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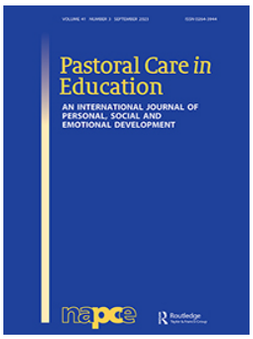

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"Children will leave school with these life skills, which I think is amazing": an interview study exploring teachers' experiences of implementing a health and wellbeing curriculum

Kaydee L. Owen [a], Gemma M. Griffith [a,b], Duncan Gillard [a] and Corinna F. Grindle [a,c]

[a]Collaborative Institute for Education Research, Evidence, and Impact (CEIREI), School of Educational Sciences, Bangor University, Bangor Gwynedd, UK; [b]Centre for Mindfulness Research and Practice, School of Human and Behavioural Sciences, Brigantia Building, Bangor University, Bangor, Gwynedd, UK; [c]School of Education Learning and Communication Sciences, New Education Building, Westwood Campus, University of Warwick, Coventry, UK

ABSTRACT

Since 2020, changes to the school curriculum in England and Wales have made elements of Personal, Social, and Health Education (PSHE) statutory. As schools grapple with these changes, alongside the psychosocial impact of the Coronavirus pandemic, it is important to consider effective ways of helping children make safe decisions and improve their overall mental health/wellbeing. Previous research has demonstrated the benefits of Acceptance and Commitment Therapy (ACT) as a treatment for range of psychological and behavioral disorders. As an extension of this, the DNA-V model provides a way of teaching children and adolescents the same psychological skills targeted within the ACT model in a more developmentally informed manner. Using scripted lesson plans, the Connect PSHE curriculum offers a research-informed curriculum for 4- to 11-year-olds so teachers can introduce the DNA-V model alongside the six ways to well-being. In this paper, we aimed to explore teachers' ($N = 6$) experiences of implementing Connect PSHE within a primary school context. Through semi-structured interviews and thematic content analysis, we identified six themes around the implementation process: (1) buy-in and engagement, (2) training and support for teachers, (3) program design, (4) creating a psychologically safe environment, (5) online delivery, (6) benefits. We outline how these findings support the existing literature around school-based ACT and reflect upon some of the feedback for future development.

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CONTACT Kaydee L. Owen kaydee.owen@bangor.ac.uk

In the United Kingdom, Personal, Social, and Health Education (PSHE) is a school-based curriculum subject that focuses on wellbeing and citizenship. It encompasses topics such as mental and physical health as well as relationships and sex education. Some schools also cover content around careers, economic wellbeing, and personal safety (PSHE association, 2022). Crow (2008) claimed that high-quality PSHE is vital to children's development in and outside of the classroom. Building key competencies around health, safety, and wellbeing provides children with the knowledge and skills they need to assess risks and make informed/safe decisions (Hale et al., 2011).

The landscape of PSHE education has changed across the UK in recent years. In England, it became a statutory requirement for teachers to deliver health and relationship education from September 2020 (Department for Education, 2019). Meanwhile, the new Curriculum for Wales places health and wellbeing as a cross-curricular 'area of learning and experience' (AoLE; Welsh Government, 2020b). This means that from September 2022, primary schools in Wales were required to develop their own curriculums that encompass physical and mental health, as well as emotional and social wellbeing (Welsh Government, 2020a). This reform aims to support children to become ambitious, enterprising, ethical, and healthy individuals.

Alongside curriculum changes, there is an increasing need to identify effective strategies to promote positive mental health and wellbeing during childhood and adolescence. Barican et al's. (2022) systematic review found that the prevalence of mental health disorders in 4- to 18-year-olds from high income countries is 12.7%. Concerningly, their results also suggest that approximately 56% of those affected are not receiving any service support. Since the final search date of this review, others have documented that cases of mental disorders have risen due to the ongoing psychosocial impact of the Coronavirus (COVID-19) pandemic (Newlove-Delgado et al., 2021). For example, the excess worry and confinement associated with the pandemic saw an increase in anxiety symptoms, post-traumatic stress disorder, and insomnia in children (Cortina et al., 2020; Stavridou et al., 2020). Providing school-based mental health and wellbeing provision may be an effective way of providing accessible support to young people, with Samuel et al. (2021) suggesting it can help to build resilience and reduce stigma around mental health.

Connect PSHE (2021) is a research-informed curriculum for primary-aged children that launched for school use in 2020. It is based upon a psychological model known as DNA-V, which is a developmentally informed version of Acceptance and Commitment Therapy (ACT; Hayes & Ciarrochi, 2015). The purpose of ACT – and, by extension, the DNA-V model – is to develop psychological and behavioral skills. Specifically, these models share the goal of supporting the development of *psychological flexibility*. S. C. Hayes et al. (2006, p. 7) defined psychologically flexibility as 'the ability to contact the present moment

more fully, as a conscious human being, and to change or persist in behavior when doing so serves valued ends'.

