Social and Emotional Wellbeing
Social and emotional wellbeing (SEWB) is a multifaceted concept encompassing both individual capacities and social competencies. Because of the complex developmental stages that children and young people experience from birth through to 17 years of age, how their social and emotional wellbeing is reflected in their behaviours, thoughts, feelings and abilities differs across the ages. As such, no single ‘measure’ of social and emotional wellbeing can be used for all children and young people.

In VCHWS 2009, eight in 10 Victorian children aged 4–12 years demonstrated normal emotional and behavioural responses (83.5 per cent), with one in 18 (5.4 per cent) considered to have emotional or behavioural responses that are ‘of concern’.

In their first year of primary school, most Victorian children are developmentally ‘on track’, as measured by the Australian Early Development Index (AEDI) on social competence and emotional maturity. A small but sizable proportion is developmentally vulnerable on the social competence domain (8.4) and/or the emotional maturity domain (8.3 per cent).

Within the 2010 School Entry Health Questionnaire (SEHQ), the Strengths and Difficulties Questionnaire (SDQ) is used to assess different aspects of Victorian children behaviours at the beginning of primary school. As assessed by the SDQ, most Victorian children do not have overall behavioural and emotional difficulties (87.0 per cent); however, a small proportion have these difficulties to a degree of high risk of significant clinical problems (4.3 per cent).

In HOWRU 2009, six in 10 of Victorian young people aged 12–17 years (61.1 per cent) demonstrated ‘positive social and emotional functioning’, defined as having a sense of autonomy and personal agency/power, positive connections with others and feeling confident and capable.

How people report on their overall life satisfaction or happiness is a common measure used to assess social and emotional wellbeing. In HOWRU 2009, most Victorian young people aged 12–17 reported they were satisfied with the quality of their lives (77.1 per cent).

Across childhood and adolescence, those from socioeconomically disadvantaged backgrounds are less likely to have positive social and emotional wellbeing.

A focus in this chapter is the issue of body image in young people and how this relates to positive social and emotional wellbeing. More than one in three Victorian young people (34.4 per cent) reported being concerned about gaining weight or getting fat. This concern is significantly more common among females than among males (51.4 versus 17.7 per cent). The proportion of females who reported having concerns of gaining weight appears to increase with their age (57 per cent among 15–17 year olds compared to 46.3 per cent among 12–14 year olds).

Factors influencing the SEWB of Victorian children and young people can be represented by an ecological model, where the following factors combined contribute to SEWB outcomes:

- environmental context, involving positive adults, peers and programs in schools, homes and communities
  - social and emotional strengths, involving resilience skills and attitudes supporting emotional regulation and behavioural control
  - learning capabilities, such as confidence, persistence, organisation and cooperation
  - social skills and values.
The social and emotional wellbeing of children and young people is reflected in their behaviour, thoughts and feelings. However, the complex developmental stages that they move through from birth through to 17 years of age mean that there can be no one single constant measure for all children and young people. For instance, aggressive tantrums in a toddler may be seen as normal behaviour at that developmental stage, yet the same aggression in an older adolescent might be a sign of poor social and emotional wellbeing.

While there is no single definition of social and emotional wellbeing, it is usually associated with positive physical health outcomes, positive peer relationships, school readiness and achievement in school. In childhood and adolescence it sets the foundation to successfully manage the challenges of life as an adult. Conversely, children and young people with low SEWB levels are more likely to have difficulties at home and in their peer groups at school and often experience negative emotions (depression, worry, stress), negative behaviours (such as bullying), academic underachievement and disengagement from learning.

Poor social and emotional wellbeing can manifest in a range of negative behaviours, feelings and thoughts. Although it may eventuate into a mental problem or disorder in a small number of children and young people, SEWB is not the same as having a mental health problem or disorder. (The prevalence of mental problems or disorders that can appear in childhood and adolescence, such as anxiety disorders and depression, are discussed in detail in Chapter 6).

