Supporting the Wellbeing of Children with Special Needs through Strength Based Curriculum

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Abstract

Singapore's Ministry of Social and Family Development's definition of "persons with disability" are those with physical and mental impairments, therefore resulting in reduced opportunities towards a higher quality of life in terms of education, employment, and recreation (MSF, 2023). This identification of a disability is rooted on the affliction rather than the person. Mental health approaches have traditionally followed a linear deficit approach pathway as well, with the prescription that the termination of problems would in default result in a healthy state of mental health (Torres, 2021) and past policies and efforts were made to mitigate the affliction, in the view that the quality of life will improve in the absence of mental illness or the reduction of disability. Therefore, such endeavours on rehabilitation thrusts need to be revisited and revised, to accommodate the broader context children with special needs are part of. The present literature review seeks to explore the relationship of strength-based approaches on three variables, namely, self-esteem, self-concept and self-perception and its effect on overall well-being. These two variables were selected for two reasons. The first being their centrality to theories of positive psychology and have been long explored as indictors of wellbeing and scholastic levels (Baumeister, 2003). Second, these variables seem to have good predictable validity of self-views (Swann et al., 2007).

Keywords: wellbeing special needs students, self-esteem, self-perception, self-concept

1. Special Education Trends

The special education route supports students for whom it has been shown through standardized assessments that a special educational pathway is more appropriate. Current foundations in the mainstream educational domains include the inflexibility of curriculum that may not meaningfully included all in the instructional experience; a student who has social and cognitive challenges is not able to work at the prescribed standards at his/her peers. Students with special needs may need additional, specific, and differentiated instructional accommodations to support them in assessing the curriculum. Solutions and intervention strategies tend not to be "one size fits all", balancing between a differentiation and implementation of a variety of educational plans which can be revised as the person progresses. Educators trained in Special Education usually apply differentiated instruction (DI); the modification and accommodation of the content based on the individual

student's required needs.

While the special needs educators aspire to create opportunities for their students to experience success, the applied approaches that supports special education in the local context is traditionally reliant on deficits, illustrated by lowering assignment complexity expectations, oversimplifying a task or assessments to a degree where the intended learning objectives are practically non-existent. This differentiating instructional accommodations and practices can be challenging for educators to navigate. This trend of developmentally inappropriate pedagogy may support regression rather than progression of the student's developmental path (Lloyd & Fernyhough, 1999). Most students with special needs, as with all growing learners, require to be stretched beyond this to reach their full potential and educational environments are the optimum settings to develop and use as many strengths of the child as possible (Peterson, 2006).

1.1 Research Questions

To examine how strength-based approaches influences the wellbeing of children with Special Needs, a literature review was conducted. The followings questions were addressed.

2. 1. How have strength-based approaches influences the self-esteem, self-concept, and self-perception of children with Special Needs?

3. 2. How do these psychological factors affect the wellbeing of children with Special Needs?

1.2 Definition of Strength in Special Needs

A strength is identified as the ability to provide a high-level predictability of mastery in performance of a task, activity, or function. The understanding of strength differs in context between individuals. The growing number for identification of children are first, with a learning, cognitive or social disabilities, and only then their ability to for extraordinary strengths and talents. These same children may have their educational routes riddled with challenges as they portray a poor fit to the traditional long-standing view of either exceptionality. An individual strength might the ability to remember precise train schedules whilst another can perform a complex dance routine, both which are not in the usual academic learning domains for assessment. Webb et al., (2005), noted that educators often exhibit denial responses that children with special needs can possess twice exceptionality, overlooking strengths which are not considered mainstream and not supporting these strengths as well.

The identification and growth of strengths, for many children with special needs, can become positive transition point, triggering changes in how they hold their self-view of themselves in the context of the environment around them. Rashid and Ostermann (2009)'s clinical psychology perspective warned of this view that overly focused on deficits might potentially lead to negative forms of labelling and lowering their self-view as a product of difficulties.

