Appendix A: Evidence summary

Summary of new evidence from 8-year (PH12)	Summary of new intelligence from 8-year surveillance (from topic experts or initial internal intelligence gathering)	Impact
PH12 Recommendation 1 Comprehensive Programmes evidence statement VPES2, IDE **PH12 Recommendation 2 Universal approaches** evidence statement UES1, VPES1 **PH12 Recommendation 3 Targeted approaches evidence statement TES1, TES2, TES5**		
One systematic review[1] and thirteen RCTs[2-14] looked at the effectiveness of teacher and/or parent programmes with the aim of improving child and parent behaviours. Twelve RCTs[2-13] showed that teacher and parent programmes were effective at improving mental health, social skills, child behaviour, parent behaviour and academic performance. There was 1 RCT[14] where there was no significant difference between the intervention group and the control group. Teacher and parent programmes In one systematic review[1] of 7 studies (n=718) the effect of digital parent training (DPT) programmes on disruptive behaviours was considered. Compared to the control groups in the studies DPT made significant improvements in child behaviour (Effect size 0.44 95% CI 0.21-0.66) in children up to 7 years of age. It was concluded that interactive programmes were more effective at improving child behaviour than non-interactive programmes. In one RCT[2] teachers and parents were trained to disseminate 2 universal and 2 targeted interventions to 171 children who were from high-poverty urban communities and had behaviour disorders. The intervention was a school and home based mental	PHE were keen to build emotional wellbeing and resilience in children and to consider a pathway of need. They were keen to focus on prevention instead of early interventions. This guideline was reviewed in 2013 and it was suggested that an update should take place that took into account a whole school approach. It was noted by stakeholders during a consultation on this review decision that more should be incorporated into the guideline around media safety. The guideline will need to be refreshed as a number of the organisations and schemes mentioned no longer exist e.g. National Healthy School Status, PCTs, Every Child Matters indicators, Children's Trust Boards and Anti-Bullying Alliance. Ongoing research was found that looks at the impact of PATHS on primary school children[58]. It is not known when the results will be published. Further ongoing research is looking at mentoring programmes to improve emotional	**New evidence was identified that may have an impact on the recommendations.** Recommendation 1 looked at comprehensive programmes where primary schools should adopt a whole school approach to social and emotional wellbeing. This involves focusing on the conditions, the environment, teacher and practitioner training and supporting pupils, parents and carers. Recommendation 2 looked at universal approaches for integrating the learning of social and emotional wellbeing skills into the curriculum. Teachers and practitioners should be fully trained to deliver the curriculum. Parents should also be supported to develop their parenting skills by community nurses or school nurses. Bullying and violence should also be prevented. Recommendation 3 looked at targeted approaches to identify and address early signs of behavioural problems and to discuss referrals. Parents and carers should be involved in tackling the problems and interventions such as problem focused group sessions and group parenting sessions should be offered in schools.

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health service model entitled Links to Learning however no further information is given. There were significant effects to mental health service use, academic engagement and social skills. In one RCT[3] in 37 schools (n=12,344) the intervention was compared with schools that did not offer the intervention. The intervention was called a school-wide positive behavioural intervention and support (SWPBIS) and involved altering staff behaviours and developing systems and supports to meet children's behavioural needs. There were significant effects on behaviour problems, concentration problems, social-emotional functioning and prosocial behaviour. Children in SWPBIS schools were 33% less likely to need to be disciplined than those in the control schools. The effects were stronger when the intervention was implemented in primary school. One RCT[4] involved 11 children and 4 teachers in the intervention group and 18 children and 3 teachers in the control group. The intervention was a child teacher relationship training (CTRT) mental health intervention with at risk children. Children in the intervention group had significant decreases in problem behaviours. One RCT[5] involved 174 4-6 year olds selected from a high-need urban area assigned to the intervention which was a parenting programme plus a reading intervention compared to the control group. Parents from the intervention group reported increases in positive behaviour and sensitive responding. One RCT[6] involved 92 participants who had children who were aged between 2 and 12 were randomly assigned to either a DVD, emotion-coaching or control group. In both intervention groups there were	and behaviour problems in primary school children[59]. The trial is due to end in October 2017. Ongoing research is currently looking at school based interventions to reduce bullying in UK primary and secondary schools[60]. The intervention was found to be effective in Finland, however the results from this trial have yet to be published. Ongoing research is looking at an intervention to increase resilience and self-awareness among primary school children.[61] The results are not yet published.	There were seven RCTs that looked at interventions to reduce anxiety, improve depression and increase resilience and coping. The recommendation could be strengthened around specific ways to improve primary school social and emotional wellbeing by tackling these issues. There was also one RCT on preventing cyberbullying. There is a lack of discussion around the issues of cyberbullying within these recommendations which may need to be updated in order to acknowledge increasing social media issues. The terminology and referencing within the guideline will need to be refreshed, for example PCTs are referenced and the Social and Emotional Aspects of Learning (SEAL) programme has been archived.

