

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association of Child Psychotherapists (ACP) and Tavistock and Portman NHS Foundation Trust	General	The Association of Child Psychotherapists (ACP) and the Tavistock and Portman NHS Foundation Trust support the expert group's recommendation that this guidance should be updated in order to strengthen its recommendations. We would like to draw the expert group's attention to the following areas:	Thank you for this comment
Association of Child Psychotherapists (ACP) and Tavistock and Portman NHS Foundation Trust	3. Consideration of the evidence and practice	<b>Take-up of school based child psychotherapeutic services by vulnerable families with history of non-engagement</b> It would be important to take into account evidence of the take up of primary-school-based specialised child psychotherapeutic interventions, particularly in relation to children with chronic, complex and severe emotional/behavioural difficulties and their parents, who often have a history of not engaging with services. Children with chronic, complex and severe behavioural/emotional difficulties, who are often from hard-to-reach families, are at high risk of poor academic achievement, school exclusion, social isolation and long-term mental ill-health. Families in areas of deprivation and disadvantage with a high percentage of refugee/migrant backgrounds where parents often have mental ill-health and trauma-related symptoms and - due to powerful worries about stigma and blame - a history of not engaging with agencies, are at high risk of not accessing appropriate Child and	This can be considered within the updating of guidance, and thank you for the references.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

**Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline**

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>Adolescent Mental Health Services (CAMHS).</p> <p>NICE 2008 guidelines 'Promoting Children's Social and Emotional Health in Primary Schools' state that child emotional health protects against later violence, crime, teenage pregnancy, drug misuse and mental ill-health, and recommend targeted specialised intervention for children with emotional difficulties and specialised support for parents. Government research into Targeted Mental Health in Schools (<i>DCFS RR232, 2010</i>) suggests that 10% of children 'experience adverse levels of emotional/behavioural difficulties' while the Wolpert M. et al 2007 'Overview of Child and Adolescent Mental Health Policy and Service Provision in England' found that CAMHS is difficult for families to access and Ford, T. et al (2005) (<i>Service contacts among children participating in British child and adolescent mental health services, Child and Adolescent Mental Health 10 (1)</i>) found that '40% of British children with a psychiatric disorder were not in contact with any relevant service'.</p> <p>Tavistock and Portman NHS Foundation Trust case audit Sept 10–March 11 of a primary school child psychotherapy outreach project, Tavistock Outreach in Primary Schools (TOPS), suggests that families who are particularly vulnerable and hard to reach do take up school based psychotherapeutic services: 1/3 of families of referred children were from refugee/migrant backgrounds; 1/3 of parents had mental health difficulties themselves; 64% of parents had a history of non-engagement with</p>	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>agencies.</p> <p>In five primary schools with TOPS in L.B. Camden, in relation to the 48 children and families referred in 2009/10:</p> <ul style="list-style-type: none"> <li>• nearly 90% of the 1,037 appointments offered were attended.</li> <li>• 41% of families were Black, Asian or of mixed heritage, compared to 22% seen in the local CAMHS clinic.</li> <li>• 50% had social services involvement i.e. were families where children were at risk of harm or in very difficult circumstances.</li> <li>• All referrals fell within clinical range of presenting difficulties i.e. the problems were serious.</li> </ul> <p>Source: Argent, K. and Germuska, J. TOPS Summary Report 2009-10. Tavistock and Portman NHS Foundation Trust.</p>	
<b>Beatbullying</b>	General	<p>The existing guidance, issued in 2008 and subject to the statutory 3-year review, explicitly recognises the role of bullying as a significant detriment to children's wellbeing in primary school and acknowledges the fundamental need for an integrated, whole-school approach to making schools safe and free from violence. It gives a prominent place to the right of children to a voice in consultation and acknowledges the central importance of families and communities in sustaining behaviour change. It recognises the early roots of mental ill health and tracks the well-documented progression from unaddressed mental health issues in early</p>	Yes , we agree.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		life to serious problems in adulthood, resulting in significant costs in both human and economic terms. Conversely, high-quality targeted intervention at an early stage can improve wellbeing and have a substantial positive impact on life chances. The conclusion is clear: early intervention is crucial to promoting good mental health.	
<b>Beatbullying</b>	Research Question (1)	Beatbullying's projects with children and young people, including the youngest, have always utilised self-report data to measure experience and wellbeing. We believe firmly in the capacity of children to represent accurately the truth of their own lives if the tools they are given are appropriate. In response to this our organisation has developed a basic evaluation model of two questionnaires, delivered pre- and post-workshop, to assess wellbeing at baseline and follow-up and to gather children's views on the workshop itself. MiniMentors, our pioneering peer mentoring programme for primary school pupils at KS1 and KS2, uses evaluation tools in which coloured cartoon-like pictures based on the widget characters from the CyberMentors website complement the simply-phrased questions assessing wellbeing across several categories identified by NPC including interpersonal relationships, self-image and feelings of safety. 'Emoticons' featuring strong facial expressions complement the written questions about enjoyment of the workshop in order to make these questions accessible to the youngest children and those less confident with reading and writing. Evaluations of the mentoring interaction are also used to capture data on wellbeing.	Many thanks for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>To monitor changes over time a longitudinal self-reporting tool could be developed from this basis, but it needs to be borne in mind that very young children usually have not developed the capacity to make conscious comparisons across time. Any attempt to measure long-term changes should therefore be sensitive to this. Our evaluations of programmes' efficacy also use data from professionals working with children to measure changes in attitudes, behaviour and wellbeing in the long term, and it would be worth triangulating these findings with reports from parents / carers where appropriate.</p> <p>Self-reported data from both pupils and staff is routinely used in our self-assessments to indicate areas of both good practice and the need for improvement. These findings can be 'plugged in' to an economic conversion model such as SROI to yield an estimate of projected savings. Some of the headline results from our most recent MiniMentors Monthly Report show that:</p> <p>Overall, 84 per cent of beneficiaries reported that the workshop was 'great'</p> <p>The majority now know how to stay safe online (91.4%), 90.2% reported improved friendships and relationships, and 87.0% reported enhanced empathetic awareness</p> <p>More interestingly, perceptions towards friendships and relationships improved significantly from 1.26 to 1.12.</p>	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>Overall, all teachers and educational professionals (100%) rated the programme as 'excellent' or 'good'</p> <p>On average, beneficiaries trained as MiniMentors reported enhanced levels of overall well-being from 1.24 (baseline) to 1.23 (follow-up)</p> <p>More interestingly, perceptions towards friendships and relationships improved significantly from 1.26 to 1.12.</p>	
<b>Beatbullying</b>	Research Question (2)	<p>Peer mentoring with primary school children is not yet as widely practiced as it is in secondary schools, and where it is used it is generally with the oldest year groups only. However, where the principle of peer support is implemented in properly run schemes – whether this is mentoring, mediation, 'circles of support', or playground monitoring programmes where children are trained to look out for one another – the indications are that it has a substantial positive impact on the wellbeing of all children involved. Beatbullying's MiniMentors programme is an adaptation of the highly successful CyberMentors peer mentoring scheme for the use of much younger children both on- and offline; both models are based on the principle that children and young people are both capable of and willing to support each other. While adult support is vital, many young people would rather open up to someone their own age who are likely to understand the situation in a different way from a parent or teacher.</p>	<p>The updating of the guidance will review the evidence on peer mentoring, including any economic evidence.</p>

