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Promoting Emotional Health, Well-being and Resilience in Primary Schools

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Summary

- This report synthesises evidence on promoting emotional health, well-being, and resilience in primary schools. We argue that: a) both universal support for all pupils and targeted work for specific groups and individuals can be very effective, and b) connected school systems help to translate the research evidence into sustained positive impacts.
- We focus on preventing or reducing problems such as emotional difficulties and aggressive behaviour, as well as efforts to promote emotional health more broadly and to address the underlying social and emotional skills. Reported activities involve specific teaching curricula and the use of specialist staff or services, but also encompass broader school systems and climate, as well as pedagogical approaches to teaching and learning.
- Therapeutic approaches to remediating or preventing emotional difficulties can be successful in schools, but effects are variable and may not be sustained over time.
- Whole-school approaches to supporting mental health are encouraged, but evidence suggests that the implementation of such approaches is challenging.
- Specialist school-based staff and services with dedicated responsibilities in this area have an important role to play, but the evidence base for their impacts is not sufficiently developed, and the way in which their activities can be integrated with other school systems needs close attention.
- There is a compelling evidence base regarding the potential impacts of school-based strategies that are designed to promote social and emotional learning, including both enhancement of a variety of skills and positive attributes and reduction of emotional and behavioural difficulties.
- Even where social and emotional learning programmes have a very strong evidence base, there is no guarantee of success, as there are significant challenges in terms of both implementing the programme activities and embedding them in broader school systems and everyday interactions.
- Research on anti-bullying programmes provides a good illustration of how effective work in this area needs to permeate the school climate.
- Overall, we recommend a **carefully planned** and **well-supported** programme of work on **social and emotional learning** that is rooted in, and reinforced by, **connections with school systems and all stakeholders**, and **integration with broader pedagogical approaches** to good teaching and learning throughout the revised Welsh curriculum.

Introduction

This report provides a synthesis of research and policy evaluations relating to school-based strategies to promote emotional health, well-being and resilience among primary school pupils (aged 4 to 11 years). It draws upon an extensive international body of scholarly work at the interface of education, mental health and psychosocial functioning, coupled with a systematic assessment of lessons learned from the implementation of specific strategies at local and national levels. The overall aim of the work is to formulate evidence-based recommendations for Welsh Government policy regarding a national strategy in this area. This feeds into not only strategic policy development within the Education and Skills department of Welsh Government, but also the newly emerging programme of work on emotional and mental health ('Together for Children and Young People') led by the NHS in Wales. **Our overall argument is that school-based work in this area can be very effective, and that school systems need to be strongly connected with each other in order to translate the research evidence into sustained positive impacts. The key components of effective practice are presented in the sections that follow, and the figure on p. 14 shows important elements within our integrated approach.**

Review questions

In commissioning this report, Welsh Government indicated a particular interest in four main questions:

1. Do primary school children require support for emotional health and well-being at school beyond provisions already available via existing policies and strategies for supporting families in Wales?
2. If so, what initiatives, preventative strategies, and intervention approaches are likely to be most effective in addressing such needs?
3. Can clear and robust criteria be created in order to identify those primary school children who are most likely to be at-risk or vulnerable with respect to difficulties in experiencing well-being?
4. Are certain approaches to prevention and intervention particularly important for supporting the emotional health and well-being of such identified children?

Organisation of report

Our report opens with a brief but important consideration of key definitions, setting the boundaries for what is included in and excluded from the research and policy synthesis. Of particular importance is our consideration of the key constructs of interest, namely emotional health and well-being on the one hand, and concepts of risk and vulnerability on the other.

We also provide a brief historical backdrop to work on promoting well-being in schools, before turning to overarching conceptual issues as well as the key conceptual dimensions for describing school-based approaches in this area.

The main body of the report focuses on a consideration of the wide range of initiatives, preventative strategies and intervention approaches used to promote emotional health, well-being and resilience in primary school children. Crucially, the review of these school-based activities is complemented by careful scrutiny of how such activities may best be embedded and implemented in actual educational practice. This will involve consideration of issues such as fidelity of implementation, interconnections between related areas of practice, involvement of stakeholders, and integration of the work with the overall pedagogy, curriculum, and learning environment at school. It should be noted that all four of the review questions set out by Welsh Government, as listed above, are addressed in an integrated way throughout this synthesis of the research evidence, showing in particular how targeted work (designed to support children identified as at risk of difficulties in this area) is connected to universal provision for all children.

The final section of the report presents a synopsis of the key conclusions from the review, the main limitations to current knowledge in this field, key directions for further work, and policy implications and recommendations. The section summarises our response to the four main questions set out by Welsh Government and takes into account the current context of policy and practice relevant to promotion of well-being in Welsh primary schools.

Definitions, Historical Trends and Conceptual Issues

In this section of the report, we provide definitions of the key constructs in order to clarify the focus of the report, with respect to well-being on the one hand, and notions of at-risk and vulnerable populations of children on the other. We also briefly outline some broad theoretical frameworks for understanding the nature and development of well-being in children of primary school age.

The concept of well-being

Research interest in the topic of this report has grown substantially in recent years. A Web of Science search of articles whose titles include ‘emotional health’, ‘mental health’, ‘well-being’ or ‘resilience’, as well as ‘children’, ‘primary school’ or ‘elementary school’ yields 193 papers between 1980 and 1989, 641 between 1990 and 1999, 1584 between 2000 and 2009, and 1981 since 2010. The terms referred to above clearly overlap significantly, and this is evident in the World Health Organization’s (2014) own approach to this area:

> Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.
>
> Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

A long history of work – both in research and in practice – has concentrated on negative aspects of individuals' functioning, such as the presence of problematic emotional and behavioural patterns (i.e., psychopathology and mental health problems or difficulties). Yet in recent decades, there has been an increasing shift towards considering positive dimensions such as life satisfaction, happiness and resilience, both generally and in the context of school education (e.g. Diener, 2000; Diener et al., 1999; Seligman et al., 2009). In this report, both sides of the issue are considered, as **we pay attention to prevention and intervention efforts designed to reduce emotional and behavioural difficulties, as well as strategies to promote positive well-being**.

Diener et al.'s (1999) review describes 'subjective well-being' as a "general area of scientific interest rather than a single specific construct" (p. 277), and we adopt the same approach in this report. Emotional health, mental health, well-being, resilience and life satisfaction are all broad headings that encompass a wide variety of phenomena that are *emotional* (e.g. feelings of anxiety), *cognitive* (e.g. beliefs about oneself), *behavioural* (e.g. participation in risky and/or antisocial behaviours), *motivational* (e.g. being able to bounce back from failure in order to work towards goals) and/or *social-relational* (e.g. positive relationships with others). Thus, when synthesising the literature on relevant school-based interventions below, wherever possible, we articulate the nature of the 'well-being' constructs that are actually being addressed or changed by the interventions.

Although we are adopting a broadly inclusive approach to emotional health, well-being and resilience, drawing upon the wide range of issues included above, we are excluding from this research synthesis work that is solely focused on physical health/fitness, economic well-being or academic functioning. Nonetheless, we recognise that all of these issues are intimately connected with the topics addressed in this report (Bonell, Humphrey, Fletcher, Moore, Anderson & Campbell, 2014; Howell, Keyes & Passmore, 2013), and indeed many of the school-based strategies discussed below may include considerations of these broader issues (Weissberg, Durlak, Domitrovich & Gullotta, 2015; Zins, Bloodworth, Weissberg & Walberg,

2007). We also exclude from the research synthesis work that is focused on specific conditions that impair social communication (e.g. autism spectrum conditions), cognition (e.g. specific learning difficulties), or sensory/physical functioning (e.g. hearing impairment), although again it is understood that work in this area can have important connections with the dimensions of well-being that are the primary focus of the present synthesis (Gore, Hastings, & Brady, 2014; Kam, Greenberg & Kusché, 2004).

Resilience

The concept of 'resilience' has attracted particular attention within the fields of both mental health and education. In the school context, it is a key focus in terms of both academic functioning (e.g. coping with failure on a challenging task) and emotional health and well-being (e.g. finding a way through adversity). Rutter (1990, p. 181) has defined resilience as the "positive pole of the ubiquitous phenomenon of individual difference in people's response to stress and adversity." Another definition that refers specifically to children is that by Linquanti (1992, p. 2), who describes "… that quality in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health, and juvenile delinquency problems they are at greater risk of experiencing." This has enabled a shift in focus from risk and individual deficits to individual strengths or a set of qualities called protective factors, as well as the individual external assets that could facilitate resilience (Howard et al., 1999).

The protective factors or assets identified in children by Rutter and other researchers include social competence skills, problem-solving skills, autonomy and a sense of purpose and future, which includes a sense of self-efficacy (Ager, 2013; Howard et al., 1999; Werner, 2013; Zolkoski & Bullock, 2012). Moreover, children who cope well have been found to engage other people, draw upon external supports or resources in the family and community, and use informal support systems "that reinforced and rewarded the competencies of such youngsters and provided them with positive role models such as teachers, mentors and peer friends" (Werner 2013, p. 90). Importantly, Rutter (1990, p. 183) warned against oversimplifying the situation by seeing protective factors as fixed traits of individuals. As he has put it, "The search is not for broadly defined protective factors but, rather, for the developmental and situational mechanisms involved in protective processes" (Rutter, 1987, p. 317). It is true that genetic factors may play a crucial role in shaping individual children's responses to environmental stress, and indeed to positive environmental features too (cf. the concept of 'differential susceptibility', Pluess & Belsky, 2009). But **Rutter's (2012) formulation of resilience involves a recognition that resilience is a developmental *process* that is influenced by**

external social supports and can be nurtured within the family and other social contexts.

This has raised the question of how and to what extent schools can play a role in the resilience of children, enhancing their capacity to thrive despite adverse circumstances. Schools may be well positioned in this respect, given the variety of school-based practices and experiences over an extended period of time that could influence young people. In the research synthesis that follows, a variety of programmes are described that could potentially help to provide children with the emotional, cognitive and social tools needed to cope with mild and perhaps even more severe adversity. Yet we feel there are two important cautionary notes to make here. First, the connections between educational practice in such programmes and specific empirical evidence are sometimes "loose" (Howard et al., 1999, p. 315), hence the need for systematic considerations of the body of scholarly work. Second, and perhaps more importantly, we need to be careful not to lose sight of the *processes* operating across all the systems that make up the whole school community.

In recent years, many have highlighted the concept of resilience as a relevant theme in education (e.g. DCSF, 2007; Donaldson, 2015; Paterson et al., 2014) and, indeed, the commissioning of this report itself reflects this interest. But Ager (2013) echoes Rutter's warning in the context of this enthusiasm: "With such a conducive policy environment there is a danger that the rhetoric of thinking in terms of resilience drives developments rather than a more reasoned, empirical approach. It is in the longer-term interests of those working in the field that the concept of resilience becomes an empirically grounded principle across a range of settings and contexts, rather than a 'catch-all' conceptualization based on a very narrow empirical base" (p. 494). Ager analyses a number of policy initiatives and identifies a number of key areas that have been included within this domain:

- Strengthening family dynamics, such as parent skills training;
- Increasing the capacity of counselling and mental health services, such as providing counselling in schools;
- Encouraging supportive school environments, such as creating peer and adult role model and mentorship programmes,
- Developing community programmes, such as recreational and after-school activities;
- Promoting socioeconomic improvement, such as efforts to decrease poverty; and
- Adopting a more comprehensive conception of resilience, shifting from crisis intervention to primary prevention (Ager, 2013, p. 492).

