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Strengthening wellbeing in schools after COVID-19: a pilot evaluation of an awareness based intervention for children and young people

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ABSTRACT

A National Wellbeing Project was developed following Covid-19 to promote wellbeing in children and young people (CYP). Two 8-week, awareness-based interventions, Breath-Body-Mind (BBM) and Creative Mindfulness (CM), were delivered by external facilitators over an 8-week period in primary and post-primary schools across 5 sites in the Republic of Ireland. A convergent mixed methods evaluation was conducted. Teachers completed the Emotional Regulation Checklist for CYP before and immediately post intervention. Focus groups and interviews were conducted with 40 CYP, 13 school staff and 6 programme staff. Linear mixed modelling showed a main effect of intervention on teacher reported ($n = 172$) emotional regulation and dysregulation in children; post-hoc test showed significant changes amongst those who engaged in BBM only. Stakeholders highlighted positive experiences of programme participation and intervention benefits, including new coping skills and improved regulation in classroom settings. Capacity building benefits for teachers and schools were also identified. The qualitative findings shed light on facilitators and challenges to programme success. Mental health challenges in CYP have increased post-Covid-19. The findings point to the potential utility of brief wellbeing-focused supports in promoting regulation and wellbeing in CYP, although further research is required. Factors influencing the success of school-based wellbeing interventions are discussed.

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Wellbeing; awareness-based intervention; children and young people; COVID-19; school-based intervention; emotional regulation

Introduction

Mental health and wellbeing challenges are increasing amongst children and young people (Dray et al. 2017; Ford, John, and Gunnell 2021). Covid-19 has resulted in a doubling in the global prevalence of depression and anxiety symptoms, with children and adolescents being most likely to experience distress during and after the pandemic (Racine et al. 2021; Smyth and Nolan 2022; Ravens-Sieberer et al. 2021). Pandemics have been found to cause stress, worry, helplessness, and risky behavioural problems among children and adolescents (Cooper et al. 2021; López-Bueno et al. 2021; Meherali et al. 2021). These challenges are intensified and heightened for those already at risk, particularly those with experience of adversity, such as neglect, abuse, domestic violence or

mental illness in the home or environments characterised by poverty, criminality, violence, discrimination or marginalisation (Raw et al. 2021; O'Toole and Simovska 2022). During extended school closures associated with the pandemic, children who already experienced inequality were more exposed to adverse environments, increasing the risk of negative impacts on child wellbeing (Hails et al. 2022; Maguire et al. 2022). Reports of harsh parenting, as well as child abuse and neglect soared during the pandemic and at-risk children were also cut off from a potential place of safety and support provided by teachers, friendship groups and/or school communities (Sari et al. 2022).

Post-lockdown, more at risk children, including those living in more distressed and stressed family environments and more disadvantaged communities, have continued to have elevated mental health symptoms and schools have been faced with many challenges as a consequence (Guzman Holst et al. 2023). The National Wellbeing Project is a new intervention strategy designed and implemented by Barnardos Ireland. The programme was designed in the aftermath of the Covid-19 pandemic and aims strengthen coping skills and to boost wellbeing in populations and communities which have experience of adversity, including socioeconomic disadvantage, marginalisation, substandard accommodation, widespread substance misuse and lack of safe recreational spaces across the community. The multicomponent service model comprises a range of programmes which are delivered to children and young people aged 4–18 years, as well as parents and other community members. These diverse components are delivered in a range of community settings with the overarching goal of supporting positive mental health and wellbeing, as well as enhanced community participation and engagement (See Figure 1). Delivery of the National Wellbeing Project began post-lockdown and a pilot evaluation of its impact and implementation was established in March 2022.

During its first year of implementation, several programme components were trialled and delivered to parents and children. Within this larger programme of work, two awareness-based/mindfulness programmes called Breath-Body-Mind (www.breath-body-mind.com) and Creative Mindfulness (www.creative-mindfulness.com) were delivered in school settings. These programme components aim to: increase the connection between heart, body and mind; decrease the impact of stress on the body; increase emotional literacy and coping mechanisms; and increase empathy and compassion.

Universal school-based approaches have become a popular and promising prevention strategy for improving access to mental health supports and addressing wellbeing challenges in children and young people (Reinke et al. 2014; Greenberg and Abenavoli 2017). Awareness-based interventions are frequently implemented within a universal school-based strategy in order to increase non-reactivity, awareness, focus and attention, improve day-to-day functioning, reduce stress and promote adaptive self-regulation and wellbeing amongst children and young people (Montero-Marin et al. 2023). These kinds of interventions have been found to be beneficial in educational settings and in improving mental health and wellbeing (Caldwell et al. 2021). For example, body-mind and mindfulness training programmes have been linked to better self-regulation, mental health, and well-being in a range of populations including children and young people (Dunning et al. 2019; Tudor et al. 2022; Zoogman et al. 2015; Bluth and Eisenlohr-Moul 2017; Dawson et al. 2020; Galante et al. 2017). Research exploring the

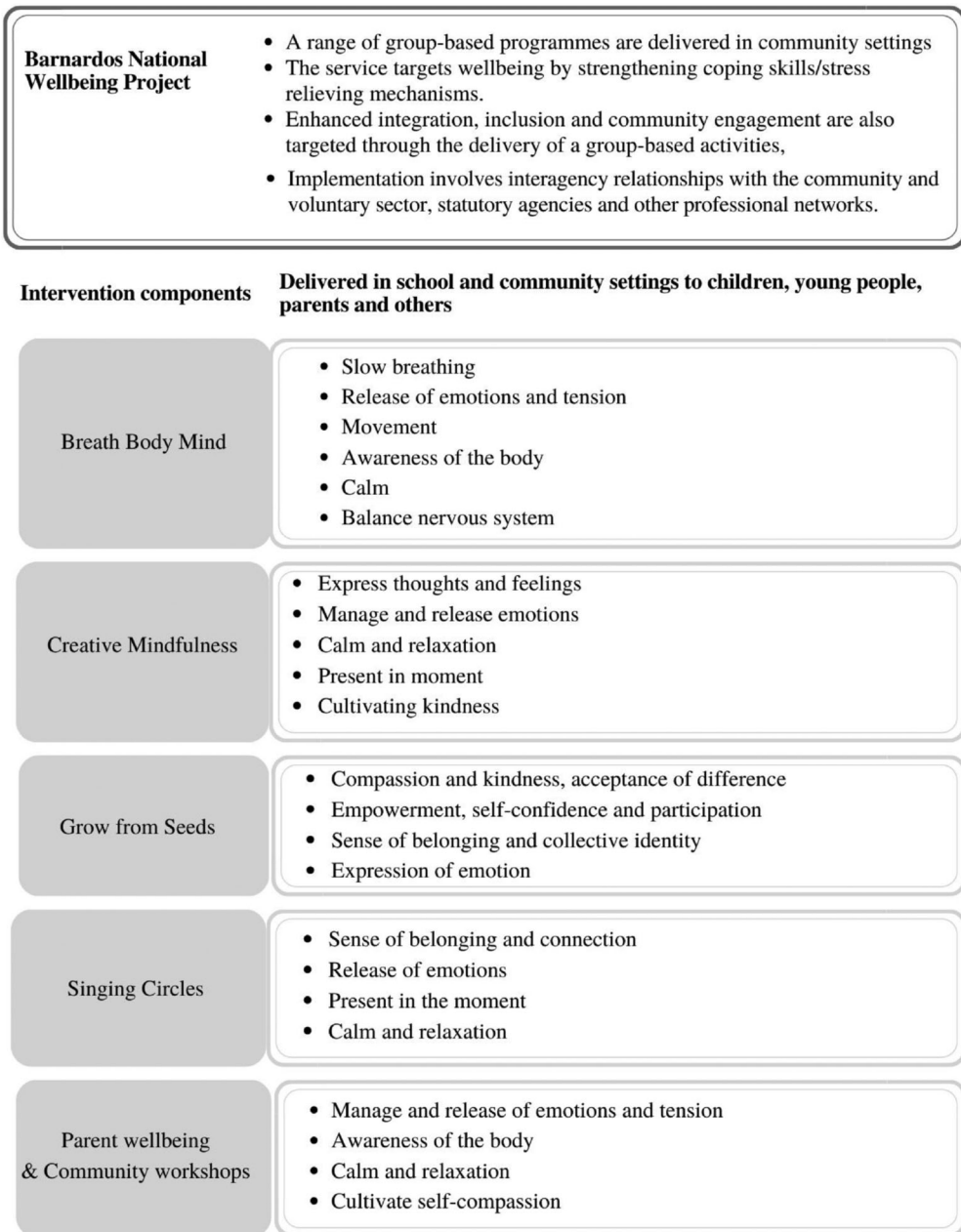


Figure 1. Barnardos National Wellbeing Project.

effectiveness of Breath-Body-Mind (BBM) and Creative Mindfulness (CM) in an educational context has highlighted benefits for wellbeing in educators, social care practitioners and other allied health professionals (Gerbarg et al. 2023; Lennon 2022). However, understanding of the effectiveness of these specific interventions to date is limited by a lack of studies using controlled designs, as well as research focused with children and young people.

