



## **A review of the evidence on enhancing psychosocial skills development in children and young people**

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Author(s)	Barry, Margaret M.;Dowling, Katherine
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**Thematic Area: Psychosocial Skills**

**A review of the evidence on enhancing psychosocial skills  
development in children and young people**

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**Margaret M. Barry and Katherine Dowling,  
World Health Organization Collaborating Centre for Health Promotion  
Research  
National University of Ireland Galway**

## Summary

**Background:** This report synthesizes the findings from international evidence reviews on the effectiveness of psychosocial skills development programmes for children and young people. A rapid review of the effectiveness of interventions related to parenting, preschool, school and community-based programmes that aim to enhance social and emotional skills development was conducted.

**Methods:** Searching a range of electronic databases, 30 reviews published in the last ten years were identified, which provided evidence on a range of programmes employing RCTs and quasi-experimental study designs. The search process produced over 5000 articles, 26 of which were included in the review. This included three reviews of reviews, five Cochrane reviews and 16 systematic reviews and meta-analyses.

**Findings:** Of the 26 reviews that were included, 11 relate to parenting programmes, 3 to preschool interventions, 6 to school-based programmes and 6 out-of-school interventions. Collectively, the review findings show that there is good quality evidence that both universal and targeted social and emotional skills-based interventions can lead to a range of positive outcomes for young people across emotional, social, educational, health and behavioural domains and reduce the risk for mental health problems, violence and aggressive behaviour, risky health behaviours and substance misuse. Employing the typology of actions to reduce health inequalities proposed by 7(2005), the review findings support a number of well-evidenced interventions across different levels. These may be summarised as follows:

### *Strengthening Individuals and Families: Parenting & Preschool Programmes*

- There is a robust base of international evidence from high quality studies that parenting interventions that incorporate social and emotional skills development lead to significant positive outcomes for both children and their parents, with those at most risk making the greatest gains.
- Systematic reviews indicate strong evidence that preschool programmes that develop children's social and emotional skills can produce positive and

enduring benefits for children's development, including cognitive, emotional and social wellbeing, school readiness and educational success.

- There is good evidence of the effectiveness of parenting and preschool programmes for children living in poverty, with programmes reducing inequities in children's health and development and educational outcomes.
- Additional evidence is needed to confirm the most effective parenting intervention approaches for particular population groups, including families from different ethnic minority backgrounds, and the comparative effectiveness of different methods of implementation for particular outcomes.
- Cost-benefit analyses confirm that high quality parenting and preschool programmes produce substantial societal returns on investment, confirming that investing in early childhood is a solid social investment that yields multiple returns, especially for disadvantaged families.

#### *Strengthening the Community: School and Out-of-School Interventions*

- A substantive body of evidence from high quality reviews indicate that social and emotional skills-based interventions, when implemented effectively in schools, produce significant positive effects on targeted social-emotional competencies, students' attitudes to self, others and school, school commitment and academic performance.
- Positive outcomes are reported for children from diverse backgrounds, however, the evidence with regard to the differential impact of programmes is inconclusive.
- More robust evidence is needed concerning the level of sustained long-term benefits. However, the findings from a systematic health equity review indicates strong evidence that school programmes focusing on social-emotional skills training can improve school completion for students from disadvantaged backgrounds and potentially impact on social and health inequities.
- The emerging economic evidence base supports the case for investing in social and emotional learning programmes in schools, with crime and health-related benefits, and improved earning power in adulthood, yielding economic returns.

- Implementation quality is identified as a key factor in the effectiveness of social and emotional skills-based interventions, as is their implementation within a whole school approach where skills development programmes are integrated into the core mission and ecology of the school and community in which they are implemented.
- There is a limited international evidence base concerning the effectiveness of out-of-school and community-based youth programmes.
- Reviews of youth development programmes, including approaches such as participation in creative arts, physical activity and mentoring, show that these interventions can impact positively on young peoples' emotional and social wellbeing, academic performance, and range of social and health outcomes.
- The majority of out-of-school interventions are delivered to young people identified as being at risk or socially excluded, and as such they have the potential to impact on health and social inequities.
- Reviewers have commented on the poor quality of evidence in this area due to the methodological weaknesses of the programme evaluations conducted to date.

### *Improving Living and Working Conditions*

Much of the evidence in this review is focused on individual-level interventions with few studies examining the impact of integrated approaches operating at the community and policy level in promoting the social and emotional wellbeing of young people and their families. Extrapolating from the findings included in this review, the following more general recommendations can be made:

- The review findings support the provision of high quality universal child and maternal health interventions where a focus on social and emotional skills is integrated into child and family services in the early years. Such interventions have a significant and sustained effect on children's social and emotional development and are cost-effective.
- Provision of high quality preschool education, especially for vulnerable families and children at higher risk of adverse outcomes, can impact on positive development outcomes.

- Health promoting schools that integrate social and emotional skills development for students and teachers, provide a foundation for academic learning, health promotion and positive life course development.

### *Promoting healthy macro-policies*

Although policy impact was not examined directly in this review, the evidence from effective interventions lends support to the following policies:

- Health policies which support the delivery of universal primary health and childcare services including the delivery of home visiting and parenting programmes with a focus on social and emotional skills development, especially for the most vulnerable families.
- Family support policies that provide high quality preschool education and childcare support meeting the needs of children and families, including targeted support for those most at risk of negative life outcomes.
- Educational policies that promote the emotional and social wellbeing of young people as a basis for academic success, incorporating students' social and emotional development as a core component of school policy and practice.
- Policy initiatives that address poverty and the wider structural determinants of child health and social inequities.

### **Authors' Conclusions:**

This rapid review of the evidence has identified a number of high quality interventions for young people that have produced consistent evidence of their effectiveness across multiple robust trials in a diverse range of settings and countries. The findings confirm that social and emotional skills-based interventions for young people, implemented across the health, education and community sectors, can contribute to achieving the goals of population health, social and economic wellbeing and reduced inequities. However, as relatively few of the interventions have been scaled up to meet the needs of regional or national populations, evidence for their feasibility, effectiveness and sustainability in the local regional context will need to be strengthened.

## Introduction

The development of psychosocial skills is an integral part of improving population health and wellbeing, increasing people's capacity to participate in society, and contributes to reducing the growing burden of health problems and social inequities. As a core component of health promotion, psychosocial skills development calls for the identification of effective and sustainable interventions that will enhance psychosocial skills and competencies, especially among young people.

A substantive body of international evidence indicates that interventions which promote children and young people's social and emotional skills, when implemented effectively, can produce long-term benefits for young people, families, and communities across a range of health, social wellbeing, educational, and economic outcomes (OECD, 2015; Clarke et al., 2015; Barry et al., 2013; Weare & Nind, 2011; Durlak et al., 2011; Payton et al., 2008; Barry et al., 2009; Jané-Llopis & Barry 2005). The evidence also shows that approaches that focus on building social and emotional competencies 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 and Jenkins, 2007; Catalano et al., 2004; National Research Council and Institute of Medicine, 2002). Effective parenting practices, education and community-based supports for young people have a critical role to play in directly developing the clusters of competencies and skills in young people and by increasing access to opportunities that enable the development of these competencies.

This paper reports on a rapid review of the international evidence on the effectiveness of interventions aimed at enhancing social and emotional skills development during childhood and adolescence. In accordance with the larger project, this review of reviews seeks to; identify and synthesize review-level evidence on the effectiveness of interventions, including parenting and preschool programmes, school and out-of-school interventions, aimed at enhancing children and young people's social and emotional skills development.

## Background

The development of social and emotional skills is an important determinant of young people's positive development and wellbeing (OECD, 2015; CASEL, 2003). Enhancing youth social and emotional skills supports young people in achieving positive life outcomes in school, work and in life more generally. A substantive body of research indicates that children can learn to develop and master social and emotional competencies and that skill-based programmes can positively impact on young people's social, emotional, academic and behavioural development (Durlak et al., 2015; Zins et al., 2004; CASEL, 2003).

Social and emotional skills development has been defined as the process of acquiring a set of skills or 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 (Elias, 1997). The Collaborative for Academic, Social and Emotional Learning (CASEL) in the US, which has pioneered the development of research and policy in this area, has described the goal of social and emotional skills-based programmes as being 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, 2003). This definition builds on the earlier WHO (1997) framework for life skills education in schools and is in keeping with the key concepts and practices concerning psychosocial skills for children and youth in France as discussed in a recent edition of *La Santé en Action* (March 2015). A review by Lamboy et al. (2011) of evidence-based interventions in youth mental health promotion and prevention, also endorsed the importance of promoting psychosocial competencies in children, particularly those from disadvantaged backgrounds. While acknowledging the limited intervention research in this area in France, the authors supported the relevance of international interventions for professional practice in France.

Recent evidence from the OECD's longitudinal analysis of data from nine OECD countries, suggests that social and emotional skills together with cognitive skills play

an important role in driving children's lifetime success (OECD, 2015). Social and emotional skills are particularly effective in improving social outcomes, while cognitive skills are particularly important drivers of tertiary education and labour market outcomes. Moreover, social and emotional skills do not play a role in isolation, they interact with cognitive skills, cross fertilise and further enhance children's likelihood of achieving positive outcomes later in life (OECD, 2015).

International studies show that young people, including those that are disadvantaged and socially excluded, can benefit from social and emotional skills-based programmes that aim to enhance their competencies, life skills and reduce risk for negative life outcomes such as substance misuse, crime, aggressive behaviour and mental health difficulties. Taking a lifecourse perspective, the impact of these programmes indicates their potential in enhancing positive health and social development and reducing social and health inequities. A review of best practices in reducing inequities supports the use of universal interventions across the lifecourse and whole of society, but which also provide support proportionate to need in order to level the social gradient in health outcomes. A social determinants of health approach is advocated to ensure action across multiple sectors and levels (WHO & Gulbenkian Foundation, 2014). Psychosocial interventions need to address the contextual challenges and pressures faced by young people growing up in different communities and as such need to be delivered in the context of wider policies that address structural drivers of inequity. In addressing the equity impact of psychosocial skills interventions, the typology of actions proposed by Whitehead (2007) - strengthening individuals, communities, improving working and living conditions and promoting healthy macro-policies - will be used to categorise effective intervention approaches identified in this review.

**Review Objectives:** The key objective of this thematic area is to synthesize the evidence on the effectiveness of interventions aimed at enhancing social and emotional skills development during childhood and adolescence.

## Methods

### **Scope of the Review:**

The review provides a synthesis of the international evidence from reviews of reviews, systematic reviews, meta-analyses and selected individual studies on the effectiveness of interventions to promote social and emotional skills development among children and young people aged 4-25 years of age. Both peer reviewed and grey literature published in the last 10 years (2005-2015) are included, however, a systematic search of the grey literature was undertaken.

Evidence on the effectiveness of parenting programmes, school and out-of-school interventions aimed at enhancing children and young people's social and emotional skills are included. In reviewing the evidence, specific questions are addressed including:

- what programmes are effective in enhancing young people's social and emotional skills ?
- what is the strength of the evidence?
- what are the key characteristics of effective programmes?
- 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

**Types of Interventions:** This review focuses on reviews of interventions designed to promote social and emotional skills in the early years, the school or out-of-school setting. Interventions eligible for inclusion included (i) universal interventions which are designed to reach the entire population without regard to individual risk factors (ii) interventions implemented with children and young people identified 'at risk' of developing social and emotional problems. Treatment interventions implemented with children or young people with a diagnosed disorder were not eligible for inclusion in this review.

**Outcomes of Interest:** The primary outcomes of interest are social and emotional skills as described earlier. In addition, the review provides information (where available) on the impact of the social and emotional skills-based interventions on broader outcomes including educational attainment, health, and social outcomes.

**Types of Evidence:** In accordance with the overall project, this synthesis is a Systematic Rapid Evidence Assessment (SREA), which is focused on “reviews of reviews” with a limited search. The limited time scale of the project and the large body of research literature in the area means limiting the scope of the review. Reviews of interventions that span the continuum of evidence, including RCTs and studies with robust quasi-experimental designs, were eligible for inclusion.

### **Search Strategy**

Five databases and the grey literature were searched for relevant review level studies of psychosocial and social-emotional skills development in children and young people. The databases searched included EMBASE, Scopus, PubMed, DARE, NREPP Systematic Review Library and the Cochrane Database of Systematic Reviews. Additionally, reviews were collected through searching reference lists from previous reviews and overviews. Details of the search terms used for each database as part of the systematic search can be found in Table 1, Appendix 1.

### **Inclusion Criteria:**

Studies eligible for inclusion were published between 2005 and 2015 and targeted children or young people between the ages of 4 and 25 years. Studies also needed to meet the following criteria in order to be included in the review:

- Address psychosocial or social and emotional skill outcomes.
- Involve children and youth from the general population or those identified as ‘at-risk’ of developing problems.
  - Children or young people identified as having signs of mental, emotional, behavioural or physical disorders were not included.
- Studies needed to review interventions that fell into one or more of the following categories:
  - Parenting programmes
  - Preschool/Early years programmes

- School-based programmes
- Out-of-school Youth programmes

Following screening, the search yielded 26 relevant review level studies and reports, which included systematic reviews, meta-analyses, and reviews of reviews.

## **Findings**

Over 5000 studies were retrieved from electronic databases and additional searches. Of these, 174 were retrieved for further inspection. Twenty-six systematic review, meta-analyses and reviews of reviews met the review's inclusion criteria; 133 studies were excluded for not meeting the inclusion criteria and 15 studies were excluded due to duplication. Figure 1 (Appendix 2) provides a flow diagram of the search and selection process for this review.

## **Enhancing Social and Emotional Skill Development through Parenting Programmes**

Parenting programmes are designed to promote the capacity and skills of parents in supporting their children's development through empowering parents and enhancing psychosocial skills and competence in both children and parents. Both universal and targeted parenting programmes have been developed to meet the needs of all families with young children and those at higher risk or dealing with child behaviour problems. Underpinned by different theoretical approaches (e.g., cognitive-behavioural, social learning theories), parenting programmes differ in the focus of their content (knowledge, parent empowerment, communication and positive interaction skills, behaviour management); delivery strategies (group-based, one-to-one skills-training etc.); settings (home visits, community-based, clinics/centres, online) and types of families served (disadvantaged/low-income groups, adolescent parents, at-risk children or those with identified problems). Most programmes have been developed for parents of children aged 3-10 years old and generally last from 8-12 weeks (Stewart-Brown & Schrader-McMillan, 2011).

This rapid review included 11 reviews - two review of reviews, five Cochrane reviews, and four reviews and meta-analyses - on the effectiveness of parent training programmes internationally. Summary details of these reviews may be found in Table 2 in Appendix 3. The reviews report on a large number of high quality studies showing that parenting interventions lead to significant positive outcomes for both children and their parents and have been found to be especially effective for families at higher risk and those living in disadvantaged communities (Tennant et al., 2007; Stewart-Brown & Schrader-McMillan, 2011). A comprehensive review of reviews by Stewart-Brown and Schrader McMillan (2011) reports on the findings from 52 systematic reviews that provide a strong base of international evidence on the effectiveness of parenting programmes in improving parenting and children's social and emotional wellbeing. They report on several programmes, ranging from those that start prenatally to those in adolescence, that have been tested in multiple robust trials and across a number of systematic reviews. Programmes include low cost universal programmes to more high cost intensive interventions for high-risk families and are delivered by trained professionals, paraprofessionals and community members. The majority of the programmes have been developed and implemented in the US with a smaller number being developed in Australia and Europe.

*What programmes are effective in enhancing young people's social and emotional skills?*

- *Home-visiting programmes:* There is robust evidence of the effectiveness of home-visiting programmes (early childhood support and parent training delivered in the home) demonstrating evidence of improved parenting skills, improved child development, reduced behavioural problems and improved maternal health and social functioning. Positive findings are particularly evident for programmes that start antenatally, are of high intensity, medium to long duration (follow up to at least 12 months), and are designed for parents at higher risk, e.g. low-income parents, teenage parents, single parents, and mothers coping with post-natal depression (Tennant et al., 2007; Stewart-Brown & Schrader-McMillan, 2011).

