NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH DRAFT GUIDANCE

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Promoting young people's social and emotional wellbeing in secondary education

NICE public health guidance X

Introduction

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on promoting the social and emotional wellbeing of young people in secondary education.

The guidance is for those who have a direct or indirect role in, and responsibility for, the social and emotional wellbeing of young people in secondary education. This includes teachers, school governors and professionals with public health as part of their remit working in education, local authorities, the NHS and the wider public, independent, voluntary and community sectors. It may also be of interest to parents of young people in secondary school and other members of the public.

The guidance complements, but does not replace NICE guidance relating to children and young people: social and emotional wellbeing in primary education; physical activity; depression; attention deficit hyperactivity disorder and managing children with conduct disorders (for further details, see section 7).

The Public Health Interventions Advisory Committee (PHIAC) has considered both the review of the evidence and the economic analysis.

This document sets out the Committee's preliminary recommendations. It does not include all sections that will appear in the final guidance. NICE is

now inviting comments from stakeholders (listed on our website at www.nice.org.uk).

Note that this document does not constitute NICE's formal guidance on promoting young people's social and emotional wellbeing in secondary education. The recommendations made in section 1 are provisional and may change after consultation with stakeholders and fieldwork.

The stages NICE will follow after consultation (including fieldwork) is summarised below.

- The Committee will meet again to consider the comments, reports and any additional evidence that has been submitted.
- After that meeting, the Committee will produce a second draft of the guidance.
- The draft guidance will be signed off by the NICE Guidance Executive.

For further details, see 'The public health guidance development process: an overview for stakeholders including public health practitioners, policy makers and the public' (this document is available at www.nice.org.uk/phprocess).

The key dates are:

Closing date for comments: 18 March 2009.
Second Committee meeting: 24 April 2009.

Members of PHIAC are listed in appendix A and supporting documents used to prepare this document are listed in appendix E.

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

Contents

1 Recommendations

When writing the recommendations, the Public Health Interventions Advisory Committee (PHIAC) (see appendix A) considered the evidence of effectiveness and cost effectiveness. Note: this document does not constitute NICE's formal guidance on this intervention. The recommendations are preliminary and may change after consultation.

The evidence statements underpinning the recommendations are listed in appendix C.

The evidence review/s, supporting evidence statements and economic analysis are available at www.nice.org.uk/Guidance/PHIG/Wave16/1

Why social and emotional wellbeing is important

Young people's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a young person and as an adult). In addition, it can determine how well they do at school, thus affecting their long-term social and economic wellbeing. Good social, emotional and psychological health helps protect young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol ('Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education' Adi et al. 2007).

Definitions

For the purposes of this guidance, 'social and emotional wellbeing' comprises:

- emotional wellbeing (happiness, confidence – and not feeling depressed)
- psychological wellbeing (including having a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others)
- social wellbeing (ability to have good relationships with others and to avoid development of a conduct disorder, delinquency, violence or bullying).

Whole-school approaches help all students to develop social and emotional skills, as well as providing specific help for those most at risk (or already showing signs) of social, emotional and behavioural problems. This guidance focuses on universal interventions used as part of a whole-school approach, that is, interventions that can be used to support all students. Targeted approaches are outside the scope of this guidance.

National initiatives

This guidance complements existing national initiatives to promote social and emotional wellbeing. It should be considered in the context of the:

- Social and Emotional Aspects of Learning (SEAL) programme (Department for Education and Skills 2005a),
- Healthy Schools programme (Department for Education and Skills 2005b)
- statutory requirement for personal, social and health education (PSHE) and related community-based initiatives.

These all stress the importance of enabling young people to participate fully in the development of such programmes to ensure their views are heard.

Recommendations

Recommendation 1 Strategic framework

Who is the target population?

Professionals working with young people in secondary education.

Who should take action?

- Commissioners and providers of services to young people in secondary education including those working in:
    - children's trusts
    - local authorities (education, children's and youth services)
    - schools
    - primary care trusts (PCTs)
    - child and adolescent mental health services

  - voluntary agencies.

- School governors.

What action should they take?

- Help all secondary education establishments to adopt a whole-school approach to promoting the social and emotional wellbeing of students. This approach should encompass organisation and management issues as well as curriculum-based activities and form part of the local children and young people's plan (including joint commissioning arrangements). It will involve:
  - recognising that such measures can help achieve the Outcome Framework targets (HM Government 2004) and National Healthy Schools status
  - supporting schools to develop the necessary organisational capacity (management skills and arrangements, as well as specialist skills and resources)
  - monitoring the progress of schools and addressing any variation in standards to ensure all students benefit, particularly those at risk of poor mental health.

