Effective evidence-based interventions for emotional well-being: lessons for policy and practice

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Effective evidence-based interventions for emotional well-being: lessons for policy and practice

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School-based programmes developed to promote social and emotional well-being aims to reduce the risk of academic failure and other negative outcomes, such as antisocial behaviour and mental health problems. This article maps the British political trajectory from understanding the importance of social and emotional well-being, to delivering programmes in schools that enhance it. It summarises the outcomes of a selective review of effective school-based interventions and draws out lessons for policy and practice regarding choice and implementation of programmes. Amongst universal and targeted evidence-based interventions, multi-modal/component approaches appear useful in promoting cross-context competence and well-being. However, the scaling up of effective programmes remains unsuccessful and there is a lack of cost-effectiveness or cost-benefit analyses surrounding effective programmes. Despite these drawbacks there is a greater understanding of what constitutes ‘evidence’ and how it can facilitate policy-makers’ selection process when identifying a promising or effective programmes. There is a need to address ongoing outcome and process evaluation, and delivery and resource factors in order to ensure fidelity in programme implementation, and replication of positive outcomes.

Keywords: social and emotional well-being; evidence-based universal interventions

Introduction

In 2004, 10% of children aged 5–16 had a clinically diagnosed mental disorder. Boys were more likely to have a disorder, as were children from disrupted families, children with parents with no educational qualifications and children from poorer families in disadvantaged areas (Office for National Statistics 2004). Other studies show that children’s social and emotional well-being is influenced by individual factors, family background, peers, social groups, the school environment, the community and society within which they live (e.g. Lane et al. 2004). As young school children move towards greater independence and autonomy, they become increasingly influenced by factors external to the family. Schools are therefore an excellent environment in which to promote social and emotional learning (SEL) and well-being (Appleton and Hammond-Rowley 2000).

In this paper, we use the term social and emotional well-being as defined by the National Institute for Health and Clinical Excellence (NICE 2008), comprising three dimensions with associated indicators:

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(1) Emotional well-being (including happiness and confidence, and the opposite of depression).
(2) Psychological well-being (including autonomy, problem solving, resilience and attentiveness/involvement).
(3) Social well-being (good relationships with others, and the opposite of conduct disorder, delinquency, interpersonal violence and bullying).

SEL is the process of developing the ability to recognise and manage emotions, develop caring for others, make responsible decisions, problem solve using non-conflict strategies and establish positive relationships (The Collaborative for Academic, Social, and Emotional Learning [CASEL] 2005). Children who demonstrate high levels of social and emotional well-being are likely to do better at school and in life, and educators are recognising the importance of integrating social, emotional and academic factors for effective learning (CASEL 2005). Satisfying children’s emotional needs increases motivation to learn and commitment to school, improves attention and attendance rates and reduces suspension and expulsions (Malecki and Elliott 2002) and impacts on patterns of health inequalities in adulthood (Graham and Power 2004).

Children with emotional and social problems are more likely in later life to experience lower educational attainment, teenage pregnancy, unemployment, drug and alcohol misuse, violence and crime (Adi et al. 2007). An integrated approach, using universal and targeted interventions, could prevent negative behaviours and subsequent costly consequences for the education, health and social services, and the criminal justice system (NICE 2008). The costs of crime alone contributed to individuals with conduct problems is £65 billion per year (Sainsbury Centre for Mental Health 2009).

School-based activities to develop and protect social and emotional well-being should, in light of other influential factors, form one element of a broader, multi-agency strategy (NICE 2008). Other elements may include, for example, the development of policies to improve family life and the social and economic circumstances of children living in disadvantaged circumstances, and good service provision such as childcare in the early years. Recent reports by Tickell (2011) on the implementation of the Early Years Foundation Stage in England, and also Fields (2010), state the importance of closing the achievement gap between disadvantaged children and their more advantaged peers, and SEL programmes could facilitate the achievement of this aim.

In this paper, we look briefly at the risk and promotional factors salient to developing social and emotional well-being. We then provide policy background, from the UK perspective, on social and emotional well-being and the subsequent development of a universal government initiative to enhance child well-being. This is followed by examples of well-evidenced, and promising, interventions that have demonstrated effectiveness in increasing social and emotional well-being. Interventions aimed to promote prosocial skills and behaviours, to reduce bullying and disruptive behaviours, and those to improve mental well-being will be included.

