

1

Emotional Well-being and Children and Young People with Special Educational Needs and Disabilities

Chapter overview

This chapter looks at why children and young people with SEND are at risk of developing mental health problems, and examines how self-determination theory and research can help us to proactively promote the emotional well-being of children and young people with SEND. It defines the terms 'emotional well-being' and 'emotional literacy'.

Key phrases

Emotional literacy; emotional well-being; interactive factors framework; Positive Psychology; self-determination theory

Barriers to Happiness

The emotional well-being (EWB) of children with special educational needs or disabilities (SEND) is a concern of many practitioners working with them. Those with disabilities are at greater risk of developing mental health difficulties than their non-disabled peers. A recent survey of children and adolescents in England, Scotland and Wales, conducted for the Office for National Statistics, showed that children with a mental disorder are three times more likely than those without to have officially recognised special educational needs (49% compared with 15%). The survey also showed that 40% of those who had been issued a Statement of special educational need (SEN) had a mental health disorder (Office for National Statistics, 1999). This fact is concerning but one must remember that the majority of children with SEND enjoy emotional well-being.

The current model of SEN has been based on a deficit model of disability and this has brought limitations in the way that some professionals have interpreted

the needs of these children and the way that we provide for them. There has been a tendency for practitioners to focus on the difficulties or existing needs that the child has. This book will show how a proactive approach to EWB in this group of children may improve the effectiveness of their provision. By introducing the latest theories underpinning emotional well-being, performance at whole-class and school level may be improved.

An international conference on the 'science of well-being' was held at the Royal Society in November 2003. In the opening address, Felicia Huppert defined 'well-being as any positive and sustainable state which allows individuals, communities and nations to thrive and flourish' (Huppert et al., 2004). This definition highlights how the individual is part of a wider system and that it is a dynamic state that enables people to thrive (or not). In recent years, the attention to positive life experiences has been motivated by the idea that social science, psychology and medicine have traditionally centred on how human shortcomings can be corrected and that it is time to learn from what works rather than from what does not. A range of characteristics are required for individuals to 'thrive and flourish'. These include positive emotions, engagement and interest, meaning and life purpose, positive relationships, self-esteem, self-determination, vitality, optimism, and resilience (Huppert and So, 2009). The Positive Psychology movement of the twenty-first century is growing in momentum (e.g. Seligman, 2011), and sits well alongside changing perceptions of what it is to be disabled and what rights to expect:

Article 23 of the UN Convention on the Rights of the Child (1989) concerns the rights of children with disabilities:

- 1 States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

This UNCRC article inadvertently supports the role of self-determination theory in the promotion of emotional well-being. Those who work with or have children with SEND will no doubt recognise the importance of promoting a child's independence, particularly in the transition to adulthood. However, until recently an evidence base to support the processes that can contribute to confidence and the ability to be self-determined has been elusive or inaccessible to front-line practitioners. Self-determination theory, put forward by Ryan and Deci (2000), holds that autonomy, competence and relatedness (or inclusion/belonging) are needs that must be met if one is to experience positive emotional well-being and motivation. In this book, I aim to demonstrate that by understanding the implications of children's disabilities on autonomy, competence and relatedness, classroom practitioners can effectively promote emotional well-being and motivation (see Figure 1.1).

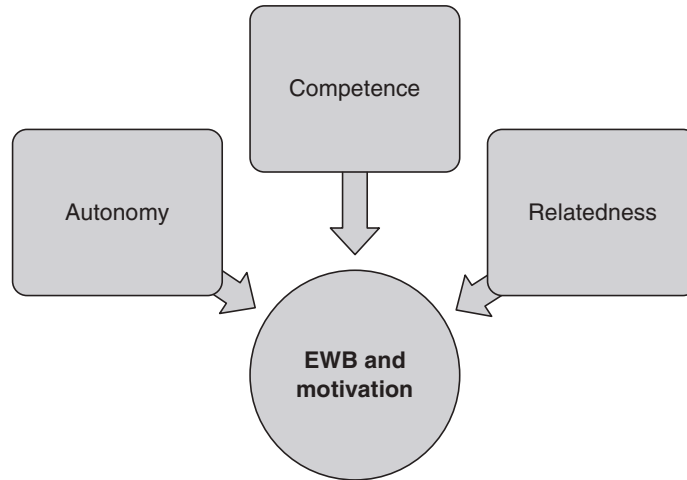


Figure 1.1 Self-determination and emotional well-being (adapted from Ryan and Deci, 2000)

