



School Wellness and Well-Being Initiatives Across Canada

ENVIRONMENTAL SCAN AND
LITERATURE REVIEW





The Alberta Teachers' Association

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Foreword

The word *wellness* first makes an appearance in the English language in the 17th century, but its popular use can be traced back to the early 1960s and the publication of a collection of papers by American statistician Halbert Dunn under the title *High-Level Wellness*. In the decades following, the legitimacy of this word, both linguistically and conceptually, was questioned even as the word came into more common use across a variety of media and in a variety of contexts. Today, though, wellness is a ubiquitous organizing principle, value, metric and objective embraced by organizations and individuals alike.

Wellness and/or well-being has become a focal point of conversations across Alberta for teachers working in inclusive kindergarten to Grade 12 (K–12) classrooms, and for those supporting both programming and policy within our education systems. As concluded in the literature review in this research report, there is no universally agreed-upon definition for wellness or well-being related to school-based health. What is generally agreed throughout the literature is that well-being is a holistic concept and that achieving healthy school communities should rely on a multifaceted, whole-school approach known as comprehensive school health (CSH). While many wellness/well-being ongoing conversations are primarily centred on the social, physiological and emotional outcomes for students, various dimensions of wellness are increasingly being nuanced and added to the discourse, for example, financial literacy, healthy eating, physical fitness, aggression, technology addiction and vocal hygiene.

The often ambiguous notion of wellness/well-being has also gained momentum due to a large body of data pointing to a dramatic rise in the reported cases of anxiety and depression in children and youth, including increases in suicidal ideation. This, in turn, is creating even greater stressors and concerns among Alberta's teaching profession and for those who care for children and youth on a daily basis. Most recently, there is a renewed focus across Canada to move beyond student wellness to that of understanding and supporting teacher and school leader wellness.

Without exception, wellness in our Alberta school settings cannot ignore teacher well-being. The majority of teachers will be familiar with the Alberta School Employee Benefit Plan (ASEBP) as their benefits provider, but what they may not realize is the greater role the plan is playing to advance workplace and employee wellness as a Canadian and North American leader in promoting comprehensive wellness through innovative, cost-effective and collaborative approaches. As a not-for-profit cooperative venture of the Alberta Teachers' Association and the Alberta School Boards Association, the ASEBP focus on wellness makes business sense as well as human sense.

The purpose of this particular research activity was to engage Ever Active Schools, as an Alberta-based leader in the promotion and support of healthy, active school communities and wellness programming, to develop with academic research partners a literature review and scan of research currently under way regarding issues of teacher, school staff and student well-being/wellness. In addition to the literature review, this project also produced a detailed provincial and national environmental scan of related K–12 well-being/wellness programs, initiatives and activities in Canadian schools.

The research activity was initiated by Philip McRae, coordinator of research with the Alberta Teachers' Association (ATA), and guided by Brian Torrance, director of Ever Active Schools, in partnership with academic researchers and enhanced by review and advice from within his expert team at Ever Active Schools. The environmental scan was produced with Three Hives Consulting, and the overall editing and graphic design were supported by the Association's document production staff.

I sincerely hope that the literature review, and this first-of-its-kind Canadian environmental scan and inventory, will to help inform school planning and activities across Alberta related to wellness/well-being with an up-to-date landscape of research, programs and/or initiatives affecting Canadian school communities.

Dennis Theobald
Executive Secretary

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Executive Summary

The Alberta Teachers' Association engaged Ever Active Schools in 2019 to undertake a literature review and environmental scan to inform the landscape of wellness and well-being activities in Alberta and across Canada. The literature review, which follows the environmental scan, focuses on recently published, peer-reviewed studies of teacher, school staff and student well-being/wellness.

This environmental scan examined active Canadian initiatives to better understand the following:

What initiatives exist?

There are many initiatives operating across Canada, some nationally, some spanning multiple provinces, and some focused in specific cities and schools. An inventory of 45 initiatives is included in this report.

How well-being/wellness is defined

While some organizations have defined their preferred terminology, others have not undertaken the exercise of crafting or adopting an existing definition. *Well-being* and *wellness* are defined and/or operationalized broadly and incorporate aspects of physical, emotional, sexual and spiritual health, food literacy, self-awareness, relationship skills and injury prevention. While different initiatives may focus on different aspects of well-being, all rely on a broad conceptualization.

Which system levels initiatives focus on

Across Canada, there are initiatives focusing on all levels of the health and education systems, including students and teachers, schools, school jurisdictions, and government policy at provincial and national levels.

The scope of activities undertaken

Organizations undertake many different activities to advance well-being in schools, ranging from policy development through providing professional development to creating and sharing resources and operating school-level programs.

Whether and how outcomes are measured

Some organizations have a strong focus on research and evaluation and regularly measure their impact. Others focus on counting program outputs, citing their capacity to undertake in-depth measurement as a barrier to comprehensive measurement.

What are the associated costs?

Most initiatives aim to offer their services at the lowest possible cost, usually for free or on a cost-recovery basis. Funding is provided through government grants and private donors, with budgets ranging up to \$6 million.

Future priorities

Future priorities include aiming for sustainability, improving engagement, providing more professional development, working across systems and enhancing government relations.

Methods

This environmental scan relies on Internet searches and semistructured interviews with key informants. Online search terms included

- Canadian school wellness / well-being initiatives / projects,
- [PROVINCE/TERRITORY] school wellness / well-being initiatives / projects,
- Canadian teacher well-being initiatives / projects,
- [PROVINCE/TERRITORY] teacher wellness/well-being initiatives / projects,
- Canadian student well-being initiatives / projects,
- [PROVINCE/TERRITORY] student wellness / well-being initiatives / projects,
- Canadian comprehensive school health programs and
- [PROVINCE/TERRITORY] comprehensive school health programs.

For each school well-being initiative or organization reviewed, as many of the following elements were documented as possible:

- Initiative / organization / project name
- Region served
- Year initiated
- Level addressed (for example, national / provincial / district / school)
- Initiative focus (for example, healthy eating, physical activity, staff wellness)
- Activities
- Wellness or well-being definition
- Outcomes
- Cost considerations

Semistructured telephone interviews were conducted with 14 individuals, each representing a different organization. Those individuals were selected in consultation with Ever Active Schools and the Alberta Teachers' Association to represent the variety of work being done. Interviews were conducted with representatives from the following organizations:

- APPLE Schools
- Centre for School Mental Health (Western University)
- Dedicated Action for School Health

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- EdCan Network
- Ever Active Schools
- Joint Consortium for School Health
- Ontario Teachers' Federation
- Ophea
- Physical and Health Education Canada
- Recreation and Parks Association of Yukon
- Saskatchewan Alliance for Youth and Community Well-Being
- Stand Up for Student Well-Being
- University of Calgary Centre for Sexuality
- Well Ahead

Environmental Scan Findings

HOW DO INITIATIVES CHARACTERIZE SCHOOL WELL-BEING AND WELLNESS?