The emphasis is on SEL approaches (to promote well-being) currently available in the UK with school-aged children. We then discuss potential issues which affect outcomes or potential scale up of programmes, thereby presenting lessons for policy and practice.
Influences on social and emotional well-being

Socially and emotionally competent individuals typically succeed in life as they are self-aware with a grounded sense of self-confidence, socially aware and empathic, can handle their own emotions and pursue long-term goals, are effective in establishing and maintaining relationships, and are resistant to inappropriate social pressure, and are responsible decision-makers by respecting others.

Individual factors

Individual factors such as cognitive/developmental impairment, impulsiveness, attention deficits and hyperactivity are risk factors against developing or maintaining social and emotional well-being (Sutton, Utting, and Farrington 2004). Interventions for school-aged children that improve parent–child relationships and children’s own cognitive, self-control and social skills can promote well-being and subsequently prevent, or reduce, emotional difficulties and potential antisocial behaviour (Sutton, Utting, and Farrington 2004).

Family and parenting factors

Risk factors for negative child well-being outcomes include poor parental supervision, inconsistent, neglectful or harsh discipline and a failure to set clear expectations for children’s behaviour (Hawkins, Welsh, and Utting 2010). Conversely, positive parenting practices such as effective praise, limit-setting and positive interactions promote self-esteem and social and emotional well-being. Family factors continue to exert an important influence even when children of 9 or 10 begin to value their friends as highly as their parents (Reid and Patterson 1989).

School factors

Geographical location and community factors such as levels of disadvantage can influence well-being. However, schools can positively influence well-being through their ethos, organisation, teaching and disciplinary practices and pastoral care (Farrington and Welsh 2007), thereby encouraging motivation to learn (CASEL 2005). Underachievement emerging during junior school is an important factor for negative life outcomes, with children who perform poorly more likely to truant, and be at risk of negative outcomes such as unemployment (Anderson et al. 2005).

Peer influences

Positive peer relationships play a promotional role by providing opportunities for practicing cooperation, negotiation, compromise, conflict resolution, problem solving and social support (Hartup 1996). Children who associate with antisocial or delinquent peers tend to be those rejected by their wider group of peers (Farrington and Welsh 2007). Emotionally withdrawn children may have difficulties in social skills, social information processing (Hymel, Bowker, and Woody 1993) and teacher–child relationship (Ladd and Burgess 1999).
UK policy context around SEL

UK government’s interest in interventions that develop social and emotional competencies, are relatively new, emerging largely as a policy shift towards more integrated children’s services under the former Labour government.

Following the Children’s Act of 2004, the Every Child Matters (ECM) agenda set out an ambitious framework to reform education and children’s services by reframing young people’s needs around five key outcomes: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being (DfES 2004a). The ECM agenda placed a duty on local authorities to ensure greater cooperation and integration between statutory agencies (e.g. education, social services, health and police) and other bodies such as the voluntary and community and private sector (DfES 2004b).

Theoretical and semantic issues surrounding social and emotional competence were outlined in the Department for Education and Schools’ (DfES) commissioned report, ‘What works in developing children’s emotional and social competence and wellbeing?’ (Weare and Gray 2003). Subsequently a school-based programme was developed in response to the growing evidence (mainly from the USA) of the positive impacts of SEL. The Social and Emotional Aspects of Learning (SEAL) programme was an ambitious attempt by the DfES (and later the Department of Children Schools and Families [DCSF]) to provide universal SEL support for all pupils at primary level. Disseminated as a programme through the National Strategies (a series of central UK government teaching initiatives), the programme was described as ‘a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well being of all who learn and work in schools’. SEAL took a less prescriptive stance than many existing (US) SEL programmes, in that it adopted an enquiry-led approach that encouraged children to explore and develop their own understandings around SEL.

The Primary SEAL guidance stated that children should be evaluated on 42 social, emotional and behavioural skills, yet methodology and direction on how to formally evaluate progress was missing. The DfES commissioned a review of approaches and instruments to assess SEL (Edmunds and Stewart-Brown 2005), but the review failed to make recommendations of explicit standardised instruments to assess SEAL outcomes. SEAL has not been rigorously evaluated in a randomised controlled trial (RCT), that is, by comparing schools implementing SEAL to those without SEAL. The 2003–2005 pilot of Primary SEAL in 25 local authorities was, however, evaluated using simple pre- and post-intervention questionnaires demonstrating positive age-related improvements in social skills and relationships (Hallam, Rhamie, and Shaw 2006). SEAL take-up by primary schools has been good, but variable levels of implementation and fidelity are noticeable. A rigorous evaluation of SEAL is needed, to include full outcome, process and cost-effectiveness evaluations, and ensure that we are supporting our children in the best way possible, without being wasteful of resources.

