Jackie Musgrave

SUPPORTING Children's Health and Wellbeing

SAGE

CONTENTS

6

SOCIAL AND EMOTIONAL WELLBEING AND MENTAL HEALTH

CHAPTER AIMS AND OBJECTIVES

- To discuss the links between social and emotional wellbeing and mental health
- To identify interventions to promote social and emotional wellbeing

As you read this chapter, you are encouraged to consider:

- Your role in promoting good wellbeing in children
- Ways you can work with parents

Introduction

Promoting positive wellbeing and preventing mental health problems are a public health issue. At the macro level, the universal services that are available for children's health in the UK aimed at educating adults about promoting good wellbeing and preventing mental health issues are embedded in government strategies. In May 2016, the UK Department for Education appointed a minister with responsibility for mental health. Strategies to address and improve children's mental health go beyond the national picture and extend to global strategies such as the work of Unicef (2013, 2016). At a time of mass migration of people and reports of unaccompanied and displaced children moving around the world, a global awareness of the importance of promoting good wellbeing has never been greater.

In the microsystem, the contribution to children's wellbeing that can be made by practitioners in relation to this area of health is important in helping to minimise the impact of poor mental health on children and on society. Positive social and emotional development and the impact this can have on children's overall development have been a focus of early childhood academics, policy makers and practitioners for many years. In more recent times, the legacy of children not having the ecological system to develop socially and emotionally has become an area of

concern. There is a link between impaired social and emotional development and an increased risk of mental health issues, both in childhood and into adulthood. Padmore (2016) reminds us that delays or disruptions in children reaching the expected developmental milestones can be a sign that something is amiss. Therefore, your knowledge about children and observations of children can be a useful tool in identifying developmental delay which can impact on wellbeing and mental health.

Definitions

It is important to have an understanding of the terms used in relation to children's wellbeing and mental health. The task of defining terms in order to understand their meaning is made even more challenging because of the many different definitions that are offered. A look at the definitions may help to appreciate the links between social and emotional wellbeing and children's mental health:

Emotional development: emotional expression, attachment, personality and temperament

Mental health: An interpretation of illness and the medicalisation of behaviours considered to be beyond the norm (Burton et al. 2014, p. 4). The term 'mental health' is an umbrella term for a wide range of conditions. Such conditions include: eating disorders, anxiety disorders, psychosis, depression, conduct disorders, neuro-developmental disorders such as attention deficit hyperactivity disorder (ADHD), autistic spectrum conditions (ASC), separation anxiety disorder and selective mutism

Social development: understanding of 'self', relationships with others and sociability (Doherty and Hughes 2009)

Wellbeing: 'the state of being comfortable, healthy or happy' (*Oxford English Dictionary*, 1998, p. 2096); Statham and Chase (2010, p. 2) define wellbeing as 'generally understood as the quality of peoples' lives ... it is understood in relation to objective measures, such as ... health status'.

Rationale for promoting positive social and emotional wellbeing

The rationale for improving the wellbeing and health of children was outlined in Chapter 1 (see Figure 1.1). In brief, the effort made to improve children's wellbeing in the early years is a financially sound investment both for the individual and for society. Not only does childhood set the foundation for a well-functioning and healthy adulthood, but children ought to be able to experience life in a positive way and flourish as children. On the other hand, children who do not have the foundations for good social and emotional wellbeing are more likely to experience poor wellbeing both in childhood and adulthood.

As Rutter is quoted as saying in Cuthbert, Rayns and Stanley's (2011) NSPCC publication *All Babies Count*, 'early adversity casts a long shadow over children's development'. This assertion is reflected in NICE (2012) health guidance which states that 'a complex range of factors have an impact on social and emotional

Table 6.1   Factors that influence good versus poor wellbeing (from NICE 2012)

Good wellbeing	Poor wellbeing
A good pregnancy	Prematurity and/or light-for-dates babies
Infant mental health	Parental drug and alcohol problems
Love and attachment	Parental mental health problems
Positive parenting	Parents with low educational attainment
Self-regulation	Parents with SEN
Opportunities to play	Parents who were looked after as children
	Family relationship problems, including domestic violence
	Criminality
	Poor communication and language difficulties
	Physical disability

development. Knowledge of these factors can help encourage investment at a population level in early interventions to support health and wellbeing' (p. 7).

Similar NICE guidance (2016a) is directed at helping all professionals, including early years practitioners who work with children who are 'vulnerable' (p. 3), to address poor social and emotional wellbeing.