All interviewees were asked about how their organization defines *well-being* or *wellness*. For many, this question gave them pause; while their work was largely in the school well-being domain, few organizations had a clear definition of well-being to guide their activities. Despite this lack of clear definition, all chose a holistic approach that includes multiple elements such as healthy eating, physical activity and mental health.

While healthy eating, physical activity and mental health were the most commonly reported elements of well-being, other elements noted included those shown in the graphic below.



To learn more about comprehensive school health, check out the Joint Consortium for School Health website

Several referred to the comprehensive school health (CSH) approach, which includes schools' social and physical environments. Two organizations based in Ontario relied on their provincial government's Ministry of Education definition of well-being. One organization referenced the World Health Organization and another UNESCO as their sources for defining wellness and well-being. Some noted that they used terms like *well-being* or *wellness* interchangeably, and one interviewee said that they use *health and well-being* as a phrase, rather than separating the terms. One reason cited for interchangeability of definition was funders' requirements: different funders may have different definitions, and so the organization must be responsive in its terminology.

"We're talking about a broad sense of wellness—you know, physical, social, mental well-being, making sure people are living a healthy and fulfilling life."

"We define wellness, well-being as the physical activity, healthy eating, student and staff well-being and school connectedness."

"Now that's a good question. One of the most difficult parts for us is how people see or what people think well-being is. We prefer the word well-being instead of wellness—wellness can be financial wellness or whatever, but we prefer well-being. We've had a lot of discussions with different groups over the years we've been doing this, about what mental health is, and as soon as you say mental health, people think of mental illness so it's very confusing."

WHICH SYSTEMS LEVELS DO INITIATIVES FOCUS ON?

Across Canada, school wellness and well-being initiatives focus on all levels of the education and health systems. Larger organizations tend to include multiple levels such as systems-level advocacy, school district partnerships, and provisions of resources and training directly to schools, teachers and staff.

Some target their efforts toward **broad systems-level change**, working nationally and provincially with governments to advocate for healthy school policies and sustainable funding. For example, the Joint Consortium for School Health connects health and education ministries to build capacity and promote understanding of CSH. The EdCan Network leverages research to help change assumptions and policies that affect teacher and staff well-being across the country. The Ontario Teachers' Federation is also involved in policy development to enhance educator well-being. Organizations like Ophea, in Ontario, and Ever Active Schools, in Alberta, have close relationships with provincial governments to support and advocate for policies and recommendations to influence the school health environment.

Many initiatives include **school districts or jurisdictions** in their efforts. Among many examples, Saskatoon Health Promoting Schools program, for example, works directly with 20 schools in

Saskatoon; New Brunswick's Healthy Learners in School Program has public health nurses and dietitians working at the school district level; and Manitoba Healthy Schools provides support to both districts and schools.

Other organizations work **directly with school staff and teachers** to build capacity through professional development events and training programs. Western Canada's APPLE Schools focuses most of their efforts on schools, providing funding for school health facilitators and support for school health mentors to create healthy school environments. DASH BC's (Dedicated Action for School Health) Action Schools program helps schools to develop action plans to increase physical activity and healthy eating.

While organizations may be working specifically with different levels within the health and education systems, some also provide resources and tools for a **broad public audience** that may include administrators, teachers, staff, students, parents, researchers or community agencies.

WHAT ACTIVITIES ARE UNDERTAKEN?

School wellness and well-being initiatives across Canada take many forms.

Advocacy and policy development

Many organizations spend time participating in ministry round tables or chairing and attending various committees aimed at advocating for, developing and implementing policies that support school wellness and well-being.

Professional development

Professional development offerings take many forms, including the following:

- Webinars
- Workshops, lasting from hours to days
- Conferences that bring together the latest in research and practice with administrators, teachers and staff
- Targeted training, such as the University of Calgary's Centre for Sexuality's teacher training to recognize dating violence, or Active Yukon Schools Initiative conflict resolution for teachers

Conducting research

Research is not a focus for all initiatives, but several are involved either directly or in a supportive capacity. For example,

- the Joint Consortium for School Health collaborates on research projects across Canada,
- the Saskatchewan Alliance for Youth and Community Well-Being conducts youth health surveys and
- APPLE Schools began as a research intervention and continues to develop a body of evidence.

Developing curriculum

Some organizations, including Healthy Schools Ontario, Healthy School Communities in PEI and the Centre for School Mental Health at Western University, develop and share curriculum to be implemented in classrooms.

Providing resources

A great number of resources have been created and shared by school wellness and well-being initiatives in Canada. Many websites have resource pages providing lesson plans, videos, discussion guides, tip sheets and policy templates. Some, such as the EdCan Network, also share information through magazines.

Facilitating connections

Connecting people working in the school wellness and well-being field is an important activity for some initiatives. For example, Well Ahead has created and connected a network of leaders, the Joint Consortium for School Health provides monthly teleconferences, and the Saskatchewan Alliance for Youth and Community Well-Being hosts knowledge action committees to connect schools and students to services.

Grantmaking

Some organizations are responsible for creating and overseeing grants programs to support school wellness and well-being. Across Canada, organizations like Nova Scotia's AVRCE Health School Communities, Newfoundland and Labrador's Kids Eat Smart Foundation and British Columbia's DASH BC offer opportunities for schools to secure term-limited funding for their programs.

School programming

Many organizations offer programming directly in schools. These programs may include in-school workshops, or ongoing programs like Ever Active and the Alberta Medical Association's Youth Run Club, APPLE Schools gardens and cooking classes, or the playground leadership program offered by Active Yukon Schools Initiative.

School certification

Finally, one organization has developed a school certification program. Ontario's Ophea certifies schools that have adopted a CSH approach using their Six-Step Healthy Schools Process, and at last count had 284 schools certified. DASH in BC is also considering implementing a school certification program.

HOW ARE OUTCOMES MEASURED?

While some initiatives have a strong research and evaluation component, others do not track the outcomes of their work. Some initiatives make outcomes available through research publications,

annual reports or evaluation reports posted online, but doing so appears to be sporadic across Canada. Capacity for both initiatives and participating schools and teachers to undertake measurement was cited as a reason for not evaluating outcomes. Outcomes that are measured include

- the degree to which facilitators' knowledge and confidence in CSH increased,
- the degree to which students increase consumption of fruit and vegetables,
- the likelihood of participating students to be obese,
- changes in quality of life and
- the degree to which leadership abilities improve.

In lieu of measuring outcomes, some initiatives measure outputs such as:

- Membership counts
- Number of newsletter subscribers
- Number of schools / teachers / students participating
- Number of grants made

WHAT COSTS ARE INVOLVED?

Understandably, it not always possible to disclose program budgets. Interviewees were asked about their funding sources, operating budgets and the end user costs in their initiatives.

