CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES

Cork

CYPSC: SOCIAL AND EMOTIONAL WELL-BEING

An outline report on social and emotional well-being as it relates to children and young people

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Acronyms

SONC – State of the Nation's Children

BOBF – Better Outcomes, Brighter Futures

HBSC – Health Behaviour of School Aged Children

ISPCC – Irish Society for Prevention of Cruelty to Children

NDA – National Disability Authority

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Executive Summary

This report examines the background literature on social and emotional well-being within a wider concept of well-being in International and Irish contexts. Participation and emotional regulation are highlighted as two key elements of social and emotional wellbeing. Various methods of implementing programmes that promote participation and emotional regulation are outlined and the key learning contexts for both elements are identified as school and community and family and school respectively. This report concludes with a brief list of recommendations on how to increase participation and emotional regulation among children and young people in Cork.

Childhood well-being is a widely used concept but how it is understood and defined varies greatly in different contexts. Despite the varying definitions, certain aspects of well-being frequently appear in the literature; these most commonly include using both subjective and objective measures, gauging strengths and deficiencies, considering a child's current and future well-being and the importance of children's participation in defining well-being.

The concept of social and emotional well-being can appear to be somewhat more vague and harder to measure than other types of well-being such as cognitive and physical well-being. Common features of social and emotional well-being include relationships with family and peers, understanding and regulating one's own feelings and having a sense of purpose. A child's internal environment has a bigger impact on their life satisfaction than their external and having a positive internal landscape is dependent on a child's social and emotional well-being.

Article 12 of the UN Convention on the Rights of the Child, which was ratified by the UN General Assembly in 1989, states that any child capable of forming their own views are afforded the right to express those views freely in any matters that affect them and that these views are given due weight in accordance with the age and maturity of the child. Most policies, strategies and studies engaging with child participation will reference article 12, but how it is interpreted can vary.

Welcoming children and young people to participate in decision making processes has numerous benefits including better-quality services, improvements in self-efficacy, confidence and self-esteem, better-quality relationships with peers and family and it can be a powerful tool to hear voices of marginalised children. Participation processes do face certain limitations, which may be based on the age or ability level of the child, the process may not be truly representative or the process may be tokenistic and not lead to any real change.

There are numerous models of child participation available for researchers to avail of, a key element in most models is the importance of shared decision making, which is to say, children and young people should not just be consulted but should have some level of influence over decisions that affect their lives. Widely accepted guidelines for participative processes include ensuring they are *accessible and inclusive,* processes should be facilitated by staff or researchers who are *trained appropriately* and participation should take place in a *child friendly environment.*

A key element of social and emotional well-being is having the ability to regulate one's emotions. Self-regulation means having the ability to recognise and manage one's feelings, thoughts and behaviour. The ability to deal with feelings is essential to children's emotional well-being and interpersonal relationships (social well-being).

Equipping children and young people with the ability to self-regulate their feelings is imperative to their current and future well-being. Self-regulatory abilities are a robust predictor of outcomes later in life such as health, financial stability and educational attainment and affects how children develop inter-personal relationships. An inability to deal with feelings can lead to stress and unhealthy coping mechanisms, in younger children this may lead to tantrums and in older children and young people this may lead to engaging in risk behaviours for example drug and alcohol misuse.

Teaching emotional regulation effectively requires a holistic approach that permeates all areas of a child's life. The most powerful way to teach self-regulation skills is to build them into day to day activities. The internalization of emotional regulation techniques requires significant practice and guidance from adults.

The two most significant learning contexts to develop emotional regulation skills are family and school. It is in these arenas where the foundations of emotional regulation are built. Throughout a child's journey to young adulthood they will need to continue practicing and developing emotional regulation. The methods that are appropriate to develop these skills vary during the different stages of a child's life. What is common among almost all stages is the importance of being able to **identify** one's emotions, **accept** one's emotions, having a **coping mechanism** to deal with the emotion appropriately and having **adult guidance** and support.

PART 1: WELL-BEING
1.1 Introduction
Social and emotional well-being is a broad concept and this report focuses on the themes of participation and emotional regulation within a framework of social and emotional well-being. This report and its recommendations are based on desk research. Part one of this report examines international reports and literature on how well-being, specifically children's well-being is defined, measured and approached, and what if any, consensus is emerging. It then examines the development of child well-being in Ireland, looking primarily at national strategies and studies. The report outlines different areas of well-being that are within the scope of social and emotional well-being and the significance of the social and emotional elements of well-being. Part two of this report looks at participation and how it can be beneficial to social and emotional well-being, the limitations of participative process, and different models, methods and guidelines which can be used to ensure effective participation. Part three of this report focuses on emotional regulation and the important role of family and school in teaching children and young people to regulate their emotions. Different methods commonly used to teach this skill to different age groups are outlined. Finally, the report offers conclusions based on the research and a list of recommendations to keep in mind moving forward.

1.2 A background to well-being
In order to develop a definition of social and emotional well-being it is necessary first to examine how well-being, specifically children's well-being, is defined in the literature. Childhood well-being is a widely used concept but how it is understood and defined varies greatly in different contexts.[1] Well-being is the focus of many different disciplines and professions and a clear cut definition has

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[1] Keenaghan, C. And Kilroe, J (2008) p.2

not yet emerged, often well-being is used interchangeably with terms like life satisfaction and quality of life.[2] Childhood well-being is a widely used concept, but has a weak theoretical basis.[3]

This section includes an examination of international reports and literature on children's well-being, how it is conceptualised and measured and what, if any, consensus is emerging. It will also examine the development of child well-being in Ireland looking primarily at national strategies and studies. From there, dimensions of social and emotional well-being, or dimensions that could be considered within the scope of social and emotional well-being will be taken from the general definitions of well-being and considered separately.

The definition of child well-being varies within the literature, the domains included and how they are measured is not consistent between organisations and countries, which can make conducting meaningful comparisons on well-being difficult.[4] The lack of consensus on which aspects of children's lives should be considered and how it should be measured means creating an index of well-being indicators and is somewhat arbitrary.[5]

While definitions can vary somewhat within the literature the multidimensional nature of well-being is well accepted, and the importance of social and emotional dimensions of well-being is also more often than not, included and accepted. How social and emotional wellbeing is described may vary however, and may be described as socio-emotional functions, fulfilling social relationships etc.[6] Some reports may include domains such as 'peer relationships' and 'mental health' rather than social and emotional well-being, these domains however could be included within the scope of social and emotional well-being in another report.

1.3 Approaches to child well-being:
1.3.1 Strengths versus deficits
One divide within the literature is whether or not a strengths or deficits based approach is taken.

A strengths based approach emphasizes measuring the positive abilities that a child may possess and how to build on these. A deficits based approach to well-being is focused on measuring factors such as poverty, physical illness and behavioural problems.[7]

The benefit of a deficit based approach is that it is efficient in terms of measurability and policy creation, whereas a focus on a strengths based approach can take attention away from more vulnerable children who would be clearly identified by a deficit approach. [8]

However, a positive and universal focus is beneficial in that assessing children and young people in this way creates space for all young people to discuss and acknowledge difficulties and ask for help, and support can be provided in non-stigmatising way.[9]

In 2014, the members of the OECD agreed on the need to develop a balanced set of cognitive social and emotional indicators that would encapsulate a 'whole child' perspective.[10] This perspective is

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[2] Hanafin, S, and Brooks, A. (2005) p.14
[3] Keenaghan, C. And Kilroe, J (2008) pp.2-3
[4] Ibid
[5] Fahey, T, Keilthy, P and Polek, E. (2012)
[6] Hanafin, S, and Brooks, A. (2005) p.16
[7] OECD (2015) p.5 and OECD (2009) pp.25-26
[8] OECD (2009) pp.25-26
[9] National Children's Bureau (2015)
[10] OECD (2015) P.1

reflected in the literature with many reports choosing to measure a balanced mix of the two types of indicators rather than choosing a strictly strengths or deficits based approach.[11]

1.3.2 Children as human beings versus human 'becomings'

Another division within the literature is between a developmentalist perspective and a child rights perspective.[12]

A developmentalist perspective focuses on developing human capital and social skills for tomorrow. The reasoning behind improving well-being in children is to create fully functioning well adjusted adults in the future. The rationale for this approach is that children have the longest futures ahead of them of any group and programmes to improve their futures are the most worthwhile.[13]

A child rights perspective looks at improving child well-being for the here and now, the end goal is to improve child well-being and goes no further than that. A child's rights based approach would also seek the input of children and young people in developing a definition of well-being. The OECD recognises children as anyone aged 0-18. Considering that approximately one quarter of anyone's life will be lived as a child, the current well-being of this group should not be neglected.[14]

In practice however, the difference between these two approaches may not be as significant as it may first appear as many programmes aimed at improving current well-being will have long lasting effects into adulthood.[15] A balanced definition of well-being should focus on the lives of children and young people here and now as well as how their well-being will affect their future.[16]

1.3.3 Objective versus subjective measures

Another division in the literature is whether to use objective or subjective measures to assess well-being. Objective measures are observable facts about a person's life while subjective measures relate to how an individual feels about their life.[17]

Objective well-being measures focus on non-feeling areas of a person's life and measures are chosen where there is a general consensus on them leading to better or worse life circumstances, measures may include income, family structure, and physical health for example. Subjective well-being relies on an individual's personal assessment of their well-being and life circumstances, for example how happy they felt or how they rated their self-esteem.[18]

The benefit of using objective measures is that this kind of data is often more readily available and comparable between different countries. International studies often focus much more on objective measures. The benefit of using subjective measures is that it allows respondents to express their own levels of well-being and can give us an insight into well-being that cannot be measured using an objective approach.[19]

One key component of social and emotional wellbeing that shows up over and over again in the literature is that a good parent child relationship is key to a child's social and emotional wellbeing, and that this factor has far greater impact on social and emotional well-being than coming from a

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[11] Hanafin, S, and Brooks, A. (2005) pp.21-22
[12] OECD (2009) PP.20-25
[13] Ibid
[14] Ibid
[15] Ibid
[16] Statham, J. and Chase, E., (2010) p.2
[17] Statham, J. and Chase, E., (2010) p.5
[18] Hanafin, S, and Brooks, A. (2005)
[19] Hanafin, S, and Brooks, A. (2005) and Statham, J. and Chase, E., (2010)

single parent household, for example, which is another common measure used to gauge child well-being. This relationship could only be gauged through subjective measures.[20]

A limitation of subjective measures however, is it not necessarily possible to get younger children to engage with these measures, or respond to questions regarding their well-being.[21]

However, some indicator sets that seek to measure non-objective aspects of children's lives use proxy surveys that can be given to teachers and parents.[22] This method allows for an understanding of a child that is still subjective in that it is based on a close care giver's perception of a child's well-being and experiences.[23]

Using subjective measures is seen as increasingly important in order to develop a true understanding of child well-being.[24] In the literature now, despite some international reports focusing heavily on objective indicators as a practicality, using both objective and subjective measure is widely accepted as the best way to get a holistic view of child well-being.[25]

1.3.4 Measures; Who decides, researchers or respondents?

Another division in the area of well-being is based on who decides which measures are used to gauge well-being. The inclusion of subjective measures that allow people to give a personal response can give researchers an opportunity to understand the feelings of their respondents but only in so far as people can respond to the questions designed by and given to them by someone else. In the area of child well-being this is particularly important because what a researcher might calculate as important dimensions in a child's life and how a child might conceptualise them can be very different. This is also true regarding children of different ages; peer relationships can be seen far more important during teenage years than later or before.[26]

One approach to well-being, the multi-dimensional approach, involves researchers deciding on the important dimensions and indicators of well-being. This approach is closely linked to objective measures but could include objective or subjective measures. The second approach would be to ask respondents what they considered to be the important dimensions and measures of well-being and create a survey or questionnaire based on their response.