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>Another very important aspect of peer mentoring is the responsibility that it places in the hands of children. Our experience has been that children and young people entrusted with this responsibility cherish it, rise to it and rarely misuse it.</p> <p>Some sample questions and activities from our MiniMentors' Handbook:</p> <p>"I will be a great MiniMentor because..."</p> <p>"Draw what a good friend could look like."</p> <p>"Now choose words that might describe what your friend is like on the inside and write them around the picture."</p> <p>"What is bullying?" [Some simple descriptions follow.]</p> <p>"Am I hurting someone?"</p> <p>"What technology do you use?"</p> <p>"Jack tells you that he has had some horrible texts... What advice could you give him?"</p> <p>"Who would you tell?"</p>	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Peer support schemes of this kind represent an effective intervention that is relatively inexpensive. It capitalises on resources and capability that already exist, within an existing environment, and once set in place by professional trainers can be sustained from within. The long-term benefits of early social and emotional wellbeing interventions both in human and economic terms are well documented, most recently in the LSEPS report <b><i>Mental Health Promotion and Mental Illness Prevention: the Economic Case</i></b> which has found the financial savings to the state and society from early mental health-related interventions to be significant even when calculated on the most conservative estimates.	
<b>Beatbullying</b>	Research Question (3)	MiniMentors is an all-inclusive peer mentoring scheme that seeks to nurture the social and emotional development of primary school children, including the most vulnerable, through strengthening support networks within and between schools, families and communities. Without specifically targeting particular ethnic or social groups, the scheme has been implemented in a number of communities facing higher than average levels of socio-economic deprivation and in many schools with a high proportion of pupils from officially identified vulnerable groups, including those from certain BME communities, those with SEN, those receiving free school meals and those in difficult family circumstances. The scheme's emphasis on friendship and community encourages children to build on the similarities between people while respecting their differences. The	Thank you for this information

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*



## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		priority of creating a safe environment where children feel supported, respected and cared for could be expected to have a positive impact on all children, but in particular on those who are experiencing difficulties.	
<b>Beatbullying</b>	Research Question (4)	The central strength of our primary-school peer mentoring scheme is its community network. Parents and carers have been involved from the outset in designing and shaping the programme in collaboration with MiniMentors trainers and school professionals. The programme actively solicits the contribution of parents, recognising the value of their experience and views. This approach helps to build a mutually respectful community rather than a 'top-down' approach which assumes expertise on only one side and could rightly be regarded as patronising. Genuine, respectful inclusion is a vital part of any community-based programme but it may be especially important in disadvantaged communities, where parents are more likely to feel excluded from the decision-making process. This inclusive approach can help to break down the barriers of 'us and them' with professionals on one side and laypeople on the other. Furthering this, as MiniMentors develops there will be a sub-platform on the website for parents / carers to access mentoring themselves from other parents who have undergone training, and to discuss issues with teachers. This should strengthen the bonds between home and school and help parents to develop their skills for supporting their children's emotional intelligence; in addition, it should lead to increased understanding on the part of teachers as to what is going on in pupils' home lives. The scheme	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		aims to implement a positive cycle whereby positive change in individuals strengthens the community and this change in turn strengthens individuals.	
<b>Beatbullying</b>	Research Question (5)	The development of the MiniMentors programme was undertaken in coalition with hundreds of children through focus groups, evaluation forms and online interaction. Our organisation has found that children usually greatly enjoy participating in these and are very eager to tell us what they have experienced and what they think. Making evaluation tools colourful and accessible ensures that children's interest is kept engaged. In our experience, soliciting the views of children and young people and taking them seriously, but ensuring that this is done in a child-friendly way, is key to effective involvement. Consistency in seeking children's involvement at every stage, from inception to follow-up, is crucial both in keeping them genuinely engaged and in avoiding token-only participation. The core purpose of the peer support scheme is to equip children and young people to help each other, looking to adults for support but trusting themselves and each other.	Thank you for this information.
<b>British Psychological Society</b>	General	We note that the recommendation is to review the guidance at this time, and the Society would not disagree with this recommendation	Thank you for this comment.
<b>Changing Faces</b>	General	Working with children with disfiguring injuries, conditions and illnesses, who face particular social and psychological challenges at school, and their classmates and teachers, we strongly endorse the availability of this	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

**Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline**

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		expert and authoritative guidance for promoting social and emotional well-being in primary education.	
<b>Changing Faces</b>	<i>Comprehensive programmes - Recommendation 1</i>	<p><u>Clearer targeting of recommendations</u></p> <p>For example, under <i>What action should they take?</i> the recommendations to create an ethos and conditions that support positive behaviours for learning and for social relationships, and which provide an emotionally secure and safe environment that prevents any form of bullying or violence, are excellent.</p> <p>However, Headteachers need to take quite different action from teachers so we suggest it is not helpful to group them together under <i>Who should take action?</i> Whole-school ethos and whole-school environment etc are the particular responsibility of Headteachers and governors.</p> <p>We therefore recommend moving away from the grouped list of people working in and around education and away from the list of organisational bodies given under <i>Who should take action?</i> (Also worth avoiding as the institutions and bodies concerned with education in England particularly are prone to constant change.) Instead, it will be most effective to link recommendations for action to the roles in which resides the competence and authority to take that action.</p> <p>There is now such a wide variety of types of school across England, with varying degrees of independence from Local Authorities etc, that we believe addressing headteachers specifically is the most effective way to ensure recommendations are acted upon.</p>	Thank you for this useful information and suggestions which can be considered in the updating process.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Heads can then ensure that their staff are adequately trained and skilled for this important aspect of their work with the children in their care every day, and can also ensure that suitable links are maintained with the other educational bodies relevant to their particular school, and to the relevant health delivery people and organisations in their particular area.	
<b>Changing Faces</b>	<i>Comprehensive programmes - Recommendations 1,2,3</i>	<p><u>Examples of good/best practice</u></p> <p>School staff face a peculiar challenge when implementing expert advice which comes - or is perceived as coming - from a medical expertise. We suspect that teachers are apt to imagine that much more is expected of them (including actions outside their education role) than is actually the case. We have found that this barrier to effective action is readily overcome by the reassuring presence in the text of brief case examples which form a ubiquitous component of professional communication in education.</p> <p>We therefore recommend the inclusion of brief case examples showing what effective actions are recommended.</p> <p>The case example needs to outline a difficulty which the teacher will recognise as likely to arise for a child they work with (or which already has), and then to outline what action was taken and by whom, to improve the situation for the pupil concerned. Please see example (re disfigurement) in box below.</p>	Thank you for this suggestion.
<b>Changing Faces</b>	<i>Comprehensive programmes</i>	Please see preceding box explaining our recommendation for the use of brief case examples to enable headteachers to envisage how their staff	Thank you for this suggestion.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

**Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline**

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	- <i>Recommendation 1</i>	<p>could implement policies to improve children's social and emotional well-being.</p> <p>By way of an example, here is a case example from a handbook for teachers of a pupil with a disfigurement who is therefore especially vulnerable to social isolation and to being viewed negatively by classmates. Without the teacher's firm and appropriate intervention things can quickly go from bad to worse in a classroom setting.</p> <p><i>Case study:</i> Ahmed, five, had one ordinary arm. The other arm stopped, with no hand, at his elbow. His prosthetic arm hung at his side, unused. The occupational therapist observed, in sessions with Ahmed, that without the prosthetic arm in place, he used his 'short arm' for things like holding paper steady when he was writing. It was agreed that he should have more choice about whether or not to wear his prosthetic arm at school.</p> <p>Staff noticed that several children became noisy around Ahmed at playtimes. One girl refused to sit next to him and became distressed when the teacher tried to insist. The next day, the girl's mother complained: Layla had not slept all night, terrified of the dragon who came and bit off the arms sleeping children who'd been naughty. She hadn't sat next to Ahmed and that was naughty so she dare not go to sleep.</p> <p>Another of Ahmed's classmates finally explained that when Ahmed's arm had suddenly disappeared that's what she'd thought must have happened.</p> <p>"We had a gentle talk with Ahmed's parents. They'd never known</p>	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

**Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline**

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>what to tell their son about his arm and were obviously troubled by this. In the end the OT took advice and suggested referring to it as his 'short arm' and explaining that it was just the way he was born. We all went with that and did some other activities with the children about all being different and all having things in common (Described elsewhere in the handbook). What we've learnt is that if you don't have answers ready, the children will devise their own."</p> <p>(Frances, J. (2004) <i>Educating Children with Facial Disfigurement – Creating Inclusive School Communities</i> London: RoutledgeFalmer, p32)</p>	
<b>Changing Faces</b>	<i>Comprehensive programmes - Universal approaches Recommendation 2</i>	We strongly endorse the existing recommendation for the development of social and emotional skills to be integrated across the curriculum, and for teachers to be equipped with the knowledge, understanding and skills to do this and to manage behaviours and build successful relationships.	Thank you for this comment.
<b>Changing Faces</b>	<i>Comprehensive programmes - Universal approaches Recommendation 2</i>	We also strongly endorse the recommendation for integrated activities to support the development of social and emotional skills and well-being and to prevent bullying and violence in all areas of school life. We would recommend the inclusion here of additional information and guidance highlighting the relationship between bullying and other 'social' interactions between children with special educational needs. (e.g. Frederikson, N. (2010) 'Bullying or befriending? Children's responses to classmates with	The updating of the guidance will consider the recent evidence, and thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>special needs' <i>British Journal of Special Education</i> Vol. 37, No.1, 4-12)</p> <p>Classroom practices which foster children's ordinary social interactions together, especially so that 'mainstream' children who do not see themselves as having any special needs learn how to get on all right socially with classmates who are seen to be 'special' or 'different' in various ways, are of great value in reducing stress and anxiety, and ostracism bullying associated with difference and inclusion.</p> <p>For example, we recommend to teachers a simple 'social skills audit' which we have developed over several years to be used by a member of staff or by the (older) pupils themselves to identify social skills which need learning and practicing. (See next box, below). Of particular importance are social skills for interacting with a classmate who finds it difficult to speak and be understood (e.g. because of a severe cleft), or to interact socially at all (e.g. because of autism) or who has severe burn scars which tend to make people stare and or/look away. Otherwise the situation will persist (through secondary school and into adulthood) where the onus is always on the pupil with special needs or a disfigurement to learn better social skills to 'manage' other people's (inappropriate - unschooled) responses to their unusual appearance.</p>	
<b>Changing Faces</b>	<i>Comprehensive programmes</i> - <i>Universal</i>	<p>This social checklist relates to comments in preceding box.</p> <p><b>Social skills that all children and young people should acquire:</b></p>	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	<i>approaches Recommendation 2</i>	<p>Greeting known adults by name  Greeting familiar children by name  Greeting unfamiliar peer and exchanging names  Making eye contact  Using people's names when talking about them  Smiling  Asking to join in a game that others are already playing  Asking someone else if they would like some help  Suggesting a game or activity  Starting a new conversation  Introducing a new subject, e.g. with a question  Ending an encounter or a conversation  Do these with someone (new) who has a  Disfigurement</p> <p><b>Key skills for a pupil who looks different:</b>  Answering a question about unusual appearance  Responding to unvoiced curiosity, e.g. staring, with  information  Moving the conversation on after a few words about  unusual appearance</p>	
<b>Changing Faces</b>	<i>Comprehensive programmes</i> -	Again we strongly endorse all the actions recommended in this section. However, we suggest including examples, tools etc to help teachers identify and assess early signs of anxiety, emotional distress and	Thank you for these suggestions.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*



## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	<i>Targeted approaches Recommendations on 3</i>	behavioural problems. This is particularly important for children who have conditions, injuries and illnesses which may have a big impact on the social and emotional experience of being at school - which impact may be impossible for the child to articulate. (Lewis-Jones, S. (2006) 'Quality of life and childhood atopic dermatitis: the misery of living with childhood eczema' <i>International Journal of Clinical Practice</i> , Vol. 60, No. 8 984-992) or for whom the cumulative experiences of growing up with a cranio-facial condition may be socially disabling (Rubin, K.H. and Wilkinson, M. (1995) ' <i>Peer rejection and social isolation in childhood</i> ', in R.Eder (ed) <i>Craniofacial Anomalies: Psychological Perspectives</i> , New York: Springer-Verlag.	
<b>Changing Faces</b>	3 <i>CONSIDERATIONS Section 3.1</i>	The need is mentioned for support for pupils with special needs, within a paragraph which emphasises the importance of a supportive and secure environment and an ethos that avoids stigma and discrimination. We recommend additional guidance which acknowledges that most 'mainstream' children, who do not see themselves as having 'special needs' show a preference for other children whom they do not perceive as having special needs. This extends noticeably to 'visible differences' - so much so that the EHRC has brought out a report specifically on 'Prevention and response to identity-based bullying among local authorities in England, Scotland and Wales (EHRC Autumn 2010). Other research shows that children will actually dislike pupils with physical disabilities and disfigurements, (Harper, D.C. (1999) <i>Social psychology of</i>	Thank you for this comment. This can be considered in the updating process.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>difference: stigma, spread and stereotypes in Childhood, Rehabilitation Psychology, 44/2, 131-144) even when the difference is 'only' a squint (Mojon et al, 2010, 'Strabismus and discrimination in children: are children with strabismus invited to fewer birthday parties?' <i>British Journal of Ophthalmology</i> Published online August 2010  <a href="http://bj.o.bmj.com/content/early/2010/07/30/bjo.2010.185793">http://bj.o.bmj.com/content/early/2010/07/30/bjo.2010.185793</a></p> <p>Therefore we recommend more specific guidance concerning the development and maintenance of an ethos that avoids stigmatisation and discrimination, clarifying the need to understand and address prevailing negative and rejecting (mis) perceptions in order to do this.</p>	
<b>Changing Faces</b>	3 CONSIDERATIONS Section 3.16	While all the considerations listed are important, we especially endorse the need for basic and ongoing training for teachers and practitioners to promote young children's social and emotional wellbeing, provided by relevant training and education organisations.	Thank you for this information.
<b>Changing Faces</b>	4 IMPLEMENTATION	As mentioned elsewhere, in view of the propensity for new governments to re-organise, close down and otherwise revise organisations of all kinds and national and local level, and likewise for policy initiatives to come and go, this public health guidance will be most effective, over time, if it can be framed so as not to specify particular structures and organisations which may at one stage be responsible for whole swathes of duties concerning the wellbeing of children, but may, in another year or two, not exist at all.	This comment is well made; the updating process will need to address this issue.
<b>Changing</b>	Appendix B	We believe that the absence of direct educational research is a weakness	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Faces</b>	Identifying the evidence	<p>in this guidance which is largely aimed at improving the work of education professionals working in primary education concerning the social and emotional wellbeing of the children they teach. We therefore recommend, for a start, an important resource akin to a database which resides in the work of Colleen McLaughlin, Richard Byers and Rosie Peppin Vaughan, at the University of Cambridge Faculty of Education, who created and published, in conjunction with the Anti-Bullying Alliance, and for the Department for Education, a comprehensive literature review and discussion called 'Responding the Bullying among Children with Special Educational Needs and/or Disabilities (July 2010).</p> <p>The Institute of Education in London should also be able to furnish NICE with suitable Education research findings on all educational aspects relating to social and emotional health in primary schools, for NICE's important work developing improved guidance for this vital dimension of primary education.</p>	
<b>Changing Faces</b>	General	<p>By way of summary, we recommend that the revised guidance be made more accessible and imperative for headteachers, teachers and other staff working in schools, but drawing upon and citing educational research where possible, by sharpening recommendations through role-specific recommendations for who needs to do what, and by supplementing recommendations with case examples.</p> <p>We thank you for the opportunity to contribute as a stakeholder to this</p>	Thank you for your useful comments.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		consultation.	
<b>City of York Council (written by York Social and Emotional Wellbeing Group (SEWG))</b>	P6 Recommendation 1	<p>Agree fully</p> <p>Our schools have also noticed greatest impact when there is a whole school approach with shared aims, language and focus. This needs to be led and modelled by senior leaders.</p> <p>Family SEAL workshops have been effective in engaging parents/carers and developing their awareness and understanding of the SEAL ethos and skills</p> <p>The recognition that schools needs to provide emotionally safe environments free from bullying or violence is welcomed, especially with the new OFSTED framework highlighting this area. The importance of gaining pupil perceptions of bullying is a key part of the process to enable schools to target interventions effectively.</p> <p>Whole school training is more effective than one person disseminating – gives opportunity for discussion and consideration</p>	Thank you for this comment and information.
<b>City of York Council (written by York Social</b>	P8 Recommendation 2	<p>Agree fully</p> <p>The schools that develop children S.E.W most effectively, develop these</p>	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
and Emotional Wellbeing Group (SEWG))		skills through a cross curricular approach.  Advisory Consultants for Behaviour and Educational Psychologists are well-placed to offer training to teachers, and in particular newly qualified teachers and practitioners, to develop their skills in managing the social, emotional and behavioural needs of pupils.	
City of York Council (written by York Social and Emotional Wellbeing Group (SEWG))	P9 Recommendation 3	Agree fully  The Emotional Literacy Support Assistant Programme (ELSA) has been instrumental to identifying and assessing early signs of social and emotional difficulties in York and has further enhanced education's relationship with CaMHS – leading to more accurate assessment and more timely intervention.  Need to develop the skills of all staff within the setting and have clear guidelines and procedures for reporting and monitoring these concerns – particularly in relation to p13 3.3 that all children may experience some difficulty at some point and early intervention may prevent things escalating.  The Silver materials within the primary SEAL resources have been useful in giving staff a basis for preventative work.	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		Would be useful if the content of the 'Everybody's business' CD ROM or the resources from the IDP (BESD) were disseminated more widely – Education and CAMHS in York are providing opportunities to share these resources.	
City of York Council (written by York Social and Emotional Wellbeing Group (SEWG))	P10	In addressing children and young people showing early signs of anxiety and depression, it is important to consider the positive impact of early intervention from staff (or mentors) with effective active listening skills who can offer solution-focused conversations.	In updating the guidance we will consider the evidence.
City of York Council (written by York Social and Emotional Wellbeing Group (SEWG))	P11	Specialist staff for LAC, including Educational Psychologists and Specialist Teachers, can support schools in recognising the mental health issues for this vulnerable group of pupils.	Thank you for this comment.
City of York Council (written by York Social and Emotional Wellbeing Group (SEWG))	P 14 3.7	SEAL has been widely adopted in York and it would be useful for the resources to continue to be further developed nationally as well as locally.	NICE guidance updating will need to consider the changing policy context with respect to SEAL
City of York	P15 3.11	Would be useful to emphasise the long term cost effectiveness and	Thank you for this useful

