

Emotional wellbeing as perceived and understood through the lenses of SEL and PYD: A qualitative commentary and suggestions for future research in Aotearoa New Zealand

Veronica O'Toole¹, Rachel Martin², Letitia Fickel¹, and Eileen Britt¹

¹University of Canterbury, New Zealand; ²University of Otago, New Zealand

Aotearoa New Zealand statistics for the wellbeing of children and youth, in school and beyond, are a major concern. The Education Review Office (ERO) has prioritized the improvement of wellbeing as a school-based outcome for all children, especially Māori children whose wellbeing is lower than the mean. New Zealand schools are free to choose how they do this. From the vast range of wellbeing-promoting programmes available, not all of which meet the criteria for effectiveness, how do schools go about making their choice? This qualitative commentary contributes by examining international and national research on social emotional learning (SEL) and positive youth development (PYD), towards identifying how children's wellbeing might be promoted biculturally in schools in Aotearoa New Zealand.

Keywords: Emotional Wellbeing Aotearoa New Zealand, Social Emotional Learning Qualitative Review, Intervention Effectiveness, Positive Youth Development

Introduction

In this commentary, we respond to calls from Macfarlane et al. (2017), the New Zealand Education Review Office [ERO] (2015) and the New Zealand Council for Educational Research [NZCER] (Boyd2017), for the need to address child and youth social emotional wellbeing in school contexts in Aotearoa New Zealand, hereafter referred to as NZ. Social emotional wellbeing is a significant component of mental wellbeing (World Health Organisation [WHO], n.d.), and has recently been prioritised in the NZ Child and Youth Wellbeing Strategy for 2018-2022 (Department of the Prime Minister and Cabinet, 2019). The NZ Child and Youth Wellbeing strategy aims to improve the wellbeing of all NZ children, encompassing youth up to the age of 18 years, or 25 years if transitioning from state care, through a multi-agency approach, including the Ministry of Education (MoE). Children's mental wellbeing outcomes identified in the Child and Youth Wellbeing Strategy include a number of social emotional variables, such as their happiness, freedom from bullying, good decision-making, and awareness of the effects of their behaviour on others.

NZ Registered teachers have a primary professional obligation "to those they teach" (Education Council of NZ [ECNZ], 2018, p.26). They must "strive" (p.26) to nurture their students' capacities for thinking and developing independence, while also promoting their physical, emotional, social, intellectual and spiritual wellbeing, in line with the Māori concept of generosity and caring for others, known as Manaakitanga (ERO, 2016; Macfarlane et al., 2017). Other significant Māori values that must be reflected in teachers' nurturing of students are: pono, which requires teachers to show integrity through acting fairly, honestly, ethically and justly, and whanaungatanga which prioritises teachers' building "positive and

collaborative relationships with [our] learners, their families and whānau, [our] colleagues, and the wider community" (ECNZ, 2017, p. 2). In Te Whāriki, the Early Childhood Curriculum, mana atua (wellbeing) is one strand of the woven mat (whāriki), as the metaphor that underpins the interweaving of wellbeing with the four remaining curriculum strands. In the NZ Primary and Secondary Curricula, wellbeing is conceptualized as hauora (Durie, 1984, in MoE, 2007), and forms the underlying philosophy of the Health and Physical Education curriculum. The concept of hauora encompasses the physical, mental, emotional, social, and spiritual dimensions of health, which are also recognised by the WHO (MoE, 2019). Professor Sir Mason Durie's Te Whare Tapa Whā model compares hauora to the four walls of a whare (house), each wall representing a different dimension: taha wairua (the spiritual side); taha hinengaro (thoughts and feelings); taha tinana (the physical side); and taha whānau (family). All four dimensions are necessary for personal strength and symmetry. However, while the inclusion of hauora in the curriculum acknowledges Māori perspectives, Heaton (2018) cautions against simplistic interpretations of this concept, that may overlook the complexities and what "Māori ways of knowing could offer the field" (p.466). This is an important consideration for this commentary, in which we focus on child and youth social emotional wellbeing in NZ school contexts, due to its positive relationship with physical health, school success, career and life success (Macfarlane et al., 2017; Taylor et al., 2017).

The purpose of this commentary is to bring together various conceptualisations and research related to social emotional wellbeing, in order to assist our understandings of this construct and to discuss the research evidence as to

effective ways of nurturing this in education contexts, in line with the goals of the NZ Child and Youth Wellbeing Strategy. We discuss international recommendations as to the key content, processes and timing for successful outcomes of interventions or programmes. We suggest possible ways forward to improve children's social emotional wellbeing in NZ schools, which will also require specific attention to the social emotional wellbeing of Māori students. As explained by Professor Russell Bishop, "What's good for Māori is good for everybody [but] what's good for everybody is not necessarily good for Māori." (Te Kotahitanga, 2020). Therefore, throughout this commentary, we are aware that social emotional wellbeing for NZ children and youth must be considered through the lens of Te Tiriti o Waitangi, which acknowledges the Tāngata Whenua (Indigenous people of NZ) status of Māori. This has research implications for how we might go about fostering students' wellbeing in NZ.

We start by looking at the wide variation of wellbeing terminologies to determine which constructs may be the most relevant and useful in relation to children's social emotional wellbeing in NZ education contexts.

What is social emotional wellbeing, and how does this relate to mental wellbeing?

Mental health is defined as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, n.d.). Wellbeing is therefore integral to mental health, and as assessed by the WHO-5 (a 5-item questionnaire), comprises positive mood, vitality and feeling interested in and satisfied with life (Fleming et al., 2014; Topp et al., 2015). The NZ Youth2000 Survey Series has identified a key role for youth emotional wellbeing as a significant component of youth health, characterizing emotional wellbeing as "being happy and able to cope with problems" (Youth12 Report, Clark et al., 2013, p. 16), generally having "greater capacity to do well at school [and able to] contribute to their families and communities" (p. 22). Other indicators of student wellbeing include predominantly positive feelings and attitudes, and resilience (ERO, 2015). The NZ Child and Youth Wellbeing Strategy outcomes should enable children and youth to "build self-esteem and resilience, have good mental wellbeing and recover from trauma" (NZ Government, 2019, p. 27). Mental wellbeing is also known as "positive mental health" and "flourishing", and means more than simply feeling happy: it includes "feeling good, functioning well, has satisfaction with life, is developing as a person, and has strong relationships" (NZ Mental Health Foundation, 2019, p. 1). Other Child and Youth Wellbeing Strategy outcomes, include children and youth having knowledge of their identity and heritage (whakapapa), feeling valued and connected, making age-appropriate decisions, coping with challenges, being creative and having fun (2019).