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significant decreases in child problem behaviour, dysfunctional parenting, parental depression and parental stress. Those in the DVD group had decreased parental anxiety and the emotional coaching group had a decrease in emotion-dismissing parenting style. The results were maintained after 3 months follow up and were maintained after 2 years in the DVD group. In one RCT[7] parents and children (n=193) were randomised to either the Triple P Positive Parenting Programme online version or the workbook version. Participants were monitored again at 6 months. Both interventions were associated with significant reduction of disruptive child behaviour, dysfunctional parenting styles, risk of child maltreatment and inter-parental conflict. Intervention effects remained at 6 months. One RCT[8] involved 621 parents who were randomised to receive the intervention entitled All Children in Focus or join a waitlist control group. There were no details around what the intervention entailed. Parents were assessed at baseline, 2 weeks, and 6 months later. Those in the intervention group increased self-efficacy (p=0.001) and perceptions of health and development (p=0.05) at 6 months compared to the control. One RCT[9] involved ten schools (n=1050) and the intervention looked at parenting and school readiness in high risk children. ParentCorps looked at training teachers and also involved parents and students in 13 two hour group sessions delivered by teachers and mental health practitioners. Children in ParentCorps programmes had lower levels of mental health problems (Cohen d = 0.44 95% CI 0.08-0.81) and higher academic performance (Cohen d = 0.21 95% CI 0.02-0.39).		

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One RCT[10] involved the Incredible Years School Age programme of 12 weekly 2 hour sessions where the 22 participants (parents of children) were assigned to intervention and control groups and those in the intervention were assessed immediately after the intervention and 12 weeks later. Those in the intervention group showed a positive improvement in regard to parenting stress, parenting practices and parenting perception of their child's behaviour. One RCT[11] involved parents (n=48) who were attending the Incredible Years Parent Programme who were also involved in the Home Parent Support. There was an improvement in child behaviour and social competence as well as parent-child relationships and family functioning. One RCT[12] where 154 families were randomly assigned to the BASIC Incredible Years parenting intervention or a control condition noted that the Incredible Years programme reduced parent reported disruptive child behaviour and teacher reported hyperactive and inattentive child behaviour. There was increased use of parent reported praise and incentive and reduced use of harsh or inconsistent discipline. There was no change in hyperactive or inattentive behaviour or teacher reported child conduct problems. There was no change in parenting stress. There were no changes in effectiveness across the different socioeconomic or ethnic backgrounds and effects were maintained at the 3 month follow up. In one RCT[13] 192 students were given homework assignments over a seven week period that needed to be completed by parent and child. The outcomes were that more parents conversed with teachers in the intervention group compared to the control and the		

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intervention group had higher homework grades. (p=0.001). In one RCT parents[14] (n=759) and children (n=355) were randomised to the Triple P intervention or to the control. The cohort was monitored at baseline, 6, 12 and 18 months. There were no significant differences in the intervention group. <u>Social skills</u> Ten RCTs[15-24] where school children received interventions to help improve their social wellbeing found that improvements were made in self-awareness, behaviour, self-esteem, social behaviour and problem solving. One RCT[15] involved 766 children from disadvantaged schools. The intervention had a significantly positive impact on the children's emotional literacy scores including self-awareness (p=0.001), self-regulation (P=0.01), motivation (p=0.001) and social skills (P=0.001). The programme did not affect emotional and behavioural problems. No information was given in the abstract around what the intervention involved. One RCT[16] involved a social and emotional learning programme. There were 14 teachers and 228 children randomised to intervention or control groups. Those in the intervention group showed improved relationships with their peers, academic behaviour, social skills, emotional knowledge, school learning, and behaviour. In one RCT[17], 982 participants were separated into the two intervention groups and one control group. The intervention was a universal, school-based, social and emotional learning program delivered in two different formats: curriculum (semi structured) and pre-package		

