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Students share a minute of mindfulness before class begins. – from the authors’ “Chinook’s Edge School Division” video.

Beyond the Binder *Accelerating well-being in K-12 education*

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FEW AMONG US would disagree that well-being is an important priority in K-12 education. A growing body of research has demonstrated that focusing on well-being in K-12 education supports positive mental health, improves academic performance, and contributes to favourable health and quality of life outcomes for students and staff.¹ Not only this, but investments in well-being have benefits for the educational system and broader society. These include reduced staff turnover and illness leave, reduced healthcare costs, increased educational attainment, and increased graduation and employment rates.²

Given the strong evidence, support for the role of well-being in K-12 education is growing. How to lead this work with sustained impact, however, is still an evolving conversation.

Extending our gaze “beyond the binder”

For decades, the most popular way to approach making an impact on K-12 students’ health and well-being has been via manualized programs, or what we’ve come to identify as “the binder” (e.g. checklist or activity-based programs with generic instructional content delivered over a specified time period). Likewise, many staff well-being initiatives have utilized this very same approach. Experienced educators have likely accumulated dozens of these over the years. Some continue to act as useful pedagogical and personal references, but many have

since been relegated to gather dust in a storage closet.

Because of their step-by-step approach and specialized content, structured programs have filled an important need among educators and leaders looking to address and attend to well-being in the school setting. Faced with mounting needs and few resources, these programs offered valuable and easy-to-understand material to schools looking for expertise and capacity to address and improve well-being.

However, even if proven effective, such programs meet significant challenges in sustainability, and rarely scale beyond initial pilot sites. The sustained impact of “binder programs” is often challenged by factors such as the high cost of training and implementation, and their inability to adapt to diverse school cultures and contexts.³

Implementation science (the study of how to best implement things) has now demonstrated to us that if we want to have sustained impact, three conditions must all be in place:

1. evidence-based approaches
2. effective implementation of the approach
3. an accommodating organizational climate.⁴

While some binders cover #1, fewer cover #2, and #3 is a wholly different question that, we argue, is at the root of the problem. We must ask: *If a school district was fully committed to becoming organizationally ready to advance student and staff well-being, would they know where to start? If we truly believe that advancing well-being is part of the role of schools, what are the changes we need to make to the structures, policies, culture, and resource flows in K-12 education to get there?*

Increasingly, jurisdictions across Canada, are looking for insights on how to move beyond these binder



Watch the videos

To hear directly from our case jurisdictions, watch the videos on the SIRCLE Research Lab YouTube channel: <https://bit.ly/32yZErT>

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approaches to more deeply embed a focus on well-being across their school communities. In short, they want to understand how to support school system leaders and educators to bring about lasting change with benefits for whole school communities, including leaders, teachers, staff, students and families. To do this, we need to provide solutions for the problems that leaders and educators are trying to solve, at all levels of the system: from classrooms to ministry board rooms.

Learning from leaders who are prioritizing wellness and shifting culture

As more school jurisdictions move their gaze beyond the binder toward system-level shifts in well-being, we are presented with an opportunity to learn. To understand how to effect change, we need to build upon the experience and expertise of school communities that have integrated well-being as a key priority. Recently, we invited six school authorities – three in Alberta, and three in British Columbia – to participate in case study research on well-being in K-12 education. The overall aim of these case studies was to understand promising practices in school well-being at the school jurisdiction level. We wanted to know *how* and *why* these school jurisdictions were able to prioritize well-being and shift school culture – what key factors helped to “move the needle.” By examining systems-level change through the lens of school community members, as well as through local documents and data, we are increasing our understanding of how to embed well-being in education.

While each journey has been unique, if we were to pick out one message we have heard clearly across cases, it is the importance of system leaders’ clear communication of well-being as a district priority, with action to meaningfully prioritize well-being through processes that create shared leadership for sustained impact. Examples include enacting district wellness committees with diverse representation, gathering local evidence to inform action, embedding wellness within district priorities and strategic plans, and supporting wellness-related professional development and learning for staff, students, and families. While individuals emphasized the need for champions across schools, they acknowledged the crucial role that system leaders played in overtly making well-being a priority in their jurisdictions and “setting the tone” for change. As one senior leader shared: “We have a superintendent who very much was compassionate and truly cared about kids and staff, so I think it ultimately does start from the top. That’s critical. If you don’t have that, then it just is a lot harder to pull off.”

When school system leaders communicated and modelled the importance of wellness in education, it provided tacit expectation and approval for staff to prioritize wellness in their work. “Our superintendent is very, very invested in student wellness and teacher wellness; and has really given us the permission to go forward in our district and spend a lot of time on wellness,” said one senior leader. This insight was also highlighted in prior research examining the role of school principals who were working to create healthy school cultures through a comprehensive school health approach.⁵

WHILE LEADERSHIP for wellness is critical, shifting whole systems requires coordination and effort among school authorities and their school communities. Our research is surfacing diverse stories of change – stories that are reinforcing the need for student and staff voice in well-being related planning, and the value of leveraging the existing strengths of school communities for sustained impact on well-being. The purpose of these case studies is to highlight key learnings about the prioritization of wellness across school communities, and also to share this knowledge with others striving toward this goal. We hope to share these unique stories and thus inspire other jurisdictions to move beyond the binder and accelerate well-being in K-12 education. **EC**

NOTES

- 1 E. L. Fought, J. P. Ekwaru, et al., “The Combined Impact of Diet, Physical Activity, Sleep and Screen Time on Academic Achievement: A prospective study of elementary school students in Nova Scotia, Canada,” *International Journal of Behavioral Nutrition and Physical Activity* 14, No. 1 (2017): 29; C. Fung, S. Kuhle, et al., “From ‘Best Practice’ to ‘Next Practice’: The effectiveness of school-based health promotion in improving healthy eating and physical activity and preventing childhood obesity,” *International Journal of Behavioral Nutrition & Physical Activity* 9, No. 1 (2012): 27-35; P. A. Jennings and M. T. Greenberg, “The Prosocial Classroom: Teacher social and emotional competence in relation to student and classroom outcomes,” *Review of Educational Research* 79, No. 1 (2009): 491-525.
- 2 The McConnell Foundation, *Beyond the Binder: Toward more systemic and sustainable approaches to mental health and well-being in K-12 education* (2020).
- 3 D. D. Embry and A. Biglan, “Evidence-Based Kernels: Fundamental units of behavioral influence,” *Clinical Child and Family Psychology Review* 11, No. 3 (2008): 75-113.
- 4 D. L. Fixsen, S. F. Naoom, et al., *Implementation Research: A synthesis of the literature*, FMHI Publication #231 (Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network: 2005).
- 5 E. Roberts, N. McLeod, et al., “Implementing Comprehensive School Health in Alberta, Canada: The principal’s role,” *Health Promotion International* (2015).