Social emotional wellbeing has been an elusive construct to define. The early Greek philosophers debated the contrasting purposes of a good life as being one of happiness or pleasure (hedonism), compared to one of

virtue and meaning (eudomania) (Olsson et al., 2012). This debate underpins many present-day Western philosophical and psychological approaches, including Ryff's (1989) often-cited Personal Well-Being model (e.g. Fullchange et al., 2016), which defines wellbeing as encompassing "six domains of human growth: autonomy, personal growth, mastery and positive relatedness" (Olsson et al., 2012, p. 1070). The social connectedness dimension of wellbeing was explored longitudinally, through structural equation modelling (SEM) of a subset of data from the NZ Dunedin Multidisciplinary Health and Development Study (DMHDS, in Olsson et al.). They demonstrated that adolescent social connectedness is a strong predictor of adult wellbeing, as assessed through sense of coherence, positive coping, social participation and prosocial behaviour.

Over the past 30 years, a large number of interventional approaches to improving social emotional wellbeing across the lifespan have been undertaken and investigated from the psychological perspective. Four main groupings have been identified internationally by Tolan et al. (2016), based on their different theoretical origins: 1) Social Competence (SC; Waters & Sroufe, 1983); 2) Social Emotional Learning (SEL; Elias et al., 1997); 3) Positive Youth Development (PYD; Lerner et al., 2005), and 4) Positive Psychology (PPsy; Seligman & Csikszentmihalyi, 2000). Two approaches that are considered as being more currently "influential" (Ross & Tolan, 2018, p. 1171), are PYD and SEL, which have substantial theoretical overlap, with some differences. We therefore focus mainly on PYD and SEL approaches in this commentary, due to this relevance and their common use in interventions to date for children and youth in NZ (e.g., ERO, 2015, Farruggia & Bullen, 2010; Macfarlane et al., 2017). These approaches may be regarded as complementary: SEL focuses on the intra-individual processes with emphasis on individual skill development such as self-management, towards social and academic outcomes (Ross & Tolan, 2018), while PYD includes the dynamics of person-environment interactions, as a "person-environment transactional view" (Tolan et al., 2016, p. 229), towards "societal contribution and engagement outcomes" (Ross & Tolan, p. 1173).

Positive Youth Development (PYD)

PYD is a strengths-based approach drawing on Bronfenbrenner's (2005) bioecological model, and acknowledges the role of context in children's development (Farruggia & Bullen, 2010). PYD assumes that every child has potential or strengths or "assets" (Taylor et al., 2017, p. 1157) that can be developed, provided that their learning and development can proceed in nurturing and supportive developmentally-appropriate contexts. Children and youth are regarded as "resources to be developed, rather than problems to be managed" (Roth & Brooks Gunn, 2003 cited in Farruggia & Bullen 2010, p. 145). According to Tolan et al. (2016), the most frequently addressed PYD constructs include: 1) the validated Five C's Model which was developed from existing SC and social functioning measures by Lerner and Thompson (2002): Competence, Confidence, Connection, Character, Caring or Compassion, and 2) the

Assets Model (Benson et al., 2011), which derives from a developmental systems approach, focusing on ways that individuals can access and be supported by their environment towards their effective functioning and personal goals. Benson et al. identify 40 assets comprising 20 individual resources or strengths and 20 environmental systems. Resilience for example, may be seen in the individual's ability to bounce back from stress (individual resource), and knowing how to access environmental assets such as family, social or organisational support (environmental systems).

PYD approaches have been incorporated in a number of NZ services for at-risk youth as clients of multiple service systems such as child welfare, juvenile justice, education and mental health (Sanders et al., 2015). Service level PYD approaches appear to have a small direct influence on the wellbeing outcomes of at-risk youth, including pro-social behaviour, life satisfaction and self-esteem; these outcomes being mediated by their improved resilience (Sanders et al., 2015). Liebenberg et al. (2016) have identified three key service-related characteristics for effective promotion of the PYD Five C's (Bowers et al., 2010). These include enabling youth to: 1) experience positive and sustained relationships with competent, caring adults; 2) have opportunities for their engagement and empowerment; and 3) have opportunities to develop their personal life skills (Liebenberg et al., 2016). When youth had personal agency, empowerment, and were treated respectfully by service professionals, they made greater wellbeing outcome gains.

In NZ, PYD's equating of the inner individual strengths or assets with the strengths to be found in family and community contexts, resonates with Māori perspectives, whereby any wellbeing initiatives to support an individual child or youth should also involve whānau (family), hapū (clans or descent groups), iwi (tribe) and community. Sanders et al. (2015) found that although Māori males were at higher risk of engaging in harmful behaviours and/or educational disengagement than other groups, Māori and Pasifika youth across their sample reported significantly higher wellbeing and resilience than their Pākehā counterparts, which might be attributable to the protective value of Māori and Pasifika "cultural resources" (p. 50). PYD cultural resources include spiritual beliefs, feeling connected to culture, and relationships with whānau. Masten and Wright (2010, cited in Sanders & Munford, 2015) also noted a relationship between cultural group membership and resilience of Māori and Pasifika youth, and the "protective role that this has been noted to confer upon children and youth exposed to high levels of background adversity" (p. 81). Sanders et al. (2015) suggest that PYD approaches utilising intensive home, school and community-based interventions should be able to address both contextual and individual risks concurrently. This resonates with Simmonds et al.'s (2014) PYD model, Te Kete Whanaketanga—Rangatahi (The Developmental Kit—For Youth), which gives equal priority to "collective responsibility, navigating the world, cultural efficacy, health and individual strengths" (p. 220) for wellbeing for Māori youth.

