

Public Health Intervention Guidance

Social and emotional wellbeing in secondary education (PH20) - Consultation on Review Proposal Stakeholder Comments Table

29 October – 12 November 2012

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association for Family Therapy and Systemic Practice	General		This response is submitted by AFT, the Association for Family Therapy and Systemic Practice (www.aft.org.uk). AFT is the UK's leading organisation for professionals trained to work therapeutically with children + young people and their families and other networks of care. AFT's membership is multi-disciplinary, and includes Family and Systemic Psychotherapists (also known as Family Therapists), social workers, teachers, psychologists, psychiatrists, GPs, occupational therapists, health visitors and others committed to developing their systemic practice skills and understandings	Thank you for this information.
Association for Family Therapy and Systemic Practice	General		<p>AFT notes the recommendation to defer review for 3 years. AFT agrees that evidence published since the last guideline would probably not lead to major new recommendations. However AFT also notes that evidence is growing for systemic interventions supporting children and young people in secondary education AND their parents and carers.</p> <p>In AFT's view, the importance of skilled and effective family-inclusive interventions, and for effective links with multi disciplinary teams supporting young people and families experiencing difficulties, strengthens the guidelines' recommendations, rather than suggests major changes in direction.</p> <p>Should the guidance not be updated at this time, AFT believes the existing recommendations would benefit from updating the wording of some sections (detailed below) to stress the importance of a systemic, relational</p>	<p>Thank you for your feedback on the review proposal – comments noted.</p> <p>NICE Guidance Executive agreed update of PH20 was not required at this time.</p> <p>Noted – it is proposed that CPHE explore within NICE how some nomenclature of some of the organisational components of health and educational sector used in PH20 might be updated.</p>

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			frame to workforce trainings and interventions, and to include reference to models of effective family inclusive practice in the UK beyond the limited number currently considered.	CPHE will also consider if another product – a Local Government Briefing – might be considered for development within its work programme to summarise guidance on social and emotional wellbeing, taking note of the current/emerging context. Extending or revising the interventions considered in the recommendations would normally require new evidence review and advisory body consideration.
Association for Family Therapy and Systemic Practice	General		AFT notes that the target population for most recommendations is: 'Young people in secondary education, their parents and carers.' AFT is concerned that the current wording and focus of recommendations highlights supports for young people, with insufficient regard to engagement of and partnership working with their families and other networks of care.	Comments noted – the guidance recommends collaborations between young people, parents and professionals and services to support social and emotional wellbeing. Recommendation 4 (working with parents and

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				<p>families) specifically refers to work 'in parents, carers and other family members' and consideration of both education and home environments – such as the support needed to participate fully in activities to support social and emotional wellbeing.</p> <p>NICE Guidance Executive agreed that no update to the guidance was necessary with regard to recommendations on partnership working.</p>
<p>Association for Family Therapy and Systemic Practice</p>	<p>Review proposal Section 3, p2</p>		<p>This states: 'The expert group considered information from the NICE implementation team and discussed current and ongoing research of relevance to the current recommendations ...' The current research reviewed does not seem to sufficiently address the crucial roles of families and carers in supporting young people's social and emotional well-being, or pay sufficient regard to recent developments in systemic oriented</p>	<p>Comment noted.</p>

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			services working in and with schools in England .	
Association for Family Therapy and Systemic Practice	Review proposal, Recommendation 4		AFT supports the review proposal to redraft the wording used in recommendation 4 (working with parents and carers) to emphasise the notion of partnership. This emphasis would be enhanced by inclusion of reference to family-inclusive models of practice.	Comments noted – CPHE will consider if a Local Government Briefing might be developed (depending on capacity) to summarise guidance on social and emotional wellbeing (across early years, primary and secondary education). If developing such as in informative product, CPHE will consider how 'partnership' is included and presented within the briefing. Extending or revising the interventions considered in the recommendations would normally require new evidence review and advisory body consideration.
Association for Family Therapy and Systemic	Guidelines		This recommendation focuses on working with parents and families.	NICE Guidance Executive agreed update of PH20 was

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Practice	Recommendation 4:		<p>AFT recommends any update of the guidelines considers not only the type of interventions offered but also considers service design and delivery</p> <p>The model in Westminster is a useful one to consider. It is characterised by the following features:</p> <ul style="list-style-type: none"> • An Early intervention team of eight professionals who deliver a family therapy service in schools. Each school (primary and secondary) has a named professional who spends part of the week in the school. • A centre, the Family Education Centre, where families can be referred should the in-school interventions not succeed in bringing about change. The Family Education Centre delivers a more intensive multi-family therapy programme for young people and their parents. • Members of both parts of the team have a family therapy and education background. Many of them are trained teachers who have retrained as family therapists • The whole team implements the Marlborough Multi-family Model (ref Dawson, N., McHugh, B. & Asen, A. Karnac, London 2001). Online practitioner training in the model is available via http://marlborough.thedigitalacademy.com/training-programmes/multiple-family-therapy-groups . It is currently delivered to whole-class groups of young people and families, and also to young people and families with identified social and 	<p>not required at this time, however, future guidance (depending on remit and scope and available evidence) could consider features of service design and delivery.</p> <p>Noted.</p>

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			<p>emotional needs.</p> <ul style="list-style-type: none"> The whole team is part of a local CAMHS Service. The LA (Westminster City Council) commissions the service for schools, although some secondary schools now commission the service direct. The whole team provides training & consultation in a range of mental health issues to schools (cont over...) 	
Association for Family Therapy and Systemic Practice	Recommendation 4 cont		<p>(cont...)</p> <p>Some of the main benefits of Westminster's approach are:</p> <ul style="list-style-type: none"> Enables schools to give greater attention to multi-agency working Provides a structured model for the engagement of parents/carers Presence in schools of mental health professionals on at least a weekly basis raises the profile of social & emotional wellbeing of pupils Development of social skills, positive relationships and resilience for all participants <p>A range of therapeutic interventions are provided, the central one of which is the 'Family Group'. This has been used as a targeted intervention; however most schools in Westminster have incorporated Family Groups into their range of services for young people and their families. Key features of the Family Group include:</p> <ul style="list-style-type: none"> De-stigmatisation: a mental health service delivered on the school 	<p>Noted –new guidance would normally include development of a scope which indicates key outcomes to be considered in developing the new guidance. The advisory body (Public Health Advisory Committee – in the case of new Public health guidance) carefully considers, and then agrees, which outcomes are of key importance when developing recommendations.</p> <p>PH20 (the extant guidance)</p>

