**University of Southampton**

**Doctoral Programme in Educational Psychology**

**Title:** At what level should schools be working to develop resilience and promote emotional wellbeing in children and young people?

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**Abstract**

Recent reports suggest that the wellbeing of children living in the UK is significantly poorer than other high income countries.  This is despite the fact that the children of today's society receive better education, and have more possessions and better homes than ever before.  For a number of years, researchers have attempted to identify protective factors that have enabled children to thrive when faced with difficult circumstances.  It is thought that these protective factors help to unlock a child's innate resilience and promote emotional wellbeing.  Research which has identified these protective factors has led to the creation of school-based programmes, aimed at developing these skills in children and young people.  This paper explores whether schools should implement programmes which target specific at-risk groups using targeted prevention approaches, or employ universal prevention programmes which encompass all children.  The evidence suggests that schools should employ targeted programmes, as these are currently supported by empirical evidence which is methodologically and theoretically sound.  The evidence also suggests that whilst a number of researchers claim that universal programmes will benefit all children, studies of their effectiveness to date, are largely based on teacher reports.  It is important to address this issue in order to gain a better understanding of the most effective and efficient ways of ensuring positive outcomes for children and young people.  Thus, efforts to promote resilience and emotional wellbeing in schools must be evidence-based.  Future research needs to determine the most effective combination of universal and targeted intervention programmes.


*Keywords:* Resilience, wellbeing, universal programmes, targeted programmes, empirical evidence.

**Introduction.** Compared to 21 other high income countries, the UK and USA were rated poorest in terms of children's subjective well being, family and peer relationships and behaviours and risks (United Nations Childrens Fund, 2007). Masten and Coatsworth (1998) reported that children and young people are increasingly being faced with adversity, as a result of significant changes that are occurring in the societies in which they are developing. For example, over the past three decades there have been an increasing number of births to single parents, increased rates of divorce and teenage pregnancy and an increase in substance abuse, child abuse and poverty. As a result, researchers have been attempting to identify the processes underlying resilience, in order to find ways of ensuring positive outcomes for children and young people.

Resilience has been described as a phenomenon in which someone exhibits, "Good outcomes in spite of serious threats to adaptations or development" (Masten, 2001, p.228). Benard (1991) proposed that a resilient child possesses certain characteristics, namely: social competence, problem-solving, autonomy and having a sense of purpose and hope for the future. In recent years, there has been a shift in focus from identifying *risk* factors, to identifying *protective* factors, which enable the individual to develop competence in circumventing life stressors. Key drivers behind this shift were Rutter, Maughan, Mortimore and Ouston (1979), who stated that focusing purely on risk factors is unhelpful, as most risk factors do not always result in a negative outcome for the child. Instead, Rutter et al. posited that the effect that a risk factor has is determined by the individual's appraisal and cognitive processing of the situation. Research which identified protective factors in individuals led to the creation of intervention programmes for schools, aimed at promoting these protective factors. It is suggested that developing protective factors in children will facilitate positive

outcomes for them, as they act as a buffer between the individual and the risk factors impinging on their wellbeing (Waller, 2000).

Whilst some people may argue that developing resilience and emotional wellbeing in children and young people is not part of the core business of schools (Craig, 2009), the majority concur that the mission of schools is not only to enhance academic attainment, but also to develop the social and emotional skills of their pupils. For example, Gilligan (1998) stated that, "school is the social institution, second only to the family in its developmental impact on children" (p.14). Weare and Markham (2005) highlighted that due to the breakdown of social cohesion in today's society, young people no longer have such robust support networks. This notion further supports the role of schools in the development of resilience in children, suggesting that in the absence of stable family structures, schools can represent the provision of an external protective factor (Daniel & Wassell, 2007). Most notably, the Every Child Matters agenda (2004) emphasised the accountability of schools to ensure that they develop practices to promote healthy development and successful learning for all. Given the changes in society mentioned above, and the fact that schools are the context in which most people spend a large proportion of their early lives, it is vital that as Educational Psychologists (EPs), we understand the most effective ways in which schools can enhance health and wellbeing, and ultimately academic achievement (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011).

