A Blueprint for the Development of Social Competencies in Schools

Andrew Fuller
A Blueprint for Building Social Competencies in Children and Adolescents

The development of resilience, emotional intelligence and social competencies in young people is not only linked to long term occupational and life success but is also associated with the prevention of substance abuse, violence and suicide. If social intelligence is the ability to "read" the dynamics of a relationship or social setting, then social competence is the ability to respond creatively to what one finds (Egan, 1998)

One of the overwhelming findings of research on the well - being of children has been the issue of co-morbidity or contagion. Both negative and positive experiences are "contagious" in that they establish chains of sequences or experiences. Put bleakly, children with one negative risk factor are more likely to have more risk factors. Conversely, and much more positively, if we provide children and young people with even one protective factor they are more likely to be able to accumulate more protective factors.

An example of a negative or risk chain would be a child who grows up in violent circumstances and learns to distrust others, enters school and interprets the intentions of others as hostile. The child then acts warily or aggressively towards peers and develops peer relationship problems resulting in the child feeling rejected by their peers and reacting to this by bullying others.

An example of a positive or protective chain would be a child who grows up in violent circumstances but learns, on entry to school, that there is a trustworthy adult who can be relied on to assist in the resolution of peer relationship difficulties. The child's positive attempts to interact with others are acknowledged. The child begins to feel accepted, mixes more appropriately with peers and develops a diversity of friendships.

  While we may not be able to achieve this with every child, it is important that we consider the establishment of social competency as important as academic competency in our schools and communities.

We live in a country where: it is estimated that of the 5.6 million young Australians aged 25 years or younger (1996 Census), 1.4 million will experience mental health problems (Zubrick, Silburn, Burton, & Blair, 2000), more than 26,000 children are abused or neglected each year; where one in four of our young people experience depression before their eighteenth birthday; and more people die from suicide than in motor vehicle accidents.

Fuller, A (2001) *A blueprint for building social competencies in children and adolescents,*
Australian Journal of Middle Schooling, 1,1,40-48.

It is important to recognise that the skills and habits of resilience and emotional intelligence benefit all people not just those who are marginalised or come from troubled backgrounds.

I have come to believe that Australian school students develop these skills and habits in ways that are different from North American young people. Many of the programs we import to achieve social competency rely heavily on verbal and cognitive skills, reflective thinking and self-talk. I find in my work that many Australian school students learn best by actively doing and then later, reflecting. Many Australian students are experiential learners. In this sense, resilience, emotional intelligence and social competencies can be best developed as a set of habits.

The key social competencies that underpin emotional intelligence and resilience are:
- attending to others- noticing the cues (facial, tone, posture) that indicate how other people are feeling and what the norms of behaviour are in different settings
- the accurate interpretation of social cues (reading intentions, empathy)
- developing a vocabulary of emotions (being able to label your own feelings accurately)
- the generation of effective solutions to problems (perspective taking, moral reasoning)
- the realistic anticipation of consequences
- translating social concepts into effective habits (approaching others, asking questions, conversing with others, maintaining eye contact, maintaining proper posture, using tone of voice)
- developing the habits of self-efficacy and optimism (regularly seeking out positive experiences)
- emotional regulation (developing habits of concentration, focusing and calming)
- personal mastery
- linking with people to create a sense of belonging

Resilience is the happy knack of being able to bungy jump through the pitfalls of life. It is the ability to rebound or spring back after adversity or hard times. It is as if the person has an elasticised rope around their middle so that when they meet pitfalls in their lives they are able to bounce back out of them.

Resilience and emotional intelligence depend largely on a sense of connectedness, belonging and empathy with others. Belonging implies being part of group which in turn requires the development of moral actions such as honesty, altruism and caring.

Young people who are resilient often have stronger connections to school ,family and peers and young people with those links are less likely to develop suicidal thoughts or behaviours (Resnick, Harris & Blum,1993; Fuller, Wilkins & Wilson,1998). Also being

equipped with a range of coping and problem solving skills allows young people to see beyond the current situation (Hawton, Arensman, Bremner et al. 1998)

Fuller, A (2001) *A blueprint for building social competencies in children and adolescents,*
       Australian Journal of Middle Schooling, 1,1,40-48.