- *Group-based parenting programmes*: reviews indicate evidence of improved emotional and behavioural adjustment in children from birth to 3 years old (Barlow et al., 2010) and for programmes using behavioural and cognitive-behavioural approaches in reducing conduct problems in children aged 3-12 years (Furlong et al., 2012).
- *Multi-faceted interventions*: a systematic review by Kendrick et al. (2013) found that parenting interventions provided within the home using training and education plus a range of support services lead to safer home environments, improved safety practices and reduced unintentional injuries in children aged 18 years and younger, particularly in families who may be considered at risk (Kendrick et al., 2013).
- *Parental psychosocial health*: a meta-analysis by Barlow et al. (2014) found that programmes with range of theoretical approaches (behavioural, cognitive, multi-modal etc.) were successful in producing positive outcomes for maternal psychosocial health. A review by Barlow et al. (2011) reported limited evidence of the impact of programmes on teenage parents with findings indicating modest effects on parenting efficacy and attitudes, but no significant effects on the children's behaviour.
- *Parental child abuse*: a meta-analysis by Lundahl et al. (2006a) reported that parenting programmes reduced the risk of parental child abuse with effectiveness enhanced by combining group-based training outside the home environment with one-to-one training in the home.

*Box 1: Examples of Effective Parenting Programmes*

**The Olds Prenatal and Infancy Home Visitation by Nurses programme** (Olds et al., 1997) - for low-income, unmarried and adolescent pregnant women having their first child, is delivered by trained nurse home visitors, begins during pregnancy and continues for two years after the child is born. Widely implemented in multiple countries and has been rigorously evaluated up to 15 year follow-up.

**Incredible Years** (Webster-Stratton et al. 2011) - group training programmes for parents, teachers and children to reduce and treat behavioural and emotional problems in children. Adopted in a number of countries and rigorously evaluated.

**Tripe P Positive Parenting** (Sanders et al., 2008) - family support programme to prevent difficulties in the family, school and community and helps in creating supportive family environments. The programme is currently used in 25 countries and has been shown to be effective across cultures and socio-economic groups.

*What is the strength of the evidence?*

- The reviews report on robust findings from a large number of high quality studies that parenting interventions lead to significant positive outcomes for both children and their parents. Few studies, however, reported on effect sizes for individual outcomes and interventions and, therefore, it is difficult to assess the strength of the evidence for specific types of interventions.
- There is strong evidence that intensive home-visiting and formal parenting programmes, including group-based training, produce positive psychosocial effects and reduce conduct, behavioural and emotional problems in children (Tennant et al., 2007; Barlow et al., 2010; Furlong et al., 2012).
- Reviews report limited evidence as to which type of parenting approaches are most effective, as programmes vary greatly in the approaches used and the specific outcomes that are targeted. Lundahl et al. (2006b) reported that both behavioural and non-behavioural parent training programmes showed small to moderate effect sizes in modifying disruptive child behaviour, with longer term findings being sustained for behavioural programmes. Tennant et al. (2007) conclude that additional evidence is needed to confirm the most effective methods of implementation for a particular outcome of interest.
- Well researched programmes such as the Incredible Years (Webster-Stratton et al., 2011) and Triple P-Positive Parenting programmes (Sanders et al., 2008) have good evidence of their effectiveness based on a number of high quality studies. A meta-analysis of 55 studies of the Triple P programme by Nowak and Heinrichs (2008) provides reliable evidence of positive changes to parenting skills, child problem behaviour and parental wellbeing. The controlled overall effect sizes ranged between 0.17 and 0.48, confirming the efficacy of the programme, with larger effect sizes being reported for more intensive delivery formats and with families at higher-risk.
- Evidence is most lacking for families at highest risk including those with mental disorders, alcohol and drug abuse problems and families where serious abuse and neglect has already occurred (Stewart-Brown and Schrader McMillan, 2011).

*What are the key characteristics of effective programmes?*

- Programme content that focuses on enhancing the overall quality of the parent-child relationship appear to be a core feature of effective programmes. In a meta-analysis of 77 international and US studies Kaminski et al., 2008 reviewed the parenting programme components that are reliably associated with more successful programme outcomes, they found that programme components associated with larger effect sizes included those focused on;
  - increasing positive parent-child interactions
  - teaching parents emotional communication skills
  - teaching parents how to use time out
  - the importance of parenting consistency
  - requiring parents to practice new skills with their children during parent training sessions.
- Evidence from group-based formal parenting programmes (Barlow et al. 2010) indicate that structured programmes with a manual or curriculum covering key components such as emotional communication and relationship skills, and based on experiential learning are more effective.
- Most studies suggest the need for programmes to begin early, with positive effects for first-time parents, and have frequent visits over an extended period of time, especially with high-risk families where establishing trust is a key element of success (Stewart-Brown & Schrader-McMillan, 20011).

*What are the implementation requirements for these programmes / what implementation factors are important in achieving programme outcomes?*

- Engaging and retaining parents is an important factor in success, especially by the neediest and higher-risk parents including low income, low maternal education, young maternal age and minority group status (Stewart-Brown and Schrader-McMillan, 2011).
- A skilled workforce is needed for effective programme delivery employing a structured and systematic approach, good facilitation skills and an empowering and strengths-based approach (Stewart-Brown & Schrader-McMillan, 2011).

- There is mixed evidence regarding the relative effectiveness of professionals versus paraprofessionals and community members in the delivery of parenting programmes.
- Social policies that support universal and targeted parenting programmes offer much scope for improving children and parents' social and emotional wellbeing and improved health and development.

*What interventions are effective according to age / gender/ ethnicity/socio-economic background and level of vulnerability?*

- The majority of programmes have been designed for vulnerable families deemed to be at higher risk of adverse outcomes. Stewart-Brown and Schrader-McMillan (2011) report on the findings from a review by Barlow et al., 2004, which found that there was robust evidence for the effectiveness of formal parenting programmes for parents from ethnic minority groups but that the evidence base for culturally specific programmes was not strong.
- A systematic review by Morrison et al. (2014) reports on 23 early childhood interventions in the WHO European Region that reduce inequalities in children's health and development. The majority of interventions were for families living in deprived areas and were aimed at providing parents with emotional support, parenting skills and resources. The review reported favourable outcomes for programmes offering intensive support, information and home visits for both parents and children beginning during early pregnancy and including home visit by specialised staff. The reviewers comment on the need to address inequalities across the social gradient and for parenting programmes to be delivered in the context of supportive policies and strategies for reducing child poverty, improved living conditions and quality of housing.

*What is the evidence on the costs and cost-benefits of these interventions?*

- Economic analyses show that home visiting and parenting interventions produce substantial societal returns on investment for both higher-cost more intensive programmes and lower-cost less-intensive programmes, especially when impacts beyond the health sector are taken into account (Knapp et al.,

2011; McDaid and Park, 2011). There is some evidence that the economic returns are larger when programmes target disadvantaged or at-risk children (Karoly, 2005; Edwards et al., 2007).

- Cost-benefit analyses of effective high quality programmes show that they can repay the initial investment with savings to government and benefits to society, with those most at risk making the greatest gains (Karoly et al., 2005; Galinsky et al., 2006; Friedli and Parsonage, 2007; Knapp et al., 2011; McDaid and Park, 2011). For example, economic analysis of the Nurse Family Partnership Programme (Olds et al., 1993) based on 15 year outcome data indicate that benefits outweigh costs by a factor of 5.7 to 1 for high-risk women and 1.26 to 1 for low risk women due to impacts on reducing abuse, violence and the need for social welfare benefits (McDaid and Park, 2011). Likewise, economic analyses of the Triple P-Positive Parenting Programme show that it generates cost-savings with costs in the US context being recovered in one year based on the assumption of a 10% reduction in the rate of child abuse and neglect (Foster et al., 2008).

### **Enhancing Social and Emotional Skills Development through Pre-school Programmes**

Preschool programmes aim to provide children under five years with the cognitive, social and emotional skills that enhance positive development, school readiness, and promote better school adjustment and performance. These intensive programmes, the majority of which are designed for low-income children, also include extensive contact with parents as well as teachers, and many include home visits.

Three systematic reviews were identified, which show that high quality preschool programmes that develop children's social and emotional skills can produce positive enduring changes in children's academic, social and behavioural functioning.

Summary details of the review studies may be found in Table 2.

*What programmes are effective in enhancing young people's social and emotional skills?*

- *Impact on social-emotional skills and cognitive development:* Systematic reviews demonstrate the effectiveness of early childhood and pre-school education programmes in enhancing the cognitive and social-emotional skills of children under five years of age, improved cognitive and social development, school readiness and academic achievement (Geddes et al., 2011; Burger, 2010; Manning et al., 2010).
- *Impact on health and social functioning:* Long-term follow-up from high quality programmes indicates positive impacts on employment, lower teenage pregnancy, higher socio-economic status, decreased criminal behaviour and positive effects on the mother's employment (Campbell et al., 2002; Schweinhart et al., 2005). Programmes have also been found to reduce the likelihood of being involved in crime later in life (Manning, 2010).
- *Effectiveness across different countries:* While the majority of the review findings are from US studies, Sylva et al. (2007) report similar findings for children (3-7 years) from differing social backgrounds across England, where pre-school education was found to enhance all-round development compared to none. Barry et al. (2013) also report long-term findings from preschool programmes implemented in low and middle income countries globally.

*Box 2: Examples of Effective Pre-school Programmes*

**High/Scope Perry Preschool Programme** (Schweinhart et al., 2005) – community-based programme to promote intellectual and social development in children aged 3-4 years from low-income and disadvantaged backgrounds. Replicated in a number of countries with long-term evaluation over 40 years with positive benefits for participants in academic success, employment and family stability in later life, as well as substantial reductions in crime, poverty and substance abuse

**Carolina Abecedarian Project** (Campbell et al., 2012) – pre-school programme for children aged 0-5 from very disadvantaged backgrounds. The intervention has been rigorously evaluated with long-term positive impacts (ages 3-21) and favourable benefit-cost ratios.

*What is the strength of the evidence?*

- There is strong evidence of the effectiveness of preschool programmes, including those with family support services, in improving children's development of their cognitive and psychosocial skills, school readiness and educational success (Geddes et al., 2011; Burger, 2010; Manning et al., 2010).

- Manning et al. (2010) examined the impact of early developmental programmes for at-risk youth on non-health outcomes in adolescence. In a meta-analysis of 17 studies examining a range of programmes they reported strong effect sizes for educational success (ES = 0.53) and social deviance outcomes (ES = 0.48) at adolescence compared with effects sizes for family well-being (ES = 0.18) and social-emotional development outcomes (ES = 0.16). The mean effect size across all programmes was reported as being 0.313, equivalent to a 62% higher mean for the intervention group compared to the controls. Results were stronger for programmes of greater intensity and duration. Sylva et al. (2007) reported positive effect sizes for academic performance e.g., English (ES = 0.22) and mathematics (ES = 0.26), and pro-social behaviour outcomes (ES = 0.19).
- Effects have been found to persist into adulthood for some high quality programmes (Schweinhart et al., 2005; Burger, 2010), with the greatest effects for those at highest social risk (Geddes et al., 2011).

*What are the key characteristics of effective programmes?*

- Comprehensive programmes, which combine elements of home visits with day care, a high quality education curriculum and parent support appear to be the most effective (Tennant et al. 2007).
- The majority of the programmes target children from disadvantaged backgrounds and the length and intensity of the interventions appear to be related to outcomes (Manning et al., 2010).
- High quality pre-school programmes lead to stronger and more enduring effects on outcomes, especially for disadvantaged children, boys, and children with special educational needs. An early start and the duration of attendance impacts on effectiveness, as does having higher qualified staff and low staff-to-student ratios (Sylva et al., 2007).

*What interventions are effective according to age / gender/ ethnicity/socio-economic background and level of vulnerability?*

- There is good evidence of the effectiveness of preschool programmes for young children living in poverty, with programmes reducing inequities in

educational outcomes (Burger, 2010). Drawing on studies from different countries in US, Asia and Europe (including a study by Caille (2001) on the Panel 1997 in France), Burger (2010) examined the extent to which preschool programmes impact on cognitive development and can establish equal educational opportunities for children from different social backgrounds. Of the 32 studies reviewed, 22 found a positive association between preschool attendance and cognitive outcomes as measured by academic achievement tests, school attendance and educational attainments. Of the 26 studies that took families' socio-economic status into account, seven documented a particular benefit for disadvantaged children, whereas 10 documented a benefit for both disadvantaged and privileged children.

- Geddes, Frank and Haw (2011) in a rapid review of 26 early childhood intervention studies conclude that pre-school programmes can reduce inequalities due to social and environmental factors. Universal provision is recommended with the intensity of support graded according to need.
- The effectiveness of preschool programmes needs to be considered in the context of wider policy initiatives addressing the structural determinants of poverty and child health inequalities.

*What is the evidence on the costs and cost-benefits of these interventions?*

- Economic analyses of pre-school programmes indicate a benefit to cost ratio as large as 17.6 to 1 (Knapp et al., 2011; Karoly et al., 2005; Schweinhart et al., 2005) with favourable benefit-cost ratios being reported for even the most higher-cost intensive programmes (Campbell et al., 2002). Cost-benefit studies of the High/Scope Perry Preschool programme show that there was a seven to eight fold return on the initial investment in the programme, estimated at \$1000 per child, due to decreased schooling costs, welfare and justice costs and higher earnings due to improved academic and social outcomes of the programme participants (Karoly et al., 2005). However, with longer follow up at age 40, the net benefits and benefit cost ratio for the programme more than doubled: from \$115,000 to \$238,00 in net benefits per participant and increased from \$8.74 to \$17.07 in benefits for every dollar invested (Karoly et al., 2005; Schweinhart et al., 2005).

## **Enhancing Social and Emotional Skills Development through School-based Programmes**

The school is a unique setting within which social and emotional life skills can be taught and learned. School-based interventions appear under many different names such as life skills training, social and emotional learning, and mental health promotion programmes. Interventions cover a range of approaches including a focus on generic life skills training, resilience and strengths-based approaches, positive mental health, mindfulness, and universal prevention programmes (bullying, substance misuse, sexual health etc.). A number of school-based programmes have been designed for all students in the school (universal approaches) while other programmes target the needs of those students at higher risk by virtue of their life circumstances or increased exposure to stress. Such programmes, which usually involve teacher training, health specialists and parent involvement, address the enhancement of social, emotional and coping skills and cognitive-behavioural skills training in preventing the onset of problems such as anxiety and depression and risky health behaviours.

Seven reviews were identified, including two reviews of reviews, which synthesized the evidence on the effectiveness of universal social and emotional school-based programmes and targeted interventions for students at higher risk. There is a substantive body of international evidence to indicate that social and emotional skills-based interventions, when implemented effectively in schools, can produce a wide range of positive outcomes (Clarke et al., 2015; Barry et al., 2013; Weare & Nind, 2011; Durlak et al., 2011; Adi et al., 2007; Payton et al., 2008; Jané-Llopis & Barry 2005; Zins et al., 2004; Wells et al., 2003; Greenberg, Domitrovich and Bumbarger, 2001). Reviews of the evidence recommend comprehensive skills-based programmes that adopt a whole school approach, employing universal and targeted interventions, that create supportive school environments and cater for the needs of all children in a school (Weare and Nind, 2011). In a review of 52 international systematic reviews of school-based mental health promotion interventions Weare & Nind (2011) report wide-ranging beneficial effects on children and young people, on classrooms, families and communities across a range of social, emotional and educational outcomes. A positive assessment of the evidence was reported from 50 of the 52 reviews, 48 of

which were reviews of universal programmes, and only 7 of the reviews were rated as being of low quality. Across the hundreds of studies reviewed, only four instances of minor adverse effects were reported, two of which were related to increases in bullying from peer group interventions for children who bullied.

