

Public Health Intervention Guidance
Promoting young people's social and emotional wellbeing in secondary education
Consultation on Evidence - Stakeholder Response Table
17th November - 15th December 2008

Stakeholder Organisation	Evidence submitted	Document Name	Section	Page No.	Comments Please insert each new comment in a new row	Response Please respond to each comment
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		General			<p>Introduction</p> <p>We are pleased to submit a response to this consultation from the Association of Child Psychotherapists (ACP) and the Tavistock & Portman NHS Foundation Trust.</p> <p>The Association of Child Psychotherapists is the professional body for child and adolescent psychotherapists in the UK (see ACP overview attached).</p> <p>The Tavistock and Portman NHS Foundation Trust is Britain's leading provider of multidisciplinary postgraduate training in mental health, and a major regional provider of clinical services for people of all ages.</p>	Thank you for your comments
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		General			<p>We believe it is crucial that there is understanding of the emotional difficulties that can impact adversely on social and emotional wellbeing and which can prevent children and young people from benefiting from education and living healthy, safe and fulfilling lives.</p> <p>This response is informed by our extensive experience of work with children, young people, parents and families, as part of multidisciplinary teams. This includes significant outreach work and projects within UK secondary (and primary) schools.</p>	Thank you for your comments

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools: Executive Summary	Objectives	1-2	<p>While the ACP and the Tavistock are pleased that this review has been undertaken, we think there are some important questions and omissions which are worthy of note.</p> <p>In particular, we are concerned about the rationale to exclude 'interventions with specific mental well being objectives on the basis that there was a strong focus on targeted interventions'.</p> <p>In excluding this group of studies in a blanket way, you have inadvertently excluded a range of interventions and studies which might <u>appear</u> to be targeted mental well-being interventions but are, in fact, <u>designed primarily to promote social and emotional wellbeing</u> and prevent its opposite (eg bullying and disruptive behaviour).</p>	We recognise your concerns however the review of the literature seeks to prioritise appropriate studies, in line with the scope ie whole school approaches
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	Objectives	1-2	<p><u>Continued from previous page</u></p> <p>This includes a wide range of inset in child & adolescent development, 'work discussion groups' for teachers and training for education professionals (detailed below).</p>	Thank you for your comments

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	Whole School Approaches	4-10	<p>In the search for a particular type of 'evidence' (eg RCTs), this review unfortunately excludes a wide range of interventions and trainings which cannot be easily evaluated in isolation but are nevertheless highly effective in contributing to the promotion of social and emotional well being in schools. We consider this to be a significant limitation on the helpfulness of this consultation document and its outcomes.</p> <p>For example, an important starting point for considering how best to promote the social and emotional wellbeing of young people needs to be a <u>comprehensive grounding in theories about 'normal' child and adolescent development</u>. Without this it is not possible to differentiate clearly between what might be considered social or emotional well being or its opposite.</p>	<p>The guidance recognises the importance of training as informed by the evidence available, and the final version of the guidance will also be informed by fieldwork with practitioners, children and young people, which will help to ensure that the recommendations are grounded in the 'lived experience' of social and emotional wellbeing.</p> <p>We recognise the importance of theory in this area, and the guidance will take into account ideas about 'normal' child and adolescent development. However, NICE review methodology and the way in which evidence is employed to inform guidance development meant that the literature review had to prioritise evaluation of specific interventions - many of which had a theoretical base</p>
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	Whole School Approaches	4-10	<p><u>Continued from previous page</u></p> <p>This differentiation is especially difficult in the case of adolescents for whom the range of 'normal' (behaviour and experience) is especially broad. We consider there to be a risk that NICE has wrongly assumed there to be adequate training in these areas.</p>	<p>We acknowledge that training is an important issue, and this is covered in the draft guidance.</p>

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	Whole School Approaches	4-10	<ul style="list-style-type: none"> • Child and adolescent personality development • Attachment theories and their impact on learning and social interaction • Emotional factors in teaching and learning • Managing the teacher-pupil relationship • Managing endings, separations and transitions • Inter-personal and group dynamics • Where things can go wrong in adolescence • The impact of neglect and trauma on the developing brain • How behavioural and attention difficulties can mask specific psychological issues (eg; depression, attention deficit hyperactivity disorder, autistic spectrum disorders, psychotic symptoms, etc) 	As above

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<p>Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust</p>		<p>Executive Summary</p>	<p>Whole School Approaches</p>	<p>4-10</p>	<p><u>Continued from previous page</u></p> <p>One example of this has been a recent research project with a group of 50 education professionals in Tendring Excellence Cluster, Essex, during 2007 – 2008. This consisted of multi-disciplinary training in many different aspects of social and emotional wellbeing in primary and secondary schools. The research project received extremely positive evaluation (<u>detailed in the attached document - 'Tendring Course on Emotional Wellbeing'</u>).).</p>	<p>Thank you for this evidence which will be considered in the further development of the guidance</p>

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<p>Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust</p>		<p>Executive Summary</p>	<p>The role of teachers</p>	<p>11-14</p>	<p>This section and the evidence referenced was particularly disappointing and limited in its scope.</p> <p>This leaves us very concerned and doubtful about the extent to which this document will be able to contribute to the development of interventions that enable teachers to support and promote social and emotional wellbeing in schools. For example there was very limited reference to interventions which enable teachers to develop their skills in working with pupils – both to promote their social and emotional wellbeing and to prevent bullying and disruptive behaviour.</p> <p><u>In particular, there was no reference to the effectiveness and research into Work Discussion Groups for Teachers and Teaching Support Staff (for example, see Jackson 2002 and Jackson 2008)</u></p>	<p>Thank you for this evidence which will inform the further development of the guidance</p>
<p>Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust</p>		<p>Executive Summary</p>	<p>The role of teachers</p>	<p>11-14</p>	<p><u>Continued from previous page</u></p> <p><u>Work discussion groups have already been identified elsewhere as a model of good practice</u> – please see attached DfES/DoH November 2006 <i>Report on the Implementation of Standard 9 on the NSF for Children, Young People and Maternity Services, Annexe: models of good practice, p. 17.</i></p> <p>Work discussion groups provide teachers and other staff with an opportunity to think in depth about any issues, concerns and difficulties they are experiencing in their work with pupils or class groups. These issues are discussed together and, usually, facilitated by an external consultant – often a child & adolescent psychotherapist. The aims of the groups are to help staff:</p>	<p>Thank you for this evidence which will inform the further development of the guidance</p>

