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## Wellbeing and Flourishing

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## Childhood Mental Health

In recent decades, we have witnessed a dramatic increase in mental illness in children and adolescents globally. According to the World Health Organization (WHO, 2005), the prevalence of childhood psychological disorders fluctuates between 8 and 20%. Adolescence and the start of adulthood are characterized by major changes and decisions about life objectives or professional aspirations (Thompson & Swartout, 2017), resulting in a high prevalence of mental illness in this period (Oades, Robinson, Green, & Spence, 2011; Woods & Pooley, 2015). Many children and youth suffer physical, psychological, and/or sexual violence, which often leads to the appearance of psychological problems in the long term. Half of all diagnosed lifelong mental illnesses appear by the age of 14 (Kessler & Brommet, 2013). Mental health problems create a huge personal and social burden in the long term, increase the risk of lifelong physical and mental disability, and present a greater probability of unemployment or premature death.

At the same time, although the economic level of developed countries has increased in recent years (e.g., countries' gross domestic product), levels of individual life satisfaction have not reflected this improvement. In fact, the low rates of life satisfaction in children in economically advantaged countries like the U.K. and the U.S. (UNICEF, 2007) are especially notable. In a large sample of American adolescents, Keyes (2007)

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found that over half did not meet the criteria for flourishing (i.e., presence of emotional wellbeing and positive functioning almost every day or every day during the past 30 days), and rates of flourishing decreased as adolescence progressed. Therefore, it seems that levels of happiness in childhood and adolescence do not reflect the progress in levels of economic development.

That academic success nowadays is measured by academic performance is in part a reflection of a modern society concerned with economic progress and the accumulation of material possessions. The vast majority of modern educational systems reflect this conception of success in the way in which they prepare children to have productive lives rather than full and meaningful lives (Adler, 2017). As a result of this, the objectives of curricula have become more academic and oriented towards cognitive abilities, leaving objectives to promote mental health as secondary to the academic program.

Moreover, the conceptualization of childhood mental health has traditionally been focused on treating the symptoms once they have already appeared. However, this focus has shown to have been costly and largely ineffective. The earlier the start of the mental illness, the greater its lifelong negative impact is (Kessler et al., 2009). Therefore, a preventative focus is needed that reduces the risk of developing a mental illness or reduces its severity once it has already been established. In that sense, research in recent years has shown greater interest in identifying and managing mental health problems or preventing problems like bullying in school and antisocial behaviours. Although these interventions have shown promising results, it is important to bear in mind that the promotion of health and the prevention of mental illnesses cannot be treated as one-dimensional extremes. In fact, there is sufficient empirical evidence to affirm that the absence of mental illness does not necessarily imply the presence of high levels of positive mental health, and vice versa (Sin & Lyubomirsky, 2009). For example, young people who do not have a diagnosable disorder may nevertheless not be functioning at their optimal level (Suldo, Thalji, & Ferron, 2011). Further, it has been found that adolescents with a low level of psychopathology who also have a low level of wellbeing exhibit similar functioning to adolescents with a psychopathology (Suldo, Shaunessy, Thalji, Michalowski, & Shaffer, 2009). Therefore, if our interest is in promoting the comprehensive wellbeing of children and adolescents, we need to go beyond simply relieving symptoms or preventing problematic behaviours and also incorporate tools that allow for the development of the abilities necessary for a more full and satisfactory life.

In this line, Antaramian, Huebner, Hills, and Valois (2010) proposed a two-factor model that defines childhood mental health in two psychometrically distinct but correlated continuums of mental illness and positive mental

health. Nurturing both dimensions is beneficial. From the prevention stand-point, normalizing conversations surrounding mental health in childhood can serve as a 'buffering factor' to prevent and detect the symptoms of mental illnesses early; meanwhile, the promotion of wellbeing builds emotional intelligence and wellbeing literacy in children, acting as an 'enhancing factor' that promotes flourishing. Schools thus have the potential to play a positive role in aspects of all areas: students' wellbeing, recovery, and mental health (Waters, 2014).

