Parent-School-Community Participation and Social Emotional Learning: A Strategy for Improving Well Being of Out-of-School Students in Calabar Metropolis

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ABSTRACT

Across-sectional surveywas conducted to examine parent-school-community partnership and social-emotional learning programs as strategies for improving the well-being of out-of-school. The study was guided by self-determination theory and involved 172students. A structured questionnaire was used to facilitate data collection. Descriptive statistics and multicollinearity with variance inflation factor (VIF) were used to ascertain the accuracy of the data set. The hypotheses were tested with the use of correlational analysis. Findings revealed that parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.859, P<0.05). Social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.764, P<0.05). It is recommended that the collaboration between parent-school and the community should be a strategic practice of identifying barriers that hinder mental health services to improve mental disorders in the study and to achieve academic goals. The school management should employ health professionals and psychologists to design social-emotional learning programs as an intervention tool to decrease anxiety, distress, and depressive symptoms which could affect the academic capacity of students to tackle challenging issues.

Keywords: parent-school-community partnership, social-emotional learning programs well-being of out-of-school, students, school

INTRODUCTION

A growing literature on mental health in the 21st century holds strong support for the wellbeing and academic performance of students which is increasingly evaluated to ascertain the mental health of students for sustainable performance. The present generation of students has been identified with mental stress experience (DeLuca, Tang, Zoubaa, Dial &Yanos, 2021). The improvement of the well-being of out-of-school children is influenced by school and community partnerships, and social-emotional learning programs (Link, DuPont-Reyes, Barkin, Villatoro, Phelan & Painter, 2020). Today, mental health improvement is vital to help students have an effective assessment of structural opportunities. This is anticipated to eliminate barriers that affect learning and improvement in students. Students have faced pressure that affects their mental health and happiness due to emotional, psychological, and social instability that affects their well-being. This continuous disruption in mental stability has led to discomfort which impairs the academic achievement of students.

A report by the United Nations Education Scientific and Cultural Organization (UNESCO)indicates 20 million out-of-school children in Nigeria is between the ages of 6 and 18 years (Raliyat, Umma& Aisha,

2022). Data by UNESCO affirmed that for decades, the out-of-school children in Nigeria have been between 10.5 million and 15 million as a result of poor security and economic situations (Raliyat et al., 2022). However, with the 20 million out-of-school children, the allocation showed that the northeast has 33 percent of out-of-school, the North-central has 26 percent; the North-west has 25 percent; the South-south has 24 percent; South-west has 22; and the South-east has 19 percent (Ogunode, Adanna & Ayoko, 2022).

The practice of mental health is commonly sustained by strategic approaches such as parent-school-community partnerships, and social-emotional learning programs which help to improve the well-being of out-of-school children. In Calabar Metropolis mental health is a conventional practice that is part of the school system which about the wellbeing of students. It plays an intervening role in mental disorders among students. The need for a safe and supportive environment has become a priority in schools to connect students and encourage peer relationships. Secondary school students are linked to behavioural and mental health services. Many schools have engaged in promoting the mental well-being of students which aids students to achieve the mission of their education (Habeger et al., 2019.

Theoretical Framework

This study adopted self determination theory (SDT) developed by R. M. Ryan and D. C. Deci, As a theory of personality and motivation, it connotes an individual ability to manage himself, make choices based on confidence, and have independent thinking. Self-determination theory is a proactive theory of human motivation that theorizes that individuals are associated with psychological needs and developmental tendencies to master challenges, aspire for growth, and integrate new experiences in a supportive environment (Ryan &Deci, 2017). The assumptions of the theory are that behavioural change is driven by the need for growth as people consistently seek to grow and improve their mental health.

It is a theory that emphasizes the need for mastery to overcome pending challenges such as distress, stress, anxiety. Autonomous motivation is an enabler of self-determination through intrinsic sources of motivation such as the desire to prove oneself and learn to be independent (Deci& Ryan, 2000). The theory plays a critical role in the psychological health of individuals and also motivates them to manage themselves in any given task. Though the theory emphasizes that individual effectiveness and mental health determine satisfaction and psychological needs, the deprivation of these needs results in unhealthy being.

Conceptual Framework

The conceptual framework of the study covered parent-school-community partnership, social-emotional learning programs and the well-being of out-of-school. The figure below shows the variables of the study.