- Ensure secondary education establishments have access to the specialist skills, advice and support they require to promote social and emotional wellbeing. Such services may be offered by public, private, voluntary and community organisations. It may involve those working in local authority advisory services, personal, social and health education (PSHE), educational psychology and child and adolescent mental health services.

Recommendation 2 Whole-school principles and conditions

Who is the target population?

Young people in secondary education (aged 11–19 years), their parents, carers and teachers.

Who should take action?

- Head teachers, governors, teachers and practitioners working with young people in secondary education.

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

What action should they take?

- Provide leadership and be committed to promoting the social and emotional wellbeing of all students. This includes integrating issues relating to social and mental wellbeing within corporate policies and activities, including school improvement plans.

- Foster an ethos that promotes positive behaviours for learning and for successful relationships among students. Create a culture of equity that seeks to ensure all students' mental wellbeing and, by doing so, addresses the needs of those who may be at risk of poor mental health. Provide a safe environment which reduces the threat of any form of bullying and violence.

- Provide robust mechanisms to ensure students can contribute to decisions which could influence their social and emotional wellbeing (as well as their learning and academic opportunities).

- Enlist the help of parents and carers to develop approaches that promote students' social and emotional wellbeing.

Recommendation 3 Curriculum approaches

Who is the target population?

Young people in secondary education (aged 11–19 years), their parents, carers and teachers.

Who should take action?

- Head teachers, teachers and practitioners working with young people in secondary education.

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

What action should they take?

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

- Tailor social and emotional skills development to the developmental needs of students. It should build on learning in primary education and be sustained throughout the student's school career.

- Consider recruiting and training peer educators (or mediators) to act as mentors to other students. They should promote positive relationships and help resolve conflicts, with the support of teachers.

- Help parents and carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners.

- Reinforce the curriculum on developing social and emotional skills and wellbeing by integrating relevant activities into all areas of school life. For example, such skills might be developed using projects set for homework or via community-based and individual voluntary work.

Recommendation 4 Training

Who is the target population?

Professionals working with young people in secondary education.

Who should take action?

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

What action should they take?

- Train teachers and practitioners in the knowledge, understanding and skills they need to develop young people's social, emotional and psychological wellbeing. Provide them with the necessary ongoing development support.
- Ensure those providing the training are appropriately qualified. They may be working in children's services, healthy schools teams, educational psychology or behaviour support or child and adolescent mental health services within the public, voluntary or private sectors.

2 Public health need and practice

Young people's social and emotional wellbeing is important in its own right but also because it affects their physical health (in the short and longer term). It can determine whether or not they develop healthy lifestyles. It can also determine how well they do at school. Good social and emotional wellbeing can also help to avoid behavioural problems and improve health later in life (Kuh et al. 1997; Graham and Power 2003; Colman et al. 2009).

One in 10 students in secondary education say they are not happy and one in three reports feeling low each week (Morgan et al. 2006). Over a third (35%) of students in mainstream secondary schools fear being bullied and just under a quarter (23%) report having been bullied (MORI 2004).

The prevalence of mental illness among young people increased between 1974 and 1999 (Collishaw et al. 2004). However, this upward trend was halted between 1999 and 2004 (Office for National Statistics 2004).

In 2004, 12% of young people aged 11–16 years had a clinically diagnosable mental illness (Office for National Statistics 2004): conduct disorders (almost 7%) and emotional disorders (5%) were the most common among this age group. Generally, mental illness affects boys more than girls.

A third of children (33%) with conduct disorders have been excluded from school at some point and nearly a quarter (22%) have been excluded more than once (Office for National Statistics 2004).

The more disadvantage a young person experiences the more likely they are to experience mental illness. Mental illness is also more likely to affect children living with disrupted families (lone parent or reconstituted) and parents who have no education qualifications (Office for National Statistics 2004). Looked after children and young carers may be at particular risk.

The relationship between ethnicity and mental disorders is difficult to interpret (Office for National Statistics 2004).

3 Considerations

PHIAC took account of a number of factors and issues when developing the recommendations.

3.1 PHIAC adopted an holistic approach to 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. It supports students with special needs.

3.2 Despite limitations in the evidence, PHIAC considers that a number of principles for good practice have been established in progressive secondary establishments. For example, the Social and Emotional

Aspects of Learning (SEAL) programme has provided clear principles to guide practice. In particular, strong leadership, good management and organisation appear to be prerequisites for successful interventions.

3.3 The guidance should be adopted within the context of the services (and processes) involved in promoting young people's social and emotional wellbeing in secondary education. These may range from school-based, universal services to the referral and treatment of young people with a mental illness.

3.4 Schools have a clear role to play in promoting young people's social and emotional wellbeing. It can protect them against low self-esteem, problematic behaviour (and other risks to mental health) as well as giving them the potential to benefit from educational opportunities.