Research tells us that the factors of connectedness and belonging that lead to resilience are also the factors that reduce the level of problematic substance abuse in young people (Hawkins, Catalano, & Miller,1992) ; Resnick, Bearman,Blum, et al. 1997). There is little evidence to suggest that prevention programmes reduce the rate of experimentation with drugs or alcohol. They are, however, reasonably effective in reducing the number of young people who take up substance abuse as a way of life. Additionally there is evidence that links reduced risk of substance abuse with the development of social competencies and life skills through school programs delivered in primary schools (Lloyd, Joyce, Hurry & Ashton, 2000). Secondary schools wishing to impact on the level of substance use/ abuse by their students are unlikely to be effective unless they address the socialisation patterns and peer relations of their adolescent students (Oetting & Beauvais,1987).

 When schools promote belonging and ensure high levels of involvement between staff and students, bullying is reduced (Olweus,1995; Rigby, 1996). The evidence for school based programs specifically focused on violence reduction such as conflict resolution, peer counselling and peer mediation indicates that they may only be effective when linked to more comprehensive prevention approaches that focus on family management and parenting practices (Nemecek,1998). Promising approaches to violence prevention include: teaching problem solving skills; vocational training; positive school cultures but interestingly, not peer mediation (Kellerman, Fuqua-Whitley, Rivara, Mervy,1998).

Self-esteem consists of global self-esteem (how good you feel about yourself as a person) and specific self-esteem (how capable you feel you are in accomplishing particular activities such as English, maths , driving a car etc.). Not all people with high self-esteem are resilient because the ability to bounce back from difficulty is dependent on a number of factors some in the persons control, some not. This means that we can't just train young people in coping skills and optimistic thinking and expect that they will become resilient. We need to also construct schools, communities and families in ways that promote resilience.

While self-esteem protects against delinquent behaviours and depression and is associated with academic achievement and positive adaptation as an adult, findings are mixed with some aggressive and bullying children having high levels of self- esteem (Dubios & Tevendale, 1999). Overall the research supports Henry Ford's statement that, " whether you think you can or think you can't- you are right*"*.

There is sufficient evidence to support the delivery of programs that teach the skills of extracting positive responses from the environment, identity formation and a sense of accomplishment and mastery.

Factors that Promote Resilience

Research (Resnick, Harris, & Blum, 1993; Fuller, McGraw & Goodyear, 1998) indicates that the factors that promote resilience in young people include:

*   **Family connectedness**
*   **Peer Connectedness**
*   **Fitting in at school**

As shown on the table below, the factors that promote and inhibit resilience operate at different levels and include the structures of communities and schools, the interactions of families, the dynamics of peer groups and the characteristics of individuals. These then need to be mapped across the different developmental needs of young people at different stages of their education.

Risk and Resilience Factors for Young People

Level	Risk Factors	Protective Factors
Community	Availability of Drugs	
	Witnessing violence	Cultures of co-operation
	Transitions & mobility	Stability & connection
	Low neighbourhood attachment & community disorganisation	Good relationship with an adult outside the family
	Poverty	Opportunities for meaningful contribution
School	Detachment from school	A sense of belonging & fitting in
	Academic failure, especially in middle years	Positive achievements & evaluations at school
	Early & persistent antisocial behaviour	Having someone outside your family who believes in you
	Low parental interest in education	Attendance at pre-school
Family	History of problematic alcohol or drug usage	A sense of connectedness to family
	Inappropriate family management	Feeling loved and respected
	Family conflict	Proactive problem solving & minimal conflict during infancy
	Alcohol / drugs interfere with family rituals	Maintenance of family rituals
	Harsh/coercive or inconsistent parenting	Warm relationship with at least one parent
	Marital instability or conflict	Absence of divorce during adolescence
	Favourable parental attitudes towards risk	A "good fit" between parents & child