In this context, the field of positive psychology (PP) provides a frame of reference for professionals and researchers whose aim is to study and promote optimal functioning in individuals, organizations, and communities (Seligman & Csikszentmihalyi, 2000).

## The Architecture of Wellbeing

A significant conceptual contribution of PP relates to its efforts to more precisely define the core features of what can be called psychological wellbeing or flourishing. The term *wellbeing* is operationalized in a variety of ways, such as to refer to psychological flourishing, life satisfaction, happiness, or finding meaning in life (Howell et al., 2016). Although definitions of wellbeing abound in the literature, there is a growing consensus that wellbeing is a complex construct that concerns optimal experience and functioning. Explorations of what it means to live a good life are frequently characterized as being consistent with one of two philosophical traditions: the hedonic or the eudaimonic approach.

This *hedonic dimension* of psychological wellbeing has been called *subjective wellbeing* (Diener, Scollon, & Lucas, 2003) and includes both affective and cognitive components. Affective components of subjective wellbeing include positive affect (experiencing pleasant emotions and moods), low negative affect (experiencing unpleasant, distressing emotions and moods), and 'hedonic balance', defined as the overall equilibrium between positive and negative affect. High levels of hedonic wellbeing do not imply the absence of negative emotions; rather, this indicates that negative emotions are still present, but they are less frequent and prominent than positive ones (Fredrickson, 2013). Life satisfaction (global judgements of one's life) and satisfaction with specific life domains (e.g., housing, education, health) are considered cognitive components of subjective wellbeing.

The second main dimension of the architecture of human wellbeing *is eudaimonic wellbeing*, which is derived from actions that are consistent with

personal values that imply a full commitment with which people feel alive and real (Ryan & Deci, 2001). Thus, wellbeing consists of the harmonious development of an individual's capacities that lead to a virtuous life. This perspective on the nature of eudaimonic wellbeing is one of the reasons why the identification, development, and application of psychological strengths has become a central target in PP (Peterson & Seligman, 2004). A fulfilled life is one in which we have the opportunity to express and develop our maximum potentials that bring benefits not only to ourselves but also to society at large (Waterman, 2008).

Eudaimonic wellbeing approaches emphasize that it is crucial to include optimal functioning when assessing wellbeing in order to get a more precise picture of the wellbeing of individuals (e.g., Hervas & Vazquez, 2013). Based on traditional models (e.g., Frankl, 1946; Maslow, 1943), Carol Ryff (1989; see also Ryff & Singer, 1998) defined psychological wellbeing as the consequence of high levels of autonomy, personal growth, self-acceptance, purpose in life, competence or environmental mastery, and positive relations with others. Deci and Ryan (2000) argue that of these areas, relations, autonomy, and competence are most relevant to wellbeing.

Obviously, overall wellbeing is influenced by multiple variables, both internal and external. These eudaimonic models attempt to differentiate key variables from those that simply function as moderators. For example, gratitude, emotional intelligence, and optimism are associated with wellbeing, but they can be considered contributors rather than essential components.

Research suggests that psychological wellbeing (as defined by Ryff's model) and subjective wellbeing (as defined by Diener's model) behave as two separate but related factors (Linley, Maltby, Wood, Osborne, & Hurling, 2009). Although people can engage in activities that provide only hedonia, almost all eudaimonic activities are positively related to hedonia. In other words, engaging in activities that increase personal competencies and optimal functioning necessarily has an impact on hedonic outcomes (e.g., life satisfaction, positive affect). Therefore, the connections between these two pillars of wellbeing are more profound than previously thought (cf. Waterman, 2008).

