# What works in enhancing social and emotional skills development during childhood and adolescence?

*A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK*

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EARLY INTERVENTION FOUNDATION

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OÉ Gaillimh

# What works in enhancing social and emotional skills development during childhood and adolescence?

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# Acknowledgements

# Table of Contents

# Executive
# Summary

I

# Executive Summary

## Introduction

This review sought to determine the current evidence on the effectiveness of programmes available in the UK that aim to enhance the social and emotional skills development of children and young people aged 4-20 years. The review was commissioned by the Early Intervention Foundation (EIF), the Cabinet Office and the Social Mobility and Child Poverty Commission as part of wider efforts to encourage evidence-based commissioning and delivery of services for young people. Based on a systematic search of the literature, this report presents a narrative synthesis (i.e. a qualitative summary of findings as opposed to a statistical meta-analysis) of the review findings from evaluations of programmes implemented in the UK in both the school and out-of-school settings. This review addresses the question of 'what works' in enhancing children and young people's social and emotional skills and the quality of existing provision in the UK.

Extensive developmental research indicates that the effective mastery of social and emotional skills supports the achievement of positive life outcomes, including good health and social wellbeing, educational attainment and employment and the avoidance of behavioural and social difficulties. There is also a substantive international evidence base which shows that these skills can be enhanced and positive outcomes achieved through the implementation of effective interventions for young people.

There are a number of ways of defining social and emotional skills. CASEL (2005) defined social and emotional skills as relating to the development of five interrelated sets of cognitive, affective and behavioural competencies: self-awareness, self-management, social awareness, relationship skills and responsible decision making. The Young Foundation (McNeil et al., 2012) identified a core set of social and emotional capabilities that are of value to young people. These capabilities have been grouped into seven clusters, each of which is supported by an evidence base that demonstrates their association with positive life outcomes. These capabilities include; managing feelings, communication, confidence and agency, planning and problem solving, relationships and leadership, creativity, resilience and determination. Drawing on existing models and frameworks, a list of these core social and emotional skills were included in this review.

The key objective of this review was to systematically review the peer review and grey literature (2004-2014) examining evidence on the effectiveness of school and out-of-school interventions implemented in the UK that are aimed at enhancing children and young people's social and emotional skills. In reviewing the evidence, specific questions were addressed:

- what programmes are effective in enhancing social and emotional skills in the (i) school setting and (ii) out-of-school setting?
- what is the strength of the evidence?
- what programmes/strategies are ineffective in enhancing social and emotional skills?
- what are the key characteristics of effective programme?
- what are the implementation requirements for these programmes / what implementation factors are important in achieving programme outcomes?
- what interventions are effective according to age / gender / ethnicity /socio-economic background and level of vulnerability
- what is the evidence on the costs and cost-benefits of these interventions?

## Methods

An electronic search of relevant databases and the grey literature was undertaken, including; a systematic search of five academic databases, international databases of school and out-of-school evidence-based programmes, public health databases, a search of the grey literature and a Call for Evidence distributed to UK organisations that work in this area. The findings were, therefore, dependent on organisations that had either published evaluations or proactively submitted evaluation data to the researchers. The primary outcomes of interest were social and emotional skills. In addition, the review provides information (where available) on the impact of interventions on broader educational, health and social outcomes, including educational attainment, employment, productivity, social inclusion, health, violence, substance misuse, delinquency and crime.

In order to be included in the review, programmes must have met the following criteria:

- Address one or more social and emotional skills as outlined by SEAL, the Young Foundation, Cabinet Office and Education Endowment Foundation (See Appendix 3 for a full list of the social and emotional skills used in search process)
- Implemented in the UK
- Implemented in the school or out-of-school setting
- Involve children and young people aged 4-20 years
- Involve children and youth in the general population or those identified at risk of developing problems (individuals whose risk is higher than average as evidenced by biological, psychological or social risk factors). Children or young people in need of treatment (individuals identified as having minimal but detectable signs or symptoms of a mental, emotional, behaviour or physical disorder) were not included in this review. Treatment programmes for delinquency, drug-abuse and mental health problems were excluded while prevention programmes in these areas were included.
- In the case of parenting interventions, the intervention must contain a child/youth component.

In addition to these programme criteria, the programme's evaluation had to meet the following criteria to be included in the review:

- Published between 2004 and 2014
- Adequate study design, using the Early Intervention Foundation's (EIF) Standard of Evidence as a guide
- Adequate description of the research methodologies
- Description of the sample population
- Description of the intervention and its theoretical foundation
- Description of programme implementation including training, resources and workforce costs
- Include measures of at least one social or emotional outcome.
- Following the initial screening for inclusion, the intervention studies were reviewed according to the availability of evidence:
- School interventions were selected for review if a reasonably robust evaluation of the intervention (randomised control trial, quasi-experimental, pre-post design) was carried out in the UK and/or the intervention had an established evidence base.
- Out-of-school interventions were selected for review if the intervention had a theory of change, had been evaluated in the UK (quantitative or qualitative evaluation) and/or had an established evidence base. The use of less stringent inclusion criteria for out-of-school interventions was as a result of the scarcity of evidence-based interventions / robust evaluations of out-of-school interventions.

*Assessing Quality of Evidence*

All studies meeting the inclusion criteria underwent an assessment by the research team of the strength of the evidence using the Early Intervention Foundation's Standard of Evidence (http://guidebook.eif.org.uk/ the-eif-standards-of-evidence). These standards of evidence differentiate between interventions that have established evidence, those with formative evidence and interventions which have non-existent evidence or where the evidence has been shown to be ineffective or harmful. Table 1 provides a description of the EIF's Standards of Evidence.

**Table 1: The EIF Standards of Evidence**

| *Evidence or rationale for programme* | *Description of evidence* | *Description of programme* | *EIF rating* |
|---|---|---|---|
| A consistently effective programme with established evidence of improving child outcomes from two or more rigorous evaluations (RCT/QED) | Established | Consistently effective | 4 |
| An effective intervention with initial evidence of improving child outcomes from high quality evaluation (RCT/QED) | Initial | Effective | 3 |
| A potentially effective intervention with formative evidence of improving child outcomes. Lower quality evaluation (not RCT/QED) | Formative | Potentially effective | 2 |
| An intervention has a logic model and programme blueprint but has not yet established any evaluation evidence | Non-existent | Theory-based | 1 |
| The programme has not yet developed a coherent or consistent logic model, nor has it undergone any evaluation | Non existent | Unspecified | 0 |
| Evidence from at least one high-quality evaluation of being ineffective or resulting in harm | Negative | Ineffective / Harmful | -1 |

For this report, assessment of the quality of evidence was undertaken by the research team. Interventions received a pre-rating of Level, 4, 3, 2, 1. In grading the evidence, particular attention was paid to the quality of the research design and the use of standardised outcome measures (i.e. objective and reliable measures that have been independently validated).

- Interventions that received a pre-rating of 4 or 3 were classified as *well evidenced* i.e. a number of rigorous evaluation studies available (Level 4) or where there is at least one good quality study (Level 3).
- Interventions that received a pre-rating of 2 or 1 were classified as having *limited evidence* i.e. evidence from lower quality evaluation available (Level 2) or programme has an evidence-based logic model but has not yet established evaluation evidence (Level 1).

Subsequent work will be undertaken by the EIF and a formal assessment of the programmes for inclusion in the EIF online Guidebook will be undertaken by an evidence review panel.

# Key Findings

Searching the academic databases, health and education databases and the grey literature, a total of 9,472 school articles and 12,329 out-of-school articles were screened. Out of this, 113 school interventions and 222 out-of-school interventions were identified. A total of 39 school-based interventions fulfilled the review criteria (implemented in the UK with a robust UK evaluation and/or an international evidence-base) and were selected for review. Of the out-of-school interventions, 55 interventions fulfilled the review criteria (implemented in the UK with a quantitative or qualitative UK evaluation and/or an international evidence base) and were selected for review. Interventions were classified as (i) interventions with a competence enhancement focus and (ii) interventions aimed at reducing problem behaviour through the development of social and emotional skills.

## *Results for School Programmes*

Of the 39 school programmes, 24 were adopted from international evidence-based programmes. Almost three quarters of the interventions were evaluated in the last five years (71.8%). The majority of studies employed a randomised control trial or quasi-experimental design (84.6%) and were sourced from published articles (84.6%). The majority of interventions were short term in duration (less than one year). Just under half of all interventions (46.2%) were implemented in primary school, 20.5% were implemented across primary school and secondary school and 33.3% of interventions were implemented with young people in secondary school.

Drawing on existing classifications, school programmes were classified as follows:

1.  Interventions with a competence enhancement focus
    a.  Universal social and emotional skills interventions
    b.  Small group social and emotional skills interventions
    c.  Mentoring and social action interventions
2.  Interventions aimed at reducing problem behaviours
    a.  Aggression and violence prevention interventions
    b.  Bullying prevention interventions
    c.  Substance misuse prevention interventions

Findings within each group were as follows:

### *Interventions with a competence enhancement focus*
*Universal social and emotional skills interventions*

- Sixteen universal social and emotional skills-based interventions implemented in the UK were identified. The majority of these interventions (N = 13) are *well evidenced* in terms of their effectiveness on children and young people's social and emotional skills.
- Of these programmes implemented in the UK, the strongest evidence is apparent for programmes with an established evidence base either from international and/or UK studies *(PATHS, Friends, Zippy's Friends, UK Resilience, Lions Quest, Positive Action).* These programmes were shown to have a significant positive impact on children and young people's social and emotional skills including coping skills, self esteem, resilience, problem solving skills, empathy, reduced symptoms of depression and anxiety.
- Broader outcomes from secondary school interventions that adopted a whole school approach include reduced behaviour problems, enhanced academic performance, and improved family relations *(Lions Quest, Positive Action).*

- There is promising emerging evidence in relation to UK developed interventions including *Circle Time, Lessons for Living, Strengths Gym, Rtime .b Mindfulness Programme.*
- The Australian developed online cognitive behavioural skills intervention *MoodGYM,* is well evidenced, and is currently being implemented and evaluated as part of the Healthy Minds in Teenagers curriculum in the UK.
- Results from evaluations of the primary and secondary Social and Emotional Aspects of Learning (SEAL), which adopt a whole school approach to implementation, provide limited evidence of improvements in primary school children's social and emotional skills. No programme impact was reported in an evaluation of secondary SEAL. Quality of implementation was identified as essential in producing programme outcomes including enhancing the school environment, pupils' social experiences, school attainment and reducing persistent absence.

*Small group social and emotional skills interventions*
- Three small group classroom-based interventions implemented as part of primary SEAL and two after-school interventions were identified for students at higher risk of developing social and emotional problems.
- Two of the small group classroom-based interventions identified are *well evidenced* in terms of having at least one good quality study that reported a positive impact (self- and teacher reported) on children's social and emotional skills, reducing emotional problems and enhancing peer relationships (*Going for Goals, New Beginnings*).
- Similar findings were evident for the after-school small group intervention, *Pyramid Project*, for children identified as withdrawn and emotionally vulnerable.
- *Mentoring and social action interventions*
- Two mentoring and one social action intervention were identified. There are too few studies to draw strong conclusions regarding the effectiveness of these types of interventions when implemented in the school setting. In addition, the quality of the studies reviewed was compromised as a result of weak study design and use of non-standardised outcome measures. Further testing of these interventions using more robust methods is warranted.

<u>*Interventions aimed at reducing problem behaviours*</u>
*Aggression and violence prevention interventions*
- Four violence prevention interventions were identified.
- All four interventions are *well evidenced* as a result of multiple rigorous international evaluations indicating their impact on reducing social and emotional problems and aggressive and disruptive behaviour.
- These interventions, which are implemented in primary school, differ in terms of their approach including (i) classroom management strategies: *Incredible Years Classroom Management Curriculum, Good Behaviour Game* (ii) curriculum-based violence prevention intervention: *Second Step* (iii) whole school approach: *Peacebuilders*
- The *Good Behaviour Game,* which is currently being trialled in the UK, shows consistent evidence of its effectiveness, including sustained social, emotional, behavioural and academic findings at 14 year follow up.

*Bullying prevention interventions*
- Six bullying prevention interventions were identified.
- Three interventions are *well evidenced* in terms of their impact on social and emotional skills including social relations, prosocial behaviour and reduced bullying and victimisation. These interventions adopt a whole school approach to bullying prevention providing curriculum resources, whole staff training, parent guides and addressing school environment and ethos (*Olweus, Kiva, Steps to Respect)*.
- There is evidence from the studies reviewed to indicate that bullying prevention peer mentoring interventions are ineffective in improving children and young people's social and emotional skills and in some cases can have a negative impact on rates of bullying.

*Substance misuse prevention interventions*
- Five substance misuse prevention interventions that teach personal and social skills for self-management and resilience were identified.
- These interventions have an established international evidence base indicating their positive impact on the use of skills and strategies to resist risk-taking behaviour and reduced alcohol, cigarette and drug use (*LifeSkills Training, Keepin' It Real, All Stars and Project Star, SHAHRP*).
- *Lifeskills Training* intervention has a well established evidence base with sustained findings reported at six years follow up.

*Characteristics of programme effectiveness for school interventions*
Effective school-based programmes identified in this review shared a number of common characteristics and these include:
- Focus on teaching skills, in particular the cognitive, affective and behavioural skills and competencies as outlined by CASEL
- Use of competence enhancement and empowering approaches
- Use of interactive teaching methods including role play, games and group work to teach skills
- Well-defined goals and use of a coordinated set of activities to achieve objectives
- Provision of explicit teacher guidelines through teacher training and programme manuals.

*Impact on Equity and Cost-Benefit Results*
- There was a paucity of studies that reported on subgroup differences. There is, however, some evidence to indicate that interventions aimed at increasing social and emotional skills and reducing problem behaviours are particularly effective with children and young people who are most at risk of developing problems. This is demonstrated by the findings from universal social and emotional interventions, aggression and violence prevention and substance misuse prevention interventions.
- There is a paucity of information regarding the cost-benefit ratio of school-based social and emotional skills programmes as implemented in UK schools. Cost-benefit analysis information, provided by Dartington's *Investing in Children* database and *Blueprints for Positive Youth Development* database, is available for five interventions: *PATHS* (1:11.6), *UK Resilience* (1:7.1), *Good Behaviour Game* (1:26.9), *Lifeskills Training* (1:10.7) and *Project STAR* (1:1.2). These cost-benefit ratio results show a positive return on investment for these evidence-based interventions.

### *Results for Out-of-School Programmes*

The majority of interventions identified were developed in the UK (83.6%) and evaluated in the UK in the last five years (81.8%). A total of 35 interventions were located in unpublished reports (63.6%). Interventions were predominantly evaluated using a pre-post study design with no control group (78%). The majority of interventions were short term in duration (less than one year) and implemented with socially excluded and disadvantaged young people (aged 13-20) determined to be at risk of developing social and emotional problems / engagement in risk-taking behaviour. Drawing on existing classifications, these programmes were classified into the following groups:

1. Interventions with a competence enhancement focus
   a. Youth arts and sports interventions
   b. Family-based interventions
   c. Mentoring interventions
   d. Education, work, career interventions
   e. Cultural awareness interventions
2. Interventions aimed at reducing problem behaviours
   a. Crime prevention interventions
   a. Substance misuse prevention interventions

### *Interventions with a competence enhancement focus*
### *Youth arts and sports interventions*

- Eight sports, music and drama-based interventions were identified. There is *limited evidence* of their effectiveness due to weak study designs and the use of non-standardised outcome measures.
- There is evidence from three interventions which used standardised outcome measures to indicate significant improvements in young people's self esteem, confidence, emotional regulation, organisation and leadership skills (*Hindleap Warren Outdoor Education Centre* which provides outdoor activities for young people; *Girls on the Move Leadership Programme* provides training for females in dance and sports activities; *Mini-Mac,* a peer led music project)
- The quality of the evaluation studies on the remaining five interventions was too weak to determine programme impact.

### *Family-based interventions*

- Five family-based interventions were identified, all of which focused on enhancing family functioning, promoting positive parenting, enhancing child and adolescent social and emotional skills and reducing problem behaviours.
- Four of the interventions, which were adopted from the US and implemented in the UK, are *well evidenced* in terms of their impact on children and young people's social skills including self concept, self efficacy, internalising and externalising behaviour and peer and family relations *(Incredible Years, Families and Schools Together, Strengthening Families Programme; Social Skills Group Intervention-Adolescent).*
- Broader outcomes include improved academic performance and attachment to school, improved parental engagement and reduced rates of parental substance misuse.

*Mentoring interventions*
- Eleven mentoring interventions were identified, however, the quality of the evidence from the majority of studies is inadequate to determine programme impact as a result of weak study design (no control group) and use of non-standardised outcome measures to determine programme impact.
- One intervention is *well evidenced*. The *Big Brothers Big Sisters* mentoring programme has an established international evidence base in terms of positive long-term impacts of matching adult volunteer mentors with young people aged 6-18 to support them in reaching their potential over the course of a year. Outcomes include improved self worth, relationships with peers and parents, reduced substance misuse and improved academic outcomes.
- The *Teens and Toddlers* programme, which is aimed at reducing teenage pregnancy through training adolescent participants to become mentors in early childcare, reported improvements in girls' self esteem, self efficacy and decision making, although no positive impact was found in relation to use of contraception or expectation of teenage parenthood.

*Education, work, career interventions*
- Five UK developed interventions were identified that aim to increase young people's personal and social skills so that they are able to make gains in employment, education and training. The quality of the evidence from these studies was insufficient to determine impact as a result of weak study design and use of non-standardised outcome measures.
- Qualitative results suggest a potential positive impact on young people's confidence, self esteem, aspirations, social relations and on broader outcomes including progression into education, training, volunteering or employment and reduced truancy.

*Social action interventions*
- Twelve social action interventions were identified, eleven of which were developed in the UK.
- *National Citizen Service* was the only intervention to utilise a quasi-experimental design and some standardised outcome measures to determine programme impact. This intervention produced promising evidence in terms of its significant impact on young people's confidence, happiness, sense of worth, anxiety levels, interest in education and attitude towards mixing in the local area. Additional self-reported improvements included social competence, resilience, communication, leadership, decision making and teamwork skills.
- Another four interventions which used a pre-post design produced *limited evidence* in terms of their effectiveness on young people's self confidence, self esteem, social skills, leadership skills, problem solving, organisational skills, communication skills and motivation. *(vInspired Team V, vInspired 24/24, vInspired Cashpoint, Youth Voice UK).*
- Broader outcomes from these four interventions and *National Citizen Service* include increased community engagement, enhanced career ambition, improved attitudes about future employment, increased intention to engage in voluntary activities in the future.
- The quality of the evidence, however, needs to be strengthened using more robust evaluation designs with standardised outcome measures.

*Cultural awareness interventions*

- Two cultural awareness interventions were identified. Both interventions were developed in the UK and were designed to challenge negative attitudes and racism (*Think Project*), and support the cultural heritage and a sense of identity among ethnic minorities (*Sheffield Multiple Heritage Service).* Results from these studies indicate a positive impact on young people's self esteem, wellbeing and their understanding and respect for other cultures.
- Further testing of these interventions using more robust methods and standardised outcome measures would assist in determining the immediate and long term impact of these interventions and mechanisms of change.

## Interventions aimed at reducing problem behaviours

*Crime prevention interventions*

- Nine crime prevention interventions were identified, six of which were developed in the UK. A number of these multi-component interventions were grounded in a mentoring approach.
- Evidence regarding the effectiveness of these interventions is currently *limited* as a result of weak study designs and the use of non-standardised outcome measures to evaluate programme effectiveness. One intervention (*Coaching for Communities,* a five day residential intervention in combination with nine months mentoring) , which utilised a strong study design and standardised measures reported significant improvements in young people's self esteem and prosocial behaviour and a significant reduction in antisocial behaviour.
- While there is promising evidence from the remaining interventions, use of more robust study designs and evaluation measures is required to determine programme impact.

*Substance misuse prevention interventions*

- Three substance misuse prevention interventions, which were developed in the UK, were identified. There is *limited evidence* regarding the effectiveness of the *RisKit* multi-component personal and social skills interventions in terms of enhancing peer resistance strategies and reducing adolescent engagement in risk behaviour including use of alcohol and smoking. Evaluations of the remaining two interventions were too weak to determine programme impact.

## Characteristics of programme effectiveness for out-of-school interventions

Effective out-of-school programmes identified in this review shared a number of programme characteristics. These programme adopted a structured approach to delivery including:

- having specific and well-defined goals
- direct and explicit focus on desired outcomes
- provision of structured activities
- training of facilitators and use of a structured manual
- implementation over longer period of time.

*Impact on Equity and Cost-Benefit Results*

The majority of out-of-school interventions were delivered with young people identified as being at risk of developing social, emotional, behavioural problems, engaging in risky behaviour, and being socially excluded. However, only a small number of evaluation studies reported on the equity impact of these interventions for different subgroups of young people. A greater focus on assessing the equity impact of the out-of-school interventions is needed in order to determine the benefits for different groups of young people over time and to ensure that these interventions reach those young people with the greatest need while also addressing the social gradient.

In terms of cost-benefit results, the majority of interventions (N = 37) provided information on the costs related to delivering the programme in the UK. Information on cost-benefits was available for three family-based and four social action interventions. The results from the family-based interventions were particularly positive for *FAST* (1:3.3). The cost-benefit ratio for the *Incredible Years* was reported by Dartington to be 1:1.4, whilst the results from the *Strengthening Families* programme were less positive (1:0.65 with a 93% risk of loss as reported by Dartington). Four UK developed social action interventions reported promising findings in relation to their cost-benefit analysis: *vInspired Cashpoint* (1:1.4.8), *National Citizen Service* (1:1.39-4.8), *vInspired Team* V (1:1.5), *Millennium Volunteers* (1:1.6).

# Discussion

The review findings show that there is a wide range of programmes being implemented across the UK that can lead to positive life outcomes for young people across the education, health, social and employment domains and reduce the risk for negative youth outcomes such as antisocial behaviour, crime, substance misuse and mental health problems. However, the quality of the evidence that is currently available is variable across the school and out-of-school settings. Drawing on the current findings, when placed in the context of the international evidence, there are a number of insights that can be gleaned for policy, practice and research and these will now be considered.

*Insights for Policy and Practice*

- School-based programmes are being successfully implemented in UK schools, which show consistent evidence of their positive impact on students' social and emotional competencies and educational outcomes. There is good quality evidence from the school-based programmes which supports the effectiveness of universal social and emotional learning programmes, targeted small group interventions for students at higher risk, violence and substance misuse prevention programmes, and the adoption of whole school approaches to bullying prevention. The successful implementation and integration of these school programmes within the curriculum and core mission of UK schools is critical to sustaining their positive impacts on students' social and emotional development, and their educational and health outcomes. International research underscores the importance of implementing social and emotional skills programmes within the context of a whole school approach that embraces the wider school, family and community context. Embedding programmes and initiatives within a whole school context consolidates the fundamental connection between academic and social and emotional learning. The integration of effective programmes into the school curriculum and their optimal implementation within the context of a whole school approach, such as the SEAL framework, warrants further investigation.

- The current UK evaluation findings provide an emerging, albeit limited, evidence base that out-of-school programmes can produce a range of positive outcomes for young people, including those who are at-risk or socially excluded. The more robust well-conducted evaluation studies provide evidence

of the positive impacts of these interventions on young people's self esteem, social skills, behaviour problems and engagement in school and society. These findings, when interpreted in the context of existing international research, are supportive of the potential of out-of-school programmes in enabling positive life outcomes for young people. However, the current quality of evidence from UK studies is weak in many areas and there is a need for more comprehensive evaluations in order to support and enable best practice. The studies currently underway in the UK, the findings of which are not yet available, will be critically important in strengthening the existing evidence base.

- Out-of-school programmes can be strengthened further by investing in evidence-informed approaches with clearly articulated theories of change and explicit intervention strategies supported by staff training. The lack of quality evidence for some of the current out-of-school interventions reflects the poor quality of the evaluation studies conducted. However, the lack of good quality evidence is not evidence of lack of effectiveness and is thus not a sound basis for giving up on these innovative and important programmes. Further investment is required in improving the quality of the evaluation studies so that knowledge can be gleaned from good quality research on how best practices can be further developed, sustained and mainstreamed at a level and scope that will make a critical difference. Newly developed programmes need to be subject to rigorous evaluation prior to being brought to scale. Investing in strengthening the evidence base will ensure that the full potential of these programmes can be realised.

- The effective implementation and mainstreaming of evidence-based programmes across a variety of school and out-of-school settings in the UK requires supportive implementation structures and capacity development, including ongoing training and monitoring for quality assurance. Alongside the delivery of full programmes, further testing of specific evidence-informed strategies and methods is required for integrating social and emotional skills development into the daily practices of schools and the everyday community contexts of young people's lives.

- As social and emotional skills develop across a number of contexts, there is a case for aligning programmes in the school and out-of-school settings and ensuring greater synergy and partnership working across the education, community and youth sectors. While a small number of programmes do bridge the school and community settings e.g., family-based training, the majority appear to operate in parallel. A cross-settings approach would facilitate greater synergy in optimising the benefits of programmes for young people.

- The equity impact of school and community-based programmes need to be researched further to ensure that they are impacting on the life course trajectories of those young people with the greatest need and are also addressing the social gradient. Current social and emotional skills programmes need to be anchored in policies across the health, education, employment and youth sectors that address the social determinants of positive youth development and promote supportive environments and opportunities for young people to grow and flourish.

### *Insights for Future Research*

- A contrasting picture emerges concerning the nature of the research conducted across the school and out-of-school setting. The school-based programmes included in this review tend to be quite structured interventions delivered in a systematic way and evaluated through comprehensive efficacy and effectiveness trials. The out-of-school programmes, on the other hand, tend to be more process oriented with many adopting a more generic approach to implementation. Such an approach does not sit easily within traditional experimental research designs and therefore, many of the evaluation studies are considered to be less robust, as they do not employ control groups or use standardised outcomes measures, resulting in less power to establish clear programme outcomes. Many of the out-of-school

programmes are also newly developed and therefore, do not have as strong a research base as the school programmes which have been developed over 20-30 years. There is, therefore, a need for caution in distinguishing between the quality of the interventions and the quality of the research evaluation studies. A review of evidence, such as in this report, focuses primarily on the quality of the evaluation studies, and there are clearly areas for further improvement in strengthening the quality of study designs, including employing a mixed methods approach to process and outcome evaluation.

- Few of the studies included in the review provided detailed information on the quality of programme implementation or the process and extent of intervention delivery. Higher levels of implementation quality are associated with better outcomes. A greater focus on intervention research is required in order to better understand programme strengths and weaknesses, determine how and why programmes work, document what actually takes place when a programme is conducted, and provide feedback for continuous quality improvement in delivery.

- Based on the review findings, improving the quality of the evaluation studies conducted and how they are reported, particularly in the out-of-school setting, is identified as an important step in advancing best practice in this field.  From across the studies reviewed, the following methodological issues are highlighted as needing improvement:
  - the use of more robust research designs, including use of control groups, adequate sample sizes, and reliable and valid outcome measures that can assess specific programme outcomes including positive indicators of social and emotional skills and the collection of data on related educational, health and social outcomes
  - the systematic evaluation of programme implementation, including the process of programme delivery across diverse sites, to determine the impact of variation in implementation quality on outcomes so that best practice in programme replication can be informed
  - the assessment of the equity impact of programmes for diverse groups of young people to ensure that existing inequities are reduced and not increased
  - the inclusion of information on programme costs so that cost-benefit and cost-effectiveness analysis of programmes in the UK context can be more fully determined
  - clearer reporting of the description of the programme features including the theories of change that underpin programme outcomes and specification of core programme components and implementation supports required.

Strengthening the evidence base will play a key role in advancing the knowledge needed by policymakers and practitioners for the further development and mainstreaming of best practices in the delivery of school and out-of-school programmes for young people.

## Authors' Conclusions

The synthesis of findings from this review of 94 studies of programmes implemented across the school and out-of-school settings in the UK shows that well-designed and well-implemented social and emotional skills development programmes can lead to a range of positive educational, health and social and emotional wellbeing outcomes for children and adolescents. At the time of conducting this review, a number of large-scale evaluation studies were underway in both settings, which will add to this base of evidence. While acknowledging that this review may not have captured every evaluation study within the timeframe available, the systematic approach adopted enables some conclusions to be drawn regarding the nature and quality of the current evidence available from a representative group of programme evaluations in the UK. This review found that there is good quality evidence regarding school-based programmes, which show

consistent evidence of their positive impact on students' social and emotional competencies and educational outcomes. The findings support the effectiveness of universal social and emotional school-based programmes, targeted interventions for students at higher risk, violence and substance misuse prevention programmes, and the adoption of whole school approaches to bullying prevention. The scaling up of these programmes, including their integration into the school curriculum and their optimal implementation within the context of a whole school approach, warrants further investigation.

Regarding out-of-school interventions, some robust studies provided evidence of effectiveness in terms of improving young people's social and emotional skills, however, the majority of studies provided limited evidence as a result of poor quality evaluations. The evidence base needs to be strengthened in order to determine the value of current out-of-school programmes and in particular, which approaches are most effective. Based on the findings from the more rigorous studies, there is evidence that out-of-school youth programmes have the potential to lead to positive outcomes for disadvantaged and socially excluded youth, including improving young people's self esteem, social skills, engagement in school and society and reducing behaviour problems. There is good quality evidence regarding the effectiveness of family-based interventions that span the home and school settings.

Social and emotional skills are a key asset and resource for the positive development of young people. The synthesis of findings from this review supports the case for a sustained policy focus on the delivery of high quality interventions for young people across the school and out-of-school settings. More comprehensive UK evaluation studies will strengthen the evidence base for anchoring effective programmes and initiatives in policies that support positive child and youth development across the lifecourse and will facilitate the sustainability and mainstreaming of effective practices.

# Introduction
# & Methods

# II & III

# II. Introduction

There is growing international recognition of the need to promote social and emotional skills as an integral part of improving children and young people's health and wellbeing, increasing their participation in society, and reducing the growing burden of social inequities. This calls for the identification and dissemination of effective and sustainable interventions that promote the social and emotional skills of young people and support positive youth development. Social and emotional wellbeing is fundamental to supporting young people in realising their potential, maximising their participation in education, training and employment, achieving improved health and wellbeing and reducing inequity, as reflected in UK government policies (Department of Health, 2010, 2011; Department for Education, 2010; Department for Work and Pensions, Department for Business, Innovation & Skills, 2011). Enhancing youth social and emotional skills is also a critical strategy for improving mental capital and contributing to social and economic development at a societal level (Barry & Friedli, 2008). Families, schools, community and youth organisations have a key role to play in supporting the social and emotional development of young people and enabling them to achieve their potential.

## Defining Social and Emotional Skills

There are a range of different ways of defining and measuring social and emotional skills and to date there has been a lack of consensus around language and definitions. Elias et al. (1997) defined social emotional learning (SEL) as the process of acquiring core competencies to recognise and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions, and handle interpersonal situations constructively. According to the Collaborative for Academic, Social and Emotional Learning (CASEL) in the United States, the proximal goals of social and emotional skills-based programmes are to foster the development of five interrelated sets of cognitive, affective, and behavioural competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2005).

In the UK, terms such as *Non-cognitive skills* (Gutman & Schoon, 2013), *Skills for life and work* (Cabinet Office and Department for Education, 2013) and *Social and emotional learning* (Department for Education and Skills, 2005) are used to refer to the skills developed through the process of personal and social development. Building on the range of existing UK models and frameworks used by education and services for children and young people, the Young Foundation identified a core set of social and emotional capabilities / skills that are of value to young people (McNeil et al., 2012). These capabilities are grouped into seven interlinked clusters, each of which is supported by an evidence base that demonstrates its importance and association with success in extrinsic outcomes such as good health, education achievement, participation in training, employment, avoidance of offending or challenging behaviour. These capabilities include:

- *Managing Feelings* – reviewing, self awareness, reflecting, self-regulating, self accepting
- *Communication* – explaining, expressing, presenting, listening, questioning, using different ways of communicating
- *Confidence and Agency* – self reliance, self esteem, self-efficacy, self belief, ability to shape your own life and the world around you
- *Planning and Problem Solving* – navigating resources, organising, setting and achieving goals, decision making, researching, analysing, critical thinking, questioning and challenging, evaluating risks, reliability
- *Relationships and Leadership* – motivating others, valuing and contributing to team working, negotiating, establishing positive relationships, interpreting others, managing conflicts, empathising
- *Creativity* – imagining alternative ways of doing things, applying learning in new contexts, enterprising, innovating, remaining open to new ideas
- *Resilience and Determination* – self disciplines, self management, self-motivated, concentrating, having a sense of purpose, persistent, self-controlled.

The capabilities in all of the clusters are determined to be critical in enabling all young people to fulfil their potential and make a positive transition to adulthood and independence. Extensive developmental research indicates that effective mastery of social and emotional skills supports the achievement of positive life outcomes, including educational attainment, employment and health, whereas failure to achieve competence in these areas can lead to a variety of personal, social and academic difficulties (Durlak et al., 2011; Eisenberg, 2006; Guerra & Bradshaw, 2008; Masten & Coatsworth, 1998; Weissberg & Greenberg, 1998). Evidence shows that approaches that focus on building social and emotional capabilities can have greater long-term impact than approaches that focus on directly seeking to reduce negative outcomes for young people (Durlak et al., 2011; Weare & Nind, 2011; O'Connell et al., 2009; Barry & Jenkins, 2007; Catalano et al., 2004; National Research Council and Institute of Medicine, 2002). Education and community-based services for young people have a critical role to play both by directly developing the clusters of capabilities in young people and by designing and increasing access to opportunities that enables the development of the capabilities (McNeil et al., 2012).

## The Policy Context

Over recent decades a series of government directives in the UK have emphasised the importance of enabling young people to thrive and achieve their potential. Policies across government departments have endorsed the promotion of young people's social and emotional skills. In terms of education, a number of policy documents have been published that promoted the holistic education of children and young people beyond the traditional focus on the academic curriculum (Department for Education and Skills, 2004a,b, 2005). Following the Children's Act of 2004 (Department for Education and Skills, 2004a), the *Every Child Matters* agenda set out a framework to reform education and children's services by reframing young people's needs around five key outcomes: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing (Department for Education and Skills, 2004b). The Every Child Matters agenda placed a duty on local authorities to ensure greater cooperation and integration between statutory agencies (including education, social services, health and police) and other bodies such as the voluntary, community and private sectors. Around the same time, Weare and Gray (2003) published an influential review, funded by the Department of Education and Skills, entitled *What works in promoting children's emotional and social competence and wellbeing?* One of the key recommendations of this report was the prioritisation, development and implementation of a national, school-based programme to promote

social and emotional skills in pupils and staff. This led to the development and implementation of a primary school programme Social and Emotional Aspects of Learning (SEAL) as part of the national Behaviour and Attendance Pilot in 2003 (Department for Education and Skills, 2005). In 2007, the secondary schools SEAL curriculum was launched.

More recently, the trend in policy (2010 – 2014) was towards increasing autonomy for schools, with a reduction in central guidance and national programmes, a tighter focus on Maths, English and Science and rigorous assessment. The focus for the 16-19 year age group has been on making A-Levels more relevant, expanding technical education and requiring students who have not achieved a good GCSE pass in Maths and English to carry on working towards this. The general focus has been on reform to structures, accountability, qualifications and curriculum. In January 2015 the Department of Education announced a new 'fifth priority', a £5 million pledge to help schools ensure that children develop a set of character traits, attributes and behaviours that underpin success in education and work.

Regarding the out-of-school setting, many policies have emphasised the importance of developing social and emotional skills. *Aiming High for Young People: A Ten Year Strategy for Positive Activities* (Department for Children, Youth and Schools, 2007) focused on a positive youth development approach. At the centre of this strategy is an emphasis on the importance of good social and emotional skills in helping children and young people to become more resilient and a commitment to raise the aspirations of every child. The need for early intervention was highlighted by Graham Allen (2011) in his report to the UK government on policies and programmes which help give children and young people the social and emotional bedrock they need to reach their full potential. Supporting the development of young people's social and emotional capabilities is a strong theme in the UK governments' *Positive for Youth* policy for young people aged 13-19 years (Department for Education, 2011). This cross government strategy sets out a shared vision for how a range of institutions should work together in partnership to support families and improve outcomes for young people, particularly those who are most disadvantaged. It encourages a stronger focus on supporting young people to realise their potential through positive relationships, strong ambitions and good opportunities. It states that the process of personal and social development includes "*developing social, communication, and team working skills; the ability to learn from experience, control behaviours and make good choices; and the self esteem, resilience, and motivation to persist towards goals and overcome setbacks*" (Department for Education, 2011, p32). The current government established *National Citizen Service* as a flagship programme incorporating social action and personal and social development for 16 and 17 year olds. *National Citizen Service* was piloted in 2011 and has since been rolled out nationally. In 2012 the Department of Education published "*A Framework of Outcomes for Young People*" to inform the delivery of youth services, which highlights the fundamental importance of social and emotional capabilities for the achievement of all other outcomes for young people. This research, which was conducted by the Young Foundation (McNeil et al., 2012), identified the model of seven interlinked clusters of social and emotional capabilities that was described earlier.

In 2013, responsibility for youth policy (out-of-school provision for young people) was transferred from the Department of Education to the Cabinet Office. In addition to continuing to run *National Citizen Service*, the Cabinet Office provided £11 million in funding for social action projects to increase opportunities for young people to participate in their local communities and improve the evidence base about the impact of taking part in social action. A further £10 million was provided for uniformed youth organisations to increase provision in deprived areas. The *#iwill* campaign was launched in 2013 by Step Up To Serve to increase

by 50% the numbers of young people participating in social action by 2020 and local authorities have been supported to deliver high quality services that can respond to the needs of young people. These initiatives were also accompanied by a commitment to strengthen the evidence base for social and emotional skills-based interventions. In September 2014, the Cabinet Office announced that it was providing start up funding for the Centre for Youth Impact. This initiative, which is being led by Project Oracle, Social Research Unit at Dartington and the National Council for Voluntary Youth Services, provides support to organisations that work with and for young people to measure and increase the impact of their services.

The increased focus on the importance of social and emotional skills development for children and young people and the social and economic gains that can be gleaned at a societal level, highlights the need for a strong empirical base to guide the development of best practice and policy in the delivery of effective youth programmes.

## The International Evidence Base

There is a growing international evidence base concerning the effectiveness of programmes and initiatives that enhance the development of social and emotional skills for young people. By way of background, a brief overview of the current evidence across both the school and out-of-school settings will now be presented.

School Interventions: There is a substantive body of international evidence to indicate that social and emotional skills-based interventions, when implemented effectively in schools, can produce long-term benefits (Barry et al., 2013; Weare & Nind, 2011; Durlak et al., 2011; Payton et al., 2008; Jane-Llopis et al., 2005; Wells et al., 2003; Greenberg et al., 2001). A meta-analysis by Durlak et al. (2011) examined the impact of 213 universal school-based interventions, the majority of which were implemented in the United States. The review findings showed that compared to students in the control group, children participating in social and emotional learning programmes demonstrated improvements in multiple areas including: enhanced social and emotional skills (mean ES = 0.57), improved attitudes towards self, school and others (mean ES = 0.23); enhanced positive social behaviour (mean ES = 0.24); reduced conduct problems including misbehaviour and aggression (mean ES = 0.22); and reduced emotional distress including stress and depression (mean ES = 0.24). The review also found that in addition to improving students' social and emotional skills, these programmes significantly improved children's academic performance (mean ES = 0.27) yielding an average gain in academic test scores of 11-17 percentile points.

In a review of 52 systematic reviews of social and emotional skills-based interventions implemented in schools internationally, Weare & Nind (2011) concluded that interventions had wide-ranging beneficial effects on children and young people, on classrooms, families and communities and on a range of social, emotional and educational outcomes. The impact of interventions on social and emotional skills and competencies was reported to be moderate to strong. Impacts on commitment to schooling and academic achievements were small to moderate, and moderate effects were reported for impacts on family and classroom environments. Positive findings also emerge from a review of the evidence from low and middle income countries concerning the impact of social and emotional skills-based interventions on children and young people living in poverty (Barry et al., 2013). There is also emerging literature regarding the economic case for investing in social and emotional learning programmes (Knapp et al., 2011). Results from a cost-benefit analysis of school-based social and emotional learning (SEL) programmes aimed at the prevention of conduct problems in childhood indicate that SEL interventions are cost-saving for the

public sector after the first year (based on 2009 prices). The key drivers of net savings are the crime and health-related impacts of conduct problems that can be avoided. It is reported that education services are likely to recoup the costs of the intervention in five years (Knapp et al., 2011). Similarly, the benefit of school-based interventions to reduce bullying was estimated at £1,080 per school pupil, compared with the cost of the intervention at £15.50 per pupil per year (Knapp et al., 2011). Improved outcomes in relation to earning power as an adult have also been reported for children who received social and emotional skills programmes (Heckman, 2006).

Key characteristics of effective social and emotional skills-based interventions identified in these reviews include: a focus on positive competencies and emotional wellbeing as opposed to prevention of emotional and mental health problems, teaching competence enhancement skills and starting early with the youngest and continuing through the school grades. Durlak et al. (2011) found that the most effective programmes were those that incorporated four elements represented by the acronym SAFE (i) **S**equenced activities that led in a coordinated, connected way to the development of skills (ii) **A**ctive forms of learning (iii) **F**ocused on developing one or more skills (iv) **E**xplicit about targeting specific skills. Reviewers of the evidence to date conclude that taking a whole school approach, which embraces change to the school environment as well as the curriculum, is more likely to be effective, resulting in enduring positive change (Weare & Nind, 2011; Barry & Jenkins 2007; Tennant et al., 2007; Jane-Llopis et al., 2005; Browne et al., 2004; Wells et al., 2003; Lister-Sharp et al., 1999; Ttofi & Farrington, 2009; Horner et al., 2010; Wilson et al., 2003). Some recent reviews, however, suggest that some whole school approaches are failing to show impact (Durlak et al., 2011; Wilson & Lipsey, 2007). Authors attribute this to a lack of consistent, rigorous and faithful implementation which is causing these approaches to become too diluted and lack impact.

Implementation quality and fidelity are key factors in the effectiveness of social and emotional skills-based interventions. Measuring implementation and evaluating its impact on outcomes has been a missing link in the literature on social and emotional learning programmes, due in part to measurement challenges and varying definitions of implementation quality (Samdal & Rowling, 2012; Jones & Bouffard, 2012; Lane et al., 2012; Reyes et al., 2012; Domitrovich et al., 2008, Banerjee et al., 2014). In their meta-analysis of school-based interventions, Durlak and colleagues (2011) found that only 57% of studies reported any implementation data. Using the limited range of studies that have measured and reported on implementation, Durlak et al. identified that implementation quality was positively associated with student outcomes. In other words, student outcomes were significantly more positive amongst teachers who effectively taught and integrated the programmes into their teaching practices. These results highlight the importance of quality of implementation in achieving positive outcomes.

<u>Out-of-school interventions:</u> Similar to school interventions, the majority of research regarding youth development programmes in the out-of-school setting has been carried out in the US. In a major review of community programmes to promote youth development, a report by the National Research Council and Institute of Medicine (2002) found that youth participation in programmes that developed their personal and social assets facilitated a wide range of positive outcomes including; improved motivation, academic performance, self esteem, problem-solving abilities, positive health decisions, interpersonal skills, and parent-child relationships, as well as decreases in alcohol and tobacco use, depressive symptoms, weapon carrying and violent behaviour. Catalano et al. (2004) undertook a systematic review of the positive youth development programmes implemented in the school and community setting for young people aged 6-20 years in the US. A total of 25 programmes fulfilled the inclusion criteria (incorporated universal

or selective approaches evaluated using a randomised control trial or quasi experimental design). These interventions included mentoring programmes, family-based youth development programmes, competency focused school-community programmes, substance misuse and violence prevention programmes. Nineteen programmes resulted in improvements in interpersonal skills, quality of peer and adult relationships, self-control, problem solving, cognitive competencies, self-efficacy, commitment to schooling and academic achievement. Twenty-four programmes showed significant improvements in problems behaviours including drug and alcohol use, school misbehaviour, aggressive behaviour, violence, truancy, high risk sexual behaviour and smoking. While a broad range of strategies was found to produce these results, the authors concluded that the resources of the family, the community and the school were important to success.

The Ministry of Youth Development in New Zealand conducted a narrative review of international literature on structured youth development programmes (2009). This review identified key elements of youth development practice including: the use of a strengths-based approach, taking a holistic view of young people, embracing an ecological view recognising the influence of the different environments or settings in which young people live, and encompassing a dual focus of enhancing young people's protective factors and building their capacity to resist risk factors. In 2010, Durlak and colleagues conducted a meta-analysis of after-school programmes that seek to promote personal and social skills in children and adolescents aged 5-18 years. A total of 68 interventions, which employed a randomised control trial or quasi-experimental design, were identified and underwent the review process. Results indicated that compared to controls, participants demonstrated significant increases in their self perceptions and bonding to school, positive social behaviours, improved school grades and levels of academic achievement. In addition, problem behaviours were significantly reduced. The presence of four recommended practices associated with previously effective skill training was found to moderate several of the programme outcomes (SAFE: Sequenced, Active, Focused, Explicit).

Although there has been an exponential growth in the number of studies examining the impact of social and emotional skills-based interventions in the school setting, research in relation to the out-of-school setting is less well documented. Providers have tended to depict the value of their work through the individual journeys of young people and by measuring the activities that are easiest to quantify such as the number of young people attending, or how many hours of provision were delivered (McNeil et al., 2012). Such approaches to capturing impact may not reflect the true value of the interventions delivered. The use of more rigorous approaches including accepted research designs and standardised outcome measures may be better able to demonstrate programme impact. Measuring and isolating the impact of a particular service or intervention on the development of young people's social and emotional skills is, however, not straightforward. Part of the difficulty in evaluating out-of-school interventions lies in the sheer variety of outcomes that are impacted through the process of personal and social development, from intrinsic personal outcomes to longer-term extrinsic outcomes such as employment, good health or avoidance of offending behaviour, in addition to the huge variety of influences on young people's lives, including youth projects, family, friends, mentors or specialist professionals and the wider community (McNeil et al., 2012). Existing reviews of the evidence base in the out-of-school and community setting have called for more comprehensive programme evaluations in order to elucidate the key features of successful programmes and how they impact on young people and to determine which strategies are most effective for which groups of young people. Improving the quality of evaluation research in this area has, therefore, been identified as an important priority for future development.

## Review Rationale

The increased investment in policies and programmes that support the development of young people's social and emotional skills in recent years focuses attention on the need for a strong empirical base for understanding how such programmes work and providing evidence to guide future investment in developing best practice in this area. There is considerable diversity in the intervention design, composition and skills addressed by different social and emotional skills based programmes in the school and out-of-school setting. Some programmes adopt a competency enhancement focus, while others are aimed at reducing problem behaviours through the application of social and emotional skills (e.g. bullying prevention, violence prevention, substance misuse prevention). Many school-based interventions consist of a classroom-based curriculum, while others combine classroom curricula with activities outside of the classroom, involving the entire school, parents and the wider community. Out-of-school programmes vary significantly in their approach from promoting social and emotional skills through sports, music, arts, mentoring, social action and civic engagement. Furthermore, programmes vary greatly in terms of their feasibility, cost-effectiveness as well as their potential impact on health and wellbeing and wider social and economic gains (Adi et al., 2007a; McDaid & Park, 2011). Evidence-informed decision making is critical in prioritising areas for implementation and scaling up of effective interventions. Systematic reviews assist practitioners, researchers and policy makers by integrating existing information and providing data for rational decision making in terms of what programmes are effective, with whom these programmes are effective and under what circumstances.

## Objective of Review

The key objective was to systematically review the peer review literature, policy documents and grey literature examining evidence on the effectiveness of school and out-of-school interventions implemented in the UK which aim to enhance children and young people's social and emotional skills.

In reviewing the evidence, specific questions were addressed including:

- what programmes are effective in enhancing social and emotional skills in the (i) school setting and (ii) out-of-school setting?
- what is the strength of the evidence?
- what programmes/strategies are ineffective in enhancing social and emotional skills?
- what are the key characteristics of effective programme?
- what are the implementation requirements for these programmes / what implementation factors are important in achieving programme outcomes?
- what interventions are effective according to age / gender/ ethnicity/socio-economic background and level of vulnerability
- what is the evidence on the costs and cost-benefits of these interventions?

# III. Methods

**Population:** The review examined the evidence in relation to children and young people aged 4-20 years of age with no exclusion based on gender or ethnicity.

**Types of Interventions:** The review focuses on interventions implemented in the UK that are designed to promote social and emotional skills in the school or out-of-school setting. Interventions eligible for inclusion included (i) universal interventions that are designed to reach the entire population without regard to individual risk factors (ii) indicated interventions implemented with children and young people identified as at risk of developing social and emotional problems. Interventions implemented with children or young people with a diagnosed disorder were not eligible for inclusion in this review. Evaluation reports produced between 2004 and 2014 were included in this review.

**Outcomes of Interest:** The primary outcomes of interest are social and emotional skills as outlined by SEAL, the Young Foundation, Cabinet Office and Education Endowment Foundation. These skills relate to the development of five interrelated sets of cognitive, affective and behavioural competencies: self-awareness, self-management, social awareness, relationship skills and responsible decision making (CASEL, 2005). In addition, the review provides information (where available) on the impact of these intervention on broader educational, social and health outcomes including educational attainment, employment, productivity, civic engagement, health, social inclusion, violence, substance misuse, delinquency and crime. Effect sizes, where available, were reported for primary and secondary outcomes. A list of the primary social and emotional outcomes and the broader secondary outcomes that were included in the search process is provided in Column A & C in Table 8 presented in Appendix 3. Any adverse effects or harm associated with the interventions were also documented.

**Types of Evidence:** School interventions were selected for review if a reasonably robust evaluation of the intervention (randomised control trial, quasi-experimental, pre-post design) was carried out in the UK and/or the intervention had an established evidence base. Out-of-school interventions were selected for review if the intervention had a theory of change, had been evaluated in the UK (quantitative or qualitative evaluation) and/or had an established evidence base. The use of less stringent inclusion criteria for out-of school interventions was as a result of the scarcity of evidence-based interventions / robust evaluations of out-of-school interventions.

**Search Strategy:** Four core search strategies were used to identify the evidence included in this review including a systematic search of; (i) academic databases (ii) databases of school and out-of-school evidence-based programmes (iii) public health databases and (iv) grey literature searches. In addition, a Call for Evidence was distributed nationally by DEMOS on 28th October 2014, which particularly targeted the out-of-school setting. Appendix 3 provides full details of the search strategy employed.

## Search Methods
Details of the search terms used as part of the systematic search of databases and grey literature may found in Table 8 in Appendix 3.

*Inclusion-Exclusion Criteria*

In order to be included in the review, programmes must have met the following criteria:

- Address one or more social and emotional skills as outlined by SEAL, the Young Foundation, Cabinet Office and Education Endowment Foundation (See Table 8 in Appendix 3)
- Implemented in the UK
- Implemented in the school or out-of-school setting
- Involve children and young people aged 4-20 years
- Involve children and youth in the general population or those identified at risk of developing problem (individuals whose risk is higher than average as evidenced by biological, psychological or social risk factors). Children or young people in need of treatment (individuals identified as having minimal but detectable signs or symptoms of a mental, emotional, behaviour or physical disorder) were not included in this review. Treatment programmes for delinquency, drug-abuse and mental health treatment programmes were excluded, while prevention programmes in these areas were included.
- In the case of parenting interventions, the intervention must contain a child/youth component.

In addition to these programme criteria, the programme's evaluation had to meet the following criteria to be included in the review:

- Published between 2004 and 2014
- Adequate study design
- Adequate description of the research methodologies
- Description of the sample population
- Description of the intervention and its theoretical foundation
- Description of programme implementation including training, resources and workforce costs
- Include measures of at least one social or emotional outcome.

# Data Collection and Analysis

Two authors were involved in screening all studies for inclusion (AC & SM). The review was conducted in four stages: identification of relevant studies, classification of these studies, quality assessment and extraction of findings.

*Quality Assessment*

All studies meeting the inclusion criteria underwent an assessment by the study team of the strength of the evidence using the Early Intervention Foundation's Standard of Evidence http://guidebook.eif.org.uk/the-eif-standards-of-evidence. These standards of evidence expand on the scope of the well known Campbell Review criteria following the approach adopted by the National Endowment for Science Technology and the Arts (Puttick & Ludlow, 2013) in acknowledging interventions that have not been tested in randomised control trials or quasi-experimental studies. This leaves an important space for innovation and learning about what might work, particularly where there are important gaps in the higher quality evaluation evidence. More specifically, they differentiate between interventions that have a clear theory of impact and those where this is not specified, and between those that have an established evidence base (RCT/QED), those with 'formative evidence' (less rigorous evaluations) and those that have no evidence. The EIF standards also incorporate interventions that have been shown to be ineffective or harmful. Table 1 provides a description of the EIF Standards of Evidence and rating scale. Programmes that reach Level 3 (or above) effectively reach the level required by the UK Government's Magenta Book to guide evaluation practice in Government.

**Table 1: The Early Intervention Foundation's Standards of Evidence**

| Evidence or rationale for programme | Description of evidence | Description of programme | EIF rating |
|---|---|---|---|
| A consistently effective programme with established evidence of improving child outcomes from two or more rigorous evaluations (RCT/QED) | Established | Consistently effective | 4 |
| An effective intervention with initial evidence of improving child outcomes from high quality evaluation (RCT/QED) | Initial | Effective | 3 |
| A potentially effective intervention with formative evidence of improving child outcomes. Lower quality evaluation (not RCT/QED) | Formative | Potentially effective | 2 |
| An intervention has a logic model and programme blueprint but has not yet established any evaluation evidence | Non-existent | Theory-based | 1 |
| The programme has not yet developed a coherent or consistent logic model, nor has it undergone any evaluation | Non existent | Unspecified | 0 |
| Evidence from at least one high-quality evaluation of being ineffective or resulting in harm | Negative | Ineffective / Harmful | -1 |

For this report, the assessment of the quality of evidence was undertaken by the research team. Studies were assessed for methodological rigour and quality with particular attention paid to the power of the research design and the use of standardised outcome measures (i.e. objective and reliable measures that have been independently validated). Interventions received a pre-rating of Level 4, 3, 2, or 1 based on their study design, methods and evidence.

- Interventions that received a pre-rating of 4 or 3 are classified as *well evidenced* i.e. a number of rigorous evaluation studies available (Level 4) or where there is at least one good quality study (Level 3).
- Interventions that received a pre-rating of 2 or 1 are classified as having *limited evidence,* i.e. evidence from lower quality evaluation is available (Level 2) or programme has an evidence-based logic model but has not yet established evaluation evidence (Level 1)

Subsequent work will be undertaken by the EIF and a formal assessment of the programmes for inclusion in the EIF online Guidebook will be undertaken by an evidence review panel.

## Data Synthesis

Following the quality assessment stage, the inclusion of studies and extraction of key findings was finalised. Extracted data were entered into tables of study characteristics (Table 6 & 7 in Appendix 1 and 2). These tables provide summary information for the school and out-of-school intervention studies including:

- Programme name, place of implementation, country of origin
- Target group
- Type of intervention and duration
- Study design, sample size, use of standardised outcome measures or non-standardised outcome measures (e.g. interview, non-validated questionnaire)
- Social and emotional outcomes
- Broader educational, health and social outcomes
- Implementation findings
- Quality assessment pre-rating based on the EIF's Standard of Evidence ratings.

# Review
# Findings

IV

# IV. Review Findings

The search process yielded 9,472 school articles (Figure 1) and 12,329 out-of-school articles (Figure 2). Duplicates, interventions not relevant and interventions that did not meet the inclusion criteria were removed. A total of 113 school-based interventions and 222 out-of-school interventions were identified. Of the 113 school interventions, 39 fulfilled the inclusion criteria and, therefore, underwent the review process. In terms of the out-of-school interventions, 55 interventions fulfilled the inclusion criteria and underwent the review process.

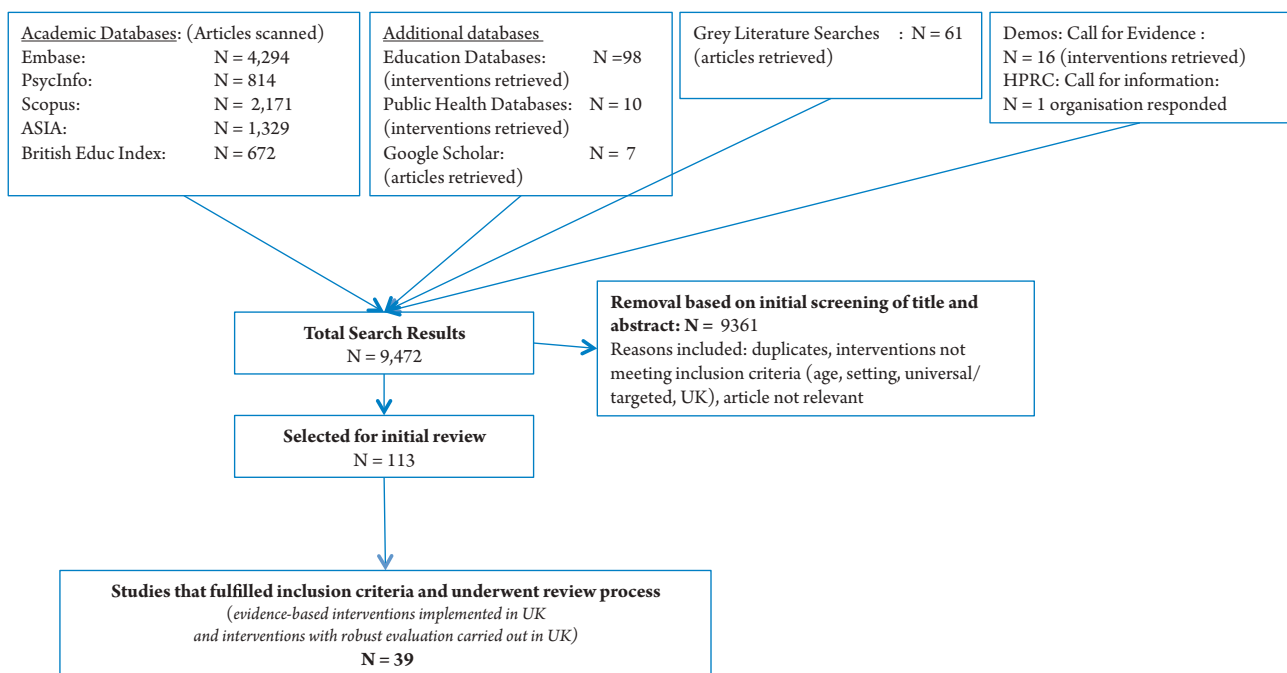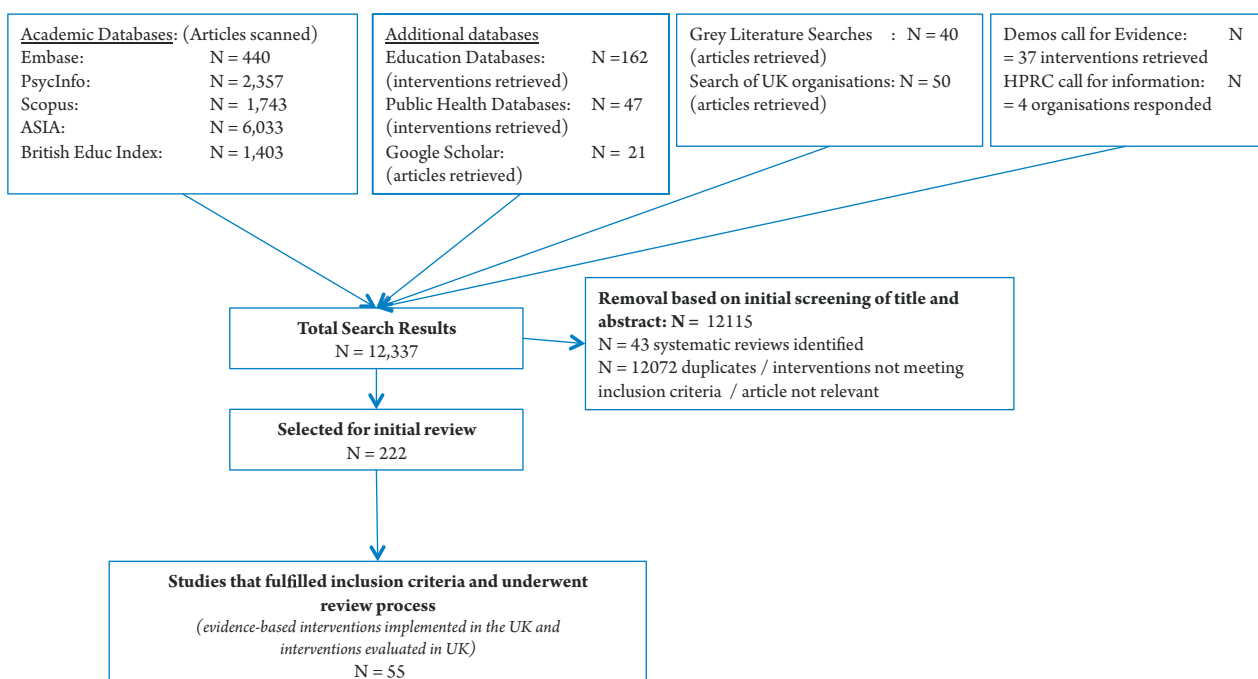## Figure 1: Search Results for School Interventions



## Figure 2: Search Results for Out-of-School Interventions

## Classification of school and out-of-school interventions

Following the identification of studies to undergo the review process, school and out-of-school interventions were classified according to the goals of the intervention. These goals were grouped into two overarching categories;

i.   interventions with a competence enhancement focus on social and emotional skills development
ii.  interventions aimed at reducing problem behaviours through social and emotional skill development.

