NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards and indicators

Briefing paper

Quality standard topic: School-based interventions: health promotion and mental wellbeing

Output: Prioritised quality improvement areas for development.

Date of Quality Standards Advisory Committee meeting: 10 July 2018

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1 Introduction

This briefing paper presents a structured overview of potential quality improvement areas for school-based interventions: health promotion and mental wellbeing. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

1.1 Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the committee in considering potential statements and measures.

1.2 Development source

The key development sources referenced in this briefing paper are:

Depression in children and young people: identification and management (2005, updated September 2017) NICE guideline CG28

The evidence for this guideline was reviewed in August 2017 and an update of the recommendations on psychological therapy for treatment of depression in children and young people will be planned.

Obesity prevention (2006, updated March 2015) NICE guideline CG43

The public health recommendations in section 1.1 of this guideline are being partially updated.

Social and emotional wellbeing in primary education (2008) NICE guideline PH12

A decision was made in December 2017 to update this guideline. No date has been scheduled for this.

Physical activity for children and young people (2009) NICE guideline PH17

This guideline has been reviewed and the consultation on whether to update it has now closed. A final decision will be published shortly.

Social and emotional wellbeing in secondary education (2009) NICE guideline PH20

A decision was made in December 2017 to update this guideline. No date has been scheduled for this.

Social and emotional wellbeing: early years (2012) NICE guideline PH40

This guideline was checked in December 2017. No new evidence was found that impacts on the recommendations in this guideline. The next review is scheduled for 2022.

Drug misuse prevention: targeted interventions (2017) NICE guideline NG64

The next review is scheduled for 2022.

2 Overview

2.1 Focus of quality standard

This quality standard will cover interventions within primary and secondary schools to promote health and mental wellbeing of children and young people.

2.2 Definition

School-based interventions to promote health and mental wellbeing of children and young people include delivering health and wellbeing improvements from the school setting and identifying and selecting activities and interventions effectively.

Promoting health is the process of enabling people to increase control over, and to improve, their health. Health promotion moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions[1].

Mental, social and emotional wellbeing includes happiness, confidence and not feeling depressed, resilience to cope with difficulties, ability to have good relationships with others, think clearly, participate in decision making, and have optimism, sense of control and self-efficacy. These are important for staying healthy[2].

Mental wellbeing is influenced by a range of factors, from individual make-up and family background to the community within which people live and society at large. Social and emotional wellbeing is important in its own right, but also because it affects physical health and can determine how well children and young people do in their early years and at school.

2.3 Context, incidence and prevalence

A number of reports have focused on the need for early intervention to improve outcomes for children and young people, including those of school age. The Chief Medical Officer's 2012 annual report centred on improving early promotion of good

[1] World Health Organisation website
[2] Public Health England (2018) Wellbeing and mental health: Applying All Our Health

health for children, considering a number of issues linked to health and wellbeing. It highlighted the importance of improving healthy behaviours, such as increased participation in physical activity for school-aged children alongside addressing interactions between exploratory behaviours, such as smoking[3].

The 2014 Five Year Forward View further highlighted the importance of making sure that children get the best start in life. It reports that the future health of millions of children depends on improved prevention and public health. One key element focused on in the report is obesity, with just under two thirds of adults being overweight or obese. The report highlights that fewer than one-in-ten children are obese when they enter primary school reception class but by the time they're in year six, nearly one-in-five are obese[4].

Public Health England presents data[5] on factors relating to the health and wellbeing of school-age children, including school-age children profiles. This covers aspects relating to healthy behaviours such as healthy eating and exercise, exploratory behaviour, such as risk taking, and mental wellbeing. The data shows that:

- In 2014/15 52% of 15 year olds ate more than 5 portions of fruit and vegetables each day and 14% were physically active for at least 1 hour per day, 7 days a week.
- In 2014/15, 16% of school-age children demonstrated 3 or more risky behaviours, 14% reported low life satisfaction and 55% had been bullied in the last couple of months.
- In 2016/17, there were 6313 hospital admissions of people aged 10-14 years due to self-harm and 19,715 of people aged 15-19 years. In the same period 186,793 school pupils had social, emotional and mental health needs.

Around 1 in 4 children and young people show signs of a mental health difficulty, including anxiety and depression meaning that up to three children in every classroom may have a treatable mental health issue. Around 50% of lifelong mental health problems develop before age 14. Amongst 5–16 year olds in the UK 10% have a diagnosable mental health condition, with conduct and emotional disorders most prevalent however only 25–40% of these young people receive input from a mental health professional early enough, if at all[6].

2.4 Management

Education establishments have a clear role to play in promoting social and emotional wellbeing within a broader national strategy.

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[3] Department of Health and Social Care CMO's annual report 2012: Our Children Deserve Better: CMO's Summary as a web page
[4] NHS England (2014) Five year forward view
[5] Public Health England (2018) School-age children indicators
[6] British Psychological Society (2017) Briefing paper: Children and young people's mental health – schools and colleges

Organisation-wide approaches in education help all young people to develop social and emotional skills, as well as providing specific help for those most at risk (or already showing signs) of problems.

Universal approaches involve all staff, for example monitoring pupil wellbeing, teaching social and emotional skills, and using pastoral care to maximise the wellbeing of the whole school. Selective (or targeted) support is carried out with individuals at risk of experiencing mental health difficulties[7].

Effective programmes to promote social and emotional wellbeing in education are based on partnership working with children. Ensuring children can express their views and opinions is a vital aspect of this.

An integrated approach, using universal and targeted interventions, could prevent the negative behaviours which can adversely affect children and young people's lives and lead to costly consequences for the NHS, social services and the criminal justice system.

[7] British Psychological Society (2017) Briefing paper: Children and young people's mental health – schools and colleges

3 Summary of suggestions

3.1 Responses

In total 16 stakeholders responded to the 2-week engagement exercise 14/05/2018 – 29/05/2018.

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 1 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendices 2 and 3 for information.

Table 1 Summary of suggested quality improvement areas

Suggested area for improvement	Stakeholders
Mental health • Supporting mental wellbeing • Mental health interventions • School-based anxiety • Appearance and difference concerns	ADPH, AFTSP, BDA, CF, 4DCCGs, LGA, NCB, RCGP, RCPsych, SCM1, SCM2, SCM3, SCM4.
Physical health • Nutrition and exercise • Speech and language	ADPH, BDA, 4DCCGs, PHE, RCSLT, SCM5.
Resilience, life skills and relationships • Resilience-building and life skills • Relationships and sex education	BDA, CC, PHE, SCM4, SCM5.
Internet use and substance misuse • Internet use and cyberbullying • Substance misuse, addiction and violence	BDA, RCGP, SCM1.
Interventions • Delivery of interventions • Parental and family involvement • Peer support • Involvement of children in designing interventions	AFTSP, CC, SCM2, SCM3, SCM4, SCM6.
Additional areas • Domestic abuse • Inspections • Monitoring and measurement of interventions • Online mental health interventions and intervention development • Oral health • Parents accessing mental health services • Permanent exclusions • Pregnancy and postnatal care • Research • Staff morale and wellbeing • Training • Variation in services	AFTSP, CC, PHE, RCGP, RCPsych, SCM1, SCM2, SCM3, SCM4, SCM6
ADPH, Association of Directors of Public Health AFTSP, Association for Family Therapy and Systemic Practice BDA, British Dietetic Association CC, Calderdale Council CF, Changing Faces 4DCCGs – 4 Derbyshire Clinical Commissioning Groups LGA, Local Government Association NCB, National Children's Bureau OFSTED, Office for Standards in Education – no comments PHE, Public Health England RCGP, Royal College of General Practitioners RCN, Royal College of Nursing – no comments RCPCH, Royal College of Paediatric and Child Health – no comments RCPsych, Royal College of Psychiatrists RCSLT, Royal College of Speech and Language Therapists SCoR, Society and College of Radiographers – no comments SCM, Specialist Committee Member	

3.2 Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 1347 papers were identified for school-based interventions: health promotion and mental wellbeing. In addition, 101 papers were suggested by stakeholders at topic engagement and 101 papers internally at project scoping.

Of these papers, 13 have been included in this report and are included in the current practice sections where relevant. Appendix 1 outlines the search process.

4 Suggested improvement areas

4.1 Mental health

4.1.1 Summary of suggestions

Supporting mental wellbeing

Stakeholders suggested that a whole school approach to mental health should be adopted to provide a framework for understanding and responding to the needs of all pupils. This should form part of the policies, procedures and school design.

Stakeholders stated there should be an independent school-based counselling service as part of an integrated whole school approach in every secondary school and that early interventions need to be made in primary schools.

Stakeholders commented that pastoral care within schools can ensure wellbeing of the pupil population and provide additional support to pupils who require it.

Stakeholders suggested that all schools should have a senior member of staff as a designated mental health lead.

Mental health interventions

Stakeholders noted that interventions should be consistent with, and part of, the school's systems and policies rather than a stand-alone approach and that schools need strong partnerships with NHS mental health services. Involvement of child and adult mental health services (CAMHS) in school-based interventions increases the school staff's mental health awareness and onward referral.

Stakeholders highlighted that robust and effective mechanisms for identifying high risk children and young people are needed. There should be timely referral pathways in place for additional support, either within the school or from specialist services.

School-based anxiety

Stakeholders noted that anxiety generated by school, familial and societal pressure to achieve academically contributes to mental health problems, meaning that some pupils achieve high grades at the cost of their wellbeing, and others are prevented from doing their best. School-based interventions, both universal and targeted, could mitigate these harmful effects.

Appearance and difference concerns

Stakeholders commented that there should be strategies to develop a positive approach to body confidence in primary and secondary education and emotional and

social support for school children who have appearance concerns. Stakeholders specifically highlighted school children who live with a disfigurement and their experience of appearance-related bullying.

4.1.2 Selected recommendations from development source

Table 2 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. The relevant sections of these are presented after table 2 to help inform the committee's discussion.

Table 2 Specific areas for quality improvement

Suggested quality improvement area	Suggested source guidance recommendations
Supporting mental wellbeing	**Comprehensive programmes** NICE PH12 Recommendation 1 **Universal approaches** NICE PH12 Recommendation 2 **Strategic framework** NICE PH20 Recommendation 1 **Key principles and conditions** NICE PH20 Recommendation 2 **Curriculum approaches** NICE PH20 Recommendation 3
Mental health interventions	**Comprehensive programmes** NICE PH12 Recommendation 1 **Targeted interventions** NICE PH12 Recommendation 3 **Strategic framework** NICE PH20 Recommendation 1 **Key principles and conditions** NICE PH20 Recommendation 2 **The organisation and planning of services** NICE CG28 Recommendation 1.1.4.2
School-based anxiety	Anxiety is covered in the recommendations above. School-based anxiety is not directly covered in NICE guidance and no recommendations are presented.
Appearance and difference concerns	Self-esteem is covered in the recommendations above. Appearance and difference concerns are not directly covered in NICE guidance and no recommendations are presented.

Comprehensive programmes

NICE PH12 Recommendation 1

- 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.
- 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. 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

NICE PH12 Recommendation 2

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.

Targeted approaches

NICE PH12 Recommendation 3

- 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.

Strategic framework

NICE PH20 Recommendation 1

- Enable all secondary education establishments to adopt an organisation-wide approach to promoting the social and emotional wellbeing of young people. This should encompass organisation and management issues as well as the

curriculum and extra-curriculum provision. The approach should form part of the local children and young people's plan and joint commissioning.
- Encourage the appropriate local authority scrutiny committee to assess the progress made by secondary education establishments in adopting an organisation-wide approach to social and emotional wellbeing.
- Ensure secondary education establishments have access to the specialist skills, advice and support they require. This may be provided by public, private, voluntary and community organisations. It may involve working with local authority advisory services, personal, social, health and economic (PSHE) education services, educational psychology and child and adolescent mental health services.

Key principles and conditions

NICE PH20 Recommendation 2

- Ensure young people have access to pastoral care and support, as well as specialist services, so that emotional, social and behavioural problems can be dealt with as soon as they occur.
- Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health).

Curriculum approaches

NICE PH20 Recommendation 3

- Provide a curriculum that promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. This can be achieved by integrating social and emotional skills development within all areas of the curriculum. Skills that should be developed include: motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings, and how to manage relationships with parents, carers and peers.
- Tailor social and emotional skills education to the developmental needs of young people. The curriculum should build on learning in primary education and be sustained throughout their education.
- Reinforce curriculum learning on social and emotional skills and wellbeing by integrating relevant activities into all aspects of secondary education. For example, such skills might be developed through extra-curricular activities, using projects set for homework or via community-based and individual voluntary work.

The organisation and planning of services

NICE CG28 Recommendation 1.1.4.2

- CAMHS and local healthcare commissioning organisations should consider introducing a primary mental health worker (or CAMHS link worker) into each secondary school and secondary pupil referral unit as part of tier 2 provision within the locality.

4.1.3 Current UK practice

Supporting mental wellbeing

A 2016 National Children's Bureau and Association for School and College Leaders survey[8] received 338 responses, mostly from leaders in secondary schools. It reported that 36% offered whole-school interventions to address mental health and wellbeing, 75% promoted external organisations offering mental health and wellbeing support, 62% promoted mental health and wellbeing through advice leaflets and information to students and 60% held school assemblies dedicated to mental health and wellbeing awareness.

Ofsted reported that for the 974 inspections carried out between September 2017 – December 2017[9], schools were rated as follows in the personal development, behaviour and welfare of pupils category: 171 (18%) outstanding, 597 (61%) good, 179 (18%) requires improvement and 27 (3%) inadequate.

Mental health interventions

In the National Children's Bureau and Association for School and College Leaders survey 53% of respondents reported that CAMHS was either 'poor' or 'very poor' in its effectiveness in supporting students and 80% would like to see CAMHS expanded to better address students' mental health and wellbeing issues.

The Institute for Public Policy Research (IPPR) report of 2016[10] noted that there is significant variation in the availability of school-based early intervention mental health provision and that provision is often lacking in quality.

[8] National Children's Bureau and Association for School and College Leaders (2016) Keeping young people in mind – findings from a survey of schools across England
[9] Ofsted (2018) Maintained schools and academies inspections and outcomes as at 31 December 2017
[10] Thorley C (2016) Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services, IPPR

School based anxiety

A 2014 report[11] found that anxious, stressed and disaffected pupils in all phases of education and all types of schools were pressured to work at a level for which they were not yet ready. As part of this report, a survey of 8000 teachers found that 84% agreed that a focus on academic targets means social and emotional aspects of education tend to be neglected.