This chapter examines the social and emotional wellbeing of Victorian children and young people, including the factors that are known to positively influence their wellbeing. Individual characteristics associated with social and emotional wellbeing include the ability to manage and appropriately express emotions and stress, regulate behaviour, maintain confidence and exhibit resilience when faced with challenges. It is also about developing new skills and social competencies, including understanding and appropriately identifying and responding to emotions in other people, having social skills and forming strong and positive relationships.

The second half of this chapter focuses on the issue of body image in young people and how this relates to positive SEWB. Body image is how people think, feel about and evaluate their own body. Positive body image has been linked to high self-esteem (particularly for females) and may act as a protective factor against some mental health concerns (such as depression). Positive body image is an important aspect of positive social and emotional wellbeing in young people.

Key Victorian Government initiatives

Commitments and new initiatives

- Establish seven Youth Partnership demonstration sites to address the needs of vulnerable young people.
- Renewed Education commitment for children and young people in Out-of-Home Care including health and education assessments and appointment of a learning mentor.
- Pilot effective models of education provision for disengaged young people and enable funding flexibility.
- Combat Bullying/Cyberbullying.
- SRP Funding Follows Students to Alternative Settings.
- Safe & Caring Schools (SSSSO Reform).
- Primary Welfare Officers.
- Increased support for School Chaplaincy Program.
- Parenting Strategy.

Programs in place

- Student Welfare Coordinators in secondary schools.
- School Focused Youth Service.
- Student Support Services Program.
- Primary and Secondary School Nursing programs.
- School Chaplaincy Program.
- Managed Individual Pathways within schools.
- Therapeutic foster care and residential care.
- Parental Mental Health – MCH Program.
Measures of social and emotional wellbeing

A range of relevant measures relating to both positive and negative concepts of social and emotional wellbeing are included in this chapter. Positive measures tend to focus on personal strengths and capabilities, but measures of poor social and emotional wellbeing (focusing on problems, deficits or inadequacies) are more frequently used as indicators.

How well are Victorian children and young people faring on measures of social and emotional wellbeing?

Recent information on positive social behaviour in Victorian children aged 4–12 years indicates that the majority of children of this age group have normal emotional and behavioural responses (83.5 per cent), with only a small minority (5.4 per cent) classified as having emotional or behavioural responses that are ‘of concern’. Males (6.7 per cent) and those living in families with relatively few financial resources (7.6 per cent) are significantly more likely to have emotional or behavioural difficulties that are of concern than females or those living in families with more income (see Figure 5.1).

Figure 5.1: Parent-reported emotional or behavioural difficulties*, Victorian children aged 4–12 years, by sex and annual household income, 2009

Information from HOWRU 2009 indicates that over half of Victorian young people (61.1 per cent) reported to have a high level of social and emotional functioning (see Figure 5.2). In this measure, a high level of social and emotional functioning means that young people have a sense of autonomy and personal agency/power, positive connections with others and feel confident and capable. Older adolescents aged 15–17 years (62.9 per cent), females (64.9 per cent) and young people living in the least socioeconomically disadvantaged areas (67.1 per cent) were significantly more likely to demonstrate positive social and emotional wellbeing.

One common measure used to assess social and emotional wellbeing is how people report on their overall life satisfaction or happiness. In HOWRU 2009, most Victorian young people aged 12–17 report they were satisfied with the quality of their lives (77.1 per cent). Female young people (12.0 per cent), older adolescents aged 15–17 years (13.6 per cent) and young people living in the most disadvantaged areas (12.1 per cent) were significantly more likely to report that they were dissatisfied with their lives (see Figure 5.3).

