



Learn&Play
Home Edition

Wellbeing of school children: a framework and competency model

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Introduction

This report sets the theoretical foundations for a project that aims to assist teachers and educators in their preparedness and adaptation to teaching on wellbeing in the digital age. Wellbeing is, in general, not an easy topic to bring into the classroom due to for example stigma around it, and in the face of the digitalization of education trend, teachers' tools and competencies could need some extra support. In this report, which is the first intellectual output of the strategic partnership Learn & Play: Home edition the context of wellbeing for school children are outlined. More specifically, we report on a study done to identify which wellbeing competencies could be addressed by teachers to support children in the development and maintenance of their wellbeing. The report feeds directly into the second and third intellectual output that aim to develop practical tools for teachers and educators to deliver playful learning experiences to school children aged 6 to 11 years old.

Context of the report

The shift in education brought about by the COVID-19 pandemic forced a change in practices and pedagogies and required teachers and professionals to learn a new way of planning and delivering classes. This historical digital shift has set back most institutions and professionals, especially when we look at primary education. We must consider that this digital revolution involves a professional target group that feels already unprepared: teachers and educators. In a survey done in 2017 by the OECD only 40% of educators said to feel ready to use digital technologies in teaching, with wide differences across the EU, with the other 60% feeling the need to be trained on such tools in order to provide an eLearning experience for their pupils (Jerrim & Sims, 2019). With the pandemic, the unprecedented shift to online learning and the use of digital technologies marked a point of no return for how technology is used in education and training. However, almost 60% of the target group had not used distance and online learning before the pandemic and the educational sector was forced to develop online learning resources and acquire new teaching competencies. Most resources and teacher competencies are still focussed at delivering the usual school curricula. Developing wellbeing interventions or curricula, which are relevant, interactive and easy to use is the focus of this Erasmus+ project. This is extremely challenging especially when thinking of the youngest in the educational system: pupils starting their educational journey in primary schools.

The Digital Education Action Plan (2021-2027) outlines the European Commission's vision for high-quality, inclusive and accessible digital education in Europe. It requires stronger cooperation at European level to learn from the COVID-19 crisis, during which technology is being used at a scale never seen before in education and training and, also, to make education and training systems fit for the digital age.

Chapter 1

Current state of mental health and wellbeing of children

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Good mental health and wellbeing in childhood and adolescence is of major importance for healthy development, positive health and social outcomes in adulthood (WHO, 2013). In general, the increasingly complex global, economic, socio-cultural and planetary climate issues present significant challenges for people of all ages. More recently, the Covid-19 pandemic has had a major impact on the wellbeing for all, and in young people in particular. Children were suddenly uprooted from their usual daily structure: schools, sport clubs, youth clubs, playgrounds and day care facilities closed without them properly understanding what was going on. Figures from 60 countries showed an increase in mental health problems such as depression and anxiety over the period of the lockdowns (Bosmans et al., 2022). However, young people also revealed to be very resilient and able to bounce back from these adverse life experiences rather quickly. The long-term impact on the wellbeing of young people has not been studied yet and we can only guess what this can be.

A longitudinal study (Patel, Flisher, Hetrick, & McGorry, 2007; Thomson et al., 2014) from the UK showed that, on average, 1 in 6 children (17%) aged 6 to 16 years old suffer from mental issues. These numbers were stable over a period of 5 years. The mental health related problems included, for example, mood

disorders, panic and anxiety issues and youth suicide attempts. Furthermore, adverse childhood experiences, such as pandemics, wars, family conflict or bullying, often have a detrimental effect on children's levels of wellbeing and positive development of young people (Felitti, 2019).

In a famous mid-nineties study, researchers at Kaiser Permanente Health Clinic in San Diego studied the impact of childhood traumatic events on later life development (Felitti et al., 1998). These Adverse Childhood Experiences (ACE) constitute a wide variety of traumatising events, from very obvious ones, such as growing up during or shortly after war time, to less obvious, such as a parents' divorce, having been bullied or growing up with a mentally ill family member. Some of these events do not seem uncommon in our societies, but when combined or experienced with a dose of toxic stress, these events can have detrimental impact all the way into adulthood. More recent studies (for an overview, see: Herzog & Schmahl, 2018) have even directly linked ACEs with increased mental health issues, impaired cognitive performance and limited emotional development. Research consistently shows that at least 60% of adults have experienced at least one ACE, and that experiencing more than four seems to highly increase the risk to serious physical and mental health issues. Unfortunately, disadvantaged young people, including migrant children, are disproportionately affected by poor mental health and its adverse outcomes (Bronstein & Montgomery, 2011; Reiss, 2013)

Of course, it is not always the event itself that causes the negative long-term impact, but often how the child perceived and dealt with the event that has consequences. Certainly, an ACE creates a form of unhealthy stress in the child which puts 'pressure' on the developing brain and can lead to social, emotional and cognitive impairment. In the classroom, this can be recognised in a child having increased learning problems, challenges forming relationships, weakened physical health, aggressive and/or mean behaviour, apathic attitudes or clingy behaviour. The list of potential consequences is long and the links with ACE's are not easy to confirm. Any teacher will know that these behaviours will limit the child's access to learning and, in turn, significantly impact their personal development.

Even though the teacher is not a trained mental health professional, a healthy classroom environment and a positive teacher-child relationship can become major resources for children to better cope with mental health challenges, such as ACEs, and reduce the impairments on their wellbeing. In ensuring the acquisition and development of important social and emotional competencies, we can ensure children can better handle the challenges they encounter throughout their lives and help them flourish in the 21st century (Osher et al., 2016). This current Erasmus+ project does exactly that: prepare and support teachers in their role as supporters of schoolchildren's wellbeing, through the development of their social and emotional competencies.

The aim of this project is in line with the increasing international recognition of the need for a greater emphasis on the promotion of good mental health for children, supporting their positive development in order to address the above issues and enable young people to experience improved mental health and wellbeing, especially those who are most disadvantaged, experience structural vulnerabilities and are at higher-risk of life negative outcomes (EU, 2016; OECD, 2015a; WHO, 2013).

Chapter 2

Child wellbeing

2.1 Defining child wellbeing

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Child wellbeing is difficult to define and only few attempts have been made. A number of definitions are used by a wide range of practitioners, researchers, and policymakers and maybe the most suitable for this project is UNICEF's definition of child wellbeing. This definition is often used as a reference and takes a broad view of (the context of) wellbeing: "The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies in which they are born" (Unicef, 2007) The UNICEF definition takes an ecological approach to child wellbeing, encompassing a child's life as a whole and recognizing that all childhood experiences will contribute to their overall wellbeing. In a broad sense, wellbeing is described by the determinants of a good life for children, the promoters of growth and development, and factors that enhance the child's feelings of happiness and satisfaction.

Wellbeing is included in the UN Convention of the Rights of the Child and refers, for instance, to the right for education and for the fullest possible development. Child wellbeing is a complex concept as it not only relates to how children feel at the moment, but also their development and how this influences their future 'well-becoming' (Ben-Arieh, Casas, Frønes, & Korbin, 2014). Wellbeing has been suggested to comprise several domains. In the USA, the following domains are used to define child wellbeing: family and social environment, economic circumstances, health care, physical environment and safety, behaviour, education, and health (Land, Lamb, & Mustillo, 2001). In Europe, a rather similar set of domains have been proposed to index wellbeing of children: health, subjective wellbeing, personal relationships, material resources, education, behaviours and risks, housing and the environment (Bradshaw & Richardson, 2009). Education and development play a central role in all definitions of child wellbeing. Importantly, all these domains need to be fulfilled for good wellbeing. Scoring good on education, for instance, does not compensate for low scores in material resources.