Appearance and difference concerns

A 2016 survey of just over 800 people living with a disfigurement in the UK[12] found that 51% aged 16-21 reported being bullied at primary school and 54% at secondary school. There were significantly more positive responses to how schools dealt with instances of bullying than for people in the age 30+ age-groups, suggesting some progress from schools in recent years.

A 2017 survey[13] of secondary school teachers found that of the 492 teachers who responded, 98% felt that some students were affected by worries about how they look. Teachers felt schools can help young people with issues around body image, but ability to do this is hampered by a lack of time to deliver personal, social and health education, a narrowing curriculum and an excessive focus on particular subjects because of targets and accountability.

4.1.4 Resource impact

At the time of publication of NICE guideline PH12 (March 2008) a number of government policies and initiatives were already in place to support primary school children's social and emotional wellbeing. As a result, the cost of implementing the guideline was not expected to be significant. However, it was recognised that there was variation in practice at a local level and areas such as staff training and approaches may require extra resource in some areas. It was also recognised that the strong focus in the guideline on the prevention of social and emotional problems, may lead to a reduction in referrals to clinical services in the future, however it was not possible to quantify these long-term savings.

At the time of publication of NICE guideline PH20 (September 2009) it was not possible to produce a national estimate for implementing the guideline. This was because although the recommendations complemented existing government policies, each school's needs differed and some schools may have incurred additional costs as a result of implementing them. The long-term savings could also not be quantified. However a reduction in public service costs, including the costs to

[11] Merryn Hutchings (2015) The impact of accountability measures on children and young people: emerging findings
[12] Changing Faces (2017) Disfigurement in the UK
[13] National Union of Teachers (2017) Body Image Survey

healthcare, social services, the police and justice system were expected in the long-term.

Recommendation 1.1.4.2, NICE clinical guideline CG28, was not highlighted at the time of publication of the guideline as a recommendation that would result in a significant resource impact.

4.2 Physical health

4.2.1 Summary of suggestions

Nutrition and exercise

Stakeholders highlighted the importance of a healthy diet, physical activity and maintaining a healthy weight, and for schools to have a consistent approach to education in these areas. This will empower pupils to become age-appropriately responsible for their own health which will positively impact on future health.

Stakeholders considered that schools should promote and provide opportunities for physical activity as this has a positive impact on wellbeing. Improving quality in this area will help to address children being overweight and obese and support self-esteem and wellbeing, which in turn will support improved resilience of pupils.

Speech and Language

Stakeholders noted that children with speech, language and communication needs (SLCN) are more likely to have problems with mental health and emotional wellbeing later in life.

4.2.2 Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. These are presented in full after table 3 to help inform the committee's discussion.

Table 3 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Nutrition and exercise	**Multi-component school and community programmes** NICE PH17 Recommendation 9 **Facilities and equipment** NICE PH17 Recommendation 10 **Overarching recommendation** NICE CG43 Recommendation 1.1.5.1 **Strategy: for head teachers and chairs of governors** NICE CG43 Recommendation 1.1.5.2
Speech and language	**Identifying vulnerable children and assessing their needs** NICE PH40 Recommendation 2

Multi-component school and community programmes

NICE PH17 Recommendation 9

Identify education institutions willing to deliver multi-component physical activity programmes involving school, family and community-based activities. Identify families, community members, groups and organisations and private sector organisations willing to contribute.

Develop multi-component physical activity programmes. These should include:

- education and advice to increase awareness of the benefits of physical activity and to give children and young people the confidence and motivation to get involved
- policy and environmental changes, such as creating a more supportive school environment and new opportunities for physical activity during breaks and after school
- the family: by providing homework activities which children and their parents or carers can do together, or advice on how to create a supportive home environment. (For example, advice on how they might help their child become involved in an activity.) It could also include school-based family activity days

Facilities and equipment

NICE PH17 Recommendation 10

Provide daily opportunities for participation in physically active play by providing guidance and support, equipment and facilities. Keep children motivated to be physically active by updating and varying the way physical activities are delivered (including the resources and environments used).

Overarching recommendation

NICE CG43 Recommendation 1.1.5.1

All schools should ensure that improving the diet and activity levels of children and young people is a priority for action to help prevent excess weight gain. A whole-school approach should be used to develop life-long healthy eating and physical activity practices.

Strategy: for head teachers and chairs of governors

NICE CG43 Recommendation 1.1.5.2

Head teachers and chairs of governors, in collaboration with parents and pupils, should assess the whole school environment and ensure that the ethos of all school

policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance.

Identifying vulnerable children and assessing their needs

NICE PH40 Recommendation 2 (relevant section)

- Health visitors, school nurses and early years practitioners should identify factors that may pose a risk to a child's social and emotional wellbeing, as part of an ongoing assessment of their development. They should use the 'Early years foundation stage' assessment process to help identify and share any needs and concerns. Specifically, they should look for risk factors that were not evident at an earlier stage. For an infant or child, this could include:

    - being withdrawn
    - being unresponsive
    - showing signs of behavioural problems
    - delayed speech
    - poor language and communication skills.

4.2.3 Current UK practice

Nutrition and exercise

The National Child Measurement Programme in 2016/17[14] noted that the prevalence of obesity has increased since 2015/16 for reception children (aged 4-5) from 9.3% in 2015/16 to 9.6% in 2016/17 but remained similar in year 6 (aged 10-11) at 20%.

In England[15] 1680 schools participate in the daily mile, where children run or jog outside at school for 15 minutes, averaging a mile each day.

Speech and language

A 2017 independent review[16] of provision for children and young people with SLCN in England included surveys of parents and carers, commissioners, practitioners and a consultation with children and young people. It reported that 53% did not feel that the way children learn in schools supports spoken language development. The report noted variation across England in the availability of services to support children and young people with SLCN.

4.2.4 Resource impact

At the time of publication of NICE guideline PH17 (January 2009) it was not expected that this guideline would have a significant resource impact. This was because any investment made was likely to be off-set by long-term savings and benefits from increased levels of physical activity among children and young people. The government at that time was investing funding to improve facilities to promote physical activity, play and sport among children and young people and conduct a national media campaign. However, it was recognised that there could be local cost implications in some areas.

At the time of publication of NICE guideline CG43 (December 2006) recommendations 1.1.5.1 and 1.1.5.2 were not expected to result in a significant resource impact.

At the time of publication of NICE guideline PH40 (October 2012) expert opinion was that recommendation 2 may incur local costs because practice was variable.

[14] NHS Digital (2017) National Child Measurement Programme for England 2016-17
[15] The Daily Mile website
[16] I CAN and the Royal College of Speech and Language Therapists (2018) Bercow: 10 Years On

4.3 Resilience, life skills and relationships

4.3.1 Summary of suggestions

Resilience-building and life skills

Stakeholders noted that children and young people exposed to adverse childhood experiences have an increased risk of poor health outcomes and health-harming behaviours across the life course. They considered that resilience-building helps protect against risky health behaviours and improves academic attainment and recovery from illness. School-based resilience-building programmes to reduce levels of anxiety through both universal and targeted intervention were suggested.

Stakeholders suggested that there should be universal access for children and young people under the age of 18 to high quality training in emotional intelligence, health management and maintaining mental wellbeing. Classroom sessions to provide age-appropriate understanding of emotional wellbeing and self-esteem were noted as important.

Relationships and sex education

Stakeholders commented that relationship and sex education is important to help young people to stay safe and prepare for modern life. It was noted that young people express a preference for positive sexual health education, including discussion around relationships and pleasure but scientific or clinical approaches continue to dominate. This has been linked to young people failing to apply safe-sex knowledge.

Stakeholders suggested a need for a standard approach to classroom sessions regarding contraception, with reliable signposting that includes emergency contraception.

4.3.2 Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. Relevant sections are presented after table 4 to help inform the committee's discussion.

Table 4 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Resilience-building	**Universal approaches** NICE PH12 Recommendation 2 **Curriculum approaches** NICE PH20 Recommendation 3
Life skills	**Universal approaches** NICE PH12 Recommendation 2 **Curriculum approaches** NICE PH20 Recommendation 3
Relationships and sex education	Not directly covered in NICE guidance and no recommendations are presented.

Universal approaches

NICE PH12 Recommendation 2

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.

Curriculum approaches

NICE PH20 Recommendation 3

- Provide a curriculum that promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. This can be achieved by integrating social and emotional skills development within all areas of the curriculum. Skills that should be developed include: motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings, and how to manage relationships with parents, carers and peers.

4.3.3 Current UK practice

Resilience building, life skills, relationships and sex education

In a 2016 National Children's Bureau and Association for School and College Leaders survey[17] schools reported offering a wide range of support to their students including, but not limited to personal, social, health and economic education (PSHE) lessons dedicated to mental health and wellbeing awareness (83%); small group work to address mental health and wellbeing issues (62%); school assemblies dedicated to mental health and wellbeing awareness (60%); and peer-mentoring (55%).

A Barnardo's poll of 11-15 year olds showed that 74% believed that children would be safer if they had age appropriate classes on relationships and sex education (RSE)[18]. A 2016 report from the Sex Education Forum[19] on a survey of over 2326 people aged 11-25 showed that 10% said the RSE they received was 'very good', and more than 1 in 5 (22%) said it was 'bad' or 'very bad'. It also reported that around 53% had not been taught to spot the signs of when someone is being groomed for sexual exploitation, 46% had not learnt about how to tell when a relationship is healthy, and 44% when abusive. The report also showed that lessons about sexual consent were not routinely covered in schools.

The Department for Education issued a policy statement[20] on relationships education in primary schools, RSE in secondary schools, and PHSE in 2017. The intention is that these subjects will be made statutory in all schools. An amendment to the Children and Social Work Bill is intended to come into effect from September 2019. The consultation[21] on this ended in February 2018 and evidence is being collated.

4.3.4 Resource impact

At the time of publication of NICE guideline PH12 (March 2008) a number of government policies and initiatives were already in place to support primary school children's social and emotional wellbeing. As a result, the cost of implementing the guideline was not expected to be significant. However, it was recognised that there was variation in practice at a local level and areas such as staff training and approaches may require extra resource in some areas. It was also recognised that the strong focus in the guideline on the prevention of social and emotional problems,

[17] National Children's Bureau and Association for School and College Leaders (2016) Keeping young people in mind – findings from a survey of schools across England
[18] Department for Education (2017) Policy statement: relationships education, relationships and sex education, and personal social, health and economic education
[19] The Sex Education Forum (2016) Heads or tails?
[20] Department for Education (2017) Policy statement: relationships education, relationships and sex education, and personal social, health and economic education
[21] Department for Education (2018) Changes to teaching of sex and relationship education, and PSHE consultation

may lead to a reduction in referrals to clinical services in the future, however it was not possible to quantify these long-term savings.

At the time of publication of NICE guideline PH20 (September 2009) it was not possible to produce a national estimate for implementing the guideline. This was because although the recommendations complemented existing government policies, each school's needs differed and some schools may have incurred additional costs as a result of implementing them. The long-term savings could also not be quantified. However a reduction in public service costs, including the costs to healthcare, social services, the police and justice system were expected in the long-term.

4.4 Internet use and substance misuse

4.4.1 Summary of suggestions

Internet use and cyberbullying

Stakeholders felt school policies should demonstrate good and safe internet practice for pupils and staff, including the prevention of cyberbullying. The danger to pupils' mental health due to cyberbullying needs to be specifically addressed by schools and effective, workable anti-cyberbullying policies need to be put in place and be central to school anti-bullying policies.

Substance misuse, addiction and violence

Stakeholders commented that schools need prevention strategies for substance misuse and addiction. It was also felt there should be a reduction in violence.

4.4.2 Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. Relevant sections are presented after table 5 to help inform the committee's discussion.

Table 5 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Internet use and cyberbullying	**Comprehensive programmes** NICE PH12 Recommendation 1 **Universal approaches** NICE PH12 Recommendation 2 **Key principles and conditions** NICE PH20 Recommendation 2
Substance misuse, addiction and violence	**Children and young people assessed as vulnerable to drug misuse** NICE NG64 Recommendation 1.3.1

Comprehensive programmes

NICE PH12 Recommendation 1

- 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:

- provide an emotionally secure and safe environment that prevents any form of bullying or violence

Universal approaches

NICE PH12 Recommendation 2

Provide a comprehensive programme to help develop children's social and emotional skills and wellbeing. This should include:

- 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).

Key principles and conditions

NICE PH20 Recommendation 2

- Provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours.

Children and young people assessed as vulnerable to drug misuse

NICE NG64 Recommendation 1.3.1

Consider skills training for children and young people who are assessed as vulnerable to drug misuse. If skills training is delivered to children and young people, ensure that their carers or families also receive skills training. For older children and young people, think about whether providing information may be a more appropriate approach.

4.4.3 Current UK practice

Internet use and cyberbullying

Of headteachers and deputy headteachers responding to a 2016 National Children's Bureau and Association for School and College Leaders survey[22] 81% identified an increase in the number of pupils experiencing cyberbullying.

Substance misuse, addiction and violence

[22] National Children's Bureau and Association for School and College Leaders (2016) Keeping young people in mind – findings from a survey of schools across England

The government laid an amendment to the Children and Social Work Bill on 1 March 2017[23] which is intended to come into effect from September 2019. It is expected that statutory PSHE would include healthy bodies and lifestyles, including keeping safe, puberty, drugs and alcohol education. This is supported by the 2017 drug strategy[24] which notes that high quality PSHE education is at the heart of supporting young people to leave school prepared for life in modern Britain.

No published studies on current practice were identified on how schools are reducing violence.

4.4.4 Resource impact

At the time of publication of NICE guideline NG64 (February 2017) it was thought that there may be some costs locally to deliver skills training to children and young people, but these were not expected to be significant.

[23] Department for Education (2017) Policy statement: relationships education, relationships and sex education, and personal social, health and economic education
[24] Home Office (2017) Drug strategy 2017

4.5 Interventions

4.5.1 Summary of suggestions

Delivery of interventions

Stakeholders noted that consistent and high-quality universal services and curriculum provision is needed to improve health and wellbeing in school settings. A curriculum should promote positive behaviours and successful relationships. Consideration should be given to whether interventions are delivered by external organisations and staff or school staff.

