An Evaluation of the School-based Wellbeing Intervention *Welcome to Wellbeing* for Young Children

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Abstract

Background: Wellbeing has become a valued aspect of education in recent years. However, further exploration of wellbeing and wellbeing interventions with young children still needs to be completed. Additionally, there needs to be more emphasis on including the voice of young children as a central aspect of wellbeing research. This paper begins by providing an overview of the literature on school-based wellbeing interventions for young children. **Aim:** The empirical study examines *Welcome to Wellbeing*, a school-based, teacher-led wellbeing intervention for junior infants to first class pupils (ages 4-8). A mixed methods design was used to determine the effectiveness and perceptions of the programme. The impact of this programme on resilience and emotional regulation, in particular, is explored. **Sample:** Two co-educational primary schools were involved in this study. Senior infants pupils (n = 75) between 5-7 years old and their teachers (n = 6) participated. **Method:** A mixed method design was used, which employed a pupil-completed quantitative wellbeing measure, teacher interviews, and pupil focus groups to address the research questions and aims. **Results:** The findings indicate that following the intervention, the experimental group had significantly higher resilience levels than the control group. Qualitative results also indicate new and emerging emotional regulation skills. Teachers and pupils reported positive perceptions of the programme, with the characters and strategies noted as providing a good base for pupil wellbeing. The content load in the limited timeframe and the real-life application of skills were identified as the main barriers to implementation. **Conclusions:** Overall, the *Welcome to Wellbeing* programme may be a valuable tool for teaching the Social Personal and Health Education (SPHE) curriculum and enhancing aspects of wellbeing in schools. The implications of these findings for future practice and research are discussed.

Keywords: wellbeing, wellbeing interventions, child voice, social personal and health education, SPHE

Declaration

I hereby declare that this work is entirely my own and not submitted for any other awards at this or any other academic establishment. The work of others, where referenced or drawn from, has been fully acknowledged and credited.

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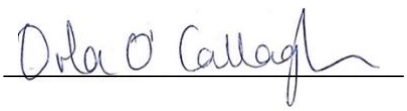
Signature: 

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Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
ANCOVA	Analysis of Covariance
BMSLSS	Brief Multidimensional Students' Life Satisfaction Scale
BOSS	Behavioral Observation of Students in Schools
CASEL	The Collaborative for Academic, Social and Emotional Learning
CYRM-R	Child and Youth Resilience Measure-Revised
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Science (1997-2010) Department of Education and Skills (2010-2020)
DESSA	Devereux Student Strengths Assessment—Second Step Edition
ERC	Emotion Regulation Checklist
ERQ-CA	Emotion Regulation Questionnaire for Children and Adolescents
FASTE	Affective Situations Test for Empathy
HTKS	Head-to-Toes task
KPRC	Korean Personality Rating Scale for Children
MIREC	Mary Immaculate Research Ethical Committee
Mod-PBQ	Modified Professional Behavioral Questionnaire, Korean version
NEPS	The National Educational Psychological Service
OM-K	OpenMind Korea
PANAS-C	Shortened Positive and Negative Affect Schedule for Children
PANAS-C-P	Parent Version of the Positive and Negative Affect Schedule for Children
PATHS	Promoting Alternative Thinking Strategies
PCM-RF	Proactive Classroom Management Rating Form
PERMA	Positive emotions, Engagement, Positive Relationships, Meaning, and Achievement
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PTRS	Promoting Alternative Thinking Strategies (PATHS) Teacher Rating Scale
RCT	Randomised Control Trial
REDI	Research-based Developmentally Informed
SDQ	Strengths and Difficulties Questionnaire

SES	Socio-Economic Status
SPHE	Social Personal and Health Education
T-POT	Teacher–Pupil Observation Tool
UK	United Kingdom
UN	United Nations
US	United States of America
WHO	World Health Organisation
WoE	Weight of Evidence

Chapter One: Introduction

1 Introduction

The following chapter provides a brief overview of the research area. Considerations and rationale for the current study are presented based on both the literature and a personal reflection on the researcher's interest in this area. Finally, this chapter concludes with an outline of the overall paper and the research process.

1.1 Context of the Research

This research explores wellbeing and wellbeing interventions, specifically the *Welcome to Wellbeing* programme (Forman, 2021a). Wellbeing is a wicked problem, meaning it is difficult to define, has no clear solution, and is challenging to measure (Bache et al., 2016; Rittel & Webber, 1973; Svane et al., 2019). The efforts of conceptualising wellbeing and the evolution of its understanding are discussed throughout this paper. This movement resulted in the adoption of the following definition (World Health Organisation (WHO), 2001, as cited in Department of Education & Skills (DES), 2019, p. 10):

> Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life.

As wellbeing is a multi-faceted concept, there is a particular focus on the aspects of resilience and emotional regulation in this research. Again, these areas have numerous frameworks and definitions in the literature, which are considered and examined in this paper. In schools, wellbeing can be addressed in several ways across the school culture, curriculum, policy, and relationships (DES, 2019). This research explores how wellbeing is supported through curriculum, namely a new universal wellbeing intervention, *Welcome to Wellbeing* (Forman, 2021a). This teacher-led whole-class intervention supports the development of wellbeing in pupils from junior infants to first class. This focus on young children is an additional core concept in this research. Firstly, as the research base for this younger population is yet to be established, and secondly, as the voice of the child is often excluded. Children have a right to have their voices included on matters that impact them (United Nations (UN), 1989). However, in research, adults, such as parents and teachers, are often selected to provide their perspective on a child's experience instead of consulting the child themselves (Tobia et al., 2019; Urbina-Garcia et al., 2022). While movements are being made to increase child voice across areas, they require further attention. This paper also presents a consideration of the

voice of the child, the significance of its inclusion, and the methods that may be used to support this.

1.2 Thesis Rationale and Objectives

The body of research on wellbeing is growing, as it is acknowledged as an important area. Regarding schools, wellbeing is the focus of the current school self-evaluations (DES, 2018), and documents to assist schools in addressing wellbeing have been developed (DES, 2019). Educational psychologists have an essential role in working with schools to support the implementation of strategies to support their pupils' wellbeing. One way this can be achieved is through using wellbeing interventions in classrooms. The programme *Welcome to Wellbeing* (Forman, 2021a) is an intervention which may be considered for use by schools. The evidence base for this programme, however, needs to be improved. Only one qualitative study supports the intervention, notably completed by the programme developers (Forman, 2021b). Although there are some research studies completed on the related programmes, *Weaving Wellbeing* (Forman & Rock, 2016) and *Wired for Wellbeing* (Forman, 2020), this too is limited with only one published paper on the topic (Barrington et al., 2019). Hence the need for this research which aimed to provide an independent evaluation of the efficacy and perceptions of the programme.

An additional aim of the research is the inclusion of the voice of the child. A significant amount of an educational and child psychologist's work is completed alongside children. Learning how to support and elicit the authentic voice of the child is critical for optimal engagement and improves the quality of the outcomes and the experience for both the child and the psychologist alike (Cook & Hess, 2007, as cited in Fane et al., 2018; Urbina-Garcia et al., 2022). This research aimed to consider the different opportunities for including the child's voice and selecting and utilising some of these identified options.

This research adopts a pragmatic worldview (Cherryholmes, 1992; Creswell & Creswell, 2018) to support the exploration of this topic. As the programme being examined is new and under-researched, a mixed method analysis was identified as the most appropriate form of design. This allowed for rich first-hand information to be gained on a topic yet to be explored while also enabling objective analysis of the programme's efficacy to be examined. Using this paradigm and research design achieves greater detail and understanding of this new intervention to be developed.

1.3 Reflection on Interest in this Area

My background is in behaviour support, as I worked in this area in Ireland and Australia before beginning this doctorate in educational and child psychology. During my practice as a behaviour analyst, I was able to see first-hand the different approaches that services took to supporting individuals. Personally, I found behaviour support to be quite limiting, considering people and their experiences as black-and-white, distinct antecedent-response-consequence sequences. This restricted the understanding of a person and how they may be supported, as they were seen in extracts instead of in an overall context. It also had a reduced weight on the importance of the internal workings of a person and how they interpreted the world. During my career in Australia, I noted a greater emphasis on proactively supporting individuals to build skills rather than focusing on reducing behaviours that may have been interpreted as concerning. This positive approach was one which I enjoyed, but again, it felt to me to be restricted to the development of units of behaviour rather than the holistic development of a person. When I first learned about wellbeing this resonated with me, as I felt it was adopting this positive, proactive stance while adapting it to a broader, whole-person focus. I aligned with this new supportive, person-centred approach and wanted to continue to learn more about it by using this framework in my ongoing practice and research.

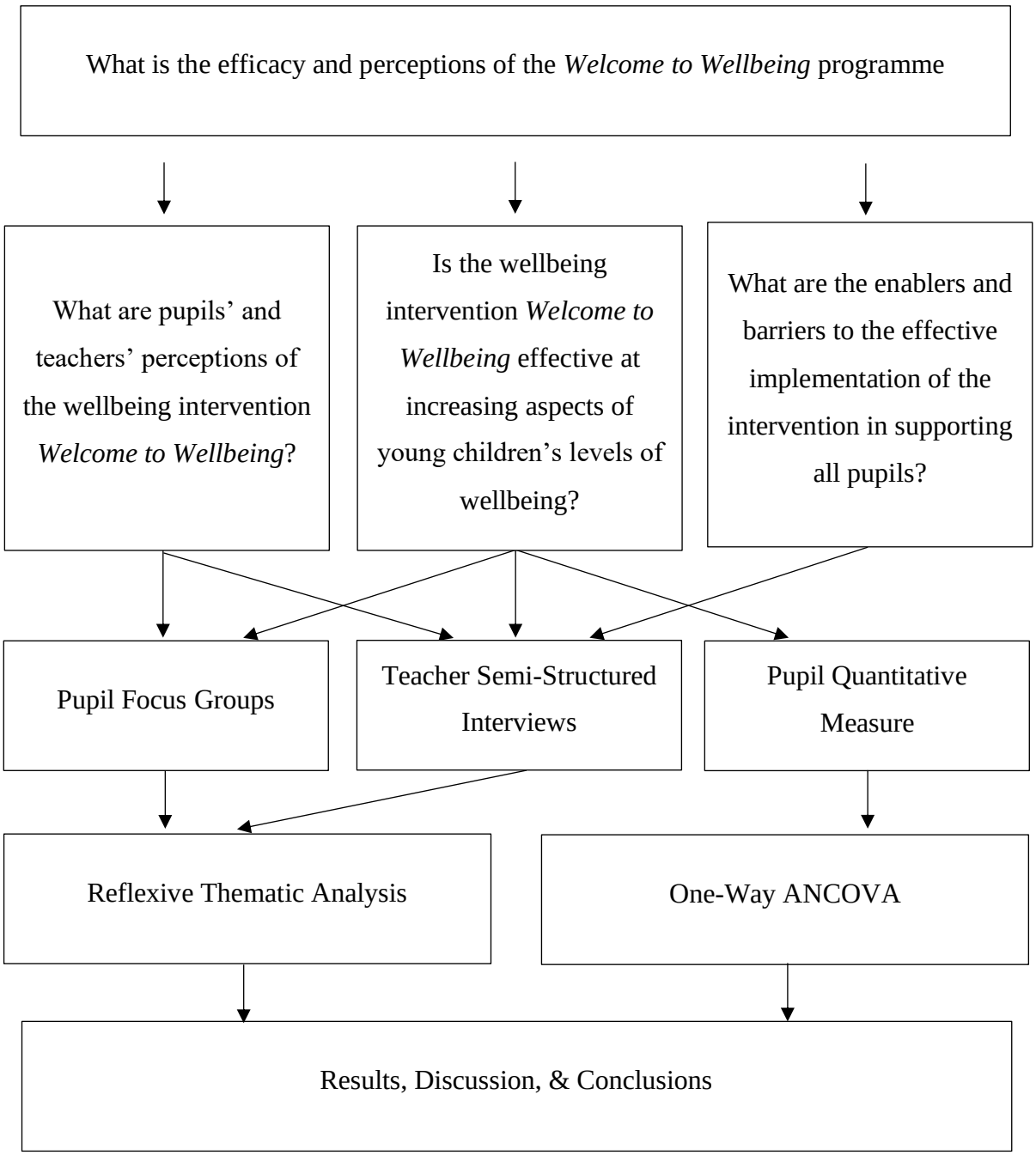
1.4 Thesis Structure

Following on from this introductory chapter, Chapter Two presents a review of the current literature to position the research within a context. This includes a systematic review, a reflection, and a narrative analysis. The systematic review identifies and appraises school-based, teacher-led wellbeing interventions for young children. Upon reflection, as seen in Section 2.5, although the systematic review provided valuable information, it was not exhaustive in presenting all the salient information required to understand the research context. Therefore, an additional narrative analysis is presented to supplement information on the aspects of wellbeing, incorporating resilience and emotional regulation, the educational programme *Welcome to Wellbeing,* and the voice of the child. This gives the reader a greater understanding of the overall research context. Chapter Three answers the research questions and evaluates the wellbeing intervention *Welcome to Wellbeing* (Forman, 2021a). Figure 1 portrays the sequence completed to address the three research questions (1) Is the wellbeing intervention *Welcome to Wellbeing* effective at increasing aspects of young children's levels of wellbeing? (2) What are pupils' and teachers' perceptions of the wellbeing intervention

Welcome to Wellbeing? and (3) What are the enablers and barriers to the effective implementation of the intervention in supporting all pupils? Finally, Chapter Four critically appraises the work, considering the epistemological perspective, ethical considerations, and the limitations of the study. It also presents reflections on the research process and the possible implications of the study for practitioners and for future research.

Figure 1

Overview of the Research Study Process



Chapter Two: Review Paper

2.1 Systematic Review: School-Based Wellbeing Interventions for Young Children

2.1.1 Wellbeing and Social-emotional Learning

Wellbeing has many definitions across the related literature, encompassing emotional, physical, spiritual, social, and cognitive aspects (Tynan & Nohilly, 2020). One such definition is "people's cognitive and affective evaluations of their lives" (Diener, 2000, p. 34). Wellbeing involves the interaction of several core components, such as positive and negative affect, overall life satisfaction, and domain-specific satisfaction, for example satisfaction with school life (Diener, 2000; Diener & Emmons, 1984). It can be linked closely with positive psychology, which aims to understand and promote the conditions that support a person's ability to thrive in life, overcome challenges, and improve their quality of life (Norrish & Vella-Brodrick, 2009; Seligman et al., 2005). Additionally, wellbeing and social-emotional competency are intertwined concepts. Social-emotional competencies include within-person skills and skills to engage with others and the wider community (Berry et al., 2016). The Collaborative for Academic, Social and Emotional Learning (CASEL, 2021) describes wellbeing in terms of five key areas: (a) self-awareness, (b) social awareness, (c) responsible decision-making, (d) self-management, and (e) relationship skills. Skills in such areas facilitate "a child's ability to meet the social and emotional demands from the environment" (Low et al., 2015, p. 463). Mastery across these skill areas can fluctuate over time, just as one's levels of wellbeing can. Wellbeing is also often used in conjunction with mental health, although they should not be seen as synonymous. This separation of terms is becoming more recognised in recent research (Greenspoon & Saklofshe, 2001; Shoshani & Slone, 2017) as wellbeing encompasses a more diverse range of aspects and skills (for example, physical and decision-making, respectively) than mental health alone.

Wellbeing can be deemed to be objective or subjective. Objective wellbeing is often described more in terms of income, housing, and nourishment and can be used to ascertain levels of poverty in a jurisdiction or make comparisons between areas (Western & Tomaszewski, 2016). Alternatively, subjective wellbeing has attracted more research interest because it is concerned with how people themselves feel. Subjective wellbeing can be challenging to measure reliably, a difficulty which is increased when completing research with a population of young children (Barblett & Maloney, 2010). Furthermore, momentary and situational factors can impact a person's self-evaluation at a given time, causing it to fluctuate throughout the lifespan (Department of Education & Skills (DES), 2018; Diener, 2000; Tynan & Nohilly, 2020). Within the research, there is noted variability on which

specific component of wellbeing researchers choose to focus. For the purpose of this systematic review, a holistic definition of wellbeing is used, which includes both subjective and objective wellbeing. This allows for wellbeing to be seen in the context of various outcomes, including for the pupils (such as, improved positive social behaviour, reduced conduct problems, or reduced emotional distress) and also for the institution or school.

2.1.2 Wellbeing Interventions

Wellbeing interventions focus on building social-emotional competencies and increasing positive emotions rather than decreasing or avoiding negative emotions (Shoshani & Slone, 2017). Alongside the development of positive psychology, the application of its principles in the educational setting, known as positive education, has also increased (Seligman et al., 2009). In schools, positive education is becoming increasingly popular, whereby the wellbeing of all members of the school, staff and pupils alike, is being considered and targeted for improvement (Green, 2014, as cited in Khanna & Singh, 2019; Seligman et al., 2009). Positive education acknowledges that wellbeing is essential for subsequent pupil outcomes, such as academic performance and life satisfaction (Durlak et al., 2011). The Department of Education emphasises the promotion of wellbeing in schools across Ireland and has called for all schools to self-evaluate and set targets in this area (DES, 2018, 2019). This can include enhancing the school climate, developing plans or policies, improving the school environment, or implementing a programme or intervention to develop pupils' wellbeing skills.

Interventions can take many forms: school-wide, classroom-based, and person-centred (CASEL, 2021). Additionally, the structure of programmes can vary significantly, with some incorporating a highly structured 'top-down' approach and others using a looser 'bottom-up' guiding framework (Berry et al., 2016). The amount of training, supervision and support, and related materials also vary across interventions. Universal programmes, implemented on either a whole-school or classroom level, can be preferable for multiple reasons. Peers are continually modelling and learning skills outside the taught curriculum from each other, and those pupils who require the interventions most do not experience feelings of isolation or stigma related to one-to-one interventions (Low et al., 2015; Offord, 2000, as cited in Novak et al., 2017). Furthermore, resources are not spent on screening and identifying children who are at risk; instead, all children are provided with beneficial interventions (Novak et al., 2017). The overall research on interventions is wide-ranging. Difficulties have emerged regarding an agreed-upon definition of wellbeing and,

consequently, this has resulted in difficulty categorising an intervention as a wellbeing intervention.

Fidelity of implementation is an additional consideration, with greater adherence to the intervention generally accepted as producing more significant outcomes (Elliott & Mihalic, 2004). However, some studies indicate that dosage may not impact pupil outcomes (Humphrey et al., 2017). Furthermore, participant characteristics can affect the efficacy of interventions. Many programmes are targeted toward specific populations or may be more impactful for certain groups, for example, those with lower socio-economic status (SES) or higher baseline rates of disruptive behaviours (Bierman et al., 2008; Low et al., 2015; Malti et al., 2011). Differential effects may also be seen in pupils with robust social-emotional competencies before any intervention is applied (Low et al., 2015).

The direct results of wellbeing interventions relate to the CASEL (2021) five key competencies presented earlier. There are also secondary effects, such as decreased antisocial behaviour and aggression (Durlak et al., 2011; Sklad et al., 2012) and improved academic outcomes (Bierman et al., 2009; Caprara et al., 2000; Trentacosta & Izard, 2007). Other impacts may include a more positive attitude towards learning (Graziano et al., 2007) and smoother transitions across year groups or schools (Correia & Marques-Pinto, 2016).

2.1.3 Review Focus

Due to fewer interventions targeted at younger children and outcome measurement difficulties (Barblett & Maloney, 2010), the data for children below eight years is considerably limited. However, due to the developing brain, these younger years are an important time to target and measure wellbeing in children (Kim et al., 2020). Furthermore, providing children with these vital skills early on sets them up for success throughout their schooling (Low et al., 2015). This systematic review focuses on identifying and appraising the current research on school-based, teacher-led wellbeing interventions for young children. The research questions this review aims to address are: (1) What teacher-implemented wellbeing interventions for young children are documented in the research? and (2) Are these interventions effective at increasing young children's levels of wellbeing?

2.2 Literature Search

A systematic search was completed using the databases of Academic Search Complete, Education Source, ERIC, APA PsychArticles, and APA PsychInfo. The search terms entered into the search engines with the 'and' operator to link the key terms are shown

in Table 1. This search resulted in 2,358 articles, which, when filters were applied to limit results to (a) peer-reviewed journal articles, (b) articles published in the English language, (c) articles published in the last eight years, and (d) studies including participants aged 0-8 years, led to 363 studies remaining. The reference lists of identified and related articles were examined to discover possible additional applicable studies. These reference searches resulted in further studies for consideration. Following this, the abstracts were reviewed to assess their eligibility for inclusion. Details regarding the inclusion and exclusion criteria applied to all studies during the screening process are shown in Table 2. The abstract screening involved reading the abstract of each paper and identifying if it met each of the inclusion criteria or, alternatively, if any of the exclusion criteria were present which indicated it was not suitable to address the review questions. This process resulted in a further three articles being identified to be included in the full-text screen. Papers included in this full-text screen were read in their entirety to identify if all inclusion criteria had been satisfied. In cases where any of the exclusion criteria were present, these papers were then excluded from the review. A record of studies excluded during the full-text article screening, and their related exclusion criteria, can be found in Appendix A. A PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram of the selection process from this point can be seen in Figure 2 (Moher et al., 2009). At the end of the literature search and selection process, five studies that met the inclusion criteria of the current review remained. Details of these studies are in Table 3.

Table 1

Database Search Terms

"Program*" OR "Intervention*" OR "Training*" OR "Education*" OR "Curriculum"
"Child*"
"Wellbeing" OR "Well-being" OR "Well being" OR "SEL" OR "Social-emotional learning" OR "Social emotional learning" OR "Social-emotional competencies" OR "Social-emotional competency"
"School based" OR "School-based" OR "School setting" OR "Teacher-led" OR "Teacher led"

Figure 2

PRISMA Flow Diagram of the Study Search and Selection Process (Moher et al., 2009)

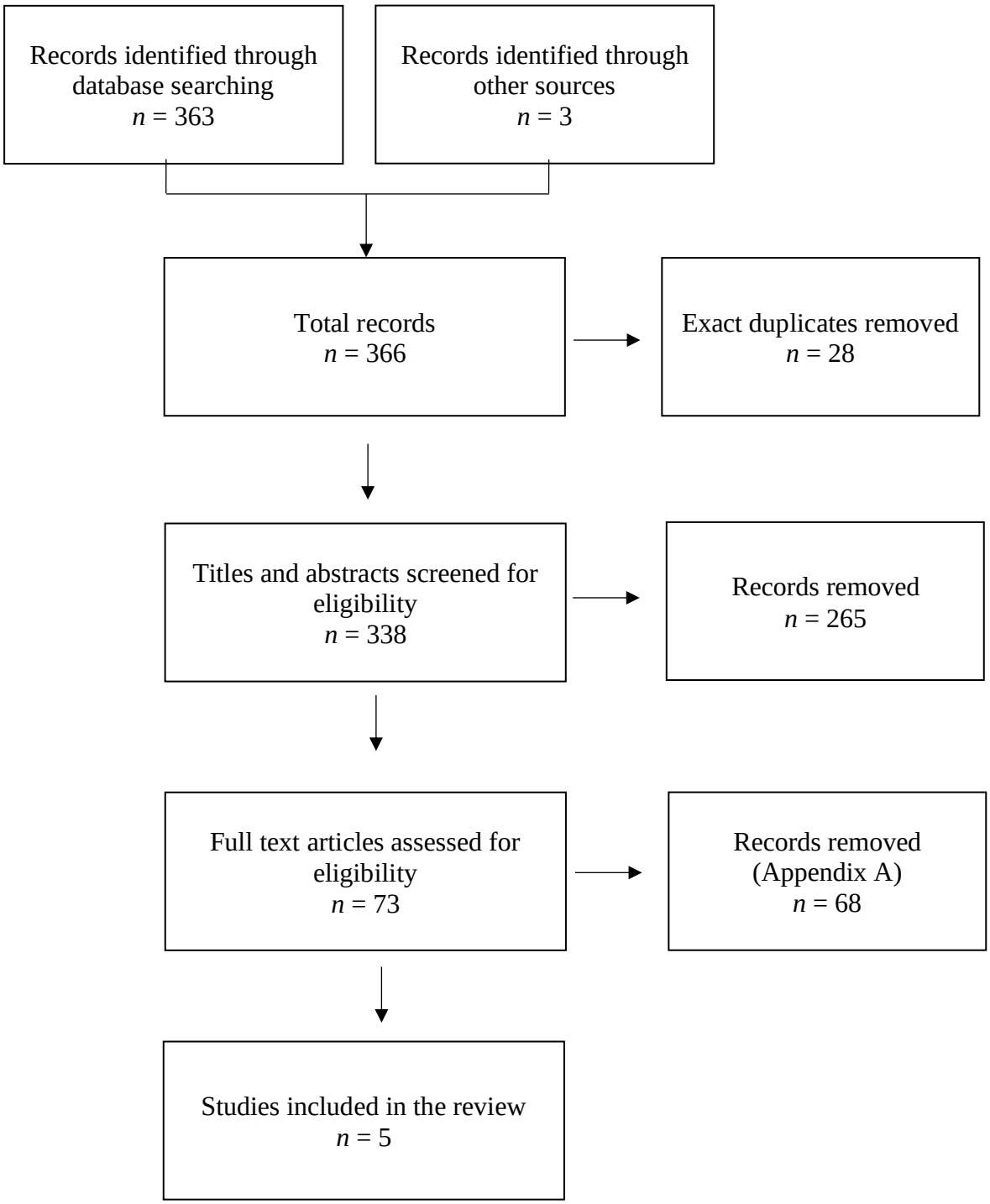


Table 2

Inclusion and Exclusion Criteria

		Inclusion criteria	Exclusion criteria	Rationale
1	Participants	All participants are aged between 0-8 years; Participants are from a normative sample. This may include children, for example, with a specific diagnosis, who are part of the mainstream class.	Any participants over the age of 8 years; All participants are exclusively from a specific population, for example, all with a specific diagnosis or all from a lower SES.	The review focuses on a population of mainstream children in the junior years of schooling: junior infants, senior infants, and first class. This is generally pupils up to 8 years old.
2	Intervention	The application of at least one school and teacher-led intervention condition completed during the school day.	No intervention applied; Intervention applied in a setting other than a school; Interventions applied by someone other than a teacher; Interventions done outside of school, for example, in after-school groups.	The purpose of this review is to evaluate school-based and teacher-led interventions.
3	Outcomes	At least one outcome measured is pupil wellbeing or social-emotional competency.	No measure of pupil wellbeing or social-emotional competence is taken; The outcomes examined in the study are something other than wellbeing or social-emotional competence.	The impact of interventions on wellbeing specifically is being investigated in this review.

4	Design	The study is either a (a) randomised control trial, (b) quasi-experimental design, or (c) mixed methods design; Studies should include at least one control condition and at least one intervention condition.	Systematic reviews, case studies, meta-analyses, correlational, and/or qualitative studies; Studies that do not have at least one control and one intervention group.	For effective interventions to be identified, manipulating independent variables in an intervention condition compared to a control condition is required.
5	Language	The study is published in the English language.	Studies published exclusively in languages other than English.	To enable the article to be read and reviewed, as this review could not translate studies published in other languages.
6	Publication	A study published in a peer-reviewed journal since 2014.	Unpublished studies; Studies not published in peer-reviewed journals; Articles, books, and reviews; Studies published earlier than 2014.	Peer-reviewed studies ensure the study is of a suitable standard; Literature on wellbeing and social-emotional learning is constantly evolving and only the most current and relevant information is to be included; A review addressing similar research questions was published in 2014 (Cheney et al., 2014).

Table 3

Mapping the Field

	Authors	Participants	Study design	Description of the intervention	Measures	Outcomes
1	Berry et al., 2016	*N* = 5,074 Reception and year one pupils Ages = 4 – 6 years Sampled from 56 schools in the UK	Cluster RCT Pre and post-test with follow-up Intervention Group: PATHS Control Group: Waitlist Random assignment at a matched school level	PATHS • Pre-Kindergarten version • One-day training for teachers and ongoing support • Detailed lesson plans, scripts, and related materials • One hour per week: 20–30 minute lessons, 2-3 times per week • Content includes self-awareness, managing feelings, motivation, empathy, and social skills	• Teacher-rated SDQ • Teacher-rated PTRS • Researcher rated T-POT	• No differences in SDQ between groups • Favourable differences on six of 11 PTRS subscales between groups; social competence, aggressive behaviour, inattention-hyperactivity, impulsivity-hyperactivity, peer relations, and learning behaviours • Favourable differences in negative behaviour and off-task on the T-POT • No differences between groups at follow-up
2	Kim et al., 2020	*N* = 83	Cluster RCT	OpenMind Korea (OM-K)	• Teacher-rated ERC	• Differences between groups at post-test and

		Preschool pupils Ages = 3 years Sampled from four preschools in Korea	Pre and post-test with follow-up Intervention Group: OpenMind Korea Control Group: Instruction as usual Random assignment at a preschool level	• Culturally adapted from OpenMind programme • Eight-hour training for teachers and ongoing support • Two daily practices • Content includes a combination of mindfulness and social-emotional learning, for example, meditation, yoga, gratitude and interconnection activities	• Teacher-rated KPRC • Teacher-rated Mod-PBQ	follow-up in adaptive regulation, lability, prosocial behaviours, and resilience
3	Low et al., 2015	*N* = 7,300 Kindergarten to second-grade pupils	Cluster RCT Pre and post-test Intervention Group: Second Step	Second Step • Two brief teacher trainings: one hour on Second Step and three hours on proactive classroom management • Detailed lesson plans, scripts, and related materials	• Teacher-rated DESSA • Teacher-rated SDQ • Researcher rated BOSS	• Differences between whole sample groups in two out of 11 variables; skills learning and emotional problems

		Ages not reported Sampled from 61 schools in the US	Control Group: Delayed start Random assignment at a matched school level	• One 25-40 minute lesson per week • Content includes skills for learning, empathy, emotion management, and problem-solving	• Researcher rated PCM-RF	
4	Novak et al., 2017	*N* = 568 First-grade pupils Ages = approx. 7 years Sampled from 29 schools in Croatia	Cluster RCT Pre and post-test Intervention Group: PATHS Control Group: Usual practice Random assignment at a	PATHS • Translated to Croatian • Four-day teacher training and ongoing support • Two lessons per week • Content includes prosocial skills, feelings, strategies to manage feelings, problem-solving, and communication	• Teacher-rated Social Competence Scale • Teacher-rated School Readiness Questionnaire • Teacher-rated ADHD Rating Scale • Teacher-rated Teacher Observation of Classroom	• Differences between whole sample groups in emotional regulation

			matched school level		Adaptation–Revised • Teacher-rated SDQ • Teacher-rated Head Start REDI	
5	Shoshani & Slone, 2017	*N* = 315 Preschool pupils Ages = 3 – 6.5 years Sampled from 12 preschools in Israel	Cluster RCT Pre and post-test Intervention Group: Positive psychology Control Group: No treatment waitlist Random assignment at a preschool level	The Maytiv Preschool Programme • Positive psychology intervention focused on the PERMA model • Teacher training workshop including 17 90 minute lessons over nine months • Textbook and lesson plans • Five activities per week • Content includes positive emotions, engagement, achievement, and positive relationships	• Pupil-rated PANAS-C • Pupil-rated BMSLSS • Pupil-rated FASTE • Pupil-rated HTKS • Parent-rated PANAS-C-P • Parent-rated SDQ • Teacher-rated Approaches to Learning Scale	• Differences in self-report positive emotions, life satisfaction, and empathy • Differences between groups in parent-reported positive emotions and prosocial behaviour • Differences between groups in teacher-reported approach to learning, positive learning behaviours, and engagement

2.3 Literature Review and Findings

Table 3 displays the studies which are included in the review. Following identification of the relevant literature, the studies were evaluated to ensure they were of high quality in addition to meeting the inclusion criteria (Gough, 2007). This appraisal also confirmed that the included studies were the most appropriate for the specific purpose of the research question (Gough, 2007; Petticrew & Roberts, 2003). The Weight of Evidence (WoE) framework (Gough, 2007) was used to guide and inform this process. This WoE framework includes four components; (a) WoE A measures the study's generic methodological quality; (b) WoE B measures how appropriate the study design is to the specific review question; (c) WoE C measures how relevant the study focus is to answer the specific review question; and (d) WoE D provides an overall summary and judgement for the study (Gough, 2007). Using the results of these weightings, it can be identified which of the five studies best answer the current review question.

In relation to WoE A, the tool provided by Gersten et al. (2005) was identified as the most suitable instrument to measure this concept. This framework offers quality indicators that can be applied to group experimental and quasi-experimental research. Although the protocol was initially intended for use in research related to special education, it applies to this review as the population are children in schools or preschools. The instrument was created to provide a systematic assessment which evaluates a study's quality and validates its inclusion in the evidence base for the field in which it is related (Gersten et al., 2005). This allows evidence banks and related practices to be based on scientifically sound research. It also holds researchers accountable for producing work of a high standard and improved quality. The framework includes ten essential quality indicators and eight desirable ones (Gersten et al., 2005). To be considered high or adequate quality research, at least nine essential quality indicators must be present. High-quality work is then differentiated from adequate work based on the number of desirable indicators in the research. To meet the specific needs of this review, one minor adjustment was made to the first essential criteria in the protocol, altering this item from "was sufficient information provided to determine/confirm whether the participants demonstrated the disability(ies) or difficulties presented?" to "was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?". This was required to be more applicable to the population being addressed in the current research question. The completed protocols for each study and each study's WoE A outcomes can be found in Appendix B. Each study's WoE A results can also be seen as part of Table 4.

Table 4

Weight of Evidence (WoE) Ratings

Study	WoE A	WoE B	WoE C	WoE D
Berry et al. (2016)	3 (High)	3 (High)	3 (High)	3 (High)
Kim et al. (2020)	1 (Low)	2 (Medium)	2.7 (High)	1.9 (Medium)
Low et al. (2015)	3 (High)	3 (High)	2.7 (High)	2.9 (High)
Novak et al. (2017)	1 (Low)	3 (High)	2.3 (Medium)	2.1 (Medium)
Shoshani & Slone (2017)	3 (High)	3 (High)	3 (High)	3 (High)

Note. <1.4 = Low, 1.5-2.4 = Medium, >2.5 = High

Following this, the evaluation criteria presented by CASEL (Skoog-Hoffman et al., 2020) were used to guide the scoring of the WoE B and WoE C. WoE B measures the appropriateness of the methodology of each study to the specific question of this review. The criteria included the study design, the use of a comparison group, adjustments in the pre-test analyses, and the sample size. The full criteria and scoring of WoE B and the ratings for each study can be found in Appendix C. WoE C was used to rate each study's ability to answer the current review question. It measures the relevance of the evidence from each of the five identified studies to this analysis. The full criteria related to the three areas of intervention, participants, and outcome are detailed in Appendix D, in addition to the score for each study in each related focus area and the overall WoE C rating. Finally, all three WoE ratings were combined to give a WoE D rating for each study. This provides an overall rating of the study in relation to its strengths, both conceptually and methodologically, to evaluate the factors of effective school-based wellbeing interventions for young children. Table 4 shows three studies rated high (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017) and two rated medium (Kim et al., 2020; Novak et al., 2017). No studies were rated low in WoE D, indicating that the included research provides a solid basis both individually and for addressing this research question (Gough, 2007).

2.3.1 Synthesis of Findings

2.3.1.1 Participants

From the five studies published between 2015 and 2020, there was a total of 13,340 participants, ranging from a sample size of 83 (Kim et al., 2020) to 7,300 (Low et al., 2015). All studies reported attrition rates, which were at acceptable levels. For example, Novak et al. (2017) reported that 96% of the sample completed post-intervention assessments, and Shoshani and Slone (2017) noted that 32 of the 352 participants (9%) did not complete the study. The participants' ages ranged from 3-7 years, although two studies (Low et al., 2015; Novak et al., 2017) failed to include the age range of participants, only reporting approximate ages and pupils' grades (kindergarten to second grade, and first grade, respectively; the equivalent of senior infants to second class, and first class of primary school in the Irish school system). The research took place in the United Kingdom (Berry et al., 2016), Korea (Kim et al., 2020), the United States (Low et al., 2015), Croatia (Novak et al., 2017), and Israel (Shoshani & Slone, 2017). Within these locations, the studies were conducted in a school classroom (Berry et al., 2016; Low et al., 2015; Novak et al., 2017) or a preschool setting (Kim et al., 2020; Shoshani & Slone, 2017). All studies identified participants as representative of a normative sample, for example, having the expected but not elevated amounts of free school meals (an indicator of lower SES) and controlled for this through matching schools during randomisation (Berry et al., 2016). All participants met the criteria for addressing the current research question.

2.3.1.2 Study Design

All studies utilised a cluster randomised control trial (RCT) design and assigned participants to conditions on a school/preschool level. All studies incorporated a trial and control condition, either a waitlist (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017) or instruction as usual (Kim et al., 2020; Novak et al., 2017). Three of the five studies (Berry et al., 2016; Low et al., 2015; Novak et al., 2017) used one-to-one matching during the randomisation process to ensure participant characteristics were equal across conditions. Due to the programme's nature, implementers, researchers, and reporters were fully informed and not kept blind to the conditions they were assigned in any of the studies.

2.3.1.3 Interventions

2.3.1.3.1 Curricula Applied. There was a range of interventions across the studies, including the established programmes PATHS (Promoting Alternative Thinking Strategies; Berry et al., 2016; Kusche & Greenberg, 1994; Novak et al., 2017), OpenMind (Jackman et al., 2019; Kim et al., 2020), and Second Step (Committee for Children, 2012; Low et al., 2015). One study (Shoshani & Slone, 2017) utilised a purpose-made intervention, the Maytiv preschool programme, which was based on the PERMA model (Seligman, 2011a). Some researchers (Kim et al., 2020; Novak et al., 2017) had to translate the programmes into Korean and Croatian languages, respectively, in order for them to be accessible to participants. The duration of interventions was generally one school year, with some studies naming the timeline as Fall or Winter to Spring (Low et al., 2015; Novak et al., 2017) and others providing specific dates, running from 9 months (Shoshani & Slone, 2017) to 12 months (Berry et al., 2016; Kim et al., 2020).

