Barnardos

Because childhood lasts a lifetime

Evaluation of **Barnardos National Wellbeing Project**

September 2023

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Key Messages

Trauma and adversity have a significant and lifelong impact on health and wellbeing. Trauma-informed services and supports which tackle stress and promote wellbeing are an increasing public health priority.

Barnardos National Wellbeing Project is a new trauma-informed intervention strategy that aims to support children aged 4 to 18 years, parents and significant others in their communities. The programme comprises several service components rooted in the recognition of the widespread impact of trauma and the need to prevent and treat toxic stress in vulnerable populations and communities. An evaluation of the programme was carried out between March and July 2022.

The evaluation findings point to the utility and potential effectiveness of the new Wellbeing Project. Children and young people were found to have significantly better emotional regulation following participation in the wellbeing supports. Potential benefits for parent wellbeing were also highlighted. Satisfaction and engagement with the intervention was also very high amongst community members.

Emotional wellbeing and mental health difficulties were seen as prescient concerns at a community level. The Barnardos National Wellbeing Project was seen as important in alleviating these challenges and promoting resilience.

Effective implementation was a vital ingredient in the success of the Barnardos National Wellbeing Project. Expert and skilled facilitation evidenced by project workers was central to promoting engagement, enjoyment and satisfaction with the programme elements. The collaborative, interagency approach in the Wellbeing Project is also important in promoting impact.

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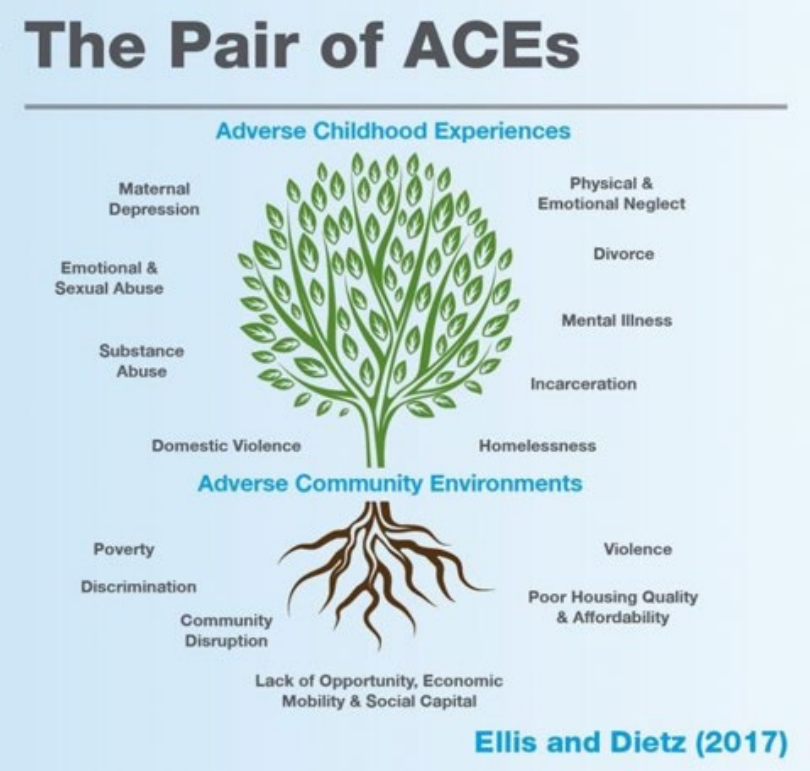
1. Introduction

This report presents the key findings of an in-depth mixed-methods evaluation of the Barnardos National Wellbeing Project. This opening section provides the background to the study, an overview of the National Wellbeing Project and the aims of the evaluation.

1.1 Background

Trauma can refer to a one-off event of being overwhelmed by a serious negative event, or to a more extended experience involving deep fear and distress. Environments characterised by child abuse and neglect, parental mental health difficulties, violence and/or criminality in the home, material deprivation, family substance abuse and family separation have collectively become known as Adverse Childhood Experiences or ACEs. Research suggests that around 60% of adults in the general population have experience of at least one ACE. A smaller percentage, somewhere between 12.5 and 15% of the population, report four or more ACEs (Felitti et al., 1998; Metzler et al., 2017). The prevalence of ACEs, however, is not uniform across the population (*see Figure 1*). A growing body of evidence demonstrates that ACEs have roots in societal and cultural factors (Ellis & Dietz, 2017; Rog et al., 2021). Disadvantage, discrimination, violence and disruption at a community level, and inadequate access to secure housing, healthy and safe recreational spaces, educational opportunities and appropriate health and social welfare services, impact the social and emotional resources of children, young people and families and increase the risk of exposure to ACEs (Aytur et al., 2021).

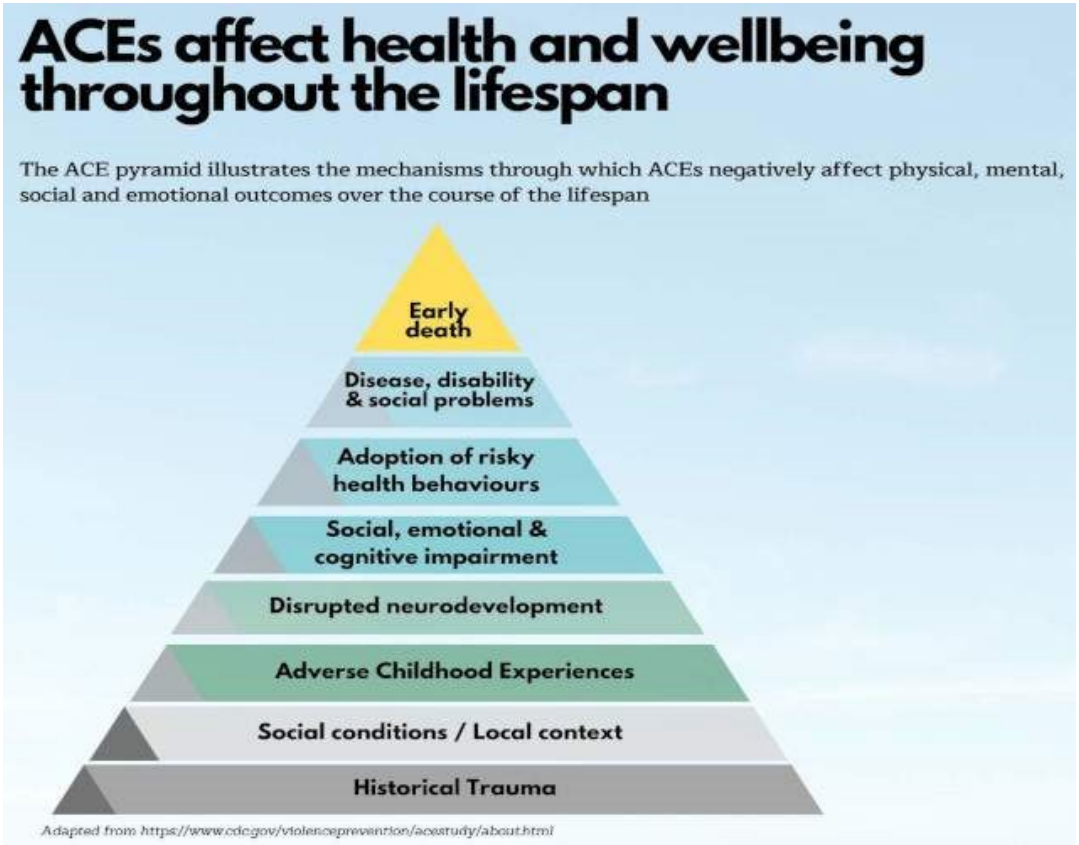
Figure 1: The Pair of ACEs



1.1.1 The impact of trauma on health and wellbeing

Developmental trauma has been linked to a number of serious difficulties throughout the lifespan, including poorer health outcomes, chronic illness and even early death (Craig et al., 2017; Peckins et al., 2020). Trauma is also linked to increased risk of mental health and behavioural difficulties in children and young people (Hughes et al., 2017). According to the World Health Organisation almost one third of all mental health difficulties can be linked to trauma. Those who are exposed to trauma are more likely to experience conduct disordered behaviour, antisocial behaviour, anxiety, depression and difficulties forming and maintaining positive relationships (*see Figure 2*). People who experience multiple ACEs are at significantly greater risk of negative outcomes. Those with four or more ACEs are several times more likely to struggle and to experience negative outcomes (Fox et al., 2015; Metzler et al., 2017).

Figure 2: The impact of ACEs on health and wellbeing



1.1.2 Toxic stress

A convergence of evidence from psychological, epidemiological and neurobiological literature demonstrates that the deleterious health and mental health impacts associated with trauma are mediated through prolonged and repeated exposure to stress (Kaul et al., 2021; Hein & Monk, 2016). Stress is an inescapable part of life – it involves a range of changes in the brain and body which enable

us to respond to a perceived threat or danger (the fight, fright and freeze response). A stress response is healthy when it is time-limited or when we are at immediate risk. It allows us to protect ourselves or escape danger. However, stress responses can also be triggered at times when the risk is not life-threatening, or when the danger is not physical. The stress response can be activated when we experience long-lasting stressors - such as ACEs and adverse community environments. Toxic stress occurs when a person has strong, frequent and repeated experiences of a sense of threat in their lives (Shonkoff & Garner, 2012). This experience of pervasive stress and prolonged activation of the stress response can have significant negative impacts on the systems of the brain and body which are responsible for processing and managing emotions, as well as regulating behaviour (Hein et al., 2020). Toxic stress can undermine normal development and functioning, and lead to a range of problems including sleep disruption, impaired attention and memory, emotional dysregulation, low sense of self-esteem, poor coping mechanisms and interpersonal challenges. Long-lasting negative consequences include poorer health and mental health difficulties (Black et al., 2017).

1.2 Trauma-informed interventions

Trauma-informed interventions and supports aim to mitigate some of the effects of early trauma and shield against further traumatisation. They aim to create safe and supportive spaces where the effects of toxic stress can be ameliorated and social and emotional competences, wellbeing and resilience can be fostered. Toxic stress undermines cognitive functioning, as well as appropriate regulation of feelings and behaviours (Van der Kolk, 2014), which in turn, can have significant negative consequences for wellbeing (Kearns & Creaven, 2017). Poor self-regulatory skills are associated with the emergence of social, emotional and behavioural challenges, as well as increased likelihood of mental health difficulties (Collie, Martin, Nassar & Roberts, 2019). On the other hand, positive self-regulation strategies, such as acceptance, cognitive reappraisal, and refocusing on positive aspects of a situation are considered adaptive strategies and are associated with a host of positive outcomes including healthy psychological, emotional and social functioning across childhood and adolescences (Heckman, 2008).

Awareness-based interventions, such as body-mind practices and mindfulness training, aim to rebalance stress systems in the body and foster mind-body connection. This approach has been highlighted as important for those who have been exposed to trauma or are experiencing toxic stress (Porges, 2018). These kinds of interventions promote the development of an embodied self-awareness and intentionally refocusing on present experiences with curiosity and acceptance (Bishop et al., 2004). Body-mind and mindfulness interventions can consist of structured or unstructured

training in breath work, yoga- and other body-based practices, as well as cognitive-behavioural principles in order to increase non-reactivity, awareness, focus, attention, and nonjudgment and improve day-to-day functioning, reduce stress and promote adaptive self-regulation and wellbeing. An increasing body of research in this area has demonstrated the efficacy of these kinds of intervention in promoting positive health and wellbeing outcomes (Galante et al., 2021). A range of studies, meta-analyses and systematic reviews have suggested that these kinds of awareness-based training and intervention programmes can foster skills that promote increased mindfulness and enhance self-regulation (Dunning et al., 2019; Tudor et al., 2022; Zoogman et al., 2015). Indeed, mindfulness training has been assessed with a range of populations, including children and young people, university students, parents, and the general population and has been found to result in lower levels of stress and better wellbeing (Bluth et al., 2017; Dawson et al., 2019; Kuyken et al., 2013; Sharma & Rush, 2014).

Importantly, in trauma-affected groups, awareness-based interventions have been shown to result in beneficial outcomes (Gerbarg, Brown, Mansur & Steidle, 2021; Ortiz & Sibinga, 2017). For example, studies have shown that mindfulness training is linked to reduced stress, lower levels of depression, anxiety and emotional dysregulation and improvements in post-traumatic stress symptoms in individuals who have lived through natural disasters or wars, experienced a sudden or traumatic bereavement and those who have experienced domestic violence or childhood abuse (e.g. Polusny et al., 2015). Likewise, mind-body interventions have been shown to reduce the effects of traumatic stress and improve emotional wellbeing (Gerbarg et al., 2019). Children and young people with known trauma exposure or youth populations at high risk for ACEs have also been found to benefit from these kinds of programmes and supports. Research has shown that young people living in a disadvantaged urban environments who participated in a Mindfulness-Based Stress Reduction (MBSR) programme in school settings experienced reduced depression, were less likely to engage in maladaptive coping strategies (e.g. negative affect, rumination, somatization) and reported improvements in self-perceptions (Sibinga et al., 2016; Kuyken et al., 2013).

Awareness-based interventions may also benefit children and young people indirectly when delivered to parents or teachers. Mindful parenting strategies may represent an important protective factor for children and young people. That is, lower levels of parent stress, increased parental warmth and attention may help to buffering against the negative effects of adverse events and environments and cultivate resilience and adaptive coping strategies in young people (Duncan et al., 2009; Townshend et al., 2016). Moreover, mindful parenting interventions may help to enhance parent-child

interactions and relationships, and reduce the incidence of social, emotional and behavioural challenges in children across a range of developmental stages including early and middle childhood (3 – 7 years and 8 – 12 years respectively) and adolescence (13 – 17 years) (Parent et al., 2016). Recent research also suggests that mindfulness training may be useful as a preventative intervention and result in improvements in parenting skills amongst those experiencing parenting problems, with knock-on benefits in child function (Potharst et al., 2021). Similarly, mindfulness interventions delivered to teachers has been shown to improve teacher-student interactions and diminish difficult behaviours in young children in classroom settings (Singh et al., 2013), as well as reducing teacher burnout (Kuyken et al., 2022). Nevertheless, mixed findings in this area have also been noted and recent meta-analysis have found no effect of mindfulness training on parenting stress, child wellbeing or youth internalising symptoms (Burgdorf et al., 2019; Shorey et al., 2021).

