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RUNNING HEAD: Sustainability and quality assurance

Social and emotional wellbeing programs: The nexus between sustainability and quality assurance

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Abstract

When social-emotional wellbeing programs are well-implemented, positive changes in students' mental health and self-regulatory social-emotional capabilities can eventuate. However, a problematic area of program implementation is sustainability once the supports and resources of the 'start-up' phases of new initiatives fade away. It is increasingly recognised that quality assurance procedures are necessary during the delivery of new programs. However, it appears that procedures for quality assurance of the *sustainability* components of programs have been relatively neglected. In this paper we investigate whether and why the KidsMatter Primary Mental Health Promotion initiative in Australia was sustained in schools one year after completion of the pilot phase. Thematic analysis indicated a range of facilitators and barriers to sustainability, and that many, but not all, schools continued to identify themselves as 'KidsMatter' schools. We propose a framework to guide a continuous cycle of quality assurance processes, with a specific focus on assuring program sustainability. We argue that more practical and conceptual work needs to be undertaken to develop tools and processes for explicit quality assurance of the sustainability components of mental health promotion and social-emotional wellbeing initiatives in educational settings.

Key words: social and emotional learning; mental health promotion; implementation; sustainability; quality assurance

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Mental health is a national and international priority. For example, The Council of Australian Government's National Action Plan for Mental Health 2006-2011 (COAG, 2010) and the recent Roadmap for National Mental Health Reform 2012-2022 (COAG, 2012) identified promotion, prevention and early intervention for positive mental health as essential actions. Secondary schools, primary schools and early childhood and care centres are identified as settings that can enhance students' social and emotional wellbeing, with a view to fostering positive mental health, through renewal of policies, practices and curricula (Lendrum, Humphrey, & Wigelsworth, 2012).

When social-emotional wellbeing programs are well-designed and well-implemented, positive changes in students' mental health and self-regulatory social-emotional capabilities can eventuate (Adi, Killoran, Janmohamend, & Stewart-Brown, 2007; Askell-Williams, Dix, Lawson, & Slee, 2012; Durlak & DuPre, 2008; Weare & Nind, 2011). However, not all reports have been favourable. For example, Weare and Nind (2011) expressed concerns about the "bottom-up" approaches to social and emotional education that are more typically used in Europe and Australia (compared to the US). Weare and Nind argued that more democratic initiatives that lacked, for example, prescribed (manualised) program requirements, could lead to failings in consistent, rigorous and faithful implementation of program requirements. Earlier, Lee et al. (2008) had warned of dangers when programs that have been tested in relatively controlled, highly resourced trials are broadly rolled-out to settings with fewer resources and limited controls over implementation processes. If

either the program design or the quality of implementation is poor, then short-term objectives and long-term sustainability may be compromised.

Resnick (2010) adopted a systems perspective to show how structural affordances and constraints might interact with new educational initiatives. She argued that although a cluster of settings may appear to be structurally similar, (such as schools within similar locations within the same educational system), site-specific influences can vary widely. At the macro-level of influences, Slee and Murray-Harvey (2007) identified the significant role that social factors such as poverty, geographic location and the availability of community support agencies play in ameliorating mental health problems. At the meso-level, a range of social and personal conditions, such as availability of resources and leadership commitment may interact with the delivery of new curriculum initiatives (Askell-Williams, Lawson, & Slee, 2009). At the micro-level, teachers possess knowledge and capabilities that mediate the delivery of new initiatives to students in classrooms.

Humphrey, Lendrum, & Wigelsworth (2010) found that the range of teachers' interpretations and deliveries of the Social and Emotional Aspects of Learning (SEAL) program in England substantially influenced quality of delivery, leading to disappointing outcomes from SEAL. Recent evaluations in Australia have found that although some teachers and early childhood and care educators feel knowledgeable and efficacious in their abilities to deliver mental health promotion initiatives (of which social and emotional education plays a substantial part) many staff feel uncertain about their capabilities in this emerging curriculum area (Askell-Williams & Lawson, 2013; Slee et al., 2009; Slee, Murray-Harvey, et al., 2012).