Figure1: Mental Health Strategy
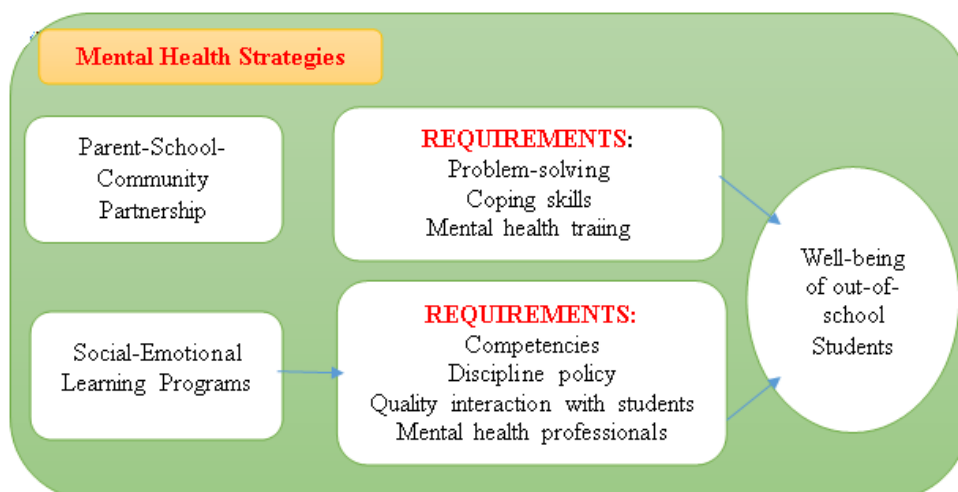
Source: Researcher 2024

Concept of Mental Health

Mental health entails the psychological, social, and emotional well-being of an individual which is pivotal to the effective performance of responsibilities in a proper manner (Wang, 2019). This required coping skills to deal with life and address stressors to influence society. Ribeiro (2018) argued that the absence of illness is not merely the implication of mental health. Still, mental health issues such as schizophrenia and depression have been considered issues suffered by people (Zada et al., 2021). A survey by Rocha (2015) revealed that at a young age in life, the individual is affected by mental health problems. However, it is often ignored by individuals with less attention to receive mental health services. However, at a young age, students suffer from mental health issues arising from anxiety, attempts to commit suicide, depression, and other self-injury that is not suicidal (Rocha, 2015). For instance, Losa-Iglesias et al. (2019) note that students are vulnerable to mental health issues due to the competitive environment, reliance on others, academic stress, career ambitions, financial issues, etc have psychological and morbidity exhaustion. Drum et al. (2019) affirmed that the personal and professional lives of students are affected by student intents, suicidal thoughts, and actions

In addition, Melaku et al. (2015) stressed that lack of compassion, the poor performance of students, morality, dishonesty, poor physical health, and edgy relationships have been attributed to mental health issues and social disturbance among students. These have further contributed to the poor performance of the student in their academics, Mental health relates to how we act, think, feel, make choices, and handle stress. In support, Ogunode et al. (2022) see mental health as components of behavioural health and actions that affect the wellness of the individual. Hunt and Eisenberg, (2020) stressed that treated or untreated mental health difficulties in the study leads to lower grades in academics and a strong contributor to school dropout. This affirmed that a higher rate of dropout or out-of-school students is likely to be students with mental health problems (Anttila et al., 2019]. According to Czyz et al (2023), the adverse effect of mental health is that it creates hurdles that prevent students from coping with their academics. This is based on the notion that the lack of adequate support schemes and stress management skills can result in student failure and poor academic performance (Belch, 2019).

Two factors that influence the mental health balance of study are associated with the influence of the social and physical environment on students, and the family and upbringing of students.

The social and physical environment impacts the student's mental health, behavious, and emotions. For instance, strong social connection or support has been investigated as a strong contributor to mental health. This is influenced by relationships with colleagues, family, or friends, which contribute to stress reduction and self-esteem improvement. In addition, the risk of developing mental health is associated with the absence of social support. Also, good mental health requires adequate funds and housing. These help to overcome the effects of financial stress, anxiety, uncertainty, and depression. In addition, the change in circumstances has been investigated to contribute to changes in mental health. Illness and loss of job cause uncertainty and stress are strong contributors to mental health risk. However, these require adequate support with resources to sustain positive mental health (Melaku, et al. 2015; Habeger et al, 2028). On the other hand, student's attitudes, beliefs, and behavior are influenced by family practices and upbringing which enhance mental health. Assessing a student's family and upbringing requires health specialists to identify areas of concern to tailor treatments for improved well-being (Lynn et al., 2018). For instance, one, the mental health of the study is affected by the existence of childhood abuse or trauma. These have increased the risk of developing mental health which requires strategies to address the outcome. Two, genetics contribute to mental health development whereby a student with mental health in the family tends to develop mental health issues. This requires intervention for effective management of mental health. Three, improvement in mental health requires family involvement to promote social connection with social support.