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			<p>premises is more accessible for families</p> <ul style="list-style-type: none"> • A 'Families helping families' approach: families listen to, support & challenge each other in addressing difficulties • De-isolation: families quickly learn that they are not alone in facing life difficulties 	<p>focuses on universal, organisation wide approaches (used to support all young people) within secondary education establishments. Recommendation 1 includes ensuring schools have access to specialist skills and support, including those provided by child and adolescent mental health services.</p>
Association for Family Therapy and Systemic Practice	Guideline Recommendation 4:		<p>This states the need to 'Ensure parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This should include support to participate fully in any parenting sessions ... This might involve liaison with family support agencies.</p> <p>AFT agrees that an important aspect of improving emotional and social well-being in secondary education is an institution's ability to have regular and consistent contact with mental health professionals and services.</p> <p>An updated guidance, or supporting sections, could usefully stress the importance of availability of adequately funded services for young people</p>	<p>Comments noted.</p> <p>Noted.</p> <p>NICE advisory bodies consider cost effectiveness, along with other factors, in developing recommendations. Implementing NICE guidance should therefore represent good value and</p>

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			<p>and families experiencing difficulties, especially if the aim is to provide effective supports before difficulties amplify into crises. This is an obvious point but an important one at time of budget and workforce cuts.</p> <p>Access to specialist services and skilled professionals for consultation and/or referral is also key to ensure school staff are not positioned to work beyond their competencies.</p>	<p>cost effective use of constrained resources. NICE does not set budgets for public funds in health or education.</p> <p>PH20- includes ensuring schools have access to specialist skills and support.</p>
<p>Association for Family Therapy and Systemic Practice</p>	<p>Guideline Recommendation 4</p>		<p>Supporting those 'living in disadvantaged circumstances' also requires schools to respond to the needs of those young people whose parents or carers do not respond to, or who cannot or do not want to attend, 'parenting groups'.</p>	<p>Comments noted – the recommendation includes supporting parents and families to participate in parenting sessions (the examples provided in the recommendation is illustrative, not exhaustive). It is possible that a Local Government Briefing (depending on the scope of such a briefing) could summarise advice on supporting families, drawing on the suite of guidance on social and emotional</p>

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				wellbeing (spanning PH12, PH20 and PH40).
Association for Family Therapy and Systemic Practice	Guideline Recommendation 5		<p>This cites the importance of : ‘a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing.’</p> <p>To support all young people and the school professionals hoping to improve their social and emotional well-being, that ‘variety of mechanisms’ needs to include access to services able to engage and work with marginalised and/or disadvantaged families (see, for example, the Outreach Systemic Family Therapy and systemic parenting approaches developed by Newham CFCS/CAMHS; and systemic Multi-Family therapy groups in schools. This model is currently being evaluated (see http://www.uel-ftsrc.org/ongoing_research.htm).</p>	<p>Comment noted.</p> <p>Thank you for the information. NICE will review the guidance for update in a further 3 years, once this review has been completed. The review will routinely consider evidence on practice and conclusion of evaluation. This could include the family therapy model you identify.</p>
Association for Family Therapy and Systemic Practice	General		<p>AFT notes the review considered studies that ‘described generic or whole-school interventions (including policies, systems and structures and the school’s physical environment)’. AFT also notes that studies were excluded if they ‘covered targeted interventions focused on specific groups/types of risk, conditions or behaviours (for example, young people already showing signs of depression or disruptive behaviour)’.</p> <p>Without a clear sense of what is meant by ‘already showing signs of</p>	<p>Noted – PH20 focuses on universal interventions used as part of an organisation wide approach.</p> <p>Targeted interventions are outside the scope of this guidance but could be a topic for future consideration</p>

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			<p>disruptive and other behaviours, it is hard to assess the usefulness of this exclusion. School-based interventions for young people already showing some signs of disruptive behaviour, for example, are likely to support the social and emotional well-being of all pupils (and staff).</p> <p>By excluding consideration of all 'targeted interventions focused on specific groups', including those such as Multi Family Therapy already being successfully delivered in UK schools, AFT is concerned the review will miss opportunities for developing more skilled family-inclusive interventions with whole-school benefits.</p> <p>Without further consideration of <i>how</i> schools are to work and link with services for young people and families with more complex needs, the review risks considering schools in unhelpful isolation. A guidelines update would provide opportunity to clarify and strengthen the role of secondary education institutions in coherent, multi-agency working with clear pathways to support young people's social and emotional wellbeing.</p> <p>Should the guidance not be updated, AFT would support the panel's suggestion of updating the policy and organisational sections of the guidance through other NICE products (for example NICE Pathways and Local Government briefings) .</p>	<p>should new guidance be referred to NICE for development.</p>
Association for Family Therapy and Systemic	Guideline Recomme		This proposes young people are provided with 'opportunities to build relationships, particularly those who may find it difficult to seek support	Comments noted. PH20 includes recommendations

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Practice	Foundation 5		<p>when they need it. This could involve developing a peer education or peer mediation approach. Note, young people who act as peer supporters need training and the support of staff and other professionals.'</p> <p>In AFT's view, this recommendation again highlights the need for staff to have consultation with and referral to more specialist services if they are to support the needs of young people and their peer supporters. Some young people who find it difficult to seek support and/or to form relationships may suffer further if a peer support relationship breaks down under the strain, for example, or if their relationship with a supportive teacher cannot continue. Staff and pupils will need training and ongoing supervision if they are to work within their own competencies and recognise when a student needs more specialist supports</p>	to ensure practitioners have the knowledge and skills to develop social and emotional wellbeing. These include recommendations on training and skills, advice and support from and referral to specialist services.
Association for Family Therapy and Systemic Practice	Guidance recommendation 6		This states: 'Ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing'. AFT is concerned that the current guidance recommended training for practitioners and others does not include systemic practice skills and understandings to support engagement and effective working with young people AND their families and carers	Comments noted. As immediately above, the guidance recommends development of capability within education establishments, as well access to more specialist support or services. PH20 recommends partnership working between services and with young people and families.

