UK Resilience Programme Evaluation

Interim Report

Amy Challen, Philip Noden and Anne West
(London School of Economics and Political Science)

and

Stephen Machin
**(London School of Economics and Political Science /
University College London)**

UK Resilience Programme Evaluation

Interim Report

Amy Challen, Philip Noden and Anne West
(London School of Economics and Political Science)
and
Stephen Machin
(London School of Economics and Political Science /
University College London)

Evaluation of the UK Resilience Programme

There are increasing concerns about children's well-being[1] in the UK, their behaviour, and the low academic attainment of a large fraction of the population.[2] More recently, the potential and duty of schools to promote well-being has been stressed as part of the Every Child Matters agenda. In order to promote positive behaviour and well-being in schools, three local authorities (South Tyneside, Manchester and Hertfordshire) have piloted a programme which aims to build resilience with Year 7 pupils across 22 of their schools from September 2007 (the "UK Resilience Programme"), with more schools and other non-school settings joining from September 2008.

The evaluation aims to investigate whether the programme (previously trialled in small samples) can be delivered at scale; whether it has an impact on children's well-being; and if so, whether this will have an impact on behaviour, attendance and academic attainment (when and if data on the latter outcome become available).

The first interim report gives an overview of the programme and its implementation; to provide an account of the progress of the evaluation; and to offer some preliminary findings about its short-run impact. Further work is needed on the quantitative analysis, and longer-run impacts can only be evaluated with data collected in the summer of 2009 and 2010.
The qualitative work was carried out by Dr. Philip Noden and Prof. Anne West.[3]
The quantitative work is by Amy Challen[4] and Prof. Stephen Machin[5].

---

[1] There is no agreed definition of 'well-being', and the UNICEF report mentioned below includes dimensions such as material deprivation and educational attainment as well as subjective well-being, interpersonal relationships and health and safety. In this interim report the focus is primarily on subjective well-being and psychological health, although outcomes examined in future reports will include behaviour and academic attainment.
[2] See, for example, the recent UNICEF report "An overview of child well-being in rich countries" which puts the UK at the bottom of a list of 21 advanced countries:
http://www.unicef-irc.org//presscentre/presskit/reportcard7/rc7_eng.pdf
[3] Education Research Group, Department of Social Policy, London School of Economics and Political Science.
[4] Centre for the Economics of Education and Centre for Economic Performance, London School of Economics and Political Science.
[5] Centre for the Economics of Education and Centre for Economic Performance, London School of Economics and Political Science, and Department of Economics, University College London.

CONTENTS

1. Executive Summary

The UK Resilience Programme (UKRP) aims to improve children's psychological well-being by building resilience and promoting positive thinking. It was launched in three local authorities in the academic year 2007-08, with workshops delivered to Year 7 pupils in secondary schools. This report presents the interim findings for the evaluation of the UKRP, commissioned by the Department for Children, Schools and Families.

Methodology

Information on pupils' well-being was collected through questionnaires administered before and after the programme to pupils who had participated in UKRP workshops and to a control group. Participating pupils and staff were also surveyed about their experiences of the programme. In addition, interviews with pupils, facilitators and school managers were carried out in 10 of the 22 secondary schools involved in the programme.

Key findings

- The initial quantitative work found a significant positive impact on pupils' depression and anxiety symptom scores for those schools where the treatment and control groups were well matched.

- These effects varied by pupil characteristics, and were larger for pupils who had not attained the national target levels in Key Stage 2 exams, and for pupils with worse initial scores for symptoms of depression or anxiety.

- Pupils were positive about the programme, with the majority reporting they enjoyed the workshops, and that they had learned skills that would help them solve problems, feel happier, and behave well.

- Interviews with pupils suggested that pupils had applied UKRP skills in real life situations, and some interviewees showed a good understanding of elements of the programme.

- The content of the UKRP is quite intellectually demanding and some facilitators believed that some pupils struggled with this.

- Facilitators were extremely positive about the ideas underlying the programme and about the training they had received. Most reported that they used the skills themselves.

- Most facilitators believed that the skills could make a positive difference to pupils in various domains of their lives, including psychological well-being and peer relationships.

- There was considerable variation in the way schools and facilitators organised the programme. The programme must be taught by trained facilitators in groups of no more than 15 and schools had to overcome the consequent organisational challenges.

- Facilitators found the relatively didactic structure of the programme problematic, with a lot of time taken up with 'teacher talk'.

- The quantitative analysis is still at an early stage. Future analysis will also examine any impact of the programme on pupils' behaviour, attendance and academic attainment. The final report will be submitted in December 2010.

2.   The UK Resilience Programme

The UK Resilience Programme is the UK implementation of the Penn Resiliency Program, a well-being programme that has been trialled more than 13 times in different settings. The UKRP was taught from September 2007 in three participating local authorities, and those workshops that took place in mainstream schools form the subject of this evaluation. This section outlines the PRP curriculum used and its implementation in the UK, with particular reference to how this fits with the evaluation.

The Penn Resiliency Program

The Penn Resiliency Program (PRP) is a curriculum developed by a team of psychologists at the University of Pennsylvania. Its original aim was to prevent adolescent depression, but it now has a broader remit of building resilience and promoting optimistic thinking, adaptive coping skills and social problem-solving in children, with the aim of improving psychological well-being, but potentially also behaviour, attendance and academic outcomes. Thirteen randomised controlled trials have found PRP to be effective in helping buffer children against anxiety and depression, and some studies have found an impact on behaviour. The skills taught in PRP could be applied in many contexts, including relationships with peers and family members, and achievement in academic or other activities.[6]

PRP is a manualised intervention comprising 18 hours of workshops. ("Manualised" means that no additional materials or resources are required to lead the workshops.) The curriculum teaches cognitive-behavioural and social problem-solving skills. Central to PRP is Ellis' *Activating-Belief-Consequences* model that beliefs about events mediate their impact on emotions and behaviour. PRP participants are encouraged to identify and challenge negative beliefs, to employ evidence to make more accurate appraisals of situations and others' behaviour, and to use effective coping mechanisms when faced with adversity. Participants also learn techniques for positive social behaviour, assertiveness, negotiation, decision-making, and relaxation.

The manualised nature of the curriculum and the intensive training required before using it allows facilitators to be drawn from a wide range of professions and agencies including teachers, learning mentors, teaching assistants, psychologists and health professionals. The training takes around 8-10 days, with the first half of the course focusing on teaching trainees the adult-level Cognitive Behavioural Therapy (CBT) skills, and the second week on familiarising them with the students' curriculum and practising how to communicate it to pupils.

Please see Annex C (Summary of PRP Curriculum) for more detail on the content of each PRP lesson. Additional information on PRP can also be found online at:
http://www.ppc.sas.upenn.edu/prpsum.htm

---

[6] One PRP study found an effect on behaviour (see Annex B for research summary), and academic attainment has not yet been evaluated in a PRP study, although we will examine both of these outcomes in future reports. The grounds for believing that the programme could have an impact on behaviour, peer relationships and academic attainment are the suggested links between these outcomes and psychological well-being (see, for example, Kaslow, Rehm and Siegel, "Social-Cognitive and Cognitive Correlates of Depression in Children", *Journal of Abnormal Child Psychology*, 1984). Moreover, social skills feature prominently in the PRP curriculum, and these are the skills most commonly said to be used by pupils, according to pupils and facilitators (see sections 5 and 6 below).

Summary of PRP Research

Overall, the 13 randomised controlled trials that have been conducted of PRP suggest that it can prevent symptoms of depression and anxiety in universal, targeted and clinic samples, and one study found a reduction in disruptive behaviour (most studies did not measure behaviour). However, there are some inconsistent findings. Some studies found no effect on depressive symptoms, while others found an effect on some groups but not others. In a meta-analytic review of the PRP studies, the PRP team further find a link between measured impact and the level of training and supervision of the workshop facilitators, implying that despite the manualised curriculum, facilitator quality is important and treatment heterogeneity is likely. In addition, the sample sizes used in prior PRP studies are relatively small, and scaling-up is a common evaluation problem, with the efficacy of an intervention frequently decreasing as the number of subjects involved increases.

For a more detailed summary of previous research on PRP, please see Annex B at the end of this document, an executive summary of the programme and research by Reivich *et al.*

UK implementation

The UK Resilience Programme is the first larger-scale use of the PRP curriculum, implemented as 18 hours of workshops for Year 7 children in 22 UK secondary schools. The first cohort of workshops took place in the academic year 2007-8, and involved just under 2000 pupils. These workshops are the subject of the DCSF-funded evaluation.

Curriculum materials

The American curriculum materials required 'translation' into British English. LA staff read the materials and suggested changes, then these were looked over again by a British children's author. As many cultural references as possible were changed, but in some cases this would have involved changing artwork so it was not possible. The result was a set of materials that was largely anglicised but still had an American feel.

Selection

Schools

Three local authorities opted to become involved in the UK Resilience Programme, and in December 2006 they made presentations to potentially interested schools to promote the programme. In some cases this was to a selected group of schools the LA thought would be most interested and most appropriate for the intervention; in others all local secondary schools were invited to get involved. Not all eligible schools chose to take up the programme.

Facilitators

The first cohort of 90 workshop facilitators was trained in Philadelphia in the United States from 23rd July to 3rd August 2007. The majority were teachers, but other staff included learning mentors, teaching assistants, local authority staff and one school nurse. About 65 facilitators were school-based, while almost all of the others were employed by the local authorities. Interested schools were allocated a number of places by their local authority, and the selection procedure for facilitators varied by school. In some schools particular individuals were offered places by the senior manager responsible, while in others all staff were invited to apply and then a selection procedure took place. A number of schools did not fill their places, and there were other places offered to staff outside of schools such as local authority officers. The original plan was that there would be some formal, centralised selection of facilitators, based on criteria agreed with the Penn team. In practice, however,

facilitators were largely self-selected, although some also had to go through a selection procedure at their school and others were strongly encouraged to participate despite their reluctance to volunteer. Once selected, future facilitators registered and completed an online positive psychology program called *Resilience Online.*[7] This introduced them to the principles of CBT, and encouraged reflection on their own emotional responses and behaviour. A few people were unable to attend the training in Philadelphia for health or other reasons, and some of these places were filled at the last minute by others from within the local authority.

In practice then, schools and local authorities were self-selected. Facilitators were also self-selected, although some may also have had some selection imposed by their school. Because of the absence of centralised selection, and of the involvement of the PRP team, one might expect that facilitator quality would be more variable than if an open application system had been used. However, the self-selection might result in facilitators being particularly highly motivated (perhaps increasing the success of the workshops), making it harder to extrapolate results outside of the sample. In addition, schools had to abide by certain restrictions when timetabling workshops. These included ensuring that only trained staff were timetabled to teach the subject, and that classes did not contain more than 15 pupils, resulting in a doubling of staffing and rooms for these classes. These were difficult conditions to meet. Facilitators were asked to give up the first two weeks of their summer holidays in order to train in Philadelphia, and had to prepare a large amount of new material in order to teach the workshops. One would therefore expect that these individuals and schools were highly motivated and enthusiastic, and had a strong belief in the importance of the subject being taught. This could limit the validity of extrapolating our results outside of the sample, as other participants might not be so committed.

Training

As mentioned above, the training of the facilitators took 10 days (five days of training, a weekend off, then another five days' training). In the first week trainees became familiar with the adult-level CBT skills, and in the second week they studied the PRP curriculum and practised teaching it to others. Although the initial plan was that the PRP team could withhold accreditation from anyone they felt had not reached the required standard, in practice everyone received a certificate and was assumed to be ready to deliver workshops on their return to the UK. This was probably both because of the necessity of having enough staff to deliver the planned workshops, and because the trainers did not feel they knew the trainees well enough to judge their level (although they were able to provide some confidential and basic assessments of facilitator quality for the purposes of the evaluation only).

Because of cancelled flights, one LA group arrived late and missed the first three days of training. The trainers worked with them to catch up on material missed, but it was felt that they did not receive the same social experience as those who had arrived four days earlier.

Workshops

Most schools had already planned how to deliver the workshops before the end of the summer term 2007, but many revised their plans in September. They were asked to form UKRP groups of not more than 15 pupils, and to schedule the classes during the normal school day. The majority timetabled the programme by splitting an ordinary teaching class in two to get two UKRP groups taught by two facilitators simultaneously, but there were variations on how this was achieved. Many schools did not include as many pupils in workshops as they had originally intended, and there were only seven schools that managed to include all Year 7 pupils. This was achieved by having some workshops facilitated by trained LA staff, with the exception of one school with an unusually small Year 7 intake which

---

[7] See for details: http://www.reflectivelearning.com/

used only their own staff and yet managed to cover the full year group. Another school used class sizes larger than 15 in order to cover all Year 7 pupils.

Two schools were unable to start workshops until January 2008 due to problems involving timetabling and/or the support of senior management. Almost all of the others started their first workshops in September, with a few starting in October. This varied within school as well as by school. Two schools were obliged to restart their workshops at October half term, because the lessons that the groups were timetabled against were setted (e.g. science set 3), and teachers had decided that the initial settings based on Key Stage 2 results and primary school reports were not appropriate. One school came across this problem but did not change the sets in order to preserve the UKRP groups.

Most schools taught lessons of one hour, and since the UK Resilience Programme was meant to be timetabled for a minimum of 18 hours this would normally take up about half a year of lessons. Some schools taught this fortnightly, meaning that their workshops lasted all year, and some weekly, with the first set of workshops finishing around February or March (see the description of the evaluation for details). Many of the latter schools then went on to do a second set of workshops which lasted until July.

In most cases, UKRP lessons were fitted into an already full Year 7 timetable, and schools chose different lessons to replace. In the large majority of cases this was PSHE / citizenship / Learning to Learn, but some schools replaced other lessons such as English or science (see the evaluation section).

There were some changes of workshop facilitators during the year, due to departure of the facilitator; illness; and maternity leave. These workshop groups were taken over by other facilitators. There were also pupils who changed workshop group, although these were relatively few.

Supervision and support

Facilitators teaching workshops were asked to participate in a series of nine one-hour conference calls with a PRP trainer and approximately 10 other facilitators, to provide continued support and training once they had started the workshops. Calls were weekly or fortnightly at the start of the year, becoming less frequent as time went on. Attendance on these calls was generally good, but after the first few calls most facilitators did not find them to be particularly helpful in offering support.

Some schools chose to use team teaching in the first year of workshops, in order to provide greater support to staff teaching the unfamiliar curriculum for the first time. This was particularly popular with facilitators who were learning mentors rather than teachers, as they were often inexperienced in teaching classes. In most schools facilitators met regularly (formally or informally) to discuss their workshops, and in some cases facilitators would plan lessons together. Again, this was particularly popular where one facilitator was not a teacher. Each LA also held termly meetings, but these were more for organisation than for support.

Further cohorts

The second cohort of 67 workshop facilitators were trained in Cambridge (UK), from 16th to 25th July 2008. The training period was shortened to eight days, and several new schools sent staff to be trained, in addition to staff from the original schools and LA staff. They will run further workshops in schools and in other contexts such as children's homes and Pupil Referral Units, but these workshops will not be evaluated by LSE.

3.   The Evaluation Design

As mentioned above, the PRP curriculum has been evaluated a number of times, but in small samples and with a high degree of control from the developers of the curriculum. Since a major problem in policy evaluation can be a decline in programmes' efficacy after scaling up (i.e. what happens when a small, select programme is rolled out), it is hard to draw any conclusions about whether these programmes would function well if used in schools more widely. The total sample of students involved in previous evaluated interventions was roughly 2000, which is about the same size as the workshop group in this evaluation. This evaluation therefore adds considerably to the evidence on the efficacy of the PRP curriculum.

Design

The evaluation has been designed as a controlled trial, with 'treatment' (i.e. workshop) and control pupils in each of the 22 participating schools.[8] Pupils could not be randomised into treatment or control because of timetable constraints, but the schools agreed that the method of selecting which pupils received workshops should be arbitrary, e.g. choosing the form group that fitted the timetable slot available, rather than choosing pupils they thought would benefit most. It was hoped that this would result in 'as-if' randomisation, with workshop and control pupils being similar on observable and unobservable characteristics. However, this is not true statistical randomisation and we will use statistical testing to determine whether it has in fact worked. When splitting a class in two to make a workshop group, schools also agreed to do this in an arbitrary way e.g. alphabetically.

Control groups

Those schools which wished to include all of their Year 7 pupils in workshops (seven schools) used the year-ahead group as the control group. In order to obtain baseline (start of Year 7) measures from these pupils they would have had to be surveyed in September 2006, before the project had begun. Because of this, only measures taken when the pupils were at the end of Year 7 are available for this group: we have no baseline for them, only a follow-up measure. Those schools with within-year control groups will have baseline measures for both workshop and control pupils. Six schools have both within-year and year-ahead control groups, and the remaining nine schools have a within-year control group only (see Table 1 for details by local authority, and Table 2 for details by workshop timing).

There is a possibility of externalities or spillovers, where workshop participants within a school influence the outcomes of those not involved in workshops through social interactions or other channels. Positive spillovers would bias downwards the estimate of the effect of the programme. Depending on the mechanism through which externalities operate, it is possible that the two control groups will produce different results if, for instance, the main channel is through pupils' peer interactions and these are more likely to occur within a year group than between year groups.

There are no control pupils outside of the workshop schools. This is not necessarily a problem, as the most appropriate control group is arguably made up of pupils in the same school. However, if programme schools are different from other schools (e.g. more concerned about pupil well-being) it is possible that this would understate or overstate the programme effect, as (for instance) they might have a positive effect on pupil well-being in the control group independently of the programme. For future analyses we should be able to

---

[8] We will use the language of 'treatment' and 'control' throughout, as this is the standard terminology in our field of research for any policy intervention. It is not meant to imply that the UKRP was a true psychological treatment administered to those deemed to be in need of it, and indeed this was not the case.

use matched control groups when outcomes such as attendance are obtained from the National Pupil Database, but this is not possible for the majority of the analyses.

There are roughly 2000 children in the workshop group for the UKRP evaluation and up to 4000 in the pooled controls. Table 3 presents information on attrition and the sample size at each wave.

Table 1: Control and Treatment group details by Local Authority

	LA 1	LA 2	LA 3	Total
UKRP schools	6	9	7	22
Programme Cohort	Year 7 (2007-8)	Year 7 (2007-8)	Year 7 (2007-8)	Year 7 (2007-8)
Year 7 Coverage	33-100%	15-70%	11-100%	49%
Workshop pupils (#)	755	516	681	1952
Control group: Year 7	162	1137	714	2013
Control group: Year 8	960	130	1063	2153
Control group: pooled	1122	1267	1777	4166
Facilitators	30	24	32	86
Facilitators who taught workshops covered by the evaluation	24	23	24	71

Table 2: Control and Treatment group details by workshop timing and design

	Design 1	Design 2	Design 3
Workshop timing	Sept 07 - Feb 08	Feb 08 - July08	Sept 07 - July 08
Start months	Sept - Nov 07	Feb - April 08	Sept 07 - Jan 08
End months	Jan - April 08	June - July 08	May - July 08
Workshop frequency	1 lesson / week	1 lesson / week	1 lesson / fortnight
UKRP schools	12	8	11
Programme Cohort	Year 7 (2007-8)	Year 7 (2007-8)	Year 7 (2007-8)
Workshop pupils (#)	480	395	1077
Control group: Year 7	1296	626	880
Control group: Year 8	654	459	1499
Control group: pooled	1950	1085	2379
Facilitators	29	24	41

Note: schools, facilitators and control group pupils will sum to more than the totals reported in Table 1 because schools ran multiple workshops and many of these had different timing. For instance, schools that ran workshops from September - February (design 1) often went on to run another set from February - July (design 2).

Table 3: Attrition and sample size at each wave

Number of pupils at each wave for whom there is at least one questionnaire (teacher or pupil questionnaire)

	Treatment	Control	Total	Cohort
Wave A	0	2153	2153	year-ahead cohort
Wave B	1886	1898	3784	workshop cohort
Wave C	731	1212	1943	workshop cohort
Wave D	1911	1903	3814	workshop cohort
Pupils with a questionnaire for both B and D	1847	1794	3641	workshop cohort
Pupils with a questionnaire for both B and C	691	1145	1836	workshop cohort
Pupils with a questionnaire for both C and D	713	1158	1871	workshop cohort
Pupils with a questionnaire for B, C and D	675	1097	1772	workshop cohort
Pupils with a questionnaire for at least 2 of B, C and D	1901	1903	3804	workshop cohort
Pupils with a questionnaire for B only	23	56	79	workshop cohort
Pupils with a questionnaire for C only	2	6	8	workshop cohort
Pupils with a questionnaire for D only	26	48	74	workshop cohort

Although data were collected for the year-ahead cohort in July 2008, these are not examined in this report as they will form a control group for the data collected from the workshop cohort in July 2009.

Alternative treatments

Since schools have had to make room for UKRP workshops within an already full curriculum, control group pupils will be receiving some lessons that treated pupils will not. In most cases this will be 18 hours of the Year 7 PSHE curriculum, but some schools have displaced other lessons such as English, science or maths (see Table 4 for details). One school was reorganising its timetable and as part of this created a new UKRP slot, so there is no direct comparison in the control group. Moreover, class sizes for UKRP groups were not meant to be larger than 15 (and in 80% of classes this was the case), whereas in most cases the alternative treatment had class sizes of around 30. It is therefore not possible to disentangle the effects of smaller classes from the impact of the curriculum, though we will present suggestive evidence on this point from the facilitator survey (Section 6).

Table 4: Alternative treatments by Local Authority (# of schools)

	LA 1	LA 2	LA 3	Total
UKRP schools	6	9	7	**22**
alternative treatments				
PSHE, citizenship, Learning 2 Learn, thinking skills, pastoral, or Access lessons	5	7	4	**16**
Science	0	0	1	**1**
RE	0	1	1	**2**
English & modern languages	0	1	0	**1**
English, science or maths	1	0	0	**1**
UKRP designated slot	0	0	1	**1**

Measurement

Pupil well-being is measured using depression and anxiety inventories and other validated psychological questionnaires. Behaviour is assessed using a behaviour questionnaire filled out by both pupils and teachers (please see Annex D for further information on the psychological and behavioural questionnaires, and the start of Section 7 for more detail on scoring). We also use data from the National Pupil Database / Pupil Level Annual Schools Census (NPD / PLASC) on pupils' demographic characteristics and their prior attainment. Table 5 shows the data elements used in the evaluation and the source for each.

Table 5: Quantitative data available, and source

Measure	Data	Source
Fidelity	Workshop group size Hours available for workshops Use of untrained facilitators Workshop attendance Conference call attendance Grading of Facilitators by Trainers in Philadelphia	Schools Schools Schools Schools PRP team Q PRP team Q
Participant Satisfaction	Pupil satisfaction survey Facilitator satisfaction survey	Q Q
Psychological outcomes	Children's Depression Inventory (CDI) Revised Children's Manifest Anxiety (RCMAS) (Huebner) Brief Multidimensional Students' Life Satisfaction Scale (SLSS)	Q Q Q
Behavioural outcomes	Self-report Goodman SDQ (pupil) Teacher Goodman SDQ (teacher) Attendance Rates School Exclusion	Q Q NPD NPD
Other Relevant	Age, gender, ethnicity, FSM, SEN, Gifted and Talented, in-care, census characteristics of home area, other pupil-reported characteristics from pupil questionnaires.	NPD & Q
Q=questionnaire; NPD=National Pupil Database		

Data collection points

The pupil and teacher questionnaires (psychological and outcome measures) were administered up to four times per school from July 2007 to July 2008. The timing of some of these depended on the configuration of workshops within each school, as Year 7 data collections were timed to take at the beginning and at the end of workshop sets. A further two data collections are planned to take place in all schools in July 2009 and July 2010. The measures of programme satisfaction were collected as soon as possible after the workshops were completed in each school.

Table 6 below gives an indication of the timing of collections and which data are collected at each point. The 'workshop cohort' consists of all pupils who started Year 7 in programme schools in September 2007, whether or not they participated in workshops. The year-ahead cohort refers to all pupils who started Year 7 in September 2006 in those schools which have these pupils as a control group.

Logistics of Data Collection

Before each data collection we ask schools to send us lists for all pupils in Year 7 (and Year 8, where these pupils are to form a control group), including their names, Unique Pupil Numbers (UPNs), and form or class groups. Names are needed so that school staff could administer questionnaires; form or class groups so that we can bunch questionnaires into the appropriate groups for ease of administration; and UPNs so that we can preserve the anonymity of the resultant dataset (only UPNs are recorded, not names), and link responses into the National Pupil Database. We also ask for a child protection contact whom we can contact in the event that we are concerned about particular pupils. Questionnaires are labelled with pupils' names and codes, bunched into class groups, and couriered to schools. The school contact person for the project is responsible for organising the data collection within each school, and school staff administer questionnaires to pupils. School staff, usually form tutors, also complete teacher reports of pupil behaviour. Once completed, questionnaires are couriered back to LSE where they are checked off before being sent for data capture.

Once schools have returned enough pupil feedback questionnaires, we score the depression and anxiety inventories and check if pupils have made any comments. We contact each school and report the names of pupils with very high scores on either of these two inventories, or who make comments about bullying or other child protection issues, explaining that these scores are merely indicative of distress and should not be taken as diagnoses. Schools then judge what action to take in each case.

Table 6: Timing of data collections, by number of schools and workshop timing (design)

Date planned	Date completed	# of schools	# of schools by timing			Cohort	Data collected	Year timing for cohort(s)
			Design 1	Design 2	Design 3			
June-July 2007	Sept 07	12 schools	3	2	9	Year-ahead	Psychological & behavioural measures	End of Year 7
September 2007	Jan 08	all 22 schools	12	8	11	Workshop	Psychological & behavioural measures	Start of Year 7
February 2008 (month varied by school)	May 08	11 schools	11	7	1	Workshop	**All pupils:** Psychological & behavioural measures	End or start of workshops
							Workshop participants only: programme satisfaction	
June-July 2008	Jan 09	all 22 schools	12	8	11	Both	**All pupils:** Psychological & behavioural measures	**Workshop:** end of Year 7
							Workshop participants only: programme satisfaction	**Year-ahead:** end of Year 8
June-July 2009		all 22 schools	12	8	11	Both	Psychological & behavioural measures	**Workshop:** end of Year 8
								Year-ahead: end of Year 9
June-July 2010		all 22 schools	12	8	11	Workshop	Psychological & behavioural measures	End of Year 9

Note: schools by design will sum to more than the total number in the previous column because many schools ran workshops with different timings and so may be counted more than once.

4.   Management of the evaluation

This section gives a brief overview of how the practical side of the evaluation has gone, particularly where this has departed from the original plan as laid out in the evaluation tender.

Staff trained

As mentioned above, some staff who were to be trained in Philadelphia had to withdraw, and some of these spare places were offered to others. The substitutes did not sign up online or complete the *Resilience Online* program, and we therefore do not have 'baseline' information on their characteristics or motivation for signing up for the training. Some of these questions were repeated in the end-of-workshop facilitator survey in order to obtain information on the full sample, but there are still gaps in the information we have about some facilitators. We do not regard this as a serious problem. However, ideally we would have a clearer idea of how facilitators were chosen within each school, in order to take account of selection when considering problems of scaling up and extrapolating out of sample.

Workshop timing, surveying and dosage

There was variation in the 'treatment' that each pupil received, only some of which we are able to observe. Much of this we were expecting: it is likely that every teacher has their own way of teaching a curriculum, and different groups of pupils will tend to react differently to the programme. However, there was variation in the organisation of workshops that probably caused further heterogeneity in treatment.

Some of this related to the timing of the workshops. Schools were expected to have decided how they would be timetabling and staffing the workshops by the end of July 2007. However, in September it became clear that some schools had not yet worked out how they were to deliver the workshops, and others had changed their plans. Moreover, some had not planned in accordance with the constraints set out at the beginning of the programme, e.g. that there should not be more than two sets of workshops over the year; that workshop sets should not overlap; and that workshops should start as soon as possible to the beginning of the school year in September. One school that had planned three sets of workshops could not change its timetable, although we did not regard this as a major problem for the evaluation.

Workshops starting in November or later posed more of a problem, because of the delay between the baseline in September and the start of the workshops, and because of the variation in the end point of the workshops between schools. Two schools moved forward the start of the workshops to early October for this reason. However, one school was not able to start workshops until January 2008 and could not survey pupils and teachers until this date; and another started surveying in September but did not start most workshops until January.

There was also a good deal of variation in how long it took to complete the workshops, even within schools. Many facilitators found that there was a lot of material to fit into 18 hours, and many did not have the full 18 hours available to them to teach this. A common problem within schools was that workshop lessons that were scheduled for Mondays or Fridays were more likely to be missed due to holidays or nonteaching days. This meant that workshop groups with lessons on other days tended to finish earlier than others within the same school scheduled for Mondays or Fridays, or that they finished at the same time but received more hours and covered more of the curriculum.

The main evaluation problem caused by variation in workshop timing was the timing of surveying. This had to be pre- and post-treatment in each school, and thus fell at different times for each school, and sometimes necessitated a compromise within a school when some workshops had finished but not others. The mid-year data collection took place from February to May 2008, and the differences in workshop timing were exacerbated by delays in administering and returning the questionnaires.

We know the dates that questionnaires were completed and can control for this. In the quantitative work, the month in which questionnaires were completed is significantly associated with the responses given by pupils and teachers, which implies that survey timing is important.

The second problem, partly related to timing, relates to variation in workshop 'quality'. This could be because of the day of the week the workshop was scheduled for, given the variation in hours of lessons received that this could produce. Alternatively, different groups within a school could receive the same number of hours, but some groups would have covered more of the curriculum because of the speed with which they progressed through it. Some facilitators returned information about curriculum coverage, but most did not, so it would not be possible to control for variation in this except within a very reduced sample. We do have information on how many hours each group received, however, and this can be used as a measure of programme dose.[9]

Randomisation

Schools had agreed to arbitrarily assign Year 7 pupils to treatment or control when they were not including the whole of Year 7 in workshops. It was hoped that this would result in 'as-if' randomisation, with treatment and control groups looking very similar on observable characteristics. However, some schools decided to target (some) pupils, or to assign pupils in a way that was not entirely arbitrary.[10] This is particularly evident for those pupils included in the workshops which ran from around February to July 2008, whose baseline psychological scores are significantly worse than those in the previous treatment group or the control group (see Section 7 for details).

Even when pupils were assigned arbitrarily, or when the year-ahead group was used as a control, because of the small samples involved within each school and the possibility of natural variation between cohorts and classes, this would not necessarily result in an ideal control group being available. This may be particularly evident when a school has to teach UKRP in setted classes, and only the top or bottom sets in a particular subject receive the workshops: they will clearly be different from other pupils in the year, at least in terms of their academic performance, and possibly on other characteristics too.