One example of an educational-settings-based mental health promotion initiative is KidsMatter, which was trialed in 100 primary schools and 111 early childhood centres, and is currently being expanded across all Australian States and Territories (KidsMatter, 2012). KidsMatter is a collaborative venture between the Australian Psychological Society, Beyondblue, Principals Australia Institute, Early Childhood Australia and the Commonwealth Department of Health and Ageing. KidsMatter adopts a whole school/early childhood centre approach, using an intervention framework that recognizes the influences of psychological, social and environmental factors on mental health. Four components make up the core professional education content of KidsMatter:

Component 1: Creating a sense of community

Component 2: Developing children's social and emotional skills

Component 3: Working with parents, carers and families

Component 4: Providing support for experiencing mental health difficulties.

Evaluations of the trials showed that KidsMatter was associated with changes that served to strengthen protective factors within settings, families and children (Slee et al., 2009; Slee, Murray-Harvey, et al., 2012). A key finding of the evaluations of KidsMatter was that schools and centres that implemented the initiatives in high-quality ways showed greater improvements in targeted outcomes, such as children's mental health, whereas schools and centres that were identified as relatively low-quality implementers showed correspondingly lower effects. However, at the end of the KidsMatter trials, questions remained concerning the sustainability of the initiatives.

Therefore, in a follow-up study to KidsMatter Primary, in 2010 the 100 schools involved in the original trial were asked whether they continued to be a 'KidsMatter' school (Slee, Murray-Harvey, Dix, & VanDeur, 2011). Twenty of the 100 trial schools reported that they no longer identified themselves as KidsMatter schools. However, this is not straightforward to interpret. A number of schools indicated that they were a KidsMatter school, and yet admitted that they were only implementing some of the program components and only using selected resources that they deemed useful. On the other hand, some schools indicated that they were not a KidsMatter school, yet said they were still embedding social and emotional learning throughout the curriculum, just not calling it 'KidsMatter'.

The KidsMatter trial schools were also asked to explain why they did or did not continue with KidsMatter. Thematic analysis of their responses identified the following issues that challenged continued implementation:

- Changing and competing priorities in the school
- Leadership change impacting on continuity and sustainability
- Structural change through school mergers
- No longer labelling various activities as KidsMatter
- Changed Coordinator and lack of continued external support
- Insufficient ongoing promotion of KidsMatter at the State level.

Our review of the literature indicates that other initiatives have found similar facilitators and barriers to short-term implementation and longer-term sustainability. A brief overview of relevant literature is provided in Table 1:

Table 1: Factors influencing sustainability of mental health promotion initiatives in educational settings

Facilitator/ Barrier	**Description**
Program quality	Documented evidence of effectiveness, such as, a pro-active approach to classroom problems; capable of class-wide application; capable of implementation using regular classroom resources, and capable of being evaluated by reliable, valid, and practical methods. Programs that are SAFE-sequenced, active, focused, and explicit (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Rathvon, 2008).
Drift (Fidelity)	Did an initiative fail due to poor implementation or was the intervention itself was weak or flawed? Two types of potential 'drift': deviation from the implementation model and deviation from the corresponding support system (Domitrovich et al., 2008; Lee et al., 2008; Mukoma & Flisher, 2004).
Champion of program	Programs need a champion, who may or may not be from the leadership group, but who presses for a focus on the initiative, and gradually brings other staff on-board (Shediac-Rizkallah & Bone, 1998).
Staff engagement and capability	School staff need to understand and value the initiative, and have the knowledge and confidence to enact it (Askell-Williams & Lawson, 2013; Domitrovich et al., 2008; Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005).
Professional learning	Quality of teachers' engagement during training, and their satisfaction with the content and how it should be delivered. Securing release time to participate in professional learning. Attending to 5 key components of successful professional learning, (1) Content focus; (2) Active learning; (3) Coherence; (4) Duration; and, (5) Collective participation (Desimone, 2009; Domitrovich et al., 2008; Fixsen et al., 2005; Lawson, Askell-Williams, & Murray-Harvey, 2006).
Student	A positive learning environment is created when students enjoy the program