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	The role of teachers	11-14	<p><u>Continued from previous page</u></p> <ul style="list-style-type: none"> • Develop understanding about the psychological factors that impact on learning, teaching and emotional wellbeing • Feel more confident about and supported in work with children whose social and emotional well-being is at risk • Promote the development of reflective (rather than reactive) practice within the wider culture of the organisation. This is particularly important when addressing and trying to prevent behavioural issues such as bullying and other disruptive behaviour • Develop understanding about the underlying meaning of pupil behaviour • Manage the complexities of the pupil-teacher relationship 	Thank you for this evidence which will inform the further development of the guidance
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	The role of teachers	11-14	<p><u>Continued from previous page</u></p> <p>Work discussion groups are primarily designed to develop (ordinary) reflective practice in teachers <u>in relation to all pupils</u>. While they do also help to address mental health needs and difficulties, this is not their primary task.</p> <p>Projects of this nature have also been developed by Brent Centre for Young People and the Tavistock Clinic (<u>see references and attachments, including Tavistock Outreach Project in Primary Schools</u>).</p>	Thank you for this evidence which will inform the further development of the guidance

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	The role of teachers	11-14	<p>Within Brent secondary school projects, evaluation with over 100 staff has shown that:</p> <ul style="list-style-type: none"> • 97% of staff reported that they had developed a deeper understanding about the meaning of behaviour; • 91% of staff reported that they had been helped to develop new ways of engaging with challenging or disruptive pupils; • 88% were helped to persevere with challenging pupils when they felt like giving up; • 85% reported feeling less stressed after talking about challenging pupils/class groups; • Projects contributed to a reduction in school exclusions; 	Thank you for this evidence which will inform the further development of the guidance
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	The role of teachers	11-14	<p><u>Continued from previous page</u></p> <ul style="list-style-type: none"> • Significantly, the 22 staff attending the fortnightly group in one school had a significantly lower rate of absence than the school staff as a whole - over a three year period. 	As above
Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust		Executive Summary	The role of teachers	11-14	<p><u>Continued from previous page</u></p> <p>As a direct result of the work developed by child psychotherapists at the Tavistock Clinic and Brent Centre for Young People, other professionals working locally, nationally and internationally have now set up work discussion groups for teachers in other schools. The ACP and Tavistock would welcome the opportunity of working with NICE and other key stakeholders to develop a commissioned pilot research project to evaluate the impact of work discussion groups on social and emotional wellbeing within educational settings.</p>	As above

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Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust	Executive Summary	The role of teachers	11-14	<p>Publications describing the development of work discussion groups in educational settings are attached and include:</p> <ul style="list-style-type: none"> • Jackson, E. (2002) "Mental Health in Schools – What about the Staff? Thinking about the impact of work discussion groups in school settings". <i>Journal of Child Psychotherapy</i>, Vol 28, No 2, 129-46 • Jackson, E. (2008) 'The development of work discussion groups in educational settings' in <i>Journal of Child Psychotherapy</i> Vol 34, No. 1: 62-82 • Tavistock Outreach Project in Primary Schools – evaluation 	Many thanks for these publications which will inform the further development of the guidance
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<p>Association of Child Psychotherapists / The Tavistock & Portman NHS Foundation Trust</p>		<p>Executive Summary</p>	<p>Research Questions for which no evidence was identified</p>	<p>20</p>	<p>In view of the comments made above we think the view that 'no evidence was identified in relation to the promotion of prosocial behaviours and skills' is incorrect and indicates an unhelpfully limited view of what would constitute evidence in this area.</p> <p>We would therefore suggest a re-evaluation of evidence about interventions such as inset, training and work discussion groups which could be developed further specifically to promote social and emotional wellbeing in schools.</p>	<p>The review was carried out in relation to specific research questions set in the scope, and according to established NICE methodology (please see http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthguidanceprocessandmethodguides/public_health_guidance_process_and_method_guides.jsp?domedia=1&mid=69EB52C8-19B9-E0B5-D4D367B254111E1E). The methodology aims to identify the best available evidence for addressing a particular research question, and the evidence identified here has highlighted the importance of training. The evidence that you have submitted (above) will also be taken into account when drafting the final guidance, and fieldwork testing of the guidance (withg teachers / practitioners and young people) will further develop the guidance on this issue</p>
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British Association for Counselling & Psychotherapy		Systematic review	General		<p>The evidence produced by the systematic review appears to be robust. There is useful evidence for a variety of interventions in secondary schools that could be built upon and adopted more widely, for example, conflict resolution training, and the use of peer mediators.</p> <p>The evidence for curriculum based interventions on bullying and disruptive behaviour is poor, this is useful to know because so much time and energy are put into such interventions via the curriculum. Similarly, evidence on anti-bullying interventions by teachers is unclear.</p> <p>This type of information will prove useful to schools and to other organisations in helping roles with children and young people.</p>	Thank you for your comments
British Association for Counselling & Psychotherapy		Systematic review			In order that the information is disseminated to those who may best use it, the material needs to be portrayed in a user-friendly and accessible way. A short booklet aimed at schools could be developed and disseminated widely.	Noted – the NICE implementation directorate will work to provide a range of tools and presentations to support implementation of this guidance.
British Association for Counselling & Psychotherapy		Appendix			BACP would suggest that the new report 'Heads up', a report published by New Philanthropy Capital (NPC) is added to the mindmap in the appendix.	Thank you for your comments – we will consider this publication.