Many of the practices in schools related to these areas can be connected to an evidence base, but this is certainly not the case for all. Ager (2013) notes in particular that the focus of evaluations is "typically more on discrete interventions than wider policy initiatives; and the potential complex adaptive systems focus of resiliency is seldom explored" (p.496). Werner (2013, p. 99) also issues a warning to us about policy: "Because the pathways that lead to positive adaptation despite childhood adversities are influenced by context, it is not likely we will discover a 'magic bullet', a model intervention program that will succeed every time with every youngster who grows up under adverse circumstances. Knowing this does not mean that we should despair. But it does mean, as Rutter (2002) admonishes us, "caution should be taken in jumping too readily onto the bandwagon of whatever happens to the prevailing enthusiasm of the moment" (p.15). In the remainder of this report, we adopt a careful approach to work in this area, noting some of the key findings relating to discrete school-based programmes, but also going beyond programmes to consider the broader issues regarding embedding and implementing this kind of work in schools.

Concepts of at-risk and vulnerable youths

As will become evident in the research synthesis below, school-based strategies designed to promote well-being can often be targeted to address specific needs of children identified as at-risk or vulnerable. In this report, we consider two overlapping approaches to 'risk' or 'vulnerability'. On the one hand, **we can pre-identify sub-populations of children that are at greater risk of difficulties, including those from more socioeconomically disadvantaged backgrounds, those who have been exposed to violence, trauma, and/or loss at home or in the community, those who are migrants or refugees, Looked After Children, and others**. Socioeconomic disadvantage and being a Looked After Child both correspond to eligibility criteria for the Pupil Premium (UK) or Pupil Deprivation Grant (Wales), raising questions about whether this additional funding may be (at least partly) directed towards supporting the well-being of children meeting these criteria. In fact, higher rates of both behavioural and emotional difficulties are clearly apparent among children growing up in families and communities with higher levels of deprivation (Green et al., 2005; McLoyd, 1998) and among Looked After Children (Ford et al., 2007; Melzer et al., 2003).

On the other hand, **individual children who are displaying early indications of difficulties may often be identified through formal or informal assessment processes**, and they may be targeted for work designed to prevent the escalation of those difficulties. There is an important question of what 'inclusion criteria' would apply to classify a given child as requiring additional targeted support; these may include early signs of symptoms that correspond to clinical diagnostic criteria (e.g. as indicated by scores on screening tools such as the Strengths

and Difficulties Questionnaire; Goodman, 1997), but they may also extend to a much broader range of 'warning signs', including general concerns about functioning at school, at home, or in the community. For example, children may be identified as having early indications of behavioural or emotional difficulties if they exhibit characteristics such as persistent disruptive behaviour, severe social withdrawal, school refusal, or even changes in the profile of academic disengagement. In fact, in the recently revised Special Educational Needs and Disability Code of Practice in England (DfE/DoH, 2015), the label "social, emotional and mental health needs" is used in relation to children who are "becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour", with the additional clarification that these behavioural characteristics may "reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained" (p. 98). Thus, a very wide array of behavioural characteristics could potentially give rise to identification, referral, and both formal and informal assessment processes that could include teachers, parents, educational psychologists and other professionals.

Approaches to promoting well-being in schools: A brief history

The history of emotional well-being development in schools is important because awareness and analysis of the historical trends provides us with choices regarding future directions. In the UK context, work on well-being was traditionally (up until the 1960s) considered to be part of the teacher's general role (Best et al., 2000). Teachers were seen as engaged in the personal, social and emotional development of young people, as well as their cognitive development. Their efforts to support the well-rounded development of their pupils were complemented by schools' pastoral care systems, the tutorial system in secondary schools (whereby teachers had a pastoral role with a tutorial group whom they met once a day), a curriculum to enhance personal care (which was known as a tutorial programme or a guidance programme; Best et al., 2000; Gysbers & Henderson, 1997), and support from additional staff such as classroom assistants and educational psychologists when necessary. In summary, the more traditional view of support for emotional well-being in primary schools was that the class teacher would provide pastoral support to their pupils, assisted by other staff and professionals inside and outside the school.

However, over the last twenty years, the role of the teacher has largely changed from the wider, more generalised role to one more focused upon cognitive/academic development. This narrowing of focus has come about due to many different influences. Recent political and policy moves have emphasised the role of the teacher in enabling children and young people to achieve specific academic outcomes (Crocco & Costigan, 2007; Goodson, 2003). These

have been complemented by a parallel discussion of concerns regarding teacher overload. In fact, one factor involved in the shift to a more specifically academic-focused teacher role was the new workload agreement in January 2003 (NUT, 2003). This national agreement had the unintended consequence of subtly transforming the teaching role to one more focused on teaching of 'core' academic content, even though there is still the prescription that teachers should "promote the safety and well-being of pupils" (NUT, 2003, Clause 70).

Despite the increasingly narrow focus on academic achievement goals, it seems clear that schools constitute an important social context that can shape the trajectories of children's lives with respect to their emotional health and well-being. On the one hand, it is clear from numerous research reviews (e.g. Gustafsson et al., 2010; Gray et al., 2011; Hagell et al., 2012) that school-based experiences of being bullied or socially excluded, of damaging instructional and assessment practices and of repeated and chronic school failure can potentially have long-lasting impacts upon later well-being. But at the same time, and perhaps in response to these risks, Resnick (2005, p. 398) has argued that schools can and should be involved in the "intentional, deliberative process of providing support, relationships, experience and opportunities that promote positive outcomes for young people." Thus, **even as schools' and teachers' attention has been increasingly drawn to achievement outcomes within the standards agenda, there has been a significant move to develop discrete school-based strategies for addressing the emotional well-being needs of pupils.** This occurs sometimes through targeted work with individuals deemed to be at risk or already displaying problems, sometimes through curriculum approaches with dedicated lessons, and sometimes through whole-school approaches that focus on engaging all pupils, staff, and other stakeholders (e.g. parents) with systemic changes across the school (see Cefai & Cavioni, 2015).

Accordingly, there have been many national initiatives in the UK that have focused on well-being, including National Healthy Schools (DoH/DfEE, 1999), Every Child Matters (DfE 2003), Social and Emotional Aspects of Learning (DCSF, 2007), and Targeted Mental Health in Schools (DCSF, 2010), as well as, in Wales, the Thinking Positively good practice document (Welsh Assembly Government, 2010), and the Welsh Network of Healthy Schools Schemes (Public Health Wales, 2015). Yet these kinds of initiatives often rub up against continuing concerns about adding to the perceived priority for teachers to promote positive academic outcomes, especially as many of the approaches to well-being do have important implications for activities carried out by classroom teachers, as opposed to specialist staff. Thus, in the synthesis of research evidence that follows, we are careful to consider the implications of the various school-based approaches to well-being for responsibilities of teaching staff at school.

Overarching conceptual issues

The conceptual discussion is an important one because the evidence alone will not guide the policymaker through the territory. As noted earlier, well-being is a broad umbrella term that encompasses many different kinds of processes and phenomena, and the conceptions of emotional well-being articulated within the literature inevitably reflect the traditions of those writing within a particular field. One can see, for example, the following variety of emphases in the evidence, the approach taken and the terminology used:

- a *mental health* emphasis, often from a medical framework and using a concept of psychopathology or illness to be prevented or treated;
- a *broader psychological* emphasis, typically focused on evaluating specific intervention programmes that target various psychological processes;
- an *educational* emphasis, analysing the dynamics of different approaches to teaching and learning;
- a *systems* perspective, which focuses upon the role of the wider school environment and the interactions of different stakeholders.

These perspectives/emphases – which often co-exist and overlap with each other, even within a single initiative – give rise to various recommendations on what is required to address well-being in the school context. The mental health perspective typically gives rise to prevention and intervention approaches that are meant to reduce the prevalence of measurable mental health problems (e.g. use of cognitive-behavioural therapy approaches in schools to address anxiety problems). The broader psychological perspective typically highlights the value of implementing evidence-based programmes to promote particular aspects of psychological functioning thought to underpin well-being (e.g. use of 'social and emotional learning' curricula to promote children's skills in self-awareness, self-management, and social relationships). The educational perspective tends to focus in depth on the dynamics of different pedagogical approaches at school (e.g. use of group work and peer collaboration). Finally, the systems perspective draws attention to the role played by school organisation and climate (e.g. the role of issues such as leadership, staff professional development and pupil voice and participation).

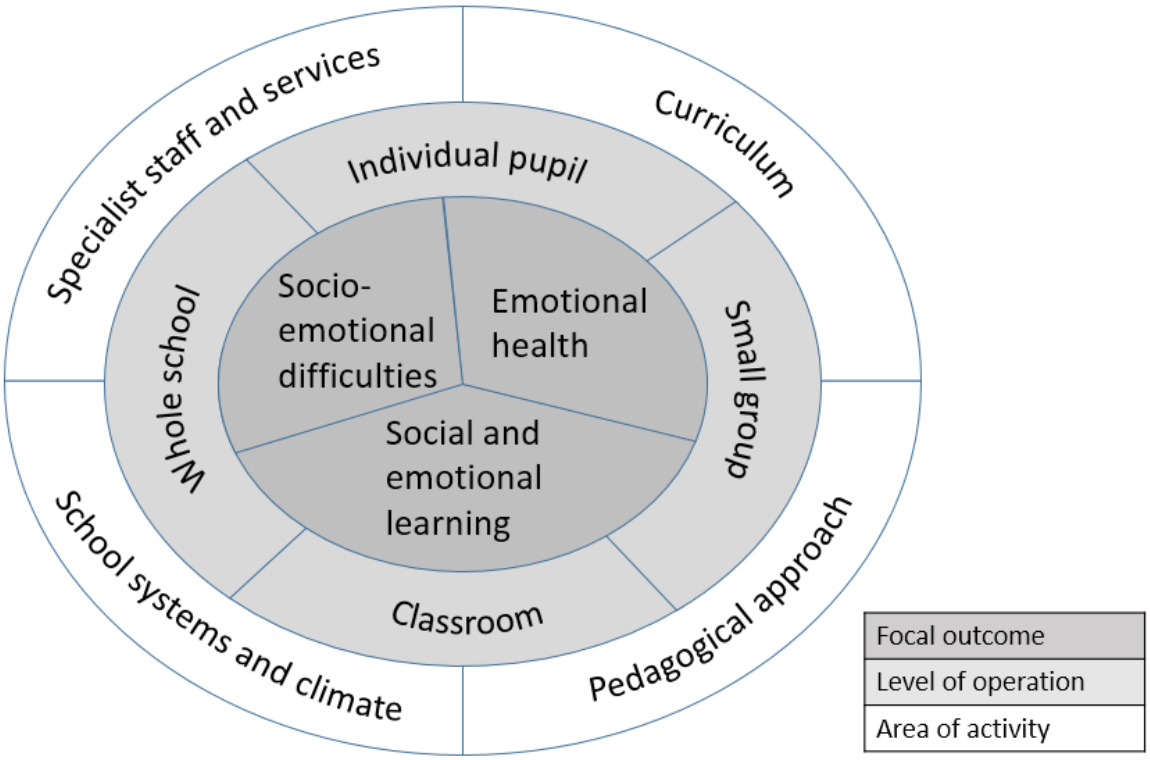
These broad orientations have an interface with theoretical assumptions and hypotheses about the ways in which schools can promote pupils' well-being. A recent study into the effects of schools and school environment interventions on health (Bonell et al., 2013) distinguished between a number of relevant theoretical approaches, including both orientations that focus on how schools can directly help students develop the tools and skills needed to participate successfully in social life and orientations that focus more on how the shaping of the school ethos, norms, and relationships can serve as a foundation that can promote students' health.

Although the authors concluded that the evidence base that could help to evaluate and potentially support the various theoretically-derived hypotheses was “far from definitive” (Bonell et al., 2013, p. 96), this reminds us of the need to consider the underlying assumptions of different strategies for promoting well-being in schools.