The arguments against this approach are similar to the arguments against subjective measures, in that this process cannot engage very young children. Also, having a list of measures decided entirely by respondents could lead to the creation of a set of indicators that are not in any way applicable to policy creation.[27]

However, there is a lot of evidence pointing to the benefits of user led design in community settings.[28] With regard to young people specifically, they can have very different perspectives on what well-being means to them. The UNCHR outlines the importance of children having a voice in

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[20] Kieran McKeown Ltd. (2008), Dooley, B. And Fitzgerald, A. (2012), Statham, J. and Chase, E., (2010)

[21] OECD (2009) pp.25-26

[22] Youthinmind (2016) and Kieran McKeown Ltd. (2008)

[23] Ibid

[24] Statham, J. and Chase, E., (2010) p.5

[25] UNICEF (2007) and Hanafin, S, and Brooks, A. (2005)

[26] Statham, J. and Chase, E., (2010) p.10

[27] OECD (2009) pp.21-22

[28] DCYA (2015b) P.7

issues that affect them and the experience of being heard and acknowledged is empowering for young people and is beneficial to their social and emotional wellbeing.[29]

The area of participation with regard to children and young people's social and emotional well-being will be explored in further detail in section 2.2.

The common thinking in the literature is that is it very important that children and young people have a voice in deciding how their well-being is measured, however rather than having a completely user led design, some reports have a separate domain of well-being that was chosen by respondents.[30]

1.3.5 Data, policy or theory? What drives the selection of well-being indicators?

There are different drivers of well-being indicators depending on the nature, size and aims of a given project. Typical drivers of indicator selection are policy, data availability and theory.[31]

Policy driven indicators are developed with an acknowledgement of the ongoing agenda for policy makers; the benefit of using indicators like these is that it can give a project more brokerage power as the project will be engaging with priority issues. Data-driven indicators are decided by the availability of data and whether it can be applied to any areas of well-being, the benefit of using these indicators is that the information already exists and can be collected and compared. Theory driven indicators are selected based on which indicators would be the absolute best for measuring well-being. Theory driven approaches can be hampered by a lack of available data.[32]

For the purposes of comparison international studies have tended to focus more on indicators for which there was data available to gather from most countries.[33] Looking specifically at the 2009 OECD report 'Comparative child well-being across the OECD', we can see that the indicator selection was both data-driven and policy-driven but not theory-driven. The report used broadly the same domains as the UNICEF 2007 report. The OECD report used six dimensions: material well-being; housing and environment; education; health; risk behaviours; and quality of school life[34] but left out two dimensions used in the UNICEF report namely family and peer relationships and subjective well-being. The rationale behind leaving these two domains out was that the report had a strong policy focus and these domains did not lend themselves to that aim.[35]

1.4 Researching child well-being

In order to develop a holistic and encapsulating picture of child well-being any research undertaken should include:

- Subjective and objective measures
- Measures of strengths and deficiencies
- Consider the well-being of children now and in the future
- Input from children and young people about what they see as important to well-being
- Input from children and young people from different age groups

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[29] Martin, S. Et al (2015)
[30] UNICEF (2007) and Gavin, A. et al (2015)
[31] Hanafin, S, and Brooks, A. (2005)
[32] Hanafin, S, and Brooks, A. (2005) pp.23-25
[33] Statham, J. and Chase, E., (2010) p.5
[34] OECD (2009) pp.26-28
[35] Ibid

This section has outlined the common thinking and practice regarding child well-being internationally. How and why certain measures and indicators are chosen has been examined and from that a list of areas to consider when undertaken research has been outlined.

1.5 The development of child well-being in an Irish context

This section examines the development of child well-being looking primarily at national strategies and nationwide studies in Ireland.

Our Children Their Lives was the policy document informing the national children's strategy between 2000 and 2010. One of the key aims of this strategy was to take into account a 'whole child' perspective which ensured that children were supported to enjoy optimal physical, mental and emotional health. This document also was the first national strategy that aimed to give children a voice with regard to issues affecting them.[36] Article 12 of the United Nations Convention on the Rights of the Child (1989) states: 'The child has a right to express an opinion and to have that opinion taken into account, in any matter or procedure affecting the child, in accordance with his or her age and maturity'. Respect for children as a global ideal has been affirmed by the UN Convention on the Rights of the Child, which Ireland ratified in 1992. This national strategy progressed the implementation of the convention in Ireland.[37]

Dimensions of childhood development outlined in this strategy were physical and mental well-being, emotional and behavioural well-being, intellectual capacity and moral well-being, identity, self-care, family relationships, social and peer relationships and social presentation.[38]

The development of the '**National set of Well-being Indicators'** emerged as part of 'Goal 2' of the national children's strategy and aimed to create a set of indicators that encapsulated the 'whole child' perspective and would result in children's lives being better understood, allowing for comparisons over time and between different communities.[39] It focused on socio-demographics of children, children's relationships, children's outcomes in the areas of a) education, b) health and social and c) emotional and behavioural outcomes. Finally, it focused on formal and informal supports.[40] It comprised of 42 well-being indicators and 7 socio-demographic indicators and aimed to capture the multi-dimensional nature of children's lives.[41]

The **State of the Nation's Children** (SONC) reports developed as a part of the national set of well-being indicators and the publication provides a regularly updated statement of key indicators. The first SONC document was published in 2006, SONC reports are published biennially and the most recent report was published in 2014. SONC reports use the same structure as the original set of indicators bar one exception the outcomes b) health and social and c) emotional and behavioural outcomes, previously mentioned, have been combined into one section called social, emotional and behavioural outcomes.[42]

'Right from the Start' (2013) is a report by an advisory group working on formulating an early year's strategy in Ireland. One of the recommendations of the group is to make parenting supports

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[36] Department of Health and Children (2000) p.2
[37] Keenaghan, C. And Kilroe, J (2008) p.6
[38] Department of Health and Children (2000) p.27
[39] Hanafin, S, and Brooks, A. (2005) p.27
[40] Statham, J. and Chase, E., (2010) p.9
[41] Hanafin, S, and Brooks, A. (2005) pp.7-12
[42] DCYA (2014b)

available to enhance parent's ability to positively contribute to their child's social, emotional and cognitive development. Developing these skills are important for achieving success in school, work and community in a child's future. This document again focuses on a holistic approach to child well-being.[43]

Better Outcomes, Brighter Futures (BOBF): The National Policy Framework for Children and Young People sets out the Government's agenda and priorities in relation to children and young people aged 0-24, between 2014-2020. BOBF follows on from 'Our Children Their Lives' and the development of which involved a large public consultation including the voices of 65,000 young people.[44]

BOBF uses a definition of well-being informed by the Healthy Ireland 2013-2025 Framework for Health and Well-being in Ireland and applies it to children specifically, stating that a child or young person's sense of wellbeing is fundamental to their ability to function in society and meet the demands of everyday life. Importantly, wellbeing drives better learning attainment. Social and emotional wellbeing includes the ability to self-regulate, to have empathy and to be emotionally resilient.[45]

In BOBF it is stated that the government recognizes the profound influence early childhood experiences have on physical, intellectual and emotional development, that a young person's sense of well-being can be negatively impacted by events and experiences and that pre-school, school and youth and sports clubs can provide learning grounds to develop these skills.

The national outcomes for children are as follows:

1. Active and healthy, physical and mental well-being.

2. Achieving full potential in all areas of learning and development.

3. Safe and protected from harm.

4. Economic security and opportunity.

5. Connected, respected and contributing to their world.

Each of these outcomes is broken down into 4 sub-sections.[46]

The Irish **Health Behaviour of School Aged Children (HBSC)** survey collects information relating to young people's health and well-being, health behaviours and social context. HBSC 2014 is the fifth time data of this kind has been collected in Ireland; surveys were also conducted in 2010, 2006, 2002 and 1998.[47] In 2014 Ireland became the first ever country to include questions which were informed by children and young people themselves, who participated in workshops. The newly developed indicators related to self-confidence, feeling comfortable with friends, love of family and participation in hobbies.

The National Youth Strategy 2015-2020 is aimed at 10-24 year olds and the objectives are based closely on the framework of outcomes from BOBF. The keys principles of the strategy include valuing young people in their own right, acknowledging young people as the drivers of their developmental

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[43] DCYA (2013) pp.10-14
[44] DCYA (2014a)
45 DCYA (2014a) p.66
46 Available in appendix A
47 Gavin, A. et al (2015) p.2-6

well-being in their own lives, and acknowledging the key role parents, families, other significant adults and communities have in the development and progression of young people.[48]

Ireland's focus on child well-being is developing and changing and with it a pronounced focus on developing a holistic and encompassing understanding of the lives of children is emerging. The understanding of child well-being in Ireland is in line with international conceptualizations; there is a focus on children's current and future well-being, the national set of well-being indicators includes objective and subjective measures. There are different strategies being developed for different age groups and there is a strong commitment to hearing children and young people's voices regarding their own well-being.

The next part of this section focuses on International and Irish reports and studies on child well-being and how they conceptualise the social and emotional aspects of well-being for the purpose of creating the most effective and useful understanding of social and emotional well-being for the CYPSC.

1.6 What is social and emotional well-being?

Social and emotional well-being is often discussed and understood as part of child well-being and like child well-being it can be conceptualised in many different ways. What follows are a list of definitions from different organisations and government bodies which illustrates the diversity of understandings of social and emotional well-being while also highlighting some areas of consensus.

1.6.1 General social and emotional well-being

- The UK organisation NICE (National Institute for Health and Care Excellence) divides the definition of well-being into three sections: emotional, psychological and social well-being. *Emotional well-being* includes being happy, confident and not anxious or depressed. *Psychological wellbeing* includes the ability to be autonomous, manage emotions and be empathetic and resilient. *Social well-being* is defined as having good relationships with others and an absence of behavioural challaneges like violent, bullying or disruptive behaviour.[49]

- Social and emotional well-being is dependent on how people experience their own lives and whether they feel they have a sense of purpose and how enmeshed they are within the social fabric of their local communities.**[50]**

1.6.2 Social and emotional well-being in children

- **Better Outcomes Brighter Futures** states that positive relationships with family, other significant adults and friends are important protective factors for *emotional well-being. Mental wellbeing* is defined as every individual's ability to realise their potential, cope with normal stresses in life, work productively and contribute to their community. Having good mental wellbeing or mental health is a necessity if children and young people are to reach their full potential.[51]

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48 DCYA (2015a)
49 NICE (2016)
50 Local Government Improvement and Development (2010)
51 DCYA (2014a) PP.53-54

- **BelongTo** outlines factors which have a negative impact on emotional well-being including housing, economic disadvantage, serious illness, homophobic bullying, abuse or bereavement. These factors can affect a child's self-esteem and ability to learn.[52]

- Indicators of social and emotional wellbeing include environmental context: positive adults, peers and programs in schools, home and communities, social and emotional strengths; resilience, emotional regulation and behaviour control, learning capabilities; confidence, persistence, organisation and cooperation and social skills and values. However, the importance of these factors may vary depending on the age of the child. No single measure of social and emotional well-being will be equally applicable to all children.[53]

- Social and emotional well-being relates to a child's ability to understand other's feelings, manage their own feelings and behaviours in a constructive way and the ability to get along with peers.[54]

- Social and emotional well-being refers to one's sense of optimism, happiness, self-worth, having supportive and satisfying relationships with others and understanding oneself and one's emotions.[55]

These definitions vary in their conception of social and emotional well-being a great deal, some common factors among the definitions do emerge however and these include **relationships with family and peers, understanding and regulating one's own feelings and having a sense of purpose.**

1.7 Why does social and emotional well-being matter?

The concept of social and emotional well-being can appear to be somewhat more vague and harder to measure than other types of well-being such as cognitive and physical well-being[56] which can be measured relatively easily using objective measures like tests scores etc. which can explain why it is sometimes neglected as a domain of well-being.

While it can be harder to measure social and emotional well-being it is probably the most significant and influential facet of well-being.