Social Emotional Learning (SEL)

SEL is a "conceptual umbrella" (Tolan et al., 2016, p. 218) for a variety of approaches for improving social and emotional wellbeing at an individual level. SEL draws on extensive international research findings as to specific personal and social capabilities that produce adequate functioning in school and interpersonally. SEL is sometimes known by various other terms such as, character education, grit, soft skills and 21st-century skills, as but a few examples (Jones & Doolittle, 2017). However, SEL appears to be the preferred terminology used by policy makers, practitioners and parents, because it provides a common language and framework (Weissberg & O'Brien, 2004) and also perhaps because it indicates (based on evidence) that these skills can be learned, and is therefore an optimistic term (Jones & Doolittle, 2017). The potential responsiveness in children's personal SEL skill acquisition is also likely to resonate with school teachers. For example, 95% of U.S. teachers surveyed believed that SEL was teachable, with 97% seeing it as beneficial for students from all socio-economic backgrounds (Greenberg et al., 2017), which is consistent with current SEL outcome research findings (Taylor et al., 2017). International findings show that better mental health and longer-term wellbeing outcomes can result from actively supporting children's SEL skill development in school-based interventions, through promoting the development of social emotional knowledge, skills and behaviours for coping with normal life stressors (Taylor et al., 2017; Weissberg & O'Brien, 2004). However, despite the general consensus on the importance of SEL skills, there is generally a "healthy scepticism" (Jones & Doolittle, 2017, p. 4) as to how these skills can actually be successfully taught in schools. Furthermore, many qualified and preservice teachers feel ill-equipped to facilitate SEL (Garner et al., 2018).

Much of the international SEL interventional research emanates from the Collaborative for Academic, Social and Emotional Learning (CASEL: <https://casel.org/>). CASEL is a North American organisation that promotes evidence-based SEL as an integral part of education from early childhood through to secondary school. CASEL shares their findings widely, with up to 180 different countries as at 2019 (Mahoney & Weissberg, 2019), and has been cited in NZ by ERO (2016, p.17) and NZCER (Boyd et al., 2017, p. 10). CASEL has identified and defined five core SEL skills or competencies: 1) self-awareness, which includes the ability to identify one's own emotions, accurate self-perception, recognition of strengths, self-confidence and self-efficacy; 2) social awareness, consisting of perspective-taking, empathy, appreciating diversity and respect for others; 3) self-management, of impulses, stress, self-discipline, self-motivation, goal setting and organizational skills; 4) relationship skills, including communication, social engagement, relationship building and teamwork, and finally, 5) responsible decision-making, for which the skills are listed as identifying problems, analysing situations, solving problems, evaluating, reflecting (reflectiveness) and ethical responsibility (CASEL, 2013). This list has synergies and overlaps with PYD and the outcome characteristics identified by the NZ Child and Youth Wellbeing Strategy. As discussed by Macfarlane et

al. (2017), these SEL competencies also resonate with Māori perspectives, particularly manaakitanga and the Hikairo Rationale (Macfarlane, 1997). Macfarlane et al. (2017) have related SEL to significant Māori models, including Te Whare Tapa Whā (Durie, 1997), Ka Hikitia: Managing for Success (MoE, 2008) and Ka Hikitia: Accelerating Success (MoE, 2013). Macfarlane et al. (2017) cited Tomlins-Jahnke and Graham's (2014) successful tribally-based curriculum that focuses on relationship and partnership, through utilising "Māori thought processes and intangible features, including the social dimension (whanaungatanga) and the emotional dimension (te whatumanawa) to nurture the learning process, and ultimately the well-being and quality of life that are bound to SEL" (p. 278).

Current Social Emotional Wellbeing of NZ Children and Youth

Mental health difficulties are common during the period of early adolescence (ages 11-14 years), when many children experience heightened anxiety or stress as they negotiate their changing social, familial and peer relationships (Fleming et al., 2014). In the broader context of NZ's shameful ranking of 34th out of 41 developed countries for child and adolescent wellbeing (UNICEF, 2017), ERO (2015) expressed concern that many Year 7 and 8 students (10 - 12 years of age), were not experiencing "the desired outcomes for student wellbeing" (2015, p. 25). This correlated with their higher rates of being suspended or stood down, and lower academic achievement. Year 9 to 13 students (13 - 17 years of age) are also of concern, with Māori boys in this age group "three times more likely to be stood down, suspended, excluded or expelled than their non- Māori peers, and four times more likely to be frequent truants" (Macfarlane et al. 2017, p. 276). In an extensive questionnaire survey administered nationally to 8,500 Year 9 - 13 NZ secondary school students, Clark et al. (2013) found that 38% of females and 22% of males reported having experienced at least one prolonged period of feeling down or depressed, and reports of deliberate self-harm were common. Moreover, Māori and Pasifika adolescents and youth from economically vulnerable families were at higher risk for mental health issues (Clark et al., 2013; Crengle et al., 2013). However, across the total sample including all ethnicities, 94% of male and 90% of female secondary students were generally satisfied with their life, with 76% reporting "good emotional wellbeing" (Clark et al., 2013, p. 22). Life-satisfaction was assessed on the students' self-reported responses to five wellbeing items in the 2012 questionnaire (Clark et al., 2012), which drew directly on the five positively-stated items on the WHO-5 Questionnaire for mental wellbeing (Topp et al., 2015). This questionnaire is used worldwide, and some researchers argue that it reliably screens for depression (Topp et al., 2015). The WHO-5 Questionnaire includes self-assessment of levels of positive feelings such as feeling cheerful, calm, rested, and finding daily life interesting. These self-assessable items align with ERO'S (2015) definition of student wellbeing discussed above, and with SEL (Weissberg & O'Brien, 2004). Overall, and of concern moving forward, Fleming et al. (2014) found

that although secondary school students' self-reported mental health was generally positive, there had been a "slight decline" (p. 472) between 2007 and 2012.

