



Social and emotional learning: what works and beyond

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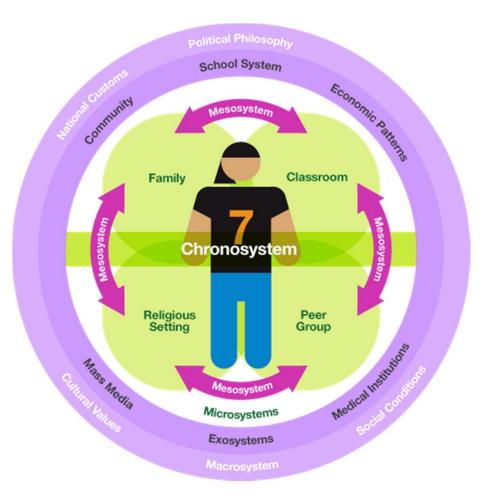
Overview

- What is mental health and why does it matter?
- What matters for mental health? The role
 of schools
- Social and emotional learning
- Beyond 'what works?'
 - Promoting Alternative Thinking Strategies
 - Good Behaviour Game
- From programmes to practices





Making human beings human

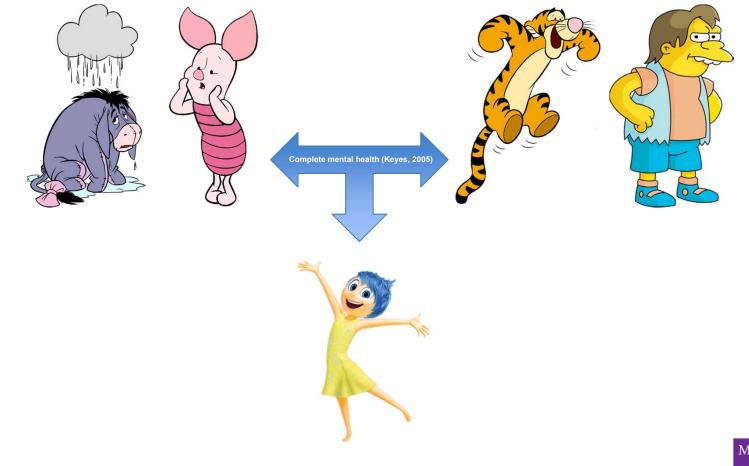


Bronfenbrenner (2005)





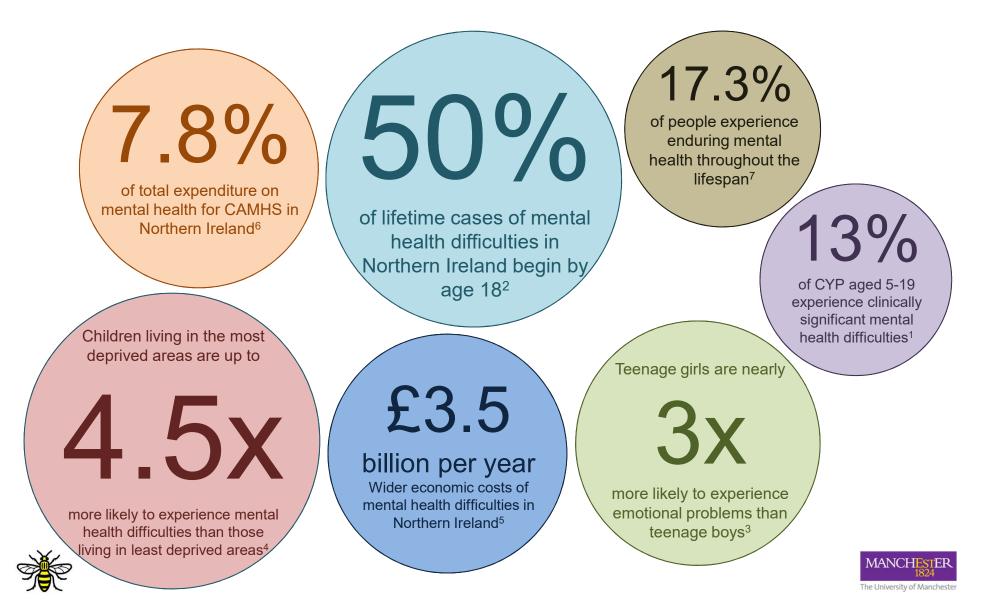
What is 'mental health'?