1.2.1 Promoting community resilience and wellbeing

ACEs are increasingly seen as a preventable public health issue. Indeed, the high and inequitable prevalence of trauma has prompted calls for the development of public health approaches which can promote resilience within communities, as well as intervening at an individual level (Blanch et al., 2014; Ellis & Dietz, 2017). Communities that are at greater risk of ACEs and trauma may experience a lack of social cohesion and trust, while individuals may also experience a range of daily stresses and trauma-related challenges. Thus, community-based public health programmes aimed at improving wellbeing by reducing high stress levels are recommended (Salinas-Miranda et al., 2015). Community-wide initiatives attempt to address problems holistically and effect change at multiple levels (individual, family, community) by means of integrating activities and strategies across a range of systems/sectors, whilst also engaging the wider community. Trauma-informed, community-wide initiatives represent an approach to delivering strategies and practices that can help to reduce the negative effects of trauma on the individual, as well as at a community level (Weinstein et al., 2018).

1.3 Barnardos National Wellbeing Project

Barnardos National Wellbeing Project is a new trauma-informed strategy that aims to support the positive mental health and wellbeing of children, parents and significant others in their communities. The programme is rooted in the recognition of the widespread impact of trauma and the need to prevent and treat toxic stress in vulnerable populations and communities. Principles underpinning the programme include a commitment to fostering empowerment, choice, active engagement and inclusion, ensuring trustworthiness and creating safe emotional and physical environments for children and families so they feel comfortable in exploring their needs.

The Wellbeing Project comprises several evidence-informed, body-mind and awareness-based service components which focus on increasing awareness and connection between the body and the mind, and strengthening coping skills/stress relieving mechanisms (*See Table 1*). Enhanced integration, inclusion and community engagement are also targeted through the delivery of a group-based activities, as well as the cultivation of constructive interagency relationships with the community and voluntary sector, statutory agencies and other professional networks.

Table 1: Service components of the Barnardos Wellbeing Project

Service components	Focus / impact
Creative Breath Body Mind	Slow breathing Release of emotions and tension Movement Awareness of the body Calm Balance nervous system
Creative Mindfulness	Express thoughts and feelings Manage emotions Calm and relaxation Present in moment Release of emotion Cultivating kindness
Singing Circles	Sense of belonging and connection Release of emotions Present in the moment Calm and relaxation
Grow from Seeds	Compassion and kindness Empowerment and participation Self confidence Embracing difference Sense of belonging and collective identify Expression of emotion

Programme components are delivered in community-based settings and tailored to the needs of children and young people (aged 4 – 18 years) and their parents. Teachers and other significant adults in children's lives are also involved in the programme. The main aims of the programme are to: (i) support mental wellbeing; and (ii) to promote social connection, integration and inclusion. More specifically, the key objectives are to:

- Increase the connection between heart, body and mind
- Decrease the impact of stress on the body
- Increase emotional literacy
- Strengthen coping mechanisms
- Decrease anxiety
- Improve sleep patterns
- Increase empathy and compassion
- Create connections and strengthen relationships
- Decrease sense of isolation
- Adopt an inclusive approach and promote minority inclusion

1.3.1 Community settings and programme development

The Barnardos National Wellbeing Project is currently available in five pilot sites located across the East and Middle of the Republic of Ireland: MacUilliam (Tallaght); Tyrrelstown (Dublin 15); Clonmel/Carrick on Suir (South Tipperary); Athlone; and Thurles (North Tipperary). The programme is delivered on a universal basis to children and young people (aged 4 – 18 years), as well as their parents in the targeted sites, with service components being delivered in a range of settings including schools (primary and secondary), community-centres, youth clubs and other community-based organisations.

The development and selection of the programme components has been informed by analyses of local needs and a process of community consultation across the target sites. The findings of this process shed light on the needs of children and families. Notably, the target sites are areas of significant disadvantage, marginalisation, substandard and insecure housing/accommodation, and community disruption and violence. These experiences are a significant public health issue and can result in health and wellbeing inequalities (Bellis et al., 2018). The consultation also provided insight into community members' understanding and experiences of their wellbeing. Parents who took part in group consultations described high stress levels which were attributed to living in deprived and unsafe community environments (e.g. racism, discrimination, drug taking, and lack of safe recreational spaces). Similar findings emerged from a community-wide survey of parents in target sites (n = 250).

Issues highlighted by parents as affecting their wellbeing included: mental health difficulties (anxiety, depression), parenting related stress and family relationships, housing, isolation, discrimination, community violence and pandemic related stressors. The consultation survey also showed that just under one quarter (24%) of participants reported low mood, while one fifth felt worried and stress. Additionally, 10% of parents felt their children were worried and stressed. Findings from children who took part in group-based community consultations focused on their understanding of wellbeing/mental health needs. Children's wellbeing priorities included safety, developing interpersonal relations and connectedness, (e.g. developing friendships, addressing bullying, reducing loneliness and isolation), reducing stress, anxiety and worries (e.g. dealing with academic/school challenges, concerns for family safety, developing positive coping skills and mechanisms (e.g. learning to talk about fears, anxieties, reducing stress), and physical health and sleep.

It should also be noted that mental health and wellbeing is an area of growing concern, particularly in the context of the recent Covid-19 pandemic. Internationally, the prevalence of mental health difficulties is increasing and now represents the largest single cause of ill-health and disability (Mental Health Taskforce, 2016). The wellbeing of children and young people is a particular area of concern, with studies highlighting growing rates of social-emotional and behavioural challenges, as well as anxiety, depression, and self-injury amongst children and young people (Dray et al., 2017; Ford et al., 2021). A significant and growing proportion of children and young people in Ireland experience social, emotional or behavioural challenges and mental health difficulties (Williams et al., 2009; McNamara et al., 2021). More than one-third of young people report "feeling low on a weekly basis" (Gavin et al., 2021), whilst notable increases in anxiety and depression, coupled with decreases in self-esteem and optimism amongst young people have also been reported (Dooley et al., 2019; O'Mahony et al., 2021). These kinds of challenges are associated with a range of poorer outcomes, including lower levels of educational and occupational attainment and recurring mental health difficulties over the lifespan, leading to significant personal and societal harm (Metzler et al., 2017). So it is worrying that these trends appear to have been exacerbated by the recent Covid-19 pandemic (Smyth & Nolan, 2022). Research during this period has highlighted a doubling in the global prevalence of depression and anxiety symptoms during Covid-19, as well as significant adverse impacts on the self-regulatory skills of young people (Racine et al., 2021). If left untreated, these challenges may result in long-term risks of increased mental health pathology and functional disability at an individual level, as well as significant societal harm.

1.4 Evaluation of the Barnardos National Wellbeing Project

An evaluation of the Barnardos National Wellbeing Project was established in March 2022 and was conducted in schools and other community-based service settings. Between March and June 2022, wellbeing supports were delivered to 688 children and young people attending 19 schools (16 primary and 3 post-primary schools); 14 of these schools were designated as 'disadvantaged' according to criteria from the Department of Education and Science (2005), including the proportion of pupils from local authority housing, lone parent households, large families and levels of parental unemployment. A small number parent-focused supports (n = 4) were delivered within community-settings (e.g. resource centres, youth projects) in three of the wellbeing sites. A total of 19 parents attended these wellbeing supports.

The principal aim of this evaluation was to appraise the success of the Barnardos National Wellbeing Project. The specific aims of the evaluation were to:

(i) Examine the impact of programme components on child, young person and parent outcomes, including subjective wellbeing and emotional regulation.

(ii) Explore the experiences of participants in the programme and the factors that facilitate or inhibit the effective delivery of the programme components.

2. Methods

The design and methodology used in the evaluation will be described below. This includes an overview of the study design, the instruments used in data collection, and a description of how and from whom data was collection.

2.1 Study design

Two interrelated sub-studies were undertaken: A quantitative study involving assessments conducted before and after programme completion; and a qualitative study consisting of interviews and focus groups with programme participants and other key stakeholders.

2.2 Quantitative Study

The quantitative study involved collection of standardised pre and post programme outcome measures for: (a) children and young people; and (b) parents who took part in the Wellbeing Project. The study objectives were: (i) to assess wellbeing outcomes in children, young people and parents attending the Wellbeing Project; and (ii) to examine the impact of the service components on emotional regulation and subjective wellbeing.

2.2.1 Quantitative Outcome Measures

Child/Young Person Outcome Measures

The wellbeing and emotional regulation of students attending primary and post-primary schools where the Wellbeing Project was being delivered was assessed to determine the potential impact of the programme, using teacher-report and self-assessment (where age-appropriate).

Child Emotional Regulation

Teachers completed the Emotional Regulation Checklist (ERC; Shields & Cicchetti, 1995) for children and young people in all participating class groups in order to examine the impact of the programme on their ability to manage and cope with their emotions. The ERC is a brief, 24 item questionnaire that comprises two sub-scales: emotion regulation and emotional lability/negativity. Higher scores on the emotional regulation sub-scale indicate greater ability to regulate emotions and situational appropriateness in regards to emotional expression. Conversely, higher scores on the emotional lability/negativity subscale indicate poorer emotional stability and flexibility, and negative emotional valence. Items are rated on a 4-point scale.

Child Wellbeing and Quality of Life

Child self-assessments of subjective wellbeing were also collected. Children from participating 5th and 6th classes in primary schools and those in secondary schools settings completed two subscales of the Kidscreen-27 (Ravens-Sieberer et al, 2007) questionnaire; the 7 item General Mood and Feelings scale and the 4 item School and Learning scale. Responses are rated on a 5 point scale, with higher scores indicating greater levels of wellbeing and quality of life in the relevant domain.

Parent Outcome Measures

Parents who participated in parent-focused service components were invited to complete three outcome measures to assess wellbeing, emotional regulation and perceived level of social support.

Parental mental wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al, 2007) was self-completed by parents. This is a brief, well validated 14 item scale which assesses mental wellbeing in the general population. Higher scores on the scale are indicative of better psychological functioning.

Parental Emotional Regulation

The Emotional Regulation Questionnaire (ERQ; Gross & John, 2003), a 10-item self-report scale designed to assess emotional regulation, was also collected. It contains two sub-scales: cognitive reappraisal and expressive suppression. Participants respond to each item using a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Parental Social Support

Finally, the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al, 1988) was collected. This brief measure captures the degree of perceived support that the respondent receives from a significant other, family, and friends.

2.3 Quantitative Study Procedures

2.3.1 Children and young people – recruitment, data collection and participation

An overview of recruitment to the quantitative study and data collection is shown in Figure 3. Schools that agreed to take part in the Wellbeing Project, were subsequently informed of the evaluation and requested to participate. Information sheets were circulated to parents and consent for child involvement in the research was collected. Parents of children in all classes were asked to consent to the collection of teacher-completed data and their child's potential involvement in a brief focus group.

Parents of children in 5th class and above were also asked for consent for the collection of the self-report measure. After parental consents were returned, teachers consented to participate and baseline assessments were completed. Baseline assessments were conducted on the first day of programme implementation, prior to the session starting, while follow-up assessments were completed by children on the final day of programme delivery following completion, and within a week of the final session by teachers (additional time was given to account for additional burden on teacher work load). In total, quantitative data was available for 302 students from 18 schools in 5 different regions (Tyrellstown, Tallaght, Athlone, Thurles, Clonmel/Carrick-on-Suir).

2.3.2 Parents – recruitment, data collection and participation

Parents who participated in Wellbeing Projects in community settings were verbally informed of the research, and provided with a written information sheet explaining the evaluation. Consenting parents completed pre and post assessments (completed on the first and last day of programme delivery respectively) and were also invited to participate in interviews and focus groups. A total of 14 parents from 3 regions (Tyrellstown, Carrick-on-Suir and Thurles) were included in the quantitative study.

2.4. Qualitative study

The qualitative study comprised interviews and focus group to explore participants' experience of, and engagement with the Wellbeing Project. The study objectives were to: (i) examine programme engagement and satisfaction; (ii) explore key stakeholders', including programme participants' perceptions of the benefits of involvement and the extent to which the programme had met wellbeing needs; and (iii) identify enablers and barriers to implementation and effectiveness.

This qualitative study was conducted with a range of programme participants and key stakeholders involved in programme development, roll out, implementation and delivery, including: children, young people and parents who took part in wellbeing interventions; school staff (teachers, home-school-community liaison teachers and principals); community-based family support workers; and programme providers (Barnardos staff members). Participants were identified and recruited to the qualitative study purposively in order to capture insights across all sites and settings where the Wellbeing Project is available, as well as the various programme components and experiences within the Wellbeing Project.

2.4.1 Qualitative Measures

A number of semi-structured interview schedules and topic guides were devised for use in data collection. Interview/focus group questions were adjusted to reflect developmental considerations and stakeholders' experiences in relation to the Wellbeing Project.

For children and young people, a brief focus group topic guide was developed which incorporated a drawing activity tailored to the programme component which had been delivered. Depending on which programme was delivered, programmes participants were asked to draw some of the techniques or methods they used to relax, regulate and improve their sense of wellbeing during times of stress, or a picture of themselves involved in programme activities. Drawings were then used as a starting point to ask children and young people about their experiences of the programme and whether they felt the learning in the programme was beneficial and/or whether it had changed anything for them in relation to their wellbeing. Children and young people also participated in activities to rate the elements of the programme they had received, and to discuss their overall satisfaction with the programme.

Parent participants were asked why they were interested in taking part in the programme, what they found most useful/less useful about the programme and whether they had changed, or adopted, new practices following their participation.

Interview schedules and focus group topic guide for school and community-based staff, as well as programme providers (Barnardos staff and project workers) were designed to, respectively, explore community wellbeing needs, the processes involved in the development, roll out and delivery of the programme, the perceived benefits or challenges both for them and for programme participants.

2.4.2 Qualitative Study Procedures and Participants

Participants were identified and recruited to the qualitative study purposively in order to capture insights across all sites and settings where the Wellbeing Project is available, as well as the various programme components and experiences within the Wellbeing Project (See Figure 3).