Many initiatives are funded in large part by grants from various levels of government, primarily national and provincial. Many also seek donations from private sources, and some receive funds through membership fees.

Operating budgets that were shared ranged from approximately \$20,000 for a three-day summer institute, up to an annual operating budget of around \$6 million. Larger initiatives that are national or provincial in scope reported higher budgets.

For many initiatives, there are no end user costs. Some organizations, such as Physical and Health Education Canada and Ever Active Schools, provide most programming for free but offer some resources or events for a fee in an effort to recoup costs. Some groups require a membership fee, such as Opeha's sliding membership fee based on the size of the school district. One organization noted that while there are currently no end user costs, they are considering implementing a cost-recovery mechanism to support ongoing needs.

Sustainability of funding is a challenge for some organizations. Government grants are term limited, and interviewees noted that their activities and scope might sometimes change to reflect funding availability.

FUTURE PRIORITIES

As funding changes, capacity is built or new needs are identified, organizational priorities also shift. Interviewees were asked about their upcoming priorities, and several themes emerged:

- Create more professional development opportunities
- Foster greater engagement with teachers and students
- Work across systems
- Enhance government relations
- Expand to more districts or schools
- Acquire charitable status
- Connect with major donors
- Address emerging needs (such as media literacy and dating violence) or vulnerable groups

Inventory

The following tables provide a brief summary of initiatives operating in Canada, first nationally, then by province. Details were not available for any initiatives in Quebec or the Northwest Territories.

NATIONAL			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF <i>WELLNESS</i> OR <i>WELL-BEING</i>
Active at School	Systems level	<ul style="list-style-type: none"> Encourage participation in physical activity programs both within school and after school hours Creating professional, Olympic and Paralympic opportunities for students 	Not defined
Canadian School Boards Association: Committee on School Health and Wellness	Systems level	<ul style="list-style-type: none"> Wellness of students and staff Healthy environments, policy, family and community engagement Spiritual, emotional, physical, social and intellectual development Advocacy 	Not defined
Canadian Teachers Federation	Systems level	<ul style="list-style-type: none"> Research and professional learning Youth mental health in the classroom 	Not defined
EdCan Network	Systems level School jurisdictions	<ul style="list-style-type: none"> Goal is to bring together decision makers, educators, leaders from across Canada to learn best practices, policy approaches, research and so on Main work is in knowledge dissemination Primarily focused on administrator, teacher and staff well-being 	Defer to WHO definition of well-being, which focuses on physical, spiritual, emotional and mental health
Joint Consortium for School Health	Systems level	<ul style="list-style-type: none"> Supporting government departments responsible for health and well-being of children and youth in Canada in school settings Providing leadership to advance principles of CSH across the country Providing leadership, support, knowledge, development and exchange to help provinces and territories and health and education sector to build, share and leverage knowledge to support the learning, health and well-being of children and youth in Canada Key role in connecting health at the federal level to education because there is no federal minister of education 	CSH framework Use wellness or well-being interchangeably, defer to WHO definition

NATIONAL			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
NSTEP	Schools	<ul style="list-style-type: none"> • Mission: To educate and motivate children to eat better, walk more, live longer • Vision: To create a wave of health flowing across Canada, through families, schools and communities 	Use CSH model for junior high programs
Physical and Health Education (PHE) Canada	Schools Systems level	<ul style="list-style-type: none"> • Broad focus on addressing school wellness through both a top-down and a bottom-up approach • Work with students and teachers, entire school communities, systems change • Organization began focus on physical education and later progressed into a holistic view of health • Healthy school communities approach looking at the culture of wellness of the schools 	<p>UNESCO definition of well-being</p> <p>View of health/wellness is holistic: focus on mental/emotional well-being and healthy eating</p> <p>Child-centred definition when defining health of a child</p>
Recess Project	Schools Systems level	<ul style="list-style-type: none"> • Mission: To ensure compassionate, caring and inclusive societies by supporting children's relationships at school 	Not defined
Well Ahead	Systems level	<ul style="list-style-type: none"> • Focus on teachers and staff to create a healthy school environment • Child and youth mental health, emotional and social well-being • Evidence-based decision making and systems-wide implementation • Primarily work out of BC, Ontario and Alberta 	<p>Includes CSH model</p> <p>Broader sense of well-being including individual and school environment/culture and, in particular, staff/teacher well-being as an extension of student and overall school health</p>

ALBERTA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Alberta School Employee Benefit Plan: The Sandbox	Schools (staff)	<ul style="list-style-type: none"> • School employee wellness 	Not defined, but use <i>wellness</i>
APPLE Schools	School jurisdictions Schools	<ul style="list-style-type: none"> • Physical activity, nutrition, mental health and community development 	CSH approach that includes healthy eating, physical activity and mental health
Ever Active Schools	Systems level School jurisdictions Schools	<ul style="list-style-type: none"> • Advancing comprehensive school health • Physical activity, healthy eating, mental well-being • Staff wellness and student leadership 	<p>Not defined</p> <p>Operationally, take a broad approach, focusing more on "health" than on wellness or well-being</p>

ALBERTA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
University of Calgary Centre for Sexuality	Systems level School jurisdictions	<ul style="list-style-type: none"> Evaluation and implementation of programs Individual student health and individual staff Mental, emotional and sexual health 	Not defined Use <i>well-being</i> to be consistent with healthy relationship literature

BRITISH COLUMBIA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Dedicated Action for School Health (DASH)	Schools	<ul style="list-style-type: none"> Mandate: all students are healthy, engaged and connected at school and in their communities Mission: collaborates with schools and other partners to create, facilitate and support school communities to be optimal places for health and learning through comprehensive school health Target groups include schools (school administrators), teachers and students 	<p><i>Well-being</i> definition: physical activity, healthy eating, student and staff well-being, and school connectedness</p> <p>Comprehensive school health approach</p> <p>Use terms interchangeably, but primarily use expression <i>health and well-being</i> rather than <i>well-being</i> or <i>wellness</i></p>
Foundry Schools	Systems level Schools	<ul style="list-style-type: none"> Mental health and well-being in schools 	Not defined, but use <i>wellness</i>
Healthy Schools BC	Health authorities School jurisdictions	<ul style="list-style-type: none"> Comprehensive school health 	Not defined. A healthy school is described as "a place where students have many opportunities—in the classroom, and in every aspect of their school experience—to foster their healthy physical, mental, social and intellectual development."
Human Early Learning Partnership	Research	<ul style="list-style-type: none"> Early development research on environments and experiences prior to school age and educational outcomes later in life 	Not defined

MANITOBA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Healthy Together Now	Regional health authorities Schools	<ul style="list-style-type: none"> Chronic disease prevention, funding of programs related to prevention Part of Manitoba's Chronic Disease Prevention Initiative (CDPI) 	Not defined