Mixed findings in this area have also been highlighted in current research (Burgdorf, Szabó, and Abbott 2019; Dunning et al. 2022; Shorey and Ng 2021). For example, a large-scale, definitive RCT, (MYRIAD – MY Resilience in ADolescence), showed no evidence of superiority of mindfulness training over treatment as usual on student risk of depression, social-emotional-behavioural functioning or wellbeing, when delivered on a universal basis to children and young people (aged 11–14 years) in school settings (Kuyken et al. 2022). The potential for universal school-based interventions to result in iatrogenic effects is also a growing area of concern (Foulkes and Stringaris 2023). For example, further findings from the MYRIAD study indicate that high-risk students who received mindfulness training reported detrimental effects on measures of depression and wellbeing when compared to their peers who received standard social and emotional teaching (Montero-Marin et al. 2022). Another recent study evaluated the universal effectiveness of the ‘Wise Teens’ intervention in school settings (a dialectical behaviour therapy skills training intervention which included the delivery of mindfulness training to adolescents) reported deterioration in depressive symptoms following programme participation (Harvey et al. 2023). Indeed, systematic reviews and meta-analyses have pointed methodological limitations of research evaluating the effectiveness of these kinds of interventions (Kallapiran et al. 2015; Zenner, Herrnleben-Kurz, and Walach 2014; Kostova et al. 2019; Dunning et al. 2022). Studies exploring the efficacy of awareness-based interventions for children and young people are often small scale in nature (e.g. Kuyken et al. 2013), whilst heterogeneity across the pool of studies and variability in methodological quality also limits conclusions regarding their effectiveness (Dunning et al. 2022; Zenner, Herrnleben-Kurz, and Walach 2014). Overall, further research in this area is important.

Given the disproportionate mental health burden the Covid-19 pandemic has placed on the mental health of at-risk, disadvantaged children and young people (Hickey et al. 2023; Newlove-Delgado et al. 2021), it is important to identify supports and services which can promote recovery and resilience. A pilot evaluation of the National Wellbeing Project was established to explore its potential utility in promoting wellbeing in school settings. The short term goals of programme delivery are to teach children and young people how to become more aware of their own psychophysiological states and how to use breathing, movement and meditational practices techniques to reduce stress and gain strategies for emotional regulation in order to boost resilience and wellbeing. Thus, in the current study the aims are: (i) to examine the impact of awareness-based programmes delivered as part of the Wellbeing Project on emotional regulation in children and young people; and (ii) explore the implementation of these wellbeing strategies in a school context in order to understand factors that facilitate or inhibit intervention success.

Methods

A convergent mixed methods evaluation was conducted which included: (1) a quantitative study involving the collection of a teacher completed pre – and post-programme outcome measure of emotional regulation in children and young people taking part in awareness-based interventions delivered in classroom settings as part of the National Wellbeing Project; and (2) a qualitative study comprising interviews and focus groups

to explore stakeholders' experiences of engagement with the programme. The quantitative and qualitative components of the research were designed and conducted separately, with findings being compared and contrasted following analysis.

Study settings

The National Wellbeing Project was available in five pilot sites located across the East and Middle of the Republic of Ireland. During the course of the evaluation, service components were delivered to 688 children and young people attending 19 schools (16 primary and 3 post-primary schools); 14 of these schools were designated as 'disadvantaged' schools according to the DEIS (Delivering Equality of Opportunity in Schools) assessment criteria of the Department of Education and Science (2017).

Intervention

Engagement with schools, programme allocation and preparation

Schools in programme sites were given detailed descriptions of programme components and programme facilitators subsequently met with principals to discuss programme delivery. Through discussion, school community needs were identified, and principals subsequently identified target class groups which would take part and selected the specific programme which would be delivered in classrooms. Parents were then provided with detailed information sheets outlining the programme. An opt-out consent strategy for programme participation was adopted and parents were asked to return a non-consent form if they did not want their child to participate in the programme. Children/young people whose parents did not consent to their participation in programme activities were provided with alternative activities by the teacher and/or brought to a different classroom. Throughout implementation there have been very few children whose parents have opted-out of programme involvement.

Subsequently, facilitators met with teachers to prepare for programme delivery and discussed the programme, class needs and child wellbeing, etc. This helped to build facilitator awareness of any potential risks/adverse responses which may be experienced by participating children. At the start of programme delivery, a group contract was developed with the classroom, establishing ground rules for participation (e.g. respect for others, voluntary participation).

Programme delivery

During group sessions, children and young people received either 1-hour sessions of Breath-Body-Mind (BBM) or 1-hour sessions of Creative Mindfulness (CM) over an 8-week period (1 session per week). The overarching goal was to support children and young people to practise and learn a range of foundational skills for emotional self-regulation, in order to enhance coping, resilience and wellbeing.

Breath-Body-Mind. The BBM programme is a mind-body medicine programme which aims to change patterns of breathing in order to balance the central nervous system, reduce stress, enhance feeling of calm, safety, trust and empathy and, in turn, build self-regulatory capacities (Brown and Gerbarg 2005; Gerbarg et al. 2019). During each

session children and young people engaged in tapping, shaking, and simple breath and movement practices (e.g. the 'Ha' breath which involves shouting the sound 'Ha' while exhaling and moving the arms simultaneously), followed by coherent breathing.

Creative Mindfulness. The CM programme is rooted in the principles of Mindfulness-Based Stress Reduction and self-compassion (Kabat-Zinn 2003). Programme sessions involved practicing breathing techniques, guided imagery and self-acceptance to relax the mind and body, reduce stress and increase compassion (e.g. 'hot chocolate' breathing).

All sessions were delivered in classroom settings by one facilitator per site. Participating children were encouraged to take part, however, all activities were voluntary and children and young people could opt out of activities if they so wished. Participants were also prepared in advance for how they may feel/react to activities. Facilitators were aware of the potential for adverse/unpleasant responses during activities and were experienced in creating safe, supportive spaces for children to participate in programme activities. Teachers were also present during sessions, although they were not involved in programme delivery. Facilitators worked in partnership with teachers (e.g. weekly meetings before and after programme delivery to discuss child engagement) throughout the programme to monitor any adverse responses to the programme sessions. In total, five facilitators working with Barnardos were involved in delivery. Prior to programme delivery, all facilitators had attended a 3 d introduction course in BBM and subsequently completed the 10-day Level 1 Teacher Training Course. Facilitators had also completed an accredited 7 session training course in Creative Mindfulness.

Study procedures

All primary and post-primary schools receiving wellbeing supports were informed of the evaluation and requested to participate. A convenience sampling strategy was adopted. Research information sheets were circulated to parents and consent for child involvement in both quantitative and qualitative research was collected. After parental consents were returned, baseline assessments were completed by teachers using the Emotional Regulation Checklist (ERC) before the first day of programme implementation. To minimise teacher burden, only one outcome measure was selected. Follow-up assessments were completed by teachers within a week of the final session. A self-reported wellbeing measure (Kidscreen-27 subscale) was piloted with children in 5th and 6th classes of primary school and in post-primary schools. This measure was collected in classroom settings by programme facilitators at the first and last session of programme delivery. Feedback from programme facilitators indicated that younger children required support in completing the measures and time restrictions made this data collection challenging. This resulted in data being collected for sub-sample of children only ($n = 38$). Data was incomplete (missing items) and is, therefore, not reported here.

