

Universal Wellbeing Practices in Schools: Framing Evidence-Informed Practice Within the Five Ways to Wellbeing

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In 2017, the UK Government published *Transforming Children and Young People's Mental Health Provision: A Green Paper* (Department for Education & Department of Health, 2017), making clear that their intention is to place schools at the forefront of a national strategy to improve the mental wellbeing of children. The *Special Educational Needs and Disability Code of Practice* (SEND CoP; Department for Education & Department of Health, 2015) includes Social, Emotional and Mental Health as one primary area of SEND, emphasising a graduated approach to intervention, beginning with high-quality teaching. Taken together, the clear implication is that schools should arrange provision to promote children's wellbeing at the universal level, not just at the targeted and specialist levels. With its emphasis upon evidence-based actions, the New Economics Foundation's (NEF's) *Five Ways to Wellbeing* (Aked et al., 2008) is proposed here as a framework for organising provisions. Relevant evidence-based programs, as well as strategies and procedures, are presented, each of which is universally applicable, relevant across primary and secondary phases, and linked to the NEF's *Five Ways*.

Keywords: wellbeing, schools, mental health, resilience, universal provision

Introduction

The Political Landscape

Schools and other educational settings currently sit at the heart of the UK Government's strategy for promoting and improving the mental health and wellbeing of children and young people. For example, the Government's green paper *Transforming Children and Young People's Mental Health Provision* (Department for Education & Department of Health, 2017) specifies proposals to: (a) make the role of Mental Health Lead a statutory requirement in all schools and (b) implement professional mental health support teams, centred around school communities.

The 2017 green paper sits alongside other relevant government guidance for schools, including the *Special Educational Needs and Disability Code of Practice* (Department for Education & Department of Health, 2015). Along with three other categories of primary need, the Code of Practice (CoP) includes a need-category of Social, Emotional and Mental Health (SEMH). With its continuing emphasis upon a graduated response to intervention, starting with quality first teaching for all children with SEND, the firm implication of the CoP is that schools have a responsibility to make provision to proactively promote the wellbeing of all of their students.

This governmental position on the role of schools in providing universal, proactive and preventative provision to promote children's mental health is further enshrined in the now-

statutory status of Personal, Social and Health Education (PSHE) curricula (Department for Education, 2019). This guidance, which came into effect in April 2021, places a strong emphasis upon the development of social and interpersonal skills, as well as both physical and mental health and wellbeing.

In spite of the increased responsibility upon schools to promote children's mental health over recent years, it is often far from easy for school leaders to identify and select the most effective and empirically supported programs and approaches for such purposes. Evidence suggests that some approaches, including those with high price tags, can continue to increase in popularity within schools, even when the evidence to support their efficacy is seriously and chronically lacking (see, for example, Gibby-Leversuch et al., 2019).

The Five Ways to Wellbeing

In 2008, as part of their Foresight Programme, the UK Government commissioned an independent think-tank called the New Economics Foundation (NEF) to create a set of evidence-based actions for improving wellbeing that have broad applicability across human populations (Aked et al., 2008).

The aims of this government-funded project, in order, were to: (a) develop a list of empirically supported actions for improving wellbeing through a broad review of the evidence, (b) condense this initial list into a short list of wellbeing behaviours that reflect key findings from the initial evi-

dence review and (c) make recommendations about how this shorter list can be effectively communicated to the general population. Their final list comprised the following five wellbeing behaviours:

1. *Connect*: with the social world around you.
2. *Give*: by demonstrating kindness toward others and by supporting the wider community.
3. *Be active*: by engaging in exercise and other physical activities.
4. *Take notice*: by reflecting and being open to, and curious about, the world around you and the world inside you.
5. *Keep learning*: by trying new things and challenging yourself to grow and develop (Aked et al., 2008).

Since the publication of their findings, the NEF's project has seen a widespread impact, including receiving a broad endorsement from, and application by, NHS England, Public Health England and a large number of local authorities in the UK.