Parent-school-community partnershipstrategy to improve mental health

The necessity for a comprehensive mental health system in school is to meet the health needs of students. There is a need for parents, schools, and communities to recognize the value of collaborating as a strategic partnership (Low &Kok, 2020). Conceptually, a parent-school-community partnership is a collaboration of partners or stakeholders such as government, individuals, communities, businesses, schools, and families which assists students' psychological physical, emotional, and social development. therefore, the school's mental health of students is realized through this partnership which allows the sharing of information and responsibility for student development (Chaves et al., 2017). The importance of mental health in the development of the study is found to be underestimated by parents as it is often misunderstood and neglected in student development (World Health Organization, 2014).

However, the style of parenting and family environment has influenced the growth of students in mental health development. Though the family has an immediate influence, parenting style has a significant influence on student development. The school contributes to the development of students as they spend time through an interactive system with the expectation of the community and parents. Goldstein and Brooks (2017) noted that the solution to student mental health disorders lies in the collaboration of communities, families, and schools. The community as a larger context is where students operate for development. Kok (2018) stressed that mental health development is wide in scope beyond family and school, therefore, an effective parent-school-community partnership is required for the holistic development of student desires. The mental health of students is necessary for their emotional, academic, and social outcomes; Weist et al., 2017).

The adoption of a multitier systemic approach (such as parent, school, and community) to promote the school mental health of students relates to integrating mental health and educational advancement for student development (Kutcher et al., 2016). The success of this achievement requires a partnership of parents, schools, and community for optimal development. In providing holistic mental and health programs, the partnership among school, family, and community is significantly growing because of the increasing mental health needs of students. (Meringkangas et al., 2010). Hence, the collaboration of schools, families, and communities requires critical resources for the development of mental health programs. this is based on the notion that mental health needs are unmet by schools and families. This implies that educators, the community, and parents are a better partnership for improving the mental health of students for problem-solving.

In addition, the cooperation of schools and parents can be sought from psychologists, local mental health centers, mental health experts, or community clinicians on mental disorders of students (Huppert & So, 2013). A study by Hawkins et al. (2014) noted a fluctuation in the state of students' mental health to environmental conditions, life events, and physical health. This involves the need for protective factors to enhance mental health such as self-efficacy, and communal and cultural decisions for positive mental health.

This is a strategy for improving the mental health of children. Effective mental health treatment is given to students through the formation of partnerships by hospitals, schools, and mental health centers. The essence of the partnerships aid professionals in mental health to eliminate the issues. The partnership between schools and local hospitals is an intervention that has improved coping skills and emotional-social competencies. For instance, mentally disordered students who were involved in the clinical treatment had improved health functioning. The partnership between schools and hospitals constitutes the source of mental health training for families, and academic staff which offers effective treatment to students. A study by Walter et al., (2019) indicates partnering hospitals or mental health centers offer therapy to students for weeks. Effective access to healthcare has made students less accessible to more lessons when receiving treatment from a hospital or clinic. Findings from Walter et al. (2019) revealed that the feasibility of strategic partnership between hospitals and schools on collaboration to proffer adequate mental health to students is critical. This is in support of the study by Conners-Burrow et al., (2012) which investigated the

provision of student mental health consultation. The outcome revealed that teachers had appropriate interaction with the students. This brought about moderate improvement in student behavior.