Parental and family involvement

Stakeholders noted that parental involvement is a key characteristic of effective school-based health and wellbeing interventions. Parents should be made aware their child's progress and needs so they can work collaboratively with the school.

Peer support

Stakeholders considered it important to have a single point of contact or peer-led support within a school to assist with parenting, emotional development and encourage good mental wellbeing. It was noted that young carers and parents access support from different agencies meaning social and emotional support is fragmented. Peer-led support from a third sector organisation or charity can be helpful.

Involvement of children in designing interventions

Stakeholders commented that schools should include pupils in the design and delivery of both universal and targeted interventions. This should include satisfaction and improvement surveys, pupils having a role in the delivery of some interventions and ways for pupils to voice their concerns and ideas with staff.

4.5.2 Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. Relevant sections are presented after table 6 to help inform the committee's discussion.

Table 6 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Delivery of interventions	**Universal approaches** NICE PH12 Recommendation 2

Parental and family involvement	**Universal approaches** NICE PH12 Recommendation 2 **Targeted approaches** NICE PH12 Recommendation 3 **Working with parents and families** NICE PH20 Recommendation 4
Peer support	Not directly covered in NICE guidance and no recommendations are presented.
Involvement of children in designing interventions	**Working in partnership with young people** NICE PH20 Recommendation 5

Universal approaches

NICE PH12 Recommendation 2

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
- 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.

Targeted approaches

NICE PH12 Recommendation 3

- 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.

Working with parents and families

NICE PH20 Recommendation 4

- Work in partnership with parents, carers and other family members to promote young people's social and emotional wellbeing
- To help reinforce young people's learning from the curriculum, help parents and carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by appropriately trained health or education practitioners
- Ensure parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This should include support to participate fully in any parenting sessions (for example, by offering a range of times for the sessions or providing help with transport and childcare). This might involve liaison with family support agencies.

Working in partnership with young people

NICE PH20 Recommendation 5 (relevant section)

- Develop partnerships between young people and staff to formulate, implement and evaluate organisation-wide approaches to promoting social and emotional wellbeing
- Introduce a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing
- Involve young people in the creation, delivery and evaluation of training and continuing professional development activities in relation to social and emotional wellbeing.

4.5.3 Current UK practice

Delivery of interventions

The Department for Education issued a policy statement[25] on relationships education in primary schools, RSE in secondary schools, and PHSE in 2017. The intention is that these subjects will be made statutory in all schools. An amendment to the Children and Social Work Bill is intended to come into effect from September 2019. The consultation[26] on this ended in February 2018 and evidence is being collated.

[25] Department for Education (2017) Policy statement: relationships education, relationships and sex education, and personal social, health and economic education
[26] Department for Education (2018) Changes to teaching of sex and relationship education, and PSHE consultation

No published studies on current practice were identified on how the interventions are delivered.

Parental and family involvement

A 2016 National Children's Bureau and Association for School and College Leaders survey[27] found that 56% of schools offered advice and support for parents in terms of their children's mental health and wellbeing.

Involvement of children in designing interventions

No published studies on current practice were identified on this area for quality improvement.

4.5.4 Resource impact

At the time of publication of NICE guideline PH12 (March 2008) a number of government policies and initiatives were already in place to support primary school children's social and emotional wellbeing. As a result, the cost of implementing the guideline was not expected to be significant. However, it was recognised that there was variation in practice at a local level and areas such as staff training and approaches may require extra resource in some areas. It was also recognised that the strong focus in the guideline on the prevention of social and emotional problems, may lead to a reduction in referrals to clinical services in the future, however it was not possible to quantify these long-term savings.

At the time of publication of NICE guideline PH20 (September 2009) it was not possible to produce a national estimate for implementing the guideline. This was because although the recommendations complemented existing government policies, each school's needs differed and some schools may have incurred additional costs as a result of implementing them. The long-term savings could also not be quantified. However a reduction in public service costs, including the costs to healthcare, social services, the police and justice system were expected in the long-term.

[27] National Children's Bureau and Association for School and College Leaders (2016) Keeping young people in mind – findings from a survey of schools across England

4.6 Additional areas

Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 10 July 2018.

Domestic abuse

A stakeholder highlighted domestic abuse as a key area. This suggestion has not been progressed as a quality standard is being developed on child abuse and neglect and there is a quality standard on domestic violence and abuse (QS116).

Inspections

A stakeholder suggested that schools should be inspected on their effectiveness in supporting pupil wellbeing and mental health. This area has not been progressed because content of school inspections is outside of the remit of NICE.

Monitoring and measurement of interventions

Stakeholders suggested monitoring and measuring interventions. This suggestion has not been progressed as all quality statements have measures to support local services in checking their achievement against the quality standard.

Online mental health interventions and intervention development

A stakeholder commented that mental health promotion and prevention interventions are ineffective online and should be delivered face-to-face. This suggestion has not been progressed as it does not specifically relate to school-based interventions

Oral health

Oral health was suggested as an area for quality improvement. NICE quality standard QS139 Oral health promotion in the community includes a statement on oral health improvement programmes in schools. This suggestion has therefore not been progressed.

Parents accessing mental health services

A stakeholder suggested 3 monthly follow up for parents accessing NHS primary and secondary care if caring for primary school aged children. This area has not been progressed as it is not a school-based intervention.

Permanent exclusion

A stakeholder suggested the reduction of permanent exclusion as an area for quality improvement. This is not covered in identified NICE or NICE-accredited guidance therefore this area has not been progressed.

Pregnancy and post-natal care

A stakeholder highlighted management of pregnancy and postnatal care for women with previous diagnosis of depression and other anxiety-related illnesses. This area has not been progressed as it was not suggested as a school-based intervention. There are existing NICE quality standards on antenatal care (QS22), postnatal care (QS37) and antenatal and postnatal mental health (QS115).

Research

A stakeholder suggested development of neuro-science and understanding of the mind/body relationship and implications for pedagogy, schools and therapeutic practice. This has not been progressed as it is outside the remit of quality standards.

Staff morale and wellbeing

This quality standard focusses on interventions for children within schools. NICE quality standard QS147 Healthy workplaces: improving employee mental and physical health and wellbeing covers staff, including the identification and management of stress. This suggestion has not been progressed.

Training

The training of school staff around health and wellbeing of pupils was suggested as an area of quality improvement.

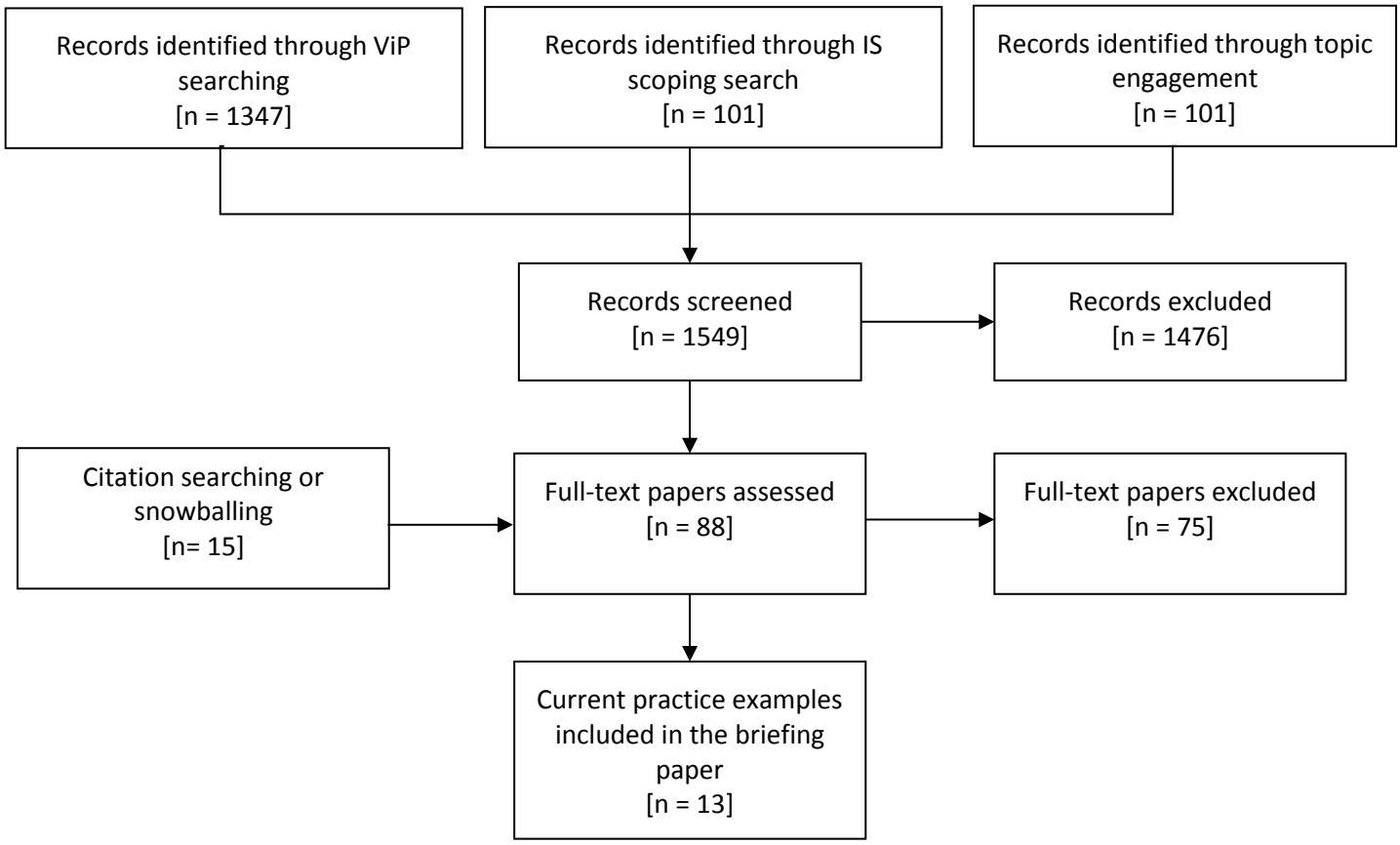
This suggestion has not been progressed. Quality statements focus on actions that demonstrate high quality care or support, not the training that enables the actions to take place. The committee is therefore asked to consider which components of care and support would be improved by increased training. However, training may be referred to in the audience descriptors.

Variation in services

A stakeholder highlighted the need to reduce variation in interventions available between schools. The overall purpose of quality standards is to reduce variation in

practice by focusing on specific actions to improve quality so this has not been progressed as a key area for improvement.

Appendix 1: Review flowchart



Appendix 2: Suggestions from stakeholder engagement exercise – registered stakeholders

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Mental health					
1	Association of Directors of Public Health	Schools should take a thorough and comprehensive approach to the mental health and wellbeing of pupils and consider their approach to promotion of positive mental health and wellbeing within the school environment. This should include consideration of curriculum, student engagement, ethos and environment, policy development and staff wellbeing, including a focus on improving resilience across the school and taking into consideration the impact of exam-related stress.	Mental health problems in children and young people are common, can be long-lasting and affect life chances, as well as being costly for the individual and society. In the UK, one in ten children aged between five and 16 years have a diagnosable mental health disorder.	With half of all mental health problems established by age 14 and three quarters by age 24, more needs to be done to improve the mental health of children and young people.	
2	Association of Directors of Public Health	We need an enhanced focus on the prevention of mental illness. Prevention and early intervention work should be evidence-based and schools should make strong links with local services including child and adult mental health services (CAMHS), children's social services as well as third sector providers, parents, carers and the community. Interventions should be monitored and measured to ensure the best outcomes for children.	More children are suffering from mental health problems than can be managed in specialist services. Particularly concerning is the growth for referrals in CAMHS, which increased nationally by 44% between 2013 to 2017.	Until we begin to focus on the causes of poor mental health and wellbeing and direct resources towards prevention, we will be limited in what we can achieve, especially in the long term.	
3	Association of Directors of Public Health	A whole school approach to mental health needs to be adopted. Every school should have a designated mental health lead with an associated leadership responsibility to recognise that this is a key area of responsibility, not a voluntary role. CPD should be	Mental health education should be a key part of training for all teachers and should emphasise the teacher's role in developing the foundations for the child of resilience, self-esteem and effective communication skills.	Designated Senior Mental Health Leads have already been introduced in parts of the UK and have been a welcome and positive change. However, training one member of staff does not go far enough to address the	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		offered to all school staff to ensure they are able to recognise and support pupils who are struggling with their mental health, and know how to seek more specialist support if needed.	Mental health training should also be provided to all school nurses.	scale of need. The introduction of these mental health leads should run concurrently with a broader whole school approach, which should include mental health training for all teachers, teaching assistants, special educational needs teaching assistants and welfare officers.	
4	Association of Directors of Public Health	Personal, Social and Health Education (PSHE) programmes within schools should be explicit in their promotion of positive mental health and wellbeing, and a strong emphasis on the teaching of social and emotional skills and building the resilience of pupils	PSHE has a key role to play in increasing children's personal resilience. Lessons need to focus on the foundations of self-esteem and resilience, and on how children should challenge the stigma that surrounds mental health issues. Issues such as self-harm, drug or alcohol addiction, online bullying and the impact of social media should also be addressed.	While the ADPH welcomes the proposal that sex and relationship education (SRE) will include teachings on how mental health and wellbeing can support healthy relationships, we wish to reinforce our view that PSHE should also be made mandatory. Schools should also do more to promote the use of online counselling and emotional well-being support services for young people.	
5	Association of Directors of Public Health	Additional developmental areas of emergent practice	In Devon, an intervention is being piloted in primary schools through our EH4MH programme called 'Timid to Tiger'. This is a 10-week group intervention programme for parents/carers of children of primary school age who present with anxiety. The programme was developed by Clinical Psychologists and has been evaluated in use with children with a range of primary anxiety disorders. As part of this approach, our provider will train education staff to run this programme with local parents, and will be		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			exploring the potential for this programme to be delivered through a peer-to-peer model.		
6	Association for Family Therapy and Systemic Practice (UK)	Key area for quality improvement 2	Interventions need to be consistent with and part of the school's systems and policies rather than a stand-alone or 'add-on' approach.	There should be a specific whole school policy to promote and support mental health and well-being for all. Roffey, S. (2011) Changing Behaviour in Schools: promoting positive relationships and well-being. LONDON, Sage.	
7	Association for Family Therapy and Systemic Practice (UK)	Key area for quality improvement 3	All staff are aware and can demonstrate an understanding of good mental / emotional health and well-being.	There needs to be evidence to show that all staff, as well as children and young people, can demonstrate an understanding of good mental health and well-being as well as know how this can be developed and maintained. Roffey, S. (2011) Changing Behaviour in Schools: promoting positive relationships and well-being. LONDON, Sage.	
8	Association for Family Therapy and Systemic Practice (UK)	Additional developmental areas of emergent practice			AFT would like to draw your attention to the recent publication of a special issue of the AFT magazine, Context (156, April 2018: Systemic Work in Schools) as a useful resource for successful interventions and the process of intervening in schools, for the development of these key improvement areas. A copy can be available on request from Sue Kennedy at AFT