Fleming, et al. (2013) analysed a subset of their data to investigate the mental wellbeing of Christchurch students, due to their questionnaire (Clark et al., 2012) having been administered after the 2010 and 2011 Christchurch earthquakes. The 558 Christchurch students were demographically "younger, less ethnically diverse and from wealthier (less socioeconomically deprived) neighbourhoods than non- Christchurch students" (p. 11), and included 77 Māori and 18 Pasifika students. Overall, Fleming et al. found a similar average rate of good emotional wellbeing at 76.5%, but lower rates of satisfaction with life and higher rates of worrying a lot, compared to students from elsewhere in NZ. Students who were directly affected by any of the earthquakes showed significantly higher rates of negative psychological symptoms compared to other students, including experiencing nightmares, avoiding situations and thoughts, hypervigilance, and feeling "numb or detached from others" (p. 17). Taking into account the decline in student wellbeing nationally since 2007 noted above (Fleming et al., 2014), these post-earthquake findings should be of concern, especially because, as cautioned by Fleming et al., this was a small voluntary sample. Other researchers have expressed similar concerns and have called for more research on the health and wellbeing of Christchurch children and adolescents, post-earthquake (Thomson et al., 2016). Also noteworthy, is the Malatest International (2016) report specifically including Christchurch as one of the four larger urban areas with the largest number of at-risk youth, the other centres being Manukau, Waitakere and Hamilton. Malatest International recommends that for these four urban centres diverting "even a small proportion from negative outcomes with significant financial cost can result in long-term financial returns" (2016, p. 109).

School is a significant social context for children who spend thousands of hours of their childhoods and youth in school classrooms (Greenspan, 1997). Therefore, it is not surprising that schools have been identified as important contexts for fostering and supporting the social emotional wellbeing of children and youth (Chodkiewicz & Boyle, 2017; ERO, 2015). In support of the previous Prime Minister's Youth Mental Health Project (2012), and drawing on a range of NZ and international research as at that time, ERO (2013) obtained national feedback on their draft evaluation of wellbeing indicators, towards developing wellbeing resources for students' success at primary and secondary schools (ERO, 2015; 2016). These publications provide conceptual and theoretical information to assist teachers' understandings of key wellbeing outcomes, and links to a range of teaching resources through their website (ERO, 2020). These resources include some Māori specific content and are provided to support the achievement of ERO's (2015) comprehensive definition for wellbeing for NZ students, as encompassing their satisfaction with life at school, their engagement in learning and social emotional wellbeing.

NZ schools are accountable to ERO for the provision of wellbeing support for students, while retaining autonomy in their decisions as to how this is to be

implemented. ERO has recommended that the MoE should support primary schools in particular, to focus more on the wellbeing outcomes for primary school children, prior to years 7 and 8 when the “cumulative effects” of earlier wellbeing outcomes become evident (ERO, 2015, p.iii). A similar concern for the mental wellbeing of this younger age group was expressed in Malatest International’s (2016) report on the 2012 Prime Minister’s project. Their evaluation of 26 mental health initiatives, revealed some “gaps” (p. 9), in these services for the under-12-year-olds. Their report recommended “funding for innovation” (p. 11), particularly for supporting Māori and Pasifika children and youth, and for more cross-sector collaboration between health, education and justice.

According to Boyd et al.’s (2017) report on the NZCER nationwide survey on wellbeing in New Zealand schools, 85% of responding teachers reported that their schools had strategic plans to support wellbeing and belonging, and 86% reported “deliberately teaching emotional skills in class” (p. 1). Strategic approaches included clearly-stated goals relating to mental and physical wellbeing outcomes as priorities in schools’ strategic plans, with the majority (47%) of schools having “some well-embedded approaches” (p. 17), 27% having one or none, and 26% having many. Although a high proportion of schools used Positive Behaviour for Learning (PB4L) as a positive intervention, other wellbeing needs which had yet to be adequately addressed, included reducing bullying behaviours, helping children recognise and manage their feelings in general, and more specifically helping them manage strong emotions such as grief and anxiety (Boyd et al., 2017).

The MoE (2013) has acknowledged that more needs to be done for Māori students, too many of whom have been left behind and have become disengaged (Bishop et al., 2009), in particular Māori boys in years 9 – 10 (12 – 14 years of age) (Macfarlane et al., 2017). National data indicate that when compared to their Pākehā peers, Māori youth “are less likely to report being treated fairly by teachers and to have teachers who have high academic expectations for them” (Crengle, et al., 2013, p 5). Māori students’ *oranga* (wellbeing) is enhanced when schools acknowledge and work with “Māori ways of knowing” (Macfarlane et al., 2007, p. 68). As teachers develop their knowledge of, and empathy for, Māori students’ identities, languages and worldviews, they are more likely to support the SEL and motivation of Māori students. (Macfarlane et al., 2017). One successful example cited, and described qualitatively in Malatest International’s (2016) evaluation, was the Kauri Restoration Project focusing on the “four quarters of life: spiritual, emotional, mental and physical” (p. 80), consistent with the four cornerstones of Māori health espoused in *Te Whare Tapa Whā* (Durie, 1997), and with the metaphor of the *rākau* (tree) expressed in the *Hikairo Rationale* (MoE, 2007). The Kauri Project’s focus appears to address the definition of *hauora* about which Heaton (2019) has cautioned (cited above), and challenged the NZ curriculum to address. *Hauora* is explained as:

“the supernatural *hau* (breath) of *ora* (life) given to *Hine-ahu-mai-i te-one* (the first feminine form).

Hau (wind or vital essence of life), *ha* (breath), *ora* (to be alive, healthy, to survive) and *wairua* (spirit) were infused into the first feminine form, the progenitor of humanity to animate life. If *hauora* can indeed be described as the animation of life, then it delivers a formidable edict to a curriculum or learning area, which may not have the metaphysical tools to meet it” (Heaton, 2018, p. 461).