*What programmes are effective in enhancing young people's social and emotional skills?*

- *Social and emotional skills outcomes:* There is strong evidence that school-based social and emotional learning programmes produce significant positive effects on targeted social-emotional competencies, self-confidence, attitudes about self, others and school (Durlak et al., 2011; Weare and Nind, 2011; Adi et al., 2007). Effects are also evident on students' prosocial behaviour and reduced conduct and internalizing problems (Durlak et al., 2011).
- *Educational outcomes:* A meta-analysis by Durlak et al. (2011) of 213 universal school-based social and emotional learning programmes, found significant improvements on children's commitment to school and their academic performance on achievement tests and grades, yielding an average gain in academic test scores of 11-17 percentile points.
- *Whole school approach:* Review evidence supports the effectiveness of programmes that take a whole school approach involving staff and students, the wider school environment and local community (Weare and Nind, 2011) with small to medium effect sizes being reported on outcome measures (Adi et al., 2007). In a review of 31 studies of universal interventions to promote well-being in primary schools, Adi et al. (2007) report that there was good evidence of the positive impact of multicomponent school-based programmes covering classroom curricula, school environment and programmes for parents. They report that there is reasonable quality evidence that long term programmes that focus on social problem solving, social awareness and emotional literacy, where teachers reinforce the skills in all interactions with children, are effective in the long term.
- *Preventing problem behaviours:* A number of good quality reviews report that interventions that enhance the development of social and emotional skills also reduce the development of problems such as anxiety and depression, conduct

disorders, violence, bullying, conflict and anger (Weare and Nind, 20011; Durlak et al., 2011; Adi et al, 2007).

- *Programme approaches:* The most extensive evidence relates to social and emotional learning programmes based on CASEL competencies and principles (Payton et al., 2008; Durlak et al., 211). There is also empirical support for strengths-based and resilience-based programmes (Brownlee et al. (2013), which include a focus on personal competency, coping strategies, social competency, pro-social involvement and cultural identity. There are also encouraging findings from interventions that combine family and school-based programmes such as the Families and Schools Together (FAST) programme (McDonald et al., 2012; Crozier et al., 2010), mindfulness interventions (Burke, 2010, and the use of online programmes in the school setting (Clarke et al., 2013).
- *Effectiveness across diverse population groups and settings:* A range of programmes have been shown to be effective in both school and after-school settings in urban and rural areas and with children from diverse socioeconomic, ethnic and racial backgrounds, with and without behavioural and emotional problems (Payton et al., 2008).

### *Box 3: Examples of Effective School Programmes*

**FRIENDS** (Barrett et al., 2001; 2006) - universal cognitive behavioural therapy (CBT) programme designed to promote children's emotional resilience and manage anxiety. Implemented in primary and post-primary schools in a number of countries.

**PATHS** (Greenberg & Kusch, 1995; 1998) - a whole-school emotional literacy curriculum designed to promote social and emotional thinking in primary school students (4-11 years). Implemented in school across a number of countries.

**Zippy's Friends** (Clarke et al., 2014; Mishara & Ystgaard, 2006) - a universal school-based programme for children aged five to eight years, designed to promote their coping skills and emotional wellbeing. Implemented in multiple countries globally.

**Positive Action** (Carol Allred developer; Lewis et al., 2013 a, b) - social-emotional and character development programme designed for primary and secondary school children. The programme includes a detailed curriculum, a school-wide climate programme and family-and community-involvement components. Successfully implemented in a number of countries.

**Lions Quest Skills for Adolescence (SFK)** (Eisen et al., 2002; 2003) – a multicomponent life skills education programme which unites educators, parents and community members to help adolescents develop social skills and competencies for resistant drug use.

**Good Behaviour Game** (Kellam et al., 2011; 2014) – a universal team-based classroom behaviour management programme that aims to reduce aggressive/disruptive behaviour improve child behaviour and learning as well as improve on existing teacher practices. Long-term positive findings and adopted in a number of countries.

**Botvin's Lifeskills Training programme** (Botvin et al., 2001; 2006) - a school-based programme which aims to prevent alcohol, tobacco and marijuana use as well as violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviours. Implemented successfully across a number of sites.

#### *What is the strength of the evidence?*

- The reviews report on a strong base of evidence concerning school-based programmes with a large number of programmes showing repeated evidence of their positive impact on children's social and emotional skills and wellbeing across a number of diverse schools and countries.
- The effect sizes associated with school-based intervention are reported by Weare and Nind (2011) as being moderate to strong on social and emotional skills and competencies, with impacts on commitment to school and academic achievement as small to moderate and on family and classroom environment as moderate. They report that across all outcomes areas, the effects were described as being larger and strong when targeted at higher risk children.
- Adi et al. (2007) reported mean ES of 0.15 to 0.37, while Durlak et al. (2011) reported overall study-level mean ES of 0.28 for 207 social and emotional learning programmes, with the largest effect size being reported for social emotional skills performance (mean ES = .69). In relation to impact on positive mental health and wellbeing Weare and Nind (2011) report that impacts on self-esteem and self-confidence were consistently shown to be moderate across a range of high quality reviews.
- Durlak et al. (2011) review reported evidence of significant 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).

*What are the key characteristics of effective programmes?*

Key characteristics of effective social and emotional skills-based interventions identified in these reviews include:

- An explicit focus on teaching skills addressing social and emotional competencies (Weare & Nind, 2011; Durlak et al., 2011; Clarke et al., 2015).
- Use of competence enhancement strategies and empowering approaches, including interactive teaching methods (Weare and Nind, 2011).
- Programmes with a strong theory base and well-designed goals using a coordinated and sequenced approach to achieving their objectives related to skill development (Weare and Nind, 2011).
- Durlak et al. (2011) found that the most effective programmes were those that incorporated four elements represented by the acronym SAFE (i) Sequenced activities that led in a coordinated, connected way to the development of skills (ii) Active forms of learning (iii) Focused on developing one or more skills (iv) Explicit about targeting specific skills.
- The majority of reviews report that longer and more intense interventions appear to be more effective than brief ones (Adi et al., 2007; Weare and Nind, 2011), as are programmes that start early with the younger children and continue through the school grades (Weare and Nind, 2011).
- Reviewers of the evidence conclude that taking a whole school approach, which embraces change to the school environment as well as the curriculum (which in line with a health promoting schools approach), is more likely to be effective, resulting in enduring positive change (Weare & Nind, 2011; Adi et al., 2007). 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.

- Reviews suggest that interventions which focus on developing generic social and emotional skills can provide the skill base for prevention interventions that target specific problems such as bullying, violence, substance misuse and sexual health. There is some evidence that these universal school-based prevention programmes impact on a range of outcomes through teaching social and emotional skills including, building self esteem, decision making, assertiveness, self management skills, peer resistance and self regulation strategies, communication and interpersonal skills (Clarke et al., 2015). For example, substance misuse prevention programmes such as Life Skills Training (Botvin et al., 2006), which have a strong international evidence base (albeit originating mainly from the programme developers), report significant impacts on young people's self regulation and personal skills and use of resistance strategies in reducing their substance misuse.

*What are the implementation requirements for these programmes / what implementation factors are important in achieving programme outcomes?*

- Implementation quality is a key factor in the effectiveness of social and emotional skills-based interventions. Durlak et al. (2011) found that good quality implementation producing larger effects, was characterized by high levels of intensity, consistency, clarity, with programme fidelity being favoured over loose guidelines and broad based principles.
- Contextual factors in the school setting and the presence of supportive implementation systems are also identified, including the level of engagement and co-operation from students, teacher and parents; leadership and support from the school organization and management; teacher training and provision of support resources; quality of materials; and the overall readiness of the school to implement the programmes (Bumbarger et al., 2010; Samdal and Rowling, 2013; Barry & Clarke, 2014).
- Teacher training and support in developing the skills and confidence necessary for effective programme delivery is important for programme success (Adi et al., 2007).

- Balancing the delivery of both universal and targeted approaches, which appear to be stronger in combination, although the optimum balance is not clear from the evidence to date and has yet to be determined (Weare and Nind, 2011; Adi et al., 2007).
- Teachers vs specialists; reviews support the importance of teachers for programmes to be embedded into routine educational practices and be sustained as part of the core mission of the school (Weare and Nind, 2011; Durlak et al., 2011). The teachers' role in programme delivery has been identified as being critical to educational outcomes being achieved, including performance on achievement tests scores and school grades (Durlak et al., 2011; Payton et al., 2008).
- The majority of reviews concluded that skills development programmes should be embedded within a whole school or multi-modal approach for sustainable outcomes to be achieved. Such models include actions on changing the school environment, ethos, greater parental involvement and developing community partnerships (Weare and Nind, 2001). The successful integration of social and emotional skills interventions into the ecology of the school and community in which they are implemented is critical to their sustainability, as is the presence of supportive organizational and system-level practices and policies that will ensure their successful implementation (Greenberg et al., 2001; Durlak et al., 2011; Samdal and Rowling, 2013; Clarke et al., 2015).

*What interventions are effective according to age / gender/ ethnicity/socio-economic background and level of vulnerability?*

- While effective programmes have been delivered successfully to a diverse range of school children across a wide range of varying contexts and countries, the empirical findings from reviews with regard to differential impact of school-based interventions is inconclusive and no substantial clear results have been reported (Weare and Nind, 2011).
- In their review of 213 programmes involving over 270,034 students, Durlak et al (201) report that nearly one third of the studies contained no information on student ethnicity or socioeconomic status, however, several interventions were in

schools serving a mixed student body in terms of ethnicity or socioeconomic status. Differential impact according to age, gender, socioeconomic status or ethnicity was not reported in this meta-analysis. Adi et al., (2007) also found no trials to show differential effects according to age, gender, ethnic or social groups.

- Weare & Nind, 2011 reported on 11 reviews, which explored the impact of interventions according to age and concluded that the balance of evidence points to starting early, with well designed and implemented interventions and then continuing with older students.
- Positive findings emerge from a review of the evidence in low and middle income countries concerning the impact of social and emotional skills-based programmes on children and young people living in poverty and in war zones (Barry et al., 2013).
- A Community Guide systematic health equity review by Hahn et al., (2015) reported strong evidence that school programmes, including those focusing on social-emotional skills training, can improve school completion for students from low-income families, racial and ethnic minorities. The reviewers concluded that these programmes have the potential to advance health equity and also show evidence of benefit-to-cost ratios substantially greater than 1:1.

*What is the evidence on the costs and cost-benefits of these interventions?*

- There is an emerging literature regarding the economic case for investing in social and emotional learning programmes (Knapp et al., 2011; McDaid and Park, 2011). Results from a cost-benefit analysis of school-based social and emotional learning programmes aimed at the prevention of conduct problems in childhood indicate that 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 in the UK, compared with the cost of the intervention at £15.50 per pupil per year (Knapp et al., 2011).
- McDaid and Park (2011) report on a return in investment from school-based programmes that impact on children's mental health and wellbeing with a ratio of

25:1 reported for high quality programmes such as the Good Behavior Game (Aos et al., 2004). Economic benefits were found to result from reduced need for special education placements, prison services and reduction in tobacco use.

### **Enhancing Social and Emotional Skills Development through Out-of School Youth Programmes**

There are a large number of innovative out-of-school youth programmes that enhance young people's social and emotional skills and which show positive outcomes for young people, including improved self esteem, social skills, reduced behaviour problems and greater engagement in school and society. These programmes involve a wide range of activities including creative arts, sports, outdoor and adventure activities, mentoring, and engagement in community and social action projects. 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. A report by the National Research Council and Institute of Medicine (2002) found that youth participation in community 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. There is a limited international evidence base concerning the effectiveness of these approaches, due mainly to the poor quality of the research studies conducted. However, the potential of these programmes to lead to positive outcomes for disadvantaged and socially excluded young people warrants further investigation.

Seven reviews were included concerning the impact of a range of youth development programmes and specific approaches such as youth participation in creative arts, sports/physical activity, and mentoring programmes.

*What programmes are effective in enhancing young people's social and emotional skills?*

- *Youth development programmes:* Catalano et al. (2004) undertook a systematic review of 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 (using a randomised control trial or quasi experimental design), were identified which 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 commented on the methodological weakness of the studies included and concluded that the resources of the family, the community and the school were important to success.
- *After school programmes:* Durlak et al. (2010) 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 ((i.e., increased self confidence and self-esteem) and bonding to school, positive social behaviours, improved school grades and levels of academic achievement. In addition, problem behaviours were significantly reduced.
- *Impact on self esteem and self efficacy:* A systematic review by Morton and Montgomery (2013) examined the impact of youth empowerment programmes on adolescents' self efficacy and self esteem. Based on an analysis of a limited set of three studies, they reported non-significant findings. The reviewers commented on the shortage of rigorous impact evaluation in these interventions.
- *Physical activity programmes:* 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 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.

- *Creative arts:* Bungay and Vella-Burrows (2013) conducted a rapid review of the literature examining the effect of participating in music, drama, singing, drama and visual arts on the health and wellbeing of children aged 11-18 years. They 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.
- *Mentoring programmes:* A meta-analysis of 46 studies by Tolan et al. (2013) examined the impact of mentoring interventions (one-to-one relationship between a provider/mentor and a young person for the potential benefit of the wellbeing, knowledge, social and emotional skills and educational achievements of the mentee) for high-risk youth. They reported significant positive effect sizes in relation to delinquency and academic functioning outcomes and with positive trends for aggression and drug use. The authors, however, commented on the weakness of studies in this area and called for greater specification and description of what actually comprises mentoring programmes and their implementation features.

#### *Box 4: Example of Effective Out-of-School Programmes*

**Big Brother Big Sisters mentoring programme** (Grossman 1998; 2002) – youth mentoring programme which matches a volunteer adult mentor to an at-risk child or adolescent in order to reduce anti-social behaviours; improve academic success, attitudes and behaviours; improve peer and family relationships; strengthen self-concept; and provide social and cultural enrichment. Adopted in a number of countries.

*What is the strength of the evidence?*

- While reviews of the evidence have reported a number of significant impacts from a range of out-of-school programmes, reviewers have consistently commented on

the methodological weakness of the studies in this area and have called for more robust evaluation studies to be undertaken.

- Durlak et al. (2010) reported significant mean effect sizes for after school programmes ranging from 0.12 for school grades to 0.34 for child self-perceptions. The mean effects for school attendance (0.10) and drug use (0.10) were the only outcomes that did not reach significance. 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).

*What are the key characteristics of effective programmes?*

- 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
  - encompassing a dual focus of enhancing young people's protective factors and building their capacity to resist risk factors
  - embracing an ecological view recognising the influence of the different environments or settings in which young people live.

*What are the implementation requirements for these programmes / what implementation factors are important in achieving programme outcomes*

The following implementation requirements have been identified in the international literature (Catalano et al., 2004; Durlak et al., 2010; Clarke et al., 2015):

- clear description of the theoretical and practical components of the interventions and the implementation conditions that are necessary for positive outcomes to be achieved
- adopting a structured approach to delivery, including having specific and well defined goals, and a direct and explicit focus on desired outcomes
- devoting sufficient time to skill enhancement

- employ coordinated and sequenced activities
- active involvement on the part of participants
- the provision of training and support
- implementation over a longer period fostering regular contact and good relationships

*What interventions are effective according to age / gender/ ethnicity/socio-economic background and level of vulnerability?*

- The majority of out-of-school interventions are delivered to young people identified as being at risk of developing social, emotional behavioural problems and /or engaging in risk behaviours. However, there is a paucity of evidence on the differential impact of these interventions for different subgroups of young people or on how they impact over time on young people's life course trajectories.

