

WELL- BEING IN CHILDREN



Children`s well-being

- The Convention on the Rights of the Child (CRC) is the most recognised International treaty setting out the basic rights of children, along with the obligations of governments to fulfil those rights.
- The convention has 54 articles with numbers 43-54 specifying how adults and government should work together to make sure that all children realise their rights.
- The articles have 4 fundamental principles:

Non-discrimination - children should neither benefit nor suffer because of their race, colour, gender, language, religion, national, social or ethnic origin or because of any political or other opinion; because of their caste, property or birth status; or because they are disabled.

The best interest of the child - laws and actions affecting the child should put their best interests first and benefit them in the best possible way

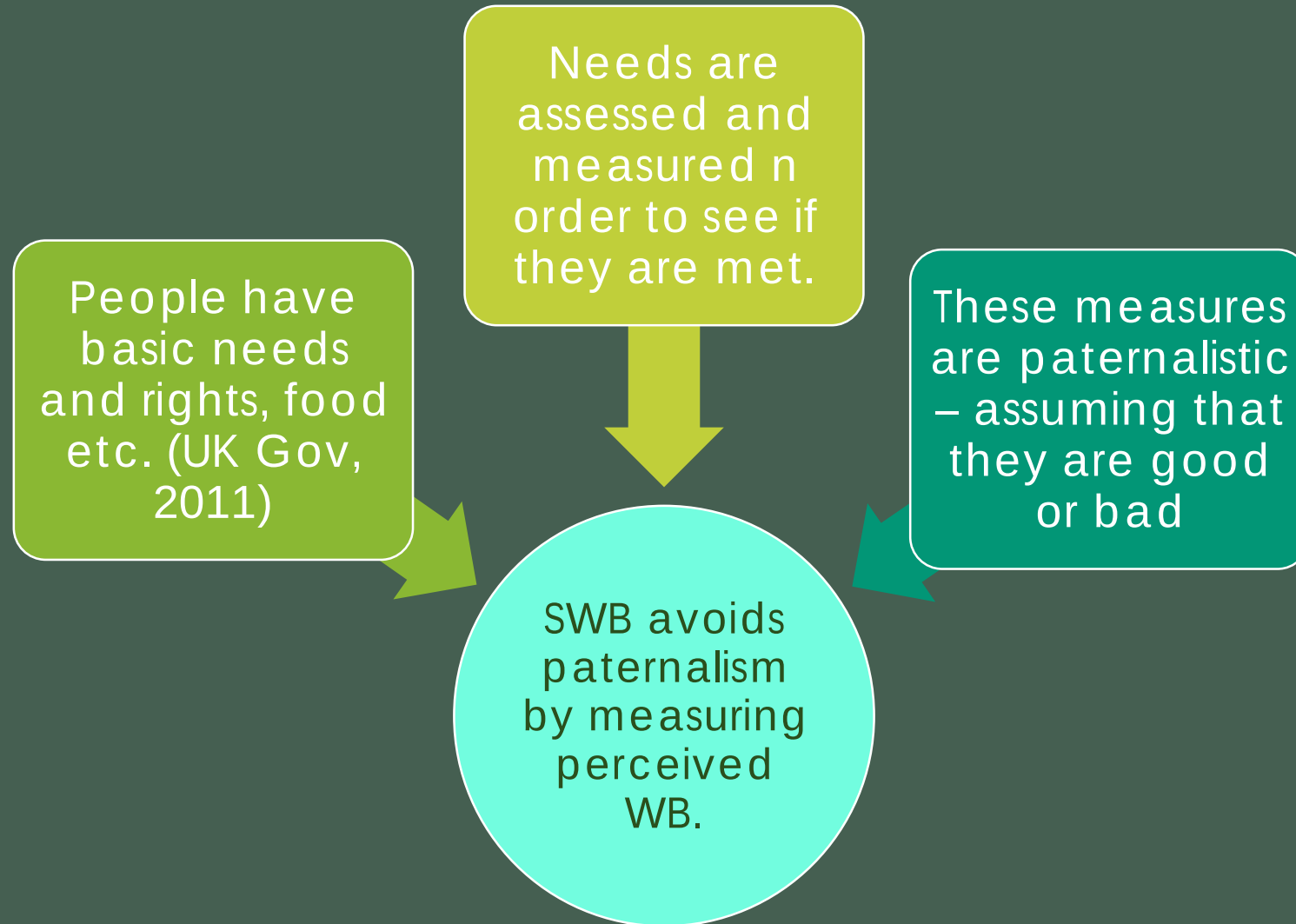
Survival, development and protection - the authorities in each country must protect children and help ensure their full development - physically, spiritually, morally and socially.

