

Inter-provincial Collaboration on Scaling Up Social and Emotional Learning Programs in Atlantic Canada

Vision Document

September 2, 2014

**Developed by the Core Working Group of the Atlantic SEL Scale up Advisory Committee as a
component of the SEAK Project**

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Please Note: The Innovation Strategy of the Public Health Agency of Canada (PHAC) has a clear objective to foster knowledge development and exchange on evidence based public health interventions, such as the SEAK Project through CMHA, NS. PHAC has funded the SEAK Project Atlantic Amendment (Scaling up) to inform the Innovation Strategy program. A suite of knowledge products has been created by the work under the Amendment, which will convey key highlights and findings to PHAC, Canadian public health practitioners, decision-makers, and other interested parties. CMHA, NS, retains intellectual property over all such products and adheres to the policy of knowledge transfer and exchange of such.

All opinions, results, and conclusions reported in the knowledge products are those of the author and are independent from funding sources. The author retains responsibility for the content of these materials and the opinions, results, and conclusions are not necessarily those of PHAC or CMHA, NS.

Table of Contents

Foreword – May 2014	1
Executive Summary	3
Inter-provincial Collaboration on Scaling Up Social and Emotional Learning Programs in Atlantic Canada	6
Vision - Scaling up of SEL in Atlantic Canada.....	6
Vision Statement.....	6
Students	6
Schools	6
Whole School Approach.....	7
Families and Communities	7
Context and Rationale.....	8
Context.....	8
The Importance of SEL	9
Rationale for Scale up of SEL in Canada.....	10
Rationale for an Atlantic Collaboration	12
Proposal Components: Collaboration on Scaling Up SEL in Atlantic Canada.....	14
1. SEL Pilot in each Province	14
2. Research and Evaluation.....	15
3. Capacity Development	15
4. Knowledge Sharing and Mobilization	15
5. Leadership for Scale up/Change	15
Principles.....	16
Overarching Principles for the Project.....	16
Principles to Guide the Atlantic Collaboration.....	16
SEL Program Criteria	17
Anticipated Outcomes	18
One Year Outcomes (Short Term).....	18
Evaluation.....	20
Strategy	21
Conclusion.....	23
References.....	24
Appendix A: Atlantic SEL Scale up Advisory Committee Members	26
Appendix B: Definitions.....	28

Foreword – May 2014

The Innovation Strategy (IS) of the Public Health Agency of Canada (PHAC) focuses on innovation in population health interventions which promote population health and reduce inequalities. The IS supports the development, adaptation, implementation and rigorous evaluation of promising population health interventions to increase and strengthen population health action in Canada. The IS puts a strong focus on the exchange and use of practical knowledge — based on the results of these interventions — and sharing of best or promising practices across the country to reduce health inequalities and deal with public health issues of a complex nature. Each IS solicitation addresses a specific priority public health issue. Since 2010, the IS has provided 5 year funding (Phase 1 and Phase 2 funding) to projects across Canada that focus on mental health promotion. As the timeline for these projects is coming to a close, there is interest in how to scale up successful projects across jurisdictional boundaries to the benefit of the mental health of Canadians. The IS is currently developing a 3 year, Phase 3 proposal which will be discussed with senior PHAC Management in the coming weeks.

If approved, an IS Phase 3 would provide funding support (2015-2018) to proven Phase 2 Mental Health Promotion interventions which can demonstrate:

- **Readiness of the Intervention** (e.g., quality of the evidence; relative advantage; demonstrated effectiveness to date)
- **Established Organizational Capacity** (e.g., established knowledge; skills; resources; infrastructure; governance)
- **Integration/Adaptation to Established Systems** (e.g., enhances/changes Education policy/program outcomes)
- **Developed Partnerships** (e.g., sustainable engagement-investments a/o supports)
- **Knowledge of Community Context** (e.g., fit with needs, infrastructure and culture)
- **Intervention Cost Factors** (e.g., monitor cost differences across sites; possible low cost/sustainable alternatives)
- **Mixed Method Intervention Evaluation** (e.g., reliable tools/methods; expertise)
- **Knowledge Development/Exchange** (e.g., readiness of knowledge synthesis and dissemination strategy; expertise/capacity; effectiveness for impact)

One of the projects which received Phase 1 and Phase 2 funding is The SEAK (Socially and Emotionally Aware Kids) Project, delivered through a partnership of the Canadian Mental Health Association - Nova Scotia Division and Dalhousie University. In anticipation of the upcoming Call for Proposals, the SEAK project has been proactive in seeking an opportunity for the scale up and sustainability of its work, and formed an Advisory Committee on Scaling Up Social and Emotional Learning (SEL) in Atlantic Canada. **Social and Emotional Learning (SEL)** is the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably.¹ Evidence shows that, compared to controls, school

¹ **Social and Emotional Learning (SEL)** - Social and emotional learning, as described by the Collaborative for Academic, Social and Emotional Learning (CASEL.org), is the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably. The field of SEL evolved from

students engaged in social and emotional learning not only demonstrate significant improvement in SEL skills, attitudes, and behavior, but also academic performance (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

The Atlantic Advisory Committee on Scaling up SEL held its first meeting in Halifax, Nova Scotia on September 24, 2013. An outcome of this meeting was agreement that the four Atlantic provinces engage in a strong partnership to collaborate on writing a proposal to scale up social and emotional learning (SEL) in Atlantic Canada by implementing and evaluating effective evidence-based programs that enhance social and emotional learning skills among Atlantic Canadian primary/elementary school students. This partnership would be unique and serve as a model to other provincial/territorial jurisdictions who wish to engage in interprovincial partnerships that involve levels of government, corporate and non-profit sectors.

The Advisory Committee agreed that preliminary work was necessary in order to:

- Provide a shared framework to assess “where we are now”
- Provide a method for selection of evidence-based programs that meet identified criteria
- Make provision for promising practices and innovation
- Serve as the respondent for a funding proposal to PHAC and corporate funders

A Core Working Group composed of representatives from each Atlantic Province was formed in partnership with SEAK to write a strategy document to include:

- A statement of vision
- Intended outcomes
- Principles, e.g., flexibility in program selection but adherence to a common evaluation framework
- Approaches, i.e., mixed approaches
- Evaluation, i.e., shared evaluation process and indicators

The goal of collaborating on this document has been to demonstrate that the four Atlantic provinces see value in working together to promote SEL in a school setting and be ready to respond quickly should there be a call for proposals from the Innovation Strategy of the Public Health Agency of Canada. The Advisory Committee is currently exploring the resources required for scale up, considering possible ways to make a contribution, and initiating new partnerships in preparation for an anticipated *Phase 3 Call for Proposals* from the Innovation Strategy of the Public Health Agency of Canada, expected in 2014.

The following document outlines a vision, proposal statement, definition of terms, and principles/criteria for selection of SEL programs that might be used by a school board or provincial Department of Education. Work on the evaluation plan is in the beginning stages given that it is dependent on Advisory Committee approval of the proposal concept, vision, definition of terms, and principles outlined in this document as well as the scope of the PHAC call for proposals.

research on positive youth development (PYD), prevention and resilience. CASEL has identified five interrelated cognitive, affective and behavioral competencies. See Appendix B for details, and for more information, refer to <http://www.casel.org/social-and-emotional-learning>.

Executive Summary

Social and Emotional Learning (SEL) involves the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably (www.casel.org). SEL is increasingly being viewed as critical to the development of healthy children, and there is evidence to support this. There is also considerable evidence to indicate that early intervention has long term effects, and that SEL can be effectively developed in school settings when delivered by school staff.

The Importance of SEL and How it is Delivered: What the Research Says

SEL skills enhance capacity to take control, and foster individual resilience and individual protective factors (CASEL, 2013). A recent meta-analysis of 213 school-based, universal SEL programs involving 270,034 students (kindergarten through high school) found that, compared to controls, SEL participants demonstrated significant improvement not only in social and emotional skills, attitudes and behavior, but also academic performance that reflected an 11-percentile-point gain in achievement (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

SEL and academic outcomes are maximized when:

- An evidence-based SEL programme is used that:
 - is school based, and uses a whole school approach,
 - is multi-year,
 - has a manualized curriculum,
 - provides opportunities for practice,
 - is delivered by classroom teachers,
 - provide training and support are to classroom teacher who delivers the SEL program,
 - is accompanied by sound educational policy

(CASEL, 2013) (SEL Research Group, 2010) (Conduct Problem Prevention Research 2010)

Scaling Up SEL in Atlantic Canada

The Atlantic Social and Emotional Learning (SEL) Scale Up Advisory Committee which endorses this Vision Document, grew out of SEAK (Socially and Emotionally Aware Kids) - a project led by the Canadian Mental Health Association - Nova Scotia Division in partnership with Dalhousie University and funded through the Innovation Strategy, Public Health Agency of Canada (PHAC). In anticipation of the upcoming Phase 3 Call for Proposals by PHAC, The SEAK Project has been proactive in seeking an opportunity for the scale up and sustainability of its work around Social and Emotional Learning (SEL). As a result, SEAK invited stakeholders to form the Atlantic Social and Emotional Learning (SEL) Scale Up Advisory Committee, which convened on September 24, 2013. At this meeting, the Committee proposed that the four Atlantic provinces build a strong partnership to collaborate on scaling up SEL in Atlantic Canada by implementing and evaluating an effective evidence-based program that will enhance social and emotional learning skills among Atlantic Canadian primary/elementary school students. A Core Working Group of this Committee developed the vision and proposed activities for a potential collaboration, which has been reviewed and accepted by the Committee as a whole.

Vision - *Social and Emotional Learning (SEL) is integral to the educational achievement, health and wellbeing of all children, youth, and adults. In five years, at the completion of a successful scale up of SEL in selected school*

communities in Atlantic Canada, school community members will demonstrate effective social and emotional skills, and schools will have positive, engaging, safe and caring learning environments. A strong partnership of the four Atlantic provinces will sustain momentum for scale-up implementation and evaluation.

Scaling up involves systematic efforts to increase the impact of evidence-based innovations so as to benefit more people and to foster policy and programme development on a lasting basis. Just as literacy and numeracy are integral to the education system, SEL should be. In the long term, provincial departments of Education, Health and Justice will benefit as students should show improvements in academic achievement, and in their social and emotional learning skills. This initiative will address a priority issue facing the provinces, i.e., improving the mental health of their citizens, and ensuring that children and youth have the skills they need to function in the workplace, community and home as competent and collaborative members of our communities.

Components of the proposed project include:

1. Implementing a selected evidence-based SEL intervention in a pilot project
2. Building capacity for delivering and supporting the intervention
3. Engaging in knowledge mobilization
4. Using a common core evaluation framework that includes measures of processes and outcomes so that the impact, feasibility and cost of the various strategies employed across provinces can be compared and so that, over a period of a few years, the social and emotional skills gained by students can be measured within each province and for all four provinces as a whole
5. Providing leadership for scale up and policy change

SEL skills achievement in students depends strongly on strategies directed towards students but also on the healthy school climates required to support social and emotional skill development in students and staff. The target group for implementation of SEL strategies will be students in primary/kindergarten to Grade 6. Primary/elementary schools are the settings that establish foundational skills necessary to function well in middle and secondary school environments. SEL strategies and programs are of course important in middle and secondary school settings as well and these will be implemented more fully as resources allow.

Scale-up will include:

1. Selecting an evidence based program that best suits the needs and culture of the community; and
2. Integrating the innovation in policy and practice in existing systems, which by definition in some cases is fundamentally policy change.

The four provinces will select one evidence based program; that is, a program that has been repeatedly demonstrated to be effective through studies using good methods, a reasonable sample size, and an experimental, “gold standard” design (includes a control group with random assignment of subjects to the experimental and control groups) or a quasi-experimental design (includes a control group but not random assignment), with the results published in a peer-reviewed journal, in more than one context and over time (Carthy Foundation, 2013). In addition, an Evidence Based-program is one that is “manualized”, e.g., presented as structured protocols and individual tasks so that they can be implemented similarly across jurisdictions and as close as possible to the way the program was designed. This “treatment fidelity” is very important to achieve the demonstrated results of the program (Penn State University, 2005).

The provinces will also agree on a shared evaluation framework which will include a minimum frequency of evaluation including a baseline evaluation before implementation of the new SEL program and then an agreed-upon regular assessment schedule regarding the core measures.

In three years, at the close of the three year funding from the PHAC Innovation Strategy, we anticipate having supportive evidence from all four provinces for SEL strategies and programs regarding improvements in academic, social and emotional outcomes in students. We will, in turn, engage stakeholders in finding best ways for creating universal implementation of provincial strategies to ensure that all students, staff and schools receive evidence-based SEL programs. In addition, the project evaluation will monitor the scale-up process, the collaboration between the Atlantic provinces and the distinct enhancement of the programs as they are integrated in each province. The goal is that this will contribute to sustainability and further efforts to expand such programs in similar jurisdictions. The evaluation will be collaborative, focus on both the SEL intervention and the Scale Up project, and include both process (formative) and outcomes (summative) strategies. In order to ensure that the evaluation plan is as comprehensive as possible, attention will be given to quantitative and qualitative evaluation methods. Data will be collected at key time points in the project through student assessments, document reviews, exit surveys, interviews, and focus groups. Project evaluation results will be shared with the Scale Up Advisory Committee and with each province so that adjustments can be made as the project progresses. Program evaluation results will be shared as results become available, recognizing that some analyses will be available until the end of the project.

Each school will receive the results of their school performance and the aggregate scores of the other intervention schools and control schools delivering the same program. School Boards will receive the results for each school within their authority, and the aggregate results for intervention and control schools managed by other school boards. Aggregate data will be shared among provinces in a manner that highlights the strengths and weaknesses of the intervention implementation but does not single out a particular jurisdiction.

What is being proposed is a collaborative project amongst the four Atlantic provinces that will scale up evidence on social and emotional learning to create collective impact. According to Hanleybrown, Kania and Kramer (2012) in their recent article, three conditions must be in place before launching a collective impact initiative: an *influential champion*, *adequate financial resources*, and a *sense of urgency for change*. Together, these preconditions create the opportunity and motivation necessary to bring people who have never before worked together into a collective impact initiative and hold them in place until the initiative's own momentum takes over.

This vision document was created through the commitment of champions from each Atlantic province which formed an Advisory Committee and outlined a shared vision and agenda for scaling up SEL in Atlantic Canada. The Advisory Committee sees an opportunity to engage in a partnership with the Innovation Strategy to leverage other resources and partnerships to address urgent issues related to the mental health of citizens in Atlantic Canada, and has developed this document for consideration by provincial and regional partners. At the provincial level, commitment as a partner and support to go the next step in writing a proposal for Phase 3 funding is required. At a regional level, this document is designed to pique the interest and commitment of non-traditional partners from municipal and private sectors in advancing a proposal for Phase 3 funding.

Inter-provincial Collaboration on Scaling Up Social and Emotional Learning Programs in Atlantic Canada

Vision - Scaling up² of SEL in Atlantic Canada

Vision Statement

Social and Emotional Learning (SEL) is integral to the educational achievement, health and wellbeing of all children, youth, and adults. In five years, at the completion of a successful scale up of SEL in selected school communities in Atlantic Canada, school community members will demonstrate effective social and emotional skills, and schools will have positive, engaging, safe and caring learning environments. A strong partnership of the four Atlantic provinces will sustain momentum for scale-up implementation and evaluation.

Students

We envision that Atlantic Canadian students in the selected sites will be able to effectively manage social and emotional aspects of their lives, the diversity of one's nature, the experience and expression of emotion, and learning styles. Students with SEL competencies:

- create and maintain positive relationships
- demonstrate respect in communication with each other
- are resilient
- feel connected
- feel cared about
- feel physically and emotionally safe
- positively impact their daily lives both in and out of school (SEL Research Group, 2010).

Schools

We envision Atlantic Canadian Schools providing a learning environment where Social and Emotional Learning and student success are embedded through the implementation of evidence based programs, supported by a comprehensive school health approach³ and integrated into all aspects of the school environment. Through this

² **Scaling Up** - Systematic efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and program development on a lasting basis. For more information, refer to the resources at ExpandNet, a global network of public health professionals created with leadership from the World Health Organization's Department of Reproductive Health and Research and the University of Michigan School of Public Health. www.expandnet.net

³ **Comprehensive School Health Framework** - Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It is not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing four distinct but inter-related pillars that provide a strong foundation for *comprehensive school health*:

- 1) social and physical environment; e.g., Whole school approach could be reinforced by a program.
- 2) teaching and learning; e.g., SEL Program

integration and comprehensive approach a strong foundation will be established for supporting and sustaining a safe and caring school environment while creating additional outcomes that lead to students' academic success. Social and Emotional Learning links academic knowledge with a specific set of skills important to success in schools, families, communities, workplaces and daily living. Social issues that commonly occur when there is insufficient social and emotional learning would be minimized.

Whole School Approach

We envision the SEL program will take a whole school approach and involve all students and school-related personnel. In terms of this project, school personnel includes: teachers, administrators, support staff, bus drivers, food service providers, caretakers, etc. All school personnel will be trained so that messaging delivered in the classroom is supported when students interact with non-teaching staff in the school environment. This will help to build skills and a common language throughout the school community.

We envision that Atlantic Canadian teachers will teach the program and implement Social and Emotional Learning skills in their interaction with students and the school community, generalizing the competence to other courses and outside the classroom. Having classroom teachers teach the program will ensure improved academics (SEL Research Group, 2010). The time and talents of teachers will be redirected from dealing with social and emotional issues at the classroom and school level to purposefully facilitating students towards a successful resolution of social and emotional concerns. Teachers and administrators will effectively use time and energy on student learning and achievement in ways that ultimately increase student competencies for living and learning in the 21st century.

Families and Communities

We envision Atlantic Canadian families and communities becoming active partners in supporting Social and Emotional Learning at the school level, and advocating for policy to support sustainability of SEL programs. Social and Emotional Learning, when embedded in the classroom with an evidence-based approach, results in improved outcomes for families and communities. While the direct teaching of Social and Emotional Learning skills will occur in the school environment, the anticipated outcome would be the transfer and integration of Social and Emotional Learning skills, with support from the schools, to the family and community settings.

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- 3) healthy school policy, e.g., Safe and Caring Schools Policy; and
 - 4) partnerships and services, e.g. CMHA NL; districts

When actions in all four pillars are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society. For more information, refer to the website of the Pan-Canadian Joint Consortium for School Health. <http://www.jcsh-cces.ca/index.php/school-health>

Context and Rationale

Context

The Innovation Strategy (IS) of the Public Health Agency of Canada focuses on innovation in population health interventions to reduce inequalities. Since 2010, the IS has supported the development, adaptation, implementation and rigorous evaluation of promising population health interventions to increase and strengthen population health action in Canada. The IS puts a strong focus on the exchange and use of practical knowledge — based on the results of these interventions — and sharing of best or promising practices across the country to reduce health inequalities and deal with public health issues of a complex nature. Each IS solicitation addresses a specific priority public health issue.

The IS serves as an “incubator” for new programs, processes, and products that measure public health change at the individual, family, setting, community, and policy levels. IS objectives are as follows:

- Support the expanded reach and impact of Public Health Program (PHP) interventions which improve the health outcomes of children, youth, and families across Canada
- Support the development of strategic, across sector, vested partnerships and collaborations to advance and sustain proven PHP interventions
- Inform PHP policy and practice through knowledge translation and exchange of the findings from proven PHP interventions and processes.

In 2010, CMHA NS, in partnership with Dalhousie University, received Phase I funding from the IS to develop The ***Socially and Emotionally Aware Kids*** (SEAK) Project. Phase II funding was granted in 2011 to enable The SEAK Project to work with 5 communities in Nova Scotia, Manitoba, and Alberta to implement and evaluate a proven social and emotional learning (SEL) program and build sustainability over four years.

The SEAK Project selected the PATHS (**P**romoting **A**lternative **T**hinking **S**trategies) program for the delivery of SEL. PATHS is a school-based, social and emotional learning curriculum that has been proven to bring about positive results in children’s mental health. PATHS students are shown to develop compassion, self-awareness, empathy, and a capacity to deal appropriately with stress, frustration and anxiety. Current findings reveal that PATHS students have decreased symptoms of anxiety and depression, are less likely to exhibit aggressive behavior, have improved self-regulation and decision-making skills and improved academic performance. PATHS has gained international recognition from critical sources. For example, PATHS was rated a **model program** (highest possible rating) and the **only** violence-prevention curriculum for children (K-6) to achieve this rating by the *Blueprints Project of the Center for the Study and Prevention of Violence*, University of Colorado. PATHS also achieved the highest possible ratings from *Collaborative for Academic, Social, and Emotional Learning* (CASEL), and the *National Dropout Prevention Center/Network* in the USA, as well as *KidsMatter - Australian Primary Schools Mental Health Initiative*. The SEAK Project is currently testing the implementation of PATHS in in 5 sites across three provinces.

Researchers from Dalhousie University are examining the impact of the PATHS curriculum (short/long-term effects, health service use, and cost-benefit analysis) and gaining an understanding of PATHS strengths and limitations, opportunities and threats from key stakeholders (parents, teachers, school authorities). Anticipating

that findings from The SEAK Project will influence policy makers and gain political and public support for social and emotional learning, PHAC provided additional funding to The SEAK Project (2012-2013) to develop and recommend a strategy for ***scaling up social and emotional learning in Atlantic Canada***.

The first phase of this work was conducting a literature search and environmental scan on scaling up mental health promotion, and subsequently incorporating the findings in a proposal to develop a strategy for scale up in the Atlantic Region. Important to this work has been assessing the current environment of mental health promotion in Canada and, in particular, the Atlantic Region. An *Invitational Think Tank on Scaling up Mental Health Promotion* in Atlantic Canada held at White Point Lodge, Nova Scotia from February 19th - 21st, 2013 provided an opportunity for learning about the current thinking nationally and bringing people together from each Atlantic province. The Think Tank opened the door to the critical dialogue involved in moving mental health promotion, to a higher level of program and policy priority in many sectors and to a discussion on the importance of SEL.

The Importance of SEL

Social and Emotional Learning (SEL) involves the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably (<http://www.casel.org>).

SEL skills enhance capacity to take control, foster individual resilience, and foster individual protective factors (CASEL, 2013). A recent meta-analysis of 213 school-based, universal SEL programs including 270,034 students (kindergarten through high school) found that, compared to controls, SEL participants demonstrated significant improvement not only in social and emotional skills, attitudes, and behavior, but also academic performance that reflected an 11-percentile-point gain in achievement (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). However, the SEL Research Group/ CASEL Update (July 2010) shows that only when school staff members conduct the intervention does academic performance improve significantly. In addition, the benefits of effective SEL programs are reduced when schools do not adopt evidence-based programs or implement programs with fidelity. Further, SEL and academic outcomes are maximized when training and support are provided to school personnel who deliver evidence-based SEL programming accompanied by sound educational policy. Several other sources conclude that positive change in students' developmental health and well-being are best achieved from programs that are focused on social, cognitive and emotional processes, school based, multi-year, a manualized curriculum, opportunities for practice (Conduct Problem Prevention Research, 2010; Jones, et al., 2011), and use a whole school approach – which helps build a common language throughout the school and generalizes competence (to other courses, hallways, lunch room, school bus, etc.) (SEL Research Group/ CASEL Update, July 2010).

Although each province is at a different level of readiness for scaling up SEL, it was concluded that an investment in SEL during the school aged years would be a positive direction. The creation of an Atlantic Advisory Committee on Scaling Up SEL was recommended as the next step.

The first meeting of the Advisory Committee on Scaling Up SEL in Atlantic Canada took place on September 24th, 2013 in Halifax, Nova Scotia with representation by three to five people from each Atlantic province who were

considered to be in a strategic position to make a difference for mental health promotion provincially and/or regionally. Critical to scale up is the selection of an evidence based innovation. The Atlantic Advisory Committee reviewed the evidence related to the effectiveness of PATHS and other SEL programs considering criteria such as: are programs universal, proven, strength-based, solution-focused? Can they be evaluated? Do they follow protocols for delivery? The Advisory Committee agreed that given current social issues facing each province, there is compelling evidence to work together to build an overall SEL strategy for the Atlantic Region, and to champion evidence based SEL programs in their respective provinces.

A Core Working Group was struck to develop a draft strategy for the Advisory Committee to review and to develop a menu of evidence based SEL programs that could be implemented in a provincial pilot site when agreement is reached on the selection of one of these programs. The Advisory Committee is currently exploring the resources required for scale up, considering possible ways to make a contribution, and initiating new partnerships in preparation for a *Call for Proposals* from the Public Health Agency of Canada, expected in 2014. The focus of the call for proposals will be on scale up. While policies vary from province to province, and there is a fit with existing policies, a focus on policy development for SEL will be an anticipated outcome of the Atlantic project.

Rationale for Scale up of SEL in Canada

The mobilization of efforts in Atlantic Canada is occurring in the context of national and international concern over the rising incidence of mental health issues and the associated costs to society – socially and economically.

Mental health cost to Canada's economy was an estimated \$51 billion in 2003 (Roberts & Grimes, 2011) and continues to be a priority issue today. This is supported in a quote from the report of the *Manitoba Summit on Mental Health Promotion and Mental Illness Prevention* (2012), which states:

“Across Canada, mental health promotion and mental illness prevention are key priorities for provincial, territorial and Aboriginal governments and stakeholders. At the July 2011 meeting of the Council of the Federation, the premiers released the public communiqué: *Premiers Focus on Families*. It included the following statement and commitment:

Premiers noted that poor mental health and mental illness are the number one causes of disability in Canada, far greater than heart disease or cancer. Most Canadians will in some way be affected by mental health or mental illness, be it personally, or within their families. In economic terms, the costs associated with poor mental health in Canada amounts to over \$50 billion every year. However, many negative mental health outcomes associated with mental illness can be prevented or effectively managed if addressed before adulthood. Premiers noted that mental health promotion and mental illness prevention are a priority issue and that their jurisdictions are already doing important work in this area.”

Over 300 participants at the Manitoba Summit heard new evidence about the value of investing in mental health promotion/mental illness prevention and engaged in dialogue about the challenges and potential strategies for a national blueprint. Key highlights of the report include:

- Treatment costs related to mental health are unsustainable; a mental health promotion and mental illness prevention approach is both an economic and social imperative

- The social determinants of health are powerful influences on our population’s mental health and an effective mental health strategy *must* include and address the social, economic and environmental influences of mental health
- Mental illness can be prevented, even in individual circumstances where there are many risk factors, when protective factors are in place
- Supporting children and families, strengthening local leadership and capacity, and promoting healthy communities are key to building these protective factors
- Mental health promotion and mental illness prevention require a population-based and life course development perspective; including population-based monitoring measures (e.g. EDI)
- Evidence-based prevention strategies that are proven to work should be scaled up
- A strength-based approach to community development will improve community health, promote social inclusion, increase community assets, and enhance individual and community protective factors that will promote mental health and prevent mental illness
- New technologies for knowledge translation are vital to bridging the gap between “what we know” and “what we do”
- The new and emergent science of epigenetics is critical to understanding the influence of our lived environment (including socio-economic status) on gene expression, child development, and health outcomes

In May 2012, the Mental Health Commission of Canada released *Changing Directions, Changing Lives* – the first mental health strategy for Canada and the case for action is clear. One of the key strategies is related to mental health promotion.

“Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible. Reducing the impact of mental health problems and illnesses and improving the mental health of the population require promotion and prevention efforts in everyday settings where the potential impact is greatest.”

Given the priority of mental health for government and the public, momentum has been growing. In February 2013, a *Think Tank on Best Practices to Innovation to Scale up: Creating a Blueprint for Mental Health Promotion (MHP) and Mental Illness Prevention (MIP) in Canada* was held in Manitoba as a follow-up to the Manitoba Summit. In recognition of the Manitoba Summit proceedings, and the corresponding evidence worldwide for the scale up of MHP-MIP interventions, the Think Tank discussions were based on the understanding that there is considerable evidence for scale up and that all subsequent policy and program action on a MHP-MIP Blueprint would be based on proven and/or promising practices. The draft Think Tank report outlines principles, outcomes and key elements of a MHP-MIP Blueprint. At the July 2013 meeting of the Council of the Federation the Premiers directed ministers “to continue to develop best-practices for mental health promotion and mental illness prevention and identify how approaches, treatments and supports can be shared across jurisdictions to reach all individuals and communities, including in Aboriginal and remote regions”. The synchronicity of this work and the work in Atlantic Canada is being reviewed for potential elaboration and testing in an Atlantic Collaboration.

A public opinion poll commissioned by SEAK conducted throughout Atlantic Canada by Corporate Research Associates (November 2012) found that the public is supportive of mental health promotion and of having programs delivered in the schools. There is strong evidence supporting the scale up of SEL as a critical strategy for promoting the mental health of our population. The opportunity to make a difference is now!

Rationale for an Atlantic Collaboration

Within the Atlantic Region, the four provincial governments face issues similar to those in other provinces in Canada, such as rising health care costs, increased anxiety in children, unemployment, as well as media attention and public concern regarding bullying, lower scores on standardized testing, addictions and mental health issues such as depression and anxiety amongst school children. While Atlantic Canadians are generally more likely to report feeling connected to the local community and, overall, life stress appears to be less common among Atlantic Canadians, there are characteristics of the Atlantic Region that also increase risks for poor mental health. Compared with other Canadians, Atlantic Canadians are more likely to face stresses related to financial security and employment, with lone-parent families more vulnerable to financial stressors and food insecurity. Rural residents of the Atlantic Region experience difficulties related to changes in the economic environment and outmigration of young people. Heavy alcohol consumption, particularly among adolescents and youth, emerges as an important risk factor for the Atlantic Region. Finally, an aging population in the Atlantic Region suggests that we must consider ways to maintain protective factors, such as social participation and functional health, among seniors (Public Health Agency of Canada, 2012).

Recognizing the role of mental health in overall health and well-being and the potential to reduce health care costs, and increase social and economic prosperity if there is an investment in promoting mental health, all four provinces have either taken steps to approve policies that support safe and caring schools or are in the process of developing such policies. Each province has also developed, or is developing, a Mental Health Strategy and/or a Wellness Strategy that addresses mental fitness or mental health promotion within the context of various settings that may include schools, communities, workplaces and homes. PEI has a Youth Commissioner who is working across four government departments to take an intersectoral approach to addressing the issues of youth. The other provinces are also headed down this road, particularly in discussions regarding an Integrated Service Approach in schools. It is clear in discussions with provincial representatives that all provinces are seeking ways to best invest in children and youth and with increased collaboration between universities, community and government departments of education, health and justice more can be accomplished.

According to a recent article published in the *Stanford Social Innovation Review*, three conditions must be in place before launching a collective impact initiative: an *influential champion*, *adequate financial resources*, and a sense of *urgency for change*. The authors state that “Together, these preconditions create the opportunity and motivation necessary to bring people who have never before worked together into a collective impact initiative and hold them in place until the initiative’s own momentum takes over” (Hanleybrown, Kania and Kramer, 2012).

With key champions from each province serving on the Atlantic SEL Scale Up Advisory Committee, the potential for funding through the Innovation Strategy and other vested partnerships, and the sense of urgency created by the various pressure points on governments, the advantages of working together across the Atlantic Region cannot be undersold.

Although each province is at a slightly different place in developing policy to support mental health promotion amongst school aged children, there seems to be a fit with SEL in terms of existing policy and emerging policy discussions. At a time of high demand and dwindling resources, a good case can be made for working together and expanding interprovincial networks. A shared investment in SEL to achieve positive health, social and academic outcomes for Atlantic Canadians through testing an evidence-based program that meets agreed criteria includes the following benefits:

- A *shared plan* for coordination and implementation
- Shared costs of offering professional learning activities
- Bulk purchase opportunities
- Shared French translation requirement costs
- Building professional learning communities (French and English)
 - Teacher and classroom level
 - District level
 - Provincial government networks
- Documentation of best practices for future projects
- Shared best practice and research findings
- A shared FTE to coordinate the implementation of long-term goals
- A common vision, language and goals for SEL
- Creating a shared evaluation tool/framework
- Shared experience and expertise regarding SEL
- Training and implementation support for teachers and other personnel who work with kids
- Building a hub for training and mentoring

The development of research capacity will be a major benefit to the Atlantic Region and to Canada as a whole. An Atlantic Research Network, with representation from government, universities and private sector is proposed as an integral part of the project, would guide the development and implementation of a shared evaluation framework with the following benefits:

- Comparison across four provinces
- Shared school site selection criteria/profile and indicators (age, population and measures)
- Standards for selection of SEL programs
- Strong allegiance between governments and researchers
- Network of researchers – 1-2 from each province with a mix of quantitative and qualitative expertise
- Develop protocols for transfer and sharing of data to aggregate data for overall evaluation of the project

The project will build on work currently underway such as the current provincial and federal investment in Comprehensive School Health, its tools and approaches, establishing a relationship with the Pan-Canadian Joint Consortium for School Health. The proposed project will also create forums for knowledge exchange to ensure that the experience and strengths of each province are reflected in the scale up work. An example is in the approach being taken by New Brunswick in engaging schools, families, communities and workplaces in building community ownership of mental fitness initiatives.

Proposal Components: Collaboration on Scaling Up SEL in Atlantic Canada

Proposal: To scale up SEL in Atlantic Canada by implementing and evaluating an evidence-based program that enhance social and emotional learning (SEL) skills among Atlantic Canadian elementary school students, the Core Working Group is proposing a four-year Atlantic collaboration to scale up SEL in each Atlantic Province by engaging in the following activities:

1. SEL Pilot⁴ in each Province

- Provinces will implement an evidence-based SEL program agreed upon by the four provinces as best meeting specific criteria⁵, e.g.:
 - Program is evidence based
 - Program is universal - not targeted to a particular group
 - Program is delivered school wide
 - Program includes a comprehensive curriculum – to promote program fidelity
- Each SEL pilot will select schools (SEL program schools and comparison school) that are **demographically similar**, and have **sufficient student numbers**, to allow for comparison. While all schools will receive the chosen SEL program, one school will be randomly selected to wait for 1 year as a wait-list school before beginning to implement the SEL program
- SEL pilots will be compared across provinces to measure program impact
- Pilot Sites will be chosen based on:
 - Assessed interest and readiness for school and community ownership
 - Compliance with Comprehensive School Health Framework 4 pillars (Use of tools and guidance)
 - Supported by school/provincial policies that support SEL Pilot
 - Willingness to engage in community partnerships

⁴ **Pilot Project** - For the purposes of this document, a pilot project has two characteristics: 1) an SEL program will be implemented in a limited number of schools (rather than province-wide) with sufficient numbers of students to allow for strong evaluation so that school boards can effectively assess it before considering a much larger, perhaps complete implementation, 2) nevertheless, the number of schools will be sufficient to allow testing the efficacy of the SEL program implemented in the pilot project. This ability to assess efficacy will depend on having a sufficient number of intervention and comparison schools to test the main study question (e.g., does program “A” lead to improved student SEL practices compared to a demographically similar school without program A).

⁵ **SEL Program Criteria** – Recommended by CASEL k-6 plus additional criteria outlined in this document p.19

2. Research and Evaluation⁶

- Develop an Atlantic Research Network (university, government) to guide the evaluation
- Ensure intervention can be scientifically evaluated and project can be evaluated, i.e., create a logic model with shared outcomes guided by Comprehensive School Health 4 pillars and SEL
- Develop evaluation plan including shared framework, methods (with common measures) and timelines
- Plan for collection of data at baseline and at sufficient/regular intervals to measure impact
- Ensure Research Ethics Board approval
- Ensure research evaluation of provincial pilot processes and outcomes
- A critical feature includes a built in mechanism for checking on fidelity in the quality of delivery in order to measure the relationship of fidelity with desired outcomes.
- Conduct project evaluation of the Atlantic Collaboration Project including processes, milestones and outcomes

3. Capacity Development

- Assess capacities of community and systems
- Enhance capacity for collective impact amongst partners in each Pilot site
- Build capacity of Provincial Teams and Atlantic Advisory Committee to support scale up
- Work with school boards and relevant stakeholders within provincial Departments of Education, Health, Justice and Community Services to develop training strategies
- Secure training for implementing selected SEL program and, where possible, engage in inter-provincial collaborative planning processes for infrastructural arrangements.
- Provide training on the intervention (SEL Program) for school sites, health and education sectors

4. Knowledge Sharing and Mobilization

- Create opportunities to bring stakeholders together face to face, e.g., think tank
- Maximize technology to create a Community of Practice that can learn from others
- Communication with the public and stakeholders building on findings of 2012 CRA public opinion poll
- Share project evaluation and research findings on an ongoing basis. (Each site will receive its program findings. Findings will be summarized by province for publication and dissemination)
- Mobilize knowledge to change policy and practices

5. Leadership for Scale up/Change

- Establish criteria for leadership
- Identify lead organization to manage the Atlantic Collaboration Project
- Establish mechanisms for collaboration and shared management
- Seek ongoing opportunities for resources, partners

⁶ **Evaluation** - A process that attempts to determine as systematically and objectively as possible, the relevance, effectiveness and impact of activities in light of their objectives. Several varieties of evaluation can be distinguished: evaluation of structure, process and outcome (Dictionary of Epidemiology, 2008).

- Explore mechanisms for vertical and horizontal scale up, e.g., Advocate for policy and sustainability
- Examine the cost benefit of the programs and impact on health system usage

Principles

In identifying the principles to guide the project, it is important to consider the goal of scale up as “collective impact”⁷. In scaling up SEL in Atlantic Canada we are proposing to address an issue that is complex. As in the complex nature of most social problems the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large-scale change is a faulty ambition. Therefore as we consider the principles that will guide our work, it is imperative that we pay attention to the emerging evidence that outlines the conditions which must be present in order to achieve our collective goal, i.e.,

- **Creating a Common Agenda:** All partners focus on a *shared vision* for public health programs
- **Shared Measurement:** Consistent research, evaluation and data collection
- **Coordinate Activities:** Partner investments/supports through a coordinated plan of program action
- **Continuous Communication:** Consistent/targeted flow of knowledge exchange and uptake.
- **Growing Organization Capacity:** Creating capacity in partner organization(s) for sustained reach and impact of proven interventions.

Overarching Principles for the Project

In outlining the overarching principles for our collaborative work in Atlantic Canada, we have drawn inspiration from the Manitoba Think Tank Report, Best Practices to Innovation to Scale-up: Creating a Blueprint for Mental Health Promotion and Mental Illness Prevention in Canada, February 2013 and also the values outlined in the Ottawa Charter (1986).

1. Inclusion and social justice; equity empowerment, and participation
2. Proportional universality
3. Sustainability and return on investment
4. Vested partnerships
5. Policy and program integration
6. Life course perspective
7. Outcome and process evaluation

Principles to Guide the Atlantic Collaboration

As with any partnership, having a strong foundation in shared values and clarity of roles is essential to the success of working together. The following principles are drawn from literature on successful partnerships and also build on the lived experience of the Advisory Committee.

⁷ **Collective Impact** - Collective Impact is not just a fancy name for collaboration, but represents a fundamentally different, more disciplined, and higher performing approach to achieving large-scale social impact (Hanleybrown, Kania and Kramer, 2012).

1. Commitment: A clear vision and a shared commitment, a common agenda, a shared evaluation framework and outcomes
2. Communication: Ongoing communication and sharing of Information
3. Respect: Respect and trust among partners – for individual participants and for provincial processes; Mechanisms for involvement which recognize the many demands on organizations with limited resources and use their time effectively
4. Diversity: Understanding that diversity is a strength which can ensure that issues are comprehensive and solutions innovative
5. Collaborative decision-making, with a commitment to achieving consensus
6. Shared understanding of the mandate of each partner and clarity of roles and expectations in the project
7. Flexibility and open mindedness
8. Accountability to the partnership, the provinces and the communities

SEL Program Criteria

In keeping with the project values, agreement was reached on the following selection criteria drawn from the K-6 CASEL document.

1. Universal – school wide
2. Evidence-based – demonstrated evidence that SEL skills are enhanced
3. Strength-based, e.g., focusing on a child's positive qualities
4. Solution-focused, e.g., problem solving skills, critical thinking
5. Follow protocols for delivery to ensure fidelity
6. Ready for evaluation
7. Well designed
8. Training Component
9. Implementation supports

Additional criteria approved by the Core Group:

1. Equity and social justice - cultural proficiency in relation to race, cross cultural understanding and human rights
2. Cost effectiveness – are the outcomes worth the investment?
3. Integrates into existing provincial policy and curriculum – not an add-on.
4. Continuous – not one semester of programming for one year
5. Consistent – available over multiple grades
6. Transferability of skills across the life span
7. Available for all learners regardless of cognitive abilities or learning styles
8. Delivered by classroom teachers to promote generalization of skills to other contexts (e.g., academics)

Anticipated Outcomes

The anticipated outcomes of the project reflect the impact of activities in the five project components as outlined in an earlier section of this document:

1. Implementing a selected intervention in a pilot project
2. Building capacity for delivering and supporting the intervention,
3. Engaging in knowledge mobilization
4. Using a common core evaluation framework
5. Providing leadership for scale up and policy change

In order to build on health and education collaboration already underway in the Atlantic provinces, we have framed the anticipated outcomes by the pillars of the Comprehensive School Health Framework:

- Policy
- Teaching and Learning
- Physical and social environments
- Partnerships

Baseline data will be collected in Year 1. These data will allow measurement of change in relation to the outcomes.

One Year Outcomes (Short Term)

1. Policy

- a) Governments support project leadership of scale up
- b) Provincial governments explore existing policies to support SEL and realign resources as required
- c) Policies for private sector partnerships are confirmed
- d) School Board and school policies are aligned with SEL

2. Teaching and Learning: Intervention Schools

- a) Teachers and related personnel are trained and applying SEL skills in the classroom
- b) Responses to inappropriate behavior have changed with decreased referrals to the administration
- c) Students are recognizing emotions in self and others
- d) Students engaged in the program are demonstrating more socially responsive behaviours

3. Physical and social environments: Intervention Schools

- a) All school personnel, families and personnel providing services to students are orientated to the program
- b) Ideas for creating positive environments are broadly solicited and considered
- c) Student capacity for developing healthy, positive relationships is enhanced
- d) Relationships within the school community have improved

4. Partnerships

- a) Interprovincial agreements for alignment of resources are finalized
- b) Communities are engaged in information sessions regarding the SEL program
- c) School sites are selected and partnership agreements finalized
- d) Partnerships NGOs and private sector are formed and supplement implementation of the innovation

Three Year Outcomes (Intermediate)

1. Policy

- a) Knowledge exchange between provinces has resulted in shared language re SEL to use with multiple sectors
- b) Public education increases public support for investment in mental health promotion
- c) School Boards are working toward policies and guidelines to support SEL and mental health promotion
- d) School protocols and procedures are developed with teacher, student and family consultation

2. Teaching and Learning

- a) Principals and teachers report improved academic achievement based on provincial outcomes
- b) Students are regulating and managing strong emotions (positive and negative)
- c) Students are listening and communicating accurately and clearly
- d) Students are respecting others and self and appreciating differences

3. Physical and social environments

- a) Principals and teachers are enthusiastic about the impact of the program on school culture
- b) The community is actively contributing to the school and community environments
- c) Students are cooperating, negotiating and managing conflict with more nonviolent strategies
- d) There is evidence of cultural proficiency in relation to race, cross cultural understanding and human rights

4. Partnerships

- a) Interprovincial Atlantic partnership is effective in guiding effective project implementation and leadership
- b) Partnerships formed with NGO's and private sector add value to the project
- c) Staff and parents are communicating regularly regarding outcomes of SEL
- d) There is increased interest in other schools to learn about the program

Five – Ten Year Outcomes (Long term)

1. Policy

- a) Evidence is used to develop policy/guidelines to support resource alignment for sustaining intersectoral programs for mental health promotion
- b) Evidence supports policy for wider scale up in other schools and school communities

2. Teaching and Learning

- a) Teachers report that they benefit on a personal and professional level from SEL skills and have more time to focus on and enjoy teaching
- b) Students have greater competence, self-confidence, connection to family and friends and exhibit good character
- c) Students have fewer negative behaviors e.g. decreased disruptive class behavior, noncompliance, aggression, delinquent acts, and disciplinary referrals

3. Physical and social environments

- a) Schools have fewer reports of emotional distress among students
- b) Schools have healthy climates with increased academic achievement and student engagement
- c) Families report greater engagement in the school and positive impacts in their homes

d) Students who have completed the program demonstrate increased school/community engagement

4. Partnerships

- a) Health system data indicates more effective usage in terms of type and frequency
- b) Cost-benefit analysis shows the outcomes are worth the program investment.
- c) Evidence is available to negotiate with program developers to simplify the intervention for wider scale up
- d) The Atlantic collaboration has resulted in a sharing of resources and increase in scale up expertise
- e) New models have emerged that can generate and sustain partnerships for better Public Health Program outcomes

As the Atlantic partners collaborate on writing the IS proposal for Phase 3 funding, we may find that other categories of outcomes are also identified.

Evaluation

A key element of the evaluation is the proposed development of a network of academic and system researchers and evaluators in Atlantic Canada to lead the evaluation. While the evaluation research will be led by Dalhousie University, it is anticipated that researchers from Memorial University, University of New Brunswick and University of Prince Edward Island will participate on the team.

Note to Reader: Our discussion about evaluation resulted in an understanding of the process, a decision on the definition and the need to define and include two distinct foci: (a) **program evaluation** of the SEL outcomes and (b) **project evaluation** of the collaboration and scale up process. The provincial representatives have agreed, in principle, to a shared evaluation framework with methods, timelines and common measures of process and outcomes.

SEL pilots will be compared across provinces to measure the process of implementation and the impact of the SEL intervention/program. It is proposed by the Core Working Group that the design of the intervention evaluation will, at the very least:

- include a wait list control
- take a randomized approach
- require Ethics approval; consent will be part of the process
- include a cost benefit analysis
- have data stored on a database at Dalhousie University

Program evaluation will evaluate the SEL program at the level of the child, the classroom, the school, the parents, the community – using comprehensive outcome measures. Data will be collected at baseline and key intervals (time determined by the measures being evaluated) throughout the project. Where possible, it will also include longitudinal follow-up of children exposed to the SEL program to answer critical questions [do results persist when children finish the SEL program... or are the effects merely a superficial, short-term and context-specific change]. Such information assists in drawing valid conclusions regarding program integrity. Additionally, we will try to establish whether non-SEL program schools are affected as a whole by the presence of students who have completed a SEL program (i.e., do SEL program graduates make a difference to the school

environment when in higher grades). Long-term assessments may also assist in understanding *which* SEL program variables promote SEL skill sustainability.

Program evaluation will engage a mixed methods approach involving qualitative methods (focus groups, key informant interviews, etc.) and quantitative methods (individual assessments). Particular attention will be given to various factors (e.g., age, gender, parental education/occupation, ethnicity/race, urban/rural) and conditions considered to be defining influences in mental health (Pawson, Greenhalgh, Harvey, & Walshe, 2005). Particular attention also will be given to inclusive methodologies that are sensitive to a full range of diversity in the project sites. Interpretation of findings when they become available will include *constant consultation* with stakeholders groups (communities, partners). Quantitative analyses will include descriptive and inferential statistics as well as the use of modeling (e.g., structural equation modeling) to measure numerical characteristics and make comparisons. Qualitative analyses will include various methodologies (e.g., case study, phenomenology) to gain meaning/understanding /insight about situations or issues/ events/ problems and how they relate to each other.

Project evaluation will monitor the process of scale up, the collaboration between the Provinces and the unique ways the SEL programs are integrated into provincial systems. This will help develop an understanding of best ways to build sustainability and the types of efforts needed to expand such programs in similar jurisdictions. The evaluation will be participatory in nature and will focus on both process (formative) and outcomes (summative). The *formative* project evaluation will help monitor the progress of the project [How was the project managed? Who provided leadership? How was the innovation selected, implemented and integrated into existing systems? Did that happen? How were the partnerships developed? Were the partnership agreements implemented as planned? Was the evaluation framework comprehensive?] It will provide opportunity to adapt project delivery as necessary to ensure that it meets the needs of participants and moves toward the achievement of project objectives. The *summative* project evaluation will evaluate outcomes (qualitative and quantitative) in surveys, key informant interviews, focus groups and document reviews [Was the leadership effective? What were its strengths and limitations? What were the success indicators?]. Data will be collected at key intervals in the project through document reviews, exit surveys, interviews, and focus groups. Evaluation results will be used to modify project products, communication plans and interventions and for forward planning by the project.

Strategy

During the past two years, under the Innovation Strategy, The SEAK Project was amended to include examining the capacity for scale up of SEL in Atlantic Canada.

Activities

Following completion of a literature review, key informant interviews with experts in the field and decision makers in the Atlantic Region, consultation with the Canadian Mental Health Associations in each province, a plan to develop a strategy was initiated based on local context and the application of the ExpandNet Model for scaling up health innovations (www.expandnet.net). Action was undertaken to consult with key stakeholders,

review all policy documents that relate to mental health promotion of school aged children, conduct a public opinion poll of attitudes of Atlantic Canadians regarding mental health and investment in mental health promotion programs and develop a primer for use by decision makers and change agents in the Atlantic Region. Having accomplished this work, and recognizing the work being conducted by the Mental Health Commission of Canada and the outcomes of the Manitoba Summit, the SEAK project continued to take action on other leadership activities identified in the scale-up strategy development workplan:

1. Consult with Atlantic Premiers and appropriate elected ministers – *Meetings were initiated following a briefing note sent to each premier in advance of the July 2013 meeting of the Council of the Federation*
2. Clarify the innovation to be scaled up, i.e., PATHS, SEL, other school based mental health promotion initiatives – *An Advisory Committee representative of Atlantic Canada met on September 24, 2013 and reviewed rankings of SEL programs. Since then specific criteria have been identified to guide selection of the innovation to be scaled up in each province*
3. Assess the attributes that determine the scalability of the innovation in Atlantic Canada – *A Think Tank on Scaling up Mental Health Promotion was held in White Point, February 2013 providing information on emerging policy directions in each Atlantic Province. This knowledge has continued to grow through the participation of provincial representatives on the SEL Advisory Committee*
4. Review research on contextual opportunities/constraints – *same as above*
5. Develop a shared vision for the Region – *Since September 2013, a Core Working Group of the SEL Advisory Committee has worked on creating a shared vision. This vision forms the basis of this document.*

Activities yet to be accomplished in developing the strategy are the following:

6. Reach consensus re interest in/commitment to scaling up and recommend scope of scaling up – Agree to collaborate on a proposal.
7. Clarify policy, legal, political, regulatory, budgetary and other system changes to ensure the innovation will be implemented in each province.

Timelines: June 2014 for #6; After the call for proposals and during proposal writing for #7

Given that the Call for Proposals from the IS will be issued in the next few months, it is imperative that there is discussion with provincial departments to reach consensus re the interest in and commitment to scaling up SEL in Atlantic Canada; and to begin discussions on this foundational document so that there is support to collaborate on writing a proposal once the Call for Proposals is issued. Clarifying the system issues is assumed to be part of the work of writing the proposal and of establishing partnership agreements.

Responsibilities: Advisory Committee Members

Review and disseminate this vision document to:

- Managers and directors who have decision making authority regarding setting the conditions for collaboration on a proposal

Engage in process within their organizational structures to secure:

- Potential partners with vested interests wishing to engage locally or regionally in the project.

Conclusion

What is proposed is a collaborative project amongst the four Atlantic Provinces that will scale up evidence on social and emotional learning to create collective impact. According to Hanleybrown, Kania and Kramer (2012) in their recent article, three conditions must be in place before launching a collective impact initiative: an influential champion, adequate financial resources, and a sense of urgency for change. Together, these preconditions create the opportunity and motivation necessary to bring people who have never before worked together into a collective impact initiative and hold them in place until the initiative's own momentum takes over.

This vision document was created through the commitment of champions from each Atlantic province who formed an Advisory Committee and along with the SEAK Team outlined a shared vision and agenda for scaling up SEL in Atlantic Canada. The Advisory Committee sees an opportunity to engage in a partnership with the Innovation Strategy to leverage other resources and partnerships to address urgent issues related to the mental health of citizens in Atlantic Canada, and has developed this document for consideration by provincial and regional partners. At the provincial level, commitment as a partner and support to go the next step in writing a proposal for Phase 3 funding is required. At a regional level, this document is designed to pique the interest and commitment of non-traditional partners from municipal and private sectors in advancing a proposal for Phase 3 funding.

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Appendix A: Atlantic SEL Scale up Advisory Committee Members

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Appendix B: Definitions

1. Collective Impact

Collective Impact is not just a fancy name for collaboration, but represents a fundamentally different, more disciplined, and higher performing approach to achieving large-scale social impact. Stanford Innovation Review

2. Comprehensive Approach

For purposes of an Atlantic collaboration, Evidence Based programs use the 4 pillars outlined in the Comprehensive School Health Framework adopted by the Pan Canadian Joint School Health Consortium and encouraged by the four Atlantic Provinces. SEL can be embedded in this framework. Using a comprehensive approach, schools can select the programs and processes that suit its needs.

3. Comprehensive School Health Framework

Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It is not just about what happens in the classroom. Rather, it encompasses the whole school environment with actions addressing four distinct but inter-related pillars that provide a strong foundation for *comprehensive school health*:

- social and physical environment; e.g., Whole school approach could be reinforced by a program.
- teaching and learning; e.g., SEL Program
- healthy school policy, e.g., Safe and Caring Schools Policy; and
- partnerships and services, e.g., CMHA NL; districts

When actions in all four pillars are harmonized, students are supported to realize their full potential as learners – and as healthy, productive members of society. For more information, refer to the website of the Pan-Canadian Joint Consortium for School Health. <http://www.jcsh-cces.ca/index.php/school-health>

4. Evaluation

A process that attempts to determine as systematically and objectively as possible, the relevance, effectiveness and impact of activities in light of their objectives. Several varieties of evaluation can be distinguished: evaluation of structure, process and outcome.

5th edition of the Dictionary of Epidemiology

Evaluation Terminology

Evaluation Term	Definition
Activities	The tasks that are required to be done in order to achieve project outputs (eg. run a workshop, conduct and audit)
Efficiency	Refers to the extent to which activities, outputs and/or the desired effects are achieved with the lowest

	possible use of resources/inputs (funds, expertise, time)
Effectiveness	The extent to which project meets its intended outputs and/or objectives.
Impact	Refers to the measures of change that result from the outputs being completed, such as responses to surveys, requests for further information, or number of products taken up (eg. lights installed). <i>Impact is sometimes used in place of short-term outcomes</i>
Qualitative	Refers to data that consists of words, or communication (whether that is text, voice, or visual).
Quantitative	Refers to data that are counts or numbers.
Outcome	Measures the change in behaviour or resource use in relation to goal of the project. Outcomes are usually considered in terms of their expected timeframe: <ul style="list-style-type: none"> · Short-term (or immediate), · Intermediate, and · Long-term. <p><i>Without thorough outcome evaluation, it is not possible to demonstrate whether a behaviour change project has had the desired effect. It is important to capture both intended and unintended outcomes.</i></p>
Outputs	Products or services delivered as part of the project's activities (e.g. workshops, audits, brochures).
Relevance	The extent to which the project purpose and goal meet the target group's needs or priorities.
Sustainability	In terms of a project, sustainability refers to the likelihood of the change continuing once the intervention activities have ceased.

For more information, refer to Evaluation Toolbox:

http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=11&Itemid=17

5. Evidence Based Programming

An evidence-based program is defined as one that: (i) has been identified as a “model” or “best practice” program, meaning that it has been repeatedly demonstrated to be effective through studies using good methods, a reasonable sample size, and an experimental, “gold standard” design (includes a control group with random assignment of subjects to the experimental and control groups) or a quasi-experimental design (includes a control group but not random assignment), with the results published in a peer-reviewed journal, or (ii) may be considered a “promising” program, meaning that it has been demonstrated to be effective in at least one study meeting the above criteria (Carthy Foundation, 2013).

For purposes of an Atlantic collaboration, Evidence Based program means has repeatedly demonstrated to be effective through studies using good methods, a reasonable sample size, and an experimental, “gold standard” design (includes a control group with random assignment of subjects to the experimental and control groups) or a quasi-experimental design (includes a control group but not random assignment), with the results published in a peer-reviewed journal, in more than one context and over time (Carthy Foundation, 2013). In addition, Evidence Based-programs are “manualized”, e.g., presented as structured protocols and individual tasks so that they can be implemented similarly

across jurisdictions and as close as possible to the way the program was designed. This “treatment fidelity” is very important to achieve the demonstrated results of the program (Penn State University, 2005).

6. Pilot Project

For the purposes of this document, a pilot project has two characteristics: 1) an SEL program will be implemented in a limited number of schools (rather than province-wide) with sufficient numbers of students to allow for strong evaluation so that school boards can effectively assess it before considering a much larger, perhaps complete implementation, 2) nevertheless, the number of schools will be sufficient to allow testing the efficacy of the SEL program implemented in the pilot project. This ability to assess efficacy will depend on having a sufficient number of intervention and comparison schools to test the main study question (e.g. does program “A” lead to improved student SEL practices compared to a demographically similar school without program A).

7. Scaling Up

Systematic efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis. For more information refer to the resources at ExpandNet, a global network of public health professionals created with leadership from the World Health Organization’s Department of Reproductive Health and Research and the University of Michigan School of Public Health: www.expandnet.net.

Note: Task 1 – Engage stakeholders; Task 2 – Ensure relevance of the innovation. It should address important public health problems and have the potential for significant public health impact. It should also be: based on sound evidence, considered preferable to alternative approaches and feasible in the local settings where it is to be implemented.

8. Social and Emotional Learning (SEL)

SEL: Social and emotional learning, as described by the Collaborative for Academic, Social and Emotional Learning (CASEL.org), is the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to recognize and manage emotions; developing caring and concern for others; making responsible decisions; establishing positive relationships; and handling challenging situations capably. The field of SEL evolved from research on positive youth development (PYD), prevention and resilience. <http://www.casel.org/social-and-emotional-learning>

CASEL has identified five interrelated cognitive, affective and behavioral competencies. The definitions of the five competency clusters for students are:

- ***Self-awareness:*** The ability to accurately recognize one’s emotions and thoughts and their influence on behaviour. This includes accurately assessing one’s strengths and limitations and possessing a well-grounded sense of confidence and optimism.
- ***Self-management:*** The ability to regulate one’s emotions, thoughts, and behaviors effectively in different situations. This includes managing stress, controlling impulses, motivating oneself, and setting and working toward achieving personal and academic goals.

- *Social awareness*: The ability to take the perspective of and empathize with others from diverse backgrounds and cultures, to understand social and ethical norms for behavior, and to recognize family, school, and community resources and supports.
- *Relationship skills*: The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. This includes communicating clearly, listening actively, cooperating, resisting inappropriate social pressure, negotiating conflict constructively, and seeking and offering help when needed.
- *Responsible decision making*: The ability to make constructive and respectful choices about personal behavior and social interactions based on consideration of ethical standards, safety concerns, social norms, the realistic evaluation of consequences of various actions, and the well-being of self and others.