	taking behaviours	
Individu al /	**Peer**	
	Constitutional factors, alienation, rebelliousness, hyperactivity, novelty-seeking	Temperament/ activity level, social responsivity, autonomy
	Seeing peers taking drugs	Reading abilities
	Friends who engage in problem behaviour	Developed a special talent & zest for life
	Favourable attitudes towards problem behaviour	Work success during adolescence
	Early aggressive behaviour / Cruelty to animals	Demonstrates empathy and nurturance
	Early initiation of the problem behaviour	High intelligence (not when paired with sensitive temperament)

Opportunities for the Development of Social Competencies

Pre-school and Early Primary Years

Entry into school is a vital time for establishing collaboration between parents and schools, as well as developing the basic social competencies of emotional regulation (calming down), concentration and attending and being able to join in with others.

The ages between 5 and 8 years of age mark a dramatic shift in the external and internal world of the child. Starting
school accompanies a move towards independence with new social roles. High expectations that each child can succeed in a school are related to resilience.

How well a child perceives they can do in early years, probably matters more to their future success than any other stage of school life. For some children the start of school will be accompanied by a realisation that success is no longer guaranteed. Early levels of achievement and later educational success are highly correlated. The overall sense of research on prevention is that it is powerful but no where is it more effective than the time before the child reaches 8 years of age.

Factors associated with successful transition into primary school include:

* family type- children from single parent families have more difficulty with work habits and reading. This is offset by access to grandmothers.

* children who have attended more kindergarten do academically better in the early part of their first school year;
* the amount of kindergarten does not appear to affect social aspects like peer acceptance and maturity;
* positive school culture and climate is related to high growth in verbal skills among first graders; and
* low conflict between parents and teachers(Entwisle & Alexander,1998; Kagan & Neuman,1998)).

A recent review of the factors that assist the construction of an effective primary school (Johnson, Livingston, Schwartz & Slate, 2000) concluded that well-being, and the promotion of social competencies is not an "add on" but rather is an integral part of the school and is clearly seen as associated with learning outcomes. Effective schools construct and maintain a supportive and caring culture that combines high expectations for leaders, teachers, students and parent involvement with a strong emphasis on learning. Effective schools link learning to life.

> Fuller, A (2001) *A blueprint for building social competencies in children and adolescents,* Australian Journal of Middle Schooling, 1,1,40-48.

Pre-school and Early Primary- Summary of Key Considerations

Common Concerns
aggression which occurs at home & pre- school, inability to focus on enjoyable activities, cruelty to animals, & initiation of aggression
Aggression, if not prevented, may develop into an ongoing pattern
girls behaving aggressively may be at higher risk than boys .
Important to know if a child is aggressive at home, at school or both.
Preventative measures:
impulse and self control training, develop the habits of concentration and focusing
coping skills for adversity where it exists (especially for girls)
Social skills and parenting, therapy and parental support
maximise consistency minimise hostility.
protection from childhood abuse
Assist parent(s) to develop strategies to resolve conflict "Stop, Think, Do"
Good learning teams & co-operative behaviours

A program titled The Dreamers Club (Fuller, Johnston and Bellhouse,in press) has been trialed with success in Australian schools and focuses on the habits of joining in and gaining a sense of belonging.
Middle to Senior Primary Years

The establishment and consolidation of friendships is a key social competency in these years.
Bullying in primary school peaks in grade 4. Prevention programs include the establishment of anti-bullying policies, effective reporting and intervention methods as well as providing students with a diversity of peer friendships.

Recent research indicates that neglected children may be at even higher risk than rejected children of making poor judgements and having amoral behaviours.