3.5 Secondary education establishments vary considerably in terms of the progress they have made to address students' social and emotional wellbeing. PHIAC considers that the recommendations will address this inequity in provision.

3.6 Prevention of abuse is not the primary focus of this guidance. However, as neglect and abuse of young people can lead to mental health problems, it must be used in conjunction with local child protection policies and other procedures to safeguard young people.

3.7 Effective social and emotional wellbeing programmes in secondary education are based on partnership working with young people. Ensuring they can express their views and opinions is a vital aspect of this partnership working.

3.8 It is very difficult to estimate whether or not social and emotional wellbeing programmes are cost effective. However, PHIAC judged

that whole-school approaches (which include changes to the curriculum) are likely to be cost effective.

3.9 The national Social and Emotional Aspects of Learning (SEAL), Healthy Schools programmes and the statutory provision of personal, social and health education (PSHE) provide important vehicles for implementing these recommendations. The same is true of related local policies on, for example, anti-bullying.

3.10 The recommendations should help schools evaluate their progress towards the outcomes set out in 'Every child matters' (HM Government 2004). They should also help them meet their responsibility to promote the 'wellbeing' of students – an obligation which is subject to the inspection process.

3.11 Young people's social and emotional wellbeing is influenced by a range of factors, from their individual make-up and family background to the community within which they live and society at large. As a result, school-based activities can only form one element of a broader, multi-agency strategy to develop and protect their social and emotional wellbeing. Other elements will include, for example, the development of policies and partnerships to improve the social and economic circumstances of young people living in disadvantaged circumstances.

3.12 This guidance does not consider:

- the effectiveness of interventions in relation to educational attainment
- interventions that address the relationship between social and emotional wellbeing and factors such as physical activity levels and nutrition
- the assessment of young people with special needs
- clinical interventions for established mental illness.

However, PHIAC recognised that the promotion of physical activity in secondary education can make an important contribution to the social and emotional development of young people.

4 Implementation

NICE guidance can help:

- Children's services, social care and NHS organisations, meet the requirements of the Department of Communities and Local Government's 'The new performance framework for local authorities and local authority partnerships'.
- National and local organisations within the public sector meet government indicators and targets to improve health and reduce health inequalities.
- Local authorities fulfil their remit to promote the economic, social and environmental wellbeing of communities.
- NHS organisations meet DH standards for public health as set out in the seventh domain of 'Standards for better health' (updated in 2006). Performance against these standards is assessed by the Healthcare Commission, and forms part of the annual health check score awarded to local healthcare organisations.
- NHS organisations, social care and children's services meet the requirements of the DH's 'Operating framework for 2008/09' and 'Operational plans 2008/09–2010/11'.
- Local NHS organisations, local authorities and other local public sector partners benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.
- Provide a focus for multi-sector partnerships for health, such as local strategic partnerships.

NICE will develop tools to help organisations put this guidance into practice. Details will be available on our website after the guidance has been issued (www.nice.org.uk/PHxx).

5 Recommendations for research

This section will be completed in the final document.

More detail on the gaps in the evidence identified during development of this guidance is provided in appendix D.

6 Updating the recommendations

This section will be completed in the final document.

7 Related NICE guidance

Published

Promoting physical activity for children and young people. NICE public health guidance 17 (2009). Available from: www.nice.org.uk/PH17

Attention deficit hyperactivity disorder (ADHD). NICE clinical guideline 72 (2008). Available from www.nice.org.uk/CG72

Social and emotional wellbeing in primary education. NICE public health guidance 12 (2008). Available from www.nice.org.uk/PH12

School-based interventions on alcohol. NICE public health guidance 7 (2007). Available from www.nice.org.uk/PH7

Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007). Available from www.nice.org.uk/PH4

Parent-training/education programmes in the management of children with conduct disorders. NICE technology appraisal 102 (2006). Available from www.nice.org.uk/TA102

Attention deficit hyperactivity disorder (ADHD) – methylphenidate, atomoxetine and dexamfetamine. NICE technology appraisal 98 (2006). Available from www.nice.org.uk/TA98

Depression and anxiety: computerised cognitive behaviour therapy. NICE technology appraisal 97 (2006). Available from www.nice.org.uk/TA97

Bipolar disorder. NICE clinical guideline 38 (2006). Available from www.nice.org.uk/CG38

Obsessive compulsive disorder. NICE clinical guideline 31 (2005). Available from www.nice.org.uk/CG31

Depression in children and young people. NICE clinical guideline 28 (2005). Available from www.nice.org.uk/CG28

Self-harm. NICE clinical guideline 16 (2004). Available from www.nice.org.uk/CG16

Eating disorders. NICE clinical guideline 9 (2004). Available from www.nice.org.uk/CG9

Under development

Personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (publication date to be confirmed).