Developing social and emotional skills are key for children to obtain happiness in life and makes children more receptive to further developing their cognitive skills.[57] In fact, Social and emotional skills are a more important determinant of academic attainment than IQ.[58] Cognitive, emotional and social skills are closely intertwined, and developing social and emotional skills are the foundational skills required to develop cognitive abilities.[59] Children's current life satisfaction and future achievement are dependent on the development of social and emotional well-being.[60]

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[52] BelongTo.org (2016)
[53] Department of Education and Early Childhood Development (2010)
[54] ECDC (2009)
[55] National Children's Bureau (2015)
[56] ECDC (2009) p.1
[57] ECDC (2009) and OECD (2015)
[58] National Children's Bureau (2015)
[59] DCYA (2013) p.78
[60] ECDC (2009) and OECD (2015)

Well-being has external and internal dimensions. External dimensions relate to education, income and health. Internal dimensions relate to mental health, life satisfaction and family relationships. These internal dimensions are all within the scope of social and emotional well-being. Research has found that the internal environment has a much greater influence on a person's overall well-being.[61]

Programmes and intervention that focus on social and emotional well-being can impact other areas of well-being and can have positive spill-over effects on communities.[62]

The 'Respond!' and 'Growing up in Ireland' research both highlight the importance of family relationships above socio-structural considerations. This is not to say that the environment or community one lives in will not affect a child rather that the quality of family relationships is a significant determinant of social and emotional well-being.[63]

Social and emotional well-being is important because it is a key factor in a child's ability to further develop their cognitive skills and one's internal environment, which is effected by one's social and emotional well-being has a bigger impact on their life satisfaction than their external.

1.8 Social and emotional well-being at different stages of childhood

What social and emotional well-being entails will vary depending on the age of the child or young person.

During infancy a child's relationship with parent's or caring adults is the primary factor in the development of their social and emotional well-being. Brain development occurs most rapidly during early years and is the key period to lay down a positive foundation for a child's social and emotional well-being.[64] Parents are the primary contributors to their child's social and emotional well-being. Enhancing parents' ability to positively add to this process is important because children with secure attachment relationships are better able to manage their feelings, experience empathy and deal with adversity. Promoting positive parent-infant relationships gives children the best chance of developing strong social and emotional well-being.[65] Research shows that behavioural difficulties in children at age three can be an accurate predictor of problematic future behaviour. Intervention is therefore more effective the earlier it is implemented.[66]

As children get older and enter into different settings without their parents, the importance of peer relationships, teachers and learning contexts like pre-school, school and clubs become more important. Social and emotional development for the early childhood stage refers to the ability to form close relationships and to regulate and express emotions. Social refers to how a child interacts with others while emotional refers to how they feel about themselves and their surroundings.[67]

As children get older having good friends and positive relationships becomes a more important factor contributing to a child or young person's social and emotional wellbeing. Friendships contribute to an increased sense of belonging and purpose. During this time learning how to develop safe and healthy relationships with friends, parents, romantic partners etc. is particularly important. Family, schools and youth organisations can all contribute to children and young people learning

[61] Kieran McKeown Ltd. (2008) pp.93-96
[62] Ibid
[63] Nixon (2012) p.65
[64] Cummins, C. And McMaster, C. (2006) p.9
[65] DCYA (2013) p.10
[66] DCYA (2013) p.78
[67] EDI (2016)

socially responsible behaviours and can help them develop the skills they will need in order to build and maintain healthy relationships. Factors like social exclusions, family obligations and rural isolation create barriers to young people developing friendships and relationships.[68]

The National Youth Strategy which is tailored for 10-24 year olds outlines social and emotional priorities as finding purpose, developing identity, finding a place in peer groups, romantic relationships, autonomy, risk taking and experimentation, taking on responsibilities, getting a job, civic engagement and participation and becoming a parent, among others.

It is evident that what social and emotional well-being entails changes depending on what stage a child or young person is at and this is important to keep in mind when trying to develop ways to measure social and emotional well-being.

1.9 Conclusion

In 2014 the members of the OECD agreed on the need to develop a balanced set of cognitive social and emotional indicators that would encapsulate a 'whole child' perspective. Children who are talented, motivated and collegial will be more successful and have better ability to deal with obstacles in life. Developing emotional skills such as perseverance, self-esteem and sociability is key and parents, teachers and policy makers play a pivotal role in developing these skills in children and young people.[69]

Measures of social and emotional well-being that were used most often in national studies outlined in the OECD paper included self-esteem, responsibility, perseverance, extraversion, and locus of control,[70] all of which relate to a child's relationship with themselves.[71]

The OECD longitudinal study of social and emotional skills in cities outlines five skills; interpersonal engagement, relationship enrichment, emotional regulation, task completion and intellectual engagement.

Table 1 and 2 outlines the domains related to child well-being and highlights the domains related to social and emotional well-being. Analysing these tables two broad themes become evident, these are *relationships with family* and *relationship with oneself* (emotional maturity, self-esteem, identity).

The CYPSC committee outlined two areas of particular importance; participation and management of feelings. The concept of feelings management and a relationship with oneself are inextricably linked. How one develops a relationship with themselves is influenced by one's relationships with peers and family.[72] The primary learning contexts wherein children and young people learn these skills are home, school and community.

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[68] DCYA (2014a) pp.54, 172

[69] OECD (2015) pp.1-2

[70] Ibid

[71] A breakdown of the social and emotional well-being indicators can be found in appendix B

[72] Kieran McKeown Ltd. (2008) and Dooley, B. And Fitzgerald, A. (2012)

Table 1: Domains of social and emotional well-being within context of general well-being in International settings

International	Well-being domains									
	Domains that fall within social and emotional well-being									
UNICEF	Material well-being	Health and safety	Education	Peer and family relationship	subjective sense of well-being	Behaviours and risks				
EDI	Physical health and well-being	Emotional maturity	Language and cognitive development	Communication skills and general knowledge	Social Competence					
KIDSCREEN 52	Physical well-being	Psychological well-being	Moods and emotions	Self-perception	Autonomy	Parental relationship and home life	Social support and peers	School environment	Financial resources	Social acceptance and bullying
OECD 2009	Material well-being	Housing and environment	Education	Health and safety	Risk behaviours	Quality of school life				
HSBC 2014	General health and well-being	Smoking	Alcohol	Drug use	Food and Dietary behaviour	Exercise and physical activity	Self-care	Injuries	Physical fighting and Bullying	Sexual health behaviours

Table 2: Domains of social and emotional well-being within context of general well-being in Irish settings

Ireland	Well-being domains								
	Domains that fall within social and emotional well-being								
Better Outcomes Brighter Futures	Active and healthy, physical and mental well-being	Achieving full potential in learning and developing	Safe and protected from harm	Economic security and opportunity	Connected respected and contributing to their world				
SONC 2014	Socio-demographics	Children's relationships	Educational outcomes	Health outcomes	Social, emotional and behavioural outcomes				
DCYA Indicators	Child's own capacity							Children's relationships	Formal and informal support
	Physical and mental wellbeing	Emotional and behavioural well-being	Intellectual capacity	Spiritual and moral well-being	Identity	Family relationships	Social and peer relationships	Social Presentations	
My World Health Survey	Biological	Psychological	Social: Family	Social: Friends	Social: School	Social: Community			
Growing up in Ireland	Family and parenting	Child's health and development	Emotional well-being	Education	Peer relationships	Activities	Community and neighbourhood		

PART 2: PARTICIPATION

2.1 Participation, what does it mean in this context?

Article 12 of the UN Convention on the Rights of the Child, which was ratified by the UN general assembly in 1989, states that any child capable of forming their own views are afforded the right to express those views freely in any matters that affect them and that these views are given due weight in accordance with the age and maturity of the child.[73]

Following on from this the UN committee on the rights of the child in 2009 re-emphasized the right of children to be heard and have their voices taken seriously.[74]

What this encompasses can be broken into 5 parts:

- All children are capable of expressing a view; where children are very young or have a disability and cannot express their views through speech or writing can do so in alternative ways such as art, poetry etc.
- They have the right to express views freely
- The right to be heard in all matters affecting them; this includes matters that affect children individually and as a group, in the areas of family, school and community
- The right to have their views taken seriously; this does not necessarily mean a child's opinion must be endorsed but it must be given serious consideration
- In accordance with their age and maturity; the weight given to children's opinion should reflect their level of understanding of the issues[75]

Most policies, strategies and studies engaging with child participation will reference article 12, but how it is interpreted can vary.[76] What participation means in practice has changed over time, from children being allowed to take part, or simply listening to children to emerging calls for creative and meaningful participation in decision making processes.[77] In its most basic sense, participation means being able to influence decisions that lead to change.[78] Participation means giving children a voice in matters that affect them and giving that voice influence. In this context it means considering seriously the perspectives of children and young people when making decisions that will affect their lives.

In Ireland, national child focused strategies have repeatedly emphasized the importance of children's participation. In Better Outcomes, Brighter Futures one of the transformational goals aimed to improve listening to and involving young people in decision making.[79] This commitment led to the development of the 'National Strategy on Children and Young People's Participation in Decision Making 2015-2020'. This strategy defines children and young people's participation in decision making as including active involvement and real influence regarding issues that will affect them both directly and indirectly. This strategy primarily focuses on people aged 18 and under but does include the voices of young people up to the age of 24.[80]

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[73] United Nations (1989)
[74] O'Connell et al (2015) P.6
[75] Lansdown, G. (2001) p.2,3
[76] Davey et al (2010)
[77] Martin et al (2015)
[78] Davey et al (2010)
[79] DCYA (2014a)
[80] DCYA (2015b) p.20

2.2 How does participation benefit social and emotional well-being?

Welcoming children and young people to participate in decision making process has numerous benefits including better-quality services, improvements in self-efficacy, confidence and self-esteem, better-quality relationships with peers and family and can be a powerful tool to hear voices of marginalised children.

2.2.1 Improved services

Participation ensures that the unique perspectives of children and young people are accounted for and understanding the best interests of children and young people are at least partially informed by young people themselves.[81]

Participation is not just desirable but required in order to achieve good outcomes. How children and young people view and prioritise their social and emotional well-being can be very different to adults. Participation is required in order to understand the needs of this group and provide effective services.[82]

Participation of the target group increases the likelihood of that group engaging with a service or programme that emerges as a result of their participation. Not engaging and marginalising children and young people can lead to creating adversaries out of one's target group and creating programmes that children and young people will not engage with.[83] Policy initiatives risk being ineffective and incomplete if they do not take the perspectives of children and young people into account.[84] A study on Comhairle na nÓg participation showed that areas with these programmes led to better youth spaces and facilities within the community and improved services.[85] Services that have a direct impact on young people are more likely to be effective and cost-efficient if young people participate in all stages of the process e.g. planning, delivery and evaluation of services.[86] Increasingly, the positive effects of participation can be seen in the form of improved policies, services and research.[87]

2.2.2 Improved confidence and self-esteem

Participation can ensure that any services put in place to improve social and emotional well-being will be effective, relevant and relatable to children and young people. The process of participation itself, however, carries great benefits to the social and emotional development to children and young people.

Participating in decision making processes give young people a sense of self-efficacy and control which helps develop their sense of self[88]. Participation contributes to a sense of being active citizens and feelings of achievement and attainment[89]. A study on young people who participated in Comhairle na nÓg found that young people's experiences for the most part resulted in increased

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[81] DCYA (2014a) pp.10, 31

[82] O'Connell et al (2015) p.6

[83] O'Connell et al (2015) p.12

[84] O'Connell et al (2015) p.86

[85] Martin et al (2015) pp.4,23

[86] Martin et al (2015) pp.23-25

[87] Ibid p.7

[88] National Children's Bureau (2015)

[89] DCYA (2014a) p.31

confidence and self-esteem. Children from marginalised groups reported feeling more empowered, assertive and having higher self-esteem as a result of participating.[90]

2.2.3 Family and peer relationships

Participation can have a positive influence on social well-being and development as it gives children and young people an opportunity to engage with each other about issues they consider important.

Participants in Comhairle na nÓg stated that as a result of their experiences they found it easier to make new friends and speak to other young people and developed friendships with a more diverse range of people than they would have otherwise[91]. International research has highlighted that a young person's participation can consequently lead to improved family relations with regard to increased parental support. Participation in decision making increases social development in the form of wider social networks and increased social capital for the young people involved[92].