DNA-V introduces three classes of behavioral skills using developmentally appropriate terms – the Advisor, Noticer, and Discoverer (L. L. Hayes & Ciarrochi, 2015; Petersen et al., 2022; Szafran et al., 2021). *Advisor* skills relate to the cognitive and language-based aspects of a young person's experience. Our minds are constantly giving us advice about what to do, do more of, not do, or do less of. When working in the Advisor space, the aim is to help children consciously and flexibly notice their thoughts. They should make decisions about whether a given thought is helpful and then make values-based decisions about how to respond. The N*oticer* skill encourages individuals to be aware of the physical signals in the body that are coming from the world around them. This includes noticing, naming, and describing emotions/sensations within the body, as they are occurring in the moment. Finally, the *Discoverer skill* promotes trying out novel, varied, and exploratory activities. By trying new things and tracking their effects, young people can increase their understanding of the environment, develop skills through play, problem-solve through challenges, and build their social networks.

The use of ACT as a treatment for a range of psychological and behavioral disorders amongst children and adolescents is supported by the research literature (Fang & Ding, 2020; Swain et al., 2015). However, the use of ACT in school-based contexts is a relatively new area of study. Knight and Samuel's (2022) systematic review revealed only nine published studies investigating the use of ACT as a school-based intervention for students aged 13 to 21 years. Within this review, methodologically rigorous studies reported reductions in student depression, stress, and anger (Livheim et al., 2015; Pahnke et al., 2014; Puolakanaho et al., 2019). The authors acknowledged that researchers may face some disparity in findings between the results of studies investigating targeted and universal intervention approaches, particularly if they use quantitative outcome measures that assess mental health symptoms. This is because a disproportionate number of participants accessing universal interventions may not be experiencing any difficulties with their mental health and wellbeing at the time of assessment, causing an artificial floor. By using qualitative methods, researchers can gain further insight into the wider benefits and perceived acceptability/viability of school-based programs.

The school-based mental health movement values evidence-based practice. Renshaw et al. (2022) made a conceptual and empirical case for using ACT within school settings. They explained that tier 1, or universal, systems of support are low-intensity services that are available to *all* students, regardless of whether they have any risk factors for mental health. Within this conceptualization, Connect PSHE is an example of a tier 1 program that teachers can deliver. The curriculum offers over 250 lesson plans grounded within DNA-V delivered as weekly lessons over seven years. The goals are

universal and prevention-orientated with a focus on promoting children's wellbeing and resilience. It is a pay-for-use curriculum, so the cost-per-pupil is relatively low. The potential preventative, accessibility, and scalable benefits of ACT make it an appealing school-based initiative (Gillard et al., 2018).

A feature that makes Connect PSHE (2021) unique, compared to alternative wellbeing programs for 4–to 11-year-olds, is that each term is contextualized around one of the six patterns of behavior that psychologically healthy individuals tend to engage in. Basarkod (2019) outlined that the six ways to wellbeing are:

(i) Connecting with others (i.e. forming and maintaining healthy social relationships)
(ii) Challenging oneself
(iii) Giving to others
(iv) Exercising
(v) Embracing the moment (i.e. being mindful of our own thoughts and feelings)
(vi) Self-care

The curriculum subtly changes as it progresses to enable children to consolidate, and build upon, previously learnt skills. By contextualizing the DNA-V skills around topics such as exercise and self-care, Connect PSHE (2021) also aims to cover all the statutory topics within the UK primary PSHE curriculum.

This paper forms part of a larger scheme of mixed-methods research evaluating Connect PSHE. We recognize the importance of answering questions relating to the efficacy, effectiveness, ease of use, and acceptability of the program as it makes its journey towards being 'evidence-based' (Owen et al., 2022). For schools to continue investing time and money into Connect PSHE, it is important that it provides value to their practice and that children fruitfully engage with it. The broad aim of the current paper was to gain insight into teachers' views and experiences of using the Connect PSHE with 4-to-11-year-olds across a school year. More specifically, we aimed to understand:

- how useful and assessable teachers perceive the resources to be
- how easy or challenging teachers found the curriculum to implement
- if any resources need refinement to improve engagement and/or ease of use

These data contribute to the evidence-base around the use of school-based DNA-V models and provide insight into the use of Connect PSHE in England and Wales.

Method

Ethics

This study received ethical approval from Bangor University's School of Educational Sciences ethics committee. All teachers provided informed written consent and could withdraw their data until the point of analysis. We have used pseudonyms to protect anonymity. Anonymized transcripts can be provided upon reasonable request by emailing the corresponding author.