*Information is based on parent reporting.
Related questions in the survey are based on the Strengths and Difficulties Questionnaire (Goodman 2001).
Scales ranged 0–32: normal 0–13, borderline 14–16, of concern 17–40.
Source: VCHWS 2009, DEECD
Figure 5.2: Proportion of Victorian adolescents aged 12–17 who have positive psychological development*, by age, gender and areas of socioeconomic status (SES), 2009

*Ryan and Deci (2001) developed a 21-point scale, which assesses autonomy, competence and relatedness, from which a 9-point Basic Psychological Needs Scale. Source: HOWRU 2009, DEECD

Figure 5.3: Proportion of Victorian young people aged 12–17 years who were satisfied with the quality of their life, by age group, sex, and areas of socioeconomic status (SES), 2009*

*Based on self-report from young people. About 12 per cent of the survey respondents did not answer the relevant question, and the non-response rate is particularly higher (14.7 per cent) in the younger age group (12–14 year olds), and those from the most disadvantaged areas (13 per cent). Source: HOWRU 2009, DEECD

Social and Emotional Wellbeing
The Australian Early Development Index (AEDI) measures five areas (or ‘domains’) of development in children in their first year of primary school, as reported by the child’s school teacher, including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.

AEDI results are reported as average scores, ranging 0–10 on each of the five domains. Children who score below the tenth percentile (in the lowest 10 per cent) of the national AEDI population are classified as ‘developmentally vulnerable’. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain. The AEDI provides an overall indication of the proportion of Victorian children who are developmentally vulnerable on these measures.

Most Victorian children are ‘on track’ on the overall AEDI measure of social competence or emotional maturity, with less than one in 10 Victorian children developmentally vulnerable on overall social competence (8.4 per cent) or emotional maturity (8.3 per cent).³

Figure 5.4 further shows the proportion of Victorian children who are developmentally vulnerable on the sub-domains of social competence. The social competence domain in the AEDI measures how well children are doing overall in their social development, such as their ability to get along with other children and their approach to learning and readiness to explore new things. Figure 5.5 further shows the proportion of Victorian children who are developmentally vulnerable on the emotional maturity sub-domains (including their pro-social and helping behaviour, and any behaviour that is anxious or fearful, aggressive, hyperactive or inattentive).

Notably, males are more likely than female children to be developmentally vulnerable on most of these sub-domains. Children from the most socioeconomically disadvantaged areas are more likely than those from the least socioeconomically disadvantaged areas to be developmentally vulnerable on all sub-domains (see Figures 5.4 and 5.5).

Figure 5.4: Proportion of Victorian children developmentally vulnerable on the AEDI social competence sub-domain, by areas of socioeconomic status and sex, 2009⁴

*AEDI results are reported as average scores, ranging 0–10 on each of the five domains. ‘Vulnerable’ are those who score below the tenth percentile (in the lowest 10 per cent) of the national AEDI population. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain.

Source: Australian Early Development Index (AEDI) 2009; DEECD Analysis
In the 2010 School Entry Health Questionnaire (SEHQ), the Strengths and Difficulties Questionnaire (SDQ) is used to assess different aspects of Victorian child behaviours at the beginning of primary school, including pro-social behaviour, hyperactivity, emotional symptoms, peer problems and conduct problems (Goodman 2001). The hyperactivity scale measures a range of child behaviour, including restlessness, impulsiveness and concentration span. The emotional scale measures a range of negative emotions, such as sadness, fear and worries. The peer problems scale measures the child’s peer relationships, including not having friends, being picked on, playing by themselves or not being liked by other children. The conduct problem scale measures a child’s tendency to display negative behaviours when interacting socially with other children and adults. The pro-social behaviour scale measures positive social behaviours.