Children and Young People (n = 53)

Children and young people participated in five focus group; two in primary schools with 26 children (13 per focus group; 21 boys and 5 girls), and three in post-primary schools with 27 young people (6 – 10 per focus group; 12 girls and 15 boys). The majority of children and young people had been involved in Creative Breath Body Mind components. One of the focus groups was conducted with primary school children who had participated in the Grow from Seeds programme. Due to time limitations, a focus group with participants in Creative Mindfulness classes could not be conducted. All focus groups were conducted in classroom settings.

Parents (n = 7)

A focus group with 5 parents and two one-to-one interviews were conducted to explore experiences of parent wellbeing supports. All participating parents were mothers and were recruited across two of the wellbeing sites. The focus group was conducted in a community-based service where the programme had been delivered, while one-to-one interviews with parents were conducted by phone.

School and community-based staff (n = 14)

Teachers (n = 7), principals (n = 4), home-school-community liaison teachers (n = 2) and community-based family support workers (n = 1) were asked to participate in brief one-to-one interviews which were mainly conducted by phone.

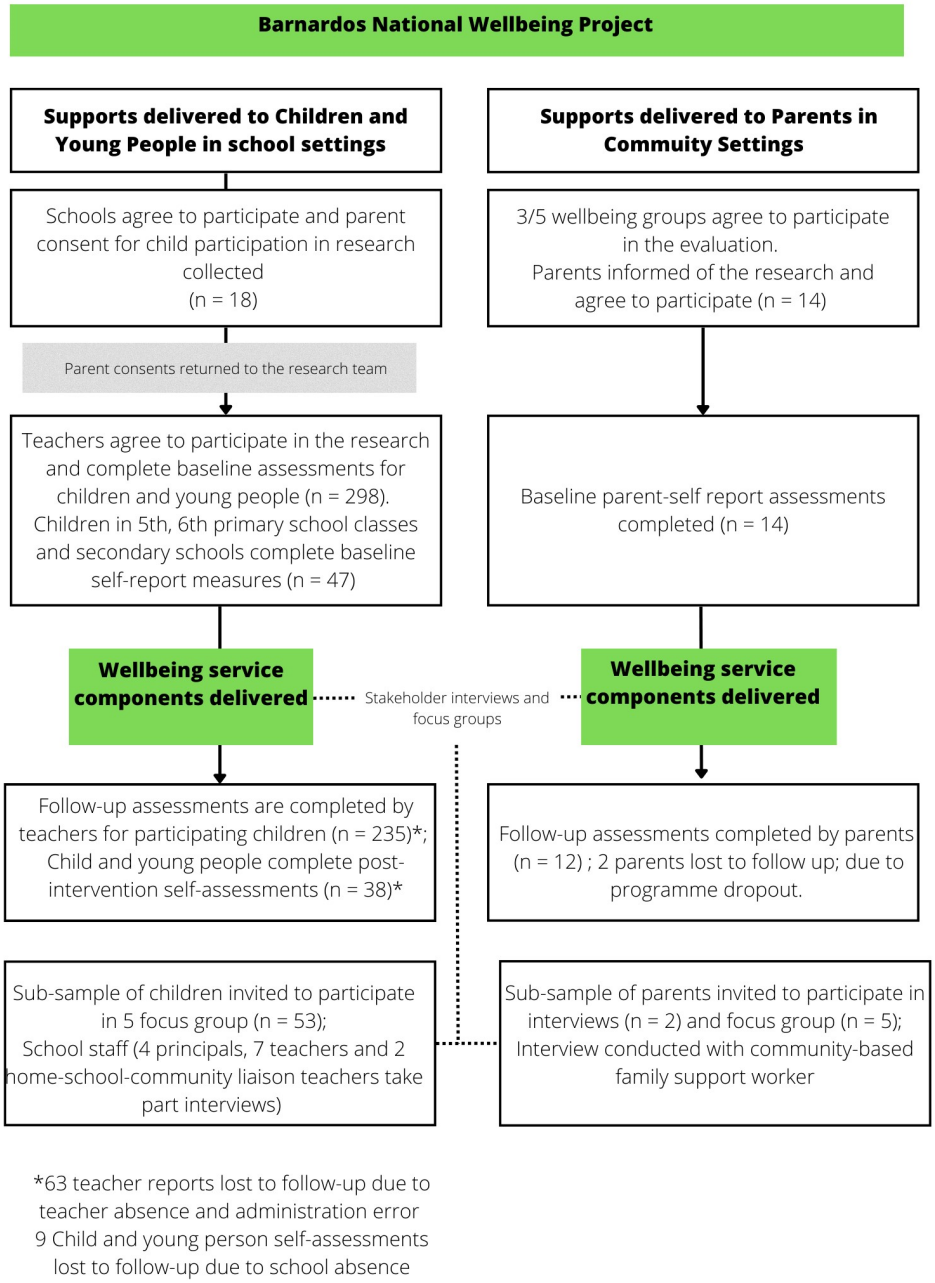
Barnardos staff members (n = 6)

A small number of key informant interviews (n = 2) and a focus group with project workers (n = 4) were conducted using a video conferencing platform.

Interviews and focus groups were conducted by two Barnardos-based researchers. Focus groups in schools were also attended by programme facilitators to support the research process, although they

were not involved in asking questions or guiding data collection processes. Interviews/focus groups were mainly conducted shortly after programme completion, with the exception of the interviews conducted with the project lead and regional assistant director, which occurred during the period of programme delivery.

Figure 3: Overview of participant recruitment and data collection



3. Results of the Quantitative Study

This section of the report examines the wellbeing of children, young people and parents who took part in the programme and assesses the effectiveness of wellbeing service components in improving emotional regulation, as well as psychosocial functioning.

3.1 Assessing the impact of the Wellbeing Project on Outcomes for Children and Young People

3.1.1 Child participants

A total of 302 children from 18 schools were included in the evaluation. Table 2 presents a summary of child characteristics and their involvement in the Wellbeing Project. The majority of children were involved in Creative Breath Body Mind (CBBM) service components. The Grow from Seeds (GFS) component was delivered to primary school children only.

Table 2: Characteristics of Children and Young people

	CBBM (n=163)		CM (n=61)		GFS (n=78)		Total (n=302)	
	N	%	n	%	N	%	n	%
School Stage								
Primary	130	79.8	61	100	78	100	269	89.1
Secondary	33	20.2	0	0	0	0	33	10.9
Class Group								
Senior Infants	13	8	2	3.3	0	0	15	5
First class	14	8.6	21	34.4	0	0	35	11.6
Second class	23	14.1	0	0	0	0	23	7.6
Third class	17	10.4	16	26.2	55	70.5	88	29.1
Fourth class	46	28.2	0	0	23	29.5	69	22.8
Fifth class	17	10.4	0	0	0	0	17	5.6
Sixth class	0	0	22	36.1	0	0	22	7.3
Second year	11	6.7	0	0	0	0	11	3.6
Third year	15	9.2	0	0	0	0	15	5
Fifth year	7	4.3	0	0	0	0	7	2.3

Note: CBBM = Creative Breath, Body, Mind; CM = Creative Mindfulness; GFS = Grow from Seeds

3.1.2 Child intervention outcomes

Teacher-report and self-assessments were used to examine how children were faring in respect of their wellbeing, as well as the impact of the intervention components on child emotional regulation and subjective wellbeing

Emotional regulation

Teacher reports completed both pre and post programme were available for 235 children and young people. Baseline measures were not completed for 4 children and a further 63 were lost to follow-up. Reasons for missing data included administrative error and non-participation or loss of contact with

teacher at follow up. Table 3 shows children's emotional regulation skills at baseline and follow-up. Overall, the majority of children had good emotional regulation skills and were rated by their teachers as often or always demonstrating adaptive regulatory processes, positive emotions, empathy, and emotional self-awareness. Nevertheless, some children were demonstrating at least some emotional regulation challenges, particularly in respect of emotional self-expression (47.2% of students in respect of their ability to name negative emotions); between 20 – 25% of students also scored lower in respect of demonstrating cheerful mood and positive emotion and/or did not cope well with transitions. Additionally, 12.8% and 6% were easily frustrated and prone to angry outbursts respectively. In regards to mood, 11.9% were rated as always or often appearing 'sad or listless'. Similarly, 13.7% were rated as displaying flat affect.

Table 3: Proportion of Children Scoring 'Often / Always' on items on the Emotional Regulation checklist

	Baseline	**Post-intervention**
	Often/ Almost always	**Often/Almost always**
Is cheerful	77.9%	83.8%
Exhibits wide mood swings	14.5%	11%
Responds positively to neutral or friendly approaches by adults.	87.7%	91%
Transitions well from one activity to another	76.2%	84.7%
Can recover quickly from episodes of upset or distress	68.1%	77%
Is easily frustrated	12.8%	9.8%
Responds positively to neutral or friendly approaches by peers	84.6%	91.9%
Is prone to angry outbursts / tantrums easily	6%	6%
Is able to delay gratification	84.7%	82.1%
Takes pleasure in the distress of others	3.6%	2.2%
Can modulate excitement in emotionally arousing situations	66.4%	69.4%
Is whiny or clingy with adults	8.1%	4.7%
Is prone to disruptive outbursts of energy and exuberance	10.3%	6%
Responds angrily to limit-setting by adults	3.4%	4.7%
Can say when s/he is feeling sad, angry or mad, fearful or afraid	52.8%	65.5%
Seems sad or listless	11.9%	7.3%
Is overly exuberant when attempting to engage other in play	6.4%	3.9%
Displays flat affect	13.7%	6.9%
Responds negatively to neutral or friendly approaches by peers	6.4%	3.4%
Is impulsive	11.5%	8.5%
Is empathic towards others	74.1%	76.2%
Displays exuberance that others find intrusive or disruptive	7.3%	3%
Displays appropriate negative emotions in response to hostile, aggressive or intrusive acts by peers	57.1%	63%
Displays negative emotions when attempting to engage others in play	1.8%	1.8%

Scores at follow up on were indicative of positive trends in respect of children's emotional regulation. Following intervention larger proportions of children were demonstrating adaptive social-emotional coping skills, whilst fewer were demonstrating maladaptive regulation. Analyses using dependent samples t-tests were conducted to evaluate the impact of the Wellbeing Project on children's emotional regulation (Table 4). There was a statistically significant effect of the intervention on children's ability to regulate their emotions, suggesting that children were expressing more positive emotion and demonstrating greater empathy and emotional self-awareness. Similarly, there was a statistically significant decrease observed in emotion lability/negativity scores. These findings suggest that, on average children experience less emotional dysregulation, such as anger and mood swings, post-intervention.

Table 4: Summary of Teacher-reported Emotion Regulation Scores Pre and Post Intervention

	Baseline *M* (SD)	**Follow-up *M* (SD)**	***M* diff**	***t*, (95% CI), *p***	**Effect size (d)**
All programmes (n = 235)					
Emotional regulation	25.7 (4.44)	27 (4.29)	1.34	-6.60, (-1.73, -.93), **0.000***	0.43
Emotional lability/negativity	22.3 (7.49)	21.1 (7.04)	-1.26	4.85, (.74, 1.76) **0.000***	0.32
CBBM (n = 129)					
Emotional regulation	26.5 (4.3)	28.3 (3.6)	1.8	7.4, (2.4, 1.3), **0.000***	0.65
Emotional lability/negativity	20.6 (3.6)	18.8 (4.98)	1.79	5.1, (1.1, 2.5), **0.000***	0.45
CM (n = 43)					
Emotional regulation	26.2 (4.1)	26.7 (4.3)	0.5	0.7, (1.9, 0.87), 0.47	0.11
Emotional lability/negativity	22.8 (7.3)	22.3 (6.8)	0.53	1.02, (.51, 1.6), 0.34	0.16
GFS (n = 63)					
Emotional regulation	23.8 (4.4)	24.7 (4.6)	0.9	0.3, (1.5, 0.3), **0.004***	0.38
Emotional lability/negativity	25.8 (8.8)	25.1 (8.8)	0.67	1.3, (0.39, 1.7), 0.21	0.16

* Indicates significance at the level p<0.05

Secondary sub-group analyses were conducted to investigate the impact of individual programme components on child emotional regulation (Table 4). Dependent sample t-tests showed that children who participated in CBBM sessions demonstrated statistically significantly better emotional regulation and less emotional dysregulation at follow-up. No significant differences were found for those in the CM group. For children who received GFS, post-intervention emotional regulation scores showed a significant increase over time, however, scores in respect of emotional dysregulation did not change **(See Figures 4 & 5)**.