Middle Primary - Summary of Key Considerations

Common Concerns
Most battles occur between members of the same sex
Physical fighting & bullying often peaks in Grade 4.
Peer relationships
Preventative measures:
Maintain a culture of co-operation in the school that clearly expresses that violence is not expected and not accepted here
socialisation & problem solving skills programs especially when parents are involved
Bullying prevention- audits, healthy relationship policies,
Anger Management
Make learning fun
Acknowledge students for positive behaviours

As reasoning and morality become more sophisticated with age, we need to assist young people to develop a sense of justice that incorporates the habits of good citizenship alongside empathy, moral reasoning and moral behaviour. Programs that prevent bullying and develop positive peer relationships provide a great opportunity for this.

The Heart Masters (Fuller, Bellhouse and Johnston, 2001) has been developed and trialed for the middle to senior years of primary school. The program is divided into four sections:

The Party Club teaches some of the skills of friendship and joining in.

The Heart Masters to give an understanding of feelings and emotions.

The Mind Masters to give an understanding of the internal and external dialogue of young people.

The Peace Makers to give an understanding of social competencies in the context of bullying prevention and friendship.

Transition between primary and secondary

The shift from primary to secondary is often accompanied by a lowering of self-esteem especially for girls and low achieving students (Eccles, Lord, Roeser et al., 1997). Programs that re-structure Years 6 and 7 to minimise the number of staff and peers that each student has to interact with as well as developing curriculum materials that promote a sense of belonging, mastery and achievement in students is important. Effective transition programs reduce later levels of delinquency and substance abuse and increase school retention and achievement (Felner & Adan, 1988; Fuller, Bellhouse, Johnston & McGraw, 2001)

Fuller, A (2001) *A blueprint for building social competencies in children and adolescents,* Australian Journal of Middle Schooling, 1,1,40-48.

Transition -Years 5 to 8- Summary of Key Considerations

Common concerns:
Self-esteem, peer relationships, family connectedness, school change, puberty
Body growth and shape ,sexuality, teasing about appearance. peer connectedness

Preventive measures:
Continue anti-bullying programs
Networking of teachers in transition years / Passports/ Persona Best Programs
Treasure Hunts for skills and abilities
 Small groups round tables / Team based learning / Sub-school conferences
 Homegroup teachers with individual time with each student Home base for year 7's
Parent Orientation Programs & involvement of fathers
Identify students at risk early developing girls/ late developing boys.
Peer connectedness/ Fitting in at school/Interpersonal problem solving skills training

Curriculum materials
Developing the skills of recognising basic emotions and self-definition
 Discussion of self-appraisals, life situations , coping strategies & problem solving
Build literacy
Link to peer connectedness
 Develop problem solving skills /Exercises on anger expression and aggression management

Academic Encourage reading Focus on competencies, set goals for achievement

Middle Secondary Years

Year 9 and 10 is the peak time of onset for substance abuse, conduct disorder, eating disorders and depression. Yet the traditional school structure is ill suited to the needs of this age group. Indeed it seems to minimise student learning and maximise behavioural difficulties and disengagement.

Research from the Victorian Quality Schooling Project indicates that : most learning occurs in the early years then slows; the gap between the top and bottom 10 % of students grows during this time; and that boys significantly underachieve. ACER studies indicate English and maths m,arks alone predict ENTER scores

The most important social competency at this stage is diversity. Keeping a young person's friendships diverse, keeping their life options broad and their personal expectations of success high substantially advantages them.

An alternative to the traditional school structure at this time could be along the lines of one and a half years of experiential learning (including community based work experiences and business incubators) followed by a half year of intensive " hot housing" teaching. A ritual marking their transition into the senior years around the middle of year 10 is desirable

Fuller, A (2001) *A blueprint for building social competencies in children and adolescents,*
        Australian Journal of Middle Schooling, 1,1,40-48.