Participation - children have a right to have their say in decisions that affect them and to have their opinions taken into account (UNICEF, 1989).

The UN Convention on the Rights of the Child

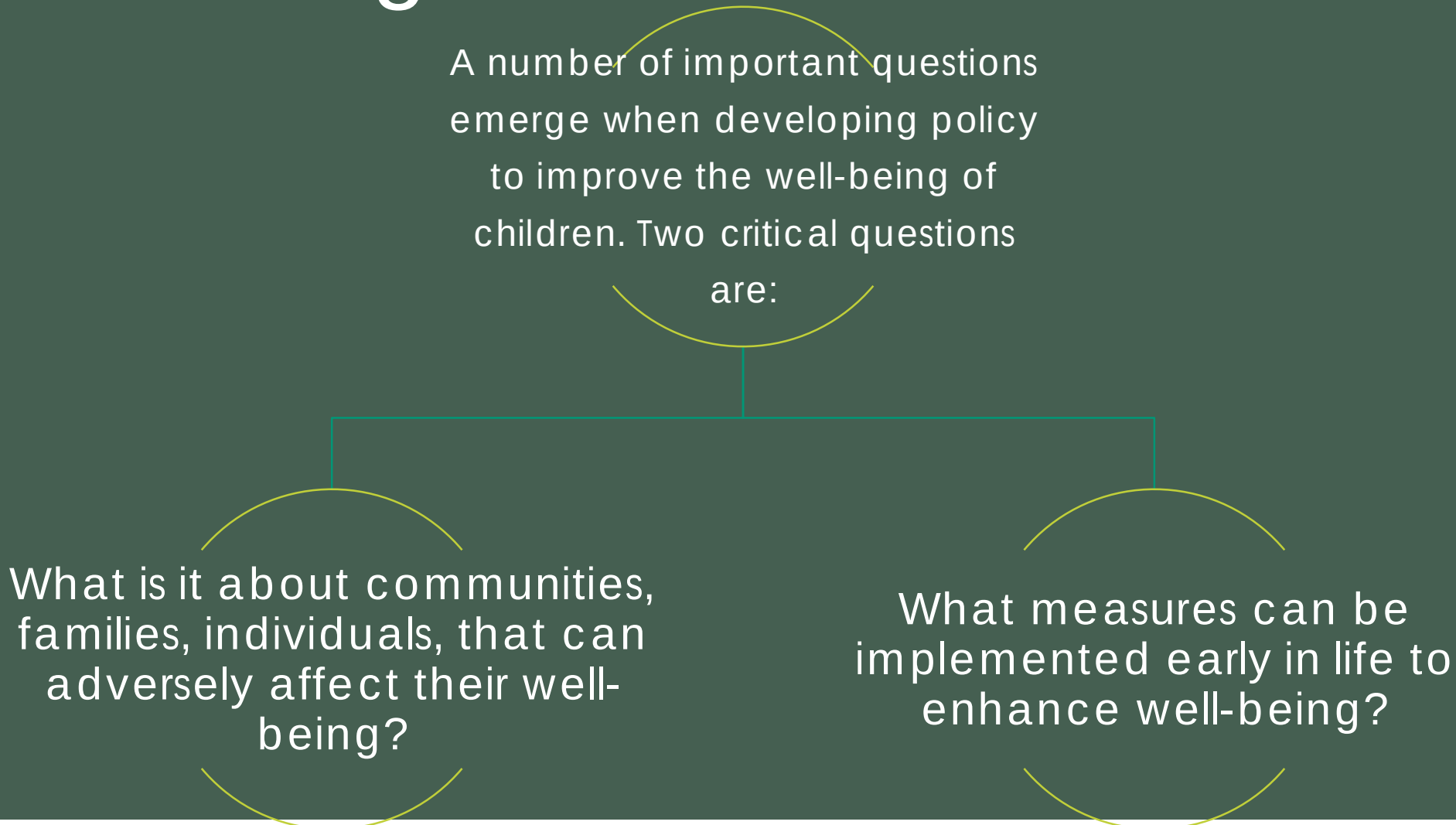
- Lets have a look at the principles
- <http://www.uncrcletsgetitright.co.uk/index.php/training-materials/uncrc-e-learningpackage>
- TASKS
- 1) Think of a scenario where you might have to consider the rights of a child. Choose the most important 9 articles relevant to this child/group – e.g., refugees, travellers, looked after children.
- 2) You are in a hot air balloon – losing air – you have to get rid of all except one – which one would you keep and why? As a class – you are all in the balloon – losing air – you have to throw all except one – the most important you think that children need – which would you keep and why?

