CHILDREN'S MENTAL HEALTH AND EMOTIONAL WELL-BEING IN PRIMARY SCHOOLS

A WHOLE SCHOOL APPROACH

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CONTENTS

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SELF-ESTEEM AND RESILIENCE

CHAPTER OBJECTIVES

By the end of this chapter you should be aware of:

- the definition of self-esteem;
- the impact of positive self-esteem on children;
- the impact of poor self-esteem on children;
- how self-esteem represents an aspect of the risk/resilience model;
- strategies that can support improving self-esteem both with children and young people and the school community.

TEACHERS' STANDARDS

This chapter supports the development of the following Teachers' Standards:

TS1: Set high expectations which inspire, motivate and challenge pupils

- Establish a safe and stimulating environment for pupils, rooted in mutual respect.

TS7: Manage behaviour effectively to ensure a good and safe learning environment

- Manage classes effectively, using approaches which are appropriate to pupils' needs in order to involve and motivate them.

TS8: Fulfil wider professional responsibilities

- Develop effective professional relationships with colleagues, knowing how and when to draw on advice and specialist support.
- Communicate effectively with parents with regard to pupils' achievements and well-being.

Introduction

This chapter will focus on the crucial role that the development of self-esteem can play in the lives of children and young people. It will examine how a developing sense of 'self' mediates the creation of self-esteem and the important role that social relationships and significant risk factors can have on its development. The link between 'self-efficacy' and self-esteem will be examined, along with its role in the feelings created towards a child's level of achievement. Consideration will be given to how positive and negative self-esteem may manifest itself in children's actions and influence their beliefs regarding their own abilities. Finally, the chapter will focus on what may be done in a school setting to promote positive self-esteem and to support its promotion within members of the school community.

What is self-esteem?

Self-esteem is how we think about ourselves and is reflective of our emotional evaluation of self-worth; this concept begins to grow and develop in a child's early years. Individuals with positive self-esteem will feel they are a good person, deserving of love and support, who can be successful. Low self-esteem leads to feelings of not being good enough, undeserving of love or support and a feeling that things will work out badly (Young Minds, 2019). Low self-esteem was the second highest reason for calls to Childline in 2014–15, accounting for more than 35,000 counselling sessions, citing children's struggles with friendship, impossible aspirations and the hazards of social media as contributing factors. The figures revealed self-esteem was the second highest concern for girls and the fourth for boys (NSPCC, 2016).

'Self' is the product of relationships with others according to what is happening and being experienced at the time. Nick Luxmoore (2008) discusses how saying 'hello' sounds simple but that it is the foundation from which a sense of self develops. This reminds us that we all exist in relation to others and with a sense of self developing through others' response and recognition of us. This is also in keeping with the role and importance of 'connectedness', cited as a resilience factor, in relation to school experiences (Weare, 2015).

All of us are born into a context of relationships, as well as what is happening within that context at the time. The development of babies' brains is influenced by relationships with other important people in their life. *The Brian Architecture Game* explains the importance and role of context and early experiences (see Further reading). Schore (2014) describes the effect of neglect on brain development, and discusses the neurobiology of secure attachment (Schore, 2013) (see Further reading).

Becoming a 'person' involves a large investment by others early in life, not only from family and friends but also communities and schools. Within any relationship, we will look to others for messages that provide us with a sense of our worth as a person. From this, an emerging sense of self becomes reflected back to us through the eyes and minds of others. As Music (2011, pp7 and 24) describes:

a person's sense of self arises from being in the minds of others, without which it simply does not develop … and that one's sense of self is socially and co-constructed … human life develops from the

delicate interplay of nature and nurture, the meeting of a bundle of inherited potentials and the cultural, social and personal influences of the adults in an infant's life.

Positive self-esteem also has close links to, and can influence a child's feelings of, actual and perceived competence, or 'self-efficacy' (Bandura, 1977, 1989). This is the belief that we can do something and that we can influence events that affect our lives. Peter Fonagy's clip on mentalisation, *finding the meaning of their actions in your reactions,* is worth watching and demonstrates how individuals develop an emerging sense of self in relation to others and their reactions (see Further reading).

A child's level of self-efficacy can vary, according to individual temperament and how that has articulated with the child's environment, but it continues to evolve throughout childhood. A child with high self-efficacy will be more optimistic, less anxious and have a higher level of problem-solving skills, with the ability to persevere in times of difficulty, focusing less on the possibility of failure (Plummer and Harper, 2007). This is a concept that requires nurturing throughout childhood, especially within schools, as enabling a child to develop a sense of mastery and the ability to overcome a challenge will also, simultaneously, develop positive self-esteem, thus demonstrating that 'core self-evaluations' such as self-esteem and self-efficacy do not operate in isolation but can overlap with other dimensions of the 'self' (Bono and Judge, 2003).

Luxmoore (2008) makes the case for the 'self' being socially constructed and therefore with hope for repair, noting that 'self' is not a thing in itself but a way of understanding and describing our experience. This is in keeping with risk and resilience theories as being a dynamic and evolving process, as identified by Rutter (2012). If relationships get off to a poor start and are damaged there is the opportunity for reparation through future positive relationships. Self-esteem is an aspect of human development which is very sensitive to the quality of other relationships and so has a capacity for new possibilities and positive development. Relationships continue to be important and are at the heart of well-being and self-esteem. These develop in the school environment with friends, peers and teachers (The Children's Society, 2015).