Within the first category, interventions with a competence enhancement focus were further grouped into sub-categories depending on the specific goals of the intervention. These sub-categories included:

a.   Interventions aimed at increasing social and emotional skills with an explicit focus on social and emotional skill development
b.   Interventions aimed at improving participants' connection to other people and society through social and emotional skill development.
c.   Interventions aimed at increasing social and emotional skills through diverse methods
d.   Interventions aimed at enhancing motivation and opportunities for life through social and emotional skills development

Within the second category, interventions aimed at reducing problem behaviours were grouped into the following sub-categories:

a.   Aggression and violence prevention interventions
b.   Bullying prevention interventions
c.   Substance misuse prevention interventions
d.   Crime prevention interventions (out-of-school only)

This classification was adapted from previous reviews of youth development programmes which have characterised programmes based on their goals and activities (Roth & Brooks-Gunn, 2003). Table 2 and 3 present the intervention groupings for the school and out-of school interventions, with the number of interventions identified within each subcategory.

**Table 2: School intervention categories (N = 39)**

| *Interventions with a competence enhancement focus* | *N* |
|---|---|
| Interventions aimed at increasing social and emotional skills with an explicit focus on social and emotional skill development | |
| • Universal social and emotional skills development interventions | 16 |
| • Indicated social and emotional skills development interventions for young people at risk | 5 |
| • Mentoring interventions | 2 |
| Interventions aimed at improving participants' connections to other people and society through social and emotional skill development | |
| • Social action interventions | 1 |
| *Interventions aimed at reducing problem behaviours* | |
| • Aggression and violence prevention interventions | 4 |
| • Bullying prevention interventions | 6 |
| • Substance misuse prevention interventions | 5 |

**Table 3: Out-of-school intervention categories (N = 55)**

| *Interventions with a competence enhancement focus* | *N* |
|---|---|
| Interventions aimed at increasing social and emotional skills through diverse methods | |
| • Youth arts and sports interventions | 8 |
| • Family-based interventions | 5 |
| • Mentoring interventions | 11 |
| Interventions aimed at improving participants' connections to other people and society through social and emotional skill development | |
| • Social action intervention | 12 |
| • Cultural awareness interventions | 2 |
| Interventions aimed at enhancing motivation and opportunities for life through social and emotional skills development | |
| • Education, work, career interventions | 5 |
| *Interventions aimed at reducing problem behaviours* | |
| • Crime prevention interventions | 9 |
| • Substance misuse prevention interventions | 3 |

## Descriptive Overview of School Interventions

Table 4 provides a descriptive overview of the school interventions. The majority of school interventions that were identified were universal social and emotional skill-based interventions, violence prevention interventions, bullying prevention interventions and substance misuse prevention interventions. Of the 39 interventions, 24 were adopted from international evidence-based programmes. The majority of studies evaluating these interventions have been carried out in the last five years (71.8%), were evaluated using a randomised control trial or quasi-experimental design (84.6%), and were sourced from published articles (84.6%). Regarding age range, 46.2% of the interventions were implemented with children in primary school, 20.5% were implemented across the primary school and secondary school, and 33.3% were implemented with young people in secondary school. The majority of interventions (56.4%) were short term interventions (i.e. they were implemented in less than one year), and 38.5% of interventions were implemented over three years or more.

## Descriptive Overview of Out-of-School Interventions

Table 5 presents a descriptive overview of the out-of-school interventions. The majority of interventions were developed in the UK (83.6%) and evaluated in the last five years (81.8%). A total of 35 interventions were drawn from unpublished reports (63.6%). Interventions were predominantly evaluated using a pre-post design with no control group (78%). Five interventions (9.1%) were evaluated using a randomised control trial and seven interventions (12.7%) were evaluated using a quasi-experimental design. In terms of the participants, the majority of interventions were implemented with young people (aged 13-20) determined at risk of developing social and emotional problems. Over half of the interventions were implemented in less than one year (54.5%).

**Table 4: Descriptive overview of school interventions (N = 39)**

| *Interventions* | *N* | *%* |
|---|---|---|
| Interventions developed and implemented in UK | 15 | 38.5% |
| International evidence-based interventions implemented in UK | 24 | 61.5% |
| | | |
| *Studies* | | |
| UK evaluations | 27 | 69.3% |
| International evaluation | 12 | 30.7% |
| | | |
| *Date of publication studies* | | |
| 2004 – 2008 | 11 | 28.2% |
| 2009 – 2014 | 28 | 71.8% |
| | | |
| *Source of reports* | | |
| Published article | 33 | 84.6% |
| Unpublished report | 6 | 15.4% |
| | | |
| *Methodological features of evaluations* | | |
| Randomised control trial | 17 | 43.6% |
| Quasi-experimental | 16 | 41.0% |
| Pre-post design with no control group | 6 | 15.4% |
| | | |
| *Reliability of outcome measures* | | |
| Acceptable reliability – standardised outcome measures | 35 | 89.7% |
| Unknown / unacceptable | 4 | 10.3% |
| | | |
| *Characteristics of participants* | | |
| Primary school | 18 | 46.2% |
| Primary and secondary school | 8 | 20.5% |
| Secondary school | 13 | 33.3% |
| | | |
| *Presenting problems* | | |
| None (universal interventions) | 35 | 89.7% |
| Some (at risk of developing social, emotional problems) | 4 | 10.2% |
| | | |
| *Programme features: duration* | | |
| Less than 1 year | 22 | 56.4% |
| 1-2 years | 2 | 5.1% |
| 3 years or more | 15 | 38.5% |

**Table 5: Descriptive overview of out-of-school interventions (N= 55)**

| *Interventions* | *N* | *%* |
|---|---|---|
| Interventions developed and implemented in UK | 46 | 83.6% |
| International evidence-based interventions implemented in UK | 9 | 16.4% |
| | | |
| *Studies* | | |
| UK evaluations | 51 | 92.7% |
| International evaluation | 4 | 7.3% |
| | | |
| *Date of publication studies* | | |
| 2004 – 2008 | 10 | 18.2% |
| 2009 – 2014 | 45 | 81.8% |
| | | |
| *Source of reports* | | |
| Published article | 20 | 36.4% |
| Unpublished report | 35 | 63.6% |
| | | |
| *Methodological features of evaluations* | | |
| Randomised control trial | 5 | 9.1% |
| Quasi-experimental | 7 | 12.7% |
| Pre-post design with no control group | 29 | 52.7% |
| Post-test design with no control group | 9 | 16.4% |
| Qualitative | 4 | 7.3% |
| Longitudinal study | 1 | 1.8% |
| | | |
| *Reliability of outcome measures* | | |
| Acceptable reliability – standardised outcome measures | 19 | 34.5% |
| Unknown / unacceptable | 36 | 65.4% |
| | | |
| *Characteristics of participants* | | |
| Children (age 4-12 years) | 5 | 9.1% |
| Adolescents (age 13-20 years) | 30 | 54.5% |
| Both | 18 | 32.7% |
| Not specified | 2 | 3.7% |
| | | |
| *Presenting problems* | | |
| None (universal interventions) | 11 | 20% |
| Some (at risk of developing social, emotional problems) | 44 | 80% |
| | | |
| *Programme features: duration* | | |
| Less than 1 year | 30 | 54.5% |
| 1-2 years | 12 | 21.8% |
| 3 years or more | 2 | 3.7% |
| Not specified | 11 | 20% |

This section will present an overview of the key findings emerging from the review of school and out-of-school interventions. Findings in relation to (i) the type of interventions that were reviewed (ii) the quality of the studies (iii) the reported outcomes and (iv) implementation findings will be presented.

## School Interventions

Table 6 in Appendix 1 presents a summary of the characteristics of the school intervention studies that were included in the review.

## Interventions with a competence enhancement focus
### *Universal social and emotional skills development interventions*

Key Findings

- 16 interventions identified, eight international evidence-based programmes, eight UK developed programmes
- Primary school programmes include: *PATHS, Friends, Zippy's Friends, Roots of Empathy, Bounce Back, Lessons for Living, Circle Time, Rtime*
- Secondary school programme include: *UK Resilience, Stress Management Intervention, Strengths Gym, .b Mindfulness, MoodGYM, Lions Quest* (whole school approach),
- Two interventions are implemented in primary and secondary school and adopt a whole school approach and (*SEAL, Positive Action*)
- Evidence quality: N = 13 well evidenced interventions; N = 3 interventions with *limited evidence* from lower quality evaluations
- Programmes are shown to have a significant positive effect on children and young people's social and emotional skills including coping skills, self esteem, resilience, problem solving skills, empathy, reduced symptoms of depression and anxiety.
- Based on international and UK findings, the strongest evidence is apparent for evidence-based interventions that have been rigorously tested (*PATHS, Friends, Zippy's Friends, UK Resilience, Lions Quest, Positive Action*).
- Broader outcomes from secondary school interventions that adopt a whole school approach include reduced behaviour problems, enhanced academic performance, and improved family relations (*Lions Quest, Positive Action*).
- Programme characteristics: structured, manualised interventions, adopt competence enhancement approach, use of interactive methods, well defined theoretical framework, provision of teacher training and implemented for lengthy periods of time.

Type of Interventions: This category of programmes consisted of interventions aimed at enhancing children and young people's social and emotional skills including self esteem, emotional awareness, social skills, friendships, coping skills, interpersonal problem solving skills. A total of 16 universal social and emotional skills based interventions were identified. Eight of these interventions were international evidence-based interventions *(PATHS, UK Resilience intervention* – which is an adapted version of *Penn Resiliency Program, Friends, Lions Quest, Zippy's Friends, Roots of Empathy, MoodGYM, Positive Action)*. Seven interventions were developed in the UK *(SEAL, Lessons for Living, Stress Management Intervention, Strengths Gym, Circle Time, .b Mindfulness Programme, Rtime)*. Two interventions were developed in Australia (*Bounce Back, MoodGYM*), one of which is an online cognitive behavioural skills-based

intervention consisting of six modules (*MoodGYM*). Eight interventions are classroom-based interventions implemented in primary school (*PATHS, Zippy's Friends, Roots of Empathy, Bounce Back, Lessons for Living, Rtime* and *Circle Time*). Five interventions are aimed at young people in secondary school and are classroom-based interventions (*UK Resilience, Stress Management Intervention, Strengths Gym, .b Mindfulness Programme, MoodGYM*). One classroom-based intervention consists of a programme that can be implemented in the upper end of primary school and another programme that can be implemented in the lower end of secondary school (*Friends*). Three interventions adopt a whole school approach to social and emotional skill development including *Lions Quest* secondary school programme, *Positive Action* primary and secondary school programme and the UK developed *Social and Emotional Aspects of Learning (SEAL)* programme which is implemented in both primary and secondary schools). The *SEAL* programme provides a whole school framework to support the social and emotional skills development of children and young people. The resources include a curriculum element which is designed to support both universal work and targeted work through small group activities for selected pupils perceived to need this. In addition, *SEAL* provides whole school materials including resources relating to staff development, school organisation, management and leadership and school ethos. Primary SEAL also contains a family component (Family SEAL) designed to engage parents as partners in developing children's social and emotional skills. The programme consists of seven one hour workshops led by teacher facilitators, with each workshop followed by one hour parent-child engagement session.

Six interventions are grounded in CASEL's principles of social and emotional learning with a focus on addressing children and young people's: coping skills (*Zippy's Friends*), empathy (*Roots of Empathy*), resilience (*Bounce Back*), character development (*Strengths Gym', Lions Quest*), self esteem (*Circle Time*), social skills (*Rtime*), social, emotional skills and positive behaviour (*Positive Action*). The SEAL multi-component programme is based on the theoretical framework of emotional intelligence (EI) proposed by Goleman (2006) which is centered around five inter- and intra-personal competencies including self-awareness, managing feelings motivation, empathy, and social skills. Six interventions draw on principles of cognitive behaviour theory and/or the A-B-C-D (Affective, Behavioural Cognitive Dynamic) model, which places importance on the integration of behaviours and cognitive understanding as they relate to social and emotional competence. The *.b Mindfulness Programme* draws upon principles of mindfulness-based stress reduction and mindfulness based cognitive therapy. The programme involves learning to draw attention to immediate experience.

<u>Quality of Studies:</u> Thirteen out of the 16 interventions were evaluated in the UK. The majority of interventions were evaluated with a sample size of greater than 150 pupils and less than 900 pupils (*Friends, Bounce Back, Lessons for Living, Stress Management Intervention, Strengths Gym, Circle Time*). Three interventions were implemented with a large sample size in the UK (*PATHS*, N = 5,397 pupils across 56 primary schools in England, *UK Resilience*, N = 6118 pupils across 22 secondary schools in England, Primary *SEAL*, N = 4237 pupils and Secondary *SEAL*, N = 4443 pupils). Three studies evaluated programme impact in the UK using a randomised control trial (*PATHS, Friends, Stress Management Intervention*). Eight interventions were evaluated using a quasi-experimental design (*UK Resilience Programme, Zippy's Friends, Roots of Empathy, Lessons for Living, Strengths Gym, Circle Time, b Mindfulness Programme, Rtime*). One intervention used a pre-post design with no control group (*Bounce Back*). The SEAL programme was evaluated using a pre-post design with no control group in primary school and a quasi-experimental design in secondary school.

In terms of the quality of evidence, thirteen interventions were determined to be *well evidenced* in terms of their international and/or UK findings (*PATHS, UK Resilience intervention, Friends, Zippy's Friends, Lions Quest, Positive Action, Roots of Empathy*, *Lessons for Living, Strenghts Gym, b Mindfulness Programme, Circle Time, MoodGYM, Rtime)*. Six of these interventions have numerous rigorous evaluation studies (*PATHS, UK Resilience intervention, Friends, Zippy's Friends, Lions Quest, Positive Action*. Three interventions provided *limited evidence* as a result of one of the following reasons: a non representative sample, no control group, inadequate analysis, high attrition rates, non-significant findings (*Bounce Back, SEAL, Stress Management Intervention*).

Standardised teacher and pupil self-rated measures were used across all the UK evaluations to determine impact on children and young people's social and emotional skills. These measures include the Strengths and Difficulties Questionnaire (Goodman, 1997), Children's Depression Inventory (Kovacs, 1992), Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985), General Health Questionnaire (Goldberg & Williams, 1979, Social and Emotional Literacy (Faupel, 2003) Checklist, Student Life Satisfaction Scale (Frederickson & Dunsmuir, 2009), Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007), Ego Resilience Scale (Block & Kremen, 1996), Emotional Literacy Checklist and Cognitive and Affective Mindfulness Scale-Revised (Feldman et al., 2006).

Outcomes: International findings from the evidence-based interventions indicate the significant positive effect of these social and emotional skill-based interventions on children and young people's:
- social and emotional skills *(PATHS, Friends, Zippy's Friends* maintained at one year follow up*, Lions Quest, Roots of Empathy)*
- emotional knowledge (*PATHS*)
- coping skills *(Friends* results maintained at one year follow up*, Zippy's Friends)*
- internalising behaviours (*PATHS*, maintained at one year follow up)
- symptoms of anxiety *(Friends* results maintained at one year follow up*, MoodGYM* results maintained at 6 month follow up)
- symptoms of depression (*Friends* results maintained at one year follow up*, Penn Resilience Programme* meta-analysis reported effect size 0.11-0.21 (Brunwasser et al., 2009)*; MoodGYM,* results significant for male participants only and maintained at 6 months follow up*)*
- externalising behaviour (*PATHS* maintained at one year follow up)*, Lions Quest, Positive Action, Roots of Empathy*)
- bullying behaviours (*Positive Action*)

Two secondary school interventions which adopt a whole school approach to developing social and emotional skills reported broader outcomes including:
- improved attitudes and knowledge related to alcohol and other drugs (*Lions Quest)*
- reduced alcohol, tobacco and substance misuse (*Lions Quest, Positive Action*)
- reduced violence (*Positive Action*)
- enhanced academic performance including reading Maths, language, arts *(Lions Quest, Positive Action* reading proficiency Cohen's d = 0.34, Maths proficiency d = 0.73*)*
- reduced absenteeism *(Lions Quest, Positive Action)*
- improved family relationships (*Positive Action*) including improved family cohesion Cohen's d = 0.34) reduced family conflict (d = 0.36) and improved parent child bonding (d = 0.59).

Key findings based on the UK evaluations of the universal social and emotional skills-based interventions include significant:

- improvement in social and emotional skills including: improved social competence (*PATHS* after 12 months of implementation, results not maintained after two years of implementation; *Bounce Back*), self esteem (*Friends, Circle Time*), self worth and self competence (*Circle Time*), emotional literacy skills (*Zippy's Friends*), resilience (*Bounce Back, .b Mindfulness Programme*), empathy (*Roots of Empathy*), coping skills (*.b Mindfulness Programme*), problem solving skills (*Lessons for Living,* maintained at 6 months follow up), improved mental health (*Stress Management Intervention*), improved positive affect (*Strengths Gym*)
- reduction in social and emotional problems including reduced emotional problems (*PATHS*), reduced avoidance coping (*Lessons for Living*, maintained at 6 months follow up), reduced stress (*.b Mindfulness Programme*), improved prosocial behaviour *(Roots of Empathy)*, improved life satisfaction (*Strengths Gym*)
- reduction in depressive scores *(UK Resilience Programme* results not significant at one or two year follow up*, .b Mindfulness Programme* results maintained at 3 month follow up)
- reduction in anxiety sco*res (Friends for Life*, maintained at 12 month follow up; *Lessons for Living*, maintained at 6 months follow up)
- improvement in peer relations (*Rtime, PATHS* after 12 months of implementation, results not maintained after two years of implementation)
- reduction in perception of bullying in classroom (*Rtime*)
- reduction in behavioural problems including aggressive behaviour *(PATHS* after 12 months of implementation, results not maintained after two years of implementation), hyperactivity *(Zippy's Friends, PATHS* after 12 months of implementation, results not maintained after two years of implementation).

Broader educational outcomes include significant improvements in:

- rate of absenteeism *(UK Resilience Programme)*
- academic achievement *(UK Resilience Programme)*
- learning behaviours (*PATHS* after 12 months of implementation, results not maintained after two years of implementation
- exam performance *(Stress Management Intervention).*

The results from evaluations of the Social and Emotional Aspects of Learning (SEAL) programme implemented in primary and secondary school in England are somewhat mixed, both in terms of their quality and the reported findings. Results from an evaluation of primary SEAL across 25 Local Authorities in the UK indicated significant improvements in children's awareness of emotions in others, social skills and relationships (positive change), however, a significant negative change was recorded for children's perceptions of own emotions, attitudes towards school, relationships with teachers and academic work (Hallam, 2009). A pilot study of Family SEAL revealed a significant short term impact on the social and emotional skills of children identified at risk of developing social and emotional problems as rated by teachers (Downey & Williams, 2010). Results from an evaluation of Secondary SEAL using a quasi-experimental design (N = 4,443 pupils) indicated no programme impact on young people's emotional symptoms or conduct problems (Wigelsworth et al., 2013). Another study examining the relationship between quality of implementation and programme outcomes across 49 primary and secondary schools reported that approaches that engage all staff and pupils in promoting positive social relationships and in

understanding and managing emotional were most likely to predict a positive school environment, which in turn mediated association with pupil's social experiences, overall school attainment and persistent absence (Banerjee et al., 2014).

A number of studies reported an impact on particular groups of children or young people. Disadvantaged pupils and pupils with Special Education Needs that took part in the *UK Resilience Programme* were significantly more likely to benefit from the intervention in terms of reduced depression and anxiety scores. Also, pupils most at risk at the baseline (depression and anxiety symptoms) improved significantly relative to the control group. Stallard et al. (2005) reported similar findings for children taking part in the *Friends* programme. Children with the highest anxiety scores at the baseline evidenced significant reductions in anxiety and improvements in self esteem. Regarding the *Roots of Empathy* programme, pupils in high deprivation schools increased significantly in emotional empathy compared with pupils in low deprivation schools. Furthermore, boys increased in emotional empathy significantly more than girls (teacher reported). In contrast to this finding, Miller & Moran (2007) reported that girls evidenced significantly greater improvements in self esteem, self worth and self competence as a result of *Circle Time* when compared with boys.

Implementation Findings: Information regarding costs was retrieved for five of the international evidence-based interventions (see Table 6 in Appendix 1). Infomration on cost benefit analyses was available for two interventions:
- *PATHS*: Benefit cost ratio 1:7.10, Rate of return on investment 12% as reported by Dartington, Investing in Children Database (no date provided).
- *UK Resilience* Programme: Benefit to cost ratio = 1:7.10, Rate of return on investment = 12% as reported by Dartington, Investing in Children Database (no date provided).

Thirteen interventions were delivered by the class teacher. The *Stress Management Intervention* was delivered to secondary school pupils by a therapist. The *Roots of Empathy* intervention was delivered in primary schools by a trained *Roots of Empathy* instructor (employees of Action for Children or Local Authorities). Regarding the *Friends* programme, a recent evaluation reported that training teachers to deliver mental health programmes was not as effective as delivery by health professionals. Stallard et al. (2014) reported a significant programme effect for child-reported generalised anxiety and social anxiety scores among children who received the intervention from two trained health facilitators when compared with a trained teacher-led intervention group. These results are, however, in contrast to previous evaluations of the programme in Australia, which reported that the programme was effective when delivered by the class teacher (Barrett & Turner, 2001). The *.b Mindfulness Programme* was implemented in the UK by teachers who were mindfulness practitioners or teachers who had been trained and approved as ready to teach the curriculum by its developers. Teacher training across the interventions consists of on average two days training. No training was provided for the *Strengths Gym* intervention. All of the interventions provide a programme manual.

*Indicated social and emotional skills development interventions for young people at risk*
This category of interventions consisted of (i) small group interventions implemented with children and young people identified at risk of developing social and emotional difficulties and (ii) mentoring interventions

*Small group interventions*

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Key Findings

- Three small group classroom-based interventions identified. These programmes are implemented with children identified at risk of developing problems as part of Primary *SEAL* (*Going for Goals, New Beginnings, Staying Calm*).
- Two after-school interventions identified (*Pyramid Project,* a UK developed programme for children socially withdrawn and the US-developed *Success for Kids* for children aged 6-14 years).
- Evidence quality: N = 4 *well evidenced* interventions; N = 1 intervention with *limited evidence* from lower quality evaluation
- Small group classroom-based interventions resulted in significant improvements in pupil and teacher rated social and emotional skills, emotional problems, peer relationship problems and prosocial behaviour (small to medium effect sizes reported).
- After-school programmes also reported significant improvements in children and young people's social and emotional skills, emotional problems, peer relationship problems, behavioural problems and learning problems.
- Programme characteristics: structured, manualised interventions, activity-based learning, implemented for short period (8-10 weeks).

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<u>Type of Interventions:</u> Three small group social and emotional skills based interventions (*Going for Goals, New Beginnings* and *Staying Calm*) and two after school interventions (*Pyramid Project* and *Success for Kids*) were identified. The three small group interventions were developed as part of the primary SEAL programme in England and implemented with children identified by the class teacher as being at risk of developing social and emotional problems. The purpose of these brief, early interventions include facilitating children's social and emotional development, exploring key issues with them in more depth, allowing them to practice new skills in an environment in which they feel safe, and developing their ways of relating to others. The *Pyramid Project* is an after-school small group intervention. It was developed in the UK and is designed for children who are socially withdrawn, isolated and emotionally vulnerable. *Success for Kids* is an evidence-based US after-school intervention targeting children's social and emotional skills. All of the interventions are implemented with children in primary school. *Success for Kids* is designed for children aged 6-14 years.

All of the interventions are based on CASEL's principles of social emotional learning with a focus on improving children's self awareness, self management, social awareness, responsible decision making and relationship skills. The *Staying Calm* intervention also utilises cognitive behaviour techniques in assisting children to alter negative thoughts and regulating emotions and behaviours. Interventions range in duration from eight to ten lessons.

Quality of Studies: Four of the five interventions were evaluated in the UK. *Success for Kids* which is being implemented in the UK was evaluated using a randomised control trial (N = 737 children and young people) in the US. Three interventions were evaluated using a quasi-experimental design (*Going for Goals, New Beginnings, Pyramid Project*). *Staying Calm* was evaluated using a randomised control trial. Three of the UK evaluations had a sample size greater than 180 pupils (*Going for Goals, New Beginnings, Pyramid Projec*t). Regarding the quality of the evidence, two small group classroom-based interventions and two after-school interventions were determined to be *well evidenced* having a least one good quality study (*Going for Goals, New Beginnings, Pyramid Project, Success for Kids*). The *Staying Calm* small group intervention provided *limited evidence* due to the non representative and small sample size. Standardised teacher-rated measures were used across the studies to determine programme impact (e.g. Strengths and Difficulties Questionnaire (Goodman, 1997), Behaviour Assessment System for Children (BASC-2) (Reynolds & Kamphaus, 1992, Emotional Literacy Assessment Instrument (Goleman, 1996).

Outcomes: Significant programme effects were reported across the intervention studies. Results from the UK evaluations indicated that the small group classroom-based interventions implemented as part of SEAL and the after-school programme *Pyramid Project* resulted in significant improvements in children's:

- social and emotional skills (*Going for Goals*: Cohen's d = 0.05 self-report, d = 0.29 teacher report, results maintained at 8 week; *New Beginnings*  d = 0.44 self-report)
- children's Total Social and Emotional Difficulties Score from SDQ (*Going for Goals*: d = 0.32 teacher report, result maintained at 8 week follow up; *Staying Calm*; *Pyramid Project*)
- emotional problems *(Pyramid Project)*
- peer relationship problems: *(Staying Calm*, *New Beginnings,* teacher-report; *Pyramid Project)*
- prosocial behaviour: (*Staying Calm*, post-intervention; *New Beginnings* teacher report; *Pyramid Project*)

Additional findings in relation to the impact of small group SEAL interventions (*New Beginnings, Going for Goals, Getting it Together* and *Good to be Me)* were reported by Humphrey et al. (2008). Results from this pre-post design with no control group (N = 624 pupils) indicated significant improvements in pupil-rated emotional literacy scores for *New Beginnings* and *Going for Goals*. One intervention (*Getting On and Falling Out)* was shown to improve pupil-rated social skills. *Good to be Me* led to reductions in pupil-rated peer problems. There was, however, no evidence of a positive impact as measured by parent in any of the four interventions examined as part of this evaluation.

Results from the *Success for Kids* afterschool programme*,* which was evaluated in the US (Maestas & Gaillot, 2010), indicated that the programme had a significant positive impact on the children and young people's social and emotional outcomes including social skills, adaptability, leadership, study skills and communication skills. Additional outcomes include reduced behavioural problems, reduced school problems, reduced learning problems and improved study skills.

Implementation Findings: The school interventions are implemented by a teacher / teacher assistant. Children were withdrawn from class at an agreed day and time each week. A teacher manual containing lesson plans is provided as part of these interventions. *Project Pyramid* and *Success for Kids* are implemented by trained programme facilitators using a programme manual. *Success for Kids* facilitators undergo three months formal training (Maestas & Gaillot, 2010). No information on costs was available for these interventions.

*Mentoring interventions*

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Key Findings

- Two mentoring interventions identified.
- *Transition Mentoring* supports children's transition from primary to secondary school. *Formalised Peer Mentoring* is a secondary school peer mentoring programme.
- Evidence quality: N = 2 interventions with *limited evidence* as a result of weak study design.
- The quality of the evidence is too weak to determine impact on children and young people's social and emotional skills. There is preliminary evidence regarding the impact of *Transition Mentoring* programme in improving young people's self esteem and peer relationships and reducing social, emotional and behavioural problems.
- Further research is recommended to understand more about the mechanisms of change and impact of mentoring interventions in the school setting.

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Type of Interventions: Two mentoring interventions were identified, both of which were developed and implemented in the UK. *Transition Mentoring* supports children's transition from primary to secondary school. This programme is delivered to children who are determined to be at risk of developing social and emotional problems. Trained adults, with backgrounds including teaching assistants, foster care and nursing, provide mentoring support to children and their families over a ten month period. *Formalised Peer Mentoring* is a secondary school peer mentoring programme with mentors aged 16-18 years matched with mentees aged 11-13 years, based on their personalities, hobbies, gender etc. The programme is delivered throughout the year with mentoring sessions (approx 30 mins) taking place during lunch break. Both interventions draw upon Social Learning Theory (Bandura, 1977) to develop the mentoring process and Social Exchange Theory (Homans, 1958) to support the creation and maintenance of the mentor-mentee relationship. Activities are based on research in the fields of education, character and youth development, and leadership.

Quality of Studies: Both interventions utilised a pre-post study design with no control group. Standardised outcome measures were used in evaluating the impact of *Transition Mentoring* (Strengths and Difficulties Questionnaire Goodman, 1997, Self Esteem Scale (Maines & Robinson, 2001). *Formalised Peer Mentoring* used a combination of qualitative self-report data and quantitative standardised and non-standardised measures (About Me Questionnaire (Maras, 2002). Sample size across the studies ranged from N = 311 participants (*Formalised Peer Mentoring*) to N = 86 participants (*Transition Mentoring*). Both interventions were determined to have *limited evidence* as a result of not having a control group, non-representative sample and inadequate statistical analysis.

Outcomes: Results from the *Transition Mentoring* intervention indicate significant gains for children and young people in terms of:
- improved social and emotional skills including self esteem, locus of control and reduced peer relationship problems
- reduced social and emotional difficulties as measured by SDQ
- reduced behaviour problems including hyperactivity, conduct problems
- improved prosocial behaviour.

These results, however, must be treated with caution as a result of the studies not using a control group. Whilst the *Formalised Peer Mentoring* intervention reported improvements in young people's peer identity, confidence, social skills and academic learning, the strength of these findings is weak as a result of inadequate statistical analysis and use of qualitative self-report data.

Implementation Findings: The *Transition Mentoring* intervention provides comprehensive training for adult mentors. Mentors are required to have a minimum of three years experience working with children. Mentors receive six weeks training in cognitive behavioural therapy, solution focused therapy, mentoring and meditation. Supervision and training is provided by mentor managers on school half term basis. For the *Formalised Peer Mentoring Programme,* the Mentoring and Befriending Foundation provide training to school coordinators who in turn train peer mentors in the school. Information regarding the type of training peer mentors received was not provided. Results from the evaluation of the programme indicated that the degree of control exerted by coordinators over the peer mentoring schemes varied considerably from school to school. Where peer mentoring projects were successful, the support systems were relatively strong - scheme coordinators provided mentors with suggested activities and resources (e.g. worksheets and games), encouraged mentors to take the lead and to be responsive to the individual needs and preferences of their mentees and had good mentor support networks in place.

## *Interventions aimed at improving participants' connections to other people and society through social and emotional skill development*

## *Social action programmes*

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Key Findings

- One social action intervention was identified.
- *Active Citizens in Schools* was developed in the UK and engages 11-15 year olds in volunteering activities through their schools.
- Evidence quality: Intervention has *limited evidence* as a result of weak study design and use of non-standardised measures.
- Whilst the findings indicated self-reported improvements in young people's confidence, leadership skills, communication skills, problem solving skills and social skills, the quality of evidence is too weak to determine programme impact.
- Further research is needed to determine the effectiveness of social action programmes implemented in the school setting in the UK.

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Type of Interventions: One universal social action interventions was identified. *Active Citizens in Schools* (*ACiS*) is a UK developed intervention, which builds on the Millennium Volunteers model, and seeks to engage 11-15 year olds in sustained volunteering activities through their schools. Young people are recruited as *ACiS* volunteers in the school. Activities young people engage in range from environmental schemes, buddy schemes and fundraising activities.

Quality of Studies: The *Active Citizens in Schools* was piloted in the UK by two charities, Changemakers working in 18 schools in Cambridgeshire and Peterborough. This intervention conducted a pre, post survey with 205 *ACiS* participants. As a result of the lack of a control group and the absence of standardised quantitative measures to determine programme impact, the quality of the evidence from this study was limited.

Outcomes: Key findings from the evaluation of *ACiS* intervention include:
- personal development: increased confidence (79% self-reported), improved awareness of the needs of others (84% self-reported)
- skill development and employability: improved working skills (89% self-reported), improved communication skills (73% self-reported), improved team working skills (89% self-reported), improved problem solving skills (77%).

Broader impacts on the school included: improved behaviour, enhanced relationship between pupils and staff, increased school profile, improved school reputation, changed ethos (teacher reported). Positive impacts on communities highlighted by teachers and participants included: providing new links to schools, activities delivered by young people, changes in attitudes towards young people among members of the community.

Implementation Findings: Regarding the implementation of *Active Citizens in Schools,* schools receive support from the *ACiS* project manager and can draw in 30 days of a support worker's time over a two year period to work alongside teachers in implementing the programme. The charities assist schools in identifying how to develop the programme and to link it in with the formal curriculum.

# Interventions aimed at reducing problem behaviours

## *Aggression and violence prevention interventions*

Key Findings

- Four aggression and violence prevention interventions identified.
- All interventions were developed in US and implemented in the UK. Two primary school interventions address classroom and behaviour management (*Good Behaviour Game, Incredible Years*). One primary school intervention is a curriculum-based violence prevention intervention (*Second Step*). One intervention adopts a whole school approach to reducing violent / aggressive behaviour in primary school (*Peace Builders*).
- Evidence quality: N = 4 *well evidenced* interventions
- International findings indicate the significant positive effect of these interventions in improving social emotional skills (including self regulation, cooperation skills, social competence and interpersonal skills) and reducing disruptive / aggressive behaviour. Improved classroom management skills among teachers were reported by *Incredible Years* and *Good Behaviour Game*. Positive outcomes have also been reported from the UK evaluation of the *Incredible Years* programme.
- *Good Behaviour Game* has demonstrated significant lasting programme effects in reducing aggressive behaviour, improving academic achievement and reducing alcohol misuse at 14 year follow up. This programme is currently being evaluated in UK.
- Characteristics of effective interventions: structured, modularised interventions, provision of teacher training.

Type of Interventions: Four behaviour management interventions were identified. All four interventions are evidence-based interventions that originated from the United States (*Good Behaviour Game, Incredible Years Classroom Management Programme, Second Step, and Peace Builders*). All four interventions are implemented in primary school. Two of the interventions are classroom-based behaviour management strategies (*Good Behaviour Game* and *Incredible Years*). *Second Step* is a classroom-based violence prevention intervention. *Peace Builders* is a school-wide violence prevention programme which attempts to create a positive school climate by developing positive relationships between students and school staff and in the community and home environment. These interventions adopt a social learning and behavioural approach to reducing aggressive disruptive classroom behaviour, whilst promoting prosocial behaviour and creating a positive learning environment.

Quality of Studies: All of the interventions within this category have an international evidence base. One intervention was also evaluated in the UK (*Incredible Years*) and another intervention is currently under evaluation in the UK (*Good Behaviour Game*). In terms of the quality of the international evidence, all four interventions were determined to be *well evidenced*.

Outcomes: International findings from these interventions indicate that they are effective across a range of social, emotional and behavioural outcomes with moderate to strong effect sizes reported. Programme effects include significant improvement in participants':

- emotional literacy skills, self regulation, cooperation skills and social competence *(Incredible Years; Peace Builders*)
- interpersonal skills and reduction in stress and social impairments among high risk children (*Incredible Years*)
- prosocial behaviour and reduction in disruptive / aggressive behaviour (*Second Step*; *Good Behaviour Game; Incredible Years*)
- improvement in teacher classroom management skills (*Incredible Years; Good Behaviour Game*).

Broader educational, health and social outcomes include:

- improved ability to focus and achieve academically (*Good Behaviour Game:* at 14 year follow up)
- reduced alcohol misuse (*Good Behaviour Game:* at 14 year follow up)

The two classroom management strategies reported that the interventions have been most effective for males with higher levels of aggressive disruptive behaviour. Additional outcome findings from the evaluation of the *Incredible Years* programme in the UK indicate a significant reduction in teachers' negative behaviour towards children ($d = -.36$) and significant reductions in children's off-task behaviour ($d = 0.53$). In addition, high risk children evidence significant reductions in negative attitudes towards their teacher ($d = 0.42$) and off-task behaviour / non compliance to the task at hand ($d = 0.48$).

Implementation Findings: All of the interventions are delivered by the classroom teacher. Teacher training and a programme manual are provided for these interventions. Costs including training and materials are provided in the Table 6 in Appendix 1. Cost benefit results for the *Good Behaviour Game* are reported by Dartington in 2011: Cost = £108, Beneft = £2905, Benefits minus costs = £2797, Benefit cost ratio = 1:26.90, Rate of return on investment 29%, Risk of Loss 2%.

*Bullying prevention interventions*

Key Findings

- Six bullying prevention interventions identified.
- Three interventions are evidence-based and developed in Norway (*Olweus*), Finland (*KiVa*) and US (*Steps to Respect*). One online intervention developed in US (*FearNot!*). Two peer-mentoring interventions were developed in the UK (*Beatbullying Peer Mentoring, School-based Peer Mentoring Programme*).
- Evidence quality: N = 4 *well evidenced* interventions, N = 2 interventions shown to be ineffective
- Significant positive findings regarding effectiveness (small to moderate effect sizes) of the three interventions that adopt a whole school approach to bullying prevention. International studies of *Steps to Respect, Olweus, KiVa* reported improvements in children and young people's social and emotional skills including social relations, prosocial behaviour and reduced bullying and victimisation. Broader outcomes include a reduction in antisocial behaviour and delinquency.
- Emerging findings on the effectiveness of online *FearNot!*
- Peer mentoring interventions identified in this review were shown to be ineffective in enhancing participants' social and emotional skills and in some cases enhance peer victimisation and rates of bullying.
- Characteristics of effective interventions: interventions adopt a whole school approach with material developed for staff training, whole school monitoring, parent guides and classroom curriculum.

Type of Interventions: Six bullying prevention interventions were identified. Three interventions were international evidence-based interventions (*Olweus* – developed in Norway, *KiVa* – developed in Finland and *Steps to Respect* – developed in US). These international evidence-based programmes adopt a whole school approach to bullying prevention. Programmes include school level, classroom and individual level components. One intervention is an online intervention designed to enhance problem solving skills of current and potential victims of bullying (*FearNot!*). Two peer mentoring interventions were developed in the UK. The *Beatbullying Peer Mentoring* programme is designed to give young people the opportunity to serve as a source of support for other pupils experiencing difficulties. The *School-based Peer Mentoring programme* is designed for young people aged between 9 and 12 years who are being bullied or at risk of being bullied. Students are referred to the programme and are matched with an older peer mentor who they meet on a one-to-one basis, in a small group or as and when needed through a drop-in service. *FearNot!, Steps to Respect* and the *School-based Peer Mentoring Programme* are implemented with children in primary school. Two interventions are implemented in primary and secondary school (*Olweus* and *KiVa*). The *Beatbullying Peer Mentoring* programme is implemented in secondary school. These interventions adopt a social learning, problem solving, behavioural approach to teaching social emotional skills to counter bullying behaviour and promote healthy relationships.

Quality of Studies: All six interventions are implemented in the UK, three interventions have international evaluations (*Olweus, Steps to Respect* and *KiVa*) and three interventions were evaluated in England (*FearNot!, Beatbullying Peer Mentoring* and *School-based Peer Mentoring Programme*). Two of these interventions were evaluated using a quasi-experimental design (*FearNot!, School-based Peer Mentoring Programme*) and one intervention was evaluated using a a pre-post study design with no control group (*Beatbullying Peer*

*Mentoring*). Sample sizes ranged from 1,621 participants (*School-based Peer Mentoring Programme)* to 341 participants (*Beatbullying Peer Mentoring*). Three interventions were determined to be *well evidenced* as a result of having a number of rigorous evaluation studies (*Steps to Respect*) or at least one good quality study (*Olweus*, *KiVa, FearNot*!). The evidence from the peer mentoring interventions was *limited* as a result of no control group (*Beatbullying Peer Mentoring*) and insufficient information regarding measures used to evaluate programme effectiveness (*Beatbullying Peer Mentoring* and *School-based Peer Mentoring Programme*). Standardised outcome measures were used to evaluate the impact of three interventions (*Olweus, Steps to Respect, Kiva)*. These measures included Olweus Bully/Victim Questionnaire (Olweus, 1996), Participant Role Questionnaire (Salmivalli & Voeten, 2004), Pro-victim Scale (Rigby & Slee, 1991), School Environment Survey (Csuti, 2008), and the Positive Bystander Behaviour Scale (Banyard, 2008).

Outcomes: International findings from the evidence-based programmes include:
- improvements in student social competency (*Steps to Respect*, Cohen's d = 0.13)
- improvements in positive social relationships (*Olweus*; *Steps to Respect*)
- improvements in positive bystander behaviour (*Steps to Respect*, Cohen's d = 0.14)
- less acceptance of bullying and aggression (*Steps to Respect*)
- reductions in self-reported bullying (*Olweus*)
- reductions in self-reported victimisation (*Olweus; KiVa:* Cohen's d = 0.33 peer report and 0.17 self-report)
- reductions in assisting the bully (*KiVa:* Cohen's d = 0.14) and reinforcing the bully (*KiVa:* Cohen's d = 0.17)
- reduction in school bullying related problems (*Steps to Respect*, Cohen's d = 0.35)
- improved school climate (*Steps to Respect*, Cohen's d = 0.21).

Broader outcomes for *Olweus* and *Steps to Respect* include a significant decrease in other forms of delinquency and antisocial behaviour.

The results from the evaluation of the online intervention *FearNot!* indicate its potential in reducing victimisation. Baseline victims of bullying in the intervention group were significantly more likely to avoid victimisation at post-intervention when compared with the control group. However, these results were not maintained at four months follow up. The results from the UK developed peer mentoring interventions are less positive. The *Beatbullying Peer Mentoring* intervention resulted in a significant reduction in self-reported bullying at post-intervention and pupil-reported peer victimisation increased at post-intervention, however, the programme had no significant impact on pupils' social and emotional wellbeing including peer interaction, feelings of negative emotion and self worth. Results from the *School-based Peer Mentoring Programme* indicated a significant increase in mentored students' levels of school satisfaction at post-intervention, however, this group were more likely to report being bullied (not statistically significant) than the control group at post-intervention. In addition, this programme did not have an impact on life satisfaction or prevalence of bullying. Whilst these results could indicate that the peer mentoring programmes may have increased the students' awareness of bullying and what actions and behaviours constitute bullying, it is possible that the peer mentoring interventions were insufficient to address the problem of bullying and could have exacerbated the problem with a sole focus on those being bullied and not those engaging in bullying behaviour and the wider school environment.

Implementation Findings: Both of the peer mentoring programmes provided insufficient information regarding programme training and supervision. The *Beatbullying Peer Mentoring* study reports that mentors are provided with training in listening, mentoring and cybermentoring. The *School-based Peer Mentoring Programme* study reported that a not-for-profit mentoring and befriending agency supports implementation by providing each school with general guidelines on programme practice. Schools are encouraged to use matching criteria when matching the mentee and mentor, ensure that mentors were supported and received regular training, utilise referral criteria for the selection of mentees and facilitate regular meetings between the mentor and mentee. Information regarding the type of training that young people received was not provided. In contrast to this, the evidence-based interventions (*Olweus, KiVa, Steps to Respect*) provide whole school training to teachers and a manual to guide implementation. For the *KiVa* intervention, networks of school teams are created and these networks meet three times during the school year with a *KiVa* trainer guiding the network. Information regarding the cost of training for the *Olweus* programme is provided in Table 6 in Appendix 1.

## *Substance misuse prevention interventions*

Key Findings

- Five substance misuse prevention interventions identified.
- Four are evidence-based interventions developed in US (*Lifeskills Training, Keeping it Real, All Stars, Project Star*). One intervention is an evidence-based Australian intervention (*SHAHRP*).
- Programmes are implemented with young people in the junior end of secondary school (11-14 years). Three interventions are classroom-based brief interventions (*Keepin' it Real, SHAHRP, All Stars*). *Lifeskills Training* is implemented over three years. *Project STAR* adopts a whole school approach to implementation.
- Evidence quality: N = 5 *well evidenced* interventions as a result of a number of rigorous evaluations (*LifeSkills Training* and *Project STAR)* or at least one good quality study (*Keepin' It Real, All Stars, SHAHRP).*
- These programmes are proven effective in improving young people's knowledge and use of resistance strategies in relation to risk-taking behaviour and reducing alcohol, cigarette and drug use.
- *Lifeskills Training* has a well established evidence base with long term findings in relation to reduced substance use, violence and delinquency reported at 6 years follow up. *Project STAR* also reported significant long term findings in relation to reduced substance misuse and use of mental health services.
- Characteristics of effective interventions: interventions based on understanding social influences and developing life skills including communication skills, assertiveness, peer resistance strategies, self regulation; adopt a holistic long term approach to programme implementation.

<u>Type of Interventions:</u> Five substance misuse prevention interventions were identified. Four interventions are evidence-based interventions originating from the US (*LifeSkills Training, Keepin' It Real, All Stars and Project Star*). One intervention is an Australian evidence-based intervention (*SHAHRP*). *Project STAR (*also known as *Midwestern Prevention Project)* was adapted to the UK context and combined with components of *LifeSkills Training* and is currently being implemented in the UK as *Blueprint* (Baker, 2006). These interventions aim to prevent substance misuse through enhanced decision making and resistance strategies. In addition to targeting substance misuse, *LifeSkills Training* aims to prevent violence and *All Stars* is designed to prevent violence and premature sexual activity. *SHAHRP* is slightly different in that it is a harm reduction intervention targeting alcohol consumption as opposed to a prevention intervention. Three interventions are classroom-based brief interventions consisting of 10-14 lessons (*Keepin'it Real, SHAHRP, All Stars*). The *LifeSkills Training* programme consists of 30 lessons implemented over three years. *Project STAR* is a multi-component drug prevention programme that consists of a curriculum component, parent component, school drug advisor support, media and health policies. These substance misuse prevention interventions are based on social learning theory and competence enhancement models of prevention. The interventions address multiple risk and protective factors and teach personal and social skills that build personal self management, social skills and resilience.

<u>Quality of Studies:</u> Four of the five interventions were delivered with young people (age 11-14 years) in secondary school in the UK. One intervention (*SHAHRP*) was culturally adapted for schools in Northern Ireland and implemented with young people age 13-14 years in Greater Belfast. This intervention was evaluated using a quasi-experimental design with 2,349 students from 29 secondary schools assigned to one of two intervention groups (teacher implemented vs drug and alcohol educator from voluntary sector) or a control group. Standardised outcome measures were used to determine the impact of the programme on alcohol related knowledge and use (McKay et al., 2012 All five interventions were determined to be *well evidenced* as a result of a number of rigorous evaluations (*LifeSkills Training* and *Project STAR)* or at least one good quality study (*Keepin' It Real, All Stars, SHAHRP).*

<u>Outcomes:</u> Results from the US evaluations of four interventions indicate the significant positive effect of these substance misuse prevention interventions on knowledge and behaviour related to substance use and violence. Results include significant improvements in use of peer resistance strategies, self regulation and personal skills:
• reduced personal acceptance of drug use (*Keepin' It Real*, maintained at 2 and 8 month follow up)
• increased personal commitment to not use drugs (*All Stars*)
• increased use of strategies to resist marijuana use (*Keepin' It Real*)
• increased use of strategies to resist cigarette use (*Keepin' It Real)*

Broader outcomes include significant:

- reduction in alcohol use (*LifeSkills Training,* maintained at 6 years follow up; *Keepin' It Real*, maintained at 14 months follow up; *All Stars; Project STAR,* maintained at one year follow up)
- reduction in marijuana use (*LifeSkills Training,* maintained at 6 years follow up ; *Keepin' It Real)*
- reduction in cigarette use  (*LifeSkills Training,* maintained at 6 years follow up; *Keepin' It Real*, maintained at 8 months follow up; *All Stars; Project STAR,* maintained at one and two year follow up)
- reduction in inhalant use (*All Stars*)
- reduced expectations of positive consequences of substance use (*LifeSkills Training,* maintained at one year follow up ; *Keepin' It Real)*
- reduced rates of lifetime amphetamine use *(Project STAR,* maintained at age 17 and 28)*
- reduction in violence and delinquency (*LifeSkills Training,* maintained at 3 month follow up
- increased scores for school bonding - how students felt received at school (*All Stars*)
- reduced use of mental health services compared with control at age 27-30 (*Project STAR*).

Findings from the evaluation of the *SHAHRP* intervention in Northern Ireland indicate a significant improvement in participants' alcohol related knowledge, attitudes towards alcohol use, less alcohol related harm and lower consumption of alcohol at 'last time of use'.

Two interventions investigated the impact of programme fidelity on programme outcomes. *Keepin' It Real* reported that intervention students who saw four or more intervention videos reported significant fewer days of alcohol use, fewer drinks consumed, fewer days of marijuana use and fewer hits of marijuana. Participants who saw fewer than four videos did not report lower rates of substance use. Similarly, *LifeSkills Training* reported the strongest intervention effects were observed among students exposed to at least 60% of the programme. This programme was reported to have a significant positive effect among young people identified as at high risk for substance use initiation. McKay et al. (2012) also reported that behavioural effects as a result of the *SHAHRP* intervention were most significant among the group who self-reported drinking at the baseline.

Implementation Findings: Information regarding costs of *LifeSkills Training, Keepin' It Real* and *All Stars* are presented in the Table 6. Cost benefit analyses information is available for two interventions:

- *LifeSkills Training*: Cost = £27 per participant, Total Benefits = £288, Benefits minus Costs = £261, Benefit cost ratio 1:10.67, Rate of return on Investment 72% and Risk of Loss 1% (as reported by Dartington, no date provided)
- *Project Star*: Cost = £332, Total Benefits = £399, Benefits minus Costs = £63, Benefit cost ration 1:1.19, Rate of return on Investment 0% and Risk of Loss 29% (as reported by Dartington, no date provided).

All five interventions are implemented by the class teacher using a programme manual. Teacher training (average two days) is mandatory for all five interventions. Results from the *SHAHRP* intervention, which examined the impact of the programme when implemented by the class teacher versus a trained drugs and alcohol educator from the voluntary sector, indicated that intervention effects were greater for external facilitators compared to the class teacher. However, these results are in contrast to US evaluations of *All Stars* which found the programme to be effective when implemented by the class teacher as opposed to an intervention specialist.

## Out-of-School Interventions

Table 7 in Appendix 2 presents a summary of characteristics of the out-of-school intervention studies that were included in the review.

## Interventions with a competence enhancement focus
### *Interventions aimed at increasing social and emotional skills through diverse methods: Youth arts and sports interventions*

Key Findings

- Eight youth arts and sports interventions identified. All interventions were developed in the UK.
- Two interventions adopted a sports-based approach (*Girls on the Move Leadership Programme* and *Breaking Barriers).* Two interventions were arts focused *(Sing Up Communities* and *Brother to Brother).* Four interventions adopted multiple approaches *(Greenhouse; Girls Self Esteem Programme, Mini-MAC, Hindleap).* Age range 7 – 25 years.
- Evidence quality: N = 8 interventions with *limited evidence*, three of which produced significant positive outcomes using standardised measures.
- Evidence regarding impact of *Hindleap Warren Outdoor Education Centre*, *Girls on the Move Leadership Programme* (training for females in dance and sports activities) and *Mini-Mac* (peer-led music project) in improving young people's self esteem, confidence, emotional regulation, organisation and leadership skills.
- Quality of evidence from the other five interventions inadequate to determine programme impact.
- Characteristics of effective interventions: structured approach, use of manuals / workbooks, guided learning hours.

Type of Interventions: A total of eight interventions meeting the inclusion criteria were identified. All of the interventions were developed and implemented in the UK. Six interventions were implemented in London (*Greenhouse; Girls' Self esteem Programme; Hindleap Warren Outdoor Education Centre; Breaking Barriers; Brother to Brother; Mini-MAC*), one intervention was implemented in Scotland (*Girls on the Move Leadership Programme*) and one was implemented nationwide in the UK in both the school and out-of-school setting *(Sing Up Communities Programme*).

Two interventions were centred on a sports-based approach (*Girls on the Move Leadership Programme* and *Breaking Barriers*). Two interventions were arts focused (*SingUp Communities* and *Brother to Brother*). Four interventions adopted multiple approaches; three included sport and different forms of arts, music and mentorship / peer-lead approach (*Greenhouse; Girls Self Esteem Programme* and *Mini-MAC*[1]) as a way of promoting mental health and emotional wellbeing and one intervention combined outdoor sports / adventures with a non-formal education approach (*Hindleap Warren Outdoor Education Centre*). The other interventions were guided by the principles of community cohesion (*Breaking Barriers*), social action (*Brother to Brother*), leadership development (*Girls on the Move Leadership Programme*) and underpinned by theories of social and emotional development and neurological development (*Girl's Self Esteem Programme*).

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[1] Full Report not provided

Almost all of the programmes were universal in their inclusion criteria; however, some programmes targeted specific population groups:
- Socially excluded and at-risk groups (*Breaking Barriers, Mini-Mac, Girls on the Move Leadership Programme, Brother to Brother*)
- Girls with low self esteem (*Girl's Self Esteem Programme and Girls on the Move Leadership Programme*)
- Black, minority or ethnic groups (*Brother to Brother, Breaking Barriers*)

Four interventions had an average age range of 8-18 years old (*Greenhouse; Girls' Self Esteem Programme; Sing Up Communities* and *Mini-MAC*) and three interventions presented a broader average age range of 7-25 years old (*Girls on the Move Leadership Programme* and *Hindleap*). One intervention did not specify the age range (*Breaking Barriers*).

The total duration of the programmes ranged from four to five days (*Hindleap Warren Outdoor Education Centre* and *Girls on the Move Leadership Programme*) to three years (*Breaking Barriers*). One programme did not report the total duration of the intervention (*Sing Up Communities*).

Quality of Studies: All of the interventions were evaluated in the UK. The majority of the evaluations were of a low research quality and the study designs were highly heterogeneous. Two studies utilised a quasi-experimental design (*Greenhouse, Sing Up Communities*) and one of them conducted a follow up study at eight and 16 months (*Sing Up Communities*). Four studies conducted a pre-post design with no control group (*Girls' Self Esteem Programme*; *Girls on the Move Leadership Programme*; *Hindeap Warren Outdoor Education Centre* and *Mini-Mac*) and two interventions conducted a follow up study, one at six months (*Girls on the Move Leadership Programme Leadership programme*) and the other at one year (*Girls' Self Esteem Programme*). The remaining two studies conducted qualitative evaluations (*Breaking Barriers and Brother to Brother*).

The majority of interventions were evaluated with a sample size of greater than 41 (*Sing Up Communities*) and a maximum of 289 (*Girls on the Move Leadership Programme*). One study reported a sample size of 1,828 participants (*Greenhouse*). Three studies reported samples sizes less than 35 participants (*Girl's Self Esteem Programme, Breaking Barriers, Brother to Brother*).
Evidence regarding the effectiveness of the eight interventions was limited with only three interventions reporting positive outcomes using standardised outcome measures (*Hindleap Warren Outdoor Education Centre*, *Girls on the Move Leadership Programme, Mini-Mac)*.

The standardised outcome measures that were employed across the studies included:
- Strengths and Difficulties Questionnaires (Goodman, 1997)
- The Rosenberg Self esteem Scale (Rosenberg, 1965)
- Life Effectiveness Questionnaire (Neil et al., 2003)
- Positive Selves Instrument (Oyserman & Markus, 1990)
- The Weinberger Adjustment Inventory (Weinberger & Schwartz, 1990)
- Help Seeking (Mackenzie et al., 2004)
- Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004)
- Youth Self-report (YSR) questionnaire for Psychopathology Measure (Achenbach & Rescorla, 2003).

The non-standardised measures included questionnaires, data from interviews, focus groups, observation, case studies and creative methods.

Outcomes: Significant positive findings, based on standardised outcome measures, were reported across three interventions. These interventions resulted in statistically significant improvements in young people's:
- confidence (*Hindleap Warren Outdoor Education Centre*)
- self esteem (*Girls on the Move Leadership Programme* – results only significant for participants who had previous leadership experience, results maintained at 6 month follow up)
- organisation skills including time management (*Hindleap Warren Outdoor Education Centre* )
- emotional control/regulation (*Hindleap and Mini-MAC*),
- intellectual flexibility (*Hindleap Warren Outdoor Education Centre*)
- leadership (*Hindleap Warren Outdoor Education Centre*).

Additional improvements in young people's social and emotional skills were reported across several interventions, however, given these results were based on self-reported improvements using non-standardised outcome measures that were not subject to pre, post statistical analysis, the reliability and validity of these outcomes cannot be verified. Examples of self-reported improved outcomes included improved:
- social relationships (*Greenhouse, Girl's Self Esteem Programme, Sing Up Communities* and *Brother to Brother*);
- communication skills (*Girls on the Move Leadership Programme*)
- coping skills (*Greenhouse*)
- reduced behaviour problems (*Mini-MAC*)
- motivation (*Greenhouse*)
- self esteem (*Brother to Brother, Mini-MAC*)
- resilience (*Mini-MAC*).

Broader self-reported social and health outcomes included improvements in young people's:
- academic achievement (*Greenhouse*)
- attitudes towards school work and learning (*Mini-MAC, Girl's Self Esteem Programme*)
- community engagement (*Greenhouse*)
- social awareness and attitudes towards people from different backgrounds (*Brother to Brother, Breaking Barriers*).

Implementation Findings: Information regarding costs was provided by four interventions and included:
- *Greenhouse* cost of the charity programme for 2013-2014 was £3,616,590
- *Girl's Self Esteem Programme* (2014): £500 per six week course
- *Girls on the Move Leadership Programme* (Girls on the move: 2005-2011): £821 per programme
- *Hindleap Warren Outdoor Education Centre* (2014): the programme charges £80 per beneficiary for youth clubs who are members of London Youth's network, and  £160 per beneficiary for a school or non-member youth clubs
- *Mini-MAC* (2014): cost per person over the course of the project lifespan: £5,961 per person.

Four of the eight programmes indicated that they employed a structured approach to programme implementation including the use of manuals (*Mini-MAC* and *Girl's Self Esteem Programme*) workbooks and guided learning hours (*Hindleap Warren Outdoor Education Centre*), or teaching materials such

as online resources, lessons and assembly plans (*Sing Up)*. Six programmes were implemented by the programme staff (*Greenhouse; Breaking Barriers*, *Girl's Self Esteem Programme*; *Hindleap Warren Outdoor Education Centre* and *Sing Up*); two interventions reported the use of volunteers in the delivery of activities (*Greenhouse* and *Breaking Barriers*). One intervention was developed by a writer and a youth community worker (*Brother to Brother*) and another trained youth ex-offenders as peer leaders to develop the activities (*Mini Mac*). The remaining programmes did not specify implementation details. Three interventions reported that they provide training/supervision to their workforce (*Mini-MAC, SingUp Communities* and *Greenhouse*). The remaining interventions did not provide information on the training provided.

### *Family-based interventions*

> Key Findings
>
> - Five family-based social and emotional skills interventions identified.
> - Four US evidence-based interventions (*FAST; Strengthening Families Programme-SFP10-14; Incredible Years; Social Skills Group Intervention Adolescent (SSGRIN A))*. One intervention developed in UK (*Thurston Family Project)*.
> - Two interventions are aimed at parents and adolescents (*Strengthening Families Programme; SSGRIN-A*), one intervention is aimed at parents and young children aged 2 – 7 years (*Incredible Years*) and two interventions are aimed at parents and both young children and adolescents (*FAST* and *Thurston Family Project*).
> - Evidence quality: N = 4 *well evidenced* interventions, N = 1 intervention *limited evidence* from low quality evaluation
> - *FAST, Incredible Years, SSGRIN-A, Strengthening Families* reported significant improvements in children and young people's social and emotional skills including self concept, self-efficacy, internalising behaviour, externalising behaviour and peer and family relations.
> - *FAST* and *Incredible Years* were also shown to significantly improve parenting skills and behaviours including involvement in education, reduced substance misuse and reduced parental anxiety and depression.
> - Characteristics of effective interventions: manualised structured interventions delivered by trained staff, specific and well defined goals and rationale, direct and explicit focus on desired outcomes, implemented in group format with parents.