Hauora knowledge, therefore, is much more complex and heterogeneous than may be presently inferred from the NZ curriculum. As one example, *hinengaro* (*Te Whare Tapa Whā*) is the Māori term for the spleen, the bodily organ “where the physical manifests in the emotional and the emotional manifests in the spiritual” (Metge, 2010 cited in Heaton, 2018, p. 464). This is “privileged” (p. 465) knowledge within Māori tradition, highlighting the need to understand and value the enrichment possible, should Māori ways of “knowing, being and doing” (Macfarlane et al., 2017, p. 278), be woven together with the core emotional competencies of SEL (CASEL, 2013; Macfarlane et al., 2017).

Evaluations of SEL Intervention Effectiveness: Key meta-analytic findings

SEL conceptualisations, theories or models and SEL interventions, programme effectiveness or best practice are different and require separate research considerations (Brzycki & Brzycki, 2019). SEL models are the ways we define and interpret SEL. Best practice is a working method (or set of working methods) that has been evaluated as being effective in producing the attributes, skills and competencies in the SEL model. In this section, we discuss the most recent evaluation research.

In 2011, Durlak et al. reported their “first large-scale meta-analysis” (p. 407) of 213 school-based, SEL programmes that had involved 270,034 students from kindergarten to secondary school level. This meta-analysis captured studies as far back as 1959 up to 2007, with the rate of evaluation research of these programmes (interventions) rapidly increasing across those decades. Criteria for inclusion included: 1) targeting one or more SEL skills; 2) targeting children and youth aged 5 to 18 without any identified behavioural or learning problems; 3) including a control group; 4) sufficient data for calculating effect sizes, and 5) if available, post-intervention at least 6 months later. For this first meta-analysis, the outcome variables focused on SEL skills, attitudes to the self and others, pro-social behaviours, emotional distress and academic performance. One of the key independent variables was the intervention format, which they had stipulated should follow four recommended practices for SEL skill development, as captured in the acronym SAFE: Sequenced (logical progression of skill development); Active (children need to be participating and practising), Focused (take the time to learn and practise) and Explicit (in terms of SEL learning goals). Findings confirmed that school-based SEL programmes “significantly improve students’ SEL skills, attitudes and behaviours” (p. 412), and these programmes can be delivered successfully by classroom teachers. Both SAFE practices and implementation problems were significant in moderating SEL outcomes,

alongside an 11 percent gain in academic outcomes as assessed through achievement tests scores in standardised reading and maths and grades in those topics.

Taylor et al.'s (2017) meta-analysis extended the outcome focus of Durlak et al.'s (2011) meta-analysis, to include PYD outcomes that were in alignment with SEL constructs. SEL skills align with a number of PYD individual assets, such as social competence, positive values, positive identity, and the promotion of social, emotional, behavioural and cognitive competencies identified by Catalano et al. (2002, cited in Taylor et al., 2017). Furthermore, both SEL and PYD have similar goals, with PYD research having already demonstrated longer-term effects. Thus, Taylor et al.'s (2017) main aims of their second meta-analysis were to: 1) extend the previous one (Durlak et al., 2011); 2) determine the longer-term follow-up effects of SEL interventions; 3) explore the synergies between the two frameworks (SEL & PYD) as noted by Tolan et al. (2016), and 4) identify ways that these approaches may be integrated. This meta-analysis also sought to test one theory of PYD that is "articulated in the SEL framework namely that: fostering social and emotional skills and positive attitudes provides students with assets that will promote wellbeing and protect against negative outcomes" (p. 1158).

Taylor et al.'s (2017) meta-analysis included 82 school-based universal (meaning school-wide, discussed in the next section) SEL interventions, 38 of which were outside of the USA, comprising 97,406 students ranging from kindergarten to high school, whose mean age was 11.09 years. Inclusion criteria were similar to the 2011 study, but SEL programmes needed to cover kindergarten through to high school. In this (2017) meta-analysis, the constructs of PYD (Bowers et al., 2010) and SEL were considered alongside each other due to the shared wellbeing goals of both. The dependent variables assessed for the meta-analysis were focused on individual change in the students only, and as for 2011, included their attitudes towards the self, others and school, positive social behaviour, academic performance, conduct problems, emotional distress, substance use and other longer term outcomes (Taylor et al., 2017). Findings showed that children and students who participated in the SEL programmes reviewed, improved in both their social and emotional assets (PYD constructs) and SEL skills, attitudes and wellbeing indicators. Specific SEL skills taught in these effective programmes included identifying emotions, perspective taking, self-control, interpersonal problem solving, conflict resolution, coping strategies, and decision-making, depending upon the developmental level of the child. Follow-up studies, ranging from 6 months to 18 years later, showed remarkable persistence in these improved outcomes. Key outcomes also included "the dual benefits of SEL interventions in terms of affecting both positive and negative indicators on wellbeing" (p. 1166). As well as the development and improvement of social emotional skills, pro-social behaviours, positive attitudes and academic performance, these also provided a protective factor reducing the later development of problems such as conduct disorder and emotional distress. These higher outcome effects were more significant in the 5 – 10 year olds, compared to the 11 - 13 year olds and 14 - 18 year olds (Taylor et al.,

2017). At follow-up, ranging from shorter to longer terms, which included measures up to 18 years' post intervention, such as high school graduation, positive wellbeing and positive life trajectories, the persistence of the effects indicated the high value for investment. The authors encourage other investigators to include these sorts of longitudinal outcomes in their follow-up studies.

