Evaluating the Impact and Implementation of Whole-School Mental Health and Wellbeing Programmes

A thesis submitted to the University of Manchester for the degree of Doctorate of Educational and Child Psychology in the Faculty of Humanities

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Abstract

Supporting the wellbeing of pupils and staff in schools is vital, and whole-school programmes are one method of offering support. However, there is little clarity about how such programmes are effectively evaluated, or the implementation factors that can limit impact. This thesis examines how whole-school mental health programmes have been evaluated to date, and explores staff perceptions of implementation factors when embedding the Emotionally Friendly Settings programme.

Method

A systematic literature review of 14 evaluations of whole-school mental health and wellbeing programmes was undertaken; the outcomes measured and methodologies used were recorded, and patterns identified across evaluations. An empirical study, employing a qualitative interview design, explored school staff perceptions of the key factors affecting the implementation of the Emotionally Friendly Settings programme. Semi-structured interviews were conducted with school staff in five settings.

Analysis/ findings

The literature review highlighted that a wide range of outcomes are measured within evaluations, using many different methodologies. This indicates some lack of clarity about the key components required within whole-school approaches to impact mental health and wellbeing, and how these components should be measured. Findings from the empirical study suggest that authentic versus tokenistic implementation is a key factor influencing the impact of the Emotionally Friendly Settings programme, and identified five implementation factors relating to this: leadership; attitude to the programme; engagement; support; and programme characteristics. Key factors for the effective implementation of whole-school mental health approaches are considered.
Implications for practitioners

In the third and final paper, dissemination to school staff and educational psychologists is discussed, both at the commissioning local authority, and more widely. The importance of developing practitioner awareness of implementation science is highlighted, and implications of the findings for the further development of whole-school mental health approaches are discussed.
Declaration Statement

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Introduction

Background and context

This research project was commissioned by a local authority educational psychology service, who had developed a whole-school mental health and wellbeing approach, Emotional Friendly Settings (EFS), which was being implemented within schools across their local authority. Educational psychologists (EPs) within this service were interested to find out how other whole-school mental health approaches had been evaluated. They also hoped that the research project might explore the factors affecting implementation of EFS, in order to further develop programme evaluation and facilitate effective roll out across settings. An EP, who had been involved in the development of EFS, presented the research commission during the first year of the doctorate course, outlining these aims, and the author was allocated the project after indicating that this was an area that they were interested in.

Prior to commencing the Doctorate in Educational and Child Psychology at the University of Manchester, the author taught in a primary school for four years, and during this time, worked as the school’s Special Educational Needs Co-ordinator (SENCo). As both a SENCo, and a Year 6 teacher, the author recognised the impact that children’s happiness had on their engagement in the classroom, behaviour and ability to make academic progress. The development of effective whole-school mental health provision is therefore a topic that the author is extremely passionate about, and it was hoped that completion of this thesis would contribute to the research base in this area.

Mental Health Programmes in Schools

The Mental Health Survey for Children and Young People reported that the number of children experiencing mental health difficulties has increased, from one in nine in 2017, to one in six in 2020 (NHS Digital, 2020). The emotional wellbeing of pupils has become a priority in government policy, as outlined in the green paper, Transforming
Children and Young People’s Mental Health Provision (Department of Health, & Department for Education, 2017). However, elements of the education system itself, and the context and ethos of schools, can contribute to poor mental health. The House of Commons Education and Health and Social Care committees (2018) highlighted that the green paper gave little focus to such factors, including exam pressure, curriculum narrowing and exclusion rates. In a review of the impact of school accountability measures on children, Hutchings (2015) concluded that the pressure from an increasingly demanding curriculum, high stakes testing and awareness of failure, contribute to high levels of school-related anxiety and mental health problems in children. The impact of the school environment on children’s mental health is perhaps even more relevant following the COVID-19 pandemic, particularly as 54% of 11–16-year-old children who were already experiencing mental health difficulties reported that the COVID-19 lockdown had made their lives worse (NHS Digital, 2020).

Consequently, mental health approaches must consider the wider context within which schools operate, and work to effect change across multiple levels to positively impact on children’s wellbeing. Bronfenbrenner’s Ecological Model (1994) stresses the importance of an holistic approach, which considers all aspects of a child’s context, and the interaction between them. Whole school mental health and wellbeing programmes are one possible holistic approach to effective mental health provision in schools, as they are designed to impact multiple components within educational contexts, working in a proactive and universal way (Lendrum et al., 2013).

However, research into the effectiveness of such programmes is mixed (Durlak et al., 2011; Wells et al., 2003), and Goldberg et al (2019) indicates that variation in programme impact may be due to poor implementation. There is little existing research exploring the outcomes and methodologies used to effectively evaluate whole-school mental health programmes, and the key factors that affect their implementation.
Therefore, the aim of this thesis is to explore how whole-school mental health and wellbeing programmes have been evaluated to date, both in relation to programme impact, and implementation, and consider the factors that influence the implementation of EFS in schools.

**Research Strategy**

The thesis is comprised of three parts. Paper One is a systematic literature review, entitled ‘How are whole-school mental health programmes evaluated? A systematic literature review’, which explores the outcomes and methodologies used within existing evaluations of whole-school approaches. Within the research commissioning process, the developers of EFS highlighted that they could find little guidance or existing research about how large-scale, multi-element approaches should be effectively evaluated. Preliminary searches into the area confirmed a gap in the literature, and therefore a unique contribution of this review was that it contributes to knowledge about methods of measuring the impact and implementation of whole-school mental health programmes. Furthermore, Paper One also considers whether accurate comparisons and conclusions can be made about the impact of whole-school mental health approaches, where evaluation has been completed in such a wide variety of different ways.

The second paper (Paper Two) is a qualitative empirical research study, entitled ‘Facilitators and Barriers to Implementing a Whole-School Mental Health Programme’. Semi-structured interviews, with staff from five schools, were used to explore the factors that affected the implementation of EFS in three primary schools, one secondary school, and one specialist secondary pupil-referral unit. This research followed a preliminary study, carried out by the author, which explored the implementation factors identified by staff from two schools in the initial stages of implementing EFS. Following this research, discussions between the author, the research commissioner, and the university supervisor, highlighted that it would be informative to explore
implementation factors in schools where the programme was more fully established. The link between programme impact and implementation was also considered, as it was possible that settings reporting higher levels of programme impact experienced different implementation factors, or found effective methods of overcoming barriers. Paper Two therefore included five settings, who had each implemented EFS for at least two years, and who reported various levels of programme impact in an online impact survey, employed as a recruitment tool. The findings of Paper Two reflect existing research into implementation factors (Banerjee et al., 2014; Durlak & DuPre, 2008; Lendrum et al., 2013) whilst also contributing to an in-depth understanding of the implementation of EFS specifically.

The third component of this thesis, Paper Three, outlines a dissemination strategy for the findings of Paper One and Paper Two, with reference to the importance of evidence-based practice, practice-based evidence and dissemination literature to the role of the EP. The implication of findings at the research site, organisational and professional level are outlined, and strategy for promoting and evaluating the dissemination of this research is identified.

As both Paper One and Paper Two have been submitted for journal publication, they are presented according to journal guidelines (see Appendix A)

**Positioning for data access and ethical considerations**

The research outlined within Paper Two was conducted in the North-West of England, and includes a small sample of schools involved with the EFS programme. An invitation to participate in research into the implementation facilitators and barriers was included at the end of an impact questionnaire, developed and administered by the author. Respondents were asked to provide a contact email address if they wanted to participate, and were then contacted by the author with further information about the research.
This initial impact questionnaire was distributed to schools within an EFS virtual newsletter, and a follow up email. Ethical issues, in relation to this form of distribution, were carefully considered, as it was important that participants did not perceive the research as an element of the EFS accreditation process. Distribution via the EFS newsletter may have given the impression that the questionnaire was developed by the programme, as opposed to an independent researcher. However, the independence and purpose of the research was outlined explicitly, both in the newsletter, and within the participant information sheet. Participants were informed that they would remain anonymous, and responses would not in any way contribute to the accreditation process or influence the school’s participation within the programme. This was also reiterated at the start of each interview.

The researcher did not have any existing relationships with the school staff who participated in this research. They also did not have any links with the locality within which this research was carried out.

**Evaluation of ontological, epistemological and axiological stance**

Ontology is the branch of philosophy that relates to the nature of existence, being and reality (Kivunja & Kuyini, 2017). Epistemology is concerned with what knowledge is, and how it is obtained; the “bases of knowledge – its nature and forms, how it can be acquired and communicated to other human beings” (Cohen et al, 2018, pg. 5). This research project used a critical realist approach, which lies on a continuum between a positivist and relativist viewpoint (Kelly et al., 2008). Critical realism acknowledges that there is an external reality, whilst also recognising that individual perspectives of that reality will be influenced by personal experiences, beliefs and values; meaning that there is no one truth which can be objectively interpreted independently from all perspectives.
In Paper Two, the ‘objective reality’ is the implementation of the EFS initiative by each school, with the emphasis of the research on identifying and understanding the experiences of implementing the initiative from the perspective of staff leading the initiative within their school. Critical realism is particularly appropriate, as it allows for the formulation of key themes, whilst also valuing the individual experiences reported by each school. Therefore, it is accepted and encouraged that there will be a wide range of factors reported, depending on the individual context of the school, yet aims to identify some similarities, allowing for a greater understanding of how these factors affect implementation across contexts.

Similarly, whilst Paper One does not conclude that there is one correct way to evaluate a whole-school mental health programme, a key aim of the systematic literature review is to explore patterns and similarities between evaluation approaches, indicative that some external reality exists. It was hoped that this research might provide some guidance which could be used by programme developers, or researchers, to evaluate programmes in the future, and this is only possible where it is assumed that there is some consistency between how whole-school programmes should be evaluated. For example, if there is no shared understanding, or definition, of the key outcomes targeted by such approaches, it becomes extremely difficult to evaluate and make comparisons between programmes. Therefore, a critical realist epistemology is most appropriate, as it acknowledges that there will be some shared understanding around evaluation, whilst recognising that programme developers will have different perspectives, aims and approaches to the programme.

Axiology is understood as “the values and beliefs that we hold” (Cohen et al., 2018, p.3), and requires researchers to acknowledge how their own intrinsic values, beliefs and bias can impact on the research that they conduct (Killam, 2013). The author believes that promoting positive mental health, and developing provision in schools
which supports wellbeing, is vital for children’s emotional, social and academic development. The author also believes that children’s behaviour in school is often communicative of their emotional wellbeing, and, therefore, appropriate mental health provision in schools can improve the behaviour and engagement of pupils. Throughout this research, care was taken to ensure that, to the best of the author’s ability, findings accurately reflected participants’ experiences of implementing EFS. However, there remained an underlying perspective that implementing a whole-school mental health programme was ultimately a worthwhile and beneficial process, and that any barriers identified can be overcome, to ensure that such approaches continue to be implemented within settings. It is possible that another researcher, with a differing axiological perspective, may have concluded that whole-school mental health approaches are not worthwhile, and therefore exploration of how they can be evaluated, and key implementation factors, would not be necessary or useful. Therefore, it is important to acknowledge that the researcher’s axiological position that whole-school mental health programmes are valuable, is likely to have impacted on the type of research conducted, and the way in which findings were interpreted.

References


Hutchings, M. (2015). Exam factories? The impact of accountability measures on children and young people. Department of the National Union of Teachers,


Paper One: How are whole-school mental health programmes evaluated? A systematic literature review

This paper was prepared in accordance with the author guidelines for the journal Pastoral Care in Education (Appendix A)

Word count: 7575 (including tables and references)
How are whole-school mental health programmes evaluated? A systematic literature review

Abstract
The prevalence of mental health and emotional wellbeing difficulties in children is increasing, and schools play a key role in addressing this. Whole-school approaches have been suggested as an effective way of supporting children’s mental health and wellbeing; however, there appears to be no consistent approach to their evaluation, and research, to date, has reported varying levels of measurable impact. The present study provides a systematic literature review of how whole-school mental health programmes have been evaluated, between 2003 and 2019 focusing on the outcomes measured and methodologies used. Within the 14 evaluations reviewed, a wide range of outcomes were measured, with most concentrating on impact on the child rather than wider whole-school effects. Questionnaires were the most popular method of evaluation, with some researchers using interviews and archival data to inform conclusions. Findings suggest that there appears to be a lack of clarity about how whole-school mental health programmes are evaluated, and which outcomes are used in order to measure effective implementation and impact on children’s emotional wellbeing. The validity of existing evaluations is questioned, as many factors of these multi-faceted programmes were not measured and their adaptable nature makes effective evaluation complex. The review concludes that a bespoke, flexible approach to programme evaluation is necessary to capture the depth and breadth of programme impact, and also that qualitative approaches may allow researchers to explore perceived impact and implementation practice of whole-school mental health approaches in more depth.

Keywords: mental health, wellbeing, school-based intervention, whole-school programmes, evaluation
Introduction

The prevalence of poor emotional wellbeing in children in England is increasing, with 11.2% of five to fifteen-year-olds reporting mental health difficulties; an increase from 9.7% in 1999 (Sadler et al., 2018). Worldwide, a review of 41 studies, in 27 countries, found the prevalence of mental health conditions in children and adolescents to be 13.5% (Polanczyk et al., 2015). Whereas previously, mental health has been defined by the absence of mental illness, and school-based interventions have primarily been reactive and targeted (Manderscheid et al., 2010), 21st century perspectives recognise the importance of proactive approaches, which promote positive wellbeing universally (World Health Organization [WHO], 2005). This development in thinking is reflected in the WHO definition of mental health:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2001, p.1).

Schools can play a key role in mental health promotion (Goldberg et al., 2019), and there has been an increased focus on facilitating school environments which promote mental health and wellbeing, through resources such as Schools in Mind (Anna Freud National Centre for Children and Families, n.d.), the Make it Count campaign (Mental Health Foundation, n.d.) and government reforms, such as the green paper

Transforming Children and Young People’s Mental Health Provision (Department of Health, & Department for Education, 2017). Such interventions can include both universal programmes, which provide preventative support for all children, regardless of need, and more targeted interventions, which support specific children identified as having some form of mental health difficulty (Tennant, et al., 2007).
Multi-component programmes aim to go beyond universal or targeted interventions to incorporate a ‘whole-school’ approach, affecting multiple factors, such as school ethos, classroom practice and community elements (Weare, 2015). The term ‘whole-school’ is occasionally used interchangeably with ‘universal’ and ‘school-wide’; however, in this review, whole-school programmes are considered to be those that are multi-component, which impact on whole school practices to effectively improve mental health outcomes.

Many countries have begun to promote whole-school approaches; such as the Social and Emotional Aspects of Learning (SEAL) programme in the United Kingdom (Humphrey et al., 2008; Humphrey et al., 2010), the KidsMatter framework in Australia (Dix et al., 2010) and the Positive Action programme in areas of the United States of America (USA) (Lewis et al., 2012). Guidance on whole-school practices, published by Public Health England and the Children and Young People’s Mental Health Coalition (Lavis & Robson, 2015), identified eight principles for the implementation of whole-school mental health interventions, informed by practitioner feedback and existing research evidence: leadership and management; school ethos; teaching and learning practices; identification of need and provision of targeted support; staff development; enabling of student voice; and approaches to working with families and the local community. Each principle was linked to relevant National Institute for Health and Care Excellence (NICE, 2008, 2009) guidance and Office for Standards in Education, Children’s Service and Skills (OFSTED 2013, 2015) inspection frameworks; and alongside other policies and reports, these principles informed the development of an Australian government initiative to support the mental health of children and young people (Hoare et al., 2020).

Whilst education, and health, publications highlight the value of whole-school approaches, their measurable impact is less clear: few peer-reviewed evaluations of
multi-component whole-school programmes exist, and where evaluation has occurred, findings are mixed. In a review of 16 universal mental health programmes, two whole-school programmes were included which identified significant changes in key aspects of positive mental health, specifically: interpersonal sensitivity, conflict resolution and self-concept (Wells et al., 2003). However, other reviews have found multi-component programmes to be less effective than their single-component counterparts, perhaps because of increased complexity and implementation challenges (Durlak et al., 2011; Langford et al., 2015).

A recent meta-analysis of 45 studies, evaluating 30 whole-school programmes targeting children’s social and emotional development, identified some improvements in children’s social and emotional adjustment, behavioural adjustment and internalising symptoms, but no impact on academic ability (Goldberg et al., 2019). Effect sizes were small, and implementation variation was highlighted as a likely explanation, with 46% of studies failing to monitor programme implementation. However, as this review was not limited to mental-health interventions, and included a number of different programmes; including anti-bullying and behaviour change programmes, it is difficult to draw conclusions about the impact of programmes focusing specifically on mental health and well-being.

Whole-school programmes are complex, due to being multi-component in nature, and therefore effective evaluation needs to be multifaceted. Wells et al. (2003) highlighted that existing programme evaluations consider a wide range of outcomes, measured using different assessment tools and approaches. There appears to be little consensus about the aims, and, therefore, intended outcomes that should be measured, when evaluating whole-school mental health programmes. This makes it difficult to have a coherent view of the potential, and actual, impact of these programmes. Some guidance can be sought from evaluations of social-emotional learning programmes,
which have grouped outcome measures into four categories: social emotional adjustment; behavioural adjustment; school performance; and internalising symptoms (Goldberg et al., 2018). However, these categories may be less applicable when considering programmes which focus solely on mental health and well-being, or incorporate components in addition to social-emotional learning. Furthermore, whilst the importance of implementation has been given greater focus in recent years, discussions generally focus on whether evaluation of implementation has taken place, as opposed to how this occurred and through what methods. If whole-school mental health programmes are to be considered effective, it is necessary to know the outcomes that they aim to impact, how impact has been measured and the conditions under which this change was achieved. Therefore, this review aims to answer the following questions:

1. What outcomes are measured within evaluations of whole-school mental health and wellbeing programmes?
2. What methodologies and assessment tools are used to evaluate whole-school mental health programmes within published research?

Methodology

The Preferred Reporting Items for Systemic Reviews and Meta-Analyses (PRISMA) framework (Moher et al., 2009) was used to structure, and record, the review process. Between October 2019 and March 2020, searches were conducted using the electronic databases ERIC, PsychINFO, Web of Science and OVID using combinations of ten search terms: ‘whole school’ ‘school wide’ ‘universal’ ’mental health’ ‘wellbeing’ ‘social emotional’ ‘intervention’ ‘evaluation’ ‘school based’ ‘school’. Further searches were carried out using the programme names as a search term. Reference harvesting and a review of citations of relevant papers were also used.
Following the removal of 144 duplications, 824 papers were screened against the following inclusion criteria:

- a peer-reviewed article, written in English, evaluating implementation or impact of a multi-component, whole-school programme with a mental health or wellbeing focus;
- implemented within a primary or secondary education setting (age range 4-16 years, including state, independent and special education settings);
- published in, or after, the year 2000, until December 2019.