We present evidence on the effectiveness of the three separate 'experiments' in the quantitative section (Section 7). It appears that at least one has produced a workable control group, and we will focus upon this 'experiment' for the purposes of this report. In future work we will also return to the experiments where arbitrary assignment has been less successful to study these in more detail, with particular emphasis on using statistical methods to develop a better understanding of appropriate control groups.

---

[9] This may not be an accurate measure of dosage, however, both because some of this information obtained from schools is likely to be inaccurate; and because facilitators often compensated (when they could) for groups whose progression was slower by teaching more lessons. This may therefore be a poor measure for programme completion or learning.

[10] We asked each school how it assigned pupils to workshops. Of those cases in which pupils appear to have been selected, some schools were open about having done this, while others claimed the assignment had been arbitrary despite evidence to the contrary.

Problems and delays in obtaining data

The most serious problem we have experienced for the purposes of this report is the length of time it has taken to obtain end-of-workshop data. Questionnaires should have been completed in June-July 2008, with some being followed up in September if necessary, but as late as November 2008 five schools were still missing a significant proportion of their year group for either teacher or pupil questionnaires. We took 80% to be a satisfactory proportion of the year group to form an adequate sample, however, in schools where few pupils were treated and where these pupils did not have questionnaires returned this was still not enough. Similar problems had been experienced with the previous data collections, but not to the same extent. It was particularly difficult for school contacts to get form tutors or other staff to fill in the teacher questionnaires, especially when they had already surveyed the same pupils and teachers twice in the academic year 2007-8.

Some schools refused to complete the surveys altogether, or agreed to do them but failed to do so despite repeated requests until it was too late. For instance, there are three schools without any baseline teacher questionnaires, and one school initially refused to do any surveys in July 2008 but then agreed to survey pupils only. Where a large proportion of surveys are missing there are also problems, particularly in schools with a small Year 7 cohort. When schools do not chase up absentees for the pupil questionnaire it is likely that some sample selection bias is introduced, as pupils who are long term absent are perhaps more likely to have psychological or other problems and yet are less likely to be in the sample. Nevertheless, with the exceptions noted here, and in comparison to much research carried out with schools, sample sizes have been very good (See Table 3 for details). These are always above 80%, and in the majority of cases above 90%.

As mentioned above, the timing of the questionnaire (introduced into the quantitative work as month dummies) is significant in regressions of the psychological outcomes, and the gap between the end of treatment and the date of surveying could affect the measured outcome (although we can at least control for this). The delays in obtaining data meant that we could not start work on the rest of the sample until very late. Even obtaining information on which pupils were included in workshops was difficult, yet it was important to do this accurately in order to avoid confusing the treatment and control groups. The last questionnaires included in this analysis arrived on 9th January 2009, the full dataset was received from the data capture company on 12th January, and the last information on pupils assigned to workshops was received on 15th January. In addition, we received extracts from the National Pupil Database on 8th January 2009, and although we have integrated and analysed the majority of the information we requested we have not yet been able to look at behaviour and attendance data. We have therefore not gone into as much detail as we would have liked because of the delays in obtaining data. However, we will continue to work with the data available and will present more detailed findings in the next interim report.

Data matching

We have collected data from schools attached to Unique Pupil Numbers (UPNs). In order to be able to match these to NPD/PLASC data we needed a list matching UPNs with Pupil Matching References (PMRs). Because of changes in UPN and/or PMR, and because not all pupils have full records, some of the matching was not successful and we do not have census data for every pupil in the sample, particularly for information going back to Key Stage 1. However, the large majority of records were successfully matched.

Other issues

We intended to obtain audio recordings of lessons from schools, in order to have them scored by the Penn team to provide measures of workshop fidelity or quality. However, few schools were willing to do this, and we felt it was better to concentrate on more important data items and avoid asking schools for too much. The Penn team also announced that they would not be able to carry out scoring in the near future, as they will not be employing the appropriate staff. We therefore do not have these measures of workshop quality.

We intend to conduct analyses of pupils' friend networks, examining whether the programme had an impact on this and whether there were any spillovers from the treatment to the control group due to pupil association. However, the friends dataset is time-consuming to put together, and we do not expect it to be ready until April 2009. We will include any findings from this in the next interim report.

5.   Pupil Satisfaction

Pupils who participated in the workshops were asked to fill in a short (one side of A4) questionnaire asking what they thought about the workshops. The first two questions come from the Goodman SDQ impact supplement for post-intervention (follow-up) questionnaires. These were included on the pupil satisfaction form to avoid confusing pupils who had not participated in workshops.

Questions 3-11 asked them how much they agreed with a series of statements, starting with "I liked the UK Resilience Programme lessons a lot". Then followed some questions about whether they thought they had learned anything that could help them in academic subjects specifically, as this is an outcome of interest for the local authorities piloting the programme. The last few questions asked whether pupils had used the skills; and if so, which they had used and where and when; and gave them an opportunity to express any other comments on the programme. Please see Annex A for the questionnaire used.

Responses

In this section we will summarise the headline measures for the pupil satisfaction questionnaire. For most questions this will simply be a table of how pupils responded, but for some questions we will also provide cross tabulations by pupil characteristics when these appear to have an important relationship with the responses given. We have examined cross tabulations of all questions against the following pupil characteristics: sex; free school meal entitlement; special educational needs; behavioural, emotional or social special educational needs; SEN involving learning difficulties; all categories of SEN; the timing of workshops (e.g. September-February; October-July); Key Stage 2 attainment; frequency of workshops; number of hours of workshops; intensity of workshops (minutes per week); number of pupils in workshop group; and baseline (September 2007) scores on the depression, anxiety and life satisfaction inventories, as well as the baseline teacher scores of pupils' behaviour (teacher SDQ). In most cases these were not significantly related to the pupils' reported satisfaction with the workshops, although when they are, and this seems to contribute to an understanding of the programme, we report them.

Overall satisfaction

There were 1952 pupils included in UKRP workshops in school settings in 2007-8 who are included in the evaluation. Of these, 1629 returned a satisfaction questionnaire with at least some questions answered.[11] These form the basis of the sample.

Total satisfaction was measured by summing the responses to questions 3-11 (reverse scoring questions 4 and 6), to give a total score ranging between 9 and 45. Note that a lower score reflects a more positive assessment of the workshops: had a pupil agreed strongly to all the positive statements (and disagreed strongly to the two negative ones) they would have a score of 9. A middle response of 3 (neither agree nor disagree) to each item would result in a total score of 27, so any scores below this imply a preponderance of positive responses over negative ones, and any above it a preponderance of negative responses.

---

[11] As for most questionnaires in this study, items earlier in the questionnaire were more likely to elicit a response than later items: for the first question only 36 pupils did not answer, while for tick-box questions 3-15 on the reverse side of the questionnaire between 70 and 94 pupils would leave an item blank. The remaining questions asked for open-ended responses and were less likely to be answered (see the tables below for the number of responses to each item).

Overall, pupils were satisfied with the programme (see Table 7), with a median score of 20 and the mean slightly higher. This did not vary significantly by pupil characteristics such as gender or free school meal entitlement, but did by baseline psychological scores. Pupils were also on average more satisfied with the workshops that took place at the beginning of the year, from September to mid-year (usually February or March), than with those that lasted all year or those that took place in the second half of the year; and they were less satisfied with those that took place from September to July. Both of these differences were statistically significant at the 1% level (p-values from a mean-comparison test are reported in Table 7).[12] These differences in means should be treated with caution as they do not control for pupil characteristics such as psychological baseline scores, which in some cases differ significantly between workshop designs.[13] Nevertheless, when we split the sample into pupils who had workshops at least once a week versus those who had workshops less frequently, we find that the former group report significantly higher satisfaction. Given that there are no significant differences in baseline psychological scores between the two groups (not shown), this could suggest that pupils were more satisfied with workshops that took place at least once a week.

One important question is whether the workshops are acceptable to pupils who already display some signs of psychological distress at the start of Year 7. As Table 7 shows, pupils who had a score above the median on the anxiety, depression or behaviour inventories were significantly less likely to report being satisfied with the programme, as did those who scored below the median on the life satisfaction scale. (Remember that a high score on the depression, anxiety and behaviour inventories indicates more distress; while a higher score on the life satisfaction scale indicates greater satisfaction.) This difference is statistically significant for all four measures, and the general pattern continues across all items in the questionnaire. However, for the first three (pupil-reported) scores this could be due to reporting effects as much as genuine dissatisfaction with the workshops: those with a tendency to report more negatively would do so on both the assessment questionnaire and the satisfaction questionnaire (though this cannot be the reason for the association between satisfaction and the teacher-reported behaviour score). Moreover, the score is still fairly positive: as mentioned above, a middle response of 3 (neither agree nor disagree) to each item would result in a total score of 27, so any score below this implies more positive than negative responses. Nevertheless, it is also possible that distressed pupils may have been on average less satisfied with the workshops, for example because they found the subject matter or discussing personal problems more difficult.

---

[12] The p-value gives the probability that such a large difference in means would occur by chance if there were in fact no difference in satisfaction between the two groups. A p-value of less than 0.01 means that there is less than a 1% chance that we would get this result, i.e. that it is very likely that there is a difference in satisfaction between the two groups.

[13] For instance, pupils in workshops from mid-year to July score significantly worse on the baseline psychological scores - please see Section 7 on descriptive statistics and quantitative analysis for more detail.

Table 7: Overall pupil satisfaction

	Mean	Std. Dev.	N	Min	Max
Total satisfaction score	**20.93**	**6.99**	**1432**	**9**	**45**

Summary of total satisfaction score by pupil characteristics	**Mean**	**Std. Dev.**	**N**
Workshops lasting from September to July	21.77	7.05	754
Other workshops	19.99	6.81	678
p-value of mean-comparison test	*0.00*	**Total**	**1432**
Workshops lasted from September to mid-year	19.08	6.21	353
All other workshops	21.53	7.13	1079
p-value of mean-comparison test	*0.00*	**Total**	**1432**
Workshops lasted from mid-year to July	20.98	7.29	325
All other workshops	20.91	6.90	1107
p-value of mean-comparison test	*0.89*	**Total**	**1432**
Workshop frequency: less than one workshop per week	21.63	7.06	932
Workshop frequency: at least one workshop per week	19.62	6.68	500
p-value of mean-comparison test	*0.00*	**Total**	**1432**
Baseline depression score below the median (CDI<7)	19.79	6.69	663
Baseline depression score at or above the median (>=7)	22.04	7.08	658
p-value of mean-comparison test	*0.00*	**Total**	**1321**
Baseline anxiety score below the median (RCMAS<8)	20.23	6.93	628
Baseline anxiety score at or above the median (>=8)	21.47	7.00	693
p-value of mean-comparison test	*0.00*	**Total**	**1321**
Baseline life satisfaction score below the median (<35)	22.21	7.10	595
Baseline life satisfaction score at or above the median (>=35)	19.75	6.67	689
p-value of mean-comparison test	*0.00*	**Total**	**1284**
Baseline teacher behaviour score below the median (SDQ<4)	20.04	6.68	633
Baseline teacher behaviour score at or above the median (>=4)	21.77	7.07	660
p-value of mean-comparison test	*0.00*	**Total**	**1293**

Table 8: Pupil perception of own problems

Q1: Since participating in UK Resilience Programme workshops, are your problems:

	N	Percent	Cumulative %
Much worse	27	1.69	1.69
A bit worse	44	2.76	4.46
About the same	598	37.54	42
A bit better	592	37.16	79.16
Much better	332	20.84	100
Total	1,593	100	

58% of pupils who answered question 1 said that their problems were either 'a bit better' or 'much better' (Table 8). These responses were again more common in those who started from a better baseline, i.e. with a score below the median on depression (63%), anxiety (62%), and behaviour (63%), and above the median on life satisfaction (63%). This compares to those above on the median on depression (53%), anxiety (55%), and behaviour (54%), and below the median on life satisfaction (52%), who reported that their problems were 'a bit' or 'much' better (cross tabulations not shown). It is difficult to interpret these responses, however, as without comparisons of the same question posed after other interventions it is not clear what a low, high or average response would be.[14]

Table 9:

Q3: I liked the UK Resilience Programme lessons a lot

	N	Percent	Cumulative %
Agree a lot	413	26.46	26.46
Agree a little	618	39.59	66.05
Neither agree nor disagree	322	20.63	86.68
Disagree a little	127	8.14	94.81
Disagree a lot	81	5.19	100
Total	1,561	100	

---

[14] Approximately 100 pupils in the control group filled out the satisfaction questionnaire, with references to UKRP changed to PSHE, Access or whichever 'alternative treatment' they were receiving. (These lessons had class sizes comparable to the UKRP classes, i.e. containing around 15 pupils.) 38% of these pupils said that their problems were either 'a bit better' or 'much better' after the classes. However, only 36% of UKRP pupils in the same school as these control pupils said this, so it is not clear that there is any difference at all in reported improvement between the two 'treatments'. The sample size for non-UKRP pupils is also very small.

Roughly two-thirds of pupils agreed to some extent that they liked lessons a lot (Table 9), and this is supported by many comments from both pupils and teachers about pupils' enjoyment of lessons. Again, those who started from a worse baseline in terms of psychological well-being were significantly less likely to report that they enjoyed the lessons (p<0.01 for all psychological measures with the exception of the anxiety score). Nevertheless, in all the cross tabulations at least 60% of pupils said they enjoyed the lessons.[15]

For summaries of questions 4-11, please see Table 13 below.

Table 10: Perception of potential impact on academic attainment

Q15: I think what I learnt in the classes helps me with my schoolwork in general

	N	Percent	Cumulative %
Agree a lot	282	18.31	18.31
Agree a little	468	30.39	48.7
Neither agree nor disagree	440	28.57	77.27
Disagree a little	160	10.39	87.66
Disagree a lot	190	12.34	100
Total	1,540	100	

A slight majority of pupils did not agree with the statement that what they learned in UKRP classes helped them with schoolwork generally (Table 10). However, just under 49% of pupils did agree, and pupils' characteristics were related to the probability that they agreed. Interestingly, pupils with special educational needs relating to emotional, behavioural or social problems were more likely to agree that what they learned would help them with schoolwork (60%, as against 48% who did not have this type of SEN, see Table 11), although this is a small sample of pupils. Likewise, those who scored below the median on KS2 attainment were more likely to agree (52% as against 44% of those who scored at or above the median, Table 11). From a mean-comparison test on this item by SEN and KS2 attainment, we find that pupils who scored below the median at KS2 are significantly more likely to report that the programme helps with their schoolwork (p=0.002). Pupils with SEN are more likely to report this than those without, but the difference between these two groups is less significant (p=0.038 for those with EBD SEN versus those without; p=0.019 for the difference in means between those with any SEN categorisation versus those without). Pupil comments provided on the surveys to explain this include: "because it helps me control my temper"; and, "because it stops me getting stressed with the teacher when I don't understand"; as well as comments relating to avoiding procrastination, not giving up, and gaining confidence in group work and in speaking out in class.

---

[15] UKRP pupils were significantly more likely to say that they enjoyed UKRP lessons than control group pupils in the same school were to say that they enjoyed the alternative (small group) lesson of PSHE, Access or similar (difference in means, p=0.012). See previous footnote for explanation of control group questionnaire.

Table 11: Perception of potential impact on academic attainment, by pupil characteristics
Q15: I think what I learnt in the classes helps me with my schoolwork in general

	Pupils without EBD SEN	without EBD SEN (%)	Pupils with EBD SEN	with EBD SEN (%)	Total	Percent
Agree a lot	265	18.15	17	21.25	282	18.31
Agree a little	437	29.93	31	38.75	468	30.39
Neither agree nor disagree	424	29.04	16	20.00	440	28.57
Disagree a little	153	10.48	7	8.75	160	10.39
Disagree a lot	181	12.40	9	11.25	190	12.34
Total	**1,460**	**100**	**80**	**100**	**1,540**	**100**
	Pupils with KS2 results below the median	KS2 below median (%)	Pupils with KS2 results above the median	KS2 above median (%)	Total	Percent
Agree a lot	149	21.50	116	14.72	265	17.89
Agree a little	214	30.88	234	29.70	448	30.25
Neither agree nor disagree	190	27.42	237	30.08	427	28.83
Disagree a little	65	9.38	93	11.80	158	10.67
Disagree a lot	75	10.82	108	13.71	183	12.36
Total	**693**	**100**	**788**	**100**	**1,481**	**100**

Table 12: Using the skills

Q17: Do you use any of the skills that you learnt in the classes?

	N	Percent	Cumulative %
Yes	688	47.29	47.29
No	767	52.71	100
Total	1,455	100	

If so, which UKRP skills do you use? Where and when do you use them?

	N	Percent	Cumulative %
Pupil commented on how skills were used	713	43.77	43.77
Pupil did not comment on using skills	916	56.23	100
Total	1,629	100	

A slight majority of pupils said that they did not use the skills they learnt in the classes (Table 12). A large proportion of those who said that they did use the skills went on to make a comment about what they used, and/or how they used them. Curiously, more pupils made a comment about how they used the skills than ticked 'yes' in the first part of the question. The most popularly listed skills were negotiation, assertiveness, compromising, and the various in-the-moment emotion-management techniques (clenching muscles for a minute; counting to 10; deep breathing; and other relaxation or control techniques). The more strictly 'cognitive' skills were also mentioned (putting it in perspective; not catastrophising; breaking down a problem into the activating event, the beliefs around it and the consequences), but these were less common. Pupils most commonly reported that they used the skills at home and at school.

Summary

Pupils were generally positive about their experiences of the workshops, according to their responses to the satisfaction survey. Satisfaction with the workshops sometimes differed by pupil characteristics, but the percentage of positive answers to the first 11 questions was always above 50% regardless of the characteristics used to cross tabulate with satisfaction. However, pupils were not so convinced that there was a link with academic attainment: the majority did not think that the skills taught in classes would help them with their schoolwork. A large minority (almost half) listed what skills they used, when and where, and in these comments the interpersonal and self-regulation skills were mentioned most.

Table 13: Summary of other variables from pupil satisfaction survey

Q4: I've not learned anything from UKRP that has helped me solve problems

	N	Percent	Cumulative %
Agree a lot	131	8.51	8.51
Agree a little	265	17.21	25.71
Neither agree nor disagree	283	18.38	44.09
Disagree a little	371	24.09	68.18
Disagree a lot	490	31.82	100
Total	1,540	100	

Q5: I've learned a lot from UKRP that has helped me feel happier in my life

	N	Percent	Cumulative %
Agree a lot	355	23.19	23.19
Agree a little	563	36.77	59.96
Neither agree nor disagree	355	23.19	83.15
Disagree a little	143	9.34	92.49
Disagree a lot	115	7.51	100
Total	1,531	100	

Q6:I've not learned anything from UKRP that has helped me behave well

	N	Percent	Cumulative %
Agree a lot	126	8.2	8.2
Agree a little	201	13.08	21.28
Neither agree nor disagree	420	27.33	48.6
Disagree a little	333	21.67	70.27
Disagree a lot	457	29.73	100
Total	1,537	100	

Q7: I think my class teacher understood me

	N	Percent	Cumulative %
Agree a lot	520	33.85	33.85
Agree a little	541	35.22	69.08
Neither agree nor disagree	305	19.86	88.93
Disagree a little	82	5.34	94.27
Disagree a lot	88	5.73	100
Total	1,536	100	

Table 13 continued

Q8: I think my class teacher helped me a lot

	N	Percent	Cumulative %
Agree a lot	537	34.98	34.98
Agree a little	518	33.75	68.73
Neither agree nor disagree	284	18.5	87.23
Disagree a little	118	7.69	94.92
Disagree a lot	78	5.08	100
Total	1,535	100	

Q9: I think the classes helped me get on better with my family

	N	Percent	Cumulative %
Agree a lot	298	19.31	19.31
Agree a little	391	25.34	44.65
Neither agree nor disagree	480	31.11	75.76
Disagree a little	158	10.24	86
Disagree a lot	216	14	100
Total	1,543	100	

Q10: I think the other pupils in my UKRP class understood me

	N	Percent	Cumulative %
Agree a lot	333	21.62	21.62
Agree a little	516	33.51	55.13
Neither agree nor disagree	457	29.68	84.81
Disagree a little	124	8.05	92.86
Disagree a lot	110	7.14	100
Total	1,540	100	

Q11: I liked my class teacher

	N	Percent	Cumulative %
Agree a lot	660	42.86	42.86
Agree a little	464	30.13	72.99
Neither agree nor disagree	241	15.65	88.64
Disagree a little	87	5.65	94.29
Disagree a lot	88	5.71	100
Total	1,540	100	

6. Facilitator Experiences of the Workshops

Workshop facilitators were asked to fill in a detailed questionnaire asking about their experiences of the workshops; whether they thought they had had an impact on pupils; and whether they had benefitted personally from the experience. Of 86 facilitators trained in Philadelphia and planning to teach UKRP in the academic year 2007-08, 55 replied to the questionnaire. Of these, 50 had taught at least one workshop in a mainstream school and their classes therefore form part of the evaluation. Workshops outside of mainstream schools took place at special schools, or were set up specifically for looked-after children. We include responses from all 55 facilitators in the following discussion because their experiences may shed further light on the experience of using the programme with groups of pupils underrepresented (though present) in mainstream schools.

It is worth stressing that we are not relying on facilitators' responses to identify whether the programme has an impact or not. However, their opinions of how the programme went and what contributed to its success or failure in different places is instructive, particularly with respect to the mechanisms or 'active ingredients' of the programme.

Effect on facilitators

Over 90% of facilitators agreed to some extent that they enjoyed facilitating the workshops (see Table 14). Almost as many felt that the experience had improved their professional skills to some extent (89%). An open question asking what effect leading the workshops had had on the respondent (if any) gives more insight into this. 30 facilitators responded to this question, and the responses can be divided into eight general categories. The single most popular comment was that facilitators used the UKRP skills themselves, and some mentioned that they had become more optimistic or confident, with seven saying they had become more aware of their own emotions. In addition, five said they enjoyed workshops, five that they had become more aware of and sensitive to pupils and their problems, and three that they had had a chance to build closer relationships with pupils than their ordinary teaching allowed.

Facilitator perception of pupil experience

Only one facilitator did not agree (at least to some extent) that pupils had not enjoyed the workshops, and the same response was given to the statement "Pupils were generally engaged in workshops" (not shown). The one disagreement came from an LA officer working in a school, which may have contributed to a different atmosphere in the classes. Just over 70 % thought that pupils were generally supportive of each other in workshops, while 69% thought that pupils understood the concepts. Over 90% thought that pupils could apply the skills to their own experiences (see Table 15).

Effect on pupils

84% of facilitators thought that UKRP had improved pupils' psychological well-being (see Table 16). 5 of the 9 facilitators who responded with a 4 (neither agree nor disagree) or a 5 to this statement had also been uncertain about whether pupils had understood the concepts contained in the programme. A very large majority (nearly 93%) thought that the workshops had increased pupils' assertiveness. About 75% believed that the workshops would improve pupils' peer relations, while 80% thought they would help prevent bullying. These responses are therefore strongly consistent, with the large majority of facilitators who responded believing that the

workshops would have an impact on pupils' interactions with peers, teachers and parents, as well as an impact on their psychological well-being.

Table 14: Effect on facilitators

What effect has leading the workshops had on you (if any)?

I enjoyed facilitating UKRP workshops

	N	Percent	Cumulative %
1 - agree strongly	23	41.82	41.82
2	25	45.45	87.27
3	2	3.64	90.91
4 - neither agree nor disagree	4	7.27	98.18
5	1	1.82	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

I think that participating in UKRP workshops has improved my professional skills

	N	Percent	Cumulative %
1 - agree strongly	21	38.18	38.18
2	22	40	78.18
3	6	10.91	89.09
4 - neither agree nor disagree	6	10.91	100
5	0	0	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

	N
Enjoyed workshops / they were fun	5
More aware of / sensitive to pupils and their problems	5
More aware of own emotions / more reflective	7
Built relationships with pupils	3
Use skills themselves	13
Built own confidence	5
Become more optimistic	2
Gained experience of group work	1
Total mentions	**41**
Total responses (number of facilitators)	**30**

Note: total mentions does not sum to 30 because some of the 30 respondents listed several ways the workshops had affected them.

Table 15: Facilitators' perceptions of pupil experience

Pupils enjoyed UKRP workshops

	N	Percent	Cumulative %
1 - agree strongly	14	25.45	25.45
2	27	49.09	74.55
3	13	23.64	98.18
4 - neither agree nor disagree	0	0	98.18
5	1	1.82	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

Pupils were not generally supportive of each other in workshops

	N	Percent	Cumulative %
1 - agree strongly	2	3.64	3.64
2	3	5.45	9.09
3	6	10.91	20
4 - neither agree nor disagree	5	9.09	29.09
5	6	10.91	40
6	18	32.73	72.73
7 - disagree strongly	15	27.27	100
Total	**55**	**100**	

Pupils did not understand the concepts

	N	Percent	Cumulative %
1 - agree strongly	1	1.82	1.82
2	3	5.45	7.27
3	8	14.55	21.82
4 - neither agree nor disagree	5	9.09	30.91
5	9	16.36	47.27
6	22	40	87.27
7 - disagree strongly	7	12.73	100
Total	**55**	**100**	

Pupils were able to apply the skills to their own experiences

	N	Percent	Cumulative %
1 - agree strongly	8	14.55	14.55
2	26	47.27	61.82
3	17	30.91	92.73
4 - neither agree nor disagree	3	5.45	98.18
5	1	1.82	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

Table 16: Perception of effect on pupils' psychological and social outcomes

I think that participating in UKRP workshops has improved pupils' psychological well-being

	N	Percent	Cumulative %
1 - agree strongly	9	16.36	16.36
2	23	41.82	58.18
3	14	25.45	83.64
4 - neither agree nor disagree	8	14.55	98.18
5	1	1.82	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

I think that participating in UKRP workshops has increased pupils' assertiveness

	N	Percent	Cumulative %
1 - agree strongly	6	10.91	10.91
2	29	52.73	63.64
3	16	29.09	92.73
4 - neither agree nor disagree	4	7.27	100
5	0	0	100
6	0	0	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

I don't think that participating in UKRP workshops will improve pupils' peer relations

	N	Percent	Cumulative %
1 - agree strongly	2	3.64	3.64
2	4	7.27	10.91
3	3	5.45	16.36
4 - neither agree nor disagree	5	9.09	25.45
5	13	23.64	49.09
6	17	30.91	80
7 - disagree strongly	11	20	100
Total	**55**	**100**	

I think that participating in UKRP workshops will help prevent bullying

	N	Percent	Cumulative %
1 - agree strongly	4	7.27	7.27
2	17	30.91	38.18
3	23	41.82	80
4 - neither agree nor disagree	8	14.55	94.55
5	2	3.64	98.18
6	1	1.82	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

(Effect on pupils continued)

Facilitators were less sure of the potential effects of the workshops on school outcomes, however, with about 70% of those who responded believing that the workshops would help prevent school exclusion (Table 17). Interestingly, most of the 8 facilitators who did not think that

the workshops would help prevent exclusion had replied quite positively to previous questions, so it is perhaps less likely that these responses were due to bad experiences or generally negative views of the workshops. About 64% of facilitators thought that the workshops would improve pupils' academic attainment, with over 30% unsure. This is still a majority of facilitators, but is smaller than the proportion who believed that the workshops had an impact on pupils' psychological well-being or social interactions.

Table 17: Perception of effect on pupils' school outcomes

I don't think that participating in UKRP workshops will help prevent school exclusion

	N	Percent	Cumulative %
1 - agree strongly	1	1.85	1.85
2	1	1.85	3.7
3	6	11.11	14.81
4 - neither agree nor disagree	8	14.81	29.63
5	19	35.19	64.81
6	15	27.78	92.59
7 - disagree strongly	4	7.41	100
Total	**54**	**100**	

I think that participating in UKRP workshops will improve pupils' academic attainment

	N	Percent	Cumulative %
1 - agree strongly	2	3.64	3.64
2	11	20	23.64
3	22	40	63.64
4 - neither agree nor disagree	18	32.73	96.36
5	1	1.82	98.18
6	1	1.82	100
7 - disagree strongly	0	0	100
Total	**55**	**100**	

Pupils have used UKRP skills outside of workshops

	N	Percent	Cumulative %
Yes	47	85.45	85.45
No	0	0	85.45
Don't know	8	14.55	100
Total	**55**	**100**	

Pupil use of skills

If workshops have an effect on pupils through teaching them skills that they can use in everyday life, then an important consideration is whether they do in fact use the skills outside of workshops. As reported in the chapter on pupil satisfaction, about half of the pupils who have survey responses reported using the skills outside of workshops. Over 85% of facilitators said that pupils had used the skills outside of the workshops (Table 17), and 40 offered examples of which skills, how or when pupils had used them (Table 18).

Although these examples of when facilitators think or know that pupils used the skills cannot easily be categorised, a rough breakdown is provided. As for pupils' own reports about using the skills, assertiveness and negotiation were some of the most commonly mentioned skills, and situations involving conflict with friends and family appeared to be the most common context for using them.

Table 18: facilitator-reported examples of pupils using skills

Skills mentioned by facilitators

	N
Putting it in Perspective, generating alternatives	6
Assertiveness and negotiation	11
Always, everyone, everything; ABC; immediate emotional management	4
Number of mentions	**21**

Where skills were used or what for

	N
Dealing with own behaviour problems in school	1
Bullying	2
Confidence	2
Dealing with feelings	1
Organisation	2
Problem-solving	1
At home, especially family conflict	6
Conflict in general and conflict with peers	7
Relaxation	2
Pro-active / positive social skills	3
Number of mentions	**27**
Number of facilitators responding (both questions)	**32**

Note: Number of mentions is not equal to the number of facilitators responding because facilitators could provide more than one response, and did not necessarily respond to both parts of the question.

Differential benefit from workshops

Facilitators were asked whether they felt that some pupils benefitted more than others from the workshops. 38 said they did, and 40 went to specify which types of pupils they thought benefitted most (Table 19). The most commonly mentioned category was 'pupils who were lacking in confidence or were shy', with 22 facilitators mentioning this, presumably because they were deemed to be more in need of the skills taught. (Facilitators might also have noticed this group since any improvement during the course of the workshops would have been particularly salient.) The next most popular was pupils of higher ability, who might have been better able to access the curriculum, given that it was generally deemed to be intellectually demanding.

Table 19: Perceptions of differential impact (pupils benefitting more)

Do you think that some (types of) pupils benefitted more than others?

	N	Percent	Cumulative %
Yes	38	73.08	73.08
No	3	5.77	78.85
Don't know	11	21.15	100
Total	**52**	**100**	

If yes, which types of pupils were these?

	N
All abilities, with problems	1
Anger problems	2
Behaviour problems	2
Family problems	1
Higher ability	10
Lacking in confidence or shy	22
Middle band pupils	1
More emotionally mature	3
Those lacking empathy	1
Less able or SEN	3
Looked-after children	1
Pupils who has been bullied	1
Pupils with moderate problems	1
Number of mentions	**49**
Number of facilitators	**37**

Note: number of mentions is not equal to number of facilitators responding because facilitators could provide more than one response.