Case Study: Cassie

Cassie (6) met her developmental milestones as expected by her parents until the age of 5 when she developed meningitis, or inflammation of the brain, during the flu season. Her parents were devastated to learn that their daughter acquired profound loss of hearing and epilepsy as a result. Her mother's reaction was 'if only this had happened to me instead of her' as she struggled to come to terms with her child's loss of skills. It seemed that, overnight, Cassie lost her ability to follow instructions and to learn to read, to feed herself confidently and to relate to her friends.

Observations

The implications of the illness mean that Cassie's autonomy, competence and relatedness were affected. The impact of this was a loss of self-confidence and this was a threat to her emotional well-being and motivation. Without the right sort of support to optimise the use of her other skills and other effective support, the limitations would persist. Cassie's mother responded with a guilt reaction and needed emotional support through the period of adjustment to help her learn about the new ways of supporting her daughter and to deal with the uncertainty about the future.

Later in the book, I highlight the implications of different types of disability for functioning in the three areas. The case study highlights how important it is to recognise the parents' needs through the adverse period in order that they may help their child. Throughout this book we will be considering the emotional needs of the child and strategies at an individual, family and school or community level. This is intended to enable practitioners to proactively support EWB in children with disabilities and to help them to work in a child-centred way with other agencies and parents.

In order to further set the scene, let us think about the barriers to participation that a young person with a disability may face in the wider community and how it may impact on their emotional well-being.

Point for Reflection



Joe, a 14-year-old wheelchair user: 'I love swimming but I can only go when my dad comes to visit as it is embarrassing to go into the girls' changing area with my mum.'

What barriers prevent Joe from going swimming?

Physical access to play and leisure facilities are gradually improving, but sometimes the psycho-social aspects and dignity elements are forgotten. In this situation, Joe being exposed to a girls' changing area is embarrassing for him and others around him. Another barrier may be that he is dependent on his immediate family to take part in activities that non-disabled people take for granted. The scenario begs the question: *Why is Joe so dependent on his mum? Why doesn't he have friends who can accompany him when he goes swimming?*

Another barrier is that some children and young people with SEND have fewer opportunities to socialise outside the school setting and may not have had the opportunity to develop and practise the social skills to sustain trusting friendships which would make participation in leisure more possible. For such children, their social and emotional development is an important factor in participation, and the time they spend in school is a valuable opportunity to maximise this aspect of their development.

What is Emotional Literacy?

Interest in developing social and emotional literacy at all levels has grown in recent years. A number of texts aimed at school practitioners are now available and the variety of these reflects a growing interest and demand for information on the subject. For the purposes of this book, the following working definition of emotional literacy will be applied:

... the ability to understand ourselves and other people, and in particular, to be aware of, understand and use information about the emotional states of ourselves and others with competence. It includes the ability to understand, express and manage our own emotions, and to respond to the emotions of others, in ways that are helpful to ourselves and others. (Weare, 2004: 2)

I like this definition as it is based on a sound evidence base (the robust research underpinning emotional intelligence, e.g. Salovey and Sluyter, 1997) and reflects what the classroom practitioner perceives as emotional literacy – a set of abilities or skills that can be taught.



Why Emotional Well-being?