Social-emotional learning programs to improve mental health

Social-based mental health has been investigated to show health intervention in students with a decrease in anxiety, distress, and depressive symptoms. This affirmed an increase in student self-efficacy and self-esteem. The effectiveness of incorporating the social-emotional learning program makes a change in school routine to a positive basis in solving student problems Raimundo et al. (2013). However, the increase in social-emotional competencies contributes to a moderate increase in the academic performance of students (Shoshani& Steinmetz, 2014). The importance of social-emotional learning programs gives direct academic benefits as schoolteachers can receive effective training for hours to enhance the positive mental health of students. The outcome of social-emotional learning programs is that students can have a good association with the school and this results in stronger engagement of students in class. Hence, the incorporation of social-emotional learning varies among schools as teachers can incorporate it as a school routine to address issues of the mental health of students (Shoshani& Steinmetz, 2014). This requires schools to change their culture on mental health for the benefit of students (Raimundo et al., 2013).

The use of social-emotional learning programs to promote students' mental health needs to be resolved to optimize student well-being. However, the achievement of goals in social-emotional learning programs requires the following: cohesive interventions to promote healthy development, etc., and assisting with chronic and severe problems (Greenberg et al., 2021).. The adoption of social and emotional learning to solve problems requires healthy students and support by the community and school. Lynn et al. (2018) see social and emotional learning implementation as a supportive policy that improves mental health. For instance, social and emotional learning is a program carried out in schools and communities where the needs of school children are effectively addressed and implemented according to standards. In a school environment, social and emotional learning is a supportive policy that is articulated to improve the children's emotional and social development. For instance, a student's attention to mathematics and reading helps to address the social and emotional outcomes. In addition, at community policy, it focuses on preventing and promoting discipline policies for problem-solving(Greenberg et al., 2021).

The merit of social and emotional learning ensures that students can develop the functionality of skills for effective living. It allows students to know the required skills to address themselves and work for effective and ethical behavior Weissberg, 2017).. However, the skills to recognize and manage emotions, develop care and concern, and the need to make positive and responsible decisions, and effectively handle challenging issues. Hence, in schools, these permit students to be calm when they are angry, it allows students to make positive relationships, respectfully resolve conflicts, and also can be ethical in making safe choices. Hence, it is adjudged as a prerequisite for students to learn effectively with high-quality interaction with peers and teachers.

Studies by Anderson-Butcher and Ashton (2014) and Adelman and Taylor (2016) have pointed out the application of social and emotional programs to promote the mental health of students with a focus on addressing students' skills development. it has enabled teachers to create a safe and caring school climate. Consequently, the social and emotional learning program is noted by Raimundo et al. (2013).that services for students at risk and a comprehensive system cannot replace social and emotional learning. However, the program addresses factors that aid in promoting success and providing a framework that supports ijtensive intervention for student success.

The implementation of social and emotional learning is evidence-based in the classroom used addresses students' needs. For instance, the number of students with the need for early intervention is reduced without the risks being predetermined. Evidence-based social-emotional learning programs are implemented in

classrooms with the need to address predetermined risks. It has offered students the required skills to handle challenges, while teachers can promote students' interest and engagement within a caring school environment. For those students who need additional support, the skills being taught in the classroom can be incorporated and reinforced within mental health interventions provided by school mental health professionals. SEL also equips the classmates of these special needs students to be more empathic, compassionate, supportive, and effective in interactions with them.

Causes of out-of-school-among students

Research attention has been given to the practice of out-of-children. It entails children who are to be enrolled in formal education with the exclusion of pre-primary education (Ogunode, et al., 2022). Conceptually, out-of-school children imply non-attendance of children who are of school age due to certain factors. Studies have identified children between 6-11 years and 1-12 years as ages of out-of-school children (Ogunode, et al., 2022). This is the age of children who are not in school but are supposed to be in school as a result of government and parental failure to proffer quality and sustainable education. Ojelade, et al. (2019) stressed that these are children without access to functional education or school which roams the street. Established factors that constitute out-of-school children consist of child marriage and pregnancy, poor funding, failed implementation of the Child Rights Act, lack of political will, and ineffective implementation of the United Basic Education Program.

Child marriage and pregnancy constitute out-of-schoolchildren in Nigeria where a female child is not made to enroll in school, but such a child is engaged in marriage (Ogunode, et al., 2022). Child marriage has a significant contribution to out-of-school children in Nigeria and this is because of teenage marriage and pregnancies (Charity et al. 2020). The education of children is hindered by resource constraints and poor teen parenting emanating as a result of the decline in income to sponsor children. This affects the development of children academically (Nguyen & Wodon (2014).