In 2007, the issues around child well-being were placed dramatically in the media and policy spotlight following Jonathan Bradhaw’s influential report for UNICEF, in which the UK was ranked bottom out of 21 industrialised nations in a comprehensive comparison of child well-being (UNICEF 2007). Child well-being was measured across six different domains (material well-being, health and safety,
education, relationships, behaviours/risks and subjective reporting), drawing on 40 separate indicators relevant to children’s lives. The UNICEF report prompted a much wider, high-profile debate around the role of SEL interventions with policy-makers, researchers, teachers and parents arguing the benefits, and even potential harms, of explicitly developing social and emotional skills through such programmes (APPG 2007). In an updated study, the UK has risen marginally in its ranking, although this is most likely due to an expansion of the study to include developing nations (Bradshaw and Richardson 2009).

In 2007, a secondary school version of the SEAL programme was under development by the Labour government. The publication of the UNICEF findings prompted an accelerated rollout of this initiative, without a full evaluation of effectiveness. By the time a national evaluation of secondary SEAL was completed in 2010, approximately 70% of schools were reported to be implementing the SEAL programme to some extent (and 90% of primary schools). The secondary SEAL evaluation highlighted variability in methods and quality of programme implementation. It was suggested these variable approaches were due to SEAL being envisaged as a loose enabling framework for school improvement, whereby schools apply the programme flexibly within their own context, rather than as a structured programme with relevant levels of support, training and fidelity to implementation (APPG 2007; Humphrey, Lendrum, and Wigelsworth 2010). In terms of impact, the analysis of pupil-level outcome data indicated that secondary SEAL failed to impact significantly upon pupils’ social and emotional skills, general mental health difficulties, prosocial behaviour or behaviour problems. Set against the context of the wider evidence base around effective SEL programmes, it was argued that future school-based SEL initiatives should offer more structure and consistency in terms of programme delivery and careful monitoring of fidelity of implementation (Humphrey, Lendrum, and Wigelsworth 2010).

So where does the above place us today? Despite the development of government policies and initiatives over the past decade, progress in the implementation of effective evidence-based interventions for promoting children’s SEL within schools remains slow. The removal of the National Strategies by the new UK government (Conservative and Liberal Democrat coalition) means that SEAL is no longer being disseminated as a central government initiative. This political shift, coupled with pressures on schools to adopt a more ‘traditional curriculum’, means less attention is being placed on SEL at a national government level.

Interestingly, the current move towards decentralisation provides schools, colleges and children’s centres with greater freedom in terms of which teaching methods and programmes to adopt, including SEL interventions (DfE 2010). In this context, it is crucial that practitioners are given high-quality information around effective SEL interventions in order to make informed choices. Encouragingly, accessibility to relevant information on, for example, research findings, programme implementation and materials, is becoming easier, with clear, user-friendly reports and the development of databases or ‘toolkits’ to enable easy access to research-proven programmes. For example, MP for Nottingham North, Graham Allen, recently led a review that based its recommendations around evidence-based approaches to children’s services and early intervention (Allen 2011). The report, ‘Early intervention: next steps’, recommends that 19 programmes with rigorous evidence of effectiveness should be supported and expanded, including a number of SEL programmes, some of which are covered in this paper. The proposals include
the development of an independent ‘Early Intervention Foundation’, which would expand and improve the provision for evidence-based SEL programmes across the UK.

The uptake and promotion of SEL interventions in the UK will become increasingly influenced by decisions made by educational professionals and practitioners, rather than policy-makers. These practical decisions will be influenced heavily by how confident professionals are that SEL will be effective, and cost effective, within their particular context.

Effective interventions
A recent review of 213 studies involving school-based universal interventions found SEL programmes to significantly enhance protective factors and help build children’s resilience, when compared to control children. Those who participated in a programme demonstrated improved social and emotional skills, attitudes, behaviour and academic performance (Durlak et al. 2011). Similarly, a review of 80 studies involving school-based targeted programmes, found positive effects on social–emotional skills, attitudes towards self, school and others; social behaviours; conduct problems; emotional distress and academic performance (Payton et al. 2008). Outcomes for programmes in both reviews were maintained for a minimum of six months after the intervention.

This paper presents a selective, non-meta-analytic review, of programmes available in the UK to promote SEL and well-being.

