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Social and emotional learning in early childhood education and care: a public health perspective

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Mental health and behavioural disorders account for one of the largest and fastest-growing categories of burden of disease globally, and mental ill-health is the leading cause of health-related disability in children and youth.¹ In Australia, 13.6% of children aged 4 to 11 years meet diagnostic criteria for at least one mental health disorder.² Approaches such as Social and Emotional Learning (SEL) in educational settings can play an important role in fostering the social-emotional skills that promote future wellbeing and prevent chronic health problems including depression, anxiety, obesity, diabetes, heart disease and substance abuse.^{3,4}

SEL intervention supports educators to foster children's social-emotional development through explicit teaching, modelling, practice and integration within other areas of learning.⁵ In schools, it has been positioned within a public health framework, recognising that universal programming, tiered layers of support, and integration across classrooms, schools, families and communities may offer public health benefits.⁶ Research evidence suggests SEL programming in Early Childhood Education and Care (ECEC) can similarly have a significant positive impact on children's mental health.⁷⁻¹⁰ However, SEL research in ECEC has focused on the classroom level, with less emphasis on systemic approaches that encourage individual, interpersonal, organisational and community factors to promote children's social-emotional functioning and potentially prevent outcomes of mental and physical illness.

This commentary considers SEL intervention in early childhood through a public health lens and introduces a conceptual public health model of SEL in ECEC. It examines the meaning and dimensions of a 'public health model', the features of and evidence-base for public health approaches in educational settings, and the opportunities and challenges to systemically embed SEL within the early learning environment.

Defining a public health approach in educational settings

Public health is described as the art and science of preventing disease, prolonging life, and promoting health through the organised efforts of society.^{11,12} Public health approaches address health conditions or social problems using evidence-informed, multidisciplinary and population-based strategies, supported by assessment, service provision, and policy.¹³⁻¹⁵ Initiatives respond to the proximal, distal, and socio-political risk and protective factors that influence health outcomes, focusing on health at the population-level, regardless of individual variations in risk status,¹⁶ and offering integrated and multilevel strategies targeted to diverse groups based on risk.¹⁷ This is facilitated through tiered systems of intervention across three levels. Universal (Tier 1) prevention strategies are population-wide measures offered prior to the onset of the health problem. Targeted or selective (Tier 2) strategies focus on groups at greater risk of exposure to factors associated with the health problem, while intensive or indicated (Tier 3) strategies are aimed at minimising the effects of and reducing the likelihood of re-exposure

in groups who have been exposed to the health problem.¹⁴

Epidemic problems including obesity, suicide, bullying, food insecurity, poverty, family violence, illiteracy and restricted academic attainment cause significant trauma in the lives of children, their families and communities.^{18,19} These pervasive problems demand multi-tiered and long-term public health approaches that focus on both prevention and treatment.²⁰ Studies have identified benefits of applying public health principles, such as multi-tiered models of support, within educational systems to tackle issues such as physical activity,²¹ bullying²² and mental health.^{23,24} While several public health frameworks exist, two have emerged as important for school-based intervention: Response-to-Intervention (RTI)²⁵ and the Health Promoting Schools Framework.²⁶ The latter suggests three critical components for public health impact: i) changes in formal health curriculum; ii) ethos and environment of the school; and iii) engagement with families and communities. RTI is a popular tiered-model in educational settings that includes universal programs delivered to all children, selective programs (Tier 2) offered to approximately 20% of the school population, and intensive supports (Tier 3) for those needing dedicated services with health professionals or special educators (approximately 5% of the population).²⁷

Children's social and emotional learning using a public health approach

The principles that underpin education-based public health programs are relevant to fostering children's social-emotional skills. SEL programs in schools can strengthen pro-social behaviour and academic performance, and reduce conduct and internalising problems,²⁸ with benefits that are sustained over time.²⁹ While many SEL approaches target proximal influences such as teaching practice, teacher-child interactions and peer relations using classroom-based programs,³⁰ SEL literature increasingly explores systemic school-wide approaches,^{5,30,31} emphasising: i) comprehensive and coordinated SEL strategies offered at multiple ecological levels (classroom, school, family, and community); ii) competence-promoting, prevention and early intervention activities through

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universal, selective and intensive intervention; and iii) educational systems, policies and funding models to support effective implementation.^{6,32}

The challenge of system-wide SEL programming is even more pronounced in early childhood settings. Existing programs offer universal intervention at the child and classroom level,⁷ with fewer Tier 2 and Tier 3 supports available for children at risk or showing signs of social-emotional difficulty.^{8,9} In addition, limited exploration of other layers of intervention that could support SEL and align with a systems approach (e.g. engagement with families), is evident. The Pyramid Model is an example of an early learning framework that has taken a more holistic approach.³³ It offers evidence-informed strategies at universal, targeted and intensive levels, while recognising the workforce systems needed to ensure continuity, effective training and sustainability. In a recent efficacy trial, teachers trained and coached in the Pyramid Model showed significant improvement in teaching practices compared to control peers, while children displayed strengthened social skills and reduced challenging behaviours.³⁴ ECEC programs face challenges to integrated and sustained SEL practices, including variations in ECEC quality across settings and inconsistent interaction and relationship quality for children to achieve optimal development.³⁵⁻³⁷ Workforce challenges include incommensurate pay,³⁸ high levels of work-related stress,³⁹ lack of professional status and public recognition of their

professionalism, high rates of turnover, and limited career development opportunities³⁸ all impacting on an educator's ability to provide high-quality and sustained SEL supports within their day-to-day practice. By applying public health principles to SEL intervention, the components and levels within the early learning system are more likely to be considered, therefore encouraging embedded practices and sustained benefits.