2. Strength Based Approach

Strength-based approaches are generally described in the literature in the following ways: (i) a framework for individuals; (b) standardized assessment tools; (c) specific interventions for targeted populations; and (d)

strength-based models. In this review, the context is in both a framework and specific intervention for individuals in a specific population, children with special needs in a special school setting. A strength-based approach is the identification and development of abilities, knowledge, and capacities in context while traditional approaches focus on individual weaknesses or deficits. Strength-based practitioners collaborate in a person centric manner to discover individual functioning. The strengths approach operates on the understanding that that the individual has strengths and resources in which they can assess these strengths to achieve personal goals (Brownlee et al., 2012), with the focus on the individual and not the problems. Individuals are in a better position to acquire and achieve more when they build upon their talents and strengths than when commensurable efforts are made to improve their areas of weakness (Clifton & Harter 2003). Lopez and Louis (2009) stated that the strength-based approach underlines the positive features of a student's interest, strengths, and efforts. This does not mean the problems are disregarded, but rather the approach informs successful strategies by reframing the needs of the individual. It assumes strengths to be in inherent part of human nature and affirms we can only really address weakness when we first consider and make most of our strengths (Narafshan & Noori, 2018). The overarching intention of this approach aims to transform students into confident and successful lifelong learners and not to avoid or minimise problems (Anderson, 2000).

Strength based approaches have been shown to work in a broad spectrum of adolescents. Health care professionals also apply a strength-based perspective in their work with their patients. While there is no standard model of operating procedure, they address individuals "by their values, strengths, hopes, aspirations, and capacities, regardless of the stressful or burdensome nature of the situation around them" (Peacock et al., 2010). Toback et al., (2016) described that strength-based interventions of children with mental health symptoms in a psychiatric ward, resulted in significant gains in self-esteem and self-efficacy, enhancing confidence and increasing motivation and coping behaviours. There were also better responses to treatment as the strengths' approach strives by being intentional, values optimism and foster mutual trust and respect.

Thus, strength-based approaches have been studied and shown in both in academic and health settings, that a consistent intentional belief that children have a capacity to grow can be maximized through strengths-based opportunities is feasible. This is done by recognising the individual has his/her own interests and strengths despite their medically diagnosed circumstances through the identification and understanding what the child is strong at. Accommodations and support strategies can be child centric to develop the strengths and nurture the talents and then providing opportunities for these approaches to be successful and allow time for children with special needs to gain mastery at a specific person-centred level.

2.1 Guidelines of a Strength Based Approach

deBros (2015) purported these guidelines to pilot a strength-based approach: i) the individual child has unique talents and strengths, ii) the talents and strengths can be developed, iii) both strengths and limitations are opportunities for instruction, iv) the educator reframes away from the narrative that the child is "deficient", v) the supportive environment, the education team appreciates and recognises the child's strengths and abilities, then the child has a higher chance of succeeding, vi) underlines the investment of effort and the creation of strengths as critical components. In summary, children will not sustain effort unless they believe the outcome

will have a positive effect, supporting positive emotions.

4. Well-being

Seligman et al., (2005) noted "wellbeing" as a concept derived from the extensive literature on "positive psychology". Well-being is understood to reflect a state of contentment, satisfaction, or happiness derived from optimal functioning and is usually used as a composite indicator for the relative presence of positive emotions and the absence of negative ones (Myers & Diener, 1995). This state is subjective, relative, rather than an absolute concept and that the present state of wellbeing is greater than the mere absence of mental disorders. Ryff (1989) contents the extent of six human needs determines an individual's wellbeing; i) autonomy, ii) environmental mastery, iii) personal growth, iv) positive relations, v) purpose in life and vi) self-acceptance. Diener (1984), presented global subjective well-being as being defined by frequent positive affect, infrequent negative affect, a satisfied quality of life in a specific domain. This model has been broadened to include children and adolescents in a school and family setting (Huebner and Dew 1996). For purposes of this literature review, we are focus on the sixth need, explained as experiencing a positive attitude towards oneself, acknowledging one's strength and limitations, and generally having a positive disposition about life (Ryff, 1989) through the variables of self-esteem, self-concept, and self-perception.

Wellbeing is one integrant of mental health and its disposition towards a higher quality of life. Wellbeing is an individual enabler and defined as a state in a continuum. The resultant concept of this syndrome at a specified level over a duration, occurs concurrently with distinctive and social functioning (Keyes 2001). Chronic, unresolved mental health issues in childhood are correlated to increased prevalence of the diagnosis of a mental illness later in the adulthood (Coneland et al, 2013). Wellbeing supports mental health and in turn, affects their abilities to make decisions, build relationships, cope with the normal stresses of daily life, work productivity, and make meaningful contributions to the community (WHO, 2007). Wellbeing is a significant contributor to decision making, life satisfaction, and social relationships and there is evidence that wellbeing is influenced by intraorganizational forces such as factors related to work and an individual personal disposition (Brough et al., 2009).