This review focused on evaluations where the primary aim of the programme was to improve the overall mental health and wellbeing of children and young people. Evaluations of programmes which focused on specific mental health difficulties, such as anxiety or suicide prevention, and whole-school approaches to behaviour management or bullying behaviour, were not included within this review; as outcomes and measures included in such evaluations reflected their more specific focus, such as measuring a reduction in bullying behaviour following the implementation of an anti-bullying whole-school programme.

**Data Classification**

Thirty-six studies, evaluating 12 whole-school mental health programmes, were identified (Appendix B). The appropriateness of focus, quality and methodological appropriateness of each paper was evaluated using Gough’s (2007) ‘weight of evidence’ process. This process is outlined below.

To ensure appropriateness of focus, programmes were required to be ‘whole-school’ in nature, aiming to influence change across multiple levels within the school context. Programmes were scored against the eight principles of whole-school mental health and well-being promotion, outlined by Public Health England (Lavis & Robson, 2015):
leadership and management; student voice; staff development; identifying need and monitoring impact; working with parents and carers; targeted support; ethos and environment; and curriculum, teaching and learning. The criteria used to score against each of these principles is outlined in Appendix C, and programmes could achieve maximum score of 16 (scores outlined in Appendix D). Eighteen studies, evaluating 12 whole-school mental health programmes, achieved at least eight of the 16 available points (Appendix C; Appendix D) and were therefore included within the review, as the programme was deemed multi-component in nature. Programmes that did not meet this threshold made changes in only one, or two, of the eight areas outlined by Public Health England (Lavis & Robson, 2015), and could be considered universal, but not multi-component; and, as such, did not meet the inclusion criteria for this study (Appendix D).

Quality of studies was assessed using one of two frameworks. Two qualitative studies were scored between 0 and 14 on a 12-criteria framework adapted from Woods et al. (2011) including criteria validity such as ‘well executed data’ and ‘analysis close to the data’ (Appendix E). Thirteen quantitative studies were scored between 0 and 8 on a 7-criteria framework adapted from Woods et al. (2011), including criteria such as the use of a randomised group design, and outcome measures that have demonstrably good reliability (Appendix F). Three papers, using mixed methods, were evaluated using both the qualitative and quantitative framework, with the highest score used. Where several studies reported on different dimensions of the same evaluation, the quality of each individual study was calculated and an average score was generated.

Four studies achieved between a third and two-thirds of available points and were considered to be of medium quality; ten studies achieved two-thirds or more of the available points and were considered to be of high quality (see Table 1 for individual evaluation scores). No studies were rated as ‘low quality’ (less than a third of the available points). Methodological relevance (Gough, 2007) was considered acceptable,
where methodology was described in adequate detail to allow for an understanding of the outcomes measured and methods used. All studies met this criterion.

During this process, a sample of papers was jointly evaluated by the researcher and their supervisor, who discussed the application of each framework and made adaptations where necessary. Following this, the average inter-rater reliability percentage agreement was 84.3% in relation to appropriateness of focus, and 90.5% in relation to quality.

The paper selection process is illustrated in Figure 1. As five papers reported on different dimensions of one large-scale randomised control trial, using measures once across one sample, these papers were combined and considered as one evaluation, referenced, henceforth, as the Positive Action Chicago Evaluation (2012-2017).

**Figure 1: PRISMA Diagram Illustrating Paper Selection Process**

![PRISMA Diagram](image)

**Data Analysis**

Data analysis involved a three-step process and used deductive content analysis.
Firstly, categories for analysis were determined by drawing on existing theoretical frameworks for whole-school social-emotional programmes (Goldberg et al, 2019; Payton et al, 2008; Sklad et al., 2012), the eight principles of whole-school mental health provision outlined by Public Health England (Lavis & Robson, 2015) and existing implementation factors (Durlak & DuPre, 2008).

Secondly, each evaluation was reviewed and outcomes were mapped onto these existing categories. Methods used to measure implementation and impact were recorded.

Finally, this information was represented within a table to explore similarities and differences between evaluations, and identify any patterns and key factors.

**Findings**

**Overview of Included Studies**

Fourteen evaluations, of eight programmes, were reviewed, and a summary of key information is included in Table 1. In terms of study design, four evaluations were clustered randomised control trials, two using a matched pairs design. Three evaluations used a non-randomised matched control design, and four used a repeated measures design, comparing pre- and post- intervention measures. When measuring implementation, one evaluation used a case study design and two completed process evaluations. The majority of evaluations were longitudinal, lasting between one and six years; however, two involved a single evaluation at one point in time. Four evaluations assessed only programme impact and two evaluations assessed only implementation. Eight evaluations included measures of both impact and implementation.
<table>
<thead>
<tr>
<th>Authors, Date and Location</th>
<th>Programme</th>
<th>Sampling and Research Design</th>
<th>Implementation</th>
<th>Impact Score</th>
<th>Quality Score</th>
<th>Focus Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flay &amp; Allred (2003) USA</td>
<td>Positive Action</td>
<td>Quantitative matched group design. Sample: 28 schools not using PA, 45 schools who had used it for four years or more, and 20 schools who used it with another intervention.</td>
<td>✓</td>
<td>68.75%</td>
<td>High</td>
<td>50%</td>
</tr>
<tr>
<td>Bond et al. (2004) Australia</td>
<td>The Gatehouse Project</td>
<td>Quantitative randomised control trial involving 26 schools (12 intervention and 14 control) over three years. Sample: 2678 children aged 13-16 years.</td>
<td>✓</td>
<td>81.25%</td>
<td>High</td>
<td>50%</td>
</tr>
<tr>
<td>Patton et al. (2006) Australia</td>
<td>The Gatehouse Project</td>
<td>Quantitative randomised control trial involving 26 schools (12 intervention and 14 control) over three years. Sample: Children (aged 13-14) in 1997 (2525), 1999 (2586) and 2001 (2463).</td>
<td>✓</td>
<td>75%</td>
<td>High</td>
<td>50%</td>
</tr>
<tr>
<td>Hallam (2009) UK</td>
<td>SEAL a</td>
<td>Mixed methods repeated measures design using pre/post intervention measures over one year. Sample: 9944 children pre- and 5474 post-intervention (aged 5-11), 29 head teachers, 84 teaching staff and 19 non-teaching staff.</td>
<td>✓</td>
<td>58.95%</td>
<td>Medium</td>
<td>56%</td>
</tr>
<tr>
<td>Bierman et al. (2010) USA</td>
<td>Fast Track PATHS</td>
<td>Quantitative randomised controlled trial using matched sets and pre/post intervention measures over three years. Sample: 12 schools, 2937 children</td>
<td>✓</td>
<td>75%</td>
<td>High</td>
<td>50%</td>
</tr>
<tr>
<td>Wigelsworth et al. (2012) UK</td>
<td>SEAL a</td>
<td>Quantitative quasi-experimental control group design using pre- and post- intervention measures over two years. Sample: Between 3306 pupils and 4506 pupils (aged 11-16)</td>
<td>✓</td>
<td>62.5%</td>
<td>Medium</td>
<td>56%</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Design</td>
<td>Sample Description</td>
<td>Effectiveness Rating</td>
<td>Impact Rating</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>Dix et al. (2012)</td>
<td>Australia</td>
<td>Kidsmatter</td>
<td>Quantitative repeated measured design using pre/post intervention measures over two years. Sample: Random stratified sample of 4980 children (average age 9.6 years), their parents and teachers.</td>
<td>✓✓</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Banerjee et al. (2014)</td>
<td>UK</td>
<td>SEAL a</td>
<td>Mixed methods design with post-intervention assessments. Sample: 538 staff members and 2242 students (aged 4-16).</td>
<td>✓✓</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Lendrum et al. (2013)</td>
<td>UK</td>
<td>SEAL a</td>
<td>Qualitative multiple case study design over five school terms. Sample: 9 schools</td>
<td>✓</td>
<td>71.43%</td>
<td></td>
</tr>
<tr>
<td>Guo et al. (2015)</td>
<td>USA</td>
<td>Positive Action</td>
<td>Quantitative quasi-experimental control group design over four years. Sample: 4000 students (aged 11-18).</td>
<td>✓✓</td>
<td>81.25%</td>
<td></td>
</tr>
<tr>
<td>Nielsen et al. (2015)</td>
<td>Denmark</td>
<td>Up!</td>
<td>Quantitative repeated measures design using pre/post intervention measures in two schools over a year. Sample: 589 children pre- and 532 post-intervention (aged 11-15)</td>
<td>✓</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Anwar-McHenry et al. (2016)</td>
<td>Australia</td>
<td>Mentally Healthy Schools Framework</td>
<td>Qualitative process evaluation in two schools over one year. Sample: 13 schools ranging in size from 115 to 1120 students (aged 4-16), 12 school staff.</td>
<td>✓</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Programme</td>
<td>Methodology</td>
<td>Pre/Post</td>
<td>Level</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Elfrink et al. (2017)</td>
<td>The Netherlands</td>
<td>Positive Education Programme</td>
<td>Process and impact evaluation using a mixed methods repeated measure design pre/post intervention in two schools over one year. Sample: 184 children (4-12 years) their parents, and 33 teaching staff.</td>
<td>✓  ✓</td>
<td>68.8%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Social and emotional aspects of learning

This evaluation is published within the following articles: Lewis et al. (2012) Bavarian et al. (2013) Lewis et al. (2016) and Silverthorn et al. (2017).
Evaluation of Implementation

Implementation factors identified are illustrated in Table 2. These factors were categorised into two key themes which reflect the function of implementation evaluation in each paper: monitoring or exploration. Evaluations which incorporated a monitoring approach generally used existing implementation factors; such as dosage, fidelity, and quality (Durlak & DuPre, 2008), to track and measure implementation, providing assurance that a minimum standard was met.

Table 2

Implementation factors measured

<table>
<thead>
<tr>
<th>Author and Year</th>
<th>Monitoring</th>
<th>Exploration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dosage</td>
<td>Fidelity</td>
</tr>
<tr>
<td>Flay &amp; Alled (2003)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Bond et al. (2004)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Patton et al. (2006)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hallam (2009)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bierman et al. (2010)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wigelsworth et al. (2012)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dix et al. (2012)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Positive Action Chicago Evaluation (2012-17)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lendrum et al. (2013)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banerjee et al. (2014)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guo et al. (2015)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Nielsen et al. (2015)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anwar-McHenry et al. (2016)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Elfrink et al. (2017)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The most frequently measured factor was programme dosage, or the amount of the programme delivered (Durlak & DuPre, 2008). This was commonly assessed through staff logs of activities and lessons delivered. Programme quality was assessed by Bierman et al. (2010) through monthly observations and ratings of teaching staff, and by Elfrink et al. (2017) using questionnaires on training quality. An alternative approach asked children to complete questionnaires on implementation quality and programme satisfaction (Positive Action Chicago Evaluation, 2012-17). Programme fidelity, defined as ‘the extent to which the innovation corresponds to the originally intended program’ (Durlak & Dupre, 2008, p. 329) was monitored within Guo et al. (2015), through observations and ratings of teacher practice by programme staff, and within the Positive Action Chicago Evaluation (2012-17), through reports from staff overseeing implementation.

Two evaluations incorporated measurements of several implementation factors into an overall rating. Dix et al. (2010) used parent and teacher questionnaire responses to formulate an Implementation Index; considering fidelity, dosage and quality, to rate schools as low or high implementers. Banerjee et al. (2014) used information from observations, semi-structured interviews with teachers, school tours and focus groups with children, to rate implementation as low, medium, or high, based on a range of factors; including delegation of responsibilities, staff engagement, integration with behaviour, well-being and learning activities, training opportunities for staff, contact with parents and the community and staff well-being.

Three evaluations used a more inductive approach to implementation evaluation, which has been described as ‘exploratory’ here (Table 2). Elfrink et al. (2017) used questionnaires, and semi-structured interviews, to evaluate staff perspectives of the programme, its value, and experiences of implementation, including contextual facilitators and barriers. Semi-structured interviews were also employed by Anwar-McHenry et al. (2016) to explore facilitators, and barriers, with teaching staff. Lendrum et al. (2013) used a qualitative multiple
case study design to develop an in-depth account of implementation and explore facilitators and barriers; incorporating a termly school visit over five terms, review of documentation, semi-structured interviews with staff, and observations.

**Evaluation of Impact**

Outcomes measured within each evaluation, in relation to programme impact, are recorded in Table 3. Impact on the child was more frequently evaluated than impact on whole-school factors. The four categories defined in previous evaluations of social and emotional whole-school programmes accurately reflected the outcomes measured in whole-school mental health programmes, although a wide range of factors were explored within each category (see Figure 2). Behavioural adjustment was evaluated in ten evaluations, internalising symptoms in eight evaluations, social emotional adjustment in eight evaluations, and school performance in seven evaluations (Table 3).

**Figure Two**

*Summary of factors measured to assess impact on children*

- Absenteeism
- Aggressive behaviour
- Attention
- Concentration
- Criminal behaviour
- Exclusions
- Hyperactivity
- Prosocial behaviour
- Punctuality
- Pupil behaviour
- Sexual behaviour
- Substance use
- Academic ability
- Academic motivation
- Attainment
- Disaffection with learning
- Student learning
- Anxiety symptoms
- Depressive symptoms
- Emotional functioning
- Emotional problems
- Internalising symptoms
- Life satisfaction
- Mental health status
- Positive affect
- Wellbeing
- Altruism
- Emotional regulation
- Empathy
- Self-concept
- Self-control
- Self-esteem
- Social-emotional competence
- Social relations
### Table 3

**Impact Outcomes Measured**

<table>
<thead>
<tr>
<th>Author and Year</th>
<th>Impact on Child (Goldberg et al, 2019)</th>
<th>Whole School Impact (Lavis &amp; Robson, 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flay &amp; Alled (2003)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hallam (2009)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bierman et al (2010)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dix et al (2012)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Positive Action Chicago Evaluation (2012-17)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Banerjee et al (2014)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Elfrink et al (2017)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Note: Lendrum et al (2018) and Anwar-McHenry et al (2016) are excluded from this table as they did not evaluate impact.*
### Table 4

*Methodologies and Assessment Tools Used to Evaluate Impact*

<table>
<thead>
<tr>
<th></th>
<th>Self-report questionnaire</th>
<th>Interviews</th>
<th>Diary</th>
<th>Archival Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By Children</td>
<td>By Staff</td>
<td>By Parents</td>
<td>With Children</td>
</tr>
<tr>
<td>Flay &amp; Alled (2003)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallam (2009)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Bierman et al (2010)</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Wigelsworth et al (2012)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dix et al (2012)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Positive Action Chicago Evaluation (2012-17)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banerjee et al (2014)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elfrink et al (2017)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Lendrum et al (2018) and Anwar-McHenry et al (2016) are excluded from this table as they did not evaluate impact*
Whole school impact was analysed deductively, using the eight principles for whole-
school mental health provision outlined by Public Health England (Lavis & Robson, 2015).
Seven evaluations measured outcomes relating to school ethos and environment, three
measured outcomes relating to staff development, three measured outcomes relating to
working with families, two measured outcomes relating to enabling of student voice, one
measured outcomes relating to teaching and learning practices, and one measured outcomes
relating to identification of need and targeted support. No evaluations measured impact on
leadership and management or teaching and learning practices.

The methodologies and assessment tools used within evaluations are outlined in Table 4.
Self-report questionnaires or scales - completed by children, teaching staff, or parents - were
the most common assessment tools used, and were utilised in ten evaluations. A huge variety
of different questionnaires and scales were used by researchers. When measuring impact on
the child, tools used included the Strength and Difficulties Questionnaire (SDQ) (Goodman,
1997), the KINDL-R (Ravens-Sieverer & Bullinger, 1998), Social Emotional and Character
Development Scale (DuBois et al., 1996) and the Early Delinquency Scale (Moffitt & Silva,
1988). Only two evaluations asked parents about the impact of the programme on their child
and, in both cases, questionnaires were used: the SDQ in Elfrink et al. (2017), and a
researcher-designed questionnaire in Dix et al (2012).

School environment, and ethos, were measured using questionnaires such as the School
Engagement Scale (Arthur et al., 2002) completed by children (Bond et al., 2004; Patton et al,
2006); and the Leerkracht Leerling Relatie Vragenlijst (Koomen et al., 2007) completed by
teaching staff (Elfrink et al., 2017). Also, in Elfrink et al. (2017), parents completed the
Psychosocial Environment Profile (WHO, 2003) to evaluate school ethos regarding parental
opportunities to participate in decision making and school connections with home.
Questionnaires on school climate and socio-emotional ethos were also administered by Hallam (2009) and Banerjee et al. (2014).

A different area of focus was assessed by Bond et al. (2004) and Patton et al. (2006), who asked children about opportunities for participation in their school using the School Engagement Scale (Arthur et al., 2002). Dix et al. (2009) describe using researcher-designed teacher and parent questionnaires to measure impact on schools, teachers and families; however, further information about the focus of these questionnaires is not included within the evaluation.

Semi-structured and structured interviews, with children, staff and parents, were used to explore impact in three evaluations. Hallam (2009) used semi-structured interviews, alongside questionnaires, to explore impact on: staff confidence, student-teacher relationships, skill improvement, workload and stress, and understanding of pupils and their circumstances. Semi-structured interviews with staff were also employed by Elfrink et al. (2017) who identified impact on staff shared vision and staff skills. Within structured interviews, Bierman et al. (2010) used sociometric peer nomination with children, and the Teacher Observation of Classroom Adaptation (Werthamer-Larsson et al., 1991) and the Social Health Profile (Conduct Problems Prevention Research Group, 1998) with school staff to measure behavioural adjustment and social-emotional adjustment.

Four evaluations used archival data to explore impact on school performance and behavioural adjustment, such as nationally-available statutory assessment scores and school-level behavioural data. Two evaluations asked adolescents to complete a seven-day retrospective diary, reporting substance use, in order to evaluate behavioural adjustment.