Following programme delivery, participants, including children and young people whose parents had already consented to child participation in the research, teachers, principals and programme staff, were identified to participate in the qualitative study. Selection of participants in the qualitative component was guided by a number of factors including site and role/involvement in programme components to capture a

wide range of experiences/perspectives vis-à-vis the programme. We aimed to conduct focus groups with children and young people across all five sites where the programme was delivered, however, due to time restrictions we were only able to recruit children and young people from four of the sites. We also aimed to select stakeholders who had experience of the different programme components (CM, BM), different school settings (primary and secondary, single sex or mixed gender schools). Due to time and resource restrictions, the sampling was done on a convenience basis. Focus groups with children and young people were conducted in classroom settings. Group size was dictated by the number of children within the group for whom parental consent was returned. Qualitative data collection with other programme stakeholders (teachers, principals and programme facilitators and programme leads/coordinators) were conducted by telephone or MS Teams. All data collection was conducted between March and June 2022.

Measures

Quantitative measures

Teachers completed the Emotional Regulation Checklist (ERC; Shields and Cicchetti 1997) for children and young people in all participating class groups in order to examine the impact of the programme on their ability to manage and cope with their emotions. The ERC is a brief, 24-item questionnaire that comprises two sub-scales: emotion regulation and emotional lability/negativity. The measure is widely used internationally (Molina et al. 2014; Silverman et al. 2022) and previous investigations of its psychometric properties have demonstrated good internal reliability and validity (Shields and Cicchetti 1997; Meybodi et al. 2018; Lucas-Molina et al. 2022). Scale reliability was measured on baseline data and was high ($\alpha = 0.83$ for emotional regulation; $\alpha = 0.92$ for emotional lability/negativity). Higher scores on the emotional regulation sub-scale indicate greater ability to regulate emotions and situational appropriateness in regards to emotional expression. Conversely, higher scores on the emotional lability/negativity subscale indicate poorer emotional stability and flexibility, and negative emotional valence. Items are rated on a 4-point scale.

Qualitative measures

A number of semi-structured topic guides and interview schedules were devised for use in qualitative data collection. Focus group/interview questions were adjusted to reflect developmental considerations and stakeholders' experiences in relation to the Wellbeing Project. For children and young people, a brief focus group topic guide was developed which incorporated a drawing activity tailored to the programme component which had been delivered. Depending on which programme was delivered, programme participants were asked to draw some of the techniques or methods they used to relax, regulate and improve their sense of wellbeing during times of stress, or a picture of themselves involved in programme activities. Drawings were then used as a starting point to ask children and young people about their experiences of the programme and whether they felt the learning in the programme was beneficial and/or whether it had changed anything for them in relation to their wellbeing. Children and young people also participated in activities to rate the elements of the programme they had received, and to discuss their overall satisfaction with the programme. For example, participants were asked to name key

programme activities which were then listed on a large piece of paper. Participants were then asked, using a traffic light system, to identify which activities they liked/disliked (e.g. green stickers for activities they liked, orange stickers for activities they weren't sure about and red stickers for activities they did not like). The focus group topic guide/interview schedules for school staff, as well as programme providers were designed to explore community wellbeing needs, the processes involved in the development, roll out and delivery of the programme, and the perceived benefits or challenges of programme implementation.

Participants

At baseline, teacher reports were collected for 224 students from 18 schools across the 5 pilot sites; teacher reports for 52 children were not completed at follow-up. Reasons for missing data included teacher absence from school, administrative error and non-participation or loss of contact with teacher at follow up.

Four focus groups were conducted with children and young people; one large focus group was conducted in a primary school setting with 13 children (all boys). Three focus groups were conducted in post-primary schools with 27 young people (6–10 per focus group; 12 girls and 15 boys in total). However, teachers ($n = 7$), principals ($n = 4$), home-school-community liaison teachers ($n = 2$) and programme coordinators ($n = 2$) also participated in brief one-to-one interviews. These explored the implementation and delivery of all programme elements. A further online focus group was conducted with 4 programme facilitators.

Analysis strategy

Quantitative analyses

Descriptive statistics were used to establish participant characteristics and to explore how participants were faring in respect of teacher-reported emotional self-regulation. Teacher-reported emotional regulation outcomes (emotional regulation and emotional negativity/lability subscales) were analysed using linear mixed models for repeated measures to determine mean differences between baseline and follow-up and between groups over time. This approach was adopted as data is not required to meet the same stringent assumptions as OLS regressions and analyses of variance (e.g. distribution assumptions, homogeneity of variance) (Hilbert et al. 2019; Schielzeth et al. 2020). LMM's can also account for unbalanced conditions, autocorrelations between repeated measures across time for each participant, and variability between participants. The model included an indicator for time point (baseline and follow-up), group allocation (BBM or CMM), and a time point and group allocation interaction as fixed effects. Participant and class group were included as random effects as a means of controlling for any potential confounding effects of unobserved variables at an individual and classroom level (e.g. age, gender and socioeconomic status). The model was fitted using restricted maximum likelihood. The emotional regulation subscale and negativity/lability subscales were modelled separately. Post hoc tests were conducted using paired samples t-tests with Bonferroni adjustments to assess within sub-group (BBM: Baseline x Follow-up; CM: Baseline x Follow up) differences over time. Analyses of intervention outcomes were

conducted on a complete case basis ($n = 172$), whereby those who were lost to follow-up were excluded from the analysis. Statistical analyses were performed using IBM SPSS Statistics (version 29.0).

Qualitative analysis

Interviews and focus groups were transcribed using a non-verbatim approach. This involved in-depth familiarisation with the raw data (e.g. repeated listening to recordings) and transcribing records of what participants said which excluded colloquialisms, filler words or repetitions, and ‘off-topic’ comments. Verbatim records of comments/speech were taken for key points made by participants. This non-verbatim approach can be used as a quicker, resource efficient alternative to transcription (Hill et al. 2022; Vindrola-Padros and Johnson 2023) and has been argued to help keep researchers close to the data (Davidson 2009; Loubere 2017), whilst still allowing for rich, detailed analysis (Eaton, Stritzke, and Ohan 2019; Hill et al. 2022). In this instance, the approach was adopted as a less resource intensive means of capturing what was said by participants, whilst maintaining focus on capturing the detail and underlying meaning in speech extracts, rather than word for word reproduction.

Transcripts were anonymised and allocated identifiers to ensure confidentiality. Focus groups with children and young people were coded as CYPFGx, while stakeholder interviews and focus groups were coded SIx and SFGx respectively, whereby SI denotes ‘stakeholder interview’ and SF denotes ‘stakeholder focus group’ and ‘x’ denotes the focus group or individual participant. An exploratory content analysis was used to interrogate the qualitative data. The analysis followed the following steps: (i) familiarisation involving detailed reading of all qualitative data; (ii) inductive coding which involved summarising and identifying patterns across the data; and (iii) categorising codes into overarching topic summaries which outlined the perspectives and experiences inherent in the data. Focus groups with children and young people were coded separately by HS, while GH analysed interviews with school staff and programme providers. Codes were subsequently jointly reviewed, with discrepancies highlighted and resolved. This process was supported by the use of nVivo, a qualitative data analysis software package. COREQ guidelines (Tong, Sainsbury, and Craig 2007) were used to guide the analysis and presentation of findings.

Results

Participant characteristics and emotional regulation

A summary of child characteristics and their involvement in the Wellbeing Project indicates that the majority of children were in primary school and involved in the BBM service component. Teacher reported emotional regulation scores at baseline and follow-up are summarised in Table 1.

Intervention outcomes

There was a significant main effect of time ($p < .001$) found indicating that there was a significant increase on the ERC Emotion Regulation subscale for participants between baseline and follow-up. The estimated random effects for participant (ID) and class

Table 1. Participant characteristics and teacher-reported emotional regulation scores.