About 65% thought that some categories of pupil benefitted less than others, with 34 facilitators going on to specify which groups they thought benefitted less (Table 20). There was less agreement here than in the previous question, although the most common response was less able pupils or those with SEN (learning difficulties), although those with behavioural problems (including behavioural SEN) also featured. These are listed perhaps because they were less

able to access the curriculum content, rather than that they were in less need of the workshop skills. Also mentioned were confident pupils; those without apparent problems; and those who were already resilient; as well as those who were of higher ability. This suggests that these pupils were perceived as benefitting less because they already possessed a degree of resilience and so the skills would have less impact on them, not that they could not access the programme.

Table 20: Perceptions of differential impact (pupils benefitting less)

Do you think that some (types of) pupils benefitted less than others?

	N	Percent	Cumulative %
Yes	35	64.81	64.81
No	9	16.67	81.48
Don't know	10	18.52	100
Total	**54**	**100**	

If yes, which types of pupils were these?

	N
SEN or less able	8
Already resilient	2
Autistic spectrum	1
Behavioural difficulties	4
Confident	3
Disengaged from school or poor attendance	4
External locus of control	1
Those who found teaching style difficult	2
Higher ability	3
Language or literacy problems	2
Less emotionally mature	3
Without apparent problems	3
Those with more serious issues	1
Those with good social skills	1
Those who were less empathetic	1
Number of mentions	**39**
Number of facilitators responding	**31**

Note: number of mentions is not equal to number of facilitators responding because facilitators could provide more than one response.

Engagement

44 facilitators listed categories or characteristics of pupils who were difficult to engage, or with whom the workshops did not go so well. These are as much reasons why they were difficult to engage as 'types' of pupils, with behaviour problems the most commonly cited reason. Apart from this, responses varied considerably (see Table 21).

Facilitators were also asked if they had taught more than one workshop group, and if so, whether some groups went better than others, and why. The responses to these questions are not tabulated here, but the most commonly cited reasons for a workshop group going well were (in order of popularity): more able pupils; facilitator was more confident or secure with material as had taught the lesson before; a good group dynamic/a good sharing atmosphere; facilitator saw more of the pupils outside of the lesson so had a stronger relationship; good time slot (first lesson of the day); less disturbance; and an appropriate room in which to hold the workshops. Reasons cited for workshop groups going poorly were: lower ability; poor behaviour; poor literacy or English; bad timing (either last lesson of the day, resulting in poor concentration and/or lost lessons; or on a Monday or Friday so many lessons were lost); and a difficult room to teach in. Most of these would seem to be factors contributing to the success or failure of most school lessons, rather than factors specific to UKRP lessons.

Table 21: Perceptions of pupils' engagement

Did you find that there were some (types of) pupils who were harder to engage than others, or with whom the classes did not go well?

	N	Percent	Cumulative %
Yes	42	79.25	79.25
No	11	20.75	100
Don't know	0	0	100
Total	**53**	**100**	

If yes, which types of pupils were these?

	N
EAL / language difficulties	2
Behaviour problems, aggressive	15
SEN	3
Boys	4
Shy / introverted	4
Less able	4
Closed in thinking	1
Disliked didactic learning style	1
Embarrassed or self-conscious	3
Found materials childish	1
More able	1
More confident	1
More vulnerable	1
Those with no apparent problems	1
Opinionated girls	1
Short attention span	3
Number of mentions	**46**
Number of facilitators	**38**

Note: number of mentions is not equal to number of facilitators responding because facilitators could provide more than one response.

Active ingredient

UKRP workshops are different from ordinary school lessons in a number of ways. For instance, almost all UKRP classes were made up of 15 pupils or fewer, making them about half the size of ordinary Year 7 classes in most of these 22 schools. It is therefore difficult to disentangle the 'active ingredients' which explain any measured impact of the workshops on pupils. However, in order to get an idea of what the most important features might be, facilitators were asked to rate the importance of eight aspects of UKRP workshops. These were:

- having lessons in small groups, giving them more individual attention than in ordinary lessons;

- having lessons with a supportive teacher;

- sharing their problems;

- discussing others' problems;

- developing their emotional awareness through the curriculum e.g. recognising emotions and the mediating role of beliefs;

- developing the life skills contained in the curriculum e.g. the DEAL model, putting it in perspective;

- building relationships with other children in their UKRP group; and,

- building a relationship with their UKRP facilitator(s).[16]

The results are shown in Table 22: the 'response' column gives the number of times a facilitator rated this feature in first, second or third place for first most important aspect, second most important aspect etc. These are then weighted to produce the total score: a feature rated as 'first most important' is multiplied by 3; one which is second most important by 2; and one which is third by 1. The total score gives the number of responses multiplied by the weights. Of course, these weights are to some extent arbitrary, and in fact they do not change the general pattern in rankings much over simply summing responses. In total, 54 facilitators responded to this question.

Interestingly, the highest scoring feature of the workshops is the fact that they are conducted in small groups of 15 or fewer.[17] If this is true, and small class sizes in themselves are responsible for a large part of any impact on psychological well-being, then one might expect small classes for ordinary lessons to have a similar impact. (Although note that these results only state what facilitators believe to be the most important aspects of UKRP workshops; this may not be the case. Given the data we have available to us it is not possible to test this.) However, 'greater emotional awareness' developed through the curriculum is the top-rated feature based on the response score only, and is also only 2 points below 'small classes' once the scores are weighted: they therefore could be said to take joint first place. The UKRP curriculum which aims

---

[16] There was also the possibility of giving another answer, but the only different response was "all had beneficial impact"

[17] Sometimes this was not the case: approximately 20% of workshop pupils were in groups of 16 or more, though only 3% were in groups of 18 or more.

to develop pupils' emotional awareness is clearly not common to other lessons, so if it is this that has most impact then this should be a true 'treatment effect' of the programme. Moreover, it could be the case that it is the combination of the curriculum and the small class sizes that facilitators believe to be effective, so that taking either in isolation would not have the same impact.

In third place are the life skills taught by the curriculum. Although these form the core of the programme, the prerequisite for their use is emotional awareness, so it is not necessarily a problem for the programme that they come third. Moreover, it is difficult to separate the two since the emotional awareness taught could also be described as a skill. The remaining features listed are not unique to UKRP lessons, but some might only be found in particular types of lesson such as PSHE because of the subject matter. For instance, the impact of a supportive teacher is rated fifth; building relationships with other pupils is seventh; and building a relationship with the facilitator is eighth; and these are features that could be common to many lessons, though perhaps promoted in UKRP lessons by the subject matter and form of the workshops. Sharing pupils' own problems and discussing others' problems might occur in lessons related to PSHE, but would otherwise be unusual in ordinary school lessons.

Summary

Overall, the 55 facilitators were extremely positive about the programme, and the large majority of them enjoyed it, said it had had a (positive) impact on them, felt pupils enjoyed it, and believed that it had had a positive impact on pupils. Item responses were highly correlated for each facilitator, perhaps implying that some had had a much more negative experience of the workshops than the majority. Their perceptions of which pupils benefitted most or least from the workshops are worth examining in more detail in future quantitative work. It is interesting that they rate one of the most important features of the programme to be the small class sizes it is taught in, as this is a relatively expensive and logistically difficult aspect of the programme, as well as not being unique to UKRP classes. However, the life skills and emotional awareness taught by the programme were also deemed important.

Table 22: Facilitators' perceptions of the important features of UKRP classes

Thinking about the eight items mentioned above, which THREE aspects of the UKRP workshops do you think pupils benefitted most from?

Please number the most beneficial aspect 1, the second most beneficial aspect 2, and the third 3.

		Responses	**Item score**	**Total score**
Small groups	1st most beneficial	19	3	57
	2nd most beneficial	5	2	10
	3rd most beneficial	8	1	8
	Total	**32**		**75**
Supportive teacher(s)	1st most beneficial	5	3	15
	2nd most beneficial	8	2	16
	3rd most beneficial	4	1	4
	Total	**17**		**35**
Sharing own problems	1st most beneficial	5	3	15
	2nd most beneficial	10	2	20
	3rd most beneficial	10	1	10
	Total	**25**		**45**
Discussing others' problems	1st most beneficial	2	3	6
	2nd most beneficial	2	2	4
	3rd most beneficial	6	1	6
	Total	**10**		**16**
Emotional awareness	1st most beneficial	14	3	42
	2nd most beneficial	11	2	22
	3rd most beneficial	9	1	9
	Total	**34**		**73**
Life skills	1st most beneficial	8	3	24
	2nd most beneficial	13	2	26
	3rd most beneficial	8	1	8
	Total	**29**		**58**
Building relationships with other UKRP pupils	1st most beneficial	1	3	3
	2nd most beneficial	3	2	6
	3rd most beneficial	5	1	5
	Total	**9**		**14**
Building relationships with facilitator(s)	1st most beneficial	0	3	0
	2nd most beneficial	2	2	4
	3rd most beneficial	4	1	4
	Total	**6**		**8**
Number of facilitators responding		**54**		

7. Descriptive Statistics and Quantitative Analysis

Table 23: Descriptive statistics for the full evaluation sample

		N
Number of observations (pupils*waves)		11694
Observations by wave	Wave A: July 2007	2153
	Wave B: September 2007	3784
	Wave C: February 2008	1943
	Wave D: July 2008	3814
Number of pupils	Year 7	3965
	Year 8	2153
	Total	**6118**
Boys		3155
Girls		2942

		N	Mean	SD	Min	Max
CDI score	Wave A	2001	9.17277	7.12299		
	Wave B	3574	8.40442	6.61782		
	Wave C	1742	8.76667	7.17424		
	Wave D	3593	8.27638	7.22301		
	All waves	10910	8.56102	7.01063	0	51
RCMAS score	Wave A	1992	9.50249	6.7466		
	Wave B	3568	9.22327	6.59123		
	Wave C	1727	8.48158	6.6445		
	Wave D	3549	8.15874	6.70049		
	All waves	10836	8.80774	6.68591	0	28
KS2 level achieved	English	5871	3.927776	0.91947	0	5
	Maths	5868	3.917513	0.899276	0	5
	Science	5882	4.229894	0.811197	0	5
Free school meal eligibility		6094	0.270951	0.44447	0	1

Treatment	N	Mean	SD	Min	Max
Number of pupils in UKRP workshops	1952				
Number of different workshop groups	146				
Number of facilitators	73				
UKRP group size	146 groups	13.40411	2.820073	5	26

Explanation of measures

Symptoms of depression are measured using the Children's Depression Inventory (CDI). This scale has 27 items in the original version, but this study omits the item about suicidal ideation and so it contains only 26. Each of these is scored as 0, 1 or 2 depending on the severity of the response: 0 indicating no symptoms of depression on that item according to the child's response; and 2 indicating strong symptoms. Item scores are then summed to create a total score between 0 and 52, where higher scores indicate worse symptoms.[18] However, since the scale primarily measures deviations from well-being, rather than degrees of positive well-being, the distribution of the total score is highly skewed, with a large number of pupils with very low scores: over 10% score 0 or 1, and over 50% score 7 or lower, and this is true for each of Waves B, C and D. we therefore encounter a 'ceiling effect' on depression scores, as pupils scoring 0 at the beginning of the year cannot improve their scores.

Symptoms of anxiety are measured using the Revised Children's Manifest Anxiety Scale (RCMAS). This scale contains 28 items, plus 9 more to form a 'lie scale' used to detect responses motivated by social desirability (though the latter scale is not used in the present analysis). Each item of the main scale asks about whether a symptom of anxiety is typical of the child or not, and is scored as 1 if the response is 'yes' and 0 if 'no', giving a maximum possible summed score of 28 with higher scores indicating worse symptoms.[19] Again, the distribution of scores is highly skewed, with over 10% of pupils scoring 0 or 1 and over 50% scoring 8 or lower. Behaviour is measured using the self-report and teacher-report versions of the Goodman SDQ. Although no analysis on these scores is reported here, linear correlation coefficients of these measures with the other psychological outcome variables are reported in Table 24. The SDQ total difficulties score is comprised of 20 items, each scored 0, 1 or 2 according to the perceived severity of the symptom. This gives a minimum possible score of 0 and a maximum of 40, with higher scores indicating more (and more severe) symptoms.[20] The distribution of scores is highly skewed, particularly for the teacher version: 50% of all pupils score 5 or lower on the teacher SDQ; and more than 50% score lower than 11 on the pupil version.

Life satisfaction is measured using the Huebner Brief Multidimensional Students' Life Satisfaction Scale, which has five items asking about satisfaction with particular domains of a child's life and one asking about overall life satisfaction.[21] This is scored on a 7-point scale, giving a minimum possible summed score of 6 and a maximum of 42, with higher scores indicating greater life satisfaction. Again the distribution is skewed, with over 50% of pupils scoring 35 or more. Although no analysis on these scores is reported here, correlation coefficients of the life satisfaction measure with the other psychological outcomes are presented in Table 24. Note that because on this scale higher scores indicate greater well-being, unlike the other four scales where higher scores indicate worse symptoms, one would expect the life satisfaction score to be negatively correlated with the other scores, as indeed it is.

---

[18] If more than 10% of items are unanswered then the assessment is considered invalid. When up to 10% of items are missing these scores can be replaced by the mean of the non missing items in order to create a total score. See the CDI Technical Manual referenced in Annex D below for details on development and scoring.
[19] See the RCMAS Manual references in Annex D for details on development and scoring.
[20] The assessment is valid if at least 3 items of each of the four difficulties subscale have been completed. See Annex D for references to scoring details.
[21] The domains are: family, friends, school, oneself, and where the respondent lives. See Annex D for further details.

Descriptive statistics

Descriptive statistics for the full evaluation sample are shown in Table 23. There were a total of 6118 pupils in the combined control and treatment groups, although the following analyses rely on Year 7 pupils in schools where some Year 7 pupils remained untreated (i.e. where there was a within-year control group). There were four surveying periods to the data collection ('waves'): Wave A took place in July 2007, and provided the end of Year 7 measure for pupils in the year-above control group. Wave B took place in September 2007, and involved all Year 7 pupils, both treatment and control. Wave C varied depending on workshop timing, and not all schools were involved. Only those that started or finished a workshop set mid-year surveyed pupils at this point in order to provide a baseline/immediately post measure. Timing varied from February to late April 2008. Wave D took place in July 2008 and involved all Year 7 and Year 8 pupils, although the Year 8 pupils have been dropped from the evaluation sample as they will form the comparison group for the measures collected from the workshop cohort in July 2009.

The anxiety and depression measures are highly correlated with each other and with self-reported behaviour and life satisfaction (see Tables 24 and 25). The correlation is much weaker between these measures and teacher-reported behaviour. This is not surprising given that the first four measures are all reported by the pupil. In Table 24, all the correlations have the expected sign and show a reasonable degree of correlation. What is more surprising is that once the other variables are controlled for, in Table 25, the correlation between teacher-reported behaviour and anxiety score is negative, implying that more anxious pupils are perceived as being better behaved by their teachers. However, these scores do measure different things, and internalising behaviour such as anxiety is a different dimension from externalising behaviour. More important is perhaps the relatively weak correlation between the self-reported behaviour score and the teacher-reported score, although it is difficult to judge which of the two would be more reliable as a measure of behaviour as it is likely that both suffer from biases of different kinds.[22]

---

[22] Teachers only observe pupils in a specific setting, and are therefore likely to have limited information about pupils' behaviour in general, and they may have a tendency to give pupils the benefit of the doubt when they are uncertain about the answers. Pupils are able to observe their own behaviour in different contexts but even if they are trying to answer the questions honestly they may not be sufficiently self-aware to judge their own behaviour accurately.

Table 24: Linear correlation coefficients between each pair of the five main outcome variables

	CDI score	RCMAS score	Self-reported SDQ score	Teacher-reported SDQ score	Life satisfaction score
CDI score	1	0.7468	0.7468	0.2835	-0.6225
RCMAS score	0.7468	1	0.7665	0.1881	-0.5115
Self-reported SDQ score	0.7468	0.7665	1	0.3085	-0.5365
Teacher-reported SDQ score	0.2835	0.1881	0.3085	1	-0.2059
Life satisfaction score	-0.6225	-0.5115	-0.5365	-0.2059	1

Table 25: Partial correlation coefficients of each questionnaire outcome variable with the other four outcomes

	CDI score		RCMAS score		Pupil-reported SDQ score		Teacher-reported SDQ score		Life satisfaction score	
	Corr.	p	Corr.	p	Corr.	p	Corr.	p	Corr.	p
CDI score			0.3802	0.00	0.3081	0.00	0.1086	0.00	-0.3602	0.00
RCMAS score	0.3802	0.00			0.4782	0.00	-0.1169	0.00	-0.029	0.006
Pupil-reported SDQ score	0.3081	0.00	0.4782	0.00			0.1851	0.00	-0.1102	0.00
Teacher-reported SDQ score	0.1086	0.00	-0.1169	0.00	0.1851	0.00			-0.0156	0.138
Life satisfaction score	-0.3602	0.00	-0.029	0.006	-0.1102	0.00	-0.0156	0.138		

Coefficients reported are partial (linear) correlation coefficients; the row variable is the dependent variable and the other four outcome variables are on the right hand side. P-values are reported next to each column.

Table 26: Comparison of treatment and control group means by workshop timing

Panel 1	Treatment group (mean score)	Control group (mean score)	p-value of mean-comparison test
Treatment: start year - mid year			
CDI score at B	8.01	8.05	0.9207
Number of observations	350	1693	
RCMAS score at B	9.01	8.97	0.9039
Number of observations	346	1668	
Pupil-reported behaviour score at B	10.33	10.85	0.1620
Number of observations	343	1669	
Teacher-reported behaviour score at B	5.35	5.69	0.3784
Number of observations	264	1323	
Life satisfaction score at B	34.19	34.27	0.8399
Number of observations	330	1598	
Gender (male=0; female=1)	0.47	0.47	0.9886
Number of observations	350	1693	
SEN	0.21	0.20	0.9548
Number of observations	350	1693	
FSM	0.31	0.31	0.8041
Number of observations	350	1693	
Gifted & Talented	0.04	0.08	0.0022
Number of observations	350	1693	
KS2 English score	4.08	3.89	0.0007
Number of observations	346	1641	
KS2 maths score	4.11	3.89	0.0000
Number of observations	342	1642	

Table 26 continued: Comparison of treatment and control group means by workshop timing

Panel 2	Treatment group (mean score)	Control group (mean score)	p-value of mean-comparison test
Treatment: mid year - end year			
CDI score at B	11.81	8.05	0.0000
Number of observations	130	1693	
RCMAS score at B	12.79	8.97	0.0000
Number of observations	127	1668	
Pupil-reported behaviour score at B	14.15	10.85	0.0000
Number of observations	120	1669	
Teacher-reported behaviour score at B	7.16	5.69	0.0406
Number of observations	65	1323	
Life satisfaction score at B	32.94	34.27	0.0253
Number of observations	113	1598	
Gender (male=0; female=1)	0.38	0.47	0.0425
Number of observations	130	1693	
SEN	0.28	0.20	0.0502
Number of observations	130	1693	
FSM	0.36	0.31	0.2463
Number of observations	130	1693	
Gifted & Talented	0.16	0.04	0.0000
Number of observations	130	1693	
KS2 English score	3.85	3.89	0.6068
Number of observations	124	1641	
KS2 maths score	3.87	3.89	0.8238
Number of observations	124	1642	

Table 26 continued: Comparison of treatment and control group means by workshop timing

Panel 3	Treatment group (mean score)	Control group (mean score)	p-value of mean-comparison test
Treatment: start year - end year			
CDI score at B	7.21	8.05	0.0216
Number of observations	332	1693	
RCMAS score at B	8.58	8.97	0.3046
Number of observations	330	1668	
Pupil-reported behaviour score at B	9.87	10.85	0.0082
Number of observations	330	1669	
Teacher-reported behaviour score at B	4.62	5.69	0.0016
Number of observations	311	1323	
Life satisfaction score at B	34.38	34.27	0.7434
Number of observations	325	1598	
Gender (male=0; female=1)	0.58	0.47	0.0001
Number of observations	332	1693	
SEN	0.14	0.20	0.0118
Number of observations	332	1693	
FSM	0.14	0.31	0.0000
Number of observations	332	1693	
Gifted & Talented	0.02	0.04	0.0274
Number of observations	332	1693	
KS2 English score	4.23	3.89	0.0000
Number of observations	323	1641	
KS2 maths score	4.15	3.89	0.0000
Number of observations	323	1642	

Quantitative Analysis

We now present the formal quantitative analysis of the effect of treatment (UKRP workshops) on pupils, as measured by the questionnaire outcomes. As outlined above in Sections 3 and 4, the experimental set up varies by school, both in terms of the control groups available and the timing of treatment. We therefore distinguish three separate treatment groups: those in workshops from September 2007 to (approx.) February 2008 (start-mid year treatment, the 'first design'); those in workshops from (approx.) February-July 2008 (mid-end year treatment, the 'second design'); and those who were in fortnightly workshops which lasted all year from September 2007 to June / July 2008 (start-end year treatment, the 'third design').

We start by presenting results aggregated across all three groups, then focus on the first design to examine the heterogeneity in the effect of treatment on pupils, based on pupil characteristics. The first workshop group is used for this because it appears that the experiment worked best for this group, with 'as-if' randomisation producing treatment and control groups that are similar. We present indicative evidence for this using the depressive symptoms score, but the means of the five psychological variables and six other variables in the treatment and control groups for all three experimental designs are shown in Table 26, which provide a fuller picture of how well the treatment and control groups are matched in each case. Note that those schools which only had a year-above control group cannot be included in these analyses, as there is no baseline score for their control group.

Treatment and control groups

Table 26 presents the treatment and control group means for 11 variables for the three experiments, including the p-values for mean-comparison tests. For the first experimental design in the first panel (workshops that took place once a week, started at the beginning of the school year and finished around February), it is clear that the treatment and control groups are well-matched for the majority of the variables presented: most p-values are well above 0.1. The only group of variables for which there appear to be significant differences between the treatment and control groups are those relating to academic attainment, specifically Gifted and Talented status and KS2 attainment in English and maths. The treatment group appears to have higher average attainment than the control group, and is more likely to have Gifted and Talented status. This could be because a number of schools allocated classes to workshops that were setted (e.g. in science sets) because of the way the timetable worked, and in many cases only higher sets received the workshops.

The second panel gives the means of these variables for the second experiment (workshops starting mid-year and lasting until the end of the year), and here it is clear that treated and control pupils are significantly different on all measures except Free School Meal status and attainment in KS2 English and maths. It appears that many pupils were selected based on their perceived level of psychological need, and as reported above we know that some schools did indeed target pupils for this second batch of workshops.

The third panel presents this information for the third design: those workshops that lasted all year. Again, the means of all but two of these variables are significantly different between treatment and control groups (the exceptions being the anxiety and life satisfaction scores at baseline). It is perhaps less likely that these workshops were targeted than those that took place from the middle to the end of the academic year, as teachers usually did not know pupils well enough in September to target effectively. However, it is possible that the allocation of classes, particularly setted classes, to workshops has resulted in the mismatch of treatment and control groups on the majority of these variables.

46

Thus it appears that the first design offers the most balanced treatment and control groups, despite the significant differences between treatment and control here in terms of academic attainment. Given that the outcome variables we are currently analysing are the psychological ones it is particularly important that these are balanced at baseline, and this would be a reason not to use the two last designs for this analysis. However, in future work we will continue to examine the effects of the workshops across all three designs.

Symptoms of depression: Children's Depression Inventory score

Table 27 presents some descriptive statistics for the Children's Depression Inventory score (CDI score), which measures depressive symptoms. This table presents the mean CDI score for the three pooled treatment groups and the control group at three points in the year: the start of the academic year in September 2007; the mid-year data collection point (February-April 2008); and the end of the year in June-July 2008. As shown in the table, the pooled treatment and control groups are not perfectly matched at the beginning of the year: the treatment group scores 0.24 more (worse) than the control group.[23] By the middle of the year, those who have received the full course (those in the start-mid year treatment group) score lower (better) than the control group. The difference-in-difference coefficient is obtained by subtracting the mid-year mean from the baseline mean for each of the control and treatment groups, then taking the difference between these two to obtain the overall effect of treatment. This shows a significant negative change in the CDI score relative to the control group, implying that those who were in these workshops improved their depressive symptoms score relative to those in the control group.[24] However, by the end of the year, and including the other two treatment groups, there is no significant difference between the treatment and control groups.

Table 28 presents the difference-in-differences estimate of the treatment effects with all three treatments pooled. The coefficient on 'Treated*Policy' gives the treatment effect, i.e. the average impact on a pupil's (standardised[25]) CDI score of being in the treatment group at the end of the treatment. This is significant and negative in the first three specifications, and ranges from between 11 and 13 percent of a standard deviation improvement. However, once pupil fixed effects are added in the fourth specification this becomes much smaller and statistically insignificant.[26] [27]

The problem of the mismatch between the treatment and control groups is shown by the positive and significant coefficient on the 'Treated' variable: this means that pupils who were in the treatment group scored higher (worse) on the CDI even before the treatment had started. This implies that the as-if randomisation did not successfully create comparable treatment and control groups, and so taking comparisons of these groups before and after the workshops will not provide a true estimate of the treatment effect, at least if one pools the three treatments together.

---

[23] Remember that for the CDI score, a higher score is a worse result, so a decline in the scores indicates an improvement.

[24] As explained earlier, if a difference is described as statistically significant this is a measure of the likelihood that a difference of that magnitude would arise by chance in the event that there were no real difference.

[25] Standardising scores involves subtracting the mean score and dividing by the standard deviation to give a standardised score with a mean of 0 and a standard deviation of 1. This does not change the results we obtain, but makes interpretation and comparison of the coefficients easier.

[26] Pupil fixed effects control for all characteristics of pupils that are fixed over time.

[27] Here and in subsequent tables, the level of significance of a coefficient is indicated by asterisks after it: one asterisk means that it is significant at the 10% level (p<=0.1 – there is a 10% chance that this could have arisen by chance); two asterisks that it is significant at 5% (p<=0.05); and three that it is significant at 1% (p<=0.01).

Table 29 therefore presents the same information as Table 27, but now separately by the three different treatment groups (here the raw CDI scores are used). The difference between the treatment and control groups for the start-mid year treatment is small and insignificant, and the post-treatment measures show an improvement in the treatment group relative to the control group.

The second panel uses the workshop groups that were treated from the middle of the year to the end. They are clearly quite different from the control group at the beginning of the year, on average scoring significantly higher, and although their mean score declines through the year it remains higher than that of the control group. The difference-in-difference estimate suggests a marginally significant treatment effect, i.e. the decline in the score of the control group is less than the decline in the score of the treatment group despite (or maybe partly because of) the difference in means at the start.

The third panel of Table 29 shows the control group compared to the treatment group that participated in workshops that lasted all academic year. Here the difference in baseline scores is significant, with the treated group starting off better than the control group. By the end of the year the treatment group is scoring worse and the control group has improved slightly, giving a positive difference-in-differences coefficient.

Table 30 provides the same information as Table 28, but splits the sample by the three different treatment groups. As suggested by Table 29, the start-mid year treatment group seems well-matched to the control group (hence the absence of a significant coefficient on the 'Treated' variable in the first panel). Pupils in the mid-end year group on average score worse than those in the control group, which is shown by the highly significant positive coefficient on 'Treated' in the second panel. However, both of the first two treatment groups show a negative effect of the workshops on depression scores, which remains significant at 10% even when pupil fixed effects are included. This compares with a positive and significant coefficient of 'Treated*Policy' in all specifications for the start-end year treatment group. Thus there is clear treatment heterogeneity by the timing or organisation of the workshop groups, that is, a clear difference in the measured effects of the workshops according to how they were organised.

This seems to suggest that although the 'as-if' randomisation may have worked for the start-mid year treatment group, it was not successful in the other two samples. As mentioned above in Section 4, we know that some schools overly or covertly decided to select pupils to participate in workshops, rather than randomly assigning them as had been agreed, and that this was particularly evident for the mid-end year treatment group.[28] The positive treatment effect for the start-end year workshops is harder to explain. However, it is worth noting that there are only a few schools included in this group: the majority of schools that scheduled workshops to last all year only had a Year 8 control group, and are therefore not included in this analysis because of the need for a baseline for the control group.

We suggest that the as-if randomisation worked well enough for the first out of these three workshop sets, but apparently failed on the other two. We will therefore conduct the remainder of the quantitative analysis using this treated sample plus the control group, as we believe that this provides a more reliable picture of the impact of the workshops.

---

[28] Since pupils were new to the school in September 2007, even if schools did attempt to select pupils for workshops on the basis of psychological distress they would have been less successful at this point as they did not know the pupils well enough. By February 2008 they might have known pupils well enough to select more effectively.

Treatment heterogeneity

Table 31 presents evidence on heterogeneity of treatment effects by pupil characteristics. The most striking difference is that the improvements in girls' scores appear to be driving the combined average treatment effect: girls' CDI scores improve by 17% of a standard deviation, and this is statistically significant at the 1% level. By comparison, although boys also have a negative treatment coefficient, this is not significant. A test of the equality of the coefficients rejects the hypothesis that the average treatment effect is equal for boys and girls.[29]

Further disaggregating by pupil characteristics, we find that pupils with some form of Special Educational Needs are significantly more likely to benefit from workshops. There is apparently no difference in impact by free school meals eligibility (FSM) or by Gifted and Talented classification.[30]

We obtain a strong result from splitting the sample by prior attainment at Key Stage 2, into those who achieved the national target (level 4) or higher in English or maths respectively, and those who did not. It appears that girls who did not achieve level 4 English (or maths) and who participated in workshops improved their CDI scores by just under half of a standard deviation compared to the control group, while those who did achieve level 4 English (or maths) and were in workshops only improved by 15-18% of a standard deviation. Note that both of these groups improved significantly relative to the control group, but that lower attainers improved more, and that this difference was significant at the 10% level (5% for maths).

More strikingly, once we split the sample by the quintile of the baseline (September 2007) depression score, we find important differences in measured impact by baseline score. Pupils who scored in the worst (highest) 40% of scores in September 2007 (quintiles 4 and 5) improved significantly relative to the control group, and the effect was particularly large (70% of a standard deviation) for those in the 5th quintile (worst 20% of scores). This pattern is maintained when the sample is split into boys and girls, with the effect stronger for girls.

