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Making the most out of school-based prevention: lessons from the social and emotional aspects of learning (SEAL) programme

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This paper considers the role played by universal, school-based social and emotional learning (SEL) programmes in addressing the mental health needs of children and young people. Theory and research in the field are discussed. Particular attention is paid to the social and emotional aspects of learning (SEAL) programme in England, a flagship National Strategy under the New Labour government whose outcomes were mixed. We examine the findings of the various evaluations of SEAL and consider what learning can be taken forward to inform future attempts to prevent emotional and behavioural problems in school settings. Recommendations include proper trialling of SEL initiatives before they are brought to scale, the use of research to inform and improve programme design, the need to temper expectations, and the importance of educating implementers about the importance of implementation quality.

Keywords: social and emotional learning; SEAL; schools; prevention; evaluation

Introduction

Experiencing social and emotional wellbeing during childhood and adolescence is an important outcome in and of itself (Denham and Brown 2010; Durlak et al. 2011) but also has implications for public health because of its associations with academic achievement (Colman et al. 2009), employment (Farrington, Healey, and Knapp 2004), family and relationship stability (Colman et al. 2009) and other crucial outcomes later in life.

Worryingly, research indicates a rise in mental health difficulties among children and young people in the last several decades (Maughan, Iervolino, and Collishaw 2005). Current estimates suggest that around 1 in 10 experience clinically significant problems (Green et al. 2005), many of whom do not access services and remain undiagnosed (Lendrum, Humphrey, and Wigelsworth 2012). An international survey also placed the UK bottom of 21 developed countries in relation to child wellbeing (UNICEF 2007). A recent update of this survey ranked the UK in 16th place, although this improvement was partly mitigated by the fact that five of the lower ranking countries were new entries and amongst the poorest in the survey (e.g. Romania). Additionally, in the education ‘dimension’ the UK still performed very poorly, ranked 24th of 29 countries (UNICEF 2013).

Although the notion of a ‘crisis of childhood’ discourse generated by these and other findings has been critiqued (e.g., Humphrey 2013; Myers 2012), this has not prevented a major policy focus on understanding and addressing child mental health difficulties in recent years. As one of the most effective agencies for the promotion of health (including

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mental health) (Weare 2010), schools have become the main focus of efforts to reverse the trends outlined above. As Greenberg (2010) states, 'By virtue of their central role in lives of children and families and their broad reach, schools are the primary setting in which many initial concerns arise and can be effectively remediated' (28). To this end, recent years have seen an exponential growth in popularity of universal, preventive social and emotional learning (SEL) interventions that are delivered to all children based upon the idiom 'an ounce of prevention is worth a pound of cure'. By putting in place provision for all children and young people, it is argued that we can effectively 'immunise' them to later difficulties (Merrell and Gueldner 2010).

In theory, such an approach is also more cost-effective to implement, since it avoids the expensive screening procedures needed to identify those 'at-risk' (which, of course, may miss some children in need of targeted support) and the use of highly trained professionals who are often required to deliver targeted interventions (McLaughlin 2011). As a result, universal preventive approaches are considered to be more sustainable. Moreover, as universal approaches by definition include all children, their potential for stigmatising participants is reduced (Greenberg 2010). However, there are complicating factors. Chief amongst these is that because the prevalence of mental health difficulties is relatively low (Green et al. 2005), much of the effort expended in universal programmes is on children who are unlikely to develop difficulties anyway. Furthermore, the relatively 'light touch' taken (in terms of intensity and duration) may not be sufficient to impact upon outcomes for those children who *are* at risk (Greenberg 2010). A balance between universal (for everyone), targeted (for those considered to be at risk) and indicated (for those already experiencing difficulties) interventions is therefore typically recommended (Wells, Barlow, and Stewart-Brown 2003). Indeed, variations of this approach are evident in most school-based prevention models across the world, including the USA (Domitrovich et al. 2010), Australia (Slee et al. 2009) and England (Humphrey, Lendrum and Wigelsworth 2010). However, there has been only limited study of how these different 'tiers' of intervention interact with one another, and the research that has been conducted has produced equivocal results (Humphrey 2013).