There will be many children and young people in schools who have experienced their own 'self' (and thus their self-esteem) being adversely affected. This will be especially relevant for children in the care system. There were 75,420 looked-after children in England in 2018, an increase of 4 per cent on the previous year. Numbers of children looked after due to abuse or neglect are now the highest on record, representing over 60 per cent of all looked-after children (Rosa, 2019). There will be many other children in addition to these children also living in difficult circumstances who do not meet child protection thresholds. There will be significant proportions of these children in classrooms who will all have experienced loss, trauma and significant life events on multiple levels.

In addition, many other children may also have had similar experiences, all impacting on 'self' and identity. Young Minds (2014, cited in Weare, 2015, p8) reported that in an average classroom ten young people will have experienced parents separating, eight will have experienced severe physical violence, sexual abuse or neglect, one will have experienced the death of a parent and seven will have been bullied. Adverse childhood experiences (ACEs) were discussed in Chapter 1. Many children have experienced several ACEs with multiple impacts on several layers, including cognitive development, their sense of self, their self-esteem and ability to co-regulate.

Interestingly, refugee children can demonstrate remarkable resilience and are not necessarily likely to develop mental health problems. They may well have experienced early secure primary relationships and hold a secure attachment quality. An inner London primary school that included 90 refugee children had 14 identified with severe psychological problems or special educational needs. This showed that most of the refugee children were sufficiently resilient to be able to adapt to a new culture and did not have significantly more problems than typical primary schools in London (O'Shea et al., 2000, cited in Glen, 2002, p184).

Findings in *The Good Childhood Report 2015* (The Children's Society, 2015) indicated that children struggle with feelings and perceptions of themselves and about life at school and suggested this was an area for future prioritisation. Some of the other reasons cited are school pressures and stress from the increasing amount of testing and exams, together with peer pressure about looking a particular way, as explored in Chapter 5. Positive self-esteem and happiness are very closely linked, as are poor self-esteem and unhappiness.

KEY REFLECTIONS

- How would you define self-esteem?
- What part can relationships play in the construction of self-esteem?
- How might levels of self-esteem manifest themselves in a child?
- What can get in the way?

The importance of self-esteem

Self-esteem is a vital component to individuals and their lives since it affects their life choices and decision-making process. Children with high self-esteem are generally motivated and will seek to achieve well in life, whilst on the other hand children with lower self-esteem tend not to feel worthy and can lack the motivation to achieve.

Young Minds (2019) summarises positive self-esteem in children and young people as:

- have a positive image of themselves;
- are confident;
- can make friends easily and are not anxious with new people;
- can play in groups or on their own;
- will try and solve problems on their own, but if not able to will ask for help;
- can be proud of their achievements;

- can admit mistakes and learn from them;

- will try new things and adapt to change.

Low self-esteem is summarised by Young Minds (2019) as:

- have a negative image of themselves – they might feel bad, ugly, unlikeable or stupid;

- lack confidence;

- find it hard to make and keep friendships, and may feel victimised by others;

- feel lonely and isolated;

- tend to avoid new things and find change hard;

- can't deal well with failure;

- tend to put themselves down and may say things like 'I'm stupid' or 'I can't do that';

- are not proud of what they achieve and always think they could have done better;

- are constantly comparing themselves to their peers in a negative way.

The importance of resilience

As the risk and resilience model will show, low self-esteem is one of the risk factors in the development of poor mental health whereas positive or high self-esteem acts as a protective factor to mental health. Children and young people with low self-esteem are at a higher risk of developing mental health problems over their lifetime. Overall the model demonstrates that risk factors can predispose a child or young person to mental health problems. These are like ACEs and include features that sit in the domains of the family, the environment and the child him- or herself. What is important is understanding how resilience factors can be built on and therefore mitigate risk and help to redress the balance.

That said, defining resilience is not so straightforward. Is it about being strong when under stress and/or being able to 'bounce back'? Or is it more about the individual ability to manage stress and levels of positive feeling that make the difference? Children and young people need to have positive experiences but also the capacity to manage negative experiences without feeling overwhelmed (Music, 2017, pp 240, 244).

Self-esteem was defined by Pearce (1993) as one of the protective factors in terms of the likelihood of developing mental health problems. His risk and resilience model identified three areas of risk:

1. environmental/contextual;

2. the family;

3. the young person/child him- or herself.

Examples of risk include:

- negative experiences in the *environment*, such as poverty, disaster, violence or being a refugee or asylum seeker;

- precipitating factors in the *family*, such as early attachment difficulties, domestic abuse, parental conflict and parental mental illness. Multiple family transitions can increase risk, with a cumulative effect on educational achievement, behaviour and relationships in general;

- for the *young person*, areas of risk include neurodevelopmental difficulties and conditions (such as attention deficit hyperactivity disorder (ADHD) or autistic spectrum conditions), low self-esteem, academic failure and poor school attendance, low IQ or learning difficulties, physical illness and genetic influences.