Objective well-being



Promoting health and well-being

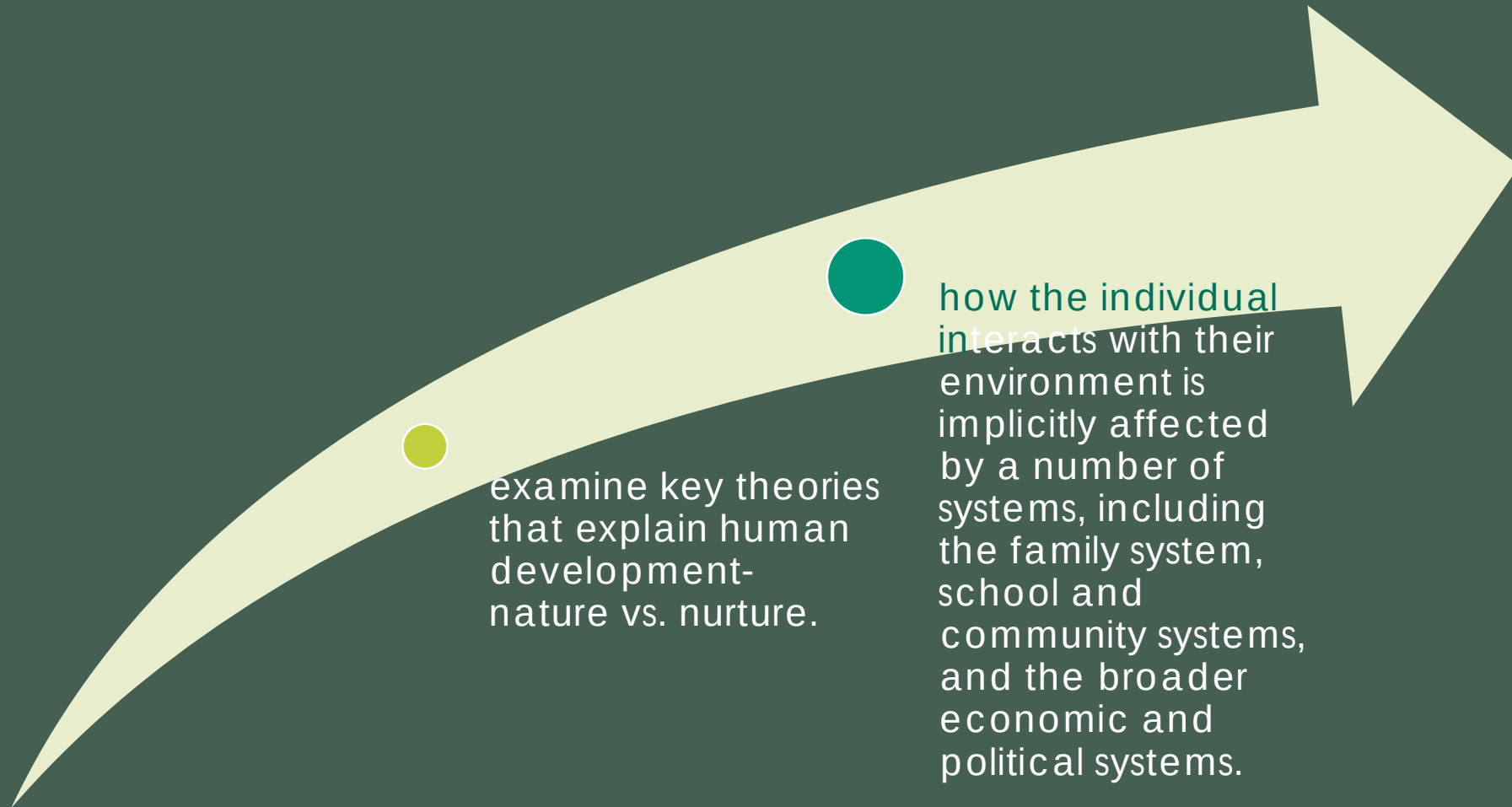
A number of important questions
emerge when developing policy
to improve the well-being of
children. Two critical questions
are:



What is it about communities,
families, individuals, that can
adversely affect their well-
being?

What measures can be
implemented early in life to
enhance well-being?

To begin answering the first question:

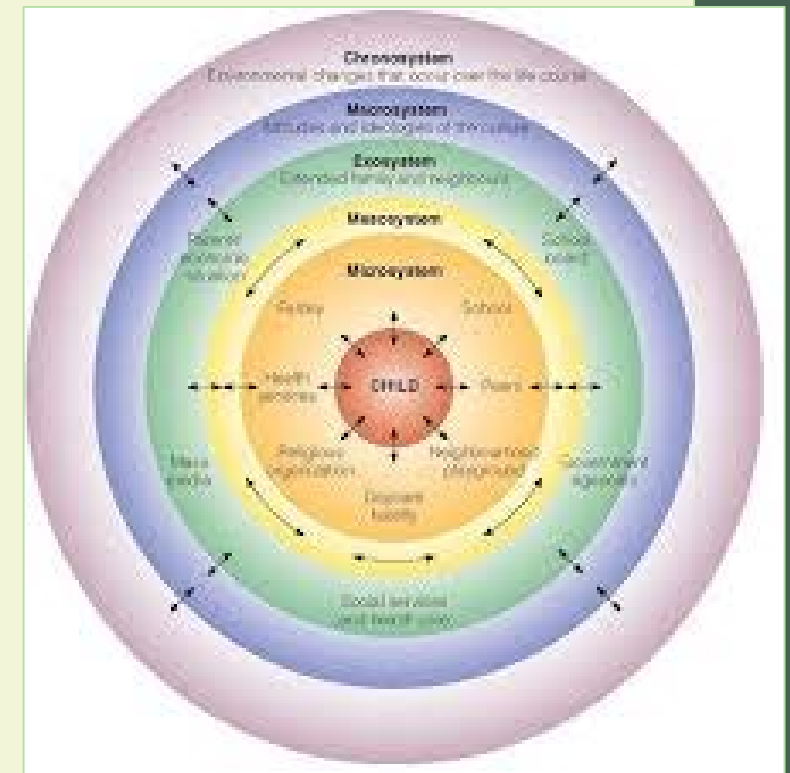


examine key theories that explain human development- nature vs. nurture.

how the individual interacts with their environment is implicitly affected by a number of systems, including the family system, school and community systems, and the broader economic and political systems.