As assessed by the SDQ, most Victorian children do not have overall social and emotional difficulties (87.7 per cent) and a small proportion have social and emotional difficulties that are at high risk of significant clinical problems (4.3 per cent). Children from lone-parent families, those from the most socioeconomically disadvantaged areas and Aboriginal children are more likely to have social and emotional difficulties and are at high risk of significant clinical problems (see Figure 5.6). A small proportion of Victorian children have problems associated with their emotions (5.4 per cent), conduct (6.8 per cent), hyperactivity (6.7 per cent), peer problems (8.4 per cent) and difficulties with pro-social behaviour (3.3 per cent). Children from lone-parent families, those from the most socioeconomically disadvantaged areas and Aboriginal children are generally more likely to have these problems or difficulties (see Table 5.1).
Figure 5.6: Social and emotional behaviours in Victorian children aged 5–6 years, by sex and areas of socioeconomic status, 2010

*Scales based on Strengths and Difficulties Questionnaire (SDQ), which are completed by parents of children starting school. SDQ scores range between 0–10, with 0–3 being Normal category and 5–10 being ‘Abnormal’ category (i.e. at a high risk of significant clinical problems).

^Areas of socioeconomic status.

Source: SEHQ 2010, DEECD

Table 5.1: Proportion of Victorian children aged 5-6 years who social and emotional difficulties at a high risk of significant clinical problems, by different aspect of behaviours, 2010

*Scales based on Strengths and Difficulties Questionnaire (SDQ), which are completed by parents of children starting school. SDQ scores range between 0–10, with 0–3 being Normal category and 5–10 being ‘Abnormal’ category (i.e. at a high risk of significant clinical problems).

^Areas of socioeconomic status.

Source: SEHQ 2010, DEECD
Factors that promote social and emotional wellbeing

A range of factors related to individual and environmental characteristics have been associated with the promotion of social and emotional wellbeing in children and young people. Figure 5.7 outlines the many factors influencing child and adolescent social and emotional wellbeing (Bernard et al. 2007). Factors specific to the individual child can influence their social and emotional wellbeing, such as particular cognitive styles, learning styles, innate skills and abilities and temperament.

Positive family functioning is a key factor in promoting social and emotional wellbeing in children and is an important measure of how a family operates as a complete unit. Family factors are also critical to the development of positive social and emotional wellbeing in children and young people, which in turn is closely linked to their parents’ or primary caregivers’ SEWB. As a child develops through adolescence, and becomes more independent and responsible for their own actions, their social and emotional wellbeing becomes more distinct from that of their parents and family.

There is strong evidence to suggest that a range of aspects of family functioning are of particular importance, including parenting styles, parental stressors, family conflict and parental mental health. The available resources of a family can also promote or hinder positive family functioning. These resources include not only economic or financial resources, but also social resources, such as the support that they can draw on from family or extended family members, friends and the broader community. (Further discussion of the influence of families on outcomes for children and young people can be found in Chapter 12).
Environmental Factors

Community
• Positive adult–young person relationships
• High expectations communicated for achievement and behaviour
• Opportunities for positive peer interaction
• Places/activities that accommodate young person's interests
• Opportunities for young person to interact with the community
• Provision for young person's safety
• Communication of values and social–emotional capabilities.

Family and home
• Positive parent–child relationship
• Healthy and safe family environment
• High expectations communicated for achievement and behaviour
• Provision of activities that accommodate young person's interests
• Providing young person with responsibility and involvement in decision-making
• Interest and involvement in child's education
• Providing child with motivation (internal and external) for what is being learned
• Communication of values and social/emotional capabilities.

School
• Positive teacher–student relationship
• High expectations communicated for achievement and behaviour
• Provision of classes and activities that accommodate student interests
• Providing students with responsibility and involvement in decision-making
• Being sensitive to student's gender, culture and home background
• Providing motivation (internal/external) for what student is learning
• Communication of values and social/emotional capabilities in classes and activities
• Provision of quality curriculum and pedagogy that provides multiple opportunities for student to be successful.

Personal Factors

Cognitive
• General intellectual capabilities
• Meta-cognitive thinking skills
• Cognitive styles
• Cognitive, language and non-verbal abilities
• Prerequisite academic knowledge

Social-emotional
• Resilience – rational attitudes and coping skills supporting emotional regulation and behavioural control
• Positive social orientation – social skills and values
• Positive work orientation – work confidence, persistence, organisation and cooperation.