These forces would similarly be applicable to school going children as the "work" they know is the school environment they spend their whole childhood in, ensuring a positive wellbeing could ensure better outcomes in the other cognitive and emotional domains.

Despite the significant attention to measure and quantify well-being in academia, well-being still presents as limited in the field of education (Ereaut & Whiting, 2008). Tudor (2013) lists three elements of mental health, namely self-esteem, self-concept, and self-identity. However, frequent evaluative metrics consists of academic variables such as grades, school attendance and meeting with the discipline committee or mental health professionals (Soutter et al., 2014) and these metrics may not accurately reflect the importance on the cultivation of positive student attitudes and emotional well-being through the implementation of a strengths-based approach to learning (Armstrong 2012).

3.1 Well-being of the Child with Special Needs

The mental health of children with special needs has garnered attention in recent years and in Emerson and Hatton's (2007) estimates, showed that children with special needs are over six times more likely to be diagnosed with a mental disorder than neurotypicals. These changes supported an increasing awareness of the importance of supporting children not only academically but also socially and emotionally, as educators and caregivers become more cognizant of the difficulties that many youths with special needs experience. Saghatoleslami (2005), highlighted students with special needs struggle with self-esteem and self-concept, which has been shown to be contributing factors to substance abuse, depression, adjustment disorders and suicide ideation behaviours. It is therefore important that measures are taken to manage the wellbeing that children with special needs from holistic perspective. Tian (2008), suggested to taking a domain specific approach to wellbeing, specifically in the context of school by conceptualizing wellbeing as a global cognitive summary of school life, observed from a student's daily experiences. The positive affect stems from positive emotions such as feeling relaxed, confident, or satisfied while negative affect comes from negative emotions such as depressed or feeling hopeless. Chronic feelings of hopelessness can lead to learned helplessness, defined as the expectation that positive events will not happen and that the individual is not able to do anything to change the outcome. Hiroto and Seligman (1975), studied individuals with depression who were observed to have given up hope that effective voluntary control over external events is possible, thus people give up trying, not just in the helplessness situation but in other situations in which outcomes could be better if they attempted. These individuals might regard themselves as worthless because of learned helplessness.

During a child's education pathway in Singapore, those who have been identified as requiring special education have assessed and evaluated psychological, physical or skill deficits that affect their learning and/daily living skills. As time progresses, the record of deficits increases with new learning objectives to be met as the age increases, along with support plans to address the shortcomings, discouraging the child's motivation to change the environmental outcome if they experience constant failures. This may ultimately lead to lowered goal setting and achieving less. Learned helplessness in children with special needs can be prevalent in school settings, and a review on how strength-based teaching approaches can support variables to contribute to overall wellbeing

3.2 Self-Concept of the Child with Special Needs

The operational model of self-concept is the perception that individuals have of their own worth. Epstein (1973) suggests that the self-concept can understood as a theory that a person holds about himself as an experiencing, functioning being in interaction the environment. Salehi, Shabani & Ziaei (2015) noted that self-concept is multidimensional factor when evaluating and both the intra and inter interactions of the person should be considered. There is a level of cognition involved in the process of forming the concept of self. A composite perception of feelings, competence in academic /psychosocial domains and social acceptance (Belmore & Cillessen, 2006). McCullough et al., (2000), emphasized the need that self-concept is a cumulative effect of events, and that absence of negative affect does not mean the presence of positive affect. In the classroom, self-concept is frequently positively correlated with academic performance, but it appears to be a

consequence rather than a cause of high achievement, suggesting improving the academic skills will glean better outcomes than vice versa (Baumeister et al., 2003), supporting the research of strength-based approaches to improve levels of self-concept in the classroom.

