

# HOW CAN SCHOOLS SUPPORT WHOLE-SCHOOL WELLBEING?

## AISNSW Wellbeing Literature Review

A Review of the Research



Supporting whole-school wellbeing approaches



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## EXECUTIVE SUMMARY

The Australian Student Wellbeing Framework (ASWF) has progressed the vision of Australian schools as “learning communities that promote students’ wellbeing, safety and positive relationships so that students can reach their full potential”. Student wellbeing has been defined as a “positive sense of self and belonging and the skills to make positive and healthy choices to support learning and achievement, provided in a safe and accepting environment for all students”.



How can schools support student wellbeing? The ASWF focuses on active leadership, authentic student involvement, cultivation of a supportive setting for positive behaviour, partnerships with families and the broader community, and a school community that is inclusive and respectful. To support these goals, the Association of Independent Schools of NSW has established the [Compass: Navigating Whole-school Wellbeing initiative](#). Working collaboratively with schools through in-school engagements and professional learning, AISNSW staff will support schools to select evidence-based strategies and implement a whole-school vision and approach to wellbeing over 12-18 months.

The current report aims to assist schools to identify and implement evidence-based whole-school proactive wellbeing approaches that foster safe, supportive, and respectful environments so that wellbeing outcomes are enhanced now and in the future. This rapid literature review aims to inform the core AISNSW wellbeing work to support independent schools by providing an overview of the current state of evidence for whole-school approaches to wellbeing.

The key questions of this review are:

1. How effective are whole-school student wellbeing approaches in improving student wellbeing outcomes and academic performance?
2. What are the implementable elements and/or characteristics of effective whole-school approaches to student wellbeing?

To answer these questions, a search of meta-analysis and systematic reviews addressing whole-school approaches to student wellbeing was conducted for the years 2006-2020. Additionally, a systematic review of new research studies published between 2016-2020 was conducted to identify the cutting edge of school interventions to support student wellbeing.

Three meta-analyses and four systematic reviews were identified. These indicated that, on average, school-based programs focusing on social and emotional learning showed an overall significant impact on a range of outcomes including positive social behaviours, emotional wellbeing and academic achievement. Programs were effective overall for both primary and secondary levels. Whole-school interventions have been shown to be effective overall for social emotional learning outcomes, behavioural adjustment and in reducing internalising problems.

Six relevant new studies were identified published in the last five years. The Australian Friendly Schools and the Strengthening Evidence-base on School-based Interventions for Promoting Adolescent Health Programme (SEHER) program in India have shown efficacy in improving wellbeing-related outcomes, but two other large-scale trials failed to show an impact. This highlights the variance in how well interventions work and is a reminder that not all programs are effective. Thus, it is imperative to consider factors that are related to successful wellbeing interventions. The review of implementation factors associated with successful student wellbeing interventions provided a rich set of recommendations.

### 1. Adopt a Whole-School Approach

Multicomponent and multileveled interventions that include the whole school community including parents/carers have been effective, especially when they provide adequate implementation support. This includes establishing effective leadership and implementing strategies with sufficient duration and intensity. Whole-school initiatives that are led by a team constituted of school leadership, teachers, parents/carers, and students are most likely to succeed.

### 2. Focus on Interventions with Evidence of Effectiveness

Not all interventions will work. Choose an intervention with a robust evidence base. Interventions that build problem-solving skills, personal insight, and opportunities for the practice of new skills and engaging multimedia activities to reinforce learnings appeared to be most effective. Interventions that explicitly teach social and emotional skills are recommended. Such skills are highly linked to overall student wellbeing. Social and emotional learning curriculum interventions that are Sequential, Active, Focused and Explicit (SAFE) have been shown to be more effective than those that are not.

### 3. Establish a Dedicated Leadership Team to Drive Implementation

Different schools have different needs. A key first question is who will drive the intervention? Some studies have success with teacher-led implementations; others work better with a dedicated individual appointed to oversee it, often the case in whole-school interventions. Hand-in-hand is finding the right person for the task. Analyses of implementation success and failure point to the need for the key facilitators to be approachable and unambiguously interested in the students' wellbeing. Finally, although fidelity to the intervention is important, so too is the opportunity to adapt the intervention to the local context as needed, based on the awareness and expertise of the school facilitators and oversight team.

### 4. Prepare the School and Staff Early

A key to successful implementation is sharing evidence and promoting the need for the whole-school intervention. A lack of buy-in from educators is a fundamental challenge to a whole-school intervention. Ideally, educators will feel a burning desire to do something new to support student wellbeing. This helps to ensure meaningful whole-school action at sufficient dosage. Token efforts will not work; space may need to be found in a crowded curriculum to ensure the intervention is meaningfully delivered. To support this, schools should train often and train well, as rigorous professional learning is essential for whole-school interventions. It is important to note that in both the Australian and NSW Curricula, social and emotional learning is embedded through key learning areas via personal and social capabilities and the [NSW Personal Development, Health and Physical Education \(PDHPE\) K-10 Syllabus](#).

### 5. Provide Meaningful Engagement with Families

Families are essential partners in student wellbeing. Engaging families early in planning and oversight of the whole-school intervention is recommended. To best engage families, a strong hook is recommended, one that speaks to their concerns.

### 6. Create Meaningful Opportunities for Student Voice and Engagement

If an intervention is about students, it should not be done without students being involved in meaningful ways. Students whose wellbeing is at risk may also benefit from targeted wellbeing support. "Nothing About Us Without Us" is the motto.

In sum, careful implementation of whole-school wellbeing interventions can ensure that student wellbeing is maximised, and students have the best opportunity to reach their fullest potential.

# 1. WHAT IS WELLBEING?

Most people would agree that wellbeing is important, but few would agree on how to define it. “Wellbeing is used in everyday formal and informal conversations, regularly appears in government reports and the media, but explanations about exactly what wellbeing looks, feels or sounds like are elusive.” (Svane, Evans, & Carter, 2019). Even in the research on the topic, studies that explicitly study wellbeing often do not define it: in one review of such studies, only a third of the studies provided a definition of wellbeing (Svane et al., 2019). Those that did provide a definition rarely converged on a common meaning.

At its simplest, wellbeing reflects health. Indeed, the World Health Organisation (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). But what is this ‘wellbeing’ that enables the individual and that constitutes good health?

Definitions tend to fall into one of two camps: some focus purely on quality of life. According to this definition, if someone is experiencing feelings of happiness, satisfaction and interest in life (Westerhof & Keyes, 2010) then they are demonstrating their wellbeing. The ancient Greeks called this “hedonia”<sup>1</sup>. This is captured in the Subjective Wellbeing model which focuses on (a) high levels of positive emotions, (b) low levels of negative emotions, and (c) life satisfaction. But are positive emotions and perceived quality of life sufficient to define wellbeing?

Others, echoing Aristotle, argue that if someone is not living a good life, then they cannot truly be demonstrating wellbeing. Instead, wellbeing arises from “individual strivings and optimal functioning” (Westerhof & Keyes, 2010). Aristotle called this “eudaimonia”. The Psychological Wellbeing model aligns more neatly with this definition, examining (a) positive relations with others, (b) environmental mastery, (c) autonomy, (d) a feeling of life purpose, (d) self-acceptance, and (f) personal growth. Wellbeing then is more than just happiness; it is also the capability of living a meaningful life in one’s world.

The WHO definition of mental health provides an important foothold for educators: wellbeing is a state of mental health marked by a capacity to deal with

the emotional, social, academic and occupational challenges one faces (assuming they are within the ‘normal’ range of challenges for the individual). For students, this reflects a capacity to engage in the normal tasks of school life. In research on student wellbeing, this capacity is often considered in relation to successful, adaptive, positive *social and emotional functioning* that enables the student to achieve their goals, whether those be academic, social or personal in nature. Social and emotional learning (SEL) aims to “help students understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions” (Collaboration for Academic Social and Emotional Learning, 2020). In this regard, student wellbeing quickly intersects with a student’s personal and social capabilities.

A definition shared by a Canadian school board captures these core considerations of student wellbeing: “Well-being refers to a positive sense of self and belonging and the skills to make positive and healthy choices to support learning and achievement, provided in a safe and accepting environment for all students” (Ottawa-Carleton District School Board, 2014). This definition reflects the capabilities of young people to understand and manage their emotions; get along with others; solve problems in a productive way; and focus their minds upon their goals, including academic and occupational achievement. The definition provides a focus on *intrapersonal* capabilities reflecting skills to understand and manage oneself, and *interpersonal* capabilities in understanding other people and social situations. These are important capabilities, and increasingly schools see the value in actively supporting, and indeed, providing explicit teaching and learning, rather than hoping their students develop these skills on their own.



**What is your school’s definition of wellbeing?**

Consistently shared language is essential.

<sup>1</sup> Hedonia is related to, but not synonymous with, hedonism, which is an ideological commitment to the pursuit of pleasure and happiness.

## 2. WHY SHOULD SCHOOLS FOCUS ON WELLBEING?

The recognition that wellbeing is reflected in emotional and social capabilities that enable students to focus on and achieve their goals, has motivated educators to focus their attention on wellbeing. The *Australian Student Wellbeing Framework* promotes the vision “that Australian schools are learning communities that promote students’ wellbeing, safety and positive relationships so that students can reach their full potential” (<https://studentwellbeinghub.edu.au/educators/framework/>). How can schools achieve this end?

The Australian Student Wellbeing Framework puts the focus on active **leadership**, authentic student **involvement**, cultivation of a **supportive setting** for positive behaviour, **partnerships** with families and the broader community, and a school community that is **inclusive** and respectful.

In supporting schools to create their own approaches and definitions of wellbeing, AISNSW has described student wellbeing as: “...characterised by a whole-school approach in regard to positive relationships and learning. Student wellbeing includes a focus on developing coping strategies, help-seeking skills, student self-efficacy and supporting others. In addition, social and emotional learning capabilities are central to maintaining wellbeing and for lifelong success”.

**Key in the AISNSW approach is a focus on quality research evidence to determine how best to support student wellbeing**, ideally with a whole-school approach. Toward this end, in addition to ongoing wellbeing support, AISNSW has launched *Compass: Navigating Whole-School Wellbeing*, a 12–18-month initiative to support schools in identifying and implementing evidence-based, whole-school proactive wellbeing approaches that foster safe, supportive and respectful environments so that wellbeing outcomes are enhanced for students (AISNSW, 2021).

Whole-school approaches are coordinated school-led initiatives that provide a range of activities (multi-component), generally including classroom activities and other whole-of-school actions like policies and processes, activities that aim to involve the broader school community – families of students and others in the local community who could support student wellbeing.



Figure 1: Australian Student Wellbeing Framework

A whole-school approach involves more than one group in the school community such as classroom curriculum delivered to all students (universal component), skills-based workshop delivered to all parents (universal component), with or without components to support individual students potentially at risk or in need (targeted component). As such, a whole-school approach is considered to be multi-tiered.

Selecting, preparing, and implementing a whole-school intervention to address wellbeing is a large undertaking. A critical review of the evidence base identifies not only what works to support wellbeing, but what appears to work best, what appears likely to fail, and how to most effectively allocate precious school resources to support student wellbeing.

What is not as evident to date is school-based wellbeing research that identifies under what conditions wellbeing interventions work best or fail. This report provides such a review. This rapid review of the literature provides an opportunity to examine the research evidence base to determine the role school interventions have had in securing effective student wellbeing.