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		<p>A recent Workforce Development in CAMHS conference disseminated the concept behind the New Ways of Working (DoH Care Services Improvement Partnership, Leicester, September 2008). Speakers emphasised the need for CAMHS staffing to reflect the needs of resident populations and to be flexible in meeting these needs.</p> <p>These should include theory and practice relating to working through arts mediums.</p>	<p>The guidance recognises the important contribution that a range of qualified specialists can make in promoting the emotional and social wellbeing of young people through use of evidence-based approaches</p>
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		<p>There were no studies relating specifically to the use of the arts despite the fact that children and young people naturally express themselves through play and creative activities.</p> <p>A study is referred to that relates to the use of video sessions and an information booklet, which '...demonstrates the potential use of multi-media sessions in reducing bullying and violent behaviour.' (p.75). However, there is extensive information available on the benefits of learning through multi-media as well as other creative mediums/ processes, ie. the use of art materials and playing with art materials.</p> <p>The research findings of Ramchandani and Jones demonstrate the importance of focussing on 'active methods of keeping children and families involved with therapeutic treatment'. (In Ramchandani, P., and Jones, DPH (2003), 'Treating psychological symptoms in sexually abused children: from research findings to service provision'. Br J Psychiatry; 183.)</p> <p>Continued...</p>	<p>The role of different specialists is highlighted in the guidance. This covers a range of therapists and approaches using evidence – based practice</p> <p>Many thanks for the references</p>

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		<p>A neurological study by Perry (Perry, B.D., Hogan, L., Marlin, S., <u>Curiosity, Pleasure and Play: A Neurodevelopmental Perspective</u>, in 'Haaeyc Advocate' (June 15, 2000)), shows a diagram of sequential neurological development and play. It can be seen that play stimulates cortical brain activity through the development of abstract thought.</p> <p>The essay demonstrates the way in which creative games involving the use of art materials trigger limbic brain activity, which stimulates socio-emotional development. This is crucial in increasing the pro-social skills needed to reduce the incidence of bullying.</p> <p>Creative activities utilising physical skills – fine motor, such as careful colouring, or gross motor, such as rolling clay, or making a wooden model constitute somato-sensory integration and involve mid-brain activity.</p>	
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>Seeing art images, objects, films or installations (involving sound, texture, and visual stimulation), or participating in an interactive piece of art would also stimulate this brain activity. This would also be true of brainstem activity, which establishes state regulation and involves tactile play, such as feeling the texture of paints, collage materials, glue, clay, sand, plaster, or the sensation of making marks on paper with a felt tip. All these activities are part of play processes and 'help organise neural systems which will ultimately mediate more complex motor, social, emotional and cognitive skills'.</p> <p>Children are in possession of less verbal ability than are adults, especially when they are experiencing difficulties with emotional health. However, developmental processes can be re-created by symbolic means in the ways described above, and working creatively using arts processes is often experienced as very useful and accessible by young people. Games and objects are very powerful tools because of their closeness to original experiences.</p>	
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>Specific skills associated with improved emotional health can be developed through the use of arts in educational and community settings.</p> <p><u>Case example:</u> An Art Psychotherapist worked with young people in a secondary school on Anglesey in North Wales and made a DVD entitled, 'About Bullying'. The process of making the DVD was highly educational for the young people involved as it involved many of the processes mentioned in the previous section.</p> <p>Following this it was decided to use the DVD as a teaching resource for the Year 7 PSE curriculum. A teaching pack was designed to accompany the film (Care, T. and Hanson, S., <u>About Bullying</u> unpublished teaching pack (September 2008).</p> <p>Lesson plans in the teaching pack are structured to promote experiential learning in the form of creative activities, and this has been combined with verbal analysis and reflection as an aid to comprehension. Exercises involving drawing, role play, rap music, and creative writing have been constructed so as to develop emotional health in the following way:</p> <ol style="list-style-type: none"> 1. Rehearse the use of active imagination as a way of problem solving. 2. Create opportunities for self exploration and interpersonal communication. 3. Improve self esteem through the creative process and/ or creation of a piece of work. 4. Promote awareness of self in relation to environment and others. 	<p>As above</p> <p>Many thanks indeed for this information</p>
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report			Participating in such activities in a safe environment can enable young people to communicate complex issues and feelings effectively, at a pace and in a way that can be controlled and regulated according to individual need. This enables possibilities for the exploration of group relationships, and contributes to the formation of a more cohesive, shared experience.	As above
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		Arts Therapists can play a vital role in planning and delivering training to create capable teams, develop current skills, and competencies in working through creative mediums.	As above
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	3 Methods 3.1.2 Searching for the review	P. 37	'Identification of unpublished evidence through liaison with the topic expert and their contacts'. More unpublished evidence is available from Tiffany Care, Art Psychotherapist, Bangor Specialist CAMHS. This is regarding the anti bullying work being carried out through the medium of arts in the region of North Wales. (tiffany.care@nww-tr.wales.nhs.uk)	