2.2.4 Seldom heard voices

One benefit of participative process is that it means researchers and policy makers can actively seek out the voices of children and young people who are more vulnerable and perhaps less likely to engage with participative processes. These children are harder to hear, and harder to reach which means it is necessary to have supports in place to enable these children to participate.[93]

'Seldom-heard' children can include children with disabilities, from a minority ethnic background, living in poverty, LGBT, living with parental addiction, living in rural isolation, living in care etc. In general, it refers to children who have less opportunity or will face more barriers when attempting to participate.[94] International studies have shown participation is affected by issues such as race, disability, socio-economic class, education, family and community context and that children in already hard to reach groups will be overlooked, while children who are already confident with strong communication skills will be more likely to get involved. Therefore, it is very important to ensure that seldom heard children who may be intimidated by the process of participation are enabled to participate in a meaningful way within a safe environment.[95]

One of the intended outcomes of 'Better Outcomes, Brighter Futures' is to see children and young people who are 'connected, respected and contributing' and participation is encompassed within this. In BOBF it states that the government recognises that some children and young people may face challenges and discrimination which may alienate them from their peers and support measures to ensure all children can express their identity and engage in society.[96] The 'National Strategy on Children and Young People's Participation in Decision Making 2015 – 2020' aims to ensure the voices of 'seldom heard' children are acknowledged with particular emphasis in the case of children living in care of the state[97]. Participatory processes grant the opportunity to seek out the seldom heard children but it is imperative that they are supported and enabled to participate in a meaningful way.

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[90] Martin et al (2015) pp.3,24
[91] Ibid p.3
[92] Ibid pp.24,53,76
[93] DCYA (2014a) p.31
[94] DCYA (2015c) p.7
[95] Martin et al (2015) p.17,79
[96] DCYA (2014a) p.99
[97] DCYA (2015b) p.12

2.3 Limitations

Participation processes do face certain limitations, which may be based on the age or ability level of the child, the process may not be truly representative or the process may be tokenistic and not lead to any real change.

2.3.1 Tokenism

One barrier to meaningful participation is that some researchers or policy makers may not trust children or young people to reliably express opinions or have the capacity to properly engage with or understand aspects of their own well-being.[98] Many young people, particularly older teenagers are more cynical about the influence their input will have and consequently be less inclined take part at all.[99]

Participative processes can be tokenistic, and may just be in place to tick a box rather than to actually develop a better understanding of young people's perspectives. This is particularly evident is situations when the information being given by young people counters the dominant thinking or when implementing their recommendations would cost money.[100]

2.3.2 Representation

Another barrier to participation is it may not actually be representative of all children's and young people's views. Participative processes may be populated in the majority by children who are either very good students who have been chosen by teachers or schools, children who already have experience participating within their communities, children who are very confident or children from privileged backgrounds. What this means is that without supports in place to include all children participative processes may fail to be representative of the average young person.

Vulnerable and hard to reach groups of young people may not be represented. Studies show that participation can be affected by issues like race, socioeconomic class and education[101].

Schools can also play a role in creating a situation where the children participating in a programme will be chosen based on their academic ability and their ability to represent the school in a desirable way as opposed to truly representing the school population.[102] What this means is that the voice of a narrow and gifted cohort of the school population is what gets heard.

Children who already have strong communication skills, whose families are actively involved in their communities and civic life are also more likely to get involved in participatory processes. In order to make sure participation processes are representative children and young people from a diverse array of backgrounds should be supported to participate.[103]

2.3.3 Very young children

Participative processes are limited when dealing with very young children, but it is certainly possible to adapt methods of participation to be inclusive for children who cannot write, by giving them the option of drawing for example. For babies and very young children, however, participation remains limited.

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[98] UNICEF (2007) p.15 and Keenaghan, C. And Kilroe, J (2008) p.7
[99] Martin et al (2015) Collins et al (2015)
[100] Martin et al (2015) p.22
[101] Ibid, p.17
[102] Ibid, p.18
[103] Ibid, p.82

Participation is based on a child's ability to understand the perspective of others. Children can do this in a very basic way from approximately the age of three, so before that age participation is limited and even at 3 the process is still very limited but possible in a basic manner.[104]

Traditional methods of participation which include writing are prohibitive to very young children. Using innovative methods through play situations, drawing and feelings charts it is possible to extend downward the ages at which children can participate.[105]

2.4 Models of participation

There are numerous models of child participation within the literature on the subject. This section will outline briefly some of these models. The model which will be examined most closely will be the Lundy model of child participation. This model has been endorsed by the Department of Children and Youth Affairs in their National Strategy on Children and Young People's Participation in Decision-Making (2015–2020).[106]

Roger Hart – Ladder of Children's participation - 1992

This model begins with the lowest level of participation being manipulation, followed by decoration, tokenism, assigned but informed, consulted and informed, adult initiated shared decisions with children, child initiated and directed and finally child initiated, shared decisions with adults is seen as the highest form of participation.[107]

Phil Treseder – Degrees of participation - 1997

This model has 5 degrees of participation; 1. Assigned but informed 2. Consulted and informed 3. Adult initiated, shared decisions with children 4. Child-initiated, shared decisions with adults 5. Child initiated and directed.[108]

David Driskell – Dimensions of youth participation -2002

This model defines decoration, tokenism and manipulation and deception as non-participation, social mobilization and consultations as partly participative and children in charge and shared decision making as true participation.[109]

Lundy model of child participation - 2007[110]

This model is based on article 12 of the UNCRC. This model outlines four distinct but interrelated elements of participation which have a rational chronological order. Lundy also created a checklist for each element to help organisations working with children to ensure children are being given a meaningful opportunity to participate. Details of these checklists are available in appendix C.

- Space: Children must be given safe inclusive opportunities to form and express views.
- Voice: Children must be facilitated to express their views
- Audience: They must be listened to
- Influence: This view must be acted upon, as appropriate

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[104] UNICEF (1992)
[105] Save the Children (2000) p.15
[106] DCYA (2015b)
[107] Creative Commons (2012)
[108] Ibid
[109] Ibid
[110] Lundy (2015)

Wong et al – Typology of Youth participation - 2011[111]

This model identifies 5 types of youth participation, two of which are mostly adult controlled, vessel and symbolic and two which are mostly youth controlled, independent and autonomous and one which involves shared control, pluralistic. It challenges the thinking of some other models that assume more youth control is better and aims for an egalitarian system of shared power.

There are numerous models of child participation available for researchers to avail of, a key element in all models is the importance of shared decision making. Children and young people should not just be consulted but should have some level of influence over decisions that affect their lives.

2.5 Guidelines for participation

What method of participation is chosen depends on many factors including the age of the children involved, the resources available and the nature of the project, is the aim to inform policy or to set up a youth project?[112]

There are different levels of participation, these include national, where participation is aimed at informing policy, local authority level where young people are providing input on service's affecting them like cycle paths and play areas etc. and organisational level which relates to organisations that are child centred like schools facilitating children's participation in student councils etc.[113]

Depending on the level of participation the methods used will vary, on-going participation in the form of an advisory body may be useful in some contexts. If it is not feasible to consult directly with all children consulting a representative group like Comhairle na nÓg would be useful. A once off consultation may be more appropriate and affordable for other projects. [114]

World vision, Save the Children and the UNCRC, all have guidelines on how to include children in decision making processes which are outlined below.

World Vision has ten guidelines for participation which in brief are that child participation is valued, that adults facilitating participation should be trained in the area, children need to give informed consent to participate, that child protecting standards are in place, that participation is in relation to areas that are relevant to children, that the process is accessible, inclusive and non-discriminatory. Child participation should be facilitative not manipulative, methods should be child friendly, it should empower participants and participants should receive feedback.[115]

Save the children's standards of participation are to use an ethical approach; (honest and transparent), to ensure children's participation is relevant and voluntary, participation is done in a child friendly environment, children have equality of opportunity, staff are effective and confident, participation protects children and is safe and ensures there is follow up on the process.[116]

The UN Committee on the Rights of the Child outline the Important elements of participation as being diversity sensitive and age appropriate, children should be giving their views voluntarily, children should be consulted respectfully and in relation to issues that are relevant to them. Arenas

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[111]Creative Commons (2012)

[112] Department of Education and Skills (2008) p.9

[113] The National Children's Office (2005) p.20

[114] The National Children's Office (2005) p.48 and Barnardos (2007) p.4

[115] World Vision (2013) pp.3-4

[116] Save the Children (2005) p.4

of participation should be child-friendly. Participation should include marginalized children and be inclusive. Adults should be trained in how to facilitate the process of participation.[117]

Key elements in each of these sets of guidelines are that participative processes should be accessible and *inclusive,* ensuring marginalised children are supported to participate. Processes should be facilitated by staff or researchers who are *trained* in conflict resolution, multi-cultural working, and to be facilitative not manipulative when working in groups. Creating a *child friendly environment* means creating environments where children are comfortable, feel welcome and where child friendly language is used and methods are age appropriate or appropriate to their abilities. Child friendly methods include participatory activities like role plays, visual and physical demonstrations, recreational, playing, drama games, discussion, art etc.[118]

2.6 Methods of participation

This section examines different methods of participation that can be used with different age groups.

2.6.1 Very young children: Ages 0-7

When working with very young children there are limitations to participation however observation is a very useful tool, it still includes a child's participation but the researcher interprets their behaviour in order to try understand the child. The questions the researcher might seek to answer would be in relation to children's emotional reactions to people, places and objects.[119]

From the ages of three plus children are more able to participate but still face limitations in their levels of understanding and written ability. Using resources, like sets of coloured laminated faces with different emotions to which they can apply different verbalised statements about how they feel about school or their health etc. is one way to get their input.[120]

Adults can interview children and complete questionnaires with them. With very young children puppets and other creative methods can be used. Interactive activities can include asking children questions during a group activity and having a facilitator record the answers. This less formal process is child friendly which is especially important when dealing with younger children. [121]

2.6.2 Children with disabilities

Children with severe learning disabilities or challenging behaviour can be excluded from participatory processes as adults may not believe in a child's ability to contribute or know how to facilitate contribution, but simple methods can facilitate this process.[122]

The ISPCC and NDA (National Disability Authority) use flashcards and trigger pictures from the UK Foster Care Association's publication 'My Book About Me' to encourage discussion and play based discussion around family, school, chores, jealousy etc. They also have children draw pictures and identify with feeling photos (which showed children feeling happy or sad etc.) in order to develop an understanding of children's feelings regarding these elements of their lives.[123]

Children with limited speech and learning difficulties can find interviews very stressful and can find it hard to respond to open ended questions. Interviews can be made easier for interviewees by using a

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[117] UNCRC (2014) pp.2-3
[118] World Vision (2013) p.6 and UNCRC (2014)
[119] Barnardos (2007) p.16
[120] Social Services Inspectorate (2006) p.35
[121] Play Wales (2012)
[122] Social Services Inspectorate (2006) pp.35-40
[123] Ibid

craft-making sessions as the focus to limit direct face-to-face interaction and create a relaxed setting.[124]

Visual scales of emotions show up in most participation methods relating to young children and children with disabilities.[125]

2.6.3 Middle Childhood: Ages 7-12

As mentioned earlier, group activities during which children are asked questions and have their answers recorded by a facilitator are effective for this age group as well. Paper or online surveys can be conducted in school or community groups. Other methods include drawing pictures, children interviewing each other, producing and completing questionnaires with their peers, role plays and taking photos. It is also useful to encourage children to discuss and explain what they have drawn, photographed or shown in role-play to enhance understanding of the child's perspective.[126]

Body mapping is a method where the children draw a person and then draw a line down the middle, with each side representing things children do or do not like for example.