The Scope of This Paper

It is beyond the scope of the current article to provide a full evidence review of mental health provisions in schools, though there is a considerable body of empirical literature regarding programmes and approaches at the universal, targeted and specialist tiers (see A. M. Clarke et al., 2015, for a wide-ranging discussion). However, few, if any, have been explicitly linked to, or based on, the NEF's *five ways* to date. This is a curious omission, given that these five categories of action have been so strongly linked to healthy psychological functioning across the age range.

In what follows, we present some examples of empirically well-supported interventions and approaches for promoting students' wellbeing. In doing so, we link each example directly to one or more of the NEF's list of five, so as to highlight them as specific, explicit examples of how schools can target one of these five categories of action in order to improve general student wellbeing. In recognition of the responsibility of schools to make effective wellbeing provision for all students, what is covered below is restricted to, and focuses exclusively upon, provisions that: (a) can be applied universally across a school, (b) are relevant across both the primary and the secondary phases of education and (c) in the case of structured programs, have the strongest evidence base linked to one of the *five ways* to date.

The Five Ways to Wellbeing: Universal School-Based Practices

At this juncture, we begin to outline a number of school practices that can be used to target one or more of the NEF's Five Ways to Wellbeing. Some of the practices we include are programs with start-to-finish implementation structures. Here, we only include those programs with compelling empirical support.

Other practices that we include can be more accurately thought of as strategies, or procedures, and, as such, these may not be represented in abundance within the existing empirical literature. In light of this, two points seem particularly noteworthy. Firstly, what we consider to be justifiably *empirically supported practice* extends way beyond specific programs and protocols for intervention. Indeed, within the therapeutic literature — both conceptual and empirical — the world of applied psychology is beginning to move into an age of what Hofmann and Hayes (2019) refer to as process-based care. One of the key features of this is a shift from an exclusive emphasis upon evidence-based *protocols for syndromes*, on the one hand, toward the increasing inclusion of evidence-based *procedures* for targeting (in a more contextually sensitive way) evidence-based *processes*. Whilst we recognise that Hofmann and Hayes (2019) have a particular meaning in their use of the term *processes*, our reference to this movement within psychological science is relevant insofar as we consider the procedures and strategies we include below to be practical means of targeting behavioural processes with known links to general psychological wellbeing.

Secondly, with regards to schools' use of such strategies or procedures, we strongly emphasise the importance of using robust practice-based evidence (PBE) — that is, the collection of data at specific time-points pre-, during and post-implementation of the intervention strategy. This could consist of the use of flexible scaling methods such as Goal Attainment Scaling (GAS; Kiresuk & Sherman, 1968) or derivatives of GAS such as the Target Monitoring and Evaluation system (TME; Dunsmuir et al., 2009). The broad alternative to these kinds of flexible scaling methods is the use of structured questionnaires, standardised for one's specific target population. Many of these kinds of measures are free to use and available online. For example, the Child Outcomes Research Consortium (CORC) website (<https://www.corc.uk.net>) provides free access to a wide range of standardised wellbeing measures for children and young people. Further, the Anna Freud National Centre for Children and Families offers a freely available Mental Health Toolkit for Schools (available at <https://www.annafreud.org/schools-and-colleges/resources/mental-health-toolkit-for-schools/>), which includes a range of standardised measures.

Connect

A rich, authentic connection with others has long been considered a basic human need crucial to one's sense of esteem and achievement (Maslow, 1943). Due to their considerable history of empirical support, we would highlight two universally applicable, school-based programs and interventions designed primarily to target improved social connectedness and social skills. The first of these is the Good Behaviour Game (GBG; Barrish et al., 1969), which aims to increase students' ability to meet social task demands through the promotion of positive social interactions and effective learning behaviours in the classroom, whilst reducing instances of undesirable behaviour.