2.3.1.3.2 Programme Content. The content of the various interventions was diverse, although there was notable overlap, and included the topics of social skills and relationships (Berry et al., 2016; Kim et al., 2020; Novak et al., 2017; Shoshani & Slone, 2017), emotion management (Berry et al., 2016; Low et al., 2015; Novak et al., 2017), empathy (Berry et al., 2016; Kim et al., 2020; Low et al., 2015), feelings (Kim et al., 2020; Novak et al., 2017; Shoshani & Slone, 2017), motivation and engagement (Berry et al., 2016; Shoshani & Slone, 2017), self-awareness (Berry et al., 2016; Kim et al., 2020), problem-solving (Low et al., 2015; Novak et al., 2017), achievement (Shoshani & Slone, 2017), gratitude (Kim et al., 2020), mindfulness (Kim et al., 2020), communication (Novak et al., 2017), and skills for learning (Low et al., 2015). Higher-rated studies clearly outlined the content areas and how these were broken down and applied during the intervention process.

2.3.1.3.3 Implementers and Training. Class teachers implemented all procedures and integrated them into the typical school day. Teachers were provided with initial training before the application of the intervention, which ranged from a four-hour training (Low et al., 2015) to a four-day course (Novak et al., 2017), delivered by either certified programme trainers (Berry et al., 2016; Novak et al., 2017) or the researchers themselves (Kim et al., 2020; Low et al., 2015; Shoshani & Slone, 2017). Ongoing support was also provided in all cases in the form of emailed tips and reminders (Low et al., 2015), on-site coaching (Berry et

al., 2016; Kim et al., 2020; Novak et al., 2017), or continued training (Shoshani & Slone, 2017).

2.3.1.3.4 Programme Application. Fidelity of implementation was explicitly recorded in all studies with a WoE rating of high and was measured by teacher self-report questionnaires (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017) and a semi-structured interview (Berry et al., 2016). The dimensions measured included exposure and dosage (Berry et al., 2016; Low et al., 2015), adherence to programme content (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017), quality of programme delivery (Berry et al., 2016), and levels of pupil engagement (Berry et al., 2016; Low et al., 2015).

2.3.1.3.5 Control Group. Each study utilised a comparison, non-treatment group. Except for Low et al. (2015), the highly rated studies (Berry et al., 2016; Shoshani & Slone, 2017) and one medium rated study (Kim et al., 2020) provided a succinct description of the control condition. Controls were noted as either a no-treatment waiting list group (Berry et al., 2016; Low et al., 2015; Novak et al., 2017; Shoshani & Slone, 2017) and/or an instruction-as-usual group (Berry et al., 2016; Low et al., 2015; Kim et al., 2020; Novak et al., 2017; Shoshani & Slone, 2017).

2.3.1.4 Measures of Wellbeing

2.3.1.4.1 Reporter of Measures. Teachers completed measures in all of the research studies conducted, in addition to researchers (Berry et al., 2016; Low et al., 2015), pupils (Shoshani & Slone, 2017), and parents (Shoshani & Slone, 2017).

2.3.1.4.2 Pupil Variables Measured. All studies took at least one measure of prosocial behaviour and emotional regulation. Additional pupil variables measured included peer problems (Berry et al., 2016; Low et al., 2015; Novak et al., 2017; Shoshani & Slone, 2017), learning behaviour (Berry et al., 2016; Low et al., 2015; Novak et al., 2017; Shoshani & Slone, 2017), hyperactivity (Berry et al., 2016; Low et al., 2015; Novak et al., 2017; Shoshani & Slone, 2017), conduct problems (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017), empathy (Low et al., 2015; Shoshani & Slone, 2017), on and off-task behaviour (Berry et al., 2016; Low et al., 2015), inattention (Berry et al., 2016; Novak et al., 2017), verbal or physical aggression (Berry et al., 2016; Novak et al., 2017), internalising

behaviours (Berry et al., 2016; Novak et al., 2017), social competence (Berry et al., 2016), academic performance (Berry et al., 2016), compliance (Berry et al., 2016), positive and negative affect (Shoshani & Slone, 2017), life satisfaction (Shoshani & Slone, 2017), problem-solving (Low et al., 2015), overall social-emotional compositive (Low et al., 2015), disruptive behaviours (Low et al., 2015), oppositional behaviour (Novak et al., 2017), and resilience (Kim et al., 2020). Details of the measures applied by the various studies are provided below.

2.3.1.4.3 Measures Applied. Pre- and post-assessments were completed in all of the studies, with follow-up assessments in two (Berry et al., 2016; Kim et al., 2020) and an additional second follow-up assessment in one (Kim et al., 2020). Each of the five studies incorporated teacher self-completed scales. In addition to this, studies employed parent self-completed scales (Shoshani & Slone, 2017), researcher observation-based assessments (Berry et al., 2016), pupil-completed scales with researcher assistance (Shoshani & Slone, 2017), and/or pupil-completed tasks (Shoshani & Slone, 2017). There were 20 measures taken across the research, with individual studies using between three (Berry et al., 2016; Kim et al., 2020) and seven (Shoshani & Slone, 2017) measurement tools as part of their assessment battery.

2.3.1.4.3.1 Teacher-Rated Measures. The most widely used measure was the Strengths and Difficulties Questionnaire (SDQ; Berry et al., 2016; Goodman, 1997; Goodman et al., 2010; Low et al., 2015; Novak et al., 2017), which was utilised to measure peer problems (α = .63 and α = .65) including conduct problems (α = .77), emotional symptoms (α = .80), hyperactivity (α = .90), peer relationships, and prosocial behaviour (α = .83). This assessment has strong internal consistency (r = .73) and re-test stability (r = .62; Berry et al., 2016) and was reported as a reliable and valid measure (Low et al., 2015). The Social Competence Scale (Corrigan, 2002, as cited in Novak et al., 2017) was also used as a valid measure for prosocial behaviour (α = .88) and emotional regulation (α = .89). Similarly, Kim et al. (2020) used the Emotion Regulation Checklist, Korean Edition (Shields & Cicchetti, 1997) to measure emotional regulation (α = .83 and α = .95). The School Readiness Questionnaire (Bierman et al., 2008) and Approaches to Learning Scale (Zill & West, 2001) were used by Novak et al. (2017; α = .92) and Shoshani & Slone (2017; α = .78) respectively to measure learning behaviours. Additional teacher-completed measures included the Attention Deficit Hyperactivity Disorder (ADHD) Rating Scale (DuPaul et al., 2001; Novak

et al., 2017) to measure inattention (α = .94) and hyperactivity (α = .95), the Teacher Observation of Classroom Adaptation–Revised (Novak et al., 2017; Werthamer-Larsson et al., 1991) to measure oppositional behaviour (α = .91) and physical aggression (α = .93), and the Head Start REDI (Research-based Developmentally Informed; Bierman et al., 2008; Novak et al., 2017) to measure internalising behaviours. Furthermore, Kim et al. (2020) incorporated the Korean Personality Rating Scale for Children (KPRC; Cho et al., 2006, as cited in Kim et al., 2020) for resilience (α = .91) and the Modified Professional Behavioral Questionnaire, Korean version (Mod-PBQ; Lee, 1996, as cited in Kim et al., 2020) to measure prosocial behaviours (α = .95). Additionally, there were assessments linked to the established interventions being applied, including the PATHS Teacher Rating Scale (Berry et al., 2016) to measure emotional regulation, prosocial behaviour, social competence, aggressive behaviour, internalising, aggression, peer relations, inattention–hyperactivity, impulsivity–hyperactivity, learning behaviours, and academic performance and the Devereux Student Strengths Assessment—Second Step Edition (DESSA; Devereux Center for Resilient Children, 2012; Low et al., 2015) which measures skills for learning (α = .95), empathy (α = .95), emotion management (α = .91), problem-solving (α = .94), and derives a social–emotional composite score (α = .98).

2.3.1.4.3.2 Pupil-Rated Measures. Shoshani and Slone (2017) was the only study to assess children directly and used four measures. These included the Shortened Positive and Negative Affect Scale for Children (PANAS-C; Ebesutani et al., 2012; Shoshani & Slone, 2017) to measure positive (α = .89) and negative (α = .86) emotions, the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS; Seligson et al., 2003; Shoshani & Slone, 2017) to measure life satisfaction (α = .80), the Affective Situations Test for Empathy (FASTE; Feshbach & Roe, 1968; Shoshani & Slone, 2017) to measure empathy, and the Head-to-Toes task (HTKS; McClelland & Cameron, 2012; Shoshani & Slone, 2017) to measure emotional regulation. Some assessment adaptations were required to make the measures more applicable to the age of the participants.

2.3.1.4.3.3 Parent-Rated Measures. Again, Shoshani and Slone (2017) was the only study of the five to gather information from parents as part of their assessment. The Parent Version of the Positive and Negative Affect Schedule for Children (PANAS-C-P; Ebesutani et al., 2012; Shoshani & Slone, 2017) was conducted to measure positive (α = .93) and negative emotions (α = .91). Additionally, The SDQ (Goodman et al., 1997; Shoshani &

Slone, 2017), as described previously, was used to calculate a total difficulties subscale score (α=.79) and a prosocial behaviour score (Shoshani & Slone, 2017). Notably, all studies incorporated the SDQ as part of their research, however, only Shoshani and Slone (2017) completed it with parents rather than teachers.

2.3.1.4.3.4 Researcher Observational Measures. Two measures incorporated observation rather than the more widely used questionnaire format. These included the Teacher–Pupil Observation Tool (T-POT; Berry et al., 2016; Martin et al., 2010) to measure compliance, aggression, off-task, and prosocial behaviour, and the Behavioral Observation of Students in Schools (BOSS; Low et al., 2015; Shapiro & Kratochwill, 2000, as cited in Low et al., 2015) to measure on- and off-task behaviour, and disruptive behaviour and had a rate of 88% inter-observer agreement.

2.3.1.5 Outcomes

2.3.1.5.1 Fidelity of Implementation. For those studies that measured the fidelity of the application of the intervention (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017), the outcomes showed some variance, with some reporting high fidelity (Low et al., 2015; Shoshani & Slone, 2017) and some reporting weaker implementation (Berry et al., 2016). In terms of exposure, this ranged from 55% (Berry et al., 2016) to 85% (Low et al., 2015) and was noted as variable across the different schools (Berry et al., 2016). Adherence to intervention was reported as high and showed no to minor adaptions made during delivery (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017). Quality was also variable, with an average of 79% ranging from 21% to 100% (Berry et al., 2016). Finally, overall pupil engagement was reported as high (Low et al., 2015; Shoshani & Slone, 2017).

2.3.1.5.2 Baseline Characteristics. In the study by Kim et al. (2020), the control group rated more favourably on all measures than the experimental group at baseline with medium to large effect sizes. All other studies (Berry et al., 2016; Low et al., 2015; Novak et al., 2017; Shoshani & Slone, 2017) found no significant differences in demographic or outcome measures between groups at baseline.

2.3.1.5.3 Pre-Post Between Group Results. The results indicated a range of findings, with significant and non-significant outcomes reported. There was some agreement across the body of research, but also discrepancies between the studies.

2.3.1.5.3.1 Incongruities. All highly rated studies found there to be no statistically significant impact of intervention on emotional regulation ($p > .05$, Berry et al., 2016; $p = .08$, $g = .13$, Low et al., 2015; $p = 0.65$, $\eta^2 = .00$, Shoshani & Slone, 2017). The medium rated studies found marginally significant ($p < .10$, $d = .18$, Novak et al., 2017) or significant effects, particularly in relation to adaptive regulation ($p < .01$, $\eta^2 = .06$) and lability ($p < .001$, $\eta^2 = 0.41$, Kim et al., 2020). Similarly, two of the three highly rated pieces of research, in addition to one medium rated, found no significant impact on participants' ratings of prosocial behaviour ($p > .05$, Berry et al., 2016; $p = .80$, $g = -.02$, Low et al., 2015; $p > .10$, $d = .16$, Novak et al., 2017). However, Shoshani and Slone (2017) found significant gains ($p = .004$, $\eta^2 = .03$), as did the medium rated Kim et al. (2020), namely in help scores ($p < .001$, $\eta^2 = 0.13$), sharing ($p < .001$, $\eta^2 = 0.25$), cooperation ($p < .001$, $\eta^2 = 0.23$), and consoling ($p < .001$, $\eta^2 = 0.20$). There were varied results across additional variables, with high rated studies finding significance in learning behaviour ($p < .05$, Berry et al., 2016; $p = .022$, $g = .11$, Low et al., 2015), inattention ($p < .05$, Berry et al., 2016), and aggression ($p < .05$, Berry et al., 2016), while a lower rated study did not ($p > .10$, $d = .06$; $p > .10$, $d = -.07$; $p > .10$, $d = -.11$; Novak et al., 2017). Disagreements were also noted between high rated studies, with significant outcomes reported for hyperactivity ($p = .001$, $g = -.11$, Low et al., 2015) in some studies, while others reported non-significance ($p > .05$, Berry et al., 2016; $p > .10$, $d = -.12$, Novak et al., 2017). Low et al. (2015) found no significant impact on empathy ($p = .14$, $g = .12$), while Shoshani and Slone (2017) did ($p = 0.004$, $\eta^2 = 0.03$, $p < 0.003$, $d = 0.34$). Finally, in relation to emotion problems, significant effects were seen in some interventions ($p = .012$, $g = -.10$, Low et al., 2015) but not in others ($p > .05$, Berry et al., 2016).

2.3.1.5.3.2 Significance. Across the studies, significant results were reported for the variables of social competence ($p < .05$, Berry et al., 2016), peer relations ($p < .05$, Berry et al., 2016), impulsivity ($p < .05$, Berry et al., 2016), negative behaviour ($p < .05$, Berry et al., 2016), off-task behaviour ($p < .05$, Berry et al., 2016), positive emotions ($p = 0.001$, $\eta^2 = 0.04$, $p < 0.001$, $d = 0.38$, Shoshani & Slone, 2017), life satisfaction ($p = 0.002$, $\eta^2 = 0.03$, $p < 0.001$, $d = 0.67$, Shoshani & Slone, 2017), and resilience ($p < .001$, $\eta^2 = .27$, Kim et al., 2020).

2.3.1.5.3.3 Non-Significance. No statistically significant impacts were found for peer problems ($p > .05$, Berry et al., 2016; $p = .22$, $g = -.07$, Low et al., 2015; $p > .10$, $d = .00$, Novak et al., 2017), internalising behaviours ($p > .05$, Berry et al., 2016; $p > .10$, $d = -.09$, Novak et al., 2017), conduct problems ($p > .05$, Berry et al., 2016; $p = .30$, $g = -.04$, Low et al., 2015), academic performance ($p > .05$, Berry et al., 2016), compliance ($p > .05$, Berry et al., 2016), non-compliance ($p > .05$, Berry et al., 2016), negative emotions ($p = 0.18$, $\eta^2 = 0.01$, $p = .19$, $\eta^2 = .05$, Shoshani & Slone, 2017), social-emotional compositive ($p = .06$, $g = .13$, Low et al., 2015), problem-solving ($p = .07$, $g = .11$, Low et al., 2015), disruptive behaviour ($p = .22$, $p = -.11$, Low et al., 2015), or oppositional behaviour ($p > .10$, $d = -.12$, Novak et al., 2017).

2.3.1.5.4 Long-Term Outcomes. Studies which conducted and reported follow-up measures (Berry et al., 2016; Kim et al., 2020) also have some variance in their findings. Berry et al. (2016) found gains had been lost at follow-up, however, significant differences were noted in conduct, which had not been evident at post-baseline. Conversely, Kim et al. (2020) reported adaptive regulation, resilience, and the prosocial behaviours of sharing, cooperation, and consoling had increased at follow-up and reached significance. Additionally, the prosocial improvements in help identified following intervention were sustained at follow-up (Kim et al., 2020).

2.4 Conclusion

A systematic search and review were conducted into the wellbeing interventions completed in schools for children below the age of eight years. The research questions this review aimed to address are: (1) What teacher-implemented wellbeing interventions for young children are documented in the research? and (2) Are these interventions effective at increasing young children's levels of wellbeing? Only five studies were identified as applicable for inclusion, and of these, three studies rated high (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017) and two rated medium (Kim et al., 2020; Novak et al., 2017) when their quality was assessed (Gough, 2007). No studies were rated low, indicating that the included research provides a solid basis both individually and for addressing this research question (Gough, 2007). The findings of the literature review in relation to the two research questions will now be explored.

2.4.1 Research Question One: What Teacher-Implemented Wellbeing Interventions for Young Children are Documented in the Research?

There are many formats of wellbeing intervention (CASEL, 2021). The programmes used in the studies in this review included PATHS (Berry et al., 2016; Kusche & Greenberg, 1994; Novak et al., 2017), OpenMind (Jackman et al., 2019; Kim et al., 2020), Second Step (Committee for Children, 2012; Low et al., 2015), and the Maytiv Preschool Programme (Shoshani & Slone, 2017). These were all universal interventions, which are preferable over one-to-one methods (Low et al., 2015; Offord, 2000, as cited in Novak et al., 2017). Teachers were the implementors in all the pieces of research and received some form of training and support across all programmes utilised. The content, which was applied over multiple months within the school setting, covered a wide range of wellbeing and social and emotional skills, such as emotion management, feelings, and problem-solving.

2.4.2 Research Question Two: Are these Interventions Effective at Increasing Young Children's Levels of Wellbeing?

All studies used cluster RCT designs to assess the efficacy of the wellbeing intervention being examined. Teachers were the primary source of information in these studies, with some additional input from parents, pupils, and the researchers themselves. As noted in Section 2.1.1, there is noted variability on which aspect of wellbeing is measured, and this was evident in the wide range of variables seen across the five studies. The results of the literature review indicated no consensus could be reached to conclusively answer if wellbeing interventions are effective at increasing young children's levels of wellbeing. The outcomes indicated that significant differences were seen in many aspects of wellbeing, such as, resilience and social competence. Additionally, the review found that some studies suggested promising results in variables including emotional regulation and prosocial behaviour, however, there was disagreement between studies in relation to more than ten of the variables measured across the five pieces of research. These were emotional regulation, adaptive regulation, lability, prosocial behaviour, help scores, sharing, cooperation, consoling, learning behaviour, inattention, aggression, hyperactivity, empathy, and emotional problems. Notably, both fidelity of implementation and participant baseline characteristics were found to impact and potentially skew the data, which is in line with the existing body of research (Elliott & Mihalic, 2004). Overall, the outcomes were inconsistent across studies with no two highly rated studies identifying significant effects in any one outcome from their initial or long-term follow-up data collection. This is reflective of previous research in the

area which highlights that wellbeing is particularly difficult to measure (Barblett & Maloney, 2010) and can significantly fluctuate (DES, 2018; Diener, 2000; Tynan & Nohilly, 2020).

2.4.3 Limitations and Future Directions

Overall, the review highlighted that the evidence base for these interventions still needs to be established. It should be noted, however, that the ambiguous definition of wellbeing and social-emotional competence may also be impacting the ability to appraise this body of work fully. Prior research suggests a disproportionate focus on developing young children's cognitive skills in preschool and the early years of primary school, rather than targeting more holistic inter- and intra-personal skills (Jackman et al., 2019; Shoshani & Aviv, 2012; Shoshani & Slone, 2017). Many existing studies look at the efficacy of wellbeing interventions conducted by researchers or external bodies (Merrell & Gueldner, 2010, as cited in Low et al., 2015) or with an adolescent or adult population (Froh et al., 2009; Mashford-Scott et al., 2012). However, for an assessment of more applicable and widely accepted interventions, it is essential to look at those which are teacher implemented, as this is more reflective of schools' needs. The five studies meeting inclusion criteria each originated from a different country, and yet, Ireland was not represented in this sample, highlighting the lack of research with this population. The Department of Education is placing a greater emphasis on wellbeing and its role within schools (DES, 2018, 2019). Thus, identifying effective interventions as part of this is vital. Finally, the child's voice was only evident in one of the studies and is significantly lacking in research with this age group. The inclusion of this is vital in future investigations to ensure an authentic and representative outcome. To build on the limited existing research body, investigating the efficacy of school-based interventions for young children and using children as a source of outcome information should be explored.

2.5 Reflection

The framework provided by Rolfe et al. (2001) will now be used to reflect on the systematic review and support decision-making regarding the next steps. This reflection was carried out during the course of the doctorate programme, following my completion of the systematic literature review and prior to the completion of the empirical study. This framework looks at an experience using the following steps:

- What? – A description of the event.

- So What? – An interpretation of the experience.
- What Now? – An action plan for the next steps.

2.5.1 What?

During the research component of the doctoral course, I completed a systematic literature review on the topic of school-based wellbeing interventions for young children, as presented in this chapter. This was an extensive piece of work which critically analysed the studies which met the inclusion criteria. As wellbeing is a complex concept, it is difficult to define. Multiple forms are presented in the literature, leading to difficulty in understanding and assessing wellbeing interventions. Throughout the course of completing the doctoral research, I refined the definition of wellbeing and adjusted it to align more closely to the continually developing research base and my own clinical point of view. This initial review also did not include details regarding research related to the *Welcome to Wellbeing* programme or the voice of the child, both of which are integral parts of this overall study.

2.5.2 So What?

Although the literature review provides valuable information regarding wellbeing interventions used in schools, it is incomplete when considering the updated definition at the core of the entire study. It became evident that the systematic review alone may not fully capture other relevant information from the body of work in this area. Furthermore, the specific intervention at the core of this study, *Welcome to Wellbeing*, was not explicitly analysed, and an overview of the research relating to including the child's voice in research was also absent. In order to describe the empirical study within this context, I concluded an updated review may be necessary. This would allow for a richer insight into the area of the research topics to be presented.

2.5.3 What Now?

As the systematic review remains valuable, I believed it best to maintain this as part of the overall research project. Additionally, I will complete a further narrative review to present the supplementary pertinent information to support the reader's understanding of the areas of wellbeing, the *Welcome to Wellbeing* programme, and the voice of the child. This can act as an added foundation for the empirical study. This will enable the research overall

to be informed from various sources of information rather than losing valuable insights by using one or the other alone.

2.6 Narrative Review

2.6.1 Wellbeing

Wellbeing has been referred to as a wicked problem in recent research due to the difficulty in cohesively defining it across the literature (Bache et al., 2016; Rittel & Webber, 1973; Svane et al., 2019). Wicked problems are those that have no agreed-upon definition, clear solutions, or simple outcome measurement (Crowley & Head, 2017). They are unique in nature and interconnected to several other complicated factors or systems. Wellbeing is a concept that has been defined and redefined over time, and yet a universally agreed explanation still does not exist. As wellbeing becomes more popular and widely discussed in everyday life, understanding it becomes even more elusive (Slee & Syrzypiec, 2016, as cited in Tynan & Nohilly, 2020; Svane et al., 2019). Differences between the ways in which wellbeing is described (for example, emotional wellbeing, psychological wellbeing) and spelled (for example, wellbeing, well-being, and well being) add further confusion to the area (Svane et al., 2019). The opposite of wellbeing is ill-being (O'Brien & O'Shea, 2017, as cited in Tynan & Nohilly, 2020). However, this definition is perhaps even looser than that of wellbeing, and it serves as an all-encompassing term for anything from mental health difficulties to poor peer relations to antisocial community behaviour (Bache et al., 2016).

In early philosophical literature related to wellbeing, it is described through either a hedonic or a eudaimonic lens (Dodge et al., 2012). Hedonic wellbeing is seen when an individual has high levels of positive affect, low levels of negative affect, and high levels of life satisfaction (Diener, 2000; Diener & Emmons, 1984; Lyubomirsky & Lepper, 1999). In this light, wellbeing is synonymous with happiness. This self-judged evaluation of one's wellbeing and happiness is called subjective wellbeing. Happiness and wellbeing remain to be used interchangeably in much of the research in relation to wellbeing. However, this is not the case in reality, and achieving high levels of wellbeing is not necessarily "the pursuit of happiness" (Bache et al., 2016, p. 894). Eudaimonic wellbeing states that happiness is related to the meaning and psychological processes one has in their life, being one's true authentic self, and reaching one's full potential (Henderson & Knight, 2012). With this point of view, Ryff and Keyes (1995) describe wellbeing in terms of autonomy, environmental mastery, personal growth, positive relationships, purpose in life, and self-acceptance. The integration

of both hedonic and eudaimonic concepts is referred to as 'flourishing' (Henderson & Knight, 2012; Seligman, 2011a). Seligman, an influential researcher in positive psychology, developed the PERMA framework to explain wellbeing. This looked at wellbeing as encompassing Positive emotion, Engagement, positive Relationships, Meaning, and Accomplishment (Seligman, 2011a).

In more recent policy work, The Department of Education has adopted the World Health Organisation's (WHO's) definition of wellbeing as part of its policy and framework (DES, 2019, p. 10; WHO, 2001). This states that:

> Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life.

This reflects the fact that wellbeing is now considered more of a "multidimensional phenomenon" (Bache et al., 2016, p. 902), encompassing emotional, physical, spiritual, social, and cognitive aspects (Tynan & Nohilly, 2020). A balance of these different areas in a way that enables an individual to meet life's challenges results in overall wellbeing (Svane et al., 2019). This balance may fluctuate over time and can be enhanced through the continued learning of skills (Gillet-Swan & Sergeant, 2015), leading to the concept of accrued wellbeing. This results in a person with adequate resources to manage potential life stressors when or if they occur (Nohilly & Tynan, 2020). In schools, wellbeing is seen as having multiple sources of influence (DES, 2019, p. 16), incorporating:

- Culture and Environment: Mission and ethos; School and classroom climate and culture; Quality and use of school buildings and grounds
- Curriculum (Teaching and Learning): Extra-curricular learning; Co-curricular learning; Planning supports; Monitoring
- Policy and Planning: All policies relevant to wellbeing; All plans relevant to wellbeing; School and centre self-evaluation; Continuing professional development
- Relationships and Partnerships: Student and staff relationships; Peer relationships; Student Voice; Partnership – staff, children and young people, parents/carers; Partnerships with other schools; Community partnerships; External supports

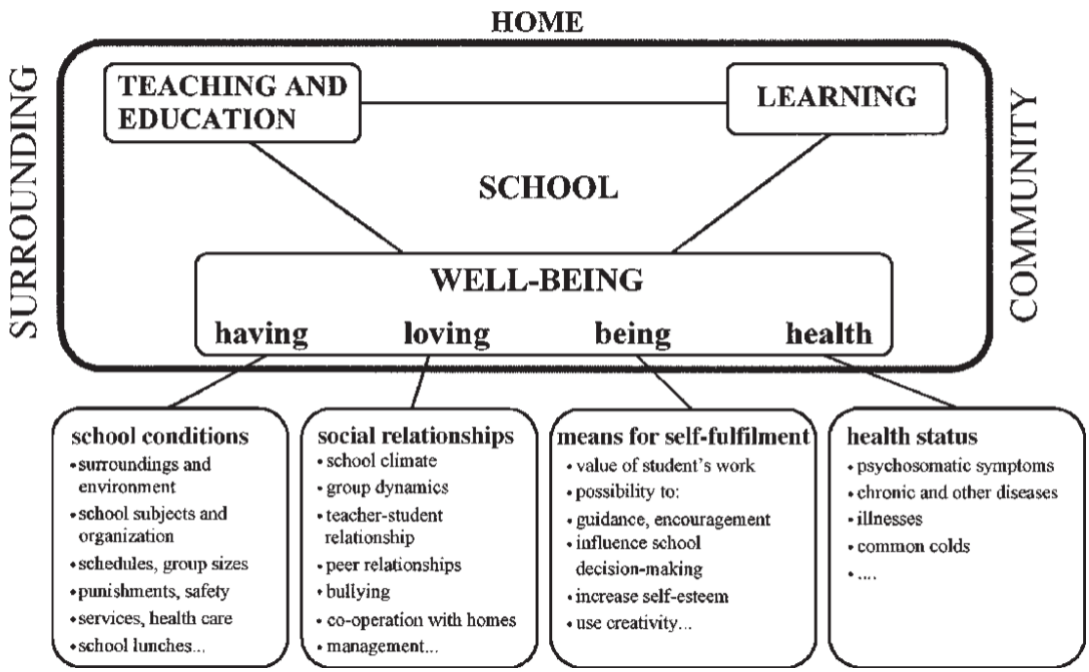
A similar model was proposed by Konu and Rimpela (2002), as seen in Figure 3, highlighting that even more possible variables are involved in this wicked problem. There are also

external impacts on wellbeing, such as the home and community settings (Puolakka et al., 2014, as cited in Frederickson & Cline, 2014) and the factors which have the most control on an individual's levels of wellbeing can vary across cultures (Park, 2004, as cited in Frederickson & Cline, 2014). As with all wicked problems, no one component can improve pupil wellbeing alone. Instead, each of the various systems and influences must be given attention and enhanced to fully support the thriving of pupils' wellbeing.

Wellbeing remains an ambiguous area, and its developing definition is too broad for this paper to encompass fully. Wellbeing is defined as having the resources, both interpersonal and intrapersonal, to deal with the challenges one may experience as part of life. These resources cover all skills and aspects that may impact a person's ability to cope, including but not limited to psychological, spiritual, physical, social, cognitive, and emotional. Likewise, challenges are individual to a person and can be all-encompassing, again including psychological, spiritual, physical, social, cognitive, and emotional components. The Department of Education (DES, 2019) conceptualisation of wellbeing as a multi-faceted and fluid construct will be used in this research. As there are many different parts to wellbeing, the aspects of resilience and emotional regulation will be the focus of this paper. This will allow for a greater understanding of these specific concepts within the overall area of wellbeing.

Figure 3

The School Wellbeing Model (Konu & Rimpela, 2002)



2.6.1.1 Resilience and Emotional Regulation

As with wellbeing, resilience itself is also a wicked problem. Various definitions and frameworks are available in the literature to help support the understanding of resilience overall while also leading to a lack of cohesion in the area (Fletcher & Sarkar, 2013; Masten, 2014; Windle, 2011). Such definitions include the conceptualisation of resilience as "a complex and dynamic process, broadly defined as the ability to adapt successfully to adversity, stressful life events, significant threat, or trauma" (Feder et al., 2019, p. 433). These life events can range from daily challenges to the loss of a loved one or living in a war-torn country (Fletcher & Sarkar, 2013). Resilience can be conceptualised as both a trait and a process, which are interactive, that is, a trait which is demonstrated through a process (Fletcher & Sarkar, 2013). It can be viewed as an entirely internal process linked to other personal characteristics, such as self-efficacy and self-esteem (Bandura, 1986). Contradictory to this, frameworks such as the biopsychosocial model of resilience (Masten & Narayan, 2012), the social-ecological model (Bronfenbrenner, 1979), and the dual-factor model of resilience (Bonanno & Diminich, 2013), view resilience in the context of multiple factors, including biological, social, and psychological, and state that resilience levels are the result of the interactions between these various variables. Similarly, models presented by researchers such as Ungar (2010) position resilience in the context of a person's environmental setting and the impact that cultural factors such as cultural beliefs, values, and practices can have on an individual. Some frameworks, for example, the developmental assets framework (Benson, 2006), focus primarily on protective factors, such as the presence of strong social connections. However, other models, such as the post-traumatic growth model (Tedeschi & Calhoun, 2004) and the positive adaptation model (Luthar et al., 2000), focus on life events and propose the view that overcoming adverse experiences strengthens a person's levels of future resilience. Related to this are conceptual viewpoints, for example, the challenge and threat model (Blascovich & Mendes, 2010), which believe that an individual's perceptions and cognitions in response to stressful situations are the main factors in resilience levels. Taking into consideration the multiple viewpoints and lack of cohesion in the area, the resilience framework (Masten, 2001) and the dual-factor model of resilience (Bonanno & Diminich, 2013) take the view that resilience is dynamic and impacted by the interactions between various risk and protective factors. Many of these models have similar and overlapping concepts at the core of their framing of resilience. As an overall body of work, they acknowledge that resilience encompasses both internal factors (including biological, psychological, and personality traits) and external factors (for example, family system and

SES). These influences have the potential to be either protective or risk factors for an individual. For example, in relation to opportunities for meaningful participation in activities, if an individual has ample access to these situations, that may be a protective factor. Conversely, if these opportunities are limited, that may be a risk factor (Fletcher & Sarkar, 2013). The interactions between these numerous variables all contribute towards levels of resilience (Masten, 2014). The various models also recognise that resilience is variable throughout a person's lifespan and can be influenced by responses to stressful situations. Following a review of multiple viewpoints on resilience, the definition of resilience adopted in this paper is that presented by Windle (2011, p. 12):

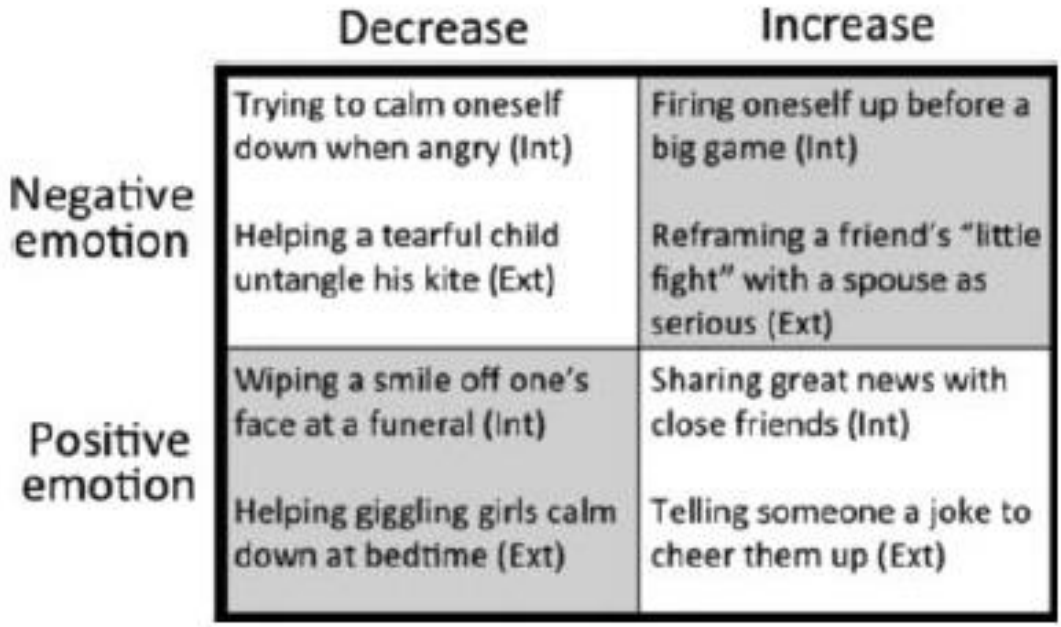
> Resilience is the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary.

A protective factor for resilience is good emotional regulation skills. Again, this area lacks "conceptual clarity" (Gross, 2015, p. 1; Lewis et al., 2010). There are a number of limitations regarding researching and understanding emotional regulation due to this difficulty defining and measuring it in a valid and reliable way (Lewis et al., 2010). There are several models for emotional regulation, however, the most widely used and accepted model is the process model proposed by Gross (1998). Emotional regulation can be defined as the "activation of a goal to influence the emotion trajectory" (Gross et al., 2011, as cited in Gross, 2015, p. 5). It is essentially engaging in a response, either consciously or unconsciously, to mediate and change an emotion that is currently being experienced. One can alter one's own emotions, intrinsic emotional regulation, or mediate another person's emotions, which is extrinsic emotional regulation (Gross, 2015; Sheppes et al., 2015). Although most of the literature in the area refers to emotional regulation as aiming to balance or down-regulate negative emotions, for example, calm oneself when angry, emotional regulation can also serve to moderate both positive (for example, love or happiness) and negative (for example, anxiety or sadness) emotions (Tugade & Fredrickson, 2007), as portrayed in Figure 4. Emotions can be regulated to change an emotional response's intensity, duration, or quality (Gross, 2015). The process model of emotional regulation states that this can be achieved by making choices on how to engage in a situation, where to focus attention, the related cognitions, or the responses to a given scenario (Gross, 1998, as cited in Gross, 2015). These choices are made based on perceptions and valuations of the situation and the related perceived outcomes

(Gross, 2015). During this process, there are three stages in emotional regulation, these are (1) identification and awareness of an emotion and the need to regulate, (2) selection of the perceived best choice, and (3) implementation of chosen action (Gross, 2015; Sheppes et al., 2015). These processes develop as a person's emotional intelligence matures. As a child moves through the stages of emotional development, they become more independent with their own emotional regulation, for example, moving from requiring the support of a caregiver in early childhood to more autonomous regulation in middle childhood (Saarni et al., 2008, as cited in Carr, 2016). Interventions to support emotional regulation can also target the development of the related processes and alter choice-making, divert attention, engage cognitive reappraisal, or modulate responses to emotion-provoking experiences (Webb et al., 2012).

Figure 4

Examples of Emotional Regulation (Gross, 2015)



2.6.2 The Educational Programme *Welcome to Wellbeing*

Welcome to Wellbeing is a multi-year programme for children from junior infants to first class, designed to be implemented by teachers as part of the Social Personal and Health Education (SPHE) curriculum (Forman, 2021a). It was developed in Ireland by Fiona Forman and is available to purchase through Outside the Box Learning Resources. The programme is linked to *Weaving Wellbeing* (Forman & Rock, 2016), which is targeted towards pupils aged

8-12 years old, and *Wired for Wellbeing* (Forman, 2020), which is for students in post-primary education. The programmes have shared concepts and work together to build skills sequentially.

Welcome to Wellbeing aims to teach junior infants to first class pupils social, emotional, and psychological skills to increase their levels of wellbeing across the social, emotional, physical, spiritual, and mental domains (Forman, 2021a). It references several theoretical foundations, including positive psychology, the PERMA model (Seligman, 2011b), valuing all emotions, resilience, self-efficacy (Bandura, 1986), and emotional regulation (Forman, 2021a). The skills and strategies the programme aims to teach are 'mindful body scan', '3 good things', 'slide breathing', '3-2-1 listen', 'stand strong like a mountain', 'chill and spill', 'look ask listen', 'name it to tame it', 'hand to heart', and 'think talk plan act'. Additional topics targeted during the sessions include self-awareness, identifying personal strengths, kindness, gratitude, and naming, identifying, accepting, and regulating feelings.