It is important to note that most factors are about context, extrinsic to the child, and not located within the child. Yet, in spite of major adversity, many young people and children cope well. The key is *resilience*, which acts as a protective factor. Rutter (1985) and again later (2006) described this as a dynamic evolving process and not just about static factors. The model of risk and resilience is not based on risk and protective factors in themselves but rather on how they interact. The flip side is the consideration of resilience factors which mitigate the risk factors. Having and acquiring resilience skills acts as a protective factor, and these can include:

- secure attachments;

- positive self-esteem;

- social skills;

- familial compassion and warmth;

- family stability;

- social support systems that encourage personal development and coping skills;

- having a skill or a talent.

The emphasis is on the process of resilience across developmental pathways. Studies have led theorists to suggest that all children inherit characteristics which make them both vulnerable (risk factors) and resilient (protective factors). There is a complex interplay between risk factors and promoting resilience. Resilience effects are shaped by social context. So, for children and young people, this includes educational settings. Even high-risk groups, as suggested above, are able individually to adapt and achieve against the odds and despite diversity (Rutter, 2012). A focus is often on risk or negative factors instead of positive attributes and resilience. In the following case study of Max, ADHD ticks a box as a risk factor but it is really important to know and practise reframing ADHD as a positive factor. It is most likely Max will have boundless energy, which can be wearing for those around him, but he will always be keen to participate in events outside the classroom where he could potentially do well. A 'state of mind' and improved self-esteem can come about through experiencing successes.

Where protective and resilience factors can be accessed, resourced and utilised, they can act as an important counterbalance, buffering risk factors (Department for Education, 2018 b). For example, a child may be genetically predisposed to developing ADHD. There may be other family members with a diagnosis. With the combination of a poor environment in terms of abuse or attachment difficulties, the child may be at greater risk of developing ADHD (Music, 2011). Similarly, a young person may be genetically predisposed to clinical depression or psychosis, which does not in itself mean the condition will necessarily develop. But if there is a combination of other poor external factors and negative experiences, as described above, depression, psychosis or other significant mental illness may emerge and develop into a clinical condition (Burton et al., 2014). Many children will experience an understandable knock to their self-esteem from these challenges; some are able to bounce back if there are other protective factors in place, or as Fuller (1998, p75) describes:

Resilience is the happy knack of being able to bungy jump through the pitfalls of life.

Resilience is a process and construct of individuals, families and communities, including schools, societies and groups. As Rutter (1987, cited in Werner and Smith, 2001, p3) describes, it is:

the end product of buffering processes that do not eliminate risk and adverse conditions in life but allow the individual to deal with them effectively.

Schools have an important role and can offer opportunities for supporting, promoting and improving children's resilience by using strength-based approaches, including positive praise and the use of circle time. Through these activities, schools have an important role in helping to reduce the risk of children developing mental health problems (Department for Education, 2018 b).

Alongside self-esteem, identifying a skill or a talent – also a protective factor – should not be underestimated. Mo Farah, the Olympic champion, was a migrant from Somalia, escaping the civil war and arriving in London aged 8 and speaking very little English. His potential athletic talent was spotted by his PE teacher at school and the rest, as we know, is history. The story had the potential to be so different (Burton et al., 2014).

CASE STUDY: MAX

Max is 8 and in Year 3 at primary school. Max has a diagnosis of ADHD, so he struggles with the 'triad of impairments' for ADHD (see Chapter 1), is easily distracted, finds it difficult to concentrate for very long and is sometimes impulsive. To support this, the school is trying to give him short tasks that have a clear structure and are differentiated to allow Max to succeed. At lunch time he finds it difficult to remain in the lunch queue so sometimes gets asked to keep still and stay in line by the dinner time staff and sometimes gets sent to the back of the queue if he doesn't comply.

Max also finds staying on task difficult in class. There are 29 other children in class. Max has a teaching assistant to support him. He is always pleased to receive praise and has some gold stars for being able to stay on task in class. Despite this support he sometimes gets into trouble with staff both in and outside the classroom. When this happens he can get very upset.

Life at home for Max is also difficult at times. He has an older brother, Tom, who is 16 and also has ADHD. The family have recently lost their father from the family home as the relationship between Tom and Max's parents has ended after an acrimonious time. Max and his family live in a two-bedroom flat on an inner-city estate. Mum has recently been diagnosed with clinical depression.

A favourite time of the school day is outside play. Max gets on well with his peers and has some good friendships. Max enjoys sports, particularly football. He attends after-school football club and plays football on Saturdays at a local sports centre.

Given this scenario there are many risk factors and ACEs that are linked to Max's issues.

- Environment: inner-city estate, two-bedroom flat, limited outside access to play as there is no garden. Opportunities for play can be reduced in schools where there has been a reduction in playtimes.
- Family: acrimonious parental relationship; father has left so significant event and loss. Brother has ADHD. Mum has a diagnosed mental health disorder.
- Child: Max has a neurodevelopmental difficulty (ADHD). Max finds it difficult to deal with being told off at school, which is more frequent for Max perhaps compared to other children, and this could contribute to low self-esteem, together with other factors as above.

However, despite these risk factors there are several potential resilience factors, which can improve Max's self-esteem. These include:

- enjoying and being good at sport (football);
- having friendships;
- attending after-school clubs and engaging at school;
- having quick thinking, boundless energy and an 'up for it' activist personality and attitude to life as results of his ADHD;
- home life for Max has the potential to settle down and be less acrimonious now the parents have separated.