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>Much of the evidence in the report features the use of RCTs. However, the <u>CAMHS Standard, National Service Framework for Children, Young People and Maternity Services</u> , or NSF, (DoH 2004), states that 'lack of evidence does not point to an intervention being ineffective' (9.17, p.37). There is a need to look at what else is effective, besides information derived from the use of RCTs.</p> <p>The <u>NSF</u> states the importance of considering the views of stakeholders in deciding which services and interventions should be provided, and that this should include service users (p.41). The <u>NSF</u> also states that children and young people are often hard to engage and it is crucial to adopt a flexible approach that will enable them to engage and develop trust in workers (NSF: 6.5, p.18)</p> <p>Continued...</p>	Thank you for drawing our attention to this information
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>Working through the medium of art allows a flexible framework to be adopted, since any principle can be implemented in a variety of ways. In tune with the core focus for A Brief Guide: New Ways of Working in CAMHS (DoH National Workforce Programme), when working through arts mediums, often it is the service user who leads an interaction, choosing which medium to work with in a particular session (ie. choosing to make an image of a figure, in either paint, pastels, or clay) at their own pace and in tune with developmental needs. Children and young people are therefore enabled in their own language to express, explore and discover meaning. Partnership working with the young person is at the centre of this model.</p> <p>Young people need access to information about a range of treatments. There is a need for a consensus of professional opinion as well as significant numbers of service users. At present, young people are often guided by what's already recommended, and this means services are not led by user choice.</p> <p>Continued...</p>	
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>According to Peter Fonagy, evidence based practice is not always synonymous with Best Practice (Peter is Director of the Research Department of Clinical, Educational and Health Psychology, University College of London/ CE Anna Freud Centre, London). Peter was a speaker at a recent Workforce Development in CAMHS conference, that disseminated the concept behind the New Ways of Working (DoH Care Services Improvement Partnership, Leicester, September 2008). Peter stated the need for research to link evidence and practice. A simplistic interpretation of evidence is not appropriate or effective. He added that available evidence is not yet extensive and there are issues of concern about the way RCTs are implemented.</p> <p>Increasing the efficacy of therapies/ education through the investment, competency, and the hopefulness of client and therapist/ facilitator has been shown to be the most useful way of improving services, according to Peter. Some professionals simply get better results than others, and 'brands' (or certain professions) are not associated with outcome. Working with arts mediums is one way to improve engagement, and therefore services across the board.</p> <p>Continued...</p>	Many thanks for this information
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General	<p>When looking at what young people actually engage with, it is clear that it is relationship not discipline, which is the most important factor in improved mental health (Raby, Carly, <u>Voice of the Child</u>, 'Workforce Development in CAMHS' conference report (September 2008). Evidence gathered by Carly demonstrates that young people simply will not listen if there is no rapport, and this dictates the facilitator's ability to apply therapeutic/educational principles. Professionals need to be in possession of the skills and qualities needed by young people. Carly went on to say that it would be easy to break down the skills that determine whether someone is experienced as 'nice' and 'respectful'. The most important need highlighted was to feel safe, as evidenced by information from young people.</p> <p>These qualities are the very ones that are found in art therapy, which stresses the importance of relationship. The art object is viewed as an extension of self/ personal identity, and therefore as a key factor in mental health.</p> <p>Continued...</p>	This information will inform the further development of the guidance
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		<p>Because the focus of attention is on the image and not the person, this enables clients to mediate the amount of closeness/ distance they are comfortable with in interpersonal encounters. For those who have suffered abuse, trauma, or communication difficulties, this experience of gaining control can be very profound and facilitating.</p> <p>In this way children and young people can be included in therapeutic planning as partners. They can be consulted, enabled to participate as an expert in their own treatment, and given a voice.</p> <p>Relationship is a key focus in Art Therapy and client groups typically engage very well with this. Eg "A Question of choice" It is therefore logical that Art Therapy skills could be used across disciplines and disseminated as an integral aspect of Core CAMHS skills.</p>	As above
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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	5.5 Adverse or unexpected outcomes	69	It is very important that practitioners providing a therapeutic service or training to professionals are fully trained and experienced. Art Psychotherapists are state registered with the Health Professions Council and follow a code of ethics and principles for professional practice. Art Therapists are trained to use language carefully and sensitively in dealing with art images/ creative processes, and to cope effectively with challenging group dynamics. This is very important as not everyone has a positive or safe experience of therapeutic art making, especially in relation to such a sensitive, complex and emotive issue as bullying. The use of art in this context can evoke powerful responses, memories and associations that can be acted out. This can result in emotional and psychological harm, as well as physical aggression if handled incorrectly.	As above
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	5.1.4 The role of external agencies	66	The need for joint working between professionals from different organisations has a big impact on improving outcomes for children and young people. Arts based projects in schools are highly accessible and can be used effectively as a way of promoting/ educating staff and young people about mental health and wellbeing. The 'About Bullying' DVD pack can be used by a variety of professionals in different settings. This will facilitate a more consistent approach that can be applied in the community as well as in schools. The review points out that interventions are more effective if they involve a community component.	As above

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	General		Working creatively is an inclusive method that is particularly appropriate for engaging the individuals who may benefit most of all from improved emotional health. For instance, young people who experience behavioural difficulties, have special educational needs (ie. dyslexia, ADHD, Autistic Spectrum or other neuro-developmental disorders), are second language English, cannot engage with verbally based therapies due to their age/ developmental stage, or who experience difficulty in engaging with a mainstream academic curriculum.	
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	5.1.3 The Role of Young People	65	The 'About Bullying' DVD project in North Wales (previously referred to) effectively enabled young people to get their voice heard on this important issue. It also enabled them to be heard at commissioning level, and to influence regional training and policy. The Education Departments in Anglesey and Gwynedd are hoping to use the film as a core part of their anti-bullying strategy. The North Wales Regional CAMHS Commissioning Network have expressed an interest in using the film as part of a regional emotional health strategy, that will involve the training of CAMHS workers in generic creative skills and processes. Additionally, the film has been recognised as an innovative way of involving service users at commissioning level and a workshop on creative skills will be provided to CAMHS managers and commissioners attending a national Participation conference in York (CSIP, Feb 2009).	As above

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	1.2 Subsidiary research questions	29	<p>For the afore mentioned reasons, arts approaches are inclusive and sensitive to diversity.</p> <p>As a visual medium that can be recorded and transported, arts mediums are very suitable vehicle for forging strong links with external agencies. The 'About Bullying' DVD was made as the result of a partnership project between NSPCC, Anglesey County Council, and a local school. As a finished product it can be used by a variety of professionals in different agencies.</p>	As above
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	5.3 Barriers to and facilitators of effective implementation	68	<p>It is important that generic staff feel confident in being able to confidently deliver anti-bullying strategy programmes. The 'About Bullying' DVD teaching pack incorporates detailed lesson plans and information. This was developed in partnership with teaching staff at the school where the project took place. The programme is designed so that staff delivering the lessons will gradually learn the principles themselves, whilst teaching. Therefore extra training is helpful but not necessary and staff can carry out the programme within their normal range of duties.</p>	As above

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British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	5.1.2 The role of teachers	65	<p>The NSPCC Wales worked in partnership with 'Llais Ni', an organisation that forms part of Anglesey County Council and exists to help young people get their voice heard regarding issues of importance. Surveys were carried out with young people across Anglesey in 2006, and these indicated that many young people thought teachers did not always know the signs of bullying or how to deal with it effectively.</p> <p>It is very important that senior school staff are trained in behavioural management issues and able to work creatively so as to engage young people and implement the strategies successfully. The training mentioned above regarding the Education Department on Anglesey will focus specifically on school governors and the schools inclusion group as a way of resolving this problem.</p>	Thank you for this information. The draft guidance notes the importance of training.
British Association of Art Therapists		Promoting young people's social and emotional wellbeing in secondary education: review of effectiveness full report	The role of young people	80	<p>The 'About Bullying' DVD project has been hailed regionally and nationally as an innovative way of placing young people at the centre of planning, delivery, decision making, and assessment. When workers are able to speak the language of young people then this has the effect of empowering them and emphasising positive behaviours.</p>	Thank you for this information