SEWB INDICATORS
• ACHIEVEMENT
• SOCIAL
• EMOTIONAL
• BEHAVIOURAL

Source: adapted from Bernard et. al. 2007)
The witnessing of family violence (e.g. towards a parent) by children and young people has long-term psychological, emotional and behavioural consequences for them, including anger, trauma, sadness, shame, guilt, confusion, helplessness and despair, which impacts on their overall social and emotional wellbeing. *(Chapter 12 includes a detailed discussion of family violence in Victorian families).*

The social and emotional wellbeing of parents is a known factor for a broad range of outcomes for children and young people. In particular, there is consistent evidence to suggest that children and young people with a parent with a mental health problem face a significantly higher risk of poorer outcomes. Children with a parent with a mental illness also face a higher risk of developing a mental illness themselves. *(See Chapter 2 for a more detailed discussion of the mental health and wellbeing of Victorian parents).*

The school environment is also seen as an influential factor in promoting positive social and emotional wellbeing in children and young people. Aspects of importance include the culture of the school, the supportiveness of the environment, school ‘morale’, classroom and peer behaviours, bullying or other negative behaviours and leadership within the school. *(Chapter 9 provides a detailed discussion of how these factors can influence a young person's capacity to engage with learning in an effective way).*

**Body image and social and emotional wellbeing**

**What is body image?**

A range of factors influence body image, including body weight, height and shape, their skin colour, facial features, their religious or ethnic background (particularly if associated with a specific appearance) and any physical disability or limitation.

Positive body image has been linked to high self-esteem (particularly for females) and may act as a protective factor against some mental health concerns (such as depression). Positive body image then is an important aspect of positive social and emotional wellbeing in young people.

The term ‘body dissatisfaction’ is used to describe the feelings a young person has when they have a negative view of their appearance and are not satisfied with their body image. Having a poor body image can seriously impact on an individual's social and emotional wellbeing and be a factor in the development of poor self-esteem, negative moods, unhealthy weight and diet behaviours and social isolation. In extreme cases, negative body image is a contributing factor to the development of eating disorders, depression and anxiety disorders *(for further discussion of these disorders, see Chapter 6).*

**Factors that promote positive body image in young people:**
- positive cultural messages communicated through the mass media
- positive body image messages from family, friends and teachers
- warm and supportive relationships with parents

**Why is body image important for children and young people?**

Adolescence is a critical time for many physiological, social, cognitive and psychological changes, when a person's identity, beliefs, value systems and social skills take form. It is also a period when the rapid and often extreme developmental physical changes created by puberty are often at odds with the cultural ideal of beauty, particularly for females. Young people are acutely aware of their physiological changes and are particularly vulnerable to social and cultural influences on their developing self-image. Research has found that exposing young people to images of the cultural ideals of beauty can lead to the development of poor body image and lower social and emotional wellbeing, although not all young people are affected in the same way.
The development of poor body image is also associated with the personality of the individual (such as perfectionism and excessive concern with what other people think); their interactions and level of support from people around them, such as friends, siblings, parents and teachers; and their immediate social environment.

There is some evidence to suggest that children are experiencing body image issues (such as body dissatisfaction and dieting) at an increasingly earlier age. Moreover, it appears that gender influences the development of positive body image, with females being more likely to develop body dissatisfaction than males.

Body weight is also a factor influencing the development of positive body image, with the further a person’s actual or perceived weight and body shape is from their ideal body image, the more likely they are to develop a poor body image.

A 2010 study by Mission Australia found that 28 per cent of Victorian 11–14 year olds and 33.5 per cent of 15–19 year olds rated body image as the issue of most personal concern. This was the issue of highest concern to all young people in Victoria (ahead of family conflict and coping with stress) (Mission Australia 2010).

Do Victorian young people have a positive body image?