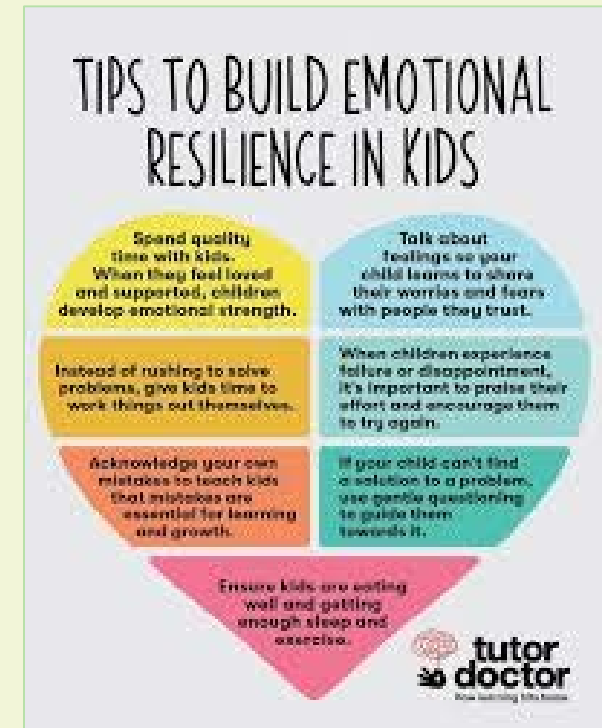
Social contexts

- **Bronfenbrenner's ecological model:**
 - Human development depends on social experience.
 - Human development is shaped by macro and micro systems.
 - Attention to relationships between systems.



Childhood influences on mental health

- Developing emotions and emotion regulation
 - Genetic influences on mental health
 - Parental and family influences
 - Sexual abuse (developmental trauma)
 - Socio-economic factors
 - Peer influences
 - Risky behaviours



Family and Socio-cultural processes

- Rapid global change is altering the family, presenting new opportunities and challenges to young people's health and well-being.
- Young people's development occurs against a cultural backdrop of contexts that includes family, peers, school, community, and nation, each with its cultural legacies.



Question two:

Answering the second question involves a systematic review of the scientific evidence base.

- This allows us to make objective assertions regarding the efficacy of interventions in both the short (e.g. Early years) and long term (later life such as adolescence and adulthood).

Answering these questions goes some way towards developing strategies that allow for the adoption of a holistic approach aimed at promoting collective action in institutions of care and education, in order to enhance the wellbeing of vulnerable children.

The Children's Society's on children's subjective well-being



...asked well-being questions to over 30,000 eight to 16 year olds across the UK.

The Good Childhood Report (2015)

Understanding what affects children's subjective well-being is vital if they are to be encouraged and supported to be active participants in society, their community and family.

The evidence shows that a low level of subjective well-being is associated with a wide range of social and personal problems.

These include: poor mental health, through increased depression; social isolation, through increased loneliness and likelihood of victimisation; and involvement in risky behaviours, such as running away from home and sexual exploitation.

<https://www.childrensociety.org.uk/good-childhood>

Improving levels of subjective wellbeing and preventing the resulting negative outcomes will reduce the personal impact to children and their families, and help ensure every child growing up in the UK has a good childhood, and positive life chances.



It could also avoid the wider social and economic costs of low subjective well-being.



Measuring quality of life is as important as measuring Standard of living or economic growth alone.

One common myth is that people's life satisfaction does not change significantly over time, or that their external environment does not have a part to play.



Evidence proves otherwise (Rees G, Goswami H and Bradshaw J , 2010).



Exercise, bullying and school attainment are factors that, amongst many others, significantly alter children's subjective well-being and can be targets for policy interventions.