Type of Interventions: A total of five family-based social and emotional skills interventions were identified. Four of these interventions were adopted from US evidence-based interventions that can be applied in the school and community setting (*Families and Schools Together-FAST; Strengthening Families Programme-SFP10-14; Incredible Years; Social Skills Group Intervention Adolescent (SSGRIN A)*). One intervention was developed in the UK (*The Thurston Family Project*). Two interventions are aimed at adolescents (*Strengthening Families Programme; SSGRIN-A*), one intervention is aimed at young children aged 2-7 years (*Incredible Years*) and two interventions are aimed at both young children and adolescents (*FAST* and *Thurston Family Project*). The implementation of *FAST* in the UK involves parents as co-facilitators.

All interventions are family skills training interventions, based on family systems and social learning theories, focusing on: mental health promotion and substance misuse prevention (*Strengthening Families Programme*), family bonding and child development (*FAST*), conduct problems (*Incredible Years*), and

social competence (*SSGRIN-A*). The *Thurston Family Project* is particularly concerned with resiliency training using whole family outdoor activities, based on the ABC (Activating-Belief-Consequences) model of stress. The duration of these interventions ranges from 6-7 weeks (*Strengthening Families Programme*) up to two years *(FAST)*. One intervention is aimed specifically at parents of children in disadvantaged communities (*Incredible Years*).

Four interventions have been evaluated in the UK in the past four years. Two of them were implemented in England (*Thurston Project; Strengthening Families Programme*). One intervention was implemented across the UK (*FAST*), and one intervention was implemented in the UK and Northern Ireland (*Incredible Years*). The sample size differed across the identified interventions, ranging from 17 children and their parents (*Thurston Project*), to 149 families that took part in the *Incredible Years* programme in Northern Ireland and 171 families that took part in the *FAST* programme. Two evaluations utilised a randomised control trial design (*Incredible Years* and *SSGRIN-A*). One intervention used a quasi-experimental design (*Strengthening Families Programme*), and two interventions used a pre-post design with no control group (*FAST* and *Thurston Project*).

Quality of Studies: Four interventions were categorised as *well evidenced* as a result of rigorous evaluation studies (*FAST, Incredible Years, Strengthening Families Programme, SSGRIN-A*). One intervention provided *limited evidence* as a result of its small sample size and study design (The *Thurston Family Project)*. All of the interventions employed standardised scales in their evaluations, including: the Social Behaviour Questionnaire (Fredrickson & Dunsmuir, 2009), Piers-Harris Self-Concept scale (Piers & Herzberg, 2002) and Eyberg Child Behaviour Inventory (Eyberg & Ross, 1978)

Outcomes: Key findings from UK evaluations of these interventions using standardised outcome measures and pre-post statistical analysis included the following significant outcomes:
* improvement in children/adolescents' social skills including: positive family relations and family communication (*FAST*)
* reduced social and emotional problems including: peer problems (*FAST, Incredible Years*), hyperactivity and conduct problems (*FAST, Incredible Years*), inattentiveness (*Incredible Years*)
* improved prosocial behaviour (*FAST, Incredible Years; Thurston Project*)
* improved parenting skills including: social skills (*FAST*), involvement in education (*FAST*), substance use rates including alcohol and tobacco (*FAST*), reduction in critical parenting and aversive strategies (*Incredible Years*)
* reduced parental stress and depression scores (*Incredible Years*).

Similar results were reported from the *Thurston Project* and *Strengthening Families Programme* studies, which included self-reported improvements in positive friendships, reduced aggression and anxiety, reduced parental anxiety, improved parent-child relationships. Broader educational, social and health outcomes included significant improvements in participants' academic performance (*FAST*).

Key findings from the US evaluations of *SSGRIN-A* included significant:
* improvements in participants' self-concept and self-efficacy
* reduction in internalising behaviour including anxiety, depression and somatisation (*SSGRIN-A*).

In terms of long term findings, the significant positive effects of the *Incredible Years* were sustained at one year follow up.

Implementation Findings: Information regarding the costs was retrieved for the five US evidence-based interventions (see Table 7 in Appendix 2). Cost benefit analysis information was available for three out of the five interventions:

i.   *FAST*: Cost £231, Benefit £756, Benefit minus cost £525, Benefit cost ratio 1:3.27, Rate of return on investment= 8% and Risk of loss= 45% as reported by Dartington Investing in Children Database (2012)

ii.  *Strengthening Families Programme*: Cost £730,  Benefit £472, Benefit minus cost £258, Benefit cost ratio 1:0.65, Risk of loss 93% as reported by Dartington Investing in Children Database (no date provided)

iii. *Incredible Years*: Cost £1211, Benefit £1654, Benefit minus cost £443, Benefit cost ratio 1:1.37, Rate of return on investment = 6% and Risk of loss= 33% as reported by Dartington Investing in Children Database (no date provided).

All interventions are manualised interventions and are delivered by trained staff with a wide range of backgrounds including: education, health, counselling, social care, and psychology. One intervention dictates a minimum master's degree in the health services field for the trainers with direct field experience (*SSGRIN-A*). Two interventions require trainers to be supervised by intervention-certified professionals (*FAST*, *Incredible Years*).

## *Mentoring interventions*

Key Findings

- Eleven mentoring interventions identified.
- Nine interventions were developed in the UK, two interventions were developed in US (*Big Brothers Big Sisters, Friends of the Children*).
- Programmes are implemented with young people aged 5-19 years, average duration 6-8 weeks.
- Evidence quality: N = 1 *well evidenced* intervention, N = 10 interventions with *limited evidence*
- Established evidence regarding immediate and long term effectiveness of *Big Brothers Big Sister* in terms of improved self worth, behaviour, relationships with peers and parents, reduced substance use and improved academic outcomes.
- Two evaluations of *Teens and Toddlers* indicated improvements in girls' self esteem, self efficacy and decision making.
- Quality of evidence from the majority of studies is inadequate to determine programme impact.
- Characteristics of effective interventions as identified in previous literature: orienting and training volunteers, creating and supervising matches, provision of mentoring over long period of time, provision of structured activities.

Type of Interventions: A total of 11 interventions meeting the inclusion criteria were identified. The mentoring interventions are commonly based on a one-on-one relationship between a provider (mentor or peer-led/educator) and a mentee for the potential benefit of the wellbeing, knowledge, social and emotional skills and educational achievements of the mentee. Nine interventions were developed and implemented in the UK and one of them is also delivered in the US (*Teens and Toddlers*). Two interventions were developed

in the US and implemented in both the US and in the UK (*Big Brothers Big Sisters* and *Friends of the Children)*. Seven interventions were implemented nationwide in the UK (*MAPS, ReachOut Programme, Healthy Relationships Training Pilot Programme (HEART)*, *Quarrel Shop, Teens and Toddlers, Chance UK* and *Microsoft Youth Hubs*). One intervention was implemented on a cross-border basis in Northern Ireland and the Republic of Ireland (*Getting it Together*) and one intervention was implemented in an English Local Authority, not specified (*Volunteering Mentoring Scheme*).

Six interventions were grounded in the mentoring approach (*Volunteering Mentoring Scheme*, *MAPS, ReachOut, HEART, Friends of the Children,* and *Big Brothers Big Sisters*) and one also incorporated the theory of social control (*Big Brothers Big Sisters*). One programme reported adopting principles of 'behavioural support' and 'early intervention' (*Chance UK*) in order to help children improve their behaviour over the course of the mentoring, with a view to reducing anti-social behaviour and youth crime in the long term. The *Quarrel Shop* intervention's theory of change was underpinned by the theory of Emotional Intelligence (Mayer et al., 2004), Self-Efficacy, Locus of Control (Thompson, 2009) and the analysis of prosocial behaviour (Penner et al. 2005). Three programmes involved a peer-led approach (*Getting it Together*, *Microsoft Youth Hubs* and *Quarrel Shop*). A number of programmes used multiple approaches: two reported a combination of a mentoring component with an educational approach (*HEART* and *Quarrel Shop*), one of them also used online and helpline components (*HEART*), and one programme combined youth development with voluntary service working with young children (*Teens and Toddlers*).

Mentors in six interventions were volunteers (*Volunteer Mentoring Programme*, *Big Brothers Big Sisters*, *ReachOut*, *Chance UK, HEART and MAPS*) including: volunteers that were familiar with the local community of the mentee (*Volunteer Mentoring Scheme*), university students (*ReachOut*) and young ex-offenders and ex-gang members (*HEART*). One intervention trained participants to become mentors in early childcare (*Teens and Toddlers*) and one worked with employees/mentors that were screened and paid on a full-time basis (*Friends of the Children*).

Almost all of the programmes were universal in their inclusion criteria; however, some programmes included specific population groups including:
- disadvantaged, socially excluded and at-risk groups (*Volunteer Mentoring Scheme*, *HEART*, *Quarrel Shop*, *Microsoft Youth Hubs*, *Quarrel Shop* and *Big Brothers Big Sisters*)
- NEET groups - Not in Education, Employment or Training (*MAPS* and *Teens and Toddlers*)
- those facing challenging life circumstances / events (*MAPS, Volunteer Mentoring Scheme* and *Friends of the Children*)
- youth at risk of violence / crime / anti-social behaviour (*Friends of the Children*, *HEART* and *Quarrel Shop*)
- young people participating in existing youth participation projects (*Getting it Together*)
- youth at risk of becoming adolescent parents (*Teens and Toddlers* and *Friends of the Children*)
- youth with conduct difficulties (*Chance UK*, *Big Brothers Big Sisters* and *ReachOut*) and emotional difficulties such as: low confidence or self esteem (*ReachOut*)
- youth at risk of school failure or exclusion (*Volunteer Mentoring Scheme*, *Big Brothers Big Sisters*, *ReachOut* and *Quarrel Shop*)
- youth with limited access to IT (*Microsoft Youth Hubs*)
- young people with special needs (*Microsoft Youth Hubs*).

Three interventions were implemented with young people aged 5-19 years old (*Friends of the Children*, *Chance UK* and *Big Brothers Big Sisters*), four interventions were implemented with young people aged 10-16 years (*Teens and Toddlers*, *Volunteer Mentoring Scheme*, *ReachOut* and *HEART*) and four interventions were implemented with 9-25 years old (*Getting it Together, MAPS*, *Quarrel Shop* and *Microsoft Youth Hubs*). The total duration of the programmes ranged from six to eight weeks (*Quarrel Shop*) to one year (*MAPS, Chance UK*, *Big Brothers Big Sisters* and *HEART*). One programme did not report on the total duration of its activities (*Microsoft Youth Hubs*).

Quality of Studies: Nine interventions were evaluated in the UK and two in the US. In total there were 14 studies covering 11 programmes (two studies of *Teens and Toddlers* and three studies of *Big Brothers and Big Sisters*). Two interventions were evaluated using a randomised controlled trial (*Teens and Toddlers, Big Brothers Big Sisters*), one of which conducted a follow up study at 12 and 18 month (*Big Brothers Big Sisters*). One intervention was evaluated using a quasi-experimental design (*Getting it Together*), six interventions were evaluated using a pre-post evaluation design with no control group (*MAPS, Volunteer Mentoring Scheme, Chance UK*, *Microsoft Youth Hubs*, *Quarrel Shop* and *HEART*), two studies conducted a follow up study, at 8 months (*HEART*) and up to 18 months after the course (*Quarrel Shop*). One evaluation used a post-test design with no control group (*ReachOut*), and one used a longitudinal study making comparison with responses from surveys of previous years and comparing participants' outcomes with a larger 'non high-risk' sample from the same area (*Friends of the Children*).

Sample sizes ranged from 29 (*Quarrel Shop*) to 1,107 participants (*Big Brothers Big Sisters*), apart from three studies that reported sample sizes under 20 (*Getting it Together*, *ReachOut* and *Microsoft Youth Hubs*). Qualitative methodologies employed in two studies tended to have smaller sample sizes (<20 participants).

One intervention was categorised as *well evidenced* (*Big Brothers Big Sisters*). The remaining ten interventions provided *limited evidence* as a result of not using standardised outcome measures, no pre or post-test evaluation and/or not using a control group.

The standardised outcome measures that were employed across the studies included:
• Self Esteem Scale (Rosenberg, 1965)
• The Generalised Self-Efficacy Scale – short version (Schwarzer and Jerusalem 1995)
• Life Effectiveness questionnaire (Neill, et al. 1997)
• Teacher Observation of Classroom Adaptation Revised (Werthamer et al., 1991)
• Strengths and Difficulties Questionnaire (Goodman, 1997)
• Self-Perception Profile for Children (Harter, 1985)
• Parent and Peer Attachment (Armsden & Greenberg, 1986)
• Self-Image Questionnaire for Young Adolescents (Petersen et al., 1984).

Non-standardised measures included questionnaires, interviews, focus groups, researcher observation, youth participatory methods and tools developed by the programmes to assess its impact, such as: The Journey of Change (*Quarrel Shop)* and the Relative Assessment for Developmental Assets tool (*MAPS*).

Outcomes: Key findings based on an international evaluation of the *Big Brothers Big Sisters* programme indicate the significant positive effect of this mentoring programme on young people's communication skills, relationships with peers and parents and behaviour. These results were shown to have been maintained at 18

months follow up. Broader outcomes included significantly improved academic outcomes and a significant reduction in initial alcohol and drug use rates. These results were also maintained at 18 months follow up.

In terms of the mentoring interventions evaluated in the UK, two interventions (*Teens and Toddlers* and *Chance UK* ) reported significant positive social and emotional outcomes using standardised outcome measures and pre-post statistical analysis. Results included significant improvements in young people's:

- self esteem (*Teens and Toddlers* maintained at one year follow up)
- self efficacy (*Teens and Toddlers*)
- emotional symptoms (*Chance UK*)
- decision making (*Teens and Toddlers)*
- conduct problems (*Chance UK*)
- hyperactivity and inattention (*Chance UK*)
- peer relationship problems (*Chance UK*).

Regarding the impact of the *Teens and Toddlers* programme, which is aimed at reducing teenage pregnancy by raising aspirations and educational attainment, it is important to note that whilst an impact was observed in terms of improving girls' self esteem, self efficacy and decision making, there was no evidence of a positive impact on outcomes related to use of contraception and expectation of teenage parenthood.

Additional improvements in young people's social and emotional skills as a result of mentoring were reported across several interventions using non-standardised measures that were not subject to pre-post statistical analysis, thus, the reliability and validity of these outcomes cannot be verified. Examples of self-reported outcomes included, improved:

- confidence (*Getting it Together*, *ReachOut*, *Microsoft Youth Hubs*, *HEART, Friends of the Children* )
- self efficacy (*Quarrel Shop*)
- self control (*Quarrel Shop*)
- coping skills  (*Getting it Together*)
- communication  skills (*Getting it Together*, *Microsoft Youth Hubs*, *Quarrel Shop*))
- attitudes and behaviour  (*Volunteer Mentoring Scheme, Friends of the Children*)
- awareness of consequences (*HEART*)
- decision making (*Quarrel Shop; Microsoft Youth Hubs*); leadership skills (*Quarrel Shop*); Negotiation skills (*HEART*) and participatory work (*Getting it Together*).
- relationships (*Microsoft Youth Hubs*, *MAPS, Getting it together and HEAR*T)
- conflict management (*Quarrel Shop; HEART* maintained at 8 month follow up).

Broader self-reported educational, social and health outcomes included improved:

- school attendance, attitude, engagement (*Volunteer Mentoring Scheme; Teens and Toddlers* and HEART), academic achievement (*ReachOut, HEART*, *Friends of the Children* and *Microsoft Youth Hubs*), positive approach and commitment to schooling (*Volunteer Mentoring Scheme*, MAPS, *Teens and Toddlers* and *Friends of the Children*)
- digital literacy (*Microsoft Youth Hubs*)
- employment (*Microsoft Youth Hubs*)
- community awareness and engagement (*Quarrel Shop*)
- sexual health knowledge/ literacy (*HEART* maintained at 8 months follow up and *Teens and Toddlers*), and reduced likelihood of becoming pregnant (*Teens and Toddlers* and *Friends of the Children*)

- healthy habits: diet, exercise, doctor visit (*Friends of the Children*)
- attitude towards crime and offending (*HEART*, maintained at 8 month follow up; *Quarrel Shop; Friends of the Children)*
- decrease in the early initiation of tobacco, alcohol and substance use (*Friends of the Children*).

The *Teens and Toddlers* programme found that participants with poor initial levels of engagement and self esteem benefited the most from the programme. The *HEART* programme reported differences in outcomes between male and female participants. Even though the findings showed a positive impact on healthy relationships for all participants, male participants showed greater change and progress than female participants in the following areas: improved wellbeing, ability to be assertive, negotiations skills and improved attitudes and awareness concerning committing crime and offending.

Implementation Findings: Information regarding the costs was retrieved for six interventions (see Table 7). Total cost and cost per person information was available for five interventions:
- *Friends of the Children,* Treyla, UK (2014): Total cost per child per year: £6,000 *Friends of the Children,* New York, US (2013): Programme services, fundraising, management and general: Total personnel cost: $1,117,823; other than personnel cost: $ 1,547919
- *ReachOut* (2014-2015): Total cost: £135,000 (for 216 young people)
- *HEART* programme (2011-2012): Training: Total cost: £165,313, cost per person £234; Mentoring: Total cost: £ 89,000, cost per person: £405
- *Quarrel Shop* (2014): Total cost of delivery for a commissioning partner: £30,000, cost per person: £1,875 (cohort of 16 participants)
- *Big Brothers Big Sisters* (US-Blueprint database): Total year one cost: $328,000; cost per matched with a mentor: $1,312.

All interventions provided training to the mentors, including: additional workshops designed to improve interpersonal skills (qualified by a National Award) and sexual health literacy *Teens and Toddlers*), rapport building, communication skills (*MAPS* and *HEART*), group work facilitation and work with vulnerable young women (*HEART*), behaviour management, setting goals (*ReachOut*), digital literacy, business, life skills (*Microsoft Youth Hubs*), child protection and safeguarding (*MAPS*, *ReachOut* and *HEART*). One of the programmes reported the need for continued training for mentors to address the issues that emerged during programme delivery (*Volunteer Mentoring Scheme*).

Five interventions reported the use of manuals, booklets or toolkits (*Friends of the Children*, *Big Brother and Big Sisters*, *MAPS*, *ReachOut* and *Microsoft Youth Hubs*) and two of them also reported the use of guidelines (*Friends of the Children*) and video cameras, Xbox 360kinect (*Microsoft Youth Hubs*). One intervention used a resource pack co-designed with participants for promoting young people's emotional wellbeing (*Getting it Together*). The remaining interventions did not report any further information in this area.

*Interventions aimed at enhancing motivation and opportunities for life through social and emotional skill development*

*Education, work, career interventions*

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Key Findings

- Five education, work, career interventions identified.
- All interventions were developed in the UK and aimed to equip young people with the personal and social skills to enable them to take the next steps into employment, further education or apprenticeship (*Fairbridge Programme, Get Started*, *The Kent Community Programme*, *The Archway Project* and *Team Programme)*.
- Programme duration ranged from 12 weeks to one year.
- Evidence quality: N = 5 interventions with *limited evidence*
- Quality of evidence from these interventions is inadequate to determine programme impact due to weak study designs and use of non-standardised measures.
- Qualitative results suggest potential positive impact on young people's social and emotional skills and broader outcomes including progression into education, training, volunteering or employment.
- Further testing of interventions using more robust evaluation designs is warranted.

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Type of Interventions: A total of five interventions meeting the inclusion criteria were identified, all of which were developed and implemented in the UK and aimed to equip young people with the personal and social skills to enable them to take the next steps into employment, further education or apprenticeship (*Fairbridge Programme; Get Started; The Archway Project; The Kent Community Programme* and *Team Programme*). Three programmes were run by the same charity - Princes' Trust (*Get Started, Fairbridge; Team programme*). Two interventions also worked together as two complementary projects (*Get Started* and *Fairbridge programme*).

One intervention was grounded in restorative approaches (*The Kent Community Programme*). Three programmes combined multiples approaches including: educational (*Fairbridge*) and a community engagement approach (*Get Started* and *Team Programme*) and two also included: arts, sports and a component of mentoring or one-to-one support (*Get Started* and *Fairbridge Programme*). *The Archway Project* was based mainly on an educational approach, however, it combined recreational and art approaches.

Three interventions included participants with an average age range of 11-19 years old (*Get Started, The Archway Project and The Kent Community Programme*) and two interventions reported a broader average age range of 13-25 years old *(Fairbridge Programme* and *Team Programme*).

Almost all of the programmes were universal in their inclusion criteria; however, some programmes targeted specific population groups:

- disadvantaged, socially excluded and at risk groups (*Fairbridge Programme, Team Programme, The Archway Project*)
- NEET groups - Not in Education, Employment or Training (*The Kent Community Programme; The Archway Project; Team Programme*)
- youth with anti-social behaviour (*The Archway Project; Fairbridge Programme*)
- youth experiencing challenging circumstances (*Fairbridge Programme*)
- youth close to entering the labour market but experiencing access problems (*Get Started*).

The total duration of the programmes ranged from 12 weeks (*Team Programme*) to one year (*Fairbridge Programme*). One programme reported that the total duration depended on the participants' needs, the referrer and / or funding available (*The Archway Project*).

Quality of Studies: All interventions were evaluated in the UK. One study examined the impact of two programmes (*Fairbridge* and *Get Started programme*). Three studies employed a pre-post design with no control group (*Fairbridge Programme, The Kent Community Programme* and *Fairbridge & Get Started*). Two studies conducted a post-test evaluation (*The Archway Project and Team Programme*) and one study carried out a three months follow up (*Team Programme*). Sample sizes ranged from 25 participants (*Fairbridge & Get Started* study) to 594 participants (*Fairbridge programme*). Qualitative methodologies employed in two out of the six studies utilised smaller sample sizes (<20 participants).

All five interventions provided *limited evidence* as a result of no control group, small sample size, use of non-standardised measures and lack of detail in reporting the methodological approach adopted in the study. The non-standardised measures utilised in these studies, included: questionnaires, reports, observations, record of qualifications, workshops, interviews, focus groups, case studies, surveys, and tools developed by the programmes to assess its impact, such as: 'Who are you quiz?' (*Fairbridge Programme*), 'My Journey' self-assessment tool (*Fairbridge & Get Started* programmes).

Outcomes: Given the weak study designs it was not possible to determine if these interventions had a significant positive effect on young people's social and emotional skills. Key findings based on the self-reported post-intervention outcomes included improvements in young people's:

- confidence (*The Kent Community Programme*, *Archway Project, Team Programme, Fairbridge & Get Started* programmes)
- self esteem (*Team Programme*)
- emotion management (*Fairbridge & Get Started* programmes) and positive mood (*The Archway Project*)
- communication skills (*The Kent Community Programme*, *The Archway Project* and Get *Started* programme)
- social relationships, compliance, respect and responsible behaviour (*The Archway Project*) and social skills (*The Kent Community Programme*)
- motivation (*Team Programme* and *The Archway Project*),
- sense of responsibility (*The Kent Community Programme* and *Team Programme*), reliability (*Get Started programme*) and timekeeping and attendance (*Team Programme*),
- sense of achievement (*The Archway Project*), setting and achieving goals (*Get Started programme*)
- raised aspirations (*The Archway Project*), helping others and tolerance (*Team Programme*)

- teamwork (*The Kent Community Programme*, *Team Programme* and *Get Started programme*)
- improved problem solving skills (*The Archway Project*).

Broader self-reported educational, social and health outcomes included:
- improved progression/motivation/aspirations to education, training and employment (*The Kent Community Programme*, *Team Programme* and *The Archway Project*) improved behaviour / concentration / attachment at school (*The Archway Project*)
- improved technical skills (*The Archway Project*)
- reduced truancy (*The Archway Project*).

Long term outcomes included self-reported improvements in young people's:
- confidence (*Fairbridge*: 12-18 month follow up)
- positive attitudes towards self (*Fairbridge*: 12-18 month follow up)
- career gains / aspiration (*Fairbridge*: 12-18 month follow up).

The *Fairbridge* and *Get Started* study found that Fairbridge participants who were homeless, ex-offenders or drugs users were more likely to be amongst those that achieved better stabilisation outcomes (such as reducing drug consumption or re-offending) and participants with a self-declared disability were more likely to achieve better outcomes related to employment, education, training or volunteering (EETV). Participants with offending behaviour in both programmes showed better EETV outcomes.

Implementation Findings: Information regarding programme costs-benefits was retrieved for one intervention. *The Kent Community Programme*: Total Cost per annum: £150,000; Cost saving (Based on delivery to 115 young people, from 2009/10 figures):
i.   Cost per jobseeker totals  £5,400 total cost = £621,000
ii.  Potential cost saving for 115 young people: £233,400
iii. Agency intervention average cost per YP agency intervention: £4,271 (total: £491,144): Potential cost saving for 115 YP = £341,144.

All interventions were implemented by programme staff, delivery partners or volunteers. Two interventions reported that they provide training/supervision to programme staff (*The Kent Community Programme*, and *Team Programme*). Two programmes reported as a 'workforce requirement' some form of specific training (*The Archway Project* and *Team Programme*). One intervention reported the utilisation of toolkits, individual learning records and guidelines (*Team Programme*) and one intervention reported the use of specific materials for the courses that they provided (*The Archway Project*).

***Interventions aimed at improving participants' connections to other people and society through social and emotional skill development***

***Social action interventions***

Key Findings

- Twelve social action interventions identified.
- Eleven UK developed interventions. One international intervention (*Girl Guides*).
- Interventions include volunteering, engagement in social action projects, engagement in public decision making at local and national level, and personal and social development intervention for young girls.
- Programme duration ranged from six days to two years.
- Evidence quality: N = 12 interventions with *limited evidence*, however, one study utilised a quasi-experimental design and some standardised measure to determine programme impact (*National Citizen Service*).
- *National Citizen Service* produced promising evidence in terms of significant improvements in young people's confidence, happiness, sense of worth, reduced anxiety, improved interest in education and improved attitude toward mixing in the local area.
- Four interventions that utilised a pre, post design produced *limited evidence* in term of their effectiveness in improving young people's self confidence, self esteem, social skills, leadership skills, problem solving, organisation skills, communication skills and motivation *(Youth Voice UK, vInspired Team V, vInspired 24/24, vInspired Cashpoint).*
- Broader outcomes across these five interventions include improved knowledge and understanding of the local community, increased community engagement, improved attitudes about future employment, increased career ambition and increased intention to engage in voluntary activities in the future.
- The quality of the remaining six interventions was too weak to determine programme impact.
- Further evaluation studies using robust study designs are warranted.

Type of Interventions: Twelve social action interventions were identified. These interventions aim to support young people's personal and social development through their engagement in social action projects in their community. These projects can be broadly defined as a practical action made in the service of others aimed at creating positive social change for the benefit of the wider community as well as for the young people delivering the action. Nine social action projects were developed and implemented in the UK. Eight interventions were implemented across the UK (*Supporting Inclusion Programme*, *Millennium Volunteers Programme²*, *Raleigh International, vInspired Cashpoint Programme*, *Think Big with O2*, *vInspired Team V*, *Fixer*s and *UK Youth Voice*), and three interventions were implemented in England (*vInspired 24/24 Programme*, *National Citizen Service*, *Step into Sport)*. One intervention includes overseas volunteering, particularly in low income countries (*Raleigh International*). The World Association of Girls Guides and Girls Scouts is a global initiative which is implemented in 145 countries and also includes overseas volunteering opportunities.

All of the interventions are based on community engagement and social connectedness theories, with a special emphasis on; social inclusion of youth (*Supporting Inclusion Programme*, *Millennium Volunteers Programme*, *Girl Guides* and *UK Youth Voice*), positive progression to adulthood (*National Citizen Service*, *vInspired 24/24 Programme*), youth education and international volunteering (*Raleigh International*), sports (*Step into Sport*), peer leadership (*vInspired Team V* and *Girl Guides*), supporting the development of social action projects (*Fixers, Think Big with O2, vInspired Cashpoint Programme*) and non-formal education (*Girl Guides*).

Almost all of the programmes were universal in their inclusion criteria, however, some programmes showed an interest in recruiting specific population groups:

- Young people who have no previous volunteering experience (*Millennium Volunteers Programme*)
- Disadvantaged, socially excluded and at-risk groups (*Millennium Volunteers Programme*, *Raleigh International*, *vInspired Cashpoint Programme*, *Think Big with O2*, *Supporting Inclusion Programme*)
- Young people who lack social or emotional resilience (*Think Big with O2*)
- Young people with particular issues they need to tackle such as bullying or crime (*Fixers*)
- NEET groups - Not in Education, Employment or Training (*Raleigh International*) and in additionally challenging circumstances (*vInspired 24/24 Programme*).

The average age range of the intervention participants was 7-25 years. Three interventions were implemented with an age range of 14-19 years old (*vInspired 24/24 Programme*, *National Citizen Service, Step into Sport*). One intervention was implemented with younger participants aged 5-18 years old (*Supporting Inclusion Programme*).

There was a wide range in terms of the total duration of the programmes. *National Citizen Service* consists of five phases (i) introductory phase (ii) one week residential programme at an outdoor activity centre (iii) one week residential learning and building new skills (iv) 30 hours of activity designing a social action project (v) 30 hours delivering the social action project. This is followed by a graduation ceremony. *Millennium Volunteers Programme* and *UK Youth Voice* are implemented over one to two years. Two studies did not report on the total intervention duration (*Supporting Inclusion Programme* and *vInspired Team V*). One study reported the total volunteering hours required (*Step into Sport:* 200 hours).

Quality of Studies: The majority of the evaluations were of a low research quality as a result of weak study designs and/or not using standardised outcome measures. *National Citizen Service* was the only intervention to utilise a comprehensive evaluation design with a large sample of young people, including a process evaluation, impact survey employing a matched comparison group design, economic analysis and social media listening. In addition to *National Citizen Service*, four other interventions explicitly reported their theoretical framework and conducted a pre, post evaluation (*vInspired Team V, vInspired 24/24, vInspired Cashpoint, UK Youth*). Seven studies were of lower quality (*Supporting Inclusion Programme*, *Millennium Volunteers Programme*, *Raleigh International*, *Step into Sport*, *Think Big with O2, Girl Guides, Fixers*), for at least one of the following reasons: lack of control group, use of non-standardised outcome measures, lack of pre-test evaluation, not reporting the logic model. Non-standardised measures utilised included: surveys, questionnaires, data from case studies, focus groups, interviews, reports, and observations.

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[2] *Millennium Volunteers Programme* is currently delivered by *vInspired* in England, Saltire Awards in Scotland and Millennium Volunteers in Northern Ireland and Wales.

<u>Outcomes:</u> Using Rosenberg's Self Esteem Scale (Rosenberg, 1965), *National Citizen Service* reported a non-significant programme impact on young people's self-esteem. The study did, however, report significant improvements in young people's wellbeing, including happiness, sense of worth, and reduced anxiety levels (all single item measures). Improved confidence, enhanced interest in education and improved attitudes towards mixing in the local area were also self-reported.

A range of additional social and emotional outcomes were reported across the social action interventions, however, the validity and reliability of these largely qualitative results cannot be verified. Key outcomes based on the self-reported results include improved:

- self confidence (*Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Cashpoint, Step into Sport, Think Big with O2, TeamV, Fixers, Girl Guide, UK Youth Voice)*
- social competence (*Supporting Inclusion Programme, Millennium Volunteers Programme, Step into Sport, National Citizen Service*)
- relationships (*Millennium Volunteers Programme, vInspired Cashpoint, Step into Sport, Fixers, UK Youth Voice*), attitude towards people of different background (*National Citizen Service*), empathy/ cognitive skills (*UK Youth Voice*) and trust in others (*National Citizen Service*)
- leadership skills (*Supporting Inclusion Programme, Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Cashpoint, Step into Sport, National Citizen Service, vInspired TeamV*), motivating people (*Think Big with O2*)
- communication skills (*Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Cashpoint, Step into Sport, National Citizen Service, vInspired TeamV, Fixers, UK Youth Voice)*
- time management (*Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Cashpoint, Think Big with O2*) and organisational skills (*Step into Sport*),
- decision making *(National Citizen Service, Think Big with O2)*; problem solving skills (*Millennium Volunteers Programme, National Citizen Service, UK Youth Voice*)
- team work (*Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Cashpoint, National Citizen Service, Think Big with O2, Girl Guides*)
- resilience (*National Citizen Service, vInspired TeamV, Fixers, Girl Guides, UK Youth Voice*)

Broader self-reported social and health outcomes include improvements in:

- developing new skills, including: project management and planning (*vInspired Cashpoint* and *Fixers*), media skills and networking (*Fixers*). Other programmes that did not report specific skills (*Supporting Inclusion Programme, Think Big with O2*)
- employability (*Supporting Inclusion Programme, Millennium Volunteers Programme, vInspired 24/24 Programme, vInspired Team V, Fixers*)
- career ambitions/ aspirations (*National Citizen Service, vInspired Cashpoint*), future aspirations (*Think Big with O2*)
- academic achievement (*Step into Sport, vInspired Cashpoint*) and educational engagement (*Girl Guides*)
- community engagement (*Supporting Inclusion Programme, Millennium Volunteers Programme, vInspired 24/24 Programme, Step into Sport, National Citizen Service*), social inclusion (*Supporting Inclusion Programme*) and social/ community awareness (*Girl Guides, National Citizen Service, Think*

*Big with O2*, *Step into Sport*, *Millennium Volunteers Programme*)
- civic engagement/ sense of citizenship (*Girl Guides*, *vInspired 24/24 Programme*, *Step into Sport* and *Millennium Volunteers Programme*)
- reduced substance misuse, including alcohol (*(National Citizen Service*)
- enhanced political awareness (*UK Youth Voice).*

Impact on equity: *National Citizen Service* reported on impact in terms of:
- attitudes towards social mixing, showed a greater positive impact on participants from black, minority and ethnic backgrounds
- increased confidence in practical life skills, such as decision making and managing money, was more evident for girls than boys.

Implementation findings: Information regarding the costs was retrieved for nine interventions (see Table 7). Cost benefit analyses information is available for four interventions:
- *vInspired Cashpoint Programme* (2013): £450 total grant cost per project; £2,154 total monetised benefits; Social return on investment (SROI) ratio 1:4.8
- *National Citizen Service (2013*): cost range between £49m and £13m (Summer and Autumn programmes); cost benefit 1:1.39 - 4.80 and 1:1.09 - 4.71 (Summer and Autumn programmes)
- *vInspired Team V* (2013): cost for one year £620,000; benefit £960,000; SROI 1:1.55 (social return on investment)
- *Millennium Volunteers Programme* (UK: 1998-2002): total investment £40,649,000; notional economic value £65,250,127; total return balance £24,601,127; ratio of investment £1:1.6.

Eight interventions reported providing staff training (*Supporting Inclusion Programme*, *Raleigh International*, *vInspired 24/24 Programme*, *vInspired Cashpoint, National Citizen Service, Think Big with O2, UK Youth Voice, Girl Guides*), including safeguarding, health, safety policies and processes (*Supporting Inclusion Programme*), group management and support, personal and social development, conflict resolution, diversity, social inclusion (*National Citizen Service*), leadership and gender based violence (*Girl Guides*). Two interventions reported the utilisation of manuals (*Raleigh International* and *Supporting Inclusion Programme*). *Supporting Inclusion Programme* also reported providing books and online videos for the staff and guides, posters, information books for participants. One intervention reported co-producing the material and resources with the participants (*Fixer*s) and three interventions reported using practice guides (*Millennium Volunteers Programme*, *Girl Guides*, *National Citizen Service*).

*Cultural awareness interventions*

Key Findings
- Two cultural awareness interventions identified.
- Both interventions were developed in the UK (*Think Project*, programme designed to challenge negative attitudes and racism, *Sheffield Multiple Heritage Service* – implemented with young people from ethnic minorities focused on identity and cultural heritage). Programme duration 4-6 weeks.
- Evidence quality: N = 2 interventions with *limited evidence.*
- Programme outcomes reported by *Sheffield Multiple Heritage Service* – positive impact on young people's self esteem, wellbeing and reduced threshold for psychiatric disorder.
- *Think Project* - self-reported improvement in young people's understanding, empathy and respect for other cultures.
- Further studies using robust study designs are warranted.

Type of Interventions: Two studies meeting the inclusion criteria were identified. Both interventions were developed and implemented in the UK (*Think Project* and *Sheffield Multiple Heritage Service.*) These interventions were based on a cultural approach with a special focus on identity, racism, diversity and appreciation of different cultural backgrounds and heritage. The *Sheffield Multiple Heritage Service* programme was part of a wider service that included a one-to-one mentoring intervention, and training courses.

The target populations for these programmes included:
- youth who are vulnerable or disengaged
- multi-heritage / black, minority and youth with ethnic backgrounds
- youth with problem behaviours (*Sheffield Multiple Heritage Service*).

*The Sheffield Multiple Heritage Service* intervention had an average age range of 8-15 years while the *Think Project* reported a broader average age range of 14-25 years. The total duration of the programmes ranged from four to six weeks.

Quality of Studies: Both interventions were evaluated in the UK using a pre-post design with no control group. The sample size ranged from 43 (*Sheffield Multiple Heritage Service*) to 99 participants (*Think Project*). These interventions provided *limited evidence* regarding programme effectiveness as a result of no control group and not using standardised outcome measures. Non-standard measures included interviews and questionnaires. The standardised outcome measures employed included:
- Rosenberg Self Esteem Scale (Rosenberg, 1965)
- 12-item General Health Questionnaire (Goldberg and Williams, 1988)
- Strengths and Difficulties Questionnaire (Goodman, 1997).

Outcomes: Significant programme outcomes were reported by *Sheffield Multiple Heritage Service*. At post-intervention, participants had significantly higher self esteem, wellbeing and a significantly reduced threshold for psychiatric disorder when compared with their baseline scores. This intervention also reported differences in outcomes related to the age of the participants and gender. Younger participants and male participants showed greater improvements in self esteem, and older children and to a lesser extent, male participants showed better results for improvements in wellbeing. Results from a pilot evaluation of *Think Project* indicated self-reported improvements (non-standardised measures) in young people's understanding, empathy and respect for other cultures.

Implementation Findings: In terms of resources, *Sheffield Multiple Heritage Service* intervention reported the use of an information pack for young people. The *Think Project* reported the ongoing development of new training materials for practitioners, including a handbook and videos. *The Think Project* reported as a 'workforce requirement' some form of specific training, youth work experience and teaching backgrounds. Information regarding the costs was retrieved from the *Think Project*. The total cost for the three day programme for a group of 10 to 15 young people was reported to be approximately £3,500.

## Interventions aimed at reducing problem behaviour

### *Crime prevention interventions*

Key Findings

- Nine crime prevention interventions identified.
- Six interventions developed in the UK, three international interventions developed in US, Brazil and South Africa. Five interventions grounded in a mentoring approach. Programme duration ranged from six weeks to five years.
- Evidence quality: N = 1 interventions *well evidenced*; N = 8 interventions *limited evidence*
- Good quality evidence regarding the effectiveness of *Coaching for Communities* (five day residential course combined with nine months mentoring) in improving young people's self esteem and prosocial behaviour and reducing negative emotions and antisocial behaviour.
- Some formative qualitative evidence from remaining interventions, however, use of more robust evaluation measures is required to determine programme impact.
- Characteristics of effective interventions from previous reviews: structured approach, adequate supervision, multi-component interventi*ons which included* mentoring, structured sessions and education training.

Type of Interventions: A total of nine studies meeting the inclusion criteria were identified. These interventions aim to address the risks that lead to anti-social and criminal behaviour and build on protective factors including self esteem, self regulation, relationship skills, emotional wellbeing and behaviour. Six interventions were developed in the UK (*Conflict Resolution Uncut, Urban Stars, Mentoring Plus, Plusone Mentoring, Talk about Talk Programme* and *Young Leaders for Safer Cities)*. Three interventions were developed in the US, Brazil and South Africa (*Coaching for Communities, Fight for Peace*, *Face-It)*.

All programmes were implemented in the UK. Four of the interventions were implemented in London (*Conflict Resolution Uncut, Mentoring Plus[3], Young Leaders for Safer Cities)*. One intervention was implemented in Scotland (*Plusone Mentoring*), and one was implemented in Northern Ireland and the Republic of Ireland (*Urban Stars*). *Fight for Peace* was delivered in Brazil and the UK, *Coaching for Communities* was implemented in UK, US, Ireland, Netherlands and Sweden, *Face-It* was delivered in South Africa and the UK and *Young Leaders for Safer Cities* was delivered in the UK and US.

Five interventions were grounded in a 'mentoring approach' (*Conflict Resolution Uncut, Plusone Mentoring, Mentoring Plus, Talk about Talk Programme, Coaching for Communities*), and another intervention used a multi-component approach which included a residential retreat approach (*Coaching for Communities*). Other programmes reported adopting principles of 'behavioural support' and 'motivational work' (*Conflict Resolution Uncut*), early intervention (*Plusone Mentoring*) and strengthening social capital (*Urban Stars)*. One programme adopted a creative and experiential approach based on therapeutic methods leading to prosocial behaviour-change, self awareness and prosocial identity for the young participants (*Face-It*). Two interventions combined an educational approach with leadership development (*Fight for Peace* and *Young Leaders for Safer Cities*). *Fight for Peace* also included a sports-based approach to programme implementation.

The target populations for these programmes included:
* young people at risk of crime (*Conflict Resolution Uncut*, *Coaching for Communities*, *Fight for Peace*, *Plusone Mentoring*, *Talk about Talk Programme*, *Face-It*), anti-social behaviour (*Coaching for Communities*, *Urban Stars*) and gang involvement (*Conflict Resolution Uncut, Face-It*)
* young people at risk of substance misuse (*Coaching for Communities* and *Face-It*)
* young people at risk of exclusion from home / school (*Conflict Resolution Uncut, Coaching for Communities, Face-It*)
* young people at risk of exposure to violence (*Conflict Resolution Uncut*)
* young people with challenging behaviour (*Conflict Resolution Uncut*)
* ethnic minorities (*Mentoring Plus*, *Young Leaders for Safer Cities*)
* males (*Conflict Resolution Uncut*)
* young people with communication difficulties (*Talk about Talk Programme*)
* vulnerable young people (*Face-It*).

The average age range of the intervention participants was 8-19 years old. One intervention did not specify the participants' age range (*Coaching for Communities*). The total duration of the programmes ranged from six weeks (*Conflict Resolution Uncut*) to three to five years *(Talk about Talk Programme)*. One intervention did not report the total duration of its activities (*Face-It*).

Quality of Studies:  Seven of the interventions were evaluated in the UK (*Conflict Resolution Uncut, Urban Stars, Mentoring Plus, Plusone Mentoring, Talk about Talk Programme, Face-It* and *Young Leaders for Safer Cities)*. Two interventions had joint evaluations; one in the UK and the US (*Coaching for Communities*) and another in the UK and Brazil (*Fight for Peace*).

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[3] Mentoring Plus is based on the Dalston Youth Project an award winning UK developed crime prevention intervention (evaluation of Dalston prior to 2004).

One intervention was evaluated using a randomised control trial (*Coaching for Communities*). Two interventions were evaluated using a quasi-experimental design (*Conflict Resolution Uncut* and *Mentoring Plus*), the follow up studies ranged between six weeks (*Conflict Resolution Uncut*) to 12 months (*Mentoring Plus*). Five interventions were evaluated using a pre-post evaluation design with no control group (*Urban Stars, Plusone Mentoring, Talk about Talk Programme, Face-It, Young Leaders for Safer Cities*). One intervention conducted a follow up study between three to six months after the programme (*Young Leaders for Safer Cities*). One evaluation conducted a post-test evaluation with a six months follow up study (*Fight for Peace*). The majority of interventions were evaluated with a sample size of greater than 23 (*Urban Stars*) and less than 378 (*Mentoring Plus*). Qualitative methods employed in three studies had smaller sample sizes (<20 participants).

One intervention that utilised a strong study design and standardised outcome measures was determined to be *well evidenced* (*Coaching for Communities*). Eight interventions provided *limited evidence* as a result of the lack of standardised outcome measures, no pre or post-test, no control group and/or not reporting a theory of change.

The standardised outcome measures that were employed included:
- Strengths and Difficulties Questionnaire (Goodman, 1997)
- Positive and Negative Affect Scale for Children (Laurent et al., 1999)
- Crime and Antisocial Behaviour and Drugs and Alcohol from Edinburgh Study of Youth Transitions and Crime (Smith & McVie, 2003)
- Self Esteem Scale (Rosenberg, 1965)
- Positive Outlook – Individual Protective Factors Index (Dahlberg et al., 2005)
- The Emotional Control Questionnaire (Roger & Najarian, 1989)
- The Bully / Victim Questionnaire (Olweus, 1993)
- Locus of Control  (Robinson et al., 1991)
- The Aggression Questionnaire (Buss & Perry, 1992)
- Coping Styles Questionnaire (Roger et al., 1993)
- Short Warwick Edinburgh Wellbeing Scale (Tennant et al., 2007).

Six studies used non-standardised measures for outcome assessment. Two evaluations used self-completed questionnaires designed especially for the project (*Conflict Resolution Uncut*, *Fight for Peace*). One study used outcomes based on vocational, behavioural and well-being goals, designed by the participants (*Urban Stars*). One project used unknown measures (*Talk about Talk Programme*). One study used surveys, case studies and school data (*Young Leaders for Safer Cities*). The majority of the studies relied on interviews with participants.

Outcomes: Two interventions reported significant improvements in social and emotional skills, which were determined using standardised outcome measures and pre, post statistical analysis. *Coaching for Communities* which utilised a randomised control trial reported significant improvements in young people's:
- prosocial behaviour
- self esteem
- reduced negative emotions
- reduced antisocial behaviour including offending behaviour and involvement with antisocial peers

Khulisa's *Face-It* intervention reported significant improvements in young people's conflict resolution skills, anger management and prosocial behaviour, however, the use of a pre-post design with no control group reduces the strength of this evidence.

Other interventions reported similar social and emotional outcomes, however, the use of non-standardised self-reported measures limits the validity and reliability of these results. Examples of these self-reported outcomes include, improvement in young people's:
* self esteem / self-worth (*Plusone Mentoring*) and self-perceptions (*Fight for Peace*)
* self confidence (*Face-It, Young Leaders for Safer Cities*, *Talk about Talk Programme, Mentoring Plus*) and sense of responsibility (*Talk about Talk Programme* and *Young Leaders for Safer Cities*)
* resilience (*Plusone Mentoring*)
* decision making skills (*Mentoring Plus*)
* prosocial behaviour (*Plusone Mentoring*),
* conflict resolution skills (*Fight for Peace, Conflict Resolution Uncut*)
* communication skills (*Talk about Talk Programme, Face-It*)
* relationships (*Fight for Peace*, *Plusone Mentoring* and *Young Leaders for Safer Cities*).

Broader self-reported educational, social and health outcomes include improved:
* re-engagement with education (*Face-It, Mentoring Plus*), academic achievement: literacy and numeracy (*Fight for Peace*), improved school performance and attendance to school (*Plusone Mentoring, Face-It*)
* reduction in NEET (*Fight for Peace*) and involvement in education, training and employment (*Coaching for Communities*)
* reduced crime/ offending (*Fight for Peace*), reduced anti-social behaviour (*Urban Stars*), improved attitude to offending (*Plusone Mentoring*) and awareness of violent crime (*Young Leaders for Safer Cities*)
* reduction in gang involvement and offending (*Fight for Peace*)
* community safety (*Urban Stars*)
* reduced drug and alcohol use (*Coaching for Communities*) and substance misuse (*Plusone Mentoring*)
* greater sense of community engagement/ active citizenship (*Urban Stars* and *Young Leaders for Safer Cities, Mentoring Plus*)
* understanding the importance of communication (*Talk about Talk Programme*)
* understanding of the potential of sport (*Urban Stars*).

*Mentoring Plus* reported sustained programmes effects at 12 months follow up including: improved goal setting, self confidence, decision making, social inclusion and reduced rates of exclusion from school / truanting rates. Regarding the *Conflict Resolution Uncut Programme* there were significant improvements in the intervention group's conflict resolution skills, 50% of whom were 'black British'. The findings suggested that age may have had a statistically significant negative impact on skills development but this was attributed to the teachers' lower / higher expectations of younger / older students. *Coaching for Communities* was considered to be a more appropriate programme for youth with 'low-level' anti-social behaviour rather than 'heavy end' persistent offenders.

Implementation Findings: Almost all interventions provided training to facilitators, mentors or volunteers (*Conflict Resolution Uncut, Coaching for Communities, Fight for Peace, Mentoring Plus, Plusone Mentoring, Talk about Talk, Young Leaders for Safer Cities, Face-It*) including conflict resolution (*Conflict Resolution Uncut*), violence reduction, anger management / conflict work, community engagement and youth work (*Face-It*). One intervention recruited experienced tutors including teachers and police officers (*Young Leaders for Safer Cities*). The use of a programme manual was reported by three interventions (*Coaching for Communities*, *Plusone Mentoring*, *Talk about Talk*). One intervention provided internal training materials and guidelines for mentors (*Plusone Mentoring*) and another provided comprehensive resource manuals covering each stage of the programme together with training notes and the resources required to deliver the course (*Talk about Talk*).

Information regarding cost was provided for five interventions:

- *Fight for Peace* (2013) – Social benefit in one year (estimated): £2,504,457, benefit to cost ratio: £4.32
- *Plusone Mentoring* (2011) - Social return for each participant: 1:6 and 1:13 (with the most likely return being just under £10)
- *Talk about Talk* (2014) – Total cost: £5,405 during the first year (This includes nine days of contact with an I CAN Communication Advisor)
- *Face-It* (2014) – Total cost: £10,000 per cohort of 10-12 participants (variable depending on set-up and post-programmes support needs) approx. £833 per participant
- *Young Leaders for Safer Cities* (2014) - Total cost per participant: £1080.

## *Substance misuse prevention interventions*

Key Findings

- Three substance misuse prevention interventions identified, all of which were developed in the UK (*Salford Anti-Rust Gardening Mentoring Project, Manchester City 'Kick-It' Project, RisKit*).
- Two interventions based on mentoring and education approaches, one intervention adopted a sports-based approach *(Kick-It)*
- Evidence rating: N = 3 interventions provided *limited evidence* with one intervention using standardised outcome measures.
- *RisKit* multi-component intervention (teaches personal and social skills over 8 weeks) reported significant reductions in adolescent risk behaviour, alcohol use and smoking. Self-reported improvements in self esteem, relationships, and anger management.
- Quality of evidence needs to be strengthened, further testing required.

Type of Interventions: A total of three studies meeting the inclusion criteria were identified. All interventions focused on preventing substance misuse and were developed and implemented in the UK (*Salford Anti-Rust Gardening Mentoring Project, Manchester City 'Kick-It' Project (Kick It) and RisKit*). All three interventions also included a component on anti-social behaviour or crime prevention. Two programmes were part of a wider drug prevention initiative supported by the Health Action Zones (HAZs) (*Salford Anti-Rust Gardening Mentoring Project* and *KickIt*). The *Salford Anti-Rust Gardening Mentoring Project* reported its key feature as being to offer gardening activities for young people in order to provide an alternative to drugs, crime and anti-social behaviour.

Two interventions were based on mentoring and educational approaches (*Salford Anti-Rust Gardening Mentoring Project* and *Kick It*) and one of them also included a sports-based approach (*Kick It*). *Riskit* was based on a social development model (Catalano & Hawkins, 1996).

The target populations for these programmes included: vulnerable at risk groups and young people at risk of substance misuse. The age range of the participants varied from 13 (*Salford Anti-Rust Gardening Mentoring Project*) to 18 years old *(Kick-It)*. The total duration of the *Salford Anti-Rust Gardening Mentoring Project* was two years. The remaining two interventions did not provide information on the time frame of the programme activities.

Quality of Studies: All the interventions were implemented and evaluated in the UK. The *RisKit* intervention was evaluated using a pre-post design and included a six month follow up study. The *Salford Anti-Rust Gardening Mentoring Project* and *Kick-It* employed qualitative methods to evaluate programme implementation and outcomes. The sample sizes ranged from 180 to 226 participants. All three interventions provided *limited evidence* as a result of not using control groups. The *RisKit* study did, however, use a pre-post design and utilised standardised outcome measures including Timeline Follow Back, alcohol / drug screening (Sobell & Sobell, 1992) and Adolescent Risk Behaviour Screen (ARBS) (Jankowski et al., 2007).

Outcomes: The *RisKit* intervention, which utilised standardised outcome measures, reported a significant reduction in adolescent risk behaviour, alcohol use and smoking as a result of the programme. Additional self-reported outcomes which were identified using non-standardised measures included improvements in:
- relationships (*RisKit*)
- self esteem / self worth (*Salford Anti-Rust Gardening Mentoring Project*, *Kick-It*) and self perceptions (*RisKit*)
- pride and sense of achievement *Salford Anti-Rust Gardening Mentoring Project*)
- discussion / articulation of feelings (*RisKit*)
- self confidence (*Salford Anti-Rust Gardening Mentoring Project*, *Kick-It*)
- emotional expression (*RisKit*)
- anger management (*RisKit*).

Broader self-reported educational, social and health outcomes included:
- improvements in young people's attendance, behaviour and performance at school and future employability (*Salford Anti-Rust Gardening Mentoring Project*)
- decreased level of truancy (*Salford Anti-Rust Gardening Mentoring Project*)
- enhanced sense of citizenship (*Salford Anti-Rust Gardening Mentoring Project*).

Implementation Findings: The *RisKit* intervention reported providing staff training and utilising a programme manual. The *Kick-It* intervention reported providing training to participants to deliver peer-led educational sessions with a focus on drug prevention. No information was available regarding the costs of the three interventions.

# Discussion & Conclusions

# V&VI

# V. Discussion

This review sought to determine the current evidence on the effectiveness of programmes that aim to enhance the social and emotional skills development of children and young people (aged 4-20 years) in the UK. Based on a systematic search of the published and grey literature and a narrative synthesis of the review findings, this section considers the implications of the findings from the school and out-of-school settings in the context of the international literature. Drawing on the findings, the following questions are discussed; what programmes work, including their equity impact and cost-benefit; what is the strength of the current evidence; what are the key characteristics of effective programmes and their implementation requirements. Within the context of the strengths and limitations of this review, a number of key insights for research, policy and practice development are provided.

## Discussion on School Interventions

A total of 39 social and emotional skills-based interventions implemented in the school setting were identified in this review. These interventions were categorised into (i) 24 interventions with a competency enhancement focus and (ii) 15 interventions aimed at reducing problem behaviours.

### *Interventions with a competence enhancement focus*

- The review findings indicate that the majority of universal social and emotional classroom-based interventions implemented in the UK are well evidenced, demonstrating significant positive outcomes on children and young people's social and emotional skills, improved behaviour problems and academic outcomes through rigorous evaluation studies. Three programmes adopted a whole school approach.
- The indicated small group curriculum-based interventions implemented as part of SEAL and after-school programmes for children at risk of developing social and emotional problems have well established evidence of their impact on children's social and emotional skills, peer relationships and behavioural problems.
- The results are in line with international research which has documented the significant positive effect of universal and indicated social and emotional skills-based programmes on children and young people's social and emotional competencies, attitudes about self, others and school.
- There is limited evidence regarding the effectiveness of school-based mentoring and social action interventions. Further research employing stronger study designs is recommended in order to understand more about the mechanisms of change which could assist in making mentoring and social action interventions more effective when delivered in the school setting.

Firstly in terms of the universal social and emotional classroom-based interventions, six international interventions have demonstrated consistent significant positive child outcomes through rigorous international and UK evaluations. These include two primary school interventions: *PATHS* (identified as a model programme by Blueprints)*, Zippy's Friend*;*, two interventions implemented in primary and secondary school: *Friends, Positive Action*; and two interventions implemented in secondary school: *UK Resilience Programme* and *Lions Quest*. Results from UK and international evaluations indicate the significant positive effect of these interventions on children and young people's social and emotional skills, coping skills, internalising problems including symptoms of anxiety and depression, and behavioural problems including

aggressive behaviour and hyperactivity. Sustained 12 month follow up findings have been reported in international evaluations of these evidence-based interventions. The two secondary school interventions which adopt a whole school approach to implementation (*Lions Quest, Positive Action*), reported broader outcomes including improved academic achievement, reduced rates of absenteeism, improved attitudes, knowledge and behaviours in relation to alcohol, tobacco and substance misuse, reduced violence and improved family relations. *Positive Action* reported medium effect sizes in terms of improved academic performance and family relations.

The results from the evaluation of the UK developed multi-component *SEAL* programme revealed important findings in terms of programme implementation and outcomes. Primary *SEAL* resulted in some significant changes in children's social and emotional skills, however, negative findings in terms of declining academic performance and attitudes to school were also reported (Hallam, 2009). The lack of a control group in this study significantly reduces the strength of these evaluation results. The evaluation of secondary *SEAL* reported no significant impact on young people's social and emotional skills (Wigelsworth et al., 2013). Similarly, results from the pilot evaluation of the Family *SEAL* did not report a significant impact on parental ratings of children's social and emotional competencies (Downey & Williams, 2010). The study did, however, reveal a significant improvement in teachers' ratings of social emotional competencies for at-risk children, thus highlighting the potential effectiveness of Family *SEAL* as a targeted intervention. A study which examined the implementation of primary and secondary *SEAL*, found that higher quality implementation produced an enhanced school ethos, which in turn led to a range of positive outcomes for students, including better behaviour, lower rates of absenteeism and higher academic attainment (Banerjee et al., 2014). The findings from this study highlight that the quality of programme implementation is critical for positive outcomes to be achieved. Furthermore, other important lessons can be taken from the evaluations of SEAL to date, including the need for proper trialling of initiatives before they are brought to scale, the use of research to inform and improve programme design, and the importance of educating implementers on the importance of good quality implementation for positive outcomes to be achieved (Humphrey et al., 2013).

Results from additional universal classroom-based primary school interventions *Lessons for Living, Roots of Empathy, Circle Time, Rtime,* three of which are UK developed interventions, indicate the significant positive effect of these interventions on children's social and emotional skills and externalising behaviour. Similarly, the results from two secondary school UK interventions (*Stress Management Intervention*, *Strengths Gym*) are promising in terms of their impact on improved social and emotional skills. However, additional studies with more representative samples are warranted in order to determine the immediate and long term impact of these programmes.

One secondary school intervention with encouraging findings is the UK developed *.b Mindfulness Programme*. Three evaluations of this intervention have been carried out in the UK, the results of which have shown the significant positive effect of mindfulness practice on young people's depression symptoms, stress, resilience and wellbeing. These UK findings are in line with two recent reviews of international studies of mindfulness interventions implemented with school aged children (Burke, 2010; Harnett & Dawe, 2012). Another promising intervention for secondary school pupils is the online cognitive behavioural skills intervention *MoodGYM* which is currently being implemented and evaluated as part of the *Healthy Minds in Teenagers* curriculum in South UK (Year 10 students, aged 14). International studies of *MoodGYM* indicate the effectiveness of this self-directed intervention when implemented as a universal intervention in the school setting (Calear et al., 2009, 2013). Broader findings from a recent systematic review of online

mental health promotion and prevention interventions highlight the potential of online interventions in promoting youth wellbeing and reducing social and emotional problems including symptoms of anxiety and depression (Clarke et al., 2013).

Collectively, the findings from the universal social and emotional skills-based interventions are in line with international research which has documented the significant positive effect of these programmes on children and young people's social and emotional competencies, attitudes about self, others and school (Durlak et al., 2011; Weare & Nind, 2011; Adi et al., 2007a; Barry & Jenkins, 2007; Greenberg et al., 2001). These reviews identified that the highest quality of evidence relates to programmes which focus on enhancing skills and competencies and promoting positive aspects of wellbeing, start early with the youngest children, operate for a lengthy period of time, and are implemented by teachers who have received training. However, relatively few of the programmes in this review adopted a whole school approach to implementation, which is also recommended in the international literature as the most sustainable approach to embedding social and emotional learning in schools.

The indicated interventions included both curriculum-based 'small group' interventions and mentoring interventions for children identified at risk of developing social and emotional problems. Two primary school interventions implemented as part of SEAL, *Going for Goals* and *New Beginnings* reported small to moderate effect sizes (self-report and teacher reported data) in improving participants' social and emotional skills, peer relationship problems, internalising problems and prosocial behaviour. Similar findings were evident for *Pyramid Project*, an after-school small group intervention for children identified as withdrawn and emotionally vulnerable. The results from these studies point to the effectiveness of structured curriculum-based interventions targeting students at risk of developing problems when implemented in the context of a whole school approach such as the SEAL programme. In terms of the balance between universal and targeted interventions, previous reviews have indicated that the best informed approach is to include both universal and targeted approaches, which appear to be stronger in combination, although the exact balance has yet to be determined (Weare & Nind, 2011).