Wellbeing relates to a child's ability to be happy in life, develop and maintain positive relationships with others and cope with challenges in a child appropriate manner. It also includes being able to deal with negative feelings and life events, bounce back in the face of adversity and, in general, it incorporates the concept of resilience (Friedli & Organization, 2009). Importantly, regardless of its definition, wellbeing is more than the absence of ill-health or mental illness (Keyes, 2007). Researchers have proposed a two-continua model of wellbeing, in which they state that wellbeing and mental ill-health are not each other's opposites. They should rather be seen as two

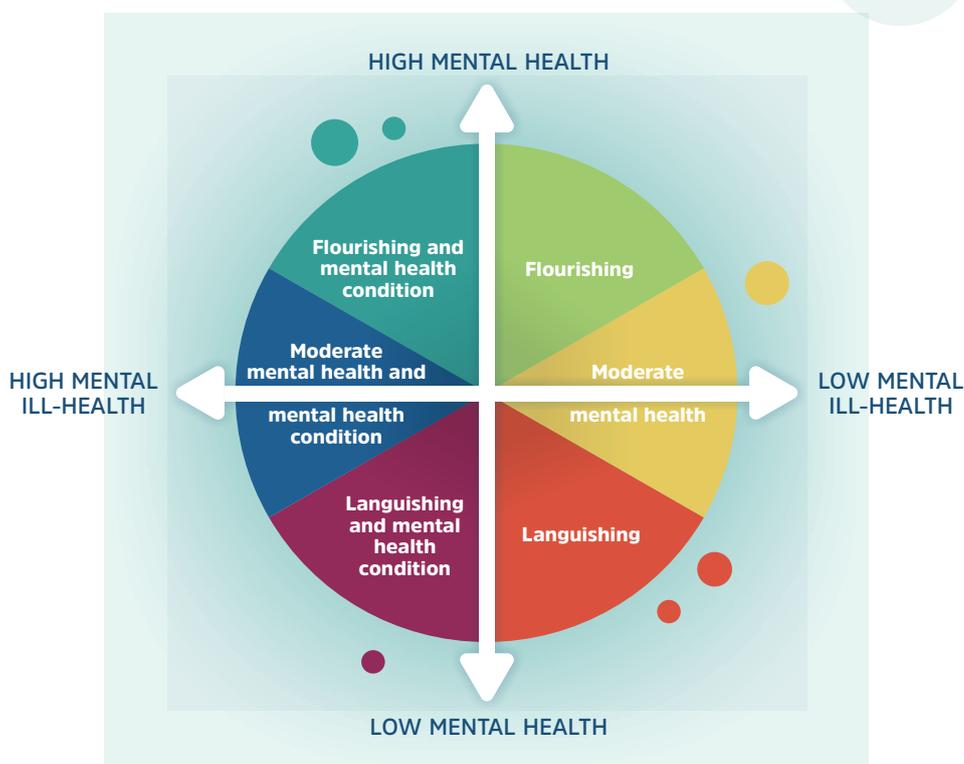


Figure 2.1. The two continua model of mental health and wellbeing (Keyes, 2007).

separate concepts that can exist together. In practical terms, this means that a young person can have mental ill-health (such as autism or panic attacks) and, at the same time, experience wellbeing. Figure 2.1 illustrates this model, in which people high in wellbeing are considered to be flourishing, which means for example having a healthy balance between positive and negative emotions, being able to use abilities, knowing your values and being psychologically resilient (Keyes, 2007).

2.2 Theories of wellbeing

The above definitions of child wellbeing include both individual (micro-level) and communal and societal factors (macro-level), which further adds to the complexity of its definition and measurement. From this perspective, wellbeing can be measured at macro-level by looking, for instance, at societal wealth, freedom, life-expectancy, and educational quality (Ben-Arieh et al., 2014). At a more individual level there is often a distinction made between eudaimonic and hedonic wellbeing. According to the eudaimonic tradition of psychological wellbeing, the aim of life is to achieve a flourishing, fulfilling and meaningful life (Huta & Waterman, 2014). In the hedonic tradition of wellbeing, happiness and subjective wellbeing are seen as the result of an optimizing of positive affect and the minimizing of negative affect. Hedonic wellbeing can be seen as the good life, where a maximization of pleasure is the ultimate goal. Both eudaimonic and hedonic traditions lead back to the ancient Greek philosophers. Scientists have argued for many years that wellbeing has an emotional and psychological component and, more recently, other scientists have stressed out the importance of adding the social component of wellbeing to the description of human flourishing: making a positive commitment and contribution to the wellbeing and proper functioning of society (e.g., Keyes, Shmotkin, & Ryff, 2002). The latest suggestion from scientists is to add a spiritual component, which adds the importance of concepts such as ‘meaning in life’ and ‘transcendence’ to the definition and measurement of wellbeing (e.g., Paloutzian et al., 2021) These theories are, however, all focused on young adults and older, but may nevertheless be relevant in child wellbeing. In sum, as this short overview shows, defining wellbeing is an ongoing and complex process as humans are part of a wide web of factors that influence each other, and science is only acknowledging this step by step.

2.3 Individual wellbeing

Renger et al. (2000) outline six interrelated dimensions of wellbeing (see also Figure 2.2). Each dimension is an essential element of wellbeing, and all are important for the wellbeing of the individual. Throughout one’s life, the relevance of each dimension may differ, but one dimension cannot compensate

for the other. All are necessary, in their own degree, for the wellbeing of the individual. The six levels are:

- **Intellectual:** Level of engagement in personal growth, creativity and intellectual activities (Roscoe, 2009)
- **Emotional:** Having a positive view of oneself, being aware of one's feelings and being able to regulate them, and having positive interactions with other people, community, and the environment (Keyes, 2007; Roscoe, 2009; Ryan & Deci, 2017).
- **Physical:** Includes a positive perception of physical health and being content with one's physical state as well as maintaining a healthy lifestyle (Roscoe, 2009).
- **Spiritual:** Having a sense of meaning and purpose in relation to others and the world around us (does not require a religion) (Roscoe, 2009).
- **Environmental:** The physical environment, and especially our natural environment, influences how one feels (Renger et al., 2000)



Figure 2.2. Model of Wellbeing (Renger et.al. 2000)

2.4 Wellbeing as a system

In a more dynamic approach, the ‘Engine of wellbeing’ has been proposed to define wellbeing (table 2.1), taking a systems approach (input, process, outcome) toward wellbeing (Jayawickreme, Forgeard, & Seligman, 2012). The input for this model can be exogenous or endogenous, with exogenous variables relating to the environment or context (e.g., income) and endogenous input relating to personality variables. The process variables are the internal states and choices that people make that influence the outcome of wellbeing, which are described as voluntary behaviours. An example of the application of the ‘Engine of wellbeing’ model in the school context is character strengths (e.g., perseverance, social intelligence) acting as input, school-related affect as process, and positive school functioning as outcome (Weber, Wagner, & Ruch, 2016). Thus, pupils high in perseverance experience more school-related positive affect which, in turn, was related to better school functioning.

Input		Process		Outcome	
Determinants	Examples	Determinants	Examples	Determinants	Examples
Exogenous resources	Education	Internal states that influence individual choices	Positive affect	Voluntary behaviours characteristic for wellbeing	Engagement
	Income		Self-control		Accomplishment
	Freedom		Cognitive evaluations		Social relationships
	Green space				
Endogenous traits	Talents / virtues				
	Capabilities				

Table 2.1. Components of the Engine of Wellbeing approach, adapted from (Jayawickreme et al., 2012)

2.5 Determinants of child wellbeing

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The input factors for child wellbeing can be highly diverse, ranging from the child’s personality characteristics to the wider community context. These domains can be categorized in four different levels (Nagaoka et al., 2015) - individual, community, societal, and environmental - which interact in complex ways (Figure 2.3). For teachers working on school children’s wellbeing, the closer to the inner circle of the model (i.e., closer to the individual), the more influence there can be. At the environmental level, most circumstances should probably be taken for granted, and teachers can have greater impact at the individual or school levels. Regardless of the amount of control, it is important to be aware of the circumstances under which a child is functioning, as this can place certain behaviours and conditions in the right perspective. Likewise, it can help to place the promotion of wellbeing in a school setting in its wider context and understand which factors are of influence.