Figure 4: Sub-group Scores on the Emotional Regulation Subscale at Baseline and Follow-up

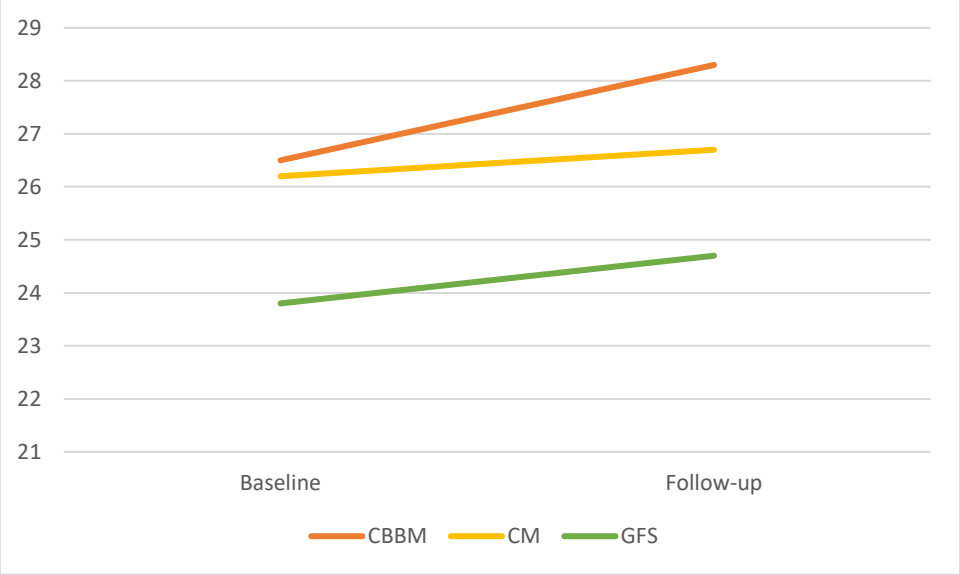
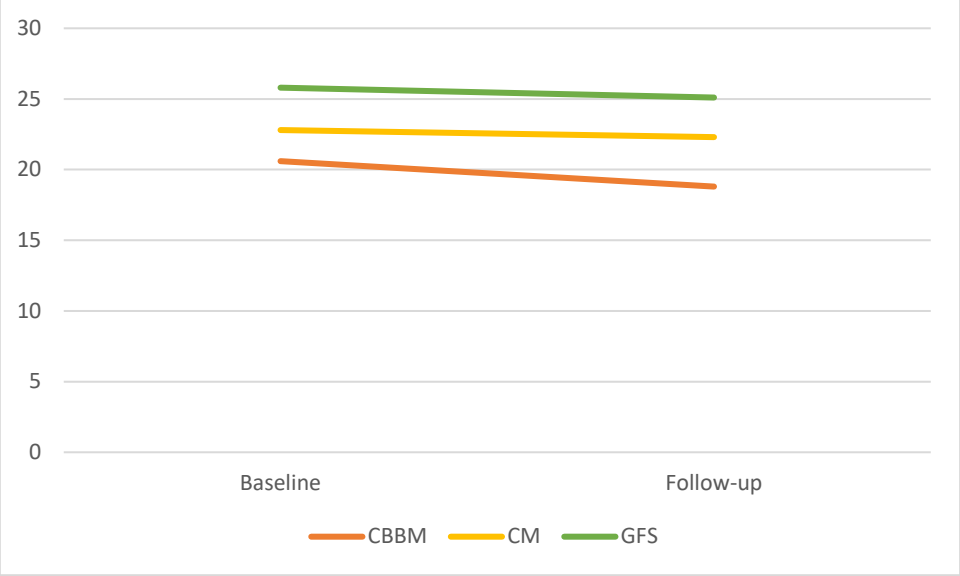


Figure 5: Sub-group Scores on the Emotional Lability/Negativity Subscale at Baseline and Follow-up



Subjective wellbeing

Child self-report measures (Kidscreen-27 subscales) at baseline (n = 50) demonstrate that the majority of children were faring well in respect of their subjective wellbeing. In total, 86.4% of students felt that their life had been enjoyable in the past week, while all students felt they had been in a good mood and had fun in the same period (See Figure 6). A similar proportion reported positive self-perceptions (n = 42; 84%; See Figure 7). Just over three quarters of students felt happy in school (n = 39; 78%), however, the vast majority of children and young people felt that they had got on well in school (n = 47; 94%) and with their teachers (n = 44; 88%) in the preceding week. Nevertheless, a small percentage reported low mood either 'quite often' (13.4%) or 'always'/'very often' (9%), feeling lonely ('quite often' = 4.5%; 'very often'/'always' = 19.4%) or feeling so bad they couldn't do anything ('quite often' = 13.4%; 'very often'/'always' = 10.5%) (Figure 8).

Figure 6. Frequency of students reporting life enjoyment and positive mood at baseline

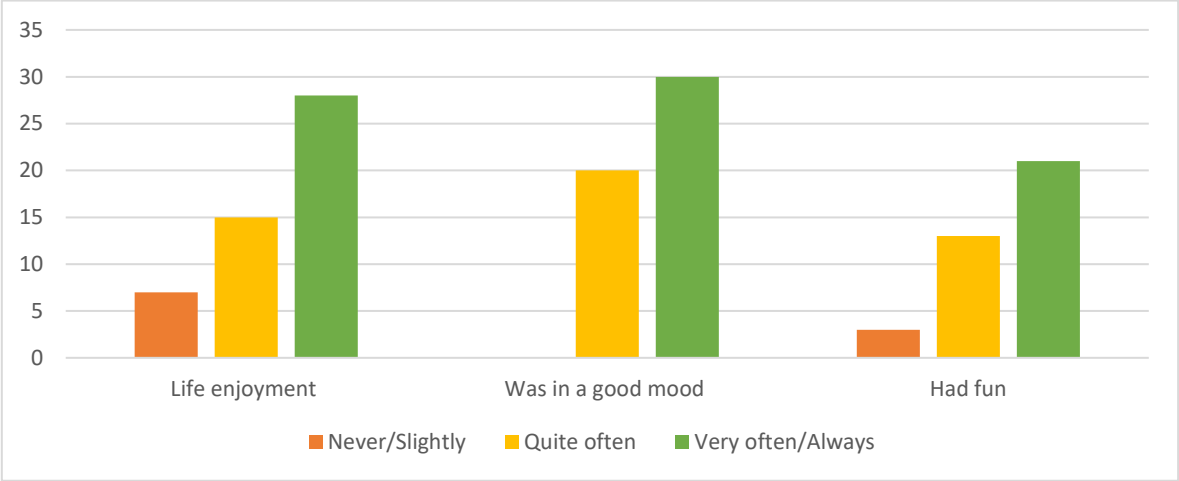


Figure 7. Frequencies of students reporting positive self-perception at baseline

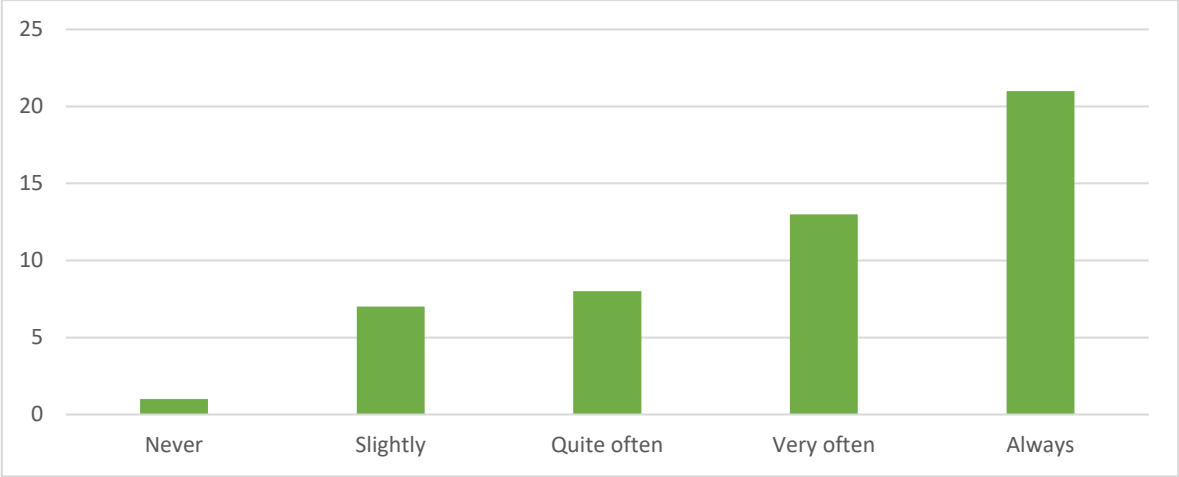
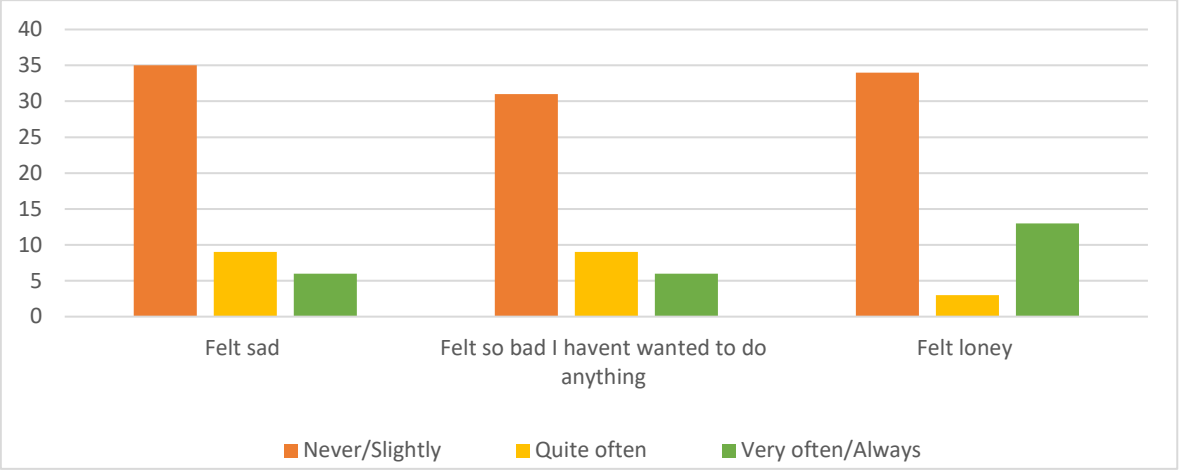


Figure 8: Frequency of students reporting negative emotions at baseline



Complete case analyses (n = 38) using dependent samples t-test revealed no statistically significant differences between baseline and follow-up for either self-reported psychological wellbeing or school based wellbeing (Kidscreen-27 subscales). These findings indicate that there was no post-intervention change in how well students were faring in school, or in respect of their subjective wellbeing (Table 5).

Table 5: Summary of Child Self-reported Subjective Wellbeing at Baseline and Follow-up

	Mean score pre-prog (sd)	Mean score post-prog (sd)	95% Confidence Interval	Sig (two-tailed)
Wellbeing (n=38)				
Psychological wellbeing	26.47 (5.31)	26.89 (5.93)	(.44, -1.33)	.354
School wellbeing	15.26 (3.23)	15.42 (3.26)	(.39, -.95)	.690

3.2 Assessing the Impact of the Wellbeing Project on Parents' Outcomes

A small number of parents who participated in three wellbeing groups were included in the evaluation. In total, 14 parents completed baseline assessments, all of whom were female. Subsequently, two parents were lost to post-intervention follow up, while an additional 3 only partially completed measures. This resulted in 12 complete cases for measures of wellbeing, and only 9 complete cases for measures of emotional regulation and perceived social support.

Pre-intervention scores on the WEMWBS indicate that parents in the study had lower mental wellbeing (a normative mean score of 51.5 has been reported for adults; WEMWBS, 2011). At follow-up, wellbeing scores had improved and were comparable to expected population values. This change was not statistically significant, but may be considered meaningful at an individual level (Maheswaran et al., 2012). Trends in the expected direction were also in found in respect of emotional regulation (expressive suppression subscales) indicating that parents showed a reduced tendency to regulate themselves in a maladaptive manner (i.e. reduced suppression of emotional expressions and masking of feelings); however, this change was not statistically significant. Scores on the Multidimensional Scale of Perceived Social Support subscales indicative of moderate levels of social support at baseline. There were no changes in respect of parents' perceived levels of social support (Table 6).

Table 6: Summary of Parent Wellbeing Outcomes at Baseline and Follow up

	Mean score pre-prog (sd)	**Mean score post-prog (sd)**	**95% Confidence Interval**	**Sig (two-tailed)**
Mental wellbeing (n=12)				
Overall mental wellbeing	47.1 (9.25)	51.6 (8.53)	(-9.58, .41)	.069
Emotional regulation (n = 9)				
Cognitive reappraisal	3.81 (.83)	4.02 (.67)	(-.59, 1.8)	.242
Expressive suppression	3.4 (.48)	2.7 (.57)	(-.11, 1.36)	.083
Social support (n=9)				
Support from family	3.83 (.50)	4.16 (.80)	(-.84, .17)	.169
Support from friends	3.86 (.78)	4.19 (1.0)	(-1.2, .59)	.428
Support from sig. other	4.30 (.71)	4.36 (.85)	(-.45, .34)	.735

4. Results of the Qualitative Study

Here the findings from the qualitative study are described, including: (i) Experiences of programme participation, including findings from children and young people, parents and other stakeholders; and (ii) Facilitators and barriers to programme implementation. A number of abbreviations are used throughout; CYPFG – Children and Young Peoples Focus Group; PI – Parent Interview; PFG – Parent Focus Group; SI – Stakeholder Interview (i.e. Class Teacher, Principal, Home-school-community Liaison Teacher, Project Managers); SFG – Stakeholder Focus Group (Barnardos Project Workers).

Section 1 - Experiences of programme participation

4.1 Programme participants experiences

Several themes and related subthemes were identified from the analysis of programme participants. The findings are divided across (a) children and young people; and (b) parent participants (Table 7).

Table 7: Overview of themes and subthemes related to programme participants

Children and young people
Experiences of programme participation
Perceived programme benefits
Programme Delivery Satisfaction
Likes and dislikes
Recommendations for change
Parent participants
Experiences of programme participation
Positive group experiences
Programme benefits
New knowledge and skills
Coping with stress – benefits for parenting and family life
Programme challenges and recommendations for change

4.1.1. Children and young people

Experiences of programme participation

Children and young people generally reported positive experiences of the service components. Overall, the programme sessions were seen as an enjoyable part of their school day and students welcomed wellbeing activities as a break from their routine learning. The programme sessions were seen as an opportunity to do something different and to relax, unwind or re-energise within the school environment. For example, one secondary school student (CYPFG3, 2nd Year, girl) described how "*we have a lot of classes, so one class of this was helpful […] after a few long classes, it's fun to be a bit silly and I always felt more awake and energised afterwards"*. Another commented: "*It was pure like, just relaxing, you didn't have to stress about it coming to this class" (*CYPFG1, 3rd year, boy*).* These positive experiences were evident for both the CBBM and GFS components (see Box 1).