Evidence regarding the effectiveness of school-based mentoring interventions through one-to-one and group support is weak. There are too few studies in this review to draw strong conclusions about programme impact and the results from the two mentoring interventions that are included (*Transition Mentoring, Formalised Peer Mentoring*) are limited as a result of weak study design, non representative samples and insufficient data analysis. A meta-analysis by Wood & Mayo-Wilson (2012), which examined the impact of school-based mentoring for young people aged 11-18 years (N = 6,072 young people across eight studies), reported that mentoring programmes did not reliably improve young people's social and emotional skills, academic achievement, attendance or behaviour. Further research is recommended in order to understand more about the mechanisms of change which could in turn assist in making mentoring interventions more effective.

One intervention aimed at improving children and young people's connection to other people and society was identified. *Active Citizens in Schools* sought to engage secondary school students in volunteering activities. Whilst the result from this study indicated improved social and emotional skills including confidence, empathy, team working skills and relationship skills, improved student behaviour and enhanced links across the school and community, the quality of the study design and measures used were weak. The findings from this study needs to be supported by UK studies using a strong study design and employing standardised outcome measures.

### *Interventions aimed at reducing problems behaviours*

- The majority of interventions aimed at reducing problem behaviours, including aggression, violence, bullying and substance misuse were well evidenced in terms of their impact on children and young people's behaviours.

- Behaviour and anger management interventions aimed at increasing prosocial behaviour and reducing aggressive behaviour through classroom management strategies, curriculum teaching and the creation of a positive school climate, have demonstrated positive programme outcomes in terms of improved social and emotional skills and reduced aggression.

- Whole school approaches were identified as being effective in reducing bullying and victimisation. Results from the peer mentoring bullying prevention interventions implemented in primary school indicate possible negative impacts on mentored participants.

- Universal substance misuse prevention interventions, which seek to improve understanding of social influences and develop life skills, report a significant positive impact on young people's personal skills, self regulation, use of resistance strategies in relation to risk taking behaviour. These interventions were also shown to significantly reduce young people's use of alcohol, tobacco and cannabis.

This category included interventions aimed at reducing problem behaviours including aggression, violence, bullying and substance misuse. Firstly, in relation to the four aggression and violence prevention interventions, these interventions have demonstrated consistent significant positive social, emotional and behavioural outcomes through multiple rigorous international evaluations. The programmes differ in terms of the strategies employed, with two interventions (*Good Behaviour Game* and *Incredible Years*) adopting cognitive behaviour strategies to support behaviour management, one intervention is a curriculum-based violence prevention intervention (*Second Step*) and another intervention adopts a whole school approach to creating a positive school climate between teachers, students and the broader community (*Peacebuilders)*. Results from the *Incredible Years,* which has been evaluated in the UK, and the *Good Behaviour Game* (currently being evaluated in the UK), indicate significant positive effects on children's disruptive behaviour, emotional literacy skills and teachers' classroom management skills. Evaluations of *The Good Behaviour Game* in the US have reported significant long-term follow up findings including reduced aggressive and disruptive behaviour, improved academic achievement and reduced alcohol misuse at 14 year follow up (Kellam et al., 2008; Mackenzie et al., 2008; Petras et al., 2008). US evaluations of *Second Step* indicate significant positive findings in relation to improved prosocial behaviour and reduced externalising behaviour. In addition, US evaluations of *PeaceBuilders* show the positive impact of this whole school intervention on children's social competence, prosocial behaviour and reduced levels of aggression over a two year period. Similar findings have been reported by a previous systematic review regarding the effectiveness of these behaviour management interventions (Adi et al., 2007b).

The results from the bullying prevention studies indicate the significant positive effect of interventions that adopt a whole school approach to prevent bullying behaviour. *Olweus anti-bullying programme*, *KiVa* and *Steps to Respect* consist of whole school approaches with materials developed for staff training, parent guides and a classroom curriculum. All three interventions have reported positive programme outcomes including improved social skills, and prosocial behaviour, reduced bullying behaviour and victimisation. Broader outcomes include improved student and staff climate (*Steps to Respect*). Although implemented

in the UK, no evaluations of these programmes from the UK were identified in this review. Results from the online bullying prevention intervention *FearNot!,* which has been evaluated in the UK, highlight the potential of online interventions in reducing victimisation amongst victims of bullying. Whilst these results were not maintained at four months follow up, further research is needed to examine the impact of online bullying prevention interventions when implemented in the context of a whole school approach to bullying prevention.

Two additional bullying prevention interventions, which underwent the review process, adopted a peer mentoring approach to support young people experiencing difficulties related to bullying. The findings from these studies are important in terms of bullying prevention interventions that have been shown to be ineffective and/or have a possible negative impact on children's social and emotional skills. Findings from the *Beatbullying Peer Mentoring* evaluation indicated no change in pupils' social and emotional wellbeing. Results from the peer mentoring intervention implemented in primary schools showed that mentored participants were more likely to report being bullied than non-mentored students. Whilst these results could indicate that this peer mentoring programme may have increased the students' awareness of bullying and what actions and behaviours constitute bullying, it is also possible that peer mentoring interventions are insufficient to address the problem of bullying and in certain circumstances can exacerbate the problem by focusing only on those being bullied and not on those engaging in bullying behaviour and the wider school environment. Previous systematic reviews of bullying prevention interventions have concluded that whole school approaches are most effective in reducing bullying and victimisation, and programmes need to be intensive and long lasting to have an impact on bullying (Farrington and Ttofi, 2009; Weare & Nind 2011; Adi et al., 2007b).

Regarding the prevention of substance misuse, international evidence indicates that universal prevention interventions, including programmes such as *Life Skills Training, Keepin' It REAL, All Stars, Project STAR*, report a significant impact on young people's self regulation and personal skills and use of resistance strategies in relation to risk taking behaviour and in reducing use of the most commonly used substances including, alcohol, tobacco and cannabis. No UK evaluations of these interventions were identified in this review. There was, however, evidence from a study conducted in Northern Ireland regarding the effectiveness of the *SHAHRP* harm reduction intervention in producing medium to long term reductions in alcohol use and in particular risky drinking behaviour among young people in their first year in secondary school (McKay et al., 2012). The approach, which appears to be most effective across these interventions, is based on understanding social influences and developing life skills. These include a normative education component, including correcting misperceptions about how common and acceptable substance misuse is. These programmes also teach cognitive-behavioural skills for building self esteem, assertiveness, peer resistance and self regulation strategies to help young people handle situations where alcohol and drugs are available.

All of the substance misuse prevention interventions that fulfilled the criteria for this review were developed in the United States and adopted in the UK. *Unplugged* is an example of a European developed school-based curriculum for substance misuse prevention in secondary schools. The programme has been evaluated in seven European countries (Cluster RCT, N = 7,079 pupils aged 12-14 years) with significant positive findings reported in terms of its effectiveness on reduced levels of daily cigarette smoking, episodes of drunkenness and cannabis use (Faggiano et al., 2008) and with effects persisting for over 18 months for alcohol abuse and cannabis use (Faggiano et al., 2010).

## Characteristics of programme effectiveness for school interventions

- A focus on teaching skills, in particular the cognitive, affective and behavioural competencies as outlined by CASEL.
- Use of competence enhancement strategies and empowering approaches, including interactive teaching methods.
- Well-defined goals and use of a coordinated, sequenced set of activities to achieve objectives related to skill development.
- The provision of explicit implementation guidelines through teacher training and a programme manual.

Firstly, the characteristics of effective school interventions identified in this review included the teaching of skills (as opposed to knowledge only), in particular use of programme strategies that addressed the cognitive, affective and behavioural competencies as outlined by CASEL. These competencies include self awareness, self management, social awareness, relationship skills and responsible decision making. The effective school programmes had an explicit focus on addressing social and emotional capabilities, including those identified by the UK Young Foundation; managing feelings, communication, confidence and agency, planning and problem solving, relationships and leadership, creativity, resilience and determination (McNeil et al., 2012). Secondly, the use of competence enhancement and empowering approaches were identified as central to effective interventions. Interventions used interactive teaching methods including classroom interaction, games, role play and group work to teach social and emotional skills. Thirdly, effective interventions had well-defined goals and used a coordinated, sequenced set of activities to achieve their objectives related to skill development. In terms of implementation, the provision of explicit guidelines through teacher training and a programme manual was identified as a common feature in the implementation of the more effective social and emotional learning programmes. These findings build on results reported by related reviews examining the promotion of social and emotional skills and prevention of problems behaviours through school interventions (Durlak et al., 2011; Weare and Nind, 2011), including use of SAFE (Sequenced, Active, Focused, Explicit) practices as identified by Durlak et al. (2011).

The results from this current review are in keeping with the international evidence which shows consistently positive findings concerning the positive impact of school-based programmes on a range of social, emotional and educational outcomes for children and young people. However, the majority of the studies in this review were based on highly structured classroom-based programmes, which did not employ a whole school approach. The international literature suggests that while classroom-based skills development programmes lead to positive outcomes, when delivered on their own they are not sufficient for sustained long-term outcomes. Research indicates that for optimal impact, the skills development focus needs to be embedded within a whole school, multi-modal approach which typically includes changes to school ethos, teacher education, liaison with parents, parenting education, community involvement and coordinated work with outside agencies (Weare & Nind, 2011; Adi et al., 2007a; Wells et al., 2003). Taking a whole school approach is also in line with international policy and practice. Within Europe, the WHO Health Promoting Schools initiative (WHO, 1998) provides a useful framework to guide the development of a whole school approach. This framework addresses four core areas (i) physical and social environment (ii) curriculum and learning (iii) family and community partnership and (vi) policies and planning. Interventions such as *SEAL* in England and *SEED* in Scotland draw on the WHO Health Promoting Schools Framework with

the curriculum material focusing on developing social and emotional skills within the context of bringing about change in the school environment and community. *Communities that Care* is an example of another intervention implemented in England and Wales which adopts a comprehensive community-wide approach to the promotion of positive social development for at risk young people. The US developed *Seattle Social Development Project,* which also seeks to strengthen young people's social and emotional competencies through involving parents and creating links with the home and community environment, has produced impressive long term outcomes. At fifteen years follow up, this intervention, which consists of teacher training, child social and emotional development and parent training, has been shown to significantly reduce health risk behaviour (alcohol, tobacco and illicit drug use, sexual risk behaviour), violence and crime, emotional and mental health, and positive functioning in university or work (Lonczak et al., 2002; Hawkins et al., 2005, Hawkins et al., 2001). Some of these effects remained significant when the study population was followed up at age 30. Australia has also been a pioneer in the development of whole school interventions including the state-led *MindMatters* whole school intervention for secondary schools (Wyn et al., 2000; http://www.mindmatters.edu.au/ ) and the government led *KidsMatter* framework for primary schools (Dix et al., 2012; http://www.kidsmatter.edu.au/).

This review did find evidence from a small number of school programmes, including universal programmes and bullying prevention interventions, to indicate the significant positive effect of programmes that adopt a whole school approach to implementation. Whilst the results from the evaluation of the *SEAL* whole school framework implementation in primary and secondary schools in England were limited in terms of their impact on children and young people's social and emotional skills, important information was highlighted regarding how implementation quality and fidelity impacts on outcomes. A number of practical features that illustrate the implementation of a whole school approach in practice were also identified. Banerjee et al. (2014) reported that implementation varied significantly and identified critical implementation components that were associated with positive outcomes including; timetabled learning activities, whole school activities including assemblies, incorporating learning outcomes in planning across the curriculum, engagement of all staff in SEAL work, explicit modelling of SEAL skills by staff, incorporation of SEAL into school policies and strong distributed leadership of SEAL implementation. Results from the current evaluation of *SEED* in Scotland using a cluster randomised control trial with 38 primary schools should help in providing more in-depth knowledge in relation to the implementation, immediate and long-term impact and cost-effectiveness of a multi-component primary school intervention implemented in the UK context. More detailed evidence regarding the process of implementation, with whom the intervention is effective and under what circumstances, is needed to advance our understanding of the implementation of an effective and sustainable whole school approach to social and emotional learning.

### *Impact on equity*
There was a paucity of studies that reported on subgroup differences or evaluated the equity impact of social and emotional skills-based programmes. There is, however, some evidence to indicate that interventions aimed at increasing social and emotional skills and reducing problem behaviours are particularly effective with children and young people most at risk of developing problems. Two universal social and emotional skills development interventions reported the most significant findings among children with the highest anxiety symptoms (*Friends*) and children in high deprivation schools (*Roots of Empathy*). Results from the aggression and violence prevention interventions indicate that these programmes (*Good Behaviour Game, Incredible Years, Second Step*) are most effective in reducing behavioural problems among high risk students who exhibit aggressive and disruptive behaviours. Similarly, results from the substance misuse

prevention interventions (*LifeSkills Training* and *SHAHRP*) show significant positive outcomes for students demonstrating high risk behaviours. Whilst these results provide promising evidence of the effectiveness of social and emotional skills interventions in supporting children and young people most at risk, additional research is warranted to examine how these programmes impact on inequities over time and the nature of any specific subgroup differences. It is essential to evaluate the equity impact of these programmes in order to determine their effectiveness for diverse subgroups of young people. It is also important to clarify under what circumstances these programmes lead to a narrowing of health inequities and to ensure that there is no widening of health and social inequities.

### *Cost-benefit results*

There is a paucity of information regarding the cost-benefit ratio of school-based social and emotional skills programmes. Information regarding programme costs was obtained from two databases of evidence-based programmes (*Dartington Investing in Children* and *Blueprints for Health Youth Development*). Cost-benefit results were available for five interventions: *PATHS* (1:11.6), *UK Resilience* (1:7.1), *Good Behaviour Game* (1:26.9), *Lifeskills Training* (1:10.7) and *Project STAR* (1:1.2). These cost-benefit results highlight the significant return on investment for these evidence-based interventions. Additional economic analyses of the cost-benefit of school-based programmes currently being implemented in the UK is needed to  strengthen the UK evidence base on the scaling up of effective social and emotional school  interventions for children and young people.

## Discussion on Out-of-School Interventions

A total of 55 social and emotional skills-based interventions implemented in the out-of-school setting were identified in this review. These interventions were categorised as (i) 43 interventions with a competency enhancement focus and (ii) 12 interventions aimed at reducing problem behaviours including crime, antisocial behaviour and substance misuse.

### *Interventions with a competence enhancement focus*

- Interventions aimed at increasing social and emotional skills through arts and sports-based activities provide some promising evidence that creative and sport-based activities may be a useful and potentially effective way of increasing children and young people's social and emotional skills, in particular self confidence, self efficacy and emotional regulation. However, the evidence is limited due to weak evaluation study designs.
- Family-based interventions were determined to be *well evidenced* in terms of their impact on children and young people's social skills, internalising and externalising behaviour and peer and family relations. Interventions were also shown to improve parents' social and emotional skills and parenting behaviour.
- Mentoring interventions provid *limited evidence* regarding their impact on children and young people's social and emotional skills. *Big Brothers Big Sisters,* which was developed in the US and implemented in the UK, shows consistent evidence from international studies of its immediate and long term effects on young people's self esteem, social skills, behaviour problems and at the broader level, engagement in school and reduced risk taking behaviour.

In terms of the eight youth arts and sports interventions, whilst evidence of effectiveness is limited as a result of study designs and the use of non-standardised outcome measures to examine programme impact, there is, however, some promising evidence that creative and sport-based activities may be a useful and potentially effective method of increasing children and young people's social and emotional skills, in particular self confidence, self efficacy and emotional regulation. The results from three sports and recreational activity-based interventions, which used a pre-post design and standardised outcome measures are promising. The *Hindleep Warren Outdoor Education Centre* provides outdoor adventure activities for young people aged 7-24 years through group-based residential courses. Programme outcomes include significant improvements in participants' confidence, leadership skills, organisation skills and emotional regulation. The *Leadership Programme,* which is part of Scotland's '*Girls on the Move*' programme, provides opportunities for young females to train in the delivery of dance and sport activities in their local communities. Results from this study showed significant improvements in self esteem, the results of which were maintained at six months follow up. One music intervention also reported promising social and emotional outcomes. The *Mini MAC* programme, which provides opportunities for excluded young people to engage in a peer led music project, reported significant improvements in young people's emotional regulation.

These findings from the arts and sport-based interventions are in keeping with the international evidence. Lubans et al. (2012) examined the impact of physical activity programmes on social and emotional wellbeing in at-risk youth. The majority of interventions identified were implemented in the US. Significant programme effects were reported for three types of physical activity programmes (outdoor adventure, sport and skill-based programmes and physical fitness programmes) in terms of enhancing young people's social and emotional wellbeing including self concept, self esteem and resilience. The findings from this review were, however, treated with caution due to the high risk of bias in all of the studies reviewed. Similarly, Bungay and Vella-Burrows (2013) conducted a rapid review of the literature examining the effect of participating in music, drama, singing and visual arts on the health and wellbeing of young people aged 11-18 years. Bungay and Vella-Burrows concluded that despite the methodological weaknesses and limitations of the studies, the majority of which were conducted in the UK, it was found that participating in creative activities can have a positive effect on behavioural changes, self confidence, self esteem, levels of knowledge and physical activities. In terms of the current review, the majority of studies identified within the youth arts and sports category were published since 2012. This points to the growing interest in using sports and arts-based activities to support young people's social and emotional development, in particular at risk or excluded young people. Given the expansion of programmes in this area and the potential of such programmes to improve social and emotional wellbeing, further testing of these programmes using more robust evaluation methods and long term follow up assessments is warranted.

Four of the five family social and emotional skills interventions were determined to be *well evidenced* based on consistent evidence of effectiveness from rigorous international evaluation studies (*Incredible Years, Families and Schools Together, Strengthening Families Programme, Social Skills Group Intervention-Adolescent*). These interventions focus on enhancing family functioning, promoting positive parenting and reducing child and adolescent problem behaviours. Multiple evaluations indicate the effectiveness of these interventions in improving young people's social and emotional skills and reducing internalising and externalising behavioural problems. Broader outcomes include improved academic performance and attachment to school, enhanced parenting skills, reduced rates of parental substance misuse. Programmes differed in term of their target audience, with the *Incredible Years* being implemented with parents of young children, *FAST is* implemented with children and adolescents with parents involved as co-facilitators,

*Strengthening Families Programme* and *SSGRIN-A* are implemented with parents of adolescents. A common characteristic across these interventions is the structured nature of programme implementation. All four programmes have specific well defined goals, a clear rationale, a direct and explicit focus on desired outcomes (including social and emotional skills development), manualised guidelines, and are implemented in a group format with parents. Programme implementers receive specific training prior to implementation. The provision of ongoing training and support is a feature of two programmes (*FAST* and *Incredible Years*). Results from the UK developed *Thurston Family Project* are promising in terms of improved family relations, reduced problem behaviour and improved satisfaction, however, further testing of this intervention is required using standardised outcome measures with a larger more representative sample of families. Overall, the results from the family-based interventions are in line with previous systematic reviews which have reported that engagement with and support for families and communities is more effective than prevention interventions which focus only on young people's behaviour (Browne et al., 2004; Greenberg et al., 2001; Weare & Nind, 2011; Moran et al., 2004; Bunting, 2004). Regarding characteristics of parenting interventions, a recent review of reviews recommended the need for manualised group-based and one-to-one parenting programmes addressing behaviour and parent-child relationships (Stewart-Brown & Schrader-McMillan, 2011). The review also recommended the need for further investment in terms of programme development, research and evaluation with the group of families for which the evidence base is most sparse, i.e. families at greatest risk including families where parents have a mental disorder, abuse drugs and alcohol and families where abuse and neglect has already occurred. In terms of cost effectiveness, Knapp et al. (2011) reported that parenting programmes are cost-saving to the public sector over the long term, with the main benefits accruing to the NHS and criminal justice system. The estimated gross savings over 25 years for five year old children with conduct problems whose parents attend parenting programmes amounts to £9,299 per child and exceeds the average cost of the intervention by a factor of around 8 to 1. Savings to the public sector come to £3,368 per child (Knapp et al., 2011).

Eleven mentoring interventions implemented in the UK were identified in this review. These mentoring interventions were implemented with young people identified at risk of developing social and emotional difficulties or at risk of exclusion. The *Big Brothers Big Sisters* mentoring programme has a well established evidence base in terms of the positive impact of matching adult volunteer mentors with young people age 6-18 to support them in reaching their potential over the course of a year (Grossman & Rhodes, 2002). Whilst the programme has not been evaluated in the UK, international findings include significant long-term impact (12-18 month follow up studies) on young people's self worth, social acceptance, family and peer relationships, improved engagement with school, enhanced academic achievement, reduced aggressive behaviour and substance misuse. Another mentoring intervention which was evaluated using a robust study design and standardised outcome measures (*Teens and Toddlers*), provided evidence of effectiveness in improving young people's emotional skills. This programme is designed to reduce teenage pregnancy and raise the aspirations of young people by pairing them as a mentor and role model to a child in a nursery who is in need of extra support. This programme was shown to have a significant positive effect on young people's self esteem, self efficacy and decision making, with self esteem results maintained at one year follow up. The programme, however, did not have an impact on the use of contraception and expectation of teenage parenthood. Further refinement of the intervention in terms of reducing teenage pregnancy and improving knowledge in relation to sexual health is thus recommended.

The quality of the mentoring evaluation studies in the UK need to be improved in order to determine programme effectiveness. International literature has identified a number of key characteristics of successful mentoring interventions, which are useful to consider. These include: mentors responding to young people's needs rather than imposing their own goals, investing in training and support, good monitoring and evaluation techniques, foster regular contact and long relationships, providing structured activities for mentors and young people and supporting or involving families (DuBois et al., 2011; Sandford et al., 2007). A meta-analysis of mentoring interventions, conducted by Tolan et al. (2013) reported significant positive effect sizes for high-risk youth in relation to delinquency and academic functioning outcomes and with positive trends for aggression and drug use. Similar to the current review, the authors commented on the overall weakness of studies in this area and called for greater specification and description of what actually comprises mentoring programmes and their implementation features.

## *Interventions aimed at enhancing motivation and opportunities for life through social and emotional skills development*

- The findings from interventions aimed at enabling young people to make gains in employment, education and training provide limited evidence in terms of their impact on young people's social and emotional skills and broader outcomes related to progression into education, training, volunteering or employment.
- The quality of the studies are, however, too weak to draw strong conclusions.

Five interventions were aimed at increasing young people's personal and social skills so that they are able to make gains in employment, education and training. *Fairbridge Programme, Get Started*, *Kent Community Programme*, *Archway Project* and *Team Programme* seek to equip young people with practical skills they need to continue along a positive path of engagement, and address their individual needs by supporting and enabling them to make the next steps into employment, further education or apprenticeships. These interventions engage with at risk young people who have disengaged with education and are already in / likely to fall into NEET (Not in Education, Employment or Training). The results from evaluations of these interventions in the UK were limited by the fact that no intervention used standardised outcome measures, pre, post statistical analysis or employed a control group. Qualitative results suggest a potential positive impact on participants' social and emotional skills and broader outcomes including progression into further education, training, employment and volunteering. The JOBS programme (Caplan et al., 1989) is an example of an evidence-based intervention designed to prevent and reduce the negative effect on social and emotional wellbeing associated with unemployment and job seeking stress, while promoting high quality re-employment and/or engagement in education, training and volunteering. The programme incorporates a group-based training programme that aims to increase participants' sense of control and job search self-efficacy and inoculation against setbacks. The five day programme has been adapted for use in several countries globally. Multiple evaluations in the US, Finland and Ireland have shown that by improving participants' job-seeking skills and sense of personal mastery, the programme has been proven to inoculate participants' against feelings of helplessness, anxiety, depression and other stress related mental health problems (Caplan et al., 1989; Price et al., 1992, Vinokur et al., 1995a,b; Vuori and Silvonen, 2005; Barry et al., 2006; Reynolds, Barry and Nic Gabhainn, 2010). A cost benefit analysis in the US showed that the JOBS programme brought a three-fold return on investment after 2.5 years and projected more than a ten-fold return after five years, due to increased employment, higher earning outcomes and reduced

health service and welfare costs (Caplan et al., 1997). The JOBS programme has also been adapted for implementation with school students in Finland (Kovisto et al., 2007).

***Interventions aimed at improving participants' connection to other people and society through social and emotional skills development***

- Regarding social action programmes, there is promising evidence from *National Citizen Service* in terms of its significant impact on young people's life satisfaction, happiness, sense of worth, reduced anxiety levels, improved interest in education and attitudes toward mixing in the local area.

- There is *limited evidence*, from four social action interventions which used pre-post designs (*Youth Voice UK, vInspired Team V, vInspired 24/24, vInspired Cashpoint)*. Programme results include a significant improvement in young people's social, emotional and personal skills and broader outcomes related to increased community engagement, improved career ambition and attitudes about future employment, and increased intention to engage in voluntary activities in the future.

- The quality of the evidence from the remaining six social action interventions is weak as a result of study design (no control group) and use of non standardised outcome measures.

- There is *limited evidence* regarding the impact of the cultural awareness interventions relating to race and ethnicity due to only two studies being included and both employing weak study designs.  Further research is required.

A total of 12 social action UK interventions were identified in this review. All of these interventions aim to support young people's personal and social development through their engagement in social action projects in their community. The interventions differ slightly in their approach, with three interventions engaging young people in volunteering activities (*Millennium Volunteer Programme, Raleigh Work, VInspired Team V),* four interventions providing a structured youth training programme in addition to supporting young people's engagement in a social action project (*VInspired 24/24 Programme*, *National Citizen Service, Supporting Inclusion Programme, Fixers*), and two interventions providing a financial grant to support a youth-led social action project in the community *(VInspired Cashpoint, Think Big O2 Project).* Of the remaining interventions, one intervention provides training in sports leadership and volunteering in local sporting events *(Step into Sport),* another supports young people's engagement in public decision making at local and national level (*Youth Voice UK*) and another is an international personal and social development intervention for young girls (*Girl Guides*). The results from the majority of social action interventions were limited as a result of weak study designs and/or not using standardised outcome measures. *National Citizen Service*, which utilised a comprehensive evaluation design with a large sample of young people, reported significant improvements in participants' confidence, happiness, sense of worth, level of anxiety, interest in education and attitude towards mixing in the local area. Additional findings from this study and four other interventions which used pre-post designs included improvements in young people's social, emotional and personal skills including self esteem, social skills, motivation, leadership, problem solving, communication and organisation skills. Broader social outcomes included improved knowledge and understanding of the local community, increased community engagement, improved attitudes about future employment, increased career ambition and intention to engage in voluntary activities in the future (*National Citizen Service, Youth Voice UK, vInspired Team V, vInspired 24/24, vInspired Cashpoint)*. Overall, the results from this group of interventions highlight the range of innovative social action initiatives implemented across the UK. It is

worth noting that nine out of the 12 evaluations were carried out in the last three years, thus highlighting the increasing interest and commitment to supporting the implementation and evaluation of social action interventions in the UK. Continued research is required to accurately determine the immediate and long-term impact of these interventions in supporting young people's social, emotional and developmental skills.

Two cultural awareness interventions, aimed at improving participants' connections to other people and society and enhancing wellbeing, provide *limited evidence* of their effectiveness. Both interventions address issues related to ethnicity and race. The evaluation of the group work and mentoring *Sheffield Multiple Heritage Service* intervention, which was implemented with young people from ethnic minorities in Sheffield, showed significant improvements in young people's self esteem and the subjective wellbeing of boys, particularly in relation to self confidence. The *Think Project*, which is implemented in Wales, is designed to work with young people in challenging negative attitudes and stereotypes. The structured workshops delivered over four to six weeks are aimed at vulnerable young people referred from Alternative Education / Youth Offending Service and other agencies. Results from a pilot evaluation indicated self-reported improvements (non-standardised measures) in young people's understanding, empathy and respect for other cultures. These interventions are good examples of projects that engage with young people in the community in promoting cultural awareness and challenging negative attitudes and stereotypes. The results from these studies, while promising are limited due to weak study designs and require more comprehensive evaluation.

## Interventions aimed at reducing problem behaviours

- There is *limited evidence* regarding the impact of crime prevention interventions on improving young people's social and emotional skills and reducing their involvement in crime and anti-social behaviour.

- One programme (*Coaching for Communities)* was *well evidenced* in terms of its impact on young people's social and emotional skills and antisocial behaviour. This programme adopts a structured approach to implementation over a longer period of time

- Whilst interventions focusing on substance misuse prevention provide examples of innovative prevention work that is rooted in communities and designed for at risk young people, further researched is needed to establish the immediate and long-term impact of these approaches.

Nine interventions were identified that aim to prevent / reduce young people's involvement in antisocial and /or criminal behaviour. *Coaching for Communities* provides evidence from a randomised control trial of its impact on young people's self esteem, prosocial behaviour and reduced levels of antisocial behaviour including offending behaviour and involvement with antisocial peers. Broader outcomes include involvement in education, training and employment and reduced substance misuse. This multi-component intervention addresses antisocial behaviour among at risk young people through a five day residential course in combination with nine months mentoring.

An additional five crime prevention interventions provide *limited evidence* in terms of their reported impact, using non-standardised measures, on young people's social, emotional skills and engagement in antisocial behaviour. *Conflict Resolution Uncut,* Khulisa's *Face-It, Fight for Peace London, Mentoring Plus* and Voyage's *Young Leaders for Safer Cities* reported improvements in young people's self efficacy, self

perception, confidence, decision making skills, social skills, conflict resolution skills, anger management and prosocial behaviour. Broader outcomes as a result of these interventions included reduced criminal activity, reduced affiliation with gangs, reduced exclusion from school / truancy rates and increased active citizenship. It is, however, important to note that pre, post statistical analysis was not conducted across these interventions, therefore, these finding must be treated with caution.

Regarding characteristics of these potentially effective interventions, similar to *Coaching for Communities*, these interventions adopt a structured approach to programme implementation with the provision of proper supervision. The majority of interventions were multi-component and included a residential course, structured sessions, mentoring and education training. Mentoring formed a core element of five crime prevention interventions. In addition, there is evidence to indicate that the most promising interventions were implemented over a longer period of time (10-12 months). These findings are also supported by an international systematic review, conducted on behalf of the Danish Crime Prevention Council (Manuel & Klint Jorgensen, 2013), which reviewed 56 studies published between 2008 and 2012, the majority of which were conducted in the US. Manuel & Klint Jorgensen reported that the greatest likelihood of positive intervention results was found for comprehensive interventions that aim to develop a more prosocial environment for target youth and that do not merely focus on individual level factors such as behaviour management. The interventions that were most frequently successful were those with multiple delivery modes (individual, family, school community). The review also found trends to suggest that interventions with durations of at least four to six months were more likely to be effective in reducing disruptive or criminal behaviour than interventions of shorter durations. In addition, interventions that appear to take a resource-oriented rather than a problem-focussed approach had a higher likelihood of success. Comparing these results with the present review highlights a number of similarities in terms of the effective UK interventions comprising many of the characteristics of interventions shown to be effective in the international literature. It is, therefore, recommended that policy makers support more comprehensive evaluations of these promising interventions in order to determine the full potential and impact of these interventions for young people who are at risk of engaging in criminal or antisocial behaviour.

Three interventions with a direct focus on substance misuse prevention were identified in this review. There is *limited evidence* of the effectiveness of the *RisKit* intervention, implemented with young people aged 14-16 years who are vulnerable to substance misuse. Programme results include a significant positive effect in reducing adolescent risk behaviour including alcohol consumption and substance misuse. This intervention is a structured multi-component intervention which addresses multiple risk and protective factors and teaches personal and social skills over the course of eight weeks. Additional supplementary support is also provided by local agencies. The quality of the evaluation is, however, weak and further testing of this promising intervention using standardised outcome measures and a more robust study design is necessary to determine programme efficacy. The results from qualitative studies of the *Manchester City Kick It* intervention and the *Anti-Rust Gardening Mentoring Project* do not provide sufficient evidence of programme impact. Both interventions were developed as innovative drug prevention projects targeted at 'vulnerable' young pupils in the final year of primary school and start of secondary school. This *Manchester City Kick It* intervention provides training and coaching sessions coupled with a classroom drug education programme for children in the final year of primary school. The *Anti-Rust Gardening Mentoring Project* engaged young people aged 12-15 in horticultural activities for three days a week during term time. Whilst these interventions provide examples of innovative prevention work that is rooted in communities and designed for at risk young people, further research is needed to establish the long term impact of these approaches.

### *Characteristics of programme effectiveness for out-of-school interventions*

> - Adopting a structured approach to delivery including having specific and well defined goals, a direct and explicit focus on desired outcomes, the provision of training, and implementation over a longer period of time.
>
> - Clear description of the theoretical and practical components of interventions and the implementation conditions that are necessary for positive outcomes to be achieved.

Although a variety of different strategies were used across the various out-of-school interventions reviewed, it is possible to identify a number of common characteristics of the more effective approaches. These include the adoption of a structured approach to delivery including having specific and well defined goals, a direct and explicit focus on desired outcomes, the provision of training, and implementation over a longer period of time. These findings are supported by the international research which also endorses the importance of these implementation features for successful outcomes (Catalano et al., 2004; Durlak et al., 2011). However, it is also noted in both this review and in previous reviews that many out-of-school intervention evaluations have quite limited reporting of the description of key programme features, including programme design and implementation. There is a need for more comprehensive evaluations to provide further details on the theoretical and practical components of interventions and the implementation conditions that are necessary for positive outcomes to be achieved.

### *Impact on equity and cost-benefit results*

The majority of out-of-school interventions were delivered with young people identified as being at risk of developing social, emotional, behavioural problems and/or engaging in risky behaviour. However, only a small number of evaluation studies reported on the equity impact of these interventions for different subgroups of young people. A greater focus on assessing the equity impact of the out-of-school interventions is needed in order to determine the benefits for different subgroups of youth and to ensure that these interventions reach those young people with the greatest need while also addressing the social gradient.

In terms of cost-benefit results, firstly, it is important to note that the majority of interventions (N = 37) provided information on the costs related to delivering the programme in the UK. Secondly, information regarding cost-benefit was obtained from two education databases (*Dartington Investing in Children*, *Blueprints for Positive Youth Development*) for seven out-of-school interventions. Three US developed family-based interventions provided cost-benefit ratio information. The results were particularly positive for the *Families and Schools Together: FAST* programme (1:3.3). The *Incredible Years* parent training intervention reported a cost-benefit of 1:1.4. The results for the *Strengthening Families* programme were less positive (1:0.65 with a 93% risk of loss as reported by Dartington). Four UK developed social action interventions reported promising findings in relation to their cost-benefit analysis: *vInspired Cashpoint* (1:1.4.8), *National Citizen Service* (1:1.4-4.8), *vInspired Team* V (1:1.5), *Millennium Volunteers* (1:1.6). Additional economic analyses of the out-of-school programmes in the UK context is recommended in order to strengthen the evidence base concerning the benefits to society of investing in positive youth programmes, especially for young people who are most at risk.

## Strengths and Limitations of the Review

A strength of this systematic review is that it provides a robust overview of the current evidence on the effectiveness of social and emotional skills-based interventions for young people implemented in the school and out-of-school setting in the UK. Related to this is the comprehensive search strategy, which included a systematic search of academic, education and public health databases, a comprehensive search of the UK grey literature, in addition to a Call for Evidence from UK organisations in the school and community settings. Despite these strengths, there are some limitations that should be noted. First, a meta-analysis of studies identified in this review was not conducted as a result of the diverse nature of interventions and the heterogeneous nature of the study designs employed across the school and out-of-school settings. Also, given that the review focused on evidence regarding both the effectiveness of interventions and questions concerned with programme implementation, a narrative synthesis was determined to be more appropriate as it offers more of an insight into potential confounders and moderators that might not necessarily be taken into account during a typical meta-analysis (Rogers et al., 2009). Second, the review process identified a number of robust evaluations of school and out-of-school interventions that are currently underway in the UK but are not yet completed (Appendix 4), therefore, the results from these studies were not available and could not be included in the review. Due to the relatively short time scale of this review, a more extensive search for studies not yet published was not possible. Third, the possibility of publication bias needs to be considered as there may be research studies in the area that did not find positive results and consequently were not published. Fourth, different inclusion criteria were applied to the selection of school and out-of-school interventions, with the school review focusing on intervention studies that utilised robust evaluation methods and the out-of-school review focusing on quantitative and qualitative evaluations. The use of modified criteria for the out-of-school interventions was as a result of the dearth of robust evaluation studies carried out in this setting to date. In addition, the quality of reporting in a number of the studies was quite poor with limited information provided on justification of sample sizes, validation of outcome measures and attrition rates. It could be argued that such studies should have been excluded, however, it was decided to include them in this review but they received a lower quality of evidence assessment due to the absence of information on these methodological issues. It should also be noted that while this review employed the Early Intervention Foundation's (EIF) Standard of Evidence Framework to assess the strength of the evidence from the studies reviewed, the use of different criteria as applied in other methods of quality assessment could produce different conclusions, particularly with regard to studies at the lower end of the evidence continuum. Finally, whilst the interventions which underwent the review process were grouped into thematic categories with three school and four out-of-school categories, it is acknowledged that there are no neat divisions in the literature. Other reviewers might have presented the results differently using different categories. In addition, there is a certain degree of overlap across some of the categories, particularly in the out-of-school setting where interventions tend to address a range of outcomes e.g. the prevention of both crime and substance misuse.

Acknowledging these limitations, this evidence review is one of the first to provide a synthesis of the findings concerning the nature and quality of the current evidence available from a representative sample of programme evaluations on the impact of social and emotional skills development interventions for young people as implemented in school and out-of-school settings in the UK. Drawing on this synthesis, it is possible to identify a number of useful insights for the development of future research, policy and practice in this area.

# Insights for Future Research

There has been a significant increase in UK based research evaluating the impact of social and emotional skills programmes for young people in both schools and out-of-school settings in recent years. The findings show that over three quarters of the studies reviewed (77%) were conducted within the last five years. In addition, at the time of conducting this review, a number of large scale evaluation studies were underway in both settings which will add to this base of evidence (Appendix 4). A contrasting picture emerges concerning the nature of the research conducted across the two settings. The school-based programmes tend to be mainly adapted from international evidence-based programmes (61.5%), with the majority of the evaluation studies employing either RCT or quasi-experimental designs (84.6%). In contrast, the vast majority of out-of-school programmes have been developed in the UK (83.6%) with less than one quarter of the programmes (21.8%) employing evaluation research designs involving control groups. Another contrasting feature is that while 90% of the school programmes are universal programmes designed for all students in the classroom or school regardless of risk status, the majority of the out-of-school programmes target at-risk or socially excluded youth. This picture, however, is not unique to the UK and a similar profile emerges from reviews of the evidence in the US (Durlak et al., 2011, 2010; Catalano et al., 2004).

This contrasting picture of evaluation research on social and emotional skills programmes in the school and out-of-school settings most likely also reflects differences in practice perspectives and research traditions across the education and youth work fields. The school-based programmes included in this review tend to be quite structured and discrete interventions delivered in a systematic way and evaluated through comprehensive efficacy and effectiveness trials. These types of structured programmes lend themselves more readily to evaluation studies using experimental research designs and hence they tend to report stronger programme outcomes. In addition, the evidence base has been built up over 20-30 years for many of the more established and well evidenced school programmes. The out-of-school programmes, on the other hand, tend to be more process oriented with many adopting a more generic approach to implementation, e.g. based on developing trusting relationships, rather than specific theorised processes of change. Such an approach does not sit easily within traditional experimental research designs and therefore, many of the evaluation studies are considered to be less robust, as they do not employ control groups or use standardised outcomes measures, resulting in less power to establish clear programme outcomes. As many of the out-of-school programmes are newly developed, they do have as strong a base of evidence on which to build. It is, therefore, difficult in this respect to distinguish between the quality of the interventions and the quality of the research studies included in the review.

There are differences of opinion among key stakeholders, including practitioners, policymakers, researchers and funders, about the most appropriate and useful research methods to use in evaluating school-based and community-based youth programmes. Clearly, a continuum of research approaches is required to answer specific research questions about programmes at different stages of development. However, to establish programme effectiveness there is a general consensus among researchers that comprehensive robust research studies are required. In the 2002 report produced by the National Research Council and Institute of Medicine in the US on community programmes to promote youth development, the Committee called for more comprehensive evaluations in order to make firm recommendations about programme effectiveness and replication. They identified six fundamental questions that should be considered in comprehensive evaluations:

- Is the theory of the programme that is being evaluated explicit and plausible?
- How well has the programme theory been implemented in the sites studies?
- In general, is the programme effective and in particular is it effective with specific subpopulations of young people?
- Whether it is or is not effective, why is this the case?
- What is the value of the programme?
- What recommendations about action should be made?

A range of research methods, both qualitative and quantitative, is needed to answer all of these questions and there is increasing support in the literature for using multiple methods when evaluating complex social interventions such as those that take place in dynamic school and community settings (Craig et al., 2008; Dooris and Barry, 2013; Rowling, 2008).

Experimental research designs employing control groups are needed to establish programme outcomes. However, process evaluation methods are also required in order to gain greater insight into the quality of programme implementation and how variations across sites impacts on programme outcomes. Therefore, mixed method approaches could be usefully employed in undertaking comprehensive evaluations, where qualitative research methods involving implementers and programme participants can be employed to elucidate the process of implementation alongside more traditional study designs that will determine programme outcomes.

While many of the evaluated programmes in this review did identify their theory of change, in many cases these were far too general to guide specific intervention objectives that could be assessed and empirically tested. The use of well-defined programme aims and objectives based on tested theories of programme change has been identified as being key to programme effectiveness. The use of more specific logic models that identify clear programme goals, specify intervention strategies and activities, identify moderating factors and conditions in the local setting and specify proximal as well as distal outcomes is recommended in order to facilitate a more integrated approach to incorporating programme evaluation as an integral part of good practice.

Those programmes which have a clear and explicit focus on social and emotional skills development can more clearly demonstrate their impact on positive outcomes when their intervention strategies are explicitly targeted to specific outcomes and these outcomes are explicitly measured. While a number of the out-of-school programmes were based on the rationale that social and emotional skills are fundamental to achieving goals such as reducing the risk of crime, substance misuse and promoting academic and work achievement, citizenship etc., many of the evaluation studies did not measure adequately their impact on social and emotional outcomes. This is a limitation of the research as measuring proximal outcomes of social and emotional skill enhancement, as well as broader outcomes such as reducing crime or substance misuse, will assist in understanding the process of change and how different steps in the process are critical to reaching long-term goals. In a number of the reviewed intervention studies, especially in the out-of-school setting, there was an over-reliance on self-reported outcomes by programme participants collected through surveys completed at post-intervention. Such outcomes are difficult to validate and are subject to a number of biases, as they do not rely on standardised outcome measures and are not subject to external verification or statistical analysis of change effects from pre to post intervention.

The use of validated measures of positive youth outcomes, including culturally and developmentally appropriate measures of social and emotional capabilities and skills, is advocated in order to strengthen the conclusions that can be drawn from evaluation studies. The majority of existing standardised outcome measures are derived from clinical measures that were designed to detect the presence of disorders and behaviour problems and tend to focus more on these negative outcomes rather than assessing the positive indicators of youth wellbeing. However, there are a broad range of constructs and theories that are relevant to understanding and assessing the development of social and emotional skills. The studies in this review employed measures of constructs such as self esteem, self efficacy, resilience, regulation of emotions, and more generic measures of emotional and social wellbeing, alongside more traditional scales such as the Strengths and Difficulties Questionnaire and the General Health Questionnaire. The emerging literature from positive psychology, mental health promotion and wellbeing has identified various dimensions of social and emotional wellbeing that inform the development of new scales and measures (Kovess-Masteffy et al., 2005; Ryff et al, 2006; Huppert, 2005, 2003; Barry 2009; Keyes, 2002).

Evaluation studies that employ positive indicators of social and emotional skills, which include validated scales of specific constructs as well as more general measures, that are clearly linked to the intervention objectives are better able to elucidate the factors that build and enhance social and emotional skills development and lead to positive life outcomes for young people. The availability of validated outcome measures that are gender, age and culturally sensitive is critical to advancing intervention work in this field. The challenge is to gain a better understanding of the psychological and social mechanisms that enable young people to develop and maintain their social and emotional skills and to determine how these vary across diverse groups of young people living in different circumstances. The further development and use of validated and sensitive indicators of social and emotional capabilities will be an important contribution to advancing knowledge of the mechanisms of change needed for improved outcomes and will also enable improved documentation of the benefits of social and emotional programmes for young people in the UK context. Further methodological development in this area will be key to realising the full impact and potential of social and emotional skills development interventions for young people.

Few of the studies included in the review provided detailed information on the quality of programme implementation or the process and extent of intervention delivery. A review by Durlak and DuPre (2008) provides persuasive evidence of the powerful impact of implementation quality on school-based programme outcomes, as mean effects sizes were reported to be at least two to three times higher when programmes were carefully implemented and free from serious implementation problems. Higher levels of implementation are associated with better outcomes. The assessment of the quantity and quality of implementation is critical in programme evaluation in order to determine precisely what programme components are conducted and how outcome data should be interpreted (Durlak, 1998). Implementation research enables the mapping of critical connections between intervention activities, influencing factors in the local context, and the intended intermediate and long-term outcomes (Dooris and Barry, 2013). Careful delineation and monitoring of the implementation process is needed to provide a clear account of what is actually delivered (as opposed to planned), how well it is delivered, the influencing factors in the local setting and whether the outcomes occur as a result of what is done. A greater focus on intervention research is required in order to better understand programme strengths and weaknesses, determine how and why programmes work, document what actually takes place when a programme is conducted, and provide feedback for continuous quality improvement in delivery (Domitrovich and Greenberg, 2000).

Based on the review findings, improving the quality of the evaluation studies conducted and how they are reported, particularly in the out-of-school setting, is identified as an important step in advancing best practice in this field. From across the studies reviewed, the following methodological issues and reporting of technical study details are highlighted as needing improvement:

- use of more robust and powerful research designs, including use of control groups and adequate sample sizes to determine programme outcomes
- use of reliable and valid outcome measures that can assess specific programme outcomes including positive indicators of social and emotional capabilities and skills and the collection of data on related educational, health and social outcomes
- use of appropriate methods of statistical analysis including the reporting of effect sizes, attrition rates, and the use of nested designs
- clear description of study samples, selection criteria and use of methods for controlling for demographic differences at baseline
- assessment of the equity impact of programmes for diverse groups of young people to ensure that existing inequities are reduced and not increased
- use of longer follow up periods for data collection at post-intervention to enable longer term impacts to be determined including those related to social emotional competence, academic achievement and positive life outcomes
- the inclusion of information on programme costs so that cost-benefit and cost-effectiveness analysis of programmes in the UK context can be more fully determined
- the systematic evaluation of programme implementation, including the process of programme planning and delivery across diverse sites, to determine the impact of variation in implementation quality on outcomes so that best practice in programme replication can be informed
- clearer reporting on the description of the programme features and design including the theories of change that underpin programme outcomes, specification of core programme components and implementation supports required to ensure successful delivery, such as programme materials/manuals, staff training and quality assurance mechanisms.

The development of comprehensive evaluation studies, including the use of mixed method designs to assess implementation process and programmes outcomes, together with longer-term follow up, and the use of cost-benefit and equity analysis is recommended in order to strengthen the evidence base for advancing practice and policy on the scaling up of effective social and emotional skills interventions for young people. Strengthening the evidence base will play a key role in advancing the knowledge needed by policymakers and practitioners for the further development and mainstreaming of best practices in the delivery of school and out-of-school support and services for young people. Improving the quality of reporting on the required technical research details from those studies that are conducted is also highlighted as a critical consideration for further knowledge development in this field. Investing in strengthening the quality of research in this area will reap benefits in terms of guiding improved practice and policy development that will enable good practice to become the norm.

## Insights for Policy and Practice

It is clear from this review that there is a wide range of programmes being implemented across the UK that seek to develop young people's social and emotional skills and equip them with the life skills and resources for positive development. The review findings show that these programmes can lead to a range of positive life outcomes across the education, health, social and employment domains and reduce the risk for negative youth outcomes such as antisocial behaviour, crime, substance misuse and mental health problems. However, the quality of the evidence that is currently available is variable across the school and out-of-school settings. Drawing on these findings, when placed in the context of the international evidence, there are a number of insights that be gleaned for policy and practice and these will now be considered.

### *School programmes*

This review found that there are a large number of international evidence-based programmes being successfully implemented in UK schools, which show consistent evidence of their positive impact on students' social and emotional competencies and educational outcomes. The quality of evidence from the school-based programmes underscore the important role of the school in supporting young people's development of social and emotional skills and the relevance and impact of these skills for academic achievement and social development. The review findings support the effectiveness of universal social and emotional learning programmes, targeted small group interventions for students at higher risk, violence and substance misuse prevention programmes, and the adoption of whole school approaches to bullying prevention. The integration of these programmes into the school curriculum and their optimal implementation within the context of a whole school approach, such as the SEAL framework, needs to be investigated further.

The integration of social and emotional learning programmes in schools is not without its challenges due to competition for time and space in a crowded school curriculum. Programmes promoting social and emotional learning are frequently not fully implemented or incorporated into cross-curricular learning. In practice there may be a lack of dedicated time, variable levels and quality of implementation with programmes receiving little support and not perceived as being important relative to more traditional academic subjects. Even when evidence-informed strategies are adopted, they may not be sustained and schools may also adopt programmes that have not been tested. For sustainable outcomes to be achieved, social and emotional learning approaches need to be embedded into the core mission of the school and integrated into the school curriculum both horizontally and vertically. Jones and Bouffard (2012) outline guiding principles to support such an integrated approach to social and emotional skills development and learning, including; continuity over time, interconnectedness with academia, the importance of relationships, culture and climate. A systems approach is needed for sustainable integration, recognising the need to embed universal and targeted approaches within the system of the school as a whole where school staff, pupils and parents interact in the context of the school and the wider community in a dynamic and interconnected way. Current international evidence supports the need to move beyond a focus on what is taught in the classroom to embrace a whole school approach.

The findings from international research (Well et al., 2003; Adi et al., 2007a; Weare and Nind, 2011) and the NICE Guidelines (2008) support the implementation of a whole school approach to promoting the social and emotional wellbeing of young people. A curriculum that integrates the development of social and emotional skills within all subject areas, with clear progression of learning objectives, delivered by trained teachers and with support for parents, is recommended. These findings strengthen the case for further integration of social and emotional learning within the context of SEAL and the PSHE curriculum. The

SEAL initiative provides a whole school framework for implementation of social and emotional learning in both primary and post-primary schools. Findings from evaluations to date (Hallam et al., 2009; Banerjee et al., 2014) indicate that successful implementation is associated with commitment by school leadership, dedicated time for staff training, valuing of social and emotional learning principles by staff, and allocation of sufficient preparation and delivery time. The embedding of social and emotional skills development programmes within a whole school framework is critical to achieving sustainable change. Such an approach recognises the need to involve family members, local communities as well as a broad range of health and social services. The school setting can also serve as an important platform for ensuring awareness of, and access to, appropriate sources of support for young people when needed. The international evidence also supports integrating social and emotional learning programmes with more generic health promotion and prevention programmes on substance misuse, sexual health, violence and bullying prevention, as many of these programmes share common features based on social and emotional skills development and target a similar cluster of risk and protective factors.

A whole school approach provides a flexible framework within which to implement evidence-informed strategies and more comprehensive social and emotional learning programmes. Central to this is the implementation of a coordinated approach to bringing about change at the level of the individual, the classroom and the school in the context of the wider community. The current evaluation (cluster randomised controlled trial) of the multi-component primary school intervention *SEED* in Scotland will provide important information concerning the implementation of a tailored intervention approach in the UK context (Henderson et al., 2013).

Few of the evaluations in this review included detailed information on the quality of programme implementation. Understanding the implementation processes for effective implementation of social and emotional programmes in the context of UK schools is critical to strengthening the effective adoption, replication and system-wide integration of effective interventions and practices. Quality implementation is needed for positive outcomes to be achieved. A complex interaction of factors operating at the whole school level influence the quality of programme implementation including; student engagement, teachers' skill and motivation, the extent of parental involvement, support of school management, and contextual factors in the school and local community, including organisational capacity and social and economic factors (Clarke & Barry, 2014). However, research on these system-wide factors is rarely included in current evaluations.

Evaluations of SEAL to date have highlighted how its flexible framework can result in vague guidelines and a lack of clear and specific instructions on how SEAL should be implemented and delivered (Lendrum et al., 2013). This can inevitably lead to patchy and poor quality implementation, which in turns leads to the dilution of positive outcomes (Gross, 2010). A lack of specific implementation guidelines makes it difficult for schools to identify how to achieve a coordinated whole school approach and results in a wide array of practices across schools (Clarke & Barry *in press*; Samdal & Rowling, 2013). Samdal and Rowling (2013) call for greater attention to the implementation of whole school approaches with greater clarity around the operationalisation of what is to be implemented and how it should be implemented in order to achieve optimum results. In a meta-analysis of the literature, Samdal and Rowling (2013) identified key implementation components that are critical for whole school practice, these include factors related to school leadership and management, establishing the school's readiness for change, and the organisational and support context of the school. It is argued that understanding core mechanisms of each component is vital to the effectiveness of adopting a whole school approach and that further testing of these components in now required to inform effective implementation practices.

The implementation of multimodal social and emotional interventions requires a clear and structured framework of implementation together with an implementation support system that provides training and ongoing support in the local context. This is supported in the broader implementation literature, which recommends that implementers should be made aware of how a programme works, including which components are essential for the operation of the mechanisms of change, and which may be adapted to improve compatibility with the organisation's needs and contexts (that is the 'must dos' vs the 'should dos' – Greenberg et al., 2005). The implementation literature also emphasises the need to consider how the factors influencing quality of implementation interact with each other, including characteristics of the intervention, the implementer, the programme recipients, the delivery and support systems and the setting or context in which the intervention is taking place (Chen, 1998; Greenhalgh et al., 2004; Fixsen et al., 2005). The successful implementation of whole school approaches calls for greater attention to effecting change at a systems level through processes that focus on; i) context, including the role of the school's ecology in effecting change; ii) content and clarity around what is to be delivered;  and iii) capacity, ensuring clarity on how it is to be implemented. This requires a shift in both current research and practice from a focus on discrete programmes to also consider whole school systems and how to strengthen the school's capacity as a setting for social and emotional learning.

Weare and Nind (2011) call for a balancing of style combining the flexible, principle based approach which characterises many European health promoting whole school approaches with the US style of more manualised approaches with prescriptive training and strict requirement for programme fidelity. Jones and Bouffard (2012) also argue for the development of a continuum of approaches, ranging from full-scale programmes to specific evidence-informed strategies that will meet the diverse needs of schools and provide an integrated foundation for social and emotional skills development within the context of everyday school practices. They describe this as moving from the use of specific packaged programmes or brands to the use of "essential ingredients" that can be integrated into school practices. Framing such a shift as a disruptive innovation that breaks the current mode of delivery, Jones and Bouffard (2012) argue that this approach would result in a simpler version of strategies derived from structured social and emotional learning programmes, such as routines for managing emotions and conflicts. The development of these more generic strategies would also place more emphasis on the need for quality assurance rather than strict programme fidelity. However, more rigorous research is needed to identify those "essential ingredients" of social and emotional learning practices, as there is paucity of research to date that examines such individual components. Further rigorous testing of specific strategies and methods for social and emotional skills development is needed to determine the optimal combination needed for positive outcomes to be achieved.

Ensuring effective implementation of evidence-based strategies for social and emotional skills development across a variety of school settings in the UK requires supportive implementation structures and capacity development. A variety of contextual factors such as leadership, organisational capacity, management and methods, teacher training and support, have been found to influence both the level and quality of implementation (Greenberg et al., 2001; Durlak and DuPre, 2008; Bumbarger et al., 2010). Teachers are core agents of change, however, they need to have the confidence and skills to deliver effective social and emotional skills programmes. Professional development structures and capacity development for teachers at both pre-service and in-service training is required to support effective implementation. This includes developing the competencies and skills required for effective delivery of social and emotional skills development strategies and the use of teaching methodologies that engage young people in experiential and activity-based learning.  Support from the school organisation and management, including the school

principal, is critical and influences the overall readiness of the school to implement social and emotional learning programmes. Providing supportive structures and ongoing training and monitoring for quality assurance is key to ensuring the quality of implementation necessary for positive outcomes to be achieved and sustained for long-term change.

The equity impact of many of the school programmes is unclear from this review as the differential impacts of programmes for different subgroups of young people have not been explicitly evaluated. This is a gap in the current evidence base as if programme benefits are distributed unequally this could inadvertently further engrain existing inequities (Friedli, 2009). The importance of programmes responding to the needs of young people from different socioeconomic, cultural and ethnic backgrounds and the distinct needs of young people who are socially excluded, have a disability or in care is emphasised. There is limited evidence available from existing school-based studies to guide evidence-informed planning with regard to meeting the specific needs of these different subgroups of young people. Further investment is needed in developing and evaluating interventions for these students based on their active participation and engagement.

At a policy and practice level, providing clear guidance and expectations for schools and teachers regarding the implementation of social and emotional learning programmes is critical for effective and consistent delivery. This will also need to be supported by adequate funds for the development of implementation structures including training and quality assurance systems. Economic analyses indicate that school-based social and emotional interventions are cost-saving with net savings in terms of the impact on crime and health outcomes (McCabe, 2007; Knapp et al., 2011). Developing methods and standards for the assessment of school practices and skills in the delivery of social and emotional learning will heighten its perceived importance as a core part of the school curriculum and will help consolidate the fundamental connection between academic and social and emotional learning in the education and development of young people.

Findings from the international literature indicate that the sustainability of successful social and emotional skills development in schools is dependent on their integration into the core mission of the school and their adaptation and fit to the ecology of the school and community in which they are delivered. The development of organisational and system-level practices and policies that will ensure the sustainability of high quality programmes and evidence-informed strategies within the context of whole school approaches is vital to realising the multiple long-term outcomes for positive youth development that these programmes can deliver. Further collaboration across the education, health, family and community sectors, together with an ongoing commitment to innovation and comprehensive evaluation is needed in order to consolidate current efforts and to advance the next stage of best practice and policy development.

### *Out-of-school programmes*

This review identified a number of innovative out-of-school youth programmes that show positive outcomes for young people, including those at-risk and socially excluded. All the programmes included in the review were selected because their overall aim involved promoting the social and emotional skills of young people. These programmes sought to achieve this through a range of activities from arts, sports, outdoor adventure, mentoring, education and training, and engagement in social action projects. The current UK evaluation findings provide an emerging, albeit limited, evidence base that these programmes can produce a range of positive outcomes for youth and prevent behaviour problems and social disengagement. The more robust well-conducted evaluation studies provide convincing evidence of the positive impacts of these interventions on young people's self esteem, social skills, behaviour problems and engagement in school

and society. Stronger outcomes are associated with interventions that employ a more structured approach to implementation and are of longer duration.

The findings from this review, when interpreted in the context of existing international research, are supportive of the potential of out-of-school programmes in enabling positive life outcomes for young people. The increased investment from government, NGOs and the private sector in recent years has lead to the development of a wide range of youth programmes and initiatives delivered by diverse agencies across the UK. Initiatives such as *National Citizen Service* are being implemented and evaluated on a nationwide basis engaging the participation of thousands of young people in social action projects in their communities. This scale of development, together with initial promising findings, focuses attention on the importance of developing a strong empirical base for understanding how such programmes work and providing evidence to guide future investment in developing best practice in this area. This review has identified the need to improve the quality of evaluation studies in the out-of-school setting. There are a number of larger scale randomised controlled trials currently underway in the UK (listed in Appendix 4), the findings of which though not available for this report, will be critically important in strengthening the existing evidence base to inform practice and policy development.

The wide ranging and ambitious out-of-school programmes included in this review have the potential to meet a number of current policy goals across the youth, educational, health and wellbeing, employment, and community sectors. Many are newly developed and will take time to become more established, however, they are potentially a solid social investment that can yield multiple returns for young people and society. Current international research underscores the cost-benefit of these initiatives and highlights the cost to society of not investing in positive youth development, especially for those who are most disadvantaged (Knapp et al., 2011). However, the current quality of evidence from UK studies is weak in many areas. Newly developed programmes need to be subject to rigorous evaluations before they are brought to scale. There is, therefore, a need for caution in distinguishing between the quality of the interventions and the quality of the research evaluation studies. A review of evidence, such as in this report, focuses primarily on the quality of the evaluation studies, and there are clearly areas for further improvement in strengthening the quality of study designs, data collection and analysis and the reporting of evaluation findings as outlined in this report.