**Discussion**

This review aimed to explore the outcomes measured, and the methodologies and assessment tools used to evaluate impact and implementation of whole school mental health
programmes. Whilst these approaches have received significant focus and investment in recent years, to the researcher’s knowledge, this is the first review exploring how they are evaluated.

**Evaluating Impact: What is being measured?**

A wide range of outcomes were measured across evaluations, which were deductively analysed using categories outlined by Goldberg et al. (2018) and Public Health England (Lavis & Robson, 2015). As whole-school programmes often have different aims and areas of focus, variation in evaluation approaches is to be expected, and is reflective of how other multi-component programmes are evaluated (Wells et al., 2003). However, the wide range of outcomes considered, and a reliance on proxy indicators of mental health and wellbeing; such as classroom behaviour, substance use and academic achievement, indicates some lack of clarity about the key components required within programmes to impact mental health and wellbeing. These measures often focus on what are considered as indicators of mental health difficulty or distress, and less frequently measure factors which underpin positive wellbeing, such as positive affect, social problem-solving skills and interpersonal skills.

Furthermore, whilst the format of mental health provision in schools has progressed from small group and individual interventions, to whole-school, multi-component programmes, this review demonstrates that approaches to evaluation often focus primarily on impact on the child. Despite being multi-component in nature, five out of twelve evaluations of impact assessed only this area. Where evaluations did consider impact on a whole-school basis, most focused on changes to school ethos and environment, and two of the Public Health England principles were not considered in any evaluation: impact on leadership and management practices, and teaching and learning practices (Lavis & Robson, 2015). The absence of any evaluation of impact on leadership practices highlights a key deficit in evaluation practices to date, as the importance of senior leadership ‘buy-in’ for programme implementation has been
repeatedly emphasised (Lavis & Robson, 2015; Weare, 2015). Where evaluations of multi-component programmes are too narrow in their focus, areas of impact may be missed.

Many evaluations used the same measures to assess impact across several schools, and it is important to consider whether this approach effectively measures programme impact, when many whole-school programmes incorporate a ‘bottom-up’ approach; allowing the programme to be adapted to suit the needs of the school (Weare, 2015). Both Weare and Nind (2011), and Goldberg et al. (2019), identified that programmes within the USA demonstrated higher effect sizes than programmes in other areas of the world. One possible explanation may be that USA-based programmes are often more strictly defined and prescriptive (Weare & Nind, 2011), meaning that expected outcomes are relatively consistent across settings, and effect is easily identified through the use of the same measure in each setting. Yet where settings have prioritised different aspects, or adapted a whole-school programme, using one impact measure across several settings is unlikely to measure effectiveness accurately. Where implementation is flexible across settings, evaluation must be too.

**Evaluating Impact: How is it being measured?**

The completion of self-report measures, by children, school staff or parents, was the most common method used. Whilst quantitative measures can indicate whether an effect exists, such measures provide no information about how impact may vary, and why this may be the case (Plewis & Mason, 2005). Where evaluations included interviews with staff (e.g. Hallam, 2009; Elfrink et al., 2017) findings provided specific examples of impact and lived experiences of the programme. Additionally, whilst promotion of children’s voices is a key principle of whole-school mental health programmes (Lavis & Robson, 2015), very few evaluations asked children about programme impact, and evaluation was generally done to children, rather than with children. An exception to this was Hallam (2009), who incorporated
focus groups with children; however, little information from these focus groups was included within their findings.

**Evaluating Implementation**

Although 79% of evaluations used a measure of implementation, often this was used to monitor implementation, and simply provided an assurance that a minimum standard had been met. Across all evaluations, implementation was rarely considered in relation to impact, even where variation in implementation was identified (e.g. Positive Action Chicago Trial, 2012-2018). Additionally, most implementation evaluations focused on factors such as fidelity, dosage, and quality (Dulak & DuPre, 2008). Such factors have been explored when evaluating time-limited, specific interventions, but not in relation to whole-school approaches, and it is unclear whether they fully reflect the key components necessary for effective implementation of these complex programmes.

Indeed, Lendrum et al. (2013) argued that due to the flexible nature of the SEAL programme, more traditional, quantitative approaches to measuring factors such as dosage and fidelity were neither feasible nor informative. When reflecting on implementation monitoring within Banerjee et al. (2014), clear links can be made between the alternative factors that they use and Public Health England’s (Lavis & Robson, 2015) principles for whole-school mental health approaches. Lavis and Robson’s (2015) principles could, therefore, potentially provide guidance on the factors within whole-school mental health programmes which are essential for effective implementation. However, to truly understand implementation, Pawson and Tilley (1997, p. 2) stress the importance of establishing “what works, for whom and in what circumstances”. Moving away from implementation ‘monitoring’ and incorporating more exploratory approaches could provide meaningful, and in-depth, information about the key components required to effectively implement whole-school approaches.
Accuracy and Validity of Evaluations

Despite promotion of whole-school programmes, previous research has found small and often disappointing effect sizes in relation to impact (Goldberg et al., 2019). Implementation variation has been identified as a contributing factor; however, ineffective evaluation could also prevent accurate measurement of impact. It is necessary to reflect on the validity of approaches used to date, and consider whether an alternative method is required to accurately evaluate such complex programmes. Despite being multi-component in nature, many evaluations only considered impact in relation to the child, meaning that other areas were not measured. Furthermore, it is unlikely that a ‘one size fits all’ approach will accurately measure the wide-ranging impacts experienced across schools: evaluation methods must also be adaptable and flexible, and focus on the programme’s key areas of impact in each individual setting.

Implications for Future Research and Practice

When considering evaluation, practitioners should consider the key aims of the programme. Adaptable, ‘bottom-up’ approaches, developed in collaboration with settings, allow programmes to target areas of priority and increase programme compatibility, but present significant evaluation challenges. Where implementation differs within settings, an individualised approach to evaluation may be more appropriate, which considers the key aims, and areas of focus targeted by the programme. The multi-faceted nature of such programmes should also be considered, with impact on the child measured alongside other areas, such as impact on staff, leadership, pupil voice and the local community.

Whilst quantitative, self-report methods can be a useful method of identifying effect on a pre-identified outcome, the wide range of outcomes utilised indicates a lack of clarity about what should be measured. Incorporation of qualitative approaches may allow for in-depth exploration into programme impact, and clarify the specific factors within programmes which
lead to therapeutic change. This can also be applied to the exploration of programme implementation: it is unclear whether existing implementation factors are applicable to whole-school mental health approaches and future research should begin to explore implementation differences across settings, including contextual factors and facilitators and barriers.

**Limitations**

A key limitation of this review is the exclusion of evaluations that were not published within peer-reviewed journals, such as book chapters, unpublished theses and other grey literature. It is possible that evaluations of a certain format, or using particular methodologies are more likely to be published within such journals, or that evaluators who seek publication are more likely to use particular methodologies. Furthermore, as this review is based upon one framework of whole-school mental health approaches, selected by the authors, it is recognised that evaluations included are likely to be reflective of their epistemology and ontology. It is possible that if this review were carried out by researchers holding different perspectives and definitions of mental health and wellbeing, they may have included some of the evaluations not selected for this review.

**References**


Paper Two: Facilitators and Barriers to Implementing a Whole-School Mental Health Programme

This paper was prepared in accordance with the author guidelines for the journal Pastoral Care in Education (Appendix A)

Word count: 7735 (including tables and references)
Facilitators and Barriers to Implementing a Whole-School Mental Health Programme

Abstract

To develop positive learning environments, it is important that supporting mental health and wellbeing is a priority. Whole-school programmes are considered an effective way of developing provision in schools; however, poor implementation can limit the impact of such programmes, and there is a lack of clarity about the key factors affecting the implementation of whole-school approaches. This research explored the implementation of a whole-school mental health and wellbeing programme, called Emotionally Friendly Settings (EFS). It aimed to consider the factors that facilitate and also act as a barrier to the effective implementation of whole-school wellbeing programmes. Semi-structured interviews were carried out with five settings: three primary schools, one secondary school, and one specialist setting. The sample included schools which reported the programme to have low impact, medium impact and high impact. Thematic analysis identified themes and sub-themes. Authentic versus tokenistic implementation was highlighted as a key factor influencing the impact of EFS. Linked to this were leadership; attitude to the programme; engagement; support; and programme characteristics. Findings are discussed in relation to existing implementation research, and implications for practice and areas for further research are highlighted together with the limitations of this study.

Key Words: whole-school programme, mental health, wellbeing, implementation
Introduction

Whole-School Approaches to Mental Health and Wellbeing

In the last decade, the emotional wellbeing of pupils has become a priority in government policy, with a focus on creating positive school environments that support the mental health of all children (Department of Health & Department of Education, 2017). Yet, despite this, the number of children experiencing mental health difficulties in England is increasing (NHS Digital, 2020), and children in the United Kingdom report the lowest levels of happiness in Europe (Children’s Society, 2020). In a review of ‘what works’ to promote emotional wellbeing and mental health in schools, a key recommendation was the adoption of multi-component approaches, addressing mental health at a whole-school level (Weare, 2015). To support this, eight key principles for effective whole-school mental health provision were identified by Public Health England: leadership and management; school ethos; teaching and learning practices; identification of need and provision of targeted support; staff development; enabling of student voice; and approaches to working with families and the local community (Lavis & Robson, 2015).

To date, research into the effectiveness of whole-school mental health and wellbeing programmes has produced mixed results. Wells et al. (2003) reviewed two whole-school approaches within a meta-analysis of universal mental health programmes, and identified significant improvements in interpersonal sensitivity, conflict resolution and self-concept. A recent meta-analysis of 30 whole-school programmes, targeting children’s social and emotional development, identified a significant, but small, impact on social and emotional adjustment, behavioural adjustment and internalising symptoms, with no impact on academic achievement (Goldberg et al., 2019). Other reviews have found whole-school approaches to have little to no impact on aspects of development or wellbeing when compared to more
targeted approaches (Durlak et al., 2011; Langford et al., 2015). Overall, conclusions about programme impact are mixed.

**The Role of Programme Implementation**

Implementation is described as the study of “how well a proposed programme or intervention is put into practice” (Durlak, 1998, p. 5). Implementation science provides methodologies and frameworks to enable evaluation to go beyond simply whether an intervention works; to consider how it works, in which contexts, and with which populations (Lendrum & Humphrey, 2012). Research has indicated that quality of implementation is related to the likelihood of achieving expected outcomes (Durlak, 1998; Wilson et al., 2003), and, therefore, it is vital to consider factors that affect the implementation of whole-school approaches, to establish how success can be optimised.

Goldberg et al. (2019) suggested that implementation variation is likely to be a key factor affecting programme impact. Indeed, Durlak et al. (2011) reported that multi-component programmes were more likely to have implementation problems than their single-component counterparts, perhaps due to their increased complexity. Therefore, when considering the effectiveness of whole-school programmes, it is important to assess not only the outcomes of such programmes, but also to consider their implementation.

**Implementation Factors in Whole-School Programmes: What makes the difference?**

Key implementation factors, identified within the literature, are summarised in Table 5 and outlined within this section. Dane and Schneider (1998) described five key dimensions thought to impact programme implementation: fidelity (delivery of the programme as intended); dosage (amount of the programme delivered); quality of delivery; programme differentiation (uniqueness compared to other interventions); and participant responsiveness.
<table>
<thead>
<tr>
<th>Research Focus</th>
<th>Factors Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dane &amp; Schneider (1998) Review of implementation factors affecting preventive</td>
<td>• Fidelity (has the programme been delivered as intended?)</td>
</tr>
<tr>
<td>interventions designed to address behavioural, social and/or academic maladjustment in children.</td>
<td>• Dosage (how much has been delivered?)</td>
</tr>
<tr>
<td></td>
<td>• Quality of delivery</td>
</tr>
<tr>
<td>Stith et al. (2006) Implementing community-based prevention programmes impacting on child abuse, neglect and domestic violence.</td>
<td>• Community readiness for change</td>
</tr>
<tr>
<td></td>
<td>• Development of effective community coalitions</td>
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<td></td>
<td>• Programme fit</td>
</tr>
</tbody>
</table>
Durlak & DuPre (2008) Review of the contextual factors that influence implementation of promotion and prevention programmes

- Community level factors (such as political factors; policies; and funding)
- Provider characteristics (such as perceived need; self-efficacy; and skill proficiency)
- Innovation characteristics (such as compatibility and adaptability)
- Organisational capacity (such as work climate; attitude to change; shared vision; managerial support; and leadership)
- Training and technical assistance

Fixsen et al. (2009) Core implementation factors in any field, including medicine, mental health, management, social services and health.

- Consultation and coaching
- Preservice/in-service training
- Recruitment and selection
- Ongoing coaching and consultation
- Staff performance assessment
- Decision support data systems (such as reports of progress and outcome data)
- Facilitative administration (such as leadership, policies, procedures, structures and climate)
- Systems intervention (such financial, organisation and human resources required)
<table>
<thead>
<tr>
<th>Study</th>
<th>Main Findings</th>
<th>Study</th>
<th>Main Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lendrum et al. (2013)</td>
<td>- Explicit teaching of social and emotional skills</td>
<td>Banerjee et al. (2014)</td>
<td>- Delegation of responsibilities</td>
</tr>
<tr>
<td></td>
<td>- Integration across the curriculum</td>
<td></td>
<td>- Staff engagement</td>
</tr>
<tr>
<td></td>
<td>- A ‘whole-school’ approach</td>
<td></td>
<td>- Integration with behaviour, learning and wellbeing activities</td>
</tr>
<tr>
<td></td>
<td>- Staff development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Programme characteristics: flexibility; complexity.</td>
<td></td>
<td>- Training opportunities for staff</td>
</tr>
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<td></td>
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<td>- Staff wellbeing</td>
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<td></td>
<td></td>
<td></td>
<td>- Contact with parents and the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lavis &amp; Robson (2015)</td>
<td>- Leadership and management</td>
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<td></td>
<td></td>
<td></td>
<td>- School ethos</td>
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<td></td>
<td></td>
<td></td>
<td>- Teaching and learning practices</td>
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<tr>
<td></td>
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<td></td>
<td>- Identification of need and targeted support</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Staff development</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>- Enabling pupil voice</td>
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<td></td>
<td></td>
<td></td>
<td>- Working with families and local community</td>
</tr>
</tbody>
</table>
Yet the majority of implementation research has focused on time-limited, small-group or individual interventions within health, clinical and education settings (Lyon et al., 2018); and, therefore, these factors may not apply to complex multi-component programmes designed to have a long-term impact on an entire educational setting.

Existing evaluations of large-scale interventions have highlighted that some implementation factors appear to have a greater influence on outcomes than others. For example, a study of the Promoting Alternative Thinking Strategies (PATHS) programme (Kusche & Greenberg, 1994), a universal intervention targeting social and emotional skills in schools, identified that whilst participant responsiveness and implementation quality reduced externalising behaviours, programme fidelity had no effect, and increased dosage appeared to have a negative impact (Humphrey et al., 2018). Similarly, an evaluation of another universal school based social-emotional learning programme, MindOut, highlighted that only programme quality affected outcomes (Dowling & Barry, 2020). These examples highlight the limitations of applying existing implementation factors to large-scale educational programmes, without further exploration of how these affect programme impact.

Durlak and DuPre (2008) conducted a review of existing research into the implementation of education interventions, and identified key contextual factors at five levels: intervention characteristics, community level factors, provider characteristics; organisational capacity; and training and technical assistance. Within an evaluation of the implementation of Social and Emotional Aspects of Learning (SEAL), Lendrum, et al. (2013) used an explorative approach to consider the factors influencing implementation, and identified similar facilitators, and barriers, at programme level, implementer level and the context of implementation.

In another evaluation of SEAL, implementation was rated as low, medium or high based on factors which included; delegation of responsibilities, staff engagement, integration with
behaviour, wellbeing and learning activities, training opportunities for staff, contact with parents and the community and staff wellbeing (Banerjee et al., 2014). Such factors map closely onto the eight dimensions required for whole-school mental health and wellbeing programmes outlined by Public Health England (Lavis & Robson, 2015), and therefore may be a more appropriate method of assessing implementation in such programmes.

The Current Study: The Emotionally Friendly Settings Programme

This research was commissioned by a local authority educational psychology service within the North West of England, to explore the implementation of a whole-school mental health and wellbeing programme - Emotionally Friendly Settings (EFS). For this programme, setting refers to primary, secondary and specialist schools. EFS is an evidence-informed approach, supporting development in four areas: staff wellbeing and school ethos; classroom practice; assessment of needs; and intervention for individual students. Following whole-school training, staff can access an EFS manual, which includes evidence-informed materials, strategies and practical tools to support schools in each of these four areas. Each setting establishes a team of ambassadors, incorporating members of leadership, who work with educational psychologists and assistant educational psychologists to co-construct an action plan. These action plans are developed using information provided through staff audits, assessing perceived strengths and weaknesses in each of the four areas. Additional training is provided through annual EFS conferences. Schools are also able to complete accreditation, at bronze, silver or gold level, through the submission of evidence (bronze) and demonstration of key EFS principles within a school visit (silver and gold). Currently 104 schools are involved with EFS, including primary, secondary and specialist settings.

As the programme is being implemented in a wide range of settings, across several local authorities, it is important to explore variation in implementation success, to inform the further
development of the programme, and the support offered for new settings. Therefore, this research aimed to explore implementer perceptions about the factors that influence implementation, in order to contribute to an understanding of how schools can be supported to implement the programme well and increase impact. As previous research has identified that programme implementation can be affected by the context within which it is being implemented, this study hoped to consider implementation across several different settings to identify similarities, and differences, within the implementation factors identified. In summary, the research aimed to answer the following question:

What implementation factors are identified by school staff in relation to EFS across a range of settings?

Method

Design of the Study

A critical realist approach was adopted (Kelly et al., 2008), acknowledging that it is accepted and encouraged that there will be a wide range of factors reported, depending on the individual context of the school; yet the research aims to identify some similarities, allowing for a greater understanding of how these factors affect implementation across contexts. A qualitative interview design was used in keeping with the exploratory aims and epistemological position of the study.

Sample

A key aim was to explore implementation factors across a range of settings, including those reporting different levels of impact, assessed via a preliminary online survey distributed to the 42 primary, secondary and specialist provision schools involved in the project across four local authorities (Appendix H). Respondents rated perceived impact within the four areas of the programme: staff wellbeing; school ethos and environment; children; and assessing and
supporting mental health needs. Quantitative data then allowed schools to be classified as high, medium or low impact: 75% or more of the maximum available score indicated high impact, between 25 and 75% medium impact, and 25% or less, low impact.