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(fixed structure). The intervention groups both showed positive results in social awareness, self-control, self-esteem, social isolation and social anxiety. The pre-package intervention had better results in self-esteem and social isolation. In one RCT[18] children aged 4-7 years (n=488) in 14 schools in Australia were allocated to the intervention, active comparison or control group. The intervention used was the Fun FRIENDS programme, however no further details are given. Parents and teachers noted the children's measures of anxiety, behavioural inhibition, resilience, social and emotional functioning and behaviour difficulties improved. The intervention showed greater reductions in behavioural inhibition, behavioural difficulties and improved social and emotional competence. In one RCT[19] involving 61 schools with 321 teachers and 7300 students the intervention looked at the updated version of Second Step, a social-emotional learning program, and its effect over a one year period. Teachers reported few significant results, however there were significant improvements in social-emotional competence and behaviour for children who started the school year with skill deficits One RCT[20] involved 891 high risk children being randomly assigned to a Fast Track intervention or the control group. The intervention involved addressing social-cognitive processes through social skills training groups, parent groups, classroom curricula, peer coaching and tutoring. Those in the intervention group had significantly decreased antisocial behaviour (p=0.01). One RCT[21] involved 356 school children who were followed for 5 years and 25 Head Start Centres who		

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were randomly assigned to deliver Head Start REDI or the usual Head Start. The Head Start REDI had an integrated language-emergent literacy and social-emotional skills curriculum and supported positive teaching practices. Those in the intervention group were significantly more likely to follow the most optimal developmental trajectories of social competence, aggressive-oppositional behaviour, learning engagement, attention problems, student teacher closeness and peer rejection. One RCT[22] involved 221 children randomised to an intervention or control group. The intervention involved strengthening emotional knowledge, the ability to take another person's point of view, communication skills and social problem solving. After 5 months the intervention group had improved their problem solving strategies and prosocial behaviour. One RCT[23] involved 184 school children in the study. The training took place over three 90 minute lessons within 4 weeks. The intervention was called the Peaceful Cooperation in Conflict Situation and aimed to improve the sensitivity and understanding of emotions in self and others. The intervention group improved their social-emotional proficiency and acquired a better understanding of emotions and perspective taking in conflict situations. The teachers rated the intervention children as better at prosocial behaviour after the intervention compared to before. In one RCT[24] (n=not reported in the abstract) the participants were randomised to an intervention, which involved mindfulness-based stress reduction for 1 hour a week for 8 weeks and 10 minutes of homework, or to a control group. It was found that self-esteem and self-regulation increased in both groups. The intervention		

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group had greater appraisal of stress (p=0.01) and greater frequency of coping (p=0.05). Anxiety Evidence that may affect the recommendations: Four RCTs[25-28] looked at the effectiveness of interventions to reduce anxiety. These RCTs were effective at reducing anxiety, depression and increasing understanding and coping. In one RCT[25] the participants (n=27) were randomised to the treatment or control group. Those in the intervention group had a 6 session Social and Emotional Learning (SEL) programme which was based on the Strong Kids Programme which aimed to improve social emotional skills and deal with anxiety and understanding. Those in the intervention group had less problem behaviours (p=0.008) however there were no changes in social skills. One RCT[26] involved 14 schools and 638 children. The intervention was entitled the FRIENDS program and was a 10 week school based cognitive behaviour prevention program which focused on childhood anxiety. Those who were in the intervention group showed significantly less anxiety and depressive symptoms and lower perfectionism scores. Younger children had immediate gains, however older children showed these outcomes at the 6 and 12 month follow up. One RCT[27] involved 317 UK children allocated to either the intervention or control groups. The intervention involved a universal mental health promotion programme. Those in the intervention group had significantly reduced anxiety and improved coping. No		