Recruitment

The data reflects the experiences of teachers in schools who used the Connect PSHE curriculum during the 2020/21 school year ($N = 6$). The email to headteachers detailed the aims of the study and the inclusion criteria. We aimed to recruit teachers who had direct experience of implementing Connect PSHE in a Key Stage 1 and/or Key Stage 2 classroom, with children aged 4–11 years old. Table 1 shows the demographic characteristics of the teachers who participated in this research, each representing a different school in England or Wales.

Procedure

Teachers attended a one-to-one interview with the first author via Microsoft Teams lasting an average of 27-minutes (range: 19-to 31-minutes). The interviews were semi-structured enabling the first author to encourage expansion, request for clarity, and explore emerging ideas. We have appended the predetermined questions to this article as supplementary material to support future replications. All teachers provided consent for their interview to be recorded to support with accurate transcription.

Table 1. Demographic characteristics represented in the sample.

	N (teachers)
Education phase	
Key Stage 1 (ages 5–7 years)	2
Key Stage 2 (ages 7–11 years)	4
School Location	
England	4
Wales	2
Class size	
25–30 pupils	3
31–35 pupils	3
Role	
Class teacher	5
Teaching assistant	1

Analysis

The first author had no prior involvement with the development, promotion, or implementation of Connect PSHE. This aimed to reduce both researcher and social desirability bias in favor of the program. However, it is not possible to remove all bias within social research, so the first author kept a reflexivity diary detailing interactions, personal values, and initial thoughts following each interview (in line with Polit & Beck, 2010). She later used these entries to inform data analysis and reflect on any biases' she may have contributed to data collection and analysis. For example, she was expecting more data on the challenges of delivering the program online during the COVID-19 pandemic. Whilst some of the interview questions did prompt for these to be identified because it is contextually important/relevant, she took care to reflect the implementation process more generally. The results section of this paper aims to provide an accurate descriptive summary of the key themes, focusing on the strengths and shortcomings of Connect PSHE to support its future development.

By adhering to Braun and Clarke's (2006) guidelines for thematic analysis, the first author adopted an inductive approach to data coding. To gain familiarity with the data, she transcribed each interview verbatim and then read through each transcript twice. On subsequent read-throughs she responded to the data more actively by summarizing each statement/idea in a few key words. During this phase, she also referred to the reflexivity diary to note key points that teachers placed emphasis on during discussion. She coded as many themes as possible, whilst retaining the surrounding text/notes to prevent any loss of meaning/context that might be useful later.

By transferring the initial codes to post-it notes, the first author was able to visualize broader candidate themes. Following refinement, she checked the themes against the original data extracts before assigning a title and building the narrative presented within the result section of this article (Figure 1 depicts the final thematic map). By way of triangulation, all authors agreed that the quotes provided accurately reflect the key themes across the transcripts.

Results

Theme 1: buy-in and engagement

How do schools hear about connect PSHE? (recruitment)

Teachers identified two recruitment approaches that lead to their school adopting Connect PSHE: (1) a targeted recruitment email from the Connect PSHE team and (2) via recommendation from another teacher. One key element that led to adoption of Connect PSHE was the support and enthusiasm from the senior leadership team within the school (e.g. headteachers, deputy headteachers, health and wellbeing champions).

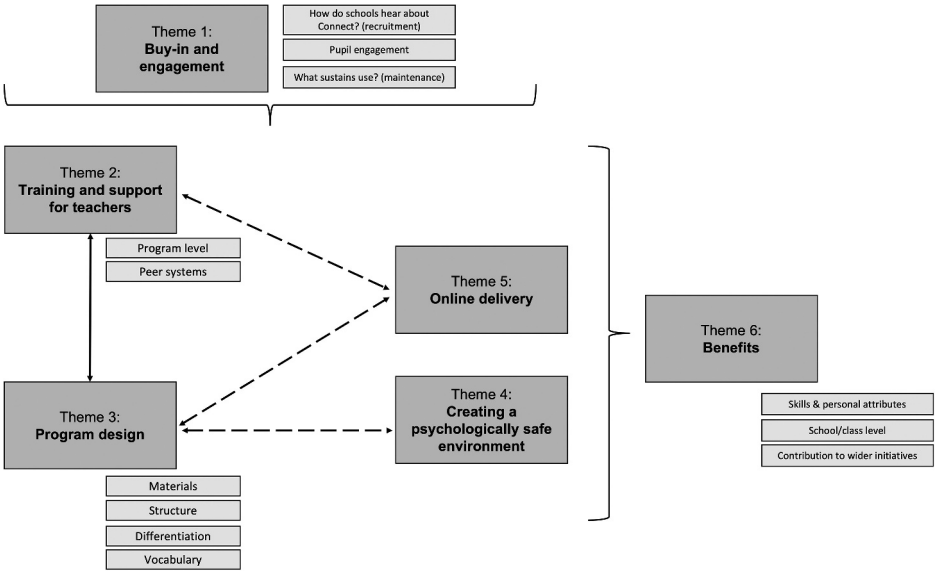

Figure 1. The final thematic map showing the relationship between main themes (dark grey) and sub-themes (light grey).

