Overview

- This summary provides guidance on how to help build and sustain the emotional resilience of children and young people.

- It is intended for use by anyone who lives with, or whose work involves supporting the needs of, children and young people. This includes: parents, families, friends, schools and statutory, voluntary and private sector services.

- For the purposes of this summary, emotional resilience can be defined as: achieving positive outcomes in the face of adversity and coping successfully with traumatic experiences in life.

- The evidence provided here is of the highest quality (1- to 1++ ratings) being based on Systematic Reviews of Randomised Controlled Trials where there was a demonstrably low risk of bias affecting the results or recommendations. A list of references used within this summary are provided at the end.

- A full report detailing the evidence is also available. This includes:
  - A review of studies graded by level of evidence; and,
  - A table of Systematic Reviews by topic area, namely: parenting, self-esteem, school-based interventions, violence prevention and, programmes aimed at alleviating anxiety and depression.

General Messages

- Good social and psychological health helps to build resilience and protect children and young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and/or alcohol.

- Parent and family engagement is critical to building resilience. This is particularly the case if parents receive support and training to become more involved in their child’s learning (for example, by services developing parenting groups).

- Building emotional resilience in school children can be more effectively achieved by schools adopting a ‘whole-school’ approach to the promotion of social and emotional wellbeing. It is recommended that all children and young people receive information and support in social and emotional learning rather than by simply targeting those perceived to be in the greatest need (although targeted approaches should form part of an overall programme). Small, teacher-led, classroom-based, interactive group work has been shown to be particularly effective.

- A key focus should be on reducing potential risk factors and building resilient factors in children and young people. Examples of these particular factors are shown in the table below.
The most cost effective programmes include:

- The provision of Early Intervention for Conduct Disorders;
- The provision of Early Intervention in Psychosis;
- The development of School-Based Anti-Bullying programmes;
- The prevention of Conduct Disorder through the implementation of Social and Emotional Learning programmes; and,
- Secondary School-Based programmes aimed at reducing problem behaviours and increasing protective factors (as outlined in the table below)

**Factors affecting risk and resilience in children, young people, their families and their communities**

<table>
<thead>
<tr>
<th>The Child</th>
<th>The Family</th>
<th>The community</th>
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<tbody>
<tr>
<td><strong>RISK FACTORS</strong></td>
<td></td>
<td></td>
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<tr>
<td>• Specific learning difficulties</td>
<td>• Overt parental conflict</td>
<td>• Socio-economic disadvantage</td>
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<tr>
<td>• Communication difficulties</td>
<td>• Family breakdown</td>
<td>• Homelessness</td>
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<td>• Specific developmental delay</td>
<td>• Inconsistent or unclear discipline</td>
<td>• Environmental Disaster</td>
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<td>• Genetic influence</td>
<td>• Hostile or rejecting relationships</td>
<td>• Discrimination</td>
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<td>• Difficult temperament</td>
<td>• Failure to adapt to a child’s changing needs</td>
<td>• Other significant life events</td>
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<td>• Physical illness</td>
<td>• Physical, sexual or emotional abuse</td>
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<td>• Academic failure</td>
<td>• Parental psychiatric illness</td>
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<tr>
<td>• Low self-esteem</td>
<td>• Parental criminality, alcoholism, substance misuse or personality disorder</td>
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<td></td>
<td>• Death and loss – including loss of friendship</td>
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<tr>
<td><strong>RESILIENT FACTORS</strong></td>
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<td></td>
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<tr>
<td>• Secure early relationships</td>
<td>• At least one good parent-child relationship</td>
<td>• Wider supportive network</td>
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<td>• Being female</td>
<td>• Affection</td>
<td>• Good housing and high standard of living</td>
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<td>• Higher intelligence</td>
<td>• Clear, firm and consistent discipline</td>
<td>• ‘High-morale’ school with positive policies for behaviour, attitudes and anti-bullying</td>
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<tr>
<td>• Easy temperament when an infant</td>
<td>• Support for education</td>
<td>• Schools with strong academic and non-academic opportunities</td>
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<td>• Positive attitude, problem-solving approach</td>
<td>• Supportive long-term relationship/absence of severe discord</td>
<td>• Range of positive sport/leisure activities</td>
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<td>• Good communication skills</td>
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Recommended approaches within Schools and Learning Environments

**Whole-School Approaches**

- ‘Whole-School’ approaches to the promotion of social and emotional wellbeing have been proven to be effective at building emotional resilience; especially when these are formulated in partnership with children and young people, parents and carers; and, where the focus is on promoting mental wellbeing rather than preventing mental illness.

  ‘Whole school’ approaches pertain to: ensuring that there is effective leadership in place, inclusion of this subject matter on the curriculum, developing staff skills in this area, ensuring that student support and peer network systems are in place, facilitating parental and community involvement, and providing out-of-classroom activities.

- Schools can benefit from implementing, and communicating the availability of, supportive policies, systems and activities in relation to emotional wellbeing.

- The integration of Social and Emotional Skills development into all areas of the curriculum has shown positive results. The ‘skills’ to be integrated include: motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings, the development of social skills and empathy, and how to manage relationships with parents, carers and peers. Other parts of the curriculum can also have a positive impact, for example physical activity programmes as a means of improving self-esteem.