There are a number of ways in which schools can foster their pupils' ability to cope with challenge and stress. These are often represented by a model of prevention in which there are three levels of intervention. Caplan (as cited in Weissberg, Kumpfer & Seligman, 2003) termed these levels: Primary, in which the school delivers a curriculum aimed at promoting the resilience of all pupils; secondary, in which the school delivers a curriculum to

those children who are at risk of negative psychosocial outcomes; and tertiary interventions, which are aimed at children who are currently experiencing adversity and require additional support. More recently, Wyn, Cahill, Holdsworth, Rowling and Carson (2000) have described primary interventions as *universal* and secondary interventions as *targeted*. Despite differences in terminology, both models provide a framework for programmes designed to develop skills which act as protective factors against stress. The importance of identifying and promoting these skills in children and young people is highlighted by Durlak et al. (2011), who stated that, "effective mastery of social-emotional competencies is associated with greater wellbeing and better school performance" (p.406). The importance of teaching social and emotional skills in schools is further reinforced by Scott (2010), who reported that nearly half of children with early-onset conduct problems go on to have persistent and serious problems such as crime, violence, drug misuse and unemployment. However, whilst it is obvious that early intervention is vital, there is much debate about the most effective way in which schools can develop resilience, to ensure the best outcomes for their pupils.

A pertinent issue in the field of resilience development is at what *level* schools should intervene. More specifically, resilience researchers are divided over whether schools should implement programmes which target specific at-risk groups using targeted prevention approaches, or programmes which encompass all children (universal prevention approaches) (Weissberg, Kumpfer & Seligman, 2003). Waller (2000) proposed that introducing protective factors in any part of the ecosystem surrounding the child, would reverberate throughout the ecosystem, increasing the possibility of a positive outcome. Weare and Markham (2005) proposed that programmes that promote resilience should be aimed at all children within the school community, not just those identified as having difficulties. They stated that the most important element of any programme is that its aim is to promote mental

wellbeing, rather than to prevent mental illness. Weare and Gray (2003) also advocated adopting a universal approach to promoting emotional wellbeing in schools, but also reinforced the importance of targeting those with particular social-emotional difficulties. Weissberg, Kumpfer & Seligman (2003) however, illustrated strong support for targeted intervention programmes by suggesting that universal prevention programmes are generally not of sufficient dosage to have a discernible impact on higher risk children. Given that there are such mixed views, the aim of this essay is to examine studies which have investigated the effectiveness of both types of intervention programme, and evaluate to what extent the evidence base enables practitioners to determine the most effective and efficient way for schools to develop resilience. The writer will argue that whilst universal programmes (designed to equip *all* children with the skills necessary to overcome negative experiences and achieve mental wellbeing) appear to be the best strategy for ensuring early intervention and positive outcomes for all children, there is currently very little conclusive empirical evidence supporting them.

This essay will present implications for the practice of Educational Psychologists (EPs) at a number of different levels. Firstly, it will highlight the necessity for the work of EPs to be informed by the findings of sound psychological research. This is particularly crucial when EPs are required to make recommendations at a government level, concerning the interventions which have been found to most effectively promote resilience in children and young people. Support for this notion is provided by Spence and Shortt (2007), who argued that, "broad dissemination of preventive interventions is costly and such an investment clearly cannot be justified unless there is convincing evidence of efficacy and effectiveness" (p. 1). The argument will also discuss implications for the role of EPs at a whole-school level, in terms of consulting with schools around the ways in which they can develop resilience in their pupils.

A number of social-emotional curriculum programmes targeting children and young people have been developed during the past 20 years. These programmes differ in their target groups, content, intervention strategies and in the construct which they aim to develop. Whilst the aim of this essay is to explore the ways in which schools can develop resilience, a number of the interventions discussed use different terminology. For example: Emotional & social wellbeing (Durlak, Weissberg, Dymnicki, Taylor & Schellinger, 2011), emotional intelligence (Mayer, Salovey & Caruso, 2004), mental health (Durlak & Wells, 1997) and coping (Monkeviciene, Mishara & Dufour, 2006). The rationale for discussing such interventions is that it is posited that all of the above are outcomes which result from development of the protective factors associated with resilience.