> *I received an email from Connect about signing up for a trial. So, I thought, 'yeah, I'll do it'. [Participant 1]*

> *Our head teacher is very, very supportive. It was her that found the Connect curriculum. So, she has been quite instrumental in pushing it forward. [Participant 2]*

One teacher felt that the recruitment process could be improved by adding testimonials from teachers and children who have seen the benefits of the curriculum on the Connect PSHE website.

> *Maybe you've got some feedback from children of what they think . . . if I didn't know about Connect that's what I would be looking for. [Participant 1]*

Pupil engagement

Teachers spoke of how children's engagement with Connect PSHE increased over time. The novelty of doing something new with an animated element helped capture the attention of some children during early phases of implementation.

> *I found that they were very interested in [the introductory term]. It was new, and it's always pitched quite cartoony, and they enjoyed that element of it. They were hooked quite quickly. [Participant 3]*

The Connect PSHE curriculum is split into two phases. The first phase introduces the DNA characters to children aged 4-to 7-years old, whilst the second phase is intended for older children as it integrates the more complex concept of

'values'. Three of the teachers directly acknowledged the differences between these phases as their schools used Connect PSHE across different age groups. One participant appreciated the curriculum designers' intentions to differentiate the activities and resources for different education phases, whilst another felt that the PowerPoints were not engaging enough for younger children (the under 7s).

> *The key stage one teachers felt that [the PowerPoints] weren't as engaging perhaps as they would have liked them to be for Key Stage One children. My experience in Key Stage two is actually that they're fine. They're quite basic, but I'd rather have a basic PowerPoint and things to talk about, so it works well for me. [Participant 2]*

The unfamiliarity of some concepts, such as mindfulness, took some time for some children to adjust to. Once they learnt *how* to do the activities and *why* they were important, they engaged more readily and saw the benefits. This was particularly true for children with an identified additional learning need and those who regularly engage in behaviors that challenge. There were no reported instances of children not engaging with the activities by the end of the school year.

> *A lot of children took to [the mindfulness sessions] really well, there were some children that it was harder to, and it took many, many weeks to really get them to understand why we're doing it and why it was helpful for them. [Participant 4]*

What sustains use? (maintenance)

All teachers said that they would like to continue using Connect PSHE and would recommend it to others. After using the program for a year, they felt like they had a broader understanding of the PSHE needs of the children they work with and saw the broader benefits of providing them with the DNA-V skills (see Theme 6). Schools felt like the program covered all the statutory PSHE topics/skills. This was advantageous as the contents aligned with schools' priorities and reduced planning time.

> *If I didn't already have Connect, that is exactly what I'd be getting to help me in this role, because I think it does really kind of meet a lot of the things that we need to be providing for the children. [Participant 4]*

Theme 2: training and support for teachers

Program level

During the COVID-19 pandemic, many schools across the UK faced partial closure, with only children of critical workers and those most vulnerable attending school sites. Teachers were also unable to attend external face-to-face training events due to the safety measures in place. This placed an increasing need for electronic materials and training resources. The teachers that we

interviewed expressed an appreciation that the training for Connect PSHE was already online at the start of the pandemic, and that they could work through the training in their own time.

> *The fact that [the training] was online is actually a major plus, because if it wasn't, we wouldn't have been able to [access/use it] at all [Participant 5]*

> *I hadn't done any webinars before, so it was a new experience. But it was a good first experience. It was easy to follow, and it was engaging [Participant 3]*

The training offered teachers the opportunity to understand the theory and research that led to the development of the program (with a particular emphasis on the DNA-V model). Some found that the theory was pitched at a proficient level, whilst others found it challenging to engage with and follow along. Being able to pause the training or skip elements of it was beneficial and supported overall engagement.

> *[The training] was easy to follow, and it was engaging. I appreciated the fact that we were being taught the 'how' and the 'why' . . . Sometimes when you buy into a program, it's just 'here's what you're going to do' and there's not the research behind it . . .I took it upon myself to pause it when I needed a break, because it's long and it's hard to sit and listen. [Participant 3]*

Some teachers contacted the Connect PSHE team directly if they faced any challenges with the program or felt they could offer feedback that would support its development. They noted that the team took these comments on board and adapted the resources accordingly.