Recent definitions of flourishing combine hedonic and eudaimonic elements to create a more comprehensive and holistic approach. Martin Seligman (2002) argued that wellbeing is derived from experiencing positive emotions (the pleasant life) but also from experiencing a high level of engagement in satisfying activities (the engaged life) and a sense of connectedness to a greater whole (the meaningful life), later complemented by achievement and relational dimensions, with an expanded model that of psychological

wellbeing that consists of five dimensions: Positive Emotion, Engagement, Relationships, Meaning and Purpose, and Accomplishment (PERMA). Thus, a fulfilled life is one in which people can express and develop their maximum potentials, leading to benefits not only for themselves but also for society at large (Waterman, 2008).

In the field of education, Noble and McGrath (2015) propose the PROSPER framework, a guide based on data for the implementation of positive education that defines seven paths to wellbeing: Positivity, Relationships, Outcomes, Strengths, Purpose, Engagement, and Resilience.

Besides considering the hedonic and eudaimonic dimensions of wellbeing, some authors suggest the need to incorporate a component of *social wellbeing* that includes feeling connected to others and valued by one's community (Keyes, 2007). Keeping in mind these three components, wellbeing can be defined as the combination of *feeling good* (aligned with a hedonic approach), *functioning well* (consistent with an eudaimonic approach that helps children thrive), and *doing good for others* (commitment to prosocial behaviours and choices that benefit others and the wider community; Huppert, 2013; Waters Sun, Rusk, Aarch, & Cotton, 2017). Using this definition of flourishing and a review of more than 18,400 peer-reviewed publications in fields such as psychology, education, public health, neuroscience, and the social sciences over twenty years, Rusk and Waters (2015) propose the *Domains of Positive Functioning* (DPF) Framework, which provides educators with a rigorous, unifying, and evidence-based working model in order to develop efficient practices based on the six domains of psychosocial functioning in a strategic manner. Furthermore, collecting data on the psychosocial functioning of children in these domains can help to make wellbeing more visible, tangible, and measurable for both children and educators.

## Feeling Good During Childhood

Some consensus exists among researchers regarding the role that negative emotions have played in our evolution as a species (Fredrickson, Tugade, Waugh, & Larkin, 2003). Fear, anger, and anxiety are alarms that prepare us to respond in the face of danger. However, Barbara Fredrickson's (2001) broaden and build theory of positive emotions, as well as the plethora of studies carried out in recent years derived from this theory suggests that positive emotions are related to the expansion of the possibilities of attention, cognition, and action as well as to an improvement in the physical, intellectual, and social resources of people. Fredrickson (2001) described how

the functions of positive emotions would come to compliment the functions of negative emotions and that both would be equally important in an evolutionary context. For example, if negative emotions solve the problems of immediate survival and promote protection, positive emotions develop us, make us grow personally, and connect us socially. In other words, positive emotions like happiness, love, inspiration, optimism, and pride promote personal opening and development.

A clear example is children's play. Thanks to the positive emotions that children experience during play, they learn and practice a series of physical, social, and psychological abilities that they will be able to use in real life and that will help them grow intellectually, socially, and psychologically. This outcome is much more difficult to achieve if the child is surrounded by an atmosphere of anxiety, fear, and insecurity. This is why emotional education should follow an eminently practical methodology (group dynamics, self-reflection, games, relaxation, breathing, etc.) with the goal of fostering the development of emotional competency.

Although positive emotions may seem temporary and fleeting, their effects on a personal and social level can be observed in the long term. In her theory of expansion and construction of resources, Fredrickson (2001) suggests that positive emotions increase our attention and expand our range of vision. For example, children that learn under a more positive emotional state are more creative and resolve problems with greater ease (Hoffmann & Russ, 2012). Positive moods generate more flexible, less rigid forms of thought. They also have positive effects on behaviour since they increase motivation for the attainment of objectives and goals. For example, learning based on close models encourages the child to feel inspired; those moments of inspiration or admiration promote the implementation of actions to emulate those achievements. According to this theory, positive emotions open our minds to greater possibilities; they make us more persistent when faced with failure and they increase our intrinsic motivation, leading us to take on greater challenges. Moreover, positive emotions encourage positive social interaction. For example, feeling emotions like gratitude or compassion facilitates companionship and healthy social relationships, and, at the same time, positive relationships provide more positive affect. Positive emotions enable us to build lasting internal resources that indirectly prepare us to cope with adversities in the future (Aspinwall, 2001; Fredrickson et al., 2003). These personal resources include physical (e.g., healthy behaviours; Cohen, Alper, Doyle, Treanor, & Turner, 2006), social (Kok et al., 2013), intellectual (Tugade & Fredrickson, 2002), and psychological resources (e.g., optimism, gratitude; Chaves, Hervas, Garcia, & Vazquez, 2016). This building of resources