Ingredients of good emotional wellbeing

Sue Gerhardt writes compellingly about *Why Love Matters* (2004) in her book of the same name. Her work reports on the neuroscientific research that explains how affection and love help to develop pathways in babies' brains which assist in laying the foundations for how we respond to stress in later life. In the 1980s, the plight of the Romanian orphans who were left socially isolated without love and interaction, taught us that babies who have such early experiences are more likely to develop poor social and emotional wellbeing. Chugani et al. (2001) reported that those Romanian babies who had been deprived of love during the first three years of life had little chance of recovering from the lack of brain development, leading to impaired social and emotional development and poor wellbeing. Babies who experience trauma and lack of attachment are at more risk of developing psychiatric disorders in later life. It is important to bear in mind that the factors that contribute to poor wellbeing are not necessarily experienced in isolation. It is often the case that children have overlapping and multiple disadvantages that predispose them to develop poor wellbeing.

A good pregnancy for the mother includes a good diet, no smoking, no alcohol or drugs, low stress levels, being in a positive relationship with good levels of support from those around her, not being socio-economically disadvantaged and being in good physical and emotional health. Babies born prematurely or who are light in weight frequently require medical treatment at birth. Early removal from the womb can be a stressful and negative experience for babies which may mean they are more at risk of poor wellbeing.

Positive infant mental health is partly developed by *love and attachment* between baby and parents and is seen as a vital ingredient of good mental health for children. Again, premature babies may be disadvantaged because of the need to be incubated and the consequent removal from physical contact with the mother. Interventions

such as kangaroo care (skin-to-skin contact) are proving effective in helping to promote infant/parent bonding and attachment, and therefore wellbeing in premature babies (Penn 2015). In addition, premature babies are more likely to need painful and uncomfortable treatments, which are likely to be traumatising for them.

Positive parenting

As well as providing love and developing strong attachments, positive parenting includes supporting children to develop resilience. Resilience is the ability to recover quickly from negative events – it is the protection that is learned from having adverse life experiences.

Children's ability to withstand adversity is influenced by how capable they are of developing deep pockets of resilience. The factors that help children to develop good wellbeing can help them to face adversity and overcome what may be negative events in their lives.

Self-regulation is the skill of regulating emotions, so that children 'are not hostage to their impulses and emotions, it makes it easier for them to develop friendships, persevere and concentrate, and cope with the stresses of everyday life. Researchers believe it also helps them to do better at school' (Tassoni 2016, p. 34).

Pain and wellbeing in children

Children with chronic and/or complex medical conditions may experience physical pain and this could have an impact on their wellbeing. There is limited literature available about, for example, the effect that the administration of ceaseless injections has on young children. Clark (2003) studied children at 5–8 years of age and her findings report children's experiences of pain as a result of injections. However, she stressed that the pain children experience is not only physical, but also emotional. She claims that emotional pain is experienced because 'injections do violence to the boundaries of self' (p. 31). This could mean that children who experience pain are at greater risk of developing 'poor' emotional wellbeing (NICE 2012, p. 18).

Measuring children's wellbeing

There are other measurements of wellbeing in relation to children's health using child mortality statistics and rates of immunisation uptake. The research does not explore how these objective measurements impact on the quality of children's lives. Unicef (2013) reports objective measurements of children's wellbeing. In the UK, the Office for National Statistics (2016, p. 15) shows how

> children are faring in the arenas of life that are important to them, for example, school, family and peer relationships, having autonomy and aspirations for the future. There is a mixed picture, with children reporting relatively high levels of personal wellbeing, and positive relationships with parents. However, there are still areas of concern, such as the proportion of children who report being bullied frequently and the proportion of children reporting symptoms of mental ill-health.

The Children's Society Good Childhood Report (2015) includes qualitative data of well-being as reported by children. However, the participants are older children and the views of much younger children in the early years are not reported. What is reported as being important to children's wellbeing is having positive relationships. This finding is probably even more relevant to children in the early years in out-of-home childcare settings.

Laevers and Heylen (2003) measure children's level of wellbeing by assessing their involvement in activities. This highlights the need for practitioners to promote children's wellbeing by minimising the negative effects of health conditions on them, as well as by adapting activities to make them inclusive, thus maximizing participation in early years education. This is particularly important for children with chronic health conditions (discussed in Chapter 9).

The range of perspectives from which the concept of wellbeing can be viewed, and the lack of research into young children's views about wellbeing mean that it is unclear exactly what you need to do in order to promote children's wellbeing. However, what we do know is that relationships are important for young children's wellbeing. The roles of practitioners in relation to promoting positive wellbeing and managing mental health issues bear some similarities. Effective interventions that are currently used in early years settings are discussed below.