The school is also trying to support Max by using different strategies such as focused tasks, positive praise and the support of a teaching assistant. By encouraging Max to join the school football club, the school is enabling him to taste success regularly and feel positive about his achievements outside the classroom, which will lead to improved self-esteem.

KEY REFLECTIONS

- How can high and low levels of self-esteem be characterised in a child?
- What risk and resilience factors can impact upon self-esteem?
- How can resilience be promoted within schools?

The value of self-efficacy

As mentioned earlier, self-efficacy is closely linked with self-esteem and develops from experiences throughout a child's life. It is the belief children or young people have that they can define a goal, persevere and see themselves as capable, and in this way self-efficacy provides the foundation for motivation, well-being and personal accomplishment. To build self-efficacy children and young people need opportunities to learn what their strengths are, helping to cultivate a belief that they can rely on these when facing a challenge. Within a whole school approach, children and young people need to feel they have influence, a 'voice' and involvement in decision making about their learning, classroom and school life (Weare, 2015). Ultimately, the more children or young people believe they can achieve, the more likely they are to generalise this to other areas of their lives, building self-efficacy in a wide range of activities.

Having a voice is also set out as an important right in Article 12 of the United Nations Convention on the Rights of the Child (1989). Many schools have taken part in the Rights Respecting Schools programme (**https://www.unicef.org.uk/rights-respecting-schools/**).

The case study below helps to demonstrate the importance of positive, trusting and empowering relationships and how schools can play a part in developing a child or young person's sense of mastery and the ability to persevere in times of difficulty, building self-efficacy. This was a vulnerable young person in difficult circumstances, and the end of the story could easily have been very different.

CASE STUDY: BECKY

Becky is 11, of dual-heritage ethnicity, and is in Year 6. Her family life is difficult; she has a volatile relationship with an overpowering mother and an absent father. Becky's mother (Rosie) struggles with her own mental health and finds it very difficult to put the needs of her children before her own. Becky's three older half-siblings have left home and her younger brother was, in her words, 'just annoying'. She lives in a three-bedroom house in an inner-city estate. Becky has struggled with low mood and anxiety since Year 4.

Becky has very low self-esteem and self-efficacy and was identified for increased support at school. Her school is very supportive of her and she has a particularly strong relationship with the deputy head teacher who is supporting the family with other professionals. Becky's and her family's needs were listened to and further thought was given as to how to meet them more effectively. Becky enjoyed school, was determined to attend school as much as possible and do as well as she could with her upcoming Key Stage 2 SATs, demonstrating hope and resilience.

Within counselling sessions at school Becky was supported to explore past and present relationships, how trust had been built and broken and how this affected her self-esteem and self-efficacy. Becky was given responsibilities within the classroom – lunch time monitor with other pupils, supporting a reading group of younger pupils – to encourage her sense of self-worth. Becky was very keen on drama but did not have the confidence to take part in lunch time rehearsals. With the support of the deputy head teacher, Becky was encouraged to attend and watch rehearsals, with a view to building on this.

The family support worker enabled Rosie to seek her own counselling and to work with her, reflecting on her relationship with Becky and possible strategies that may support them during difficult periods. With this support and encouragement Becky is developing into a more confident and capable young person and has a degree of control of her life. She is developing an improved relationship with her mum (Rosie) and is getting on better with her younger brother. Becky has strategies in place to help her manage difficult feelings in relation to her low mood and anxiety, increasing her sense of mastery.

The family support worker also supported Mum to get help with her own mental health problems, which she has done and Rosie is engaged with and supported by adult mental health services.

Becky is attending school regularly and her self-esteem and belief that she can achieve and overcome difficulties in her life (self-efficacy) have grown immensely.

Becky's case demonstrates the important role that relationships play with regard to the development of self-esteem and self-efficacy. Professionals within Becky's school, particularly the deputy head teacher and the school counsellor, play an important role in increasing Becky's motivation and personal achievement.

Case study reflections

- With regard to self-efficacy, what made the difference in Becky's case?
- What factors did relationships play in supporting Becky's self-esteem?
- How are factors in the classroom supporting Becky's self-esteem?
- Did you spot a potential skill or talent emerging (resilience factor)?

There are many factors that are making a difference for Becky.

- Verbal persuasion and constructive feedback (hearing positive feedback about the ability to accomplish a desirable activity): Becky is gaining this from the supportive professional relationships in her life, particularly the deputy head teacher, building her self-esteem through positive relationships with others. Hearing is believing!

- Performance accomplishments (successfully doing a desired activity): Becky is on track with her Key Stage 2 SATs targets and is relishing her increased responsibilities at school. She is developing a better relationship with her mum (Rosie). All Becky's accomplishments have led to a sense of mastery, which is influencing her perspective on her own abilities. Doing is believing!

- Physiological states (feelings about the behaviour): through positive relationships with others and the opportunity to think about the past with the school counsellor, Becky has been enabled to build her confidence and begun to control her low mood and anxiety. In turn, this is increasing her mood and positively impacting on her self-efficacy beliefs. Feeling is believing!