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Council (written by York Social and Emotional Wellbeing Group (SEWG))</b>		benefits of this work, compared to likely outcomes without the investment. Working examples of costings would be helpful.	suggestion.
<b>Department of Health</b>	General	Given the change of Government, publication of Public Health and Education white papers, mental health strategy etc., we feel that there is a need to re-locate this guidance in an up to date policy context. Could you please consider this.	Yes , we will do this, and would welcome the opportunity to discuss this with you.
<b>Department of Health</b>	General	In our view, the approach of the guidance is the right one: whole-child and whole-organisation and link in to Healthy Schools and SEAL.	Yes, this is shown to by the evidence to be the most effective approach.
<b>Department of Health</b>	General	We are rather concerned that there has been very little feedback on the existing guidance. We are not aware of schools making any use of it. Could you please therefore clarify whether there is any demand for a revision from the intended audience.	Although we do not have mechanisms for assessing the uptake of our guidance nationally, we have received much positive feedback on the guidance, from different areas of the country.
<b>Department of Health</b>	General	Addressing the issue of usefulness to schools, the present guidance appears to be too high level to have utility. Perhaps a revision may wish to look at offering a view on the effectiveness of various interventions. Could you please consider this.	We anticipate that the updating of the guidance will consider a broader range of evidence that will enable more specific

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations to be made.
Family Links	P 8. Universal approaches	Ensure effective liaison and preparation with pre school and secondary providers to facilitate a smooth transition to the new setting.	Thank you for this comment.
Family Links	p.8	All support staff, including lunchtime colleagues should be trained in behaviour management methods to help de-escalate confrontational behaviour and reinforce co-operative relationships	Thank you for this comment.
Family Links	p.10 (3 <sup>rd</sup> bullet, 1 <sup>st</sup> arrow)	Solution focused group sessions .... (instead of problem focused).	This point is well made.
Family Links	p.10 new bullet	All support staff, including lunchtime supervisors should be trained in how to deal with the specific needs of pupils receiving a targeted approach from trained professionals.	We can take account of these comments in the updating process.
Family Links	3.13 (p15)	Transition from primary to secondary school is a time of particular vulnerability for all children, especially those with emotional and behavioural difficulties. It is sound practice to prepare all pupils for this new phase of education throughout their final year at primary school within the emotional health curriculum.	
Family Links	3.13	It is important for secondary staff to understand how to follow on from the primary emotional health curriculum in order to support effective transition to the setting. This should involve training for year 7 tutors in how to support these needs appropriately.	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*



## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Family Links</b>	Recommendations for research, additional point 6. (p 18)	What are the most effective ways of ensuring a positive and secure transition for all pupils from primary to secondary school.	
<b>Family Links</b>	Additional Comment	Secondary transition is key to promoting children's social and emotional wellbeing in year 6 primary education ready to support through into the secondary transition	
<b>Humber NHS Foundation Trust</b>	3	Strongly agree with need to consider identifying impact on children of a parent's mental health or substance misuse issues within his context	Thank you for this comment.
<b>Humber NHS Foundation Trust</b>	3	Combining NICE guidance for secondary and primary school aged children into one document would be beneficial	Thank you for this comment.
<b>Humber NHS Foundation Trust</b>	3	Making explicit needs regarding transition (into school, primary to secondary, and leaving school) is excellent idea	Thank you.
<b>Royal College of Paediatrics and Child Health</b>	General	The RCPCH notes that the Early Years Foundation Stage profile is undertaken on all school pupils during the initial stage of their school career in England. This profile should offer a good basis for promoting social and emotional wellbeing and for identifying those children who require additional support in these areas.	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		However, this is an educational tool and may not always be shared with relevant health professionals within the school health service or other bodies (such as general paediatrics or CAMHS). In fact, a very quick and informal survey of some British Academy of Childhood Disability members has indicated that this profile is not used as a basis for discussion with health professionals even when there are concerns about social and emotional wellbeing. This seems an unfortunate lost opportunity for health professionals to access useful information gathered by school staff.	
<b>Joint Commissioning Unit, Worcestershire County Council Children's Services</b>	General	I would like to endorse the judgement from the expert panel that the NICE guidance should be updated at this time. In the emerging education landscape it is increasingly difficult to engage schools in promoting health and wellbeing, including social and emotional wellbeing. Many of the local authority health and wellbeing improvement services schools have historically been provided with have been cut, reduced or are now charged for and this will make it more difficult for them to follow best practice. Up to date NICE guidance will be able to support schools to provide or commission best practice. It will also help local authority and health commissioners to influence best practice in schools and to commission best practice to support schools.	Thank you for this comment.
<b>Joint Commissioning Unit,</b>	3 Consideration of the evidence	I would endorse all the specific recommendations for consideration in this section: the importance of fidelity, risk assessment tools for use by teachers, methods for outcome based monitoring, return on investment	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Worcestershire County Council Children's Services</b>	and practice	information, the contribution of the voluntary sector, inclusion of secondary education and additional products to support transitions. All these will be most useful for schools and commissioners.	
<b>National Health Education Group (NHEG)</b>	Recommendation 1	Not sure of the future of SEAL. With the demise of LA posts which support PSHE education there may be no structures at local level to support this work. A real worry!! Still waiting for a direction(national framework) from central government which should come following the local elections on 5th May. Without local support and some sort of national framework, schools are highly unlikely to be able to provide adequately or appropriately for SEAL work.	Thank you for this information
<b>National Health Education Group (NHEG)</b>	Recommendation 2	Suggest you talk about the whole curriculum (the direction) the National Curriculum review is talking about. So that schools develop a curriculum that meets with their aims and their pupil needs. Not everything will be in a national curriculum – can't possibly be. Need to suggest strongly that there are aspects of a pupil's learning that must include those qualities which SEAL seeks to develop. Fundamental to all of this is strong leadership and clarity of vision about what each school is providing for its pupils to ensure that they have a basic entitlement to personal and social development (which is wider than SEAL).	Thank you for this suggestion.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
National Health Education Group (NHEG)	Recommendation 3	NHEG considers that the secondary school pupils have the same needs as primary in terms of their continued personal and social development. More especially when they may become awkward and self conscious with the onset of puberty and all the changes that go with that. Good social and emotional development is key to positive relationships in the future and links to employability. Important is the point made above about the whole curriculum. In addition there is a real need for teachers to understand what all this is about and how to do it.	Thank you for this comment.
National Health Education Group (NHEG)	General	NHEG strongly supports the entitlement of every child and young person to learn about social and emotional wellbeing as an essential curriculum component (met through whole curriculum provision). Learning and understanding about social and emotional wellbeing can impact on achievement and ensure the developments of life skills for positive relationships.  Accepting that this is a core entitlement we must also remember that some young people will need additional support by nature of their experiences of life and this support should be available to all those by way of enhanced support and provision.  Technological advances ie. Facebook, Twitter etc means that the need to understanding human interactions of the real (as oppose to the virtual)	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>variety are essential and so teachers need support to address these issues in the curriculum.</p> <p>Not sure we like the idea of a deficit model. If learning in this area is a core entitlement (supported by Education Acts in the past) we should seek to develop this for all pupils not seek to see that some pupils lack this.</p>	
National Health Education Group (NHEG)	General	<p>NHEG feel that the wording of "Risk assessment tools for use by teachers for identifying those children at risk of developing social and emotional difficulties and behavioural behaviours including those parents with mental health or substance misuse issues" is confusing and one which supports a deficit model to which we object.</p> <p>Teachers need to be able to identify where interventions would support learning and to know the processes to follow and how they as individuals can make a contribution.</p> <p>The pupils tend to return to their teachers after whatever intervention so CPD and teacher training should include sessions on pedagogy and how teacher behaviour can influence pupils social and emotional wellbeing.</p> <p>With all the changes going on in Children's Services there are real challenges around the identification of need.</p>	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>NHS Confederation</b>	General	The NHS Confederation supports the proposal to review and update NICE guidance (PH12) – Promoting children's social and emotional wellbeing in primary education. We agree with the consideration of the evidence and practice presented in the consultation review proposal.	Thank you.
<b>NHS Confederation</b>	Section 3: consideration of the evidence and practice	<p>We agree with taking a life course approach to wellbeing, including secondary education as part of the guidance and exploring the need for additional products to support important transition stages (preschool to primary and primary to secondary).</p> <p>We recommend that the role of school nurses, health visitors and family nurse partnerships are considered part of the guidance to strengthen joint working between the education sector and the NHS. Consideration should also be given to connections between guidance regarding wellbeing within education and improving access to psychological therapies for children within the NHS.</p> <p>As 50 per cent of lifetime mental health problems arise by the age of 14 and 75 per cent by the mid twenties and children who have untreated conduct disorder contribute disproportionately to all criminal activity, any guidance could also helpfully align with a key objective in the <i>no health without mental health</i> strategy for early intervention services across the life course.</p>	Thank you for this. This can be considered in the updating of the guidance.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>NSCoPSE (National Association of Advisers, Inspectors and Consultants of Personal and Social Education)</b>	Recommendation 1	This recommendation is that SEAL work starts with the adult structures and support systems that surround children and young people. NSCoPSE's experience of the last year has been a huge reduction in the advisory personnel and services at Local Authority level due to the ending of the National Strategies and additional cuts put in place by the Coalition Government. National and local SEAL support structures have all but disappeared, making it very difficult for schools to implement this work in a cohesive and pro-active way. Local Authority support with some regional/national support would have to be reconsidered if this work is to be successful. Without local support and some sort of national framework, schools are highly unlikely to be able to provide adequately or appropriately for SEAL work.	Thank you for this information, that will need to be considered in updating the guidance.
<b>NSCoPSE</b>	Recommendation 2	Strengthen the recommendation to have a whole school approach that covers curriculum and other aspects of the school day. The evaluation data (Banerjee, 2010) on Behaviour and Attendance in primary schools showed the effectiveness of SEAL in terms of <ul style="list-style-type: none"> <li>○ better Ofsted ratings for Behaviour</li> <li>○ more positive pupil experiences of peer interaction</li> <li>○ lower levels of Persistent Absence</li> <li>○ higher attainment in Key Stage 2 SATs and GCSEs.</li> </ul>	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		The report also highlighted the need for good leadership; training for teachers and other adults; and attention to ethos through assemblies and other aspects of school life.	
<b>NSCoPSE</b>	Recommendation 3	One of the key questions is also about whether this work should continue into secondary schools. NSCoPSE's view is that secondary students are as much in need of this kind of work as those in primary schools, perhaps even more so in the light of the skills needed for employability. The evaluations of secondary SEAL present a clear message however, that there has been inconsistency of adoption and a lack of clarity about the nature of 'whole school' to involve a curriculum entitlement, additional support for the vulnerable and extra-curricular activities alongside a commitment to a supportive ethos. Many secondary schools and teachers remain unaware of the contribution of social and emotional wellbeing to learning or are unsure how to adequately or appropriately incorporate aspects of social and emotional wellbeing into core curriculum or E-Bac subjects. These are issues that would need to be addressed in any future work in this area.	Thank you for this information.
<b>NSCoPSE</b>	General	The guidance can be read to assume a 'deficit model' i.e. "Risk assessment tools for use by teachers for identifying those children at risk of developing social and emotional difficulties and problematic behaviours". In line with Recommendation 1, NSCoPSE would always	This can be considered within the updating of the guidance.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*



## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>argue for an entitlement for every child and young person to learn about social and emotional wellbeing as an essential curriculum component. The skills and understanding developed by learning about social and emotional wellbeing can positively impact on achievement across the curriculum and in terms of community cohesion and social solidarity. We also strongly recommend additional supportive interventions for children identified as being particularly vulnerable in the social and emotional realm.</p> <p>Given the recent changes in social networking through electronic media such as 'Facebook', 'sexting' and other messaging, we strongly suggest that schools need support, guidance and training to equip children (and their families) to use such media safely, effectively and to promote wellbeing – not just a deficit approach to 'reducing bullying'.</p>	
NSCoPSE	General	<p>The wording of: "Risk assessment tools for use by teachers for identifying those children at risk of developing social and emotional difficulties and behavioural behaviours including those parents with mental health or substance misuse issues"</p> <p>is confusing and therefore one to which we object. The sentence attempts to synthesize two separate issues.</p>	This can be considered in the updating of the guidance.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>Teachers should have training and guidance on how to identify those children at risk of developing social and emotional difficulties as part of a wider approach to teaching and learning about social and emotional wellbeing.</p> <p>Separate systems need to be in place as part of wider children's services, linking health, education and social care to support those children whose parents have mental health or substance misuse problems. We are concerned that there will be challenges identifying those parents and consequently the children. There will also be challenges in providing local services which makes it all the more important that schools have a role in developing social and emotional wellbeing in children and teaching them about it.</p>	
<b>Play Therapy UK</b>	3 - Consideration of the evidence and practice, p2	The expert group has not considered the data in the PTUK National Database of Play Therapy Clinical Outcomes, a very significant body of evidence based on the programme evaluation of a standardized intervention. The base is 7306 children in primary education from all over the UK. It shows that between 70% and 85% of pupils referred for social, behavior, emotional and mental health problems showed a positive change as observed by teachers and parents and measured using the Goodman SDQ instrument.	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		PTUK formally requests that the expert group invites a presentation of this evidence.	
Royal College of Nursing	General	The Royal College of Nursing notes the recommendation that the guidance should be updated at this time. There are not further comments to add at this stage.	Thank you for this comment.
Royal College of Paediatrics and Child Health	General	<p>In order to promote the mental health of some children, the RCPCH notes that there needs to be an understanding of the difficulties they are facing, as stated in this review proposal.</p> <p>We understand that there is evidence that significant language difficulties are often found in young people with emotional and/or behavioural difficulties (EBD) if assessed (this is often completely overlooked). Such children may be less likely to be compliant and socially able; they are often in trouble, develop low self esteem, etc. Often these children have other social issues, too.</p> <p>We do not know whether the evidence at present is enough to include in the guidance, but note this could be an area that requires research. No intervention can work if it does not factor the delay of a child's language skills. Anecdotal evidence demonstrates that teenage boys with scores on</p>	Thank you for this comment. This can be considered in the updating of the guidance.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		the 1 <sup>st</sup> percentile in EBD schools who have never seen a speech and language therapist (SLT) before.	
<b>Royal College of Paediatrics and Child Health</b>	General	<p>The following is based on anecdotal experience of a College member working for 11 years on a project children or primary school age who are at risk of social exclusion, as well as a MO at a special SEBD school (primary age):</p> <p>Anecdotal experience of children at risk of social exclusion and in an SEBD school is that they comprise a group by default – that is there are few common identifying features beyond the fact that their behaviour is difficult to manage. In consequence it seems as though professionals from all agencies have a tendency to see only the behaviour without considering underlying causes on a case by case basis.</p> <p>It is recognised in the literature that such children may have unidentified learning and developmental problems (language and communication issues in particular), and equally that there are gender, race and socio-economic factors that are important.</p> <p>Anecdotal experience (though we are uncertain as to whether there is sufficient evidence to support this or whether it is worthy of future research) suggests that a combination of the parents' poor ability to access services consistently or appropriately for any reason, and poor</p>	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		<p>parental and teacher insight into the child's developmental status sets the child on a path towards social exclusion and disaffection. Children are then referred late, or inappropriately, to services and parents and children less likely to engage.</p> <p>In anecdotal experience, children have been referred to a hugely diverse range of services including the expected CAMHS and Family Therapy services but also to endocrinology, respiratory, cardiology, plastic surgery, orthopaedics, not to mention audiology, assorted therapies and external agencies. This list is not exhaustive.</p> <p>We think that the really useful work is that which facilitates attendance and engagement on behalf of both families and professionals. Needless to say this includes effective communication between all parties to achieve a common understanding of the child's needs.</p>	
<b>Royal College of Paediatrics and Child Health</b>	Section 3	<p>This is rather difficult to understand in parts. For instance:</p> <ul style="list-style-type: none"> <li>(second paragraph) "...for the promotion of social and promotion of children and young people" should perhaps read: "for the promotion of social and emotional wellbeing of children and young people"</li> </ul> <p>(first and second bullet points) "...behavioural behaviours...": we do not know what this phrase means.</p>	Thank you for this suggestion.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Paediatrics and Child Health	Section 7: Conclusion	It is reassuring to know that the guidance will be updated, as this is a rapidly developing field.	Thank you for this comment.
Royal Society for Public Health	General	Schools should appoint a governor (possibly the SEN governor) to evaluate and scrutinise the school's systems for dealing with social and emotional well-being.	Thank you for this information.
Royal Society for Public Health	General	Schools should ensure that they have good access to child psychologists and paediatricians with appropriate training and experience. This should be facilitated through the local commissioning routes.	Thank you for this comment.
Royal Society for Public Health	General	In future, Directors of Public Health should ensure that children's social and emotional well-being is included in area health assessment plans and that appropriate data is submitted by schools for a proper analysis of need and provision to be carried out. This should form part of the agenda for local health and well-being boards and be supported by local authority children's services committees.	Thank you for this information.
Royal Society for Public Health	General	More focussed evaluations of school based systems for dealing with children's social and emotional well-being difficulties by OFSTED, augmented by appropriate health and social services staff would be beneficial. This would also allow for better staff development programmes	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		to be organised and for national intervention areas to be formulated through Public Health England.	
<b>The British Dietetic Association</b>		The BDA would like to express their thanks at being given the opportunity to respond to your consultation.  We have circulated this consultation to our membership and our members have not identified a reason to review this guidance at this time.	Thank you for this comment.
<b>West Sussex Healthy School Programme</b>	1 – p5	Schools may still be using the SEAL programme and this should be acknowledged even though this is no longer funded and government led	Thank you for this information.
<b>West Sussex Healthy School Programme</b>	1 – p5	Healthy School Programmes in many areas are no longer local authority led and the government policy is for Healthy Schools to continue but to be “schools led”. In some areas there is still strong support for local programmes and generally the co-ordination for Healthy Schools has moved in to Public Health. This should be acknowledged in the new document	Thank you for this information.
<b>West Sussex Healthy School Programme</b>	1 – p6	Attaining National Healthy School Status is now no longer a national initiative. Local areas will have developed individual Healthy School support and this may include a benchmark measure equivalent to Healthy School Status.	These comments can be considered in updating the guidance.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
West Sussex Healthy School Programme	1 – p6	Training and support for “resilience” is high on schools’ agenda. This use of language under actions to take will be recognised by schools	
West Sussex Healthy School Programme	2 – p12	Update and review all dated documentation – some of these are now out of date or superceded.	
West Sussex Healthy School Programme	3.7	Replace “national” with “local”	
West Sussex Healthy School Programme	4-	Replace “support schools aiming for healthy school status” with; “Support local Healthy School Programmes in identifying how schools may be used as a setting for promoting social and emotional wellbeing through healthy school status and other benchmark measures”	
West Sussex Healthy School Programme	General	Include more guidance and links to transition between primary and secondary school. This is a vulnerable time for those children with least resilience to cope with social and emotional aspects of their lives	Thank you for this comment.
West Sussex Healthy School Programme	General	It would be beneficial if the guidance for secondary schools was either published/reviewed at the same time or that the two guidance documents were drawn together. This would assist in the consistent provision of support particularly at the transition period.	Thank you for this comment.
Youth Works	p.6 of guidance	Revise who the guidance is intended for as many of these bodies have	This will need to taken into