**How does your school support a whole-school approach to wellbeing?**



### 3. A RAPID REVIEW OF RESEARCH ON WHOLE-SCHOOL APPROACHES TO WELLBEING

The purpose of this review is to support staff, students, and families with evidence-based resources by providing an overview of the current state of evidence for whole-school approaches to student wellbeing. This review aims to support primary and secondary school-level practice within the *Compass* initiative, and AISNSW wellbeing support for schools more broadly, by addressing two questions:

1. How effective are whole-school wellbeing approaches in improving student wellbeing outcomes and academic performance?
2. What are the implementable elements and characteristics of effective whole-school approaches to student wellbeing?

To answer these questions, a two-part rapid review was conducted. The first part located, screened, and examined meta-analyses and systematic reviews from the past 15 years (2006-2020) that addressed whole-school approaches to student wellbeing. The second part focused on studies from the past five years (2016-2020) that reported high-quality studies of whole-school student wellbeing interventions. In both cases, the priority was understandings derived from randomised-controlled trials – the strongest evidence available – wherein schools are randomly assigned to either the intervention group (received the intervention) or a control group (did not receive the intervention), with baseline data collected from students and at least one follow-up data collection, to enable a fair assessment of whether the intervention

was effective in improving student wellbeing. In conjunction with AISNSW, inclusion criteria was developed that included peer reviewed studies focussed on measuring social and emotional aspect of wellbeing (not health outcomes only), based in primary or secondary school settings, and featured whole-school intervention (multiple components and multileveled) (see Appendix A for a detailed account of the methods, including inclusion and exclusion criteria, of this review).

The search process resulted in three meta-analyses (Durlak, Dymnicki, Taylor, Weissberg, & Schellinger, 2011; Goldberg et al., 2019; Mertens, Dekovic, Leijten, Van Londen, & Reitz, 2020) and four systematic reviews that fit the criteria: (Fenwick-Smith, Dahlberg, & Thompson, 2018; Kumar & Mohideen, 2019; Langford et al., 2014; Svane et al., 2019). (See Appendix Table A2 for an overview of these reviews.) The search for recent articles identified six that were relevant. Five report new trials: one was a test of the *KiVa* program in Wales (Axford et al., 2020), two reported on the *SEHER* intervention in India (Shinde et al., 2020; Shinde et al., 2018), an article reported on the *Tools for Life*® program in the USA (Gonzalez et al., 2020), and a fifth reported on the *Friendly Schools* initiative from Western Australia (Cross et al., 2018). A sixth paper was not an intervention trial but reported on very relevant data linking teacher practices to student wellbeing in New Zealand (Lawes & Boyd, 2017), and is included in section 5 discussing what school actions may be effective for improving student wellbeing. These articles inform the next sections on whether school-based whole-school interventions can make a difference, and what lessons those trials hold for school implementation of such interventions.



## 4. WHOLE-SCHOOL INTERVENTIONS CAN MAKE A DIFFERENCE

### 4.1. Review of Meta-Analyses and Systematic Reviews

The earliest meta-analysis examining school-based programs relevant to student wellbeing examined 213 “school-based, universal social and emotional (SEL) programs” comprising 270,034 kindergarten through high-school students (Durlak et al., 2011).

This meta-analysis found an overall significant impact of programs on SEL skills (i.e., cognitive, affective and social skills), attitudes (i.e., toward self and others), positive social behaviours (e.g., getting along with others), conduct problems, emotional distress, and academic performance. These overall effects remained significant amongst 33 studies that followed the students for at least six months after the end of the intervention. *With regard to academic achievement, involvement in a SEL intervention was associated with an 11-percentile gain in achievement.*

A meta-analysis that focused on interventions for secondary school students found overall significant effectiveness for a range of wellbeing related outcomes (Mertens, Dekovic, Leijten, Van Londen, & Reitz, 2020). Data represented 104 studies of 99 different interventions, with data from over 97,000 students. This meta-analysis examined outcomes in both the intrapersonal domain and the interpersonal domain. The *intrapersonal domain* was defined as outcomes related to “managing one’s own feelings, emotions, and attitudes pertained to the individual self in which one can experience competencies and problems”.

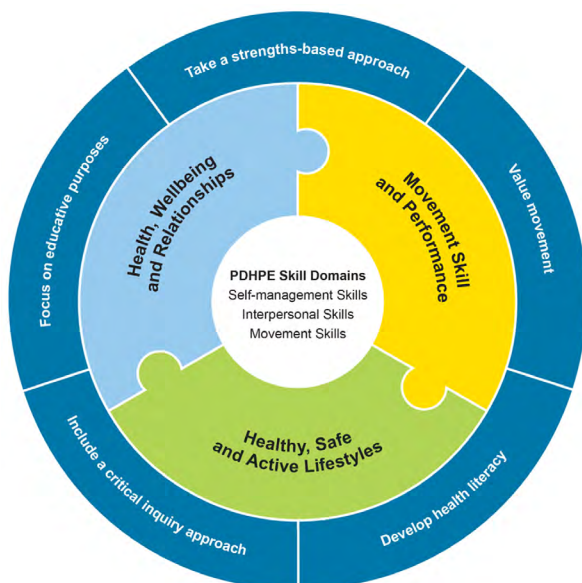


Figure 2: Social and emotional learning skills are taught explicitly through the NSW Personal Development, Health and Physical Education (PDHPE) K-10 Syllabus.



Figure 3: CASEL Social and Emotional Learning Capabilities

Outcomes included general wellbeing, resilience, self-esteem, self-regulation, and internalising problems. *Interpersonal domain* outcomes were those related “the ability of an individual to build and maintain positive relationships with others and understanding social situations, roles and norms and respond appropriately”. Interpersonal outcomes included social competence; school climate; aggression; bullying, and sexual health.

Whole-school interventions addressing social and emotional development have been meta-analytically examined as well (Goldberg et al., 2019). Whole-school interventions were defined as those with coordinated activities including curriculum teaching, establishment of a school ethos and efforts to improve the overall school environment, and family or community partnerships.



A total of 45 studies of 30 different interventions were included, reflecting 496,299 students. 57% of the studies were conducted in primary schools, 23% were only in secondary schools, and 20% included students from both primary and secondary school settings. Outcomes included *social and emotional adjustment*, which included social or emotional skills and attitudes

toward oneself or others, and behavioural adjustment, which included positive social behaviours, behavioural problems, peer victimisation, and risk-taking behaviours such as substance use. Significant impact was found for student social and emotional adjustment (social or emotional skills and attitudes toward oneself or others), *behavioural adjustment* (positive social behaviours, behavioural problems, peer victimisation, and risk-taking behaviours such as substance use), and internalising problems (depression, anxiety, and feelings of wellbeing). The effect sizes of interventions in primary school settings were stronger than in secondary schools, but interventions that spanned all ages had the strongest effects of all.



**How do you build teacher capacity across every Stage to understand the core social and emotional competencies?**

Across these meta-analyses, school-based interventions were found to be effective overall for improving key aspects of wellbeing, including social-emotional-learning skill development, positive attitudes and social behaviours, fewer conduct problems, less emotional distress and better academic performance. Whole-school interventions were shown to improve wellbeing, reduce internalising problems and support gains in interpersonal and intrapersonal attitudes and skills. Importantly, some interventions were found to be effective for younger and older students. This provides *strong evidence for the overall effectiveness of school-based interventions* to support student wellbeing.

A Cochrane systematic review was also identified that included an examination of interventions informed by the WHO *Health Promoting Schools Framework*, which focuses on promoting the adoption of lifestyles that support good health, providing of an environment that supports healthy lifestyles, and enabling students and staff to act for a healthier community. (*The Australian Health Promoting Schools Framework* is based upon this World Health Organisation initiative.) Their literature search resulted

in three studies which presented outcomes relevant to emotional wellbeing. The first was a three-year trial of the Australian *beyondblue* initiative (Sawyer, Pfeiffer, et al., 2010) which examined depressive symptoms, social skills, and coping skills. This study, however, was *not* effective in improving optimistic thinking, interpersonal competence, problem solving/ coping skills, social support, or its primary target outcome of depressive features (Sawyer, Harchak, et al., 2010; Sawyer, Pfeiffer, et al., 2010). The authors noted that maintaining fidelity of the program was very challenging for the intervention schools, and that their focus on improving policy and practice at the whole-school level meant that it took longer for schools to implement the changes than expected, and the impact of the intervention might have still been in progress. They also raised concerns that the professional learning provided to teachers may have been inadequate. These issues reflect common challenges with whole-school interventions that will be discussed in subsequent sections.

The second, also an Australian initiative, was the *Gatehouse Project* study (Bond, Glover, Godfrey, Butler, & Patton, 2001), which tested an intervention for adolescents. The Gatehouse Project aimed to build students' sense of security and trust, to increase communication skills, and to promote "a sense of positive regard through valued participation in aspects of school life". The Gatehouse Project was tested in 26 secondary schools in Victoria in the late 1990s, and found significant improvement in alcohol, smoking and drug use, but no significant effects on any of their social relationship or mental health related measures.

The third was an anti-bullying intervention aimed at students aged 9-12 years (Fekkes, Pijpers, & Verloove-Vanhorick, 2006). This intervention focused on antibullying training for teachers and the establishment of rules and use of curriculum to deter bullying. This intervention resulted in less bullying behaviour after intervention. Similarly, students in the intervention group reported higher satisfaction with school life after the intervention. Other outcomes of depression and psychosomatic complaints, however, were not affected by the intervention. The authors noted that schools did not fully implement the program as planned; for example, schools did not include parents/ carers as planned. This suggests that the schools did not implement a truly 'whole-school' intervention.



## 4.2. Review of Recent Intervention Studies

The second phase of the literature review examined 6 intervention trials published in the past five years. These provide further evidence that whole-school action can improve the wellbeing of students.

There is evidence that bullying prevention programs that are based upon social-emotional learning can result in improved wellbeing. The Friendly Schools initiative (see Case Study 1 sidebar) developed in Perth, Australia, builds upon the Health Promoting Schools Framework to provide a whole-school intervention for student social and emotional wellbeing (Cross et al., 2018). In a trial in 20 independent schools in Western Australia (10 intervention schools, 10 control), wellbeing-related measures were significantly improved in the intervention schools, with students reporting reduced stress, loneliness, and depressive symptoms, as well as improved perceptions of school safety, and less bullying perpetration and victimisation (Cross et al., 2018).

By contrast, a trial in Wales of another bullying prevention program – the Finnish KiVa intervention, which aims to improve bystander behaviour – was not successful in reducing bullying or in improving wellbeing (Axford et al., 2020).

Two articles reported on a trial of the ‘Strengthening Evidence base on school-based interventions for promoting’ adolescent health programme in the state of Bihar, India (“SEHER”, meaning “dawn” in Urdu and Punjabi) (Shinde et al., 2020). SEHER is a whole-school program aimed at improving school climate and increasing health-promoting student behaviours (including those related to violence and bullying, gender equity, and sexual health). SEHER included a range of whole-school activities, peer group workshops, and individual counselling (see Case Study 2 box). The intervention was trialled with students in Years 9 – 12 in 75 schools, with 25 schools implementing the SEHER program via local community members, and 24 to a condition with the SEHER program led by a teacher. The trial found that implementation by staff who received training and allocated time to implement the program improved school climate scores after 8 months, as well as decreased depression scores, lower bullying, and victimisation scores.

