant E 'I do have their best interests at heart' Participant C	Knowledge and VALUING of positive EMOTIONS for engagement with learning. Supporting health and wellbeing involves INTENTIONAL work.
		ADAPTABILITY	'it just depends on the young person. It depends on the school. It depends on the area.' Participant F	AWARENESS of contextual difference needs to be RECOGNISED in planning for practice.
Challenges for pedagogy/ practice	Complexity	MULTI- DIMENSIONALITY	'you can't really undo all these social inequalities' Participant D	Awareness that teachers and their work are only a small part of a much larger SOCIAL picture and that teachers must be REALISTIC about what they can achieve.
	Scale	COLLEGIAL APPROACHES ANXIETY	'I can't just overcome health and wellbeing just myself [...] it needs to be a whole school approach' Participant F 'it's so massive' Participant E	Tension between personal practice and the need for collegial and structural SUPPORT. Understanding of the substantial and MULTIDIMENSIONAL nature of health and wellbeing is associated with a sense of APPREHENSION.
		CAPACITY	'realistically, where do you find the time to do that and do skills really support that?' Participant F	AWARENESS of personal limitations and the competing demands of practice.
Priorities for professional development	Developing skills	PASTORAL	'We were told to look out for are the pupils ok? You know, how are they dressed? What's their mood like? And I find it difficult trying to focus on that as well doing the lesson but I think it will come with time.' Participant C 'What makes them tick' Participant E	The dual demands of pastoral care of young people alongside learning the craft of PEDAGOGY are demanding. Developing CONFIDENCE requires practice. Understanding what engages and motivates learners is a key element of developing PEDAGOGY.
	Developing professional relationships	COLLABORATION COMMUNICATION	'it would be so nice to have a much more interdisciplinary ... working approach' Participant E 'connecting everything with other teachers' Participant F	Building collegial SUPPORT networks offers scope for enhancement of practice. Recognising the value of maintaining AWARENESS of colleagues' work and connecting meaningfully with this to provide coherent experiences for learners.

support health and wellbeing during their initial teacher education year suggested two dominant factors, namely the (micro- and macrosystemic) influence of practicum experiences and the (chronosystemic) impact of prior lived experience. Recognising the importance of intention and planning as indicators of learned priorities, participants identified a clear connection between developing engaging learning experiences and developing positive relationships with learners as future orientations for their professional development in a complex socio-economic (exosystemic) milieu.

Reporting of findings below demonstrates frequencies of response, with participants noted against each element reported.

Student teachers' understandings of the health and wellbeing expectations on teachers focus on developing positive relationships

In terms of direct links to pedagogy, participants were cognisant of the need to engage pupils in their learning so that enjoyment is an integral aspect of the process [Participants A, B, C, E, G, H]. As a route to this, fostering healthy, respectful relationships and getting to know pupils was a dominant theme, suggesting that this is a core element of participants' understanding of health and wellbeing expectations on teachers.

All participants shared understandings of how they learned to build habits of interpersonal communication into their classroom practice. Some of these included strategies for greeting pupils by name on arrival [Participants B, I], showing empathy and compassion [Participant D] and providing opportunities to engage pupil voice [Participants C, E] to create 'a sense of belonging' [Participant F].

Having a 'positive persona' [Participant H], a willingness to adapt to pupils' individual needs [Participants A, H, G, I] and demonstrating that teachers have pupils' 'best interests at heart' [Participants A, C] were identified as important dimensions of teachers' practice for promoting health and wellbeing. Teachers' nurturing role was also noted [Participants A, B, F, G], as was the requirement to attend to 'the welfare of pupils' [Participant I].

These findings suggest that participants' understandings of health and wellbeing are positively aligned with theories relating to the importance of trust and good relationships in the classroom for promoting health and wellbeing (Cushman, Clelland, and Hornby 2011; Johnson 2008; Lynn, McKernan McKay, and Atkins 2003), as well as being important foundations for learning.