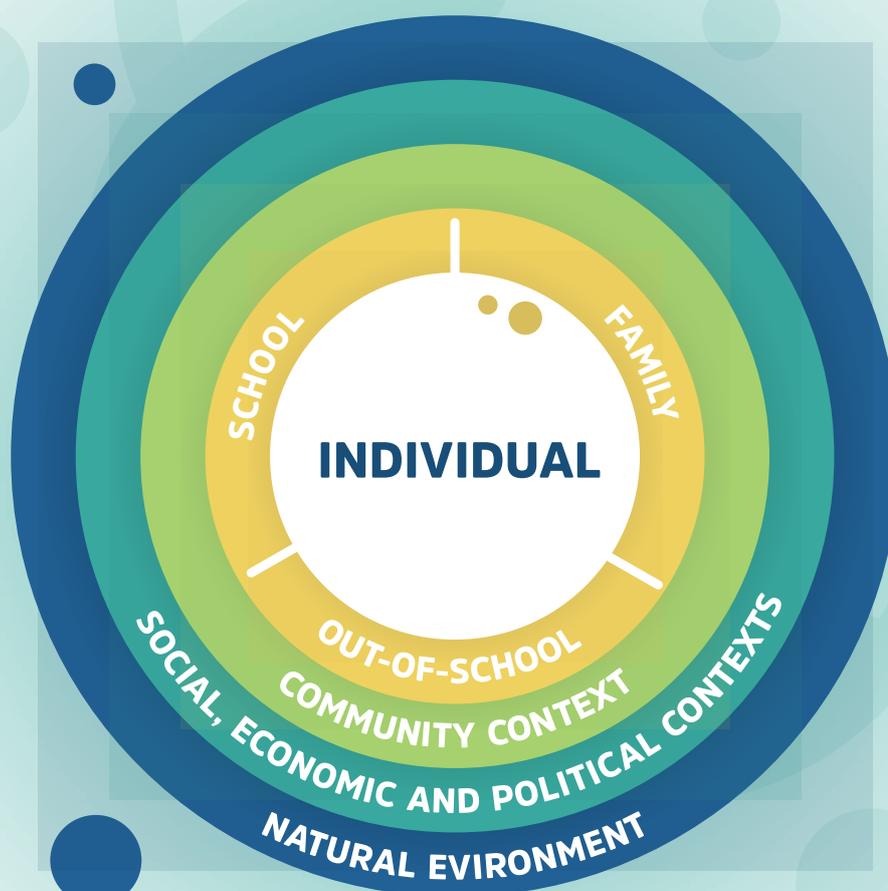


Figure 2.3. Individual, community, societal, and environmental determinants of mental health for young people (From Kuosmanen, Dowling, & Barry, 2020)

Individual level factors

Individual level factors are typically those that are described as endogenous traits within the Engine of Wellbeing approach. One of these traits is character. Six character strengths that are important for wellbeing have been distinguished (Park & Peterson, 2005): Wisdom and knowledge (acquisition and use of knowledge), Courage (will to accomplish goal in face of opposition), Humanity (tending and befriending others), Justice (civic strengths that underlie healthy community life), Temperance (protect against excess), and Transcendence (connections to the larger universe and that provide meaning).

Individual level factors can also arise from the interaction between endogenous and exogenous factors. Early childhood experiences, such as having a positive emotional attachment to caregivers, can have a long-lasting effect on children's development and wellbeing (Walker et al., 2011). On the other hand, childhood adversity is a prominent risk factor for poor mental health (Porche, Costello, & Rosen-Reynoso, 2016)



Direct social environment (family, school, out-of-school context)

The direct social environment are those people that are closest to the child, and this is also the context that matters most for a child's wellbeing. Establishing effective social relationships within this level is therefore essential. The benefits that can be drawn from social networks and social interactions are sometimes labelled as social capital.

The school environment plays an essential role in the wellbeing of children. Not only through specific interventions that target the promotion of wellbeing, but also in more indirect ways of learning social and emotional skills (Barry, Clarke, & Dowling, 2017). Indirect ways of learning includes, for instance, the quality of the reciprocal relationships between pupils and the relation of the pupil with the teacher (Coleman, 1988; Lau & Li, 2011; Parker & Asher, 1993), which is, for example, important for healthy role modelling or creating an emotionally safe learning environment in which to acquire and develop new competencies. The important role of the school environment on the wellbeing of children is not only acknowledged at an academic level, it has also been recognised at policy level by the Council of Europe (CoE, 2022).

The out-of-school context, sometimes called the youth sector, also plays a unique role in the maintenance and development of child wellbeing as it offers a great setting to practice and strengthen a range of social and emotional competencies. The youth setting is characterized by a non-formal learning methodology, which uses experiential forms of intentional learning. This can be the scouts or any kind of sports club where for example collaboration and communication skills will inevitably be developed.

The first and most important player in the healthy development of child wellbeing is the direct family. A healthy and secure emotional attachment with the prime caregiver from birth forms the first and most important source of wellbeing, with life-long lasting impact (Bowlby, 1979). Also in a school setting, a secure attachment of the child with the teacher seems of great importance for the school experience (e.g., Commodari, 2013). Although parents are probably the most important source of influence in children's and adolescents' lives (Tuominen & Haanpää, 2022), research has also shown that having a positive relationship with 'one good adult' can help young people develop resilience and overcome adversity (Masten et al., 1990; Dooley et al., 2019). Other than at school, this social resource can also be found in the community, for example in social support networks (Putnam, 2000; Tuominen & Haanpää, 2022) as well as neighbourhood characteristics and safety (Coulton & Korbin, 2007; Lee & Yoo, 2015; McDonnell, 2007).

Community level factors

An individual is always part of an ecosystem, such as the family or school setting in the case of children. This also implies that the responsibility of an individual's wellbeing is with the wider community. This is easier to understand with regards to children than it is for older persons, as our Western societies tend to make

the care for wellbeing an individuals' own responsibility. However, the quality of societies has a major influence on a child's wellbeing, and in particular how they are perceived within a culture.

Social capital, defined as “networks of relationships among people who live and work in a particular society, enabling that society to function effectively”¹, is a powerful resource that can prevent children from harm and boost their wellbeing (Ferguson, 2006; Putnam, 2000). Social capital can be found throughout communities. Social capital is proposed to consist of three dimensions: social relations, trust in other people, and reciprocity (Putnam, 2000). At home, these factors include, for instance, the level of parental interest (Coleman, 1988; Ferguson, 2006). Social capital can also be found in educational environments.

Social, economic, and political contexts

Societal factors, such as economy or politics, have a vast influence on the individual's sense of wellbeing. For example, living under extremely suppressing political circumstances will inevitably have a detrimental effect on wellbeing in the long run (Punamäki, 1996). Similarly, socio-economically disadvantaged young people and migrant young people are more likely to experience poorer mental health and leave school prematurely (Bronstein & Montgomery, 2011; Reiss, 2013). Poverty or inequality have been found to decrease school achievement, child wellbeing, and life chances in general (Brooks-Gunn, 1997; Duncan, Yeung, Brooks-Gunn, & Smith, 1998; Ferguson, Bovaird, & Mueller, 2007; Pickett & Wilkinson, 2007).

