

# MindUP 8-11

Review: November 2019

**Note on provider involvement:** This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

**MindUP is a schools-based social and emotional learning and mindfulness programme. It is a universal programme and is offered in three versions pertaining to children aged 3-7 (MindUP 3-7), 8-11 (MindUP 8-11), and 11-14 (MindUP 11-14). The version described here is for children aged 8-11. MindUP 8-11 is delivered in primary schools and aims to improve self-regulation, prosociality in the short-term, and academic achievement and positive mental health in the long-term.**

Using an educational neuroscience approach, the programme teaches children strategies to focus attention, regulate emotions, and engage in prosocial behaviours in order to foster positive academic, social, and emotional well-being. This is supported by promoting a school-wide mindful culture to support wellbeing and academic outcomes.

MindUP 8-11 is a universal programme that is intended to be inclusive, accessible, and adaptable to a range of educational settings.

The intervention consists of 15 lessons that cover topics such as self-regulation, perspective taking, and mental health. A core part of the intervention is learning a mindfulness technique that consists of focusing the mind on a given stimulus. This exercise is intended to be practiced three times a day, with the length being adaptable to children's needs.

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Evidence  
rating: **2**

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Cost rating: **1**

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## EIF Programme Assessment

MindUP 8-11 has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

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Evidence  
rating: **2**

### What does the evidence rating mean?

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

Note that MindUP 3-7 can also be found on the guidebook with an EIF Strength of Evidence Level 2. No studies were available on MindUP 11-14 at the time of assessment, therefore we do not have information on the evidence for this programme version. Please note that a newer version of the programme - MindUp for Life - an online curriculum for teachers to implement in the classroom, is now available for 3-14 year olds.

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## Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

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Cost rating: **1**

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## Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

**Supporting children's mental health and wellbeing**

**Improved social-emotional competence**

**Based on study 2**

**Improved empathy**

Based on study 1

**Improved perspective taking**

Based on study 1

**Improved optimism**

Based on study 1

Based on study 2

**Improved emotional control**

Based on study 1

**Improved mindfulness**

Based on study 1

**Improved depressive symptoms**

Based on study 1

**Improved prosociality**

Based on study 1

## Enhancing school achievement & employment

### Improved executive function

Based on study 1

### Improved school self-concept

Based on study 1

### Improved attention

Based on study 2

## Preventing crime, violence and antisocial behaviour

### Decreased aggression

Based on study 2

### Decreased oppositional/dysregulated behaviour

Based on study 2

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# Key programme characteristics

## Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Primary school

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## How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

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## Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Primary school

The programme may also be delivered in these settings:

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## How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal

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## Where has it been implemented?

Australia, Canada, Finland, Ireland, Portugal, Serbia, Uganda, United Kingdom, United States

## UK provision

This programme has been implemented in the UK.

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## UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

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## Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning
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# About the programme

## What happens during delivery?

### How is it delivered?

- MindUP is delivered in 15 sessions of 40-50 minutes duration each by one class teacher, to one class/group of children.

## What happens during the intervention?

- There are 15 sequential lessons that can be taught across one academic year or can be taught in a 15-week block.
- Each lesson revisits the neuroscience underpinning the lesson theme and involves interactive and engaging activities, including individual and group work.
- There are applications to real life and cross curricular learning.
- Each lesson provides the teacher with a detailed background to the lessons, including why and how each lesson links to previous learning to inform new learning. Literature suggestions and opportunities for reflection on learning are built into each lesson.
- A core element of the programme is “The Brain Break”, a mindfulness practice that is intended to be practiced 3 times per day and consists of focusing on a stimulus, e.g., a sound. The length of these breaks is tailored to the age of the children and their needs.

## What are the implementation requirements?

### Who can deliver it?

- The practitioner who delivers this programme is a teacher with QCF-6 level qualifications.

## **What are the training requirements?**

- The practitioners have 26 hours of programme training. Booster training of practitioners is not required.

## **How are the practitioners supervised?**

Practitioner supervision is provided through the following processes:

- It is recommended that practitioners are supervised by two MindUP consultants (qualified to QCF-6 level), with 5 days of programme training and a MindUP school lead who is a teacher or member of the leadership team at the school offering MindUP.

## **What are the systems for maintaining fidelity?**

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Face-to-face training
- Fidelity monitoring
- Teachers receive digital decks to teach each of the 15 lessons. Enhanced resources will be available in 2020 on the new UK website. Ongoing CPD sessions for MindUP school leads are provided.

## **Is there a licensing requirement?**

There is no licence required to run this programme.



## How does it work? (Theory of Change)

### How does it work?

- Robust social and emotional competencies, such as self-awareness, self-management, and social awareness, facilitate children's readiness for learning, prosocial behaviour, and positive mental health.
- Using an educational neuroscience approach, the programme teaches children strategies to focus attention, regulate emotions, and engage in prosocial behaviours in order to foster positive academic, social, and emotional well-being. This is supported by fostering a school wide mindful culture to support wellbeing and academic outcomes.
- In the short term, children understand how the brain experiences and regulates emotions, can apply strategies to focus attention and calm down, and are better able to act prosocially with their peers and community.
- Over the longer term, children are equipped with and apply social and emotional knowledge, attitudes, and skills to obtain better academic achievement, improved prosociality, and positive mental health.