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**CASE STUDY 1: The Friendly Schools intervention** is the most empirically research-based whole-school intervention in Australia. From its origins in 1999 as a bullying prevention intervention, Friendly Schools (FS) has been developed as a comprehensive social-emotional-learning initiative. This particular study of FS included components addressing:

**Students:** curriculum addressing self-awareness, self-management, social awareness, relationship skills, and responsible decision making

**Parents:** education regarding supporting their child with relationship building and transitioning to secondary school through provision of 2 booklets for parents and school newsletter items (up to 30 over 2 years).

**Whole-School:** these included school policy review and development, the establishment of a school implementation team (including teachers and allied health staff), needs analysis (via staff and student survey's), a ‘map-the-gap’ of current school practice, and staged implementation of whole-school activities selected to address identified needs.

Friendly Schools provides a staged sequenced process to support implementation of whole-school activities over time. School implementation team capacity building workshops were provided, along with all-staff in-school training, classroom curriculum teacher training, and school implementation team coaching.

This trial of Friendly School was examined over the transition from primary to secondary school, and was effective in reducing bullying and supporting wellbeing, while placing minimal burden on families (Cross et al., 2018). Increased opportunities for parent-school communication, highly structured support for the school implementation team, and well-tested classroom materials that are presented as a menu of modifiable activities, are core features of the intervention.



**Building staff capacity, providing resources and allocating time supports wellbeing intervention effectiveness.**

### CASE STUDY 2. The SEHER adolescent health intervention

The SEHER whole-school intervention addressing adolescent health and wellbeing focused on whole-school elements with themes including hygiene, mental health, bullying, substance use, sexual health, gender and violence, rights and responsibility and study skills. Each theme was allocated a month, and all whole-school activities focused on that theme for that month (see Table).

Intervention Element	Description	Frequency
<b>Whole-School Activities</b>		
School Health Promotion Committee	Comprised of school leadership, parents, teachers and students from the school community, which was tasked with monitoring the problem, and which included discussion of issues raised by student feedback	Met twice pa
Awareness Generation	Facilitator led activities during school general assembly (e.g., skits; role plays)	4x pa
Speak-out Box	Provided forum for student issues raised either anonymously or as cue for one-to-one counselling.	Ongoing
Wall Magazine	A monthly magazine displayed on a bulletin board in the school was developed to build knowledge on the monthly theme, with students, teacher, and principal contributions (write-ups, artwork, poetry, pictures, etc.)	Monthly
Competitions	A range of competitions focused on monthly theme, including debate, poster making, quizzes, essay writing, sports and elocution, with award granted at assembly	Monthly
<b>Group Activities</b>		
Peer groups	10-15 students per class were elected by their peers to form a peer group. The facilitator met with this group to discuss student concerns, plan actions, and assist in organising activities (e.g., competitions)	Monthly
Workshops	Facilitator organised workshops on effective study skills and school discipline practices	One pa
<b>Individual Activities</b>		
Counselling	Problem-solving-focused counselling for health complaints, social difficulties, academic problems. Where problems were serious, referral to specialists was provided	Ad hoc

Finally, a study funded by the U.S. National Institute of Justice examined the effects of an intervention aimed at improving school climate and safety via a social and emotional learning (SEL) intervention called “Tools for Life<sup>®</sup>” (Gonzalez et al., 2020). A cluster randomised-controlled trial was conducted in

Jackson Mississippi with 23 intervention schools and 22 control schools. Although this program appeared to be highly resourced (see below), analyses of the one- and two-year impact of its implementation found no significant effects on social and emotional outcomes, school climate, behavioural or academic outcomes.

The Tools for Life (TFL) toolkit for educators included a library of fiction and nonfiction materials for use in classroom lessons, materials for distribution to parents/guardians including a toolkit for home. At each Year level, an inquiry-based learning approach was used in 8-10 lessons focused on specific skills. Teachers were guided in implementing a ‘calm-down corner’ in their classroom where students “could visit when necessary to check their emotions and calm down before returning to class”. Moreover, the TFL program provided an extremely high level of coaching for schools. TFL coaches visited schools weekly to guide implementation, including meetings with principals and school counsellors. The lead consultant visited schools for approximately 150 days in a year, with two other consultants providing about 50 days per year across the 23 intervention schools. Although this study was not effective, it provides many cautionary lessons to guide other intervention planners, which are reviewed in the next section.

These reviews highlight the reality that not all interventions will work equally well. The results

above refer to the average effectiveness of all the interventions tested and provide a snapshot of some of most recent attempts to improve wellbeing through whole-school innovation and intervention. Within meta-analyses, some interventions show better results than others, and some new studies are effective while others are not. How schools implement and embed interventions into their own context (the ‘how’), as much as the nature of the program (the ‘what’), largely accounts for this variance in effectiveness.



**How does your school ensure that all wellbeing initiatives are designed to meet the needs of your context?**

The next section examines the factors that were shown to be related to stronger outcomes for whole-school student wellbeing interventions.

While school-based interventions can be effective, they do not all result in the hoped-for improvements in student wellbeing. In a systematic review of school-based mental wellbeing interventions for adolescents (Cilar, Štiglic, Kmetec, Barr, & Pajnkihar, 2020), of the fifteen studies using a randomised-controlled-trial design, only *four* (27%) showed positive effects on student wellbeing. Given these results, schools need training and support to select whole-school approaches that are likely to be effective in their context. Once a suitable intervention is identified that matches their school-level strengths and needs, great attention to and sustained care in its implementation is needed and sustained over time.



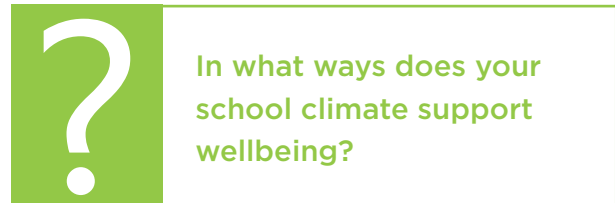


## 5. HOW SCHOOLS CAN BEST SUPPORT STUDENT WELLBEING USING A WHOLE-SCHOOL APPROACH

Clarity on which elements of existing wellbeing interventions are most effective is essential to providing good value for the effort by schools and teachers required to enhance and support student wellbeing. This section reviews the findings of the meta-analyses and systematic reviews from 2006-2020, as well as new articles reporting on well-conducted trials of wellbeing interventions from 2016-2020, to distil key elements related to effective whole-school student wellbeing interventions.

### 5.1. Adopt a Whole-School Approach

**Whole-school approaches** that feature multiple components and target multiple groups within the school community were shown to have a positive impact, particularly for improving school climate, reducing bullying and internalising problems (Goldberg et al., 2019; Mertens et al., 2020).



Multicomponent programs appear to be effective for improving attitudes about oneself and about others, for reducing conduct problems, and reducing emotional distress, and for improving academic achievement (Durlak et al., 2011). (See Case Study 3 of the Raising Healthy Children whole-school intervention.)

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#### CASE STUDY 3: The Raising Healthy Children program

*A trial of the Raising Healthy Children intervention (reviewed in Goldberg et al. 2019) with early primary students in Seattle was effective in improving commitment to school and social competence according to teachers, and academic outcomes according to parents (Catalano et al., 2003). Raising Healthy Children included a series of workshops for teachers focused on improving classroom management and instructional strategies effective in reducing academic risk. Topics included:*

- *Proactive classroom management*
- *Cooperative learning methods*
- *Student motivation enhancement*
- *Interpersonal & problem-solving skills*
- *Reading strategies*

*Teachers in the program were extremely well supported in this professional learning. After the first year, monthly booster sessions were provided. Teachers were provided a half-day leave to observe other project teachers using the program, creating horizontal knowledge transfer, and likely increasing the sense of community effort. Teachers attended 92.4% of the offered workshops. The parent component was also well implemented. A 5-session parent workshop series was offered, as well as in-home problem-solving visits, with topics including family management techniques and a program called “How to Help Your Child Succeed in School”. These were effective in involving parents, with 53% of parents attending either a workshop or having a home visit. Additionally, a summer camp program was offered for students with academic or behavioural problems. In-home services were also provided for indicated students.*

*This intensive intervention highlights the potential for interventions that address the school and the home – the two most important settings in children’s lives. But even with this intensive program, outcomes were not consistently reported, with parents not reporting the same significant improvement in children’s prosocial competence and other behavioural outcomes.*

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Where whole-school interventions were less effective, inadequate professional learning (a) may have been provided to support SAFE intervention delivery (see 5.3), (b) may not have been delivered with enough intensity or (c) been evaluated too early to show impact. Durlak et al (2011) point out that program duration (how long the intervention was delivered for) and intensity of dose (how much was delivered) were two major implementation factors affecting impact of social and emotional learning interventions. [Whole-school interventions that include a teacher-led classroom component must ensure they do not compromise on the professional learning of those implementors.](#)



Staged implementation support and the establishment of a specific wellbeing or pastoral care implementation team are also strongly recommended.

Whole-school interventions with a **community component** were found to be more effective than those without (Goldberg et al., 2019). Such community partnerships may include linking with external support services (e.g., youth mental health providers) to facilitate student access to additional emotional and social wellbeing support where needed.

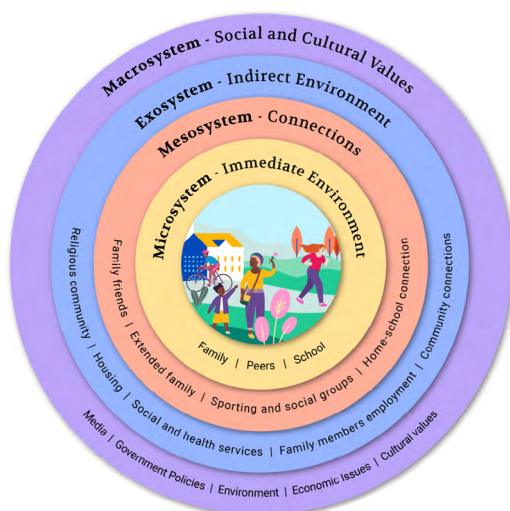
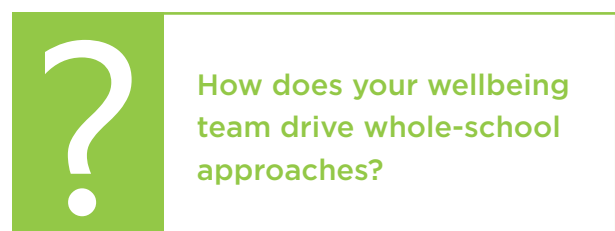


Figure 4: Bronfenbrenner® Ecological Systems Theory, *Be You*

For whole-school interventions, there is a risk that the whole-school and family-focused components will be inadequately planned and/or integrated into the school activities (Durlak et al., 2011). Studies of multicomponent interventions more likely to report

implementation problems (which were related to lower effect sizes, as one might expect). Durlak et al noted that many “multicomponent programs involved either or both a parent and a schoolwide component, and these additional elements require careful planning and integration”. Whole-school multicomponent interventions are indeed more complex to implement, and **implementation support** may be essential to ensuring high quality interventions and outcomes for students. But in-depth multicomponent interventions that achieve successful implementation are best (Mertens et al., 2020).