promotes, ultimately, a transformation of the person, who becomes more creative, shows a deeper knowledge of situations, finds meaning in adverse situations, better endures hardship, and is better integrated socially, with which an 'upward spiral' is produced that leads them to experience new positive emotions (Fredrickson et al., 2003).

The optimal ratio of positive and negative emotions has been debated (Brown, Sokal, & Friedman, 2013), and it is clear that there is no specific ratio that creates benefit. However, existing evidence demonstrates how greater ratios of positivity are predictors of better mental health as well as other beneficial consequences (Fredrickson, 2013).

## Functioning Well: Analysis of Personal Strengths

Besides research into emotions, educators are beginning to pay attention to individual characteristics associated with wellbeing. According to Seligman (2011), one of the pillars of wellbeing and a factor that makes people flourish is their engagement in life. Living an engaged life means being actively involved in what we do and being aware of the skills necessary to effectively face challenges on a wide spectrum of human functioning. The model proposed by Peterson and Seligman (2004)—the Values in Action (VIA) model—is a comprehensive classification initially created to counterbalance the excessive emphasis on pathology that psychology has had, replacing it with a focus on human flourishing (Seligman & Csikszentmihalyi, 2000). This model proposes a taxonomy of positive psychological traits by identifying six classes of virtue (i.e., core virtues) made up of twenty-four measurable character strengths. These character strengths are independent, relatively stable over time, and mouldable by the context. To evaluate the strengths of children and adolescents from 10 to 17 years of age, The Values in Action Inventory of Character Strengths for Youth (VIA-Y) was created (Park & Peterson, 2006).

Seligman and Csikszentmihalyi (2000) emphasised that promoting competencies in children is more than fixing what is wrong in them; it requires identifying and strengthening their predominant qualities and helping them to find spaces in which they can express them. Fostering strengths in children and adolescents can promote more effective confrontation of current and future hardships (Terjesen, Jacofsky, Froh, & DiGiuseppe, 2004). For instance, many adolescents do not have the opportunity to develop within a supportive and positive context due to a variety of circumstances, which thereby places them in vulnerable situations. Cultivating character strengths

can allow adolescents to balance their life conditions by counteracting the negative influences and consequently help them to succeed.

One of the questions that it is worth asking when studying human strengths in children and adolescents is how they become consolidated as such. Adolescence is considered a fundamental period in the development of personality as well as a moment of crisis that enables change and, in the majority of cases, the construction of self-identity. Biological factors and temperament, the role of parents and family members, relationships with peers, social models, and institutions are some factors that can explain the evolutionary development of human strengths. Children will acquire and develop, thus, all the values and strengths that they perceive as important to the people and contexts that are meaningful to them. Besides family, school, and friends, advertising, television, and society in general transmit values that children assume as their own based on their needs, interests, or aspirations.