	BBM		CM		Total	
	n	%	n	%	n	%
School level						
Primary	104	80.6%	43	100	147	85.5%
Secondary	25	19.4%	0	0	25	14.5%
Mean emotional regulation ^a (SD)						
Baseline	26.5	(4.3)	26.18	(4.1)	26.42	(4.3)
Follow-up	28.32	(3.6)	26.67	(4.3)	27.91	(5.7)
Mean emotional lability/negativity scores ^b (SD)						
Baseline	20.59	(6.2)	22.78	(7.3)	21.14	(6.5)
Follow-up	18.8	(4.98)	22.26	(6.8)	19.66	(5.7)

^aTeacher-reported ERC subscale; Higher scores equals better emotional regulation.

^bTeacher-reported ERC subscale; Lower scores equals less emotional dysregulation.

group were 8.5 and 3.13 respectively. The linear mixed model for the emotional regulation subscale of the ERC explained 70% of the variance ($R^2 = 0.698$; $X^2 = 133.43$ ($df = 5$), $p < 0.001$). While there was no effect of group, the group-time interaction was significant ($p < .001$). Post-hoc analyses revealed that only those in the BBM group demonstrated significant change in emotional regulation scores over time (Table 2).

A significant main effect of time was found indicating that there was a significant decrease in emotional negativity/lability for participants between baseline and follow-up, although, the fixed effects of group and group-time interaction were not significant. For teacher-reported emotional dysregulation the estimated participant (ID) variance was 25.95, whilst the estimated class variance was 3.37. The overall linear mixed model fit for the emotional negativity/lability subscale was statistically significant ($R^2 = 0.808$; $X^2 = 194.82$ ($df = 5$), $p < 0.001$). Post-hoc analyses showed that only those in the BBM subgroup demonstrated statistically significantly reduced emotional dysregulation over time, while those in the CM group demonstrated no change (Table 3).

Qualitative findings

The qualitative findings are divided into two overarching sections: (1) perceptions of the Wellbeing Project; and (2) factors influencing programme implementation (See Table 4).

Table 2. Linear mixed model for teacher reported ERC emotional regulation subscale and pairwise comparisons for sub-groups.

Emotional regulation subscale					
Parameter		Estimate (SE)	(95% CI)	Test (df)	<i>p</i>
Random effect					
ID		8.5	6.3–11.47	Wald $z = 6.55$	<0.001
Class group		3.13 (1.7)	1.1–8.96	Wald $z = 1.87$	0.062
Fixed effect					
Intercept		26.9 (0.6)	25.7–28.1	$t = 44.97$ (12.8)	<.001
Group	CM – BBM	–0.55 (1.2)	–2.9–1.8	$t = 0.46$ (12.8)	0.65
Time	Baseline x Follow-up	1.16 (0.3)	0.59–1.72	$t = 4.02$ (170)	<.001
Group * Time	(CM – BBM) * (Baseline – Follow-up)	–1.3 (0.6)	–2.46 – 0.196	$t = –2.31$ (170)	<.022
Pairwise comparisons		<i>M</i> Diff (SE)	(95% CI)	Test (df)	<i>p</i>
BBM	Baseline – Follow-up	1.82 (0.29)	1.25–2.39	$t = 6.33$ (170)	<0.001
CM	Baseline – Follow-up	–0.49 (0.5)	–0.49–1.48	$t = 0.99$ (170)	1.00

Table 3. Linear mixed model for teacher reported ERC emotional Negativity/Lability and pairwise comparisons for sub-groups.

Emotional regulation subscale				
Parameter		Estimate (SE)	(95% CI)	Test (df) <i>p</i>
Random effect				
ID		25.95 (3.4)	20.1–33.4	Wald $z = 7.66$ <.001
Class group		3.37 (2.6)	0.75–15.24	Wald $z = 1.3$.194
Fixed effect				
Intercept		21.01 (0.7)	19.58–22.45	$t = 28.89$ (11.5) <.001
Group	CM – BBM	2.27 (1.5)	–0.59–5.13	$t = 1.56$ (11.5) <.001
Time	Baseline x Follow-up	–1.16 (0.34)	–1.82 – – 0.49	$t = -3.42$ (170) <.001
Group * Time	(CM – BBM) * (Baseline – Follow-up)	1.26 (0.68)	–0.07–2.59	$t = 1.87$ (170) 0.064
Pairwise comparisons				
		<i>M</i> Diff (SE)	(95% CI)	Test (df) <i>p</i>
BBM	Baseline – Follow-up	–1.79 (0.34)	–2.45 – – 1.12	$t = 5.29$ (170) <.001
CM	Baseline – Follow-up	0.53 (0.59)	–1.68–0.63	$t = 0.899$ (170) 1.00

Perceptions of the Wellbeing Project

Children and young people's perceptions of the Wellbeing Project

Children and young peoples' experiences of participation

Children and young people who participated in focus groups reported positive experiences of taking part in the wellbeing sessions. Overall, programme sessions were seen as an enjoyable part of their school day and students welcomed these as a break from their routine learning. Children and young people described how the activities were fun and engaging. The programme sessions were seen as an opportunity to do something different and to relax, unwind or re-energise within the school environment:

Table 4. Overview of qualitative themes and sub-themes.

Section	Themes	Subthemes
Perceptions of the Wellbeing Project	<i>Children and young people's perspectives on the Wellbeing Project</i>	(a) Children and young people's experiences of programme participation (b) Children and young people's likes and dislikes (c) Children and young people's recommendations for programme change
	<i>Stakeholders' experiences of the Wellbeing Project</i>	(a) Reasons for school involvement (b) Perceptions of the relevance of the Wellbeing Project in school settings
	<i>Perceived programme benefits</i>	(a) Children and young people's perspectives – reduced stress and skills to cope with stressors (b) School stakeholders' perspectives – emotional regulation in schools (c) Capacity building for teachers and schools
Factors influencing programme implementation	<i>Mechanisms for programme success</i>	(a) Practical nature of programme activities (b) Participant enjoyment of activities (c) Child-centred approach (d) Skilled, responsive delivery (e) External facilitation
	<i>Challenges and barriers to programme effectiveness and implementation</i>	(a) Gaps in programme adoption (b) Challenges to participant engagement (c) Time and resource pressures

Really fun and engaging. (CYPFG1, 3rd year, boy)

I liked it because it was different and relaxing. (CYPFG3, 2nd year, girl)

It was pure like, just relaxing, you didn't have to stress about it coming to this class.
(CYPFG1, 3rd yr boy)

Children and young people's likes and dislikes

Focus group discussions explored which activities within the wellbeing sessions were liked and disliked by children and young people. Individual differences emerged in focus group discussions with participants identifying their own personal likes and dislikes. Overall, there was considerable variability in what children and young people identified as their preferred aspects of the wellbeing sessions, but many identified all or several different activities as being enjoyable, whilst few of the activities were criticised. Some children expressed a dislike for specific activities, however, there were no activities that were unanimously disliked. This suggests that children and young people, in general, enjoyed the activities offered during delivery regardless of programme, and that the multifaceted nature of the wellbeing sessions and programmes was important for participant enjoyment.

Overall, both breath and movement activities and mindfulness activities were rated positively by participants. Although one or two activities were singled out by individual participants as being a personal dislike, there was no consensus around activities which were perceived unfavourably. For example, ratings of tapping activities (BMM) received positive reviews from some participants: 'the tapping worked', while another participant noted: 'I didn't like the tapping, it didn't stress me out or anything, but it didn't work'. Similar discussions were noted for other activities (e.g. ha breath, buzz breathing), with some participants voicing their general approval for these and others indicating a non-preference. Similar discussions of mindfulness activities were also held. Generally the 'mind jar' was rated favourably. This was described by one child as 'a million out of ten', and another said 'I thought it was amazing'. The focus group participants discussed how this activity had helped them to understand having a 'busy mind' while all the glitter was disturbed and the use of breathing practices to restore calm. Activities which were described in a more mixed manner included the gratitude tree and the 'all about me' activity, although children found it difficult to articulate why they didn't like these difficulties as much.