**Establish Representative Leadership for A Whole-School Approach.** A whole-school approach for wellbeing requires more than a few people to champion it. Leadership that will be robust to changes in staffing is essential. Lessons learned from the failed “Tools for Life” trial in the U.S. (Gonzalez et al., 2020) highlighted that relying solely on the principal to champion implementation is insufficient, and that putting the effort onto a single staff member is not wise, especially in light of potential principal and staff turnover and workload. This finding focuses on the need to ensure whole-school and community ownership over the implementation the school efforts through opportunities for collaboration and whole-school promotion of activities. In the Friendly Schools study, whilst Principal commitment and engagement was crucial to demonstrate to staff its importance, school implementation teams that used already existing structures and roles such as pastoral care teams were more sustainable in supporting ongoing implementation (Cross et al., 2018).



Schools in the SEHER study, which had positive outcomes, established a committee with representation from school leadership, families, teachers and students (Shinde et al., 2021). The SEHER School Health Promotion Committee was mandated to ensure representation from the entire school community, with the goal of driving the program and ensuring it was implemented effectively and with local relevance. This committee had responsibility for reviewing priorities identified by students, with support and empowerment from the school leadership. This approach provides ongoing and robust support for the intervention and is less likely to falter if a staff member leaves.

## 5.2. Focus on Interventions with Evidence of Effectiveness

**Choose an intervention that has robust evidence behind it.** Good intentions are necessary but not sufficient to ensure student wellbeing. Although interventions on average work to help students, not all work and especially not in all contexts, nor will all students be helped. Moreover, the challenge of choosing an effective intervention is increased by the misuse of the term ‘evidence’. Anyone may read a study, develop a program and call that program ‘evidence-based’. But this does not mean it has been tested and shown to work. **Thus, the first step is selecting an intervention approach that has a quality evidence-base (tested within a randomised control trial), and is not just “evidence-informed”, is a first step toward effective wellbeing promotion.** Reviews of the success of interventions in improving different wellbeing outcomes must be assessed and matched to each school’s student needs to be of real benefit to students.

One meta-analysis paid particular attention to the content of the school-based interventions (Mertens et al., 2020), with analyses to test whether the content focus of the intervention mattered. Although the analyses found that interventions had significant effects overall, they found little reason to support specific intervention targets. Specifically, they tested whether studies addressing emotional regulation, assertiveness, self-efficacy, self-control, insight building, cognitive coping, relaxation, social skills, problem solving, or resistance to negative peer pressure were more or less effective. While no definitive patterns emerged, they found that problem-solving skills were somewhat better for social outcomes supporting wellbeing, and personal insight was somewhat better for resilience and social competence.

The Mertens et al (2020) meta-analysis also examined whether specific instructional/pedagogic approaches were related to stronger or weaker effects (Mertens et al., 2020). Studies were coded for use of practise, modelling, discussion, goal setting, self-monitoring, use of multimedia resources, assignation of homework, and didactic instruction. The type of instructional approaches taken by different interventions did not appear to be related to the strength of the intervention’s impact. For *intrapersonal* outcomes, practising

was associated with better outcomes for overall intrapersonal domain outcomes. For *interpersonal* outcomes, none of the instructional approaches had a robust effect overall. The only significant relationship was in the use of multimedia (to introduce or reinforce new social skills or understandings) in relation to social competence.

This research suggests that selecting whole-school interventions that are shown overall to be effective in improving student wellbeing outcomes is a good start with consideration of the setting (e.g., primary or secondary school) and age group or year levels (e.g., lower or middle primary) that it was effective.

It is noted that most of the interventions reviewed in these meta-analyses did not include a targeted component for individual students requiring specific support and used primarily universal delivery (to all students) within the whole-school approach. Further tailoring is then required by schools to match particular intervention wellbeing outcomes that they wish to improve in their students based on need.

**Explicitly teach students developmentally appropriate social and emotional skills.** Further insight on what might be important to focus on in whole-school intervention comes from an analysis of data from 20,360 students (Years 5-13) at 121 schools in New Zealand, focused on understanding student wellbeing and what schools can do about it (Lawes & Boyd, 2017)<sup>2</sup>. Some of the teacher activities that were most strongly associated with student wellbeing were common teaching strategies: for example, teaching students to manage their feelings and emotions, developing a charter of shared classroom or school values, and including a focus on social skills. Although these items often reflect common teacher activities, the potential impact may be increased if all teachers systematically engaged in those activities with their classes. The authors also highlighted three activities that are not highly prevalent amongst the teachers: *use of role play or drama to support social skills and interpersonal strategies, explicit teaching of conflict resolution, and explicit teaching of bullying response strategies.*

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<sup>2</sup> Although this study was not a meta-analysis or randomised controlled trial, it was a unique analysis from New Zealand that examined exactly issues pertinent to this review.



**Ensure interventions meets the SAFE criteria: Sequential, Active, Focused and Explicit** (Durlak et al., 2011). The backbone of most wellbeing interventions is classroom curriculum that supports children's social and emotional wellbeing via attitude, belief, and competency development. In the Durlak et al. (2011) meta-analysis, interventions were coded according to four criteria derived from an extensive research base on what procedures should cumulatively occur for personal and social skill training to be effective. These are the SAFE criteria:

- a. **Sequentially organised** step-by-step activities that are connected and coordinated in their approach to skill development, ideally clearly informed by child/adolescent development understanding.
- b. **Active forms of learning** that aim to support specific skill development to promote wellbeing.
- c. **Focused components** with sufficient time allocated to promote personal or social skills supporting wellbeing.
- d. **Explicit targeting** and explicit learning goals for those focused, specific skills.

In total, 83% of the interventions reviewed were coded as meeting these targets, and these were significantly more effective in improving skills, attitudes, social behaviour, academic performance, and reduced emotional distress and conduct problems (Durlak et al., 2011).

### 5.3. Establish a Dedicated Leader and Team to Drive Implementation

**Ensure the implementation strategy will work for your school.** Although there is evidence that teacher-led interventions can be effective (Durlak et al., 2011; Fenwick-Smith et al., 2018), there is also evidence that this approach can be challenging. In some cases, a dedicated position of intervention facilitator or coordinator with support of an implementation team may be most effective (Shinde et al., 2018). This may be most needed where the school cannot guarantee collaboration across the school workforce.

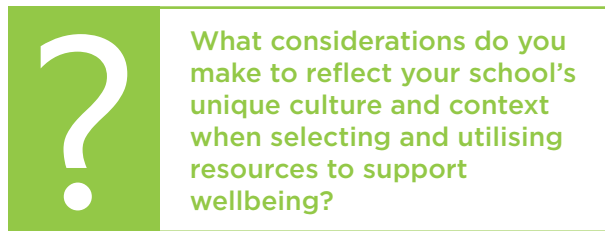
In the SEHER trial (see Case Study 2), a staff member who received training and allocated time was effective in supporting student interventions. Although it constitutes an extra cost to the school, principals and teachers noted that the dedicated position enabled full-time efforts to drive the interventions for these students. This role operated under supervision from the research team, with monthly meetings to consolidate core skills of listening, assessing, enabling, and building trusting relationships with the students and other school staff. The dedicated coordinator was able to liaise between the intervention leadership committee (see above) and the school leadership and teachers toward a shared understanding of the program concepts.

Whilst other interventions have also reported effectiveness with teachers implementing whole-school activities (Durlak et al., 2011), these findings point to important challenges to face directly if teachers are to be the key implementors of whole-school wellbeing beyond classroom components.

**Find the Right People for the Job.** The individuals tasked with coordinating a whole-school wellbeing initiative must have outstanding interpersonal skills, and be able to establish a rapport with students, staff and families (Shinde et al., 2021). To the extent that if the face of the intervention is seen as 'going through the motions', insincere, or hard-done-by, the intervention is unlikely to succeed. In the SEHER study, a key finding was the need for people who are friendly, approachable and interested in the wellbeing of the students, families and educators. The importance of gaining the acceptance and support of the other school staff also entails being able and willing to organise regular meetings with staff, involve teachers in planning and implementing of leading whole-school activities, and assisting the principal in relevant duties. **Finding the right people for the role is paramount.**



**Opportunities to Contextualise.** It is important for schools to ensure all materials and lessons are culturally and developmentally appropriate to the strengths and needs of the student body and target their needs.



This is especially important for Australian schools, given that many evidence-based programs are developed and trialled overseas or only in metropolitan areas.

Although the intervention developers often desire strict fidelity to the intervention, teachers value the option of making adjustments to improve relevance to their students' needs (Fenwick-Smith et al., 2018). Teachers' knowledge of the individual students can enable them to find the most effective ways to bring an intervention to life. Teachers understand students' "lived experiences and current coping and help-seeking strategies", enabling them to support resilient wellbeing outcomes (Fenwick-Smith et al., 2018).

Any adaptations to the intervention need to align with the overall goals and outcomes, and the value of rigorous professional learning so that this is clearly communicated is critical. A take-away from the unsuccessful trial of Tools for Life® was that the teachers did not feel involved enough in the classroom curricula to adapt the materials (Gonzalez et al., 2020). Unfortunately, the materials in that trial were seen by the teachers as very inappropriate to the age and cultural context of their students.

However, too much adaptation may push an intervention into untested territory, meaning schools or teachers are effectively trialling a new strategy. A middle-ground can be achieved by ensuring that the teachers have a deep comprehension of the aims and strategies of the intervention and ensure that adaptations are not 'sneaking in' their own priorities, but rather ensuring the evidence-based materials are accepted and best suited to engage the students. There is much debate in this balance of implementing interventions with fidelity (as intended) and allowing adaptations, there is growing evidence to suggest that these adaptations may in fact improve the quality of implementation and impact if monitored closely (Lendrum, Humphrey, & Greenberg, 2016). An opportunity to co-design and liaise with the program developers or trainers is ideal.

## 5.4. Prepare the Staff and School Early

**Establish and publicise evidence and need for whole-school intervention.** Staff that see the relevance and importance of the intervention are more likely to take it seriously (Shinde et al., 2021). Such interventions often create extra labour for the workforce, and their commitment to the initiative and need to see the relative advantage of changing their practice. Effective leadership that cuts across school leadership and teachers must be planned and even this phase requires careful implementation. Shared understandings of the problem and the approach to a solution are required. For example, the Friendly Schools intervention starts with student and staff surveys to determine needs, readiness, attitudes and perspectives that will guide not only the selection of strategies that address identified needs but also barriers to successful implementation (Cross et al., 2018). Often once staff see the needs expressed by their own students and are given an opportunity to tailor solutions, they are more amenable to support the intervention and implement practice change. There is a growing body of evidence that recognises an initial stage of 'getting ready' for implementation of a new intervention is a critical step in preparing the school and staff to ensure successful implementation (Kingston et al., 2018).

**Establishing wellbeing as part of the mission of the school may also be important to success.** In SEHER schools, schools where the school principal accepted, supported and articulated the importance of the program, were able to motivate other teachers to support the program, and to enable financial support for activities, increased the program's success (Shinde et al., 2021).

Interviews from the failed Tools for Life® trial reaffirm the need to stoke a "burning desire" amongst educators to improve student social and emotional wellbeing (Gonzalez et al., 2020). This requires addressing potential 'intervention burnout' from educators feeling like too many haphazard programs have been launched but have not lasted.