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British Association of Art Therapists		Cost-effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools.	General		Group work is cheaper than individual interventions. Providing some teacher training is cheaper than providing a specialist service to a victim or perpetrator of bullying further down the line at Tiers 2, 3, and 4. One specialist CAMHS worker can deliver training to a large number of generic workers.	Thank you for your comments. The guidance recognises the role of CAMHS one and two tiers. Targeted approaches for those young people who already experience mental health difficulties is beyond the scope of this guidance
Changing Faces		Evidence review – universal interventions.	Section 1 – Whole school approaches	p4	Appearance related anxieties and bullying among secondary pupils are not specified in NICE reports on evidence so far. Research shows marged benefits from targeted interventions. <i>Lovegrove, E. (2002) Adolescents, appearance and anti-bullying strategies. PhD Thesis, University of the West of England.</i> Research among whole year groups, secondary schools, Bristol. Outset findings - 94% had appearance concerns; 51% cited fear of appearance related bullying; 31% felt lack of confidence re appearance affected academic work; 20% truanted because of perceived poor appearance. After pupils learnt new social skills (developed specifically with young people with disfigurements) fear of appearance-related bullying was almost halved and self-esteem was significantly increased in all schools involved.	Thank you for these references which will be considered in the further development of the guidance
Changing Faces		Evidence review – universal interventions.	Section 2 – The role of young people	p14	Lovegrove(2002) used sixth formers to help develop and deliver appearance, teasing and bullying related social skills.	Thank you for this information

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Changing Faces		Evidence review – universal interventions.	Section 4 – The role of external agencies	p17	Lovegrove (2002) used an outside agency to develop and deliver training to sixth formers who then went on to work with younger year groups.	
Changing Faces			General		<p>In the UK 1 in 500 pupils has a significant disfigurement and 1 in 100 has some form of visible difference. Common causes include birthmarks, cleft lip and/or palates, burns, cranio-facial syndromes, skin conditions and scars.</p> <p>Changing to secondary school is always an important event in a child's life, and especially so when a child has a disfiguring condition. The transition to secondary school, and how this is managed, can have a serious impact on the social and emotional wellbeing of these pupils.</p>	Thank you for your comments. We recognise that transition points such as changing schools are an important opportunity for support.
Changing Faces			General		<p>Research has shown that having a condition which affects your appearance can pose considerable challenges in maintaining self-esteem, building confidence and coping effectively with the intrusive (and often negative) reactions of others¹. When entering a new social setting, people with a visible difference may face staring, comments, questions and avoidance. These reactions can be a significant barrier to social inclusion, making it harder for young people with visible differences to integrate into friendship groups², especially as children grow older and become less accepting of difference³. This can have serious impact upon their confidence, self-esteem and long-term outcomes. It is widely recognised that children with disfiguring conditions often Changing to secondary school is always an important event in a child's life, and especially so when a child has a disfiguring condition.</p>	Thank you for your comments, which we have noted.

¹ Kish & Lansdown, 2000 'Meeting the psychosocial impact of facial [disfigurement - Developing](#) a clinical service for children and families', *Clinical Psychology and Psychiatry*, 5 (4). 497-512

² Rubin, K.H. and Wilkinson, M. (1995) '*Peer rejection and social isolation in childhood*', in R.Eder (ed.) *Craniofacial Anomalies: Psychological Perspectives*, New York: Springer-Verlag.

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Changing Faces			General	<p>The transition to secondary school, and how this is managed, can have a serious impact on the social and emotional wellbeing of these groups⁴, especially as children grow older and become less accepting of difference⁵. This can have serious impact upon their confidence, self-esteem and long-term outcomes. It is widely recognised that children with disfiguring conditions often have lower levels of achievement⁶.</p> <p>When selecting a secondary school for a pupil with a visible difference it is important to consider that self-esteem can deteriorate at the transition to secondary school when a child's friendship pattern is often seriously affected. It is important for secondary school staff to be given information and training on working with a child with a disfigurement before a pupil starts school. This will ensure that reactions of other pupils are handled in a pro-social manner to ensure successful integration. During the pupil's schooling considerable attention should be given to enabling them to develop the social skills necessary to handle the unwanted attention they may receive. Changing Faces offers training and support to teachers in schools with pupils who have visible difference in order to facilitate this.</p>	Many thanks for this information
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³ Kleck and Strenta (1980) quoted in R. Bull and N. Rumsey (1988) *The social psychology of facial appearance*, New York: Springer-Verlag New York Inc.

⁴ Rubin, K.H. and Wilkinson, M. (1995) *'Peer rejection and social isolation in childhood'*, in R.Eder (ed.) *Craniofacial Anomalies: Psychological Perspectives*, New York: Springer-Verlag.

⁵ Kleck and Strenta (1980) quoted in R. Bull and N. Rumsey (1988) *The social psychology of facial appearance*, New York: Springer-Verlag New York Inc.

⁶ Frances, J. (2004) *Educating Children with Facial Disfigurement – Creating Inclusive School Communities* London: Routledge Falmer

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Child Bereavement Network, NCB		Evidence review	General	<p>The research question '<i>What are the most effective strategies in addressing vulnerabilities during key transitional stages?</i>' needs further definition.</p> <p>As defined in the <i>Common Core of Skills and Knowledge for the Children's Workforce</i>, key transitions include those which are 'very personal and particular' such as bereavement, as well as universal transitions such as moving from primary to secondary school. 78% of pupils in secondary schools have experienced the death of a close family member or friend⁷ and</p> <p>While we acknowledge that the scope of this review does not cover targeted approaches, we would expect to see the review covering approaches to supporting young people experiencing this key transition.</p> <p>For this reason, we have suggested some further evidence below which the review might like to consider.</p>	Many thanks for this information. The guidance will address key transitional stages in so far as evidence is available, and also the information gained through testing the guidance in fieldwork
Child Bereavement Network, NCB		Evidence review	General	<p>For published evaluations of peer support as a way of promoting the emotional health of bereaved pupils, see</p> <p>Ross, D and Hayes B (2004) 'Interventions with groups of bereaved pupils' <i>Educational and Child Psychology</i> Vol 21 (3)</p> <p>For evaluations of Seasons for Growth, an Australian programme of peer support around loss and bereavement, visit http://www.goodgrief.org.au/seasonsforgrowth/sfgevaluations.htm</p>	Many thanks , the references will be considered in the further development of the guidance