Curiously, boys with very low scores at baseline apparently did significantly worse if they were assigned to the treatment group rather than the control group, with an increase in their depression score of 0.3 of a standard deviation, which is significant at the 1% level.[31] One reason for this could be the ceiling effect that we encounter with these scores: pupils who score 0 or 1 at baseline cannot improve, and so one would expect to observe mean reversion here. However, if the treatment and control group are well matched then one might expect the same degree of mean reversion to occur for both, but then we should not find a significant positive effect of the workshops on the treated group. Pupils with lower baseline scores did not report finding UKRP lessons less enjoyable or acceptable (see Section 5 above, which reports on pupil satisfaction with UKRP), and in fact they were more likely to report positively about the workshops. This is therefore difficult to explain. One explanation might be that pupils who have been through UKRP workshops are more likely to recognise their own symptoms and / or report them honestly, which would mean that they are likely to score worse than those in the control group after the end of the workshops. This effect would be particularly strong for those who

---

[29] Note that this does not mean that there were no boys who showed improvements as a result of the workshops, nor that all girls improved; what is measured is the *average* impact for each group of being in workshops as opposed to being in the control group.

[30] The p-values reported are from a test of equality of the coefficients immediately above: if the p-value is greater than 0.1 this implies that the coefficients are not significantly different from each other and therefore that pupils with (e.g.) FSM entitlement are not more or less likely to benefit from the workshops than those without.

[31] 1st quintile girls in the treatment group also have a positive coefficient here, but it is not significant.

scored very low at baseline, both because (mechanically) their scores can only change in one direction, and because pupils with extremely low scores are much less likely to be giving true responses: they may not have a full awareness of their symptoms, or they may be responding with socially desirable answers. However, the RCMAS lie scale is designed to detect responses based on social desirability, and when we exclude pupils from the analysis who have high scores on this measure we get the same results (not shown). Nevertheless, it is possible that either low scoring pupils did feel worse after the workshops, or that they were more aware and/or open and so reported worse symptoms.

Given that the largest treatment effect is found when the sample is split by baseline depression score it is possible that the large effects found for lower attaining pupils could be due to the fact that they are more likely to have poor psychological scores, rather than any direct effect of SEN or low attainment. We did not test for this directly, however, the correlation between baseline CDI score and SEN status or attainment at KS2 is not particularly high, even when the sample is restricted to the treatment group only: the correlation coefficient between baseline CDI score and SEN is 0.16; between CDI score and maths level at KS2 is -0.19; and between CDI score and English level at KS2 is -0.24. Nevertheless, it is possible that psychological symptoms could account for some of the effect observed for SEN and KS2 attainment, and we will examine this further in future work.

Overall, the analysis of the depression scores suggests treatment heterogeneity by organisation/timing of treatment, part of which may have been caused by selection of pupils into the workshop groups. There is also significant heterogeneity of treatment impact by pupil characteristics, with girls, lower attaining pupils and those who began the year with worse depression scores apparently gaining more from workshops.

Anxiety symptoms: Revised Children's Manifest Anxiety Scale Score

Table 32 is the equivalent of Table 29, but uses the RCMAS (anxiety) score as the outcome variable. As for the CDI score, the difference between the treatment and control groups for the start-mid year treatment is small and insignificant, while those treated from the middle of the year to the end score significantly higher than the control group at the baseline and the mid-year measurement dates. In both cases the treatment group scores have declined by the end of the year relative to the control group.

For the workshops that lasted all year (third panel of Table 32), the control group starts off scoring slightly worse than the treatment group, although this is not statistically significant. By the end of the year the average score of the treatment group has not changed, while the control group has improved.

Given the high degree of correlation between the CDI and RCMAS scores (see the section on descriptive statistics above) it is not surprising that these results are very similar.

Table 33 shows a similar level of treatment heterogeneity for the anxiety symptoms outcome as for symptoms of depression. Workshops lasting from September to February had some negative effect on pupils' anxiety scores on average, although this is a slightly smaller and less significant effect than for the depression score. The treatment for the mid-end year groups apparently had a much stronger effect, as for the depression scores, but again this could be (partly) because of the higher baseline scores in the treatment group relative to the control: the coefficient on being treated in the mid-end year group is about one-third of a standard deviation, and significant at

1%, meaning that pupils in the treatment group scored significantly higher at baseline on this measure. For the start-end year group the effect is again positive and significant.

Table 34 shows the equivalent specifications with the anxiety score as an outcome as are shown in Table 31 for the depression score. Interestingly, here it is boys who show a greater reduction in scores, but again this is strongest for pupils who score below the national target at Key Stage 2 for English or maths, who are eligible for free school meals, who are categorised as having SEN, or who started the year with worse anxiety scores. Interestingly, the problem of the top quintile pupils getting worse anxiety scores after the intervention is stronger here than for depression, and is also robust to excluding pupils with high lie scale (social desirability) scores.

Other outcomes

At this point, we are not able to report results for the other questionnaire outcomes, as we have concentrated on the depression and anxiety scores, which are the most important outcomes in the existing literature. (The majority of the Penn team studies only assess impacts on depressive symptoms, or depression and anxiety.) Due to delays with the data collection we have not been able to examine the pupil- and teacher-reported behaviour and life satisfaction variables in sufficient detail to be confident of the results. We will therefore continue to work with these data, as well as data on attendance and (if available) academic attainment, to further explore the impact of the programme.

Summary

In this preliminary quantitative analysis we focus on the experiment that appears to have well-balanced treatment and control groups. We find an impact of the programme on pupils' depression and anxiety scores, as well as heterogeneity of impact by pupil characteristics. In particular, the preliminary results suggest that more disadvantaged or lower attaining pupils gain more from the workshops, as well as those who start from a worse baseline in terms of reported psychological health.

Table 27: Descriptive statistics for Children's Depression Inventory score with all three treatments pooled

	All Three Forms of Treatment (Start Year - Mid Year; Mid Year - End Year; Start Year - End Year)		
	Start Year	Mid Year	End Year
Treated	8.29	7.96	7.80
Control	8.05	8.77	7.79
Gap	.24 (.27)	-.81 (.43)	.02 (.30)
Difference-in-difference		-1.06 (.41)	-.23 (.29)

Notes: Standard errors (clustered by pupil) in brackets. This table uses the raw CDI score.

Table 28: Estimates of treatment effects on CDI with all three treatments pooled

	All Three Forms of Treatment (Start Year - Mid Year; Mid Year - End Year; Start Year - End Year)			
	(1)	(2)	(3)	(4)
Treated*PolicyOn	-0.131***	-0.117***	-0.108***	-0.020
	(0.042)	(0.042)	(0.042)	(0.033)
Treated	0.066	0.111***	0.094**	-
	(0.043)	(0.043)	(0.045)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes
Sample Size	6572	6311	6311	6572
Number of Pupils	2514	2514	2514	2514

Notes: Standard errors (clustered by pupil) in brackets; the control variables are dummies for gender (1), special educational needs status (1), free school meal status (1), gifted and talented status (1) and key stage 2 maths and English performance (10 dummies). The outcome measure here is the CDI score standardised to have a mean of 0 and a standard deviation of 1.

Table 29: Descriptive analysis (CDI score) for three treatments separately

	Treatment: Start Year - Mid Year		
	Start Year	Mid Year	End Year
Treated	8.01	7.96	7.00
Control	8.05	8.77	7.79
Gap	-.04 (.37)	-.81 (.43)	-.79 (.41)
Difference-in-difference		-.78 (.40)	-.75 (.39)

	Treatment: Mid Year - End Year		
	Start Year	Mid Year	End Year
Treated	11.81	9.98	9.23
Control	8.05	8.77	7.79
Gap	3.76 (.58)	1.21 (.66)	1.44 (.65)
Average Pre-Policy Gap	2.50 (.62)		
Difference-in-difference			-1.05 (.64)

	Treatment: Start Year - End Year		
	Start Year	Mid Year	End Year
Treated	7.21	-	8.12
Control	8.05		7.79
Gap	-.84 (.36)		.33 (.42)
Difference-in-difference			1.17 (.37)

Notes: Standard errors (clustered by pupil) in brackets. The vertical bar corresponds to the end of treatment so that the period to the right is the post-treatment raw CDI score.

Table 30: Heterogeneous Treatment Effects (CDI score)
(From Specification Pooled Across All Three Treatments Relative to Controls)

	Treatment: Start Year - Mid Year			
Treated*Policy	-0.108**	-0.111**	-0.117**	-0.085*
	(0.053)	(0.054)	(0.054)	(0.045)
Treated	-0.022	0.034	0.035	-
	(0.061)	(0.060)	(0.062)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes
	Treatment: Mid Year - End Year			
Treated*Policy	-0.206**	-0.218**	-0.177*	-0.142*
	(0.098)	(0.097)	(0.095)	(0.074)
Treated	0.330***	0.304***	0.303***	-
	(0.093)	(0.093)	(0.095)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes
	Treatment: Start Year - End Year			
Treated*Policy	0.119**	0.116**	0.124**	0.138**
	(0.055)	(0.056)	(0.056)	(0.054)
Treated	-0.068	0.026	-0.007	-
	(0.054)	(0.057)	(0.070)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes
Sample Size	6572	6311	6311	6572
Number of Pupils	2621	2514	2514	2621
p-value of $\chi^2(2)$ test of hypothesis of constant treatment effect	0.00	0.00	0.00	0.00

Notes: Standard errors (clustered by pupil) in brackets; the control variables are dummies for gender (1), special educational needs status (1), free school meal status (1), gifted and talented status (1) and key stage 2 maths and English performance (10 dummies). The outcome measure here is the CDI score standardised to have a mean of 0 and a standard deviation of 1.

Table 31: Variation in Treatment Effects For Start to Mid Year Treatment (CDI score) (From Separate Specification Relative to Controls)

	Estimated Treatment*Policy Effect		
	(From Separate Specification - Compared to Average of -.085 in final column of Table 30)		
	All	Boys	Girls
Boys	-0.016 (0.058)		
Girls	-0.166*** (0.062)		
P-value from test of equality	0.06		
SEN	-0.221** (0.090)	-0.158 (0.111)	-0.330** (0.153)
Not SEN	-0.050 (0.050)	0.068 (0.069)	-0.171** (0.071)
P-value from test of equality	0.08	0.07	0.33
FSM	-0.115 (0.075)	-0.025 (0.100)	-0.225** (0.112)
Not FSM	-0.073 (0.052)	0.025 (0.072)	-0.183** (0.076)
P-value from test of equality	0.62	0.67	0.74
G&T	-0.063 (0.144)	-0.018 (0.235)	-0.107 (0.184)
Not G&T	-0.088* (0.046)	0.011 (0.063)	-0.205*** (0.069)
P-value from test of equality	0.87	0.90	0.61
KS2 English <= Level 3	-0.140 (0.105)	0.049 (0.131)	-0.477*** (0.177)
KS2 English >= Level 4	-0.083* (0.049)	0.000 (0.067)	-0.175** (0.071)
P-value from test of equality	0.61	0.73	0.10
KS2 Maths <= Level 3	-0.227** (0.103)	-0.005 (0.144)	-0.465*** (0.149)
KS2 Maths >= Level 4	-0.059 (0.049)	0.017 (0.066)	-0.149** (0.073)
P-value from test of equality	0.13	0.89	0.05
Sample Size	5480	2968	2512
Number of Pupils	2145	1145	1000

Notes: Standard errors (clustered by pupil) in brackets. The outcome measure here is the CDI score standardised to have a mean of 0 and a standard deviation of 1.

| | Estimated Treatment*Policy Effect | | |
	(From Separate Specification - Compared to Average of -.085 in final column of Table 30)		
	All	Boys	Girls
1st quintile baseline CDI score	0.224***	0.299***	0.138
	(0.076)	(0.106)	(0.109)
2nd quintile baseline CDI score	0.033	-0.014	0.098
	(0.098)	(0.132)	(0.145)
3rd quintile baseline CDI score	0.033	0.049	0.010
	(0.092)	(0.124)	(0.138)
4th quintile baseline CDI score	-0.190**	-0.015	-0.387***
	(0.096)	(0.133)	(0.138)
5th quintile baseline CDI score	-0.710***	-0.438***	-1.014***
	(0.095)	(0.131)	(0.137)
p-value from test of equality 1st-2nd quintile coefficients	0.1089	0.0553	0.8214
p-value from test of equality 2nd-3rd quintile coefficients	0.9998	0.7205	0.6529
p-value from test of equality 3rd-4th quintile coefficients	0.0851	0.716	0.0366
p-value from test of equality 4th-5th quintile coefficients	0.0001	0.0204	0.0009
p-value from test of equality all quintile coefficients	0.000	0.0004	0.000
Sample Size	5480	2968	2512
Number of Pupils	2145	1145	1000

Table 32: Descriptive Analysis For Three Treatments Separately (outcome: RCMAS score)

Treatment: Start Year - Mid Year

	Start Year	Mid Year	End Year
Treated	8.97	8.10	7.00
Control	8.92	8.37	7.57
Gap	.05 (.38)	-.27 (.41)	-.57 (.39)
Difference-in-difference		-.32 (.35)	-.62 (.35)

Treatment: Mid Year - End Year

	Start Year	Mid Year	End Year
Treated	12.59	9.93	8.63
Control	8.92	8.37	7.57
Gap	3.67 (.58)	1.56 (.60)	1.05 (.60)
Average Pre-Policy Gap	2.63 (.42)		
Difference-in-difference			-1.58 (.57)

Treatment: Start Year - End Year

	Start Year	Mid Year	End Year
Treated	8.57	-	8.52
Control	8.92		7.57
Gap	-.35 (.38)		.95 (.39)
Difference-in-difference			1.30 (.34)

Notes: Standard errors (clustered by pupil) in brackets. The vertical bar corresponds to the end of treatment so that the period to the right is the post-treatment RCMAS score.

Table 33: Heterogeneous Treatment Effects when outcome is RCMAS score (From Specification Pooled Across All Three Treatments Relative to Controls)

	Treatment: Start Year - Mid Year			
Treated*Policy	-0.077	-0.085*	-0.095*	-0.051
	(0.049)	(0.050)	(0.049)	(0.043)
Treated	-0.008	0.016	0.030	-
	(0.062)	(0.062)	(0.065)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes

	Treatment: Mid Year - End Year			
Treated*Policy	-0.232**	-0.236**	-0.196**	-0.180***
	(0.091)	(0.094)	(0.093)	(0.070)
Treated	0.352***	0.374***	0.330***	-
	(0.089)	(0.091)	(0.094)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes

	Treatment: Start Year - End Year			
Treated*Policy	0.176***	0.171***	0.155***	0.159***
	(0.054)	(0.055)	(0.054)	(0.050)
Treated	-0.030	0.010	-0.009	-
	(0.063)	(0.064)	(0.077)	
Month Dummies	Yes	Yes	Yes	Yes
Controls	No	Yes	Yes	Yes
School Fixed Effects	No	No	Yes	No
Pupil Fixed Effects	No	No	No	Yes

Sample Size	6516	6264	6264	6516
Number of Pupils	2611	2505	2505	2611
P-value of $\chi^2(2)$ test of hypothesis of constant treatment effect	0.00	0.00	0.00	0.00

Table 34: Variation in Treatment Effects for Start to Mid Year Treatment (From Separate Specification Relative to Controls, outcome RCMAS score)

	Estimated Treatment*Policy Effect outcome: standardised RCMAS score (From Separate Specification - Compared to Average of -.051 in final column of Table 33)		
	All	Boys	Girls
Boys	-0.069 (0.054)		
Girls	-0.045 (0.058)		
P-value from test of equality	0.74		
SEN	-0.225*** (0.084)	-0.228** (0.103)	-0.230 (0.143)
Not SEN	-0.013 (0.046)	-0.039 (0.063)	0.018 (0.068)
P-value from test of equality	0.02	0.10	0.10
FSM	-0.144** (0.070)	-0.216** (0.093)	-0.046 (0.106)
Not FSM	-0.020 (0.049)	-0.029 (0.065)	-0.012 (0.073)
P-value from test of equality	0.12	0.08	0.78
G&T	0.046 (0.135)	-0.015 (0.214)	0.096 (0.176)
Not G&T	-0.066 (0.043)	-0.091 (0.057)	-0.035 (0.066)
P-value from test of equality	0.42	0.73	0.47
KS2 English <= Level 3	-0.190* (0.098)	-0.224* (0.120)	-0.130 (0.166)
KS2 English >= Level 4	-0.044 (0.045)	-0.056 (0.061)	-0.030 (0.068)
P-value from test of equality	0.16	0.20	0.56
KS2 Maths <= Level 3	-0.281*** (0.097)	-0.286** (0.133)	-0.277* (0.142)
KS2 Maths >= Level 4	-0.023 (0.046)	-0.037 (0.061)	-0.004 (0.069)
P-value from test of equality	0.01	0.08	0.07
Sample Size	5431	2957	2474
Number of Pupils	2137	1144	993

Notes: Standard errors (clustered by pupil) in brackets. The outcome measure here is the RCMAS score standardised to have a mean of 0 and a standard deviation of 1.

Table 34 continued: Variation in Treatment Effects for Start to Mid Year Treatment (From separate specification relative to controls, outcome: RCMAS score)

	Estimated Treatment*Policy Effect outcome: standardised RCMAS score (From Separate Specification - Compared to Average of -.051 in final column of Table 33)		
	All	Boys	Girls
1st quintile baseline RCMAS score	0.358*** (0.072)	0.383*** (0.099)	0.332*** (0.105)
2nd quintile baseline RCMAS score	0.065 (0.088)	0.091 (0.110)	0.022 (0.147)
3rd quintile baseline RCMAS score	-0.029 (0.096)	-0.070 (0.129)	0.024 (0.145)
4th quintile baseline RCMAS score	-0.320*** (0.082)	-0.456*** (0.113)	-0.179 (0.119)
5th quintile baseline RCMAS score	-0.533*** (0.088)	-0.560*** (0.116)	-0.496*** (0.134)
p-value from test of equality 1st-2nd quintile coefficients	0.0077	0.0409	0.0753
p-value from test of equality 2nd-3rd quintile coefficients	0.4608	0.3266	0.9941
p-value from test of equality 3rd-4th quintile coefficients	0.018	0.0211	0.2656
p-value from test of equality 4th-5th quintile coefficients	0.0677	0.509	0.0688
p-value from test of equality all quintile coefficients	0.000	0.000	0.000
Sample Size	5431	2957	2474
Number of Pupils	2137	1144	993

8.   Qualitative Findings

Introduction

This section reports findings from case study visits, made during the spring and summer terms of 2007, to ten of the UKRP schools. The findings provide qualitative data to deepen the understanding of the UKRP and to provide a context for the quantitative results, as they develop as the evaluation progresses. They contribute to several of the five elements of the evaluation - namely fidelity, participant satisfaction, psychological resilience, other outcomes and the fit with the secondary Social and Emotional Aspects of Learning (SEAL) programme.

The case study visits involved interviews with facilitators, pupils who had attended UKRP groups and senior managers responsible for oversight of the programme within the school. The qualitative research primarily contributes to the understanding of participant satisfaction from these three perspectives: programme recipients; facilitators; and school managers. The qualitative findings also provide some insights relating to psychological well-being in so far as pupils were asked if they had used any of the things they had learned in UKRP sessions in real life. The case study visits provided the opportunity to find out how some schools had approached implementing the UKRP at the same time as the secondary SEAL programme, which is also concerned with promoting social and emotional skills, positive behaviour and positive emotional health and well-being for pupils. Finally, the case study element of the programme provides some insights relating to programme fidelity (for example reasons why facilitators may find it difficult to stick closely to the manualised programme).

The findings are presented thematically rather than as discrete case studies[32]. We begin with a brief description of the UKRP course, which supplements the description included in Annex C and that provided in Section 1. It is important to note that there are some differences between the PRP and UKRP curriculum - for example, the description of the PRP curriculum appears to be more overtly concerned with parental conflict than is the case in the UKRP manual. Respondents frequently used some of the terminology of the UKRP during their interviews and therefore any such terminology that may be unfamiliar to readers is referred to in that section. We then briefly describe the methods used and the number of interviews carried out for this element of the research. We present our findings relating to pupils' use of the UKRP skills, and reported enjoyment of the UKRP. Facilitators' reflections on the project are then discussed, including their views on UKRP training, the course materials, particular UKRP skills, and pupil support in UKRP sessions (that is, pupils' and facilitators' responses to pupils discussing real life problems). We then consider some issues relating to the organisation of the UKRP within schools, with particular consideration given to planning and timetabling issues, the recruitment of facilitators and the fit of the programme with the secondary SEAL programme. We then draw some tentative conclusions from the evidence collected for this section of the evaluation.

---

[32] While this form of presentation was considered, it was decided that because there are so few schools taking part in the programme, and so few facilitators at each school, it would be difficult to preserve the anonymity of interviewees if findings were presented in this way.

Brief description of the UKRP[33]

In this brief description, UKRP terminology, some of which is used in later sections of this report, is shown in bold. The first sessions of the UKRP course focus on understanding and using the **ABC model**. The ABC model illustrates that, when faced by an Adversity or Activating event, Beliefs about that event mediate the behavioural and emotional Consequences. Thus, for example, if you are woken by a loud noise during the night (Activating event), Beliefs (e.g. 'it might be a burglar', 'it is just the cat') mediate the emotional and behavioural consequences (e.g. feeling scared, getting out of bed or going back to sleep).

Pupils are encouraged to identify the beliefs that may affect their own emotional and behavioural responses. In particular, in response to an adversity (e.g. receiving a bad mark in a test) they are encouraged to challenge negative automatic thoughts that arise (e.g. 'I always do badly in tests', 'I will never be able to do this') and **Generate Alternatives** (e.g. 'Everyone gets bad marks sometimes', 'If I worked harder I would get better marks').

Pupils are encouraged to challenge negative automatic thoughts by **Evaluating Evidence** (e.g. addressing the question 'have I done better in other tests?'). This is practiced through the **File Game** activity in which pupils are presented with documentary evidence (e.g. diary entries, school reports) about a fictitious character with a negative thinking style. They then find evidence that the character could use in order to challenge the negative automatic thoughts.

When this understanding is applied to future adversities (e.g. a forthcoming presentation) they learn how to **Put it into Perspective** by considering the best, worst and most likely outcomes of that stressful event.

Pupils then practice these cognitive skills on the **Hot Seat** by responding to hypothetical or real automatic thoughts using the skills of Evaluating Evidence ('That's not true because…'), Generating Alternatives ('Another way of looking at this is…') and Putting it into Perspective ('The most likely outcome is…'). The cognitive skills learned so far are then tested through a team quiz called **Jeopardy**.

The course also includes class and homework tasks. These sometimes involve completing **Thought Bubbles** in cartoon strips to show that what a character believes mediates between a particular activating event and a given outcome. Pupils are also sometimes asked to write down real life problems on a **Problem Pool Card** so that these problems may subsequently (and anonymously) be discussed in class.

The skills are then applied to social situations. Pupils are invited to distinguish between aggressive, assertive and passive responses to situations. The **DEAL model** provides a means of being assertive by Describing the problem, Explaining how you feel, Asking for a change and Listing the benefits that will follow. They also practice negotiating using the maxim **Be wise, compromise**.

---

[33] This description of the programme was produced by the authors and is intended to contextualise the terminology used in this section of the report. It is not intended to provide the best possible description of the programme.

Pupils are then introduced to behavioural coping techniques to deal with uncontrollable situations (such as parents arguing) and strong emotions such as anger and sadness. The coping techniques include **Controlled Breathing, Muscle Relaxation, Positive Visualisation, Leaving the Room and** distraction techniques such as **Mental Games.**

Several new skills introduced in the final sessions. These include **Overcoming Procrastination**, which may be caused by inaccurate thinking regarding a task (e.g. 'My report has to be faultless'), by applying cognitive skills (e.g. putting it into perspective) or behavioural skills (such as rewarding a series of intermediate steps). In addition, pupils are introduced to techniques to assist with decision-making and five step approach to problem solving. The problem solving technique is introduced using a scenario in which the pupil is taking a drink at a water fountain when someone bumps into them. They are encouraged to: 'stop and think, look for clues' (e.g. consider why this happened), 'stand in others' shoes' (e.g. look for body language to indicate the motives of others); 'choose your goal' (e.g. are they concerned that this doesn't happen again or do they want to be friends with the person who did it?); make a list of possible strategies; try the chosen strategy.

Data and methods

The qualitative fieldwork on which this report is based was all carried out during 2007. At least three schools were visited in each of the three local authority areas. Case study schools were selected to achieve variation in the proportion of the Year 7 cohort receiving UKRP sessions, and also variation in pupil attainment, the level of eligibility for free school meals and school Contextual Value Added scores. They were also selected to ensure that some schools were visited in which some facilitators were not teachers (for example learning mentors) and that some schools were using external facilitators (that is, facilitators who were not employed by the school such as local authority employees).

It was intended that case study visits should be carried out after pupils had completed the UKRP course and after they had completed questionnaires for the evaluation. While this was possible at most schools, some visits had to take place before pupils had completed the course. Visits were made to ten case study schools between March and July 2007. In addition, two pupil interviews had to be held over until September when the pupils were in Year 8 because of the large number of schools completing the UKRP course in July. Interviews were also carried out with a local authority employee responsible for coordinating the UKRP within each of the three participating authorities.

At each school we requested interviews (lasting up to 45 minutes) with a senior manager with oversight of the UKRP and two facilitators and short interviews (lasting up to 20 minutes) with one pupil from each UKRP group (up to a maximum of five per school). Almost all interviewees gave permission for the interviews to be recorded and recordings were transcribed. At some schools where some facilitators were not teachers or not employed by the school we specifically asked to interview a non-teacher facilitator and an external facilitator respectively.

We did not attempt to achieve a random sample of pupils for interview. The only guidance given to schools in selecting pupils to be interviewed was that they should be pupils who would be willing to talk and that the pupils should reflect some of the variation in the pupil group as a whole (for example a balance of boys and girls and including higher and lower attaining pupils). The achieved sample of pupils may therefore have been somewhat more enthusiastic about the programme and more articulate than would have been the case with a random sample. Of the 45 pupils who were interviewed, 24 were girls and 21 were boys.

In total, nine interviews were carried out with managers with oversight of the UKRP (generally assistant or deputy headteachers). Seven of the senior managers were female and two male. At one school, a head of year who was also a UKRP facilitator was interviewed instead of a senior manager.[34] Three of the nine senior managers had also been trained as UKRP facilitators and had led UKRP groups. Additional informal interviews were carried out, as opportunities arose, with four other senior managers during case study visits.

Interviews were carried out with 20 facilitators (if we include the head of year who was interviewed instead of a senior manager). Of the 20 facilitator interviewees, 12 were teachers. The other eight interviewees were drawn from among the non-teachers who were trained as facilitators. This group included facilitators with roles such as learning mentor, pastoral manager, school nurse, cover supervisor, school counsellor, children's home manager and school adviser. Two of the eight facilitators were external facilitators, both of whom were former teachers. In total, four of the twenty facilitators were men and 16 were women. The number of groups run by the facilitators who were interviewed are shown in Table 35.

Table 35 - Number of groups run by facilitators who were interviewed

Number of groups run	Number of facilitators
6	1
5	2
4	1
3	5
2	4
1	7

Interview schedules were designed for use with senior managers, facilitators, pupils and local authority coordinators. Open ended questions were used where possible. The schedules were designed to complement the quantitative elements of the research in a variety of ways.

Interviews with senior managers were intended to enable the identification of organisational and planning issues relating to the project. These included recruitment, timetabling and the fit of the UKRP with other aspects of the school's work including, where appropriate, the SEAL programme. They were also asked about the perceived benefits and disadvantages of the programme in their school and the future plans for the UKRP. Interviews with facilitators focused on their reasons for taking on the role, the experience of facilitating UKRP sessions, including whether pupils were engaged and supportive, elements of the programme that had been particularly successful, and also their views on training, preparation and support.

Pupils were asked whether they had enjoyed UKRP sessions and their reasons for having enjoyed or not enjoyed the programme. They were asked if they had used anything they had learned in UKRP sessions in real life and to provide examples. Interviewees were also asked if they had talked about their own real life problems during sessions and if they had found the experience helpful or unhelpful. In addition they were asked if they, or any other pupils in their group, had been teased about anything they had said during UKRP sessions. Finally, pupils were asked about a series of UKRP skills to give the opportunity for them to show their understanding of some of the concepts and to provide any further examples of using UKRP skills in real life.

---

[34] Although an interview with a senior manager had been requested, no-one was available on the day in question.

Interview transcripts (or notes, where recordings had not been made) were imported into NVIVO. Interviews were analysed thematically. After initial reading and coding of key questions, NVIVO was used for subsequent text searches.

Pupils' reported use of the UKRP skills

One of the reasons for carrying out interviews with pupils who had followed the UKRP was to complement the quantitative analysis, which uses psychometric scales to assess any psychological impact, by providing examples of how pupils had used the skills learned in real life situations. For this element of the research, we assume that for the intervention to be effective, pupils would need to be able to recall what they have learned and apply it in real life. We also assume that this involves a conscious and deliberate process which interviewees may therefore be able to remember and describe. As a heuristic device Figure 1 represents various intermediate interpretive steps between a pupil responding to the interview question and that response implying that the programme has had a positive impact. We have not attempted to systematically apply these interpretive steps to the individual responses of the pupils interviewed.

As Figure 1 illustrates, in addition to needing to recall and be able to apply what they had learned, there is of course a possibility or even likelihood of social desirability bias in pupils' responses - that is, there may be a tendency for pupils to give answers of which they believe the interviewer will approve. In such cases it is possible that pupils could nevertheless show their recall of elements of the programme and an ability to apply them to a real life situation although not one that actually happened to him or herself. Thus, for example, some respondents gave examples of using UKRP skills in real life that were very similar to examples provided in the course materials (e.g. more than one respondent described being repeatedly let down by a friend and another described accidentally bursting a friend's football - both of which appear in the course materials). Another respondent described the positive impact of the programme on her behaviour but later revealed that the change she described in her behaviour had actually taken place prior to experiencing the programme. Thus while the programme may have positively reinforced beneficial changes in her behaviour, she appeared to be retrospectively relabelling incidents as instances of the UKRP having had an effect on her behaviour.

Nevertheless, some pupils were able to provide a good degree of detail in their examples which convincingly suggested that they were also able to apply what they had learned to real events in their lives. However, some responses suggested that it may be possible to apply things learned in UKRP sessions in inappropriate situations and therefore not to benefit necessarily from a positive outcome. Finally, for the programme to have had a positive impact we would also need to be confident that the interviewee would not have responded to the situation in an equally constructive manner even if they had not attended UKRP sessions.[35]

Almost all of the pupils interviewed provided an example of making use of something they had learned during UKRP sessions. Their responses suggested that they recalled some of the content of the UKRP sessions and that they could apply what they had learned, to varying degrees, to real life situations.

---

[35] Social desirability bias may of course also affect the interview responses of adults and a similar diagram could be drawn relating to adult responses. However, because of the power imbalance in play between an adult interviewer and Year 7 pupils being interviewed, and the apparent evidence that some pupils' interview responses were coloured by social desirability bias, we chose to discuss these interpretive steps explicitly before reporting the pupils' interview responses.