In order to support and enable good practice there is need for further good quality research, including, in particular, a more systematic focus on implementation and implementation support systems to improve the quality of interventions delivered. Many of the out-of-school youth programmes tend to adopt a more generic approach rather than the more structured or packaged interventions, which are more common in the school setting. Such process-oriented approaches do not sit neatly within traditional evaluation research designs. For example, mentoring and social action programmes are based on the development of trusting relationships and can lead to quite positive outcomes as demonstrated by programmes such as *Big Brothers Big Sisters*. However, these approaches are not uniformly effective, especially when they do not explicitly identify their goals or specify the change processes underpinning their actions. A number of programmes were found to set a diffuse and overarching set of programme goals, which makes them quite difficult to implement and to evaluate their impact. There is a need for greater specification and description of what actually comprises programmes and their implementation features. Durlak et al. (2010), in their review of the impact of after-school programmes on youth personal and social development, concluded that programmes need to "…*devote sufficient time to skill enhancement, be explicit about what they wish to achieve, use*

*activities that are coordinated and sequenced to achieve their purpose, and require active involvement on the part of participants*" (p. 6). As in the school setting, a continuum of approaches is indicated where the flexible principle-based approaches of youth work can be delivered alongside more structured activities. The development of more comprehensive evaluations, including both process and outcome evaluation research, is vital to ensuring that practice-based and research-based knowledge can be harnessed to inform best practices. It is clear from this review that more robust well-designed studies are needed. The lack of quality evidence for some of the current out-of-school interventions reflects the poor quality of the evaluation studies conducted. As such it is difficult to determine their effectiveness. However, the lack of good quality evidence is not evidence of lack of effectiveness and as such is not a sound basis for giving up on these innovative and important programmes. What is required is further investment in improving the quality of the evaluation studies so that knowledge can be gleaned from good quality research on how best practices can be further developed, sustained and mainstreamed into youth work at a level and scope that will make a critical difference.

From a policy and practice perspective the challenge is to mainstream cost-effective and sustainable practices which promote youth social and emotional skills development as identified through evaluation studies and practice-based experience. This can be achieved by investing in evidence-informed approaches with clearly articulated theories of change, explicit intervention strategies supported by staff training for quality implementation, and comprehensive evaluation studies including both process and outcome research. Workforce capacity will also need to be developed for the effective delivery of social and emotional skills programmes that are responsive to the diverse needs of young people. Access to training and methods of ensuring quality assurance will be required so that the skills of evidence-informed planning and implementation can be further developed and strengthened.

A greater focus on assessing the equity impact of the out-of-school programmes is also needed, in order to determine the benefits of these programmes for socially excluded and at risk youth. There is promising evidence from this review of UK studies and from the wider international evidence base that disadvantaged and socially excluded young people can benefit from social and emotional programmes that aim to enhance their competencies and life skills and reduce risk for negative life outcomes. The impact of these programmes, both when delivered universally where those at risk appear to benefit most, and for disadvantaged groups, clearly signals their potential role in reducing inequities. However, there is limited evidence on the longer-term impacts of these programmes and how they impact on life course trajectories. Only a small number of evaluation studies in this review reported on the equity impact of social and emotional skills development for different subgroups of young people. The differential impacts of programmes need to be determined in order to ensure that they reach those young people with the greatest need while also addressing the social gradient. Recent reviews on best practice approaches to reducing inequities support the use of universal interventions across the whole of society, but which provide support proportionate to need in order to level the social gradient in health outcomes (WHO & Gulbenkian Foundation, 2014). Interventions need to address the contextual challenges and pressure facing youth growing up in different communities and as such need to be delivered in the context of wider policies that address the structural drivers of inequity. The principle of proportionate universalism, that policies should be universal yet proportionate to need, is incorporated into a social determinants approach to reducing inequities through cross-sectoral policy and action (Marmot Review, 2010).

Supportive policies across the health, education, employment and youth sectors are needed to implement a lifecourse approach to positive youth development. Social and emotional skills develop in a social context and as such social and emotional skills development programmes need to be embedded into the everyday context of young people's lives. It would appear, however, that there is little link-up or synergy between the school-based programmes, that are primarily delivered by teachers, and the out-of-school programmes delivered in local communities by a range of youth organisations and government and non-government agencies. While a small number of programmes do bridge the school and community settings e.g. family-based training, the majority appear to operate in parallel. As social and emotional skills develop across contexts there is a case for aligning these programmes and ensuring greater partnership and collaborative working across the education, community and youth sectors. A cross-settings approach would help to optimise the benefits of what is being delivered so that programmes can impact in a more holistic manner.

The role of media and in particular new media in the development of young people's social and emotional skills is highlighted as an area for further exploration. Given the increasing role of technology and social media in the lives of young people, there is a strong rationale for harnessing the potential of technology both as a means and a virtual setting for the delivery of social and emotional skills programmes across the school and out-of-school settings (Blanchard, 2011; Rickwood, 2012). The evidence regarding internet-delivered interventions is growing and there are a number of interventions with good quality evidence being implemented with young people in school and out-of-school settings (Clarke et al., 2013). Face-to-face interventions can be supplemented with interactive, internet-based tools, and the integration of online programmes and use of apps can substantially increase the ability of current efforts to reach young people and support their positive development. The use of online resources also has significant implications for increasing the workforce capacity in schools and community settings in providing flexible and accessible training and support materials for staff and parents (Clarke & Barry, *in press*; Clarke, Kuosmanen, Chambers & Barry, 2014, 2013). Further integration of technology-based resources to complement and extend current programmes will be important to the future delivery of youth social and emotional development programmes in both the school and community settings.

### *Implications of review findings for practice and policy across the school and out-of-school settings*

Drawing on the review findings and current international evidence, the following implications are highlighted for further developing practice and policy across the school and out-of-school settings:

- There is well established and consistent evidence concerning the effectiveness of school-based social and emotional skills programmes both from UK and international studies. The successful implementation and integration of these programmes within the curriculum and core mission of UK schools is critical to sustaining their positive impacts on students' social and emotional development, and their educational and health outcomes. International research underscores the importance of implementing social and emotional skills programmes within the context of a whole school approach that embraces the wider school, family and community context. Embedding current programmes and initiatives within a whole school context is critical to achieving sustainable educational, health and social outcomes for young people, and will consolidate the fundamental connection between academic and social and emotional learning.

- The current evidence from UK studies on the effectiveness of out-of-school programmes is too limited in many areas in order to be able to draw firm conclusions regarding what works. However, the findings from the more robust studies in this review, together with existing international research, are supportive of the potential of out-of-school programmes in enabling positive life outcomes for disadvantaged and socially excluded young people. Out-of-school programmes can be further strengthened by investing in evidence-informed approaches with clearly articulated theories of change, and explicit intervention strategies supported by staff training. More comprehensive evaluations, including both process and outcome evaluation research with robust study designs, are needed to ensure that practice-based and research-based knowledge can be harnessed to inform policy and best practices.

- The effective implementation and mainstreaming of evidence-based programmes across a variety of school and out-of-school settings in the UK requires supportive implementation structures and capacity development, including ongoing training and monitoring for quality assurance. Supportive policies, structures and practices will be key to sustaining the quality of implementation necessary for positive youth outcomes to be achieved and for change to be sustained. Alongside the delivery of full programmes, further testing of specific evidence-informed strategies and methods is required for integrating social and emotional skills development into the daily practices of schools and the everyday community contexts of young people's lives.

- Partnership and collaborative working across the education, community and youth sectors will support a cross-settings approach to delivery across the school and out-of-school settings thereby enabling the benefits of programmes for young people to be optimised. Harnessing the potential of technology and social media for the delivery of social and emotional skills programmes across these settings is also highlighted for consideration in extending the reach and impact of current programmes.

- The equity impact of school and community-based programmes needs to be researched further to ensure that they are impacting on the life course trajectories of those young people with the greatest need and are also addressing the social gradient. Current social and emotional skills programmes need to be anchored in policies across the health, education, employment and youth sectors that address the social determinants of positive youth development and promote supportive environments and opportunities for young people to grow and flourish.

Supporting social and emotional skills development across all the contexts in which young people learn and develop means engaging parents, families, teachers, employers, media and the wider community, as well as young people themselves, in producing the supportive environments where social and emotional skills can be developed and enhanced. Social and emotional skills development needs to be understood within the wider context of supportive environments for youth development and policies that address the social determinants of youth development. Effective partnerships across the youth, family, schools, employment and community sectors will be critical to sustaining youth programmes that bring about enduring change to the lives of young people.

# VI. Authors' Conclusions

The synthesis of findings from this review of 94 studies across the school and out-of-school settings shows that well-designed and well-implemented social and emotional skills development programmes can lead to a range of positive educational, health and social and emotional wellbeing outcomes for children and young people. This review found that there are a large number of evidence-based programmes being successfully implemented in UK schools, which show consistent evidence of their positive impact on students' social and emotional competencies and educational outcomes. The review findings support the effectiveness of universal social and emotional school-based programmes, targeted interventions for students at higher risk, violence and substance misuse prevention programmes, and the adoption of whole school approaches to bullying prevention. Effective programmes were characterised by the use of well-defined goals, an explicit focus on teaching social and emotional skills, a sequenced approach to skill development, use of interactive teaching methods, explicit implementation guidelines and teacher training. The equity impact of many of the school programmes is unclear from this review, as the differential impact on subgroups of young people has not been explicitly evaluated. There is also limited data available on the cost-benefit analysis of programmes in the UK context. Although good quality evidence is available from international studies, relatively few of the UK evaluations included long-term follow up or the collection of standardised data on academic performance. In addition, few studies included detailed information on the quality of programme implementation. Further research examining implementation processes and outcomes in the context of UK schools will be critical to strengthening the effective adoption, replication and system-wide integration of effective programmes and practices. The scaling up of these programmes, including their integration into the school curriculum and their optimal implementation within the context of a whole school approach, warrants further investigation.

Regarding out-of-school interventions, some robust studies provided evidence of effectiveness in terms of improving young people's social and emotional skills, however, the majority of studies provided limited evidence as a result of poor quality evaluations. The evidence base needs to be strengthened in order to determine the value of current out-of-school programmes and in particular, which approaches are most effective. This is particularly important for programmes that are newly developed. Based on the findings from the more rigorous studies, there is evidence that out-of-school youth programmes have the potential to lead to positive outcomes for disadvantaged and socially excluded youth, including young people's self esteem, social skills, behaviour problems and engagement in school and society. This review found that there is good quality evidence regarding the effectiveness of interventions spanning home and school settings, showing that the engagement of and support from families and communities enhances effectiveness over interventions that focus only on young people's behaviour. The review findings are in keeping with previous research in showing that programmes that adopt a more structured approach to implementation over a longer period of time are more effective. There is limited evidence on the longer-term outcomes of out-of-school programmes, their cost-benefits, and how they impact on the life course trajectories of young people. Only a small number of evaluation studies in this review reported on the equity impact of social and emotional skills development for different subgroups of young people. This review identified the need to improve the quality of evaluation studies in the out-of-school setting so that knowledge can be gleaned from good quality research on how best practices can be further developed, sustained and mainstreamed at a level and scope that will make a critical difference. The large scale studies currently underway in the UK, the findings of which are not yet available, will be critically important in strengthening the existing evidence base.

Social and emotional skills are a key asset and resource for the positive development of young people and contribute to the promotion of their health, education, social and economic prosperity. The synthesis of findings from this review shows that there is evidence from well conducted studies that high quality programmes that are well implemented can lead to positive youth outcomes. The potential of these social and emotional skills development programmes should be seen as a strong argument for a sustained policy focus on the delivery of high quality interventions for young people across the school and out-of-school setting. Improving the quality of the evidence base will play a critical role in advancing the knowledge needed by policymakers and practitioners in scaling up effective approaches. More comprehensive UK evaluation studies, including the use of mixed method designs to assess implementation process and programmes outcomes, together with longer-term follow up, and the use of cost-benefit and equity analysis, will strengthen the evidence base for advancing policy and will facilitate the mainstreaming of effective practice.

# References

VII

# VII. References

The reference section consists of three sub sections (i) list of references for the main report (ii) list of references for the reviewed school studies that are presented in Table 6 in Appendix 1 and (iii) list of references for the reviewed out-of-school studies that are presented in Table 7 in Appendix 2.

## References for the Main Report

Achenbach, T. M. & Rescorla, L. A. (2001). *The Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.

Adi, Y., Killoran A., Janmohamed, K. & Stewart-Brown, S. (2007a). *Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools Report 1: Universal approaches which do not focus on violence or bullying*. London: National Institute for Health and Clinical Excellence.

Adi, Y., Schrader McMillan, A., Kiloran, A. & Stewart-Brown, S. (2007b). *Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools: Universal approaches with focus on prevention of violence and bullying.* London: National Institute of Clinical Excellence.

Allen, G. (2011) *Early Intervention: the Next Steps. An Independent Report to Her Majesty's Government.* Cabinet Office, UK.

Armsden, G. & Greenberg, M.T. (1987). Inventory of parent and peer attachment: Individual differences in their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence, 16,* 427–453.

Baker, P.J. (2006). Developing a blueprint for evidence-based drug prevention in England. *Drugs: Education, Prevention and Policy, 13*(1), 17-32.

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Banerjee, R., Weare, K. & Farr, W. (2014). Working with 'Social and Emotional Aspects of Learning' (SEAL): Associations with school ethos, pupils' social experiences, attendance, and attainment. *British Education Research Journal, 4*(40), 718-742.

Banyard, V.L. (2008). Measurement and correlates of prosocial bystander behavior: The case of interpersonal violence. *Violence and Victims, 23*(1), 83-97.

Barrett, P., & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school-based trial. *British Journal of Clinical Psychology*, *40*(4), 399-410.

Barrett, P. & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school-based trial. *British Journal of Clinical Psychology*, *40*(4), 399-410.

Barry, M.M. (2009). Addressing the determinants of positive mental health: Concepts, evidence and practice. *International Journal of Mental Health Promotion, 11*(3) 4-17.

Barry, M.M., Clarke, A.M., Jenkins, R. & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health, 13*(1). doi:10.1186/1471-2458-13-835.

Barry, M.M., & Friedli, L. (2008). *Foresight Mental Capital and Wellbeing Project. State-of- Science Review: SR-B3. The influence of social, demographic and physical factors on positive mental health in children, adults and older people.* London: Government Office of Science.

Barry, M.M. & Jenkins, R. (2007). *Implementing Mental Health Promotion*. Oxford: Churchill Livingstone/ Elsevier.

Barry, M.M., Reynolds, C., Sheridan, A. & Egenton, R. (2006). Implementation of the Jobs programme in Ireland. *Journal of Public Mental Health, 5*(4), 10-25.

Blanchard, M. (2011). *Navigating the digital disconnect: understanding the use of information communication technologies by the youth health workforce to improve young people's mental health and wellbeing*. Melbourne: Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne.

Block, J. H. & Kremen, A M. (1996). IQ and ego-resiliency: conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology, 70, 349-* 361.

Browne, G., Gafni, A., Roberts, J., Byrne, C. & Majumdar, B. (2004). Effective/efficient mental health programs for school-age children: a synthesis of reviews. *Social Science & Medicine, 58*(7), 1367-1384.

Brunwasser, S.M., Gillhan, J.E. & Kim, E.S. (2009). A meta-analytic review of the Penn Resilience Program's effect on depressive symptoms. *Journal of Consulting Clinical Psychology, 77*(6), 1042-1054.

Bumbarger, B., Perkins, D. & Greenberg, M. (2010). Taking effective prevention to scale. In Doll B, Pfohl W, Yoon J. (eds.). *Handbook of Youth Prevention Science* (pp. 433 – 444). New York: Routledge.

Bungay, H. & Vella-Burrows, T. (2013). The Effects of Participating in Creative Activities on the Health and Well-Being of Children and Young People: A Rapid Review of the Literature. *Perspectives in Public Health, 133*(1), 44-52. doi: 10.1177/1757913912466946.

Bunting, L. (2004). Parenting programmes: The best available evidence. *Child Care in Practice, 10*(4), 327-343.

Burke, C.A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies, 19*(2), 133-144.

Buss, A.H. & Perry, M.P. (1992). The aggression questionnaire. *Journal of Personality and Social Psychology, 63*, 452-459.

Cabinet Office and Department for Education. (2013). *Increasing opportunities for young people and helping them to achieve their potential*. UK Government, London Retrieved from https://www.gov.uk/government/policies/increasing-opportunities-for-young-people-and-helping-them-to-achieve-their-potential

Calear, A., Christensen, H., Mackinnon, A. & Griffiths, K. (2013). Adherence to the MoodGYM program: Outcomes and predictors for an adolescent school-based population. *Journal of Affective Disorders, 147*, 338-344.

Calear, A., Christensen, H., Mackinnon, A., Griffiths, K. & O'Kearney, R. (2009). The YouthMood Project: A cluster randomized controlled trial of an online cognitive behavioral program with adolescents. *Journal of Consulting and Clinical Psychology, 77*(6), 1021–1032

Caplan RD, Vinokur AD & Price RH (1997) From job loss to reemployment: field experiments in prevention-focused coping. In: GW Albee & TP Gullotta (Eds) *Primary Prevention Works*. Thousand Oaks: Sage

Caplan, R.D., Vinokur, A.D., Price, R.H., & van Ryn, M. (1989). Job Seeking, Reemployment, and Mental Health: A randomized field experiment in coping with job loss. *Journal of Applied Psychology, 74*(5), 759-769.

Catalano, R.F., Berglund, L., Ryan, A.M. Lonczak, H.S., & Hawkins, J. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programmes. *Prevention and Treatment, 5* (1), Art. D15.

Chen, H.T. (1998). Theory-driven evaluations. *Advances in Educational Productivity, 7*, 15-34.

Clarke, A.M., & Barry, M.M. (2014). Implementing mental health promoting schools. In V. Simovska, & P. McNamarra (Eds.), *School for Health and Sustainability*. Dordrecht: Springer.

Clarke, A.M., & Barry, M.M. (*in press*). Supporting a whole school approach to mental health promotion and wellbeing in post-primary schools in Ireland. In S. Kutcher, Y. Wei & M. Weist (Eds.), *International School Mental Health for Adolescents- Global Opportunities and Challenges*. UK: Cambridge Press.

Clarke, A.M., Kuosmanen, T. & Barry, M.M. (2014). A systematic review of online youth mental health promotion and prevention interventions. *Journal of Youth and Adolescence 44*(1), 90-113. doi 10.1007/s10964-014-0165-0.

Clarke, A.M., Kuosmanen, T., Chambers, D. & Barry, M.M. (2014). *Bridging the Digital Disconnect. Exploring Youth, Education, Health and Mental Health Professionals' Views on Using Technology to Promote Young People's Mental Health*. A report produced by the Health Promotion Research Centre, National University of Ireland Galway and Inspire Ireland Foundation in collaboration with the Young and Well Cooperative Research Centre, Melbourne, Australia.

Clarke, A.M., Kuosmanen, T., Chambers, D., & Barry, M.M. (2013). *Bridging the Digital Disconnect. Exploring Parents' Views on Using Technology to Promote Young People's Mental Health*. A report produced by the Health Promotion Research Centre, National University of Ireland Galway and Inspire Ireland Foundation in collaboration with the Young and Well Cooperative Research Centre, Melbourne, Australia.

CASEL (2005). *Safe and sound: An Educational Leader's Guide to Evidence-based Social and Emotional Learning Programs*-Illinois edition. Chicago, IL: Author.

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I. & Petticrew, M. (2008). Developing and evaluating complex interventions: The new Medical Research Council guidance. *British Medical Journal, 337,* 979-983.

Csuti, N. (2008). *The Colorado Trust Bullying Prevention Initiative Student Survey*. Retrieved from www. thecoloradotrust.org/repository/initiatives/pdfs/BPI/Evaluations/BPI%20Student%20Survey.pdf

Dahlberg, L.L., Toal, S.B., Swahn, M. & Behrens, C.B. (2005). *Measuring Violence-Related Attitudes, Behaviours, and Influences Among Youths: A Compendium of Assessment Tools* (2nd Ed.). Atlanta, GA.: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Department for Children, Youth and Schools. (2007). *Aiming High for Young People: A Ten Year Strategy for Positive Activities*. UK Government, London. Retrieved from http://dera.ioe.ac.uk/7758/1/PU214.pdf

Department for Education. (2010). *Positive for Youth: A new approach to cross-government policy for young people aged 13 to 19*. Retrieved from https://ww.education.gov.uk/positiveforyouth

Department for Education and Skills. (2004a). *The Children Act Report* 2003. UK Government, London. Retrieved from http://dera.ioe.ac.uk/5333/1/DfES-1053-2004.pdf

Department for Education and Skills. (2004b). *Every child matters: Change for children*. UK Government, London. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/257876/change-for-children.pdf

Department for Education and Skills. (2005). *Primary Social and Emotional Aspects of Learning (SEAL): Guidance for Schools*. UK Government, London.

Department for Work and Pensions, Department for Business, Innovation & Skills and Department for Education. (2011). *Building Engagement, Building Futures: Our strategy to maximise the participation of 16-24 year olds in education, training and work*. UK Government, London. Retrieved from https://www.gov.uk/government/publications/building-engagement-building-futures

Department of Health. (2010). *Healthy Lives, Healthy People: Our strategy for public health in England*. UK Government, London. Retrieved from https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england

Department of Health. (2011). *No Health Without Mental Health: A cross government mental health outcomes strategy for people of all ages. UK Government, London.* Retrieved from https://www.gov.uk/government/publications/the-mental-health-strategy-for-england

Dix, K.L., Slee, P.T., Lawson, M.J. & Keeves, J.P. (2012). Implementation quality of whole-school mental health promotion and students' academic performance. *Child and Adolescent Mental Health, 17*(1), 45-51.

Domitrovich, C., Bradshaw, C., Poduska, J., Hoagwood, K., Buckley, J., Olin, S., Rokamelli, L.S., Leaf, P.J., Greenberg, M.T., & Ialongo, N. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health, 1,* 6–28. doi: 10.1080/1754730X.2008.9715730.

Domitrovich, C.E. & Greenberg, M.T. (2000). The study of implementation: current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation, 11*(2), 193-221.

Dooris, M., & Barry, M.M. (2013). Overview of implementation in health promoting settings. In Samdal O. & Rowling L. (Eds.), *The Implementation of Health Promoting Schools: Exploring the Theories of What, Why and How* (pp. 14-33). Oxfordshire: Routledge.

Downey, C. & Williams, C. (2010) Family SEAL - a home-school collabrative programme focusing on the development of children's social and emotional skills. *Advances in School Mental Health Promotion, 3*(1), 30-41

DuBois, D. L., Portillo, N., Rhodes, J. E., Silverthorn, N. & Valentine, J. C. (2011). How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*, *12*(2), 57-91.

Durlak, J. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community*, *17*(2), 5-18.

Durlak, J.A. & DuPre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology, 41*(3-4), 327-350.

Durlak, J.A., Weissberg, R.P. & Pachan, M. (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology, 45*(3-4), 294-309.

Durlak, J.A., Weissberg, R.P., Dymnici, A.B., Taylor, R.D. & Schellinger, K.B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*(1), 405-432.

Eisenberg, N. (Ed.). (2006). Volume 3: Social, emotional, and personality development. In Damon, W., & Lerner, R.M . (Series Eds.), *Handbook of Child Psychology* (6th Ed.). New York: Wiley.

Elias, M. (1997). *Promoting Social and Emotional Learning*. Alexandria, Virginia: ASCD.

Eyberg, S. M., & Ross, A. W. (1978). Assessment of child behavior problems: the validation of a new inventory. *Journal of Clinical Child Psychology, 7,* 113–16.

Faggiano, F., Galanti, M.R., Bohrn, K., Burkhart, G., Vigna-Taglianti, F., Cuomo, L., et al. (2008). The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial. *Preventive Medicine, 47*(5), 537-543.

Faggiano, F., Vigna-Taglianti, F., Burkhart, G., Bohrn, K., Cuomo, L., Gregori, D. et al. (2010). The effectiveness of a school-based substance abuse prevention program: 18-Month follow-up of the EU-Dap cluster randomized controlled trial. *Drug and Alcohol Dependence, 108*(1-2), 56-64.

Farrington, D.P., & Ttofi, M.M. (2007). School-based programs to reduce bullying and victimization. *Campbell Systematic Reviews, 5*(6). doi: 10.4073/csr.2009.6.

Faupel, A. (Ed.). (2003). *Emotional literacy: Assessment and Intervention - Ages 11–16.* London: nferNelson.

Feldman, G., Hayes A., Kumar, S., Greeson, J. & Laurenceau, J.P. (2006) Mindfulness and Emotion Regulation: the development and initial validation of the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R). *Journal of Psychopathology and Behavioural Assessment, 29,* 177-190.

Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampl, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.

Frederickson, N., & Dunsmuir, S. (2009). *Measures of Children's Mental Health & Psychological Wellbeing*. Chiswick, London: GL Assessment.

Friedli, L. (2009). *Mental Health, Resilience and Inequalities*. Copenhagan: WHO Regional Office for Europe.

Goldberg, D. and Williams, P. (1988). *A User's Guide to the General Health Questionnaire.* Windsor, UK: NFER-Nelson.

Goleman, D. (1996). *Emotional Intelligence: Why it can matter more than IQ*. London: Bloomsbury.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 38*(5), 581-586.

Gratz, K.L., & Roemer, L. (2004). Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure, and Initial Validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment, 26* (1). doi: 0882-2689/04/0300-0041/0

Greenberg, M., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment, 4*(1), 1-52.

Greenberg, M., Domitrovich, C., Graczyk, P., & Zins, J. (2005). *The Study of Implementation in School-based Preventive Interventions: Theory, Research, and Practice*. Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Health Administration, US Department of Health and Human Services.

Greenhalgh, T., Robert, G., MacFarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Quarterly, 82*, 581–629.

Gross, J. (2010). The big experiment – can social and emotional learning programmes be implemented on a national scale? *Better: Evidence-based Education*, 2(2), 6-7

Grossman, J.B., & Rhodes, J.E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology, 30,* 199–219.

Guerra, N.G., & Bradshaw, C.P. (2008). Linking the prevention of problem behaviors and positive youth development: Core competencies for positive youth development and risk prevention. *New Directions for Child and Adolescent Development, 122*, 1–17. doi: 10.1002/cd.225.

Gutman, L. & Schoon, L. (2013). *The Impact of Non-Cognitive Skills on Outcomes for Young People.* Retrieved from Education Endowment Foundation webpage: http://educationendowmentfoundation.org.uk/uploads/pdf/Non-cognitive_skills_literature_review_2.pdf

Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: Promoting positive behaviour, effective learning and well-being in primary school children. *Oxford Review of Education, 35*(3), 313-330.

Harnett, P.H., & Dawe, S. (2012). The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. *Child and Adolescent Mental Health, 17*(4), 195-208.

Harter, S. (1985). *Manual for the self-perception profile for children*. Denver, CO: University of Denver Press.

Hawkins, J.D., Guo, J., Hill, K.G., Battin-Pearson, S., & Abbott, R.D. (2001). Long-term effects of the Seattle Social Development Intervention on school bonding trajectories. *Applied Developmental Science*, *5*(4), 225-236.

Hawkins, J.D., Kosterman, R., Catalano, R.F., Hill, K.G., & Abbott, R.D. (2005). Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project. *Archives of Pediatrics & Adolescent Medicine*, *159*(1), 25-31.

Heckman, J. (2006). *Investing in Disadvantaged Young Children is an Economically Efficient Policy*. Paper presented to the Forum on Building the Economic Case for investments in Preschool, New York, 10 January. Retrieved from http://jenni.uchicago.edu/Australia/invest-disadv_2005-12-22_247pm_awb.pdf.

Henderson, M., Jackson, C., Bond, L., Wilson, P., Elliot, L., Levin, K. et al. (2013). *Social and Emotional Education and Development (SEED): a stratified, cluster randomised trial of a multi-component primary school intervention that follows the pupils' transition into secondary school*. ISRCTN registry. Retrieved from http://www.isrctn.com/ISRCTN51707384

Homans, G.C. (1958). Social behavior as exchange. *American Journal of Sociology*, *63*, 597-606.

Humphrey, N., Kalambouka, A., Bolton, J. Lendrum, A., Wigelsworth, M., Lennie, C. & Farrell, P. (2008). *Primary Social and Emotional Aspects of Learning (SEAL) Evaluation of Small Group Work*. Department for Children, Schools and Families. Research Report DCSF-RR064.

Humphrey, N., Lendrum, A., & Wigelsworth, M. (2013). Making the most out of school-based prevention: lessons from the social and emotional aspects of learning (SEAL) programme. *Emotional and Behavioural Difficulties*, *18*(3), 248-260.

Huppert, F.A. (2005). Positive mental health in individuals and populations. In F Huppert, N Bayliss & B Keverne (Eds), *The Science of Well-being*. Oxford, UK: Oxford University Press.

Huppert, F.A. & Whittington, J.E. (2003). Evidence for the independence of positive and negative well-being: implications for quality of life assessment. *British Journal of Psychology 8,* 107–22.

Jane-Llopis, E., Barry, M.M, Hosman, C., & Patel, V. (2005). Mental health promotion works: a review. *Promotion & Education,* (Suppl 2), 9–25, 61, 67.

Jankowski, M.K., Rosenberg, H.J., Sengupta, A., Rosenberg, S.D. & Wolford, G.L. (2007). Development of a Screening Tool to Identify Adolescents Engaged in Multiple Problem Behaviors: The Adolescent Risk Behavior Screen (ARBS). *Journal of Adolescent Health, 40*(2). doi: 180.e119-180.e126.

Jones, S.M. & Bouffard, S.M. (2012). Social and Emotional Learning in Schools: From Programs to Strategies. Social Policy Report, 26(4). *Society for Research in Child Development* .

Kellam, S.G., Brown, C.H., Poduska, J.M., Ialongo, N.S., Wang, W., Toyinbo, P. et al. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence, 95*, 5-28. doi: 10.1016/j.drugalcdep.2008.01.004.

Keyes, C.L.M. (2002) The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Research, 43,* 207–22.

Knapp, M., McDaid, D. & Parsonage, M. (Eds.) (2011). *Mental Health Promotion and Mental Illness Prevention: The Economic Case*. London: Department of Health.

Koivisto, P., Vuori, J. & Nyokyri, E. (2007). Effects of the school-to-work group method among young people. *Journal of Vocational Behaviour*, *70*, 277–296.

Kovacs, M. (1992). *Children's Depression Inventory (CDI) Manual*. Toronto, ON: Multi-Heath Systems Inc.

Kovess-Masfety, M., Murray, M. & Gureje, O. (2005). Positive mental health. In H Herrman, S Saxena & R Moodie (Eds.). *Promoting Mental Health: Concepts, Emerging Evidence, Practice.* A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and University of Melbourne. Geneva, Switzerland: WHO.

Laurent, J., Catanzaro, S.J., Joiner, T.E., Rudolph, K.D., Potter, K.J., Lambert, S. et al. (1999) A measure of positive and negative affect for children: scale development and preliminary validation. *Psychological Assessment, 11*(3), 326–38.

Lendrum, A., Humphrey, N., & Wigelsworth, M. (2013). Social and emotional aspects of learning (SEAL) for secondary schools: Implementation difficulties and their implications for school-based mental health promotion. *Child and Adolescent Mental Health, 18*(3), 158-164.

Lister-Sharp, D., Chapman, S., Stewart-Brown, S. & Sowden, A. (1999). Health promoting schools and health promotion in schools: two systematic reviews. *Health Technology Assess, 3*(22), 1-207.

Lonczak, H.S., Abbott, R.D., Hawkins, J.D., Kosterman, R. & Catalano, R.F. (2002). Effects of the Seattle Social Development Project on Sexual Behavior, Pregnancy, Birth, and Sexually Transmitted Disease Outcomes by Age 21 Years. *Archives of Pediatrics & Adolescent Medicine,* 156(5), 438-447.

Lubans, D., Lubans, N., & Plotnikoff, R. (2012). Review: A systematic review of the impact of physical activity programmes on social and emotional well-being in at-risk youth. *Child and Adolescent Mental Health, 17*(1), 2-13.

Mackenzie C. S., Knox V. J., Gekoski W. L. & MacAulay H. L. (2004). An adaptation and extension of the attitude toward seeking professional psychological help scale. *Journal of Applied Social Psychology, 34*(11), 2410-2435

Mackenzie, A.C., Lurye, I. & Kellam, S.G. (2008). History and evolution of the Good Behavior Game. Supplementary material for: Kellam, S.G., et al., 2008. Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence, 95* (Suppl 1), S5–S28.

Maestas, N. & Gaillot, S. (2010). *An outcome evaluation of the SFK success for kids program. Labour and Population.* Retrieved from RAND webpage: http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR575-1.pdf

Maines, B. & Robinson, G. (2001). *B/G-STEEM: A Self-Esteem Scale with Locus of Control Items.* London: Lucky Duck Publishing

Manuel, C. & Klint Jorgensen, A.M. (2013). *Systematic Review of Youth Crime Prevention Interventions.* Published 2008-2012. SFI: Kobenhavn.

Maras, P. (2002). *About Me Questionnaire*. London: University of Greenwich.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. & Geddes, I. (2010). *The Marmot review: Fair society, healthy lives. The Strategic Review of Health Inequalities in England Post-2010.* Retrieved from http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Masten, A.S. & Coatsworth, J.D. (1998). The development of competence in favourable and unfavourable environments: Lessons from research on successful children. *American Psychologist, 53*, 205–220. doi:10.1037/0003-066X.53.2.205.

Mayer, J.D., Salovey, P. & Caruso, D.R. (2004). Emotional intelligence: Theory, findings, and implications. *Psychological Inquiry, 15,* 197-215.

McCabe, C.A. (2007). *Estimating the Cost Effectiveness of a Universal Mental Health Promotion Intervention in Primary Schools: a Preliminary Analysis. Report to the NICE Public Health Interventions Programme.* Retrieved from https://www.nice.org.uk/guidance/ph12/evidence/social-and-emotional-wellbeing-of-children-economic-modelling-combined-report2.

McDaid, D. & Park, A.L. (2011). Investing in mental health and well-being: Findings from the DataPrev project. *Health Promotion International, 26*(SUPPL. 1), i108-i139.

McKay, M.T., McBride, N.T. & Sumnall, H.R. (2012). Reducing the harm from adolescent alcohol consumption results from an adapted version of SHAHRP in Northern Ireland. *Journal of Substance Use, 17*(2), 98-121.

McNeil, B., Reeder, N. & Rich, J. (2012). *A framework of outcomes for young people.* London: The Young Foundation. Retrieved form https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175476/Framework_of_Outcomes_for_Young_People.pdf.

Miller, D. & Moran, T. (2007). Theory and practice in self-esteem enhancement: circle-time and efficacy-based approaches—a controlled evaluation. *Teachers and Teaching: Theory and Practice, 13*(6), 601-615.

Ministry of Youth Development. (2009). *Structured Youth Development Programmes: A Review of Evidence:* A report undertaken for the Ministry of Youth Development, Sept 2009'. Wellington: Ministry of Youth Development, New Zealand.

Moran, O., Ghate, D. & van der Merwe, A. (2004). *What Works in Parenting Support?: A Review of International Evidence* (Research Report RR574). Retrieved from dera.ioe.ac.uk/5024/1/RR574.pdf

National Research Council and Institute of Medicine. (2002). *Community Programs to Promote Youth Development.* Washington, DC: National Academy Press.

Neill, J.T., Marsh, H.W. & Richards, G. E. (1997). *Development and Psychometrics of the Life Effectiveness Questionnaire.* Sydney, Australia: University of Western Sydney.

Neill, J.T., Marsh, H.W., & Richards, G.E. (2003). *The Life Effectiveness Questionnaire: Development and psychometrics.* Unpublished manuscript, University of Western Sydney, NSW, Australia.

NICE. (2008). Social and emotional wellbeing in primary education. Retrieved from National Institute for Health and Care Excellence webpage: http://www.nice.org.uk/guidance/ph12/resources/guidance-social-and-emotional-wellbeing-in-primary-education-pdf.

O'Connell, M.E., Boat, T. & Warner, K.E. (2009). *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities.* Washington, D.C.: The National Academic Press.

Olweus, D. (1993). *Bullying at School: What we know and what we can do.* Oxford: Blackwell.

Olweus, D. (1996). *The Revised Olweus Bully/Victim Questionnaire for Students.* Bergen, Norway: University of Bergen.

Oyserman, D. & Markus, H. R. (1990). Possible selves and delinquency. *Journal of Personality and Social Psychology, 59*, 112-125.

Payton, J., Weissberg, R.P., Durlak, J.A., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B. & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eight-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.

Penner, L.A., Dovidio, J.F., Piliavin, J.A. & Schroeder, D.A. (2005). Prosocial behavior: Multilevel perspectives. *Annual Review of Psychology, 56,* 365-392.

Petras, H., Kellam, S.G., Brown, C.H., Muthen, B.O., Ialongo, N.S. & Poduska, J.M. (2008). Developmental epidemiological courses leading to antisocial personality disorder and violent criminal behavior: Effects by young adulthood of a universal preventive intervention in first- and second-grade classrooms. *Drug and Alcohol Dependence, 95*(Suppl. 1), 45-59.

Petersen, A.C., Schulenberg, J.E., Abramowitz, R.H., Offer D. & Jarcho, H.D. (1984). A self-image questionnaire for young adolescents (SIQYA): Reliability and validity studies. *Journal of Youth and Adolescence, 13,* 93-111.

Piers, E. V. & Herzberg, D. S. (2002*). Piers-Harris youth's self-concept scale* (2nd Ed. manual). Los Angeles: Western Psychological Services

Price, R.H., Van Ryn, M. & Vinokur, A.D. (1992). Impact of a preventive job search intervention on the likelihood of depression among the unemployed. *Journal of Health and Social Behavior, 33*(2), 158-167.

Puttick, R. & Ludlow, J. (2013). *Standards of Evidence: An approach that balances the need for evidence with innovation*. London: NESTA.

Reyes, M.R., Brackett, M.A., Rivers, S.E., Elbertson, N.A. & Salovey, P. (2012). The interaction effects of program training, dosage, and implementation quality on targeted student outcomes for The RULER approach to social and emotional learning. *School Psychology Review, 41,* 82-99.

Reynolds, C., Barry, M.M. & Nic Gabhainn, S. (2010). Evaluating the impact of the Winning New Jobs programme on the re-employment and mental health of a mixed profile of unemployed people. *International Journal of Mental Health Promotion*, *12*(2), 32- 41.

Reynolds, C. R., & Kamphaus, R. W. (1992). *BASC: Behavior Assessment System for Children*. Circle Pines, MN: American Guidance Service.

Reynolds, C. R. & Richmond, B. O. (1985). *Revised Children's Manifest Anxiety Scale manual*. Los Angeles, CA: Western Psychological Services.

Rigby, K. & Slee, P. T. (1991). Bullying among Australian school children: Reported behavior and attitudes towards victims. *Journal of Social Psychology, 131*, 615–627.

Rickwood, D. (2012). Entering the e-spectrum. An examination of new interventions for youth mental health. *Youth Studies Australia, 31*(4), 18-27.

Robinson, J.P., Shaver, P.R. & Wrightsman, L.S. (1991). *Measures of Personality and Social Psychological Attitudes*. London: Academic Press.

Roger, D., Jarvis P., & Najarian, B. (1993). Detachment and coping: The construction and validation of a new scale for measuring coping strategies. *Personality and Individual Differences, 15*, 619-626.

Roger, D. & Najarian, B. (1989). The construction and validation of a new scale for measuring emotional control. *Personality and Individual Differences, 10,* 845–53.

Rogers, M., Sowden, A., Petticrew, M., Arai, L., Roberts, H., Britten, N. & Popay, J. (2009). Testing methodological guidance on the conduct of narrative synthesis in systematic reviews: Effectiveness of interventions to promote smoke alarm ownership and function. *Evaluation, 15*(1), 49–73.

Rosenberg, M. (1965). *Society and the Adolescent Self-image*. Princeton, NJ: Princeton University Press.

Roth, J.L. & Brooks-Gunn, J. (2003). What exactly is a youth development program? Answers from research and practice. *Applied Developmental Science, 7*(2), 94-111.

Rowling, L. (2008). Prevention science and implementation of school mental health promotion: another way. *Advances in School Mental Health Promotion, 1*(3), 29-37.

Ryff, C., Love, G., Urry, H., Muller, D., Rosenkranz, M.A., Friedman, E.M. et al. (2006) Psychological well-being and ill-being: do they have distinct or mirrored biological correlates? *Psychotherapy and Psychosomatics, 75,* 85–95. doi: 10.1159/000090892.

Salmivalli, C. & Voeten, M. (2004). Connections between attitudes, group norms, and behaviour in bullying situations. *International Journal of Behavioral Development, 28*, 246–258.

Samdal, O. & Rowling, L. (2013). *The Implementation of Health Promoting Schools: Exploring the theories of What, Why and How*. Oxfordshire: Routledge.

Sandford, A., Copps, J. & Yeowart, C. (2007). *Lean on Me – Mentoring for young people at risk: A guide for donors and funders*. Retrieved from http://www.thinknpc.org/?attachment_id=785&post-parent=6080.

Schwarzer, R. & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright & M. Johnston (Eds.), *Measures in Health Psychology: A User's Portfolio. Causal and Control Beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Smith, D.J. & McVie, S. (2003). Theory and method in the Edinburgh study of youth transitions and crime. *British Journal of Criminology, 43*(1), 169–95.

Sobell, L.C. & Sobell, M.B. (1992). Timeline followback: A technique for assessing self-reported alcohol consumption. In R.Z. Litten & J. Allen (Eds.), *Measuring alcohol consumption: Psychosocial and biological methods* (pp. 41–72). Totowa, NJ: Humana Press.

Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C. & Bush, S. (2005). An evaluation of the FRIENDS programme: A cognitive behaviour therapy intervention to promote emotional resilience. *Archives of Disease in Childhood, 90*(10), 1016-1019.

Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R. & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *The Lancet Psychiatry*, *1*(3), 185-192.

Stewart-Brown, S.L. & Schrader-McMillan, A. (2011). Parenting for mental health: What does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project. *Health Promotion International, 26*(Suppl. 1), i10-i28.

Tennant, R., Goens, C., Barlow, J., Day, C. & Stewart-Brown, S. (2007). A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people. *Journal of Public Mental Health*, *6*(1), 25-32.

Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S. & Weich, S. et al. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health Quality of Life Outcomes, 5*(1), 63.

Thompson, S.C. (2009). The Role of Personal Control in Adaptive Functioning. In C.R. Snyder & S.J. Lopez (Eds.), *The Oxford Handbook of Positive Psychology*. New York: Oxford University Press.

Tolan, P., Henry, D., Schoeny, M. & Bass, A. (2008). Mentoring interventions to affect juvenile delinquency and associated problems. *Campbell Systematic Reviews, 16*. doi: 10.4073/csr.2008.16.

Vinokur, A.D., Price, R.H. & Schul, Y. (1995a). Impact of the JOBS intervention on unemployed workers varying in risk for depression. *American Journal of Community Psychology, 23*(1), 39-74.

Vinokur, A.D., Price, R.H., Caplan, R.D. & Curran, J. (1995b). The JOBS 1 preventive intervention for unemployed individuals: short and long-term effects on reemployment and mental health. In G. P. Keita (Ed.) *Job stress interventions: Current practices and new directions*. Washington: American Psychological Association.

Vuori, J. & Silvonen, J. (2005). The benefits of a preventive job search program on re-employment and mental health at 2-year follow-up. *Journal of Occupational and Organizational Psychology, 78*(1), 43-52.

Weare, K. & Gray, G. (2003). *What works in developing children's emotional and social competence and wellbeing?* London: Department for Education and Skills.

Weare, K. & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International, 26*(Suppl. 1), i29-i69.

Weinberger, D.A. & Schwartz, G.E. (1990). Distress and restraint as superordinate dimensions of self-reported adjustment: a typological perspective. *Journal of Personality, 58*(2), 381-417.

Weissberg, R.P. & Greenberg, M.T. (1998). School and community competence-enhancement and prevention programs. In I. E. Siegel & K. A. Renninger (Vol. Eds.), *Handbook of Child Psychology. Volume 4: Child Psychology in Practice* (5th ed., pp. 877–954). New York: John Wiley & Sons.

Werthamer-Larsson, L., Kellam, S. G. & Wheeler, L. (1991). Effect of first-grade classroom environment on child shy behavior, aggressive behavior, and concentration problems. *American Journal of Community Psychology, 19,* 585–602.

Wells, J., Barlow, J. & Stewart-Brown, S. (2003). A systematic review of universal approaches to mental health promotion in schools. *Health Education, 103*(4), 197-220. doi: 10.1108/09654280310485546.

World Health Organisation. (1998). *WHO's Global School Health Initiative: Helping Schools to Become 'Health Promoting Schools'*. Geneva: World Health Organisation.

World Health Organisation and the Calouste Gulbenkian Foundation. (2014). *Social Determinants of Mental Health*. Geneva: World Health Organization.

Wigelsworth, M., Humphrey, N. & Lendrum, A. (2013). Evaluation of a school-wide prevention intervention for adolescents: The secondary Social and Emotional Aspects of Learning (SEAL) programme. *School Mental Health*, *5*, 96-109.

Wood, S. & Mayo-Wilson, E. (2012). School-Based Mentoring for Adolescents: A Systematic Review and Meta-Analysis. *Research on Social Work Practice, 22*(3), 257-269.

Wyn, J., Cahill, H., Holdsworth, R., Rowling, L. & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry, 34*(4), 594-601.

## References for the Reviewed School Studies (Table 6)

Amundsen, E. J. & Ravndal, E. (2010). Does successful school-based prevention of bullying influence substance use among 13- to 16-year-olds? *Drugs: Education, Prevention and Policy, 17(1),* 42-54.

Axford, S., Blyth, K. & Schepens, R. (2010). Can we help children learn coping skills for life?: A study of the impact of the Bounce Back programme on resilience, connectedness and wellbeing of children and teachers in sixteen primary schools in Perth and Kinross, Scotland. Retrieved from http://www. centreforconfidence.co.uk/docs/Perth_&_Kinross_Council_bounce_back_Report.pdf

Axford, N. & Hutchings, J. (2014). KiVa: Helping schools and parents beat bullying. *Better: Evidence-Based Education, 6*(2), 14-15.

Baker, P. J. (2006). Developing a Blueprint for evidence-based drug prevention in England. *Drugs: Education, Prevention and Policy, 13*(1), 17-32.

Banerjee, R., Robinson, C. & Smalley, D. (2012). *Evaluation of the Beatbullying Peer Mentoring Programme.* Brighton: University of Sussex. http://www.sussex.ac.uk/Users/robinb/bbreportsummary.pdf

Bauer, N.S., Lozano, P. & Rivara, F.P. (2007). The effectiveness of the Olweus bullying prevention program in public middle schools: A controlled trial. *Journal of Adolescent Health, 40,* 266-274.

Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F. J., Acock, A., Li, K. K. et al. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. *American Journal of Public Health, 99*(8), 1438-1445.

Botvin, G. J., Baker, E., Dusenbury, L., Botvin, E. M. & Diaz, T. (1995). Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population. *Journal of the American Medical Association, 273*(14), 1106-1112.

Botvin, G. J., Griffin, K. W., Diaz, T. & Ifill-Williams, M. (2001). Preventing binge drinking during early adolescence: One- and two-year follow-up of a school-based preventive intervention. *Psychology of Addictive Behaviors, 15*(4), 360-365.

Botvin, G. J., Griffin, K. W. & Nichols, T. D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science, 7*(4), 403-408.

Bowllan, N. M. (2011). Implementation and Evaluation of a Comprehensive, School-wide Bullying Prevention Program in an Urban/Suburban Middle School. *Journal of School Health, 81*(4), 167-173.

Brown, E. C., Low, S., Smith, B. H. & Haggerty, K. P. (2011). Outcomes from a school-randomized controlled trial of Steps to Respect : A bullying prevention program. *School Psychology Review, 40*(3), 423-443.

Brunwasser, S.M., Gillhan, J.E. & Kim, E.S. (2009). A meta-analytic review of the Penn Resilience Program's effect on depressive symptoms. *Journal of Consulting Clinical Psychology, 77*(6), 1042-1054.

Calear, A., Christensen, H., Mackinnon, A. & Griffiths, K. (2013). Adherence to the MoodGYM program: Outcomes and predictors for an adolescent school-based population. *Journal of Affective Disorders, 147,* 338-344.

Calear, A., Christensen, H., Mackinnon, A., Griffiths, K. & O'Kearney, R. (2009). The YouthMood Project: A Cluster Randomized Controlled Trial of an Online Cognitive Behavioral Program With Adolescents. *Journal of Consulting and Clinical Psychology, 77*(6), 1021–1032

Challen, A., Noden, P., West A. & Machin, S. (2009). *UK Resilience Programme Evaluation: Interim Report.* (DFE-RR094). Department for Children, Schools and Families. Retrieved from http://www. education.gov.uk/publications//eOrderingDownload/DCSF-RR094.pdf

Challen, A., Noden, P., West A. & Machin, S. (2010). *UK Resilience Programme Evaluation: Second Interim Report.* (DFE-RR006) Department for Children, Schools and Families. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182440/DFE-RR006.pdf.

Challen, A., Noden, P., West A. & Machin, S. (2011). *UK Resilience Programme Evaluation: Final Report.* (DFE-RR097) Department for Children, Schools and Families. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182419/DFE-RR097.pdf

Challen, A. R., Machin, S. J. & Gillham, J. E. (2014). The UK Resilience Programme: A school-based universal nonrandomized pragmatic controlled trial. *Journal of Consulting and Clinical Psychology, 82*(1), 75-89.

Chan, G., Foxcroft, D., Smurthwaite, B., Coombes, L. & Allen, D. (2013). *Improving child behaviour management: An evaluation of the good behaviour game in UK primary schools.* Retrieved from Oxford Brookes University webpage: http://www.swph.brookes.ac.uk/images/pdfs/research/GBG_UK_Final_Evaluation_Report.pdf

Chou, C., Montgomery, S., Pentz, M., Rohrbach, L., Johnson, A., Flay, B. & MacKinnon, D. (1998). Effects of a community-based prevention program on decreasing drug use in high-risk adolescents. *American Journal of Public Health, 88*(6), 944-948.

Clarke, A.M., Bunting, B. & Barry, M.M (2014) Evaluating the implementation of a school-based emotional wellbeing programme: a cluster randomised trial of Zippy's Friends for children in disadvantaged primary schools. *Health Education Research, 29(5), 786-798.*

Collins, S., Woolfson, L. M. & Durkin, K. (2014). Effects on coping skills and anxiety of a universal school-based mental health intervention delivered in Scottish primary schools. *School Psychology International, 35*(1), 85-100. doi: http://dx.doi.org/10.1177/0143034312469157

Curtis, C. & Norgate, R. (2007). An evaluation of the promoting alternative thinking strategies curriculum at key stage 1. *Educational Psychology in Practice, 23(1),* 33-44.

Downey, C. & Williams, C. (2010) Family SEAL - a home-school collabrative programme focusing on the development of children's social and emotional skills. *Advances in School Mental Health Promotion, 3*(1), 30-41

Eisen, M., Zellman, G. L. & Murray, D. M. (2003). Evaluating the Lions-Quest 'Skills for Adolescence' drug education program: Second-year behavior outcomes. *Addictive Behaviors, 28*, 883-897.

Ellis, A. (2005). Active *Citizens in School: Evaluation of the DfES Pilot Programme. Department for Education and* Skills. Retrieved from The Institute for Volunteering Research webpage: http://www.ivr.org.uk/images/stories/Institute-of-Volunteering-Research/Migrated-Resources/Documents/A/Active-citizens-in-school.pdf.

Flannery, D. J., Vazsonyi, A. T., Liau, A. K., Guo, S., Powell, K. E., Atha, H., et al. (2003). Initial Behavior Outcomes for the PeaceBuilders Universal School-Based Violence Prevention Program. *Developmental Psychology, 39*(2), 292-308.

Flay, B., Acock, A., Vuchinich, S. & Beets, M. (2005). *Progress report of the randomized trial of Positive Action in Hawaii: End of third year of intervention* (Spring 2005). Unpublished manuscript, Oregon State University, Corvallis.

Flay, B. & Slagel, M. (2006). *The Positive Action family program: A pilot randomized trial.* Unpublished manuscript.

Frey, K. S., Nolen, S. B., Van Schoiack Edstrom, L. & Hirschstein, M. K. (2005). Effects of a school-based social-emotional competence program: Linking children's goals, attributions, and behavior. *Journal of Applied Developmental Psychology, 26*(2), 171-200.

Gottfredson, D., Cross, A., Wilson, D., Rorie, M. & Connell, N. (2010). An experimental evaluation of the All Stars prevention curriculum in a community after school setting. prevention science. *Prevention Science,11*(2), 142-154. DOI 10.1007/s11121-009-0156-7

Griffin, K. W., Botvin, G. J., Nichols, T. R. & Doyle, M. M. (2003). Effectiveness of a universal drug abuse prevention approach for youth at high risk for substance use initiation. *Preventive Medicine, 36*(1), 1-7.

Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Beland, K. et al. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*(20), 1605-1611.

Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: Promoting positive behaviour, effective learning and well-being in primary school children. *Oxford Review of Education, 35*(3), 313-330.

Hampton, E., Roberts, W., Hammond, N. & Carvalho, A. (2010). Evaluating the impact of Rtime: An intervention for schools that aims to develop relationships, raise enjoyment and reduce bullying. *Educational and Child Psychology, 27*(1), 35-51.

Harrington, N. G., Giles, S. M., Hoyle, R. H., Feeney, G. J. & Yungbluth, S. C. (2001). Evaluation of the all stars character education and problem behavior prevention program: Effects on mediator and outcome variables for middle school students. *Health Education and Behavior, 28*(5), 533-546.

Hecht, M. L., Graham, J. W. & Elek, E. (2006). The drug resistance strategies intervention: Program effects on substance use. *Health Communication, 20*(3), 267-276.

Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P. & Miller-Day, M. (2003). Culturally grounded substance use prevention: An evaluation of the keepin' it R.E.A.L. curriculum. *Prevention Science, 4*(4), 233-248.

Hennelly, S. (2011). *The immediate and sustained effects of the .b mindfulness programme on adolescents' social and emotional well-being and academic functioning.* (Unpublished master's thesis). Oxford Brookes University.

Holen, S., Waaktaar, T., Lervåg, A. & Ystgaard, M. (2012). The effectiveness of a universal school-based programme on coping and mental health: A randomised, controlled study of Zippy's Friends. *Educational Psychology, 32*(5), 657-677.

Holland, V.H, (2012). Mindfulness *with children and adolescents: current research and future directions.* (Unpublished PhD thesis). University of Southampton.

Holmes, D. & Faupel, A. (2004). *Zippy's Friends: Interim Report Year 1 (2003-2004).* Southampton: Southampton Psychology Service.

Holmes, D. & Faupel, A. (2005). *Zippy's Friends: Southampton Evaluation Report, Year 2 (2004-2005).* Southampton: Southampton Psychology Service.

Humphrey, N., Kalambouka, A., Wigelsworth, M. & Lendrum, A. (2010a). Going for goals: An evaluation of a short, social-emotional intervention for primary school children. *School Psychology International, 31*(3), 250-270.

Humphrey, N., Kalambouka, A., Wigelsworth, M., Lendrum, A., Lennie, C., & Farrell, P. (2010b). New Beginnings: Evaluation of a short social-emotional intervention for primary-aged children. *Educational Psychology, 30*(5), 513-532.

Humphrey, N., Lendrum, A. & Wigelsworth, M. (2010c). *Secondary social and emotional aspects of learning (SEAL): national evaluation.* (DFE-RR049)Department for Children, Schools and Families. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181718/DFE-RR049.pdf

Hutchings, J., Martin-Forbes, P., Daley, D. & Williams, M. E. (2013). A randomized controlled trial of the impact of a teacher classroom management program on the classroom behavior of children with and without behavior problems. *Journal of School Psychology, 51*(5), 571-585.

Kärnä, A., Voeten, M., Little, T. D., Poskiparta, E., Kaljonen, A. & Salmivalli, C. (2011). A Large-Scale Evaluation of the KiVa Antibullying Program: Grades 4-6. *Child Development, 82*(1), 311-330.

Kellam, S. G., Brown, C. H., Poduska, J. M., Ialongo, N. S., Wang, W., Toyinbo, P. et al. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug and Alcohol Dependence, 95*, 5-28.

Keogh, E., Bond, F. W. & Flaxman, P. E. (2006). Improving academic performance and mental health through a stress management intervention: Outcomes and mediators of change. *Behaviour Research and Therapy, 44*(3), 339-357.

Knowles, C. & Parsons, C. (2009). Evaluating a Formalised Peer Mentoring Programme: Student Voice and Impact Audit. *Pastoral Care in Education,* 27(3), 205-218

Kulis, S., Nieri, T., Yabiku, S., Stromwall, L. K. & Marsiglia, F. F. (2007). Promoting reduced and discontinued substance use among adolescent substance users: Effectiveness of a universal prevention program. *Prevention Science, 8*(1), 35-49.

Kuyken, W., Weare, K., Ukoumunne, O. C., Vicary, R., Motton, N., Burnett, R. et al. (2013). Effectiveness of the Mindfulness in Schools Programme: Non-randomised controlled feasibility study. *British Journal of Psychiatry, 203*(2), 126-131.

Lendrum, A., Humphrey, N. & Wigelsworth, M. (2013). Social and emotional aspects of learning (SEAL) for secondary schools: Implementation difficulties and their implications for school-based mental health promotion. *Child and Adolescent Mental Health, 18*(3), 158-164.

Li, K.-K., Washburn, I., DuBois, D. L., Vuchinich, S., Ji, P., Brechling, V. et al. (2011). Effects of the Positive Action program on problem behaviors in elementary school students: A matched-pair randomized control trial in Chicago. *Psychology & Health, 26*, 187–204.

Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R.. et al.. (2012). The impact of three evidence-based programmes delivered in public systems in Birmingham, UK. *International Journal of Conflict and Violence, 6*(2), 260-272.

MacDonald, A., Bell, P., McLafferty, M., McCorkell, L., Walker, I., Smith, V., Balfour, A. & Murphy, P. (2013). *Evaluation of the Roots of Empathy Programme by North Lanarkshire Psychological Service.* North Lanarkshire Psychological Service Research (unpublished). Retrieved from the Action for Children website: http://www.actionforchildren.org.uk/media/5587656/roots_of_empathy_report.pdf

Maestas, N. & Gaillot, S. (2010). *An outcome evaluation of the SFK success for kids program. Labour and Population.* Retrieved from the RAND webpage: http://www.rand.org/content/dam/rand/pubs/technical_reports/2010/RAND_TR575-1.pdf

McKay, M. T., McBride, N. T., Sumnall, H. R. & Cole, J. C. (2012). Reducing the harm from adolescent alcohol consumption: Results from an adapted version of SHAHRP in Northern Ireland. *Journal of Substance Use, 17*(2), 98-121.

McKenna, A. E., Cassidy, T. & Giles, M. (2014). Prospective evaluation of the pyramid plus psychosocial intervention for shy withdrawn children: An assessment of efficacy in 7- to 8-year-old school children in Northern Ireland. *Child and Adolescent Mental Health, 19*(1), 9-15.

McNeal, R., Hansen, B, Harrington, N. & Giles, S. (2004). How All Stars Works: An Examination of Program Effects on Mediating Variables. H*ealth Education & Behavior, 31*(2), 165-178. DOI: 10.1177/1090198103259852

Miller, D. & Moran, T. (2007). Theory and practice in self-esteem enhancement: circle-time and efficacy-based approaches—a controlled evaluation. *Teachers and Teaching: Theory and Practice, 13*(6), 601-615.

Ohl, M., Fox, P. & Mitchell, K. (2012). Strengthening socio-emotional competencies in a school setting: Data from the Pyramid project. *British Journal of Educational Psychology, 83*(3), 452-466.

Parsons, C., Maras, P., Knowles, C., Bradshaw, V., Hollingworth, K. & Monteiro, H. (2008). *Formalised peer mentoring pilot evaluation*. (DCSF-RR033). Department for Children, Schools and Families. Retrieved from http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR033-R.pdf

Pentz, M., MacKinnon, D., Dwyer, J., Wang, E., Hansen, W., Flay, B. & Johnson, A. (1989). Longitudinal effects of the midwestern prevention project on regular and experimental smoking in adolescents, *Preventive Medicine, 18,* 304-321.

Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Fox Eades, J. & Linley, P. A. (2011). Strengths Gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *The Journal of Positive Psychology, 6*(5), 377-388. doi: http://dx.doi.org/10.1080/17439760.2011.594079

Roach, G. (2014). A helping hand? A study into an England-wide peer mentoring program to address bullying behavior. *Mentoring & Tutoring: Partnership in Learning, 22*(3), 210-223.

Sapouna, M., Wolke, D., Vannini, N., Watson, S., Woods, S., Schneider, W. et al. (2010). Virtual learning intervention to reduce bullying victimization in primary school: A controlled trial. *Journal of Child Psychology and Psychiatry, 51*(1), 104-112.

Smith, P. K. (1997). Bullying in schools: The UK experience and the Sheffield Anti-Bullying Project. *Irish Journal of Psychology, 18*(2), 191-201.

Snyder, F., Flay, B., Vuchinich, S., Acock, A., Washburn, I., Beets, M. & Li, K. K. (2010). Impact of a social-emotional and character development program on school-level indicators of academic achievement, absenteeism, and disciplinary outcomes: A matched-pair, cluster-randomized, controlled trial. *Journal of Research on Educational Effectiveness, 3*(1), 26-55.