⁷ Harrison, L and Harrington, 2 (2001) 'Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services', *Journal of Adolescence* 24, 2,159-69

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Child Bereavement Network, NCB	Evidence review	General		<p>The MindMatters programme is a resource and professional development program to support Australian secondary schools in promoting and protecting the social and emotional wellbeing of members of school communities. 71% secondary schools have used it. For evaluations, see http://online.curriculum.edu.au/mindmatters/evaluation/mm_evaluation.htm</p> <p>and of MindMatters plus (aimed to enhance the capacity of secondary schools to support students with high mental health needs) http://online.curriculum.edu.au/mindmatters/evaluation/mmplus.htm</p>	Many thanks for this information, which we will consider in developing the final draft of the guidance.
Department of Health		General		<p>The work of Martin Seligman, on the evidence and research on positive resilience, appears to be missing.</p> <p>You may be aware that the Young Foundation and the London School of Economics are at present conducting research on positive resilience in three local areas/schools in England.</p>	Many thanks for this information . This will be considered in the further development of the guidance
Department of Health		General		<p>We are concerned that the focus on emotional health & wellbeing (EHWB) is rather narrow, and does not include the links between the literature around physical activity, healthy eating and personal health & social education (PHSE). The National Healthy Schools Programme (NHSP) provides a framework and links between these four areas. The literature around Physical Activity (PA) and EHWB might be sourced from Sport England, the British Heart Foundation and the Youth Sports Trust.</p>	We acknowledge the links between social and emotional wellbeing, physical activity and nutrition. However detailed review of these areas is not within the scope of this review.
Department of Health		General		<p>You may be aware that the "Children and Adolescent Mental Health Services (CAMHS) review" has recently been published. This review contains a section on universal provision and schools which you may wish to consider.</p>	Many thanks for this information . We will consider this review in the further development of the guidance

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Department of Health			General	<p>You may wish to consider looking at the <i>UNICEF Innocenti report card 7 (2007)</i>;</p> <p><i>an overview of child well-being in rich countries;</i></p> <p><i>a comprehensive assessment of the lives and well-being of children and adolescents in the economically advanced nations.</i></p> <p>Please see: www.unicef-irc.org/publications></p>	Many thanks for this information which we will consider.
Department of Health			General	<p>You may wish to know that guidance from NHSP was published in November 2008 on anti-bullying, and EHWP guidance and support for schools was published in November 2007. These are available at:</p> <p>(www.healthyschools.gov.uk/Resources/Detail.aspx?ResID=1102).</p>	Many thanks for this information. This will be referenced in the guidance
Department of Health			General	<p>You may wish to be aware that Ofsted is currently reviewing the pupil wellbeing indicators, which are out to consultation until 19 January 2009.</p>	Many thanks for this information. We have noted the wellbeing indicators in the considerations section of the guidance

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Diabetes UK		Evidence synopsis	General		<p>The evidence that has been examined to date is focussed on interventions aimed directly at children and young people, without consideration of the whole school environment and systems level approaches (policies, protocols, training) that can have an impact on the emotional and social well being of young people at secondary school.</p> <p>Approaches aimed at tackling the school environment must be considered in relation to young people with long term conditions, as evidence has demonstrated that the school environment itself¹ and the lack of appropriate policies and provisions for children with long term conditions can lead to poor emotional well being as a result of young people being made to feel different from peers, being excluded from school activities, and in some cases bullying. With policies, training and support in place, the negative outcomes mentioned can be minimised or prevented.</p> <p>1. Amillategui, B et al (2007) "<i>Identifying the special needs of children with Type 1 diabetes in the school setting. An overview of parents' perceptions</i>" <i>Diabetic Medicine</i> 24 (10): 1073 -1079</p>	Many thanks for your comments, which will inform the further development of the guidance
Diabetes UK		Evidence synopsis	General		<p>While we recognise that interventions aimed at specific conditions are not within the remit of the scope, we believe this is a significant oversight that will exclude children with long term conditions. Furthermore recommending the implementation of medicines policies in schools are contained within existing guidance but are still to be implemented universally.¹</p> <p>1. http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Making-all-children-matter/</p>	Many thanks for this information which we will consider in the further development of the guidance

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Diabetes UK		Evidence synopsis	general		<p>Evidence of the impact of the school environment on young people with diabetes:</p> <p>Due to a lack of understanding about diabetes, young people with diabetes can be excluded from taking part in physical activity, school trips and leisure/extra curricula activities.</p> <p>Restrictions may be applied to enabling young people to access snacks as required, and no/ or inappropriate facilities may be provided for young people to administer their medications including having to inject insulin in the toilets.</p> <p>Evidence from parents of young people with diabetes identifies the strain this places on young people and their parents/ carers:</p> <p>Examples include experience of pranks such as removing vital elements of a diabetes management kit such as blood glucose monitors or having "hypo" treatments such as Lucozade taken.</p>	
Diabetes UK		Evidence synopsis	general		<p>Without creating the right environment through awareness raising amongst staff and pupils, young people with diabetes can have increased anxiety about how they will manage their condition during school hours, of being stigmatised, and what will happen if they have a "hypo" in class for example.</p> <p>Children and young people should feel confident that school staff have an understanding of their medical condition(s). This will also help relieve staff anxieties about supporting children to manage their condition.</p>	<p>Many thanks for your comments which will be considered in the further development of the guidance</p>