The GBG groups pupils into small teams, who compete to "win" the game, which takes place for specified periods during a lesson. Teams complete a learning task whilst following between three and four predetermined concrete rules. Relevant behaviours are recorded, with positive feedback delivered in a timely manner. Desirable, prosocial behaviour is therefore positively reinforced through both teacher feedback and the ongoing, naturally occurring feedback from peers in response to the teacher-determined positive behaviours.

The GBG has been well evaluated internationally, through a combination of longitudinal studies, randomised control trials (RCT) and other study designs. For example, meta-analysis of the GBG provides evidence for immediate decreases in disruptive and aggressive behaviour (Flower et al., 2014; Kellam et al., 2008; Rubrow et al., 2018) and increases in levels of teacher-delivered praise (Maggin et al., 2011; Rubrow et al., 2018). GBG effects have been shown to endure over time, with reduced risk of maladaptive behaviours in comparison with control groups regarding, for example, alcohol abuse (Kellam et al., 2008), tobacco use (van Lier et al., 2009) and suicidal ideation in later life (Kellam et al., 2008; Kellam et al., 2011).

Although GBG has been cited as an intervention that primarily targets problem behaviour (e.g., see A. M. Clarke et al., 2015), recent research has shown that its social factors are also being recognised as important mediators of change. Coombes et al. (2016) explored the notion of inclusivity as a mechanism of social and academic progress in English primary schools. Integrative analysis of quantitative and qualitative findings highlighted immediate improvements in three key areas: inclusion and participation, behaviour, and concentration. Of particular note was teachers' discussion around participation and inclusion, which focused strongly on teamwork, on being included and on the making of friends as being central to the change process.

A further universally applicable, cross-phase program that has demonstrated improvements in social connectedness and prosocial behaviour through robust evaluation is the Positive Action (PA) curriculum. Originally developed by Carol Allred in the 1980s (Biglan, 2015), PA has been success-

fully evaluated through several RCT studies (e.g., Flay et al., 2006; Flay & Slagel, 2006; Lewis et al., 2013). With units of study that focus on, for example, self-concept, responsible action and treating others respectfully, evaluations of PA have demonstrated significant reductions in levels of anxiety and depression in children, and increases in life satisfaction (Lewis et al., 2013).

There are several other programs designed primarily to target social connection and prosocial action (see A. M. Clarke et al., 2015, for a full discussion). However, none that is universally applicable and cross-phase has been successfully subjected to these rigorous and robust scientific evaluation procedures.

Give

We can find no evidence-based, universal curriculum or program within the UK with a clear, primary focus on targeting kindness and giving actions. However, one such program has been developed and evaluated in the USA. The Kindness in the Classroom curriculum, developed by the Random Acts of Kindness (RAK) Foundation, is a freely available social and emotional learning (SEL) curriculum that places the qualities of kindness and giving actions at the centre of its program. This curriculum includes one program of study for children at Kindergarten through to fifth grade (equivalent to the primary phase of education in the UK) and another for sixth to eighth grade (equivalent to Key Stage Three). The structure of both programs includes teaching units broken into six core *Kindness Concepts*:

1. Respect
2. Caring
3. Inclusiveness
4. Integrity
5. Responsibility and
6. Courage.

The Kindness in the Classroom curriculum is approved by the Collaborative for Academic, Social and Emotional Learning (CASEL), having been evaluated through a number of research studies. Whilst the evidence thus far has been developed exclusively in the USA, outcomes are certainly worthy of note, and, as such, the program is entirely worthy of consideration for implementation within UK-based schools.

In an initial pilot study of the Kindness in the Classroom curriculum, consisting of 30 teacher participants and 76 student participants (no control group), Woodbridge et al. (2014) noted significant pre-to-post improvements in teacher-rated school climate; teacher-rated classroom climate; teacher ratings of students' social and emotional skills;

and teachers ratings of students' academic competence. A subsequent randomised controlled study (Schonert-Reichl & Whitehead Arruda, 2016) involving 655 students from 30 classrooms reported statistically significant improvements for students in the intervention group, compared with the control group, on measures of empathy and sympathy; intrinsic prosocial motivation; peer acceptance; and positive affect. Teachers in the intervention group classes also reported feeling closer to their students and reported significant reductions in antisocial and aggressive behaviour. Further, in a more recent focus-group study, teachers reported the views that: (a) students enjoy and engage with the curriculum; (b) the topics are relevant and practically useful; (c) the curriculum is easy to teach; and (d) the *Six Concepts of Kindness* are a useful overarching structure for the curriculum (Random Acts of Kindness, n.d.).