Spoth, R. L., Randall, G. K., Trudeau, L., Shin, C. & Redmond, C. (2008). Substance use outcomes 5 1/2 years past baseline for partnership-based, family-school preventive interventions. *Drug and Alcohol Dependence, 96*(1-2), 57-68.

Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C. & Bush, S. (2005). An evaluation of the FRIENDS programme: A cognitive behaviour therapy intervention to promote emotional resilience. *Archives of Disease in Childhood, 90*(10), 1016-1019.

Stallard, P., Simpson, N., Anderson, S. & Goddard, M. (2008). The FRIENDS emotional health prevention programme: 12 month follow-up of a universal UK school-based trial. *European Child and Adolescent Psychiatry, 17*(5), 283-289.

Stallard, P., Simpson, N., Anderson, S., Hibbert, S. & Osborn, C. (2007). The FRIENDS emotional health programme: Initial findings from a school-based project. *Child and Adolescent Mental Health, 12*(1), 32-37.

Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R. & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): a cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *The Lancet Psychiatry*, *1*(3), 185-192.

Vannini, N., Watson, S., Dautenhahn, K., Enz, S., Sapouna, M., Wolke, D. et al. (2011). "FearNot!": A computer-based anti-bullying-programme designed to foster peer intervention. *European Journal of Psychology of Education, 26*(1), 21-44.

Vazsonyi, A. T., Belliston, L.M. & Flannery, D. J. (2004) Evaluation of a school-based, universal violence prevention program: Low-, Medium-, and High-Risk Children. *Youth Violence and Juvenile Justice, 2*(2), 185-206

Whyard., C. (2010). *The 'Staying Calm' programme : an evaluation of the impact of group work on children's emotional resiliency, behaviour, anger control and social problem solving skills.* (Unpublished Doctoral thesis). University of Nottingham.

Wigelsworth, M., Humphrey, N. & Lendrum, A. (2013). Evaluation of a school-wide prevention intervention for adolescents: The secondary Social and Emotional Aspects of Learning (SEAL) programme. *School Mental Health*, *5*, 96-109.

Yadav, V., O'Reilly, M. & Karim, K. (2010). Secondary school transition: does mentoring help 'at-risk' children? *Community practitioner : The Journal of the Community Practitioners' & Health Visitors' Association, 83*(4), 24-28.

## References for the Reviewed Out-of-School Studies (Table 7)

Action for Children. (n.d.). *Growing our Strength Project: Conflict Resolution Uncut Project.* Retrieved from http://www.actionforchildren.org.uk/media/5333451/wwm_-_conflict_resolution_pr__final.pdf

Adamson, J., Neat, S., Spong, S. & Nathwani, T. (2013). *Evaluation of the Team v Programme – Year 2, Final Report.* Retrieved from vInspired webpage: https://vinspired.com/media/W1siZiIsIjIwMTQvMDMvMTEvMTcvMjgvMDUvNjg3LzAyX-zU4XzI2XzMyOF9FdmFsdWF0aW9uX29mX3RoZV9UZWFtX3ZfUHJvZ3JhbW1lX1l-lYXJfMl9SZXBvcnRfRklOQUxfTk9WX0FtZW5kcy5wZGYiXV0.

Berry, V., Little, M., Axford, N. & Cusick, G.R. (2009). An evaluation of youth at risk's Coaching for Communities programme. *The Howard Journal of Criminal Justice, 48*(1), 60-75.

Bexley Early Intervention. (2014). *Girl's Self-Esteem Programme. Castilion Primary School.* Retrieved from: http://www.bexley.gov.uk/CHttpHandler.ashx?id=13082&p=0

Blazek, M., Brown, D.M., Smith, F.M. & Blerk, L.V. (2011). *Plusone Mentoring, Evaluation.* Retrived from Scottish Institute for Policing Research, University of Dundee. Retrieved from webpage: http://www.sipr.ac.uk/downloads/plusone_evaluation.pdf

Bonnell, C., Maisey, R., Speight, S., Purdon, S., Keogh, P., Wollny, I., Sorhaindo, A. & Wellings, K. (2013). Randomised controlled trial of 'teens and toddlers': A teenage pregnancy prevention intervention combining youth development and voluntary service in a nursery. *Journal of Adolescence 36*, 859–870.

Booth, C., Cameron, D., Cumming, L., Gilby, N., Hale, C., Hoolahan, F. & Shah, N. (2014). *National Citizen Service 2013 Evaluation: Main Report.* Retrieved from Ipsos Mori Social Research Institute webpage: https://www.ipsos-mori.com/researchpublications/publications/1692/National-Citizen-Service-2013-Evaluation.aspx

Breaking Barriers. (2011). *Community Cohesion, Sport and Organisational Development.* Retrieved from Active Communities webpage: http://issuu.com/activecommunitiesnetwork/docs/0212acn_a4_report_web_use

Campbell, H. & Campbell, T. (2013). *GOALS Impact Report. Young People, Resilience and Progression.* Retrieved from Active Communities webpage: http://activecommunities.org.uk/bookshelf/goals-impact-report/

Cantle, T. & Thomas, P. (2014). *Taking the Think Project Forward - The Need for Preventative Anti-Extremism Educational Work.* Retrieved from http://tedcantle.co.uk/the-think-project-report-launched/

Catch22 & Analytica Consulting. (2013). *The HEART programme – Final Evaluation Report, March 2013.* Retrieved from Catch22 webpage: http://www.catch-22.org.uk/wp-content/uploads/2013/04/Catch22-Dawes-Unit-HEART-evaluation-April-2013.pdf

Chapman, T. & Dunkerley, E. (2012). *Building Young People's Resilience in Hard Times: An Evaluation of O2 Think Big in the UK.* Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB8QFjAA&url=http%3A%2F%2Fcommunity.dur.ac.uk%2FStChads%2Fprg%2FBuilding%2520young%2520people%2527s%2520resilience%2520in%2520hard%2520times%2520an%2520evaluation%2520of%2520O2%2520Think%2520Big.pdf&ei=QlfBVJ7BFceu7Aa63oG4Cg&usg=AFQjCNHzW513mE9RrJ3fkUZUag46uQ2RdQ&sig2=5bc42_KZYf-YyfqRJdgUIg&bvm=bv.83829542,d.ZGU

Coombes, L., Allen, D. & Foxcroft, D. (2012). An exploratory pilot study of the Strengthening Families programme 10-14 (UK). *Drugs: Education, Prevention and Policy, 19* (5), 387–396.

Curtis, A., Doyle, K., Ockenden, N. & Paine, A. (2014). *Evaluation of vInspired cashpoint.* Retrieved from vInspired webpage: https://vinspired.com/content_packages/841

De Wit, D.J., Lipman, E., Manzano-Munguia, M., Bisanz, J., Graham, K., Offord, D.R. et al. (2006). Feasibility of a randomized controlled trial for evaluating the effectiveness of Big Brothers Big Sisters community match program at the national level. *Children and Youth Services Review, 29*, 383-404.

ECORYS. (2014). *VOYAGE Expansion Evaluation.* Webpage: http://www.bpactrust.org.uk/get-involved/ylfsc/

Fixers. (2014). *Evaluation Study: The Social Impact of 'Fixers' April 2014.* Webpage: http://www.fixers.org.uk/home/about.php

Gray, P. & Seddon, T. (2005). Prevention work with children disaffected from school. *Health Education, 105*(1), 62 - 72. doi:10.1108/09654280510572312.

Greenhouse. (2012a). *Greenhouse School Project Limited:* Trustees' report and accounts for the year ended 31 March 2012. Retrived from http://www.greenhousesports.org/about-us/financial-accounts/

Greenhouse. (2012b). *Impact Report 2011/12*. Webpage: www.greenhousesports.org

Griffing Research & Consultancy. (2013). *Evaluation Report for Khulisa on Ten Face It Programmes delivered by Catalyst in Communities 2012-2013.* Webpage: http://www.khulisa.co.uk/face/

Grossman, J. B. & Rhodes, J.E. (2002). The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology, 30*, 199-219.

Grossman, J. B. & Tierney, J.P. (1998). Does mentoring work? An impact study of the Big Brothers Big Sisters program. *Evaluation Review, 22*, 403-426.

Hampshire, K. & Matthijsse, M. (2010). Can arts projects improve young people's wellbeing? A social capital approach. *Social Science & Medicine, 71,*(4), 708-716.

Harrell, A.W., Mercer, S.H. & DeRosier, M.E. (2009). Improving the social-behavioral adjustment of adolescents: The effectiveness of a social skills group intervention. *Journal of Child and Family Studies, 18* (4), 378-387.

Holness, S. (2011). *Kent Community Programme (KCP) Evaluation Report*. Retrieved from Project Salus webpage: http://www.projectsalus.co.uk/assets/downloads/evaluation/KCP%20EVALUATION%20REPORT.pdf

Humphrey, K. (2014). *Teens and Toddlers Project. Overall Project Report February 2013- July 2013.* Retrieved from Teens and Toddlers webpage: http://www.teensandtoddlers.org/images/Overall_Project_Report_Feb-July_14.pdf

I CAN. (2014). *An Evaluation of Talk about Talk.* Retrieved from http://www.ican.org.uk/~/media/Ican2/What%20We%20Do/Projects/Talk%20about%20Talk%20%20evaluation%202014.ashx

Institute for Public Policy Research. (2009). *Rallying Together. A Research Study of Raleigh's Work with Disadvantaged Young People.* Retrieved from http://www.rgs.org/NR/rdonlyres/2277C3B9-3D1A-4B66-A222-1B335066A224/0/IPPR2009Raleighevaluation.pdf

i-works research. (2013). *Young People and the Think Project: Their Views Briefing Report.* Retrieved from Ethnic Youth Support Team webpage: http://eyst.org.uk/think-project/

Jackson, L. (2013). *vInspired 24/24 Programme Evaluation 2013*. Retrieved from http://www.opm.co.uk/publications/vinspired-2424-programme-evaluation/

Kay, T. & Bradbury, S. (2009). Youth sport volunteering: developing social capital? *Sport, Education and Society, 14*(1), 121-140.

Kemp, M. (2006). Promoting the health and wellbeing of young Black men using community based drama. *Health Education, 106*(3), 186 - 200. doi: 10.1108/09654280610658532.

Knight, B. (2010). *Back from the Brink: How Fairbridge transforms the lives of disadvantaged young people*. Retrieved from Princes' Trust webpage: http://www.princes-trust.org.uk/pdf/Fairbridge%20 Back%20From%20the%20Brink%20June10.pdf

Little, M., Berry, V., Morpeth, L., Blower. S., Axford, N., Taylor, R. et al. (2012). The impact of three evidence-based programmes delivered in public systems in Birmingham, UK. *International Journal of Conflict and Violence, 6*(2), 260-272.

London Youth. (2014a). *Learning Report: Impact Evaluation Hindleap Warren 2013-2014*. Webpage: http://www.londonyouth.org.uk/inspiring-young-people/hindleap-warren-outdoor-education-centre

London Youth. (2014b). *Learning Report: Process Evaluation Hindleap Warren 2013-2014*. Webpage: http://www.londonyouth.org.uk/inspiring-young-people/hindleap-warren-outdoor-education-centre

Mackin, J.R. & Kissick, K. (2010). *Friends of the Children – Portland Annual Evaluation July 2009 – June 2010*. Webpage: http://www.friendschildren.org/

MAC-UK. (2014). *Mini-MAC*. Webpage: http://www.mac-uk.org/projects/mini-mac/

MAPS. (2014). *You are here MAPS'*. Annual Review 2013-2014. Retrieved from http://mapsmentoring. co.uk/wp-content/uploads/2014/08/MAPS-Annual-Review-2013-2014.pdf

McDonald, L., Fitzroy, S. & Villadsen, A. (2010). *Aggregate FAST UK Evaluation Report of 15 Schools in 15 Local Education Authorities (LEAs) across the UK October 2010.* Retrieved from Middlesex University London: http://www.mdx.ac.uk/__data/assets/pdf_file/0004/59242/MDX-FASTUK-aggregate-evaluation-Oct-2010.pdf

McGilloway, S., Mhaille, G.N., Bywater, T., Furlong, M., Leckey, Y., Kelly, P. et al. (2012). A parenting intervention for childhood behavioral problems: a randomized controlled trial in disadvantaged community-based settings. *Journal of Consulting and Clinical Psychology, 80*(1), 116. doi: 10.1037/ a0026304.

McGilloway, S., NiMhaille, G., Bywater, T., Leckey, Y., Kelly, P., Furlong, M. et al. (2014). Reducing child conduct disordered behaviour and improving parent mental health in disadvantaged families: a 12-month follow-up and cost analysis of a parenting intervention. *European Child & Adolescent Psychiatry, 23* (9), 1-12. doi: 10.1007/s00787-013-0499-2.

McManus, J. (2012). The Thurston Family Project: Working with families through outdoor activities and resiliency training. *Psychology of Education Review, 36*(2), 41.

Meade, K., Rowel, D. & Barry, M.M. (2008). Evaluating the implementation of the youth-led emotional well-being project 'Getting it Together'. *Journal of Public Mental Health, 7*(1), 16-25.

O'Connor Davies. (2013). *Friends of the Children NY. Financial Statements, August 31, 2013 and 2012.* Retrieved from http://friendsnewyork.org/Websites/friendsnewyork/files/Content/4496958/ FY2013_Financial_Audit.pdf

Phillips, D., Hagan, T., Bodfield, E., Woodthorpe, K. & Grimsley, M. (2008). Exploring the impact of group work and mentoring for multiple heritage children's self-esteem, well-being and behaviour. *Health and Social Care in the Community, 16*(3), 310-321. doi: 10.1111/j.1365-2524.2008.00761.x.

Princes' Trust. (2008). *Evaluation summary: Team Programm*. Retrieved from https://www.princes-trust. org.uk/files/FI%20Team%20evaluation%20summary_Final%20dec08.docx

Princes' Trust. (2014a). *Team Programme Toolkit*. Retrieved from http://www.princes-trust.org.uk/ delivery_partners_for_team/toolkit.aspx

Princes' Trust. (2014b). *The Princes' Trust Annual Report for the Year ended 31 March 2014*. Retrieved from http://www.princes-trust.org.uk/pdf/Princes_Trust_Annual_Report_2013-2014.pdf

ReachOut. (2014). *ReachOut Club 2013-14*. Webpage: http://www.reachoutuk.org/

Renasi. (2013). *First Step. Fairbridge and Get Started, 2011-2013*. Webpage: http://www.princes-trust.org.uk/need_help/courses/get_started.aspx

Rose, R. & Jones, K. (2007). The efficacy of a volunteer mentoring scheme in supporting young people at risk. *Emotional and Behavioural Difficulties, 12*(1), 3–14. doi: 10.1080/13632750601135873.

Sampson, A. & Vilella, M.R. (2013). *Fight for Peace Academies in Rio and London – Assessing their Progress and Impact*. Retrieved from Fight for Peace webpage: http://www.fightforpeace.net/wp-content/uploads/2013/09/final-full-FFP-report.pdf

Shiner, M., Young, T., Newburn, T. & Groben, S. (2004). *Mentoring disaffected young people: An evaluation of Mentoring Plus*. Retrieved from Joseph Rowntree Foundation webpage: http://www.jrf.org.uk/sites/files/jrf/1859351646.pdf

Smith, J.D., Ellis, A. & Howlett, S. (2002). *UK-wide evaluation of the Millennium Volunteers Programme* (Research Report RR357). Retrieved from http://dera.ioe.ac.uk/4609/1/RR357.pdf

Smith, P.K. & Howard, S. (2008). *An analysis of the impact of Chance UK's mentoring programme: a report to Chance UK*. Retrived from Chance UK webpage: http://www.chanceuk.com/wp-content/uploads/2014/07/Goldsmiths-Evaluation-full-report.pdf

Stevens, A., Coulton, S., O'Brien, K., Butler, S., Gladstone, B. & Tonkin, J. (2014). RisKit: The participatory development and observational evaluation of a multi-component programme for adolescent risk behaviour reduction. *Drugs: Education, Prevention and Policy, 21*(1), 24-34.

Taylor, J. A. (2012). The impact of the 'Girls on the Move' Leadership Programme on young female leaders' self-esteem. *Leisure Studies, 33*, 62–74.

The Archway Project. (n.d.). *Understanding Change: A short study of Archway's work with Young People*. Webpage: http://www.archwayproject.org/

UK Youth. (2014a). *Microsoft Youth Hubs Evaluation Report October 2013 to September 2014*. Retrieved from http://www.ukyouth.org/resources/reports/item/902-uk-youth-evaluation-report-2014-microsoft-it-youth-hubs#.VMFHiyhmNZI

UK Youth. (2014b). *UK Youth Voice Report 2013/14*. Retrieved from https://files.acrobat.com/a/preview/9308e1bd-8861-436c-a404-ec879af7da38

World Association of Girl Guides and Girls Scouts. (2013). *Vision 2020 – 2012 Evaluation Report Summary*. Retrived from http://www.wagggs.org/en/resources/document/view/24091

World Association of Girl Guides and Girls Scouts. (2014). *Report and Financial Statements for the year ended 31 December 2013*. Retrieved from http://www.wagggs.org/en/grab/25296/1/report-and-financial-statements-2013-final.pdf

Youth Scotland. (2011). *Girls on the move: Impact statment 2005-2011*. Retrieved from http://www.youthscotland.org.uk/portalbase/pages/download.aspx?locationId=609fc63b-d958-4b79-ba7e-750903953ac1

Youth United. (2014). *Supporting Inclusion Programme*. Webpage: http://www.youthunited.org.uk/supporting-inclusion/supporting-inclusion

Ziegler, N. (2014). *Evaluating Quarrel Shop 2013 cohort*. Leap Confronting Conflict, Quarrel-Shop, webpage: http://www.leapconfrontingconflict.org.uk/what-we-do/training/training-for-young-people/quarrel-shop

**Appendices**

VIII

# VIII. Appendices

## Appendix 1: Table of Study Characteristics: School Interventions

## Table 6: Study Characteristics: School Interventions

# Interventions aimed at increasing social and emotional skills with an explicit focus on social and emotional skill development

## Universal social and emotional skills development interventions

| Name of Intervention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills<br><br>Including effect sizes (where reported) | Impact on Educational, Health and Social Outcomes<br><br>Impact on Equity (where reported) | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training | EIF Quality Assessment<br><br>Pre-Rating |
|---|---|---|---|---|---|---|---|
| **Promoting Alternative Thinking Strategies** (PATHS)<br><br>Little et al., 2012<br><br>Curtis & Norgate 2007<br><br>US evidence-based intervention | Implemented in reception, Year 1, 2, Aged 4-7 (Little et al., 2012)<br><br>Implemented in five schools in England with children up to Year 3 (Curtis & Norgate, 2007) | Whole school curriculum designed to promote social and emotional thinking in primary aged pupils.<br><br>Six volumes of lessons - 119 lessons + 30 supplementary lessons<br><br>Affective, behavioural, cognitive, dynamic (ABCD) model of development | Little et al.: Cluster RCT<br><br>N = 5,397 children from 56 schools (29 intervention schools and 27 control schools)<br><br>Curtis & Norgate, Quasi-experimental<br><br>N = 287 children from five primary schools ( N = 114 intervention, N = 173 control)<br><br>Standardised measures utilised | Little et al., 2012: Significant improvement in children's social competence, aggressive behaviour, hyperactive behaviour, peer problems, learning behaviours after one year of implementation<br><br>Results not maintained after two years of implementation<br><br>Results maintained after two years of implementation for children who tested as depressed and/or anxious at baseline<br><br>Curtis & Norgate, 2007 Significant improvement in children's emotional symptoms, conduct problems, hyperactivity, peer problems | Little et al., 2012: White students benefited more than other ethnic groups, though not significantly so.<br><br>Poverty did not emerge as moderator of results | Manual and six volumes of lessons<br><br>Two day training for core staff who can then train other staff in their school. Teacher implemented.<br><br>Costs: (NREPP, May 2007) Curriculum cost $799 each Training workshop $4000 for up to 30 participants<br><br>Cost Benefit Analyses<br><br>• Benefit cost ratio 1:7.10<br>• Rate of return on investment 12% as reported by Dartington, Investing in Children Database (no date provided). | **International evidence:**<br>**Pre-rating: 4**<br><br>UK studies:<br>Little et al. Pre-rating = 4<br><br>Curtis & Norgate: Pre-rating = 3 |

| Friends | Children aged 7-11 years in primary school | Universal cognitive behavioural intervention. Aims to treat and prevent anxiety, increase emotional resilience, problem solving abilities and teach lifelong coping skills. | Stallard et al., 2005 Pre-post design, no control group | Stallard et al., 2005 Significant reduction in intervention group's anxiety scores (Spence Children's Anxiety Scale). | | Delivered by trained nurses in Stallard et al., 2005, 2014 | **International evidence: Pre-rating: 4** |
|---|---|---|---|---|---|---|---|
| Stallard et al., 2005 | England | | N = 197 children from six schools in areas of with social and economic disadvantage. | Significant increase in intervention group's self esteem (Culture Free Self Esteem Questionnaire) | | Two day training | UK studies: Stallard et al., 05, 07,08 Pre-rating = 2 |
| Stallard et al., 2007, 2008 | | Utilises behavioural, physiological and cognitive strategies | | | | Teacher manual and child workbook | |
| Stallard et al., 2014 | | | Stallard et al., '07/08 Pre-post design, no control group | Children with highest anxiety scores (10%): significant improvement in anxiety and self esteem scores. | | Supervision provided by clinical psychologist | Stallard et al., 2014 Pre-rating = 4 |
| Australian evidence-based intervention | | 10 lessons (1-2 hours per week) | N = 106 children from four schools identified by school nurse as having emotional and behavioural problems | Stallard et al., '07/08 Significant reduction in children's anxiety. Significant improvement in children's self esteem. Results maintained at 12 months follow up. | | Costs (NREPP, July 2012) • Activity books $19.10 • Manual $28.64 • One day training $276 per participant • Two day training $467 per participant | |
| | | | Stallard et al., 2014 Cluster RCT = 1,006 children from 45 schools, assigned to health-led Friends (health professionals), teacher-led Friends or control group | Children with highest anxiety scores (10%): significant improvement in anxiety and self esteem scores Of the 9 high risk children at baseline, 6 (67%) had moved into low risk category at 12 month follow up. | | | |
| | | | Standardised measures utilised | Stallard et al., 2014 Significant improvement in anxiety scores for children in health-led Friends only | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Bounce Back**<br><br>Axford et al, 2010<br><br>Australian intervention | Implemented in Perth and Kincross Council, Scotland<br><br>Implemented with Primary 3-6 | Aims to create positive resilient classrooms and develop resilience attitudes and behaviours in children through a range of classroom strategies and activities. | Pre-post design, no control group<br><br>N = 12 schools<br>N = 884 pupils<br><br>Standardised and non-standardised measures utilized<br><br>Insufficient statistical analysis of pre-post data | Increase in:<br><br>• pupil connectedness (2.25%)<br>• personal resilience (0.8 difference)<br>• teachers' wellbeing scores (WEMWBS) p<0.01. | | Manualised intervention<br><br>One and half day training for teachers | **Pre-rating: 2** |
| **Zippy's Friends**<br><br>Currently implemented in UK<br><br>Evaluation conducted in Ireland (Clarke et al., 2014) and Norway (Holen et al., 2012)<br><br>Small Scale Evaluation conducted in UK: Holmes & Faupel, 2004, 2005 | Replication Areas in UK:<br><br>• Ashford, Kent<br>• Durham<br>• Newcastle<br>• Nottingham-shire<br>• Southampton<br>• Southwark, London<br>• Newham, London<br>• Spelthorne, Surrey<br>• Sunderland<br>• West Surrey<br>• Northampton-shire<br>• Gloucester-shire<br>• Warwickshire | Universal programme for children aged 5- 8 years. Programme promotes children's emotional literacy and coping skills<br><br>24 x 1 hour sessions, addressing feelings, communication, making and breaking relationships, conflict resolution, dealing with change and loss, general coping skills | Clarke et al., 2014<br>Cluster RCT<br>N = 766 children from 45 disadvantaged primary schools in Ireland<br><br>Holen et al., 2013<br>Cluster RCT<br>N = 1,483 children from 91 classes in 35 schools in Norway<br><br>Holmes & Faupel, 2004, 2005<br>Quasi-experimental<br>N = 4 classes in 7 classes in four schools in Southampton<br><br>Standardised measures utilised | Clarke et al., 2014<br>Significant increase in children's Self Awareness, Self-Regulation, Motivation and Social skills. Result maintained at 12 month follow up<br><br>Holen et al., 2013 Significant positive effect on children's coping skills - reduced oppositional strategies and increase in active and support seeking strategies. Significant impact on mental health difficulties in daily life<br><br>Holmes & Faupel, 2004, 2005<br>Significant improvement in interventions group's emotional literacy skills and hyperactivity | Holen et al., 2013<br>Oppositional strategies significantly reduced in girls and children in low socio-economic status subgroup. | Manualised intervention<br><br>Two day training<br><br>Teacher implementation | **International evidence:**<br><br>Clarke et al. Pre-rating =4<br><br>Holen et al. Pre-rating = 4<br><br>UK Study Holmes & Faupel, Pre-rating: 2 |

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| **Roots of Empathy**<br><br>MacDonald et al., 2013<br><br>Evidence-based Canadian intervention | Schools in North Lanarkshire Council, Scotland (Action for Children)<br><br>Primary 3 - 5 | Classroom-based social and emotional programme. Aims to develop empathy and reduce aggressive behaviour. Intervention involves parent interaction with newborn baby to increase pupil's knowledge of infant development.<br><br>27 session curriculum delivered over one year. Nine themes, each theme consists of family visit with mother and baby | Quasi-experimental design<br><br>N = 755 participants across 34 schools, 19 intervention classes, 18 control classes.<br><br>Standardised measures utilised | Significant:<br><br>• increase in empathic behaviours (self-rated)<br>• increase in proscocial behaviour (teacher-rated)<br>• decrease in inhibition (self-rated)<br>Pupils in high deprivation schools increased in emotional empathy compared to pupils in low deprivation schools<br><br>Prosocial Behaviour: boys increased significantly more than girls as rated by teachers | | Intervention delivered by trained Roots of Empathy Instructor who were employees of Action for Children or Local Authorities<br><br>Manual provided | **Pre-rating: 3** |
| **Rtime**<br><br>Hampton et al., 2010.<br><br>UK developed intervention | Early Years Foundation Stage Children.<br><br>Primary schools.<br><br>Children aged 5-11 years | Whole-school universal intervention designed to create positive relationships, improve behaviour and reduce bullying.<br><br>"Random Pair Work" between students. Short bursts of planned activities for 10-15 minutes, once a week for 30 weeks each school year. | Quasi-experimental<br><br>N = 149 students from 21 primary schools | Significant positive changes in children's relationships and friendships.<br><br>Teacher's responses supported these findings.<br><br>Some positive changes towards perception of bullying and bullying behaviours, though not significant. | No statistically significant effects on 'enjoyment at school and participation' | Intervention delivered by all teachers and staff members<br><br>R-time manual (245 activities): £75<br><br>Other resources (activity books, DVD training etc.) are optional.<br><br>Teacher traing is offered but is not essential.<br><br>Independent trainers may provide additional support to schools and teachers. | **Pre-rating: 3** |

| Circle Time<br><br>Miller and Moran 2007<br><br>Many producers of circle time texts and resources | Primary school children<br><br>East of Scotland | Circle time approach aims to develop a classroom climate in which children are listened to, respected and helped by adults and peers.<br><br>Consists of wide range of strategies used throughout school that affect children's self esteem and positive behaviour. Five-step model conducted weekly. Sessions built around listening, speaking, looking, thinking and concentrating.<br><br>Theoretical underpinnings: person centered counselling approach, social learning theory | Quasi-experimental<br><br>N = 519 primary 6 and 7 (10-12 year olds) in 21 schools.<br><br>Group 1: employed Circle Time (n = 214 children) Group 2: employed efficacy based approaches designed to build children's self esteem and sense of belief in their ability to achieve their goals    (N = 180 children Group 3: Control group (N = 125 children)<br><br>Standardised measures | Significant increase in Group 1 & 2 across:<br><br>• Self-esteem<br>• Self-worth<br>• Self-competence (RSE)<br><br>Mean improvement for girls was greater than for boys | | | **Pre-rating: 3** |

| SEAL | | | | | | | Pre-rating: 2 |
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| **Primary SEAL** Implemented and evaluated in the UK, Hallam et al., 2009 | Primary school programme implemented with young people aged 5-11 | Comprehensive whole-school approach to promoting social and emotional skills. SEALcomponents include (i) use of whole school approach to create positive school climate and ethos (ii) direct teaching of social and emotional skills (iii) use of teaching and learning approaches that support such skills (iv) continuing professional development for school staff. | Primary programme Pre-post design, no control group. N= 172 schools. N = 4,237 pupils Key Stage 1, N = 5,707 pupils Key Stage 2 | Primary programme Teacher reported improvements in children's (% agree) <br>• Confidence (85%) <br>• Social skills (69%) <br>• Communication skills (75%) <br>• Conflict resolution skills (48%) <br>• Behaviour in classroom (64%) <br>• Behaviour in playground (51%) <br>Child self report questionnaire revealed statistical change at KS2 including: <br>• Perception of own emotions (negative change) <br>• Awareness of emotions in others (positive) <br>• Social skills and relationships (positive) <br>• Relationship with teacher (negative) | Primary programme UK evidence: Teacher reported improvements in children's (% agree) <br>• Concentration on work (44%) <br>• Standards of learning (29%) <br>Child self report questionnaire revealed statistical change at KS2 including: <br>• Attitudes towards school (negative) <br>• Academic work (negative) | Implemented by all representatives from all key areas of the school (e.g. pastoral leaders, class teachers, teaching assistants, school nurses and pupils). Important element of SEAL approach is the development of social and emotional skills of staff/parents. Staff/parents will need a high level of understanding and competence so they have the confidence to model the skills at all times. Materials: SEAL Guidance booklet provides an overview of SEAL and how it links to a wide range of initiatives and educational developments. | |
| **Secondary SEAL** Implemented and evaluated in the UK, Wigelsworth et al., 2013, Humphrey et al., 2010c. | Secondary school programme implemented with young people aged 11-17 | | Secondary programme Quasi-experimental N= 4,443 pupils from 41 SEAL secondary schools | | | | |
| **Family SEAL** Implemented and Evaluated in the UK, Downey & Williams, 2010 | Family SEAL Primary school programme: implemented with parents and their children in primary school over course of 8 lessons | Programme envisioned as loose enabling framework for school implementation as opposed to structured package to be applied in schools | Family SEAL programme Pre-post design, no control group. N = 7 schools | Secondary programme No programme impact on young people's emotional symptoms or conduct problems. Approaches to engage all staff and pupils in SEAL most likely to predict a positive school environment, which in turn mediated associations with pupils' social experiences, school attainment and persistent absence. | | | |

| | | | | Family SEAL programme UK evidence: Short term significant improvement in the social and emotional skills of children identified at risk of developing social and emotional problems. | | | |
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| **UK Resilience Programme**<br><br>Challen et al., 2009, 2010, 2011 2014<br><br>US evidence-based intervention (meta-analysis: Brunswasser et al., 2009) | Three local authorities, delivered to Year 7 pupils in secondary schools<br><br>(Age 11-12) | UK Resilience Programme is the UK adapted version of *Penn Resilience Programme*.<br><br>Aims to improve children's psychological wellbeing by building resilience and promoting accurate thinking. Teaches cognitive behavioural and social problem solving skills<br><br>Ellis *Activating-Belief-Consequences* model<br><br>Weekly workshops for 18 weeks | Quasi-experimental trial<br><br>N = 22 schools UK secondary schools<br><br>N = 6,118 students,<br><br>Standardised measures utilised | Significant reduction in intervention groups' depression scores (CDI) at post-intervention. Not significant at one or two year follow up<br><br>Girls' CDI scores improved significantly, boys' scores did not<br><br>No significant reduction in intervention groups' anxiety scores (RCMAS) at post-intervention, 1 year or 2 year follow up<br><br>Boys showed greater reduction in anxiety scores.<br><br>Disadvantaged pupils (entitled to free meals, not attained national target levels in Key Stage 2) and pupils from Special Education Needs significantly more likely to benefit (CDI and RCMAS). Pupils who scored in the worst (highest) 40% of CDI and RCMAS improved significantly relative to control group | No impact on behaviour or life satisfaction<br><br>14% improvement in rate of absenteeism<br><br>Significant improvement in English scores at post-intervention | Manualised intervention comprising 18 hours of workshops<br><br>Pre-programme training 10 days. Now reduced to 5-7 days. Delivered by How to Thrive<br><br>Classes must only contain 15 pupils<br><br>Facilitators included teachers, learning mentors, teaching assistances, local authority staff and school nurse<br><br>Supervision by PRP trainer 9x1 hour conference calls<br><br>Costs reported by Dartington (no date):<br><br>• Cost £61<br>• Benefit to taxpayer £433<br>• Benefit to Participants £372<br>• Benefit to Others £192<br>• Total benefit £433<br>• Benefit cost ration 7.10<br>• Rater of return on investment 12% | **Pre-rating: 3** |

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| **Lions Quest Skills for Adolescence**<br><br>US evaluation: Eisen et al., 2003<br><br>Currently implemented in UK in school and out-of-school setting (Ambition UK)<br><br>UK evaluation underway | Replication Areas in UK<br><br>England:<br><br>Berkshire, Somerset, Hampshire, London, Buckinghamshire, Essex, Gloucestershire, Manchester, Lancashire, South Yorkshire and Warwickshire | Muticomponent life skills whole school intervention for children and young people aged 6-12 and 13-17 years. Aims to help young people develop social emotional competencies, good citizenship skills, strong positive character and to promote drug free lifestyle.<br><br>80 x 45 min lessons | US Evidence<br><br>Eisen et al., RCT N = 7,462 students<br><br>Standardised measured utilised | Significant positive impact on young people's social functioning | Significant positive impact young people's:<br><br>• success in school as measured by grade point average in reading, Maths, language, arts<br>• reduced misconduct<br>• reduced binge drinking<br>• reduced marijuana use | Manualised intervention<br><br>Two day training<br><br>Costs<br>NREPP, Jan 2007<br><br>• Student book $5.95 per student<br>• Parent book $ 3.95 per parent<br>• 2 day training $180-$330 | **International evidence:**<br>**Pre-rating: 4** |

| **Positive Action** | Children from reception through to end of secondary school | School based curriculum, together with school-wide climate, family and community components, aims to support children's prosocial behaviour, school performance and family functioning. | US Evidence:<br><br>Li et al., 2011 cluster RCT, elementary school students, N = 510 Grade 5 | Snyder et al., 2010:<br><br>Teacher, parents and student reports showed significant improvements in student: | Li et al., 2011: Three year trial. Significant reduction in:<br><br>• substance use behaviours | Teacher implemented<br><br>Training provided for teachers – self training kit, online webinars, on-site or off site training workshops | **International evidence:**<br>**Pre-rating: 4** |
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| No UK evaluation. US evaluations: Li et al., 2011; Beets et al., 2009; Snyder et al., 2010; Flay et al., 2005; Flay & Slagel, 2006<br><br>Implemented in UK<br><br>US evidence-based intervention | | Session duration 15-20 min fully integrated into mainstream curriculum. Pupils typically receive 35 hours of PA curriculum in single school year.<br><br>Programme based on theories of self-concept, learning, behaviour, school ecology. | Beets et al., 2009: Cluster RCT, N = 1714, elementary school students<br><br>Snyder et al., 2010: Cluster RCT Grade 5, one year follow up Grade 8, N = 544 | • Wellbeing<br>• Safety<br>• Involvement<br>• Satisfaction<br>• quality student support<br>Flay & Slagel (2006) Significant improvement in family cohesion (Cohen's d = 0.34), reduction in family conflict (Cohen's d – 0.36) and improvement in parent-child bonding (Cohen's d = 0.59) | • violence related behaviours<br>• bullying behaviours<br>• disruptive behaviour<br>Beets et al., 2009:<br>Five year trial, significant reduction in:<br><br>• Student and teacher reported substance use<br>• Student and teacher reported violence<br>Snyder et al., 2010: Teacher, parents and student reports showed significant improvements in student:<br><br>• Standards-based learning<br>• Professional capacity<br>• System capacity<br>• Coordinated team work<br>• Teacher responsiveness<br>Flay et al (2005) reported significant improvement in academic achievement including higher rated of reading proficiency (Cohen's d = 0.73), Maths proficiency (Cohen's d = 0.34)<br><br>Significant reduction in rates of absenteeism (Cohen's d = 0.55) | Costs as reported NREPP 2006<br><br>• Instructor kids: $250-$460<br>• Additional kits (climate development, family classes): $85-$1,450 each<br>• Professional development kit: $350<br>• 1-5 day orientation: $2,000<br>• Off site training: $250 per day<br>• Webinar training: $250 per hour<br>• Self training kit: $250 each | |

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| **Lessons for Living: Think Well, Do Well**<br><br>Collins et al., 2014<br><br>Developed and implemented in Scotland | Primary schools in central Scotland.<br><br>Implemented with children aged 9-10 years | Universal mental health promotion intervention aimed at improving children's coping and problem solving strategies and reducing anxiety<br><br>Theoretically grounded in CBT for development of coping skills<br><br>N = 10 lessons | Quasi-experimental with three groups (psychologist led, teacher led and control)<br><br>N = 317 pupils within 16 classes across nine schools<br><br>Comparison undertook regular PSE lessons<br><br>Standardised measures utilised | Significant reduction in anxiety scores at post intervention and 6 months follow up (psychologist and teacher led)<br><br>Significant reduction in children's avoidance coping skills at post intervention and 6 months follow up (psychologist and teacher led)<br><br>Significant increase in problem solving coping skills at post-intervention and 6 months follow up (psychologist and teacher led)<br><br>No change in seeking social support at post-intervention. Significant improvement at 6 months follow up (psychologist and teacher led) | Participants in teacher-led group showed less use of avoidance coping strategies at 6 months follow up | Intervention manual<br><br>One day training<br><br>Teacher / Psychologist implemented intervention | **Pre-rating: 3** |
| **Stress Management Intervention**<br><br>Keogh et al., 2006<br><br>UK developed intervention | Secondary school intervention. Pupils aged between 15 and 16 years | Universal cognitive behaviourally based stress management intervention. Included relaxation training and cognitive change strategies. Based on Stress Inoculation Training and Cognitive Behaviour Modification.<br><br>Training groups meet once a week for ten weeks. | RCT<br><br>N = 160 pupils from one school assigned to intervention or control<br><br>N = 8 groups of ten participants received interventions<br><br>Standardised measures utilised | Significant improvement in intervention group's mental health as measured by GHQ<br><br>Significant increase in functionality of pupil's cognitions served as the mechanism by which mental health improved<br><br>No programme effect on test anxiety levels | Significant programme effect on GCSE examination performance.<br><br>Increased motivation (need for achievement) in intervention group accounted for group difference in examination performance | Implemented by therapist | **Pre-rating: 2+ / 3** |

| **Strengths Gym**<br><br>Proctor et al., 2011<br><br>UK developed intervention | Secondary school intervention. Pupils aged 12-14 years | Character strengths-based positive psychology intervention. Aims to encourage students to build their strengths, learn new strengths and recognise strengths in others<br><br>Children complete strengths-based exercises through in-class activities, open discussion and homework activities.<br><br>24 lessons implemented in Year 7,8,9 | Quasi-experimental<br><br>N =319 students from two secondary schools in UK<br><br>Standardised measures utilised | Significant increase in intervention group's life satisfaction (SLSS scale)<br><br>Significant effect on positive affect<br><br>No effect on negative affect or self-esteem | | No training provided to teachers<br><br>Student booklet and handout for teachers containing information on character strengths, principles behind programme, using programme and aims of student booklet. Designed to be incorporated with teacher-led lessons, open discussion and independent student or small group work. | **Pre-rating: 3** |
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| .b (Stop-Breathe-Be) Programme | Kuyken et al., 2013 | Universal intervention aims to promote positive mental health and wellbeing. Involves learning to direct attention to immediate experience, with open minded curiosity and acceptance | Kuyken et al., 2013 Quasi-experimental design | Kuyken et al., 2013 Significant: | | Teacher implemented | Pre-rating: 3 |
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| Kuyken et al., 2013 | Implemented with young people age 12-16 years in secondary school | | N = 522 young people from 12 secondary schools assigned to intervention (N = 256) or matched control group (N = 266) | • reduction in depression symptoms at post-intervention, maintained at three month follow up (CES-D) | | Teacher training provided | |
| Hennelly, 2011 (Thesis) | Hennelly, 2011 Secondary schools in Oxfordshire | Curriculum based on mindfulness-based stress reduction and mindfulness based cognitive therapy. | | • increase in participants' wellbeing (WEMWBS) at three months follow up | | Course booklet and set of mindfulness exercises on CD | |
| Holland, 2012 (Thesis) | Holland, 2012 One secondary school in UK | 9 week programme | Pre-intervention, post-intervention and 3 month follow up | • reduction in participants' stress score at three month follow up (PSS) Participants who reported more frequent use of mindfulness practices had higher wellbeing scores, lower depression and stress at post-intervention and follow up | | | |
| UK developed intervention | | | Hennelly, 2011 Quasi-experimental N = 137 pupils from three secondary schools assigned to intervention and control group (N = 68 intervention group, N = 69 control group) | Hennelly, 2011 Significant increase in participants': <br>• Mindfulness (Cognitive and Affective Mindfulness Scale Revised) <br>• Resilience (Ego Resilience Scale) <br>• Wellbeing (Warwick Edinburgh Mental Wellbeing Scale) | | | |
| | | | Holland, 2012 Quasi-experimental N = 120 Year 7 students from one secondary school N = 48 control group <br> Standardised measures used across the studies | Holland, 2012 <br>• Significant effect on participants' Resilience and Stress and Coping with Stress scores <br>• No significant increase in participants' Mindfulness scores | | | |

| MoodGYM | Young people in secondary school (aged 12-17 years) | Online self-directed CBT intervention designed to prevent depression in youth. | Calear et al., 2009,2013 | Significantly lower levels of anxiety in intervention group at post-intervention and 6 months follow up | | Teacher responsible for implementation of programme | Pre-rating: 3 |
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| Australian evidence-based intervention | | | Cluster RCT | | | Drop out rate 12.5% | |
| Evaluation conducted in Australia: Calear et al., 2009, 2013 | Implemented as part of developing Healthy Minds in Teenagers curriculum in south of UK (Year 10) | Intervention delivered over five week period with one module of programme presented each week. 20-24 min to complete module. | N = 1,477 students from 30 schools recruited from Australia. | Significantly reduced depression in male participants at post-intervention and 6 month follow up | | Mean number of modules completed 3.16 / 5 | |
| | | | N = 563 intervention N = 914 waiting list control | Participants with high adherence rates reported significantly stronger intervention effects for anxiety and depression at post-intervention and 6 months follow up | | Older participants with higher levels of depression more likely to be missing at 6 month follow up. | |
| | | | Measurements: pre- post-intervention and 6 month follow up | | | | |
| | | | Standardised measures | Significantly more males in control group met criteria for caseness of clinical depression at post intervention and 6 month follow up | | | |

# Indicated social and emotional skills development interventions for young people at risk: Small group interventions

| Name of Inter-vention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training | EIF Quality Assessment<br><br>Pre-Rating |
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| **Going for Goals**<br>Humphrey et al., 2010a<br>UK developed intervention | Children age 6-11 years in primary school<br><br>12 local authorities across England<br><br>Implemented as part of SEAL | Targeted group-based social and emotional intervention. Aims to help children to take responsibility for their learning and to develop goad directed behaviour. Focuses primarily on motivation<br><br>8 weeks, 45 min session each week | Quasi-experimental<br><br>N = 182 children from 22 schools (N = 102 intervention group, N=80 control group)<br><br>Intervention and control group consisted of two sub-groups: (i) Extra support group – identified at risk    (ii) Role model group – identified as social confident, well behaved and high achieving<br><br>Participants selected by school staff (not screened)<br><br>Pre, post-intervention and 8 week follow up | Significant improvement in extra support intervention group's social and emotional competence as measured by ELAI (self-report data, teacher data, not replicated in parent data).  Impact sustained at 8 week follow up<br><br>Post-intervention effect sizes: d = 0.05 (self report) d = 0.29 (teacher report)<br><br>Significant improvement in extra support group's mental health difficulties as measured by SDQ (teacher data). Impact sustained at 8 week follow up<br><br>Post-intervention effect size: d = 0.32 (teacher report) | | Teacher / teacher assistant / learning mentor implements intervention<br><br>Children withdrawn from class at agreed day/time each week. | **Pre-rating:  3** |

| New Beginnings | Children age 6-11 years in primary school | Targeted group-based social and emotional learning intervention for children thought to be 'at risk' of developing social and emotional difficulties. Aims to develop empathy, emotional understanding and social problem solving. | Quasi-experimental design | Significant improvement in extra support intervention group's social and emotional competence as measured by ELAI when compared with extra support control group (self report data, not replicated in teacher or parent data). Effect size: d = 0.44 | | Teacher / teacher assistant / learning mentor implements intervention | **Pre-rating: 3** |
| Humphrey et al., 2010b | 12 local authorities across England | | N = 253 children from 37 schools (N = 159 intervention group, N = 94 control group) | | | Children withdrawn from class at agreed day/time each week. | |
| UK developed intervention | Implemented as part of SEAL | 7 week intervention, 45 min session each week | Intervention and control group consisted of two sub-groups: (i) Extra support group – identified at risk    (ii) Role model group – identified as social confident, well behaved and high achieving | No impact on children's mental health difficulties as measured by SDQ (teacher and parent rated)

No programme impact on Resiliency subscales including Mastery, Relatedness and Reactivity (child self reported)

Significant improvement in intervention group's peer relationship problems and prosocial behaviour as rated by teachers (SDQ) | | | |
| | | | Participants selected by school staff (not screened) | No significant effect on teacher and parent's perceptions of a child's anger control, social and social problem solving skills

No significant increase in intervention group's Relatedness, Reactivity | | | |

| Staying Calm | Children in Year 5 & 6 in primary school | Small group intervention designed to promote emotional skills, anger control and social problems solving skills | RCT | No significant impact on resilience scores | | Delivered by learning support assistants. | Pre-rating: 2+ |
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| Claire Whyward, 2010 (Thesis) | England | | N = 48 children from two schools. | Significant impact of participants' social emotional difficulties (SDQ Total Difficulties score as rated by teachers) | | Attended one day training led by educational psychologists that designed and delivered the programme. | |
| UK developed programme | | Created as part of set of targeted small group interventions by education psychologists. | Children screened using SDQ (ten children per year scored highest total difficulties = target children and six children who scored lowest = role model children) | Significant reduction in peer relationship problems | | Manual containing full session plans, activity suggestions and resources | |
| | | 8 week intervention, 1 hour per week | | Significant reduction in emotional symptoms | | | |
| | | Based on Novaco's 'firework' model of anger, Beck's CBT and emotional competence and literacy | | Significant reduction in hyperactivity | | | |
| | | | | Significant improvement in control group's conduct problems. | | | |
| | | | | No effect on teacher or parents' perceptions of child's anger control and social problems | | | |

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| **Pyramid Project**<br><br>Ohl et al., 2012 (UK evaluation)<br><br>McKenna et al., 2014 (Northern Ireland evaluation)<br><br>UK developed intervention | Ohl et al., 2012 Year 3 children aged between 7 and 8<br><br>London and Manchester<br><br>McKenna et al., 2014 Primary 4 children aged 7-8 years implemented through Barnardos<br><br>Northern Ireland | Targeted group-based intervention aimed at improving social emotional skills of children who are withdrawn, socially isolated and emotionally vulnerable. Consists of circle time, art activity, physical activity and shared snack.<br><br>Implemented over 10 weekly sessions x 90min<br><br>Screening using SDQ<br><br>Implemented as an after-school club over 10 weekly sessions of 90 min. | Ohl et al., 2012 Quasi-experimental<br><br>N = 385 children<br><br>McKenna et al., 2014 Quasi-experimental<br><br>N= 208 children screened (SDQ)<br><br>Pre-, post-intervention and 10 week follow up | Ohl et al., 2012 Significant reduction in intervention group's SDQ scores including:<br><br>• Total Difficulties<br>• Emotional Symptoms<br>• Peer Relationship Problems<br>Significant increase in intervention group's Prosocial Score<br><br>McKenna et al., 2014<br><br>Significant improvement in intervention group's emotional symptoms and peer relationship problems at post-intervention. Not maintained at follow up | Ohl et al., 2012 At baseline 22.5% of attendees were within 'abnormal' band of SDQ. At post-intervention 10.7% were in 'abnormal' band – larger proportion of improvement compared with comparison group (15.1% - 13.3%) | Manualised intervention<br><br>Club Leaders recruited on voluntary basis to implement programme.<br><br>Training accredited by Pyramid provided to Leaders | **Pre-rating: 3** |
| **Success for Kids**<br><br>Maestas & Gaillot, 2010<br><br>US Evaluation<br><br>US intervention implemented in London | Children age 6-14 years | After-school programme seeks to build resilience, social competence, problem solving, autonomy, self efficacy and sense of purpose. Uses structured games and activities to teach cause and effect, how to control reactive behaviours, value of sharing and importance of making an effort.<br><br>Level 1 SFK is 10 part course offered weekly in 90 min session | US Evidence<br><br>RCT<br>N = 737 children across 19 programme sites in southeast Florida randomised to intervention or control group. | US Results<br>Programme had significant positive impact on intervention group's behavioural outcomes as reported by teachers (BASC-2) including adaptability, social skills, leadership, study skills and communication skills. Effect size 0.55 – 0.73<br><br>Small to medium effect on behavioural problems including attention problems and withdrawal Effect size 0.19-0.37<br><br>Small effect on over externalisation of problems Effect size 0.16 – 0.29. | US Results<br>Small to medium effect size on reported incidence of school problems Effect size 0.32 – 0.48)<br><br>Programme improved reported study skills and reduced learning problems and attention problems. | Three month formal SFK teacher training | **Pre-rating: 3** |

# Mentoring Interventions

| Name of Intervention<br><br>Site/place of implementation<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills<br><br>Including effect sizes (where reported) | Impact on Educational, Health and Social Outcomes<br><br>Impact on Equity (where reported) | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements,<br>▪ Training | EIF Quality Assessment<br><br>**Pre-Rating** |
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| **Transition Mentoring**<br><br>Yadav et al., 2010<br><br>UK developed intervention | 'At risk' children transitioning from primary to secondary school<br><br>Year 6 primary school children in one county in England | Transition mentoring programme aims to support children's transition from primary to secondary school<br><br>Delivered to 'at risk' children who are screened using SDQ<br><br>Mentoring delivered over 10 month. Included weekly sessions. Mentors work in schools and communities and provided home-based support for parents relating to behaviour, relationships and helping parents form links with schools | Pre-post design, no control group<br><br>N = 86 participants (N = 59 males and 27 females)<br><br>Pre-intervention (T1: January: in primary school), Mid-intervention (T2: July) Post-intervention (T3: in secondary school) | Significant improvement in participants'<br><br>• self esteem (pre-transition period and transition period)<br>• locus of control (post transition)<br>• total Difficulties SDQ (pre-transition)<br>• hyperactivity (pre-transition)<br>• emotional symptoms (pre-transition)<br>• conduct Problems (pre-transition, effect maintained transition period)<br>• peer relationship problems (pre-transition period, maintained transition period)<br>• prosocial behaviour (pre-transition period) | | Intervention delivered by eight adults from backgrounds including teaching assistants, foster caring and nursing. Minimum three years experience working with children.<br><br>Mentors received six week training in CBT, solution focused therapy, mentoring and meditation.<br><br>Supervision and training provided by mentor managers on school half-term basis | Pre-rating: 2 |

| **Formalised Peer Mentoring Pilot Evaluation**<br><br>Parsons et al., 2008<br>Knowles & Parsons, 2009<br><br>UK developed intervention | Secondary school students. Mentees age 11-13 years. Mentors 16-18 years<br><br>N = 175 schools. N = 3,600 matched pairs (mentors and mentees).<br><br>• Delivered by Mentoring and Befriending Foundation (MBF) national charity | Peer mentoring intervention aims to improve relationships, confidence, ability to cope with school life and reduce bullying.<br><br>Mentors matched with mentees based on gender, hobbies, personalities, academic subjects of study. | Pre-post design, no control group<br><br>N = 168 mentor<br>N = 143 mentee respondents at pre and post intervention<br><br>Presented mean scores, no statistical analyses carried out | 63% teachers reported improved mentee confidence and self esteem<br><br>16% teachers reported improved social skills among mentees<br><br>11% teachers reported improved class behaviour<br><br>41% teachers reported reduced incidences of bullying<br><br>Following results based on mean scores (no analyses conducted) :<br><br>• improvement in peer identity (mentee self reported)<br>• negative impact on family identity, school identify, academic effort, self worth (mentee self reported) | 51% teachers reported increased student attainment<br><br>18% teachers reported reduction in exclusion or suspension | No set lesson plan. Programme delivered one-to-one throughout school years. Mentoring sessions (approx 30 min) usually take place during lunch break. Session typically takes place in allocated room.<br><br>School staff act as scheme coordinators and help organise peer mentoring projects, attend two networking meetings annually and work with support agencies<br><br>School staff undertake one day training. Mentors attend training sessions – explain mentoring, present ideas for activities. | **Pre-rating: 1+** |

# Interventions aimed at improving participants' connection to other people and society through social and emotional skills development

## Social Action Interventions

| Name of Intervention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills<br><br>Including effect sizes (where reported) | Impact on Educational, Health and Social Outcomes<br><br>Impact on Equity (where reported) | Feasibility of implementation including:<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training | EIF Quality Assessment<br><br>Pre-Rating |
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| **Active Citizens in Schools**<br><br>Ellis (2005)<br><br>UK developed intervention | Young people aged 11-15 years in secondary school<br><br>Changemakers charity worked with schools in Cambridgeshire and Peterborough.<br><br>ContinYou worked with schools in Brent, Bradford, Medway, Staffordshire and York | Three year pilot programme launched by DfES: Active Citizens in Schools (ACiS) which build on Millennium Volunteers model engaging young people in volunteering activities through their schools. Based on nine principles: personal commitment, community benefit, voluntary commitment, inclusiveness, quality of opportunities, recognition.<br><br>Activities young people take part in range from environmental schemes, buddy schemes and fundraising activities. | Pre-post design, no control group<br><br>N = 18 schools in Cambridgeshire and Peterborough: Key Stage 3 & 4<br><br>N = 10 schools in Brent, Bradford, Medway, Staffordshire and York: Key Stage 3.<br><br>N = 5,398 young people took part in ACiS<br><br>N = 205 participants completed survey at pre and post-intervention<br><br>Insufficient statistical analysis of pre-post data | Increased personal development: 79% participants reported they had gained in confidence and 84% felt more aware of needs of others<br><br>Enhanced skill development: 89% reported improved team working skills, 73% reported being better at getting their point across<br><br>Self reported improved sense of pride in their achievements and making new friendships and having fun | Improved behaviour: : 11/13 schools reported improved student behaviour, enhanced relationship skills between pupils and staff<br><br>Improved ethos: 7/13 schools reported improved school ethos<br><br>Increased profile: 11/13 schools reported increase in school profile<br><br>Positive impacts on local community included intervention provided new links with schools, activities delivered by young people and changes in attitudes towards young people | School coordinator<br><br>Support provided by two charities Changemakers and ContinYou.<br><br>Linking through Health Promoting Schools assisted with towards sustainability | Pre-rating:<br>1+ |

# Interventions aimed at reducing problem behaviours

## Anger / Behaviour Management and Violence Prevention Interventions

| Name of Intervention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training | EIF Quality Assessment<br><br><u>Pre-Rating</u> |
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| **Good Behaviour Game (GBG)**<br><br>Chan et al., 2013<br><br>Oxford Brooks Pilot Evaluation<br><br>US evaluation: Kellam et al., 2008<br><br>US evidence-based intervention<br><br>(Cluster RCT underway Manchester Institute of Education) | Children age 4-9<br><br>Oxfordshire | Universal team based classroom behaviour management programme that aims to improve child behaviour and learning as well as improve upon existing teacher practices. Based around four elements: classroom rules, team membership, monitoring of behaviour and positive reinforcement.<br><br>Management strategy rather than curriculum. | Feasibility study N = 6 schools, ten classes, 12 teachers. No control group<br><br><u>US Evaluation</u>: Kellam et al., 2008 RCT, N = 1,196 children from 19 schools in Baltimore (14 year follow up study) | TOCA-R scale assessed teacher observation of pupil social adaptation to classroom work at pre and post intervention. Teachers indicated significant improvements in child adaptation and behaviour over GBG implementation year<br><br>Qualitative findings: increased independence of children and improvements in their learning behaviours<br><br><u>Kellam et al., 2008</u><br>At 14 year follow up, the percentage of participants with antisocial personality disorder was significantly lower among participants in intervention group | <u>Kellam et al., 2008</u><br><br>Percentage of participants with drug abuse/dependence was significantly lower among intervention group<br><br>Percentage of participants with lifetime alcohol and cigarette abuse / dependence was significantly lower among intervention group<br><br>Significantly smaller percentage of participants in intervention group had a record of violent and criminal behaviour at 14 year follow up when compared with control group<br><br>International research found that GBG is most effective with children who are most at risk: young boys who exhibit more aggressive and disruptive behaviours in early childhood | Teacher manual<br><br>Training provided<br><br>Teacher implemented<br><br>Cost benefit analysis conducted in US showed that for every $1 spent on GBG, there is $96 worth of benefit to society through reduced health, social and criminal justice system costs.<br><br><u>UK Requisite Costs (2013):</u><br><br>• Coaching 4 days = £900<br>• Set up 1 day = £225<br>• Teacher training = £1125<br>Total £2497<br><br><u>UK Variable Costs</u><br><br>• Teacher training = £480<br>• 1:1 visit from GBG Coach = £260<br>• Class materials (poster, rewards etc) £260 | **International studies: Pre-rating: 4** |

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| **Incredible Years: Classroom Management Programme**<br><br>Hutchings et al., 2013<br><br>US evidence-based intervention | Children aged 3 – 7 years<br><br>North Wales | Classroom management intervention.<br><br>Aims to improve teacher-pupil relationships increasing teacher competencies in supporting children in the classroom and developing children's social and problem solving skills.<br><br>Based on cognitive behaviour theory. | RCT<br><br>N = 107 children from 12 classes across 11 primary schools (N = 6 intervention and 6 control classes).<br><br>Nine pupils recruited from each classroom (three highest behaviour problems, three lowest and three mid-range scoring children (SDQ). | No change in teacher behaviour towards the whole class<br><br>Significant reduction in teachers' negative behaviour towards target children, regardless of risk status (d= 0.36)<br><br>Significant reduction in children's off-task behaviour / non compliance to task at hand (d = 0.53)<br><br>High-risk children: significant reduction in negatives attitudes toward the teacher (d = 0.42) and off-task behaviour (d = 0.48). | | Teacher implemented<br><br>Teacher training carried out one day each month for five months.<br><br>Methods used during teacher training include videotape modeling, practicing and rehearsing though role play, developing individual behaviour plans and giving homework assignments to that teachers practice new skills<br><br>Costs NREPP (July 2012)<br><br>Programme materials $1,150 - $1895<br><br>Leader training: $400 = $500 per participant<br><br>Annual leader consultation: $600<br><br>Certification fee: $450 | **International studies:**<br>**Pre-rating: 4**<br><br>UK study, Hutchings et al. Pre-rating 3 |

| Second Step | Children 4-14 years | Universal classroom-based violence prevention intervention aimed at reducing social, emotional and behavioural problems and in supporting the learning of prosocial behaviours. Core units empathy, problem solving and anger management. | US Evidence | Grossman et al., 1997 | | Manual | International studies: |
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| | | | | Significant decrease in physical aggression and significant improvement in children's prosocial behaviour (maintained at 6 months follow up) | | Implemented by teachers who receive one day training | Pre-rating: 4 |
| Implemented in UK | | | Grossman et al., 1997: RCT, N = 790 students | | | | |
| No UK evaluation | | | | | | Costs as reported on NREPP (Sept 2006) | |
| US evidence: Grosman et al., 1997; Frey et al., 2005 | | | Frey et al., 2005: RCT , N = 1253 students | Frey et al., 2005 Significant improvement in prosocial behaviour | | • Grades 1-5: $189 each | |
| | | | | | | • Level 1 foundation lessons: $299 per set | |
| US evidence-based intervention | | 25-40 min lessons, implemented 1-2 times per week. | | Taub, 2001 Significant improvement in social competence and antisocial behaviour | | • Level 2: skills building: $ 199 per set | |
| | | | | | | • Level 3: skills building: $299 per set | |
| | | Based on Bandura's (1986) social learning theory | | Significant reduction in children's antisocial behaviours: change was greatest among students with high baseline rating for antisocial behaviour | | • 2 day training $525 per person | |

| Peace Builders | Primary school | School wide violence prevention intervention for primary school. Aims to create positive climate by developing positive relationships between students and school staff, teaching non violent attitudes, values, beliefs. | US Evidence | Significant improvement in participants' prosocial behaviour (self-reported and teacher reported) | | Staff Manual | **International studies:** |
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| Implemented in Scotland | Children age 6-12 years | | Flannery et al., 2003; RCT, N = 4,879 students | | | Implemented by school staff | **Pre-rating: 4** |
| No UK evaluation | | | | Significant improvement in participants' peace building behaviour (self-reported) | | Training: Leadership team (2hr); Whole school staff (4hr) | |
| US evidence: Flannery et al., 2003; Vazsonyi et al., 2004 | | | Vazsonyi et al. 2004 Quasi-experimental, N = 2,380 children | | | | |
| | | | | Significant reduction in teacher ratings of aggression (Grads 3-5) | | Ongoing support provided to address issues identified by staff | |
| | | | | | | Costs (NREPP July 2013) | |
| US evidence-based intervention | | | | | | • Peacepack: $140 per teacher | |
| | | | | | | • PeacePack for Young Children: $110 per teacher | |
| | | | | | | • PeacePack for Teens: $110 per teacher | |
| | | | | | | • PeacePack PeachBuilding Beyond School: $110 per teacher | |
| | | | | | | • Leadership guide: $90 per member of leadership team | |
| | | | | | | • 4 hour on site training; $2,500 for up to 40 participants | |