On completion of the questionnaire, schools were asked whether they would be willing to participate in a follow-up interview exploring implementation factors. Nine schools agreed to participate and provided contact details. The intention had been to contact the two lowest rating schools, the two highest rating schools, and two schools with a medium impact rating. However, as only one school provided a low rating, five schools (two high, two medium and one low impact) were approached for a follow-up interview (Appendix I). The final sample included three primary schools, one secondary school, and one secondary specialist setting. All schools were located within the same local authority in the North West of England. Each school identified an EFS ambassador to take part in the research, and school and participant data are shown in Table 6.

Data Gathering and Analysis Methods

Semi-structured telephone interviews were carried out with the EFS ambassador within each setting following the structure shown in Appendix J. Participants were asked open questions about their experiences of implementing the programme, key facilitators and barriers, and what advice they would give to another school looking to implement EFS. These interviews were conducted over the phone due to the COVID-19 pandemic restrictions, and lasted 25-45 minutes. Interviews were recorded, with participant agreement, using a Dictaphone.

Upon transcription, interviews were coded within the data management programme Nvivo. They were then analysed using the six stages of thematic analysis outlined by Braun and Clarke (2006), illustrated in Figure 3. Analysis used a deductive-inductive approach: research aims and existing literature (Table 5) were used deductively to inform interview questions and the focus of
analysis, and inductive analysis was used to develop themes and sub-themes directly from the content of interviews (Appendices K, L, M).

Table 6

*Characteristics of participants and schools*

<table>
<thead>
<tr>
<th>School Context</th>
<th>Role Within School</th>
<th>Length of Involvement</th>
<th>Accreditation Level</th>
<th>Impact Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant A</td>
<td>Deputy Head</td>
<td>5+ years</td>
<td>Silver</td>
<td>High</td>
</tr>
<tr>
<td>Participant B</td>
<td>Pastoral Team</td>
<td>5+ years</td>
<td>Bronze</td>
<td>High</td>
</tr>
<tr>
<td>Participant C</td>
<td>Deputy Head Teacher</td>
<td>3 years</td>
<td>Submitted Bronze</td>
<td>Medium</td>
</tr>
<tr>
<td>Participant D</td>
<td>Personal, Social, Health and Economic Education School Lead</td>
<td>4 years</td>
<td>Working towards Bronze</td>
<td>Medium</td>
</tr>
<tr>
<td>Participant E</td>
<td>Inclusion Team Lead</td>
<td>2 years</td>
<td>Bronze</td>
<td>Low</td>
</tr>
</tbody>
</table>

*A pupil referral unit is an alternative education provision for children who are not able to attend school, often due to exclusion, experiencing social, emotional and mental health needs, or suffering from illness.*
Braun and Clarke (2019, p. 593) describe themes as ‘patterns of shared meaning underpinned or united by a core concept’. Within their reflections on thematic analysis, Braun and Clarke (2019) highlight the importance of acknowledging and embracing the role of the researcher within the process, highlighting the need for extensive reflection and engagement with the data. This approach to thematic analysis, described by Braun and Clarke (2019, p. 589) as ‘reflexive’, was incorporated within this research, as it is acknowledged that the author’s epistemological and axiological position, including their prior knowledge and experiences, will have influenced the interpretation of this data and the development of themes. This is also highlighted through the use of an inductive-deductive approach to analysis, which recognises that the analysis is guided by the author’s knowledge of implementation factors, but equally that the themes were generated by establishing shared meaning apparent within the data.
**Ethics**

This research was approved by the university ethical review process and carried out in accordance with the British Psychological Society (2018) and Heath and Care Professions Council (2016) ethical guidelines (Appendix N). All participants received information and consent forms two weeks before being interviewed, and provided consent electronically (Appendices O, P, Q, R). Participants were aware of their right to withdraw and participated voluntarily. Data were anonymised and identifying features of the schools were omitted from the transcripts. Whilst the topic discussed within the interviews did not appear to cause distress, participants were provided with the researchers’ contact details and any queries raised within the interview were followed up.

**Findings**

Thematic analysis highlighted one key, overarching theme across the data - whether implementation was authentic or tokenistic. For the purposes of this research, tokenistic implementation describes surface-level implementation; where implementation is often motivated by extrinsic factors, such as achieving accreditation, and being emotionally friendly is perceived as a fixed entity which has already been achieved. Authentic implementation refers to meaningful, well-embedded implementation; motivated by intrinsic factors such as a desire to develop emotionally-friendly practice or meet a perceived need within the setting, where being emotionally friendly is considered to be an ongoing process.

You can just jump through hoops and you can tick all the boxes and come up with all the policies and tell, tell, you know, the people in EFS, oh there’s our evidence…and the reality is when they’ve gone away, that’s not what really is going on. (Participant 3 [P3])

Within this overarching theme, analysis identified five dominant themes and ten sub-themes, which are outlined in Table 7.

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Table 7: Themes Identified Affecting the Implementation of EFS

<table>
<thead>
<tr>
<th>Overarching theme</th>
<th>Theme</th>
<th>Sub-theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic versus</td>
<td>Leadership</td>
<td>Involvement</td>
</tr>
<tr>
<td>tokenistic</td>
<td></td>
<td>Core values</td>
</tr>
<tr>
<td>implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attitude to the programme</td>
<td>Motivation</td>
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<td></td>
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<td>Readiness for change</td>
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<td></td>
<td>Engagement</td>
<td>Depth and breadth</td>
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<tr>
<td></td>
<td></td>
<td>Shared vision</td>
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<tr>
<td></td>
<td>Support</td>
<td>From colleagues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From the programme</td>
</tr>
<tr>
<td></td>
<td>Programme characteristics</td>
<td>Compatibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The accreditation process</td>
</tr>
</tbody>
</table>

Leadership

Involvement

The role of school leadership for successful implementation was discussed in all five interviews. Participants described the involvement of leadership as essential, and explained the importance of headteacher engagement. Where a member of leadership staff was leading the programme, or was part of an EFS working party, significant changes to school ethos, policies and practices were facilitated, for example: “cause if you were in the position where you were going to have to make changes...then you’ve got to have senior staff leading on that or else it’s never going to change.” [P5]

One participant described how difficult it had been to implement the programme where their headteacher had not been supportive, specifically, the challenge of making changes without
having the status to implement them. Leadership involvement in implementation resulted in its prioritisation, and some participants described how this led to significant investment, both financially, and in terms of time and focus: “the head’s now said well, actually, let’s prioritise that differently now, we’ll prioritise the mental and the emotional wellbeing type things, the pastoral first” [P5]

**Core values**

Some participants described how the influence of leadership went beyond involvement, and related to the specific values and qualities of the headteacher. The importance of emotional awareness and capacity for self-reflection was highlighted, and it was suggested that initial consultations with headteachers about their motivation for involvement, and core values, could address a key implementation barrier during the early stages of implementation.

**Attitude to the programme**

**Motivation**

A school’s motivation for implementation appeared to influence how well the programme was embedded, and whether change was authentic or tokenistic. Where the reason for becoming involved with the programme was to address a specific area of need or practice, implementation was more meaningful, and staff commitment was easier to establish, as the changes made were valued.

However, in some schools, motivation for programme involvement related to achieving accreditation, and a desire for existing practice to be acknowledged. In these cases, implementation of the programme felt less purposeful, and was simply something that needed to be completed to obtain the accreditation. Where the decision to implement the programme had been taken by someone other than the person responsible for implementing it, lack of ownership
over this decision was an influential factor, particularly in relation to commitment; one participant noting, “I think that’s a big thing, people have to do it because it matters” [P3].

**Readiness for change**

Closely linked to motivation for participation, was readiness for change. Settings with a higher impact score were motivated to implement the programme to meet a perceived need, and change was seen as integral. These settings tended to describe a journey of continual growth and development, with one participant describing how they were “not standing still with it, yeah, it is constant growth” [P1].

Where a school’s motivation was to achieve accreditation, one participant described implementation as tokenistic, citing a reluctance to make changes required by the programme: “it’s very tokenistic in terms of its…how its valued, so it makes my job, as the lead EFS person, incredibly difficult” [P3]. In these settings, it seemed that being ‘emotionally friendly’ was perceived as a fixed entity which had been achieved, and there was a view that further change was not required.

A further aspect, highlighted by one participant, was that readiness for change may be influenced by a wider culture of blame and fear within education. It was suggested that a school could be perceived as failing by the local authority if it identified areas for improvement, and therefore schools were reluctant to be open and honest about areas of weakness, for fear of criticism. This linked closely to the accreditation process, as any suggestion that the criteria had not been met was perceived as a criticism of practice.

**Engagement**

**Depth and breadth**

The depth and breadth of implementation, and the extent to which it was embedded within the setting, was a key factor identified. Staff in schools reporting higher impact, described significant
changes in multiple areas of school life; including staff wellbeing, physical changes to the school environment, development of a wellbeing curriculum, opportunities for children to share and implement their ideas, whole-staff training and improved provision for children experiencing mental health and wellbeing difficulties. Participants explained that whereas previously, support had been targeted for those who asked for it, using a whole-school approach had increased staff and pupil awareness about the support available.

In schools in which impact scores were lower, changes occurred at a more superficial level, often to meet a specific criterion within the accreditation process rather than to actively improve wellbeing and mental health provision. Superficial changes limited programme impact, and participants described the importance of making meaningful, authentic changes across the school in order to see real progress.

**Shared vision**

A shared vision about the aims of the programme, and the reasons behind its implementation, increased staff engagement. Where staff were working towards the same goal, they were more engaged with the programme and supported the changes being made, facilitating implementation. Participant 1 explained that in their school, “there was a consensus for everyone in school why it was important we did it”. Without this shared vision, participants described the difficulties that they had experienced in trying to engage colleagues, as, where the programme was not seen as valuable by staff, it was not prioritised.

The inclusion of staff wellbeing as a key area for development within the programme appeared to increase staff buy-in and engagement. Participants described how staff can become disillusioned when implementing multiple new approaches and programmes, but by including factors which directly impacted on their own wellbeing, engagement increased.
Support

*From colleagues*

In both schools where staff reported high programme impact, EFS had been implemented by a team of staff, who worked collaboratively to improve emotional wellbeing over time. Colleagues provided moral support, which appeared to act as a protective factor against other barriers, such as lack of motivation or challenges with the accreditation process. Shared responsibility across the team was also important due to the time-consuming nature and complexity of programme implementation, and participants described how including a range of staff within this team, including senior leadership, was helpful. Participant 2 explained that “you need to be pulling on a team of people, and dishing out responsibilities”.

This sub-theme linked closely with the theme of ‘leadership’, as, where the team did not include a member of senior leadership, it was much more difficult to make significant, authentic changes. Some participants highlighted that the EFS programme states that an implementation team should be established which includes senior-leadership, but that had not happened consistently. For example; in two settings, a team had been established, but one member had ultimate responsibility for the programme, and consequently much of the work was completed by them alone.

Two participants described how support from colleagues at other schools had been helpful in relation to developing ideas and sharing resources. The annual EFS conference provided some opportunity for school staff to meet and collaborate, but participants felt that this was an area that could be further developed, as links between schools tended to be informal and initiated by the settings themselves, rather than facilitated by the programme.

*From the Programme*

Several participants described how support from EFS staff had facilitated effective
implementation. In the initial stages of programme implementation, educational psychologists and assistant educational psychologists led whole-school training and supported schools in identifying key areas for development through the creation of an individualised action plan. Some participants spoke positively about this process, explaining that the support from EFS staff was helpful and built momentum. Access to annual conferences was also considered helpful and highly valued by some participants. However, implementers also felt that support reduced significantly after the initial stages of implementation, and this became a barrier, with one participant explaining:

It starts off quite collaboratively…when you do your whole-school training, and they sit with that first action team action meeting, and things like that, that is all very collaborative, and then it’s a bit like, oh we’re leaving you now [P4]

Participants described a shift within how support was perceived as they progressed through the programme, from a collaborative and supportive role initially, to judges within the accreditation process, with participant 4 remarking “I feel like it is…a bit like Dragon’s Den… go in and prove that you, that what you’re doing is alright”. Where there was a lack of support from EFS staff, it was a significant barrier for implementation, particularly where participants had requested support but not received it, or had to wait a long time for a response.

**Programme characteristics**

*Programme compatibility*

Participants identified that for implementation to be authentic and meaningful, the programme needed to be compatible with the school’s existing ethos and practices. Implementers felt that EFS needed to build on a foundation of existing good practice, and implementation would be ineffective in a setting which did not already value emotional wellbeing. Participant 5 explained that:
EFS can’t be an add-on, you know, it can’t be well we’ve got this military style discipline in our school, and, oh hang on, we’re going to add on EFS, it’s got to be something that is, that reflects what you’re doing.

Almost all participants identified challenges where aspects of the programme were not compatible with their setting. For example, one small school highlighted that with only a few staff, it was not necessary to have a timetable for an open-door policy, as this was simply the culture within their setting, yet it was impossible to evidence this. As the programme targets a wide range of settings, some of the criteria required were not applicable to every school, and as the accreditation process consists of set criteria, it was difficult to adapt. Consequently, schools sometimes found themselves making superficial, tokenistic changes to meet arbitrary criteria, which did not ultimately make the school any more emotionally friendly.

**The accreditation process**

The inclusion of accreditation, whilst motivating to some, was ultimately a key barrier for authentic implementation. The requirements of the accreditation process were problematic, particularly at the ‘bronze’ stage, where evidence was submitted online via documents. Participants felt that it was extremely difficult to evidence emotional wellbeing and mental health provision in this way, as often strengths related to ethos and culture, which were almost impossible to demonstrate; for example: “you’re trying to put ethos in a word document, and it’s very difficult to do that” [P3].

For some, providing evidence against multiple criteria ensured that the programme remained robust. However, others argued that it became a tick box exercise, and did not reflect the changes that had occurred in school. Some found that the points identified within their action plan did not need to be evidenced for the accreditation, and therefore their progress in these areas was not
recognised. Participants also identified that the process was incredible time-consuming, which was a key barrier within already-busy school settings.

Existence of the accreditation process also contributed to a perception of the programme as validation of existing practice, as opposed to a facilitator of change. This linked closely with the ‘attitude to the programme’ theme, as, where schools were motivated by the accreditation and award process, there appeared to be less readiness for change, and consequently implementation was more tokenistic.

**Discussion**

To consider the implication of these findings, the discussion will firstly consider the research question and aims in relation to the key themes and sub-themes identified. It will then discuss implications for future research and practice, before finally reflecting on the limitations of the current study.

This research aimed to explore implementer perceptions of factors influencing the implementation of a whole-school mental health and wellbeing programme. Within the findings, school staff highlighted the significant role of leadership within implementation, echoing existing findings (Table 6). Both Durlak and DuPre (2008) and Fixsen et al. (2009) identify that leadership, managerial support, policies and procedures can impact on programme implementation, and Public Health England (Lavis & Davies, 2015) identify leadership and management as a key principle for whole-school mental health provision. Often, the initial decision to implement a programme is ultimately made by the headteacher, and, therefore, their involvement and commitment to the project is a key facilitator. Where leaders are not engaged with the programme, meaningful change is difficult for implementers to achieve, as the programme is not prioritised, and funding, time and support are likely to be allocated elsewhere.
Participants also discussed the influence of the headteacher’s personal characteristics, attributes and values. Existing research has established that implementer characteristics can influence outcomes: Klimes-Doughan et al. (2009) found that staff members’ personalities, particularly traits such as openness, conscientiousness and commitment, predicted the likelihood that the Early Risers Prevention Programme was implemented with fidelity. Similarly, Spoth et al. (2007) identified that where instructors were more enthusiastic and committed to an intervention, the quality of implementation improved. In large, whole-school approaches, where delivery of the programme is undertaken by multiple staff members, the characteristics and values of the headteacher may cascade down to staff and influence implementation in a similar way. As fidelity and quality have been highlighted as key implementation factors (Table 5) the commitment and core values of the headteacher and leadership team may also affect implementation.

Motivation and readiness for change is a crucial component in the adoption of a programme and initial stages of its implementation. In the current research, where schools reported a higher impact, they had implemented the programme to meet an identified need in their setting, and change was perceived as an ongoing, positive process. Where accreditation was the key motivator for involvement, implementation was more superficial, and implementers felt that change was not necessary, as their setting was already emotionally friendly. Superficial, or short-term, changes were adequate to achieve some elements of accreditation, and therefore more significant, long-term changes, which would be more costly and time-consuming, but potentially more impactful, were not implemented.

Readiness for change, and attitude towards change, is an implementation factor that has been identified multiple times, in several reviews (Table 5). When considering community-based interventions, Stith et al (2006) stated that communities must recognise that a problem exists.
before it is possible to address that problem. Where school staff felt that there were no areas for
development, in relation to mental health and wellbeing provision in their setting, they were less
engaged with the programme, and change was not considered necessary. Prochaska and
DiClemente (1983) proposed that individuals pass through a series of stages when making
behavioural change. This cycle of change model was later used by Duckworth (2009) as a model
for facilitating change at a whole-school level, and could provide a heuristic for understanding
different levels of engagement. Specifically, staff who saw no reason to change could be
considered to be at the ‘pre-contemplation’ stage of change. In these cases, involvement in the
programme was motivated by factors other than a desire to meet a need and facilitate meaningful
change, such as being told to complete the programme by external professionals, or seeking
accreditation to recognise existing practice.

Greenberg et al. (2005) suggest that readiness for change and motivation could be assessed in
the initial stages of implementation to address this barrier; an idea also proposed by one
participant in this research. Indeed, research indicates that readiness for change can account for
the success, or lack of success, of many large-scale change efforts (Fallon et al., 2018), and
therefore the identification of barriers in these areas when a programme is first contemplated
could avoid implementation difficulties further down the line.

Weare et al (2015, p.5) described the importance of “genuine involvement from all staff,
pupils, governors, parents, and the community”. Some participants explained that where there
was a shared vision amongst staff, change was accepted more readily, and emotional wellbeing
and mental health became a priority across the setting. Staff engagement also contributed to the
breadth and depth of programme implementation. In schools reporting a higher perceived impact,
the changes made encompassed many of the eight dimensions for emotional health and
wellbeing provision outlined by Public Health England (Lavis & Robson, 2015). Furthermore,
the changes described were long-term and significant, and having a positive impact for both children and staff, highlighting the impact of authentic implementation.