A number of other empirically supported SEL curriculums, some of which have been developed in the UK and/or have derived an evidence base through implementation within UK schools, include a degree of focus on kindness and giving actions in their programs. These include the Roots of Empathy Program, developed for the primary phase of education (North Lanarkshire Psychological Service, 2013; Wriggley et al., 2016) and two cross-phase programs: SEAL (Social and Emotional Aspects of Learning; Banerjee et al., 2014; Hallam, 2009; Lendrum et al., 2010) and the aforementioned Positive Action curriculum (Bavarian et al., 2016; Lewis et al., 2013; Schmitt et al., 2014; Snyder et al., 2013).

There are clearly options for targeting an increase in kind and giving actions within student populations through full, start-to-finish SEL curricula. However, there are many other strategies, requiring less of a systems-level commitment, through which an educational setting can increase the frequency of such action, as well as the awareness of their importance within social groups. Examples of procedures to target kind and giving actions as behavioural processes include:

1. *Start a Kindness Club.* This is a strategy recommended by the RAK Foundation (<https://www.randomactsofkindness.org/>), which provides a useful set of guidelines to schools, in the form of four important steps for setting up a Kindness Club. Guidelines include information about how to get started, make it official, make it inclusive, assign roles, develop goals and hold and prepare for meetings.
2. *Adopt a RAK Day of the Week/Month/Term.* There are a number of ways to go about this, depending upon the specific context of a given educational setting. One easy-to-implement example would be to allocate a weekly (or monthly or termly) amount of time wherein students within a given class (or tutor group) could:
 - a. identify an individual, group, organisation or particular cause for whom they would like to do something kind;
 - b. develop and write about how they plan to demonstrate kindness toward their chosen individual, group or organisation;
 - c. have the opportunity to actually say and/or do their chosen kind action(s).
3. *Experientially teach children about the science of human co-operation.* This would likely include teaching groups of students, in developmentally appropriate ways, about the science behind Elinor Ostrom's Core Design Principles (CDPs) for establishing collaborative and self-sustaining human groups (e.g., see Ostrom, 2015), for which she won a Nobel Prize in 2011. Suggestions about how to implement these principles into formal education curricula, within the context of the Prosocial framework (Atkins et al., 2019), have been helpfully outlined by Eirdosh and Hanisch (2020).

Be Active

Evidence suggests that increased physical activity leads to improvements in children's mental health. For example, in a quantitative synthesis of the empirical literature, Ahn and Fedewa (2011) identified more than 70 studies demonstrating how physical exercise positively impacts the wellbeing of all children. Further, increased physical activity *during school hours* has been shown to be associated with better physical and psychological wellbeing (Doré et al., 2020). Unfortunately, many children do not exercise for sufficient periods to reap the potential mental health benefits (Smedegaard et al., 2016), and the integration of physical exercise into wellbeing interventions has often been notably absent in the psychological treatment literature (Stathopoulou et al., 2006).

In light of this, our assertion is that the promotion and implementation of physical activities and exercise in schools, and as part of a daily school routine, should go way beyond the traditional weekly PE lesson. Physical activity should be deeply embedded into schools' routine, culture and ethos. As part of this effort, we would advocate the use of systems-wide interventions that are relatively easy to implement.

One free-to-implement, whole-school intervention that is growing in popularity and evidence is The Daily Mile (e.g., see de Jonge et al., 2020). This universal wellbeing intervention essentially consists of at least fifteen minutes of running or walking each day for the whole school. The program is supported by subsidiary resources and information, which includes flyers, risk assessment forms, exemplar parent letters and even (due to the COVID-19 global pandemic taking

place at the time of writing) social distancing guidance for schools (available at www.thedailymile.co.uk).