As well, in the Tools for Life trial, teachers indicated the training emphasised that the intervention was "something you already do" which may have impeded their understanding of how it may have been different from what they were already doing (Gonzalez et al., 2020). Whilst it is important in professional learning to appreciate the expertise that teachers already have, for some educators it may also be important to clearly flag the new learning and new ways of working that are being taught.

**Ensure Meaningful, not Tokenistic, Whole-School Action at Sufficient Dosage.** Implementing a wellbeing intervention can create a challenge for teachers who already face a crowded curriculum. It is common for educators to report difficulties in trying to balance wellbeing with other academic demands (Willis, Hyde, & Black, 2019). Interviews with Australian teachers about this challenge unearthed metaphors such as “juggling with both hands tied”, “walking a tightrope between two pitching ships in a storm”, and “a tug of war” to describe the tension between strengthening academics and supporting wellbeing (Willis et al., p.2667). In addition to explicitly teaching SEL curriculum, teachers support student wellbeing through their positive relationships with individual students and opportunistic learning and support in non-classroom settings such as the playground and sporting field. Teachers at the secondary level were more likely than primary teachers to report existing wellbeing programs as tokenistic, ineffective, or not supported by school leaders. (Willis et al., 2019).

One study reviewed was not effective in using KiVa (a Finnish program) in improving student outcomes (Axford et al., 2020). Much can be learned, however, from failed trials. In this case, many schools were found to have only put up the posters provided as part of the KiVa program. Whilst posters may hold value if they are visible reminders of whole-school activities, posters are not a ‘sufficient program dose’ to make a difference in students’ lives.

[Interventions that are intensive – with daily or weekly focus for several weeks may be more effective than longer but less intensive interventions \(Kumar & Mohideen, 2019\).](#) When implementing an evidence-based intervention, it is important to provide adequate dosage of intervention strategies (Gonzalez et al., 2020). The unsuccessful Tool for Life trial provided 12 classroom lessons, which were seen as too few (Gonzalez et al., 2020). Moreover, those lessons were reported to have “frequently required extra work and creativity to execute [...] in a way that keeps students engaged” (p. 51).

Establishing the need to teach SEL to improve student wellbeing outcomes also means acknowledging the need for sufficient time. Effective leadership is required to ensure teachers feel empowered to focus on student wellbeing, even if it means making it a priority. Follow-up interviews with educators in the unsuccessful KiVa trial indicated that many omitted aspects of the KiVa content to fit it into the crowded curriculum. Thus, implementing the wellbeing curriculum likely contributed to the ‘tug-of-war’ felt by teachers (Willis et al., 2019) in attempting to address wellbeing on top of other academic content.

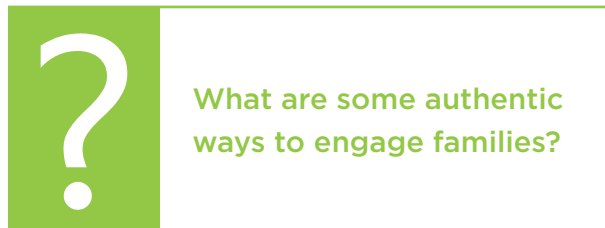
**Train Often and Train Well.** Schools should aim to stoke a “burning desire” amongst educators to improve student social and emotional wellbeing. The goals of establishing the relevance and importance of the targeted outcomes are paramount. SEHER schools that had positive results were more likely to find the resources to be relevant and important (Shinde et al., 2021; Shinde et al., 2020).

[Rigorous professional learning particularly for whole-school interventions, is essential \(Durlak et al., 2011; Fenwick-Smith et al., 2018\).](#) Without such training for those responsible for implementing the key messages and skills (see next section), effective intervention may be jeopardised and whole-school interventions may fail to have the desired impact. For example, the Raising Healthy Children study (Catalano et al., 2003) found positive effects for school and social competence and academic outcomes. In that trial, teacher professional learning included a series of workshops, and monthly booster sessions. It also provided teachers with an opportunity to observe other project teachers running the program. The horizontal knowledge transfer between one’s professional peers is rare in the literature on wellbeing trials, may provide a potent mechanism for consolidating good practices, eradicating poor practices, and engendering a sense of community for the educators.



## 5.5. Provide Meaningful Engagement with Families

While the home environment is a major determinant of children's social and emotional wellbeing, evidence indicates that schools can and do make an important difference on top of the home environment for children's social development (Runions et al., 2014). [When teachers and parents can get on the same page, positive outcomes can result even for very difficult students \(Sheridan et al., 2012\).](#)

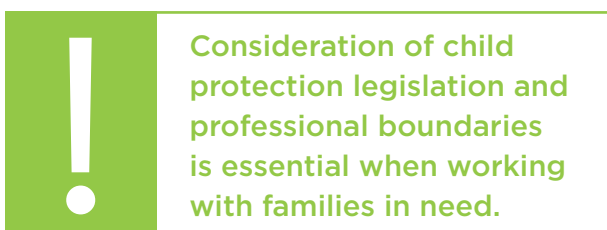


Whole-school wellbeing interventions provide an important avenue toward such goals. Interventions that involved families are more effective in improving the school climate than those that do not (Mertens et al., 2020). Parent/carer involvement in their child's school varies widely, with low parent education, low socio-economic status, and parental depression all known risk factors for low involvement (Kohl, Lengua, & McMahon, 2000). Consequently, some parents/carers may not feel comfortable in school or welcomed by the school and are reluctant to engage; whereas other parents/carers may not have time to commit to school activities. Some families find school 'hard-to-reach' (Harris & Goodall, 2008).

**Engage Families Early in Planning and Oversight.** Recruiting families in the early stages may help ensure core parent-community champions (Shinde et al., 2021). The SEHER program was exemplary in involving parents/carers in a School Health Promotion Committee that enabled community ownership and a nexus for dialogue between the school leadership and the parent community (Shinde et al., 2018). This was a proactive process of asking parents/carers to put ideas forward during the meetings. These champions need to be empowered to have a non-tokenistic role by inputting ideas for how things work, and seeing those ideas come to fruition where possible.

**Have a Strong Hook.** Workshops and programs should be titled to maximise parent/carer interest. The Raising Healthy Children intervention (Catalano et al., 2003) used titles like "How to Help Your Child Succeed in School". What parent/carer does not want their child to succeed in school? Although vague, this provides an avenue to get an audience of parents/carers who can then learn the value of wellbeing to school and life success.

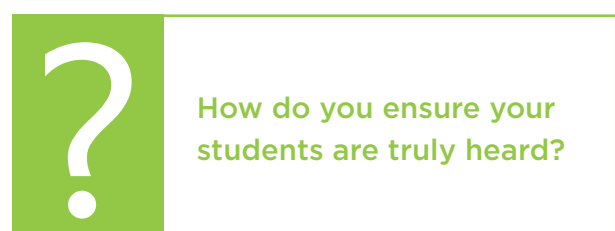
**Consider Going to the Families.** The Raising Healthy Children intervention also included in-home visits to families to support problem solving in the home (see Case Study 3). This may not work for all schools, and such targeted interventions may not be feasible. But for some families, this level of support could be game changing.



## 5.6. Create Meaningful Opportunities for Student Voice and Engagement

**Nothing About Us Without Us.** If student wellbeing is the aim, students need a voice to feel truly heard, particularly in adolescence when the need for autonomy is increasing. Provision of a meaningful mode of obtaining student questions and concerns and a meaningful and prompt response to those questions and concerns has been demonstrated to be effective (Shinde et al., 2021).

In the SEHER trial, a Speak-out Box was provided for students to raise issues, either anonymously, or as an appeal for some one-on-one support (Shinde et al., 2018). The overwhelming consensus of students was that the success of the SEHER program was due to the prompt action in response to their expressed concerns, and the increased faith that engendered in the facilitator and the program overall (Shinde et al., 2021). Amplifying student voice in decision making was key in those schools.



The Friendly Schools cyber-safety initiative has also been able to effectively engage students in the development of the intervention materials themselves (Cross, Lester, Barnes, Cardoso, & Hadwen, 2015)

**Supporting Students in Need.** Providing a whole-school wellbeing approach is important to the positive development of all students. Such an approach should recognise and play to the strengths of students wherever possible, without neglecting individual student needs. To support students who are at higher risk, some effective interventions have built counselling into the whole-school intervention. One meta-analysis found that interventions with a targeted component for students at risk for behavioural or emotional problems were more effective than those without, in particular for social and emotional adjustment outcomes (Goldberg et al., 2019). The SEHER program in India, for example, provided problem-focused counselling for academic, social or health concerns, with referral pathways for more serious problems (Shinde et al., 2018).



Figure 5: AISNSW Whole-school Approach to Wellbeing



## 6. CONCLUSIONS

This rapid review aimed to answer two questions to inform school actions to improve student wellbeing outcomes:

How effective are whole-school student wellbeing approaches in improving student wellbeing outcomes and academic performance?

What are the implementable elements and characteristics of effective whole-school approaches to student wellbeing?

The evidence is clear that whole-school approaches to promote student wellbeing can be effective in improving social, emotional, and academic outcomes. Six relevant new studies were identified published in the last five years. The Australian Friendly Schools and the SEHER program in India have shown efficacy in improving wellbeing-related outcomes, but two other large-scale trials failed to show an impact. This highlights the variance in how well interventions work and reminds us that not all programs are effective. Thus, it is imperative to consider factors that are related to successful wellbeing interventions. The nature of the intervention, and the way it is implemented and sustained are of paramount importance in determining whether students benefit. The review of implementation factors associated with successful student wellbeing interventions provided a rich set of recommendations. Moreover, the science of implementation of interventions in schools is growing quickly to provide some guidance (Domitrovich, Moore, & Greenberg, 2012; Lyon, 2017; Meyers, Domitrovich, Dissi, Trejo, & Greenberg, 2019).

This review highlights six key learnings for school practice to improve student wellbeing through a whole-school approach.

- Adopt a whole-school approach
- Focus on interventions with evidence of effectiveness
- Establish a dedicated leader/champions and team to drive implementation
- Get school and staff ready for implementation
- Provide meaningful engagement and support with families
- Create meaningful opportunities for student voice and engagement

These learnings also support AISNSW's whole-school recommended approaches. The first recommended approach is already in progress through this report: engaging in the processes of **Utilising research and evidence and Planning using evidence-based tools**. The other recommended approaches are also supported by the evidence reviewed here.

**Take a strengths-based approach and embed social and emotional learning pedagogy.** The effective interventions share a common focus on building students' strengths via social and emotional learning. Meta-analyses reveal that the specific focus of the intervention may matter less than might be expected: it may be that there are 'many roads to Rome'. That said, schools cultivating their own insight into their students' social and emotional processes, may be particularly potent. Similarly, supporting (relevant) social problem solving may be a valuable strength to cultivate amongst students.

**Use social capital and consult authentically with staff and students.** We all want to belong and feel connected, and students no less to their peers and teachers. For primary school teachers, establishing trust with students is relatively straightforward; for secondary schools, where teachers have less contact with students, other strategies may be required. An evidenced-based approach to doing this is to involve the students early and often in decision-making. Many of the effective interventions provide clear pathways to increasing the students' sense of connectedness to the school community, for example by providing ways for student voice to be heard and acted upon meaningfully.