Box 1. Children and Young Peoples' experiences of Wellbeing Project

Creative Breath Body Mind

- "Really fun and engaging" (CYPFG1, 3rd year, boy)
- "It was very relaxing and so good" (CYPFG1, 5th year, boy)
- "I liked it because it was different and relaxing" (CYPFG3, 2nd year, girl)
- "I liked it cos it wasn't too long and wasn't too short" (CYPFG5, 4th class, boy)
- "I liked how it felt in my body" (CYPFG5, 4th class, boy)

Grow from Seeds

- "It was something fun and not boring" (CYPFG4, 3rd class boy)
- "We get to do something different" (CYPFG4, 3rd class, girl)
- "It was fun to take part all together" (CYPFG4, 3rd class boy)

Perceived programme benefits

Overall, students perceived the wellbeing sessions to be beneficial. The CBBM components were highlighted as helpful in reducing stress in school settings. Importantly the process of taking part was experienced as an opportunity to gain new knowledge and learn skills and strategies which were helpful in tackling the stressors they experience in their day-to-day lives:

"I think that the programme helped me and others de-stress" (CYPFG2, 3rd year, girl)

"I think it was really helpful. If someone is stressed they might not know what to do, but the programme can help them" (CYPFG3, 5th year, boy)

"The counting does help you when you're getting stressed" (CYPFG5, 4th class, boy)

Some of the students were able to describe circumstances or experiences where they had used techniques in their day to day lives, including in stressful or challenging circumstances. One participant described using meditation before going to bed to help with sleep. Others described using different breath techniques such as the finger breath before a test *"to make them feel better"* (CYPFG3, 2nd year girl) or using the "ha" breath to deal with losing a game. Other examples involved dealing with exam or school related stress, or regulating emotions during a stressful time:

*"The screaming one – the ha breath – when I'm angry, I use it when I want to de-stress. When something goes wrong" (*CYPFG1, 3rd year boy*)*

"I did some of the breathing we'd learned and that helped me to stay calm" (CYPFG5, 4th class, boy)

These findings suggest that the CBBM component provided a valuable opportunity to practise and learn how to apply new and/or different techniques that could be used in various circumstances in

order to reduce stress and enhance feelings of wellbeing.

Benefits identified by children who took part in the GFS component related to fostering participation and positive classroom interactions. Some participants' responses indicated that they had gained greater knowledge relating to inclusion and creating a welcoming, inclusive classroom environment. During a focus group, when asked if they had learned anything from the activities, one young boy said *"just because someone has a disability you don't let them out"* (CYPFG4, 3rd class boy), while another stated *"you learn how to be nice"* (CYPFG4, 3rd class boy). More generally, participants described having "*fun working together"* and "*including everybody*" (CYPFG4, 3rd class girl).

Despite these positive outcomes, some students stated that their involvement in the GFS component had not changed the way they feel about their class – it may have been the case that these children already had very positive experiences of inclusion and cohesion in their school and/or classroom. Likewise, some participants in CBBM components reported not using the skills and strategies taught to them outside of the programme. That is, although participants' experiences of the programme were positive, it did not always result in practical behaviour change or adoption of new regulation skills. Children and young people who took part in focus groups may have been reluctant to describe incidents where they had experienced stress and had used new skills and strategies. However, some students may also need additional supports and/or preparation in translating the skills and learning to their lives and personal experiences outside of the programme.

Programme delivery satisfaction

Overall, satisfaction with the structure and content of the programme components was high amongst children and young people. Most agreed they would like to have the programme return to the school at some point in the future. Slightly mixed feedback on the GFS sessions was provided by primary school children. In a voting activity where focus group participants were asked to rate using a traffic light system what they thought of the GFS component overall, six gave the programme a "green star" indicating that they liked the programme, but 2 gave the programme a "red star" suggesting that they were dissatisfied with the programme (five participants in the focus group chose not to vote). Nevertheless, when asked, the majority of participants who had taken part in the GFS component stated that they would recommend the programme to others, with one commenting that *"you should do it and then everybody will be included"* (CYPFG4, 3rd class boy).

Likes and dislikes

Focus group discussions explored which activities within the wellbeing sessions which were liked and disliked by children and young people. Individual differences emerged in focus group discussions, with

participants identifying their likes and dislikes depending on their own personal preferences. This variability in preferences was evident for both GFS and CBBM components, suggesting that the multifaceted nature of activities offered during delivery is important as it provides children and young people an opportunity to take part in a range of activities and learn what techniques and strategies work best for them and/or are suited to their own wellbeing needs.

Recommendations for change

There were some areas where changes or improvements were suggested. In two focus groups, participants, particularly boys, felt that it would be beneficial to include a nature-based or outdoor component to the programme. These participants noted that during their school day they are typically indoors, thus being outdoors could enhance feelings of relaxation and make the sessions even more engaging. Additionally, they felt that the practise of breathing techniques could be enriched if conducted outdoors. Others also suggested that programmes should be delivered to smaller groups, as this would provide greater opportunity for engagement in activities. In one focus group which comprised only girls, participants felt that the educational component of the CBBM component could have been further enhanced for older participants by the provision of more detailed, advanced information on stress and how it can affect people. For example one participant said *"I feel like if we learned more about the effects stress has on your body, rather than just doing the activities, that would be good…"*. Another said, *"it felt a bit dumbed down to be honest…I'd like to be able to know the signs of when something is going on…"* (CYPFG2, 3rd year girl). Finally, some of the participating children and young people also felt that the Wellbeing Project should be longer in length and run across the school year to provide an ongoing outlet for students and reinforce learning and wellbeing.

4.1.2 Parents' experiences

Experiences of programme participation

Participating mothers cited an opportunity for self-care and to promote their own sense of wellbeing as their motivation for attendance:

"I wanted to experience as a mother and a person, a feeling of wellbeing, and I find as a busy mom you don't get that" (PI2)

I wanted to do something for myself, because I never do anything for myself" (PI1)

Several were nervous about attending a group-based programme. Nevertheless, these fears faded early and parents described the process of taking part as being hugely positive. The experience of connecting with other mothers was an important aspect of programme participation and the group

atmosphere was praised. Parents described being initial feelings of self-consciousness and felt that they had to step outside their "comfort zone" to participate in the programme. Despite this, the group provided a sense of moral support and reduced feelings of isolation. Participating parents described how the support and feedback from other parents was important in normalising their experiences of stress:

"I was anxious and self-conscious, especially like the 'ha' breathing – I was so embarrassed and self-conscious but like that I wanted to do something for myself and I thought it's only going to be an hour and everyone is lovely and we've all got to know each other, so it's been really beneficial" (P2)

"We've shared about our kids, our family, ourselves" (PFG1)

Group size was highlighted as a factor in facilitating positive experiences, with some parents feeling that the relatively small number of participants per group enabled a greater sense of comfort and also facilitated intragroup communication:

"It's good it's small, I don't mind coming in because it's only a few of us, but if it was 30 people I wouldn't come back […] this is nice" (PFG1)

Positive relationships with project workers were also important in facilitating an overall supportive group atmosphere. Participants described Barnardos project workers as kind and empathetic. This support was seen as crucial in promoting engagement with the programme and enabling them to learn new skills:

"I loved the coordinator, she was brilliant […] absolutely fantastic… had a massive amount of empathy" (PI2)

"She had just a lovely way about her, she was just so gentle and knew her stuff like so well" (PFG1)

Programme benefits

(a) New knowledge and skills

Participants described how the programme components provided a source of knowledge and skill development regarding wellbeing and emotional regulation. Participants enjoyed engaging in the wellbeing activities and spoke about embedding the new wellbeing techniques which they learned in the programme into their day-to-day lives.

"I'm doing that [the tapping] sometimes in the morning, and just to get the body going and say 'this is another day' and 'OK let's do it' […] And the part I loved, and absolutely loved was to give yourself a hug, because you're so busy with everyone else all the time that you lose yourself as a person" (PI2)

Importantly, the techniques were seen as practical, brief and easy to assimilate into daily routines. Different examples of use of new skills included using breath techniques during prayer or having a morning coffee, tapping while listening to music or incorporating massage when using hand cream. Participants also highly praise the variety of activities in the programme. This was seen as allowing participants to learn a variety of new skills which could integrated into different aspects of their day-to-day lives.

"Anything that we've learned its only like five minutes, it's nothing too long, so if there's something that's gone wrong you can just do the breathing, do the tapping, put on some music – there's loads of little skills that I've learned here that I'm using every day" (PFG1)

"There was lots of little things, it didn't get repetitive, it didn't get boring" (PFG1)

"Everything that we've learned here we can take away and do it ourselves at home, it's all short, like, little five minute bursts of things, like when you're drinking your coffee you can be breathing" (PFG1)

(b) Coping with stress – benefits for parenting and family life

Overall, participants felt that engaging in the programme and using new skills had promoted a reduction in their stress and engendered feelings of wellbeing:

"Over the last six weeks, my stress levels have gone a way down. I'm well able to use what we've learnt here to manage day to day" (PFG1)

"It reduced my stress, because [facilitator] explained how to practice" (PI1)

Participants also felt calmer and better equipped to deal with stress, particularly stress within their relationship with their children. Participants described being less reactive at home and being better able to regulate their emotions, particularly during conflicted interactions with their children:

"I've noticed now that before I could have flown off the handle about something, but now I'm able to deal with it in a calm way, and it still gets the job done in the same way" (PI2)

"Since I've started doing this, the breathing, I have done it every single day – it's brilliant" (PFG1)

These findings suggest that parents had learned new skills and strategies which had helped them create a calmer household environment.

Programme challenges and recommendations for change

Overall, there were very few negative comments from parents regarding the programme. Satisfaction with the programme, overall, was very high and quite a few parents could not offer any criticism of

the programme. One programme had run late in the evening time and one participant felt this detracted slightly from their enjoyment of the programme, particularly their ability to meet new people and to connect with other participants:

"People just rush away, if it was earlier, people would stay after and would not have to go" (PI1)

Recommendations for change also included allowing more time per session, to facilitate greater interaction and conversation between parents, as well as lengthening the programme overall (increasing the number of sessions provided).

"8 – 10 weeks would be good […] you're only getting to know people" (PFG1)

"I would prefer it to be a little bit longer and […] I would like it to be shorter [in weeks] but it could be two times in the week […] one time a week I find not enough for me, I would like to go two times in the week" (PI1)

4.2 Stakeholders' experiences

Analysis of data from programme stakeholders (school staff, community-based workers and Barnardos staff members) involved in the roll out and delivery of the Wellbeing Project, identified a number of important themes and sub-themes (Table 8).

Table 8: Main Themes and Subthemes Relating to Programme Stakeholders

Findings from Programme Stakeholders
Community wellbeing needs The impact of Covid-19 Disadvantaged communities
Perceptions of the Wellbeing Project Perceived benefits and advantages of the Wellbeing Project Broader community benefits

Community wellbeing needs

One of the main themes to emerge from interviews with teachers and principals, as well as other school and community-based staff, related to the challenges faced by children and young people, as well as parents, in terms of their wellbeing. Participants frequently referred to high levels of anxiety and mental health difficulties amongst community members, as well as low levels of wellbeing. Challenges for children and young people which were identified included anxiety, emotional dysregulation, behavioural challenges and school refusal. Teachers and other school staff also highlighted poor coping skills and resilience, as well as a lack of access to mental health and wellbeing

supports for young students:

"In every year there are students that have severe anxiety. I would say we have at least 2, 3, 4 students with prolonged anxiety. We have school refusers – it's always to do with anxiety and I think we have a lot of complex needs. We find that we have huge amounts of students that display very poor behaviour and when we talk to parents and dig into what's going on, the parents are saying that they really struggle, they are trying to get them to see somebody - the waiting lists are incredibly long. They said they really struggle with their kids being able to channel their emotions effectively" (SI3)

"We've seen a massive escalation in the anxiety level in our school, and we're all boys, and I suppose it just presents in different ways. For boys, some boys get very quiet, some boys act out. I suppose we've just seen incredible increase in anxiety" (SI1)

Similarly, high levels of stress and poor wellbeing amongst parents was also underlined. One community-based worker described how *"I saw really high stress levels and parents not doing anything to look after themselves"* (SI7).

(a) Impact of Covid-19

The recent experiences of Covid-19 were identified as a significant exacerbating factor in relation to community mental health and wellbeing needs. Prolonged periods of school closures and restricted access to supports and services were linked to increased worry, stress and anxiety in children and young people, as well as reductions in positive coping mechanisms. Consequently, students were perceived as experiencing significant difficulties re-integrating into, and coping well in school environments:

"After the lockdowns in the last year, starting last year, what we noticed really was a huge change in their resilience. […] the resilience was like as if it didn't exist. If you tried to change, you know, change your routine […] if they hadn't been doing basketball for a few weeks and then it was their turn to do basketball again, like the stress and the anxiety was unreal" (SI5)

"Their resilience is just not there, comparative to classes going back the last couple of years around the same age. I'm teaching 12 years but as a whole school we've never seen as big a need for teaching children coping skills" (SI9)

Participants also described how ongoing Covid-19 restrictions in school settings had reduced opportunities to foster a sense of cohesion and community between students:

"We always prided ourselves on having a really good community spirit, like we're not a huge school. But we have a great community spirit and grace. Just great atmosphere, friendliness, kindness. In the

school, because of the way they have to behave in Covid, which was - sit at their desks, you can't go talk to the other pod, you can't touch anything - All of that all of those restrictions, we noticed they didn't know other children and other classes, the community spirit of the school was gone" (SI5)

Overall, a number of interviewees felt that mental health and wellbeing had never been such as prescient issue as at the current juncture, with some stating that they had *"never seen as big a need for teaching children coping skills"* (SI9):

"I've never seen it in and I'm 27 years involved in primary school. I've never seen as it's such a high" (SI10)

(b) Disadvantaged communities

The target sites where the Wellbeing Project is delivered are areas of significant disadvantage. Participants noted that children and families from these communities can experience significant challenges and adverse circumstances, including mental health difficulties, homelessness, household disruption, parental separation, domestic violence and substance misuse. This was seen as resulting in wellbeing needs which were *"quite high and quite complex"* (SI3):

"I think in a school like ours where we have children in primary school who are attending Pieta House…I have children on my books who are attending family therapy, who are homeless, who are dealing with domestic violence or other abuses…" (SI8)

"Our kids in this disadvantaged area […] are coming with very high needs stemming from that" (SI11)

"[they] would have experience of addiction and violence […] they haven't had their emotional needs met" (SI6)

"Making sure they have a place or a space where they can talk about things that are troubling them or worrying them. They don't seem to have a lot of that at home in my experience, they don't have somebody who is checking in and asking them how they or doing or how they're feeling. So having that in school is really valuable and important for them" (SI4)

Parents and families were also described as experiencing challenges which undermined their ability to look after themselves and their mental health:

"there is a high level of stress, just for there to be any wellbeing, wellbeing isn't on the menu, it's like survival but then because they are living at such high levels of stress, then stress begets stress and if there is never any wellbeing or never any management of stress, it just leads to more trouble" (SI7)

Overall, stakeholders noted that schools and community-based services were facing a significant

challenge in supporting and promoting mental health and wellbeing. A need for additional resources and inputs to tackle mental health difficulties was highlighted, and stakeholders noted that they often lack time and capacity to address community wellbeing needs.