Method
Search strategy
A search was conducted to identify evidence-based programmes relating to SEL and well-being for school-aged children.

The Durlak et al. (2011) and Payton et al. (2008) reviews, and other relevant reviews and databases including the Allen Report (2011), Blueprints for Violence Prevention (Mihalic et al. 2002a), Best Evidence Encyclopaedia, CASEL, Cochrane Collaboration, and the Children’s Workforce Development Council Commissioning Toolkit, were searched. Professional networks, service providers and programme developers/websites were then targeted to establish which were available within the UK. The ISRCTN website was also searched for UK trials (ongoing and completed) of identified programmes. The programmes outlined below do not form an exhaustive list, but are a selection of those with best available evidence.

Programme inclusion criteria
- Have achieved quality (or promising) status on a rigid set of criteria, such as Blueprints’ Model criteria.
- Promotes SEL or well-being.
- Appropriate for school-aged children.
- Available in the UK.
Programme exclusion criteria

- The negatives of the above.

In describing a selection especially relevant to the UK, we describe programmes with robust evidence that have been evaluated by RCT. We make a distinction between universal interventions primarily focused on whole schools, year groups or classes and targeted (or indicated) programmes for individual children who are displaying early signs of emotional or behavioural problems and have therefore been identified as requiring additional support, and multi-modal programmes that comprise multiple components, delivered across contexts or agencies, such as parent programmes delivered within schools alongside programmes for children.

Universal school-based programmes

Promoting Alternative Thinking Strategies (PATHS) ([http://www.channing-bete.com/prevention-programs/paths/paths.html](http://www.channing-bete.com/prevention-programs/paths/paths.html)) is an American cognitive-behavioural programme for promoting social and emotional competencies and reducing aggression, while enhancing academic attainment among primary school children. The curriculum provides teachers with systematic, developmentally based materials. RCTs in the USA and Netherlands have shown reduced levels of aggressive behaviour and increased self-control, tolerance for frustration and use of conflict resolution strategies (Mihalic et al. 2002b; Kam et al. 2004; Riggs et al. 2006). An adapted version of PATHS for Northern Ireland (Together4All) has been evaluated by RCT in 12 schools; positive findings included increased empathy, cooperation and conflict resolution, and reduced aggression among participants compared with a control group (Ross et al. in preparation). In England, a RCT of PATHS with 56 schools is due to conclude in 2012. Preliminary short-term results show improved child behaviour and social and emotional competence in schools delivering PATHS compared to ‘non-PATHS’ schools (Morpeth and Bywater 2011). PATHS has also been trialled in Flintshire, Wales (Appleton and Hammond-Rowley 2000).

Incredible Years (IY) Classroom Dinosaur Programme ([www.incredibl eyears.com](http://www.incredibleyears.com)) was originally developed to treat clinic-referred children (ages 3–7 years) diagnosed with oppositional defiant disorder or early-onset conduct problems. The programme was adapted to enable teachers to deliver it to whole classes. Programme methods include videotape modelling, role play and practice of targeted skills and reinforcement for targeted behaviours. The classroom-based Dinosaur Curriculum comprises 30 classroom lessons per year, with content divided into seven units: Learning school rules; How to be successful in school; Emotional literacy, empathy and perspective taking; Interpersonal problem solving; Anger management; Social skills; and Communication skills. Lesson plans cover each of these areas at least twice a week, in 15–20-minutes large group circle time followed by 20 minutes of small group skill practice activities. In the US RCT in disadvantaged Head Start schools intervention children demonstrated more social and emotional self-regulation and fewer conduct problems than control children (Webster-Stratton, Reid, and Stoolmiller 2008). The Classroom Dina Programme is implemented across Wales with some attendance at training being previously funded by the Welsh government, and it is delivered in every primary school in the county of Gwynedd.
The multi-level Norwegian Olweus programme (http://olweus.org/public/bullying_research.page) uses a ‘whole school’ approach by altering the institutional ethos of primary and secondary schools to reduce bullying problems. The programme includes class discussions about bullying and peer relations. Pupils who bully, or are victims of bullying, receive additional individual interventions. In Norway, the programme was found to reduce bullying by 50% with additional reductions in antisocial behaviour, theft, vandalism and truancy during at a two-year follow-up (Olweus 1999). A UK antibullying programme evaluated in Sheffield, England, drew on the Norwegian work and involved 6000 pupils aged 8–16 years in 16 primary and seven secondary schools (Smith and Sharp 1994). Results showed a 17 and 5% reduction in bullying in primary and secondary schools, respectively. The Sheffield approach subsequently informed a government-led strategy for tackling bullying in schools nationally.