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Association for Family Therapy and Systemic Practice	Guidance Section 5		<p>AFT notes that this section, Recommendations for Research, supports further research into 'What methods and techniques enable secondary education establishments to work effectively with parents and carers to promote the social and emotional wellbeing of young people?'</p> <p>Whenever the guidance is updated, AFT requests consideration of research into</p> <ul style="list-style-type: none"> Systemic family-inclusive interventions, such as the Marlborough Model of Multiple Family Therapy Groups in Schools (a special issue of Context, Issue 123 / October 2012 focused on Multi-family therapy: Challenging behaviour in educational settings'). The organisational systems and structures that can support secondary education institutions and staff in developing the social and emotional wellbeing of young people and their families, with effectiveness, safety and integrity. This would inc consideration of secondary education's place in care pathways, and the design and delivery of relevant supportive services in and around secondary education (see examples in Westminster and Newham, cited above) 	<p>NICE research recommendations are specifically considered by research commissioners such as the National Institute for Health Research (NIHR).</p> <p>The guidance acknowledges that activities in secondary education form only an element of broader multiagency strategies. It includes recommendations across educational institution as well as partnership working with young people and families. A key principle in the guidance (recommendation 2) is that young people have access to specialist services (if required), therefore linkage with pathway pathways is acknowledged.</p>

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				The 'design and delivery of relevant supportive services' could be a topic for future consideration should new guidance be referred to NICE for development. CPHE will also consider if another product – a Local Government Briefing – might be considered for development within its work programme to summarise guidance on social and emotional wellbeing. Such a briefing could help identify linkages with relevant supportive services.
Association of School and College Leaders	5		ASCL would support the proposal to defer the production of an update for a further three years.	Thank you for your response to this review proposal consultation - noted.
Association of School and College Leaders	3		SEAL, though it has strong proponents, is equally strongly opposed in some quarters. It would be wrong to fixate on a particular scheme.	Noted – thank you. PH20 complements existing national programmes

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				including Social and Emotional Aspects of Learning (SEAL), but does not recommend a particular intervention over other effective alternatives.
Association of School and College Leaders	3		<p>Should it nevertheless be decided to update the guidance in the near future the following extra points might be borne in mind that have been made by school leaders:</p> <ul style="list-style-type: none"> • PSA funding again to work with families that are hard to engage with • Closer informal collaboration of social care teams with schools and the CAF/TAC process rather than a 'jobs' list for each • Electronic CAF TAC that can be updated for all to see. A list of attached documents that outline the key involvement of professionals • Early intervention pre GP or TAHMS through outreach in school • Funding for schools to develop their own hubs or experts • Sharing of CP files across Police Social Care and schools in terms of whether a plan exists or referrals have been made with key staff. For example family issues known to Social Care are not known to schools • Funding for the roll out of the Signs of Safety work in schools 	<p>Comments noted, thank you – stakeholder feedback will normally be reviewed if future guidance is developed in this topic area. Please note - some of the points raised by ASCL may be out with the scope of an update to PH20, specifically, or NICE guidance, in general (for example, funding streams).</p> <p>NICE Guidance Executive agreed update of PH20 was not required at this time, but CPHE will consider if another product - such as a Local Government Briefing</p>

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			<ul style="list-style-type: none"> • Shorter waiting times that do not require a GP or EP if school feels that intervention or early screening is important • Clear toolkit for assessment in early stage e.g. similar to SDQ • Establish a clear link from LSCB work to the impact of emotional turbulence on children 	<p>might be developed to summarise guidance on social and emotional wellbeing, taking note of relevant organisational structures and systems in education, health and social care.</p>
<p>Association of Young People with ME</p>	<p>General</p>		<p>Some positive recommendations, however in relation to a condition such as ME/CFS when many are not in school or reduced timetable, how do they access come of these guidelines i.e. PSHE lessons are not deemed to be a priority if on reduced timetable.</p> <p>Equality for those not attending school needs addressing</p>	<p>Design and delivery of education and other services for young people with long term conditions could be a topic for future consideration should new guidance be referred to NICE for development.</p> <p>PH20 focuses on universal interventions used as part of an organisation wide approach. Targeted interventions are outside the scope of this guidance, but the NICE Public Health Intervention Advisory</p>

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				Committee (PHIAC) considered that promotion of supportive and secure school environments support those with special needs and/or long term health conditions or disabilities.
Association of Young People with ME	General		Maybe needs more about "hard to reach" children	Comment noted. The guidance includes recommendations for agencies that also operate outside secondary school establishments, and may be engage with people of secondary school age who may be 'hard to reach'. These include children's and youth services and child and adolescent mental health services and voluntary agencies.
Association of Young People	Recommen		With the changing landscape of schools the guidance should make some	Comment noted, thank you.

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with ME	ndation 4		reference re who has responsibility in different types of schools, for example the responsibilities of academies	CPHE will consider if another product such as a Local Government Briefing might be developed to summarise guidance on social and emotional wellbeing, taking note of relevant (current) organisational structures, systems and the policy context.
Association of Young People with ME	General		More prominence needs to be given to working in partnership with young people, parents and carers	PH20 recommends partnership working with parents, carers and other family members to promote young people's social and emotional wellbeing. The guidance also recommends offering small, group based programmes for families.
Association of Young People with ME	General		Young people – agree with the moving of Rec. 5 to the beginning of the section.	Noted – thank you.
Association of Young People	Page 8		How does this work for those not attending FT education, needs addressing?	Design and delivery of

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with ME			Ensure secondary education establishments have access to the specialist skills, advice and support they require. This may be provided by public, private, voluntary and community organisations. It may involve working with local authority advisory services, personal, social, health and economic (PSHE) education services, educational psychology and child and adolescent mental health services. It may involve working with local authority advisory services, personal, social, health and economic (PSHE) education services, educational psychology and child and adolescent mental health services	education and other services for young people not attending full time education could be a topic for future consideration should new guidance be referred to NICE for development.
Association of Young People with ME	Page 9		How is this addressed for those not attending school but are on the role e.g. those being home tutored, this needs addressing? Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health). Page 9	Comment noted.
Association of Young People with ME	Page 9		How is this addressed for those not attending school but are on the role e.g. those being home tutored, this needs addressing? Systematically measure and assess young people's social and emotional wellbeing. Use the outcomes as the basis for planning activities and evaluating their impact (informed by Ofsted guidance on social and emotional wellbeing).	Comment noted.
Association of Young People with ME	Page 11		Clarification on how this can be related to those not in FT education: To help reinforce young people's learning from the curriculum, help parents and carers develop their parenting skills. This may involve	Comment noted – PH20 does not exclude inclusion of parents and carers of