Participants described how some requirements of the programme were not compatible with their setting, which led to feelings of disengagement. This reflects findings by Olweus and Limber (2010), who found that incompatibility with existing norms and practices was a barrier to the effective dissemination of a bullying prevention programme. Similarly, Lendrum et al. (2013) found that programme complexity, and lack of flexibility, was a barrier to effective implementation. EFS was designed to be a flexible programme to increase compatibility and aid implementation. Yet, some aspects of the programme were perceived as too rigid by participants, and where adaptations had been made, some had a negative impact on programme implementation, such as the absence of a core implementation team. This highlights that implementation success involves a delicate balance between adherence and delivery of the programme as intended, and adaptability of the programme to suit the needs of implementers.

One component of the EFS programme which acted as a barrier to authentic implementation in some settings was the inclusion of an accreditation process; a barrier that has not been explored within previous research. Awards and accreditation processes are often popular in schools, as they are seen as a way of validating good practice and may motivate schools to engage with programmes. However, as previously discussed, where motivation related solely to completion of the accreditation process, implementation was often tokenistic, and the programme was not fully embedded. In health and higher education contexts, accreditation is thought to guide organisational development and increase accountability (Cooper et al., 2014), yet there appears to be little research exploring whether accreditation is a driver for authentic change in schools. Cooper et al. (2014) describe how accreditors often prefer formal processes with measurable outcomes, yet it is very difficult to quantify and document many of the factors
which lead to a truly emotionally friendly setting. Furthermore, some participants described how a fear of failure, and a culture of accountability, was reinforced by the inclusion of an accreditation process, and this impacted on their engagement with the programme.

**Implications for practice and future research**

This small-scale study offers tentative evidence that programme implementers might find it helpful to direct attention to the authenticity of the implementation, as tokenistic and superficial implementation could be a barrier for meaningful change. Whole-school mental health programmes have the potential to positively impact the mental health of many children and young people, yet research indicates that poor implementation could threaten their effectiveness (Durlak & DuPre, 2008; Goldberg et al., 2019). It is, therefore, important that programme developers raise awareness about the effect that poor implementation can have on impact (Moir, 2018), and work collaboratively with schools to explore implementation.

The factors identified within this research relate to implementation of EFS in five settings, but echo the implementation facilitators and barriers identified across a range of contexts and programmes (Table 5). Sharing key implementation factors, identified within implementation science, during the early stages of programme adoption may allow settings to identify, and address, potential barriers whilst maximising facilitators. Similarly, the use of existing frameworks, such as Fixsen et al.’s (2005) Stages of Implementation Framework, or Prochaska and DiClemente’s (1983) cycle of change, could be incorporated into whole-school approaches, and shared with school staff, in order to develop a greater understanding of the implementation process.

It is important to consider whether whole-school approaches reach the children and young people most in need of support. Schools who prioritise mental health and wellbeing are more likely to engage with whole-school mental health approaches, as this is an area they value and
prioritise. However, if schools with poor mental health provision are less likely to engage with such programmes, development of provision is limited in the schools most in need of change. The inclusion of an accreditation process within a programme may contribute to this, as schools may be reluctant to engage with something in which they have the potential to fail. This echoes the findings of Durlak and DuPre (2008), who identify implementer self-efficacy as a key factor which influences intervention success. It is vital that if children’s mental health and wellbeing is to be affected by whole-school programmes, programme developers should consider how to engage schools where this is not a key priority, to ensure that quality mental health provision is developed in all settings.

Finally, further research should be undertaken looking at the relationship between implementation factors and programme impact within whole-school mental health and wellbeing programmes. This could include tracking implementation over time in a range of settings, or undertaking in-depth case studies which incorporate the views of pupils, staff and the members of the wider school community, as opposed to just implementers. This research has highlighted that implementation factors occur across multiple levels of the school context, and often interact with each other to influence the impact of a programme. Future research could explore these relationships, using models such as Bronfenbrenner’s ecosystemic theory (Bronfenbrenner, 1994), to consider how implementation factors exist within wider contextual factors. It would also be helpful to explore the role of accreditation within school settings, particularly whether accreditation acts as a facilitator or barrier for authentic implementation.

**Limitations**

A key limitation of this research is the small sample of schools included and the fact that it was self-selecting. It is possible that schools experiencing significant barriers to implementation might disengage with the programme, and therefore be less likely to participate in this research.
Whilst a representative sample was sought, by including schools with a range of impact scores, no schools reported negative impact, and therefore the views of such schools are not represented here. Furthermore, the questionnaire used to recruit schools to the programme, through reporting perceived impact, was a subjective measure based on implementer self-report, and it is possible that responses were affected by social desirability bias, if school staff hoped to show their school in a positive light.

A further limitation is that despite acknowledging the importance of an implementation team within this research, interviews were carried out with just one member of staff within each setting. It is possible that other staff members involved in the implementation process may have identified alternative implementation factors and that a small-group interview or focus group, as opposed to individual interviews, may have produced a more in-depth account of implementation. As a qualitative approach was used, involving semi-structured interviews, the factors explored were limited to those that were perceived by the staff interviewed. Factors at a much wider level, such as government policy, were not considered, as they were not raised within the interviews.

**Conclusion**

Children and young people’s mental wellbeing continues to concern educators and policy makers, and whole-school approaches may be one method of offering support, particularly where economic, cultural and systemic confines limit the support available from other sources (Barry et al., 2017; Lavis & Robson, 2015). However, for such programmes to be a worthwhile investment, both financially, and in terms of implementer time and effort, they need to work. Programme impact is influenced by implementation, and therefore if these programmes are not being implemented effectively, they may appear to have no impact, despite including the core components required to positively impact on mental health and wellbeing (Goldberg et al., 2019). It is important that research identifies how the implementation of whole-school
programmes can be facilitated, in order to enhance the meaningful influence that they have on the mental health and wellbeing of children.

**References**


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Paper Three: The dissemination of evidence to professional practice

Word count: 6015 (including tables and references)
The dissemination of research to professional practice

The current paper will consider the concepts of evidence-based practice, and practice-based research, including how they can be applied within the context of educational psychology. Effective dissemination of research findings will be considered, and a dissemination strategy for Paper One and Paper Two outlined. Finally, methods of evaluating dissemination will be explored.

Part One. A generic overview of concepts of evidence-based practice and related issues such as knowledge transfer, practice-based research/evidence.

Evidence-based practice and practice-based evidence in psychology

Evidence-based practice (EBP) began in the field of medicine and healthcare, and has been described as “the conscientious, explicit and judicious use of current best practice evidence in making decisions about the care of individual patients” (Sackett et al., 1996, p.71). Medical practitioners have traditionally been required to base their practice on evidence, gathered through scientific research, in order to provide high quality, well-informed care for their patients (Morgano et al., 2018). The Health and Care Professions Council (HCPC) Standards of Proficiency for practitioner psychologists state that educational psychologists (EPs) should “engage in evidence-based and evidence-informed practice” (HCPC, 2016, p.12).

Working as a scientist-practitioner is considered integral to the role of the EP (Hagstrom et al., 2007). Fallon et al. (2010, p.4) describe EPs as “fundamentally scientist-practitioners who utilise, for the benefit of children and young people, psychological skills, knowledge and understanding through the functions of consultation, assessment, intervention, research and training”. Within educational settings, EPs are well placed to broach the link between research and practice, through critical analysis of the evidence base, identification of links between research and individual casework, and dissemination of findings into practice.
When considering EBP, it is important to reflect on how different forms of evidence are viewed, particularly in relation to their quality and robustness. The hierarchy of evidence, illustrated in Figure 1, represents traditional ideas within medicine and clinical psychology about what constitutes quality evidence (Fox, 2003). The positioning of randomised control trials, and reviews of such trials, at the top of the hierarchy, demonstrates a commitment to the highly-controlled research methods, with methodologies further down the hierarchy considered to be more contextual, incorporating opinion-based data (Fox, 2003).

**Figure 4**

*Hierarchal structure of research methodologies, adapted from Fox (2003)*

However, whilst randomised control trials are considered by some to be the gold standard of research methodologies, they are not always the best or most informative approach to use within EP practice (Frederickson, 2002). These trials can present ethical issues; for example, within the
context of mental health, if one group is given access to an intervention, which is likely to have a positive impact on wellbeing, it may be considered unethical to deprive a control group of any support. Furthermore, the highly controlled nature of randomised control trials can mean that they lack ecological validity, as they do not always reflect the reality in which interventions or approaches are implemented (Dunsmuir et al., 2009). This is particularly the case within educational settings, where a wide range of implementation factors can affect the impact of an intervention (Durlak & DuPre, 2008), and knowledge about the process of implementing an intervention can be lost (Lane & Corrie, 2007).

One possible alternative is the three-legged stool model of EBP (Sackett et al., 1996). This model states that competent, effective practice rests on three ‘legs’: best research available; clinical expertise; and patient characteristics (Roberts et al., 2017). This approach aligns with the American Psychological Association’s (APA, 2006, p.271) definition of evidence-based practice in psychology: “the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences”. The APA (2006) argues that as scientist-practitioners, psychologists have the ability to apply scientific research whilst actively testing hypotheses and evaluating the effectiveness of interventions in practice.

However, the incorporation of scientific literature into everyday practice can be challenging, often due to the complex, highly-variable context of educational settings, where it can be very difficult to recreate the conditions in which evidence for a particular approach or intervention was obtained (Greenberg et al., 2005). Support for the consideration of contextual factors, culture, and individual characteristics within EP work provides justification for the use of alternative methodologies, which may be lower down within the hierarchy of evidence, but more relevant to everyday EP practice. Furthermore, whilst medical and clinical research often values a positivist or reductionist approach, EPs may find more interpretive methodologies useful, and
relevant to their work, as they allow for the exploration of wider opinions and interpretations (Keller, 2011).

Rappolt (2004) argued that clinical expertise, or the knowledge acquired by practitioners through professional training, and a career, is the most important factor of EBP, as it allows for the application of scientific literature in a way which leads to positive results for clients. These factors, described within education as practice-based evidence, work alongside EBP to facilitate effective decision-making and develop the knowledge base. Practice-based evidence can be a useful way of exploring the implementation of a programme, contextual factors which influence impact, and how changes are maintained successfully (Fink Chorzempa et al., 2019). Barkham et al. (2010) stated that in order to address the issues of poor ecological validity and high levels of diversity within real-life practice, government bodies and practitioners should promote practice-based evidence as an integral part of EBP, moving away from a viewpoint that only highly-structured, randomised control trials are valuable. This demonstrates that EPs not only apply scientific research to practice, but also contribute to the knowledge base themselves, through practice-based evidence.

**EBP and whole-school approaches**

The importance of incorporating practice-based evidence into EBP is particularly relevant when considering whole-school mental health programmes. With an increase in the number of children reporting mental health difficulties, a number of whole-school programmes have been developed and marketed to schools, following policy and guidance recommendations that whole-school approaches are optimal (Lavis & Robson, 2015). Yet, there is little large-scale empirical research focusing on effectiveness of these approaches, particularly in the United Kingdom (UK). Consequently, many interventions are implemented in schools without consideration of empirical evidence (Slavin, 2002).
It is clear that further research is necessary to explore the use of whole-school mental health programmes in schools, but reliance on randomised control trials within their evaluation is problematic, for several reasons. Firstly, randomised control trials require a significant amount of investment, both of time and money, and conclusions may not be published for several years. Whilst these trials are conducted, schools will continue to seek programmes which can be implemented straight away, despite a lack of empirical evidence. Secondly, whilst schools can be randomly allocated to be in the intervention or control sample, schools within the control sample are likely to implement alternative approaches, due to their professional and ethical responsibility to meet the needs of the children in their setting. This means that randomised control trials of mental health programmes often compare one form of mental health provision to another, and the direct impact of the programme itself is unclear.

Finally, schools are large and complex organisations, and often, interventions are not implemented with the same quality as programme creators intended (Greenberg et al., 2005). A programme may be well supported, empirically, but fail to show the same impact when implemented in a ‘real-life’ setting, without the support of researchers (Barnett, 1995). There are mixed findings about the effectiveness of whole-school programmes, and Goldberg et al. (2019) concluded that poor implementation is likely to be a significant contributory factor. This highlights that any evidence-informed approach recommended must be monitored and evaluated within the context of that particular school, and whilst random-control trials can provide important information about whether a programme is impactful, alternative approaches are necessary to explore how and why they are effective.

EPs play a key role in the exploration of how programmes are implemented, when they work well, and when they do not. Moir (2019) included a summary of how EPs can facilitate implementation within school settings, which included: supporting schools to select empirically-
evidenced interventions; helping to measure and assess implementation; undertaking research to further understand implementation; and promoting effective practice and raising awareness of implementation science. Paper One reviews how whole-school programmes have been evaluated to date, and dissemination of these findings may provide guidance on how EPs and school staff can effectively evaluate the impact of programmes within their own settings, thus, contributing to the evidence base through practice-informed evidence. Furthermore, exploration of the key factors affecting implementation of a whole-school mental health and wellbeing approach, within Paper Two, contributes to a developing knowledge base about how such programmes can be supported to succeed, and the considerations relevant to EPs and programme developers in order to facilitate this.

**Part 2. A generic overview of the evidence on effective dissemination of research and notions of research impact**

Translating scientific research into practice within educational settings is difficult (Vanderlinde & van Braak, 2010). Educational research has been criticised for lacking relevance for teaching staff, and failing to develop knowledge which can easily be incorporated into practice (Stevens, 2004). Research indicates that a very small proportion of research leads to changes in policies or practice, and Balas and Boren (2000) estimated that this process can take around 17 years. Effective dissemination is a key factor in closing the gap between research evidence and its use within practice, by ensuring that all forms of research, including small-scale projects, contribute to the knowledge base (Turale, 2011). Wilson et al. (2010, p.2) define dissemination as:

a planned process that involves consideration of target audiences and the settings in which research findings are to be received and, where appropriate, communicating and interacting
with wider policy and health service audiences in ways that will facilitate research uptake in decision-making processes and practice.

Effective dissemination aims to develop the knowledge of educators and therefore, ultimately improve practice (Vanderlinde & van Braak, 2010). Harmsworth et al. (2001) argue that dissemination must be an active process, which is planned for, and researchers should consider how findings will be disseminated prior to commencing research. This process might consider factors such as when, where and how findings will be disseminated, and a wide range of frameworks and models exist to inform these decisions (Wallace et al., 2014).

In a framework designed to support the development of dissemination strategies when implementing educational development projects, Harmsworth et al. (2001) described three ways to think about the dissemination of research findings. Firstly, *dissemination for awareness* relates to promoting an awareness of findings across many stakeholders, including those who do not require a detailed knowledge of the findings, but who may benefit from some knowledge. Secondly, *dissemination for understanding* involves targeting specific intended audiences to develop an in-depth knowledge of the research, where the findings are particularly relevant to them. Thirdly, *dissemination for action* refers to the development of practice and policies as a direct result of the research finding, and focuses on dissemination to policy-makers, or those with the power to make changes. When planning a dissemination strategy, it is important to consider how dissemination might be carried out for all three of these purposes.

Borg (2009) described several barriers which can prevent teachers from engaging with research literature, including limited time, the lack of a perceived need to develop practice, and a conceptualisation of research as something associated with academics and scientists, rather than teachers. Borg (2009) highlighted the importance of adapting dissemination practices to suit the
needs and requirements of teaching staff, particularly when considering the methods used to share information.

Publication in academic journals has historically been a key approach when disseminating research, yet Kostoulas et al. (2019) found teaching staff raised that a lack of access to academic books and journals, and the inaccessible way in which findings are presented in academic journals, are key barriers for integration of academic research into practice. The same research highlighted that internet-based sources were teachers preferred methods of engaging with research, highlighting the importance of social media, blogs and professional webpages in the dissemination process. For example, Twitter has been identified as an accessible platform on which teachers can share knowledge and engage in professional development (Davis, 2015). Inclusion of stakeholders’ preferred information sources into the dissemination strategy is important to ensure that that dissemination occurs at all three levels outlined by Harmsworth et al. (2001). This highlights the importance of considering cultural, environmental and individual differences when developing a dissemination strategy, and tailoring approaches to suit the intended audience, in terms of what information is disseminated and how it is shared (Nutley et al., 2003).

**Part 3. A specific summary of the policy/practice/research development implications from the research at: the research site: organisational level; professional level.**

**Summary of findings**

The thesis comprised of a systematic literature review, Paper One, and a qualitative study, Paper Two. Paper One reviewed how whole-school mental health programmes have been evaluated to date, focusing on the outcomes measured and the methodologies used. It highlighted that a wide range of approaches were used, measuring outcomes such as school performance, internalising symptoms, behavioural adjustment and social-emotional adjustment. There
appeared to be little consistency across evaluations, with a lack of clarity about how programmes should be evaluated, and the outcomes that are key to promoting positive mental health and wellbeing.

Paper Two used a qualitative interview design to explore the factors facilitating or impeding the implementation of a whole-school mental health approach, called Emotionally Friendly Settings. Five staff, from three primary schools, one secondary school, and one specialist provision, were interviewed, and an inductive-deductive analysis was used to consider the implementation factors identified, and their relation to existing research. Authentic versus tokenistic implementation was highlighted as an overarching theme, and five themes linking to this were described: leadership; attitude to the programme; engagement; support; and programme characteristics.

**Implications of the research for the research site**

There is little information or guidance about how whole-school mental health approaches should be evaluated. Programme evaluation is vital, as without it, an ineffective programme could be implemented in a setting for a number of years, or an impactful programme discarded (Kelly & Perkins, 2012). Whilst some programmes may include evaluation guidance for schools, a key conclusion of Paper One was that ‘one size fits all’ approaches to evaluation are not appropriate. The findings from Paper One include a summary of outcomes measured, and methodologies used. Knowledge of how other programmes have been evaluated could support school staff to develop an individualised evaluation plan, which reflects their aims, and accurately measures progress. Interpretation of this evaluation data also has implications for the use of practice-based evidence in schools, as it enables school staff to make informed decisions about the implementation of a programme based on accurate evaluation data (Fink Chorzempa et al., 2018).
Where programmes are not implemented effectively in schools, their impact can be compromised (Kretlow & Blatz, 2011). When this occurs, a programme may be discarded, despite having the potential to be effective if implementation barriers were addressed. An awareness of the findings outlined in Paper Two will allow schools to anticipate potential implementation barriers and address them. Some of the participating schools described feelings of frustration and disengagement with the programme due to the barriers they had faced. Goldsberg et al (2019) described the need to support schools to sustain programme implementation over time, and adapt the programme to suit their needs where necessary. Providing information about how other settings have facilitated implementation may support schools in doing this, and staff may feel reassured to know that other settings have faced similar challenges.