Societal factors such as war, poverty, social disadvantage, human rights abuse, violence and social exclusion, all have a negative and detrimental impact on the health and mental health of children from all regions of the world (WHO, 2014). Although it is a factor that is difficult, if not important, to change within a school context, it is important to keep in mind under which circumstances a child tries to thrive or where it has grown up in.

Physical environment

The physical environment, often neglected, can have a profound influence on child wellbeing. Crowded housing, for instance, negatively affects school performance, physical health, and behaviour (Solari & Mare, 2012). Noise pollution is another example of an environmental factor that has detrimental effects on child wellbeing (Schubert et al., 2019). In addition, and as mentioned earlier, the perception of neighbourhood safety and playability also matters. A proper attachment of the child to the place where they live contributes to wellbeing (Albers, Ariccio, Weiss, Dessi, & Bonaiuto, 2021). The place is seen as more than just the physical aspects as it also includes its' social dynamics.

The environment can have various effects on child wellbeing. Roscoe (2009) extends social wellbeing to also encompass the interaction between an

1 ¹ *"Social Capital | Definition of Social Capital by Oxford Dictionary on Lexico.com also meaning of Social Capital". Lexico Dictionaries | English. Retrieved 23 August 2022.*

individual and nature. Natural environments are indeed found to positively influence mental health in three ways (Markevych et al., 2017):

1. By reducing stress and improving mood and cognitive performance (restoration)
2. By avoiding other detrimental factors of the environment, such as air pollution or noise (mitigation)
3. By facilitating behaviours that build resilience, such as physical activity or social interactions (instoration)

Research specifically targeted at children has revealed that green space exposure can improve overall child wellbeing (McCormick, 2017), as well as determinants of wellbeing such as experiencing stress (Van Aart et al., 2018), having a healthy lifestyle (Islam, Johnston, & Sly, 2020; Ohly et al., 2016; Raney, Hendry, & Yee, 2019), behaviour (Bijnens, Derom, Thiery, Weyers, & Nawrot, 2020; Vanaken & Danckaerts, 2018), self-regulation and cognitive performance (Moens et al., 2019), intellectual development (Bijnens et al., 2020), and pro-social behaviour (Putra et al., 2020; Raney et al., 2019). Importantly, not only residential exposure to green space matters, but also green space exposure at school (Browning & Rigolon, 2019; Ohly et al., 2016)

Spill-over effects across the four levels of determinants of child wellbeing

It should be acknowledged that individual, community, societal and environmental level determinants interact in complex ways and that experiencing risk factors on one level can increase the likelihood of subsequent risk factors at other levels. For example, lower socio-economic status is often related with lower green space exposure as well as green space itself. Green space has, in turn, been found to positively influence cognitive functioning (de Keijzer, Gascon, Nieuwenhuijsen, & Dadvand, 2016; Moens et al., 2019). At the same time, socioeconomic status has been found related to dysfunctional parenting and poorer school performance (McLoyd, 1998). Dysfunctional family relationships on their own can also increase the likelihood of young people doing poorly in school and leaving school prematurely. Early school leaving increases the risk of unemployment, which in turn increases the risk of poor mental health. Furthermore, young people experiencing vulnerabilities, such as those in out-of-home care, in the juvenile justice system, those experiencing homelessness, and refugee young people are more likely to have experienced trauma earlier in their lives, which can lead to self-blame and have a negative impact on their development and mental health (Torjesen, 2019).

On the other hand, protective factors for good mental health on one level (e.g., a cohesive family) can also have a cumulative impact on other levels (positive school experience, social functioning and improved life outcomes). Green space facilitates physical activity which, in turn, improves health-related quality of life in children (Masini et al., 2021). Research has also looked at what children need in order to flourish, and have identified that hope, life satisfaction, spirituality, healthy habits and leisure activities, social behaviour, attitudes towards school

and community involvement are important (Moore & Lippman, 2006). These factors cover all four levels of wellbeing: individual, community, societal, and environmental.

2.6 Outcomes of wellbeing

Wellbeing is related to many aspects of a child's life, and outcomes of wellbeing span further than momentary positive feelings. Both hedonic wellbeing (feeling good) and eudaimonic wellbeing (feeling fulfilment) are related to a range of outcomes such as healthy behaviours, building psychological resources, and improved mental and physical health. These outcomes can be momentary, but also long-term, or even occur in the future. Behavioural outcomes of wellbeing can include those that: 1) a person would prefer to engage in; 2) contribute to better wellbeing, and 3) are defined and measured independently of other outcomes (Jayawickreme et al., 2012). The outcomes of wellbeing are legion, and include social engagement, accomplishment, social relationships and meaningful activity (Jayawickreme et al., 2012; Seligman, 2012). There is also a complex interaction between these outcomes. Mental health and education outcomes, for instance, are closely related (Porche, Costello, & Rosen-Reynoso, 2016), where high wellbeing positively relates to academic performance. In addition, factors such as resilience and social interactions can both be seen as a predictor or facilitator of wellbeing and the outcome of wellbeing (Jayawickreme et al., 2012). This Chapter will discuss a number of key outcomes of wellbeing: mental health and resilience, social relationships and accomplishment.

Mental health and resilience

Childhood and adolescence are a critical time for acquiring key skills to support positive mental health and prevent mental health problems that may precede mental health disorders (Hoare, Bott, & Robinson, 2017). Almost half of the mental disorders develop before the age of 14 (Kessler et al., 2007), and especially anxiety develops during childhood. Child wellbeing, thus, also affects mental health during adulthood.

The promotion of mental health and wellbeing during childhood can therefore have benefits that last well into adult life. Resilience is a capacity that plays a key role in maintaining good mental health when facing setbacks and stressful life situations. Positive mental health embraces the concept of resilience, which is defined as the ability to manage negative feelings and life events and to bounce back in the face of adversity (Friedli, 2009; Huppert, 2009). Researchers looked at how children living under difficult circumstances still manage to thrive soon saw that resilience is not an extraordinary power that is only for a few gifted children, but rather something that is innate to every child (Benard, 2004). Improving resilience through, for example, social and emotional learning (see chapter 4) positively contributes to a child's mental health, school performance, and social and emotional functioning, both during childhood and later on, during adulthood (Shean, 2015).

Two main models exist within resilience theory: the compensatory model and the protective factor model (Zimmerman, 2013). In the first model, other factors neutralize the detrimental effects of risk factors by counteracting their negative effects. Social support is an example of such a factor (Eisman, Stoddard, Heinze, Caldwell, & Zimmerman, 2015), as is exposure to green space (Flouri, Midouhas, & Joshi, 2014). These factors are often exogenous, and thus outside of the individual (Fergus & Zimmerman, 2005).

In the protective factor model, certain resources are posited to help protect children from risk factors by modifying the relation between these risk factors and their outcomes. These factors are highly related to wellbeing as well, and include for instance self-esteem (Dumont & Provost, 1999), but also positive emotions as suggested in the broaden-and-build theory (Fredrickson, 2001). These factors are often found within the individual (Fergus & Zimmerman, 2005).

Resilience, for instance, helps children deal with changes, such as moving to the next class, being bullied by classmates, or facing family problems such as divorce. Resilience does not take away the stress and pain that children experience, but it helps them to overcome and sometimes even master difficult life situations. A lack of resilience can result in undesirable behaviours such as substance abuse or violent behaviours (Fergus & Zimmerman, 2005).

Positive social interactions

High levels of wellbeing, or positive emotions, help build social networks and thus social resources (Fredrickson, 2001). Positive emotions shape social interactions in at least three more ways: providing information, evoking emotional responses, and providing incentives to others (Shiota, Campos, Keltner, & Hertenstein, 2004). Positive emotional expressions by parents, for example, can be used as an incentive for good social behaviour of children. A number of positive emotions also explicitly serve social causes, such as sympathy and desire (Buck, 1999). Other than positive emotions, exogenous factors can influence social interactions. Natural environments, for instance, have been found to facilitate social interactions in children (Putra, Astell-Burt, Cliff, Vella, & Feng, 2022; Putra et al., 2020).