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			providing information or offering small, group-based programmes run by appropriately trained health or education practitioners.	people not in full time education from the local community from activities such as parenting skills.
Association of Young People with ME	Page 11		Ensure parents of pupils being home tutored are still included/invited: Ensure parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This should include support to participate fully in any parenting sessions (for example, by offering a range of times for the sessions or providing help with transport and childcare). This might involve liaison with family support agencies.	Comment noted – PH20 does not exclude inclusion of parents and carers of people from the local community who not in full time education provided at an educational establishment from activities such as parenting skills. Recommendations (as noted in your comment) include liaising with supporting services.
Association of Young People with ME	Page 12		How are those children with long-term conditions included/represented: Develop partnerships between young people and staff to formulate, implement and evaluate organisation-wide approaches to promoting social and emotional wellbeing.	Comment noted – PH20 focuses on universal interventions used as part of an organisation wide approach. PHIAC considered that promotion of supportive and secure

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				school environments support those with special needs and/or long term health conditions or disabilities.
Association of Young People with ME	Page 12		This statement needs to be inclusive not clear: Introduce a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing.	National initiatives (relevant when the guidance was developed) put 'emphasis on ensuring young people can participate fully in the development of any relevant programmes'. PHIAC agreed it was important to represent this throughout the guidance (such is the preamble of section 1 and in the recommendation in partnership working). NICE consider the wording is sufficient clear, but should the future review of PH20 result in new guidance being developed, text will be

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				assessed for relevance and clarity. Comment noted - NICE Guidance Executive agreed update of PH20 was not required at this time with respect to this text.
Association of Young People with ME	Page 12		Pay particular attention to those with statements, special needs or long term conditions; consider use of SKYPE, email etc for those who have special needs, have statements or are home tutored: Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it. This could involve developing a peer education or peer mediation approach. Note, young people who act as peer supporters need training and the support of staff and other professionals.	Comment noted, thank you.
Association of Young People with ME	Page 15		Models/examples of good practice should be shared/identified: Children and young people who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances are at higher risk of experiencing emotional and behavioural difficulties. They may include: <ul style="list-style-type: none"> • looked after children • those who have experienced adverse life events (such as bereavement 	Comment noted, thank you. Based on its careful consideration of the available evidence, PHAC did not make recommendations for specific models of practice or interventions. NICE note that sharing of good

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			<p>or parental separation)</p> <ul style="list-style-type: none"> • those who have been exposed to abuse or violence • those with chronic health problems (such as diabetes and asthma) and disabilities. 	<p>practice, particularly where supported by robust evidence, is likely to be valuable to commissioners and practitioners. Of note may be that NICE maintain a database on evidence of uptake of NICE guidance (the Evaluation and review of NICE implementation evidence - ERNIE). Please see http://www.nice.org.uk/using_guidance/using_guidance.jsp</p>
<p>Association of Young People with ME</p>	<p>Page 16 3.4</p>		<p>Models/examples of good practice could be shared/identified: PHIAC adopted an holistic approach to promoting social and emotional wellbeing within secondary education establishments. This emphasises the importance of a supportive and secure environment. It also emphasises an ethos that avoids stigma and discrimination in relation to mental health and social and emotional difficulties. The approach supports students with special needs, including those with long-term health conditions and disabilities.</p>	<p>PHIAC considered that promotion of supportive and secure school environments support those with special needs and/or long term health conditions or disabilities. This is described in the 'Considerations' section of the guidance (see section 3.4).</p>

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Brook	3		<p>Brook welcomes the consideration of the evidence and practice, in particular regarding enhancing the partnership working between parents and carers, and also giving partnership working with young people better prominence.</p> <p>Brook also particularly agrees that NICE should consider the opportunities for continued implementation of existing recommendations in the context of revisions to the policy and 'who should take action' sections given the substantive changes to the public health system. The changes to the public health system will of course involve significant challenges, not least in terms of new structures and decision-making roles becoming imperative mechanisms in terms of how this guidance is implemented. As such, Brook strongly advocates that NICE maintains under review how the implementation PH20 could be affected in this context, and also to ensure that NICE proactively makes the guidance readily available to the new structures and personnel.</p>	<p>Comments noted – thank you.</p> <p>CPHE will consider if another product such as a Local Government Briefing might be considered for development within its work programme to summarise guidance on social and emotional wellbeing, noting current organisational and policy context.</p>
Brook	General		<p>NICE will be aware that the guidance it was developing on Personal, Social, Health and Economic Education, focusing on Sex and Relationships and Alcohol Education, has been suspended. Given the important relationship between Social and Emotional Wellbeing, and Sex and Relationships, Brook strongly recommends referring to the significant work that was achieved in developing this suspended guidance, and considering as part of a Review, how to encompass this work into PH20 on Social and Emotional Wellbeing in Secondary Education.</p>	<p>Comments noted – thank you. PH20 intends to support other activities by providing opportunities to discuss personal issues and concerns as well as outcomes in addition to social and emotional wellbeing, such as</p>

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				<p>confidence in relationships. A NICE Pathway has been developed for social and emotional wellbeing guidance spanning early years, primary and secondary education. NICE Guidance Executive agreed update of PH20 was not required at this time, however, CPHE will consider if another product such as a Local Government Briefing might be considered for development within its work programme to summarise guidance on social and emotional wellbeing. This briefing could consider linkages with other activities and services relevant to secondary education.</p>
British Psychological Society (BPS)	General		The Society would welcome an update of the guidance and believes that there is a good rationale for the need to do so.	Thank you for your response to this review

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			<p>The Society welcomes the consideration of both the Mindfulness evidence base and the research related to Social and Emotional Aspects of Learning (SEAL) in the current discussions. Although as will be expanded upon later The Society is unclear regarding the reasons for inclusion of these programmes and not others, such as the Targeted Mental Health in Schools (TAMHS) programme. The Society is also pleased to read, and would actively support, the pragmatic inclusion of issues relating to policy and system reforms being considered in addition to the research led evidence base.</p>	<p>proposal consultation – noted. PH20 focuses on universal interventions used as part of an organisation wide approach. Targeted interventions are outside the scope of this guidance. If Targeted Mental Health in Schools (TAMHS) was provided as an organisation wide programme, this intervention may already be included under the apaches recommended in PH20. If, as implied by the title of TAMHS, the programme is targeted to only some students identified with relevant needs, then the intervention is likely to be outside the scope of the guidance. PH20 does, however, recommend that establishments have access</p>

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				<p>to the specialist skills, advice and support they require (including educational psychology and child and adolescent mental health services). Extending or revising the interventions considered in the recommendations would normally require new evidence review and advisory body consideration. Consideration of TAMHS may also require referral of a new topic to NICE. NICE GE agreed that an update of PH20 was not required at this time.</p> <p>CPHE will consider if another product such as a Local Government Briefing might be considered for development within its work programme to summarise guidance on social and emotional</p>