The development of character strengths is related to a large number of indicators of physical and psychological wellbeing. On a physical level, the implementation of strengths has been related to a greater number of healthy behaviours and greater perceived physical health (Proyer, Gander, Wellenzohn, & Ruch, 2013). On a psychological level, the development of strengths allows children to be happier and increase their levels of wellbeing. The strengths that are most related with life satisfaction in children are gratitude, love, vitality, perseverance, and love of knowledge (Giménez, 2010). For example, Froh, Yurkewicz, and Kashdan (2009) found that children and adolescents with a more grateful look on life experience more positive emotions, have greater social support, and employ a greater number of prosocial helping behaviours towards others. Regarding love, children and adolescents that score higher on this strength feel more secure and confident when facing daily stress and are capable of implementing more effective strategies for establishing more satisfactory social relationships (Hazan, 2004). Further, various studies conclude that strengths are important for academic and work success. For example, Davidovitch, Littman-Ovadia, and Soen (2011) found that the pre-admission record of a student (high school grades) was not as predictive of work success and work satisfaction over the course of a career as was the development of strengths during the university period. In other words, students who knew their strengths and how to use them effectively were more likely to find a job and for that job to be their liking as compared to students who had not worked on their strengths.

## Doing Good for Others

Besides feeling well and functioning well, doing good for others is a central domain of wellbeing. Social wellbeing is characterized by creating strong social connections and developing emotional competencies that help children build and nurture positive relationships. Children's development does not occur in isolation. In fact, social contexts have a large influence on healthy development (Bronfenbrenner & Bronfenbrenner, 2009). For example, some studies indicate that social isolation in childhood is related to depression, substance abuse, suicide, and other mental illnesses (Hassed, 2008). Feeling connected and supported by family and by an academic support network (teachers, classmates) is fundamental to the wellbeing of children and adolescents (Stewart, Sun, Patterson, Lemerle, & Hardie, 2004). The benefits of positive relationships have been demonstrated on a physical and psychological level. On a psychological level, social support has been related to subjective wellbeing and vital meaning (Hicks & King, 2009) and even to better academic performance (Wentzel & Caldwell, 1997). On a physical level, it has been shown that social support is related to better indicators of health (Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

## Wellbeing Interventions in Children

The interest in positive interventions in children in the past two decades has favoured the appearance of a large variety of wellbeing programs such as social-emotional learning (SEL; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011), emotional intelligence (Hagelskamp, Brackett, Rivers, & Salovey, 2013), resilience education (Brunwasser, Gillham, & Kim, 2009), forgiveness interventions (Nousse, Enright, & Klatt, 2012), values and character education (Arguís, Bolsas, Hernández-Paniello, & Salvador-Monge, 2012; Berkowitz & Bier, 2005; Nielsen, 2010), and contemplative practices (Broderick & Metz, 2009).

To articulate the different intervention models in childhood wellbeing, Waters et al. (2017) proposed a two-axis model: a horizontal axis that ranges from models more focused on intrapersonal wellbeing (e.g., resilience, emotional intelligence, contemplative practices, self-regulation) to models with a more interpersonal focus (e.g., character education, values education); and a vertical axis, which ranges from one-dimensional models (e.g., emotional intelligence, mindfulness) to multicomponent models (e.g., social-emotional learning). The goal is to have a general framework that guides the

selection of one to various movements when designing an intervention to increase childhood wellbeing, knowing the strengths and limitations of each focus and making strategic decisions about which components to include in the development and implementation of new programs. It is important that these programs, besides generating a positive impact on wellbeing, are really capable of building cross competencies for psychosocial functioning. That is to say, wellbeing programs should develop resources and abilities that allow for increasing childhood wellbeing to different vital areas in a sustained and generalized way. Thus, it is necessary that, beyond stand-alone approaches, wellbeing programs be applied using a more comprehensive method. Both initiatives have delivered meaningful results (Berkovitz & Bier, 2004; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009).

## Wellbeing in Schools

Keeping in mind the time that children spend in academic environments throughout their lives (Gilman, Huebner, & Furlong, 2009), it seems reasonable that schools are the ideal place for PP interventions seeking to support the social and emotional development of young people (Chodkiewicz & Boyle, 2017). The evidence suggests that relationships with classmates and school staff (Chu, Saucier, & Hafner, 2010; Hawker & Boulton, 2000) as well as school climate and culture in general (Way, Reddy, & Rhodes, 2007) are intimately linked to a variety of benefits to the physical and mental health of children. Thus, a commitment on the part of the entire school to create an environment that nurtures and builds wellbeing is essential.