# Bullying Prevention Interventions

| Name of Intervention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training | EIF Quality Assessment<br><br>Pre-Rating |
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| **Olweus Programme**<br><br>Evaluation was carried out in UK: Sheffield Anti-Bullying Project (Smith, 1997)<br><br>International evaluations: Amundsen & Ravndal, 2010; Bauer et al., 2007; Bowllan, 2011<br><br>Evidence-based intervention developed in Norway | Late childhood (age 5-11)<br><br>Early adolescence (12-14 years)<br><br>Late adolescence (15-18 years) | School wide multi-component programme designed to prevent bullying.<br><br>Programme includes school level, classroom level and individual level components. | International Evidence<br><br>Norway study Amundsen & Ravndal, 2010: Quasi-experimental, N =3,866<br><br>US studies Bauer et al., 2007: Quasi-experimental, N = 3,304 students<br><br>Bowllan, 2011; Quasi-experimental N = 270 students | Reductions in bullying are mixed across multiple evaluations<br><br>Reductions in self-reported victimisation mixed across multiple evaluations<br><br>Significant decrease in delinquency and anti-social behaviour such as theft, vandalism and truancy found in original (Norway study and South Carolina replication)<br><br>Significant improvements in positive social relationships found in Norway study | | Manualised intervention<br><br>Teacher implemented<br><br>Whole school training provided by certified Olweus Trainer<br><br>Costs (Blueprints for Healthy Development)<br><br>Two day training with coordinating committee $3,000 | **International studies:**<br>**Pre-rating: 3** |

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| **KiVa**<br><br>Karna et al., 2011 (Finish study)<br><br>Evidence-based intervention developed in Finland<br><br>(Current RCT underway in Wales: Axford & Hutchings, 2014). | Children aged 7-15 year olds | Antibullying curriculum aims to reduce bullying, victimisation and aiding bullying.<br><br>10 lessons accompanied by computer games and virtual environment for learning. Content of computer game connected to topics of students lesson. Indicated actions involve discussion with victims of bullying as well with selected prosocial classmates who are challenged to support victimised classmates<br><br>Parent guide, web resources for teachers and whole school material. | Finish  Evidence<br>Karna et al., 2011<br><br>RCT<br><br>N = 8,237 students (age 9-11 years) from 78 schools.<br><br>Implemented over year: Wave 1: May 2007; Wave 2 Dec 2007;  Wave 3: May 2008 | Karna et al., 2011<br>Significant reduction in self and peer-reported victimisation. (d = 0.33 peer report, d = 0.17 self report)<br><br>Participant in intervention group significantly decreased assisting the bully (d = 0.14) and reinforcing the bully (d = 0.17)<br><br>By Wave 3, the odds of being a victim of bullying for control group student were 1.5 -1.8 times higher than for KiVa school student. Odds of being a bully at control group were 1.2-1.3 times higher than at KiVa school | Teacher implemented<br><br>Two day teacher training. Networks of school teams are created, networks meet three times during the school year with one person from KiVa project guiding the network<br><br>Costs<br>Reported by Evidence4Impact (no date):£600 per school for training for 1/2 teachers and materials | **International study:**<br>**Pre-rating: 3** |
| **Steps to Respect**<br><br>No UK evaluation<br><br>US evaluation: Brown et al., 2011<br><br>US evidence-based intervention | Primary schools. Children aged 6-12 years | Whole school intervention designed to prevent bullying behaviour and counter the personal and social effects of bullying by promoting positive school climate.<br><br>Consists of school-wide programme guide, staff training, classroom curriculum (11 skills based lessons implemented over 12-14 weeks) | US Evidence<br><br>RCT<br><br>N = 3,119 students from 33 primary schools in California<br><br>Standardised measures utilised | Brown et al., 2011<br>Significant increase in school climate (d = 0.21)<br><br>Significant increase in children's social competency (TASB) (d = 0.13)<br><br>Significant greater decrease in school bully-related problems (School Environment Survey) in intervention schools (d = 0.35)<br><br>Significant increase in Positive Bystander Behaviour (d = 0.14) | Manualised intervention<br><br>Teacher implemented, whole staff<br><br>Training provided<br><br>Costs (NREPP: May 2013)<br><br>• Complete curriculum: $859 each<br>• Additional grade level kits $249 each<br>• Additional school wide support kits $269<br>• On site customizable training $1500 per day | **International studies:**<br>**Pre-rating: 4** |

| FearNot!<br><br>Implemented in UK<br><br>Sapouna et al., 2010; Vannini et al., 2011 | Primary school children age 7-11 years in areas of Warwickshire, Coventry, Hertfordshire | Online intervention designed to enhance the problem solving skills of current and potential victims of bullying by encouraging students to generate and evaluate wide range of responses to bullying.<br><br>Intervention consists of virtual schools populated by 3D animated pupils who assume roles that children take when bullying occurs. Children engage with characters through series of episodes of bullying.<br><br>Online intervention implemented once a week (30 min) for three weeks. | Quasi-experimental<br><br>N = 1,129 pupils from 18 schools in UK and nine schools in Germany<br><br>N = 509 intervention group<br>N = 560 control group<br><br>Pre-intervention, post-intervention and four week follow up | Baseline victims of bullying in intervention group significantly more likely to escape victimisation than baseline victims in control group<br><br>Significant decrease in victimisation risk in UK intervention group compared to control group at follow up. Results not significant for German sample<br><br>Significant findings not maintained at four months follow up. | | Teacher manual and online intervention<br><br>Average time of interaction with FearNot! Software = 51.6 min (out of total 90 min)<br><br>Children who took part in greater number of interaction episodes with intervention more likely to escape victimisation at post-intervention. | **Pre-rating: 3** |
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| **Beatbullying Peer Mentoring**<br><br>Banerjee et al., 2012<br><br>UK developed intervention | Children and young people aged 11-17 years experiencing problems related to bullying and wellbeing. | Online peer mentoring programme involving intense training in listening, mentoring and online mentoring.<br><br>Programme aims to provide young people with opportunity to serve as important source of support for other pupils experiencing difficulties related to bullying and to become active in developing sustainable bullying prevention work across whole school and in wider community | Pre-post design, no control group<br><br>N = 1,106 pupils from 11 secondary schools in England.<br><br>N = 131 pupils selected to be Beatbullying mentors.<br><br>N = 975 pupils from general school population<br><br>Initial comprehensive survey (pre-intervention) and follow up survey which was conducted with subsample of schools –32 mentors and 309 pupils from five schools<br><br>Retrospective survey conducted with 117 peer mentors from 67 other schools | Significant reduction in proportion of pupils indicating they had been bullied in five schools (reduction from 1 in every 3.6 pupils to 1 in every 4.8 pupils)<br><br>Greater reports of peer victimisation at follow-up survey<br><br>No change in pupils' social and emotional functioning<br><br>Significant reduction in pupils' perceptions of difficulties with responding assertively to bullying<br><br>Staff reported increase in reporting of online and offline bullying as well as better understanding of bullying within school population | | Programme delivered by trainers in schools. Children and young people age 11-18 years take part in workshops focused on developing mentoring skills, including communication, teamwork and technical use of website.<br><br>Following training, cybermentors offer support and help to other people on the website who are experiencing bullying other problems | **Pre-rating: 2** |

| **School Bullying Peer Mentoring**<br><br>Roach, 2014<br><br>UK developed intervention | Children and young people aged 9-12 being bullied or at risk of being bullied. | Peer mentoring programme. Students identified as being bullied or at risk of being bullied matched with older peer mentor who they meet on one-to-one basis or in small group as and when needed. | Quasi-experimental<br><br>N = 1,621 students from 32 schools (8 primary and 24 secondary). Students in Year 5, 6, 7 (9 – 12 years).<br><br>N = 372 intervention group<br>N = 1,249 control group | Mentored students reported significant higher levels of school satisfaction than control group<br><br>Mentored group more likely to be bullied than non mentored group (not statistically significant)<br><br>No significant impact on life satisfaction or prevalence of bullying | | Teacher implemented programme with agency support (e.g. through training sessions, network events and guidance materials. | **Pre-rating: 2+** |

# Substance Misuse Prevention Interventions

| Name of Intervention<br><br>Site/place of implementation<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills<br><br>Including effect sizes (where reported) | Impact on Educational, Health and Social Outcomes<br><br>Impact on Equity (where reported) | Feasibility of implementation including<br><br>▪ Costs<br>▪ Workforce requirements<br>▪ Training<br>▪ Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Life Skills Training**<br><br>Implemented in UK<br><br>No UK evaluation US evaluations: Botvin et al., 1995, 2001, 2003, 2006; Griffin et al., 2003; Spoth et al., 2008<br><br>US evidence-based intervention | Secondary school intervention (early adolescence – aged 12 – 14 years) | Classroom-based programme aims to prevent alcohol, tobacco and marijuana use and violence. Teaches students (i) self management skills (ii) social skills (iii) information and resistance skills related to drug use.<br><br>Primary and secondary school programme<br><br>LST contains 30 lessons to be taught over 3 years in secondary schools | US Evidence<br><br>• Botvin et al., 1995 (RCT, N = 3,587)<br>• Botvin et al., 2001 (RCT, N = 3,041)<br>• Griffin et al., 2003 (RCT, N = 758)<br>• Spoth et al., 2008 (RCT, N = 1,677)<br>• Botvin et al., 2006 (RCT, N = 4,858) | Significantly greater improvements than control group in life skills knowledge both at short and longer term follow up | • Significantly reduced rates of tobacco, alcohol, marijuana use at post-intervention. Results maintained at 6 year follow up. (Botvin et al., 1995<br>• Intervention group engaged in 50% less binge drinking relative to control at 1, 2 year follow up (Spoth et al., 2008).<br>• High risk group found to engage in significantly less smoking, less drinking, less inhalant and drug use at post intervention (Botvin et al., 2001; Griffin et al., 2003).<br>• Significant reduction in violence and delinquency at 3 month follow up<br>• Significant reduction in risky driving at 6 year follow up | Teacher implemented<br><br>Teacher manual provided<br><br>Teacher attends one-two day training. Booster training and train the trainer workshop provided to support implementation<br><br>Costs Dartington (no date)<br><br>• Cost £27<br>• Benefit £288<br>• Benefit minus cost: £261<br>• Ratio 1:10.67<br>• Rate of Return: 72%<br>• Risk of loss: 1% | **International studies: Pre-rating: 4** |

| Keepin' It REAL | Students aged 12-14 years | Multi-cultural school based substance use prevention programme. Aims to help students assess risks associated with substance abuse, enhance decision making and resistance strategies, improve antidrug normative beliefs and reduce substance use.<br><br>10 lesson curriculum, 45 min sessions over ten weeks with booster sessions delivered the following year. Curriculum used series of five videos produced by youth and based on students' real stories as key learning tool | US Evidence<br><br>Hecht et al., 2003, 2006 (RCT, N = 6,298)<br><br>Kulis et al., 2007 (Quasi experimental, N = 1,364) | | Significantly reduced student reported alcohol, marijuana and cigarette use at post-intervention. Effects maintained at 14 months follow up (alcohol and marijuana) and 8 months follow up (cigarette use)<br><br>Significantly reduced expectations of positive consequences of substance use compare with control at 8 and 14 months follow up<br><br>Significantly reduced personal acceptance of drug use at 2 and 8 months follow up (not sustained at 12 months follow up)<br><br>Intervention group reported significantly greater use of resistance strategies to resist marijuana at 2 month follow up and to resist cigarette use at 2 and 8 month follow up. Not maintained at 12 months follow up | Teacher implemented<br><br>Programme manual with video<br><br>One day teacher training provided<br><br>Costs (NREPP)<br><br>• Implementation materials: $500 per school<br>• 80 hour DARE officer training seminar: Free<br>• 1 day training: $1,000<br>California Health Kids Resource Centre Costs 2005: Approx $215 for materials to implement in one classroom | **International studies: Pre-rating: 3** |
| US intervention, implemented in UK though Life Skills Education CIC<br><br>No UK evaluation US evaluations:: Hecht et al., 2003, 2006; Kulis et al., 2007<br><br>US evidence-based intervention | | | | | | | |

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| **SHAHRP Implemented in Northern Ireland**<br><br>McKay et al., 2012<br><br>RCT underway in Scotland and Northern Ireland to evaluate SHAHRP with addition of parental component (2011-2015)<br><br>Australian evidence-based intervention | Programme culturally adapted for Northern Irish secondary schools. Implemented in schools in Greater Belfast.<br><br>Delivered annually to 16,000 pupils in schools across Belfast and South Eastern area. | Harm reduction classroom intervention aims to reduce alcohol related harm in young people. Combines harm reduction principles with skills training, education and activities designed to encourage positive behavioural change.<br><br>Implemented over two year period, starting in first year of secondary school Phase 1: Year 10, young people 13 years of age<br><br>Phase 1: 17 skills based activities conducted over 8-10 lessons. Phase 2 conducted following year, 12 activities delivered over 5-7 weeks<br><br>DVD used in Phase 2 – scenarios young people may experience | Quasi-experimental<br><br>N = 2,349 students from 29 secondary schools.<br><br>• Intervention Group 1: Teacher implemented N = 8 schools<br>• Intervention Group 2 : local voluntary sector drug and alcohol educators N = 12 schools<br>• Control N= 9 school,<br>Pre-intervention, post-intervention (2 years later) and 11 month follow up. | | Intervention groups reported significant positive results with respect to improvements in alcohol related knowledge, 'healthier' attitudes towards alcohol use, less alcohol-related harm and lower consumption of alcohol at 'last time use'<br><br>Results showed greater intervention effect for external facilitators compared to teacher.<br><br>Young people abstinent at baseline (mean age 13.84) and those reporting themselves as supervised had best outcomes with respect to alcohol related harm<br><br>Behavioural effects most significant among group who self-reported drinking at baseline | Implemented by class teacher<br><br>Phase 1: Teacher receives two days training.<br>Phase 2: Two day training for teachers new to the project<br><br>Teacher manual with lesson plans for eight 60 min lessons (Phase 1) and five 50 min lessons (Phase 2). Student workbooks available for each phase. | **Pre-rating: 3** |

| All Stars | Implemented with young adolescents (age 11-14 years) | Aims to prevent high-risk behaviours addressing youth substance misuse, violence and premature sexual activity be fostering development of positive personal characteristics.<br><br>Consists of 13 x 45 min class sessions delivered weekly.<br><br>Booster programme optional, implemented one year after core programme, 9x45 min lessons. | US Evidence<br><br>Harrington et al., 2001 (RCT, 1 year follow up, N = 1,655 assigned to teacher, specialist or control group)<br><br>McNeal et al., 2004 (Quasi-experimental, N = 1,822 students assigned to teacher implemented, specialist implemented or control group)<br><br>Gottfredson et al., 2010 (RCT N = 447, implemented in out of school setting) | Harrington et al., 2001<br><br>Short term impact on bonding (d = 0.07), commitment (d = 0.07), ideals (d = 0.09) and normative beliefs. Results only significant in teacher implemented group | McNeal et al., 2004<br><br>Significant impact in reducing levels of alcohol, cigarette and inhalant use when implemented by teacher (d = 0.37). No significant impact on marijuana use or sexual activity. Students in specialists group did not differ to control at post intervention.<br><br>Programme not successful when delivered by specialists.<br><br>Results not maintained at one year follow up.<br><br>Gottfredson et al., 2009<br>No difference between intervention and control at post-intervention. No positive effects found for youths receiving higher dosage, higher quality programme delivery or both. | Programme delivered by teachers<br><br>Teacher training (face-to-face, hosted by Barnardos or online)<br><br>Manualised intervention<br><br>Costs (Child Trends 2010)<br><br>• Teacher materials $125 - $540<br>• Studetn materials: $ 45 - $145<br>• Two day training: $250 per person or $3000 per group. | **International studies:**<br>**Pre-rating: 3** |
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| Implemented in UK by Barnardos<br><br>No UK evaluation US evaluations: Harrington et al., 2001; McNeal et al., 2004; Gottfredson et al., 2010<br><br>US evidence-based intervention<br><br>NREPP | | | | | | | |

| Project STAR also known as **Midwestern Prevention Project (MPP)** US evidence-based programme Implemented in UK as **Blueprint** Programme (Baker, 2006) US evaluation; Chou et al., 1998, Pentz et al., 1989 | Secondary school programme implemented with young people aged 11 | Multi-component drug prevention programme Consists of curriculum, teacher training, school drug advisor, support, media and health policy. Blueprint based on distillation of key principles of effective drug education, particularly informed by Project STAR and Life Skills Training. N = 10 lessons delivered to Year 7 (children age 11 in secondary school) N = 5 lessons delivered in Year 8 | US Evidence: Project STAR Chou et al., 1998 (RCT, N = 3412) Pentz et al., 1989 Quasi-experimental, N = 5,065 students, followed up at one year, two year, three year follow up and early adulthood | | Reduced tobacco, alcohol and cannabis use. Long term impact through to early adulthood. Impacts most consistent for cigarette smoking | Teacher implemented Teachers received six days training: two days prior to delivery in each academic year and additional day to reflect on experience of programme | **International studies: Pre-rating: 4** |
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# VIII. Appendices

## Appendix 2: Table of Study Characteristics: Out-of-School Interventions

## Table 7: Study Characteristics: Out-of-School Interventions

# Interventions aimed at increasing social and emotional skills through diverse methods

## Youth, arts and sports interventions

| Name of Intervention Country of origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Greenhouse**<br><br>Greenhouse, 2012a,b<br><br>UK developed intervention | 8-18 years old<br><br>Some young people are recruited through school<br><br>London | Multi-sports programme aims to improve young people's engagement in education and in their community, through sports music, dance and art interventions<br><br>Inspirational coaches work with young people in school and community setting<br><br>Theory of change reported | Quasi-experimental design<br>Sample (15 schools)<br>N = 914 intervention + 914 controls<br>Standardised measures<br>• Health assessment –EuroQol "EQ-Visual Analogue Scale"<br><br>Non-standardised<br>• Youth Justice Board's Risk and Protective Factors measure<br>• Bi-annual questionnaire | Self-reported data from bi-annual questionnaire (no control group comparison)<br><br>Improvement in<br><br>• Self-confidence<br>• Coping skills<br>• Happiness<br>• Motivation<br>• Social competence<br><br>No improvement in<br><br>• Self-efficacy<br>• Engagement in activities | Self-reported data from bi-annual questionnaire (no control group comparison): improvement in young people's sense of community and respecting adults<br><br>No improvement in health score –EuroQol | Cost<br>Cost of the programmes (2013-2014): £3,616,590.<br><br>Training<br>Training and support provided to workers | Pre-rating: 2 |

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| **"Olympiads" Girls' Self-Esteem Programme**<br><br>Bexley Early Intervention, 2014<br>UK developed intervention<br><br>Identified by *Call for Evidence* | 9 years old girls (year 5 at school)<br><br>Recruited through school London | A mixture of targeted sports and arts related activities. Aims to raise girls' self-esteem<br><br>After school programme, duration = 6-8 weeks<br>Weekly sessions (1.5 hours) include: craft, cookery, sports<br><br>Theoretical framework: Social & Emotional development and neurological development through Physical Activity | Pre and post-test design with no control group (1 year follow-up)<br><br>Standardised measure<br><br>• Strengths and Difficulties Questionnaires<br>• N= 8 (participants)<br><br>Non-standardised<br>• Post-programme evaluation interviews for participants & 1-year follow-up<br>• Post-programme questionnaires (parents) N= 8 (parents of the 8 participants) | Pre and post programme results:<br><br>Positive change in Emotional and behavioural difficulties (SDQ)<br>Perceptions of parental pride in achievements<br>Home life satisfaction<br><br>Improvement in:<br>Self-confidence<br>Social competence<br>Self-efficacy<br>(post and follow-up qualitative interviews) | Improvement in:<br><br>• Perceptions of school work<br>• Perceptions of skill at sports<br><br>Reduction in sense of fitness | Costs<br><br>Approximately £500 per 6 week programme aside from the venue (Call for evidence)<br><br>Resources<br><br>Programme manual<br>Session plans for the programme that includes: activities, practical resources and sports equipment, tools and templates for evaluation purposes | **Pre-rating: 2** |

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| **Leadership Programme (part of the 'Girls on the move' programme)**<br><br>Taylor, 2012<br><br>Delivered by Youth Scotland<br><br>UK developed intervention | 16-25 years old<br><br>Scotland | Leadership training programme aims to increase opportunities for girls to take part in physical activities by training new leaders capable of delivering physical activities in their local communities<br><br>33hours leadership training,<br>1hour demonstration of their leadership skills | Pre, post design with no control group<br><br>Standardised measure:<br>• The Rosenberg Self-Esteem (RSE) Scale<br>• N=45<br><br>Non-standardised:<br>• Self designed questionnaires N=289 (pre-) & N=119 (post-intervention) | Significant increase in participants' self-esteem for girls who have previous leadership experience<br><br>Self-reported improvements:<br><br>• Self-confidence<br>• Organisation skills<br>• Communication skills | | Cost (2005-2011)<br>£821 average subsidy per leadership programme participant<br><br>(Costs include funding to address childcare for young mums, transport costs and partnership working with key workers to support and facilitate young women's participation in leadership courses) | **Pre-rating: 2** |
| **Hindleap Warren Outdoors Education Centre**<br><br>London Youth, 2014a,b<br>Project Oracle<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 7-24 years old<br><br>Young people from schools, youth clubs, social services and specialist units<br><br>London | Three to four day group-based residential courses aimed at developing social and emotional skills<br><br>Activities include: outdoor activities; personal and social development; environmental education<br><br>Theory of change reported | Pre and post-test design no control group<br><br>Standardised measures:<br><br>• Life Effectiveness Questionnaire (LEQ) pre and post intervention N= 10 (from school)<br>N= 68 (from youth club) | Significant improvement:<br>• Emotional Control<br>• Self-confidence<br>• Task Leadership<br>• Time Management<br>• Intellectual Flexibility<br><br>Non-significant improvement:<br>• Achievement Motivation<br>• Active Initiative<br>• Social competence | | Costs<br>£80 per beneficiary for youth clubs members<br>£160 per beneficiary for a school or non member<br><br>Workforce<br>Qualified Outdoor Education Instructors<br>Key Instructors are qualified teachers<br><br>Resources<br>Workbook & guided learning hours | **Pre-rating: 2** |

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| **Breaking Barriers**<br><br>Breaking Barriers, 2011 Centre for Analysis of Youth Transitions (CAYT -Study)<br><br>UK developed intervention | Young people in deprived communities<br><br>Pan-London basis (Southwark, Brent & Lambeth) | Community cohesion project aims to engage and support ethnic minorities through sports, education & employment<br><br>Provides sports coaching, tournaments, education, training, volunteering & vocational opportunities<br><br>Theoretical framework: 'Community cohesion' with sport as way to achieve | Qualitative post-test evaluation<br><br>N= 5,524 young people engaged in the reporting period N= 675 volunteers<br><br>Non-standardised measures:<br>• descriptive statistics<br>• qualitative case studies<br>• interviews<br>• observations | Self-reported improvement in: (qualitative)<br><br>• Personal development<br>• Confidence in interacting with people from different backgrounds | Self-reported improvement in attitudes towards young people in the neighbourhood and people from different backgrounds<br><br>Researchers reported an increase in qualifications gained, yet, limited increase in employment/ volunteering work | | **Pre-rating: 1** |
| **SingUp Communities Programme**<br><br>Hampshire & Matthijsse, 2010<br><br>SingUp Dales – led by Equinox, drama company<br><br>National Singing Programme for Primary schools. it is run across the UK<br><br>UK developed intervention | 9-11 years old<br><br>Young people are recruited through school (Study carried out in one community in North-East England) | Singing programme aims to address social inclusion and enhancing health and wellbeing<br><br>School and out- of-school setting<br><br>Programme consists of weekly singing classes, including rehearsals and presentations (delivery might vary according to the delivery organisation) | Quasi-experimental design (pre, 8 month and 16 month follow-up)<br><br>N = 92 young people<br><br>• Questionnaire<br>• Interviews: (N= 48 participants + 8 parents + 6 workers + 2 teachers)<br>• Focus groups<br><br>No pre-post statistical analysis of questionnaire data | Children & parents self reported improvements:<br>• Self-confidence<br>• Friends and family relationships<br><br>Researcher reported:<br>• Increase in sense of achievement<br><br>Negative impact observed on some children (disengagement from existing friends & networks) | | Cost<br>Initiated with £40 million UK government fundings over four years<br><br>Resources<br>Music leaders<br>Transport<br>Teaching materials | **Pre-rating: 2** |

| Brother to Brother Project (B2B)<br><br>Kemp, 2006<br><br>UK developed intervention | 14-25 years old (young black men)<br><br>London | Community based-drama initiative aims to promote health and personal/social development using<br><br>Programme consists of<br>• Meetings & workshops<br>• 2 day residential drama workshops, creative exercises and focused discussions<br>• Two performances | Qualitative evaluation<br><br>N= 7 youth workers and 8 participants at post-intervention<br><br>• Semi-structure interviews (participants & project leaders)<br>• Focus groups<br>• Participant observation | Self-reported improvement in:<br>• Self-esteem<br>• Self-confidence<br>• Self-expression<br>• Emotional awareness<br>• Self-understanding<br>• Social competence<br><br>Youth worker reported improvement in:<br>• Self-confidence<br>• Self-expression<br>• Empowerment | Self-reported improvement in:<br>• Social awareness | No information available on cost in the study | **Pre-rating: 1** |
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| Mini- MAC (part of the Music and Change Project) MAC-UK, 2014 UK developed intervention | 11-17 years old Children and young people who are at risk of offending and present with behaviour that challenges others London | A musical activity programme aims to provide opportunities for at risk young people to deliver and be recipients of musical activity that promotes positive mental health 10-20 group-based sessions (10 wks) Theory of change reported | Pre and post-test design with no control group Sample: N=27 (t1 –participants) N= 17 (t2-participants) N=8 (t1 –tutors) N= 4 (t2 -tutors) Standardised measures • Positive Selves Instrument (Oyserman & Markus, 1990) • The Weinberger Adjustment Inventory (Weinberger & Schwartz, 1990) • Help Seeking (Mackenzie et al., 20004) • Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) • Youth Self Report for Psychopathol-ogy Measure (Achenbach & Rescorla, 2003) Non-standardised measure: observations and semi-structured interviews. | Improvements in young people's • Self-efficacy (tutors) • Self-esteem (tutors) • Resilience (tutors) • Emotion regulation (Sig. for participants) Reduction in • Externalising psychopathology (esp. in aggressive sub-scale) • Conflict & impulsivity (self reported) Self reported improvements: • Participants self-confidence & wellbeing • Tutors confidence in professional skills e.g. teamwork & organisation | Qualitative improvement • Attitudes towards teachers & learning • Tutors' agency towards desisting from offending tended to increase over time | Costs (2014) Cost per person over the course of the project lifespan:£5,961 Costs include: staffing, core costs, project delivery costs, CPD budget for tutors (£20,000) plus MAC-UK overheads at 40% Training/ supervision Supervision, team meetings Resources Manual provided | Pre-rating: 2 |
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# Family social and emotional skills interventions

| Name Country of Origin | Target Group | Type of Intervention & Duration Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including Costs Workforce requirements Training Resources | EIF Quality Assessment Pre-Rating |
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| **Families and Schools Together (FAST)**<br><br>McDonald et al., 2010<br><br>US evidence-based intervention | Manualised interventions available for families of young children (ages 0-3), preschool children (ages 3-5), youth (ages 11-14) and teens (ages 14-18) Implemented across UK (England, Wales, Scotland and Northern Ireland) | Two year after school, multi-family group programme, aims to enhance parent-child bonding and family functioning, enhance school success through parent involvement, prevent substance use, reduce parent and child stress.<br>FAST groups composed of parent, child, school partner & community based partner from health or social work<br>8 weekly sessions, each 2.5 hours, followed by 2 years of monthly parent led group meetings.<br>Based on social ecological theory of child development, family systems theory, attachment theory, social learning theory | Pre- post evaluation, no control group N = 171 families and 210 teachers completed evaluation.<br><br>Range of standardised measures used including<br>• Parent-Child Relationship (McDonald & Moberg, 2002)<br>• Self-Efficacy (Coleman & Karraker, 2000)<br>• Parental Involvement in Education (Shumow et al, 1996)<br>• Academic Competence (Gresham & Elliott, 1990)<br>• Strength and Difficulties Questionnaire (Goodman, 1997)<br>• Community Social Relationships (McDonald & Moberg, 2002) | Significant improvement in (parent reported):<br>• family cohesion<br>• family expressiveness<br>• family conflict<br>• family relationships<br>• relationship with child<br>• parenting self-efficacy<br><br>Significant reduction in child's behaviour at home (parent reported) including<br>• increased pro-social behaviour<br>• reduced emotional symp-toms<br>• reduced conduct problems<br>• reduced hyperactivity<br>• reduced peer problems<br><br>Significant improvement in (teacher reported)<br>• increased pro-social behaviour<br>• reduced hyperactivity<br>• reduced total difficulties | Significant improvement in child's academic performance (teacher reported)<br><br>Significant improvement in parental involvement in education (parent reported)<br><br>Significant improvement in parents' (self-reported):<br>• community social relation-ships<br>• social support<br>• reciprocal parent support<br>• social self-efficacy<br>• Improvement in parent substance use (last two months): Alcohol, tobacco, other drugs | Costs (as reported by British Psychological Society). Cost £225 (2010)<br><br>NREPP costs (April 2014)<br>• Licensing fee $550 per site<br>• Training package $4,295 per site<br>• Ongoing technical assis-tance $ 200 per site<br><br>Dartington (2012)<br>• Cost: £231<br>• Benefit £756<br>• Benefit-Cost: £525<br>• Ratio 1:3.27<br>• Rate return: 8%<br>• Risk of loss: 45%<br><br>Manualised intervention<br><br>Staff trained to deliver FAST programme – Supervised by certified FAST trainer | **International studies Pre-rating: 4 (NREPP)**<br><br>UK study, McDonald et al. Pre-rating: 2) |

| Strengthening Families Programme (SFP10-14; UK)<br><br>Coombes et al., 2012<br><br>US evidence based intervention | Families of young people age 10-14 years<br><br>Implemented in UK | Family skills training programme aims to improve social competencies and reduce problem behaviours<br><br>7 session DVD-based intervention. Each of 7 weekly sessions is 2 hours with 8-12 families<br><br>Delivered in schools / community setting<br><br>Based on family systems and social learning theories, focusing on: mental health promotion and substance abuse prevention | Quasi-experimental<br><br>N = 53 parents and 69 young people from three locations in UK assigned to intervention and control group<br><br>Pre-, post-intervention and three month follow up<br><br>Standardised measures: Examined alcohol and other drug initiation and use, aggressive and destructive behaviours, school absence, parenting behaviour and family life. Scales were incorporated from validated measures used in previous US evaluations & in the European School Survey Project on Alcohol and Drugs (ESPAD) | No significant impact on aggressive and destructive behaviour (parent report)<br><br>Qualitative findings:<br>• Parent reported improved skills dealing with problem situations and improved family functioning<br>• Young people reported improved skills in developing positive friendships<br>• Young people reported improved relationship with parents | No significant impact on alcohol initiation and use; other drug initiation and use, school absence (parent report)<br><br>No significant impact on parenting behaviour or measures of family life (parent report).<br><br>Qualitative findings: Parent reported reduced child conduct problems | Costs (Blueprints US)<br>• Training for 10-15 facilitators $4000<br>• Curricula for 60 families $3,300<br>• Materials for 60 families: $14 per family = $840<br>• Total year one cost $10,390<br><br>(Dartington- no date)<br>• Cost £730,<br>• Benefit £472,<br>• Benefit minus cost £258, Benefit cost ratio 1:0.65, Risk of loss 93%<br><br>Manualised programme<br><br>Facilitators complete 3 day training and 3 supervision sessions<br><br>Professionals include parenting experts, social workers, teachers & youth workers | **International studies**<br>**Pre-rating: 3**<br><br>(Blueprints = Promising = 3; Crime solutions = effective = 3; NREPP = 4)<br><br>UK study, Coombes et al. Pre rating: 2+ |
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| Incredible Years: Parent Programme<br><br>Birmingham study: Little et al., 2012;<br><br>Irish study, mid-eastern region of Ireland: McGilloway et al., 2012, 2014<br><br>US evidence –based intervention | Parenting intervention<br><br>Delivered to parents of 3-4 year olds showing symptoms of conduct disorders (Birmingham)<br><br>Delivered to parents of children in disadvantage community setting in Northern Ireland | Family group based intervention aims to promote positive parenting , reduce child problem behaviours and reinforce positive pro-social behaviour<br><br>Programme consists of: group discussion and role plays in combination with video material to foster positive parent-child relationships and illustrate positive parenting techniques and non-aversive discipline strategies.<br><br>Based on behaviour and social learning theory<br><br>14 x 2 hour sessions<br><br>Intervention groups approx 11-12 members | Little et al., 2012 RCT<br><br>Parents of 161 children aged 3-4 screened for symptoms of conduct disorders (SDQ) McGilloway et al., 2012, 2014 RCT<br><br>N = 149 families and their children (aged 2 -7).<br><br>Pre- post-intervention 12 months follow up (follow up, intervention only).<br><br>Standardised measures:<br>SDQ<br>• Conners Abbreviated Parent Rating scale<br>• Parenting Stress Index<br>• Beck Depression Inventory | Little et al., 2012<br><br>Significant reduction in<br>• reported negative parenting behaviours<br>• child behaviour problems: peer problems/ conduct problems/ total difficulties<br><br>McGilloway et al., 2012, 2014<br><br>Significant improvement in:<br>• behaviour problems (parent reported)<br>• total Difficulties score (SDQ) - (parent reported)<br>• hyperactivity & inattention<br>• pro-social behaviour (parent reported)<br><br>Results for child behaviour outcomes and parent outcomes maintained at 12 months follow up (no control group) | Mc Gilloway et al., 2012, 2014<br><br>Significant improvement in:<br>• frequency counts of critical parenting/ aversive parenting strategies<br>• parental stress levels<br>• parental depression | Costs (NREPP July 2012, also Dartington)<br>• Programme materials: $1150 - $1895<br>• Leader training $400 = $500 per participant<br>• Annual leader consultation $600<br>• Certification fee $450<br><br>Dartington- no date<br>• Cost £1211,<br>• Benefit £1654,<br>• Benefit minus cost £443, Benefit cost ratio 1:1.37, Rate of return on investment= 6%<br>• Risk of loss= 33%<br><br>Manualised programme<br><br>Trained Incredible Years facilitators receive 3 day training & ongoing supervision<br><br>Facilitators have background in psychology, counselling, education | **International studies Pre-rating: 4**<br><br>(NREPP, 4) UK studies Little et al. Pre-rating: 3<br><br>McGilloway et al.: Pre-rating: 4 |

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| **The Thurston Family Project: Working with families through outdoor activities and resiliency training**<br><br>McManus, 2012<br><br>UK evidence-based intervention | Whole families of school children who presented with problem behaviours (recruited by TaMHS)<br><br>Implemented in local authority in North-East of England | Resiliency training and outdoor activities for whole families. Based on the UK Resilience programme and the Fun Friends programme<br><br>Duration: 6 months<br><br>Two (1-week-long) residential courses at an outdoor education centre, separated by a 6-months gap where parents encouraged to complete a self-care course<br><br>Residential courses included daily resiliency training followed by outdoor activities to reinforce learnt resiliency skills. Finally, a circle-time reflection at the end of each day<br><br>Adults followed a Self-Care Skills Training Programme (EPP, 2009) + elements of resiliency training.<br><br>Based on UK resiliency Programme (ABC model of stress) | Pre-post design, no control group N = 7 families (all single-parents) with a total of 17 children (5-15 y) Standard measures<br>• Parenting Daily Hassles scale for parents (Crnic & Booth, 1991; Crnic & Greenberg, 1990)<br>• Social Behaviour questionnaires for young people (by parents and teachers) (Fredrickson & Dunsmuir, 2009)<br>• Multi-dimensional Student Life Satisfaction scale for young people (Fredrickson & Dunsmuir, 2009)<br><br>Non-standardised measures: interviews, observations, TaMHS referral forms and school reports | Improvements in pro-social behaviour (teacher-reported through social behaviour questionnaire)<br><br>Reduction in:<br>• inattentiveness<br>• anxiety<br>• aggressive behaviour (teacher-reported through social behaviour questionnaire)<br><br>Increased young people's self-reliance (parent reported in interview)<br><br>Improved family relations (parent reported in interview) | Improved school satisfaction (16/17 young persons) through multidimensional life satisfaction scale<br><br>Decreased parental anxiety (parent-reported in interview and observed by project staff)<br><br>5/7 parents engaged in self-care courses (either educational or volunteering) | Costs: not reported<br><br>Workforce requirements: not reported<br><br>For the young people the resiliency work was based on UK Resilience Programme and also made use of Fun Friends (www.friendsinfo.net) for the younger children. | **Pre-rating: 1** |

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| Social Skills Group Intervention-Adolescent (SSGRIN A)<br><br>Harrell et al., 2009 (US study)<br><br>US developed intervention<br><br>Data on implementation and evaluation in the UK are not available | Young people's aged 13-16 who experience peer relationship difficulties<br><br>Implemented in UK | Social skills training intervention<br><br>12 weekly 1-hour sessions (Sessions include instruction and active practice of skills with modeling, role-playing, and positive reinforcement)<br><br>Parents involved in 4 sessions and included in weekly homework assignments | Harrell et al., (US study) RCT<br><br>N= 74 young people (aged 13-16) who were referred for social relationship difficulties<br><br>Standardised measures:<br>• Self-Efficacy Questionnaire for Social Skills (Ollendik & Schmidt, 1987)<br>• Pierrs-Harris Youth's Self-Concept Scale, 2nd Edition (Piers & Herzberg, 2002)<br>• Parent Rating Scales of the Behaviour Assessment System for Youth, 2nd Edition (Reynolds & Kamphaus, 2004) | Significant improvement in global self-concept and social self-efficacy (self-reported)<br><br>Significant decrease in internalising behaviour including anxiety, depression, and somatisation d= 0.5-0.8 (medium to large effect) | No significant difference in externalising behaviour including hyperactivity, aggression, and conduct problems | Costs: (2009)<br>S.S.GRIN A:<br>$195 for electronic materials or $545 per hard copy. Materials include the manual, session scripts, 10 Youth Portfolios, evaluation materials, and other resources<br><br>Workforce: 2 group leaders minimum master's degree in health services field and direct field experience with youth and adolescents<br><br>Training: Available through the developers | **Pre-rating: 3** |

# Mentoring interventions

| Name<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Teens and Toddlers (T&T)**<br><br>Bonnel et al. 2013<br><br>Humphrey, 2014<br><br>UK developed intervention<br><br>Project Oracle<br><br>Identified by *Call for Evidence* | 13-16 years old (at risk of becoming adolescent parents or NEET)<br><br>Implemented across UK<br><br>Teens are recruited by the school according to the Teens and Toddlers "At-Risk" Rating Questionnaire | One-to-one mentoring programme that aims to raise the aspirations of young teenagers by pairing them as a mentor and role model to a child in a nursery who is in need of extra support, to build the self-awareness, self-esteem & self-efficacy of teens<br><br>Weekly sessions (3 hours) implemented over 18–20 weeks in local pre-school nurseries | <u>Study 1</u> (Bonnel et al., 2013): RCT study – questionnaires at 3 points (pre, 22 weeks post- 1 year follow-up) N= 404<br><br>Standardised measures:<br><br>Life Effectiveness questionnaire (Neill et al., 1997)<br><br><u>Study 2</u> (Humphrey, 2014 and CAYT) Pre and post- test design with no control group<br><br>Standardised measures:<br><br>• Self-Esteem Scale (Rosenberg, 1965)<br>• N=1065 young people | <u>Study 1</u><br><br>Significant improvement in low self-esteem (maintained at follow up)<br><br>Negative impact on<br><br>school attendance and achievement (due to attending the course)<br><br><u>Study 2</u><br><br>Significant improvement:<br><br>• self-esteem & self-efficacy (esp. young people with previous low score)<br>• decision-making | <u>Study 1</u><br><br>Improvement in:<br><br>• sexual health literacy (follow-up)<br>No improvement in :<br><br>• expectations of teenage parenthood<br>• youth development score<br>• using safe-sex precautions (attributed to girls not high risk before intervention, so no positive impact detected)<br><u>Study 2</u><br><br>Improvement in:<br><br>• NEET (13%), teen pregnancy (49%), school engagement & achievement (23%-22%) (teacher-reported)<br>• Motivation for school and education (parent & self-reported; 95% &89%)<br>• Sexual health literacy (84% self-reported) | No figures were provided on the costs of the programme<br><br>Training provided to mentors (participants) including workshops to improve personal skills (qualified by a National Award) and Sexual Health Literacy | **Pre-rating 2+**<br><br>Bonnel et al. ,2013 **Pre-rating: 3**<br><br>Humphrey, 2014 **Pre-rating: 2** |

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| | | | • Generalised Self-Efficacy Scale –short version (Schwarzer & Jerusalem 1995)<br>• Decision-Making Scales<br>• N= 211-217 young people and 250-275 teachers at T1 & T2 | | | | |
| **Volunteer Mentoring Scheme**<br><br>Rose & Jones, 2007<br><br>UK developed intervention | 11-14 years old identified as being at risk of failure of becoming disaffected from school, family or local community<br><br>A region of an English Local Authority | One-to-one mentoring programme aims to provide young people with support from trained adults who are not seen to be associated with formal institutions<br><br>Programme consists of<br><br>• activities negotiated between the mentor and the mentee (include recreational activities<br>• duration: 6 months (with the option of maintaining up to 12 months) | Pre-post design, no control group<br><br>Sample size not specified<br><br>Non-standardised methods:<br><br>• Semi-structured interviews volunteer mentors, parents/carers, teachers, project managers and young people<br>• Scrutiny of records provided by schools and the Local Authority | Improvement in:<br><br>• self-evaluation and self-worth as an effect of the relationship mentor-mentee (young people interviews analysis)<br>• personal attitude or performance (self-reported)<br>• attitudes & behaviour of the young people (teachers -reported) | Improvement in:<br><br>• School attendance (maintained in 6 months)<br>• Approach to schooling, which led to a decrease in exclusions and the use of sanctions, can be attributed to this scheme in some part | No information available in the report on cost<br><br>Training/support<br><br>Training provided to volunteers<br><br>Regular support | **Pre-rating: 1** |

| Getting it Together | 15–25 years old | Programme aims to create a space for young people to develop a resource that promoted emotional well-being in a youth friendly manner | Quasi-experimental design | Young people self-reported improvements in | | No information on the costs available in the report | Pre-rating: 2 |
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| Meade et al., 2008 | Young people recruited from existing youth participation projects | | N= 22 (12 intervention participants and 20 control participants) | • confidence<br>• coping skills<br>• communication and facilitation skills<br>• consideration for other people<br>• friendships | | Training/ Resource included colourfully designed posters, cards and materials containing key messages about emotional well-being and a resource list | |
| UK and Republic of Ireland developed intervention | Implemented in Northern Ireland and the Republic of Ireland | Peer-led approach to the promotion of young people's mental health, based on the principles of best practice | Non-standardised measures: | | | Training<br>8 participants were trained as peer educators and went on to pilot the resource | |
| | | Duration: 6 months in the form of: | • Focus group discussions,<br>• Interviews, questionnaires, researcher observation<br>• Youth participatory methods | Understanding of emotional wellbeing and perceptions of the factors that make young people feel positive about themselves had broadened (Focus groups findings ) | | | |
| | | • 2 residential weekends<br>• 3 training meetings<br>• 2 training workshops to 8 participants to deliver the resource (as peer educators)<br>• 5 sessions facilitated by the peer educators | | | | | |

| **'LEAP Outreach project' and 'Inclusion Mentoring'** (part of **MAPS**: Mentoring Advocacy, and Peer Support)<br><br>MAPS, 2014<br><br>UK developed intervention | 9-24 years old vulnerable children and young people<br><br>Referred by professionals and agencies working with them<br><br><br>London Borough of Sutton | MAPS is a charity that runs 7 volunteer mentor community projects<br><br>Programmes, one year one-to-one mentoring:<br><br>1. Inclusion Mentoring: is a project for 9-15 years old people facing difficulties in their everyday lives, including low self-esteem, challenging family relationships, abuse, loss or bereavement, mental health or offending behaviour<br>2. LEAP Outreach: is a project for 16-24 year olds aiming to gain education, employment or training with the support of a mentor | Pre-post design, no control group<br><br>N= 280 young people<br><br>Non-standardised measures<br><br>• Qualitative assessment involving all mentees<br>• Relative Assessment for Developmental Assets tool (RADA) developed by the programme | Significant improvement in (end of the year - RADA):<br><br>• support and communication with family and others<br>• empowerment<br>• social competencies<br>• positive values (responsibility)<br>• positive identity (self-esteem) | Significant improvement in (RADA):<br><br>• Commitment to learning (50%)<br><br><br>Reductions in:<br><br>• Problem alcohol use by 16%<br>• Illicit drug use by 12% | Costs<br><br>Each project stream is funded through different agencies, no exact details available<br><br><br>Workforce requirements<br><br>There should be a mentor for every mentee, most of them are volunteers<br><br><br>Training/ resources<br><br>• 3 times/year (16 hours over 3 days)<br>• 12 month supervision | **Pre-rating: 2** |
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| Friends of the Children (FOTC) | 5-19 years old young people at risk of becoming offenders, not achieving at school and becoming teen parents) | Intensive relationship-based mentoring program that serves high risk children and young people | Longitudinal design | Mackin et al. US results | Mackin et al. US results | Cost (2013) | Pre-rating: 1 |
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| Mackin & Kissick, 2010 (US evaluation) | | | (US evaluation) | Self-reported improvements in | Improvement in: | Programme services, fundraising, management and general: | |
| US developed intervention | | Programme characteristics: | Comparison of 2009-10 responses surveys with those reported 4 years earlier. Young people were compared to a larger non-high-risk sample (survey made in 2007 and/or 2008 by the Oregon Healthy Teen -OHT) | • Social competence<br>• Respecting classroom rules<br>• Confidence & self-esteem (esp. African Americans & other ethnicities)<br>• Depressive symptoms<br>• Engagement with gangs & physical fighting | • School & academic achievement<br>• School attendance & discipline (esp. for girls, whilst African American were more likely to be suspended)<br>• Offending & crime conviction<br>• Health diet, exercise, doctor visits, smoking, alcohol, substance use, teenage pregnancy (for adolescents) | Total personnel cost: $1,117,823<br><br>Other than personnel cost: $ 1,547919 | |
| Implemented in the US and in the UK, under the name of the Realising Ambition project (Trelya's Realising Ambition Project) | | • Meeting mentor-mentee: at least 4 hours per week in one-to-one or structured group activities with each young person<br>• Some of the activities developed are: arts and crafts, cooking, outdoor activities, community events<br>• Camp friends<br>• Adolescent participate in formal group programming | | | | Workforce<br><br>Portland employs screened, full-time paid mentors | |
| Identified by *Call for Evidence* | | | | | | Training | |
| RCT underway | | Theory of change reported | Standardised measures:<br><br>• Teacher Observation of Classroom Adaptation – Revised<br>• N= 93 (1st – 8th)<br>• N= 11 (6th -8th )<br>Comparison to a non-high-risk sample of young people in the 2007-08 Oregon Healthy Teens (OHT) Survey | | | The programme provides ongoing support and<br><br>training to the mentors<br><br>They also provide a guideline with a list of activities suggest to reach each of the milestone of the programme | |

| | | | Non-standardised measures:<br>• Adolescent Self-Report Questionnaire N= 82<br>• Parent/ Guardian Survey<br>• N= 169 (1st -12th)<br>• N= 50 (6th – 12th )<br>• School Records<br>• Daily Activity Journals | | | | |
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| **ReachOut Programme**<br><br>ReachOut, 2014<br><br>Reach Out Charity<br><br>UK developed intervention<br><br>New evaluation underway 2014-2015 | 10-11 years old children in disadvantage-d communities<br><br>London and Manchester | Aims to raise young people's aspirations and help them grow in character and competence through one-to-one mentoring programmes that promote leadership, trust & responsibility<br><br>School and out of school setting<br><br>Programme consists of 19 individual projects. Each project consists of 9-21 weekly sessions. Sessions comprise 1 hour of one-to-one academic and personal support and 30-60 minutes of fun activities (sport or arts) sometimes in groups<br><br>Duration: 8 month (average) | Post test evaluation with no control group<br><br>N= 133 (participants)<br>N= 57 (mentors)<br>N= 7 (teachers)<br>N= 65 (Young people KS2 level data)<br><br>Non-standardised measures<br><br>• Teachers questionnaires, mentors and participants assessment (implemented at post-test)<br>• KS2 Level data in Reading, Writing and Maths from schools (pre and post intervention) | Improvement in:<br><br>• Self-control & good judgement (school & mentor-reported)<br>• Character value identification (self-reported)<br>• Confidence (self, school & mentor reported) | Improvement in:<br><br>• School achievement, literacy & numeracy skills (self, school & mentor-reported) | Cost (2014-2015)<br><br>Total cost: £135,000 for 216 young people<br><br>Training<br><br>Provided for volunteers (1-3 hours) and project leaders (1-day-sessions)<br><br>Regular supervisions<br><br>Workforce<br><br>Training & first aid course provided<br><br>Resources<br><br>• Maths & English worksheets<br>• Character building activities / resources<br>• Activity resources<br>• ReachOut Challenge booklet (for young people) | **Pre-rating: 1** |

| The Healthy Relationships Training pilot programme (HEART)<br><br>Catch 22 & Analytica Consulting, 2013<br><br>Foundation4 Life Charity and co-ordinated by the Metropolitan Police<br><br>UK developed intervention | 11-16 years old<br><br>Implemented in London borough of Lewisham, Newham, Croydon, Waltham Forest | Aims to support vulnerable young people and improve their relationships with both peers and prospective partners<br><br>School and out-of-school setting<br><br>Programme consists of:<br><br>• Universal and targeted* group training (12 weeks)<br>• Mentoring (16 sessions, once a week for one year)<br>• Website and helpline<br><br>Theory of change and logic model reported | Pre-post design, no control group (8 month follow-up)<br><br>Non-standardised measures to evaluate group training:<br><br>• The outcomes star -self-assessment tool N= 82 (pre-post pairs)<br>• Interviews N=31 young people<br>• Telephone interviews N= 14 teachers<br><br>Non-standardised measures to evaluate mentoring<br><br>• Interviews: N= 15<br>• Focus groups N= 16<br>• Telephone interviews<br>• N= 3 teachers<br>• Focus groups with mentors and facilitators<br>• Offending data analysis<br>• Website and Childline data | Targeted group training outcomes<br>Self-reported improvement in young people's<br><br>• Healthy relationships (esp. for boys) sustained at 8 months<br>• Sense of wellbeing - significant improvement (esp. for boys)<br>• Emotion management<br>• Self-respect<br>• Self-esteem and self-confidence - significant improvement<br>• Empathy with other people, sustained at 8 months<br>• Awareness of consequences<br>• Negotiation skills (esp. for boys)<br><br>Teacher-reported conflict management, sustained at 8 months<br><br>Mentoring outcomes<br><br>Self-reported improvement in young people's<br><br>• understanding of relationships<br>• emotion & conflict management<br>• self-respect<br>• empathy with other people | Targeted group training outcomes<br><br>Self-reported improvement in young people's<br><br>• Attitudes to crime & offending (significant esp. for boys) sustained at 8 months<br>• School behaviour & discipline<br>• School achievement & engagement<br>• Sexual health literacy, sustained at 8 months<br><br>Teacher-reported improved school behaviour & discipline<br><br>Mentoring outcomes<br><br>Mixed effect on young people's attitudes to crime and behavioural change (some participants reported an improvement) | Cost<br><br>Training (targeted and universal)<br><br>• Total cost: £165,313<br>• Cost per person: £234<br><br>Mentoring<br><br>• Total cost: £89,000<br>• Cost per person: £405<br><br>Workforce<br><br>Facilitators were young ex-offenders and ex-gangs<br><br>Accredited mentoring training<br><br>Training provided by Corepland UK: Five days training<br><br>One day training for male facilitators and mentors on working with vulnerable young women | Pre-rating: 2 |

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| **Quarrel Shop (QS) - main course in Leap's Improving Prospects Programme**<br><br>Ziegler, 2014<br><br>Delivered by:<br><br>Leap Confronting Conflict<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 15-21 year olds who have been involved: in violence, with the Criminal Justice System, have been in care or are at risk of exclusion from school or college<br><br>Young people referred from schools, youth organisations, youth justice services, other social services, charities<br><br>Implemented in London and residential settings nearby | Programme aims to support young people in developing the skills and knowledge they need to manage conflict in their personal lives and become positive leaders in their communities<br><br>Programme consists of<br><br>• Training course with two units, Conflict Theory and a Facilitating Workshop (both accredited at level 2 by the Open College Network)<br>• In the 2nd unit participants are trained to deliver a 1 hour session to peers at schools & youth organisations<br>• Duration: 60 hour course delivered over a period of 6-8 weeks<br><br>Logic Model and Theory of change reported | Pre-post design, no control group (post-test carried out at 12-18 months after the intervention)<br><br>Non-standardised measures<br><br>• Face-to-face interviews<br>• N= 37<br>• Short interview via phone with practitioner/ adults at follow-up :<br>N= 9 parent, N = 7 practitioner/ teacher , N = 7 friend N = 2 older sibling | Self reported improvement in young people's<br><br>• relationships (esp. with parents)<br>• self-awareness and self-love<br>• confidence in decision-making<br>• communication skills (confirmed by other adults)<br>• leadership skills<br>• empathy with other people (confirmed by other adults)<br>• aspirations & commitment to goals<br>• emotional intelligence (confirmed by other adults)<br>• conflict management and Self-control (confirmed by other adults)<br>• self-efficacy<br>• awareness of consequences<br>• well-being & resilience (confirmed by other adults) | Self reported improvement in young people's<br><br>• Education / current employment<br>• Community awareness & engagement, involvement/ volunteering<br>• Attitude to offending<br>• Offending/ street violence rates<br>• Involvement in violence and conflicts | Cost according to the delivery model (*2014, Call for Evidence*):<br><br>1) Leap delivering the programme for a commissioning partner<br><br>Costs: £30,000<br><br>£1,875 per head for a cohort of 16 participants<br><br>2) Leap run the referral process, deliver the programme and provide wrap around support for participants<br><br>Cost: £40,000 for delivery in Greater London.<br><br><br>Workforce requirement<br><br>Trainers are skilled conflict practitioners and have been trained<br><br><br>The use of a curriculum and learner portfolios that are reviewed | **Pre-rating: 1+** |

| Big Brothers Big Sisters (BBBS) | 10-14 years old (minimum age is 6 and maximum 18) | Community mentoring programme which matches a volunteer adult mentor to an at-risk child or adolescent to delay or reduce antisocial behaviours; improve academic success, peer and family relationships; strengthen self-concept; and provide social and cultural enrichment | US Studies RCT (12-18 follow-up study) Measures: Interviews N = 1,107 (at baseline) N= 959 ( follow up) | US Studies Improvement in (18 month follow up): | US Studies Improvement in (18 month follow up): | Costs: Blueprints Total year one cost: $328,000 | Pre-rating: 4 |
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| De Wit et al., 2006 (Canadian study) Grossman & Tierney, 1998; Grossman & Rhodes, 2002 (US studies) US evidence based intervention; implemented in the UK | Implementation: >13 countries including UK | 12 months duration; 4 hour sessions 3 times a month Logic model established | Randomised assignment Treatment youth: N= 378 Control group: N= 553 (at baseline) N= 472 (follow-up) Standardised measures: • Self-Perception Profile for Children • School Value Scale, grades • Four scales from the Inventory of: • Parent and Peer Attachment (IPPA) • Features of Children's Friendship scales • Self-Image Questionnaire for Young Adolescents (SIQYA) | • parental relationship (esp. white males) • peer-relationship (esp. minority males) • behaviour No significant effect on: • communication • anger • alienation, • peer conflict • self-worth, social acceptance, and self-confidence • frequency of participation in social and cultural enrichment activities Grossman & Rhodes, Matches lasting 12-months or longer showed significant increase in: • self-worth, perceived social acceptance, parental relationship quality • psychosocial and behavioural outcomes | • initial drug use rates (esp. minority males) • initial alcohol use (only for minority females) • competence in doing schoolwork (qualitative) Grossman & Rhodes Matches lasting 12-months or longer showed increase in: • school value • decreases in both alcohol and drug use (significant) • academic outcomes (largest significant, positive effects) | Cost per matched with a mentor: $1,312 (Social Programmes that Work, 2009) National average cost of making and supporting a match is approximately $1,300 Workforce requirements • Bachelor's degree for executive and match support staff • No specific requirements for: fund development, mentor recruitment and mentor training Training Provided to mentors Resources Manual | |

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| **Chance UK**<br><br>Smith & Howard, 2008<br><br>UK developed intervention<br><br>RCT underway (Realising Ambition)<br><br>Identified by *Call for Evidence* | 6-11 year old at risk of criminal offending behaviour later in life<br><br>Children identified as having social and emotional difficulties according to SDQ | Mentoring programme aims to improve children's lives through early intervention work based on its tailored 1:1 mentoring programme<br><br>One-to-one mentoring programme with group meetings, review meeting, and a parenting programme | Pre-post design, no control group<br><br>N= 72 (complete data)<br><br>Standardised measure:<br><br>Strength and Difficulties Questionnaire (SDQ) (Goodman 1997)<br><br>Raters:<br><br>• Parents / teachers - before and after<br>• Mentors – 3 months in to mentoring and after | Significant decrease in<br><br>• hyperactivity-inattention<br>• emotional symptoms<br>• conduct problems<br>• peer problems<br><br>Significant improvement in (teachers and mentors rating)<br><br>• pro-social behaviour | | **Training:**<br><br>Provided through the foundation | **Pre-rating: 2** |
| **Microsoft Youth Hubs (MYH)**<br><br>UK Youth, 2014a<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 16-25 years old<br><br>Programme implemented across UK | A peer-led education project that ensures access and skills development for young people, especially those with limited access to IT<br>Programme consists of<br>• IT sessions focus on education and employment support, creative digital skills, internet safety and digital literacy support<br>• Training to young people to became IT peer-educators/ champions<br><br>Peer-education approach | Pre-post design, no control group<br><br>Non-standardised measures:<br><br>• Youth worker surveys N= 16<br>• Case studies: N= 7<br>• Observations: N= 40<br>• End of the project feedback form, N= 11<br>• Anecdotal observations from youth workers | Improvement in young people's :<br><br>• planning<br>• empathy /cognition<br>• confidence<br>• self-esteem<br><br>Case studies and Young people self reported data)<br>• improved relationship with their peers and community (anecdotal evidence)<br>• communication skills (sig.) | • Improved digital literacy (anecdotal evidence)<br>• Increased positive outcomes in education and employment (anecdotal evidence) | Cost(2014)<br><br>Each Microsoft Youth Hub received grant of £2950<br><br>Training<br><br>Induction training provided to champions including digital literacy, business, life skills<br><br>Resources<br><br>Starter kits : Digital Literacy Toolkit, video camera, Xbox, selection of IT Champion contributions | **Pre-rating: 1+** |