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				wellbeing, taking note of current organisational and policy context.
BPS		General	<p>In general, The Society believes that the current recommendations are too general and broad in scope to always be very useable practically although recognises that this is in part due to a limited base of good quality evidence. In support of this view in practice a recent scoping survey study in Child and Adolescent Mental Health involving 599 primary and 137 secondary schools in England found that although two thirds of school approaches focused on all pupils, these were predominantly reactive, rather than preventive interventions. They were also largely not evidence-based, were instead based on a plan while open to adaptation (Vostanis, Humphrey, Fitzgerald, Deighton & Wolpert, 2012).</p> <p>The Society believes that it would be useful for the guidance to be updated to focus more on specific recommendations for practice.</p> <p>Vostanis, P., Humphrey, N., Fitzgerald, N., Deighton, J. and Wolpert, M. (2012), How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools. Child and Adolescent Mental Health. doi: 10.1111/j.1475-3588.2012.00677.x</p>	Comments noted.
BPS		3	<p>There is a wealth of widely available evidence relating to the national TAMHS project and outcomes from this (http://www.chimat.org.uk/camhs/tamhs/eval). There is both national and local evaluation data available. Given that there has been a significant investment of money and national roll-out of this programme it seems</p>	Comments noted – please see response to first comment in related to TAMHS (above). Emerging evidence on

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			<p>important that this work is recognised and learnt from. The Society is unaware whether or not this was considered and would appreciate clarification regarding this.</p> <p>The original guidance provides some suggestions for further research, and whilst the numerous local evaluations of TAMHS were not specifically designed to address these suggestions, the data collected could be helpfully used to begin to fill in some of the gaps in research around promoting mental health in secondary settings.</p> <p>Additionally the rationale for the specific mention of mindfulness without any mention of many of the other large scale studies of specific approaches in schools such as the UK Resilience programme based on the Penn Resiliency Project is unclear. (Both the first and second interim reports are available at- https://nationalstrategies.standards.dcsf.gov.uk/publications/eOrderingDownload/DFE-RB006.pdf). Clarification regarding all of the interventions discussed and considered would be very helpful in understanding the decision to defer updating the guidelines for a further three years.</p>	<p>Mindfulness was discussed at the expert panel meeting. In the review proposal document it was suggested that this was not a reason in itself to update the guidance. NICE consider that the same argument would apply to the UK Resilience programme (if within the scope of PH20). Thank you for identifying the UK Resilience programme.</p>
BPS		3	<p>There is some evidence available for specific training approaches in the promotion of Social and Emotional Well-being. Again, the existing guidance is very vague and states that teachers should receive more training but does not mention how this should be achieved. Recent research indicates that there are still gaps in teacher training and support in relation to schools promoting emotional wellbeing (Vostanis, Humphrey, Fitzgerald, Deighton & Wolpert, 2012).</p> <p>There have been recently published studies supporting the effectiveness</p>	<p>Thank you for your comment – the uncertainty in the area of training is noted.</p>

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			of Youth Mental Health First Aid, for example, as a training package for secondary teachers (Jorm, Kitchener, Sawyer, Scales & Cvetkovski, 2010) Jorm et al.: Mental health first aid training for high school teachers: a cluster randomized trial. BMC Psychiatry 2010 10:51.	
BPS		3	With the move to compulsory education to 18 years next year, The Society believes that a review will be both timely and necessary, to ensure that we are promoting and meeting the needs of young people's social and emotional well-being in secondary education.	Thank you – this was noted by NICE Guidance Executive in considering the final review decision. Consideration of this change could be a topic for future consideration should new guidance be referred to NICE for development.
BPS		3	The Society believes that the research into the SEAL interventions could yield important guidance but we believe the evidence needs to be evaluated carefully because the effects may have been obscured by variability in the delivery of the intervention between schools. A small-scale study in 2007 by B. Norwich et al (Exeter University), into the delivery of the Primary School SEAL programme, reported great differences in how the intervention was delivered, between School Staff (SEAL area Coordinators, Head teachers, SENCOs) and pupils.	Comment noted. Evidence and experience in implementing SEAL – including variation in 'intervention fidelity' – was considered at the expert panel meeting and reported in the review proposal.
BPS		3	The Society would welcome an update to consider the training of all	Recommendation 6 of PH20

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			Service providers including Educational Psychologists and Trainee Educational Psychologists.	is relevant to training and development of all practitioners working with young people in secondary education and therefore includes educational psychologists (and trainees, in partnership with their training providers and accrediting body).
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	General		<p>“If a pupil’s medical needs are inadequately supported this can have a significant impact on a pupil’s academic attainments and/or lead to emotional and behavioural problems” <i>Supporting Pupils with Medical Needs</i> Department of Health/Department for Education</p> <p>There is new evidence¹⁻⁴, post 2009, of the widespread and systematic failure of schools and the education system to meet even minimal levels of supporting the emotional and social wellbeing at school of young people with sickle cell disorders (SCD), the most common monogenetic condition in England.</p> <p>The cause of sickle cell crisis pain (pain that at its most extreme is so excruciating that it may be treated with opiate pain-killers) is attributed by young people with SCD to the actions of others at school. 25% said that emotional upset caused by another pupil had caused their painful crisis. But 30% said that being upset by a teacher had caused their painful crisis.</p>	Noted - PHIAC considered that promotion of social and emotional wellbeing across secondary education foster supportive and secure school environments and support those with special needs and/or long term health conditions or disabilities.

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			38% said the teacher did not believe they were in pain, and in 73% of cases schools had no arrangements for dispensing (mild, non-opiate) pain killers. There is nothing in the guidance to address the problem where the discrimination, bullying and cause of emotional distress emanate from the school itself. Chronic pain (young people with SCD suffer both acute and chronic pain) is of course itself strongly associated with depression.	
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Recommendation 1		Strategic Framework: As over 95% of young people with SCD are from BME communities, this does suggest that, contrary to statements from NICE concerning the redrafting of its guidance, there are equality and diversity issues that need to be addressed in the new guidance, perhaps by cross-referencing the Equality Act	PHIAC considered that promotion of supportive and secure school environments support those with special needs and/or long term health conditions or disabilities. This is described in the 'Considerations' section of the guidance (see section 3.4). NICE guidance and review proposals are developed with careful consideration of relevant equalities legislation – including the Equality Act 2010 as well as NICE Social Value Judgements.