> *I gave [the Connect team] some feedback earlier in the year and they changed some of the resources and included links to their meditations and things on the PowerPoints. That's really useful to us. [Participant 2]*

Due to the comprehensiveness of the online training, some teachers felt able to replicate or adapt it to offer face-to-face training sessions for their colleagues. They also found that the supplementary materials made it easy for staff to run sessions without needing to attend a full training session (such as the lesson plans and PowerPoints). This was particularly advantageous if a supply teacher or teaching assistant needed to cover a lesson.

> *Only one teacher went away to do the Connect training, and then shared it with the other members of staff. . .. [the training was] passed on through a chain of people, and I was still able to understand it and deliver it to the best of my ability. [Participant 6]*

Peer systems

Following the online training, all teachers in this sample reported receiving peer support with implementation. They spoke about how someone in the school was always available to offer advice for developing and running

Connect PSHE lessons. Some schools had a designated health and well-being/PSHE lead, whose role was to oversee the roll-out of the program and act as a point of contact for any queries. In other schools, teachers felt able to openly discuss ideas and challenges in the staffroom or during meetings.

> *We've been supported in the sense that everyone's been checked on, 'is it going Okay? Do you need anything to be able to deliver Connect?' so that it's all running quite smoothly. I think that's because the importance of it came from the head [Participant 3]*

Theme 3: Program design

The teachers described Connect PSHE as research-based and cross-curricular. These characteristics demonstrate some strength within the program design and why schools may have chosen to invest in/trial it.

> *I've been doing the job for 10 years, I have been trained in lots of different things, but when you're thrown into a situation that we were thrown into [the COVID-19 pandemic], to have a research-based, structured program to follow that I believed in and that I trusted, was absolutely invaluable. [Participant 3]*

> *[Connect PSHE] also really works nicely for the topic that's exercise, because you can usually combine them, especially if it's doing some sort of physical exercise. [Participant 4]*

Materials

As part of the Connect PSHE package, teachers received training to use a series of lesson plans, PowerPoints, and activities within the DNA-V framework. With all materials hosted on the Connect PSHE website, teachers found accessing what they needed easy and intuitive.

> *I really like the design of the website. I like how it's been split into different strands. It's easy for teachers who are not too tech-savvy. [Participant 4]*

The materials provided a useful starting point for each lesson, however teachers sometimes needed to adapt them to make them more relevant and/or age appropriate. To provide some examples, teachers felt that some of the activities lacked creativity and did not closely align with the lesson objectives. Some of the corresponding activities also felt tokenistic (i.e. their purpose was to provide evidence of learning, but that is not always necessary or helpful). It is important to consider the value that these activities add (or take away) from the objectives of each lesson, and whether the plans are flexible enough for teachers to make changes based on their teaching style or mode of delivery.

> *Some of the activities were a little bit tokenistic because they were there solely for the purpose of providing evidence that something had been taught. Whereas, actually, the*

value was in the conversation that was had beforehand . . . we did adapt some of the activities to make them a little bit more creative, so it was less worksheet based. [Participant 2]

Structure

The teachers praised Connect PSHE for its structure within and across lessons. There is an appropriate balance within each lesson to provide sufficient opportunities to revisit previous content and build new skills. The consistency in approach also supports routine and encourages readiness for learning.

It makes me see how many different strands [of PSHE] there are. . . . these are the things that you should teach, and essentially, if you teach it well, consistently in school children will leave school with these life skills, which I think is amazing. [Participant 5]

[The children] know that there's a warmup activity. They know that we'll do something on the carpet together and there is an input on the board. [Participant 3]

Differentiation

Three of the teachers we interviewed voiced that further differentiation within the lessons themselves is needed to make the program more accessible to *all* ages and abilities. They felt that they had to significantly adapt some of the materials to support understanding when they introduced children to Connect PSHE for the first time. One teacher suggested having the option for worksheets using simplified vocabulary and visuals would make the activities more equitable. This would be particularly beneficial for children for whom English is not their first language.

My personal experience was I had to adapt [the introductory term] quite a lot to make it relevant for the children that we have in the school . . . some of the resources that were included for that made it quite difficult for the children to understand. Year 1 and Year 6 were watching the same video, explaining some of the things. [Participant 2]

[It would be useful to include] terms that maybe the higher ability children could understand. But then having same terms maybe simplified for the lower ability children, maybe a lot more visuals . . . English is pretty much all of the children's second language in this school . . . just trusting English in general is difficult and then we need to have psychology into the mix and a whole different concept, obviously, it does get quite difficult. [Participant 5]

A skills gap may be partly exacerbated by the impact of COVID-19 on skills learning, with some children having not developed the skills expected for their chronological age upon school entry.

When you're thinking about the children that joined reception last year, after the first part of the pandemic, they were babies. They joined reception having not been to nursery some of them . . . they couldn't hold a pencil. [Participant 2]

Vocabulary

Providing children with a shared vocabulary to express their thoughts, feelings, and experiences, is one of the core benefits of the DNA-V model. Teachers spoke of how the DNA characters and the skills they represent helped to open discussions about behavior and the choices children make. These conversations occurred both within and out of the classroom.