KiVa (http://www.kivakoulu.fi/there-is-no-bullying-in-kiva-school) is an antibullying programme developed in Finland, and also includes universal and targeted approaches. The 20-hour curriculum includes class discussions, group work, short films, role-playing exercises and an interactive computer game. In the targeted component, trained staff members work with teachers to resolve bullying incidents. A RCT in 78 Finnish schools showed that pupils in participating schools were significantly less likely to be bullied than those in control schools (Salmivalli, Kärnä, and Poskiparta 2011). KiVa is now implemented by 82% of schools in Finland. The programme is for primary and secondary school children and has been translated into English for age groups 4–6 and 10–12 years. Although it has not yet undergone rigorous evaluation in the UK KiVa trainings are being introduced in to the UK in 2012.

Targeted school-based programmes

The American Incredible Years Therapeutic (small group) Dinosaur Programme (www.incredibleyears.com) was designed for clinically-referred children with behavioural problems. It reduces conduct problems and improves children’s peer relationships and problem solving skills. It is delivered to targeted groups of six children over 18–22 weeks in two-hour sessions, and uses the same curriculum as the IY Classroom Dina Programme. Teachers identify children, for example, by using a screener such as the Strengths and Difficulties Questionnaire (Goodman 1997). It has shown encouraging results when delivered in UK schools (Hutchings et al. 2011) and is currently undergoing evaluation by RCT in 20 UK schools (Bywater et al. 2011).

Multi-component/modal programmes

Collaborative working across agencies has seen parenting programmes being delivered in school environments to improve home–school links while promoting social and emotional and academic skills, while other programmes offer a multi-level or multi-agency approach.

The Incredible Years Series (www.incredibleyears.com) includes interventions for parents (of children aged 0–12 years), teachers and primary school children – all of which have been found to be effective in the USA and further afield. The series was developed to prevent or treat, conduct problems and antisocial behaviour by
promoting children’s social and emotional well-being. The parent programmes have been found to be effective in the UK (Hutchings et al. 2007; Bywater et al. 2009) and Ireland (McGilloway et al. 2012) and cost effective in the UK and Irish context (Edwards et al. 2007; Charles, Bywater, and Edwards 2011; O’Neill et al. 2011; Furlong et al. 2012). The Teacher Classroom Management programme introduces teachers to effective classroom management strategies, which includes proximal praise, rewarding good behaviour. The programme is effective in the UK and Ireland (Hutchings et al. 2007; McGilloway et al. 2012). The two child programmes were outlined in previous sections.

Although the programmes can be delivered successfully and effectively as ‘stand-alone’ programmes to achieve the greatest impact, it is recommended that child, parent and teacher programmes be delivered simultaneously (Webster-Stratton and Reid 2010). In the UK, all 22 authorities in Wales have trained service staff to deliver the parent programme, with staff from 19 authorities trained to deliver the child and teacher programmes. The Welsh government has previously funded attendance at trainings.

Families and Schools Together (FAST) (www.familiesandschools.org), developed in the UK, brings together families, schools, the community and local services. It uses a combination of different approaches such as kid’s clubs, parent sessions and structured peer time, to enhance family functioning and reduce school failure, violence, delinquency, substance abuse and family stress (Terrion 2006). There are five versions of the programme from ‘baby’ to ‘teen’ FAST. FAST RCTs in disadvantaged communities in the USA have demonstrated improvements in academic performance and classroom behaviours, including aggression and social skills, and family adaptability for children aged 4–9 years, up to two years following intervention (Kratochwill et al. 2004, 2009; McDonald et al. 2006). FAST is delivered in five local authorities/geographical sites across the UK and an RCT in Britain is planned for 2012. Save The Children’s aim is to establish over 430 FAST groups across the UK, improve the educational achievement and life chances of 50,000 children, and train over 8000 new FAST programme facilitators by 2014.