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				Implementation of NICE guidance locally should be applied with reference to relevant legislation and due regard for consideration of equalities. NICE understand that one possible function of new Joint Strategic Needs Assessment is to help identify needs of the local population and to plan accordingly.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Recommendation 2		<p>Key principles and conditions: The guidance emphasizes promotion of well-being but does so in a context where prior and even more basic factors, including NOT being an actively health-damaging school have not been addressed. For example:</p> <p>Evidence of health damaging effects of school on young people with SCD includes:</p> <p>57% not being allowed to use the toilet when required (young people with SCD cannot concentrate urine so need to pass quantities of dilute urine)¹ 46% not allowed to drink water in class (a basic precautionary measure preventing episodes of illness)¹</p>	PH20 focuses on universal interventions used as part of an organisation wide approach, with the aim of supporting all those involved in secondary education. The remit for the guidance, or its update, does not include development of recommendations specific for groups of students.

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TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Recommendation 3		<p>Curriculum approaches: The guidance emphasizes “reducing disruptive behaviour” but the strategies taught to young people with SCD by clinicians to manage their condition (the expert patient) are themselves regarded as disruptive of school routines³. The NICE guidance, by sanctioning “reducing disruptive behaviour”, without considering what that phrase means, effectively endorses school approaches that are actively damaging to the well-being of young people with SCD. The guidance also emphasizes “reducing bullying” without any apparent recognition that the source of bullying for some young people with SCD are some school staff, PE teachers or classroom teachers</p> <p>Evidence of health damaging effects of school on young people with SCD in this respect includes:</p> <p>36% young people with SCD report being made to do unsuitable exercise¹, a form of bullying of the young person, especially by PE teachers. This was statistically strongly and inversely related to the PE teacher knowing the child had SCD².</p> <p>33% young people with SCD were called lazy by the teacher when the young person was tired from their severe anaemia¹. This dovetails into existing racist stereotypes of Black children, and to this extent might itself be held to constitute racism.</p>	PHIAC considered that promotion of supportive and secure school environments support those with health conditions and consideration of their requirements, for example, by providing opportunities them to discuss personal issues and emotional concerns (noting local policies on how content of discussions are managed). Please see PH20, recommendation 5.
TASC Unit (Unit for the Social Study of Sickle Cell and	Recommendation 4		<p>Working with parents and families: The guidance positions the source of problems with social and emotional wellbeing as with the parents (and</p>	NICE does not consider that PH20 ‘positions’ that

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Thalassaemia, De Montfort University)			<p>their possible lack of parenting skills). However, despite young people with SCD missing over 16 days of school through sickle cell-related illness, schools were not implementing catch up arrangements because they interpreted the 1996 Education Act requirement to make alternative arrangements when a child misses more than 15 days in a narrow way as meaning 15 days in a row (the young people with SCD were missing over 16 days a year but in short blocks of 2-3 days)¹. Moreover, 12% of young people with SCD missed more than 63 sessions (the threshold for being considered “persistently absent¹”) Rather than address their lack of policies for helping all young people catch up, schools were instead, for example, (i) labelling the mother as aggressive, pushy and herself in need of psychological assessment for being assertive in asking the school to make arrangements, (ii) were writing threatening legal letters to parents where the young person had substantial periods of illness resulting in school absences instead of considering their own lack of policies on helping the child to make up for absences or (iii) excluded the young person with SCD from school for six weeks to take the young person away from the “negative peer group” (ie the bullies bullying the young person with SCD).</p>	<p>problems with social and emotional wellbeing are wholly and certainly concerned with parenting skills. PHAIC agreed that working with and provision of support to parents could be beneficial and represented an effective use of resources.</p> <p>NICE guidance does not have a remit to comment on implementation of specific government legislation. NICE understands that current statutory guidance on Educating children with health needs states that the obligations on local authorities to provide education as based on an assessment of a ‘consecutive or cumulative’ absence of 15 days (DoE 2013) and ‘needs of</p>

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				individual children in arranging provision'. The remit for the guidance, or its update, does not include development of recommendations specific for groups of students or specific situations. It does not exclude people with special needs and/or long term health conditions or disabilities.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Recommendation 5		Working in partnership with young people: Young people may be made aware of their “rights of confidentiality” but for young people with SCD being asked to sit in reception/outside a headteacher’s office whilst in pain before being collected and taken home, and/or being taken away by ambulance when rendered ill by lack of school care, effectively breaks such confidentiality by putting the young person with SCD on display to be witnessed by the whole school. Not all young people wish for disclosure of their condition ² .	The remit for the guidance, or its update, does not include development of recommendations specific for groups of students or specific situations. Arrangements for provision and implementation of healthcare within schools are not considered in PH20. Recommendation 6 includes training of relevant staff in relation to ‘different medical

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				conditions.... to ensure young people with these conditions are not bullied, inappropriately excluded from school activities or experience any undue emotional distress'.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Recommendation 6		Training and continuing professional development Whilst such training and continuing professional development on SCD for school staff would be very welcome, evidence strongly suggests that by itself this is NOT sufficient. ² Whilst this evidence endorses the whole school approach suggested by NICE, the capacity to think about what that whole school policy should be for people with medical conditions is closed down because SCD raises new and different issues than the medical conditions traditionally used as examples (asthma, diabetes, epilepsy and anaphylaxis) where advice tends to be limited to what to do in an emergency and what drugs to dispense (which, as we have seen, for over three-quarters of young people with SCD the schools fail to do anyway) In particular SCD raises the issues of preventive and precautionary measures in safeguarding health and hence wellbeing.	Recommendation 6 includes ensuring practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing. Training to support this may cover listening skills, identifying and responding to the needs of young people and the issues in relation to different medical conditions (the list provided in the guidance is illustrative, and not intended to be exhaustive). Arrangements for specific

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				provision and implementation of healthcare within schools are not considered in PH20.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Section 2		Public Health Needs and Practice suggests that “Children and young people who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances are at higher risk of experiencing emotional and behavioural difficulties”. This section then mentions young people at school with medical conditions as being a risk group but implies the vulnerability to being bullied, excluded or distressed comes from other pupils whereas for young people with SCD the bullying, exclusion and distress also comes from (some) school staff.	Comment noted.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	Section 3.2		Considerations states that “Good social skills, positive relationships and resilience can protect young people against low self-esteem and problematic behaviour (and other risks to mental health). It can also help them to benefit from educational opportunities.” This seems to run counter to other parts of the guidance emphasizing the whole school environment, by implying that the responsibility lies within individual characteristics, thereby laying down the groundwork for blaming the young person themselves. Social skills are themselves undermined by the intermittent nature of school absences in young people with SCD ¹ . Positive relationships depend upon the context not just the individual characteristics of the person (for example disclosing to others can have positive or negative effects depending upon the context ²). Most young	The consideration represents PHIAC understanding of inventions (such as whole school approaches) to support social and emotional wellbeing, facilitators/conduits (such as development of social skills and relationships) and outcomes (such as low self-esteem). PHIAC considered