Middle Adolescence -Summary of Key Considerations

Common Concerns
individuation, family battles, social success- being cool, finding a niche, sex, drugs, gangs
Preventive Measures
Eating, diet, body shape
Adult mentoring, school connectedness, Allocate specific staff to students at risk
Increase self-responsibility and communal policy making, take schools into the community
Curriculum
Analysis / discussions of relationships, getting dropped, sexuality (in the third person)
Harm minimisation programs, Conflict Resolution and gang prevention
Gender issues, Role models, Lower expectations of influence via school
Wilderness training/ Peer culture
Academic
Use work experience and physical activity creatively Goal setting on an individual basis

Senior Secondary Years

The last term of Year 10 needs to be spent developing interpersonal problem solving skills, to augment the connections and belonging developed in earlier years. Study skills, time management and help seeking are other topics that need to be covered in preparing students for the senior years. Focus groups may be a powerful tool is promoting school connectedness during this time (Fuller, McGraw & Goodyear 1998). Developing strategies to actively engage students in projects that absorb them and reward them for personal effort is linked with career success
 (Csikzentmihalyi & Schneider, 2000). Individual mentoring of students throughout Year 11 and 12 is invaluable**.**

Late Adolescence- Years 10 -12-Key Considerations

Common Concerns
Failing, freedom, finances, sexuality, depression
Preventive Measures

Adult support/ individual mentoring /Positions of responsibility/ maturity training
Coping mechanisms that lessen self-blame Peer support programs/ Keep parents involved
Curriculum
Study skills- Work Smarter Not Harder,
Stress management, Role models, Project and time management,
Relationship issues- How to be cool and smart
There's more to life than Year 12 / Disputing fatalistic & defeatist thinking
Academic
  Role models, self-determining,
Goal setting- make commitments and create an audience for them

Transition from school to work
The first year after leaving school is troubling for many young people and particularly so
for rural young people who move out of area to seek further education or employment.
Developing programs in which ex-students provide support for one another and where
possible, for current Year 12 students can be a useful strategy.

Planning for the Promotion of Social Competencies

The development of social competencies, connectedness and resilience provide a way to
equip young people with the skills and resources that can assist in preventing violence,
ongoing substance abuse and suicide and prepare them for success in life. Schools need
to find ways to weave these activities into their regular schedule so that the establishment
of social competencies becomes integral to learning and is something that members of the
school community role model to one another on an ongoing basis.

Some suggestions for interventions:
*   Schools need to be places where violence is neither accepted or expected, where
        there is sense of justice and where each child can succeed.
*   Friendship skills should be built as lack leads to later difficulties,
*   Rejected children should receive special assistance
*   Teach socialisation strategies waiting, direct statements and requests, help
seeking.
*   Direct instruction and modelling of problem solving
*   Involve families - family based philosophy
*   Perspective taking to build moral reasoning,
*   Build connectedness between peers
 *   Develop the skills of emotional recognition, vocabulary of emotions and
emotional
        regulation

References:

Belcher, H.E., Shinitzky, H.E. (1998) Substance Abuse in Children, *Archives of Pediatric and Adolescent Medicine,* 152, 952- 960.

Blum, R.Wm. (1998). Healthy youth development as a model for youth health promotion, *Journal of Adolescent Health,* 22, 368-375

Csikszentmihalyi, M. & Schneider, B. (2000) Becoming Adult- how teenagers prepare for the world of work, Basic Books, New York.

Doll, B. & Lyon, M.A. (1998). Risk and resilience: implications for the delivery of educational & mental health in schools, *School Psychology Review*, 27,3,248-363.

Dubios, D.L. and Tevendale, H.D. (1999) Self- esteem in childhood and adolescence: Vaccine or epiphenomenon? Applied and Preventive Psychology, 8,3,103-117

Eccles,J.S., Lord, S.E., Roeser, R.W.,et al. (1997) The Association of School transitions in Early Adolescence with developmental trajectories through High School. In J.Schulberg, J.L. Maggs & K. Hurrelman (Eds.)   *Health Risks and Developmental Transitions During Adolescence,* Cambridge: Cambridge University Press.

Egan,G.   (1998). The Skilled Helper: A Problem Management Approach to Helping. Sixth edition, South Melbourne:
       Brooks /Cole Publishing Company.