The Family Links Nurturing Programme (http://www.familylinks.org.uk/about/nurturing-programme.html) was developed in the USA to promote emotional literacy in parents and children. The approach is based on four basic principles; self-awareness and self-esteem, appropriate expectations, positive discipline and empathy. It provides tools to help adults and children understand and manage feelings and behaviour, improve home and school relationships, and self-confidence. There are two main programmes. The Parents Nurturing Programme is a 10-week group programme (2 h/week) for parents of children up to 18, which discusses core parenting issues, like constructive praise and criticism, problem solving and negotiation, but also wider issues such as those around sex. The Schools and Early Years Nurturing Programme for children aged 3–13 is delivered for up to one hour per week every term. The programme was initially piloted in the UK by an Oxford based charity. It can be referred to as a ‘promising’ programme and is developing an evidence base (Eaude 2006). It is currently being evaluated by RCT in Wales (Simkiss et al. 2010).

Table 1 presents a summary of these programmes, which all have international evidence of effectiveness by rigorous research design. PATHS, IY and the Olweus Programmes have all achieved the status of a Blueprint Model Programmes, that is, have been independently evaluated by RCT, demonstrating evidence of effect with
Table 1. UK available programmes at a glance. All have undergone RCT evaluation elsewhere; this table establishes whether RCT UK evidence is available.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Type (origin)</th>
<th>For ages (years)</th>
<th>Primary aim and outcomes</th>
<th>Length of programme</th>
<th>UK RCT findings</th>
<th>Cost analysis in UK or Ireland</th>
<th>Process analysis in UK</th>
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<tbody>
<tr>
<td>PATHS</td>
<td>Universal (USA)</td>
<td>4–6</td>
<td>To promote social and emotional well-being.</td>
<td>Lessons 3–5 times per week</td>
<td>Increase in social and emotional competence</td>
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<td>Incredible years series</td>
<td>Multi-modal comprising standalone programmes (USA)</td>
<td>0–12</td>
<td>To promote social and emotional well-being and reduce conduct problems</td>
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<td></td>
<td>• Parent/teacher skills</td>
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<tr>
<td>Programme Type (origin)</td>
<td>3–8</td>
<td>Child: 2 lessons per week Teacher: teacher sessions 1/month for 6 months. Uses strategies daily in class</td>
<td>No RCT as yet in UK Increase in positive teacher and child behaviour. Decrease in negative teaching and teacher stress</td>
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<td>Universal</td>
<td>0–12</td>
<td>Parent: 8–18 2 h weekly sessions</td>
<td>Reduction in negative parenting and child behaviour, increase in positive parenting and child social and emotional competencies No RCT as yet in UK – planned for 2012</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Targeted</td>
<td>3–8</td>
<td>Child: 18–24 2 h weekly session</td>
<td>Pilot trials show increased social and problem solving skills. RCT outcomes due 2013</td>
<td>X</td>
<td>√ ongoing to complete 2013</td>
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<tr>
<td>Families and Schools Together</td>
<td>0–18</td>
<td>Empowering families and children by promoting protective factors. Build home, school and community links.</td>
<td>Outcomes: • Academic performance • Social/antisocial behaviour • family stress • positive relationships</td>
<td>8 weeks</td>
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<td>Multi-modal (UK)</td>
<td>0–3</td>
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<td>8 wks 2.5hrs/wk then monthly multi-family group meetings (2.5–4 h) for 2 years led by parents</td>
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<td>School and parent/child programme</td>
<td>3–18</td>
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<td>Universal (Finland)</td>
<td>4–12</td>
<td>To reduce/prevent bullying.</td>
<td>20hr curriculum</td>
<td>X</td>
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<td>KiVa</td>
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<td>Outcomes:</td>
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sustained effect, and multiple site replication. The FAST programme has achieved the ‘highest’ rating, and Family Links a ‘promising’ rating on the Children’s Workforce Development Council’s Commissioning Toolkit of parenting programmes, through strong evaluation evidence, which are underpinned by evidence-based theories that are accurately reflected in the programme’s materials and activities. KiVa is an example of Canadian ‘best practice’ on the Canadian Public Health Agency because of the programme, research, evaluation and outcome quality.

The table highlights the lack of consistency on prime outcome measures, and length of follow-up (see the systematic reviews by Durlak et al. (2011) and Payton et al. (2008) for a discussion on these limitations).

Selecting an evidence-based programme is not enough to guarantee success

Developing the UK evidence base for effective interventions is extremely important for improving child well-being. However, in order for the interventions to achieve results similar to those in rigorous evaluation trials they must also be well executed, that is, delivered with fidelity. It is important to establish whether the programme developers or trainers have a framework in place to provide professional development, such as onsite observation and provision of objective feedback on delivery and skills, and ongoing training or supervision. Programmes should include tools to facilitate implementation such as protocols, manuals, guidelines, and materials to not only deliver the programme well but to monitor implementation and fidelity levels. The programmes outlined above are amongst the most thorough in their attention to these issues, however variability still exists across programmes, and not all trials have assesses process of delivery and the interaction with effect.