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			people with SCD are already resilient and are rarely engulfed even though they face, variously, acute pain episodes (at the level of the pain of terminal cancer), chronic pain, haemorrhagic strokes, infarctive strokes, retinal problems, jaundice, necrosis of the shoulders or hips, chronic anaemia, sepsis, infection, acute chest syndrome, splenic sequestration, dactylitis, priapism, or recurrent/non-healing leg ulcers. Whether they ever do become overwhelmed by their symptoms depends to a large extent on the reactions of others.	that promotion of supportive and secure school environments support those with special needs and/or long term health conditions or disabilities.
TASC Unit (Unit for the Social Study of Sickle Cell and Thalassaemia, De Montfort University)	General		<p>The evidence can be found at:</p> <ol style="list-style-type: none"> 1. Dyson, SM; Abuateya, H; Atkin, K; Culley, LA; Dyson, SE; and Rowley, DT (2010) Reported school experiences of young people living with sickle cell disorder in England <i>British Educational Research Journal</i> 36 (1): 125-142 [ISSN 0141-1926] http://dx.doi.org/10.1080/01411920902878941 2. Dyson, SM; Atkin, K; Culley, LA; Dyson, SE; Evans, H and Rowley, DT (2010) Disclosure and sickle cell disorder: a mixed methods study of the young person with sickle cell at school <i>Social Science and Medicine</i> 70 (12) 2036-2044. [ISSN: 0277-9536] http://dx.doi.org/10.1016/j.socscimed.2010.03.010 3. Dyson, SM; Atkin, K; Culley, LA; Dyson, SE; and Evans, H (2011) Sickle cell, habitual dyspositions and fragile dispositions: young people with sickle cell at school <i>Sociology of Health and Illness</i> 33 (3): 465-483 [ISSN: 0141-9889] http://onlinelibrary.wiley.com/doi/10.1111/j.1467- 	References noted – thank you.

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			9566.2010.01301.x/full 4. Dyson, SE, Atkin, K, Culley, LA, Demaine, J and Dyson, SM (2012) School ethos and variation in health experience of young people with sickle cell disorder at school <i>Diversity and Equality in Health and Care</i> 9 (1): 33-44. [ISSN 2049-5471] http://www.ingentaconnect.com/content/rmp/dehc/2012/00000009/00000001/art00005	
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for confirming the Department of Health response to this review proposal consultation.
Faculty of Public Health - Mental Health Committee	General		<p>FPH welcomes the proposal to update guidance on social and emotional wellbeing in schools. Recent changes in education policy have resulted in cut backs to these programmes in schools and also in teacher training programmes (see NIHR PHR Report 09/3005/12). In this context it is vital that the guidance makes reference to the impact of SEW programmes on academic achievement and longer term outcomes of economic significance.</p> <p>From the point of view of public mental health, consideration could be given to using the phrase 'social, psychological and emotional wellbeing' or 'social, mental and emotional wellbeing' rather than just the phrase 'social and emotional wellbeing'. The latter would bring the guidance more</p>	<p>Thank you for your response to this review proposal consultation. PH20 used the following definition "the purposes of the guidance, 'social and emotional wellbeing' encompasses:</p> <ul style="list-style-type: none"> • happiness, confidence and not feeling depressed (emotional wellbeing)

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			<p>in line with current health policy (No Health without Mental Health and Healthy Lives Healthy People) which has given a legitimate place to 'mental wellbeing' in the public health agenda. It would also signal the health benefits more clearly. To omit to use the term 'psychological' or 'mental' in terms of wellbeing is to negate their importance., Wellbeing is more than social and emotional; it includes good mental or psychological functioning as well. Adopting these types of words could gradually make them more acceptable and thereby help to reduce the stigma surrounding these issues.</p>	<ul style="list-style-type: none"> • a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others (psychological wellbeing) • the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing).” <p>The guidance acknowledges that social and emotional wellbeing supports other outcomes in education and beyond, although linkage of specific interventions and academic attainment where intentionally not considered in development of the recommendations. Comments noted. PHIAC</p>

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				<p>agreed that social and emotional wellbeing was important to support health of young people, including future health as an adult. It also agreed (as above) that wellbeing may support other outcomes such as learning and being resilient.</p> <p>PH20 includes recommendations to ensure educational establishments and those in education have access to specialist services and support they require.</p> <p>The guidance does not have the remit to consider specific provision for mental health and, accordingly, the term 'social and emotional wellbeing' was selected to avoid implying the development of the guidance involving considerations that it did not</p>

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				(that is, of inventions direct effect on mental health or cognitive performance or interventions for people with specific needs in relation to their mental health or learning). The term 'social and emotional' is used by programmes such as Social and Emotional Aspects of Learning (SEAL) which were being implemented at the time PH20 was developed.
Faculty of Public Health - Mental Health Committee	General		The link between social and emotional development and drug and alcohol misuse should be made more clearly in the new guidance. These are both important risk factors for more severe mental health problems and at the same time indicators of lack of wellbeing. Alcohol being a CNS depressant increases the risks of anxiety and depression and cannabis increases the risk of schizophrenia. They are also of concern to secondary schools.	Comments noted. Extending the scope of the guidance may require an additional referral to NICE. NICE Guidance Executive agreed that an update of PH20 was not required at this time.
Faculty of Public Health - Mental Health Committee	General		The development of tools for monitoring wellbeing in schools would make a good addition to the guidance. There are now new measures which focus on wellbeing instead of disease, illness and risk factors, and it is becoming clear that focusing on the positive is a positive intervention in its	Noted – thank you.