Poor funding has been attributed to the cause of out-of-schoolchildren in Nigeria. This is affirmed by Ogunode & Stephen (2021) that despite the inadequate allocation of budget to education which UNESCO recommended 26 percent allocation to developing countries such as Nigeria, the fund is diverted by government officials and stakeholders in the Ministry of Education. This act of corruption is attributed to a significant shortage of funds for Basic Education. The strategic cause of poor funding is linked to the failure of 26 out of 36 states to provide the budgeted fund to rehabilitate schools with adequate infrastructure in Nigeria (Raliyat et al 2022), Hence, the poor investment in education has resulted in poor infrastructural development of facilities (Ogunode, 2020).

The failed implementation of the Child Rights Act has been investigated by researchers to show the extent to which enabling laws make it compulsory for the educational attainment of children (Raliyat et al., 2022). The lack of domestication of the Child Rights Act 2003 by some state governments have hindered free nine-year compulsory child education in Nigeria (Adegboyega, 2019). The increasing number of out-of-school children is therefore characterized by a lack of commitment to implement the policy of the United Nations International Children's Education Fund by the government (Ahmed-Gusau, 2022).

The continuous rise in out-of-school children is influenced by a lack of political will by the government. Both state and local governments which are saddled with the responsibility of enhancing the educational sector through political will. For instance, the intervention of Almajiri education was wrongly implemented against the provision of access to basic education. This is caused by poor leadership which adversely contributes to the rise in out-of-school children (Adegboyega, 2019).

The high rate of out-of-school children is caused by the ineffective implementation of the United Basic Education Program (UBE) aimed at providing quality, free, and compulsory ten-year education as a policy to school-age children (Ndanusa et al., 2021). Issues affecting UBE which contribute to out-of-school

children are the lack of professional teachers to address behavioural tendencies of children, inadequate funds, corruption in the system, inadequate infrastructural facilities, the child rights act failed implementation etc.

Statement of the Problem

Overscheduling of tasks and social and academic pressures have been a strong factor in mental health issues among students. This implies that maintaining good mental health involves addressing potential issues through the effective use of mental health assessment to diagnose the emotional well-being and psychological tendencies of students. Mental health disorder results in poor academic performance of students which is caused by anxiety, depression, and stress.

However, poor academic performance among secondary school students in Calabar Metropolis is affected by mental distress which contributes to the high dropout rate among them. This tends to arise from ineffective mental health practices such as the poor use of parent-school-community partnership, and social-emotional learning programs to improve the well-being of out-of-school students. Sequel to this, depression among students becomes an issue that is likely to cause children to drop out of school. This affects their mental health reflecting in the energy level of the students, their mental abilities, and concentration in their studies in Calabar Metropolis.

Purpose of the Study

This study examined parent-school-community partnership and social-emotional learning programs as strategies for improving the well-being of out-of-school students in selected secondary schools in the Calabar metropolis. It specifically examined:

1. How parent-school-community partnership improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis; and

2. How social-emotional learning programs improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis.

Research questions

The following questions were developed for the study:

1. How does parent-school-community partnership improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis?

2. How does social-emotional learning programs improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis?

Research Hypotheses

The following null hypotheses were formulated for the study:

$H0_1$: Parent-school-community partnership does not significantly improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis

$H0_2$: Social-emotional learning programs do not significantly improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis.

METHODOLOGY

The cross-sectional survey of this study covered five public secondary schools located across Calabar Metropolis. A total population of 345students. A sample size of 194 students was determined with the use of the Taro Yamane sampling formular. Descriptive research design was used to explore the data on parent-school-community partnership and social-emotional learning programs as a strategies for improving the well-being of out-of-school children. The stratified sampling method was applied in selecting the sample for the study. Five-point Likert scale structured questionnaire was adopted to elicit relevant information for the study. From the administered questionnaire, a total of 172 copies were retrieved with a response rate of 88 percent which formed the basis of analysis. The data collected were analyzed using descriptive statistics, and a multicollinearity test to ascertain adequacy of the data, while Correlation analysis was used to test the hypotheses. The reliability of the instrument was established with the use of content and face validity and reliability was carried out with the use of the Cronbach Alpha Coefficient (Bonett& Wright, 2014). The instrument is reliable and fit for the collection of data where the Cronbach Alpha Coefficient of 0.7 and above (Hair et al., 2014) is ascertained in the study below:

Ethical Issues

The students gave informed consent to participate. However, they were given the opportunity to withdraw from taking part from the research at any time without giving a reason. Names of participants are covered in pseudonyms. All items in the questionnaire were phrased in a way that will not raise emotive issues in the participants.