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					Head office (s.kennedy@aft.org.uk)
9	British Dietetic Association	Mental health and well being	Children's mental health, social and emotional wellbeing are important in their own right but can also affect their physical health and affect how well they do at school. Good social, emotional and psychological health can protect against emotional and behavioural problems, violence and crime, teenage pregnancy and drug and alcohol misuse. A child's emotional health and wellbeing influences their cognitive behaviour and learning as well as their physical and social health and their mental health wellbeing into adulthood. Evidence of what works well and feedback is highlighted in the governments Promoting children and young people's emotional health and wellbeing in schools and colleges – March 2015	Consideration of adopting a holistic approach to social and emotional wellbeing within primary schools. This should help to emphasise the importance of a supportive and secure environment and an ethos which does not discriminate against emotional and mental health issues The key actions of the report build on what many schools and colleges are doing across the country but if they are applied consistently and comprehensively will help to further protect and promote children and young people's emotional health and well being	https://www.nice.org.uk/guidance/ph12/chapter/1-Recommendations https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing
10	Changing Faces	Emotional and psychological support for children and young people with a visible difference	Evidence shows that a holistic model of psycho-education provided in a coordinated timely way can lead to robust mental health to ensure strong self-confidence and wellbeing to ensure children and young people are able to engage and contribute fully to their education and social development leading the lives that they want	Evidence shows that almost 50% of the 86,000 children and young people who live with a disfigurement experience appearance related bullying, are isolated and excluded and experience low self-confidence, distress and anxiety. In addition the implicit bias of others create a low set of expectations and aspirations for their futures holding them back from reaching their full potential	Disfigurement in the UK 2017 https://www.changingfaces.org.uk/wp-content/uploads/2017/05/DITUK.pdf Looking Different – the Future of Face Equality - May 2018 https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266_Changing_Faces_FaceEqualityDay_report_AW_single_page.pdf

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
11	Changing Faces	Emotional and social support for children and young people who have appearance concerns	Support and strategies to develop a positive approach to body confidence in primary and secondary education. It should be provided in a coordinated timely way can lead to robust mental health to ensure strong self-confidence and wellbeing to ensure children and young people are able to engage and contribute fully to their education and social development leading the lives that they want.	Extensive evidence shows that there is huge pressure on children and young people to look good in today's society. There are high levels of body dissatisfaction amongst the young and many are bullied because of how they look. 50 % of children and young people bullied are targeted because of their appearance. This leads to a range of mental health issues including depression, anxiety, self-harm, eating disorders and even suicide, non-attendance at school and under performance academically.	Ditch the Label Annual Bullying Survey https://www.ditchthelabel.org/wp-content/uploads/2017/07/The-Annual-Bullying-Survey-2017-1.pdf Girl Guides Attitudes Survey https://www.girlguiding.org.uk/globalassets/docs-and-resources/research-and-campaigns/girls-attitudes-survey-2016.pdf Centre for Appearance Research http://www1.uwe.ac.uk/hls/research/appearanceresearch/research/publications.aspx
12	4DCCGs (4 Derbyshire Clinical Commissioning Groups)	Key area for quality improvement 1 Whole School approach for children's emotional health and wellbeing. Offering schools small grants and support to develop their whole school approach helps to engage and focus schools in this agenda.	There is evidence that children with higher levels of emotional, behavioural, social and school wellbeing on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years A whole school approach also links to the Ofsted inspection Criteria. The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy". There is good evidence to support this assertion and Ofsted has highlighted that children and young people themselves say that they want to	There is variation school to school of how well they have embraced supporting a whole school approach. Locally those schools who are further along with their journey in developing a whole school approach offer interventions and solutions to ensure support to young people (a level of containment) before referring on to mental health services.	Schools in Derbyshire are being actively encouraged to audit their progress in terms of whole school approach and identify key actions/next steps going forward. In 2016 a resource was devised to support them with this: https://www.derbyshire.gov.uk/images/DCC%20Emotional%20and%20mental%20health%20toolkit%20(2)_tcm44-286729.pdf Audit tool page 5-7. Where small grants and support are offered, commitment is higher.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			learn more about how to keep themselves emotionally healthy. Moreover schools have a duty to promote the wellbeing of students		Events were held with schools in localities to support discussions on what they are already doing to support emotional health, identify the gaps and suggest the solutions. In future it would be great to kite mark the schools or add mental health to a Healthy Schools type award.
13	4DCCGs	Key area for quality improvement 2 Schools Link Project through Anna Freud supports schools in their approach to emotional and mental health	Anna Freud and CORC promote the use of evidence based interventions. Their Schools Links Pilot has engaged schools with these interventions and given schools and mental health support services opportunities to look at how they can better work together.	The links project has supported schools and mental health support services to identify small measurable improvements they can make to the pathway for children's mental health.	Suggestions of future improvements from Schools in Derby are below: • Create a local offer in mental health (like SEND) coordinated and managed that agencies can update themselves. To include thresholds and who does what. Could set up on LA website link SEND local offer • Locality leaflet local service • Clear referral pathways/thresholds who does what, what schools can do either whilst CYP waiting. Guidance how to make a referral, what information to provide, form to fill in, where to send, make it common language that all agencies understand.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					• Creating a school culture of positively supporting mental health - how would we create this so it's everyone's business, CPD sharing – ownership and infrastructure - school culture • Named Mental Health lead in school with a team / infra structure to support within schools – ownership, building and in-school infrastructure. Who else can • Outcome measure – how to measure impact • Induction packs for new staff on Emotional Health and Wellbeing • Sharing good practice e.g. through schools circular, webinars • Making better use of existing local networks/systems existing multidisciplinary meetings • Quality assurance system for schools and early help eg for those employing a counsellor how do we know they are good, demonstrate the impact? risk assess, prevent harm. • Training and support - better use of Minded - free training (good Autism training model – autism

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					champions) cascade out good eg, MH first aid (tried in Derby College – learning needs - right people on right training follow up support keep people upskilled) Twilight training (1, ½ hrs) /network meetings (like SENCO network) - link to Derby College • Audit of training and support needs in schools • Support for staff welfare • Children need training on mental health • Support Building children's resilience • Keep it simple for schools
14	LGA	Mandatory Independent school based counselling service as part of an integrated whole school approach in every secondary school and in alternative education provision.	There is a clear and positive evidence base that independent school based counselling (SBC) can make a difference to young people (YP) and add value to existing arrangements. The Department for Education advice published in 2015 'Counselling in schools: a blueprint for the future – Departmental advice for school leaders and counsellors' recognised this and highlighted how school based counselling could 'bring about significant reductions in psychological distress in the short-term, and helps young people move closer towards their personal goals.	Independent SBC can help to address some of the key issues that are adding pressures to CAMHS. The benefits of SBC includes: • a supportive service offered immediately to YP in a familiar setting and with no thresholds • clear evidence over a number of years that the service supports young people and reduces their distress. • the enablement of new providers to develop, taking pressure away from CAMHS; this offers a helpful solution to the current workforce challenges within CAMHS	Please see the following: DfE advice: Counselling in schools: A Blueprint for the future (2015) https://www.gov.uk/government/publications/ counselling-in-schools Positive impact of SBC services in Wales, 2017 https://www.bacp.co.uk/news/2017/31-march-2017-positive-impact-of-school-based-counselling-in-wales/ British Association for Counselling and Psychotherapy

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			The LGA has undertaken a review of the costings of an independent SBC service and agree with the best estimate in the sector that that it would cost in the range of £90 million to have an independent SBC service in every secondary school in England. This we estimate is 5.3 per cent of all the new money (£1.7 billion) committed for CAMHS by Government.	• a well trained counselling / therapeutic workforce will take pressure away from specialist services and is likely to reduce waiting times for these services; it will address a key current workforce challenge that this proposal does not • it will not create additional complexity, but rather add value to existing arrangements, especially in schools and complement the Government's reforms. • it will provide help to children quicker than the current reform programme is doing.	School-based counselling in UK secondary schools: a review and critical evaluation Mick Cooper – January 2013 https://www.bacp.co.uk/media/2054/counselling-minded-school-based-counselling-uk-secondary-schools-cooper.pdf LGA response to the DHSC and DfE Green Paper consultation on CYP Mental Health Services, 2018 https://www.local.gov.uk/sites/default/files/documents/3.42%20CAMHS%20Green%20paper%20response_v05%20-%20WEB_0.pdf
15	National children's bureau	Strong Partnerships with NHS Mental Health Services	Evidence suggests that involvement of CAMHS in school based interventions improves the work to increase school staff's mental health awareness as well as onward referral (Shucksmith et al, 2017; Day et al, 2017) Targeted interventions for children with problems such as anxiety and depression are most effectively led by experts such as psychologists but that using the same experts to train school staff can help to complement this and maintain the child's progress. (Rones and Hoagwood, 2000) Many schools commission or employ professionals to provide specialist services. Research for the	Schools relationship with CAMHS appears to be a challenge area. A survey of school leaders published in 2016 found that (63%) reported that their experience of referral to CAMHs had been 'poor' or 'very poor'. It also found that only a small minority had been involved in the development of local transformation plans for children and young people's mental health (which all Clinical Commissioning Groups were required to producing consultation with local partners in 2015). (ASCL and NCB, 2016) Joint training for CAMHS and Schools to develop stronger links, funder by	Open referrals for children of compulsory school age. https://digital.nhs.uk/news-and-events/news-archive/2017-news-archive/mental-health-statistics-annual-report-includes-information-on-children-for-first-time

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			Department for Education found that three out of five education settings provided educational psychological support and the same proportion offered counselling. However, schools viewed this as a form of low-level support, suggesting onward referral would be required for children with the most significant needs. (NatCen and NCB, 2018)	Government, has been extended across the county. Schools will need, however, to giver attention to maintaining links in the longer term.	
16	National children's bureau	A mental health promoting ethos that pervades policies, procedures and school design	Recent research has found that creating an environment where children and young people feel safe and happy was a key contribution schools were able to make to children's mental health. (NatCen and NCB, 2018) The core values, attitudes, beliefs and culture of the school has been shown to be one of the key determinants of whether positive emotional wellbeing is enjoyed there. (Greenberg and Jennings, 2009) Particularly key to mental health and wellbeing are the school's policies and practice around behaviour, diversity, and the challenging of prejudice around ability, disability, gender, race, sexual orientation and perceived social status8. Anti-bullying and homophobia policies and practice generally need to be strengthened and linked with e-safety policies. Familiar school and class routines help build a sense of security. They are environments	In a survey 92% of schools and colleges said that the created an ethos or environment that promoted mutual care and concern. NatCen and NCB, 2018) However, how this is meaningfully integrated into the curriculum and how schools are run is less clear. Ofsted (2012) found in that the casual use of homophobic and disablist language was alarmingly commonplace. The increasing rate of exclusions for children with social and emotional difficulties also raises questions about whether support for mental health is embedded in behaviour management policies. The evidence suggests that secondary schools may particularly need to do more to provide such a supportive and connected climate and ethos (Ofsted, 2004).	Department for education: Permanent and fixed-period exclusions in England. https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2015-to-2016 School Ofsted inspection 'Personal development, behaviour and welfare 'judgement. https://www.gov.uk/government/publications/maintained-schools-and-academies-inspections-and-outcomes-as-at-31-december-2017/maintained-schools-and-academies-inspections-and-outcomes-as-at-31-december-2017

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			where everyone feels listened to, understood, and empowered. Research has also highlighted the importance of schools and colleges having dedicated space to support mental health and wellbeing. These were calming environments and provided pupils with a safe space away from the classroom. Some were designed to be areas where children could release anger, for example a sensory room with padded walls; or a more nurturing environment.		
17	Royal College of General Practitioners	Key area for quality improvement 5 In school CAMHS sessions		Pupils do not have to take a whole day out. CAMHS can meet staff and influence policy.	Evidence that children whose attendance may already be compromised miss school or conscientious ones are not taken or worry more?
18	Royal College of Psychiatrists	Clinical governance standards:	What does it mean to do mental health work in schools: where should notes be kept, what should be recorded where, what supervision is required of those doing this work etc.	As schools encourage more of this to be done, they do need some assistance to ensure that those who come into schools to do this work adhere to some basic standards of good practice. This could also incorporate the relationship schools have with local CAMHS	
19	Royal College of Psychiatrists	Additional developmental areas of emergent practice	**Peer Support / mentoring -** Schools to be supported to have an understanding, and the required skills for some staff, to set up a peer support programme that focuses on CYPMH **Whole school approach -** Schools to be supported to develop a whole		

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			school approach to emotional wellbeing and mental health		
20	SCM1	Heads of Wellbeing within schools to be properly trained counsellors and given a senior position in the school hierarchy.	At present many schools have no trained counsellors on their senior leadership teams and 'Head of Wellbeing' (or equivalent title) is a title taken up by a subject teacher with no training in mental health or counselling.	Any random sample survey of schools will establish how variable the position of 'Wellbeing Leader' is in the school structure and that person's qualifications to take responsibility for students' wellbeing.	
21	SCM1	A greater focus needs to be placed on mental health of pupils and, where necessary, early interventions made in primary schools.	Damage to pupils' mental health may already have occurred by the time they reach secondary school, yet the emphasis has tended to be placed on supporting the mental health of secondary students.	The government has offered Mental Health First Aid training to secondary schools first – primary schools second. It should be the other way round. Well-documented studies have shown that damage to mental health at an early age can 'incubate' and 'break out' much later.	
22	SCM2	Key area for quality improvement 2 Whole school wellbeing policy	A whole school approach to wellbeing provides a framework with which to understand and respond to the physical and mental health needs of all pupils. It situates those with more severe difficulties within a spectrum, in which good universal wellbeing practices can be understood as a necessary but not sufficient response to more complex needs. It makes clear that addressing health needs is also beneficial for attainment.	The language of universal and targeted practices and interventions is already established and understood in schools, however there is a wide and undesirable variation in commitment and levels and quality of resources. A focus on quality improvement would encourage maximum use of curriculum based promotion of positive social and emotional wellbeing and mental health (e.g. SRE, SMSC and PSHE). It would also encourage greater focus on the quality, role and effectiveness of external therapeutic provision.	See NICE Social and emotional wellbeing in secondary/primary education See IPPR report “Education, Education, Mental Health” See NCB “A whole school framework for emotional wellbeing and mental health” See RSA (2014) report “Schools with soul: A new approach to spiritual, moral, social and cultural education”