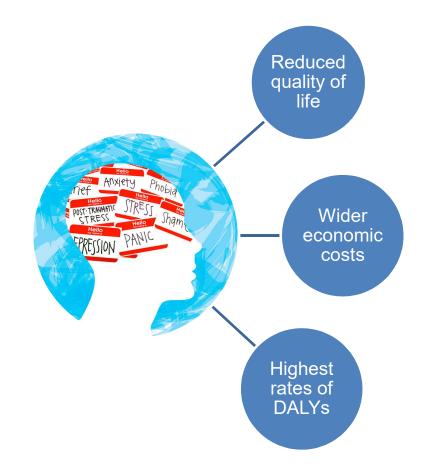




Mental health by the numbers



Why does mental health matter?

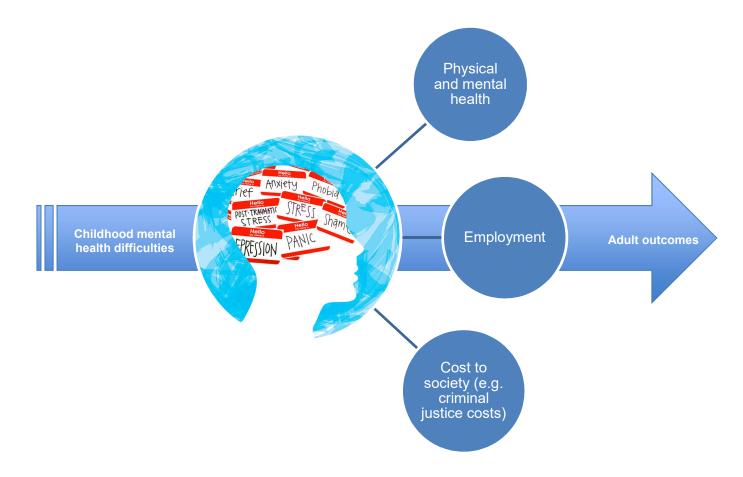


Belfer (2008); Centre for Mental Health (2010); Mathers & Loncar (2008)





Why does mental health matter in childhood?

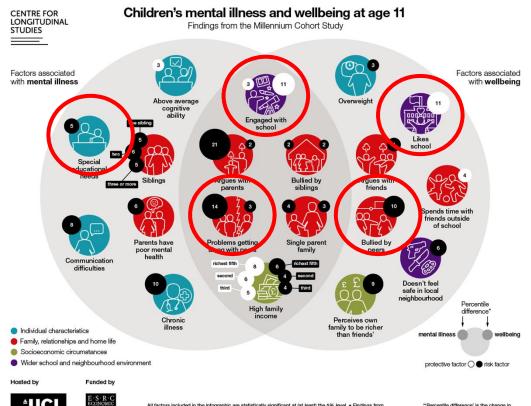


Goodman et al (2015); Knapp et al (2011); D'Amico et al (2014)





What matters for mental health? The role of schools





All factors included in the infographic are statistically significant at (at least) the 5% level.

- Findings from Patalay, P. and Fitzsimons, E. (2016) Correlates of mental illness and wellbeing in children: are they the same? Journal of the American Academy of Child and Adolescent Psychiatry S5(b), pp. 771–783. *Percentile difference' is the change in rank position between 1 and 100 away from the median or reference category.



What matters for mental health? The role of schools

- Why could/should schools play a central role in preventing the onset, maintenance or progression of mental health difficulties? (Greenberg, 2010)
 - Broad reach
 - Prolonged engagement ("15,000 hours" Rutter et al, 1979)
 - Central hub in most communities
- School is the primary developmental context after the family (Bronfenbrenner, 2005)
- Teachers are the most commonly contacted mental health 'service' (Ford et al, 2007)
- Children's learning and their mental health are interrelated (Panayiotou & Humphrey, 2018)





What matters for mental health? The role of schools



NatCen & NCB (2017)