8 References

Adi Y, Killoran A, Janmohamed K et al. (2007) Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. Report 1: universal approaches (non-violence related outcomes). London: National Institute for Health and Clinical Excellence.

Collishaw S, Maughan B, Goodman R et al. (2004) Time trends in adolescent mental health. Journal of Child Psychology and Psychiatry 45 (8): 1350–1360

Colman I, Murray J, Abbott RA et al. (2009) Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort. BMJ 338:a2981

Department for Education and Skills (2005a) Excellence and enjoyment: social and emotional aspects of learning. London: Department for Education and Skills

Department for Education and Skills (2005b) National healthy schools status – a guide for schools. London: Department for Education and Skills

Graham H, Power C (2003) Childhood disadvantage and adult health: a lifecourse framework. London: Health Development Agency

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

Kuh D, Power C, Blane D et al. (1997) Social pathways between childhood and adult health. In: Kuh D, Ben-Shlomo Y, editors A life course approach to chronic disease epidemiology. Oxford: Oxford Medical Publications

Morgan A, Malam S, Muir J et al. (2006) Health and social inequalities in English adolescents. Findings from the WHO health behaviour in school-aged children study. London: National Institute for Health and Clinical Excellence

MORI (2004) Youth survey. London: Youth Criminal Justice Board for England and Wales

Office for National Statistics (2004) The health of children and young people. London: Office for National Statistics

Appendix A Membership of the Public Health Interventions Advisory Committee (PHIAC), the NICE project team and external contractors

Public Health Interventions Advisory Committee

NICE has set up a standing committee, the Public Health Interventions Advisory Committee (PHIAC), which reviews the evidence and develops recommendations on public health interventions. Membership of PHIAC is multidisciplinary, comprising public health practitioners, clinicians (both specialists and generalists), local authority officers, teachers, social care professionals, representatives of the public, patients and/or carers, academics and technical experts as follows.

Professor Sue Atkinson CBE Independent Consultant and Visiting Professor, Department of Epidemiology and Public Health, University College London

Mr John F Barker Associate Foundation Stage Regional Adviser for the Parents as Partners in Early Learning Project, DfES National Strategies

Professor Michael Bury Emeritus Professor of Sociology, University of London. Honorary Professor of Sociology, University of Kent

Professor K K Cheng Professor of Epidemiology, University of Birmingham

Ms Joanne Cooke Director, Trent Research and Development Support Unit

Dr Richard Cookson Senior Lecturer, Department of Social Policy and Social Work, University of York

Mr Philip Cutler Forums Support Manager, Bradford Alliance on Community Care

Ms Lesley Michele de Meza Personal, Social, Health and Economic (PSHE) Education Consultant, Trainer and Writer

Professor Ruth Hall Regional Director, Health Protection Agency, South West

Ms Amanda Hoey Director, Consumer Health Consulting Limited

Mr Alasdair J Hogarth Head Teacher, Archbishops School, Canterbury

Mr Andrew Hopkin Assistant Director, Local Environment, Derby City Council

Dr Ann Hoskins Deputy Regional Director of Public Health/Medical Director, NHS North West

Ms Muriel James Secretary, Northampton Healthy Communities Collaborative and the King Edward Road Surgery Patient Participation Group

Dr Matt Kearney General Practitioner, Castlefields, Runcorn. GP Public Health Practitioner, Knowsley PCT

Ms Valerie King Designated Nurse for Looked After Children, Northampton PCT, Daventry and South Northants PCT and Northampton General Hospital. Public Health Skills Development Nurse, Northampton PCT

CHAIR Professor Catherine Law Professor of Public Health and Epidemiology, UCL Institute of Child Health

Ms Sharon McAteer Public Health Development Manager, Halton and St Helens PCT

Mr David McDaid Research Fellow, Department of Health and Social Care, London School of Economics and Political Science

Professor Susan Michie Professor of Health Psychology, BPS Centre for Outcomes Research and Effectiveness, University College London

Dr Stephen Morris Reader, Health Economics Research Group, Brunel University

Dr Adam Oliver RCUK Senior Academic Fellow**,** Health Economics and Policy, London School of Economics

Dr Mike Owen General Practitioner, William Budd Health Centre, Bristol

Dr Toby Prevost Senior Statistician, Institute of Public Health, Cambridge

Ms Jane Putsey Lay Representative, Chair of Trustees of the Breastfeeding Network

Dr Mike Rayner Director, British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford

Mr Dale Robinson Chief Environmental Health Officer, South Cambridgeshire District Council

Ms Joyce Rothschild Children's Services Improvement Adviser, Solihull Metropolitan Borough Council