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23	SCM2	School based anxiety (Additional developmental areas of emergent practice)	Anxiety generated by school, familial and societal pressure to achieve academically and evidence that achievement through exam grades is contributing to mental health problems. This means that some pupils achieve high grades at the cost of their wellbeing, and others are prevented from doing their best because of the level of anxiety they are experiencing.	School based interventions, both universal and targeted, could mitigate the harmful effects of anxiety on well being and attainment, and teach life skills that will support the future achievement and wellbeing of pupils in further education and life in general. Agencies such as CAMHS are already developing interventions to address exam related anxiety. In terms of finances and capacity of mental health provision, the risk is that the increase in school generated mental health difficulties cancels out any increases in overall provision.	
24	SCM3	Key area for quality improvement 1: Supporting, encouraging and incentivising schools to adopt a 'whole school' approach to promoting health and wellbeing	There is good evidence that primary schools and secondary schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people.	The whole school approach comprises aspects that are crucial in delivering improvements in pupil health and wellbeing through school settings. Action and improvement across all aspects of the whole school will bring benefits, including: leadership and management; school culture and environment; curriculum planning; learning and teaching; staff professional and development needs; working with outside agencies, and; provision of support services for children and young people.	NICE (2008) Social and emotional wellbeing in primary education, London: National Institute for Health and Care Excellence. NICE (2009) Social and emotional wellbeing in secondary education, London: National Institute for Health and Care Excellence.
25	SCM3	Key area for quality improvement 2: Improve mental health support and	There is very strong evidence that investment in promoting the	There is a need to build resilience, promote good mental	British Psychological Society (2017) Briefing paper:

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		coordination in schools to ensure mental health difficulties are tackled early and effectively	emotional wellbeing and mental health of parents and children throughout the school aged years, can avoid health and social problems later in life. Emotional wellbeing, good mental health and resilience are crucial to a host of social care and economic benefits – as well as supporting physical health, positive relationships, education and work and reducing the risks associated with substance misuse.	health, promote prevention, early identification and co-ordinated support. Schools and local support services need to provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems. 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.	Children and young people's mental health (CYPMH): Schools and colleges Department of Health and Social Care (2017) Transforming children and young people's mental health provision: a green paper Public Health England (2014) Supporting public health: children, young people and families
26	SCM4	Key area for quality improvement 2 From the first day of school through to the last day of school, robust and effective mechanisms for identifying high risk individuals need to be in place. Once these individuals are identified there should be timely, and appropriate referral pathways in place to ensure those individuals receive additional support, either within the school environment or from specialist services. - School staff would require suitable training to ensure high risk individuals are identified. - This would require open communication between stakeholders such as education, health and social services to firstly establish these pathways and to maintain the	In order to provide preventative or early intervention work those who are most at risk need to be identified quickly and intervention providers need to work together efficiently to ensure individuals receive appropriate interventions before more serious problems occur. By ensuring those considered to be high risk receive appropriate early intervention there is a possibility to reduce the numbers of children and young people going on to develop more serious problems such as self-harm, mental illness, drug and alcohol problems etc. This would help reduce teenage pregnancy rates, the rates of school drop outs, increase attainment in education, reduce unemployment and the number of children and young people	Prevention and early intervention is currently an area where all service providers are struggling. School is the best place to conduct prevention and early intervention work because children and young people spend a large part of their life attending school and building relationships with school staff. However, it is not clear that schools are currently undertaking this role due to other pressures requiring their focus. Those who are identified as high risk are often automatically referred to other services, often inappropriately. This creates increased demand and waiting lists for other services, and children and young people being	NSPCC (2014) Assessing children and families. Available at: https://www.nspcc.org.uk/globalassets/documents/information-service/factsheet-assessing-children-families.pdf *Majority of Safeguarding protocols and publications* NICE guidance; ○ Social and emotional wellbeing in early years ○ Social and emotional wellbeing in primary school ○ Social and emotional wellbeing in secondary education

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		efficiency of the pathways once established. - All stakeholders, including parents/guardians and the individual, would also need to work as multidisciplinary teams to ensure appropriate support is offered. - Children and young people from less affluent backgrounds, SEN children and young people, individuals who experience a trauma, children and young people with health conditions, children and young people who are already exhibiting social emotional problems, would be some examples of high risk individuals.	who come into contact with the criminal justice system. It would also help reduce demand on specialist services such as CAMHS.	passed around systems without receiving support.	
27	SCM4	Key area for quality improvement 3 Enhance and expand school pastoral care. Provide training to pastoral care staff to deliver basic targeted interventions for children and young people identified as needing additional support. - School, nurses, school counsellors, support workers, LSAs, Educational psychologists, and other pastoral care staff are undervalued within the school environment. Promoting the importance of the pastoral care within school is necessary to ensure local governments and school management teams recognise this. - Skilling up these staff would be essential and would make these job roles more attractive as career options.	The pastoral care within the school environment can ensure the wellbeing of the pupil population as a whole and provide additional support to pupils who require it. By expanding and enhancing these teams we can increase the remit to include children and young people who may otherwise fall through the net. This would also mean early intervention methods could be administered in the correct time frame as there would be no need for forward referrals to other services and waiting times etc.	Pastoral care is often underappreciated and doesn't come up as a priority in school budgeting. These teams already exist in all schools, and so there would be no need to create new and different teams within schools. By training and up-skilling existing staff school-based interventions could be run by these professionals, including universal interventions for improving wellbeing for all pupils in school. Expanding existing teams would also allow for increased reach and effectiveness of pastoral care within school helping to meet demand and provide efficient support to individuals who require it.	Department of Education and Department of Health and Social care (2017) Transforming children and young people's mental health provision. Available at: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision The progressive policy think tank (2016) Education, Education, Mental health: Supporting secondary schools to play a central role in early

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		- Existing pastoral care should be expanded and have a larger remit/outreach in schools.			intervention mental health services. Available at: https://www.ippr.org/publications/education-education-mental-health
28	SCM4	Additional evidence sources for consideration	National assembly for Wales: Children, young people and education committee (2018) Mind over matter. Available at: http://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf		
Physical health					
29	Association of Directors of Public Health	Enhancing school approaches to whole-day nutrition and physical activity.	Nutrition can affect the ability to learn by impacting on physical development (more exposure to illness), cognition and ability to concentrate, behaviour, and through school life and school inclusion. Regular physical activity within the educational setting can be beneficial both for child health and for educational achievement. An early pilot study looking at the benefits of the 'Daily Mile' intervention found that it was associated with improvements in fitness and body composition in children.	There is a reciprocal relationship between improved health and wellbeing and educational achievement. As the Chief Medical Officer Sally Davies has put it: 'promoting physical and mental health in schools creates virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing'.	
30	British Dietetic Association	Diet and exercise with a focus on obesity	A third of children aged 2-15years are overweight or obese and younger generations are becoming obese at younger ages and staying obese for longer. Reducing obesity will save lives, reduce morbidity and economic burden of obesity related ill health.	There is strong evidence that regular physical activity is associated with numerous health benefits for children and that many schools offer an average of 2 hours physical activity a week however every primary school aged child should get at least 60	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

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			The government's Childhood Obesity Plan published in August 2016 acknowledged that tackling childhood obesity requires the government, industry, schools and the public sector to all have responsibility in supporting healthier choices for our children.	minutes of exercise daily. Schools are a vital part of the plan and have the opportunity to support healthier eating and physical activity. A recent systematic review published in The Lancet Diabetes and Endocrinology of interventions to prevent childhood overweight and obesity suggest that school based interventions combining diet and exercise components may hold promise, although results were mixed.	https://www.thelancet.com/pdfs/journals/landia/PIIS2213-8587(17)30358-3.pdf
31	4DCCGs	Key area for quality improvement 3 Linking children to prosocial activities in their communities supports better mental health and resilience.	Current literature indicates that people who participate in sports clubs and organised recreational activities enjoy better mental health, are more alert, and more resilient against the stresses of modern living (Street & James, 2007). Participation in recreational groups and socially supported physical activity is shown to reduce stress, anxiety and depression, and reduce symptoms of Alzheimer's disease in older age. From a young age, taking part in activities makes children more confident, happy and social. Examples of such activities include: •Birth to three years: sensory classes, messy play, baby yoga •Pre-school: swimming, parent and toddler activities, dancing •School-aged: sports clubs, gymnastics, hobbies (From Derby		Linking schools with local CVS (Council for Voluntary Services) has supported schools and mental health services in identifying opportunities for young people to have hobbies and attend leisure activities they are interested in. The CVS support those groups in mental health awareness and upskilling in areas that affect young people such as bereavement, body image and self-esteem, anxiety, etc. Develop a menu of pro social activity groups- 250 identified Develop a pathway for children and young people to volunteer and support other young people to access groups/opportunities

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			and Derbyshire Children and Young People's Mental Health and Emotional Wellbeing HNA August 17) http://www.bbc.co.uk/news/uk-scotland-37923133		Develop mental health friendly groups who can recognise the signs of a YP's mental health deteriorating and/or support young people who have had mental health support to access social groups The Erewash Children and Young People's Wellbeing Network exists to bring together individuals who support children and young people in the Erewash area to share skills, information, experiences , good practice and resources. Mostly organisations already working in the area who come together to share information/ opportunities Outcome: Upskilling of people working in local activity and leisure services so that they feel more confident in identifying early any signs of deteriorating mental or emotional wellbeing, and they feel able to provide effective support to reduce the likelihood of problem development, and know when the child needs to be referred on to a more specialist provision.
32	PHE	Healthy eating and physical activity	Childhood obesity is a significant health inequality with higher rates amongst children in disadvantaged		Change4Life, accessed May 2018

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			areas and some ethnic groups. Nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. Obese people are more likely to suffer from physical health conditions like type 2 diabetes or mental health conditions like depression. Obesity increases the risk of dying prematurely. The economic costs are great, it was estimated that the NHS in the United Kingdom spent £6.1 billion on overweight and obesity-related ill-health in 2014/15. The treatment of obesity and diabetes costs more than the national spend on the police, fire service and judicial system combined. The impact falls hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts and by age 11 they are three times as likely (Cabinet Office, DHSC, HM Treasury and Prime Minister's Office 10 Downing Street, 2017). Children and young people face many different factors involved in staying healthy including personal		Child weight management: short conversations with families, Public Health England, 2017 HENRY, accessed May 2018 Our Healthy Year, Public Health England, accessed May 2018 Our Healthy Year: Digital badges, Public Health England, accessed April 2018 School fruit and veg scheme, Department of Health and Social Care, 2010 UK Physical Activity Guidelines, Department of Health and Social Care, 2011

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			choices and behaviours (for example smoking, oral health, nutrition, physical activity, and sexual activity), the environment, social networks and media. The impact of these factors varies at different times in a child/young person's life and all have an effect on health and wellbeing.		
33	Royal College of Speech and Language Therapists	Key area for quality improvement 1 Speech and language therapy input for children at risk for later mental health problems Public health awareness campaign of the impact of communication impairment	Children with speech, language and communication needs (SLCN) are more likely to have problems with mental health and emotional wellbeing later in life. Some of these individuals are also at risk of entering the criminal justice system, with up to 60% of young offenders having been shown to have some sort of SLCN. Mental health problems are more likely to develop in this population because of disordered patterns of interaction which can lead to a disengagement with their peers and poor socialisation, leading to isolation.	The recently published report, 'Bercow-Ten Years On' states that '81% of children with emotional and behavioural disorders have unidentified language difficulties.' AND 'Young people referred to mental health services are three times more likely to have SLCN than those who have not been referred'. Evidence from the ALSPAC population cohort study found children with social communication difficulties (pragmatic language problems) were more likely to have experienced psychotic episodes at age 12 (Sullivan et al, 2016).	See Bercow report at https://www.bercow10yearson.com/ And also Sullivan, S., Hollen, L., **Wren, Y.,** Thompson, A., Lewis, G. & Zammit. S. (2016). A longitudinal investigation of childhood communication ability and adolescent psychotic experiences in a community sample. *Schizophrenia Research 173,* 54-61
34	SCM5	Key area for quality improvement 1 The approach to provision of education related to nutrition, healthy eating and the related negative health consequences of being overweight.	Under the UNCRC (1989) children and young people have the right (article 6) to grow up to be healthy and (article 13) the right to information. Being in the category of overweight or obese and its co morbidities	There is no evidence of a standard approach at primary or secondary school levels regarding the content of classroom sessions or the level of training accreditation of multi-agency professionals involved in providing the sessions.	The National Child Measurement Programme England (2016/17) identified that over 25% of children in reception class are overweight rising to over 33% by school year 6. Department of Health and Social Care (2014) Improving

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			negatively impacts on self-esteem and emotional well-being A school based approach is recommended within NICE guidance (PH42)	Reducing variation will ensure a robust approach to help to address the current overweight and obesity issues and empower pupils to become, age appropriately, responsible for their own health which will positively impact on their future health and that of the nation.	Children and young people's health: Report Of The Children And Young People's Health Outcomes Forum (2013/14) Chapter 8 highlights the issues related to workforce education and training of all who work with children and young people
35	SCM5	Key area for quality improvement 5 The approach to promoting and providing opportunities for physical activity.	There is a wealth of evidence identifying the positive impact of physical activity on well-being. Many of the recommendations of NICE guidance PH 17 relate to the role of schools in promoting and facilitating physical activity for children and young people.	There is no evidence of a standard age appropriate continuum approach throughout school aged years to improve physical activity participation by pupils. Improving quality in this area will support tackling of overweight and obesity in pupils and support and/or improve self-esteem and well-being which in turn will support improved resilience of pupils.	Public Health England (2014) Supporting public health: children young people and families: School aged years 5 – 19 high impact area 3, states the need to include improving levels of physical activity to help address the overweight and obesity in pupils.
Resilience, life skills and relationships					
36	British Dietetic Association	Relationship and Sex education	The government has recognised this is an important part of education in order to help young people to stay safe and prepare for modern life in Britain. The policy statement: Relationships education, relationships and sex education and personal, social, health and economic education, March 2017was published to make an amendment to the Children and Social Work Bill to introduce these subjects as statuary	It was highlighted in the government's policy in 2017 that whilst many schools are already teaching these subjects and in some cases very well, it is important that there is universal for all pupils and it is of good quality	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/595828/170301_Policy_statement_PSHEv2.pdf