Table 1: Coefficient reliability with Cronbach's Alpha

S/n	Variables	No. of items	Reliability
1	Parent-school-community partnership	5	0.761
2	Social-emotional learning programs	5	0.718
3	Out-of-school-children	5	0.759

Source: Author's analysis 2024

Table 2: Demographic representation of participants

Demographic	Total	Percent (%)
Gender		
Male	93	54.0
Female	79	46.0
Total	172	100.0
Age		
14 – 16 years	82	47.7
17 – 20 years	90	52.3
Total	172	100.0

Categories of students		
SS 1 Student	49	28.5
SS 2 Student	58	33.7
SS 3 Student	65	37.8
Total	172	100.0

Source: Fieldwork 2024

Demographic Attributes of Respondents

Table 1 shows the gender, age, and class categories of students as seen from the table, 93(54.0 percent) respondents were male students while 79(46.0 percent) respondents were female. This implies that the male students had active part in the survey as at the study of the than the females student. The responses on the age range of the student shows that 82 (247.7 per cent) respondents were within the age of 14-16 years, 90(52.3 per cent) respondents were 17-20 years. Lastly, 49\(28.5 percent) respondents were SS 1 students; 58(33.7 percent) respondents were SS2 students; and 65(37.8 percent) respondents were SS 3 students at the time of the survey. This affirms that the categories of students are those that are exposed to frequent drop out of school student

Descriptive Statistics of Variables of the Study

Table 3: Mental health practice as a strategy for improving the well-being of out-of-school children

Item	N	Mean	Std. Deviation	Variance
Parent-school-community partnership				
The mental health of students is realized through partnership which allows the sharing of information and responsibility for student development	172	3.69	8.463	1.717
The style of parenting and family environment influences the growth of students in mental health development	172	3.85	.953	.873
The solution to student mental health disorders lies in mental health training and collaborations for the effective treatment of students	172	3.69	.858	.751
The collaboration of schools, families, and communities requires critical resources for the development of mental health programs	172	3.78	.774	.658
The educators, the community, and parents are a better partnership for improving the mental health of students for problem-solving.	172	3.63	.809	.747
Social-emotional learning programs				

Social-based mental health intervention decreases anxiety, distress, and depressive symptoms to increase student self-efficacy in students	172	3.59	.469	.264
Incorporating the social-emotional learning program makes a change in school routine for students to solve problems	172	3.83	.768	.662
Social-emotional learning programs offer that students can have a good association with the school and this results in stronger engagement of students in class	172	3.72	.861	.718
Social-emotional learning programs promote students' mental health needs to optimize student well-being.	172	3.62	.681	.559
Managing emotions, and developing care and concern are skills that help students handle challenging issues	172	3.76	.778	.657
Out-of-school children				
Child marriage contributes to out-of-school children due to poor teen parenting which affects the development of children academically	172	4.78	.654	.338
Poor educational funding causes out-of-school children due to a shortage of funds for Basic Education	172	4.72	.757	.568
The failed implementation of the Child Rights Act contributes to out-of-school children which affects the academic achievement of students	172	4.51	.964	.775
The rise in out-of-school children is influenced by a lack of political will by the government to take responsibility for enhancing the educational sector	172	4.61	.684	.571
The lack of professional teachers and inadequate infrastructural facilities contribute to out-of-school-children	172	4.84	.854	.757

Source: SPSS Output 2024

The table shown above helps to provide descriptive statistics on mental health practice and the well-being of out-of-school children. This involves parent-school-community partnerships, social-emotional learning programs, and out-of-school children. Therefore, mean, standard deviation and variance for descriptive statistics support the adequacy of the spread of data. The constructs for the descriptive analysis are shown below:

Descriptive analysis of parent-school-community partnerships:

Parent-school-community partnerships were measured and a mean of 3.69, 3.85, 3.69, 3.78, and 3.63 were obtained from the analysis and allocated to the constructs measuring parent-school-community partnerships.

From the standard deviation of less than 1, it implies that (65) sixty-eight percent of the variance was ascertained from the mean. This affirms a response with a positive to all the questions, and the variability of the responses was moderate, with strong consistent responses from the respondents. This justifies an adequacy in the spread of data.