- Vicarious experience (seeing someone model the desired activity): Becky is observing other pupils within the drama group, younger pupils in the reading mentoring activity and her mother Rosie. She is looking at others and observing how they manage and whether they succeed or not, which is increasing her belief that she can indeed master her own situation. Seeing is believing!

It is important to note that desired activities and constructive feedback should not be unrealistic or grandiose as this can give children and young people the perception that they can accomplish an activity that they may not have the skills or knowledge to tackle. If children or young people are encouraged to make a change that they are not ready to attempt, there is the possibility they may fail, and this may mean they will be less likely to believe they can do it the next time, resulting in a diminished sense of self-efficacy. It is extremely important, therefore, that success in activities is within reach and feedback is appropriate. In Becky's case, being encouraged to watch drama activities initially and being fully supported within other responsibilities are slowly developing her confidence and self-belief, which will in turn feed into positive self-esteem and high self-efficacy.

Improving self-esteem with both children and young people within the school and its community

It is relevant to consider strategies for promoting resilience, and it has to be remembered that resilience can only develop through some exposure to risk or stress; as Rutter (1985) identified, resilience develops through this exposure occurring at a *manageable level of intensity* at developmental points where protective factors can operate. The major risk factors for children and young people tend to operate within chronic and transitional events such as continuing family conflict, chronic and persistent bullying, long-term poverty and multiple school and home changes. Children and young people seem to show greater resilience when faced with more single one-off acute risk and adversity events, such as bereavement (Coleman and Hagell, 2007). A good caregiving relationship can act as a protective factor and can mitigate other social and environmental factors such as poverty and disability. In addition, caregiving relationships for children and young people include relationships in school communities, thus becoming an important and additional resource.

Resilience can be grown and developed, which can be a challenge in an assessment-based society such as ours, as well as in our schools' current National Curriculum demands. There is a balance to be sought between the role of play as an asset and important tool for social development and subsequent development of resilience, and the pressure to achieve academic results, especially in early years settings (Joslyn, 2016). When positive experiences outweigh negative experiences, a child's 'scale' tips toward positive outcomes (Center on the Developing Child, 2015).

> No matter the source of hardship, the single most common factor for children who end up doing well is having the support of at least one stable and committed relationship with a parent, caregiver, or other adult. These relationships are the active ingredient in building resilience: they provide the personalized responsiveness, scaffolding, and protection that can buffer children from developmental disruption. Relationships also help children develop key capacities – such as the ability to plan, monitor, and regulate behavior, and adapt to changing circumstances – that better enable them to respond to adversity when they face it. This combination of supportive relationships, adaptive skill-building, and positive experiences constitutes the foundation of resilience.
>
> (Center on the Developing Child, 2015)

Highly targeted therapeutic and educational support is required for identified at-risk groups including, for example, looked-after children. The National Institute for Health and Care Excellence (NICE, 2015) have guidance on looked-after children and young people.

When the term 'therapeutic' is considered, it is not only about its application in clinical and counselling work. It is also with reference to the importance of all relationships having a therapeutic element which therefore is a supportive relationship. All looked-after children in schools should have a personal education plan, although it is interesting to read in *Promoting the Education of Looked After Children and Previously Looked After Children* (Department for Education, 2018 b) that the focus is on behaviour and achievement, with little mention of mental health, apart from a requirement to work with local Child and Adolescent Mental Health Services (CAMHS) as necessary. This is curious, as looked-after children and care leavers have a fivefold increased risk of all the childhood mental, emotional and behavioural problems and a six- to sevenfold increased risk of conduct disorders (Department of Health, 2011). However, it does contain guidance and a case study example of the most appropriate use of Pupil Premium +. The Department for Education's *Mental Health and Behaviour in Schools* (2018 a) guidance acknowledges the lasting impact of ACEs throughout childhood, adolescence and adulthood, highlighting the importance for school staff to be aware of how this can impact on behaviour and education.

A school's role

Promoting resilience and building self-esteem to prevent mental health issues in schools are key areas of focus for teachers and educational professionals. Weare (2015) highlights that the real benefits for schools can be seen through *a whole school evidence informed approach* where a consistent group of approaches, programmes and interventions are designed and adopted so that all parts of the school work collaboratively towards building a safe and supportive school environment. When considering what 'good mental health' looks like, the Mental Health Foundation (2002) state that a child would have the ability:

- to develop psychologically, emotionally, intellectually and spiritually;
- to initiate, develop and sustain mutually satisfying personal relationships;
- to become aware of others and empathise with them.

Therefore, building on this from a whole school approach perspective, teachers need to think about the class and wider school environment. Does it build a sense of connectedness and purpose where all emotions and feelings are supported through a culture of warmth and respect? How are being and feeling differently celebrated?

There are a number of approaches, programmes and interventions that can be initiated which focus on the teaching of social and emotional skills, and which in turn help develop positive school environments. It has been shown that these programmes, which help children understand the challenges associated with growing up, transitions in life (such as Key Stages and schools) and change (such as separation, divorce and bereavement), can build resilience which may prevent the development

of mental health problems in later life. Resilience is being able to cope with difficult situations, and children need to able to believe in their ability to cope through a positive image of themselves which can be developed through the delivery of high-quality programmes of social and emotional skills interventions.

One proposed structured programme in school could follow the wave model of intervention, as suggested by the National Children's Bureau (2014).