While 'emotional literacy' is the main term of reference in this area in the UK, the term 'emotional well-being' has been chosen to reflect the author's preferred holistic and interactive perspective. A disadvantage of the term 'emotional literacy' is that it focuses attention on an individual's capacity or set of abilities. In my view, it is just as important to take into account environmental, management, biological, cognitive and behavioural factors underpinning emotional and social well-being. It also doesn't take into account personality traits or variations in well-being from hour to hour or day to day. Emotional well-being, however, reflects a person's state as dependent on their environment and is less controversial than terms such as 'mental health', which is stigmatising. It is understood in social, educational and health contexts, and the term implies that it is the responsibility of everyone, including parents, students and a range of professionals, and not just that of health departments.

We know that the social and emotional development of a child is a contributing factor to emotional well-being. We are all aware of children with poor social skills who are unhappy in school! In this book we will consider how the implications of different disabilities may impact on social and emotional development as well as EWB. For example, a child who has been diagnosed with an Autistic Spectrum Disorder (ASD) will have impaired social cognition and will therefore have difficulty in learning social rules. This in turn may lead to isolation or challenging behaviour, which in turn impacts on their emotional well-being.

Point for Practice



It is important to mention here that not every child who has a special educational need or disability has delayed social and emotional development or poor emotional well-being. Much depends on their early upbringing, socio-economic factors, character, opportunities and good teaching! A lot of what I have learned about EWB and SEND has been from the optimistic outlook of these children and their parents.

Removing Constraints to Emotional Well-being

By considering EWB rather than a child's set of emotional competencies alone, it allows us to examine the many factors outside the control of a child that may be addressed. The model described in this book introduces strategies to proactively promote emotional well-being. Although this book is about a serious



topic, it aims to imbue the reader with an optimistic outlook for the future and allow them to feel confident as practitioners about how they can contribute to the emotional well-being of children and young people with SEND.

Think of the things that make you happy: maybe it's a walk by the sea, going out for a night with your mates, getting a good result in work, having your potential recognised or any number of simple pleasures that contribute to our state of well-being at any one point in time. Imagine what life would be like if you were unable to take part in the activities that you have chosen. For some children with additional needs and disabilities, there are barriers to being able to take part in a range of activities that most of us take for granted.

The Mental Health Foundation, a charity devoted to improving the lives of those with mental health problems or learning disabilities, publishes on its website (www.mentalhealth.org.uk/) a list of activities that one can do to help promote good mental health:

- 1 Talking about your feelings
- 2 Keeping active
- 3 Eating well
- 4 Drinking sensibly
- 5 Keeping in touch with friends and loved ones
- 6 Asking for help when you need it
- 7 Taking a break
- 8 Doing something you're good at and enjoy
- 9 Accepting who you are
- 10 Caring for others.

Point for Reflection



Which of these activities would be difficult if you were a young person with severe and complex medical needs? How would you feel, knowing that you are unable to take part or that you can take part with a lot of assistance and forward planning? How can schools help to promote these sorts of activities?

You may recognise potential frustration, anger, sadness and anxiety in your response to the last point. Such feelings are all perfectly natural responses by humans to restrictions to their freedom and to a sense of injustice. If these feelings go unaddressed so that the distress persists over time, they may lead to persistent psychological difficulties such as anxiety disorders and depression. Yet, for some children and young people with disabilities, such needs go unrecognised and their emotional well-being is neglected. In addition to these feelings, there are enduring characteristics or personality traits that a person has that will affect their capacity for coping with such adversity.

Such sobering thoughts are not meant to upset you, but to highlight how there are practical obstacles to emotional health that many take for granted and to highlight the potential for addressing some of the risk factors to EWB by working proactively with others to remove the barriers to potential EWB. As professionals, we can provide children and young people with SEND with the competencies to socialise, access information and work with families and other professionals to provide opportunities to enable these children to lead fulfilled lives.

The following case study may be used to raise awareness in professionals about the impact of a hidden disability or visual impairment. I have used it on numerous occasions with teachers, teaching assistants, mobility officers, specialist teachers, counsellors and psychologists. The message it sends is hard hitting but it is a very good way of getting these issues out into the open and to generate discussion about similar cases.