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*



## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
<b>Consulting</b>		been axed.	account in the updating of the guidance.
<b>Youth Works Consulting</b>	'Joint Commissioning process'	With the move to traded services and many schools leaving the LA family, this entire process will change. Schools will now buy in services, either in groups/clusters, or individually or they may sign up to a traded service via former Local authority. How will consistency and equal access be ensured in future?	Thank you for this comment. This would need to be considered in the updating of the guidance.
<b>Youth Works Consulting</b>	'Joint Commissioning process'	National Healthy schools scheme is gone.	The policy changes are one of the reasons for the need for updating the guidance.
<b>Youth Works Consulting</b>	'Joint Commissioning process'	Every Child Matters indicators are gone.	Yes, the updating of the guidance would take account of the changes in the policy context.
<b>Youth Works Consulting</b>	'Joint Commissioning process'	Children's Trust Boards not obligatory now	Thank you for this comment.
<b>Youth Works Consulting</b>	p.7	Will it be possible to implement 'local protocols' with such a fragmented structure in future?	This point is well made. The updating of the guidance would consider what mechanisms could be used.
<b>Youth Works Consulting</b>	p. 8 final paragraph	Re: bullying, the loss of the entire regional programmes of the Anti Bullying Alliance and the National Healthy Schools Status has left a large gap in	Thank you for this comment.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		delivery of quality anti-bullying programmes to schools. Schools will be able to work individually towards Awards that recognise good practice, such as the Bullying Intervention Group award, but will no longer follow DCSF Guidance 'Safe To Learn' on bullying with specialist supplementary guidance on Racist, Disablist and Homophobic Bullying, plus Cyberbullying. This has been replaced with very brief guidance. The White Paper The Importance of Teaching does mention bullying.	
Youth Works Consulting	p.10	There are already difficulties emerging in bringing together a multi-agency approach. This is because the requirement for schools to collaborate with other agencies has been revoked and some services are now traded and others are not. We are seeing cases where a meeting is called over a child for whom there are concerns and a school can say they do not want to attend, or a service can say they do not have the hours to give to such a meeting within their budget – who is paying? Calling such a multi agency meeting to perhaps explore opening a CAF or to consider how to set up support, has been made more difficult with the dismantling of local authority and regional structures. PSA 13 is gone. This is critical in terms of cases emerging via bullying behaviour or other behavioural difficulties.	Thank you for this comment.
Youth Works Consulting	p.10	Educational psychologists are reporting that when called in by a budget holding school, they can find that the number of appointments they can have with a child are being limited by the purchasing school's willingness to pay, rather than by the needs of the child/family in the case or their own	Thank you for this suggestion.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
		professional judgement. It would be valuable to mention or develop some good practice guidelines on this.	
Youth Works Consulting	p. 11	Policy background will need updating	Yes
Youth Works Consulting	p.14 3.7	SEAL (via National Strategies) and Healthy Schools programmes no longer being delivered, Anti Bullying Alliance regional programme no longer being delivered.	Yes
Youth Works Consulting	p.14 3.9	Reference the Equality Act 2010	Thank you.
Youth Works Consulting	p.15 3.16	Teachers also require basic and ongoing training in new forms of bullying and vulnerable groups. (Changes in youth culture and local demographics mean that recognising and addressing new forms of victimisation is complex. Evaluated effective approaches need to be made known and shared.)	Thank you for this comment.
Youth Works Consulting	p.16	Many Indicators and Targets removed – compliance will need to be described differently	Thank you for this comment.
Youth Works Consulting	General	More emphasis on children with special needs and disabilities would be welcome.	This can be considered in the updating of the guidance.
Youth Works	General	The extent to which, since 2008, bullying has shifted to an arena beyond	Thank you for this information.

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Consulting		schools – via new technology could be addressed. (See research and surveys below)	
Youth Works Consulting	Research to consider published since 2008	How Fair is Britain? EHRC 2010 [see: 'bullying' and also 'risks of having mental health problems']	Thank you for this information.
Youth Works Consulting	Research to consider published since 2008	Green, R., Collingwood, L. & Ross, A. (2010). <i>Characteristics of bullying victims in schools</i> . Department for Education: Research Brief DFE-RB001 (Longitudinal study)	
Youth Works Consulting	Research to consider published since 2008	Bullying victimization in youths and mental health problems: 'Much ado about nothing?' L. Arseneault, L Bowes and S. Shakoor, Psychological Medicine Page 1 of 13 Cambridge University Press. 2009	
Youth Works Consulting	Research to consider published since 2008	EU Kidsonline research programme LSE <a href="http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/Home.aspx">http://www2.lse.ac.uk/media@lse/research/EUKidsOnline/Home.aspx</a>	
Youth Works Consulting	Research to consider published since 2008	The Cybersurvey, Youthworks 2009, 2010 and 2011 showed bullying carried on from life in school, and the extent to which 10 -11 year olds received threatening or frightening messages and homophobic insults. <i>['Recipients' are those who have received unpleasant messages described in the survey questions. Over a third of the youngest age group of</i>	

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

## Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

**13<sup>th</sup> April 2011 to 3rd May 2011**

***Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline***

[illegible]

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

## Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

**13<sup>th</sup> April 2011 to 3rd May 2011**

***Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline***

[illegible]

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*

## Public Health Intervention Guidance

### Consultation on Review proposal to update – SOCIAL AND EMOTIONAL WELLBEING IN PRIMARY EDUCATION - Stakeholder Comments Table

13<sup>th</sup> April 2011 to 3rd May 2011

*Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline*

Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment

*The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees*