Building resilience in children and young people

A Literature Review for the Department of Education and Early Childhood Development (DEECD)

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Acronyms

ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum, Assessment and Reporting Authority
AIHW	Australian Institute of Health and Welfare
CASEL	Collaborative for Academic, Social, and Emotional Learning
DEECD	Department of Education and Early Childhood Development
MCEETYA	Ministerial Council on Education, Employment, Training and Youth Affairs
MGSE	Melbourne Graduate School of Education
SEL	Social and Emotional Learning
WHO	World Health Organisation
YRC	Youth Research Centre

Glossary of terms

Bullying
A form of aggressive behaviour in which there is an imbalance of power favouring the perpetrator(s) who repeatedly seek to hurt or intimidate a targeted individual (Rigby & Smith, 2011).

Coping
Cognitive and behavioral efforts to manage external or internal demands that are evaluated as challenging or exceeding the resources of a person (Frydenberg, 2010).

Cyber bullying
Covert bullying used primarily by young people to harm others using technology such as: social networking sites, other chat-rooms, mobile phones, websites and web-cameras (Cross et al., 2009).

Health
The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948).

Help-seeking
Help-seeking involves communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience. It is a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills (Rickwood, Deane, Coralie, & Ciarrochi, 2005).

Mental health
Mental health is a state of emotional and social wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2013).

Mental Illness
Mental illness refers to a range of issues which may affect a person's thoughts, feelings, actions and/or memory. These issues are longer lasting than mental health problems and cause more distress and disruption to life.

Positive behavior management approaches	Positive behaviour management approaches are those that stress prevention, support and the avoidance of confrontation and that focus more on the development of values, relationships and skills enabling positive student behaviour than on punishment for student misbehaviour.
Positive Psychology	Positive psychology emphasises the importance of focusing on strengths and abilities. It takes a non-pathological approach; rather than focusing on pathology and simply treating mental illness, it focuses on prevention through finding and nurturing positive aspects of human psychological functioning.
Racism	Racism is a belief that a particular race or ethnicity is inferior or superior to others. Racial discrimination involves any act where a person is treated unfavourably because of their race, nationality, colour, descent or ethnic origin (Victorian Equal Opportunity and Human Rights Commission, 2013).
Resilience	Resilience is the ability to cope or 'bounce back' after encountering negative events, difficult situations, challenges or adversity and to return to almost the same level of emotional wellbeing. It is also the capacity to respond adaptively to difficult circumstances and still thrive (Benard 1996, Burns 1996, Fuller 1998, Luthar 2000, Johnson 2008).
School connectedness	School connectedness means feeling close to, a part of, and happy at school; feeling that teachers care about students and treat them fairly; and feeling safe at school (Libbey, 2004). Connectedness to school can include connectedness to peers and to school work (Bond et al., 2007).
Social and emotional learning (SEL)	Social and emotional learning (SEL) involves students having opportunities to learn and practice social skills such as cooperation, managing conflict, making friends, coping, being resilient and recognising and managing their own feelings. SEL programs set out to explicitly promote these skills in students (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).
Strengths-based approach	A strengths-based approach aims to take advantage of existing strengths, positive qualities and the intentional promotion of wellbeing and resilience, rather than focusing solely on deficits or problems that need fixing (Alvord & Grados, 2005).

Student engagement	Student engagement consists of 1) Behavioural engagement, shown through participation, punctuality, concentration and effort applied to tasks; 2) Emotional engagement, demonstrated when students are enthusiastic and keen to learn; and 3) Cognitive engagement; whereby students are able to formulate their own learning goals, and believe in the importance of their academic achievements (van Uden, Ritzen, & Pieters, 2014).
Wellbeing	Wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge (Dodge, Daly, Huyton, & Sanders, 2012).
Whole-school approach	A whole-school approach focuses on positive partnerships and assumes that all members of the school community (teachers, administrative staff, students and parents) have a key role to play in promoting a supportive school culture. A whole-school approach involves all areas of the school – policy and procedures, teaching practices, curriculum, and the physical and social environment of the school.

Executive summary

Schools have the capacity to promote the resilience of children and young people. Resilience is the ability to cope and thrive in the face of negative events, challenges or adversity. Key attributes of resilience in children and young people include social competence, a sense of agency or responsibility, optimism, a sense of purpose or hope for the future, attachment to family, to school and to learning, problem-solving skills, effective coping style, pro-social values, a sense of self-efficacy, and positive self-regard. Schools can enhance resilience through programs which build positive social norms and generate a sense of connectedness to teachers, peers, and the academic goals of the school.

Building Resilience – a model for supporting children and young people

Building Resilience supports schools to foster the learning, resilience and wellbeing of children and young people. It provides an evidence-based approach to developing personal and social capabilities, including self-awareness, self-management, social awareness and social management. It recommends a whole-school approach, encompassing strategic attention in the five interrelated domains of partnership, leadership, teaching, support, and referral.

The Building Resilience online portal (www.education.vic.gov.au/resilience) assists schools to easily access the wealth of programs, resources, tools and organisations designed to enhance the resilience of children and young people. Through this interactive portal, teachers and educators can access:

- Information, advice and resources which assist in the leadership of school-wide approaches to fostering the resilience and wellbeing of students and staff, (including the evidence-base detailed through the *Building Resilience* literature review).

- A wide range of evidence-based materials and resources developed both by the Department and external organisations, to assist teachers to educate across key health and wellbeing areas, including: social and emotional learning, positive social relationships, drug education, sexuality education, mental health and healthy bodies.

- Resources to guide schools in supporting all students, including those with additional needs, as well as advice on appropriate referral pathways for students requiring specialist assessment or intervention.

Building Resilience is based on research which highlights the importance of taking a multi-dimensional school-wide approach to building resilience (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004; Durlak et al., 2011; Rowe & Stewart, 2009). It assists schools to:

- **Partner** with the school community, including families and local and community services

- **Lead** activity across the school, orchestrating a comprehensive approach

- **Teach** social and emotional skills to all students across all year levels

- **Support** those young people identified as needing additional assistance

- **Refer** those in need to appropriate services
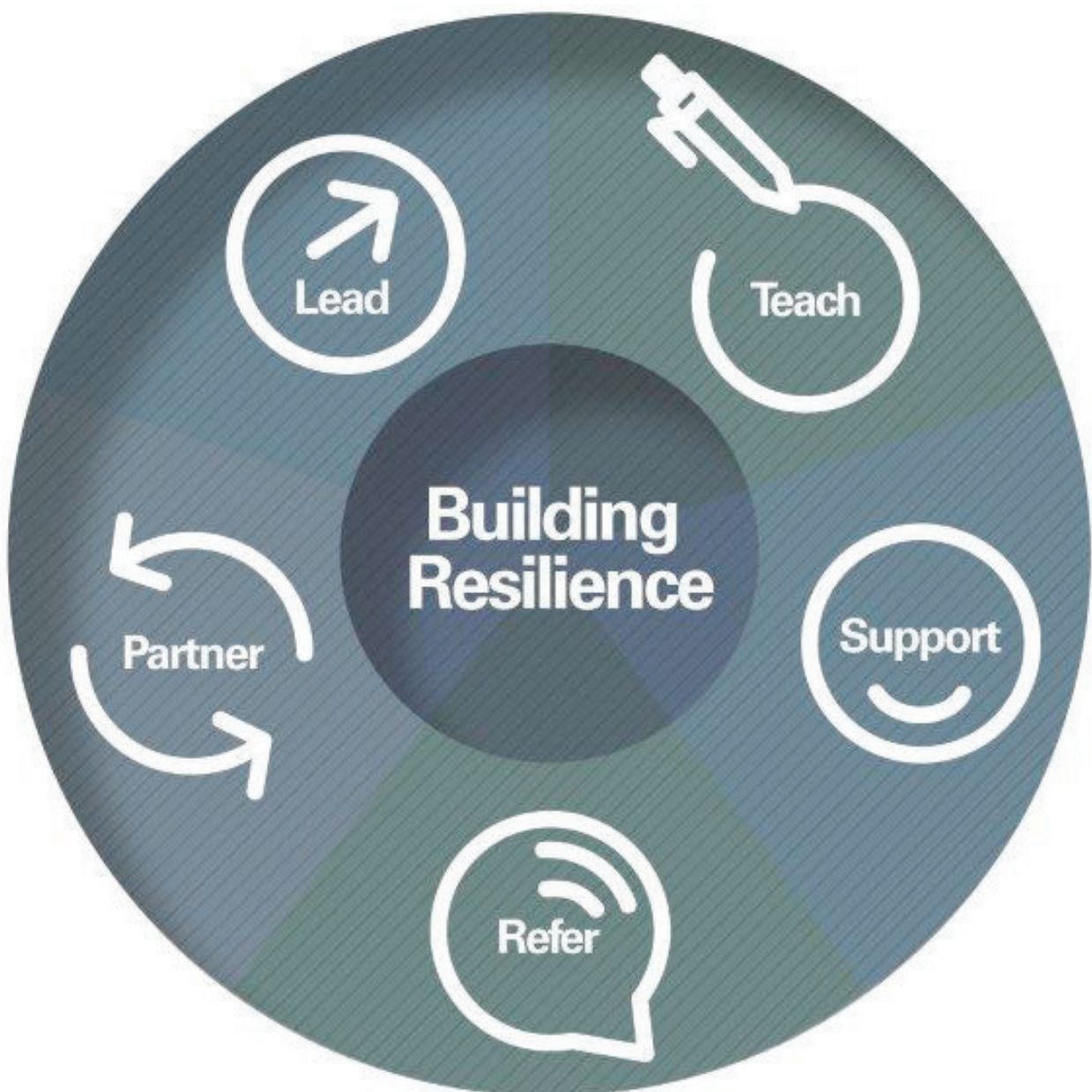
Partner

Effective approaches to building the resilience of children and young people include active and positive partnerships with students, staff, parents, and community and health services. Children and young people who feel cared for by people at their school and who are connected to the academic goals of the school are less likely to suffer academic, social or mental health problems (Blum, 2005; Bond et al., 2007; Centers for Disease Control and Prevention, 2009; Jose, Ryan, & Pryor, 2012; Roffey, 2012; Sánchez, Colón, & Esparza, 2005).

Lead

Effective school leaders recognise the importance of a whole-school approach to building resilience in children and young people. They take action at organisational, relational and pedagogical levels. They ensure the provision of safe and caring learning environments for students, staff and families. This entails the establishment of safe, caring learning environments, effective use of positive approaches to classroom management, support for high quality teaching practices, explicit teaching of social and emotional skills and provision of support and referral processes for those students with greater needs (CASEL, 2005; Durlak et al., 2011).

Teach

All teachers have a role in building the personal and social capabilities of students. They use pedagogical and relational strategies to foster the skills of self-awareness, self-management, social awareness, and social management, which are the building blocks of resilience. Schools also build resilience through the explicit teaching of evidence-based health, wellbeing and social and emotional learning (SEL) programs. Students who participate in rigorously designed and well-taught SEL programs show improved academic outcomes, demonstrate more positive social behaviour, and are less likely to engage in risky and disruptive behaviour, including risk-taking with alcohol and other drugs (Ashdown & Bernard, 2012; Durlak et al., 2011; Payton et al., 2008).

Support

Teachers and Early Childhood professionals are well-placed to notice children and young people with additional academic, social or wellbeing needs and to instigate school-based efforts to provide targeted support. This may include the provision of additional support within the classroom, specialised learning activities, or provision of additional pastoral or counselling services. Students experiencing social or emotional distress benefit from the provision of secure and positive routines within a supportive and friendly classroom.

Refer

Schools play a key role in the early identification of students in need of specialised social or mental health support and in linking them and their families to the appropriate service provider. Available data suggests that approximately 14% of 4-17 year olds (Sawyer et al., 2000) and just over one fifth of young people aged 15-19 experience mental health problems and/or mental illness each year (Mission Australia, 2014). As students spend such a large amount of time at school, it is important that school staff are equipped with the knowledge about how to refer students in need to appropriate services and how to inform parents that they believe referral is warranted.

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- Information, advice and resources which assist in the leadership of school-wide approaches to fostering the resilience and wellbeing of students and staff, (including the evidence-base detailed through the Building Resilience literature review).

- A wide range of evidence-based materials and resources developed both by the Department and external organisations, to assist teachers to educate across key health and wellbeing areas, including: social and emotional learning, positive social relationships, drug education, sexuality education, mental health and healthy bodies.

- Resources to guide schools in supporting all students, including those with additional needs, as well as advice on appropriate referral pathways for students requiring specialist assessment or intervention.

The Building Resilience literature review

This literature review provides a summary of the current evidence base available to inform schools in their approach to building resilience and promoting the personal and social capabilities of their students. It begins with an introduction to contemporary theories about what influences individual wellbeing and resilience. It summarises the evidence-base for the use of the school as a site through which to promote wellbeing and resilience. It features a discussion of the importance of the whole of school approach; the contribution made by specific social and emotional learning curricula; the role of teacher-student and student-student relationships in fostering engagement, connectedness and wellbeing; and the role of families and agencies within the broader support and service network.

Why focus on resilience?

Australian children and young people encounter a range of stressors and anxieties including the areas of study, family relationships, body image, emotional wellbeing and bullying (BoysTown, 2013; Cross et al., 2009; Mission Australia, 2011, 2013). The mental health of children and young people is a growing concern. An estimated 17% of children and young people aged 4-17 years (Sawyer et al., 2000) and 27% of young people aged 16-24 experience at least one mental disorder (Slade et al., 2009).

How can schools promote resilience?

There are many strategies that schools can use to enhance resilience. These include whole-school approaches to providing a safe and supportive learning environment, promotion of positive teacher-student and peer relationships, creating a positive learning environment through effective classroom management and teaching methods, provision of explicit social and emotional skills programs, providing tailored support for those with additional needs, and involving students and families in decision-making.

Positive and supportive learning and social environments help to build connectedness to schools and engagement in learning. A sense of connectedness or belonging to school is a significant protective factor for young people and contributes to building their resilience (Resnick, 1997; Resnick, Bearman, & Blum, 1997). It is associated with positive health and academic outcomes (Blum, 2005; Bond et al., 2007; Centers for Disease Control and Prevention, 2009; Jose et al., 2012; Roffey, 2012; Sánchez et al., 2005). Children and young people who feel cared for by people at their school and feel connected to learning are more likely to be motivated, show improved academic outcomes and academic self-efficacy. School connectedness is also associated with a range of physical health and mental health outcomes. Children and young people with a higher level of school connectedness are less likely to abuse substances, engage in violence, report mental health problems or engage in sex at an early age (Bond et al., 2007; McNeely, Nonnemaker, & Blum, 2002; O'Brien & Bowles, 2013). On the other hand, the evidence shows that low school connectedness is associated with higher risks of substance or mental health problems, and higher levels of school dropout (Bond et al., 2007).

Students who receive quality evidence-based social and emotional skills programs delivered within positive school environments tend to be more resilient. They feel more connected to school and to learning, have improved academic achievement, and are less likely to exhibit problem behavior (Catalano et al., 2004).

What role do teacher-student relationships play?

Positive teacher-student relationships enhance students' academic and social development. A meta-analysis of 99 research studies found that positive teacher-student relationships were linked to increased cognitive, behavioral and emotional engagement in learning and increased attainment, and that negative teacher-student relationships were linked to poorer student engagement and achievement (Roorda, Koomen, Spilt, & Oort, 2011). Research examining student perspectives shows that students value helpful and friendly teachers who also maintain an authoritative style of classroom management. This research shows that teacher interpersonal behavior has a powerful effect on student learning and on their social wellbeing and resilience (van Uden et al., 2014).

What contribution can social and emotional learning programs make?

Social and Emotional Learning (SEL) programs enhance student resilience. SEL programs explicitly teach a range of skills, including those necessary for self-awareness, self-management, social awareness, social management, and critical and creative thinking. These skills underpin both personal resilience and healthy relationships. Students who participate in rigorously designed and well-taught SEL programs show improved academic outcomes, demonstrate more positive social behaviour, and are less likely to engage in risky and disruptive behaviour, including risk-taking with alcohol and other drugs (Ashdown & Bernard, 2012; CASEL, 2013; Durlak et al., 2011; Payton et al., 2008).

Effective SEL programs use a range of cooperative learning strategies which in themselves provide opportunities to develop social skills whilst also engaging explicitly with the key content areas of emotional literacy, decision-making, problem-solving, positive self-regard, stress management, positive coping, help-seeking and peer support. Comprehensive programs include a range of collaborative learning strategies such as small group problem-solving discussions, critical thinking tasks, skills-development exercises, role-play and simulation. These learning strategies allow students to consider and/or rehearse their actions across a range of situations.

How can the new SEL curriculum materials support the Building Resilience model in Victoria?

A suite of SEL curriculum materials has been developed for use with children and young people from Foundation to Year 12. These lesson materials take an evidence-based approach to assisting teachers to develop students' social and emotional skills and enhance their resilience. The learning activities explicitly foster the skills of self-awareness, self-management, social awareness, social management, and critical and creative thinking. The learning activities focus on the important areas of emotional literacy, developing personal strengths, problem-solving, positive coping, stress management and help-seeking.

Lesson materials have been developed for AusVELS levels Foundation, Level 1-2, Level 3-4, Level 5-6, Level 7-8, Level 9-10 and also for students in Years 11-12. The Foundation level materials are also appropriate for use with students in early childhood settings. The lesson materials provide detailed examples and lesson activities to guide teachers in delivering an age-appropriate social and emotional skills program. The learning activities explicitly foster the Personal and Social Capability, and Creative and Critical Thinking General Capabilities which all schools are required to address within the AusVELS curriculum. The learning activities can be delivered within Health and Physical Education, English or during home groups, pastoral care, orientation or school camps. Activities are designed to be delivered in sequence, but they can be run independently and modified by the teacher to suit the needs of the learners in their class, and the context within which they are delivered. The activities foster core health-related skills and provide a logical platform upon which teachers can provide additional health and wellbeing education, for example that addressing drug education, sexuality education, and respectful relationships education.

Teacher Professional Learning Materials

This literature review can be read in conjunction with the Teacher Professional Learning Materials designed to support and guide teachers in their use of the SEL curriculum. These learning materials educate teachers about effective practice in enhancing resilience and provide participatory learning activities for teachers to use with staff teams.

Introduction

Schools are a key setting in which to promote the wellbeing and resilience of students as well as their academic learning. There is a growing evidence base to inform school practice in this area. The evidence highlights the importance of taking a whole-school approach to promoting student wellbeing and resilience. It identifies various ways in which the school practice makes an impact on student wellbeing, including the contribution that teachers can make to wellbeing through positive engagement with students and the contribution that explicit curriculum can make to building socially and emotionally literate, resilient young people. There is good evidence to show that promoting student wellbeing has positive effects on academic learning outcomes. Indeed, the Melbourne Declaration of the Educational Goals for Young Australians (MCEETYA, 2008) highlights that personal and social capability assists students to become successful learners, helping to improve their academic learning and enhancing their motivation to reach their full potential. In line with this, the Australian Curriculum emphasises the need for students to develop their personal and social capability as they learn to understand themselves and others, manage their relationships, lives, work and learning more effectively (ACARA, 2013). There are many ways in which schools can foster these capabilities.