Research and children's wellbeing

There is limited research available which can form the basis of developing good practice for practitioners in supporting very young children's health and, therefore, supporting wellbeing. According to Piko and Bak (2006), this is partly because little is known about very young children's understanding of health and wellbeing. In turn, the challenges associated with the ethical issues relating to conducting research with very young children may be a barrier. This highlights the importance of practitioners taking the lead in identifying ways of supporting health and wellbeing.

Whitington et al. (2015) carried out the Wellbeing Classroom Project in Australia. Their participants were 6–8 years old with a range of issues that were impacting on their wellbeing, such as living in poverty and/or the presence of a chronic medical condition, such as asthma. The children's poor wellbeing manifested itself in behaviours causing concern, such as disruptive behaviour or being withdrawn. The aim of the project was to 'evaluate an innovative approach to building an inclusive early years classroom supportive of children's social and emotional development'.

The strategies used in the Wellbeing Classroom Project were to:

- build a classroom community that is safe, inclusive and built on trust
- provide the teacher with professional development, enabling them to model emotional self-regulation
- teach social and emotional skills using play opportunities and soft toys
- provide regular support from a community outreach worker
- enable deep teacher reflection
- involve parents in after school sessions.

The findings showed that by adopting a community-building approach, where children felt a sense of belonging, their academic progress improved.

REFLECTION

Consider the implications of this research for your practice.

Mental health in children

The imperative is to improve children's wellbeing in order to prevent the increase in the number of children who are exhibiting signs and symptoms of mental health problems. In order to identify your role in understanding and recognising such concerns, the following sections summarise key points in relation to this issue.

Defining mental health conditions in children

A mental health disorder can be defined as 'a clinically recognisable set of symptoms or behaviours associated with personal functions' (WHO 1992). A mental health condition is not only defined or diagnosed by identifying a set of signs and symptoms, the condition also has an impact on social functioning. The presence of a mental health condition will cause distress and an inability to function within the norms of society.

Diagnosis of mental health conditions in children

The diagnosis of mental health in children is not straightforward because children's behaviour and the presentation of symptoms can change over time. The diagnosis of a mental health condition can be viewed as a medical model of health and this can be regarded as a stigma for children and their families. However, a diagnosis of a condition can help to understand how to manage the signs and symptoms of the condition and, where appropriate, medication can be prescribed. An important point for you to bear in mind is that if a specific diagnosis is made, this can mean that a child may be eligible for helpful services.

Reasons for increased incidence of mental health conditions in children

Early childhood should be a time for firm foundations to be built for future good mental health and wellbeing, and, for the majority, this happens successfully. However, some children find the periods of growth and change though the life stages difficult. Children who are denied the opportunity to develop 'good' wellbeing are those who are at greater risk of developing mental health issues.

Children who are vulnerable to 'poor' social and emotional wellbeing, and are therefore predisposed to mental ill health, are more likely to have experienced adversity. Such adverse experiences include:

- being born prematurely
- living in poverty
- being 'looked after' (according to the NSPCC, half of children who are looked after are thought to have mental health issues)
- being a refugee
- being affected by certain cultural practices (e.g. witchcraft, genital mutilation)
- having SEN
- living with domestic violence.

The impact of on-going stress

The body's physiological response to the experience of a stressful situation is to release cortisol. Studies have shown that children who live with domestic violence have high levels of circulating cortisol because of the anxiety and trauma that can accompany the unpredictability of living with a violent person, even if the abuse is not directed at the child. The exposure to domestic violence has implications for children's development and attainment (APPG 2013) and for their long-term health into adulthood.

Recognising mental health disorders

Mental health problems can present as physical symptoms in children. Such symptoms include: headaches, bed-wetting (enuresis), faecal soiling (encopresis), headaches, tummy aches and sleep disturbance. Changes in children's behaviour may also be indicative of emerging issues, for example isolation and withdrawal, attachment and relationship difficulties. Developmental delay can be a significant sign of mental disturbance.

Depression is a symptom that can affect young children, however it can be hard to detect because the effects on the child's behaviour can be put down to life events such as friendship difficulties and parental separation. Young children with depression may find it difficult to concentrate or cry easily. Depression is not only limited to young children – babies as young as 4 months can experience depression (NSPCC 2016).