Student teachers' learning about these expectations through their teacher education programme highlights an emphasis on practicum contexts

Not surprisingly, participants' sense of their developing learning during their teacher education programme was primarily focused on their (microsystemic) practicum experiences. Although there was widespread acknowledgement that (exosystemic) university-based learning had oriented their thinking in relation to practicum experiences [Participants A, B, C, D, E, I], it was notable that much of the discussion related to incidents student teachers had experienced or witnessed during the practicum elements of their programme. For some, university learning tasks had most impact on professional learning when they were directly connected with practicum experiences, such as practitioner enquiry tasks [Participants F, I].

Observation of more experienced teachers was identified as a key influence on participants' learning in relation to health and wellbeing promotion [Participants A, C, D, E, F, G]. For some, their position as a guest in a host environment made critique of practice problematic [Participants D, F]. However, some participants were 'impressed' [Participant I] by what they saw and expressed respect for the 'extremely rigorous approach' [Participant H] towards supporting pupils' needs they witnessed in schools. A sense that contextualised learning matters underpinned some comments [E, F], with opportunities to undertake practicum learning across multiple schools, working with a range of colleagues being identified as valuable for breadth of professional learning [Participants A, B, D, G, H]. This supports the perspective that localised contexts of implementation of policy in relation to health and wellbeing vary and can influence practice differently (Adamowitsch, Gugglberger, and Dür 2014; Banerjee, Weare, and Farr 2014) but what is clear from our data is that this is regarded as a positive and valuable aspect of student teachers' learning.

All participants shared 'personal stories that catch your interest' [Participant I], exemplifying their professional learning in relation to health and wellbeing expectations through anecdotes about their classroom experiences. Specific incidents were used to exemplify what had been thought-provoking, useful or effective in developing understandings of good practice for promoting positive health and wellbeing. These included stories about effective pedagogical strategies such as practical interdisciplinary learning [Participant H], 'meditation' [Participant G] and 'learning through games' [Participant I]. They also included stories about particular pupils and their social or emotional needs [Participants A, B, C, D]. These stories may be seen as contributing to these participants' framing of their learning, adding to their store of knowledge by articulating what they understand and why it matters (Simonsz, Leeman, and Veugelers 2020). In this sense, personal and professional identities are being drawn together in multi-dimensional ways (Backhouse 2020; Lee and Schallert 2016) as a product of (micro- and macrosystemic) experiential learning.

Student teachers' understandings about their responsibilities for promoting health and wellbeing are tied to their personal, family and health experiences, as well as prior learning associated with work

The experience of being a parent was identified as a helpful basis for understanding the health and wellbeing needs of pupils in school settings [Participants A, C], as was having family members who work in healthcare [Participant H]. Participants also identified their own health and wellbeing struggles or those of people close to them as having an impact on their work within the school setting [Participants B, G, I].

For some participants, there was acknowledgement of skills and understandings developed in previous work contexts prior to embarking on teacher education. One participant argued for the value of the communication and support skills that had been a regular aspect of a previous role, seeing these as 'adult strategies [that] work in the classroom' to foreground 'agency' and 'responsibility' [Participant H] and, therefore, highly transferable. One pointed to policy context knowledge from a previous job as being directly applicable [Participant E]. Relatedly, some participants proposed their personality as beneficial, for example trusting their instincts [Participant A], having

a 'sense of humour' [Participant C] or being 'a people person' [Participant I], each of which is, arguably, a product of life experience.

In each of these cases, the value of this prior knowledge was articulated as lying in the familiarity and confidence it brought to the experience of engaging with related issues in the school environment. These data support the perspective that student teachers bring their prior knowledge and values to the (chronosystemic) development of their teacher professionalism (Flores and Day 2006; Korthagen 2004) and that these become an integral part of teachers' thinking and practice, connected to their developing professional identity.