**Seek opportunities across key learning areas and audit the scope and sequence.** Most of the effective interventions reviewed featured an explicit teaching component of SEL skills to students. The evidence is clear that wellbeing interventions work best when the educators involved have an opportunity to adapt the intervention to their local context and particular needs. Although teachers may not be experts in promoting wellbeing, they are experts of their students' needs and strengths and in their curricular areas, including seeking ways to integrate the intervention materials into Key Learning Areas (KLAs) to facilitate their successful implementation. Moreover, evidence indicates that the wellbeing curriculum should be SAFE: sequential, active, focused and explicit. This is best accomplished by well-planned integration into KLAs and careful attention to the scope and sequence of the classroom activities.



**Take a whole-school approach and incorporate school vision, mission, ethos and values.** The evidence is clear that whole-school approaches that are well integrated into the school mission and inform the school values can be successful if they are well implemented. This should include whole-school representation in leadership of the intervention, bringing a range of school staff, families, students and other community voices to the table. Given the challenges in implementing multicomponent interventions, implementation support is imperative, as reflected in the next three recommendations.

**Review policies and procedures and physically map the updated scope and sequence.** A key facet of implementing whole-school approaches is a structured review process to map the gaps at the school level. Identification of gaps in policy and practice then informs planning, not only of the sequence of classroom activities and curriculum, but of the entire process of establishing a whole-school approach. There must be space in the school day—and in the minds of teachers – to implement a whole-school wellbeing initiative including any curriculum involved (e.g. PDHPE). This process can help to ensure teachers have the room to move such initiatives into their day-to-day activities.

**Provide ongoing and prioritised professional learning and support.** A key outcome from this review was that programs to be implemented by teaching staff need to be adequately resourced to provide intensive and inspiring professional learning, and to establish ongoing practices to sustain and continue to build strengths in enhancing and supporting student wellbeing. The SEHER program accomplished this through horizontal knowledge transfer from shadowing other teachers implementing the program.

**Discuss staff wellbeing and utilise staff.** The process of making an informed decision about who will run the intervention needs to be made (see 5.3) to ensure success for the students and staff alike. Finding staff who can serve as the facilitator of the intervention can be helpful. Educators who are well trained, motivated, and well supported by school leadership may work better. Ensuring staff readiness, within a context of overall staff wellbeing, is key to maximising the likelihood of successful implementation of school wellbeing interventions.

**Support ongoing family education.** Finally, the evidence is clear that whole-school interventions that work inclusively with families can be effective. Messages and learnings delivered at school are most likely to be effective if reinforced at home. However,

engagement with the home should be an early step, not an afterthought. Including key parent/carer representation on a wellbeing committee can work to snowball support across the school community for the initiative. Well-tailored messaging can bring a significant percentage of parents/carers to the school for key messages and workshops. Parent/carer engagement must be proactive, respectful, culturally safe and meaningful.

Guided by the research evidence, schools will be better equipped to transform themselves into learning communities able to fulfill the vision of the Australian Student Wellbeing Framework: promoting student wellbeing, providing a safe and connected setting marked by positive relationships, so that students can have the opportunity to achieve their fullest potential.

### Limitations of this Review

As with any review, this report may not reflect all the relevant whole-school interventions that have been studied in the time frame examined. The process of searching literature relies on the use of the right words as search terms and a need to capture broad and specific concepts which can be challenging. We are confident, however, that our conclusions provide a valid reflection of the current state of knowledge. It is also true that valuable intervention strategies may exist that are not currently part of 'whole-school' interventions. A limitation of a rapid review with time constraints is that most meta-analyses and systematic reviews do not provide enough detail of intervention components or strategies to ascertain their true learnings. These constraints also mean that studies that are explicit and complete in their description of implementation factors receive more attention than those that do not. In this report, the SEHER trial included an article solely describing factors in implementation, and consequently that intervention is highlighted heavily, which may lead readers to believe it is superior to other effective interventions.

This review also highlights the challenges in the way that interventions are defined and our definition of whole-school (multicomponent and multileveled) may exclude interventions from fields that did not meet these criteria. For example, our review found little evidence of meditation or mindfulness interventions. Such programs may be at a stage of being trialled as 'stand-alone' trials and not yet part of larger systematic reviews or are largely classroom-based and not whole-school. Future studies may arise that provide a larger base of whole-school strategies to support student wellbeing.

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## GLOSSARY

**Effective:** Of an intervention that has evidence of providing significant benefits to those who receive it, based on the highest standard of evidence available (e.g., randomised-controlled trial).

**Evidence-based:** interventions that are designed and tested in well-conducted research trials that have demonstrated that the intervention works to improve outcomes compared to alternatives or usual practice

**Evidence-informed:** interventions that are designed by developers who have assessed the evidence but have not been tested in research trials to demonstrate that it directly works to improve outcomes.

**Internalising** (problems, features, disorders): Related to depression, anxiety and/or poor responses to stressors.

**Interpersonal:** Outcomes related to capacities of an individual to form and sustain positive relationships with others, including understanding of social situations, social norms and roles, and capacities to respond appropriately. Specific outcomes may include social competence, school climate, aggression, and bullying. (Cf. intrapersonal)

**Intrapersonal:** outcomes related to “managing one’s own feelings, emotions, and attitudes pertained to the individual self in which one can experience competencies and problems”. Outcomes included general wellbeing, resilience, self-esteem, self-regulation, and internalising problems. (cf. interpersonal)

**Outcome:** An outcome is a measurable individual or group level change or benefit. For example, a student outcome may be a decrease in reported experiences of bullying, or increased attendance at school, or increased help-seeking. Outcomes are different from outputs, as outputs focus on what was implemented to achieve a change in outcomes.

**Randomised Controlled Trial:** A research design in which individuals or groups (e.g., a school) are randomly assigned to one of two groups: an experimental group that received the intervention being tested, and a control or comparison group that does not receive that intervention.

**School Climate:** The experienced quality of participation in a school community based on the report of members of that community.

**Social and Emotional Learning:** The process by which humans acquire and effectively make use of the beliefs, attitudes and skills needed for understanding and regulating one’s own emotions; establish and achieve positive personal goals; experience and act upon empathy for others; and establish and sustain positive social relationships.

**Targeted (e.g., intervention):** Of an intervention that is focused on individuals who are demonstrating high levels of known risk factors for a negative outcome or who are demonstrating high levels of a negative outcome.

**Whole-school:** Of an intervention that includes multiple universal components and which involves the whole staff, parent/carers of students, and/or other agents in the local community, resulting in a multi-levelled intervention, that may or may not include a targeted component.

**Universal:** Of an intervention that is provided to all students within a class or school. (cf. Whole-school)

**Student wellbeing:** Wellbeing refers to a positive sense of self and belonging and the skills to make positive and healthy choices to support learning and achievement, provided in a safe and accepting environment for all students.

## APPENDICES

### Appendix A. Detailed Methods Used in The Review

This literature review aimed to inform the core AISNSW wellbeing work to support schools, as well as the new Compass initiative commencing in 2021 by providing an overview of the current state of evidence for whole-school approaches to student wellbeing. The literature review will be shared with NSW independent schools and used to support school-level practice within the Compass initiative including a discussion of findings in relation to current wellbeing definitions, approaches and frameworks used in Australia. Specifically, AISNSW were interested in understanding two questions through this review.

How effective are whole-school student wellbeing approaches in improving student wellbeing outcomes and academic performance?

What are the implementable elements and/or characteristics of effective whole-school approaches to student wellbeing?

**Methods.** To answer these questions, a rapid evidence review methodology was approved, wherein the literature was initially limited to findings from meta-analyses and systematic reviews (MASR) over the last 15 years (2006-2020). (MASR are the highest synthesis of evidence available.) This was supplemented with a review of primary studies published in the last five

years (2016-2020). Key policy and frameworks within the Australian context were examined from the grey literature and referred to in the discussions of the literature findings.

As whole-school approaches to student wellbeing are the focus of the review, education, health and psychology related databases were searched. Databases that were most suitable to be included were Web of Science, PsycINFO, PsychARTICLES, ERIC and the Australian Council for Educational Research (ACER) A+ Database. As well, to provide a rich search of systematic reviews, the Cochrane/Campbell Library were searched. These were considered highly likely to meet the review goals of locating relevant MASR (2006-2020) and new primary studies (2016-2020).

Search terms were defined in collaboration with AISNSW. The core search terms were (well-being OR wellbeing OR “well being”) AND (child\* OR adoles\* OR youth\* OR student\*) AND (“whole-school” OR “whole school”) AND (intervent\* OR program\* OR efficacy). For the first phase, the additional limits were “(meta-analys\* OR meta analys\* OR “systematic review”) and the date window of 2006-2020 For the second phase, a date window of 2016-2020 was set.

To further target the studies that met the needs of the review, an eligibility criteria was developed with AISNSW to guide the inclusion of highly relevant articles (See Table A1).





**Table A1. Review eligibility criteria**

Criteria	Included	Excluded
Population	<ul style="list-style-type: none"> <li>Primary and secondary school students (aged approximately 5-18 years)</li> </ul>	<ul style="list-style-type: none"> <li>Pre-school aged students; TAFE or university-aged students</li> </ul>
Study design	<ul style="list-style-type: none"> <li>Meta-analyses and systematic reviews 2006-2020</li> <li>Primary effectiveness studies published during 2016-2020 with rigorous experimental controls in place (i.e., randomisation at the level of class, school, or district)</li> </ul>	<ul style="list-style-type: none"> <li>Non-systematic reviewing including scoping reviews, rapid reviews, narrative reviews, review protocols</li> <li>Primary studies prior to 2016</li> <li>Study protocols</li> <li>Dissertations, conference abstracts, reports, book chapters, editorials and opinion pieces</li> <li>Studies under three-months</li> <li>Self-paced implementation.</li> </ul>
Intervention	<ul style="list-style-type: none"> <li>Whole-school intervention (multi-component, multi-levelled)</li> </ul>	<ul style="list-style-type: none"> <li>Targeted or individual student interventions only</li> </ul>
Setting	<ul style="list-style-type: none"> <li>Studies conducted within formal school settings</li> <li>Studies conducted in demographically similar high/middle income countries (Australasia, Canada, UK, USA)</li> </ul>	<ul style="list-style-type: none"> <li>Studies conducted in any of the following settings:</li> <li>Other education settings (e.g. training centres)</li> <li>Community settings</li> <li>Workplace settings</li> <li>Hospital / clinical setting</li> <li>Institutional setting (e.g. out-of-home-care)</li> <li>Low income countries</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>Studies that focus broadly on holistic social, emotional, psychosocial or academically relevant student wellbeing outcomes, or broad level constructs that imply wellbeing (e.g., school climate)</li> </ul>	<ul style="list-style-type: none"> <li>Studies that focus exclusively on student physical health outcomes (physical activity, healthy eating, drug and alcohol use)</li> </ul>
Publication	<ul style="list-style-type: none"> <li>Published in English</li> <li>Peer-reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Published in any other language</li> <li>Published in non-peer-reviewed publications</li> </ul>

## Results of Literature Search

The results of the search process are illustrated in figures A2 (meta-analyses and systematic reviews) and A3 (new research studies). The literature search for meta-analyses and systematic reviews (MASR) resulted in an initial 43 publications using the search terms. Following title and abstract assessment, 39 were excluded, and four were selected for full-text assessment. An additional four articles were identified through the subsequent search, so that 7 articles reporting MASR were available for review. For the original research, 125 articles were identified (after removing duplicates). Of these 89 were excluded as not relevant to the review upon reading the abstract. This left 27 articles for full review. Of these 21 were excluded as not reporting on randomized-controlled trials, leaving six articles for inclusion in this review.