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			education in schools. It is due to come into effect in 2019		
37	Calderdale Council	Key area for quality improvement 1: Resilience-building	Evidence suggests that improving resilience can be effective in protecting young people against engaging in risky health behaviours, improving academic attainment, and improving recovery from illness, There is some evidence from systematic reviews for the effectiveness of universal school-based resilience-building programmes, and in particular for the effectiveness of the FRIENDS programme which is found to be effacious in reducing levels of anxiety through both universal and targeted intervention. This programme is recommended by the Department for Education, and has been adapted for use with children and young people with SEND.	As part of a recent engagement exercise to inform the remodelling of local public health provision for children and young people, a survey of 1,776 children and young people in Calderdale found stress and anxiety to be the top health and wellbeing concern in 12-19 year olds, and to be the fifth most important (of 13) for 5-11 year olds.	
38	Calderdale Council	Key area for quality improvement 4: Promotion of healthy relationships and positive sexual health education	Evidence suggests that whilst young people express a preference for positive sexual health education, including discussion around relationships and pleasure, "scientific" or clinical approaches continue to dominate. This disconnect has been linked to young people failing to apply safe-sex knowledge	In a recent engagement exercise to inform the remodelling of local public health provision for children and young people in Calderdale, focus group investigation28 found that young people and their parents/carers felt that there was a gap in teaching about healthy relationships; that the topic was covered "scientifically" but that there was an over-emphasis on warning about the negative	

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				consequences of sex, and a lack of information of healthy relationships: "There needs to be someone who teaches girls and boys… how much they are worth. So many people are in bad relationships and are treated so bad because they think they are not worth much" (secondary school pupil)	
39	PHE	Building resilience /Emotional health and wellbeing	Children and young people's mental and emotional wellbeing is a significant public health priority. The most recent data suggests that one in ten children and young people has some form of clinically diagnosable mental health problem29. This means that as many as one in three pupils in an average classroom could be living with a diagnosable mental health problem. 50% of mental health problems are established by age 14 and 75% by age 24. Particular groups of children have significantly worse outcomes linked, for example, to gender, socioeconomic status, ethnicity, disability, sexual orientation, being a looked after child or being in the youth justice system (DHSC and DfE, 2017). Teenage mothers have higher rates of poor mental health for up to one year after the birth of their child (PHE, 2016).	The government has set out their vision for a step-change in children and young people's mental health. Future in Mind (2015) highlighted the need to build resilience, promote good mental health, promote prevention, early identification and co-ordinated support. The Five Year Forward View for Mental Health (2016) set out an ambition for transforming mental health services to achieve greater parity of esteem between mental and physical health for children, young people, adults and older people. In 2017 The Department for Health (DH) and the Department for Education (DfE) jointly published Transforming children and young people's mental health: a green paper, setting out three proposals for designated mental health leads in all schools,	Children and Families Act 2014, accessed May 2018 Improving young people's health and wellbeing: a framework for public health, Public Health England, 2015 Local action on health inequalities: Building children and young people's resilience in schools, Public Health England and UCL Institute of Health Equity, 2014 Children and Families Act 2014, accessed May 2018 Improving young people's health and wellbeing: a framework for public health, Public Health England, 2015 Local action on health inequalities: Building children and young people's resilience in schools, Public Health England and UCL Institute of Health Equity, 2014

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			Children and young people with mental health problems are more likely to have parents with mental health problems, and conversely parental mental illness is associated with increased rates of mental health problems in children (Royal College of Psychiatrists, 2017 and Manning and Gregoire, 2008). The Kidstime Foundation has estimated that 2 million young people aged between 5 and 18 in England and Wales have a parent suffering from a mental illness. Children and young people exposed to adverse childhood experiences have an increased risk of poor health outcomes and health-harming behaviours across the life course. Poor health outcomes include death or injury in childhood, increased risk of disease and poor mental health. Health harming behaviours increased by adverse childhood experiences include binge drinking, poor diet, smoking, violence perpetration, substance misuse and unintended teenage pregnancy. Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things. Risky behaviours are those that potentially expose young people to harm, or significant risk of harm	new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems and trialling reduced waiting times for specialist mental health services.	

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			which will prevent them reaching their potential. Some risky behaviour is normal and part of growing up and may be influenced by peer pressure, social media, friends and family and the wider community (Cabinet Office and DHSC, 2015).		
40	PHE	Life skills – health literacy/self-care	Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities. In addition children who thrive at school are better placed to act on information about good health. Health literacy has a vital role for young people who are at a life stage where they are increasing their independence and becoming less reliant on parents and carers. Helping them to build knowledge and skills about their health and wellbeing provides them with skills for life. Health literacy also empowers them to make decisions about their own health and to access and use health services appropriately. In 2017, 23% of young people aged 11- 15 reported that they had a long term illness or disability with asthma counting for over half the cases (AYPH 2017). All children and young people have a right to achieve their full potential. It is important to ensure children and young people with additional or complex health needs	On average, annually 55 children under the age of five die due to an unintentional injury, 370,000 children attended accident and emergency (A&E) and 40,000 children were admitted to hospital as an emergency (PHE, 2012-2016). Around 1 in 11 children utilise hospital outpatients and 1 in 10-15 are admitted overall, with emergency hospital admission rates for unintentional injuries among the under-fives 38% higher for children from the most deprived areas compared with children from the least deprived areas. Dental extractions are one of the most common reasons for anaesthesia in under 5s and tooth decay is a leading cause of parents seeking medical help and advice. (PHE, 2017)	Chief Medical Officer: Our Children Deserve Better: Prevention Pays, Department of Health, 2013 Child oral health: applying All Our Health, accessed May 2018 Healthy Child Programme: Rapid review to update evidence, Public Health England, 2015 Reducing unintentional injuries in and around the home among children under five years, Public Health England, 2018 Working Together to Safeguard Children, Department of Health, 2017 Child Accident Prevention Trust, accessed May 2018

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			are supported to achieve best outcomes and are able to engage with learning whilst maintaining their health and social wellbeing. Children with additional or complex health needs often require additional support to ensure a seamless transition into school and that they feel supported to learn within an education setting. There are 11.7 million young people aged 10-24 in the UK; one in five of the population. More than 20% are from an ethnic minority (AYPH 2017). Young people experience huge physical, psychological and behavioural changes as they mature from children to adults. Supporting young people on their journey to adulthood is essential to ensure future good health and wellbeing. Adolescence is a time of rapid change including; Physical development for example growth spurt and sexual maturation Cognitive development for example evidence suggests brain development continues up to age 25 Emotional development for example identity, self-esteem and resilience Social development for example peer influences, sexual identity Behavioural development for example risk taking and the beginning of lifelong behaviours		

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41	PHE	Relationships and sexual health (including preconception)	Rationale is to keep young people safe and to provide consistent, seamless support and care for young people to improve their sexual, physical, emotional and mental health and wellbeing. This includes ensuring they are prepared for adulthood and supported making healthy and positive decisions. Young people may engage in risk taking including early or risky sexual behaviour, drug and alcohol misuse. Preconception health and wellbeing to be included in any RSE curricular/ support	Contributing factors immediacy and reach of social media has opened many positive opportunities for children and young people it has also increased the possibility of harm such as bullying and sexual grooming (UK Council for Child Internet Safety, 2015) increasing sexual pressures and early sexualisation can throw young people into an adult world they don't understand. The Sex Education Forum survey (2016) found a third (34%) of young people said they had learned nothing about sexual consent at school and 4 in 10 said they had not learned about healthy or abusive relationships. young people are at the highest risk of experiencing sex against their will, with non volitional sex associated with diagnosis of STIs and pregnancy before 18 (Macdowell et al., 2013). radicalisation of children and young people is a real threat if they are exposed to extremist views (Department for Education, 2015) mental health problems in children and young people are associated with increased risk of drug and alcohol use and an	

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				increased risk of teenage pregnancy (DHSC,2015) Key facts: the under 18 conception rate has fallen by 60% since 1998 with the rate at its lowest level since 1969. there remain significant differences in rates between local authorities and inequalities remain between wards. England's teenage birth rate remains high in comparison with other western European countries and more needs to be done to sustain and accelerate progress. Despite improvements, the outcomes for young parents and their children remain disproportionately poor, including higher rates of low birthweight, postnatal depression and poor mental health for up to three years after birth. chlamydia remains the most prevalent sexually transmitted bacterial infection in England with rates substantially higher in the 15-24 age group than any other age group (AYPH, 2015) it is estimated that 60,000 girls aged 0-14 in 2011 were born to mothers with FGM in England and Wales, meaning that it must be considered if these girls are also at risk of Female Genital mutilation (FGM) as they grow up	

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				(McFarlane et al., 2015) an estimated 10,000 girls born overseas and now living in England and Wales have FGM, and the NHS treated 106 girls aged under 18 with FGM between April 2015 and March 2016 2,409 children and young people were victims of sexual exploitation by groups and gangs between August 2010 to October 2011 (Children's Commissioner, 2015)	
42	SCM4	Key area for quality improvement 1 Universal access for children and young people under the age of 18 to high quality training in emotional intelligence, health management and maintaining mental well-being. This training should include skills-based lessons in conjunction with providing reliable and accurate information. - These lessons should be available to ALL children and young people under the age of 18, no matter ethnicity, social-economic background, age, gender or risk factor. - This could be a part of PSHE lessons, with particular emphasis on skill development, for example, distress tolerance skills, building relationships skills, and mindfulness. - These lessons should be delivered by experts, either through third sector projects or by providing suitable training to school staff to ensure the lessons are of high quality.	It is necessary for children and young people to be able to manage their emotions, health and relationships well in order to achieve the best outcomes in education and in work life, personal life and to prevent health issues occurring. By giving all children and young people the tools to deal with difficult life events, manage their physical and mental health, and give them a level of awareness we are creating resilient individuals.	It is clear from the alarming rates of young people who are self-harming, engaging with the youth justice system, not coping in school settings, etc. that the youth of today do not have the resilience to cope with the pressures and demands of modern society. If children and young people begin to learn from a young age and throughout their time in education the skills to cope with these pressures then we are taking a preventative approach to mental health problems, some physical health problems, self-harm, and other areas of concern. Current PSHE lessons are not adequate and are often taught by teachers with little to no training in these topics. Resources used by schools may also be out of date with poor quality information.	Public Policy Institute for Wales (2016) Promoting Emotional Health, wellbeing and resilience in Primary schools. Available at: http://ppiw.org.uk/files/2016/02/PPIW-Report-Promoting-Emotional-Health-Well-being-and-Resilience-in-Primary-Schools-Final.pdf Marmot (2010) Fair Society Healthy Lives. Available at: https://www.gov.uk/dfid-research-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010 Department of Health and Public health England. Promoting emotional wellbeing and positive mental health of children and young people. Available at:

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		- This should be part of a whole school approach to wellbeing and resilience.			https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf Annual Report of the Chief Medical Officer (2012) Our children deserve better: prevention pays. Available at: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays (Main reference to chapter 10) Nice guidance; ○ Social and emotional wellbeing in early years ○ Social and emotional wellbeing in primary school ○ Social and emotional wellbeing in secondary education National Children's Bureau (2016) A whole school framework for emotional well being and mental health. Available at: https://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Tool%20FINAL1_0.pdf
43	SCM5	Key area for quality improvement 4	Under the UNCRC (1989) children and young people have the right	Emotional well-being in childhood improves resilience and this	The British Psychological Society (2017) Briefing paper:

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		The approach to classroom sessions to provide an age appropriate understanding of emotional wellbeing and self esteem	(article 6) to grow up to be healthy and (article 13) the right to information. An age appropriate understanding of what personal emotional well-being means is essential to recognise when it is being adversely affected or compromised to allow mitigating action to be taken. NICE Guidelines recommend that a comprehensive programme should be in place across the school aged years, (PH 12 & PH 20)	impacts on pupils' ability to achieve their full potential in education and throughout adult life. An understanding of emotional well-being and when help is needed can positively impact on risky behaviours. There is no evidence that an age appropriate continuum approach that builds on and as necessary revisits previous content is in place throughout school aged years.	Children and young people's mental health (CYPMH): Schools and Colleges recommends whole school universal approaches to teaching emotional and social skills. Department of Health and Social Care (2014) Improving Children and young people's health: Report Of The Children And Young People's Health Outcomes Forum (2013/14) Chapter 8 highlights the issues related to workforce education and training for all who work with children & young people. National Children's Bureau (2016) A whole school framework for emotional well-being and mental health states that children with better emotional well-being make more progress in primary school and are more engaged in secondary school.
44	SCM5	Key area for quality improvement 2 The approach to delivery of sex and relationships education	Under the UNCRC (1989) children and young people have the right (article 6) to grow up to be healthy and (article 13) the right to information. There is a documented intention to work to reduce rates of STIs and	There is no evidence of a standard approach to delivery, or the training necessary to support delivery of an effective SRE programme throughout the school aged years. An age appropriate understanding of their body and essentially the	NICE guidance (PH3) states that one factor influencing risky behaviours is low self-esteem. Department of Health and Social Care (2014) Improving Children and young people's health: Report Of The Children And Young People's Health