**Implications of the research at the organisational and professional level**

Whilst many organisations and professionals involved in the development of whole-school mental health approaches recognise the importance of evaluation, Moir et al. (2018) described how currently, a range of approaches are used, and it is unclear how best to evaluate programmes. A key conclusion of Paper One was that programme evaluations must be flexible, using an individualised approach, to reflect the aims, and areas of focus, targeted by the programme. The importance of evaluating multiple facets of programme impact, such as impact on the child, impact on staff, and impact on the local community, was also discussed. These points have implications for any organisation or professional involved in the development and evaluation of whole-school approaches, such as EPs, school leaders and teaching staff, and could encourage programme developers to consider methods of evaluation during the initial stages of programme development.
Findings from Paper Two may also have implications for programme developers, in relation to the format of whole-school approaches. The whole-school programme explored in Paper Two was developed by EPs working for a local authority, and findings provided information about potential implementation factors relevant for that programme. Knowledge of these factors could allow the EPs to develop the programme further to increase the likelihood of good implementation. For example, the role of accreditation in the Emotionally Friendly Settings programme was questioned in Paper Two, and consequently this aspect of the programme is being reviewed by the programme’s developers.

A key implication for EPs, is the importance of sharing knowledge about implementation factors with school staff. Where implementation is not understood, or valued by school staff, programmes could fail, and it is important that organisations and professionals support school staff to learn about and embrace implementation science (Azford & Morpeth, 2012). Moir (2018) suggested that where a programme has multiple implementation barriers, addressing challenges in the initial stages of programme implementation will increase the effectiveness of interventions, and be more cost-effective than having to address significant problems as they develop over time. Motivation and readiness for change were identified as key implementation factors in Paper Two, and Greenberg et al. (2005) suggested that assessing these factors in the initial stages of implementation could address any barriers. It is possible that the cycle of change, outlined by Prochaska and DiClemente (1983), could be used collaboratively by organisations, professionals and school staff, to identify where they are within the change process and therefore anticipate potential barriers before implementation begins.

Both Paper One, and Paper Two, also have implications for researchers. Whole-school mental health programmes are increasingly popular in practice, but yet are a focus of very little research. It is therefore difficult for professionals to deliver evidence-informed practice, particularly in
relation to how these large-scale, complex programmes should be evaluated and how implementation can be facilitated. Both papers highlight areas for further research, including tracking implementation over time, the use of in-depth case studies which include the views of children, teaching staff and parents, exploration of the implementation factors experienced in relation to different whole-school approaches, and an exploration of how accreditation can affect programme implementation.

**Part 4. A specific strategy for promoting and evaluating the dissemination and impact of the research**

The strategy for dissemination of the current project utilises the Harmsworth et al. (2001) framework outlined previously, and dissemination for awareness, for understanding and for action in relation to research findings will be discussed within this section. A summary of the dissemination strategy is outlined within Table 1.

**Table 8**

*Summary of dissemination strategy*

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Target Groups</th>
<th>Method</th>
<th>Vehicle</th>
<th>Timescale</th>
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<tr>
<td>Raise awareness of research</td>
<td>Education practitioners, EPs and academics interested in mental health provision</td>
<td>Literature review/research paper</td>
<td>Journal article</td>
<td>Ongoing – October 2021</td>
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<td>Blog posts</td>
<td>Online – Local authority website</td>
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<td>Sharing of abstract</td>
<td>Twitter</td>
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<td>Feedback in team meeting</td>
<td>PowerPoint and discussion</td>
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<td>Present at Manchester Institute</td>
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<td><strong>Dissemination for awareness</strong></td>
<td><strong>Research site</strong></td>
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<td>A key focus of this dissemination strategy is to ensure that findings from Paper Two are fed back to participating schools. This population included two groups: those who had completed the initial questionnaire on programme impact, which was used as a recruitment tool; and those who had been interviewed within the research. An A4 summary sheet, illustrating the key themes identified within Paper Two, has been produced and will be circulated virtually via the EFS</td>
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newsletter, which is emailed to all schools involved with the programme (Appendix A). As the questionnaire was completed anonymously, it is not possible to disseminate findings directly to those who participated. However, the EFS newsletter is sent to all schools who are involved with EFS, and so it is hoped that all participating schools will have the opportunity to read the key findings. This is important, as an awareness of the key implementation factors outlined within Paper Two may enable staff to improve their own implementation practice and ultimately increase the impact of the programme in their setting.

In addition, the A4 summary and a final copy of Paper Two will be sent via email to the five members of school staff interviewed. During the initial recruitment process, participants gave written consent for their email addresses to be retained and used to disseminate the eventual findings. All participants expressed an interest in reading the research findings and therefore it is important that these findings are shared with them.

**Education practitioners, EPs and academics interested in mental health provision**

The findings of both Paper One and Paper Two may be of interest to EPs, educational practitioner and academics involved in mental health provision. The use of whole-school programmes as an approach to address the mental health needs of children and young people in schools is widely promoted (Lavis & Davis, 2015; Weare, 2015), and therefore research into their implementation and evaluation is likely to be relevant to the practice of many professionals. This is particularly the case following the COVID-19 pandemic, where many schools may need to prioritise a focus on children’s wellbeing and mental health as children return to school.

Publication within academic journals has long been the foundation upon which dissemination was based; however, there are inherent flaws and biases within publications in relation to discipline, gender and traditions. Despite this, publication remains a popular method of dissemination, particularly as the peer review process encourages authors to consider alternative
perspectives and provides a degree of rigour. Both articles were submitted to Pastoral Care in Education, which was chosen as it targets a practitioner-based audience, and provides a relevant platform for the research, in relation to its focus and scope. It is hoped that the publication of both papers will contribute to the research base on this topic, particularly as there is little existing research available to inform the evaluation of whole-school mental health programmes, and exploring key implementation factors. At the time of writing, Paper One has been accepted for publication, and Paper Two is currently under review.

Social media and online platforms are increasingly being used, by both disseminators, and consumers of research. In Summer 2021, EPs working within Sefton Educational Psychology Service hope to develop a blog page aimed at headteachers, school staff and other educational practitioners within the local authority, summarising key areas of research and interest within the service. Each member of the team will provide a post summarising their thesis research, which will be circulated to staff within the local authority and shared on social media. Two posts are planned focusing on the current thesis: ‘How are whole-school mental health programmes evaluated?’ and ‘What helps and hinders the implementation of a whole-school mental health approach?’. These posts will be written and circulated within the local authority head teachers’ weekly update email in September and October 2021.

Twitter is becoming an extremely useful platform for EPs and researchers to share and consume research which is relevant to their professional interests. By sharing key findings, a visual summary of findings or a link to an online abstract, and assigning a hashtag such as #AcademicTwitter #TwitterEPs and #ADayInTheLifeOfAn_EP, research can be quickly and easily disseminated to relevant professionals, both nationally, and worldwide. Other hashtags, such as #SENCOchat or #SLTchat, can be used where findings are also relevant to practitioners in different roles. Following publication, links to both Paper One and Paper Two will be shared...
on Twitter, using appropriate hashtags to increase engagement and promote awareness of the research. A particular benefit of disseminating research on Twitter is that the approach can be easily evaluated, as the platform provides key information about the ‘reach’ and ‘engagement’ a tweet achieves. Use of appropriate hashtags could also help to improve altmetric data for the article, which could be monitored via the journal website.

Presentations will be a key approach used to disseminate this research. The researcher has been invited to deliver a one-hour online seminar as part of a University of Manchester Institute of Education seminar series focusing on mental health provision in schools, on 5th May 2021. The audience of this seminar will be school staff and allied professionals in the Greater Manchester region, and the title of the seminar is ‘The role of whole-school and college approaches in supporting children and young people’s mental health’. This presentation will disseminate key findings from both Paper One, and Paper Two, by discussing how whole-school approaches have been evaluated to date, and highlighting key facilitators and barriers for their implementation. A presentation with a similar focus will also be delivered in Sefton local authority between September and December 2021, firstly to EPs within a team meeting, and secondly to school staff as part of a local training series developed through funding provided by the Department for Education ‘Wellbeing for Education Return’ project.

**Dissemination for understanding**

**Professionals involved with EFS**

A key focus when disseminating this research will be ensuring that findings can be used to support school staff who are currently implementing EFS in their setting, as well as those who join the programme in the future. Two meetings with the EFS lead practitioner within the local authority have been held, in January and March 2021, in which key findings were shared and a strategy for further dissemination was discussed. Walter et al. (2003) suggested that information
from the research should be tailored to recipients in order to best communicate knowledge; and
the most effective method of disseminating the research was discussed with the EFS lead
practitioner in these meetings. It was agreed that the findings will be presented to all EPs
working for the local authority in a 30-minute session on 13\textsuperscript{th} July 2021, as many EPs work
within schools where staff are implementing EFS, and, therefore, an awareness of
implementation factors could inform the support provided. Furthermore, several EPs and
assistant EPs within the service are directly involved in the delivery and development of EFS,
and this presentation will provide an initial understanding of the research findings.

Dissemination also aims to ensure that school staff who are actively implementing the
programme, or who are considering implementing the programme in the near future, are aware of
the factors highlighted within Paper Two. School staff in participating schools attend an annual
EFS conference, which provides updates on the programme, training sessions, and an
opportunity to network with other settings. This year, the conference will be held virtually on
18\textsuperscript{th} May 2021, and the findings of Paper Two will be presented to all conference attendees as
the key-note presentation. Following this, a leaflet summarising the findings will be developed
collaboratively with the EFS lead and assistant EPs involved in the development of the
programme. This target audience of this leaflet will be schools who have recently engaged with
the programme, and are at the initial stages of implementing it. The leaflet will outline the key
implementation factors identified within Paper Two, with the hope that an awareness of these
factors within the initial stages may enable schools to actively address any potential barriers, and
build on areas of strength, ultimately facilitating increased programme impact.
Dissemination for action

Development of EFS

When this research was commissioned, a key aim was that findings could be used to develop EFS, and inform how it is evaluated in schools. Paper One provides a systematic literature review of existing evaluation practices, and this information will be used by the educational psychology service to develop an evaluation strategy for EFS. Furthermore, findings from Paper Two will also be used to develop the programme, as well as inform the practice of the EPs and assistant EPs involved in programme delivery. For example, Paper Two highlights the importance of motivation and readiness for change, and indicates that accreditation, in its current form, could have a negative impact on how schools engage with the programme. These findings will be considered within a review of the EFS accreditation process, and be used to develop practice which assesses and develops readiness for change in settings. Furthermore, one key development already identified by the EFS lead practitioner will be a change in the language used by EFS staff when schools first become involved with the programme, with less focus on accreditation, and a greater emphasis on readiness for change and motivational factors.

Conclusion

Whole-school mental health programmes are becoming increasingly popular in schools, and are a commonly recommended approach (Lavis & Robson, 2015; Weare, 2015). Paper One explores how such programmes can be effectively evaluated, providing guidance to programme developers and implementers about the outcomes measured and methodologies used in existing evaluations. Paper Two explores the key factors affecting the implementation of one such whole-school approach, EFS. Both papers contribute to a small existing research base on whole-school mental health programmes, and highlight the need for further research in this area.
The findings outlined within both papers are useful for EPs, programme developers and school practitioners. In order to work in an evidence-informed manner, programmes must be evaluated effectively, to establish impact, and developed on the basis of this evidence. Dissemination of Paper One findings could contribute to the effective evaluation of whole-school approaches. Furthermore, Paper Two highlights key implementation factors associated with EFS, and knowledge of these facilitators and barriers will allow them to be considered and addressed within the initial stages of implementation. If practitioners can ensure that whole-school mental health programmes are well-implemented and effectively evaluated, then such programmes may be more likely to make a positive difference to the mental health of children and young people in schools.

References


Appendices

Appendix A: Pastoral Care in Education author guidelines

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Please note that this journal only publishes manuscripts in English.

_Pastoral Care in Education_ accepts the following types of article: original articles and shorter comment pieces of 2-3,000 words e.g. reviews of practice innovations, comments on policy and/or any emerging issues in the socio-cultural world that explore the impact on the field of pastoral care in educational settings.

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Should contain an unstructured abstract of 250 words.

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Appendix B: Summary of database searches

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6 further articles were identified through reference and citation harvesting.
Appendix C: Checklist measuring whole-school nature of programmes

Weight of Evidence C:

Leadership and Management

Does the programme include visible senior leadership involvement for emotional health and wellbeing?

1 point – Mention of improvement plans, policies and/or involvement of governors

1 point – Mention of mental health lead staff/champions supported by the leadership team

Ethos and Environment

Does the programme include a school ethos and environment element and aim to promote respect and value diversity?

1 point - mention of school climate/culture/ethos

1 point - mention of how the programme incorporated into school climate/culture/ethos e.g. assemblies, environmental changes, relationships

Curriculum, teaching and learning

Does the programme include a focus within the curriculum on social and emotional learning and mental health?

1 point – mention of a standalone universal curriculum-based lessons

1 point – mention of the programme being incorporated into other areas of the curriculum, classroom practice etc.

Student Voice

Does the programme include opportunities for students to express their views and influence decisions?

1 point – mention of students having the opportunity to share their views and ideas

1 point – evidence of organisation-wide systems in which students views are considered in decision making

Staff Development

Does the programme include support for staff wellbeing and staff training on mental health and wellbeing?

½ point – consideration of impact on staff wellbeing
½ point - mention of use of measures of staff wellbeing and/or changes to improve staff wellbeing

½ - mention of whole staff training on implementation of the programme

½ - mention of whole staff training relating to mental health / wellbeing provision

**Identifying needs and monitoring impact**

Does the programme include the assessment of the needs of students and/or the impact of wellbeing interventions?

1 point – Does the programme assess the mental health and wellbeing needs of students?
1 point – Does the programme measure the impact of wellbeing interventions?

**Working with parents/carers and the local community**

Does the programme include partnerships with parents, carers and the local community to promote health and wellbeing?

1 point – mention of collaboration with parents and carers and/or the local community
1 point – inclusion of targeted interventions which support parenting and family life 1.5

**Targeted Support**

Does the programme include timely and effective targeted support for students who require it, and ensure appropriate referral to support services?

1 point – mention of targeted support for children who require it
1 point – mention of referral and collaboration with external services 1.5

Score:

Total available: 16
Appendix D: Summary of scores on checklist measuring whole-school nature of programmes

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</table>

Programmes could score 0, 1 or 2 points in each of the eight areas outlined. Programmes scoring less than 50% of available points were not included within the review, as they were not considered to be adequately multi-component in nature.
Appendix E: Review framework for qualitative research

D.Ed.Ch.Psychol. 2016
Review framework for qualitative evaluation/ investigation research
Author(s):

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
<th>R1</th>
<th>R2</th>
<th>Agree coeff.</th>
<th>R1</th>
<th>R2</th>
<th>Agree coeff.</th>
<th>Comment</th>
</tr>
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<tbody>
<tr>
<td>Appropriateness of the research design</td>
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<tr>
<td><em>Rationale vis-a-vis aims, links to previous approaches, limitations</em></td>
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<td>Clear sampling rationale</td>
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<td><em>Description, justification; attrition evaluated</em></td>
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<td>Well executed data collection</td>
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<td><em>Clear details of who, what, how; effects of methods on data quality</em></td>
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<td>Analysis close to the data</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td><em>Researcher can evaluate fit between categories/theme and data</em></td>
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<td>Evidence of explicit reflexivity</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td><em>e.g. impact of researcher, limitations, data validation (e.g. inter-coder validation), researcher philosophy/stance evaluated</em></td>
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<tr>
<td>Comprehensiveness of documentation</td>
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<tr>
<td><em>e.g. schedules, transcripts, thematic maps, paper trail for external audit.</em></td>
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<td>Negative case analysis</td>
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<tr>
<td><em>Eg contrasts/contradictions/outliers within data; categories/themes as dimensional; diversity of perspectives</em></td>
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<tr>
<td>Clarity and coherence of the reporting</td>
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<td><em>Clear structure, clear account linked to aims, key points highlighted</em></td>
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<td>Evidence of researcher-participant negotiation of meaning</td>
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<tr>
<td><em>E.g. member checking, empower participants</em></td>
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</table>

<table>
<thead>
<tr>
<th>Emergent theory related to the problem</th>
</tr>
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<tbody>
<tr>
<td><em>Abstraction from categories/themes to model/ explain</em></td>
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<tr>
<td>1 0</td>
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</table>

<table>
<thead>
<tr>
<th>Valid and transferable conclusions</th>
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</thead>
<tbody>
<tr>
<td><em>Contextualised findings; limitation of scope identified</em></td>
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<tr>
<td>1 0</td>
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</table>

<table>
<thead>
<tr>
<th>Evidence of attention to ethical issues</th>
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</thead>
<tbody>
<tr>
<td><em>Presentation, sensitivity, minimising harm, feedback</em></td>
</tr>
<tr>
<td>1 0</td>
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<table>
<thead>
<tr>
<th>Total</th>
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<tbody>
<tr>
<td>Max 14</td>
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**References**


[https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE](https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE)
Appendix F: Review framework for quantitative evaluation research

D.Ed.Ch.Psychol. 2018
Review framework for quantitative evaluation research

Author(s):

Title:

Journal Reference:

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<tr>
<th>Criterion</th>
<th>Score</th>
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<th>R2</th>
<th>Agree %</th>
<th>R1</th>
<th>R2</th>
<th>Agree %</th>
<th>Comment</th>
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<td>Use of a randomised group design</td>
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<td>Focus on a specific, well-defined disorder or problem</td>
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<tr>
<td>Comparison with treatment-as-usual, placebo, or less preferably, standard control</td>
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<td>0</td>
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<tr>
<td>Use of manuals/ protocol/ training</td>
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<td>Sample large enough to detect effect (from Cohen, 1992)</td>
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<tr>
<td>Use of outcome measure(s) that has demonstrably good reliability and validity (2 points if more than one measure used).</td>
<td>2</td>
<td>1</td>
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References