Sticker voting is a method which can be used to identify the different priorities of girls, boys and children of different ages and backgrounds with different stickers being given to different groups. [127]

Workshops and focus groups are effective with this age group as well. The HBSC Survey 2014 for the first time included questions that were informed by what children themselves thought were important areas of their lives. In order to identify what was important to young people a series of workshops was held with members of Comhairle no nÓg and Children from primary schools from around the county. The process facilitated children and young people in identifying what they felt were the important aspects of their lives.[128]

The Children's Voices in Housing Estate Regeneration study engaged with children using focus groups that were structured differently based on the ages of the participants. Focus groups of younger children involved playful group activities while older children had more discussion based focus groups. Researchers in this project used a method called 'The Wheel' wherein children were given a sheet with a circle divided into 4 quadrants and were asked questions. For the younger children it was 4 questions; what I like about my area, what I don't like, what I'd like to change and how I should have a say. For the older groups the last question 'how I should have a say' was to be answered outside the circle and the fourth quadrant related to the question 'what regeneration should do'. Researchers used different creative methods, the youngest children were asked to draw their answers in 'the wheel' and another group were asked to take photos around the area related to the categories outlined in the wheel. [129]

2.6.4 Teenagers: Ages 12-17

As part of the previously mentioned study, focus groups of older children took part in rap workshops which were based on the questions from 'The Wheel'. This allowed the young people to engage with

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[124] Ibid
[125] Ibid
[126] Play Wales (2012) and Save the Children (2005)
[127] Save the Children (2005)
[128] Gavin, A. et al (2015) PP.1-10
[129] O'Connell et al (2015) pp.31-32

these questions in a creative way and illustrated the unique perspectives of young people in the area.[130]

As children become young people their capacities to participate increase and at this stage of their development they are very well able to fill out surveys or express themselves in writing. Researchers have to get creative in finding ways to get children with limited abilities to participate, but just because teenagers can engage with traditional forms of participation does not mean participation should be limited to these. Innovative methods of participation keep teenagers engaged and result in creative responses to young people's needs.

Consultations are another method of getting children to participate. Young people in care were consulted during the development of the National Children's Strategy (2000), the consultation consisted of asking participants 4 questions, what issues are you facing in next 10 years? What is good about being in care? What is not good about being in care? What would you change?[131]

A consultation process around sexual health conducted by HSE north west in 2002 incorporated focus groups, one to one interviews, drawing and writing for younger children, video, drama, workshops, and questionnaires.[132]

Amplifying voices is a Barnardos programme that aims to strengthen children's voices about issues that affect them. The participation process led to children and young people creating and producing a video. Out of this group came an 'Amplifying Voices' youth panel which supports other 'Amplifying Voices' groups within the project. Another project which emerged from 'Amplifying Voices' was '15 smiles' headed by Eric Hughes, aged 15 and Mark McMahon, aged 16, which aimed to improve mental health through inspiring and uplifting quotes rather than a focus solely on the negative aspects of mental health which they were hearing about in school. What this shows us is that engaging with young people in creative ways led to them identify and find solutions for problems that may otherwise have not been acknowledged. [133]

The youth health service in Cork has a range of health and youth support services on site and aims to make accessing these services easier for young people. Consultations with young people through focus groups helped inform what services were on site, what the opening hours were, and the name and location of the service. Comment cards and visitor books ensure that the service is constantly getting feedback from their service users and ensures the YHS remains responsive to the needs of their clients.[134]

Participations can also be undertaken via school based programmes. After identifying the need for teenage girls to exercise more, the HSE consulted girls on the motivators and barriers to exercising more. The participative consultation led to a system wherein young girls were actively involved in planning and implementing exercise programmes in schools. Students would sit on working groups in schools, survey other students about what they would like to see, they interviewed providers of programmes like yoga and tai chi for example and were involved in recruiting students to take part.[135]

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[130] Ibid
[131] The National Children's Office (2005) pp.46-50
[132] Ibid
[133] Barnardos (2016)
[134] The National Children's Office (2005) p.23
[135] Ibid

The Quality Protects initiative by the UK department of Health created young people's reference groups which comprised of 20 young people between the ages of 15-21, this was a national reference group but many local councils opted to have their own reference groups. Policy makers could go to these reference groups for input when planning new policies and programmes. [136]

Comhairle na nÓg are youth councils for people under 18 which are active in each local authority which enable young people to have a voice regarding services, policies and issues affecting them.[137]

2.6.5 Young adults: Ages 18-24

Peer research projects - This London based project explored the perception of the careers service for young people who used the service and those that did not with the aim of understanding what attracted some young people and how the service could be more relevant to young people.

For this project young people acted as researchers and interviewed other young people which resulted in more honest responses from interviewees. People who did use the service were interviewed at the careers centre and those that did not were interviewed in settings they were comfortable, clubs, schools and colleges for example. [138]

This age group can already participate in decision making in the same way all adults in society can. What is worth noting, however, is that this age group typically have lower levels of engagement with the typical participation options available to them, such as voting, than older adults. Young people as a group of voters are often alienated and dissatisfied with the political process. This is in line with research that notes that young people become more cynical about the influence their participation will actually have as they get older.[139] However, one study in the UK found that young people who were disengaged from formal political processes were not civically disengaged, rather they engaged in cause oriented types of politics and participated through demonstrations, direct action and volunteering. It also found that young people developed and expressed their political identities through online resources like blogs and videos etc.[140] What this shows us is that in order to engage this group in participatory processes it is important to work in the same medium or arena that this group is engaged with like online groups.

53% of Twitter users are in the 15-24-year-old age bracket. Other social networking sites whose users average age is between 18-24 include Vine, Tumblr, Snapchat, YouTube, Reddit and Instagram. Researchers can use this information to target online surveys at the desired cohort via the appropriate social media sites.[141]

2.7 Conclusion

Children and young people's participation in decision making processes is vitally important to ensure services are effective and has incredible benefits for young people's social and emotional well-being. Participative processes should be child friendly, inclusive, representative, age appropriate and facilitated by appropriately trained staff. Participation methods vary depending on the age and maturity of the child. Table 3 outlines different methods which can be used during different stages of childhood.

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[136] CYPU (2001) pp.20-22
[137] Comhairlenanog.ie (2016)
[138] CYPU (2001) pp.20-22
[139] O'Connell et al (2015) pp.31-32
[140] Henn, M. and Ford, N. (2011) pp.1-3,15
[141] Emarkable.ie (2015) and Eightytwenty.ie (2016)

Table 3: Methods of participation according to appropriate age grouping[142]

Age group	Method of participation
Early childhood	Observation
	Visual representations of emotions
	Drawing
	Adult assisted questionnaires
	Facilitated group activities
Children with disabilities	Flashcards to encourage discussion
	Visual representations of emotions
	Craft activities with interviewer
Middle childhood	Facilitated group activities
	Paper or online questionnaires
	Surveys in school or community groups
	Photo projects
	Role plays
	Drawing
	Children interviewing each other
	Discussions
	Focus groups
	Body mapping
	Sticker voting
	Workshops
	Questionnaire with 'The Wheel'
Teenagers	Music workshops
	Consultations – Questionnaire
	One to one interviews
	Drama
	Workshops
	Focus groups
	Video projects
	Photography projects
	Comment cards/Feedback sheets
	Youth councils
	Young people interviewing each other
Young Adults	Peer research projects
	Young people interviewing each other
	Participation through social media (online surveys etc.)

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[142] Table 3 outlines different methods of participation that can be used divided by the different age groups they would be appropriate for. It should be noted that methods are not exclusively for the age groups in which they are designated in this table. Many organisations use different age and ability brackets. This table is an approximate compilation of numerous reports recommended methods. Methods used for teens could arguably be used for young adults and middle childhood group as well depending on the method. These methods were chosen from the reports referenced earlier in the document (sections xxx xxx)

PART 3: SELF-REGULATION

This section outlines what emotional regulation is and its significance as part of social and emotional development, how feelings management skills can be imparted effectively, the important learning contexts within which children develop these skills and outlines the widely regarded methods of teaching emotional regulation skills.

3.1 What is self-regulation?

A key element of social and emotional well-being is having the ability to regulate one's emotions.[143] Self-regulation, which can also be termed feelings management or emotional regulation, means having the ability to recognise and manage one's feelings, thoughts and behaviour.[144] The ability to deal with feelings is essential to children's emotional well-being and interpersonal relationships (social well-being).[145] It is important that children understand that their feelings are not wrong but that how they express them may be inappropriate.[146] When a child can manage their emotions, deal with negative feelings or stress and recover this is called 'self-regulation', developing these skills means children are more able to manage their behaviour even when feeling strong emotions.[147]

Children often do not understand what they are feeling, especially if it is a complex emotion like jealousy. They also may not have the language or ability to communicate what they are feeling and instead convey it through their behaviour.[148] Children's feelings are often intense and they can be overcome quickly by feelings of anger or excitement.[149] Children experience many of the same feelings adults do but they do not have the same ability to verbalise or express these feelings. Instead children act out in inappropriate ways, which may be very physical or aggressive.[150] Often if a child is misbehaving they are trying to communicate something about how they are feeling, it is important to look beyond the behaviour and look at the underlying feelings the child may be having.[151]

Managing feelings can be difficult and it is important that children have adult support to develop skills that teach them how to understand their own feelings and express them in an appropriate, acceptable and healthy way.[152] Children learn how to express emotions and exert self-control from the people around them. Children can learn to manage their emotions independently with the support and guidance of trusted carers and parents.[153]

3.2 Why does self-regulation matter?

Self-regulation is a very important skill for children to develop, it intersects with many other elements of social and emotional well-being, it affects how children develop inter-personal relationships and affects their future outcomes. Equipping children and young people with the ability to self-regulate their feelings is imperative to their current and future well-being.[154]

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[143] DCYA (2014a) P.66
[144] Flook et al (2015) and National Children's Bureau (2015
[145] Dept. of Education (1997)
[146] CSEFEL (2013)
[147] Barnardos (2014) pp.5-7
[148] Ibid
[149] Kidmatter.edu.au (2016b)
[150] CSEFEL (2013)
[151] Barnardos (2014) pp.5-7
[152] Barnardos (2014) pp.5-7 and Kidmatter.edu.au (2016a)
[153] Kidmatter.edu.au (2016a)
[154] Dept. of Education (1997)

Self-regulatory abilities are a robust predictor of outcomes later in life like health, financial stability and educational attainment. Investment in early education has the potential to reduce risk behaviours later in life and maintain positive relationships.[155]

The 'Growing Up in Ireland' study found that the most important predictors of social and emotional well-being were gender, health status and *temperament* and recommended that child focused programmes that aimed to develop children's ability to build relationships, regulate emotions and cope with stress be adopted to improve children's outcomes.[156]

An inability to deal with feelings can lead to stress and unhealthy coping mechanisms, in younger children this may lead to tantrums and in older children and young people this may lead to engaging in risk behaviours for example drug and alcohol misuse.[157] Having a deficit in self-regulation can interfere with a child's ability to learn.[158] Strong emotions can cloud a child's judgement and make it harder to make positive solution focused choices.[159]

3.3 How can emotional regulation skills be imparted effectively?

Compartmentalizing emotional regulation within social and emotional wellbeing, within the wider idea of wellbeing can be challenging. What is even more challenging is trying to use singular methods or initiatives to teach emotional regulation. Teaching emotional regulation effectively requires a holistic approach that permeates all areas of a child's life. The most powerful way to teach self-regulation skills is to build them into day to day activities.[160]

One class or lesson on emotional regulation taught to a child who then encounters people and systems that operate in a way that runs contrary to what a child has been taught can hardly be effective. For example, if a child learns they should take responsibility for their feelings and not lash out in anger and then encounters a classroom environment where they are not permitted to take any responsibility for themselves and a family environment where their parents express their anger in unhealthy ways the lessons they are learning about emotional management will carry far less weight.

Intentional regulation is when one makes a conscious effort to develop a skill, like learning to ride a bike, automatic regulation relates to action that do not require any practice, for example the natural reaction to look towards a loud noise. The process of internalization is when intentional regulation becomes automatic.[161] The internalization of emotional regulation techniques requires significant practice and support from adults and this can be best achieved by a holistic and consistent approach.