Descriptive analysis of social-emotional learning programs:

Social-emotional learning programs were measured and a mean of 3.59, 3.83, 3.72, 3.62, and 3.76 were obtained from the analysis and allocated to the constructs measuring social-emotional learning programs. From the standard deviation of less than 1, it implies that (65) sixty-eight percent of the variance was ascertained from the mean. This affirms a response with a positive to all the questions, and the variability of the responses was moderate, with strong consistent responses from the respondents. This justifies an adequacy in the spread of data.

Descriptive analysis of out-of-school children:

Out-of-school children were measured and a mean of 4.78, 4.72, 4.51, 4.61, and 4.84was obtained from the analysis and allocated to the constructs measuring social-emotional learning programs. From the standard deviation of less than 1, it implies that (95) ninety-five percent of the variance was ascertained from the mean. This affirms a response with a positive to all the questions, and the variability of the responses was moderate, with strong consistent responses from the respondents. This justifies an adequacy in the spread of data.

Hence, the above descriptive analysis shows an overview of the responses of respondents on parent-school-community partnerships, social-emotional learning programs, and the well-being of out-of-school children. within the scope, this is an indication that the means and standard deviations show the responses of the respondents about the central tendency variability and agreement with the participants of the study.

Multicollinearity Test

Table 4: Table showing Multicollinearity Test result

Variables	Tolerance	Collinearity Statistic VIF
Parent-school-community partnerships	.851	1.354
Social-emotional learning programs	.771	1.451

Source: SPSS Analysis 2024

The strength and correlation of the variables which are predictors were determined using the multicollinearity test. In addition, the tolerance variance inflation factor (VIF) was used to confirm the dimension of the variation that is unexplained among other factors (Ringle et al., 2015). Furthermore, where the multicollinearity is 0, it implies that an overestimation of the regression coefficient exists. Hence, based on the guideline, the tolerance is not anticipated to be less than 0.1, and the tolerance variance inflation factor (VIF) is not anticipated to be greater than 5. In consensus with the above table, the value of tolerance is greater than 0.1 while the permissive value is lower than 5 for VIF.

Analysis and Test of Hypotheses

Hypothesis One

H0:   Parent-school-community partnership does not significantly improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis.

H1:   Parent-school-community partnership significantly improves the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis.

Table 5: Analysis of Variance (ANOVA) on how parent-school-community partnership improves well-being of out-of-school children in the Calabar Metropolis

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	165.514	1	165.514	321.486	.000 b
	Residual	71.621	171	.538		
	Total	251.061	172			
a. Dependent Variable: Well-being of out-of-school children						
b. Predictors: (Constant), Parent-school-community partnership						

Table 5 shows the F-test (321.486, p<0.05) that the overall prediction of the independent variable to the dependent variable is statistically significant, therefore, the regression model provides sufficient evidence to conclude that parent-school-community partnership significantly improves the well-being of out-of-school children in the Calabar Metropolis. The "sig" column in the table reveals that parent-school-community partnership enhances the well-being of out-of-school children in the Calabar Metropolis. This is based on the result that "sig" = 0.000, p>0.05.

Table 6: Model summary on how parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.857ᵃ	.678	.693	.736	1
a. Predictors: (Constant), Parent-school-community partnership					
b. Dependent Variable: Well-being of out-of-school children					

Tables 6 show how parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis, the model summary reveals that the relationship between both variables is 85.7 percent (as seen in the R column). The R^2 value (0.678) indicates that 67.8% of the dependent variable (out-of-school children) can be explained by the independent variable (parent-school-community partnership). This is very significant. The adjusted R-square value of.693 indicates the goodness of fit of the data to the model.

Table 7: Coefficients on how parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.751	.175		-3.957	.000
	Parent-School-Community Partnership	.973	.057	.859	17.65	.000
a. Dependent Variable: Well-being of out-of-school children						

Table 7 shows the coefficient on how parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis. The "sig" column in the table reveals that the "P" value is less than 0.05 which means that the independent variable is statistically significant. The result shows that parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.859, P<0.05). Therefore, the null hypothesis was rejected.

Hypothesis Two

H0: Social-emotional learning programs do not significantly improve the well-being of out-of-school children in selected secondary schools in the Calabar Metropolis.

H1: Social-emotional learning programs significantly improve the well-being of out-of-school-children in selected secondary schools in the Calabar Metropolis.