Treating mental health disorders

After diagnosis, the relevant treatment will be decided on. Such treatment can include medication and therapy. An education, health and care (EHC) plan will be an important tool in understanding the aims of treatment and management. As with all medication that is administered in a setting, it is important to understand the aims and side-effects and to follow the administration of medication policy.

Legislation and policy

Since the start of this century, research from neuroscience has informed child and mental health policy. As outlined in Chapter 3, the Department of Health and the Department for Education are now more frequently issuing joint policy documents. The following are examples of policy and guidance aimed at improving social and emotional wellbeing and preventing mental health problems in children:

- *The Healthy Child Programme: Pregnancy and the first five years of life* includes universal and targeted early interventions to promote the social and emotional wellbeing of babies and young children
- *The Healthy Child Programme: From 5–19 years* includes priorities to promote emotional health, psychological wellbeing and mental health
- *Early Years Foundation Stage*: personal, social and emotional development is a prime area and the key person approach is a statutory requirement of the framework
- *The National Curriculum*: personal, social, health and economic education (PSHE) is included at each key stage
- *Children and Adolescent Mental Health Services* (CAMHS) is a multi-agency approach to meeting the needs of children with mental health issues; services include voluntary and statutory providers
- *Social and Emotional Wellbeing of Children and Young People in Primary School* (NICE 2008)
- *Future in Mind* (Department of Health/NHS England 2015) government task-force report on the strategy for improving children's mental health and wellbeing.

Implications for practice

In contrast to a physical health condition, where a child may display a range of specific signs and symptoms, children with 'poor' emotional development and/or mental health issues can create challenges for practitioners. Their behaviour can be negatively affected, as in Anna's account of Joe (in Case study 6.1).

CASE STUDY 6.1

Joe was 6 and I was on placement at his setting. Joe's dad was in prison and his mum was receiving treatment for alcohol problems and she wasn't coping. Joe was withdrawn a lot of the time and found it difficult to concentrate, but on occasions he would be really angry and become destructive, hitting out and throwing things around. I had been observing him at break and realised that he loved being outdoors. I realised that taking him outside calmed him down; he would shout and run around with his arms out wide, and this opportunity meant he could let off steam. When he went back in, he was much calmer and was able to engage with the activities. I suggested that I could take him outside regularly for a few minutes before he started becoming destructive. This worked and Joe was much happier.

REFLECTION

- Consider how Anna's intervention helped Joe, the teacher and the other children in Joe's class.
- What are the implications of Joe's response to his situation for Joe's inclusion in his education?

Impact on practitioners

Page (Nutbrown and Page 2008) discusses her notion of 'professional love' (p. 184), which she describes as the emotions that practitioners have for the children with whom they work. This is a notion that goes beyond the regulatory requirements of the role of the key person. Increasing numbers of children with emotional and mental health problems mean that the key person may be the one who knows the child best and may be the only one who shows them love. This raises important issues for you to consider because there is an emotional cost that accompanies loving children. This is especially relevant to children who have emotional difficulties and mental health conditions.

Setting approaches

The ethics and values of many early years settings lend themselves to developing an environment that can nurture positive social and emotional development. Consistent approaches and reliable adults do much to give children confidence and promote a sense of security. Some of the approaches that can be beneficial in promoting social and emotional wellbeing and improving mental health are as follows:

Knowledge and training

In order to be able to promote the social and emotional wellbeing of babies and children, it is important that you have an understanding of this aspect of children's health. The Wave Trust/DfE report (APPG 2013) highlights the importance of practitioners having knowledge of child development in pregnancy and early infancy to 'develop awareness of how the first two years of life are critical to a child's development' (p. 7). The report goes on to recommend that at least one practitioner should have additional competence in infant mental health.

Implementing the key person approach

The importance of children experiencing positive relationships with adults has been outlined above. In the absence of their parents when in out-of-home settings, it is vital that there is the opportunity for those taking the place of parents to develop positive, loving relationships with the children. Such relationships are even more important for those children who are living in disadvantaged circumstances and who do not benefit from having loving family bonds at home. Therefore, it is vital that the key person approach is implemented in a meaningful way that serves the needs of the child and helps children to develop positive social and emotional wellbeing.

Taking a holistic approach to promoting positive mental health

Promoting positive social and emotional wellbeing can start by addressing the basic needs of children. Maslow (1954) pointed out that if humans do not have their physical needs met, it becomes difficult to address and meet their emotional needs. The universal approach to promoting good social and emotional wellbeing is embedded in the aims of the EYFS. For example, promoting physical activity, especially in an outdoor environment, is helpful to the development of good wellbeing in children.