Dr Tracey Sach Senior Lecturer in Health Economics, University of East Anglia

Professor Mark Sculpher Professor of Health Economics, Centre for Health Economics, University of York

Dr David Sloan Retired Director of Public Health

Dr Stephanie Taylor Reader, Applied Research, Centre for Health Sciences, Barts and The London School of Medicine and Dentistry

Dr Stephen Walters Reader, Medical Statistics, University of Sheffield

Dr Dagmar Zeuner Joint Director of Public Health, Hammersmith and Fulham PCT

Expert co-optees to PHIAC:

Clair McNeill Personal Social Development Advisory Teacher, Solihull Metropolitan Borough Council

Emma Parker Personal Social Development Subject Coordinator, CTC, Kingshurst Academy, Solihull

Esther Pickup-Keller Strategic Lead, Social and Emotional Aspects of Learning (SEAL) and anti-bullying work, Bristol Education Centre

Katherine Weare Professor, School of Education, University of Southampton

Expert testimony to PHIAC:

Tammy Campbell Senior Research Officer, Department for Children, Schools and Families

Neil Humphrey Senior Lecturer, University of Manchester

Linda Jackson Management Consultant, Department of Health

NICE project team

Mike Kelly
CPHE Director

Antony Morgan
Associate Director

Amanda Killoran
Lead Analyst

Nichole Taske
Analyst

James Jagroo
Analyst

Lesley Owen
Technical Adviser (Health Economics).

External contractors

External reviewers: effectiveness reviews

'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' was carried out by The University of Sheffield School of Health and Related Research

(ScHARR). The principal authors were: Lindsay Blank, Sue Baxter, Louise Guillaume, Liddy Goyder and Jim Chilcott.

'Case studies to support the systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' were reviewed by ScHARR. The principal authors were: Lindsay Blank, Sue Baxter, Liddy Goyder Louise Guillaume, Anne Wilkinson, Silvia Hummel and Jim Chilcott.

External reviewers: mapping review

'Mapping review: emotional and social wellbeing of young people in secondary education' was carried out by ScHARR. The principal authors were: Lindsay Blank, Sue Baxter, Louise Guillaume, Liddy Goyder and Jim Chilcott.

External reviewers: economic analysis

The economic analysis 'Cost effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' was carried out by ScHARR. The principal authors were: Silvia Hummel, Paul Naylor, Jim Chilcott, Louise Guillaume Anne Wilkinson, Lindsay Blank, Sue Baxter and Liddy Goyder.

Appendix B Summary of the methods used to develop this guidance

Introduction

The reports of the review and economic analysis include full details of the methods used to select the evidence (including search strategies), assess its quality and summarise it.

The minutes of the PHIAC meetings provide further detail about the Committee's interpretation of the evidence and development of the recommendations.

All supporting documents are listed in appendix E and are available at www.nice.org.uk/Guidance/PHIG/Wave16/1

Guidance development

The stages involved in developing public health intervention guidance are outlined in the box below.

1. Draft scope released for consultation

2. Stakeholder meeting about the draft scope

3. Stakeholder comments used to revise the scope

4. Final scope and responses to comments published on website

5. Evidence review(s) and economic analysis undertaken

6. Evidence and economic analysis released for consultation

7. Comments and additional material submitted by stakeholders

8. Review of additional material submitted by stakeholders (screened against inclusion criteria used in review/s)

9. Evidence and economic analysis submitted to PHIAC

10. PHIAC produces draft recommendations

11. Draft guidance released for consultation and for field testing

12. PHIAC amends recommendations

13. Final guidance published on website

14. Responses to comments published on website

Key questions

The key questions were established as part of the scope. They formed the starting point for the reviews of evidence and were used by PHIAC to help develop the recommendations. The overarching question was:

Which ‘whole-school’ approaches and activities are effective and cost effective in promoting young people’s emotional, social and psychological wellbeing and preventing bullying and violent behaviour?

The subsidiary questions were:

1. What are the key features of an effective and cost-effective ‘whole-school’ approach?

2. What types of lessons (scope, content, frequency, length, method) are most effective and cost effective?

3. What are the most effective and cost-effective ways of protecting young people who are vulnerable to poor social and emotional health during key transition stages?

4. What is the best (and most cost effective) way to ensure ‘whole-school’ approaches are sensitive to specific cultural, religious and ethnic needs?

5. What is the role of teachers, other school-based practitioners and specialists (such as educational psychologists, counsellors, therapists or school nurses) and other professionals (such as youth workers) in ensuring young people’s social and emotional wellbeing?

6. What role should young people play in the design, delivery and assessment of ‘whole-school’ approaches? What are the most effective ways of involving them in decision-making?