Conceptual dimensions of approaches to promoting well-being

Following on from the overarching conceptual issues, we need a conceptual framework for capturing the various dimensions of school-based approaches to promoting well-being. When synthesising the research evidence below, **we situate the work within a three-dimensional wheel with the focal outcome on one disc, the level of operation on another disc, and the area of activity on a third disc.** As shown in the figure below, the central disc draws attention to the way in which various programmes have been directed not only to the prevention and/or reduction of socio-emotional *problems* (such as emotional difficulties, aggression and bullying), but also to developing the underlying social and emotional skills, and to the broader goal of proactively fostering emotional health. Work towards these focal outcomes can take place through an array of activities (e.g. dedicated curriculum lessons, work on school systems and climate) occurring at several different levels of operation (e.g. universal work for the whole school, targeted intervention for an individual pupil).

One can use this model to question, examine and reflect on the effectiveness of school practice in a comprehensive way. For example, a school might consider how well its specialist staff and services are being used at the school to support individual children with conduct problems as well as whole classes. It might also consider how effectively its pedagogical approach to teaching and learning relates to curricular activities to promote social and emotional learning. But it is important to note that the different focal outcomes, levels of operation and areas of activity frequently overlap and are certainly not mutually exclusive. For example, as we will see below, much of the work on social and emotional learning is designed to bring about improvements in both behavioural and emotional functioning. Similarly, many programmes focus on combining multiple areas of activity (e.g. work with the curriculum can go hand in hand with support from specialist staff) aimed at several levels of operation (e.g. targeted intervention work with individual pupils can be nested within universal prevention efforts).



Research Evidence on Approaches to Well-being

It is important to note at the outset of this synthesis that **the research evidence may not necessarily map onto current practice on the ground in schools.** As part of the Targeted Mental Health in Schools programme, Vostanis and colleagues (2013) undertook the first large-scale survey of mental health provision in English schools, and found that while a great deal of activity was taking place, this activity was often not rooted in a strong evidence base. They also indicate that successful implementation of programmes in an everyday school context, outside of carefully designed research studies with specific funding, could require additional resources and support not normally available to schools.

The need for a synthesis of research evidence at this point in the development of the literature is clear. To date, major reports on well-being at school have not substantively and solely focused upon the primary setting, and much of the work focuses either on general issues across a wider age range or specifically on secondary school contexts. It is possible to generalise across the sector from some of this work, but we believe the lack of a coherent, state-of-the-art summary of approaches to well-being particularly in the primary school phase (4-11 years) is potentially holding back effective policy development. What follows in the main part of this report is our attempt to fill this gap. In the subsections below, we provide a

synthesis of the research evidence relating to the focal outcomes, levels of operation, and areas of activity depicted in the figure above.

There is now an extensive literature on the role of schools in promoting emotional health and well-being, and indeed there are entire journals devoted to this topic. This literature makes it clear that there is a strong need for school-based strategies in this area, but also that formulating and effectively implementing such strategies is challenging. A recent overview of literature from various countries of school-based interventions to promote mental health (Carta et al., 2015) opened with evidence that mental health difficulties are associated with varied and important life course outcomes relating not only to psychological functioning, but also to health behaviours, social behaviour and crime, and educational and employment outcomes. Moreover, these difficulties are understood to frequently have their origins in childhood and adolescence; as the Welsh Government's (2012) own report, *Together for Mental Health*, pointed out, we can estimate that 1 in 10 children aged 5 to 16 have a mental health problem, with indications that the experience of mental health difficulties may be rising (also see Collishaw, Maughan, Goodman & Pickles, 2004).

The Welsh Government has set out a number of policies, initiatives and strategies over the years to address this, including a web of inter-connected strategies related to supporting children and young people growing up in socioeconomically disadvantaged families: Families First, Flying Start, Rewriting the Future, and – for families where there are specific concerns relating to violence/abuse, substance misuse, and/or mental health issues – Integrated Family Support Services. Such work is clearly important, but there is widespread recognition that schools are a crucial site for the promotion of well-being: children spend a great deal of time at school, form highly meaningful relationships with both adults and peers there, and learn a wide range of skills related to well-being outcomes. In fact, substantial research evidence points to a crucial bi-directional relationship between well-being and children's functioning at school: on the one hand, children with social and emotional difficulties typically show declining performance at schools, but at the same time, those pupils who are experiencing difficulties at school tend to show increased problems with social and emotional adjustment over time (e.g. Caemmerer & Keith, 2015; Chen, Rubin & Li, 1997; Gutman & Vorhaus, 2012; Masten et al., 2005; Patalay, 2015; Suhrcke & de Paz Nieves, 2011). Thus, promoting emotional health and well-being in schools has the potential to create a 'virtuous circle' that facilitates broader success at school (see Brooks, 2014).

In acknowledgement of this, Donaldson's (2015) review of the curriculum in Wales identifies 'health and well-being' as one of the six key Areas of Learning and Experience. Moreover, the earlier Welsh Government (2010) policy document, *Thinking Positively*, summarises a range

of key issues for schools to consider in addressing emotional health and well-being, both in terms of universal provision and targeted activity, along with numerous examples of good practice in different parts of Wales. However, a detailed consideration of the evidence base regarding strategies to foster emotional health, well-being and resilience in the primary school period, in particular, is still lacking. **In our research synthesis, we travel along a spectrum from targeted support for individual pupils with identified difficulties through to holistic approaches to developing integrated school systems.** It should be noted that our report includes a combination of *efficacy* studies, where the intervention/prevention work is being carried out under ideal and controlled conditions (often set up and coordinated by those researchers or experts who created the programmes in the first place), and effectiveness studies, where the work is being examined in 'real-world' contexts. The challenge of translating successes in the former to successful routine practice in the latter is significant, and we therefore draw together themes regarding the embedding and implementation of programmes at the end of our research synthesis.

Programmes to prevent or reduce emotional difficulties

Perhaps the most obvious route into well-being at school concerns the therapeutic support that could be put in place to support pupils who are already demonstrating evidence of mental health difficulties ('indicated' interventions). Although one might expect that such pupils would receive specialist mental health support from outside school settings (e.g. via Child and Adolescent Mental Health Services), in fact, it is clear that many pupils with subclinical levels of difficulties could potentially benefit from school-based therapeutic intervention in order to reduce the likelihood of problems escalating to clinical levels. Much work in this area adopts a medical approach, with the work on well-being essentially focused around efforts to prevent or reduce symptoms of health problems. Indeed, **many of the randomised control trials in this area focus on cognitive-behavioural therapy approaches designed to support children showing signs of anxiety and/or depressive symptoms**. For example, Berstein, Layne, Egan and Tennyson (2005) randomly allocated 7- to 11-year-old children identified as having high levels of anxiety (through an initial screening exercise) to a nine-week programme of school-based group cognitive-behavioural therapy. Particularly where this was combined with a concurrent programme of parent training, there were significant benefits for the children, in comparison with those in the control condition. In another study, Stein et al. (2003) found that a 10-session Cognitive Behavioural Therapy (CBT) intervention for students who had been exposed to violence was effective for treating symptoms of post-traumatic stress disorder and depression.

However, summarising across systematic reviews and meta-analyses in this area (e.g. Calear & Christensen, 2010; Merry & Spence, 2007; Mychailyszyn, Brodman, Read & Kendall, 2012) we see a number of important limitations. First, **there is not a high number of school-based indicated interventions for primary school children using robust designs** (e.g. of the ten school-based indicated interventions reported by Calear and Christensen, 2012, just two included primary school-aged children). Secondly, **even where positive effects are reported in the intervention groups, these effects may not be sustained over time**; for example, over eleven studies reporting a 12-month follow-up, Mychailyszyn et al. (2012) found no significant difference in the reduction of anxiety or depressive symptoms for children in the treatment and control groups. Finally, many of the above indicated interventions involve external, specialist staff (e.g. therapists, researchers) and it is not clear how widespread roll-out of this kind of intervention would work across schools; although some studies have reported on fidelity to the intervention protocols, we do not have adequate, systematic data on the role played by variations in the quality of intervention delivery or the training and supervision.

Weisz, Sandler, Durlak and Anton (2005) make the point that interventions to treat those with identified mental health difficulties should be integrated with prevention efforts, so that we have a coherent approach to addressing problems at different stages of development. A large part of mental health promotion in schools has focused on preventative strategies aimed at the entire pupil body, with the goal of preventing the development of emotional difficulties such as anxiety and depression. These broader prevention efforts to reduce the likelihood of emotional difficulties emerging may focus on the general youth population (universal prevention programmes) or on specific demographic groups selected as being at greater risk (selective prevention programmes). However, while this preventative work is generally recognised by policymakers and practitioners as highly important, we need to be careful about how 'success' can best be judged. For example, meta-analyses show that effect sizes for baseline vs. post-intervention comparisons of anxiety and depression tend to be larger for indicated interventions than for prevention programmes (Calear & Christensen, 2010; Mychailyszyn, Brodman, Read & Kendall, 2012), perhaps because in the latter case there is an overall floor effect whereby most children do not exhibit problems at baseline, and so there is limited scope for 'improvement'. Moreover, the same limitations identified earlier with indicated interventions (small numbers of studies, inadequate evidence for sustained effects, questions about who is delivering the intervention) tend to apply in this context too. As one example, in the recent evaluation report on the UK Resilience Programme (Challen et al., 2011) – an adaptation of the Cognitive Behavioural Therapy (CBT) based Penn Resiliency Program – the initially-observed small impacts of the programme workshops on pupils reduced

over time, with the result that after two years pupils who had received the intervention were "doing no better" (p. 6) than those who had not.

However, the general pessimism about such findings could mask the fact that **some specific prevention approaches have indeed been found to have significant effects**, and that **impressive sustained impacts can be observed in some schools even if the overall impact of prevention programmes across all schools is not consistently positive** (see Woods & Pooley, 2015). For example, one major effort to reduce anxiety symptoms in school populations, the *Friends for Children* programme, based on the cognitive-behavioural approach outlined in Kendall's (1994) *Coping Cat* programme, has shown significant effects across a number of studies, including evidence of sustained impacts of intervention in terms of reduced anxiety symptoms over 36 months (Barrett & Turner, 2001; Barrett, Farrell, Ollendick & Dadds, 2006). Moreover, a recent UK cluster RCT of FRIENDS (Stallard et al., 2014), involving nine weekly one-hour sessions delivered in the Personal, Social and Health Education slot to whole classes of 9- to 10-year-old children, showed reduced self-reported anxiety in the intervention schools, with effects stronger for schools where the sessions were led by health practitioners than by the school's own teachers (although all received the same FRIENDS training). Interestingly, fidelity to some aspects of the intervention was higher in the former than in the latter, implying that challenges in implementation may be playing a role here. However, effects of curriculum-based approaches delivered by teachers can also be identified in the literature, with at least some evidence of positive impacts sustained beyond the intervention period (e.g. Collins, Woolfson & Durkin, 2014).

Nonetheless, the overall mixed picture across the entire body of literature does strongly suggest that we need to be aware of the range of *moderating factors* that could be playing a role in determining to what extent a given programme to reduce emotional difficulties will be successful. Stice, Shaw, Bohon, Marti and Rohde (2009) state that effects of depression prevention programmes were larger when the programmes targeted high-risk individuals (those starting with higher depressive symptoms or related cognitive characteristics, those who have been exposed to family conflict etc.), when the samples included more females and more older adolescents, when the intervention included homework assignments and when the sessions were delivered by 'professional interventionists'.

Yet much more fundamental issues are raised when we shift away from a theoretical perspective that focuses on how specific school activities enhance the skills of the individual pupils, to one that focuses on 'social capital' or 'school organisation' (Bonell et al., 2013), whereby we take into account the broader ethos of the school and the systems that are operating within the school. In fact, **many authors writing about the nature and impact of**

mental health work in schools have highlighted the need to consider the extent to which initiatives designed to promote well-being relate to the functioning of the whole school community, rather than being limited to a set of curriculum lessons/activities and accompanying resources. Indeed, Weare and Nind (2011) examined many published reviews in the area and concluded that going beyond the curriculum to consider the whole school (e.g. "changes to school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies", p. 65) is needed for maximising positive impacts. On the other hand, they also caution that reviews of multi-component vs. single-component programmes do not always find stronger effects for the former. However, this speaks to the fact that **multi-component implementation may be particularly challenging because of the number and complexity of school systems that need to be addressed**. Thus, even though reviews have highlighted the theoretical value and empirical evidence base for multi-component programmes (e.g. Adi et al., 2007a; Rones & Hoagwood, 2000), we also know that the process of change management within a school is complex and demanding, as staff commitment to professional development and new ways of working and interacting is likely to be significant for ensuring the success of complex initiatives (see Wells et al., 2003).