In parallel to the growth in popularity of universal SEL interventions, researchers have accumulated a substantial evidence base demonstrating the impact of such programmes on a range of outcomes (including social and emotional competence, mental health difficulties, school attitudes and academic performance) (Durlak et al. 2011; Sklad et al. 2012; Wilson and Lipsey 2007). This evidence base suggests that high quality, well-implemented programmes can yield effects in the small-to-medium range that are likely to be of practical significance to schools (Durlak 2009).

School-based prevention in England: the social and emotional aspects of learning programme

Interest in SEL across different countries has common roots, but at the same time is influenced by social, cultural and political contexts in individual countries (Humphrey 2013). Social and emotional learning in England is best embodied by the Social and Emotional Aspects of Learning (SEAL) programme. The SEAL was a flagship National Strategy launched by New Labour in the primary school sector in 2005 (Department for Education and Skills 2005) and in the secondary school sector in 2007 (Department for Children Schools and Families 2007). By the time that the coalition government took power in 2010, SEAL was estimated to be in use in 90% of primary schools and 70% of secondary schools

(Humphrey et al. 2010). Although the coalition has ‘officially’ discontinued SEAL (BBC 2011), the materials developed are still in use in a great number of schools across the country.

The SEAL programme emerged from the confluence of a number of related influences and factors. At the policy level, the New Labour government were under pressure to redress the technicism in the English education system, embodied by the ‘standards agenda’ (e.g. narrowly focused league tables, targets and inspection regimes – Ainscow, Booth, and Dyson 2006). In the early part of the last decade, they began to develop more holistic policy directives with a focus on promoting wellbeing (e.g., Every Child Matters [Department for Education and Skills 2003]) (Bywater and Sharples 2012). Around the same time, Weare and Gray published an influential review, funded by the Department for Education and Skills, entitled *What works in promoting children’s emotional and social competence and wellbeing?* (Weare and Gray 2003). One of the key recommendations of their report was the prioritisation, development and implementation of a national, school-based programme to promote social and emotional skills in pupils and staff. Finally, Daniel Goleman’s bestseller (Goleman 1996) had brought the concept of *Emotional intelligence* – and its claimed importance in education, the workplace and life in general – into the public consciousness. These factors ultimately led to the Department for Education and Skills to commission a new National Strategy as part of the Behaviour and Attendance pilot, and the SEAL programme was born.

The SEAL programme is described as, ‘a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and wellbeing of all who learn and work in schools’ (Department for Children, Schools and Families 2007, 4). The influence of Goleman (1996) is reflected in the core taxonomy of skills that the programme is designed to promote – namely self-awareness, self-regulation, motivation, empathy and social skills. The SEAL’s constituent components are (1) the use of a whole school approach to create a positive school climate and ethos, (2) direct teaching of social and emotional skills in whole class contexts, (3) the use of teaching and learning approaches that support the learning of such skills and (4) continuing professional development for school staff (Department for Children, Schools and Families 2007). In both the primary and secondary school versions of SEAL, implementation support materials are presented thematically. For example, in primary SEAL, schools begin the new academic year by working through the ‘New Beginnings’ theme, in which, ‘children explore feelings of happiness and excitement, sadness, anxiety and fearfulness, while learning (and putting into practice) shared models for “calming down” and “problem-solving”’ (Department for Education and Skills 2005, 1). Implementation of this and other SEAL themes follows the ‘waves of intervention’ model promoted by the National Strategies, which is essentially akin to the integrated model of provision noted earlier (e.g., universal/targeted/indicated).