Social and emotional learning

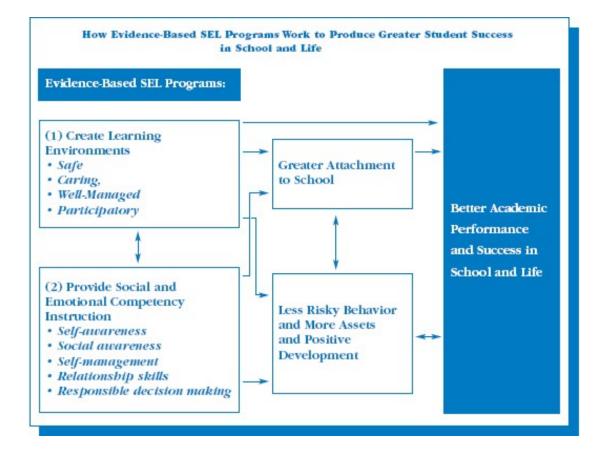


- "An ounce of prevention is worth a pound of cure" (Benjamin Franklin)
- Social and emotional learning (SEL) is one approach to universal school-based prevention that has become a dominant orthodoxy in education
- SEL is, "a process for helping children and even adults develop the skills for life effectiveness. SEL teaches the skills we all need to handles ourselves, our relationships and our work effectively and ethically. These skills include recognising and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically. They are the skills that allow children to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices" (www.casel.org)





Social and emotional learning

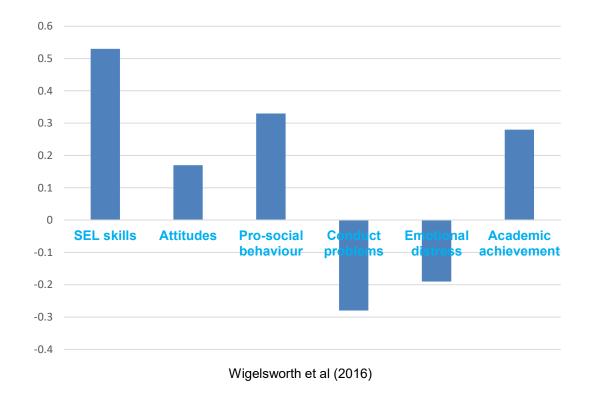






Social and emotional learning

- The evidence base is well advanced in relation to the question of 'what works?'
- Five meta-analyses covering hundreds of studies hundreds of thousands of children and young people (Corcoran et al, 2019; Durlak et al, 2011; Sklad et al, 2012; Taylor et al, 2017; Wigelsworth et al, 2016)







Beyond 'what works?'

- How and why? (implementation and mechanisms)
- For whom? (differential gains)
- When? (timing of effects)
- At what cost? (cost-effectiveness)
- What practices underpin effective interventions? (kernels)





- PATHS is a universal SEL curriculum that helps children to manage their behaviour, understand their emotions and work well with others
- Based on the Affective-Behavioral-Cognitive-Developmental model of development, which emphasizes the developmental integration of affect, emotion language, behavior and cognitive understanding to promote social-emotional competence
- Series of twice weekly lessons covering topics such as identifying and labelling feelings, controlling impulses, reducing stress and understanding other people's perspectives
- Three main components:
 - Taught curriculum
 - Generalisation activities
 - Parent materials
- Delivered by class teacher
- Strong international evidence base c.10 RCTs
- across the USA, UK, Switzerland and Croatia

PATHS TO SUCCESS



Implementation Guidance Manual

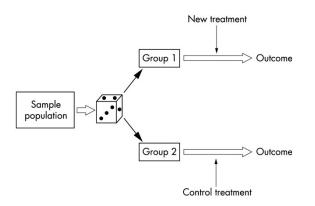




National Institute for Health Research



- Manchester PATHS to Success trial
- 45 primary schools randomly allocated to intervention (PATHS) or control (usual practice) arms of trial
- Children aged 7-9 (N=5,218) at baseline
- Sample composition mirrored national picture (with a few exceptions)
- Intervention schools implementing PATHS for two years; control schools to continue usual practice
 - All teachers given one-day initial training and half-day follow-up training
 - Technical support and assistance provided by PATHS coaches
- Assessment of implementation and outcomes