Adding to this complexity is the fact that the approaches taken to preventing or intervening in the development of specific mental health difficulties can be very diverse in nature. Baskin et al. (2010) published a meta-analysis that cast the net wide in terms of child-directed interventions that had substantive involvement (in design and/or delivery) from a counsellor, psychologist or other mental health professional. This drew in not just CBT, but also play therapy, psychoeducational counselling, role-play, biofeedback and other kinds of interventions. The analysis of studies – all of which had a control/comparison group – revealed an overall effect size that was significant, albeit smaller than in the case of interventions targeted at adolescents. Indeed, **across the wide range of mental health issues that a young person could face, a wide variety of intervention approaches may need to be considered.** One recent review of specific efforts to address suicide and self-harm behaviours in young people (aged 6-25) identified the need for further research to address not only CBT but also interpersonal psychotherapy and attachment-based therapy approaches (De Silva et al., 2013). Of particular interest here is the extensive work taking place in schools that involves use of counsellors and other specialist staff to support the well-being of – and thereby promote resilience in – children who have been identified as experiencing psychological distress and other emotional difficulties.

Counselling

One approach to intervention for children with emotional difficulties that is of particular relevance to the Welsh context is the work on school-based counselling. The recent report on mental health from the Department for Education (2015) notes that school-based counselling is one of the most prevalent forms of psychological therapy for children and young people in the UK and that between 70,000 and 90,000 cases are seen in secondary schools every year. The British Association for Counselling and Psychotherapy (BACP) estimates that between 64 and 80% of secondary schools in England offer some form of counselling. (DFE, 2015, p. 8).Turning to the Welsh context, the School Standards and Organisation (Wales) Act 2013 states that Welsh Local Authorities must provide an independent counselling service for pupils in secondary education, pupils in Year 6 of primary education and those aged between 11 and 18 who are not being educated at school.

The tradition of counselling in schools in the UK has largely been one of counselling in secondary schools and the research undertaken reflects this; rigorous evaluations of counselling in primary schools are limited. However, one Welsh Government report (2011) on the Welsh school-based counselling strategy included a consideration of some promising findings from several pilot projects conducted with primary schools. These add to reported evidence of significant reductions in psychological distress and improvements in behaviour, educational attainment and school attendance (Burnison, 2003; Cooper et al., 2012; Daniunaite et al., 2012; Lee et al., 2009; Place2Be, 2015; Pybis et al., 2014). Both individual and group counselling have been used in primary schools, and play-based, humanistic, and client feedback approaches have all been reported to have positive impacts (e.g. Cooper et al., 2010, 2013; Daniunaite et al., 2012; McArthur et al., 2013; Pybis et al., 2014). As one example, Place2Be has worked recently in 9 primary schools in Wales and included some positive quantitative indicators of the impact of their counselling activities, adding to their previously published evidence of improved social and emotional behaviour (Lee et al., 2009). The overall finding of the research studies is that counselling was seen positively by those who experienced and engaged in it.

In the reported studies, counselling has helped children to become more confident, enhance their learning and self-esteem, improve their relationships and exhibit reduced peer problems and feel happier and safer at school (e.g. Burnison, 2003; Cooper et al., 2009, 2010; Lynass et al., 2012; McElearney, Adamson, Shevlin & Buntin, 2013; McLaughlin et al., 2013; Rupani et al., 2012). Research studies have frequently included quantitative measures of variables such as behaviour problems (via the Strength and Difficulties Questionnaire) and self-esteem, and reported findings have been largely positive. However,

two secondary school studies are an exception. Hanley et al.'s (2011) study indicated more improvements in well-being for young people on a waiting list compared to the counselling group, and Cooper et al.'s (2010) study showed no difference between counselling and waiting list groups on levels of emotional distress, although it did show significant greater improvements in prosocial behaviour in the counselling group. Whiston et al.'s (2011) meta-analysis also shows variable effects of counselling interventions. Moreover, **even the encouraging and promising findings, including the results of the recent work by Place2Be in Wales (Golden, Torry & Toth, 2014), are often based on designs with inadequate experimental control, meaning that reductions in problems or increased positive outcomes cannot be conclusively attributed to the counselling received.**

The typical model of school counselling involves an indicated intervention by its very nature, since children are being referred, or are referring themselves, for particular difficulties. This is likely to map onto certain demographic risk profiles. For example, recent preliminary reports of the Place2Be work in Welsh primary schools (Golden et al., 2014) describes involvement of the most vulnerable children – those who come from environments that "render children's failure to thrive more likely" (Howard et al., 1999, p. 8). Specifically, the children attending one-to-one counselling were disproportionately (in comparison to the local school population): eligible for free school meals, registered as having special educational needs, and on a child protection plan. Since these indicators are associated with a broadly negative and costly long-term trajectory that goes beyond mental health difficulties (e.g. school achievement – Welsh Government, 2015), the potential role of counselling in altering this trajectory deserves attention in future research. Cooper (2013) notes that there are few cost effectiveness studies of counselling and this would seem to be an important line of work, especially in view of the fact that the Place2Be counsellors are working with a high-risk population.

It should be noted too that the impact of counselling interventions depends on a variety of contextual supports and effective embedding in school systems. The success of the work would likely be compromised by: a lack of suitable accommodation, needed to protect confidentiality and privacy; limited resources; a lack of integration with other initiatives in the school and local authority; limited monitoring and evaluation of services; a lack of counsellor training; and limited publicising of services within schools (see Welsh Government, 2011).

Other specialist school-based staff and services

A variety of other specialist staff are also recognised to play a potentially important role in reducing or preventing emotional difficulties, although the research evidence again points to complexities that mean it is difficult to make definitive predictions about the impact of introducing any given staff role into a school. In one report funded by Health

Promotion Wales, Wainwright, Thomas and Jones (2000) reviewed evidence regarding the role of school nurses in health promotion. They concluded that school nurses *could* play a preventative role in relation to issues connected with mental health such as school refusal and absenteeism, and also that having an empathetic, nurturing, and compassionate presence in schools *could* contribute to fostering children's well-being. However, they make the point that the quality of research evidence regarding the effectiveness of school nurses in particular is limited, and that the lack of a clear strategy focused on specific programmes of activity is a major obstacle. A very recent paper in the US context, by Bohnenkamp, Stephan and Bobo (2015), makes the point that school nurses may be in a particularly strong position to serve as a crucial bridge between the school, home and mental health providers, both in terms of assessing needs, planning interventions and evaluating outcomes.

Some Local Authorities and schools, including many in Wales, have taken forward the emotional well-being and resilience agenda through having support staff dedicated to fostering emotional literacy, the so-called Emotional Literacy Support Assistants (ELSA). ELSAs receive a specific package of training from educational psychologists to support pupils' social and emotional development. The focus is often on supporting individual pupils' needs, although some ELSA activities may involve group elements (e.g. to support friendship skills). The national ELSA Network website (http://www.elsanetwork.org/) details a number of promising findings from researchers, often within the context of educational psychology projects, but unfortunately we do not have a convincing evidence base in terms of peer-reviewed journal outputs.

A similar picture is found when we look at the work in some schools of Family Liaison Officers, who have a dedicated role to play in fostering home-school connections, with the aim of building greater family engagement with the school context, supporting positive family dynamics, and ultimately improving child well-being, attendance and attainment. Again, what we see here is the *potential* value of having staff in school with dedicated time to support pupils with particular emotional difficulties. Some sub-populations of children who are at particular risk, such as Looked After Children, may also receive targeted support from specialist school staff, or at least school staff who have received training to take on specific roles in this domain (see Drew & Banerjee, in prep.; Forsman & Vinnerljung, 2015). In some cases, specialist psychotherapeutic approaches are used to train school staff to employ specific screening and assessment tools along with individual, small-group or whole-class intervention activities (e.g. the Thrive approach, currently being used in various Local Authorities[1]). Nurture Groups, making use of assessments via the Boxall Profile and strategies to build emotional well-being

[1] See https://www.thriveapproach.co.uk/

in small groups of targeted children through fostering positive attachment representations, are also widely used across many Local Authorities[2].

However, frequently, **we simply do not have compelling evidence to conclude that the positive changes identified in the numerous testimonials and small-scale research studies are actually causal effects of the staff members' activity, over and above changes that happen as a result of other experiences**. Nor do we know enough about whether any positive effects that are observed are sustained over time. Hughes and Schlosser (2014), for example, have reviewed 13 studies examining Nurture Group studies with quantitative data on emotional well-being, and although they describe a range of positive results, including various positive effects emerging from control group designs, they also point to the variability in the quality of the research and identify an important need to go beyond relying only on teacher report (which is subject to bias), to use more robust control groups and to include more rigorous longitudinal follow-up of outcomes. Similar limitations can be raised in relation to many of the specialist interventions used and reported as successful in various Local Authorities (e.g. the after-school Pyramid club approach designed to help children screened as high on socio-behavioural difficulties, Ohl et al., 2013; the Student Assistance Programme support group programme for identified pupils, Cornwell & Baker, 2007). Of course, just as with any other intervention, evidence addressing these limitations is neither necessary nor sufficient for a given specialist service to be successful: it may have positive effects despite an absent or limited evidence base, but on the other hand, it may not deliver positive outcomes when introduced into a new school despite having a strong evidence base.

However, a broader issue that applies to the activities of counsellors and other dedicated staff, as well as specialist therapeutic approaches in school, is that the staffing resource is primarily being directed to work with individual pupils or small groups of pupils with identified difficulties. **We have not yet systematically explored the extent to which the work of the specialist staff and services can be woven into a broader framework of whole-school approaches to promoting emotional health**. The same is true of specialist consultation and support provided by external practitioners who are not attached specifically to a single school, such as educational psychologists, primary mental health workers and other educational/mental health professionals.

We believe it is crucial for us to better understand both: a) how pupils with particular difficulties can be nurtured and supported not just by specialist staff but by all the other staff and pupils encountered at school; and b) how the work of specialist staff and in-school services can have

[2] See https://nurturegroups.org/

a role to play in universal preventative efforts. Cappella et al. (2012), for example, have already usefully demonstrated how mental health professionals can have significant effects on classroom interaction via teacher consultation and coaching processes. The integration with other school systems and curriculum activities may be particularly important for creating an environment that reduces stigma about mental health problems and help-seeking. Work in this area is largely focused on adolescence (cf. the secondary school teaching resources on Developing Emotional Awareness and Listening created by Samaritans, 2015), but the role of specialist staff in supporting, delivering and reinforcing universal primary school activities could be important for creating a de-stigmatising environment. However, this kind of integrated view of specialist staff, as opposed to focusing only on their work with individual pupils following referral, needs considerable attention in further research and practice development.

Programmes focused on social and emotional learning

Beyond the prevention or reduction of emotional difficulties, considerable research has been directed towards understanding the much broader array of social and emotional processes that influence children's psychological adjustment and functioning. In fact, **we now have a compelling evidence base regarding the impact of school-based work in promoting social and emotional skills development**, focusing on building skills across a range of competencies in domains such as self-regulation, self-awareness, decision-making, conflict resolution, relationship skills, empathy, and others. This work falls under the umbrella of 'social and emotional learning' (SEL) and it is important to note that this encompasses work addressing a wide variety of issues. In fact, **a number of major reviews show significant effects of SEL work on a variety of outcomes beyond the social and emotional skills themselves**. Durlak et al. (2011) presented a meta-analysis of over 200 universal SEL programmes and identified overall significant improvements not only in SEL skills, but also in behaviour (e.g. fewer conduct problems), emotion (e.g. lower distress), and even academic attainment (e.g. improved scores on standardised tests). This broad pattern of positive effects of SEL work is evident in other meta-analyses and systematic reviews (e.g. Sancassiani et al., 2015; Sklad et al., 2012). It is also worth noting that the substantial web of inter-connections between social and emotional skills, well-being, and academic achievement has been documented in various studies (see Gutman & Vorhaus, 2012; Zins et al., 2007).