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			own right.	
Faculty of Public Health - Mental Health Committee	1.Recommendation 1		Obviously instead of PCTs being mentioned, CCGs, PHE and the NCB will have to be mentioned in readiness for April 2013.	Noted - CPHE will consider if another product such as a Local Government Briefing might be developed to summarise guidance on social and emotional wellbeing, taking note of the relevant organisational and policy context.
Faculty of Public Health - Mental Health Committee	1.Recommendation 3		In the list of skills that should be developed, personal resilience could be specifically mentioned. This is a valued outcome in both health and education.	Noted – thank you.
NHS North East London	General		1. Important to “require” CCG’s to strategically commission for integrated provision.	Noted - CPHE will consider if another product such as a Local Government Briefing might be developed to summarise guidance on social and emotional wellbeing, taking note of the relevant organisational and policy context. It briefing could include relevant material for commissioning

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				(including representatives of Clinical Commissioning Groups involved in Health and Wellbeing Boards).
NHS North East London			2. Necessary to refer to Health and Well-being Boards as key decision-making mechanism and that this should remain a priority	As above, an additional NICE product, a Local Government Briefing could support implementation of NICE guidance on social and emotional wellbeing.
NHS North East London			3. As with Local Authorities and schools. Budgets cuts to universal and school available provision are being made nationally	PHIAC agreed that the recommendations within PH20 were likely to be cost effective use of resources. NICE produce tools to support implementation, including tools summarising potential cost impact of social and emotional wellbeing programmes in secondary education.
NHS North East London			4. Guidance should make clear that de-commissioning of front line provision should be subject to scrutiny and consultation	This would not be within the remit of NICE to make such a recommendation.

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				NICE identifies area for potential 'disinvestment' when developing guidance.
NHS North East London			5. Unless guidance is updated it will be far too easy for new commissioning structures and mechanisms to discount it and claim it out of date.	Comment noted – thank you. CPHE will consider if another product such as a Local Government Briefing might be developed to summarise guidance on social and emotional wellbeing, taking note of Relevant commissioning structures.
NHS North East London			6. In particular individual school purchasing power and the requirement for AQP has risks of provision being commissioned that is not subject to clinical governance requirements. This is increasingly the case. Hence the necessity for integrated planning and commissioning. However this requires resources and requirement.	Comments noted.
Royal College of Nursing	General		The Royal College of Nursing notes proposals to defer the update of this public health guidance for a further three years. There are no comments to make on this proposal on behalf of the Royal	Thank you for confirming the Royal College of Nursing response to this review proposal consultation.

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			College of Nursing.	
Royal College of Paediatrics and Child Health	General		We agree with the review decision	Thank you for your response to this review proposal consultation.
Royal College of Paediatrics and Child Health	Are there any areas excluded from the original scope that you feel need to be addressed in any update decision? If so, please explain.		<p>Given the original health economic analysis only identified one study (bullying) of sufficient quality to generate an economic model, it would be interesting to know if there are any new high quality studies which may confirm the original NICE guidance but could now be used for further economic analysis.</p> <p>There needs to be more consideration and thought given to the needs of children with SEN, disabilities and long term health conditions. This group is not an “add on”. The evidence is that their life and health outcomes are likely to be poorer and they are less likely to be in employment.</p> <p>Key facts are:</p> <ul style="list-style-type: none"> • 770,000 disabled children in the UK – automatically children ‘in need’ • 93% of families report financial difficulties • Disabled young people are more than twice as likely not to be in education, employment or training • Over half of all parents report relationship difficulties • Disabled children over 8 times more likely to be permanently excluded from school • 80% of disabled children have been bullied 	<p>Comments noted – thank you.</p> <p>NICE are aware of evaluations of Social and Emotional Aspects of Learning programmes and interventions for people with Special Educational Need (evidence from primary education). These were discussed with the expert panel (as summarised in the review proposal document). PH20 focuses on universal interventions used as part of an organisation wide approach. Targeted interventions are outside the scope of this guidance and consideration of specific groups of</p>

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			<p>There needs to be more consideration given to meeting learning needs and the impact on social and emotional wellbeing – including academic and non-academic subjects. Sometimes those with a “vocational” subject interests may feel “second best”.</p> <p>Application of the guidance to training establishments and colleges for those who leave school at 16 but remain in education/training beyond that.</p>	<p>people in secondary education (such as those with SEN) may require an additional referral to NICE.</p> <p>PH20 includes all secondary educational establishments. NICE is aware of proposals to extend compulsory education (including training and vocational activities) to 18 Years.</p>
<p>Royal College of Paediatrics and Child Health</p>	<p>Are there any equality issues relevant to the guideline that you do not feel have been adequately addressed? If so,</p>		<p>There should be more consideration and thought given to the needs of children with SEN, disabilities and long term health conditions.</p> <p>Are special schools included – if not, why not?</p>	<p>PH20 includes all secondary educational establishments, and recommendations are relevant to those with a special educational need. Recommendations were not developed, however, which are specific to people with a SEN.</p> <p>PH20 focuses on universal interventions used as part of an organisation wide approach. Targeted interventions are outside the scope of this guidance.</p>

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	please explain.			
Royal College of Paediatrics and Child Health	Any other comments		Who will pay to support and promote social and emotional wellbeing in secondary education as schools' budgets seem to be increasingly under pressure?	Comment noted. NICE does not have the remit to set or control allocation of budgets with education. However, as cost effectiveness is considered in developing recommendation, implementing the recommendations within PH20 were likely to be cost effective use of resources.
Staffordshire County Council	General		SEAL – in the absence of new guidance or similar initiatives is SEAL still the recommended approach?	The PH20 was developed with the aim of placing the guidance in the context of initiatives on-going at that time. PHAC was aware of programmes such as Social and Emotional Aspects of Learning (SEAL) when developing recommendations. The guidance

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				complements existing initiatives to promote social and emotional wellbeing, by providing recommendations on principles and components of activities to support social and emotional wellbeing. It does not specifically recommend any one approach or programme.
Staffordshire County Council	General		National Healthy Schools is not available now although we as an authority have a Staffordshire programme.	Comment noted. NICE is aware that although there are changes to national provision of the Healthy Schools programme, activities and systems relevant to a Health Schools approach are in use (as indicated in your comment – thank you).
Staffordshire County Council	General		Changes in arrangements around PCTs and GP Commissioning groups	CPHE will consider if

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			may need to considered	another product such as a Local Government Briefing might be developed to summarise guidance on social and emotional wellbeing, taking note of relevant structures in education, health and social care.
Staffordshire County Council	General		We are still waiting for outcomes of a review of the PHSEE Curriculum	Comment noted.
Staffordshire County Council			The above would suggest that whilst a full scale review of the advice is not required a- it does need updating in line with current systems and context.	Thank you for your response to this review proposal consultation. CPHE will consider if a Local Government Briefing would support implementation of NICE guidance on social and emotional wellbeing.

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