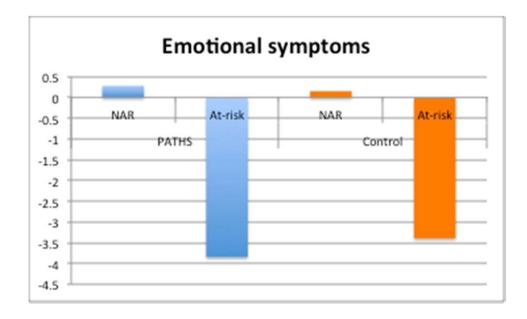


- Assessment of outcomes
 - Significant impact of PATHS on teachers' rating of children' social and emotional skills (small ES) (Humphrey et al, 2016)
 - Significant impact of PATHS on children's psychological wellbeing (small ES) (Humphrey et al, 2018)
 - No significant impact academic attainment (Hennessey & Humphrey, 2019) or other outcomes (Humphrey et al, 2018)
- Assessment of implementation
 - Fidelity, quality, reach and participant responsiveness were all high
 - Only about 50% dosage (1 lesson per week instead of 2)
 - Teachers reported struggling to find time to deliver PATHS in what was already a packed timetable
 - A minority of teachers reported that they found the materials 'too American'





• Do some children benefit from PATHS more than others? (Humphrey et al, 2016)







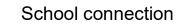
- Does implementation matter? (Panayiotou, Humphrey & Hennessey, • 2020)
- Comparison of main ('intent to treat') effect of PATHS vs complier average ٠ causal effect (CACE) analysis (taking into account implementation variability – in this case, dosage)
 - Moderate compliance = 67% or more lessons taught
 - High compliance = 79% or more lessons taught