Programme experiences

(a) Perceived benefits and advantages of the Wellbeing Project

Enthusiasm for and strongly positive perceptions of the Wellbeing Project was a strong recurring feature of interviews and focus groups with stakeholders. School staff were also very positive overall about the utility of the Wellbeing Project for children and young people. Many participants commented that the "timing of the programme is excellent" (SI10), while others commented that the programme was addressing a gap in current resources and addressing a pressing need to strengthen the wellbeing and coping skills of students (See Box 2).

Box 2: Perceptions of the Wellbeing Project amongst School Staff

"We need to equip kids as much as possible, we had such a struggle with the [students] this year. It's just such a burning issue" (SI2)

"I was very keen to jump on board and access any extra mental health services and opportunities that we could for populations that are lacking those things at the moment" (SI8)

"We were really looking for solutions, or outside help other than what we were doing. […] the problems that we were seeing after we came back from Covid were much bigger than what we had anticipated or what we were prepared for" (SI9)

I have a big bunch and a lot of kids who love and crave attention. And I find there is no way I can meet all of their needs all the time (SI4)

Overall, the programme was highly valued and teachers whose classes had participated in the programme described high levels of pupil engagement, as well as positive outcomes for students. The sessions were also seen as providing children and young people with an opportunity to open up about their emotional experiences:

"It was a chance to do something different. And letting out the shout [ha-breath], they really enjoyed it" (SI11)

"They felt free to talk, they were comfortable talking, to open up in the session" (SI5)

"It allowed this opportunity to talk to those children who we knew were carrying huge burdens. That was good. That was good, you know, because sometimes children don't open up and it needed a program to kind of help us with that" (SI10)

Benefits for children and young people in classroom settings were identified as including enhanced concentration and engagement post-programme participation.

"The attention was amazing. The attention and concentration and the listening skills even just there was something about this program that children just latched on to" (SI10)

"We're all back to you know, they have to sit down and do the work and we're getting so much work done. But in actual fact, they are not able to concentrate for that length of time. […] They're better when they have a bit of dancing to look forward to our they have [Wellbeing Project] to do a bit of mindfulness" (SI5)

The Wellbeing Project was also seen as helping children and young people learn more about wellbeing and to develop important coping skills. Improvements in student emotional regulation were reported and stakeholders felt that children and young people were putting new coping skills into use to better manage their emotions in school:

"This programme has really offered a way of teaching each of them how to process these things, when to relax, and just to deal with one worry at a time" (SI12)

"We would have seen how they've been able to put those strategies into use and just step back from things, talk about things, ask for help, you know, on just all the breathing strategies - no question it has. It has transferred into the playground and into their, into their friendships" (SI10)

"There was a lot of challenging behaviour throughout the year, and in the last few weeks they seem to have settled a bit better and maybe have better skills to cope with different situations or whatever. Yeah, so, some improvement there" (SI1)

Perceived benefits for parents' wellbeing were also highlighted and included improved self-care, enhanced coping skills and reduced stress levels. Overall, the programme was seen as helping to empower parents to strengthen their own wellbeing.

"Some of them have used the breathing and are more conscious of being in control of their stress, if they are frustrated or upset at home that they have something to draw on – that it's not just that they are powerless in it" (SI7)

"Wellbeing is on the menu now, they are conscious that they need to do something for themselves" (SI7)

(b) Broader benefits

The roll out of the programme was seen as helping to strengthen supports for wellbeing in community settings, particularly schools. Some teachers, for example, felt they had gained new skills to support emotional regulation and wellbeing in their classrooms. These teachers described how they continued to use programme-taught techniques, such as breathing and tapping, with their pupils to promote concentration and positive behaviour, as well as addressing student worries and challenges:

"At this time of year the kids are most excitable and it can be difficult to contain them. But yeah the breathing and the tapping they respond really well to, as a calming and re-focusing activity. And the fact that they know [facilitator] has shown it to them and walked them through it, but also that I was there so I know how to do them. It validates it a bit more for them and they respond well to it" (SI4)

"I've used that on a few occasions in different settings with kids throughout the school if they're worried or if there are any issues, saying 'remember the jar' and to focus on their breathing. And I suppose the breathing exercises or whatever definitely is something they can carry forward" (SI1)

A number of participating teachers noted that the programme had also been beneficial for their interactions with students. One teacher, for example, described how they had gained new insights into students' emotional experience by observing their classes' participation in wellbeing activities and felt that that they could use this information to better help their students. More generally, teachers and principals described how being involved in the roll out of the programme in the classroom had contributed to upskilling and capacity building in relation to wellbeing. That is, school involvement in the programme was understood as helping to equip teachers with new tools, strategies and skills which they could use to support their school communities. This was also seen as helping school staff feel more competent and confident in addressing student wellbeing:

"The other thing I liked was in one of the sessions [facilitator] had a picture of their own bodies in a shape and they could mark in where they hurt when they're worried about something. […] For me it was interesting to see what they were writing in, some had it in their head and others in their tummies. There were a range of different places they felt that stress and even just looking at that for me, it would be something that would help me to know what to target to help them" (SI4)

"It was a professional person coming in, showing you the language around, showing the teacher the language around this and how to speak about it and how to be calm and to deliver it properly. Then that's totally scaffolding then for the teacher then who can see, this is how you talk about this. This is how we do it and when things go wrong. This is how we talk." (SI10)

"I think there's massive upskilling after being done and it's needed. It's needed every single day of the week. You know, even first thing this morning we had a child in a state and he was having a bad morning and they [children] just don't have the skills to deal with that and they're trying to cope in school […] that's a huge part of this is helping teachers feel that they can cope with this […]. So actually this upskilling for teachers is massive" (SI10)

Finally, the programme was also seen by some stakeholders as potentially relevant to the wellbeing of teachers themselves and that the skills and strategies could also be useful in reducing work-related stress and strengthening teacher wellbeing.

Section 2 - Facilitators and barriers to programme implementation

In this section we explore how the Barnardos National Wellbeing Project works and identify important facilitators that underpin programme success, as well as challenges to implementation and impact.

4.3 Facilitators and mechanisms for programme success

Overall, school and community based stakeholders were unanimous in describing positive responses to the programme components. All stakeholders expressed an interest in continuing their involvement in the Wellbeing Project. Important mechanisms for programme success included (a) programme factors; (b) participant engagement; and (c) skilled delivery and external facilitation.

(a) Programme factors

Key programme factors which were identified as important in achieving positive wellbeing outcomes for children and young people included the practical nature of the programme and the variety of activities which were offered to participants. From a holistic perspective, the programme was seen as providing participants with a space to foster wellbeing, including connection and learning and skill development:

"It's about creating a safe physical and emotional space for people. […] one of their aims is to make people feel comfortable and feel safe and able to share. It's about building connection and building relationships" (SI16)

The varied nature of the activities which are offered to participants was identified as a beneficial aspect of the programme. For project workers, this variety and range of activities was identified as important in helping participants engage and developing a "buzz" during group sessions. That is,

project workers felt they could adapt the programme and pick and choose activities which worked best for children and parents taking part in wellbeing service components:

"If one of the exercises is getting no response from the children we move on, we're able to move to the next one." (SFG1)

The variety in activities was also praised by other stakeholders, as this was seen as helping participants' to learn what works for them and to gain new skills which they could use to manage stress and enhance their wellbeing. More generally, the skills and strategies which are taught to participants were described as useful and useable. That is, coping techniques were seen as being readily applicable and effective in facilitating emotional regulation and stress relief:

"The programme is really practical and really effective in the immediacy of the classroom setting when the child might be having a meltdown and they can't really engage in the types of coping skills they might access at home like taking a walk or exiting the room or seeking comfort in a hobby. Those are strategies we would encourage all children to use but they're not really readily available during the middle of a maths test and you have anxiety. So the breathing exercises, the counting, the visuals, and reminding them that they engaged in these really helped and were quite immediate in their effectiveness" (SI8)

Facilitated opportunities for the practise of new coping skills and strategies was also a key programme factor which was generally praised. That is, the programme was seen to provide participants a space to try out and learn how to use different coping techniques. This was seen as facilitating learning and the translation of strategies and techniques into use and, in turn, wellbeing outcomes:

"[The Wellbeing Project] is quite specific, it's quite giving specific strategies, how to deal with x y z, and that is so beneficial. I mean, we find it that there's not enough of that done" (SI10)

(b) Participant engagement and adaptation to need

Children, young people and parents were seen as having enjoyed their experience of the programme. This was seen as a significant factor in the overall success of the programme, as this helped participants "buy into" the skills and strategies and facilitate learning:

"They engaged straight away and were focussed and ready, and yeah, definitely, that was a very positive aspect of the programme" (SI1)

"I think the students are seeing something that they wouldn't see in a normal day and I think that's been opening for them. It's opening their perspective and their mind to things they would never come across and I think they will reflect on it and bring it through with them" (SI3)

Appropriately targeting the programme to participant needs was highlighted as important in ensuring the effectiveness of the programme. This process of adaptation linked to promoting participants' full engagement with sessions. Additionally making sure the programme is delivered in a developmentally appropriate manner and creating a safe, supportive environment was also seen as important in ensuring the success of the programme.

"We've had to adapt things to meet the needs in our parents groups […] I think we will always adapt to those needs because it's so, so important to being a quality, needs led service" (SFG1)

"The individual work wasn't working so she put them into groups and they would do group work which ended up being so much better. So there's a bit of reflecting after the group but there's also needing to think on your feet in the moment" (SI16)

"It was very much not too easy, not too hard – but the vocabulary was absolutely right for where the children need to be right now" (SI10)

(c) Skilled delivery and external facilitation

Project workers involved in programme delivery were highly praised and were identified as an important "ingredient" in programme success. It was noted that project workers' skills were central to ensuring that participants enjoyed the programme and felt safe and comfortable participating in activities. This was the case for programmes targeted at both children and young people and parents:

"[facilitator] was amazing. Her interaction was very clear, very organised, very no messing - […] also her interactions with the teachers were very good, very beneficial. Lovely calm approach and I suppose she was quietly kind of making them feel confident too about what they could do. And just her manner was just lovely. I mean, I think that person is crucial. No question, and she was excellent" (SI10)

"She's brilliant with the kids. She has all these relaxation techniques, especially in those times that they're stressed" (SI12)

"[facilitator] was absolutely brilliant. She's really likeable. And there's no pressure on the children. A few might have been a bit slow to engage initially. Just because it doesn't come naturally to them to talk about their feelings. Some of them are a bit embarrassed or don't have confidence in talking about why they're feeling a particular way. But I love how it's non-threatening. Even the music she used for the exercises and everything. Like most of the kids love music and respond well to it, so to have that at the start of every session was fabulous because it gets them on board and participating" (SI14)

"[facilitator] is very good, she's very skilled and kind. All of them have warmed to her. She does ask them to do things out of their comfort zone, like the 'ha breath', things that they would never do, and

maybe even finding their voice is a challenge, but [facilitator] makes it very safe for them because she has a great way" (SI7)

It should be noted that project workers involved in delivery of the Barnardos National Wellbeing Project were experienced social care practitioners. Their expertise in programme facilitation and service delivery in disadvantaged community-based settings was identified as important to generating participant satisfaction, buy in and engagement and facilitating the appropriate adaptation of the programme to participants' needs. At the level of programme management, the skills of staff and their approach to delivery was recognised as a hugely important asset:

"Selling [body based healing] as a real intervention that really works and makes a difference is key. The staff had to be really enthusiastic and really believe in it. And testament to the recruitment process, these staff do really, really embody that and I think that is what makes it so special" (SI15)

Staff's ability to engage and build relationships with organisations, services and community members was also seen as important in getting the programme off the ground. Moreover, an interagency approach was beneficial from the perspective of schools. The facilitation of the programme by an external professional was identified by school staff as opening participants up to a new voice and perspective, as well as helping children and young people to enjoy and feel comfortable participating in the programme. Moreover, the provision of wellbeing support by an external organisation was also seen as helping to meet the wellbeing needs of children and young people which were difficult for teachers and schools to address:

"It's a different voice. Like when [facilitator] comes in, you know, it's not me telling them these things. I think sometimes they just need that different voice, and how she delivers it is brilliant" (SI2)

"The teachers in our school make a really big conscious effort to connect with children. But there is a difference when they're in that circle with [facilitator]. They do say things about home that they wouldn't say during maths with a teacher" (SI8)

"I find there is no way I can meet all of their needs all the time. Having someone come in who wasn't trying to teach them something academic was such a good thing" (SI4)

Project workers were described as professionals who could guide teachers and school staff in learning how to use new coping skills and strategies in their classrooms and interactions with children and young people. Additionally, the delivery of the programme in classroom settings was seen as important as teachers were learning about, and subsequently using and reinforcing the skills more broadly in the school environment:

"This was perfect in that it was a professional person coming in, showing you the language around, showing the teacher the language around this and how to speak about it and how to be calm and to deliver it properly. Then that's totally scaffolding then for the teacher then who can see, this is how you talk about this" (SI10)

"I've used some of the skills we've learned like the breathing techniques in different scenarios since. I've used them in the church one of the days when one of the children was getting very exasperated. I've used it on the playground and going to matches, so we really benefitted from it" (SI9)

4.4. Programme challenges and barriers

A small number of challenges to programme implementation and impact were highlighted. These included, barriers and challenges during programme delivery, as well as challenges to programme effectiveness.

(a) Participant engagement

Although the qualitative findings highlight enthusiasm for the programme, some challenges to participant engagement were also highlighted. For example, project workers felt older primary school students (5th and 6th classes) were more difficult to engage and consequently, were seen as not deriving as many potential benefits from Wellbeing Project as possible. Challenges to working with these groups included particularly high levels of self-consciousness, potential discomfort in participating in activities and negative attitudes towards the programme.