## Appendix G: Summary of reasons for exclusion

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<tr>
<th>Author</th>
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<th>Reason for exclusion</th>
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<tr>
<td>Bradley et al.</td>
<td>2018</td>
<td>Supporting improvements in classroom climate for students and teachers with the four pillars of wellbeing curriculum</td>
<td>Not an evaluation study</td>
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<tr>
<td>Hoare et al.</td>
<td>2017</td>
<td>Learn it, Live it, Teach it, Embed it: Implementing a whole school approach to foster positive mental health and wellbeing through Positive Education</td>
<td>Not an evaluation study</td>
</tr>
<tr>
<td>Wai Chun Au &amp; Kennedy</td>
<td>2018</td>
<td>A Positive Education Program to Promote Wellbeing in Schools: A Case Study from a Hong Kong School</td>
<td>Less than 50% on checklist of whole-school nature</td>
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<tr>
<td>Franze &amp; Paulus</td>
<td>2009</td>
<td>MindMatters--A Programme for the Promotion of Mental Health in Primary and Secondary Schools: Results of an Evaluation of the German Language Adaptation</td>
<td>Less than 50% on checklist of whole-school nature</td>
</tr>
<tr>
<td>Bradley et al.</td>
<td>2018</td>
<td>Supporting improvements in classroom climate for students and teachers with the four pillars of wellbeing curriculum</td>
<td>Not an evaluation study</td>
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<tr>
<td>Stalker et al.</td>
<td>2018</td>
<td>The impact of the positive action program on substance use, aggression, and psychological functioning: Is school climate a mechanism of change?</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<tr>
<td>Washburn</td>
<td>2011</td>
<td>Evaluation of a social-emotional and character development program</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<td>Author(s)</td>
<td>Year</td>
<td>Title</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<td>-----------------</td>
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<tr>
<td>Flay et al.</td>
<td>2001</td>
<td>Effects of the Positive Action program on achievement and discipline: Two matched-control comparisons</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<tr>
<td>Bavarian et al.</td>
<td>2016</td>
<td>Effects of a school-based social-emotional and character development program on health behaviors: A matched-pair, cluster-randomized controlled trial.</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
</tr>
<tr>
<td>Snyder et al.</td>
<td>2010</td>
<td>Impact of a Social-Emotional and Character Development Program on School-level indicators of Academic Achievement, Absenteeism and Disciplinary Outcomes</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
</tr>
<tr>
<td>Snyder et al.</td>
<td>2012</td>
<td>Improving elementary school quality through the use of a social-emotional and character development program: a matched-pair, cluster-randomized, controlled trial in Hawai‘i.</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<tr>
<td>Snyder et al.</td>
<td>2013</td>
<td>Preventing negative behaviors among elementary-school students through enhancing students’ social-emotional and character development</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
</tr>
<tr>
<td>Washburn et al.</td>
<td>2010</td>
<td>Effects of a social-emotional and character development program on the trajectory behaviors associated with social-emotional and character development: findings from three randomized trials.</td>
<td>Evaluated version of Positive Action programme where only part of the programme was implemented.</td>
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<td>Researcher(s)</td>
<td>Year</td>
<td>Title</td>
<td>Study Nature</td>
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<tr>
<td>Battistich et al.</td>
<td>2000</td>
<td>Effects of the Child Development Project on Students’ Drug Use and Other Problem Behaviors</td>
<td>Less than 50% on checklist of whole-school nature</td>
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<tr>
<td>Solomon et al.</td>
<td>2000</td>
<td>A six-district study of educational change: direct and mediated effects of the child development project</td>
<td>Less than 50% on checklist of whole-school nature</td>
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<td>Kuoppamaki et al.</td>
<td>2016</td>
<td>Short-term effects of the “Together at School” intervention program on children’s socio-emotional skills: a cluster randomized controlled trial</td>
<td>Not whole-school in nature</td>
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<tr>
<td>Wigelsworth et al.</td>
<td>2013</td>
<td>Assessing differential effects of implementation quality and risk status in a whole-school social and emotional learning programme: Secondary SEAL</td>
<td>Repeat – same methods and sample reported in another included study</td>
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<tr>
<td>Askell-Williams et al.</td>
<td>2013</td>
<td>Quality of implementation of a school mental health initiative and changes over time in students’ social and emotional competencies</td>
<td>Repeat – same methods and sample reported in another included study</td>
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Appendix H: Questionnaire used as recruitment tool

What impact do you feel that EFS has had in the following areas in your school?

### Whole School and Classroom Practice

<table>
<thead>
<tr>
<th>Area</th>
<th>Significantly negative impact</th>
<th>Some negative impact</th>
<th>No impact</th>
<th>Some positive impact</th>
<th>Significantly positive impact</th>
<th>I’m not sure</th>
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<tbody>
<tr>
<td>School ethos</td>
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<td>School policies</td>
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<tr>
<td>Whole-school response to distress behaviour</td>
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<tr>
<td>Staff expertise and training in relation to emotional wellbeing</td>
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<tr>
<td>Staff confidence in responding to children’s emotional needs</td>
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<tr>
<td>Staff ability to apply strategies to improve behaviour</td>
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<tr>
<td>The explicit teaching of social/emotional skills</td>
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### Children

<table>
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<tr>
<th>Area</th>
<th>Significantly negative impact</th>
<th>Some negative impact</th>
<th>No impact</th>
<th>Some positive impact</th>
<th>Significantly positive impact</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional wellbeing of children</td>
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<tr>
<td>Academic achievement of children</td>
<td>Engagement in the classroom</td>
<td>Behaviour within the classroom</td>
<td>Behaviour in other areas of the school, such hallways or the playground</td>
<td>Children’s ability to discuss emotions and feelings</td>
<td>Children’s confidence to access support and use strategies which promote emotional wellbeing</td>
<td>Relationships between staff and children</td>
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**Assessing and supporting the mental health and wellbeing of children**

<table>
<thead>
<tr>
<th>Support/provision for children with social, emotional and mental health needs in school</th>
<th>Significantly negative impact</th>
<th>Some negative impact</th>
<th>No impact</th>
<th>Some positive impact</th>
<th>Significantly positive impact</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff ability to identify children who may need additional support</td>
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<tr>
<td>Staff’s access to assessments to help to understand children’s emotional needs</td>
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<tr>
<td>Staff ability to select interventions to meet specific needs</td>
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<tr>
<td>Signposting and collaboration with external agencies</td>
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<tr>
<td>Collaboration with families and the community</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Staff Wellbeing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant\y negative impact</td>
</tr>
<tr>
<td>Prioritisation of staff wellbeing</td>
</tr>
<tr>
<td>Feelings of being valued and supported</td>
</tr>
<tr>
<td>Opportunities to feedback/contribute ideas to SLT</td>
</tr>
<tr>
<td>A shared vision within the staff team</td>
</tr>
<tr>
<td>Relationships within school</td>
</tr>
</tbody>
</table>

Are there any other ways that you feel EFS has had an impact on your school?
School Information

Please tick to indicate the age range your school caters for:

☐ EYFS  ☐ Primary  ☐ Secondary  ☐ Post 16  ☐ Other

Please tick to indicate the local authority (LA) or group that your school is in:

☐ Salford LA  ☐ Tameside LA  ☐ Wigan LA
☐ Manchester LA  ☐ An Academy/Trust  ☐ Other

Please tick to indicate how long your school has been involved with the EFS programme:

☐ Less than 1 year  ☐ 1 year  ☐ 2 years
☐ 3 years  ☐ 4 years  ☐ 5 years

Please tick to indicate your school’s current place within the EFS process:

☐ Has expressed interest in the programme
☐ Has completed initial whole-school training and action planning
☐ Has completed Bronze accreditation
☐ Has completed Silver accreditation
☐ Has completed Gold accreditation

Thank you for completing this questionnaire.

I would like to carry out some follow-up interviews with EFS to discuss their experiences of implementing the programme and to discuss any facilitators and barriers they have noticed within this process. I would like to interview EFS champions in schools at all stages of the process, and include schools who feel that programme has had a high impact, and schools who feel the programme has had a low impact. These interviews would last for around an hour.

If you would be willing to participate in a follow up interview, please add your email address here: _________________________________________________________
Appendix I: Summary of sampling process

An overall impact score was calculated for each of the nine schools: an average score was calculated for each of the four sections including within the survey, and then an overall average was taken by adding these scores together and dividing by four. Average scores ranged between 0.1 and 1.6, as illustrated below. None of the schools who agreed to participate in the interview reported an overall negative impact score. This was reflective of the wider survey, in which no schools reported an overall negative impact, and 0.1 was the lowest average impact score reported. The highest impact score reported on the survey was 1.9, however, this school was not one of the nine schools that agreed to participate in this research.

Prior to this analysis, the authors had hoped to contact the two lowest rating schools, the two highest rating schools, and two schools with a rating in the middle of the highest and lowest. However, only one school, school G, provided a low rating. Therefore, the following schools were approached to participate in this piece of research: School G as the lowest score, Schools F and J as the highest scores, and schools C and H as their scores lay in the middle between 0.1 (the lowest score) and 1.6 (the highest score).
Appendix J: Semi structured interview schedule

Introductions.

Check that the participant has had time to read and complete the consent form, participant information form and offer an opportunity for any questions.

Explain that the interview will be audio recorded for later transcription. The raw data will be kept by the researcher only and encrypted, the transcription will be anonymised and seen by relevant University staff. Participants can ask to see the transcription if they wish to.

Reiterate the right to withdraw at any time, during or post interview. Participants do not have to answer any question that they are not comfortable with.

Explain the aim of the interview and rationale for the research:
- Stress that answers will in no way impact EFS accreditation and will simply be used to develop the programme and support other schools going through the process.
- Interviews will not be reported back to schools and participants will be anonymized.

Implementers

1. Tell me about why your school became involved with EFS.

2. How has EFS had an impact on your school, if you feel that it has? (Prompts – ethos and environment, staff wellbeing, classroom environment, assessment of pupils, interventions)

3. What factors do you feel affected the implementation of EFS? What supported implementation, and what acted as a barrier?

4. Is there anything about the specific context of your school that made EFS particularly easy/difficult to implement?

5. If you could give advice to another school at the start of their EFS journey, what would you say?
Appendix K: Development of themes and sub-themes
Appendix L: Links between themes and subthemes

**Sub-themes**

Motivation to become involved

Depth and breadth

Readiness for change

Involvement of leadership/head

Values of the head teacher

Shared vision

Support from other staff in school

Compatibility with existing practice

Accreditation

Support/help from EFS staff

**Themes**

Attitude to the programme

Engagement

Leadership

Support

Programme characteristics

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### Appendix M: Sample of thematic analysis

<table>
<thead>
<tr>
<th>Transcript</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>P: So…and so that’s very much [partner school] leading on that, so this was something that was more erm, balanced I think between the two schools, so we... <strong>there was a team of, there was a team of about seven</strong> of us, erm, right across the two schools, so it felt to me, I think it felt like this is something that we’re really doing as a partnership rather than this is something [partner school] have been doing and we’ve not sort of got dragged into it.</td>
<td><strong>Shared vision</strong></td>
</tr>
<tr>
<td>A: Yeah</td>
<td><strong>Support from colleagues</strong></td>
</tr>
<tr>
<td>P: So...so, it was good from that point of view, and also I think because erm, we had the, erm, <strong>the introduction, where all of the staff were there...erm...and I think...that was good and doing the, erm, the audits with all the staff...really gave people a chance to say exactly what they felt and about what they were, felt you know, that were their strengths and areas that they really needed a little bit more support...and there were things that we wouldn’t have necessarily picked up on.</strong></td>
<td><strong>Shared vision</strong></td>
</tr>
<tr>
<td>A: Brill and you mentioned that you had a group of you working on it together...</td>
<td></td>
</tr>
<tr>
<td>P: That was, yeah, I mean, that was one of the positives because, erm, I mean, we’ve, we’ve submitted our evidence and I suspect that we won’t have, <strong>we’ll have failed somewhere</strong> because I think the, seeing at it, seeing it now from a practitioner point of view, the, <strong>the one negative is the gathering of the evidence</strong> because it took, so there was a mixture of senior leaders erm heads of school, erm... children and families officers, SENCo, you name it, and we met about every three weeks for two terms...</td>
<td><strong>Attitude to the programme</strong></td>
</tr>
<tr>
<td>A: Right</td>
<td><strong>Accreditation/time consuming</strong></td>
</tr>
<tr>
<td>P: ...and it took that, that was, it was like half a day very often, <strong>and it took us all that time to gather the evidence</strong>, and that was...by the end, it, erm, we started off, you know, and...because....when you look at some of the criteria, when, when you sit in panel you think oh yeah, this is really obvious, but when you sit as a member of staff, thinking well what do they want?</td>
<td><strong>Leadership/team</strong></td>
</tr>
<tr>
<td>A: Yeah</td>
<td><strong>Accreditation – time consuming</strong></td>
</tr>
<tr>
<td>P: That...that is tricky, erm, and <strong>by the end of it we were just fed up of it so it was just like, oh just put that in:</strong></td>
<td><strong>Attitude to the programme/motivation</strong></td>
</tr>
<tr>
<td>A: You lost motivation with it, yeah</td>
<td></td>
</tr>
<tr>
<td>P: Yeah we did, <strong>we had lost it towards the end</strong>, yeah definitely. I think one of the, if you go for the silver award, you get a visit, and there’s a walk round</td>
<td></td>
</tr>
</tbody>
</table>
of the school, and to me, erm, and when, when we, when we had the
nurture, when we got the nurture accreditation, it was somebody from
Nurture UK came, they did a day’s visit or half a day’s visit I can’t remember,
they did a walk round, they were ticking off, and then they tells us what we
need to provide evidence for.

A: Okay

P: You know that they hadn’t seen?

A: Right

P: So, and I, and I think that it is a much easier...sort of...you know, erm, it’s
easier on everybody’s time if you know, one of the team or two of the team
came to the school, you know said right, these are all the criteria, show us
these, and then, right well, you know, then you haven’t got evidence for
that, then that’s what you need to put in a file, or, you know.

A: Yeah, that definitely makes sense, that definitely makes sense.

P: Yeah so there are some things that erm...i..it is very...it’s, I mean one of
the things obviously that’s an absolute fundamental is open door policy, for
staff, you know, that, that you can go to senior staff, for, you know, over
anything. Now that is just, and I think it, I've just picked that as an example,
that’s, it’s got to be absolutely embedded in your ethos that...but how the
heck do you show it?

A: Yeah

P: How do you... and we ended up, erm, having to, because it, there is a
structure to it but we ended up having to sort of write erm, timetables,
showing who was available when, which is a bit of a nonsense really because
it’s far more than that.

A: Mmm, and that might not, you could write a timetable but the
atmosphere of the school in reality be...

P: Yeah, Yeah

A:....different, couldn’t you. Yeah.

P: No that’s right, because it, it isn’t just about somebody being available,
it’s about the way they are and what they, you know the whole ethos.

A: Absolutely

P: And there are a few things like that.

A: Yeah, yeah so maybe, so, so one of the barriers then is sort of the
accreditation process being erm obviously very time consuming, erm,
requiring quite a lot of man power, erm...
P: Yeah

A: ...and also, being, maybe lacking some clarity in some cases, in terms of what to submit and also how to show some of these things, emotionally friendly things that are about emotion, about ethos, how do you...show them by uploading a doc...evidence to....

P: Documents, that’s right.

A: Yeah. Was there anything else that you thought sort of hindered implementation?

P: No I think that, that, I think that was it really, erm, it was, it was the time and, and yeah, just you’re, you’re trying to put ethos in a word document, and it’s very difficult to do that.

Accreditation – evidence.
Appendix N: Letter confirming ethical approval

Ref: 2020-8753-14950

16/04/2020

Dear Miss Alice Wignall, Dr Catherine Kelly

Study Title: Perspectives on the impact and implementation of a whole school well-being programme

Environment, Education and Development School Panel PGR

I write to thank you for submitting the final version of your documents for your project to the Committee on 14/04/2020 11:04. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

COVID-19 Important Note

If you are conducting research with a data collection methodology that involves face-to-face contact (i.e. interviews, focus groups, psychological experiments, tissue sampling, and any other research procedure requiring face-to-face contact) you must switch to data collection via Skype, telephone or an alternative digital platform.

Please note, you do not need to seek a formal amendment to your existing ethical approval to make these changes provided your consent procedures remain the same (i.e. if you are still obtaining written consent but the form is returned by post or email). If you are choosing an alternative consenting procedure, please submit a formal amendment to your ethical approval via the usual process.

If switching your data collection to digital or electronic means is not possible (i.e. human tissue studies) then you must suspend all research activity until further notice unless doing so will have critical impacts on research participants (i.e. affect their wellbeing or care).

Please also consider whether you need to submit an amendment to extend your dates of data collection, due to postponed fieldwork or other research activities. If you need to seek an extension, you must do so before the end date as listed on your approved ethics application/last approved amendment or within 3 months of this date.

Researchers who wish to continue with face-to-face data collection during this period will require specific approval from the Research Governance, Ethics and Integrity Team. Such approval will only be given if 1) the researcher is a member of staff or PGR, 2) the research is specifically related to the Covid-19 situation and data collection has to take place at the present time, or 2) there are exceptional reasons for the continuation of face-to-face data collection (i.e. critical impacts on the wellbeing or care of research participants).

Please see https://www.staff.manchester.ac.uk/ethics-integrity/ethics for further details.

Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:

<table>
<thead>
<tr>
<th>Document Type</th>
<th>File Name</th>
<th>Date</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional docs</td>
<td>Questionnaire</td>
<td>14/03/2020</td>
<td>1</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Semi structured interview schedule</td>
<td>14/03/2020</td>
<td>1</td>
</tr>
<tr>
<td>Data Management Plan</td>
<td>Data management plan</td>
<td>14/03/2020</td>
<td>1</td>
</tr>
<tr>
<td>Consent Form</td>
<td>Consent form interview</td>
<td>03/04/2020</td>
<td>1</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>Participant information sheet QUESTIONNAIRE</td>
<td>03/04/2020</td>
<td>3</td>
</tr>
<tr>
<td>Participant Information Sheet</td>
<td>Participant information sheet INTERVIEW</td>
<td>03/04/2020</td>
<td>3</td>
</tr>
<tr>
<td>Letters of Permission</td>
<td>Questionnaire email</td>
<td>03/04/2020</td>
<td>1</td>
</tr>
</tbody>
</table>

This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC) however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.
You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.

**Reporting Requirements:**

You are required to report to us the following:

1. [Amendments](#), Guidance on what constitutes an amendment
2. [Amendments](#), How to submit an amendment in the ERM system
3. [Ethics Breaches and adverse events](#)
4. [Data breaches](#)

We wish you every success with the research.