A more recent review and meta-analysis conducted by Corcoran et al. (2018), focused on the effectiveness of universal school-based SEL interventions on the specific academic domains of reading, mathematics and science in classrooms from Pre-Kindergarten (pre-K) to Grade 12 (equivalent to New Zealand Year 13). Forty studies were included according to nine criteria, including dependent measures of reading, math and science, duration of at least 12 weeks, and programme intensity (number of sessions). Amongst their findings, SEL interventions had more positive effects on academic domains of reading and mathematics, compared to science. Effect sizes in turn, were higher or lower, according to whether the research designs were randomized control trials (RCT's) or quasi-experimental, respectively. Corcoran et al. made note of the Positive Action Programme (Flay & Allred, 2003), as "having substantial promise as an effective SEL program on academic outcomes" (p. 22). The Positive Action Program focuses on social emotional character development and has shown improvements in positive affect and self-esteem, with a corresponding reduction in psychological distress such as anxiety and depression, in youth in low-income urban environments (Lewis et al., 2013). Corcoran et al. (2018) also observed that "more SEL does not necessarily result in better outcomes" (p. 21). They suggest the need for more large-scale, RCT's focusing on academic outcomes, perhaps focusing on programmes with similar designs to facilitate "better comparisons" (p. 69). They also recommend that there is a place for more qualitative research, through which more could be revealed on both the content and processes of SEL interventions.

Structure and content of effective SEL interventions

The term "universal" as applied to school-based SEL interventions refers to those that are designed to meet the needs of the majority of the participants, such as a whole-school and sometimes home approach (Greenberg & Abenavoli, 2017). Universal intervention design structure may be represented by a three-tiered "Intervention Triangle" (Boyd et al., 2017, p.10). Typically, a Tier 1 Intervention is a school-wide, protective, preventative "universal proactive approach" (p. 11), to promote positive outcomes, foster a sense of belonging and reduce risk factors for students overall, and is likely to be successful for approximately 85% - 90% of the students. Tiers 2 and 3 focus on the 5-10% or 1-5% of students who may be respectively more vulnerable, or at more severe risk. The three-tier approach therefore provides a model that enables schools to be clear in their targeted groups for programmes (Boyd et al., 2017, p.10; ERO, 2016, p. 17). This three-tiered model has been used successfully in NZ in the implementation of PB4L (Boyd et al., 2017). Boyd et al.'s (2017) NZCER report has also identified classroom SEL experiences as reviewed in Durlak et al.'s

(2011) meta-analysis of SEL programmes, as important Tier 1 contributors to student wellbeing and achievement. Other contributing factors include feeling connected and a sense of belonging, caring relationships with teachers, perceived fairness and justice regarding behavioural concerns, and access to comprehensive health support.

Greenberg et al. (2017) have found that the most effective school-based interventions are those that begin as Tier 1 interventions and then target Tiers 2 and 3, as, if and when required, which they describe as “vertical integration” (p. 22). Horizontal integration refers to the ways that the SEL interventions are integrated within and across the school curriculum. If teachers themselves are specifically trained in SEL skills, they can then model and teach these skills, while also embedding such skill development into topics across the curriculum (Greenberg et al., 2017). This point has been highlighted by Schonert-Reichl et al. (2017), who have identified the need for more explicit SEL training for teachers in preservice training and inservice professional development, so that they can effectively deliver SEL programmes. They state strongly that “to reach the students, teach the teachers” (p. 6), and that professional development for teachers is crucial. Chodkiewicz and Boyle (2017) also recommend teachers as the ideal facilitators, because they are with their students more than any visiting facilitator could be, and can therefore foster their wellbeing goals in an integrated and persistent way, with professional support. Macfarlane et al., (2017) note that SEL is “not a new phenomenon for Māori” (p. 275) whose oral traditions and values are permeated with SEL “imperatives” (p. 275). Therefore, imbuing SEL approaches with te ao Māori perspectives, inclusive of mātauranga Māori (Māori knowledges), experiences and spirituality, should enhance the authenticity of any SEL intervention programme for both teachers and children/students and their whānau, hapū, iwi, and community.

For teachers trying to make sense of the wealth of data that has accumulated on SEL and wellbeing programmes in general, CASEL (2015) provides a summary of specific outcome measures of individual programmes that they have evaluated. Criteria for effectiveness (evaluation outcomes) include evidence of improved academic performance (up to 11% higher than non-SEL counterparts), improved positive social behaviour “such as greater motivation to learn [and] increased time devoted to schoolwork” (p. 9), reduced conduct problems, and reduced emotional distress, such as less depression and anxiety. However, SEL programmes reviewed by CASEL may not directly superimpose onto or fit into NZ’s Te Tiriti context. One aspect not included the CASEL criteria, that is highly relevant for Māori students, is the importance of language and culture as integral to identity, wellbeing and success (Macfarlane et al., 2017). As noted by Macfarlane et al., the national strategy of Ka Hikitia (MoE, 2013) has laid down the challenge to the NZ education sector to provide more empathetic and appropriate educational experiences for Māori, such approaches aligning well with these SEL goals of improved academic and social emotional outcomes. As argued by Macfarlane et al., the time is right to map out and compare the various components of the various models of SEL and related interventions towards assisting

practitioners and researchers together to find effective developmentally and culturally appropriate interventions that can be applied at a practical level and critiqued as to their fit for the NZ context.

To ensure the success of school-based SEL approaches, the SEL programme content must be based on “a sound theoretical framework based on reliable research [and on] sound theories of child development” (Weissberg & O’Brien, 2004, p. 94). The most effective programme content includes teaching the five core SEL skills of self-awareness, social awareness, self-management, relationship skills and responsible decision making, at a developmentally appropriate level (Taylor et al., 2017; Weissberg & O’Brien, 2004). Based on their findings, specific content should include teaching about and facilitating skill development in emotional awareness, self-control, interpersonal problem-solving skills and peer relationships. Where these skills are taught didactically as knowledge transfer they have minimal impact, compared to interactive approaches which have greater effect, with weighted effect sizes (ES) of 0.05 and 0.15 respectively. Successful interactive methods include modelling the behaviours or skills, allowing time for children to rehearse and obtain feedback, and helping children with “behavioural goal-setting and cues to prompt competent behaviour in a variety of settings” (Weissberg & O’Brien, 2004, p. 93). Extending this beyond school to the home and community, enhances the effectiveness. Overall, the beneficial effects extend to all aspects of daily life and as their team’s later meta-analysis has shown, these effects can persist through to adulthood and beyond (Taylor et al., 2017). Also, key to the success of such programmes, is the need for a coordinated approach and for professional development and ongoing support for teachers implementing these. In applying these findings to wellbeing programme development that is applicable with a Te Tiriti approach, it is important to acknowledge that culture is a determinant in identifying the key assumptions, understandings and theoretical perspectives of emotion, wellbeing and related constructs. As Keltner, Oatley and Jenkins (2014) argue, different cultures will have “different stances” (p. 58) on the authenticity of emotions as constructs and experiences. Therefore, any intervention in NZ should extend the Western construction of emotion and related competency development to include Indigenous understandings of “emotional healing and wellness” (Heaton, 2018, p.461).