**Targeted Approaches**

- Although ‘whole-school’ approaches should be the focus, targeted support – by providing trained counsellors and specialist professionals, for example – should also be in place for those pupils and students perceived to be the most emotionally, socially and economically disadvantaged and at risk of social, emotional and behavioural problems.

- Examples of target support include: provision of mindfulness training for both staff and pupils and students, enabling access to Cognitive Behavioural Therapy and developing programmes aimed at conflict resolution.

- As an example of a specialist practitioner working with schools in West Sussex, there is a Family And Child Support Specialist (FACSS) in the Chichester area, whose role it is to:

  - Train school staff on mental health and wellbeing issues;
- Work directly with children, young people and their families, in school and/or at home, to discuss their mental health needs; and,
- Undertake mental health assessments and interventions, and help to signpost children and young people to specialist services

**Involving Children and Young People in decision-making**

- The involvement of children and young people in decision-making and the creation and delivery of training programmes and their evaluation is recommended. Also recommended is the development of school-based initiatives specifically aimed at parents, for example 1 to 1 or face-to-face support

**Measurement of Wellbeing**

- The systematic measurement and assessment of young people’s social and emotional wellbeing is recommended. An example of a validated measurement tool is the Spence Children’s Anxiety Scale\(^1\), the outcomes of which can then be used to plan activities

**Mental Health Awareness**

- Schools would benefit from mental health awareness training being made available for all school staff, including governors

**Primary Schools**

- In Primary School curricula, programmes should focus on supporting emotional resilience and addressing barriers to learning together. This should be supported by: specific training for teachers and the availability of specialist practitioners in schools to develop the social, emotional and psychological wellbeing of children as well as identify early signs of anxiety and behavioural problems

**Specific Interventions**

- Schools should consider implementing cognitive behavioural programmes and increase access to pastoral care and support as part of a ‘whole-school’ approach. Specific examples include:
  - FRIENDS for life (Stallard et al, 2005). This entails making Cognitive Behavioural Therapy available for primary and secondary school pupils and students. This is a 10-session programme led by specially trained class teachers aimed at improving self-esteem, problem-solving, self-expression and

\(^1\) Available at: [http://www.scaswebsite.com/](http://www.scaswebsite.com/)
enhancing positive relationships. The programme has been shown to reduce anxiety in over 90% of 9 and 10 year olds in primary school settings;

- **PATHS: Promoting Alternative THinking Strategies (Greenberg et al, 1995).** This is classroom-based and entails up to 60 sessions, delivered by teachers who have been trained over 2 days, and is aimed at improving emotional literacy in primary schools; as well as enhancing self-control, social competence, positive peer relations and interpersonal problem-solving skills. The programme is taught twice a week for 20-30 minutes each time and includes homework tasks involving parents.

In a 3 year pilot in 6 Primary Schools in West Lothian, Scotland, the programme showed improvements in behaviour scores, literacy and numeracy. It was also shown to be beneficial for pupils and students with both low and high needs and led to an improved range of vocabulary and fluency when discussing emotional experiences; and,

- **UK Resilience Programme: based on the US Penn Resiliency Programme (Challen et al, 2010; Stice et al, 2009).** This programme is aimed at all year 7 pupils and entails 18 hours of workshops; as well as the promotion of active learning/homework tasks involving parents. It aims to protect pupils and students against anxiety and depression and impact positively on behaviour.

Its application in the UK has shown an improvement in depression scores and reduced absence from school, although the impact reduced after 1 year. A greater impact was recorded for those entitled to receive free school meals, those failing to attain national targets for English and Maths at Key Stage 2 and those with worse symptoms of anxiety and depression. For these groups, and especially for girls, the impact was less likely to fade after 1 year.
Recommended approaches for Parents and Families

- Parental engagement in the learning experience is fundamental to the success of school and/or learning environment-based programmes
- Schools and services involved in promoting the health of children and families should consider developing parenting programmes (including the establishment of parenting groups) which have been shown to reinforce child learning; especially where parenting sessions are run in parallel with sessions for children
- Parenting programmes have been shown to be most effective when a multi-agency approach is adopted for the delivery of simultaneous practical and therapeutic interventions and when hard-to-reach children and families have been targeted through multi-media outlets
- Group-based parenting programmes are particularly effective when aimed at parents of children in the 3-10 age group, for those targeted at Black and Minority Ethnic populations and when the programmes concentrate on specific themes such as: behavioural parenting programmes or parent effectiveness training

Recommended Community-based approaches

Summary

- The creation of informal networks of peers, neighbours, elders and teachers have been shown to have a positive effect on children at a time of crisis, especially when a close bond has been formed with at least 1 care giver
- Church membership and pastoral care and support have also been shown to be beneficial for high-risk groups

Specific Interventions

- One programme of interest is:
  - LEAD: Leadership, Education, Achievement and Development (Shelton, 2009). This is a community-based programme aimed at developing self-esteem amongst young people known to the Youth Justice System (especially those from Black and Minority Ethnic populations). It aims to develop self-awareness, improve communication skills and self-control, reduce risk behaviours and develop self-esteem; and has shown positive results
References