Wave 1	**Effective whole school framework for promoting emotional well-being and mental health** Quality-first teaching of social and emotional skills to all children through personal, social, health and economic-type programmes
Wave 2	**Skills-focused interventions** Small-group social and emotional aspects of learning (SEAL) for children who need help to develop social and emotional skills
Wave 3	**Therapeutic interventions** Individual and small groups Complementary to SEAL

All interventions would need to be informed by the evidence available through research, and mindful of a multiprofessional approach to practice in order for them to be successful and have an impact on children and families.

Schools can play a central role in supporting educational resilience given the number of hours and length of time children spend in school. Educational resilience is not only about academic and educational attainment, but is also about important relationships and social skills learnt in the process. This acts as a stabilising influence, particularly for vulnerable children (Joslyn, 2016).

In order to support children in a variety of educational settings, Newman (2004, p14) also suggests a three-point strategy to promoting resilience within children.

Strategy 1	Reduce the child's exposure to risk though means such as providing school meals to support a child's life, or attendance at an after-school club for children with no alternative but to play on the street
Strategy 2	Interrupt the chain reaction of negative events; if one risk factor increases, others will probably follow
Strategy 3	Offer the child or young person positive experiences, thus providing ways of enhancing self-esteem and developing relationships with positive adults

Alongside such an approach, a school may employ a strategy to help promote aspects of positive self-esteem, as outlined in the following section.

Personal, social, health and economic (PSHE)

Teaching children about mental health and emotional well-being should form part of a structured and personalised PSHE curriculum in order to ensure that it proves an effective vehicle to embed core skills across all areas of educational experience and is not viewed as a 'bolt-on' topic or theme. These sessions need to be tailored to the needs and ages of the children in your class but a whole school approach of key messages is vital – that children are provided with the knowledge, language, understanding and confidence to seek help when needed and to ask questions about mental health without fear of stigmatism or bullying.

A graduated approach to PSHE education as a whole school is vital. With younger children work begins on 'developing oneself', focusing on self-awareness, self-concept, self-efficacy and self-belief. An effective way to do this is through the development of emotional literacy using story books. Stories and storytelling help children to develop emotional literacy, to make sense of their world and appreciate different points of view. They enable children to develop social relationships through an experiential, familiar and safe learning approach and start to develop skills such as empathy, negotiation, compassion and difference and an understanding of what is right and wrong, kind and unkind.

The Department for Education has most recently worked with the PSHE Association to improve the quality of teaching of mental health and emotional well-being. This has resulted in fully updated guidance and lesson plans for 2019 to match the government's new statutory PSHE requirements regarding health education, relationships education and relationships and sex education. This can be found at **https://www.pshe-association.org.uk** on the resources page.

Key issues included in these lesson plans are:

- why it is important to teach about mental health and emotional well-being;

- building teaching about mental health into a planned PSHE programme;

- promoting well-being and resilience from an early age;

- ensuring teaching is appropriate to the age and maturity of pupils;

- key principles in teaching about mental health and emotional well-being safely and confidently;

- using visitors to the classroom to support lessons;

- addressing challenging mental health issues such as eating disorders, self-harm and suicide.

More recently the Department for Education has reviewed what must and should be covered as part of relationships education, relationships and sex education and health education in England (Department for Education, 2019). This has recommended that, from 2020, health education should become compulsory in all state-funded schools, with PSHE continuing to be compulsory within the independent sector. Such documentation outlines a need at both primary and secondary levels to study topics such as mental well-being, internet safety and harm, physical health and fitness, healthy eating, drugs, alcohol and tobacco, health and prevention and the changing adolescent body (Department for Education, 2019).

Recommendations around this new strategy have been conceived in part to help support and guard children and young people against the risk of online concerns and other factors that can endanger children and young people's mental health and well-being. It has also been suggested that such changes may help support individuals to become safer and healthier regarding their academic, personal and social lives. This work by the Department for Education is intended to support the teaching of good mental and physical health and well-being of children and young people to make them more resilient when they may be feeling, for example, unhappy, bullied or anxious. As the report suggests:

> *The focus in primary school should be on teaching the characteristics of good physical health and mental wellbeing. Teachers should be clear that mental wellbeing is a normal part of daily life, in the same way as physical health.*

(Department for Education, 2019, p33)

Good practice: promoting positive mental health

The use of feedback boxes allows pupils to share a problem anonymously in the 'bullying box', or something good that another pupil did in the 'praise box'. These are sometimes managed by the personal, social, citizenship and health education coordinator, who may choose to file some comments and will pass safeguarding concerns on to the relevant staff member to follow up. This anonymous sharing allows teachers to pick up on common worries and problems which can then be discussed in weekly circle time sessions before they grow into more serious well-being or mental health risks. The teacher leads the discussion in a calm and respectful environment which allows the whole class to think together about what is happening without being judgemental or singling out the individuals involved. Reports from the boxes may also lead to referrals to Place2Be or CAMHS as well as other school-based interventions such as lunch time nurture clubs.