In addition, a close relationship exists between wellbeing and academic learning (Linnenbrink & Pintrich, 2002). Sometimes, educators (parents or teachers) assume that investing in wellbeing may take time and resources away from other academic activities. However, research shows that promoting flourishing has positive effects on academic performance. Suldo et al. (2011) found that students with better wellbeing had higher grades and fewer school absences. Similarly, Howell (2009) found that students who were flourishing reported higher grades and greater self-control than those who had moderate mental health or who were experiencing languishing. Moreover, a meta-analysis that reviewed 284 emotional and social education programs attended by over 200,000 students found that these programs raised students' scores by 11% on standardized academic performance tests (Durlak et al., 2011). Similarly, Dix, Slee, Lawson, and Keeves (2012) found that wellbeing interventions improved academic performance for students by an amount

equivalent to that of six extra months of schooling by year 7 (ages 11–13), and Suldo et al. (2011) found in a longitudinal study that life satisfaction and positive affect significantly predicted objective measures of academic performance one year later.

In short, although many educators have a traditional view of learning as a solely cognitive process, research has confirmed that emotions play a fundamental role in the development of academic abilities (Immordino-Yang & Damasio, 2007). Indeed, some authors recognize the importance of both paths to learning (i.e., rational and emotional), underscoring the influence of the emotional climate of the classroom in promoting the recall of material taught in class (Jensen, 2008). Therefore, flourishing should be a complementary rather than competing goal in academic development.

Over the last decade, several studies have shown that different dimensions of wellbeing can be effectively developed through a wide variety of school interventions. In relation to benefits on an emotional level, it has been found that incorporating practices for wellbeing in schools prevents and reduces symptoms of depression (Brunwasser et al., 2009) and anxiety (Neil & Christensen, 2009) and also prevents future psychological problems (Seligman et al., 2009). It has also shown positive results on the development of important psychological resources for confronting difficult situations, such as character strengths (Berkowitz & Bier, 2005; White & Waters, 2015), values (Nielsen, 2010), or resilience (Brunwasser et al., 2009).

On a social level, promoting wellbeing in schools encourages the development of positive relationships with classmates (Nielsen, Meilstrup, Nelausen, Koushede, & Holstein, 2015; White & Waters, 2015) as well as better relationships with parents and professors (Gillham, Brunwasser, & Freres, 2007; Milatz, Lüftenegger, & Schober, 2015). Meaningful relationships with positive adult figures protect adolescents in the face of problems like depression, gang membership, juvenile delinquency, risky sexual behaviour, and substance abuse (Hamre & Pianta, 2001). Research into the efficacy of character development programs (specifically, development of academic and social abilities) has reported a 15% reduction in violent behaviour in students and up to a 29% reduction in high school students (Hahn et al., 2007).

With regard to physical health, it has been shown that self-esteem and positive emotions generate positive effects on physical health in children and adolescents and that, in addition, wellbeing in childhood predicts better perceived health and less risky behaviours in adulthood (Hoyt, Chase-Lansdale, McDade, & Adam, 2012).

The rapid growth of research into student wellbeing derives from the publication of various meta-analyses and review articles (Durlak et al., 2011;

Kavanagh et al., 2009; Kraag, Zeegers, Kok, Hosman, & Abu-Saad, 2006; Sklad, Diekstra, De Ritter, Ben, & Gravesteijn, 2012; Waters, 2011; Waters, Barsky, Ridd, & Allen, 2015). Waters (2011) showed the benefits of implementing positive interventions in 11 different schools. Similarly, Neil and Christensen (2009) reviewed 27 randomized controlled trials implementing school-based PP programs, concluding that they are effective in reducing anxiety symptoms in young people. Moreover, in their meta-analysis, Durlak et al. (2011) found that these socio-emotional learning programs improved students' emotional regulation skills and increased their social competence. These treatment effects were maintained up to six months following the intervention. In the same line, Stockings et al. (2016) concluded that preventative school-based interventions are effective in reducing the onset of internalizing disorders in students for up to a 12-month period, indicating that the effects of these interventions may be sustainable. This growth of research on student wellbeing suggests that it is increasingly being viewed as an important goal of education.