# Interventions aimed at enhancing motivation and opportunities for life through social and emotional skill development

## Youth participation in work and society interventions

| Name<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Fairbridge Programme**<br><br>Knight, 2010<br><br>Princes' Trust, 2014b<br><br>Prince's Trust Charity (Before 2011 the programme was run by Fairbridge Charity)<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 13-25 years old whose challenging circumstance or behaviour make it difficult for schools and other organisation to engage with them<br><br>Implemented across UK | Programme offers one-to-one support and group activities. Aims to improve young people's personal & social skills to assist them in making gains in employment, education or training<br><br>Five day access course. Provides variety of follow up courses that cover Personal and Social Skills, Life Skills. Programme continues for as long as needed by the young people | Pre-post design, no control group (12 and 18 month follow-up)<br><br>Data obtained from three independent studies:<br>• Astbury and Knight, 2003; Astbury, Knight, and Nichols, 2005 : N= 318<br>• Teesside Fairbridge study, 2007: N= 59<br>• Fairbridge in Dundee, Edinburgh, Glasgow, and Tyneside, 2008-2009: N= 594<br><br>Non-standardised measures used:<br>• 'Who are you quiz?'<br>• Interviews to staff (N=24) | Short term self reported gains in personal and social skills - 12% improvement<br><br>Long term self-reported improvement in (12 and 18 month follow up):<br><br>• confidence (91.7%)<br>• positive attitudes towards self (88.6%)<br>• ambition<br>• disposition (calmness, self-discipline, dealing with authority, violence, alcohol drugs (25.9%)<br><br>Staff interviewed (N= 24): reported a progress on young people's positive attitudes towards self | Long term self-reported improvement (12 and 18 month follow up)<br><br>• Career / aspirations - gains (68.2% reported job, training, qualifications)<br>• Personal non-career factors improvements including housing, relations with law (33.3%)<br><br>Staff interviewed (N= 24): reported a progress on young people in career and personal non-career factors | Cost (2014)<br><br>• Direct staff cost: £6,681,000<br>• Other direct cost: £987,000<br>• Allocated support cost: £4,565,000<br>• Total cost (2014): £12,233,000 | **Pre-rating: 2** |

| Get Started and Fairbridge programmes | 16-19 years old young people disengaged and in need of support | Programme aims to re-engage, support and progress young people | Pre-post design, no control (3 month follow-up) | Fairbridge (self-reported data) improvement in: | Fairbridge | Cost (2014) | Pre-rating: 2 |
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| Renasi, 2013; <br><br> Princes' Trust, 2014b <br><br> Princes' Trust Charity <br><br> UK developed intervention <br><br> Identified by *Call for Evidence* | England | Fairbridge programme provides residential week <br><br> and a range of courses to develop young people's personal & emotional skills to follow on from residential week <br><br> Duration: from a few weeks up to and over a year <br><br> Get Started provides a range of courses including: football, boxing, drama (one week). Three month support training or mentoring provided to get young people back into education, training, employment or volunteering | • Fairbridge <br> • N= 330 (pre) + 68 (post) <br> • Get Started <br> • N=265 (pre) + 247 (post) <br> • N=144 (text surveys) <br> • Get Started & Fairbridge <br> • N=76 (pre) + 70 (post) <br><br> Non-standardised measures: <br><br> • Interviews <br> • Self-assessment tool –'My Journey' <br> • Case studies five delivery centres <br> • Text surveys & locally recorded outcomes (3 month follow-up) | • confidence <br> • emotion management <br><br> (esp. Young people who are homeless, ex-offenders or consume drugs) <br><br> Get Started (self-reported data) improvement in: <br><br> • communication skills <br> • team work <br> • goal setting and achievement <br> • emotion management <br> • confidence <br> • reliability | • Positive impact on education or training (32%) esp. young people with self-declared disability) <br><br><br> Get Started (text surveys) <br><br> • Positive impact on employment outcome (27%) <br><br><br> Get Started & Fairbridge: young people with offending behaviour achieve better Education, Employment, Training and volunteering (EETV) rather than stabilisation <br><br> (reducing offending behaviour or drug use) | Get Started Programme: <br><br> • Direct staff cost: £1,634,000 <br> • Other direct cost: £841,000 <br> • Allocated support cost: £1,037,000 <br> • Total cost (2014): £3,512,000 | |

| The Kent Community Programme (KCP)<br><br>Holness, 2011<br><br>Project Salus Charity<br><br>UK developed intervention | 16-19 years old<br><br>Young people disengaged with education and who are already in or likely to fall into the NEET (Not in Education, Employment or Training group)<br><br><br>Kent County | Work-based learning programme aims to provide practical skills that address young people's individual needs and support involvement in community<br><br>Programme consists of<br><br>• Group work (up to 3 month)<br>• 3 days work in a community project (half a day based in the community and half in a classroom)<br>• Community focused projects learning practical, hands on skills and gaining recognised work-based qualifications<br><br><br>Framework:<br><br>• Restorative approaches<br>• Risk assessment<br>• Child protection<br>• PTTL (Preparing to Teach in the Lifelong Learning Sector) | Pre-post design, no control group<br><br>• Study (June 2007 – Jan 2011) N= 306<br>• Case study (Nov 2010 – Jan 2011) N= 11<br><br><br>Non-standardised measures:<br><br>• Reports, observations and questionnaires<br>• Record of qualifications gained<br>• Community questionnaire | Study (self-reported data – N= 2)<br><br>• improvement in practical and communication skills<br>•<br>Case study: Increase in<br><br>• confidence, sense of responsibility, team working and social skills (project worker report)<br>• sense of confidence and communication skills (self-reported) | Study (self-reported: N= 306)<br><br>• positive progression into employment, further education or training (62%)<br>Study (self-reported data: N= 2)<br><br>• enhanced motivation to find employment or further education | <u>Costs</u>: per annum<br><br>• Employees: £114,000<br>• Management: £15,000<br>• Transport: £10,000<br>• Resources: £11,000<br>• Total Cost : £150,000<br><br><br><u>Cost saving</u><br><br>(Based on delivery to 115 young people, from 2009/10 figures)<br><br>• Cost per jobseeker totals £5,400 (total: £621,000)<br>• Potential cost saving for 115 Young people = £233,400<br>• Cost saving –agency intervention average cost per young person agency intervention = £4,271 (total: 491,144)<br>• Potential cost saving for 115 young people = £341,144<br><br><br><u>Training</u> provided to the workers | **Pre-rating: 2** |

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| **The Archway Project**<br><br>The Archway Project (n.d.)<br><br>Project Oracle & Can Investment<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 11-19 years old<br><br>Young person is referred by partner organisation (including: police and social services, schools, YOT's and pupil referral units)<br><br>Implemented in South East London | Educational & recreational activities from motorbike mechanics through to cookery and photography<br><br>Programme aims to develop physical, mental, spiritual capabilities and to reduce anti-social behaviour<br><br>Programme characteristics:<br><br>• Daytime: structured 12 week courses<br>• Evenings: youth sessions; 3 hours in duration<br>• Offers a personal action plan and the opportunity to gain qualifications in motorcycle maintenance, off-road biking, IT, cookery & life skills<br><br>Theory of change reported | Post-intervention study<br><br>Non-standardised measures included interviews questionnaire<br><br>N= 6 young people aged 15-16 years<br><br>Additional interviews carried out with staff | **Short-term outcomes:**<br><br>Improvement in (N=6):<br><br>• mood (N=6)<br>• sense of Achievement (N=3)<br>• motivation (N=2)<br>• confidence (N=5)<br>**Medium-term outcomes:**<br><br>Improvement in:<br><br>• communication skills (N=3)<br>• friendships (N=4)<br>• life skills (work with the car, shopping list, buy & cook) (N=2)<br>• family relationships (N=4)<br>• responsible behaviour (N=2)<br>•<br>**Outcomes observed by staff:**<br><br>Improvement in:<br><br>• sense of achievement<br>• motivation<br>• confidence<br>• positive relationships<br>• compliance & respect<br>• responsible behaviour<br>• raised aspirations | **Short-term outcomes:**<br><br>Improvement in:<br><br>• truancy (N=6)<br>• technical skills (N=6)<br><br>**Medium-term outcomes:**<br><br>Improvement in:<br><br>• school behaviour (N=3)<br>• concentration at school (N=3)<br><br>**Long-term outcomes:**<br><br>Improvement in<br><br>• career Aspiration (N=3)<br>• volunteering (N=1)<br><br>No change in<br><br>• school attachment (N=3)<br><br>**Outcomes expected and observed by Staff:**<br><br>Improvement in:<br><br>• skills – mechanical skills, riding skills and life skills<br>• truancy<br>• volunteering<br>• employment prospects | Costs dependent on the nature and length of the program and funding<br><br>Workforce requirements<br><br>• Youth work, teaching, mechanical & catering qualifications<br>• Staff delivering motorcycle programs are qualified Auto Cycle Union coaches + first aid qualifications<br><br>Resources: fully equipped workshop, IT lab, kitchen area and horticulture equipment | **Pre-rating: 1** |

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| **Team programme**<br><br>Princes' Trust, 2008, 2014b<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 16-25 years old<br><br>(who are not in education, employment or training , ex-offenders or care leavers)<br><br>Implemented across UK | Programme aims to increase confidence, motivation & skills to enable unemployed members to move into employment, education or training<br><br>Programme consists of:<br><br>• 12 week personal development programme, including: a residential, and a community project,<br>• individual work placement and a team challenge | Post-test evaluation (and 3 months follow-up)<br><br>N=116 (stakeholders)<br><br>N= 675 (participants)<br><br>Non-standardised measures:<br><br>• Interviews with stakeholder<br>• Workshops (N=126),<br>• Peer consultations (N=107),<br>• Tam reunion events (N=69)<br>• 2 surveys: to recent participants (N=215) & to past participants (7-15 months follow-up; N=158)<br>• Princes' Trust monitoring data | Reported improvement in:<br><br>• team work skills (97%)<br>• confidence (95%)<br>• motivation (90%)<br>• responsibility (92%)<br>• interest in helping others (92%)<br>• tolerance (91%)<br>• timekeeping & attendance (80%)<br>• self-esteem & wellbeing (92% felt better about themselves; 84% felt better with their life; 87% felt able to achieve more in life) | • positive impact on further education (40%)<br>• positive impact on employment (51%) | Cost (2014)<br><br>• Direct staff cost: £3,054,000<br>• Other direct cost: £1,476,000<br>• Allocated support cost: £1,953,000<br>• Total cost: £6,483,000<br><br>Workforce requirement<br><br>Specific training<br><br>Disclosure and Barring Service (DBS) checks<br><br>Training<br><br>The training includes: risk assessment, first aid and food hygiene<br><br>Resources<br><br>Toolkit<br><br>Individual Learning Records and Team Leader Guidelines | **Pre-rating: 1+** |

# Interventions aimed at improving participants' connection to other people and society through social and emotional skill development

## Social action interventions

| Name<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Supporting Inclusion Programme**<br><br>Youth United, 2014<br><br>Youth United Foundation<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 5-18 years old<br><br>Implemented across the UK<br><br>Young people are referred through school teachers, self-referral and statutory services<br><br>No eligibility requirements | Programme aims to engage young people in structured activities such as volunteering and active citizenship<br><br>The programmes are delivered in groups<br><br>Sessions: 45 min for < 8 years old, and 90 min for ages 8 plus<br><br>Type of activities offered: weekend groups, after school clubs, new groups in hospitals or prisons and faith-based groups | Post-test design without control group<br><br>N= 217<br><br>Non-standardised measures: Surveys, consultations with programme managers, development workers, volunteer and young people, case study visits, monitoring data, case study evidence materials, telephone interviews<br><br>12 young people were trained as peer researchers to carry out interviews with their peers | Young people reported that they were more confident at taking on:<br><br>• leadership roles (82%)<br>• meeting new people (95%)<br><br>The majority stated their preferred progression routes as remaining in education, or find a job – and expressed a confidence about achieving this.<br><br>Long term impacts: Adult volunteers' leadership increased | Young people reported that they were more confident at taking on:<br><br>• getting involved in their local area (84%)<br>• new qualifications (84%)<br>• developing new skills (98%)<br>• getting in a better at school (82%)<br><br>Long term impacts:<br><br>• engagement with local communities-increased<br>• enhanced inclusion and integration in the Programme areas<br>• adult volunteers' skills improved | <u>Cost</u><br><br>Grant are available up to £2,000<br><br>Weekly membership costs £2 - £3<br><br>Most groups have access to hardship fund to support young people unable to afford membership<br><br><u>Training</u><br><br>Professionally trained<br><br><u>Resources</u><br><br>Manuals, books & on-line videos | **Pre-rating: 1+** |

| Millennium Volunteers Programme (MVP)

Smith et al. 2002

UK developed intervention | 16-24 years old

UK wide initiative (England, Scotland, Wales and Northern Ireland) | Programme aims to promote sustained volunteering among young people

Young people awarded a Certificate after the 100hrs of volunteering to be completed in 1-2 years, and the Award of Excellence after 200hs | Post-test design without control group

Non-standardised measures:

• Qualitative telephone interviews (with Projects managers & co-ordinators from a round on MV projects) N = 130
• Case studies (N = 13)
• Impact audits: Volunteer impact questionnaires N=127
• Workshop with host org. and their external placement providers N= 26
• Focus groups with community representatives | Improvement in: (audit-reported)
• confidence
• motivation
• social competence
• leadership
• time management
• team working
• communication skills
• new skills (vocational skills & public speaking)
• problem solving
• friendships
• empowerment
• social capital | Improvement in: (audit-reported)
• employability
• community awareness
• & engagement
• active citizenship & commitment to volunteering | Costs (1998-2002)

Results from the 4 home countries:

Total investment £40,649,000 (MVs registered 59832)

National economic value of MV

£65,250,127 (based on the £10.66 wage rate)

Total return balance (investment- value) £24,601,127 (£411 per volunteer)

Ratio of investment 1:1.6

Resources : Few predetermined guidelines | Pre Rating: 1+ |
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| Raleigh' International | 17-24 years old | Programme aims to engage young people in volunteering around the world, to enhance their personal development, to educate them to become 'global citizens' and to encourage them to make a difference back home | Post-test design without control group (retrospective study participants 1989-2006) | Self reported improvement in: | Improvement in: | Cost (*Call for Evidence*, 2014 ) | Pre-rating: 1+ |
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| Institute for Public Policy Research, 2009 | Young people from the UK, from the host countries and international participants | | | • relationships<br>• coping skills<br>• resilience<br>• engagement in risky behaviour<br>• emotional management<br>• self-esteem<br>• self-belief | • approach to education & work<br>• career aspirations<br>• community engagement and responsibility & cultural awareness<br>• sense of citizenship | Approx. £10,000 (group of max 20 individuals) £500 per person | |
| UK developed intervention | | | Non-standardised measures: Surveys to people who participated in the Youth Development Programme over the past 25 years | | | Resources | |
| Identified by *Call for Evidence* | Young people are recruited mainly through youth agencies (YAPP) | | | | | Operation manual | |
| | | Programme characteristics: | N= 105 | • sense of control<br>• sense of identity and values | | Guidebook | |
| | | 10 week expeditions and include:<br>1 community service project;<br>1 environmental conservation project;<br>and 1 adventure project | Life story interviews: N=15 | • confidence<br>• leadership<br>• communication skills<br>• team working | | Training<br><br>Provided to staff | |

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| **vInspired 24/24 Programme**<br><br>Jackson, 2013<br><br>vInspired Charity<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 16- 19 years old (up to 25 for young people with special needs)<br><br>The programme targeted NEET +1 (young people in additionally challenging circumstances)<br><br>Delivered across<br><br>England | A structured volunteering and social action intervention programme<br><br>Programme characteristics:<br><br>3 modules:<br><br>• Induction and Team Building (11 weeks);<br>• Social Action Project (4 weeks);<br>• Onward Progression (9 weeks)<br><br>Each young person received:<br><br>• up to £40 per week in expenses<br>• Regular support and review meetings<br>• Level 2 qualifications<br>• £200 Project Grant<br>• Level Two accredited qualification or equivalent<br>• £250 personal development grant at the end of the programme<br><br>Theory of change reported | Pre- post design, no control group (6 month follow-up)<br><br>Non-standardised measures:<br><br>• Interviews with programme leads (N= 4)<br>• Face to face interviews with young people<br>• survey (LCS-vInspired surveys):<br><br>Cohort 1<br>N= 81- 129<br>N= 74 follow-up<br><br>Cohort 2<br>N= 95- 178<br>N= 67 follow-up<br><br>Cohort 3<br>N= 111- 172<br>N= 100 follow-up | Improvement in: (participant self-reported):<br><br>• confidence and communication skills<br>• self-esteem (sustained at follow up<br>• time-management<br>• responsibility<br>• friendships, social capital & social competence (at follow-up)<br>• team-working & leadership (slight drop at follow-up) | Improvement in:(young people self-reported)<br><br>• new skills development: employability (decreased at follow-up)<br>• active citizenship (sustained at follow-up)<br>• community engagement (sustained at follow-up) | No information available on cost in the report<br><br>Training and support<br><br>vInspired provide training and support alongside with external experts | **Pre-rating: 2** |

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| **vInspired Cashpoint Programme**<br><br>Curtis et al., 2014<br><br>vInspired Charity<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 14-25 years old<br><br>It operates across UK, with specific targets to involve young people in the West Midlands, Scotland and London and the South East | Programme aims to increase the number of youth-led social action projects<br><br>The programme provides:<br><br>• A small grant amount (£500), with an application and monitoring process<br>• Short-term (2 month) youth-led social action projects<br>• Support to Award Holders (AH) through regular phone and email contact<br><br>Additional component:<br><br>Cashpoint PLUS grants up to £3,000 (Award Holder can develop/ continue their project based on the success of their original projects)<br><br>Theory of change is being developed by vInspired Charity | Pre-post design, no control group (3 months follow-up)<br><br>Non-standardised measures:<br><br>• Case studies N = 6<br>• Online surveys N= 201 (pre) N= 108 (post) N = 51 | Self reported improvement in:<br><br>• social capital<br>• confidence<br>• leadership<br>• team working<br>• time management<br>• leadership<br>• team working<br>• communication skills<br><br>Volunteer-reported improvement in young people's:<br><br>• friendships<br>• leadership<br>• team-working<br>• project management | Self reported improvement in:<br><br>• career aspirations<br>• project planning and management<br><br>Volunteer-reported improvement in young people's:<br><br>• project management<br>• volunteering<br>• employment<br>• education attainment<br>• career aspirations | Costs (2013)<br><br>Social return investment (Award holder)<br><br>• Total grant costs per project = £450<br>• Total monetised benefits = £2,154<br>• SROI ratio 1: 4.8<br><br>Community benefit (volunteers)<br><br>• Average generated from projects= £3,200<br>• SROI ratio1: 6.40<br>• Hours contributed =850HS (programme as a whole)<br>Using the under 18 minimum hourly wage, this equates to £3,200 from a £500 investment<br><br>Training<br><br>Training provided | **Pre-rating: 2** |

| Step into Sport (SIS) Volunteer Training Programme<br><br>Kay & Bradbury, 2009<br><br>UK developed intervention | 14-19 years old<br><br>Implemented in Loughborough, England | Programme aims to empower participants to make a positive voluntary contribution to sporting communities<br><br>Project key components:<br><br>• 5 programmes for young people providing training in sports leadership and volunteering Community Volunteers element of the programme:<br><br>• Young people aged >16<br>• Training in sports leadership: CV four-day training camp and/or one of a several CV one-day camps<br>• Provides placements for sports volunteering (200hs) | Post-test study, no control group<br><br>Non-standardised measures: self-completion 'tracking survey'<br><br>N= 160 (volunteers)<br><br>In depth interviews<br><br>N= 10 (sub-group of volunteers)<br><br>N= 10 interviews Volunteer Co-ordinators ( responsible for School/Clubs)<br><br>N= 15 PE staff at 15 secondary schools engaged at the school-based stages | • Improvement in:<br>• (participants self-reported)<br>• leadership skills<br>• communication skills<br>• organisational skills<br>• confidence<br><br>Stakeholders reported improvement<br><br>• confidence, motivation, communication & organisational skills<br>• interaction with other people within the school (relationship) | Improvement in:<br><br>(participants self-reported)<br><br>• community awareness<br>• further involvement and volunteering in sports<br><br>Stakeholders reported<br><br>• sense of citizenship<br><br>Some reported that young people improved:<br><br>• awareness of their surroundings | No information on cost available in the study<br><br>Training<br><br>Training offered to equip young people<br><br>Programme Facilitated by physical education (PE) teachers | **Pre-rating: 1+** |
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| **National Citizen Service**<br><br>Booth et al., 2014<br><br>UK developed intervention | 15-17 years old<br><br>Implemented across England | Aims to develop greater confidence, self-awareness, and responsibility by working on skills such as leadership, teamwork and communication.<br><br>Programme characteristics:<br><br>• Phase 1: introductory phase<br>• Phase 2 & 3: residential programmes (full time: 5 nights, 4 days)<br>• Phase 4: participants design a social action project in consultation with the local community<br>• Phase 5: 30hs social action on a part-time basis<br><br>Summer/Autumn programmes:<br><br>• Summer (S) programme 10 days + 30hs full time + 30hs full or part time<br>• Autumn (A) programme 6 days + 30hs mostly part time | Quasi-experimental design (3 month follow-up)<br><br>Use of some standardised measure including: The Rosenberg Self-Esteem (RSE) Scale, Office for National Statistics (ONS) personal wellbeing measures and Locus of Control scale<br><br>Non-standardised measures:<br><br>• Paper and online questionnaires, qualitative in-depth interviews<br><br>Summer (S): surveys<br>N = 24,926 intervention, N = 8,750 controls (baseline)<br>N= 3,091 intervention & 1,724 controls (follow-up surveys) | Significant improvement in young people's confidence, happiness and sense of worth (single item measures)<br><br>Significant reduction self-reported anxiety (single item measure)<br><br>Improvement in (self-reported data):<br>• trust in others<br>• attitudes & behaviours towards people from different backgrounds<br>• attitudes towards social mixing (participants from ethnic minority backgrounds<br>• social capital<br>• confidence in practical life skills, such as decision-making and managing money (esp. for girls)<br>• resilience & self-efficacy<br>• leadership & team-working<br>• social competence<br><br>(Parent-reported)<br>• attitudes & behaviours towards people from different backgrounds<br>• problem-solving skills<br>• team-working<br><br>(Teacher-reported)<br>• new skills including leadership, communication, decision-making and planning | Significant improvement in young people's interest in education and attitude towards mixing in the local area (self-reported data)<br><br>Improvement in (self-reported data):<br>• education & career aspirations<br>• community awareness<br>• community engagement<br>• alcohol & smoking consumption<br><br>(Parent-reported)<br>• community engagement | <u>Cost</u> (NCS-2013):<br>£49m summer program<br><br>£13m autumn program<br><br>Cost-benefits:<br><br>1:1.39-4.80 (S)<br><br>1:1.09-4.71 (A)<br><br>Including health impact:<br><br>1:1.70 and 6.10 (S)<br><br>1:1.27 and 6.09 (A)<br><br><u>Workforce</u><br><br>Youth workers, trained instructors/ mentors<br><br><u>Training</u><br><br>Training provided to youth workers | **Pre-rating: 2+** |

| | | | Autumn (A) surveys: N = 6,770 intervention N = 3,638 controls (baseline) N= 1,310 intervention N = 1,397 controls ( follow-up)<br><br>Online survey N= 611 parents<br><br>Interviews N= 20 teachers | | | | |
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| **Think Big with O2**<br><br>Chapman & Dunkerley, 2012<br><br>UK Youth Charity<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 13-25 years old<br><br>Implemented across UK | Aims to provide young people with opportunities to set up projects to make a difference to their own communities<br><br>Works to improve the confidence, resilience and wellbeing of young people<br><br>Awarded to young people with good ideas to their community. They receive £300 in funding with other incentives to do their project and information, training and support<br><br>Duration: 6 month<br><br>Think Bigger projects get more funding: £2,500, and it is expected that they are larger in terms of scope, reach and ambition | Pre-post design, no control group<br><br>Think Big<br><br>N= 338 (2010)<br><br>N= 1,370 (2011)<br><br>N= 1,708 (2011-end of Dec)<br><br>Think Bigger<br><br>N=70 (2011)<br><br>Non-standardised measures:<br><br>• 60 interviews with young people<br>• Participant observations<br>• 30 interviews employee supported volunteers<br>• 4 focus groups<br>• Survey of 195 O2 employee volunteers<br>• 10 in-depth interviews with youth partner organisations | Improvement in: (self-reported)<br><br>• Confidence in taking responsibility for a task (79.5%)<br>• Making decisions (78.8%)<br>• Time management (71.7%)<br>• Working independently (67.1%)<br>• Motivating people (63.0%)<br>• Team work (72.3%) | Improvement in: (self-reported)<br><br>• Community awareness (88.9%)<br>• New skills (73.2%)<br>• Future aspirations (55.3%) | Cost (2011)<br><br>• Value of time invested by young people = £4.4m<br>• Pro-bono support by partner organisations: £80,000<br>• Value of time invested by employee supported volunteers: £1.175 m<br>• Added value to the programme by reaching young people with fewer opportunities: over 56% additional value<br>• Value of the investment: about 290% increased (value of the impact set against the cost of the programme delivery by O2)<br>• Total value of investment -2011 (estimates of time invested by young people)<br><br><br>Training<br><br>Provided to the staff | **Pre-rating: 2** |

| vInspired Team V<br><br>Adamson et al., 2013<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | Young people aged 14-25. | Volunteering programme to support youth-led teams (aged 14-25) to deliver and lead positive social action in communities across England<br><br>3 campaigns this year:<br><br>• Raising awareness of youth homelessness<br>• Making time for your mind<br>• Transforming unloved community spaces<br><br>vInspired is developing a theory of change | Pre-post design, no control group<br><br>Non-standardised measures:<br><br>• Pre-post online Questionnaire to team leaders (N= 68) and core volunteers (N=202)<br>• Interviews: 6 team leaders + 5 core volunteers + 12 community org/member) | Impact on team leaders (18-25) self-reported in questionnaire:<br>• 76.5% increased self-confidence<br>• 57.4% increased self-esteem<br>• 72.1% increased resilience<br>• 95.6% increased leadership skills<br>• 63.2% increased communication skills<br>• 73.1% increased social capital<br><br>Impact on core volunteers (14-25+) self-reported in questionnaire:<br>• 40.6% increased self-confidence<br>• 37.6% increased self-esteem<br>• 29.4% increased resilience<br>• 32.8% increased communication skills<br>• 30.8% increased social capital | Impact on team leaders (18-25) self-reported in questionnaire:<br>• 91.2% increased employability skills<br><br>Impact on core volunteers (14-25+) self-reported in questionnaire:<br>• 65.8% increased employability skills | <u>Costs:</u> (evaluation report: 2013): £750 for each campaign<br><br>• Cost: £620,000 one year<br>• Benefit: £960,000 one year<br>• SROI: 1:1.55<br>• (Social Return on Investment)<br><br><u>Training:</u> Team leaders receive training over 3 weekends / provide training and skills to develop their volunteer groups, to plan action and reflect on their progress and impact | **Pre-rating: 2** |

| Fixers | 16-25 years | Programme aims to help young people produce their own social action project | Post-test design, no control group | Results from self- reported telephone survey: | Results from self- reported telephone survey: | Costs | Pre-rating: 1+ |
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| Fixers, 2014 | | | | | | | |
| UK developed intervention | | Coordinators help them identify the issue they want to tackle and the audience they want to reach/ develop a resource - e.g. film, booklet, website, to influence their audience./create digital profiles to record each Fix/ spread their message wider through media, TV and policy platform events. | N= 117 ( 23 focus groups/ 94 telephone survey) + 12 interviews with stakeholders | • increased confidence<br>• increased resilience<br>• learn new skills (including communication skills) | • learn new skills (including: media skills and networking)<br>• increased employability | (Call for Evidence 2014) Each project: £4,500 from inception to completion includes: recruitment, project management and technical and professional resources of the project teams, including; creative, online, broadcast; and communications | |
| Identified by *Call for Evidence* | | | Non-standardised measures | Qualitative findings (focus groups self-reported) | | Resources: | |
| | | | • 3 Focus groups<br>• 94 telephone surveys,<br>• 12 in-depth interviews with stakeholders (youth workers, teachers, local politicians and police) | • increase in social capital<br>• positive peer relationships | | Young people influence the production of learning materials/resources because each project always has a tangible outcome, such as a website, poster, flyer, film, booklet | |
| | | Duration: 5.5 months, Fixers sessions last an hour, held regularly | | | | | |
| | | Theoretical framework: Social Capital/ Social Action | | | | | |
| | | (logic model reported) | | | | | |

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| **UK Youth Voice**<br><br>UK Youth, 2014b<br><br>UK Youth Charity<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | 16-25 years old<br><br>Implemented with young people across<br><br>England, Channel Island, Scotland, Wales, and Northern | Youth participation and social action programme aims to ensure that young people's voice is heard. The programme promotes young people's social & civic participation and the development of their personal skills<br><br>Programme characteristics:<br><br>• Young people meet 5 times/ year to guide and advise UK Youth charity and to plan an annual youth conference<br>• 3 members sit on UK Youth's Trustee Board each year, and are involved in all areas of governance<br>• Other activities reported are: lobbying for improved youth services, fundraising events, volunteering activities and participation in various pieces of youth policy work<br>• Programme duration: 2 years<br><br>Framework: Social action and youth participation | Pre-post design, no control group<br><br>Sample (cohorts 2012-2014):<br><br>N= 10 young people at 1st year)<br><br>N= 7 young people at 2nd year)<br><br>N= 7 (case studies)<br><br>Non-standardised measures:<br><br>• Youth worker and young person surveys<br>• Case Studies collected by UK Youth's Stories of Change tool template | Positive impact on young people's (youth workers surveys):<br><br>• managing feelings<br>• self-control<br>• communication skills<br>• relationships (conf. by young people surveys)<br>• problem solving<br>• overall resilience<br><br>Very significant impact on young people's (youth workers surveys):<br><br>• confidence<br>• determination<br>• self-esteem<br>• empathy/ cognitive skills<br>• planning ability<br>• emotional wellbeing | Significant impact on young people's:<br><br>• political awareness<br>• civic engagement / active citizenship (young people's surveys) | No information available on cost in the evaluation report<br><br>Resources<br><br>Young people contributed to the development of the UK Youth's Democratic Engagement toolkit | **Pre-rating: 2** |

| Girls Guides and Girls Scouts<br><br>World Association of Girl Guides and Girls Scouts, 2013<br><br>Annual report and financial statement, 2013 | 7-25 years old<br><br>Implemented in 145 countries | Girl guides support girls and young women to develop as leaders, grow their self-confidence and self-esteem, build skills in citizenship and increase their social participation through education and awareness, community actions and advocacy<br><br>The programmes focus on:<br><br>• Non-formal education<br>• Volunteerism<br>• Youth participation<br>• Leadership development | Post-test design, no control group<br><br>Sample<br><br>• Online surveys:<br>• N= 1,500 (girls & alumnae)<br>• N= 56 (Member Organisations across 74 countries)<br>• Performance assessment:<br>• N= 130 (MOs)<br><br>Non-standardised measures<br><br>• Online surveys for Girls Guides and Scouts, adult leaders, alumnae and member organisations<br>• Performance assessment survey | Girls self-reported increased:<br><br>• team work skills (88%)<br>• confidence in taking to lead (81%)<br>• ability to overcome difficult situations (67%) | Girls self-reported increased<br><br>• social awareness (81%)<br>• educational engagement (56% -data compared with an European study)<br>• civic engagement (higher rate of volunteering compared to national average) | Cost (2013) of nine entities located in Europe, North America and Asia:<br><br>• Total staff cost: £3,126,000<br>• Total stocks cost: £146,000 (including: uniform, publications, budgets and souvenirs)<br><br>Training<br><br>Training provided to staff/ volunteers (including leadership) | Pre-rating: 1+ |
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# Cultural awareness interventions

| Name of Intervention<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Group Work -Sheffield Multiple Heritage Service**<br><br>Phillips et al., 2008<br><br>UK developed intervention | 8-15 years old<br><br>Implemented in Sheffield | Aims to improve young people's understanding of their cultural heritage and raise their self-esteem<br><br>Programme characteristics:<br><br>• 5 sessions<br>• 1:1 mentoring for children at risk of school exclusion and/ or serious problems with identity or self-confidence<br>• Information pack for young people<br>• Training courses for parents, careers and educators<br>• Careers and parents' group<br>• Management committee entirely comprising young people | Pre-post design, no control group<br><br>N = 43<br><br>Standardised measures:<br><br>• Rosenberg Self-esteem Scale<br>• 12-item General Health Questionnaire (GHQ12)<br>• Strengths and Difficulties Questionnaire (SDQ) | Significant:<br><br>• improvement self-esteem<br>• improvement subjective wellbeing<br>• decrease threshold for possible psychiatric disorder<br><br>Younger children started from a higher base and showed more improvement<br><br>Boys scored higher than girls and their improvement was significantly greater | Prosocial behaviour improved (not significant) | No information available on cost<br><br>Resources<br><br>Information pack for young people 'Celebrating our Rootz' | **Pre-rating: 2** |

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| **Think Project**<br>Ethnic Youth Support Team (EYST)<br><br>i-works research, 2013<br><br>UK developed intervention<br><br>Identified by *Call for Evidence* | Age 14 to 25, who are vulnerable / disengaged<br><br>Implemented in Wales | Structured workshops (4-6 weeks)<br><br>Topics covered include:<br><br>• Understanding identity and culture, looking at different identities and reasons behind choices.<br>• Understanding diversity, different racial, ethnic and religious groups and respecting the right to dignity.<br>• Asylum seekers and busting the myths about benefits and jobs. Understanding extremism and the different types of extremism including Islamic and Far-right.<br>• Visit to EYST and session with other ethnic youth workers | Pre-post design, no control group, 3 months follow up<br><br>Non-standardised measures:<br><br>• Pre-post questionnaires: N = 99<br>• Interviews after 3 months | Improved (self-reported):<br><br>• knowledge in relation ethnic minorities and their cultural identity<br>• understanding of the meaning of racism<br>• attitude towards ethnic minorities | | Costs: The cost per 3 day programme for a group of 10 to 15 young people is approximately £3500<br><br>Funded by Big Lottery Innovation Fund until March 2015, to the value of £65,000 per annum<br><br>Workforce requirement<br>Youth work/ teaching backgrounds<br><br>Resources:<br>Learning materials which include videos, and follows a curriculum | **Pre-rating: 2** |

# Interventions aimed at reducing problem behaviours

## Crime prevention interventions

| Name<br><br>Country | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
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| **Conflict Resolution Uncut**<br><br>Action for Children (n.d.)<br><br>CAYT Impact Study (2013)<br><br>UK developed intervention<br><br><br>'Realising Ambition' Programmes | Young males aged 10 – 16 years | Aims to increase young males' knowledge and awareness of alternatives to resolving conflict though violent means. Develop conflict resolution and life skills<br><br>6 – 8 sessions that include:<br><br>• Conflict management & community safety programme<br>• Mock trial<br>• Assemblies<br>• One-to-one sessions<br>• Transition to secondary school sessions<br>• Training for practitioners | Quasi-experimental<br><br>N = 54 (42 intervention + 12 control)<br><br>Pre, post, 6 weeks follow-up:<br><br>• Self-report questionnaires by participants<br>• Independent observation by teachers | Significant improvement in conflict resolution skills at post intervention & after 6 weeks (self-reported and observer-rated)<br><br>Qualitative data results include self reported positive impact on attitude and behaviour in relation to involvement in knife crime | | Cost: No information available<br><br>Workforce/training:<br><br>Conflict training for mentors<br><br>Implementation:<br><br>Multi-agency collaboration | **Pre-rating: 2+** |

| Coaching for Communities (CfC)<br><br>Berry et al., 2009<br><br>US developed intervention | Young people non-specific age range<br><br>Implemented in the UK, Ireland, Netherlands, Sweden & US. | Residential 5-day intensive course (physical activity/ distinction based learning/ relationship to rules/ giving/ Keeping one's word)<br><br>Monthly meeting (9 months) + direct/ indirect contact 3 time a week from adult mentor<br><br>Focus:<br><br>• Addressing anti-social behaviour early<br>• Identify 'risk' and 'protective' factors<br>• Builds on protective factors – intro to pro-social networks and develops pro-social aspirations.<br>• Community focus - strong emphasis on 'community involvement' | RCT<br><br>N = 63<br>(32 intervention + 31 control)<br><br>Standardised measures:<br><br>• SDQ (Goodman 1997)<br>• PANAS-C<br>• Motivation to Change Index<br>• Crime and Antisocial Behaviour and Drugs and Alcohol from Edinburgh Study of Youth Transitions and Crime (ESYTC)<br>• Self Esteem Scale (Rosenberg, 1965)<br>• Future Aspirations<br>• Positive Outlook – Individual Protective<br>• The Emotional Control Questionnaire Factors Index<br>• The Bully / Victim Questionnaire | Significant improvement in:<br><br>• self-esteem<br>• pro-social networks<br><br>Significant reduction in:<br><br>• negative emotions<br>• friends with negative influence<br><br>No significant difference in:<br><br>• impulsivity<br>• aspirations<br>• motivation to change<br><br>Youth at risk considered the programme more appropriate for 'low-level' antisocial behaviour vs 'heavy end' persistent offenders | Significant reduction of:<br>• anti-social behaviour<br><br>Improvements in<br>• involvement in education, training and employment<br>• reduced drug and alcohol use<br><br>No significant difference in:<br>• offending behaviour<br>• substance misuse<br><br>Intervention group more likely to be involved in education, training and employment | Cost: No information available<br><br>Training provided<br><br>Resources<br>Programme manual – blueprint to help staff deliver CfC consistently | Pre-rating: 3 |

| **'Urban Stars' GOALS** | 10-19 year old 'at risk' males in marginalised / disadvantaged communities | Aims to challenge 'anti-community' behaviour' at local level, help young people to develop self-esteem and an overall sense of responsibility | Pre-post design, no control group | Improvement in sense of inclusion and well-being | Improvement in: | Not information available | **Pre-rating: 1+** |
|---|---|---|---|---|---|---|---|
| Campbell & Campbell, 2013 | | | N= 23 | | • understanding of the potential of sport | | |
| UK developed intervention | | | Non-standardised measures: | | • re-integration of marginalised men (reduce antisocial behaviour) | | |
| | | A motivational training programme that challenges youth to think and behave differently | • One to one interviews with participants | | • community safety<br>• sense of community engagement | | |
| Implemented in Northern Ireland | | | • Regular meetings with staff / manager | | | | |
| | | Model: 'Framework for Practice' Social capital | • Focus groups with local community | | | | |

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| **Fight for Peace London (FFP)**<br><br>Sampson & Vilella, 2013<br><br>Intervention developed in Brazil | 17 – 25 year olds<br><br>Implemented in London, UK / Rio, Brazil | Boxing & martial arts combined with education and personal development to realise the potential of young people living in communities that suffer from crime & violence.<br><br>5 pillar model:<br><br>• Boxing / martial arts<br>• Education<br>• Access to work<br>• Youth support services<br>• Youth Leadership<br><br>Framework: Cycle of problem solving & Dowdney's conceptualisation of violence prone areas | Post-test evaluation, no control group, 6-months follow-up<br><br>Non-standardised measures<br><br>• Young person questionnaires (London 2011; Open Access N=118; Intensive group programmes N=70)<br>• Youth Council questionnaires (N=11)<br>• Staff questionnaires (N=16)<br>• Face-to-face interviews with Young people (N=27), partner agencies (N=11) and staff (N=3)<br>• Observations of sports sessions in both Academies | Self-reported improvement in:<br><br>• self-perceptions awareness<br>• conflict resolution skills<br>• positive relationships | Self-reported improvement in:<br><br>• literacy & numeracy skills – academic achievement<br>• employment (after 6 months of modules)<br><br>Reduction in:<br><br>• number of young people in NEETs<br>• number of offenders<br><br>**Intensive sessions**<br><br>Reduction in:<br><br>• number of offenders<br>• affiliation to gangs | Cost (2013) Social benefit in one year estimated to be £2,504,457<br><br>Benefit to cost ratio of £4.32 for every £1 invested in FFP<br><br>Training<br><br>Provided to the staff | **Pre-rating: 1+** |

| Mentoring Plus | 15-19 years old | Programme aims to support at risk and disaffected young people back into education, training and employment through one-to one mentoring | Quasi-experimental (6 months follow up) | Self-reported improvement in (post-intervention) | Self-reported improvement in (post-intervention) | No information reported in the study on cost | Pre-rating: 2+ |
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| Shiner et al. (2004) | Focus on black and ethnic minority communities | | | • setting goals<br>• self-confidence<br>• decision-making | • socialinclusion<br>• exclusion from school/ truanting rates | Training programme provided to volunteers | |
| Run by Crime Concern and Breaking Barriers and were based on the Dalston Youth Project (DYP) | Young people referred from statutory, community agencies, school, self-referral, education welfare, youth clubs, family friends | Duration: 10-12 month<br><br>Components: | N = 550 (93% of young people in intervention group had committed at least one offence) | No improvement in: | | | |
| UK developed intervention | | • Residential course (3 days)<br>• One-to-one mentoring<br>• Educational/ training (1-3 sessions/week)<br>• Ending sessions (concluding the relationship)<br>• Graduation (mentor-mentee) | Standardised measures:<br><br>• 1998/99 Youth Lifestyles Survey (YLS),<br>• Self-Esteem scale (Rosenberg, 1965)<br>• Locus of Control (Robinson et al, 1991) | • self-esteem (Rosenberg, 1965; pre-post and 6 month follow-up)<br>• relationships | | | |
| | Implemented in England | Theoretical framework: Cognitive-behavioural and social learning theory | Longitudinal survey and interviews with staff, mentors, young people referral agents<br><br>Insufficient statistical analysis | | | | |

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| **Plusone Mentoring Programme**<br><br>Blazek et al., 2011<br><br>Part of Realizing Ambition Programme RCT underway<br><br>UK developed intervention | 8-14 years old<br><br>Programme takes place in three localities in Scotland | Early intervention programme, uses a voluntary mentoring approach to engage with young people at risk of future offending<br><br>12 months duration (2 hour meeting once a week)/ recreational activities and talking<br><br>Framework: Long term<br><br>community-based early intervention and a youth work approach that uses mentoring as the method for delivering it | Pre-post design, no control group<br><br>Non-standardised measures:<br><br>• Interviews (15 mentees, 20 mentors, 3 programme managers, 3 Oversight group members, 3 chairs of referral groups<br><br>Assessment of individual cases files:<br><br>• N=14 (6 month or more of the mentoring process)<br>• N= 45 (after 6 weeks of the mentoring process) | Impact in the engagement phase (N= 45)<br><br>• behaviour (risk level decreased by 43%)<br><br>Impact in the established phase (N=14)<br><br>Improvement in:<br><br>• behaviour<br>• development of skills, talents or positive relationships (including the neighbourhood)<br>• social relationships (mentor-reported)<br>• self-esteem (mentor-reported)<br>• resilience (researcher observed) | Impact in the established phase (Assessment of individual cases files)<br><br>Self reported improvement in:<br><br>• attendance and performance at school<br>• substance misuse<br>• reduced attitude to offending | Costs (2011)<br><br>SROI Report<br><br>The social return for each is phase 1:6 and 1:13<br><br>(with the most likely return being just under £10)<br><br>Training<br><br>Training provide to mentors<br><br>Resources<br><br>• Training materials<br>• Manuals<br>• Guidelines for mentors | **Pre-rating: 1+** |

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| **Talk about Talk programme** (part of the Raising your Game project)<br><br>I CAN, 2014<br><br>Identified by *Call for Evidence* | 14-25 years old with a learning disability or communication difficulty, who had either offended or were at risk of offending<br><br>Implemented across England | Programme aims to support and empower young people to address challenges through participation and positive activities<br><br>Components:<br><br>• 1-day course (Young people decide to became involve or not)<br>• Training workshops<br>• Awareness raising workshop<br>• Mentoring sessions (3hrs) | Pre- post design, no control group<br><br>Non-standardised measures:<br><br>• Pre and post intervention data was collected from referrers and tutors on: N= 22 young people<br>• Pre and post questionnaires<br>• Telephone interviews (3-month follow-up)<br>• Case Studies and Quotes | Self reported improvement in (esp. young people attending > 1 session)<br><br>• communication skills (self-reported)- sig. improvement (referrers & tutor-reported)<br>• understanding of the importance of communication<br>• presentation skills- sig. improvement (referrers & tutor-reported)<br>• confidence and sense of responsibility (referrers reported) | | Costs (2014)<br><br>£5,405 during the first year.<br><br>Workforce requirements<br><br>Training provided by I CAN Advisors<br><br>/ checks from I CAN to ensure on-going quality<br><br>Resources<br><br>Comprehensive manuals, training notes and the resources required to deliver the course<br><br>Training:<br><br>1 day training and subsequent mentoring provided through email, telephone and face to face | **Pre-rating: 1+** |

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| **Voyage 'Young Leaders for Safer Cities'**<br><br>ECORYS, 2014<br><br>Voyage Charity<br><br>Implemented in the UK<br><br>Identified by *Call for Evidence* | 13-14 years old from black and minority ethnic backgrounds<br><br>Pan-London intervention | Programme aims to create young leaders to advocate change in local communities, to reduce violence & antisocial behaviour, and to create greater trust between young people and the police<br><br>Components:<br><br>• Summer school (residential for a day)<br>• Course on: leadership skills, stop and search, the consequences and ways to deal with violent crime & media ( 9 sessions, 1/ month)<br>• After the course young people can became 'young black positive advocates' (young leaders to support their local community)<br><br><br>Theory of change reported | Pre -post design, no control group (follow-up 3/6 months)<br><br>Non-standardised measures utilised:<br><br>• Surveys with 56 parents and 108 participants (pre, mid and after intervention)<br>• Case studies (including consultations with participants, staff and young black positive advocates)<br>• Data gathered from four schools | Young people self-reported improvement in:<br><br>• confidence<br>• knowledge about leadership<br>• sense of personal responsibility<br><br><br>33/56 parents supported this findings (surveys)<br><br>• improved behaviour towards family members<br><br><br>No significant improvement at follow-up | Young people reported increased:<br><br>• awareness of violent crime<br>• active citizenship<br><br><br>No significant improvement at follow-up | Cost (2014)<br><br>Total cost per young person: £1080<br><br>Tutors<br><br>Tutors are experienced Teachers and coaches.<br><br>Police officers<br><br>Voyage staff<br><br>Young black positive advocate | **Pre-rating: 2** |

| Face It | 11-16 year old young people at risk of exclusion, vulnerability-disengagement and behaviour problems | A cognitive-behavioural programme using experiential methodologies that aims to reduce violence & change antisocial behaviour | Pre-post design, no control group | Significant improvement in: | Improvement in (self-reported): | Costs: £ 10,000 per cohort of 10-12 participants | Pre-rating: 2 |
|---|---|---|---|---|---|---|---|
| Griffing Research & Consultancy, 2013 | | | N =101 (pre-test) | • anger management & conflict resolution (AQ; CSQ-3) | ☐ school attendance | Work force requirements: | |
| South Africa developed intervention | | | N= 92 (post-test) | | ☐ school re-engagement | • Coaching/mentoring | |
| | Implemented in the UK by Khulisa | 10 modules: 2-3 hour group session with 2-5 additional sessions & 1:1 follow-up session. | Standardised measures | Self-reported improvement in: | | • Mediation/RJ • Violence reduction, anger management or conflict work | |
| Identified by *Call for Evidence* | | | | • confidence • communication skills • behaviour improved | | • Community engagement experience, youth work | |
| | | Theory of change: based on therapeutic methods leading to prosocial behaviour change, self-awareness and pro-social identity. | • Questionnaire on attitudes & behaviour (The Aggression Questionnaire (AQ Buss & Perry, 1992) • Coping Styles Questionnaire (CSQ 3 Roger, Jarvis & Bahman, 1993) • Short Warwick Edinburgh Wellbeing Scale (SWEMWBS) | | | Training provided to staff | |
| | | • Group Therapy • Cognitive Behavioural Therapy • Developmental/ Strengths based approach • Drama therapy | | | | | |
| | | | Non-standardised measures | | | | |
| | | | • Facilitator's report on programme delivery, outcomes • Participant feedback forms | | | | |

# Substance misuse prevention interventions

| Name<br><br>Country of Origin | Target Group | Type of Intervention & Duration<br><br>Theoretical Framework | Study design & Sample size | Outcomes: Impact on Social and Emotional Skills | Impact on Educational, Health and Social Outcomes | Feasibility of implementation including<br><br>• Costs<br>• Workforce requirements<br>• Training<br>• Resources | EIF Quality Assessment<br><br>Pre-Rating |
|---|---|---|---|---|---|---|---|
| **Salford Anti-Rust Gardening mentoring project**<br><br>Gray & Seddon, 2005<br><br>UK developed intervention | 13-15 year old in trouble at school, truanting and/or at risk of exclusion)<br><br>Implemented in Manchester | Drug prevention project that targets "vulnerable" young people through horticultural and learning activities<br><br>Multi-agency approach<br><br>3 days a week over the course of two academic years. The two other days the pupils attend school (focus on English and Math) | Qualitative evaluation:<br><br>Sample size not specified<br><br>Non-standardised measures:<br><br>• Interviews with participants, project managers, workers and volunteers, HAZ staff and representatives from partner agencies<br>• Project documentation and observations | Self-reported improvement in:<br><br>• Students' confidence and self-esteem<br>• pride and sense of achievement | Self-reported improvement in:<br><br>• attendance, behaviour and performance at school<br>• future employability<br>• healthy eating<br>• levels of truanting and non-attendance at school<br>• citizenship<br>• learning new skills (such as exhibiting produce at local gardening shows and horticultural skills | No information available in the study | **Pre-rating: 1** |

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| **Manchester City Kick It Football Project**<br><br>Gray & Seddon, 2005<br><br>UK developed intervention | Young people in secondary school<br><br>truanting and/or at risk of exclusion<br><br>Manchester | Drug prevention project that targeted "vulnerable" young people through football training and drug sessions deliver in primary school<br><br>Multi-agency approach<br><br>Mechanisms for change:<br><br>Raising the self-esteem, confidence and enthusiasm through a well-established "contract" mentoring model | Qualitative evaluation<br><br>Sample size not specified<br><br>Non-standardised measures:<br><br>• Interviews with participants, project managers, workers and volunteers, HAZ staff and representatives from partner agencies<br>• Project documentation and observations | Self-reported improvement in<br><br>• confidence<br>• self-esteem (information reported by the project staff interviewed) | No information available in the study | No information available in the study<br><br>Training provided to participants to deliver peer-led education sessions | **Pre-rating: 1** |

| **Riskit** | 14-16 years old already excluded from school | Drug prevention programme that provides two drug and alcohol awareness sessions, eight targeted life skills training sessions, and four one-to-one meetings with community worker | Pre-post design, no control group (follow up at average 6 months) | Improvement in (qualitative-self-reported) | Significant improvement/ reductions in: | No information provided on cost | **Pre Rating: 2** |
|---|---|---|---|---|---|---|---|
| Stevens et al., 2014 | Implemented: (6 deprived areas of Kent) | | N = 226 | • emotional expression<br>• self-perception<br>• anger management<br>• behaviour and relationships (teachers' reported) | • alcohol drinking<br>• alcohol abstinent days (at follow-up)<br>• substance use and Awareness of substance use risks<br>• reduction on ARBS score | Training<br>Training provided to staff<br><br>Resources<br>Programme manuals | |
| Evaluation Commissioned by Kent County Council (KCC) and delved by University of Kent and KCA agency | | | Standardised measures: | | | | |
| | | Groups 4-8 people | • No of days abstinent from alcohol and other illicit substances | | Qualitative-self-reported reduction in substance use and awareness of substance use risks | | |
| UK developed intervention | | **Framework:**<br><br>Catalano and Hawakins Social Development Model | • Alcohol drinks per day -> Time Line Follow Back (TLFB)<br>• Adolescent Risk Behaviour Screen (ARBS) (Jankowski, et al., 2007) | | | | |
| | | | Non-standardised measures:<br>Interviews<br><br>N= 37 | | | | |

# Appendix 3: Methodology (Additional information)

## *Search Terms*

Table 8 presents the search terms that were used as part of the systematic search of databases and grey literature.

**Table 8: Original search strategy for electronic databases**

| A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|
| Social and Emotional Skills Terms | Intervention Terms | Broader Outcome Terms | Sample Terms | Setting Terms | Programme Terms | Study terms | Location |
| "Self awareness"<br><br>OR | "Social skills"<br><br>OR | Education attainment<br><br>OR | Child*<br><br>OR | School<br><br>OR | Education<br><br>OR | Evaluation<br><br>OR | United Kingdom<br>OR |
| "Self regulation" | "Emotional skills" | Academic achievement | Youth | Community | Intervention | Study | UK |
| "Self esteem" | "Non cognitive skills" | Health | Adolescent | Out-of-school | Program* | Quantitative | England |
| Empathy | "Skills for life" | Engagement | Young people | Classroom | Training | Qualitative | Britain |
| "Social skills" | "Social emotional learning" | Employment | Teenagers | Teacher | | Random* control | |
| "Self perception" | "Emotional literacy" | "Civic engagement" | | | | Quasi experimental | |
| "Self efficacy" | "Positive youth development" | Violence | | | | "Statistical matching" | |
| Motivation | "Mental health promotion " | "Substance misuse" | | | | Pre, post intervention | |
| Perseverance | Resilience | Productivity | | | | | |
| "Self control" | "Conflict resolution" | "Criminal justice" | | | | | |
| Metacognition | Mindfulness | "Social inclusion" | | | | | |
| "Social competencies" | "Bullying prevention" | Delinquency | | | | | |
| Leadership | Mentoring | Crime | | | | | |
| Resilience | Empowerment | | | | | | |
| Coping | Wellbeing | | | | | | |
| Creativity | | | | | | | |
| Selfdirection | | | | | | | |
| "Forging relationships" | | | | | | | |
| "Relationship skills" | | | | | | | |
| Communication | | | | | | | |
| Confidence | | | | | | | |
| "Managing feelings" | | | | | | | |
| Planning | | | | | | | |
| "Problem solving" | | | | | | | |
| "Decision making" | | | | | | | |
| Determination | | | | | | | |
| "Executive functioning" | | | | | | | |
| Grit | | | | | | | |
| Character | | | | | | | |

*denotes multiple word endings including singular and plural

" " denotes only the full term will be searched for

**Searches included:**

1. Intervention Terms AND Sample AND Programme AND Location
2. Intervention Terms AND Sample AND Programme AND Study terms AND Location
3. Intervention Terms AND Setting AND Programme AND Study terms AND Location
4. Social and Emotional Skills Terms AND Sample AND Programme AND Location
5. Social and Emotional Skills Terms AND Setting AND Programme AND Location
6. Intervention Terms AND Broader Outcome AND Sample AND Programme AND Location
7. Social and Emotional Skills Terms AND Broader Outcome AND Sample AND Programme AND Location

## *Search Strategy*

The following search criteria was used to identify the evidence included in this review paper:

- Academic databases including Embase, PsycInfo, Scopus, Applied Social Science Index and Abstracts (ASIA), British Education Index
- Databases of school and out-of-school evidence-based programmes were systematically searched. These included:
  - UK Databases: Education Endowment Foundation Database; Dartington's Social Research Unit Investing in Children Database; Project Oracle; Evidence4Impact (E4I); Sutton Trust's Toolkit; Centre for Excellence and Outcomes in Children and Young People; DfE Parenting Programme Toolkit; Justice.gov effective practice library https://www.justice.gov.uk/youth-justice/effective-practice-library; National Research Council UK.
  - European Databases: Mental Health Compass EU Database of polices and good practice
  - US Databases: NREPP; Child Trends US; Blueprints for Healthy Youth Development; Office of Justice Programs US; RAND Promising Practice Network on Children Families and Communities; California Evidence-based Clearing House for Child Welfare (CEBC); Office of Adolescent Health; Crime Solutions US; Washington State Institute Public Policy; CASEL; Coalition for Evidence-Based Policy (http://coalition4evidence.org/); Find Youth Info.gov http://www.findyouthinfo.gov/; Institute of Education Sciences what works clearinghouse  http://ies.ed.gov/ncee/wwc/
  - Australian Databases: Kidsmatter Intervention Database
- Public health databases including: Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre); University of York National Health Service Centre for reviews and dissemination; National Institute of Clinical Excellence (NICE); British Education Index, Education Resources Information Centre (ERIC); Databases of Abstracts of Reviews of Effectiveness (DARE); Health Technology Assessment (HTA); Cochrane Database of Systematic Reviews; the Campbell Collaboration; WHO programmes and projects.
- Additional sources included Google Scholar and reference lists of relevant articles, book chapters and reviews.

The following search strategy was applied for identifying grey literature (reports, conference papers, policy documents, dissertation and committee reports):

- Using the search terms outlined in Table 8, the research team searched Google to identify relevant reports and documents
- Grey literature databases that were searched include: Zetoc, ETHOS and ProQuest.
- Where information regarding social and emotional skills-based interventions was provided in UK/ international reports, the research team contacted the relevant key organisations and agencies to obtain information about these interventions
- The research team contacted programme evaluators in order to obtain unpublished information regarding interventions being implemented in the UK

## *Call for Evidence*

As part of the review of interventions, a call for evidence was distributed to 134 UK organisations by Demos on 28th October 2014. These organisations were identified (i) through a scoping exercise of youth sector organisations undertaken by Demos (ii) Cabinet Office funded organisations delivering social action projects through Social Action and Journey Funds (iii) organisations that work with Regional Youth Work Units and (iv) funding bodies that were likely to have a portfolio of relevant organisations / programmes e.g Big Lottery and Education Endowment Foundation). The call for evidence sought information from a range of organisations regarding social and emotional skills-based programmes that they have developed and/or delivered in the UK. Organisations were provided with 18 days to respond to this call. In total, 51 organisations responded to the Call for Evidence.

# Appendix 4: List of interventions with an evaluation in the UK currently underway

Note: This is not an exhaustive list of all trials underway in the UK. The interventions listed below were identified through the search process.

## School Interventions

| | **Universal social and emotional skills development interventions** | | |
|---|---|---|---|
| 1 | PATHS | RCT | |
| 2 | SEED Scotland | Cluster RCT | Henderson et al., 2013 |
| 3 | Be the Best You can Be | Cluster RCT | Standage et al., 2013 |
| 4 | Knightly Virtues | Quasi-experimental | |
| 5 | My Character | Pilot evaluation | |
| 6 | Developing Healthy Minds in Teenagers | RCT | Education Endowment Foundation |
| | **Indicated social and emotional skills development interventions – mentoring interventions** | | |
| 1 | Thing Forward Mentoring Programme | RCT | Sheffield Hallam University and Essex University |
| | **Social action interventions** | | |
| 1 | Youth United Social Action | RCT | Durham University |
| | **Aggression and violence prevention interventions** | | |
| 1 | Good Behaviour Game | Cluster RCT | Manchester Institute of Education |
| 2 | Tender Healthy Relationships | RCT | University of Bristol, Project Oracle |
| | **Bullying prevention interventions** | | |
| 1 | KiVa | RCT | Bangor University |
| 2 | Inclusive Intervention | RCT | University of Manchester |
| | **Substance misuse prevention interventions** | | |
| 1 | SHAHRP | RCT | Scotland |

## Out-of-School Interventions

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|---|---|---|---|
| | **Youth arts and sports interventions** | | |
| 1 | Pick & Mix | Evaluation underway | Goldsmith's Centre for Urban and Community Research |
| | **Family-based interventions** | | |
| 1 | Malachi Community Trust Parenting Programme | RCT | Dartington Social Research Unit |
| | **Mentoring interventions** | | |
| 1 | Getting connected | Evaluation recently carried out | University of Warwick |
| 2 | Chance UK | RCT | Dartington SRU |
| 3 | YMCA 'Plusone' Mentoring | RCT | Dartington SRU |
| | **Education, work, career interventions** | | |
| 1 | · Princes's Trust interventions<br>· Team programme<br>· X1 Clubs<br>· Get Started | Evaluations underway | |
| 2 | UpRising Programmes<br><br>· Leadership Programme<br>· Fastlaners | Evaluations underway | Dartington SRU |
| | **Social action interventions** | | |
| 1 | Social Action Project | Evaluation underway | |
| 2 | Athan 31 London Youth | Evaluation underway | |
| 3 | Youth & Social Action Project | Evaluation underway | Behavioural Insights Team |
| 4 | The CSV Positive Futures Kent Project | RCT | Behavioural Insights Team |
| 5 | The Go-Givers' Make a Difference Challenge | RCT | Behavioural Insights Team |
| 6 | Uprising Programmes<br><br>· Pass it On<br>· Find Your Power<br>· Flagship Programme | Evaluations underway | |
| 7 | Youth United Schools | Evaluation underway | Durham University |
| 8 | Lions Quest Skills for Adolescence | Evaluation underway | Big Lottery Funding |

| 9 | Action Up | Evaluation underway | |
| 10 | Young Carers in Focus Programme | Evaluation underway | |
| | **Crime prevention interventions** | | |
| 1 | Empower | Evaluation underway | |
| 2 | Identity, Prejudice and Belonging (IPB) | Evaluation underway | |