Implementation of SEAL in schools was supported by a number of guidance documents and materials pertaining to its different components (e.g., ‘family SEAL’, ‘SEAL small-group work’) and versions (e.g., ‘primary SEAL’, ‘secondary SEAL’). Training was offered in Local Authorities (LAs) by Behaviour and Attendance consultants and other professionals working in Children’s Services. As a programme, it provides an interesting contrast to the SEL interventions developed in the USA and elsewhere, in that it was envisaged as a loose enabling framework for school improvement rather than a structured ‘package’ to be applied in schools (Weare 2010). Schools (particularly for secondary SEAL) are actively encouraged to explore different approaches to implementation that support identified school improvement priorities rather than following a single model. This

philosophy is reflected in the absence of materials for some components. For example, in the primary SEAL, small-group work guidance materials were only available for four of the seven themed interventions, with school staff encouraged to develop their own (Department for Education and Skills 2006). In the guidance produced for secondary schools, a variety of contrasting implementation case studies were included (Department for Children Schools and Families 2007). This flexibility was designed to promote local ownership and sustainability, and was initially met with enthusiasm by staff in participating schools, who felt that it encouraged professional autonomy (Humphrey, Lendrum and Wigelsworth 2010).

The emperor has no clothes? Evaluations of the SEAL programme

The SEAL programme has never been evaluated using a randomized controlled trial (RCT), accepted by most as the ‘gold standard’ for determining the impact of an intervention (Bywater and Sharples 2012). This is perhaps somewhat surprising given the priority afforded to the intended outcomes of the programme and its monolithic status in the English education system up to 2010. Most of the evaluations that were conducted (see Table 1) were funded by the Department for Education.¹

Inspection of the SEAL studies and their associated publications reveals several key themes. The first of these is the *lack of methodological rigour*. Of the five studies that purported to assess the impact of SEAL (the two studies of the secondary pilot being primarily concerned with assessment of process), three lacked a control/comparison group (Banerjee 2010; Downey and Williams 2010; Hallam, Rhamie, and Shaw 2006) and one also lacked a longitudinal element (Banerjee 2010).² However, this did not prevent the greatly *overstated impact* of the SEAL programme. Take, for example, the conclusion that the primary SEAL programme, ‘had a major impact on children’s wellbeing, confidence, social and communication skills, relationships, including bullying, playtime behaviour, pro-social behaviour and attitudes towards schools’ (Hallam, Rhamie, and Shaw 2006, 1). The analyses presented in the primary SEAL evaluation report simply do not support such a statement, with statistically significant changes only in certain variables, and marginal effect sizes across the board.

Table 1. Published evaluations of the SEAL programme.

SEAL component	Original study	Related publications
Primary – curriculum	Hallam, Rhamie and Shaw (2006)	Hallam (2009)
Secondary – pilot	Office for Standards in Education (2007) Smith et al. (2007)	
Primary – small group work	Humphrey et al. (2008)	Humphrey et al. (2009a, 2009b); Humphrey, Kalambouka et al. (2010); Lendrum et al. (2009)
Secondary – whole-school	Humphrey, Lendrum, et al. (2010)	Lendrum, Humphrey, and Wigelsworth (2012); Wigelsworth, Humphrey and Lendrum (2011, 2012)
Primary – family	Downey and Williams (2010)	
Primary/secondary	Banerjee (2010)	Banerjee, Weare, and Farr (in press)

Another important theme is the *null results* reported in several studies. Downey and Williams (2010), Humphrey, Lendrum and Wigelsworth (2010), and Humphrey et al. (2008) – in relation to parental ratings and maximal measures of social and emotional competence) each failed to find a measurable impact of SEAL. Perhaps more worryingly, one study found potentially *negative findings* with academic performance declining (for children in Key Stage 1) and attitudes to school (for children in Key Stage 2) (Hallam, Rhamie, and Shaw 2006). Although one study – Humphrey et al.'s (2008) evaluation of the primary small-group work element – did report a measurable impact of SEAL in some domains using a methodologically defensible design, this was the exception to the rule.