Student teachers' identification of challenges and priorities for ongoing professional learning focus on developing positive relationships and providing engaging learning experiences

The scale of the challenge of meeting the health and wellbeing needs of pupils in schools was identified as a core concern [Participants A, D, E, F, G, I]. Some identified the importance of collegial and co-operative working as a necessary aspect of effective practice in schools [Participants D, F, I] and suggested that teachers can only realistically take responsibility for their own small part of the larger whole [Participants D, F]. One participant pointed out the exosystemic problems that impact on pupils' health and wellbeing are not something that teachers have the power to resolve: 'you can't really undo all these social inequalities' [Participant D]. This sense of being overwhelmed by health and wellbeing issues is perhaps indicative of an ongoing lack of clarity about expectations on teachers in relation to health and wellbeing (Campbell et al. 2020) combined with a need for better support for teachers in this area (Marks and Joan 2012).

In terms of thinking about priorities for ongoing professional growth in relation to their skills for promoting health and wellbeing, participants articulated a desire to make this a more seamless and integrated part of their role, alongside their work as subject teachers [Participants A, C, D, E, I]. Working to make their teaching engaging was highlighted as an important consideration [Participants D, E, F] alongside developing the relationships that can underpin ongoing engagement [D, F, I] and working to find out 'what makes [pupils] tick' [Participant E].

For some, the most essential aspect of their ongoing role was to be 'culturally relevant' [Participant E] and to ensure learning experiences were offering all pupils 'opportunities' [Participant F] to find out 'what they might potentially be interested in' [Participant E] to allow them to gain the best outcomes from their time in school.

These ideas reinforce the earlier point that the fostering of positive and productive (microsystemic) relationships appears to be crucial to these participants' understandings of health and wellbeing promotion. The foregrounding of social and emotional learning as being vital to positive school experiences (Schonert-Reichl 2017; Warin 2017) is implicit in these data. Participants' prioritisation of these ideas for their future development and practice suggests a hopeful and pleasing awareness of their potential to have a positive impact over time by promoting health and wellbeing alongside teaching their academic subject.

Discussion

The questions of how student teachers learn to promote health and wellbeing during their ITE programme and what they learn during this time are complex. They involve appreciation of the prior knowledge and experience that student teachers bring to their professional learning, alongside investigation of their learning experiences and the responses they have to these during their programme of study and practicum placements. By exploring the experiences and perceptions of members of two parallel cohorts of student teachers, this study provides a sense of what the participants consider formative and/or significant for their professional learning in relation to promoting health and wellbeing as an integral aspect of their practice. In a time where health and wellbeing are increasingly foregrounded as important pillars of flourishing societies and the most fundamental underpinning for successful learning, this research offers teacher educators valuable insights for more effective programme development. There is undoubtedly room for the university-based elements of teacher education programmes to enhance student teachers' awareness and readiness for engaging with this and other key aspects of pedagogy and professional practice relating to health and wellbeing.

Positive relationships are overwhelmingly the focus of these participants' sense of what is most vital, and the data suggest that practicum experiences have been the most essential factor in developing this awareness. The prioritisation of positive relationships and participants' stories and examples of their experiences relating to forming these with pupils during their practicum experiences suggest that they have assimilated the idea that this is a foundational principle for health and wellbeing. In these participants' educational policy context, this is certainly a principle that is well established (Scottish Government 2010, 2013, 2018). Good relationships have been articulated not only as an integral aspect of the curriculum (Scottish Government 2010) but also as a necessity for the safe and effective operation of schools (Scottish Government 2013 (Martin and Collie 2019); where good relationships are considered to be wellbeing indicators that underpin every aspect of school life. This is a position also shared in international guidance (OECD 2021) and one that has its child-centred roots in Articles 28 and 29 of the United Nations Convention on the Rights of the Child (UNICEF 1990). If, as our data suggest, the focus on positive relationships is primarily a product of these participants' learning from working with teachers, subject departments and whole school ethos during practicum, this may be indicative of schools' widespread engagement with placing theories and practice about developing positive relationships at the heart of school life. It certainly indicates a meaningful interplay between the four domains of Ecological Systems Theory in this aspect of student teachers' learning.