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differences were found between the interventions that were teacher led and psychologist led. One RCT[28] involved 56 primary school pupils assigned to the intervention or to the control. The intervention was an adventure-based training programme to promote the psychological wellbeing of primary children. Those in the intervention group had reduced depressive symptoms, lower anxiety levels and higher self-esteem. Bullying Evidence that may affect the recommendations: this RCT[29] looked at tackling cyber bullying and was effective at prevention. One RCT[29] involved 2042 students from 18 schools. The intervention was the anti-bullying programme ViSC. This programme is a school development task and usually lasts for one year. It was noted that the ViSC program was effective in preventing cyberbullying and cyber victimisation and that this continued after 6 months. Mindfulness Evidence that may affect the recommendations: there were three RCTs[30-32] which looked at mindfulness programmes and concluded that these could have small effects on individual's wellbeing. In one RCT[30] the participants (n=99 elementary school children) were randomly assigned to receive the social and emotional learning programme with mindfulness or the regular social responsibility programme. Those in the intervention group improved their cognitive control and stress physiology and reported greater empathy,		

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perspective taking, emotional control, optimism, school self-concept and mindfulness. They showed greater decreases in self-reported symptoms of depression and aggression and were rated by peers as more prosocial. In one RCT[31] children were randomised to the intervention group, Mindful Kids (n=95) or the control group (n=104). The intervention involved twelve 30 minute sessions over 6 weeks. There were no significant changes in the intervention group, although there was a small effect on stress, wellbeing and behaviour. In one RCT[32] the mindfulness enhance strengthening families programme was implemented in 432 families and compared to standard Strengthening Families Programme (SFP) with minimal treatment. There were no differences between the two conditions but mindfulness was found to boost and sustain the effects of SFP, especially for the fathers.		
Research Recommendations – PH12		
RR – 01 What indicators should be used to measure the emotional and social wellbeing of primary schoolchildren and to monitor any changes over time? How can such measures be used in evaluation, including economic appraisals?		
None	None	None
RR – 02 What is the most effective and cost effective way to improve the emotional and social wellbeing of primary schoolchildren? How do interventions to improve emotional and social wellbeing (including multi-component programmes) affect social, health and education outcomes (and costs) in the longer term.		
None	None	None
RR – 03 What are the most effective and cost-effective ways of improving the emotional and social wellbeing of vulnerable primary schoolchildren? This includes those from certain black and minority groups and looked after children (including those who have subsequently been adopted).		
None	None	None

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RR – 04 What are the most effective ways to involve parents or carers, particularly those from disadvantaged backgrounds, in primary school programmes to improve their children's emotional and social wellbeing?		
None	None	None
RR – 05 What are the most effective ways of involving children in the development, implementation and evaluation of programmes to promote emotional and social wellbeing in primary schools?		
None	None	None
Gaps in the evidence – PH12		
Gap – 01 There is a lack of valid methods for measuring the emotional and social wellbeing of primary schoolchildren and monitoring changes over time.		
None	None	None
Gap – 02 There is a lack of evidence on the cost effectiveness of interventions to promote the emotional and social wellbeing of primary schoolchildren, particularly multi-component programmes. There is also a lack of evidence on the effect of these interventions on social, health and education outcomes (and costs) in the longer term.		
None	None	None
Gap – 03 There is a lack of evidence on the relationship between standard measures of emotional and social wellbeing and those used to measure quality adjusted life years (QALY).		
None	None	None
Gap – 04 There is a lack of UK evidence on the effectiveness and cost effectiveness of interventions to prevent and manage stress, including the use of relaxation and cognitive behavioural techniques.		
One RCT[27] involved 317 UK children allocated to either the intervention or control groups. The intervention involved a universal mental health promotion programme. Those in the intervention group had significantly reduced anxiety and improved coping. No differences were found between the interventions that were teacher led and psychologist led.	None	There was one RCT conducted in the UK which looked at promoting mental health and the intervention significantly reduced anxiety. Therefore this gap still exists as there is still limited UK evidence on this subject.

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Gap – 05 There is a lack of evidence on effective and cost effective ways of promoting the emotional and social wellbeing of vulnerable primary schoolchildren. Vulnerable children include those from certain black and minority groups, those who are looked after and others at risk of experiencing emotional problems.		
None	None	None
Gap – 06 There is a lack of evidence on effective ways to involve the parents or carers of primary schoolchildren in school-based programmes to improve their children's emotional and social wellbeing. Evidence is particularly needed on how to engage parents or carers from disadvantaged backgrounds.		
Although evidence was found around parent programmes there was not enough information in the abstract to acknowledge how the parents were involved. Therefore this gap cannot be addressed.	None	None

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