> *If a child has an outburst, I deal with it very differently now, because I use the language from Connect . . . [now, we can have a] discussion about their advisor skill, and how they can make different choices, using their advisor skill to improve the more positive choices. [Participant 4]*

> *[One child] started off not being able to tell me [what was wrong] . . . And now, he can control his anger when he's cross, because he knows that he's getting a tight stomach, he knows his shoulders are tight, and he's able to then use his advisor to make better decisions, he can count to 10, and he can walk away, whatever. Just using that vocabulary with him has been really useful. [Participant 2]*

All the teachers we interviewed noted that further curriculum development is necessary to make the vocabulary associated with the abstract psychological concepts within the program more accessible across ages and abilities. For example, one teacher explained that the children in their Year 1 class (ages 5–6 years) found it difficult to grasp the concept of 'advisor' from the video provided in the lesson plan. She found herself pausing the video to talk them through it using more relatable examples and visuals. Some teachers felt confident to deviate from the scripts that come with the program but echoed that it would be beneficial to provide simplified materials for younger/lower ability children.

> *It was the advisor one that was a little bit tricky . . . They understood when we talked about things like, 'do you ever say to yourself, you can't do that, you're rubbish at that' . but sometimes the vocabulary for Year 1, from my perspective, needed quite a lot of explaining. But I taught them the whole unit and by the end of it with the visuals and lots of reminders, I think they got it. [Participant 3]*

Theme 4: creating a psychologically safe environment

One teacher expressed that the ability to freely discuss challenging topics with children supports the development of a psychologically safe environment where children also feel able to have these conversations. Examples included discussions around sexuality and bereavement. It was unclear whether this was due to the teachers' personal teaching style, however, the Connect PSHE lessons provided a designated time, space, and environment for these conversations to occur.

I had children last year who are age eight, and they were coming out [as gay] in their wellbeing book . . . We need to be working in a space where children feel like they can talk about anything, and they've got to learn that from us. [Participant 1]

The regularity and familiarity of the Connect PSHE lessons provided children with a space where they could discuss their wellbeing and any challenges they are facing. The activities opened conversations between peers and the teachers felt this helped to create a more open talking culture within the classroom. Children were able and willing to discuss challenging topics whilst setting their own boundaries about what they are comfortable to disclose.

A culture of talking, that's a really good outcome [of Connect PSHE]. Not just talking, but respect for each other when you're talking. . . . we've got a little girl who is in care. We were talking about who we loved, and who loved us, and self-love, and she wasn't able to talk about it. She just said, 'I don't feel comfortable talking about this', and her peers said, 'okay'. . . The expectation was that was fine. On the whole, they're very open about what they'll talk about and discuss, and the discussion is quite mature. I think the Connect curriculum has contributed to that kind of openness that we share as a whole school. [Participant 2]

The topics within Connect PSHE have relevance to day-to-day life. Teachers felt that these discussions helped to normalize life challenges, including the impact of COVID-19. The discussions that occurred during, or as a result, of the Connect PSHE lessons helped children feel less alone in the way that they are feeling.

Lots of them were confused about why family members were in the hospital, why they couldn't see them now . . . using the language of Connect to engage with them and explain the rules, that was really helpful. [Participant 6]

It's taught [the children] that it's okay to feel like that and everybody's actually in the same position, and pandemic or no pandemic, everybody goes through these different emotions. I think it's really normalized that conversation. [Participant 3]

Theme 5: online delivery

Four of the teachers delivered the Connect PSHE curriculum online when schools closed during the COVID-19 pandemic. The feedback around the success of this was mixed at both a school and child-level. Parental engagement appeared to be an important factor in the success of online delivery, as some of the activities relied on additional support and/or interaction with others.

When I was teaching remotely, I had to teach Connect, science, maths, phonics, sometimes English, but the parental engagement with the Connect work was always really high. That was when I seemed to have the most children appear on Teams and that was when I seem to have the most work emailed across to me. [Participant 3]

The biggest part of Connect is the discussion . . . [we] were encouraging children to discuss things with their parents, but if the parents don't have the experience, then it's difficult for them to discuss and understand the DNA-V model. [Participant 2]

Two teachers spoke about how some children were disadvantaged during the online lessons due to factors such as restricted access to an internet-enabled device or not having a big enough space to exercise in.

The exercise bit . . . you can't really do that in your bedroom. [Participant 5]

A lot of [the children] don't have more than one device per household. Some of them don't even have one. [Participant 4]

Theme 6: benefits

This theme reflects the wider benefits teachers witness after using Connect PSHE in their respective schools/classrooms. Some of these benefits were evident after just a short period of implementation, others may come following a period of upscaling and embedding. Five of the associated schools chose to continue using the program into the following school year. The sixth school may have continued but the teacher we interviewed had left for another job, so we do not know for certain.