Positive teacher–pupil relationships are recognised as a key factor in pupils' engagement with school (Martin and Collie 2019) and so relate to academic participation and attainment. However, it has also been established that positive relationships between teachers and pupils predict positive socio-emotional outcomes (Dietrich, Zimmermann, and Hofman 2021) and can contribute to school community-building (Ibrahim and El Zaatari 2020), as well as enhanced social participation outside school (Wanders et al. 2019). These relationships are, then, valuable for adolescent mental health and wellbeing not only within school but also beyond. Relationships are, indeed, critical to the promotion of wellbeing in schools (Graham, Powell, and Truscott 2016), though precisely how

these relationships can be developed remains difficult to identify and may be a useful focus for future research.

Arguably, the central impetus running through our participants' comments is the idea of an ethics of care, where it is the teacher's responsibility to meet the relational needs of the pupil (Noddings 2012) before all other considerations. This is a drive that extends from the classroom and school environment to the world beyond:

Good teachers, like good parents, hope that the personal relations formed will enhance the likelihood that their students will live in and promote a public climate in which caring relations will continue to flourish. (Noddings 2012, 779)

It is a stance that recognises the importance of the many different positionalities of individuals within the seeming simplicity of the teaching/learning dyad (MacGill 2016) and which centres on compassion as a motivational tool (Taggart 2014).

While we were unable to locate any recent studies directly engaged with how student teachers learn to promote health and wellbeing, how practising teachers foster wellbeing has been a focus of research internationally. Several factors dominate teachers' perceptions of their practice, including the importance of placing student wellbeing at the heart of teaching philosophies (Samnøy et al. 2020) and the difficulty of navigating conflicting academic and wellbeing priorities (Samnøy et al. 2020; Willis, Hyde, and Black 2019). These competing policy and practice discourses are proposed to undermine clarity of purpose for teachers (Powell and Graham 2017). Most of these points were not borne out in the findings of the present research, where participants did not articulate any conflict in their understanding of the expectations on their practice priorities. It is possible that this may be a result of their relatively brief time in schools and an associated absence of attainment-related expectations, which are more likely to come to the fore once student teachers qualify and take up teaching posts. However, the sense of wanting health and wellbeing to be at the centre of their teaching, and well integrated, is something a number of our participants did imply, both as an aspiration and as a priority for their professional development.

In terms of considering why our participants were so notably engaged with the formation of positive relationships, as we have suggested, this may reflect the centrality of positive relationships in placement schools. Certainly, during the academic year 2020–21 when this study was undertaken, there was considerable debate amongst educators about the tension between attainment/assessment and health and wellbeing, with health and wellbeing taking clear priority (Lundie and Law 2020). However, it is also possible that a pervasive rhetoric connected with the challenges of COVID-19 lockdowns and social distancing has exerted an influence on participants' understanding. The COVID-19 pandemic has generated a raft of social and psychological effects that have arisen as a result of prolonged stress, isolation and anxiety on the population at large (Saladino, Algeri, and Auriemma 2020) and additional crises for children, many of whom have experienced significant psychosocial traumas (Ghosh et al. 2020). It is possible that participants had awareness of this prior to and during their programme, as well as potentially having personal understandings of these psychosocial effects that may have enhanced their appreciation of practicum school initiatives and interventions.

Concluding remarks

The impact of what and how these student teachers learned about engaging with health and wellbeing during their postgraduate ITE programme is something that is difficult to determine in the short term. It is also difficult to discern what their learning will mean for future practice, when other factors and tensions associated with the practical exigencies of teaching become more prominent. However, this research has enabled us to better understand the elements of our participants' learning experiences that appear to have been meaningful to them and to see how these range across the various dimensions of the ecology of the education system. Seeing how schools approach health and wellbeing differently is something that they valued. Additionally, having a focus on pedagogy through the requirement to undertake a pedagogical enquiry was, for some, a positive learning experience. Further investigation with this group of participants to explore the ongoing impacts of their learning on practice as they move forward in their teaching careers has also been undertaken (Holt et al. 2024).

Disclosure statement

No potential conflict of interest was reported by the author(s).

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