**Evaluation of research.** Durlak and Wells (1997) describe universal interventions as a strategy in which, "all members in an available population receive the intervention" (p. 118). Educational practitioners such as Weare and Markham (2005), support the implementation of universal programmes as a strategy for promoting resilience in schools, by asserting that the same strategies that are beneficial for a child with emotional and behavioural difficulties are also beneficial for the emotional wellbeing of all children. An example of a universal intervention designed to promote social and emotional wellbeing, is the Social and Emotional Aspects of Learning (SEAL) programme. SEAL is part of the Targeted Adolescent Mental Health (TAMHS) scheme and aims to develop the skills that promote positive behaviour and effective learning. SEAL is delivered in three waves of intervention: Wave 1 focuses on a whole-school, universal curriculum; Wave 2 focuses on small group interventions for children who require additional support to develop their social and emotional skills, and Wave 3 focuses on 1:1 interventions for pupils who require support in addition to the whole-school and small group curricula. In a review of the universal SEAL programme, Hallam (2009) reported that 87% of teachers felt that it had improved children's

wellbeing and 81% of staff stated that the programme had increased the childrens' ability to control emotions. However, despite illustrating that the universal SEAL programme can have a positive impact, there are a number of problems with these findings. Firstly, there were no formal control schools with which to compare the impact of introducing the SEAL programme. In addition, the evaluation of the programme was largely based on teacher reports, thus, it is difficult to establish whether the positive changes reported by the teachers were actually due to the introduction of SEAL. Similar findings were presented in an evaluation of the universal SEAL programme for secondary schools by Humphrey, Lendrum and Wigelsworth (2010). Despite suggesting that some schools had made good progress in implementing the curriculum, the study also reported that the universal SEAL curriculum failed to impact significantly on pupils' social and emotional skills, mental health or behaviour problems. Furthermore, as the evaluation only focused on the outcomes of the universal SEAL programme for year 7 pupils, we are unable to conclude the extent of the programme's impact.

Whilst the difficulties with evaluating the universal SEAL programme are clear, Humphrey et al.'s (2008) evaluation of the SEAL targeted small-group programme provides more rigorous evidence. This evaluation consisted of three phases of evaluation, including: Interviews with SEAL leads in 12 local authorities, quantitative evaluation of small group work in 37 primary schools and detailed case studies of six lead practice schools. The findings of this evaluation enable practitioners to make firm conclusions about the effectiveness of the targeted SEAL programme, as statistically significant evidence was reported, indicating that the targeted interventions had had a positive impact on pupils' social-emotional skills. In addition, follow-up data was collected which enabled Humphrey et al. (2008) to report that the impact of the intervention was sustained over a 7 week period, even outside of the small-group environment.

Greenberg et al. (2003) illustrated their support for a universal approach to developing resilience, proposing that, "ideally, planned, ongoing, structured and coordinated teaching of the social and emotional aspects of learning should begin in the early years and continue through secondary school" (p. 468). However, the Conduct Problems Prevention research group (2010) suggested that a key difficulty with implementing universal intervention programmes, is that the research which evaluates universal programmes often lacks crucial information about the context and conditions in which the programme is most effectively implemented. This is highlighted in a study by Durlak and Wells (1997), who carried out a meta-analysis to review 177 primary prevention programmes, aimed at preventing behaviour and social problems. The aim was to identify variables that modify the outcomes of universal intervention programmes and to examine the types of outcome that were produced by different interventions. Whilst the researchers reported that most interventions significantly reduced problems, and significantly increased childrens' competencies, the effect sizes only ranged between small and medium. For those interventions which were reported as effective, it is difficult to ascertain which elements of the intervention made it effective, as the intervention procedures and goals were not specified. In addition, we are unable to make firm conclusions about the long-term impact of the interventions, as only 25% of studies collected follow-up data. Again, this emphasises an important role for EPs, in ensuring that interventions are recommended on the basis that they are supported by empirical evidence which has found long term positive outcomes for children.

The evidence discussed so far has highlighted some of the methodological difficulties that are associated with studies of universal interventions. In particular, Humphrey (2008) reported that many of the findings in this area are confounded by: Teacher reports often being used as the criteria for success, a lack of control groups, a lack of longitudinal assessment and interventions which last for less than three months. Furthermore, Adi, Kiloran, Janmohamed

and Stewart-Brown (2007) stated that further research is needed, as most studies which examine the effectiveness of universal interventions do not specify how long programmes should be delivered for.