Personal attributes

Teachers reported that participation in the Connect PSHE lessons helped children to develop their emotional literacy. Being able to talk about their emotions and experiences meant that some were better able to reflect on what to do next. Children also displayed a greater awareness of their peers' emotions, which supported mutual respect within the classroom and conflict resolution. The skills learnt during the Connect PSHE skills also helped build children's resilience when faced with challenges.

I have children who are struggling to regulate after an incident, and another child will come over and say, 'Oh, we could try that balloon belly breathing', and they'll do it. They're five years old, and they're talking to each other about wellbeing. So, it's become part of their language, it's become part of their day-to-day experiences. [Participant 3]

I think it was really beneficial to them in terms of their conflict resolution, that was something that getting them to understand their emotions, and how that impacts their actions and the emotions of others. [Participant 6]

School/Class level benefits

Teachers described how children used the DNA-V and mindfulness skills beyond the sessions dedicated to Connect PSHE. Some teachers believe that success with this program could be further enhanced by embedding the skills and

vocabulary across classrooms to support a whole-school wellbeing ethos. By doing this, PSHE can become a cross-curricular responsibility, supporting lessons such as physical education and interactions within the playground. An additional advantage of providing children with the space and skills they need to talk about their experiences is that teachers have an opportunity to pinpoint who might need additional intervention support. This may be in the form of internal initiatives or a referral to an external service.

> *It's really nice that the kids started referencing the skills in other areas, so not necessarily in Connect lessons just out on the playground or in another lesson. [Participant 4]*

> *Because of Connect, I could pinpoint exactly who I was worried about and then I could mention them to our family liaison who then developing talk sessions with them just so they can talk about what they're worried about. [Participant 1]*

Contribution to wider initiatives

Prior to using Connect PSHE, some schools had adopted alternative smaller-scale wellbeing initiatives, such ELSA support (2022). One teacher explained that Connect PSHE provided a more accessible curriculum that could support *all* children on register with skills that can support their wellbeing and social development.

> *It's given children tools and strategies that they wouldn't have had access to before, or that maybe a select group of children would have had access to in ELSA support group because they've been identified as needing it. But this has given us a whole school rollout of ways that children can cope when things are difficult. [Participant 3]*

Discussion

Recent curriculum reforms across the UK have made elements of PSHE education statutory (PSHE association, 2022). The underlying guidance is that children should leave primary education at 11-years-old able to make safe and informed decisions with regards to their mental, physical, and sexual health (Hale et al., 2011). Through a program of lesson plans and activities, Connect PSHE aims to introduce children as young as 4-years to use the DNA-V model. This is an extension of ACT that aims to promote psychological flexibility (i.e. the ability to be present in the moment, assess risks, and engage in behavior that aligns with ones' personal values; S. C. Hayes et al., 2006). Through this study, we captured six teachers' experiences of implementing Connect PSHE across one school year. By reviewing the interview transcripts, we were able to identify several themes pertaining to: (1) buy-in and engagement, (2) training and support for teachers, (3) program design, (4) creating psychological safe environments, (5) online delivery, and (6) benefits. These promising data contribute to the early evidence-base around the use of universal school-based DNA-V provision.

In a framework proposed by Public Health England (2021), children should be able to recognize a decline in their own, or others', mental health by age 11-years. This framework also acknowledges that pupils are more likely to engage in lessons that focus on emotional wellbeing if they can practically apply the skills and they recognize the relevance. The teachers we interviewed provided case study examples of how children in their schools used the DNA-V skills to recognize and verbalize how they were feeling. This helped to facilitate constructive conversations and supported conflict resolution. Moreover, the teachers complimented the cross-curricular relevance of the topics each term within Connect PSHE and its alignment with their national curriculum. Many of these topics had personal relevance within this children's lives – such as the link between personal hygiene and handwashing to prevent the spread of viruses. These outcomes are important when considering the link between high-quality PSHE and public health agenda.

Renshaw et al. (2022) provided rationale for future research investigating how schools can adopt ACT at different levels of intensity, within a public health approach (i.e. looking at universal and targeted provision). Within this they referenced how the Connect PSHE offers an example of a universal program for primary school classrooms. Our participants highlighted some of the benefits of using Connect PSHE in this way, such as providing children with a psychologically safe space where they can set their own boundaries for discussion and respect their peers. The DNA-V skills not only helped children to build resilience and psychological flexibility, but also supported a wider wellbeing ethos within the school.