Macfarlane et al. (2017) have described an optimal structure for SEL programme delivery, drawing on the recommendation of Catalano et al. (2004) for “structure and consistency in programme delivery” (p. 114), through the acronym SAFE (Durlak et al., 2011) defined above. This SAFE structure may be applied to include ways of showing the respect, kindness and caring of manaakitanga, also including specific suggestions as to how to achieve caring for students’ physical, mental and spiritual wellbeing. When manaakitanga is enacted to its full potential, students should experience a sense of belonging, a sense of security in their own identities, and engaged in school (Macfarlane et al.) These interpretations of manaakitanga should be included in any SEL programme development in NZ in order to ensure cultural responsiveness. Furthermore, social emotional

wellbeing needs to include the home language of the child and in NZ, the official language of NZ, te reo Māori (O'Toole & Martin, 2019).

Wellbeing, SEL and PYD research in NZ

In 2009, Swain-Campbell and Quinlan responded early to the growing expectations of NZ schools to address children's social and emotional needs. They investigated the school-related wellbeing of 461 children from nine Dunedin schools situated in a range of mid to lower socio-economic neighbourhoods. Almost half of these children were New Zealand European, 2.8% were Māori, 6.2% both Māori and New Zealand European, 1.5% Samoan, 1.2% Samoan/European and the remainder had a wide range of ethnic backgrounds. Using a self-devised questionnaire, they obtained self-reports from children and parents on four school-related wellbeing components; namely, school variables, classroom factors, emotional wellbeing and health behaviours. The majority of the children reported liking school, 14% reported having been teased more than five times in the previous week, and 5% reported never feeling safe at school. School environment appeared to be a more significant variable for students liking school, which included having fun, finding the work interesting and having the sense that their teacher liked them. Although the authors found that social and emotional factors were less correlated with liking school, they acknowledged that this might reflect their questionnaire items. For example, shortly after their data collection they noted that a new happiness measure had become available. Also since that time, ERO (2015), and NZCER (Boyd et al., 2017) have extended the definitions and criteria for children's wellbeing at school. Current measures are more likely to include the SEL competencies as recommended by CASEL (2015) or as assessed in the Youth2000 Survey Series (Fleming et al., 2014). Six years on from their 2009 study, Quinlan et al. (2015) took a PPsy and PYD approach to investigate the effects of implementing a classroom-based, character strengths building, six-session intervention with 193 Dunedin 9-12-year-old students, on a number of school variables, including their affective wellbeing. Amongst their findings was a positive relationship between students' subjective wellbeing as assessed through the positive affect scores in the brief Positive and Negative Affect Scale (PANAS; Watson, Clark & Tellegen, 1988), and their improved awareness and use of their personal strengths. However, there was no associated decrease in negative affect, which the authors found to be consistent with previous research. It was found that the interactive nature of the students' engagement with the programme made a significant positive difference to the outcome, consistent with SEL recommendations above (e.g., Weissberg & O'Brien, 2004). This type of study may have scope in the future to include strengths from a te ao Māori perspective, such as identifying the strengths that are valued by whānau, hapū, iwi and community.

In another study associated with the overall student wellbeing research from Auckland University, Canning et al. (2017) investigated the relationship between neighbourhood opportunities for PYD and adolescent depressive symptoms, wellbeing and suicide risk. This was a large study comprising 5191 adolescents from 266

different neighbourhoods. They found that where there were more opportunities for youth to be actively involved in helping people, and participating in church groups or sports teams, youth in these neighbourhoods reported higher levels of wellbeing as self-reported through the WHO-5 wellbeing index (Topp et al., 2015). However, these neighbourhood opportunities did not reduce their depression or suicide risk as assessed through further measures, which was similar to the findings of Quinlan et al. (2015) above. As the authors explained, while PYD research has confirmed the positive influence of the neighbourhood external assets on the internal assets of being happy, healthy and making a contribution to society, perhaps neighbourhood assets are generally less relevant to these internal states (assets) than more immediate contextual assets such as family. Together with the findings of Quinlan et al. (2015), these findings, which are counter to the dual benefits found by Taylor et al. (2017), suggest a complementary role for SEL approaches to building intra-individual SEL skills to promote and/or enhance the PYD internal assets.

A wellbeing study that did focus on more internal SEL skills was conducted by Devcich et al. (2017). They compared the effectiveness of a mindfulness programme developed in NZ, that included Māori perspectives, and which had been researched previously, to the effectiveness of a commercially available resource designed to build emotional literacy, on wellbeing outcomes of 91 Auckland children aged 9 to 11 years. They found that both programmes increased the wellbeing outcomes measured, with the mindfulness programme having a significantly greater effect. Differences between these two programmes included the incorporation of Māori perspectives in the mindfulness programme, and the teachers' prior experience in coaching mindfulness.