The children's society – key findings

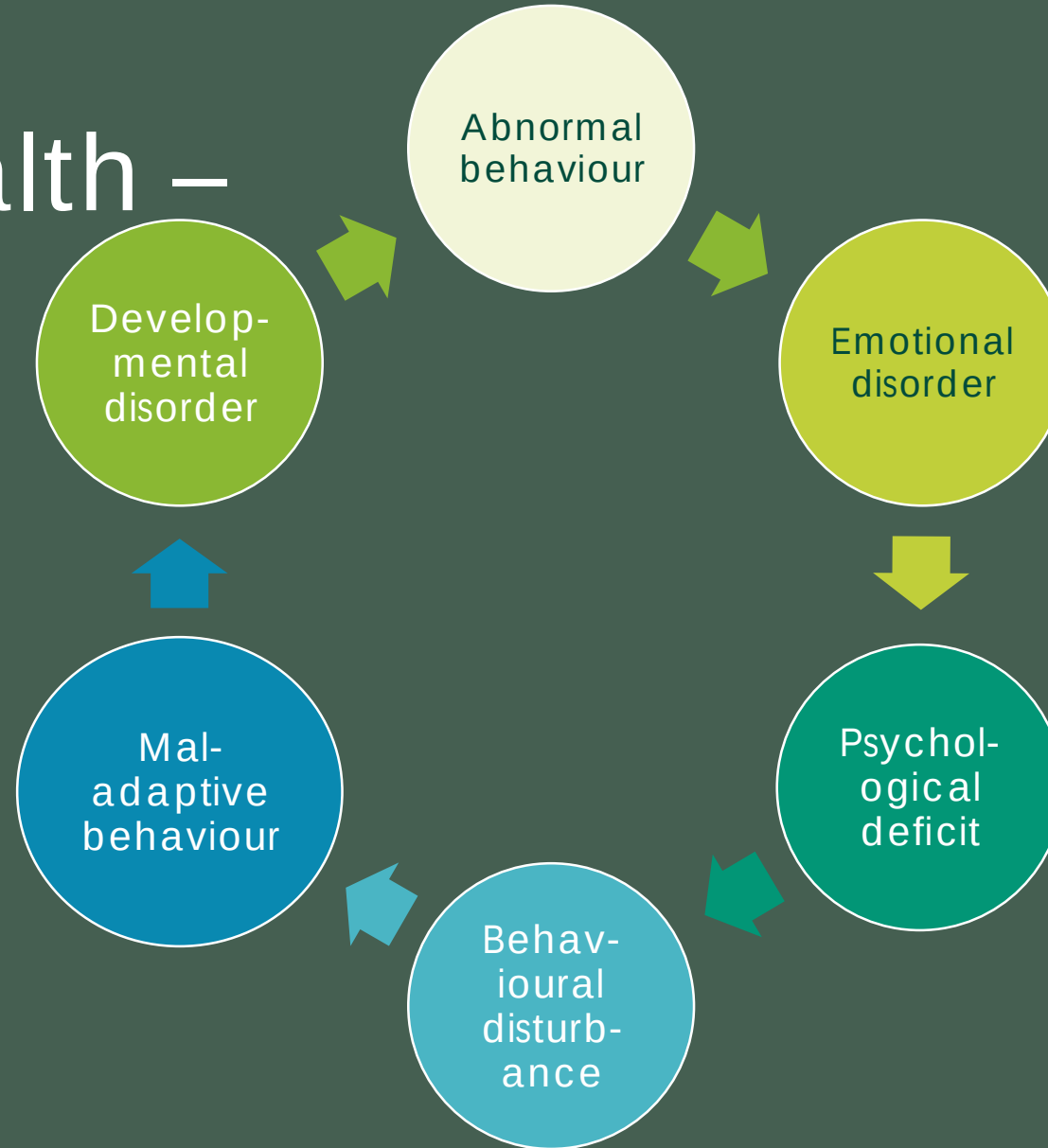
- One in 11 children (over 500,000) aged 8 to 15 in the UK has low subjective well-being at any one point in time.
- Family relationships and amount of choice and autonomy have the most significant impact on wellbeing for children in the UK.
- Overall children in the UK are most happy with their family life and their health, and least happy with their level of choice and autonomy, their appearance and the outlook for their future.
- Socio-demographic factors explain some, but not the majority, of the variations in subjective wellbeing experienced by children.
- Household income matters – because of the impact it has on whether children themselves feel materially deprived. The lack of items and experiences, such as an outdoor space to play in, or regular trips out with their family, impacts on well-being.
- External factors, such as life events, sudden changes to circumstances, relationships with others and children's involvement in decision-making, have a major impact on changes in well-being.
- Low levels of subjective well-being have been found to be associated with a wide range of problems including poor mental health, social isolation and participation in risky behaviours.