Marks (2012) highlighted that schools are a useful environment for young people to discuss mental health and wellbeing as they are safe, cost-effective, and offer a diverse range of interventions/provision. They are also an environment where children from socio-disadvantaged backgrounds and marginalized demographics can access low-level mental health support. Previous research suggests that these groups are unlikely be able to access specialized clinical settings and benefit significantly from this input. By integrating mental health and wellbeing provision within schools, children and young people from all backgrounds can more readily access support and key skills (see for example, Fazel et al., 2016; Sharpe et al., 2016). With a growing evidence-base suggesting ACT can be an effective approach to reducing symptoms associated with a range of psychological and behavioral disorders (Fang & Ding, 2020), it is worth further investigating the benefits of the DNA-V model in accessible settings, such as schools. The teachers we interviewed suggested that this model had an empowering effect for many children, including those who had previously engage in behaviors that challenge. By engaging in Connect PSHE they were able to make sense of their

feelings and choose to engage in an alternative behavior (e.g. breathing exercises). That said, the teachers we interviewed highlighted areas where the Connect curriculum could be improved to further enhance engagement and inclusivity. For example, some of the material needs to be simplified for young children, those with additional learning needs, and/or those for whom English is not their first language.

Limitations and future research

The results from this research reflect the views and experiences of six teachers across England and Wales. Braun and Clarke's (2013) guidance suggest this is an appropriate sample for a small qualitative study, but we appreciate that different school settings may identify different benefits and challenges of the program. That said, there were some clear consistencies in the experiences shared from the teachers who participated in this research despite representing a range of locations, ages taught, and responsibilities within the school. Further replications of this work alongside efficacy research may add to the narrative that primary age children can use DNA-V skills to make informed choices and improve their overall wellbeing. This research captured the year following the launch of the program for public consumption which coincided with the COVID-19 pandemic. As such, some of the themes and challenges may have reduced relevance as schools return to face-to-face practice (e.g. Theme 5: online delivery) so further replications will help to provide greater transferability.

Through this study we aimed to understand how easy/challenging teachers found Connect PSHE to implement and if any of the resources need any refinement. The findings revealed that teachers valued having curriculum based on sound theory that met statutory requirements and saved them planning time. They also highlighted ways to improve equity and engagement (e.g. having differentiated activities within lesson plans, offering alternative examples to explain complex concepts). Those working in the PSHE curricula space may be able to benefit from this foundational knowledge more broadly. As they begin to pilot new provision, it is important to capture the experiences of teachers' and children.

We also appreciate that the findings from this work could be strengthened by triangulating the experiences of teachers with the children in their classrooms. It would also be beneficial to corroborate the qualitative data from the interviews with outcome data focusing on facets related to psychological flexibility in childhood and adolescence such as anxiety, depression, low self-esteem, academic outcomes, and social skills (Greco et al., 2008; Tan & Martin, 2016). At the time of data collection, these extensions were not possible due to the ongoing restrictions in place to reduce to transmission of COVID-19.

Next steps

Whilst the teachers we interviewed were generally positive about the benefits of Connect PSHE, they did highlight some changes that would improve equity and the ease of delivery. All teachers found elements of the DNA-V model difficult to introduce to the children in their class without altering the language and/or drawing on different examples. Some additional piloting of differentiated lesson plans and activities may help to mitigate this challenge as the program begins to evolve. With schools in Wales beginning to deliver this program, it is also worth considering how key psychological theories translate from English into Welsh. This is because idiosyncrasies within language, such as grammar and syntax, can significantly affect meaning (Esposito, 2001; Share, 2008). Following translation, additional research is necessary to ensure that each version has similar impact in practice.

Implications

Over recent years, there has been an increased drive within policy for UK schools to engage in evidence-based practice (Department for Education, 2017; Organisation for Economic Co-operation and Development [OECD], 2017). Despite this, schools often adopt social, emotion, and mental health programs with little to no evidence-base (Pegram et al., 2022). In one notable example, Gibby-Leversuch et al. (2019) evaluated the evidence-base for a popular well-being intervention rooted in attachment theory. Their findings highlighted that whilst attachment theory itself has a supporting evidence-base, the application of this theory within the program led to little impact in classrooms. The research we have presented in this article offers some insight into the social validity teachers associate with Connect PSHE. However, as this program only launched in 2020, there is some way to go on its journey towards being 'evidence-based'. By taking a coordinated approach, key stakeholders within education can help develop robust research that will answer questions around the efficacy and cost-effectiveness (Owen et al., 2022). If the outcomes associated with subsequent research are positive, there will be a growing case in support for universal DNA-V provision within PSHE and public health frameworks.

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ORCID

Kaydee L. Owen http://orcid.org/0000-0002-8198-1175
Gemma M. Griffith http://orcid.org/0000-0002-4192-8505
Corinna F. Grindle http://orcid.org/0000-0002-9860-1968

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