This literature review is designed to inform school-based efforts to promote the wellbeing and resilience of students. It draws from the peer-reviewed literature in order to provide an evidence base about effective approaches. Some of the findings presented here are derived from randomised control trials, or from meta-analyses, which review a large body of such research. These trials chiefly identify the impact of various interventions in improving the wellbeing or resilience of children and young people. This evidence base provides information about the positive difference that can be made through use of whole-school approaches, which include provision of well-designed and well-taught social and emotional learning curricula, and teacher manifestation of positive interpersonal style. Other studies are qualitative in nature and report on student perspectives about the ways in which schools contribute to their wellbeing, or about teachers' experiences in providing proactive social and emotional learning curricula. The literature review was commissioned by the Victorian Department of Education and Early Childhood Development (DEECD) to inform the development of teaching resources to promote students' social and emotional learning skills.

The first section of this document provides an introduction to the concepts of wellbeing and resilience, and introduces readers to research investigating the individual, familial, community and school factors that influence student wellbeing and resilience. It discusses the evidence base for the use of the school as a site through which to promote wellbeing and resilience. It features a discussion of the importance of the whole of school approach; the contribution that can be made by specific social and emotional learning curricula; and the importance of positive teacher-student and student-student relationships in fostering engagement, connectedness and wellbeing. The second section provides a deeper exploration of the contribution that can be made via provision of explicit social and emotional learning curricula. The document aims to assist schools to plan for a strategic and comprehensive approach to promoting resilience and wellbeing.

What is wellbeing?

The term 'student wellbeing' is now well used in education circles, tending now to replace terms such as 'student welfare' or 'student health'. The term has been adopted because it encompasses more than the notion of physical and mental health. It incorporates reference to the interconnected nature of the social, relational, mental, physical and material health of children and young people, as well as their experience of engagement in life and in learning.

Dodge et al. (2012) use the analogy of a see-saw to capture the dynamic nature of wellbeing. They argue that the greater the weight of challenge or adversity at any one time, the more need there is to call on resources or strengths in order to maintain stability in wellbeing. This definition acknowledges that wellbeing fluctuates in response to changes in circumstances:

… stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular … challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa (Dodge et al., 2012, p. 231).

In the educational context, wellbeing has been identified as both an outcome and a process which facilitates children's progression towards learning and development outcomes. When wellbeing is understood as fluid and multi-dimensional, this can usefully remind educators that when students experience times of additional duress, they will need to more actively draw upon supports and skills in order to maintain their wellness. In addition, those students who live in an ongoing situation of challenge are likely to need long-term support, and those experiencing severe distress or trauma will need additional resourcing and care (Mashford-Scott, Church, & Tayler, 2012).

In order to support children and young people's wellbeing, it is essential to know how they subjectively experience wellbeing. While there is a lack of research into children's perspectives of wellbeing (Mashford-Scott et al., 2012), some studies have investigated the perspectives of young people. For example, Awartini et al. (2007) asked young people, aged 15-16 years what they think influences their overall sense of wellbeing. A range of factors were perceived to be important, including their:

- Physical health
- Physical and emotional safety
- Emotional wellbeing
- Confidence in their capabilities
- Pleasure and joy in learning
- Satisfying relationships
- Inner strength and spirit
- Sense of interconnection with life
- Overall satisfaction with life

This research has shown that young people understand 'wellbeing' to be a broad concept which includes their overall experience of living and learning (Awartani, Whitman, & Gordon, 2008; Geldens & Bourke, 2007).

In the area of wellbeing, there is particular interest in children and young people's mental health. With statistics showing significant and increasing incidence of stress and mental illness in young Australians (data for children is harder to find), attention has turned to how we can equip young people with the skills to become resilient and prevent mental illness. The World Health Organisation (2013) defines mental health as a state of emotional and social wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. On the other hand, mental illness refers to a range of issues which may affect someone's thoughts, feelings, actions and/or memory. These issues are longer lasting than mental health problems and cause more distress and disruption to life.

What is resilience?

The term 'resilience' has been widely adopted to signify the capacity to cope, learn and thrive in the face of change, challenge or adversity. Some describe it as the ability to 'bounce back', recover or rebound from adversity, or as the ongoing and dynamic process of coping (Benard 1996, Burns 1996, Fuller 1998, Luthar 2000, Johnson 2008). Being resilient helps to promote social and emotional wellbeing. Everyone encounters challenge, and everyone has a degree of resilience, however some children and young people are more resilient than others. Those with higher resiliency are more likely to thrive in learning and less likely to suffer from social or psychological health problems (Benard 2004).

Research investigating resilience explores what it is that enables some people to cope and thrive more effectively than others. This research can inform school efforts to promote resilience and is explored in the section below.

Mental health problems in early childhood

- Mental health problems exist and can be identified in early childhood

- Mental health problems in early childhood are associated with a range of poor immediate and future outcomes

- Given the rapid brain development that occurs in the first five years of life, it is critical to promote healthy development and where necessary, intervene early before problems become entrenched

(CASEL, 2005; Egger & Angold, 2006)

Mental health trends in young people

- International research estimates that 75% of mental health problems emerge before the age of 25 (Kessler et al., 2007)

- In Australia, mental health and substance use disorders account for over 50% of the burden of disease in the 15–25 years age group (AIHW, 2011)

- Just over one fifth (21%) of young people aged 15 -19 met the criteria for having a probable serious mental illness (Mission Australia, 2014)

- Females were almost twice as likely as males to meet criteria for having a mental illness (26% compared to 14%) (Mission Australia, 2014)

- Aboriginal or Torres Strait Islander respondents have higher rates of mental illness (32% compared to 21%) (Mission Australia, 2014)

- Rates of mental illness substantially higher for young people with a disability (33% compared to 20%) (Mission Australia, 2014)

What are the factors that influence wellbeing & resilience?

Resilience and wellbeing are not attributes that lie within the individual alone. Rather, they are dependent upon both internal and external factors. To highlight this, many researchers use an 'ecological model' which shows the individual as influenced by their many social and physical environments (Bronfenbrenner, 1979). Individual resilience is an interplay between the internal attributes of the individual and external factors in these environments (Johnson, 2008; Masten, 2009; Morrison & Allen, 2007; Toland & Carrigan, 2011; Ungar, 2005).

Acknowledging the influence of the individual's environment helps us to focus on systematic as well as individual change in intervention efforts. It is important to seek ways to strengthen or change the student's environment. This perspective is central to understanding the value of a whole-school approach to promoting resilience and wellbeing and an approach that acknowledges and includes parents and the broader community. Importantly, individual factors still exist and are important to acknowledge but the focus needs to extend to the individual's environment.

Programming at different levels of the individual's environment is usefully informed by a body of research in the psychological tradition which has identified both the risk factors that are associated with negative learning and wellbeing outcomes, and the protective factors that are associated with positive learning and wellbeing outcomes (Bond, Glover, Godfrey, Butler, & Patton, 2001; Catalano et al., 2004; Commonwealth of Australia, 2000; Resnick et al., 1997; Rowe & Stewart, 2009). Risk factors are characteristics or influences that increase the probability that an individual will experience negative outcomes. Protective factors are characteristics or influences that either have positive effects or help to reduce the impact of risk factors (Morrison & Allen, 2007; Powers, 2010). Risk and protective factors can be individual or environmental in nature. They are operational at different levels of the environment – for example their family, their school, and their wider community. Positive school environments can promote resilience by providing developmental opportunities and emotional, motivational, relational and strategic supports (Longaretti, 2011; Morrison & Allen, 2007, p. 164; Ungar, 2004, 2005). Table 1 presents some risk and protective factors for individuals in the family, school and community environments.

Multi-country research from the World Health Organisation (2002) has identified that certain risk and protective factors can explain differences in adolescent behaviour and health outcomes, even after accounting for age, socio-economic status, sex, and ethnic group differences. Their research looked at risk and protective factors for early sexual initiation, substance use and depression. This research highlights the critical link between the social environment and the importance of families, schools and community connections. This report recommends that school efforts need to move beyond providing information and services to promoting protective factors in these environments. Table 2 highlights

the relationship between various risk and protective factors and health outcomes (depression, drug use and sexual activity). It shows that positive relationships with parents is protective against early sex, substance use and depression. A positive school environment is protective against early sex and substance use.

As well as acknowledging the influence of environmental factors, Benard's (2004) synthesis of resilience research highlights the following individual level attributes and skills associated with resilience:

- *Higher levels of social competence:* students who can interact well with others.

- *Problem solving skills:* students who can think through how to manage their challenges deal better with challenge, change and adversity.

- *Sense of autonomy or self-efficacy:* students who have a sense of independence, responsibility and confidence in their own capacity to deal with circumstances fare better in the face of life challenges.

- *Sense of purpose, hope or meaning:* students with a sense of optimism about their future and a belief in the meaning and purpose of what they do tend to learn better and thrive.

How can schools promote wellbeing & resilience?

Schools – a setting in which most children and young people spend a large amount of time – are distinctly positioned to foster positive development (Clonan, Chafouleas, McDougal, & Riley-Tillman, 2004; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009). Indeed, it is increasingly recognised that as well as teaching academic skills, promoting student wellbeing is part of the core business of schools. The research literature is informative in terms of how schools can best build positive and protective school environments that promote wellbeing and resiliency for all students.

Taking a strength-based approach

Work in the area of resilience has been instrumental in shifting from deficit-based approaches (a focus on repairing problem behaviours) to strengths-based approaches that aim to take advantage of existing strengths, positive qualities and the intentional promotion of wellbeing and resilience (Clonan et al., 2004; Masten, 2009; Noble & McGrath, 2008; Seligman & Csikszentmihalyi, 2000; Waters, 2011). Strengths-based approaches emphasise and build on the capabilities and resources of children and young people (Alvord & Grados, 2005).