Measuring National Well-being, Exploring the Well-being of Children in the UK, 2014

- Around three-quarters of children aged 10 to 15 in Great Britain rated their life satisfaction, the things that they do as worthwhile, and their happiness yesterday as moderate to high in 2013.
- In 2011–12 in the UK, 8 out of 10 boys (79%) reported being relatively happy with their appearance. Fewer than 7 out of 10 girls (68%) reported the same.
- Around 6 in 10 UK children aged 11 to 15 (61%) talked to their mother about things that matter more than once a week in 2011-12, compared with half (51%) in 2002. Similarly, 37% talked to their father frequently in 2011-12, compared with 31% in 2002.
- Around 1 in 8 children (12%) aged 10 to 15 in the UK reported being frequently bullied physically, in other ways, or both in 2011–12.
- The proportion of children in England aged 2 to 15 who were overweight, including obese, was 28% in 2012. Children aged 11 to 15 years had a higher prevalence of being overweight, including obese (35%) in 2012 compared with those aged 2 to 10 (23%).
- Nearly all children (98%) aged 10 to 15 in the UK used a computer at home during 2011–12. Girls were more likely to use it to complete their homework, while boys were more likely to play computer games.
- Around 12% of children aged 10 to 15 in the UK reported being a victim of crime in 2013/14, half of whom were victims of violent crime.

What do children need? How can they get it?	What do children need? How can they get it?
1) The conditions to learn and develop.	Have opportunities for free play Get high quality and appropriate education and care Have positive relationships with teachers.
2) A positive view of themselves and an identity that is respected.	Be comfortable with their appearance By physically and mentally healthy Are respected and valued for who they are.
3) Enough of what matters.	Have the items and experiences that matter Have some financial autonomy through pocket money Live in a household which is economically stable.
4) Positive relationships with their family and friends.	Be active participants in decisions that affect them Have caring, loving relationships Spend time with their family and friends.
5) A safe and suitable home environment and local area Be, and feel, safe at home and in their local area.	Live in good quality housing Have space at home that is theirs for privacy
6) Opportunity to take part in positive activities to thrive.	Have a say in how they use their time. Have affordable activities in their local area Have access to outdoor spaces for play.

Children's mental health – labels



The criteria for abnormality

- Young people often exhibit unfavourable behaviours – non-compliance, social withdrawal, high activity levels, fear, sadness, delayed reading....
- But...how and when do we consider behaviours to be “abnormal”?

How they
act

What they
say

Rarely include a
specific known
marker

MH statistics in children and young people.

- 1 in 8 children aged 10 to 15 who reported symptoms of mental ill health in 2011 to 2012, as measured by a high or very high total difficulties score. (The ONS Mental health in children and young people, 2015).
- <https://www.place2be.org.uk/about-us/news-and-blogs/2020/october/new-report-from-nhs-digital-shows-sharp-increase-in-children-experiencing-mental-health-difficulties/>



When behaviour is atypical or harmful (APA, 2020).



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

- A clinically significant behavioural or psychological pattern that occurs in an individual and that is associated with distress, impairment, or increased risk of death, pain, disability, or important loss of freedom'



- The abnormality resides within the individual and interferes with adaptation (nature)



- Or may be viewed as an individual's reaction to circumstances (nurture)

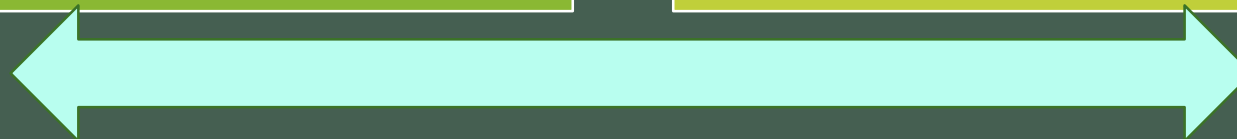
The DfES(2001) Guidance on Promotion of Mental Health within Early Years and Schools Settings -

- ***Defines children who are mentally healthy as those who:***
 - develop psychologically, emotionally, intellectually and spiritually;
 - initiate, develop and sustain mutually satisfying personal relationships;
 - use and enjoy solitude;
 - become aware of others and empathise with them;
 - play and learn;
 - develop a sense of right and wrong; and
 - resolve (face) problems and setbacks and learn from them.

Developmental standards

Developmental norms describe the typical rates and sequences of growth, and forms of physical skills, language cognition, emotion and social skills.