A cultural comparative perspective on adolescent wellbeing led a team of NZ researchers to explore the links between narrative identity, personality traits and wellbeing for 263 adolescents aged between 12 and 21 years, from three New Zealand cultures: Māori, Chinese, and European (Reese et al., 2017). Narrative identity was conceptualised as "the unique aspect of self that is tapped by one's life story" (p. 612), such as talking about one's traits, goals, motivations and coping strategies. Amongst their findings, was that narrative identity was positively linked to wellbeing in later adolescence, but not in early adolescence. Based on their view of the importance of narrative identity as a source of resilience in adolescence, especially for young Māori, they recommend that future in-depth research is needed with younger adolescents to find out cause for this disparity, towards suitable interventions to "foster wellbeing" (p. 625). These recommendations may be considered for inclusion in future SEL research in NZ and align with the recommendations on the importance of identity by Macfarlane et al. (2017). For example, manaakitanga, the perspective for viewing and implementing SEL through an "indigenous lens" (p. 273), encourages teachers to recognize the importance of and support the cultural identity or "mana" (p. 283) of Māori students as a priority. This should foster an environment of "aroha" (p.283), the Māori concept of love and care, which in turn should foster the wellbeing of both Māori and non-Māori students

in such classroom contexts. Positive impacts on the self-efficacy and improved Māori identity perception of six Māori youth over the age of 16 years resulted from an earlier PYD Project K study conducted in a context of cultural care and support synonymous with manaakitanga (Hollis et al., 2011). These youth reported experiencing “ethnic equality [without it being experienced as] “race specific” (p. 56).

More recently, Dyson et al. (2019) reported their case study investigating NZ primary school teachers’ perspectives of SEL. Amongst themes found were positive interdependence, which incorporated social awareness, social interactions and problem solving, respect for the self and others, care, empathy, and two key competencies of the NZ curriculum, namely self-management and relating to others. They also identified the SEL competency of self-awareness. In the category of care, they identified two Māori concepts of mana and aroha (p. 74), which is consistent with Macfarlane et al.’s (2017) perspective on manaakitanga. The case study teachers had different individual perspectives on how these SEL characteristics were conceptualised and developed. Dyson et al. noted that with respect to Te Whare Tapa Whā, the teachers focused on taha hinengaro (mental and emotional wellbeing) and taha whānau (social wellbeing). They observed that the teachers saw SEL more as a means for developing positive behavioural competencies and social and emotional skills. Dyson et al. recommend further qualitative research in NZ school-based settings related to their communities. They argue that understanding and delivering SEL requires a “careful entwining of practices and skills on the part of teachers, that naturally differs from school to school and class to class” (p.79). It must be observed in real world settings, and also obtain students’ perspectives. While it is agreed that SEL approaches are “imperative, we still have a long way to go” (p.79).

Implications for Research, Conclusions and future directions

The field of SEL school-based research is vast, with comparably few robust research-informed analyses of “what works” (Malatest International, 2016, p. 8). Meta-analyses such as those of Durlak et al. (2011), Taylor et al. (2017) and Corcoran et al. (2018), confirm the effectiveness of well-designed and developmentally-appropriate interventions, which ERO (2015, 2016) and NZCER (Boyd et al., 2017) also find trustworthy. However, despite the size of this work internationally, these reviews have recommended further research. Further experimental research is needed to show more clearly the effect sizes of various interventions, and whether effects on academic performance are direct, or indirectly mediated through SEL outcomes (Corcoran et al., 2018; Tolan et al., 2016). However, RCT’s require large sample sizes, and many SEL programmes are unique and delivered in responsive ways within specific contexts. This issue could be addressed by limiting the research to specific SEL programmes that are showing indicators of success (Corcoran et al., 2018). Comparative measurement studies mapping constructs across various

PYD and SEL models, intervention designs that focus on individual agency, and lifespan developmental research could be “valuable in moving the field towards a shared model” (Tolan et al., 2016, p. 232). However, equally applicable, given the meta-analyses and reviews, schools might consider interventions that focus in “promoting or enhancing individual capabilities” (p. 232). This recommendation aligns with a further point made by Corcoran et al. (2018), that qualitative research could also be useful to reveal the content and processes of SEL interventions. Taylor et al. (2017) recommend that “for school-based SEL to be an effective approach to fostering PYD, educators need support to implement and appropriately adapt interventions such as those in their current meta-analysis. Without quality implementation, the potential positive impact of SEL programming is reduced” (p. 1168). This perspective is echoed by Malatest International (2016), ERO (2015, 2016) and NZCER (Boyd et al., 2017), for consideration here in NZ.

The recent NZ research findings on student wellbeing nationally as discussed in this commentary, are of serious concern and need our urgent attention. If we can incorporate a Te Tiriti approach by including whānau, hapū, iwi, and community as part of the Tier 1 intervention model, we may be able to encompass the “cultural strengths” (Sanders et al., 2015, p. 50) that have been noted in NZ PYD research. By incorporating more qualitative, locally-based research as recommended by Dyson et al., (2019) and Corcoran et al. (2018), we may gain more insights into how teachers can be supported to deliver SEL in their immediate school contexts. We may also be able to assess the impact of any intervention on not only students’ wellbeing, but also on specific academic outcomes such as found for reading and mathematics (Corcoran et al., 2018). Furthermore, the goal for older adolescents is that staff working with them, need to be trained and competent (Malatest International, 2016). This is also an important variable that is crucial for the success of SEL school-based interventions (Schonert-Reichl et al. 2017).

In conclusion, this commentary set out to explore social emotional wellbeing, to discuss the synergies and conceptual overlaps of SEL and PYD constructs underpinning school-based wellbeing approaches, and to show the mutual value of these perspectives to each other. Recent national and international research has been discussed, and ways in which the various SEL research findings might apply in designing a research-informed, developmentally-appropriate, and culturally- and linguistically-relevant intervention for trial implementation in NZ, have been highlighted. Relating the various international recommendations to those noted by Macfarlane et al. (2017), it seems that the time is right and appropriate to consider combining SEL and Māori cultural approaches in a pilot intervention study, that might weave the strengths of SEL and Te Tiriti approaches together, in a unique and relevant wellbeing programme for children and youth here in NZ.

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Corresponding Author

Veronica O'Toole
 Email: veronica.otoole@canterbury.ac.nz
 School of Educational Studies and Leadership,
 University of Canterbury
 ORCID iD: [0000-0002-0648-4929](https://orcid.org/0000-0002-0648-4929)