Promoting flourishing in schools implies action on different levels. It does not imply simply facilitating the wellbeing of children, developing their socio-emotional abilities; it also implies promoting the flourishing of the entire educational community, involving professors and academic staff and valuing their enormous effort so that they feel a profound sense of commitment and belonging, promoting a culture of wellbeing, effective learning, and social responsibility. Only by intervening on multiple levels will it be possible to promote the flourishing of the entire educational community.

## Wellbeing in the Family

Students spend a considerable amount of time in school, but we cannot forget that the family is one of the most important developmental contexts in the life of a child. The responsibility to develop a child's character starts with the family, which is also responsible for promoting constructive opportunities for the child's health, safety, and education. What happens in the family also has an important influence both on the wellbeing of students and on their academic performance (Allen, Kern, Vella-Brodrick, Hattie, & Waters, 2018). Many parents, although they want their children to be happy, often leave this as a secondary objective in favour of focusing on the academic performance of their children (Seligman et al., 2009). Furthermore, the mental health problems present in families frequently end up affecting the children, causing them to grow up in high-risk environments where it is expected that

schools be the ones to teach them vital values and abilities (Chaves & Kern, 2017).

There is a need and a growing interest in knowing how to promote the wellbeing of parents, family, and communities. The science that underlies PP provides evidence that should be communicated to parents. There are some examples of incorporating families into school wellbeing programs. Geelong Grammar School, St. Peter's College—Adelaide, the Knox Grammar School, and the Universidad Tecmilenio have recently developed modules offered to families and the external public (Green, Oades, & Robinson, 2011; White & Murray, 2016). These sessions have been very successful among parents who want to participate in the wellbeing of their children. However, to nurture the wellbeing of students in a comprehensive way, it is ultimately necessary for parents and families to learn and apply the same abilities, activities, etc., at home. Progressively, through programs, chats, activities, etc., that are offered to the community and by challenging students themselves to share what they have learned outside the classroom, schools can become beacons of wellbeing with a positive impact on the entire community. For example, Waters (2015) evaluated the positive impact of positive parenting on the wellbeing of children, concluding that strength-based parenting has a crucial effect on the life satisfaction of children. However, much more work is needed in this field. In addition, parents that could benefit more from these practices and who possibly have a greater negative impact on the wellbeing of their children are often the most difficult to involve in these types of actions. This is a challenge that will have to be addressed in the near future.

## Policies for Wellbeing in Childhood

For childhood wellbeing to truly be a priority, a commitment is needed not only on an individual level but also on a broader political and social level. In the past few decades, there has been widespread interest in including wellbeing and positive mental health (Beddington et al., 2008) as a relevant element in designing public policies. For instance, in the United Kingdom, the Ministry of Science published a series of academic reports in 2008 in many different areas to assess the status of 'wellbeing and mental capital' in the country as a basis for designing policies aimed at improving the lives of U.K. citizens (Jenkins et al., 2008). This initiative generated a national political debate on wellbeing (Stoll, Michaelson, & Seaford, 2012), which led, among other plans, to including periodic measures of psychological wellbeing on national surveys.