MANITOBA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Manitoba Healthy Schools	School jurisdictions Schools	<ul style="list-style-type: none"> • Comprehensive school health • Healthy eating, physical activity, mental health, sexual health, safety and injury prevention, substance abuse, and addictions 	Not defined
Manitoba Teachers Society—Balance Wellness Program	Schools	<ul style="list-style-type: none"> • Teacher wellness; providing health management tools and resources to educators 	<i>Wellness</i> defined as mind, body, spiritual health
Physical and Health Educators of Manitoba	Schools	<ul style="list-style-type: none"> • Physical and health education (K–7) • Teachers 	Not defined
NEW BRUNSWICK			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Healthy Learners in School Program	School jurisdictions	<ul style="list-style-type: none"> • The Healthy Learners in School Program develops and supports health promotion efforts that involve all areas of health • Includes physical, emotional and social health • Supports healthy decision making and behaviours that will last into adulthood • Encourages successful learning 	Use <i>health</i> , including physical, emotional and social health
NEWFOUNDLAND AND LABRADOR			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Kids Eat Smart Foundation	Schools	<ul style="list-style-type: none"> • Nutrition programs run by volunteers at schools and community centres 	Not defined
NOVA SCOTIA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Health Promoting Schools	Systems level Schools	<ul style="list-style-type: none"> • Strengthen schools and communities in terms of healthy environment/settings that are good for learning, playing, working and living 	Not defined
AVRCE Healthy School Communities	School	<ul style="list-style-type: none"> • Supporting healthy school communities 	Healthy school communities framework Healthy eating; active living; healthy relationships; healthy practice

NOVA SCOTIA			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
SHAPES	Research Systems level Schools	<ul style="list-style-type: none"> A student health behaviour survey that asks all students in Grades 5–12 about their lifestyle behaviours related to healthy eating, physical activity, tobacco, alcohol, and drug use, as well as mental fitness 	CSH framework
Nourish Nova Scotia	Schools	<ul style="list-style-type: none"> Nutrition School Healthy Eating Program (SHEP) supports schools to develop and implement healthy eating programs, like snack programs 	Not defined

NUNAVUT			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Government of Nunavut (Healthy Children Initiative)	Funding	<ul style="list-style-type: none"> Funding for childcare facilities or organizations that provide services/supports focused on children's healthy development Emphasis on children with special needs Prenatal to age 6 	Not defined

ONTARIO			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Centre for School Mental Health (Western University)	Research Systems level Schools	<ul style="list-style-type: none"> Focus on universal health programming (for example, social-emotional learning) Work with students, staff, teachers Attention to specific populations such as youth in corrections and Indigenous students Knowledge mobilization 	Social and emotional learning approach Use <i>mental well-being</i>
Healthy Pledge Program	Public health units School jurisdictions	<ul style="list-style-type: none"> Physical activity, healthy eating 	Not defined
Ontario Government (Healthy Schools Ontario)	Systems level Schools	<ul style="list-style-type: none"> Info on medical conditions, concussions, daily physical activity, foundations for a healthy school, healthy food for healthy schools, community use of schools 	Not defined
Ontario Healthy Schools Coalition	Public health units School jurisdictions	<ul style="list-style-type: none"> Comprehensive school health Education and implementation of healthy schools program 	Healthy schools "promote the physical, mental, social and spiritual health of the whole school community"

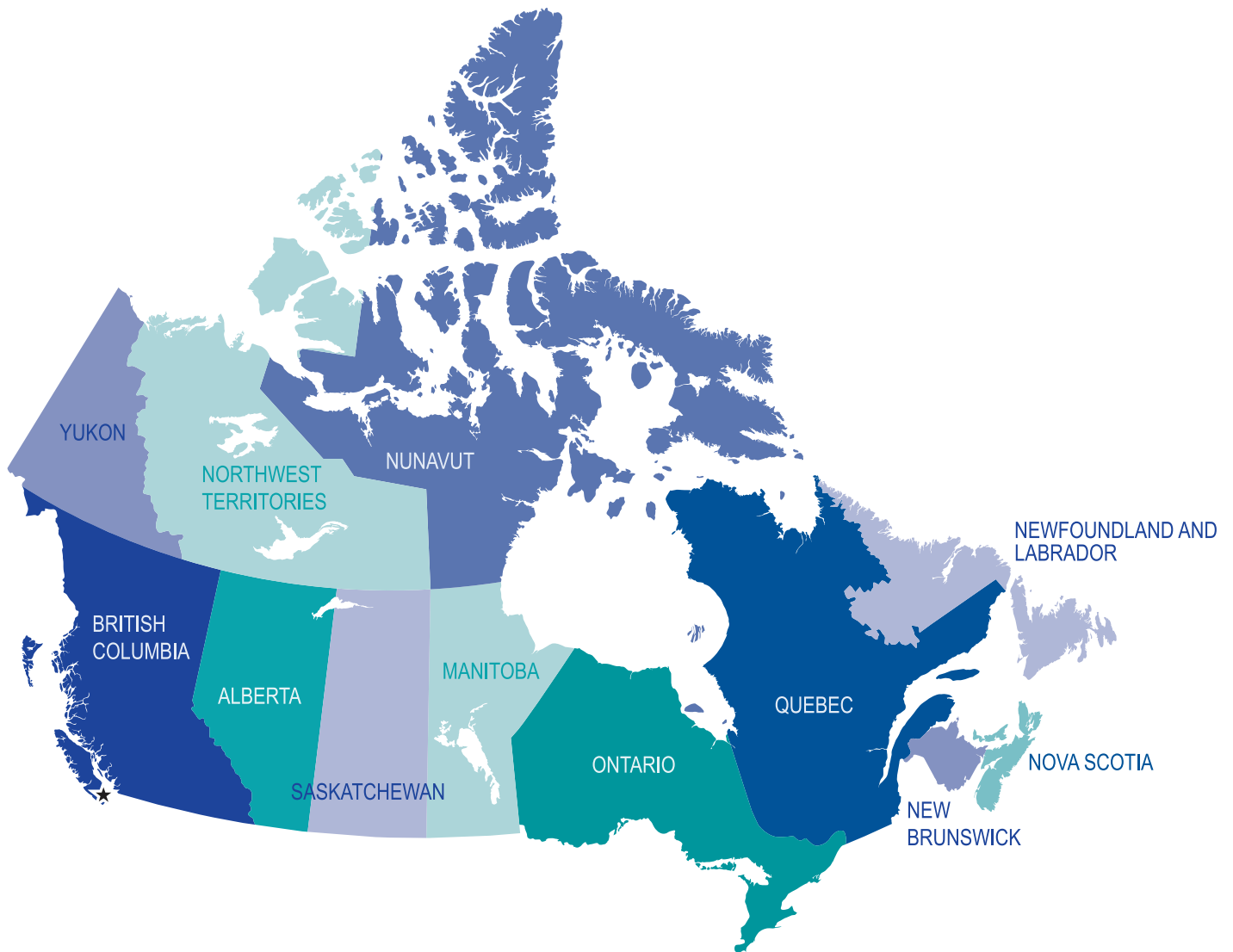
ONTARIO			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Ontario Teachers' Federation	Systems level Schools	<ul style="list-style-type: none"> • Umbrella organization for the four teacher unions in Ontario • Teachers • Focus is primary systems level 	<p>Broad definition for well-being focused on members (educators) and, by extension, students: mental, intellectual, physical and so forth</p> <p>Use <i>well-being</i> and <i>wellness</i> interchangeably, but align with provincial usage of <i>well-being</i> most often</p>
Ophea	Systems level School jurisdictions Schools	<ul style="list-style-type: none"> • Healthy active living and education • Works across the system, including specific intervention points at the school level, support health authorities, district school boards • Work with school governments on policy (practice, advocacy, recommendations, ensuring evidence-based practices and so on) • Work at the national level with other organizations and foundations • Work with school communities to enable students to lead healthy and active lives. 	<p>Definition is dictated by the provincial government</p> <p><i>Well-being</i>, including mental health, sexual health, physical health, food and physical literacy</p>
School Mental Health Ontario	School jurisdictions	<ul style="list-style-type: none"> • School Mental Health ASSIST (SMH ASSIST) is a support for Ontario school boards to promote student mental well-being through capacity building and strategic direction 	<p>Not defined, but use both <i>mental health</i> and <i>mental well-being</i></p>
Stand Up for Student Well-Being	Schools	<ul style="list-style-type: none"> • Advance education by providing instructional classes on subjects of public speaking, literacy skills and performing stand-up comedy • Focused on students in Grades 4–12 	<p>Use <i>well-being</i> rather than <i>wellness</i> to avoid confusion with other forms of wellness (for example, financial wellness)</p> <p>Adopted Ontario Ministry of Education definition of well-being, which includes four components: body/physical, mind/mental, emotional and spiritual</p>
Youth Empowering Students for Mental Health	Public health units School jurisdictions Schools	<ul style="list-style-type: none"> • Mental health • Adapted from the Youth Mental Health and Addictions Champions (YMHAC) initiative developed by the Registered Nurses Association of Ontario, YES4MH has been tailored to meet the needs of secondary schools in Peel. 	<p>Not defined</p>

PRINCE EDWARD ISLAND			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Healthy School Communities	School jurisdictions Schools	<ul style="list-style-type: none"> Comprehensive school health Nutrition, physical education, injury prevention, tobacco reduction 	Uses <i>health and well-being</i>
Student Well-Being Teams	Schools	<ul style="list-style-type: none"> Strength, resilience and well-being 	Not defined

SASKATCHEWAN			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Comprehensive School Community Health	Systems level Schools	<ul style="list-style-type: none"> The CSCH is a global approach or framework that is used by the Saskatchewan ministries of Education and Health 	Not defined
Saskatchewan Alliance for Youth and Community Well-Being (SAYCW)	Systems level Community	<ul style="list-style-type: none"> Improve health and well-being of youth through using the knowledge-to-action model Address the lack of youth-focused health data in Saskatchewan Knowledge mobilization Connects schools to services 	<p>Use <i>health and well-being</i> as a phrase</p> <p>Understand term to be holistic, multi-dimensional construct, three dimensions: context (cultural identity, friends, family, community demographic factors); behaviours (risky injury, violence, physical activity, sexual behaviors, nutritional behaviours, food literacy); and exploring mental health and substance abuse</p>
Saskatoon Health Promoting Schools Program	School jurisdictions	<ul style="list-style-type: none"> PHAC-funded initiative to improve health outcomes of students by cocreating healthy school environments and improving learning 	Not defined
Saskatchewan Teachers' Federation	Schools	<ul style="list-style-type: none"> Teacher (and family members) mental health, well-being and access to counselling 	Not defined

YUKON			
INITIATIVE OR ORGANIZATION NAME	SCOPE	FOCUS	DEFINITION OF WELLNESS OR WELL-BEING
Recreation + Parks Association of Yukon Active Yukon Schools (RPAY) initiative	Schools	<ul style="list-style-type: none"> Mission: promote and support healthy active living; focus on students but also support teachers in schools Focus on physical activities, follow the national recreation framework of Canada (promote physical activity) Focus on rural communities 	<p>Healthy active living encompasses physical health, mental health recreation</p> <p>Use <i>well-being</i> most</p>

Map



National

- Active at School
- Canadian School Boards Association
- Canadian Teachers' Federation
- EdCan Network
- Joint Consortium for School Health
- NSTEP
- PHE Canada
- Recess Project
- Well Ahead

Alberta

- ASEBP Sandbox
- APPLE Schools
- Ever Active Schools
- U of C Centre for Sexuality

British Columbia

- DASH BC
- Foundry Schools
- Healthy Schools BC
- Human Early Learning Partnership

Manitoba

- Healthy Together Now
- Manitoba Healthy Schools
- Manitoba Teachers Society—Balance Wellness Program
- Physical and Health Educators of Manitoba

New Brunswick

- Healthy Learners in School Program

Newfoundland and Labrador

- Kids Eat Smart Foundation

Nova Scotia

- Health Promoting Schools
- AVRCE Healthy School Communities
- SHAPES
- Nourish Nova Scotia

Nunavut

- Government of Nunavut (Healthy Children Initiative)

Ontario

- Centre for School Mental Health
- Healthy Pledge Program
- Healthy Schools Ontario
- Ontario Healthy Schools Coalition
- Ontario Teachers' Federation
- Ophea
- School Mental Health Ontario
- Stand Up for Student Well-Being
- Youth Empowering Students for Mental Health

Prince Edward Island

- Healthy School Communities
- Student Well-Being Teams

Saskatchewan

- Comprehensive School Community Health
- SAYCW
- Saskatoon Health Promoting Schools Program
- Saskatchewan Teachers' Federation

Yukon

- RPAY Active Yukon Schools Initiative

Literature Review of School Wellness and Well-Being

BACKGROUND

What follows is a critical review of peer-reviewed literature from 2014–19. The literature review involved a comprehensive review of published, peer-reviewed research literature focused on answering the following questions:

How are wellness and well-being defined in relation to schools, including teachers, school staff and students?

What does recent research show about the effectiveness of school health initiatives in improving wellness and well-being for teachers, school staff and students?

EBSCOhost, PubMed and Google Scholar were searched to identify relevant works. The initial key search words or phrases included:

- School AND wellness OR wellbeing OR well being OR well-being
- Student AND wellness OR wellbeing OR well being OR well-being
- Teacher AND wellness OR wellbeing OR well being OR well-being
- Comprehensive school health
- Health promoting schools

The articles identified by this initial search helped identify additional research; relevant citations from these articles then generated additional searches.

The search was undertaken using the following criteria:

- Published 2014–19
- English language
- Peer-reviewed journal articles

HOW ARE *WELLNESS* AND *WELL-BEING* DEFINED IN RELATION TO SCHOOLS, INCLUDING TEACHERS, SCHOOL STAFF AND STUDENTS?

A literature review of terms related to teacher, school staff and student wellness and well-being showed that there is no universally agreed-upon definition for wellness or well-being (herein referred to as *well-being*). Spratt (2016) describes well-being as a “conflation of different concepts under one umbrella term” (p 3) but notes that the lack of clarity of the term and those concepts can lead to confusion

and disagreement. What is generally agreed throughout the literature is that well-being is a holistic concept. Internationally, the International Union for Health Promotion and Education and the World Health Organization (WHO) recommend a multifaceted, whole-school approach to healthy school communities (Bassett-Gunter et al 2015).

Comprehensive school health (CSH) and *health promoting schools* (HPS) are the approaches traditionally used to promote healthy school communities that address school health and well-being (Bassett-Gunter et al 2015). These frameworks are often used interchangeably but describe the same basic concepts and processes, which are based on the World Health Organization's *Ottawa Charter for Health Promotion* (WHO 1986). Both CSH and HPS emphasize the importance of healthy and supportive environments and policies along with education and partnerships (WHO nd); HPS is more frequently used in Europe and Australia, while CSH is the commonly used term in Canada (as cited in Stolp, Wilkins and Raine 2015). The following table describes the elements of CSH as per the Joint Consortium for School Health (Joint Consortium for School Health nd).

COMPREHENSIVE SCHOOL HEALTH COMPONENTS	
<i>SOCIAL AND PHYSICAL ENVIRONMENT</i>	<p>The social environment is</p> <ul style="list-style-type: none"> • the quality of the relationships among and between staff and students in the school, • the emotional well-being of students, • influenced by relationships with families and the wider community, and • supportive of the school community in making healthy choices by building competence, autonomy, and connectedness. <p>The physical environment is</p> <ul style="list-style-type: none"> • the buildings, grounds, play space and equipment in and surrounding the school; • basic amenities such as sanitation, air cleanliness, and healthy foods; • spaces designed to promote student safety and connectedness and minimize injury and • safe, accessible and supportive of healthy choices for all members of the school community.
<i>TEACHING AND LEARNING</i>	<ul style="list-style-type: none"> • Formal and informal provincial / territorial curriculum, resources and associated activities • Knowledge, understanding and skills for students to improve their health and well-being and enhance their learning outcomes • Professional development opportunities for staff related to health and well-being
<i>POLICY</i>	<ul style="list-style-type: none"> • Policies, guidelines and practices that promote and support student well-being and achievement and shape a respectful, welcoming and caring school environment for all members of the school community
<i>PARTNERSHIPS AND SERVICES</i>	<p>Partnerships are</p> <ul style="list-style-type: none"> • the connections between the school and students' families; • supportive working relationships among schools, and among schools and other community organizations and representative groups; and • health, education and other sectors working together to advance school health. <p>Services are</p> <ul style="list-style-type: none"> • community and school-based services that support and promote student and staff health and well-being.

In the United States, the Centers for Disease Control (CDC) promotes a 10-component health model called the Whole School, Whole Community, Whole Child (WSCC) model, which was developed to emphasize the *whole* to support the development of each child and youth most effectively (Lewallen et al 2015). The WSCC model is designed to provide a shared health and education framework that incorporates the CSH approach and the five tenets of the Whole Child model but stresses the need for coordination among policy, process and practice in sustaining a school environment that supports both health and learning (Lewallen et al 2015). Lewallen et al (2015, 732) define the components of the WSCC model as follows:

Health education—Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviours and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K to Grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention.

Physical education and physical activity—Schools can create an environment that offers many opportunities for students to be physically active throughout the school day. A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement.

Nutrition environment and services—The school nutrition environment provides students with opportunities to learn about and practise healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. Students may have access to foods and beverages in a variety of venues at school, including the cafeteria, vending machines, grab 'n' go kiosks, schools' stores, concession stands, classroom rewards, classroom parties, school celebrations and fundraisers.

Health services—School health services intervene in actual and potential health problems, including providing first aid, emergency care and assessment, and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services and staff, and student and parent education complement the provision of care coordination services. These services are also designed to ensure access and/or referrals to the medical home or private healthcare provider. Health services connect school staff, students,

families, community, and healthcare providers to promote the health care of students and a healthy and safe school environment.

Counselling, psychological and social services—These prevention and intervention services support the mental, behavioural and social–emotional health of students and promote success in the learning process. Services include psychological, psychoeducational and psychosocial assessments; direct and indirect interventions to address psychological, academic and social barriers to learning, such as individual or group counselling and consultation; and referrals to school and community support services as needed. Additionally, systems-level assessment, prevention, intervention and program design by school-employed mental health professionals contribute to the mental and behavioural health of students as well as to the health of the school environment.

Social and emotional school climate—Social and emotional school climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can affect student engagement in school activities; relationships with other students, staff, family and community; and academic performance.

Physical environment—A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation as well as during renovation (including ventilation, moisture, temperature, noise, or natural and artificial lighting), and protect occupants from physical threats (such as crime, violence, traffic or injuries) and biological and chemical agents in the air, water or soil, as well as those purposefully brought into the school (including pollution, mould, hazardous materials, pesticides or cleaning agents).

Employee wellness—Schools are not only places of learning—they are also worksites. Fostering school employees' physical and mental health protects school staff and, by doing so, helps to support students' health and academic success. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits and environmental supports designed to address multiple risk factors (including lack of physical activity and tobacco use) and health conditions (such as diabetes or depression) to meet the health and safety needs of all employees.

Family engagement—Families and school staff work together to support and improve the learning, development and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff members are committed to making families feel welcomed, engaging families in a variety of meaningful ways and sustaining

family engagement. Families are committed to actively supporting their child’s learning and development.

Community involvement—Community groups, organizations and local businesses create partnerships with schools, share resources and volunteer to support student learning, development and health-related activities. The school, its students and their families benefit when leaders and staff at the district or school solicit and coordinate information, resources and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups.

WHAT DOES RECENT RESEARCH SHOW ABOUT THE EFFECTIVENESS OF SCHOOL HEALTH INITIATIVES IN IMPROVING WELLNESS AND WELL-BEING FOR TEACHERS, SCHOOL STAFF AND STUDENTS?

There are relatively few studies that have examined initiatives that incorporate *all* the components of a CSH approach, HPS framework (Langford et al 2015) or WSCC model (Rasberry et al 2015). There is more evidence that supports certain components of healthy school community frameworks having a positive impact on health and academic and education outcomes (as cited in Bassett-Gunter et al 2015; Rasberry et al 2015; Wang, Cai et al 2015). For example, Langford et al undertook a review of the HPS framework and found some evidence to suggest that the HPS approach can produce improvements in certain areas of health, like reducing students’ body mass index, increasing physical activity and fitness levels, improving fruit and vegetable consumption, decreasing cigarette use and reducing reports of being bullied. Similarly, Rasberry et al state that researchers have found evidence of effectiveness among several more narrowly focused programs implemented in the context of CSH, including programs for physical activity, nutrition and childhood obesity. A summary of recent research for each of the CSH components is provided below; WSCC components are used as subcategories within each CSH component where relevant and appropriate.

Social and Physical Environment

Social and emotional climate

Aldridge and McChesney (2018) conducted a systematic review of the relationship between the psychosocial school climate and adolescents’ mental health. They found 48 relevant studies that highlighted associations between the school climate and student mental health. They concluded that (1) future research should investigate the roles of school safety and the psychosocial academic environment on adolescent mental health, (2) there is greater consistency in the conceptualization of both school climate and mental health and (3) there is clarification of the influence of demographic variables on individual students’ experiences.

Allison et al (2016) conducted a study to identify types of schools that, if modifiable, could be altered to strengthen their ability to enhance student well-being. They identified “distressed schools” and “healthy schools” and found that healthy schools were the most numerous school type in their study. They also found that distressed schools might not be easily transformed into healthy schools simply by increasing healthy behaviours.

Holmberg et al (2018) found that they were able to facilitate empowerment and stimulate learning by enabling active group learning activities (for example, practising sports and preparing meals). Likewise, Capone, Donizzetti and Petrillo (2018) showed that classroom relationships are associated with collective efficacy and that “collective efficacy, sense of community, and relational and procedural justice correlate with social well-being” (p 374).

Physical environment

In a study by Kontak et al (2017), the physical features of the school environment were explored through photographs of schools that had implemented HPS approach compared to those that had not. The study found that schools that had implemented a HPS approach had increased visual cues to support healthy eating, physical activity and mental well-being and indications of a holistic approach to health.

Watts, Mâsse and Naylor (2014) noted encouraging findings after positive changes to the school environment that implemented food and beverage sales in schools (FBSS) and daily physical activity (DPA) guidelines. Notably, they found that fewer schools provided access to unhealthy food and were more likely to offer more minutes of physical education.

Teaching and Learning

Physical education and physical activity

A systematic review conducted by Wang, Cai et al (2015) related to obesity prevention programs confirmed that school-based physical activity interventions can help prevent obesity in children, particularly if the interventions are combined with diet interventions and interventions that extend beyond the school environment. Likewise, Bassett-Gunter et al (2015) found that schools that have taken a CSH approach and focused on physical activity have observed a positive effect on students' activity levels and a lower likelihood of obesity. One study found that a CSH approach was effective at increasing physical activity levels during and outside of school (Vander Ploeg, McGavock et al 2014). In addition, another study, by Vander Ploeg, Maximova et al (2014), found that CSH programs implemented in socioeconomically disadvantaged neighbourhoods reduced inequalities in physical activity.

A recent study by Brusseau and Burns (2018) found that physical education teachers face challenges implementing certain initiatives like the CSPAP and that implementation of these types of initiatives might be more effective using a stand-alone physical activity leader or a committee approach. Langford et al (2015) say that we need more evaluations of interventions to promote physical activity.

Nutrition environment and services

Initiatives aimed at physical activity are often coupled with initiatives aimed at healthy eating and nutrition (Wang, Cai et al 2015). Some studies have shown improvements in nutrition related outcomes. McIsaac et al (2016) showed that the diet quality of students improved for students attending HPS schools. Wang, Stewart et al (2015) found that schools implementing HPS can increase nutrition knowledge not only among Chinese middle school students but also among their parents and school staff; there was also a positive impact on students' eating behaviours. Busch et al (2015) found that BMIs were reduced in one Dutch high school that implemented a comprehensive HPS approach. However, Ahmadi et al (2015) found that daily nutritious food choices were impacted by socioeconomic status: higher socioeconomic status was significantly associated with two of five school-day dietary outcomes and predicted higher likelihood of daily nutritious food choices at school.

Employee wellness

Teachers are in a profession with high levels of stress (Bukko 2019). Stress, burnout and lack of support can lead to poor mental health. Evidence has shown that poor mental health in teachers can have an impact on student health and academic outcomes (De Stasio et al 2017; Kidger et al 2016; Shen et al 2015). According to Lau, Wang and Meyers (2017), “studies of teachers’ stress and burnout have dominated research in the area of teachers’ well-being” (p 89). Lau, Wang and Meyers (2017) ascertained that a dearth of research has been done to explore the consequences of teacher burnout, needed coping strategies and/or preventative factors for teachers’ well-being.

Coping strategies and preventative factors for teachers’ well-being can include individual competencies. For example, Bukko (2019) states that, similar to students, teachers need supportive and engaging environments to practise social and emotional competencies, which include (1) self-awareness, (2) self-management, (3) social awareness, (4) relationship skills and (5) responsible decision making. Hobson and Maxwell (2017) posit that well-being is enhanced when innate psychological needs for competence, relatedness and autonomy are satisfied. However, they note that various individual, relational, and micro-, meso- and macroenvironmental factors are at play.

Other studies examined teachers’ well-being through school health initiatives. Lever, Mathis and Mayworm (2017) conducted a review to better understand the number and type of evidence-based wellness programs for school staff. They state that “although the research related to evidence-based school staff wellness programs is in its early stages, there are a number of core wellness components and standards that have been established, specifically for educator wellness initiatives” (p 6). CSH and WSCC are listed as two of four educator wellness initiatives, in addition to the healthy schools program framework and the Directors of Health Promotion and Education (DHPE) standard.

Policy

The effectiveness of school wellness initiatives depends on various implementation factors. Storey et al (2016) outlined essential conditions for taking a CSH approach and included both core and contextual conditions. Research points to the importance of a whole-school approach that broadly incorporates a healthy school community culture throughout school policies, practices and processes (Bassett-Gunter et al 2015; Orava, Manske and Hanning 2017). The whole-school approach refers not just to the school, but also to its teaching and learning, physical and social environment, and partnerships with the community (Bassett-Gunter et al 2015), which are believed to bring long-term and sustainable effects (Christian et al 2015; Hung et al 2014).

Throughout the literature, integrated policies and planning between health and education sectors are described as being integral to the implementation of school-based wellness approaches (Bassett-Gunter et al 2015; Langford et al 2015; Lewallen et al 2015; Simovska, Nordin and Madsen 2016). In the past, health and education have had different priorities and goals for achieving outcomes (Christian et al 2015; Langford et al 2015); often health promotion is seen as an “add-on” and as taking away from other school priorities like academic achievement (Hung et al 2014; Langford et al 2015; Storey et al 2016). The WSCC model provides an approach for greater integration between health and education by combining the goals of each sector into a shared framework for health and education to work together (Lewallen et al 2015).

Stakeholder buy-in is an essential element referred to when developing and sustaining a healthy school community (Christian et al 2015; Orava, Manske and Hanning 2017; Stolp, Wilkins and Raine 2015; Vine and Elliot 2014). Of particular importance is student “buy-in” (Christian et al 2015; Stolp, Wilkins and Raine 2015; Storey et al 2016). However, the principal is also critical to successful CSH implementation (Hung et al 2014; Orava, Manske and Hanning 2017; Roberts, Bastian et al 2016; Roberts, McLeod et al 2016; Stolp, Wilkins and Raine 2015; Storey et al 2016). As Roberts, McLeod et al (2016) found, principals had a number of important responsibilities in the CSH implementation process: they (a) primed the culture change; (b) communicated the project’s importance to others; (c) negotiated concerns and collaboratively planned; (d) held others accountable to the change, while enabling them to take ownership; and (e) played an underlying supportive role, providing positive recognition and establishing ongoing commitment.

Teacher engagement was also frequently discussed as being integral to school wellness initiatives (Bassett-Gunter et al 2015; Hung et al 2014; Orava, Manske and Hanning 2017; Storey et al 2016; Storey et al 2015; Vine and Elliot 2014). As Storey et al (2016) described, teachers were seen as a core component of CSH implementation in that they are the ones who are actively integrating CSH into practice at a ground level. Given that teachers are the ones who are integrating CSH into practice, it is important that they are equipped with proper training on how to integrate school wellness initiatives. Notably, another study by Storey et al (2015) states that building confidence was equally important as building competence when preparing teachers to take on this role. Langford et al (2015) also note that

a facilitator of teachers' buy-in is thorough training, which is essential in achieving implementation of HPS frameworks. Thorough training can (a) strengthen knowledge and essential skills for working in the schools, (b) build competence and confidence in implementing CSH and (c) enhance ownership (Storey et al 2016).

Buy-in can also be enhanced by customizing the intervention to local needs and/or school and teacher priorities (Langford et al 2015; Orava, Manske and Hanning 2017; Storey et al 2016). In addition, school health champions were also identified as key facilitators for successful implementation of school wellness initiatives (Orava, Manske and Hanning 2017; Vine and Elliott 2014; Storey et al 2016). Of course, not having the resources to fund a school health champion or wellness coordinator has been found to be a barrier to implementation (Orava, Manske and Hanning 2017; Stolp, Wilkins and Raine 2015) or a contextual factor that has a great deal of influence on implementation (Storey et al 2016).

Lewallen et al (2015) say that processes that ensure coordination, planning, use of data and continuous improvement must work concurrently with other parts of the WSCC model to support healthy development of students. Likewise, one of Bassett-Gunter et al's (2015) fundamental principles of healthy school community approach is assessment, planning and evaluation. In fact, Storey et al (2016) state, "the ability to use local school-level data (both process and outcome) was seen as essential for planning, refining, and supporting the implementation of CSH" (p 6). Therefore, it is important as initiatives are implemented that they are supported through proper planning to ensure collection, dissemination and use of data throughout implementation of the initiative.

Partnerships and Services

Community involvement

Community involvement had been identified as a facilitator in the implementation of school-based wellness initiatives (Langford et al 2015; Orava, Manske and Hanning 2017; Storey et al 2016). These studies noted the importance of community engagement and support when implementing CSH and found that external partnerships supported implementation and strengthened the type of programs the schools could offer. For example, Langford et al discovered that implementation of HPS could be impeded if issues were beyond the school's control and could be addressed only if partnerships were made with those who had control (for example, creating safe walking routes to schools meant working with the city or town infrastructure and traffic management). In addition, Christian et al (2015) noted that collaborating partners could help alleviate the issue of overload experienced as a challenge in implementing school-based health interventions.

Community support can be encouraged by tailoring programming to specific cultural groups and communities (Langford et al 2015). Storey et al (2016) refer to this as "school-specific autonomy" and confirm that cultural considerations and diverse needs (geographical, historical and sociocultural) should be integrated into CSH approaches. In addition, activities must be customized to the needs

of school communities and build on schools' strengths and assets (Storey et al 2016). For example, a study by Yi et al (2015) addressed the positive and negative factors that influence the health and well-being of urban Indigenous youth in Canada. Five approaches were suggested for the development and implementation of programs: (1) youth based and youth driven, (2) community based and community driven, (3) culturally appropriate, (4) enabling and empowering, and (5) sustainable. Oosman et al (2016) suggested participatory action research (PAR) as an effective method to bring together the strengths of both western academic and Métis community expertise when designing a culturally appropriate Métis CHS intervention.

Family engagement

A number of studies have cited the importance of family engagement when implementing school wellness initiatives (Christian et al 2015; Langford et al 2015; Storey et al 2016; Vine and Elliot 2014). Both Christian et al and Vine and Elliot found that parents need to be involved because they are largely responsible for the reinforcement of positive health behaviours at home. Conversely, Storey et al (2016) found that parental support was seen as a facilitator of CSH implementation, but students were the drivers of change in home environments (McKernan, Gleddie and Storey 2019; McKernan et al 2019). Regardless, these same studies have commented on the challenges of family engagement. Langford et al's (2015) study on essential components of and barriers to HPS implementation found that there was poor parental attendance at meetings and support at home with home-based intervention activities. Possible factors included misunderstanding the program, practical issues (for example, time constraints), language and literacy issues, and disinterest. Storey et al (2016) noted that it was through the children that study participants thought parents could be engaged.

Counselling, psychological and social services

There is an overwhelming amount of literature focused on psychology in schools. A significant amount of research debates the appropriateness of school-based mental health services (Hellmuth 2018). However, Rossen and Cowan (2014) argue that decades of research provide a solid foundation for school-based mental health; they conclude that it is essential to promoting student well-being and learning.

Dassanayake, Springett and Shewring (2017) examined the impact of adopting a CSH approach on reducing anxiety and depression of school-age children. They compared the average percentage of students with anxiety and depression across Alberta schools that received government funding to adopt a CSH approach. They found that schools in the actively funded stage have a lower percentage of students who suffer from anxiety and depression as compared to the prefunded schools.

SUMMARY

This literature review found that there is no universally agreed-upon definition for wellness or well-being related to school-based health. What is generally agreed throughout the literature is that *well-being* is a holistic concept and that achieving healthy school communities should rely on multifaceted, whole-school approaches. Within Canada, CSH is the approach traditionally used to address school health and well-being.

There is a large amount of research that focuses on the individual components of CSH and narrowly focused programs within it. What the research shows about the effectiveness of those programs varies depending on the program. For example, there is stronger evidence relating to programs focused on physical activity and nutrition and their impact on health outcomes. There is also a large amount of research relating to implementation factors of school health initiatives and the importance they play in achieving positive outcomes. Few studies examined initiatives that incorporate *all* the components of a CSH approach, which will be important for future research.

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