Evaluations have demonstrated that The Daily Mile yields improvements in children's aerobic fitness over a 12-week intervention period (Brustio et al., 2020; de Jonge et al., 2020). However, the reported benefits are not limited to physical health alone. A large scale repeated measures research project (N = 5463) across 332 schools found that The Daily Mile resulted in beneficial effects in terms of pupils' psychological wellbeing in comparison to a no-exercise control group, as measured through the *Children's Feeling Scale* and the *Children's Felt Arousal Scale* (Booth et al., 2020). Positive effects upon aspects of cognitive functioning — including inhibition, visual-spatial working memory, and verbal working memory — were also noted in the study.

Implementing The Daily Mile in schools is a simple and effective means of targeting both physical and psychological wellbeing. However, school leaders would be well advised to give careful consideration to their unique, relevant contextual variables when considering how best to facilitate maximally-effective implementation. For example, Marchant et al. (2020) encourage teachers to join in and encourage schools to set personal goals for students and consider ways they can include their local communities.

Whilst The Daily Mile is one evidence-based program for improving wellbeing by targeting exercise and physical activity, there are a number of other cross-phase, universally applicable whole-school strategies and procedures that are simple and relatively easy to implement. For example, travel initiatives such as *Walking Buses* or a *Park and Stride* system are free and encourage daily exercise, and more information about such initiatives is freely available at <https://brightkidz.co.uk/initiatives/walking-to-school/park-stride/>. Further, there are a number of free online resources that schools can use to target increased physical activities in student populations. Resources like Super Movers, Go Noodle, and Disney Shake Up (<https://www.bbc.co.uk/teach/supermovers>) can be fun and engaging ways to increase levels of physical activity during the school day. Physical activity intervention research indicates that implementing interventions such as these across a whole-school community, including students and staff from all classes and year groups, would appear to be an important factor for maximising the efficacy of exercise interventions for mental health (Marchant et al., 2020).

Take Notice

The ability to purposefully notice, and to bring an attitude of awareness to, the present moment is a central component of human wellbeing (Crescentini et al., 2016). Taking notice means actively bringing our mind's attention and interest to the world around us and to the world within us. One way to embed noticing skills within one's life is through the practice of mindfulness, which can be thought of as consisting of five

facets: observing experience; describing experience; acting with awareness; being non-judging of inner experience; and non-reactivity to inner experience (Baer et al., 2006).

Mindfulness programs in schools have received a lot of attention in the research literature in recent years (for relevant meta-analyses and systematic reviews, see Dunning et al., 2019; Weare, 2018; Zenner et al., 2014). Whilst this research journey continues, the overall picture so far is encouraging. Two universally applicable, cross-phase programs, in particular, have yielded some very positive findings thus far.

The Mindfulness in Schools Project (MiSP) is a classroom-based, cross-phase, universal program, designed to be taught by class teachers. It consists of a primary education phase component (Paws-B) and a secondary education phase component (Dot-B). Both Dot-B and Paws-B include a range of school-based mindfulness practices, which are supported through home-based practice.

A nine-week version of the Dot-B program was evaluated by Kuyken et al. (2013) through a non-randomized controlled study involving over 500 secondary phase students. Compared with the control group, the results indicated significantly lower depression levels, lower stress levels and improved general wellbeing. For key stage 2 children, the Paws-B MiSP program has been evaluated through a slightly smaller study by Vickery and Dorjee (2016). The researchers reported significant decreases in negative affect as a result of the program, as well as improvements in metacognition, in comparison to the control group.