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Diabetes UK		Evidence synopsis	General	<p>Examples of good practice and solutions to issues identified above:</p> <p>A medical conditions in schools policy pack has been developed by charities including Diabetes UK. The 2 part pack supports schools in building their knowledge and awareness of medical conditions, provides support and information about the conditions, how they are managed, and issues specific to the school environment and that condition, including:</p> <ul style="list-style-type: none"> Emergency procedures Where to go for further help/ information A proforma for an individual care plan and a separate pack aimed at school health professionals <p>A copy of the pack is available from: http://www.medicalconditionsatschool.org.uk/</p> <p>For further examples please see the report: http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Making-all-children-matter/</p>	
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Diabetes UK		Evidence synopsis	General		<p>Parents, and Diabetes UK, have made recommendations in addition to the medicines policy recommended above:</p> <ul style="list-style-type: none"> • There should be a statutory duty placed on PCTs to ensure the availability of training on long term conditions to school staff. • The “medical conditions at school” policy resource pack to be mandatory part of teacher training. • An individual care plan for school developed with the child, their family, healthcare professional and school, tailored to the child's needs. • A central point of contact to effectively liaise between all the different bodies involved in a young person's care including the school • Sessions raising awareness of long term medical conditions could be incorporated into existing lessons such as PSHE in recognition that living with a long term condition is part of life for some individuals. 	Many thanks for this information.
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Diabetes UK		Evidence synopsis	General		<ul style="list-style-type: none"> • Service design and delivery must consider the holistic needs of children and young people. Within draft guidance regarding Children's Trusts it is proposed that schools should be supported by their children's trust to raise standards to enable them to meet their new duty to promote well being. • Involvement of young people and their families in designing services - see examples of practice in relation to involving young people with diabetes: http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Involving-children-and-young-people-in-designing-diabetes-services/ (pages: 7 -14) Approaches to involvement should be tailored to the needs of the local population. 	
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Diabetes UK		Evidence synopsis	General		<p>The following articles and documents can provide additional useful evidence, both of issues faced and solutions:</p> <p>Newbould J, Francis S-A, Smith F. Young people's experiences of managing asthma and diabetes at school. Archives of Disease in Childhood 2007; 92: 1077-1081</p> <p>Amillategui, B et al (2007) "<i>Identifying the special needs of children with Type 1 diabetes in the school setting. An overview of parents' perceptions</i>" Diabetic Medicine 24 (10): 1073 -1079</p> <p>http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Involving-children-and-young-people-in-designing-diabetes-services/ (pages: 7 - 14)</p> <p>www.medicalconditionsinschools.org.uk</p>	Many thanks for these references.
Diabetes UK		Evidence synopsis	general		<p>http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Making-all-children-matter/</p> <p>http://www.innovations-report.de/html/berichte/studien/school_diabetes_und_erstanding_needed_116065.html</p>	As above
Education Bradford		NICE Review of interventions to promote Emotional and Social Wellbeing	General		<p>I still have little sense what evidence you would like but here is a copy of one of my recent reports hope it's a bit useful.</p>	Many thanks indeed for your report which we will consider

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<p>Marlborough Family Service Education Centre- Central and NW London NHS Foundation Trust</p>			<p>4.2.1</p>	<p>5</p>	<p>The Marlborough Model is a targeted CAMHS and Education partnership aimed at supporting vulnerable children and young people and their families with an early intervention treatment package. The aims are to bring about psychological/behavioural changes and improved academic performance by delivering mental health services via weekly Multi Family Therapy Groups in schools.</p> <p>The model is underpinned by active partnerships being developed between systemically trained mental health specialists (known as Early Intervention Workers) and selected colleagues from schools and support services in order to set up and jointly run these school-based multi-family groups.</p> <p>The focus for the intervention is the relationships between the children and their family members as well as between the child, their family and the school community. The groups operate weekly in school and each session runs for between two to three hours. As well as close attention to family relationships the groups specifically target worrying or problematic school and classroom behaviours.</p> <p>School staff are helped by the Early Intervention Worker to identify young people in need of mental health support, subsequently offering each school the full treatment package, comprising multi-family group work, short-term individual/family work, and consultation to staff regarding mental health support and / or signposting to other services within the Borough.</p>	<p>Many thanks for this information. However targeted interventions are outside the scope of this particular guidance.</p> <p>However targeted interventions are likely to be addressed in future guidance, and there are also a number of existing clinical guidelines that address mental health problems of children and young people: see http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281&set=true</p>
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Marlborough Family Service Education Centre - Central and NW London NHS Foundation Trust			General	5	<p>The Marlborough Family Service Education Centre has over the past twenty-eight years been developing a multi family model, specifically designed for working in all schools in Westminster. The group uses the SEAL and PSCHE themes, assisting with the extending and embedding of the resource within the whole school community including vulnerable or "hard to reach" parents.</p> <p>The Model has been recognised as good practice and has been referred to in several government publications, including Every Child Matters 2003 and Aiming High for Children: Supporting Families, DFES and HM Treasury. 2007. The Marlborough was recently awarded the NHS Innovations Award in the mental health category for their 'Hearts on their Sleeves' intervention. This involves a device being worn by children to monitor and best manage their excitability and correlating behaviours.</p> <p>Westminster has the highest rate of cross-borough mobility in London and our practice is to include <i>all</i> pupils attending Westminster schools at tier 1 and 2 and ensuring swift and easy access to CAMHS in their home authorities where necessary. This model is consistent with work being undertaken by the GOL London Child Mobility Programme.</p> <p>Currently the Marlborough is conducting a three- year prospective research study to evaluate the effectiveness of the approach. Interim findings after one year are showing that there is significant change on a number of measures (e.g., SDQ and Parenting Daily Hassles)</p>	Thank you for this information. NICE public health guidance is periodically reviewed for updating (initially at two years post-publication), and so it would be helpful to see the findings of your three-year prospective research study, when it is complete.
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Marlborough Family Service Education Centre - Central and NW London NHS Foundation Trust			4.3	6	<p><u>The role of school based practitioners and other professionals</u></p> <p>It has been our experience (28 years of delivering mental health interventions to families in schools) that to improve engagement in treatment and for treatment adherence that mental health services are accessible in terms of location and personnel. In the Marlborough Model a CAMHS professional (known as an Early Intervention Worker) is linked to each school and works in partnership with a school-based partner to set up and run multi family groups for vulnerable children or those at risk of exclusion. This provides an accessible and reliable professional for the school to discuss concerns and fast track mental health interventions on school site. Communication and staff expertise in the school is developed through working together with the mental health practitioner, pupils and their parents.</p>	Thank you for this information.
Marlborough Family Service Education Centre- Central and NW London NHS Foundation Trust			4.3	7	<p>Governors, particularly Special Needs Governors are well placed to guide and support the links between mental health services and the whole school.</p> <p>Parents are key in the engagement of other sometimes more reluctant parents, who may fear the stigma of being involved with any mental health professional by providing "living proof " that there is validity in paying attention to the social and emotional health of your child in school. Parents in the "families helping families " model also support other parents such that they can gain reassurance through perceiving themselves to be in the "same boat." We have found that parents involved in the multi family groups are more likely to stick to the treatment/programme than those in single individual or family meetings. These parents can also be an inspiration for whole school teaching staff.</p>	Many thanks indeed for these comments