7. What is the role of governors and parents?

8. How can schools effectively engage with parents living in disadvantaged circumstances?

9. What mechanisms ensure effective links with external agencies (including youth services)?

10. What is the role of voluntary and community agencies?

11. What is the best way of evaluating the impact of different approaches?

12. What are the barriers to – and facilitators of – effective implementation?

13. Does the approach lead to any adverse or unintended effects?

Reviewing the evidence of effectiveness

A review of the effectiveness of universal interventions for the promotion of emotional and social wellbeing in secondary schools was conducted.

Identifying the evidence

The following databases were searched for primary studies and reviews published from 1990:

- ASSIA(Applied Social Science Index and Abstracts)
- CINAHL (Cumulative Index of Nursing and Allied Health Literature)
- Cochrance Clinical Trials
- Cochrane Databases of Systematic Reviews
- DARE (Database of Abstracts of Reviews of Effectiveness)
- EconLit
- EMBASE (Excerpta Medica)
- ERIC (Education Resources Information Centre)
- Medline
- Medline in Process
- NHS EED (Economic Evaluation Database)
- PsycINFO
- Science Citation Index
- Social Sciences Citation Index.

A search of the following website was also conducted:

- The Web of Knowledge www.isiwebofknowledge.com/

The aim was to identify publications by key authors and those relating to specific interventions and programmes identified during the initial search. The programmes included Social and Emotional Aspects of Learning (SEAL),

Social Emotional and Behavioural Skills (SEBS), School-wide positive behavioural support and Belly Busters (bully prevention).

Selection criteria

Studies were included in the effectiveness review if they:

- featured young people aged 11–19 (including those with disabilities and other special needs)
- were conducted in education settings (including state, independent, special school settings and pupil referral units)
- described generic or whole-school interventions (including policies, systems and structures and the school's physical environment)
- examined the school's links with parents and the community
- examined the development and support given to teachers and other staff to ensure they can promote student – and their own - emotional and social wellbeing
- were published from 1990 onwards.

Studies were excluded if they:

- focused on young people who were not in full-time education
- 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)
- looked at wider community-based activities
- described strategies which primarily aim to prevent self-harm and suicide
- included young people under 11 or over 19
- were not published in English
- were undertaken in a developing country.

Quality appraisal

Included papers were assessed for methodological rigour and quality using the NICE methodology checklist, as set out in the NICE technical manual 'Methods for the development of NICE public health guidance' (see appendix E). Each study was graded (++, +, –) to reflect the risk of potential bias arising

from its design and execution using the NICE methodology (revised to reflect the nature of research in a school setting).

Study quality

++ At least seven of the methodology checklist criteria are well covered (if appropriate for the study design) and there is an attrition rate of <30%.

+ At least five of the methodology checklist criteria have been fulfilled (if appropriate for the study design) and/or there is an attrition rate of <50%.

– Less than five of the methodology checklist criteria have been fulfilled and there is an attrition rate of >50%.

The interventions were also assessed for their applicability to the UK and the evidence statements were graded as follows:

A Intervention has been delivered in UK settings.

B Intervention has been delivered to similar populations but might need adaptation.

C Intervention has been delivered to specific cultural groups in the UK but might need adaptation.

D Intervention has been delivered to a population that is entirely different from the UK.

Summarising the evidence and making evidence statements

The review data was summarised in evidence tables (see full reviews).

The findings from the review were synthesised and used as the basis for a number of evidence statements relating to each key question. The evidence statements were prepared by the public health collaborating centres (see appendix A). The statements reflect their judgement of the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

Economic analysis

The economic analysis consisted of a review of economic evaluations and a cost-effectiveness analysis.

Review of economic evaluations

As part of the systematic review of effectiveness, the economic databases EconLit and NHS Economic Evaluation Database (EED) were searched. Papers with economic content were retained for possible inclusion in the economic review.

Searches were run to retrieve papers on interventions designed to improve social behaviours and/or prevent bullying and disruptive behaviours. All studies of direct relevance to secondary schools (or that might contribute to linked themes in an economic model) were selected during the abstract sifting phase. None of the 53 studies identified presented an economic analysis of a school intervention. Of 12 initially selected because of their potential relevance to broader issues, only two included any economic analysis, neither of which proved pertinent.

Cost-effectiveness analysis

No studies of relevance were identified during the economic review. A protocol was therefore developed to search for literature that could link intervention outcomes to the modelling of cost effectiveness (for example, by establishing a link between a child's negative behaviour and various outcomes in later life, such as their health and employment status). The protocol considered the results of both primary data analysis and literature searching.

A number of assumptions were made which could underestimate or overestimate the cost effectiveness of the interventions (see review modelling report for further details).