"You might be dealing with a class who are quite self-conscious, for who some of this movement and breath stuff is a bit like 'that's not cool, I'm not doing that'" (SFG1)

" I think but the older…well my experience anyway, was say the fifth and sixth classes were a little bit more self-conscious, particularly girls" (SFG1)

Some stakeholders felt that additional adaptation and reflection to ensure the programme is more attractive to older primary school children was needed. An additional challenge in school settings related to insufficient engagement of teachers in certain groups. Although most teachers displayed high levels of programme buy-in, this was not always the case. Project workers felt this made delivery in these classroom settings more challenging and undermined the effect of the programme among participants.

"In some areas teachers are so into it, they're so engaged, you can tell that they're practicing it throughout the week because when the worker goes in the following week they're getting that feedback or they've left things in the class that the teacher has gone through. That makes a huge

difference to the embedding of the programme. But there are others that are disengaged, or are doing something else, maybe having a conversation with somebody, and this effects the engagement of the children" (SFG1)

Additionally, GFS was seen as more difficult to facilitate than other school-based components. Children's participation with this programme was perceived as more mixed. Notably, project workers felt this component featured less variety and that children were more likely to get "bored" as a result. Consequently, GFS was seen as requiring more adaption to ensure that children engaged with the programme and to facilitate learning:

"The Grow from Seeds programme, we all had to kind of pull it back a bit, because there was just too much content in it. And it was so different from week to week that they kind of needed" (SFG1)

Barriers to parent engagement in wellbeing supports delivered in community-settings were also noted. Although the parents' wellbeing service component was very positively received, participation in the programme was low and attendance varied over the course of the programme. Barriers to parent engagement included practical barriers such lack of childcare, transport, time pressures and lack of confidence.

(b) Time and resource pressures

Project workers identified time constraints as a challenge. Programme implementation and delivery was an intensive and multifaceted undertaking which required project workers to simultaneously recruit and engage schools, deliver child and parent Wellbeing Projects and engage in training. The additional requirement to evaluate the project was also seen as a further challenge and tax on project worker time. A longer lead-in period for programme delivery was identified as potentially beneficial for future cycles of programme delivery as this would allow workers greater time and scope to get to know participants and adapt the programme to their needs.

"It is difficult at times because of everything… From the start to go out recruiting schools, to planning, to implementing, then to evaluate" (SFG1)

More generally, programme delivery was also seen as requiring intensive engagement, which was difficult when delivering service components as a solo facilitator. Project workers felt *like "a bit of a lone ranger"* (SFG1) and that delivering without a co-facilitator was a challenging and *"daunting process"* (SFG1).

(c) Challenges to programme effectiveness

Stakeholders also noted that many of the children and young people, as well as families in the

wellbeing sites, have complex needs and that realistically, multiple and long-term supports would be needed to support their wellbeing needs more fully. In school settings, additional wellbeing resources and increased duration of programme delivery were identified as important in reaching the needs of more at-risk children and young people:

"if you're talking about really impacting on wellbeing in a sort of bigger way in the school, it would have to be run for the whole year would have to be more classes" (SI6)

Greater scaffolding and support for children and young people, particularly younger children, in translating skills and strategies into routine use was also seen as important in promoting longer-term programme benefits. Thus, embedded support throughout the school and home environment which would reinforce use of skills and strategies was seen as necessary:

"For the children to continue using them independently, they would need probably nearly a full year, ongoing input around that and support and you know, or even if it was, you know, ongoing every couple of weeks, but the teacher was doing it in between. I mean, it would have to be a much bigger endeavour. If you're talking about real impact, you know" (SI6)

I think if we had gotten a bit more parental buy-in and even said things like "this week we are focusing on breathing and your teacher has agreed you can get off some of your maths homework if you practice your breathing at home" (SI8)

"I think we need a champion teacher and they would be trained up to do something that [wellbeing worker] would do or there would be a few, a little group of teachers" (SI3)

These findings were echoed by those involved in programme delivery, who felt that a longer programme may be more beneficial for children, young people and parents. In school settings, the importance of active teacher involvement in the programme components was emphasised and, and as noted above, in a small number of cases, insufficient buy-in was seen as undermining the effectiveness of the programme. Ensuring engagement at a school level was highlighted as an important consideration for the future implementation and sustainability of the programme.

5. Discussion

Here we discuss and synthesise the findings of the evaluation. Lessons for the development of the programme are also outlined.

5.1 Overview of findings

The findings reported here highlight the early outcomes from the implementation of the Barnardos National Wellbeing Project. The overarching aim of the evaluation was to explore the impact of the intervention on individual wellbeing, as well as its implementation at a community level. This programme is a new community-wide initiative, informed by the principles of trauma-informed practice and designed to promote wellbeing through the treatment and prevention of toxic stress. Children who took part in the programme demonstrated greater emotional regulation skills, whilst there was also high levels of satisfaction with, and enjoyment of, the individual programme components. Benefits for parents were also highlighted. More generally, the availability of the wellbeing supports at a community level was broadly welcomed by key stakeholders, who emphasised a growing need to address anxiety, emotional dysregulation, behavioural challenges and mental health issues in children and young people, as well as their families. Positive outcomes at a community level included increased capacity to support wellbeing. Overall, these findings highlight the acceptability, relevance and potential effectiveness of a coordinated package of wellbeing supports delivered in the community which facilitates access to a range of wellbeing-focused resources, and which also promotes emotional regulation and wellbeing.

5.1.1. Child wellbeing outcomes

The collective findings suggest that the Wellbeing Project helped children and young people develop coping skills and had a positive impact on child emotional regulation. Statistical analyses showed that, overall, children were demonstrating better emotional self-awareness and empathy, as well as less anger dysregulation and mood lability after receiving the programme. These findings are important. Emotional self-expression and children and young people's ability to name their emotions was highlighted as a particular area of need for children and young people at baseline, whilst a small but significant proportion of children were also showing low mood and challenges appropriately regulating their behaviour in the classroom. At follow-up there appeared to be a considerable improvement in children and young people's ability to name their negative emotions, whilst fewer children were reported as showing poor self-regulatory skills in the classroom. The results of the qualitative study support these findings. Children and young people described how programme participation facilitated opportunities for relaxation. The programme was also seen as helping to build and enhance knowledge of mind-body connections and facilitating the development of adaptive stress

management skills, such as meditative practices and breathing techniques. Classroom-based teachers corroborated these findings and perceived the programme to have been effective in the teaching of coping skills and wellbeing enhancing strategies to children. In some instances observable effects on behaviour within the classroom, the school yard, and in children's friendships were described.

Nevertheless, some limitations should also be noted. The strongest change in respect of emotional regulation was found for those who participated in CBBM sessions. Children who took part in GFS also showed improvements on teacher-reported emotional regulation, although no change in respect of anger dysregulation was found. These changes may have been linked to the emphasis this service component places on social cohesion and integration and consequent changes in empathy. However, it should also be noted that this sub-group were scoring lower at baseline in respect of their ability to regulate their emotions and, despite positive change over time, their scores remained lower than that of their peers at follow-up. Children who participated in CM did not show any change over time, whilst there were also no changes overall in respect of self-reported subjective wellbeing – although this data could only be collected from a reduced subsample of older children which may have limited our ability to detect changes. More generally, the majority of children reported that they were faring well in respect of their wellbeing at baseline, thereby limiting the scope for change. The findings reported here also relate to post-intervention outcomes only. Due to resource and time limitations, data could only be collected immediately following the completion of programme components. However, mindfulness skills and other body-based coping techniques may require more time for practice in order to translate into positive wellbeing outcomes. Interestingly, class teachers, while not directly involved in delivering the programme, were present during sessions within the classroom and many reported subsequent use of programme techniques to improve and support emotional and regulation and wellbeing in the classroom. Teachers also felt that their capacity to understand the emotional experiences of children and young people had been improved as a result of programme delivery. Thus, the programme represented an opportunity to bridge a capacity and skills gap for teachers by fostering new ways to support wellbeing. Indeed, many teachers feel ill equipped and under-resourced to support the wellbeing of the students they teach (Banerjee et al., 2016; Nohilly & Tynan, 2019). Positive changes in teachers' capacity to promote adaptive coping mechanisms may, over time, contribute to further benefits in respect of wellbeing in children and young people.

Nevertheless, whilst overall engagement levels were high in schools, there were certainly instances where gaps in engagement were highlighted. A small proportion of teachers were less engaged in the delivery of programme sessions, and this was seen as potentially undermining the effectiveness of the interventions delivered. Regular practice is critical to the success of awareness-based interventions (Kuyken et al., 2022). Thus, without regular reinforcement and encouragement of programme

content, children may not transfer new coping strategies from the programme into their daily routines. Indeed, while children and young people who participated in the programme generally found the programme to be useful and enjoyable, not all students reported using the new skills and strategies in their day to day lives. Previous research has highlighted the challenge of engaging young people, particularly more at risk and disadvantaged young people, in awareness based supports (Montero-Marin et al., 2022). Overall, supports and/or training for children and young people which can promote the transfer of learning and newly acquired mindfulness-based skills and strategies to their lives and personal experiences outside of the programme are vital.

5.1.2 Parent wellbeing outcomes

The findings provide partial indication that the programme had a positive impact on parent wellbeing. Parents reported improvements in their overall mental wellbeing. Although not statistically significant, these changes may be considered meaningful and indicative of increased positive emotion and improvements in mental functioning post-intervention. Indeed, at follow-up parent scores in respect of wellbeing were comparable to expected population norms (WEMWBS, 2011). Positive trends were similarly observed for reductions in expressive suppression, which suggests that parents were less likely to use maladaptive emotional regulation strategies after attending the programme, although, again this did not reach statistical significance. It should be noted that a small number of parent groups were delivered, whilst very few parents took part in the evaluation, reducing power to detect statistically significant changes in this group. As above, outcomes reported here relate only to immediately post-intervention. More time may be needed to allow these skills to "bed down" in the day to day lives of parents and to result in substantial and detectable changes in parents' welfare. Indeed, the qualitative findings revealed several positive outcomes for parents including improved mood and coping skills. Following programme participation, parents reported feeling calmer, less stressed and less emotionally reactive. Parents also highly appreciated the opportunity for self-care and regulation, as well as connection with others through attendance at the individual wellbeing session. Participating in the programme was perceived as useful in normalising their experiences of stress, as well as reducing their sense of isolation. Parents felt they had acquired useful skills and strategies through programme participation which they could implement in daily routines to reduce stress and improve wellbeing. Indeed, stakeholders, such as programme providers and community-based practitioners, also noted that parents had gained greater appreciation of the importance of self-care and had improved their capacity to respond to stressors in their lives.

5.2. Implementation of the Barnardos National Wellbeing Project

The integration of a new, large-scale and multicomponent intervention into existing services and community-based settings is a challenging, multifaceted undertaking and a wide range of factors, conditions and processes may influence programme effectiveness and implementation (Kilburn et al. 2017). Some important findings in relation the implementation of the Wellbeing Project emerged. These related to the reach, acceptability and appropriateness of the programme, implementation adaption, as well as programme adoption and challenges to programme success

5.2.1. Reach, acceptability and appropriateness

Overall, the Wellbeing Project remains in an early phase of implementation. Nevertheless, in its pilot year, the programme directly impacted 1,694 individuals across the five wellbeing sites. During this period, a total of 53 groups were delivered in range of community settings, including 20 schools. These achievements in respect of reach and penetration at a community level are not inconsiderable. Moreover, enthusiasm for the Wellbeing Project was a recurring and strong feature of the qualitative findings with both programme participants and other stakeholders involved in delivery. Satisfaction with, and positive perceptions of, the Wellbeing Project were widespread. Experiences of the programme were also very positive and the group-based nature of the intervention was perceived as facilitating a safe space where children and parents were empowered to learn about their wellbeing and enhance their emotional resilience in the face of stressful circumstances.

Importantly, the programme was perceived as addressing a pressing need at a community level. There is no doubt that wellbeing and mental health challenges are an increasing area of concern. Mental health difficulties have become a public health crisis and now represent the largest single cause of ill-health and disability. The prevalence of mental health issues are increasing globally and the wellbeing of children and young people is a particular area of concern, with studies highlighting growing rates of social-emotional and behavioural challenges, as well as anxiety, depression, and self-injury amongst children and young people (Shorey et al., 2022). Stakeholder interviews revealed significant levels of concern in regards to community wellbeing at present, detailing their observations of increased levels of anxiety, emotional dysregulation, behaviour problems and mental health difficulties in schools. These first-hand experiences are in line with empirical evidence. Within a school context, research has shown that around one-quarter of Irish children have at least some behavioural or socioemotional difficulties outside of the 'normal' range (Hyland et al., 2014) and trends towards increased prevalence of mental health difficulties in young people have been noted (Dooley et al., 2019). Qualitative findings here highlighted Covid-19 as a significant exacerbating factor and as contributing to a proliferation and deepening of mental health challenges, wherein prolonged lockdowns and uncertainty around

the virus had compounded stress and negatively impacted on wellbeing and resilience. Again, this is supported by emerging literature which has shown that children and adolescents were more likely to experience high rates of depression and anxiety during and after the pandemic (Meherali et al., 2021; Ravens-Sieberer et al., 2021), especially amongst those already at risk due to disability, disadvantage and inequality (Raw et al., 2021; Skripkauskaite et al., 2021).

Parental burnout is also an increasing area of concern, with recent studies reporting a significant increase in parent exhaustion and emotional distancing as a result of pandemic-related lockdowns (Aguiar et al., 2021). This has also been associated with increased use of harsh parenting and deterioration in the quality of parent–child relationships (McRae et al., 2021). Mental health challenges experienced by parents may cascade down to children with deleterious consequences of their emotional regulation and wellbeing, particularly in environments where there are other stressors, such as financial concerns, family conflict and pre-existing mental health difficulties (Hails et al., 2022). Indeed, this interplay of complex contextual factors associated with the experience of adverse community environments and wellbeing was salient throughout interviews with community members, with many highlighting the significant day-to-day stresses experienced by members of the community. Thus, the need for additional resources and services to address wellbeing and mental health needs within an already stretched system was emphasised, and accordingly delivery of the Wellbeing Project was perceived as 'timely' and a welcome opportunity to target and strengthen emotional wellbeing in children.