Wellbeing is also found to be associated with both the quantity and quality of social interactions (Sun, Harris, & Vazire, 2020). Children's positive emotions and positive empathy can result in better social competences (Sallquist, Eisenberg, Spinrad, Eggum, & Gaertner, 2009) and positive emotions in school-aged children were found to facilitate peer relations (Hubbard & Coie, 1994). On a more global level, wellbeing is related to peace through the increase in social behaviours (Diener & Tov, 2007). Social capital, in turn, is important for a range of different health outcomes. Social resources, for instance, can help build resilience against aversive events (Eisman et al., 2015), and having a good social network can protect against mental and physical illness across the lifespan (Fiori, Antonucci, & Cortina, 2006; Holt-Lunstad, 2018; Kawachi & Berkman, 2001; Montgomery et al., 2020), as well as promote healthy behaviours in children (Macdonald-Wallis, Jago, & Sterne, 2012).



Accomplishment

Being able to fully exploit one's abilities is an important outcome of wellbeing. This includes building positive social relationships, but also relates to educational success and job success later in life. For children, accomplishment is often seen in an educational context, and applies not only to school but also to, for instance, succeeding in sports or successfully learning to play an instrument. In general, accomplishment -or mastery- is an important booster of mental health and self-esteem (White & Kern, 2018). On the other hand, childhood adversity has negative consequences for school engagement and academic performance (Porche et al., 2016). Especially poverty, educational poverty, a migration background, and household context are seen as risk factors for educational outcomes (Andresen, 2014; Nicholson, Lucas, Berthelsen, & Wake, 2012). Poor wellbeing scores have been found relating to lower academic achievement (Saab & Klinger, 2010). At the same time, creative cognition and educational performance can be boosted by positive emotions (Lewis, Huebner, Reschly, & Valois, 2009; Rogaten & Moneta, 2015).

Feeling well at school is a prerequisite for performing well. The term educational wellbeing (Unicef, 2007) captures this concept, and can be measured with factors such as school engagement and school performance. Writing down positive thoughts is, for instance, an intervention that can improve school wellbeing (Carter et al., 2018). Positive feelings at school can trigger an upward spiral of positive feelings leading to more positive school experience, which leads to more positive experiences and so forth (Stiglbauer, Gnams, Gamsjäger, & Batinic, 2013). Furthermore, the character strengths of hope, love and social intelligence have been found related to school-related positive affect and school functioning (Weber et al., 2016). School wellbeing and its determinants may differ between boys and girls (Allen et al., 2018; Renninger, 1998). One study, for instance, found that for boys it was more important to enjoy school work and receive the teacher's help, whereas for girls it was important not to be disturbed during classes (Løhre, Lydersen, & Vatten, 2010).

Closely related to the earlier introduced concept of resilience is that of academic buoyancy, which is the effectiveness of students to deal with academic challenges and set-backs (Martin & Marsh, 2008). Academic buoyancy has been found related to better wellbeing scores of children and students (Martin & Marsh, 2008; Miller, Connolly, & Maguire, 2013; Putwain, Gallard, & Beaumont, 2019).

The physical (school) environment is yet another factor that can influence educational outcomes. Exposure to green space, for instance, improves cognitive performance and self-regulation (Browning & Rigolon, 2019; Moens et al., 2019).

Again, factors influencing accomplishment can be found at individual, community, societal and environmental levels. Educational success is an important outcome of wellbeing. At the same time, educational settings -such as schools- are ideal settings for boosting child wellbeing.

Chapter 3

Promotion of wellbeing in schools

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Learn & Play

In all definitions of child wellbeing, education is incorporated as a key determinant. Education is, thus, an important setting in which wellbeing can be promoted. Within the 'Engine of Wellbeing' model, educational wellbeing is an important process factor to facilitate school functioning. This concept goes beyond mere access to education. Schools can also actively contribute to the increase in child wellbeing, and several programmes have been proposed to boost children's wellbeing and social competences at school. As a response to a traditional educational system in which intellectual development is the central pillar, 'whole child development' approaches have been proposed.

3.1 Positive education: teaching wellbeing at school

Positive education was proposed by Seligman, Ernst, Gillham, Reivich, and Linkins (2009) as a means of teaching wellbeing at school. It is a response to a lurking gap between how parents see the ideal of education and the reality of what is being taught at most schools. That is, most parents want their children to be happy, healthy and confident, but schools mostly still focus on achievement, discipline, and academic skills. These are of course important, but so are positive mental health outcomes.

Positive education proposes to bridge this gap by incorporating wellbeing in the school curriculum to boost academic achievement. The need for educational wellbeing is also noted by teachers (Kidger, Gunnell, Biddle, Campbell, & Donovan, 2009). In these new approaches the purpose of education is not to prepare children for an academic career, but rather to become resilient and healthy functioning people in a meaningful society. An important aspect of the positive education approach is the 'whole school approach', which extends the scope to the creation of a positive school climate in which all stakeholders of the educational process do well (Elfrink, Goldberg, Schreurs, Bohlmeijer, & Clarke, 2017). This whole school approach seems important for the effectivity of teaching wellbeing. However important, this focus goes beyond the scope of this project.

Several practical positive education programmes have been developed to improve child wellbeing in a formal school setting, and these showed to be effective (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Elfrink et al., 2017; Fredrickson, 2001). Two of these programs will be shortly introduced here: CASEL and PsyCap.

3.2 Social and Emotional Learning (CASEL)

A well-studied educational programme that is directed at improving wellbeing at school is Social and Emotional learning (CASEL). In this approach, the focus is on the development of social and emotional competencies, including positive self-esteem and self-efficacy, enhancing the management of feelings, thoughts and behaviours, building positive social relationships and fostering the ability to learn and acquire education (Osher et al., 2016; WHO, 2013). Though CASEL was developed for adolescent and young adults, it can also be a promising starting point for the development of a novel social and emotional competency model for wellbeing of schoolchildren, which, to our knowledge, is not available.

The aim of CASEL is not only to improve wellbeing, but also to boost academic achievement and decrease the risk for problem behaviours and

emotional distress (Barry & Dowling, 2015; Durlak et al., 2011). Social and emotional learning (SEL) is defined by Elias and colleagues (1997) as the process of acquiring and effectively applying the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, appreciate the perspective of others, establish and maintain positive relationships, make responsible decisions and handle interpersonal situations constructively.

CASEL is based on theories of mental health promotion (Barry, Clarke, Petersen, & Jenkins, 2019; Kobus-Matthews, Jackson, Easlick, & Loconte, 2014) and positive youth development (Lerner, Phelps, Forman, & Bowers, 2009) which focus on a strengths-based approach when promoting young people's mental health. Focusing on strengths instead of mental health problems helps to overcome potential hurdles due to the stigma young people have towards mental health problems (Kobus-Matthews et al., 2014). Social and emotional learning aims to facilitate social and emotional development in young people and thereby provides the foundation for positive social and health outcomes across the lifecourse (OECD, 2015b).

Similarly to wellbeing, social and emotional development takes place in a complex environment including family, community and wider cultural and political contexts (Bronfenbrenner, 1992), and development continues throughout the entire lifespan. Through the development of these social and emotional competencies, young people will build up resources to increase their wellbeing and psychological resilience. Especially the latter seems very important, enabling to navigate through life in a society that is sometimes a challenging and stressful place for young people who need to find and claim their place in it. Focussing on social and emotional competencies will provide them with resources to become capable navigators in life.