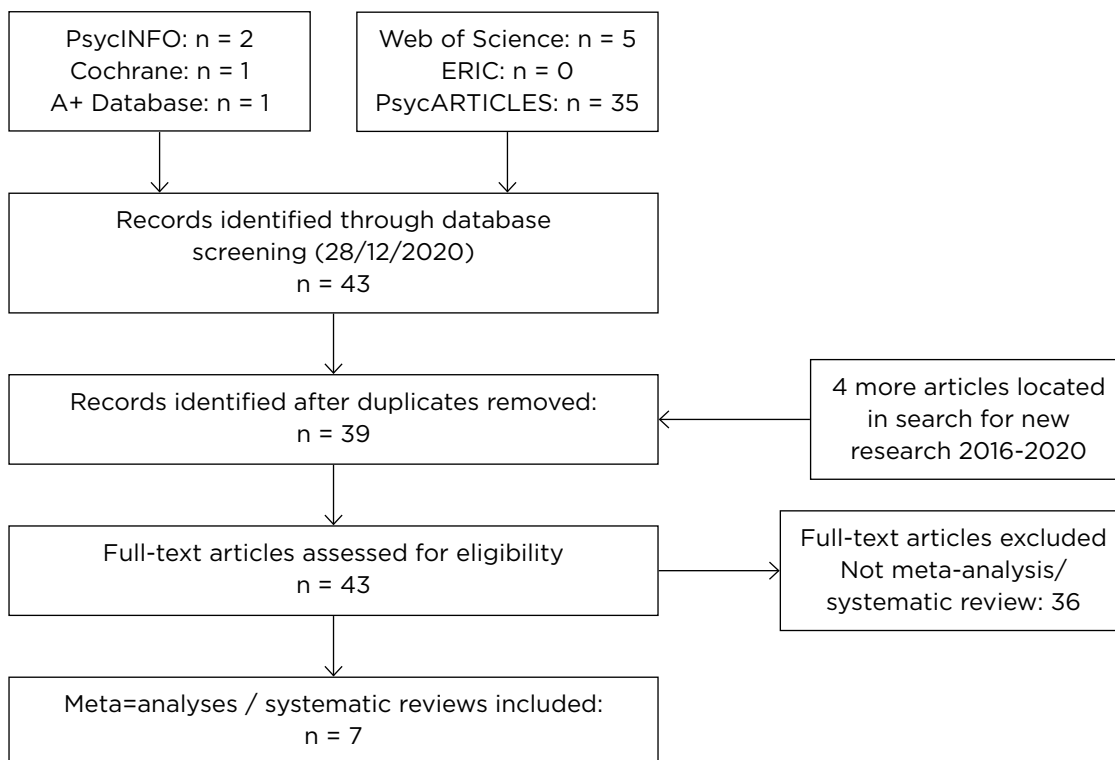


Figure A2. PRISMA diagram for literature search process for whole-school interventions on student wellbeing meta-analyses and systematic reviews 2006-2020

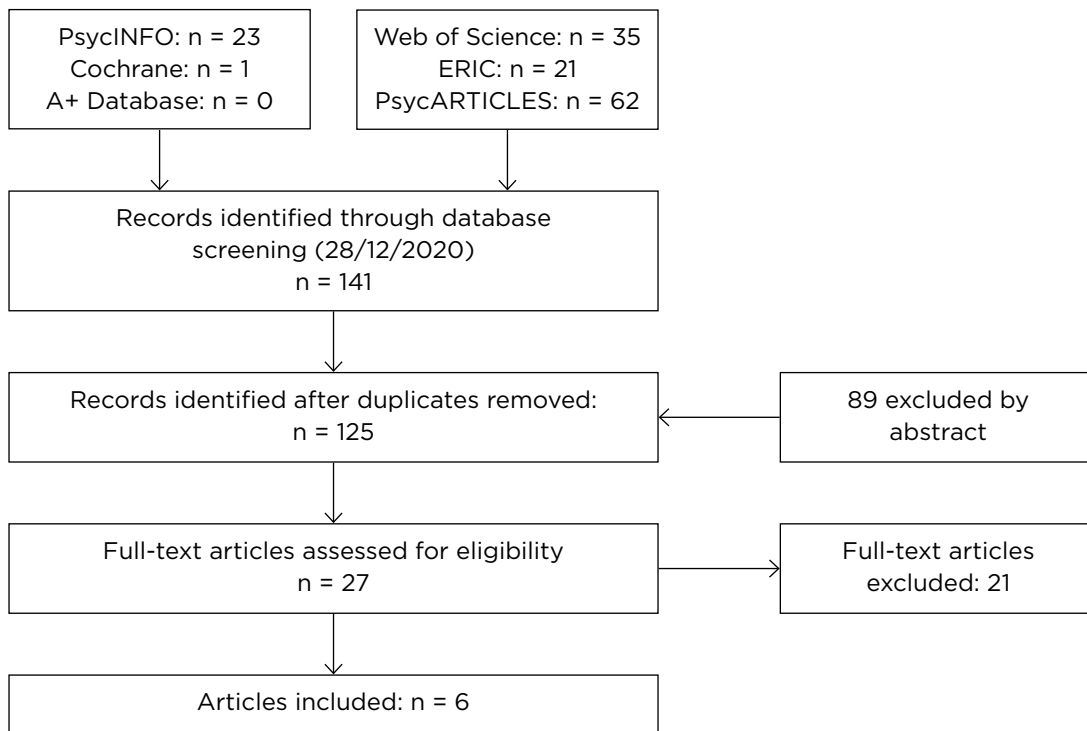


Figure A3. PRISMA diagram for literature search process for whole-school interventions on student wellbeing new studies 2006-2020

Table A2. Overview of Meta-analysis and Systematic Reviews Included in the Rapid Review						
Article Authors	Type	Title & Aim / Focus	Search Details	Search Keywords	Details Recorded	Key Findings
Durlak et al (2011)	MA	The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. School-based programs to promote students' social and emotional development Intervention formats (SAFE practices); reported implementation problems; facilitator type (teacher; non-school personnel); multicomponent programs; student SEL outcomes; attitudes; behaviours; conduct; emotional distress; academic performance.	1970 – 2007. PsycINFO, Medline, Dissertation Abstracts.	social and emotional learning, competence, assets, health promotion, prevention, positive youth development, social skills, self-esteem, empathy, emotional intelligence, problem solving, conflict resolution, coping, stress reduction, children, adolescents, intervention, students, and schools.	Intervention formats (SAFE practices); reported implementation problems; facilitator type (teacher; non-school personnel); multicomponent programs; student SEL outcomes; attitudes; behaviours; conduct; emotional distress; academic performance.	SEL interventions associated with significant gains in all domains studied. Key implementation factors identified included “SAFE” implementation, facilitator, and whole-school.
Fenwick-Smith et al (2018)	SR	Systematic review of resilience-enhancing, universal, primary school-based mental health promotion programs. Universal, resilience-focused mental health intervention for primary school-aged children (5-12 years of age). Resilience defined as “a capacity or set of skills that allows a person to “prevent, minimize or overcome the damaging effects of adversity” [...] through the promotion of protective factors including coping skills, peer socialization, and empathy building, self-efficacy, help-seeking behaviours, mindfulness and emotion literacy.	2002-2017; PsycINFO, Web of Science, PubMed; Medline; Embase; Cochrane. Final n = 11.	(a) health education, health promotion, mental health, mental health promotion, social and emotional wellbeing; (b) school health service, student, schools, whole-school; (c) adolescent*, child, school child, pre-adolescent; (d) emotional intelligence, coping behaviour, emotional adjustment, resilience*, problem solving.	Program Name; Location; Study Type; Sample Size; Aim of Program; assessment of methods via Mixed Methods Appraisal Tool; Outcomes of Intervention.	Factors associated with positive outcomes included teacher delivery; option to adapt the program components; range of ‘resilience skills’.



Table A2. Overview of Meta-analysis and Systematic Reviews Included in the Rapid Review						
Article Authors	Type	Title & Aim / Focus	Search Details	Search Keywords	Details Recorded	Key Findings
Goldberg et al (2019)	MA	Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis. Determine the effectiveness of interventions adopting a whole school approach to enhancing children and young people's social and emotional development. Whole school interventions were included if they involved a coordinated set of activities across curriculum teaching, school ethos and environment, and family and community partnerships.	PsychINFO, Embase, Scopus, & ERIC + a range of education and health promotion databases. Final n = 45, reflecting 30 interventions.	Range of wellbeing (e.g., "emotional skills"), whole school (e.g., "school-wide"), program (e.g., "intervention") and study (e.g., "evaluation") and sample (e.g., "Adolesce") related terms.	Study Outcomes: Social and emotional adjustment; behavioural adjustment; school performance; internalising symptoms.	Small significant effect for social and emotional adjustment (d = .22), behavioural adjustment (d = .13), internalising (d = .11); no significant effect on school performance.
Kumar & Mohideen (2019)	SR	Strengths-Based Positive Schooling Interventions: a Scoping Review. Systematically review and map the strength-based positive schooling interventions that have been conducted [...] on adolescent students.	2000 – 2018. EBSCO, JSTOR, PubMed, Google Scholar, ProQuest, and ScienceDirect.	TI (positive OR strengths OR character) AND (education OR intervention OR program) AND ((school OR class, classroom OR university OR college) OR (student OR child OR youth OR adolescent OR undergraduate)).	Research designs used; Sample used; Main findings; Intervention duration/frequency; teaching methods; Underlying theoretical framework.	Limited utility for current review; main relevance to researchers studying intervention design.

Table A2. Overview of Meta-analysis and Systematic Reviews Included in the Rapid Review						
Article Authors	Type	Title & Aim / Focus	Search Details	Search Keywords	Details Recorded	Key Findings
Mertens et al 2020	MA	Components of School-Based Interventions Stimulating Students' Intrapersonal and Interpersonal Domains: A Meta-analysis. Many universal school-based interventions aim to stimulate students' intrapersonal (e.g., self esteem) and interpersonal (e.g., school climate) domains. To improve our understanding of why some of these interventions yield stronger effects than others, we identified intervention components that are related to stronger or weaker intervention effects.	To April 2019. PsycINFO, PubMed, ERIC, CENTRAL. N = 104.	Search terms were used to elicit school-based interventions (e.g., school, class), interventions (e.g., prevention, intervention), adolescents (e.g., adolescent, youth), and intra- and interpersonal outcomes (e.g., self-esteem, social competence).	Intervention components: resilience; self-esteem; self-regulation; general wellbeing; internalising problems; sexual health; social competence; school climate; aggression; bullying.	Included RCT (k = 70) and Quasi-experimental studies (k = 34) findings, making it difficult to discern solid findings.
Svane et al 2019	SR	Wicked wellbeing: Examining the disconnect between the rhetoric and reality of wellbeing interventions in schools. Explore what schools are currently doing to positively affect student wellbeing; bring some clarity to understandings of wellbeing and interventions in schools by investigating systematically how school educators understand wellbeing and the range, characteristics and outcomes of wellbeing interventions currently in use.	A+ Education, ERIC (Proquest), Scopus & Psych Info. Final n = 52.	Search in title only: school AND "well being" OR well-being OR wellbeing.	Definition of wellbeing; type of intervention; domain of wellbeing addressed; findings.	Lack of definition in many studies of wellbeing; lack of consistency in assessment or formulation of wellbeing. Little practical utility for the current review.