Research on the outcomes of *Welcome to Wellbeing, Weaving Wellbeing,* and *Wired for Wellbeing* is variable and limited. In relation to independent research conducted on the three wellbeing programmes, there is only one published article which focused on *Weaving Wellbeing* (Barrington et al., 2019), while a number of additional independent studies on the programmes have been completed as part of doctoral research in various universities in Ireland (Burns, 2019; Gough, 2020; McGrath, 2017; O'Brien, 2020; O'Neill, 2019, as cited in Forman, 2021c; Rice, 2021, as cited in Forman, 2022; Ward et al., 2019). These pieces of research include a variety of quantitative (Barrington et al., 2019; Gough, 2020), qualitative (O'Neill, 2019, as cited in Forman, 2021c), and mixed methods (Burns, 2019; McGrath, 2017; O'Brien, 2020; Rice, 2021, as cited in Forman, 2022; Ward et al., 2019) study designs. Quantitively, the published study found no significant impact of engagement in the *Weaving Wellbeing* intervention but acknowledged the study's limitations and application of the programme and noted that it may have the potential for positive outcomes (Barrington et al., 2019). Similarly, the unpublished study identified no significant impact on levels of emotional regulation (O'Brien, 2020) following the application of *Weaving Wellbeing*. In the mixed methods studies, positive results were noted in some instances (for example, Rice, 2019, as cited in Forman, 2022, for *Wired for Wellbeing* and Ward et al., 2019 for *Weaving Wellbeing*), with some significant impacts reported on levels of anxiety (Gough, 2020; McGrath, 2017) and self-efficacy (Burns, 2019) for *Weaving Wellbeing*. Qualitative feedback on *Weaving Wellbeing* and *Wired for Wellbeing* also indicated favourable outcomes (Burns,

2019; Gough, 2020; McGrath, 2017; O'Brien, 2020; O'Neill, 2019, as cited in Forman, 2021c; Rice, 2021, as cited in Forman, 2022; Ward et al., 2019).

During each programme's development, qualitative studies were completed in the piloting stage to gain pupil, parent, and teacher feedback (Forman, 2021b; Forman, 2021c; Forman, 2022). The findings of these projects reported positive results overall, for example, concerning *Weaving Wellbeing*, participants noted "high levels of enjoyment and engagement" (Forman, 2021b, p. 4). In regards to *Welcome to Wellbeing*, the programme was piloted in 14 schools, and outcomes highlighted that teachers found the programme to be easy to use, engaging, and age-appropriate (Forman, 2021b). They also presented positive recollections from both parents and pupils. As this data was compiled and presented by the programme developers, it is limited by bias. Notably, published or unpublished independent studies have yet to be completed on the *Welcome to Wellbeing* programme to date.

2.6.3 The Voice of the Child

The body of research completed on children is extensive. However, from this vast amount of information, the studies conducted with children as active participants is a significantly smaller portion. Children have a right to have their views, feelings, and opinions heard in line with Article 12 of the *United Nations (UN) Convention on the Rights of the Child* (UN, 1989), and this should also be the case regarding research. Additionally, children can make sense of their opinions and have the capacity to communicate these opinions (Sargeant & Gillett-Swan, 2015; Tay-Lim & Lim, 2013; Thomason, 2009, as cited in Fane et al., 2018) and, thus, should be supported to do so. Irish policy also recognises and advocates for the inclusion of the voice of the child and their participation in decision-making which impacts them (Department of Children & Youth Affairs (DCYA), 2014; Tusla Child & Family Agency, 2019). The inclusion of the child's voice can be applied across areas such as child protection, health, education, mental health, and juvenile justice (Grace et al., 2019), and evidence-based systems, resulting from research, are often used to inform both policy and practice across these areas. If children are not given a voice, they are limited in their ability to be part of the systems in which they are involved.

Conceptualising the inclusion of the child's voice in research is another ambiguous area (Urbina-Garcia et al., 2022). One definition of voice is as "more than verbal utterances; it allows individuals to express who they are…is not limited to words, behaviours, actions, pauses in action, silences, body language, glances, movement, and artistic expression" (Cassidy et al., 2022, p. 37). Tokenistic attempts to include children in studies without giving

them any real influence can be difficult to distinguish from meaningful efforts to give children a platform for change (Harding & Atkinson, 2009; Lundy, 2007, as cited in Urbina-Garcia et al., 2022). Over the past number of decades, positive movements have been made to transition from identifying the voice of the child to using the voice of the child to including the voice of all children (Cook-Sather, 2014; Grace et al., 2019). Shier (2001, as cited in Caetano et al., 2020) states that there are five levels to the inclusion of children in school systems. These are "1) Children are listened to; 2) Children are supported in expressing their views; 3) Children's views are taken into account; 4) Children are involved in decision-making processes; 5) Children share power and responsibility for decision-making" (p. 56). As the importance of this movement is more widely recognised, it is beginning to become embedded into psychology across both research and professional practice (de Leeuw et al., 2020).

There are many methods to capture the voice of the child in research. This is mainly seen in the data collection phase of the research, where children are consulted as respondents (Grace et al., 2019), however, there are also examples in the literature of children being involved in multiple stages of the research process as allies or partners (for example, Maynard et al., 2021). Urbina-Garcia et al. (2022) conducted a review to identify techniques used in research with young children that prioritise their voices rather than merely including them. The review found that researchers used a variety of methods, including structured and semi-structured interviews (Correia & Aguiar, 2017; Koller & San Juan, 2015), group interviews (Baird & Grace, 2017; Hatzigianni et al., 2021), focus groups (Dunn & Sweeney, 2018; Sandberg et al., 2017), researcher observations (Fekonja-Peklaj & Marjanovič-Umek, 2015; Wernet & Nurnberger-Haag, 2015), photography (Hammarsten et al., 2019; Moore et al., 2019), drawing (Wong et al., 2020), child-led tours (Hammarsten et al., 2019; Kaplun, 2019), story completion (Colliver & Fleer, 2016; Kotaman & Tekin, 2017), and film-based discussions (McEvilly, 2015). Additional strategies discussed across the literature include play-based methods, using puppets, reading activities, journals (Grace et al., 2019), direct questioning methods (such as using personal construct psychology methods; Harding & Atkinson, 2009), self-report measures (for example, the Piers-Harris Child Self Concept Scale 2; Harris, 1989), and visual strategies such as emojis (Fane et al., 2018). At times, stakeholders in the child's life are also involved in supporting the data collection, for example, parents being present to foster a comfortable environment for the child may result in additional information being gained (Tay-Lim & Lim, 2013; Urbina-Garcia et al., 2022). As is always the case when working with children, the researcher must create a safe setting

and build rapport with the child by engaging with them in a flexible and child-friendly manner (Fleer & Li, 2016; Grace et al., 2019; Tay-Lim & Lim, 2013). These methods can support the validity and reliability of the outcomes and facilitate more inclusive engagement during the research process.

There are multiple benefits to the inclusion of the voice of the child. These advantages can be seen on several levels, including enhancing the children's experiences, improving the quality of the research, and advancing related systems (Fane et al., 2018; Grace et al., 2019). Firstly, the process of listening to children empowers them and supports their role as active influencers in their experience of the world. Involving children in activities can also help them to develop self-sufficiency and introspective skills (Harding & Atkinson, 2009). Furthermore, participatory research enhances the researcher's understanding of the child's lived experience. It can "illuminate young children's interests, ideas or views –sometimes even challenging adult thinking – in a range of topics or concepts" (Urbina-Garcia et al., 2022, p. 17). It can provide children's unique perception, which is often quite different from the adult's view of the same situation (Cook & Hess, 2007, as cited in Fane et al., 2018). Finally, it can result in the improvement of a multitude of related systems, including the interventions, research methods, policies, and practices in which they are involved.

A number of limitations or challenges also exist when engaging children in the research process. When adults look to a child for input, a power differential is present (Grace et al., 2019; Thomas & O'Kane, 1998; Urbina-Garcia et al., 2022). This may impact the outcomes of the engagement and result in information that is not true to the authentic voice of the child but, instead, a pseudo voice, inferred voice, or surveyed voice (Zhang, 2015). Many methods used to elicit the voice of the child are adult-led rather than child-led, indicating that the voice is only heard within the boundaries presented by the adult (Urbina-Garcia et al., 2022). There has been critique regarding the potential for including children in research being intrusive (Zhang, 2015) and the placement of undue pressure on children in identifying the solutions. Therefore, the children's desire to participate in the research is also critical and relates directly to informed assent (Grace et al., 2019). Additionally, the differentiation between whether the child's voice is being included to benefit the child or the adult agenda can be a challenge (Urbina-Garcia et al., 2022). Also, methodological considerations include using age-appropriate self-report measures and participant reactivity (Crocker & Wolfe, 2001). Children may change their behaviours or respond in the way they perceive the adult would want, which would result in a misrepresentation of their true feelings. In relation to young children, the child's receptive and expressive language and literacy skills may also

impact their ability to participate (Fane et al., 2018). Furthermore, supporting and incorporating the perspectives of children from varying demographics and levels of need is an additional consideration (for example, Bradbury-Jones et al., 2018). These challenges must be considered when planning to elicit the voice of the child to guarantee genuine involvement and listening (Harding & Atkinson, 2009).

Positive movements have been made to continue striving towards including the child's voice in research, although this voice is still currently underrepresented. Silences remain across particular areas, including moving beyond tokenistic attempts or only involving children as contributors rather than collaborators (Grace et al., 2019). Children have the capacity and right to be involved in all aspects that affect them (UN, 1989), thus, ongoing commitment towards this inclusion remains an important goal.

2.7 Conclusion

This chapter presented both a systematic and narrative review of wellbeing. Firstly, an analysis of five studies on school-based, teacher-led wellbeing interventions for young children was completed. The identified literature was appraised using the WoE framework developed by Gough (2007) to assess the applicability of the studies to the review topic and concluded that the studies were of appropriate quality. The various approaches of these pieces of research, including the wellbeing intervention applied, measures taken, informant utilised, and study outcomes, were presented. Overall, the systematic review concluded that the evidence base for these interventions still needs to be established.

Following this, a personal reflection was completed using the framework presented by Rolfe et al. (2001) to consider my position during the research process. This reflection supported my understanding that the systematic literature review, although relevant and essential, required updated and supplementary information on the research area. The conclusion was to complete an additional narrative review on the critical areas to meet this identified need.

Finally, a narrative review was completed to provide greater insight and support the readers' understanding of the overall research topic. This review first addressed the area of wellbeing and the complexities in its conceptualisation. A consideration of resilience and emotional regulation as particular aspects of wellbeing was also presented, in addition to the wellbeing intervention *Welcome to Wellbeing.* Lastly, the voice of the child within the research was discussed. The review highlighted the importance of including the child's voice

and contemplated the practicalities of doing this within the research process. In summary, this chapter exhibited a detailed and evolving understanding of the overall research area.

Chapter Three: Empirical Paper

3.1 Introduction

The area of wellbeing is becoming increasingly popular across research and practice. Notably, studies in the area often look to parents and teachers alone to inform them of pupil wellbeing, leaving the voice of the child excluded from the body of work. Across domains within and external to education, best-practice and evidence-based guidance in relation to wellbeing is being sought. As part of this, wellbeing interventions, such as *Welcome to Wellbeing*, are utilised in the classroom setting. This chapter will outline an overview of wellbeing, wellbeing interventions, and the voice of the child. The current research project, a mixed method design involving pupils and teachers, is then presented. The outcomes of this evaluation and exploration of the *Welcome to Wellbeing* programme suggest some positive indicators and take into consideration possible future directions.

3.1.1 Wellbeing

Wellbeing is a wicked problem (Bache et al., 2016; Rittel & Webber, 1973; Svane et al., 2019). This is one which is difficult to define, hard to solve, and intertwined with a number of other equally ambiguous factors (Crowley & Head, 2017). In order to support cohesion across this research, the chosen definition of wellbeing is one adapted from the World Health Organisation (WHO; Department of Education & Skills (DES), 2019), that is:

> Wellbeing is present when a person realises their potential, is resilient in dealing with the normal stresses of their life, takes care of their physical wellbeing and has a sense of purpose, connection and belonging to a wider community. It is a fluid way of being and needs nurturing throughout life. (p. 10)

Wellbeing is present when a person has the interpersonal and intrapersonal resources to deal with the challenges one may experience as part of life. These resources encompass all skills and aspects that may impact a person's ability to cope, including but not limited to psychological, spiritual, physical, social, cognitive, and emotional. Wellbeing is a fluid state of being and will fluctuate over one's lifetime as they encounters the inevitable challenges of life (Nohilly & Tynan, 2020). Accrued wellbeing is present when a person gains skills over time which support their overall functioning (Gillet-Swan & Sergeant, 2015). Supporting individuals' wellbeing is gaining significant attention in recent literature and practice. This is seen by both the development of national policy in the area, for example, *Better Outcomes Brighter Futures* (Department of Children & Youth Affairs (DCYA), 2014), and policy specifically targeting wellbeing in schools, such as the *Wellbeing Policy Statement and*

Framework for Practice (DES, 2019) and *Wellbeing in Primary Schools* (National Educational Psychological Service (NEPS), 2015). Consequently, as a result of this increased focus, there is a range of initiatives in place across schools, both primary (for example, *Aistear: The Early Childhood Curriculum Framework*, National Council for Curriculum and Assessment, 2009) and post-primary (for example, *Wellbeing in Post Primary Schools Guidelines for Mental Health Promotion*, NEPS et al., 2013). Multiple factors impact a person's wellbeing. Development across the areas of culture and environment, policy and planning, and relationships and partnerships interdependently and mutually reinforce each other (DES, 2019). For the purpose of this paper, the focus will be on 'specific interventions', which is one component of wellbeing. It fits into the Department of Education's framework under 'curriculum' (DES, 2019). As the definition of wellbeing is also multifaceted, this research will address only particular aspects of wellbeing, namely resilience and emotional regulation.

3.1.1.1 Resilience and Emotional Regulation

Multiple frameworks can be used to understand resilience. Incorporating these many viewpoints, resilience can be defined as "the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma" (Windle, 2011, p. 12). Several interpersonal and intrapersonal resources can influence resilience, including social support, positive relationships, effective coping strategies, positive self-concept, adaptive functioning, and opportunities for positive experiences (Masten & Narayan, 2012). The various impacts "facilitate this capacity for adaptation and 'bouncing back' in the face of adversity" (Windle, 2011, p. 12). These factors can either facilitate or hinder a person's resilience. Levels of resilience are fluid and can fluctuate over a person's lifetime. When nurtured, protective factors can increase an individual's levels of resilience and support their ability to navigate challenges in the best possible way without significantly negatively impacting their wellbeing. As with the models of wellbeing presented, resilience can be targeted in multiple means, addressing both the contextual, external factors in addition to the internal mechanisms (Masten & Obradovic, 2006). Interpersonal interventions targeted towards increasing pupils' resilience aim to increase protective factors (for example, coping strategies) and reduce risk factors (for example, negative cognitions; Fenwick-Smith et al., 2018).

Emotional regulation is a process by which a conscious or unconscious action is engaged in response to an emotion, which has an impact on that emotion. This impact may increase (up-regulate) or decrease (down-regulate) the experience of the emotion in intensity,

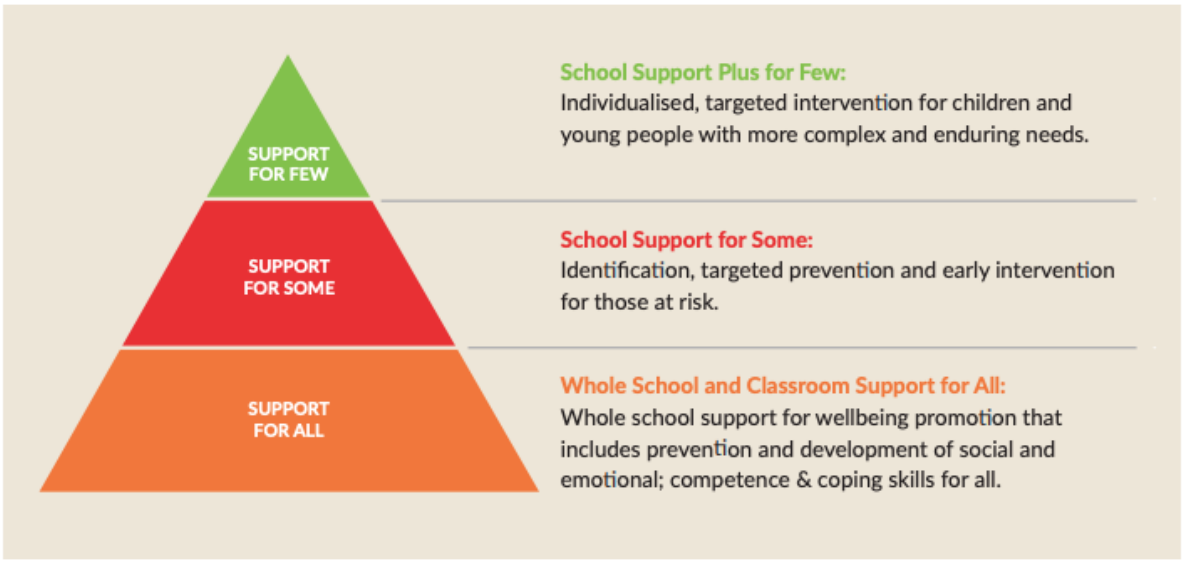
duration, or quality (Sheppes et al., 2015). According to an updated version of process theory (Gross, 2015), the cycle of emotional regulation has a number of stages, including identification, selection, and implementation. During identification, a person becomes aware of an emotion and assesses the need for regulation. In the selection stage, a decision is made regarding how to best regulate and continue, while, in the final stage, implementation, this choice is put into action (Gross, 2015). How regulation is carried out can vary and may involve cognitive reappraisal, diverted attention, alternative choice-making, and response modulation (Gross, 2015). The development of emotional regulation continues across an individual's lifespan. Children begin to use language in their emotional regulation at approximately 2-5 years old and start to become more autonomous from their caregivers at 5-7 years old, although this independence does not become solidified until middle childhood, when the child is approximately 7-10 years old (Saarni et al., 2008, as cited in Carr, 2016). Interventions which support emotional regulation can aim to develop skills across these areas, to support an individual in identifying and responding in the best possible way when they experience an emotion which requires regulation (Webb et al., 2012).

3.1.2 Wellbeing and the Role of the Educational Psychologist

In Ireland, a school accesses psychological support for its pupils through NEPS. Each school is assigned a NEPS psychologist who provides a pre-determined allocation of hours by engaging in direct (for example, standardised assessment), indirect (for example, teacher consultation), and support and development (for example, teacher training) work with the school (DES, 2007). Support may be delivered on various topics, such as learning, behaviour, and social-emotional development. Wellbeing is one such area in which NEPS provide support through direct engagement with schools in addition to the development of policy documents to inform practice (DES, 2019). The NEPS psychologist may work with the school staff to address the development of a specific domain of wellbeing or to aid them in implementing best practice guidelines. Across all areas, inclusive of wellbeing, schools and NEPS psychologists use the continuum of support model (DES, 2007). As shown in Figure 5 (NEPS, 2021), this is a tiered approach to service provision, in which assessment or intervention is provided to the whole school or class, a small group, or individually with the intensity of the support directly related to the complexity of the presenting needs (DES, 2007). This model is used to facilitate addressing wellbeing across schools in Ireland.

Figure 5

The Continuum of Support (NEPS, 2021)



3.1.3 Wellbeing Interventions

As there is a growing focus on wellbeing in society, and the fact that it is the focus of whole school self-evaluations (DES, 2018), processes to address it are being more widely used in schools. Wellbeing interventions target some aspect of wellbeing, that is, within the domains of psychological, spiritual, physical, social, cognitive, or emotional wellbeing. In some instances, one of these domains will be addressed individually, while multiple domains are targeted simultaneously in other interventions. In line with the continuum of support (DES, 2007), wellbeing interventions can be applied as universal programmes for entire schools or classes, small group support, or more intensive individualised methods. Universal methods are applied to whole schools or classes, allowing all pupils to benefit without requiring prior assessment or screening. They effectively use resources as they can result in a range of positive outcomes for all pupils without the need for one-to-one support (Sloan et al., 2017). Furthermore, providing this form of preventative intervention is an equitable approach and removes any potential stigma or negative perceptions by providing supports to groups rather than individuals (Low et al., 2015; Offord, 2000, as cited in Novak et al., 2017). Schools currently utilise many such methods, and examples of these multi-component preventative programmes include *Friends for Life* (Barrett, 2012) and *Zippy's Friends* (Partnership for Children, 2015). Additionally, there are also national policies to support schools in implementing such practices (DES, 2019; NEPS et al., 2015). Previous research on wellbeing interventions has looked at adults (for example, Salces-Cubero et al., 2018),

adolescents (for example, Iyer & Iyer, 2019), and children over eight years old (for example, Ruttledge et al., 2016), but the evidence for young children is lacking.

3.1.3.1 The Educational Programme *Welcome to Wellbeing*

Welcome to Wellbeing is a multi-year programme for pupils from junior infants to first class, which is designed to be implemented by teachers as part of the Social Personal and Health Education (SPHE) curriculum (Forman, 2021a). *Welcome to Wellbeing* has both a teacher and pupil book and uses the characters *Mo and Ko* from the planet *Zo* to engage pupils in lessons. The programme manual includes lesson plans and materials for ten sessions, which the intervention recommends be completed across ten consecutive weeks. The lessons include: I can be my best self; I can name my feelings; I can name more feelings; I can tame my feelings; Sprinkling kindness; I'm ready to relax; It's OK to feel worried; Today I'm thankful; My friends have feelings too; and It's good to be us. Please refer to Appendix E for a sample lesson plan. Each lesson plan has a corresponding PowerPoint and script to support application in the classroom and a digital companion page. There are also pupil activities for each lesson in the pupil book. Although not a compulsory component of the programme, additional supplementary materials are also available, which teachers can use at their discretion. These include added pupil worksheets, parent/guardian/carer information, and class posters. The lessons follow the same format for each of the ten sessions. The sequence of teaching activities is completing a group body scan, reading a poem, presenting and discussing the PowerPoint, which addresses the primary strategy or message of that session, facilitating a group discussion, and explaining the pupil activity. The pupils then complete the activity which is related to that session. The lesson is finished by reading the poem aloud again and assigning the related homework.

3.1.4 The Voice of the Child

Most studies about wellbeing have presented parent or teacher measures alone (Tobia et al., 2019; Urbina-Garcia et al., 2022), highlighting a gap in child engagement in such research. Those that include the voice of the child more often than not include the voices of older children, more commonly those at post-primary level than at primary and more often those in upper primary than lower primary. A recent review investigating studies including the voice of young children, aged 3-7 years, identified that, although improving, there remains a scarcity of research involving young children as active participants (Urbina-Garcia et al., 2022). Including children in research enables them to have their thoughts and opinions

heard and gives them an active part in the systems that impact them (McTavish et al., 2012). This benefits the children by preventing them from becoming passive and highlighting their skills as active agents (Sargeant & Gillett-Swan, 2015). It also supports the systems they are part of by improving the structures within which they operate. When including children in research, it is critical that efforts are made to really listen to their messages rather than just simply eliciting their voices (Cassidy et al., 2022). There are multiple methods for including the child's voice, including self-report measures, drawing, and focus groups. Kaplun (2019) describes draw-and-talk methods as another approach to eliciting this voice. This involves children drawing while engaging in conversation around a topic, and both the visual and verbal exchanges are essential aspects of the event (Tay-Lim & Lim, 2013). Focus groups are an additional method used to explore the opinions of young children by engaging them in open conversation in a safe and respectful setting (Morgan et al., 2002; Tay-Lim & Lim, 2013; Urbina-Garcia et al., 2022). Creating an environment conducive to gaining authentic child participation is critical when conducting such approaches. This can include building rapport, being mindful of the power dynamics, using various methods, giving the children time to respond, and using group situations (Fleer & Li, 2016). A 'Mosaic approach' (Clark & Moss, 2001, as cited in Zhang, 2015, p. 97) is often used when including the child's voice in research through a combination of approaches that support the child to share their authentic voice. This allows for the integration and triangulation of multiple forms of information to gain a true understanding of the child's overall meaning and viewpoint (Clark & Moss, 2001, as cited in Zhang, 2015). The current research incorporates a form of 'mosaic approach' that was within the scope of this study. Information was gathered from the pupils in three ways. In addition to gathering quantitative information from the pupils in a one-to-one format, feedback was sought in both verbal and drawing forms in the focus groups. This is detailed in Section 3.2.4.

3.1.5 The Current Study

As there are no independent studies on the topic, this research addresses the literature gap regarding the universal school-based wellbeing intervention, *Welcome to Wellbeing* (Forman, 2021a). There are three research questions: (1) Is the wellbeing intervention *Welcome to Wellbeing* effective at increasing aspects of young children's levels of wellbeing? (2) What are pupils' and teachers' perceptions of the wellbeing intervention *Welcome to Wellbeing*? and (3) What are the enablers and barriers to the effective implementation of the intervention in supporting all pupils?

3.2 Methodology

3.2.1 Design

This research adopts a pragmatic worldview (Cherryholmes, 1992; Creswell & Creswell, 2018). A convergent mixed methods design was used to address the research aims and questions. Informed by previous research investigating the impact of school-based teacher-led wellbeing interventions (Berry et al., 2016; Low et al., 2015; Kim et al., 2020; Novak et al., 2017; Shoshani & Slone, 2017), a cluster randomised controlled trial (RCT) was selected as the most appropriate study design. Simple randomisation was utilised whereby an online randomisation tool was used to allocate classes to either a *Welcome to Wellbeing* intervention group or a treatment-as-usual control waitlist group (Mertens, 2015). Quantitatively, a measure of the aspects of wellbeing of emotional regulation and resilience were used and were taken both pre-and post-intervention. The independent variable was the *Welcome to Wellbeing* programme, and the dependent variables were resilience and emotional regulation. Qualitatively, focus groups with the pupils and interviews with teachers were conducted and audio recorded. A mixed method format was chosen as it allowed for a holistic view of the programme to be ascertained and strengthened the overall findings.

3.2.2 Procedures

At the beginning of the research process, ethical approval was sought and granted by the Mary Immaculate Research Ethical Committee (MIREC; Appendix F). Considerations of participant safety, in addition to establishing safeguarding plans, were completed as part of this. Convenience sampling was used to recruit potential schools for participation in the study as it was the most feasible in relation to the available resources. A letter with details of the study was sent to the principals of multiple schools. Those who expressed interest were also provided with a letter for class teachers to aid discussions on whether this was a project in which they would consider participating. The principals and applicable class teachers at the schools that wished to be involved in the study then completed consent forms. The details of the participating schools can be found in Section 3.2.3. When the schools and classes for inclusion were identified, information letters and consent forms were sent to the pupils' parents to invite them to participate. Written consent was sought from the parents for their child to participate in the data collection and focus groups. Additionally, an information sheet and assent form were discussed with each of the pupils in the class, and assent was sought

from the pupils themselves. This information sheet and assent form used age-appropriate language and visuals to enhance the pupils' understanding of the research, and they were given the opportunity to ask any questions regarding the study. Copies of the information sheets, consent forms, and assent forms can be found in Appendices G-N.

The classes were randomly allocated to either the intervention or control group at a class level. The teachers in the experimental condition were provided with the programme materials and access to related resources, such as PowerPoints. Baseline quantitative data collection was taken, and ten (classes D and E) or eleven (classes A, B, and C) weeks later, post-intervention quantitative and qualitative data was gathered. The teachers in the experimental condition taught the programme to their classes during the time allocation for SPHE throughout that period. Teachers in the control condition taught SPHE to their classes as usual. The control group were given access to the programme materials and support following the completion of the research study. The pupils who participated in the focus groups at the end of the intervention period were randomly selected from the experimental classes. Data analysis was completed following the final data collection. Quantitative and qualitative data were analysed independently before being integrated to identify similarities or discrepancies.

3.2.3 Participants

Two schools participated in the study, both Catholic co-educational primary schools in suburban areas, with comparable enrolments (430 and 461 pupils). School One had a diverse pupil population with children from various cultural and socio-economic backgrounds. A reflective journal was kept throughout the research process and noted that "the school was a bright and vibrant place, bustling with activity, and had friendly, enthusiastic staff" (Reflective Journal, 3 Sept 2022). Pupils' artwork and achievements were displayed in corridors and classrooms, and there appeared to be a wide range of extra-curricular activities and family support systems available, as was seen in the various informational posters in the school. School Two had a modern, well-maintained building and grounds. The staff provided a warm and supportive learning environment for their pupils, who appeared to be mostly from middle to upper-class backgrounds. There was a strong sense of community and pride from the school setting. Both schools maintained positive attitudes towards wellbeing, for example, School One had a 'Wellbeing Wednesday' at the beginning of each month, and School Two was completing an 'Acts of Kindness' calendar. Across both schools, the teachers' engagements with the researcher also mirrored these

positive attitudes towards wellbeing and wellbeing interventions. They noted on multiple occasions their desire to support their pupils' wellbeing and their core beliefs that this was an area of significant importance.

Inclusion criteria for pupils were being a pupil in a mainstream school, enrolled in a senior infants class, whose parents had given informed consent, and whom themselves had given informed assent. Inclusion criteria for teachers included being a teacher of a senior infants class in a mainstream school who had given informed consent and agreed to teach the *Welcome to Wellbeing* programme, either immediately (for the intervention group) or at a later date (for the control group). None of the teachers in the study had previous experience using the *Welcome to Wellbeing* or the related *Weaving Wellbeing* programmes.

A sample size of five classes from the two schools was used, with three classes (n = 46) in the experimental condition and two classes (n = 29) in the control condition. Senior infants pupils (n = 75), with a mean age of 5.84 years and a range of 5-7 years, attending mainstream primary schools and their teachers (n = 6), were the participants of this study. In one of the control classes, two teachers were job-sharing, with one teacher present two days per week and the other present for the three remaining school days. Information sheets and consent forms were sent to 120 parents across both schools, 84 of which were completed and returned to the class teachers. From this sample, assent was discussed with each pupil individually, during which time one pupil declined to participate, and all other pupils agreed to participate in the research process. Eight of the 83 pupils who completed baseline data collection did not complete post-intervention data collection (10% attrition rate) due to being absent from school when data collection was being conducted. G*Power analysis calculations to allow for an effect size of .02 requires a sample of 84, of which the final sample size was nine below.

3.2.4 Measures

3.2.4.1 Pupil Wellbeing

Two scales were identified to measure aspects of wellbeing, namely resilience and emotional regulation. These were the Child and Youth Resilience Measure-Revised (CYRM-R; Jefferies et al., 2018) and Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA; Gullone et al., 2010; Gullone & Taffe, 2012). After identifying the potential measures, piloting was completed with three children (age range 4-6 years old) to assess the application and suitability for including these measures in the study. This was completed in

conjunction with collaborations with professionals, including teachers, early childhood specialists, and the researcher's thesis supervisor. This took the form of one-to-one meetings and discussions related to the original measures, the children's responses during piloting, and adaptions considered. Following piloting and collaboration, it was identified that the language was not fully accessible for this age group, and thus adaptations and two further rounds of piloting were completed. Adaptations included changing the measure from questions to statements (for example, changing item 2 in the CYRM-R from 'is doing well in school important to you?' to 'doing well in school is important to you') and removing items which the children consistently were unsure how to answer or questioned (for example, items in the ERQ-CA such as 'when I'm worried about something, I make myself think about it in a way that helps me feel better'). The piloting stage was concluded when the children displayed that they were able to respond to the statements without any apparent confusion or questioning. The final measure was an adapted version of the CYRM-R and three purpose-made items to assess emotional regulation. This resulting scale included a measure of resilience, with a minimum score of ten and a maximum score of 30, and a measure of emotional regulation, with a minimum score of three and a maximum score of nine. This measure, which was used in the study, can be found in Appendix O.

The CYRM-R is a 17-item self-report measure suitable for children aged 5-9 years old and uses a 3- or 5-point Likert response scale. This measure computes an overall score with higher scores associated with more robust levels of resilience. The CYRM-R includes two subscales; personal resilience (derived from ten of the 17 items) and caregiver resilience (derived from seven of the 17 items), the latter relates to external variables that may act as protective factors for an individual. For the purpose of this study, only the personal resilience scale was used to inform the development of the adapted measure. The CYRM-R has been shown to have strong internal reliability (Cronbach's alpha = .87 for overall resilience and .82 for the personal resilience subscale) and validity (Jefferies et al., 2018). The CYRM-R recommends administering the measure one-to-one using the three-point scale for younger children. Visual scoring assistance is also noted as beneficial to enhance the respondents understanding (Erb et al., as cited in Jefferies et al., 2018). An adapted version of the personal resilience scale was used in the final measure using in this study. A copy of the full CYRM-R can be found in Appendix P.

The ERQ-CA is a version of the Emotion Regulation Questionnaire (Gross & John, 2003) adapted for younger populations. The measure assesses the strategies an individual uses to regulate their emotions in terms of cognitive reappraisal and expressive suppression

(Gullone et al., 2010; Gullone & Taffe, 2012). It is a 10-item scale which uses a 5-point Likert response scale which the child or adolescent complete themselves. The measure has been found to have acceptable levels of reliability (Cronbach's alpha = .82 for cognitive reappraisal and .75 for emotional suppression) and validity (Gullone & Taffe, 2012; Ng et al., 2019) and was rated as a 'good' measure of emotional regulation for children (Mazefsky et al., 2021). The ERQ-CA was used in the piloting stage of this research. However, it was discovered that the language was not accessible to this age group and, thus, the ERQ-CA was not used in the final adapted measure. Please refer to Appendix Q to view the ERQ-CA.

Following successful recruitment and adaptation of the measures, the baseline data collection was completed individually with each participating pupil. A visual scale (Appendix R) was presented and explained, and practice questions were completed to ensure the pupil was competent in responding using this method. The items on the pupil self-report measure were read aloud by the researcher for the pupil to respond orally or by indicating their response on the visual scale. The researcher recorded each pupil's response to each item during the process. Following the programme implementation period, the same measures were completed with all pupils in the same format used in baseline data collection.

3.2.4.2 Tracking Logs

Each teacher was provided with a tracking log at the beginning of the intervention phase. This hard copy form was given to the teachers in the experimental group to complete following each session of the programme. The researcher developed this to prompt the teachers to engage in ongoing reflective practice and to support the fidelity of implementation, discussed in Section 3.2.4.5. An example of one of the completed tracking logs can be found in Appendix S.

3.2.4.3 Pupil Perceptions

Following the final quantitative data collection, two groups of four pupils were randomly selected from each intervention class for inclusion in the focus group sessions. This resulted in a total of six pupil focus groups and 24 pupils. A semi-structured draw-and-talk format was used to explore the pupils' views on the *Welcome to Wellbeing* programme. Open-ended guiding questions were used to explore pupils' perceptions of the intervention, with follow-up questions being used to gather additional information and clarification where required (Barker et al., 2016). Please refer to Appendix T for sample focus group questions. At the end of each focus group, the closing questions prompted each pupil to provide three

words they thought of when they thought of *Mo and Ko*, in addition to the main thing they felt they learned from the characters. They also each got the opportunity to discuss the picture they had created during the session, which was led by "What you think of when you think of *Mo and Ko?*". The focus groups were audio recorded and transcribed by the researcher.

3.2.4.4 Teacher Perceptions

The teachers of the experimental classes (n = 3) participated in individual semi-structured interviews with the researcher. Guiding questions can be found in Appendix U, with probing questions utilised where relevant (Barker et al., 2016). The teachers' tracking logs were also utilised to scaffold the conversations with the teachers. The researcher and teacher both had a hardcopy of the tracking log and, where relevant, their written reflections were used to frame questions or prompt additional discussion. The researcher was able to ask questions on any unique or potentially significant insights they had noted, while the logs also acted as a reminder for the teachers when discussing the various sessions. As with the pupil groups, the researcher also recorded and transcribed the interviews.

3.2.4.5 Fidelity of Implementation

Fidelity of implementation was also completed to ensure adherence to the programme. In addition to the tracking log, observations were conducted by the researcher using a fidelity checklist. These forms can be found in Appendix S and V, respectively. The fidelity checklist had 16 items, which included seven related to the specific programme implementation (for example, completing the body scan at the beginning of the session), eight related to the use of the pupil book (for example, completing pupil activity), and one related to the application of the programme to the classroom (that is, displaying programme materials in the classroom). The observed sessions aimed to ensure the teachers were teaching the programme according to the manual and consistently across classes. The researcher was also always available by phone and email if the teachers wanted to discuss any part of the programme's implementation.

3.2.5 Data Analysis

The statistical software programme, SPSS, was used to analyse the quantitative data from this study to identify if engagement in the *Welcome to Wellbeing* programme impacted pupil scores when baseline levels were controlled for as a covariate. The quantitative data was hand scored and entered into SPSS for analysis. Items 11 and 12 were reverse-coded in

the programme, and missing values were not included in the final analysis. Two one-way ANCOVAs (Analysis of Covariances) were run to identify if the *Welcome to Wellbeing* programme significantly impacted pupils' levels of (1) resilience and (2) emotional regulation.