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			unplanned teen conceptions in the under 18s (PH 3) There is no continuum approach to provision of age appropriate lesson content that supports a pupil receiving information throughout primary and secondary school years.	relationship element of emotions and feelings and an appreciation of what constitutes a healthy relationship, mutual respect and consent issues will enhance resilience and emotional wellbeing and supports informed decision making which can positively influence risky behaviours.	Outcomes Forum (2013/14) Chapter 8 highlights the issues related to workforce education and training for all who work with children & young people. DH document: 'Health Visiting and School Nurse programme: Supporting Implementation of the new service offer: Developing strong relationships and promoting positive sexual health' clearly outlines the need for a continuum and partnership approach to support effective delivery of SRE.
45	SCM5	Key area for quality improvement 3 The approach to delivery of classroom sessions regarding contraception including reliable signposting for access including emergency contraception.	Under the UNCRC (1989) children and young people have the right (article 6) to grow up to be healthy and (article 13) the right to information. Knowledge of the methods available and opportunity to discuss related issues of consent and healthy relationships will encourage access to contraceptive services and condom distribution schemes as recommended in NICE Guidelines (NG 68 & PH 51)	Despite a documented intention to work to reduce rates of STIs and unplanned teen conceptions in the under 18s there is no evidence of a standard approach in terms of session content or professional training/updates to deliver information to achieve this aim. There is a need to set a standard approach to ensure young people receive accurate and up to date information regarding the various methods and how to access appropriate contraception. This will support young peoples' emotional well-being and resilience as informed choices will	Department of Health and Social Care (2014) Improving Children and young people's health: Report Of The Children And Young People's Health Outcomes Forum (2013/14) Chapter 8 highlights the issues related to workforce education and training for all who work with children & young people. A Framework for Sexual Health Improvement in England (DH, 2013) stated ambitions include reducing rates of STIs and unplanned pregnancies. DH document: Health Visiting and School Nurse programme:

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				be facilitated and it will also set an approach directly related to meeting the above aim and positively impact on risky behaviours.	Supporting Implementation of the new service offer: Developing strong relationships and promoting positive sexual health clearly outlines the need for a partnership approach to support effective delivery of SRE.
Internet use and substance misuse					
46	British Dietetic Association	Substance abuse and addiction	The harms caused by substance abuse and addiction can be far reaching and affect lives at every level, including crime, violence, exploitation and damage and loss to families and individuals The government's Drug Strategy published in July 2017	The report highlights the need and use of prevention strategies within schools. It also addressed the need to monitor and advises on appropriate resources and packs to use within schools around education on substance abuse and addiction	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF
47	British Dietetic Association	Internet safety (cyber bullying, grooming, sexting)	Around 10% of young people have experienced cyberbullying which can affect self-esteem, self-confidence, mental health and wellbeing. In some cases leading to self-harm and suicide. It can be linked to stalking threats, accessing computer systems and circulating sexual images. Schools should have measures in place to prevent cyberbullying and to teach children about online safety – Childnet 2016 Cyberbullying guidance.	It is recommended that all schools have measures in place to prevent bullying including cyberbullying as highlighted by Childnet:2016 Cyberbullying guidance executive summary Policies should demonstrate good and safe internet practice for pupils and staff and should also link to current policies around bullying, behaviour and safe guarding	https://www.childnet.com/ufiles/Executive-Summary.pdf https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609874/6_2939_SP_NCA_Sexting_In_Schools_FINAL_Update_Jan17.pdf
48	Royal College of General Practitioners	Key area for quality improvement 1 Reduction in Violence		Lower mortality & morbidity	Young G, Barr C, How Scotland reduced knife crime deaths among young people. *The Guardian* 3/12/2017

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49	Royal College of General Practitioners	Key area for quality improvement 2 Use of social media		Better understanding between generations	[1]'Schools should help children with social media risk', *BBC News* article, 4th January 2018 <http://www.bbc.co.uk/news/uk-42563173>. 2.Anne Longfield, *Life in Likes: Children's commissioner report into social media use among 8-12 year-olds*, January 2018 <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/01/Childrens-Commissioner-for-England-Life-in-Likes-3.pdf>. 3. Emily Frith, *Social media and children's mental health: a review of the evidence*, Education Policy Institute, July 2017 <https://epi.org.uk/publications-and-research/social-media-childrens-mental-health-review-evidence/…
50	SCM1	The danger to pupils' and students' mental health due to cyberbullying needs to be specifically addressed by schools and effective, workable anti-cyberbullying policies need to be put in place and central to school anti-bullying policies.	The links between cyberbullying and self-harm and suicide among young people are becoming ever more apparent. Safe and responsible use of the internet needs to be a central theme in circle time sessions in primary schools and PSHE (and other) lessons in primary and secondary schools.	Recent research (published in April 2018) by Professor Ann John at Swansea University Medical School suggests that children and young people who are victims of cyberbullying are more than twice as likely to self-harm and enact suicidal behaviour.	
Interventions					
51	Association for Family	Key area for quality improvement 1	Children and young people should be fundamentally involved at all stages	Mental health provision for children and young people should	

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	Therapy and Systemic Practice (UK)		of development of proposed interventions. This will include representation at all stages of planning, steering, implementation and review, as well as adhering to the principle of keeping the child or young person at the centre of any specific intervention they may experience, and consulting with them on their views on the best way forwards.	draw on the principle of co-production in which children, young people, families and communities are seen as part of the solution rather than a problem that needs to be fixed. (UNICEF (1989) Convention on the Rights of the Child www.unicef.org/crc/	
52	Calderdale Council	Key area for quality improvement 2: Delivery by trusted external professionals or by school staff	Evidence suggests that the effectiveness of school-based interventions can be influenced by who delivers them, though findings are mixed: for example, a recent systematic review and meta-analysis of school-based depression and anxiety prevention programmes finds some evidence that externally-delivered interventions are superior to those delivered by school staff for depression but not for anxiety. Further, a recent evidence review finds that young people express a preference for sex and relationships education to be delivered by an external professional, and that key messages may be lost when interpreted by teachers.	A recent mixed-method engagement exercise to inform the remodelling of local public health provision for children and young people in Calderdale, with over 2,000 respondents, found consensus amongst children and young people, parents and carers, and school staff that health and wellbeing information, advice and support should be delivered by "experts" rather than by school staff: "We're education. We do have some expertise, but not all in terms of health and I think it feels like a gap" (Member of school staff).	
53	Calderdale Council	Key area for quality improvement 3: Parental involvement	Evidence suggests that one of the key characteristics of effective school-based health and wellbeing interventions is parental involvement. For example, a 2011 review of reviews finds that school-based	In a recent engagement exercise to inform the remodelling of local public health provision for children and young people, school staff and professionals working in services to support children and	

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			interventions which included family components showed the highest levels of evidence for increasing children's physical activity levels, while a 2012 systematic review also found positive effects of parental involvement in nutrition and physical interventions	young people in Calderdale reported that they found engaging parents and carers to be problematic. Schools, in particular, were keen for support in this area going forward: "An innovative way to involve parents in healthy lifestyles would be really, really good" (Member of school staff)	
54	SCM2	Key area for quality improvement 3 Working with parents/carers	The legal responsibility for ensuring children are educated belongs to parents and they are entitled to be fully informed about their child's needs and progress in regular and meaningful ways that take account of parental capacity and needs. The more they are aware their child's progress and needs the more they can work collaboratively with the school to support them. Likewise, where the child is having difficulties outside of school it is important that parent/carers understand why it is important to communicate with the school in relation both to learning and duty of care and the provision of school/external based support.	Family and school are the two most significant contexts of socialization in a child's life; with positive and negative experiences in one impacting in a continuous feedback loop with the other. However in practice there are many cultural and pragmatic factors that limit information sharing, thinking and problem solving between schools and parent/carers. Difficulties in the home/school relationship often increase with the transition from primary to secondary education. Specifying this as area for quality improvement will support schools in updating their home/school agreements to explain that schools have a responsibility not just for learning but also wellbeing, and that this requires greater, and mutual, collaboration and honesty about difficulties at home and school. It is vital that parents/carers and schools move	See NICE Social and emotional wellbeing in secondary/primary education See IPPR report "Education, Education, Mental Health" See NCB "A whole school framework for emotional wellbeing and mental health" See nfer (2013) report, Hilary Grayson "Rapid review of parental engagement and narrowing the gap in attainment for disadvantaged children" See DCSF Research Brief (2007), Harris and Goodall, "Engaging parents in raising achievement – do parents know they matter?"

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				beyond a tendency to locate problems and criticism in the other, towards greater transparency and action that places the needs of the child centre stage.	
55	SCM2	Key area for quality improvement 4 Pupil voice	Children and young people have a right to understand the rules and processes that govern their experience of school interventions, in respect of both universal and targeted activity.	Without informed consent and opportunities to give feedback in relation to their experience of interventions it is possible to do harm to young people, as well as to deny opportunity to help improve provision. It is important to gather qualitative feedback from young people as well as feedback in the form of outcome measures.	See NICE Social and emotional wellbeing in secondary education See IPPR report Education, Education, Mental Health
56	SCM3	Key area for quality improvement 3: Consistent and high-quality universal services and curriculum provision to improve health and wellbeing in school settings e.g. the Healthy Child Programme, PSHE education and age-appropriate relationships and sex education/ relationships education (RSE/RE)	Evidence suggests that education providers should offer a curriculum that promotes positive behaviours and successful relationships School Nurses, with partner agencies have a crucial role in positive mental health promotion within a family context and ensuring emotional health and wellbeing is promoted and seamless services are provided.	There is a need to ensure universal services and education providers can effectively promote mental health, wellbeing and healthy relationships e.g. supporting delivery of high quality school health services and how best to secure good quality teaching for all pupils through PSHE and RSE/RE.	Public Health England (2016) Healthy child programme 0 to 19: health visitor and school nurse commissioning Department of Health and Social Care (2017) Transforming children and young people's mental health provision: a green paper NICE (2008) Social and emotional wellbeing in primary education, London: National Institute for Health and Care Excellence. NICE (2009) Social and emotional wellbeing in secondary education, London: National Institute for Health and Care Excellence.

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57	SCM3	Key area for quality improvement 5: Involve and consult children and young people and their families on a regular basis to understand the factors that help improve, or prevent achievement of, their health and wellbeing potential.	Key elements of the whole school approach involve giving children and young people a voice and creating partnerships with parents, carers and local communities. Involving children and young people in the design, planning and delivery of interventions, such as physical activity opportunities, will help to make them more acceptable and effective. There is evidence of the importance of involving young people in the creation, delivery and evaluation of training and continuing professional development activities in relation to social and emotional wellbeing.	There are examples of good and outstanding practice in areas that involve children and families in shaping services, and have good relationships between the NHS, schools and local authorities, the voluntary sector and professionals, who work together to help children and young people effectively.	Physical activity for children and young people (2009) NICE guideline PH17 Department of Health and Social Care (2017) Transforming children and young people's mental health provision: a green paper
58	SCM4	Key area for quality improvement 5 Ensure schools have mechanisms for including pupils in the design and delivery of both universal and targeted interventions. - This would include satisfaction and improvement surveys. - Pupils having a role in the delivery of some interventions, such as peer mentoring. - Mechanisms in which pupils can voice their concerns and ideas with staff.	Articles 12 and 13 of UNCRC state that the views of children and young people should be respected, and that children and young people have freedom of expression. This includes the right to be included and have a say in all matters affecting them. The result of fully including children and young people in the design and delivery of services is that the interventions will be better adapted to the pupil population and therefore are more likely to show better outcomes. It would also give pupils the opportunity to develop skills in communication, group working and problem solving, skills which are essential in work settings. By giving children and young people a voice it	From speaking to children and young people it seems that some schools are very good at including pupil's opinions, ideas and criticism, however other schools are not very proactive in listening to the pupil voice. Children and young people are entitled to be listening to and included in matters affecting them and therefore needs to be part of the school ethos.	Department of Education (2014) Listening to and involving children and young people. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/437241/Listening_to_and_involving_children_and_young_people.pdf

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			empowers and helps develop confidence, important factors in resilience.		
59	SCM4	Additional developmental areas of emergent practice			Time to Change Children and young people programme. Find info here; https://www.time-to-change.org.uk/about-us/what-are-we-doing/children-and-young-people
60	SCM6	Key area for quality improvement 3	Use single point of contact/ peer led support (i.e. another parent) role within a school to assist with parenting and emotional development that included 3 monthly follow up to encourage good mental well being, parents in a local community (bottom up approach).	Many families and schools may feel ill-equip to deal with ongoing emotional difficulties and balancing their teaching demands. Many parents experience high levels of anxiety and fear stigma when school staff get involved that have no lived experience and knowledge of the mental health care system.	
61	SCM6	Key area for quality improvement 1	Appropriate family intervention/engagement to manage parenting/relationship of primary school aged children with difficulties and social activities where parent is reporting living with long term emotional distress / diagnosed 'mental illness' and/or where the child is a young carer.	Young carers and parents access separate support from different agencies and the social - emotional support is fragmented. Use of a 'care partner' or 'peer led support' from third sector/charity that can use lived experience of mental illness.	See Carers Trust: https://carers.org/about-us/about-young-carers
Additional area - Staff morale and wellbeing					
62	Royal College of General Practitioners	Key area for quality improvement 3 Improving staff morale		Stressed teachers mean stressed pupils	Gann N, What can schools do about declining staff morale? *The Guardian* 4/1/2013

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63	Royal College of Psychiatrists	Staff wellbeing and culture of practice	Schools to be supported to develop a culture of supervision, reflective practice and peer support within their staff teams, and promoting wellbeing across the entire staff team, to ensure that staff are able to support the emotional needs of the students within their school		
64	SCM2	Key area for quality improvement 5 Staff training and wellbeing	School staff have far greater regular contact with children and young people than any professional group. They function as role models, attachment figures and provide nurture/authority. Some also provide pastoral interventions. They also notice early and subsequent signs of distress and mental health problems, and can ensure that the right help is offered at the right time.	Lack of emphasis on mental health issues for pupils and staff in teacher training mean that many staff lack the necessary knowledge and skills to identify, support and work with pupils with mental health needs and problems. It will not be possible to implement and achieve the wellbeing and attainment potential of a whole school approach without the active contribution of all members of staff. The effects on staff of both working with pupils with difficulties, alongside the day-to-day pressures of the job can place the mental health of staff at risk, impacting on their ability to teach and support pupils, and leading to sickness and resignations. School staff (and therefore pupils) require “fit for purpose” training and line management/supervision that recognizes the impact of stress and anxiety on the wellbeing and performance of staff. It should also address and counter the	See NICE Social and emotional wellbeing in secondary education See IPPR report Education, Education, Mental Health See DOH Framework (2016) Mental Health Core Skills Education and Training Framework

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				presence and impact of continuing stigma in relation to mental health difficulties.	
Additional area - Training					
65	Royal College of General Practitioners	Key area for quality improvement 4 Improving ability of teachers to offer interventions to younger pupils		Younger pupils cannot verbalise their worries but can draw and let teachers into their imaginary world	Diplomas of counselling using creative arts courses and so on.
66	Royal College of Psychiatrists	Training	Adequate training for staff across schools in being able to understand CYP mental health, and for specific staff to have sufficient training to be able to ensure CYP can be referred and receive access to appropriate support as and when needed.	This training should also enable staff to be aware of vulnerable groups of young people, and to be able to think about how these groups may need targeted support through potentially less stigmatising settings such as school/youth groups etc. This will mean that mental health can be properly taught at schools as well. One solution would be minimum expectations of what is taught on PGCE courses- but as these courses are so packed we need to encourage a complete rethink of the training.	
67	Royal College of Psychiatrists	Understanding the Evidence	Staff to be equipped in understanding how best to commission evidence based mental health support (e.g. counselling) for their schools, and to feel confident in evaluating the impact of what is delivered in their school. Likewise, to ensure that this support can speak seamlessly to what is offered and provided by the local CAMHS.		