A case study of 'Tuckswood Community First School' from 'The Emotional Literacy Handbook' examines a school where a strong emphasis on emotional literacy is built in to the school ethos. In this school children are encouraged to be critical and reflective thinkers and play a large role in developing school policies. Children regularly resolve conflicts and issues among themselves with the support of a teacher. Rather than just being given a solution by a teacher the children are empowered to find their own solutions. They also learn emotional literacy through drama and philosophy classes. The headmistress of the school stated that they "don't do emotional literacy

[155] Flook et al (2015)
[156] Nixon, E. (2012
[157] Dept. of Education (1997)
[158] Flook et al (2015)
[159] Rollercoaster.ie (2016a)
[160] Florez, I.R. (2011)
[161] Ibid

rather they are on a journey toward becoming an emotionally literate organisation by following a curriculum that is organised by the values we live by".[162]

In Tuckswood, emotional literacy is enmeshed in all areas throughout the school. In order to effectively teach children how to regulate and manage their emotions they must be surrounded by examples and given the opportunity to practice these skills all the time rather than teaching these skills through isolated lessons. This is not to say that specific lessons on emotional regulation have no value, rather skills should be taught using both formal and informal contexts.[163]

Another example of this holistic approach to improving child well-being is the Young Knocknaheeny project which aims to improve child outcomes by supporting children, their families, and early years' settings in the area to improve emotional well-being and mental health in very young children.[164]

A child's development is affected by a myriad of factors and any intervention which aims to improve emotional regulation needs to acknowledge this complexity.[165] The social networks in children's and young people's lives can include family, friends, teachers, neighbours and the wider community and these networks have the potential to enrich young people's lives and provide them with support.[166] All of these influences should be empowered to support children and young people in developing emotional regulation skills.

Teaching social and emotional skills in SPHE is one step in developing emotional regulation skills in children but to be truly effective healthy emotional management practices should be reinforced in all interactions throughout the school. Emotional regulation skills can be built in to all school activities and should be practised by pupils and teachers alike.[167] The National Council for Curriculum and Assessment even acknowledges the limited effectiveness of teaching SPHE in a vacuum. Children's lives are not lived in a vacuum they are influenced by family, friends, media etc. and developing emotional regulation skills is most effective when children and young people are consistently supported by teachers, parents, guardians, peers and other relevant members of their communities.[168]

Emotional regulation is a vital component of a child's social and emotional development. Effectively developing this skill requires all those who influence a child's life acting as teachers and supporters of this skill. Embracing a holistic approach which encompasses informal and formal settings and is present in the relevant learning contexts is widely regarded as the most effective way to teach children and young people how to manage their emotions.

Emotional regulation is a skill that is developed throughout multiple learning contexts. During infancy family would be the more influential learning context, as children get older, preschool and school become more important. For teens and young adults, the contexts of community and work gain significance.[169]

3.4 Learning contexts

This section focuses on the two most significant learning contexts; family and school. It is in these arenas wherein the foundations of emotional regulation are built. Children can learn to manage their

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[162] Park,J., Haddon, A., Goodman, H. (2003)
[163] OECD (2015)
[164] Young Knocknaheeny (2014)
[165] Nixon, E. (2012)
[166] DCYA (2014a) pp.54-56
[167] National Children's Bureau (2015)
[168] Government of Ireland (1999)
[169] (OECD 2015)

emotions independently with the support and guidance of trusted carers and parents.[170] Self-regulation skills can be aided by educators and carers who can suggest and encourage appropriate responses and with time can withdraw support as children learn to behave appropriately independently.[171] Parents and carers can help by identifying feelings and talking about them and allowing children to have space to experience and express difficult emotions.[172]

3.4.1 Family as a learning context

Family, as a learning context encompasses parental attachment (sharing meals, playing), parenting style (reason or power based), home activities and family disturbances (neglect, abuse, negligence). Family is most important as a learning context during infancy.[173]

Supportive relationships and encouraging learning experiences begin with family.[174] Children require adult support to learn how to manage their emotions and practice self-control, and they learn this from the behaviour of those around them. How a parent behaves in front of their child will influence their behaviour. Children are more likely to adopt calm behaviour if they have seen their parents remaining calm in stressful situations.[175] Parents and carers can show children how to remain calm and still get their needs met.[176]

Children who receive responsive care and have their needs met consistently will develop a sense of trust and safety which enables positive self-development. With trusting responsive care children learn to respond to situations with appropriate emotions and have a positive view of themselves and others, which in turn help children develop positive relationships.

Children are more likely to change their behaviour if they agree with a request and they are more likely to adopt it as their own idea and comply with the request even when not being monitored by an adult, which is to say they learn to regulate their own behaviour. Therefore, reason based rather than power-based tactics are better for developing children's Self-regulation skills.[177]

High levels of parent child conflict lead to negative consequences for children's social and emotional well-being.[178] Research shows that children who have secure attachment relationships with their parents or carers are better able to regulate their emotions and experience empathy and cope with loss and trauma.[179]

Acknowledging the significance of parent-child and parent-infant relationships it is important to ensure that these relationships are supported. Recommended measures to support these relationships include increased access to counselling for parents, parent education and family support programmes that help build attachment skills and informal support from other families in the community.[180]

Family is a vitally important arena for children's emotional development. Parents and carers will be the people who foster a child's emotional regulation abilities. However, a parent cannot transmit a

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[170] Kidmatter.edu.au (2016a)
[171] Florez, I.R. (2011)
[172] Kidmatter.edu.au (2016b)
[173] (OECD 2015)
[174] DCYA (2013)
[175] Barnardos (2014)
[176] Kidmatter.edu.au (2016a)
[177] Cook, J.L and Cook, G. (2014)
[178] Nixon, E. (2012)
[179] DCYA (2013)
[180] DCYA (2013) and Nixon, E. (2012)

skill that they do not possess themselves so it is important that parents receive support in developing their own emotional management skills and have access to resources to develop healthy attachment and parenting styles from the antenatal stage onwards.

3.4.2 School as a learning context

School is one of the most important environments for a child's social and emotional development. School as a learning context includes curricular and extracurricular activities, peer relations, classroom climate, mentoring and relationships with teachers.[181] The Education Act 1998 outlines social and personal development of students as one of the key roles of schools.**[182]**

The foundations of self-regulation are laid down within the first five years of a child's life so early years educators have an important role in helping children develop self-regulation skills.[183] While Family and early years educators play an important role in a child's initial development the OECD assert that emotional skills are more malleable in later years than cognitive ones which means schools continue to play a key role in the continuing development of emotional regulation in children and young people.[184]

Schools can play a powerful role in strengthening protective factors and diminishing risk factors to a child's emotional regulation abilities. The My World Health Study found that having one supportive adult in a young person's life was a key protective factor for their wellbeing. This adult is sometimes a teacher who can have a significant impact on a child or young person.**[185]**

One key way that children learn how to manage their feelings is through the SPHE (Social Personal and Health Education) curriculum. SPHE aims to promote self-esteem, self-confidence and improve physical mental and emotional health and well-being.[186] The SPHE curriculum includes lessons on managing feeling and behaviour, how to resolve conflicts and how to cope with new and stressful situations.[187] SPHE was launched as part of primary school curriculum in 1999 in response to various initiatives which emerged as a way to deal with emerging social and health issues. The SPHE curriculum was intended to provide a coherent framework for social, personal and health education.[188] SPHE is taught to children throughout primary school and during the junior cycle of secondary school and is divided into three strands; myself, myself and others and the wider world.[189] Currently SPHE is allocated 30 minutes per week of class time in the primary school curriculum, this is compared to 50 minutes a week which is allocated to 'roll call' and 2.5 hours a week for religion.[190] Being able to manage feelings is immensely important for young people, and school is a key learning environment for children and young people. The fact that there is SPHE curriculum is beneficial for children. However, the time allotted to the subject is hardly sufficient and feelings management is just one component of the entire SPHE curriculum.

Schools as a learning context should seek to build emotional regulation skills into everyday classroom activities and not rely entirely on SPHE curriculum to teach children and young people how to manage their emotions. Developing these skills require practice and adult support and

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[181] OECD (2015).
[182] Dept. of Health et al (2015)
[183] Florez I.R. (2011)
[184] OECD (2015)
[185] Dept. of Health et al (2015)
[186] SPHE.ie (2016)
[187] Government of Ireland (1999)
[188] Dept. of Education and Science (2009) p.3
[189] Irish National Teacher's Organisation (2005)

[190] Irish National Teacher's organisation (2016)

mentoring. Creating a school and classroom environment where these skills can be regularly practised in tandem with SPHE classes is an important step in ensuring children learn to regulate their emotions effectively.

3.5 Methods to teach self-regulation

Developing emotional regulation skills is a process which takes place throughout childhood, adolescence and young adulthood.[191] Teaching emotionally intelligent behaviours in schools and within families offers a viable solution to a host of individual and community level problems that can occur when these skills are not developed.[192]

This section outlines some of the widely recommended methods and interventions which foster the development emotional regulation in children and young adults during different stages of childhood.

3.5.1 Infants and toddlers: Ages 0-3

During infancy babies are calmed by soothing voices, being held, smiling faces, gentle rocking and touch.[193] Infants who consistently receive this kind of care when distressed will develop healthy attachments with parents or carers and will learn to self-soothe, this is the beginning of a child learning to regulate their feelings.[194] By 12-15 months, children will start further developing the ability to self-sooth but will still seek out parental support when upset.

By 2-3 years, children are able to show a wide variety of emotions and at this stage parents can start helping children name their feelings, identify what might be causing them and encouraging children to talk about their feelings rather than getting frustrated and acting out. At this stage, children may not be ready to find their own solutions to situations that are causing them distress so parents and carers can offer solutions for the child to choose from.[195]

A parent or carer's ability to convey warmth and security is important so that children feel safe when they are learning to regulate their emotions, a process which may be uncomfortable for them. Parents and carers can do this by using words to reflect the child's experience, using open ended questions, maintaining eye contact, getting down to a child's eye level and speaking in a calm voice.[196]

3.5.2 Very young children: Ages 3-7

At this stage of childhood children begin to learn to inhibit their first responses.[197] Parents and carers should continue to help children identify their feelings and allow them to have space to express difficult emotions. As children get older parents can support them in coming up with their own solutions in stressful situations, this improves a child's sense of self-efficacy and their ability regulate their emotions themselves when an adult is not around.[198]

At this stage of childhood, children can begin to engage with breathing exercises to help them stay calm and mindfulness training. Mindfulness training involves focusing on something like breath or sound, and monitoring when one's thoughts stray from that focal point and returning attention back. Mindfulness training increases attention spans and emotional regulation abilities. Through

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[191] Compas et al (2014)
[192] Zeidner, M., Matthews, G. and Roberts, R.D (2009)
[193] Florez (2011) and Barnardos (2014)
[194] Barnardos (2014)
[195] Ibid
[196] Kidmatter.edu.au (2016a)
[197] Cook, J.L and Cook, G. (2014)
[198] Kidmatter.edu.au (2016b) and Barnardos (2016)

mindfulness training kindness and care towards themselves and others can be developed in children. For young children daily intention setting and well-wishing for others is another way to practice mindfulness.[199]

Children with particular difficulties can be supported through play therapy. Play therapy is for children aged 3-12 years who have social, emotional and behavioural challenges. The goal of play therapy is to build self-esteem, self-awareness, improve ways of expressing emotions and general communication and improve relationships. It gives children room to explore ways of dealing with problems and through play children can communicate their feelings and fears.[200]

3.5.3 Middle Childhood: Ages 7-12

Strong feelings can manifest themselves in physical ways like faster heartbeat and breathing, redness in the face, louder voice, tension in arms and legs, upset stomach etc. People caring for children should be aware of these signs and children can be taught to recognize them which helps them identify what feelings they are experiencing. This higher level of awareness means children will be able to identify and deal with their emotions more quickly. Strong emotions can cloud a child's judgement and make it harder to make positive solution focused choices. Calming strategies can help children manage their feelings and make better choices.[201]

Calming strategies include focused breathing, where one counts to three while inhaling and exhaling. Anchoring: where someone focuses their attention on something other than what is causing them stress. Physical activity like stretching or running, hitting however is not recommended. The melting freeze technique uses all three mentioned above. The person tenses their body and then breathes and slowly releases the tension throughout their body, and repeats until they have calmed. [202]

Older children and adolescents are more likely to use their own initiative and use strategies to deal with negative emotions like taking a walk, throwing a ball if they are angry or journaling or talking with someone if they are sad.[203]

3.5.4 Teenagers: Ages 12-17

'Managing the Difficult Emotions' by Bellhouse et al is aimed at 12-16 year olds and outlines 5 habits that are important to develop in order to manage feelings effectively, these include; being calm, having energy, being courageous, giving care and making plans.[204]

Being calm can be achieved through meditation, listening to music, reading and exercise. Having energy is achieved by eating well, resting and exercising so that one has the energy to be proactive and take control of one's own life. Avoiding decoys relates to young people developing and remaining true to a set of beliefs as a way to manage emotions, for example a teenager might feel like hitting someone but if they have a strong belief that violence is wrong then acting out of the feelings would contradict their own beliefs. Giving care relates to considering how others feel and accepting them, which teaches young people empathy towards themselves as well as others. Making

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[199] Flook et al (2015)
[200] Rollercoaster.ie (2016b)
[201] Rollercoaster.ie (2016a)
[202] Ibid
[203] Cook, J.L and Cook, G. (2014)
[204] Bellhouse et al (2005)

plans relates developing a sense of self-efficacy, where young people stick to plans and responsibilities, which improves self-belief.[205]

What is key for teenagers is that they develop the ability not only to identify what they are feeling but to accept what they are feeling without judgement or without having to resort to blaming others.[206] Teaching teenagers to talk about their feelings using 'I' statements inhibits blaming and encourages teenagers to take responsibility for their feelings. Allowing teenagers to be angry without judgement but making sure they are aware of the appropriate ways to express and deal with anger for example having a cooling off period.[207]

The importance of adult guidance and support is widely acknowledged in the literature, particularly for younger children. The My World Health Survey also emphasizes the importance of one good adult on a young person's well-being.[208] Having an adult to mentor, guide and support a child or young person to develop these skills is of the utmost importance.