As robust empirical evidence for the effectiveness of universal resilience programmes is scarce, several researchers have begun to advocate the use of more targeted interventions. In a study which evaluated the outcomes of universal, school-based interventions designed to prevent depression in young people, Spence and Shortt (2003) proposed that, "efforts might be better focused on targeted rather than universal interventions" (p.540). The researchers suggested that, "although research into targeted prevention for depression also suffers from a range of methodological problems, the evidence suggests small but significant short-term benefits" (p. 540). The following section will highlight the ways in which empirical evidence of the effectiveness of targeted interventions, has overcome the methodological difficulties discussed above. Given that evidence which supports the effectiveness of the targeted SEAL activities has already been discussed previously, the subsequent sections of this essay will provide further evidence for the notion that targeted interventions currently have a more substantial and rigorous empirical evidence base.

An example of a targeted intervention, which is supported by methodologically sound empirical evidence, is the Webster-Stratton Incredible Years Therapeutic Dinosaurs programme. This programme is designed to enhance the social problem-solving and peer relationship skills of children between the ages of 4 and 11, who are deemed to be at high risk of developing a conduct disorder. Hutchings, Bywater, Daly and Lane (2007) carried out a pilot study to investigate the impact of this programme with a population in North Wales, as it had never previously been evaluated in the UK. Already, this highlights an important advantage of this evidence compared with research findings of several universal

interventions.  For example, in the study by Durlak et al., 2011, many of the universal

evaluations were reported for interventions carried out in the USA, thus may have limited

applicability to schools in the UK.  A further strength of this study is that a range of pre- and

post measures were taken, from both parents and teachers (Strengths and Difficulties

questionnaire, Eyberg Behaviour Inventory and the Self-Control rating scale).  The study

found statistically significant improvements in behaviour and the childrens' use of taught

skills at home and school, following intervention.  Despite the fact that the sample was small

(11 pupils), large effect sizes were found for the difference in scores between the pre- and

post-intervention measures.  Bywater, Hutchings, Whitaker, Evans and Parry (2011) are

currently carrying out a 3 year study, involving a randomised-control trial of 240 children

from 20 schools to further evaluate the long-term effectiveness of the Therapeutic Dinosaurs

Programme, which will add to the empirical evidence base underpinning this targeted

intervention.

The Penn Resiliency programme (PRP) is a targeted programme, aimed at children

who may be at risk of depression.  This programme provides another example of a targeted

intervention whose efficacy is supported by a wealth of empirical evidence.  Seligman, Ernst,

Gillham, Reivich and Linkins (2009) reported that over 17 studies, involving over 2000

children and young people have been conducted, which have compared the effect of PRP

with control schools.  An example of one of these studies was carried out by Gillham,

Hamilton, Freres, Patton and Gallop (2006), in which they found that PRP significantly

reduced depression, anxiety and adjustment disorders among a sample of 11 and 12 year-

olds.  Some of the key methodological strengths of this study are: Baseline assessments prior

to intervention, tape recordings of the intervention sessions were taken to ensure it was

delivered as designed, and comparison between the experimental group and a control group.

The evidence presented above illustrates some key features of studies which have evaluated the effectiveness of targeted programmes, that are designed to develop resilience. Whilst it appears that targeted programmes are better supported by empirical evidence than universal programmes, over recent years there have been some examples of universal interventions being supported by good research. An example of this is Zippy's Friends (Partnership for Children), a programme designed to help children (5-7 years old) to develop coping and social skills. Unlike several earlier studies of universal interventions, Monkeviciene and Mishara (2006) obtained follow-up data, which would enable them to evaluate the impact of the Zippy's Friends programme one year after implementation. The results indicated that the experimental group showed more positive adaptation to year 1 than those that had not received Zippy's Friends. Furthermore, the ratings of pupils' social-emotional skills were obtained from teachers who did not know which pupils had received the Zippy's Friends intervention. The fact that ratings were obtained from teachers who had not delivered the programme provides additional support for the notion that the findings of this study are more robust than other reported studies of universal interventions, in which the success criteria was based on ratings of teacher satisfaction (Hallam, 2009). Perhaps the most well supported universal intervention is the Fast Track programme (Bierman et al. 2000). It is important to note, however, that this intervention is slightly different to the majority of universal programmes discussed, as it incorporates the PATHS (Promoting Alternative Thinking Strategies) Curriculum, in order to deliver both targeted and universal interventions simultaneously. A study by the Conduct Problems Research Prevention Group (2010) proposed that the success of this programme lies in the fact that the intervention is multi-faceted. In other words, it suggests that risks can arise from the home, school or family, thus at some stage throughout the targeted programme, the universal PATHS intervention is implemented in order to ensure that pupils can transfer the skills that they have learnt from