Systematic investigation of working processes such as changing needs, resources, intervention application, or delivery, all impact on intervention outcome (Gitlin and Smyth 1989). At the end point, we cannot be sure if it is the intervention, the process, or both, that influenced outcome effects without assessing both strands.

Complex interventions, such as those delivered in schools, have several interacting components and present unique problems for evaluators in addition to usual practical and methodological difficulties. The UK Medical research Council (MRC) (2009) state that it is necessary to evaluate the following dimensions of complexity to fully assess any meaningful intervention and/or process effects:

- Number of components and interactions between them – theoretical understanding is needed of how the intervention causes change, so that weak links in the causal chain can be identified and strengthened.
- Number and difficulty of behaviour changes required by those delivering or receiving the intervention – lack of impact may reflect implementation failure rather than genuine ineffectiveness; a thorough process evaluation is needed to identify implementation problems.
- Number of groups or organisational levels targeted by the intervention – variability in individual level outcomes may indicate a need for larger sample sizes to take account of the extra variability, or cluster – rather than individual-randomised designs.
• Number and variability of outcomes – a single primary outcome may not be most appropriate; a range of measures may be required.
• Degree of flexibility or tailoring of the intervention – ensuring strict fidelity to a protocol may be inappropriate; the intervention may work better if adaptation to local setting is allowed.

Issues may arise relating to the difficulty of standardising intervention delivery, within local contexts, such as making adaptations or accommodations to the programme or delivery service to ensure that both programme and services are ready for delivery, the logistical difficulty of applying experimental methods to service or policy change and the complexity of the causal chains linking intervention with outcome (MRC 2009).

The University of Illinois, USA and the CASEL have developed a more specific model to guide schools in implementing and sustaining SEL programmes (Devaney et al. 2006). The model comprises 10 implementation steps grouped into three phases – readiness, planning and implementation – and six sustainability factors. A rubric tool, based on this model, helps schools rate their implementation quality on each of the steps and factors. The tool and model are being used in a three-year pilot initiative to implement SEL programmes in Illinois, with encouraging results. The MRC (2009) and CASEL's (Devaney et al. 2006) guidance could support UK stakeholders when undertaking the actions recommended by NICE (2008) to promote children's well-being in schools. (see Table 2).

Process evaluation is critical when trialling an intervention programme, and ongoing evaluation and monitoring is crucial throughout scale-up to maintain intervention integrity and effectiveness, for example, to monitor that programmes are not delivered by insufficiently trained staff with inadequate resources (Mihalic et al. 2002a). A process evaluation may highlight barriers to successful implementation such as: inaccurate conceptualisation of programme underpinnings into programme components; overburdened and overwhelmed staff; lack of programme support for adequate, continuing, staff development and for programme implementation or

<table>
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<th>Implementation stage</th>
<th>Steps in implementation model</th>
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| Readiness                    | 1. Head commits to school-wide programme  
                                   2. Engage stakeholders and form steering committee  |
| Planning                     | 3. Develop and articulate a shared vision  
                                   4. Conduct needs and resources assessment  
                                   5. Develop action plan  
                                   6. Select evidence-based programme  |
| Implementation                | 7. Conduct initial staff development  
                                   8. Launch programmes in classrooms  
                                   9. Expand and integrate school-wide programme  
                                   10. Revisit activities and adjust for improvement  |
| Sustainability factors       | 1. Provide ongoing professional development  
                                   2. Evaluate practices and outcomes for improvement  
                                   3. Develop infrastructure to support social emotional learning  
                                   4. Integrate the learning framework school-wide  
                                   5. Nurture partnerships with families and communities  
                                   6. Communicate with stakeholders  |
supervision/monitoring; school or region limited capacity or resources to implement the programme or strategy successfully, e.g. lack of staff, time or finances (Devaney et al. 2006).

**Cost-effectiveness**

Empirical educational research typically focuses on intervention effects, policies and programmes whilst ignoring costs (Rice 2002). If school-based SEL programmes are to be seriously considered for scale up, costs of implementation, cost-effectiveness and potential long-term cost-benefits should be a priority. It seems foolhardy to evaluate an intervention, find it is effective in achieving positive outcomes, but found not to be cost effective during roll-out, and is thereby abandoned through lack of resources, or worse its delivery is continued, with various ‘corners cut’, in an attempt to reduce implementation costs, which may yield the intervention useless.