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Marlborough Family Service Education Centre - Central and NW London NHS Foundation Trust			4.3	7	<p><u>How can schools engage with parents living in disadvantaged circumstances?</u></p> <p>When parents are invited to join a multi family group they are usually quite socially isolated. Joining in a mental health programme with other parents in similar circumstances enables parents to be inspired by what can be achieved, supporting children with new beliefs and behaviours that will allow them to have a better life chance.</p> <p>Parents will help recruit other parents to the programme.</p>	Many thanks for these comments
Marlborough Family Service Education Centre - Central and NW London NHS Foundation Trust			4.3	7	<p><u>Mechanisms for ensuring effective links with external agencies.</u></p> <p>In order to engage families who have fewer resources and a high degree of vulnerability it has been important to take the treatment programme into the school. Review meetings with the young person, the family and different external agencies have been key to working with the two important systems in the young person's life, namely the family and the school.</p> <p>Issues of information to be shared, working models of confidentiality and joint planning take place and are monitored.</p>	<p>Targeted interventions for those young people who already experience mental health difficulties are beyond the scope of this guidance, but may be considered in future guidance. Equally, if there is an area in which you would like to see further guidance developed, you may suggest a topic for us at:</p> <p>http://www.nice.org.uk/getinvolved/suggestatopic/suggest_a_topic.jsp</p>

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National Youth Agency		Effectiveness Executive Summary	General		<p>The National Youth Agency supports those involved in young people's personal and social development and works to enable all young people to fulfill their potential within a just society.</p> <p>The NYA recognises that that the emotional and well being of young people is linked to issues of behaviour and bullying, but consider that the focus on these areas limits the exploration of potential evidence focusing on well-being as a whole. This guidance, as understood, is to assist those working in a school setting to support young people's well being rather than specifically responding to anti-social behaviour and bullying prevention.</p> <p>When exploring the wide understanding of 'well being' it may not be pertinent to use methods of random control trials as there are too many contributing factors to a young person's wellbeing and lived life. This is also significant when attempting to explore a 'whole school' approach where a large number of contributing factors will be involved. We welcome the inclusion of the 'role of young people'.</p>	<p>Many thanks for this information. We recognise that it is likely that no one research design can sufficiently capture all of the pertinent aspects of social and emotional wellbeing. However, the final draft of this guidance will also take into account comments from stakeholders (such as yours), and fieldwork with young people, teachers and practitioners.</p>
National Youth Agency		Cost Effectiveness Executive Summary	General		<p>The well being of young people might be further explored by engaging them more fully in a dialogue as to 'what changes?' following intervention. The use of the 15% model base line is unclear in that it may not capture the positive changes made to the general well being of young people.</p> <p>The focus on reduced bullying does not reflect the wider issues involved for young people in their general mental health and well being. Monitoring victimisation concerns its self with only one strand of improved well being.</p>	<p>We acknowledge that bullying and victimisation is only one element of the broader area of emotional and social wellbeing, however this analysis was constrained by the availability of the evidence. This guidance will highlight the lack of evidence to support a more comprehensive approach to cost effectiveness</p>
National Youth Agency		Case Studies	General		<p>The NYA welcome the inclusion of case studies in the evidence base.</p>	<p>Many thanks for these comments</p>

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Qualifications and Curriculum Authority		NICE Review of interventions to promote Emotional and Social Wellbeing	General		The new secondary curriculum launched for Year 7 pupils in Sept 07 places the young person at the heart of the curriculum and recognises the importance of social and emotional wellbeing through a framework of Personal, Learning and Thinking Skills [PLTS]	Many thanks indeed for this information
Qualifications and Curriculum Authority			General		PLTS support the development of team work, self management, creative thinking and reflection and independent enquiry. The area of self management stresses the importance of managing one's own feelings and recognising the effect they may have on others, and recognising the feelings, values and beliefs of others. This supports a growing sense of identity and the recognition of identities of others, thereby valuing diversity and difference.	Thank you for this information
Qualifications and Curriculum Authority			General	Page 4	The area of team work and effective participation supports pro social behaviours through the development of negotiation skills and conflict resolution	As above
Qualifications and Curriculum Authority			General	Page 2	The PHSE Education programme of study, whilst non statutory at present, covers knowledge and understanding which promotes emotional and social wellbeing through exploring friendships and relationships, and through managing safety and risk. This supports the promotion of pro social behaviours and attitudes.	As above
Qualifications and Curriculum Authority				Page 21	Most interventions were noted to be classroom based and to adopt a curriculum approach. Existing curriculum provision, and particularly the new secondary curriculum, will therefore support additional interventions.	Many thanks for this information
Qualifications and Curriculum Authority				Page 21	The curriculum in both primary and secondary schools, including the new secondary curriculum and the developing primary curriculum as a result of the primary review, stress the importance of personal development, including managing feelings, which aligns with the strategies promoted through SEAL. This alignment will support the development of emotional and social wellbeing in schools	Your comments will inform the further development of the guidance

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Royal College of Paediatrics and Child Health		Executive summary	General		The evidence relating to the prevention of bullying is rather sparse and disappointing. Could the authors possibly emphasise in their conclusions what works in the prevention or lessening of bullying and what head-teachers, educational psychologists and CAMHS professionals should use as a 'take-home' message about what they can do? As it reads at present, there seems little point in doing anything, since nothing much seems to work.	This sets out key areas of whole school approaches, based on the best available evidence-recognising that this evidence has limitation and gaps
Royal College of Paediatrics and Child Health		Executive summary	General		There are multiple errors in grammar and spelling, which can presumably be corrected by adequate proof-reading.	Thank you for pointing this out to us: The matter will be addressed in the final report