The implementation of CASEL or SEL (Social and Emotional Learning) has been found to improve school wellbeing, academic performance and resilience (academic buoyancy) (Ashdown & Bernard, 2012; Dowling, Simpkin, & Barry, 2019; Durlak et al., 2011; Green, Ferrante, Boaz, Kutash, & Wheeldon-Reece, 2021; Humphrey, 2013; Weissberg, Durlak, Domitrovich, & Gullotta, 2015), but the outcomes rely heavily on the quality of the programme (Weissberg et al., 2015) and its implementation.

3.3 PsyCap

Another competency model that is increasingly used to improve educational wellbeing is Psychological Capital (PsyCap). PsyCap was developed within the positive psychology movement (Luthans, Luthans, & Luthans, 2004; Luthans & Youssef, 2004). It includes four key concepts: hope (a feeling of trust in times of uncertainty) self-efficacy (having the confidence to succeed in your goal), resilience (the ability to withstand adversity and bounce back from difficulty life events), and optimism (believing that you will succeed now, and in the future) and relates to who you are as well as becoming your best self.

Psychological capital is posited to be less dynamic than a state (such as mood), but more changeable than a trait (Luthans, Avey, Avolio, & Peterson, 2010), and hence open for training. Research on PsyCap has mostly been done with employees (Newman, Ucbasaran, Zhu, & Hirst, 2014), but is now receiving increasing attention for educational applications (Carmona–Halty, Salanova, Llorens, & Schaufeli, 2019; Siu, Bakker, & Jiang, 2014). Benefits for students and school-aged children were found on performance, intrinsic motivation, learning empowerment, study engagement, mental health, flourishing, and wellbeing (Carmona–Halty et al., 2019; Datu, King, & Valdez, 2018; Finch, Farrell, & Waters, 2020; King & Caleon, 2021; Siu et al., 2014). It thus seems valuable to address the development of these competencies in school programmes.

3.4 The importance of the pedagogical relationship when working on wellbeing

Most teachers will know that a key factor in education is how a teacher educates, not just what is taught. This is particularly the case with the topic of wellbeing of children in the classroom.

In the ‘positive education pedagogy’ approach (Waters, 2021), wellbeing is built into all subjects and classes across the entire school and not simply in moments that explicitly address wellbeing. This also relates to the caught way of learning (Blyth, Borowski, Farrington, Kyllonen, & Weissberg, 2019) in which the pupils learn for example from the teacher through their way of being (for example being optimistic rather than pessimistic), through how they deal with stressful situation or the way they deal with conflict in the classroom. Some researchers even state that the quality of teachers has a larger impact on the learning of students than the quality of the curriculum, the teaching methods, the school building or the role of parents (Snoek, Swennen, & Van der Klink, 2010).

Several characteristics of the teacher-child relationship in education (also known as the pedagogical relationship) have a major impact on a child’s adaptation to the school environment and the way in which they can feel safe enough to be able to develop in the best possible way. Knowledge acquisition in young children is mostly determined by individual (cognitive) interest, or engagement. Child engagement is improved by individual and responsive interactions between teachers and students (McWilliam, Scarborough, & Kim, 2003). Feeling emotionally safe is of key importance for a child because different parts of the brain are activated then when the child does not feel safe. Children, like adults, always check they are ‘safe’ (which also means emotionally safe), before they open up and dare to connect with others. A positive pedagogical relationship, in which there is trust and connection between the teacher and the child, not only leads to better school performance but also to increased wellbeing of the child (Rucinski, Brown, & Downer, 2018).

The Self-Determination Theory (Ryan & Deci, 2017) provides a helpful framework to understand how this pedagogical relationship can be fostered. According to this theory, three basic needs of children can be considered fundamental to the quality of the pedagogical relationship and thus to their wellbeing: autonomy, relationships and competency.

The autonomy need relates to children having a certain level of agency over their tasks and learning pathway. Curiosity and inquiry-based learning are two examples of approaches in which pupils have a relatively high level of autonomy as their curiosity is leading in the education. A high amount of autonomy will not always be possible or desired in education, but it is important that pupils always get a certain amount of freedom and independence to perform learning tasks in the way that fits them best. For example, when working project-based, always proposing at least one alternative exercise is recommended, so pupils can make a choice which helps them in their autonomy need. Giving a child the option to choose to work alone, in pairs or in a larger group will also give them a sense of autonomy over their learning pathway.

The competency need refers to pupils feeling confident and experiencing joy when they are learning. The authors behind the Self-Determination Theory (Ryan & Deci, 2017) believe that (young) people have the psychological need to develop themselves through being challenged and that they need to feel confident to be able to learn and develop themselves. In education, this means that children should be given tasks that challenge them in an appropriate and proportionate way. If a child is given a task that is beyond their capacity, it will not develop their wellbeing, but it may make them feel incompetent instead, which has detrimental effects. Of course, a child should also be challenged in order to learn, so we can recommend proposing two or three games which differ in level of difficulty and letting the child decide which one they would like to do. Some children like to challenge themselves more than others and forcing any child to do so is not recommended. A child that chooses the 'easier' alternative probably does not feel as competent as a child that immediately goes for a more difficult game. Learning to trust your own qualities and capacity to learn often simply needs time and patience. A teacher's understanding of what a child needs to feel confident or when to challenge them positively through encouragement is essential for the quality of the pedagogical relationship.

The relatedness or connectedness need of the Self-Determination Theory states that children are at their best when they feel emotionally safe and connected with their teacher(s), peers and topics of learning. It also includes that the pupils get appreciated for who they are, for their character strengths and values.

In practice, as mentioned above, this could for example result in a classroom where pupils get a choice between two or three exercises (difference in topic and/or level of difficulty), decide if they want to do this alone or with peers, feel confident that they can do the exercise and get appreciated for the positive qualities they express in doing so.

A teacher that understands, sees and takes care of these three psychological needs is a major support to the child and their wellbeing education. Offering emotional support, in particular, shown through high levels of warmth, respect, positive affect, a child-centred focus and teacher sensitivity and responsiveness, is fundamental to the education of wellbeing (Buyse, Verschueren, Doumen,

Van Damme, & Maes, 2008). Lastly, the attentative presence of the teacher is also important when teaching wellbeing. This kind of presence can be defined as “a state of alert awareness, receptivity, and connectedness to the mental, emotional, and physical workings of both the individual and the group in the context of their learning environments, and the ability to respond with a considered and compassionate best next step.” (Rodgers & Raider-Roth, 2006). This basically means being a stable and emotionally grounded resource for the child in the important school environment where they will learn some of the most important skills in life.

Positive education, or teaching wellbeing at school, thus has a large potential to improve child wellbeing and potentially also adult wellbeing. Several of programmes have already been successfully implemented. What is missing in the current evidence base, however, is knowledge on the type of competencies that children need to have to improve wellbeing. These competencies are a key element for the successful development and implementation of, for instance, the delivery of play-based learning interventions.



Chapter 4

The development of a competency model for child wellbeing

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4.1 Context and design

In the previous chapters, we discussed several relevant theories for the development of child wellbeing. One of the main limitations of these theories is that they are developed for adolescents and young adults. Competencies such as, for example, the CASEL framework may therefore not be relevant for 6-11 years old schoolchildren. Such a competency framework, to our knowledge, does not exist, and yet it is needed for the development of an effective school programme and activities aiming to promote child wellbeing.

As part of this Erasmus+ project we aimed to develop a child wellbeing competency model and held a qualitative study with teachers and parents to identify the competencies they consider important for school children's wellbeing. The following research question led the study: "What are the qualities (competencies) that are important for children's wellbeing?"

Teachers and parents that are in direct contact with 6-11 years old children were invited, via email, to make a narrated description of a child in that age group with high level of wellbeing. The respondents came from Italy, Portugal, Slovenia, Spain and Latvia. In total 25 people responded to the invitation - 11 parents and 14 teachers (see Table 4.1). The results were analysed with the aim of identifying specific qualities (competencies) that are important for children's wellbeing and that can be developed in a primary school programme. The results of this analysis are used to develop a child wellbeing competency model, which will inform the development of the practical tools and methodologies under Output 2 of this project.