3.5.5 Young adults: Ages 18-24

Young adults have quite a bit more autonomy than any of the groups discussed earlier and are less likely to be involved in formal structures like school. Therefore, it is important that emotional management resources remain available to young people at this stage. This could be provided through stress management and mindfulness workshops provided by community organisations and colleges. Engaging with the age group can also be achieved by creating informational resources on emotional regulation and disseminating it through relevant social media outlets.

3.6 Conclusion

Throughout a child's journey to young adulthood they will need to continue practicing and developing emotional regulation. The methods that are appropriate to develop these skills vary during the different stages of a child's life. What is common among almost all stages is the importance of being able to **identify** one's emotions, **accept** one's emotions, having a **coping mechanism** to deal with the emotion appropriately and having **adult guidance** and support. Below table 4 illustrates how these elements of emotional management vary at different stages of childhood and suggests possible interventions.

Table 4: Activities and processes which support emotional regulation throughout different stages of childhood

	Identify	Accept	Coping methods	Adult Support	Intervention
0-3	Limited ability to identify emotions, parents and carers can start teaching children names of feelings	Parents and carers remaining calm and supportive when children are upset	Self-soothing, parents and carers offering children solutions in situations, talking about feelings	Parents Carers Early Years Educators	Parenting classes, family support, devoted time to coping exercises in crèche, pre-

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[205] Bellhouse et al (2005)
[206] Kidshealth.org (2016)
[207] Ibid
[208] Dooley, B. And Fitzgerald, A. (2012)

					school
3-6	Learning to name wide variety of feelings and where they are coming from	Allowing children space to have difficult emotions, not judging them as good or bad	Supporting children to find their own solutions to stressful situations, breathing exercises, mindfulness, daily intention setting, well wishing for others	Parents Carers Teachers Early years educators	Parenting classes, family support, early years' educators and teacher training, devoted time to coping exercises daily in crèche, pre-school and school
7-12	Learning to identify complex emotions like jealousy, learning to identify the physical manifestations of emotions	Acceptance of emotions, understanding the ability of strong emotions to cloud judgment	Focused breathing, anchoring, physical activity, 'melting freeze' technique, learning to adopt one's own strategies, listening to music, walking, writing	Parents Teachers Mentors	Same as above, Accessibility to mentors for children lacking adult support
Teens 12-17	Awareness of this stage of life bringing many new changes, adult guidance to help cope with new and complex feelings	Accepting emotions honestly, using 'I' statements to discuss feelings, taking responsibility for feelings, not blaming others	Meditation, listening to music, eating well, resting, developing a belief system, caring for others, having 'cooling off' periods, talking with friends	Parents Teachers Mentors	Teacher training, devoted time to coping exercises daily in school, access to mentors
Young Adults 18-24	Awareness of increased pressure as one moves into adulthood	Taking responsibility for emotions, not blaming others	Exercise, meditation, Talking with friends, rest, Moderation of alcohol and drug use	Mentors, Peers, Parents	Access to support and workshops in colleges and youth and community organisations

PART 4: CONCLUSION AND RECOMMENDATIONS
4.1 Conclusion
This report has outlined the background to international and Irish approaches to social and emotional wellbeing within the field of well-being as it relates to children and young people, identifying participation and emotional regulation as key themes. Understanding children's well-

being requires a holistic view of the child which means including social and emotional well-being as these skills influence the internal landscape of a child's life in a profound way.

Participation is essential in ensuring effective services provision, it benefits children's social and emotional well-being and it empowers marginalised children. Participation can be built into children's daily lives in school and community settings, the more children engage with the processes the more confident and comfortable they become with them, creating a norm of participation.

Emotional regulation is an essential component of social and emotional well-being and is inextricably linked to other areas of social and emotional well-being such as interpersonal relationships, self-esteem, confidence etc. In order to develop these skills effectively children need to be granted the opportunity to practice these skills and have guidance and support from the adults around them. Emotional regulation can be most effectively taught through the contexts of school and family.

4.2 Draft recommendations

Throughout this report a myriad of different methods to undertake participation and teach emotional regulation were examined and outlined. This list of recommendations outlines methods that are simple, low cost, low agency and have the greatest potential to positively influence the greatest number of children and young people in Cork. These recommendations should be implemented over the course of five years. By creating norms where participation and emotional regulation practices are interwoven into the fabric of children's everyday using simple methods it creates an environment where other more complex methods can be adopted more readily in the future.

These recommendations are to be discussed and amended by the stakeholders. Members of the CYPSC are encouraged to pledge support for recommendations that best suit their respective areas of expertise.

Improve the social and emotional well-being of the greatest number of children and young people in Cork by focusing primarily on universal measures. (see page 6)

Social and emotional well-being supports should be provided for all children, rather than solely focusing on individual children. Providing universal resources in settings such as schools, family support services and early years' settings, early on can prevent the need for targeted services for many children later on.

A plan for parents:

Use low agency, universal approaches to support parents in teaching their children emotional regulation skills which can be followed up with further support. (see page 32)

While parenting classes may be the best way to ensure parents develop healthy attachment relationships with their children, getting parents into the classes requires that they hear about the classes, sign up for them and then actually attend. These can be expensive to run and are limited in the number of people they reach.

An approach that may be more effective would be to start an **awareness campaign** targeting parentings and informing them of the importance of social and emotional well-being and giving them tips to improve these skills in their children. This campaign could include the creation of posters and informational resources targeted at settings where parents are likely to be, adverts on local radio and on social media (parenting blogs, parenting Facebook pages etc.). An awareness campaign can normalise the idea of parents accessing support.

This awareness campaign can be supported by an **online video series** with further tips and techniques that parents can access freely. This requires less agency from parents than attending a class and can be referred back to on a regular basis by interested parents.

Schools, Family support services and early years' settings can host **short seminars** on tips and techniques to improve social and emotional well-being with parents during events, like sports days etc. where there are likely to be a lot of parents attending. During these seminars sign-ups sheets for further **parenting classes** can be made available.

Facilitators of parenting classes can identify parents who may need additional support regarding their own social and emotional wellbeing and will be able to **re-direct parents** to appropriate services (Coisceim etc.)

What this does is creates a very accessible pathway that can engage with all parents on some level and creates space for parents to further develop their skills through different avenues which may be more accessible to them, depending on their needs.

A plan for schools:

Use simple, low agency methods of improving emotional regulation and self-soothing skills. For example: Introduce mindfulness and meditation to schools, early years' settings and child centred services. (see table 4, page 36)

The most common methods used to practice emotional regulation are mindfulness and meditation exercises, like focused breathing. These are methods that could be built into a child's daily life very simply at a minimal cost and would involve no extra training for teachers, educators or support workers. This could be achieved by creating of a set of 5 and 10 minute **recorded meditations** to be practiced and the beginning and end of the school day or session. This would require no training for the teachers, educators or support workers as the meditation would guide students through the process.

The guided mediation resources could be made accessible online so that children and parents could access them outside of school, service based settings and children could learn to use the tools independently and in their own time. Meditations could be tailored to engage different age groups. This allows children to practice this skill regularly in a way that is built into daily life.

Advocate for more time in the primary school curriculum for SPHE. (see page 33)

Given the overwhelming evidence on the importance of social and emotional well-being on children's and young people's life experiences and future success it is very important that SPHE is given a higher priority in school curriculum. The CYPSC should advocate for an increased focus and higher prioritisation of SPHE in schools.

Targeted supports such as mentoring services can ensure that all children can access 'one good adult' in their lives. (see page 35)

Throughout the literature the importance of the presence of one good adult in a young person's life appears again and again. When children and young people find themselves without positive adult support the availability of a mentoring service is important. Foroige's Big Brother Big Sister

programmes includes community based and school based programmes.[209] Rather than developing a new programme the CYPSC should support these existing programmes by increasing awareness of the availability of these programmes in school settings. All people working with children, from teachers to sports coaches should be able to identify when children are experiencing difficulties and know how to connect children to services.

A plan for young people:

Create informational resources on emotional management skills and disseminate this information through social media outlets.

Create simple and easy to engage with material that teaches basic emotional management tips and signposts readers to useful support services.

A plan for research:

Research should be guided by international best practice and encompass a holistic understanding of children and young people. (see page 9)

Any research carried out by CYPSC to measure social and emotional well-being should first of all include measures chosen by children and young people themselves. Research should measure both strengths and deficiencies, should use both objective and subjective measures, should aim to benefit children now and in the future and should be altered appropriately for different age groups. Social and emotional well-being measures will vary in how they are constructed compared to general well-being measures and subjective measures and measures designed by children and young people should be given particular importance.

The CYPSC has identified social and emotional well-being as a key priority. Further understanding of the social emotional well-being of children and young people in Cork can be achieved by surveying children and their parents in Cork.

Research could be conducted using **two surveys**, one for parents which would focus on **objective measures** such as housing, income, welfare dependence, parental education, employment status, ethnicity/country of origin, first language etc. This survey could be combined with a survey filled out by the corresponding child regarding **subjective measures** such as sense of belonging, ability to work with others etc.

The children's survey can give a sense of wellbeing among children and the parent survey can give us a sense of context. By combing the two surveys research can identify key factors which may contribute to or detract from a child's social and emotional well-being which can improve our understanding and help focus resources in particular areas which are likely to have higher numbers of children experiencing social and emotional challenges.

The surveyed populations of parents and children should aim to be representative of the wider population and take into account factors such as the affluence of the area and city, suburbs and county divide.

A plan for participation:

Facilitate participation through the use of feedback forms and suggestion boxes. (see page 27,28)

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[209] www.foroige.ie

A simple way to ensure a basic level of participation for children in young people would be for the CYPSC to **create a standard feedback form** which could be given to schools, youth groups, sports clubs i.e. the key learning contexts for children's participation. This form could be filled out annually by children involved with an organisation. Organisations would commit to taking on board any feedback regarding what children did or did not like or thoughts on how the service could be improved etc. Feedback forms would be anonymous and **responses could be collated** by a third party to ensure anonymity and to remove bias, and then sent back to the organisation. Feedback forms should be tailored for different ages to all children, including the very young to participate. This could be through the use of a methods like 'The Wheel'.[210]

This annual feedback could be supplemented with **suggestion boxes** being present in schools and clubs etc. Along with forms and suggestion boxes, schools and other organisations could be sent a CYPSC created **support pack** to guide teachers and youth workers on how to use the resources most effectively and avoid certain limitations which can be associated with children's participation.[211] Simple methods like this are easily applied to large numbers of children and can foster a culture where children feel comfortable participating regularly and more meaningful and in depth participative practices can emerge from this beginning.