*What is the evidence on the costs and cost-benefits of these interventions?*

- There is a paucity of information on the cost-benefit of out-of-school interventions. The costs to society of not investing in these positive youth development interventions, especially for youth who are most disadvantaged, have been highlighted (Knapp et al., 2011).

## **Discussion & Conclusions**

This rapid review identified 26 reviews of the evidence, three of which were reviews of reviews, on social and emotional skills development for young people related to parenting, preschool and school-based interventions. Collectively, the review findings show that there is good quality evidence that both universal and targeted social and emotional skills-based interventions can lead to a range of positive outcomes for young people across emotional, social, educational, health and behavioural domains and reduce the risk for mental health problems, violence and aggressive behaviour, risky health behaviours and substance misuse.

There is a strong base of international evidence from high quality studies that parenting interventions that incorporate social and emotional skills development lead to significant positive outcomes for both children and their parents, with those at most risk making the greatest gains. Additional evidence is needed to confirm the most effective intervention approaches for particular population groups, including families from different ethnic minority backgrounds, and the comparative effectiveness of different methods of implementation for particular outcomes. Cost-benefit analyses confirm that high quality programmes produce substantial societal returns on investment, especially for disadvantaged families. Early childhood development interventions have been identified as a good investment for reducing inequities in the development of children's potential perpetuated by poverty, poor health, poor nutrition, and restricted learning opportunities (Engle et al., 2011). The effective scaling up of these evidence-based programmes in standard service delivery, both in terms of reach and intensity, warrants further investigation.

Systematic reviews indicate good evidence that preschool programmes that develop children's social and emotional skills can produce positive and enduring benefits for children's development, including cognitive, emotional and social wellbeing, school readiness and educational success. There is also good evidence of the effectiveness of preschool programmes for children living in poverty, with programmes reducing inequities in educational outcomes. Economic analyses show favourable benefit-cost ratios for even the most intensive programmes, confirming that investing in preschool provision is a solid social investment that yields multiple returns.

A substantive body of evidence from high quality reviews indicate that social and emotional skills-based interventions, when implemented effectively in schools, produce significant positive effects on targeted social-emotional competencies, students' attitudes to self, others and school, school commitment and academic performance. Reviewers recommend comprehensive programmes delivered by teachers that take a whole school approach, employing universal and targeted approaches, involving staff students and parents, the wider school environment and supported by local community partnerships. A number of reviews also suggest that interventions which focus on developing generic social and emotional skills can provide the skill base for preventing problems such as bullying, conduct disorders,

violence and aggression, substance misuse, and mental health difficulties such as anxiety and depression.

Multiple robust trials provide convincing evidence of the effectiveness of these school-based programmes for children from diverse geographical, socioeconomic, ethnic and racial backgrounds, however, the evidence with regard to their differential impact is inconclusive. More robust evidence is also needed concerning the level of sustained long-term benefits. The findings from a systematic health equity review did, however, indicate strong evidence that school programmes focusing on social-emotional skills training, can improve school completion for students from disadvantaged backgrounds and potentially impact on social and health inequities. The emerging economic evidence base supports the case for investing in social and emotional learning programmes in schools, with crime and health-related benefits, and improved earning power in adulthood, yielding economic returns. Implementation quality is identified as a key factor in the effectiveness of social and emotional skills-based interventions as is their successful integration into the core mission and ecology of the school and community in which they are implemented.

Existing reviews of the evidence in the out-of-school and community setting suggest a limited international evidence base concerning the effectiveness of these approaches. Reviews of youth development programmes, including specific approaches such as participation in creative arts, physical activity and mentoring, show that these interventions can impact positively on young peoples' emotional and social wellbeing, academic performance, positive social behaviours and reduce substance misuse, aggressive and violent behaviour, depression, truancy, and high risk sexual behaviour. The majority of out-of-school interventions are delivered to young people identified as being at risk or socially excluded, and as such they have the potential to impact on health and social inequities. However, reviewers have commented on the poor quality of evidence due to the methodological weaknesses of the programme evaluations. Improving the quality of evaluation research in this area has, therefore, been identified as an important priority for elucidating which intervention approaches are most effective and how they impact on different groups of young people in the longer term.

While a rapid review has the advantage of covering a large body of international evidence from existing quality reviews, there are also a number of limitations that need to be acknowledged. As a number of individual studies contributed to more than one review, the results from each review are not independent of each other as there is some double counting. A search in languages other than English was not undertaken, therefore, key studies in other languages, including French, were not included. There is also a bias towards published studies reporting significant findings, as due to the timescale, a systematic search for studies published in the grey literature was not undertaken. Much of the evidence in this review has focused on individual-level interventions with few studies examining the impact of integrated approaches operating at the community and policy level in promoting social and emotional wellbeing of young people and their families. Such multifaceted and layered approaches do not lend themselves to traditional experimental evaluation approaches and are less likely to be captured in a traditional evidence review approach.

Notwithstanding these limitations, this review has identified a number of high quality interventions for young people that have produced consistent evidence of their effectiveness across multiple robust trials in a diverse range of settings and countries. It is clear from this review that social and emotional skills-based interventions for young people, implemented across the health, education and community sectors, have the potential to contribute to achieving the goals of population health, social and economic well-being and reduced inequities. However, as relatively few of the interventions have been scaled up to meet the needs of regional or national populations, evidence for their feasibility, effectiveness and sustainability in the local regional context will need to be strengthened. Contextualising and translating the international evidence into effective actions tailored to the cultural and socioeconomic contexts of the Picardie region will be an important next step. Developing the organizational and workforce capacity across key sectors in supporting the delivery of these evidence-informed practices will be critical to effective implementation in the region, as will developing the local evidence base on their implementation, outcomes and actual costs.

Employing the typology of actions to reduce health inequalities in health proposed by Whitehead (2007), the review findings support a number of well-evidenced

interventions as outlined in Table 3. Many of the interventions reviewed were designed for vulnerable children and their families experiencing high levels of poverty, stress and increased risk of poor health and social outcomes. As confirmed by the review findings, these interventions have the potential to mitigate adverse outcomes and to break cycles of disadvantage and social exclusion. However, such programmes by themselves are unlikely to be sufficient in alleviating the effects of poverty and poor social and living conditions. The implementation of these interventions needs to be considered within the broader context of supportive policies that promote the health and wellbeing of families and address health and social inequities.

**Table 3: Evidence-based actions for enhancing the psychosocial skills development of children and young people**

Intervention Level	Evidence-Based Actions
<ul style="list-style-type: none"> <li>• <b>Strengthening Individuals and Families</b></li> </ul>	<p><i>Invest in home visiting and parenting interventions</i></p> <ul style="list-style-type: none"> <li>• There is good quality evidence of the effectiveness and feasibility of implementing early years interventions that embed the development of social and emotional skills for children and their parents.</li> <li>• Intensive home visiting and structured parenting programmes result in significant improvements in child development, maternal and child psychosocial functioning and parenting practices.</li> <li>• There is a strong evidence base for targeted support services for vulnerable children under five years and their families.</li> </ul> <p><i>Implement Preschool Education Programmes</i></p> <ul style="list-style-type: none"> <li>• There is strong evidence that high quality preschool programmes result in significant gains in children’s social and emotional wellbeing, cognitive skills, behaviour and school readiness.</li> <li>• Longitudinal studies from selected programmes with high quality childcare and parental involvement show evidence of long-term effects for young children living in poverty, with programmes reducing inequities in educational and social outcomes.</li> <li>• Both universal provision and targeted programmes with the intensity of support graded according to need are recommended</li> </ul> <p><i>Implement universal social and emotional programmes in schools</i></p> <ul style="list-style-type: none"> <li>• School-based interventions in both primary and secondary schools provide strong evidence of the significant positive effects of social and emotional skills development programmes on students’ social and emotional wellbeing, academic achievement, behavioural adjustment, and a range of health and social outcomes including sexual health and substance misuse.</li> <li>• Both universal and targeted programmes for enhancing the social and emotional skills of all children and those most at risk of social, emotional and behavioural problems, are recommended.</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Strengthening Communities</b></li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive whole school approaches emerge as the most promising strategy for developing children’s social and emotional skills, where interventions are integrated as a core part of the school mission. The more sustainable approaches for developing students’ social and emotional skills are embedded within a health promoting schools approach involving system-level changes to the school ethos and environment, and the participation of parents and wider community partners.</li> <li>• There is some evidence, though of lower quality, for the impact of out-of-school community-based interventions that address positive youth development, including creative arts, sports/physical activity and mentoring, with potential impacts on a wide range of positive life outcomes for socially excluded and at-risk youth.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Improving Living and Working Conditions</b></li> </ul>	<ul style="list-style-type: none"> <li>• Provision of high quality universal child and maternal health and wellbeing primary care services that integrate a focus on social and emotional skills into mainstream delivery in the early years. Such interventions have a significant and sustained effect on children’s social and emotional development and are cost-effective.</li> <li>• Provision of high quality preschool education, especially for vulnerable families and children at higher risk of adverse outcomes.</li> <li>• Health promoting schools that integrate social and emotional skills development for students and teachers, as a foundation for academic learning, health promotion and positive life course development.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Promoting healthy macro-policies</b></li> </ul>	<ul style="list-style-type: none"> <li>• Health policies which support the delivery of universal primary health and childcare services including the delivery of home visiting and parenting programmes with a focus on social and emotional skills development, especially for the most vulnerable families.</li> <li>• Family support policies that advocate the provision of high quality preschool education and childcare support meeting the needs of children and families, including targeted support for those most at risk of negative life outcomes.</li> <li>• Educational policies that promote the emotional and social wellbeing of young people as a basis for academic success, incorporating students’ social and emotional development as a core component of school policy and practice.</li> <li>• Policy initiatives that address poverty and the wider structural determinants of child health and social inequities.</li> </ul>

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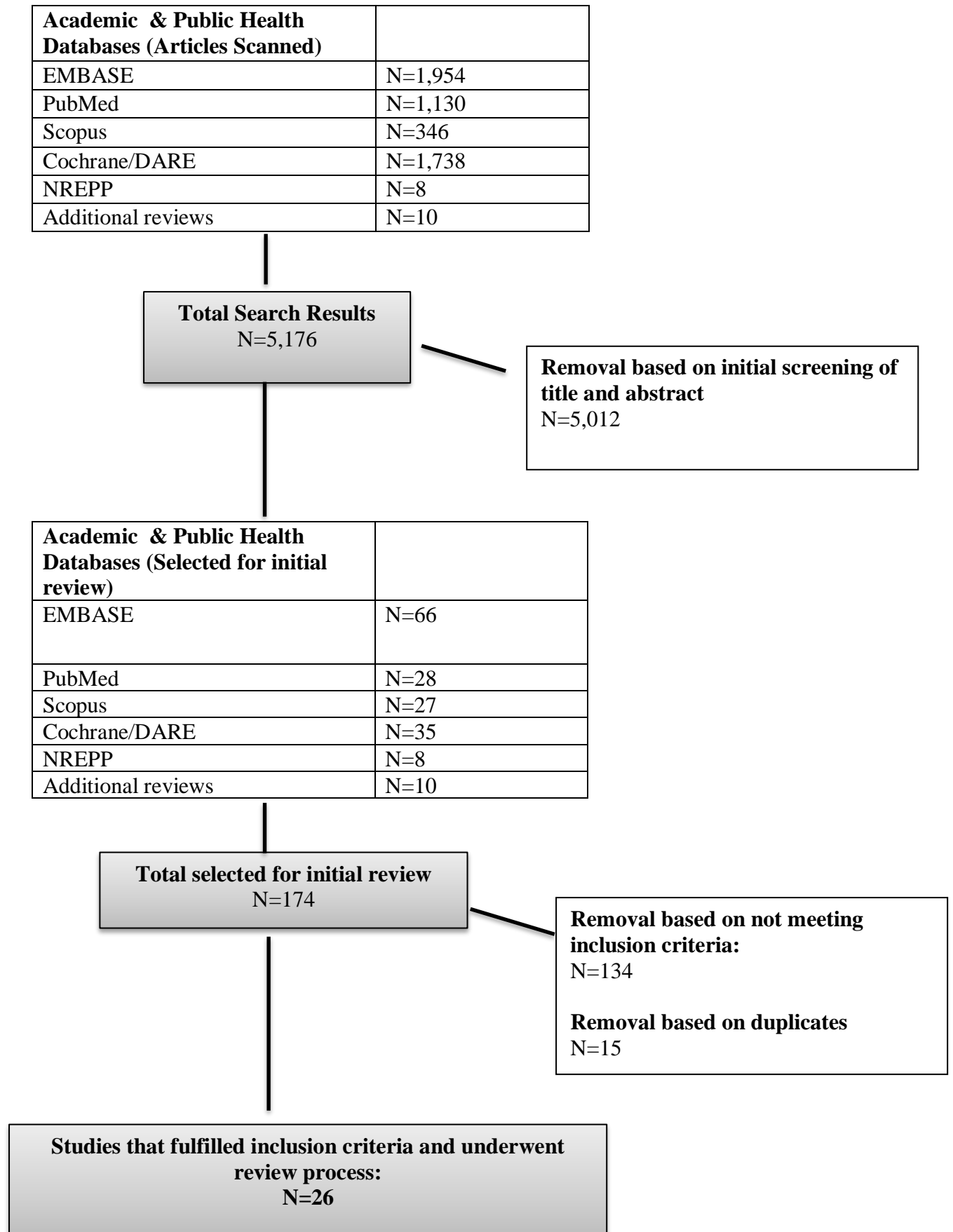
## Appendix 1

**Table 1: Search Terms for electronic databases**

Systematic Review Terms	Population & Setting Terms	Intervention Terms	Outcome Terms	Database	Number (n)
“Review”	“Parent”	“Intervention”	“Mental health promotion”	EMBASE	N=66
OR	OR	OR	OR		
“Overview”	“Caregiver”	“Program”	“Mental wellbeing”	Scopus	N=28
“Meta-analysis”	“Child”	“Service”	“Mental well-being”	PubMed	N=27
“Metanalyses”	“Infant”	“Parent-child relations”	“Positive mental health”	Cochrane/DARE	N=35
	“Toddler”	“Education”	“Psychological wellbeing”	NREPP	N=8
	“Preschool”	“Promotion”	“Psychological well-being”		
	“Early years”	“Training”	“Emotional competence”		
	“Teacher”		“Attachment”		
	“Youth”		“Social and emotional learning”		
	“Adolescent”		“Social and emotional development”		
	“Teenager”		“Social and emotional wellbeing”		
	“Young people”		“Social and emotional well-being”		
	“Community”		“Social skills”		
	“School”		“Emotional skills”		
	“Classroom”		“Psychosocial skills”		
	“Out-of-school”		“Emotional literacy”		
			“Resilience”		