Eisenberg,N. (2000) Emotion, Regulation and Moral Development, *Annual Review of Psychology,* 51,665-697

Entwisle, D.R. & Alexander, K.L. (1998) Facilitating the Transition to First Grade 1 : the nature of transition and research on factors affecting it, The Elementary School Journal, 98,4,351- 364.

Felner, R.D. & Adan A.A., (1988) The school transitional environment project: an ecological intervention & evaluation in Price R.H., et al (Eds) *Fourteen Ounces of Prevention,* 111-122 ,American Psychological Association ,Washington

Fuller, A (1998). *From Surviving to Thriving- Promoting Mental Health in Young People,* ACER Press, Melbourne

Fuller,A. ,Bellhouse, R. & Johnston, G. (2001) The Heart Masters- A program for the promotion of resilience and emotional intelligence in the middle to senior Years of primary school, Inyahead Press, Melbourne.

Fuller, A., Bellhouse, R., Johnston, G. & McGraw,K. (2001) School Transition and Resilience Training (START), Department of Education, Melbourne.

Fuller,A., Johnston, G. & Bellhouse, R. (2001) The Dreamers Club- A program for the promotion of resilience and emotional intelligence in the early years of primary school, Inyahead Press, Melbourne.

Fuller, A., McGraw,K., Goodyear,M.(1998)*The Mind of Youth.* Department of Education, Melbourne.

 Fuller,A. Wilkins,D. and Wilson,J. (1998) *Suicidal Thoughts and Acts in Young Men: An Exploratory Study* (unpublished)

Hawkins, D., Catalano, R. & Miller, J., (1992) Risk & Protective Factors for Alcohol & other Drug Problems in Adolescence & Early Childhood: Implications for Substance Abuse Prevention, *Psychological Bulletin,* 112,1, 64-105.

Hawton, K., Arensman, E.T., Bremner, S.,et al. .(1998) Deliberate Self-harm: a systematic review of the efficacy of psychosocial & pharmacological treatments in preventing repetition, *British Medical Journal,* 317, 441- 447.

Johnson, J.P., Livingston, M., Schwartz, R.A., Slate, J.R (2000) What makes a Good Elementary School? A Critical Examination. *The Journal of Educational Research,* 93,6,339-348

Kagan, S.L. & Neuman, M.J.(1998) Lessons from Three Decades of transition Research. The Elementary School Journal, 98,4,365- 781

Kellerman, A.L., Fuqua-Whitley,D.S., Rivara, F.P., Mervy,J.(1998). Preventing youth violence: what works? *Annual Review of Public Health,* 19, 271-292.

Lloyd,C., Joyce, R., Hurry, J. and Ashton, M. (2000) The Effectiveness of Primary School Drug Education, *Drugs: education, prevention and policy,* 7,2,109-126.

Nemecek, S. (1998) In focus-forestalling violence, *Scientific American,* Sept, 9- 10.

Oetting, E.R. and Beauvais, F. (1987) Peer Cluster Theory , Socialization Characteristics, and Adolescent Drug Use: A path analysis, *Journal of Counseling Psychology,* 34, 2, 205-213

Olweus, D. 1995 Bullying or Peer Abuse at School-facts and Interventions, *Current Directions in Psychological Science,* 4,6,196-200

Resnick, M. D., Bearman, P.S., Blum,R. et al.(1997) Protecting Adolescents from Harm-Findings from the National Longitudinal Study on Adolescent health, *Journal of the American Medical Association*, 278, 10, 823- 832.

Resnick, M.D. Harris, L.J. & Blum, R.W. (1993) The impact of caring and connectedness on adolescent health & well-being, *Journal of Paediatrics & Child Health*, 29, Sup1,s3-s9.

Rigby, K.(1996).*Bullying in schools and what to do about it,* ACER Press , Melbourne.

Zubrick, S. R., Silburn, S. R., Burton, P., & Blair, E. (2000). Mental health disorders in children and young people: Scope, cause and prevention. *Australian and New Zealand Journal of Psychiatry*, 34, 570-578.
.

.