Psychological wellbeing

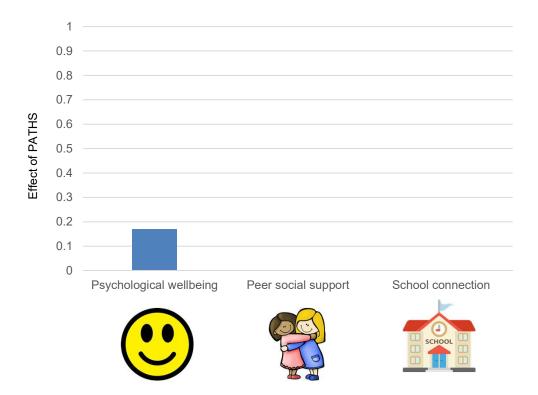
Peer social support







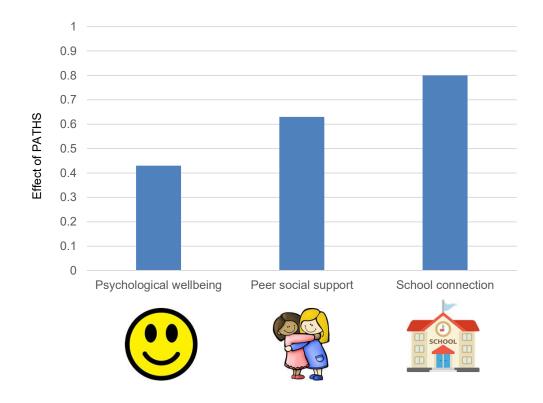




Main (ITT) effect of PATHS



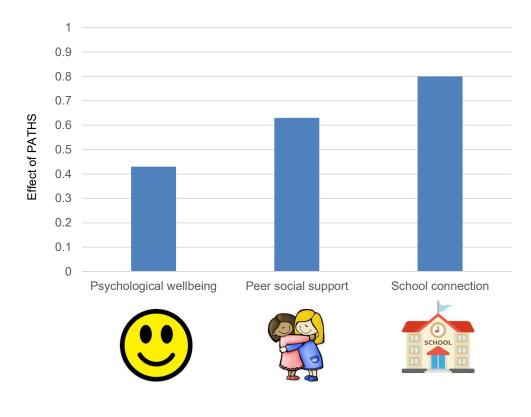




Moderate compliance effect of PATHS





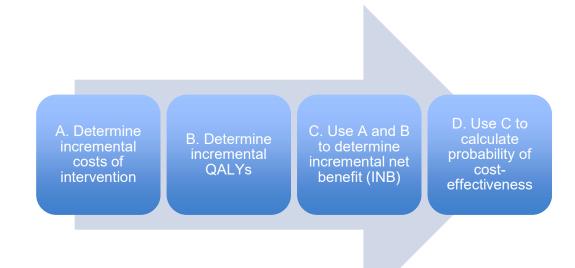


High compliance effect of PATHS





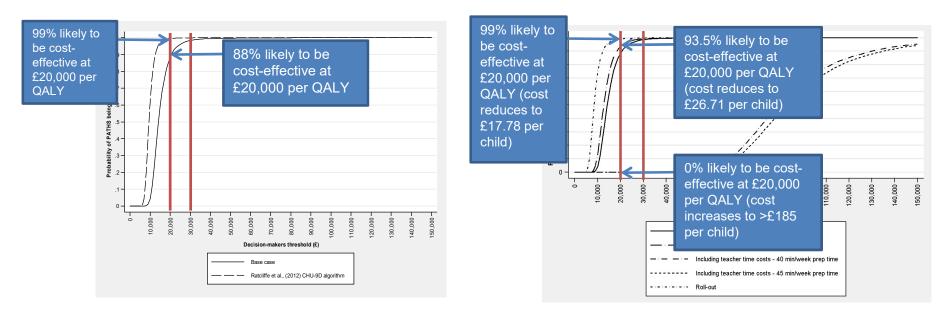
- Is PATHS cost-effective? (Turner et al, 2019)
 - Quality-adjusted-life-years (QALYs) are, "a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health" (NICE, 2017)
 - Surveys used to generate QALYs assess the person's ability to carry out normal daily activities, and the extent to which they are free from pain and mental health difficulties
 - QALYs can be assigned a monetary value using 'willingness to pay' thresholds
 - In the UK, this is set by NICE, at £20,000 to £30,000 per QALY







- Total intervention costs of PATHS: £80,099
 - Cost per child: £29.93
- Statistically significant impact of PATHS on QALYs
 - Adjusted mean incremental QALYs = 0.0019
- Incremental net benefit (INB) of PATHS = £7.64





- Based on principles of positive reinforcement and contingency management (behaviourism), modelling (social learning theory), and social adaptation (life course/social field theory)
 - Four key tenets: class rules, team membership, positive reinforcement, and monitoring
- Children in a class divided into teams, who then play the game during an ordinary class activity as a means to access rewards/privileges
- 4 rules of the GBG (infractions recorded by teacher on scoreboard)
 - We will work quietly (4 noise levels)
 - We will be polite to others
 - We will get out of our seats with permission
 - We will follow instructions





- The GBG is won by the team with the fewest infractions, although any team with fewer than 4 also accesses the reward
- Over the course of the GBG there is a natural evolution in terms of types of rewards used (from tangible to abstract), how long it is played for (from 10 minutes to a whole lesson), at what frequency (from 3 times a week to every day) and when rewards are given (from the end of a given game to the end of the week)
- 3 days of training for teachers (2 day initial, 1 day follow-up)
- Teachers supported by GBG coaches (e.g. modelling, observation, feedback)





- First research on the GBG published in the late 1960s; many, many studies since then!
- Two meta analyses providing evidence of positive effects (Flowers et al, 2014; Smith et al, 2019)
- Some key GBG studies
 - The Baltimore studies (Kellam et al, 2008; lalongo et al, 1999)
 - The UK pilot (Chan et al, 2011)

The University of Manchester



- Manchester GBG trial (Humphrey et al, 2018)
- 77 schools randomly allocated to intervention (GBG) or control (usual practice) arms
 - 38 GBG, 39 control, N=3084 pupils aged 7-8
 - Sample composition mirrored national picture (with a few exceptions, as per PATHS trial)
- Intervention schools implementing GBG for two years; control schools to continue usual practice
 - All teachers given two-day initial training and one-day follow-up training
 - Technical support and assistance provided by GBG coaches (e.g. game observation and feedback)
- Assessment of implementation and outcomes





- Assessment of outcomes
 - No significant impact upon children's reading or behaviour (concentration problems, disruptive behaviour or pro-social behaviour)
 - Analysis ongoing in relation to mental health and other outcomes
- Assessment of implementation
 - c.1 in 4 GBG schools discontinued implementation before the conclusion of the trial
 - Average frequency (1-2 per week) and duration (15 minutes) of game play did not match developers' expectations (e.g. by the end of a given school year, teachers are expected to be playing daily, for up to an hour)
 - Average levels of fidelity/quality (c.70%), participant responsiveness (c.72%) and reach (c. 96%) all high





- Does implementation matter? (Humphrey, Panayiotou, Hennessey & Ashworth, under review)
 - Compliers (>1030 minutes played) vs non-compliers (<1030 minutes played)
 - Very large, statistically significant reduction in disruptive behavior among compliers
 - Compliance effect varied by levels of cumulative risk exposure (CRE) among children, such that children at high and low level of CRE experienced significantly greater and lesser reductions in disruptive behavior
- CACE and follow-up analysis of reading outcomes (Ashworth, Panayiotou, Humphrey & Hennessey, 2020)
 - Null main effect on reading replicated in CACE analysis (that is, still no effect on reading even after accounting for implementation)
 - Null main effect on reading at 1 year follow-up (that is, still no effect on reading one year after the intervention ended)
 - Small, statistically significant increase in reading scores among compliers at 1 year follow-up





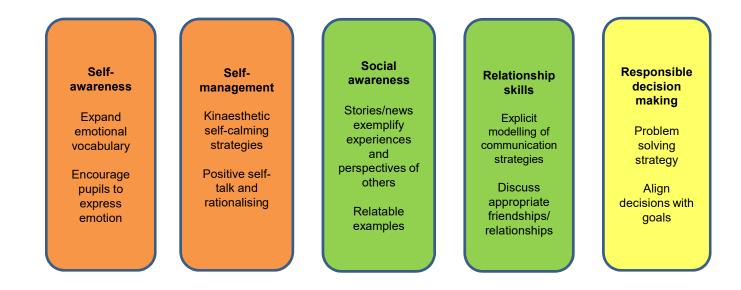
- Putting the two sets of findings together:
 - Minimally effective dosage required in order to produce effects on disruptive behaviour
 - These effects trigger downstream impact on reading one year later





From programmes to practices

- What practices underpin effective SEL interventions? (Wigelsworth, Verity, Mason, Humphrey, Qualter & Troncoso, 2020)
- Systematic review of reviews to identify SEL interventions with strongest evidence base (e.g. 2 or more randomized trials reporting positive effects)
- 15 interventions identified, of which content could be reviewed for 13
- Distillation and matching
 - Practice elements (e.g. specific skills learned)
 - Instructional elements (e.g. methods of delivery)







From programmes to practices







Take home points

- A significant proportion of the children and young people are likely to develop mental health difficulties during the school years
- Schools can make a difference to children's mental health
- Universal school-based SEL interventions can be an effective means to prevent the onset/maintenance/escalation of mental health difficulties
- Knowing what works in SEL is necessary but insufficient
 - Some children will benefit more than others
 - Implementation really matters
 - Even relatively small improvements to outcomes can make an intervention cost-effective
 - Effects for some outcomes may take time to become evident
 - Effective interventions are underpinned by a set of key practices





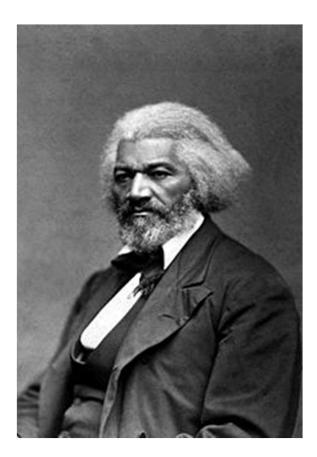
Some resources

- EEF SEL guidance <u>here</u>
- The Early Intervention Foundation Guidebook <u>here</u>
- Collaborative for Academic, Social and Emotional Learning programme guide <u>here</u>
- Mentally Healthy Schools <u>here</u>
- Mind Ed <u>here</u>





Thanks for listening!



"It is easier to build strong children than to repair broken men" (Frederick Douglass)