engagement	activities. Create space for students to reflect on what has been learned and how they could apply their learning to their daily lives (Askell-Williams et al., 2012; Shek, Sun, & Kan, 2009).
Whole school Approach	Whole-school strategies to enhance the social and emotional environment for all learners, as well as targeted activities with groups of vulnerable learners in a range of settings and an extension of existing work with families (Banerjee, 2010).
Coordinated approach to curricula	Address social and emotional education in holistic, coordinated approaches that effectively address academic performance mediators such as motivation, self-management, goal setting, engagement (Zins, Bloodworth, Weissberg, & Walberg, 2007).
School characteristics	Consider characteristics such as school size and staff and student mobility in the design, implementation and levels of support provided to initiatives (Domitrovich et al., 2008).
Community Characteristics	Social determinants, such as poverty, interact with initiatives in school settings (Shediac-Rizkallah & Bone, 1998; Slee & Murray-Harvey, 2007).
Cultural sensitivity	Align the intervention with each school's environment and culture (Jaycox et al., 2006; Slee, Skrzypiec, Dix, Murray-Harvey, & Askell-Williams, 2012) (Mukoma & Flisher, 2004).
Policy Integration	Embed the intervention within school policy, including mid- and long-term goals (Mukoma & Flisher, 2004; Shek et al., 2009).
Inter-professional collaboration	Inter-professional collaboration is essential to effectively address the multiple levels of intervention required in school settings (Domitrovich et al., 2008; Hughes, 2011; Lawson et al., 2006).
Cost	Keep intervention costs low: Minimise burden on staff. Consider the school resources available to sustain the intervention after the start-up period (Jaycox

et al., 2006; Mukoma & Flisher, 2004).

Following from the above literature review, two clear areas for potential short-term and long-term failure of mental health promotion initiatives emerge, namely:

1) A lack of attention to quality assurance of components and implementation processes, and

2) The absence of specific components that *explicitly embed sustainability* in the design and delivery of programs, which, due to their absence, cannot themselves be subjected to quality assurance processes.

With respect to point 1) above, best practice in quality assurance involves a tight focus on components and processes. However, it is rare for educational initiatives to be designed so that they are assessed in a continuous cycle in the way that quality assurance requires. A number of authors have identified gaps in the assessment and documentation of components (efficacy and effectiveness trails) and the processes of implementation, with reports consistently failing to make use of information related to processes of program delivery (Domitrovich & Greenberg, 2000; Greenberg, 2011; Lee et al., 2008; Lendrum & Humphrey, 2012; Melde, Esbensen, & Tusinski, 2006; Payne, 2009). Resnick (2010, p. 187) argued that there is a need for "an organisational management system that is closer to systems engineering, one that examines 'processes' along a chain of linked policies and actions".

Regarding point 2) above, a typical roll-out of a mental health promotion initiative might include the considered selection of an efficacious program,

delivered by a highly enthusiastic and committed local community, guided by supportive and engaged leaders, and supported by experienced and dedicated professional facilitators. Missing from such a roll-out might be ways of, for example, embedding new curriculum into the school timetable, on-going professional education of existing and replacement staff, leadership capacity building for carrying the program forward, and achieving long-term commitment to the initiative from the School Board, parent community and student body. Without sustainability that can be managed by the every-day human and financial resources available to the school or early childhood service, initiatives can be expected to demise.

More conceptual and practical work needs to be undertaken to develop quality assurance processes for initial delivery, and for long-term sustainability, of programs. We propose that the following issues need attention:

1. The current evidence base in the areas of:

    a) design and implementation of components for sustainability;

    b) designs of quality assurance systems and frameworks;

    b) tools for assessment of implementation quality;

    c) determination of appropriate outcomes to be measured;

    d) mechanisms for reviewing and addressing feedback; and

    e) what gets assessed and who does the assessing.

2. Implications for discrete aspects of quality assurance imperatives, such as:

    a) what data could schools/centres be reasonably expected to gather;

b) how would they do it (online, paper-based);

c) who would participate (teachers, parents, school leadership, community);

d) how would it be analysed, by whom, and where would the data be kept;

e) how is it reported and how would findings be disseminated;

f) processes for responding to feedback from quality assurance;

g) ethics at the national, state, jurisdiction and school level;

h) availability and access to existing databases;

i) possibility of accreditation/recognition for sites; and

j) costs of data collection.

Taken together, the thematic summary in Table 1, the issues listed above, the variable results related to implementation quality found by Slee et al., (2009; 2012), and program failings such as those noted by Weare and Nind (2011), Humphrey et al. (2010) and Lendrum et al. (2012), indicate that more attention needs to be given to processes of quality assurance in the delivery of what are often expensive and resource intensive mental health promotion initiatives.