## Appendix 2

**Figure 1: Search Results**



## Appendix 3: Table 2: Characteristics of Review Intervention Studies

### Parenting Programmes

Study name, date and authors	Target group & Aim	Studies included & Quality Assessment	Psychosocial Outcomes – key findings on social and emotional skills development	Wider outcomes – impact on educational, health, and social wellbeing outcomes	Synthesised results of studies	Impact on equity and cost-effectiveness	Conclusions/recommendations
<p>Parenting for mental health: what does the evidence say we need to do? Report of Workpackage 2 of the DataPrev project</p> <p><a href="#">Stewart-Brown</a> &amp; <a href="#">Schrader-McMillan</a> (2011)</p>	<p>Parents and children.</p> <p>Aim: A review of reviews assessing the effectiveness of parenting programmes to support parenting and parent-child relationships.</p>	<p>Total: N=52</p> <p><b>Quality Assessment:</b> All included systematic reviews were critically appraised using the Critical Appraisal Skills Programm checklist (CASP, 2002)</p>	<ul style="list-style-type: none"> <li>◦ Improved parent-child relationships, sensitivity, attunement and attachment security.</li> </ul> <p><i>Home visiting programmes:</i></p> <ul style="list-style-type: none"> <li>◦ Improved parent-child interaction, parental attitudes, maternal mental health and child behaviour.</li> </ul> <p><i>Formal parenting programmes:</i></p> <ul style="list-style-type: none"> <li>◦ Improved children's positive behaviours (particularly age 3-10 years)</li> <li>◦ Increase in parent's parenting</li> </ul>	<p><i>Parenting in the highest risk groups:</i></p> <ul style="list-style-type: none"> <li>◦ Reduction in physical abuse and neglect</li> <li>◦ Improved mental health for survivors of sexual abuse.</li> </ul>	Not reported	<ul style="list-style-type: none"> <li>◦ The evidence base is most sparse for families at greatest risk - parents have a mental disorder, abuse drugs and alcohol and where serious abuse and neglect has occurred.</li> <li>◦ The success of interventions is influenced by contextual factors such as poverty, poor housing, the absence of safe space for children's play, unemployment</li> </ul>	<ul style="list-style-type: none"> <li>◦ This review provides evidence for the effectiveness of programmes for families with infants and those for older children on improving parenting and children's mental health.</li> <li>◦ Evidence supports both low-cost programmes for the general population as well as programmes for higher risk groups.</li> <li>◦ A combination of both universal and targeted approaches to support parenting is likely to be the most effective.</li> <li>◦ In terms of content, more effective programmes tended to incorporate a manual or curriculum, covering emotional communication and relationship skills, and use experiential learning in which parents' practice new skills like the use of 'time out'.</li> <li>◦ Most studies suggest the need for frequent visits over an extended period of time especially with high-risk families where the establishment of trust in the practitioner is important.</li> <li>◦ In general, volunteer programmes can be useful with lower risk families and possibly for outreach with higher risk groups. However,</li> </ul>

			<p>attitudes.</p> <p><i>Parenting in the highest risk groups:</i></p> <ul style="list-style-type: none"> <li>Reduction in emotional abuse and neglect.</li> </ul>			and other sources of community and environmental stress.	achieving change in parenting with high-risk groups requires skilled facilitators.
<p>A systematic review of interventions to promote mental health and prevent mental health problems in children and young people.</p> <p>Tennant et al., 2007</p>	<p>Parents and children 19 years of age and younger.</p> <p>Review of reviews which examined the effectiveness of parenting interventions on child and parent outcomes.</p>	<p>Total systematic reviews: N= 27</p> <p>Parenting reviews: N= 7</p> <p><b>Quality Assessment:</b> Eight-point Critical Appraisal Skills Programme appraisal tool for systematic reviews (CASP, 2002).</p>	<p>Perinatal parenting interventions can lead to improvements in parental sensitivity and attachment in high-risk families.</p> <p>Group-based parenting interventions were shown to improve emotional and behavioural adjustment of children.</p> <p>Programmes showed significant improvements to children's self-esteem.</p>		<p>Parental sensitivity: <math>d= 0.33</math> CI= 0.25-0.41 (high-risk families)</p> <p>Attachment <math>d= 0.20</math> CI= 0.04- 0.35 (high-risk families)</p> <p>Children's self-esteem <math>d= 0.38</math></p>	<p>High-risk families benefitted from perinatal parenting interventions by improving parental sensitivity and attachments but these findings for low-risk families were not statistically significant.</p> <p>Quality of group-based parenting programmes in improving children's emotional and behavioural adjustment was strong for children 3 to 10 than those less than 3 years.</p> <p>Positive effects of group-based parenting programmes were identified for</p>	<ul style="list-style-type: none"> <li>Perinatal parenting programmes are effective in improving outcomes for mothers and infants.</li> <li>Group-based parenting programmes are effective in improving the emotional and behavioural adjustment of children.</li> <li>There are inconsistent findings on the most effective format of delivery of parenting interventions showing no difference between individual and group-based programmes.</li> </ul>

						programmes directed at black or mixed ethnic groups.	
<p>Group-based parent training programmes for improving parental psychosocial health (Review)</p> <p>Barlow et al. (2014)</p> <p>International evidence: USA, Australia, Canada, UK</p>	<p>Adult parents (mothers, fathers, grandparents, foster parents, adoptive parents &amp; guardians) with responsibility of day-to-day care of children).</p> <p>Universal interventions</p> <p>Aim: Meta-analysis of the effectiveness of group-based parenting programmes on improving parental psychosocial well-being.</p>	<p>Total: N= 48</p> <p>RCTs</p> <p><b>Quality Assessment:</b> Cochrane Collaboration's tool.</p>	<p>Parents:</p> <ul style="list-style-type: none"> <li>◦ Decreases in depression &amp; anxiety.</li> <li>◦ Decreases in parental stress, guilt &amp; anger</li> <li>◦ Improvements in parental confidence</li> <li>◦ Increase in satisfaction with partner relationship.</li> </ul>		<p><b>Post-intervention</b></p> <p>Depression: SMD= -0.17 CI= 95%</p> <p>Anxiety: SMD= -0.22 CI=95%</p> <p>Stress: SMD=-0.29 CI=95%</p> <p>Anger: SMD= -0.60 CI= 95%</p> <p>Guilt SMD= -0.79 CI=95%</p> <p>Confidence SMD=-0.34 CI= 95%</p> <p>Partner satisfaction SMD= -0.28 CI=95%</p> <p>Paternal</p>		<ul style="list-style-type: none"> <li>◦ Results indicate that parenting programmes are effective immediately post-intervention in producing improvements in a number of parental psychosocial functioning.</li> <li>◦ At six-month follow up only improvements to parents' stress and confidence remained.</li> <li>◦ At 12-month follow-up none of these outcomes remained significant suggesting a need for parents to receive 'top-ups' or post-intervention support.</li> <li>◦ Significant short-term improvements were seen in paternal stress but overall data for psychosocial functioning of fathers was limited.</li> <li>◦ There is a need to research the impact of programmes on paternal psychosocial functioning as this plays an evident role in the well-being of children.</li> <li>◦ Only a small number of studies examined the effectiveness of parenting programmes in terms of psychosocial functioning of fathers.</li> <li>◦ Programmes with a range of theoretical approaches were successful producing positive outcomes for maternal psychosocial health.</li> </ul>

					<p>stress SMD= -0.43 CI=95%</p> <p><b>Six-month follow-up</b></p> <p>Stress SMD= -0.22 CI=95%</p> <p>Confidence SMD= -0.32 CI=95%</p> <p>*SMD= statistical mean difference</p>		
<p>Systematic review of parenting interventions in European countries aiming to reduce social inequalities in children's health and development</p> <p>Morrison et al. (2014)</p> <p>International review within the European context (UK, Ireland,</p>	<p>Parents and Children aged 0-8.</p> <p>Targeted and proportionate universal interventions</p> <p>Aim: Review of the evidence on interventions in early childhood in the WHO European Region which address</p>	<p>Total: N= 23</p> <p>RCTs: N= 7</p> <p>Quasi-experimental with control group: N= 7</p> <p>Mixed methods: N=5</p> <p>Qualitative: N=4</p>	<p>Children:</p> <ul style="list-style-type: none"> <li>◦ Improved overall health</li> </ul> <p>Parents:</p> <ul style="list-style-type: none"> <li>◦ Improved parenting behaviour</li> <li>◦ Perceived parenting abilities and confidence increased</li> </ul>	<p>Children:</p> <ul style="list-style-type: none"> <li>◦ Improved overall health</li> <li>◦ Higher immunisation rates</li> <li>◦ Better infant feeding patterns</li> <li>◦ Higher level of fine motor skills and cognitive functioning</li> <li>◦ Reduced childhood injuries, accidents abuse</li> </ul>		<ul style="list-style-type: none"> <li>◦ Most interventions were targeted at children living in deprived areas and aimed to reduce social inequalities in their health and development.</li> <li>◦ To achieve equity from the start it is important to foster the</li> </ul>	<ul style="list-style-type: none"> <li>◦ Interventions with better outcomes combined workshops and educational programmes for parents and children beginning during early pregnancy and included home visits by specialised staff.</li> <li>◦ Better outcomes were seen with interagency participation.</li> <li>◦ Interventions delivered by specialised professional home visitors were more effective than if delivered by volunteers or other non-professional visitors.</li> <li>◦ Interventions tailored to child and family's needs produced more favourable outcomes.</li> <li>◦ Only two interventions offered a proportionate universal approach and the remaining were targeted.</li> </ul>

Sweden)	inequalities in children's health and development.	<b>Quality Assessment:</b> Not Reported		<ul style="list-style-type: none"> <li>◦ and neglect</li> <li>◦ Improved preparation for school as perceived by parents</li> </ul> <p>Parents:</p> <ul style="list-style-type: none"> <li>◦ Increase in negative feelings towards physical punishment</li> <li>◦ Improved coordination and patterns in health care services use</li> <li>◦ Increase in breastfeeding behaviours.</li> </ul>		<ul style="list-style-type: none"> <li>◦ development of cognitive and non-cognitive skills.</li> <li>◦ Delivering programmes in disadvantaged areas could help reduce health inequalities in later life.</li> </ul>	<ul style="list-style-type: none"> <li>◦ By only focusing on high risk families' outcomes, interventions are less likely to reduce inequalities across the social gradient.</li> <li>◦ Effective programmes should be universally available.</li> <li>◦ While parenting interventions are important it is also necessary to address conditions of life which make positive parenting difficult (e.g. policies aimed at children, investment in reducing child poverty, improved living conditions etc.)</li> </ul>
Parenting interventions for the prevention of unintentional injuries in childhood (Review) Kendrick et al. (2013)  UK, USA, Canada, Australia, Ireland, New Zealand	Parents of children aged 18 years and under  Aim: Assess the effectiveness of parenting interventions for preventing unintentional injury in children less than 18 years	Total: N= 22  RCTs N= 16  Non RCTs N= 2  Partially randomised study N= 1  Quasi RCT N=1		<p>Children:</p> <ul style="list-style-type: none"> <li>◦ Lower risk of unintentional injuries</li> </ul> <p>Parents:</p> <ul style="list-style-type: none"> <li>◦ Fewer home hazards</li> <li>◦ Increased use of safety practices</li> </ul>	Lower risk of injury RR= 0.83 CI= 95%	<ul style="list-style-type: none"> <li>◦ Evidence relates mainly to interventions provided to families from disadvantaged populations, who are 'at risk'</li> </ul>	<ul style="list-style-type: none"> <li>◦ Parenting interventions provided within the home as part of a multi-faceted intervention are effective in reducing unintentional injuries.</li> <li>◦ There is also evidence which suggests that parenting interventions can improve home safety practices and reduce home hazards.</li> <li>◦ As these studies examine mainly 'at risk' families, further research is needed to determine how the features of these parenting programmes could be generalised to other populations.</li> </ul>

	and for increasing possession and use of safety equipment and safety practices by parents.	Controlled before and after studies (CBAs) N= 2  <b>Quality Assessment:</b> Cochrane Collaboration's tool.			*RR= Relative Risks		
Parenting interventions for the prevention of unintentional injuries in childhood (Review) Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review)  Furlong et al. (2012)  USA, Ireland, UK, Australia, Norway	Parents or primary caregivers of children aged 3 to 12 years who show either a) conduct problems OR b) a clinical or psychiatric diagnosis of conduct disorder (CD) or oppositional defiant disorder (ODD) or both. Aim: Assess the effectiveness and cost-effectiveness of behavioural and cognitive-behavioural group-based	Total: N= 13  RCTs N= 10  Quasi-randomised trials: N= 3  <b>Quality Assessment:</b> Cochrane Collaboration's tool.	Children ◦ Reduction in child conduct problems  Parents ◦ Improvements in parental mental health ◦ Improvements in positive parenting skills ◦ Reduction in negative or harsh parenting practice		<b>Conduct problems :</b>  Parent reports: SMD= -0.53 CI= 95%  Independent reports: SMD= -0.44 CI= 95%  <b>Parent mental health</b> SMD= -0.36 CI= 95%  <b>Parenting skills:</b>  Parent reports: SMD= -0.53	◦ Seven of the thirteen studies were based on population samples from high levels of socio-economic disadvantage  ◦ Five of the thirteen studies included samples where socioeconomic status was comparable to population norms.  ◦ One study did not report this information.  ◦ Results	◦ Behavioural and cognitive behavioural group-based parenting interventions were effective in improving clinically significant conduct problems, parental mental health, and parenting practices with mostly moderate effect sizes.  ◦ Findings showed that the cost of programme delivery was modest compared to the long-term costs associated with conduct problems.  ◦ Treatment integrity was compromised in two studies due to low parental attendance in one and low coverage of programme content in the other.  ◦ No study reported long-term outcomes of participation in the parent training  ◦ Nine of the thirteen studies evaluated the effectiveness of the Incredible Years intervention so results are most applicable to studies of interventions with similar components to this programme.  ◦ Results can only be considered for behavioural and cognitive-behavioural group-based parenting interventions.