A third finding arising from evaluations of SEAL was *variability in implementation*. In one sense this is not surprising. Research findings consistently indicate that schools do not implement programmes with fidelity, that is, as intended by the programme developers (Lendrum and Humphrey 2012). Furthermore, as noted above, SEAL was designed to be a flexible programme, without a single model of implementation to which schools could adhere. However, the variability evident in the implementation of SEAL was perhaps of a different nature to that reported in the broader prevention literature. Take, for example, the secondary SEAL evaluation, in which approximately one-third of the schools studied by Humphrey, Lendrum and Wigelsworth (2010) made *little or no progress* in implementation over a two-year period. Whether this implementation failure was linked to the lack of impact of SEAL is unclear. Wigelsworth, Humphrey and Lendrum's (2013) analysis suggested that this was not the case – schools deemed to be moderate or high quality implementers made marginal or no gains in key outcomes when compared to low quality implementers.

Given what the broader literature tells us about the relationship between implementation quality and outcomes (see Durlak and DuPre 2008), this perhaps suggests a deeper problem of theory/programme failure, because even in those schools that appeared to be doing a good job implementing SEAL, there was no meaningful improvement in measured outcomes. However, it is important to note the inherent difficulties of accurately assessing implementation of SEAL and also that the implementation strand of the main secondary evaluation only focused on a subset of SEAL schools (9 of 22) (Wigelsworth, Humphrey and Lendrum 2013). These findings also contrast sharply with those findings of Banerjee (2010), whose research found that higher quality SEAL implementation produced an enhanced school ethos, which in turn led to a range of positive outcomes, including better behaviour, lower rates of absence and higher academic attainment (although it is worth noting that these outcomes actually preceded their proposed causes by a year or more!).

In addition to the above, a consistent trend in the various evaluations of SEAL was the *failure to use research findings* to inform the development and refinement of the programme. Indeed, New Labour were so keen to capitalize on the emotional intelligence zeitgeist that they did not wait for the results of pilot evaluations before launching the programme nationally. Hence, the primary SEAL guidance for schools was published in May 2005 (Department for Education and Skills 2005), a full 10 months before the pilot evaluation findings were reported in February 2006. Similarly, the secondary SEAL guidance for schools was published in April 2007 (Department for Children, Schools and Families 2007), three months before the two pilot evaluations reported their findings (OFSTED 2007; Smith et al. 2007). The (lack of) impact of Family SEAL – a component never formally evaluated in a government-funded study – was finally reported in 2010, several years after it was launched nationwide. The importance of this issue is underscored by the fact that key issues raised in pilot data – such as workload challenges, attitudes and understanding, and slowing down of activity during the course of implementation in the case of

secondary SEAL (OFSTED 2007; Smith et al. 2007) – subsequently emerged during the national rollout (Humphrey, Lendrum and Wigelsworth 2010).

Making the most of school-based prevention: what can be learned from SEAL?

In our view, the accumulated evidence shows that the SEAL programme failed to meet its intended objectives. This is, of course, a controversial position. There are many in the SEL community in the UK who staunchly defend SEAL and interpret the evidence in a very different way (e.g., Park 2011). We should also note that there are many schools who find SEAL to be of great value and perceive it to be effective. Nonetheless, we feel that there are important lessons for the future of school-based prevention initiatives in England and internationally, to which we now turn.

We begin by highlighting the importance of research evidence in ensuring high quality school-based prevention. First and foremost, we argue for *proper trialling* of future approaches before they are taken to scale nationally, preferably through RCTs (Torgeson and Torgeson 2001; Tymms, Merrell, and Coe 2008). The use of RCTs to inform educational policy is, of course, not without controversy (e.g., Stewart-Brown and Anthony 2011). However, they are widely accepted in other fields as being the gold standard for determining the impact of a given intervention and, indeed, inspection of the broader prevention literature reveals the important role they can play in ‘separating the wheat from the chaff’ (see, for example, the Centre for Study and Prevention of Violence’s ‘Blueprints’ resource). Furthermore, use of the RCT model does not preclude the integration of other forms of evidence to inform decision-making. Indeed, used on its own the RCT can produce ‘black box’ evaluations, wherein the mechanisms that led to changes in outcomes are unknown or poorly understood. Thus, assessment of the process of implementation, using both quantitative and qualitative methods, is also essential.