An economic model was constructed to incorporate data identified using the protocol described above. The results are reported in 'Cost-effectiveness of universal interventions which aim to promote emotional and social wellbeing in

secondary schools'. They are available at www.nice.org.uk/Guidance/PHIG/Wave16/1

Fieldwork

This section will be completed in the final document.

How PHIAC formulated the recommendations

At its meeting in December 2008 PHIAC considered the evidence of effectiveness and cost effectiveness to determine:

- whether there was sufficient evidence (in terms of quantity, quality and applicability) to form a judgement
- whether, on balance, the evidence demonstrates that the intervention is effective, ineffective or equivocal
- where there is an effect, the typical size of effect.

PHIAC developed draft recommendations through informal consensus, based on the following criteria.

- Strength (quality and quantity) of evidence of effectiveness and its applicability to the populations/settings referred to in the scope.
- Effect size and potential impact on the target population's health.
- Impact on inequalities in health between different groups of the population.
- Cost effectiveness (for the NHS and other public sector organisations).
- Balance of risks and benefits.
- Ease of implementation and any anticipated changes in practice.

Where possible, recommendations were linked to an evidence statement(s) (see appendix C for details). Where a recommendation was inferred from the evidence, this was indicated by the reference 'IDE' (inference derived from the evidence).

Appendix C The evidence

This appendix lists evidence statements from the review of effectiveness provided by the public health collaborating centre (see appendix A) and links them to the relevant recommendations. The evidence statements are presented here without references – these can be found in the full review (see appendix E for details). In addition, this appendix lists additional evidence used to inform the recommendations. (See appendix B for the key to quality assessments.) It also sets out a brief summary of findings from the economic analysis

Evidence statement number 1a indicates that the linked statement is numbered 1a in the review 'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools'. **AE** indicates that additional evidence was used to inform the recommendation (see 'additional evidence' section following the evidence statements).

The review is available at www.nice.org.uk/Guidance/PHIG/Wave16/1
Where a recommendation is not directly taken from the evidence statements, but is inferred from the evidence, this is indicated by **IDE** (inference derived from the evidence) below.

Recommendation 1: evidence statements 1a, 1b; IDE

Recommendation 2: AE; IDE

Recommendaton 3: evidence statements 1a, 1b, 3a, 3b, 5

Evidence statement 1a

We identified strong evidence from three good quality papers (two [+] randomised controlled trials [RCT] and one [+] controlled before-and-after [CBA] study) of effective interventions to support curriculum approaches to whole-school interventions, which aim to promote pro-social behaviours and skills. The three interventions included here were conducted in the USA and

Canada in populations with some similarity to the UK, and therefore can be considered to be potentially applicable in English schools.

This evidence suggests that conflict resolution training is successful in promoting pro-social behaviours in the short term and that the use of peer mediators may be effective for longer-term outcomes.

Evidence statement 1b

We identified mixed evidence from a total of seven RCT studies regarding curriculum approaches to whole-school interventions which aim to prevent bullying and disruptive behaviours.

Five good quality (+) RCT papers discussed interventions which were effective, particularly in association with a community-based project. The majority of these studies were conducted in the USA; three in populations similar to the UK (majority white). These studies, along with a fourth conducted in Italy are potentially applicable in the UK. A further two papers were conducted in the USA in populations which were predominantly African-American so they may be less applicable in a typical English school.

However, there were also two good quality papers (+) that showed that curriculum-based interventions were not effective in preventing bullying and disruptive behaviours (again with some community element to the intervention). These studies were conducted in the USA and The Netherlands respectively and therefore may have limited applicability in the UK context.

This evidence therefore is mixed and it is unclear whether curriculum-based interventions for tackling bullying and disruptive behaviour are effective. However, on balance the evidence suggests that certain interventions can be effective. It is possible that including community elements in these types of interventions may be beneficial.

Evidence statement 3a

We identified three papers of varying quality and study design to support the role of young people as peer educators/mediators in interventions to promote pro-social behaviours and skills (one [+] RCT ; one [+] CBA and one [-]

interrupted time series [ITS] . The first two of these studies were conducted in the USA, the third in Australia, they may therefore have some applicability in English schools.

This evidence suggests that peer mediation is an effective way of promoting pro-social and behavioural skills in the long term.

Evidence statement 3b

We identified mixed evidence, of varying quality, regarding the role of young people as peer educators/mediators in interventions to prevent bullying and disruptive behaviours.

Four studies (two RCTs – one [+], one [-]; one [-] ITS; one [-] qualitative case study) supported the role of peer mediators in preventing bullying and disruptive behaviour. The case study was conducted in the UK, so will be applicable in English schools (although the study quality was poor). The other studies conducted in the USA, Italy and Finland may have some applicability in this context.

However, a further two studies described peer mediation interventions which were not effective in reducing bullying and disruptive behaviours (one [+] RCT; one [+] ITS). These studies were conducted in the USA and Australia respectively although the USA study had a high majority of African-Amercians which may limit its applicability.