Social and emotional aspects of learning (SEAL)

For many schools the use of the SEAL initiative (DfES, 2005 b) gives them a practical resource of learning opportunities to help develop social, emotional and behavioural skills through a whole school approach. As with the PSHE Association framework, SEAL built on a spiral curriculum delivery through a themed approach which could be adapted and personalised to fit the needs of individual classes and children. The development of a skills- and values-based approach was core to this, and was reinforced in classroom-based activities, whole school assemblies and links to home and the community. Although these resources are now no longer freely available and have been archived, many schools still use these approaches in their PSHE and circle time activities and they are also used for professional development training for staff.

This work was originally promoted by the research of individuals such as Goleman (1996), linked to the notion of emotional intelligence, and was promoted by the government in publications such as *Social and Emotional Aspects of Learning (SEAL): Improving Behaviour, Improving Learning* (DfES, 2005 a) and *Excellence and Enjoyment: Social and Emotional Aspects of Learning* (DfES, 2005 b). Since the SEAL

resources contained materials at their core which were designed to offer a selection of learning opportunities to achieve specific learning outcomes in the classroom, they can still provide advice and support for aiding the development of a child's self-esteem.

Materials linked to DfES (2005 b) continue to provide excellent activities for helping children to develop an improved sense of self through the development of self-awareness. As DfES (2005 b, p40) notes:

> *Self-awareness enables children to have some understanding of themselves. They know how they learn, how they relate to others, what they are thinking and what they are feeling.*

The materials linked to 'knowing myself' are particularly useful when considering how individuals can accept themselves for who and how they are, and in helping some individuals to be able to recognise when goals are hard to achieve. The unit linked to 'understanding my feelings' can help pupils recognise when they can become overwhelmed by their feelings and that it is alright to have feelings, but it is not alright to behave in any way they feel appropriate. 'Managing feelings' provides a range of strategies to recognise and accept feelings as well as managing and dealing with feelings.

Alongside SEAL materials, class-based strategies which involve listening to children and praising them for their effort will provide one means by which to promote a child's self-esteem. However, try to avoid generic praise – be specific and descriptive, show children by what is said that you value them and their efforts too.

Always try and make certain that pupils taste success by setting achievable targets. Encourage children through class-based opportunities to show their worth to the class. Ask them to talk about something they are knowledgeable about and successful in, or ask them to support their peers in a subject strength they have. Remember that all pupils have their own strengths and weaknesses, so avoid comparing children since it can lead to unrealistic expectations and often the propagation of failure.

Circle time

Circle time was originally developed by Jenny Mosley in order to promote respect for the individual as a whole and uses numerous practical activities for developing the whole person and his or her feelings of well-being (Mosley, 2001). Circle time sessions can also provide a possible vehicle for classroom delivery of the SEAL curriculum, as highlighted earlier. It centres on promoting positive relationships whilst seeking to nurture a sense of personal positivity and responsibility for others (Mosley, 2004). Circle time allows the school and its pupils to experience a supportive environment in which social, emotional and behavioural skills can be developed.

Circle time allows participants (usually sitting in a circle) to exchange ideas and feelings linked to a variety of issues important to the child along with behavioural and emotional items. The teacher who is involved in these sessions is there to facilitate the discussions and to provide activities to encourage participants to feel that their contributions are valued and included. Linked to circle time are what are called 'golden rules' which are displayed around the school to remind pupils of the agreed principles for positive aspects of social and moral behaviour. For example, these might include 'we do not hurt people's feelings'.

Through a supportive developmental framework of games, circle time allows pupils to consider aspects of their moral development involving their ideas supported by their peers. Games can include:

- asking all children to choose a positive adjective to describe themselves and others as the game moves around the circle;

- scenarios such as 'You see a child sitting on their own in the playground. They are upset by comments made by others about their football ability. What do you do?' helps to encourage pupils to think about the feelings of others and how they can promote a positive feeling of self-worth.

Working with parents

A school is often made aware of a child's low self-esteem as evidenced in the way they respond to praise and behave in school. Given this, the school should seek to work with the parents to try and promote improvements in a child's self-esteem both inside and outside school.

At a school level, remember that positive relationships with children are key to positive behaviour and regular attendance. Also remember that children behave well when they feel valued and that they belong, and that the school should try to create opportunities for children to experience and/or feel confident in a positive relationship with an adult. This will take time and may need to involve others in the process, such as the parents.

Contact with parents to discuss the school's concerns regarding a child's self-esteem can be made both formally on occasions, such as at parents' evening, or just when talking to a parent about a child's day when the child is picked up. If this is to be a positive meeting it is important that, whenever this is done, the member of staff makes certain that the parent does not in any way feel blamed or patronised regarding the child's behaviour. It is important that the parent is provided with help, support and strategies to deal with any behaviour at home in a consistent and positive way.

Such conversations will ensure that strategies and approaches used in school can form part of what is an agreed united approach between home and school when trying to make inroads into this aspect of a child's well-being. This may also form the basis of a support package for parents, helping them to promote positive parenting and attitudes at home. Remember that some parents too may not have had positive experiences when they were young, with their parents undermining their own feeling of self-worth. Given this, schools need to work with parents to make them also feel accepted and valued.

Strategies that can be employed both in school and at home

Identifying where the problem lies

Since children with poor self-esteem may find it difficult to articulate their feelings, try not to question them too much about why they are being negative. Often children will not be able to pin an

exact reason on their feelings. Just try and gently, in conversation, ask questions such as 'Are you sure you are alright?' or 'If you want to tell me about your day, or the reason for your feelings, I am keen to listen'. A *TES* article on attachment and trauma and a primary teacher's response is insightful and explains children's behaviours that typically result in very negative outcomes, such as exclusion for the child. Taking a different approach can make all the difference in the world (Anonymous, 2019).