	parenting programmes for improving child conduct problems, parental mental health and parenting skills.				<p>CI= 95%</p> <p>Independent reports: SMD= -0.47 CI= 95%</p> <p><b>Negative parenting practices:</b></p> <p>Parent reports: SMD= -0.77 CI= 95%</p> <p>Independent reports: SMD= -0.42 CI= 95%</p> <p>*SMD= statistical mean difference</p>	<p>showed no differences between subgroups and parenting programmes appear effective for parents regardless of socioeconomic status, trial setting and severity of conduct problems at baseline.</p> <p><b>Cost-benefit</b></p> <ul style="list-style-type: none"> <li>◦ The cost of programme delivery was modest (\$2500; EUR 2217) when compared with the long-term health, social, educational and legal costs associated with childhood conduct problems</li> </ul>	
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<p>Individual and group based parenting programmes for improving psychosocial outcomes for teenage parents and their children (Review)</p> <p>Barlow et al. (2011)</p> <p>International</p>	<p>Primary carers below the age of twenty, who were adolescent mothers or pregnant (13 to 20).</p> <p>Aim: Review the effectiveness of parenting programmes in improving psychosocial outcomes for teenage parents and developmental outcomes in their children.</p>	<p>Total: N= 8</p> <p>RCTs</p> <p><b>Quality Assessment:</b> Cochrane Collaboration's tool.</p>	<ul style="list-style-type: none"> <li>◦ Increased parent responsiveness to the child post-intervention</li> <li>◦ Increased infant responsiveness to mother at follow-up</li> <li>◦ Increase in parent-child interactions post-intervention and follow-up.</li> </ul> <p>*Not all meta-analyses were conclusive.</p>		<p>Parent responsiveness post-int: SMD= -0.91 CI = 95%</p> <p>Infant responsiveness at follow-up: SMD= -0.65 CI= 95%</p> <p>Overall parent-child interactions post-int: SMD= -0.71 CI= 95%</p> <p>Overall parent-child interactions follow-up: SMD= -0.90 CI= 95%</p> <p>*SMD= statistical mean difference</p>		<ul style="list-style-type: none"> <li>◦ There is some evidence to suggest that parenting programmes may be effective in improving aspects of parent-child interaction both in the short- and long-term.</li> <li>◦ However, methodological quality of the studies was poor and so it is not possible at this time to know what is necessary for a successful parenting programme for teenage parents or which outcomes they have most impact on.</li> <li>◦ There were no significant effects found on children's behaviour.</li> <li>◦ Due to considerable diversity between parenting programmes in terms of duration and content it was not possible to combine many of the data in a meta-analysis.</li> <li>◦ Generalisability of the results is limited as some studies targeted teenage parents with very specific problems, or living in poverty.</li> <li>◦ With the exception of one study, the included studies were directed to teenage mothers only so the review cannot be generalised for adolescent fathers.</li> </ul>
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<p>Investing in mental health and well-being: findings from the DataPrev project</p> <p>McDaid &amp; Park (2011)</p> <p>UK</p>	<p>Parents and Children aged 0-16.</p> <p>A review of economic evidence for investing in mental health and well-being through parenting, early years and school-based programmes</p>	<p>Total N= 47</p> <p>Parent, early years and school based interventions: N = 26</p> <p>RCT's</p> <p><b>Quality Assessment:</b> Not Reported.</p>	<ul style="list-style-type: none"> <li>◦ There is an economic evidence base for all areas for some interventions to promote mental health and well-being in some very specific contexts and settings.</li> </ul>	<ul style="list-style-type: none"> <li>◦ There is a strong economic case for investing in parenting and home visiting programmes especially when impacts beyond the health sector are taken into account.</li> </ul>		<p>Effective parenting and home visiting programmes can have very favourable cost-benefit ratios.</p> <p>Combining data from several home visiting programmes a benefit-to-cost ratio for high risk mothers has a 2:1 ratio on investment.</p>	<p>Working with programme implementers to determine resource requirements, costs of delivery and any local adaptations, economic models could be used to determine likelihood that interventions are likely to be cost-effective in different contexts.</p> <ul style="list-style-type: none"> <li>◦ Most studies failed to separate data on resources used for delivery from costs of these resources.</li> <li>◦ Limited discussion of the distributional impacts of interventions.</li> <li>◦ Need to consider development of measures for capturing the benefits of improved mental well-being (QALY – designed to measure absence of illness).</li> <li>◦ None of the cost-benefit analysis reported have direct values for positive mental health.</li> <li>◦ Little economic analysis has focused on preventing co-morbidity for poor physical and poor mental health.</li> </ul>
<p>Group-based parent-training programmes for improving emotional and behavioural adjustment in children from birth to three years old (Review)</p> <p>Barlow et al. (2010)</p>	<p>Parents of children from birth to three years (including studies where the maximum mean age was 3 years 11 months). With or without behavioural problems.</p>	<p>Total: N=8</p> <p>RCT's</p> <p><b>Quality Assessment:</b> Cochrane Collaboration's tool.</p>	<ul style="list-style-type: none"> <li>◦ Improvements in parent reports of children's emotional and behavioural adjustment.</li> <li>◦ Improvements in independent observations of children's behavioural and emotional adjustment.</li> </ul>		<p>Post Intervention</p> <p>Parent report: SMD= -0.25 CI= -0.45</p> <p>Independent report: SMD= -0.54 CI= -0.84</p> <p>Follow up</p>		<ul style="list-style-type: none"> <li>◦ There is evidence of some support for the use of group-based parenting programmes to improve the emotional and behavioural adjustment of children 0-3.</li> <li>◦ There is limited evidence on the extent to which these results are maintained over time.</li> <li>◦ There is currently insufficient evidence on the role of parenting programmes in the primary prevention of mental health problems – further research on this is needed.</li> <li>◦ All of the studies used in this review were of behavioural, cognitive behavioural or video-tape modelling parenting programmes, and the</li> </ul>

USA, Canada, UK	Aim: Review the effectiveness of group-based parenting programmes in improving the emotional and behavioural adjustment of children aged 0-3 years; and assess the role of parenting programmes in the primary prevention of emotional and behavioural problems.		<ul style="list-style-type: none"> <li>◦ Results remained significant at follow-up.</li> </ul>		Parent report: SMD= -0.28 CI = -0.51  Independent report: SMD= -0.19 CI= -0.42  *SMD= statistical mean difference		results should not be generalised to other types of parenting programmes.
A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness  Kaminski et al. (2008)  International evidence	Parents and children aged 0-7 (some of which had behavioural problems).  To assess which programme components are associated with better outcomes of parent training	Total: N= 77  Quasi-experimental & RCT's  <b>Quality Assessment:</b> Not Reported.	<ul style="list-style-type: none"> <li>◦ Improvement in preventing and treating early childhood behaviour problems (both internalizing and externalizing).</li> <li>◦ Increased parenting behaviours and skills outcomes</li> </ul>	Child: <ul style="list-style-type: none"> <li>◦ Improvements in children's cognitive and educational skills.</li> </ul>	Overall ES=0.34  Overall parent ES=0.43  Overall child ES=0.30		<ul style="list-style-type: none"> <li>◦ Resources might be best directed towards strategies such as:             <ul style="list-style-type: none"> <li>◦ Increasing positive parent-child interactions and emotional communication</li> <li>◦ Teaching time out and the importance of parenting consistency</li> <li>◦ Requiring parents to practice new skills with their children during parent training sessions.</li> </ul> </li> <li>◦ Programmes need to consider specific content components and methods used to teach them</li> </ul>

	programmes that target the prevention or treatment of early childhood behaviour problems.						
A meta-analysis of parent training: Moderators and follow-up effects  Lundahl et al., 2006b	Parents of children aged 0 to 12+ with childhood disruptive disorders.  Aim: Assess the effectiveness of parent training programmes in modifying disruptive child behaviours and parental behaviour and perceptions.	Total: N= 63  <b>Quality Assessment:</b> Not Reported.	<ul style="list-style-type: none"> <li>◦ Improved child behaviours</li> <li>◦ Improved parental behaviours</li> <li>◦ Improved parental perceptions in parenting abilities.</li> </ul>		<p><b>Child Behaviour</b> <i>d= 0.42</i> CI= 95%</p> <p>Behavioural <i>d= 0.42</i> CI= 95%</p> <p>Non-behavioural <i>d= 0.44</i> <i>CI=95%</i></p> <p><b>Parent behaviour</b> <i>d= 0.47</i> CI= 95%</p> <p>Behavioural <i>d= 0.45</i> CI= 95%</p> <p>Non-behavioural <i>d= 0.66</i> CI= 95%</p> <p><b>Parental perceptions</b></p>	<ul style="list-style-type: none"> <li>◦ Children and parents from disadvantaged families benefited less from parent training compared to their non-disadvantaged counterparts.</li> <li>◦ Further analysis of disadvantaged families revealed that mode of treatment delivery enhanced the effectiveness of treatment for these children and parents.</li> <li>◦ Children and parents behaviours were enhanced when parents</li> </ul>	<ul style="list-style-type: none"> <li>◦ Both behavioural and non-behavioural parent training programmes showed small to moderate range of effect sizes in modifying disruptive child behaviour immediately following treatment.</li> <li>◦ These findings remained meaningful for behavioural parent training up to 1 year follow up.</li> <li>◦ Due to insufficient evidence for non-behavioural programmes the effects at follow-up could not be determined.</li> </ul>

					<p><math>d= 0.53</math> CI= 95%</p> <p>Behavioural <math>d= 0.53</math> CI= 95%</p> <p>Non-behavioural <math>d= 0.48</math> CI= 95%</p>	received individual training in comparison to group parent training.	
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*Pre-School Programmes*

Study name, date and authors	Target group & Aim	Studies included & Quality Assessment	Psychosocial Outcomes – key findings on social and emotional skills development	Wider outcomes – impact on educational, health, and social wellbeing outcomes	Synthesised results of studies	Impact on equity/cost-effectiveness.	Conclusions/recommendations
<p>**A rapid review of key strategies to improve the cognitive and social development of children in Scotland.</p> <p>Geddes et al., 2011</p>	<p>Children aged 0-5 years.</p> <p>Aim: Assess the effectiveness of early childhood interventions aimed at promoting cognitive and social developments and identify key policies and potential areas for action in</p>	<p>Total intervention programmes: N= 26</p> <p>Systematic/met a-analyses: N= 16</p> <p>Grey literature: N= 11</p> <p><b>Quality Assessment:</b> 10 criteria based on guidelines</p>	<p><b>Model targeted early childhood interventions:</b></p> <ul style="list-style-type: none"> <li>Positive cognitive outcomes as well as early adult self-sufficiency.</li> <li>Improvements in behavioural problems, social competences in children and improvements in parent's approaches and skills.</li> </ul> <p><b>Large-scale targeted</b></p>	<p><b>Model targeted early childhood</b></p> <ul style="list-style-type: none"> <li>Better academic outcomes: higher IQ, higher academic achievement, fewer placements in special education and retentions in grade and higher % of college completion.</li> <li>Pregnant teen mothers more likely to</li> </ul>		<ul style="list-style-type: none"> <li>Improvements in all domains of child development, school achievement, delinquency and crime prevention were most effective with families of highest social risk.</li> </ul> <p><b>Cost-benefit:</b></p> <ul style="list-style-type: none"> <li>Cost of early</li> </ul>	<ul style="list-style-type: none"> <li>Early childhood intervention programmes can reduce lifelong disadvantage and health inequalities due to social and environmental factors.</li> <li>Universal on-going support from pregnancy through to school entry is recommended with the intensity of support delivered according to need.</li> <li>Mixed approaches which combine centre and home-based programmes and focus on children and parents appear to be quite effective.</li> <li>Although the initial investments in programmes are high, the returns over the long-term make them worthwhile.</li> </ul>

	Scotland.	used in other literature reviews on early intervention studies (Mrazek & Brown , 2002; Wise et al., 2005).	<p><b>early childhood interventions:</b></p> <ul style="list-style-type: none"> <li>◦ Significant improvements in cognitive development, behavioural adaptation including impulse control and sociability. Fewer incidents of child abuse and neglect.</li> </ul> <p><b>Universal interventions for child development and parenting:</b></p> <ul style="list-style-type: none"> <li>◦ Improvements in cognitive-language and social-emotional outcomes in children.</li> </ul>	<p>complete education and be employed.</p> <p><b>Large-scale targeted early childhood interventions:</b></p> <ul style="list-style-type: none"> <li>◦ At 15 year follow-up 59% fewer self-reported arrests. In high risk group 54% fewer arrests, 69% fewer convictions, 59% fewer sexual partners, 27% fewer smokers and 51% fewer days drinking.</li> <li>◦ Improvements in efficacy and academic achievement as well as lower percentage of depressive symptoms.</li> </ul> <p><b>Universal interventions for child development and parenting:</b></p> <ul style="list-style-type: none"> <li>◦ Reduction in child maltreatment and injuries.</li> </ul>		<p>childhood intervention programmes (\$6,000 and \$30,000) per child. However every dollar invested resulted in returns of \$3.72 and \$6.89 due to reductions in government spending (e.g. special education services, crime, juvenile delinquency and welfare/dependency costs).</p>	
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<p>How does early childhood care and education affect cognitive Development? An international review of the effects of early Interventions for children from different social backgrounds.</p> <p>Burger, 2010</p>	<p>Children aged 3-6.</p> <p>Aim: Assess the effectiveness of early childhood care and education programmes on the cognitive development of children and to assess whether such programmes help to overcome inequalities among children from different social backgrounds.</p>	<p>Total: N= 32</p> <p>RCTs &amp; Quasi-experimental</p> <p><b>Quality Assessment:</b> Three categories of quality were defined and studies were classified into these using four specific criteria.</p>		<ul style="list-style-type: none"> <li>◦ Increase in cognitive achievement</li> <li>◦ Reduction in children needing special education (small sample)</li> <li>◦ Decrease in grade retention (small sample)</li> <li>◦ Increase in school graduation.</li> </ul>		<ul style="list-style-type: none"> <li>◦ Of the 26 studies which examined families' socio-economic status, 7 showed a benefit for disadvantaged children and 10 benefited both disadvantaged and privileged children.</li> <li>◦ Only one study found that disadvantaged children improved less than their privileged counterparts.</li> </ul>	<ul style="list-style-type: none"> <li>◦ The majority of early education and care programmes have considerable short-term effects on cognitive development of children.</li> <li>◦ Of the 32 studies reviewed, 22 showed that preschool attendance has a positive association with cognitive outcomes as measured by academic achievement tests, school attendance and educational attainments.</li> <li>◦ Findings on the impact of early education on the reduction of school failure, grade retention and special education needs were weak.</li> <li>◦ Children from socio-economically disadvantaged families benefited slightly more from early education and care programmes than their more advantaged counterparts.</li> <li>◦ Evidence suggests that the positive effects of early year programmes on cognitive development can be persistent during subsequent school years.</li> </ul>
<p>A meta-analysis of the effects of early developmental prevention programs in at-risk populations on non-health outcomes in adolescence</p> <p>Manning et al., 2010</p>	<p>Children aged 0-5 years in at-risk populations.</p> <p>Universal or Selected</p> <p>Aim: Assess the effectiveness of early developmental prevention</p>	<p>Total: N= 17</p> <p>RCTs &amp; Quasi-experimental</p> <p><b>Quality Assessment:</b> Not reported</p>	<ul style="list-style-type: none"> <li>◦ Increase in social-emotional development</li> <li>◦ Increase in family well-being</li> </ul>	<ul style="list-style-type: none"> <li>◦ Increase in educational success</li> <li>◦ Increase in cognitive development</li> <li>◦ Decrease in social deviance</li> <li>◦ Increase in social participation</li> <li>◦ Decrease in involvement in criminal justice</li> </ul>	<p>Educational success: ES= 0.53</p> <p>Social deviance: ES= 0.48</p> <p>Social participation: ES= 0.37</p> <p>Cognitive development</p>		<ul style="list-style-type: none"> <li>◦ Early developmental prevention programmes have positive effects on individual and family well-being into adolescence.</li> <li>◦ Programmes directed towards families can have a wide range of beneficial effects on children.</li> <li>◦ The review provides clear evidence that EDP programmes can provide many individual and societal benefits.</li> <li>◦ More long-term evaluations and cost-benefit analyses of large-scale programmes outside the US are recommended.</li> <li>◦ There was a significant difference of</li> </ul>

	<p>programmes on the seven outcome domains of adolescence and determine whether programme characteristics moderate outcomes in adolescence.</p>				<p>ES= 0.34</p> <p>Criminal justice: ES= 0.24</p> <p>Family well-being: ES= 0.18</p> <p>Social-emotional development: ES= 0.16</p> <p>Overall domains: ES= 0.31</p>		<p>effectiveness between programmes with fewer than 500 sessions (EF= 0.28) and programmes with more than 500 sessions (EF= 0.49).</p> <ul style="list-style-type: none"> <li>◦ Programmes implemented longer than three years were deemed more promising (EF= 0.48) than programmes greater than one year but less than three years (EF= 0.31).</li> <li>◦ Programmes with a follow-through aspect tended to produce more promising results (EF=0.52) than programme without the follow-through (EF=0.37).</li> <li>◦ A major limitation to the study was the lack of good quality longitudinal evaluations of EDPs with outcomes in adolescence.</li> </ul>
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### School-based Interventions