Table 1: Some examples of risk and protective factors at the individual, school, family and community level (Bond et al., 2001; Catalano et al., 2004; Commonwealth of Australia, 2000; Masten, 2009; Resnick et al., 1997; Rowe & Stewart, 2009)

	Risk Factors	Protective Factors
Individual	• Prenatal brain damage • Prematurity • Birth injury • Low birth weight, birth complications • Physical and intellectual disability • Poor health in infancy • Insecure attachment in infant/child • Low intelligence • Difficult temperament • Chronic illness • Poor social skills • Low self-esteem • Alienation • Impulsivity	• Easy temperament • Adequate nutrition • Attachment to family • Above-average intelligence • School achievement • Problem-solving skills • Internal locus of control • Social competence • Social skills • Good coping style • Optimism • Moral beliefs • Values • Positive self-related cognitions
Family	• Poverty/ economic insecurity • Parental unemployment • Homelessness • Refugee status • Death of family member • Caring for someone with illness/ disability • Divorce and family break up • Family conflict • Violence in the home • Physical, sexual & emotional abuse	• Supportive caring parents • Family harmony • Secure and stable family • More than two years between siblings • Responsibility within family • Supportive relationship with other adult • Strong family norms and morality
School	• Bullying • Peer rejection • Poor attachment to school • Inadequate behaviour management • Member of a deviant peer group • School failure • Truancy or dropout • School transition • Family/parent disengagement • Racism • Homophobia	• Sense of belonging/connectedness • Positive school climate • Positive peer relationships • Required responsibility/ helpfulness • Opportunities for success & recognition of achievement • School norms against violence • Engagement in learning • Positive behaviour management • Positive teacher-student relationships • Collaborative teaching strategies
Community	• Socioeconomic disadvantage • Social or cultural discrimination • Isolation • neighborhood violence/crime • Population density • Lack of support services	• Sense of connectedness • Networks within the community • Participation in community groups • Strong cultural identity and ethnic pride • Access to support services • Cultural norms against violence

The evolving tradition of positive psychology has had a great influence in this area, arguing the need for a shift from the deficit models that have dominated the history of psychology, where the focus has been on fixing what is wrong with people, rather than fostering what is 'right'. The aim of positive psychology is to see people in terms of their strengths and capacities, and to focus on what it is that helps people to thrive (Seligman & Csikszentmihalyi, 2000). In this sense, positive psychology favours using strengths-based approaches.

Positive psychologists are interested in how to incorporate positive psychology within the school system (Chafouleas & Bray, 2004; Clonan et al., 2004; Noble & McGrath, 2008). Clonan et al. argues that positive psychology provides a 'good fit' with the direction in which many people have been pushing schools for decades. A positive psychology approach promotes schools that provide physical and psychological safety, supportive relationships, opportunities to belong, positive social norms, opportunities for skill-building, and integration of family and the community. They highlight the need for a systematic framework within which to build and maintain positive school environments that recognise all of these features.

Noble and McGrath (2008) have created a Positive Educational Practices (PEPs) Framework to guide the work of educational psychologists in promoting school-wide wellbeing. The framework focuses on five key 'foundations of wellbeing' where educational psychologists are encouraged to work. These are briefly summarised below.

- *Social and emotional competency:* Students are more likely to experience wellbeing when they have social and emotional skills. These can be promoted through SEL curriculum and include resilience skills, emotional literacy skills and personal achievement skills.

- *Positive emotions:* Positive emotions can promote wellbeing by increasing individuals' capacity for optimistic thinking and problem-solving. Schools can foster positive emotions by designing policies and programs that encourage a sense of belonging, safety, satisfaction, pride, enjoyment and optimism.

Table 2 Risk and protective factors for early sex, substance use and depression as identified by WHO (2002)

Risk or protective factors for adolescents	Early sex	Substance use	Depression
A positive relationships with parents	🟢	🟢	🟢
Conflict in the family		🔺	🔺
A positive school environment	🟢	🟢	
Friends who are negative role models	🔺	🔺	
Positive relationship with adults in the community			🟢
Having spiritual beliefs	🟢	🟢	🟢
Engaging in other risky behaviours	🔺		
🟢 = protective factor 🔺 = risk factor			

- *Positive relationships:* Positive teacher-student and peer relationships are central to promoting school connectedness.

- *Engagement through strengths:* Wellbeing and academic achievement are more likely when students are aware of their character strengths and have opportunities to demonstrate and develop them at school.

- *A case of meaning and purpose:* Creating opportunities for students to develop a sense of meaning (tasks that have impact on others beyond themselves) and purpose (pursue worthwhile goals) enhances wellbeing and achievement.

This framework provides key ideas for wellbeing promotion in schools, as they shift from a model of identifying and responding to problems (deficit model) to a preventative wellbeing model. The five areas highlighted can be applied at an individual, class or whole-school level (Noble & McGrath, 2008).

Connectedness to school is a key protective factor

School connectedness is defined by Libbey (2004) as 'feeling close to, a part of, and happy at school; feeling that teachers care about students and treat them fairly; and feeling safe at school'. Research into risk and protective factors shows that a sense of connectedness or belonging to school and to family is the single most important protective factor for young people (Resnick, 1997; Resnick et al., 1997). It is associated with positive health and academic outcomes (Blum, 2005; Bond et al., 2007; Centers for Disease Control and Prevention, 2009; Jose et al., 2012; Roffey, 2012; Sánchez et al., 2005). Children and young people who feel cared for by people at their school and feel connected to learning are more likely to be motivated, show improved academic outcomes, and academic self-efficacy. School connectedness is also associated with a range of physical health and mental health outcomes. Children and young people with a higher level of school connectedness are less likely to abuse substances, engage in violence, report mental health problems or engage in sex at an early age (Bond et al., 2007; McNeely et al., 2002; O'Brien & Bowles, 2013). On the other hand, low school connectedness combined with high peer connectedness is associated with higher risks of substance or mental health problems, and those students with both low school and low peer connectedness are at an elevated risk of substance and mental health problems and are also more likely to leave school early (Bond et al., 2007).

There are many strategies that schools can use to increase school connectedness. These include promotion of positive teacher-student and peer relationships, creating a positive learning environment through use of classroom management and teaching methods, explicit efforts to develop the social and emotional skills of students, providing professional development to school staff to enable them to meet the diverse social and emotional needs of students and involving students and families in decision making (Centers for Disease Control and Prevention, 2009).

Catalano et al.'s (2004) longitudinal research investigated the impact of two multi-component school connectedness interventions in primary schools. The interventions led to increased school bonding and achievement and reduced problem behaviour. While the interventions were confined to the primary years, the results showed lasting positive effects in relation to improved academic achievement and reduction in risky and problem behaviours during the high school years.

Taking a whole-school approach

An increasing Australian and international evidence base highlights the use of multi-dimensional school-wide approaches to promoting student wellbeing (Catalano et al., 2004; Durlak et al., 2011; Rowe & Stewart, 2009). Such programs are often referred to as 'universal', 'school-wide' or 'whole-school approaches'. Taking a whole-school approach includes taking action at an organisational as well as a classroom level. The Health Promoting Schools model (HPS) is often used to guide whole of school approaches. The HPS model was initiated by the World Health Organisation (WHO) in the 1990s in an effort to help schools recognise the social and ecological influences on health and wellbeing. The approach is often used as an organising framework, assisting schools to integrate action in the domains of school ethos and environment, curriculum, and partnerships with parents, community and health agencies (WHO, 2014). It typically incorporates use of classroom curriculum, extra curricular activities, school policy, teacher professional development, whole-school activities, and partnerships with parents, agencies and the broader community (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000).

Several longitudinal studies have documented the way in which primary school initiatives can have a lasting effect, promoting resilience and school connectedness well into the high school years (Blum, 2005; Catalano et al., 2004; Eliot, Cornell, Gregory, & Fan, 2010; Lee & Stewart, 2013; McNeely et al., 2002; National Research Council and Institute of Medicine, 2004; Rowe & Stewart, 2009). Central features of a whole-school approach are summarised in Table 3.

Key features of a whole-school approach to promoting resilience and wellbeing

There are many central features of a multi-dimensional school-wide approach to promoting student wellbeing. In the following section of this report, key features are discussed in more detail, these include:
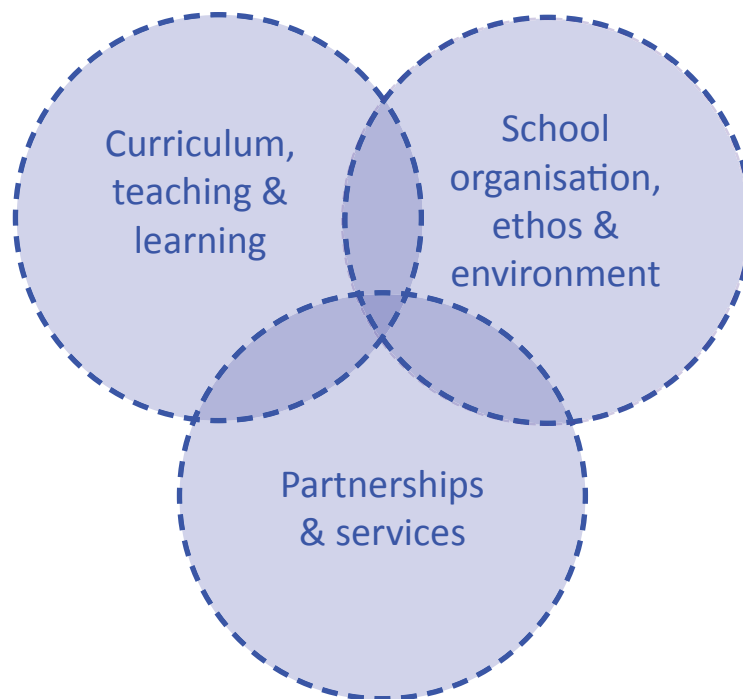
- Use of explicit SEL curriculum