A plan of action

Table 6: Preliminary implementation plan

Phase	School pilot	Research
Phase one	Gauge social and emotional well-being using basic survey in pilot schools	Ask a representative sample of children and young people in Cork what is important to them in the areas of social and emotional well-being in order to develop survey in the future. Do not use same schools for pilot project and future survey in order to avoid any biased answers.
Phase two	Implement recommended changes in pilot schools: parental resources, mindfulness practices and participation options.	Collate information gathered and use it to inform questions in the survey to be sent out to schoolchildren later.
Phase three	Gauge effectiveness of pilot after first and second term using the same survey as used in phase one	Create children and parent surveys
Phase four	Deploy effective measures universally based on pilot school results.	Send out survey to representative sample of schools in city, suburbs and county.
Phase five		Analyse survey data to develop further understanding of social and emotional needs of children and young people in Cork and use information to inform strategies moving forward.

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[210] See p.24
[211] See p.20

Appendices
Appendix A

NATIONAL OUTCOMES

- Active & healthy, physical & mental wellbeing
- Achieving full potential in all areas of learning & development
- Safe & protected from harm
- Economic security & opportunity
- Connected, respected & contributing to their world

AIMS:
Children and young people are or have ...

1.1 Physically healthy and make positive health choices	2.1 Learning and developing from birth	3.1 Secure, stable, caring home environment	4.1 Protected from poverty and social exclusion	5.1 Sense of own identity, free from discrimination
1.2 Good mental health	2.2 Social and emotional wellbeing	3.2 Safe from abuse, neglect and exploitation	4.2 Living in child/youth-friendly sustainable communities	5.2 Part of positive networks of friends, family and community
1.3 Positive and respectful approach to relationships and sexual health	2.3 Engaged in learning	3.3 Protected from bullying and discrimination	4.3 Opportunities for ongoing education and training	5.3 Civically engaged, socially and environmentally conscious
1.4 Enjoying play, recreation, sport, arts, culture and nature	2.4 Achieving in education	3.4 Safe from crime and anti-social behaviour	4.4 Pathways to economic participation and independent living	5.4 Aware of rights, responsible and respectful of the law

Children and Young People have a voice and influence in all decisions affecting them

Appendix B

Table 5: List of various organisations' social and emotional well-being indicators

Organisation	Domains	Sub-Domains	Indicator
UNICEF	Peer and family relationships	Family structure	Percentage of young people living in single-parent family structures aged 11,13 and 15
			Percentage of young people living in step family structures aged 11,13 and 15
		Family relations	Percentage of students whose parents eat their main meal with them around a table several times a week, aged 15
	Subjective well-being	Personal well-being	Percentage of young people with score above the middle of the life satisfaction scale, aged 11,13 and 15
			Percentage of students who agree with the statement 'I feel like an outsider or left out of things' aged 15
			Percentage of students who agree with the statement 'I feel awkward and out of place' aged 15
			Percentage of students who agree with the statement 'I feel lonely' aged 15
		School well-being	Percentage of young people 'liking school a lot' aged 11, 13 and 15
EDI	Social competence	Overall social competence	How would you rate this child's overall social/emotional development?
			How would you rate this child's ability to get along with peers
			Would you say this child plays and works cooperatively with other children at an age appropriate level
			Would you say this child is able to play with various children
			Would you say this child shows self-confidence
		Responsibility and respect	Would you say this child respects the property of others
			Would you say this child follows rules and instructions
			Would you say this child demonstrates self-control
			Would you say this child demonstrates respect for adults
			Would you say this child demonstrates respect for other children
			Would you say this child accepts responsibility for actions
			Would you say this child takes care of school materials
			Would you say this child shows tolerance to someone who made a mistake
		Approaches to learning	Would you say this child listens attentively
			Would you say this child follows directions
			Would you say this child completes work on time
			Would you say this child works independently
			Would you say this child works neatly and carefully
			Would you say this child is able to solve day-to-day problems by him/herself
			Would you say this child is able to follow one-step instructions
			Would you say this child is able to follow class routines without reminders
			Would you say this child is able to adjust to changes in routines
		Readiness to explore new things	Would you say this child is curious about the world
			Would you say this child is eager to play with a new toy
			Would you say this child is eager to play with a new game
			Would you say this child is eager to read a new book
	Emotional maturity	Pro-social and helping behaviour	Would you say this child
			Would you say this child will try help someone who has been hurt
			Would you say this child volunteers to help clear up a mess someone else has made
			Would you say this child if there is a quarrel or dispute will try to stop it
			Would you say this child offers to help other children who have difficulty with a task
			Would you say this child comforts a child who is crying or upset

			Would you say this child spontaneously helps to pick up objects which another child has dropped (e.g., pencils, books
			Would you say this child will invite bystanders to join in a game
			Would you say this child helps other children who are feeling sick
		Anxious and fearful behaviour	Would you say this child is upset when left by parent/guardian
			Would you say this child seems to be unhappy, sad, or depressed
			Would you say this child appears fearful or anxious
			Would you say this child appears worried
			Would you say this child cries a lot
			Would you say this child is nervous, high-strung, or tense
			Would you say this child is incapable of making decisions
			Would you say this child is shy
		Aggressive behaviour	Would you say this child gets into physical fights
			Would you say this child bullies or is mean to others
			Would you say this child kicks, bites, hits other children or adults
			Would you say this child takes things that don't belong to him or her
			Would you say this child laughs at other children's discomfort
			Would you say this child is disobedient
			Would you say this child has temper tantrums
		Hyperactive and inattentive behaviour	Would you say this child can't sit still, is restless
			Would you say this child is distractible, has trouble sticking to any activity
			Would you say this child fidgets
			Would you say this child is impulsive, acts without thinking
			Would you say this child has difficulty awaiting turn in games and groups
			Would you say this child cannot settle to anything for more than a few moments
			Would you say this child is inattentive
KIDSCREEN 52	Psychological well-being		Has your life been enjoyable?
			Have you felt pleased that you are alive?
			Have you felt satisfied with your life?
			Have you been in a good mood?
			Have you felt cheerful?
			Have you had fun?
	Moods and emotions		Have you felt that you do everything badly?
			Have you felt sad?
			Have you felt so bad that you didn't want to do anything?
			Have you felt that everything in your life goes wrong?
			Have you felt fed up?
			Have you felt lonely?
			Have you felt under pressure?
	Self-perception		Have you been happy with the way you are?
			Have you been happy with your clothes?
			Have you been worried about the way you look?
			Have you felt jealous of the way other girls and boys look?
			Would you like to change something about your body?
	Autonomy		Have you had enough time for yourself?
			Have you been able to do the things that you want to do in your free time?
			Have you had enough opportunity to be outside?
			Have you had enough time to meet friends?
			Have you been able to choose what to do in your free time?
	Parent relations and home life		Have your parent(s) understood you?
			Have you felt loved by your parent(s)

			Have you been happy at home?
			Have your parent(s) had enough time for you?
			Have your parent(s) treated you fairly?
			Have you been able to talk to your parent(s) when you wanted to?
	Social support and peers		Have you spent time with your friends?
			Have you done things with other girls and boys?
			Have you had fun with your friends?
			Have you and your friends helped each other?
			Have you been able to talk about everything with your friends?
			Have you been able to rely on your friends?
	School environment		Have you been happy at school?
			Have you got on well at school?
			Have you been satisfied with your teachers?
			Have you been able to pay attention?
			Have you enjoyed going to school?
	Social acceptance and bullying		Have you been afraid of other girls and boys?
			Have other boys and girls made fun of you?
			Have other girls and boys bullied you?
HBSC 2014	General health and well-being		% of children reporting heath as excellent
			% children reporting that they feel very happy with their life at present
			% of children who report high life satisfaction
			% of children who report being always or often self-confident
			% of children who report they always feel comfortable being themselves while with their friends
			% of children who report that they always love their family
			% of children who report that they engage in their hobbies weekly or more frequently
	Fighting and bullying		% of children who report being in a physical fight in the last 12 months
			% of children who report bullying others at school once or more in the last couple of months
			% of children who report being bullied once or more in the past couple of months
			% of children who report ever being bullied by being sent mean messages, wall posting or by a website created to make fun of them in the past couple of months
			% of children who report ever being bullied by someone taking an unflattering or inappropriate picture of them without permission and posting them online in the past couple of months
OECD 2009	Health and safety		Rates of suicide
	Quality of school life		Being bullied
			Liking school
SONC 2014	Children's relationships Social, emotional and behavioural outcomes	Parents	The percentage of children aged 10-17 who report that they find it easy to talk to their mother when something is really bothering them.
			The percentage of children aged 10-17 who report that they find it easy to talk to their father when something is really bothering them.
			The percentage of children aged 15 who report that their parents spend time just talking with them several times a week.
			The percentage of children aged 15 who report that their parents discuss with them how well they are doing at school several times a week.
			The percentage of children aged 15 who report that their parents eat a main meal with them around a table several times a week.

		Friendships	The percentage of children aged 10-17 who report to have 3 or more friends of the same gender.
		Pets and animals	The percentage of children aged 10-17 who report having a pet of their own or a pet in their family.
		Bullying	The percentage of children aged 10-17 who report having been bullied at school.
			The percentage of children aged 10-17 who report that students at their school participate in making the school rules.
			The percentage of children aged 15 who report that reading is one of their favourite hobbies.
			The percentage of children aged 10-17 who report smoking cigarettes every week.
			The percentage of children aged 10-17 who report never smoking cigarettes
			The percentage of children aged 10-17 who report to have been drunk at least once in the last 30 days.
			The percentage of children aged 10-17 who report never having had an alcoholic drink.
			The percentage of children aged 10-17 who report to have taken cannabis at least once in their lifetime.
			The number of births to mothers aged 10-17.
			The percentage of children aged 15-17 who report having ever had sex.
			The percentage of children aged 10-17 who report feeling happy with the way they are.
			The percentage of children aged 10-17 who report being happy with their lives at present.
			The number of suicides by children aged 10-17.
			The number of children aged 10-17 who presented at a hospital emergency department following deliberate self-harm.
Growing up in Ireland	Family and parenting		What do parents say about their relationships with their children?
			What do parents say about being close to their children?
			What do parents say about conflict with their children?
			What do children say about their relationships with parents and siblings?
			Parenting style
	Emotional well-being	Children's emotional and behavioural strengths and difficulties	Emotional symptoms
			Hyperactivity/inattention
			Conduct problems
			Peer relationship problems
			Pro-social behaviour
		Child's temperament	Emotionality
			Activity level
			Shyness
			Sociability
		Children's self-concept	Behavioural adjustment
			Intellectual and school status
			Physical appearance and attributes
			Freedom from anxiety
			Popularity
			Happiness and satisfaction
			Children's experience of stressful life events
			People whom children choose to talk to about problems
	Peer relationships	Friendship networks	Number of close friends
			Number of days a week that children spent with friends
		Bullying/Victimisation	Agreements between mother and children on reports of child victimisation
			Prevalence of victimisation experiences by family type
			Nature of victimisation
			Emotional impact of victimisation
			Bullying others
			Nature of bullying
			Classification of bully/victim status

Appendix C

Space

HOW: Provide a safe and inclusive space for children to express their views

- Have children's views been actively sought?
- Was there a safe space in which children can express themselves freely?
- Have steps been taken to ensure that all children can take part?

Voice

HOW: Provide appropriate information and facilitate the expression of children's views

- Have children been given the information they need to form a view?
- Do children know that they do not have to take part?
- Have children been given a range of options as to how they might choose to express themselves?

Audience

HOW: Ensure that children's views are communicated to someone with the responsibility to listen

- Is there a process for communicating children's views?
- Do children know who their views are being communicated to?
- Does that person/body have the power to make decisions?

Influence

HOW: Ensure that children's views are taken seriously and acted upon, where appropriate

- Were the children's views considered by those with the power to effect change?
- Are there procedures in place that ensure that the children's views have been taken seriously?
- Have the children and young people been provided with feedback explaining the reasons for decisions taken?

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