A key corollary of the above is that *research should be used to inform and improve programme design*. Assessment of implementation, for example, can help to determine the ‘critical components’ (Century, Rudnick, and Freeman 2010) of a given intervention that must be delivered with fidelity in order for an intervention to achieve its intended outcomes. These components can then be emphasized when programmes are taken to scale. Similarly, research of this nature can be used to determine non-essential components of interventions, which can then be omitted or highlighted as areas where adaptations are unlikely to produce detrimental results. Finally, research can also highlight factors affecting programme delivery. For example, Humphrey and Squires’ (2011) evaluation of the Achievement for All (AfA) pilot demonstrated empirically the importance of leadership in driving an intervention forward, with better implementation and outcomes evident in schools where the project co-ordinator was a member of the school leadership team. This factor has since been emphasized during the scaling up process for AfA (see www.afa3as.org.uk).

We would also argue that the SEAL programme demonstrates that *there is no ‘one-size-fits-all’* when it comes to school-based prevention and, therefore, a centralized, government-led approach is not to be recommended. Instead, we propose a framework for the adoption of a variety of evidence-based interventions that could be used in varying combinations. Such a framework should provide an appropriate balance between the need for approaches to prevention to be well matched to local context and need with the concurrent requirement for schools to utilize approaches that are proven to be effective. This is in line with recent recommendations by other authors in the field, who have called for a move from ‘programmes’ to ‘strategies’ (Jones and Bouffard 2012).

A powerful example of such a framework exists in Australia. ‘KidsMatter’ represents the Australian government’s main SEL-related initiative for primary schools (Australian Government Department of Health and Ageing 2009). It comprises of four strands – positive school community, SEL for students, working with parents and carers, and helping children experiencing mental health difficulties. Basic materials and resources (e.g., guidance documents, information sheets) are provided to support each of these strands, in addition to professional development/training opportunities for school staff (Slee et al. 2009).

All KidsMatter schools are expected to supplement the generic materials by implementing existing programmes under each strand. The KidsMatter resource (www.kidsmatter.edu.au) provides schools with a guide to over 70 available interventions, with information covering the areas of focus, evidence base, theoretical framework, structure and other factors to enable them to make informed choices that suit their local context and needs. So, for example, a KidsMatter school might choose to implement Steps to Respect (Frey et al. 2005) to fulfil the positive school community component, the Social Decision Making/Social Problem Solving programme (Elias et al. 1986) as their social and emotional learning curriculum, the Triple P programme (Sanders, Turner, and Markie-Dadds 2002) to support the parental strand and the FRIENDS for Life intervention (Stallard et al. 2005) as part of their package of targeted support for children experiencing difficulties. This kind of framework is ideally suited to the current educational landscape in England, in which the emphasis is on school autonomy and choice. It is worthy of note that the KidsMatter pilot evaluation received a very positive independent evaluation (Slee et al. 2009) and was scaled up nationally as a result.

However, a note of caution is required here. While the kind of approach outlined above may be preferable and achieve greater local buy-in, it is also worth acknowledging that sound implementation may be harder to achieve given the increase in complexity (see discussion of multi-component approaches below). There is also evidence from the recent Targeted Mental Health in Schools (TaMHS) evaluation (see Wolpert et al. 2013, this issue) that allowing a more locally driven approach to promoting well-being in schools can result in a somewhat confusing array of approaches being implemented, many of which are not supported by evidence (even when use of evidence-based practice is strongly encouraged, as was the case with TaMHS) and are difficult to capture at an aggregated level. Thus, guidance needs to be clear and specific to avoid disarray.