From a systems perspective, the influence of a range of micro, meso and macro determinants on the success of mental health promotion initiatives highlights that *all* of the different components of initiatives need to undergo rigorous evaluation with a view to quality assurance. Durlak and DuPre (2008) posited four phases of delivery that require quality assurance, namely,

dissemination, adoption, implementation and sustainability. Stith et al. (2006) added another phase, namely, school readiness. Meanwhile, Greenhalgh et al. (2005) and Fixsen et al. (2005) argued for ongoing monitoring and feedback, and an incentives system responsive to implementation successes. Importantly, Scheirer (2005) observed that different units of analysis (individual level outcomes; organisational-level implementation; community level capacity) are usually addressed separately in research studies, and therefore interactions, or flow, between the different levels are unrecognised. For example, Lendrum and Humphrey (2012) highlighted the potential for positive synergies to emerge when local micro-level adaptations improve upon meso-level program designs, notwithstanding that such adaptations might involve departures from strict fidelity to the program's design.

With a view to progressing research and theory on integrating delivery, quality assurance and sustainability, we have synthesised information from the literature reviewed above, where at each phase of implementation, quality assurance protocols need to be explicitly identified and implemented. We represent this synthesis in Table 2, where we propose a framework that aligns the relevant stakeholders, and questions to be addressed for quality assurance, at all phases of implementation, and at micro, meso and macro levels.

Table 2: Framework for monitoring and feedback at each phase of mental health promotion initiatives.

Phase	**Levels of analysis (micro, meso, macro)**	**Possible questions to be addressed**
Promotion:	Policy Makers Initiative Developers Local Leaders	What is the demonstrated efficacy of the proposed initiative? How well is information about the value of the initiative promoted to the

	Staff Parent Community Broader Community	school/early childhood service and their broader communities?
Readiness:	Local Leaders Staff Parent Community	To what extent do the staff and their communities recognise the imperative to introduce the initiative? What capacity building is required to achieve readiness? What barriers need to be removed, or accommodated for particular settings?
Adoption:	Local Leaders Staff Parent Community Broader Community	Does the initiative have the support of the staff, parents and carers, the Principal/Director, and other community stakeholders? What pre-intervention modifications need to be made to the initiative to make it suitable for adoption in the particular setting?
Initial Implementation:	Local Leaders Staff	To what extent is the initiative rolled-out with attention to fidelity, dosage and engagement with the processes of delivery. What 'responses to implementation' modifications need to be made to the initiative to make it suitable for adoption in the particular setting? What is working well? What needs to be changed? What can the setting 'value-add' to the initiative?
Sustainability:	Initiative Developers Local Leaders Staff	What aspects of design of the initiative and the start-up phase of implementation put in place conditions necessary for long-term sustainability?

		Who else needs to be involved? What is missing?
Monitoring and Feedback:	Initiative Developers Local Leaders Staff Student outcomes	What monitoring and feedback systems are in place, and do they provide timely and useful information? Who is the information provided to? Who is charged with responsibility for action? To whom is information further disseminated?
Incentives:	Policy Makers Initiative Developers Local Leaders Staff Students Parent Community Broader Community	Are there incentives or recognition that implementation milestones and desired outcomes are achieved, in order to maintain enthusiasm and commitment to the initiative? Are these incentives valued by the local community?

From Table 2 it can be seen that the different phases of implementation involve a range of stakeholders and phase-specific questions about processes as well as outcomes. Importantly, each stage of data gathering needs to include feedback and feed-forward loops into other implementation phases.

Conclusions

This paper adopts a systems perspective to emphasise that initiatives for social and emotional wellbeing cannot be successfully introduced into educational settings without a continuous cycle of quality assurance. In particular, initiatives must include components that ensure sustainability beyond initial start-up phases, and these components for sustainability

themselves need monitoring and feedback/feed-forward processes for quality assurance.

We propose a framework that identifies phases of implementation, macro, meso and micro levels of stakeholders, and examples of questions to be asked at each phase. Embedding provisions at the program design stage that enable both evaluators and participants to implement sustainable practices, and to monitor those practices by explicitly addressing a range of questions as initiatives are rolled out, will enable better quality assurance for long-term sustainability of initiatives. Initiatives that do not address sustainability at all phases are, arguably by design, of poor quality. Poor sustainability is likely to lead to lost start-up investments and may drain the future enthusiasm and commitment of school personnel and their communities.

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