Figure 1 - Heuristic illustration of intermediate interpretive steps between a pupil responding to an interview question about using UKRP skills and that representing a positive impact for the UKRP
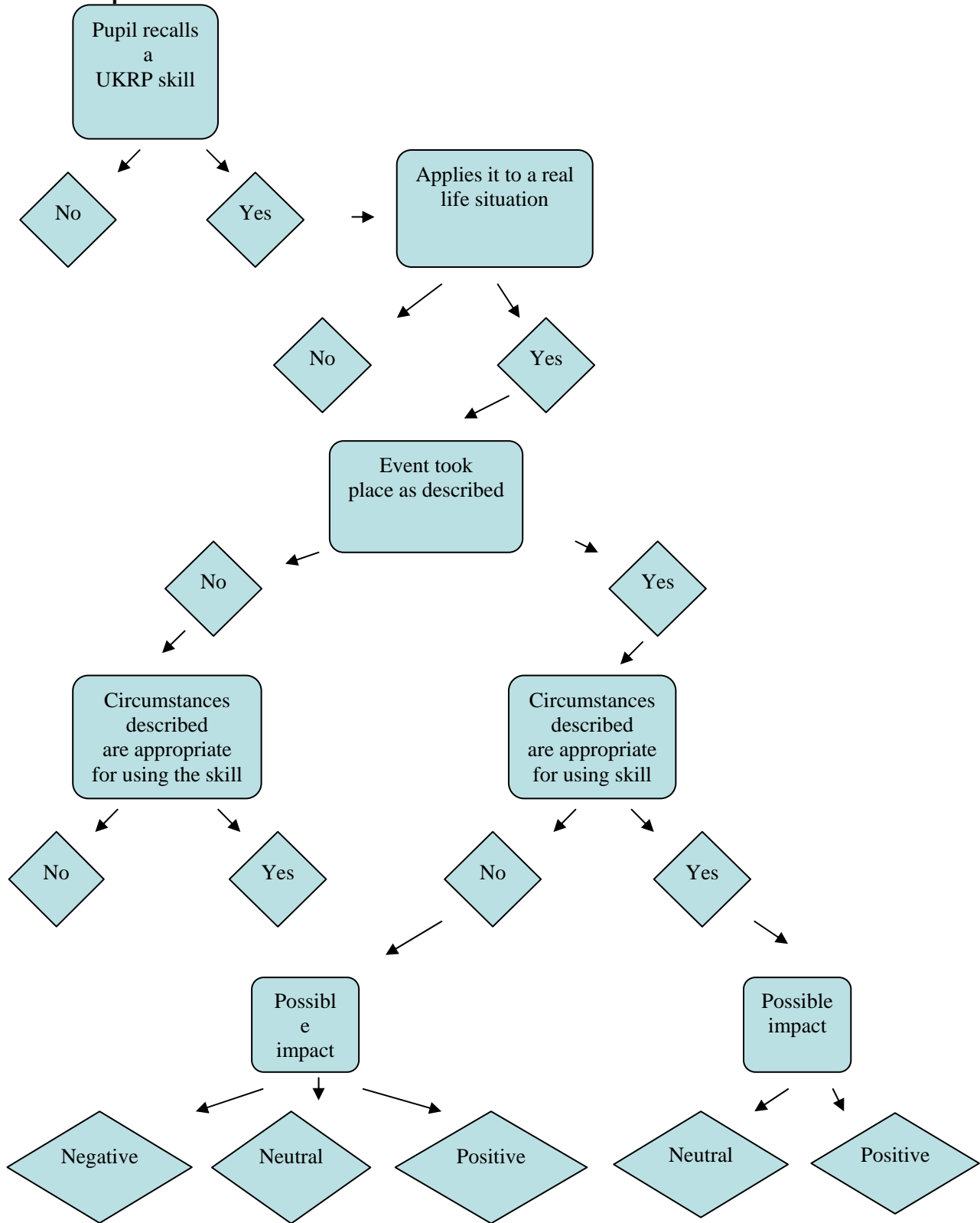
The examples they gave tended to focus on addressing tangible problems - for example avoiding arguing, shouting or having fights, instances of being assertive, negotiating agreements or using relaxation techniques. It was less common for interviewees to describe instances of using UKRP skills to change the way they felt, including how they felt about themselves.

It is perhaps instructive to group interviewees' examples according to the reason for using what they had learned. As interviewees were using their own words to describe their use of the UKRP skills it would be difficult to categorise their responses according to, for example, the skills they deployed, and indeed there is some overlap between the categories presented below. It should be noted that the categories are therefore intended to assist presentation rather than to assess the impact of the programme. Pupils' main example of using something they had learned during UKRP sessions (as judged by the interviewer) were grouped in five loose categories of reasons for using what they had learned during UKRP sessions (the number of responses included in each group are shown in brackets):

- making themselves feel better (10)

- 'not rising' to provocation (17)

- using assertiveness and negotiation techniques to address problems (5)

- using techniques to overcome procrastination (2)

- rejecting negative beliefs (4)

- not used any skills (4) or insufficient detail provided (3)

The first group of responses, which tends to include more compelling examples and, in some cases, a degree of subtlety in the accounts of how respondents had applied what they had learned, comprises almost a quarter of the interviewees. This group could be described as using UKRP techniques to make themselves feel better. These cases included examples of using relaxation exercises and using the ABC model to change the way the interviewees felt. The most commonly described reason for using UKRP skills in real life was however 'not rising' to some form of provocation, and thus interviewees described circumstances or instances when they had *not* had an argument or *not* shouted or *not* got into a fight. Almost half of the interviewees' responses were placed in this category. A third group of five interviewees provided examples of using assertiveness and negotiation techniques. Two interviewees gave examples of using UKRP skills to overcome procrastination and four interviewees gave examples of rejecting negative thoughts. Finally, four interviewees reported that they had not used any of the things they had learned during UKRP sessions and three were unable to provide sufficient detail for their responses to be placed in the loose categories (e.g. 'I've used it but I can't remember when').

Making themselves feel better

The ten responses loosely grouped in the category 'making themselves feel better' included using a range of UKRP skills. These included instances of using the ABC schema to change beliefs about a situation in order to change the consequent feelings, using relaxation techniques to deal with strong emotions, considering the best, worst and most likely outcomes of a pending event (a theatrical performance) to reduce stagefright and using distraction techniques to reduce uncomfortable feelings (fear of a shouting teacher). Pupils whose responses were placed in this

category tended to recall the instance being described in some detail and appeared to use the skill being described in what the interviewer believed to be an appropriate situation. In addition, the examples tended not to involve instances of 'being well behaved'.[36] Six of the ten respondents were girls, and those who gave more expansive answers also tended to be girls.

One interviewee in this group described an incident when her two step-brothers had been allowed to go to a major indoor shopping centre while her mother had not allowed *her* to visit the shops in the town centre. She had initially felt angry at the apparent injustice of this situation but as she went on:

> Well, I was really annoyed with my mum, because I wasn't allowed to go out, but then I just invited my friends round and then we went upstairs and then we went to the [shopping] centre later.
>
> *So in what way, how did you use the [UKRP]?*
>
> I was like - because I got really annoyed at first - but then I realised the reason why I couldn't, because it was really, really wet and I would get really wet.
>
> *And did you consciously, like was there a resilience stage, so go on, what did you think?*
> So I was like thinking in the first place 'why is she not letting us go' because I had been before but every time when I had been before it was like a nice day. So I thought, 'yes, it is wet' and then I invited my friends round and then we went into the [shopping] centre.
>
> *Did you say anything to her or was it just the way you decided to think about it?*
> The way I decided to think about it.
> …
> *Just to get it clear. So if you hadn't have changed it, how would you have felt, do you think?*
> Really annoyed and like I would have like stayed in my room all day and things.
>
> *So instead how did you feel?*
> I felt good because I was still going off with my friends. (Girl)

Although the interviewer's questioning is somewhat leading in this example, it nevertheless provides an instance of using the ABC schema effectively. Similarly, another girl described applying what she had learned:

> *And have you found any of the things that you've learned in [UKRP] lessons helpful in real life?*
> Yeah, because ABC was quite helpful, when you've got a problem with a friend or want to do something, against your mum or whatever you can use it.
>
> *So tell me about the ABC, in what way is it helpful?*
> You can stress your points without seeming rude or anything, it shows all the different views of the situation, what people can interpret from it all, or people could see everything.

---

[36] While this does not rule out the possibility of social desirability bias it does indicate that any respondent fabricating a response in order to be approved of by the interviewer was showing a degree of sophistication in their understanding of the UKRP.

Ahuh, right. And can you give me any examples of how you've used it… in real life?
Well the ABC, my mum was, my birthday is going to be on the day of this workshop I'm doing, which is the Lion King and I didn't know it was going to be on my birthday, so obviously I said, 'oh yes, I'd love to do it' and then now I've just found out and I wasn't sure whether I wanted to do it anymore because it'll be on my birthday. So I said to mum how it's made me feel, but I didn't want to cancel it, because I'm still really eager to do it, so she's seen how I feel so she could sympathise and help me.

Right, ahuh. And how did you present it to her, what did you say?
Yeah, I used the ABC, I think it's adversity, consequence and beliefs and, so then I just stated the problem and then I explained how I felt and how we could make it better.
…
Ahuh, and what would you do instead, if you didn't do the workshop?
Well, I really want to do the workshop now, because I spoke to my mum and she actually made a good point, because I'll get to see loads of friends on my birthday, rather than just having two of my best friends, so actually I'm a lot happier now and I want to do it now, rather than just having my normal birthday.

Okay. That's great. And how, without thinking in terms of the ABC, how do you think you would have thought about it previously?
I could get quite moody! I wouldn't get moody, I don't tend to get angry or anything, but I think I'd be a little bit upset that I couldn't do what I usually do, but now, thinking about it from what my mum's said, I can think I'm going to see loads of my friends, absolutely loads, because there's about 50 of us there, so I get to see 50 of my friends on my birthday rather than seeing about ten at my party. (Girl)

These two examples above address day to day problems but they do show a degree of sophistication of understanding (despite a somewhat inaccurate description of the ABC model). In the quotations, despite the interviewer asking them to speculate as to how they would have behaved if they had not attended UKRP sessions, it is of course not possible to know how they would have otherwise thought, felt or acted.

Another girl who attended a school with a very deprived intake described circumstances in which she had applied relaxation techniques she had learned in the UKRP to deal with strong emotions. The strength of those feelings was clear even when they were being described to the interviewer:

Have you found what you've learned in [UKRP] lessons helpful at all?
Yeah.

In what way?
Because when we get angry and everything then I cry loads of times when I'm at home and it sets off my asthma so I do the deep breathing and it helps me calm down and my breathing eases off.

So what kind of relaxation stuff do you do to help you with that?
Well I tense my muscles and relax and do deep breathing.

And is that especially useful when you get angry?
Yeah.

Can you give me an example of that?
When my little brothers and my big brother hit me.

Has that happened recently?
Yep, especially when my brother's yelling at me [*interviewee sounds very upset and sniffs*].

And then he hits you sometimes, what do you do about that?
Well I tell my mum but if she's asleep I can get in quite a big mood and I yell and I end up getting sent to bed and then crying and it sets off my asthma so I do deep breathing most of the time. (Girl)

Two other interviewees in this group gave responses that suggested they were also upset by the situations they described: a boy who gave a real sense of being upset by a teacher shouting at his class and who used distraction techniques to deal with his feelings; and a girl who described withdrawing and using relaxation techniques in response to an argument between her mother and brother. Other respondents described using relaxation techniques in response to worries over the volume of homework they had to do and the 'putting it into perspective' skill (thinking of the best, worst and most likely outcomes) to reduce stage fright.

Not rising to provocation

The second category of responses, described as 'not rising to provocation' tended to involve interviewees describing instances when they had behaved in socially desirable ways despite being provoked to behave otherwise. Ten of the 17 interviewees placed in this category were boys. For example:

Have you found any of the things that you've learnt in [UKRP] lessons helpful?
Yes.

In what way?
Like when I have arguments with someone and like I don't just like hit them or something, I just say what I think.

So have you used that in real life?
Yes.

Can you give me an example?
Like say I had an argument with my brother or something I'd normally like be aggressive, but now I'm not, I just like say what I think.
…
Right, and so how would you have reacted before?
I would have just like shouted really loud and might have pushed him or something.

Right, and what would you do now?
I just like talk with him, say he says something I'd say "don't say that it's out of order" or something. (Boy)

Another interviewee gave a more specific example of not rising to provocation, or at least reigning in his response, that suggested consciously using what had been learned in UKRP sessions in order to modify how he dealt with particular situation:

> *Have you used any of the things you've learned in resilience lessons?*
> Yes.
>
> *To help deal with problems in real life?*
> Yeah.
>
> *Can you tell me a bit about that?*
> I've used, like, being more, say you've got a problem, instead of just shouting it out you calm down yourself and then think of a happy place and then just say it to them.
>
> *Can you give me an actual example of when you've done that?*
> My brother was really annoying me and once he dropped some drink on the stairs and then my mum started shouting at me. And I got really angry because I knew it was him. And I kind of thought, and I went up to my brother and went "Can't you just say it was you?" And I just said it nicely. And he went "Yeah okay". I didn't shout and everything else at my mum.
>
> *Or shout at your brother?*
> No. (Boy)

The detail provided in this example did give a convincing sense to the interviewer of the pupil using something he had learned from the UKRP in real time in order to modify his response to a situation. However among the responses falling in this category this was relatively rare. For example, other interviewees gave examples of incidents that could clearly occur to young people several times each day and so it is impossible to be confident that these interviewees had actually modified their responses rather than relabelled incidents that would have occurred in any case. For example:

> *Have you found what you've learned in resilience lessons helpful at all?*
> Yeah, the Hot Seat.
>
> *Tell me about that.*
> It's like you've got a problem and then you just take a couple of minutes out to think about it and what you ought to do, what you want to do about it. So like you're in a mood coz you can't watch the telly and you think about it, what you're going to do. Watch it later or something.
>
> *Right and have you used any of the things you learned in real life.*
> Yeah the hot seat.
>
> *So go on, can you say a bit more about how you've used that in real life?*
> When I was having an argument with my big brother about who was the best football team. He was saying, coz United got beat and I was saying it was United's fault, and he was going "Why is it? It's not just United who get to win anything" and then I just took it out and went "All right" and just walked away.

71

And what would you normally have done?
Started arguing with him and got in trouble and had a fight with him and - gone mad.

So why did you not?
Because I thought about it and I thought it's not worth it getting in trouble just over a little argument. (Boy)

The examples of using the UKRP skills in real life falling in this category involved instances of the minor provocations of siblings and classmates. While many responses in this category had a flavour of social desirability, we may at least conclude that interviewees were able to recall some of the things they had learned in resilience sessions, to apply what they had learned to their real life experiences and that they chose to present the UKRP as reinforcing socially desirable behaviour, as is exemplified by the following excerpts:

someone tripped me up and then they tripped [my friend] up and then they spoke to me and then I said 'walk away and ignore them.' (Girl)

like if your parents shout at you… you are still not shouting at them back (Boy)

[my sister] used to take all my sweets and all that and I used to shout at her and say 'what are you taking all my sweets for' and now I just say when she starts taking my sweets, "because they are mine and not yours", something like that (Girl)

My brother was annoying us… he just wouldn't let us go on the way and after I've done like deep breathing… It just helps you calm down when I get angry (Boy)

If I get into an argument with someone before I used to be arguing and end up fighting but now I walk away or I tell them to leave me alone. I use some of the techniques that [the UKRP facilitator] taught us.

Talk me through it. What would you do?
Well if I was in an argument I would either tell the person to just leave me alone or if they didn't do it and they carried on then I'd just walk away or I'd tell a teacher that they're annoying me.

What would you do previously?
Before, normally I'd probably just carry on arguing and end up in sort of like a big argument and would probably end up fighting. (Girl)

Two of the responses do however illustrate the potential for applying UKRP techniques in situations in which this may not necessarily have a positive outcome for the pupil:

A problem just happened lately in class and I was being teased [by] some students and they were saying some horrible things to me and then in the programme when they taught us about looking for evidence, when you look for evidence you have to think is this always happening or is it just happening today? Probably they've just had a bad day or something like that.

Right, right. And so what was the person saying?
It was teasing me that I had freak hair and that I should cut off my hair and I should get some extensions on it and I was like 'I don't like extensions, I like my own hair' and in a way they were being a racist because I'm black, that's why I have to use extensions. But I just thought this doesn't happen every day, he was in a bad mood and probably he just wanted to show off in front of his friends. I just left it and it didn't happen again. (Girl)

This incident might be seen as an effective way to respond to bullying although it does illustrate the possibility that there may be circumstances in which not responding to provocation may not be in the best interests of the pupil. Indeed, one pupil recounted incidents in which his younger sister broke his train set and in which he would think, 'it was bound to happen anyway' and 'I've got lots of money so I can buy another one'. It would be possible to present these thoughts as a means of avoiding shouting or fighting with a sibling. On the other hand the interviewer was left feeling they might be reinforcing the passive responses of a vulnerable boy. That is, pupils need not only to be able to recall and apply what they learned, but also apply it in the right circumstances.

Assertiveness and negotiation

Five interviewees described using assertiveness and negotiation skills to address problems (three girls and two boys). For example, two girls described using the DEAL assertiveness model (Describe the problem, Explain how you feel, Ask for a change in behaviour, List the benefits that will follow) in some detail, in one case to ask for access to a door key and in the other to ask her mother to spend some 'quality time' with her. In both cases they gave expansive answers indicating accurate recall and suggesting that the skills learned had resulted in a change in their behaviour. However, the response of a boy illustrated that it may be possible to apply the skills learned (in this case negotiation) in circumstances that may not result in unequivocally positive outcomes:

> *Have you found any of the things that you have learned in resilience lessons helpful?*
> Yes
>
> *Yes, in what ways?*
> Like the negotiation - instead of me always like having a fight with my mam, because I want what I want - I have learned like negotiation, so she gets something and I get something out of it.
>
> *Right, so can you give me an example of when you've done that at home?*
> She was saying to tidy my room and I said 'well can I' - because I had been wanting a new game - so I said, 'can I get this new game and then I'll tidy my room' and she said, 'I will think about it'. So I tidied my room and then she said OK I can get the game. (Boy)

Overcoming procrastination

Two girls provided examples of attempting to overcome procrastination by using UKRP techniques. One girl suggested that while not all resilience sessions were of use to her, she had been able to recognise the role of perfectionism in preventing her from getting started on her homework. The other girl was one of several who struggled to recall the terminology of the programme (for example, confusing pessimism with procrastination) but nevertheless could recall the suggestion of breaking a large task down into small steps with intermediate rewards and had applied this when doing a homework project.

Pupils who had not used the skills or provided insufficient detail

Four pupils did however state that they had not used any of the things they had learned in real life and three were viewed as providing insufficient detail to be categorised (of these seven, three were girls and four were boys). One boy openly acknowledged the difficulty he found in applying what he had learned to real life:

> *OK, have you found any of the things that you have learnt in resilience lessons helpful?*
> Yes.
>
> *Yes, in what way?*
> Friends and all that, like are more important than everything and that's OK. Like say if I have a problem or anything I have told my mates to get the picture and that's OK… Well that's just most of it and then about self talk and everything.
>
> *Right tell me about that, what's self talk?*
> Self talk is about part of your mind where you are like talking to yourself, blaming yourself.
>
> *So can you give me an example of blaming yourself?*
> Well say like with my Dad with my CD, he starts coming and shouting and leaves. Then I would think 'oh yes, I have done this and all that' you have to think positive as well.
>
> *So what could you think in that case more positively?*
> I honestly don't know. It takes you ages to think what that's like. (Boy)

Facilitators' accounts of pupils using the skills in real life

As well as asking pupils if they had used what they had learned in UKRP sessions in real life, facilitators were asked if pupils had described such instances to them. Their responses chimed with the findings that have been reported above. Indeed, one school had carried out its own evaluation of the project in which pupils were asked to answer questions to show their understanding of the UKRP and also to give examples of using the skills in real life. As one of the facilitators at that school explained:

> They have certainly demonstrated that they can use the skills… over 90% of kids have indicated that they have understood, maybe not all of the skills, but they could all give examples of the skills and an example of where they have used them, which is pretty high really. There are very, very few kids who came up with a negative response or got it wrong, if you like.

Another facilitator, from a different school, suggested that some feedback tended to focus on examples similar to the 'not rising to provocation' examples provided earlier:

> A lot of them have said… 'when I am arguing with my sister or whatever, I am stopping and I am thinking before I get mad and I am just thinking it is not me, it is not my fault, she is probably having a bad day, I will stay out of her way'… and I think that's quite nice to hear that they are actually able to realise that it is not always them that's at fault… So I think that's quite nice to hear feedback like that…

A third facilitator however expressed doubts that pupils' descriptions of using the skills were necessarily evidence of a positive impact for the programme and could have arisen from a desire to give socially desirable responses:

> *And did the pupils ever provide any examples of when they'd actually used the skills?* Yes, they sort of did but you know the cynic in me… half the time… thought they were telling me what I wanted to hear, you know... they did sort of sound a little bit off the cuff and sort of made up… but generally… there were one or two nuggets that came back and you thought you did use those skills and well done…

In response to a comment by the interviewer that it can be a problem identifying real life examples, the facilitator commented:

> You can definitely tell sort of how they're telling you the story you know, they're sort of making it up as they go along or it's one that they can actually recall…again being quite canny, they used some of the problems in the book and adapted them themselves, like 'me and my friend were supposed to go to town Saturday and she called five minutes before we were meant to go and blew me off'. Sounds very familiar you know. It's again, quite realistic, but you know, not overly meaningful.

Enjoyment of the UKRP sessions

In addition to soliciting examples of using UKRP skills in real life, pupils were asked whether they had enjoyed the resilience lessons. Most pupils reported that resilience sessions were among their favourite lessons, with a small minority seeing them as a lesson like any other including some taking a negative view of sessions. Pupils most frequently reported liking UKRP sessions because they were concerned with real life, allowed pupils to talk about themselves, involved fun activities such as role play and did not involve much writing.

Resilience lessons gave pupils the opportunity to discuss problems with the group and we were particularly keen to find out whether this had been a positive or negative experience. No pupils reported negative experiences such as bullying or teasing arising from talking about real life experiences in front of classmates. While some had discussed real life problems, several stated explicitly that they had chosen not to discuss some problems within the group because they did not want to share some aspects of their lives with other pupils or were not sure they would receive a supportive response from classmates. No pupil suggested that any member of their group had broken the confidentiality rule.

Facilitators' reflections on the UKRP

Training

Most of the facilitators interviewed were very positive about the training they had received in Philadelphia and thought it had been very rewarding. Indeed, as one attendee expressed it:

> I'm nearly 60 and I've had, in my life, one or two life changing moments. The resilience training was one of those for me.

Two other facilitators commented:

> The training was really, really enjoyable. Really inspiring. I think it probably prepared me as well as it could, you know. I think it was essential for it to be a very enjoyable experience and it was… I came away very positive about the whole thing. Very convinced about the concepts…

> I was a bit sceptical at first but then as I got into the course, and since doing the course, I'm amazed at what [the pupils] picked up. I'm quite impressed with it. In my role there's that many training courses you go to and sometimes you sit there and you just want to go to sleep and you come out with some paperwork and think 'what was the relevance of that'? When I went on the training I was asking myself 'is this useful? Is it practical?' but I am pleased with the end result.

Several facilitators found the peer teaching (teaching lessons to other trainee facilitators), which formed part of the training programme, daunting and this appeared to be particularly so for those who were not (and had never been) class teachers. Some of the non-teachers (for example, learning mentors, teaching assistants, cover supervisors) found the sessions in which they practiced delivering the UKRP curriculum very valuable. In contrast for two respondents with greater confidence in their teaching skills, the theory element of the training was more important. For example:

> *Did the training prepare you well to deliver the programme?*
> It did and it didn't. It was very interesting because it gave you a lot of the theory behind it and the reasons why it's being done and I think that it's pretty essential to know why you are doing something…They spent a lot of time on the theory, probably too much time on the training [in delivering the curriculum]. It depends very much on the teacher; …I felt personally if I had the theory and had gone through a few of the lessons and done in detail what you were trying to get from it, I think I pretty much could have looked at the folder, read through what I had to do and delivered it.

All agreed that the training had been very demanding, so much so that one facilitator admitted that, with the aid of hindsight, he would not have chosen to attend - it had been an exhausting experience at the end of a very demanding school year.

It was clear from the interviews that the training programme had generated an exceptional degree of enthusiasm for the programme among the facilitators and that they were convinced by the ideas underlying the course, as the following excerpt indicates:

> *And how well did the training prepare you?*
> Really, really well, yes. I personally, I use it in my life all the time, I really, really do. So it's just bridging that gap now between the students.

> *Which [techniques] do you use?*
> I use catastrophising all the time, because I do it all the time. So that's like putting things in to perspective. I use the generating alternatives. The thinking traps …

However, it was also clear from several facilitators that this enthusiasm had not necessarily persisted through the teaching of the course itself. Indeed, the same interviewee went on to describe a discussion, among facilitators from across the local authority, about how this enthusiasm had become somewhat tarnished. The initial flush of enthusiasm reduced as they faced the reality of delivering a course based on cognitive-behavioural therapy to Year 7 pupils:

> I think because we had, it sounds quite cheesy, but we had… found it really powerful when we were in Philadelphia. And… by the end of the two weeks, really felt that this was something really big and really important that could make a difference, because we could already see how we'd use it ourselves, in our own life [but] it hasn't had that big powerful effect that maybe it has the potential [to have]… I still believe it has the potential…We talked about how sometimes we're just so busy… some weeks it can almost become just another lesson, you know, it's just another thing you have to plan… by the end of [the first set of sessions I was] starting to feel I was just going through the motions of a regular lesson…To me it should feel like an amazing hour of my week, not just like another 'come on right what time is it can we get this over and done with', you know.

> *…Why is that? [Is it that] you're there voluntarily [but] kids… [are] compelled to…* There'll always be that aspect I suppose… I suppose if you think about it, we were adults…maybe aware of the ideas behind cognitive therapy and how it might work, but you're doing it with… Year 7s… who are… straight in to [secondary] school who probably have never really stopped to think 'how do I think about things?', 'how does what I think about things change things?' So maybe you know it's much bigger and more powerful, I suppose, the older you get the more self obsessed you get about what you're thinking and the way you think. So it's quite a natural thing to be… analysing your thoughts and how you feel about things. Whereas Year 7s, that's a skill they probably have never used. So maybe we didn't really take on board what a big jump it is from how they go about things now to actually being able to stop their thoughts in their track and see which direction they're going to take it…

Nevertheless, in general, facilitators were very positive about the programme. Indeed, they were exceptionally enthusiastic about the potential value of teaching resilience skills to pupils. Almost all the facilitators reported using the skills, which in itself indicates their belief in the value of the techniques. In addition, all of the respondents also explained that they would like to see the programme continued in their schools and, in those schools where less than the whole year group received the UKRP, that it should be made available to more pupils. Clearly, in their first year of delivering the programme, the overall judgement of the facilitators was that the programme was a valuable addition to the school curriculum. Many facilitators expressed the belief that pupils who had attended their groups would be able to apply the skills they had learned in real life. For example:

> I think it's quite easy for them. I really do. Even the kids who are, probably feel as if they have been challenged, I think they will be able to, I know for a fact, some of them already have.

> I think most of them will apply them, but I just don't know for how long for.

> I think at the moment, they're very fresh in their minds, so I think they would be quite good at applying them.

As was indicated in the quotations above, it was also common for facilitators to express concern that the impact of the programme may diminish over time. Several advocated 'top up' sessions for pupils in later years.

Nevertheless, the interviews with facilitators also identified some opportunities for improvements to be made to the programme or its implementation. However, before reporting the views of facilitators it is important to point out that the experience within each UKRP group was clearly different. For example, in some groups pupils had been very open and discussed very personal issues while others had tended to focus on hypothetical problems. One facilitator described how individual pupils could affect the character of the group:

> The difference between [my] two groups is that…one of the brightest students in [one] group is one of the worst behaved…In the [other] the bright ones are very kind of reticent, sit back and let the less bright ones dominate. So that is a very different dynamic. In that group it's the weaker ones who will…do all the talking, but they're talking about things nothing to do necessarily with what we're [supposed to be] talking about. So that's a significant difference.

Just as the groups could vary for an individual facilitator, so could pupils' response to an individual activity. As one facilitator who had run several groups commented:

> It has been interesting in that you can do one of these exercises with a group and it works great and tomorrow you do it with another group and there is no response whatsoever.

It would be impossible to paint a complete picture of the views of the all facilitators interviewed. However, we have attempted to synthesise the responses of interviewees.

Facilitators' views on the UKRP course materials

Facilitators had attempted to stick as far as possible to the UKRP course materials. There was certainly a broad consensus among the interviewees that the programme involved too much 'teacher talk' and that the range of activities was too narrow, with too great a reliance on role plays and pupils completing 'thought bubbles':

> I felt that there was a lot of talking and… you know I think kids can cope with a few minutes of talking but then they need to be doing something, whether it's a little game or a little competition or role play or an activity. And even with the role plays I tried to cut down on the talking time because it's too much listening for a lot of children.

> My biggest concern about delivering the course: it's quite talk intensive. In a British classroom children don't listen to talk…Our approach in lessons is that you actually talk from the front as little as possible, and getting people involved in activity, because they learn by doing.

> There is too much standing talking to the kids and you have lost them, they switch off.

Indeed, some facilitators had introduced additional activities or 'energisers' to introduce greater variety into the sessions.

Some of the facilitators also expressed the view that some of the examples used in the teaching materials were not appropriate for a Year 7 class. For example one facilitator suggested that pupils were too young to engage with role plays revolving around 'dating', while a few facilitators also suggested their groups had felt they were too old to have a story read to them. In addition, the materials were reported to be recognisably 'American' in language and sometimes content also (without prompting as to the source of the programme, one group habitually enacted role plays with American accents) and this could sometimes create an additional and unnecessary distance between pupils and learning materials.

Sessions in which pupils had played games (notably the 'File game' in which pupils examine evidence to examine the accuracy of an imaginary character's thoughts and 'jeopardy' in which pupils review the course through a quiz) were reported to have been particularly popular. Similarly several facilitators reported that pupils had fun learning about 'putting it into perspective' (when worrying about something, considering the best, worst and most likely outcomes) and practicing relaxation techniques. Of course, providing an enjoyable activity is neither an indicator or the importance of the idea being illustrated nor a guarantee of pupils achieving understanding. However, facilitators did sometimes identify particular skills that the pupils appeared to have grasped especially well or found it more difficult to grasp and some of these are discussed in the next section.

On a more practical note, several facilitators commented that the physical materials provided for the course had been impractical - specifically the files provided for pupils were much too large and that problem pool cards (on which pupils were to write down real life problems) had been too easily lost.