Another universally applicable program that has been robustly and favourably evaluated, and that works across both primary and secondary phases of education, is MindUP. In a study focusing on nine- to fourteen-year-olds, implementation of MindUP resulted in significant reductions in aggressive behaviour and improvements in social competence and self-reported optimism (Schonert-Reichl & Lawlor, 2010). Using an RCT design, a subsequent research project focusing on nine- to eleven-year-olds also found significant increases in optimism, empathy, perspective-taking and prosociality, as well as decreases in depressive symptoms (Schonert-Reichl et al., 2015).

With the exception of MindUP and MiSP, we can find no other well-evaluated, universally applicable, cross-phase programs that have been shown to improve students' psychological wellbeing by primarily and explicitly targeting noticing skills. However, shaping up noticing skills and behaviours in children can also be undertaken through the use of simple, regularly applied strategies and procedures, as well as through the kinds of start-to-finish programs and curriculums noted above.

In their developmental version of the Acceptance and Commitment Therapy (ACT) model (S. C. Hayes et al., 2012), L. L. Hayes and Ciarrochi (2015) describe *noticing* as one of six core psychological wellbeing skills. In outlining

their model — called DNA-v (which stands for Discoverer, Noticer, Advisor and Values) — Hayes & Ciarrochi describe *noticer behavior* as having five important functions. It enables us to:

1. tune in to our body;
2. detect sensations;
3. identify and label emotions;
4. map how our actions affect others; and
5. tune in to the world and what it has to offer.

L. L. Hayes and Ciarrochi (2015) provide a range of activities and procedures for improving children's noticing skills, many of which can be easily applied in the classroom and, more broadly, the school environment. Three particularly effective and easy-to-use procedures, which the authors outline in detail, are:

1. *Practicing AND*. The Acronym AND stands for *Aware, Name and Describe*. The practice can be undertaken either formally, over a few minutes, through a kind of brief, guided mindfulness exercise or just informally, in conversation. This involves three sequential steps: 1) becoming *aware* of the physical sensations in the body, 2) *naming* (which could be spoken or just named internally, without actually saying aloud) those physical sensations and where they are located, and 3) *describing* these sensations as feelings, or as emotions.
2. *Brief mindful check-ins*, such as Balloon Breathing, Seaweed Goes with the Ocean and the Three-Step Breathing Space.
3. *Open enquiry questions to help develop noticing skills*. This can include noticing one's own actions, the context in which they take place and their effects/consequences (usually referred to as tracking skills; S. C. Hayes et al., 2012). The idea is to ask these questions in an open and genuinely curious way, seeking to reinforce responses that demonstrate good noticing skills, rather than to make values-judgements about the content of a student's responses. These kinds of questions might include variations on the following:
 - a. "What emotions did you notice when ...?"
 - b. "What physical sensations did you notice when ...?"
 - c. "What thoughts showed up for you when ...?"
 - d. "What behaviours/responses did you notice yourself doing when ...?"
 - e. "What happened before, that led you to respond this way?"
 - f. "What happened as a consequence of doing [X] and was this helpful or not-so-helpful?"

Keep Learning

The relationship between challenging oneself to keep learning and maintaining general wellbeing can be well understood through the lens of the ancient Greek distinction between hedonic wellbeing and eudemonic wellbeing. Hedonic wellbeing refers to the immediate experience of pleasant emotions, thoughts and sensations (Ryan & Deci, 2001). Eudemonic wellbeing, on the other hand, refers more to living a full, purposeful and meaningful life. With regards to this latter form of wellbeing, Deci and Ryan (2008) suggest that "wellbeing is not so much an outcome or end state as a process of fulfilling or realising ... one's true nature". Our view is that within the NEF's taxonomy of five ways to wellbeing, *keep learning* is generally more compatible with a eudemonic conception of human wellbeing.

Two evidence-informed approaches to promoting psychological wellbeing are particularly worthy of note here. The first is the implementation of a whole-school approach informed by the Growth Mindset research (Dweck, 2017; Hildrew, 2018). The second relates to the effective and skilful use of the mediated learning experience (MLE) in promoting effective learning and personal growth experiences for children (e.g., see Feuerstein & Lewin-Benham, 2012).