Study name, date and authors	Target group & Aim	Studies included & Quality Assessment	Psychosocial Outcomes – key findings on social and emotional skills development	Wider outcomes – impact on educational, health, and social wellbeing outcomes	Synthesised results of studies	Impact on equity and cost-effectiveness	Conclusions/recommendations
<p>Mental health promotion and problem prevention in schools: what does the evidence say?</p> <p>Weare &amp; Nind, 2011</p>	<p>School-aged children and young people 4-19 years.</p> <p>Universal, targeted, indicated</p> <p>Review of reviews assessing the effectiveness of school-based mental health interventions.</p>	<p>Total N=52</p> <p>RCTs &amp; Quasi-experimental</p> <p><b>Quality Assessment:</b> A standardised form was used for critical appraisal, using criteria informed by Oxman et al., 1994, other well-conducted reviews of reviews (Browne et al., 2004; Adi et al., 2007) and by the parallel review of reviews on parenting for the Dataprev</p>	<ul style="list-style-type: none"> <li>◦ Improved social-emotional competences</li> <li>◦ Improved self-esteem and self-confidence</li> <li>◦ Improved positive mental health.</li> <li>◦ Improved pro-social behaviour</li> <li>◦ Improvements in conflict resolution</li> <li>◦ Improved depression and anxiety outcomes</li> <li>◦ Reduced bullying.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Reduced aggression and violence</li> <li>◦ Improved academic achievements and commitment to school.</li> <li>◦ Improved family and classroom environments.</li> </ul>	<p><i>Positive mental health &amp; SEL:</i> ES: 0.15-1.49 Self-esteem &amp; confidence: ES: 0.34-0.69 <i>Externalising problems:</i> Universal ES: 0.1 High-risk ES: 0.21-0.35 <i>Internalising mental health problems:</i> ES: 0.10-1.70 High-risk ES: 1.00-2.46</p> <p><i>Commitment to school:</i> ES:0.14-0.6 Academic achievement: ES: 0.11-0.5 <i>Family environment:</i></p>	<p>Children of higher-risk tended to have stronger outcomes than those children not 'at-risk'.</p> <p>For externalising behaviours, impacts were generally stronger when delivered with older students.</p>	<ul style="list-style-type: none"> <li>◦ The best informed approach is to include both universal and targeted approaches.</li> <li>◦ It is best to start interventions early with younger children particularly in areas of generic social and emotional skills. However interventions should still be long-term.</li> <li>◦ In order for interventions to remain sustainable throughout children's academic years, school staff (particularly teachers) should lead the programmes.</li> <li>◦ There is evidence to support a focus on skills for the most effective interventions.</li> <li>◦ However, skills work is not enough on its own, for the best outcomes, skills training needs to be embedded within a whole-school approach, including changes to school ethos, teacher development and parent and community involvement.</li> </ul>

		project (Stewart-Brown & Schrader-McMillan, 2011).			ES: 0.34 <i>Classroom environment:</i> ES: 0.78		
A systematic review of interventions to promote mental health and prevent mental health problems in children and young people.  Tennant et al., 2007	Children aged 2 to 20 years  Review of reviews examining the effectiveness of parenting interventions on child and parent outcomes.	Total: N= 27  Anxiety & Depression Programmes: N=3  Self-esteem programmes: N=2  Violence & Aggression Programmes: N=6  School: N= 2  General programmes: N=7  RCTs, Quasi-experimental  <b>Quality Assessment:</b> Eight-point Critical Appraisal Skills	<i>School Programmes:</i> ◦ Improvements in mental health promotion and reduction of conduct problems, crime and non-attendance at school when a whole-school approach was adopted and the focus was mental health rather than mental illness.  <i>Self-esteem Programmes:</i> ◦ Exercise has positive short-term effects on self-esteem for both healthy children and children with defined problems.  <i>Anxiety &amp; Depression Programmes:</i> ◦ Interventions (i.e. stress-		<i>Anxiety &amp; Depression:</i> Depression scores: d= 0.26 Targeted d=-0.26 Universal d=-0.21  <i>Self-esteem programmes:</i> Self-esteem: d= 0.51 Healthy children: d= 0.53 Children with defined problems: d= 0.49 Focus on self-esteem: d= 0.57 Focus on other aspects: d= 0.27  <i>Violence &amp; Aggression:</i> Overall: d= 0.14-0.38	Information was lacking from all the reviews about the relative effectiveness of different interventions in different socio-economic and ethno-racial groups.	<ul style="list-style-type: none"> <li>◦ The research suggests that a variety of programmes are effective in promoting mental health and preventing mental health problems in children and young people.</li> <li>◦ Limited information on the crucial ingredients of successful programmes in terms of optimal programme onset, intensity and duration, delivery format and staff characteristics.</li> <li>◦ There was a lack of follow-up data reported, making it difficult to establish whether the positive effects are sustained in the medium to long-term.</li> <li>◦ Whole-school approaches which involve changes to the school environment, personal skills development in class and parental participation are more effective than classroom based programmes alone.</li> <li>◦ Interventions aimed at mental health promotion were more effective than those targeting mental health problems and lifestyle factors such as substance misuse.</li> </ul>

		<p>Programme appraisal tool for systematic reviews (Critical Appraisal Skills Programme, 2002).</p>	<p>management or problem-solving skills) showed improvements in depression scores.</p> <ul style="list-style-type: none"> <li>◦ More effective for targeted than universal programmes</li> </ul> <p><i>Violence Programmes:</i></p> <ul style="list-style-type: none"> <li>◦ Improvement in all outcome measures on violence and aggression for the intervention group.</li> <li>◦ Child social skills training effective for outcomes relating to antisocial behaviour.</li> <li>◦ Family-based prevention programmes produced a decrease in offending from 50% in control groups to 34% in intervention groups.</li> </ul> <p><i>General Programmes:</i></p>		<p>Anti-social behaviour outcomes: d=0.22-0.38</p> <p>Contact with police: d=0.16</p> <p>Family-based prevention programmes: d=0.32</p> <p>School-based: Delinquency d=-.04</p> <p><i>General programmes:</i> Reduced problems and increase in competencies: d=0.93-0.16</p>		
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			<ul style="list-style-type: none"> <li>◦ Reduction in problems and increase in competencies.</li> <li>◦ Improved cognitive and social-emotional outcomes.</li> </ul>				
<p>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</p> <p>Clarke et al., 2015</p>	<p>Young people aged 4 to 20 years.</p> <p>Aim: Assess the evidence on the effectiveness of school programmes available in the UK that aim to enhance the social and emotional skills development of children and young people.</p>	<p>Total: N= 39</p> <p>RCTs N=17</p> <p>Quasi-experimental N=16</p> <p>Pre-post design with no control group N=6</p> <p><b>Quality Assessment:</b> Early Intervention Foundation's Standard of Evidence.</p>	<p>UK and international evaluations indicated that SEL programmes with a competence enhancement focus have significant positive effects on children and young people's social and emotional skills, coping skills, internalising problems (i.e. anxiety and depression) and behaviour problems (i.e. aggressive behaviour and hyperactivity).</p> <p>Interventions which focus on reducing problem behaviours were effective in reducing children's disruptive behaviours, bullying and aggressive behaviours and risk-taking behaviours. They were also effective in enhancing</p>	<p>Good quality evidence to suggest that interventions with a competence enhancement focus which adopt a whole-school approach to implementation can have a positive impact on broader outcomes including: improved academic achievement reduced rates of absenteeism, improved knowledge, attitudes and behaviours in relation to alcohol, tobacco and substance misuse, reduced violence and improved family relations.</p>	<p>Not reported</p>	<ul style="list-style-type: none"> <li>◦ Interventions are particularly effective with young people most at risk of developing problems.</li> <li>◦ Aggression and violence prevention programmes are most effective with high-risk students who show aggressive and disruptive behaviours.</li> <li>◦ Results from substance misuse prevention interventions show significant positive outcomes for</li> </ul>	<ul style="list-style-type: none"> <li>◦ There is strong evidence to support school-based social and emotional learning programmes in providing positive outcomes for children and young people.</li> <li>◦ The indicated small group curriculum based interventions 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.</li> <li>◦ There is limited evidence regarding the effectiveness of school-based mentoring and social action interventions. Further research in this area is recommended.</li> <li>◦ The majority of programmes aimed at reducing problem behaviours were well evidenced in terms of their impact on young people's behaviours.</li> <li>◦ Whole-school approaches were identified as being effective in reducing bullying and victimisation.</li> <li>◦ Characteristics for effective school-based programmes include: <ul style="list-style-type: none"> <li>◦ Focus on teaching skills, in particular the cognitive, affective and behavioural skills outlined in CASEL.</li> <li>◦ Use of empowering approaches</li> <li>◦ Use of interactive teaching methods</li> </ul> </li> </ul>

			students' pro-social behaviour, social competence and cognitive-behaviour skills such as self-esteem, assertiveness and self-regulation.			students demonstrating high risk behaviours.  <b>Cost-benefit:</b> <ul style="list-style-type: none"> <li>Cost-benefit analysis information of programmes revealed a positive return on investment for the interventions.</li> </ul> <i>(Dartington's Investing in Children database).</i>	<ul style="list-style-type: none"> <li>Well-defined goals</li> <li>Explicit teacher guidelines</li> <li>Whole-school approach</li> </ul>
Programs to Increase High School Completion A Community Guide Systematic Health Equity Review  Hahn et al., 2014  Updated from Wilson et al., 2013	Students aged 5 to 18 years old (Kindergarten to grade 12).  Aim: Assess the effectiveness of programmes to increase high-school completion and the potential of these programmes to improve lifelong health among at-risk students.	Builds on an earlier review by Wilson et al., (2013) N=167  N= 10 additional studies  <b>Quality Assessment:</b> Not reported	Social-emotional skills programmes aim to: <ul style="list-style-type: none"> <li>Increase emotional self-awareness and regulation.</li> <li>Improved self-esteem and attitudes about school.</li> </ul> *Though these outcomes were not reported on.	<ul style="list-style-type: none"> <li>Increased high school &amp; General Educational Development (GED) completion rates.</li> </ul>	Social-emotional skills training increased high school completion for high risk students OR= 2.35 95% CI (1.69-3.28)	<ul style="list-style-type: none"> <li>75% of the study samples included students from racial or ethnic minorities and students from low-income families.</li> <li>Programmes targeted to minority and low-income communities are likely to narrow academic</li> </ul>	<ul style="list-style-type: none"> <li>There is evidence to suggest a wide range of high school completion programmes, including social-emotional skills programmes, can increase rates of high-school completion or receipt of a GED.</li> <li>As most of the programmes are targeted to high-risk students and communities, they are likely to advance health equity.</li> <li>Though the review did not compare effectiveness across SES strata, evidence from other studies suggests students from lower-SES have greater long-term health gains from educational attainment than students with higher-SES.</li> </ul>

						achievement gaps and advance health equity.	
<p>The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions</p> <p>Durlak et al., 2011</p>	<p>Students between the ages of 5 and 18 (Kindergarten through high-school) without any identified adjustment or learning problems.</p> <p>N= 270,034</p> <p>Aim: Assess the effectiveness of SE school-based universal interventions on students' skills, attitudes, behaviours and academic success.</p>	<p>Total N= 213</p> <p>RCTs N= 99</p> <p>Quasi-experimental N= 114</p> <p><b>Quality Assessment:</b> Not reported.</p>	<ul style="list-style-type: none"> <li>◦ Social and emotional learning programmes significantly improved students' social and emotional skills, attitudes towards self, school and others and positive social behaviours. Student's also reported lower levels of emotional distress.</li> <li>◦ Though these findings reduced in magnitude during follow-up, effects remained statistically significant for a minimum of 6 months following.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Students demonstrated fewer conduct problems</li> <li>◦ Students' academic performance was also significantly improved that reflected an 11-percentile-point gain in achievement.</li> </ul>	<p>Improvements at post-intervention: SEL skills (ES=0.57); attitudes (ES=0.23); behaviours (ES= 0.24).</p> <p>Reductions in conduct problems (ES=0.22) and emotional distress (ES=0.24). Increase in student's academic performance (ES=0.27).</p> <p>The mean follow-up effect sizes remained significant for all outcomes: SEL skills (ES=0.26), attitudes (ES= 0.11);</p>		<ul style="list-style-type: none"> <li>◦ School-based SEL programmes showed significant positive effects on SEL skills development; attitudes about self, others and school; and social behaviours.</li> <li>◦ These programmes were also effective in reducing students' conduct problems and levels of emotional distress as well as improving academic performance on achievement tests.</li> <li>◦ Classroom teachers and other school staff were more successful in conducting SEL programmes effectively compared to non-school personnel. This suggests that these interventions can be incorporated into educational practices and do not require outside personnel for delivery.</li> <li>◦ SEL programmes were effective at all levels of education and in a variety of settings (urban, rural, and suburban).</li> <li>◦ The most effective programme were those which incorporated a) Sequenced activities; b) Active forms of learning; c) Focused on developing one or more skills; and d) Explicit about targeting specific skills (<b>SAFE</b>).</li> <li>◦ Good quality implementation is characterised by high levels of intensity, consistency, clarity, with programme fidelity compared to loose guidelines and broad based principles.</li> </ul>

					behaviours (ES=0.17); conduct problems (ES=0.14); emotional distress (ES=0.15); and academic performance (ES=0.32).		
<p>The Positive Impact of Social and Emotional Learning for Kindergarten to Eighth-Grade Students: <i>Findings from Three Scientific Reviews</i></p> <p>Payton et al., 2008</p>	<p>Students aged 5 to 13 years (Kindergarten to grade 8).</p> <p>Aim: Assess the impact of social and emotional (SEL) programmes on elementary and middle-school students.</p> <p>N= 324,303</p>	<p>Total: N= 317</p> <p>Universal Total: N=180 RCT N=80 Quasi-experimental N=100</p> <p>Indicated: N=80 RCT N=64 Quasi-experimental N=16</p> <p>After-school N=57 RCT N=13 Quasi-</p>	<p>Enhanced social-emotional skills, attitudes towards self, school and others, positive social behaviour, reduced conduct problems and emotional distress.</p> <p>*Only emotional distress was not significant at follow-up for universal.</p> <p>*Only academic performance was not significant at follow-up for indicated.</p> <p>*When programme effects were looked at based on presenting problems of participants, students with a range of presenting problems showed greater</p>	<p>◦ Improved academic performance for both universal and indicated interventions.</p>	<p><i>Universal programmes outcomes:</i> ES: 0.23 to 0.60.</p> <p>Universal SAFE programmes had more significant outcome effects and larger effects sizes (0.25-0.69) than those that did not implement these practices.</p> <p><i>Indicated programmes outcomes:</i> ES: 0.38 to 0.77</p>	<p>◦ SEL interventions were successful across the K-8 grade range, for schools in urban, suburban and rural areas, and for the racially and ethnically diverse student bodies.</p>	<p>◦ Students in SEL programme demonstrated improvements in multiple areas of their personal, social and academic lives.</p> <p>◦ SEL programmes showed positive effects on: social-emotional skills, attitudes towards self, school and others; social behaviours; conduct problems; emotional distress; and academic performance.</p> <p>◦ SEL programme were effective in both the school and after-school setting and for students with and without presenting problems.</p> <p>◦ SEL programmes were effective when conducted by school staff, suggesting these interventions can be incorporated into educational practices.</p> <p>◦ Interventions which used the four recommended practices for skills training (SAFE) were more effective than programmes that did not follow these recommendations.</p>

		<p>experimental N=44</p> <p><b>Quality Assessment:</b> Not reported.</p>	<p>improvements than control students.</p> <p>*SAFE programmes had more significant outcomes than those programmes which did not use the SAFE practices for both universal and after-school programmes.</p>		<p>Students with a range of presenting problems showed greater improvements than control students (0.42 – 0.92).</p> <p><i>After-school programme outcomes:</i> ES: 0.08 to 0.22</p> <p>After-school SAFE programmes showed significantly better effects than programmes that didn't meet SAFE standards (0.17-0.41).</p>		
<p>Systematic review of the effectiveness of interventions to promote mental well-being in primary schools.</p>	<p>Children in primary school aged 4-11 years.</p> <p>Aim: Assess the effectiveness of</p>	<p>Total: N= 31</p> <p>RCTs N= 15</p> <p>CCTs</p>	<p>Emotional well-being: improved happiness and confidence and reduction in depression and anxiety.</p>		<p>The overall effect sizes were only calculated for four studies: One good quality RCT:</p>	<p>There are no trials identified in this systematic review to show differential effects according to age, gender, ethnic or social groups.</p>	<ul style="list-style-type: none"> <li>◦ There is good evidence to support the use of multi-component/whole-school programmes in primary schools for producing positive outcomes in children's wellbeing. Long-term programmes (1-3 years) provide the best evidence.</li> <li>◦ Effectiveness of a programme may be</li> </ul>