In addition, facilitators were asked how much time was required to prepare for a session. Facilitators' reports of the time spent on preparation varied markedly although some indicated that it was comparable to the preparation involved for other new courses. Some reported spending two to three hours on preparation for each session. One described this as follows:

> The sessions do take a lot of preparing, take two or three hours to prepare, to get a session in to the format that I can deliver it, with all the talk that's necessary.
>
> *So I mean what would you need to do, what would you do in the two or three hours to prepare for a session?*
> Right, there's a …
>
> *I've seen the materials …*
> Well that's it and you've no hope of actually remembering that script if you haven't taught this thing before, you haven't a cat in hell's chance of remembering that script, OK. So you go in trying to remember the script, it's not going to happen. So what I've got to do is…précis the script take out the main things I want to get across and…put it in to my own words. So whereas as they might have half a page [in the manual], I have to bring that down to a number of lines, so I can get across the main concept, the main idea and then perhaps expand it in my own words. So…it means I've got to read through all the material, quite comprehensively, and think very carefully about what it is I'm trying to get across to the young people here and also be quite selective, because some of the things that they're asking to be taught within the group of people…[it] is very clear it's going to be beyond them and…I've got to decide well which bits do I leave out and if I do, how do I kind of arrange it so it doesn't detract from the course. So it's more preparation than I expected, considering you're given the programme. It's quite a lot of preparation.

A senior teacher also reported spending 'a few hours' preparing for each UKRP session. One facilitator had overcome the difficulty of the heavy scripting of the programme by effectively transferring a modified script to a powerpoint presentation for use in the classroom while others used powerpoint more sparingly.

While some of the facilitators without a full teaching load sometimes devoted a substantial amount of time to preparation and the creation of imaginative additional resources, some of the teachers reported being more pressurised in their preparation. Indeed, it is important to note that for the teachers, delivering the UKRP was only a small element of their teaching load. For example, nine of the teachers interviewed (including senior managers) delivered one UKRP lesson per week or fortnight out of a teaching load of perhaps 20 lessons per week or 38 lessons per fortnight. Indeed, even for the teacher leading the largest number of UKRP groups this only represented one sixth of the lessons to be taught each fortnight. As a teacher among those running the largest number of groups remarked:

> I'll be honest, English is my priority, I'm an English teacher first so the exams come before resilience

Another described the preparation required in this way:

> Do it properly [and] I think the preparation is a lot more than we normally make.
>
> *Right and why is that?*
> You're new to it. Also…I think they give you what they want you to talk about, they don't tell you how to actually…there's no tasks, so talk for an hour, discussion for an hour, you need a lot of stuff. If you've got a twenty minute task in there and a ten minute task, then that's fine…Put it this way, if you walk in there without doing your preparation, it's a very difficult lesson to deliver. And we've all done it. Probably [one of my colleagues] hasn't actually, but, I've done it, I know [another colleague] has. It's a very difficult lesson to deliver when you haven't done your preparation.

Views on the UKRP skills

The skills referred to most often by facilitators were the ABC model and the DEAL model of assertiveness. However, there was no agreement as to whether these skills had been particularly well grasped, or particularly elusive. In so far as it is possible to draw together the responses of these facilitators we could perhaps say that the fundamental importance of understanding the ABC model was acknowledged. Thus, for example, more than one facilitator stated that they would devote more time to teaching the ABC model when they next ran the course. On the other hand, the language of the ABC model was particularly difficult for Year 7 pupils (with several facilitators using the language of 'problem, thoughts, feelings/behaviour' rather than 'adversity, belief, consequences') and some facilitators thought it was particularly difficult for pupils to understand:

> The main part like the ABC, if they don't grasp that then it is quite difficult. They couldn't understand where just changing your beliefs in the middle could give you three different outcomes…I think it is really difficult, but I think even for adults to do that I think it could be quite difficult as well. Obviously the people that devised this programme are highly intelligent and when you read some of the stuff in there you are thinking 'how are we expecting the kids to get this concept?' when it is so advanced. Even when we were doing the training we were like 'what's going on here?' It was quite challenging, so to

expect kids to be able to do it as well was quite tough. Some of them really cope well but others…

Similarly, Generating Alternatives (for example optimistic appraisals of a situation) could also be difficult:

> With the Generating Alternatives you actually spend a long time on that in the programme… I'd say that was a skill where it was very obvious who was more literate and who was being left.
>
> *Literally literate or emotionally literate?*
> Literally literate and cognitively able. The hardest thing for them was actually identifying the belief in the ABC model…and I'd say that seemed to be the thing everyone found hard on the course. Is that clear enough?
>
> *Well - no. Why is it hard to identify the belief?*
> Because it all happens too quickly…It's hard to separate the problem from the emotion so, they can see the link between someone pushes you…and you turn round and push them back, they can see that. But they find it very hard to look for "What did you think that made you push him back" and identifying that thought is hard because it gets confused with the emotion.

On the other hand another facilitator reported:

> *So did any of the sessions go particularly well, any of the skills that they really latched onto?*
> I think a lot of them did go very well. They got the ABC model very quickly and the ideas of that.

It is perhaps noteworthy that, in the three quotations above, the first two were from facilitators in schools with very low levels of pupil attainment while the third quotation was not. Indeed, several facilitators contrasted the understanding achieved by their brighter pupils with that of lower ability pupils. This may be particularly important in relation to some of the more abstract elements of the course.

> Two of my classes are quite eloquent and able to talk about experience and emotions, [they are] more emotionally developed than the special needs group. The SEN group found it very difficult, it was too much for them at times. I stayed with the programme but it was very, very limited the stuff I could actually talk about.
>
> *Does it look like it works in your classes?*
> With the top set class the majority I think seem pretty resilient anyway. The special needs struggle with a lot of the concepts so that's very hard to measure. The group in the middle, some are very resilient and get it and are really into it, there's a few students I have…with quite severe behavioural and emotional problems. Since they've been doing it I've not noticed any massive improvement.

The very able group just eat it up, they love the lessons. They just, they've done every piece of homework I've given them... Then I've got my…average group. And that's up and down…[the] majority of lessons are very good, they're very engaged and it's all going very well. And then occasionally…I have to put a lot of energy in to get them going, but once you've done that they're fine. My weaker group are a lovely little group, but they are one or two who I don't think have got anything out of it, whereas all the other groups I have felt that they've got something out of it.

Several facilitators expressed the view that the terminology of the programme was also very difficult for pupils. For example, they might find it difficult to remember the meaning of optimism, pessimism, assertiveness or procrastination. However, this is perhaps a difficult balance to strike as in other instances within the course, introducing more 'child friendly' language, such as introducing the character of 'Say it Straight Sam' to exemplify assertiveness had obscured matters compared with using the more adult orientated 'DEAL' model of assertiveness (the acronym standing for Describe the problem, Explain how this makes you feel, Ask for changes, List the benefits that will follow).

As well as being more able to understand and apply the skills to real life, several facilitators took the view that higher ability pupils tended to *be* more resilient. Even if this were the case, it would perhaps be unwise to conclude that such pupils would not benefit from learning how to apply UKRP skills. After all, almost all the facilitators said that they themselves used the UKRP skills in real life and that they found them helpful.

In the case of the DEAL model which shows pupils how to be assertive there was perhaps a consensus once again as to the potential value of pupils gaining this skill. Some facilitators regarded this as a tangible skill that would be very useful in a school context:

I think probably the…assertiveness and the how to negotiate, those skills seemed to go very well and actually students have come up to me since and said that they've used those in different scenarios…I think some of the adversities…might come out later in life…whereas, for them…fall outs with friends, things like that, that seemed to be something that they could actually take away and use that week.

The skill was also perhaps seen as particularly valuable to less assertive pupils. Interestingly, one facilitator however expressed doubts that the pupils were able to use the assertiveness skills:

Kids have definitely struggled with assertiveness here, there is no doubt about that.
In what way?
I just don't think they are intellectually mature enough to deal with things in an adult way, basically. Kids are just demanding things from one another, maybe it is not so from adults, [but] they just sort of shout and try to get their own way by shouting a bit louder or being aggressive and trying to get them to do things in a different way…

Another reported that some pupils had explained that in some contexts they would still *choose* to respond aggressively:

> they were like "oh yes" but they'd rather be aggressive in that situation, you know, it's like that's what we do - to fight or we argue…they say well "ok you should be assertive but I would be aggressive" and that's what they would do. And I'm like well that's why I'm trying to teach you another way of dealing with it. "No, but that's what we do, this is [the school], this is how we deal with things." And I can't say I necessarily changed that particular attitude even though they know that they need to be, or they know how to be assertive. I think for some of them they would still choose to deal with it in that way.

Pupil support in UKRP sessions

Facilitators were asked whether groups had been supportive when pupils discussed real life problems. They were generally very positive about how sensitive and supportive pupils had been when difficult issues were raised and several facilitators described how they had cracked down on any giggling or inattention to ensure that participants were treated with respect:

> *And when pupils talked about problems how did other pupils respond?*
> Generally very supportively. A lot of them had grandparents who were in hospital or who had died or uncles or aunts who were very ill and I would say something, because they're a form, "You've got to look out for this person this week, they might be feeling sad" and generally they were very supportive. I did crack down on anyone who was talking or fiddling while someone was sharing their problems because I think if someone's brave enough to share something that's important to them with the group then they should be treated with respect and dignity and I really cracked down on anyone who made a comment or was even a bit distracted.

There was one exception reported by a facilitator who described an episode as follows:

> there was a little bit of something going on and they started laughing and I had to say you know calm down a bit…We've got a boy that's got a lot of problems he's got about 15 or 16 different support agencies working with him; ASBOs everything. He had been wonderful all lesson and ten minutes before the bell went he decided to say that somebody in the class had buck teeth or worse than that, it sounded worse than that. He just stood up and said I hate this person and their teeth are, you know …so he had to be disciplined.

Instances of bad behaviour are of course a fact of school life and it would be unrealistic to expect the UKRP to be immune. However, when serious issues were raised, pupils were reported to have responded appropriately and helpfully. This also required facilitators to be warm, sensitive and able to think on their feet:

> We've had a few times where…people have said really sad things and everybody's stopped in their tracks and I've been, you just don't know what to say and so what I've said is, thank you so much, you know, I sound like an American, Jerry Springer or something…"thank you very much for sharing that with us"…but it's usually been something where a mother is, you know, they've lost a parent and the mother's got cancer and they've got something and their little brother's got something and there's nothing you can do about it.

Six of the facilitators, all of whom were women, referred to instances when pupils had discussed serious problems during sessions, such as bereavement, serious illness, domestic violence and being taken into care. One facilitator described the feelings evoked by such personal information, though she did also say that this had become much easier as the year had gone on:

> To start with I found it really hard because the things that they were coming up with were so…they always wanted a solution and you're not really supposed to give the solution. You're supposed to look at 'what were your thoughts and what were your feelings as a result of that'… And then one pupil was being faced with being taken into a children's home and another pupil said "I went through exactly the same thing last year" and they could share and talk about it.

Later in the interview the facilitator went on to describe instances when the information disclosed required the information to be passed to the child protection officer:

> I said if they said any more I would have to break confidentiality and why don't you stay behind at the end and talk to me about it if you want to.
>
> *And what did they do [on each occasion]?*
> They all stayed and I would write it all down and took it to the child protection officer or head of year.
>
> *So they didn't then go on and share what they were going to say in class?*
> No.
>
> *Was that OK?*
> I would say there was always a slight feeling of shellshock within the class after they'd said…my parents were fighting…One boy said my parents were fighting and it got really bad and my dad got really drunk and I could hear him so I went downstairs and he hit mum and I said 'right, stop there and we'll talk about it separately.' It's kind of not appropriate that everyone in the class knows…
>
> *Did it have any effect on the teaching?*
> Yes, it was hard after something like that to get back into the skill we were looking at that day. And this sounds really weird [laughing] but I'm a Christian and I always wanted to say a prayer, I always thought it would be nice if we had some kind of acknowledgement of it, but you can't, obviously. That was difficult, it was almost like right, we'll stop now and we'll move on to something else and now we're going to be more cheery.

For facilitators with whom pupils felt able to open up, the role was clearly very emotionally demanding. Indeed, in some schools and authorities arrangements were being discussed for providing supervision to support facilitators as is often the case for social care professionals.

Organisation of the UKRP within schools

The organisation of the UKRP varied markedly within the ten schools visited, as is shown in Table 36. One school had run 15 UKRP groups during the course of the year, providing the programme to 100% of its Year 7 intake, as had three other of the schools visited. Among the other six schools the UKRP had been delivered to between 16% and 50% of the Year 7 intake. If we consider number of groups run per facilitator trained in each school then we see that the initial training cost per group receiving the UKRP (in the first year of operation) varied

substantially. In some schools between three and six groups were run per school-based facilitator while in others the number run was as low as one or even half a group per facilitator (where groups were shared by two facilitators).

Table 36 - Implementation of the UKRP in the ten case study schools

Number of UKRP groups run in the school	Number of facilitators leading groups at the school				Timetable slot	1 or 2 week timetable cycle
	Total	Of whom:				
		Teachers	Non-teachers	External		
15	8	2	2	4	RE	2
14	5	2	2	1	Maths / Science / MFL	2
12	3	2	1	-	English / PSHE	1
10	4	2	1	1	PSHE	2
6	1	1	-	-	Citizenship	1
6	2	1	1	-	PSHE	1
4	4	3	-	1	Tutor group	2
4	4	3	1	-	PSHE	1
4	4	3	1	-	English	1
2	4	1	3	-	PSHE	2

The proportion of the Year 7 cohort receiving UKRP sessions varied systematically between the three local authorities and this was, to some extent, reflected in the case study schools. While almost all the UKRP schools in one authority delivered the programme to all pupils this was not the case in the other two authorities. A local authority coordinator for the scheme in one of those areas stated that if any more schools were recruited to the programme then clear expectations would be set out as to the number of groups that would be run as this had not been the case with the initial group of schools.

Planning and timetabling

Advance planning for the UKRP appeared to have varied considerably between schools. When asked how important management backing was to the successful implementation of the programme, one local authority co-ordinator remarked:

> Absolutely crucial…Where it is working best, like anything else, it is totally coming from the top and there is a clear person responsible with time to monitor.

In some schools with strong management backing for the programme, facilitators had been recruited, and the timetable designed, specifically to accommodate the programme. The simplest model was where senior managers identified a member of staff who they believed would be an effective facilitator and who already taught Year 7 pupils a programme into which UKRP could be integrated (a variant of Personal, Social and Health Education (PSHE)). A second facilitator was recruited who did not have a timetabled teaching load and hence could lead UKRP sessions with the other half of the class.

At three of the schools however it was only when the trained facilitators had returned to school in September 2007 that they began considering how to fit the UKRP into the timetable. In one of these schools the facilitators, two of whom were from the same subject department, persuaded their head of department that the programme addressed some of the Key Stage 3 curriculum aims for that subject. As a result they were able to identify two Year 7 form groups to whom the four facilitators could deliver the programme because the lessons coincided with facilitators' free periods.

At another of the schools the headteacher had made it clear from the outset that, owing to a bad experience with a previous innovative programme, he was unwilling to commit to deliver the UKRP until after the training was completed because only then could his staff make a judgement as to the suitability of the programme. Consequently it was only when the senior management team were persuaded of its potential value that planning could begin in earnest. Indeed, it was not until the entire school timetable was rewritten some time into the autumn term (for reasons unrelated to the UKRP) that sessions were incorporated into the Year 7 curriculum.

At another school, a senior manager expressed the view that the UKRP had not had backing from the senior management team as a whole. When asked why the school had got involved with the UKRP this was the response:

> It's a tick box thing being involved in new initiatives and so on. It is seen to be good - and sometimes the implications of what doing it well would actually mean haven't been very well thought through.
> *Right and do you think that's true in this case?*
> Yes.
> *And in what way has that shown itself?*
> Nobody seems to be taking very strong a lead…I suppose really it's just been passed around people.

Schools also varied in how they had found space in the timetable to deliver the UKRP. Most often it was delivered during PSHE lesson time (or a similar programme of study). Finding an appropriate slot within the timetable was a challenge for a variety of reasons, depending on the curriculum structure of the school. It was acknowledged by several interviewees that although there were undoubtedly timetabling problems, these could be resolved if the programme was given a sufficiently high priority within the school when the timetable was written. However, given that there are so many competing interests that need to be resolved within a school timetable it is perhaps useful to discuss some of the issues that arose.

In all of the schools with timetables operating on a fortnightly cycle facilitators believed that a two week gap between UKRP sessions was too long. They felt that it was difficult to build relationships with pupils when contact was so infrequent, and that pupils forgot what they had learned from one session to the next. Also, with school holidays, occasional days off timetable, pupil or staff sickness and bank holidays facilitators might not see pupils for four or even six weeks at a time. Some facilitators felt it was essential to resolve this problem in future.

UKRP groups were required to be no larger than 15 pupils. Most often this was achieved by splitting a class in half. Clearly splitting classes in half also meant extra rooms needed to be available. This presented a challenge in schools with very little spare capacity and could result in UKRP sessions being run in areas that some facilitators thought were unsuitable (e.g. science laboratories).

In most schools the two halves of a split class then received UKRP sessions simultaneously. However, this was not always the case as two trained facilitators were not always available in that timetable slot. Sometimes the other half of the class would receive a PSHE lesson or similar and in one school half of the class might then even receive an additional lesson in a core subject.

At a school with a standard Year 7 class size of 23, groups of 15 were achieved by timetabling three classes for UKRP sessions in the same timetable slot so that they could be split into five UKRP groups. Given that a maximum of four members of staff had been trained per school, this necessitated bringing in external facilitators to deliver the programme.[37]

The obvious, and most popular, timetable slot in which to run UKRP sessions was PSHE. The timetabling implications of this choice then depended in part on whether PSHE was delivered by form tutors or by a specialist team. Where PSHE was delivered by a specialist team the Year 7 lessons were likely to be spread across the week. Consequently a large number of UKRP sessions could potentially be delivered by relatively few facilitators.

In two of the schools PSHE was delivered by form tutors with the entire school simultaneously spending time with their form tutors. Consequently the number of UKRP groups that could be run during this slot was limited by the number of facilitators who had been trained. In addition, pastoral arrangements in several schools involve a class group retaining the same form tutor from Year 7 to Year 11. Clearly for such schools this would present further complications as form tutors delivering the UKRP to their tutor group during PSHE / tutor group time in Year 7 would have a Year 8 tutor group the following year.

Of course, all such timetabling difficulties could be overcome but not all of the senior management teams chose to give the programme a sufficiently high priority. One senior manager responsible for timetabling explained that the programme would be sustainable if it involved a teacher and a teaching assistant delivering the programme to a proportion of the Year 7 cohort. However, it was felt that having two teachers facilitating the course for a single class would be too costly. It was explained that in the school, largely driven by national targets, all additional resources were targeted on Year 11 pupils and on stretching the most able pupils. (Having seen a substantial improvement in GCSE attainment in 2008 this interviewee may feel vindicated in this view.)

Despite these apparent complications, in one school the UKRP provided a timetabling solution rather than problem. In this school maths, modern languages and science were taught in the same sets across the three subjects. The rather untidy timetabling solution of replacing one of the maths lessons of the top set, one of the science lessons of the bottom set etc. then enabled the school to overcome staffing problems in that year (The following year UKRP lessons replaced a science lesson for all Year 7 pupils, facilitated by the departure of the head of science and the science department acquiring an extra lesson with all Year 9 pupils.)

---

[37] This school also operated a fortnightly timetable. The problem of long gaps between UKRP sessions had been considered and could have been overcome by allocating two UKRP sessions per fortnight, timetabling another Year 7 class a different subject (but the same subject in each of those slots) and then swapping teachers half way through the year. However, this had not been possible because there were not enough specialist subject teachers available to teach three Year 7 groups in the alternative subject at the same time.

In all schools, logistical challenges were lessened by the availability of facilitators who did not have a full teaching load. Thus it was easier to timetable the programme in schools where not only teachers but also learning mentors, teaching assistants, cover supervisors or senior managers had been trained as UKRP facilitators. Respondents however uniformly emphasised the importance of the personal characteristics of the facilitator rather than their job title:

> I think you've got to get the right staff judged on an individual basis…you've got to have people that will respond appropriately and sensitively to some of the issues. And not every teacher, or every individual, has the capacity to do that.

Nevertheless, as a rule of thumb, a respondent explained:

> Non-teachers have to know they're comfortable leading a group of 15 and teachers have to know they're comfortable with the "touchy feely".

In a minority of cases, a lack of experience in teaching or leading groups of young people had caused problems:

> Some people that…were trained had never worked in a school before and at least one found that more challenging than he'd expected and it didn't work. So he pulled out from delivery.

> We've used quite a lot of learning mentors as well as teachers. That's varied, I think again it's come back down to the leadership in the school: where they are seen strategically as important, valued, by status, it's gone well, others they haven't had quite so much support, floundered a bit, but are OK now.

Obviously the potential timetabling benefits of training non-teachers have to be traded off against any lack of experience teaching a group of 15 pupils over a sustained period. In addition, two interviewees spoke of the importance of continually marketing the UKRP within the school with one remarking that the continuation of the programme in that school may depend on the involvement of a senior and respected teacher as a facilitator.

The use of external staff to deliver the UKRP within schools was reported to have had mixed results. Two external facilitators were interviewed, both of whom were experienced former teachers, and both of whom spoke of the challenges of integrating into schools with unfamiliar routines, discipline policies and expectations. One had attempted to punish pupils for misbehaviour but found other members of staff had not ensured the detention had been enforced. The other had not even considered using such sanctions as they would inevitably involve such complications. Their comments were also echoed by some senior managers in schools that had used external facilitators. Problems had also arisen relating to external facilitators finding it difficult to timetable a particular teaching slot through the whole school year due to clashes with other commitments. In all of the schools using external facilitators, despite senior managers sometimes speaking highly of the quality of work undertaken by external facilitators, there was a preference for using internal staff.

Three of the schools ran UKRP groups with joint facilitators (that is, two facilitators running the same UKRP group at the same time). In one school this was the case for all UKRP groups and was reported to have resulted from non-teacher facilitators having insufficient confidence to run groups alone. In another school however, a first set of groups had been facilitated by two members of staff but in the groups running in the second half of the year each group had been further subdivided so that each facilitator individually ran a UKRP group comprising about seven pupils.

Recruitment

The schools took very different approaches to the recruitment of facilitators. Eight senior managers interviewed were able to describe the recruitment arrangements. At four of the schools senior managers had discussed how best to deliver the UKRP and which members of staff would be most suitable for the role. This most often included consideration of the suitability of members of staff for the facilitator role and secondarily consideration of where the UKRP would fit into the school's present and future curriculum. As one manager put it:

> I approached people I thought were suitable and they were pleased to be asked.

At other schools interviewees described an open call to staff at a briefing session and at three schools a combination of these approaches was used. Demand for places on the course varied markedly between schools. At one school there were ten applicants for each place available. Places were then allocated by a random ballot. Interestingly, this school had a very prominent pastoral ethos and also the staff interviewed indicated that the fact that the training was to take place in the USA was a strong attraction. At another school the senior manager chose from among the volunteers, taking into account their attributes and also the school timetable and curriculum needs of the school. Thus, for example, only one teacher could be trained from each faculty. However two of the schools had difficulty finding staff to take up the training places. At one of these schools the UKRP was not conspicuously in tune with the academic focus of the school and indeed there had been some opposition to participating in the programme.

At two of the schools senior managers also commented on the difficulty of recruiting staff to attend the second year's training event for facilitators, which was held in Cambridge in July 2008. In 2007 the training event had taken place during the summer holidays and so staff had to give up two weeks of their vacation time to attend training in Philadelphia, USA. The 2008 training took place during the last week of the summer term and the first week of the summer holidays and so, once again, trainees were required to give up some of their vacation time. Obviously the location of the training event may have had some impact on demand for places and, while several facilitators stated that they would have been keen to attend wherever the training had taken place, for some the trip to Philadelphia was certainly an attraction. Two senior manager interviewees also remarked that the timing of recruitment for the 2008 event was less favourable, taking place later in the school year when, it was suggested, teachers are more tired and also more likely to have booked their summer holiday. These interviewees would have preferred to begin recruiting teachers before the Christmas holiday.

The particular facilitator running UKRP sessions was, for some pupils, a contributing factor to pupils' enjoyment of the UKRP sessions. Three pupils stated explicitly during interviews that they had liked the lessons because of the facilitator, for example:

> *Did you enjoy the resilience lessons?*
> Yes [enthusiastically].
> *And why was that?*
> Because it was fun and we had a fun teacher…She's kind...And caring as well.
> *How much do you like resilience lessons compared with the other lessons?*
> Best by far! Apart from technology and art.
> *So everything else. PE?*
> Oh and PE but it's better than all the others.

> *What makes it better than other lessons?*
> Mainly the teacher, she's really funny. She's really fun and good and the fact that they've
> spilt the class in half, you can really get into the working because [in other lessons]
> you've got all these distractions, every seat is full and in this one you can just sit
> wherever you like and just calm down a bit…I think that all the others really enjoy it as
> well because I sat at the front once and when you look back round you saw everyone
> looking at the board in wonder.
> *And would that not happen in other lessons do you think?*
> Not usually, I mean it's not like you're going to stare up at the board in maths going "Wow
> that's so great".

All three of the facilitators referred to by pupils in this way were selected by senior managers
rather than responding to an open call for volunteers. Interestingly all three had also run
sessions in which pupils discussed personal issues that had then necessitated involving child
protection officers.

The importance of recruiting the *right* people was echoed at all levels and by numerous
interviewees. This included not only the recruitment of facilitators but also anyone taking on a
role in training future facilitators.

The training of future facilitators was a recurrent issue in interviews with both local authority
coordinators and school senior managers responsible, at school level, for future planning for the
programme. Under the UKRP, only facilitators who have received training are allowed to deliver
the sessions. Thus for senior managers, staff turnover could therefore threaten the sustainability
of the programme. Two of the facilitators explained during interviews that they would no longer
be working at the school in September and at a third school an interviewee referred to a
facilitator colleague who would also be leaving. Sustaining the programme was therefore seen
as a challenge:

> we need to plan for succession management; there's no point in introducing something
> that then can't be carried through and sustained and with the best will in the world…
> there's nothing to say that…[the lead facilitator] will be here in September, or any of the
> other trained people will be here in September, because people's careers move on and
> this is just such a small element of their work.

Interviewees explained that there had been a plan and expectation that, from among those
receiving the training in 2007, some facilitators would 'train to be a trainer' - and thus UK-based
trainers could conduct future training events. However arrangements for training new UKRP
facilitators had not been clarified during the period in which the interviews were carried out and
this was a source of frustration to several interviewees.

It was explained by one interviewee that the developers of the programme (and owners of the
copyright) were concerned that, in line with some other psychological interventions, the quality of
training and effectiveness of the programme may diminish if training were not delivered directly
by the US-based team. The interviewee sympathised with this view and emphasised the crucial
importance of, and difficulty of, recruiting the right people to take on this training role. However, it
was stated that the future training arrangements for the programme would be crucial to its
continuation:

> Financially it just won't be sustainable if every time we want more people trained, they've
> got to go back to [the USA] or bring them over here, or whatever. It's hugely expensive.

This quotation draws attention to the mismatch in 'scaling up' an experimental intervention and 'scaling up' a policy. Thus while the continued quality of the intervention may be of paramount importance to the developers of the intervention, to schools and local authorities, if the quality is maintained but the policy cannot be sustained (and perhaps also expanded) then it may have little value.

A related consideration, referred to by several interviewees, was whether such trainers should be school or local authority employees. In short, schools may be resistant to allowing (and continuing to support) members of staff to undertake a training role involving an intensive and long-term commitment. Indeed, this would be doubly so if such trainers were senior and highly valued members of staff.

The fit of the UKRP with the SEAL programme

Senior managers were also asked about how the UKRP fit with the implementation of SEAL within the school. Four of the schools had officially begun to implement SEAL while the other six schools visited were yet to do so (although one of these six was using SEAL materials during PSHE lessons). The four SEAL schools varied in the degree to which they had embedded SEAL across the school and also in their view of its relationship with the UKRP.

The school with the most developed SEAL programme had implemented SEAL as a whole school programme with SEAL objectives attached to every lesson. As one of the first schools to be involved with SEAL, this process had initially involved one class having SEAL objectives reinforced in every lesson. This approach was then rolled out to the whole of Year 7 in the following year, and thereafter to the whole school.

One class teacher explained:

> We will have SEAL meetings…[for everyone who teaches three forms in Year 7] and we will air any concerns or any issues within those form classes… like…they're not listening to each other or they're shouting out a lot or…manners…and then we will focus on that.

SEAL learning objectives would be written on the board in every lesson and reinforced as opportunities arose and also using materials developed within the school (rather than solely those available through the SEAL website). It was explained that while previously teachers would have been free to choose an objective from within an overarching theme (such as empathy), in future they were to be more prescribed with the incorporation of Personal Learning and Thinking Skills (PLTS) from the new Key Stage 3 curriculum introduced in September 2008.

None of the teachers at this school saw any conflict between SEAL and the UKRP or in running the two programmes at the same time, seeing SEAL as a whole school programme and UKRP as focused on individual pupils:

> [SEAL is] reinforcing good manners and all the basics, whereas [UKRP] is about… changing their way of thinking…It's much more powerful really, much more intensive… It's connected in that they compliment each other, but they are separate.

A second school had been involved with SEAL for a similarly long period although SEAL was clearly less visibly embedded in the work of the school. he senior manager explained that the new Key Stage 3 curriculum did however provide the opportunity to build SEAL into the curriculum but suggested SEAL was still in an 'embryonic form':

> It is not as effective as I'd like it to be in the school…Certain staff mindsets still have to be persuaded…As much as we value and believe in SEAL it has not been high on the agenda because of our work on raising attainment.

SEAL had largely been taken on by two teachers in one subject department but had not involved the whole school. Nevertheless, the manager went on to suggest that the ethos of the school reflected SEAL and so although teachers would not know about SEAL it was happening through different dimensions. For example, work was under way to eliminate teachers' use of 'put downs' of pupils and also shouting at pupils which, the manager felt, was not very effective in a highly disadvantaged school.

A third school had begun to implement SEAL in 2007-08 and, as in the other schools, no attempt had been made to integrate SEAL with the UKRP. The school had initiated a SEAL audit and departments had considered priorities that might be addressed. The consensus had been that managing feelings and social skills were salient needs and Year 8 tutors had been trained to deliver a term of SEAL materials during tutor group time (10 minutes each morning) and weekly assemblies (for 10-15 minutes). In addition, an 'intervention group' of pupils with poor behaviour had been identified, to whom SEAL materials were delivered. As a next step, teachers of core subjects were being trained on SEAL objectives which were then to be addressed in a cross-curricular manner:

> It could be about appropriate use of body language, for example. In maths that will be constantly reinforced and in English it will be constantly reinforced and the way they do that will be similar.

In this school, as with the others, UKRP and SEAL had been implemented by keeping them separate. Attempting to create links between them was seen as an unnecessary complication and, given the plethora and the fragility of new initiatives, as potentially a waste of effort until both were established. This perception was confirmed by a member of staff responsible for supervising both SEAL and the UKRP within that authority, and who had actively set out to link the programmes:

> I think the reality of it is, I'm afraid…they often see it as separate.

The final school that was officially implementing SEAL (in the view of the local authority) appeared to be doing so in a less enthusiastic manner. In this school implementation involved some SEAL learning opportunities being delivered to Year 7 pupils during PSHE. As the senior manager responsible for managing its implementation explained:

> *And in relation to SEAL, you mentioned the issue of fitting them together, how have you…*
> Fit them together? I haven't tried to fit them together at all actually, but we are running with SEAL to a smaller extent…we're under pressure to a certain extent to go with SEAL as well, because the local authority are pushing, the government's pushing…so if we do it in a small way we've got a tick in another box and also it benefits the kids as well.

One of the other schools was similarly making SEAL learning opportunities available for use during Year 7 PSHE (or equivalent) lessons although this school was not considered a SEAL school by the local authority.

The other five schools visited were not yet implanting SEAL and a degree of scepticism was sometimes discernible in responses:

> We haven't really done anything about SEAL.
> *Are you supposed to as a school?*
> No, it's not statutory. So but…
> *When it comes, when it gets rolled out…*
> It's rolling out but it's still not statutory. It will become expected of you but you still wont have to do it.

However, scepticism as to the value or possibility of implementing SEAL sometimes appeared to be related to an assumption that it would need to be delivered through PSHE time (which was often where UKRP had been timetabled) and that schools were faced with trying to 'fit a quart into a pint pot'. As these schools become more involved with SEAL they may however identify opportunities for implementation outside PSHE sessions and therefore become more enthusiastic about its implementation.

There was no great appetite to link SEAL with the UKRP at school level - for example no interviewee mentioned the possibility of using one programme to address the objectives of the other. Indeed, one headteacher was concerned to convey this view:

> One thing that concerns me and is buzzing around at the moment is how [UKRP] will fit together with SEAL, because this was launched as a stand alone programme and a lot of investment went into it, and I would hate to see its integrity as a programme harmed as a result of that.

However, local authorities had undertaken mapping exercises to compare the SEAL learning objectives with those of the UKRP. A similar process was undertaken by a Penn psychologist involved in the development of the UKRP, identifying which of the SEAL learning objectives, as set out in Appendix 1 of the SEAL guidance booklet, were also objectives for the UKRP. However, perhaps not surprisingly, each such mapping exercise appears to have come up with slightly different conclusions as to which objectives are shared between the programmes.

Some SEAL learning outcomes are obviously also learning objectives for the UKRP - for example, learning outcome number 18 'I have a range of strategies to reduce, manage or change strong and uncomfortable feelings such as anger, anxiety, stress and jealousy' or number 25 'I can view errors as part of the normal learning process, and bounce back from disappointment or failure'. However, for other SEAL learning outcomes it is less clear whether, or to what extent, they also comprise objectives for the UKRP. For example, not all mapping exercises agreed that the following SEAL learning outcomes were also objectives for the UKRP: 11 'I can recognise conflicting emotions and manage them in ways that are appropriate'; 42 'I can make, sustain and break friendships without hurting others'.

Of course, if the two programmes were to be integrated (even at the level of a mapping rather than at the level of delivery) to create a useful picture of the relationship between the two programmes it would also be necessary to make a judgement as to how effective each of the two programmes was in meeting any shared objectives. Among those in a position to express a view as to the relative merits of the UKRP and SEAL learning opportunities, some expressed the view that the UKRP provided greater depth of understanding to pupils although this tended to be a global judgement rather than one relating to any specific learning objective. As one interviewee with oversight of both programmes put it:

Resilience takes one section of SEAL further, it goes into it in much more detail, it gives the youngsters an understanding of the theoretical background behind it, so that they can use it and apply it in a more understanding way…I think a wider knowledge of SEAL and of [UKRP] will help teachers become more emotionally intelligent in the way they deal with youngsters. And I think SEAL would do that superficially, [UKRP] would help them to understand why.

However, regardless of the curricular fit between the UKRP and SEAL, what is most striking in any comparison of the two programmes is the apparent fragility of the UKRP compared with the national roll out of SEAL.

Conclusion

In reporting on the visits to the ten case study schools, we have seen that some of the interviews with pupils showed that pupils had used some of the skills they had learned during UKRP sessions. In some cases, pupils were able to show a fairly sophisticated level of understanding of some of the concepts. Skills had, in some instances, been deployed in response to distressing real life situations. However, we do not know, of course, how any of the pupils would have responded to such situations if they had not attended UKRP sessions.

Many reported using UKRP skills to avert 'rising' to some form of provocation although these responses were frequently somewhat sketchy. Other pupils reported using assertiveness and negotiation skills or methods to overcome procrastination. Pupils had generally enjoyed the UKRP sessions and none reported incidents of teasing or bullying associated with the sessions.

Facilitators were exceptionally positive about the UKRP training they had received and appeared committed to the ideas underlying the UKRP although the training needs associated with trainees from different professional backgrounds may differ.

The manualised course was thought to involve too much 'teacher talk' and it was suggested that it would benefit from a greater number and range of activities. The cognitive skills taught by the UKRP, which are quite abstract, were sometimes difficult for pupils to grasp and the assertiveness training was seen as very important although the tendency for some pupils to behave in an aggressive manner may sometimes be difficult to overcome. Several facilitators spoke of instances when pupils had talked about very serious problems during UKRP sessions. It was clear that being a UKRP facilitator can be a very demanding role requiring great sensitivity.

Organisation of the UKRP at school level varied markedly. Some schools ran many UKRP groups covering 100% of the Year 7 cohort while in others a very small number of groups ran in the first year. The backing of senior management appeared to be very important to the smooth running of the programme and this was sometimes manifest in forward planning or timetabling. Schools using non-teachers as facilitators found it easier to timetable the programme. However, some of the non-teachers were reported to have found it difficult to deliver the course to a group of 15 pupils. The personal characteristics of potential facilitators were however seen as much more important than their job title.

Recruitment methods varied as did demand for places on the training course. This may in part have been a result of the profile of pastoral work within the school and how the programme was promoted to staff. If the effectiveness of the UKRP were found to be related to the particular facilitators delivering the programme then methods of recruitment and the attractiveness of the training arrangements would be important to its continuing success.

In four of the ten schools the UKRP was being implemented at the same time as the SEAL programme. In the school with the most visible and well embedded SEAL programme the two programmes were seen as complementary. In the case study schools there was no evident appetite to link the UKRP programme and SEAL programme. Some interviewees from schools that had not yet begun to implement SEAL thought there were potential conflicts between the programmes (in particular an expectation they would be competing for curriculum time). Some exercises had been carried out to map the learning objectives of the two programmes though the results did not always match. However, it is not possible to say which of the programmes would be more effective in meeting any shared objective.

In sum, the qualitative findings reported in this section of the report have provided illustration and hopefully some illumination relating to several of the elements of the UKRP evaluation. It is to be hoped that they will continue to provide illumination when further quantitative results are reported as the evaluation progresses.

9.   Summary of Interim Findings

We have presented above the interim findings for the UK Resilience Programme evaluation. These can be summarised as follows:

- The initial quantitative work found a significant positive impact on pupils' depression and anxiety symptom scores for those schools where the treatment and control groups were well matched.

- These effects varied by pupil characteristics, and were larger for pupils who had not attained the national target levels in Key Stage 2 exams, and for pupils with worse initial scores for symptoms of depression or anxiety.

- The quantitative results are based on data collected shortly after the end of workshops, and so evaluate only the short run impact of the programme.

- Pupils were positive about the programme, with the majority reporting they enjoyed the workshops, and that they had learned skills that would help them solve problems, feel happier, and behave well.

- Interviews with pupils suggested that pupils had applied UKRP skills in real life situations, and some interviewees showed a good understanding of elements of the programme.

- The content of the UKRP is quite intellectually demanding and some facilitators believed that some pupils struggled with this.

- Facilitators were extremely positive about the ideas underlying the programme and about the training they had received. Most reported that they used the skills themselves.

- Most facilitators believed that the skills could make a positive difference to pupils in various domains of their lives, including psychological well-being and peer relationships.

- There was considerable variation in the way schools and facilitators organised the programme. The programme must be taught by trained facilitators in groups of no more than 15 and schools had to overcome the consequent organisational challenges.

- Facilitators found the relatively didactic structure of the programme problematic, with a lot of time taken up with 'teacher talk'.

- The quantitative analysis is still at an early stage due to delays in data collection. Future analysis will also examine any impact of the programme on pupils' behaviour, attendance and academic attainment.

- Further data collections will take place in summer 2009 and summer 2010 and will enable the evaluation of the longer run impact of the programme.

- The final report will be submitted to DCSF in December 2010.

ANNEXES

ANNEX A: PUPIL SATISFACTION SURVEY

Please complete today's date:

Date (e.g. 14)	Month	Year
	☐ February	**2008**
	☐ March	
....	☐ April	
	☐ May	

Name:………………….…………….

School:………………….………….....

UK Resilience Programme pupil survey

We are very interested in your thoughts about the UK Resilience Programme.

We would like to know what you think and how you feel, so please respond honestly - **there are no right or wrong answers!**

Your parents will never see your answers, nor will other pupils, teachers or anyone else at your school - only the researchers doing this survey will see them.

Just ✓ tick the box that is closest to what you think or how you feel.
If you make a mistake, draw an X through your first answer and then tick the correct answer or answers.

Please answer all questions, even if it is hard to choose an answer.

If you have any questions, please put up your hand.

When you have finished, please check that you have answered all questions, then put the questionnaire in the envelope provided and seal it so that no one else can read it. Your teacher will collect it and send it to us.

---

1. Since participating in UK Resilience Programme workshops, are your problems:

Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐

---

2. Has coming to the UKRP workshops been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Please tell us how much you agree with the following statements:

		agree a lot	agree a little	neither agree nor disagree	disagree a little	disagree a lot
3.	I liked the UK Resilience Programme lessons a lot	☐	☐	☐	☐	☐
4.	I've not learned anything from UKRP that has helped me solve problems	☐	☐	☐	☐	☐
5.	I've learned a lot from UKRP that has helped me feel happier in my life	☐	☐	☐	☐	☐
6.	I've not learned anything from UKRP that has helped me behave well	☐	☐	☐	☐	☐
7.	I think my class teacher understood me	☐	☐	☐	☐	☐
8.	I think my class teacher helped me a lot	☐	☐	☐	☐	☐
9.	I think the classes helped me get on better with my family	☐	☐	☐	☐	☐
10.	I think the other pupils in my UKRP class understood me	☐	☐	☐	☐	☐
11.	I liked my class teacher	☐	☐	☐	☐	☐
12.	I think what I learnt in the classes helps me with my work in maths	☐	☐	☐	☐	☐
13.	I think what I learnt in the classes helps me with my work in English	☐	☐	☐	☐	☐
14.	I think what I learnt in the classes helps me with my work in science	☐	☐	☐	☐	☐
15.	I think what I learnt in the classes helps me with my schoolwork in general	☐	☐	☐	☐	☐

		yes	no
16.	Do you think that what you've learnt in the classes will help you with work in other subjects?	☐	☐

If so, please say which subjects:

		yes	no
17.	Do you use any of the skills that you learnt in the classes?	☐	☐

If so, which UKRP skills do you use?

Where and when do you use them?

18. Do you have any other comments about the programme?

Many thanks for your help!

ANNEX B: Description of the Penn Resiliency Program by members of the Penn team

Penn Resiliency Project

A Resilience Initiative and Depression Prevention Programme
for Youth

Executive Summary

March 2009

Dr. Karen Reivich, Ph.D.
Dr. Jane Gillham, Ph.D.
Dr. Martin Seligman, Ph.D.
University of Pennsylvania

Please address all correspondence to:

   Dr. Karen Reivich, Dr. Jane Gillham, or Dr. Martin Seligman
   The Penn Resiliency Project
   Positive Psychology Center
   University of Pennsylvania
   3720 Walnut Street
   Philadelphia, PA 19104-6196
   e-mail: info@pennproject.org

Executive Summary

Depression is rampant among youth in the U.K. A well-researched programme in the U.S., the Penn Resiliency Programme, significantly prevents depressive symptoms among youth. The programme is manualised and can be delivered by trained school teachers, counsellors, and clinicians. It should be quite easily adapted to the culture of the U.K.

This document 1) describes the rationale for teaching resilience and preventing depression in children and adolescents, 2) provides an overview of the Penn Resiliency Programme curriculum content, and 3) summarises findings from empirical evaluations of the Penn Resiliency Programme.

The Penn Resiliency Programme for children and adolescents is available for use in research. For more information about how to obtain a copy of the intervention manuals, please visit the PRP website at: http://www.ppc.sas.upenn.edu/prpsum.htm

Requests for curriculum materials can be made through:
http://www.ppc.sas.upenn.edu/prpcurricavail.htm

It is important to note that recent research suggests that a high level of training and supervision may be required for the Penn Resiliency Programme to be effective. Therefore, we strongly recommend that group leaders receive extensive training and supervision from individuals with expertise in this programme or similar school-based cognitive-behavioural interventions for children and adolescents.

The Penn Resiliency Programme: Executive Summary

The Penn Resiliency Project: Programme for Youth

The Problem: Depression in Children and Adolescents

Successful prevention of depression can have a profound impact on a broad array of elements of the intrapersonal, behavioural, and social functioning of children. At any point in time, approximately 2% of children aged 11-15 and 11% of youth aged 16-24 in Great Britain have a major depressive disorder (Green, McGinnity, Meltzer, Ford, & Goodman, 2005; Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2001). In the U.S, approximately one in five adolescents will have had a major depressive episode by the end of high school (Lewinsohn, Hops, Roberts, & Seeley, 1993). As many as one in eleven children may have a depressive episode by the end of middle school (Garrison, Schluchter, Schoenbach, & Kaplan, 1989). Anxiety disorders, which often precede and co-occur with depression, are found in approximately 3% of children aged 5-15 and 15% of youth aged 16-24 in Great Britain (Green et al., 2005). It is notable that rates of depression increase as children enter adolescence (Hankin, Abramson, Moffit, Silva, McGee, & Angell, 1998; Meltzer, Gatward, Goodman, & Ford, 2000), indicating that the transition to adolescence is a particularly vulnerable developmental period for depression.

Unipolar depression, also known as major depression, is characterised by intense sadness or irritability, disrupted concentration, sleep, eating, and energy levels, and feelings of hopelessness and suicidal thoughts. Major depression in youth is not simply a phase of development; rather, it is a serious psychological problem that shows stability over time and can significantly interfere with children's ability to function. Depressed youth have a lowered ability to function in daily life, with 85% of adolescents with depressive disorders rated as having "major" impairments in functioning (Whitaker et al., 1990). Moreover, a significant portion of children with major depression continue to show depression in adulthood. For example, Harrington, Fudge, Rutter, Pickles, & Hill (1990) found that 60% of children treated for major depression had at least one bout of major depression in adulthood. Approximately 11% of adults in Great Britain suffer from depression (Singleton et al., 2001).

Depression is not only burdensome to the individual; it is very costly for society as well. In the U.K., the yearly expenditure for Major Depressive Disorder is about £9 billion, including loss of productivity, premature death, and cost of treatment (Thomas & Morris, 2003). This is up from estimates of £3.5 billion from the early 1990s.

The problems associated with depression extend beyond those meeting diagnostic criteria for a depressive disorder. Many children and adolescents have elevated, but sub-clinical, levels of depressive symptoms (Nolen-Hoeksema, Girgus, & Seligman, 1986). Research suggests that youth with high but sub-clinical levels of depressive symptoms experience the same kinds of difficulties as do youth with depressive disorders (Gotlib, Lewinsohn, & Seeley, 1995). Children and adolescents who suffer from high levels of depressive symptoms or depressive disorders are more likely to have academic and interpersonal difficulties. They are more likely to smoke cigarettes, to use other substances, and to attempt suicide (Covey, Glassman, & Stetner, 1998; Garrison, Addy, Jackson, McKeown, & Waller, 1991). Despite its often severe concomitants, depression is under-detected and under-treated in adolescence - in the U.K., only about 64% of adolescents with an emotional disorder (anxiety or depression) have contact with a health care professional and only 24% with a mental health professional in a 12 month period (Green et al., 2005). Given the seriousness of depression and the number of children and adolescents who experience it, the identification, treatment, and prevention of depression in youth have become critical areas for research.

One Solution: The Penn Resiliency Programme (PRP)

Over the past 16 years, Dr. Gillham, Dr. Reivich, Dr. Seligman, and their colleagues have developed and evaluated a school-based preventive intervention, the Penn Resiliency Programme (PRP; Gillham, Reivich, & Jaycox, 2008). PRP is broadly comprised of two modules: cognitive and social problem solving. The cognitive component is intra-personal in focus and highlights several theoretical topics germane to cognitive theory as well as the therapeutic skills derived from them. Central to PRP is Ellis' ABC model, the notion that our beliefs about events mediate their impact on our emotions and behaviour (Ellis, 1962). Students are taught to monitor their beliefs and evaluate their accuracy in accord with the therapy developed by Beck and his colleagues (Beck, 1976; Beck, Rush, Shaw, & Emery, 1979).

Explanatory style is specifically targeted in PRP. Pessimists tend to attribute the causes of negative events to internal, permanent, and pervasive factors (Abramson, Seligman, & Teasdale, 1978). Depressed children are more pessimistic than their non-depressed peers, and children with pessimistic styles are at greater risk for depression than their optimistic counterparts (e.g. Nolen-Hoeksema, Girgus, & Seligman, 1992; Seligman et al., 1984). Conversely, optimists tend to attribute the causes of negative events to external, temporary, and specific factors. While optimistic explanations act as a buffer against depression, to the extent that they are inaccurate they interfere with problem solving. In PRP, students learn how to detect inaccurate thoughts generated by their explanatory styles, to evaluate the accuracy of those thoughts, and reattribute to more accurate causal beliefs. PRP also teaches assertiveness, problem-solving and decision-making strategies.

An outline of PRP intervention lessons for children and adolescents can be found in Annex C.

Evidence: Evaluations and Findings

Overview

PRP has been evaluated in at least 19 controlled studies with more than 2,000 children and adolescents between the ages of 8 and 15. These studies have been conducted by our research group as well as by other research teams. Most of the studies used randomised controlled designs. Seventeen of the studies assessed PRP's effects on depressive symptoms. Several studies assessed PRP's effects on cognitive styles that are linked to depression, such as pessimistic explanatory style, and four studies examined PRP's effects on anxiety symptoms. A summary of PRP studies can be found in Table 1. Figures 1 through 4 present data from some of the evaluations conducted by our research team (Drs Gillham, Reivich, Seligman and their colleagues). If you are aware of or have conducted a study of PRP that is not included in Table 1, we would be delighted to hear about this work.

Taken together, the existing studies suggest that PRP prevents symptoms of depression and anxiety, although some inconsistent findings have been reported. A meta-analytic review of the 17 studies that examined PRP's effects on depressive symptoms found significant benefits of PRP relative to control at all three assessment points examined (immediately after the PRP curriculum, as well as 6 and 12-months following the curriculum). The meta-analysis also found significant improvement in children's cognitive styles such as pessimism (Brunwasser & Gillham, 2008).

PRP's effects also appear to be long-lasting. In studies that include long-term follow-ups, PRP's effects often endure for two years or more. In several studies, PRP has prevented elevated or clinically relevant levels of depression and anxiety symptoms. One study examined PRP's effects on clinical diagnoses and found significant prevention of depression, anxiety and adjustment disorder diagnoses (combined) across a two-year follow-up period among children with elevated levels of baseline symptoms (see Figure 2). One study that examined PRP's long-term effects on behavioural (externalising) problems found significant preventive effects of disruptive behaviours 24 to 36 months after the intervention (see Figure 4).

The Importance of Training and Supervision.

The quality of intervention delivery and group leader training and supervision appear to be critical for positive intervention effects. A recent review of PRP studies indicates that PRP's effectiveness varies considerably across studies (Gillham, Brunwasser, & Freres, 2008). This variability in effectiveness appears to be related, at least in part, to the level of training and supervision that group leaders receive. Intervention effects are strongest when group leaders are members of the PRP team or closely supervised by the PRP team. Intervention effects are smaller and less consistent when group leaders receive minimal training and supervision (see Figure 5). The quality of curriculum delivery also appears critical. For example, a study of PRP in a primary care setting revealed significant reductions in depressive symptoms for adolescents in groups with high intervention adherence. In contrast, PRP did not reduce depressive symptoms relative to control in groups with lower intervention adherence (Gillham, Hamilton, Freres, Patton, & Gallop, 2006). Thus, we believe that current best practices for PRP include intensive training and supervision of group leaders.

Figure 1. Prevention of moderate to severe depressive symptoms: Percent of participants with CDI>=15 (From Gillham, Reivich, Jaycox, & Seligman, 1995).
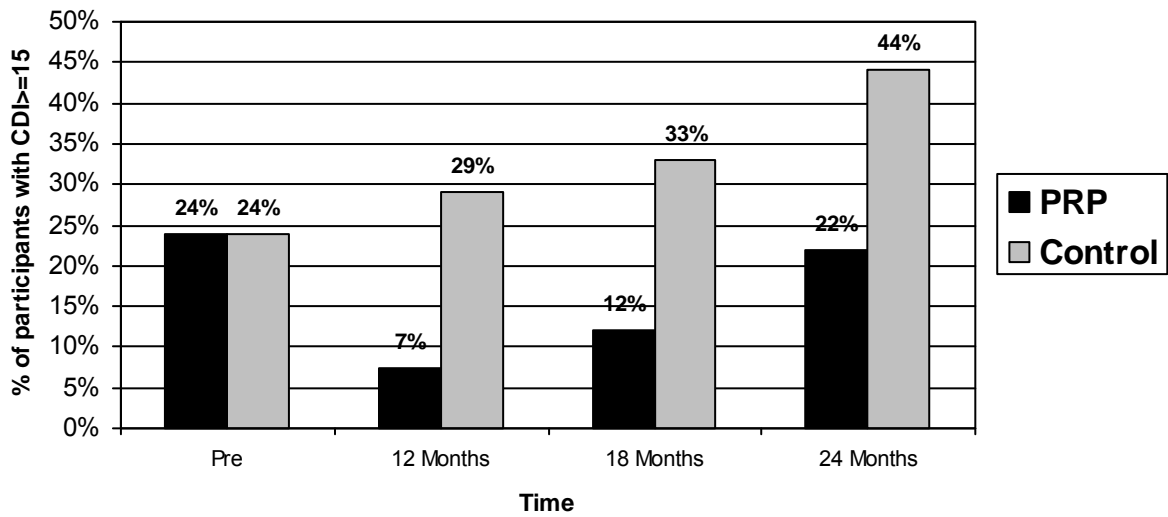

Figure 2. Prevention of depression, anxiety and adjustment disorder diagnoses among participants with high levels of baseline symptoms: Cumulative percent diagnosed with disorder (From Gillham, Hamilton, Freres, Patton & Gallop, 2006) (Note: intervention is from 1 month to approximately 6 months after baseline).
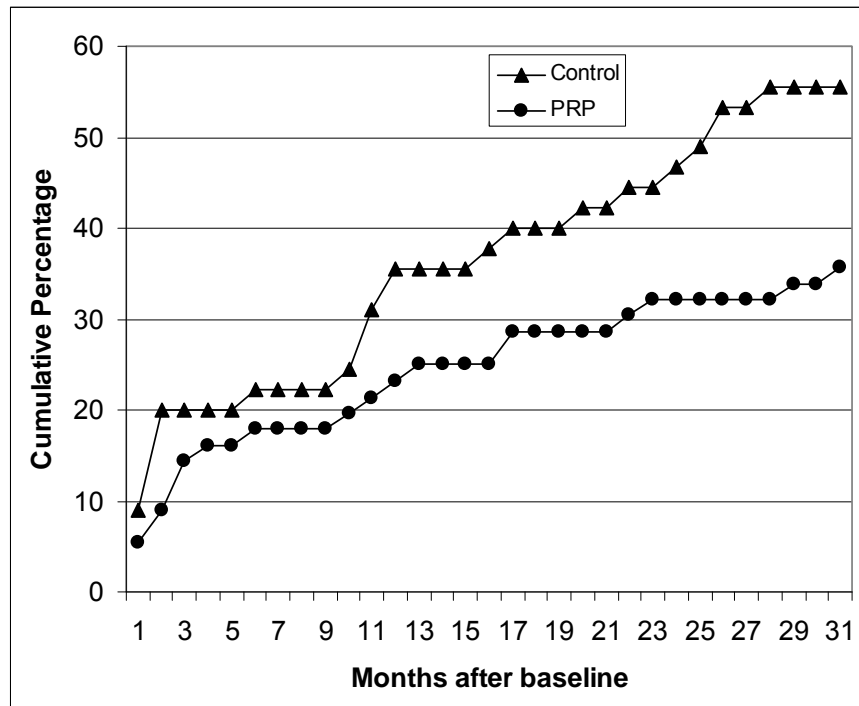
Figure 3. Prevention of high levels of anxiety symptoms: Percent with RCMAS >= 20 at each assessment point (From Gillham, Reivich, Freres, Lascher, Litzinger, Shatté, & Seligman, 2006).
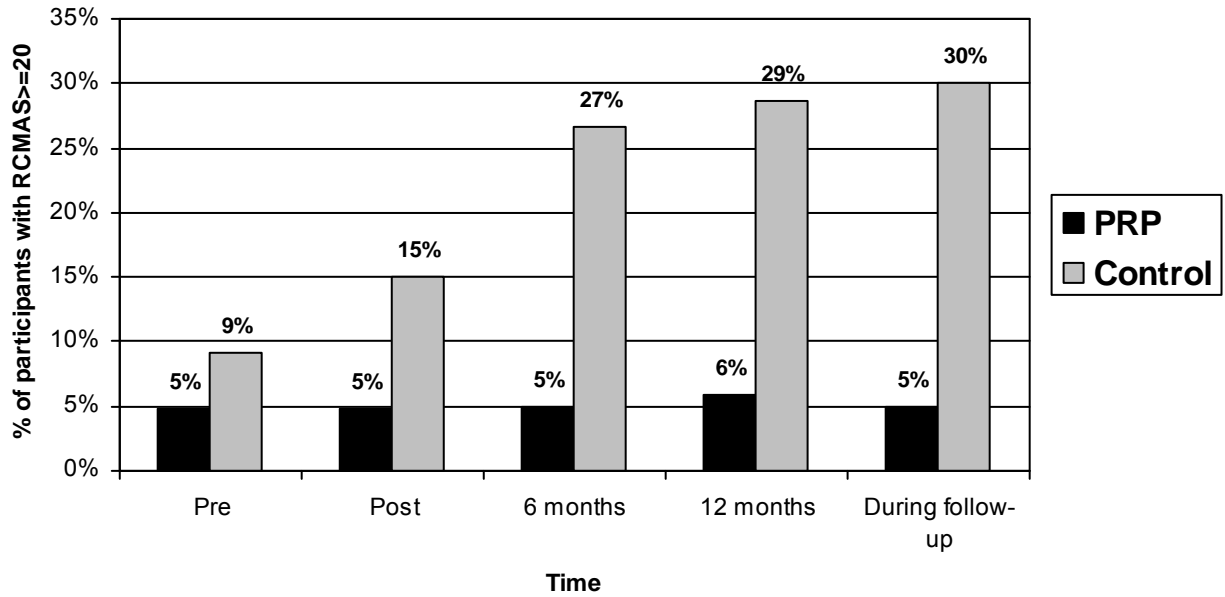
Figure 4. Prevention of conduct symptoms: Mean CBCL externalising raw scores (From Cutuli, 2004; Cutuli, Chaplin, Gillham, Reivich, & Seligman, 2007).
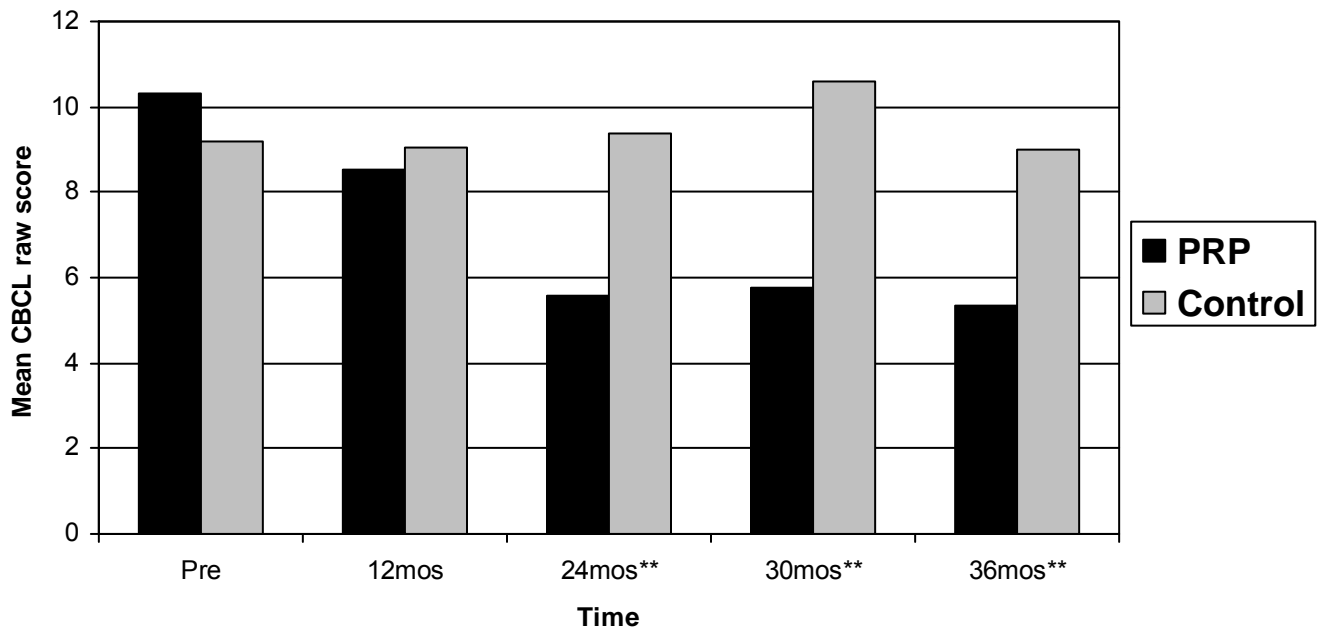
Figure 5. PRP's effects on depressive symptoms vary by level of group leader training: Average of post & 6-month effect sizes (Cohen's *d*) (From Gillham, Brunwasser, & Freres, 2008).
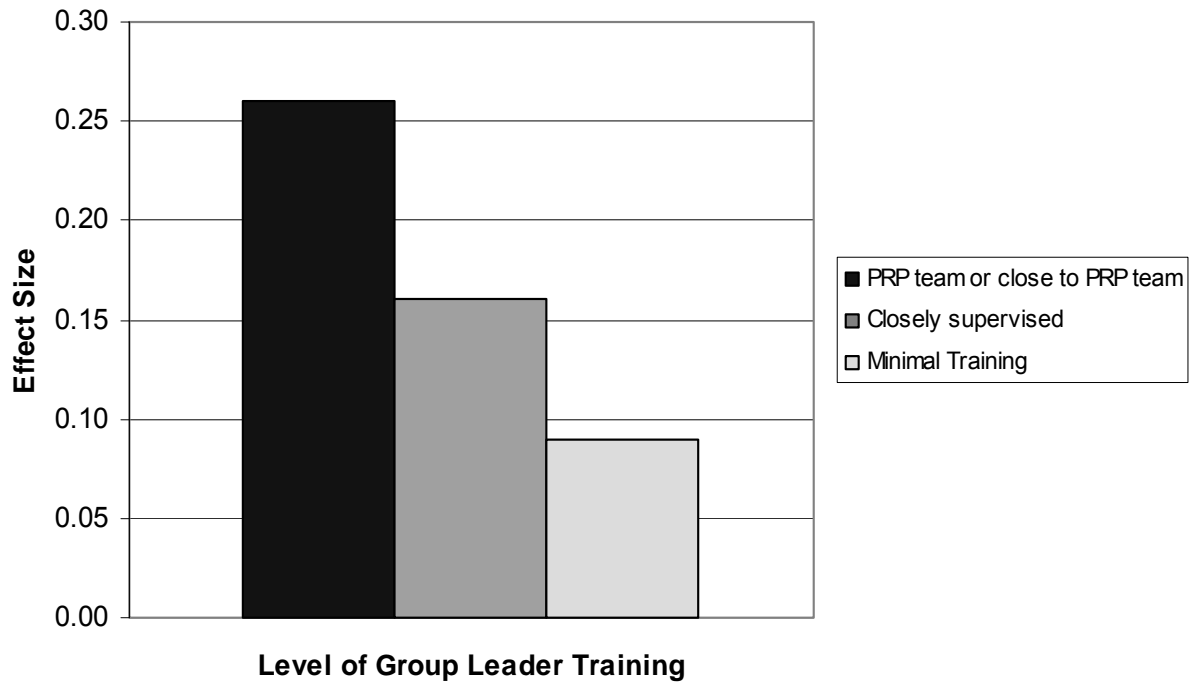
Table 1. Penn Resiliency Programme: Findings from 13 evaluations (From Gillham, Brunwasser, & Freres, 2008).[1]

