

## How to decide what to do about children's well-being

Whenever the question of child well-being is mentioned, my thoughts first turn to my own children. I have three. They have different temperaments, different school experiences and different sets of risk and protective factors influence their life chances, And, as they develop, so my aspirations for them change.

If I ask myself, has their development been optimal? I have to answer, I don't know. So how can I dare to be so assertive about strategies for improving the development of other people's children?

It is a big part of my work. I do my best to help philanthropy, local authorities and governments prepare major investment strategies to improve child well-being (demonstrably so) and, these days, to do so at zero net cost.

The backdrop is evidence on the deteriorating well-being of children in the UK. The work by Stephan Collishaw and colleagues is the most striking example, based on the same measures with large groups of children applied over three decades. When I put his findings together with other evidence, I tend to summarise the situation thus:

All things being equal, my children will live longer than me, just as I will live longer than my father. My children will know more than I do, as I probably know more than my father. However, my children are likely to be less well-behaved than I am and less happy – just as my father was probably better behaved and happier than I was at similar points in our lives.

Of course all things are not equal, and in my case this summary is not correct in the detail. Nevertheless, there is something worrying about the general trend in the well-being of UK children.

Some commentators press the point by citing UNICEF research on well-being in rich nations, which places the UK in the relegation zone of several league tables. It is not a robust evidence base, but it tends to reinforce the argument that all is not well.

In Birmingham, we collected high quality epidemiological evidence on children's well-being. Taking one dimension of many – behaviour - we found that the proportion of children with a conduct disorder in schools was around 20% (nearly twice the national average).

[There was evidently some misunderstanding about how epidemiologists do their work. Suffice it to say that the science produces reliable indications of child well-being. But it is as important is to bear in mind that having a conduct disorder is miserable. These Birmingham children will struggle to learn. They will earn and work less in adulthood. They will take more drugs and drink more. They will start and fail in more relationships, and leave

behind more unsupported children. Their lives will be shortened. Trying to do something about conduct disorders, and other impairments to children's health and development is worthwhile.]

What is responsible for the poor state of well-being in the UK? We do not know. However, one of the potential culprits is a matter for central government, described by Richard Wilkinson and Kate Pickett in 'The Spirit Level: Why more equal societies almost always do better'. Reducing the gap between rich and poor would lead to improvement in many aspects of well-being in the UK.

The second candidate for treatment is more a matter for local government (as long as central government does not stand in the way). It can begin to be tackled by posing question: are children's services doing too many things that make children's health and development worse, and not enough to make them better?

On average, local authorities spend about £5,000 per child per annum. With this in mind, consider a city like Birmingham where roughly £1.3bn is spent on the child population. Most of this money is devolved to schools. They have the money and they have the kids. No wonder schools are emerging as a focal point for improving child well-being.

[To be brief, I chose to focus on school examples. But I could have said as much about family- and community-based interventions.]

There is a bank of evidence to support the value of around 120 programmes which focus on prevention (public health and targeted), early intervention and treatment. We are also beginning to learn about what doesn't work. It turns out that children's services tend to do less of what is known to work than they do of what is known not to work.

The seminar papers used the term 'contested debate' quite a lot, meaning 'something about which people disagree'. Well, there is quite a lot of disagreement about when we know something works or doesn't work.

It is a difficult, easily misunderstood argument, but, in my work, we put a lot of trust in randomised controlled trials, replicated several times (ideally with results brought together in a systematic review) carried out independently of the programme developer.

[It turned out that this statement was. Indeed. quite contested. I appreciate divergent views but am frequently disappointed by oponents' alternative ideas about how we can know an intervention in a child's life is effective or not. I don't think the gainsayers would take a pill that had not been tested many times over by experimental trial. They wear their seatbelts, and they take it for granted the bridges they cross have been tested to take their weight. And so – as cynically – on.]

One class of evidence based programme improves children's social and emotional regulation (some call it emotional intelligence or social literacy). They are delivered to all children in pre-school or primary school (a sensitive period in the brain's development). They provide children with skills that allow them to reflect for few moments longer when faced with stressors, such as schoolwork they cannot understand, or an annoying fellow student or parent. Eventually, the skills become routine, and reflection time continues to increase.

[I described one of the programmes - PATHS - which encourages children to hold themselves – in the shape of turtle – when faced with a stressful situation. This idea made several members of the audience cringe. "Is this therapy in schools?" "Why can't we focus on the children with problems instead of subjected all children to this idea?" "Isn't this social engineering?" "Is this what schools are meant to be about?"]

It turns out that there are about 22 proven models for achieving better social and emotional regulation in pre- and primary school children. Most take up about an hour of the school week. The meta-analysis by Joe Durlak, Roger Weissberg and colleagues suggests impressive gains by all children.

In this kind of work we use what are called 'effect sizes' to give us a routine way to assess how much impact different types of programme are having. A score of plus one indicate a very high (indeed improbably high) positive impact on children's lives, and a score of minus one a similarly high negative impact. Most programmes come in at about 0.2 to 0.4, and not all of them positive.