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68	SCM1	Mental Health First Aid training for school communities should be given parity with physical health first aid. Physical health first aid in-service training is mandatory for teachers in schools -	Since mental ill health is potentially fatal, as evidenced by self-harming and suicide among schoolchildren, it is only logical that mental health first aid training and suicide prevention training need to be given at least as high a priority as physical health first aid training.	Over 200 schoolchildren die by suicide every year (Office for National Statistics figure).	
69	SCM1	Mental ill health and suicide prevention awareness training needs to be rolled out to whole school communities – not just teachers.	Admin and catering staff, along with learning support assistants, volunteers, students and sports coaches, may often be better placed to spot the signs of mental ill health among pupils and students – and support them - than hard-pressed teachers.	In a 2017 YouGov poll, commissioned by PAPYRUS – the national charity dedicated to the prevention of young suicide – revealed the lack of confidence among teachers to support their students' mental health. Only 48% of classroom teachers polled (804 in total) expressed confidence in supporting a student who had shared suicidal thoughts with them.	
70	SCM3	Key area for quality improvement 4: Ensure that the all staff groups working with children and young people in school settings are equipped and suitably skilled to understand their role and act to improve health and wellbeing	There is evidence that education providers should integrate social and emotional wellbeing within the training and continuing professional development of practitioners and governors.	Training and continuing professional development will help to ensure that practitioners and educators have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing. Establish continuing professional development programmes for people involved in organising and running formal and informal activities will support improved health and wellbeing.	NICE (2008) Social and emotional wellbeing in primary education, London: National Institute for Health and Care Excellence. NICE (2009) Social and emotional wellbeing in secondary education, London: National Institute for Health and Care Excellence. Physical activity for children and young people (2009) NICE guideline PH17
71	SCM6	Additional evidence sources for consideration	Psychological training with peer involvement for teachers to help		

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			identify children at risk of emotional distress of where there has been bereavement from suicide. (health promotion tackling the stigma of suicide).		
Additional area - Oral health					
72	PHE	Oral health	Oral health is an important aspect of a child's overall health status and of their school readiness. Poor dental health impacts not just on the individual's health but also their wellbeing and that of their family. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, speech, sleeping, low self-esteem, and socialising (PHE, 2018). 23.3% of 5 year olds have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Tooth decay is largely preventable yet it remains a serious problem. Findings from Public Health England's (PHE's) National Dental Epidemiology programme for England: Oral health survey of five year old children (2017) showed that in 2017 in England, almost a quarter (23.3%) of 5 year olds had experienced tooth decay, having on average 3 or 4 teeth affected. The		Child dental health: applying All Our Health, Public Health England, 2018 Delivering better oral health: An evidence based toolkit for prevention, Public Health England 2014 Health matters: Child dental health, Public Health England, 2017 Commissioning better oral health: An evidence-informed toolkit for local authorities, Public Health England, 2014 Dental Public Health Intelligence Programme, Public Health England, accessed May 2018

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			vast majority of tooth decay was untreated. Tooth decay is the most common condition for hospital admission for 5 – 9 year olds (2012-2013). There is a wide variation in the prevalence of tooth decay. The areas with poorer dental health tend to be in the north and in the more deprived local authority areas. The most recent data for 5 year olds shows that 43% of variation can be explained by deprivation, with 34% of 5 year olds in the most deprived quartile affected, compared with 14% in the most affluent. Vulnerable groups of children and young people such as young carers and those in the criminal justice system may experience additional risk of poor oral health.		
Additional area - Online mental health interventions and intervention development					
73	Calderdale Council	Key area for quality improvement 5 Personal contact	A recent review of online mental health promotion and prevention interventions for adolescents found that such programmes typically have high rates of non-completion, and that the inclusion of face-to-face and/or web-based support was an important factor in programme completion and for clinical outcomes. These recent findings support those of an earlier review which found that adolescents expressed a preference for face-to-face mental health information and support.	In a recent engagement exercise to inform the remodelling of local public health provision for children and young people, there was a clear preference amongst the 1,776 school-aged survey respondents to access support, information and advice in person, face-to-face, and ideally in small-groups or individually, rather than using digital technologies. Follow-up qualitative investigation found a preference for classroom based sessions for general health	

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				and wellbeing information, and one-to-one support for individual advice and guidance.	
Additional area - Monitoring and measuring interventions					
74	Association for Family Therapy and Systemic Practice (UK)	Key area for quality improvement 4	Proposals should be mapped against existing guidance and inspection frameworks to ensure consistency and reduce unnecessary tensions and burdens on staff and students.	NICE guidance should fit with other relevant guidance and inspection frameworks	
75	Association for Family Therapy and Systemic Practice (UK)	Key area for quality improvement 5	Interventions should have a robust outcome monitoring, review and action planning process. It is not sufficient to have brought in an intervention – it must be demonstrated whether that intervention is working for children and young people, and what the process is to modify and adjust when the expected outcomes are not achieved.	Education settings should be able to show accountability through regular monitoring, review, action plans and outcomes.	
76	Royal College of Psychiatrists	Measurement	There are so many different and interesting innovations being tried in schools, and yet, so few have a good evidence-base.	We therefore need to find a way to really emphasise the development of this evidence-base by facilitating schools conducting any mental health interventions to measure the impact of what they are doing. The best way is for a suggestion of maybe 5 questionnaires that the schools can then choose one or two to capture the mental health measures they are most interested in improving: for example the SDQ; RCADS; sMFQ; and a couple of whole school measures. This way we	

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				can ensure some uniformity in the evaluations and some sense can be made of the data gathered. Furthermore, making readily available to those trying to evaluate the interventions school attendance, attainment and 'incident' data (on bullying and violence) will be crucial. In an ideal world, we would also be able to link the school identifiers with NHS numbers and then we can finally start to build a good quality database. And obviously an expectation that some form of measurement of impact does actually take place.	
77	SCM2	Key area for quality improvement 1 Strategic Framework	The responsibility for funding, oversight and development of school based interventions is shared between numerous national and local agencies. The move to academization, multi-agency trusts and the development of a competitive market for health interventions has added to the challenge of mapping, planning, commissioning and evaluating services in a systematic way. Evidence for the effectiveness of interventions is continuously reviewed and updated by a number of statutory, voluntary and academic organizations. Without good local multi-agency relationships and strategic planning it is unlikely that evidence of effective practice will be	Schools have been accorded increased levels of autonomy in all areas of school life, including physical and mental health wellbeing. They have been subject to financial pressures, as have Specialist CAMHS provision. Government policy since 2010 has given priority to academic attainment as a primary measure of school effectiveness and responsibility, which is reflected in the Ofsted inspection framework. The commissioning environment has increased in complexity. Whilst wellbeing and mental health in school has reduced in priority, there has been an increase in the levels and severity	See NICE Social and emotional wellbeing in secondary education See IPPR report Education, Education, Mental Health

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			translated into practice in schools and local providers.	of mental health problems experienced by children and young people in the UK. The government has proposed to respond to this by improving communication between schools and specialist CAMHS, and embedding teams of mental health practitioners in schools. In the meantime there is a wide variation in the quality of support for mental health between individual schools and areas. Strategic planning informed by detailed mapping of current practice and provision in every school, good communication and relationships and use of high quality local provision brings the potential of significant improvement in the quality of support for pupils with mental health problems, some of which can be achieved without extra funding. It would also increase the likely effectiveness of embedded mental health practitioners. Strong strategic relationships and planning will also enable more effective responses to determinants of mental health difficulties related to socio-economic factors at national and local levels.	
Additional area - Permanent exclusion					

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78	SCM2	Additional developmental areas of emergent practice Prevention of permanent exclusion	Permanent exclusion can have a devastating effect on the wellbeing, attainment and social inclusion of children and young people.	Preventing and breaking cycles of exclusion is a powerful personal and social early intervention, beneficial for pupils, schools, families and wider society. The challenging behaviours of such pupils also has a significant and disproportionate negative impact on fellow pupils and staff. Improving the behaviour and educational engagement and attainment of pupils at risk of exclusion, many of whom will meet the diagnostic criteria for oppositional defiant disorder and conduct disorder, is likely to prevent them from developing further mental health difficulties. It will also reduce the subsequent human and financial costs that go with anti-social behaviour and offending behaviour through the life course.	See Review, Ted Cole (2015) Mental Health Difficulties and Children at Risk of Exclusion in England
Additional area - Inspections					
79	SCM1	Additional developmental areas of emergent practice	If school inspection bodies (Ofsted and ISI) specifically inspected and graded schools and colleges on their effectiveness in supporting the wellbeing and mental health of their pupils and students, then there could be a culture change in many of these these institutions' attitudes and actions in this area. Some schools are already putting their pupils' and students' mental health and		

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			wellbeing at the heart of their mission, but many are not.		
Additional area - Pregnancy and postnatal care					
80	SCM6	Key area for quality improvement 4	Management of pregnancy and postnatal care for women with previous diagnosis of clinical depression and other anxiety related illnesses such as PTSD	GP appointments or midwifery care are presently initiated by the patient. Currently there is no follow up system or assessments to ensure continuation of patient care with a named GP, nurse practioner or community health visitor.	
81	SCM6	Key area for quality improvement 5	Individualised management of pregnancy and postnatal care for women with diagnosis of severe mental illness or other health conditions / complex needs or where there is another family member affected /diagnosed by mental illness	Stress related to a family member experiencing mental illness can affect pregnancy in terms of psychological health, nutrition, diminishing local support networks and social isolation.	
Additional area - Domestic abuse					
82	SCM6	Additional developmental areas of emergent practice	Female and Male survivors of domestic abuse : How can we identify and engage appropriately with parents/carers, teachers and counsellors in the school and social system with a person-centred non-medical/diagnosis approach and one that is based on a parent's assets and strengths. Working on an empowerment model.	Women and men normally seek help from an abusive relationship via local police and referral to women's aid/women's refuge. There is a need for cohesion between school, parents and agency to help improve mental wellbeing and continuity of care. It is important that school age children feel safe and their parents are being supported during the time of transition.	See Women's Aid Website: https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/how-common-is-domestic-abuse/ Childhood affects of exposure to DV
Additional area - Parents accessing mental health services					
83	SCM6	Key area for quality improvement 2	3 monthly follow up for parents accessing NHS Primary and secondary care if caring for primary	As psychiatric medication is rising in the UK population, social stigma of mental illness can	See Nice guidance: https://www.nice.org.uk/guidance/qs115

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			school aged in a low socio-economic household that are prescribed psychiatric medications or have experienced tapering off /changing medications in the past. Side effects also an issue.	cause poor school attendance for primary and secondary school aged children. Fluctuating health conditions of parents, create difficulty gaining transport/commute to school where there is no family support network in the local community.	
Additional area - Variation in services					
84	SCM4	Key area for quality improvement 4 Reduce variation in the interventions available between schools. Ensure it is clear which interventions are effective based on current evidence and that schools and local authorities are aware of which interventions to use and not use in schools. - Local authorities should be held accountable for the interventions available in schools. - There should be a list of interventions which are evidence based which schools should be able to provide, both schools and local authorities should be ensuring pastoral care teams have the staffing numbers and training to provide these interventions.	In terms of equality, we need to ensure all children from any area get the same interventions. It is also important that the interventions provided have a good evidence base for effectiveness to avoid inappropriate treatments being used and wasting moneys.	There doesn't seem to be clear consensus over which interventions should be utilised. From speaking to children and young people there seems to be a wide variation between schools as to quality of the pastoral care and interventions being used.	The progressive policy think tank (2016) Education, Education, Mental health: Supporting secondary schools to play a central role in early intervention mental health services. Available at: https://www.ippr.org/publications/education-education-mental-health
Additional area - Research					
85	SCM2	Development of neuro-science and understanding of the mind/body relationship and implications for pedagogy, schools and therapeutic practice	Greater awareness of brain functioning, as well as the interconnections between mind, body and environment, has implications for all models of mental health modalities, and learning theory more generally.	Mental health practitioners in schools need to be able to articulate to schools, pupils and parent/carers the particular theories and practices that shape their interventions, and what kind of school activity might support/undermine their	See review by Wellcome Trust (2014) "How neuroscience is affecting education:report of teacher and parent surveys"

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				effectiveness. This relates also to questions of professional ethics and who "owns" therapeutic interventions that occur in a school setting.	
No comments					
86	OFSTED	Thank you for your e mail. Having consulted with the schools policy team in Ofsted we have reached the view that while we will of course be interested in the development of any quality standards for schools Ofsted will not be providing a response to the consultation at this time. We also wanted to ask whether you have considered consulting with CQC who may well have views on this matter?			
87	RCN	This is just to let you know that there are no comments to submit on behalf of the Royal College of Nursing in relation to the stakeholder engagement exercise for the School based interventions quality standard.			
88	RCPCH	Please note that we've not received any comments on this consultation			
89	The Society and College of Radiographers	I'm sending this email to say thank you with regards to NICE School based interventions (quality standard). SCoR are not returning a comments form on the grounds that we do really do not have the expertise to reply with a well-informed opinion or evidence. However, a motion was raised at our Annual Delegates Conference this year (pasted below) which demonstrates that this topic really does concern our members. We will look forward to the publication of the quality standards; we hope that they will prove to be an important reference point for concerned radiographers, clinical imaging and radiotherapy staff.		MOTION 38 Subject: Children's Mental Health Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age. The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. UK Council calls on Conference for support to lobby for more child mental health professionals to be trained and employed in schools and the wider community. UK COUNCIL CARRIED	