The US-based Collaborative for Academic, Social and Emotional Learning provides an online guide (CASEL, 2012) to the large and increasing body of SEL programmes, with consideration of the available research evidence. Equivalent databases for rating programmes of these kinds are also being developed in the UK by the Early Intervention Foundation, partly informed by

trials commissioned by the Education Endowment Foundation. Various programmes of activity have a rich body of supportive empirical work from robust studies. Rimm-Kaufman and Hulleman (2015), for example, pinpoint a number of programmes such as Promoting Alternative Thinking Strategies (PATHS), Second Step, Caring School Community, and Responsive Classroom Approach as effective, while also highlighting various others that have a promising evidence base. Durlak et al.'s (2011) meta-analysis, covering SEL programmes across primary and secondary phases, identified a group of factors that seem to differentiate more from less effective SEL programmes, referred to with the acronym, SAFE: they include a coordinated *sequence* of activities to achieve the SEL goals, they involve *active* forms of learning, they have a specific *focus* on personal and social skills, and they involve *explicit* attention to particular social and emotional skills, rather than focusing on generic outcomes.

In line with these features, **many SEL programmes have a universal curriculum element**, with lessons specifically designed to enable children to learn and develop their social and emotional skills. However, **in a number of cases, the universal curriculum element for all children is accompanied by much more targeted work designed to provide additional input for individuals displaying particular profiles of difficulty**. Moreover, several major strands of work have had a particular focus on the use of social and emotional learning approaches to reduce the likelihood of conduct problems, sometimes selectively deployed in schools known to serve high-risk demographic groups. The PATHS programme (Kusché & Greenberg, 1994) referred to above is a good example of how SEL work can take place as a combination of a universal, selective, and indicated activity. The Fast Track programme, led by the Conduct Problems Prevention Research Group (CPPRG, 1999a, 1999b, 2004) had a selective focus in that the SEL intervention work was deployed in schools situated in high-risk neighbourhoods, but the school-based work itself had both a universal element (use of the PATHS curriculum for all pupils) as well as an indicated element for children identified as being at high risk of conduct problems (parent groups, additional academic tutoring, small-group social skills training). Overall, the effects in randomised control trials have been encouraging, even at the preschool level (Domitrovich, Cortes & Greenberg, 2007), and the Early Intervention Foundation has given this programme a top rating in terms of the evidence quality.

Numerous other SEL programmes have also been directed towards improving child behaviour outcomes, with a theory of change in violence, bullying behaviours and conduct problems revolving around social and emotional skills and information-processing characteristics (e.g. Fraser et al., 2005; Frey et al., 2005; Grossman et al., 1997). One programme of work that has embraced targeted work with parents and small groups of selected children, alongside a universal curriculum element is the Incredible Years series, and this has been taken forward

in the Welsh context with numerous reports of positive results (see Hutchings et al., 2011, 2012; Webster-Stratton, Reid & Stoolmiller, 2008). In another recent example, Havighurst et al. (2015) describe a multi-systemic intervention for children high on behavioural difficulties involving work with parents on emotion socialisation and work with small groups of children on emotional competence, in the context of whole-class SEL curriculum work.

It is important to recognise, however, that **regardless of the level of success of a given programme reported in the literature, there is no guarantee that introducing the programme in a new school will generate positive and sustained impacts on outcomes for children**. Indeed, two recent trials of the highly acclaimed PATHS programme in large numbers of UK schools have arrived at disappointing conclusions. Berry et al. (2015) conclude from their fully powered trial that there was no evidence of sustained effects on behaviour or well-being. Moreover, a recent UK trial of the PATHS programme in 45 primary schools has shown a somewhat mixed pattern in the ongoing analysis of social and emotional outcomes with only modest effects that were sometimes in favour of the PATHS schools but sometimes in favour of the 'usual practice' schools (according to a recent presentation by Humphrey, 2015), and no overall effect on academic achievement (according to the final report on these outcome analyses; EEF, 2015a). Implementation appears to be a factor here, as many schools were not able to deliver all the lessons, and some analyses supported the idea that higher quality of integrated implementation was associated with better outcomes. However, this underlines the fundamental point that **it is challenging to effectively roll out and scale up even theoretically sound and well-researched SEL programmes to large numbers of schools facing the everyday constraints and pressures of contemporary education** (see Durlak & DuPre, 2008; Kam, Greenberg & Walls, 2003).

In the evaluation of health-based and psychologically-informed programmes, implementation is often understood and evaluated in terms of *fidelity* (how well the actual practice maps onto the original intended programme) and *dosage* (how much of the programme has actually been delivered), and Durlak and DuPre (2008) reveal that better implementation in these respects is typically associated with better outcomes. However, these authors also observe that a much wider array of factors play a role in shaping the implementation of any given programme, ranging from aspects of leadership and staffing through to broader organisational qualities such as the ethos or climate of the school and formal or informal partnership with other parts of the community. Crucially, we believe that taking an educational and school systems approach enables us to recognise that these factors are important in their own right, rather than simply as factors that influence the quantity or quality of the lessons or other programme activities being delivered.

In fact, **a key consideration in the SEL literature is the extent to which universal or targeted learning opportunities for skills development go beyond standard classroom, small-group or individual teaching activities**. In particular, many SEL programmes explicitly refer to the need to adopt a broader perspective and consider the overall school environment, with attention to all the physical spaces experienced by children at school, as well as the overarching culture, climate, or ethos of the school. Part of this involves the general teaching practices adopted by the teachers who are involved in delivering the curriculum element. The Incredible Years series, for example, involves an approach to classroom management which has received preliminary support from pilot work in Wales (Hutchings et al., 2007). In another project, Hirschstein et al. (2007) have shown that that measures of how much teachers 'walk the talk' in the Steps to Respect programme (involving SEL work designed to reduce bullying) – by helping students to generalise SEL skills and coaching students involved in bullying situations – was associated with reduced antisocial behaviour in playground observations.

This kind of analysis raises questions about the much broader context of implementation. In the case of selective or targeted work, for example, a particularly important issue is the extent to which the high-need, high-risk sub-populations actually engage with the available interventions. This probably cannot be reduced to the mere content of whatever teaching/curriculum element is involved. In the Families and Schools Together (FAST) programme, for example, parents, school staff and professionals from other community services come together to facilitate multi-family groups, and high retention rates are reported for traditionally 'hard-to-reach' – low income, culturally diverse – demographic groups. Although the data are not conclusive, McDonald et al. (2012) draw attention to the likely importance of flexibility in delivery (e.g. 60% of the programme activities are adaptable, with respect for cultural values), strategies to expand social capital (e.g. activities that foster inter-family connectedness) and regular opportunities to elicit positive emotions (e.g. through social play, games and activities).

Returning to the overall theme of social and emotional learning, **we are faced with the challenging question of just how SEL skills can be modelled, practised and reinforced in the everyday, routine interactions of children, not just in school but at home and in the wider community**. Durlak et al. (2011) noted that multi-component programmes (e.g. involving parent elements as well as a school-wide curriculum approach), being more complicated in nature, were less likely to meet the SAFE criteria identified earlier, and were more likely to encounter implementation difficulties. On the other hand, when multiple strands of intervention/prevention activity are combined, the greater scope for problems in

implementation is balanced by the tremendous potential for mutual reinforcement and amplification of skills development across settings.

This challenging balance is brought into sharp relief by an examination of the previous UK government's Social and Emotional Aspects of Learning programme. The initiative was conceived as a flexible framework incorporating a significant curriculum element, but with additional resources to support small-group targeted work, family activities, staff professional development and wider whole-school innovations. Results in published evaluation work have been mixed (e.g. Hallam et al., 2006; Humphrey et al., 2010; Ofsted, 2007; Smith et al., 2007; Wigelsworth et al., 2012), yet the nature and consequences of variations in how schools take forward work under such a wide-ranging framework is often neglected. However, when Banerjee, Weare and Farr (2014) examined variations in the implementation of SEAL activities – taking in issues beyond curriculum delivery such as involvement and organisation of the whole staff body, professional development opportunities, use of data and engagement of parents and the community – clear empirical connections were observed among such whole-school processes, school ethos and both attainment and attendance. While we do not yet have conclusive evidence regarding causal links among these complex variables, what we do know is that where there is so much scope for heterogeneity in the implementation of multi-component work, simple 'programme vs. no programme' comparisons are simply not adequate. We could respond to this by ever more tightly manualising each component of intervention, but – as implied above – this could be counterproductive. We return later in this report to the question of how an integrated school systems approach can best be taken forward.

Positive youth development, character education and contemplative practices

It is important to note that a number of research studies have drawn attention to the need to focus on building positive strengths rather than simply tackling 'problems' or 'difficulties'. As discussed earlier, conceptualisations of well-being help us clarify the way in which the experience of life satisfaction and subjective well-being cannot be viewed simply as the absence of psychopathology and problem behaviours. **SEL approaches lend themselves very well to a *positive* framing of prevention/intervention work, because the focus is on building the skills that enable children to thrive**. Noble and McGrath's (2015) recent review highlights the PROSPER framework: positivity, relationships, outcomes, strengths, purpose, engagement and resilience. Beyond the SEL programmes mentioned above, various other programmes can be seen to support this broad perspective on positive youth development. Catalano et al.'s (2002, 2004) review orients us to a much wider scope of positive outcomes, going beyond social and emotional competencies to consider issues such

as bonding, prosocial norms, spirituality, self-efficacy, identity and resilience. The large number of programmes encompassed in the reviews (which crossed primary and secondary school phases) were found to build positive skills, relationships, self-control and academic achievement, and many also reduced problem/risky behaviours and violence. On the other hand, questions were raised by the authors about the durability of the positive impacts, and there is a clear need for further research here.

Waters (2011) narrowed the focus to report on interventions (again spanning primary and secondary phases) specifically designed to focus positive emotions, resilience and character strengths. Twelve studies encompassing interventions focused on gratitude, serenity/meditation, resilience, and character were considered, and findings were judged to be promising, although the work was recognised to be at an early (often pilot) stage, with a clear need for more robust research designs. **One particular line of interest revolves around the integration of SEL work with contemplative practice and mindfulness**. **There are early research indications that such approaches can have positive effects in the primary school years.** Reviews have indicated positive effects of mindfulness and meditation programmes, although studies are often pilot projects without adequate experimental control and observed effects are variable even across these studies (see Waters et al., 2015; Weare, 2013). Nonetheless, this is clearly a growth area and increasing attention is being paid in the research field to the link between developmental and contemplative sciences (Roeser & Eccles, 2015). Moreover, some studies with control group designs have shown significant improvements in the intervention group with respect to a variety of outcomes, including social competence, well-being and even academic achievement (Waters et al., 2015). Two very recent examples with primary school age children include: Schonert-Reichl et al.'s (2015) study of the MindUP programme including mindfulness practices alongside work to promote SEL competencies and positive emotion; and Flook et al.'s (2015) Kindness Curriculum for preschoolers including a combination of activities that promote mindfulness, kindness and compassion. In the UK, Kuyken et al. (2013) have recently reported positive results from a feasibility study of mindfulness in secondary schools, but it is recognised that **this work is still at an early stage and needs considerable further research, particularly in terms of integration with other strategies within schools**.