A reflexive thematic analysis approach was used to analyse the qualitative data (Braun & Clarke, 2022) from the pupil focus groups and semi-structured interviews. This is a more in-depth and updated version of the traditional thematic analysis methodology (Braun & Clarke, 2006) and emphasises the need for the researcher to reflect upon and understand their own opinions on the material they are analysing in order to construct themes. It is a flexible form of analysis which allows for themes and categories to be identified by the researcher through the coding process (Braun & Clarke, 2019). Reflexive thematic analysis involves six phases: (1) familiarisation, (2) data coding, (3) generating initial themes, (4) developing and reviewing themes, (5) refining, defining, and naming themes, and (6) writing up (Braun & Clarke, 2022). The transcripts that resulted from the pupil and teachers' verbal responses were entered into NVivo software, which was used to support coding and theme development and to aid the researcher in movement through the six reflexive thematic analysis steps (Braun & Clarke, 2022). Step one, familiarisation, was achieved in two ways. Firstly, by listening to the audio recordings of the focus groups and interviews numerous times. In addition to this, the written transcripts of these audio documents were reviewed on multiple times. Both inductive and deductive reasoning were used to actively create codes and themes, or "patterns of shared meaning underpinned or united by a core concept" from the qualitative data set (Braun & Clarke, 2019, p. 593). Deductively, themes related to wellbeing, wellbeing interventions, and the *Welcome to Wellbeing* programme were developed (Mertens, 2015) and inductively, themes were generated through the process of familiarisation and analysis. The application of deductive reasoning involved seeking out verbal responses in the transcripts which were linked to the core variables of this study, for example, emotional regulation, regulation strategies, resilience, positive perceptions, and negative perceptions. In step two, data coding, these items were coded when identified. Inductive reasoning was also used, whereby patterns in the data were noted if they reoccurred across multiple respondents, and, therefore, represented another or unexpected group viewpoint. This led to the creation of further codes in the second step of the reflexive thematic analysis. Following completion of the coding stage, themes were developed (step three) and revised (steps four and five), incorporating a combination of the codes resulting from both inductive and deductive reasoning, as appropriate. The codes were assessed, and

commonalities were identified to develop cohesive themes. The drawings completed by the pupils during the draw-and-talk focus groups were also used to support code and theme development. This involved looking at the content of the 24 individual pupil drawings and noting the number of times a particular variable occurred. This information was then triangulated with the codes and themes which had already been developed, for example, in line with the theme '*Mo and Ko* and their Stories were Loved' the number of pictures which included the characters was noted. Themes were categorised as pupil themes, teacher themes, or shared themes. Pupil themes were those for which evidence and codes had only been seen in the responses from the pupil focus groups. Similarly, teacher themes were developed from responses coded from the responses from the teacher semi-structured interviews alone. Shared themes were developed where there was evidence of a shared meaning from pupils and teachers. This was seen where there had been the same or similar codes derived from the pupil focus group transcripts and the teacher semi-structured interview transcripts and these were combined to develop a shared theme with common meaning.

3.3 Results

The quantitative and qualitative analysis results are presented and explained below. In relation to the qualitative component, following the initial phases of reflexive thematic analysis, themes were generated which represented the shared messages of the data as a whole (Braun & Clarke, 2022). These are presented as (1) pupil themes, (2) teacher themes, and (3) shared pupil and teacher themes. Please refer to Appendix W and X for sample transcripts from the pupil focus groups and teacher interviews, respectively.

3.3.1 Pupil Wellbeing

Following adjustment for baseline resilience levels, it was identified that there was a statistically significant difference, $F(1, 72) = 6.505$, $p < .05$, partial $\eta^2 = .083$, in resilience in the intervention group ($M = 27.71$, $SE = 0.35$) when compared to the control group ($M = 26.29$, $SE = 0.44$), with a mean difference of 1.42, 95% CI [0.210, 2.531]. After adjustment for pre-intervention emotional regulation levels, the difference in emotional regulation was lower in the intervention group ($M = 5.24$, $SE = 0.19$) compared to the control group ($M = 5.70$, $SE = 0.24$), however, this difference was not found to be statistically significant, $F(1, 72) = 2.308$, $p = .133$, partial $\eta^2 = .031$. These results indicate that the *Welcome to Wellbeing* programme has a medium effect size on resilience and no significant impact on emotional

regulation. The means of both groups for the variables of resilience and emotional regulation are presented in Table 5.

Table 5

Adjusted and Unadjusted Intervention Means and Variability for Post-Intervention Levels with Pre-Intervention Levels as a Covariate

			Unadjusted		*Adjusted*	
		N	*M*	*SD*	*M*	*SE*
Resilience	Control	29	26.31	3.54	26.29	0.44
	Intervention	46	27.70	2.38	27.71	0.35
Emotional Regulation	Control	29	5.79	1.42	5.70	0.24
	Intervention	46	5.17	1.23	5.24	0.19

Note: *N* = number of participants, *M* = Mean, *SD* = Standard Deviation, *SE* = Standard Error

3.3.2 Pupil Perceptions

Themes of the perceptions of the pupils who had experienced *Welcome to Wellbeing* were developed by examining their comments during the focus groups and the drawings they produced.

3.3.2.1 Pupil Theme One: Showcasing Learning with Pride

A conceptual pattern noted was the depth of the learning that had happened during the pupils' engagement with the *Welcome to Wellbeing* programme, for example, "I learned all the things I didn't know". The pupils could label and describe a great deal of what they had learned. The application of this learning is discussed in Sections 3.3.2.2 and 3.3.4.2. The pupils spoke about what they had "learned about big feelings" and "emotions", including "sad, happy, proud", "frustrated", "disappointed, angry, worried, scared", "energetic", "confident", "jealous", "joy", "not sure", "shocked", "happy, excited, nervous, and embarrassed". They felt as if they had learned about "every single feeling in the whole entire world", and 14 of the 24 pupils included feelings in their drawings, an example of which can be seen in Appendix Y. This also included specific strategies, such as "slide breathing, triangle breathing", "mountain pose", "3-2-1 listen", "sprinkling kindness", and "chill and spill". Depictions of these tactics were included in ten of the 24 pictures completed by the pupils (please refer to Appendix Z for an example). Their learning on messages of "sharing",

"loving", and "not hurting others" were also discovered, for example, "if somebody's sad you help them, or all alone you can play with them, or if somebody doesn't have a friend and they have no one to play with you could be there for them and play with them" and "just because you feel sad doesn't mean you have to hurt others because then they'll feel sad and then everybody will feel sad and that's gonna be bad because nobody could help them then". The pupils' acted out and gave clear descriptions of some of the techniques, for example, "chill and spill is actually when you're first you're frozen like an ice statue, and then you melt into a puddle".

> Researcher: Lovely. What did you learn?
> Pupil B2.1: They teached us how to do slide breathing and mountain pose.
> Pupil B2.2: And, also, 3-2-1 listen.
> Pupil B2.4: They, they, also showed us a, a, thing where, where we freeze and then, then, our skin feels really soft, and it calms us down.

> Researcher: Chill and spill. Tell me about that, what's that?
> Pupil E2.4: First, you stand up feeling very cold, and then you stamp your feet trying to get warm, and then you freeze for five seconds. And then, and then, you start falling down...
> Pupil E2.1: Look out, the sun's out.
> Pupil E2.3: And then we become puddles.

> Pupil A2.2: And mountain pose, you have to stay on your tippy toes without moving, and you have to do, like, make a string pulling your head like…
> Researcher: Oh, pulling you up, cool.
> Pupil A2.1: And teacher pretends that there's a string in your head, and your hands are going to the floor.

3.3.2.2 Pupil Theme Two: Applying Strategies

An additional fully developed theme identified from the focus groups was the pupils' understanding of when to apply their learning from *Welcome to Wellbeing* in real life. The pupils spoke about how they "always learned about our feelings and how to control them" and the utility of the strategies "to calm ourselves down" or "when we don't feel okay". This

was also evident in their drawings, as five pupils included themselves in their pictures, identifying themselves as part of the process and intervention. One such example is available in Appendix AA. The groups provided general scenarios where they could use the strategies, for example, "they, they're something, when you feel sad, they, it can relax you down" and using mountain pose "when you're not feeling very strong and you have to be brave". They also spoke of specific examples of when they had practiced the techniques in real life, such as, "once I was very mad because I drowned in my game, Minecraft, but then I just calmed, tried to calm myself down doing 3-2-1 listen" and "I, sometimes I just do chill and spill just for nothing, and the reason I did my slide breathing was because when my granddad gave out to me, I did my chill and spill".

3.3.3 Teacher Perceptions

Teachers had positive feedback about the *Welcome to Wellbeing* programme overall. There were multiple conceptual patterns developed from their reports of the experience of teaching the programme, which are presented below.

3.3.3.1 Teacher Theme One: A Relevant and Practical Framework

The teachers reported that they "liked the programme", describing it as "fantastic", "lovely", "gorgeous", "great", "handy", "really good", "age appropriate", and "important". The practical aspects of the programme were also noted, including "it was great having the PowerPoint ready to go" (Teacher B), "I found it easy to navigate" (Teacher E), and "it had lovely resources on YouTube as well that complimented it" (Teacher A). They found it to be applicable to the SPHE curriculum, commenting, "the objectives were all there, it was brilliant" (Teacher E) and "at the start, it would tell you the objectives and the different strands and strand units" (Teacher A). The programme application to other areas of the current senior infants curriculum was also noted, including:

- Drama: "We'd be, you know, what does this feeling look like, if you saw someone with this feeling, so, we'd talk about how the face would look, how the body would feel, would it be shoulders up or shoulders down…it would spill over nicely to drama" (Teacher A),
- Art: "You can link it to their art a bit with their, their, calm colouring as well" (Teacher E), and

- Oral language: "Their oral language massively would have improved, they would have learned an awful lot more vocabulary there" (Teacher B).

Teachers also felt the programme provided a framework, which could be embedded in the classroom, for example, "I liked the challenge at the end, that was a nice thing to, to, to, mean it wasn't just a 30-minute lesson, it was used you know throughout the week then" (Teacher E), in addition to it acting as a support for conflict resolution, as seen here:

> It's great, as in, it was kind of an anchor. I was able to print some of the strategies over there, that's where I deal with all the conflict, over there, over there in the corner, and we were able to, kind of, you know, it gives you an anchor to give them strategies. (Teacher A)

> One child in the yard the other day, you know, I don't know did they fall, I'm trying to remember. And I said, 'okay, do your slide breathing, you know what to do, let's breathe in four and out for four' and like he got that, and it seemed to help a bit anyways. (Teacher B)

3.3.3.2 Teacher Theme Two: A Good Base for Pupils

It was recognised that the teachers held a shared view that the content and "the strategies were brilliant". The programme's messages resonated with them, such as Teacher A, who noted, "I just think the whole focus on worry, I thought it was great…okaying feelings rather than kind of thinking that they're bad or shameful or you shouldn't be having them". Additionally, it was felt that providing pupils with new and additional vocabulary was beneficial, for example, "I think it was great to have another label other than just angry, you know, it's a different type of anger, and they and they got it then" (Teacher E). Teachers mentioned that the programme was "a good starting thing" and had "set the seed for next year…they'd be looking into them further then again" (Teacher B). Additionally, emerging changes and initial improvements in the pupils had been observed, for example:

> Like at the start, they encourage a kind of meditation or like a body scan. Now, at the start, they found that very difficult just to sit and be quiet or present in the moment. It got better towards the end, but like, you know, I'd still you know, I would love to tell you how we get on in June, d'you know what I mean? (Teacher A)

> There was an example yesterday of 'I'm feeling so proud' when they finished the school concert. And I was delighted with that. So, it was two children, and you know, two children that you wouldn't maybe expect to use that. So, I was delighted with that. (Teacher E)

> I think we're getting over disputes, stuff, much quicker, because we're looking at it, we're pinpointing straight away the feeling, we're pinpointing what, what, we should do the next time, what would have been a better response, we're moving on so like there isn't all this 'I I said, he said', you know, you can get lost in that for a long time, and it's a real waste of time. (Teacher A)

Teachers intended to continue to use the programme in their classrooms, both with this and future cohorts. They reported, "I enjoyed it, I really did, and I will definitely, I'll always be doing it" (Teacher E), "we will be doing more of that definitely throughout the year, just as a little top up" (Teacher A), "I will definitely continue to kind of, use the characters and, like, use the techniques with them" (Teacher B), and "it's something that we would go back again and do a little dip in and dip out throughout the year" (Teacher A).

3.3.3.3 Teacher Theme Three: A Packed Programme with Limited Hours

An additional strong, fully developed theme identified was that the programme was "too intense" with "too much in it" within the context of a limited time frame to complete the programme as recommended, that is, in "ten consecutive weeks". Teachers commented that they "would have loved to have delved into it a bit more" as it "is something that isn't so easy for children" (Teacher E) and would require additional time and development. In some areas, such as "empathy" and "worries", they reported, "we need more time on that" (Teacher A) and felt they "didn't want to rush over…a really important one" (Teacher B). This was exacerbated by the age of the pupils, as "especially with infants, you'd have to do a lot of explaining" (Teacher B). This intensity made the programme feel "like a chore towards the end, whereas I really enjoyed these types of lessons, but it was really intense" (Teacher A). They felt that the programme was "too rushed" (Teacher A) and progressed through topics too quickly, for example, Teacher B noted, "like you have one-week taming feelings, and that's it, it's done", and Teacher E commented:

> I think it was just time. You know, like, the challenges were great, but we barely had, we were barely able to give feedback on the challenges because we were on a whole different focus the next week.

In addition to this, they reported that it was challenging to complete each lesson within "the allocated time for SPHE" as it "doesn't, you know, fit the thing" (Teacher A) and "a lot of the big ones, I felt I needed like two sessions really, I felt I couldn't get it done in one session" (Teacher B). Teachers also commented on their limited use of the pupil book, both in class and as homework, because it was not realistic, stating "definitely, I couldn't do that, no" as it was "too much" (Teacher E). This was due to multiple factors, including:

- The complexity of the tasks: "They weren't sure, they didn't understand it, so, that's why I felt that the book, it, was too much probably as well" (Teacher E),
- The existing pupil workload: "They had so much homework, and I said I couldn't be adding in another thing" (Teacher B),
- The worksheet format: "Infants, like even, with a lot of our things, like for example, Irish, we don't have any textbook...I know, like, with phonics books and that, some teachers wouldn't even have a phonics book, it's all concrete, it's all what they're doing" (Teacher B), and
- "Because of the time constraint" (Teacher E).

The teachers felt that if the programme had been completed over a more extended period, this may have allowed for further consolidation of learning and had a more significant impact in both the classroom and home settings.

> Over maybe two terms, maybe not the full year, but maybe, just to spread it… even if there was another few weeks, even if it was another four or five weeks even, you know, you wouldn't be under pressure. (Teacher B)
>
> I don't know should it be broken into half and like have a little gap in between…I'd say even a lesson a month, you know, like, and let that be your theme, and then you have more time to think about how you can integrate it into the other subjects too, you know. Whereas when it's every week, you just don't have the headspace to figure out how you could bring this into a different subject. (Teacher A)

3.3.4 Shared Perceptions

The themes noted across both the pupil and teacher responses were also developed. These included the response to the characters and stories in the programme and the generalisation of the skills learned during the intervention.

3.3.4.1 Shared Theme One: Mo and Ko and their Stories were Loved

The pupils spoke enthusiastically about the *Welcome to Wellbeing* characters, *Mo and Ko*, and their "little alien dog Bobo" who all "live on a planet called Zo". The groups described them as "nice", "cute", "excellent", and "kind". Pupils commented that *Mo and Ko* had gone "back to outer space" and noted, "aw, we miss them". The teachers also reported the positive attitudes of the pupils towards the characters, noting "they responded very well to *Mo and Ko* in general…they liked the characters straight away" (Teacher B) and "they loved the characters" (Teacher E). The focus groups also recalled specific examples of stories that *Mo and Ko* had portrayed, such as "when *Mo* was sad because their pets ripped up the picture, *Ko* said, 'let's make a new one'" and "it was when he was embarrassed from when his trampoline trick went wrong". Another example of this included:

> Pupil B1.1: When, em, em, *Mo and Ko* were trying to show their trick, but they messed it up.
> Researcher: Oh, and then what happened?
> Pupil B1.1: And *Mo* felt so embarrassed.
> Pupil B1.2: And he was so embarrassed.

This positive attitude towards the characters was also seen in the pupil's drawings, where 21 of the 24 pupils included the characters in their pictures, and five drew a specific story that they remembered from the programme. Examples of these drawings are in Appendix BB and Appendix CC, respectively.

3.3.4.2 Shared Theme Two: The Road Ahead

Although a theme of applying the strategies was noted, there was variation in this, and the full utilisation of skills was identified as still emerging. Teachers noted that although some pupils "knew all the different strategies…other ones now, maybe might not remember" (Teacher E). They acknowledged that "I can't say oh after the, the ten weeks, we're okay, we understand it, we need more time and that" (Teacher B). It was also identified that pupils may require additional practice with the techniques, as during the focus groups, pupils' reported "I kinda get stressed because I always forget what you do for 3-2-1 listen" and "slide breathing is a little trickier" as "it's just a bit too long". Furthermore, in the pupil focus groups, although many pupils were able to identify that the strategies could be used to "calm down", when asked for further detail on this, or what that may look like, they responded with "I don't

know" or "I don't remember". In terms of the pupils' independent application of the skills outside the classroom, teachers noted that "I haven't seen it yet" (Teacher E) and "they're great in the class, but you know, maybe applying it out in the room, out in the yard, is different" (Teacher A). The pupils echoed this sentiment, for example:

> Researcher: Have you used anything that you learned from *Mo and Ko* afterwards, outside of school?
> Pupil A1.1: No, we don't really do that.
> Pupil A1.3: Not really…
> Pupil A1.2: We really just fight.

> Pupil E2.3: My dad was working nights, and, and lots of times, I didn't get to say goodbye to him.
> Researcher: Aw, okay. And did you use anything you learned from *Mo and Ko* in those times?
> Pupil E2.3: No. I forgot.

Both teachers and pupils felt that teacher support increased their use of the skills, with one pupil noting, "sometimes we do it ourselves, sometimes teacher tells us". The teachers also recognised that this was in line with their expectations for this age group, reporting, "I would have to keep reminding them probably about it, with the infants again, you know, you'd have to remind them" (Teacher B).

3.3.5 Fidelity of Implementation

Implementation of the programme was done with 71-86% fidelity, with teachers completing five (n = 2) to six (n = 1) of the seven steps involved in the session observed. None of the teachers read the poem a second time during the observed session, and Teachers B and E did not complete the body scan at the beginning of their sessions. As self-reported by the teachers, the pupil book was not used, with three of the eight possible inclusion points being completed. All teachers explained and completed one pupil activity during observed sessions. Finally, two of the three teachers, Teacher A and B, had the programme materials on display in their classrooms.

3.4 Discussion

This study aimed to explore the universal school-based wellbeing intervention, *Welcome to Wellbeing* (Forman, 2021a), using a mixed method design to answer three research questions: (1) Is the wellbeing intervention *Welcome to Wellbeing* effective at increasing aspects of young children's levels of wellbeing? (2) What are pupils' and teachers' perceptions of the wellbeing intervention *Welcome to Wellbeing*? and (3) What are the enablers and barriers to the effective implementation of the intervention in supporting all pupils? Pre- and post-intervention quantitative data were collected through self-report measures completed with senior infants pupils, with the support of the researcher and a visual response system. Qualitative data from pupils and teachers were also gathered to enhance this information and provide richer, more in-depth understanding of the topic. Pupil groups were facilitated through the use of a child-friendly method, that is, draw-and-talk, to support participation and engagement. Additionally, semi-structured teacher interviews gave insight into the first-hand experience of teaching this programme in an applied setting. These results were combined to provide an overview of the *Welcome to Wellbeing* programme in the context of the research questions. Considerations with regard to these findings will now be discussed before a presentation of the limitations of this research project.

3.4.1 Quantitative and Qualitative Interactions

There were both similarities and discrepancies in the qualitative and quantitative information. The quantitative data indicated that the resilience of the pupils who engaged with the *Welcome to Wellbeing* programme increased compared to their peers who did not access the intervention. This increase in resilience was also seen in the feedback from pupils and teachers. However, there was some variation in this as, although it increased, it was only sometimes applied in practice. Additionally, the quantitively measured levels of emotional regulation remained stable for the pupils who engaged in the programme. Again, this both aligns with and differs from respondents' accounts. In some cases, pupils reported using the strategies to regulate their emotions in situations that they found difficult (for example, the pupil who lost her game in Minecraft), while in other cases, pupils reported not remembering or utilising the strategies (for example, the pupil who did not say goodbye to her father). Overall, the quantitative and qualitative findings agree that there is variety in the outcomes and applications to all the pupils in this study. This ambiguity is in line with the complexity of wellbeing overall, as it is a wicked problem and thus is hard to cohesively untangle and examine due to the various factors involved (Bache et al., 2016; Rittel & Webber, 1973;

Svane et al., 2019). It is also particularly true for this age group, whose resilience and emotional regulation skills are only beginning to emerge.

3.4.2 Research Question One: Is the Wellbeing Intervention *Welcome to Wellbeing* Effective at Increasing Aspects of Young Children's Levels of Wellbeing?

The results indicated that there was evidence to support the concept that the *Welcome to Wellbeing* intervention increased aspects of young children's levels of wellbeing. Firstly, the experimental group's resilience levels significantly increased from pre-intervention levels. Comparable to the previous study completed on the *Weaving Wellbeing* programme (O'Brien, 2020) and other school-based, teacher-led wellbeing interventions (Berry et al., 2016; Low et al., 2015; Shoshani & Slone, 2017), there was no significant change in the levels of emotional regulation following engagement in *Welcome to Wellbeing* as measured by the quantitative measure. However, it is possible that this resulted from the limitation of the measure used, as it may have needed to be more sensitive to identify changes in this area. Qualitatively, the pupils and teachers provided rich detail on the interpersonal and intrapersonal skills that the pupils had developed following engagement in the programme. They spoke about their learning in relation to coping and regulation strategies, in addition to the expanded vocabulary related to feelings and emotions. The developed themes, particularly the pupil themes of 'Showcasing their Learning with Pride' and 'Applying Strategies', and the teacher theme of 'A Good Base for Pupils' highlighted the aspects of wellbeing in which the pupils made progress. These included an increased vocabulary, the ability to name emotions, and the supported practice of emotional regulation strategies. These aspects are all critical components of the complex wellbeing definition. Similar outcomes in resilience (Gough, 2020; Kim et al., 2020; McGrath, 2017; O'Neill, 2019, as cited in Forman, 2021c) in addition to emotional regulation (Novak et al., 2017; Ruttledge et al., 2016) and vocabulary (Ward et al., 2019) have been recorded in previous studies following the application of a wellbeing intervention. It is important to note, also, that although the meaningful application of these skills to real-life situations is still emerging for the pupils who were part of the experimental group, as seen in the shared theme 'The Road Ahead', this is age appropriate as regulation independent of a caregiver is not expected to emerge until middle childhood (Saarni et al., 2008, as cited in Carr, 2016). The identification and awareness of emotions is the first step of the three-step emotional regulation process before selecting and implementing the chosen course of action (Gross, 2015). The reports from pupils and teachers indicated improvements in this first phase, with emerging skills in the

remaining stages. Therefore, when the qualitative data is considered, in addition to the quantitative data related to resilience, the wellbeing intervention *Welcome to Wellbeing* effectively increases aspects of young children's levels of wellbeing.

3.4.3 Research Question Two: What are Pupils' and Teachers' Perceptions of the Wellbeing Intervention *Welcome to Wellbeing*?

The programme was perceived positively by both pupils and teachers, as was noted in the shared theme '*Mo and Ko* and their Stories were Loved'. Across the areas of content and delivery, respondents noted their fondness for the intervention. This positive response to the programme echoes the findings from the pilot study completed by the developer (Forman, 2021b). As seen in both pupil themes, pupils reported enjoying the characters and stories and confidently showcasing their learning. They were able to name multiple aspects they enjoyed, including the characters, the strategies, the videos, and the lesson process, for example, being listened to by their teachers. Similarly, teachers perceived the programme as a worthwhile and valuable resource, as seen in the theme 'A Relevant and Practical Framework'. All three teachers in the experimental group reported that they would continue to use it in the future. Again, they listed many areas they perceived as beneficial, in addition to having an optimistic outlook on its potential to have a positive impact on their pupils. The teachers also commented that they liked the programme as it provided a framework for them to use in the classroom to support regulation and conflict resolution.

Although the feedback was predominantly positive, specific dimensions of the programme and implementation were disliked, as seen in 'A Packed Programme with Limited Hours'. The teachers did not perceive the pupil handbook as an overall helpful tool due to its complexity, format, time requirement, and the existing pupil workload. Similar concerns regarding pupil and homework books have been noted in reports from teachers of the *Weaving Wellbeing* programme (O'Brien, 2020). Additionally, teachers reported that although they enjoyed the content, they had negative perceptions regarding how this material was delivered. They noted that they would instead complete the programme over a different time frame to support consolidation and allow them to embed the material into their classroom. Pupils were also given the opportunity to give feedback on the aspects of the programme they liked the least or would change, however, the limited responses from pupils to this line of inquiry resulted in insufficient evidence for a theme to be developed on this. Nevertheless, some pupils noted that they disliked the topics which covered sad or angry emotions, and others commented that they found some of the techniques "tricky", as reported

in the shared theme 'The Road Ahead'. Notably, this is expected as engaging in these regulatory tactics independently is a skill that will continue to develop over the next few years for this age group (Gross, 2015; Saarni et al., 2008, as cited in Carr, 2016).

3.4.4 Research Question Three: What are the Enablers and Barriers to the Effective Implementation of the Intervention in Supporting All Pupils?

In relation to enablers, teachers reported the practicality and ease of use as supportive of implementing the programme in their classrooms. This was seen in the teacher theme 'A Relevant and Practical Framework'. In addition to being enjoyable to teach, the pre-prepared PowerPoints and links to videos were noted as helpful. Teachers also commented that the programme's likeable characters and stories supported the pupils' engagement with the material and enabled them to teach the age-appropriate content in a suitable manner. Parallel comments from teachers regarding the ease of teaching the programme, the utility of the PowerPoint, and suitability for this age group were noted in the pilot study (Forman, 2021b).

Regarding barriers, the volume of content was identified as the main barrier. As noted in the teacher theme, 'A Packed Programme with Limited Hours', the recommended time frame, that being the ten-week period, was also noted as limiting for effective implementation. This was noted by all teachers as the most challenging aspect of applying the intervention and hindered their ability to teach the programme to its fullest potential, for example, by limiting their ability to use the pupil handbook and to consolidate learning fully. Concerns regarding limitations on time were not reported in the pilot study (Forman, 2021b), however, they were noted by teachers in previous related research on the *Weaving Wellbeing* programme (O'Brien, 2020).

3.4.5 Limitations and Future Considerations

There are several limitations to the current study. These include the small sample size, measures used, the inclusion of young children, the generalisability of the findings, and possible confounding variables. Calculations identified that a sample size of 84 was required for an effect size of .02 in a RCT. Although there were this many pupils in the initial stages of the project, due to attrition during the study, this was reduced to only 75 participants being included in the final data analysis. Furthermore, the study design was a cluster RCT rather than a traditional RCT. This means that the power is significantly reduced. The true power of the current outcomes is only approximately ten percent when compared to if the analysis had been carried out in line with a cluster RCT protocol (Brown et al., 2015). Due to the

resources available in this study, only 5 classes were included as thus it was not possible to conduct the recommended analysis procedures for cluster RCTs. In order to analyse the data in line with best practices for cluster RCT designs, a significantly larger sample would be required. Thus, the quantitative results should be interpreted with caution. Additionally, the measure used, although grounded in reliable and valid measures, was adapted for use in this study. Therefore, this custom measure's actual reliability and validity are unknown, meaning results must be interpreted cautiously. Additional piloting and examination of measures could support a greater understanding of the credibility of the scale used and increase confidence in the accuracy and dependency of the outcome data. Furthermore, the emotional regulation measure included only three items and may not have been sensitive to changes in the emotional regulation processes that may have developed for the experimental group. Such limitations in identifying and successfully using a suitable quantitative measure have been noted in previous studies, for example, by Barrington et al. (2019) when evaluating the *Weaving Wellbeing* programme. This will be discussed in greater detail in Section 4.1.3. Another potential limitation is social desirability, which is particularly present in young children who may over-report their abilities (Camerini & Schulz, 2018). This is an additional consideration in interpreting the quantitative self-report measure's results and the qualitative data derived from the pupil focus groups. Notably, also, the pupil drawings that resulted from the draw-and-talk format in the pupil focus groups were used only to triangulate and support the findings from other sources. These drawings could have been further analysed themselves and used as an additional measure to address the research questions. Furthermore, although the quantitative elements of this research project support the qualitative findings, the generalisability of descriptive data is always limited. This is true for this study's information gathered from the focus groups and teacher interviews. Further research into this area may build on this base by replicating the current study, including a higher number of participants, analysing the pupil drawings, or incorporating additional quantitative measures. Finally, although a control group was used, there is a multitude of variables which may have impacted the wellbeing of the pupils, and this study could not identify and control for these. Additional more extensive studies in the area, in conjunction with the continued examination of wellbeing overall may be able to support the exploration, identification, and control of potential covariates. The current study should be viewed as an exploratory study and thus any conclusions should be interpreted with caution.

3.4.6 Conclusion

The findings provide preliminary support for the *Welcome to Wellbeing* programme. When implemented as directed, this programme may increase aspects of young children's levels of wellbeing, particularly regarding their levels of resilience, increasing vocabulary related to emotions, and engaging in supported emotional regulation techniques. Feedback from pupils on the intervention was positive, with pupils reporting high levels of engagement and satisfaction with the characters and strategies that the programme provided. Similarly, teachers reported favourable interactions in their teaching of the programme and its utility as a wellbeing framework which could be applied to their class overall. They provided multiple supportive enablers to its use, namely the structure and content of the programme, while also identifying the amount of content and the limited time frame of both the programme (ten consecutive weeks) and the length of SPHE classes as barriers to implementation. Notably, all teachers reported their intention to use the programme in the future, albeit in an adapted manner that more closely suited their teaching style and classroom needs. Overall, this project addressed the aims of the study and indicated that the *Welcome to Wellbeing* programme may be a valuable framework for use with this population of pupils in schools.

Chapter Four: Critical Review and Impact Statement

4.1 Critical Appraisal

This chapter will provide a reflexive critique of the overall research project. Various factors will be considered as part of this, including the epistemological perspective adopted, the strengths and weaknesses of the study, and the ethical considerations. The implications of this piece of work on the field of psychology, including both practice and research, will also be discussed. A reflection on the process and challenges encountered during the research progression are also outlined. Finally, the impact that this research has had will be presented.

4.1.1 Epistemological Perspective

This research adopts a pragmatic worldview (Cherryholmes, 1992; Creswell & Creswell, 2018). Pragmatism combines the viewpoints of the influences of the independent external world, as in post-positivism, and the internal interpretation of this, as in social constructivism. This paradigm approaches research in a multi-dimensional way, placing it in context and acknowledging the intricacies of data collection with human participants in the real world. It puts the research issue at the centre and generates the most appropriate form, or forms, of research design and data collection based on this. This paradigm prompted the use of a mixed methods design in this research project. As the programme being examined had no previous independent studies completed on it, the qualitative aspect allowed for exploring stakeholder perspectives on a new area. Simultaneously, the quantitative element enabled a judgement of efficacy based on the numerical data. These two forms combined provided a greater insight into the experiences and impact of this real-life programme than they could have delivered individually. Central to this study is also the viewpoint that children have the right to be included in systems that impact them (United Nations (UN), 1989). Due to this underlying belief, pupils were included in both the qualitative and quantitative parts of data collection, involving them not once but twice as the main contributors to the study. The use of a self-report measure, even though it required adaptions, was crucial to allow for this level of inclusion. This multi-modal data collection supported the pupils' input and their views to be listened to and genuinely reflected in the results.

4.1.2 Strengths of the Current Study

This study has a range of strengths in relation to both content and process. Firstly, the paper has added to an area considered a wicked problem (Bache et al., 2016). These problems are convoluted and difficult to understand, and the continual examination of these issues can support further insight into this topic. The literature review and empirical paper discussed

wellbeing in detail and provided new data in this evolving area. Consideration was given to the development of wellbeing over time, including hedonic and eudaimonic wellbeing (Diener, 2000; Diener & Emmons, 1984; Henderson & Knight, 2012; Lyubomirsky & Lepper, 1999) and its position in relation to positive psychology (Seligman, 2011a). Several of the various definitions used to explain wellbeing, such as objective and subjective wellbeing (Barblett & Maloney, 2010; Western & Tomaszewski, 2016), were presented. Furthermore, frameworks such as those put forward by the Department of Education (Department of Education & Skills (DES), 2019) and Konu and Rimpela (2002) were presented. Although it is impossible to be exhaustive within the scope of this paper, efforts were made to untangle the challenging concept of such a wicked problem. This examination allowed for wellbeing to be placed in context while a precise definition, as understood by this paper, was presented. Similarly, the conceptualisation of resilience and emotional regulation were discussed. Again, many of the multitudes of frameworks and definitions were collated to understand these concepts further. Concerning resilience, the numerous viewpoints aimed to support the reader in understanding that this is an ever evolving and unclear area before presenting the definition suggested by Windle (2011) to enhance the clarity of the researcher's perspective. Concerning emotional regulation, the model by Gross (2015) was used as a framework, in line with a child developmental perspective (Saarni et al., 2008, as cited in Carr, 2016). Overall, the wickedness of these concepts was targeted sequentially, presenting the context of a complicated area and the clear definitions framing this study.

What is considered a wellbeing intervention depends on the researcher's conceptualisation of wellbeing. This, again, makes wellbeing interventions challenging to interpret and understand. The *Welcome to Wellbeing* programme (Forman, 2021a) is a programme that aligns with this study's definition of wellbeing. Notably, this research investigated this programme, which has never been independently examined. Therefore, it can provide information on its utility, use, and possible alterations in its application. The body of work on this intervention, and those linked to it, that is, *Weaving Wellbeing* (Forman & Rock, 2016) and *Wired for Wellbeing* (Forman, 2020) in both published (Barrington et al., 2019) and unpublished (Burns, 2019; Gough, 2020; McGrath, 2017; O'Brien, 2020; O'Neill, 2019, as cited in Forman, 2021c; Rice, 2021, as cited in Forman, 2022; Ward et al., 2019) studies is scarce. Furthermore, the only piece of research on this *Welcome to Wellbeing* programme was completed as part of its piloting (Forman, 2021b). Thus, this study provided valuable information on an area that greatly needs independent research.

Furthermore, wellbeing concerning young children is an even more underdeveloped area, and this paper provided a new understanding of wellbeing at this age. One of the biggest strengths of this research is the inclusion of the child's voice. Efforts were taken to ensure this was an authentic voice instead of including children in a tokenistic way (Harding & Atkinson, 2009; Lundy, 2007, as cited in Urbina-Garcia et al., 2022). The methods used in this study supported gaining the pupils' real perspectives and opinions rather than just gathering a pseudo-voice (Zhang, 2015). The research setting was familiar to the pupils, and efforts were made to build rapport and make the pupils comfortable before starting data collection, all of which supported the validity and reliability of their responses (Fleer & Li, 2016; Grace et al., 2019; Tay-Lim & Lim, 2013). A 'mosaic approach' was used whereby multiple methods were used in combination (Clark & Moss, 2001, as cited in Zhang, 2015). The pupils' voice was included across the qualitative focus groups using a draw-and-talk technique and the quantitative aspect of the child self-report measure. This supported each pupil, giving them an opportunity to contribute to the data and empowering them to have a say in the development of programmes that directly affect their school experience.

Additionally, using a mixed method design is a significant strength of this study as it benefits from both the advantages of qualitative and quantitative research forms, in addition to each minimising the limitations of the other (Creswell & Creswell, 2018). This complementary aspect encapsulates the strengths of qualitative methods by providing rich, first-hand information on the experiences of the stakeholders while quantitatively capturing data that can be statistically analysed. It allows for the triangulation of data, meaning both aspects inform results. The multiple sources of information, including the pupils' quantitative data, the pupils' qualitative data, the teachers' quantitative data, and the teachers' qualitative data, were better able to address the research questions than if one method was used alone. The collection of information in this way allowed for the integration of knowledge from multiple areas and identification of unique cross-respondent patterns, providing valuable insight that would otherwise not have been available. Additionally, in relation to the quantitative aspect of the study, a cluster randomised control trial (RCT) was used in this research project. This stringent design allowed for a control group to be included resulting in inferences being made and minimising any potential bias that could have occurred during the selection stage (Mertens, 2015). Therefore, the research methods used strengthen and support the study's findings.

4.1.3 Limitations of the Current Study

Wellbeing is a complex topic impacted by multiple variables, including culture and environment, curriculum, policy and planning, and relationships and partnerships (DES, 2019). The fact that wellbeing is such a nebulous area makes it challenging to investigate overall. During the research process, a clear definition of wellbeing, and the related aspects of resilience and emotional regulation were developed. These definitions framed the entire study. While this was vital to support the cohesiveness, it also resulted in just one perspective of wellbeing being portrayed, limiting the application of the body of work, and its findings, to the overall literature on wellbeing. Additionally, on reflection, the search terms used in the literature review may have been too limiting. It may have been appropriate to include other search terms such as 'universal', 'pupil', 'learner', and 'student'. It is possible that this would have provided additional results and subsequent insight into the research topic.

This study focused on only one specific intervention, applied over a ten-week period. The restricted time and resources for this project were significant limitations. Unfortunately, it was not within the scope of the project to investigate the many other variables and assess if these impacted the pupils' levels of wellbeing. Therefore, as these were not controlled for, it cannot be determined if these factors influenced the study's outcomes. Similarly, as it was only possible to complete a single fidelity check in each class, the level to which the programme was implemented cannot be fully established. Furthermore, it can take time for wellbeing programmes to be embedded into a class and school culture due to the multiple surrounding and community factors involved (DES, 2019; Konu & Rimpela, 2002). Therefore, the impact of the intervention may have been more significant if it were longer in duration or, indeed, if it had been applied as part of an overall systems piece of work.