Similarly, the United Nations decided in its General Assembly in June 2011, with the support of recognized researchers of psychological wellbeing, to consider the inclusion of measures of subjective wellbeing as additional indicators of human development in United Nations' statistics (Helliwell, Layard, & Sachs, 2013). In a converging line of interest, children's wellbeing has become a global educational goal in recent years for international organizations as represented in the interagency initiative among the World Health Organization, UNICEF (United Nations Children's Emergency Fund), UNESCO (United Nations Educational, Scientific and Cultural Organization), Education International, Education Development Center, the Partnership for Child Development and the World Bank, and Focusing Resources for Effective School Health (FRESH). The OECD (Organisation for Economic Co-operation and Development) envisions a commitment to individual and collective wellbeing for education in 2030: 'we are committed to helping every learner develop as a whole person, fulfil his or her potential and help shape a shared future built on the wellbeing of individuals, communities and the planet' (Howells, 2018, p. 3).

However, it is worth considering that even when legislation begins to include wellbeing as a priority, sometimes these policies are not realistic. For example, schools are especially susceptible to the changing interests of politicians in charge. Change in curricular designs has become a common situation in schools, and frequently these curricular changes translate into academic programs with very diverse objectives. Although the idea of supporting childhood wellbeing from school may sound appealing, sometimes there is no space in the curriculum to incorporate lessons about wellbeing and strengths. If the research has shown that wellbeing programs have many benefits for children, then it should be incorporated as part of the culture of any school through its mission and values, its way of evaluating students, its curriculum, and its extracurricular activities.

And it is precisely through evaluation that this look can truly be expanded and go beyond the academic performance of students. Standardized tests like the Program for International Student Assessment (PISA) compare student performance on an international level, and, within this framework, grades have become an indicator of the quality of the school. Without a doubt, access to education and improvement in the academic performance of students guarantee important benefits for the development of a country, not only regarding opportunities for better employment and higher income but also for the promotion of physical and mental health. However, when policies are centred almost exclusively on the results of tests, the true value of an education is being forgotten.

Nowadays, we have clear examples of political support for the promotion of childhood wellbeing. This is the case in Bhutan, where the Ministry of Education developed and implemented a wellbeing program in 11 schools. The impact of this program was compared with 7 similar schools that received the typical curriculum. After 15 months, students in the positive schools reported higher levels of wellbeing and better academic performance. Additionally, these results were maintained six months later (Adler, 2017). The United Kingdom has also addressed the debate about implementing wellbeing programs in public schools as a fundamental line for promoting mental health, and this proposal already has a parliamentary majority. Little by little, wellbeing education is coming to countries around the world and gaining more and more evidence of success (see the report of the International Positive Education Network; IPEN, 2017).

## Conclusions and Future Steps

The study of childhood wellbeing and flourishing is a relatively new field. These ideas and strategies have existed for centuries, but their methods are enriched by scientific support and conclusions derived from years of research in PP. In recent decades, we have witnessed some changes that have favoured the proliferation of research in this area. The challenges posed by modern society require us to provide children with the cognitive, social, and emotional competencies that help them prevent future mental illnesses as well as flourish socially and professionally. This involves designing strategies to support children and other educational agents in addressing and preventing these difficulties in all key areas for their development. It will be necessary to continue validating interventions and multicomponent programs for the promotion of different dimensions of childhood wellbeing. Increasing knowledge of therapeutic techniques will allow clinicians and educators to have effective tools for the prevention and treatment of psychological problems in childhood.

PP has given way to new changes that will allow us to understand schools and families as enabling environments of wellbeing in the future. However, many questions remain to be answered. For example, what are the main dimensions that predict positive developmental trajectories? What is the most effective frequency, intensity, or duration when intervening? Are the changes sustainable over time? How does culture influence the focuses and benefits of the applications of PP in childhood? How can institutions become enablers of wellbeing? These are open questions that should be addressed in the future.

Ultimately, PP is a frame of reference for professionals and scientists when designing strategies to promote wellbeing. Moreover, it is a field with immense potential to exercise meaningful changes in educational institutions. Enabling educational spaces need to be built that allow for the development of the maximum potential of children, spaces in which, besides being prepared to have productive lives, children are provided with tools to have full and meaningful lives that let them construct societies that flourish.

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