

Quick reference guide

Social and emotional wellbeing in primary education

This quick reference guide presents the recommendations made in 'Promoting children's social and emotional wellbeing in primary education'. It is for teachers, school governors and professionals with public health as part of their remit working in education, local authorities, the NHS and the wider public, independent, voluntary and community sectors.

Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

The guidance complements and supports, but does not replace, NICE guidance on: depression in children and young people; and parent training and education in the management of children with conduct disorders (see related NICE guidance).

NICE public health guidance 12

This guidance was developed using the NICE public health intervention process.

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health. This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available.

Recommendations

This guidance complements existing national initiatives to promote social and emotional wellbeing. The recommendations should be considered in the context of the Social and Emotional Aspects of Learning (SEAL) programme, the Healthy Schools programme and related community-based initiatives. These all stress the importance of enabling children to participate fully in the development of such programmes to ensure their views are heard.

Depending on local service configuration and capacity, all those cited under 'Who should take action' could be involved in implementing the recommendations.

Comprehensive programmes

Recommendation 1

Who is the target population?

- Professionals working with children in primary education.

Who should take action?

- Commissioners and providers of services to children in primary education including those working in: children's trusts, local authority education and children's services, schools, primary care trusts (PCTs), child and adolescent mental health services and voluntary agencies.

What action should they take?

- Develop and agree arrangements as part of the 'Children and young people's plan' (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. All primary schools should:
 - create an ethos and conditions that support positive behaviours for learning and for successful relationships
 - provide an emotionally secure and safe environment that prevents any form of bullying or violence
 - support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children)
 - provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems
 - include social and emotional wellbeing in policies for attaining National Healthy Schools status and reaching the outcome framework targets¹
 - offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing. The trainers should be appropriately qualified and may be working in the public, voluntary or private sectors. In the public sector, they may be working in: children's services, healthy schools teams, educational psychology or behaviour support, community nursing, family support or child and adolescent mental health services (at tiers one and two – for example, primary mental health workers).

¹ HM Government (2004) Every child matters: change for children. London: Department for Education and Skills.

- Put in place and evaluate coordinating mechanisms to ensure primary schools have access to the skills, advice and support they need to deliver a comprehensive and effective programme that develops children’s social and emotional skills and wellbeing (see recommendations 2–3).
- Schools and local authority children’s services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a ‘stepped care’ approach to preventing and managing mental health problems (as defined in NICE clinical guideline 28 on depression in children and young people). The protocols should cover assessment, referral and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration.

Universal approaches

Recommendation 2

Who is the target population?

- Children in primary education (aged 4–11 years), their parents or carers and teachers.

Who should take action?

- Head teachers, teachers and practitioners working with children in primary education.
- Those working in (and with) local authority education and children’s services (including healthy schools teams), primary care (including school nurses), child and adolescent mental health services (tiers one and two) and voluntary agencies.

What action should they take?

- Provide a comprehensive programme to help develop children’s social and emotional skills and wellbeing. This should include:
 - a curriculum that integrates the development of social and emotional skills within all subject areas. (These skills include problem-solving, coping, conflict management/resolution and understanding and managing feelings.) This should be provided throughout primary education by appropriately trained teachers and practitioners.
 - training and development to ensure teachers and practitioners have the knowledge, understanding and skills to deliver this curriculum effectively. The training should include how to manage behaviours and how to build successful relationships.
 - support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners. In addition, all parents should be given details of the school’s policies on promoting social and emotional wellbeing and preventing mental health problems.
 - integrated activities to support the development of social and emotional skills and wellbeing and to prevent bullying and violence in all areas of school life. For example, classroom-based teaching should be reinforced in assemblies, homework and play periods (in class as well as in the playground).

Targeted approaches

Recommendation 3

Who is the target population?