There were several positive outcomes identified in this study. Firstly, it found significant improvements in the pupils' wellbeing at post-intervention data collection. However, at times, wellbeing interventions can have immediate effects, which are diminished at follow-up data collection at a later date (for example, Berry et al., 2016). As this project did not include any delayed follow-up, for example, three months after the intervention had been completed, it cannot be confirmed that the reported outcomes would be sustained over time. Including a repeated measure at a future point would enable the evaluation of the long-term impacts of the intervention on the pupils. Additionally, teachers reported positive feedback and stated their intention to continue using the strategies and language introduced by the programme following the intervention block, as noted in the theme 'A Good Base for Pupils'. As part of a follow-up assessment, an exploration could be conducted to identify the

long-term impact on the teachers' approach to wellbeing in their classroom and the programme's utility beyond the intervention period. Similarly, a longitudinal study examining the effectiveness of the programme when taught to pupils over two or more consecutive years would be a worthwhile endeavour.

There are also several methodological limitations. The sample size is relatively small and below the desired target for an adequate effect size. As only 75 pupils participated in the final data collection, this is nine below the target 85 participants required for an effect size of 0.2. This reduced sample size restricts the power of the outcomes of the study. Consequently, the external validity and generalisability of the findings to other populations or settings are limited. Similarly, wellbeing is a concept being discussed in all domains and locations, however, this research only focused on wellbeing interventions in the school setting and thus cannot be generalised to all environments. Furthermore, research question one, 'Is the wellbeing intervention *Welcome to Wellbeing* effective at increasing aspects of young children's levels of wellbeing?' was close-ended. Upon reflection, it was identified that it is possible that the use of an open-ended question (for example, 'How can the wellbeing intervention *Welcome to Wellbeing* enhance aspects of young children's wellbeing?') instead may have supported additional exploration and understanding of the research area.

In relation to the quantitative measure used, although the identified measures were valid and reliable, a significant amount of adaption was made to the original version. Therefore, the actual reliability and validity of the measure used cannot be ascertained, and the results should be interpreted cautiously. This is particularly true for the measure of emotional regulation. Following the piloting of the identified emotional regulation measure, the Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA; Gullone et al., 2010; Gullone & Taffe, 2012), it was found that this assessment was unsuitable for the participants. This conclusion was reached as the language was considered inaccessible to pupils this age and thus would not result in valid data. Therefore, a custom-made 3-item measure was used in place of the ERQ-CA. This measure, although piloted, does not have any support regarding its levels of validity or reliability. Additional time researching, piloting, developing, and assessing a measure would have benefited the quality of the resulting data. This measure may have benefited from being closely linked to the frameworks related to emotional regulation, for example, the process theory (Gross, 2015) or the sequence of childhood development of emotional intelligence (Saarni et al., 2008, as cited in Carr, 2016). Upon reflection, as no suitable valid and reliable measure was identified, it may

have been prudent to omit the measurement of emotional regulation altogether or to assess this aspect using qualitative data alone.

Furthermore, it is important to acknowledge that the pupils' responses to both the quantitative measure and the qualitative focus groups may have been impacted by participant reactivity (Crocker & Wolfe, 2001) and social desirability (Podsakoff et al., 2003). These may have influenced the pupils' responses, causing them to answer more favourably or in the way they believed would please the researcher. Additionally, reflexive thematic analysis allowed shared beliefs to be identified and explored, however, using this framework created the potential for meaningful information to be lost. If only one person displayed a view, even if expressed repeatedly by them, this generally does not allow for this belief to become a theme (Braun & Clarke, 2022). For example, one pupil noted that she felt many people would benefit from engaging in the *Welcome to Wellbeing* programme. She commented:

> Pupil B2.1: Well, there is something that I, I, love, that I think you should know.
> Researcher: Yeah?
> Pupil B2.1: If you share something with your mom and dad about *Mo and Ko*, they might share it with someone else, and they might share it with someone else, and then everybody will know about *Mo and Ko*, and it will be great. And other schools could use them too.
> Researcher: Yeah. And do you think it would be good for everybody to know about *Mo and Ko*?
> Pupil B2.1: Yeah, to, like, understand feelings so they don't get mad this time if they, if someone, does what they don't want.

This was a touching and interesting point. However, as no other pupil or teacher referred to the distribution and expansion of the programme to other people or schools, this was unsuitable for inclusion in any of the themes. Overall, the numerous limitations of the project must be considered when interpreting the outcomes of the study.

4.1.4 Ethical Considerations

A number of ethical considerations were examined at the outset of this research project. To be mindful of these, they were assessed and controlled to prevent potential harm to the participants. An ethical approach was sought and granted by the Mary Immaculate Research Ethical Committee (MIREC) prior to commencing recruitment and the research study. Additional ethical guidelines were also considered and respected during the research

process, including the *Code of Professional Ethics* (Psychological Society of Ireland, 2019), the *Framework for a Common Code of Professional Conduct and Ethics* (Health & Social Care Professionals Council, 2018), *Children First: National Guidance for the Protection and Welfare of Children* (DCYA, 2017) and *The United Nations Convention on the Rights of the Child* (UN, 1989). Various factors were considered, including involving pupils as participants, obtaining consent, data collection and storage, child safeguarding, and maintaining confidentiality. An additional consideration was that of pupil assent. Following the recruitment of schools, informed consent was sought from the participating teachers and the parents of the pupils in their classes. The researcher also sought assent from the pupils with parental consent. This was completed by reading the child-friendly information sheet and assent form aloud to each pupil in a one-to-one format. Efforts were taken to ensure that this was done in an age-appropriate manner, using accessible language and visuals to enhance their understanding. In one instance, a pupil transitioned to the assessment area, appeared comfortable with the researcher, and engaged in conversation. When the information and assent forms were discussed and read to the pupil, they declined to participate in the study and requested to be returned to their classroom. This was surprising to the researcher as the pupil had not previously shown any verbal or non-verbal signs of apprehension about participating. The pupil was reassured that this was an entirely acceptable response and was returned to the classroom as requested. The pupil's data was removed from the study, and they were not involved in further assessment as part of the research. The interaction overall reinforced the importance of attaining assent and discussing this with pupils, as even when the researcher thinks a pupil is happy to participate, that may not always be the case. Overall, there was valuable learning from the experience of completing the ethical procedures generally, with particular value in the age-appropriate one-to-one informed assent process.

4.1.5 Implication of the Current Study

The outcomes and processes of this research project will have implications for the field of psychology, in addition to professional practice and future research in the area. These implications will now be considered and presented in relation to the field of psychology overall, the implications on professional practice, and the implications for future research.

4.1.5.1 Implications on the Field of Psychology

Wellbeing is a highly topical area within psychology, and this research adds to this growing body of work. This study contributed to the ongoing advancement of knowledge in

an area considered wicked and thus difficult to understand. It builds on understanding a complex topic and expands the bank of accessible, evidence-based practices. This, in turn, improves the available intervention and programme options. The increased awareness of wellbeing, wellbeing interventions, and an appreciation of the importance of wellbeing continues to grow due to projects and literature such as the current study.

The study also aligns with children's rights models and best-practice policies in psychology, which state that the voice of the child should be captured as much as possible (DCYA, 2014; Tusla Child & Family Agency, 2019; UN, 1989). The methodology and analysis incorporated in this project provided oversight of how this may be done across psychology, both in practice and research. This is, again, an area which is constantly developing. Psychologists should continually strive to support the inclusion of children across areas and reflect on how they can improve their processes. For example, in this study, consideration could have been given to incorporating additional methods, such as engaging with pupils in a one-to-one format or completing pupil observations (Urbina-Garcia et al., 2022). Furthermore, more time could have been allotted to the focus groups, or further focus groups could have been conducted to ensure all pupils in the class had the opportunity to have their voices heard. This research contributes to psychology by providing an overview of the voice of the child, including it as part of the process, and potentially igniting reflections on how to support this across the field.

4.1.5.2 Implications for Professional Practice

Educational psychologists in Ireland support schools through direct, indirect, and support and development work (DES, 2007). This model is supported using the continuum of support framework in the school setting (DES, 2007). As part of this role, an educational psychologist recommends the most appropriate interventions to use in the classroom. These recommendations are made from the evidence base and the suitability of an intervention to a particular population. As there were favourable outcomes from the *Welcome to Wellbeing* programme, both quantitatively and qualitatively, it may be reasonable to suggest this as a possible programme for teachers and schools to consider as a universal intervention for promoting resilience among 5-7-year-olds. This could include the psychologist consulting with teachers regarding wellbeing or as part of a support and development teacher training (DES, 2019). It may also align with addressing the 'curriculum' component of the wellbeing model in a school (DES, 2019) and focusing on their goals as part of the school self-evaluation (DES, 2018). Notably, the limitations of this study and the fact that there needs to

be more research on the programme's efficacy must be highlighted should a recommendation be made. This study may also inform on wellbeing overall and act as a source for an area relevant to the current school climate.

Additionally, the processes used in this study can be incorporated into practice. This is particularly true for the methods used with the pupils to elicit and listen to the voice of the child (Ingram, 2013; Urbina-Garcia et al., 2022). This study aimed to highlight the utility of working collaboratively with pupils to support open communication and gain a greater and unique understanding of an experience. An educational psychologist could inform schools of the various methods considered, discussed, and utilised in this research paper (Urbina-Garcia et al., 2022) to support their inclusion of the child's voice in their school community.

4.1.5.3 Implications for Future Research

This current study was the first independent study to investigate the efficacy and perceptions of pupils and teachers on the *Welcome to Wellbeing* programme. Although the project indicated positive outcomes, this requires significant additional research to state the efficacy of the intervention conclusively. Research replicating the current processes may support the findings of this study further. Additionally, the responses of the teachers and pupils suggested different areas about the application of the programme that may be studied. For example, teachers reported the programme was too intense for the consecutive ten-week period in the theme 'A Packed Programme with Limited Hours'. Future research could examine alternative methods to application, such as completing one lesson per month, while again investigating the research questions of this current study. Furthermore, additional exploration could include the contextual factors of wellbeing, that is, culture and environment, policy and planning, and relationships and partnerships (DES, 2019). The relationship between these factors in relation to wellbeing overall, or indeed to the *Welcome to Wellbeing* programme, could be developed as part of a potential future research project.

Multiple limitations to the current study were outlined in Section 4.1.3. Future explorations in this area could improve upon the downfalls of the current research. This may include enhancing and improving the methods used in this study, for example, including a larger sample size or completing additional fidelity checks. Further research could investigate the programme's long-term impact on pupils by completing post-intervention data collection at later stages, for example, at 3- or 6-month follow-up dates. This would enable a greater understanding of the impact of *Welcome to Wellbeing* beyond the immediate effects, as were recorded in this study. A significant limitation that could be improved upon in future studies

is the measures used, particularly the measure of emotional regulation. This study could act as a base point by which future studies could complete additional evaluation, piloting, and utilisation of alternative or newly developed measures.

4.1.6 Distinct Contribution

This study investigated the efficacy and perceptions of pupils and teachers on the *Welcome to Wellbeing* programme (Forman, 2021a). To date, no quantitative studies have been completed to assess the efficacy of this intervention. Furthermore, the programme developer completed the only qualitative study (Forman, 2021b), and thus the outcomes of that investigation may have been impacted by bias. Therefore, this project was able to act as a starting point for research on the impact of this programme on young children. The study also provided rich information on the lived experience of teaching and being taught the programme. The voices of the pupils and teachers who had first-hand experience using *Welcome to Wellbeing* enabled a greater understanding of the programme to be ascertained.

Additionally, this research incorporated the child's voice in relation to wellbeing interventions. Although increasing, the child's voice is still excluded as most research is completed on children rather than with them and instead looks to parents or teachers to provide their opinions (Tobia et al., 2019; Urbina-Garcia et al., 2022). This is particularly true with young children, such as those who participated in this research project. Moreover, the use of multiple methods, that is, focus groups with pupils, self-report measures with pupils, and semi-structured interviews with teachers, allowed an even more nuanced insight to be gleaned on the topic of wellbeing overall and, in particular, about wellbeing interventions and the *Welcome to Wellbeing* programme. The triangulation of data enabled by the mixed method design and a 'mosaic approach' to listening to the messages of the pupils (Clark & Moss, 2001, as cited in Zhang, 2015; Creswell & Creswell, 2018) provided a greater insight than would be gained from using any one method in isolation. In summary, this research project presented a unique examination of an under-researched wellbeing programme and supported pupils and teachers in communicating their related perceptions.

4.1.7 Reflection on the Research Process

The framework presented by Gibbs (1988) will be used to consider the reflections on the experience of carrying out this research study. This is a reflective cycle which looks at an experience through the following stages:

- Description – What happened during the event?
- Feelings – What were the thoughts and feelings during the event?
- Evaluation – What was good and bad about the experiences?
- Analysis – What sense can be made from the experiences?
- Conclusion – What else could have been done?
- Action Plan – What would be done in the same situation in the future?

4.1.7.1 Description

Undertaking the research component of the doctoral programme had many challenges and turning points. The three most poignant moments for me included (1) defining wellbeing, (2) identifying a suitable measure, and (3) analysing and writing up the resulting data.

The first hurdle to overcome was identifying a definition of wellbeing. As wellbeing is a wicked problem and the research on wellbeing is vast and varied, there was no clear or mutually agreed-upon definition to easily select (Bache et al., 2016; Rittel & Webber, 1973; Svane et al., 2019). A considerable amount of time was spent researching wellbeing in its many different forms and approaches, attempting to understand all of this information and pinpoint the 'real' definition.

Similarly, finding a suitable measure of wellbeing was difficult. This was due to the extensive range of interpretations of wellbeing and the fact that it was a child self-report measure being sought (Barblett & Maloney, 2010; Crowley & Head, 2017). As with identifying a definition, many variations were examined and critiqued without any one perfect solution becoming evident. Again, substantial time and effort went into searching for the best measure that met all the criteria for inclusion in the study. What became apparent over time, in relation to attempting to identify both the correct definition of wellbeing and the best measures for it, was that there is no perfect solution to these dilemmas.

Finally, at the later stages of the study, following the completion of the intervention and data collection, analysing the outcomes was a significant task. Pupils and teachers had spent a great deal of time providing their points of view, and it was my desire to present this in its totality and as an accurate representation of their thoughts and options. During coding, it was possible to note each of these. However, a greater level of selectivity was required in the subsequent theme development and write-up as thematic analysis aims to develop themes based on universal messages rather than individual ones (Braun & Clarke, 2022). It became

clear that it was not possible to include all the specific examples, and instead, a true reflection of the overall message which captured this needed to be provided.

4.1.7.2 Feelings

In relation to identifying a succinct definition of wellbeing, it felt very overwhelming to be faced with so much information and yet no clear answer. Initially, I was quite confused trying to make sense of all my wellbeing findings and integrate them into one clear description. I was surprised and then comforted when I discovered that that was not possible. This was a welcome realisation as it removed some of the pressure related to this difficult situation. It also came with its own challenges, in that now I had to be more decisive and independent in my decision-making around what could be my own understanding of a diverse topic with multiple options from which to choose. Finally, I felt proud and confident once I identified the definition that resonated best with my conceptualisation of wellbeing. As with defining wellbeing, I also concluded that there was no one perfect measure that would meet all the needs of my study. Again, there was a sense of relief at the realisation, and I felt assured in my ability to identify the best measure from the selection and adapt this to suit my requirements. In relation to analysing and writing up the results, particularly the qualitative results, there was a strong sense of responsibility and consideration in representing these in the best way possible. I felt protective of the valuable depictions the participants had provided. I was able to acknowledge my hesitancy in not including all the examples, and after time and moving through the steps of analysis, I felt a sense of accomplishment in capturing the essence of their overall meaning. This experience of navigating multiple complex emotions is common for doctoral researchers as varying feelings, such as confusion, apprehension, relief, and delight, are often present during the course of conducting research (Cotterall, 2013; Weise et al., 2020). Movement through the research process is linked with a trajectory of various feelings in line with the different stages of the course and research.

4.1.7.3 Evaluation

Concerning defining wellbeing and developing a measure of wellbeing, there was a great deal of careful diligence and attention to detail. This process taught me a vast amount as I became familiar with the numerous options and became immersed in the research body overall. I noted in my reflective journal that “there is no correct answer”, which supported the development of a conceptualisation of wellbeing that was aligned with my research. The description of wellbeing is applied and flows throughout the entire body of work, so having a

definition that felt true to me also enhanced my engagement with the research project. Similarly, developing a measure that best fit my participants ensured that I gained valid information and time was utilised in a productive way. At that point, I made a decision to include a measure of emotional regulation as I felt this aligned with the needs of the study. This is something that, with hindsight, may not have been necessary or the most suitable course of action, as I now realise that including an inappropriate measure may result in inadequate information (DeVellis & Thorpe, 2021). Regarding the qualitative data analysis, again, a dedicated disposition was applied to ensure an accurate representation of the participants' thoughts was presented. This enabled all their meaningful experiences to be captured optimally. Throughout all three processes, the study benefited from my respectful consideration and the care provided to apply the best possible option from those available. I was a mindful and reflective researcher throughout these stages.

There were several limitations and downfalls identified during these turning points. Time is a valuable resource during the doctorate, and considerable time and effort were spent making these decisions. Additionally, the research on the subject has vast and varied options. It is conceivable that there may be newer or additional options that could have been appropriate instead of or in addition to those that were ultimately used in this study. Finally, in relation to the focus group and interview analysis, the nature of qualitative data is that not all quotes and examples are included. This selectivity across areas was a challenging and significant task.

4.1.7.4 Analysis

Throughout the process of completing the doctorate, I always endeavoured to achieve work to a very high standard, always striving for the best possible outcomes regarding my research and the participants involved. These high expectations led me to always look for the most appropriate solution, and the dilemmas outlined supported my learning that this is not always singular. Encountering and overcoming challenging situations helped my overall skills as a researcher and practitioner. I became more critical and decisive in analysing multiple options and identifying the best solution from an array. It advanced my understanding that numerous things can be true simultaneously, reducing any conflicting or challenging feelings I held about this. I learned that gathering information, selecting an appropriate approach, and knowing my rationale for this approach were sufficient for robust decision-making. The thorough examination of all available information supported my professional development in understanding the topic to a greater degree, improving the study

overall. Concerning the data analysis, following the reflexive thematic analysis steps, as outlined by Braun and Clarke (2022), enhanced my knowledge of how to process and represent a vast amount of information meaningfully. By giving myself adequate time to work through the sequence and carefully consider the information, I was able to derive a fuller, richer picture of the participants' messages as a whole. This enabled me to accurately represent the overall voice of the group without needing to include each individual response from every participant. Consequently, the results provided a more holistic view of the participants, better addressing the research questions and aims of the study.

4.1.7.5 Conclusion

The deadlines related to the research process, which ensured the research stayed on target, meant there were time restrictions on these decision points and the project overall. The level of time and effort taken at the various points was considerable. Identifying the best possible option often involves ruling out a multitude of incompatible alternatives, resulting in what sometimes feels like lost or wasted time. Furthermore, particularly concerning dilemmas one (defining wellbeing) and two (identifying a measure), there simply is no correct answer. If this realisation had been understood at an earlier point, this may have supported faster and more decisive judgements. The processes of identifying a cohesive and representative definition and measure needed to be done, however, it is possible that it could have been done in a more efficient manner and without the related feelings attached to the ultimate decision. Regarding the inclusion of the purpose-made measure of emotional regulation, although I felt an internal pressure to include this, in hindsight, it may have benefited the study's validity and reliability if I had excluded this quantitative aspect from the study overall. Similarly, the data analysis also required a significant level of consideration. Upon reflection, while this cautious identification and understanding of the participants' ideas is part of the process, the related internal struggle was not necessary. A more experienced reflective qualitative researcher may have been able to trust in this process more fully and understand that by giving the data the time and consideration it deserves, as I did, the messages will always come through in the resulting themes.

4.1.7.6 Action Plan

Firstly, concerning defining wellbeing or any future topic that is part of a wicked problem, I would understand that there will not be one agreed-upon definition for such messy problems (Bache et al., 2016; Rittel & Webber, 1973; Svane et al., 2019). A thorough

investigation into the available resources would be conducted, with a more critical lens, identifying which parts were backed in evidence and fit my own theoretical and clinical beliefs. I would allow adequate time for this process without feeling pressured to find the perfect response. This would enable me to adopt a flexible disposition, understanding that this definition and meaning may grow and evolve as appropriate during the research process. Regarding the identification of a suitable measure, the evidence base would be examined and suitable measures considered. These scales would be assessed with an awareness that adaptations and piloting can improve their suitability for use in future studies. This would support the development of a database of potential measures and the possible adaptations needed and protect the validity and reliability of the outcomes to the highest degree possible. Conversely, if appropriate measures were not available or identified, as was the case for emotional regulation, a conclusion would be reached to omit the quantitative analysis of this concept from the study to protect the accuracy of the outcomes (DeVellis & Thorpe, 2021). Finally, regarding analysing and writing up the resulting qualitative data, a compassionate focus would be utilised, with an understanding that the most salient information will always meet the criteria for inclusion and that the message of the group will be maintained (Braun & Clarke, 2022). In using reflexive thematic analysis in the future, I will be more in tune with both the process and myself as the researcher. This will enable me to appreciate that information not included, although still important, may not reflect the group as an entity and that the information included will be a well-thought-out and accurate representation of the participants as a whole. Overall, engaging with the doctoral research provided many growth opportunities and ignited reflective and active learning throughout the entire process.

4.2 Impact Statement

This paper and the associated research study provided new insights into a developing area. Before this project, the only research completed on the programme was conducted by the researchers as part of the piloting process (Forman, 2021b). Although there were some unpublished studies (Burns, 2019; Gough, 2020; McGrath, 2017; O'Brien, 2020; O'Neill, 2019, as cited in Forman, 2021c; Rice, 2021, as cited in Forman, 2022; Ward et al., 2019) and one published study (Barrington et al., 2019) on the related programmes, *Weaving Wellbeing* (Forman & Rock, 2016) and *Wired for Wellbeing* (Forman, 2020), the independent evidence for this specific intervention had not yet been established. The outcomes of this study indicated positive impacts on pupils' levels of wellbeing. It also recognised the feedback from pupils and teachers regarding the utility, appropriateness, and enjoyable

experience of engaging with the programme. Therefore, it may be a suitable intervention for schools and teachers to consider implementing in their classrooms and for educational psychologists to recommend. This, in turn, has the potential to significantly benefit the pupils who participate in this programme in the future.

The study was not exhaustive and acknowledged its limitations. This establishes precedent and specific pathways for future research on this and related wellbeing interventions. The details outlined in Sections 3.4.5, 4.1.3, and 4.1.5.3 may guide future researchers by highlighting events that may be avoided or signposting a direction to take their research, for example, substantial difficulty was encountered during the research process in identifying a suitable measure of emotional regulation. Therefore, this project highlighted a significant gap that future researchers may address.

Finally, this study explored and included the voice of the child. The methods outlined may support researchers, psychologists, and other professionals to elicit the child's voice in the areas that involve them. This paper advocated the rationale and importance of working with children rather than on or around them. The many advantages include improving the quality of systems, developing children's skills, and providing a greater depth of understanding regarding their lived experiences (Fane et al., 2018; Grace et al., 2019; Harding & Atkinson, 2009; Urbina-Garcia et al., 2022). This study may prompt others to collaborate with pupils, resulting in numerous benefits for the pupils themselves and improving the systems in which they are involved. Overall, the study may encourage researchers' and professionals' thoughtful consideration regarding their current practices.

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Appendices

Appendix A: Studies Excluded from Systematic Review

	Reference	Exclusion Criteria
1	Beauregard, C. (2014). Effects of classroom-based creative expression programmes on children's well-being. *The Arts in Psychotherapy, 41*(3), 269–277. https://doi.org/10.1016/j.aip.2014.04.003	4 = A review
2	Blueprints. (2021). *Promoting Alternative Thinking Strategies (PATHS)*. Retrieved from https://www.blueprintsprogrammes.org/programmes /33999999/promoting-alternative-thinking-strategies-paths/	3 = Not peer-reviewed journal article
3	Boniwell, I., Osin, E. N., & Martinez, C. (2016). Teaching happiness at school: Non-randomised controlled mixed-methods feasibility study on the effectiveness of personal well-being lessons. *The Journal of Positive Psychology, 11*(1), 85–98. https://doi.org/10.1080/17439760.2015.1025422	1 = Participants outside age range
4	Bradley, C., Cordaro, D. T., Zhu, F., Vildostegui, M., Han, R. J., Brackett, M., & Jones, J. (2018). Supporting improvements in classroom climate for students and teachers with the four pillars of wellbeing curriculum. *Translational Issues in Psychological Science, 4*(3), 245–264. https://doi.org/10.1037/tps0000162	1 = Participants outside age range
5	Calear, A. L., Batterham, P. J., Poyser, C. T., Mackinnon, A. J., Griffiths, K. M., & Christensen, H. (2016). Cluster randomised controlled trial of the e-couch anxiety and worry programme in schools. *Journal of Affective Disorders, 196,* 210–217. https://doi.org/10.1016/j.jad.2016.02.049	1 = Participants outside age range
6	Carroll, A., Mccarthy, M., Houghton, S., & Sanders O'Connor, E. (2020). Evaluating the effectiveness of KooLKIDS: An interactive social-emotional learning programme for Australian	1 = Participants outside age range

	primary school children. *Psychology in the Schools, 57*(6), 851–867. https://doi.org/10.1002/pits.22352	
7	Caruso, C., Angelone, L., Abbate, E., Ionni, V., Biondi, C., Di Agostino, C., Mobili, A., Verità, R., Navarra, R., Ruggiero, G. M., & Mezzaluna, C. (2017). Effects of a REBT based training on children and teachers in primary school. *Journal of Rational-Emotive & Cognitive-behavior Therapy, 36,* 1-14. https://doi.org/10.1007/s10942-017-0270-6	1 = Participants outside age range
8	Clarke, A. M., Bunting, B., & Barry, M. M. (2014). Evaluating the implementation of a school-based emotional well-being programme: A cluster randomised controlled trial of Zippy's Friends for children in disadvantaged primary schools. *Health Education Research, 29*(5), 786–798. https://doi.org/10.1093/her/cyu047	1 = Specific population
9	Coelho, V., Sousa, V., Raimundo, R., & Figueira, A. (2017). The impact of a Portuguese middle school social-emotional learning programme. *Health Promotion International, 32*(2), 292–300. https://doi.org/10.1093/heapro/dav064	1 = Participants outside age range
10	Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly, 30*(2), 166–183. https://doi.org/10.1037/spq0000102	1 = Participants outside age range
11	Correia, K., & Marques-Pinto, A. (2016). "Giant leap 1": A social and emotional learning programme's effects on the transition to first-grade. *Children and Youth Services Review, 61*, 61–68. https://doi.org/10.1016/j.childyouth.2015.12.002	2 = Intervention not teacher-led
12	Cramer, K. M., & Castro-Olivo, S. (2016). Effects of a culturally adapted social-emotional learning intervention programme on students' mental health. *Contemporary School Psychology, 20*(2), 118–129. https://doi.org/10.1007/s40688-015-0057-7	1 = Participants outside age range

13	Dale, R., Shanley, D. C., Zimmer-Gembeck, M. J., Lines, K., Pickering, K., & White, C. (2016). Empowering and protecting children by enhancing knowledge, skills and well-being: A randomised trial of Learn to BE SAFE with Emmy™. *Child Abuse & Neglect, 51,* 368–378. https://doi.org/10.1016/j.chiabu.2015.07.016	2 = Intervention not teacher-led
14	De Carvalho, J. S., Pinto, A. M., & Marôco, J. (2016). Results of a mindfulness-based social-emotional learning programme on Portuguese elementary students and teachers: A quasi-experimental study. *Mindfulness, 8*(2), 337–350. https://doi.org/10.1007/s12671-016-0603-z	1 = Participants outside age range
15	Devcich, D. A., Rix, G., Bernay, R., & Graham, E. (2017). Effectiveness of a mindfulness-based programme on school children's self-reported well-being: A pilot study comparing effects with an emotional literacy programme. *Journal of Applied School Psychology, 33*(4), 309–330. https://doi.org/10.1080/15377903.2017.1316333	1 = Participants outside age range
16	Dove, C., & Costello, S. (2017). Supporting emotional well-being in schools: A pilot study into the efficacy of a mindfulness-based group intervention on anxious and depressive symptoms in children. *Advances in Mental Health, 15*(2), 172–182. https://doi.org/10.1080/18387357.2016.1275717	1 = Participants outside age range
17	Duncan, R., Washburn, I. J., Lewis, K. M., Bavarian, N., DuBois, D. L., Acock, A. C., Vuchinich, S., & Flay, B. R. (2016). Can universal SEL programmes benefit universally? Effects of the positive action programme on multiple trajectories of social-emotional and misconduct behaviors. *Prevention Science, 18*(2), 214–224. https://doi.org/10/1007/s11121-016-0745-1	1 = Participants outside age range
18	Eckert, M. D., Nishimura, S. T., Oka, L., Barber, S., Fleming, L., Hishinuma, E. S., Goebert, D. A., & Guerrero, A. P. S. (2017). A pilot school-based rural mental health consultation	2 = Intervention not teacher-led

	programme utilizing an innovative stakeholder partnership at a diverse elementary school. *Journal of Rural Mental Health, 41*(4), 263–283. https://doi.org/10.1037/rmh0000083	
19	Emerson, L., Rowse, G., & Sills, J. (2017). Developing a mindfulness-based programme for infant schools: Feasibility, acceptability, and initial effects. *Journal of Research in Childhood Education, 31*(4), 465–477. http://doi:10.1080/02568543.2017.1343211	2 = Intervention not teacher-led
20	Ewing, D. L., Monsen, J. J., & Kwoka, M. (2014). Behavioural and emotional well-being of children following non-directive play with school staff. *Educational Psychology in Practice, 30*(2), 192–203. https://doi.org/10.1080/02667363.2014.907128	1 = Specific sample
21	Fairweather-Schmidt, A. K., & Wade, T. D. (2015). Piloting a perfectionism intervention for pre-adolescent children. *Behaviour Research and Therapy, 73*, 67–73. https://doi.org/10.1016/j.brat.2015.07.004	1 = Participants outside age range
22	Fishbein, D. H., Domitrovich, C., Williams, J., Gitukui, S., Guthrie, C., Shapiro, D., & Greenberg, M. (2016). Short-term intervention effects of the PATHS curriculum in young low-income children: Capitalizing on plasticity. *The Journal of Primary Prevention, 37*(6), 493–511. https://doi.org/10.1007/s10935-016-0452-5	1 = Specific population
23	Froh, J. J., Bono, G., Fan, J., Emmons, R. A., Henderson, K., Harris, C., Leggio, H., & Wood, A. M. (2014). Nice thinking! An educational intervention that teaches children to think gratefully. *School Psychology Review, 43*(2), 132-152. https://doi.org/10.1080/02796015.2014.12087440	1 = Participants outside age range
24	Graves, S. L., & Aston, C. (2017). A mixed-methods study of a social-emotional curriculum for Black male success: A school-based pilot study of the Brothers of Ujima. *Psychology in the Schools, 55*(1), 76–84. https://eric.ed.gov/?id=EJ1163578	1 = Participants outside age range

25	Graves, S. L., Herndon-Sobalvarro, A., Nichols, K., Aston, C., Ryan, A., Blefari, A., Schutte, K., Schachner, A., Vicoria, L., & Prier, D. (2017). Examining the effectiveness of a culturally adapted social-emotional intervention for African American males in an urban setting. *School Psychology Quarterly, 32*(1), 62–74. https://doi.org/10.1037/spq0000145	2 = Intervention not teacher-led
26	Green, J. H., Passarelli, R. E., Smith-Millman, M. K., Wagers, K., Kalomiris, A. E., & Scott, M. N. (2018). A study of an adapted social-emotional learning: Small group curriculum in a school setting. *Psychology in the Schools,* 1-17. https://doi.org/10.1002/pits.22180	2 = Intervention not teacher-led
27	Hai, A. H., Franklin, C., Cole, A. H., Panisch, L. S., Yan, Y., & Jones, K. (2021). Impact of MindUP on elementary school students' classroom behaviors: A single-case design pilot study. *Children and Youth Services Review, 125,* 105981. https://doi.org/10.1016/j.childyouth.2021.105981	1 = Participants outside age range
28	Humphrey, N., Barlow, A., & Lendrum, A. (2017). Quality matters: Implementation moderates student outcomes in the PATHS curriculum. *Prevention Science, 19*(2), 197–208. http://doi.org/10.1007/s11121-017-0802-4	2 = Not an intervention
29	Iyer, R. B., & Iyer, B. N. (2019). The impact of heartfulness-based elective on middle school students. *American Journal of Health Behavior, 43*(4), 812–823. https://doi.org/10.5993/AJHB.43.4.14	1 = Participants outside age range
30	Jackman, M. M., Nabors, L. A., Mcpherson, C. L., Quaid, J. D., & Singh, N. N. (2019). Feasibility, acceptability, and preliminary effectiveness of the OpenMind (OM) programme for pre-school children. *Journal of Child and Family Studies, 28*(10), 2910–2921. https://doi.org/10.1007/s10826-019-01506-5	1 = Specific population
31	Jacquez, F., Trott, C. D., Wren, A. R., Ashraf, L. J., & Williams, S. E. (2020). Dream it! Preliminary evidence for an educational tool to increase children's optimistic thinking.	1 = Participants outside age range

	Child & Youth Care Forum, 49(6), 877–892. https://doi.org/10.1007/s10566-020-09561-6	
32	Jayman, M., & Ventouris, A. (2020). Dealing children a helping hand with "book of beasties": The mental wellness card game. *Educational & Child Psychology, 37*(4), 69-80.	1 = Participants outside age range
33	Johnson, L. D. (2017). Going to scale: Exploring implementation of positive behaviour intervention and supports within and across different types of early childhood programmes. *Early Child Development and Care*, 1–18. https://doi.org/10.1080/03004430.2017.1331219	3 = Outcome other than wellbeing or social-emotional competence
34	Klim-Conforti, P., Zaheer, R., Levitt, A. J., Cheung, A. H., Schachar, R., Schaffer, A., Goldstein, B. I., Fefergrad, M., Niederkrotenthaler, T., & Sinyor, M. (2021). The impact of a harry potter-based cognitive-behavioral therapy skills curriculum on suicidality and well-being in middle schoolers: A randomised controlled trial. *Journal of Affective Disorders, 286,* 134–141. https://doi.org/10.1016/j.jad.2021.02.028	1 = Participants outside age range
35	Kramer, T. J., Caldarella, P., Young, K. R., Fischer, L., & Warren, J. S. (2014). Implementing strong kids school-wide to reduce internalising behaviors and increase prosocial behaviors. *Education and Treatment of Children, 37*(4), 659–680. http://www.jstor.org/stable/44683942	1 = Participants outside age range
36	Krause, N., Blackwell, L., & Claridge, S. (2019). An exploration of the impact of the emotional literacy support assistant (ELSA) programme on wellbeing from the perspective of pupils. *Educational Psychology in Practice, 36,* 1-15. https://doi.org/10.1080/02667363.2019.1657801	4 = Qualitative study
37	Lewis, K. M., Dubois, D. L., Bavarian, N., Acock, A., Silverthorn, N., Day, J., Ji, P., Vuchinich, S., & Flay, B. R. (2013). Effects of positive action on the emotional health of urban youth: A cluster-randomised trial. *Journal of Adolescent Health, 53*(6), 706–711. https://doi.org/10.1016/j.jadohealth.2013.06.012	1 = Participants outside age range

38	Li, W. H., Chung, J. O., & Ho, E. K. (2013). Effectiveness of an adventure-based training programme in promoting the psychological well-being of primary schoolchildren. *Journal of Health Psychology, 18*(11), 1478–1492. https://doi.org/10.1177/1359105312465102	6 = Intervention not teacher-led
39	Lombas, A. S., Jiménez, T. I., Arguís-Rey, R., Hernández-Paniello, S., Valdivia-Salas, S., & Martín-Albo, J. (2019). Impact of the happy classrooms programme on psychological well-being, school aggression, and classroom climate. *Mindfulness.* http://doi.org/10.1007/s12671-019-01132-8	1 = Participants outside age range
40	Low, S., Smolkowski, K., Cook, C., & Desfosses, D. (2018). Two-year impact of a universal social-emotional learning curriculum: Group differences from developmentally sensitive trends over time. *Developmental Psychology, 55*(2), 415-433. https://doi.org/10.1037/dev0000621	1 = Participants outside age range
41	Matsumoto, Y., Ishimoto, Y., & Takizawa, Y. (2020). Examination of the effectiveness of Neuroscience-Informed Child Education (NICE) within Japanese school settings. *Children and Youth Services Review, 118,* 105405. https://doi.org/10.1016/j.childyouth.2020.105405	2 = Intervention not classroom-based
42	Muratori, P., Bertacchi, I., Giuli, C., Nocentini, A., Ruglioni, L., & Lochman, J. E. (2016). Coping power adapted as universal prevention programme: Mid term effects on children's behavioral difficulties and academic grades. *The Journal of Primary Prevention, 37*(4), 389–401. https://doi.org/10/1007/s10935-016-0435-6	3 = Outcome other than wellbeing or social-emotional competence
43	Myles-Pallister, J. D., Hassan, S., Rooney, R. M., & Kane, R. T. (2014). The efficacy of the enhanced Aussie optimism positive thinking skills programme in improving social and emotional learning in middle childhood. *Frontiers in Psychology, 5,* 909. http://doi.org/10.3389/fpsyg.2014.00909	1 = Participants outside age range
44	Ohl, M., Fox, P., & Mitchell, K. (2012). Strengthening socio-emotional competencies in a school setting: Data from the	2 = Intervention not teacher-led

	pyramid project. *British Journal of Educational Psychology, 83*(3), 452–466. https://doi.org/10.1111/j.2044-8279.2012.02074.x	
45	Panayiotou, M., Humphrey, N., & Hennessey, A. (2020). Implementation matters: Using complier average causal effect estimation to determine the impact of the Promoting Alternative Thinking Strategies (PATHS) curriculum on children's quality of life. *Journal of Educational Psychology, 112*(2), 236-253. http://dx.doi.org/10.1037/edu0000360	1 = Participants outside age range
46	Papieska, J., Spilt, J. L., Roorda, D. L., & Laevers, F. (2017). Promoting socioemotional competence in primary school classrooms: Intervention effects of the EMOscope. *European Journal of Developmental Psychology,* 1–16. https://doi.org/10.1080/17405629.2017.1342620	1 = Participants outside age range
47	Perryman, K. L., & Bowers, L. M. (2018). Turning the focus to behavioral, emotional, and social well-being: The impact of child-centered play therapy. *International Journal of Play Therapy, 27*(4), 227–241. http://dx.doi.org/10.1037/pla0000078	2 = Intervention not teacher-led
48	Powers, J. D., Swick, D. C., Wegmann, K. M., & Watkins, C. S. (2016). Supporting prosocial development through school-based mental health services: A multisite evaluation of social and behavioral outcomes across one academic year. *Social Work in Mental Health, 14*(1), 22–41. https://doi.org/10.1080/15332985.2015.1048842	2 = Intervention not teacher-led
49	Punukollu, M., Leighton, E. L., Brooks, A. F., Heron, S., Mitchell, F., Regener, P., Karagiorgou, O., Bell, C., Gilmour, M., Moya, N., Sharpe, H., & Minnis, H. (2020). SafeSpot: An innovative app and mental health support package for Scottish schools - a qualitative analysis as part of a mixed methods study. *Child And Adolescent Mental Health, 25*(2), 110–116. https://doi.org/10.1111/camh.12375	1 = Participants outside age range
50	Quinlan, D. M., Swain, N., Cameron, C., & Vella-Brodrick, D. A. (2015). How "other people matter" in a classroom-based	1 = Participants outside age range

	strengths intervention: Exploring interpersonal strategies and classroom outcomes. *The Journal of Positive Psychology, 10*(1), 77–89. https://doi.org/10.1080/17439760.2014.920407	
51	Raimundo, R., Marques-Pinto, A., & Lima, M. L. (2012). The effects of a social-emotional learning programme on elementary school children: The role of pupils' characteristics. *Psychology in the Schools, 50*(2), 165–180. https://doi.org/10.1002/pits.21667	1 = Participants outside age range
52	Ruini, C., Albieri, E., Ottolini, F., & Vescovelli, F. (2020). Once upon a time: A school positive narrative intervention for promoting well-being and creativity in elementary school children. *Psychology of Aesthetics, Creativity, and the Arts.* https://doi.org/10.1037/aca0000362	1 = Participants outside age range
53	Ruttledge, R. A., Devitt, E., Greene, G., Mullany, M., Charles, E., Frehill, J., & Moriarty, M. (2016). A randomised controlled trial of the FRIENDS for Life emotional resilience programme delivered by teachers in Irish primary schools. *Educational & Child Psychology, 33*(2), 69-89.	1 = Participants outside age range
54	Sarkissian, M., Trent, N. L., Huchting, K., & Singh Khalsa, S. B. (2018). Effects of a kundalini yoga programme on elementary and middle school students' stress, affect, and resilience. *Journal of Developmental & Behavioral Pediatrics,* 1-7. DOI:10.1097/DBP.0000000000000538	1 = Participants outside age range
55	Schonert-Reichl, K. A., Oberle, E., Lawlor, M. S., Abbott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing cognitive and social-emotional development through a simple-to-administer mindfulness-based school programme for elementary school children: A randomised controlled trial. *Developmental psychology, 51*(1), 52–66. https://doi.org/10.1037/a0038454	1 = Participants outside age range
56	Shum, A. K., Lai, E. S., Leung, W. G., Cheng, M. N., Wong, H. K., So, S. W., Law, Y. W., & Yip, P. S. (2019). A digital game and school-based intervention for students in Hong	1 = Participants outside age range

	Kong: Quasi-experimental design. *Journal of Medical Internet Research, 21*(4), e12003. https://doi.org/10.2196/12003	
57	Simões, F., & Alarcão, M. (2014). Promoting well-being in school-based mentoring through basic psychological needs support: Does it really count? *Journal of Happiness Studies, 15*(2), 407–424. https://doi.org/10.1007/s10902-013-9428-9	1 = Participants outside age range
58	Sinyor, M., Hawes, D., Rector, N. A., Cheung, A. H., Williams, M., Cheung, C., Goldstein, B. I., Fefergrad, M., Levitt, A. J., & Schaffer, A. (2020). Preliminary investigation of a novel cognitive behavioural therapy curriculum on the wellbeing of middle schoolers. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 29*(2), 66–75.	1 = Participants outside age range
59	Suldo, S. M., Hearon, B. V., Bander, B., McCullough, M., Garofano, J., Roth, R. A., & Tan, S. Y. (2015). Increasing elementary school students' subjective well-being through a classwide positive psychology intervention: Results of a pilot study. *Contemporary School Psychology, 19*(4), 300-311. http://sx.doi.org/10.1007/s40688-015-0061-y	1 = Participants outside age range
60	Suldo, S. M., Savage, J. A., & Mercer, S. H. (2013). Increasing middle school students' life satisfaction: Efficacy of a positive psychology group intervention. *Journal of Happiness Studies, 15*(1), 19–42. http://doi.org/10.1007/s10902-013-9414-2	1 = Participants outside age range
61	Tunariu, A. D., Tribe, R., Frings, D., & Albery, I. P. (2017). The iNEAR programme: An existential positive psychology intervention for resilience and emotional wellbeing. *International Review of Psychiatry, 29*(4), 362–372. https://doi.org/10.1080/09540261.2017.1343531	1 = Participants outside age range
62	Van De Weijer-Bergsma, E., Langenberg, G., Brandsma, R., Oort, F. J., & Bögels, S. M. (2012). The effectiveness of a school-based mindfulness training as a programme to prevent stress in elementary school children. *Mindfulness, 5*, 238-248. https://doi.org/10.1007/s12671-012-0171-9	1 = Participants outside age range

63	Vickery, C. E., & Dorjee, D. (2016). Mindfulness training in primary schools decreases negative affect and increases meta-cognition in children. *Frontiers in Psychology, 6*. http://doi.org/10.3389/fpsyg.2015.02025	1 = Participants outside age range
64	Volanen, S., Lassander, M., Hankonen, N., Santalahti, P., Hintsanen, M., Simonsen, N., Raevuori, A., Mullola, S., Vahlberg, T., But, A., & Suominen, S. (2016). Healthy learning mind - A school-based mindfulness and relaxation programme: A study protocol for a cluster randomised controlled trial. *BMC Psychology, 4*(35), 1-10. https://doi.org/10.1186/s40359-016-0142-3	1 = Participants outside age range
65	Vroom, E. B., Massey, O. T., Yampolskaya, S., & Levin, B. L. (2020). The impact of implementation fidelity on student outcomes in the life skills training programme. *School Mental Health, 12*(1), 113–123. https://doi.org/10.1007/s12310-019-09333-1	1 = Participants outside age range
66	Waldemar, J. O. C., Rigatti, R., Menezes, C. B., Guimarães, G., Falceto, O., & Heldt, E. (2016). Impact of a combined mindfulness and social–emotional learning programme on fifth graders in a Brazilian public school setting. *Psychology & Neuroscience, 9*(1), 79–90. https://doi.org/10.1037/pne0000044	1 = Participants outside age range
67	Wang, C., Couch, L., Rodriguez, G. R., & Lee, C. (2015). The bullying literature project: Using children's literature to promote prosocial behavior and social-emotional outcomes among elementary school students. *Contemporary School Psychology, 19*(4), 320–329. https://doi.org/10.1007/s40688-015-0064-8	1 = Participants outside age range
68	Wei, M., Wang, L. F., & Kivlighan, D. M. (2021). Group counseling change process: An adaptive spiral among positive emotions, positive relations, and emotional cultivation/regulation. *Journal Of Counseling Psychology, 68*(6), 730-745. https://doi.org/10.1037/cou0000550	1 = Participants outside age range

Appendix B: Weight of Evidence (WoE) A

Coding Protocol

Gersten, R., Fuchs, L. S., Compton, D., Coyne, M., Greenwood, C., & Innocenti, M. S. (2005). Quality indicators for group experimental and quasi-experimental research in special education. *Exceptional Children, 71*(2), 149–164. doi.org/10.1177/001440290507100202

Note: Item number 1 was adapted to suit the specific research question of this review.

Study 1: Berry et al. (2016)

Essential Quality Indicators

Quality Indicators for Describing Participants

1. *Was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?*

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was sufficient information given characterizing the interventionists or teachers provided? Did it indicate whether they were comparable across conditions?

☐ Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Implementation of the Intervention and Description of Comparison Conditions

1. Was the intervention clearly described and specified?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Was the fidelity of implementation described and assessed?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was the nature of services provided in comparison conditions described?

☒Yes ☐No ☐ Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Outcome Measures

1. Were multiple measures used to provide an appropriate balance between measures closely aligned with the intervention and measures of generalized performance?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were outcomes for capturing the interventions effect measured at the appropriate times?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Data Analysis

1. Were the data analysis techniques appropriately linked to key research questions and hypotheses? Were they appropriately linked to the unit of analysis in the study?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Did the research report include not only inferential statistics but also effect size calculations?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Desirable Quality Indicators

1. Was data available on attrition rates among intervention samples? Was severe overall attrition documented? If so, is attrition comparable across samples? Is overall attrition less than 30%?

☒Yes ☐No ☐Partially ☐N/A ☐ Unknown/Unable to Code

2. Did the study provide not only internal consistency reliability but also test-retest reliability and interrater reliability (when appropriate) for outcome measures? Were data collectors and/or scorers blind to study conditions and equally (un)familiar to examinees across study conditions?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Were outcomes for capturing the intervention's effect measured beyond an immediate posttest?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

4. Was evidence of the criterion-related validity and construct validity of the measures provided?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

5. Did the research team assess not only surface features of fidelity implementation (e.g., number of minutes allocated to the intervention or teacher/interventionist following procedures specified), but also examine quality of implementation?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

6. Was any documentation of the nature of instruction or series provided in comparison conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

7. Did the research report include actual audio or videotape excerpts that capture the nature of the intervention?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

8. Were results presented in a clear, coherent fashion?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Number of Essential Quality Indicators (0-10)	9
Number of Desirable Quality Indicators (0-8)	6
High Quality (3) 9+ essential quality indicators and 4+ desirable quality indicators	X
Adequate Quality (2) 9+ essential quality indicators and 1+ desirable quality indicators	
Low Quality (1) Less than 9 essential quality indicators and/or no desirable quality indicators	
Overall Evidence Rating (1-3)	3

Study 2: Kim et al. (2020)

Essential Quality Indicators

Quality Indicators for Describing Participants

1. Was sufficient information provided to determine/confirm whether the participants demonstrated the disability(ies) or difficulties presented? *Adaptation: Was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?*

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?

☐ Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was sufficient information given characterizing the interventionists or teachers provided? Did it indicate whether they were comparable across conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Implementation of the Intervention and Description of Comparison Conditions

1. Was the intervention clearly described and specified?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Was the fidelity of implementation described and assessed?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

3. Was the nature of services provided in comparison conditions described?

☒Yes ☐No ☐ Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Outcome Measures

1. Were multiple measures used to provide an appropriate balance between measures closely aligned with the intervention and measures of generalized performance?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were outcomes for capturing the interventions effect measured at the appropriate times?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Data Analysis

1. Were the data analysis techniques appropriately linked to key research questions and hypotheses? Were they appropriately linked to the unit of analysis in the study?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Did the research report include not only inferential statistics but also effect size calculations?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Desirable Quality Indicators

1. Was data available on attrition rates among intervention samples? Was severe overall attrition documented? If so, is attrition comparable across samples? Is overall attrition less than 30%?

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3. Were outcomes for capturing the intervention's effect measured beyond an immediate posttest?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

4. Was evidence of the criterion-related validity and construct validity of the measures provided?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

5. Did the research team assess not only surface features of fidelity implementation (e.g., number of minutes allocated to the intervention or teacher/interventionist following procedures specified), but also examine quality of implementation?

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6. Was any documentation of the nature of instruction or series provided in comparison conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

7. Did the research report include actual audio or videotape excerpts that capture the nature of the intervention?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

8. Were results presented in a clear, coherent fashion?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Number of Essential Quality Indicators (0-10)	8
Number of Desirable Quality Indicators (0-8)	5
High Quality (3) 9+ essential quality indicators and 4+ desirable quality indicators	
Adequate Quality (2) 9+ essential quality indicators and 1+ desirable quality indicators	
Low Quality (1) Less than 9 essential quality indicators and/or no desirable quality indicators	X
Overall Evidence Rating (1-3)	1

Study 3: Low et al. (2015)

Essential Quality Indicators

Quality Indicators for Describing Participants

1. Was sufficient information provided to determine/confirm whether the participants demonstrated the disability(ies) or difficulties presented? *Adaptation: Was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?*

☐ Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

2. Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was sufficient information given characterizing the interventionists or teachers provided? Did it indicate whether they were comparable across conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Implementation of the Intervention and Description of Comparison Conditions

1. Was the intervention clearly described and specified?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Was the fidelity of implementation described and assessed?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was the nature of services provided in comparison conditions described?

☒Yes ☐No ☐ Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Outcome Measures

1. Were multiple measures used to provide an appropriate balance between measures closely aligned with the intervention and measures of generalized performance?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were outcomes for capturing the interventions effect measured at the appropriate times?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Data Analysis

1. Were the data analysis techniques appropriately linked to key research questions and hypotheses? Were they appropriately linked to the unit of analysis in the study?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Did the research report include not only inferential statistics but also effect size calculations?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Desirable Quality Indicators

1. Was data available on attrition rates among intervention samples? Was severe overall attrition documented? If so, is attrition comparable across samples? Is overall attrition less than 30%?

☒Yes ☐No ☐Partially ☐N/A ☐ Unknown/Unable to Code

2. Did the study provide not only internal consistency reliability but also test-retest reliability and interrater reliability (when appropriate) for outcome measures? Were data collectors and/or scorers blind to study conditions and equally (un)familiar to examinees across study conditions?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Were outcomes for capturing the intervention's effect measured beyond an immediate posttest?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

4. Was evidence of the criterion-related validity and construct validity of the measures provided?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

5. Did the research team assess not only surface features of fidelity implementation (e.g., number of minutes allocated to the intervention or teacher/interventionist following procedures specified), but also examine quality of implementation?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

6. Was any documentation of the nature of instruction or series provided in comparison conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

7. Did the research report include actual audio or videotape excerpts that capture the nature of the intervention?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

8. Were results presented in a clear, coherent fashion?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Number of Essential Quality Indicators (0-10)	9
Number of Desirable Quality Indicators (0-8)	5
High Quality (3) 9+ essential quality indicators and 4+ desirable quality indicators	X
Adequate Quality (2) 9+ essential quality indicators and 1+ desirable quality indicators	
Low Quality (1) Less than 9 essential quality indicators and/or no desirable quality indicators	
Overall Evidence Rating (1-3)	3

Study 4: Novak et al. (2017)

Essential Quality Indicators

Quality Indicators for Describing Participants

1. Was sufficient information provided to determine/confirm whether the participants demonstrated the disability(ies) or difficulties presented? *Adaptation: Was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?*

☐ Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

2. Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was sufficient information given characterizing the interventionists or teachers provided? Did it indicate whether they were comparable across conditions?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Implementation of the Intervention and Description of Comparison Conditions

1. Was the intervention clearly described and specified?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Was the fidelity of implementation described and assessed?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

3. Was the nature of services provided in comparison conditions described?

☒Yes ☐No ☐ Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Outcome Measures

1. Were multiple measures used to provide an appropriate balance between measures closely aligned with the intervention and measures of generalized performance?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were outcomes for capturing the interventions effect measured at the appropriate times?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Data Analysis

1. Were the data analysis techniques appropriately linked to key research questions and hypotheses? Were they appropriately linked to the unit of analysis in the study?

☐ Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

2. Did the research report include not only inferential statistics but also effect size calculations?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Desirable Quality Indicators

1. Was data available on attrition rates among intervention samples? Was severe overall attrition documented? If so, is attrition comparable across samples? Is overall attrition less than 30%?

☒Yes ☐No ☐Partially ☐N/A ☐ Unknown/Unable to Code

2. Did the study provide not only internal consistency reliability but also test-retest reliability and interrater reliability (when appropriate) for outcome measures? Were data collectors and/or scorers blind to study conditions and equally (un)familiar to examinees across study conditions?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Were outcomes for capturing the intervention's effect measured beyond an immediate posttest?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

4. Was evidence of the criterion-related validity and construct validity of the measures provided?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

5. Did the research team assess not only surface features of fidelity implementation (e.g., number of minutes allocated to the intervention or teacher/interventionist following procedures specified), but also examine quality of implementation?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

6. Was any documentation of the nature of instruction or series provided in comparison conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

7. Did the research report include actual audio or videotape excerpts that capture the nature of the intervention?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

8. Were results presented in a clear, coherent fashion?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Number of Essential Quality Indicators (0-10)	6
Number of Desirable Quality Indicators (0-8)	3
High Quality (3) 9+ essential quality indicators and 4+ desirable quality indicators	
Adequate Quality (2) 9+ essential quality indicators and 1+ desirable quality indicators	
Low Quality (1) Less than 9 essential quality indicators and/or no desirable quality indicators	X
Overall Evidence Rating (1-3)	1

Study 5: Shoshani & Slone (2017)

Essential Quality Indicators

Quality Indicators for Describing Participants

1. Was sufficient information provided to determine/confirm whether the participants demonstrated the disability(ies) or difficulties presented? *Adaptation: Was sufficient information provided to determine/confirm whether the participants were within the specific age bracket and part of a mainstream sample?*

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were appropriate procedures used to increase the likelihood that relevant characteristics of participants in the sample were comparable across conditions?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was sufficient information given characterizing the interventionists or teachers provided? Did it indicate whether they were comparable across conditions?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Implementation of the Intervention and Description of Comparison Conditions

1. Was the intervention clearly described and specified?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Was the fidelity of implementation described and assessed?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Was the nature of services provided in comparison conditions described?

☒Yes ☐No ☐ Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Outcome Measures

1. Were multiple measures used to provide an appropriate balance between measures closely aligned with the intervention and measures of generalized performance?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Were outcomes for capturing the interventions effect measured at the appropriate times?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Quality Indicators for Data Analysis

1. Were the data analysis techniques appropriately linked to key research questions and hypotheses? Were they appropriately linked to the unit of analysis in the study?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

2. Did the research report include not only inferential statistics but also effect size calculations?

☒ Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Desirable Quality Indicators

1. Was data available on attrition rates among intervention samples? Was severe overall attrition documented? If so, is attrition comparable across samples? Is overall attrition less than 30%?

☒Yes ☐No ☐Partially ☐N/A ☐ Unknown/Unable to Code

2. Did the study provide not only internal consistency reliability but also test-retest reliability and interrater reliability (when appropriate) for outcome measures? Were data collectors and/or scorers blind to study conditions and equally (un)familiar to examinees across study conditions?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

3. Were outcomes for capturing the intervention's effect measured beyond an immediate posttest?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

4. Was evidence of the criterion-related validity and construct validity of the measures provided?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

5. Did the research team assess not only surface features of fidelity implementation (e.g., number of minutes allocated to the intervention or teacher/interventionist following procedures specified), but also examine quality of implementation?

☐Yes ☐No ☒Partially ☐N/A ☐Unknown/Unable to Code

6. Was any documentation of the nature of instruction or series provided in comparison conditions?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

7. Did the research report include actual audio or videotape excerpts that capture the nature of the intervention?

☐Yes ☒No ☐Partially ☐N/A ☐Unknown/Unable to Code

8. Were results presented in a clear, coherent fashion?

☒Yes ☐No ☐Partially ☐N/A ☐Unknown/Unable to Code

Number of Essential Quality Indicators (0-10)	9
Number of Desirable Quality Indicators (0-8)	4
High Quality (3) 9+ essential quality indicators and 4+ desirable quality indicators	X
Adequate Quality (2) 9+ essential quality indicators and 1+ desirable quality indicators	
Low Quality (1) Less than 9 essential quality indicators and/or no desirable quality indicators	
Overall Evidence Rating (1-3)	3

Table B1

Weight of Evidence (WoE) A Ratings

Study	Essential quality indicator rating	Desirable quality indicator rating	WoE A
Berry et al. (2016)	9	6	3 (High)
Kim et al. (2020)	8	5	1 (Low)
Low et al. (2015)	9	5	3 (High)
Novak et al. (2017)	6	3	1 (Low)
Shoshani & Slone (2017)	9	4	3 (High)

Appendix C: Weight of Evidence (WoE) B

Based off Skoog-Hoffman et al. (2020)

Rating	Criteria
High (3)	• A pre-post randomised control trial design • A comparison group that did not participate in the programme • If there are differences at pre-test, the evaluator adjusts or controls for those differences • Sample size of 100+
Medium (2)	• A pre-post randomised control trial or pre-post quasi-experimental design • A comparison group that did not participate in the programme • No adjustment or controls for pre-test outcomes in analyses • Sample size of less than 100
Low (1)	• Not a pre-post randomised control trial or pre-post quasi-experimental design • No comparison group that did not participate in the programme • No adjustment or controls for pre-test outcomes in analyses • Sample size of less than 100

Table C1

Weight of Evidence (WoE) B Ratings

Study	WoE B
Berry et al. (2016)	3 (High)
Kim et al. (2020)	2 (Medium)
Low et al. (2015)	3 (High)
Novak et al. (2017)	3 (High)
Shoshani & Slone (2017)	3 (High)

Appendix D: Weight of Evidence (WoE) C

Based off Skoog-Hoffman et al. (2020)

Focus	Rating	Criteria
Intervention	High (3)	Programme implemented at a universal level during the regular pre/school day; Programme designed to be used with all pupils; All conditions described clearly; Significant training and support
	Medium (2)	Programme implemented at a universal level during the regular school day; Programme designed to be used with all pupils; Minor variation in implementation; All conditions described clearly; Some training and support
	Low (1)	Programme not implemented at a universal level during the regular pre/school day; Programme not designed to be used with all pupils; Significant variation in implementation; Condition descriptions unclear; No training and support
Participants	High (3)	Characteristic details provided; All pupils fall within the 0-8 years range; Group is representative of normative sample
	Medium (2)	Some characteristic details are missing; All pupils fall within the 0-8 years range; Group is representative of a normative sample
	Low (1)	Characteristic details missing; Some or all participants more than 8 years; Participants selected based on prior behavioural issues or risk of academic failure; Not representative of a normative sample
Outcome	High (3)	Standardised measures of at least two of the following: pupil outcomes, institutional outcomes, improved positive social behaviour, reduced conduct problems, or reduced emotional distress; Follow-up measure in addition to pre-post measures

Medium (2)	Standardised measures of at least one of the following: pupil outcomes, institutional outcomes, improved positive social behaviour, reduced conduct problems, or reduced emotional distress
Low (1)	No standardised measures of the following: pupil outcomes, institutional outcomes, improved positive social behaviour, reduced conduct problems, or reduced emotional distress

Table D1

Weight of Evidence (WoE) C Ratings

Study	Intervention	Participants	Outcome	WoE C
Berry et al. (2016)	3	3	3	3 (High)
Kim et al. (2020)	2	3	3	2.7 (High)
Low et al. (2015)	3	2	3	2.7 (High)
Novak et al. (2017)	2	2	3	2.3 (Medium)
Shoshani & Slone (2017)	3	3	3	3 (High)

Note. <1.4 = Low, 1.5-2.4 = Medium, >2.5 = High

Appendix E: Sample *Welcome to Wellbeing* Lesson Plan (Forman, 2021a)

Lesson 7: It's OK to feel worried

Background Information

In this lesson, children talk about their worries and they learn that everyone has worries sometimes. They discuss how worry feels in their bodies and learn that it's OK to worry sometimes as it shows that we care and want things to be OK. They then discuss helpful ways to cope with their worries including talking to someone, using ***Slide breathing***, doing something fun to take our mind off the worry or standing tall like a mountain. Providing children with strategies to cope with their worries can lead to greater levels of self-efficacy and increased resilience. Anxious children may doubt their own ability to cope with anxiety, which leads to greater levels of anxiety. *(Carthy, Horesh, Apter, & Gross, 2010)*.

SPHE Strand: *Myself*

Strand Unit: Self-identity – Developing self-confidence

The child should be enabled to:

- *become more self-reliant and independent*
- *begin to learn to cope with various changes as they occur*

Strand Unit: Self-identity – Making decisions

The child should be enabled to:

- *identify some everyday choices made by himself/herself*

Strand Unit: Growing and changing – As I grow I change

The child should be enabled to:

- *recognise that the ability to take responsibility for himself/herself and others increases as he/she grows older*

Strand Unit: Growing and changing – Feelings and emotions

The child should be enabled to:

- *explore the variety of ways in which feelings are expressed and coped with*

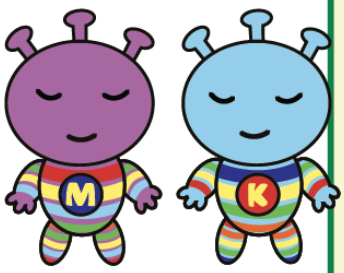
Learning Outcomes

Children should be able to:

1. Name occasions when they felt worried and identify how this felt in their body
2. Understand that it is OK to feel worried
3. Use a variety of skills and strategies to help them to cope with their worries

Introduction

- ***Body scan*** (optional) Script can be found on page 24
- Read the poem – ***Worries wriggle*** and allow the children to repeat and recite it along with you. Explain to them that we are now going to learn all about worry



Worries wriggle

Worries wriggle
inside me,
they grow and grow
and feel heavy.
They make me feel
like something's wrong,
so then I say,
'I'm brave and strong'.
I let the worries
float through me,
I breathe them out
and set them free.

Development

- Show and discuss the PowerPoint slides
- Explain the activities in the Pupil Book and allow the children time to complete them

Conclusion

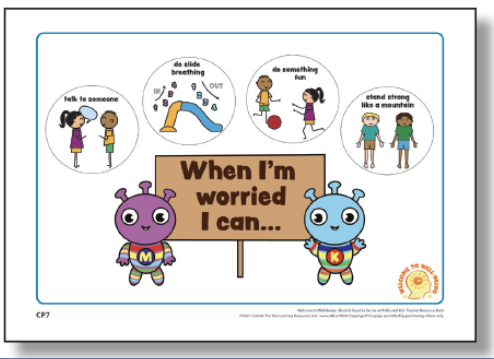
Read the poem ***Worries wriggle*** again and discuss it with the children. Ask them to say it with their family at home and to remember what they can do if they feel worried this week.

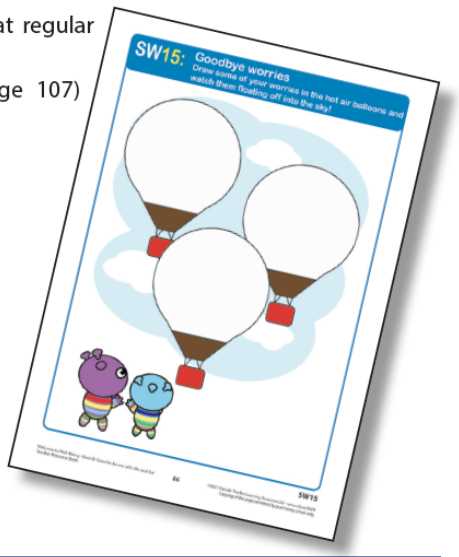
Homework Activity

Pupil Book, page 21: The parent/guardian/carer should read the poem with their child and affirm them by recognising all the reasons they are proud of them this week.

Suggested Supplementary Activities

- SW15, page 86 – ***Goodbye worries*** – Allow the children to draw some of their worries in the hot air balloon and imagine them floating away
- Recite the poem ***Worries wriggle*** with the children at regular intervals during the week
- Display and discuss the classroom poster (CP7, page 107) of Mo and Ko's challenge and talk about it every day





Appendix F: Ethics Application

MIREC-3 Rev. June 2021

MIREC-3
Research Ethics Committee

Research Ethics Application Form

FOR OFFICE USE ONLY: APPLICATION REFERENCE NUMBER: A21-054

A guide to completing this form can be found here

1. MIREC-3 is compatible with Windows running Adobe Acrobat. Compatibility with Apple Mac is not guaranteed.
2. This form must be completed using Adobe Acrobat Reader DC. For instructions on installing Adobe Acrobat Reader DC and adding Adobe Digital Signatures, please click here.
3. Complete all sections. Information provided must be comprehensible to non-experts.
4. Attach a copy of all relevant documentation to the application. All appendices should be submitted in one PDF with your MIREC 3 application form as a seperate PDF. Please submit Safeguarding forms and/or DPIAs as an additional separate PDF document
5. For Postgraduate Research Students (PGRs), the Supervisor must sign Section 1.16 of this form.

SECTION ONE: APPLICATION DETAILS

1.1	APPLICANT TYPE:	☐ Faculty/Staff ☑ PGR	
1.2	APPLICATION TYPE:	☐ New Application ☑ Resubmission	
1.3	If this application is a resubmission, please quote original application reference number: (e.g. A16-023)		N/A
1.4	PROJECT DURATION:	Proposed Start Date (Month, Year)	January 2022
		Anticipated Completion Date (Month, Year)	June 2023
1.5	PROJECT TITLE:	An Evaluation of the School Based Wellbeing Intervention Welcome to Wellbeing for Young Children	
1.6	FUNDING BODY (*if any*):	N/A	
1.7	NAME OF PRINCIPAL INVESTIGATOR:	Orla O' Callaghan	
1.8	OTHER INVESTIGATORS and AFFLIATIONS:	N/A	
1.9	MIC EMAIL ADDRESS:	[redacted]	
1.10	POSITION, DEPARTMENT & FACULTY *(PGRs should add Supervisor's Position, Department & Faculty)*:	Lecturer in Inclusive Methodologies Department of Reflective Pedagogy and Early Childhood Studies Faculty of Education	
1.11	ID NUMBER *(PGRs only)*:	[redacted]	
1.12	PROGRAMME OF STUDY *(PGRs only)*:	Professional Doctorate in Educational & Child Psychology	
1.13	NAME OF SUPERVISOR(s) *(PGRs only)*:	Fionnuala Tynan Lecturer in Inclusive Methodologies	

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NOTE: PGR Supervisors are responsible for reading this application fully in advance of its submission to MIREC.

They must ensure the form is filled in correctly and completely, and that all ethical considerations have been included.

1.14 **This application form is accurate to the best of my knowledge and I take full responsibility for it. I undertake to abide by the ethical principles set out in the MIREC guidelines. If approved, I undertake to adhere to the study protocols without deviation, and to comply with any conditions set out by MIREC. I undertake to request MIREC to sanction any changes in the protocol that may be required subsequent to this application receiving ethical clearance.**

I accept without reservation that it is my responsibility to ensure the implementation of the guidance of MIREC as described in MIREC-6.

☑ **Yes** ☐ **No**

1.15 SIGNATURE OF PRINCIPAL INVESTIGATOR: DATE:

Orla O' Callaghan Digitally signed by Orla O' Callaghan Date: 2022.03.16 22:08:49 Z

1.16 SIGNATURE OF CO-INVESTIGATOR(s): DATE:

1.17 SIGNATURE OF PGR SUPERVISOR(s) (*required if relevant*): DATE:

Fionnuala Tynan Digitally signed by Fionnuala Tynan Date: 2021.12.08 10:41:49 Z

Fionnuala Tynan Digitally signed by Fionnuala Tynan Date: 2022.03.23 20:22:12 Z

1.18 SIGNATURE OF HEAD OF DEPARTMENT or DEAN OF FACULTY (*as appropriate*): DATE:

SECTION TWO: DESCRIPTION OF RESEARCH STUDY

2.1 Purpose of research (300 words maximum).

This research will look at the universal school-based wellbeing intervention, Welcome to Wellbeing (Forman, 2021). This is a multi-year programme for children from junior infants to first class which is designed to be implemented as part of the Social Personal and Health Education (SPHE) curriculum (Forman, 2021). It was developed by Fiona Forman and is available to purchase through Outside the Box Learning Resources. Fiona Forman is aware of the Principal Investigator's intention to use this as part of Doctoral research and has reported her approval of same verbally and via email. This was chosen as there is no current research to support its efficacy level on pupil wellbeing. The Department of Education and Skills (2018, 2019) are placing a greater emphasis on wellbeing, as evidenced from wellbeing being the current school self-evaluation focus for schools. Thus, investigation into the impact of interventions is important. Furthermore, research on wellbeing interventions has looked at adults (e.g., Salces-Cubero et al., 2018), adolescents (e.g., Iyer & Iyer, 2019), and children over eight years old (e.g., Ruttledge et al., 2016) but the evidence for young children is lacking. Additionally, there is insufficient research with the voice of the child, with most studies presenting parent and/or teacher measures (Tobia et al., 2019). Including children in research enables them to have their thoughts and opinions heard and gives them an active part in the systems that impact them (McTavish et al., 2012).

There are three research questions: (1) 'Is the wellbeing intervention Welcome to Wellbeing effective at increasing aspects of young children's levels of wellbeing?' (2) 'What are pupils' and teachers' perceptions of the wellbeing intervention Welcome to Wellbeing?', and (3) 'What are the enablers and barriers to the effective implementation of the intervention in supporting all pupils?'.

2.2 Research methodology (300 words maximum).
This must describe in detail all interactions with research participants (focus groups / interviews / online surveys etc.)

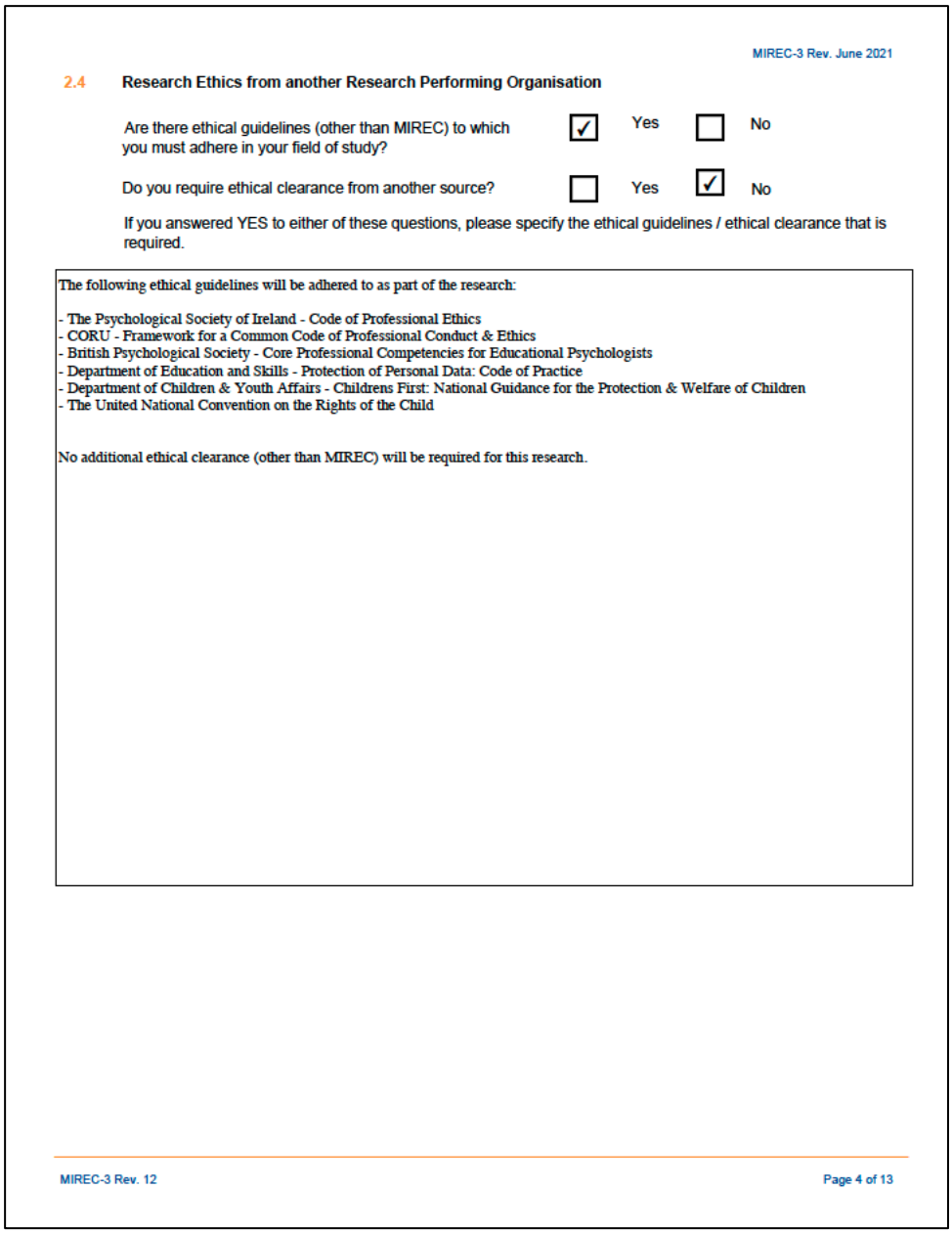
A mixed methods design will be used. Quantitatively, a randomized control trial design will allocate classes to either (a) Welcome to Wellbeing intervention or (b) treatment as usual control waitlist group. Qualitatively, focus-groups and interviews will be conducted with pupils and teachers. Without the use of human participants, these research questions could not be addressed. Quantitatively, a measure of the aspects of wellbeing of emotional regulation and resilience will be used and will be taken both pre-and post-intervention. These measures are the Emotional Regulation Questionnaire (Gross & John, 2003) and the Child and Youth Resilience Measure-Revised (Jefferies, McGarrigle & Ungar, 2018). Please see Appendix N for a copy of these measures. These will be completed individually with the pupils by the researcher. The researcher will read each item to the pupil, they will respond orally and the researcher will record the response. Some of the language or presentation of the scales will be adapted to ensure it is accessible by the pupils. Qualitative measures will be semi-structured interviews conducted with teachers and focus-groups with pupils. These will both be conducted post-intervention by the researcher on-site in their school. Digital voice recordings in addition to hand written notes will be used with permission from teachers, parents and children. Fidelity of implementation will also be completed to ensure adherence to the program, this will be teacher completed hard copy forms following each intervention session and 1-2 session observations conducted by the researcher. The hard copy fidelity forms will be given to the researcher post-intervention.

2.3 Sample questions.
Sample questions for interviews / focus groups should be included. You may attach a separate document as part of your appendices file if necessary.

Sample pupil focus group questions: Tell me about what you do in your SPHE classes. What do you think of SPHE? What did you think of Welcome to Wellbeing / Mo and Ko? What was your favourite part of it? What did you like about it? What was your least favourite part? What did you not like about it?

Sample teacher semi-structured interview questions: What did you think of the Welcome to Wellbeing program? How did you find the process of teaching the program? Did you find the program teacher friendly? How did you find the program linked with the SPHE curriculum? Did you find this program more useful than other SPHE programs you have used before?

See Appendix for additional questions.



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2.4 Research Ethics from another Research Performing Organisation

Are there ethical guidelines (other than MIREC) to which you must adhere in your field of study? ☑ Yes ☐ No

Do you require ethical clearance from another source? ☐ Yes ☑ No

If you answered YES to either of these questions, please specify the ethical guidelines / ethical clearance that is required.

The following ethical guidelines will be adhered to as part of the research:

- The Psychological Society of Ireland - Code of Professional Ethics
- CORU - Framework for a Common Code of Professional Conduct & Ethics
- British Psychological Society - Core Professional Competencies for Educational Psychologists
- Department of Education and Skills - Protection of Personal Data: Code of Practice
- Department of Children & Youth Affairs - Childrens First: National Guidance for the Protection & Welfare of Children
- The United National Convention on the Rights of the Child

No additional ethical clearance (other than MIREC) will be required for this research.

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SECTION THREE: RESEARCH PARTICIPANTS

3.1 Explain why the use of human participants is essential to your research project.

The study is looking at the impact of an intervention on the wellbeing of the participants. Without human participants, levels of wellbeing both pre and post intervention could not be ascertained. Therefore, the efficacy of the intervention on improving wellbeing could not be assessed without using human participants.

3.2 How many participants will be recruited? How will potential research participants be identified and selected?

Senior infant pupils (typical age range 5-7 years) attending mainstream primary schools and their teachers will be the participants of this study. Convenience sampling will be used as this is the most feasible in relation to time resources and ability to travel. Schools in the area will be contacted via email (see Appendices) to assess their interest in the study. A sample size of four classes overall will be used: two classes in each condition, resulting in approximately 108 pupils and 4 teachers in the overall sample. G*Power analysis calculations to allow for an effect size of .02 requires a sample of 84, which the proposed sample size allows for. When schools and classes for inclusion have been identified, information letters and consent forms (see Appendices) will be sent to the pupils' parents to invite them to participate. Additionally, an information sheet and assent form (see Appendices) will be given to pupils in the class. Inclusion criteria for pupils include being a pupil in a mainstream school who is enrolled in a senior infants class, whose parents have given informed consent and who has given informed assent. Inclusion criteria for teachers include being a teacher of a senior infants class in a mainstream school who has given informed consent and is willing to teach the Welcome to Wellbeing programme.

3.3 Does the proposed research necessitate the participation of your current students? ☐ Yes ☑ No

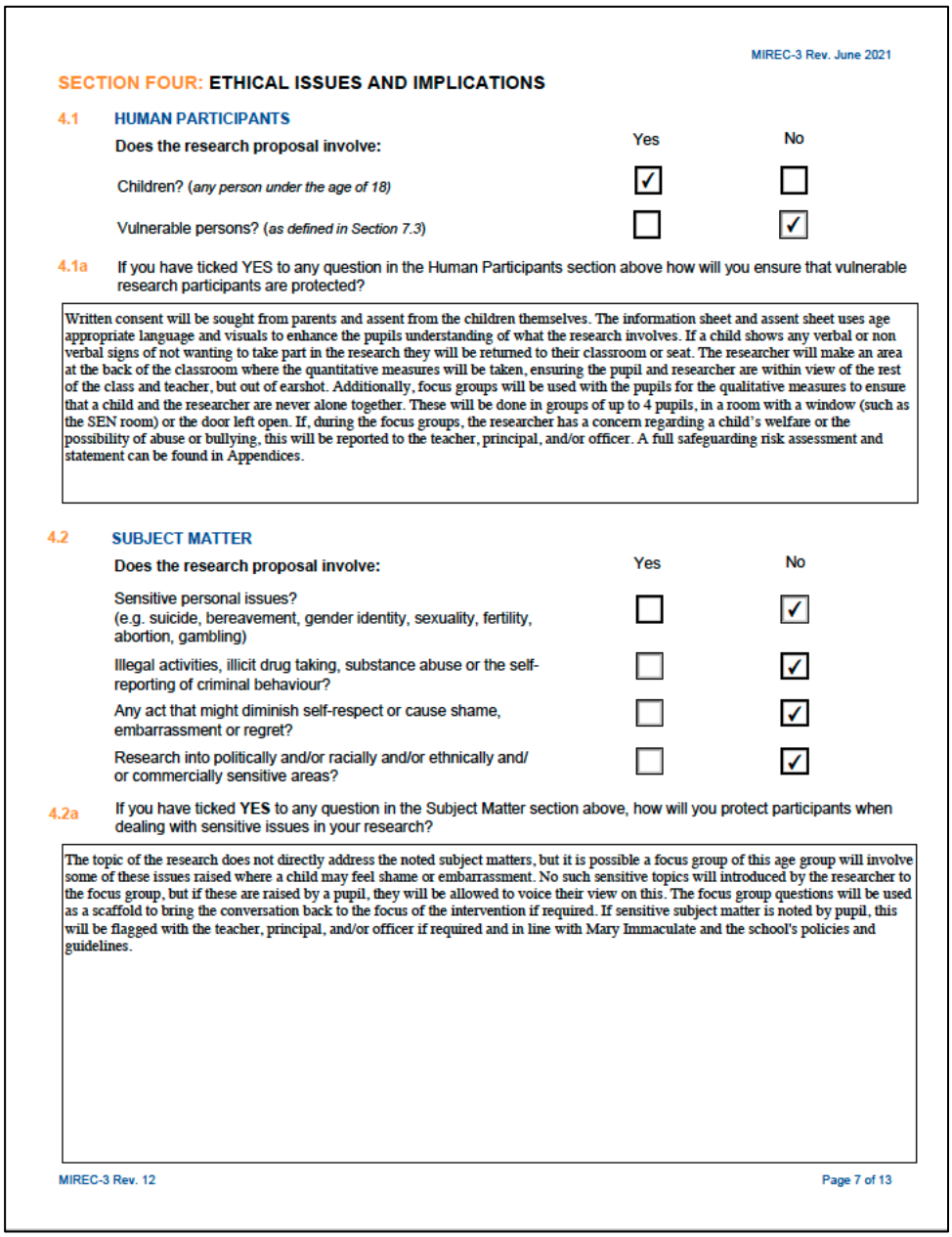
If you have indicated that the proposed research necessitates the participation of students that you teach, please provide:

- A rationale as to why it is necessary that students that you teach participate in the research.
- Details of the steps you will take to ensure that participation is voluntary and that participants may withdraw at any time without consequence or fear of consequence.

You must answer this question if you intend to recruit students that you teach as research participants

3.4 How do you plan to gain access to / contact / approach your potential participant(s)?
Please also indicate the location(s) of the project

Local mainstream primary schools will be contacted via emails (see Appendix). The email addresses of the schools will be sourced through the gov.ie school directory (https://www.gov.ie/en/directory/category/495b8a-schools/). When schools and classes for inclusion have been identified, information letters and consent forms (see Appendices) will be sent to the pupils' parents via their school to invite them to participate. This will avoid the researcher having the contact details or identifying information of the pupils and their parents. Additionally, an information sheet and assent form (see Appendices) will be given to pupils in the class and discussed with them by their teacher. The research will be conducted within the schools recruited. The information letters (see Appendices) will contain information regarding anonymity, right to withdraw, and voluntary participation. This will also be restated on the consent forms, and verbally in person at the beginning of each assessment. To take part in the intervention, the intervention classes will be provided with the Welcome to Wellbeing handbook required to implement the program. Control classes will be provided with a copy of the handbook at the end of the intervention and data collection phase and will access the program in the following term.



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SECTION FOUR: ETHICAL ISSUES AND IMPLICATIONS

4.1 HUMAN PARTICIPANTS

Does the research proposal involve:	Yes	No
Children? (*any person under the age of 18*)	☑	☐
Vulnerable persons? (*as defined in Section 7.3*)	☐	☑

4.1a If you have ticked YES to any question in the Human Participants section above how will you ensure that vulnerable research participants are protected?

Written consent will be sought from parents and assent from the children themselves. The information sheet and assent sheet uses age appropriate language and visuals to enhance the pupils understanding of what the research involves. If a child shows any verbal or non verbal signs of not wanting to take part in the research they will be returned to their classroom or seat. The researcher will make an area at the back of the classroom where the quantitative measures will be taken, ensuring the pupil and researcher are within view of the rest of the class and teacher, but out of earshot. Additionally, focus groups will be used with the pupils for the qualitative measures to ensure that a child and the researcher are never alone together. These will be done in groups of up to 4 pupils, in a room with a window (such as the SEN room) or the door left open. If, during the focus groups, the researcher has a concern regarding a child's welfare or the possibility of abuse or bullying, this will be reported to the teacher, principal, and/or officer. A full safeguarding risk assessment and statement can be found in Appendices.

4.2 SUBJECT MATTER

Does the research proposal involve:	Yes	No
Sensitive personal issues? (e.g. suicide, bereavement, gender identity, sexuality, fertility, abortion, gambling)	☐	☑
Illegal activities, illicit drug taking, substance abuse or the self-reporting of criminal behaviour?	☐	☑
Any act that might diminish self-respect or cause shame, embarrassment or regret?	☐	☑
Research into politically and/or racially and/or ethnically and/ or commercially sensitive areas?	☐	☑

4.2a If you have ticked **YES** to any question in the Subject Matter section above, how will you protect participants when dealing with sensitive issues in your research?

The topic of the research does not directly address the noted subject matters, but it is possible a focus group of this age group will involve some of these issues raised where a child may feel shame or embarrassment. No such sensitive topics will introduced by the researcher to the focus group, but if these are raised by a pupil, they will be allowed to voice their view on this. The focus group questions will be used as a scaffold to bring the conversation back to the focus of the intervention if required. If sensitive subject matter is noted by pupil, this will be flagged with the teacher, principal, and/or officer if required and in line with Mary Immaculate and the school's policies and guidelines.

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4.3 **RESEARCH PROCEDURES**

Does the research proposal involve:	Yes	No
Use of personal records without consent?	☐	☑
Deception of participants?	☐	☑
The offer of inducements or incentives to participate?	☐	☑
Audio or visual recording without consent?	☐	☑
Invasive physical interventions or treatments?	☐	☑
Research that might put researchers or participants at risk?	☐	☑
Reimbursement of participants?	☑	☐

4.3a If you have ticked **YES** to any question in the Research Procedures section above, how will you protect participants when dealing with sensitive procedures in your research?

All schools who participate will be provided with the Welcome to Wellbeing teacher handbook as this is required in order to implement the intervention. The current price of the handbook is 29.95 euro. The control group will receive this at the end of the intervention and data collection phase and the experimental group will receive it at the beginning of the intervention and data collection phase. Participants taking part will be informed that receiving this program handbook will not be linked to their reporting of outcomes in both the qualitative and quantitative measures.

There will be no reimbursement or incentives offered to parents or pupils.

4.4 **AREAS OTHER THAN HUMAN**

Does the research proposal involve:	Yes	No
Use of animals?	☐	☑
Military technology?	☐	☑
Hazardous biological materials?	☐	☑
Genetic modification?	☐	☑
Nuclear reaction?	☐	☑
Any field that may bring the College adverse attention?	☐	☑

4.4a If you answered **YES** to any of the questions in AREAS OTHER THAN HUMAN above, please specify why:

4.5 If you have ticked **YES** to any question in 4.3 (Research Procedures) and/or 4.4 (Areas Other Than Human), describe how you intend to comply with any established procedures which have been approved by MIREC for your research.

Schools will be informed that they will receive the program handbook, and that this will not be linked to their reporting of outcomes in either the qualitative and quantitative measures. Both experimental and control groups will receive the program handbook.

4.6 Foresight

This research is being conducted as part of my doctoral studies and it is not anticipated that I will change institution affiliation during the course of the project.

SECTION FIVE: INFORMATION, CONSENT AND CONFIDENTIALITY

5.1 INFORMATION LETTER FOR PARTICIPANTS

You must submit an Information Letter for participants with this application as part of your appendices.

Please confirm below that your information letter covers:	Yes	No
Description of the research topic and method	☑	☐
Details of what participation will involve	☑	☐
How collection and retention of sensitive personal information will be managed (*as relevant*)	☑	☐
Rights to anonymity	☑	☐
Rights to withdraw from the research	☑	☐
Contact details of the Principal Investigator, Supervisor and MIREC Administrator	☑	☐

5.2 CONSENT

Informed consent is required for all human participant research. Signed consent is not required for online surveys since completing the survey implies consent of participants. In all other research, a signed consent form is required.

Please indicate below if your research requires a signed consent form

☑ **YES,** my research requires signed consent and I have attached a completed consent form in the appendices of my application

☐ **NO**, my research study involves an online survey only and does not require signed consent

5.3 HOW WILL YOU ENSURE THAT INFORMED CONSENT IS FREELY GIVEN BY PARTICIPANTS?

The principal will receive an information sheet and consent form from the researcher via email. S/he will be given a week to complete and return. Then, all parents and teachers will get a hard copy information sheets via their school. Consent will be sought one week later. Then, the pupil information sheet will be provided to pupils with parental consent by their teachers and assent will be sought. The teacher will read out the information and assent sheet to the pupils and answer any questions, with assistance from the researcher if required. All forms will be written in accessible language, and they will retain their copy for future reference. Pupil forms will also incorporate visuals to enhance understanding. Teachers will be asked to inform the researcher if any pupils/parents are unable to speak or read English and translated versions of the forms will be produced in a language that is accessible to them. All participants are free to withdraw from the study at any stage if they display verbal or non-verbal signs (e.g., not responding, visual discomfort, crying) of not wanting to take part. If a participant decides to withdraw, all related data will be destroyed, hard copies shredded, and soft copies permanently deleted.

5.4 ANONYMITY AND CONFIDENTIALITY

What arrangements have you made for anonymity or confidentiality (*where appropriate)*?

Only data relevant to the research will be collected. Classes will be labelled as either Experimental (Y) or Control (Z) and each student will be assigned a number as part of this, that is Y1, Y2, Z1, Z2, etc. A password protected document with the name of each participant and their code will be kept in a password protected file on the researcher's laptop. All other documents will use only the participant's code. Participants personal or identifying information will not be disclosed at any stage and the confidentiality of the participants will be maintained at all times. The participant data will be retained only for the duration of the research. Hard copies will be kept in a locked filing cabinet in a secure location and soft files will be kept in a password secured folder on a password protected laptop. Only the researcher will have access to the password and key for these. Following the completion of the research (after the write up and PGR's VIVA) all soft and hard copies of the data will be destroyed, that is shredded and/or permanently deleted. If a participant requests a copy of their personal information, they will be given a copy of all data that has been collected on them up to that point and an explanation of what it is within 30 days. If a participant feels any of the data is incorrect, a correction will be made immediately. Any breach of personal data will be reported to the MIC data protection officer.

SECTION SIX: MANAGEMENT OF RESEARCH MATERIALS

6.1 COMPLIANCE WITH THE GENERAL DATA PROTECTION REGULATION (GDPR)

If your proposed research will entail collection (and retention, whether temporary* or permanent) of third-party personal data as a primary source, you are required to adhere to the GDPR and the data protection legislation of any state within the European Economic Area (EEA) where the data is collected and/or stored (e.g. the Irish Data Protection Act, 2018). Adherence to the GDPR will continue to obtain if data collected within the EEA is transferred to external jurisdictions and made accessible there.

Please confirm whether or not your proposed research will require you to comply with the GDPR and Data Protection Act (2018) ☑ **Yes** ☐ **No**

***Note:** Once your research activity results in the anonymisation of raw data and/or secure and complete destruction of raw data sets that contain sensitive personal information, the GDPR and Data Protection Act (2018) will cease to pertain. A definition of anonymisation & pseudonymisation under the GDPR can be found here.

6.2 DATA PROTECTION IMPACT ASSESSMENT (DPIA)

In some circumstances, collection and retention of third-party personal information legally requires prior completion of a DPIA.

According to Article 35 of the GDPR, *"(w)here a type of processing, in particular using new technologies, and taking into account the nature, scope, context and purposes of the processing, is likely to result in a high risk to the rights and freedoms of natural persons, the controller shall, prior to the processing, carry out an assessment of the impact of the envisaged processing operations on the protection of personal data."*

As a rule of thumb, this applies to research where collection and retention of sensitive personal information, especially where collection methodologies include usage of media where risk of data loss are comparatively high. While personal information includes units of data such as name, address or gender, sensitive personal information may include health or economic status, stated value preferences, political opinions, personal data revealing racial or ethnic origin etc., which can be readily associated with identifiable individuals. The important thing to remember is that identifiable personal information belongs to the data subject (research subject / respondent / informant) and not to the researcher or research funder. For this reason, it is advisable to conduct a DPIA for any research project involving the collection of personal data and this should be strongly considered in the case of research with children (those under 18 years) and/ or vulnerable people.

In order to gather data for your proposed research, are you required to carry out a DPIA? ☑ **Yes** ☐ **No**

If you require to conduct a DPIA you must include a Research DPIA Assessment with your MIREC application. The Research DPIA guidance document, checklist and template can be accessed here.

You may wish to contact dataprotection@mic.ul.ie for assistance

6.3 MINIMAL STANDARDS OF RESEARCH MATERIALS MANAGEMENT

Minimal standards of information management apply to proper research practice, whether this is for the purpose of data preservation and archiving or to act in good faith in the soliciting of primary sources.

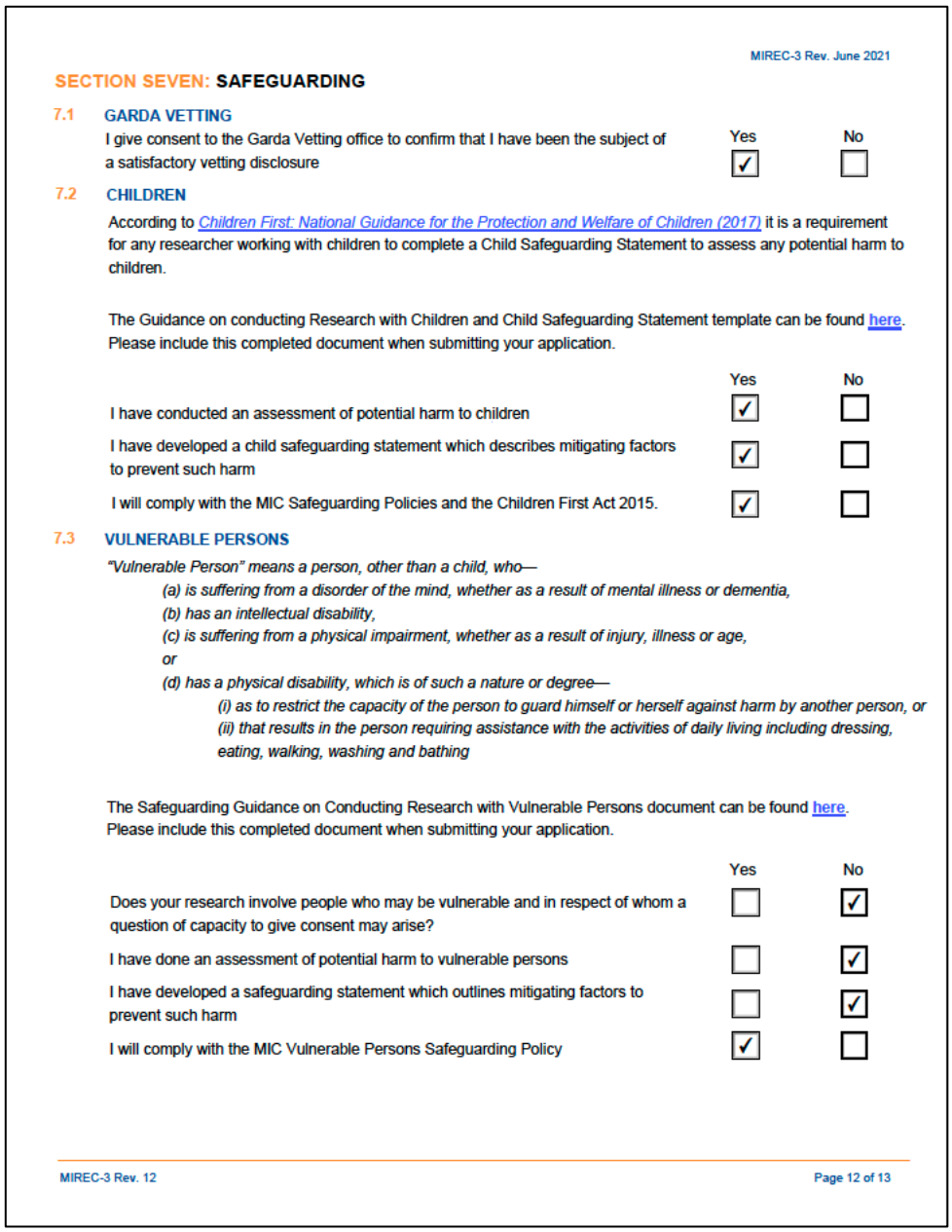
Consideration should be given to the following:

- How do you propose to store / retrieve the information?
- Who will have custody of, and access to, the data?
- How will you manage retention / archival issues?

6.4 DECLARATION

Statutory compliance requirements and good practice standards in the management of information are incorporated within relevant College policies and those conducting research are expected to adhere to these policies

I have read the MIC Record Retention Schedule and the MIC Data Protection Policy & Procedures and I have made arrangements to comply by them. **Yes** ☑ **No** ☐



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SECTION SEVEN: SAFEGUARDING

7.1 GARDA VETTING

	Yes	No
I give consent to the Garda Vetting office to confirm that I have been the subject of a satisfactory vetting disclosure	☑	☐

7.2 CHILDREN

According to *Children First: National Guidance for the Protection and Welfare of Children (2017)* it is a requirement for any researcher working with children to complete a Child Safeguarding Statement to assess any potential harm to children.

The Guidance on conducting Research with Children and Child Safeguarding Statement template can be found here. Please include this completed document when submitting your application.

	Yes	No
I have conducted an assessment of potential harm to children	☑	☐
I have developed a child safeguarding statement which describes mitigating factors to prevent such harm	☑	☐
I will comply with the MIC Safeguarding Policies and the Children First Act 2015.	☑	☐

7.3 VULNERABLE PERSONS

"Vulnerable Person" means a person, other than a child, who—

(a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
(b) has an intellectual disability,
(c) is suffering from a physical impairment, whether as a result of injury, illness or age,
or
(d) has a physical disability, which is of such a nature or degree—
(i) as to restrict the capacity of the person to guard himself or herself against harm by another person, or
(ii) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing

The Safeguarding Guidance on Conducting Research with Vulnerable Persons document can be found here. Please include this completed document when submitting your application.

	Yes	No
Does your research involve people who may be vulnerable and in respect of whom a question of capacity to give consent may arise?	☐	☑
I have done an assessment of potential harm to vulnerable persons	☐	☑
I have developed a safeguarding statement which outlines mitigating factors to prevent such harm	☐	☑
I will comply with the MIC Vulnerable Persons Safeguarding Policy	☑	☐

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SECTION EIGHT: DOCUMENT CHECKLIST

NOTE: Applicants must create a single electronic PDF document of all appendices. Multiple appendix files will not be accepted. Safeguarding forms & DPIAs should be submitted as separate PDF attachments.

Which documents are attached? Please tick N/A if not applicable:		Yes	N/A
8.1	Information Sheet for Participants	☑	☐
8.2	Consent form for participants	☑	☐
8.3	Information sheet for parents / guardians	☑	☐
8.4	Consent form for parents / guardians	☑	☐
8.5	Institutional Permission Request to conduct research	☑	☐
8.6	Questions / survey for interviewees / focus groups etc.	☑	☐
8.7	Recruitment letter / email / poster	☑	☐
8.8	Child Safeguarding Statement	☑	☐
8.9	Vulnerable Persons Safeguarding Statement	☐	☑
8.10	Data Privacy Impact Assessment (DPIA)	☑	☐
8.11	Other document(s) - please specify below:	☐	☑

WHERE TO SUBMIT

All applications including appendices MUST be submitted in electronic copy to the MIREC Administrator at mirec@mic.ul.ie

The deadline for MIREC applications is 5pm on the first Friday of each month.

Appendix G: School Information Sheet

Information Sheet

Dear Principal,

Thank you for your interest in taking part in the research study *An Evaluation of the School-based Wellbeing Intervention Welcome to Wellbeing for Young Children.* Orla O' Callaghan, a trainee child and educational psychologist, is undertaking this research under the supervision of lecturer Dr Fionnuala Tynan in Mary Immaculate College. This research is being done to meet the requirements of Orla's doctoral studies and the outcomes, without any identifying information, may be presented in conferences or published in journal articles.

Your senior infants class taking part will be allocated to either an experimental group, who teach the *Welcome to Wellbeing* programme as part of their SPHE lesson, or a control group who continue teaching SPHE as usual but would teach the programme after data has been collected. All pupils in the experimental group classes will be taught the *Welcome to Wellbeing* programme as part of their SPHE class, but only those pupils who agree to take part in the study will be involved in the data collection, described below. A programme manual will be provided to schools taking part in the study, either at the beginning (for experimental groups) or at the end (for control groups).

Pupils will be asked to complete a short questionnaire at the beginning and end of the study, approximately 10 weeks apart. The researcher will read out the questions and record the pupil's response for each one. This will take 5-10 minutes per pupil and will be done in a private space at the back of the classroom, in view of the rest of the class but without others being able to hear the pupil's responses. Additionally, focus groups will also be held with

some of the pupils for 15-20 minutes to hear their lived experience of the programme or SPHE. Semi-structured interviews will also be conducted with the teachers to get their feedback and insight on it. These will all take place in the school setting. Children will either be supervised by a school staff member or be part of a group of pupils in a room with an open door and will not be exposed to any risks. Potential benefits of taking part include the application of this programme, either immediately or following the 10-weeks, which may increase the pupils' levels of wellbeing and provide a new means of delivering SPHE.

Should you wish to withdraw from the study at any stage, you can do so without any impact. To do so, you can contact Orla O' Callaghan at [redacted] requesting to no longer be part of the study.

Confidentiality will be kept at all times and participants will remain anonymous. Pupils and teachers will be given an anonymised code (e.g., X1, Z7, Y5) which will be used on all documentation, both electronic and hard copy, related to them. A password protected document tracking this coding will be kept on a password protected laptop, which only the researcher will have access to. All data, including voice recordings and transcripts, will be stored securely, and destroyed following completion of the research.

If you would like more information or have any questions regarding the study, please contact Orla O' Callaghan at [redacted]. This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference number: A21-054). If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Appendix H: School Consent Form

Consent Form: An Evaluation of the School-based Wellbeing Intervention *Welcome to Wellbeing* for Young Children

1. I have read and understand the information sheet.

2. I understand what the project is about, and what the results will be used for.

3. I am fully aware of all of the procedures involving myself, and of any risks and benefits associated with the study.

4. I know that the school's participation is voluntary and that I can withdraw from the project at any stage without giving any reason.

5. I am aware that the results will be kept anonymised.

6. I willingly agree to take part in this study. I agree to teach the *Welcome to Wellbeing* programme either immediately (if in the intervention group) or after the final data collection (if in the control group).

_____	_____
Name of Principal	Name of Researcher
_____	_____
Signature of Principal	Signature of Researcher
_____	_____
Date	Date

---

7. I agree for digital audio recording to be taken for participants, with their consent.

_____	_____
Name of Principal	Name of Researcher
_____	_____
Signature of Principal	Signature of Researcher
_____	_____
Date	Date

Appendix I: Teacher Information Sheet

Information Sheet

Dear Teacher,

You are invited to take part in a research study *An Evaluation of the School-based Wellbeing Intervention Welcome to Wellbeing for Young Children*. Orla O' Callaghan, a trainee child and educational psychologist, is undertaking this research under the supervision of lecturer Dr Fionnuala Tynan in Mary Immaculate College. This research is being done to meet the requirements of Orla's doctoral studies and the outcomes, without any identifying information, may be presented in conferences or published in journal articles.

We are becoming more and more aware of the importance of supporting pupil wellbeing in schools, with this being the focus of the Department of Education's self-evaluation. Targeting pupil wellbeing can lead to many positive outcomes, including higher levels of resilience, happiness, and academic achievement. *Welcome to Wellbeing* is a programme developed in Ireland by Fiona Forman to help increase levels of wellbeing, particularly emotional regulation, resilience, and self-efficacy. The programme provides 10 lesson plans to be delivered during SPHE and targets the core SPHE strand units. It is a 3-level programme developed for pupils in junior infants to first class, with senior infants classes being the focus of this research study.

Senior infants classes taking part will be allocated to either an experimental group, where you will teach the *Welcome to Wellbeing* programme as part of their SPHE lesson, or a control group where you will continue teaching SPHE as usual but would teach the programme after data has been collected. All pupils in the experimental group classes will be taught the *Welcome to Wellbeing* programme as part of their SPHE class, but only those

pupils who agree to take part in the study will be involved in the data collection, described below. A programme manual will be provided to you, either at the beginning (for experimental groups) or at the end (for control groups).

Pupils will be asked to complete a short questionnaire at the beginning and end of the study, approximately 10 weeks apart. The researcher will read out the questions and record the pupil's response for each one. This will take 5-10 minutes per pupil and will be done in a private space at the back of your classroom, in view of the rest of the class but without others being able to hear the pupil's responses. Additionally, focus groups will be held with some of the pupils for 15-20 minutes to hear their lived experience of the programme or SPHE. Semi-structured interviews will also be conducted with you to get your feedback and insight on it. These will all take place in the school setting. Children will either be supervised by a school staff member or be part of a group of pupils in a room with an open door and will not be exposed to any risks. Potential benefits of taking part include the application of this programme, either immediately or following the 10-weeks, which may increase the pupils' levels of wellbeing and provide a new means of delivering SPHE.

Should you wish to withdraw from the study at any stage, you can do so without any impact. To do so, you can contact Orla O' Callaghan at [redacted] requesting to no longer be part of the study.

Confidentiality will be kept at all times and participants will remain anonymous. Pupils and teachers will be given an anonymised code (e.g., X1, Z7, Y5) which will be used on all documentation, both electronic and hard copy, related to them. A password protected document tracking this coding will be kept on a password protected laptop, which only the researcher will have access to. All data, including voice recordings and transcripts, will be stored securely, and destroyed following completion of the research.

If you would like more information or have any questions regarding the study, please contact Orla O' Callaghan at [redacted] This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference number: A21-054). If you have any concerns about this study and wish

to contact an independent authority, you may contact: Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Appendix J: Teacher Consent Form

Consent Form: An Evaluation of the School-based Wellbeing Intervention *Welcome to Wellbeing* for Young Children

1. I have read and understand the participant information sheet.

2. I understand what the project is about, and what the results will be used for.

3. I am fully aware of all of the procedures involving myself, and of any risks and benefits associated with the study.

4. I know that my participation is voluntary and that I can withdraw from the project at any stage without giving any reason.

5. I am aware that the results will be kept anonymised.

6. I willingly agree to take part in this study. I agree to teach the *Welcome to Wellbeing* programme either immediately (if in the intervention group) or after the final data collection (if in the control group).

_____	_____
Name of Teacher	Name of Researcher
_____	_____
Signature of Teacher	Signature of Researcher
_____	_____
Date	Date

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7. I agree for digital audio recording to be taken of me.

_____	_____
Name of Teacher	Name of Researcher
_____	_____
Signature of Teacher	Signature of Researcher
_____	_____
Date	Date

Appendix K: Parent Information Sheet

Information Sheet

Dear Parent,

Your child is invited to take part in a research study *An Evaluation of the School-based Wellbeing Intervention Welcome to Wellbeing for Young Children.* Orla O' Callaghan, a trainee child and educational psychologist, is undertaking this research under the supervision of lecturer Dr Fionnuala Tynan in Mary Immaculate College. This research is being done to meet the requirements of Orla's doctoral studies and the outcomes, without any identifying information, may be presented in conferences or published in journal articles.

We are becoming more and more aware of the importance of supporting pupil wellbeing in schools. Targeting pupil wellbeing can lead to many positive outcomes, including higher levels of resilience, happiness, and academic achievement. There are now also many wellbeing intervention programmes, which are often taught through Social Personal and Health Education (SPHE) in schools. This study will look at one of these interventions for senior infants pupils.

Classes taking part will be allocated to either an experimental group, who will be taught a wellbeing programme developed by Fiona Forman as part of their SPHE lesson, or a control group who continue teaching SPHE as usual but will have the wellbeing programme taught after data has been collected. Your child does not have to take part if you do not want them to. All pupils in the experimental group classes will be taught the programme as part of their SPHE class, but only those pupils who agree to take part in the study will be involved in the data collection, described below. If your child is in the control group, their teacher will be given a copy of the programme that they can then teach after this research and data

collection has been taken. The researcher will provide the same level of guidance and support to this control group as was given to the intervention group.
If you agree for your child to take part, they will be asked to complete a short questionnaire at the beginning and end of the study, approximately 10 weeks apart. The researcher will read out the questions and record your child's response for each one. This will take 5-10 minutes and will be done in a private space at the back of the classroom, in view of the rest of the class but without others being able to hear the pupil's responses. Additionally, focus groups will also be held with some of the pupils for 15-20 minutes to hear their experience of the programme or SPHE. Semi-structured interviews will also be conducted with your child's teacher to get their feedback and insight. These will all take place in the school setting. Your child will be supervised by a school staff member at all times and will not be exposed to any risks. Potential benefits of taking part include engaging in this programme, either immediately or following the 10-weeks, which may increase your child's levels of wellbeing and provide their teacher with a new means of delivering SPHE.

Should you wish to withdraw your child from the study at any stage, you can do so without any impact. To do so, you can contact Orla O' Callaghan at [redacted] requesting to no longer be part of the study.

Confidentiality will be kept at all times and participants will remain anonymous. Your child will be given an anonymised code (e.g., X1, Z7, Y5) which will be used on all documentation, both electronic and hard copy, related to them. A password protected document tracking this coding will be kept on a password protected laptop, which only the researcher will have access to. All data, including voice recordings and transcripts, will be stored securely, and destroyed following completion of the research.

If you would like more information or have any questions regarding the study, please contact, trainee psychologist, Orla O' Callaghan at [redacted] This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference number: A21-054). If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Collins,

MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Appendix L: Parent Consent Form

Consent Form: An Evaluation of the School-based Wellbeing Intervention *Welcome to Wellbeing* for Young Children

1. I have read and understand the parent information sheet.

2. I understand what the project is about, and what the results will be used for.

3. I am fully aware of all of the procedures to be undertaken should my child be involved.

4. I know that my child's participation is voluntary and that I can withdraw my child from the project at any stage without giving any reason, and that my child can withdraw themselves at any stage.

5. I am aware that the results will be kept anonymised and my child will not be identified.

6. I willingly agree for my child to take part in this study.

_____	_____
Name of Parent/Guardian	Name of Researcher
_____	_____
Signature of Parent/Guardian	Signature of Researcher
_____	_____
Date	Date

---

7. I agree for digital audio recording to be taken of my child, if relevant.

_____	_____
Name of Parent/Guardian	Name of Researcher
_____	_____
Signature of Parent/Guardian	Signature of Researcher
_____	_____
Date	Date

Appendix M: Pupil Information Sheet

This is Orla. She wants to see what you think about SPHE lessons.

In school, we sometimes learn about ourselves, our feelings, and what to do when we feel angry or sad. This is sometimes called 'wellbeing'. Your teacher will teach you about this in class. Orla wants to know what you think about this.

(https://smartprimaryed.files.wordpress.com/2015/11/screen-shot-2015-11-15-at-4-47-40-pm.png)

Orla is going to come to your classroom and ask you some questions, if you would like to talk to her. She will come again a few weeks later and ask you some more questions, if you would like. There are no right or wrong answers. She might also ask you to come to talk about the lessons with some friends.

(https://www.istockphoto.com/vector/teacher-working-and-talk-with-student-gm626302918-110534885)

Orla will not tell anyone else your answers or what you have said in the group unless you tell her something that affects your safety. She will not use your name if she is telling other people about what she learned. If you don't want to take part, you don't have to. You will still do SPHE lessons at school, but you will not have to answer any questions. You can change your mind at any time and that is okay, just tell your teacher, your parent or guardian, or Orla.

(https://www.istockphoto.com/vector/african-american-mom-and-dad-embracing-their-child-and-talking-to-him-concept-of-gm940436560-257087126)

If you have any questions, you can ask your teacher, parents or guardians, or Orla.

If you would like to talk to Orla about your SPHE lessons, your parents or guardians can fill in a form. If you give it to your teacher, s/he will pass it on to Orla.

This research study has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (Reference Number:).If you have any concerns about this study and wish to contact an independent authority, you may contact: Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Appendix N: Pupil Assent Form

1. My teacher told me what Orla would like to do for her project.

(http://www.istockphoto.com/vector/woman-teacher-with-glasses-and-pointer-gm545981906-98524045)

2. I know Orla wants to ask me questions about SPHE.

(https://www.istockphoto.com/vector/teacher-working-and-talk-with-student-gm626302918-110534885)

3. I know I can change my mind at any time.

(https://www.istockphoto.com/vector/african-american-mom-and-dad-embracing-their-child-and-talking-to-him-concept-of-gm940436560-257087126)

5. I know Orla will keep what I say private unless it affects my safety.

6. I know I don't have to take part unless I want to.

7. I know if I get tired or bored I can go back to my seat.

Yes

No

(https://www.shutterstock.com/image-vector/green-check-mark-icon-tick-symbol-1750040549)

(http://istockphoto.com/vector/red-x-cross-mark-icon-cancel-flat-symbol-in-circle-for-website-vector-eps10-gm1160272409-

_____ _____ _____

Name of Researcher Signature of Researcher Date

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7. I am happy for Orla to record what I say in group.

(https://www.shutterstock.com/image-vector/vintage-microphone-icon-isolated-on-1254693307)

Yes

No

(https://www.shutterstock.com/image-vector/green-check-mark-icon-tick-symbol-1750040549)

(http://istockphoto.com/vector/red-x-cross-mark-icon-cancel-flat-symbol-in-circle-for-website-vector-eps10-gm1160272409-

_____ _____ _____

Name of Researcher Signature of Researcher Date

Appendix O: Adapted Measure

Resilience & Emotional Regulation Measures

1. You share with others
2. Doing well in school is important to you
3. You act differently at home than you do at school
4. Other children like to play with you
5. You have friends that care about you
6. You feel you belong with others in your class
7. Your friends care about you when you're having a tough time, like if you're sick
8. You are treated the same as everyone else in your class
9. You have chances to show others that you can do things by yourself
10. You have chances to learn things at school that you'll be able to use when you are older

11. You need help to calm down when you're upset
12. Your feelings feel too big to manage
13. If you're feeling upset, you're able to calm yourself down

Appendix P: Child and Youth Resilience Measure-Revised (Jefferies et al., 2018)

Resilience Research Centre | DALHOUSIE UNIVERSITY

Child & Youth Resilience Measure-Revised (CYRM-R)

CYRM-R (child)

Please choose one answer for each question.
There are no right or wrong answers.

		No [1]	Sometimes [2]	Yes [3]
1	Do you share with people around you?	☺	☺	☺
2	Is doing well in school important to you?	☺	☺	☺
3	Do you know how to behave/act in different situations (such as school, home, holy places)?	☺	☺	☺
4	Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?	☺	☺	☺
5	Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?	☺	☺	☺
6	Is there enough to eat in your home when you are hungry?	☺	☺	☺
7	Do other children like to play with you?	☺	☺	☺
8	Do you talk to your family/caregiver(s) about how you feel (for example when you are hurt or feeling scared)?	☺	☺	☺
9	Do you have friends that care about you?	☺	☺	☺
10	Do you feel you fit in with other children?	☺	☺	☺
11	Do you think your family/caregiver(s) cares about you when times are hard (for example, if you are sick or have done something wrong)?	☺	☺	☺
12	Do you think your friends care about you when times are hard (for example if you are sick or have done something wrong)?	☺	☺	☺
13	Are you treated fairly?	☺	☺	☺
14	Do you have chances to show others that you are growing up and can do things by yourself?	☺	☺	☺
15	Do you feel safe when you are with your family/caregiver(s)?	☺	☺	☺
16	Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?	☺	☺	☺
17	Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?	☺	☺	☺

For administration instructions and scoring, please refer to the accompanying manual.

When using the measure, please cite the following:

Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved from http://www.resilienceresearch.org/

Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24. https://doi.org/10.1080/23761407.2018.1548403

Appendix Q: Emotion Regulation Questionnaire for Children and Adolescents (Gullone et al., 2010; Gullone & Taffe, 2012)

ERQ-CA

Below are a number of statements. Please read each statement, and then **circle** the **choice that seems most true for you**. Some of the statements may seem the same but they are different in important ways, so be sure to read carefully.

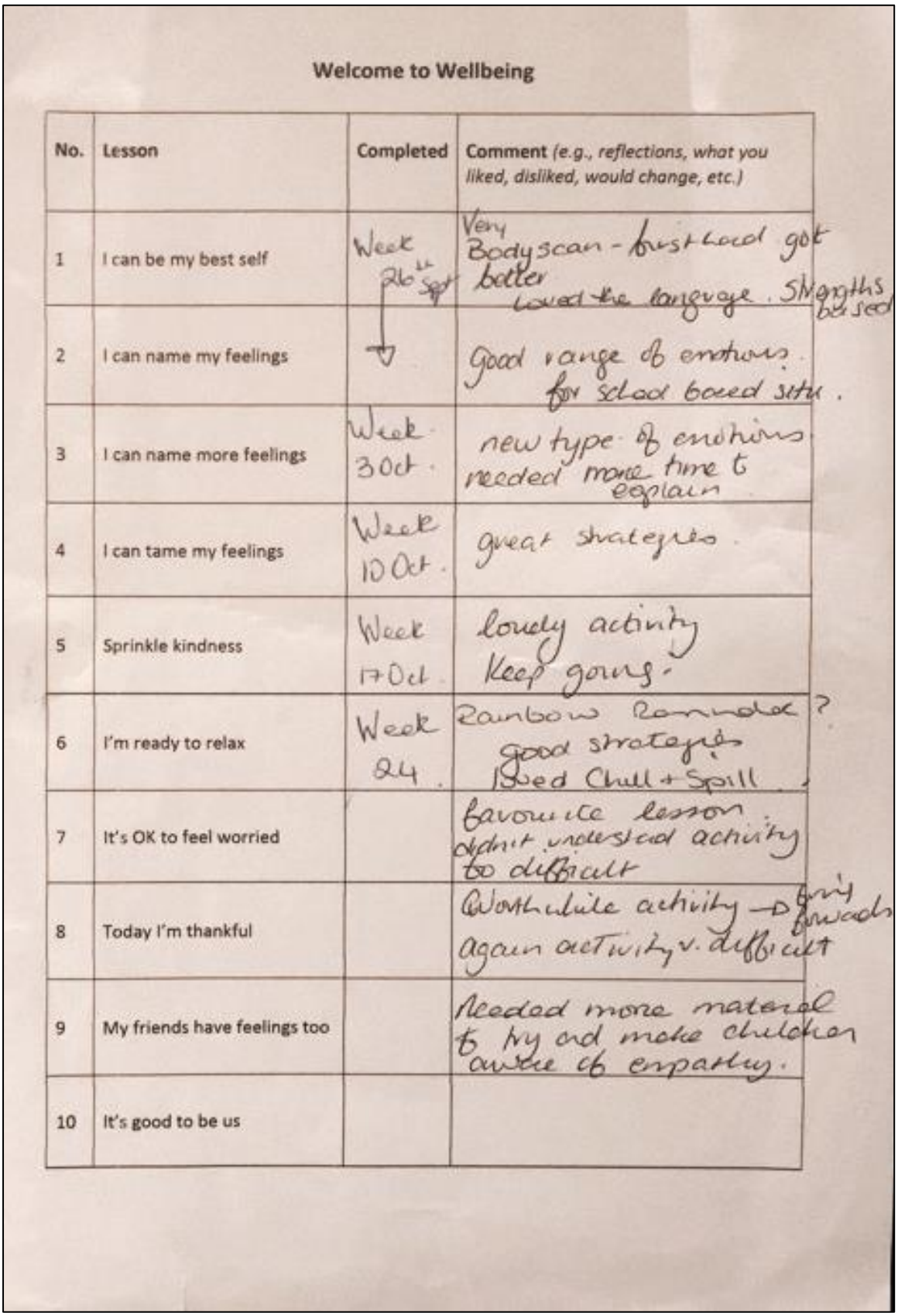
1. When I want to feel happier, I think about something different.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
2. I keep my feelings to myself	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
3. When I want to feel less bad (e.g., sad, angry or worried), I think about something different.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
4. When I am feeling happy, I am careful not to show it.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
5. When I'm worried about something, I make myself think about it in a way that helps me feel better.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
6. I control my feelings by not showing them	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
7. When I want to feel happier about something, I change the way I'm thinking about it.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
8. I control my feelings about things by changing the way I think about them.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
9. When I'm feeling bad (e.g., sad, angry, or worried), I'm careful not to show it.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree
10. When I want to feel less bad (e.g., sad, angry, or worried) about something, I change the way I'm thinking about it.	Strongly Disagree	Disagree	Half and half	Agree	Strongly Agree

Appendix R: Visual Scale

Response Scale = Yes, a lot – Maybe/Sometimes – No, not at all

(https://www.dreamstime.com/finger-hand-up-down-straight-thumbs-icon-flat-style-positive-negative-feedback-customers-good-bad-gestures-isolated-image113360080)

Appendix S: Sample Tracking Log



Welcome to Wellbeing

No.	Lesson	Completed	Comment *(e.g., reflections, what you liked, disliked, would change, etc.)*
1	I can be my best self	Week 26th Sept	Very Body scan - first used got better loved the language. Strengths based
2	I can name my feelings	↓	Good range of emotions for school based situ.
3	I can name more feelings	Week 30th Oct.	new type of emotions needed more time to explain
4	I can tame my feelings	Week 10 Oct.	great strategies.
5	Sprinkle kindness	Week 17 Oct.	lovely activity Keep going.
6	I'm ready to relax	Week 24.	Rainbow Reminder? good strategies Used Chill + Spill.
7	It's OK to feel worried		favourite lesson didn't understand activity to difficult
8	Today I'm thankful		Worthwhile activity → Going forwards again activity v. difficult
9	My friends have feelings too		Needed more material to try and make children aware of empathy.
10	It's good to be us		

Appendix T: Sample Focus Group Questions

Pupil Focus Group Guiding Questions

I want you to draw a picture about what you think Mo and Ko and we're going to have a chat while you're doing that.

Overall experience of *Welcome to Wellbeing*

- What did you think of Mo and Ko?
- What was your favourite part of it? What did you like about it? What would you like to do more of with Mo and Ko?
- What was your least favourite part? What did you not like about it? What would you like to do less of with Mo and Ko? What would you ask your teacher to do differently?

Impact on Wellbeing

- What did you learn from Mo and Ko? What would you like to learn more about?
- Do you feel any different after the lessons with Mo and Ko?
- What did you learn about your feelings in the lessons with Mo and Ko?
- What did Mo and Ko say you can do if you feel sad, upset or angry?

Possible follow up questions
Tell me more about that.
What was that like for you?
Can you think of a time that you did/used that?
Why was that good/bad?

Appendix U: Sample Semi-structured Interview Questions

Teacher Interview Guiding Questions

Overall experience of *Welcome to Wellbeing*

- What did you think of the *Welcome to Wellbeing* programme?
- How did you find the process of teaching the programme?
- Did you find the programme teacher friendly?

Impact on Wellbeing

- Do you see any changes in the pupils since teaching the programme?
- If yes, what differences do you see in the pupils?
- Do you think the programme influences the pupils resilience or emotional regulation, the way they manage their emotions?

Application

- How did you find the programme linked with the SPHE curriculum?
- Did you find this programme more useful than other SPHE programmes you have used before?
- Do you think it fits into any other areas of the curriculum outside of SPHE?
- What did you like about the programme?
- What changes would you make to the programme? What did you not like about it?

Overall Impact

- Do you think this programme should be used in schools?
- Would you use this programme again in the future?

Possible follow up questions
Tell me more about that.
What was that like for you?
Can you think of a time that you did/used that?
Why was that good/bad?

Appendix V: Fidelity Checklist

Welcome to Wellbeing Fidelity Check

Time & Date:
Length of lesson:
Class / Teacher:

Did the teacher:		**Yes**	**No**	**Area**
1	Complete a body scan			S1
2	Read the poem			S2
3	Use the PowerPoint			S3
4	Use the PowerPoint script			S4
5	Hold a discussion			S5
6	Watch related videos/links			S6
7	Explain the pupil activities			P1
8	Use the pupil handbook/worksheets			P2
9	Get the children to choose which of the 2 activities to complete			P3
10	Complete pupil activity 1			P4
11	Complete pupil activity 2			P5
12	Read the poem a second time			S7
13	Explain the homework activity			P6
14	Complete any supplementary activities			P7
15	Use the parent/guardian/carer pull out			P8
16	Have materials on display in the classroom			A1

S = Specific programme implementation; P = Pupil Book; A = Application to Classroom

Appendix W: Sample Focus Group Transcript

Researcher = R
Pupil = P

R: Okay. So, I want to talk to you guys about what you think about… (held up book)

P (together): Mo and Ko!

R: Yeah. Tell me about these guys. Who are they?

P1: They're people…
P2: They are aliens that came into earth.
P1: But they're very nice, we always learned about our feelings and how to control them.
P3: And they tell you how you be nice.

R: They tell you how to be nice. Who else wants to say what they know?

P2: They learn, they teach, us stuff, like, it's okay if you're feeling mad but it's not okay to hurt others.

R: Lovely. What did you learn?

P1: They teached us how to do slide breathing and mountain pose.
P2: And also 3-2-1 listen.
P4: They, they, also showed us a, a, thing where, where, we freeze and then, then, our skin feels really soft and it calms us down.

R: Oh, lovely.

P4: Chill and spill.

R: Chill and spill. And have you used these at home?

P4: Yeah.

R: Yeah, when did you use them at home?

P2: Sometimes I use slide breathing at home and I taught my mom 3-2-1 listen.

R: Oh, I'd say she really loved learning that.

P1: I think sometimes I do it at home to calm me down.

R: Oh, to calm you down. And what might happen that you need help calming down?

P1: Because sometimes I shout at my mom and dad but I'm not supposed to.

R: Oh, okay.

P4: Once I was very mad because I drowned in my game Minecraft but then I just calmed, tried to calm, myself down doing 3-2-1 listen.

R: And did it work?

P4: Yeah. Because then I just respawned, I didn't even have to press the respawning button. It's crazy.

R: Oh. Yeah?

P3: I was playing a game and then I got stuck so I kept on hitting my phone that it was at me and my brother kept on laughing that we had to do that.

R: Ah, okay. Okay, so now I'm gonna get you to do a bit of drawing and we're going to keep on talking a bit more about what you think about Mo and Ko. So, I want you to draw what you think of when you think of Mo and Ko. And we're going to do a bit more talking too as we go.

P2: Okay.
P3: I need a piece of yellow.
P1: I think of bacon.

R: You think of bacon?

P1: Helping my mum, and me helping my mum make dinner and lunch.

R: Ah, why does that make you think of Mo and Ko? What makes you think of that?

P1: I don't know. I thinks, I, helping my mom make dinner makes me feel happy.

R: Oh lovely. And what was your favourite part of all of Mo and Ko d' you think?

P1: Em, the challenges.

R: The challenges. What were the challenges?

P1: To, to, not hurt others. The stuff (peer) was talking about was actually challenges. So, you just have to draw like a little brown side and I guess you just do a bit of, em, orange inside for the writing because I can't really write.

R: And what do you think of when you were thinking of Mo and Ko?

P2: Em, I think about that I'm playing with my friends.

R: Oh, that's lovely. And what reminds you of Mo and Ko to do with that?

P2: I can slide breath with my friends.

R: Ah. And tell me, what was your favourite part of all learning about Mo and Ko?

P1: Em, the challenges they give us, thinking, and drawing, slide breathing.
P2: I don't have one. I love it all.

R: You don't have one, you love it all. Okay, and what was your favourite part about Mo and Ko?

P4: Em, 3-2-1 listen.

R: 3-2-1 listen. Can you tell me about that? I don't know what that is.

P4: It is, three things you can touch…
P1: See, no, see.
P4: …three things that you can see. Two things that you can touch. And one thing that you can hear. And then you close your eyes and think about the stuff.

R: Oh, and when do you use that?

P4: We use it when we need to calm down.

R: Brilliant. (Pupil), what about you. What's your favourite part?

P3: Em, all of it.

R: All of it, okay. And what parts did ye not really like? What would you not like to do more of?

P3: Em, not really, not much, of the slide breathing. I think you count too much fast and then you have to do the breathing too much fast. And you have to keep it in too much fast.

R: Oh, so it's tricky to hold it in for so long and need to breathe out that long?

P1: You just have to put it in for three seconds, breath out for four seconds. Then breath back in with your eyes open.

R: So, you found it tricky, that slide breathing, you didn't like that? Okay.

P2: The part that I didn't like is when Mo was trying to do a trick but then it didn't work and then he got embarrassed, and then then Ko and his dog laughed at him.

R: Ah, why didn't you like that part?

P2: Because it was a rude part.
P4: That was my part too.

R: Yeah, you didn't like that part, okay. And what about you?

P1: I'm trying to do a smiley face winking.
P3: Em, the 3-2-1 listen, because, I, I kinda get stressed because I always forget what you do for 3-2-1 listen.

R: Mmm, okay, trying to remember it all is tricky. Yes?

P1: Mo and Ko makes me feel about Christmas playing with my friends. And spending time with my friends.
P2: Ko's got lipstick on.

R: Oh, lovely. And did you feel did you feel any different after learning about Mo and Ko? Did anything change?

P2: No.
P1: Ya.

R: Yeah, what changed?

P1: I, I was really good at playing my games. And swinging on my swing.

R: Okay.

P3: Mo put on too much lipstick but this happened.

R: Oh no, poor Mo.

P1: My hands are literally black.

R: Oh, they are very black. I think it's from the black crayon, uh oh.

P1: Oh, maybe put some sort of like water on it.

R: And tell me, what did you learn about feelings? What did Mo and Ko tell you about feelings? Yeah?

P2: How to be a, how to be nice.

R: How to be nice, okay. Any other feelings that you learned about?

P3: Every single feeling in the whole entire world.

R: Oh, like what?

P4: University, with all the feelings in the university.
P2: Okay, I'm done my picture.

R: And what did, what did, they say to do if you felt sad or angry or upset?

P2: Don't hurt others.

R: Hmm. Don't hurt others, okay.

P2: D'you wanna see my smiley face?

R: I'd love to see your smiley face. Gorgeous. Yeah, so will I look at each yer pictures now? Okay, tell me about your picture first.

P2: It's one thing smiley face like…

R: What makes you think of, why you did Mo and Ko make you think of this?

P2: Because it makes me feel happy and funny at the same time.

R: Beautiful. Let me see this one.

P1: Mo and Ko they make me feel like it because then I get to play with all my friends, and I get to spend time with them.

R: Oh beautiful, and is this Mo and Ko here?

P1: Yes.

R: Oh, I love it. You all did such good thinking about all these things. Alright, we'll do it for one more minute and then it'll be time to go back to class. Is there anything else you think that would be good for me to know about Mo and Ko? Yeah?

P2: Well, there is something that I, I, love that I think you should know.

R: Yeah?

P2: If you share something with your mom and dad about Mo and Ko, they might share it with someone else, and they might share it with someone else, and then everybody will know about Mo and Ko, and it will be great. And other schools could use them too.

R: Yeah. And do you think it would be good for everybody to know about Mo and Ko?

P2: Yeah, to like understand feelings so they don't get mad this time if they, if someone, does what they don't want.

R: Oh, brilliant. And would you like to learn more about Mo and Ko? Would you like to do it again?

P1: Yeah.
P3: Yes!

R: Oh, show me, let me see this. Okay, will you tell me about this?

P4: Em…

R: Is this Mo and Ko and this is one of the other ones?

P4: That's Mo and the other ones Ko. Because Mo's a boy, and then Ko's, no Mo's a girl and Ko's a boy. And they're going out on a date.

R: Oh, lovely. Okay, (pupil) are you ready with your picture? And then I have a really important, two really important, questions for everyone to think of. Okay, my question for everyone now is something you need to think about quite a bit and then you're gonna put up your hand when you have your answer. Okay? So, I want you to think of three words you think of when you think of Mo and Ko. So, think about it really hard and then put up your hand when you have an answer. … Everyone has their hands up. Okay, what's your answer here?

P2: Funny, happy, and excited.

R: Oh, lovely words. What about you?

P1: Embarrassed … And, em, excited and … Sad.

R: Brilliant words, super. Yeah?

P3: I feel sad, happy, excited, nervous, and embarrassed.

R: Oh, lots of emotion words there. Yeah, and what are your three words when you think of Mo and Ko?

P4: Loving, kind and happy.

R: Beautiful words, you all had great words. Okay (pupil) can we look at your picture now?

P3: Yes.

R: Oh, will you tell us about it. What's this?

P3: Em, this side of it, don't mind that.

R: This?

P3: Yeah, that's the side but just don't mind about that. I did the slide nearly too big. Em, so, the challenges is the sign, and it's the sign of the challenges.

R: Oh beautiful, I love it. I have one last question for ye and I want you to think about it and put your hands up when you're ready. So, have a think first. So, I want you to think about the biggest thing you learned from Mo and Ko. So, think about it really hard and then put your hand up when you have an answer. Okay, you?

P3: Feelings.

R: Feelings, brilliant.

P1: Em, loving and kind. And baking.

R: Loving and kind and baking, ah beautiful. What did you learn?

P4: I learned my biggest one I learned from Mo and Ko was my slide breathing and my 3-2-1 listen.

R: They are brilliant things to have learned.

P1: I also had my 3-2-1 listen.

R: Yeah?

P2: My ones are… my ones is just because you feel sad doesn't mean you have to hurt others because then they'll feels sad and then everybody will feel sad and that's gonna be bad because nobody could help them then.

R: Yeah, that's a big thing to have learned. That's super.

Appendix X: Sample Interview Transcript

Researcher = R
Teacher = T

R: So, what were your overall opinions on the programme?

T: Like it was fantastic. I really enjoyed giving them the vocab, to deal with a lot of stuff. And it's great, as in it was kind of an anchor. I was able to print some of the strategies over there, that's where I deal with all the conflict over there over there in the corner. And we were able to kind of you know, it gives you an anchor to, give them strategies. Again, they're great in the class, but you know maybe applying it out of the room, out in the yard, is different but that's a process too I suppose. They're only six. Emm, coming into it in senior infants, we were kind of at a disadvantaged because there was a lot of rainbow reminders that we didn't know previously and like they'd almost be a lesson in themselves, you know, so, some of them were lost on us because we hadn't started the programme from the start.

R: Okay, so, it kind of has to be the three years together do you think? Or starting from juniors?

T: Yeah, I think so you know, like there were certain things, oh, you know, at the start of the lessons like "oh your rainbow reminder" and sure, we've never come across it before so we were kind of, it took us a while to figure that out. So, here (referring to book) you know, this is something that was covered then say in junior infants. Not in every lesson, but like it's fine. So, you know, it's, I suppose, it's just all about the schools commitment.

R: Yeah, so it would kind of have to be a whole programme that everyone would get into?

T: Well, I think for it to be beneficial over long-term. The book; we only did two activities in it. It was really intense, the 10 weeks anyway, and some of the stuff could have done with a bit more time. You know like, some of the emotions, like being confident they didn't really kind of understand that one. Or embarrassed, well, they did, but you know, I just would have loved to have spent more time discussing. But, sure that's the case with most things. Like being jealous, frustrated, proud. You know like, it is good for them, like, it would be lost on some, you know, at this level, but others it's not, like, you always want to be driving them forward, you know, not just kind of saying "Oh no that's too…". You know, I mean, you want to give them the option of going forward with it, you know. Yeah, "confident" now they didn't really know what that kind of meant. But other than that, they were great. You know like the, the, simple feelings.

R: And the actual process of teaching it then, how did you find that part?

T: Good. Like at the start, they encourage a kind of meditation or like a body scan. Now at the start, they found that very difficult, just to sit and be quiet or present in the moment. It got better towards the end, but like, you know, I'd still you know, I would love to tell you how we get on in June, d'you know what I mean? Whereas, you know the first term is very

difficult in seniors anyway. Trying to settle them. But, but, I liked starting on the meditation, I thought that was lovely. Just to try and get them a bit more focused. Yeah, I thought it was a good range of emotions. I thought the new, newer, type emotions that they wouldn't be so, you know, everyone's familiar with happy, sad, angry. Whereas, the newer ones could've needed more time. The strategies were brilliant, as I said, we use them as an anchor in the class which is great you know "oh remember this".

R: And, so, using them with that, have you seen any change in their behaviour outside of class?

T: Not so much. But they're well able to talk about it in class. But then again, that just could be just personality clash too, you know. They're absolutely able to talk about their behaviour afterwards. They're able to identify what they' d do different the next time. Or even what strategy they should've used. But maybe in the moment…

R: And do you think that's different to how they were talking about it before you did the programme?

T: I think we're getting over disputes, stuff, much quicker. Because we're looking at it, we're pinpointing straight away the feeling, we're pinpointing what, what, we should do the next time what would have been a better response, we're moving on so like there isn't all this "I I said, he said" you know, you can get lost in that for a long time and it's a real waste of time. Whereas, I feel we're dealing with disputes a lot quicker now. Yeah, which is great. And it's more focused and they're getting over things a lot quicker too. Emm… the sprinkling kindness was a gorgeous activity. I'm still getting flowers every weekday, or weeds should I say. Every day after break, (pupil) puts something on my desk. That was gorgeous. We will be doing more of that definitely throughout the year, just as a little top up. Emm… the rainbow reminders. They *loved* the chill and spill. You know, chilling and then spilling, the physical things, lovely. I thought it was great to focus on worries. It's something that, you know, I don't know, are we supposed to not admit we have or you know what I mean? So that's been great and like that's kind of the mantra, you know "all feelings are okay, you just can't hurt other people…with your big feelings". That was one of the big ones. But we loved, emm, I just thought the worries was brilliant because I'm definitely seeing a lot more anxious children in school than I would have ever experienced before. And dealing with other children in second class too, just the school refusal, I've dealt with it with my own kids as well. So, I just think the whole focus on worry and… I thought it was great. And it had lovely resources on YouTube as well that complemented it, I thought it was great.

R: That were signposted in the book is it?

T: One of them was, another wasn't. The one that was linked to feeling worries, we did check that one out as well. So that was… oh it was the Elmo one. I dunno has Elmo gone a bit, you know, not as relevant anymore as he used to be. Emm… Yeah. And then what was the next one then? "I'm thankful", I thought that was really good, especially for the time of year that we're in. You know, we really focused on like you know how lucky we are and how… So I thought that was really nice for the time of year that we're in.

R: And how did you find that it linked with the SPHE curriculum?

T: Good. Like all about, you know, yourself and, you know your… (took out SPHE curriculum) I don't know it off by heart. Emm... No I thought it was great. And like, you know, when we're doing your planning like it's all there, you know, which is really handy too. So, for infants it's really about self-awareness and self-confidence. And that's just about you know giving them the vocabulary so that they can actually talk about themselves or other people which is great. And decisions, that's the main focus. So, that was one strand, that's the self-identity strand in our SPHE. All the other ones then are taking care of body.

R: D'you think that it fits in like with any other area in the curriculum?

T: Emm… I thought, oh, drama! Oh totally, like we'd be you know "what does this feeling look like, if you saw someone with this feeling". So, we'd talk about how the face would look, how the body would feel, would it be shoulders up or shoulders down. We had fun with it in that way. Emm… anywhere else? Like you're building on their bank of vocabulary the whole time, which is really worthwhile as well. It would spill over nicely to drama. In English, I suppose, yeah it's a stretch, but like, you know, you use vocabulary too which is great. And I suppose the confidence of expressing yourself too, you know. And for oral language, definitely, it would have a place there.

R: Mmm yeah. And what do you think was the hardest thing about doing it?

T: The 10 consecutive weeks. Yeah, you know, it felt like a chore towards the end. Whereas, I really enjoy these types of lessons. But it was a bit intense. Emm… I don't know should it be broken into half and like have a little gap in between. Or, I don't know. But the 10 weeks... And like I read at the start like that's what they recommend. And like even the allocated time for SPHE probably, you know, doesn't, you know, fit the thing. But it was lovely and like it's something that we would go back again and do a little dip in and dip out throughout the year because… Yeah, I think when it's too intense and ten weeks, I don't know.

R: I wonder like, if they were to change it then would you prefer like shorter lessons over longer time or same amount of lessons just done more spread out?

T: I'd say even a lesson a month, you know, like, and let that be your theme. And then you have more time to think about how you can integrate it into the other subjects too, you know. Whereas when it's every week, you just don't have the headspace to figure out how you could bring this into a different subject. To make it more meaningful, you know.

R: And, things that made it easy to implement - so we've said planning…

T: Yeah, like at the start it would tell you the objectives and the different strands and strands units, so this is what we need for the planning. Emm… you know, some of the activities, I kind of felt weren't very creative, do you know? Emm… And as well like, I know they said you can like draw here or draw your own ideas but you know at this stage… Yeah, like there was one or two that I insisted they brought, they bring, home, and I told parents

about it that they were to talk about, like the worries one. You know, if anything popped up that it would be been nice for it to be linked at home. I kind of cherry picked what to send home. Maybe that was ineffective then, I don't know, they're not having all the conversations at home that they could have been. But like, that would have been a lot for homework too.

R: Do you think you would have done it after every lesson?

T: Not if it was 10 consecutive weeks. No, I would have definitely, I would have of separated them yeah. Probably taking on one a month or one a fortnight.

R: Okay. And would you, so, would you use it again in the future?

T: Oh, I'd love to, yeah. I suppose, I'm coming from a place where I did the kind of the strengths and stuff there for a while with my kids, you know. And probably a bit more focus, it's a more new age focus that the curriculum needs to be doing too you know. A bit more about okaying feelings rather than kind of thinking that they're bad or shameful or you shouldn't be having them and stuff. So, it's definitely more forward. Or just keeping the mantra going. You know, keeping it in the top of their minds.

R: Yeah, yeah, okay. Anything else that you think would be good to know?

T: Emm… No. I think the last one, the second last one, like the last one was just wrapping it up. The second last one, "my friends have feelings too". We need more time on that because empathy can be tough, you know what I mean. So yeah, that was the only thing. But I enjoyed it. But I don't know, I'd be a bit slow to commit to the book, the book, the child, the pupil book, because it's a lot.

R: Yeah, and if you were doing it again, you wouldn't do it in the 10 weeks, you'd do it maybe once a month?

T: Oh, definitely, yeah. Like, when they were drawing their response to this I'd almost feel like I needed to ask them straight away what they're drawing was and then write it down because they won't tell you the next day what that drawing was and no one at home is going to know it.

R: Yeah, yeah. It makes it a bit trickier. Okay. And do you think there's any, like, say, like, ways to make it more, to get them to use it in class?

T: Yeah, it's more that I was using it more than the children were using it. I found, it was just too intense. And if it was spread out a bit more, we could have more chat about how they, you know, stood up to the different challenges, and how they actually did it in practice, but I felt we were too rushed.

Appendix Y: Pupil Drawing - Feelings

"I did her dress red because she's so angry. And her dress blue because she's sad. And her dress green because she's happy… This girl is happy, this girl is sad, this girl is angry. And this is Mo. Mo is trying to calm down the girls. He always tries to calm down the angry person"

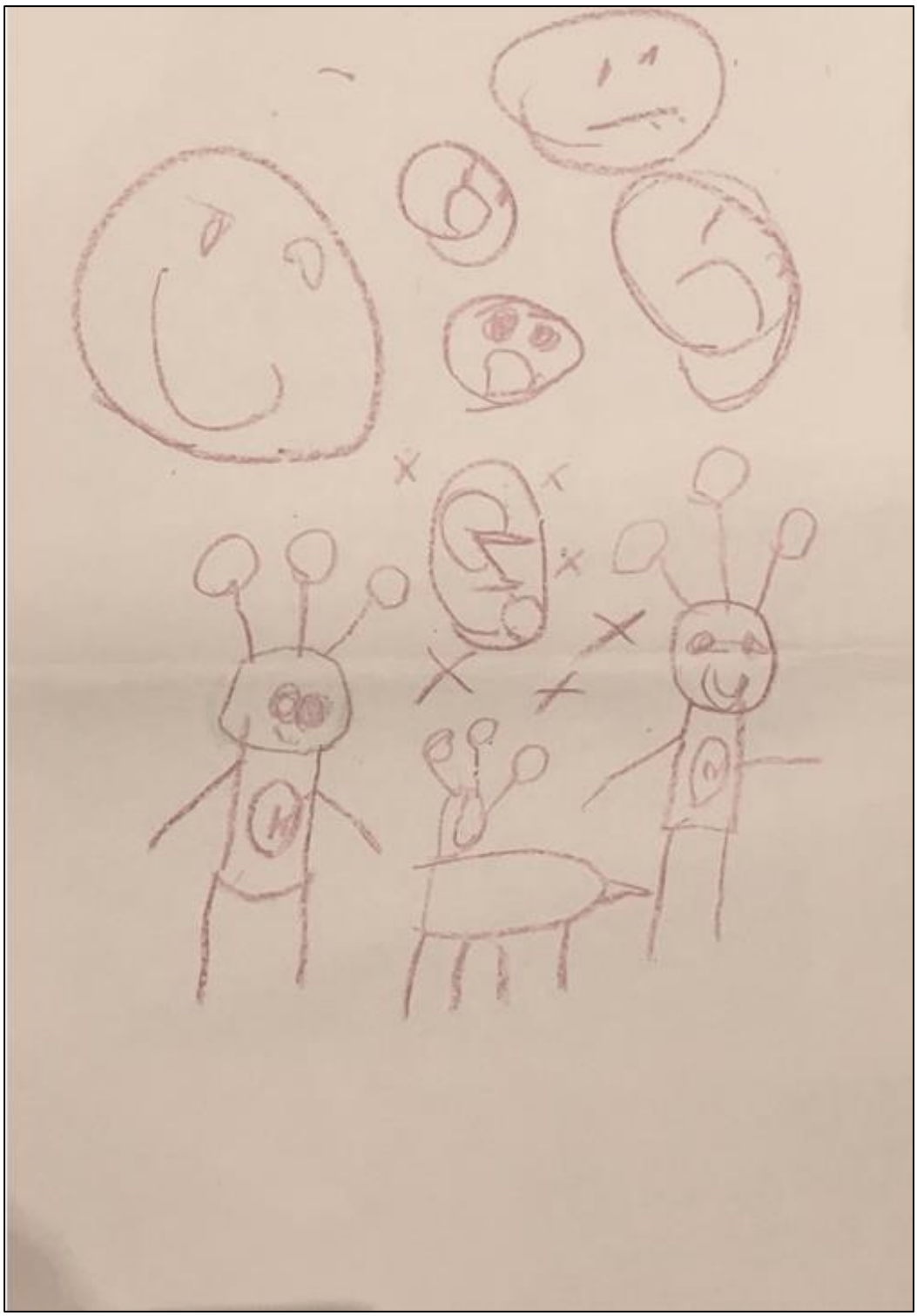
Appendix Z: Pupil Drawing – Techniques

"It's chill and spill."

Appendix AA: Pupil Drawing – Applying Strategies

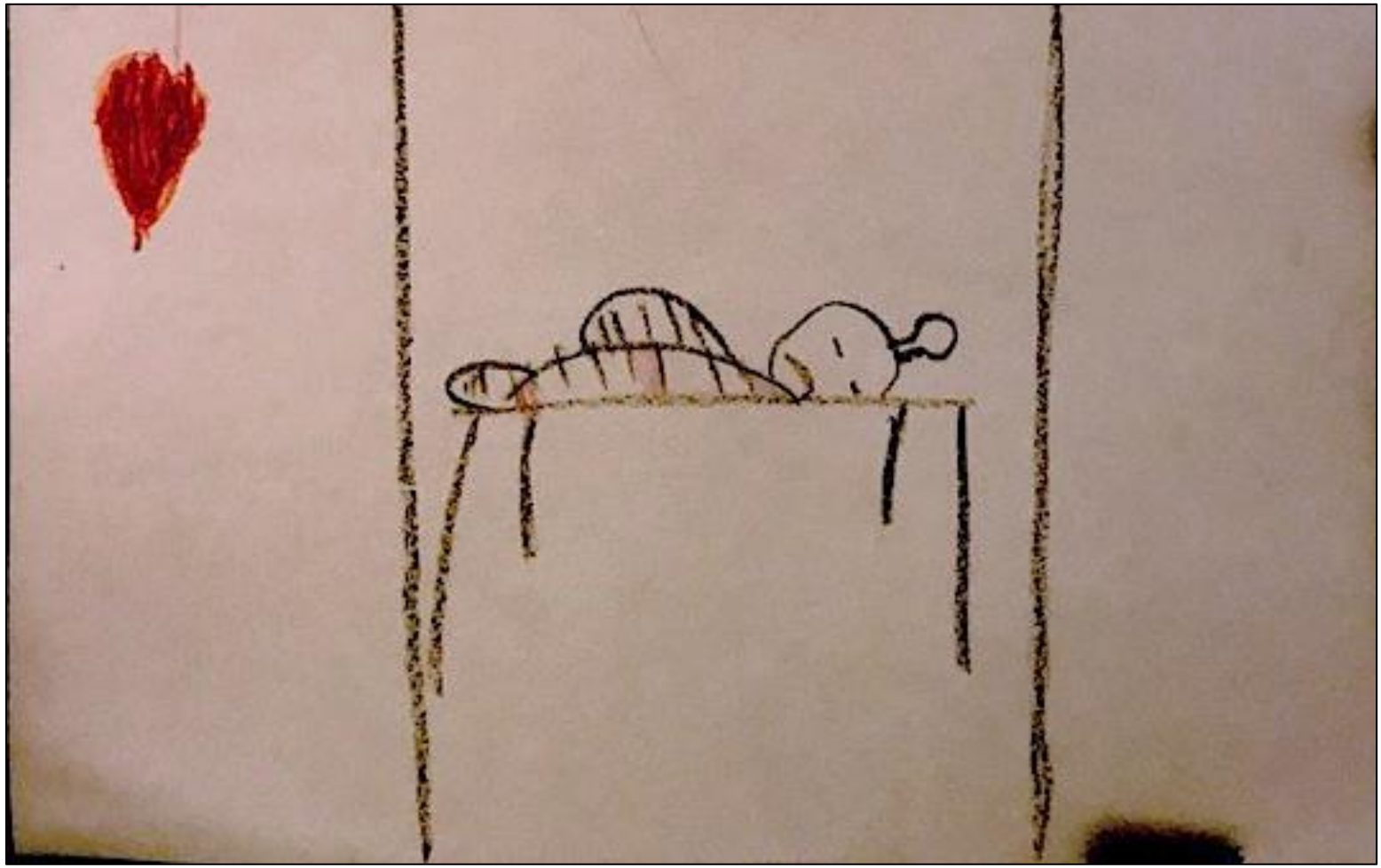
"Okay, so this is me all pink. I'm saying 'happy'. And this is me sitting on the couch doing chill and spill."

Appendix BB: Pupil Drawing – Characters



"Mo, Ko, and Bobo, and all the faces…surprised, mad, sad, happy, and embarrassed."

Appendix CC: Pupil Drawing – Stories



"When, when their trick didn't work on the trampoline."