Children will start to form self-concept early in their school life. Young neuro-typical students have reportedly shown a decline of self-concept levels as they transition from elementary to middle school, due to the response to an increased in cognitive maturity as they gain critical awareness of how their skills compare with others (Manning, 2007). Contrary to beliefs that children with special needs are incapable of forming the self-concept, Bear et al., (1991), wrote that children with special educational needs do form self-concepts as they interacted with their environment, and these children showed an increased risk of forming negative levels of self-concept when they compared themselves to their peers. Close to three decades later, this was still an ongoing concern; children with special needs were found to compare their own academic performance in relation to their neurotypical peers and apply a more negative social impression as a baseline for forming their own academic self-concept (Avramidis 2013).

There has been consistent evidence that people with moderate to mild intellectual disabilities are aware of the stigmatized treatment that they experience, even if the forms of discrimination were indirect and varied (Beart et al., 2005). Children with special needs were also more often victimised than their neurotypical peers, resulting in a vicious cycle of learned helplessness, one of the many barriers which prevents them from successfully forming meaningful social relationships. The segregation of children from mainstream does little to alleviate the lower self-concept levels since the perception is still dependant on the individual own interpretation of life's experiences (Rogers, 1951). When children were streamed into A-B groups, labelled as low achieving, it was found to have a negative impact on self-concept (Allodi, 2000). They might become more sensitive to negative feedback. The very fact that these children are placed in the special school setting, defined by accumulated deficits, repeated shortcomings, or underachievement in mainstream school, leads to the assumption that their self-concept to wane over time. Thus, the self-concept of children with special needs are generally found to be the poorest in academic achievement and personal worth. Since self-concept develops as a result an individual's experiences with the environment and the summary evaluations of these experiences, it is an important aspect because it contributes to many different facets of a person's life, from childhood to adulthood.

3.3 Self Esteem of Children with Special Needs

Another concept that supports psychological well-being is self-esteem. A helpful distinction between self-concept and self-esteem is the former focuses on the meanings of self as an object, with the self in relations to societal values while the latter focuses on the emotional dimensions of self-concept. Although these two factors are closely interrelated, they involve largely separate literatures. Self-esteem is often considered as a self-evaluation of our worthiness and competence as individuals (Matthews, Deary, & Whiteman, 2003) or feeling valuable in general (Rosenberg, 1965). Numerous past research showed that self esteem is a significant predictor of psychological wellbeing, when self esteem levels are high, wellbeing was also found to be high

(Disabato et al., 2016; Schilling, 2015; Dogan et al., 2013; Cheng & Furnham, 2003; Kernis, 2003)

It is generally agreed that individuals experiencing higher levels self-esteem adapt and respond better and have a more positive perspective on themselves and their environment. Rosenberg (1965), noted those with lower self-esteem disengaged with others more frequently, experienced higher levels of depression and were more self-conscious. There is supporting evidence to better understand self-esteem as an indicator to the quality of life for children with special needs. Baumeister et al., (2003) reviewed i) cross-sectional studies have has shown that self-esteem is related to academic performance, ii) happiness is a desirable corelate to high esteem, iii) higher self-esteem correlates to better coping after traumatic stressful events, iv) benefits of self-esteem could be a product of other factors that overlap with self-esteem, forming complementary causal relationships. There seems to be a discernible pattern; higher levels of contentment with less reported depressive symptoms, while lower self-esteem leads to delinquency (Trzesniewski et al., 2002) and had fewer coping resources and strategies to support their mental health experiences (Taylor & Stanton, 2007).

Jia et al., (2009) found that for both Chinese and USA youths, the quality of support from the educator significantly influenced both self-esteem and wellbeing directly, highlighting the importance of relationships between learner and teacher. Abed (2014)'s description of self-esteem of children from his experience as a teacher, showed that self esteem varied in response to task mastery. This meant that children displayed higher levels of self-esteem in certain tasks and lower in others. These variations showed that self-esteem levels are fluid, reacting to environmental cues and stimuli. This seems to strengthen the impression that one's level of self-esteem is not just the outcome but also the cause.

The temperament of the child is important in this model as well and by implementing a strength-based approach in class, this does not become a cookie cutter programme in which all children must participate in all programs (Rothbart & Bates, 2006). For example, if a child with special needs is a quiet and introverted child and does not loud noises, the teacher would seek out some activities and interests that this child may be attracted to and develop these skills further. In the study by Benzies, & Mychasiuk (2009), a strength-based approach was used in terms of matching the child's temperament and helping the child with his or her strengths. A positive behaviour support intervention was adopted, and children were found to have increased resiliency and therefore showing more effort and interest in their abilities and skill sets.