- Promotion of positive teacher-student relationships

- Promotion of positive peer relationships

- Promotion of parent-school engagement

- Promotion of school-agency relationships

Table 3: Organisational, relational and pedagogical features of a whole-school approach associated with enhanced student resilience, engagement and wellbeing

Organisational features

- Sense of optimism, purpose and school pride
- Fair behaviour management system & tolerant disciplinary policies
- A friendly, respectful and inclusive environment
- Multidisciplinary education teams to provide support structures for school staff
- Effective school-community partnerships
- Strategies to engage parents
- Smaller school size
- Effective use of teacher professional learning

Relational features

- Positive approaches to manage student behaviour
- Positive and supportive teacher-student relationships
- Positive and supportive student-student relationships
- Strategies to identify and address bullying
- High but achievable expectations for student learning and behaviour
- Staff and students notice and intervene when students experience problems related to learning or wellbeing

Pedagogical features

- Relevant and well-taught curriculum
- Explicit teaching of social and emotional 'life skills', such as problem-solving, decision making and coping skills
- Use of data to inform teaching
- Effective use of feedback and coaching
- Providing experiential, hands-on learning opportunities
- Using a wide variety of instructional methods and technologies
- Use of collaborative teaching strategies to promote social and cognitive skills
- Creation of opportunities for students to participate actively within the classroom and the broader school environment
- Provision of extra-curricular activities
- Provision of community service projects

WHO's Health Promoting Schools Framework (as adapted by National Health Promoting Schools Initiative, 2000)

Curriculum, teaching & learning

School organisation, ethos & environment

Partnerships & services

Use of explicit Social and Emotional Learning curriculum

Just as there are prescribed practices and programs that are used to teach numeracy and literacy, there are also practices that can be used to teach social and emotional skills. Research shows that students who participate in rigorously designed and well-taught SEL programs demonstrate more positive social behaviour and are less likely to engage in risky and disruptive behaviour (CASEL, 2013; Durlak et al., 2011; Frydenberg, 2010; Payton et al., 2008). While some researchers assert that creating the right environment in which positive social behaviour is modeled is more important than providing explicit curriculum (Whitington & Floyd, 2009), studies investigating the effectiveness of curriculum have yielded positive results. A 2003 meta-analysis of 34 universal and targeted preschool prevention programs found that overall, SEL programs had positive effects on both cognitive and academic outcomes. These outcomes were evident in the short-term (pre-school), medium-term (primary school), and long-term (high school). The results also indicated that the programs that contained a direct teaching component (including explicit lessons in curriculum format), were of greater intensity and of longer duration, had a greater positive effect (Nelson, Westhues, & MacLeod, 2003).

Payton et al. (2008) reviewed 180 school-based studies involving 277,977 students aged from kindergarten to Grade Eight. While some studies included multiple interventions, the most common strategy involved classroom-based programming, which usually took the form of a curriculum or set of lessons seeking to develop social and emotional skills (e.g. emotion identification, goal setting,

conflict resolution, and relationship skills). Overall, the results indicated strong and consistent support for the value of SEL programs.

A recent three-year study examined 23 evidence-based SEL programs with Grade Two to Grade Five children. The SEL programs were based on the *Responsive Classroom* approach, which includes teaching social and emotional skills to children as well as enhancing the capacity of teachers to be able to interact with children effectively. The researchers found that exposure to the program produced an average 11-12% gain in student mathematics and reading achievement over the three years (Rimm-Kaufman et al., 2014).

The final section of this document provides a more detailed overview of the evidence base for effective SEL curriculum.

Promoting positive teacher-student relationships

Effective school-wide approaches to promoting wellbeing include an emphasis on fostering positive teacher-student relationships. A meta-analysis of 99 research studies found that positive teacher-student relationships were linked to increased student engagement and achievement and that negative teacher-student relationships were linked to poorer student engagement and achievement (Roorda et al., 2011). Students labeled as 'at risk' were more strongly influenced by the quality of the teacher-student relationship than those labeled 'normative'. The association between positive teacher-student relationships and improved engagement and learning outcomes has also been demonstrated for students at risk of school failure. Anderson et al.'s (2004) research on a relationship-based intervention for high-risk students examined whether the closeness and quality of relationships between intervention staff and students were associated with improved student engagement in school. They found that positive relationships between students and adults can improve student engagement and educational outcomes, regardless of student level of risk (Anderson, Christenson, Sinclair, & Lehr, 2004).

Key issues of concern that children raise when calling kids helpline in 2012, by age and sex

Age 5-9	
Females	**Males**
1. Family relationships	1. Family relationships
2. Bullying	2. Bullying
3. Friends/peer groups	3. Emotional wellbeing
4. Emotional wellbeing	4. Child abuse
5. Child abuse	5. Friends/peer relationships
Age 10-14	
1. Mental health concerns	1. Family relationships
2. Family relationships	2. Bullying
3. Emotional wellbeing	3. Emotional wellbeing
4. Suicide-related concerns	4. Child abuse
5. Dating and partner relationships	5. Friends/peer relationships
Age 15-19	
1. Mental health concerns	1. Mental health concerns
2. Dating and partner relationships	2. Dating and partner relationships
3. Emotional wellbeing	3. Emotional wellbeing
4. Suicide-related concerns	4. Friends/peer relationships
5. Family relationships	5. Family relationships

(BoysTown, 2013)

There can be a presumption that adolescents are less likely than primary school children to be affected by the quality of their relationships with their teachers (Holfve-Sabel, 2014). However, Roorda et al. (2011) found positive teacher-student relationships to be more influential in the lives of older students, and negative teacher-student relationships to have a greater impact on younger children. Thus whilst younger children are particularly vulnerable to negative relationships, older students can be more readily motivated by positive relationships.

The 'relationship climate' varies from school to school, and the actions and dispositions of individual teachers varies significantly both within and between schools. The effect of this variance can make a significant difference to student wellbeing outcomes (Holfve-Sabel, 2014). One study with over 1,500 Grade Six students found stark differences in the measurement of student wellbeing between schools and between class groups within schools and found that this was reflected in differences in the approach of the classroom teachers and the broader school community. This research foregrounds the importance of investing effort both in the teacher effect and the school effect.

Some research studies have asked students themselves what it is that teachers do to help build their resilience and engagement. van Uden's (2014) research in secondary schools showed that students appreciate it when their teachers are helpful, friendly and firm. This study showed that two aspects of teacher behaviours were highly associated with increased student engagement:

1. the perception by students that the teacher has authority and influence over the class; and

2. the perception that the teacher trusts and has positive regard for the student (van Uden et al., 2014, p. 29).

Accordingly the study recommended that teachers should seek to exhibit helpful and friendly behaviour within the context of authoritative classroom management.

Johnson's (2008) longitudinal research into the resilience of South Australian primary and secondary students highlights the importance of everyday interactions between students and teachers. Students identified that it was the 'little things' that teachers do that make a big difference to their persistence, engagement and sense of self-worth. These 'little things' include:

• listening to students

• explaining things when asked and helping them with school work

• maintaining hope and encouragement for the student's learning

• generally treating students with respect

Students in this study said it was the teachers who treated them like 'human beings' rather than 'just students' that they had the most positive relationships with. This research highlights that local and everyday interactions have a significant impact on student wellbeing.

Similarly, Cahill et al.'s study with primary and secondary school students in Victoria showed the association between teacher behaviours and a greater preparedness on the students' part to use the teacher as a source of help for both schoolwork problems and social or emotional problems (Cahill, Shaw, Wyn, & Smith, 2004). The teacher behaviours that were most highly associated with student confidence in using their teacher as a source of help were relational in nature, including when the teacher is someone who:

- says hello to me

- talks to me

- shows he/she is proud of me

- takes an interest in what I do

Moderate predictors of a 'yes' to help-seeking were chiefly pedagogical in nature and include when the teacher is someone who:

- notices my effort

- sets interesting work

- encourages me to join in

- helps me learn from my mistakes

- organises fun activity

Students say it is good when teachers:

- treat you with respect

- smile and say hello

- take an interest in you

- notice when you try

- still speak to you when they don't teach you anymore

- notice when you're down

- encourage you

- make work interesting

- let you make mistakes

- know your name

- talk to everyone

- trust you

- like you

- celebrate sometimes

- set practical activities

- have fun

(Cahill, Shaw, Wyn & Smith, 2004)

Enhancing positive peer relationships

Whole-school approaches to enhancing wellbeing and engagement take a proactive approach to promoting a healthy peer environment. The quality of their peer relationships significantly influences students' overall experience of school (Holfve-Sabel, 2014). Positive peer relationships provide friendship, support and inclusion, and are a protective factor linked to positive educational outcomes, reduced risk taking and mitigation of other existing risk factors (Holfve-Sabel, 2014). In contrast, negative peer relationships, such as those related to bullying, have a significant negative impact on student wellbeing. Both bulliers and victims are likely to suffer from mental health problems later in

Positive teacher-student relationships enhance engagement in learning

Studies show that students with higher levels of engagement are more likely to achieve well at school, whereas disengagement is associated with school dropout and a negative work culture (Archambault, Janosz, Fallu, & Pagani, 2009; van Uden et al., 2014). The definition of student engagement which has been adopted by DEECD is consistent with the work of van Uden et al. (2014) who identify the following three types of engagement (p. 22):

- *Behavioural engagement:* shown through participation, punctuality, concentration and effort applied to tasks

- *Emotional engagement:* shown when students are enthusiastic and keen to learn

- *Cognitive engagement:* whereby students are able to formulate their own learning goals, and believe in the importance of their academic achievements (see also Fredricks, Blumenfeld, & Paris, 2004)

Research studies highlight a number of areas that positively influence student engagement (Anderson et al., 2004; Fredricks et al., 2004; Roorda et al., 2011; van Uden et al., 2014). Some of the key influences are pedagogical in nature, whilst others are relational in nature. Positive teacher-student relations are significantly associated with increased cognitive, emotional and behavioural engagement (van Uden et al., 2014). A number of other studies have shown that teacher interpersonal behaviour has a powerful effect on levels of student engagement, demonstrating that both relational as well as pedagogical strategies are needed to foster engagement (Anderson et al., 2004; Fredricks et al., 2004; Roorda et al., 2011). At the classroom level the relational factors associated with higher levels of student engagement include positive teacher-student relationships, effective class management, and transmission of clear and consistent expectations. At a pedagogical level, engagement is enhanced by the quality of teaching instruction, enthusiasm of the teacher, effective use of structure and routine, and a degree of autonomy or choice in learning (van Uden et al., 2014).

their school years (Allison, Roeger, & Reinfeld-Kirkman, 2009; Dake, Price, & Telljohann, 2003; Rigby, 2013; Rønning et al., 2009).