Case Study: A Morning in the Life of a Teenager with a Hidden Disability

Tom is 11 years old. He lives at home with his mother and little sister (aged 9). He attends a mainstream comprehensive with a resource centre for students with visual impairments. He has to get a special bus to and from his new school (which is a long way from where he lives) and where his old friends go to school now. Tom needs to get up a lot earlier than his sister because of this, but also because it takes him a lot longer to get dressed and organised for school. He often takes the wrong books in for lessons because the colours of some of them are impossible to tell apart. His mother cannot help him with this because she has a full-time job and has little time to support him by checking that he hasn't left a book at home by accident. He is anxious about this because he knows that some teachers will give him a de-merit for not bringing in his homework. Because he is busy double-checking that he has everything and starts to rush, he knocks a glass tumbler flying across the kitchen. His mother gets cross with him, calling him clumsy (she doesn't understand why he can see some things sometimes and not others, AND she is stressed because she will need to clear it up before she can go to work). He leaves the house tired, anxious and frustrated.

When he gets off the bus at school, he has time to 'hang out' on the playing field where he tries to join in with chasing and play-fighting games. However, he sometimes misjudges space and bumps into people unexpectedly or trips over clumps of grass. Some avoid him or call him names. This hurts.

When the bell goes and the pupils go in, he passes someone in the corridor that he thinks he talked to at break yesterday about football. However, as he can't see their face and they don't say anything, he remains quiet. At break, he gets close enough to be fairly certain that it was them after all, but they turn away from him and he thinks they don't want to get to know him. He is insecure about forming new friendships, is losing confidence and feels like withdrawing. What is the point in trying anyway – they probably think that he can't enjoy football matches anymore anyway (he thinks).

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The first lesson is craft, design and technology, which he misses because he has to have a braille lesson (like learning to read and write all over again!). He'd rather learn how to use tools etc., so that he can help his dad at the weekend.

At break he tries to get a can of drink from the drinks machine but he cannot follow the instructions or see where to put the money in the slot. He is afraid people will look down on him if he asks for help, so he goes thirsty. Another long, lonely, break.

After break it is music and the class are rehearsing songs for a school concert. Tom is good at singing but cannot follow the words. His supply teacher has forgotten Tom's need to have his words enlarged. Tom feels left out and is too embarrassed to bring this to the attention of the teacher.

Before lunch, he has a maths test and is allowed twice as long to complete it with his portable reader-magnifier. He struggles with the graphs – which he used to be really good at – and is disappointed that he has to go to lunch very late so that he can finish the test (he rushes a bit and doesn't bother to check his work). His motivation is suffering.

Well, you can just imagine what lunchtime must be like for Tom, starting with having to work out what the choices are on the menu today ...

Questions

- 1 Note down the feelings that Tom had through his morning. Are there others that may have been experienced by him?
- 2 How would Tom see himself in comparison with other children? (Use your empathic understanding or try to think from Tom's point of view.)
- 3 What are the implications for Tom:
 - in his relationships with other children?
 - in other school areas and competencies?
 - for his self-esteem, independence and motivation?
- 4 Do any of these implications undermine his emotional well-being?

In the following chapters the reader will be provided with some instrumental (practical) and affective (emotional support) strategies to help offset prolonged psychological distress and in so doing aims to proactively support emotional well-being in children and young people with SEND.

The EWB Agenda in Schools

There is increasing recognition that each classroom practitioner needs to be aware of the barriers to participation in education that exist. All teachers are

teachers of children with special educational needs or disabilities. We are inadvertent agents of change in the promotion of the core aims to promote well-being in classrooms and the onus is on delivering better outcomes for our most vulnerable children. This book also aims to tackle emotional well-being in its wider sense and outlines strategies for supporting and enlisting the support of parents and other carers of children and young people with SEND.

In addition to this, the emotional intelligence and literacy movement has transcended the curriculum. In some classrooms, children with disabilities are unintentionally excluded from the implementation of such a curriculum. For example, a child who is visually impaired may not be able to read non-verbal gestures such as facial expressions, and thus will face difficulty in accessing teaching materials aimed at teaching the young child about expressing emotion through drawings or pictures of different facial expressions. In this book, practical examples will be given as to how one might modify teaching materials to address the implications of a range of disabilities and to optimise participation.