In recent years, there has been a particular interest among UK policymakers in the notion of building character (DfE, 2014; Paterson et al., 2014), with the Jubilee Centre (2012) articulating a framework for character education encompassing the promotion of various 'virtues', including courage, justice, gratitude, compassion, self-discipline, and modesty. Motivational dimensions relating to resilience in the face of failure – perseverance

and 'grit' – are also highlighted (Birdwell et al., 2015; DfE, 2014). However, we should bear in mind at least three crucial points: a) **many 'character' outcomes, rather than being fixed dispositions, reflect underlying skills that can be – and often are – explicitly targeted by SEL programmes** of the kinds discussed above; b) the attributes and behaviours sought within character education programmes need to be fostered through systemic approaches across the entire school community that create a climate that fosters "safe, caring, participatory and responsive schools, homes and communities" (Cohen, 2006, p. 211); and c) that supportive climate must be complemented by a pedagogical approach that goes beyond the explicit SEL teaching activities to embrace the development and practice of SEL skills throughout the school curriculum.

Broader approaches to reducing aggressive behaviour and bullying

We have seen above that SEL approaches have frequently been deployed with the aim of reducing aggression and antisocial behaviour among pupils. In fact, these form just a part of a much wider body of work on school-based strategies to reduce conduct problems and to tackle bullying. In Wilson, Lipsey and Derzon's (2003) meta-analysis of studies of school-based approaches to reducing aggressive behaviour, the interventions varied in orientation, focused not only on social competence but also on counselling/therapy, academic services, peer mediation and classroom management. They note positive effects across a wide variety of intervention approaches, although, interestingly, they note that the evidence is more mixed in the case of multimodal and peer mediation approaches. This was echoed in Wilson and Lipsey's (2007) follow-up meta-analysis, which confirmed that **both universal and selective/targeted programmes to reduce aggressive behaviour had overall significant effects, although results for multi-component programmes were less encouraging**.

On the other hand, we have seen already that some multi-component programmes (CPPRG, 1999a, CRRG, 1999b; Havighurst et al., 2015; Webster-Stratton et al., 2008) have had successes. Moreover, **some studies have yielded significant differences between intervention and control groups many years after the intervention, implying long-term, sustained effects**. For example, Tremblay et al. (1995) reported that disruptive boys who received a kindergarten intervention combining home-based parent training and school-based social skills group work showed less delinquent behaviour during adolescence. Boisjoli et al. (2007) showed in a 15-year follow-up of the same sample that the high school graduate rate was higher and the rate of having a criminal record was lower in the intervention group. Similarly, Hektner et al. (2014) have reported long-term reductions of conduct problems 10 years after the Early Risers programme for kindergartners high on aggressive behaviour, which involved structured activities during the summer as well as both child- and parent-

focused activities in the school year. Questions regarding the most appropriate timing of targeted intervention work deserve attention in future work; for example, research evidence, including some of the work described above, indicates that early intervention for identified aggressive-disruptive children be fruitfully supplemented by 'booster' interventions later in the school years (see Shucksmith et al., 2007). We also need to learn more about just how far-reaching the effects can be on children at the highest level of need; even where school-based interventions using CBT principles can be effective for hard-to-reach disruptive children (e.g. Liber et al., 2013), **it is difficult to make confident statements about the impact of school-based work in cases involving chronic and severe conduct problems** (see Fonagy et al., 2002).

However, it is worth recognising that targeted interventions may not always be the first port of call for children identified as having difficulties. In fact, some researchers have cautioned that late delivery of small-group targeted work with aggressive-disruptive children can actually be counterproductive due to 'deviancy training' whereby apparent norms for antisocial behaviours are reinforced (see Metropolitan Area Child Study Research Group, 2002). Indeed, we should not forget that universal programmes that encompass the entire pupil body may in some cases be a means of delivering benefits for the most at-risk children. In one example, Poduska et al. (2008) have shown that aggressive-disruptive boys who experienced the universal Good Behaviour Game approach to classroom management were significantly less likely than matched controls to go on to use services for emotions, behaviour, drugs or alcohol by young adulthood. It remains to be seen, however, to what extent these findings are replicable across different settings (a UK trial of this programme is underway at present; EEF, 2015b), and the extent to which this kind of behaviour management approach can be integrated with multiple school systems is not clear.

This kind of consideration may be crucial. We have seen that multi-systemic approaches are complex and difficult to implement: Park-Higgerson et al. (2008, p. 476) refer to "insufficient implementation of intervention, lack of cooperation with school organization and staff, lack of parental attendance", and these constraints may account for the rather mixed and discouraging findings in the systematic reviews and meta-analyses referred to above. On the other hand, assuming that a single-component approach is best misses the point that schools are already engaged in multiple activities designed to address multiple outcomes. So work on one intervention programme, no matter how focused, may *need* to form coherent links with other related programmes of work taking place in the school.

Even within the context of violence prevention, for example, efforts to reduce conduct problems and disruptive behaviour need to be examined alongside related but distinct efforts

within schools to tackle bullying. Many policy documents from different governments (e.g. DFE, 2014) have advised schools on how best to tackle problems of bullying, with added considerations of responses to cyberbullying in recent years, and it is clear that contemporary approaches to tackling bullying go far beyond reactive sanctions for the bully and support for the victim. In fact, there is increasing evidence that **effective preventative anti-bullying work cannot be reduced to single focused interventions, but instead needs to permeate the school climate by bringing together parents, teachers, pupils, school policies, physical environment features etc. in a coherent way** (see Adi et al., 2007b; Cantone et al., 2015; Pearce et al., 2011; Veenstra et al., 2014). Olweus's (1991, 2005) seminal work in Norway showed how anti-bullying efforts that address the school culture and engaged the whole school community could have powerful effects in reducing bullying. The KiVa approach to bullying, widely adopted in Finland following successful trial results (Kärnä, 2011; Salmivalli et al., 2012) focuses on using whole-class curriculum activities alongside online work, parental advice and support, and staff resources designed to create positive anti-bullying norms, attitudes and values, particularly in view of research showing the important role played by bystanders in bullying dynamics. Following initial promising results in Wales (Hutchings & Clarkson, 2015), the KiVa prevention work is now being trialled on a larger scale. Other programmes of work, including restorative approaches (e.g. Cowie, 2013), also involve the whole school community – not just identified perpetrators and victims of bullying – in efforts to reduce aggression, bullying and conflict.

It should be noted, however, that much remains to be done in order to understand the operation of such whole-school approaches to bullying. There are important questions about: how anti-bullying work can be meshed coherently with SEL work and mental health support in schools; new challenges around cyberbullying via social media and other online technologies (see Smith, 2015); the extent to which selective work is needed to support demographic groups with characteristics that may place them at higher risk of victimization (e.g. special educational needs – McLaughlin, Byers & Vaughan, 2010; sexual orientation – Rivers, 2001); and the best ways to involve specific stakeholders in the school community (note, for example, the complicated picture regarding possible risks around peer involvement in anti-bullying efforts; Ttofi & Farrington, 2011). Moreover, as we have seen in other cases, even where high levels of success are achieved for a given programme, successful generalization to a new school context cannot be assumed (see Cantone et al., 2015).

An integrated school systems approach: Beyond programmes

We have noted above on several occasions that a whole-school approach to emotional resilience and well-being is likely to be important. In fact, past national and international

initiatives have focused on the notion of 'health promoting schools', corresponding with government policies in both England (National Healthy Schools Programme; DoH/DfEE, 1999) and Wales (Welsh Network of Health School Schemes; Public Health Wales, 2015). In line with reports on these initiatives (e.g. Arthur et al., 2011), we believe that while positive changes can certainly be identified, it is difficult to identify specific programmes that can be demonstrated to have causal impacts on pupils via whole-school processes relating to emotional health and well-being. The most demanding evaluation of a holistic programme for promoting well-being across a whole school community is one where entire schools (or clusters of schools) are randomly assigned to embed the programme. Langford and colleagues (2014) have very recently presented a systematic review and meta-analysis of just such 'cluster-randomised control trials' of approaches consistent with the World Health Organisation's Health Promoting School framework, involving health promotion through: a curriculum element, attention to the overall ethos and/or environment of the school, and engagement with families and/or communities. The selected initiatives, then, relate to the whole-school level of operation (in the middle circle of the figure on p. 14) and to both the curriculum and school culture areas of activity (in the outer circle of the figure). Yet of the 67 studies included in the meta-analysis, only three reported data on mental health and well-being outcomes (specifically, depression), and none of these was primarily focused on mental health in primary schools. In any case, they did not show any overall evidence of positive effects. A somewhat more encouraging picture was found with the results for studies targeting violent behaviour or bullying, with at least some interventions (as discussed earlier) showing positive outcomes. But there was a great deal of heterogeneity across programmes, and positive outcomes were certainly not consistently observed.

Clearly, it would be entirely inappropriate to formulate conclusions on this basis about the effectiveness of whole-school approaches to emotional health, well-being and resilience. Yet, there are some important lessons here about the challenges of actually implementing whole-school changes: **introduction of a given programme into a school in itself is likely to be insufficient for bringing about the desired whole-school changes**. Rather, as we have seen above, we can view whole-school implementation of a given programme as a feature that will appear to varying extents from one school to another, depending on a constellation of factors. Even broader than that, we believe there is a need to pay close attention to how well the programme is being reinforced and amplified by a supportive pedagogical approach and effective integration of relevant school systems.

Thus, we begin with a brief statement of the need to build schools' awareness of evidence-based programmes, but then move onto the critical issues regarding how work in this area is

implemented, before tackling the much bigger issue of how **any work in this area needs to be situated within an integrated school systems approach where it is *connected* with – rather than *competing* with – other school priorities**.

Awareness and knowledge of evidence-based programmes

We have seen above that there are numerous programmes relating to emotional health, well-being and resilience that are supported by substantial bodies of evidence. Taking this area of work forward depends on access to information about these available programmes and the level of support for each in published research evidence. In the recent Targeted Mental Health in Schools project, Local Authorities and schools across England were free to adopt many different approaches. But, although there were some promising overall indications from the RCT study of the project that behaviour problems were reduced in primary schools, it has been noted that the very wide array of child-focused, parent-focused and staff-focused strategies being used were not always based on strong research evidence (Wolpert, Humphrey, Belsky & Deighton, 2013). Fortunately, **we now have many important sources that have collated and rated the evidence regarding the large number of programmes available to schools**. The CASEL Guide (2012) has already been mentioned, the Australian KidsMatter Primary mental health initiative offers a library of rated programmes[3], the US-based Blueprints for Healthy Youth Development website[4] provides a guide of rated programmes across various settings, target groups, and outcome domains, and the Early Intervention Foundation's own online guidebook[5] is currently being constructed.

Implementation of programmes

We know that the real-world success of intervention and prevention efforts cannot be attributed to any given programme *per se*, but rather to the way in which the programme is implemented and embedded in a school that is coping with an extensive set of daily demands and priorities. We have seen above that, in virtually all domains of activity, school-based work designed to foster children's well-being and resilience can only be understood and evaluated fully when there is a consideration of its implementation. Although researchers and programme developers can provide guidance on this point, the actual practice of how a given programme operates within a school is ultimately out of their hands. This of course is the fundamental gap between developing a successful programme and demonstrating its success in an efficacy trial with tight control and support, on the one hand, and rolling it out with demonstrable effectiveness in a cluster of schools, a school district, or even a whole nation.

[3] See http://www.kidsmatter.edu.au/primary
[4] See http://www.blueprintsprograms.com/
[5] See http://www.eif.org.uk/

A reasonable starting point for examining this issue would probably be an examination of the school factors that would influence how well the prescribed elements of the programme are actually implemented. Durlak and DuPre (2008) refer, for example, to issues such as leadership and communication within the school, administrative support, adaptability of the programme to local needs, school norms regarding the introduction of new practice, and training of staff. Analysing these factors could help to explain variations in how many lessons of a given SEL or mental health curriculum are delivered as well as how effectively they are delivered. These aspects may be of particular importance when we consider multi-systemic, whole-school approaches – where we have seen already that successful implementation is typically much more challenging. Indeed, reviews of work in this area (see Catalano et al., 2002; Durlak et al., 2011) have signaled that **without effective planning, there is no inevitable advantage to a whole-school approach**.