Adopting a public health approach to SEL in early childhood education and care

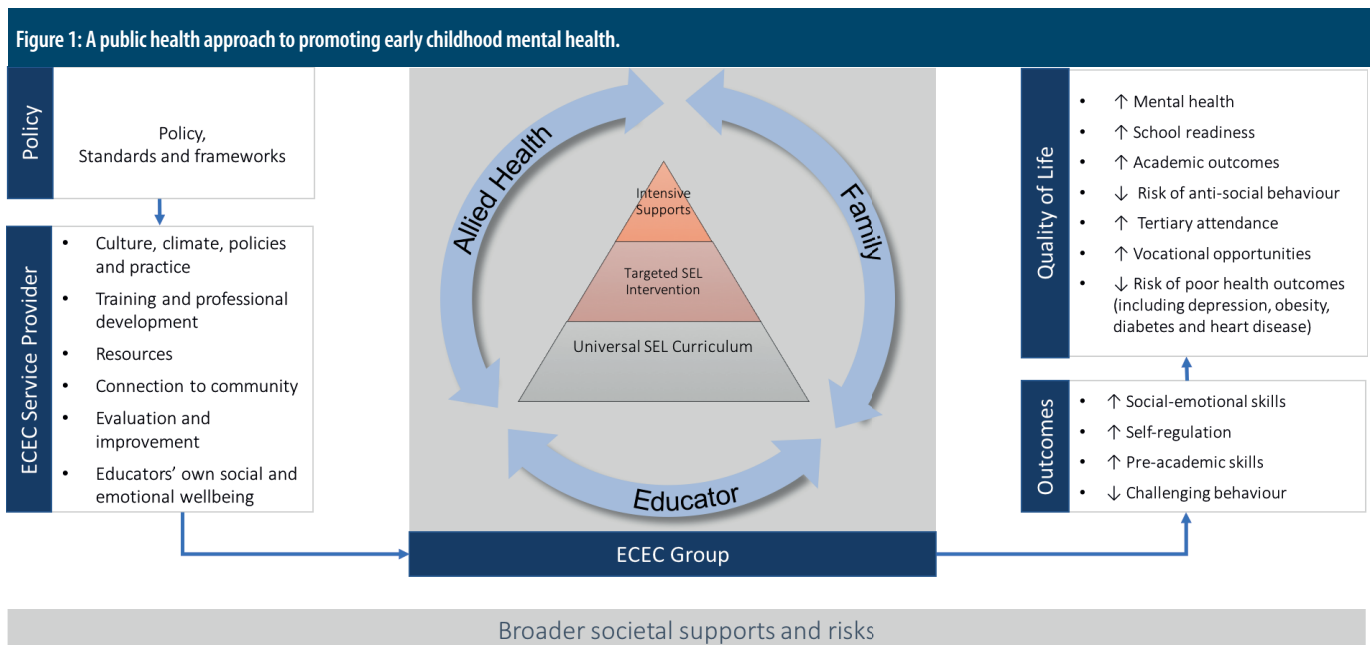
The proposed conceptual model of SEL in ECEC using a public health lens is detailed in Figure 1. It recognises national and state education systems and policy that influence ECEC providers' ability to resource and support high-quality SEL programming. Educators are unlikely to have the resources or time to embed SEL practices without organisational commitment, including service-wide policies that encourage SEL, training and professional development, ongoing evaluation and improvement, promotion of communities of learning, connection to community partnerships, and support to manage their own social-emotional wellbeing. This organisational support will enable educators to partner with caregivers and other health professionals to: i) foster *all* children's social-emotional functioning through high-quality interactions, role-modelling and explicit SEL instruction (Tier 1); ii) identify children in need of more intensive support; iii) work in partnership

with allied health and special education professionals to embed tailored Tier 2 and 3 programs and supports within the classroom while strengthening their own professional knowledge; iv) reflect on and respond to changes in children's behaviour and social-emotional competencies; and v) encourage children's skill generalisation beyond the ECEC setting.

Exposure to nurturing, consistent and responsive educator-child relationships and access to deliberate and consistent SEL opportunities may negate detrimental outcomes associated with risk factors, including economic disadvantage and adversity, improve social-emotional competence and school readiness, reduce behaviour challenges, and potentially increase the likelihood of positive health outcomes across the life span. This conceptual model contributes to the discussion regarding the promotion of young children's mental health through tiered layers of SEL intervention, partnerships between teachers, families and allied health professionals, and investment and resourcing at the organisational and policy levels.

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