## SUPPLEMENTARY TABLES

This section provides a set of supplemental tables that were developed in reviewing the articles presented in the main report.

S1. Summary of Shortlisted New (2016-2020) Articles Located in Literature Search					
Reference	RCT	Whole school	Wellbeing relevant	Status	
Axford et al (2020)	Y - KiVa	Y	Y	Include	
Bartelink et al (2019)	N - Quasi / not random	Y	N - dietary / physical activity	Reject	
Cherry Au	N - Case study	Y	Y	Reject	
Barry, Clarke et al (2017)	N - Intervention development	Y	Y	Reject	
Cross & Barnes	N - reflections on Cyber Friendly Schools	n/a	n/a	Reject	
Cross et al (2018)	Y - Friendly Schools / Supportive Schools trail	Y	Y	Include	
Elfrink et al (2017)	N - pilot	Y	n/a	Reject	
Flannery et al (2019)	Y - Freshman Success	Not really - peer support & class instruction	Student engagement	Reject	
Gonzalez et al (2020)	Y - Tools for Life	Y - parent, educator, classroom	School safety / student-teacher bond / achievement	Include	
Las Hayas et al (2019)	N - RCT protocol only	Y	Y	Reject	
Hoffman et al (2019)	N - overview of RULER emo reg program / no data	Y - so it says	Relevant	Reject	
Kidger et al (2016)	Y - but pilot RCT only of WISE (Wellbeing in Secondary Education) but actually Mental Health First Aid.	Y but not really	Doesn't report outcomes of relevance	Reject	
Lawes & Boyd 201	No but directly examines school practices for relevance to student wellbeing	Yes	Yes	Include	
McInnes et al (2019)	N - qualitative uncontrolled of one classroom.	N/a	n/a	Reject	
McNicol & Reilly (2018)	N -Action Research eval and messy at that.	"Applying Nurture as a Whole-School Approach"	Hard to tell	Reject	
Mertens et al (2018)	RCT Protocol. Data not reported.	Y incl parents	Socio-emotional adjustment; social safety	Reject	

S1. Summary of Shortlisted New (2016-2020) Articles Located in Literature Search					
Reference	RCT	Whole school	Wellbeing relevant	Status	
Post et al (2020)	Quasi – 2 schools matched unrandomized	N	Not direct	Reject	
Post, Grybush et al (2020)	N – pilot 4 teachers	N	N	Reject	
Roffey et al (2016)	N – editorial material	n/a	n/a	Reject	
Rose et al (2019)	N – 2 pilot studies / mixed methods	Used in sense of “all staff”	n/a	Reject	
Shinde et al (2018)	Y – 3 conditions	Y	Y – Beyondblue School Climate Questionnaire	Include	
Short (2016)	N – scaling up of MH support in Ontario	n/a	n/a	Reject	
Singla et al (2020)	Y – builds on Shinde et al (2018)	Y	Y	include	
Van Yrzin & Roseth (2018)	Y – Cooperative learning intervention	N – just classroom activities	Y – relatedness; emo problems; academic engagement	Reject	
Wiedermann et al (2020)	Y – incredible years block RCT	N – teacher training only	Y – emo reg; prosocial; academic	Reject	
Willeboordse et al (2016)	N – Healthy School of the Future protocol	n/a	N – phy health & nutrition	Reject	



## S2. Intervention studies highlighted in meta-analyses / systematic reviews included in the rapid review

Table S1. Overview of High Quality Studies as Reviewed by Goldberg et al.				
Reference	Sample	Intervention	Results	Lessons for this Review?
Bavarian 2013	1170 Chicago students in grades 3-8. RCT of 7 intervention / 7 matched control schools, over 8 waves of data collection	Positive Action® social-emotional & character development intervention. Not whole-school. 140+ sequenced 20-minute lessons per grade from K-Gr.6.	Improved attitudes toward learning; teacher-rated academic motivation. No effect on academic achievement. Wellbeing not assessed.	No implementation lessons noted or discernible
Brown 2005	959 U.S. students in grades 1 & 2 at 10 primary schools	Raising Healthy Children multicomponent (school, students, peer, family) strategies. Teacher delivered	Outcomes were substance use (alcohol; cigarettes; cannabis).	References to “principles of effective prevention programs” (Nation et al., 2003).
Catalino 2003. Beh adjust/soc emo adj	U.S. students in grades 1 & 2 at 10 primary schools	Raising Healthy Children	Gains in teacher rated social competence & commitment to school; reduction in antisocial behaviour; child report not significant; parent report gains only in academic outcomes.	Teachers both delivered and evaluated effects - are results due to teachers not being ‘blind’? Parent training workshops
Fonagy 2009 – beh adj / soc emo adj	1,345 grade 3-5 students	Not a whole-school intervention: focus on CAPSLE (one teacher workshop and student self-defence training	Effects on aggression, victimisation and empathy.	n/a
Lewis 2015	14 urban U.S. school	Positive Action® (see Bavarian, above)	Effects on self-control; self-concept; prosocial interactions; honesty; respect; prosocial peer affiliation.	No implementation lessons noted.
Silverthorn 2017.		Positive Action®	Effects on peer- and school-related self-esteem & on self-esteem formation processes	No implementation lessons noted.

S3. Overview of Six High Quality Resilience Intervention Studies as Reviewed by Fenwick-Smith et al. 2018				
	Intervention Aims	Features of Intervention	Design	Outcomes*
School-based Mindfulness Instruction (Sibinga, 2016).	Mindfulness-Based Stress Reduction (MBSR). Aims: Improve psychological functioning; Decrease negative effects of stress; Reduce worries about future.	12 weeks duration with three sections on mindfulness, delivered by external expert. <i>Not whole-school in nature.</i>	RCT. 159 American students, Grades 5-8	Improvement in resilience & coping; emotion & behaviour self-regulation.
Learn Young Learn Fair (Kraag, 2009)	Improve stress management and coping skills; Reduce anxiety and depression symptoms and incidence.	7 month duration weekly hour-long class-based teacher-delivered sessions with optional additional activities. <i>Not whole-school in nature.</i>	Cluster RCT of 50 schools in the Netherlands (n = 1425), Grades 5 & 6.	Improvement in resilience & coping; psychological & emotional symptoms. No change in relationships & behaviour.
Zippy's Friends (Clarke et al., 2014)	Promote mental health and emotional wellbeing by increasing coping skills, self-control, and decision making.	24 weekly sessions over 7 months., classroom-based and led by teacher. <i>Not whole-school in nature.</i>	Cluster RCT. 766 Irish students aged Foundation Year - Grade 3.	Improvement in resilience & coping; academic & learning motivation; emotion & behaviour self-regulation. No change in psychological & emotional symptoms; empathy.
Zippy's Friends (Clarke, 2015)	Increase ability to cope with everyday life adversities and negative events; Decrease problems that arise from stressful situations; Develop adaptive coping skills.	24 weekly sessions over 7 months., classroom-based and led by teacher. <i>Not whole-school in nature.</i>	Random sample of 9 Grade 2-3 classes (6 intervention (n = 84); 3 control (n = 77)) from an RCT in Ireland.	Improvement in resilience & coping; relationships & behaviour; empathy.
Zippy's Friends (Dufour, 2011)	Increase ability to cope with everyday life adversities and negative events; Decrease problems that arise from stressful situations; Develop adaptive coping skills.	24 weekly sessions over 7 months., classroom-based and led by teacher. <i>Not whole-school in nature.</i>	Cluster RCT of 35 classes in Quebec (n = 613), Grade 2-3.	Improvement in resilience & coping; relationships & behaviour; psychological & emotional symptoms.
Zippy's Friends (Holen, 2012)	Increase ability to cope with everyday life adversities and negative events; Decrease problems that arise from stressful situations; Develop adaptive coping skills.	24 weekly sessions over 7 months., classroom-based and led by teacher. <i>Not whole-school in nature.</i>	RCT of Year 2 students from 35 Norse schools (n = 1324)	Improvement in emotion & behaviour self-regulation. No change in resilience & coping.
Nb. Possible outcomes include Resilience & Coping; Academic & Learning Motivation; Emotion & Behaviour Self-Regulation; Psychological & Emotional Symptoms; Empathy. Where no outcome indicated, this outcome was not measured in the indicated study.				

S4. Overview of selected studies cited in Svane et al Systematic Review						
References	Location	Intervention	Setting/Group	Whole-School?	RCT	Include?
Anderson (2005)	Australia	SEL	17 secondary schools	No	No	N
Anderson & Doyle (2005)	Australia	Community MH	17 secondary schools	Yes	No	N
Bernard & Walton (2011)	Australia	SEL	Primary schools 349 students	No; universal only	No	N
Bond (2004)	Australia	Gatehouse	See 2.4 above	Yes	Yes	Y
Duckett et al (2008)	UK	Community MH	557 secondary students. Not a trial at all.	N/a	No	N
Hallam (2009)	UK	SEL	172 primary schools	Yes	No	N
Leary (2000)	Australia	SEL	Year 5, 6. Not a trial at all.	No	No	N
Puolakka et al (2014)	Finland	MH promotion	Years 7-9. Action Research	No	No	N
Wyn et al (2000)	Australia	Community MH	24 secondary schools	Yes	No	N

S5. Items from New Zealand review of student wellbeing (Lawes & Boyd, 2017)			
Relationship of teaching strategies to student wellbeing		Pearson r correlation with Student Wellbeing	How many teachers report doing this?
Teaching for Wellbeing item			
Students are taught strategies for managing their feelings and emotions in non-confrontational ways (e.g., using “I” statements).		0.25	78%
I use role play or drama activities to support students to develop and practise effective strategies for relating to others.		0.25	53%
Classroom or form teachers work with students to develop a charter or commitment to a shared set of class values or behaviours.		0.25	86%
Students are taught ways of intervening in conflict or bullying incidents to support each other.		0.23	66%
My curriculum or lesson plans include a focus on the social and behavioural skills this school would like students to develop.		0.21	75%
I use classroom discussion time (e.g., form time or circle time) for students to share and resolve any conflicts they have.		0.2	65%
Students learn and practice strategies they could use to resolve conflicts (e.g., how to deal with cyber-bullying or hold a restorative conversation).		0.2	65%
I use cooperative learning strategies in ways that build students’ capacity to relate well to others.		0.19	93%
I encourage all students to set goals that develop their skills in relating to others.		0.17	73%
I regularly set up learning experiences that enable students to be actively involved citizens (e.g., documenting history through interviewing senior citizens, doing environmental projects, or working to support disaster appeals).		0.15	50%
Students are taught how to recognise the four different types of bullying behaviours, and sexual harassment.		0.15	43%
Students explore the social norms of different cultures.		0.13	74%
I make use of visual resources (e.g., DVDs) to support students to discuss and develop effective strategies for relating to others.		0.13	66%
I make use of visual resources (e.g., DVDs) to support students to discuss and develop effective strategies for relating to others.		0.13	85%





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