As discussed in Chapter 1, changing the language we use is all-important and makes a complete difference to the position we come from, as being much more empathetic, when engaging with a child. Instead of 'challenging behaviour' consider 'distressed behaviour'. Instead of 'What's the matter with you?' ask 'What has happened to you?'

Trying to acknowledge that we cannot all be good at everything, all the time

For children, feelings of being useless at their work are very real, so you should listen to how they feel and acknowledge that it is fine to feel this way and it is not uncommon to get cross, angry or sad from time to time. Tell them about moments you have struggled with issues to help them realise that it can happen to adults as well as children. If it is another child in the class that is denting the child's self-esteem, consider getting the child to think about negative points the other child may have as well as positive aspects. In this way the child can see that the other child may appear confident but has items s/he may feel vulnerable about, even though it is not shown. Try and to get to know the child's hopes and fears in a typical day and see if you can find a way to empathise with what the child is saying so you can support him or her more fully.

Concentrating on the positive points of the child

If children are unhappy or upset try and talk to them at an appropriate moment about what the issues are that are upsetting them. Try not to probe for answers if the child is not forthcoming. Give space and time to open up. Try not to get cross in these situations or criticise or blame the child. This will not help the situation and may even prove more problematic in the future. Remember to praise children for their own unique positive strengths. Avoid comparisons with siblings or other pupils since this may lead to resentment or the child not being able to compete with them.

Positive parenting

It is important that you help parents to make every effort to praise their child when the child has done well or tried hard. Little things will start having an impact upon self-esteem, for example, thanking children for tidying their bag away or hanging their coat up when they come into the house. If a parent is finding it difficult to accept the child's behaviour, try and encourage the parent to make certain that the child sees and hears that it is the behaviour the parent does not like and not the child, by making comments such as 'I like you but I do not like that behaviour'.

Teachers' self-esteem

Teachers often reflect on their own role in supporting a child with issues relating to self-esteem and often do not realise how these form part of being an effective teacher, as outlined by Part B of the Teachers' Standards (2014). In order for you to be effective when doing your job, you too must have high levels of self-esteem so that you act in a confident, relaxed and respectful manner towards the children in your school. Teachers' self-esteem may be influenced by many factors, such as feelings of inadequacy when dealing with school-based issues or due to their own personal lives. The question that must be asked, therefore, is 'Who is looking after the self-esteem of the teaching workforce in the school?' Authors such as Mosley (2001) have advocated that there is a need to build positive self-esteem within the teaching workforce and that it may be assessed when examining the responses to set questions such as 'Do you worry about your work when you are not in school?' Research by Weare (2015) notes that it is important that staff's successes and achievements are celebrated, but that there is also time for them to place realistic demands upon themselves professionally as well as to let go. A good work–life balance is needed to help staff recuperate and settings need to:

> *find ways to make it safe for staff and leaders (as well as pupils) to acknowledge their human distress, weakness and difficulty and seek support and help for their mental health needs in non-stigmatised ways.*

> (Weare, 2015, p7)

At a simple level, schools, teachers and leaders expressing gratitude and appreciation for the role that individuals can play in helping promote positive self-esteem within pupils can be a quick but effective way of building a teacher's self-esteem. Try and make a habit of telling your teacher colleagues how much they are appreciated since well-being must start with the staff as they are at the chalkface of any work with regard to promoting pupils' self-esteem.

- Remember that if you are trying to support self-esteem there are no quick fixes.

- Encourage staff to be realistic about what can be achieved and that this success will ebb and flow given that some of the good work achieved in schools can be quickly undone by risk factors at home.

- Consider that self-esteem is like a non-stick surface: most of what is tried will slide off.

- Small incremental gains can be made, so encourage your staff not to lose heart or patience.

- Make certain that there is always an open door so that teachers can share worries, concerns and disillusionment with regard to progress.

- Be there to reassure them that they are doing a good job and that any perceived failure is not down to them.

KEY REFLECTIONS

- What strategies can a school employ to improve resilience and the self-esteem of its pupils?
- What strategies might parents be told to use to support issues around self-esteem?
- What can colleagues do to support positive self-esteem amongst themselves?

CHAPTER SUMMARY

- Self-esteem is about how we think about ourselves in relation to others.
- Self-esteem is sensitive to the qualities of these systems such as families, schools and communities and thus can be negative or positive.
- Relationships are at the heart of well-being and self-esteem.
- Positive self-esteem is aligned with happiness.
- Low self-esteem is aligned with unhappiness.
- Positive self-esteem includes protective characteristics or 'resilience' factors, including a positive image of oneself, making friends easily, being able to solve problems and ask for help if needed, admitting mistakes and being able to adapt to change.
- Resilience factors can be influenced and improved through positive promotion of resilience in schools.
- Schools have opportunities to offer targeted support for at-risk groups and can play a key role in improving resilience factors and thus self-esteem.
- Educational resilience is not just about academic performance; it also includes development of relationships and social skills.

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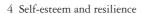
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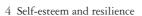
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