Considering related aspects of physical health

When addressing poor mental health, it is important that aspects of physical health are taken into account as well, for example a child who is experiencing pain because of poor dental care is likely to have a reduced sense of wellbeing.

Sleep

Sleep is important for children's overall development. Therefore, children who experience sleep disturbance may be prone to developing mental health problems. For example, this may be the result of living in a chaotic home where routines are not in place, or experiencing sleep disturbance as a consequence of coughing at night because of uncontrolled asthma.

Diet

A good diet is important for promoting good wellbeing. Missing out on eating breakfast and feeling hungry means that concentration will be difficult, achievement may be less and children can feel deflated and develop low self-esteem and poor wellbeing. Practical solutions to ensuring children are well nourished, such as breakfast clubs and the provision of free school meals, can be considered as important interventions to maintain good wellbeing and positive mental health.

Communication

Providing opportunities to develop their speech and communication is essential for children's wellbeing. Frustration caused by a lack of communication can have a negative impact on children's emotions. The reasons why a child may have poor communication need to be identified, for example poor dental hygiene may be a source of embarrassment (see 'dental caries' in Chapter 12). Such opportunities for children to speak and be heard include circle or golden time.

Therapeutic interventions

A student's view

Emma Rhymer gives her reflections on therapeutic interventions:

> The provision of emotional support within early years settings is a vital component of ensuring high quality experiences for children and their families. This is of particular interest to me, as through my previous placements and through my current professional role supporting a young child with additional needs I have been exploring emotional development and support and seen its positive impacts on the quality of practice.
>
> Goleman suggests a well-rounded person experiences a myriad of emotions, ranging from joy to despair. Being able to recognise and understand your own feelings helps you 'tune into' and recognise and empathise with the feelings of others; equally, if you struggle to understand your own feelings you will find it difficult to understand those of others (Goleman 1995). Therefore, the more a

child can understand their own feelings, the more likely they are to be able to anticipate how their actions may make others feel.

Fink et al. (2015, p. 502) state in their research … 'emotional problems are on the rise'. This was also indicated by the head of my setting's Thrive team. This team is dedicated to 'prepare children and young people for life's emotional ups and downs' (The Thrive Approach 2016 online). In conversation with the head of the team, when discussing emotional wellbeing, she said: 'More children are coming through the school suffering from anxiety and a range of emotional issues, the most I have seen in my professional career'.

Within practice, I have seen practitioners ensuring high-quality emotional support. The above-mentioned Thrive team has collaborated with class teachers to create 'calm boxes'. These are sensory boxes for the children to use when they are feeling anxious or upset. The team shared its knowledge and expertise with the teachers, and together the practitioners (myself included) reflected on what in the box went well and whether certain items appeared more effective than others. Through sharing our reflections, we may extend our knowledge and understanding (Appleby 2010).'

REFLECTION

- What are the difficulties that some parents may face in meeting the basic needs of their children?

- How can you work with parents who do not have routines that provide for their children's basic needs?

Play and play therapy

The place of play and your role in providing opportunities to support children's health and wellbeing is discussed in detail in Chapter 5. A health condition, whether physical or mental, can create anxiety for children, consequently play opportunities in childhood are important. However, not all children have the chance to play and they may only get such opportunities having developed significant mental health problems. Play therapy interventions may be necessary and can be a valuable tool to help children to process emotions. Play therapists are specialists in working with children who have emotional difficulties and mental health conditions. Puppets or empathy dolls can be useful too.

Reading stories

Reading stories to young children can be an opportunity for them to relax and allow them to enter an imaginary world which can have a positive impact on their wellbeing. Jessica Kingsley Publishers have a range of books for children who are experiencing events that are likely to impact on their wellbeing and mental health. For example, *Little Meerkat's Big Panic* (Evans 2016) is an illustrated storybook for children aged 2–6 who are experiencing stress, anxiety and panic. The book offers easy strategies for children and guidance for parents to follow to reduce anxiety.

Conclusion

This chapter has given a brief overview of reasons for poor wellbeing and mental health in young children. Your role in promoting good wellbeing by creating a nurturing environment for children where they experience a sense of belonging is vital for all children, but especially those who are experiencing high levels of stress. It should be remembered that it is not possible to compensate for children's experience at home, but there is much that can be done while they are in your setting.

Further reading

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Useful websites

Jessica Kingsley children's books – www.jkp.com/uk/products/?audience_codes=17

PIPUK Infant mental health awareness week – www.pipuk.org.uk/our-story/infant-mental-health-awareness-week