Farrington and Ttofi's (2011) meta-analysis of 44 bullying response and prevention program evaluations found that bullying and victimisation prevalence decreased by around 20% but that there was considerable variability in results. They found the following program elements to be associated with a decrease in bullying and victimisation:

- Intensive programs (e.g. number of hours)

- Programs with longer duration

- Programs including parent meetings

- Firm disciplinary methods

- Improved playground supervision

Their research also sheds light on what *does not* work in preventing or reducing bullying. Programs that involved the formal engagement of peers in tackling bullying (e.g. peer mediation or peer mentoring) were significantly associated with an increase in victimisation.

A number of research reviews highlight the importance of a systematic whole-school approach to effectively prevent and manage all forms of bullying behaviours in schools and the need to strengthen capacity supports to enable schools to put evidence into informed practice (Hong & Espelage, 2012; Pearce, Cross, Monks, Waters, & Falconer, 2011). Pearce et al.'s (2011) review of existing research found the following school-wide activities to be associated with a decrease in bullying:

- parent training/meetings

- teacher training

- improved playground supervision

- disciplinary methods

Students say it is bad when teachers:
- yell
- blame you when it was someone else
- refuse to believe you
- talk on and on
- make sarcastic jokes
- tell you you're a bad class
- have favorites
- hold up your mistakes
- embarrass you in front of the class
- put you down
- tease you
- compare you to your brothers or sisters

(Cahill, Shaw, Wyn & Smith, 2004)

- cooperative group work between professionals

- school assemblies

- information for parents

- classroom rules and classroom management

- whole-school anti-bullying policy

- supportive school culture

- proactive policies, procedures and practices

- school community key understandings and competencies

- protective school environment

- school–family–community partnerships

Enhancing school-home relationships

The development of social and emotional skills is not confined to the school, these skills are also learned and practiced in the family. The emotional lessons that children learn from their parents are powerful and long-lasting. In fact, research suggests that parental engagement in learning and the atmosphere towards learning in the home is the 'greatest lever for children's achievement' (Goodall, 2013). For this reason, it is critical that schools foster strong relationships with families.

There is strong evidence that parental involvement in schooling and in student learning makes a significant difference to educational achievement and student wellbeing outcomes (Bull, Brooking, & Campbell, 2008; Goodall, 2013; Hoover-Dempsey et al., 2005; Jeynes, 2012). In addition to influencing academic achievement, the available literature suggests that students with 'involved' parents were more likely to:

- enrol in higher-level programs

- attend school regularly

- have better social skills, show improved behaviour, and adapt well to school

- go on to post-compulsory education

These benefits have been found to be independent of income or background.

In light of this evidence, there is increasing interest in how schools can best support parental involvement in schools. In an extensive review of the literature, Ferguson (2008) highlights the following strategies that schools can use:

• Create a welcoming environment that fosters family-school relationships and transcends context, culture, and language

• Target any misconceptions among teachers and/or parents that lead to mistrust or that lead to parents thinking that schools are not interested in their involvement or input

• Create structures - policy, procedures, processes, and relevant resources - that encourage family involvement, as opposed to sporadic attempts to include parents

Hoover-Dempsey et al. (2005) review the evidence around why parents become involved and recommend subsequent strategies for school and teacher practice. They recommend that schools need to not only increase their capacity for inviting parental involvement (e.g. through creating a welcoming school environment and establishing trust with the wider school community), but also enhance parents' capacity to become involved (e.g. invite specific involvement, offering a range of suggestions that are sensitive to diverse parent situations).

The term parental engagement has been proposed as a useful replacement for the term parental involvement as it recognises that the process is deeper and more complex than involvement in school-initiated or school-based activities. Goodall (2013) mounts an evidence-based argument to demonstrate that parental engagement with learning in the home and the 'atmosphere towards learning in the home' has a more profound effect on children's achievement than parental involvement in school-based activities. Therefore, the question becomes how to engage parents in children's learning and not simply how to increase direct parental contact with schools.

Bullying in Australian Schools

• Over a quarter (27%) of Year 4-9 students report experiencing bullying at least once during the last term at school

• Hurtful teasing was the most prevalent of all bullying behaviours experienced by students, followed by having hurtful lies told about them

• Cyberbullying happens to about one in 10 Australian young people every few weeks or more often

(AIHW, 2011; Cross et al., 2009)

Parental involvement tends to decline in the later years, however this may not be symptomatic with a decline in parental engagement (Hoover-Dempsey et al., 2005). The decline in involvement may reflect the fact that it may be easier for schools to allocate roles to parents when students are in earlier grades, or that parents themselves may have more available time in this part of the life phase (Jeynes, 2012). Bull et al. (2008) demonstrated that schools can now make effective use of new technologies to enhance parental engagement. Methods such as SMS messaging to mobile phones, and use of the internet can help to strengthen links between school and home.

The literature also highlights some key promising practices for parents in terms of fostering student achievement and wellbeing. For example, based on her research about effective parental engagement, Goodall (2013) highlights that it is not 'who the parents are (in terms of their own educational backgrounds, socioeconomic level etc.) but what they do that matters. She presents six elements of effective parental engagement that support student achievement:

- Authoritative parenting style – involves a level of parental control appropriate to the child's level of development, warmth, discussion and involvement in children's learning

- Learning in the home – simple, everyday activities such as reading to and with children, singing songs or doing artwork

- Beginning engagement with learning early – beginning engagement in learning environments and interaction with other children early has positive effects in the long term

- Staying engaged throughout school – parental engagement is important throughout the schooling experience, including in secondary school. Engagement in times of transition is identified as especially important

- Holding and passing on high aspirations – If parents value education highly, their children are more likely to do so. Parental aspirations have been linked to persistence in school and continuing in education

- Taking an active interest in children's learning and education – Although parental engagement of students' learning in the home is seen to be most effective, it is also important for parents to have direct contact with the school.

Enhancing school-agency relationships

There is growing evidence that schools and communities working together can enhance a child's wellbeing and school outcomes, fostering shared ownership, commitment and leadership. By working together, schools, families and communities can increase their combined capacity to positively influence student outcomes. This means opening up schools to be 'outward facing', shifting relationships, attitudes and the deployment of resources.

It is important for schools to establish links with community services to provide additional support and resources to children and families where needed. With an estimated 17% of children and young people aged 4-17 years (Sawyer et al., 2000) and 26% of young people aged 16-25 experiencing at least one mental disorder (Slade et al., 2009), it is essential that schools are aware of appropriate referral pathways for students. Help-seeking studies have found that students are reluctant to seek help from professional sources because this means engaging with a person who is a stranger about their most personal problems. However, teachers can have a powerful role in acting as a gatekeeper for the young person to access professional help (Mazzer & Rickwood, 2013; Rickwood et al., 2005). Professional help-seeking is much more effective in providing the best advice. This is particularly so for mental health issues, as research suggests that the prevention of suicide is much more successful when help is sought from professional sources (Rickwood et al., 2005).

However, strong school-agency links are not always in place. In recent research, secondary school teachers regarded supporting student mental health as part of their role, however many were concerned that they lacked the knowledge and skills to respond appropriately to mental health problems (Mazzar & Rickwood, 2013). Teachers were worried about 'saying the wrong thing' to vulnerable young people and also faced challenges dedicating time to this issue amongst their other multiple demands. Teachers therefore need to work within a well-coordinated pastoral care system, which will include school-based and external support. This research

Family & Community Partnerships (DEECD)

Provides information and advice on how schools can foster positive relationships with families and teh broader school community

http://www.education.vic.gov.au/school/principals/health/pages/famcomm.aspx

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Bullying and mental health

Children involved in bullying are at risk of a variety of mental health problems. Drake et al.'s research found that:

- Those who are bulliers were over four times more likely to suffer depression and over three times more likely to suffer from anxiety. They were also more likely to suffer poor physical health, fight, cheat, use drugs, vandalise, truant, carry a weapon, get in trouble with the police, date earlier and be more aggressive to dating partners

- Victims of bullying were four times more likely to suffer depression and to experience physical health symptoms, loneliness and negative self-esteem

- Those who are bulliers and victims were over six times more likely to suffer from depression; and over six times more likely to suffer from anxiety

(Dake et al., 2003; Egger & Angold, 2006).

also pointed to the importance of clearly delineating roles of the various people and organisations involved in the response, so that teachers are aware of where their role 'begins and ends within this system of care' (Mazzar & Rickwood, 2013).