Developing Growth Mindset Approaches

The term Growth Mindset refers to the propensity to believe that hard work and determination will bring about increased attainment of skills and knowledge (Dweck, 2017). School-based interventions targeting increased Growth Mindset have resulted in increased academic outcomes and motivation levels in children (e.g., see Rhew et al., 2018; Yeager et al., 2019). In addition to this, when applying some of the techniques described within the Growth Mindset literature, adults working with children and young people can become a catalyst for increased self-efficacy (Baldrige, 2010; Burnette et al., 2020). This is particularly relevant to the context of the present paper as self-efficacy (general, academic and physical) has been shown to be negatively correlated with both anxiety and depression in student populations (Tahmassian & Modhadam, 2011).

Growth Mindset literature suggests that instructional practices, school climate and environmental adaptations can have a considerable impact on children and young people's perceptions of learning and the potential for growth and development (S. Clarke, 2016; Hildrew, 2018; Dweck, 2017). Examples of Growth Mindset practices that can be implemented universally and across the whole-school environment include: learning about the brain's plasticity (i.e., the brain's ability to change and adapt as a result of experience); celebrating mistakes; embracing challenge; seeing failure as a starting point rather than a reflection of the self; and emphasising the journey a student takes in order to reach an outcome — often known as *process praise* (Dweck, 2017). In

the case of process praise, the suggestion is that a focus on ability, or outcome, should not be dropped altogether. Rather, the challenge is to strike a balance between these two types of feedback, to ensure all students receive the message from teachers that they are valued and capable of developing new skills.

One final Growth Mindset study worthy of note for the current purposes was conducted by Yeager et al. (2013). The study, consisting of six formal sessions, involved 230 students aged fourteen to sixteen years. Students in the Growth Mindset intervention group were taught an *incremental theory of personality*, designed to target beliefs about the degree of plasticity of character traits. Students were also provided with support in implementing this theory within their own daily lives. The researchers found significant increases in prosocial behaviour and significant reductions in conduct problems following the intervention.

One example of a more formalised Growth Mindset program is Brainology, which is structured around the same concepts and core practices as those noted above. Brainology (available at <https://www.mindsetworks.com/programs/brainology-for-schools>) is computer-based and consists of five discrete units designed to teach children about the plasticity and malleability of the human condition. The Brainology website references a number of studies demonstrating positive impact on various attainment measures as a result of program implementation, as compared to control groups. However, we could not find evidence that these studies had been through rigorous, independent peer review processes.

Whilst the existing evidence base regarding the application of Growth Mindset approaches in schools seems broadly positive, a cautionary point is noteworthy. Critiques of the existing evidence base include: a lack of replication of existing positive research outcomes; questions about the specific profile of students for whom Growth Mindset approaches may be of benefit; and questions about its application being extended beyond the existing efficacy data (e.g., see Zander, 2017). Given this, we suggest schools apply the practice-based evidence guidelines noted above with particular rigour where Growth Mindset implementation is concerned.

The Mediated Learning Experience

The Mediated Learning Experience (MLE; Feuerstein, 1979) is defined as the interactional process in which an adult — parent, teacher or teaching assistant perhaps — positions themselves between a child and a set of relevant learning stimuli, and modifies the stimuli in order to optimise the child's learning and development (Tzuriel, 1999, 2001). The emphasis is on the potential for cognitive modifiability, when appropriate guidance is provided, thus the role of the “more knowledgeable other” is of critical importance (Watson, 2000). The need for effective mediation of children's

learning experiences seems clear, in that doing either too much or too little to support the learning process can lead a child to a learned helplessness state, in which they hold the belief that they will fail, no matter what they do (Seligman, 1995).

Qualified teachers may well have received some level of exposure to, and training in, concepts such as the MLE within their teacher training programs. However, within the UK's educational system, many others who have a role in the formal teaching of children in schools — such as general classroom teaching assistants (TAs), SEND TAs and learning mentors — may have had little or no exposure to such training opportunities. Yet the need for these kinds of opportunities seems clear, as research has shown that teaching assistants and other support staff often feel very unsure how to effectively support children's learning (Bowles et al., 2018).