Stakeholders were, on the whole, enthusiastic about continuing their involvement with the programme and the programme was seen as successful in addressing community wellbeing needs. Key mechanisms for this success included the creation of supportive community-based spaces in which participants felt safe to share their experiences, build relationships, and practice activities without judgement was emphasised. Indeed, in these kinds of group-based programmes, positive interpersonal interactions and a sense of group support have been highlighted as a key ingredient in programme outcomes (Furlong & McGilloway, 2015). Other programmes feature praised by participants and stakeholders alike were the practical and varied nature of activities offered during programme sessions. This was seen as facilitating opportunities for coping skills development in participants, whilst also boosting engagement and 'buy in' for the programme. Thus, these features were viewed as ensuring the appeal, as well as the applicability of the programme across a range of children, young people and parents who experience a range of needs and differing circumstance. Indeed, across the qualitative findings there generally was no unanimity regarding which elements of the wellbeing sessions were most effective or beneficial, rather, there was considerable individual variability regarding "what works best" depending on preference. For instance, while many children

did express enjoyment and benefits from the breathing activities that formed a central facet of CBBM, others were less comfortable with these exercises and more drawn to the creative elements of the programme such as the mind jar or colouring activities. This is arguably a strength of the programme, given its delivery on a universal basis in community settings, in that it provides learning opportunities which can cater to the needs of various groups. Overall these findings indicate that the programme was perceived as appropriate and acceptable at a community level. These are key implementation outcomes and are highly salient during early implementation (Proctor et al., 2011). Overall, there was a high degree of satisfaction with the programme, as well as perceived fit, relevance, and compatibility between the Wellbeing Project and target participants, their needs and their communities.

5.2.2 Implementation adaptation

Adaptation and adaptability of programme content were highlighted as an important aspect of implementation and, in turn, the effectiveness of the sessions delivered to community members. Project workers modified content depending on the needs of each group (developmental stage, temperament) as well as participants' response to activities (e.g. level of engagement). This flexibility was crucial to facilitating participant satisfaction with the programme, maximising programme acceptability and perceived benefits for participants. This requires skilled, committed facilitation and it is crucial to note that project workers were highly praised for their ability to create a calm, organised, safe space for participants, as well as their ability to engage sensitively and responsively to children, young people and parents participating in the Wellbeing Project. Indeed, the skill level and commitment of the project workers delivering the programme was strongly indicated as a key ingredient for programme success. Staff were also praised for their approach to programme delivery, in particular their commitment to 'body based healing' approaches. Barnardos staff are trained extensively in trauma informed practice, and these workers had years of experience delivering programmes to children and families. Another interesting finding was the identification of 'external professionals' as highly instrumental in the success of the Wellbeing Project. Previous research has shown that in the context of awareness-based interventions, the competency of trainers/facilitators is a central mechanism for effectiveness (Wilde et al., 2019).

Recent research found that a mindfulness programmes delivered by teachers in classroom settings did not result in any positive wellbeing outcomes – a finding which may partially attributable to challenges in training teachers to competently delivery these kinds of supports to children and young people (Crane et al., 2020). Pre-existing teacher-student relationships may undermine teaching of social-emotional skills, while the skills required for teaching mindfulness may not be compatible with those required/acquired for academic teaching (Montero-Marin et al., 2022; Wilde et al., 2019).

Whereas here, access to dedicated, external project workers were seen as facilitating greater openness and comfort in dealing with sensitive topics. This kind of alliance between participants and programme facilitators has been shown to be an important factor in the effectiveness of group-based programmes more generally (Leckey et al., 2019). Finally, as evidenced by the findings here as well as those reported elsewhere (e.g. Reinke et al., 2014), teachers and schools often struggle to find the time and resources to dedicate to supporting wellbeing. Thus, the availability of external, expert facilitators were also seen as providing an important capacity building resource. Indeed, given the pressing need for effective supports and services which can reduce and prevent mental health challenges and promote wellbeing, this type of collaborative model and partnership working between community-based service providers and schools may have significant value in terms of intervention quality and efficiency. Integrating and interlinking in this manner may help to enhance professional development in teachers and school staff (where buy-in and engagement is present), whilst also ensuring that programmes are effectively delivered at a community level.

5.2.3 Programme adoption and challenges to programme success

Despite these positive findings, challenges to programme implementation success and effectiveness also emerged which included, in particular, barriers to programme adoption. Perhaps unsurprisingly, given the complexity of the Wellbeing Project, these barriers varied across the different service components. In the context of parent groups, it is notable that relatively few parent groups overall were delivered and attendance was generally low. Challenges to engagement in supports targeted towards parents are well documented and include competing demands, practical barriers (e.g. lack of transport, childcare), as well as attitudes towards group-based supports, and stigma (Butler et al., 2020). These findings were echoed in the qualitative study where parents highlighted initial reluctance to engage with the group-based supports due to fears of judgement, as well as a lack of familiarity and comfort with the programme content. Although it was beyond the scope of this evaluation to collect data from participants who did not engage or who dropped out of this component of the overarching programme – these barriers were, arguably, successfully overcome by the facilitators' ability to establish positive alliance with vulnerable parents and to foster supportive intragroup dynamics. The small group size was also perceived as a significant positive feature of the service, from the perspective of parents and stakeholders, alike, a key mechanism for promoting engagement and enhancing the benefits of the programme for parents. Balancing the dynamics of increasing reach, whilst also ensuring the effectiveness and appeal of the programme to targeted recipients is a challenging undertaking.

Overall, the reach of school-based programmes was significant; however, the delivery of a range of programme components, in varying context and to differing populations of children and young people was a challenging undertaking for project workers. Implementation was complicated by the need to train in various components, as the programme was simultaneously being rolled out. Project workers highlighted pressures on their time and heavy workloads, as well as resource constraints. Workers simultaneously managed engagement with and recruitment of schools for participation, the delivery of programmes and their own training, as well as recruitment and administration of quantitative measures for the evaluation and facilitation of access to participants for qualitative data collection processes. While workers recognised their management structures and wider team of colleagues delivering their own programmes as supportive, a sense of isolation and the absence of co-facilitators to support delivery was experienced as a challenge.

Furthermore, some programme components appeared to be more difficult to deliver than others, whilst catering to the needs of specific groups was also complex. For instance, the GFS component of the programme was highlighted by project workers as more challenging to facilitate than either CBBM or CM, requiring more flexibility and adaptation depending on the class grouping, and engagement levels by children were much more mixed. These difficulties may have been compounded by the relatively lower level of familiarity with the GFS component, when compared to the other service elements. Indeed, engagement and satisfaction with GFS appeared to be more mixed. The service was deemed as needing greater work in order to deliver the programme with fidelity, whilst also ensuring that the content was stimulating, age appropriate, and suitable to the needs of young recipients.

Other findings suggest that responsiveness to, and adoption of the programme were not uniform and the challenges of delivering service components to a wide range of groups were evident. For instance, older children attending the transition classes of 5th and 6th in primary schools were identified as not engaging nor benefitted with the programme to the same extent. This was attributed to heightened levels of self-consciousness and discomfort in these particular groups. Project workers highlighted the need for deeper consideration of how to adapt programmes more optimally for these groups. Previous research has highlighted that developmental factors, particularly the self-regulatory and meta-cognitive capabilities of children and young people, are linked to the effectiveness of awareness-based interventions (Montero-Marin et al., 2022). Indeed, tailoring these kinds of programmes to developmentally-driven needs is vital. As noted earlier, the qualitative findings point to gaps between participant satisfaction with, and enjoyment of, programme components and actual adoption of new skills, with some participants reporting not using the skills and strategies taught to them outside of the programme. It was beyond the scope of this evaluation to assess in more detail whether specific characteristics of children and young people influenced to their responsiveness to programme

components, however, previous research has shown that young people at greater risk of mental health challenges may show lower responsiveness to brief awareness-based interventions when delivered on a universal basis in school settings. These high-risk groups have been found to experience detrimental effects following participation in mindfulness training (Kuyken et al., 2022). Low-intensity interventions have the potential to give rise to difficult emotional experiences, while failing to provide sufficient support to enhance resilience, particularly in more at risk groups such as younger children, those with poorer functioning and those experiencing disadvantage and inequality (Simon et al., 2022). One of the key recommendations from participants and stakeholder programme improvement related to an increase in programme length and intensity, thereby allowing more time for skill development. Additionally, tailoring the content and delivery to individual preferences may also be beneficial. A number of young people for example, suggested incorporating outdoor activities into the programmes on offer. A growing body of evidence points to the effectiveness of nature-based, mind-body interventions (Petty & Barton, 2022). More generally, exploring these kinds of priorities prior to programme delivery, providing participants with input into how they learn and facilitating opportunities for co-design of interventions may be beneficial and allow for better adaptation of content and delivery to participant need. Overall, it is vital that inequalities are not exacerbated. In at risk communities, such as those targeted by the Wellbeing Project, children and parents may need further scaffolding to facilitate and reinforce the application of acquired skills, not only in school but in the community and the home, as well as more longer-term and intensive supports. This could potentially be enabled by increasing the duration of programme components, and adapting implementation protocols on the basis of theory-driven decision making to ensure that content is appropriate relative to age and needs of the target population (Dray et al., 2017). Overall, the Wellbeing Project is still at an early stage of implementation and, as new cycles of programme delivery are rolled out, learning will be applied to enhance service provisions and to optimise relationships with, and outcomes for, key stakeholders and participants.

5.3 Study strengths and limitations

A key strength of this evaluation included the use of mixed-methods which facilitated the collection of rich data from multiple sources. Data was collected through both teacher-report and self-report measures, whilst qualitative focus groups and interviews facilitated more in depth insights into a wide range of participants' and stakeholders' experiences of programme delivery and implementation. The inclusion of a child self-report measure and child focus groups using creative approaches to data collection also meant direct feedback could be acquired from the perspective of younger programme participants. Qualitative fieldwork was conducted by external researchers not involved in programme delivery to facilitate openness and honesty in relation to participants' experiences. Overall,

triangulation across data sources can help to enhance the reliability and trustworthiness of the findings.

Notwithstanding this, there were also limitations to this evaluation study. The evaluation was established during the pilot stage of programme implementation and was time limited; thus, evaluation of some programme components (Singing circles, once-off community-based workshops) was beyond the scope of the research and it was not possible to explore in more detail the nuances inherent in the delivery of each programme component, as well as the differential effectiveness of programme components for varying population groups. Moreover, despite the early stage of programme development, its scope is ambitious and wide-ranging and it was not possible in the contracted time period to capture all school and community groups, while recruitment to the evaluation was lower than that of the programme which may limit the generalisability of the findings. Missing data in both teacher and participant self-report data was not accounted for, and the small number of parent participants who completed measures, as well as child self-report measures may have limited our ability to detect intervention effects. Data was collected in programme setting which may have led to more socially desirable responding, whilst this also relied on participants being present on the final day of programme delivery, which was not always the case and resulted in the loss of some data. Moreover, follow-up data were collected immediately post intervention whereas programme effects may take longer to emerge. Recommendations for future evaluations of this programme would be to take a more targeted approach to evaluating specific programme components (e.g. CBBM), and including more targeted and age appropriate self-report measures for younger participants. Additionally, it would be beneficial to include the perspectives of parents on their own children and their use of wellbeing strategies in the home following participation in the programme. Finally, a longer follow up is warranted to capture any longer term change, given the short six week duration of the programme.

5.4 Conclusions and Lessons

Trauma and adversity have a significant and lifelong impact on health and wellbeing. Trauma-informed services and supports which tackle stress and promote wellbeing are an increasing public health priority. The findings reported here point to the utility and potential effectiveness of a community-wide Wellbeing Project which aims to reduce toxic stress, promote regulation and wellbeing in children, young people and parents. Satisfaction with the intervention was also very high amongst community members, whilst children and young people were found to have better emotional regulation following intervention. Potential benefits for parent wellbeing were highlighted. Resource and capacity building for teachers and schools were also identified as positive outcomes. Overall, mental health difficulties and emotional wellbeing were seen as prescient concerns at a community

level. The Wellbeing Project was seen as important in alleviating these challenges and promoting resilience. Challenges to programme implementation were noted, although these kinds of difficulties are not unexpected during early stages of roll out. Moreover adaptation is an important feature of the programme, and lessons emerging from this evaluation may help to further enhance implementation and programme outcomes. Key lessons include:

- Integrated, trauma-informed, awareness-based supports delivered in community settings can result in improvements in child emotional regulation, as well as potential benefits for parent wellbeing. Skilled facilitation of the Wellbeing Project was central ingredient to programme success. The collaborative, interagency approach in the Wellbeing Project appears to be important in promoting programme engagement and impact.
- Challenges to delivery of particular service components were evident. Limited resources were also a strain on project workers. The provision of co-facilitation supports and/or greater time to get to know participants and the kinds of activities/programmes which will be most effective, may be beneficial.
- Challenges to engaging and ensuring benefits for all participants were also highlighted. Greater understanding of what works for whom and in what circumstances is needed. Further qualitative exploration may be useful in developing more in depth understanding of pathways to programme success and effectiveness within each of the programme components.
- The responsiveness of participants is vital to programme effectiveness. Whilst consultation was a key aspect of the design and development of the programme, further engagement in the context of programme implementation may be beneficial. Promoting greater participant involvement in the delivery and providing community members with a say in the supports they receive and how they learn may be warranted.
- Children and young people may also need additional supports and/or preparation in translating the skills and learning to their lives and personal experiences outside of the programme, particularly if they are younger or more vulnerable. Fostering links between the programme and children's families may also help to promote greater use beyond programme settings and the sustainability of programme outcomes.

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About Barnardos

As Ireland's leading children's charity, helping vulnerable children since the 1960s, Barnardos works with vulnerable children and families to provide practical, social and emotional support. Barnardos supports children and families all across Ireland who have been affected by traumatic life events such as abuse, parental mental health, neglect, separation, bereavement and addiction. Our core purpose remains the same; 'to help the most vulnerable children in society achieve their full potential – regardless of their family circumstances, their gender, race or disability' – Because Childhood Lasts a Lifetime.

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