Children and young peoples' recommendations for programme development

Despite positive perceptions of the wellbeing sessions being described, recommendations for changes to future delivery also emerged during the course of the focus groups. In two focus groups, participants, particularly boys, felt that it would be beneficial to include a nature-based or outdoor component to the programme. These participants noted that during their school day they are typically indoors, and these participants felt that being outdoors could enhance feelings of relaxation and could further promote programme engagement. Additionally, they felt that the practice of breathing techniques could be enriched if conducted outdoors.

Maybe go get some fresh air. (CYPFG1, 3rd year, boy)

It might be nice to go outside for a small bit, we're always inside, it would be good to get out more. (CYPFG1, 3rd year, boy)

If we did the activities outside, especially the breathing and it will be more refreshing when inhaling the cold air. (CYPFG3, 5th year, boy)

Others also suggested that programmes should be delivered to smaller groups, as this would provide greater opportunity for engagement in activities.

I feel like it would be better in smaller groups, rather than in big classes, because you are going to lose so much interest if it's in a big class. People are going to get bored of it. (CYPFG3, 5th year, boy)

Small groups are better for engagement. If you have a huge class and you only have two people that are really into it, only those two people are going to be engaging. But the rest will only be sitting here. (CYPFG3, 5th year boy)

In one focus group, participants felt that addition of an educational component focusing on mental health awareness could be beneficial for older/secondary school participants. For example, one participant said 'I feel like if we learned more about the effects stress has on your body, rather than just doing the activities, that would be good ...'. Another said, 'it felt a bit dumbed down to be honest ... I'd like to be able to know the signs of when something is going on ...'. Finally, some of the participating children and young people also felt that the programmes could be longer in length – some recommended a number of additional weeks, while others felt the programme could run across the school year to provide an ongoing outlet for students and reinforce learning and wellbeing.

I'd like two or three more weeks of it, I think that would be a good amount of time. (CYPFG2, 3rd year girl)

Stakeholders' experiences of the Wellbeing Project

Reasons for school involvement

Reasons for school involvement in the Wellbeing Project were linked by school stakeholders to a pressing need for additional resources to strengthen child wellbeing. All teachers and school staff highlighted poor coping skills and lack of resilience in children and young people as a significant challenge in both primary and post-primary school settings:

In every year there are students that have severe anxiety, I would say we have at least 2, 3, 4 students with prolonged anxiety, we have school refusers – it's always to do with anxiety and I think we have a lot of complex needs. [...] parents are saying that they really struggle, they are trying to get them to see somebody – the waiting lists are incredibly long. (SI3)

We've seen a massive escalation in the anxiety level in our school [...] I suppose we've just seen incredible increase in anxiety. (SI1)

Many participants commented that the 'timing of the programme is excellent' and the recent experiences of Covid-19 were identified as a significant exacerbating factor in relation to school community mental health and wellbeing needs. Prolonged periods of school closures and restricted access to supports and services during Covid-19 were linked to increased worry, stress and anxiety in children and young people, as well as reductions in positive coping mechanisms. Consequently, students were perceived as

experiencing significant difficulties re-integrating into, and coping well in school environments:

After the lockdowns in the last year, starting last year, what we noticed really was a huge change in their resilience. [...] the resilience was like as if it didn't exist. If you tried to change, you know, change your routine [...] if they hadn't been doing basketball for a few weeks and then it was their turn to do basketball again, like the stress and the anxiety was unreal. (SI5)

I was very keen to jump on board and access any extra mental health services and opportunities that we could for populations that are lacking those things at the moment. (SI8)

We were really looking for solutions, or outside help other than what we were doing. [...] the problems that we were seeing after we came back from Covid were much bigger than what we had anticipated or what we were prepared for. (SI9)

Perceptions of the relevance of the Wellbeing Project in school settings

Overall, enthusiasm for, and strongly positive perceptions of, the Wellbeing Project were a strong recurring feature of interviews with school stakeholders. School staff were very positive overall about the relevance and utility of the Wellbeing Project for children and young people. Teachers whose classes had participated in the programme described high levels of pupil enjoyment of the programme. In line with the findings from children and young people themselves, teachers highlighted that the programmes which were delivered in classrooms offered students an opportunity for new experiences during their school day and that the sessions were fun and engaging. These findings suggest that stakeholders viewed participation in the Wellbeing Project as a positive addition to the school and classroom environment.

The attention was amazing. The attention and concentration and the listening skills even just there was something about this program that children just latched on to. (SI10)

This programme has really offered a way of teaching each of them how to process these things, when to relax, and just to deal with one worry at a time. (SI12)

Perceived programme benefits

Children's perspectives – reduced stress and skills to cope with stressors

During focus groups students described how the wellbeing sessions to be beneficial in reducing stress. Importantly the process of taking part was described by children and young people as providing them with an opportunity to gain new knowledge and learn skills and strategies which were helpful in tackling the stressors that children and young people experience in their day-to-day lives.

I think that the programme helped me and others de-stress. (CYPFG2, 3rd year, girl)

I think it was really helpful. If someone is stressed they might not know what to do, but the programme can help them. (CYPFG3, 5th year, boy)

Some of the students described positive benefits from engaging in the wellbeing sessions, such as feeling more relaxed and less stressed, energised and awake:

It was very relaxing and so good. (CYPFG1, 5th year, boy)

I always felt more awake and energised afterwards. (CYPFG3, 2nd Year, girl)

The programme taught strategies were described as being effective in reducing feelings of stress and managing challenging emotions:

The counting does help you when you're getting stressed. (CYPFG5, 4th class, boy)

When I was doing it I really liked to focus on thinking I had a hot chocolate. That calmed me down. (CYPFG5, 4th class, boy)

Some students were also able to describe circumstances or experiences where they had used techniques in their day to day lives, including in stressful or challenging circumstances. One participant described using meditation before going to bed to help with sleep. Others described using breath techniques before a test 'to make them feel better', to manage nervousness before a big sports match or to cope with other challenges or stressors:

The screaming one – the ha breath – when I'm angry, I use it when I want to de-stress. When something goes wrong. (CYPFG1, 3rd year boy)

I did some of the breathing we'd learned and that helped me to stay calm. (CYPFG5, 4th class, boy)

These findings suggest the wellbeing sessions helped these children and young people learn new and/or different techniques that could be used in various circumstances within their lives in order to reduce stress and enhance feelings of wellbeing.

School stakeholders' perspectives – emotional regulation in schools

School staff who participated in qualitative data collection also described perceived benefits for children and young people. For example, programme participation was seen as helping students to gain greater awareness of their emotions and to develop skills which could reduce their stress. This was seen as helping children and young people overall to learn better skills to appropriately manage their emotions in school settings. Programme taught skills and strategies were described as being effective tools for children to regulate their emotional responses to school activities:

The programme is really practical and really effective in the immediacy of the classroom setting when the child might be having a meltdown and they can't really engage in the types of coping skills they might access at home like taking a walk or exiting the room or seeking comfort in a hobby. Those are strategies we would encourage all children to use but they're not really readily available during the middle of a maths test and you have anxiety. (SI8)

Importantly, teachers described scenarios where they perceived children and young people to be putting programme-taught strategies into use to better manage their emotions in school. For example, teachers reported that children and young people were using breathing techniques during difficult circumstances such as a disagreement with a friend or peer. Teachers also reported improved classroom behaviour, as well as enhanced concentration and engagement post-programme participation. Overall, this

led to perceptions of improvements in student emotional regulation and that children were calmer and less reactive following participation in the programme.