Empirical Paper Citation(s)	Setting & Sample	Design & Length of Follow-up	Improvement / Prevention of Depression Symptoms?
1. Initial evaluation (Jaycox et al., 1994; Gillham, 1994; Study 1; Gillham et al., 1995; Reivich 1996; Gillham & Reivich, 1999; Zubernis et al., 1999)	• Targeted [2] • School • N = 143 • 5th & 6th graders	• PRP (3 versions) vs. Control • Matched control design • 36-month follow-up	Yes
2. First parent programme pilot (Gillham, 1994; Study 2)	• Universal • School • N = 108 • 5th & 6th graders	• PRP vs. PRP + parent component vs. Control • Random assignment by school • 6-month follow-up reported for cohort 1 sample	• PPR vs. Control – Yes • PRP + parent vs. Control – No
3. Effectiveness and specificity study (Reivich, 1996; Shatté, 1997)	• Universal • School • N = 152 • 6th-8th graders	• PRP vs. alternate intervention vs. control • RCT[3] • 12-month follow-up	Yes
4. Incarcerated adolescents study (Miller, 1999)	• Targeted • Juvenile detention centre • N = 56 • 14-18 year olds, predominantly male	• PRP vs. Control • Randomised within one of the two juvenile detention centres; in second centre, all participants were assigned to the control condition • Post	No
5. First Australian study (Pattison & Lynd-Stevenson, 2001)	• Universal • School • N = 66 • 5th & 6th graders	• PRP vs. Reverse PRP vs. attention control vs. control • Most participants randomly assigned, but control condition also included participants not randomised to condition • 8-month follow-up	No

Table 1. (continued)

6. Australian girls' school study (Quayle et al., 2001)	• Universal • School • N = 47 • 7th grade girls	• PRP vs. control • RCT • 6-month follow-up	Mixed • No at post • Yes at 6-month follow-up
7. Inner city study[4] (Cardemil et al., 2002; Cardemil et al., 2007)	• Universal • School • N = 168 • 5th & 6th graders	• PRP vs. control • RCT • 24-month follow-up	Mixed • Yes, in Latino sample • No, in African American sample
8. PRP in Beijing, China (Yu & Seligman, 2002)	• Targeted • School • N = 220 • 8-15 year olds	• PRP vs. Control • RCT • 6-month follow-up	Yes
9. Rural Australian study (Roberts et al., 2003, 2004)	• Targeted • School • N = 189 • 11-13 year olds	• School-based evaluation • PRP vs. Control • Schools randomised to condition • 30-month follow-up	No
10. All girls vs. Co-ed PRP study (Chaplin et al., 2006)	• Universal • School • N = 208 • 6-8th graders	• PRP vs. Control (Boys randomised to co-ed PRP vs. Control; Girls randomised to co-ed PRP vs. all-girls PRP vs. Control) • RCT • Post; 12 month attempted but very low response limited analyses	Yes

Table 1. (continued)

11. Primary care study (Gillham, Hamilton et al., 2006)	• Targeted • Clinic • N = 271 • 11-12 year olds	• PRP vs. Usual Care Control • RCT • 24-month follow-up	Mixed • No for full sample • Moderation by gender • Yes for girls • No for boys
12. Large universal effectiveness study (Cutuli, 2004; Cutuli et al., 2007; Gillham, Reivich, Freres, Chaplin, et al., 2007)	• Universal • School • N = 697 • 6th-8th graders	• PRP vs. alternate intervention vs. Control • RCT • 36-month follow-up	Mixed • No for full sample • Moderation by school • Yes in two schools • No in third school
13. Evaluation of PRP + parent component (Gillham, Reivich, Freres, Lascher, et al., 2006)	• Targeted • School • N = 44 • 6th & 7th graders	• PRP (child + parent) vs. Control • RCT • 12-month follow-up	Yes

Notes:
1. This Table includes 13 studies reviewed by Gillham, Brunwasser, & Freres (2008). The Table includes published, in press, and submitted studies, as well as dissertation studies. A recent meta-analytic review found four additional, unpublished studies examining PRP's effects on depressive symptoms that are not included in this table.
2. For the purposes of this table, "targeted" refers to samples selected due to elevated scores on depressive symptoms, family conflict, or risk factor assessed at the individual level.
3. RCT = randomised controlled trial, with individuals randomised to condition.
4. Elsewhere in the literature (e.g., Cardemil et al., 2002; Gillham, Hamilton, et al., 2006; Horowitz & Garber, 2006), this study has been divided into two studies (with Study 1 including the Latino sample study and Study 2 including the African American sample study). We list this study as a single study (following Cardemil et al., 2007) since it was originally planned and implemented as a single study and divided into two studies when race/ethnicity emerged as a moderator. Estimates of effect sizes for this evaluation are based on intent-to-treat data provided by the study's first author.

References for PRP curriculum

Gillham, J.E., Reivich, K.J., & Jaycox, L.H. (2007). *The UK Resilience Programme.* Unpublished manuscript, University of Pennsylvania.

Gillham, J.E., Reivich, K.J., & Jaycox, L.H. (2008). *The Penn Resiliency Program.* (Also known as *The Penn Depression Prevention Program* and *The Penn Optimism Program*). Unpublished manuscript, University of Pennsylvania.

References for Empirical Evaluations of PRP

Cardemil, E., Reivich, K., Beevers, C.G., Seligman, M.E.P., & James, J. (2007). The prevention of depressive symptoms in low-income, minority children: Two-year follow-up. *Behaviour Research and Therapy, 45,* 313-327.

Cardemil, E.V., Reivich, K.J., & Seligman, M.E.P. (2002). The prevention of depressive symptoms in low-income minority middle school students. *Prevention & Treatment, 5,* np.

Chaplin, T.M., Gillham, J.E., Reivich, K., Elkon, A.G.L., Samuels, B., Freres, D.R., Winder, B., & Seligman, M.E.P. (2006). Depression prevention for early adolescent girls: A pilot study of all-girls verses co-ed groups. *Journal of Early Adolescence, 26,* 110-126.

Cutuli, J.J. (2004). Preventing externalizing symptoms and related features in adolescence. Unpublished honors thesis, University of Pennsylvania, Philadelphia, PA.

Cutuli, J.J., Chaplin, T.M., Gillham, J.E., Reivich, K., & Seligman, M.E.P. (2007). Preventing externalizing symptoms and related features in adolescents. Manuscript in preparation.

Cutuli, J.J., Chaplin, T.M., Gillham, J.E., Reivich, K.J., & Seligman, M.E.P. (2006). Preventing co-occurring depression symptoms in adolescents with conduct problems: The Penn Resiliency Program. *New York Academy of Sciences, 1094 ,* 282-286.

Gillham, J.E. (1994). Preventing depressive symptoms in school children. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

Gillham, J.E., Hamilton, J., Freres, D.R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34,* 203-219.

Gillham, J.E., & Reivich, K.J. (1999). Prevention of depressive symptoms in school children: A research update. *Psychological Science, 10,* 461-462.

Gillham, J.E., Reivich, K.J., Freres, D.R., Chaplin, T.M., Shatté, A.J., Samuels, B., Elkon, A.G.L., Litzinger, S., Lascher, M., Gallop, R., & Seligman, M.E.P. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology, 75,* 9-19.

Gillham, J.E., Reivich, K.J., Freres, D.R., Lascher, M., Litzinger, S., Shatté, A., & Seligman, M.E.P. (2006). School-based prevention of depression and anxiety symptoms in early adolescence: A pilot of a parent intervention component. *School Psychology Quarterly, 21,* 323-348.

Gillham, J.E., Reivich, K.J., Jaycox, L.H., & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow- up. *Psychological Science, 6,* 343-351.

Jaycox, L.H., Reivich, K.J., Gillham, J., & Seligman, M.E.P. (1994). Prevention of depressive symptoms in school children. *Behaviour Research & Therapy, 32*, 801-816.

Miller, J.B. (1999). The effect of a cognitive-behavioral group intervention on depressive symptoms in an incarcerated adolescent delinquent population (juvenile delinquents). Unpublished doctoral dissertation, Wright Institute Graduate School of Psychology, Berkeley.

Pattison, C., & Lynd-Stevenson, R.M. (2001). The prevention of depressive symptoms in children: The immediate and long-term outcomes of a school based program. *Behaviour Change, 18*, 92-102.

Quayle, D., Dziurawiec, S., Roberts, C., Kane, R., & Ebsworthy, G. (2001). The effect of an optimism and lifeskills program on depressive symptoms in preadolescence. *Behaviour Change, 18,* 194-203.

Reivich, K.J. (1996). *The prevention of depressive symptoms in adolescents.* Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

Roberts, C., Kane, R., Bishop, B., Matthews, H. & Thompson, H. (2004). The prevention of depressive symptoms in rural children: A follow-up study. *International Journal of Mental Health Promotion, 6,* 4-16.

Roberts, C., Kane, R., Thomson, H., Bishop, B., & Hart, B. (2003). The prevention of depressive symptoms in rural school children: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 71,* 622-628.

Shatté, A.J. (1997). Prevention of depressive symptoms in adolescents: Issues of dissemination and mechanisms of change. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

Yu, D.L., & Seligman, M.E.P. (2002). Preventing depressive symptoms in Chinese children. *Prevention & Treatment, 5,* np*.*

Zubernis, L.S., Cassidy, K.W., Gillham, J.E., Reivich, K.J., & Jaycox, L.H. (1999). Prevention of depressive symptoms in preadolescent children of divorce. *Journal of Divorce and Remarriage, 30,* 11-36.

References (Works Cited)

Abramson, L.Y., Seligman, M.E.P., & Teasdale, J.D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, *87*, 49-74.

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.

Beck, A.T., Rush, A.J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Brunwasser, S.M. & Gillham, J.E. (May, 2008). A meta-analytic review of the Penn Resiliency Program. *Paper presented at the Society for Prevention Research, San Francisco, CA.*

Cardemil, E., Reivich, K., Beevers, C.G., Seligman, M.E.P., & James, J. (2007). The prevention of depressive symptoms in low-income, minority children: Two-year follow-up. *Behaviour Research and Therapy, 45,* 313-327.

Cardemil, E.V., Reivich, K.J., & Seligman, M.E.P. (2002). The prevention of depressive symptoms in low-income minority middle school students. *Prevention & Treatment, 5,* np.

Chaplin, T.M., Gillham, J.E., Reivich, K., Elkon, A.G.L., Samuels, B., Freres, D.R., Winder, B., & Seligman, M.E.P. (2006). Depression prevention for early adolescent girls: A pilot study of all-girls verses co-ed groups. *Journal of Early Adolescence, 26,* 110-126.

Covey, L.S., Glassman, A.H., & Stetner, F. (1998). Cigarette smoking and major depression. *Journal of Addictive Diseases, 17,* 35-46.

Cutuli, J.J., Chaplin, T.M., Gillham, J.E., Reivich, K., & Seligman, M.E.P. (2007). Preventing externalizing symptoms and related features in adolescents. Manuscript in preparation.

Cutuli, J.J., Chaplin, T.M., Gillham, J.E., Reivich, K.J., & Seligman, M.E.P. (2006). Preventing co-occurring depression symptoms in adolescents with conduct problems: The Penn Resiliency Program. *New York Academy of Sciences, 1094 ,* 282-286.

Dodge, K. (1986). A social information processing model of social competence in children. In M. Perlmutter (Ed.), *Cognitive perspectives on children's social and behavioral development* (pp. 77-125). Hillsdale, NJ: Erlbaum.

Dodge, K.A., & Frame, C.L. (1982). Social cognitive biases and deficits in aggressive boys. *Child Development, 53,* 620-635.

Ellis, A. (1962). *Reason and emotion in psychotherapy.* New York: Lyle Stuart.

Garrison, C.Z., Addy, C.L., Jackson, K.L., McKeown, R.E., & Waller, J.L. (1991). A longitudinal study of suicidal ideation in young adolescents. *Journal of the American Academy of Child Adolescent Psychiatry, 30,* 597-603.

Garrison, C.Z., Schluchter, M.D., Schoenbach, V.J., & Kaplan, B.K. (1989). Epidemiology of depressive symptoms in young adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 28,* 343-351.

Gillham, J.E., Brunwasser, S.M., & Freres, D.R. (2008). Preventing depression early in adolescence: The Penn Resiliency Program. In J.R.Z. Abela & B.L. Hankin (Eds.) *Handbook of Depression in children and adolescents* (pp. 309-332). New York: Guilford Press.

Gillham, J.E., Hamilton, J., Freres, D.R., Patton, K., & Gallop, R. (2006). Preventing depression among early adolescents in the primary care setting: A randomized controlled study of the Penn Resiliency Program. *Journal of Abnormal Child Psychology, 34,* 203-219*.*

Gillham, J.E., & Reivich, K.J. (1999). Prevention of depressive symptoms in school children: A research update. *Psychological Science, 10,* 461-462.

Gillham, J.E., Reivich, K.J., Freres, D.R., Chaplin, T.M., Shatté, A.J., Samuels, B., Elkon, A.G.L., Litzinger, S., Lascher, M., Gallop, R., & Seligman, M.E.P. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology, 75,* 9-19.

Gillham, J.E., Reivich, K.J., Freres, D.R., Lascher, M., Litzinger, S., Shatté, A., & Seligman, M.E.P. (2006). School-based prevention of depression and anxiety symptoms in early adolescence: A pilot of a parent intervention component. *School Psychology Quarterly, 21,* 323-348.

Gillham, J.E., Reivich, K.J, & Jaycox, L.H. (2008). *The Penn Resiliency Program.* (Also known as the Penn Depression Prevention Program and the Penn Optimism Program). Unpublished manuscript, University of Pennsylvania.

Gillham, J.E., Reivich, K.J., Jaycox, L.H., & Seligman, M.E.P. (1995). Prevention of depressive symptoms in schoolchildren: Two-year follow- up. *Psychological Science, 6*, 343-351.

Gotlib, I.H., Lewinsohn, P.M., & Seeley, J.R. (1995). Symptoms versus diagnosis of depression: Differences in psychosocial functioning. *Journal of Consulting and Clinical Psychology, 63*, 90-100.

Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). Mental health of children and young people in Great Britain, 2004. London: The Stationary office.

Hankin, B.L., Abramson, L.Y., Moffitt, T.E., Silva, P.A., McGee, R., & Angell, K.E. (1998). Development of depression from preadolescence to young adulthood: Emerging gender differences in a 10-year longitudinal study. *Journal of Abnormal Psychology, 107*, 128-140.

Harrington, R., Fudge, H., Rutter, M., Pickles, A., & Hill, J. (1990). Adult outcomes of childhood and adolescent depression. *Archives of General Psychiatry, 47*, 465-473.

Horowitz, J.L., & Garber, J. (2006). The prevention of depressive symptoms in children and adolescents: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 74,* 401-415.

Lewinsohn, P.M., Hops, H., Roberts, R., & Seeley, J. (1993). Adolescent psychopathology: I. Prevalence and incidence of depression and other DSM-III-R disorders in high school students. *Journal of Abnormal Psychology, 102*, 110-120.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). The mental health of children and adolescents in Great Britain. London: The Stationary Office.

Nolen-Hoeksema, S., Girgus, J.S., & Seligman, M.E.P. (1986). Learned helplessness in children: A longitudinal style of depression, achievement, and explanatory style. *Journal of Personality and Social Psychology, 51,* 435-442.

Nolen-Hoeksema, S., Girgus, J.S., & Seligman, M.E.P. (1992). Predictors and consequences of childhood depressive symptoms: A 5-year longitudinal study. *Journal of Abnormal Psychology, 101*, 405-422.

Pattison, C., & Lynd-Stevenson, R.M. (2001). The prevention of depressive symptoms in children: The immediate and long-term outcomes of a school based program. *Behaviour Change, 18*, 92-102.

Quayle, D., Dziurawiec, S., Roberts, C., Kane, R., & Ebsworthy, G. (2001). The effect of an optimism and lifeskills program on depressive symptoms in preadolescence. *Behaviour Change, 18,* 194-203.

Reivich, K.J. (1996). *The prevention of depressive symptoms in adolescents.* Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

Reivich, K.J., Gillham, J.E. & Shatté, A.J. (2002). *The Penn Resiliency Program for Parents.* Unpublished manuscript, University of Pennsylvania.

Roberts, C., Kane, R., Bishop, B., Matthews, H. & Thompson, H. (2004). The prevention of depressive symptoms in rural children: A follow-up study. *International Journal of Mental Health Promotion, 6,* 4-16.

Roberts, C., Kane, R., Thomson, H., Bishop, B., & Hart, B. (2003). The prevention of depressive symptoms in rural school children: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 71,* 622-628.

Seligman, M.E., Peterson, C., Kaslow, N.J., Tanenbaum, R.L., Alloy, L.B., & Abramson, L.Y. (1984). Attributional style and depressive symptoms among children. *Journal of Abnormal Psychology, 93*, 235-238.

Shatté, A.J. (1997). Prevention of depressive symptoms in adolescents: Issues of dissemination and mechanisms of change. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

Singleton, N., Bumpstead, R., O'Brien, M., Lee, A., & Meltzer, H. (2001) Psychiatric morbidity among adults living in private households, 2000. London: The Stationary Office.

Thomas, C. M. & Morris, S. (2003). Cost of depression among adults in England in 2000. *British Journal of Psychiatry*, 183, 514-519.

Whitaker, A., Johnson, J., Shaffer, D., Rapoport, J.L., Kalikow, K., Walsh, B.T., et al. (1990). Uncommon troubles in young people: Prevalence estimates of selected psychiatric disorders in a nonreferred adolescent population. *Archives of General Psychiatry, 47*, 487-496.

Yu, D.L., & Seligman, M.E.P. (2002). Preventing depressive symptoms in Chinese children. *Prevention & Treatment, 5,* np*.*

Zubernis, L.S., Cassidy, K.W., Gillham, J.E., Reivich, K.J., & Jaycox, L.H. (1999). Prevention of depressive symptoms in preadolescent children of divorce. *Journal of Divorce and Remarriage, 30,* 11-36.

Author Notes

Karen Reivich, Ph.D., is a Research Associate with the Positive Psychology Center, University of Pennsylvania where she is Co-Director of the Penn Resiliency Project, a National Institute of Mental Health (NIMH)-funded project evaluating school-based programmes designed to promote resilience and prevent depression in early adolescents. She is also an investigator on the Positive Psychology for Youth Project, a study of a Positive Psychology Intervention for high school students that is funded by a grant from the U.S. Department of Education. She is one of the lead authors of the Penn Resiliency Programme for Children and Adolescents. Together with Drs. Seligman, Gillham and Jaycox, she co-authored *The Optimistic Child* and with Dr. Shatté, she co-authored the *Resilience Factor.*

Jane Gillham, Ph.D., is a Research Associate with the Positive Psychology Center, University of Pennsylvania and an Associate Professor in the Psychology Department, Swarthmore College. Dr. Gillham's major research and practice interests focus on the ways in which schools can promote well-being in children and adolescents, including school-based interventions and curricula. She is Co-Director of the Penn Resiliency Project and also Co-Director of the Positive Psychology for Youth Project. She is one of the lead authors of the Penn Resiliency Programme for Children and Adolescents. Together with Drs. Seligman, Reivich and Jaycox, she co-authored *The Optimistic Child*.

Martin E.P. Seligman, Ph.D., works on positive psychology, learned helplessness, depression, ethnopolitical conflict, and optimism. He is the director of the Positive Psychology Center, the Fox Leadership Professor of Psychology at the University of Pennsylvania, and a past president of the American Psychological Association. Among his books are *Learned Optimism*, *What You Can Change & *What You Can't, The Optimistic Child, Helplessness and Authentic Happiness. He received both the American Psychological Society's William James Award (for basic science) and the Cattell Award (for the application of science). The National Institute of Mental Health, the National Science Foundation, the Guggenheim Foundation, the Templeton foundation, and the MacArthur Foundation have supported Dr. Seligman's research. He is the director of the Positive Psychology Network, and his current mission is to transform social science to focus on the best things in life - virtue, positive emotion, and positive institutions - and not just on healing pathology.

Acknowledgements

Disclosure

The University of Pennsylvania has licensed the Penn Resiliency Programme for Children and Adolescents to Adaptiv Learning Systems. Drs. Reivich and Seligman own stock in Adaptiv and could profit from the sale of this programme. Dr. Gillham has no financial relationship with Adaptiv Learning Systems.

ANNEX C: Summary of PRP Curriculum (when delivered in 90-minute sessions)

Note: this is the original curriculum, without the adaptations made for the UKRP

Description of PRP for Children and Adolescents
(Gillham, Reivich, & Jaycox, 2008)

Lesson #1: Link Between Thoughts and Feelings

The first half of PRP Lesson 1 is devoted to introducing the students to the programme, establishing rapport, and building group cohesion. The cognitive component of this lesson is based on the ABC model. Automatic thoughts are introduced as "conversations inside our heads," or "self talk," and students are encouraged to describe recent activating events, or adversities, and to recall what they "said to themselves." The final section of Lesson 1 focuses on the link between thoughts and feelings; the B-C of the ABC model. Students, with the aid of 3-frame cartoons, generate the automatic thoughts that make sense of specific emotional consequences, given the adversity.

Lesson #2: Thinking Styles

The focus of this lesson is on explanatory style, particularly the stable-unstable dimension. Optimism and pessimism, referred to as "thinking styles" in PRP, are presented to the students through a series of skits that they act out as a group. The students practise identifying permanent (stable) thoughts in similar skits. The final activity for the lesson requires the students to generate alternatives to the initial, explanatory style-driven thoughts of the actors.

Lesson #3: Challenging Beliefs: Alternatives and Evidence

After Lessons 1 and 2 the students are able to identify their pessimistic automatic thoughts and have come to understand that we often uncritically accept these thoughts as accurate. They have also practised generating more optimistic alternatives. In PRP Lesson 3, the students consolidate the skill of generating alternatives and learn how to evaluate the accuracy of these beliefs and their initial, automatic thoughts.

The group leader reads a story to the students, which presents the process of generating alternatives and evaluating evidence as analogous to the work of a detective. The story is about two fictional characters, Sherlock Holmes and Merlock Worms. Merlock Worms is a bad detective because he only comes up with one suspect (i.e., endorses his initial automatic thoughts and fails to generate alternatives) and overlooks evidence which is vital to the case (i.e., fails to evaluate the thought). Sherlock, however, is a good detective because he draws up a list of suspects (generates candidate beliefs) and looks for clues to narrow down the list (evaluates evidence).

The skill of evaluating evidence is practised in the "File Game" activity. The students receive a confidential portfolio about a fictitious child, which contains letters, report cards, diary entries, and awards, etc. The child's automatic thoughts are presented to the students, and their task is to use the information in the portfolio to evaluate the accuracy of the thoughts.

Lesson #4:   Evaluating Thoughts and Putting It Into Perspective

PRP Lessons 1 through 3 have targeted causal attributions; beliefs about past events. The focus shifts in Lesson 4 to thoughts about the future in the wake of a negative activating event. The skills of generating alternatives and evaluating evidence are applied to catastrophising. The notion of catastrophising is conveyed to the students with a modernised revision of the classical story of Chicken Little and the acorn. Chicken Little is compared with Merlock Worms; both believed the first thought that popped into their heads without generating alternatives and looking for clues. The students differentiate the "worst case," "best case," and "most likely" scenarios for consequences of the adversity (i.e., generating alternatives).

The students have now learned three essential cognitive skills: generating alternatives, producing counter-evidence, and putting it into perspective. However, these skills will successfully counter pessimism only insofar as they match the automaticity of negative thoughts. The final activity for the lesson, "Real-time Resilience: The Hot Seat," requires the students to use the skills in real time.

Lesson #5:   Review of Lessons 1-4

PRP Lesson 5 is devoted to reviewing the cognitive skills developed in Lessons 1 through 4 and applying these skills to inaccurate beliefs about the causes of adversities and catastrophic thoughts about the future.

Lesson #6:   Assertiveness and Negotiation

Lesson 6 of PRP is the first in the interpersonal problem-solving module. This module aims to apply the basic cognitive skills learned in the first half of the programme to the interpersonal domain, highlighting interaction style, social skills, and social problem-solving. Skits are used to illustrate the three interaction styles; aggression, passivity, and assertiveness. The students spend most of the lesson practising assertiveness and role-playing the use of negotiation skills when assertiveness fails to bring about the desired goal.

Lesson #7:   Coping Strategies

Lesson 7 teaches the students more behaviourally oriented techniques to help them cope in stressful situations, like when their parents are arguing. The group leader teaches the students the skills of controlled breathing and muscle relaxation and guides them through practising each. In addition, the group leader helps the students formulate a positive visual image (e.g., their next birthday party), which they can call to mind when they begin to feel angry or anxious.

Lesson #8:   Graded Task and Social Skills Training

The first half of this lesson is devoted to procrastination. Many cases of procrastination are a consequence of all-or-none-thinking. The perfectionistic child who believes, "My social studies paper has to be an A+," will tend to build the task of writing the paper into a seemingly insurmountable problem. The behavioural consequence of such thoughts is avoidance, or procrastination. This component of PRP aims to apply the cognitive skills learned in the first 4 weeks of the programme to negative thoughts about projects and chores.

The second half of Lesson 8 continues the progressive application of the basic cognitive skills to the interpersonal domain. In Lesson 8 the focus is on automatic thoughts when meeting new people and making new friends.

Lesson #9:   Decision Making and Review of Lessons 6-8

Indecisiveness is common for children who are experiencing symptoms of depression. Many of the same thoughts that lead to procrastination can make decision making difficult for children and adolescents at-risk for depression. In Lesson 9 the group leader leads them through the use of a four-cell technique for decision-making, in which they generate the pros and cons for two options available to them. In the final section of the lesson, this technique is applied to examples from the students' lives.

Lesson #10:   Social Problem-solving

Children at risk for depression, and conduct disorder, selectively attend to hostile cues and attribute the ambiguous behaviour of others to hostile intent (Dodge, 1986; Dodge & Frame, 1982). Students are taught to resist following the course of action indicated by their initial causal attribution and to generate several alternative candidate causes. They are taught to gather evidence, perspective-take, and to determine what their goal is in the situation. They use the four-cell, pros and cons, technique to choose a course of action, enact their decision, and modify and try again if their behaviour doesn't satisfy their goal. The final portion of this lesson is spent practising their social problem-solving skills with several scenarios offered by the group leader.

PRP Lessons #11 and #12

The skills of social problem-solving are consolidated in PRP Lesson 11, which provides a forum for the students to apply the five-step technique to difficult interpersonal situations in their own lives. The final lesson of PRP, Lesson 12, is a review of the entire programme and a party for the students. The importance of attending the booster sessions is discussed.

ANNEX D

Questionnaires for use by treatment and control pupils at each data point

Children's Depression Inventory
UK supplier: Harcourt Assessment
UK copyright holder: Multi-Health Systems Inc.
The version agreed by schools excludes item 9, as this concerns suicidal ideation and this was not deemed appropriate or necessary.
Manual: CDI Technical Manual, Maria Kovacs 2003, pub. Multi-Health Systems

Revised Children's Manifest Anxiety Scale
UK copyright holder: Western Psychological Services
The wording of some items was modified slightly for UK English.
Manual: Revised Children's Manifest Anxiety Scale [RCMAS], Cecil R. Reynolds and Bert O. Richmond 2000, pub. Western Psychological Services

Brief Multidimensional Students' Life Satisfaction Scale
This is not copyrighted, and is available online at:
http://www.cas.sc.edu/psyc/facdocs/hueblifesat.html

Scoring instructions are also available here.

Goodman Strengths and Difficulties Questionnaire

    (1) Self-report version

    (2) Teacher-report version

All versions of the Goodman SDQ are available online at:
http://www.sdqinfo.com/

The Goodman SDQ can be used free of charge, although it is not possible to modify the wording. For the purposes of evaluating an intervention there is one version (an 'initial' version) that has a reference period of six months, and a follow-up version with a reference period of one month. All data collections subsequent to the baseline use the one-month reference period. When the follow-up version is used it is acceptable to change the word 'clinic' to 'classes' or 'programme', and this has been done, in order to clearly refer to the UKRP. Modifications to the format are acceptable provided the layout is essentially the same.

Scoring details and references are available at the website listed above.

department for
children, schools and families