How do we enhance young learners' wellbeing? What are the impacts on their engagement and progression in learning?

Learning is important for our progression in life. It is particularly important for young people during their transition from school to higher education, or work. Levels of depression and anxiety among young people have increased in recent years (Snape, 2017). Mental health issues are particularly common among disadvantaged young people, who also face practical and structural barriers to learning and progression (Hounsell, 2013; Maguire & Mckay, 2016).

Previous research has highlighted:

- learning can potentially have a positive influence on wellbeing
- low wellbeing may act as a barrier to access and progression in learning.

Wellbeing is an important issue for schools and universities. However, little evidence is available on the effectiveness of actions and approaches designed to improve learning by addressing wellbeing.

This briefing is based on an evidence review that examines the effectiveness of approaches designed to enhance wellbeing in order to improve engagement and progression in young people’s learning.

The review focuses on interventions with 16-24 year olds, given the long-term importance of having a stable transition into adulthood (DfE, 2016; HM government, 2011; Lane, Conlon, Peycheva, Mantovani & Chan 2017).

By understanding what wellbeing approaches are effective in improving learning, policy-makers and learning providers may be better placed to challenge the wellbeing-related barriers that limit some young people’s progression.
what evidence did we find?

What do you need to know? The five minute read

A small evidence base shows that a range of approaches that aim to enhance learners’ wellbeing improve:

- participation in learning
- academic motivation and engagement
- academic achievement and performance

Most approaches to improving wellbeing were effective in enhancing learning outcomes for young people. However, the majority of the studies used a relatively healthy sample and so more evidence is needed from studies that directly target students with poor mental health, including anxiety.

Tailored delivery for the specific needs of the target group resulted in more effective approaches. Young people engaged better with approaches when this was the case.

What type of approach is most effective?

A range of wellbeing-related approaches were used and were largely effective. However, the evidence needs to be developed before drawing any solid conclusions about what techniques are most effective and for which groups of young people.

Three approaches taught students with mental health

There are three types of evidence

**Strong**

We can be confident that the evidence can be used to inform decisions.

**Promising**

We have moderate confidence. Decision makers may wish to incorporate further information to inform decisions.

**Initial**

We have low confidence. Decision makers may wish to incorporate further information to inform decisions.

Qualitative or quantitative evidence?

Where you see the following symbols it indicates:

- **QUALITATIVE**
- **QUANTITATIVE**

Strong, promising and initial evidence refer to high, moderate and low quality evidence / confidence as per GRADE and CERQual guidance. For further information on these classifications, please see the Centre’s Methods Guide.

All evidence should be considered alongside questions of possible benefits and risks, affordability, acceptability, feasibility and wider impacts, including equity issues, in the user setting. Where the evidence is less strong, these other considerations become even more important.

Findings from

4,413 studies sifted

10 were included

8 studies were carried out with university students

2 studies were carried out with school-aged students

995 Total number of participants across studies reviewed

10 studies indicate some positive effect of the action or approach on learning outcomes that was statistically significant.

Eight of the 10 studies indicate some positive effect of the action or approach on learning outcomes that was statistically significant.

No studies identified negative effects.

Eight of the 10 studies indicate some positive effect of the action or approach on learning outcomes that was statistically significant.
what evidence did we find?

The evidence explored

Enhancing wellbeing can improve participation in learning

Three studies measured the impact of approaches on levels of participation in learning (Bullis et al, 2002; Geenen et al, 2015; Ruthig et al, 2004). These studies taught students with mental health issues or at high risk of low wellbeing to develop strategies for dealing with stress or low wellbeing, that may otherwise have led to dropout and non-participation.

These studies pointed to the importance of designing an approach with the needs of the target audience in mind.

See case study one and three for studies looking at specific approaches.

One, US-based, study, showed that young people in foster care benefitted from one-to-one support from ‘Transition Specialists’. These specialists facilitated engagement through work and education placements, co-ordinating with other support services and providing functional skill assessments and mentoring. The study (of 85 participants, and with a weaker study design) did show that participants enrolled, or remained enrolled in school, and/or completed school.

Case study one: Supporting care leavers in the transition to post-secondary education

The Better Futures programme worked with young people in foster care who were experiencing mental health conditions. It combined three interrelated elements delivered over 10 months:

1. A four-day summer residential that included informative sessions, facilitated discussions and social activities with project staff and peers with similar backgrounds.
2. One-to-one coaching sessions twice a month, led by young adults in higher education with similar experiences of foster care.
3. Four mentoring workshops with their peer coaches guided by external speakers. Workshop topics were chosen by the participants and combined practical information and support with post-secondary education planning (for example, overview of the college application process, mental health and self-care) with opportunities for informal networking over social activities.

The programme was assessed using a Randomised Control Trial design (with 59 participants) and was associated with positive effects on mental health, hope, self-determination, and participation in post-secondary education. Although the control and intervention groups had similar high school graduation rates (84% and 88% respectively), more of the intervention group went on to participate in post-secondary education (73%) compared to the control group (35%).

The authors note that the study was not designed to understand the specific benefits of each component of the programme and therefore not appropriate to evaluating its cost effectiveness.

Source: Geenen et al (2015) - Better Futures: a Randomized Field Test of a Model for Supporting Young People in Foster Care with Mental Health Challenges to Participate in Higher Education.
Enhancing wellbeing can increase motivation and engagement in learning, when the approach is well designed

Evidence suggests that the design of approaches is key. Studies that were sensitive to the needs of the learners and that were designed with the subject area setting where the approach was being carried out in mind, were found to have higher success rates (see figure one).

Four studies measured the effect of wellbeing approaches on academic engagement: absorption or interest in learning, which is closely linked to motivation to learn (Breso et al, 2011; Gregoire et al, 2016; Ouweneel et al 2014a,b). Two other studies measured academic motivation as an outcome (Moir, 2016; Kim & Hodges-2012).

The approaches included:

<table>
<thead>
<tr>
<th>Approach</th>
<th>Wellbeing outcomes</th>
<th>Learning outcomes</th>
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<tbody>
<tr>
<td>Cognitive behavioural therapy (CBT).</td>
<td>Reduced academic burnout</td>
<td>Increased academic engagement and performance</td>
</tr>
<tr>
<td>To give emotional competence in coping with exam stress and develop positive thinking (N=21) <strong>Case study two</strong></td>
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<tr>
<td>Acceptance and commitment workshops, part of CBT approach.</td>
<td>Reduced impact on stress, psychological wellbeing, anxiety, depression</td>
<td>Increased academic engagement</td>
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<tr>
<td>Designed to improve psychological flexibility in order to deal with academic challenges (N=44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention to encourage kindness, participants asked to perform acts of kindness that were academic related (N=25)</td>
<td>Positive emotions</td>
<td>Negative emotions (no impact)</td>
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<tr>
<td></td>
<td></td>
<td>Academic engagement (not sustained in the long-term)</td>
</tr>
<tr>
<td>Intervention to encourage students to reflect on academic experiences and foster gratitude (N=25)</td>
<td>Negative emotions (no impact)</td>
<td>Academic engagement (no impact)</td>
</tr>
<tr>
<td>Emotion control treatment.</td>
<td>Academic emotions (no impact)</td>
<td>Increased motivation</td>
</tr>
<tr>
<td>Designed to help students learn how academic emotions occur and can be controlled (N=44)</td>
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<tr>
<td>Peer led mindfulness intervention.</td>
<td>Quality of life, anxiety, depression (no impact)</td>
<td>Academic self-concept and motivation (no impact)</td>
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<tr>
<td>Aimed to reduce anxiety/depression and promote resilience combined with some social activities (N=111)</td>
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Although half of the approaches showed sustained positive effects, the evidence was not consistent. The other half of the studies showed no effects at the final follow up and identified a number of potential factors that may have contributed to the lack of effect.

Designs that were not effective at increasing academic engagement were peer-led approaches or approaches that used a generic approach, compared to approaches that were tailored to a particular academic setting (i.e. subject area) or group of students’ learning journey.
Case study two: self-efficacy to decrease burnout, increase engagement and improvement performance

University students participated in a four-month programme to reduce exam-related anxiety and increase their self-efficacy.

Four two-hour sessions were delivered by a therapist and followed a three-stage Cognitive Behavioural process:

1. learn to recognise anxious thoughts
2. seek realistic and useful alternatives
3. action to test these alternatives in everyday life.

The study design was quasi-experimental, with an intervention group recruited via an introductory wellbeing seminar, a 'stressed' control group recruited from the same seminar, and a 'healthy' control group made up of a random sample of comparable students.

The intervention group showed improvements in self-efficacy, academic engagement and performance, compared to the control group. However, reductions in academic burnout were seen for both the intervention and the stressed control group, compared to no effect in the healthy control group.

The authors suggest that this is because the stressed group adopted other stress management strategies separate to the intervention or that there were other factors influencing students' wellbeing. However, more controlled studies are needed to understand the similarities between the outcomes in the intervention and control groups.


Pathways to learning and wellbeing
Enhancing wellbeing may improve academic achievement and performance

Three approaches (Breso et al., 2011; Kim & Hodges, 2012; Ruthig et al. 2004), also discussed under increased participation, showed positive effects on objective measures of academic performance: reinforcing the link between effort and academic performance (see case study three) and CBT to give emotional competence in coping with exam stress (see case study two).

One approach designed to help students learn how academic emotions occur and can be controlled improved the intervention group’s motivation to learn, but did not translate into a change in academic emotions nor better test scores (Kim & Hodges, 2012). The lack of effect was thought to be because of the short nature of the approach, which was made up of a six-minute video designed to help students develop emotional control over positive and negative emotions and improve performance in a maths course.

Case study three: attributional retraining and its effects on academic achievement, anxiety and participation

One brief approach was designed to give students greater control over their academic performance. Three formats of the approach were tested: a brief video (8 minutes); the same video followed by a 20-minute discussion; a handout with no video element.

The approach was designed to address a tendency amongst some university students to think that academic performance is due to natural ability. For these ‘high optimism’ students, academic failure was considered potentially more damaging to their wellbeing, compared to students with lower optimism who assigned success and failure to the effort they had put in.

The approach used attributional retraining to reinforce the links between effort and academic performance, giving students more realistic expectations of learning.

Participation in the approach was significantly associated with a higher grade point average and fewer hours dropped from courses for high optimism students. The approach was much more effective on the target group: high optimistic students when compared to the control group. There was no main effect of the approach on the test anxiety, but all outcomes, including test anxiety, showed a significant interaction effect with high optimism.

No significant differences in the outcome were found across the different formats tested.

Consider the wellbeing needs and barriers being experienced by students, and consider these in the design of learning programmes. This is important for improving students’ mental health, as well as engagement, achievement and progression in learning more generally.

Consider how effective these are in achieving your aims. If you are already delivering approaches or learning programmes like those captured in the review how can you improve these based on the evidence? Including behavioural elements alongside cognitive strategies makes a difference in impact; tailoring mode of delivery and content to the specific wellbeing needs of the learners seems important to success.

The success of actions and approaches will be influenced by the extent to which participants engage with it, so thought needs to be given to how and why the target group will be motivated to participate and fitting a mode of delivery around these needs.

Related reading from the Centre

- Adult learning
- Wellbeing benefits of job-related learning
- Education to employment: the role of wellbeing
The ten studies in the review were:


Other references