A further lesson from SEAL is the need to *temper expectations*. The SEAL programme was promoted as a panacea, with schools told that they could expect, ‘Better academic results for all pupils and schools; more effective learning . . . higher motivation; better behaviour; higher school attendance; more responsible pupils, who are better citizens and more able to contribute to society; lower levels of stress and anxiety; higher morale, performance and retention of staff; a more positive school ethos’ (Department for Children Schools and Families 2007, 8–9). It is fair to say that no single SEL programme has been proven to improve all (or even most) of these outcomes. Nonetheless, the National Strategies website spoke of the power of SEAL to ‘transform’ schools (Humphrey 2012). In our view, this had a number of detrimental consequences. Firstly, the claims being made created a level of expectation among school staff that could not realistically be met, which may subsequently have acted as a barrier to sustained implementation efforts. In our evaluation of secondary SEAL, we found that expectations of what could be achieved varied wildly within and between schools (Humphrey, Lendrum and Wigelsworth 2010). There was no ‘common vision’ and staff often had extremely grandiose ideas about the amount of improvement in outcomes that the programme would bring about. When these expectations

were not met in the early years of the programme, many staff began to withdraw their efforts.

Whatever shape future approaches to school-based prevention take, the SEAL experience demonstrates that it is important they *make better use of extant SEL theory and research*. Although ostensibly informed by decades of research in the field, key aspects of the SEAL programme simply did not reflect what the evidence tells us about the design features of effective preventive interventions. For example, SEAL guidance suggests that whole-school approaches, ‘have been shown conclusively to be more effective in improving every aspect of school life’ (DCSF 2007, 22). This proposition is simply not supported by the available evidence. Firstly, the evidence for truly whole-school approaches is thin on the ground. Two recent systematic reviews commissioned by the National Institute for Health and Clinical Excellence were unable to find *any* examples of studies of interventions that included all of the various components of a whole-school approach (Adi et al. 2007; Blank et al. 2010). Secondly, those programmes that are multi-component (if not truly ‘whole-school’) in nature have been demonstrated to be no more effective in improving outcomes than those that focus primarily on a single component (e.g., a taught curriculum) (Durlak et al. 2011; Wilson and Lipsey 2007). Although this may be counter-intuitive, there are logical explanations. We know, for example, that complex interventions requiring action at multiple levels and the commitment of multiple participants take longer to implement successfully (Durlak and DuPre 2008), are more likely to be discontinued (Yeaton and Sechrest 1981) and typically become greatly diluted due to their broader scope (Wilson and Lipsey 2007). Thus, the risk of implementation failure is greatly increased for programmes like SEAL (Lendrum 2010).

What the available evidence does tell us is that programmes that are successful in improving outcomes for children and young people provide ‘structure and consistency in program delivery’ (Catalano et al. 2004, 114), based around the following ‘SAFE’ practices:

- *Sequenced* – the application of a planned set of activities to develop skills sequentially in a step-by-step approach
- *Active* – the use of active forms of learning such as role play
- *Focused* – the devotion of sufficient time exclusively to the development of social and emotional skills
- *Explicit* – the targeting of specific social and emotional skills.

A seminal meta-analysis in this area by Durlak et al. (2011) showed effect sizes for programmes that followed SAFE principles had a much greater impact on student outcomes than those that did not. For example the mean effect size for social and emotional skills for SAFE programmes was 0.69 compared to 0.01 for non-SAFE programmes.

It should also be acknowledged, perhaps controversially, that evaluations have indicated that *not all schools and/or teachers are receptive to SEL* (Humphrey, Lendrum and Wigelsworth 2010). This may be particularly so in secondary schools, where the greater emphasis on formal curriculum subjects and examination results supports a subject-focused rather than child-centred ethos and teachers are resistant to non-academic interventions (Lendrum, Humphrey, and Wigelsworth 2012; Weare and Gray 2003). The evaluation of secondary SEAL revealed some ambivalence and even resistance towards the promotion of pupil emotional health and well-being, which was dismissed by some teachers as ‘irrelevant’ and ‘not my problem’ and by others as ‘not needed’ in their school (Humphrey, Lendrum and Wigelsworth 2010). Others, although supportive of SEAL, felt

that they had insufficient time or lacked the necessary knowledge and skills and to deliver such interventions, indicating a need for more training and information on the benefits of SEL for older pupils. There are clear implications here for the dissemination of programmes, including the need to secure buy-in as a starting point prior to implementation. Given the particular issues in secondary schools noted above, this may take the form of more clearly establishing links between SEL and academics, both empirically and in practice.