We would have seen how they've been able to put those strategies into use and just step back from things, talk about things, ask for help, you know, on just all the breathing strategies – no question it has. It has transferred into the playground and into their, into their friendships. (SI10)

There was a lot of challenging behaviour throughout the year, and in the last few weeks they seem to have settled a bit better and maybe have better skills to cope with different situations or whatever. Yeah, so, some improvement there. (SI1)

At this time of year the kids are most excitable and it can be difficult to contain them. But yeah, the breathing and the tapping they respond really well to, as a calming and re-focusing activity. (SI4)

Capacity building for teachers and schools

The roll out of the programme was seen as helping to strengthen supports for wellbeing in schools. By being present during session delivery, some teachers felt they had gained new skills to support emotional regulation and wellbeing in their classrooms. These teachers described how they continued to use programme-taught techniques, such as breathing and tapping, with their pupils to promote concentration and positive behaviour, as well as addressing student worries and challenges.

I've used that on a few occasions in different settings with kids throughout the school if they're worried or if there are any issues, saying 'remember the jar' and to focus on their breathing. And I suppose the breathing exercises or whatever definitely is something they can carry forward. (SI1)

I've used some of the skills we've learned like the breathing techniques in different scenarios since. I've used them in the church one of the days when one of the children was getting very exasperated. I've used it on the playground and going to matches, so we really benefitted from it. (SI9)

A number of teachers felt programme implementation had also been beneficial for their engagement with children in their classrooms. One teacher, for example, described how they had gained new insights into students' emotional experience by observing their classes' participation in wellbeing activities and felt that that they could use this information to better help their students. Teachers and principals also described how programme involvement had contributed to upskilling and capacity building in relation to wellbeing. That is, school involvement in the programme was understood as helping to equip teachers with new tools, strategies, and skills which they could use to support their school communities. This was also seen as helping school staff feel more competent and confident in addressing student wellbeing.

The other thing I liked was in one of the sessions [facilitator] had a picture of their own bodies in a shape and they could mark in where they hurt when they're worried about something. [...] For me it was interesting to see what they were writing in, some had it in their head and others in their tummies. There were a range of different places they felt that stress and even just looking at that for me, it would be something that would help me to know what to target to help them. (SI4)

I think there's massive upskilling after being done and it's needed. It's needed every single day of the week. You know, even first thing this morning we had a child in a state and he was having a bad morning and they [children] just don't have the skills to deal with that and they're trying to cope in school [...] that's a huge part of this is helping teachers feel that they can cope with this [...]. So actually this upskilling for teachers is massive. (SI10)

Factors influencing programme implementation

Factors influencing implementation are subdivided into (i) mechanisms for programme success and; (ii) challenges and barriers to programme effectiveness and challenges and barriers to programme effectiveness and implementation. Several sub-themes are also identified.

Mechanisms for programme success

Several inter-related mechanisms for programme success were identified, which included: (a) the practical nature of programme taught strategies; (b) participant enjoyment of programme activities; (c) child-centred approach; (d) skilled, responsive delivery; and (e) external facilitation.

The practical nature of programme taught strategies

The skills and strategies which are taught to participants were described as useful and useable within school settings and as providing immediate benefits for students. That is, coping techniques were seen as being readily applicable and practical to use during, for example, examinations or transitions between school activities. Importantly, the programme taught strategies were also seen as being quickly effective in facilitating emotional regulation and stress relief within the school environment:

The breathing exercises, the counting, the visuals, and reminding them that they engaged in these really helped and were quite immediate in their effectiveness. (SI8)

It's giving quite specific strategies, how to deal with x y z, and that is so beneficial. (SI10)

Participant enjoyment of activities

As noted above, children and young people described their enjoyment of programme participation and this was corroborated by other stakeholders' reports. Overall, the programme was seen as offering students a new, different experience during their school day which was fun and enjoyable. This was perceived to be a significant factor in the overall success of the programme. That is, enjoyment of the programme was seen as helping participants 'buy into' their participation and engagement in activities and, in turn, to facilitate learning:

we have a lot of classes, so one class of this was helpful [...] after a few long classes, it's fun to be a bit silly. (CYPFG4, 3rd year, girl)

I think the students are seeing something that they wouldn't see in a normal day and I think that's been opening for them. It's opening their perspective and their mind to things they would never come across and I think they will reflect on it and bring it through with them. (SI3)

Child-centred approach

Appropriately targeting the programme to the needs of children and young people was highlighted as important in ensuring the effectiveness of the programme. Facilitators described adopting a ‘child friendly’ approach and making sure the programme was delivered in a developmentally appropriate manner. Teachers also perceived programme activities to have been implemented in a manner which was adapted and suited to children needs. For example, activities and concepts were seen as being introduced to children and young people using developmentally appropriate language. Facilitators were described as being ‘relatable’ and their interactions with children and young people were praised. That is, facilitators were perceived delivering the programme in a non-threatening, non-pressurising manner and enabling children and young to feel comfortable during their participation and engagement in the programme:

It was very much not too easy, not too hard – but the vocabulary was absolutely right for where the children need to be right now. (SI10)

[facilitator] is very good, she’s very skilled and kind. All of them have warmed to her. She does ask them to do things out of their comfort zone, like the ‘ha breath’, things that they would never do, and maybe even finding their voice is a challenge, but [facilitator] makes it very safe for them because she has a great way. (SI7)

there’s no pressure on the children. A few might have been a bit slow to engage initially. Just because it doesn’t come naturally to them to talk about their feelings. Some of them are a bit embarrassed or don’t have confidence in talking about why they’re feeling a particular way. But I love how it’s non-threatening. Even the music she used for the exercises and everything. Like most of the kids love music and respond well to it, so to have that at the start of every session was fabulous because it gets them on board and participating. (SI14)

Skilled, responsive delivery

Overall, facilitators were highly praised and were identified as an important ‘ingredient’ in programme success. As noted above, facilitators’ skills were central to ensuring that participants enjoyed the programme and felt safe participating in activities. Facilitators’ ability to monitor and react appropriately to children and young people’s response to activities was also highlighted as important. This skill was seen as central to developing a ‘buzz’ during group sessions. Facilitators, for example, described how they adjusted sessions and offered alternative activities depending on how children and young people were responding and engaging within the sessions. This was seen as important in ensuring optimal engagement the individual sessions. Teachers also recognised the manner in which facilitators adapted their delivery strategy to enhance and optimise engagement during delivery:

[facilitator] was amazing. Her interaction was very clear, very organized, very no messing – [...] also her interactions with the teachers were very good, very beneficial. Lovely calm approach and I suppose she was quietly kind of making them feel confident too about what they could do. And just her manner was just lovely. I mean, I think that person is crucial. No question, and she was excellent. (SI10)

If one of the exercises is getting no response from the children we move on, we’re able to move to the next one. (SFG1)

The individual work wasn't working so she put them into groups and they would do group work which ended up being so much better. So there's a bit of reflecting after the group but there's also needing to think on your feet in the moment. (SI16)

External facilitation

Facilitators' ability to build positive relationships with teachers and schools was also highlighted. Importantly, an interagency approach was beneficial from the perspective of schools. The facilitation of the programme by an external professional was identified by school staff as opening participants up to a new voice and perspective, as well as helping children and young people to enjoy and feel comfortable participating in the programme. Moreover, the provision of wellbeing support by an external organisation was also seen as helping to meet the wellbeing needs of children and young people which were difficult for teachers and schools to address:

The teachers in our school make a really big conscious effort to connect with children. But there is a difference when they're in that circle with [facilitator]. They do say things about home that they wouldn't say during maths with a teacher. (SI8)

I find there is no way I can meet all of their needs all the time. Having someone come in who wasn't trying to teach them something academic was such a good thing. (SI4)

Facilitators were described as professionals who could guide teachers and school staff in learning how to use new coping skills and strategies in their classrooms and interactions with children and young people. Additionally, the delivery of the programme in classroom settings was seen as important as teachers were learning about, and subsequently using and reinforcing the skills more broadly in the school environment:

This was perfect in that it was a professional person coming in, showing you the language around, showing the teacher the language around this and how to speak about it and how to be calm and to deliver it properly. Then that's totally scaffolding then for the teacher then who can see, this is how you talk about this (SI10)

Challenges and barriers to programme effectiveness and implementation

A number of challenges and barriers to programme impact and implementation were highlighted. These included (a) gaps in programme adoption; (b) challenges to participant engagement; and (c) time and resource pressures.