Table 8: Analysis of Variance (ANOVA) on how social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	163.846	1	163.846	241.674	.000 b
	Residual	85.528	171	.714		
	Total	253.058	172			
a. Dependent Variable: Well-being of out-of-school children						
b. Predictors: (Constant), Social-emotional learning programs						

Table 8 shows the F-test (241.674, p<0.05) that the overall prediction of the independent variable to the dependent variable is statistically significant, therefore, the regression model provides sufficient evidence to conclude that social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis. The "sig" column in the table reveals that social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis. This is based on the result that "sig" = 0.000, p>0.05.

Table 9: Model summary on how social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.791ᵃ	.669	.686	.745	1
a. Predictors: (Constant), Social-emotional learning programs					

b. Dependent Variable: Well-being of out-of-school children

Table 9 show social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis, the model summary reveals that the relationship between both variables is 79.1 percent (as seen in the R column). The R^2 value (0.669) indicates that 66.9% of the dependent variable (well-being of out-of-school children) can be explained by the independent variable (social-emotional learning programs). This is very significant. The adjusted R-square value of .686 indicates the goodness of fit of the data to the model.

Table 10: Coefficients on how social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.381	.157		2.747	.007
	Social-Emotional Learning Programs	.957	.061	.764	15.956	.000
a. Dependent Variable: Well-being of out-of-school children						

Table 10 above shows the coefficient table which provides more information on how social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis. The "sig" column in the table reveals that the "P" value is less than 0.05 which means that the independent variable is statistically significant. The result shows that social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.764, P<0.05). Therefore, the null hypothesis was rejected

DISCUSSION OF FINDINGS

The result of the first hypothesis reveals that parent-school-community partnership improves the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.859, P<0.05). This aligned with the study by Low &Kok (2020) that effective mental health treatment is given to students through the formation of partnerships by hospitals, schools, and mental health centers. Responses from the mean affirmed that the mental health of students is realized through partnership which allows the sharing of information and responsibility for student development. This is a fact because the cooperation of schools and parents can be sought from psychologists, local mental health centers, mental health experts, or community clinicians on mental disorders of students. In selected secondary schools in Calabar Metropolis, the parent-school-community partnership has improved the mental health of students through the following: the style of parenting and family environment influences the growth of students in mental health development. The solution to student mental health disorders lies in mental health training and collaborations for the effective treatment of students. The collaboration of schools, families, and communities requires critical resources for the development of mental health programs. The educators, the community, and parents are a better partnership for improving the mental health of students for problem-solving. Hence, the rise in out-of-school children is influenced by a lack of political will by the government to take responsibility for enhancing the educational sector and this can be corrected with effective practice of parent-school-community practices.

The result of the second hypothesis indicates that social-emotional learning programs improve the well-being of out-of-school children in the Calabar Metropolis (Beta = 0.798, P<0.05). This agrees with the study by Shoshani& Steinmetz (2014) that the effectiveness of incorporating the social-emotional learning

program makes a change in school routine to a positive basis in solving student problems. Responses from the mean affirmed social-emotional learning programs offer that students can have a good association with the school and this results in stronger engagement of students in class. This is true because the use of social-emotional learning programs to promote students' mental health needs to be resolved to optimize student well-being. In the selected secondary school in Calabar Metroplois, social-emotional learning programs is adopted as health intervention that decreases anxiety, distress, and depressive symptoms to increase student self-efficacy. Incorporating the social-emotional learning program makes a change in school routine for students to solve problems. Social-emotional learning programs promote students' mental health needs to optimize student well-being. Managing emotions, and developing care and concern are skills that help students handle challenging issues. Hence, the lack of professional teachers, and inadequate infrastructural facilities could contribute to out-of-school-children.

RECOMMENDATIONS

The following recommendations were made:

1. The collaboration between parent-school and the community should be a strategic practice of identifying barriers that hinder mental health services to improve mental disorders in study and to achieve academic goals

2. The school management should employ health professionals and psychologists to design social-emotional learning programs as an intervention tool to decrease anxiety, distress, and depressive symptoms which could affect the academic capacity of students from handling challenging issues.

CONCLUSION

Creating a protective and supportive health environment is an ethical practice for the improved well-being of students with academic achievements. This study reviewed parent-school-community partnership and social-emotional learning programs as strategies for improving the well-being of out-of-school. Hence, a safe and supportive environment has become the priority of schools to connect students and encourage peer relationships.

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