Country	Teacher	Parent
Slovenia	4	4
Spain	5	3
Latvia	4	3
Italy	0	1
Portugal	1	0

Table 4.1. Nationalities of respondents in the qualitative study

4.2 Methodology of Analysis

A hybrid form of inductive and deductive thematic analysis (Braun & Clarke, 2006) was conducted in order to explore and categorise the data in relationship to the aim of the study. Thematic analysis “is a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, pp 79).

Phase	Description of the process	
1	Familiarizing yourself with the data:	Transcribing the data (if necessary), reading and re-reading the data, noting down initial ideas.
2	Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4	Reviewing themes:	Checking if the themes work in relation to the coded abstracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5	Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Table 4.2 Six phases of Thematic Analysis (Braun & Clark, 2006)

The thematic analysis consisted of several phases that have been followed (Table 4.2; Braun & Clarke, 2016). This process of analysis was recursive as it was moving back and forth between the different phases, rather than in a strict linear order where the phases followed up on each other only when the previous was fully finished.

The coding was done using the MaxQDA software, without a pre-existing framework and the origination of themes was done according to the model of Jones et al. (2017) as this offered the best fit to the data. Jones' competency model was developed for young adolescents.

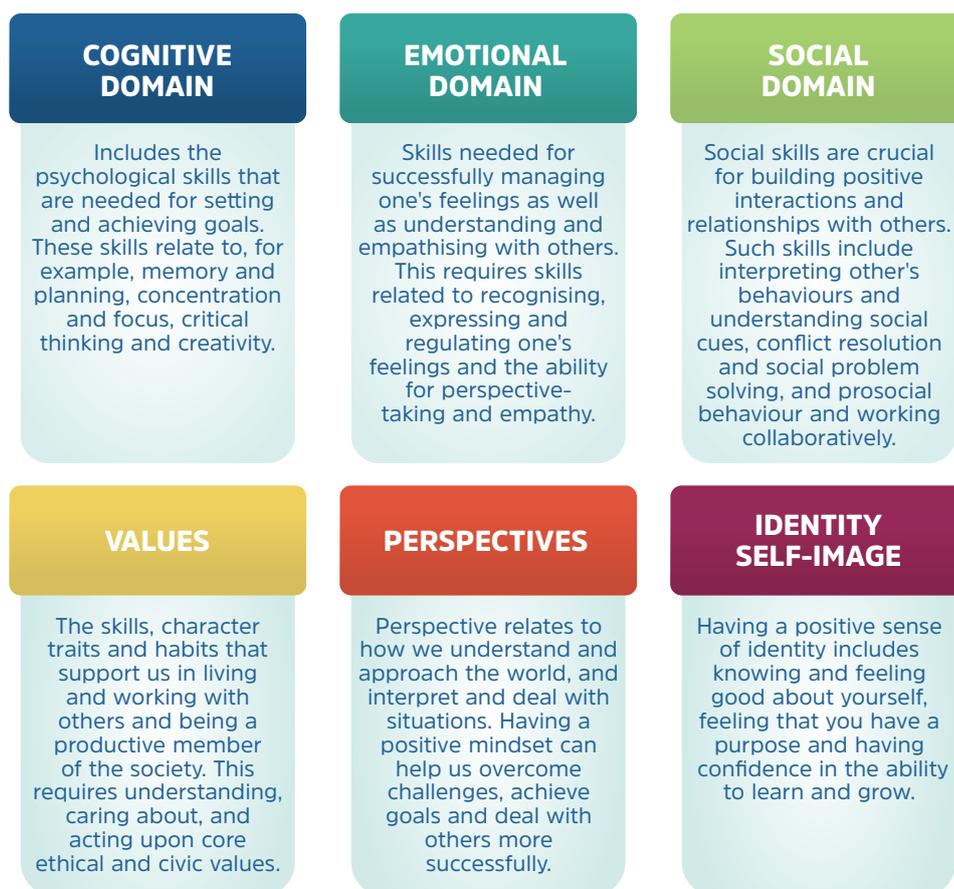


Figure 4.1 Six domains of social and emotional competencies (adapted by Kousmanen et al. (2020) from <http://exploresel.gse.harvard.edu>)

This model above (Jones et al., 2017) is an adaptation from an earlier study (Kuosmanen et al., 2020)² that was coordinated by the Anatta foundation. For this current qualitative study, the competencies (i.e., themes) were divided into these six domains of Jones' model: cognitive, emotion, social, values, perspective/mindset, and identity/self-image. In addition, the analysis revealed a seventh (additional) domain: physical.

2 https://positivementalhealth.eu/wp-content/uploads/2021/02/O1_full_web.pdf

4.3 Results: The school children competency model for wellbeing

Based on our thematic analysis, we identified a total of 27 competencies that, according to parents and teachers, are essential for developing and maintaining child wellbeing. Competencies are considered as a combination of knowledge, skills and attitudes (EU, 2017). For each of the seven domains of wellbeing competencies (six based on Jones et al, 2017 plus physical) we identified 7 cognitive, 3 emotional, 6 social, 3 values, 2 perspective/mindset, 4 identity / self-image, and 2 physical competencies. Table 4.3 presents the competencies, their description, and an example quote for each competency.

The Cognitive domain relates to the ability of children to set goals and achieve them. This includes a wide range of outcomes, including self-control, creativity, and attention.

In the present study, seven skills were mentioned by the parents and teachers. Children high in wellbeing are expected to be able to think critically, solve problems independently, set goals and accomplish them, make the right decision, be creative, experience agency over their own life, and should also be able to express their own thoughts and feelings.

The Emotional domain relates both to understanding and regulation of children's emotions, their ability to recognize these emotions in other people and to show empathy. Three skills were mentioned for emotional processes: recognizing and understanding emotions, emotional expression and self-regulation, and empathy. Children high in wellbeing are thus able to recognize, understand, and deal effectively with emotions. In addition, they can empathize with other children and have good self-regulatory skills.

In **the Social domain**, social interactions and their quality are central. Social skills are necessary for children to build and maintain positive and lasting social interactions.

Within this third domain, six skills were found. Children high in wellbeing can communicate effectively and also solve conflicts independently and positively. In addition, effective and positive social interactions were reflected in skills related to building solid relationships with both peers and adults, being respectful to the needs of others, being forgiving, and being able to collaborate.

Values refer to culturally specific values that are necessary to function within and be part of society. These values can be ethical and civic. Three skills were mentioned in the values domain: showing interest in the community, family values, and respecting rules and values in a social context.

The **perspective/mindset** domain refers to how children see the world around them and other people. In this domain, two skills were mentioned by the parents and teachers. These skills related to being open-minded and curious and being optimistic.

The **identity/self-image** domain is related to how children see and define themselves, and what they are able to achieve. It was characterized by four skills, namely having self-awareness, a mindset towards (personal) growth, self-worth, and self-compassion.

Lastly, competencies within the **Physical domain** were also mentioned by the parents and teachers. This domain is new in this context of child wellbeing and was not included in the original model by Jones and colleagues (2017). Two skills were mentioned here: being active and being playful.

4.4 The practical use of this competency model

As presented in the previous chapters of this report, a model of social and emotional competencies for child wellbeing is, to our knowledge, not available. It is therefore difficult to develop interventions for target group – children aged 6-11 – that effectively promote their wellbeing. This study may offer a first practical proposal to this need for a model. In the current project, a set of game-based activities will be developed for elementary schools for the purpose of promoting child wellbeing. The methodologies will be based on and target these individual competencies.