Gaps in programme adoption

Despite high levels of programme satisfaction and perceived benefits being described by children and young people and school staff, some limitations in programme adoption were also noted. Some children and young people who participated in focus groups, for example, reported not using the skills and strategies beyond the context of the programme. That is, although participants' experiences of the programme were positive, it did not always result in practical behaviour change or adoption of new wellbeing skills. For example, whilst facilitators had provided the children with breathing and mindfulness cards to bring home to encourage practice with family members, some children described the cards as still 'lying at the bottom of the bag'. Others also said they had

not used the activities, sometimes indicating that they had not thought to use them nor felt a need for their use. Children and young people who took part in focus groups may have been reluctant to describe incidents where they had experienced stress and had used new skills and strategies. However, some students may also need additional supports and/or preparation in translating the skills and learning to their lives and personal experiences outside of the programme. More broadly, stakeholders also noted that many of the children and young people, as well as families in the wellbeing sites, have complex needs and that realistically, multiple and long-term supports would be needed to support their wellbeing needs more fully. In school settings, additional wellbeing resources and increased duration of programme delivery, as well as continued embedding of wellbeing supports, were identified as important in reaching the needs of more at-risk children and young people:

if you're talking about really impacting on wellbeing in a sort of bigger way in the school, it would have to be run for the whole year, would have to be more classes [...] they would need probably nearly a full year, ongoing input around that and support and you know, or even if it was, you know, ongoing every couple of weeks, but the teacher was doing it in between. (SI6)

Challenges to participant engagement

Some gaps in participant engagement were also highlighted. Stakeholders highlighted additional challenges engaging with older primary school students. Challenges to working with these groups included particularly high levels of self-consciousness, potential discomfort in participating in activities and negative attitudes towards the programme.

You might be dealing with a class who are quite self-conscious, for who some of this movement and breath stuff is a bit like 'that's not cool, I'm not doing that'. (SFG1)

... the fifth and sixth classes were a little bit more self-conscious, particularly girls. (SFG1)

The second class probably were more invested in it, they're that bit younger. I think the 3rds took it to as well as well. ... The fourth class [...] I have I think I have heard a rumbling that maybe they you know that they had done a bit of that before. And you know what they're like when they get older. (SI5)

An additional challenge in school settings related to insufficient engagement of teachers in certain groups. Although most teachers displayed high levels of programme buy-in, this was not always the case. Programme facilitators felt this made delivery in these classroom settings more challenging and undermined the success of the programme:

In some areas teachers are so into it, they're so engaged, you can tell that they're practicing it throughout the week because when the worker goes in the following week they're getting that feedback or they've left things in the class that the teacher has gone through. That makes a huge difference to the embedding of the programme. But there are others that are disengaged, or are doing something else, maybe having a conversation with somebody, and this affects the engagement of the children. (SFG1)

Time and resource pressures

Facilitators delivering programme components identified time constraints as a challenge. Programme implementation and delivery was an intensive and multifaceted undertaking

which required project workers to simultaneously recruit and engage schools alongside delivering programme components. Relationship building with schools and school staff was highlighted as important for programme implementation and in particular building an understanding of how and what to deliver to class groups. Thus, a longer lead-in period for programme delivery was identified as potentially beneficial for future cycles of programme delivery as this would allow workers greater time and scope to get to know stakeholders as well as programme participants and adapt the programme to their needs.

It is difficult at times because of everything ... From the start to go out recruiting schools, to planning, to implementing, then to evaluate. (SFG1)

More generally, programme delivery was also seen as requiring intensive engagement, which was difficult when delivering service components as a solo facilitator. Project workers felt like ‘a bit of a lone ranger’ and that delivering without a co-facilitator was a challenging and ‘daunting process’.

Discussion

The findings here report the outcomes from a pilot evaluation of the early implementation of the Barnardos National Wellbeing Project. The overarching aim was to explore the impact of awareness-based programme components on individual wellbeing, as well as the implementation of such interventions in school settings. This programme is a new initiative developed in response to Covid-19 and designed to promote wellbeing in schools and communities. Services to address this issue are important. Stakeholder interviews revealed significant levels of concern in regards to the wellbeing of children and young people, detailing their observations of increased levels of anxiety, emotional dysregulation, behaviour problems and wellbeing challenges in schools. These first-hand experiences are in line with empirical evidence and trends towards increased prevalence of mental health difficulties in young people (Mahon et al. 2022). Qualitative findings here also highlighted Covid-19 as a significant exacerbating factor, contributing to a proliferation and deepening of mental health challenges within school communities. Again, this is supported by emerging literature which has shown that children and adolescents were more likely to experience high rates of depression and anxiety during and after the pandemic (Meherali et al. 2021; Ravens-Sieberer et al. 2021), especially amongst those already at risk due to family adversity and economic disadvantage (Raw et al. 2021; Skripkauskaitė et al. 2021).

The findings provide some preliminary evidence that a brief awareness-based, breath-and body-focused intervention may have a positive impact on emotional regulation in classroom settings. Statistical analyses showed that, overall, children who participated in BBM were demonstrating better emotional regulation, as well as less anger dysregulation and mood lability after receiving the programme. Previous research has demonstrated associations between BBM and improved emotion self-regulation and wellbeing (Gerbarg et al. 2023; Zaccaro et al. 2018), although this is the first study to report on its effectiveness with children and young people. Interestingly, children who participated in BBM fared better at the post-intervention time point than their peers in the CM group. A recent large-scale RCT of a school-based mindfulness intervention

did not find evidence of effectiveness in improving mental wellbeing outcomes in young people (Kuyken et al. 2022). Nevertheless, the findings here should be treated with caution, due to the lack of a comparison group. It should also be noted that a smaller number of children received CM supports, while the findings reported here relate to post-intervention outcomes only. Due to resource and time limitations, data could only be collected immediately following the completion of programme components. However, mindfulness skills and techniques may require more time for practice in order to translate into positive wellbeing outcomes. Thus, outcomes from the CM programme may not be captured within the study timeframe.

Benefits for children and young people, teachers and schools were also reported through qualitative exploration. Children and young people felt that participating in wellbeing supports was an engaging, positive experience, and identified programme taught strategies as beneficial for stress reduction. Teachers also highlighted improvements in child emotional regulation post-programme delivery. In addition, class teachers, while not directly involved in delivering the programme, were present during sessions within the classroom and many reported subsequent use of programme techniques to improve and support emotional regulation and wellbeing in children and young people. Teachers also felt that their capacity to understand the emotional experiences of children and young people had been improved as a result of programme delivery. Thus, the programme represented an opportunity to bridge a capacity and skills gap for teachers by fostering new ways to support wellbeing. Indeed, many teachers feel ill equipped and under-resourced to support the wellbeing of the students they teach (Banerjee et al. 2016; Nohilly and Tynan 2019). Positive changes in teachers' capacity to promote adaptive coping mechanisms may, over time, contribute to further benefits in respect of wellbeing in children and young people.