The KidsMatter Primary initiative in Australia involved a whole-school, multi-systemic approach encompassing a programme of SEL, support for parents, efforts to create a positive school community and early intervention for students displaying mental health difficulties. Slee et al. (2009) report positive outcomes from the work with 100 schools that had adopted the initiative, but of particular interest are the papers from Askell-Williams et al. (2013) and Dix et al. (2011) showing that variations in implementation were predictive not only of outcomes regarding social and emotional competencies, but academic outcomes too. Specific aspects of difference in implementation can be identified through careful analysis. For instance, Askell-Williams et al. (2013) note that schools that are high vs. low on implementation can be differentiated on items such as formal allocation of time for planning KidsMatter activities, and allocation of time to KidsMatter in staff meetings. In Banerjee et al.'s (2014) analysis of the implementation of SEAL, discussed earlier, illustrative examples of implementation practice in a whole-school universal approach also include explicit staff induction and professional development activities, strategies to promote the well-being of the staff themselves, and engagement with parents and the community. In a helpful summary, Bywater and Sharples (2012), as well as drawing attention to various evidence-based programmes (including many reported above), emphasise a sequence of key steps in implementation, from readiness and planning activities through to the actual operational coordination and sustaining of the programme practices.

Importantly, **effective implementation depends on commitment and consensus across the many stakeholders in children's education** – teaching staff, support staff, parents, governors and of course pupils themselves. National Institute of Health and Care Excellence reviews have also identified staff training and family support as potentially significant (e.g. Adi

et al., 2007a). In sum, as Greenberg et al. (2003, p. 471) point out, “research and practice increasingly have shown that schools will be most successful… when systematic decisions are made about how best to identify and implement innovative practices in the context of the entire school community”.

School connectedness

Notwithstanding the important contribution of all the above work, we must acknowledge that merely identifying the key steps in implementation does not make them happen. We note that the implementation of work on emotional health, well-being and resilience is often seen as difficult because of *competing* priorities and demands. Our argument is that moving forward in this area requires a holistic reconceptualization of school systems such that work of the kind reported in the present study is *connected* with, rather than *competing* with, schools’ other priorities and demands.

Calls for whole-school approaches to emotional health, well-being, and resilience, while raising challenges regarding implementation, open up opportunities for a thoughtful and reflective analysis of how school systems operate. Our report has demonstrated that developing social and emotional well-being in schools is a complex task involving a mix of universal and targeted strategies. In line with recent calls for a whole-school integrated and connected approach (McLaughlin, 2015; Weare, 2015), we believe that this multi-faceted work overlaps with numerous aspects of school life, such as the:

- curriculum, including but not limited to dedicated lessons on mental health issues or social and emotional learning;
- systems for supporting specific pupils who are experiencing social and emotional difficulties;
- systematic staff development opportunities to enable staff to understand and effectively implement the strategies;
- school-wide and classroom-based systems and strategies for maintaining discipline, positive relationships and attendance;
- wider pedagogical approaches to teaching and learning across the whole school;
- approaches to pupil assessment;
- connections with families and the wider community;
- opportunities to receive feedback or even conduct systematic research on the practices.

We can see from this that **work on emotional health, well-being and resilience must extend beyond merely delivering a set of lessons in class, if we are to avoid an approach where the work is seen as ‘something else’ that schools need to do**. Earlier

in this report, we noted that the effects of SEL work can be amplified through teacher practices that help children to *practise* their skills in the everyday school routine (Hirschstein et al.'s, 2007, example of 'walking the talk'). In some programmes, the creation of supportive social contexts has been taken forward as a primary goal. For example, the Responsive Classroom approach (Brock et al., 2008) addresses the practice of social and emotional skills through fostering a collaborative approach to classroom organisation and management processes. The approach includes: morning meetings to enable children to practise prosocial skills, collaborative work between teachers and pupils to develop classroom rules and instructional practices that promote pupils' social interaction as well as their academic choice. Overall, the work is designed to address the fundamental human needs for autonomy, competence and relatedness, as articulated within self-determination theory (see Connell & Wellborn, 2001; Ryan & Deci, 2000). In a similar way, the Caring School Community programme (Battistich, 2000; Solomon et al., 2000) involves a pupil-centred classroom management approach, a cross-age buddy scheme, activities to promote home and community-wide engagement, and integration with academic learning (e.g. literature-based reading instruction with open-ended discussion of social and ethical issues). Positive effects have been reported in large-scale studies involving intervention and comparison schools, although again it has been recognised that the quality of implementation (as reflected in independent classroom observations as well as teacher beliefs and attitudes) plays a major role in moderating these impacts.

So the pressing question for schools – and policymakers – now is exactly how this kind of work on SEL, well-being and resilience can be positioned in such a way that it connects with other priorities at school, rather than competing with them. Indeed, even where school leaders and policymakers recognise that children's well-being is important – and it seems that high-profile international comparisons can always be relied upon to bring this into sharp relief (e.g. Pople, 2015; UNICEF, 2007) – if efforts to move forward in this area are seen to be competing with goals for promoting academic learning and maintaining discipline, evidence suggests that they will be thwarted.

A recent review for the Nuffield Foundation of the school's contribution to well-being and mental health (Gray et al., 2011; Hagell et al., 2012) examined the research evidence and concluded that "aspects of school and classroom organisation, and social relations in the educational arena, are key correlates of mental health symptoms" (Hagell et al., 2012, p. 114). Fortunately, those same aspects are also key correlates of classroom behaviour, attendance and academic achievement. Thus, we argue that **virtually all of the programmes, initiatives, and strategies we have described in this report can and should be systematically connected with wider school systems, structures and procedures that**

also promote academic achievement, attendance and discipline. Because such a wide range of factors are involved, school leaders have a particularly important role to play in facilitating this coherence across the school.

In fact, we believe that the theme of 'school connectedness' lies at the centre of children's well-being and achievement at school. According to Grey et al. (2011), it is an overarching concept to describe a network of activities and experiences that includes: relationships between children and their peers, teachers and other school-based adults; children's satisfaction with their experiences at school; their sense of membership of the learning community of the classroom and school; and their participation and voice (i.e. their "sense of acceptance, respect, support, caring"; Juvonen, 2007, p. 198). The most recent Good Childhood Report (Pople, 2015) suggests that these latter points are areas for improvement in the UK. This kind of school connectedness is a protective factor, as young people report a higher degree of well-being if they feel connected and engaged at school (Gray et al., 2011). Relationships with teachers and school connectedness are also related to later reduced violence, less risky sexual behaviour, less drug use, and a lower likelihood of dropping out (Smith, 2006; Whitlock, 2003). Moreover, there is good research evidence to suggest that those very same qualities – more positive relationships with staff and peers, more sense of belonging and greater autonomy and participation – are also predictive of lower disruptive behaviour in the classroom (Blum & Libby, 2004), as well as higher academic achievement at the level of both the individual (Niehaus, Rudasill & Rakes, 2012; Thapa, Cohen, Guffey & Alessandro, 2013) and the school (MacNeil, Prater & Busch, 2009). Thus, **where schools effectively deploy SEL, mental health, and resilience strategies to promote this sense of school connectedness, this can also be expected to create the conditions under which school priorities regarding discipline and achievement can also be met.**

Pedagogy

As well as the specific programmes of work on emotional health and well-being reviewed in this report, we believe that **particular pedagogical approaches to teaching and learning throughout the curriculum have a role to play in nurturing school connectedness and thereby enhancing behavioural discipline and academic achievement**. For a start, **there is an obvious connection between SEL and the development of the skills needed for pupils to work with each other in groups, which is so often the context for learning in primary schools**. Research shows that ineffective group work is highly problematic in terms of achieving learning outcomes, yet it also clarifies that the fundamental skills needed for successfully working in groups can be fostered and practiced through effective classroom work (Baines et al., 2008). This is closely related to the promotion and valuing of dialogue (both

between teachers and children and among the children themselves) as a fundamental basis for learning (Mercer & Howe, 2012). Interestingly, a recent Education Endowment Foundation trial of the Philosophy for Children approach, encompassing wide-ranging group dialogue of concepts such as honesty and fairness, suggested positive impacts on primary school children's academic attainment, as well as apparent improvements in confidence and in speaking and listening skills (Gorard et al., 2015). This work raises questions about how and to what extent this kind of group-based approach can be mapped onto effective pedagogy in different parts of the school curriculum.

Finally, we believe **there is a sound basis for situating work on emotional health and well-being within the context of pedagogical practices that support pupil autonomy and self-efficacy through promoting greater pupil choice and focusing on mastery of learning tasks rather than performance outcomes and social comparison goals**. There has been a recent surge of interest in Dweck's (2002, 2006) concept of 'growth mindset', in which ability and intelligence are seen as malleable and capable of development, rather than fixed and beyond an individual's control. This is seen as important because holding this 'incremental' view of one's ability, and adopting a mastery orientation to the process of learning, appear to lie at the heart of children's capacity to be resilient in the face of adversity and challenge (e.g. responding adaptively to encountering difficulty on a challenging task; see Dweck, 1986). Importantly, a key tenet of this work is that the social context itself provides the forum for nurturing a growth mindset, thereby promoting a mastery orientation to learning. Indeed, Dweck (2002) has provided compelling evidence to show how pupils' sense of self-efficacy and mastery is learned in everyday experiences of teaching and learning (e.g. praise for effort vs. ability; Mueller & Dweck, 1998). Moreover, empirical evidence also suggests that students' own personal goal orientations (specifically the focus on mastery rather than performance goals) – as well as their perceptions of the *goals emphasised within the classroom/school* – are linked not only to lower disruptive behaviour but also higher psychological well-being (Kaplan & Maehr, 1999).

In fact, a recent evaluation of the Foundation Phase in Wales by Taylor et al. (2015) makes exactly this kind of link between pedagogy and well-being, noting in particular that pupil choice, active learning, and first-hand exploration were associated with greater levels of child involvement and well-being. We believe a similar case can be made across the primary school years and across the entire school curriculum. Indeed, we note that Donaldson's (2015) review of the Welsh curriculum includes a principle of being 'engaging', defined as: "encouraging enjoyment from learning and satisfaction in mastering challenging subject matter" (p. 14). Moreover, the final three of Donaldson's (2015) twelve pedagogical principles are directly in

line with our argument: effective teaching and learning should enable children to take responsibility for their own learning, foster social and emotional development and positive relationships and encourage collaboration. In these ways, even where (or perhaps especially where) a specific evidence-based programme is being used, **work on emotional health, well-being and resilience is unequivocally *not* a peripheral add-on to primary education, but rather must be viewed as lying at the core of effective teaching and learning.**

Conclusion

Research shows that schools matter greatly in terms of children's emotional health, well-being and resilience, as well as their academic achievement. The effects can be long-lasting and can be an important part of supportive and protective processes, perhaps especially for those who, as Rutter (1991, p. 9) put it, are "under stress and living otherwise unrewarding lives." However, our synthesis also demonstrates that supporting children's emotional health, well-being and resilience effectively in schools requires thinking and practice that treat the task as complex – that see the school as a web of connected systems that impact on young people. Indeed, one of the key conclusions of Grey et al.'s (2011) Nuffield Foundation study centred on the need to look at the relationship between the many different school processes, i.e., the total impact of all the elements and how they interrelate.