On Systemic Optimism

1 Deficit Models Versus the Ecological Perspective

Definitions of special educational needs have traditionally been based on a deficit model, where one considers the extent to which an individual deviates from the normal expectations, e.g. significant difficulties in learning compared to a population of children of the same age. Frederickson and Cline (2009) analyse the two conceptualisations of the nature of these difficulties which have prevailed in the latter quarter of the twentieth century: the focus on individual differences and the focus on environmental demands. These authors conclude that neither conceptualisation is adequate on its own, going on to outline the current support for an interactional analysis of SEN. This book considers approaches that sit within this model.

2 Disability as a Social Construct

'Disability' can be usefully viewed as a social construct that is potentially limiting to individuals when faced with it themselves, especially if they hold negative stereotypes of disability. By determining the positive growth that can occur from trauma and the adversity facing children with SEND, this book aims to challenge people's negative beliefs and to start to effect positive change.

Young people with SEND do not grow up in isolation and a learner's achievement is a result of an interaction between the cognitive skills already held by that person at that point in time and in that social context. A critical aspect of growing up is the borrowing of ideas, language, behaviour or problem-solving through collaborating with family, teacher or peers.

Children quickly acquire roles, values, ways of behaving, and ways of coping with their world, depending on their family culture within the context of the wider social culture. As children get older, the school culture and peer group have an increasing impact on personal outcomes.

This book poses positive as well as problem outcomes following the trauma of 'disablement'. The values and perceptions that adults and young people hold about disablement are critical in shaping positive values and self-perceptions as a person with a special need or disablement. If society holds negative attributions about people with disabilities, we run the risk of passing on these values to people affected. It is therefore important to avoid this in order to protect the person's identity.

Rasmussen et al. (2003) report on the pioneering work of Claude Steele (2000), who has been attempting to identify the contextual variables that affect ethnic minorities, another group which experiences exclusion. According to Steele, the very prospect of being negatively evaluated (e.g. through stereotyping) can lead to lowered performance. His evidence specifies that the decreased performance is not through lack of effort, but that high levels of effort are disrupted by the potential of a negative stereotype. Steele advocates the design of environments for 'identity safety', suggesting that specific guidelines are drawn up to ensure that diversity is respected across environments, thus giving all individuals the opportunity to thrive. We also risk restricting the life experiences of students through our own lowered expectations of what a child or young person with SEND can achieve if we do not actively promote diversity in the environment. Some of the most valued strategies used by my clients have been 'awareness-raising' workshops around the implications of their disability for teachers and peers. Inclusion is not just about a child with SEND being assimilated into a non-disabled world; it is a two-way process that enriches the life experiences and perspectives of all. This can only be achieved by the removal of the barriers of psycho-social aspects such as assumptions about what a disability involves, fear or embarrassment. Therefore, this book calls for a new systemic optimism that offers positive support and encouragement to children and young people challenged by SEND.

Chapters 2 and 3 outline the research background to the approach taken for the benefit of trainee teachers, psychologists, counsellors and youth workers who need the background evidence for the approach taken. However, as the book progresses, the approach taken emphasises the application of these ideas to practice. For now, the main implications for practice are:

- children and young people with SEND are at greater risk of developing prolonged psychological distress than their non-disabled peers;
- they may also be at risk of developing delays in social and emotional development due to restrictions in their experiences or participation;

- emotional literacy may need to be addressed as well as emotional well-being;
- promoting emotional well-being is about helping the child to develop age-appropriate social and emotional skills, providing emotional support *and* promoting autonomy, competence and belonging;
- it is important to work at an individual, child and school/community level to offset barriers to EWB in children and young people with SEND.

Summary

In this chapter we have:

- discussed the rationale for a book specifically on the EWB of children and young people with SEND;
- covered the distinction between emotional literacy and emotional well-being, and how they interact;
- examined the social model of disability and how it supports the well-being of the child in their context;
- started to think about self-determination theory and implications for classroom practice.