Behaviour is judged as anomalous to these norms (delayed development, high/low frequency or intensity of behavior, abrupt changes in behavior).



Areas to Consider When Assessing Young Children



Developmental
level of child

Quality of
important
relationships



Parent status
(capacity for
relationships)

Family situations

Signs of atypical development

- Global delays in development
- Inconsistent development
- Atypical, unusual behaviours—red flags

Red Flags in 18 months to 3 year olds:

- Eating Problems
- Non Speaking
- Extreme Shyness
- Lack Autonomy
- No Enjoyment in Play
- Poor Problem Solving
- Total Lack of Self Control
- Chaotic Behaviour

Red Flags in 6 Month Olds:

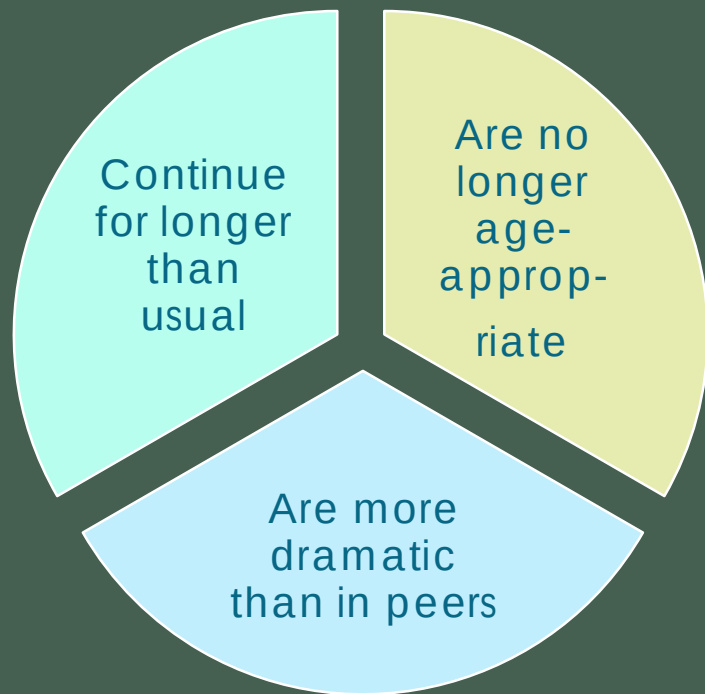
- Inability to Read Signals
- Persistent Sleep Problems
- Lack of Predictability
- Failure to Imitate Sounds and Gestures
- No Affect, Range of Feelings
- Lack of Stranger Anxiety (8 months)

Red Flags 12-18 Month Olds:

- No Words
- Persistent Sleep problems
- Withdrawn
- Excessive Rocking
- Prolonged Fears
- No Separation Distress
- Immobile, Low Activity
- No Social Engagement
- Predominant Anger and Outbursts

Whilst all children go through rough patches at home/school/friends...

- Most common problems, such as sadness after a family move, clear up with time and maturity.
- Consider three things if you suspect someone may be experiencing an emotional problem:



Behaviours or moods that are:

And also:

Frequency: how often does the student exhibit the symptoms?

Duration: how long do they last?

Intensity: how severe are the symptoms?

Cultural relevance and the appropriateness of diagnosis

- The *diagnosis cannot be considered solely from a Western perspective*.
- While it is recognized that the same disorders exist throughout the world it is equally clear that presentations may vary.
- This variability in presentation and the linkage to diagnostic terms is an area requiring further study.
- It is of particular importance in developing countries to emphasize the degree of impairment/ disability associated with a diagnosis.
- Ultimately, the specific diagnosis may be less important than the degree of impairment and the ability
- of the individual to participate in society.
- The degree of disability varies with the circumstances of the child, the nature of the community, the demands of the society, the family, etc.



SUMMARY:

The UN Convention on the Rights of the Child

- Promoting health and well-being
 - The Good Childhood Report
 - The Children's Society's key findings
- Measuring National Well-being, Exploring the Well-being of Children in the UK, 2014
 - The criteria for abnormality
- Mental Health Statistics: Children & Young People Developmental standards cultural relevance and the appropriateness of diagnosis