One effective way to improve educators' MLE practices is through the provision of training and psychological supervision. Within the UK education system, this broad approach is already being taken within schools across many local authorities (LAs) to improve other aspects of human development, such as emotional literacy and emotional wellbeing. For example, the Emotional Literacy Support Assistant (ELSA; Shotton & Burton, 2018) program provides a series of six structured training days delivered by qualified educational psychologists to a cohort of school-based practitioners (usually but not exclusively teaching assistants), followed by group-based, termed psychological supervision.

It is our assertion that this broad framework lends itself well to a training and psychological supervision process that, instead of targeting emotional literacy and wellbeing, targets effective mediated learning experiences for students. The training for such a program, which we refer to here as a Mediated Learning Support Assistant (MeLSA) Program, could be populated with a range of evidence-informed approaches to mediate and, more generally, optimise the learning experience for students, including conceptual and experiential (e.g., role-play, etc.) exposure to effective MLE practice. A MeLSA training program such as this could include a range of other evidence-informed areas of practice for learning, such as the development of metacognition skills, accommodating working memory issues in class and establishing effective peer tutoring systems.

Concluding Comments

Recent Government guidance has further clarified schools' important and central role in promoting and improving the mental health of children and young people (Department for Education, 2019; Department for Education & Department of Health, 2015, 2017). This includes the role of schools not only in making targeted and specialist provision for children with additional social, emotional and/or mental health needs but also in making universal and preventative

provision as well. This is evident in the recently published statutory guidance for schools on the delivery of Personal, Social and Health Education (PSHE; Department for Education, 2019), which came into effect in April 2021 and includes a wide range of relationships outcomes and mental health outcomes.

Schools can often find it hard to select and implement the most evidence-based and effective mental health provisions for children and young people. As such, they often turn to external consultants, such as educational psychologists, for support and guidance on such matters. Our position in this paper is that the NEF's *Five Ways to Wellbeing* (Aked et al., 2008) can act as a framework onto which school-based wellbeing provisions and practices can be mapped, with support from EPs and other external mental health consultants, as required. By extension, we suggest that school-based provisions for improving children's wellbeing should — in the vast majority of cases — be clearly connectable to one or more of the Five Ways. We would suggest this is certainly the case for all universal provisions (which is our primary focus in this paper) but also, arguably, for most targeted and specialist SEMH provisions for children as well.

Taking inspiration from Hofmann and Hayes (2019), we embrace the notion that the application of empirically well-founded psychology need not be restricted to structured programs, protocols and curriculums alone. Evidence-informed categories of action can be targeted through a wide range of strategies and procedures and the efficacy of these can be tracked using robust practice-based evidence. In the case of measuring the impact resulting from the implementation of universally implemented provisions such as those noted in this paper, we recommend that schools include in their data monitoring the proportion of students who require recourse to more targeted and specialist types of wellbeing intervention.

In proposing the NEF's *Five Ways to Wellbeing* as a framework for schools to work within, we would also note some clear contraindications for certain punitive school behaviour management practices. For example, the loss of playtimes as a punitive measure (for children both with and without additionally identified social and emotional needs) could be seen as contraindicative for children's mental health insofar as it reduces opportunities for staying physically active. Further, the use of isolation rooms and time-out rooms could be seen as contraindicative for children's mental health by reducing opportunities for social connection and giving.

Finally, given the point in time at which we are writing this paper, it seems important to note its relevance to the current COVID-19 global pandemic. Data published by the online children's mental health organisation Kooth (2020) suggests a significant worsening of the mental health of children and young people as a result of COVID-19. This includes: increases in levels of depression; child-related domestic vio-

lence; sleep-related issues; suicidal ideation; health-related anxiety and psychotic symptoms in children. Given these data sets, we would argue that never in recent history has there been such a clear need for schools to select and implement the most effective mental health provisions for our children.

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