Potential costs involved in developing a whole school approach would include additional planning, preparation and assessment, with both staff and resource implications, particularly with regard to supply teachers to provide cover for permanent staff while training or conducting assessments. For a targeted approach, costs could include: payment for external/cross-agency trained staff to deliver sessions; crèche facilities for parenting groups and administration costs. A thorough detailed micro-costing analysis, will inform decision-makers and practitioners of intervention delivery costs (Charles et al. in press).

In addition to establishing delivery costs, the calculation of an incremental cost-effectiveness ratio, is recommended to establish whether an intervention is more, or less, cost effective than a comparator or no intervention. For example, how much it costs to improve peer relations in schools by one point on a specified outcome measure such as the Strengths and Difficulties Questionnaire (Goodman 1997). A sensitivity analysis can then be conducted to test the economic analysis and to demonstrate at what point the intervention may no longer be cost effective, for example if the implementation cost suddenly increased by 10% would the intervention still be cost effective?

There are currently few empirical cost-effectiveness evaluations assessing the impact of school SEL programmes in the UK (McCabe 2007a), although the IY Teacher Classroom Management in Ireland has undergone such an evaluation (McGilloway et al. 2010). A recent UK study (of mainly US programmes and costs) has estimated the costs of a representative intervention, including teacher training, programme coordinator and materials as £132 per child per year (2009 prices) (McCabe 2007b), suggesting the intervention offers good value for money.

Long-term cost benefits can be calculated to establish future savings, or return on investment. Based on the (mainly US) evidence, school-based SEL programmes achieve a 9% reduction in transition between conduct ‘health states’ (McCabe 2007b). Reducing the assumption of impact from 9 to 3% produces cost savings to the National Health Service after only four years; assuming an impact of just 1% across the ‘health states’, the model is cost saving to the public sector after five years.

**Conclusions**

This paper has summarised a selection of effective school-based SEL programmes, available in the UK, that target influential factors in promoting/protecting child
social and emotional well-being. The evidence suggests that school approaches can compensate, to some level, for certain socio-economic and cultural factors outside the school, and impact on educational achievement. To ensure learning occurs across context a multi-modal approach is recommended.

Although there is increasing UK interest in school-based SEL programmes, there is a paucity of evidence-based ‘home-grown’ programmes, with the exception of (a) FAST, which was developed (and implemented widely) in the UK, but only, thus far has robust (RCT) evidence of effectiveness in the USA and (b) SEAL which was implemented as the UK government initiative and has been taken up by schools without any robust evaluation with comparison groups. In contrast, US programmes such as IY and PATHS have been rigorously tested by RCT within the UK and Ireland, yet have not been rolled out to any great extent as yet, with perhaps the exception of IY in Wales.

Choosing a programme ‘that works’ is not enough to guarantee success; implementing the programme with fidelity takes time and resources, but is necessary to achieve the desired, proven outcomes. A shift from being narrowly focused on ‘clinical effectiveness’ and outcomes to being more inclusive of cost and process evaluations should result in more promising approaches, with a good potential for long-term financial and societal savings.

**Key messages for policy and practice**

- Given the patterns of multiple influences on school-aged children multi-modal/component interventions provide a holistic approach to enhancing well-being.
- Practitioners and policy-makers in the UK can choose from an expanding suite of effective programmes for school-aged children.
- Although a suite of effective programmes now exists, scale up remains an issue. Barriers to successful implementation, particularly with regard to fidelity and cost need to be addressed.
- There is a need to build the UK evidence base of ‘home-grown’ as well as internationally transportable programmes with proven long-term positive effects. New programmes should undergo a thorough development phase, pilot testing, rigorous evaluation by RCT, with embedded cost and process evaluations.
- There is a strong case that school-based SEL programmes are cost saving for the public sector, with education services likely to recoup the cost of the intervention in five years. Lack of investment in well-being (mental health) promotion in schools is likely to lead to significant costs for society.

**Notes on contributors**

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Jonathan Sharples is manager of Partnerships at the Institute for Effective Education, University of York. His interests and expertise lies in bringing together policy-makers, researchers and practitioners to enhance the use of evidence within Education. His recent publications include, Effective classroom strategies for closing the gap in educational achievement for children and young people living in poverty, including white, working class boys. Technical Report. (2010)

References