More than one in five Victorian young people (23.3 per cent) said their body weight was very important when asked how important it was to how they feel about themselves as a person in HOWRU 2009. Females were more likely than males to rate it so, with 31.3 per cent of females compared to 15.3 per cent of males rating their weight as very important (see Figure 5.8).

Figure 5.8: Victorian young people aged 12–17 years reported ratings of importance of their weight in how they felt about themselves as a person, 2009

Source: HOWRU 2009, DEECD
Furthermore, one third young of people reported being concerned about gaining weight or getting fat (34.4 per cent) (see Figure 5.9). This concern is significantly more common for adolescent females than males (51.4 versus 17.7 per cent). Females were more likely to report a larger degree of concern than males, with 21.2 per cent of females reporting as very or extremely worried compared with 4.8 per cent of males.

Figure 5.9: Victorian young people aged 12–17 years who reported feeling afraid of gaining weight or become fat, by severity of feeling and sex, 2009

The proportion of females who report having concerns about weight gain appears to increase with their age (57 per cent among 15–17 year olds compared to 46.3 per cent among 12–14 years olds). The severity of this concern also increases with age; for example, 25.6 per cent of 15–17 year old females reported they were very or extremely concerned about weight gain in contrast to 17 per cent of females aged 12–14 years (see Figure 5.10). The frequency of feelings of concern also increases as they age; for example, 18.5 per cent of females aged 15–17 years reported worrying about their weight every day or almost every day compared to 11.4 per cent of the 12–14 years olds (see Figure 5.11).

Figure 5.10: Victorian females aged 12–17 years who reported feeling afraid of gaining weight or become fat by severity of concern, by age group, 2009

*Indicates data are not statistically significantly different at 95 per cent confidence interval between the two age groups.

Source: HOWRU 2009, DEECD
Figure 5.11: Victorian females aged 12–17 years who reported feeling afraid of gaining weight or become fat, by frequency of feelings and age group, 2009

*Indicates data are not statistically significantly different at 95 per cent confidence interval between males and females.
Source: HOWRU 2009, DEECD
1. Positive Psychological Development (PPD) refers to an adaptive and healthy state of social and emotional functioning. It is indicated by perceptions of autonomy (sense of personal agency), relatedness (positive connections with others) and competence (feeling capable or masterful). Ryan and Deci (2001) developed a 21-point scale, which assesses autonomy, competence and relatedness, from which a 9-point Basic Psychological Needs Scale has been developed and was used within the HOWRU survey.

2. Socioeconomic Index for Areas (SEIFA) – Index for Relative Socioeconomic Disadvantage (IRSED) (developed by the Australian Bureau of Statistics based on data from the 2006 Census of Population and Housing) has been used as a proxy of SES measure in the analyses where there are no other SES data available. It is derived from the attributes of a small geographic area, such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and other variables indicative of disadvantage. The higher a geographic area's value on the index, the less disadvantaged that area is compared with other areas. Areas can also be grouped into quintiles based on their IRSED scores to provide groupings by level of disadvantage, with quintile one being the most disadvantaged, and quintile five, the least disadvantaged.

It is, however, recognised that the use of the SEIFA Index data is imperfect because of its incurrence and since it is an area-based, not household-based measure. Furthermore, the SEIFA IRSED data have been matched with the postal codes in data from VCHWS 2009 and HOWRU 2009 surveys by using the 2006 ABS Postal Area (POA) data. Inaccuracy and mismatch could occur as: 1) the ABS POA is only an approximation of postcode, and 2) the 2006 POA may not capture some new postcodes developed after 2006 in Victoria. For example, there are 367 sample observations in HOWRU 2009 that are not matched into the SEIFA IRSED.

3. See detailed data in *The State of Victoria’s Children and Young People 2010: Data Compendium* (Table A5.1).

4. See note 2.

5. See note 2.
Evidence base about social and emotional wellbeing


Evidence base about body image and social and emotional wellbeing