the targeted sessions, into the classroom. This notion that implementing both universal and targeted programmes simultaneously may present the optimum way to develop resilience in children, is supported by Clarke and Barry (2010). The researchers reported that the positive effects of the Zippy's Friends intervention were not extended throughout the school, and it was hypothesised that this was due to a lack of whole-school awareness of the programme. However, it is not possible to ascertain whether a whole-school intervention would significantly increase the effectiveness of the intervention, as Clarke and Barry (2010) did not provide any empirical evidence for this claim. Adi, Kiloran, Janmohamed and Stewart-Brown (2007) concluded that there is good evidence from the USA to support the implementation of multi-component programmes (including changes at a whole-school level), however interventions with similar characteristics in the UK have not yet been the subject of robust trials.

Evidence has been reviewed which claims that universal interventions have been successful in their aim: To equip *all* children with the skills necessary to overcome negative experiences and achieve mental wellbeing (Durlak & Wells, 1997; Hallam, 2009; Monkeviciene & Mishara, 2006; Weare, 2005). More recent evidence has been presented which suggests that the most effective programmes in terms of producing the best long-term outcomes for children and young people, combine both universal and targeted intervention approaches (Bierman et al., 2000; Conduct Problems Research Prevention Group, 2010). However, having reviewed the evidence base for such universal interventions, it is clear that studies which have attempted to evaluate their effectiveness have a number of flaws, namely: That they are still largely based on teacher reports, they often lack a control condition and effect sizes are often small. Weare and Markham (2005) argued that emotional, behavioural and social problems are widespread, thus by targeting only certain pupils, a number of others with difficulties will be ignored. However, whilst it may be the case that both universal and

targeted interventions are needed to most effectively develop resilience in pupils, for the time being the evidence more conclusively supports targeted interventions (Gillham et al., 2006; Humphrey et al., 2008; Hutchings, Bywater, Daly & Lane, 2006; Seligman et al., 2009).

As Educational Psychologists, it is vital that we ensure that school-based programmes designed to promote resilience and develop wellbeing are evidence-based.  Thus, when presented with the question, "At what level should schools be working to develop resilience and promote emotional wellbeing in children and young people?", the answer must be: With targeted programmes that have a sound empirical research base.  However, whilst targeted approaches are currently supported by a more rigorous evidence-base than universal approaches, it is vital that targeted programmes are implemented in a way which avoids stigma.  This presents a role for EPs to work with schools at a whole-school level, to set expectations with staff regarding the nature of resilience and the aims of the targeted programmes.  More specifically, it is important that as EPs we make schools aware that resilience is determined by a number of factors, including the child's experiences outside of school, and ensure that the use of targeted approaches does not mean that they focus exclusively on within-person factors.  As Benard (1997) states, we need to ensure that there is not a notion of fixing individuals in schools, but creating healthy systems.  Whilst the writer suspects that the ideal scenario would be for resilience-promoting programmes to be embedded within the curriculum, the current evidence suggests that targeted approaches may be the only way to ensure that children who need additional support, receive the support that they need.

Weare and Markham (2005) commented that unless universal programmes are sufficiently monitored, evaluated and improved over time, they are likely to have a reduced impact on pupils.  In light of this, a number of researchers have proposed changes that need

to occur in future studies of universal resilience programmes, in order to ensure that the findings are based on empirical evidence.  Namely: follow-up periods of at least 1-2 years are needed to provide an adequate test of prevention effects and, studies need to provide information about the other activities that pupils are involved in, in order to conclude whether or not the positive outcomes observed were the result of the programme (Spence & Shortt, 2007).  Ultimately, as Adi, Kiloran, Janmohamed and Stewart-Brown (2007) suggested, "research should be undertaken to determine the most effective combination of targeted and universal approaches" (p.15).  In addition, there is a need for resilience researchers to provide sound evidence of the most effective interventions for promoting resilience and emotional wellbeing in pupils of secondary school-age, as research in this area is currently lacking.

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