- Children in primary education (aged 4–11 years) who are showing early signs of emotional and social difficulties, in particular, those who are:
 - showing early signs of anxiety or emotional distress (for example, children who have poor peer relations, low self-esteem, are withdrawn or have behavioural problems)
 - at risk of developing (or who already display) disruptive behavioural problems.
- Parents or carers of children aged 4–11 years who are showing early signs of emotional and social difficulties.

Who should take action?

- Teachers and practitioners working with children in primary education.
- Those working in (and with) local authority education and children's services (including healthy schools teams), primary care (including school nurses), child and adolescent mental health services (tiers one and two) and voluntary agencies.

What action should they take?

- Ensure teachers and practitioners are trained to identify and assess the early signs of anxiety, emotional distress and behavioural problems among primary schoolchildren. They should also be able to assess whether a specialist should be involved and make an appropriate request. Children who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances, are at higher risk. They may include: looked after children (including those who have subsequently been adopted), those living in families where there is conflict or instability, those who persistently refuse to go to school, those who have experienced adverse life events (such as bereavement or parental separation), and those who have been exposed to abuse or violence.
- Identify and assess children who are showing early signs of anxiety, emotional distress or behavioural problems. Normally, specialists should only be involved if the child has a combination of risk factors and/or the difficulties are recurrent or persistent. The assessment should be carried out in line with the Common Assessment Framework (to ensure effective communications with the relevant services) and using other appropriate tools.
- Discuss the options for tackling these problems with the child and their parents or carers. Agree an action plan, as the first stage of a 'stepped care' approach (as defined in NICE clinical guideline 28 on depression in children and young people).

- Provide a range of interventions that have been proven to be effective, according to the child's needs. These should be part of a multi-agency approach to support the child and their family and may be offered in schools and other settings. Where appropriate, they may include:
 - problem-focused group sessions delivered by appropriately trained specialists in receipt of clinical supervision. These specialists may include educational psychologists or those working in child and adolescent mental health services (at tiers one and two)
 - group parenting sessions for the parents or carers of these children, run in parallel with the children's sessions.
- Ensure parents or carers living in disadvantaged circumstances are given the support they need to participate fully in any parenting sessions that are offered. For example, they may need help with childcare or transport.

(See also: NICE technology appraisal 102 on parent training and education in the management of children with conduct disorders at www.nice.org.uk/TA102, and the NICE clinical guideline on attention deficit hyperactivity disorder [due August 2008]).

Implementation tools

NICE has developed tools to help organisations implement this guidance. For details see our website at www.nice.org.uk/PH012

Further information

You can download the following documents from www.nice.org.uk/PH012

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including evidence reviews and an economic analysis.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote N1490.

Updating the recommendations

NICE public health guidance is updated as needed so that recommendations take into account important new information. We check for new evidence 2 and 4 years after publication, to decide whether all or part of the guidance should be updated. If important new evidence is published at other times, we may decide to update some recommendations at that time.

Related NICE guidance

Published

- Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/PH006
- Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health guidance 4 (2007). Available from: www.nice.org.uk/PH004
- Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (2007). Available from: www.nice.org.uk/PH007
- Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal 97 (2006). Available from: www.nice.org.uk/TA097
- Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents. NICE technology appraisal 98 (2006). Available from: www.nice.org.uk/TA098
- Parent-training/education programmes in the management of children with conduct disorders. NICE technology appraisal 102 (2006). Available from: www.nice.org.uk/TA102
- The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. NICE clinical guideline 38 (2006). Available from: www.nice.org.uk/CG038
- Depression in children and young people: identification and management in primary, community and secondary care. NICE clinical guideline 28 (2005). Available from: www.nice.org.uk/CG028
- Obsessive compulsive disorder: core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder. NICE clinical guideline 31 (2005). Available from: www.nice.org.uk/CG031
- Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. NICE clinical guideline 9 (2004). Available from: www.nice.org.uk/CG009
- Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE clinical guideline 16 (2004). Available from: www.nice.org.uk/CG016

Under development

- Attention deficit hyperactivity disorder: diagnosis and management of ADHD in children, young people and adults. NICE clinical guideline (due August 2008).
- School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due 2009).

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