Yours sincerely,

[Signature]

Dr Kate Rowlands

Environment, Education and Development School Panel PGR
Appendix O: Consent form for completion of the recruitment questionnaire

Teacher Perspectives on the Impact and Implementation of a Whole-School Emotional Wellbeing Programme: Emotionally Friendly Schools

Consent Form

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Activities</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I confirm that I have read the attached information sheet (Version 2, Date 29/02/2020) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.</td>
</tr>
<tr>
<td>2</td>
<td>I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.</td>
</tr>
<tr>
<td></td>
<td>I agree to take part on this basis</td>
</tr>
<tr>
<td>3</td>
<td>I understand that participation in this research project will not impact on EFS accreditation and no individual responses will be given to the EFS team.</td>
</tr>
<tr>
<td>4</td>
<td>I agree that any data collected may be published in anonymous form in academic books, reports or journals</td>
</tr>
<tr>
<td>5</td>
<td>I understand that I have the option to provide contact details at the end of the questionnaire if I am willing to participate in a follow-up interview, and agree that the researchers may contact me about this in the future if I choose to provide my contact details.</td>
</tr>
<tr>
<td>6</td>
<td>I agree to take part in this study</td>
</tr>
</tbody>
</table>
Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

Name of Participant __________________________ Signature __________________________ Date __________

Name of the person taking consent __________________________ Signature __________________________ Date __________

There will be two copies of this consent form: 1 copy for the participant and 1 copy for the research team.
Appendix P: Participant information sheet for recruitment questionnaire

Teacher Perspectives on the Impact and Implementation of a Whole-School Emotional Wellbeing Programme: Emotionally Friendly Schools
Participant Information Sheet (PIS)

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

Who will conduct the research?
Alice Wignall, Trainee Educational Psychologist, Doctorate in Educational and Child Psychology, University of Manchester
Academic Supervisor: Dr Catherine Kelly, Ellen Wilkinson Building, Oxford Road, University of Manchester.

What is the purpose of the research?
The purpose of this research is to understand staff perspectives of the impact of the Emotionally Friendly Schools (EFS) programme and explore the facilitators and barriers to its implementation. We would like to explore the factors that affect implementation in schools who report that EFS is having a positive impact, and in schools who report that it is not. This will inform the development of the EFS programme, and may help other schools introduce the programme effectively.

Participation in this research is in no way associated with the EFS accreditation process. You will not be more or less likely to pass accreditation by taking part in this research.

Why have I been chosen?
We have asked you to participate because we are seeking the views of a range of different schools who are taking part in the EFS programme, at all stages of implementation.

What would I be asked to do if I took part?
- Fill in a questionnaire about the impact of the EFS programme on staff wellbeing, whole school and classroom practice, children and the assessment and support available for mental health and wellbeing. This will involve ticking to indicate your choices.
- At the end of the questionnaire, you will be asked whether you would be willing to participate in a follow-up interview. I would like to carry out interviews in four schools, and include schools which report that EFS is having a positive impact, and in schools which report that EFS is not having a positive impact, to establish the facilitators and barriers to implementation.
  o This interview would occur at a time that is suitable for you, at a location that is convenient, such as your school. The interview is expected to last between 60-90 minutes and would involve the EFS ambassadors at your school.
- If you choose to fill in the questionnaire, you are under no obligation to be involved in a follow-up interview and the information you provide will still be used to evaluate the impact of EFS.

Will my participation in the study be confidential?
Your participation in the study will be kept confidential to the study team and those with access to your personal information as listed above. At the end of the questionnaire, you will be asked to provide contact details if you
would be willing to take part in an interview. This is optional, and there is no requirement to provide any contact information if you would prefer your responses to be entirely anonymous. Contact information will only be used to organise a follow-up interview, and is necessary in order for us to include a range of schools within the interviews, some of whom who report that EFS is having a positive impact, and some of whom report that EFS is not.

All personal information, such as your name, your school’s name and roles within school, will be anonymised. No school will be identifiable within the evaluation, and no information about individual school responses will be passed on to others, such as the EFS team. If you take part in an interview, audio recording will be used to create transcripts by the researcher. The audio recording will then be deleted, and the transcription will be kept for up to 5 years on the encrypted drive. Only those within the research team will have access to this data.

What happens if I do not want to take part or if I change my mind?
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised and forms part of the dataset as we will not be able to identify your specific data. This does not affect your data protection rights. Consent for audio recording is essential for participation within the follow-up interviews, however you are free to terminate the interview at any point.

Will I be paid for participating in the research?
No, you will not be paid to participate in the research.

Will the outcomes of the research be published?
The findings of this research will contribute to the Trainee’s research to fulfil the requirements of the Doctorate in Educational and Child Psychology Programme at University of Manchester. The data may be used to inform future research or may be published in a psychology journal.

Who has reviewed the research project?
The project has been reviewed by Dr Catherine Kelly, Ellen Wilkinson Building, Oxford Road, University of Manchester.

Data Management Information

What will happen to my personal information?
You will not need to provide any personal information when completing the questionnaire. If you are willing to take part in a follow-up interview, we will need to collect the following personal information/data about you:
- The age range
- Your role within the EFS programme
- Your first name
- An email address to contact you
- An audio recording of the interview, which will be transcribed, anonymised and used to establish key themes and ideas.

Only the research team will have access to this information. We are collecting and storing this personal information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information. The legal basis upon which we are using your personal information is “public interest task” and “for research purposes” if sensitive information is collected. For more information about the way
we process your personal information and comply with data protection law please see our Privacy Notice for Research Participants.

The University of Manchester, as Data Controller for this project, takes responsibility for the protection of the personal information that this study is collecting about you. In order to comply with the legal obligations to protect your personal data the University has safeguards in place such as policies and procedures. All researchers are appropriately trained and your data will be looked after in the following way:

The study team at the University of Manchester will have access to your personal identifiable information, that is data which could identify you, but they will anonymise it within a month of the interview taking place. However your consent form and contact details will be retained for 5 years. Audio data will be transferred to the University within the audio recorder. All data will then be stored on the P drive within the university, which is a secure, encrypted drive. Once transcribed, the audio recording will be deleted, and the transcription will be saved on the encrypted drive.

You have a number of rights under data protection law regarding your personal information. For example you can request a copy of the information we hold about you, including audio recordings. This is known as a Subject Access Request. If you would like to know more about your different rights, please consult our privacy notice for research and if you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, University of Manchester, Oxford Road, M13 9PL.

You also have a right to complain to the Information Commissioner’s Office, Tel 0303 123 1113

Will my data be used for future research?
When you agree to take part in a research study, the information about you may be provided to researchers running other research studies in this organisation. The future research should not be incompatible with this research project and will concern the implementation of Emotionally Friendly Schools. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the UK Policy Framework for Health and Social Care Research. This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and care research, and cannot be used to contact you regarding any other matter or to affect your care. It will not be used to make decisions about future services available to you.

Further Information

Contact for further information:
If something goes wrong please contact:
Alice Wignall (Trainee Educational Psychologist), School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.

Email: alice.tittle@postgrad.manchester.ac.uk

**Minor Complaints**

If you have a minor complaint then you need to contact the researcher(s) in the first instance.

Alice Wignall (Trainee Educational Psychologist), School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.

Email: alice.wignall@postgrad.manchester.ac.uk

**Formal Complaints**

If you wish to make a formal complaint or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

**What Do I Do Now?**

If you have any queries about the study or if you are interested in taking part then please contact the researcher(s):

**Alice Wignall (Trainee Educational Psychologist)**

**School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.**

Email: alice.tittle@postgrad.manchester.ac.uk

This project has been granted ethical approval by The University of Manchester.
Appendix Q: Participant information sheet for interviews

School Staff Perspectives on the Impact and Implementation of a Whole-School Emotional Wellbeing Programme: Emotionally Friendly Schools
Participant Information Sheet (PIS)

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

Who will conduct the research?
Alice Wignall, Trainee Educational Psychologist, Doctorate in Educational and Child Psychology, University of Manchester
Academic Supervisor: Dr Catherine Kelly, Ellen Wilkinson Building, Oxford Road, University of Manchester.

What is the purpose of the research?
The purpose of this research is to explore the facilitators and barriers affecting the implementation of EFS, and to consider whether this is related to how impactful the programme is. We would like to explore the factors that affect implementation in schools reporting positive and less positive impacts in the questionnaire that you completed. This will inform the development of the EFS programme, and may help other schools introduce the programme effectively.

Participation in this research is in no way associated with the EFS accreditation process. You will not be more or less likely to pass accreditation by taking part in this research.

Why have I been chosen?
We have asked you to participate because you indicated that you would be willing to take part in a follow up phone interview when you completed our questionnaire.

What would I be asked to do if I took part?
- You would be asked to talk on the phone about the factors that have affected the implementation of EFS in your school.
- This interview would occur at a time that is suitable for you over the phone. It would be recorded so that a transcript of the conversation can be made.
- No identifying information will be recorded and it will not be possible to identify your school from the data gathered.

Will my participation in the study be confidential?
Your participation in the study will be kept confidential to the study team and those with access to your personal information as listed above. Contact information will only be used to organise a suitable time for the phone interview.

All personal information, such as your name, your school’s name and roles within school, will be anonymised. No school will be identifiable within the evaluation, and no information about individual school responses will be passed on to others, such as the EFS team. Audio recording will be used to create transcripts by the researcher.
The audio recording will then be deleted, and the transcription will be kept for up to 5 years on the encrypted drive. Only those within the research team will have access to this data.

**What happens if I do not want to take part or if I change my mind?**
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised and forms part of the dataset as we will not be able to identify your specific data. This does not affect your data protection rights. Consent for audio recording is essential for participation within the follow-up interviews, however you are free to terminate the interview at any point.

**Will I be paid for participating in the research?**
No, you will not be paid to participate in the research.

**Will the outcomes of the research be published?**
The findings of this research will contribute to the Trainee’s research to fulfil the requirements of the Doctorate in Educational and Child Psychology Programme at University of Manchester. The data may be used to inform future research or may be published in a psychology journal.

**Who has reviewed the research project?**
The project has been reviewed by Dr Catherine Kelly, Ellen Wilkinson Building, Oxford Road, University of Manchester.

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**Data Management Information**

**What will happen to my personal information?**
We will need to collect the following personal information/data about you:
- The age range at your school
- Your role within the EFS programme
- An email address to contact you
- An audio recording of the interview, which will be transcribed, anonymised and used to establish key themes and ideas.

Only the research team will have access to this information. We are collecting and storing this personal information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information. The legal basis upon which we are using your personal information is “public interest task” and “for research purposes” if sensitive information is collected. For more information about the way we process your personal information and comply with data protection law please see our Privacy Notice for Research Participants.

The University of Manchester, as Data Controller for this project, takes responsibility for the protection of the personal information that this study is collecting about you. In order to comply with the legal obligations to protect your personal data the University has safeguards in place such as policies and procedures. All researchers are appropriately trained and your data will be looked after in the following way:
The study team at the University of Manchester will have access to your personal identifiable information, that is data which could identify you, but they will anonymise it within a month of the interview taking place. However your consent form and contact details will be retained for 5 years. Audio data will be transferred to the University within the audio recorder. All data will then be stored on the P drive within the university, which is a secure, encrypted drive. Once transcribed, the audio recording will be deleted, and the transcription will be saved on the encrypted drive.

You have a number of rights under data protection law regarding your personal information. For example you can request a copy of the information we hold about you, including audio recordings. This is known as a Subject Access Request. If you would like to know more about your different rights, please consult our privacy notice for research and if you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, University of Manchester, Oxford Road, M13 9PL. at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner’s Office, Tel 0303 123 1113

Will my data be used for future research?
When you agree to take part in a research study, the information about you may be provided to researchers running other research studies in this organisation. The future research should not be incompatible with this research project and will concern the implementation of Emotionally Friendly Schools. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the UK Policy Framework for Health and Social Care Research. This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and care research, and cannot be used to contact you regarding any other matter or to affect your care. It will not be used to make decisions about future services available to you.

Further Information

Contact for further information:
If something goes wrong please contact:

Alice Wignall (Trainee Educational Psychologist), School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.

Email: alice.tittle@postgrad.manchester.ac.uk

Minor Complaints
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Alice Wignall (Trainee Educational Psychologist), School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.
Formal Complaints

If you wish to make a formal complaint or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

What Do I Do Now?

If you have any queries about the study or if you are interested in taking part then please contact the researcher(s):

Alice Wignall (Trainee Educational Psychologist)

School of Environment, Education and Development, Ellen Wilkinson Building, Oxford Road, University of Manchester.

Email: alice.tittle@postgrad.manchester.ac.uk

This project has been granted ethical approval by The University of Manchester.
Appendix R: Consent form for interviews

**Title of Research:**

**Consent Form**

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Activities</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I confirm that I have read the attached information sheet for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.</td>
<td></td>
</tr>
<tr>
<td>2 I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3 I agree to take part on this basis.</td>
<td></td>
</tr>
<tr>
<td>4 I agree to the telephone/skype interview being <strong>audio recorded</strong>.</td>
<td></td>
</tr>
<tr>
<td>5 I agree to the use of anonymous quotes in any write ups of the research and that any data collected may be published in anonymous form in <strong>academic books, reports or journals.</strong></td>
<td></td>
</tr>
<tr>
<td>6 I understand that participation in this research project <strong>will not</strong> impact on EFS accreditation and no individual responses will be given to the EFS team.</td>
<td></td>
</tr>
<tr>
<td>7 I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.</td>
<td></td>
</tr>
<tr>
<td>8 I agree that the <strong>researchers/researchers at other institutions</strong> may contact me in future about other research projects.</td>
<td></td>
</tr>
<tr>
<td>9 I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>9 I understand that there may be instances where during the course of the telephone/skype interview information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.</td>
<td></td>
</tr>
</tbody>
</table>
10 I agree to take part in this study.

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

________________________            ________________________
Name of Participant            Signature            Date

________________________            ________________________
Name of the person taking consent            Signature            Date

[Insert details of what will happen to the copies of consent form e.g. 1 copy for the participant, 1 copy for the research team (original), 1 copy for the medical notes]
Appendix S: Summary of findings for distribution to schools

Implementing EFS in your setting:
What are the facilitators and barriers?

In 2020, staff members from five EFS schools participated in research into what helped and hindered implementation of EFS in their setting. These are the key factors that they identified:

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Attitude to the programme</th>
<th>Engagement</th>
<th>Support</th>
<th>Programme characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation was easier when the school leadership team were fully involved in the EFS process, including the headteacher. This made it easier to make necessary changes to the school ethos, policies and practices. Where the programme was delegated to one person, or the head teacher did not value the programme, it was much more difficult to implement it.</td>
<td>A school’s motivation for becoming involved with EFS, and their readiness for changes, affected how well it was implemented. In schools that joined EFS to achieve accreditation or validate existing practice, changes were often tokenistic or superficial. When EFS was implemented to meet a need in the school or to improve practice, it was fully embedded and seen as more impactful.</td>
<td>EFS appeared to have a bigger impact in schools who had made changes across multiple areas of school life, including staff wellbeing, changes to the school environment, whole-staff training and improved provision for children. The programme was also more successful when all staff members had a shared vision about the aims of EFS were working towards the same goal.</td>
<td>An implementation team, who shared responsibility for EFS, made implementation easier, particularly when they met regularly and included leadership. Where one person was responsible for EFS, implementation was difficult and often unsuccessful. Participants also described how support from colleagues and other schools was very helpful.</td>
<td>EFS should be compatible with a school’s existing ethos and practices. Participants felt that it would be challenging to implement EFS in a school that did not already value and prioritise emotional wellbeing. Participants shared that some aspects of the programme, such as the accreditation process, were time consuming, and made implementation tricky.</td>
</tr>
</tbody>
</table>

Authentic versus tokenistic implementation

EFS was most successful in schools where it was implemented authentically, and meaningfully, and was well-embedded. In these schools, EFS was considered to be a process of development, and change was embraced. It was less effective where it was implemented tokenistically, to achieve accreditation, as meaningful change was less likely to be a priority.
Appendix T: Poster for Greater Manchester seminar series

The Greater Manchester Seminar Series

Championing the Vulnerable: Understanding Children and Young People’s Mental Health

Here at Manchester Institute of Education we have a deep commitment to championing the vulnerable in our local communities, and doing so in partnership with local policymakers and front-line professionals.

This seminar series is the first in a series of events that aim to bring together policymakers, front-line professionals, and academics in Greater Manchester to extend our collective knowledge and understanding of local issues, as well as co-produce innovative, research-informed solutions, in ways that support local children, young people and their families in all the contexts of their development.

The following seminars will share our world-leading research on children and young people’s mental and emotional health and wellbeing in the aftermath of the Covid-19 pandemic, opening up into wider debates as to what collectively we might do in response.

Seminar One: Wednesday 21st April, 4-5pm
Mental health in trying times - impact of the COVID-19 pandemic on children and young people
In our first seminar, Prof. Neil Humphrey will review the evidence on the impact of the COVID-19 pandemic on children and young people’s (CYP) mental health. Our discussion will focus on issues such as the extent to which the pandemic has amplified existing mental health inequalities, and the factors underpinning variability in CYP’s trajectories.

Book Now: https://www.eventbrite.co.uk/e/the-gm-seminar-series-mental-health-in-trying-times-tickets-148096718531

Seminar Two: Wednesday 28th April, 4-5pm
Teenagers’ experiences of life in lockdown (TELL)
In our second seminar, Dr Ola Demkowicz (project lead) will present the TELL Study (www.seed.manchester.ac.uk/tell), which offers insight into 16- to 19-year-olds’ experiences of the UK lockdown, with an emphasis on wellbeing. Ola will not only outline key themes in teenagers’ experiences in lockdown, but also present strategies that schools and other settings working with teenagers can use to provide wellbeing support during and beyond the COVID-19 pandemic.

Book Now: https://www.eventbrite.co.uk/e/the-gm-seminar-series-teenagers-experiences-of-life-in-lockdown-tickets-148079229968

Seminar Three: Wednesday 5th May, 4-5pm
The role of whole school approaches in supporting children and young people’s mental health
In our third seminar, Alice Wignall (Trainee Educational Psychologist) will focus on how a whole school approach can be used effectively to support the mental health and wellbeing of children. Alice will outline common facilitators and barriers to implementing a whole school approach, as well as suggestions as to how these might be overcome.

Book Now: https://www.eventbrite.co.uk/e/the-gm-seminar-series-the-role-of-emotionally-friendly-schools-tickets-148081376233