### Intended outcomes

Supporting children's mental health and wellbeing  
Enhancing school achievement & employment

### Contact details

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<https://uk.mindup.org/>

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## About the evidence

MindUP 8-11's most rigorous evidence comes from a cluster RCT (Study 1: Schonert-Reichl et al., 2015) and one QED (Study 2: Schonert-Reichl & Lawlor, 2010) which were conducted in Canada.

These studies identified statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study, and so the programme receives a Level 2 rating overall.

### Study 1

**Citation:** Schonert-Reichl et al. (2015)

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**Design:** Cluster RCT

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**Country:** Canada

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**Sample:** 99 children between the ages of 9 and 11

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**Timing:** Post-test

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**Child outcomes:**

- Improved empathy
  - Improved perspective taking
  - Improved optimism
  - Improved emotional control
  - Improved mindfulness
  - Improved depressive symptoms
  - Improved prosociality
  - Improved executive function
  - Improved school self-concept
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**Other outcomes:**

- None measured
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**Study rating:** 2

Schonert-Reichl, K. A., Oberle, E., Stewart Lawlor, M., Abott, D., Thomson, K., Oberlander, T. F., & Diamond, A. (2015). Enhancing Cognitive and Social–Emotional Development Through a Simple-to-Administer Mindfulness-Based School Program for Elementary School Children: A Randomized Controlled Trial. *Developmental Psychology*, 51(1), 52-66.

Available at: <http://dx.doi.org/10.1037/a0038454>

### **Study design and sample**

The first study is an RCT.

This study involved random assignment of children to a MindUP treatment group and a business as usual group.

This study was conducted in Canada, with a sample of 99 children between the ages of 9 and 11 (10 years old on average). Most children (84%) lived in two parent homes and spoke English as their native language (66%). The neighbourhood income of the area the study was conducted in was approximately equivalent to the Canadian median annual income.

### **Measures**

Executive function was measured using the flanker task and hearts and flowers task (direct assessment). Empathy and perspective taking were measured using the Interpersonal Reactivity Index (child self-report). Optimism and emotional control were measured using the Resiliency Inventory (child self-report). School self-concept was measured using Marsh's Self-Description Questionnaire (child self-report). Depressive symptoms were measured using the Seattle Personality Questionnaire for Children (child self-report). Mindfulness was measured using the Mindful Attention Awareness Scale adapted for children (child self-report). Social responsibility was measured using the Social Goals Questionnaire (child self-report). Prosociality was measured using peer nominations. Achievement was measured using math grades (achievement test).

### **Findings**

This study identified statistically significant positive impact on a number of child outcomes.

This includes improved executive function, empathy, perspective taking, optimism, emotional control, prosociality, school self-concept, mindfulness and decreased depressive symptoms.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequivalent groups and clustering not being taken into account in statistical analyses, hence why a higher rating is not achieved.

## **Study 2**

**Citation:** Schonert-Reichl & Lawlor (2010)

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**Design:** QED

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**Country:** Canada

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**Sample:** 246 children between the ages of 9 and 13

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**Timing:** Post-test

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**Child outcomes:**

- Improved social-emotional competence
  - Improved optimism
  - Improved attention
  - Decreased aggression
  - Decreased oppositional/dysregulated behaviour
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**Other outcomes:**

- None measured
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**Study rating:** 2

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Schonert-Reichl, K. A., & Stewart Lawlor, M. (2010). The Effects of a Mindfulness-Based Education Program on Pre- and Early Adolescents' Well-Being and Social and Emotional Competence. *Mindfulness*, 1(3), 137-151. DOI 10.1007/s12671-010-0011-8.

Available at <https://link.springer.com/article/10.1007/s12671-010-0011-8>

### **Study design and sample**

The second study is a QED.

The programme was described to teachers of twelve schools. Twelve teachers were interested in participating in the programme and study and were assigned to intervention and control group on a first come, first serve basis.

This study was conducted in Canada, with a sample of 246 children between the ages of 9 and 13 (average age 11). Most children were raised in two parent families (73%) with English as the main language spoken at home (57%), followed by East Asian languages (23%) and other languages (20%). The average income in the neighbourhoods the schools were located in approximated the median income in Canada.

### **Measures**

Optimism was measured using the Resiliency Inventory (child self-report). School and general self-concept were measured using Marsh's Self-Description questionnaire (child self-report). Positive and negative emotions were measured using the Positive and Negative Affect Schedule (child self-report). Aggressive behaviours, oppositional behaviour/dysregulation, attention and concentration, and social emotional competence were measured using the Teachers' Rating Scale of Social Competence (teacher report).

### **Findings**

This study identified statistically significant positive impact on a number of child outcomes.

This includes improved optimism, improved attention and social-emotional competence, decreased aggression and oppositional/dysregulated behaviour.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequivalent groups and a lack of clarity in terms of attrition, hence why a higher rating is not achieved.

## Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

De Carvalho, J. S., Marques Pinto, A., & Marôco, J. (2017). Results of a Mindfulness-Based Social-Emotional Learning Program on Portuguese Elementary Students and Teachers: a Quasi-Experimental Study. *Mindfulness*, 8, 337-350. DOI 10.1007/s12671-016-0603-z - **This reference refers to a quasi-experimental design, conducted in Portugal.**

Harpin, S. B., Rossie, A., Kim, A. K. (2016). Behavioral impacts of a mindfulness pilot intervention for elementary school students. *Education*, 137(2), 149-156 - **This reference refers to a quasi-experimental design, conducted in the USA.**

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## Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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[www.EIF.org.uk](http://www.EIF.org.uk) | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

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