The competency model developed in this study was based on the structure of a previous model developed for young adolescents (Jones et al., 2017). In general, the structure of the competencies mentioned by the parents and teachers fit well with Jones' competency model. There were, however, some outcomes that appeared to be unique to school-aged children. Most strikingly, an additional seventh domain – physical- was found, with an emphasis on the importance of being active and playful. Most attention went to the cognitive and social domain. In the cognitive domain, there was a specific focus on thinking independently, whereas building social relationships and good social skills towards others were important in the social domain. Not only did it appear to be important to think positively of other people, there was also some emphasis on the importance of thinking good about oneself and being kind to yourself. Being optimistic, open-minded, curious, and creative represented elements of positive development. For values, the skills were mostly formulated towards the direct social environment (family and school level) and less towards the community or societal level, which may reflect the importance of social relatedness of young children.

The skills included in the competency model were largely in line with those targeted by Social and Emotional Learning (self-esteem; self-efficacy; management of feelings, thoughts, and behaviour; building positive relationships; fostering the ability to learn) and by the Positive Psychology Capital approach (hope; self-efficacy; resilience; optimism). In general, the skills mentioned by the parents and teachers were mostly related to eudaimonic wellbeing (becoming the person you are).

The skills were mentioned mostly in terms of the intellectual, emotional, and spiritual domains that were mentioned by Renger et al. (2000). Besides competencies, parents and teachers also referred to exogenous factors (e.g., wealth, freedom) and especially environmental factors were often mentioned (e.g., growing up in a safe environment, and in a supportive social environment). The importance of physical health was surprisingly little mentioned.

Table 4.3. 27 child wellbeing competencies divided over seven domains.

Domain / skill	Description
Cognitive	'How I think'
Critical thinking	Ability to analyse information appropriately/adequately in order to form a judgement.
Problem solving	Being able to identify a problem and possible solutions, and having an understanding of potential pros and cons for each possible solution.
Goal setting and attainment	The ability to set appropriate personal goals and achieve those goals through action.
Decision making	Decision-making is the ability to make informed decisions at any given moment. This skill requires young people to assess possible courses of action, the potential consequences for each alternative, the probability of each possible outcome, and be able to select the most appropriate one and implement it.
Able to express thoughts and opinions	Feeling confident expressing thoughts and opinions.
Creativity	Innovative and new ways of thinking, connecting and acting.
Agency	Having a sense of agency and autonomy over one's own life and environment. Feeling able to take responsibility for one's own behaviour, emotions and thoughts.
Emotional	'How I feel'
Emotional literacy	Emotional knowledge and expression. The ability to recognize, understand and differentiate a wide variety of emotions, as well as express them in a constructive manner. This includes, for example, knowing that emotions fade away over time.
Emotion regulation	The ability to respond to the ongoing demands of experience with a range of emotions and in a manner that is supportive to one's own wellbeing, socially tolerable and sufficiently flexible to allow spontaneous reactions, as well as the ability to delay spontaneous reactions when needed. It does include the ability to act even when experiencing fear.

Empathy and compassion	<p>Empathy is about being able to take in someone else's perspective, understand and feel what others are feeling, both affectively and cognitively.</p> <p>Compassion for others is a feeling of kindness, a sense of kind-heartedness towards others that is accompanied by the desire to help.</p>
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Social	‘How I relate to others’
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Communication skills	The ability to communicate and listen clearly. Being able to receive, perceive and share information with and from other people efficiently. It is a two-way exchange of information and understanding.
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Social problem-solving skills	The set of conflict resolution skills that help to address problems and conflicts between individuals in a positive manner, as they arise, and to negotiate conflict constructively.
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Relationship building and maintaining	The ability to establish and maintain healthy and rewarding relationships with different individuals and groups (peers and adults), being affectionate and confident, able to express oneself in a warm, tender and loving way towards others (when appropriate), such as giving hugs.
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Cooperative behaviour	The act or process of working together to get something done or to achieve a common purpose that is mutually beneficial.
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Being respectful of the needs of others	Understanding the (non-)verbal signals & cues in others and within social contexts that are important for participating in social dynamics. Recognising and being respectful of the needs and boundaries of others (peers and adults).
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Being forgiving	Being able to forgive people for making mistakes or for doing things that are in conflict with one's own needs and expectations.
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Values	‘What I find important in my life’
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Interest in community	Being interested in the community one is part of. In this age group, it doesn't necessarily imply actively contributing to the community.
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Family values	Giving importance and priority to values that include the entire family, regardless of its structure.
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Respecting social values and rules	Being able to understand and respect the values that are dominant in any given social context, such as school.
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Perspectives / mindset	‘How I look at the world around me and other people’
Being open-minded and curious	The desire to engage and understand the world, an interest in a wide variety of things and a preference for a fuller understanding of complex topics or problems. Being eager to learn and having a motivation for learning based on joy and internal resources, rather than the avoidance of painful experiences such as shame or guilt for not doing something (correctly).
Being optimistic	Having an optimistic expectation of the future and viewing challenging experiencing from an optimistic perspective.
Identity / Self-Image	‘How I look at myself and act based on that’
Self-awareness	Having a sense of one’s personality and character. Knowing our own strengths and weaknesses. Being aware of and recognising our own needs.
Growth mindset	Having a fundamental sense that one can change, and that this change can be achieved intentionally.
Self-worth	Feeling good about oneself and happy with the type of person one chooses to be. Having a fundamental sense of being loveable and feeling loved and accepted, feeling safe (non-judged), in relation to one’s body, oneself and others.
Self-compassion	Being kind with ourselves.
Physical	‘How I use my body’
Being active	Being active, moving and exercising.
Playfulness	Having a playful attitude and play in a physically active way.

Chapter 5

Conclusion

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Learn & Play

Child wellbeing is a very important and complex concept, which can be influenced at individual, communal and societal levels, as well as by the physical environment. Several systemic factors are essential for child wellbeing, and education is one of them. Educational settings are important venues for both the manifestation of wellbeing (academic accomplishment) and the promotion of wellbeing through positive educational programs. Multiple definitions of the concept of child wellbeing (Pollard & Lee, 2003) exist and this complicates the implementation of positive education.

This report discusses the different views on child wellbeing, the determinants of wellbeing, and the promotion of wellbeing at school. In addition, a qualitative study was conducted to identify which competencies school children could develop for their wellbeing, which is an important step necessary to successfully develop and implement positive education strategies. In this Erasmus+ project practical classroom activities will be developed for teachers to support schoolchildren in their wellbeing. This report, and its competency model, are at the base of these activities. The study revealed a total of twenty-seven competencies in seven competency domains: cognitive, emotion, social, values, perspectives, identity/self-image, and physical.

The competencies and skills mentioned by the parents and teacher are in line with previous wellbeing theories and competency models. Unique elements for schoolchildren that were found in the present study include for example the importance of cognitive and social elements, being kind to others and yourself, the importance of positive development, and the focus on the direct social environment in terms of values. In addition, unique competencies arose for being active and playful. The skills focus on endogenous factors (individual characteristics) as this is where wellbeing competencies are located. In addition, the skills were mostly formulated within the intellectual, emotional, and spiritual domain and not so much with regards to physical health. Beyond these competencies, parents and teachers also corroborated the importance of other exogenous factors such as fulfilment of basic needs (food, safety) and growing up in a safe physical and social environment.

The large number of skills necessary for achieving a high level of school children's wellbeing illustrates the complexity of the concept, as well as the demands posed on educators and parents to promote and maintain wellbeing of school children. This is especially true as theoretical accounts of wellbeing point at the separate domains of wellbeing as being emergent properties (i.e., all domains need to be fulfilled for good wellbeing) as well as the synergetic and interrelated connections between the separate domains. This high level of complexity calls for practical tools to support educators in their quest to help children realise their potential and reach optimal levels of wellbeing. These tools will be the outcome of the second and third part of this project.

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