This evidence shows that although peer mediation can be effective in reducing bullying and disruptive behaviour it is not always successful. There are no clear patterns to define interventions which were effective or those which were not.

Evidence statement 5

We identified strong evidence of good quality, the majority of which (two [+] RCTs; one [+] ITS) supports parent training/education in the implementation of interventions to reduce bullying and disruptive behaviours. Again, the high proportion of African-Americans included in the studies in the USA may limit their applicability in English schools.

One additional (+) RCT study did not support parent training/education in the implementation of interventions to reduce bullying and disruptive behaviours and was also conducted in the USA.

From this evidence it is difficult to judge the effectiveness of parental involvement, as none of these studies placed any emphasis on adult-related outcomes or perceptions of the programme. However some positive outcomes for the children were seen, suggesting that parental involvement can be beneficial.

Additional evidence

PHIAC drew on other sources for a general understanding of the wider public health issues.

Smith P, O'Donnell L, Easton C et al. (2007) Secondary social, emotional and behavioural skills (SEBS) pilot evaluation. London: Department for Children, Schools and Families.

Ofsted (2007) Developing social, emotional and behavioural skills in secondary schools. London: Ofsted.

Cost-effectiveness evidence

Due to the limited evidence available (and its relevance to the UK), the cost-effectiveness model focused on interventions to prevent bullying.

Assuming a 15% reduction in bullying can be sustained by running an intervention on an ongoing basis, the model results in an incremental cost effectiveness ratio (ICER) of £9600 per quality-adjusted life year (QALY). Using £20,000 as the cost-effectiveness threshold, there is an 82% probability that the intervention will be cost effective. At a threshold of £30,000, the probability rises to 92%.

Sensitivity analyses were undertaken to assess the effects of varying two key variables: initial prevalence of victimisation and effectiveness of the intervention.

The prevalence of victimisation in UK schools varies from 10–40%, according to the literature. An intervention which is 5% effective is only cost effective if more than 35% of students were initially victimised (using £20,000 as the cost-effectiveness threshold). An intervention that is 20% effective is cost effective if more than 10% of students were initially victimised.

There are several important caveats:

- The estimate of effectiveness is based on one US study in which outcomes were measured shortly after the intervention. Long-term effectiveness had to be assumed.
- Links between children's negative behaviours and their long-term health and wellbeing (including educational attainment) were based on limited evidence; the direction of causality has not yet been proven.
- The model assumes the effect of the intervention is the same, regardless of the prevalence of bullying.
- The primary perspective used is the QALY. This has limited currency in sectors outside the NHS, such as education and criminal justice, which will also incur costs and benefits from the interventions.
- There were little or no data on relevant costs. Most studies were not designed to inform health economic outcomes.

Appendix D Gaps in the evidence

PHIAC identified a number of gaps in the evidence relating to the interventions under examination, based on an assessment of the evidence. These gaps are set out below.

1. There is a lack of UK evidence on the short and long-term effectiveness of using whole-school interventions to promote the social and emotional wellbeing of young people.

2. There is a lack of evidence on the differential effect of using different professional groups (such as teachers, head teachers and other practitioners) to deliver whole-school interventions to promote the social and emotional wellbeing of young people.

3. There is a lack of UK evidence on the cost effectiveness of whole-school interventions to promote the social and emotional wellbeing of young people .

4. There is a lack of UK evidence on the links between the social and emotional wellbeing among and young people and their long-term emotional and social wellbeing.

5. There is a lack of evidence on the prevalence of problem behaviours (such as bullying) in English schools and the long term consequences.

6. There is a lack of UK evidence on the effect that whole-school interventions to promote social and emotional wellbeing and reduce problem behaviours have on educational attainment and crime rates.

7. There is no agreed method for valuing the costs and benefits of interventions that involve different sectors including the NHS, education and criminal justice system.

8. There is a lack of UK evidence to judge whether or not interventions aiming to promote social and emotional wellbeing and reduce problem behaviours in secondary school have any unintended (including negative) effects.

Appendix E Supporting documents

Supporting documents are available at www.nice.org.uk/Guidance/PHIG/Wave16/1 These include the following.

- Review of effectiveness:
  - 'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools'
  - Case studies to support 'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' (supplementary report)
- 'Mapping review: emotional and social wellbeing of young people in secondary education'
- Economic analysis: 'Cost-effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools'.

For information on how NICE public health guidance is developed, see:

- 'Methods for the development of NICE public health guidance' available at www.nice.org.uk/phmethods
- 'The public health guidance development process: an overview for stakeholders including public health practitioners, policy makers and the public' available from: www.nice.org.uk/phprocess