The social and emotional regulation programmes reviewed by Durlak and Weissberg produced an impact on emotional well-being of +0.6, on behaviour of +0.3 and -because happier, well-behaved children learn more, on school performance of +0.2.

And there are nice returns on investment. A well managed program can be implemented at zero net cost to the local authority and central government, because it will produce savings in the use of other services such as psychological interventions and reduce the burden on adult services.

In simple terms, social and emotional regulation programmes offer one of several opportunities to improve the emotional well-being, behaviour and school performance of all children. They would certainly go a long way toward reducing the rate of conduct disorders in Birmingham schools and arresting the decline in well-being in UK children as a whole.

[I went on to explain how these programme should be implemented, stressing the need for fidelity to the model and attention to the curriculum (in school based programmes), training and coaching of staff and monitoring

of implementation. My audience was more interested in the question 'should we be doing this?' than in finding out 'how should we do this?'

These data have attracted government attention, but more elsewhere than in the UK. In Singapore, for example, the state thinks that getting its smart population to work more effectively as a team will help it to compete with its Indian and Chinese neighbours. Consequently, all schools are implementing evidence based social and emotional regulation programmes with fidelity.

## Questions

The conference set contributors a number of questions. I didn't get round to my answers after my presentation and nobody seemed too bothered. For the record, this is what I thought.

1. Is attention to emotional well-being another strategy for behaviour management and control, a new form of social training, or a new form of moral education?

It could degenerate into any of these things. Most of the people helping to develop, evaluate and implement evidence based programmes regard their work as one of a range of options for improving children's health and development. We use epidemiological evidence to indicate when there is a need for improvement. We see deficits, for example in emotional or behavioural development, as indications of personal distress worth correcting, so long as the intervention is logical, evidence based, ethical, and - these days - cost-beneficial.

2. What is the legitimate role of schools in developing emotional well-being in relation to individuals themselves, and their families and communities?

Most people see schools as places where children learn what they and their parents wish them to learn. I take the more instrumental view that governments investment in schools reflects a need to prepare children for labour and to give parents the time to work.

The kinds of models that I promote can only be used if teachers, children and parents want them to be used. When used properly, they help children to learn what they and their parents want them to learn. (I also recognise the view that a third of a childhood is spent in school and this is time that can be used to make children happier and better behaved.)

3. Is the development of emotional well-being authoritarian or benign and progressive?

Poor social literacy is a miserable condition, for the reasons I have given above. I don't see giving kids the confidence to look others in the eye or to better reflect on difficult decisions as being authoritarian. In addition, I worry

a lot about the predicament – heavy drinking, depression, prison, shortened lives – of those at the severe the tail-end of the phenomenon.

4. What are critics' objections and are they valid? Which are the most salient objections?

Before any sense can be made of the moral objections expressed in the contributions to this seminar, more needs to be said and understood about the criteria for intervening in children's lives.

Relevant to this point is what children and parents (and to a lesser extent teachers) want. What do they expect from a just society?

In my approach to this work, I place what I call 'community engagement' on a par with evidence (by which I mostly mean epidemiological, qualitative and 'what works' evidence).

'Community engagement' involves asking a community to decide what it wants for its children, and how it intends to achieve it. It acknowledges that telling people what to do (or to think) is not an effective strategy.

In the communities where I have worked - the UK, Ireland, the US, (and to a much lesser extent elsewhere in Europe), people want to improve the lives of their children, in terms of their health and development. People like the programmes described in this paper, because children are palpably happier and better behaved.

There is a narrower technical objection to this approach: that we don't really know how to do this work at scale – in all schools, in all communities, or in every family home.

5. What evidence is being marshaled to justify or reject active intervention in emotional well-being?

In my narrow perspective on the world I want to know; (i) is there epidemiological evidence of a deficit in well-being; (ii) is the proposed intervention logical, ethical and effective (as measured using experimental methods); (iii) will it be used, by which I mean – is it acceptable to children and families and will managers and practitioners implement it as it was intended to be implemented.

6. Are the two images of the human subject (rationale, autonomous self in pursuit of happiness on the one hand, and flexible, reflexive self in an uncertain world on the other) fundamentally irreconcilable?

I am not qualified to answer this question. I can say that social and emotional regulation programmes of the kind I have described - just one class of evidence based programmes- are geared towards helping children

reflect more deeply before they act. What they do with that reflection is of little interest to the programme developers, or in my experience, to the people wanting to implement the programmes.

6. What images of 'social justice' are evident in policy initiatives, critics objections to those initiatives and in other perspectives on emotional well-being? What different meanings of social justice are relevant to debates about well-being, and how do old, new and 'third way' meanings of social justice contribute to our understanding of well-being?

There are a lot of questions here, and I don't know how to answer any of them. But I understand the underlying concern.

It brings me back to the question: on what grounds should any intervention in the lives of children be permitted or rejected (using a social justice framework)?

It was the first time I had encountered the argument that evidence-based programmes might be considered dangerous. There may be grounds for regarding them as exclusive, impractical, or unproven. But on what basis dangerous – and how then should society decide what should and should not be provided for the good of its children

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References:

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