<p>Report 1: Universal approaches which do not focus on violence or bullying.</p> <p>Adi et al., 2007</p>	<p>school-based interventions that aim to promote mental well-being amongst children in primary education.</p>	<p>N= 16</p> <p><b>Quality Assessment:</b> NICE quality criteria</p>	<p>Psychological well-being: increase in resilience, autonomy, involvement, and ability to resolve conflict and problem solve.</p> <p>Social well-being and good relationships with others.</p>		<p>- 0.15 and 0.30; two moderate quality RCTs: - 0.37 and 0.25 and one moderate quality CCT: - 0.27 and 0.18, all suggest small to medium effects of interventions on mental health.</p>		<p>enhanced by the addition of a programme for parents.</p> <ul style="list-style-type: none"> <li>◦ More evidence is needed on the differences between psychologists and teachers' delivery of interventions.</li> <li>◦ There is some evidence to suggest that short-term conflict resolution programmes delivered by teachers which involve peer mediation are effective in the short-term.</li> <li>◦ Reasonable quality evidence that long-term programmes covering social problem solving, social awareness and emotional literacy in which teachers reinforce the classroom curriculum in all interactions with children are effective in the long term even when delivered alone.</li> <li>◦ More research is needed around the content and process of delivery of interventions.</li> </ul>
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### Out-of-School based Interventions

Study name, date and authors	Target group & Aim	Studies included & Quality Assessment	Psychosocial Outcomes – key findings on social and emotional skills development	Wider outcomes – impact on educational, health, and social wellbeing outcomes	Synthesised results of studies	Impact on equity and cost-effectiveness	Conclusions/recommendations
<p>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</p> <p>Clarke et al., 2015</p>	<p>Young people aged 4 to 20 years.</p> <p>Aim: Assess the evidence on the effectiveness of out-of-school programmes available in the UK that aim to enhance the social and emotional skills development of children and young people.</p>	<p>Total N= 55</p> <p>RCTs N= 5</p> <p>Quasi-experimental N=7 Pre-post with no control group N=29</p> <p>Post-test design with no control group: N=9</p> <p>Qualitative: N=4</p> <p>Longitudinal N=1</p> <p><b>Quality Assessment:</b> Early</p>	<p><i>Youth arts and sport intervention</i></p> <ul style="list-style-type: none"> <li>Positive effects on children and young people’s confidence, self-esteem, organisation and time management skills, emotional regulation, leadership.</li> </ul> <p><i>Social and emotional skills interventions</i></p> <ul style="list-style-type: none"> <li>Improved social and emotional skills and reduced internalising and externalising behaviours.</li> </ul> <p><i>Mentoring interventions</i></p> <ul style="list-style-type: none"> <li>Positive effects on self-esteem, self-efficacy, social acceptance, family and peer</li> </ul>	<p><i>Social and emotional skills interventions:</i></p> <ul style="list-style-type: none"> <li>Improved academic performance, attachment to school, enhanced parenting skills and educed rates of parental substance misuse.</li> </ul> <p><i>Mentoring interventions:</i></p> <ul style="list-style-type: none"> <li>Positive effects on young people’s engagement with school, academic achievement and substance misuse.</li> </ul> <p><i>Problem-behaviour programmes:</i></p> <ul style="list-style-type: none"> <li>Reduced adolescent risk behaviours including alcohol</li> </ul>	<p>Not reported</p>	<p>The majority of out-of-school programme were delivered with young people identified as being at risk of developing social, emotional, behavioural problems and/or engaging in risky behaviour. Only a small number of these intervention studies reported on the equity impact of these interventions for different subgroups of young people.</p> <p>More research is needed to ensure that these interventions reach those young people</p>	<ul style="list-style-type: none"> <li>There is limited evidence to support out-of-school social and emotional learning programmes in providing positive outcomes for children and young people and more robust evaluation studies are needed.</li> <li>Interventions aimed at increasing social and emotional skills through arts and sport-based activities provide some promising evidence for improving young people’s confidence, self-efficacy and emotional regulation.</li> <li>Family-based interventions were effective for impacting young people’s social skills, internalising/externalising behaviour and peer and family relations.</li> <li>Mentoring programmes provided limited evidence regarding their impact, as did social action programmes.</li> <li>Limited evidence regarding the impact of crime prevention interventions on improving young people’s social and emotional skills and reducing their involvement in crime.</li> <li>Characteristics of effective out-of-school programmes include: <ul style="list-style-type: none"> <li>Have specific and well-defined goals</li> <li>Direct and explicit focus on desired outcomes</li> <li>Provision of structured activities</li> <li>Training of facilitators and use of</li> </ul> </li> </ul>

		Intervention Foundation's Standard of Evidence.	<p>relationships and decision making with self-esteem results maintained at one year follow-up.</p> <p><i>Problem-behaviour programmes:</i></p> <ul style="list-style-type: none"> <li>Improved self-esteem, pro-social behaviours, confidence, social skills, conflict resolution skills, anger management and reduced levels of anti-social behaviours.</li> </ul> <p><i>Other interventions:</i></p> <ul style="list-style-type: none"> <li>Improvements in preventing feelings of helplessness, anxiety, depression and other stress related mental health problems.</li> </ul> <p>* Poor quality studies were noted in the review.</p>	<p>consumption and substance misuse and improved young people's involvement in education, training and employment.</p> <p><i>Other interventions:</i></p> <ul style="list-style-type: none"> <li>Improved young people's progression into further education and employment.</li> </ul>		<p>with the greatest need while also addressing the social gradient.</p> <p><b>Cost-benefit:</b></p> <ul style="list-style-type: none"> <li>Cost-benefit analysis information of programmes revealed a positive return on investment for many of the interventions (e.g. FAST 1:3.3, Incredible Years 1: 1.4).</li> </ul> <p><i>Dartington's Investing in Children &amp; Blueprints for Positive Youth Development database</i></p>	<p>structured manual</p> <ul style="list-style-type: none"> <li>Implementation over longer period of time.</li> </ul>
The effects of participating in creative activities on the health and	Children aged 11 to 18 years.  Aim:	Total: N=20  Quantitative	<ul style="list-style-type: none"> <li>Improvements on behavioural outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Improved levels of knowledge on sexual health</li> </ul>	Not reported	Not reported	<ul style="list-style-type: none"> <li>There is evidence to indicate that participating in creative activities can have a positive effect on the health and well-being of children.</li> </ul>

<p>well-being of children and young people: a rapid review of the literature</p> <p>Bungay &amp; Vella-Burrows, 2013</p> <p>UK, USA, Canada, Australia, Tanzania</p>	<p>Assess the effectiveness of participating in creative activities on the health and well-being of young people.</p>	<p>N= 6</p> <p>Qualitative N=8</p> <p>Mixed-methods N=6</p> <p><b>Quality Assessment:</b> Adapted criteria from the Centre for Reviews and Dissemination</p>	<ul style="list-style-type: none"> <li>◦ Improved self-confidence and self-esteem.</li> <li>◦ Increase in social engagement.</li> <li>◦ Increase in interpersonal and social skills</li> <li>◦ Increased sense of achievement and empowerment.</li> </ul>	<p>and healthy eating.</p> <ul style="list-style-type: none"> <li>◦ Improved physical activity</li> <li>◦ Less likely to misuse substances.</li> </ul>			<ul style="list-style-type: none"> <li>◦ This is especially true for young people’s mental and emotional well-being outcomes such as improved self-worth, confidence and life skills.</li> <li>◦ The strength of the conclusions from this study is weak due to lack of validated outcome measures, low response rates, attrition and lack of statistical power.</li> </ul>
<p>Youth Empowerment Programs for Improving Adolescents’ Self-Efficacy and Self-Esteem: A Systematic Review</p> <p>Morton &amp; Montgomery, 2013</p>	<p>Adolescents aged 10-19 years.</p> <p>Aim: Assess the effectiveness of youth empowerment programmes (YEPs) on adolescents’ self-efficacy and self-esteem.</p>	<p>Total N=3</p> <p>RCTs N=2</p> <p>Quasi-experimental N=1</p> <p><b>Quality Assessment:</b> Criteria which was developed in a previously published systematic review (Zief, Lauver &amp; Maynard, 2006). These criteria use forty-one characteristics</p>	<p>No significant outcomes reported.</p> <ul style="list-style-type: none"> <li>◦ Some secondary outcomes were shown to be significant (e.g. social skills, coping skills and problem behaviours) though these findings were not consistent across studies.</li> </ul>			<p>As many of the young people in the trials were of disadvantaged backgrounds, more targeted, evidence-based programmes could be needed prior to or with YEPs to have an impact.</p>	<ul style="list-style-type: none"> <li>◦ This review demonstrates an insufficient evidence-base for YEPs’ impact on self-efficacy and self-esteem.</li> <li>◦ While the studies do not show positive intervention effects on the primary outcomes, there is limited evidence for intervention effects on the review’s secondary outcomes (e.g. social skills and anti-social behaviour) which suggests a potential important role for youth empowerment in changing these outcomes. However, further research is needed as significance of secondary outcomes was inconsistent across studies.</li> <li>◦ Longer programme durations and better implementation strategies to increase participation might provide the levels of programme exposure that could be needed to achieve measureable impacts, particularly on adolescents considered at higher risk.</li> </ul>

		of study design and reporting to evaluate studies according to four core standards.					
Mentoring Interventions to Affect Juvenile Delinquency and Associated Problems: A Systematic Review  Tolan et al., 2013	Young people under the age of 18 who were identified as 'at-risk' of juvenile delinquency.  Aim: Assess the effectiveness of mentoring interventions on delinquency and other related problems for young people.	Total N= 46  RCTs N=27  Quasi-experimental N=19  <b>Quality Assessment:</b> Not reported	<ul style="list-style-type: none"> <li>Reduction in aggression</li> </ul>	<ul style="list-style-type: none"> <li>Improvements in delinquency</li> <li>Reduction in drug use</li> <li>Improved academic functioning.</li> </ul>	<p>Delinquency SMD= .21 95% CI (0.17-0.25)</p> <p>Aggression: SMD= .29 95% CI (-0.03 -0.62)</p> <p>Drug use: SMD= .16 95% CI (0.04-0.29)</p> <p>Academic Achievement: SMD= .11 95% CI (0.03 -0.31)</p>	<ul style="list-style-type: none"> <li>There is evidence to support the use of mentoring programmes for the high-risk population in particular given their elevated risk for not only delinquency problems but many other areas of functioning as well.</li> </ul>	<ul style="list-style-type: none"> <li>Findings suggest that mentoring is beneficial for at-risk youth to reduce delinquency, aggression, substance use and to improve academic functioning.</li> <li>It is important to note, however, that all effects were modest in size.</li> <li>Effects tended to be stronger when professional development was a motive for participation of the mentors.</li> <li>Evidence for significantly larger effects was produced when emotional support and advocacy were emphasised.</li> <li>Most of the studies lacked detail on the key programme features, design and theorised processes of impact. Therefore, more research to uncover these aspects of mentoring programmes is needed</li> </ul>
A systematic review of the impact of physical activity programmes on social and emotional well-being in at-risk youth  Lubans et al.,	Young people aged 4-18 years.  Aim: Assess the effectiveness of physical activity programmes in improving social and emotional well-being in at-risk	Total N=15  RCTs N=5  Quasi-experimental: N=6  Pre-post	<p><i>Outdoor adventure programmes:</i></p> <ul style="list-style-type: none"> <li>Improved self-worth, self-concept, resilience, perceptions of alienation and self-control.</li> </ul> <p><i>Sport and skill-based programmes:</i></p>			<ul style="list-style-type: none"> <li>As this review examined only studies of participants at high-risk, it is difficult to compare the outcomes to those of low-risk.</li> </ul>	<ul style="list-style-type: none"> <li>Physical activity programmes have the potential to improve social and emotional well-being in at-risk youth, but more rigorous trials are needed to evaluate their effectiveness.</li> <li>As none of the studies include long-term follow-ups, it cannot be determined whether the benefits associated with participation are sustained once youth go back to their daily routines.</li> </ul>

2012	youth who have a prevalence or depression and low self-esteem.	N=4 <b>Quality Assessment:</b> Risk of bias was assessed using criteria from the Consolidated Standards of Reporting Trials (CONSORT)	<ul style="list-style-type: none"> <li>◦ Improved perceived physical competence (self-concept), self-esteem, and temperament.</li> </ul> <p><i>Physical fitness programmes:</i></p> <ul style="list-style-type: none"> <li>◦ Improved self-concept.</li> </ul> <p>*All outcomes were reported to have a high risk of bias.</p>				<ul style="list-style-type: none"> <li>◦ The quality of existing studies is poor</li> <li>◦ Professionals working with at-risk youth are encouraged to consider specific physical activity programmes to support social and emotional well-being and general health in this group.</li> </ul>
A Meta-Analysis of After-School Programs That Seek to Promote Personal and Social Skills in Children and Adolescents  Durlak et al., 2010	Young people between the ages of 5 and 18.  Aim: A meta-analysis of after-school programmes that attempt to foster the personal and social skills of programme participants.	Total: N= 68 RCTs N= 24  Quai-experimental N= 44  <b>Quality Assessment:</b> Not reported.	<ul style="list-style-type: none"> <li>◦ Increased positive social behaviours</li> <li>◦ Improved self-perceptions</li> <li>◦ Reductions in problem behaviours</li> <li>◦ SAFE programmes (N=41) were associated with positive effects for all of the outcomes compared to non-SAFE programmes which showed no significant effects.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Improved bonding to school.</li> <li>◦ Improved school grades and levels of academic achievement.</li> </ul>	Self-perceptions: ES= 0.34  School bonding: ES= 0.14  Positive social behaviours: ES= 0.19  Problem behaviours: ES= 0.19  Achievement test scores: ES= 0.17  School grades: ES= 0.12	Not reported	<ul style="list-style-type: none"> <li>◦ There is evidence to suggest that after-school programmes are an important community setting for promoting social and emotional well-being of young people. ASPs should therefore aim to use components which foster the personal and social skills of youth.</li> <li>◦ Not all after-school programmes were effective. Only interventions which showed the features of SAFE programmes provided significant effects on any outcomes.</li> <li>◦ More research is needed on identifying characteristics that lead to a successful programme.</li> </ul>

					SAFE programmes: ES=0.14-0.37		
Positive youth development in the United States: Research findings on evaluations of positive youth Development programs. Prevention and Treatment  Catalano et al., 2004	Children and youth between the ages of 6 and 20 years.  Aim: To assess the effectiveness of Youth Development Programmes on the well-being of children and young people.	Total: N=25  RCTs & Quasi-experimental  <b>Quality Assessment:</b> Not reported	<ul style="list-style-type: none"> <li>◦ Improved interpersonal skills.</li> <li>◦ Improved quality of peer and adult relationships.</li> <li>◦ Increased self-control, problem solving, self-efficacy and cognitive competencies.</li> <li>◦ Improvements in problem behaviours such as school misbehaviour and aggression.</li> </ul>	<ul style="list-style-type: none"> <li>◦ Increased commitment to school and academic achievement.</li> <li>◦ Improvements in problem behaviours such drug and alcohol use, violence, truancy, high risk sexual behaviour and smoking.</li> </ul>		The majority of the interventions were designed for at-risk or socially excluded youth.	<ul style="list-style-type: none"> <li>◦ There is evidence that youth development programmes can be effective in promoting positive youth behaviour outcomes and preventing youth problem behaviours, especially when they combine the resources of the family, community and the school.</li> <li>◦ Although there was a series of strategies which contributed to these results, the key themes common to success involved:</li> <li>◦ Methods to strengthen social, emotional, behavioural, cognitive and moral competencies;</li> <li>◦ Building self-efficacy;</li> <li>◦ Shaping messages from family and the community about clear standards for youth behaviour;</li> <li>◦ Increasing healthy bonding with adults, peers and younger children;</li> <li>◦ Expand opportunities and recognition for youth;</li> <li>◦ Provide structure and consistency in programme delivery and intervene with youth for at least nine months or longer.</li> </ul>