Similar research in the UK found that primary teachers were unaware of appropriate referral pathways but expressed high interest in learning more about these as they recognised mental health problems to be a significant issue in their classrooms (Gowers, Thomas, & Deeley, 2004). Other research in the UK with school nurses found that while they recognised mental health to be an important issue in schools, they had heavy workloads, lacked confidence in responding to needs and had limited education and training opportunities. They highly valued support from external mental health specialists. The researchers concluded that school nurses should have specialist training to assist them with their role in 'signposting and early intervention activities' but that it was essential for them to have well-established networks with specialist mental health teams so that they could refer appropriate cases (Pryjmachuk, Graham, Haddad, & Tylee, 2012).

Other international literature highlights a gap between the rhetoric of school-agency cooperation and the reality of applying mental health strategies in an educational setting. Many schools remain ill-equipped to recognise and respond to mental health problems in school-age children and there is a critical need to help school personnel improve their understanding of mental health to ensure early identification and prompt referral (Finney, 2006).

An update on the evidence-base informing Social and Emotional Learning interventions

Social and emotional learning (SEL) programs set out to explicitly teach coping and problem-solving skills. SEL involves the processes through which children and adults develop, extend and enhance the knowledge, attitudes and skills necessary to understand, manage and communicate about their own emotions, feel and show empathy for others, establish and maintain positive relationships, set and work towards positive goals, draw on a repertoire of positive coping strategies, think critically about the influences on their choices, and make responsible decisions (CASEL, 2013; Frydenberg, 2010; Hromek & Roffey, 2009). Social and emotional understandings and skills are dynamic and inter-related and work to underpin both personal resilience and healthy relationships (Hromek & Roffey, 2009).

The Collaborative for Academic, Social, and Emotional Learning (CASEL) has led much of the debate about social and emotional learning in the past two decades. CASEL (2005) has identified five interrelated sets of cognitive, affective and behavioural competencies:

- Self-awareness

- Self-management

- Social awareness

- Relationship skills

- Responsible decision-making

Other models such as the WHO 10 skills for health feature a similar skill set, but add additional important competencies including critical thinking, confidence and advocacy skills (WHO, 2003). The WHO 10 skills for health are divided into three broad categories as presented in Table 4. Research conducted into effective approaches to sexuality education, body image education and drug education have also highlighted that critical thinking is a key skill for health, particularly when necessary to detect and challenge the influence of harmful social norms fostered via the media or within the peer culture. Fostering these critical thinking competencies leads to young people experiencing fewer conduct problems, less emotional distress and better academic performance (Durlak et al., 2011; Greenberg et al., 2003; O'Dea, 2000).

Table 3: Skills for Health as identified by the World Health Organisation (2003)

Communication and Interpersonal Skills
• Interpersonal communication skills
• Negotiation/refusal skills
• Empathy building
• Cooperation and teamwork
• Advocacy skills
Decision-Making and Critical Thinking Skills
• Decision-making/ problem-solving skills
• Critical thinking Skills
Coping and Self-Management Skills
• Skills for increasing personal confidence and abilities to assume control, take responsibility, make a difference, or bring about change
• Skills for managing feelings
• Skills for managing stress

Association between SEL curricula and improved wellbeing and academic outcomes

There is evidence that students participating in rigorously designed and well-taught programs which explicitly develop SEL skills engage in more positive social behaviour and less risky and disruptive behaviour (Ashdown & Bernard, 2012; CASEL, 2013; Durlak et al., 2011; Frydenberg, 2010; Payton et al., 2008). A meta-analysis of 213 school-based, whole-school social and emotional learning programs involving over 270,000 students in both primary and secondary schools found that compared to controls, students involved in school-wide SEL programs demonstrated significantly improved social and emotional skills, attitudes, behaviour, and academic performance (Durlak et al., 2011).

Effective programs which also encompass a focus on drug education can produce reductions in bullying, or increased persistence in study, more realistic self-appraisal, increase in problem-solving skills, improved mental health (CASEL, 2013). Those programs that also focus on drug education or sexuality education can lead to reductions in risky drug and alcohol use, or risky sexual choices.

There is also evidence that effective SEL programs lead to improvements in students' academic performance (Durlak et al., 2011; Payton et al., 2008). In Durlak et al.'s (2011) meta-analysis of over 200 primary and secondary social and emotional learning programs, SEL participants showed an average 11% gain in academic achievement compared with students in control schools. There are many explanations for this link but generally it is posited that social and emotional skills – for example confidence, self-discipline and coping skills – enable students to persist in the face of challenge, set higher academic goals, and use more effective study practices (Durlak et al., 2011).

Help-seeking – trends in children and young people

- Young people are more likely to use informal than formal sources of help, even with serious problems such as suicidal ideation (Rickwood et al., 2005).

- Encouraging and fostering help-seeking behaviours through school-based programs is one way to improve their mental health and wellbeing (Rickwood et al., 2005).

- Research suggests that young people are reluctant to seek help from teachers (Mazzer & Rickwood, 2013; Rickwood et al., 2005).

- Students are more likely to seek help from those teachers they can trust, and who they find to be friendly and non-judgmental (Cahill & Coffey, 2013; Mazzer & Rickwood, 2013; Rickwood et al., 2005; Rughani, Deane, & Wilson, 2011).

Features of effective SEL programs

Effective programs include a combination of knowledge, social and life skills, normative approaches, critical thinking and negotiation skills. They are most effective when delivered as part of a broader health and personal development curriculum that incorporates a focus on a range of social, physical and mental health issues, when delivered by the classroom teacher, when incorporated into routine educational practice and when provided in schools with a positive relational climate (Payton et al., 2008). Evidence-based curriculum programs transfer best to broad scale implementation when accompanied by robust teacher professional development and school-wide support (including an emphasis on collaborative teaching strategies, targeted policy, behaviour management, professional learning and supportive practices) (Durlak et al., 2011).

Durlak et al.'s (2011) meta-analysis of SEL programs showed that those that were sequenced, used active forms of learning, included a focus on skills development and had explicit learning goals produced a greater number of positive outcomes in student skills, attitudes, conduct problems, social behaviour and academic performance than those that employed only a few.

There has recently been interest in the potential of 'contemplative education' in the form of meditation interventions in schools with respect to student wellbeing, social competence and academic achievement (Waters, Barsky, Ridd, & Allen, 2014). Waters and colleagues (2014) reviewed the evidence from 15 studies, finding significant results in 61% of cases. While the majority of the effects on student outcomes were small, they still point to meditation as a potentially valuable component of a school-based intervention. The study found that meditation programs could be made more efficacious by increasing program duration, encouraging delivery twice daily (or more), and having a teacher deliver the program. Meditation programs were also likely to be more effective when they were designed to deliberately increase cognitive function and emotional regulation (Waters et al., 2014).

Many educators advocate the use of games and stories as methods to teach social and emotional competencies (Hromek & Roffey, 2009; Woolf, 2013). Woolf (2013) argues that play is the most effective medium to promote social and emotional learning in younger children, providing a space for them to become more self-aware, empathic and motivated as well as more able to manage feelings and develop and use social skills (Woolf, 2013). Qualitative research with upper-primary students identifies the contribution that can be made by whole-class games and use of 'Circle time' for class sharing, discussion and problem-solving. When effectively and purposefully facilitated, games can be used to enhance social connectedness and teach pro-social SEL skills that are generalisable to real-life situations (Hromek & Roffey, 2009).

SEL programs are most effective when conducted by the classroom teacher or other school staff (as opposed to external personnel). Multi-modal programs that integrate problem-solving and social and emotional understanding work better than traditional prevention models based on single skills (Matthews, Zeidner, & Roberts, 2004).

Collaborative learning strategies are integral to effective SEL programs

A growing evidence base highlights effective and ineffective pedagogical features of SEL programs. Successful SEL programs move beyond giving information towards an explicit focus on teaching skills through applied exercises to help people to think about the challenges that they may encounter in their lives (Durlak et al., 2011; Payton et al., 2008). As such, collaborative learning strategies have been demonstrated to be crucial in the success of social and emotional learning (Durlak et al., 2011) programs as well as other health and prevention education programs, for example drug education, sexual health education or anti-bullying education (Herbert & Lohrmann, 2011; Kirby, Laris, & Rolleri, 2007; Soole, Mazerolle, & Rombouts, 2008).

The term 'collaborative learning strategies' loosely groups learning tasks that are dialogic in nature and involve student-to-student interaction, rather than just teacher-student interaction. They include activities such as role-play and simulation, small group problem-solving discussions, critical-thinking tasks, skills development exercises and themed games (Cahill, 2006). They call on the teacher to exercise a high level of facilitation as they organise and moderate students' interactions both with peers and with the task. Given this, the teacher is a significant element and variable in the delivery of the 'intervention'.

In their research into effective teaching strategies, Herbert and Lohrmann (2011) found that cooperative group work, role-play simulations, and small group discussions were the most prominent strategies in effective health education programs. These strategies were essential because they helped students to learn and to work with other peers, providing important by-products for the learner (Herbert & Lohrmann, 2011). Effective SEL programs include collaborative learning strategies which invite students to actively engage in the learning process. Collaborative learning tasks also provide an applied way of

In summary, effective SEL programs:

- Address a broad range of risk and protective factors
- Utilize participatory or collaborative teaching strategies
- Engage students in problem-solving and critical thinking
- Assist students to relate their learning to real life situations
- Incorporate messages which support development of healthy societal norms
- Are delivered in a longitudinal fashion
- Are implemented early, before the potential onset of risk behaviour
- Provide additional booster activities as young people begin to negotiate increasingly complex issues
- Are age-appropriate and culturally attuned
- Are integrated into broad and on-going health and wellbeing curriculum
- Target specific behaviours as well as general life-skills
- Are located within a positive, inclusive and participatory school environment
- Address multiple contexts
- Make effective use of games as a method to enhance peer relations
- Teach self-calming strategies

guiding students through a process of risk appraisal, problem-solving and ownership of solutions. Role-plays are used to help students engage empathetically with a particular dilemma; to rehearse the help-seeking or refusal skills needed to transact particular choices; to heighten the contextual and relational nature of health-related choices; to explore the social norms influencing choices or to generate and model new possibilities for action (Cahill, 2013).

Natvig et al. (2003) investigated whether method of teaching and class participation were related to social support or stress levels in students aged 13-15 years. They found that in classes where group work and participatory class discussion were regularly used, the students demonstrated higher perceptions of social support between peers and with their teacher, and decreased stress levels. On the other hand, increasing the amount of independent work increased stress in students. Therefore, as well as beneficial learning outcomes, collaborative learning activities may promote wellbeing by reducing stress and promoting social support.

Whilst there is strong evidence to support the essential role of collaborative learning strategies, use of these may be the exception rather than the norm within general teaching practice. Reflecting this, research suggests that when teachers are provided with SEL or other health-related curricula which utilise collaborative teaching methods, it is common to find breakdowns in fidelity, with teachers lacking confidence to deliver the collaborative pedagogies and defaulting to more didactic teaching styles. Breakdown in program fidelity is of concern as there is a strong association between the fidelity of program delivery and positive student outcomes. When programs are not implemented with high fidelity, and specifically when the collaborative learning tasks are not used, programs do not deliver the same outcomes (Dusenbury, Brannigan, Falco, & Hansen, 2003; Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009; Stead, Stradling, Macneil, Mackintosh, & Minty, 2007). Cahill et al.'s (2013) study showed that over half of the teachers involved in the trial of a drug education curriculum rarely used the role-play, paired sharing or small group tasks within their health education classes. These findings highlight that special efforts need to be made to build teacher confidence in using collaborative learning strategies.

What sort of training, support and resources do teachers need to teach SEL?

Collaborative learning strategies are a central feature of effective SEL and health promotion programs. In the context of research highlighting teachers' common lack of confidence and skills using these methods, it is important to consider the support and resources that teachers need to implement programs effectively. Studies of program implementation efforts have highlighted factors that facilitate and impede implementation of programs. Importantly, these can include both *individual* (e.g. teacher personality) and *organisational* (e.g. quality of leadership) factors (Ransford et al., 2009). For example, Ransford et al. (2009) examined what factors influenced implementation of a social and emotional learning intervention designed for use in Kindergarten to Grade Five in the United States. Based on self-reporting from a sample of teachers, they found that teacher burnout was associated with lower program fidelity (the degree to which program implementers deliver the program as intended by the developers). Teacher self-efficacy (teacher's belief that they can influence how well students learn) was associated with higher program fidelity. Additionally, administrative support of curriculum implementation had a positive effect on the quality of implementation and positive experiences of training and coaching were also associated with higher quality implementation and more positive feedback about how well teachers thought they were implementing the lessons (Ransford et al., 2009).

Herbert and Lohrmann (2011) argue that staff development in the area of SEL program delivery should ideally involve teachers working through a curriculum and teaching each other in small groups. One promising approach is to involve teachers as a 'learner' themselves in selected skills-based lessons so that they appreciate these lessons from the perspective of their students. This is also an effective way for teachers to become familiar with the content, skills and instructional strategies

In summary, teachers will be more effective at delivering SEL programs if they:

- Understand and support the rationale of the program and are able to modify materials appropriately to suit local needs, whilst still maintaining the philosophical and pedagogical integrity of the program

- Have received professional training that includes an emphasis on how to lead the collaborative tasks

- Build positive relationships and encourage students to participate

- Employ sound class management strategies - so the class engages positively with each other and the material

used. Teachers can work with colleagues to address apprehensions and possible problems before attempting implementation. Research suggests that teachers who attend these types of workshops are much more likely to deliver participatory programs effectively with benefits for their students (Herbert & Lohrmann, 2011). As well as practicing teachers, Herbert and Lohrmann (2011) argue that pre-service teachers should repeatedly experience and practice active learning strategies.

Whilst it is often presumed that training is the most significant influence on teachers' use of collaborative learning strategies, Cahill et al.'s (2013) research with secondary school teachers in Australia identified a range of other influences. In this study, teachers nominated the most significant influences on their pedagogical choices to be understanding the educational rationale for the approach, student engagement, confidence in class control, and having positive relationships with the students, along with practicalities such as having time to adequately prepare a class. This data gives valuable insight into what teachers need in order to support uptake and maintenance of participatory approaches: as well as providing training support to teachers, it is important to help teachers understand the rationale for such approaches and acknowledge and allow for time to prepare classes.

Benefits for teachers

A study that investigated teachers' experience of a Primary school program (Grades One to Seven) designed to promote children's social competence found that teaching the SEL program had a positive influence on teachers themselves, both in terms of their overall teaching techniques and in their own social behaviour (Larsen & Samdal, 2012). Additionally, most of the teachers reported that they felt they had become more democratic and student-centred in their teaching, more socially skilled and more aware of individuals' needs and problems (Larsen & Samdal, 2012).

Kimber et al.'s (2013) study investigated teacher change and development during delivery of a classroom SEL program (Grades One to Nine). It found that teachers reported growth in their own personal development as a result of teaching the program. Teachers also reported an improvement in teacher-student relationships and observers noted an improvement in teaching ability (Kimber, Skoog, & Sandell, 2013).

An interest in how teachers may benefit from school-based SEL programs has been raised in a context in which there is increasing recognition of the importance of teacher wellbeing (Briner & Dewberry, 2007; Mason & Rowling, 2005; Roffey, 2012). To date, most research in teacher wellbeing focuses on what causes stress rather than what promotes wellbeing. Roffey's (2012) qualitative study in six Australian Schools highlights that quality of teacher-student relationships and school social capital are central to teacher wellbeing. She argues that investing in positive relationships is also likely to be in the interest of teacher wellbeing and that efforts to promote student wellbeing may also promote teacher wellbeing.

Conclusion

This review of the literature has provided an evidence-based discussion of the contribution schools can make to promoting resilience and wellbeing in students. The research evidence points to the value of multidimensional whole-school efforts to promote students' resilience and engagement, and to the benefits of high-quality and well-implemented social and emotional learning curricula (SEL). There is evidence that comprehensive approaches can not only promote social and emotional skills, attitudes and behaviour, but also reduce risky behaviour and increase academic performance.

Student wellbeing and resilience is enhanced through pro-active partnerships with peers, teachers, peers, parents and carers. Positive teacher-student relationships are associated with increased behavioural, cognitive and emotional engagement of students, and that positive peer relationships foster connectedness to school as well as psychological wellbeing. Positive teacher-student relationships are also associated with more positive attitudes toward help-seeking.

The research demonstrates that rigorously designed and well-taught SEL programs, which explicitly develop SEL skills, can contribute to the development of positive social behaviour and reduce use of risky and disruptive behaviour. Effective SEL curricula include a combination of knowledge, social and life skills, normative approaches, and negotiation skills. Curriculum is also most effective when it is part of a broader health and personal development curriculum that incorporates a focus on a range of social, physical and mental health issues, and provided as part of broader school efforts to promote student wellbeing.

Given the prevalence of mental and social health problems affecting children and young people, and given that students tend to be reluctant to seek help with social and emotional problems, it is important that teachers notice and inquire about those student who manifest wellbeing or learning needs and plan to provide for additional support. Some problems affecting students are either severe, urgent, or outside the scope of the school's capacity to intervene. In these situations it important that schools have well-established processes through which to refer students needing help from specialist agencies, child protection or medical services.

Links

Principles for Health and Wellbeing (DEECD)

Guides professional practice in Department health and wellbeing services, early childhood services and schools

http://www.education.vic.gov.au/about/department/Pages/wellbeing.aspx

The Achievement Program (DEECD)

A whole-school approach to working towards key health priority areas, which was informed by the World Health Organization's Health Promoting Schools model

http://www.achievementprogram.healthytogether.vic.gov.au/

SAFEMinds

Provides a suite of early intervention learning materials to enhance the capacity of school communities to effectively identify and respond early to mental health issues in children and young people

http://www.education.vic.gov.au/school/teachers/health/Pages/safeminds.aspx

The Victorian System of Care Referral Matrix

A tool which supports parents and carers, school staff and other professionals to appropriately refer children and young people to mental health services

http://www.education.vic.gov.au/school/principals/health/Pages/referral.aspx

MindEd (UK Department of Health)

Guidance on children and young people's mental health, wellbeing and development for adults working with children and youth to help them support the development of young healthy minds

https://www.minded.org.uk/

Bully Stoppers (DEECD)

Aims to strengthen bullying prevention and empower everyone to make a stand and become a bully stopper, reducing incidences of bullying in Victorian schools

http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

KidsMatter

Provides information about the critical role parents and carers play in supporting children's social and emotional learning

https://www.kidsmatter.edu.au/families/about-behaviour/getting-along/supporting-children%E2%80%99s-social-and-emotional-learning

Family & Community Partnerships (DEECD)

Provides information and advice on how schools can foster positive relationships with families and the broader community

http://www.education.vic.gov.au/school/principals/health/pages/famcomm.aspx

MindEd (UK Department of Health)

Guidance on children and young people's mental health, wellbeing and development for adults working with children and youth to help them support the development of young healthy minds

https://www.minded.org.uk/

The Collaborative for Academic, Social, and Emotional Learning (CASEL)

CASEL leads research and innovation in the area of social and emotional learning (SEL)

http://www.casel.org/

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