3.4 Self-Perception of Children with Special Needs

Self-perception is the understanding how individuals think, behave, and relate to others in the environment and includes those internal concepts that the individual has about him/herself. It is related and affected by demographics such as age/social economic statues/family income and health vitals such as body mass index and physical abilities. Due to the prevalence of progressively sedentary lifestyles, factors such as obesity are among the most influencing factors on youths' psychological self-perception and it's corresponding social impact (Palenzuela-Luis et al., 2022).

4. Conclusion and Needs for Additional Research

Although it's been discussed that children with special needs experience more negativity in self-concept than

their mainstream peers, emerging research is showing the levels of self-concept can be raised upwards if their perception is supported by emphasizing their strengths domains such as social, physical instead of academic only (Zeleke, 2004) This suggests that self-concept is not unidimensional, and there are other avenues that can be focused to address it. In the special school context, the intention is reframing the context of success and allow meaningful work outside of academia. This is supported by evidence when people perform work in which they find meaning in, this is in turn a significant source of positive self-identify, self-esteem and psychological wellbeing (Arnold et el., 2007).

We are keen to investigate the depth of the spillover effect of self-esteem and self-concept levels from strength-based approaches. The main consequence of increased these self-phenomena levels is the create a learning climate in schools, where children with special needs can excel according to their own strengths and talents. The second arc is to promote a climate of strength first rather than deficit driven settings that will foster wellbeing at the foundation level. Brownlee et al., (2012) suggested that the achievement of personal goals will support increasing self-awareness levels as learners see perceive their internalised potential and therefore themselves. This supports the direction of being more strength driven outside of academia and distancing from deficit reliance approaches are needed.

At present, special schools do have some form of infused programs to support emotional competencies through curriculum that address self-concept and self-esteem. Although the hope may be to foster environments in which students feel supported, the challenge is to reframe on how these programs address and build these two competencies. Swann (1996) reviewed and noted that curriculum specific programs designed to raise self-esteem rarely succeed, that self-esteem is highly resistant to change and if so, change requires a period. This is no surprise as these competencies also take time to develop and grow and one cannot expect for significant changes to occur if opportunities do not present often and if deficits are reinforced thereafter.   Several studies have shown that students overall wellbeing can be influenced and supported by parental, friend, and teacher relationships with the difference for associations of teacher support being the strongest when all three sources were measured concurrently (Danielsen et al. 2009; Suldo et al. 2008). This calls to attention that a good educational climate is a happy environment where children with special needs are tasked with activities they can access and improve on. The positive (self-esteem and self-concept) emotions can serve to guide and enable them to engage and improve on their strengths, at the same time, allowing emotional holding space to address also the negative emotional experiences effectively, since these emotions are part and parcel of the learning journey.

Apart from improving the wellbeing as discussed, we hope that the nurturing environment will help the children to learn, retain and build upon more permanently.   This retention and permanence are sought through the motivation and engagement levels; that learners are more engaged when motivated (MacIntyre, 2002), and they are more motivated when they are engaged in their strengths, which will overall support the connection of building up positive self-esteem and self-concepts degrees. For the investigative detail, we are seeking the extend of the effects from strength-based approaches have on self-esteem and self-concept and if these "self" levels were to change, will it correlate to changing levels of wellbeing as well.

The application of a strength-based model in special school settings should always be considered within the

contexts of the needs whom one is investigating, such as the developmental level and cultural background into account. To illustrate; the levels of self-esteem and self-concept of two children whom strengths are swimming, but one child requires more support due to biological support needs. The measurement of self-concept and self-esteem on overall wellbeing must factor these differences to make a meaningful comparison of the effects of a strength-based approach to make a meaning out of the results. Thus, it is hoped that further research can be stimulated with greater haste on the effects of strength-based approaches in special school settings and how this can contribute to improving wellbeing and by default, the quality of life in these individuals. Much more work needs to be done in the areas of strength-based assessments, teaching strategies and frameworks such as curriculum development and tests to enhance the competencies of special needs educators. We envision a future where the foundation of special needs curriculum has strength-based at its core, a synergy where strength competencies support and enhance both perspectives of the learner and educator.

5. Acknowledgement

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