It is interesting to note that satisfaction with programme components was high, regardless of which component was delivered within school settings. Thus, despite the quantitative evidence pointing to the potential differential effectiveness of programme components, stakeholders still viewed the separate programmes as being positive and beneficial for children and young people. The qualitative findings, however, shed some light on potential challenges to the effectiveness of these kinds of interventions. While overall engagement levels were high in schools, there were certainly instances where gaps in engagement were highlighted. A small proportion of teachers were less engaged in the delivery of programme sessions, and this was seen as potentially undermining the effectiveness of the interventions delivered. Regular practice is critical to the success of awareness-based interventions (Kuyken et al. 2022). Thus, without regular reinforcement and encouragement of programme content, children may not transfer new coping strategies from the programme into their daily routines. Additional findings also indicate that responsiveness to, and adoption of the programme were not uniform and the challenges of delivering service components to a wide range of groups were evident. For instance, older children attending the transition classes of 5th and 6th in primary schools were identified as not engaging nor potentially benefitted with the programme to the same extent. This was attributed to heightened levels of self-consciousness and discomfort in these particular groups and facilitators highlighted the need for deeper consideration of how to adapt programmes more optimally for these groups. It is possible that these factors, such as lack of buy-in and engagement may

have had a larger effect of the CM component and may be an explanatory factor in the non-significant impact of CM on student emotional regulation. Indeed, previous research has highlighted that developmental factors, particularly the self-regulatory and meta-cognitive capabilities of children and young people, are linked to the effectiveness of mindfulness-based interventions (Montero-Marin et al. 2022). Tailoring these kinds of programmes to developmentally-driven needs is vital. The qualitative findings also point to gaps between participant satisfaction with, and enjoyment of, programme components and actual adoption of new skills, with some participants reporting not using the skills and strategies taught to them outside of the programme. It is possible that mindfulness techniques require more regular practice than breath-focused techniques to provide emotional regulation benefits in children and young people. However, it was beyond the scope of this evaluation to assess in more detail adoption and engagement and how these variables influenced programme outcomes. We were also unable to explore whether the specific characteristics of children and young people influenced their responsiveness to programme components. Previous research has shown that low engagement in awareness-based interventions is linked to poorer outcomes and, notably, those at greater risk of mental health challenges may be hardest to engage and show lower responsiveness to kinds of interventions (Wilde et al. 2019). Thus, ongoing innovation and research is needed to understand and promote the effective implementation of wellbeing supports in school settings (Cuijpers 2022).

Universal school-based interventions are growing in popularity, yet there is growing concern regarding the potential for harm if such strategies fail to adequately support children and young people (Venturo-Conerly et al. 2023). Research has also shown that awareness-based interventions can result in unpleasant or triggering experiences for participants. If such interventions are not appropriately delivered and adapted for those who experience risks, they may give rise to adverse impacts (Treleaven 2018; Kuyken et al. 2022). Facilitators must be adequately equipped to work in skilful manner with participants at greater risk of experiencing difficulties or adverse effects. Importantly, the intervention here was delivered by facilitators who had previous experience of working with children and young people who have experienced adversity. Implementation protocols were also put in place to reduce the risk of adverse impacts arising from the intervention and the qualitative findings point to the facilitators' effectiveness in creating a sense of safety for programme participants. However, longer, more intensive intervention and further scaffolding to facilitate and reinforce the application of acquired skills may be needed to ensure that the most at-risk children are fully supported. Additionally, preventative efforts that can support the identification of those most at-risk to enable more targeted, intensive supports to be put in place are also required (Andrews et al. 2023).

Some important findings in relation to the implementation of the wellbeing focused interventions in classroom settings emerged. Enthusiasm for the wellbeing supports was a recurring and strong feature of the qualitative findings and subjective experiences of the programme were also very positive. Key mechanisms for this success included the practical and varied nature of activities offered during programme sessions. This was seen as facilitating opportunities for skills development in participants, whilst also boosting engagement and 'buy in' for new wellbeing skills. Thus, these features were viewed as ensuring the appeal, as well as the applicability of the programme across a range of children and young people. Overall, these findings indicate that the programme was

perceived as appropriate and acceptable at a school community level. These are key implementation outcomes and are highly salient during early implementation (Proctor et al. 2011). Overall, there was a high degree of satisfaction with the programme, as well as perceived fit, relevance, and compatibility between the Wellbeing Project and target participants, their needs and their communities.

The skill level of programme facilitators was strongly indicated as a key ingredient for implementation success. Previous research has shown that in the context of awareness-based interventions, the competency of trainers/facilitators is a central mechanism for effectiveness (Wilde et al. 2019). Another interesting finding, here, relates to the identification of ‘external professionals’ as highly instrumental in the success of the Wellbeing Project. Interventions in school settings are frequently delivered by teachers, however, delivery quality may be undermined by challenges in existing teacher-student relationships which may in turn undermine teaching of social-emotional skills. Further, the skills needed for delivering awareness-based interventions may not be compatible with those required/acquired for academic teaching (Montero-Marin et al. 2022; Wilde et al. 2019). Whereas here, access to dedicated, external facilitators were seen as facilitating greater openness and comfort in participation amongst students. Moreover, teachers and schools often struggle to find the time and resources to dedicate to supporting wellbeing (Reinke et al. 2014). Thus, the availability of external, expert facilitators was also seen as providing an important capacity building resource for schools. Indeed, broader benefits in terms of upskilling of teacher and schools were also highlighted.

Selected interventions delivered by specialist staff can form an important part of whole-school approaches to strengthen children and young people’s wellbeing. The use of external expert practitioners can help to support to introduction of innovations into school communities and ensure high-quality implementation (Weare 2015). Importantly, the implementation of the Wellbeing Project was supported by relationship-building and collaboration between programme facilitators and school staff. These kinds of partnerships between educational and community-based organisations can benefit the development of a co-ordinated response to mental health and wellbeing needs in children and young people (O’Toole and Darlington 2021; Cefai, Simões, and Caravita 2021). These relationships should continue to be developed over successive cycles of programme delivery, while additional supports should also be put in place to support school staff knowledge and capacity building in respect of programme delivery (Weare 2015). If the Wellbeing Project is to be sustained and scaled out, further exploration is required to more fully explore the compatibility and coherence of the programme with routine social and emotional teaching and other curricular activities in Irish classrooms, as well as the identification of implementation supports and practices needed to ensure optimal implementation and impact in school settings.

Study strengths and limitations

A key strength of this evaluation included the use of mixed-methods which facilitated the collection of rich data. Data was collected through both teacher-report and qualitative sources which facilitated more in-depth insights into a wide range of participants’ and stakeholders’ experiences of programme delivery and implementation. However, the evaluation was established during the pilot stage of programme implementation and

was time limited, which meant that it was only possible to capture post-intervention outcomes on one occasion and immediately following programme delivery. Additionally, due to time limitations, the quantitative and qualitative components were conducted separately and in parallel and data were only compared and contrasted at analysis stage. We were unable to tailor and adjust qualitative data collection to probe findings which emerged from the quantitative arm of the study.

A lack of control group is also a limitation although comparisons have been drawn here between those who participated in different components of the intervention. However, due to the absence of a control group we are unable to rule out whether these findings are due to chance. All but one of the schools involved in the roll out of the programme were involved in the evaluation, however, teachers who completed assessments were not blind to intervention and this may have increased the likelihood of positive findings. Timing of data collection may also have influenced the findings, as follow-up data was collected towards the end of the school year and may have influenced child behaviour as well as teacher report. We were also unable to control for, or assess any potentially confounding variables such as disadvantage, adversity, gender, ethnicity, etc. Due to challenges collecting parent consent in a short timeframe, recruitment to the evaluation was lower than that of the programme, which may limit the generalisability of the findings. Due to time and resource limitations, child-self report data was only collected from a very small number of participants. Thus, only one outcome measure could ultimately be reported on, and teacher reports may have been influenced by their perceptions of the programme. Emotional regulation was chosen as the primary outcome within the quantitative study, as the principal short term aims of the National Wellbeing Project are to promote greater mind-body awareness and emotional regulation strategies. It is possible that the ERC measure was better able to capture outcomes from the BBM component compared with the CM component. Finally, focus groups were conducted in classroom settings and one was large in size ($n = 13$), which may have influenced the discussion and limited participant opportunities to provide insights into programme experiences.

Conclusions

Research has highlighted increases in mental health challenges in children and young people post-Covid-19 lockdowns. Consequently, services to promote wellbeing are an increasing public health priority, particularly for at-risk, disadvantaged groups. The findings reported here point to the potential utility of a brief wellbeing focused intervention which aims to promote regulation and wellbeing in children and young people, although further research is needed. Satisfaction with and the perceived acceptability and appropriateness of the intervention were very high, whilst the findings also point to the potential benefits of intervention for emotional regulation in children and young people. Resource and capacity building for teachers and schools were also identified as positive outcomes. Nevertheless, challenges to programme implementation and effectiveness were noted, and lessons emerging from this evaluation may help to enhance the roll out and impact of these kinds of interventions in school settings. Further research is needed to explore in more detail the effectiveness of the National Wellbeing Project for children and young people, as well as for whom and

in what contexts these kinds of awareness-based programmes and practices are most beneficial.

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