The SEAL evaluations also clearly demonstrated the necessity of *educating implementers about the importance of implementation quality*. As noted earlier, variability in implementation across settings is to be expected and this variability impacts on the achievement of the expected outcomes (Lendrum and Humphrey 2012). Significantly, research findings consistently indicate that teachers fail to implement programmes as intended by the programme designers (e.g., Ringwalt and Ennett 2003). Surface-level changes, such as adapting resources to meet the needs of pupils, may improve ‘goodness-of-fit’ between a programme and its recipients (Greenberg et al. 2005), improve ownership amongst implementers and promote sustainability of a programme (Rogers 2003). Deeper, structural modifications, however, such as the omission or insufficient use of key components, are likely to interfere with the operation of the mechanisms of change, reducing the impact (Blakely et al. 1987). However, unless schools and teachers are educated about the importance of fidelity, it cannot be assumed that the adoption of a programme will necessarily result in adequate implementation and the achievement of the expected outcomes. The flexibility of SEAL, particularly the secondary school version, suggested to implementers that ‘anything goes’ and that outcomes may be achieved regardless of the level or quality of implementation. An important, but often neglected, aspect of training implementers of a new intervention is information about how to achieve quality implementation, and we propose that clearer guidance should be provided about how often an intervention should be delivered (dosage), which elements are essential for change and must be implemented as designed (adherence) and which may be safely adapted. Better informed implementers, with a clearer understanding of how change is achieved and the role they play in this, are perhaps more likely to deliver an intervention with greater confidence and enthusiasm and to engage participants more fully, all of which have been shown to improve the quality of implementation (Durlak and DuPre 2008).

Conclusion

In this article we have reviewed the evidence regarding the SEAL programme and considered the lessons to be learned for future approaches to school-based prevention. We conclude by considering the goodness-of-fit of our recommendations with the current educational landscape in England. The year 2010 saw a change of government and, along with it, major changes in the education system. Chief amongst these was an early announcement that there would be few or no centralised school improvement strategies. The coalition government also launched a policy paper (*The importance of teaching* [Department of Education 2011]) in which they placed a strong emphasis on school autonomy and choice (which more broadly has included the devolution of funding directly to schools through, for example, the Pupil Premium), but with a focus on the adoption of evidence-based approaches. This has essentially created a ‘free market’ situation that could provide the ideal foundation for the development of a framework for school-based prevention such as that described in this article (e.g., the ‘KidsMatter model’). However, in addition to opportunities, there are also challenges. Despite the coalition government’s ongoing interest

in the concept of well-being (for example, 2012 saw the first national survey of well-being as part of the National Wellbeing Project), ‘personal development and well-being’ was omitted from the latest version of the OFSTED school inspection framework. Thus, schools that opt to invest in SEL are likely to be ‘out on a limb’ unless it can be proven that their efforts in this area produce subsequent improvements in children’s academic achievement.

Notes

1. This is the current title of the English government’s education arm. In the last decade, this body has also been referred to as the Department for Education and Skills and Department for Children, Schools and Families.
2. Note, we do not seek to espouse the view that the only defensible research design involves some kind of control group element and yields quantitative data. Indeed, as pragmatic researchers we firmly believe that the most appropriate research design is the one that best answers the research questions that drive a given study. However, in the context of the SEAL studies, five of the evaluations utilized quantitative approaches and included reference to the ‘impact’ of SEAL. As such, it is only fair to judge their quality according to agreed standards for experimental research (e.g., use of control/comparison groups, random allocation).

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