Thus, returning to the figure on p. 14 of this report, we believe our research synthesis shows the importance of linking not only the three discs (focal outcome, level of operation, and area of activity), but also the different elements within each disc. Specifically, we highlight the important inter-relations among:

- the organisation and coordination of school systems, structures, policies and environment to foster school connectedness;
- the pedagogical principles of good teaching and learning across the entire curriculum;
- specific curricula/lessons to promote the social and emotional skills (including cognitive, emotional, behavioural, motivational and relational aspects) that underpin emotional health and well-being and that serve to reduce socio-emotional difficulties;
- the work of specialist staff and services both within the school and as a bridge to external health and education professionals;
- the integration of universal provision for all pupils and targeted work to support groups and individual pupils at risk of difficulties in this area.

In response to the key questions identified at the outset of this report, we believe the research gives rise to the following conclusions:

1. Do primary school children require support for emotional health and well-being at school beyond provisions already available via existing policies and strategies for supporting families in Wales?
    - *Yes, the evidence clearly indicates that schools have a valuable role to play in identifying and meeting the needs of pupils with respect to emotional health and well-being. School-based activities have the potential to make significant and lasting positive impacts on young people's well-being.*
2. If so, what initiatives, preventative strategies, and intervention approaches are likely to be most effective in addressing such needs?
    - *A variety of high-quality and evidence-based programmes provide excellent guidance and resources for supporting school-based activities in this area, and these are collated and rated in several existing databases provided by organisations such as Collaborative for Academic, Social, and Emotional Learning (CASEL), Early Intervention Foundation (EIF), KidsMatter Primary, and Blueprints for Healthy Youth Development. However, recent trials show that even where the evidence base for a programme is very strong, there is no guarantee that introducing the programme will generate positive and sustained impacts on children. As well as careful planning of exactly how new activities will be implemented, we argue for the embedding of approaches to social and emotional learning within wider school systems and the broader pedagogical approach to teaching and learning across the curriculum.*
3. Can clear and robust criteria be created in order to identify those primary school children who are most likely to be at-risk or vulnerable with respect to difficulties in experiencing well-being?
    - *Children who are supported by the Pupil Deprivation Grant in Wales (those eligible for Free School Meals and Looked After Children) are at greater risk of developing difficulties in this area, along with those who are known to have experienced or been exposed to trauma, loss or violence at home or in the community. In addition, evidence suggests that school-based staff are already making sound assessments of the needs of vulnerable children, but good professional development and sharing of practice regarding both formal and informal assessment methods can help staff to identify children who are displaying early indications of difficulties, in terms of both acting-out characteristics (aggressive-disruptive behaviour and other conduct problems) and internalising characteristics (social withdrawal and anxious/depressed patterns). Some though not all children experiencing such difficulties may be formally identified as having special educational needs.*

4. Are certain approaches to prevention and intervention particularly important for supporting the emotional health and well-being of such identified children?
    - *Children who have been identified as having specific difficulties in this area can be supported by both the universal provision within the school as well as more targeted therapeutic intervention/prevention work. Both can include specific activities to promote the social and emotional skills that underpin positive behaviour and emotional health, and can fruitfully involve the participation of families. The activities of specialist staff and services can be effectively directed at supporting identified children through both universal and targeted activities, but rather than focusing on remediating problems of individual pupils in isolation, this work should be integrated with the wider school systems, policies, and pedagogical approaches to teaching and learning.*

Limitations and future directions

Our research synthesis is in line with Greenberg's (2010) helpful overview of school-based prevention work with regard to highlighting the challenge of:

a) understanding how best to implement programmes in order to generate lasting change (see also Forman et al.'s, 2013, agenda for implementation science); as well as
b) integrating prevention into school systems across multiple levels of operation (e.g. combining universal, selective and indicated interventions).

Some important progress has been made in the last five years, but there are still a number of important limitations that give rise to directions for further work. In line with other research (e.g. Gray et al., 2011), we note the patchiness of the evidence: in some areas it is strong and wide, whereas other areas have received minimal attention. Therefore, there is a pressing need for more research on the school's contribution to well-being, with the aim of achieving:

- greater understanding of how initiatives with demonstrated efficacy in the research literature can be scaled up for effective operation across large clusters of schools or across geographical regions;
- greater awareness of how programmes can best be integrated with school systems, including policies, organisational structures, and practices, as well as with pedagogical approaches to teaching and learning across the entire curriculum, and analysis of how this maps onto observed associations between SEL and academic attainment outcomes;
- further development and evaluation of the large variety of universal and targeted programmes, taking into account variations in implementation across schools as well as the durability of effects on pupils over time;

- innovative and cost-effective models for deploying specialist staff and services in schools in such a way that their work provides a bridge to relevant external services (e.g. improving systems for CAMHS referrals) yet is not solely defined in terms of targeted interventions with identified children;
- coherent and evidence-based guidelines of best practice for supporting emotional health and well-being in children with different kinds of special educational needs, both in mainstream schools and in other educational settings (e.g. special schools, pupil referral units);
- investigation of the interface between initiatives to support pupil well-being and strategies to support staff well-being, with attention to data on staff outcomes (e.g. sickness and turnover) as well as pupil outcome data;
- consideration of how efforts to prevent or intervene with *problems* overlap with and/or can be integrated with emerging developments regarding the promotion of *positive* outcomes;
- emphasis on the transition into and throughout secondary school in order to better understand how successes in supporting emotional health and well-being (and potentially academic achievement as well) in primary schools can be sustained through the secondary school years, for children in general and for those who are at risk due to socioeconomic disadvantage or being a Looked After Child.

Recommendations

1. Our overarching recommendation is to develop a carefully planned and well-supported approach to social and emotional learning that is integrated with core pedagogical principles and situated within a connected school.

Planning and support

2. Establish a prominent and well-supported national steering group to guide the development, planning and ongoing implementation of work on social and emotional learning (including all recommendations below), comprising senior policymakers and service leads in Welsh Government, Estyn and Local Authorities, as well as head teachers and senior leads in schools, specialist practitioners and researchers.
3. Ensure that this steering group has a clear, bidirectional channel of communication with senior individuals/groups who have explicit responsibility for coordinating this work at a local level, both in Local Authorities and in individual schools.
4. Ensure that the steering group examines the needs arising from, and professional development implications of, any adapted approaches for school leaders, staff and other professionals.

Social and emotional learning initiative

5. Commission robust and detailed research to describe and analyse past and existing school-based strategies in Wales to promote emotional health and well-being and to reduce conduct problems and bullying, in order to illuminate specific barriers to, and facilitators of, effective whole-school implementation.
6. Develop, plan, implement and commission an independent evaluation of a Welsh initiative on social and emotional learning that is designed to support emotional health, well-being and resilience.
    a. The principal focus should *not* be on developing an entire new SEL curriculum or creating new teaching resources, since many evidence-based programmes with high quality resources already exist.
    b. Rather, the focus should be on identifying and piloting *specific* strategies for integrating universal and targeted evidence-based SEL work, strategies for engaging families, broader school systems and core pedagogical principles (see below).

Connections with school systems and all stakeholders

7. Provide guidance to schools and their governing bodies on accessing, funding and using evidence-based strategies to promote health and well-being in primary schools (collated in existing online databases), as one of the core Areas of Learning in the revised Welsh curriculum.
8. Following a cost-benefit analysis, and with support in the next phase of the Welsh Government's Rewriting the Future programme, continue to promote the use of a proportion of funds generated by the Pupil Deprivation Grant for universal and targeted activities that address the social and emotional needs of children who are eligible for free school meals and/or Looked After Children.
9. Investigate and analyse in detail the current use and cost of specialist staff and services in Welsh schools, and provide guidance on how different kinds of specialist staff and services can play a role in a broader, integrated SEL initiative that engages all teaching and support staff, families, and the pupils themselves, as well as in targeted work to support pupils who are exhibiting difficulties.
10. Provide guidance to schools on the use of formal and informal assessment methods to inform teacher judgements about pupils who are likely to be at risk of difficulties in emotional health and well-being, recognising that the results of this work can inform universal as well as targeted work.

11. Ensure that every school has a member of the senior leadership team with responsibility for coordinating whole-school work in this area, including integration and alignment of relevant policies, professional development opportunities and well-being support for staff, engagement with families and the wider community, and efficient links with external professional services.
12. Support schools in making links between work in this area and other existing policies and practices.
13. Provide guidance and support to schools in order to foster continuing professional development work in this area.
14. Consider the establishment of a cluster of Welsh schools for systematically developing the above work on connecting and integrating school systems, so that the details of good practice in this area can be collated and shared more widely.

Integration with pedagogical principles of good teaching and learning

15. Include the SEL initiative to promote emotional health, well-being and resilience as a central part of the Welsh Government response to the recommendations of Donaldson's (2015) review of the curriculum, particularly with respect to the focus on health and well-being as a core Area of Learning, and the identified pedagogical principles regarding intrinsic goals, active and personalised learning, social and emotional development, and collaboration.
16. Work in partnership with Estyn and teacher training providers to ensure that role of social and emotional learning in promoting health and well-being as well as good teaching and learning in general is fully recognised, in terms of both the development of the workforce and the overall school accountability structures.

Overall implications

We recognise that our synthesis of the research and our recommendations pose significant challenges for policymakers and schools, especially as we have not taken the approach of simply recommending a specific programme or set of programmes for a major roll-out. It is also important to acknowledge the difficult 'what next?' question in the face of our cautions that even strongly evidence-based programmes may not necessarily generate sustained positive impacts in large-scale trials. In response, we would like to stress the very significant potential benefits of adopting our recommended approach to **systematically mapping out, planning, delivering, and evaluating an integrated school systems approach to social and emotional learning.**

We believe that our review and synthesis of the evidence support positive conclusions about:

- the importance of school-based strategies for promoting primary school children's emotional health, well-being and resilience;
- the potential benefits of evidence-based programmes and activities for supporting children's social and emotional learning and thereby promoting well-being, reducing mental health difficulties, reducing aggressive or antisocial behaviour, and even improving academic learning;
- the key role of school staff, including those in specialist roles as well as the general workforce of teaching and support staff, in providing this support both directly to children and through engaging with families;

and, crucially,

- the value of systematically planning and tracking how school systems – across academic learning, behaviour/discipline, and well-being domains – can be integrated and connected with one another in order to ensure that work on emotional health, well-being and resilience is not competing with other priorities.

This final point goes far beyond vague supposition about how schools could or should be working. The Common Inspection Framework for primary schools in Wales (Estyn, 2015) currently includes evaluations not only of well-being outcomes but also key aspects of leadership, partnership working, resource management and quality enhancement. We also can identify the components of a successful integrated approach, as presented in the figure on p. 14. Specifically:

- *each* focal outcome (reducing socio-emotional difficulties, promoting emotional health and supporting social and emotional learning)

needs to be addressed in relation to

- *each* level of operation (whole school, classroom, small group and individual pupil),

and all of these need to be considered within

- *each* area of activity (curriculum, pedagogy, specialist staff and services, and school systems and climate).

However, we need more centrally supported but locally delivered work in Wales on exactly *how* school leadership and management processes can be changed and developed in ways that will specifically support the many good strategies and activities in this area. **We argue that rather than simply selecting one or more programmes and rolling them out, what is needed now is a carefully and comprehensively supported initiative that enables schools to plan, deliver and review different ways of taking forward work in the area of**

children's emotional health, well-being and resilience. The literature does not point to one particular programme that would, in itself, guarantee a coordinated strategy across all of the different focal outcomes, levels of operation, and areas of activity involved in this work. Therefore, any initiative will need to define, implement, and test possible models for achieving this kind of coordination. Such work can be taken forward with a selected pool of schools, supported by relevant experts, and overseen at the national level. The Welsh Government's plans for the implementation of the curriculum reform could provide the structure for such an initiative.

We see this as a crucial and fundamentally *educational* challenge; we now have the benefit of an extensive evidence base from psychological and health perspectives regarding potentially beneficial school-based programmes and activities, but the business of ensuring that school systems are well positioned and integrated to accommodate and derive benefits from such programmes is far from complete. Our recommendations provide a preliminary roadmap, to be discussed and operationalised by Welsh Government, for tackling this challenge.

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